



**Report  
on  
End Line Survey (Behaviour) on Continuation of  
the Prioritized HIV Prevention Services among  
key Population in Bangladesh  
funded by the Global Fund**



**December 2017**



**AIDS/STD Programme (ASP)  
Directorate General of Health Services  
Ministry of Health and Family Welfare  
Govt. of the People's Republic of Bangladesh**

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**FINAL REPORT**

Conducted by  
Joint Venture of PIACT Bangladesh and SSMF

AIDS/STD Programme (ASP)  
Directorate General of Health Services  
Ministry of Health and Family Welfare  
Government of the People's Republic of Bangladesh

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## Preface

Bangladesh has so far contained the spread of HIV and consistently maintained a national HIV prevalence below 0.1% in the general population and below 3.9% among key populations (KPs). However, Bangladesh is one of the four countries in the region where the epidemic continues to increase in some key populations. Until 2016, the cumulative number of detected HIV cases were 4,721 with 578 new ones (the range of people living with HIV has been estimated at 8,000-9,800).

Surveillance has been conducted among KPs including female sex workers (FSW), males who have sex with males (MSM), male sex workers (MSW), people who inject drugs (PWID) and transgendered people (hijra) since 1998. However, while the last round of serological surveillance was conducted in 2011, Behavioural Serological Surveillance (BSS) was last conducted in 2006-07. Among MSM, MSW and hijra a serological survey and BSS were conducted as a midline assessment for the Global Fund Rolling Continuation Channel project of icddr,b in 2013-14. icddr,b also conducted another study on Behavioural and Serological Surveillance on males having sex with males, male sex workers and hijra, 2015 and published in 2017.

Among PWID and FSWs a Rapid Situation and Response Assessment (RSRA) was conducted in 2012 in six geographical divisions of the country where HIV prevention services were being provided. The male PWID were the only KP, in who a concentrated epidemic was noticed in Dhaka. icddr,b, also conducted in 2014 among a small group of hijra in Hili a midline survey.

Analysis of information from the HTC centers showed that between 2007 and 2013, HIV was detected in 60 out of 64 districts. However, 74% were concentrated in 12 districts: Dhaka, Sylhet, Chittagong, Comilla, Khulna, Moulvibazar, Cox's Bazar, Munshiganj, Noakhali, Narayanganj, Chandpur and Gazipur. The heaviest affected districts were Sylhet, Munshiganj, Moulvibazar, Dhaka, Khulna and Cox's Bazar. Migrants constituted between 33.3%-46.3% of annual cases, with no clear trend over time according to the HIV Case detection data 2007-2013. Detection either through surveillance or through case detection for each KP and migrants show HIV positive KPs are mostly located in Dhaka, while migrants are scattered all over Bangladesh.

ASP, within the Directorate General of Health Services of the Ministry of Health and Family Welfare (MoHFW), is the main government body responsible for overseeing and coordinating prevention and control of HIV/AIDS, and ensuring that the National HIV/AIDS Strategy and Policy are formulated and implemented. Other ministries carry out HIV prevention and control activities through their core administrative structures. The Government has nominated focal points for HIV/AIDS in 16 ministries and departments.

Bangladesh was the first country in the region to adopt a comprehensive national policy on HIV/AIDS and STIs in 1997, and then also developed the first National Strategic Plan (NSP) for HIV/AIDS, 1997-2002. This was reviewed in 2005 and the second National Strategic Plan for HIV/AIDS 2004-2010 was adopted. The third National Strategic Plan was developed by ASP in 2011 to provide a framework for the national response to HIV and AIDS until 2015.

Building upon the previous NSPs, as well as the National Policy on HIV/AIDS and STD related Issues, the revised third NSP 2011-2017 was developed in the first half of 2014. NSP for HIV and AIDS Response 2018-2022 will be developed in alignment with the 4th Health, Nutrition and Population Sector Program (HNPS), 2017-2022; as well as other national, regional and global commitments, especially the 2016 Political Declaration to “End AIDS” by 2030. In addition, in light of the concept “Test and Treat” several ‘Fast Track’ approaches were set to guide the national response to HIV and AIDS. The strategic plan will guide the national response to HIV and AIDS to achieve the global targets of “Ending AIDS” by 2030 and treatment target of “90-90-90” by 2020 focusing on prioritized districts based on proportion of key populations and HIV case detection.

The government, in collaboration with NGOs, development partners and self-help groups, has been instrumental in supporting various prevention, treatment, care, and support activities. Most of the intervention programs are implemented through NGOs under the leadership of ASP. These programs are designed to focus on prevention initiatives among PWID, FSW, MSM, MSW, transgender (hijras), and their intimate partners, increase case detection and provide treatment, care and support services to PLHIV and also addressing other cross cutting thematic interventions across all KPs. Communication obviously is a strong tool to effectuate the strategies, plans and activities. This survey will be quite useful to first understand what happened as a result of all these policies, strategies, plans of action and implementation of the plans. Secondly, the survey will indicate what else could be done or what actions and approaches should be taken to in future so that better successes are attained.

**Prof. Dr. Md. Shamiul Islam**

Director, MBDC and Line Director TB-L and ASP  
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This end-line survey was a complex undertaking as the survey was being conducted at the last leg of the project, when it was at its final leg of winding up. But the advice given by the ASP management and the implementing partners in this regard, was a shot in our arms. We are hence indebted to all the implementing partners and their co-implementers, i.e. icddr,b, Save the Children, Light House, CARE Bangladesh, BSWS, YPSA, Sylhet Jubo Academy (SJA), APOSH, KMSS, MAB, and BHS for their support in the field, e.g., in getting the list of the drop-in-centers (DICs) and outreach sites and also for allowing and making their relevant officials available for the interviews that were part of this survey.

We would like to take this opportunity to thank the guides, who came from the key populations and introduced our field investigators to the first contact key population in the field, whom we then used for snowballing to reach other key populations. In this regard we would particularly thank the hijra community and their leaders, who so very kindly cooperated with us to map out their domains and allowed their compatriots to give us interviews.

We would also take this opportunity to thank our data collectors and supervisors who worked very honestly, dedicatedly and courageously indeed in the field, sometimes even at the cost of their safety. There were times, especially in Barisal when our investigators had to even go to police stations along with some arrested key populations and had to explain their roles and responsibilities. Some of them lost cash and other valuables in the frenzy. In Jessore and in some other places, our investigators had to save themselves from the sex worker clients. Our supervisors also came in handy to tackle these situations with deft and determination. Thanks a lot to all of them.

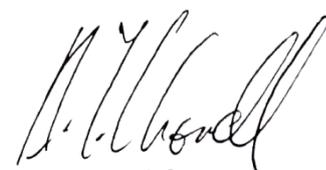
We express our deep gratitude to Members of TC-NAC including UNAIDS, icddr,b and Save the Children in Bangladesh for their valuable comments and suggestions on the draft reports which enriched quality of the report. We are very much indebted to Professor Mohammed Nazmul Huq, PhD of Jahangirnagar University and Technical Advisor to ASP for his untiring and valuable professional inputs and guidance at every step of the survey – questionnaire development, training, field supervision, data analyses and preparation of the report.

The management staff of PIACT Bangladesh and SSMF and the team members of the survey behind the desktops and laptops and those in the field were the core of the survey work, who provided all background support from behind the curtain. We are grateful to them.

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## **Acronyms and Abbreviations**

<i>ADG</i>	: <i>Additional Director General</i>
<i>AEM</i>	: <i>AIDS Epidemic Model</i>
<i>AIDS</i>	: <i>Acquired Immune Deficiency Syndrome</i>
<i>ART</i>	: <i>Antiretroviral Therapy</i>
<i>ASP</i>	: <i>AIDS/STD Programme</i>
<i>BCC</i>	: <i>Behavior Communication Change</i>
<i>BCCM</i>	: <i>Bangladesh Country Coordinating Mechanism</i>
<i>BDHS</i>	: <i>Bangladesh Demographic and Health Survey</i>
<i>BHS</i>	: <i>Badhan Hijra Sangha</i>
<i>BRAC</i>	: <i>Bangladesh Rural Advancement Committee</i>
<i>BSS</i>	: <i>Bangladesh Serological Survey</i>
<i>BSWS</i>	: <i>Bandhu Social Welfare Society</i>
<i>CBCC</i>	: <i>Counseling and behavior change communication</i>
<i>CCM</i>	: <i>Country Coordinating Mechanism</i>
<i>CEO</i>	: <i>Chief Executive Officer</i>
<i>CSPro</i>	: <i>Census and Survey Processing System</i>
<i>CSTC</i>	: <i>Care Support Treatment Center</i>
<i>DAC</i>	: <i>DIC Advisory Committee</i>
<i>DGHS</i>	: <i>Directorate General of Health Services</i>
<i>DIC</i>	: <i>Drop-in-Center</i>
<i>DOTS</i>	: <i>Directly Observed Treatment Short-Course</i>
<i>ED</i>	: <i>Executive Director</i>
<i>ELS</i>	: <i>End Line Survey</i>
<i>FGD</i>	: <i>Focus Group Discussion</i>
<i>FRA</i>	: <i>Field Research Assistant</i>
<i>FS</i>	: <i>Field Supervisor</i>
<i>FSW</i>	: <i>Female Sex Worker</i>
<i>GARPR</i>	: <i>Global AIDS Response Progress Reporting</i>
<i>GF</i>	: <i>Global Fund</i>
<i>GFATM</i>	: <i>Global Fund to Fight AIDS, Tuberculosis and Malaria</i>
<i>GHO</i>	: <i>Global Health Observatory</i>
<i>GoB</i>	: <i>Government of Bangladesh</i>
<i>HBFSW</i>	: <i>Hotel Based Female Sex Workers</i>
<i>HBSW</i>	: <i>Hotel Based Sex Worker</i>
<i>HCV</i>	: <i>Hepatitis C virus</i>
<i>HIV</i>	: <i>Human Immunodeficiency Virus</i>
<i>HNPSP</i>	: <i>Health, Nutrition and Population Sector Program</i>
<i>HPNSDP</i>	: <i>Health, Population and Nutrition Sector Development Program</i>
<i>HTC</i>	: <i>HIV Testing and Counseling</i>
<i>icddr,b</i>	: <i>International Centre for Diarrhoeal Disease Research, Bangladesh</i>
<i>ID Card</i>	: <i>Identification Card</i>
<i>IDI</i>	: <i>In-depth Interview</i>

<i>IEC</i>	: <i>Information, Education &amp; Communication</i>
<i>IGAs</i>	: <i>Income Generating Activities</i>
<i>JV</i>	: <i>Joint Venture</i>
<i>KII</i>	: <i>Key Informant Interview</i>
<i>KMSS</i>	: <i>Khulna Mukti Seba Sangstha</i>
<i>KP</i>	: <i>Key Population</i>
<i>M&amp;E</i>	: <i>Monitoring and Evaluation</i>
<i>MAB</i>	: <i>Mukto Akash Bangladesh</i>
<i>MARA</i>	: <i>Most at Risk Adolescent</i>
<i>MIS</i>	: <i>Management and Information System</i>
<i>MMS</i>	: <i>Multimedia Messaging Service</i>
<i>MOHFW</i>	: <i>Ministry of Health and Family Welfare</i>
<i>MR</i>	: <i>Menstrual Regulation</i>
<i>MSM</i>	: <i>Males who have Sex with Males</i>
<i>MSW</i>	: <i>Male Sex Worker</i>
<i>NASP</i>	: <i>National AIDS/STD Programme</i>
<i>NFM</i>	: <i>New Funding Model</i>
<i>NGO</i>	: <i>Non-Government Organization</i>
<i>NS</i>	: <i>Not Significant</i>
<i>NSE</i>	: <i>Needle Syringe Exchange</i>
<i>NSP</i>	: <i>National Strategic Plan</i>
<i>NSS</i>	: <i>Needle syringe sharing</i>
<i>ORS</i>	: <i>Oral Rehydration Saline</i>
<i>OST</i>	: <i>Oral Substitution Therapy</i>
<i>OW</i>	: <i>Outreach Worker</i>
<i>PE</i>	: <i>Peer Educator</i>
<i>PIACT Bangladesh</i>	: <i>Program for the Introduction and Adaptation of Contraceptive Technology Bangladesh</i>
<i>PLHIV</i>	: <i>People Living with HIV</i>
<i>PR</i>	: <i>Principal Recipient</i>
<i>PSU</i>	: <i>Primary Sampling Units</i>
<i>PWID</i>	: <i>People Who Inject Drug</i>
<i>RBFSW</i>	: <i>Residence Based Female Sex Worker</i>
<i>RBSW</i>	: <i>Residence Based Sex Worker</i>
<i>RCC</i>	: <i>Rolling Continuation Channel</i>
<i>RFP</i>	: <i>Request for Proposal</i>
<i>RSRA</i>	: <i>Rapid Situation and Response Assessment</i>
<i>SBFSW</i>	: <i>Street Based Female Sex Workers</i>
<i>SBSW</i>	: <i>Street Based Sex Worker</i>
<i>SDG</i>	: <i>Sustainable Development Goal</i>
<i>SJA</i>	: <i>Sylhet Jubo Academy</i>
<i>SMC</i>	: <i>Social Marketing Company</i>
<i>SMS</i>	: <i>Short Message Service</i>
<i>SR</i>	: <i>Sub-Recipient</i>

SRHR	: <i>Sexual and Reproductive Health and Rights</i>
SSMF	: <i>Social Sector Management Foundation</i>
SSR	: <i>Sub Sub-Recipient</i>
STD	: <i>Sexually Transmitted Disease</i>
STI	: <i>Sexually Transmitted Infection</i>
SW	: <i>Sex Worker</i>
TA	: <i>Travel Allowance</i>
TB	: <i>Tuberculosis</i>
TC-NAC	: <i>Technical Committee of National AIDS Committee</i>
TV	: <i>Television</i>
UNAIDS	: <i>United Nations Program on HIV/AIDS</i>
UNICEF	: <i>United Nations Children's Fund</i>
WHO	: <i>World Health Organization</i>
YPSA	: <i>Young Power in Social Action</i>

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## ***Executive Summary***

**Introduction:** The HIV Prevention Program in Bangladesh under the NFM of GFATM was implemented between December 2015 and November 2017 with an aim to reduce HIV transmission among key populations in Bangladesh. The NFM program was intended to produce high impact with low cost. An End Line Survey was conducted to evaluate the outcome indicators of the performance framework of NFM. The survey also examined knowledge, attitudes and behavior of the key populations; and made recommendations on how the services can be strengthened and improved.

**Methodology:** The survey adopted both quantitative and qualitative methods. The total sample size for the quantitative survey was 10,415 from 15 priority cities/districts of 8 divisions covering key populations: FSW (SBFSW, HBFSW, RBFSW), PWID, MSM, MSW and Hijra. The qualitative study mainly focused on in-depth understanding of the reasons for non-use of condom and sharing of needle syringe, barriers to STD/STI treatment and referral, etc. The qualitative study included KIIs with senior program officials, FGDs with KPs and outreach workers and in-depth interviews with field program personnel and relevant field level stakeholders.

### **Survey Findings:**

**FSW:** The survey found that a half of FSWs (50.2%) used condom in last sex in last 12 months. There were differences in the condom use rates by KPs in the surveyed cities - highest in Dhaka (60.9%) and lowest in Mymensingh (25.6%) – the difference was highly significant ( $p < 0.01$ ).

Consistent condom use rate in last week with new/casual clients in vaginal sex was 21.3% and with regular client it was 22.5%. The consistent condom use rates also varied widely among the cities. The survey revealed that majority of FSWs received condom from outreach worker/peer educator (88.2%) in last 30 days. Among those who received condoms from the program, 64.9% received those as per their requirement and in time.

The qualitative study identified some reasons for non-use of condom which are:

- Clients influenced them and paid extra money for not using condoms
- FSWs were afraid of losing clients if they would have pressurized on using condoms
- When the additional numbers of people were in the queue for sex without prior negotiation, then they were forced to have sex without a condom
- Ghorwali/madam, hotel-boy and hotel manager forced FSWs not to use condoms because their clients did not like to use
- Sometimes, KPs did not carry condoms as police and musclemen checked their bags and if condoms were found, they were harassed, money snatched away and raped

- FSWs usually did not use condoms with their regular clients as they treated them as their lovers
- Sometimes, they could not manage or find condoms and had sex without condoms

### Some verbatim of FSWs on condom use:

**SBSW:** “যে কয়টা কনডম ফ্রি পাই তাতে চাহিদা পূরণ হয় না, সেই ক্ষেত্রে কনডম ছাড়াই কাজ করি” । [“The number of condoms I get for free is not sufficient enough to fulfill my need. In that case, I do the job without condom.”]

**HBSW:** “মাগী টাকা দিয়ে কাজ করবো আবার কিসের কনডম? এমনিই কাজ করবো” । [“You will be paid for jobs, bitch. So, what is condom for? Let's do things without condoms.”]

**RBSW:** “কনডম কিনতে টাকা লাগে। টাকা অনেক পথে চলে যায়। তাই কনডমের পেছনে টাকা খরচ করতে চাই না” । [“Condom costs money. Money is spent on many things. So, we do not want to spend money on condoms.”]

Most FSWs heard about HIV/AIDS. However, comprehensive knowledge about HIV/AIDS was estimated at 27.1%. The differences in the comprehensive knowledge of FSWs among the cities as well as education level were highly significant ( $p<0.01$ ).

The survey found that 72.2% of FSWs had tested for HIV in the last 12 months and also knew the result – 72.3% for SBSW, 66.1% for HBSW and 77.7% for RBSW. The rates varied significantly by age, education, marital status and cities ( $p<0.01$ ).

About 64% of FSWs reported that they had symptoms of STIs in last 12 months over 88%. FSWs in Mymensingh reported of suffering from STIs followed by Khulna (74.3%) and Barisal (73.8%). The difference in the rates of reported STI symptoms among the cities was highly significant ( $p<0.01$ ).

The survey estimated that 56.7% of FSWs were abused physically or otherwise in last 12 months for their profession. This was reported by 77.2% FSWs in Barisal followed by Dhaka (61.1%). The difference in the rates of abuse among the FSWs varied significantly among the districts ( $p<0.01$ ).

**PWID:** The survey revealed that 63.3% of PWID used sterile/new injecting equipment last time in the last two months. The percentage of using sterile injecting equipment was higher for PWID who were living with family (66.3%) compared with those who were living in the street (47.1%) or other places (44.8%) – the difference was highly significant ( $p<0.01$ ). The use of sterile needle syringe also varied significantly by marital status, age and cities ( $p<0.01$ ), particularly for male PWID.

It was found that 58.6% of PWID received required number of needle syringe from the program. Among those who did not receive required number of needle syringe from the program, three quarters of them purchased those to meet their needs. A large percentage of

PWID reported that they reused needle syringe (41.4%), took needle syringe from friends (44.4%) and from other drug users (44.9%).

The survey estimated that 65.2% of the PWID shared needle syringe in last week. Sharing of needle syringe varied significantly by age, education, marital status, living arrangement, and cities ( $p < 0.01$ ).

**Causes for sharing of needle syringe:** It was apparent from the survey data that inadequacy of supply of the needle syringe was a reason for sharing of needle syringe. The qualitative study provided some insights about the reasons for sharing of needle syringe:

- At the time of 'bera' (craving) they could not wait for new needle syringe
- Inadequacy of availability of drugs
- High price of drugs
- Could not afford to buy needle syringe
- Frequent spot evictions/raids
- Friendship/ emotional bondage among KPs
- They were abused, harassed and their money were extracted by local people, police, musclemen when they found drugs with them (PWID)
- Lack of knowledge about the consequences of sharing

**Some verbatim of PWID on sharing of needle syringe:**

**Male PWID:**

- “রাস্তায় আমরা একটা সিরিঞ্জ পাইলে ধোইওনা কিচ্ছু না, ঐডাই আমরা ব্যবহার কইরা লাই”। ঐডা দিয়াই শেয়ার করি”।  
[“We do not wash or clean the syringe we pick up from street. We just use that and share with others, too.”]
- “টাকা পয়সা দিয়ে সুঁই সিরিঞ্জ কিনতে হয়, সব সময় টাকা পয়সা থাকে না, অনেক সময় টাকা থাকলেও সিরিঞ্জ কিনতে পারিনা বাইরে খোলা বেচে না, তখন বাধ্য হয়েই শেয়ার করতে হয়”। [“We have to buy needle syringe with money. We do not always have money. Many a times, we cannot buy syringe as these are not sold openly. So, we have no other option other than sharing.”]

**Female PWID:** “আমি একজন পজেটিভ, সাথে সবসময় একটা সিরিঞ্জ রাখি যাতে শেয়ার না করতে হয়, কিন্তু এইডাতো পুলিশ বেটারা বোঝেনা, বলে তুই মাল বেচছ, তুই মাল লছ, তুই খারাপ মহিলা এই সেই কইয়া বাইড়া-বাড়ি গুরু করে, এটা আমাদের সাথে রাখা খুব ঝুঁকি”। [“I am HIV positive. I always carry a syringe so that I would not have to share. Police does not understand that. He keeps saying, 'you trade things (*maal*), you take drugs, you the evil woman!' and starts beating before finishing his words. So, there is a risk to keep needle syringe with us.”]

Almost all PWID (93.1%) reported that they had sex in last six months and among them only 17.8% used condoms in their last sex. The condom use rate was 13.9% with regular partners and 32.4% with commercial partners.

The qualitative study identified some reasons for non-use of condom:

- PWID believed that condom use was not needed when they had sex with their regular partner or wife

- Condom use reduces the sexual excitement and gives less satisfaction in sexual act

### Some verbatim of PWID on condom use:

**Male PWID:** “নেশার কারণে অনেক সময় যৌনমিলন তাড়াতাড়ি করতে হয়, তখন হাতের কাছে কনডম পাওয়া যায় না, তাই কনডম ছাড়া যৌনকাজ করি”। [“Sometimes we rush for intercourse due to the influence of drugs. We can't wait for condoms. So, we end up doing sex without condoms.”]

**Female PWID:** “অনেক পুরুষ মানুষ কনডম নিতে চায় না, পছন্দ করে না, কইলেও ওরা শোনতে চায় না, অনেক বুঝাইলেও ওরা নিতে চায় না, কয় না, টাকা একটু বেশী নাও তবুও কনডম ছাড়া করবো”। [“Lots of men do not want to use condoms, do not like condoms and they do not listen despite we tell and try to convince them repeatedly. Rather, they say, " You better take more money. But I am not using condom.”]

Almost all PWID heard about HIV/AIDS. Comprehensive knowledge of PWID about HIV/AIDS was estimated at 15%. Level of comprehensive knowledge varied with regard to cities and this variation was highly significant ( $p < 0.01$ ).

About 77% of the PWID had tested for HIV in the last 12 months and knew the result – 77.1% male PWID and 71.8% female PWID. The rate varied significantly by cities as well as between Dhaka and other cities ( $p < 0.01$ ).

One-third of PWID reported that they had symptoms of STIs in last 12 months. Nearly 61% PWID in Jessore/Benapole reported having symptoms of STIs followed by those in Chapainawabganj (42.8%). The difference in the rates of reporting STIs among the cities was highly significant ( $p < 0.01$ ).

The survey found that 66.2% of PWID were abused physically or otherwise in last 12 months for taking drugs. This was most frequently reported by PWID in Jessore/Benapole (80.2%). The rates of abuse varied significantly among the cities ( $p = 0.048$ ).

**MSM:** The condom use rates in the last sex in last six months with commercial and non-commercial male partners were 40.2% and 48.6% respectively. Both the rates varied significantly by education and cities ( $p < 0.01$ ).

The condom use rate in the last sex in last month with non-paying male/hijra partners was 46.1% and consistent condom use rate was 21.1%. The difference in the rates between Dhaka and other cities was highly significant ( $p < 0.01$ ). Condom use rate in the last sex in last one month with non-paying female partners was 37.4% and the consistent condom use rate was 20.2%. The difference in consistent condom use rate between Dhaka and other cities was highly significant ( $p < 0.01$ ).

Similarly, the condom use rate in the last sex in last month with commercial male partners was 39.4% and consistent condom use rate was 15.5%. The difference in the rates between Dhaka and other cities was significant. The condom use rate in the last sex in last one month with commercial female partners was 46.7% and consistent condom use rate was 27.4%. The difference in the use rates between Dhaka and other cities was highly significant ( $p < 0.01$ ).

The main source of receiving condom by MSM was DIC (59.4%) followed by NGO worker (55.4%). About 85% of MSM received required number of condoms in the last 30 days. The reported reasons for not getting required quantity of condoms were: did not want to carry a condom (48.2%), cost was too high (23.5%), and felt shy to buy a condom (22.6%).

Almost all the MSM heard about HIV/AIDS. Comprehensive knowledge about HIV/AIDS was found 20%. The level of comprehensive knowledge varied significantly by education and cities ( $p<0.01$ ).

The survey data revealed that 65% MSM had tested for HIV in the last 12 months and also knew the results. The rate varied significantly by age, marital status and cities ( $p<0.01$ ).

Slightly over 41% of MSM had symptoms of STIs in last 12 months. The percentage of reported STI symptoms varied significantly among the cities ( $p<0.01$ ). About 11% of MSM reported physical or other types of abuse they faced in last 12 months for their identity.

**MSW:** Forty six percent MSW used condoms in the last anal sex in last 12 months with male partners. The condom use rate varied significantly by level of education ( $p<0.01$ ), marital status ( $p=0.016$ ) and cities ( $p<0.01$ ). About 45% of MSW used condoms in the last anal sex in last one week with new/casual partners and the consistent condom use rate was 16.8%. With regular male partners, the condom use rate in the last anal sex in last month was 41.9% and the consistent condom use rate was 20.9%. The condom use rate in the last sex in last one month with regular female partners was 47.5% and consistent condom use rate was 34.6%.

Almost all of MSW heard about HIV/AIDS, although their level of comprehensive knowledge was estimated at 21.9%. The level of comprehensive knowledge varied significantly by education, marital status and cities ( $p<0.01$ ).

The survey data revealed that 77.9% MSW had tested for HIV in the last 12 months and also knew the results. The rate varied significantly by age, marital status and cities ( $p<0.01$ ).

Over 45% of MSW reported that they had STI symptoms in last 12 months. The percentage of reporting symptoms of STIs varied significantly with regard to age, education, marital status and cities ( $p<0.01$ ). About a quarter of MSW reported that they were physically or otherwise abused in last 12 months for their profession.

**Hijra/transgender:** The condoms use rate in the last sex in last 12 months with male partners was 43.3%. This use rate varied significantly by age, education, marital status and cities ( $p<0.01$ ).

The percentage of hijra who used a condom in selling anal sex in last 1 week to new/casual partners was 43.6% and consistent condom use rate was 15.9%. Similarly, condom use rate in the last anal sex in last 1 week with regular male partners was 41.4% and the consistent condom use rate was 17.1%.

The condoms use rates in the last sex in last month in buying sex from men as well as the consistent condom use rate over the period of 1 month was 35.5% and 8.1% respectively. The survey revealed that condom use in the last oral sex in last week with male client was 27.6%, while the consistent condom use rate was 10.6%. The condom use rate in the last oral sex with regular partners was higher than those with new client (34.5% vs. 27.6%). Consistent condom use rate over last week was also higher (25.9% vs. 10.6%). The survey estimated that 43.8% of transgender people who sold sex used a condom with their most recent client.

The hijras most frequently reported that their sources of condom were DIC (66%) and NGO workers (65%). Among those who received condoms, 87.4% reported receiving condom according to their requirement in last 30 days.

Almost all hijras (99.7%) heard about HIV/AIDS. However, the percentage of hijras having comprehensive knowledge about HIV/AIDS was estimated at 23%. Comprehensive knowledge about HIV/AIDS varied significantly among the cities ( $p < 0.01$ ). About 54% hijras reported that they had STI symptoms in last 12 months. The percentage of reporting symptoms of STIs varied significantly among the cities ( $p < 0.01$ ).

It was found that 75.7% Hijras had tested for HIV in the last 12 months and also knew the result. The rate varied significantly by age, education, marital status, type of Hijra and cities ( $p < 0.01$ ). The rate also varied significantly between Dhaka and other cities ( $p < 0.01$ ).

The survey found that 29.3% hijras were abused physically or otherwise in last 12 months for their profession.

Reasons for non-use of condom: The qualitative study found out some reasons for non-use of condom by MSM/MSW/hijra, as mentioned below:

- Clients did not get sexual pleasure with a condom and so refused to use condoms
- Clients offered extra money to perform sexual act without a condom
- If one KP trusts his partner, then he felt that the condom was not necessary
- KPs had sex with their clients without a condom if they did not find a condom within their reach
- When they had insufficient money they could not purchase a condom
- The local price of condom was high

## Some verbatim of MSM, MSW and Hijra on condom use:

**MSM:** “ভাল লাগে না, মজা পাই না, বিশ্বস্ত সঙ্গীর সাথে কনডম ব্যবহার করি না” । ["We do not like it and do not find sexual pleasure. We do not use condoms with trusted mates."]

**MSW:** “কাষ্টমার বলে বেশী টাকা দিব কনডম ছাড়া করতে হবে, তখন কাষ্টমার আমার থাইক্যা ছুটে যাইবো গা তাই কনডম ছাড়াই করি” । [" Client says that I will be paid more money and job has to be done without condoms. So, I have to do thing without condom due to the fear of losing a client."]

**Hijra:** “টাকা বেশী দিলেই কনডম ছাড়া কাজ করি” । ["When we get paid more, we do jobs without condoms."]

## Target and Achievement of NFM

NFM had set 7 indicators, 6 on condom use and one on use of sterile injecting equipment. Among the 6 indicators on condom use, one was for FSWs, one for PWID, two for MSM and two for transgender.

The end line survey estimated condom use rate by FSWs with their most recent clients at 50.2% against the set target of 75.0% - the achievement was 66.9% of the target. For PWID, the condom use rate in the last sex was set at 50% and end line survey estimated it at 17.7% - the achievement being 35.4%.

The survey found that 63.3% PWID used sterile injecting equipment when injected drugs last time against the set target of 75.0%. Hence, the achievement was 84.4%.

The condom use rate was set at 50% for each of the two MSM related indicators and for transgender as well. The achievement rates of using condoms by MSM in the last sex in last six months with commercial male partner and non-commercial male partner were 80.4% and 97.2% respectively. The achievement rate of condom use by the transgender in the last sex with male partner was 86.6% and among sex worker hijras was 87.6%.

## Indicators-wise baseline, target and end-line performance of NFM project

Sl. No.	Indicators	Baseline value* (%)	NFM Target value* (%)	End Line Value (%)	% of achievement
1	Percentage of female sex workers reporting use of a condom with their most recent client	75.1	75.0	50.2	66.9
2	Percentage of people who inject drugs reporting the use of a condom the last time they had sexual intercourse	38.5	50.0	17.7	35.4
3	Percentage of people who inject drugs reporting use of sterile injecting equipment the last time they injected	74.3	75.0	63.3	84.4
4	Percentage of MSM who used condom with commercial male partners in last sex in last six months	43.7	50.0	40.2	80.4
5	Percentage of MSM who used condom in last sex with non-commercial male partners in last six months	50.0	50.0	48.6	97.2

Sl. No.	Indicators	Baseline value* (%)	NFM Target value* (%)	End Line Value (%)	% of achievement
6	Percentage of transgender reporting the use of a condom last time they had sex with male partner	45.3	50.0	43.3	86.6
7	Percentage of transgender people who sell sex reporting the use of a condom with their most recent client	42.7	50.0	43.8	87.6

\* The baseline values and NFM targets were set by the PRs in December 2015.

### Overall Recommendation

The New Funding Model for prevention of HIV infection in Bangladesh focusing on key populations has passed its stipulated two years. It will continue in the future as well. To make the NFM program more effective to curb HIV infection in Bangladesh, certain improvements/ adjustments/modifications need to be made based on the survey findings – its conclusions and recommendations, with special attention to communication interventions and solving the non-program impediments as well as the dearth in human resource.

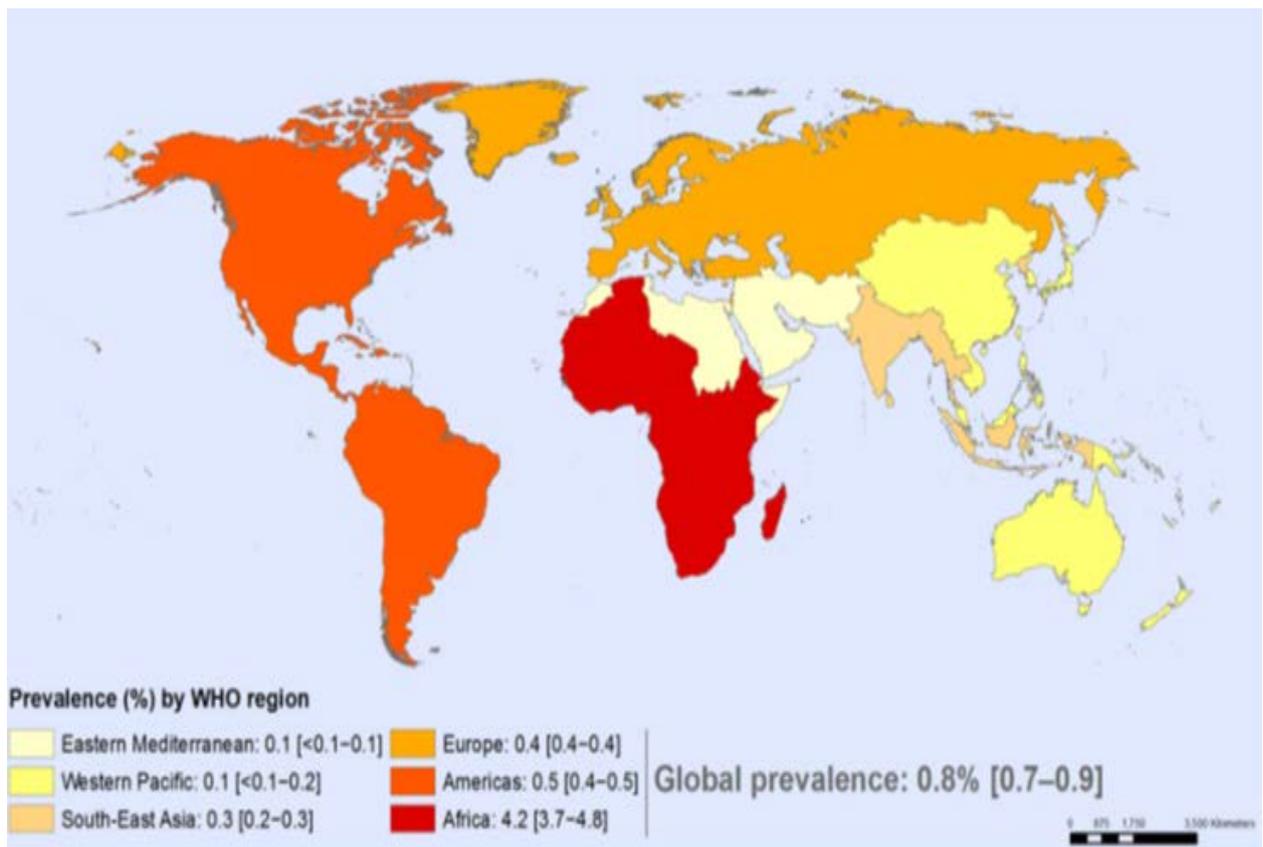
# SECTION ONE

## Introduction

### 1.1 Introduction

Human Immunodeficiency Virus (HIV) is a significant threat to development and stability. In many regions, HIV-related deaths have caused a demographic imbalance due to the impact on people in their most productive years, with spiraling social and economic implications. HIV continues to devastate families, societies and nations.

**Map 1: Global distribution of HIV/AIDS by WHO Regions, 2016<sup>1</sup>**



According to UNAIDS, the estimated number of people (all ages) living with HIV in Bangladesh in 2016 is 12 000 [10 000–14 000]<sup>2</sup>, among adults it was 11 000 [9900 - 13 000]. The estimated prevalence rate of HIV among the adults aged 15 to 49 years of age, according to a UNAIDS and WHO estimate of 2016, in Bangladesh is  $<0.1$  percent. According to UNAIDS the number of adults and children who have been newly infected with

<sup>1</sup> <http://www.who.int/gho/hiv/en/>

<sup>2</sup> <http://www.unaids.org/en/regionscountries/countries/bangladesh>

HIV in 2016 is 1500 [1200-1600] and the number of adults and children dying from AIDS is 1000 [<1000-1100].

WHO estimates that by 2030, HIV epidemic will come to an end globally. The number of people dying globally from HIV-related causes in 2015 was 45% smaller than in 2005 and 26% smaller than in 2010. According to UNICEF, new HIV infections among children are declining rapidly – approximately 66% since 2000 – due to scaled-up efforts to prevent mother-to-child transmission.<sup>3</sup>

According to UNAIDS, since 2010, new HIV infections among adults declined by an estimated 11%, from 1.9 million to 1.7 million in 2016. New HIV infections among children declined by 47% since 2010. AIDS-related deaths have fallen by 48% since the peak in 2005. In 2016, one million people died from AIDS-related illnesses worldwide, compared to 1.9 million in 2005 and 1.5 million in 2010.<sup>4</sup>

The epidemic is largely characterized by concentrated and growing epidemics in a variety of countries, particularly among key affected populations including males who have sex with males, sex workers, people who inject drugs (PWID) and transgender people. Low national prevalence masks much higher prevalence among these groups and in specific locations, particularly urban areas. The HIV epidemic varies widely from country to country and within certain countries depending on context. This highlights the importance of tailoring responses to each country context. UNAIDS suggests that a ‘location and population’ approach would maximize the impact of scarce resources.

Till to date, Bangladesh has contained the spread of HIV and consistently maintained a national HIV prevalence below 1% among key populations (KPs).<sup>5</sup> Bangladesh is one of the four countries in the region where the epidemic continues to increase however, among some key population. According to the Save the Children, until 2016, the cumulative number of detected HIV cases were 4,721 with 578 new recorded cases (the estimate range of people living with HIV is 8,000-9,800).<sup>6</sup>

Surveillance has been conducted repeatedly among KPs including female sex workers (FSW), males who have sex with males (MSM), male sex workers (MSW), people who inject drugs (PWID) and transgendered people (hijra) since 1998. The last round of serological surveillance was conducted in 2011 but the Behavioral Serological Surveillance (BSS) was last conducted in 2006-2007. Among MSM, MSW and hijra serological and behavioral and sociological survey were conducted for a midline assessment for the Global Fund Rolling Continuation Channel (RCC) project of ICDDR.B in 2013-14.<sup>7</sup>

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<sup>3</sup> <https://data.unicef.org/topic/hivaids/global-regional-trends/>

<sup>4</sup> <http://www.unaids.org/en/resources/fact-sheet>

<sup>5</sup> National HIV Serological Surveillance, 2011, p 44.

<sup>6</sup> <https://bangladesh.savethechildren.net/sites/bangladesh.savethechildren.net/files/library/HIV-AIDS.pdf>

<sup>7</sup> HIV midline survey report icddr,b, 2014

Among PWIDs and FSWs a Rapid Situation and Response Assessment (RSRA) was conducted in 2012 in six geographical divisions of the country where HIV prevention services were being provided. Data from the RSRA were adjusted against suitable multipliers from BSS for greater representativeness.<sup>8</sup>

The only KPs where a concentrated epidemic has been recorded was in male PWID in Dhaka where the prevalence was 5.3% in 2011, down from 7% in 2007<sup>9</sup> and in a small group of hijra in Hili where 2/28 (7.1%), were HIV positive.<sup>10</sup> HIV prevalence at about 1% was found among male PWID in Narayanganj females who use drugs in Dhaka/Tongi/Narayanganj and Benapole (1.2% and 1%); and part time (casual) FSWs in Hili (1.6%). One hidden area that remains unknown as an HIV hotspot is the Satkhira border areas (Debohata and Kolaroa), which, based on a preliminary information obtained during a recent visit by the survey Team Leader, shows a high but yet unmeasured incidence of HIV infection, acquired from brothels across the border.

Surrogate markers of risk – the hepatitis C (HCV) infection rates for unsafe injection and active syphilis for unsafe sex were measured. HCV rates among PWID varied in different geographical areas: HCV prevalence  $\geq 30\%$  was detected in 10 cities including Dhaka where the rate declined significantly over the years from 66.5% in 2000 to 39.6% in 2011 ( $p < 0.01$ ).<sup>5</sup> Active syphilis  $> 5\%$  was found in 10 cities and was highest among the FSWs from the streets of Hili (12.5%). The HIV prevalence among hijra has hovered around 1% since 2002 and there has been an overall remarkable decline in active syphilis rates from 10.4% in 2002 to 2.8% in 2013. Among FSWs, HIV prevalence has also remained below 1%.<sup>5</sup>

The last BSS of 2006-07 showed that among PWID sampled from four cities, sharing of used needles/syringes declined only in Dhaka and in 2006-07, 55.2% and 60.4% borrowed and lent needles/syringes respectively while injecting in the last week. In other cities there was either an increase or no change in sharing behavior.<sup>11</sup> Adjusted data from the 2012 midterm survey showed that 74.3% of male PWID did not share during the last injection.<sup>12</sup> The BSS data of 2006-07 showed that PWID were sexually active and 66.4% bought sex from FSWs in the last year, of whom 41.1% used a condom in the last sex act.<sup>11</sup> Among FSWs, condom use (last time and consistently) with new and regular clients in the last week increased remarkably in 2006-2007 compared to the earlier rounds of BSS in all brothels, hotels and streets of Dhaka and Chittagong ( $p < 0.05$  for all comparisons).<sup>13</sup> In 2012, adjusted data from the midterm survey showed that 75.1% of FSWs had used a condom during last sex. For MSMs, MSWs and hijra in last sex and consistent condom use increased with both transactional and non-transactional sex partners over the years. In 2013, consistent condom use during sex in the last week was reported by 44.7% and 41.1% of MSWs (with new and

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<sup>8</sup> Revised National Strategic Plan 2011- 2017, page 47

<sup>9</sup> National HIV sero-surveillance, 2011, page 16

<sup>10</sup> HIV midline survey report icddr,b, 2014, page 26

<sup>11</sup> NASP. BSS-2006-2007 Report

<sup>12</sup> Revised National Strategic Plan, 2014

<sup>13</sup> 20 Years of HIV in Bangladesh 2009

regular clients respectively) and 29.1% and 30.5% of hijras (with new and regular clients respectively) in Dhaka.<sup>10</sup> For MSM in Dhaka in 2013, 36.9% used condoms consistently while buying sex from males.<sup>10</sup> As may be seen, these midline estimates are lower than many baseline estimates, and as will be seen later, this survey found these estimates to be even lower, at the end-line.

Another source of information on HIV in the country is through HIV testing and counseling (HTC) centers. The cumulative number of detected infections amounted to 4,143, with 469 new recorded cases in 2015.<sup>14</sup> Analysis of information from the HTC centers showed that between 2007 and 2013, HIV was detected in 60 out of 64 districts. However, 74% were concentrated in 12 districts: Dhaka, Sylhet, Chittagong, Comilla, Khulna, Moulavibazar, Cox's Bazar, Munshiganj, Noakhali, Narayanganj, Chandpur and Gazipur. The heaviest affected districts were Sylhet, Munshiganj, Moulavibazar, Dhaka, Khulna and Cox's Bazar. Migrants constituted between 33.3%-46.3% of annual cases, with no clear trend over time.<sup>15</sup>

A recent modeling/projection exercise using the AIDS Epidemic Model (AEM) demonstrated the effectiveness of the ongoing prevention programs among KPs giving rise to contemplation that were these programs to be discontinued, the HIV prevalence would rise among the KPs.<sup>16</sup>

## **1.2 National responses to HIV and AIDS prevention program**

The third National Strategic Plan was developed by ASP in 2011 to provide a framework for the national response to HIV and AIDS up until 2015. Building upon the previous NSPs, as well as the National Policy on HIV/AIDS and STD Related Issues, revised third NSP 2011-2017 was developed in the first half of 2014. The National Strategic Plan (NSP) for HIV and AIDS Response 2018-2022 is in the offing, in alignment with the 4th Health, Nutrition and Population Sector Program (HNPPSP), 2017-2022 as well as other national, regional and global commitments, especially the 2016 Political Declaration to "End AIDS" by 2030. In addition, the concept "Test and Treat" several 'Fast Track' approaches have been set to guide the national response to HIV and AIDS. The strategic plan is being developed with an aim to guide the national response to HIV and AIDS to achieve the global targets on "Ending AIDS" by 2030 and treatment target of "90-90-90" by 2020 focusing on prioritized districts based on proportion of key populations and HIV case detection.

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<sup>14</sup> World AIDS Day presentation 2015

<sup>15</sup> HIV Case detection data 2007-2013

<sup>16</sup> Report on the AIDS Epidemic Modeling AEM exercise conducted to support the development of the HIV and AIDS Concept Note for Global Fund funding

### 1.3 The Global Fund response to HIV and AIDS prevention program

The Global Fund provided consecutive three rounds of grants to Bangladesh from 2004 till now (starting from Round-2 (2004 to 2009) for young people, Round-6 (2007-2012) for most at risk population, vulnerable young people and PLHIV, and Rolling Continuation Channel (RCC) (2009-2015). After successful completion of RCC Phase 1 and 2, The Global Fund awarded Bangladesh with a 2-years funding termed the 'New Funding Model (NFM)' under the program titled 'Continuation of the prioritized HIV prevention services among key populations in Bangladesh'. This started in December 2015 to end in November 2017. These financial and technical assistance create opportunities to continue the intervention among key population with encouraging results. PR1 is the ASP, which is responsible for implementation of national HIV-MIS, conduction of end-line survey, performing monitoring visits to HIV programs, including global fund related interventions, conducting higher level advocacy to create an enabling environment and capacity building of the implementers. Two other PRs are non-government organizations: Save the Children and icddr,b which are responsible for implementation of HIV prevention services for FSW and PWID, complementary support to the Health, Population and Nutrition Sector Development Program (HPNSDP) supported Care Support Treatment Centre (CSTC) program for PLHIV, life skills education in formal and non- formal school settings, operating HIV interventions for MSM and hijra.

The preventive services cover interventions including condom and lubricant distribution, syndromic management of STI, HTC service, local level advocacy, needle syringe exchange program and oral substitution therapy for PWIDs.

Relevant indicators have been planned in line with the national and global standard output/outcome/impact indicators; policies and strategies; M&E frameworks and guidelines to measure program performances, outputs, outcomes and Impacts.

### 1.4 The program goal of the national response

The goal of the national response is to minimize the spread of HIV and minimize the impact of AIDS on the individual, family, community and society.<sup>17</sup>

**General objective of HIV prevention program:** To reduce HIV transmission among key populations in Bangladesh.

#### **Specific objectives of HIV prevention program**

- Continuing HIV prevention services for key populations at higher risk, including FSWs in streets, hotels and residences, male and female PWID, MSMs, MSWs and hijras;

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<sup>17</sup> NASP. Revised Third NSP 2011-2017 Strategy, 2014.

- Continuing required Care, Treatment and Support activities – for PLHIV in order to ensure delivery and adherence to ART;
- Building the capacity of partners in order to increase the scale of the National Response to the HIV/AIDS epidemic – including capacity building initiatives for implementing partners, higher level advocacy for creating an enabling environment and maintaining the national HIV Management and Information System (MIS).

### **1.5 Target groups/beneficiaries of HIV prevention program**

- Males who have Sex with Males (MSM)
- Male Sex Workers (MSW)
- Hijras (Transgender)
- People Who Inject Drugs (PWID)
- Female Sex Workers (FSW)

### **1.6 Objectives of the End Line Survey**

#### **1.6.1 General objectives**

This study was to determine progress in the outcome indicators of the program and to gather important lessons learnt in terms of the effectiveness of the adopted modalities for service delivery, and efficiency of management of the Drop in Center (DIC). This survey also evaluated the progress made in the areas of behavior change towards safe practices in the relevant areas within the program period. There was a need to learn about the degrees of success or failures and their reasons, so that the experience gained may be ploughed into future program planning and developing and adopting adequate and appropriate intervention strategies and activities accordingly.

#### **1.6.2 Specific objectives**

- To analyze knowledge, attitudes and behavior of the Key Populations (MSM, MSW, Hijras, PWID and FSWs) receiving HIV prevention intervention.
- To evaluate information on selected outcome indicators in the performance framework of NFM to track the progress of the program and provide evidence for comparing with the baseline values.
- Make recommendations on how the services for KPs can be improved based on the findings of the survey.

## **1.7 Rationale of the End Line Survey**

The NFM program was planned for 2 years and it was necessary for ASP to assess the changes in risk behavior of Key Populations (KPs), progress made by the PRs based on outcome indicators prior to the survey and the process of program implementation. Moreover conducting an End line survey was also a requirement from the Global Fund.

## SECTION TWO

### Methodology

#### 2.1 Geographical coverage

The survey was conducted in the areas where the HIV Program was implemented by the two PRs - Save the Children and icddr,b - and their associated SRs/SSRs (as per the district list provided with RFP of the survey).

#### 2.2 The approaches

The approaches used for this survey were:

- i) Desk review of the relevant program documents: desk review of HIV related available study reports and documents was done to identify and understand the relevant previous work together with the increasing complexity of interrelated knowledge of social norms, attitude and risk behaviors of key populations and review of relevant project documents of NFM was done to understand the project goal, objectives and outcomes for better contextual understanding, getting a broader conceptual clarity, programmatic gaps and challenges, and lessons for developing the survey tools and instruments as appropriate for each type of KPs to provide constructive recommendations based on the End Line Survey findings for further strengthening and enhancing the national responses as well as the current grants performance improvement/adjustment.
- ii) Cross sectional and descriptive survey: It is a cross-sectional, descriptive survey aimed to assess/determine the changes in risk behavior of the key populations to cover the knowledge, attitudes and practices of KPs, socio-demographics, self-risk perceptions and client satisfaction on service and service needs from the PR program.
- iii) Data collection tools were developed; necessary adjustments were made and finalized based on the desk review, pre-testing, technical inputs or feedback obtained from various rounds of sharing discussions and consultations with ASP and Technical Experts of HIV Prevention Program.

The study drew on data obtained through both quantitative and qualitative techniques. Qualitative data was collected to get insights about the program. While quantitative data were collected from the KPs only, qualitative data were collected from the KPs, DIC Managers, outreach workers, peer educators as well as from the central level program personnel including M&E.

## 2.3 Sample design

### 2.3.1 Selection of districts

Utmost importance was given to ensure representation of districts and key population from each of the eight divisions in Bangladesh. Below are the points considered in selecting districts for the End Line Survey.

1. The eight divisional Cities have been chosen as the intervention program generally focused more at the divisional city at the initial stage of program implementation. Moreover, the members of the key population group also congregate at those cities where they can earn more money through sex work or they get their choice of drugs easily.
2. The district-list along with key population size provided with the RFP was considered.
3. “The mapping study and size estimation of key population in Bangladesh-2016” Report was also considered in which 21 priority districts were selected through a two day workshop comprising of expert groups and representation from the key stakeholders who analyzed latest available epidemiological data, service statistics, risk factors and other information to understand the extent of HIV vulnerability in different districts in Bangladesh.
4. The calculated sample size that could be achieved by selecting a particular district i.e., the size of the key population in a district.
5. The total sample size that could be manageable in stipulated time of the survey.

Considering the above points, 7 districts were selected for SBFSW; 8 districts for RBFSW; 5 districts for HBFSW; 10 districts for male PWID, 2 districts for female PWID, 8 districts for MSM, 6 districts for MSW, and 5 districts were selected for Hijra population. The names of the selected districts by KPs are given in Table 2.1.

**Table 2.1: Names of the selected districts by KPs**

SI	Division	Selected Districts	KPs							
			SBFSW	RBFSW	HBFSW	PWID Male	PWID Female	MSM	MSW	Hijra
1	Barisal	Barisal	√	√	√	√	-	√	-	-
2	Chittagong	Chittagong	√	√	√	√	-	√	√	√
		Chandpur	-	-	--	√	-	-	-	-
3	Dhaka	Dhaka	√	√	√	√	√	√	√	√
4	Khulna	Khulna	√	√	-	-	-	√	√	√
		Jessore	-	-	√	-	√	-	-	-
		Satkhira	-	-	-	√	-	-	-	-
		Chuadanga	-	-	-	√	-	-	-	-
5	Mymensingh	Mymensingh	√	√	-	√	-	√	√	-
6	Rajshahi	Rajshahi	-	√	-	√	-	√	√	-
		Chapai Nawabganj	√	-	-	√	-	-	-	√
7	Rangpur	Rangpur	-	√	-	-	-	√	-	-
		Dinajpur	√	-	-	√	-	-	-	-

SI	Division	Selected Districts	KPs							
			SBFSW	RBFSW	HBFSW	PWID Male	PWID Female	MSM	MSW	Hijra
8	Sylhet	Sylhet	-	-	√	-	-	√	√	√
		Moulvibazar	-	√	-	-	-	-	-	-
Number of districts			7	8	5	10	2	8	6	5

A total of 10,272 samples comprising all types of key populations were proposed to interview covering 15 districts of the eight divisions of the country and 10,414 KPs were interviewed. The sampling procedure is given below and the estimated sample sizes of different KPs and numbers of KPs interviewed by districts and by KPs have been provided in **Annex-1**.

### 2.3.2 Sample size determination

Separate sample sizes were estimated for different geographical areas (districts) for different KPs (Street-based Sex Workers, Hotel-based Sex Workers, Residence-based Sex Workers, PWID, MSM, MSW and Hijra). Since in Dhaka, there were female PWID population, sample of female PWID was also taken in Dhaka in addition to male PWID and in Jessore only female PWID sample was taken. Two key points were considered while determining the sample size for this End Line Survey.

1. Primary objective of any behavioral survey is to measure changes in selected behavioral indicators over time. The sample sizes required to measure changes in indicators over time are larger than those required to measure a variable or indicator at a single point in time and this has been taken into account in order to ensure sufficient statistical power.
2. Sample size requirements are addressed with respect to indicators measured as proportions. This is the type of indicator most commonly used in any behavioral surveillance for HIV. Examples might include the proportion of key population who used a condom, the last time they had sex with a sex partner, or the proportion of respondents who shared injecting equipment the last time they injected drugs.

The sample size required per survey round for measurement of change in a given indicator is a function of five factors:

1. The initial or starting level of the indicator;
2. The magnitude of change we want to be able to detect reliably;
3. How sure we want to be that a change of that magnitude would not have occurred by chance;
4. How sure we want to be that we will observe a change of that magnitude if it did in fact occur;

5. The percent of the population of interest that is eligible to be considered for the indicator.

The following standard formula was used for calculating sample sizes when previous estimates of variables of interest are known (11)

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

where,

n= the required sample size;

D = design effect ["D" may be simply interpreted as the factor by which the sample size for a cluster sample would have to be increased in order to produce survey estimates with the same precision as a simple random sample]

$P_1$ = the estimated prevalence/ proportion at the time of the first (or previous) survey;

$P_2$ = the target proportion at some future date, so that ( $P_2 - P_1$ ) is the magnitude of change we want to be able to detect;

$P = (P_1 + P_2)/2$ ;

$Z_{1-\alpha}$ = the z-score corresponding to desired level of significance;

$Z_{1-\beta}$ = the z-score corresponding to the desired level of power.

For calculation of sample sizes of KPs, 95% confidence level (for one way change) and 80% power were assumed. A summary table of samples sizes with other values and assumptions for all KPs has been provided in **Annex-2**.

### 2.3.3 Base value, magnitude of change, confidence level and power in calculating sample size

#### Sample size of FSW

The last time condom use indicators reported in last BSS held in 2006/2007 were considered for the baseline value in calculating the sample size of street and hotel based female sex workers for Chittagong, Khulna and Sylhet and for Dhaka the baseline values for the last time condom use with new clients for all types of female sex workers was used as cited in 2014 GARPR report. As there was no reliable estimates available for the indicator "last time condom use with clients" for residence based female sex workers of Chittagong, Khulna and Sylhet, condom use rates reported in 'Mapping and Size Estimation of Key Population in Bangladesh 2016 Report' were used to calculate the sample size.

The sample size was calculated to detect 7% change in condom use with 95% confidence level and 80% power. For the street based sex workers in Chittagong and Khulna the sample size was calculated to detect 5% and 15% changes in condom use; while for the hotel based sex workers in Sylhet and Chittagong sample size was calculated to detect 15% change in one direction. The sample size for each of the street, hotel and residence based

sex workers in Dhaka were 454 [i.e. in total  $(454 \times 3) = 1362$ ]. The sample size for street based sex workers in Chittagong and Khulna were 326 and 163, respectively; while the same for the hotel based sex workers in Sylhet and Chittagong were 118 and 163 respectively.

As there was no reliable estimates available for the indicator “last time condom use with clients” for other districts in Bangladesh for the street, hotel and residence based sex workers, indicator value from the report of the “Mapping and size estimation of key population in Bangladesh 2016” was used to calculate the sample size of other selected districts. The sample size required for each of the other districts for the street, hotel and residence based female sex workers were calculated as 119, 122 and 84, respectively, for condom use with 15% detectable change (one way) from the baseline.

### **Sample sizes of MSM, MSW and Hijra**

For MSM, MSW and Hijra, the indicator values of reported condom use outlined in HIV Midline survey report (2014, icddr,b ) were used for calculating sample size. The sample size for MSM, MSW and Hijra was calculated in order to detect 10-15% changes (1-way change detectable) with 95% confidence level and 80% power in the risk behavior. The same design effect was used in sample size calculation that was used at Midline survey-2014. Similarly, the inflation factor for a particular indicator for a particular population group from the Midline survey was also considered. The sample was adjusted for 5% refusal rate in order to meet the required sample size in the survey. Separate sample sizes were calculated for MSM, MSW and Hijra in each survey area. The largest sample size from each group was selected for an area/district for the survey. Hence, for MSM the sample size was 517 in Dhaka, 398 in Sylhet; for MSW it was 435 in Dhaka and 419 in Chittagong; and for hijra the sample size was 432 in Dhaka.

The sample sizes for the MSM, MSW and Hijra of other districts were calculated to be 141, 158 and 161, respectively, with 15% detectable change (one way) in condom use from the baseline with the same confidence level and power.

### **Sample sizes of PWID**

Except Dhaka, the indicators reported in BSS held in 2006/2007 were considered for the baseline value in calculating the sample size of PWID. For Dhaka, GARPR 2014 reported figure was used for calculation of sample size of PWID.

For the Male PWID the sample size was calculated to detect 7-15% changes in sharing indicator and 10-20% changes in last time condom use with same confidence level and power. The inflation rate as well as 5% refusals was also considered in calculating the sample size. The sample size for the Male PWID in Dhaka, Rajshahi, Chapai Nawabgonj and Chandpur were 475, 394, 190 and 153 respectively.

For other districts and for Female PWID, 10% detectable change in sharing of syringe indicator was considered for calculating sample size in other districts and 126 is the sample size required for each district.

A total of 10,287 individuals were interviewed from 8 groups of KPs in 15 districts. The numbers of individuals interviewed by key population are as follows:

Key Populations	No. of interviews conducted
Street-based Female Sex Workers (SBFSWs)	1,446
Hotel-based Female Sex Workers (HBFSWs)	989
Residence-based Female Sex Workers (RBFSWs)	1,095
People Who Inject Drugs- Male (Male PWID)	2,174
People Who Inject Drugs- Female (Female PWID)	147
Males Who have Sex with Males (MSM)	1,789
Male Sex Workers (MSW)	1,537
Transgender (Hijra)	1,110
<b>Total</b>	<b>10,287</b>

Note: i) Total sample size was 10,272 and 10,287 cases were interviewed.

ii) A total of 127 interviews were conducted with PWID in Chittagong. The data of Chittagong have been analyzed separately and key tabulations have been provided in **Annex-5**.

### 2.3.4 Sample selection

Each of the Drop-in-Centers (DICs) of a particular KP in a district was selected for selection of primary sampling unit (PSU) and respondents.

Except Hijra, two-stage cluster sampling technique was used for selection of KPs for interview. In the first stage, time location systematic random sampling methods was used to select PSUs - in this survey 'spots' - from a DIC. In the second stage, respondents (KPs) were selected randomly from each of the PSUs depending on the number of individuals mapped in a particular PSU.

For sampling, initially the lists of Drop-in-Centers (DICs) and the spots under the DICs of the different key populations were collected from the PRs and SRs as secondary information and later a mapping exercise was conducted in the areas under each of the DICs of KPs using guides from the same key populations to gather the detail primary information about the selected population groups, such as identification of locations (Spot/PSU) where the population groups gather to sell sex, time of availability of KPs in spots and size of KPs in the spots under all the DICs in each of the selected geographical locations (districts).

Based upon the required sample size for a particular population group in a district, estimated sample size were proportionately distributed among the DICs in a district according to their sizes and required number of PSUs (spots) were selected in a DIC by systematic random sampling method as part of the first stage of the two stage sampling method. Selection of the number of PSUs and the number of respondents from each PSU depended on the total

number of mapped PSUs in a DIC and number of individuals within the mapped PSUs in a particular DIC.

In the second stage, based upon the required sample size and size of the selected PSUs, a fixed number of respondents were selected in each of the selected PSUs in order to obtain the required sample size under a DIC. In the cases where the size of the spots was equal or less than the fixed number of respondents all the respondents were interviewed to fulfill the desired number of respondents in a DIC.

For hijra, however, single stage cluster method was used for selection of hijra and birit based method was applied for selection of sample. Birit is an operating area of a hijra guru and within the boundaries of a birit the chelas (followers) of the Guru conduct their activities (14). An initial list of gurus was prepared through discussing with key members of Hijra community in Dhaka and other selected districts. The area covered by a birit and the number of chelas under each birit were listed by identifying the houses of chelas with the help of some chelas in a birit and the list was cross checked with gurus and chelas.. The number of chelas under a Guru constituted the sampling frame of hijra for each guru and proportionate random sampling was administered in birits in each of the selected districts.

### 2.3.5 Samples of qualitative study

For the qualitative part, key informant interview (KII), in-depth interview and FGD were conducted with KPs service provider and relevant stakeholders. Separate qualitative data collection tools were used for capturing qualitative information about the services, reasons for non-use of condom and causes for needle syringe sharing, STI treatment, HTC, referrals etc. Further information are available at **Annex-3**.

Number of KIIs conducted with the Senior Management and M&E Personnel of PRs and SRs have been provided in Table 2.2.

**Table 2.2: Number of KIIs conducted by respondent category and by PR/SR**

Name of PR/SR	Respondents category	Total
Save the Children International	Program Head M&E (FSW) M&E (PWID)	3
icddr,b	Program Head M&E Focal Person	2
Care Bangladesh	Team Leader of PWID M&E Focal Person	2
Lighthouse	Team Leader of FSW M&E Focal Person (FSW) Team Leader of MSM, MSW and Hijra M&E Focal Person (MSM, MSW and Hijra)	4
BSWS	Team Leader of MSM, MSW and Hijra M&E Focal Person (MSM, MSW and Hijra)	2
<b>Total</b>		<b>13</b>

Number of FGDs and in-depth interviews conducted by category of participants/respondents have been given in Table 2.3.

**Table 2.3: Number of FGDs and IDIs conducted by participant/respondent categories**

FGDs		In-depth Interviews		
Participant category	Number of FGDs conducted	Respondent category	From DICs for	Total number interviewed
<b>KP Type</b>		DIC/sub-DIC	FSW	26
FSW	17	Manager/	PWID	23
Male PWID	14	Coordinator	MSM/MSW/Hijra	15
Female PWID	2		<b>Sub-total:</b>	<b>64</b>
MSM	7	DIC Advisory	FSW	34
MSW	6	Committee	PWID	29
Hijra	4	Member	MSM/MSW/Hijra	8
<b>Sub-total:</b>	<b>50</b>		<b>Sub-total:</b>	<b>71</b>
<b>Outreach Worker for the program</b>		Power Structure of KP	FSW	35
FSW	15		PWID	30
Male PWID	13		MSM/MSW/Hijra	19
Female PWID	2		<b>Sub-total:</b>	<b>84</b>
MSM	7	Outreach	FSW	26
MSW	4	Supervisor	PWID	20
Hijra	3		MSM/MSW/Hijra	16
<b>Sub-total:</b>	<b>44</b>		<b>Sub-total:</b>	<b>62</b>
<b>TOTAL:</b>	<b>94</b>	Outreach Worker	FSW	35
			PWID	30
			MSM/MSW/Hijra	23
			<b>Sub-total:</b>	<b>88</b>
			<b>TOTAL:</b>	<b>369</b>

Note:

- i) For MSM/MSW/Hijra, the previous EC members were interviewed as local opinion leaders.
- ii) Distribution of FGDs and IDIs conducted by type of KPs and by category of participants/respondents and by districts have been provided in **Annex-4**.
- iii) The key tables on PWID for Chittagong is provided in **Annex-5**.

## 2.4 Development of survey tools

### **Quantitative tools**

Separate semi-structured questionnaires were prepared for female based sex workers, people who inject drug, MSM, MSW and Hijra. Previously administered similar survey instruments were examined as well as the BSS 2006-2007 questionnaires were reviewed. The questionnaires included information on socio-demographic characteristics and marriage, drug use, partners and sexual history, sexual risk-behavior with different types of partners along with condom use, internal and external mobility, knowledge on male condoms and lubricants, knowledge of STI/HIV and healthcare seeking for STIs, knowledge on confidential HIV testing, violence, HIV risk assessment and involvement with NGO intervention. Questionnaires were pre-tested for each of the groups in some field sites among key population, who were not the final respondents, by the Field Research Assistants and Field Supervisors for checking inconsistency and lack of information in the questionnaire. During

pre-testing of the questionnaire some of the key areas that were observed were consistency and sequence of questions, language used, probing technique, appropriate skips in the questionnaire, etc. The pre-testing results were reviewed among the teams and the questionnaires were modified incorporating the suggestions given in the stakeholder meetings and based on the results of pre-testing in the field. Then the questionnaires were shared and finalized in consultation with ASP, PRs, and the appointed Consultant of ASP for the survey. All the questionnaires were developed first in Bangla and translated into English and interviewers were trained thoroughly on the questionnaires. The final questionnaires were printed after getting approval of ASP.

### **Qualitative tools**

Guidelines for FGDs, IDIs and KIIs were developed following a participatory method by the research team. Some selected End Line quantitative field data collectors having previous experience of qualitative data collection were involved in the process of development of the guidelines. The guidelines were also field tested by the study team in some selected DICs areas for different KPs and finalized<sup>1/</sup>.

The tools developed for qualitative data are:

- Guidelines for key informant interview;
- Guidelines for in-depth interview with the key populations and service providers;
- FGD guidelines for conducting FGD with key populations;

A group of facilitators and note takers having previous experience of conducting FGDs/IDIs were trained on the guidelines and procedures of conducting FGDs/IDIs. An FGD was conducted by two persons, one moderator and one note taker. Each FGD session was also recorded by audio recorder. The FGDs findings were compiled and summarized according to the type of KPs.

The IDIs were conducted by trained and experienced data collector chosen from those who collected the quantitative data under the End Line Survey and were also recorded by audio recorder. These were compiled with respect to individual category of personnel and were analyzed.

The KIIs were conducted by senior team members of the research team. These were also recorded by audio recorder and were analyzed by those senior professionals who conducted by the interviews.

Respondent/participants of IDIs, KIIs and FGDs were selected based on their availability and willingness to participate. Homogeneity of the FGD participants was considered and ensured during their selection.

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<sup>1/</sup> Field tests were conducted in Ibrahimpur DIC, Khilgaon DIC and Darussalam DIC.

For each of the instruments (both quantitative and qualitative) instruction manuals were developed for the data collectors. Monitoring guidelines were developed for the supervisors to maintain quality of data collection through supervision and monitoring by qualified, trained supervision and monitoring teams. The manuals included interview and data collection techniques, interview methods, instructions on filling up the data collection tools, monitoring, quality checking, data editing etc.

## **2.5 Duration of the survey**

The study was completed in six months from July to December 2017. Quantitative data were collected between 18 September and 30 November 2017. The qualitative information were collected between 1 November and 24 December 2017.

## **2.6 Ethical assurance for the protection of human rights**

Approval of Bangladesh Medical Research Council was taken to conduct the survey among key population. Verbal consent in Bangla was taken from the respondents who are  $\geq 18$  years. For those who are  $< 18$  years, written assent was recorded from guardians, who identified the participants. Before starting interview, the objective of the survey and the risk and benefits in participating in the survey were read out for each respondent/guide.

The name and address of the respondents were not recorded anywhere in the questionnaire. Furthermore, privacy during the interview process was safeguarded. The interview was held under conditions wherein the respondents were most comfortable in responding.

## **2.7 Involvement of the stakeholders**

Two consultative meetings were organized with the stakeholders. First, a Preparatory Planning Meetings was held with ASP and Technical Experts in ASP office during the initial stage of preparation and development of the survey to reach consensus on the methodology and for common understanding of the survey processes.

Based on the Preparatory Planning Meeting suggestions and desk review findings, the Consultants/firm incorporated and finalized the final End Line Survey methodology, and developed tools and instruments and shared in another consultative meeting with ASP and other stakeholders including Save the Children and icddr,b. In the meeting, final End Line Survey methodology along with data collection instrument and final plan for End Line Survey data collection were shared and submitted to ASP for approval.

Representatives of ASP also attended the training sessions of the data collection team several times and provided their informed suggestions for improvement of the quality of the training and data collection.

Another sharing meeting was held with ASP, Save the Children and icddr,b at ASP office in the mid of data collection to share the progress of data collection and some problems faced during data collection in Dhaka. The meeting discussed and found the way out of the problems of not finding adequate number hotel-based sex workers in a particular DIC area in Dhaka and of sampling of hijra.

## **2.8 Trainings of the study team**

### ***Orientation of the Key Personnel***

The Key personnel were oriented on their own responsibilities, prerogatives and their mutual and interacting responsibilities including the survey objectives and the related issues. They reviewed the proposal and related literatures based on which the survey was carried out. Based on their responsibility, they reviewed and translated the questionnaires as a team under the direction of the team leader. They also were around during the finalization of these instruments.

### ***Training of data collection team***

The data collection team (FRAs and FSs) was provided a 8-day training between 9-17 September 2017: 5 days in the office followed by 1 day pre-testing of questionnaire and tools in the field and another 2 day training on final questionnaires and tools. The training was conducted in separate groups for FSWs, PWID, and MSM, MSW and Hijra The training consisted of the issues related to HIV/AIDS, sexuality, vulnerable groups, mapping and interviewing techniques, how to fill in the questionnaires and sampling methods along with mock interviews between participants to gain experience in asking questions. How to briefly describe the project to the KPs for understanding was also taught. The training was provided by the key personnel and experts in the respective fields using the instruction manual developed earlier. Most of the sessions of the training were based on a participatory approach. The ethical issues were also addressed thoroughly in the training. They were sent to the field for pre-testing the questionnaires.

### ***Training of Field Supervisors and Data Analysts***

Field Supervisors and Data Analysts received additional 3-day training on field supervision, data management, quality checking of data gathered by the FRAs and on supervision and monitoring for quality data collection. The training was provided by the key personnel and experts in the respective fields under the direction of the Team Leader. In each training representatives of ASP were invited in advance to attend the training of the Field Supervisors and Data Analysts. ASP representatives were present in each of these trainings.

### ***Orientation of other support staff***

In addition, a day-long orientation was organized for other support staff of the PIACT Bangladesh and Social Sector Management Foundation related to support and management of the survey, so that each of them has uniform knowledge on the end survey and on their respective roles and responsibilities in the survey.

## **2.9 Preparation of data collection plan**

A data collection plan with the name of place and date was prepared for each team and was finalised in consultation with ASP. The data collection team was provided with the data collection schedules, locations, questionnaires, tools and other necessary materials to collect data from the field. Data collection was started on 18 September 2017 and completed in end November 2017. An introductory letter obtained from ASP authority and also a letter from the Team Leader of the survey and the Director of PIACT Bangladesh to the relevant officials e.g., SRs/SSRs, civil surgeons and district and upazila police were provided with the data collection team for getting their unreserved support in conducting the survey. Field monitoring plan of the key professionals was prepared and implemented during data collection period.

## **2.10 Quality control and data management**

Data quality was ensured in two stages: at the field level during data collection and at the central level where data editing, entry and cleaning were done. At the field level, all collected data were checked and verified by the interviewers and their respective group supervisors as well as the Research Officers. The field supervisors check and interview required number of questionnaires at the field level just after completing an interview for examining inconsistencies or missing information in the questionnaire. This helped in filling up any missing information and removing any inconsistencies in data in the questionnaire. The data collector also checked at the end of an interview if there is any question left to be asked.

At the central level, the data management staff again checked for any inconsistencies or missing information in the questionnaire and coded the open questions including the DICs, Spots, Upazilas and Districts.

For the quantitative data, separate databases were constructed in CSPro for each of the 5 key populations (FSW, PWID, MSM, MSW and Hijra). A single database was constructed for 3 types of female sex workers. The databases were constructed introducing range and logical checks for minimizing data entry error.

Data were entered twice by different persons in separate databases and the 2 databases of the same KPs were compared in CSPro to examine any difference in any variable in data entry. The inconsistent variables were printed, checked with relevant questionnaire and edited in the databases. The final CSPro databases of 5 KPs were then transferred to SPSS version 20 where data cleaning was also done by using the logical checks and when any inconsistency was found in data. Thus the final databases of each of 5 key populations were prepared for analysis.

## 2.11 Data analysis

SPSS version 20.0 was used to analyze quantitative data. Descriptive statistics, such as weighted proportions for categorical data, and weighted means for scale/numerical variables were calculated by demographic and behavioral characteristics of key population and by geographical areas.

### Sampling weight

Sampling weights were calculated by using standard formulae for all of the key population group databases before conducting data analysis. Sampling weight was required for weighting of non-proportional allocation of sample spots and individual from a cluster for analysis of end-line survey data to ensure the actual representation of the survey results. Since the end-line survey sample was a two-stage stratified cluster sample, except hijra, sampling weights were calculated based on sampling probabilities separately for each sampling stage. We use the following notations:

- $P1_{ij}$ : first-stage sampling probability of the  $i^{th}$  cluster (Spots) in  $j^{th}$  Stratum (DIC)  
 $P2_{ij}$ : second -stage sampling probability within the  $i^{th}$  cluster

Let  $m_{ij}$  be the number of cluster selected in  $j^{th}$  stratum,  $M_{ij}$  be the number of clusters in the  $j^{th}$  stratum. The probability of selecting the  $i^{th}$  cluster in the end-line survey sample is calculated as follows:

$$P1_{ij} = \frac{m_{ij}}{M_{ij}} \dots \dots (i)$$

Let  $L_{ij}$  be the number of KPs listed in  $i^{th}$  cluster in  $j^{th}$  stratum, let  $g_{ij}$  be the number of KPs selected in the  $i^{th}$  cluster. The second stage's selection probability for each KP in the cluster is calculated as follows:

$$P2_{ij} = \frac{g_{ij}}{L_{ij}} \dots \dots (ii)$$

The overall selection probability of each KP in  $i^{th}$  cluster of  $j^{th}$  stratum is therefore the production of the two stages selection probabilities:

$$P_{ji} = P1_{ij} \times P2_{ij}$$

The sampling weight for each individual in  $i^{th}$  cluster of  $j^{th}$  stratum is the inverse of its overall selection probability:

$$W_{ij} = 1/ P_{ij}$$

Then relative weights were calculated to yield the same number of weighted cases as the actual number of un-weighted cases in the data file by dividing the above calculated weight ( $W_{ij}$ ) for each case by the mean of the weights of a district. The relative weight is valid for estimating mean and proportion.

For Hijra, the same procedure was followed except that weighting was done for a single stage selection, as the hijra people were selected from the sampling frame under a Guru.

Preliminary data analysis results were presented organizing several rounds of discussions and consultations with the technical and program personnel of ASP and related stakeholders for their inputs. Triangulation of qualitative and quantitative data was done during data analysis for interpretation of findings with technical and expert guidance to formulate recommendations.

## **2.12 Report preparation and dissemination**

Draft Report was prepared according to the data analysis plan. The first draft report was submitted to ASP as a preliminary report with summary of key findings for feedbacks and technical review and comments.

A dissemination meeting was held with ASP, PRs and other stakeholders for sharing the key findings of the End line Survey and for suggestions and feedbacks for improvement of the survey report. The suggestions, comments, and advices provided by ASP and other stakeholders in the meeting were incorporated in the final draft report. The Final Draft Report was submitted to ASP along with all deliverables [both electronic and hard copy of final draft report; questionnaires and tools and final cleaned data set in SPSS]. The comments/suggestions provided on the Final Draft Report by different stakeholders were addressed in the Final Report.

## SECTION THREE

### Female Sex Workers (FSWs)

#### 3.1 Background characteristics

The average age of the female sex workers (FSWs) was 27.7 years. Hotel based ones were slightly younger and street based ones slightly older at 26.6 years and 28.3 years respectively (Table 3.1a). The highest percentage of FSWs was seen in the 25-29 years of age bracket in each type of FSWs; the least at 40 years of age and above (7.2%).

Most FSWs were educated up to 5<sup>th</sup> grade (38.2%); 30.4% were illiterate; and 29.9% were educated up to 10<sup>th</sup> grade. Most currently married were engaged as RBSWs. Separated/divorced/widowed were the dominant group of marital status in SBSWs, RBSWs and all FSWs, while more RBSWs were currently married.

Among SBSWs 32% were from Dhaka and the rest from other cities- 22.5% from Chittagong, 11.8% from Khulna, 8.3% each were from Barisal and Mymensingh, and 17.1% were from other cities. Among HBSWs 45.9% were from Dhaka, 16.5% and 12.3 were from Chittagong and Barisal respectively and 25.3% were from other cities. Among RBSWs 41.7% were from Dhaka, 8% each were from Chittagong and Barisal, 7.9% and 7.7% were from Khulna and Mymensingh respectively and 26.7% were from other cities.

**Table 3.1a: Distribution of FSWs by selected background characteristics**

Background Characteristics		Type of FSWs						All FSWs	
		SBSW		HBSW		RBSW			
		Percentage	N	Percentage	N	Percentage	N	Percentage	N
	Below age 20	11.5	167	15.2	150	14.1	155	13.4	472
	20-24 years	19.2	278	25.2	250	19.5	213	21.0	741
	25-29 years	26.0	376	27.6	273	27.9	306	27.1	955
	30-34 years	20.5	297	16.9	167	18.9	207	19.0	672
	35-39 years	13.7	198	10.5	104	12.3	135	12.4	437
	40 and above	8.9	129	4.5	44	7.3	80	7.2	253
<b>Average age</b>		<b>28.3</b>		<b>26.6</b>		<b>27.7</b>		<b>27.7</b>	
Education	No formal education	37.2	538	23.9	237	27.3	299	30.4	1074
	Up to grade 5	38.9	562	36.7	363	38.6	423	38.2	1348
	Grade 6-10	23.0	333	37.5	371	32.0	350	29.9	1054
	More than grade 10	0.9	13	1.9	18	2.0	22	1.5	53
Marital Status	Never married	11.2	162	23.8	235	15.0	165	15.9	561
	Currently married	44.2	640	32.9	326	45.8	502	41.6	1467
	Separated/divorced/widowed	44.6	644	43.3	428	39.2	429	42.5	1501
City	Dhaka	32.0	463	45.9	454	41.7	457	38.9	1374
	Chittagong	22.5	326	16.5	163	8.0	88	16.3	577
	Barisal	8.3	120	12.3	122	8.0	88	9.3	330
	Khulna	11.8	170	-	-	7.9	86	7.3	256
	Mymensingh	8.3	120	-	-	7.7	84	5.8	204
	Other cities <sup>1/</sup>	17.1	247	25.3	250	26.7	292	22.4	789

Background Characteristics		Type of FSWs						All FSWs	
		SBSW		HBSW		RBSW			
		Percentage	N	Percentage	N	Percentage	N	Percentage	N
Region	Dhaka	32.0	463	45.9	454	41.7	457	38.9	1374
	All other cities	68.0	983	54.1	535	58.3	638	61.1	2156
Received services from HIV prevention program	Yes	93.3	1349	87.1	861	95.3	1043	92.2	3254
	No	6.7	97	12.9	128	4.7	52	7.8	276
<b>Total</b>		<b>100.0</b>	<b>1446</b>	<b>100.0</b>	<b>989</b>	<b>100.0</b>	<b>1095</b>	<b>100.0</b>	<b>3530</b>

<sup>1/</sup>Jessore, Rajshahi, Chapainawabganj, Rangpur, Dinajpur, Sylhet and Moulvibazar. Same as for all other tables.

Note: '-' means no sample of HBSW was taken from Khulna and Mymensingh districts. This applies to all the tables.

Sex work was the only source of income for about 99.0% of FSWs. Overall, more than a quarter of FSWs earned Taka 10,000.00 or less in last 30 days, more than one-third of them earned between 10001.00 and 20000.00 and the rest, 36.6% ,earned over 20000.00 in last 1 month (Table 3.1b). It appears that hotel based sex workers earned more money than SBSWs and RBSWs did. The median income of SBSWs, HBSWs and RBSWs were Taka 15,000.00, 25,000.00 and 15,000.00, respectively, in the last month. The distributions of income by SBSWs and RBSWs, by and large, were the same.

**Table 3.1b: Distribution of FSWs by their income in last 30 days by type of FSW**

Income (in Taka)	Type of FSWs			All FSWs (N=3530)
	SBSW (N=1446)	HBSW (N=989)	RBSW (N=1095)	
	Percent	Percent	Percent	Percent
Up to 10000	32.9	8.6	37.0	27.4
10001-20000	39.6	29.1	38.0	36.1
20001-30000	16.1	26.8	14.9	18.7
30001-40000	8.0	19.2	6.1	10.6
40001-50000	1.8	10.5	2.6	4.5
50001 and above	1.6	5.9	1.4	2.8
Median	15,000.00	25,000.00	15,000.00	18,000.00

### 3.2 Behavioral factors

Most FSWs less than 20 years of age, experienced sex before they reached 15 years of age (64.4%). However, the experience before 15 years of age was also seen among those FSWs who were aged 20-24 years (48.9%). Among other age groups this was more or less similar, i.e. about 50%, or slightly higher (Table 3.2).

In aggregate 57% FSWs, who experienced sex before 15 years of age, were illiterate. The highest number/percent of illiterate were the residence based sex workers (60.5%).

Among the never married FSWs in aggregate (49.5%) who experienced sex before 15 years of age, most were residence based sex workers and the least were HBSWs (44.8%). Among the currently married FSWs in aggregate (52.5%) most were SBSWs (55.8%). It is important to note that over a half of the FSWs (53.9%) were separated/divorced/widowed.

Among SBWSs with experience of sex before 15 years of age, 47.3% were from Dhaka city and 56.6% from all other cities. Highest among them was in Khulna (62.1%) followed by Chittagong (58.6%), and Mymensingh (57.3%) respectively. While the highest number/percent of HBSWs with experience of sex before 15 years of age, were from Barisal (52.5%) and least from Chittagong (40.5%).

**Table 3.2: Distribution of FSWs who experienced sex for the first time before age 15 by selected characteristics**

Characteristics		Type of FSWs						All FSWs	
		SBSW		HBSW		RBSW		Percent	N
		Percent	N	Percent	N	Percent	N		
Age	Below age 20	70.5	167	56.2	150	65.6	155	64.4	472
	20-24 years	53.7	278	40.9	250	51.9	213	48.9	741
	25-29 years	51.6	376	47.6	273	54.3	306	51.4	955
	30-34 years	50.5	297	50.6	167	53.4	207	51.4	672
	35-39 years	54.3	198	50.3	104	50.6	135	52.2	437
	40 and above	43.6	129	46.6	44	63.3	80	50.3	253
Education	No formal education	55.8	538	55.3	237	60.5	299	57.0	1074
	Up to grade 5	55.5	562	50.6	363	60.1	423	55.6	1348
	Grade 6 and above	47.1	346	41.1	390	46.3	373	44.7	1108
Marital Status	Never married	50.0	162	44.8	235	55.7	165	49.5	561
	Currently married	55.8	640	45.1	326	53.0	502	52.5	1467
	Separated/divorced/widowed	52.3	644	51.9	428	58.3	429	53.9	1501
City	Dhaka	47.3	463	47.6	454	53.6	457	49.5	1374
	Chittagong	58.6	326	40.5	163	48.7	88	52.0	577
	Barisal	51.7	120	52.5	122	48.2	88	51.0	330
	Khulna	62.1	170	-	-	61.7	86	62.0	256
	Mymensingh	57.3	120	-	-	54.9	84	56.3	204
	Other cities	52.3	247	51.3	250	61.0	292	55.2	789
Region	Dhaka	47.3	463	47.6	454	53.6	457	49.5	1374
	All other cities	56.6	983	48.3	535	56.8	638	54.6	2156

The average age of entry into sex business by SBWSs was least in Chittagong and Mymensingh (14 years) and highest in Dhaka and Barisal (15.2 and 15.1 years respectively). In all other survey areas, the average age of entry into sex work was almost same- slightly less than 15 years (Table 3.3). Among RBSWs in Dhaka and Barisal the average age at the entry into sex work was about 15 years. It was slightly lower in Chittagong, Mymensingh and Khulna in that order, while lowest in 'other cities' (14 years).

The average duration into sex work was 8.8 years in Dhaka city and 6.9 years in all other cities. In Mymensingh and Khulna however, the duration was longer than Dhaka (9.1 years and 9 years respectively), among SBSWs. Among HBSWs the duration in Dhaka was 6.4 years and in other areas 5.7 years. Among RBSWs in Dhaka the duration was 7.9 years and in all other cities 6.6 years.

**Table 3.3: Average age of entry into sex work and years engaged in sex profession by location**

Location		Type of FSWs						All FSWs	
		SBSW		HBSW		RBSW			
		Estimate	N	Estimate	N	Estimate	N	Estimate	N
<b>Average age of entry into SW</b>									
City	Dhaka	15.2	463	14.7	454	14.9	457	14.9	1374
	Chittagong	14.0	326	14.9	163	14.6	88	14.4	577
	Barisal	15.1	120	14.9	122	15.0	88	15.0	330
	Khulna	14.2	170	-	-	14.2	86	14.2	256
	Mymensingh	14.0	120	-	-	14.5	84	14.2	204
	Other cities	14.5	247	14.8	250	14.0	292	14.4	789
Region	Dhaka	15.2	463	14.7	454	14.9	457	14.9	1374
	All other cities	14.3	983	14.8	535	14.3	638	14.4	2156
<b>Total</b>		<b>14.6</b>	<b>1446</b>	<b>14.8</b>	<b>989</b>	<b>14.6</b>	<b>1095</b>	<b>14.6</b>	<b>3530</b>
<b>Average years in sex profession</b>									
City	Dhaka	8.8	463	6.4	454	7.9	457	7.7	1374
	Chittagong	5.1	326	3.7	163	4.2	88	4.6	577
	Barisal	7.4	120	7.0	122	6.1	88	6.9	330
	Khulna	9.0	170	-	-	7.1	86	8.4	256
	Mymensingh	9.1	120	-	-	8.1	84	8.7	204
	Other cities	6.6	247	6.4	250	6.8	292	6.6	789
Region	Dhaka	8.8	463	6.4	454	7.9	457	7.7	1374
	All other cities	6.9	983	5.7	535	6.6	638	6.5	2156
<b>Total</b>		<b>7.5</b>	<b>1446</b>	<b>6.0</b>	<b>989</b>	<b>7.1</b>	<b>1095</b>	<b>7.0</b>	<b>3530</b>

The average number of days FSWs in aggregate worked per week is 5 days in Dhaka and 4.9 days in all other cities. Among the SBSWs the highest number of days has been seen in Chittagong (5.9 days) and the least-4.2 days in Mymensingh. The highest number of days of sex was also seen in Chittagong among the other two types of sex workers- HBSWs and RBSWs (Table 3.4).

Client load (those who pay), including both new and regular ones, was higher in Dhaka among SBSWs- 21.2 to 20.8 in all other cities per week. But in Chittagong it was much higher than in Dhaka-35.6. Among HBSWs it was much lower in Dhaka than in other cities- 22.5 to 44 per week respectively. In Barisal however, it was enormous- 84.1. Among RBSWs the client load per week was 17 in Dhaka and 12.4 in all other cities. It was higher in Chittagong than in Dhaka- 28.

The average number of non-paying partners was 1.3, 1.4 and 1.2 per week among SBSW, HBSW and RBSW respectively. It was more in Dhaka among SBSWs and RBSWs (in Chittagong however, it was higher than in Dhaka), while reverse was seen among HBSWs.

The difference however, was not much (1.3 versus 1.4). In Barisal and Chittagong the number was higher among HBSWs.

**Table 3.4: Average number of sex work days and average client load of FSWs per week by location**

Location		Type of FSWs						All FSWs	
		SBSW		HBSW		RBSW			
		Estimate	N	Estimate	N	Estimate	N	Estimate	N
<b><i>Average number of days worked per week</i></b>									
City	Dhaka	5.1	463	5.0	454	4.9	457	5.0	1374
	Chittagong	5.9	326	6.1	163	5.4	88	5.9	577
	Barisal	4.8	120	5.6	122	4.2	88	4.9	330
	Khulna	5.0	170	-	-	4.4	86	4.8	256
	Mymensingh	4.2	120	-	-	4.0	84	4.1	204
	Other cities	4.5	247	4.8	250	4.4	292	4.5	789
Region	Dhaka	5.1	463	5.0	454	4.9	457	5.0	1374
	All other cities	5.0	983	5.4	535	4.4	638	4.9	2156
<b>Total</b>		<b>5.1</b>	<b>1446</b>	<b>5.2</b>	<b>989</b>	<b>4.6</b>	<b>1095</b>	<b>5.0</b>	<b>3530</b>
<b><i>Average client load (new + regular) per week on payment</i></b>									
City	Dhaka	21.2	463	22.5	454	17.0	457	20.3	1374
	Chittagong	35.6	326	42.9	163	28.0	88	36.5	577
	Barisal	20.8	120	84.1	122	12.6	88	42.5	330
	Khulna	11.3	170	-	-	9.6	86	10.7	256
	Mymensingh	10.3	120	-	-	7.9	84	9.3	204
	Other cities	12.3	247	24.7	250	9.7	292	15.3	789
Region	Dhaka	21.2	463	22.5	454	17.0	457	20.3	1374
	All other cities	20.8	983	44.0	535	12.4	638	24.2	2156
<b>Total</b>		<b>20.9</b>	<b>1446</b>	<b>34.1</b>	<b>989</b>	<b>14.4</b>	<b>1095</b>	<b>22.7</b>	<b>3530</b>
<b><i>Average number of non-paying partners in last 1 month</i></b>									
City	Dhaka	1.6	463	1.3	454	1.3	457	1.4	1374
	Chittagong	1.3	326	1.4	163	1.5	88	1.4	577
	Barisal	1.2	120	1.5	122	1.1	88	1.3	330
	Khulna	1.1	170	-	-	1.0	86	1.0	256
	Mymensingh	1.0	120	-	-	1.0	84	1.0	204
	Other cities	1.2	247	1.3	250	1.1	292	1.2	789
Region	Dhaka	1.6	463	1.3	454	1.3	457	1.4	1374
	All other cities	1.2	983	1.4	535	1.1	638	1.2	2156
<b>Total</b>		<b>1.3</b>	<b>1446</b>	<b>1.4</b>	<b>989</b>	<b>1.2</b>	<b>1095</b>	<b>1.3</b>	<b>3530</b>

The percentage of sex workers selling sex in more than one spot was highest among HBSWs of less than 20 years of age (82.9%) and least among RBSWs (74%). Among the 20-24 years old FSWs also the same trend was seen, although much less among RBSWs (62.4%). The trend continued until the age reached 30-34 years of age, thereafter it started rising among SBSWs in comparison to the other two types. These differences among age groups were, however, not significant for any type of sex workers (Table 3.5).

Among all the three types, as the rate of literacy increased so did the selling of sex in more than one spot. These differences were highly significant in all types of FSWs including all FSWs ( $P<0.01$ ) except HBSWs. A reverse trend was seen by marital status, where the difference was significant, however, only within RBSWs and within the all FSWs ( $P<0.01$ ).

Selling sex in the last two months more than one spot was more common in other cities than in Dhaka among SBSWs and HBSWs, particularly in Khulna (99.1%), Barisal (89.5%) and in other cities (90.4%) among SBSWs and in Barisal among HBSWs (96.4%). Among the RBSWs of Dhaka, however, this rate was more common than all other cities (68.3% to 59.1% respectively), except in Khulna (88.5%). These location-wise differences were highly significant ( $P<0.01$ ) in each type of sex workers and in all FSWs.

**Table 3.5: Distribution of FSW selling sex in more than one spot in the last two months by selected characteristics**

Characteristics		Type of FSWs							
		SBSW		HBSW		RBSW		All FSWs	
		Percent	N	Percent	N	Percent	N	Percent	N
Age	Below age 20	76.8	167	82.9	150	74.0	155	77.8	472
	20-24 years	72.5	278	83.9	250	62.4	213	73.4	741
	25-29 years	79.1	376	83.3	273	61.4	306	74.6	955
	30-34 years	80.4	297	84.2	167	60.4	207	75.2	672
	35-39 years	81.6	198	76.9	104	60.3	135	73.9	437
	40 and above	80.6	129	68.2	44	59.9	80	71.9	253
	<b>p-value</b>	<b>NS</b>		<b>NS</b>		<b>NS</b>		<b>NS</b>	
Education	No formal education	72.9	538	77.0	237	57.0	299	69.3	1074
	Up to grade 5	80.6	562	82.2	363	59.3	423	74.3	1348
	Grade 6 and above	83.0	346	85.4	390	71.8	373	80.1	1108
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
Marital Status	Never married	82.3	162	85.7	235	80.8	165	83.3	561
	Currently married	78.1	640	80.7	326	59.6	502	72.4	1467
	Separated/divorced/widowed	77.4	644	81.4	428	59.9	429	73.6	1501
	<b>p-value</b>	<b>NS</b>		<b>NS</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
City	Dhaka	69.6	463	73.4	454	68.3	457	70.4	1374
	Chittagong	77.6	326	84.6	163	66.3	88	77.9	577
	Barisal	89.5	120	96.4	122	56.8	88	83.3	330
	Khulna	99.1	170	-	-	88.5	86	95.6	256
	Mymensingh	47.8	120	-	-	59.3	84	52.5	204
	Other cities	90.4	247	89.7	250	48.9	292	74.8	789
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
Region	Dhaka	69.6	463	73.4	454	68.3	457	70.4	1374
	All other cities	82.4	983	89.6	535	59.1	638	77.3	2156
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
<b>Total</b>		<b>78.3</b>	<b>1446</b>	<b>82.2</b>	<b>989</b>	<b>62.9</b>	<b>1095</b>	<b>74.6</b>	<b>3530</b>

Among SBSWs 31.1% and 40.8% also sold sex in hotels and residences. Among HBSWs 13.3% and 35.6% also sold sex in streets and residences respectively. Similarly, Among RBSWs, 8.3% sold sex in streets and 27% sold sex in hotels as well (Table 3.6).

**Table 3.6: Distribution of FSW by place of selling sex**

Place of selling sex	Type of FSWs			All FSWs (N=3530)
	SBSW (N=1446)	HBSW (N=989)	RBSW (N=1095)	
	Percent	Percent	Percent	Percent
Street	97.8	13.3	8.3	46.4
Hotel	31.1	99.8	27.0	49.1
Residence	40.8	35.6	99.9	57.7

Multiple responses

### 3.3 Safe sexual practices

Condom use in last sex in last 12 months

Overall condom use rate in last sex in last 12 months by female sex workers were 50.2% and by type of sex workers, the rates were 50.4%, 46.5% and 53.4% for SBSW, HBSW and RBSW, respectively (Table 3.7).

As for use of condom by age it was most common (52.6%) among FSWs whose age was 40 years or more. It was least among those whose age was between 35 years and 39 years (48.7%). But the differences among the age groups were not found significant.

The more was education among any of the three types the more was the rate of use of condom in the 'last sex'. These rates were significantly different in the street based and in the residence based FSWs ( $P < 0.01$ ) as well as in all FSWs.

The rate of safe sexual practice was highest among the currently married FSWs. Overall, the difference in safe sexual practices, based on the marital status was highly significant ( $P < 0.01$ ).

Use of condom in the 'last sex' was highest among SBSWs in Dhaka (67.9%) followed by Barisal (60.3% and other cities (60.1). Among HBSWs however, the rate was higher in other cities right after Dhaka city. Among RBSWs the highest rate was noted among those in Barisal, Dhaka and other cities (64.6%, 59.4%, and 56.4% respectively). The difference of condom use rates among the cities and regions were highly significant in all categories of FSW ( $P < 0.01$ ).

**Table 3.7: Distribution of FSWs reporting condom use in last sex in last 12 months with any client by selected characteristics**

Characteristics		Type of FSWs							
		SBSW		HBSW		RBSW		All FSWs	
		Percent	N	Percent	N	Percent	N	Percent	N
Age	Below age 20	51.8	167	50.7	150	52.6	155	51.7	472
	20-24 years	49.6	278	47.2	250	58.2	213	51.3	741
	25-29 years	47.8	376	48.2	273	50.8	306	48.9	955
	30-34 years	51.5	297	41.4	167	54.9	207	50.0	672
	35-39 years	50.7	198	38.2	104	54.0	135	48.7	437
	40 and above	55.1	129	56.2	44	46.6	80	52.6	253
	<b>p-value</b>	<b>NS</b>		<b>NS</b>		<b>NS</b>		<b>NS</b>	
Education	No formal education	43.1	538	43.1	237	46.1	299	43.9	1074
	Up to grade 5	53.2	562	43.5	363	52.8	423	50.4	1348
	Grade 6 and above	57.3	346	51.3	390	59.9	373	56.1	1108
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
Marital Status	Never married	50.0	162	47.0	235	50.9	165	49.0	561
	Currently married	53.1	640	51.4	326	55.2	502	53.4	1467
	Separated/divorced/ widowed	47.9	644	42.5	428	52.2	429	47.6	1501
	<b>p-value</b>	<b>NS</b>		<b>.054</b>		<b>NS</b>		<b>&lt;.01</b>	
City	Dhaka	67.9	463	55.3	454	59.4	457	60.9	1374
	Chittagong	35.4	326	30.2	163	41.8	88	34.9	577
	Barisal	60.3	120	27.7	122	64.6	88	49.4	330
	Khulna	25.4	170	-	-	43.8	86	31.6	256
	Mymensingh	29.4	120	-	-	20.1	84	25.6	204
	Other cities	60.1	247	50.3	250	56.4	292	55.6	789
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
Region	Dhaka	67.9	463	55.3	454	59.4	457	60.9	1374
	All other cities	42.2	983	39.0	535	49.1	638	43.4	2156
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
Received services from HIV prevention program	Yes	50.2	1349	47.5	861	54.1	1043	50.7	3254
	No	54.0	97	39.8	128	38.1	52	44.5	276
	<b>p-value</b>	<b>NS</b>		<b>NS</b>		<b>.027</b>		<b>.050</b>	
<b>Total [95% CI]</b>		<b>50.4 [47.8, 53.0]</b>	<b>1446</b>	<b>46.5 [43.4, 49.6]</b>	<b>989</b>	<b>53.4 [50.4, 56.3]</b>	<b>1095</b>	<b>50.2 [48.6, 51.9]</b>	<b>3530</b>

### Condom use with new clients in last week

The rate of use of condom during 'last vaginal sex' in 'last week' with new clients was 50% among SBSWs, 46.5% among HBSWs and 54.2% among RBSWs (Table 3.8). These poor rates are mainly due to a poor rate in Khulna, Mymensingh and Chittagong. While the rate was 65.7%, 54.6% and 61.4% among SBSWs, HBSWs and RBSWs in Dhaka, in the other cities it was 64.6%, 51.6% and 56.8% respectively. The rate was the highest among RBSWs in Barisal (65.1%). In Dhaka it was less (61.4%). These differences were highly significant in all types of FSW ( $P < 0.01$ ).

The rate of use of condom during 'last anal sex' in 'last week' with new clients was 38.4% among SBSWs, 28.1% among HBSWs, 43.0% among RBSWs and 35.5 among all FSWs. In anal sex, the same trend was seen as mentioned above, although the rates of condom use were much lower. The only difference however, was that of Barisal. Among RBSWs in

Barisal the rate was lower than in Dhaka and in other cities. Although overall the differences were significant ( $p < .01$ ) among the cities, type-wise it was significant only in hotel based FSWs ( $P < 0.01$ ).

In oral sex, 43.7%, 35.3% and 42.3% of SBSWs, HBSWs and RBSWs used condom in 'last sex' in 'last week' respectively. But the rates were higher in other cities among HBSWs and RBSWs (57.3% and 47.5%) than in Dhaka city (41.6% and 44.0%). Again, although the differences in the condom use during oral sex among the cities were significant for all type of sex workers, it was highly significant only in hotel based FSWs ( $P < 0.01$ ) and in all FSWs ( $P < 0.01$ ).

**Table 3.8: Distribution of FSW reporting condom use in last sex in last week with NEW clients for different types of sex by location**

Location		Types of FSWs						All FSWs			
		SBSW		HBSW		RBSW		Percent		N	
		Percent	N	Percent	N	Percent	N				
<b>Vaginal sex</b>											
City	Dhaka	65.7	447	54.6	450	61.4	442	60.6	1339		
	Chittagong	34.8	324	30.4	163	41.6	86	34.6	574		
	Barisal	57.2	118	27.6	122	65.1	84	48.1	324		
	Khulna	24.2	164	-	-	41.9	81	30.0	245		
	Mymensingh	31.9	119	-	-	19.8	78	27.1	197		
	Other cities	64.6	236	51.6	244	56.8	277	57.5	756		
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>			
<b>Total</b>	<b>50.0</b>	<b>1408</b>	<b>46.5</b>	<b>979</b>	<b>54.2</b>	<b>1048</b>	<b>50.3</b>	<b>3435</b>			
<b>[95% CI]</b>	<b>[47.4, 52.6]</b>		<b>[43.3, 49.6]</b>		<b>[51.2, 57.3]</b>		<b>[48.6, 52.0]</b>				
<b>Anal sex</b>											
City	Dhaka	52.1	38	47.9	62	48.8	64	49.2	163		
	Chittagong	29.4	63	19.3	27	13.4	14	24.7	104		
	Barisal	34.0	42	18.2	110	40.7	30	25.6	183		
	Other cities	45.4	34	34.2	19	46.5	33	43.4	86		
	<b>p-value</b>	<b>NS</b>		<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>			
<b>Total</b>	<b>38.4</b>	<b>178</b>	<b>28.1</b>	<b>217</b>	<b>43.0</b>	<b>142</b>	<b>35.5</b>	<b>537</b>			
<b>[95% CI]</b>	<b>[31.2, 45.6]</b>		<b>[22.1, 34.2]</b>		<b>[34.8, 51.3]</b>		<b>[31.4, 39.5]</b>				
<b>Oral sex</b>											
City	Dhaka	55.0	34	41.6	97	44.0	75	44.7	206		
	Chittagong	25.6	41	26.8	29	3.1	12	22.8	82		
	Barisal	44.0	25	17.1	99	47.4	32	27.6	156		
	Other cities	49.7	58	57.3	66	47.5	32	52.5	156		
	<b>p-value</b>	<b>.027</b>		<b>&lt;.01</b>		<b>.033</b>		<b>&lt;.01</b>			
<b>Total</b>	<b>43.7</b>	<b>158</b>	<b>35.3</b>	<b>292</b>	<b>42.3</b>	<b>151</b>	<b>39.3</b>	<b>600</b>			
<b>[95% CI]</b>	<b>[35.8, 51.5]</b>		<b>[29.8, 40.8]</b>		<b>[34.3, 50.3]</b>		<b>[35.4, 43.2]</b>				

### Consistent condom use during vaginal, anal and oral sex

Consistent condom use during vaginal sex, anal sex and oral sex in 'last week' with new clients among all FSWs were 21.3%, 16.5% and 22.4%, respectively (Table 3.9).

Consistent condom use during vaginal sex, in 'last week' with new clients was low - 20.8%, 16.5% and 26.7% among SBSWs, HBSWs and RBSWs respectively. It was extremely low in Chittagong among SBSWs (2.8%). Among HBSWs the rate was alarmingly low in Barisal (0.9%) and in Chittagong (6.5%). Among RBSWs the rate was very low 3.8% in

Mymensingh, while it was higher in Barisal and Khulna (32.1% and 31.8% respectively) than in Dhaka (28.8%). The city-wise difference between in each type of FSWs was highly significant ( $P < 0.1$  for each type).

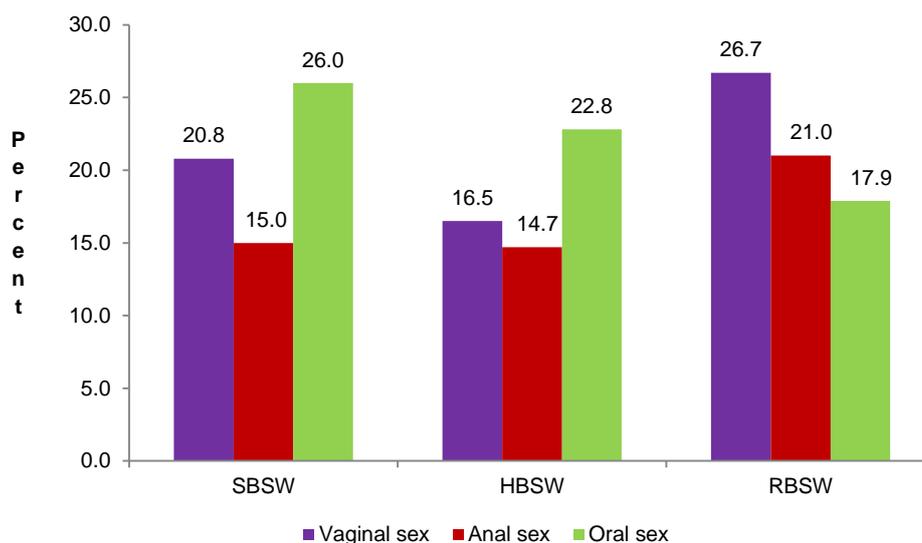
Consistent condom use during anal sex, in 'last week' with new clients was low – 15.0%, 14.7% and 21.0% among SBSWs, HBSWs and RBSWs respectively. It was lowest among HBSWs in cities other than Dhaka (6.1% to 36.5% respectively). Among SBSWs also it was low in cities other than Dhaka (11.3% versus 28.5% respectively). Among RBSWs the rate was almost same both in Dhaka city and in other cities combinedly. The difference in the use of consistent condom use between the cities within each type of FSWs was highly significant ( $P < 0.01$ , except among RBSWs, among who no discernible difference was found).

In oral sex the consistent condom use rate in 'last week' was much higher in Dhaka city than all other cities among SBSWs (44.8% to 20.8% respectively). This difference was highly significant ( $P < 0.01$ ). Among HBSWs and RBSWs the rate was also higher in Dhaka city albeit the differences were not significant.

**Table 3.9: Distribution of FSW reporting consistent condom use in last week with new clients for different types of sex by location**

Location		Type of FSWs						All FSWs			
		SBSW		HBSW		RBSW		Percent		N	
		Percent	N	Percent	N	Percent	N				
<b>Vaginal sex</b>											
City	Dhaka	33.7	447	21.2	450	28.8	442	27.9	1339		
	Chittagong	2.8	324	6.5	163	19.5	86	6.4	574		
	Barisal	23.9	118	0.9	122	32.1	84	17.4	324		
	Khulna	15.3	164	-	-	31.8	81	20.7	245		
	Mymensingh	13.8	119	-	-	3.8	78	9.9	197		
	Other cities	26.6	236	22.3	244	28.7	277	26.0	756		
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>			
	<b>Total</b>	<b>20.8</b>	<b>1408</b>	<b>16.5</b>	<b>979</b>	<b>26.7</b>	<b>1048</b>	<b>21.3</b>	<b>3435</b>		
	<b>[95% CI]</b>	<b>[18.6, 22.9]</b>		<b>[14.2, 18.8]</b>		<b>[24.0, 29.3]</b>		<b>[20.0, 22.7]</b>			
<b>Anal sex</b>											
Region	Dhaka	28.5	38	36.5	62	21.1	64	28.6	163		
	All other cities	11.3	140	6.1	156	21.0	78	11.2	373		
		<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>		
		<b>Total</b>	<b>15.0</b>	<b>178</b>	<b>14.7</b>	<b>217</b>	<b>21.0</b>	<b>142</b>	<b>16.5</b>	<b>537</b>	
	<b>[95% CI]</b>	<b>[9.7, 20.3]</b>		<b>[10.0, 19.5]</b>		<b>[14.2, 27.8]</b>		<b>[13.3, 19.6]</b>			
<b>Oral sex</b>											
Region	Dhaka	44.8	34	25.7	97	19.8	75	26.7	206		
	All other cities	20.8	124	21.3	195	16.1	76	20.1	394		
		<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>NS</b>		<b>NS</b>		
		<b>Total</b>	<b>26.0</b>	<b>158</b>	<b>22.8</b>	<b>292</b>	<b>17.9</b>	<b>151</b>	<b>22.4</b>	<b>600</b>	
	<b>[95% CI]</b>	<b>[19.1, 32.9]</b>		<b>[17.9, 27.6]</b>		<b>[11.7, 24.1]</b>		<b>[19.1, 25.8]</b>			

**Figure 3.1: FSW reporting consistent condom use in last week with new clients by type of FSW and different type of sex**



### Condom use with regular clients in last week

The condom use rate during ‘last vaginal sex’ in ‘last week’ with regular clients was 41.8% 42.1%, and 51.2% respectively among SBSWs, HBSWs and RBSWs. It was highest in Dhaka in all the three types of FSWs but more among SBSWs. It was also relatively higher in ‘other cities’ and Barisal among all these three types of FSWs (Table 3.10). In each type of FSWs the difference among the cities was highly significant ( $P < 0.01$ ).

The condom use rate during ‘last anal sex’ in last week with regular clients was lower than in vaginal sex- 30.7%, 33.5%, and 38.4% among SBSWs, HBSWs and RBSWs respectively. In all three types of FSWs the rate was however, higher in Dhaka city. The difference however, was significant in the case of HBSWs ( $P < 0.01$ ) and also based on all FSWs ( $P < 0.01$ ).

In oral sex, the rates were higher to those of vaginal sex among SBSWs and HBSWs. However, among RBSWs it was much less- 28.1%. In Dhaka the rate was much higher than all other cities combinedly-63.5% to 36.5% respectively among SBSWs ( $P = 0.032$ ). Among HBSWs it was almost same 49.3% to 48.2% respectively. Among RBSWs it was 35.5% to 22.4% respectively.

**Table 3.10: Distribution of FSW reporting condom use in last sex in last week with regular clients for different types of sex by location**

Location		Type of FSWs						All FSWs		
		SBSW		HBSW		RBSW		Percent	N	
		Percent	N	Percent	N	Percent	N			
<b>Vaginal sex</b>										
City	Dhaka	63.6	319	56.3	290	58.0	325	59.4	934	
	Chittagong	11.1	269	23.5	141	25.4	74	16.9	484	
	Barisal	57.2	115	23.6	115	54.7	81	44.1	311	
	Khulna	21.1	93	-	-	40.1	53	28.0	146	
	Mymensingh	22.8	62	-	-	25.6	45	23.9	107	
	Other cities	55.7	187	45.5	196	56.6	217	52.7	600	
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>		
	<b>Total</b>	<b>41.8</b>	<b>1045</b>	<b>42.1</b>	<b>742</b>	<b>51.2</b>	<b>795</b>	<b>44.8</b>	<b>2581</b>	
	<b>[95% CI]</b>	<b>[38.8, 44.8]</b>		<b>[38.6, 45.7]</b>		<b>[47.8, 54.7]</b>		<b>[42.9, 46.7]</b>		
<b>Anal sex</b>										
Region	Dhaka	46.6	13	54.1	27	48.0	28	50.2	68	
	All others cities	27.1	58	26.5	80	30.2	32	27.4	171	
		<b>p-value</b>	<b>NS</b>		<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
		<b>Total</b>	<b>30.7</b>	<b>72</b>	<b>33.5</b>	<b>107</b>	<b>38.4</b>	<b>60</b>	<b>33.9</b>	<b>239</b>
	<b>[95% CI]</b>	<b>[19.7, 41.6]</b>		<b>[24.4, 42.6]</b>		<b>[25.7, 51.1]</b>		<b>[27.8, 39.9]</b>		
<b>Oral sex</b>										
Region	Dhaka	63.5	20	49.3	33	35.5	24	48.7	77	
	All others cities	36.5	49	48.2	61	22.4	31	38.5	141	
		<b>p-value</b>	<b>.032</b>		<b>NS</b>		<b>NS</b>		<b>NS</b>	
		<b>Total</b>	<b>44.3</b>	<b>69</b>	<b>48.6</b>	<b>94</b>	<b>28.1</b>	<b>55</b>	<b>42.1</b>	<b>218</b>
	<b>[95% CI]</b>	<b>[32.3, 56.4]</b>		<b>[38.3, 58.9]</b>		<b>[15.9, 40.4]</b>		<b>[35.5, 48.7]</b>		

### Consistent condom use with regular clients in last week

The consistent condom use rate during vaginal sex in 'last week' with regular clients was low- 21.4%, 17.1% and 29% among SBSWs, HBSWs and RBSWs respectively. This rate was highest among them in Dhaka city and then in other cities, except in HBSWs, where the rate was same-24.4% (Table 3.11). In Chittagong it was depressingly low: 1.4% and 4.3% among SBSWs and HBSWs. It was also low among SBSWs in Mymensingh - 8.3%. These differences within cities were highly significant for each type of FSWs (P<0.01).

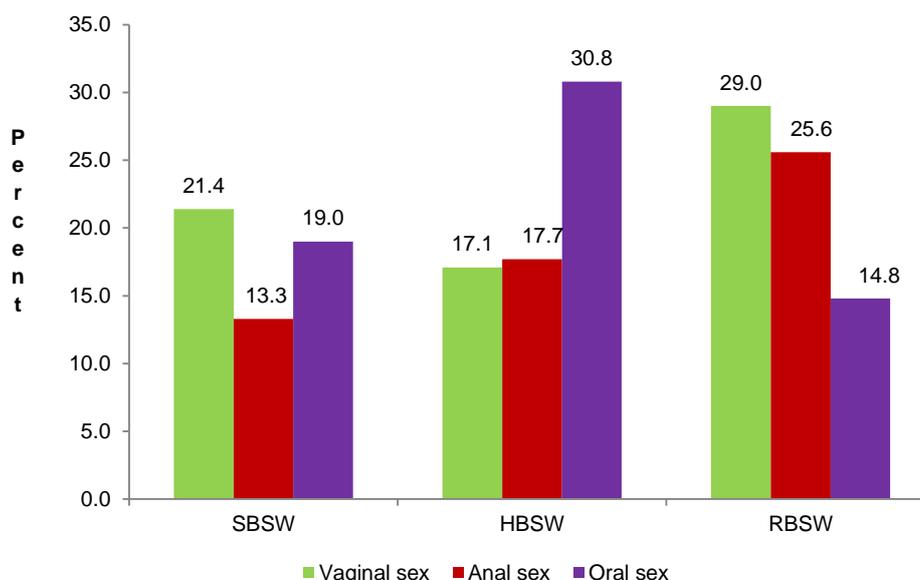
During anal sex, the rate of consistent use of condom was very low - 13.3%, 17.7%, and 25.6% among SBSWs, HBSWs and RBSWs respectively. Dhaka's rates were comparatively quite higher than all other cities, especially among HBSWs, among who Dhaka's rate was 39.6% and among other cities it was 10.3% respectively (P<0.01). The difference was also significant at 0.01 level overall.

In oral sex, the rate of consistent condom use in 'last week' during sex with regular clients was low – 19.0%, 30.8% and 14.8% among SBSWs, HBSWs and RBSWs respectively. Although still low, the rate was higher in Dhaka city among SBSWs - 33.5%. Among RBSWs the rate was only 8.7% in 'all other cities' to 22.7% of Dhaka. Among HBSWs the rate was higher in 'all other cities' than Dhaka 34.2% to 24.6% respectively but not significant. The difference between Dhaka and 'all other cities' in the consistent use of condom among SBSWs during oral sex was significant (P=0.028).

**Table 3.11: Distribution of FSW reporting consistent condom use in last week with REGULAR clients for different types of sex by location**

Location		Type of FSWs						All FSWs	
		SBSW		HBSW		RBSW		Percent	N
		Percent	N	Percent	N	Percent	N		
<b>Vaginal sex</b>									
City	Dhaka	38.8	319	24.4	290	34.1	325	32.7	934
	Chittagong	1.4	269	4.3	141	17.7	74	4.7	484
	Barisal	18.8	115	1.8	115	19.6	81	12.7	311
	Khulna	19.3	93	-	-	26.5	53	21.9	146
	Mymensingh	8.3	62	-	-	15.0	45	11.1	107
	Other cities	27.3	187	24.4	196	32.4	217	28.2	600
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
<b>Total</b>	<b>21.4</b>	<b>1045</b>	<b>17.1</b>	<b>742</b>	<b>29.0</b>	<b>795</b>	<b>22.5</b>	<b>2581</b>	
	<b>[95% CI]</b>	<b>[18.9, 23.9]</b>	<b>[14.4, 19.8]</b>		<b>[25.9, 32.2]</b>		<b>[20.9, 24.1]</b>		
<b>Anal sex</b>									
Region	Dhaka	24.9	13	39.6	27	34.0	28	34.5	68
	All other cities	10.6	58	10.3	80	18.3	32	11.9	171
	<b>p-value</b>	<b>NS</b>		<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
	<b>Total</b>	<b>13.3</b>	<b>72</b>	<b>17.7</b>	<b>107</b>	<b>25.6</b>	<b>60</b>	<b>18.3</b>	<b>239</b>
	<b>[95% CI]</b>	<b>[5.2, 21.3]</b>	<b>[10.3, 25.0]</b>		<b>[14.2, 37.0]</b>		<b>[13.4, 23.3]</b>		
<b>Oral sex</b>									
Region	Dhaka	33.5	20	24.6	33	22.7	24	26.3	77
	All others cities	13.0	49	34.2	61	8.7	31	21.2	141
	<b>p-value</b>	<b>.028</b>		<b>NS</b>		<b>NS</b>		<b>NS</b>	
	<b>Total</b>	<b>19.0</b>	<b>69</b>	<b>30.8</b>	<b>94</b>	<b>14.8</b>	<b>55</b>	<b>23.0</b>	<b>218</b>
	<b>[95% CI]</b>	<b>[9.5, 28.5]</b>	<b>[21.3, 40.3]</b>		<b>[5.1, 24.5]</b>		<b>[17.4, 28.7]</b>		

**Figure 3.2: FSW reporting consistent condom use in last week with regular clients by type of FSW and different type of sex**



### Condom use with non-paying partners

Sex with non-paying partners in 'last month' were reported by 55.4%, 56.2% and 57.7% of the SBSWs, HBSWs and RBSWs, respectively (Table 3.12). Among the SBSWs, it was highest in Barisal (78.3%) and then in Chittagong and Mymensingh (63.9% and 63.6% respectively); while in Dhaka city it was only 50%. Among HBSWs the rate was highest in Barisal and then in Chittagong- 83.1% and 63.6% respectively. It was about 51% in Dhaka and 48% in other cities. Among RBSWs also the highest rate was seen in Barisal (83.4%) and then in 'other cities' and Chittagong (59.4% and 59.3% respectively).

The use of condom in 'last sex' with non-paying partners, however, was considerably less - 24.7%, 20.9% and 31.1% among SBSWs, HBSWs and RBSWs respectively. The rates were higher in Dhaka city than all other cities.

Consistent condom use rate in 'last month' during sex with non-paying partners was discomfortingly low - 10%, 7.6% and 17.3% among SBSWs, HBSWs and RBSWs respectively. It was higher in Dhaka city but it was particularly low among HBSWs in 'all other cities'- 5.2%.

**Table 3.12: Distribution of FSW reporting sex with non-paying partners in the last month and use of condom by location**

Location		Type of FSWs						All FSWs	
		SBSW		HBSW		RBSW			
		Percent	N	Percent	N	Percent	N	Percent	N
<b>Reporting sex with non-paying partner in last month</b>									
City	Dhaka	50.0	463	50.9	454	53.3	457	51.4	1374
	Chittagong	63.9	326	63.6	163	59.3	88	63.1	577
	Barisal	78.3	120	83.1	122	83.4	88	81.4	330
	Khulna	36.1	170	-	-	50.5	86	41.0	265
	Mymensingh	63.6	120	-	-	53.9	84	59.6	204
	Other cities	52.6	247	48.1	250	59.4	292	53.7	789
	<b>Total</b>	<b>55.4</b>	<b>1446</b>	<b>56.2</b>	<b>989</b>	<b>57.7</b>	<b>1095</b>	<b>56.4</b>	<b>3530</b>
<b>Reporting use of condom in last sex</b>									
Region	Dhaka	39.5	232	28.7	231	34.0	244	34.1	706
	All other cities	18.6	570	15.4	525	29.3	388	21.0	1283
	<b>Total</b>	<b>24.7</b>	<b>802</b>	<b>20.9</b>	<b>556</b>	<b>31.1</b>	<b>631</b>	<b>25.7</b>	<b>1989</b>
<b>Reporting consistent condom use over the last month</b>									
Region	Dhaka	18.2	232	11.1	231	21.4	244	17.0	706
	All other cities	6.6	570	5.2	525	14.7	388	8.7	1283
	<b>Total</b>	<b>10.0</b>	<b>802</b>	<b>7.6</b>	<b>556</b>	<b>17.3</b>	<b>631</b>	<b>11.6</b>	<b>1989</b>

**Figure 3.3: FSW reporting consistent condom use in the last one month with non-paying partners by type of FSW and region**



### Sources of condom received

The most common source of condom received in last 30 days was the outreach workers/ peer educators, next common was DIC, depot holders was the next most common source, then pharmacy, clients, shops among SBSWs (Table 3.13). Among HBSWs the most common sources of condom were: outreach workers/ peer educators, hotel/ guest house, pharmacies, clients, and DIC. For RBSWs the commonest sources were: outreach workers, DIC, clients, pharmacies, shops.

**Table 3.13: Distribution of FSWs by different sources of condom received in last 30 days**

Sources of condom	Type of FSWs			All FSWs (N=3530)
	SBSW (N=1446)	HBSW (N=989)	RBSW (N=1095)	
	Percent	Percent	Percent	
DIC	30.6	25.3	36.2	32.0
Outreach worker/Peer Educator	90.3	82.3	90.6	88.2
Depot	27.5	11.8	23.2	21.8
Shop	17.8	15.4	13.9	15.9
Pharmacy	25.1	38.5	23.9	28.5
Health facility	2.0	.6	.9	1.3
Hotel/guest house	5.0	39.4	3.1	14.1
Friends	7.3	5.2	6.7	6.5
Clients	20.1	26.2	24.1	23.0
Pimp	7.8	10.3	10.7	9.4
NGOs worker	6.9	6.3	4.3	5.9
Others	0.9	1.2	3.2	1.7

Multiple responses

The reason why FSWs do not procure condoms are: cost, distance of the source of procurement, shyness, unwillingness to carry condom in their person (Table 3.14).

**Table 3.14: Distribution of FSWs by the reasons of not having condom as per their requirement**

Reasons	Type of FSWs			All FSWs (N=976)
	SBSW (N=369)	HBSW (N=331)	RBSW (N=276)	
	Percent	Percent	Percent	Percent
Cost was too much	76.2	76.1	69.6	74.3
Pharmacy/shop was too far away	24.7	44.6	21.3	30.5
Felt shy to buy condom	28.6	27.4	28.5	28.1
Did not want to carry them	26.7	21.6	20.8	23.3
Others	8.7	10.0	20.7	12.6

Multiple responses

The main reason of not using condoms was disliking of customers, difficulties of using, bursting of condom. Among RBSWs another strong reason was disliking of the residence owner. Among HBSW and SBWSs one strong reason was non-availability of condom. Fear of police was another reason of not using condom among SBWSs and HBSWs (Table 3.15).

**Table 3.15: Distribution of FSWs by the reasons of non-use of condom**

Reasons for non-use	Type of FSWs			All FSWs (N=3530)
	SBSW (N=1446)	HBSW (N=989)	RBSW (N=1095)	
	Percent	Percent	Percent	Percent
Customer did not like	89.2	89.5	86.8	88.5
Condoms were not available always	16.1	19.7	10.0	15.2
Ghorwali/Madam did not like	8.2	8.7	15.7	10.7
Condom burst	18.6	26.2	18.6	20.8
Difficulties in use of condom	26.5	38.6	26.8	30.0
Fear of Police	14.3	13.1	4.6	10.9
Others	20.7	19.3	19.2	19.8

Multiple responses

### 3.4 Knowledge of HIV/AIDS

Hearing about HIV/ AIDS was almost universal irrespective of age, education, marital status, and survey location. It was slightly less among those who were less than 20 years of age and unmarried among SBSWs (94.9% and 93.8% respectively) (Table 3.16).

**Table 3.16: Distribution of FSWs who ever heard of HIV/AIDS by selected characteristics**

Characteristics		Type of FSWs							
		SBSW		HBSW		RBSW		All FSWs	
		Percent	N	Percent	N	Percent	N	Percent	N
Age	Below age 20	94.9	167	96.6	150	99.3	155	96.9	472
	20-24 years	98.8	278	96.0	250	98.6	213	97.8	741
	25-29 years	98.8	376	98.3	273	99.6	306	98.9	955
	30-34 years	98.5	297	95.7	167	99.6	207	98.1	672
	35-39 years	96.4	198	93.4	104	100.0	135	96.8	437
	40 and above	97.6	129	96.5	44	100.0	80	98.2	253
Education	No formal education	97.8	538	92.1	237	99.5	299	97.0	1074
	Up to grade 5	97.6	562	97.4	363	98.8	423	97.9	1348
	Grade 6 and above	98.4	346	98.0	390	100.0	373	98.8	1108
Marital Status	Never married	93.8	162	96.9	235	99.1	165	96.7	561
	Currently married	98.1	640	93.3	326	99.0	502	97.3	1467
	Separated/divorced/ widowed	98.6	644	98.5	428	100.0	429	99.0	1501
City	Dhaka	98.8	463	94.9	454	99.9	457	97.9	1374
	Chittagong	99.0	326	98.7	163	100.0	88	99.1	577
	Barisal	100.0	120	100.0	122	100.0	88	100.0	330
	Khulna	100.0	170	-	-	100.0	86	100.0	256
	Mymensingh	100.0	120	-	-	100.0	84	100.0	204
	Other cities	90.9	247	96.0	250	98.0	292	95.1	789
Region	Dhaka	98.8	463	94.9	454	99.9	457	97.9	1374
	All other cities	97.4	983	97.7	535	99.1	638	98.0	2156
Received service from HIV prevention program	Yes	98.7	1349	98.6	861	99.8	1043	99.1	3254
	No	85.4	97	81.5	128	91.2	52	84.7	276
	<b>Total</b>	97.8	1446	96.4	989	99.4	1095	97.9	3530

### Knowledge about transmission of HIV

A set of five questions were asked in the survey to measure knowledge of the respondents on how one can get infected with HIV/AIDS. Those respondents who correctly responded to all the five questions have been considered as having comprehensive knowledge about HIV/AIDS.

Knowledge on individual question about transmission of HIV was quite high among the FSWs (Table 3.17). That, sex with uninfected person, who has no other sex partner reduces the possibility of transmission is known to 75.9% of FSWs - slightly more among SBWSs. 77.5% of FSWs knew that condom can prevent transmission of HIV, again this knowledge was more among SBWSs. The fact that healthy looking people can have HIV/ AIDS is known to 60.4% FSWs, more among RBSWs (64.1%) and least among HBSWs (56.7%). Regarding transmission of HIV through mosquito bite, 59.0% FSWs did not agree that HIV could be transmitted through it. Also about 62% FSWs disagreed that sharing meal with an infected person could transmit HIV and the wrong notion was believed by about 38% of them.

**Table 3.17: Distribution of FSWs providing correct responses to 5 selected questions for measuring comprehensive knowledge on HIV transmission**

Selected issues	Type of FSWs			All FSWs (N=3530)
	SBSW (N=1446)	HBSW (N=989)	RBSW (N=1095)	
	Percent	Percent	Percent	Percent
Risk of HIV transmission is reduced by having sex with only one uninfected partner who has no other partner	78.8	73.4	74.6	75.9
HIV and AIDS can be reduced by using a condom correctly every time they have sex	79.3	76.1	76.5	77.5
Healthy-looking person can have HIV and AIDS	60.2	56.7	64.1	60.4
Person can have HIV and AIDS from mosquito bites (negative answer was taken as correct)	56.7	58.6	62.4	59.0
Person can have HIV and AIDS by sharing a meal with someone who is infected by HIV (negative answer was taken as correct)	62.9	59.9	62.5	61.9

Those respondents who correctly responded to all the five questions mentioned in Table 3.17 have been considered as having comprehensive knowledge about HIV/AIDS. Although knowledge on each of the 5 individual issues was high, a slightly more than 27% FSWs had comprehensive knowledge on HIV/AIDS transmission and by type, 26.8% SBSWs, 26.1% HBSWs and 28.3% RBSWs had comprehensive knowledge (Table 3.18).

Comprehensive knowledge about HIV/AIDS was more among the 30-34 years old - 32.1%, among all FSWs. Age-wise the difference in the knowledge were significant among HBSWs ( $P < 0.01$ ) and among all FSWs overall ( $P = 0.034$ ). Among HBSWs the knowledge was highest among the 40 years of old and above (38%). Among SBSWs knowledge was less among the younger. Contrarily, knowledge was higher in the same age groups among RBSWs. The level of education was directly related with the comprehensive knowledge in all the three types of FSWs ( $P < 0.01$ ) and overall.

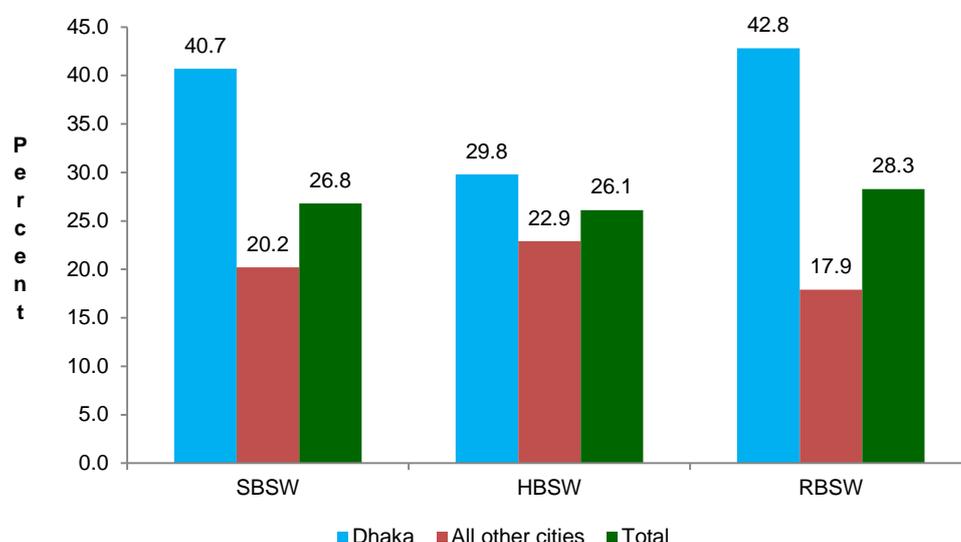
Among RBSWs, the unmarried had the best knowledge (32.2%). On the other hand, among the other two types of FSWs, the unmarried were the least knowledgeable. However, within SBSWs the difference in the level of knowledge was related with marital status ( $P < 0.01$ ). The difference was also significant overall ( $P < 0.01$ ).

The knowledge was higher among all FSWs of Dhaka city in comparison to other cities (37.8% to 20.5%). Knowledge among HBSWs in Barisal was particularly low (2.3% only). These differences between cities in each of the three types of FSWs and overall were highly significant ( $P < 0.01$ ).

**Table 3.18: Distribution of FSWs having comprehensive knowledge of HIV/AIDS by selected characteristics**

Characteristics		Type of FSWs							
		SBSW		HBSW		RBSW		All FSWs	
		Percent	N	Percent	N	Percent	N	Percent	N
Age	Below age 20	24.0	167	18.8	150	30.8	155	24.6	472
	20-24 years	23.2	278	26.4	250	27.0	213	25.3	741
	25-29 years	25.8	376	24.8	273	28.3	306	26.3	955
	30-34 years	31.1	297	35.9	167	30.5	207	32.1	672
	35-39 years	29.2	198	18.6	104	25.5	135	25.6	437
	40 and above	27.3	129	38.0	44	25.4	80	28.5	253
	<b>p-value</b>	<b>NS</b>		<b>&lt;.01</b>		<b>NS</b>		<b>.034</b>	
Education	No formal education	21.2	538	17.1	237	17.7	299	19.3	1074
	Up to grade 5	27.7	562	25.9	363	26.2	423	26.7	1348
	Grade 6 and above	33.9	346	31.7	390	39.1	373	34.9	1108
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
Marital Status	Never married	15.2	162	22.0	235	32.2	165	23.0	561
	Currently married	25.9	640	25.4	326	26.0	502	25.8	1467
	Separated/divorced/ widowed	30.6	644	28.9	428	29.5	429	29.8	1501
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>NS</b>		<b>&lt;.01</b>	
City	Dhaka	40.7	463	29.8	454	42.8	457	37.8	1374
	Chittagong	21.1	326	25.5	163	23.8	88	22.7	577
	Barisal	20.6	120	2.3	122	23.5	88	14.6	330
	Other cities	19.6	537	31.3	250	15.7	462	20.5	1249
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
Region	Dhaka	40.7	463	29.8	454	42.8	457	37.8	1374
	All other cities	20.2	983	22.9	535	17.9	638	20.2	2156
	<b>p-value</b>	<b>&lt;.01</b>		<b>.016</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
Received service from HIV prevention program	Yes	27.7	1349	27.0	861	29.1	1043	27.9	3254
	No	14.5	97	20.1	128	11.7	52	16.6	276
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
<b>Total [95% CI]</b>		<b>26.8</b> [24.5, 29.1]	<b>1446</b>	<b>26.1</b> [23.4, 28.8]	<b>989</b>	<b>28.3</b> [25.6, 30.9]	<b>1095</b>	<b>27.1</b> [25.6, 28.5]	<b>3530</b>

**Figure 3.4: FSW having comprehensive knowledge of HIV/AIDS by type of FSW and region**



Washing of genital with Dettol and urination after sex is resorted to as precaution to prevent getting HIV and AIDS, by the majority of the FSWs (67.7% on average based on multiple responses). This is comparatively more among HBSWs. Using condom, avoiding anal sex and taking medicine were also practised for avoiding HIV and AIDS (about 26% each). A tiny fraction avoided multiple sex partners to avoid HIV and AIDS (Table 3.19).

**Table 3.19: Distribution of FSWs by types of precautions taken to avoid getting HIV and AIDS**

Types of precautions	Type of FSWs			All FSWs (N=3530)
	SBSW (N=1446)	HBSW (N=989)	RBSW (N=1095)	
	Percent	Percent	Percent	Percent
Washed genital area with Dettol or urine after sex	67.2	72.0	64.5	67.7
Always used condoms	23.8	19.2	36.9	26.6
Took medicine	25.8	28.7	22.3	25.5
Avoided multiple sex partner	2.8	2.1	2.8	2.6
Avoided anal sex	28.4	21.9	27.9	26.4
Others	14.2	18.9	19.2	17.1

Multiple responses

Note: 323 (9.2%) FSWs did not take any precautions

### 3.5 STI knowledge, reported and treatment

Regarding STI, the most known symptoms of STI were: smelly vaginal discharge (68.2%), genital ulcer (55.3%), lower abdominal pain (55%), burning during micturition (52.8%) based on multiple responses. A small fraction also knew that smelly anal discharge and warts could also be due to STI (Table 3.20).

**Table 3.20: Distribution of FSWs according to their knowledge about the symptoms of STI**

Symptoms	Type of FSWs			All FSWs (N=3530)
	SBSW (N=1446)	HBSW (N=989)	RBSW (N=1095)	
	Percent	Percent	Percent	Percent
Smelly vaginal discharge	68.5	67.1	68.7	68.2
Smelly anal discharge	17.8	12.7	15.6	15.7
Lower abdominal pain	53.9	58.5	53.3	55.0
Genital ulcer/sore	51.1	59.7	56.9	55.3
Wart	17.0	11.4	16.7	15.3
Burning during urine	51.4	54.9	52.8	52.8
Others	10.0	6.9	12.3	9.8

Multiple responses

Overall 63.8% FSWs and by type, 61.7% SBSWs, 62.8% HBSWs and 67.5% RBSWs reported of having any symptoms of STI in last 12 months (Table 3.21).

Reporting STIs in last 12 months was lowest among those who were less than 20 years of age (53.5%). By and large it was higher among the 25-34 years old among all FSWs - about 66.3% to 67.0%. The difference in the level of knowledge by age was significant among all FSWs, but HBSWs ( $P < 0.01$  and  $P = 0.018$  for SBSWs and RBSWs respectively).

Education did not show any relation with the reporting of STI in last 12 months. The rate was slightly higher among the FSWs who were separated/ divorced/ widowed. While by FSW types the difference on STI reporting was not significant, it was significant overall ( $P = 0.04$ ).

A higher rate of STI was reported in 'all other cities' than Dhaka by SBSWs and HBSWs. But among RBSWs more in Dhaka reported STI infection than all other cities (69.3% to 66.2% respectively). Among SBSWs and RBSWs the rates were higher in Mymensingh (85.7% and 92.3% respectively). The differences among the cities in each type of FSWs were highly significant ( $P < 0.01$ ).

**Table 3.21: Distribution of FSWs reporting any symptom of STI in the last 12 months by selected characteristics**

Characteristics		Type of FSWs							
		SBSW		HBSW		RBSW		All FSWs	
		Percent	N	Percent	N	Percent	N	Percent	N
Age	Below age 20	46.4	167	54.5	150	60.3	155	53.5	472
	20-24 years	61.1	278	63.7	250	65.4	213	63.2	741
	25-29 years	66.5	376	63.4	273	70.7	306	67.0	955
	30-34 years	64.3	297	67.3	167	68.4	207	66.3	672
	35-39 years	62.5	198	64.1	104	62.6	135	62.9	437
	40 and above	61.7	129	62.8	44	80.7	80	67.9	253
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>.018</b>		<b>&lt;.01</b>	
Education	No formal education	61.3	538	64.0	237	65.3	299	63.0	1074
	Up to grade 5	62.0	562	62.1	363	69.6	423	64.4	1348
	Grade 6 and above	61.7	346	62.8	390	66.9	373	63.8	1108
	<b>p-value</b>	<b>NS</b>		<b>NS</b>		<b>NS</b>		<b>NS</b>	
Marital Status	Never married	55.1	162	63.1	235	66.2	165	61.7	561
	Currently married	60.6	640	59.7	326	65.9	502	62.2	1467
	Separated/divorced/ widowed	64.4	644	65.1	428	69.9	429	66.2	1501
	<b>p-value</b>	<b>NS</b>		<b>NS</b>		<b>NS</b>		<b>.040</b>	
City	Dhaka	52.7	463	57.6	454	69.3	457	59.8	1374
	Chittagong	52.5	326	48.8	163	49.4	88	51.0	577
	Barisal	68.8	120	75.4	122	78.4	88	73.8	330
	Khulna	72.0	170	-	-	78.8	86	74.3	256
	Mymensingh	85.7	120	-	-	92.3	84	88.4	204
	Other cities	68.4	247	75.4	250	56.4	292	66.2	789
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
Region	Dhaka	52.7	463	57.6	454	69.3	457	59.8	1374
	All other cities	65.9	983	67.3	535	66.2	638	66.3	2156
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
Received service from HIV prevention program	Yes	63.3	1349	66.1	861	68.2	1043	65.6	3254
	No	39.2	97	40.8	128	53.3	52	42.6	276
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>.031</b>		<b>&lt;.01</b>	
<b>Total [95% CI]</b>		<b>61.7 [59.2, 64.2]</b>	<b>1446</b>	<b>62.8 [59.8, 65.8]</b>	<b>989</b>	<b>67.5 [64.7, 70.3]</b>	<b>1095</b>	<b>63.8 [62.2, 65.4]</b>	<b>3530</b>

Most FSWs who reported STI in last 12 months received treatment for STI from doctors or paramedics in DIC and from DICs in general (multiple response). Next commonest mode was self-medication and then drug sellers/ pharmacists, government hospitals, private/ NGO hospitals and friends. A small fraction also went to local allopathic practitioners and homeopathic doctors/kabiraj or hekim (Table 3.22).

**Table 3.22: Distribution of FSW seeking treatment for STI**

Treatment type	Type of FSWs			All FSWs (N=2135)
	SBSW (N=854)	HBSW (N=570)	RBSW (N=711)	
	Percent	Percent	Percent	Percent
DIC	52.7	45.9	54.7	51.6
Drug seller/pharmacy	7.4	11.9	6.8	8.4
Doctor/Paramedic in DIC	63.1	61.3	61.4	62.0
Self-medication	14.2	17.3	14.1	15.0
Local allopathic practitioners	2.8	5.8	6.9	4.9
Government Hospital	6.0	12.3	9.2	8.7
Private Hospital/ NGO clinic/ Friends	5.6	13.8	8.5	8.9
Homeopathic Doctor/ Kabiraj/Hekim	1.7	2.7	3.4	2.5
Others	0.5	0.7	1.1	0.8

Multiple responses

### 3.6 HIV testing & counseling (HTC) and other services

About 94% FSWs had knowledge about the place of HIV testing and type-wise 92.9% SBSWs, 91.8% HBSWs and 96.4% RBSWs had that knowledge (Table 3.23). It was higher than 90% among all FSWs, except in the age group of less than 20 years. Education, by and large, did not show any relations with the knowledge about the place of HIV testing. However, there seemed to have relationship of the knowledge with the marital status, i.e. least among unmarried and the most among separated/ divorced/ widowed. This trend was seen among all the three types of FSWs. While city-wise, among all FWS, knowledge was more than 90% in every city; among HBSWs it was less in Dhaka city than in other cities (87.8% versus 95.2% respectively). More than 97% of the DIC enlisted FSWs knew the place of HIV testing but among the non-enlisted it was either close to 50% or slightly more.

**Table 3.23: Distribution of FSWs who had Knowledge about a place where people could go for HIV testing by selected characteristics**

Characteristics		Type of FSWs							
		SBSW		HBSW		RBSW		All FSWs	
		Percent	N	Percent	N	Percent	N	Percent	N
Age	Below age 20	85.7	167	84.0	150	90.1	155	86.6	472
	20-24 years	90.2	278	91.6	250	95.8	213	92.3	741
	25-29 years	95.6	376	94.1	273	97.7	306	95.9	955
	30-34 years	93.5	297	93.9	167	96.7	207	94.6	672
	35-39 years	95.3	198	94.7	104	99.0	135	96.3	437
	40 and above	94.8	129	89.7	44	100.0	80	95.6	253
Education	No formal education	92.7	538	86.9	237	96.9	299	92.6	1074
	Up to grade 5	91.8	562	92.9	363	95.1	423	93.1	1348
	Grade 6 and above	95.1	346	93.8	390	97.5	373	95.5	1108

Characteristics		Type of FSWs							
		SBSW		HBSW		RBSW		All FSWs	
		Percent	N	Percent	N	Percent	N	Percent	N
Marital Status	Never married	84.4	162	87.7	235	91.3	165	87.8	561
	Currently married	93.1	640	90.8	326	96.9	502	93.9	1467
	Separated/divorced/ widowed	94.8	644	94.8	428	97.8	429	95.7	1501
City	Dhaka	92.9	463	87.8	454	96.3	457	92.3	1374
	Chittagong	89.6	326	90.5	163	93.1	88	90.4	577
	Barisal	98.0	120	99.0	122	98.0	88	98.4	330
	Khulna	98.1	170	-	-	97.1	86	97.7	256
	Mymensingh	100.0	120	-	-	99.0	84	99.6	204
	Other cities	87.7	247	96.5	250	96.1	292	93.6	789
Region	Dhaka	92.9	463	87.8	454	96.3	457	92.3	1374
	All other cities	92.9	983	95.2	535	96.5	638	94.5	2156
Received service from HIV prevention program	Yes	96.0	1349	97.6	861	98.5	1043	97.2	3254
	No	49.3	97	52.8	128	52.9	52	51.6	276
p-value		<.01		<.01		<.01		<.01	
<b>Total</b>		<b>92.9</b>	<b>1446</b>	<b>91.8</b>	<b>989</b>	<b>96.4</b>	<b>1095</b>	<b>93.7</b>	<b>3530</b>

Among those who knew the HIV testing place, 91.0% of them got themselves tested HIV. Among those who tested, 89.3% FSWs got themselves tested HIV in 12 months prior to the survey and by type of FSWs the rates were 88.6% for SBSWs, 89.0% for HBSWs and 90.3% for RBSWs (Table 3.24). About 8% (7.6% among RBSWs) got themselves tested between 13 and 24 months, while 3.4% SBSWs, 2.8% HBSWs and 2.1% RBSWs got themselves tested more than 2 years ago.

**Table 3.24: HIV test done in the past**

Months	Type of FSWs			All FSWs (N=3010)
	SBSW (N=1216)	HBSW (N=802)	RBSW (N=992)	
	Percent	Percent	Percent	Percent
Within 12 months	88.6	89.0	90.3	89.3
Within 13 – 24 months	8.0	8.2	7.6	7.9
More than 2 years ago	3.4	2.8	2.1	2.8

Overall 72.2% FSWs had their HIV tested in last 12 months and knew the result at the time of survey. By type of FSWs, the rates were 72.3% for SBSWS, 66.1% for HBSWs and 72.7% for RBSWs (Table 3.25). The rates vary among the different age groups of each type of FSWs and the variations between age groups are significantly different ( $P < 0.01$  for each type of FSWs). The percentage of testing HIV and knowing the result was less among the younger FSWs. Significant differences were observed between educational level among SBSWs ( $P < 0.01$ ) and HBSWs ( $P < 0.01$ ) and among all FSWs ( $P < 0.01$ ). Difference was also found to be highly significant ( $P < 0.01$ ) between marital statuses in each type of FSWs. City-wise, highly significant differences were seen in all the three types of FSWs and overall also ( $P < 0.01$  for each type and for all FSWs).

**Table 3.25: Distribution of FSWs who tested for HIV in last 12 months and knew the result by selected characteristics**

Characteristics		Type of FSWs							
		SBSW		HBSW		RBSW		All FSWs	
		Percent	N	Percent	N	Percent	N	Percent	N
Age	Below age 20	64.2	167	54.5	150	66.5	155	61.9	472
	20-24 years	69.8	278	63.9	250	78.3	213	70.3	741
	25-29 years	75.7	376	68.9	273	77.9	306	74.5	955
	30-34 years	74.7	297	71.2	167	83.0	207	76.4	672
	35-39 years	70.2	198	69.4	104	84.4	135	74.4	437
	40 and above	76.2	129	73.4	44	71.6	80	74.3	253
	<b>p-value</b>	<b>.05</b>		<b>.017</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
Education	No formal education	67.7	538	56.7	237	75.8	299	67.5	1074
	Up to grade 5	72.7	562	68.5	363	75.6	423	72.5	1348
	Grade 6 and above	78.9	346	69.6	390	81.6	373	76.5	1108
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
Marital Status	Never married	57.9	162	55.5	235	68.5	165	60.0	561
	Currently married	71.6	640	67.0	326	78.9	502	73.1	1467
	Separated/divorced/ widowed	76.7	644	71.3	428	79.7	429	76.0	1501
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
City	Dhaka	73.8	463	64.9	454	80.7	457	73.1	1374
	Chittagong	54.5	326	59.8	163	60.9	88	57.0	577
	Barisal	68.5	120	31.2	122	73.6	88	56.1	330
	Khulna	96.5	170	-	-	93.1	86	95.4	256
	Mymensingh	86.5	120	-	-	87.1	84	86.8	204
	Other cities	71.5	247	89.5	250	72.0	292	77.4	789
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
Region	Dhaka	73.8	463	64.9	454	80.7	457	73.1	1374
	All other cities	71.7	983	67.2	535	75.5	638	71.7	2156
	<b>p-value</b>	<b>NS</b>		<b>NS</b>		<b>.042</b>		<b>NS</b>	
Received service from HIV prevention program	Yes	76.8	1349	73.2	861	81.0	1043	77.2	3254
	No	10.7	97	18.4	128	10.2	52	14.1	276
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
<b>Total [95% CI]</b>		<b>72.3 [70.0, 74.6]</b>	<b>1446</b>	<b>66.1 [63.1, 69.1]</b>	<b>989</b>	<b>77.7 [75.2, 80.1]</b>	<b>1095</b>	<b>72.2 [70.8, 73.7]</b>	<b>3530</b>

Almost all FSWs, irrespective of the type got themselves tested at DICs/ HTC Center. A few went to private/NGO hospitals/ diagnostic centers for the test and only a handful FSWs went to government hospitals (Table 3.26).

**Table 3.26: Distribution of FSW who tested for HIV in last 12 months by place of HIV testing**

Response	Type of FSWs			All FSWs (N=2687)
	SBSW (N=1078)	HBSW (N=713)	RBSW (N=896)	
	Percent	Percent	Percent	Percent
DIC/ HTC Center	99.3	95.1	97.7	97.6
Government Hospital	1.2	1.7	0.8	1.2
Private laboratory/ NGO centers	3.1	6.2	6.1	4.9

Multiple responses

### Reasons for not testing HIV

Among those who knew the HIV testing place, 9.0% of them did not test HIV. They did not do it in order to avoid getting identified or because of fear (Table 3.27). This means that one third of the FSWs in general, did not take test because of fear. One in five did not take the test because of the distance of the testing center.

**Table 3.27: Distribution of FSWs who did not have HIV testing according to reasons**

Reasons	Type of FSWs			All FSWs (N=297)
	SBSW (N=127)	HBSW (N=106)	RBSW (N=64)	
	Percent	Percent	Percent	Percent
Due to fear	37.3	31.1	35.1	34.6
Did not want to disclose their HIV status	38.3	44.2	32.0	39.0
HTC center is far away	19.4	20.6	16.4	19.2
Others	5.0	4.1	16.5	7.1

### 3.7 Exposure to HIV prevention services (DIC and outreach) received from DIC and outreach

Overall more than 92% FSWs participated in the HIV prevention program. Participation in the HIV prevention program (DIC and outreach services under NFM) was less among those who were less than 20 years of age, especially among HBSWs (75.9%). It was, by and large, more among those who were aged 25 years and more (Table 3.28). These differences are highly significant for all types of FSWs ( $P < 0.01$ ). No difference was seen based on education except for HBSWs ( $P = 0.026$ ). But a gradient was found based on the marital status among all the three types of FSWs ( $P < 0.01$  for each type). Least exposure was noted among the unmarried (85%) and the most was seen among separated/ divorced/ widowed FSWs (94.6%).

Exposure to services was more or less same among the different cities including Dhaka (but slightly higher especially in Barisal, Khulna and Mymensingh), among SBWSs and RBSWs. It was however, considerably low among HBSWs in Dhaka city in comparison to 'all other cities' (80.1% to 93.1% respectively). These differences were highly significant in each type of FSWs ( $P < 0.01$ ).

**Table 3.28: Distribution of FSWs who participated in HIV intervention program by selected characteristics**

Characteristics		Type of FSWs							
		SBSW		HBSW		RBSW		All FSWs	
		Percent	N	Percent	N	Percent	N	Percent	N
Age	Below age 20	82.9	167	75.9	150	85.8	155	81.6	472
	20-24 years	90.2	278	84.4	250	94.2	213	89.4	741
	25-29 years	98.4	376	92.6	273	96.5	306	96.1	955
	30-34 years	93.3	297	90.2	167	97.6	207	93.8	672
	35-39 years	94.9	198	89.4	104	100.0	135	95.2	437
	40 and above	96.1	129	89.5	44	98.1	80	95.6	253
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
Education	No formal education	93.8	538	82.5	237	97.2	299	92.3	1074
	Up to grade 5	91.6	562	88.6	363	94.5	423	91.7	1348
	Grade 6 and above	95.1	346	88.6	390	94.6	373	92.6	1108
	<b>p-value</b>	<b>NS</b>		<b>.026</b>		<b>NS</b>		<b>NS</b>	
Marital Status	Never married	84.8	162	81.5	235	90.1	165	85.0	561
	Currently married	93.9	640	84.6	326	95.6	502	92.4	1467
	Separated/divorced/ widowed	94.9	644	92.1	428	96.9	429	94.6	1501
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
City	Dhaka	93.9	463	80.1	454	95.2	457	89.8	1374
	Chittagong	86.3	326	82.1	163	84.8	88	84.9	577
	Barisal	100.0	120	100.0	122	98.6	88	99.6	330
	Khulna	98.1	170	-	-	99.1	86	98.4	256
	Mymensingh	100.0	120	-	-	99.0	84	99.6	204
	Other cities	91.5	247	96.8	250	95.3	292	94.6	789
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
Region	Dhaka	93.9	463	80.1	454	95.2	457	89.8	1374
	All other cities	93.0	983	93.1	535	95.3	638	93.7	2156
	<b>p-value</b>	<b>NS</b>		<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
<b>Total</b>		<b>93.3</b>	<b>1446</b>	<b>87.1</b>	<b>989</b>	<b>95.3</b>	<b>1095</b>	<b>92.2</b>	<b>3530</b>

By types of services, most got HIV tested from DICs, especially RBSWs and SBSWSs. Next was procurement of condoms. More RBSWs took condoms from DICs (74.9%) than HBSWs and SBWSs (65.2% and 58.8% respectively). Treatment for STI was the third most common services obtained. Rest and recreation, counseling and health education were the other common service obtained. Referral services were received mostly for complicated STI, which was on average one among ten service seekers. In outreach condom demonstration and distribution was the most common service, next was discussion on HTC, then BCC (Table 3.29).

**Table 3.29: Distribution of FSWs according to the types of services they received from DIC and outreach**

Types of service received	Type of FSWs			All FSWs (N=3254)
	SBSW (N=1349)	HBSW (N=861)	RBSW (N=1043)	
	Percent	Percent	Percent	Percent
<b>Received services from DIC</b>				
Condom	58.8	65.2	74.9	65.7
Lubricant	5.8	7.0	7.3	6.6
Treatment of STI	55.4	59.8	58.2	57.5
Treatment of abscess	10.6	9.5	9.8	10.0
HIV test and results	78.0	79.5	84.1	80.3
TB-DOTS	1.5	0.2	0.9	1.0
ART support	0.7	1.0	0.6	0.8
Counseling	41.1	39.8	29.9	37.2
HTC	29.0	32.8	33.0	31.3
Rest and recreation	46.5	39.9	35.0	41.1
BCC/Education session	23.2	15.8	18.2	19.7
Other DIC services	0.7	0.3	0.5	0.5
<b>Referral services from DIC</b>				
Complicated STI	12.4	15.4	12.1	13.1
Complicated abscess	1.7	2.2	4.0	2.6
TB-DOTS	2.2	0.9	3.1	2.2
ART support	0.1	0.3	0.1	0.2
Other referral services	0.3	0.5	0.9	0.6
<b>Outreach services</b>				
Condom demonstration and distribution	91.4	95.1	92.6	92.8
Discussion on HTC	48.3	46.6	44.7	46.7
BCC/IEC session	31.2	30.5	26.9	29.6
Other Outreach Services	0.2	0.1	-	0.1

Multiple responses

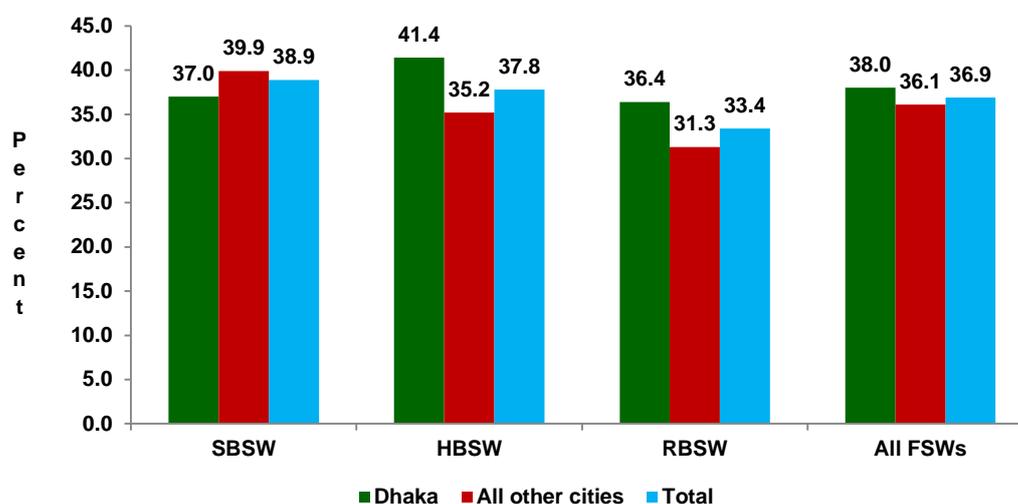
Although availing of services of HIV testing, condom and STI treatment by FSWs were quite high, the core services (condom and BCC) received by them was low – only 36.9% for all FSWs (Table 3.30). It was slightly higher among the SBSWs – 38.9%. Availing of core services was higher among the younger SBSWs - those who were up to 34 years of age. Among HBSWs, it was higher from 25 years of age to 39 years of age. Among RBSWs also the rate of reception of core services is more among those who are between 20 years and 39 years. It was more among those who were educated above 6<sup>th</sup> grade of schooling among all FSWs (39.4%) - slightly higher among SBSWs (41.1%). Marital status did not have any particular pattern. Among SBSWs and RBSWs reception of core services was more among the unmarried (48.3% and 40.0%, respectively). Among HBSWs those who were separated/ divorced/ widowed had the highest rate of reception of the core services (40.3%). Among SBSWs the rate of core service reception was higher in ‘all other cities’ (39.9%) than Dhaka (37.0%) while for HBSWS and RBSWs receptions of core services were higher in Dhaka (41.4% and 36.4% respectively) than ‘all other cities’ (35.2% and 31.3% respectively).

**Table 3.30: Distribution of FSWs who received core services (condom and BCC) in the last year by selected characteristics**

Characteristics		Type of FSWs							
		SBSW		HBSW		RBSW		All FSWs	
		Percent	N	Percent	N	Percent	N	Percent	N
Age	Below age 20	44.9	138	27.6	113	32.4	133	35.5	385
	20-24 years	42.3	251	33.8	210	35.5	200	37.5	662
	25-29 years	39.4	370	44.2	253	33.3	295	38.8	918
	30-34 years	41.7	277	36.6	151	34.0	202	38.0	631
	35-39 years	31.7	189	44.7	94	32.3	134	34.8	416
	40 and above	28.9	124	35.5	40	30.3	79	30.4	242
Education	No formal education	41.2	505	35.3	195	32.1	290	37.4	991
	Up to grade 5	35.3	515	37.9	322	30.1	400	34.3	1236
	Grade 6 and above	41.1	329	39.0	345	38.2	353	39.4	1027
Marital Status	Never married	48.3	137	32.6	191	40.0	148	39.4	477
	Currently married	35.2	600	37.8	275	33.6	479	35.1	1355
	Separated/divorced/ widowed	40.5	612	40.3	394	30.9	415	37.6	1421
City	Dhaka	37.0	435	41.4	363	36.4	435	38.0	1233
	Chittagong	65.1	281	49.7	133	58.4	75	59.9	490
	Barisal	49.4	120	34.3	122	62.0	87	47.1	329
	Khulna	18.6	167	-	-	15.6	85	17.6	252
	Mymensingh	35.0	120	-	-	44.2	83	38.8	203
	Other cities	21.7	226	27.5	242	15.4	278	21.2	747
Region	Dhaka	37.0	435	41.4	363	36.4	435	38.0	1233
	All other cities	39.9	914	35.2	498	31.3	608	36.1	2020
<b>Total</b>		<b>38.9</b>	<b>1349</b>	<b>37.8</b>	<b>861</b>	<b>33.4</b>	<b>1044</b>	<b>36.9</b>	<b>3254</b>

Note: Core services means receiving condom and BCC.

**Figure 3.5: FSW who received core services by type of FSW and region**



The benefits accrued, as a result of the services in the last 12 months from the DIC and outreach services, were learning about HIV/ AIDS/ STI (78.3%), learning about safe sex and correct use of condom (76.8%), change in behavior (54%) and building of capacity of discussion with sex partners (22.4%) based on multiple response (Table 3.31). These were in particular higher among RBSWs on changing of behavior (57.2%) and among SBSWs on building capacity of discussion with sex partners (25.6%).

**Table 3.31: Distribution of FSWs according to the types of benefits they got from the DIC and outreach services in last 12 months**

Types of benefits	Type of FSWs			All FSWs (N=3254)
	SBSW (N=1349)	HBSW (N=861)	RBSW (N=1043)	
	Percent	Percent	Percent	Percent
Changed behavior	51.5	54.0	57.2	54.0
Learnt about HIV/AIDS/STI	79.0	77.3	78.3	78.3
Learnt about safe sex and correct use of condom	77.3	77.3	75.6	76.8
Built up capacity through discussion with sexual partner	25.6	21.5	19.1	22.4
Other	1.5	0.3	1.8	1.3

Multiple responses

Overall obtaining condom at the time of need from the peer educators and outreach workers by FSWs was 64.9%. It was highest among the RBSWs (68.5%) followed by SBSWs (66.7%) and HBSWs (57.5%). Obtaining condoms at the time of need was higher among those who were 40 years of age or above in all types of FSWs (74.1%). Among SBSWs it was the lowest among 35-39 years of age and 20-24 of age (Table 3.32) respectively. These age-based differences were significant among HBSWs and overall ( $P=0.02$  and  $P=0.34$  respectively). There was no difference of the rates based on education in any types of FSWs. The reception rate was highest among the separated/ divorced/ widowed in SBSWs and HBSWs. Among RBSWs the rate was higher among currently married. These differences were significant within RBSWs and overall ( $P=0.041$  and  $P=0.011$  respectively).

Location-wise, among SBSWs the reception rate was highest in 'other cities' (74.9%), and then in Dhaka (71.2%). Among HBSWs it was alarmingly low in Barisal - 4.4%; among other FSWs also Barisal was lower than any other city, especially among SBSWs - 32.1%. Among RBSWs the rate of reception of condom in Dhaka was slightly lower than in 'other cities' (67.9% to 68.9% respectively). This was however, mainly because of a considerably higher rate in Khulna and Chittagong. These differences were significant among SBSWs and HBSWS as well as among all FSWs.

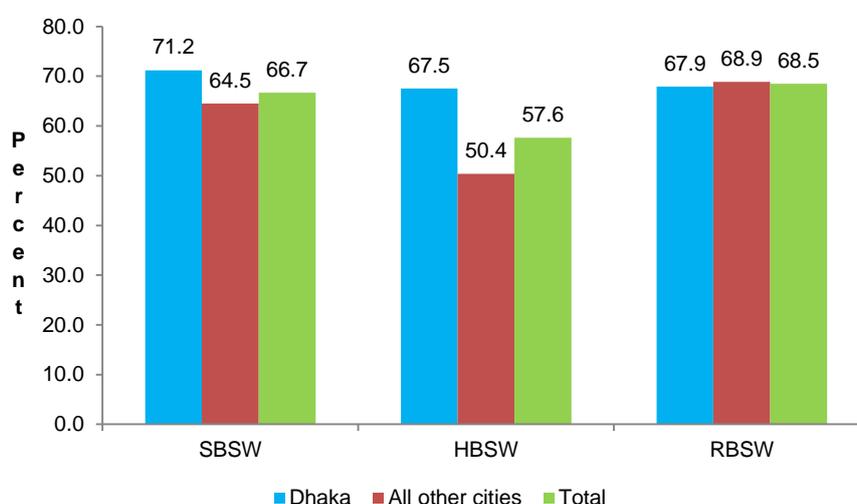
**Table 3.32: Distribution of FSWs who received required number of condoms on time by selected characteristics**

Characteristics		Type of FSWs							
		SBSW		HBSW		RBSW		All FSWs	
		Percent	N	Percent	N	Percent	N	Percent	N
Age	Below age 20	66.1	138	58.9	114	64.4	133	63.4	385
	20-24 years	67.0	251	51.5	211	69.2	201	62.7	662
	25-29 years	66.2	370	57.9	253	69.1	295	64.8	918
	30-34 years	66.9	277	65.6	151	66.4	202	66.4	630
	35-39 years	64.2	188	49.3	93	67.3	135	61.9	416
	40 and above	71.3	124	73.5	40	78.8	78	74.1	242
<b>p-value</b>		<b>NS</b>		<b>.020</b>		<b>NS</b>		<b>.034</b>	
Education	No formal education	70.6	505	54.5	195	66.0	291	66.1	991
	Up to grade 5	63.7	515	59.2	321	67.7	400	63.8	1236
	Grade 6 and above	65.3	329	57.8	321	71.4	352	64.9	1026
	<b>p-value</b>	<b>NS</b>		<b>NS</b>		<b>NS</b>		<b>NS</b>	
Marital Status	Never married	61.9	137	52.3	192	64.2	148	58.8	477
	Currently married	64.6	600	56.9	276	72.4	480	65.8	1356
	Separated/ divorced/ widowed	69.8	611	60.6	394	65.5	416	66.0	1421
	<b>p-value</b>	<b>NS</b>		<b>NS</b>		<b>.041</b>		<b>.011</b>	
City	Dhaka	71.2	435	67.5	364	67.9	435	69.0	1234
	Chittagong	65.1	281	64.3	134	71.7	75	65.9	490
	Barisal	32.1	120	4.4	134	62.5	87	29.8	329
	Khulna	69.4	167	-	-	81.3	85	73.4	252
	Mymensingh	69.2	120	-	-	67.7	83	68.6	203
	Other cities	74.9	226	65.8	242	66.7	278	68.9	746
<b>p-value</b>		<b>&lt;.01</b>		<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
Region	Dhaka	71.2	435	67.5	364	67.9	435	69.0	1234
	All other cities	64.5	914	50.4	364	68.9	608	62.3	2020
	<b>p-value</b>	<b>.014</b>		<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
<b>Total</b>		<b>66.7</b>	<b>1349</b>	<b>57.6</b>	<b>861</b>	<b>68.5</b>	<b>1043</b>	<b>64.9</b>	<b>3254</b>

Note: i) 276 (7.8%) FSWs did not receive NGO services

ii) Denominators used in the percentage calculation were the number of FSW who received NGO services

**Figure 3.6: FSWs who received required number of condoms on time by type of FSW and region**



Based on multiple responses, among those who did not receive the required number of condoms from the program, most bought it to meet the requirements, especially RBSWs. Next common sources were pharmacy, depot holders, sex workers and customers in that order. Among HBSWs most bought condoms, received from pharmacies, hotel managers, other sex workers and customers in that order. Among RBSWs again, most bought condoms, received from pharmacy, depot holders, customers and from residence owners (Table 3.33).

**Table 3.33: Distribution of FSWs who did not receive required number of condom on time according to the ways how they met their needs in last 12 months**

Responses	Type of FSWs			All FSWs (N=1144)
	SBSW (N=449)	HBSW (N=365)	RBSW (N=329)	
	Percent	Percent	Percent	Percent
Bought condom	62.5	66.1	75.2	67.3
Received from pharmacy	46.0	54.8	36.6	46.1
Received from Hotel Manager	2.2	32.1	3.0	12.0
Received from Ghorwali/Madam	4.1	3.7	11.9	6.2
Received from depot	24.8	5.5	18.9	16.9
Received from sex worker	14.5	13.5	8.8	12.5
Received from customers	10.3	11.8	12.8	11.5
Others	3.9	1.9	3.1	3.0

Multiple responses

About 91% of the FSWs were visited by outreach workers in 7 days and 98% of them were visited in last one month. Visit to HBSWs was slightly lower than to SBSWs and RBSWs (Table 3.34).

**Table 3.34: Response of FSWs on visit of outreach workers in last 7 days and 30 days**

Responses	Type of FSWs			All FSWs (N=3254)
	SBSW (N=1349)	HBSW (N=861)	RBSW (N=1043)	
	Percent	Percent	Percent	Percent
Visited in last 7 days	92.2	88.9	90.9	90.9
Visited in last 30 days	99.0	96.4	97.9	98.0

In last three months, based on multiple responses, most of the FSWs (68.4%) visited DICs 'sometimes' and 28.0% of the FSWs visited many times. The percentage of visiting DICs many times is highest in SBSWs (32.8%) than those in HBSWs and RBSWs (Table 3.35). It was the least among RBSWs (22.2%).

**Table 3.35: Distribution of FSWs according to the numbers of times they visited DICs last 3 months**

Responses	Type of FSWs			All FSWs (N=2696)
	SBSW (N=1146)	HBSW (N=640)	RBSW (N=910)	
	Percent	Percent	Percent	Percent
Many times	32.8	27.8	22.2	28.0
Sometimes	65.1	64.4	75.4	68.4
Others	2.1	7.5	2.3	3.4

Multiple responses

Note: i) 558 (15.8%) FSW did not visit DIC in the last 3 months

ii) FSWs who did not receive NGO services and did not visit DIC in the last 3 months were excluded from the above table

### 3.8 Violence, stigma and discrimination

Overall more than half of FSWs were abused in last 12 months because of their profession (Table 3.36). Though there were slightly higher rates of abusing among 20-34 years and the least abused were those who were 40 years of age or older, no significant deference was found within age groups in any type of FSWs. The level of education brings in some differences in the rate of abuse - the least among those who were educated 6<sup>th</sup> grade and above in all type of FSWs (56.7%, 56.4% and 45.8% among SBSWs, HBSWs and RBSWs respectively) but the difference is significant ( $p=.037$ ) only in SBSWs. On the other hand, for all FSWs who were educated up to 5<sup>th</sup> grade were more abused than the illiterate (59.4% to 57.2%) and grade 6 and above were least abused (52.9%), and the differences was highly significant for all FSWs ( $P=0.01$ ).

The difference in the rates of violence, stigma and discrimination by marital status was significant within HBSWs and also for all FSWs ( $P=0.021$  and  $P=0.017$  respectively).

Abuse was most common in Barisal (77.2%), particularly among HBSW and SBSWs (96.2% and 71.3% respectively). Next highest was in Dhaka (61.1%), especially among HBSWs and SBSWs (69% and 64.7% respectively). Least was in Khulna (25%). It was especially low in RBSWs in Khulna (16.6%). In aggregate among all the three types of FSWs, abuse was more common in Dhaka (61.1%) than in 'all other cities' taken together (53.9%). The differences among the cities within each type of FSWs were highly significant ( $P<0.01$  for each type). However, the regional difference of abusing in RBSWs was not significant.

**Table 3.36: Distribution of FSWs who were abused physically or otherwise in the last 12 months for their profession by selected characteristics**

Characteristics		Type of FSWs							
		SBSW		HBSW		RBSW		All FSWs	
		Percent	N	Percent	N	Percent	N	Percent	N
Age	Below age 20	60.5	167	57.9	150	51.0	155	56.5	472
	20-24 years	55.7	278	64.2	250	44.9	213	55.5	741
	25-29 years	63.5	376	60.5	273	52.5	306	59.1	955
	30-34 years	56.9	297	62.8	167	46.9	207	55.3	672
	35-39 years	64.2	198	56.0	104	49.0	135	57.6	437
	40 and above	58.0	129	49.1	44	48.7	80	53.5	253
	<b>p-value</b>	<b>NS</b>		<b>NS</b>		<b>NS</b>		<b>NS</b>	
Education	No formal education	58.4	538	62.0	237	51.4	299	57.2	1074
	Up to grade 5	63.3	562	63.9	363	50.2	423	59.4	1348
	Grade 6 and above	56.7	346	56.4	390	45.8	373	52.9	1108
	<b>p-value</b>	<b>.037</b>		<b>NS</b>		<b>NS</b>		<b>.010</b>	
Marital Status	Never married	61.6	162	63.7	235	55.8	165	60.8	561
	Currently married	60.6	640	54.3	326	46.0	502	54.2	1467
	Separated/divorced/ widowed	58.8	644	63.4	428	50.0	429	57.6	1501
	<b>p-value</b>	<b>NS</b>		<b>.021</b>		<b>NS</b>		<b>.017</b>	
City	Dhaka	64.7	463	69.0	454	49.6	457	61.1	1374
	Chittagong	66.2	326	47.6	163	47.7	88	58.1	577
	Barisal	71.3	120	96.2	122	58.9	88	77.2	330
	Khulna	29.3	170	-	-	16.6	86	25.0	256
	Mymensingh	58.8	120	-	-	50.0	84	55.2	204
	Other cities	58.8	247	36.0	250	54.9	292	50.2	789
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
Region	Dhaka	64.7	463	69.0	454	49.6	457	61.1	1374
	All other cities	57.7	983	53.3	535	48.7	638	53.9	2156
	<b>p-value</b>	<b>.013</b>		<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
<b>Total</b>		<b>59.9</b>	<b>1446</b>	<b>60.5</b>	<b>989</b>	<b>49.0</b>	<b>1095</b>	<b>56.7</b>	<b>3530</b>

Based on multiple responses, police, sex partners or local power structures, and local musclemen were the most common perpetrators (76.8% by law enforcers, 67.8% by the sex partner/ local power structure, and 40.9% by local musclemen). If sex partners or local powerful people are ignored (69.5%), then RBSWs were the least abused FSWs (Table 3.37). The least abusers were the narcotics control department staff (2.7%). Pimps// drug dealers, police and some unidentified people also resort to abuse by about 7%.

**Table 3.37: Distribution of FSW by the types of persons who abused them**

Types of persons	Type of FSWs			All FSWs (N=2001)
	SBSW (N=866)	HBSW (N=598)	RBSW (N=537)	
	Percent	Percent	Percent	Percent
Police/Law enforcing agency	80.0	85.9	61.3	76.8
Local musclemen	44.1	43.0	33.1	40.9
Sex partner/local power structure	61.4	75.4	69.5	67.8
Narcotics control people	3.5	2.0	2.6	2.7
Pimps/drug sellers	9.9	6.0	3.9	7.1
Others	5.3	6.5	9.3	6.7

Multiple responses

About one-quarter of the FSWs were arrested during the last 12 months (Table 3.38). The rate is the highest among the HBSWs (31.9%) followed by SBSWs (23.7%) and RBSWs (19.6%).

The least number arrested were those whose age was 40 years and above on average, especially among HBSWs and then those who were younger than 20 years of age. These differences were significant within HBSW and overall ( $P=.011$  and  $P<0.01$ , respectively). No pattern was discernible based on education. Slightly fewer were arrested, among the FSWs who were illiterate than the other two levels of education but among RBSWs who were educated up to 5<sup>th</sup> grade were arrested the least (17%). Arrests made different based on the marital status ( $P<0.01$  for all types except for HBSW where  $P=0.041$ ). Currently married FSWs were arrested the least (20.1%, 26.6% and 16% among SBSWs, HBSWs and RBSWs respectively).

The least number of arrests were made in 'other cities' (13.5%, 3.2% and 8.9% among SBSWs, HBSWs, and RBSWs respectively) than in Dhaka; highest was among SBSWs and HBSWs in Barisal (37.9% and 90.1% respectively) and among RBSWs in Dhaka (29.8%). City-wise arrests were significantly different for all types of FSWs ( $P<0.01$ ).

**Table 3.38: Distribution of FSWs who were arrested during last 12 months by selected characteristics**

Characteristics		Type of FSWs							
		SBSW		HBSW		RBSW		All FSWs	
		Percent	N	Percent	N	Percent	N	Percent	N
Age	Below age 20	14.1	167	30.3	150	24.8	155	22.8	472
	20-24 years	26.4	278	34.8	250	20.6	213	27.6	741
	25-29 years	26.0	376	36.1	273	21.3	306	27.4	955
	30-34 years	24.4	297	30.1	167	13.9	207	22.6	672
	35-39 years	23.2	198	28.7	104	18.6	135	23.1	437
	40 and above	23.2	129	9.4	44	16.8	80	18.7	253
<b>p-value</b>		<b>NS</b>		<b>.011</b>		<b>NS</b>		<b>&lt;.01</b>	

Characteristics		Type of FSWs							
		SBSW		HBSW		RBSW		All FSWs	
		Percent	N	Percent	N	Percent	N	Percent	N
Education	No formal education	22.3	538	30.2	237	20.3	299	23.5	1074
	Up to grade 5	25.0	562	35.2	363	17.0	423	25.2	1348
	Grade 6 and above	23.9	346	29.8	390	22.0	373	25.4	1108
	<b>p-value</b>	<b>NS</b>		<b>NS</b>		<b>NS</b>		<b>NS</b>	
Marital Status	Never married	22.0	162	35.7	235	29.0	165	29.8	561
	Currently married	20.1	640	26.6	326	16.0	502	20.1	1467
	Separated/divorced/ widowed	27.8	644	33.8	428	20.2	429	27.3	1501
	<b>p-value</b>	<b>&lt;.01</b>		<b>.041</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
City	Dhaka	28.0	463	36.1	454	29.8	457	31.3	1374
	Chittagong	29.4	326	20.5	163	21.3	88	25.6	577
	Barisal	37.9	120	90.1	122	20.9	88	52.7	330
	Other cities	13.5	537	3.2	250	8.9	462	9.7	1249
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
Region	Dhaka	28.0	463	36.1	454	29.8	457	31.3	1374
	All other cities	21.7	983	28.3	535	12.3	638	20.6	2156
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
<b>Total</b>		<b>23.7</b>	<b>1446</b>	<b>31.9</b>	<b>989</b>	<b>19.6</b>	<b>1095</b>	<b>24.7</b>	<b>3530</b>

FSWs who were arrested in the last 12 months, 91.6% of them were arrested for their sex profession. Among the SBSWs, the rate of arrest for the profession was 83.6%; among the HBSWs, it was 98.0% and among the RBSWs, it was 94.8%.

Highest percentage of arrests were made for their profession among all FSWs who were between 30 and 34 years (93.8%) and then among those who were less than 20 years of age (93.6%) and least among those who were 40 years of age or older (86.4%). Arrests were 100% highest among HBSWs aging less than 20 years and 40 years and above and among RBSWs aging 35 to 39 years. Age, however, was not a factor of arrests (Table 3.39).

More arrests occurred among those FSWs (in aggregate) who were educated up to 6<sup>th</sup> grade or more and the least among the illiterate but the differences were not significant for any type of FSWs.

Arrest was more common among unmarried FSWs. Although the difference in the arrest rates did not vary much by the types of FSW, a significant difference was seen overall (P=0.012).

Highest percentage of arrests were made in Chittagong (98%) in all FSWs and then in Dhaka. The least number of arrests took place in other cities (71.2%) among SBSWs and HBSWs, but it was 100% among HBSWs in 'other cities'. On the other hand, arrests were

more common in Dhaka than in 'all other cities', except among HBSWs. Except for HBSWs these differences were highly significant for other two types and also overall (P<0.01).

**Table 3.39: Distribution of FSWs who were arrested for their profession by selected characteristics**

Characteristics		Type of FSWs							
		SBSW		HBSW		RBSW		All FSWs	
		Percent	N	Percent	N	Percent	N	Percent	N*
Age	Below age 20	77.5	24	100.0	45	95.9	38	93.6	107
	20-24 years	77.4	74	98.1	87	95.6	44	90.1	204
	25-29 years	83.4	98	98.0	99	93.0	65	91.3	262
	30-34 years	93.2	72	97.6	50	88.9	29	93.8	152
	35-39 years	85.4	46	95.3	30	100.0	25	92.0	101
	40 and above	78.4	30	100.0	4	100.0	13	86.4	47
	<b>p-value</b>	<b>NS</b>		<b>NS</b>		<b>NS</b>		<b>NS</b>	
Education	No formal education	83.6	120	95.8	72	92.0	61	89.1	252
	Up to grade 5	83.0	141	98.3	128	95.9	72	91.5	340
	Grade 6 and above	84.7	83	99.1	116	95.8	82	93.9	281
	<b>p-value</b>	<b>NS</b>		<b>NS</b>		<b>NS</b>		<b>NS</b>	
Marital Status	Never married	88.8	36	99.1	84	100.0	48	97.2	167
	Currently married	81.0	129	95.1	87	94.5	80	88.8	295
	Separated/divorced/widowed	84.5	179	99.2	145	92.1	87	91.3	411
	<b>p-value</b>	<b>NS</b>		<b>NS</b>		<b>NS</b>		<b>.012</b>	
City	Dhaka	92.6	130	97.4	164	98.6	136	96.3	430
	Chittagong	96.9	96	100.0	33	100.0	19	98.0	148
	Barisal	64.7	45	98.2	110	88.8	18	88.5	174
	Other cities	61.6	72	100.0	8	82.5	41	71.2	122
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
Region	Dhaka	92.6	130	97.4	164	98.6	136	96.3	430
	All other cities	78.1	214	98.7	151	88.2	78	86.9	443
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
<b>Total</b>		<b>83.6</b>	<b>343</b>	<b>98.0</b>	<b>315</b>	<b>94.8</b>	<b>215</b>	<b>91.6</b>	<b>873</b>

Note: Denominators used in the percentage calculation are the total number of FSWs who were arrested.

Overall 21.0% of the FSWs were ever sent to jail/ vagrant homes, and the rate was highest among the HBSWs (28.8%), followed by SBSWs (18.2%) and RBSWs (17.7%).

The percent of FSWs sent to jail/ vagrant homes had age gradient (11% to 30.3% from those who were less than 20 years of age to those who were 40 years of age or more (Table 3.40), with some minor deviations. Arrests did not differ for the level of education. For example, while most (22%) of arrests among FSWs in aggregate was made among those educated up to 5<sup>th</sup> grade, type-wise the least arrest was made among RBSWs educated up to 5<sup>th</sup> grade (14.8%).

Least arrests were made among the currently married FSWs (18.9%). But among SBSWs the least arrests occurred among the unmarried (12.3%). Among RBSWs the least arrests were made among separated/ divorced/ widowed (16.9%).

The least arrests were made in 'other cities' (7.1%), especially among HBSWs (1.7%) and then in Chittagong (9.1%). Highest arrests were made in Barisal (40.8%), especially among HBSWs (81.4%). In aggregate arrests in Dhaka was quite high than 'all other cities' (34% to 12.8% respectively).

**Table 3.40: FSWs who were ever sent to jail/vagrant homes by selected characteristics**

Characteristics		Type of FSWs							
		SBSW		HBSW		RBSW		All FSWs	
		Percent	N	Percent	N	Percent	N	Percent	N
Age	Below age 20	6.0	167	16.8	150	10.7	155	11.0	472
	20-24 years	10.1	278	29.6	250	18.1	213	18.9	741
	25-29 years	16.8	376	34.2	273	18.3	306	22.3	955
	30-34 years	23.3	297	29.7	167	13.9	207	22.0	672
	35-39 years	25.6	198	31.6	104	21.6	135	25.8	437
	40 and above	32.6	129	22.2	44	31.2	80	30.3	253
Education	No formal education	17.8	538	27.4	237	18.5	299	20.1	1074
	Up to grade 5	20.0	562	33.4	363	14.8	423	22.0	1348
	Grade 6 and above	15.8	346	25.4	390	20.4	373	20.7	1108
Marital Status	Never married	12.3	162	29.7	235	24.8	165	23.2	561
	Currently married	17.5	640	26.0	326	16.1	502	18.9	1467
	Separated/divorced/ widowed	20.5	644	30.5	428	16.9	429	22.3	1501
City	Dhaka	33.6	463	37.4	454	30.9	457	34.0	1374
	Chittagong	11.2	326	7.1	163	5.0	88	9.1	577
	Barisal	20.9	120	81.4	122	11.8	88	40.8	330
	Other cities	8.6	537	1.7	250	8.2	462	7.1	1249
Region	Dhaka	33.6	463	37.4	454	30.9	457	34.0	1374
	All other cities	11.0	983	21.5	535	8.2	638	12.8	2156
<b>Total</b>		<b>18.2</b>	<b>1446</b>	<b>28.8</b>	<b>989</b>	<b>17.7</b>	<b>1095</b>	<b>21.0</b>	<b>3530</b>

The percentage of FSWs who did not receive health services due to stigma was 5.0% (Table 3.41), lowest being among 20-24 years old FSWs (4.2%). Among the SBWSs and HBSWs, the rates were the highest among illiterate (7.6% and 4.5% respectively). Among RBSWs however, it was the highest among the most highly educated (7.0 %). Marital status-wise the highest percentage of those who did not get service due to stigma belonged to the currently married FSWs (6.1%). The rate was the least in never married HBSWs (2.1%) and in separated/divorced/widowed SBSWs (4.6%). Overall more in 'all other cities' in comparison to Dhaka did not take health care because of stigma (5.2% and 4.6% respectively). This was also true for SBSWs and HBSWs (5.8% and 4.3% among SBSWs and 4.4% and 3.0% among HBSWs respectively). Among RBSWs this was reverse – more in Dhaka (6.4%) than 'all other cities' (5%) did not receive health care services because of stigma.

**Table 3.41: Distribution of FSWs who visited health center and did not get/receive services in the last 12 months because of stigma and discrimination by selected characteristics**

Characteristics		Type of FSWs							
		SBSW		HBSW		RBSW		All FSWs	
		Percent	N	Percent	N	Percent	N	Percent	N
Age	Below age 20	5.8	167	3.2	150	6.3	155	5.2	472
	20-24 years	4.2	278	3.0	250	5.7	213	4.2	741
	25-29 years	6.7	376	3.7	273	4.9	306	5.2	955
	30 and above	4.9	625	4.8	316	5.8	421	5.1	1362
Education	No formal education	7.6	538	4.5	237	6.3	299	6.5	1074
	Up to grade 5	4.0	562	3.4	363	3.8	423	3.8	1348
	Grade 6 and above	3.9	346	3.8	390	7.0	373	4.9	1108
Marital Status	Never married	5.2	162	2.1	235	5.9	165	4.1	561
	Currently married	6.1	640	5.5	326	6.3	502	6.1	1467
	Separated/divorced/ widowed	4.6	644	3.4	428	4.7	429	4.3	1501
Region	Dhaka	4.3	463	3.0	454	6.4	457	4.6	1374
	All other cities	5.8	983	4.4	535	5.0	638	5.2	2156
<b>Total</b>		<b>5.3</b>	<b>1446</b>	<b>3.8</b>	<b>989</b>	<b>5.6</b>	<b>1095</b>	<b>5.0</b>	<b>3530</b>

## SECTION FOUR

### People Who Inject Drugs (PWID)

#### 4.1 Background characteristics

This End Line Survey on behavioral aspects of PWID provides results from completed interviews with 2,321 PWID of which 2,174 (93.67%) were males and 147 females (6.33%).

The average age of the PWID was 37.7 years - 32 years for females and 38.1 years for males (Table 4.1a). More belonged to a higher age bracket (Table 4.1a) - 3.6% were less than 24 years of age and 39.1% 40 years and above.

Education-wise, lesser number of PWID were educated to higher levels - 35.9% were illiterate, 33% educated up to grade 5, 26.2% educated between 6-10 grade and 4.9% were educated for more than 10<sup>th</sup> grade. Females were less educated than males.

Most PWID were married (73.1%), 12.9% were unmarried and 14% were separated/divorced/ widowed. Most were living with family (85.3%), 10.1% were living in the street, and 2.4% were living in mess/hostel.

The survey data for male PWID was collected from 9 priority cities/towns (excluding Chittagong) and for females data were collected from two priority cities/ towns (Dhaka and Jessore/Benapole) as female PWID were available only in a few districts. The distribution of PWID by cities was as follows: Dhaka (37.7%), Rajshahi (17.5%), Chapainawabganj (8.3%), Chandpur (5.4%), Benapole (Jessore) (3%) and other districts (28.1%). Region-wise 37.7% belonged to Dhaka and 62.73% to 'all other cities' in aggregate. 2.9% of PWID sold blood for money in last 12 months of who 1.7% were female and 3% were male. On average 99% of PWID took service from the prevention program in last 12 months but among female PWID it was 100%.

**Table 4.1a: Distribution of PWID by selected background characteristics**

Background characteristics		Percent of PWID				All PWID	
		Male		Female		Percent	N
		Percent	N	Percent	N		
Age	Below age 24	2.8	62	14.9	22	3.6	84
	25-29 years	14.7	319	29.9	44	15.6	363
	30-34 years	18.9	410	21.2	31	19.0	441
	35-39 years	23.3	506	14.1	21	22.7	526
	40 and above years	40.4	878	19.8	29	39.1	907
<b>Average age</b>		<b>38.1</b>		<b>32.0</b>		<b>37.7</b>	
Education	No formal education	34.6	752	54.7	80	35.9	833
	Up to grade 5	33.1	720	31.6	46	33.0	766
	Grade 6-10	27.0	588	13.7	20	26.2	608
	More than grade 10	5.3	114	-	-	4.9	114

Background characteristics		Percent of PWID				All PWID	
		Male		Female			
		Percent	N	Percent	N	Percent	N
Marital status	Never married	13.2	287	8.3	12	12.9	299
	Currently married	74.9	1628	47.0	69	73.1	1697
	Separated/divorced/ widowed	11.9	259	44.7	66	14.0	324
Living arrangements	Living with family	86.6	1882	65.9	97	85.3	1979
	Living in mess/hostel	2.3	50	4.1	6	2.4	56
	On the street	9.3	201	21.9	32	10.1	234
	Others	1.9	41	8.1	12	2.3	53
City	Dhaka	36.7	798	53.1	78	37.7	876
	Rajshahi	18.7	406	-	-	17.5	406
	Chapainawabganj	8.9	193	-	-	8.3	193
	Chandpur	5.7	125	-	-	5.4	125
	Jessore/Benapole	-	-	46.9	69	3.0	69
	Other cities <sup>1/</sup>	30.0	652	-	-	28.1	652
Region	Dhaka	36.7	798	53.1	78	37.7	876
	All other cities	63.3	1376	46.9	69	62.3	1445
Sold blood for money in the past 12 months	Yes	3.0	64	1.7	2	2.9	67
	No	97.0	2110	98.3	145	97.1	2254
Received services from HIV prevention program	Yes	98.9	2151	100.0	147	99.0	2298
	No	1.1	23	-	-	1.0	23
<b>Total</b>		<b>100.0</b>	<b>2174</b>	<b>100.0</b>	<b>147</b>	<b>100.0</b>	<b>2321</b>

<sup>1/</sup>Barisal, Satkhira, Chuadanga, Mymensingh and Dinajpur. Same as for all tables.

Note: '-' means no PWID sample was taken from the respective districts. This applies for all the tables.

The main source of income of male PWID was rickshaw/van pulling (23.7%) followed by small trade (21.8%), business (13.0%) and service (11.0%). On the other hand, sex work (33.0%) was the main sources of income of female PWID followed by small trade (16.9%) and drug peddling (15.0%). A considerable percentage of both male and female PWID depend on tokai work and stealing/snatching for earning money (Table 4.1b).

**Table 4.1b: Distribution of PWID by their main source of income by sex**

Main source of income	Male (N=2174)	Female (N=147)	Total (N=2321)
	%	%	%
Rickshaw/van puller	23.7	-	22.2
Sex work	-	33.0	2.1
Small trade	21.8	16.9	21.4
Drug peddler	0.5	15.0	1.4
Business	13.0	-	12.1
Service	11.0	2.0	10.4
Tokai	4.6	5.8	4.6
Stealing/snatching	3.5	1.8	3.4
Family/ Unemployed	2.7	4.8	2.8
Others	19.4	20.7	19.5

More than a quarter of the male PWID earned Taka 10,000.00 or less in last 30 days, more than half of them earned between 10,001 and 20,000.00 and the rest, 14.5%, earned over Taka 20,000.00 in last 1 month (Table 4.1c). It appears that female PWID earned less money than male PWID did.

**Table 4.1c: Distribution of PWID by their income in last 30 days**

Income (in Taka)	Male (N=2174)	Female (N=147)	Total (N=2321)
	%	%	%
Up to 10000	26.9	46.6	28.1
10001-20000	58.6	39.4	57.4
20001-30000	11.3	12.6	11.4
30001 and above	3.2	1.4	3.1
Median	15,000.00	12,000.00	15,000.00

## INJECTING BEHAVIOR OF PWID

### 4.2 Age at first injecting of drugs

In Dhaka, 26.9% of PWID started injecting drugs at less than 24 years of age, with a falling rate as the age advanced, going to 8.7% among 40 years of age and above. The younger accounted for a higher percentage among the female PWID than male PWID. In other cities the distribution was almost same for both the sexes (Table 4.2).

**Table 4.2: Distribution of PWID by the age at which they injected drug first time by their current age and location**

Location	Age at which started taking drug	Percent of PWID				All PWID	
		Male		Female		Percent	N
		Percent	N	Percent	N		
Dhaka	Below age 24	25.7	205	39.5	31	26.9	236
	25-29 years	23.9	191	36.8	29	25.1	220
	30-34 years	26.7	213	10.2	8	25.2	221
	35-39 years	13.6	108	10.8	8	13.3	117
	40 and above	9.3	74	2.6	2	8.7	76
	Can't remember	0.8	7	-	-	0.8	7
	<b>Total</b>	<b>100.0</b>	<b>798</b>	<b>100.0</b>	<b>78</b>	<b>100.0</b>	<b>876</b>
	<b>Average</b>	<b>29.1</b>	<b>798</b>	<b>25.8</b>	<b>78</b>	<b>28.8</b>	<b>876</b>
All other cities	Below age 24	29.4	404	42.5	29	30.0	433
	25-29 years	22.5	310	30.3	21	22.9	331
	30-34 years	25.4	349	14.9	10	24.9	359
	35-39 years	12.8	176	4.0	3	12.4	179
	40 and above	9.8	135	8.4	6	9.7	141
	Can't remember	0.1	2	-	-	0.1	2
	<b>Total</b>	<b>100.0</b>	<b>1376</b>	<b>100.0</b>	<b>69</b>	<b>100.0</b>	<b>1445</b>
	<b>Average</b>	<b>29.1</b>	<b>1376</b>	<b>26.7</b>	<b>69</b>	<b>29.0</b>	<b>1445</b>

Location	Age at which started taking drug	Percent of PWID				All PWID	
		Male		Female		Percent	N
		Percent	N	Percent	N		
Total	Below age 24	28.0	609	40.9	60	28.8	669
	25-29 years	23.0	501	33.8	50	23.7	551
	30-34 years	25.9	562	12.4	18	25.0	580
	35-39 years	13.1	284	7.6	11	12.7	295
	40 and above	9.6	209	5.3	8	9.3	217
	Can't remember	0.4	9	-	-	0.4	9
	<b>Total</b>	<b>100.0</b>	<b>2174</b>	<b>100.0</b>	<b>147</b>	<b>100.0</b>	<b>2321</b>
<b>Average</b>	<b>29.1</b>	<b>2174</b>	<b>26.2</b>	<b>147</b>	<b>28.9</b>	<b>2321</b>	

### 4.3 Years of taking injecting drugs

Among all, only 23.0% PWID were injecting drugs for less than five years and the rest were taking for more than five years (Table 4.3). In Dhaka, more percentage of females (40.5%) than males (20.0%) were found as injecting drug users for less than five years, especially in 'all other cities' (53.5%). Nearly equal percentage of males were taking injecting drugs in Dhaka and 'all other cities' in terms of duration of taking drugs but lesser percentage of females have been injecting drug for 5-10 years in 'all other cities' than Dhaka. Among those who had been taking injecting drugs for more than 10 years, females were considerably less than males in all the surveyed areas.

**Table 4.3: Distribution of PWID by years of taking injecting drugs**

Location	Number of years	Percent of PWID				All PWID	
		Male		Female		Percent	N
		Percent	N	Percent	N		
Dhaka	< 5 years	20.0	160	40.5	32	21.8	191
	5-10 years	47.5	379	47.4	37	47.5	416
	Above 10 years	32.5	260	12.1	9	30.7	269
	<b>Total</b>	<b>100.0</b>	<b>798</b>	<b>100.0</b>	<b>78</b>	<b>100.0</b>	<b>876</b>
	<b>Average</b>	<b>9.5</b>	<b>798</b>	<b>6.3</b>	<b>78</b>	<b>9.2</b>	<b>876</b>
All other cities	< 5 years	22.2	305	53.5	37	23.7	342
	5-10 years	52.2	718	39.8	27	51.6	746
	Above 10 years	25.6	353	6.7	5	24.7	357
	<b>Total</b>	<b>100.0</b>	<b>1376</b>	<b>100.0</b>	<b>69</b>	<b>100.0</b>	<b>1445</b>
	<b>Average</b>	<b>8.6</b>	<b>1376</b>	<b>5.1</b>	<b>69</b>	<b>8.4</b>	<b>1445</b>
Total	< 5 years	21.4	465	46.6	69	23.0	533
	5-10 years	50.5	1097	43.9	64	50.0	1161
	Above 10 years	28.2	612	9.5	14	27.0	626
	<b>Total</b>	<b>100.0</b>	<b>2174</b>	<b>100.0</b>	<b>147</b>	<b>100.0</b>	<b>2321</b>
	<b>Average</b>	<b>8.9</b>	<b>2174</b>	<b>5.7</b>	<b>147</b>	<b>8.7</b>	<b>2321</b>

### 4.4 Frequency of injecting drug the day before the interview day

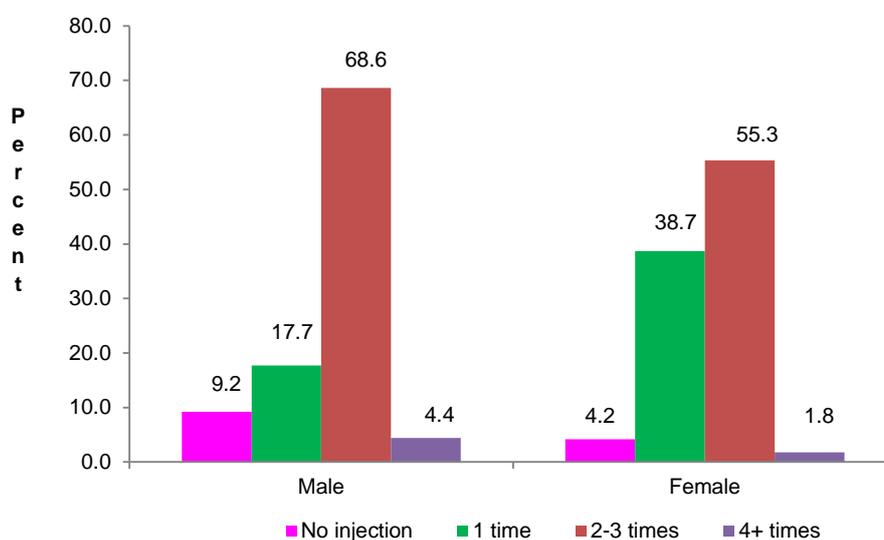
On average, a PWID took injecting drugs twice the day before interview day – 2.2 times in Dhaka and 2.4 times in 'all other cities'. Six percent PWID did not take injecting drugs the day before the day of interview in Dhaka and 10.7% in all other cities (Table 4.4 and Figure

4.1). More in Dhaka than in 'all other cities' took injecting drugs 2-3 times on the day before the day of interview - 71.6% in Dhaka and 65.4% in all other cities and slightly more among males than females in Dhaka but almost double among males than females in 'all other cities'. Among those who injected for 4 times or more, males were again more than double than female in Dhaka (7.7% to 3.3% respectively), while no female PWID was found in all other cities.

**Table 4.4: Distribution of PWID by frequency of taking injecting drug yesterday by location**

Location	Frequency	Percent of PWID				All PWID	
		Male		Female		Percent	N
		Percent	N	Percent	N		
Dhaka	No injection	6.2	49	4.1	3	6.0	53
	1 time	14.3	114	22.2	17	15.0	132
	2-3 times	71.7	573	70.3	55	71.6	627
	4+ times	7.7	62	3.3	3	7.4	64
	<b>Total</b>	<b>100.0</b>	<b>798</b>	<b>100.0</b>	<b>78</b>	<b>100.0</b>	<b>876</b>
	<b>Average</b>	<b>2.2</b>	<b>798</b>	<b>1.9</b>	<b>78</b>	<b>2.2</b>	<b>876</b>
All other cities	No injection	11.0	151	4.3	3	10.7	154
	1 time	19.7	271	57.4	40	21.5	311
	2-3 times	66.8	919	38.3	26	65.4	945
	4+ times	2.5	35	-	-	2.4	35
	<b>Total</b>	<b>100.0</b>	<b>1376</b>	<b>100.0</b>	<b>69</b>	<b>100.0</b>	<b>1445</b>
	<b>Average</b>	<b>1.9</b>	<b>1376</b>	<b>1.4</b>	<b>69</b>	<b>1.9</b>	<b>1445</b>
Total	No injection	9.2	201	4.2	6	8.9	207
	1 time	17.7	386	38.7	57	19.1	443
	2-3 times	68.6	1491	55.3	81	67.7	1572
	4+ times	4.4	97	1.8	3	4.3	99
	<b>Total</b>	<b>100.0</b>	<b>2174</b>	<b>100.0</b>	<b>147</b>	<b>100.0</b>	<b>2321</b>
	<b>Average</b>	<b>2.0</b>	<b>2174</b>	<b>1.7</b>	<b>147</b>	<b>2.0</b>	<b>2321</b>

**Figure 4.1: Frequency of taking injecting drug yesterday by sex**



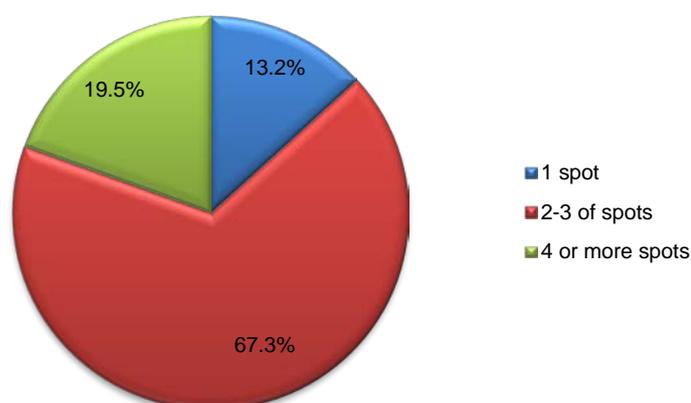
#### 4.5a Number of spots used for injecting drugs

The PWID were inquired whether they had taken injecting drug in the same spot or in more than one spot during the last two months prior to the survey. Both in Dhaka and ‘all other cities’, PWID used on average 2.1 spots, slightly less among female PWID (Table 4.5a and Figure 4.2). About 87% of PWID used more than one spots for taking injecting drugs.

**Table 4.5a: Distribution of PWID by number of spots they used for taking injecting drug and by location**

Location	Number of spots	Percent of PWID				All PWID	
		Male		Female		Percent	N
		Percent	N	Percent	N		
Dhaka	1 spot	17.4	139	27.5	21	18.3	160
	2-3 of spots	57.9	462	57.7	45	57.9	507
	4 or more spots	24.7	197	14.8	12	23.8	209
	<b>Total</b>	<b>100.0</b>	<b>798</b>	<b>100.0</b>	<b>78</b>	<b>100.0</b>	<b>876</b>
	<b>Average</b>	<b>2.1</b>	<b>798</b>	<b>1.9</b>	<b>78</b>	<b>2.1</b>	<b>876</b>
All other cities	1 spot	9.7	133	19.3	13	10.1	146
	2-3 of spots	73.4	1010	64.6	45	73.0	1054
	4 or more spots	16.9	233	16.1	11	16.9	244
	<b>Total</b>	<b>100.0</b>	<b>1376</b>	<b>100.0</b>	<b>69</b>	<b>100.0</b>	<b>1445</b>
	<b>Average</b>	<b>2.1</b>	<b>1376</b>	<b>2.0</b>	<b>69</b>	<b>2.1</b>	<b>1445</b>
Total	1 spot	12.5	272	23.6	35	13.2	307
	2-3 of spots	67.7	1472	60.9	90	67.3	1561
	4 or more spots	19.8	430	15.4	23	19.5	453
	<b>Total</b>	<b>100.0</b>	<b>2174</b>	<b>100.0</b>	<b>147</b>	<b>100.0</b>	<b>2321</b>
	<b>Average</b>	<b>2.1</b>	<b>2174</b>	<b>1.9</b>	<b>147</b>	<b>2.1</b>	<b>2321</b>

**Figure 4.2: Number of spots used for taking injecting drug in last two months**



#### 4.5b PWID who injected drugs in more than one spot

Table 4.5b shows that mobility of PWID for taking injecting drug did not depend much on their basic characteristics. However, younger male PWID and older female PWID; male PWID having no formal education; PWID who were currently separated/divorced/widowed; female PWID who were living in the street; and PWID who were living in Rajshahi, Chapainawabganj and 'other cities' used more than one spot for taking injecting drug more frequently.

**Table 4.5b: Distribution of PWID who injected drug in more than one spot by selected characteristics**

Characteristics		Percent of PWID				All PWID	
		Male		Female		Percent	N
		Percent	N	Percent	N		
Age	Below age 24	97.6	62	63.0	22	88.5	84
	25-29 years	90.6	319	76.0	44	88.8	363
	30-34 years	87.6	410	74.2	31	86.6	441
	35-39 years	89.0	506	90.7	21	89.1	526
	40 and above years	84.7	878	79.0	29	84.6	907
Education	No formal education	88.8	752	73.2	80	87.3	833
	Up to grade 5	88.8	720	81.9	46	88.4	766
	Grade 6 and above	84.8	702	76.2	20	84.5	722
Marital status	Never married	87.5	280	83.2	12	87.3	293
	Currently married	86.9	1635	66.0	69	86.0	1704
	Separated/divorced/ widowed	91.5	259	85.9	66	90.3	324
Living arrangements	Living with family	88.3	1882	75.9	97	87.7	1979
	On the street	87.1	201	79.2	32	86.0	234
	Others	71.0	90	73.9	18	71.5	108
City	Dhaka	82.6	798	72.5	78	81.7	876
	Rajshahi	88.3	406	-	-	88.3	406
	Chapainawabganj	89.8	193	-	-	89.8	193
	Chandpur	80.0	125	-	-	80.0	125
	Jessore/Benapole	-	-	80.7	69	80.7	69
	Other cities	93.7	652	-	-	93.7	652
Region	Dhaka	82.6	798	72.5	78	81.7	876
	All other cities	90.3	1376	80.7	69	89.9	1445
<b>Total</b>		<b>87.5</b>	<b>2174</b>	<b>76.4</b>	<b>147</b>	<b>86.8</b>	<b>2321</b>

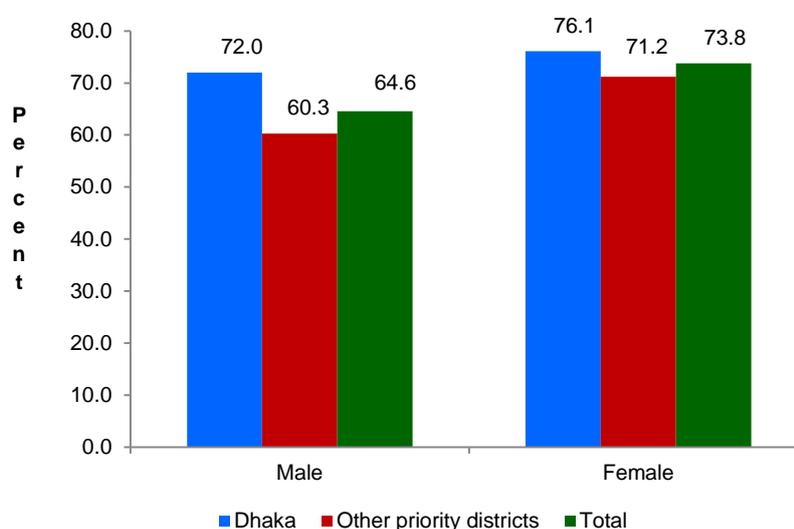
#### 4.6 Sharing of needle syringe in the last week

PWID were inquired about their sharing practice: whether they shared needle syringe during last 7 days. On average, 65.2% PWID and sex-wise, 64.6% male and 73.8% female PWID shared needle syringe during the last 7 days. Among males, sharing was highly significant by age ( $P < 0.01$ ). The same was true for all PWID. Education-wise, the difference between the different levels of education among the males was highly significant ( $P < 0.01$ ) and so was also for aggregated males and females. This was also seen when an analysis was done based on the marital status, living arrangement and city-wise, i.e. among males the differences within category mentioned was highly significant and so was also based on the aggregated PWID but females (Table 4.6 and Figure 4.3).

**Table 4.6: Distribution of PWID reporting needle syringe sharing in the last week by selected background characteristics**

Characteristics		Percent of PWID				All PWID	
		Male		Female		Percent	N
		Percent	N	Percent	N		
Age	<30 years	71.0	380	76.5	66	71.8	446
	30-34 years	67.4	410	65.5	31	67.2	441
	35-39 years	64.3	506	70.5	21	64.5	526
	40 and above years	60.8	878	79.0	29	61.3	907
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
Education	No formal education	64.2	752	76.9	80	65.4	833
	Up to grade 5	70.2	720	63.5	46	69.8	766
	Grade 6 and above	59.4	702	85.2	20	60.1	722
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
Marital status	Never married	63.4	280	88.8	12	64.5	293
	Currently married	61.6	1635	71.1	69	62.0	1704
	Separated/divorced/ widowed	85.2	259	74.0	66	82.9	324
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
Living arrangements	Living with family	62.2	1882	69.5	97	62.6	1979
	On the street	84.7	201	82.3	32	84.3	234
	Others	69.9	90	81.7	18	71.8	108
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
City	Dhaka	72.0	798	76.1	78	72.4	876
	Rajshahi	46.7	406	-	-	46.7	406
	Chapainawabganj	60.4	193	-	-	60.4	193
	Chandpur	50.6	125	-	-	50.6	125
	Jessore/Benapole	-	-	71.2	69	71.2	69
	Others districts	70.7	652	-	-	70.7	652
<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>		
Region	Dhaka	72.0	798	76.1	78	72.4	876
	Other priority districts	60.3	1376	71.2	69	60.9	1445
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
<b>Total [95% CI]</b>		<b>64.6</b> [62.6, 66.6]	<b>2174</b>	<b>73.8</b> [66.6, 81.0]	<b>147</b>	<b>65.2</b> [63.3, 67.1]	<b>2321</b>

**Figure 4.3: Sharing needle syringe in the last week by region and for sex**



#### 4.7 Sharing of all injections

The PWID respondents were asked how many times they had injected drug in the last 7 days and of them how many injections they had shared. Percentage of PWID sharing all injecting drug during the last 7 days was calculated based on these two questions.

Table 4.7 shows that 11.4% of all PWID, 10.6% male and 22.6% female PWID shared all injecting drug they had taken in the last week with their peers/partners. Age-wise sharing was lower at the two extremes of age and among males the age-wise difference in sharing was highly significant and also in aggregate PWID ( $P<0.01$ ). Education-wise sharing was less with higher education among females but among males no such trend was seen, although it was significant ( $P=0.046$ ). Marital status-wise sharing was most common among separated/divorced/widowed and the difference in the rate of sharing based on marital status was highly significant for male and also for all PWID ( $P<0.01$  for both). Living arrangement-wise more sharing was seen among the street based male and female PWID and among female with other arrangements of living. These differences were seen for both males and females and in aggregate ( $P<0.01$ ,  $P=0.017$  and  $P<0.01$  respectively).

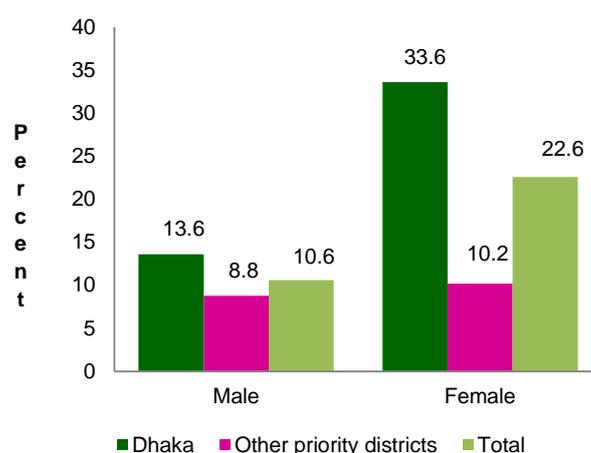
The percentage of all time sharing was higher among PWID living in Dhaka, both for males and females. These differences were highly significant for both male and female PWID ( $P<0.01$  for each).

**Table 4.7: Percent distribution of PWID sharing all injections in the last week by selected background characteristics**

Characteristics		Percent of PWID				All PWID	
		Male		Female		All PWID	
		Percent	N	Percent	N		
Age	Below age 25	9.4	62	16.4	22	11.2	84
	25-29 years	11.7	319	24.4	44	13.3	363
	30-34 years	14.3	410	23.5	31	14.9	441
	35-39 years	12.9	506	32.1	21	13.6	526
	40 and above years	7.2	878	17.0	29	7.5	907
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
Education	No formal education	10.3	752	28.6	80	12.1	833
	Up to grade 5	10.2	720	16.3	46	10.6	766
	Grade 6 and above	11.3	702	13.5	20	11.4	722
	<b>p-value</b>	<b>.046</b>		<b>NS</b>		<b>NS</b>	
Marital status	Never married	9.3	280	5.6	12	9.2	293
	Currently married	9.0	1635	22.7	69	9.5	1704
	Separated/divorced/widowed	22.1	259	25.7	66	22.8	324
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	

Characteristics		Percent of PWID				All PWID	
		Male		Female			
		Percent	N	Percent	N	Percent	N
Living arrangements	Living with family	9.2	1882	15.8	97	9.6	1979
	On the street	23.7	201	33.9	32	25.1	234
	Others	9.7	90	39.5	18	14.6	108
		<b>p-value</b>	<b>&lt;.01</b>	<b>.017</b>		<b>&lt;.01</b>	
Region	Dhaka	13.6	798	33.6	78	15.4	876
	Other priority district	8.8	1376	10.2	69	8.9	1445
			<b>p-value</b>	<b>&lt;.01</b>	<b>&lt;.01</b>		<b>&lt;.01</b>
<b>Total [95% CI]</b>		<b>10.6 [9.3, 11.9]</b>	<b>2174</b>	<b>22.6 [15.8, 29.5]</b>	<b>147</b>	<b>11.4 [10.1, 12.6]</b>	<b>2321</b>

Figure 4.4: Sharing of all injections in the last week by region and for sex



#### 4.8 Number of persons shared

Table 4.8 shows that the average number of persons with whom PWID shared injecting drug was 2.4. Two in three PWID shared injecting drugs with two persons; about a quarter shared with 3 persons and 8% shared with 4 or more persons. The percentage of sharing injecting drug with 4 or more persons was higher for female PWID compared to the male PWID (13% vs. 8%).

Table 4.8: Distribution of PWID by the number of persons with whom they shared injection last time in the last two months

Number of person	Male		Female		Total	
	Percent	N	Percent	N	Percent	N
1	2.1	31	4.2	5	2.2	36
2	67.0	1001	68.3	82	67.1	1082
3	23.4	350	14.2	17	22.7	366
4+	7.5	113	13.3	16	8.0	129
<b>Total</b>	<b>100.0</b>	<b>1494</b>	<b>100.0</b>	<b>120</b>	<b>100.0</b>	<b>1614</b>
<b>Average</b>	<b>2.4</b>		<b>2.4</b>		<b>2.4</b>	

#### 4.9 Regular partners who injected drugs

Overall 3.7% of all PWID, 1% of male and 44.3% of female PWID admitted that their spouse/sex partners (regular and commercial) also took drugs through injection, with a female predominance. In Jessore/Benapole it was much higher compared to Dhaka and other cities [Jessore-36.4%, Dhaka-7.1% and other cities-0.3%]. Only 2.6% of Male PWID in Dhaka and 0.3% in other cities said that their regular and commercial partners' injected drugs (Table 4.9).

**Table 4.9: Distribution of PWID reporting their regular partner also injects drug**

Characteristics		Percent of PWID				All PWID	
		Male		Female		Percent	N
		Percent	N	Percent	N		
City	Dhaka	2.6	691	52.0	70	7.1	761
	Rajshahi	-	-	-	-	-	-
	Chapainawabganj	-	-	-	-	-	-
	Chandpur	-	-	-	-	-	-
	Jessore/Benapole	-	-	36.4	68	36.4	68
	Other cities	0.3	633	-	-	0.3	633
Region	Dhaka	2.6	691	52.0	70	7.1	761
	All other cities	0.2	1333	36.4	68	1.9	1401
	<b>Total</b>	<b>1.0</b>	<b>2024</b>	<b>44.3</b>	<b>138</b>	<b>3.7</b>	<b>2162</b>

Note: Denominators used in the calculation of percentages are the total number of PWID who had sex in last one month with regular partners in the respective cells.

Table 4.10 shows that majority of both male and female PWID (95.8%) took drug from the same ampoule. Other paraphernalia shared includes cotton, container, cloth/paper and water for cleaning needle syringe.

**Table 4.10: Distribution of PWID by the types of paraphernalia they shared other than needle syringe in the last injection during the last two months**

Paraphernalia shared	Male (N=1490)	Female (N=114)	Total (N=1604)
	Percent	Percent	Percent
Took drug from same ampoule	95.9	94.3	95.8
Used same cotton	3.4	5.0	3.5
Used same water for cleaning needle syringe	7.7	12.8	8.1
Used same cloth/paper for cleaning needle syringe	13.3	21.4	13.9
Used same container for preparing drug	14.3	3.4	13.5
Others	21.9	33.8	22.7

Multiple responses

#### 4.10 Use of sterile/new needle syringe

Table 4.11 shows that 63.3% PWID, 64.5% male PWID and 46.4% female PWID used sterile/new needle syringe while they injected drug last time in the last two months. The differences in using sterile equipment between the ages was highly significant among male PWID and also when aggregated by sex ( $P < 0.01$  for each). Education did not show any

effect on the use of sterile/new injecting equipment. Marital status-wise more never married reported using sterile injecting equipment and the least was reported by separated/divorced/widowed. This difference was highly significant ( $P<0.01$ ) for males and in aggregate. By living arrangement, the use of sterile equipment were highly significant for males ( $P<0.01$ ), females ( $P=0.032$ ) and also for all PWID ( $P<0.01$ ).

The rate was higher among male PWID living in 'all other districts' compared to those who were from Dhaka (66% vs. 59%). Use of sterile/new needle syringe was higher among female PWID who were living in Dhaka compared to those from all other cities (51% vs. 41%) but not significant. A majority of PWID in Rajshahi (87%) as well as in Chapainawabganj (87%) used sterile needle syringe while this was least in Chandpur (38%). These differences were highly significant ( $P<0.01$ ) for male PWID and also when aggregated by sex.

**Table 4.11: Distribution of PWID reporting use of sterile/new injecting equipment last time in last 2 months by selected background characteristics**

Characteristics		Percent of PWID				All PWID	
		Male		Female			
		Percent	N	Percent	N	Percent	N
Age	Below age 25	68.1	62	42.9	22	61.5	84
	25-29 years	53.8	319	42.7	44	52.4	363
	30-34 years	59.9	410	48.0	31	59.1	441
	35-39 years	64.0	506	57.8	21	63.8	526
	40 and above years	70.5	878	44.8	29	69.7	907
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
Education	No formal education	66.4	752	48.5	80	64.7	833
	Up to grade 5	62.9	720	46.4	46	61.9	766
	Grade 6 and above	64.0	702	38.0	20	63.3	722
	<b>p-value</b>	<b>NS</b>		<b>NS</b>		<b>NS</b>	
Marital status	Never married	67.1	280	58.9	12	66.8	293
	Currently married	67.0	1635	47.5	69	66.2	1704
	Separated/divorced/widowed	45.7	259	42.9	66	45.1	324
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
Living arrangements	Living with family	67.3	1882	46.4	97	66.3	1979
	On the street	44.9	201	60.8	32	47.1	234
	Others	49.7	90	20.4	18	44.8	108
	<b>p-value</b>	<b>&lt;.01</b>		<b>.032</b>		<b>&lt;.01</b>	
City	Dhaka	59.7	798	50.9	78	58.9	876
	Rajshahi	87.2	406	-	-	87.2	406
	Chapainawabganj	86.6	193	-	-	86.6	193
	Chandpur	38.3	125	-	-	38.3	125
	Jessore/Benapole	-	-	41.3	69	41.3	69
	Others cities	54.5	652	-	-	54.5	652
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
Region	Dhaka	59.7	798	50.9	78	58.9	876
	All other cities	67.2	1376	41.3	69	66.0	1445
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
<b>Total [95% CI]</b>		<b>64.5 [62.4, 66.5]</b>	<b>2174</b>	<b>46.4 [38.2, 54.5]</b>	<b>147</b>	<b>63.3 [61.4, 65.3]</b>	<b>2321</b>

Note: Percentage of using sterile/new injecting equipment in North Dhaka 64.6 % and in South Dhaka 58.0%

The reported processes that could be used to sterilize used needle syringe were: boiling the needle syringe in water (male 78% and female 70%) and then just by washing with water (multiple response). It is important to note that needle syringe could be sterilized by cloths, water, spit, drug and blood was also frequently reported by the PWID (Table 4.12).

**Table 4.12: Distribution of PWID by the types of materials those can be used (in their opinion) to sterile needle syringe**

Material type	Male (N=2029)	Female (N=130)	Total (N=2159)
	Percent	Percent	Percent
With water	41.3	53.9	42.0
With bleaching powder	1.8	5.3	2.0
With cloths	10.8	14.7	11.0
With spit	3.5	2.6	3.4
With drug	19.3	9.5	18.7
With blood	5.2	0.7	5.0
Boiling by water	78.1	69.5	77.6
Others	6.0	2.8	5.8

Multiple responses

#### 4.11 Receiving needle syringe from the program

Table 4.13 shows that 60% male and 46% female PWID received required number of needle syringe from the HIV program. The differences in receiving needle syringe by age was highly significant among males and also among all PWID ( $P < 0.01$  for both).

The higher the education the lower was receiving needle syringe among both males and females. However, these differences were significant among males and also when aggregated ( $P < 0.01$  for both). Never married received needle syringe in highest rate and separated/divorced/widowed received the least and marital status was found highly significant in receiving needle syringe among male and all PWID ( $P < .01$  for both). Living arrangement-wise the lowest rate was seen among those who had other arrangements of living. This was significant for each type PWID including aggregated PWID.

Majority of PWID from Rajshahi (84%) and Chapainawabganj (84%) received needle syringe from the program as per their requirement. Majority of PWID from Chandpur (68%) and Dhaka (64%) also reported receiving needle syringe as per their requirement. Only 30% of PWID from other districts districts (Barisal, Chuadanga, Mymensingh and Dinajpur) reported receiving needle syringe as per their needs. There were noticeable variations in the percentage of getting adequate number of needle syringe by PWID in Dhaka and outside Dhaka (64% vs. 55%); only about 20% female PWID from outside Dhaka (Jessore) received adequate number of needle syringe (Figure 4.5). These differences are highly significant among male, female and all PWID ( $P < 0.01$  for all).

**Table 4.13: Distribution of PWID who received required number of needle syringe by selected characteristics**

Characteristics		Percent of PWID				All PWID	
		Male		Female		Percent	N
		Percent	N	Percent	N		
Age	Below age 25	71.5	62	37.9	22	62.7	84
	25-29 years	53.5	319	45.7	44	52.5	363
	30-34 years	50.8	410	53.4	31	51.0	441
	35-39 years	57.8	506	42.0	21	57.1	526
	40 and above years	65.9	878	44.8	29	65.2	907
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
Education	No formal education	69.6	752	51.9	80	67.9	833
	Up to grade 5	57.1	720	39.1	46	56.0	766
	Grade 6 and above	51.2	702	34.5	20	50.7	722
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
Marital status	Never married	69.6	280	64.5	12	69.4	293
	Currently married	59.5	1635	47.2	69	59.0	1704
	Separated/divorced/ widowed	48.6	259	40.1	66	46.9	324
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
Living arrangements	Living with family	59.6	1882	34.7	97	58.3	1979
	On the street	55.2	201	60.4	32	55.9	234
	Others	68.6	90	76.8	18	69.9	108
	<b>p-value</b>	<b>NS</b>		<b>&lt;.01</b>		<b>.031</b>	
City	Dhaka	64.0	798	68.1	78	64.3	876
	Rajshahi	83.9	406	-	-	83.9	406
	Chapainawabganj	84.4	193	-	-	84.4	193
	Chandpur	68.1	125	-	-	68.1	125
	Jessore/Benapole	-	-	19.9	69	19.9	69
	Others cities	30.0	652	-	-	30.0	652
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
Region	Dhaka	64.0	798	68.1	78	64.3	876
	All other cities	57.0	1376	19.9	69	55.2	1445
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
<b>Total [95% CI]</b>		<b>59.5</b>	<b>2174</b>	<b>45.5</b>	<b>147</b>	<b>58.6</b>	<b>2321</b>
		<b>[57.4, 61.6]</b>		<b>[37.3, 53.6]</b>		<b>[56.6, 60.0]</b>	

**Figure 4.5: Percent received required number of needle syringe by region and for sex**

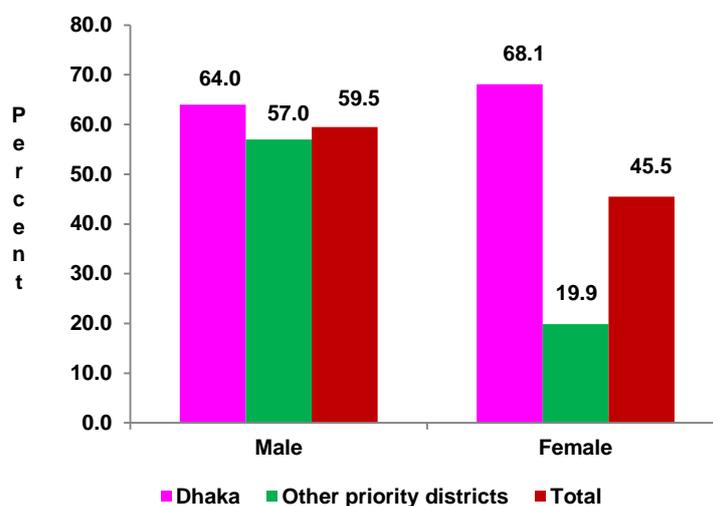


Table 4.14 shows that among PWID who did not receive adequate quantity of needle syringe from the program, majority (76% males and 59% females) met their requirement buying needle syringe from the market. Other ways of meeting their needs were: reusing their used needle syringe of others (25%); sharing needle syringe of friends (44%); and sharing needle syringe of drug users (45%). Thus, these findings provide information on the ways of sharing of needle syringe.

**Table 4.14: Distribution of PWID who did not receive adequate supply of needle syringe by the ways they managed their needs**

Ways of meeting the needs	Male (N=870)	Female (N=80)	Total (N=950)
	Percent	Percent	Percent
Bought needle syringe	75.6	58.5	74.2
Reused their needle syringe	41.5	39.6	41.4
Reused needle syringe of others	25.2	23.3	25.1
Shared needle syringe of friends	44.5	43.5	44.4
Shared needle syringe of drug users	45.1	43.0	44.9
Others	.5	1.7	.6

Multiple responses

## SEXUAL BEHAVIOR AND SAFE SEXUAL PRACTICES

### 4.12 Sex with any partner and condom use

Majority (93%) of PWID reported that they had sex in the last six months (Table 4.15). The percentage of PWID reported having sex in last six months was substantially higher for those who were from all other cities compared to those from Dhaka (97% vs. 86.8%). This difference was significant for each types of PWID ( $P < 0.01$  for males,  $P = 0.026$  for females and  $P < 0.01$  in aggregate). The percentage of PWID reported using of condom in the last sex in last six months was quite low both for male and female PWID (18.1% vs. 12.8%). However, reported condom use rate was higher among PWID in Dhaka compared to PWID from outside Dhaka districts (20.9% vs. 16.1%). These location-wise differences was highly significant for each ( $P < 0.01$  for each).

**Table 4.15: Distribution of PWID reporting sex with any partner in last 6 months and condom use by location**

Responses	Percent of PWID				All PWID	
	Male		Female		Percent	N
	Percent	N	Percent	N		
<b>Percent reported sexual intercourse</b>						
Dhaka	86.6	798	89.2	78	86.8	876
All other cities	96.9	1376	98.6	69	97.0	1445
<b>p-value</b>	<.01		.026		<.01	
<b>Total [95% CI]</b>	<b>93.1 [92.0, 94.2]</b>	<b>2174</b>	<b>93.6 [89.6, 97.6]</b>	<b>147</b>	<b>93.1 [92.1, 94.2]</b>	<b>2321</b>

Responses	Percent of PWID				All PWID	
	Male		Female		Percent	N
	Percent	N	Percent	N		
<b>Percent reported use of condom during last sex</b>						
Dhaka	21.2	691	17.1	70	20.9	761
All other cities	16.5	1333	8.3	68	16.1	1401
<b>p-value</b>	<.01		<.01		<.01	
<b>Total [95% CI]</b>	<b>18.1 [16.4, 19.8]</b>	<b>2024</b>	<b>12.8 [7.1, 18.4]</b>	<b>138</b>	<b>17.8 [16.1, 19.4]</b>	<b>2162</b>

Note: Denominators used in the calculation of percentages are the number of PWID who had sex in last six months.

#### 4.13 Sex with regular partner and condom use

Overall 81% PWID and 82% male and 65% female PWID reported that they had sex with regular partners in the last one month. The percentage of male PWID reported having sex was higher in all other cities than that of those in Dhaka district (87% vs. 73%). On the other hand, percentage of female PWID having sex with their regular partners was much lower in all other cities than that of those in Dhaka (59% vs. 71%).

The average number of sexual contacts in last one month with regular partners was 8.4. This average was higher in all other cities than in Dhaka (8.7 vs. 7.7).

Only 14% male PWID and 9% female PWID reported using condom with their regular partners in the last sex in the last month. Overall, condom use rate was higher in Dhaka than those in other priority districts (18% vs. 12%) as presented in Table 4.16.

**Table 4.16: Distribution of PWID reporting sex with regular partner in last 1 month and condom use by location**

Characteristics	Percent of PWID				All PWID	
	Male		Female		Percent	N
	Percent	N	Percent	N		
<b>Percent reported sexual contacts</b>						
Dhaka	72.6	691	70.6	70	72.4	761
Other priority districts	87.3	1333	58.5	68	85.9	1401
<b>Total</b>	<b>82.3</b>	<b>2024</b>	<b>64.6</b>	<b>138</b>	<b>81.2</b>	<b>2162</b>
<b>Average number of sexual contacts</b>						
Dhaka	7.7	798	7.3	78	7.7	876
Other priority districts	8.6	1376	9.8	69	8.7	1445
<b>Total</b>	<b>8.4</b>	<b>2174</b>	<b>8.5</b>	<b>147</b>	<b>8.4</b>	<b>2321</b>
<b>Percent reported use of condom during last sex</b>						
Dhaka	18.2	502	15.7	49	18.0	99
Other priority districts	12.5	1164	0.0	40	12.1	1204
<b>Total</b>	<b>14.2</b>	<b>1666</b>	<b>8.7</b>	<b>89</b>	<b>13.9</b>	<b>1754</b>

#### 4.14 Sex with commercial partners and condom use

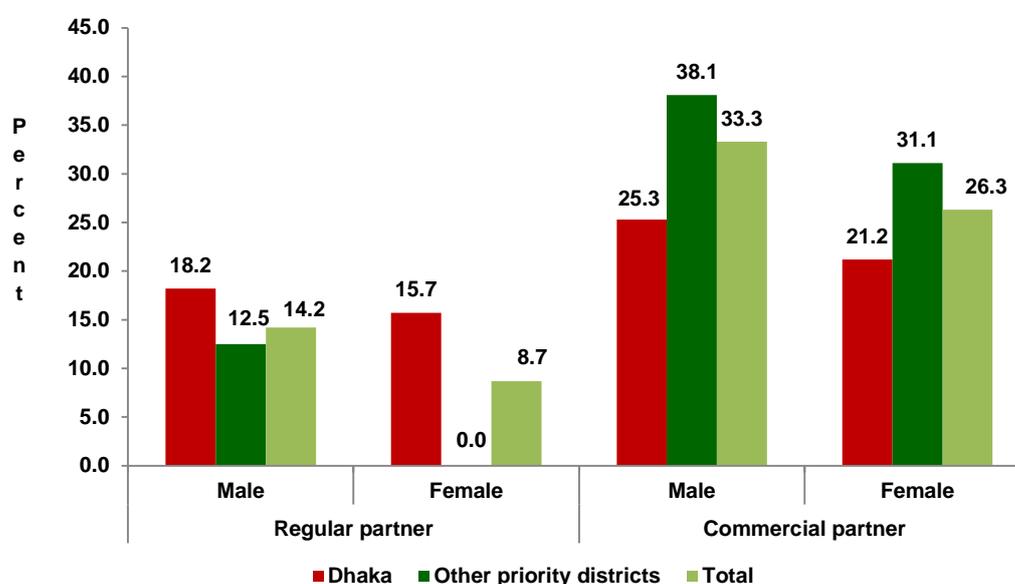
Table 4.17 shows that 86% female PWID reported having sex with commercial partners in the last one month (Table 4.17. Among male PWID, it was 38.1% - more in males in Dhaka (41.6%) than 'all other cities' (36.4%). Among females, it was less in Dhaka (82.7%) than 'all other cities' (89.3%).

Overall, 32.4% said they used condom during last sex with commercial partners - less in Dhaka (24.6%) and much more in all other cities (37.3%).

**Table 4.17: Distribution of PWID reporting sex with commercial partner in last 1 month and condom use by location**

Characteristics	Percent of PWID				All PWID	
	Male		Female		Percent	N
	Percent	N	Percent	N		
<b>Percent reported sexual contacts</b>						
Dhaka	41.6	691	82.7	70	45.4	761
All other cities	36.4	1333	89.3	68	38.9	1401
<b>Total</b>	<b>38.1</b>	<b>2024</b>	<b>86.0</b>	<b>138</b>	<b>41.2</b>	<b>2162</b>
<b>Average number of commercial partner</b>						
Dhaka	3.3	798	20.8	78	6.2	876
All other cities	3.6	1376	14.9	69	4.9	1445
<b>Total</b>	<b>3.5</b>	<b>2174</b>	<b>17.8</b>	<b>147</b>	<b>5.4</b>	<b>2321</b>
<b>Percent reported use of condom during last sex</b>						
Dhaka	25.3	287	21.2	58	24.6	345
All other cities	38.1	485	31.1	61	37.3	545
<b>Total</b>	<b>33.3</b>	<b>772</b>	<b>26.3</b>	<b>118</b>	<b>32.4</b>	<b>890</b>

**Figure 4.6: Condom use rate with regular and commercial partner in last sexual act by region and for sex**



#### 4.15 Knowledge of HIV/AIDS and sources of information

Almost all the PWID reported that they heard about HIV/AIDS irrespective of age, education, marital status, living arrangement and location (Table 4.18).

**Table 4.18: Distribution of PWID who ever heard of HIV/AIDS by selected characteristics**

Characteristics		Percent of PWID				All PWID	
		Male		Female		Percent	N
		Percent	N	Percent	N		
Age	Below age 25	100.0	62	100.0	22	100.0	84
	25-29 years	100.0	319	100.0	44	100.0	363
	30-34 years	99.8	410	100.0	31	99.8	441
	35-39 years	100.0	506	100.0	21	100.0	526
	40 and above years	99.9	878	100.0	29	99.9	907
Education	No formal education	99.9	752	100.0	80	99.9	833
	Up to grade 5	99.9	720	100.0	46	99.9	766
	Grade 6 and above	100.0	702	100.0	20	100.0	722
Marital status	Never married	99.7	280	100.0	12	99.7	293
	Currently married	100.0	1635	100.0	69	100.0	1704
	Separated/divorced/widowed	100.0	259	100.0	66	100.0	324
Living arrangements	Living with family	100.0	1882	100.0	97	100.0	1979
	On the street	100.0	201	100.0	32	100.0	234
	Others	99.3	90	100.0	18	99.4	108
City	Dhaka	99.9	798	100.0	78	99.9	876
	Rajshahi	99.8	406	-	-	99.8	406
	Chapainawabganj	100.0	193	-	-	100.0	193
	Chandpur	100.0	125	-	-	100.0	125
	Jessore/Benapole	-	-	100.0	69	100.0	69
	Others districts	100.0	652	-	-	100.0	652
Region	Dhaka	99.9	798	100.0	78	99.9	876
	Other priority districts	99.9	1376	100.0	69	99.9	1445
<b>Total</b>		<b>99.9</b>	<b>2174</b>	<b>100.0</b>	<b>147</b>	<b>99.9</b>	<b>2321</b>

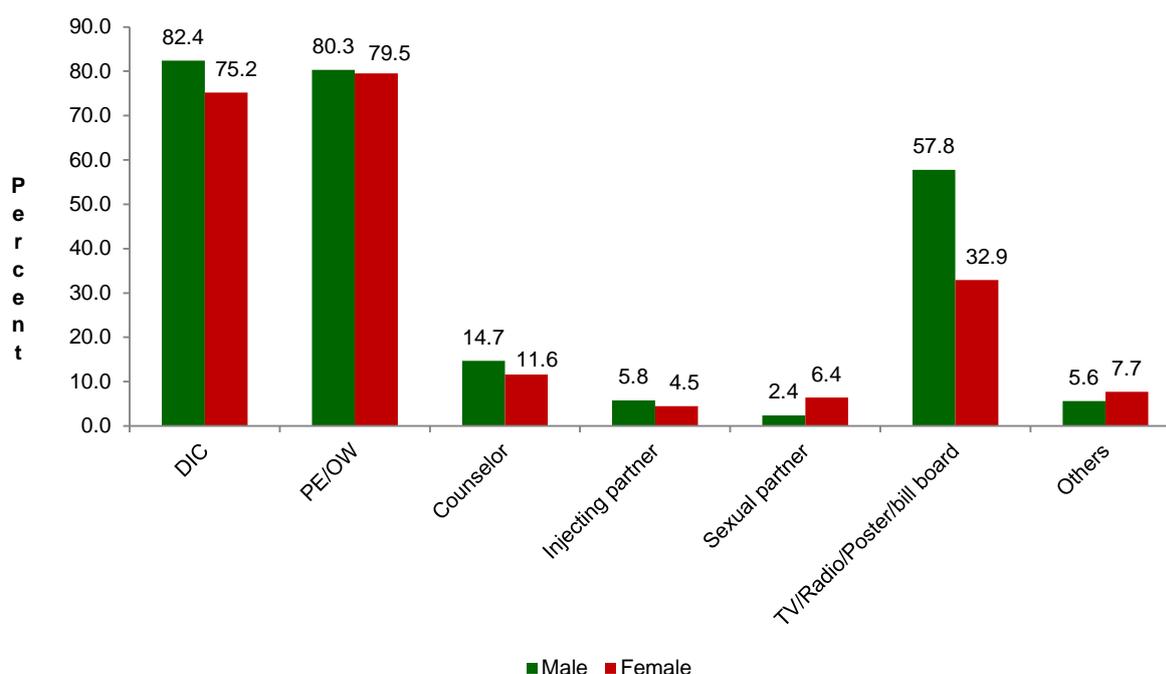
Based on multiple responses, majority of male PWID (82%) and female PWID (75%) heard about HIV and AIDS from DICs, while 80% male PWID and 80% female PWID also mentioned Peer Educators/ Outreach Workers as the source of hearing about HIV and AIDS. More than half of the male PWID and about one-third of female PWID stated radio/poster/bill board, followed by 15% male PWID and 12% female PWID indicated counselors, 6% of male PWID and 5% female PWID mentioned injecting partners and only 2.4% male PWID and 6% female PWID also said sex partners were the sources of hearing about HIV and AIDS (Table 4.19 and Figure 4.7).

**Table 4.19: Distribution of PWID according to the sources from where they heard about HIV and AIDS**

Sources of information	Male (N=2172)	Female (N=147)	Total (N=2319)
	Percent	Percent	Percent
DIC	82.4	75.2	82.0
Peer Educator/Outreach Worker	80.3	79.5	80.2
Counselor	14.7	11.6	14.5
Injecting partner	5.8	4.5	5.7
Sexual partner	2.4	6.4	2.7
TV/Radio/Poster/bill board	57.8	32.9	56.2
Others	5.6	7.7	5.7

Multiple responses

**Figure 4.7: Sources from where PWID heard about HIV and AIDS**



#### 4.16 Comprehensive knowledge of HIV transmission

A set of five questions were asked in the survey to measure comprehensive knowledge of respondents on how one can get infected with HIV/AIDS. Those respondents who correctly responded to all the five questions have been considered as having comprehensive knowledge about HIV/AIDS.

It may be seen from Table 4.20 that percentage of male PWID who correctly answered to the five individual questions varied from 77.6% to 55.6% and for females it varied from 77.8% to 54.4%. The level of correct knowledge on individual question varied by location of the PWID. The respondents knew that a healthy looking person can have HIV/AIDS (55.6% male and 54.4% female). Both male and female PWID had misconceptions that one can get HIV infection through mosquito bite (100%-64.8%=35.2% male and 100%-56.1%=43.9%

female) and that one can have HIV/AIDS through sharing meal with HIV infected persons (100%-67.0%=33.0% male and 100%-71.0%=29.0% female).

**Table 4.20: Distribution of PWID providing correct responses to 5 selected issues independently, on HIV transmission**

Sl. No.	Question	Dhaka		All other cities		Total	
		Male (N=798)	Female (N=78)	Male (N=1376)	Female (N=69)	Male (N=2174)	Female (N=147)
1.	Risk of HIV transmission is reduced by having sex with only one uninfected partner who has no other partner	77.5	70.6	68.7	75.0	71.9	72.6
2.	HIV and AIDS can be reduced by using a condom correctly every time they have sex	84.2	69.7	73.8	86.9	77.6	77.8
3.	Healthy-looking person can have HIV and AIDS	66.3	60.0	49.3	48.1	55.6	54.4
4.	Person got HIV and AIDS from mosquito bites (negative answer was taken as correct)	57.5	55.5	69.0	56.6	64.8	56.1
5.	Person can have HIV and AIDS by sharing a meal with someone who is infected by HIV (negative answer was taken as correct)	67.4	28.2	66.7	69.6	67.0	71.0

It is seen from Table 4.21 that only 15% male PWID and 18% female PWID had comprehensive knowledge about HIV/AIDS. Although knowledge was more among those who were older than 30 years, the difference was not significant. Higher educated were better informed. This difference was highly significant among males and aggregate PWID ( $P<0.01$  for each) and significant among female PWID ( $P=0.022$ ). No discernible pattern was seen in comprehensive knowledge by marital status or living arrangements.

Among males the difference in comprehensive knowledge between the different cities was highly significant, as the rate was comparatively higher in Dhaka, and so also when aggregated by sex ( $P<0.01$  for each).

**Table 4.21: Distribution of PWID having comprehensive knowledge of HIV/AIDS by selected characteristics**

Characteristics		Percent of PWID				All PWID	
		Male		Female			
		Percent	N	Percent	N	Percent	N
Age	Below age 29	13.8	62	15.5	22	14.1	84
	30 and above	15.0	2112	19.8	125	15.2	2237
	<b>p-value</b>	<b>NS</b>		<b>NS</b>		<b>NS</b>	
Education	No formal education	10.4	752	16.7	80	11.0	833
	Up to grade 5	13.1	720	27.6	46	14.0	766
	Grade 6 and above	21.3	702	-	20	20.7	722
	<b>p-value</b>	<b>&lt;.01</b>		<b>.022</b>		<b>&lt;.01</b>	

Characteristics		Percent of PWID				All PWID	
		Male		Female			
		Percent	N	Percent	N	Percent	N
Marital status	Never married	17.1	280	34.0	12	17.8	293
	Currently married	14.5	1635	13.0	69	14.5	1704
	Separated/divorced/ widowed	13.8	259	20.0	66	15.1	324
	<b>p-value</b>	<b>NS</b>		<b>NS</b>		<b>NS</b>	
Living arrangements	Living with family	14.9	1882	14.2	97	14.9	1979
	On the street	16.5	201	25.2	32	17.7	234
	Others	8.8	90	24.2	18	11.4	108
	<b>p-value</b>	<b>NS</b>		<b>NS</b>		<b>NS</b>	
City	Dhaka	17.7	798	17.7	78	17.7	876
	Rajshahi	11.1	406	-	-	11.1	406
	Chapainawabganj	4.7	193	-	-	4.7	193
	Chandpur	7.9	125	-	-	7.9	125
	Jessore/Benapole	-	-	18.0	69	18.0	69
	Others cities	17.9	652	-	-	17.9	652
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
Region	Dhaka	17.7	798	17.7	78	17.7	876
	In all other cities	13.1	1376	18.0	69	13.4	1445
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
<b>Total [95% CI]</b>		<b>14.8 [13.3, 16.3]</b>	<b>2174</b>	<b>17.8 [11.6, 24.1]</b>	<b>147</b>	<b>15.0 [13.5, 16.4]</b>	<b>2321</b>

Note: PWID who correctly responded to all the 5 selected issues have been taken for measuring the comprehensive knowledge about HIV and AIDS.

#### 4.17 Precautions taken to avoid of getting HIV/AIDS

PWID who took precautions to avoid getting HIV/AIDS, frequently mentioned two specific ways of precaution: avoiding multiple sex partners (49%) and avoiding anal sex (44%). A quarter of the PWID reported that they never shared needle syringe and another 11% said they used condom all the times to avoid HIV/AIDS infection. Misconception, however, prevailed in this regard: 52% male PWID and 62% female PWID reported that they washed genital area with Dettol or urine after having sex as a precaution to avoid getting HIV (Table 4.22).

**Table 4.22: Distribution of PWID by the precautions taken to avoid getting HIV and AIDS**

Precautions	Male (N=1996)	Female (N=139)	Total (N=2135)
	Percent	Percent	Percent
Never shared needle syringe	25.6	17.0	25.1
Always used condoms	11.5	6.8	11.2
Avoided multiple sex partner	51.8	12.9	49.4
Avoided anal sex	44.1	38.8	43.7
Washed genital area with Dettol or urine after sex	52.3	61.9	52.9
Took medicine	8.0	9.5	8.1
Others	16.7	53.7	19.0

Multiple responses  
186 (8%) PWID did not take any precautions.

## SEXUALLY TRANSMITTED DISEASES

### 4.18 Knowledge about STI

Burning sensation during urination was mentioned as a symptom for STI by majority (81%) of male PWID. Three in four PWID reported pain/swelling of scrotum as symptom for STI among males. Other reported symptoms of STI in men include smelly urethral discharge (42%), genital ulcer/sore (32%) and wart (20%). These responses are based on multiple responses (Table 4.23).

The most frequent symptoms reported by female PWID were burning during urination (73%), followed smelly vaginal discharge (65%) and lower abdominal pain (59%). Other symptoms included genital ulcer/sore (44%) and wart (25%).

**Table 4.23: Distribution of PWID according to their knowledge about the symptoms of STI by male and female respondents (PWID)**

Respondent type	Symptoms	Percent (N=2136)
Male	Smelly urethral discharge	42.0
	Smelly anal discharge	4.2
	Pain in/swelling of Scrotum	75.0
	Genital ulcer / sore	31.9
	Wart	19.7
	Burning during urine	81.1
	Other	12.6
Female	Smelly Vaginal discharge	65.0
	Smelly anal discharge	6.5
	Lower abdominal pain	59.3
	Genital ulcer / sore	43.9
	Wart	24.7
	Burning during urine	72.8
	Other	6.3

Multiple responses

Note: i) 43 (1.8%) PWID (38 male and 5 female) did not hear about STIs.

ii) Males were asked about male STIs and females were asked about female STIs.

### 4.19 Reported STI symptoms

Overall, 33.3% PWID and sex-wise, 31.8% male PWID and 55.8% female PWID reported any symptoms of STI in last 12 months. Among male PWID reported STI symptoms was noted to decline with age in last 12 months but the difference was not found significant (Table 4.24). The difference in the percentage of reported STI symptoms among females, however, was significant ( $P=.038$ ) as well as it was highly significant for all PWID ( $P<0.01$ ).

Among male PWID no statistical difference was found based on education, although an increase in the percentage of reported STI symptoms was seen in both male and female PWID based on education. Without any pattern by marital status, the difference in the percentage of reported STI symptoms among males was highly significant and so also for all PWID ( $P<0.01$ ). The difference by the living arrangement was not significant. Among males,

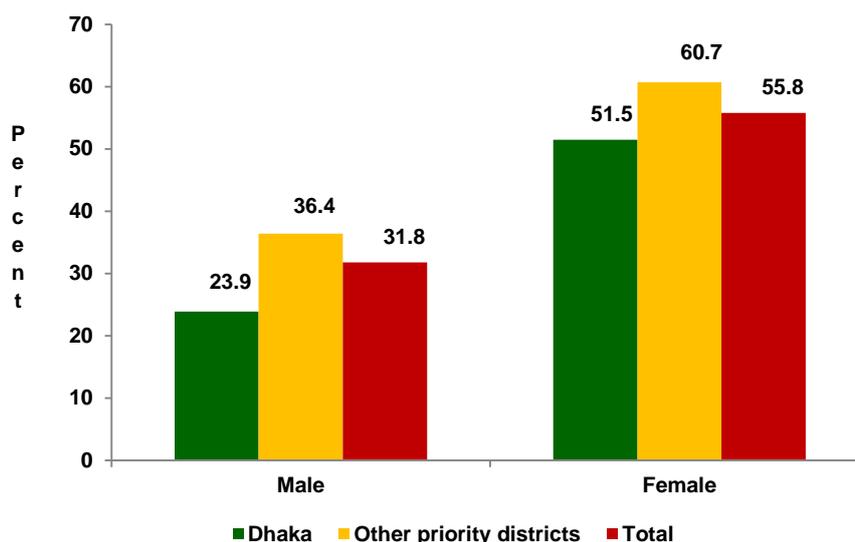
the highest rates were reported from Chapainawabganj. The percentage of reported STI symptoms was higher among both male and female PWID in 'all other cities' in comparison to Dhaka. This difference was highly significant among male PWID and also among all PWID (P<0.01).

**Table 4.24: Distribution of PWID reporting any symptom of STI in the last 12 months by selected characteristics**

Characteristics		Percent of PWID				All PWID	
		Male		Female		Percent	N
		Percent	N	Percent	N		
Age	Below age 24	42.3	62	46.1	22	43.3	84
	25-29 years	34.5	319	74.2	44	39.3	363
	30-34 years	35.0	410	55.7	31	36.4	441
	35-39 years	28.8	506	45.5	21	29.5	526
	40 and above years	30.3	878	42.9	29	30.7	907
<b>p-value</b>		<b>NS</b>		<b>.038</b>		<b>&lt;.01</b>	
Education	No formal education	28.7	752	53.7	80	31.1	833
	Up to grade 5	34.7	720	57.9	46	36.1	766
	Grade 6 and above	32.1	702	59.3	20	32.9	722
	<b>p-value</b>		<b>NS</b>		<b>NS</b>		<b>NS</b>
Marital status	Never married	35.9	280	68.4	12	37.2	293
	Currently married	29.9	1635	48.9	69	30.7	1704
	Separated/divorced/ widowed	39.2	259	60.7	66	43.5	324
	<b>p-value</b>		<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>
Living arrangements	Living with family	32.1	1882	57.4	97	33.3	1979
	On the street	28.2	201	56.6	32	32.1	234
	Others	34.0	90	45.9	18	35.9	108
	<b>p-value</b>		<b>NS</b>		<b>NS</b>		<b>NS</b>
City	Dhaka	23.9	798	51.5	78	26.4	876
	Rajshahi	33.2	406	-	-	33.2	406
	Chapainawabganj	42.8	193	-	-	42.8	193
	Chandpur	34.7	125	-	-	34.7	125
	Jessore/Benapole	-	-	60.7	69	60.7	69
	Other cities	36.7	652	-	-	36.7	652
	<b>p-value</b>		<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>
Region	Dhaka	23.9	798	51.5	78	26.4	876
	All other cities	36.4	1376	60.7	69	37.5	1445
	<b>p-value</b>		<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>
<b>Total [95% CI]</b>		<b>31.8 [29.8, 33.8]</b>	<b>2174</b>	<b>55.8 [47.7, 63.9]</b>	<b>147</b>	<b>33.3 [31.4, 35.2]</b>	<b>2321</b>

Percentage of reported STI symptoms was quite high among PWID outside Dhaka compared to Dhaka both for male and female – 36% vs. 24% for male and 61% vs. 52% for female (Figure 4.8).

**Figure 4.8: Reported STI symptoms by region and for sex**



#### 4.20 STI management

Majority of PWID (90% male and 53.7% female) reported seeking STI management from DIC doctor/paramedic. About 53% of PWID received treatment for STI cases through self-medication, followed by 21.9% who visited local doctors, 22.5% visited government hospitals and 7.9 went to others (private hospital/NGO clinic/ friends). Moreover, 7.6% visited Kabiraj/Hekim/Homeopaths and 5.9% sought treatment from pharmacy. Female PWID visited local doctors and Kabiraj/Hekim/Homeopaths more compared to male counterpart (Table 4.25).

**Table 4.25: Distribution of PWID seeking treatment for STI**

Place of treatment	Male (N=691)	Female (N=82)	Total (N=774)
	Percent	Percent	Percent
DIC doctor/Paramedic	90.0	53.7	86.0
Self-medication	54.0	48.1	53.3
Local Doctor	20.2	36.6	21.9
Government Hospital	23.4	14.7	22.5
Kabiraj/Hekim/ Homeopathic Doctor	6.7	14.6	7.6
Pharmacy	6.0	5.4	5.9
Others (Private Hospital/NGO clinic/Friends)	7.2	13.4	7.9

Multiple responses

#### 4.21 Abscess

The overall one-third (33.2%) of the PWID reported suffering from abscess in the last three months preceding the survey (Table 4.26). Highest incidence of abscess cases were reported, irrespective of sex among the PWID aged less than 24 years, unmarried, less educated (in females the least - 8.7%, was reported however, by those educated up to 5<sup>th</sup> grade) and living with family among the males. The abscess cases were highest (58.5%) in

Chapainawabganj, followed by 48.9% in Rajshahi, and only 5.6% in Jessore/Benapole. Among female PWID more cases of abscess were reported from Dhaka, although the rate in Rajshahi and Chapainawabganj was more than Dhaka among males (48.9%, 58.5% and 28.5% respectively). Among females in all other cities abscess was reported by only 5.6% compared in Dhaka-26%.

**Table 4.26: Distribution of PWID reporting abscess in the last 3 months by selected characteristics**

Characteristics		Percent of PWID				All PWID	
		Male		Female		Percent	
		Percent	N	Percent	N		
Age	Below age 24	54.8	62	32.0	22	48.8	84
	25-29 years	33.5	319	9.2	44	30.6	363
	30-34 years	33.5	410	16.9	31	32.3	441
	35-39 years	32.6	506	18.5	21	32.1	526
	40 and above years	34.4	878	13.8	29	33.8	907
Education	No formal education	35.1	752	22.4	80	33.9	833
	Up to grade 5	35.7	720	8.7	46	34.1	766
	Grade 6 and above	31.9	702	10.5	20	31.3	722
Marital status	Never married	41.0	280	44.9	12	41.2	293
	Currently married	32.7	1635	16.3	69	32.0	1704
	Separated/divorced/ widowed	36.7	259	11.3	66	31.5	324
Living arrangements	Living with family	35.0	1882	10.5	97	33.8	1979
	On the street	31.8	201	30.8	32	31.6	234
	Others	25.0	90	22.7	18	24.6	108
City	Dhaka	28.5	798	26.0	78	28.3	876
	Rajshahi	48.9	406	-	-	48.9	406
	Chapainawabganj	58.5	193	-	-	58.5	193
	Chandpur	19.2	125	-	-	19.2	125
	Jessore/Benapole	-	-	5.6	69	5.6	69
	Other cities	28.0	652	-	-	28.0	652
Region	Dhaka	28.5	798	26.0	78	28.3	876
	All other cities	37.6	1376	5.6	69	36.1	1445
<b>Total</b>		<b>34.3</b>	<b>2174</b>	<b>16.4</b>	<b>147</b>	<b>33.2</b>	<b>2321</b>

Majority of PWID visited doctor/ paramedics of DICs (Male-88.4% and Female-69.6%) for abscess treatment. Self-medication was reported by 46.7% male PWID and 33.1% female respectively. Female PWID who visited NGO run clinics for abscess management was higher compared to male - 28.5% vs 8.4 % respectively (Table 4.27).

**Table 4.27: Distribution of PWID seeking treatment for abscess by place of treatment**

Place of treatment	Male (N=745)	Female (N=24)	Total (N=769)
	Percent	Percent	Percent
Doctor/Paramedic	88.4	69.6	87.8
Self-medication	46.7	33.1	46.3
NGO-run clinics	8.4	28.5	9.1
Other	4.0	7.3	4.1

Multiple responses

## 4.22 Health problems, type of diseases suffered from and seeking treatment

Fever and cough was reported by 80.8% and 82% of male and female PWID respectively; chest pain by 37.1% and 46.7% male and female PWID; sudden weight loss by 26.9% and 13.4% male and female PWID; lesion in mouth by 20.4% and 14.1% male and female PWID; jaundice by 20% and 13.9% male and female PWID, tuberculosis by 6.2% and 3.1% male and female PWID and chronic diarrhea by 9.2% and 17.1% female and male PWID respectively (Table 4.28.a).

**Table 4.28a: Distribution of PWID reporting any health problems, type of diseases suffered from**

Indicator	Male (N=2174)	Female (N=147)	Total (N=2321)
	Percent	Percent	Percent
Reported problems	88.2	77.5	87.6
<b>Types of disease suffered from</b>	<b>(N=1918)</b>	<b>(N=114)</b>	<b>(N=2032)</b>
Tuberculosis	6.2	3.1	6.0
Jaundice	20.0	13.9	19.6
Lesion in mouth	20.4	14.1	20.0
Chronic diarrhea	17.1	9.2	16.7
Fever and cough	80.8	82.0	80.9
Chest pain	37.1	46.7	37.6
Sudden weight loss	26.9	13.4	26.2
Others	12.4	9.7	12.3

For abscess treatment, 63.9% male PWID and 51.9% female PWID practiced self-medication (Table 4.28.b); 57% and 34.9% male and female PWID respectively went to doctor/ paramedic of DICs; 27.3% and 30.2% male and female PWID respectively went to local medicine sellers; 28.6% and 14.2% respectively went to govt. hospitals; 7.6% male and 9.4% female PWID went to others (private clinics/ NGO-run clinics). The rest went to Kabiraj, Hekim and others.

**Table 4.28b: Distribution of PWID reporting seeking treatment**

Indicator	Male (N=1884)	Female (N=106)	Total (N=1990)
	Percent	Percent	Percent
DIC Doctor/ Paramedic	57.0	34.9	55.8
Kobiraj/Hekim/ Homeopath doctor	7.9	8.5	7.9
Self-medication	63.9	51.9	63.2
Local medicine seller	27.3	30.2	27.5
Govt. Hospitals	28.6	14.2	27.8
Others (private clinics/ NGO-run clinics)	7.6	9.4	7.7

Note: 42 (34 males and 8 females) PWID did not seek treatment and 289 PWID (256 males and 33 females) did not report any health problem.

## 4.23 HIV testing & counseling (HTC) and other services

Knowledge of both male and female of PWID about the place where HIV testing is available is almost universal - (97.6%) (Table 4.29). More highly educated male PWID were more knowledgeable about the place where HIV testing is done-98.4%. Among female PWID,

100% were knowledgeable irrespective of the level of education. Marital status-wise, on average, all had more than 99% knowledge about the locations - in males it was slightly less, 97.5%. By living arrangement, the least knowledge was among males living in mess/hostels- 94.9%. Knowledge on the HIV testing location was nearly same in all cities surveyed.

**Table 4.29: Distribution of PWID who had Knowledge about a place where people could go for HIV testing by selected characteristics**

Characteristics		Percent of PWID				All PWID	
		Male		Female		Percent	N
		Percent	N	Percent	N		
Age	Below age 24	95.3	62	100.0	22	96.5	84
	25-29 years	96.4	319	98.0	44	96.6	363
	30-34 years	98.1	410	100.0	31	98.2	441
	35-39 years	97.1	506	100.0	21	97.2	526
	40 and above years	98.1	878	100.0	29	98.1	907
Education	No formal education	96.6	752	100.0	80	96.9	833
	Up to grade 5	97.6	720	98.1	46	97.6	766
	Grade 6 and above	98.4	702	100.0	20	98.5	722
Marital status	Never married	97.7	280	100.0	12	97.8	293
	Currently married	97.2	1635	98.7	69	97.2	1704
	Separated/divorced/widowed	99.5	259	100.0	66	99.6	324
Living arrangements	Living with family	97.4	1882	99.1	97	97.5	1979
	On the street	99.5	201	100.0	32	99.6	234
	Others	94.9	90	100.0	18	95.7	108
City	Dhaka	97.8	798	98.9	78	97.9	876
	Rajshahi	99.8	406	-	-	99.8	406
	Chapainawabganj	100.0	193	-	-	100.0	193
	Chandpur	87.9	125	-	-	87.9	125
	Jessore/Benapole	-	-	100.0	69	100.0	69
	Other cities	96.9	652	-	-	96.9	652
Region	Dhaka	97.8	798	98.9	78	97.9	876
	All other cities	97.4	1376	100.0	69	97.5	1445
<b>Total</b>		<b>97.5</b>	<b>2174</b>	<b>99.4</b>	<b>147</b>	<b>97.6</b>	<b>2321</b>

#### 4.24 HIV testing done

Among the PWID who knew the place of HIV testing, 92.9% of them got HIV tested. Among those who got HIV tested, 88.7% PWID got HIV tested within 12 months. The rest got tested 12 months ago.

**Table 4.30: HIV test done in the past**

Months	Male (N=1978)	Female (N=125)	Total (N=2103)
	Percent	Percent	Percent
Within 12 months	88.5	91.5	88.7
Within 13 – 24 months	7.1	6.3	7.1
More than 2 years ago	4.4	2.1	4.3

Overall 76.8% of all PWID, 77.1% male PWID and 71.8% female PWID had their HIV tested in last 12 months and knew the result (Table 4.31a). The higher the age, the less was the probability of testing for HIV and knowing the result by male PWID and all PWID, but among

the females the percentage was highest among those who were 30-34 years. However, the difference in testing and knowing the result of HIV is not statistically significant between ages for any type of PWID. Significant differences in testing HIV and knowing the result were observed between educational level in male PWID ( $P<0.01$ ) and in all PWID ( $P<0.01$ ) but not in the case of female PWID. No difference was found in testing and knowing the test result between marital statuses. Based on living arrangement, significant difference was found only in female PWID.

Highly significant differences were seen between cities in all PWID ( $P<0.01$ ) and also in male ( $P<0.01$ ) and female PWID ( $P<0.01$ ) separately. Chandpur (60.2%) was less likely and Rajshahi (91.1%) was more likely to have HIV testing and knowing the result. Region-wise, 81.7% of all PWID in Dhaka and 73.8% in all other cities had tested for HIV and knew the result and the difference was highly significant.

**Table 4.31a: Distribution of PWID who were tested for HIV in last 12 months and knew the result by selected characteristics**

Characteristics		Percent of PWID				All PWID			
		Male		Female		Percent		N	
		Percent	N	Percent	N				
Age	Below age 24	86.0	62	70.6	22	81.9	84		
	25-29 years	79.4	319	65.6	44	77.7	363		
	30-34 years	75.9	410	79.1	31	76.1	441		
	35-39 years	77.9	506	70.8	21	77.6	526		
	40 and above years	75.8	878	74.9	29	75.8	907		
	<b>p-value</b>	NS		NS		NS			
Education	No formal education	79.7	752	76.6	80	79.4	833		
	Up to grade 5	79.3	720	68.0	46	78.7	766		
	Grade 6 and above	72.1	702	61.3	20	71.8	722		
	<b>p-value</b>	<.01		NS		<.01			
Marital status	Never married	79.8	280	70.1	12	79.4	293		
	Currently married	76.0	1635	71.8	69	75.8	1704		
	Separated/divorced/ widowed	81.3	259	72.1	66	79.5	324		
	<b>p-value</b>	NS		NS		NS			
Living arrangements	Living with family	76.9	1882	62.8	97	76.2	1979		
	On the street	79.8	201	89.6	32	81.1	234		
	Others	76.3	90	88.4	18	78.3	108		
	<b>p-value</b>	NS		<.01		NS			
City	Dhaka	81.4	798	84.4	78	81.7	876		
	Rajshahi	91.1	406	-	-	91.1	406		
	Chapainawabganj	79.8	193	-	-	79.8	193		
	Chandpur	60.2	125	-	-	60.2	125		
	Jessore/Benapole	-	-	57.5	69	57.5	69		
	Other cities	65.7	652	-	-	65.7	652		
	<b>p-value</b>	<.01		<.01		<.01			
Region	Dhaka	81.4	798	84.4	78	81.7	876		
	All other cities	74.6	1376	57.5	69	73.8	1445		
	<b>p-value</b>	<.01		<.01		<.01			
<b>Total [95% CI]</b>		<b>77.1 [75.4, 78.9]</b>	<b>2174</b>	<b>71.8 [64.4, 79.2]</b>	<b>147</b>	<b>76.8 [75.1, 78.5]</b>	<b>2321</b>		

### HIV testing place

Most PWID - 98.4% males and 99.1% females got HIV tested from DIC/ HTC centers, whereas only 1% male and 0.9 female PWID got tests for HIV from government hospitals. Only 0.6% of male PWID visited other places, e.g. private laboratory/ NGO centers etc. for testing of HIV (Table-4.31b).

**Table 4.31b: Distribution of PWID who were tested for HIV in last 12 months by place of HIV testing**

Testing place	Male (N=1750)	Female (N=114)	Total (N=1864)
	Percent	Percent	Percent
DIC/HTC Centre	98.4	99.1	98.5
Government Hospital	1.0	0.9	1.0
Others (Private laboratory/NGO centers)	0.6	-	0.6

### Reasons for not testing HIV

A total of 164 PWID (142 male and 22 female) did not test for HIV in the last 12 months. The reasons of not testing HIV were: did not feel the need for the test (88% male and 96% female PWID). Eight percent of the PWID said they did not want to disclose their HIV status to others (Table 4.32).

**Table 4.32: Distribution of PWID who did not have HIV testing by male and female according to reasons**

Reasons	Male (N=142)	Female (N=22)	Total (N=164)
	Percent	Percent	Percent
Due to fear	1.1	4.3	1.5
Did not want to disclose their HIV status	9.2	-	8.0
Did not feel the need	88.0	95.7	89.1
Others	1.7	-	1.4

### 4.25 Participation in HIV prevention program (DIC and outreach activities under NFM)

Almost all PWID (Dhaka-98.8% and other cities-99.1%) reported participation in HIV prevention program during the past one year irrespective of age, education, marital status, living arrangement or geographical locations/cities. Female PWID participation was more (100%) in the HIV prevention program (Table 4.33).

**Table 4.33: Distribution of PWID who participated in HIV intervention program by selected characteristics**

Characteristics		Types of PWID				All PWID	
		Male		Female		Percent	N
		Percent	N	Percent	N		
Age	Below age 24	100.0	62	100.0	22	100.0	84
	25-29 years	97.4	319	100.0	44	97.7	363
	30-34 years	99.4	410	100.0	31	99.4	441
	35-39 years	98.8	506	100.0	21	98.8	526
	40 and above years	99.3	878	100.0	29	99.3	907
Education	No formal education	99.7	752	100.0	80	99.7	833
	Up to grade 5	98.4	720	100.0	46	98.5	766
	Grade 6 and above	98.8	702	100.0	20	98.8	722
Marital status	Never married	97.8	280	100.0	12	97.9	293
	Currently married	99.0	1635	100.0	69	99.0	1704
	Separated/ divorced/ widowed	99.9	259	100.0	66	99.9	324
Living arrangements	Living with family	98.8	1882	100.0	97	98.9	1979
	On the street	99.5	201	100.0	32	99.6	234
	Others	100.0	90	100.0	18	100.0	108
City	Dhaka	98.7	798	100.0	78	98.8	876
	Rajshahi	99.0	406	-	-	99.0	406
	Chapainawabganj	98.3	193	-	-	98.3	193
	Chandpur	100.0	125	-	-	100.0	125
	Jessore/Benapole	-	-	100.0	69	100.0	69
	Other cities	99.2	652	-	-	99.2	652
Region	Dhaka	98.7	798	100.0	78	98.8	876
	All other cities	99.1	1376	100.0	69	99.1	1445
<b>Total</b>		<b>98.9</b>	<b>2174</b>	<b>100.0</b>	<b>147</b>	<b>99.0</b>	<b>2321</b>

#### 4.26 Types of services received

Based on multiple responses, majority (69.3%) of all PWID reported receiving HIV test and result, more male PWID received services compared to female (69.7% to 62.8% respectively). About half (47.3%) admitted to receive HTC services and similar percentage of PWID also received counseling services. More male PWID received these services. More male PWID said they had received condom (24.2%) compared to female (23.6%), whereas more STI services were received by female than male PWID (24.1% to 21% respectively). Under one-third (30.3%) of all PWID received BCC/Education session from DIC, more males than female (32% vs 4.6% respectively); 39.6% PWID received BCC from outreach centres. More than double percentage of females compared to males was referred for complicated STI management (2.5% to 1.2% respectively). Higher percentage of male PWID were referred compared to female PWID for complicated abscess (3.9% to 1.8% respectively), TB-DOTS (3.5% to 1.8% respectively) and ART support (0.4% to none respectively). More female PWID received needle syringe than male PWID from outreach (96.7% to 84.1% respectively). 44.3% PWID acknowledged participation in condom demonstration and distribution service session at outreach - less among females (Table 4.34).

**Table 4.34: Distribution of PWID according to the types of services they received from DIC and outreach**

Types of service received	Male (N=2151)	Female (N=147)	Total (N=2298)
	Percent	Percent	Percent
<b>Received services from DIC</b>			
Condom	24.2	23.6	24.1
HIV test and results	69.7	62.8	69.3
Counseling	48.8	25.6	47.3
HTC	47.9	38.7	47.3
BCC/Education session	32.0	4.6	30.3
Lubricant	0.5	2.9	0.6
Treatment of STI	21.0	24.1	21.2
Treatment of abscess	27.9	15.1	27.1
TB-DOTS	2.4	-	2.2
ART support	2.5	4.9	2.7
Rest and recreation	45.2	18.7	43.5
Other DIC services	7.6	6.6	7.6
<b>Referral services from DIC</b>			
Complicated STI	1.2	2.5	1.2
Complicated abscess	3.9	1.8	3.7
TB-DOTS	3.5	1.8	3.3
ART support	0.4	-	0.4
Other referral services	0.3	-	0.3
<b>Outreach services</b>			
Condom demonstration and distribution	44.6	39.3	44.3
Discussion on HTC	38.4	13.8	36.8
BCC/IEC session	40.4	28.1	39.6
Needle syringe	84.1	96.7	84.9
Other Outreach Services	0.1	-	0.0

Multiple responses

#### 4.27 PWID who received core services (BCC and NSE)

Almost all PIWDs received services (any service) from HIV prevention program. We estimated here receiving of core services. Core services for PWID means receiving both needle syringe and BCC services from the program. Table 4.35 shows that 36.6% male and 27.0% female PWID received core services from the HIV program. Age-wise difference in receiving the core services was highly significant ( $P < 0.01$ ) among males and among all PWID. While education-wise less educated among male PWID received more core services, the reverse trend was seen among female PWID. The differences of receiving core services for education among male PWID and among all PWID were highly significant ( $P < 0.01$  for both). But the difference was not significant among female PWID. No consistent pattern was seen in the receipt of core services based on marital status but the differences in each type of PWID were highly significant ( $P < 0.01$ ).

**Table 4.35: Distribution of PWID who received core services (BCC and NSE) in the last year by selected characteristics**

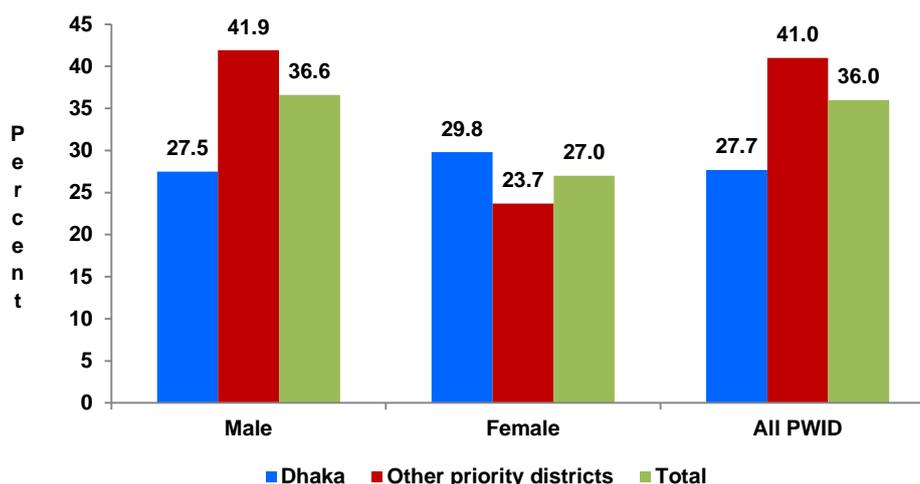
Characteristics		Percent of PWID				All PWID	
		Male		Female			
		Percent	N	Percent	N	Percent	N
Age	Below age 25	34.6	62	38.5	22	35.6	84
	25-29 years	29.5	310	32.8	44	30.0	354
	30-34 years	30.3	407	26.3	31	30.0	439
	35-39 years	33.7	500	11.2	21	32.8	520
	40 and above years	43.9	872	21.2	29	43.2	901
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
Education	No formal education	47.7	750	26.4	80	45.6	830
	Up to grade 5	33.0	708	26.4	46	32.6	754
	Grade 6 and above	28.4	693	30.4	20	28.4	713
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
Marital status	Never married	30.5	274	79.9	12	32.6	286
	Currently married	39.0	1618	17.6	69	38.2	1687
	Separated/divorced/ widowed	27.9	258	26.9	66	27.7	324
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
Living arrangements	Living with family	38.8	1860	23.2	97	38.0	1957
	On the street	18.7	201	38.4	32	21.4	233
	Others	31.9	90	26.8	18	31.1	108
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
City	Dhaka	27.5	788	29.8	78	27.7	866
	Rajshahi	70.3	402	-	-	70.3	402
	Chapainawabganj	68.5	190	-	-	68.5	190
	Chandpur	21.4	125	-	-	21.4	125
	Jessore/Benapole	-	-	23.7	69	23.7	69
	Other cities	20.4	647	-	-	20.4	647
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
Region	Dhaka	27.5	788	29.8	78	27.7	866
	All other cities	41.9	1363	23.7	69	41.0	1432
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
<b>Total [95% CI]</b>		<b>36.6 [34.6, 38.6]</b>	<b>2151</b>	<b>27.0 [19.7, 34.2]</b>	<b>147</b>	<b>36.0 [34.0, 38.0]</b>	<b>2298</b>

Note: Core services means receiving BCC and NSE.

Percentage of PWID receiving core services was remarkably high in Rajshahi and Chapainawabganj districts: 69.6% in Rajshahi and 67.3% in Chapainawabganj.

Percentage of receiving core services by male PWID 'in all other cities' was substantially higher than those in Dhaka (41% vs. 27%). In the case of female PWID, it was reverse, a higher percentage of female PWID in Dhaka (30%) received core service compared to those in 'all other cities' (24%) (Figure 4.9). While the difference between the cities among males was highly significant ( $P<0.01$ ), no significant difference was noted among females. For all PWID, however, difference was again highly significant ( $P<0.01$ ).

**Figure 4.9: Percent received core services by region and for sex**



#### 4.28 Benefits received from the HIV program

In multiple responses, PWID opined that they were benefited from the HIV programs in many ways. Majority mentioned they came to know about HIV/AIDS/STI (79%) and also about the use of safe drug through needle syringe (79%). Over a half of PWID (54%) said that they learnt about safe sex and correct condom use from the HIV program. Nearly a half of the male PWID (48%) and about a quarter of female PWID (23%) opined that HIV program helped them in changing their behavior in the positive direction (Table 4.36).

**Table 4.36: Distribution of PWID according to the types of benefits they got from the services of DIC and outreach in last 12 months**

Types of benefits	Male (N=2151)	Female (N=147)	Total (N=2298)
	Percent	Percent	Percent
Learnt about HIV/AIDS/STI	79.7	74.7	79.4
Learnt about use of safe drug through needle syringe	79.7	63.3	78.6
Learnt about Safe sex and correct condom use	54.5	42.5	53.7
Changed behavior	48.0	23.2	46.4
Other	1.4	1.2	1.4

Multiple responses

#### 4.29 Visit of outreach worker

Almost all (99.2%) of both male and female PWID reported that they were visited by the outreach workers during the last 30 days and about 98% were visited during the last 7 days (Table 4.37).

**Table 4.37: Distribution of PWID regarding visit of peer educator/outreach workers in the last 7 days and 30 days**

Response	Male (N=2151)	Female (N=147)	Total (N=2298)
	Percent	Percent	Percent
Visited in the last 7 days	97.6	95.7	97.5
Visited in the last 30 days	99.2	98.5	99.2

#### 4.30 Visit of DIC by PWID

One in five PWID reported that they did not visit any DIC any time in the last three months. Those who visited DIC were asked how frequently they had visited DIC in the last three months. Majority PWID (87%) reported that they had visited the DIC from time to time. Over 10% of PWID said that they had visited DICs many times in the last three months (Table 4.38).

**Table 4.38: Distribution of PWID according to the number of times they visited DICs in the last 3 months**

Frequency of visit	Male (N=2151)	Female (N=147)	Total (N=2298)
	Percent	Percent	Percent
Many times	10.5	10.5	10.5
Some times	87.5	77.9	86.9
Others	2.3	12.9	2.9

Multiple responses

#### 4.31 Violence, stigma and discrimination

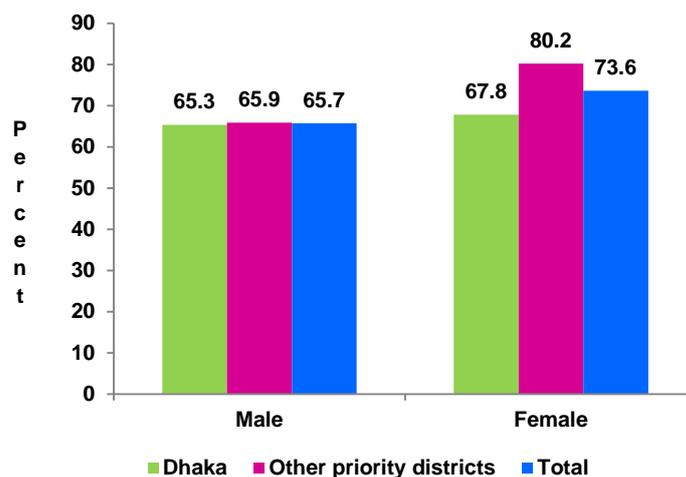
Two in three male PWID and three in four female PWID reported that they were abused physically or otherwise in the last 12 months for taking injecting drug (Table 4.39). There are differences in rates of abusing among the age groups of both male and female PWID. The differences in the rates between age groups, however, were significant only in male PWID and in all PWID ( $P < 0.01$  for both).

Difference within males for different levels of education was highly significant and so was also when data were aggregated by sexes ( $P < 0.01$  for each). No consistent pattern of the rates of abusing was noted with the marital status. But again, within male PWID the difference in the abuse rate by marital status was highly significant and so also when the data is aggregated by sexes ( $P < 0.01$  for each). Living arrangements were also seen to have effect on abusing in both types of PWID including all PWID. City-wise there was hardly any difference in the abuse rate among males. The abuse rate among female PWID of outside Dhaka was much higher than that in Dhaka but not significant. This influenced the aggregated estimates, the difference in the abuse rate was found significant between cities among all PWID ( $P = 0.048$ ).

**Table 4.39: Distribution of PWID who were abused physically or otherwise in the past 12 months for taking drugs by selected characteristics**

Characteristics		Percent of PWID				All PWID	
		Male		Female			
		Percent	N	Percent	N	Percent	N
Age	Below age 24	74.7	62	77.7	22	75.5	84
	25-29 years	77.8	319	79.2	44	78.0	363
	30-34 years	70.6	410	72.2	31	70.8	441
	35-39 years	65.5	506	64.5	21	65.4	526
	40 and above years	58.5	878	69.9	29	58.8	907
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
Education	No formal education	62.9	752	72.5	80	63.8	833
	Up to grade 5	71.0	720	77.5	46	71.4	766
	Grade 6 and above	63.2	702	68.9	20	63.4	722
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
Marital status	Never married	71.3	280	71.9	12	71.3	293
	Currently married	62.8	1635	69.4	69	63.0	1704
	Separated/divorced / widowed	77.7	259	78.3	66	77.9	324
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
Living arrangements	Living with family	64.7	1882	74.8	97	65.2	1979
	On the street	78.4	201	85.1	32	79.3	234
	Others	57.0	90	46.3	18	55.3	108
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
City	Dhaka	65.3	798	67.8	78	65.5	876
	Rajshahi	64.2	406	-	-	64.2	406
	Chapainawabganj	63.9	193	-	-	63.9	193
	Chandpur	60.0	125	-	-	60.0	125
	Jessore/Benapole	-	-	80.2	69	80.2	69
	Other cities	68.7	652	-	-	68.7	652
	<b>p-value</b>	<b>NS</b>		<b>NS</b>		<b>.048</b>	
Region	Dhaka	65.3	798	67.8	78	65.5	876
	All other cities	65.9	1376	80.2	69	66.6	1445
	<b>p-value</b>	<b>NS</b>		<b>NS</b>		<b>NS</b>	
<b>Total [95% CI]</b>		<b>65.7</b> <b>[63.7, 67.7]</b>	<b>2174</b>	<b>73.6</b> <b>[66.4, 80.8]</b>	<b>147</b>	<b>66.2</b> <b>[64.3, 68.1]</b>	<b>2321</b>

**Figure 4.10: Percent of abuse by region and for sex**



Persons who were responsible for violence against PWID in order of magnitude among male PWID as seen in Table 4.40 were: police (95.1%), local people (38%), narcotics department officials (13.4%), musclemen (8.6%), drug peddlers (5.2%) and others (11.3%). In the case of female PWID the abusers, in order of magnitude were police (84.0%), local people (51.8%), musclemen (40.5%), drug peddlers (10.4%), narcotic department officials (9%) and others (27.7%). Females were more abused than males by local people, musclemen and drug peddlers.

**Table 4.40: Distribution of PWID by the types of persons who made violence against them**

Types of persons	Male (N=1428)	Female (N=108)	Total (N=1536)
	Percent	Percent	Percent
Police	95.1	84.0	94.3
Local people	38.0	51.8	38.9
Narcotics control people	13.4	9.0	13.1
Mastan	8.6	40.5	10.8
Drug peddlers	5.2	10.4	5.6
Others	11.3	27.7	12.4

Multiple responses

#### 4.32 Arrest during past 12 months

Overall, 52.6% PWID and 52.9% male and 48.3% female PWID were arrested by police during the last 12 months (Table 4.41). By age groups the difference in the rates of arrest among male PWID was highly significant ( $P < 0.01$ ). The difference between age groups was also significant ( $P < 0.01$ ) for all PWID. Arresting did not show any consistent pattern based on level of education. The variation, however, was significant among males at  $P = 0.047$  and among all PWID at  $P = .042$ . The arrest rate did not have any pattern by marital status. Living arrangement-wise, the difference in the rate of arrest among male PWID was highly significant and so also among all PWID ( $P < 0.01$  for both).

The rate of arrests in the different survey cities was variable and by and large, arrests were fewer in Dhaka among both male and female PWID. The variability between the cities was highly significant among male PWID as well as among all PWID ( $P < 0.01$  for both).

**Table 4.41: Distribution of PWID who were arrested during last 12 months by selected characteristics**

Characteristics		Percent of PWID				All PWID	
		Male		Female			
		Percent	N	Percent	N	Percent	N
Age	Below age 24	59.1	62	44.6	22	55.3	84
	25-29 years	59.9	319	51.8	44	58.9	363
	30-34 years	57.2	410	43.6	31	56.2	441
	35-39 years	52.0	506	38.1	21	51.5	526
	40 and above years	48.4	878	58.0	29	48.7	907
<b>p-value</b>		<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	

Characteristics		Percent of PWID				All PWID	
		Male		Female			
		Percent	N	Percent	N	Percent	N
Education	No formal education	54.3	752	47.0	80	53.6	833
	Up to grade 5	55.2	720	54.2	46	55.1	766
	Grade 6 and above	49.1	702	40.0	20	48.8	722
	<b>p-value</b>	<b>.047</b>		<b>NS</b>		<b>.042</b>	
Marital status	Never married	57.0	280	47.0	12	56.5	293
	Currently married	51.6	1635	53.1	69	51.6	1704
	Separated/divorced/ widowed	56.6	259	43.5	66	54.0	324
	<b>p-value</b>	<b>NS</b>		<b>NS</b>		<b>NS</b>	
Living arrangements	Living with family	53.4	1882	51.0	97	53.3	1979
	On the street	57.9	201	56.3	32	57.7	234
	Others	30.1	90	19.5	18	28.3	108
	<b>p-value</b>	<b>&lt;.01</b>		<b>.050</b>		<b>&lt;.01</b>	
City	Dhaka	48.5	798	45.7	78	48.3	876
	Rajshahi	57.6	406	-	-	57.6	406
	Chapainawabganj	54.5	193	-	-	54.5	193
	Chandpur	37.8	125	-	-	37.8	125
	Jessore/Benapole	-	-	51.2	69	51.2	69
	Other cities	57.7	652	-	-	57.7	652
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
Region	Dhaka	48.5	798	45.7	78	48.3	876
	All other cities	55.4	1376	51.2	69	55.2	1445
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
<b>Total [95% CI]</b>		<b>52.9 [50.8, 55.0]</b>	<b>2174</b>	<b>48.3 [40.1, 56.5]</b>	<b>147</b>	<b>52.6 [50.6, 54.6]</b>	<b>2321</b>

Majority (88.1%) of PWID reported that they were arrested for taking drugs (Table 4.42). Age-wise, no pattern of arrests was seen in male or female PWID and the difference in the rate of arrests was not significant either. Education-wise there were significant variations of arrest in male PWID and in all PWID. By marital status, the difference in the rate among male PWID was highly significant and so also among all PWID ( $P < 0.01$  for each). The same was observed when the number of arrest is analyzed by living arrangements.

City-wise, less male PWID were arrested in Dhaka but among female PWID it was much more in Dhaka. The variations of the rate of arrests between cities were significant among the male PWID, female PWID and all PWID. When city-based data is analyzed only at two levels – variation of arrest, however, was not found significant among all PWID.

**Table 4.42: Distribution of PWID who were arrested for taking drugs by selected characteristics**

Characteristics		Percent of PWID				All PWID	
		Male		Female			
		Percent	N	Percent	N	Percent	N
Age	Below age 24	97.3	37	78.5	10	93.3	47
	25-29 years	89.4	191	67.2	22	87.0	213
	30-34 years	89.1	235	75.8	13	88.4	248
	35-39 years	87.8	263	58.3	8	87.0	271
	40 and above years	89.2	425	74.2	17	88.6	442
	<b>p-value</b>	<b>NS</b>		<b>NS</b>		<b>NS</b>	
Education	No formal education	84.5	408	74.3	38	83.6	446
	Up to grade 5	92.4	397	68.8	25	91.0	422
	Grade 6 and above	90.9	345	63.3	8	90.2	353
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
Marital status	Never married	92.9	160	83.6	6	92.6	166
	Currently married	89.8	843	69.4	36	89.0	879
	Separated/divorced/ widowed	81.2	146	70.7	28	79.5	174
		<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>
Living arrangements	Living with family	90.4	1006	67.3	49	89.3	1055
	On the street	76.5	116	88.7	18	78.1	134
	Others	98.0	28	33.0	3	90.5	31
		<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>
City	Dhaka	86.2	387	83.9	36	86.0	423
	Rajshahi	99.5	34	-	-	99.5	34
	Chapainawabganj	99.1	105	-	-	99.1	105
	Chandpur	93.8	47	-	-	93.8	47
	Jessore/Benapole	0.0	-	58.1	36	58.1	36
	Others cities	82.4	376	-	-	82.4	376
	<b>p-value</b>	<b>&lt;.01</b>		<b>.020</b>		<b>&lt;.01</b>	
Region	Dhaka	86.2	387	83.9	36	86.0	423
	All other cities	90.6	762	58.1	36	89.2	798
		<b>p-value</b>	<b>.024</b>		<b>.020</b>		<b>NS</b>
<b>Total [95% CI]</b>		<b>89.1 [87.3, 90.9]</b>	<b>2174</b>	<b>71.1 [60.3, 81.9]</b>	<b>147</b>	<b>88.1 [86.3, 89.9]</b>	<b>2321</b>

### 4.33 PWID sent to jail/vagrant homes

Seventy-one percent male and 38% female PWID reported that they were sent to jail/vagrant home ever (Table 4.43). There are variations in the rates of sending to jail/ vagrant homes between age groups and the variations between age groups is highly significant among females ( $P<0.01$ ) and also among all PWID ( $P=0.03$ ).

The more the level of education, the less was the likelihood of going to jail/ vagrant homes ( $P<0.01$ ,  $P=0.016$  and  $P<0.01$  for male and female PWID and in aggregate respectively). More or less, separated/ divorced/ widowed PWID were sent to jail/ vagrant home more than the other two marital status. However, the difference was significant only among male PWID and when aggregated by sex ( $P<0.01$ ). The differences in the rate of going to jail/ vagrant

homes by living arrangement was highly significant both by sexes and also when aggregated (P<0.01 for each).

Sending to jail/ vagrant homes was the least among male PWID in Chandpur and other cities but the rates were very high in Rajshahi and Chapainawabganj - 91.1% and 87.0% respectively. In the case of female PWID, these rates were 55% and 19.6% respectively for Dhaka and Jessore. These differences were significant for both male and female PWID and also in aggregate. When city-based data is analyzed only at two levels – Dhaka and other cities - variation of sending to jail, however, was significant only among female PWID (P<0.01).

**Table 4.43: Distribution of PWID who were ever in jail/vagrant homes by selected characteristics**

Characteristics		Percent of PWID				All PWID	
		Male		Female			
		Percent	N	Percent	N	Percent	N
Age	Below age 24	70.5	62	25.2	22	58.6	84
	25-29 years	73.1	319	29.2	44	67.8	363
	30-34 years	68.3	410	41.8	31	66.5	441
	35-39 years	68.4	506	26.4	21	66.7	526
	40 and above years	72.5	878	67.2	29	72.3	907
	<b>p-value</b>	<b>NS</b>		<b>&lt;.01</b>		<b>.030</b>	
Education	No formal education	76.6	752	45.4	80	73.6	833
	Up to grade 5	73.9	720	38.6	46	71.7	766
	Grade 6 and above	61.4	702	10.4	20	60.0	722
	<b>p-value</b>	<b>&lt;.01</b>		<b>.016</b>		<b>&lt;.01</b>	
Marital status	Never married	69.8	280	33.7	12	68.4	293
	Currently married	68.8	1635	33.7	69	67.3	1704
	Separated/divorced/ widowed	84.5	259	44.3	66	76.3	324
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
Living arrangements	Living with family	69.3	1882	27.3	97	67.3	1979
	On the street	85.1	201	64.6	32	82.2	234
	Others	69.4	90	51.2	18	66.4	108
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
City	Dhaka	69.6	798	55.0	78	68.3	876
	Rajshahi	91.1	406	-	-	91.1	406
	Chapainawabganj	87.0	193	-	-	87.0	193
	Chandpur	60.1	125	-	-	60.1	125
	Jessore/Benapole	-	-	19.6	69	19.6	69
	Other cities	56.8	652	-	-	56.8	652
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
Region	Dhaka	69.6	798	55.0	78	68.3	876
	All other cities	71.5	1376	19.6	69	69.0	1445
	<b>p-value</b>	<b>NS</b>		<b>&lt;.01</b>		<b>NS</b>	
<b>Total</b>		<b>70.8</b>	<b>2174</b>	<b>38.4</b>	<b>174</b>	<b>68.7</b>	<b>2321</b>
<b>[95% CI]</b>		<b>[68.9, 72.7]</b>		<b>[30.5, 46.4]</b>		<b>[66.8, 70.6]</b>	

#### 4.34 Discrimination in getting healthcare

Fifteen percent male PWID and 11% female PWID reported that they visited the health centers in the last 12 months but returned without getting any services because they were ignored and were not given attention for providing the required services (Table 4.44). There are variations in the rates of avoidance between age groups and the variations in the rates between age groups was significant among male PWID only (P=0.025).

Among females the more was education the less was avoidance but in males no such pattern was noted. However, the difference in the rates of avoidance among male was highly significant and so also was in aggregate (P<0.01). By marital status also there was no pattern but avoidance was significant among male PWID (P=0.048).

The difference in the rates of avoidance between the living arrangement groups was significant in both male and female PWID, albeit to different degrees (P<0.01 among male, P=0.02 among female and P<0.01 in aggregate of the sexes).

City-wise, avoidance was seen the most among male PWID in Rajshahi and Chapainawabganj - 31.9% and 28% respectively. It was least among male PWID in other cities - 3% and in Chandpur - 5.5%. Among female, there was no avoidance of services in Jessore. These differences were highly significant among both male and female PWID and also in aggregate (P<0.01 for each).

When city-based data is analyzed only at two levels – Dhaka and all other cities - the avoidance of services did not vary statistically between Dhaka and all other cities among male PWID and all PWID.

**Table 4.44: Distribution of PWID who visited health center and did not get/receive services in the last 12 months because of discrimination by selected characteristics**

Characteristics		Percent of PWID				All PWID	
		Male		Female			
		Percent	N	Percent	N	Percent	N
Age	Below age 25	27.2	62	0.0	22	20.1	84
	25-29 years	13.3	319	13.6	44	13.3	363
	30-34 years	12.5	410	5.0	31	11.9	441
	35-39 years	14.2	506	10.6	21	14.1	526
	40 and above years	15.8	878	21.7	29	16.0	907
	<b>p-value</b>	<b>.025</b>		<b>NS</b>		<b>NS</b>	
Education	No formal education	13.9	752	13.6	80	13.9	833
	Up to grade 5	18.0	720	11.2	46	17.6	766
	Grade 6 and above	12.3	702	0.0	20	12.0	722
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>		<b>&lt;.01</b>	
Marital status	Never married	15.8	280	8.4	12	15.5	293
	Currently married	13.8	1635	12.5	69	13.8	1704
	Separated/divorced/ widowed	19.5	259	9.8	66	17.5	324
	<b>p-value</b>	<b>.048</b>		<b>NS</b>		<b>NS</b>	

Characteristics		Percent of PWID				All PWID	
		Male		Female		Percent	N
		Percent	N	Percent	N		
Living arrangements	Living with family	13.9	1882	5.8	97	13.5	1979
	On the street	22.8	201	20.6	32	22.5	234
	Others	14.6	90	21.5	18	15.7	108
	<b>p-value</b>	<b>&lt;.01</b>		<b>.020</b>		<b>&lt;.01</b>	
City	Dhaka	13.9	798	20.6	78	14.5	876
	Rajshahi	31.9	406	-	-	31.9	406
	Chapainawabganj	28.0	193	-	-	28.0	193
	Chandpur	5.5	125	-	-	5.5	125
	Jessore/Benapole	-	-	0.0	69	-	69
	Other cities	3.0	652	-	-	3.0	652
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>		<b>&lt;.01</b>	
Region	Dhaka	13.9	798	20.6	78	14.5	876
	In all cities	15.2	1376	-	69	14.5	1445
	<b>p-value</b>	<b>NS</b>		<b>&lt;.01</b>		<b>NS</b>	
<b>Total [95% CI]</b>		<b>14.8</b> <b>[13.3, 16.2]</b>	<b>2174</b>	<b>10.9</b> <b>[5.8, 16.0]</b>	<b>147</b>	<b>14.5</b> <b>[13.1, 16.0]</b>	<b>2321</b>

## SECTION FIVE

### Males who have Sex with Males (MSM) and Male Sex Worker (MSW)

#### 5.1 Background characteristics

The average age of the MSM and MSW was 25.8 years and 26.7 years respectively (Table 5.1). Most of both belonged to 20-24 years of age (33.1% and 32.4% respectively). Least number belonged to the 40 years and above age group (5.7% and 6.5% respectively). Most were educated from 5<sup>th</sup> to 10<sup>th</sup> grade in both the groups (about 53%). Comparatively more MSW were educated up to grade 5 than MSM (27.1% to 20.6% respectively). More MSM were educated above 10<sup>th</sup> grade than MSW (22.7% to 13% respectively). More MSW were illiterate than MSM. More among MSW were unmarried than MSM (72.8% to 66.5% respectively). Currently married among MSM and MSW were 32.4% to 24% respectively. Currently married among MSM and MSW were 32.4% to 24% respectively.

Among the MSM and MSW, 29.3% and 31.0% were from Dhaka respectively and the rest were from other cities. Among MSM and MSW 43.1% and 66.5% were living with male partners, respectively and 56.4% and 33.5% with women partners, respectively.

**Table 5.1: Distribution of MSM and MSW by selected background characteristics**

Background characteristics		MSM		MSW	
		Percent	N	Percent	N
Age	Below age 20	19.6	350	14.1	217
	20-24 years	33.1	592	32.4	498
	25-29 years	21.5	385	26.5	407
	30-34 years	12.0	214	12.3	188
	35-39 years	8.1	146	8.3	127
	40 and above	5.7	102	6.5	100
	<b>Mean age</b>	<b>25.8</b>	<b>1789</b>	<b>26.7</b>	<b>1537</b>
Education	No formal education	4.0	71	7.3	112
	Up to grade 5	20.6	368	27.1	417
	Grade 6-10	52.7	944	52.6	809
	More than grade 10	22.7	406	13.0	199
Marital status	Never married	66.5	1189	72.8	1119
	Currently married	32.4	579	24.0	369
	Separated/divorced/widowed	1.2	21	3.2	49
Regular partner with whom currently living	Man	43.1	412	66.5	559
	Woman	56.4	539	33.5	282
	Hijra	0.6	5	-	-
	No regular partner	46.5	833	-	-
City	Dhaka	29.3	525	31.0	477
	Chittagong	8.0	144	27.3	420
	Sylhet	22.3	399	10.4	160
	Rajshahi	8.4	151	10.7	165
	Khulna	8.0	144	10.3	159
	Mymensingh	7.8	140	10.1	156
Region	Rangpur	8.0	144	-	-
	Barisal	7.9	142	-	-
	Dhaka	29.3	525	31.0	477
	All other cities	70.7	1264	69.0	1060

Background characteristics		MSM		MSW	
		Percent	N	Percent	N
Received services from program in last 12 months	Yes	93.4	1670	96.6	1485
	No	6.6	119	3.4	52
<b>Total</b>		<b>100.0</b>	<b>1789</b>	<b>100.0</b>	<b>1537</b>

Note: '-' means no sample of MSW was taken from Rangpur or Barisal districts. This applies for all the tables below

More than half of MSM's income in last 30 days was Taka 10,000.00 or less, whereas, only 41.4% MSW's income fell in the same level of income; about 38% MSM's income was between 10,001.00 and 20,000.00 against 52.3% of MSW with the same level of income (Table 5.2a). The rest 8.5% MSM and 6.2% MSW had income of over Taka 20,000.00. It appears that income of MSW was higher than that of MSM in last 1 month. The median monthly income of MSM and MSW were Taka 10,000.00 and 12,000.00, respectively.

### 5.2a: Income of MSM and MSW in last 30 days

Income (Taka)	MSM (N=1789)	MSW (N=1537)
	%	%
Up to 10000	53.3	41.4
10001-20000	38.1	52.3
20001-30000	5.9	5.0
30001 and above	2.6	1.2
Median	10,000.00	12,000.00

Almost the same percentage of MSM's and MSW's main source of income was service (36.7% for MSM and 36.4% for MSW). Sex work was second most common source of income among MSW (34.4%). Business, family income and small trade were common sources of income among MSM. Among MSW the other common sources of income were: small trade and business (Table 5.2b).

**Table 5.2b: Distribution of MSM and MSW by their main source of income**

Sources	MSM (N=1789)	MSW (N=1537)
	Percent	Percent
Service	36.7	36.4
Business	17.1	8.5
Small trade	15.3	10.1
Family	15.9	3.0
Sex Work	-	34.4
Rickshaw/Van	3.9	0.9
Others (driver, skilled labor, agro & day labor, teaching, etc.)	11.0	6.6

## 5.2 Behavioral factors

About 33% MSM and 54.4% MSW experienced sex for the first time before age 15. Mean age of first sex was 12.9 years for MSM and 12.4 years for MSW (Table 5.3).

About 51% of MSM who were less than 20 years of age experienced sex before they reached 15 years. The corresponding estimate among MSW was 67%. The percentage decreased with the age increased for both MSM and MSW. Among 20-24 years old 35.2% and 61.4% respectively experienced sex.

MSW were educated more than MSM - among MSM 35.1% and 34.6% were educated from up to 5<sup>th</sup> and to 10<sup>th</sup> grade, while among MSW it was 59.8% and 53.8%. However, among the illiterate also MSW were more- 26.9% and 53% respectively were MSM and MSW. Among MSW 46.7% were educated for more than 10 grades and among MSM this was 27.1%.

More MSM who were educated 'up to grade 5' and 'grade 6-10' experienced sex before 15 years than who had no education or had more than grade 10 education. Among MSW, also, who were educated 'up to grade 5' and 'grade 6-10' experienced sex before 15 years more than who had no education or had more than grade 10 education.

Never married MSM experienced sex (38.7%) before 15 years of age more than that of other two categories of marital status. Among MSW also more never married experienced sex before 15 years of age than that of the other two categories.

Among MSM who experience sex before 15 years of age, 40.7% belonged to Dhaka and 29.4% on average, to other cities - though 41.4% belonged to Khulna. The least belonged to Chittagong and Mymensingh 12.8% and 19% respectively. Among MSW in Sylhet, 67.6% experienced sex before 15 years of age. These rates in order of magnitude were: 59.9% in Dhaka, 58.3% in Khulna, 54.5% in Mymensingh; least were in Chittagong and Rajshahi (44% and 48.6% respectively).

**Table 5.3: Distribution of MSM and MSW who experienced sex for the first time before age 15 by selected characteristics**

Characteristics		MSM		MSW	
		Percent	N	Percent	N
Age	Below age 20	50.7	350	67.0	217
	20-24 years	35.2	592	61.4	498
	25-29 years	27.5	385	54.5	407
	30-34 years	21.4	214	45.0	188
	35-39 years	21.4	146	37.7	127
	40 and above	15.5	102	31.3	100
	<b>Mean age</b>	<b>12.9</b>	<b>1789</b>	<b>12.4</b>	<b>1537</b>
Education	No formal education	26.9	71	53.0	112
	Up to grade 5	35.1	368	59.8	417
	Grade 6-10	34.6	944	53.8	809
	More than grade 10	27.1	406	46.7	199
Marital status	Never married	38.7	1189	57.9	1119
	Currently married	20.2	579	45.1	369
	Separated/divorced/widowed	33.2	21	44.4	49

Characteristics		MSM		MSW	
		Percent	N	Percent	N
City	Dhaka	40.7	525	59.9	477
	Chittagong	12.8	144	44.0	420
	Sylhet	34.3	399	67.6	160
	Rajshahi	22.3	151	48.6	165
	Khulna	41.4	144	58.3	159
	Mymensingh	19.0	140	54.5	156
	Rangpur	36.2	144	-	-
	Barisal	31.0	142	-	-
Region	Dhaka	40.7	525	59.9	477
	All other cities	29.4	1264	52.0	1060
<b>Total</b>		<b>32.7</b>	<b>1789</b>	<b>54.4</b>	<b>1537</b>

The average age of entering into sex by MSM and MSW were 16.3 years and 14.5 years, respectively (Table 5.4). The average duration into such sexual acts was 7.7 years for MSM and 8.8 years for MSW. For MSM it was more in Dhaka than 'all other cities' on average - 9.9 years and 6.8 years, respectively and for MSW 8.9 years and 8.7 years respectively. The least was in Rangpur and Khulna (4.7 years and 5.8 years respectively). Among MSW it was longest in Rajshahi (14.6 years) and then in Mymensingh (9.6 years) and Dhaka (8.9 years).

**Table 5.4: Average age of entry into male to male sex work and years in this activity by location**

Location		MSM		MSW	
		Estimate	N	Estimate	N
<b><i>Average age of entry male to male sex</i></b>					
City	Dhaka	16.0	525	14.2	477
	Chittagong	18.8	144	15.4	420
	Sylhet	16.2	399	13.6	160
	Rajshahi	16.9	151	14.6	165
	Khulna	15.0	144	13.7	159
	Mymensingh	17.2	140	14.4	156
	Rangpur	15.4	144	-	-
	Barisal	16.0	142	-	-
Region	Dhaka	16.0	525	14.2	477
	All other cities	16.4	1264	14.6	1060
<b>Total</b>		<b>16.3</b>	<b>1789</b>	<b>14.5</b>	<b>1537</b>
<b><i>Average years doing male to male sex</i></b>					
City	Dhaka	9.9	525	8.9	477
	Chittagong	6.1	144	7.1	420
	Sylhet	7.1	399	7.2	160
	Rajshahi	9.3	151	14.6	165
	Khulna	5.8	144	7.7	159
	Mymensingh	7.1	140	9.6	156
	Rangpur	4.7	144	-	-
	Barisal	7.0	142	-	-
Region	Dhaka	9.9	525	8.9	477
	All other cities	6.8	1264	8.7	1060
<b>Total</b>		<b>7.7</b>	<b>1789</b>	<b>8.8</b>	<b>1537</b>

For sexual purpose, 64.0% MSM and 83.5% MSW used more than one spots (Table 5.5). Among MSM and MSW of less than 20 years of age, 52.1% and 76.6% used more than one spot for sexual purpose, respectively. It was the most in 30 to 34 years of age - 73% among MSM and 89.1% among MSW.

Among MSM, most who used more than one spot belonged to those who were educated to 5<sup>th</sup> grade (70.7%) and for MSW it was those who were educated from Grade 6-10 (85.2%). Among MSW it was the least among those who were illiterate (79.6%). The rate of using more spot was the most among separated/ divorced/ widowed in both the groups (73% and 86.5% respectively among MSM and MSW).

City-wise, among MSM the highest rate of using more than one spot was noted in Barisal-80.3%, next was in Sylhet-74.3%; least was in Khulna-41.5%. In Dhaka it was 57.2%. In cities other than Dhaka, it was 66.8%. Among MSW, the highest rate was seen in Chittagong (96.2%) followed by Sylhet and Mymensingh (86.5% and 86.4% respectively). The least was in Khulna (63.3%).

The percentages of MSM who used more than one spot were almost the same both for who received services from the HIV program or who did not, but the more MSW who received program services used more than one spots than who did not received services of the program (83.9% vs.72.8%, respectively).

**Table 5.5: Distribution of MSM and MSW doing sex in more than one spot by selected characteristics**

Characteristics		MSM		MSW	
		Percent	N	Percent	N
Age	Below age 20	52.1	350	76.6	217
	20-24 years	62.6	592	83.4	498
	25-29 years	71.0	385	86.4	407
	30-34 years	73.0	214	89.1	188
	35-39 years	67.4	146	81.0	127
	40 and above	63.4	102	80.8	100
Education	No formal education	65.2	71	79.6	112
	Up to grade 5	70.7	368	82.4	417
	Grade 6-10	61.0	944	85.2	809
	More than grade 10	64.7	406	81.0	199
Marital status	Never married	60.9	1189	82.6	1119
	Currently married	70.0	579	85.9	369
	Separated/divorced/widowed	73.0	21	86.5	49
City	Dhaka	57.2	525	79.3	477
	Chittagong	62.2	144	96.2	420
	Sylhet	74.3	399	86.5	160
	Rajshahi	66.4	151	77.3	165
	Khulna	41.5	144	63.3	159
	Mymensingh	66.7	140	86.4	156
	Rangpur	63.6	144	-	-
	Barisal	80.3	142	-	-
Region	Dhaka	57.2	525	79.3	477
	All other cities	66.8	1264	85.4	1060
Received services from program in last 12 months	Yes	64.0	1670	83.9	1485
	No	65.0	119	72.8	52
<b>Total</b>		<b>64.0</b>	<b>1789</b>	<b>83.5</b>	<b>1537</b>

Based on multiple response, in last two months, most MSM in Dhaka and in all other cities conducted sex in residence (Table 5.6). In Dhaka parks were next common site, while in all other cities it was a hotel. Park was the third common site in all other cities. Sex was also performed in streets.

**Table 5.6: Distribution of MSM by places of sex act in last 2 months**

Places of sex act	Dhaka (N=525)	All other cities (N=1264)	All MSM (N=1789)
	Percent	Percent	Percent
Street	13.4	14.5	14.2
Hotel	18.6	33.0	28.8
Residence	94.3	93.0	93.4
Park	22.8	16.5	18.3
Others	0.3	2.9	2.1

Multiple responses

Among MSW, based on multiple response, residence was the most common site in both Dhaka and in all other cities, street was second most common site in Dhaka but it was hotel in other cities (Table 5.7). Among MSW street and then park were most common sites thereafter. In Dhaka city park and then hotel were the next commonest sites.

**Table 5.7: Distribution of MSW according to the place where they contacted with customers for sex work in last 2 months**

Contact places	Dhaka (N=477)	All other cities (N=1060)	All MSW (N=1537)
	Percent	Percent	Percent
Streets	38.5	35.4	36.3
Hotel	25.3	57.7	47.7
Residence	92.8	91.2	91.7
Park	31.1	34.5	33.4
Others	0.7	2.4	1.9

Multiple responses

### 5.3 Sexual behavior of MSM

Overall, 46.2% MSM reported use of condom in last anal sex in last 6 months with any male partners (Table 5.8). In last anal sex with male partners the most common use of condom among MSM was seen those who were 40 years of age or older-54.2%. But least was seen among 35-39 years of age-40.5%. But no significant variation in use of condom was found between age groups. More or less the more was education the more was the rate of using condom (37.8% to 57.1% respectively among the illiterate and the highest educated). This difference is highly significant ( $P < 0.01$ ).

The least use of condom was seen among the currently married (43.2%) and the most among the separated/ divorced/widowed (49.5%). City-wise, the highest rate was noted in Khulna and Rajshahi (81.4% and 56.5% respectively). The least use rate was noted in Sylhet and Barisal (26.7% and 37.5% respectively). The difference in use of condom

between cities was highly significant ( $P<0.01$ ). When city-based data was analyzed dividing the cities into 2 regions - Dhaka and 'all other cities' - the difference was also highly significant.

Use of condoms among MSM who received HIV program services were significantly higher than that of those who did not receive program services (47.4% vs. 28.9%).

**Table 5.8: Distribution of MSM reporting condom use in last anal sex with any male partner in last 6 months by selected characteristics**

Characteristics		Percent of MSM	N
Age	Below age 20	48.9	350
	20-24 years	44.2	592
	25-29 years	44.2	385
	30-34 years	50.8	214
	35-39 years	40.5	146
	40 and above	54.2	102
	<b>p-value</b>	<b>NS</b>	
Education	No formal education	37.8	71
	Up to grade 5	36.0	368
	Grade 6-10	46.0	944
	More than grade 10	57.1	406
	<b>p-value</b>	<b>&lt;.01</b>	
Marital status	Never married	47.5	1189
	Currently married	43.2	579
	Separated/divorced/widowed	49.5	21
	<b>p-value</b>	<b>NS</b>	
City	Dhaka	52.3	525
	Chittagong	42.4	144
	Sylhet	26.7	399
	Rajshahi	56.5	151
	Khulna	81.4	144
	Mymensingh	36.9	140
	Rangpur	52.7	144
	Barisal	37.5	142
	<b>p-value</b>	<b>&lt;.01</b>	
	Region	Dhaka	52.3
All other cities		43.6	1264
<b>p-value</b>		<b>&lt;.01</b>	
Received services from program in last 12 months	Yes	47.4	1670
	No	28.9	119
	<b>p-value</b>	<b>&lt;.01</b>	
<b>Total [95% CI]</b>		<b>46.2 [43.8, 48.5]</b>	<b>1789</b>

Overall, 48.6% MSM reported use of condom in last anal sex in last 6 months with non-commercial partners (Table 5.9). Use of condom in last anal sex with non-commercial partners among MSM was highest among those who were 30-34 years of age and above (57.2%) and least among 20-24 years of age (45.4%). The age-wise difference was significant at margin ( $P=0.05$ ). More or less, the rate of use of condom was more as the level of literacy increased ( $P<0.01$ ). No pattern was seen in use of condom by marital status.

Although the use rate was highest in Khulna (82.1%) and followed by Rajshahi (58.7%), but by and large, use rate was higher in Dhaka (56.9%) than that of in 'all other cities' (45.4%). These city-wise differences in the use of condom was highly significant ( $P<0.01$ ).

**Table 5.9: Percentage of MSM used condom in last sex with non-commercial male partners in the last six months**

Characteristics		Percent of MSM	N
Age	Below age 20	50.4	346
	20-24 years	45.4	579
	25-29 years	46.6	368
	30-34 years	57.2	206
	35-39 years	46.3	135
	40 and above	54.5	92
<b>p-value</b>		.050	
Education	No formal education	39.8	69
	Up to grade 5	38.7	350
	Grade 6-10	48.6	913
	More than grade 10	58.9	394
<b>p-value</b>		<.01	
Marital status	Never married	49.1	1162
	Currently married	47.1	545
	Separated/divorced/widowed	61.3	20
<b>p-value</b>		NS	
City	Dhaka	56.9	491
	Chittagong	47.6	137
	Sylhet	27.1	390
	Rajshahi	58.7	149
	Khulna	82.1	137
	Mymensingh	38.7	138
	Rangpur	53.6	143
	Barisal	42.1	140
	<b>p-value</b>		<.01
Region	Dhaka	56.9	491
	All other cities	45.4	1235
<b>p-value</b>		<.01	
<b>Total [95% CI]</b>		<b>48.6 [46.3, 51.0]</b>	<b>1726</b>

Overall, 40.2% MSM reported use of condom in last anal sex in last 6 months with commercial partners (Table 5.10). Use of condom by MSM in last sex with commercial partners was highest among the youngest MSM (46.9%) and the least was among 25-29 years of age (35.5%) but the differences in condom use between age groups was not found significant. More or less, a pattern in the use of condom was seen based on education- the higher the education the more was the use rate ( $P=0.015$ ). No pattern was seen based on marital status, although the highest rate was among MSM who were separated/ divorced/ widowed (49.5%). The rate was very high in Khulna (90.7%) and the least was in Sylhet (20.8%). The rate of use of condom was higher in Dhaka (48.3%) than in 'all other cities' (36.7%). These differences are highly significant ( $P<0.01$ ).

**Table 5.10: Percentage of MSM used condom in last sex with commercial male partners in the last six months**

Characteristics		Percent of MSM	N
Age	Below age 20	46.9	118
	20-24 years	37.4	234
	25-29 years	35.5	157
	30-34 years	46.0	100
	35-39 years	39.2	66
	40 and above	41.9	48
	<b>p-value</b>	NS	
Education	No formal education	37.9	23
	Up to grade 5	30.4	157
	Grade 6-10	41.0	381
	More than grade 10	48.0	162
	<b>p-value</b>	.015	
Marital status	Never married	41.2	458
	Currently married	37.8	249
	Separated/divorced/widowed	49.5	15
	<b>p-value</b>	NS	
City	Dhaka	48.3	216
	Chittagong	40.3	71
	Sylhet	20.8	179
	Rajshahi	50.2	44
	Khulna	90.7	55
	Mymensingh	33.1	44
	Rangpur	31.7	35
	Barisal	28.6	79
	<b>p-value</b>	<.01	
Region	Dhaka	48.3	216
	All other cities	36.7	507
	<b>p-value</b>	<.01	
<b>Total [95% CI]</b>		<b>40.2 [36.6, 43.8]</b>	<b>723</b>

### Sex with non-paying male or hijra partners

In last one month, 95.3% MSM had sex with non-paying partners (male or hijra) in Dhaka. In all other cities the rate was almost the same (95.7%). In Dhaka, 43.1% MSM had one to two partners and 56.9% MSM had three or more partners while in other cities, 55.4% had one to two partners and 44.6 MSM had three or more partners. The average being 3.6 in Dhaka and 2.8 in all other cities (Table 5.11). This difference in the number of partners was highly significant ( $P<0.01$ ).

Use of condom in last sex with male/hijra partners in the last one month was 55.1% in Dhaka and 42.5% in 'all other cities'. These rates are significantly different ( $P<0.01$ ). Overall use of condom in last sex with male/hijra partners was 46.1%. Consistent use of condom with male/hijra partners in the last one month was 25.4% and 19.4% in Dhaka and in all cities respectively. This difference was also highly significant ( $P<0.01$ ).

## Sex with non-paying female partners

Percentage of MSM who had sex with non-paying female partners in last 6 month was 52.0% in Dhaka and 62.3% in 'all other cities'. This difference is highly significant (P<0.01).

In Dhaka, 92.7% MSM had one to two partners and 7.3% MSM had three or more partners while in 'all other cities, 88.9% had one to two female partners and 11.1% MSM had three or more partners.

Use of condom in last sex with female partners in the last 1 month was 43.0% and 35.0% among MSM in Dhaka and in all other cities, respectively. This difference is significant (P=0.03). Consistent use of condom with female partners in the last one month was 28.5% and 17.3% among MSM in Dhaka and in all other cities, respectively. This difference is highly significant (P<0.01).

**Table 5.11: MSM reporting sex and condom use with non-paying partners**

Indicators	Dhaka		All other cities		All MSM	
	Percent	N	Percent	N	Percent	N
<b>Non-paying male/hijra partners:</b>						
MSM sex with any male/hijra in last 1 month	95.3	491	95.7	1235	95.6	1726
<b>p-value</b>	<b>NS</b>					
Number of male/hijra partners in the last 1 month						
1-2	43.1	201	55.4	655	51.9	856
3 or more	56.9	266	44.6	527	48.1	793
<b>p-value</b>	<b>&lt;.01</b>					
<b>Average</b>	3.6	468	2.8	1182	3.0	1650
Use of condom in last sex with male/hijra partners in the last 1 month	55.1	468	42.5	1182	46.1	1650
<b>[95% CI]</b>	[50.6, 59.7]		[39.7, 45.3]		[43.6, 48.5]	
<b>p-value</b>	<b>&lt;.01</b>					
Consistent use of condom with male/hijra partners in the last 1 month	25.4	468	19.4	1182	21.1	1650
<b>[95% CI]</b>	[21.4, 29.4]		[17.2, 21.7]		[19.2, 23.1]	
<b>p-value</b>	<b>&lt;.01</b>					
<b>Non-paying female partners:</b>						
Sex with any female in last 6 month	52.0	525	62.3	1264	59.3	1789
<b>p-value</b>	<b>&lt;.01</b>					
Number of different female sex partner in the last 1 month						
1-2	92.7	242	88.9	666	89.9	908
3 or more	7.3	19	11.1	83	10.1	102
<b>p-value</b>	<b>NS</b>					
<b>Average</b>	<b>0.7</b>	<b>468</b>	<b>0.9</b>	<b>1182</b>	<b>0.9</b>	<b>1650</b>
Use of condom in last sex with female partners in the last 1 month	43.0	261	35.4	749	37.4	1010
<b>[95% CI]</b>	[36.9, 49.0]		[32.0, 38.9]		[34.4, 40.4]	
<b>p-value</b>	<b>.030</b>					

Indicators	Dhaka		All other cities		All MSM	
	Percent	N	Percent	N	Percent	N
Consistent use of condom with female partners in the last 1 month	28.5	261	17.3	749	20.2	1010
<b>[95% CI]</b>	[23.0, 34.0]		[14.6, 20.0]		[17.7, 22.6]	
<b>p-value</b>	<b>&lt;.01</b>					

### Commercial sex with males

Overall, 90.8% MSM bought sex from commercial male partners, slightly less in Dhaka – 89.8% (Table 5.12). In Dhaka, 54.1% MSM had one to two male partners and 45.9% MSM had three or more male partners in one month while in ‘all other cities’, 71.1% MSM had one to two male partners and 28.9% had three or more partners. This difference between Dhaka and other cities is highly significant ( $P<0.01$ ).

Use of condom in last sex in the last one month was 46.1% and 36.6% in Dhaka and in all other cities respectively. This difference between Dhaka and ‘all other cities’ is significant ( $P=0.023$ ). Consistent use of condom in the last one month was 20.8% in Dhaka and 13.4% in all other cities. This difference is significant ( $P=0.020$ ).

### Commercial sex with females

Overall, 27.7% MSM and 21.7% MSM of Dhaka and 30.2% MSM in ‘all other cities’ bought sex from commercial female partners (Table 5.12). In Dhaka, 87.9% MSM had one to two female partners and 12.1% MSM had three or more female partners in one month while in ‘all other cities’, 76.5% MSM had one to two male partners and 23.5% had three or more partners. The difference In number of partners between Dhaka and other cities is highly significant ( $P<0.01$ ).

Use rate of condom in last sex in the last 1 month with female partners were 59.7% in Dhaka and 42.8% in all other cities ( $P<0.01$ ). Consistent use of condom in the last one month was 41.4 and 23.2% in Dhaka and all other cities respectively ( $P<0.01$ ).

### Commercial sex with Hijra

The rate of buying sex in last six months from hijras was 12.3% and 22.1% in Dhaka and in all other cities ( $P<0.01$ ). In Dhaka, 63.8% MSM had one to two hijra partners and 36.2% MSM had three or more hijra partners in last six months while in ‘all other cities’, 83.3% MSM had one to two male partners and 16.7% had three or more hijra partners. This difference is highly significant.

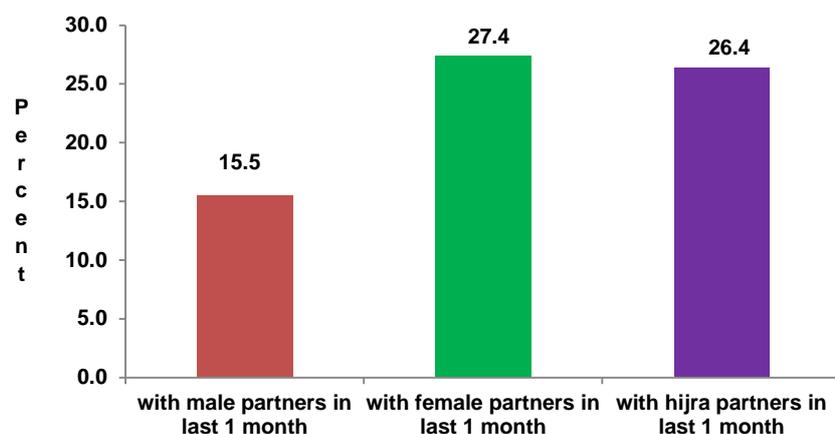
Use rate of condom in last six months were 78.4% and 38.5% in Dhaka and in all other cities, respectively ( $P<0.01$ ). Consistent use rate of condom was 40.9% and 23.1% in Dhaka and in all other cities, respectively ( $P<0.01$ ).

**Table 5.12: MSM reporting sex and condom use with commercial partners**

Indicators	Dhaka		All other cities		All MSM		
	Percent	N	Percent	N	Percent	N	
<b>Buying sex from males:</b>							
Buy sex from any male in last 1 month	89.8	261	91.2	507	90.8	723	
<b>p-value</b>	<b>NS</b>						
Number of male sex partners in the last 1 month							
1-2	54.1	105	71.1	328	66.1	433	
3 or more	45.9	89	28.9	134	33.9	223	
<b>p-value</b>	<b>&lt;.01</b>						
<b>Average</b>	<b>3.5</b>	<b>194</b>	<b>2.37</b>	<b>462</b>	<b>2.70</b>	<b>656</b>	
Use of condom in last sex in the last 1 month	46.1	194	36.6	462	39.4	656	
[95% CI]	[39.0, 53.2]		[32.2, 41.0]		[35.6, 43.2]		
<b>p-value</b>	.023						
Consistent use of condom in the last 1 month	20.8	194	13.4	462	15.5	656	
[95% CI]	[15.0, 26.5]		[10.2, 16.5]		[12.8, 18.3]		
<b>p-value</b>	<b>.020</b>						
<b>Buying sex from females:</b>							
Buy sex from any female (FSW) in last 1 month	21.7	525	30.2	1264	27.7	1789	
<b>p-value</b>	<b>&lt;.01</b>						
Number of FSW sex partner in the last 1 month							
1-2	87.9	100	76.5	292	79.2	392	
3 or more	12.1	14	23.5	90	20.8	103	
<b>p-value</b>	<b>&lt;.01</b>						
<b>Average</b>	<b>1.6</b>	<b>114</b>	<b>2.0</b>	<b>382</b>	<b>1.9</b>	<b>496</b>	
Use of condom in last sex in the last 1 month	59.7	114	42.8	382	46.7	496	
[95% CI]	[50.5, 68.8]		[37.8, 47.8]		[42.3, 51.1]		
<b>p-value</b>	<b>&lt;.01</b>						
Consistent use of condom in the last 1 month	41.4	114	23.2	381	27.4	496	
[95% CI]	[32.2, 50.6]		[18.9, 27.4]		[23.4, 31.3]		
<b>p-value</b>	<b>&lt;.01</b>						
<b>Buying sex from hijra:</b>							
Buy sex from any hijra in last 6 months	12.3	525	22.1	1264	19.2	1789	
<b>p-value</b>	<b>&lt;.01</b>						
Number of hijra sex partners in the last 6 months							
1-2	63.8	41	83.3	232	79.6	274	
3 or more	36.2	23	16.7	47	20.4	70	
<b>p-value</b>	<b>&lt;.01</b>						
<b>Average</b>	<b>2.9</b>	<b>65</b>	<b>2.2</b>	<b>279</b>	<b>2.4</b>	<b>344</b>	
Use of condom in last sex in the last 6 months	78.4	65	38.5	279	46.0	344	
[95% CI]	[68.1, 88.7]		[32.7, 44.2]		[40.7, 51.3]		
<b>p-value</b>	<b>&lt;.01</b>						

Indicators	Dhaka		All other cities		All MSM	
	Percent	N	Percent	N	Percent	N
Consistent use of condom in the last 1 month	40.9	65	23.1	279	26.4	344
[95% CI]	[28.6, 53.2]		[18.1, 28.1]		[21.8, 31.1]	
p-value	<.01					

**Figure 5.1: Consistent condom use by MSM with different types of partners in last 1 month**



### Group Sex

More group sex occurred in all other cities in comparison to Dhaka (15.3% to 8% respectively) in last 1 month. In these cases, 59.8% MSM in Dhaka and 48.3% MSM in all other cities had two to three partners and 40.2% MSM in Dhaka and 51.7% MSM in 'all other cities' had four or more partners (Table 5.13). The likelihood that all partners used condom in the group sex in last one month was 11.9% in Dhaka and 13% in other cities. The difference in the rate of use of condom between Dhaka and all other cities respectively is significant at 5% level (P=0.047).

**Table 5.13: MSM reporting group sex and condom use by location**

Indicators	Dhaka		All other cities		All MSM	
	Percent of MSM	N	Percent of MSM	N	Percent of MSM	N
Group sex in last 1 month	8.0	525	15.3	1264	13.1	1789
p-value	<.01					
Number of sex partners in the group sex in last 1 month						
2-3	59.8	25	48.3	93	50.3	118
4 or more	40.2	17	51.7	100	49.7	117
p-value	NS					
Average	3.5	42	4.8	193	4.6	235
All partners used condom in the group sex in last 1 month	11.9	42	13.0	193	12.8	235
p-value	.047					

### Oral sex with non-paying male/hijra partners

MSM who had oral sex with non-paying male/hijra partners in last one week was 18.7% and 23.2% in Dhaka and other cities, respectively (Table 5.14). Use of condom in these events was 30.7% in Dhaka and 22.6% in other cities. Consistent use of condom was, however, lower - 19.9% in Dhaka and 13.9% in all other cities.

**Table 5.14: MSM reporting oral sex and condom use with non-paying male/hijra partners**

Indicators	Dhaka		Other priority cities		All MSM	
	Percent of MSM	N	Percent of MSM	N	Percent of MSM	N
Oral sex in last 1 week	18.7	525	23.2	1264	21.9	1789
Use of condom during last oral sex in last 1 week	30.7	98	22.6	294	24.6	392
Consistent use of condom during oral sex in last 1 week	19.9	98	13.9	294	15.4	392

### Sources of condom

For MSM the most common source of condom was DIC (59.4%) but for MSW it was NGO workers (71.2%), based on multiple responses. Second most common source was NGO workers for MSM and DIC for MSW. Other common sources were pharmacy (for MSM 21.9% and for MSW 13.4%). Next common sources were health facilities/ hotel/ guest house (11% for MSW and 9.2% for MSM; and friends- 9.4% in case of MSW and 9% in case of MSM. In case of MSW partners, client or pimps also accounted for 12.1% as a source for condom (Table 5.15).

**Table 5.15: Distribution of MSM and MSW by different sources of receiving condom in last 30 days**

Sources of condom	MSM (N=1735)	MSW (N=1496)
	Percent	Percent
DIC	59.4	57.7
NGO worker	55.4	71.2
Pharmacy	21.9	13.4
Friends	9.0	9.4
Shop	7.2	4.4
Partner/clients/pimp	3.1	12.1
Others (health facility center/hotel/guest house)	9.2	11.0

Multiple responses

In the last 30 days, 90.3% MSM and 81.7% MSW received required number of condoms in Dhaka compared with 82.4% and 89.6% in 'all other cities' respectively (Table 5.16).

**Table 5.16: Distribution of MSM and MSW who had condom according to their need in the last 30 days by region**

Region	MSM (N=1735)	MSW (N=1496)
	Percent	Percent
Dhaka	90.3	81.7
All other cities	82.4	89.6
<b>Total</b>	<b>84.8</b>	<b>87.1</b>

Note: 54 (3.0%) MSM and 41 (2.7%) MSW did not get condom according to their requirement in the last 30 days.

The reasons why not all the required condoms could be managed, based on multiple responses, varied, e.g., most common being dislike to carry condoms (48.2% in the case of MSM and 23.3% in the case of MSW). Feeling shy to buy condom was also a reason, slightly more among MSW - slight more in fact than disliking carrying condom - 23.9%. Feeling shy among MSM to buy condom was 22.6%. Among MSM cost was a slightly more overriding cause of not procuring required number of condoms- 23.5%. One big reason among MSM was distance of pharmacy or shop-19.9%. This reason was however, negligible among MSW - only 1.3% (Table 5.17).

**Table 5.17: Distribution of MSM and MSW by the reasons of not having condom as per their requirement**

Reasons	MSM (N=264)	MSW (N=192)
	Percent	Percent
Did not want to carry	48.2	23.3
Felt shy to buy condom	22.6	23.9
Cost was too high	23.5	9.9
Pharmacy/shop was far away	19.9	1.3
Others	29.8	66.2

Multiple responses

In last 30 days, receipt of lubricants varied by source (multiple responses). Most common among MSM was DIC and then NGO workers; in the case of MSW, it was just opposite, NGO workers overridden the DIC. A considerable fraction in fact never procured condoms. Friends, health facilities, hotels and guest houses were the other sources of procuring lubricants (Table 5.18)

**Table 5.18: Distribution of MSM and MSW by different sources of receiving lubricant in last 30 days**

Sources of lubricant	MSM (N=1485)	MSW (N=1366)
	Percent	Percent
DIC	63.6	56.0
NGO worker	59.4	68.9
Never procured	12.9	13.4
Friends	6.4	4.5
Pharmacy	3.7	3.2
Clients/pimps	3.4	2.2
Shop	1.2	0.8
Others (health facility/hotel/guest house)	6.8	7.2

Multiple responses

Among MSM 84.4% and among MSW 82.9% collected necessary lubricants in the last 30 days in Dhaka. In all other cities, it was 82.8% and 92.1% respectively among MSM and MSW (Table 5.19).

**Table 5.19: Distribution of MSM and MSW who received lubricant according to their requirement in the last 30 days by region**

Region	MSM		MSW	
	Percent	N	Percent	N
Dhaka	84.4	525	82.9	477
All other cities	82.8	1264	92.1	1060
<b>Total</b>	<b>83.2</b>	<b>1789</b>	<b>89.3</b>	<b>1537</b>

The reason of not getting lubricants were as follows by order of magnitude as per multiple responses for MSM were: did not want to carry those; cost of lubricant, did not know where to buy those from, felt shy to buy lubricant, distance of pharmacy/shop and others. In the case of MSW, the reasons in order of magnitude were: did not want to carry those, felt shy to buy lubricant, lack of information about the place of procurement, cost and other. Cost was the fourth common reason for MSW for not procuring lubricants, not such a strong reason as was in the case of MSM (Table 5.20).

**Table 5.20: Distribution of MSM and MSW by the reasons of not having lubricant as per their requirement**

Reasons	MSM (N=300)	MSW (N=165)
	Percent	Percent
Did not want to carry them	36.8	18.6
Cost was too much	19.2	7.9
Felt shy to buy lubricant	9.3	10.6
Did not know where to get	17.1	10.3
Pharmacy/shop was far away	5.3	1.2
Others	37.8	69.2

Multiple responses

In last seven days, the highest number of clients per MSW were seen in Chittagong (4.7) and the least in Khulna (3.0) and Rajshahi (3.6) (Table 5.21).

**Table 5.21: Average number of clients' load of MSW in the last 7 days by location**

Location		MSW		
		Mean	Median	N
City	Dhaka	4.4	4	477
	Chittagong	4.7	5	420
	Sylhet	4.4	4	160
	Rajshahi	3.6	3	165
	Khulna	3.0	3	159
	Mymensingh	4.1	4	156
	<b>Total</b>	<b>4.2</b>	<b>4</b>	<b>1537</b>

#### 5.4 Sexual behavior of MSW

Overall, 46.1% MSW used condom in last anal sex in last 12 months. The highest rate of use of condom was found in the age group of 40 years and above (Table 5.22) and the second highest use was among those who were less than 20 years of age (50.8%). But the difference in use of condom between ages of MSW is not significant. The higher the education the more was the use rate of condom (39.5% to 59.1% - from the illiterate to those who were educated for more than 10<sup>th</sup> grade). The difference in the condom use rate based on education is highly significant (P<0.01). Marital status-wise a reverse pattern was seen - unmarried using the most (P<0.016). The highest use rate was in Khulna (84.9%) and then in Rajshahi (51.8%). The least condom use was in Sylhet (25.3%). These city-wise differences were highly significant (P<0.01) but when this difference is examined at two levels - Dhaka and all other cities together, the difference is not significant.

**Table 5.22: MSW reporting use of condom during last anal sex with any male partner in last 12 months by selected characteristics**

Characteristics		Percent of MSW	N
Age	Below age 20	50.8	217
	20-24 years	46.7	498
	25-29 years	41.5	407
	30-34 years	43.6	188
	35-39 years	47.8	127
	40 and above	55.3	100
	<b>p-value</b>	<b>NS</b>	
Education	No formal education	39.5	112
	Up to grade 5	43.5	417
	Grade 6-10	45.2	809
	More than grade 10	59.1	199
	<b>p-value</b>	<b>&lt;.01</b>	
Marital status	Never married	48.1	1119
	Currently married	41.8	369
	Separated/divorced/widowed	33.3	49
	<b>p-value</b>	<b>.016</b>	

Characteristics		Percent of MSW	N
City	Dhaka	43.6	477
	Chittagong	43.2	420
	Sylhet	25.3	160
	Rajshahi	51.8	165
	Khulna	84.9	159
	Mymensingh	37.6	156
	<b>p-value</b>	<b>&lt;.01</b>	
Region	Dhaka	43.6	477
	All other cities	47.3	1060
	<b>p-value</b>	<b>NS</b>	
Received services from program in last 12 months	Yes	46.5	1485
	No	35.9	52
	<b>p-value</b>	<b>NS</b>	
<b>Total [95% CI]</b>		<b>46.1 [43.6, 48.6]</b>	<b>1537</b>

### Selling sex to new/casual male partners

A high percentage of MSW sold sex to new/casual male partners in last one week both in Dhaka (92.6%) and in all other cities (95.2%). This difference is significant ( $P < 0.046$ ). While in Dhaka, 21.6% MSW had one to two male sex partners in the last one week and 78.4% had three or more partners, in all other cities, 18.6% had one to two partners and 81.4% had three or more partners (Table 5.23). The difference between Dhaka and 'all other cities' is not significant. The average number of clients, however, was 7.5 and 7.6 in Dhaka and in all other cities respectively.

Use of condom in last anal sex with new/casual partner in last one week was 41.1% and 46.5% in Dhaka and in all other cities. Consistent use of condom with new/casual partner in last one week was 14.3% in Dhaka and 17.9% in all other cities. These differences are not significant.

### Selling sex to regular male partners

MSW who sold sex to regular male partners in last one week were 90.8% in Dhaka and 89.8% in all other cities. Male sex partners in the last one week was one to two in 43.8% MSW in Dhaka and in 64.3% MSW in all other cities and 56.2% and 35.7% MSW had 3 or more partners in Dhaka and other cities, respectively. The difference is highly significant ( $P < 0.01$ ).

Use of condom in last anal sex with regular partner in last one week was 40.1% in Dhaka and 42.7% in all other cities. The difference is not significant. Consistent use of condom with regular partners in last one week was 18.1% both in Dhaka and all other cities.

### Selling sex to female partners

MSW who sold sex to female partners in last one month were 12% in Dhaka and 6% in all other cities. This difference is highly significant ( $P < 0.01$ ). In Dhaka, 86.0% MSW had one to two female partners in last one month and 14.0% MSW had three or more partners, while in

'all other cities' 91% MSW had one to two female partners in last one month and 9.0% had three or more partners. The difference is not significant. The average number of partners was, however, 1.6 and 1.4 in Dhaka and in 'all other cities', respectively.

## Condom use

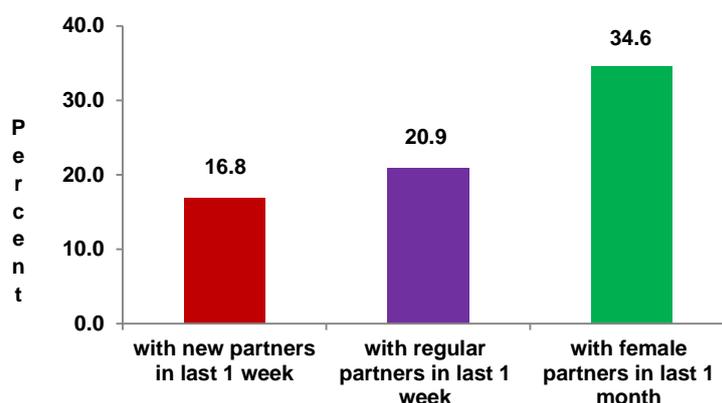
Condom use rate in last vaginal sex with female partner in last one month was 49.9% in Dhaka and 45.3% in all other cities. Consistent use of condom with female partner in last one month was 34.1% in Dhaka and 35% in all other cities. These differences are not significant.

**Table 5.23: MSW reporting selling sex and condom use to different partners/clients**

Indicators	Dhaka		All other cities		All MSW	
	Percent of MSW	N	Percent of MSW	N	Percent of MSW	N
<b>Selling sex to new/casual male partner:</b>						
Sell sex to new/casual partner in last 1 week	92.6	447	95.2	1060	94.4	1537
<b>p-value</b>	<b>.046</b>					
Number of different male sex partner in the last 1 week						
1-2	21.6	95	18.6	188	19.5	283
3 or more	78.4	346	81.4	821	80.5	1168
<b>p-value</b>	<b>NS</b>					
<b>Average</b>	<b>7.5</b>	<b>442</b>	<b>7.6</b>	<b>1009</b>	<b>7.6</b>	<b>1451</b>
Use of condom in last anal sex with new partner in last 1 week	41.1	438	46.5	1007	44.9	1445
[95% CI]	[36.5, 45.7]		[43.4, 49.6]		[42.3, 47.4]	
<b>p-value</b>	<b>NS</b>					
Consistent use of condom with new partner in last 1 week	14.3	438	17.9	1007	16.8	1445
[95% CI]	[11.0, 17.6]		[15.6, 20.3]		[14.9, 18.8]	
<b>p-value</b>	<b>NS</b>					
<b>Selling sex to regular male partner:</b>						
Sell sex to regular male partner in last 1 week	90.8	477	89.8	1060	90.1	1537
<b>p-value</b>	<b>NS</b>					
Number of different male sex partner in the last 1 week						
1-2	43.8	190	64.3	612	57.9	802
3 or more	56.2	244	35.7	340	42.1	584
<b>p-value</b>	<b>&lt;.01</b>					
<b>Average</b>	<b>4.2</b>	<b>433</b>	<b>2.8</b>	<b>952</b>	<b>3.2</b>	<b>1385</b>
Use of condom in last anal sex with regular partner in last 1 week	40.1	432	42.7	948	41.9	1380
[95% CI]	[35.5, 44.8]		[39.6, 45.9]		[39.3, 44.5]	
<b>p-value</b>	<b>NS</b>					

Indicators	Dhaka		All other cities		All MSW	
	Percent of MSW	N	Percent of MSW	N	Percent of MSW	N
Consistent use of condom with regular partner in last 1 week	18.1	432	18.1	948	20.9	1380
[95% CI]	[14.5, 21.8]	78	[19.5, 24.8]	210	[18.8, 23.1]	289
<b>p-value</b>	<b>NS</b>					
<b>Selling sex to regular female partner:</b>						
Sell sex to female partner in last 1 month	12.0	477	6.0	1060	7.9	1537
<b>p-value</b>	<b>&lt;.01</b>					
Number of different female sex partners in the last 1 month						
1-2	86.0	49	91.0	58	88.7	107
3 or more	14.0	8	9.0	6	11.3	14
<b>p-value</b>	<b>NS</b>					
<b>Average</b>	<b>1.6</b>	<b>57</b>	<b>1.4</b>	<b>63</b>	<b>1.5</b>	<b>121</b>
Use of condom in last vaginal sex with female partner in last 1 month	49.9	57	45.3	63	47.5	121
[95% CI]	[36.6, 63.2]		[32.7, 57.9]		[38.5, 56.5]	
<b>p-value</b>	<b>NS</b>					
Consistent use of condom with female partner in last 1 month	34.1	57	35.0	63	34.6	121
[95% CI]	[21.5, 46.8]		[22.9, 47.1]		[26.0, 43.2]	
<b>p-value</b>	<b>NS</b>					

**Figure 5.2: Consistent condom use by MSW in selling sex with different partners in last 1 week/1 month**



### Buying sex from men/hijra

In Dhaka, 23.4% MSW bought sex from men/hijra in last one month and 12.1% MSW bought sex in all other cities (Table 5.24). In Dhaka, 70.3% MSW had one to two men/hijra partners in last one month and 29.7% MSW had three or more partners, while in ‘all other cities’ 71.2% MSW had one to two men/hijra partners in last one month and 28.8% had three or more partners. The average number of partners was 3.5 and 2.2 in Dhaka and in all other cities, respectively.

Use rate of condom in last anal sex in last one month was 42.9% in Dhaka and 35.4% in all other cities. Consistent use of condom in last one month was 22.1% and 16.8% in Dhaka and all other cities, respectively.

### Buying sex from FSWs

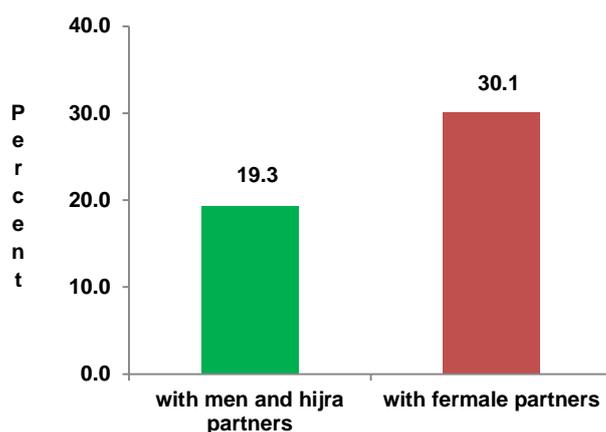
In Dhaka, 15% MSW bought sex from any female (FSWs) in last one month and in all other cities, 6.1% MSW did it. In Dhaka, 90.9% MSW had one to two FSW partners in last one month and 9.1% MSW had three or more FSW partners, while in 'all other cities', 88.4% MSW had one to two FSW partners and 11.6% had three or more FSW partners in last one month. The average number of partners was 1.4 in Dhaka and 1.8 in 'all other cities'.

Use of condom in last vaginal sex in last one month was 47.4% in Dhaka and 61% in all other cities. Consistent use of condom in last one month was 20.6% and 40.8% in Dhaka and in all other cities, respectively.

**Table 5.24: MSW reporting buying sex and condom use from different partners**

Indicators	Dhaka		All other cities		All MSW	
	Percent of MSW	N	Percent of MSW	N	Percent of MSW	N
<b>Buying sex from men and Hijra:</b>						
Buy sex from men/hijra in last 1 month	23.4	477	12.1	1060	15.6	1537
Number of different male/hijra sex partners in the last 1 month						
1-2	70.3	78	71.2	91	70.8	169
3 or more	29.7	33	28.8	37	29.2	70
<b>Average</b>	<b>3.5</b>	<b>112</b>	<b>2.2</b>	<b>128</b>	<b>2.8</b>	<b>239</b>
Use of condom in last anal sex in last 1 month	42.9	112	35.4	128	38.9	239
Consistent use of condom in last 1 month	22.1	112	16.8	128	19.3	239
<b>Buying sex from females:</b>						
Buy sex from any female (FSW) in last 1 month	15.0	477	6.1	1060	8.8	1537
Number of FSW sex partner in the last 1 month						
1-2	90.9	65	88.4	57	89.7	122
3 or more	9.1	7	11.6	7	10.3	14
<b>Average</b>	<b>1.4</b>	<b>72</b>	<b>1.8</b>	<b>64</b>	<b>1.6</b>	<b>136</b>
Use of condom in last vaginal sex in last 1 month	47.4	72	61.0	64	53.8	136
Consistent use of condom in last 1 month	20.6	72	40.8	64	30.1	136

**Figure 5.3: Consistent condom use by MSW in buying sex from different partners in last 1 month**



### **Anal sex with non-commercial male/hijra**

In Dhaka, 46.5% MSW had anal sex with male/hijra in last one month and in all other cities, 50.5% MSW had anal sex with man/hijra (Table 5.25). In Dhaka, 80.4% MSW had one to two male/hijra partners in last one month and 19.6% MSW had three or more male/hijra partners, while in 'all other cities', 79.2% MSW had one to two male/hijra partners and 20.8% had three or more male/hijra partners in last one month. The average number of partners was 2.1 in Dhaka and 2.0 in 'all other cities'

### **Use of condom**

Condom use rate in last anal sex in last one month was 36.1% in Dhaka and 37.9% in all other cities. Consistent use rate of condom in last one month was 14.9% in Dhaka and 14.0% in all other cities.

### **Sex with non-commercial females**

Percentage of MSW who had sex with female in last one month was 14.7% and 17.1% in Dhaka and in all other cities, respectively.

In Dhaka, 56.1% MSW had one to two female partners in last one month and 43.9% MSW had three or more female partners, while in 'all other cities', 50.0% MSW had one to two male/hijra partners and 50.0% had three or more male/hijra partners in last one month. The average female number of partners was 3.5 and 3.7 in Dhaka and in all other cities, respectively.

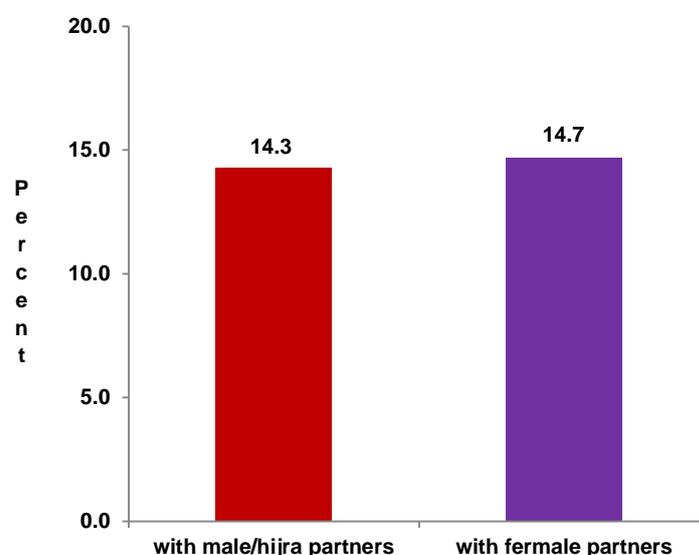
### **Use of condom**

Condom use rate in last vaginal sex in last one month was 32% in Dhaka and 24.4% in all other cities. Consistent use rate of condom in last one month was 15.3% and 14.5% in Dhaka and in all other cities, respectively.

**Table 5.25: Percent of MSW reporting different non-commercial sex partners in last one month**

Indicators	Dhaka		In all other cities		All MSW	
	Percent of MSW	N	Percent of MSW	N	Percent of MSW	N
<b>Non-commercial male/hijra partners:</b>						
Anal sex with man/hijra in last 1 month	46.5	477	50.5	1060	49.2	1537
Number of different male/hijra sex partners in the last 1 month	1-2	178	79.2	424	79.5	602
	3 or more	43	20.8	111	20.5	155
<b>Average</b>	<b>2.1</b>	<b>222</b>	<b>2.0</b>	<b>535</b>	<b>2.1</b>	<b>757</b>
Use of condom in last anal sex in last 1 month	36.1	222	37.9	535	37.4	757
Consistent use of condom in last 1 month	14.9	222	14.0	535	14.3	757
<b>Non-commercial female partners:</b>						
Sex with female in last 1 month	14.7	477	17.1	1060	16.4	1537
Number of female sex partner in the last 1 month	1-2	39	50.0	91	51.7	130
	3 or more	31	50.0	91	48.3	122
<b>Average</b>	<b>3.5</b>	<b>70</b>	<b>3.7</b>	<b>182</b>	<b>3.6</b>	<b>252</b>
Use of condom in last vaginal sex in last 1 month	32.0	70	24.4	182	26.5	252
Consistent use of condom in last 1 month	15.3	70	14.5	182	14.7	252

**Figure 5.4: Consistent condom use by MSW with different non-commercial sex partners in last 1 month**



## Group sex

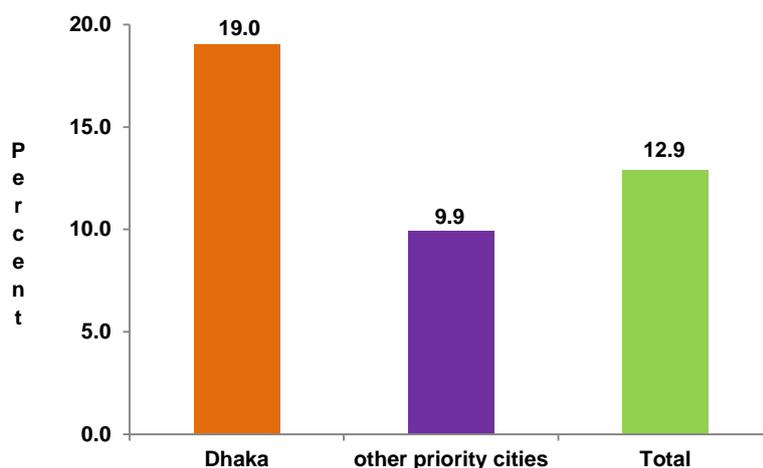
In Dhaka, 20.9% MSW had group sex and in all other cities, 19.2% MSW had group sex in last one month (Table 5.26). In Dhaka, 31.9% MSW had two to three sex partners in last one month and 68.2% MSW had four or more sex partners, while in 'all other cities', 45.7% MSW had two to three sex partners and 54.3% had four or more sex partners in last one month. The average number of partners was 4.8 in Dhaka and 4.5 in 'all other cities'

Condom use rate in the group sex in last one month by all was higher in Dhaka (19%) than that in all other cities (9.9%).

**Table 5.26: MSW reporting group sex and condom use by location**

Indicators	Dhaka		In all other cities		All MSW		
	Percent of MSW	N	Percent of MSW	N	Percent of MSW	N	
Group sex in last 1 month	20.9	477	19.2	1060	19.7	1537	
Number of sex partners in the group sex in last 1 month	2-3	31.9	32	45.7	93	41.2	125
	4 or more	68.1	68	54.3	110	58.8	178
<b>Average</b>	<b>4.8</b>	<b>100</b>	<b>4.5</b>	<b>203</b>	<b>4.6</b>	<b>303</b>	
All partners used condom in the group sex in last 1 month	19.0	100	9.9	203	12.9	303	

**Figure 5.5: Condom use by MSW who had group sex in last 1 month by region**



## Oral sex with new partners

In Dhaka, 44.3% MSW had oral sex and in all other cities, 44.8% MSW had oral sex in last one week with new male clients. Condom use rate during last oral sex in last one week with new male clients was slightly higher in Dhaka (30.1%) than that of in other cities (26.5%) (Table 5.27). Consistent use of condom during oral sex in last one week was 19.9% and 18.5% in Dhaka and in all other cities, respectively.

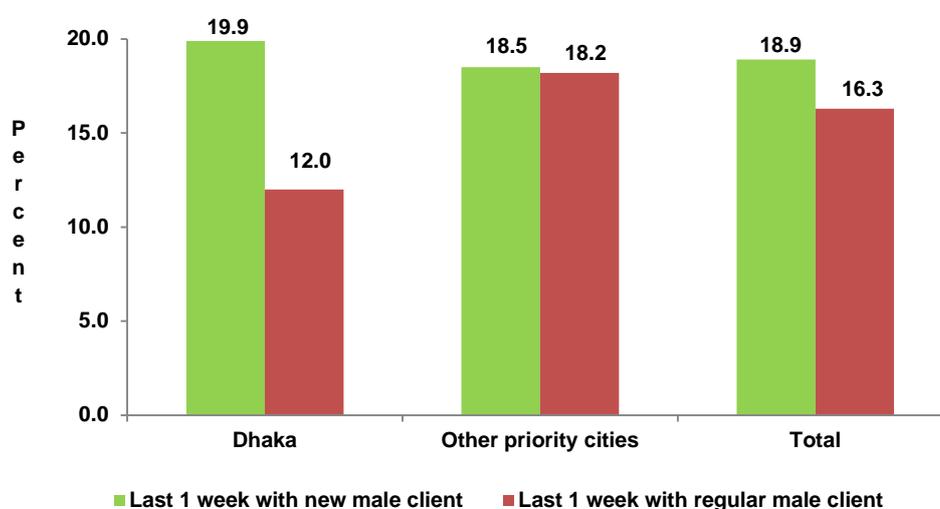
## Oral sex with regular partners

In Dhaka, 23.3% MSW had oral sex and in all other cities, 22.9% MSW had oral sex in last one week with regular male partner. Condom use rate during last oral sex with regular partners in last one week was 33.6% in Dhaka and 25.5% in all other cities. Consistent use of condom during oral sex in last one week, however, was lower in Dhaka (12%) than that in all other cities (18.2%).

**Table 5.27: MSW reporting oral sex and condom use with different partners**

Indicators	Dhaka		In all other cities		All MSW	
	Percent of MSW	N	Percent of MSW	N	Percent of MSW	N
<b>Oral sex with new male client:</b>						
Oral sex in last 1 week	44.3	442	44.8	1009	44.6	1451
Use of condom during last oral sex in last 1 week	30.1	196	26.5	452	27.6	648
Consistent use of condom during oral sex in last 1 week	19.9	196	18.5	452	18.9	648
<b>Oral sex with regular male client:</b>						
Oral sex in last 1 week	23.3	433	22.9	952	23.1	1385
Use of condom during last oral sex in last 1 week	33.6	101	25.5	218	28.1	320
Consistent use of condom during oral sex in last 1 week	12.0	101	18.2	218	16.3	320

**Figure 5.6: Consistent condom use by MSW with different partners in last 1 week by region**



## 5.5 Knowledge of HIV/AIDS

Almost everyone heard about HIV/ AIDS among MSM and MSW (Table 5.28a) irrespective of age, education, marital status, city and whether they have taken service from the prevention program or not.

**Table 5.28a: MSM and MSW who ever heard of HIV/AIDS by selected characteristics**

Characteristics		MSM		MSW	
		Percent	N	Percent	N
Age	Below age 20	100.0	350	99.4	217
	20-24 years	99.5	592	100.0	498
	25-29 years	99.6	385	100.0	407
	30-34 years	99.6	214	100.0	188
	35-39 years	100.0	146	100.0	127
	40 and above	100.0	102	100.0	100
Education	No formal education	98.8	71	100.0	112
	Up to grade 5	99.3	368	99.8	417
	Grade 6-10	99.9	944	99.9	809
	More than grade 10	99.7	406	100.0	199
Marital status	Never married	99.7	1189	99.9	1119
	Currently married	99.7	579	100.0	369
	Separated/divorced/widowed	100.0	21	100.0	49
City	Dhaka	99.7	525	99.9	477
	Chittagong	100.0	144	100.0	420
	Sylhet	99.3	399	100.0	160
	Rajshahi	100.0	151	100.0	165
	Khulna	100.0	144	99.5	159
	Mymensingh	100.0	140	100.0	156
	Rangpur	100.0	144	-	-
	Barisal	99.3	142	-	-
Region	Dhaka	99.7	525	99.9	477
	Other priority districts	99.7	1264	99.9	1060
Received services from program in last 12 months program	Yes	99.9	1670	99.9	1485
	No	97.2	119	100.0	52
<b>Total</b>		<b>99.7</b>	<b>1789</b>	<b>99.9</b>	<b>1537</b>

DICs and Outreach Workers were reported to be the most common sources of knowing about HIV/AIDS both by MSM and MSW. About 79.0% MSM and 84.0% MSW came to know about HIV/AIDS from DICs and 79.3% MSM and 83.4% knew from Outreach Workers (Table 5.28b).

The other sources were TV/Radio/Poster/Billboard - 46.0% and 39.0% of MSM and MSW, respectively, Counselor - 20.7% and 27.3% of MSM and MSW, respectively and sexual partner - 8.0% and 12.1% of MSM and MSW, respectively.

**Table 5.28b: Distribution of MSM and MSW according to the sources from where they came to know about HIV and AIDS**

Sources	MSM (N=1789)	MSW (N=1537)
	Percent	Percent
DICs	78.8	84.0
Outreach Worker/Peer Educator	79.3	83.4
TV/Radio/Poster/ Billboard	46.0	39.0
Counselor	20.7	27.3
Sexual partner	8.0	12.1
Injecting partner and others	9.5	4.6

Multiple responses

Five questions were asked to measure the knowledge of MSM and MSW on HIV transmission. Again, comprehensive knowledge was measured based on the correct answers on the five questions. Knowledge on individual questions was noted quite high both among MSM and MSW but more among MSW than MSM, except on one question that was reduction of risk of HIV transmission by having sex with only one uninfected partner who has no other partner (Table 5.29) - 66.1% among MSM and 65.3% among MSW. That HIV and AIDS can be reduced by using a condom correctly every time they have sex is known to 77.3% and 73.7% of MSW and MSM respectively. That healthy-looking person can have HIV and AIDS is known to close to half of MSM and MSW (53.7% and 55.1% respectively). 61.3% MSM and 69.9% MSW answered that HIV/ AIDS cannot be spread by mosquito bites and 63.6% MSM and 70.1% MSW answered that one cannot have HIV and AIDS by sharing a meal with someone who is infected by HIV.

**Table 5.29: Distribution of MSM and MSW providing correct responses to 5 selected questions for measuring comprehensive knowledge on HIV transmission**

Sl. No	Question	MSM		MSW	
		Percent	N (1789)	Percent	N(1537)
1.	Risk of HIV transmission is reduced by having sex with only one uninfected partner who has no other partner	66.1	1182	65.3	1003
2.	HIV and AIDS can be reduced by using a condom correctly every time they have sex	73.7	1318	77.3	1188
3.	Healthy-looking person can have HIV and AIDS	53.7	961	55.1	847
4.	One can have HIV and AIDS from mosquito bites (negative answer was taken as correct)	61.3	1097	69.9	1074
5.	One can have HIV and AIDS by sharing a meal with someone who is infected by HIV(negative answer was taken as correct)	63.6	1138	70.1	1077

While knowledge on individual questions on HIV transmission were noted quite high, only 20.0% MSM and 21.9% MSW had comprehensive knowledge on HIV transmission. Comprehensive knowledge was more among MSM and MSW who were less than 20 years (Table 5.30). The knowledge was less among all other age groups. The variation by age groups is significant only among MSW (P=0.038). By and large, the more the education, the more was the knowledge about HIV/ AIDs. These differences between education in MSM

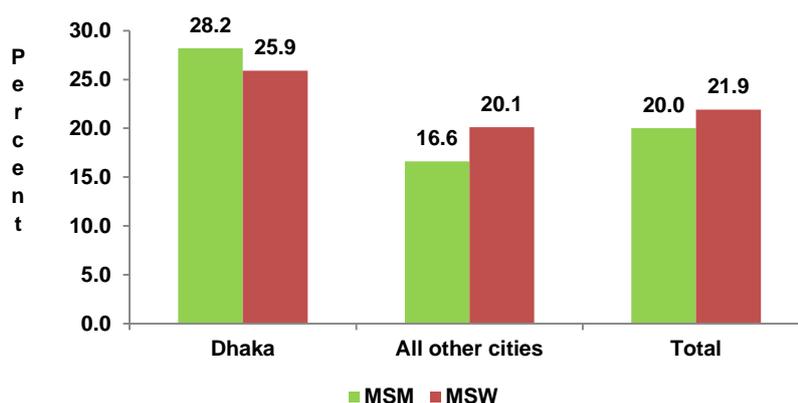
and MSW are highly significant ( $P<0.01$ ). More unmarried MSW knew about HIV/AIDS comprehensively (24.3%) than the other two categories of marital status. This is highly significant ( $P<0.01$ ). No pattern was seen among MSM.

Comprehensive knowledge was the most in Khulna both among MSM and MSW (39% and 43.7% respectively); next was in Dhaka (28.2% and 25.9% respectively among MSM and MSW). Sylhet (6.5%) and Rangpur (8.5%) were worst among MSM and Sylhet (12.1%) among MSW. These differences were highly significant ( $P<0.01$ ) both for MSM and MSW. No significant differences were found in comprehensive knowledge between who received program services in last 12 months and who did not, both in MSM and MSW.

**Table 5.30: Distribution of MSM and MSW having comprehensive knowledge of HIV/AIDS by selected characteristics**

Characteristics		MSM		MSW	
		Percent	N	Percent	N
Age	Below age 20	24.1	350	28.6	217
	20-24 years	17.7	592	24.1	498
	25-29 years	19.6	385	18.1	407
	30-34 years	21.3	214	19.8	188
	35-39 years	18.9	146	19.4	127
	40 and above	19.7	102	19.6	100
	<b>p-value</b>	<b>NS</b>		<b>.038</b>	
Education	No formal education	11.3	71	18.4	112
	Up to grade 5	11.7	368	17.1	417
	Grade 6-10	18.7	944	19.8	809
	More than grade 10	32.3	406	42.6	199
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>	
Marital status	Never married	21.0	1189	24.3	1119
	Currently married	18.1	579	16.6	369
	Separated/divorced/widowed	19.4	21	8.0	49
	<b>p-value</b>	<b>NS</b>		<b>&lt;.01</b>	
City	Dhaka	28.2	525	25.9	477
	Chittagong	28.1	144	16.3	420
	Sylhet	6.5	399	12.1	160
	Rajshahi	14.9	151	17.9	165
	Khulna	39.0	144	43.7	159
	Mymensingh	22.8	140	16.8	156
	Rangpur	8.5	144	-	-
	Barisal	14.8	142	-	-
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>	
Region	Dhaka	28.2	525	25.9	477
	All other cities	16.6	1264	20.1	1060
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.010</b>	
Received services from program in last 12 months	Yes	20.4	1670	21.6	1485
	No	15.0	119	30.5	52
	<b>p-value</b>	<b>NS</b>		<b>NS</b>	
<b>Total [95% CI]</b>		<b>20.0 [18.2, 21.9]</b>	<b>1789</b>	<b>21.9 [19.8, 24.0]</b>	<b>1537</b>

**Figure 5.7: MSM and MSW having comprehensive knowledge of HIV/AIDS by region**



The main precaution taken (Table 5.31) by MSM and MSW to avoid HIV/AIDS was washing genital area with dettol and urine (54.8% MSM and 50.3% MSW). Next common precaution adopted was use of condom always (27.2% by MSM and 22.8% by MSW). Taking medicine was the third common precaution (12.8% by MSM and 18.8% by MSW). Avoiding multiple sex partners and avoiding anal sex were also mentioned.

**Table 5.31: Distribution of MSM and MSW by types of precautions taken to avoid getting HIV and AIDS**

Types of precautions	MSM (N=1784)	MSW (N=1536)
	Percent	Percent
Washed genital area with Dettol or urine after sex	54.8	50.3
Always used condoms	27.2	22.8
Took medicine	12.8	18.8
Avoided multiple sex partner	5.8	1.6
Avoided anal sex	1.2	0.2
Others	31.5	43.4

Multiple responses

Note: 144 (8.1%) MSM and 90 (5.9%) MSW did not take any precautions.

## 5.6 STI knowledge and treatment

As for knowledge on STI, genital ulcer/sore was the commonest symptom of STI mentioned by MSM (71.4%) and MSW (73.8%), based on multiple responses. Wart was the second most common symptom of STI mentioned by MSW (57.8%). Smelly anal discharge was the next commonest symptom of STI mentioned (33.5% and 36.4% among MSM and MSW respectively). Lower abdominal pain (26.4% among MSM and 23.8% MSW) and sore in the mouth were reported as symptom of STI (26.5% among MSM and 22.8% MSW respectively). Smelly urethral discharge was also reported as symptom of STI by 31.2% MSM and 17.3% MSW. Burning sensation during micturition was also mentioned a common manifestation in MSW (12.3%).

**Table 5.32: Distribution of MSM and MSW according to their knowledge about the symptoms of STI**

Symptoms	MSM (N=1738)	MSW (N=1514)
	Percent	Percent
Genital ulcer / sore	71.4	73.8
Wart	14.3	57.8
Smelly anal discharge	33.3	36.4
Lower abdominal pain	26.4	23.8
Sore in the mouth	26.5	22.8
Smelly urethral discharge	31.2	17.3
Burning during urination	-	12.3
Others	10.8	5.4

Multiple responses

Overall, 41.3% MSM and 45.3% MSW reported to have suffered from STI in last 12 months. Manifestation of STI symptoms in the last 12 months was more or less related with age (Table 5.33). Starting from 37% among less than 20 years of age in MSM to 45.3% among 35-39 years old, with a lower rate among 40 years of age or older. Among MSW the pattern was perfect- starting from 31.1% to 62.8% - from less than 20 years of age to 40 and 40 plus years (Table 5.33) respectively. Among MSW these differences are highly significant ( $P<0.01$ ).

Highest percentage of illiterates reported to have suffered from STI (43.8% and 63% among MSM and MSW respectively). Least reporting of STI was done, however, by those MSM and MSW who were educated between 6<sup>th</sup> and 10<sup>th</sup> grade (40.9% and 43.1% respectively). The differences were highly significant among MSW ( $P<0.01$ ). Marital status corroborated with STI reporting (e.g. 40.4% and 42.9% among never married MSM and MSW respectively and 43.4% and 53% among separated/divorced/ widowed). This difference was highly significant in MSW ( $P<0.01$ ).

Reporting of STI was more common in Dhaka in both MSM and MSW than all other cities- 34.1% and 46.2% in Dhaka and 44.3% and 44.9% in all other cities respectively. Highest reporting was done in Rajshahi- 81.5% and 75.5% respectively among MSM and MSW. Least was in Chittagong- 19.5% and 29.9% respectively. City-wise the differences between the different cities was highly significant both in MSM and MSW ( $P<0.01$ ). But when analyzed by two levels, Dhaka and all other cities, the difference was highly significant among MSM only.

**Table 5.33: Distribution of MSM and MSW reporting any symptom of STI in the last 12 months by selected characteristics**

Characteristics		MSM		MSW	
		Percent	N	Percent	N
Age	Below age 20	37.0	350	31.1	217
	20-24 years	42.1	592	40.6	498
	25-29 years	42.5	385	48.2	407
	30-34 years	42.7	214	53.0	188
	35-39 years	45.3	146	53.9	127
	40 and above	38.2	102	62.8	100
	<b>p-value</b>	<b>NS</b>		<b>&lt;.01</b>	
Education	No formal education	43.8	71	63.0	112
	Up to grade 5	41.6	368	44.7	417
	Grade 6-10	40.9	944	43.1	809
	More than grade 10	41.5	406	45.9	199
	<b>p-value</b>	<b>NS</b>		<b>&lt;.01</b>	
Marital status	Never married	40.4	1189	42.9	1119
	Currently married	43.2	579	51.6	369
	Separated/divorced/widowed	43.4	21	53.0	49
	<b>p-value</b>	<b>NS</b>		<b>&lt;.01</b>	
City	Dhaka	34.1	525	46.2	477
	Chittagong	19.5	144	29.9	420
	Sylhet	41.4	399	53.8	160
	Rajshahi	81.5	151	75.5	165
	Khulna	45.6	144	47.5	159
	Mymensingh	24.2	140	41.5	156
	Rangpur	42.9	144	-	-
	Barisal	56.2	142	-	-
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>	
Region	Dhaka	34.1	525	46.2	477
	In all other cities	44.3	1264	44.9	1060
	<b>p-value</b>	<b>&lt;.01</b>		<b>NS</b>	
Received services from HIV prevention program	Yes	42.0	1670	45.7	1485
	No	30.7	119	34.9	52
	<b>p-value</b>	<b>.022</b>		<b>NS</b>	
<b>Total [95% CI]</b>		<b>41.3 [39.0, 43.6]</b>	<b>1789</b>	<b>45.3 [42.8, 47.8]</b>	<b>1537</b>

Most MSM and MSW took STI treatment from DICs (69.9% and 77.1% respectively) (Table 5.34). Medicine sellers/ pharmacies were the second most common sources of treatment for MSM and MSW (18.5% and 14.7% respectively). Public hospital was the next common place for seeking treatment for STI (12.5% among MSM and 10.3% among MSW). Private clinic, NGO clinic, traditional treatment, advice or treatment from friends and self-medication were also utilized for STI treatment. The result is based on multiple responses.

**Table 5.34: Distribution of MSM and MSW seeking treatment for STI by places of treatment**

Places of treatment	MSM (N=696)	MSW (N=677)
	Percent	Percent
DIC	69.9	77.1
Medicine seller/pharmacy	18.5	14.7
Public hospital	12.5	10.3
Private clinic	9.1	6.1
Traditional treatment	6.2	4.4
NGO clinic	4.5	4.3
Advice/treatment from friend	3.7	3.3
Friends	1.6	2.9
Self-medication	3.1	1.7
Others	1.1	0.9

Multiple responses

Note: 22 MSM and 20 MSW did not seek treatment for STI

### 5.7 HIV testing & counseling (HTC) and other services

Overall, knowledge about the place where people can get HIV testing was very high - 94.1% among MSM and 97.6% among MSW (Table 5.35). A higher rate was noted though among those who were separated/ divorced/ widowed or those who were educated to a higher level. Knowledge was more in all other cities taken together than Dhaka (95.1% to 91.7% respectively), especially in Rangpur, Rajshahi and Mymensingh.

**Table 5.35: Distribution of MSM and MSW who had Knowledge about a place where people could go for HIV testing by selected characteristics**

Characteristics		MSM		MSW	
		Percent	N	Percent	N
Age	Below age 20	93.2	350	96.2	217
	20-24 years	95.0	592	98.5	498
	25-29 years	93.8	385	97.1	407
	30-34 years	93.6	214	97.8	188
	35-39 years	92.6	146	97.0	127
	40 and above	95.8	102	98.9	100
Education	No formal education	91.3	71	98.3	112
	Up to grade 5	90.9	368	97.6	417
	Grade 6-10	94.5	944	97.9	809
	More than grade 10	96.5	406	95.9	199
Marital status	Never married	94.4	1189	97.9	1119
	Currently married	93.3	579	96.7	369
	Separated/divorced/widowed	100.0	21	98.7	49
City	Dhaka	91.7	525	94.5	477
	Chittagong	97.5	144	99.2	420
	Sylhet	91.0	399	98.7	160
	Rajshahi	99.3	151	99.3	165
	Khulna	92.2	144	97.6	159
	Mymensingh	97.1	140	100.0	156
	Rangpur	100.0	144	-	-
	Barisal	95.4	142	-	-

Characteristics		MSM		MSW	
		Percent	N	Percent	N
Region	Dhaka	91.7	525	94.5	477
	All other cities	95.1	1264	99.0	1060
Received services from program in last 12 months	Yes	97.5	1670	98.8	1485
	No	46.3	119	65.1	52
<b>Total</b>		<b>94.1</b>	<b>1789</b>	<b>97.6</b>	<b>1537</b>

Among those who knew the HIV testing place, 16.3% MSM and 7.9% MSW did not get tested for HIV. Most of the MSM and MSW who got themselves tested for HIV took the test within last 12 months (Table 5.36) - 86.9% and 86.8% respectively. The rate of testing within 13 to 24 months was 10% and 8.9% among MSM and MSW respectively. A small percentage got themselves tested last more than two years ago (3.1% and 4.3% by MSM and MSW respectively).

**Table 5.36: Distribution of MSM and MSW who tested for HIV last time**

Response	MSM (N=1409)	MSW (N=1382)
	Percent	Percent
Within 12 months	86.9	86.8
Within 13 – 24 months	10.0	8.9
More than 2 years ago	3.1	4.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>

Sixty-five percent of MSM and 77.9% of MSW had their HIV tested in last 12 months and knew the result (Table 5.37). The percentages vary among the different age groups both for MSM and MSW. The younger groups were more likely to test for HIV and know the result than the older groups of both of MSM and MSW and the variations between age groups are highly significant ( $P < 0.01$  both for MSM and MSW). Significant differences ( $P = 0.01$ ) were observed between educational levels in the case of MSW – the highest percentage among those who had education ‘more than grade 10’. In the case of MSM, education was not found to have any effect on testing and knowing the result. Highly significant differences ( $P < 0.01$ ) were found in testing and knowing the test result between marital statuses both in MSM and MSW - the least among separated/divorced/widowed (48.4%) of MSW.

Highly significant differences were seen between cities in testing HIV in last 12 months and knowing the result both in MSM ( $P < 0.01$ ) and MSW ( $P < 0.01$ ). MSM of Chittagong (37.6%) and Barisal (44.8%) were less likely to have HIV test and know the result. When the cities were grouped in two categories, no significant difference was observed between Dhaka and ‘all other cities’ either in MSM or MSW.

**Table 5.37: Distribution of MSM and MSW who tested for HIV in last 12 months and knew the result by selected characteristics**

Characteristics		MSM		MSW	
		Percent	N	Percent	N
Age	Below age 20	65.3	350	78.6	217
	20-24 years	70.0	592	84.1	498
	25-29 years	66.1	385	79.4	407
	30-34 years	58.9	214	65.8	188
	35-39 years	52.9	146	68.7	127
	40 and above	60.8	102	73.3	100
	<b>p-value</b>	<.01		<.01	
Education	No formal education	66.9	71	76.7	112
	Up to grade 5	62.1	368	78.8	417
	Grade 6-10	65.6	944	75.5	809
	More than grade 10	65.8	406	86.3	199
	<b>p-value</b>	NS		.010	
Marital status	Never married	67.9	1189	82.1	1119
	Currently married	58.9	579	68.9	369
	Separated/divorced/widowed	67.9	21	48.4	49
	<b>p-value</b>	<.01		<.01	
City	Dhaka	61.7	525	77.8	477
	Chittagong	37.6	144	60.5	420
	Sylhet	69.2	399	91.2	160
	Rajshahi	89.0	151	96.5	165
	Khulna	78.8	144	91.6	159
	Mymensingh	50.3	140	77.5	156
	Rangpur	88.0	144	-	-
	Barisal	44.8	142	-	-
	<b>p-value</b>	<.01		<.01	
Region	Dhaka	61.7	525	77.8	477
	All other cities	66.4	1264	77.9	1060
	<b>p-value</b>	NS		NS	
<b>Total [95% CI]</b>		<b>65.0 [62.8, 67.2]</b>	<b>1789</b>	<b>77.9 [75.8, 80.0]</b>	<b>1537</b>

The place where MSM and MSW got HIV tests in last 12 months were DIC/ HTC centers (98.4% and 98.9% respectively). A small fraction also went to government hospitals, private laboratory and NGO centers (Table 5.38).

**Table 5.38: Distribution of MSM and MSW who tested for HIV in last 12 months by place of HIV testing**

Response	MSM (N=1224)	MSW (N=1199)
	Percent	Percent
DIC/ HTC Centre	99.4	99.1
Government Hospital	2.4	0.3
NGO centers	1.0	0.6
Others	1.2	0.2

Multiple responses

The most common reason for not testing HIV was 'not feeling necessity' (67%) reported by MSM but no MSW belonged to this group (Table 5.39). The other two relatively strong reasons were: 'fear' (13.9%) and unwilling to disclose the HIV status (11.9%) among MSM.

Among MSW the most common reason of not taking HIV test was unwilling to disclose the test result (35.9%), 'fear' (20.9%) and distance of testing center (12.5%).

**Table 5.39: Distribution of MSM and MSW who did not have HIV testing according to reasons for not testing**

Reasons	MSM (N=275)	MSW (N=118)
	Percent	Percent
Did not feel necessary	67.0	-
Due to fear	13.9	20.9
Did not want to disclose their HIV status	11.9	35.9
HTC center was far away	3.3	12.5
Others	3.9	30.7

### 5.8 Exposure to HIV prevention program (DIC and Outreach activities under NFM)

Participation in HIV prevention program was 90% or more among MSM but it was more than 96% among MSW (Table 5.40), irrespective of age, with a slightly higher rate among those who were 40 years of age or older. It was slightly less among the illiterate (84.4% among MSM and 92.4% among MSW. Among others it was more). Marital status was not related with participation in the intervention program. It was slightly higher in all other cities than in Dhaka (93.8% and 92.4% in MSM respectively and 94.7% and 97.5% respectively among MSW). Rajshahi, Rangpur, Khulna showed a higher rate among both the groups. Among MSW Rajshahi, Rangpur, Sylhet and Khulna showed a higher rate.

**Table 5.40: Distribution of MSM and MSW who participated in HIV intervention program in the last 12 months by selected characteristics**

Characteristics		MSM		MSW	
		Percent	N	Percent	N
Age	Below age 20	91.9	350	96.2	217
	20-24 years	93.5	592	96.6	498
	25-29 years	95.5	385	96.1	407
	30-34 years	93.6	214	96.4	188
	35-39 years	89.6	146	98.1	127
	40 and above	94.8	102	98.0	100
<b>Mean age</b>		<b>25.8</b>	<b>1789</b>	<b>26.7</b>	<b>1537</b>
Education	No formal education	84.4	71	92.4	112
	Up to grade 5	92.3	368	96.3	417
	Grade 6-10	94.2	944	97.3	809
	More than grade 10	94.0	406	96.6	199
Marital status	Never married	93.6	1189	97.0	1119
	Currently married	92.8	579	95.4	369
	Separated/divorced/widowed	96.7	21	97.5	49
City	Dhaka	92.4	525	94.7	477
	Chittagong	90.6	144	95.2	420
	Sylhet	91.4	399	98.2	160
	Rajshahi	100.0	151	100.0	165
	Khulna	93.9	144	97.7	159
	Mymensingh	88.2	140	100.0	156
	Rangpur	100.0	144	-	-
	Barisal	95.9	142	-	-
Region	Dhaka	92.4	525	94.7	477
	All other cities	93.8	1264	97.5	1060
<b>Total</b>		<b>93.4</b>	<b>1789</b>	<b>96.6</b>	<b>1537</b>

The services received from DIC were (Table 5.41): condom (89.4% by MSM and 94.4% by MSW), lubricant (85.7% and 94.8% by MSM and MSW respectively), and HIV testing (76.4% and 85.0% by MSM and MSW respectively), counseling (46.6% and 56.8% among MSM and MSW respectively), treatment of STI (29.3% and 41.7% by MSM and MSW respectively), rest and recreation (28.4% and 34.7% respectively by MSM and MSW), HTC (20.6% and 25.7% respectively by MSM and MSW) and BCC/ Education session (23.5% and 22.8% respectively). Most outreach services were condom demonstration and distribution (91.0% and 91.6% to MSM and MSW respectively), lubricant distribution (79.6% and 87.3% by MSM and MSW respectively), BCC/ IEC session (33.1% and 36.4% by MSM and MSW respectively).

**Table 5.41: Distribution of MSM and MSW according to the types of services they received during the last 12 months from DIC and outreach**

Types of service received	MSM (N=1670)	MSW (N=1485)
	Percent	Percent
<b>DIC services:</b>		
Condom	89.4	94.4
Lubricant	85.7	94.8
HIV test and results	76.4	85.0
Counseling	46.6	56.8
Treatment of STI	29.3	41.7
HTC	20.6	25.7
Rest and recreation	28.4	34.7
BCC/Education session	23.5	22.8
Treatment of abscess	4.3	3.5
TB-DOTS	1.8	4.6
ART support	0.1	0.1
OST	0.5	0.4
Other DIC services	0.9	0.4
<b>DIC referral services:</b>		
Complicated STI	4.4	1.6
Complicated abscess	1.4	0.4
TB-DOTS	1.5	0.1
ART support	0.0	0.0
Other referral services	0.2	0.1
<b>Outreach services:</b>		
Condom demonstration and distribution	91.0	91.6
Lubricant distribution	82.6	87.3
Discussion on HTC	28.6	29.1
BCC/IEC session	33.1	36.4
Other Outreach Services	0.3	0.0

Although receipt of individual services such as condom, lubricant and HIV testing from the program in last 12 months were very high, the receipt of core services (condom and BCC) were low - 40.4% among MSM and 42.0% among MSW. Receipt of core services varied between 37.5% and 42.6% among MSM and between 32.0% and 46.0% among MSW (Table 5.42) by age but variations were not significant. It was more among more educated, by and large, but difference in the estimates by the level of education was significant among MSM (P=0.05). The difference in the rate by marital status was not significant. A higher rate was noted among currently married (42.8%) and then among unmarried among MSM (39.4%), and most among separated/ divorced/ widowed (47.5%) to the least among

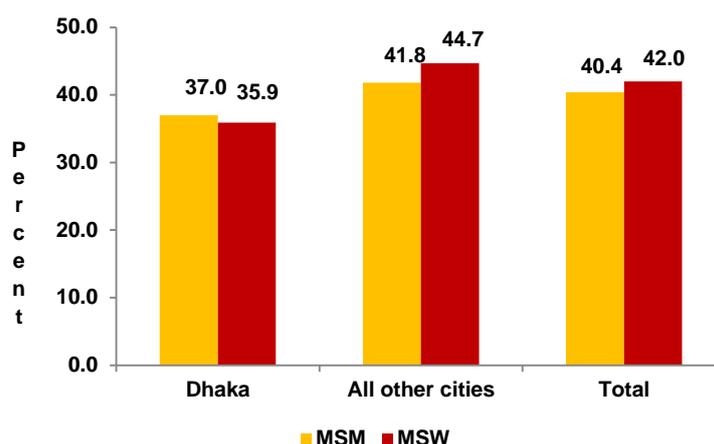
currently married (38.9%) among MSW. Core services were received more in all other cities than in Dhaka (41.8% and 37.0% respectively) among MSM and 44.7% and 35.9% among MSW respectively. This difference is significant both among MSM (P=0.049) and MSW (P<0.01). The least singularly was in Rajshahi (18.1% among MSM and 17.8 among MSW) and highest was in Barisal among MSM (59.2%) These differences between city are highly significant both among MSM and MSW (P<0.01 in each).

**Table 5.42: Distribution of MSM and MSW who received core services (condom and BCC) in the last year by selected characteristics**

Characteristics		MSM		MSW	
		Percent	N	Percent	N
Age	Below age 20	37.7	322	40.4	209
	20-24 years	40.1	553	43.5	481
	25-29 years	42.6	368	42.4	391
	30-34 years	42.2	201	46.0	181
	35-39 years	41.8	130	39.8	124
	40 and above	37.5	97	32.0	98
	<b>p-value</b>	<b>NS</b>		<b>NS</b>	
Education	No formal education	35.0	60	34.9	104
	Up to grade 5	42.2	339	39.8	401
	Grade 6-10	38.0	889	43.4	787
	More than grade 10	45.4	382	44.7	193
	<b>p-value</b>	<b>.050</b>		<b>NS</b>	
Marital status	Never married	39.4	1113	42.8	1085
	Currently married	42.8	537	38.9	352
	Separated/divorced/widowed	32.9	20	47.5	48
	<b>p-value</b>	<b>NS</b>		<b>NS</b>	
City	Dhaka	37.0	485	35.9	452
	Chittagong	41.3	130	44.7	400
	Sylhet	50.7	365	59.4	157
	Rajshahi	18.1	151	17.8	165
	Khulna	42.3	135	54.6	155
	Mymensingh	41.4	124	48.5	156
	Rangpur	28.2	144	-	-
	Barisal	59.2	136	-	-
	<b>p-value</b>	<b>&lt;.01</b>		<b>&lt;.01</b>	
Region	Dhaka	37.0	485	35.9	452
	All other cities	41.8	1185	44.7	1033
	<b>p-value</b>	<b>.049</b>		<b>&lt;.01</b>	
<b>Total [95% CI]</b>		<b>40.4 [38.1, 42.8]</b>	<b>1670</b>	<b>42.0 [39.5, 44.6]</b>	<b>1485</b>

Note: Core services means receiving condom and BCC.

**Figure 5.8: MSM and MSW who received core services by region**



In the last 12 months, the benefits drawn by MSM and MSW from DIC and outreach sites were (Table 5.43): learning about HIV/ AIDS/ STI (87.3% by MSM and 90.6% by MSW), learning about safe sex and correct use of condom (76.2% by both MSM and MSW) and changing of behavior (50.9% in MSM and 54.1% in MSW).

**Table 5.43: Distribution of MSM and MSW according to the types of benefits they got from the services of DIC and outreach in last 12 months**

Types of service benefits	MSM (N=1670)	MSW (N=1485)
	Percent	Percent
Changed behavior	50.9	54.1
Learnt about HIV/AIDS/STI	87.3	90.6
Learnt about safe sex and correct use condom	76.2	76.2
Other	1.2	5.2

Multiple responses

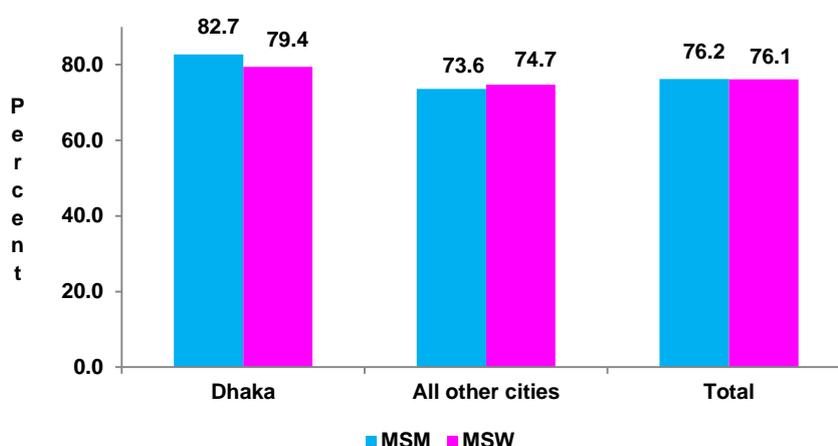
Overall, a slightly more than 76 percent of both the MSM and MSW received required number of condoms from the program. More among those who were less than 20 years of age received the required number of condoms (79.4% among MSM and 80.6% among MSW) (Table 5.44). The least was among 35-39 years old MSM (66%) and 25-29 years old MSW (72.1%). No pattern was seen by the level of education. Among MSM the least rate was among those who were educated up to grade 5 (73.8%) and among MSW the least was in those who were educated up to grade 6-10 (70.8%). The highest- 77.7% among MSM in those who were educated for 6-10 grade and among MSW among those who were educated for more than 10<sup>th</sup> grade (89.1%). Among MSM the highest rate of receiving required number of condom was noted among those who were separated/ divorced/ widowed (82%) and least was noted among currently married (72.5%). Among MSW the highest and the lowest rates were in currently married (78.6%) and among separated/ divorced/ widowed (54.3%). More

condoms were received in Dhaka than in all other cities by both MSM and MSW (82.7% and 73.6% among MSM respectively; and 79.4% and 74.7% in MSW respectively). But individually in Rajshahi and Khulna it was more (93.3% and 99% among MSM and 89.5% and 98.9% among MSW).

**Table 5.44: Distribution of MSM and MSW who received required number of condoms on time by selected characteristics**

Characteristics		MSM		MSW	
		Percent	N	Percent	N
Age	Below age 20	79.4	322	80.6	209
	20-24 years	76.6	553	74.1	481
	25-29 years	75.3	368	72.1	391
	30-34 years	78.2	201	76.1	181
	35-39 years	66.0	130	81.9	124
	40 and above	76.8	97	85.2	98
Education	No formal education	75.1	60	77.8	104
	Up to grade 5	73.8	339	80.0	401
	Grade 6-10	77.7	889	70.8	787
	More than grade 10	75.2	382	89.1	193
Marital status	Never married	78.0	1113	76.3	1085
	Currently married	72.5	537	78.6	352
	Separated/divorced/widowed	82.0	20	54.3	48
City	Dhaka	82.7	485	79.4	452
	Chittagong	77.5	130	65.9	400
	Sylhet	67.2	365	67.0	157
	Rajshahi	93.3	151	89.5	165
	Khulna	99.0	135	98.9	155
	Mymensingh	77.4	124	65.2	156
	Rangpur	77.9	144	-	-
	Barisal	32.4	136	-	-
Region	Dhaka	82.7	485	79.4	452
	All other cities	73.6	1185	74.7	1033
<b>Total</b>		<b>76.2</b>	<b>1670</b>	<b>76.1</b>	<b>1485</b>

**Figure 5.9: MSM and MSW who received required number of condoms on time by region**



The ways MSM met their requirement of condom in last 12 months were different from the ways MSW met their condom requirements in last 12 months. Most common ways of meeting the shortfall among MSM were: buying from pharmacy, buying condom from other sources, getting from male sex workers and from depot holders and borrowing from friends. Among MSW the most common ways were: collection from depot holders, receiving from male sex workers, borrowing from friends, buying from pharmacy and buying condom from other sources (Table 5.45).

**Table 5.45: Distribution of MSM and MSW who did not receive required number of condom in time and the ways they met their needs in last 12 months**

Sources	MSM (N=397)	MSW (N=355)
	Percent	Percent
Purchased/ Pharmacy	89.5	36.9
Collected from depot	15.7	38.9
Borrowed condoms from others	2.4	3.8
Obtained from male sex worker	22.4	28.0
Borrowed from friends	12.9	23.3
Others	17.1	27.7

Multiple responses

Overall, 81.5% MSM and 83.5% MSW received required lubricants from the program. The rate of receiving required number of lubricants on time was more among MSW than MSM for each level of age, without any pattern - ranging from 75.2% to 86.4% among MSM (highest among the youngest age group). The corresponding estimates for MSW were 79.8% to 91.8% (highest being among those aged 40 years and above). Education-wise or marital status-wise no pattern was seen among MSM or MSW. Although at two levels- Dhaka and all other cities taken at two levels only, the reception of required number of lubricants on time did not vary much but individually the rate was very high at Khulna, Rajshahi and Rangpur among MSM and in Rajshahi and Khulna among MSW (Table 5.46).

**Table 5.46: Distribution of MSM and MSW who received required number of lubricants on time by selected characteristics**

Characteristics	MSM		MSW		
	Percent	N	Percent	N	
Age	Below age 20	86.4	322	87.2	209
	20-24 years	81.6	553	79.8	481
	25-29 years	79.4	368	82.2	391
	30-34 years	81.5	201	83.1	181
	35-39 years	75.2	130	89.5	124
	40 and above	81.6	97	91.8	98
Education	No formal education	89.6	60	79.0	104
	Up to grade 5	83.7	339	88.5	401
	Grade 6-10	82.0	889	79.4	787
	More than grade 10	77.3	382	92.4	193
Marital status	Never married	82.1	1113	82.9	1085
	Currently married	80.7	537	85.8	352
	Separated/divorced/widowed	70.9	20	80.1	48

Characteristics		MSM		MSW	
		Percent	N	Percent	N
City	Dhaka	82.6	485	82.5	452
	Chittagong	74.1	130	75.7	400
	Sylhet	80.7	365	82.2	157
	Rajshahi	99.3	151	100.0	165
	Khulna	100.0	135	98.9	155
	Mymensingh	80.7	124	74.9	156
	Rangpur	95.2	144	-	-
	Barisal	35.5	136	-	-
Region	Dhaka	82.6	485	82.5	452
	All other cities	81.1	1185	83.9	1033
<b>Total</b>		<b>81.5</b>	<b>1670</b>	<b>83.5</b>	<b>1485</b>

When the required amount of lubricants could not be obtained from the program other avenues adopted, based on multiple responses, were (Table 5.47): obtained from male sex workers (by 33.2% MSM and 3.4% MSW); borrowed from friends (25.9% and 29.6% by MSM and MSW respectively); purchased (19.8% and 8% by MSM and MSW respectively). Among MSW the biggest source of collection of lubricants was from depots (44.2%).

**Table 5.47: Distribution of MSM and MSW who did not receive required number of lubricants in time and the ways they met their needs in last 12 months**

Sources	MSM (N=308)	MSW (N=245)
	Percent	Percent
Purchased lubricant	19.8	8.0
Collected from depot	10.4	44.2
Borrowed lubricant from others	3.9	10.2
Obtained from male sex worker	33.2	3.4
Borrowed from friends	25.9	29.6
Others	29.9	29.5

Multiple responses

Almost all MSM and MSW who participated in the program in last 1 year were visited by outreach workers in last 1 month. Slightly more MSW were visited by outreach workers than MSM both within seven days and within 30 days (Table 5.48).

**Table 5.48: Distribution of MSM and MSW regarding visit of outreach workers in last 7 days and 30 days**

Response	MSM (N=1670)	MSW (N=1485)
	Percent	Percent
Visited in last 7 days	93.1	95.3
Visited in last 30 days	98.2	99.2

Note: MSM and MSW who did not receive NGO services have been excluded.

More than three in four MSM and MSW visited DICs in last three months 'sometimes' (Table 5.49). 12.3 % MSM and 16.6 % MSW visited DICs many times in last 3 months.

**Table 5.49: Distribution of MSM and MSW according to the number of times they visited DICs last 3 months**

Frequency	MSM (N=1224)	MSW (N=1196)
	Percent	Percent
Many times	12.3	16.6
Sometimes	78.3	78.4
Others	9.4	4.9

Note: i) 446 (24.9%) MSM and 289 (18.8%) MSW did not visit DIC in the last 3 months  
 ii) MSM and MSW who did not receive NGO services have been excluded in the denominator  
 iii) Others: Mostly 1 to 3 times

## 5.9 Violence, stigma and discrimination

Overall 11.2% MSM and 24.4% MSW were abused in last 12 months for their profession. MSW were abused more than MSM irrespective of age, education, marital status, or city. Most MSM who were abused physically or otherwise for their profession in last 12 months belonged to 20 to 24 and 25 to 29 years of age (10.7% to 15.8%). Among MSM the least abused were those who were less than 20 years of age (9.5%). Among MSW this was higher between 20 and 24 and 35 years and above (Table 5.50) without any pattern. No pattern of abuse was seen based the educational level. The most abused among MSM were those who were educated above 10<sup>th</sup> grade (17.1%) and least was among those who were educated from 6<sup>th</sup> to 10<sup>th</sup> grade (8.8%). Among MSW the most abused were educated between 6<sup>th</sup> and 10<sup>th</sup> grade (25.5%) and least abused were illiterate (21.7%). Separated/ divorced/ widowed MSM were abused more both in MSM and MSW(24.7%).

MSM were more abused in all other cities than in Dhaka (11.6% to 10.3% respectively). On the other hand, considerably MSM were more abused in Dhaka than all other cities (27.9% to 22.8% respectively). The least abused among MSM were in Chittagong (only 2.1%), and in Mymensingh (3.5%). The most abused among MSM were in Barisal and Rajshahi (28.5% and 27.6% respectively). Among MSW the most abused were in Sylhet (34.1%) and Rajshahi (30.8%). The least were in Khulna (12.5%) and Chittagong (18.3%).

**Table 5.50: Distribution of MSM and MSW who were abused physically or otherwise in the last 12 months for their profession by selected characteristics**

Characteristics		MSM		MSW	
		Percent	N	Percent	N
Age	Below age 20	9.5	350	18.8	217
	20-24 years	10.7	592	27.7	498
	25-29 years	15.8	385	22.2	407
	30-34 years	11.2	214	24.9	188
	35-39 years	8.8	146	26.5	127
	40 and above	6.4	102	25.6	100
Education	No formal education	9.8	71	21.7	112
	Up to grade 5	11.2	368	23.8	417
	Grade 6-10	8.8	944	25.5	809
	More than grade 10	17.1	406	22.8	199

Characteristics		MSM		MSW	
		Percent	N	Percent	N
Marital status	Never married	12.0	1189	24.6	1119
	Currently married	9.1	579	22.1	369
	Separated/divorced/widowed	24.7	21	36.7	49
City	Dhaka	10.3	525	27.9	477
	Chittagong	2.1	144	18.3	420
	Sylhet	8.7	399	34.1	160
	Rajshahi	27.6	151	30.8	165
	Khulna	6.5	144	12.5	159
	Mymensingh	3.5	140	25.4	156
	Rangpur	8.4	144	-	-
	Barisal	28.5	142	-	-
Region	Dhaka	10.3	525	27.9	477
	All other cities	11.6	1264	22.8	1060
<b>Total</b>		<b>11.2</b>	<b>1789</b>	<b>24.4</b>	<b>1537</b>

Among MSM sex partner/local people were the most common abusers (Table 5.51). Among MSW it was the local musclemen. Among MSM the second most common abusers were local musclemen and among MSW it was sex partners/ local people. The third most common abusers were police in both MSM and MSW. Narcotics department officials were also a formidable abuser to both MSM and MSW.

**Table 5.51: Distribution of MSM and MSW by the types of persons who abused them**

Response	MSM (N=200)	MSW (N=375)
	Percent	Percent
Sex partner/local people	48.0	41.9
Local musclemen	33.2	46.0
Police	28.1	30.4
Pimps/drug sellers	5.0	1.0
Others (Narcotics control people)	20.3	18.5

Multiple responses

Overall, 5.3% MSM and 2.4% MSW were arrested during last 12 months. The least arrested among MSM were those who were between 30 and 34 years of age (2.1%). The most arrested MSM belonged to 25-29 years of age (6.8%). Among MSW on the other hand, the most commonly arrested ones belonged to 40 years of age and above (4.1%) and the least number of arrests among MSW was among 35-39 years of age (1.4%).

Arrest among MSM was more as the level of education got higher (1.4% among illiterate to 7.5% among those who were educated above 10 years of schooling). Among MSW, highest arrests were seen among those educated to 6<sup>th</sup> to 10<sup>th</sup> grade (3.1%), and the least among illiterate (0.6%). Although most arrests were made among the separated/ divorced and widowed, among both MSM and MSW, the rate was much higher among MSM (23.3% to 10.5%) and then among the currently married MSM and MSW (4.5% and 1.8% respectively). While arrest was more common among MSM in all other cities than in Dhaka (5.8% and 4.2% respectively), among MSW it was more in Dhaka (4.3% to 1.6% respectively). The

least number of arrests were made in Chittagong in MSM and MSW. A very number of MSM were arrested in Barisal (36.5%).

**Table 5.52: Distribution of MSM and MSW who were arrested during last 12 months by selected characteristics**

Characteristics		MSM		MSW	
		Percent	N	Percent	N
Age	Below age 20	5.0	350	1.7	217
	20-24 years	5.7	592	1.7	498
	25-29 years	6.8	385	2.9	407
	30-34 years	2.1	214	4.0	188
	35-39 years	6.2	146	1.4	127
	40 and above	3.9	102	4.1	100
Education	No formal education	1.4	71	0.6	112
	Up to grade 5	4.6	368	2.0	417
	Grade 6-10	4.9	944	3.1	809
	More than grade 10	7.5	406	1.7	199
Marital status	Never married	5.4	1189	2.3	1119
	Currently married	4.5	579	1.8	369
	Separated/divorced/widowed	23.3	21	10.5	49
City	Dhaka	4.2	525	4.3	477
	Chittagong	0.0	144	0.8	420
	Sylhet	1.9	399	1.9	160
	Rajshahi	2.7	151	3.5	165
	Khulna	3.4	144	1.2	159
	Mymensingh	2.7	140	1.8	156
	Rangpur	0.8	144	-	-
	Barisal	36.5	142	-	-
Region	Dhaka	4.2	525	4.3	477
	All other cities	5.8	1264	1.6	1060
<b>Total</b>		<b>5.3</b>	<b>1789</b>	<b>2.4</b>	<b>1537</b>

Among those who were arrested, 26.4% MSM and 45.9% MSW were arrested for their profession (Table 5.53). MSM of age group of 40 years and above were more arrested (37.7%) in last 12 months because of their profession. The least was among 30-34 years of age (0%). MSW of 35-39 years of age were more arrested (100%) and least was among those who were 40 years of age or older. While the highest rate of arrests occurred among the illiterate MSM (100%), it was the least among illiterate MSW (0%). Just the opposite scenario was seen among the most educated MSM and MSW (23.8% and 82.7% respectively).

Marital status-wise arrests were more among separated/ divorced/ widowed MSM (37.9%) and least among unmarried MSM (24.4%). Among MSW it was least among separated/ divorced/ widowed (18.4%), most among currently married MSW (49.8%). Slightly higher number of arrest was made in MSM of Dhaka than in all other cities (27.1% and 26.1% respectively). While substantially more arrest among MSW was made in all other cities than in Dhaka (49.6% and 40%). City-wise lowest rate of arrests were made in Chittagong both in MSM and MSW (0% and 25.5% respectively) and among MSM of Rajshahi (0%). Among MSM highest rate of arrests was made in Rangpur (100%) for their profession. Among MSW highest rate of arrest was made in Mymensingh (71.1%).

**Table 5.53: Distribution of MSM and MSW who were arrested during last 12 months for their profession by selected characteristics**

Characteristics		MSM		MSW	
		Percent	N	Percent	N
Age	Below age 20	18.7	18	48.4	4
	20-24 years	34.8	34	60.4	9
	25-29 years	22.4	26	45.8	12
	30-34 years	0.0	5	23.3	7
	35-39 years	29.6	9	100.0	2
	40 and above	37.7	4	16.4	4
Education	No formal education	100.0	1	0.0	1
	Up to grade 5	31.2	17	42.8	8
	Grade 6-10	24.7	47	40.9	25
	More than grade 10	23.8	31	82.7	3
Marital status	Never married	24.4	64	48.2	26
	Currently married	29.1	26	49.8	7
	Separated/divorced/widowed	37.9	5	18.4	5
City	Dhaka	27.1	22	40.0	20
	Chittagong	-	-	25.5	3
	Sylhet	26.6	7	56.8	3
	Rajshahi	-	4	51.6	6
	Khulna	68.7	5	44.0	2
	Mymensingh	25.8	4	71.1	3
	Rangpur	100.0	1	-	-
	Barisal	22.5	52	-	-
Region	Dhaka	27.1	22	40.0	20
	All other cities	26.1	73	49.6	17
<b>Total</b>		<b>26.4</b>	<b>95</b>	<b>45.9</b>	<b>37</b>

Among all MSM and MSW, 1.1% MSM and 2.2% MSW were ever sent to jail/ vagrant home (Table 5.54). MSM belonged to 35-39 years of age were sent to jail most (2.6%) and the least was noted among 20-24 years of age (0.7%) followed by 40 years of age or older (0.8%). MSW belonged to 30-34 years of age were sent jail/ vagrant home most (3.8%) and the least was among 40 years and older age (0%).

More MSM were sent to jail/vagrant home with advancing education (0.8% to 1.5%). Among MSW it was most among those who were educated up to 5<sup>th</sup> grade (2.5%) and least among the illiterate (0.9%). Arrest was substantially more among separated/divorced/widowed (19.6% and 14.8% among MSM and MSW respectively). The least was in unmarried among MSM (0.7%) and currently married MSW (0.9%).

Sending to jail/ vagrant homes was quite high among both MSM and MSW in Dhaka than all other cities (1.5% and 0.9%, respectively, for MSM; and 3.7% and 1.5%, respectively for MSW). The least jailing and sending to vagrant homes was seen in Khulna in (0% in both MSM and MSW). In Rangpur it was 0.0% among MSM (no MSW was sampled in Rangpur). Among MSM highest arrest was made in Barisal (4.1%). There was no jailing and sending to vagrant homes among those who did not take part in any prevention program (Table 5.54).

**Table 5.54: Distribution of MSM and MSW who were ever in jail/vagrant homes by selected characteristics**

Characteristics		MSM		MSW	
		Percent	N	Percent	N
Age	Below age 20	1.1	350	1.4	217
	20-24 years	0.7	592	1.6	498
	25-29 years	1.2	385	3.0	407
	30-34 years	1.2	214	3.8	188
	35-39 years	2.6	146	2.2	127
	40 and above	0.8	102	0.0	100
Education	No formal education	0.8	71	0.9	112
	Up to grade 5	0.9	368	2.5	417
	Grade 6-10	1.0	944	2.2	809
	More than grade 10	1.5	406	2.0	199
Marital status	Never married	0.7	1189	2.0	1119
	Currently married	1.2	579	0.9	369
	Separated/divorced/widowed	19.6	21	14.8	49
City	Dhaka	1.5	525	3.7	477
	Chittagong	0.0	144	0.8	420
	Sylhet	0.9	399	1.2	160
	Rajshahi	0.0	151	4.3	165
	Khulna	0.0	144	0.0	159
	Mymensingh	1.4	140	1.9	156
	Rangpur	0.0	144	-	-
	Barisal	4.1	142	-	-
Region	Dhaka	1.5	525	3.7	477
	Other priority districts	0.9	1264	1.5	1060
Received services from program in last 12 months	Yes	1.2	1670	2.2	1485
	No	0.0	119	0.0	52
<b>Total</b>		<b>1.1</b>	<b>1789</b>	<b>2.2</b>	<b>1537</b>

Among MSM and MSW, overall, 0.9% MSM and 1.7% MSW visited health facilities but did not get services in last 12 months because of stigma or discrimination (Table 5.55). By age, MSM belonged to 35-39 years of age were the most deprived group(1.9%) who did not receive services because of discrimination though they visited the health facilities and the least was who were 40 years of age and above (0%). Among MSW this rate was highest among the 30-34 years of age (3.3%) and the least among 35-39 years old (0.5%). By literacy the highest rate among MSM was among illiterate (1.3%) and least among those who were educated to grade 6-10 (0.7%). Among MSW it was most among those who were educated up to grade 5 (2.4%) and the least was among illiterate (0.6%). Among MSM a very high number among separated/divorced/widowed did not/ could not take treatment for stigma (16.5%); the least being among currently married and unmarried (less than 1%). Among MSW the difference was not much - 1.5% among the currently married and 1.9% among separated/divorced/widowed. City-wise no MSM in Chittagong, Mymensingh and Rangpur failed to take treatment. Among MSW a small percentage did not take services due to stigma (0.3% and 0.6% in Chittagong and Mymensingh). Highest number failed in availing treatment because of stigma among MSM in Barisal (4.4%) and among MSW in Sylhet (5.3%).

**Table 5.55: Distribution of MSM and MSW who visited healthcare center and did not get/receive services in the last 12 months because of stigma and discrimination by selected characteristics**

Characteristics		MSM		MSW	
		Percent	N	Percent	N
Age	Below age 20	0.4	350	1.6	217
	20-24 years	1.3	592	1.8	498
	25-29 years	0.6	385	1.4	407
	30-34 years	0.8	214	3.3	188
	35-39 years	1.9	146	0.5	127
	40 and above	0.0	102	1.2	100
Education	No formal education	1.3	71	0.6	112
	Up to grade 5	0.9	368	2.4	417
	Grade 6-10	0.7	944	1.6	809
	More than grade 10	1.2	406	1.6	199
Marital status	Never married	0.7	1189	1.8	1119
	Currently married	0.6	579	1.5	369
	Separated/divorced/widowed	16.5	21	1.9	49
City	Dhaka	1.0	525	2.2	477
	Chittagong	0.0	144	0.3	420
	Sylhet	0.7	399	5.3	160
	Rajshahi	0.7	151	2.2	165
	Khulna	0.6	144	1.2	159
	Mymensingh	0.0	140	0.6	156
	Rangpur	0.0	144	-	-
Barisal	4.4	142	-	-	
Region	Dhaka	1.0	525	2.2	477
	In all other cities	0.9	1264	1.5	1060
Received services from program in last 12 months	Yes	1.0	1670	1.8	1485
	No	0.0	119	0.0	52
<b>Total</b>		<b>0.9</b>	<b>1789</b>	<b>1.7</b>	<b>1537</b>

## SECTION SIX

### Hijra (Transgender)

#### 6.1 Background characteristics

Average age of all surveyed hijra was 27.5 years. Over three-quarters of them were less than 35 years of age and 10.2% were less than 20 years. Nearly half (41.8%) of hijra were educated up to grade 5, while almost another half (44.3%) completed 6 -10 grades of education. Of them 7.2% and 6.7% were illiterate or educated to grade 10 and above respectively. Overwhelming number of (87.2%) of hijra respondents were never married and most hijras (94.4%) were currently living with a male regular partner and the rest with female partners. Maximum hijra respondents (96%) were the recipient of services from HIV Program. Forty percent of hijras were from Dhaka and the rest from all other cities (14% to 15% in each of the 4 cities). Among all hijras, 85.91% were sex worker hijra and 14.1% were badhai hijra (Table 6.1).

**Table 6.1: Distribution of Hijra by selected background characteristics**

Background characteristics		Hijra	
		Percent	N
Age	Below age 20	10.2	113
	20-24 years	26.7	296
	25-29 years	30.8	342
	30-34 years	15.5	172
	35-39 years	9.4	104
	40 and above	7.5	83
	<b>Mean age</b>	<b>27.5</b>	<b>1110</b>
Education	No formal education	7.2	80
	Up to grade 5	41.8	464
	Grade 6-10	44.3	492
	More than grade 10	6.7	74
Marital status	Never married	87.2	968
	Currently married	11.6	129
	Separated/divorced/widowed	1.1	13
Regular partner with whom currently living	Man	94.4	576
	Woman	5.6	34
	Hijra	0.0	0
Type	Hijra Sex Worker	85.9	954
	Badhai Hijra	14.1	156
City	Dhaka	40.0	444
	Chittagong	15.4	171
	Khulna	15.3	170
	Chapainawabganj	15.1	168
	Sylhet	14.1	157
Region	Dhaka	40.0	444
	All other cities <sup>1</sup>	60.0	666
Received services from program in last 12 months	Yes	96.3	1069
	No	3.7	41
	<b>Total</b>	<b>100.0</b>	<b>1110</b>

<sup>1/</sup> Chittagong, Khulna, Chapainawabganj and Sylhet. Same as for other tables.

Sex Worker hijras were younger than the Badhai hijras. Average age of SW hijra was 26.8 years and that of the Badhai hijra-31.6 years. Three-fourth (75.8%) of SW hijras were between 20 and 35 years of age. About half (55.8%) of the Badhai hijras were at the same age group. Both groups of hijras were of about the same level of education. Forty three and forty two percent of SW and Badhai hijras respectively were educated up to grade 5 while 43.4% and 44.3% respectively of SW and Badhai hijras completed 6-10 grades. Overwhelming number of SW hijras (87.6%) and Badhai hijras (87.2%) were never married (Table 6.2).

**Table 6.2: Distribution of Hijra type by selected background characteristics and areas**

Background characteristics		Type of Hijra					
		Hijra Sex Worker		Badhai Hijra		Total	
		Percent	N	Percent	N	Percent	N
Age	Below age 20	10.8	103	6.2	10	10.2	113
	20-24 years	28.8	275	13.8	21	26.7	296
	25-29 years	32.1	306	23.0	36	30.8	342
	30-34 years	14.9	142	19.0	30	15.5	172
	35-39 years	8.1	77	17.4	27	9.4	104
	40 and above	5.3	51	20.7	32	7.5	83
Education	No formal education	7.0	67	8.6	13	7.2	80
	Up to grade 5	42.4	404	38.2	60	41.8	464
	Grade 6-10	43.4	414	50.1	78	44.3%	492
	More than grade 10	7.3	69	3.1	5	6.7	74
Marital status	Never married	87.6	835	84.9	133	87.2	968
	Currently married	11.5	110	12.4	19	11.6	129
	Separated/divorced/ widowed	0.9	8	2.8	4	1.1	13
City	Dhaka	36.1	344	63.7	100	40.0	444
	Chittagong	16.8	160	7.2	11	15.4	171
	Khulna	13.8	132	24.6	38	15.3	170
	Chapainawabganj	16.9	161	4.5	7	15.1	168
	Sylhet	16.5	157	0.0	0	14.1	157
Region	Dhaka	36.1	344	63.7	100	40.0	444
	All other cities	63.9	609	36.3%	57	60.0	666
<b>Total</b>		<b>100.0</b>	<b>954</b>	<b>100.0</b>	<b>156</b>	<b>100.0</b>	<b>1110</b>

## Sources of income

The main source of income of hijras was sex work (62.2%) followed by chholla (13.8%) and badhai work (13.2%). A small fraction also got income from service, business, small trade, family and pulling of rickshaw van (Table 6.3a).

**Table 6.3a: Distribution of Hijra by main source of income**

Main source of income	All Hijra (N=1110)
Sex work	62.2
Chholla	13.8
Badhai work	13.2
Service	4.0
Business	2.8
Small trade	2.3
Rickshaw/Van	0.5
Others (family)	1.2

A little less than a quarter of all hijras earned Taka 10,000.00 or less in last 30 days, more than half of them earned between 10,001 and 20,000.00 and the rest, 9.7%, earned over Taka 20,000.00 in last 1 month. The median income of hijras was Taka 13,000.00 in last one moth (Table 6.3b).

**Table 6.3b: Distribution of Hijra by their income in last 30 days**

Income (in Taka)	All Hijra (N=1110)
Up to 10000	31.3
10001-20000	58.9
20001-30000	7.8
30001 and above	1.9
Median	13,000.00

## 6.2 Behavioral factors

### Experienced Sex Work for the First Time

Hijra sex workers at average age of 12.3 years experienced sex work for the first time. Over half (66.8%) of hijra sex workers reported that they started sex work before age 15 years. Most Hijra sex workers who were less than 20 years of age, (91.2%) reported sex work before age 15 years. Furthermore, 83.6% of the Hijra SWs in Khulna and 76.2% of Hijra SWs in Sylhet reported, they started sex work before age 15, which were higher compared to other cities (Table 6.4). Least number of Hijra SW started sex work before 15 years of age in Chittagong (55.2%) and Chapainawabganj (56.5%).

**Table 6.4: Distribution of Hijra Sex Workers who experienced sex work for the first time before age 15 by selected characteristics**

Characteristics		Hijra Sex Workers	
		Percent	N
Age	Below age 20	91.2	103
	20-24 years	72.9	274
	25-29 years	67.3	306
	30-34 years	58.6	142
	35-39 years	42.0	77
	40 and above	41.0	51
Education	No formal education	71.2	66
	Up to grade 5	71.6	404
	Grade 6-10	65.2	414
	More than grade 10	43.9	69
Marital status	Never married	66.5	835
	Currently married	69.4	110
	Separated/divorced/widowed	65.6	8
Type	Hijra Sex Worker	66.8	954
	Badhai Hijra	0.0	156
City	Dhaka	66.2	344
	Chittagong	55.2	160
	Khulna	83.6	132
	Chapainawabganj	56.5	161
	Sylhet	76.2	157
Region	Dhaka	66.2	344
	All other cities	67.1	609
<b>Total</b>		<b>66.8</b>	<b>954</b>

### Age of entry into sex work and years in sex work as a profession

Hijra SWs entered into sex work at the average age of 13.7 years (Table 6.5). The highest average age of entry into sex work was reported in Chittagong (14.8 years) and the lowest was in Khulna (12.2 years).

The average duration of Hijra SWs in the profession was 10.2 years. The lowest average duration in sex work profession was reported in Chittagong (8.4 years) and highest in Sylhet (12.9 years).

**Table 6.5: Average age of entry into sex work and years in this profession by location**

Location		Hijra	
		Estimate	N
<i>Average age of entry sex work</i>			
City	Dhaka	13.8	344
	Chittagong	14.8	160
	Khulna	12.2	132
	Chapainawabganj	14.6	161
	Sylhet	13.0	157

Location		Hijra	
		Estimate	N
Region	Dhaka	13.8	344
	Other priority districts	13.7	609
<b>Total</b>		<b>13.7</b>	<b>954</b>
<b>Average years in this profession</b>			
City	Dhaka	9.5	344
	Chittagong	8.4	160
	Sylhet	12.9	132
	Rajshahi	11.1	161
	Khulna	10.3	157
Region	Dhaka	9.5	344
	All other cities	10.6	609
<b>Total</b>		<b>10.2</b>	<b>954</b>

### Contacted with clients in more than one spots

Hijra SWs less than 20 years of age were slightly more mobile (91.5%) compared to other age. The least was among the 40 years and above age group (76.4%). The higher the level of education the more was the likelihood of using more than one spot for contacting clients - 71.2% among illiterate to 90% among the highest educated. The same trend was seen by marital status - 87.2 percent and 89.7 percent among unmarried to separated/ divorced/ widowed respectively (Table 6.6).

The mobility of Hijra SWs in Chittagong and Dhaka was higher compared to other cities- 95.5% of Hijra SWs in Chittagong and 93% in Dhaka contacted with clients in more than one spots, while 71%- the least was in Sylhet.

**Table 6.6: Distribution of Hijra sex workers contacted with clients in more than one spot by selected characteristics**

Characteristics		Hijra	
		Percent	N
Age	Below age 20	91.5	103
	20-24 years	87.5	274
	25-29 years	89.7	306
	30-34 years	84.1	142
	35-39 years	85.0	77
	40 and above	76.8	51
Education	No formal education	71.2	67
	Up to grade 5	87.0	404
	Grade 6-10	90.0	414
	More than grade 10	89.4	69
Marital status	Never married	87.2	835
	Currently married	88.6	110
	Separated/divorced/widowed	89.7	8

Characteristics		Hijra	
		Percent	N
City	Dhaka	93.0	344
	Chittagong	95.5	160
	Khulna	81.6	132
	Chapainawabganj	88.1	161
	Sylhet	71.0	157
Region	Dhaka	93.0	344
	All other cities	84.2	609
Received services from program in last 12 months	Yes	87.4	940
	No	86.1	14
<b>Total</b>		<b>87.4</b>	<b>954</b>

### Places of sex act

Among the hijra SWs, most did sex acts in the last 2 months in residences (about 87% each in Dhaka and in all other cities). Next common site was the street (60.6% and 49.9% in Dhaka and in all other cities respectively). Parks were then the next common site (57.2% in Dhaka and 34.6% in all other cities). Hotel was the fourth common site in order of magnitude (35.3% in Dhaka and 42.2% in all other cities) (Table 6.7).

**Table 6.7: Distribution of Hijra Sex Workers by places of sex act in the last 2 months**

Contact place	Dhaka (N=344)	All other cities (N =609)	All Hijra (N=953)
	Percent	Percent	Percent
Streets	60.6	49.9	53.8
Hotel	35.3	42.2	39.7
Residence	87.1	86.9	86.9
Park	57.2	34.6	42.8
Others	2.7	3.7	3.3

Multiple responses

Only 21.8% hijra sex workers reported, having sex in outside the city/town they were living in, in the last 12 months. Very few hijra SWs (3.1%) reported that they had sex outside the country in the last 12 months and 36.55% reported they did not go outside the country in the last 12 months. (Data not shown in tabular form)

### Number of clients

On an average, there were 5 clients for each hijra SW in the last 7 days. The median number of clients in the last seven days was more or less same in all cities and Dhaka - i.e. 5. City-wise the median varies slightly - 6 in Chittagong and 4 each in Khulna and Sylhet (Table 6.8).

**Table 6.8: Average number of clients load of Hijra sex worker in the last 7 days by location**

Location		Mean	Median	N
City	Dhaka	5.3	5	344
	Chittagong	5.7	6	160
	Khulna	3.9	4	132
	Chapainawabganj	4.8	5	161
	Sylhet	4.3	4	157
Region	Dhaka	5.3	5	344
	All other cities	4.7	5	609
<b>Total</b>		<b>4.9</b>	<b>5</b>	<b>954</b>

### 6.3 Sexual behavior

#### Use of condom during last anal sex

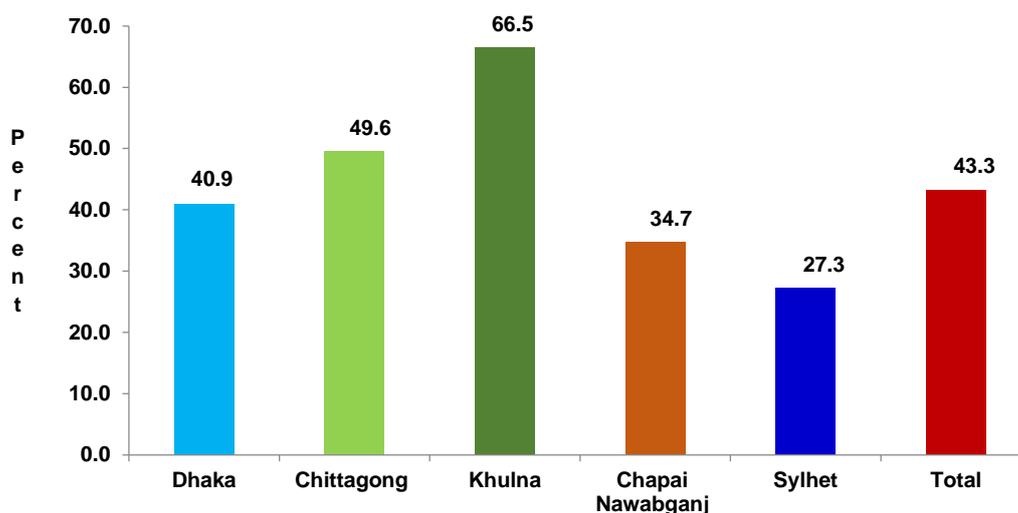
Among the Hijra SWs, 43.8%; and among Badhai Hijra 40.2% reported use of condom during last anal sex with any partner in last 12 months. Condom use rate was highest among those who were less than 20 years of age (55.6%) and least among those who were 40 years of age or older (27.8%). These differences were highly significant ( $P < 0.01$ ). Education-wise the least use was noted among the illiterate and highest use was noted among those who were educated for 6<sup>th</sup> to 10<sup>th</sup> grade (47.5%). The differences between education levels, however, were highly significant ( $P < 0.01$ ). Marital status-wise the least use of condom was noted among currently married (25.1%) and highest among unmarried (45.8%). These differences were also highly significant ( $P < 0.01$ ).

Condom use rate during last anal sex with any partner in last 12 months was highest in Khulna city (66.5%) and lowest in Sylhet (27.3%). The difference in the estimates between the cities was highly significant ( $P < 0.01$ ). Region-wise (Dhaka versus all other cities) although the use condom use rate in the last anal sex was higher in all other cities than Dhaka, the difference was not significant. 44.7% of the Hijra who received services from HIV prevention program reported use of condom in the last sex act, which is much higher compared to those who did not receive any service from the program ( $P < 0.01$ ) (Table - 6.9 and Figure 6.1).

**Table 6.9: Distribution of Hijra reporting condom use in last anal sex with any partner in last 12 months by selected characteristics**

Characteristics		Hijra	
		Percent	N
Age	Below age 20	55.6	113
	20-24 years	38.8	296
	25-29 years	45.4	342
	30-34 years	50.5	172
	35-39 years	36.4	104
	40 and above	27.8	83
	<b>p-value</b>	<b>&lt;.01</b>	
Education	No formal education	24.1	80
	Up to grade 5	43.4	464
	Grade 6-10	47.5	492
	More than grade 10	35.4	74
	<b>p-value</b>	<b>&lt;.01</b>	
Marital status	Never married	45.8	968
	Currently married	25.1	129
	Separated/divorced/widowed	37.2	13
	<b>p-value</b>	<b>&lt;.01</b>	
Type	Hijra Sex Worker	43.8	954
	Badhai Hijra	40.2	156
	<b>p-value</b>	<b>NS</b>	
City	Dhaka	40.9	444
	Chittagong	49.6	171
	Khulna	66.5	170
	Chapainawabganj	34.7	168
	Sylhet	27.3	157
	<b>p-value</b>	<b>&lt;.01</b>	
Region	Dhaka	40.9	444
	All other cities	44.9	666
	<b>p-value</b>	<b>NS</b>	
Received services from program in last 12 months	Yes	44.7	1069
	No	7.4	41
	<b>p-value</b>	<b>&lt;.01</b>	
<b>Total [95% CI]</b>		<b>43.3 [40.4, 46.2]</b>	<b>1110</b>

**Figure 6.1: Hijra reporting condom use in last anal sex with any partner in last 12 months by region**



### Selling sex to new/casual male partner

Of all Hijra SWs 96.9% sold sex to new/casual partners in last one week. Comparatively selling sex to new/casual partners was high in Dhaka (98.7%) than in other cities (95.9%). This difference was highly significant ( $P < 0.01$ ). Average number of different new/casual male sex partners of all Hijra sex workers in the last one week in Dhaka was 12.4 compared to all other cities - 7.9. This difference was highly significant ( $P < 0.01$ ).

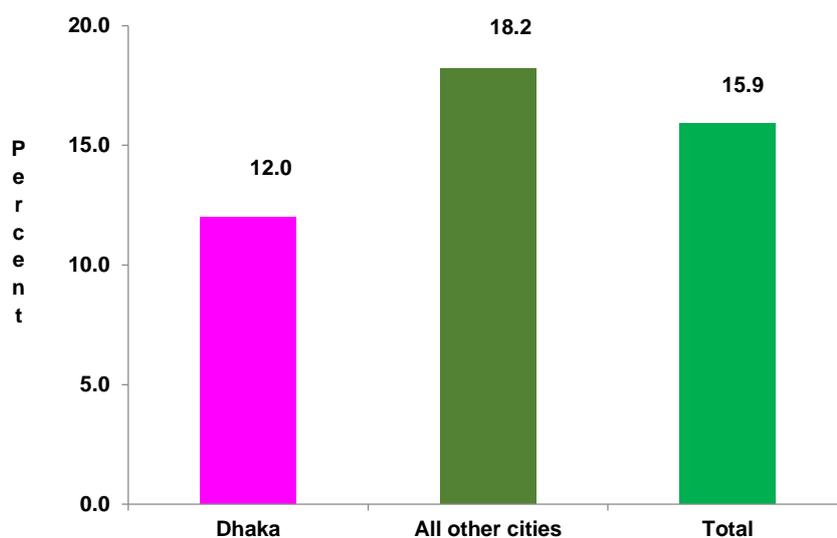
Percentage of condom use in last anal sex with new partners in last one week among all Hijra SWs was 45% in all other cities and 41.2% in Dhaka. This difference was not significant. The percentage of consistent use of condom with new partners in last one week among all Hijra SWs was 18.2% in all other cities and 12% in Dhaka. This difference is significant ( $P < 0.014$ ) (Table 6.10).

**Table 6.10: Distribution of Hijra sex workers reporting selling sex to different new/casual partners/clients and condom use by region**

Indicators	Dhaka		All other cities		All Hijra SWs	
	Percent	N	Percent	N	Percent	N
<b>Selling sex to new/casual male partner:</b>						
Sell sex to new/casual partner in last 1 week	98.7	344	95.9	609	96.9	954
<b>p-value</b>	<b>&lt;.01</b>					
Number of different male sex partner in the last 1 week						
1-2	8.0	27	15.9	93	13.0	120
3 or more	92.0	313	84.1	491	87.0	804
<b>p-value</b>	<b>&lt;.01</b>					
<b>Average</b>	<b>12.4</b>	<b>340</b>	<b>7.9</b>	<b>584</b>	<b>9.6</b>	<b>924</b>

Indicators	Dhaka		All other cities		All Hijra SWs	
	Percent	N	Percent	N	Percent	N
Use of condom in last anal sex with new partner in last 1 week	41.2	340	45.0	584	43.6	924
[95% CI]	[35.9, 46.4]		[40.9, 49.0]		[40.4, 46.8]	
p-value	NS					
Consistent use of condom with new partner in last 1 week	12.0	340	18.2	583	15.9	923
[95% CI]	[8.6, 15.5]		[15.0, 21.3]		[13.6, 18.3]	
p-value	.014					

**Figure 6.2: Consistent condom use with new/casual male partners in last 1 week by region**



### Selling sex to regular male partner

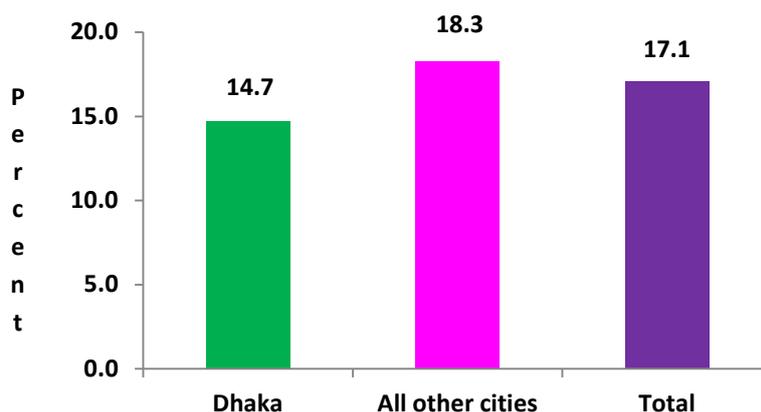
Selling sex to regular partners in last week was higher in all other cities (90%) than in Dhaka (81.4%). This difference was highly significant ( $P < 0.01$ ). Average number of different regular male sex partners of all Hijra SWs in the last one week was 2.8 in Dhaka and 3.3 in all other cities. This difference is highly significant ( $P < 0.01$ ).

Percentage of condom use in last anal sex with regular partners in last one week among hijra SWs was 43.3% in all other cities and 37.8% in Dhaka. This difference was not significant. Percentage of consistent use of condom with regular partners in last one week among hijra SWs was 18.3% in all other cities and 14.7% in Dhaka (Table 6.11).

**Table 6.11: Distribution of Hijra reporting selling sex to different regular male partners and condom use in last one month by region**

Indicators	Dhaka		All other cities		All Hijra SWs	
	Percent	N	Percent	N	Percent	N
<b>Selling sex to regular male partner:</b>						
Sell sex to regular partner in last 1 week	81.4	344	90.0	609	86.9	954
<b>p-value</b>	<b>&lt;.01</b>					
Number of different male sex partner in the last 1 week						
1-2	61.4	171	50.2	275	54.0	447
3 or more	38.6	108	49.8	273	46.0	381
<b>p-value</b>	<b>&lt;.01</b>					
<b>Average</b>	2.8	280	3.3	548	3.1	828
Use of condom in last anal sex with regular partner in last 1 week	37.8	280	43.3	547	41.4	827
<b>[95% CI]</b>	<b>[32.1, 43.5]</b>		<b>[39.1, 47.4]</b>		<b>[38.0, 44.8]</b>	
<b>p-value</b>	<b>NS</b>					
Consistent use of condom with regular partner in last 1 week	14.7	280	18.3	547	17.1	827
<b>[95% CI]</b>	<b>[10.5, 18.9]</b>		<b>[15.1, 21.6]</b>		<b>[14.5, 19.7]</b>	
<b>p-value</b>	<b>NS</b>					

**Figure 6.3: Consistent condom use with regular male partners in last 1 week by region**



### Buying sex from different partners

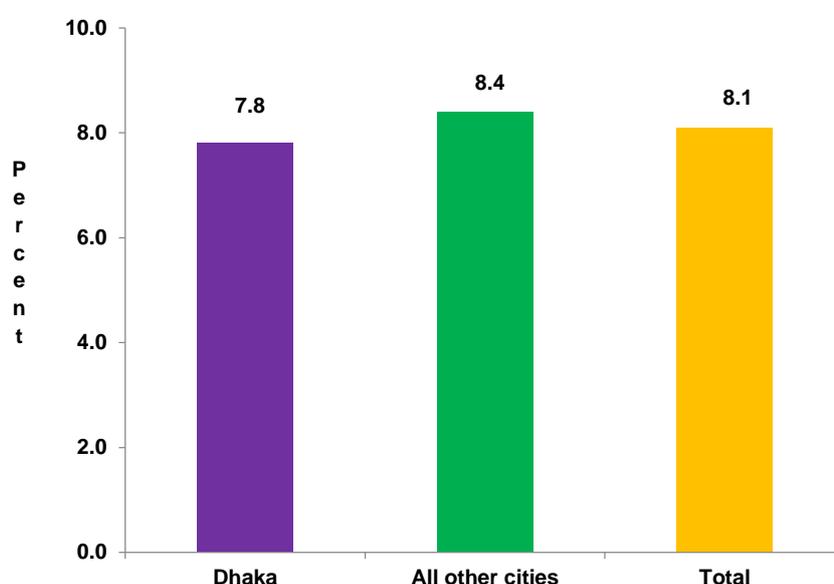
Buying sex from men/hijra in last one month was slightly higher in Dhaka (23.7%) compared to all other cities (21.1%). Average number of different male/hijra sex partners paid by hijras in last one month was 1.9 in all other cities and 1.7 in Dhaka. None of these differences was significant.

Percentage of condom use in last anal sex with partner from whom sex was bought in last one week by all hijras was 39.6% in all other cities and 30.1% in Dhaka. The percentage of consistent condom use with partners from whom sex was bought in last one week by all hijras was 8.4% in all other cities and 7.8% in Dhaka. The difference was not significant (Table 6.12).

**Table 6.12: Distribution of hijra reporting buying sex from different partners and condom use**

Indicators	Dhaka		Other priority districts		All Hijra	
	Percent	N	Percent	N	Percent	N
<b>Buying sex from men:</b>						
Buy sex from men/Hijra in last 1 month	23.7	444	21.1	666	22.2	1110
<b>p-value</b>	<b>NS</b>					
<b>Number of different male/hijra sex partner in the last 1 month</b>						
1-2	88.7	93	84.4	119	86.2	212
3 or more	11.3	12	15.6	22	13.8	34
<b>p-value</b>	<b>NS</b>					
<b>Average</b>	1.7	105	1.9	141	1.8	246
Use of condom in last anal sex in last 1 month	30.1	105	39.6	141	35.5	246
<b>[95% CI]</b>	[21.2, 39.0]		[31.5, 47.8]		[29.5, 41.6]	
<b>p-value</b>	<b>NS</b>					
Consistent use of condom in last 1 month	7.8	105	8.4	141	8.1	246
<b>[95% CI]</b>	[2.6, 13.0]		[3.7, 13.0]		[4.7, 11.6]	
<b>p-value</b>	<b>NS</b>					

**Figure 6.4: Consistent condom use with men partners in last 1 month by region**



## Female sex partners of hijras

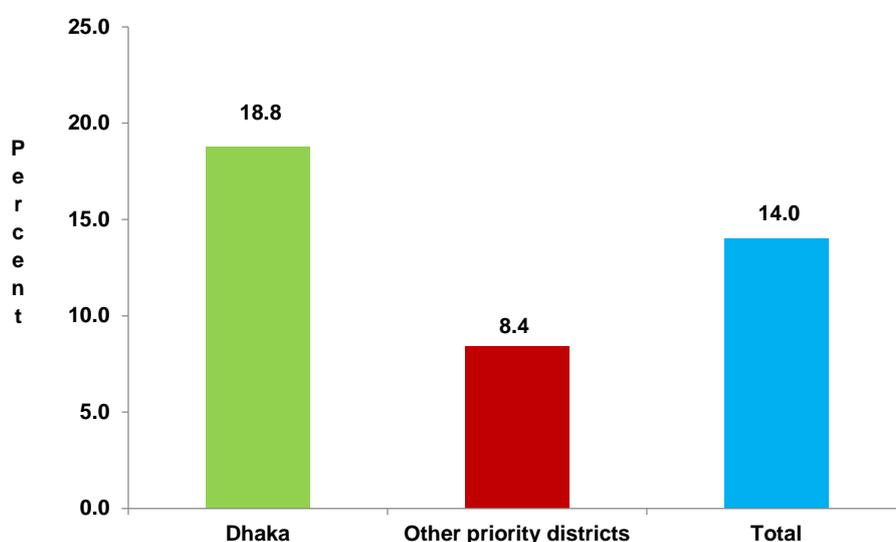
It was stated that among all hijras 5.3% had anal/vaginal sex with female partners in last 12 months -7.4% in Dhaka and 3.9 percent in all other cities. This difference was highly significant ( $P < 0.01$ ).

Among those who reported anal/vaginal sex with female partners in last 12 months, 17.7% used condom. It was higher in Dhaka (18.8%) than in all other cities (16.2%). Consistent use of condom was reported by 14.0% hijras, who had anal/vaginal sex with female partners in last 12 months- higher in Dhaka (18.8%) than all other cities (8.0%). The difference is not significant (Table 6.13).

**Table 6.13: Distribution of Hijra reporting female sex partners and condom use**

Indicators	Dhaka		All other cities		All Hijra		
	Percent	N	Percent	N	Percent	N	
Anal/vaginal sex with female in last 12 months	7.4	444	3.9	666	5.3	1110	
<b>p-value</b>	<b>&lt;.010</b>						
Use of condom in last anal/vaginal sex in last 12 months	18.8	33	16.2	26	17.7	59	
<b>[95% CI]</b>	<b>[4.7, 32.9]</b>		<b>[1.1, 31.4]</b>		<b>[7.6, 27.7]</b>		
<b>p-value</b>	<b>NS</b>						
Consistent use of condom in last 12 months	18.8	33	8.0	26	14.0	59	
<b>[95% CI]</b>	<b>[4.7, 33.0]</b>		<b>[-3.1, 19.2]</b>		<b>[4.9, 23.2]</b>		
<b>p-value</b>	<b>NS</b>						

**Figure 6.5: Consistent condom use with female in last 12 months by region**



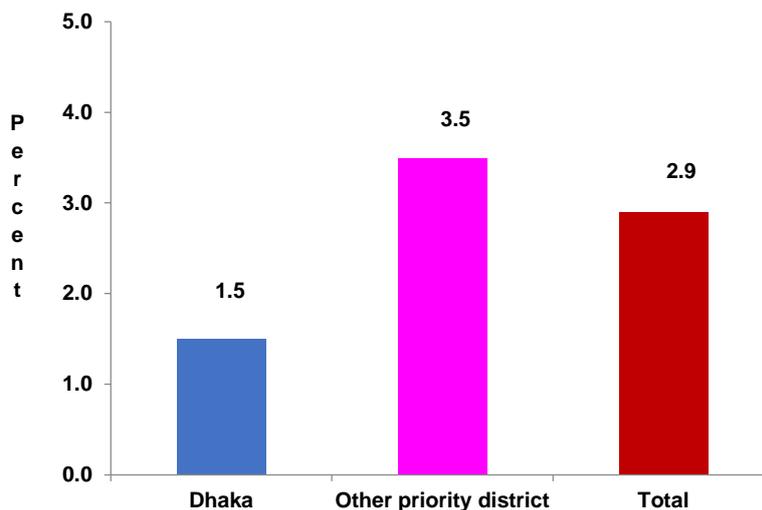
## Group sex

About 22.0% of all hijra reported involvement in group sex in last one month - 14.7 and 25.9% percent in Dhaka and all other cities respectively. The average number of different partners in last group sex in the last one month was 5.0 - equal in both Dhaka and in all other cities. Among those who were involved in group sex last month, only 2.9% reported that all partners used condom in the group sex- much higher in all other cities than in Dhaka- 3.5 percent to 1.5 percent respectively (Table 6.14 and Figure 6.6).

**Table 6.14: Distribution of Hijra reporting group sex**

Indicators	Dhaka		All other cities		All Hijra	
	Percent	N	Percent	N	Percent	N
Group sex in last 1 month	14.7	444	25.9	666	21.5	1110
Number of different partners in last group sex in the last 1 month						
2-3	36.9	24	43.1	74	41.4	98
4-5	38.9	25	19.6	34	24.9	59
6-7	11.6	8	22.6	39	19.6	47
8 or more	12.6	8	14.7	25	14.1	34
<b>Average</b>	<b>4.9</b>	<b>65</b>	<b>5.0</b>	<b>173</b>	<b>5.0</b>	<b>238</b>
All partners used condom in the group sex in last 1 month	1.5	65	3.5	173	2.9	238

**Figure 6.6: Condom use by Hijra who had group sex in last 1 month by region**



## Oral sex with new male client

About 42% of Hijra sex workers reported that they had oral sex with new male clients in last one week - 46.7% in Dhaka and 38.5% in all other cities. Among them, 27.6% Hijra sex workers used condom during last oral sex in last one week with new male client – 25.0% in Dhaka and 29.3% in all other cities. Of them, 10.6% Hijra sex workers reported consistent use of condom during oral sex in last one week with new male clients- 6.6%t and 13.3% in Dhaka and in all other cities respectively.

## Oral sex with regular male Partner

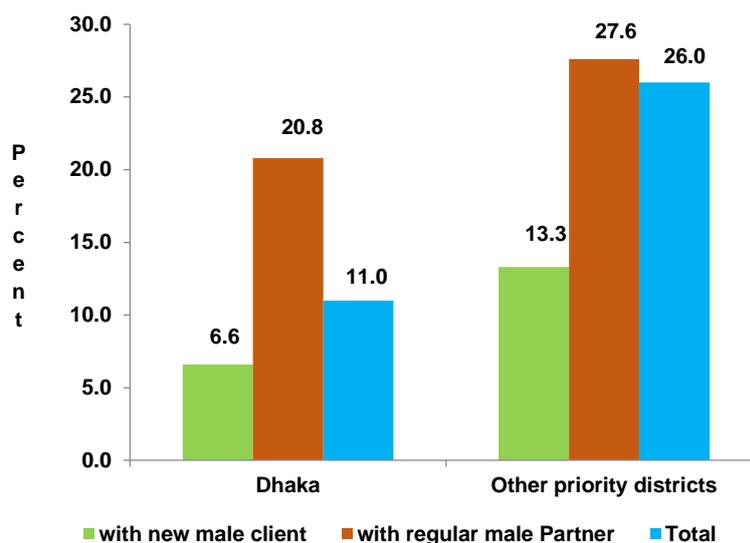
Oral sex was performed with male clients by 46.7% in Dhaka and 38.5% in all other cities (P=0.014). Of them, 25% in Dhaka and 29.3% in all other cities used condom in last week during oral sex. Consistent use of condom during these sex acts was quite low - 6.6% in Dhaka and 13.3% in all other cities. This difference was significant (P=0.044).

12.5% of all hijras had oral sex with regular male partners in last one week - 7.8 percent in Dhaka and 15.6 percent in all other cities. This difference was highly significant (P<0.01). Among them the use of condom during last oral sex in last one week with regular male client was 29.8 percent and 36 percent in Dhaka and in all other cities respectively. 25.9% Hijra reported consistent use of condom during oral sex in last one week with regular male clients - 20.8 percent and 27.6 percent in Dhaka and in all other cities respectively (Table 6.15).

**Table 6.15: Distribution of Hijra reporting oral sex with different partners and condom use**

Indicators	Dhaka		All other cities		All Hijra	
	Percent	N	Percent	N	Percent	N
<b>Oral sex with new male client:</b>						
Oral sex in last 1 week	46.7	344	38.5	609	41.5	954
<b>p-value</b>	<b>&lt;.014</b>					
Use of condom during last oral sex in last 1 week	25.0	161	29.3	235	27.6	395
<b>[95% CI]</b>	[18.3, 31.8]		[23.4, 35.2]		[23.2, 32.0]	
<b>p-value</b>	<b>NS</b>					
Consistent use of condom during oral sex in last 1 week	6.6	161	13.3	235	10.6	395
<b>[95% CI]</b>	[2.7, 10.5]		[8.9, 17.6]		[7.5, 13.6]	
<b>p-value</b>	<b>&lt;.044</b>					
<b>Oral sex with regular male Partner:</b>						
Oral sex in last 1 week	7.8	444	15.6	666	12.5	1110
<b>p-value</b>	<b>&lt;.01</b>					
Use of condom during last oral sex in last 1 week	29.8	35	36.0	104	34.5	139
<b>[95% CI]</b>	[13.8, 45.9]		[26.6, 45.4]		[26.4, 42.5]	
<b>p-value</b>	<b>NS</b>					
Consistent use of condom during oral sex in last 1 week	20.8	35	27.6	104	25.9	139
<b>[95% CI]</b>	[6.6, 35.0]		[18.9, 36.3]		[18.5, 33.3]	
<b>p-value</b>	<b>NS</b>					

**Figure 6.7: Consistent condom use with different partners in last 1 week by region**



### Status of supply and use of condom and lubricant

Based on multiple responses, ninety four percent hijra respondents received condom from different sources in last 30 days. Majority of who received condom from DICs while almost same number of respondents (65.3%) received condom in last 30 days from NGO workers. The other smaller sources were health facilities, clients/ pimps, friends and pharmacies (Table 6.16)

**Table 6.16: Distribution of Hijra by different sources of receiving condom in last 30 days**

Type of source	Dhaka (N=403)	All other cities (N=636)	All Hijra (N=1039)
	Percent	Percent	Percent
DIC	63.4	67.7	66.1
NGO worker	67.4	64.0	65.3
Shop	3.6	1.5	2.3
Pharmacy	10.8	6.2	8.0
Friends	19.6	7.2	12.0
Clients/pimp	19.5	9.9	13.6
Others (health facility center)	20.1	12.9	15.7

Multiple responses

Among those hijra who received condom, 87.4% reported receiving condom according to their requirement in the last 30 day- 84.2 % in Dhaka and 89.4% in all other cities (Data not shown in tabular form).

Among those who received condom from different sources in last 30 days 12.6% (multiple responses) reported that they did not get condom as per their requirement and the main

reasons were: feeling shyness to buy condom (25.5%); not feeling comfortable to carry condom personally (10.9%); distance of pharmacy/shop (4.6%), cost (3%) etc. (Table 6.17).

**Table 6.17: Distribution of Hijra by the reasons of not having condom according to their requirement**

Types of reason	Dhaka (N=63)	All other cities (N=68)	All Hijra (N=131)
	Percent	Percent	Percent
Cost too high	4.8	1.4	3.0
Pharmacy/shop far away	4.9	4.4	4.6
Felt shy to buy condom	37.6	14.2	25.5
Did not want to carry	19.9	2.5	10.9
Others	55.6	86.9	71.8

Multiple responses

Eighty eight percent hijras received lubricant from different sources in last 30 days. Among them 64.8% received lubricant from DICs while 62.7% also received lubricants from NGO workers. The other less common sources were: friends/ clients and health facilities. A small percentage never in fact bought condoms, even when required (Table 6.18).

**Table 6.18: Distribution of Hijra by different sources receiving lubricant from in last 30 days**

Type of source	Dhaka (N=376)	All other cities (N=603)	All Hijra (N=979)
	Percent	Percent	Percent
DIC	61.5	66.9	64.8
NGO worker	61.9	63.3	62.7
Pharmacy/shop	5.6	1.2	2.9
Friends/clients	15.9	4.9	8.9
Never bought	4.3	10.3	8.0
Others (health facility)	14.2	9.2	11.1

Multiple responses

Among those who received lubricants, 88.6% reported that they received lubricants according to their requirement in the last 30 days- in Dhaka, 85.6%, and in all other cities, 90.7% (Table 6.19).

**Table 6.19: Distribution of Hijra who received lubricant according to their requirement in the last 30 days by region**

Region	Hijra	
	Percent	N
Dhaka	85.6	444
All other cities	90.7	666
<b>Total</b>	<b>88.6</b>	<b>1110</b>

Note: i) 126 (11.4%) hijra did not get lubricant according to their requirement in the last 30 days.

Among those who received lubricants from different sources in last 30 days, 11.4% reported that they did not get lubricants as per their requirement and the main reasons were: feeling shyness to buy lubricants (11.3%), not liking to carry the lubricants (13.6%), lack of information about the source of getting lubricants (7.6%), distance of pharmacy/shop (1.7%), cost (4.3%) and others (72.8%) (Table 6.20).

**Table 6.20: Distribution of Hijra by the reasons of not having lubricants according to their requirement**

Types of reason	Dhaka (N=64)	All other cities (N=62)	All Hijra (N=126)
	Percent	Percent	Percent
Cost too high	8.5	0.0	4.3
Pharmacy/shop far away	3.3	0.0	1.7
Shy to buy lubricant	17.6	4.8	11.3
Did not know where to get	8.1	7.2	7.6
Did not want to carry	19.9	7.1	13.6
Others	59.0	87.0	72.8

Multiple responses

## 6.4 Knowledge about HIV and AIDS

### Ever heard of HIV and AIDS

Almost all hijras (99.7%) heard of HIV/AIDS and out of that 99.7% of hijra SWs and 99.4% of Badhai Hijra heard of HIV/AIDS, irrespective of age, educational level, marital status, cities, or whether they received services from HIV prevention program or not (Table 6.21).

**Table 6.21: Percent of Hijra who ever heard of HIV/AIDS by selected characteristics**

Characteristics		Hijra	
		Percent	N
Age	Below age 20	100.0	113
	20-24 years	99.0	296
	25-29 years	99.7	342
	30-34 years	100.0	172
	35-39 years	100.0	104
	40 and above	100.0	83
	<b>Mean age</b>	<b>27.5</b>	<b>1110</b>
Education	No formal education	100.0	80
	Up to grade 5	99.6	464
	Grade 6-10	99.6	492
	More than grade 10	100.0	74
Marital status	Never married	99.6	968
	Currently married	100.0	129
	Separated/divorced/widower	100.0	13
Type	Hijra Sex Worker	99.7	954
	Badhai Hijra	99.4	156

Characteristics		Hijra	
		Percent	N
City	Dhaka	99.6	444
	Chittagong	99.5	171
	Khulna	99.4	170
	Chapainawabganj	100.0	168
	Sylhet	100.0	157
Region	Dhaka	99.6	444
	All other cities	99.7	666
Received services from program in last 12 months	Yes	99.8	1069
	No	95.1	41
<b>Total</b>		<b>99.7</b>	<b>1110</b>

### Source of knowledge about HIV and AIDS

Majority of the hijras came to know about HIV and AIDS from DICs (88.2%) - more in all other cities than in Dhaka (90.5% and 84.7% respectively) and from peer educator/outreach worker (81.3%)- almost same in Dhaka and in all other cities. Some also named counselor (31.5%) - much higher in Dhaka (40.1%) than in all other cities (25.9%), sexual partners (21.9%) and TV/radio/poster/ billboard (39.6%), with almost same percentage in Dhaka and all other cities (Table 6.22).

**Table 6.22: Distribution of Hijra according to the sources from where they came to know about HIV and AIDS**

Sources	Dhaka (N=442)	All other cities (N=664)	All Hijra (N=1106)
	Percent	Percent	Percent
DICs	84.7	90.5	88.2
Peer Educator/Outreach Worker	81.8	81.0	81.3
Counselor	40.1	25.9	31.5
Sexual partner	23.2	21.0	21.9
TV/Radio/Poster/ Billboard	40.1	39.2	39.6
Others (injecting partner)	9.3	5.8	7.2

Multiple responses

### Knowledge on HIV transmission

Knowledge of hijras on HIV transmission was measured based on 5 selected issues as shown in Table 6.23. Again, comprehensive knowledge was measured based on the correct answers on the five issues. Knowledge on individual issues were noted quite high among hijra. Most were knowledgeable on the fact that risk of HIV transmission is reduced by having sex with only one uninfected partner who has no other partner. That HIV and AIDS can be reduced by using a condom correctly during every sex was known to 79% of hijra. That Healthy-looking person can have HIV and AIDS was known to more than half of hijra. Around 70% hijra did not agree that one can have HIV/AIDS from mosquito bites and by

sharing a meal with someone who is infected by HIV. But misconception still prevails - 30% hijra believed that one could be infected with HIV by these two ways.

**Table 6.23: Distribution of Hijra providing correct responses to 5 selected issues for measuring comprehensive knowledge on HIV transmission**

Sl. No.	Question	Hijra (N=1110)
		Percent
1.	Risk of HIV transmission is reduced by having sex with only one uninfected partner who has no other partner	67.5
2.	HIV and AIDS can be reduced by using a condom correctly every time they have sex	79.0
3.	Healthy-looking person can have HIV and AIDS	54.6
4.	One can have HIV and AIDS from mosquito bites	69.4
5.	One can have HIV and AIDS by sharing a meal with someone who is infected by HIV	69.2

### Comprehensive knowledge of HIV/AIDS

Although knowledge on 5 individual issues of HIV transmission were quite high among hijra,, the comprehensive knowledge was low – only 23%. Age-wise the least knowledgeable were those who were 35 years and above (14.4% to 14.8%) and the most knowledgeable belonged to 20-29 years of age (24.7% to 27.6%). The differences in the level of comprehensive knowledge by age was significant (P=0.027).

The more the education, the higher was the knowledge (13.5% among illiterate to 28.4% among those who were educated for more than 10 years). But the difference in this regard was not found to be significant.

By marital status, the least knowledgeable were the currently married hijras (13.9) and the most knowledgeable were those who were separated/ divorced/ widowed (37.5%). This difference was significant (P=0.016).

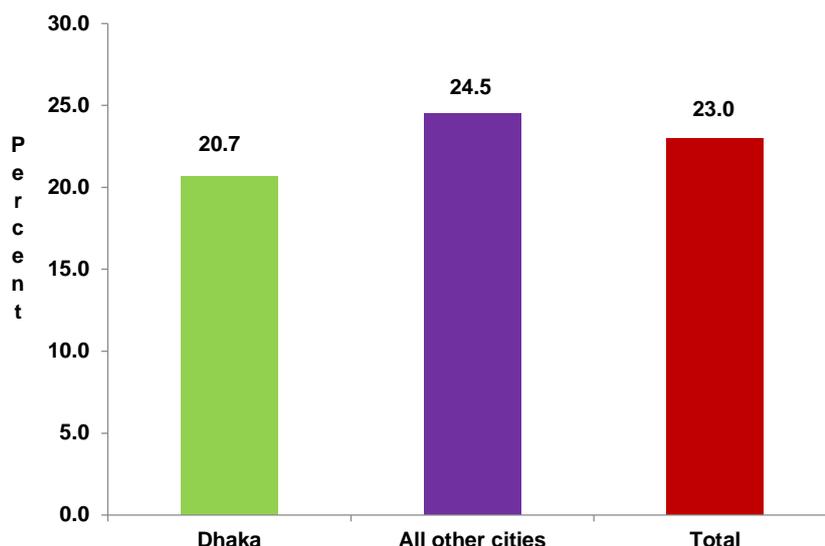
Badhai hijras were slightly more knowledgeable than SW hijras (25.4% to 22.6% respectively) but the difference was not significant. Hijras in Khulna (39.6%) and Chapainawabganj (27%) were more knowledgeable than those in other cities. Those in Sylhet were the least knowledgeable (9.7%). These city-wise differences was highly significant (P<0.01).

Those Hijras who did not receive services from HIV prevention program had very poor comprehensive knowledge of HIV and AIDS comparing with those received services from HIV prevention (Table 6.24).

**Table 6.24: Percent distribution of Hijra having comprehensive knowledge of HIV/AIDS by selected characteristics**

Characteristics		Hijra	
		Percent	N
Age	Below age 20	21.7	113
	20-24 years	24.7	296
	25-29 years	27.6	342
	30-34 years	20.6	172
	35-39 years	14.8	104
	40 and above	14.4	83
	<b>p-value</b>	<b>.027</b>	
Education	No formal education	13.5	80
	Up to grade 5	22.4	464
	Grade 6-10	24.2	492
	More than grade 10	28.4	74
	<b>p-value</b>	<b>NS</b>	
Marital status	Never married	24.0	968
	Currently married	13.9	129
	Separated/divorced/widower	37.5	13
	<b>p-value</b>	<b>.016</b>	
Type	Hijra Sex Worker	22.6	954
	Badhai Hijra	25.4	156
	<b>p-value</b>	<b>NS</b>	
City	Dhaka	20.7	444
	Chittagong	20.4	171
	Khulna	39.6	170
	Chapainawabganj	27.0	168
	Sylhet	9.7	157
	<b>p-value</b>	<b>&lt;.01</b>	
Region	Dhaka	20.7	444
	All other cities	24.5	666
	<b>p-value</b>	<b>NS</b>	
Received services from program in last 12 months	Yes	23.4	1069
	No	10.3	41
	<b>p-value</b>	<b>.041</b>	
<b>Total [95% CI]</b>		<b>23.0 [20.5, 25.4]</b>	<b>1110</b>

**Figure 6.8: Hijra having comprehensive knowledge of HIV/AIDS by region**



### Measures to Avoid Getting HIV and AIDS

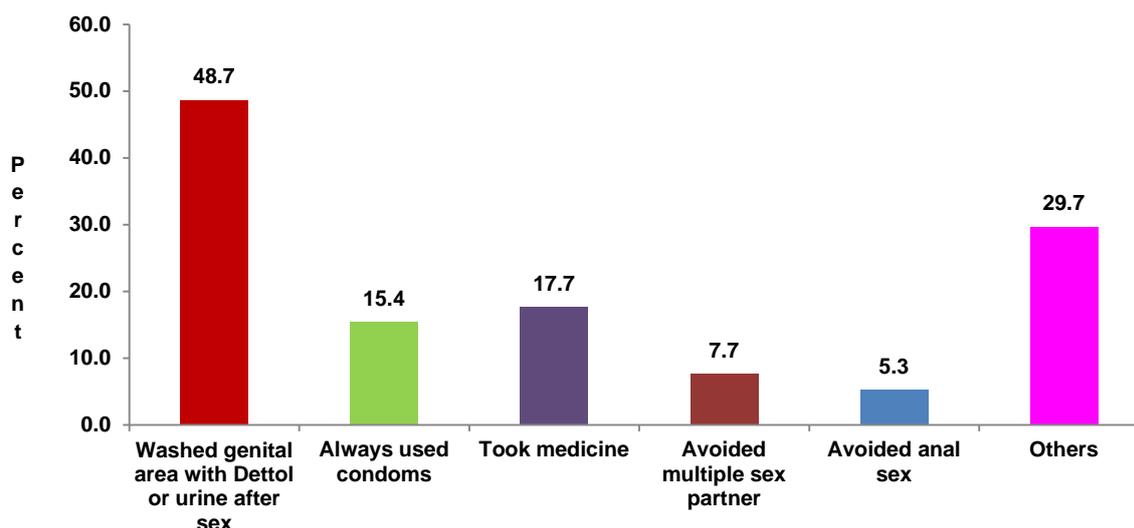
Majority of hijras had misconception on the way of preventing HIV and AIDS (based on multiple responses). Only 15.4% mentioned that using condoms always can avoid getting HIV/AIDS. About half of the hijras (48.7%) thought washing genital area with dettol/urine after sex will prevent getting HIV/AIDS. A good percentage also thought taking medicine (17.7%) can prevent infection. Few thought avoiding multiple sex partners and avoiding anal sex can prevent getting HIV or AIDS infection and disease (Table 6.25 and Figure 6.9).

**Table 6.25: Distribution of Hijra by types of precautions taken to avoid getting HIV and AIDS**

Precautions	Hijra (N=1106)
	Percent
Washed genital area with Dettol or urine after sex	48.7
Always used condoms	15.4
Took medicine	17.7
Avoided multiple sex partner	7.7
Avoided anal sex	5.3
Others	29.7

Multiple responses

**Figure 6.9: Hijra by types of precautions taken to avoid getting HIV and AIDS**



## 6.5 STI prevalence and treatment seeking behavior

### Knowledge about the symptoms of STI

Based on multiple responses, over three-quarters (78.8%) of hijras mentioned about genital ulcer/sore as the symptom of STI - more (80.6%) in all other cities in comparison to Dhaka (76.1%); while 55.8% could mention about smelly anal discharge - 58.2% in Dhaka and 54.3% in all other cities. 44.8% could mention about lower abdominal pain - 49.5% in Dhaka and 41.7% in all other cities; 30.4% could mention about sore in the mouth - almost equal percentage in both Dhaka and in all other cities (Table 6.26 and Figure 6.10).

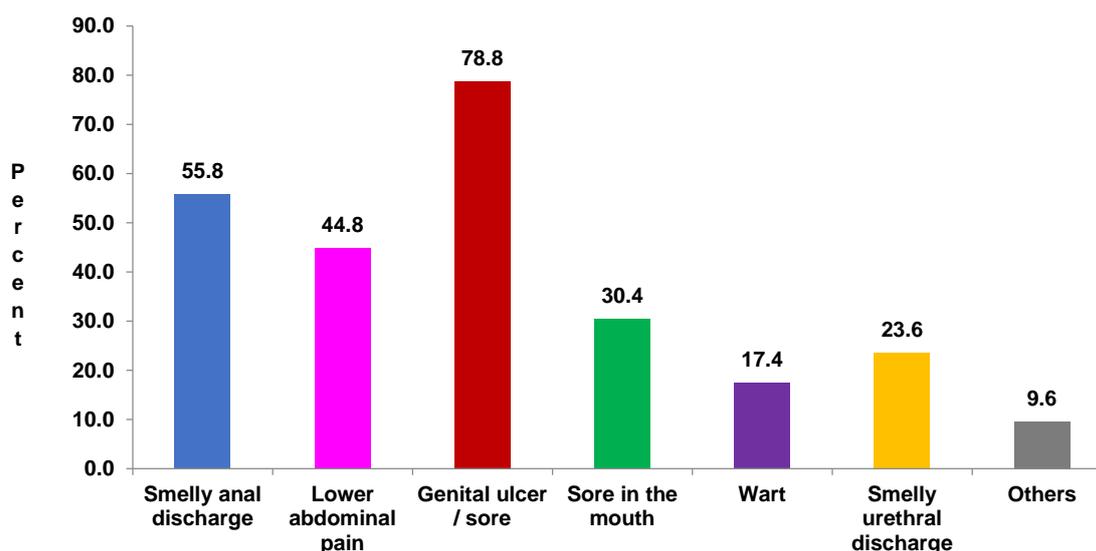
**Table 6.26: Distribution of Hijra according to their knowledge about the symptoms of STI**

Symptoms	Dhaka (N=438)	All other cities (N=662)	All Hijra (N=1100)
	Percent	Percent	Percent
Genital ulcer / sore	76.1	80.6	78.8
Smelly anal discharge	58.2	54.3	55.8
Lower abdominal pain	49.5	41.7	44.8
Sore in the mouth	30.0	30.6	30.4
Smelly urethral discharge	20.1	25.9	23.6
Wart	19.4	16.1	17.4
Others	7.2	11.1	9.6

Multiple responses

Note: 10 (.9%) Hijra did not know about STI

**Figure 6.10: Hijra according to their knowledge about the symptoms of STI**



### Reporting any symptom of STI in the last 12 months

Overall, STI symptoms in last 12 months were reported by 53.8% hijras (Table 6.27). By age, symptoms of STI in last 12 months were reported by 48.2% to 59% of hijras by different categories of ages. But the differences in the STI reporting between age groups were not significant. The more was the education, the more was the reporting of symptoms but these differences were not significant. Marital status-wise, there was no pattern and the differences in the reporting of STIs was not significant. While 58.7% hijra SWs reported STI, among badhai hijras it was 23.9%. This difference was highly significant ( $P < 0.01$ ). City-wise maximum percentage of hijras who reported STIs were from Chapainawabganj (74.6%) and Sylhet (67.3%) and least were from Chittagong (29.3%). These differences were highly significant ( $P < 0.01$ ).

**Table 6.27: Distribution of Hijra reporting any symptom of STI in the last 12 months by selected characteristics**

Characteristics		Hijra	
		Percent	N
Age	Below age 20	49.2	113
	20-24 years	48.9	296
	25-29 years	57.0	342
	30-34 years	59.0	172
	35-39 years	58.3	104
	40 and above	48.2	83
<b>p-value</b>		<b>NS</b>	
Education	No formal education	50.5	80
	Up to grade 5	53.6	464
	Grade 6-10	53.5	492
	More than grade 10	61.1	74
<b>p-value</b>		<b>NS</b>	

Characteristics		Hijra	
		Percent	N
Marital status	Never married	54.6	968
	Currently married	49.2	129
	Separated/divorced/widower	38.3	13
	<b>p-value</b>	<b>NS</b>	
Type	Hijra Sex Worker	58.7	954
	Badhai Hijra	23.9	156
	<b>p-value</b>	<b>&lt;.01</b>	
City	Dhaka	54.2	444
	Chittagong	29.2	171
	Khulna	44.7	170
	Chapainawabganj	74.6	168
	Sylhet	67.3	157
	<b>p-value</b>	<b>&lt;.01</b>	
Region	Dhaka	54.2	444
	All other cities	53.6	666
	<b>p-value</b>	<b>NS</b>	
Received services from program in last 12 months	Yes	55.5	1069
	No	10.6	41
	<b>p-value</b>	<b>&lt;.01</b>	
<b>Total [95% CI]</b>		<b>53.8 [50.9, 56.8]</b>	<b>1110</b>

### Source of seeking treatment for STI

Based on multiple responses, among those who reported any symptom of STI majority (82.2%) sought treatment from DICs while 11.7% sought treatment from drug seller/pharmacy. From public hospitals, 7.1% hijras sought treatment and from private clinics - 6.3% (Table 6.28).

**Table 6.28: Percent of Hijra seeking treatment for STI**

Response	Hijra (N=597)
	Percent
DIC	86.0
Drug seller/pharmacy	11.7
Public hospital	7.1
Private clinic	6.3
Traditional treatment	1.7
Advice/treatment from friend	1.0
Self-medication	1.5
Others	0.6

Multiple responses

### Source of seeking treatment for general health problem/diseases

Based multiple responses, over half (56.2%) of hijras did not seek any treatment or advice from anywhere last time they had any general health problem/disease and took self-medication. A quarter (25%) consulted local medicine sellers, 22.6% consulted

doctors/paramedics in DICs and 14.6% got treatment from govt. hospitals, and consulted other MBBS doctors (Table 6.29).

**Table 6.29: Distribution of Hijra according to treatment where they went to treat them for general health diseases**

Type of health care	Dhaka (N=444)	Other priority districts (N=666)	All Hijra (N=1110)
	Percent	Percent	Percent
Self-medication	59.1	54.3	56.2
Consulted with local medicine seller	20.2	28.2	25.0
Consulted doctor/ Paramedic in DIC	19.3	24.8	22.6
Treatment from govt. hospitals	16.8	13.1	14.6
Consulted with doctor (MBSS)	13.0	5.7	8.6
Consulted with homeopath doctor	4.4	3.7	4.0
Didn't go anywhere	0.9	0.0	0.4
Consulted with kobiraj/hekim	1.1	1.1	1.1
Treatment from private clinics/hospital	1.1	1.3	1.2
Treatment from NGO-run clinics	0.7	4.3	2.9
Others	0.2	1.2	0.8

Multiple responses

## 6.6 HIV testing & counseling (HTC) and other services

### Knowledge about HIV testing center

Almost all (98.8%) hijras knew about a place where people can go for HIV testing irrespective of their type, age, education and location. Those respondents who did not receive services from HIV prevention program knew less (79.4%) about the HIV testing center compared to those who received services from HIV prevention program (99.6%) (Table 6.30).

**Table 6.30: Knowledge of Hijra about a place where people can go for HIV testing by selected characteristics**

Characteristics		Hijra	
		Percent	N
Age	Below age 20	97.3	113
	20-24 years	99.0	296
	25-29 years	98.5	342
	30-34 years	100.0	172
	35-39 years	98.5	104
	40 and above	100.0	83
	<b>Mean age</b>	<b>27.5</b>	
Education	No formal education	98.6	80
	Up to grade 5	98.8	464
	Grade 6-10	98.8	492
	More than grade 10	100.0	74
Marital status	Never married	98.7	968
	Currently married	100.0	129
	Separated/divorced/widower	100.0	13

Characteristics		Hijra	
		Percent	N
Type	Hijra Sex Worker	99.1	954
	Badhai Hijra	97.4	156
City	Dhaka	98.6	444
	Chittagong	99.4	171
	Khulna	98.5	170
	Chapainawabganj	98.8	168
	Sylhet	99.3	157
Region	Dhaka	98.6	444
	All other cities	99.0	666
Received services from program in last 12 months	Yes	99.6	1069
	No	79.4	41
<b>Total</b>		<b>98.8</b>	<b>1110</b>

### HIV testing done

Among those who knew the place of HIV testing, 93.6% of them got themselves tested for HIV. Among those hijras who got tested for HIV, 82.7% tested within last 12 months - 80.1% in Dhaka and 84.2 in 'all other cities', respectively. 10.7% tested within last 13-24 months – 10.1% in Dhaka and 11.1% in all other cities; while others (6.6%) tested more than 2 years ago - 9.8% and 4.6% in Dhaka and in all other cities, respectively (Table 6.31).

**Table 6.31: Distribution of Hijra who tested for HIV in the last time**

Months	Dhaka (N=394)	All other cities (N=633)	All Hijra (N=1027)
	Percent	Percent	Percent
Within 12 months	80.1	84.2	82.7
Within 13- 24 months	10.1	11.1	10.7
More than 2 years ago	9.8	4.6	6.6

### Tested for HIV in last 12 months and knew result

As for HIV test and result, 75.7% hijras had their HIV tested in last 12 months and knew the result of the test. The higher the age, the less was the possibility of testing for HIV and knowing the result by hijras – the highest percentage (87.4%) was among those who were below 20 years and the lowest (57.5%) among those who were 40 years and above (Table - 6.32).. The difference in testing and knowing the result of HIV between age groups was found highly significant ( $P < .01$ ). Similarly, highly significant differences were found in HIV testing and knowing the result between education levels, type of hijra and cities. Hijras who had more than grade 5 education and hijra-sex-workers were more likely to receive HIV test and know the result than badhai hijra. Among the cities, Chapainawabganj had the highest percentage of HIV testing in 12 month and knowing the result and Chittagong had the lowest (53.9%).

Significant differences (P=.011) were also found in HIV testing in 12 month and knowing the result between the marital statuses. None took this test among those who did not receive any services from prevention program.

**Table 6.32: Distribution of Hijra who tested for HIV in last 12 months and also knew the result by selected characteristics**

Characteristics		Hijra	
		Percent	N
Age	Below age 20	87.4	113
	20-24 years	79.9	296
	25-29 years	76.6	342
	30-34 years	73.0	172
	35-39 years	67.0	104
	40 and above	57.5	83
<b>p-value</b>		<b>&lt;.01</b>	
Education	No formal education	72.7	80
	Up to grade 5	72.3	464
	Grade 6-10	76.6	492
	More than grade 10	93.9	74
<b>p-value</b>		<b>&lt;.01</b>	
Marital status	Never married	77.2	968
	Currently married	64.8	129
	Separated/divorced/widower	73.6	13
<b>p-value</b>		<b>&lt;.01</b>	
Type	Hijra Sex Worker	80.2	954
	Badhai Hijra	48.0	156
<b>p-value</b>		<b>&lt;.01</b>	
City	Dhaka	70.2	444
	Chittagong	53.9	171
	Khulna	85.7	170
	Chapainawabganj	93.0	168
	Sylhet	85.5	157
<b>p-value</b>		<b>&lt;.01</b>	
Region	Dhaka	70.2	444
	All other cities	79.3	666
<b>p-value</b>		<b>&lt;.01</b>	
Received services from program in last 12 months	Yes	78.6	1069
	No	0.0	41
	<b>p-value</b>		<b>&lt;.01</b>
<b>Total [95% CI]</b>		<b>75.7 [73.2, 78.2]</b>	<b>1110</b>

### Place where HIV tested

Among those who got themselves tested in 12 months for HIV, 99.4% got tested from HTC centers at different DICs while very few got test from private laboratories and NGO centers (Table 6.33).

**Table 6.33: Distribution of Hijra by place of HIV test**

Response	Hijra N (849)
	Percent
DIC/ HTC Centre	99.5
Private laboratory	0.5

### Reasons for not having HIV test

Among those hijras who knew a place where people can go for HIV testing and did not get themselves tested for HIV, 16.2 % in Dhaka and 10.7% in all other cities did not get HIV tests because of fear. The other reasons were: unwillingness to disclose their HIV status - 27.7% in Dhaka and 23.7% in all other cities; distance of HTC center - 23.3% and 37.9% in Dhaka and in all other cities respectively; and others - 32.7% in Dhaka and 27.6% in all other cities (Table 34).

**Table 6.34: Distribution of Hijra who did not have HIV testing according to reasons for not testing**

Reasons	Dhaka (N=43)	All other cities (N=27)	All Hijra (N=70)
	Percent	Percent	Percent
Due to fear	16.2	10.7	14.2
Did not want to disclose their HIV status	27.7	23.7	26.2
HTC center is far away	23.3	37.9	28.8
Others	32.7	27.6	30.8

## 6.7 Exposure to HIV and AIDS prevention program

### Participated in HIV prevention program

Majority (96.3%) of hijras participated in HIV prevention program. The percentages were almost the same irrespective of age, education and marital status. Almost same percentage of hijras participated in all cities (slightly less in Dhaka city than in all other cities' - 92.8% to 98.7%). marital status (Table - 6.35). This varied however, based on the type of hijra, i.e. among hijra SWs and badhai the rate of participation was 98.5% and 85% respectively.

**Table 6.35: Percent distribution of Hijra who participated in HIV intervention program in last 12 months by selected characteristics**

Characteristics		Hijra	
		Percent	N
Age	Below age 20	94.6	113
	20-24 years	96.9	296
	25-29 years	97.1	342
	30-34 years	96.8	172
	35-39 years	96.1	104
	40 and above	92.5	83
Education	No formal education	95.0	80
	Up to grade 5	97.0	464
	Grade 6-10	95.4	492
	More than grade 10	100.0	74
Marital status	Never married	97.1	968
	Currently married	91.3	129
	Separated/divorced/widower	92.3	13
Type	Hijra Sex Worker	98.5	954
	Badhai Hijra	83.0	156
City	Dhaka	92.8	444
	Chittagong	98.6	171
	Khulna	98.9	170
	Chapainawabganj	98.8	168
	Sylhet	98.5	157
Region	Dhaka	92.8	444
	All other cities	98.7	666
<b>Total</b>		<b>96.3</b>	<b>1110</b>

### Services received from DIC and outreach

From DIC in last 12 months, over four-fifth hijras received services such as condom (91.9% and 93.1% in Dhaka and in all other cities respectively); Lubricant (92.2% in Dhaka and 94.5% in all other cities); and HIV test (84.6% in Dhaka and 91.1% in all other cities). The other main services received from DICs were: treatment of STI (52.2% in Dhaka and 47.1% in all other cities), counseling (71.4% in Dhaka and 57.7% in all other cities), rest and recreation (56.6% and 36.6% in Dhaka and in all other cities respectively and BCC/education session (38.5% and 31.4% in Dhaka and in all other cities respectively) (Table 6.36).

Over four-fifth hijras received services at outreach in the last 12 months, which were: condom demonstration and distribution (92.3% and 91.6% in Dhaka and in all other cities respectively), and Lubricant distribution (89.6% and 84.0% in Dhaka and in all other cities respectively). The other main services received at outreach were: discussion on HTC (36.2% in Dhaka and 30.0% in all other cities), and BCC/IEC (50.0% and 41.2% in Dhaka and in all other cities respectively).

Referrals were made in only a few cases- for complicated STI (1.7% and 1.5% in Dhaka and in all other cities respectively). Other minor referrals were made for: complicated abscess and complicated TB. Referral for ART support was made for MSM.

**Table 6.36: Distribution of Hijra according to the types of services they received from DIC and outreach in the last 12 months**

Types of service received	Dhaka (N=412)	All other cities (N=657)	All Hijra (N=1069)
	Percent	Percent	Percent
<b>DIC Services</b>			
Condom	91.9	93.1	92.7
Lubricant	92.2	94.5	93.6
Treatment of STI	52.2	47.1	49.0
Treatment of abscess	4.2	5.9	5.2
HIV test and results	84.6	91.1	88.6
TB-DOTS	3.0	3.7	3.4
Counseling	71.4	57.7	63.0
HTC	35.9	31.2	33.0
Rest and recreation	56.6	36.6	44.3
BCC/Education session	38.5	31.4	34.1
Other DIC services	0.5	0.6	0.6
<b>DIC referral services</b>			
Complicated STI	1.7	1.5	1.6
Complicated abscess	0.8	0.6	0.7
TB-DOTS	0.5	0.1	0.3
ART support	0.2	-	0.1
Other referral services	-	1.1	0.6
<b>Outreach services</b>			
Condom demonstration and distribution	92.3	91.6	91.9
Lubricant distribution	89.6	84.0	86.2
Discussion on HTC	36.2	30.0	32.4
BCC/IEC session	50.0	41.2	44.6
Other Outreach Services	-	0.1	0.1

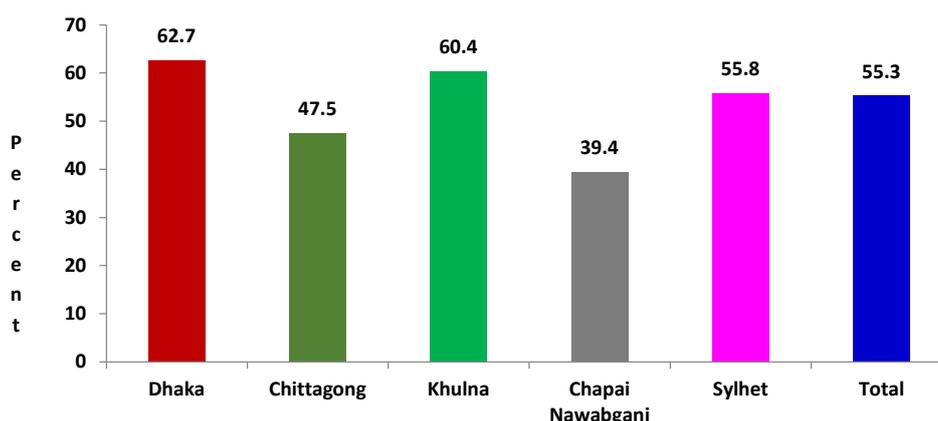
### Received core services (Condoms, BCC) in the last year

Half of all hijras (55.3%) received core services (condoms, BCC) in last 12 months. More hijras belonging to the age group of less than 20 years and those who were 40 years of age or above received the core services (67.8% and 67.6% respectively). Education status-wise the highest educated ones received the core services the most (66.1%). The least was among those who were educated up to 5<sup>th</sup> grade (51.6%). Marital status-wise the currently married availed the core services the most (71.6%) and the least by the separated/ divorced/ widowed (31.8%). Much more hijra SWs received core services than the Badhai (55.7% to 52.5% respectively). In Chapainawabganj percentage of receiving core services was much lower compared to all other cities; the highest rates of receiving the core services were in Khulna and Dhaka (60.4% and 62.7% respectively (Table 6.37).

**Table 6.37: Hijra who received core services (condoms, BCC) in the past year by selected characteristics**

Characteristics		Hijra	
		Percent	N
Age	Below age 20	67.4	107
	20-24 years	57.2	287
	25-29 years	48.8	332
	30-34 years	56.1	167
	35-39 years	48.3	100
	40 and above	67.0	77
Education	No formal education	59.0	76
	Up to grade 5	51.6	450
	Grade 6-10	56.5	469
	More than grade 10	66.1	74
Marital status	Never married	53.5	940
	Currently married	71.6	118
	Separated/divorced/widower	31.8	12
Type	Hijra Sex Worker	55.7	939
	Badhai Hijra	52.5	130
City	Dhaka	62.7	412
	Chittagong	47.5	169
	Khulna	60.4	168
	Chapainawabganj	39.4	166
	Sylhet	55.8	155
Region	Dhaka	62.7	412
	All other cities	50.7	657
<b>Total</b>		<b>55.3</b>	<b>1069</b>

**Figure 6.11: Hijra who received core services by city**



### **Benefited from the services received from DIC and outreach**

Majority of hijras were benefited from the services they received from DICs and Outreach in the last 12 months: 92.4% benefited by ‘learning about HIV and AIDS and STIs’; 83.4% got benefit by ‘learning about safe sex and correct use of condom’ and over half (55.5%) benefited through changing their risk behaviors (Table 6.38).

**Table 6.38: Distribution of Hijra according to the types of benefits they got from the services of DIC and outreach in last 12 months**

Benefits	Dhaka (N=412)	All other cities (N=657)	All Hijra (N=1069)
	Percent	Percent	Percent
Learnt about HIV/AIDS/STI	92.2	92.6	92.4
Learnt about safe sex and correct use condom	86.3	81.7	83.4
Changed behavior	52.2	57.6	55.5
Other	0.5	0.3	0.4

Multiple responses

### Received daily required number of condoms

Among hijras who received condoms, more than three-fourths (76.2%) received daily requirements of condoms, more among those who were more educated and those who were separated/divorced/widowed. Hijras belonged to 35 years and older, and below 20 years received services more than other age groups. City-wise the highest percentage of reception of condom was noted in Khulna (98.6%) and then in Chapainawabganj (79.9%); the least was in Sylhet (62.1%). Reception of condom was higher in all other cities than in Dhaka (Table 6.39).

**Table 6.39: Distribution of Hijra who received required number of condoms on time by selected characteristics**

Characteristics		Hijra	
		Percent	N
Age	Below age 20	81.1	107
	20-24 years	76.8	287
	25-29 years	71.2	332
	30-34 years	74.3	167
	35-39 years	81.0	100
	40 and above	87.2	77
Education	No formal education	75.3	76
	Up to grade 5	74.4	450
	Grade 6-10	76.8	469
	More than grade 10	84.8	74
Marital status	Never married	78.3	940
	Currently married	58.4	118
	Separated/divorced/widower	91.7	12
Type	Hijra Sex Worker	76.0	940
	Badhai Hijra	78.0	130
City	Dhaka	73.8	412
	Chittagong	69.3	169
	Khulna	98.6	168
	Chapainawabganj	79.9	166
	Sylhet	62.1	155
Region	Dhaka	73.8	412
	All other cities	77.8	657
<b>Total</b>		<b>76.2</b>	<b>1069</b>

### Way of meeting needs who did not receive required number of condom

Based on multiple responses, hijras who did not receive required number of condom on time from the program, 40.1% hijras in Dhaka and 26.4% in 'all other cities' received from male sex partners; 42.9% in Dhaka and 22.4% in all other cities from depot holders; 13.2% and 34.8% in Dhaka and in all other cities, respectively, borrowed from friends; 17.7% in Dhaka and 17.5% in 'all other cities' bought condom from pharmacy, bought condom from somewhere else (12.3% and 19.4% in Dhaka and in all other cities respectively), borrowed condoms from others (2.6% in Dhaka and 8.1% in all other cities). Some also got from other sources (32.4%) (Table 6.40).

**Table 6.40: Distribution of Hijra who did not received required number of condom on time according to the ways how they met their needs in last 12 months**

Way of meeting needs	Dhaka (N=108)	All other cities (N=146)	All Hijra (N=254)
	Percent	Percent	Percent
Received from male sex partners	40.1	26.4	32.2
Received from depot	42.9	22.4	31.2
Borrowed from friends	13.2	34.8	25.6
Received from pharmacy	17.7	17.5	17.6
Bought condom from somewhere else	12.3	19.4	16.4
Borrowed condoms from others	2.6	8.1	5.8
Others	34.8	30.6	32.4

Multiple responses

### Way of meeting needs who did not receive required quantity of lubricants

Based on multiple responses, the ways of meeting needs of those hijras who did not receive required quantity of lubricant on time were: borrowed from friends (31.5% in Dhaka and 51.9% in all other cities); received from depot holders (43.8% in Dhaka and 18.5% in all other cities) and also got from other sources-28.7% in Dhaka and 37.3% in all other cities. Other sources were: borrowing from others, buying, receiving from male sex partners (Table 6.41).

**Table 6.41: Distribution of Hijra who did not received required number of lubricant on time according to the ways how they met their needs in last 12 months**

Types of service received	Dhaka (N=84)	In all other cities (N=102)	All Hijra (N=186)
	Percent	Percent	Percent
Received from depot	43.8	18.5	29.9
Borrowed from friends	31.5	51.9	42.7
Borrowed lubricant from others	8.4	11.0	9.9
Received from male sex partners	14.6	3.8	8.6
Bought lubricant	2.5	5.1	3.9
Others	28.7	37.3	33.4

Multiple responses

Note: 883 (79.6%) hijra received required quantity of lubricant.

### Visit of outreach worker/peer educator at spot/outreach

Majority (83.3%) of hijras reported that the respective Outreach Worker/Peer Educator visited their spots/outreach places in the last 7 days while 95.2% said the respective Outreach Worker/Peer Educator visited their spots/outreach places in the last 30 days. The rate of visit in 30 days was higher in 'all other cities' than in Dhaka - 96.1% vs 93.7% (Table 6.42).

**Table 6.42: Distribution of Hijras regarding visit of Outreach Workers at spot/outreach in last 7 days and 30 days**

Response	Dhaka (N=412)	In all other cities (N=657)	All Hijra (N=1069)
	Percent	Percent	Percent
Visited in last 7 days	83.7	83.1	83.3
Visited in last 30 days	93.7	96.1	95.2

### Visit of hijra respondents to DICs

A very few (7.8%) hijras said they visited DICs many times - more in all other cities, 9.7%, while majority (82.2%) mentioned that they visited DICs sometimes in last three months - more in Dhaka, 84.6% (Table 6.43).

**Table 6.43: Numbers of times hijras visited DICs in last 3 months**

Frequency	Dhaka (N=319)	In all other cities (N=506)	All Hijra (N=825)
	Percent	Percent	Percent
Many times	4.9	9.7	7.8
Some times	84.6	80.7	82.2
Others	10.4	9.7	9.9

Multiple responses

Note: Others: Mostly one time

## 6.8 Violence, stigma and discrimination

### Abused physically for being a hijra

Twenty nine percent of all Hijras were abused physically for being a hijra while hijra SWs were abused more (31.9%) than the Badhai hijras (13.1%). This difference was highly significant ( $P<0.01$ ). It was least among the 40 years of age or older (20.6%). Age-wise the differences in abuses was not different. Least abuse was suffered by those who were educated for more than 10 years (17.4%) and the most was among those who were educated up to 5<sup>th</sup> grade (32.5%). Difference in abuse between education levels was highly significant ( $P<0.01$ ). Abuse was distinctly least on the separated/divorced/widowed - 5.9% than the other two marital groups (slightly more than 29% each). Violence against hijra was highest in Sylhet (42.6%) and Chittagong (36.1%) and least in Khulna (19.7%). These

differences were highly significant ( $P < 0.01$ ). In other cities taken together it was more than in Dhaka. This difference was significant at 0.031 probability level (Table 6.44).

**Table 6.44: Percent distribution of Hijra who were abused physically and otherwise due to a Hijra in the past 12 months by selected characteristics**

Characteristics		Hijra	
		Percent	N
Age	Below age 20	23.9	113
	20-24 years	32.9	296
	25-29 years	30.7	342
	30-34 years	29.3	172
	35-39 years	27.1	104
	40 and above	20.6	83
<b>p-value</b>		<b>NS</b>	
Education	No formal education	19.1	80
	Up to grade 5	32.5	464
	Grade 6-10	29.7	492
	More than grade 10	17.4	74
<b>p-value</b>		<b>&lt;.01</b>	
Marital status	Never married	29.5	968
	Currently married	29.6	129
	Separated/divorced/widower	5.9	13
<b>p-value</b>		<b>NS</b>	
Type	Hijra Sex Worker	31.9	954
	Badhai Hijra	13.1	156
<b>p-value</b>		<b>&lt;.01</b>	
City	Dhaka	25.7	444
	Chittagong	36.1	171
	Khulna	19.7	170
	Chapainawabganj	29.0	168
	Sylhet	42.6	157
<b>p-value</b>		<b>&lt;.01</b>	
Region	Dhaka	25.7	444
	All other cities	31.7	666
<b>p-value</b>		<b>.031</b>	
<b>Total [95% CI]</b>		<b>29.3 [26.6, 32.0]</b>	<b>1110</b>

### Person responsible for violence against Hijra

Major perpetrators of violence against hijra in last 12 months were sex partner/ local people (41.9%), local musclemen/goon (38.6%) and police (27.6%). While Detective Branch people (29.3%) and clients were also major abusers (Table 6.45).

**Table 6.45: Distribution of Hijra reporting on the person responsible for violence against them in last 12 months**

Type of persons	Hijra (N=310)
	Percent
Sex partner/local people	41.9
Local musclemen/goon	38.6
Police	27.6
Detective Branch people	29.3
Client	11.1
Others (drug peddler/ Hijra guru /parikh/ shopkeepers/ family)	3.34

Multiple responses

### Hijras arrested during past 12 months

Some (1.4%) hijras were arrested during past 12 months and those who were arrested were all hijra SWs. Arrest was more among 35 years and above and 20-24 years of age. None among illiterate and those who were educated for more than 10 years of schooling was arrested. Most of those who were arrested were educated up to 5<sup>th</sup> grade. None among the separated/ divorced/ widowed was arrested. Arrests in Chittagong was the highest city-wise, then in Chapainawabganj and Sylhet. The percentage of hijras arrested was negligible in Dhaka (0.3%); in all other cities it was 2.2%. (Table 6.46).

**Table 6.46: Distribution of Hijra who were arrested during past 12 by selected characteristics**

Characteristics		Hijra	
		Percent	N
Age	Below age 20	1.0	113
	20-24 years	1.7	296
	25-29 years	1.1	342
	30-34 years	1.5	172
	35-39 years	1.8	104
	40 and above	2.0	83
Education	No formal education	0.0	80
	Up to grade 5	1.9	464
	Grade 6-10	1.4	492
	More than grade 10	0.0	74
Marital status	Never married	1.5	968
	Currently married	1.4	129
	Separated/divorced/widower	0.0	13
Type	Hijra Sex Worker	1.7	954
	Badhai Hijra	0.0	156
City	Dhaka	0.3	444
	Chittagong	3.4	171
	Khulna	0.9	170
	Chapainawabganj	2.9	168
	Sylhet	1.7	157
Region	Dhaka	0.3	444
	All other cities	2.2	666
<b>Total</b>		<b>1.4</b>	<b>1110</b>

### Arrested during past 12 months for their profession

In last 12 months who were arrested, 34.1% hijras were arrested due to their profession and all were hijra sex workers. None was arrested among those who were aged less than 20 years, 30-34 years and those who were 40 years or older. Two out of two belonging the age bracket of 35-39 years were arrested. None among the illiterate and with 10 years or above level schooling was arrested. While slightly more than half with education up to 5<sup>th</sup> grade was arrested. Arrest was far less (12.2%) among those who were educated between 6<sup>th</sup> and 10<sup>th</sup> grade. None among the currently married and separated/ divorced/ widowed was arrested. Those arrested were from Chittagong (44.4%), Chapainawabganj (40%) and Sylhet (35.7%) (Table 6.47).

**Table 6.47: Distribution of Hijra who were arrested during past 12 months for their profession by selected characteristics**

Characteristics		Hijra	
		Percent	N
Age	Below age 20	-	1
	20-24 years	36.2	5
	25-29 years	46.9	4
	30-34 years	-	3
	35-39 years	100.0	2
	40 and above	-	2
Education	No formal education	-	-
	Up to grade 5	51.3	9
	Grade 6-10	12.2	7
	More than grade 10	-	-
Marital status	Never married	38.4	14
	Currently married	-	2
	Separated/divorced/widower	-	-
Type	Hijra Sex Worker	34.1	16
	Badhai Hijra	-	-
City	Dhaka	-	1
	Chittagong	44.4	6
	Khulna	-	2
	Chapainawabganj	40.0	5
	Sylhet	35.7	3
Region	Dhaka	-	1
	Other priority districts	36.8	15
<b>Total</b>		<b>34.1</b>	<b>16</b>

Note: 11 (65.9%) hijra were not arrested in last 12 months for their profession.

### Ever in jail/vagrant Homes for their profession

Only 8 hijras (0.7%) were ever in jail/vagrant homes for their profession and all were hijra SWs. They were from Chittagong (3.1%), Khulna (1%) and Sylhet. Age-wise the most sent to jail were between 20-24 years and those who were 40 years or older (about 1.2%) and least among 30-34 years (0.5%). Only hijra SWs were sent to jail and among them those

who were educated up to 10<sup>th</sup> grade of schooling. None was sent to jail/vagrant homes among separated/ divorced/ widowed (Table 6.48). None were sent to jail who did not receive any services from the HIV/AIDS program in last 12 months while 0.7 percent of those who took part in the program were sent to jail or vagrant homes.

**Table 6.48: Percent distribution of Hijra who were ever in jail/vagrant homes for their profession by selected characteristics**

Characteristics		Hijra	
		Percent	N
Age	Below age 20	-	113
	20-24 years	1.2	296
	25-29 years	0.8	342
	30-34 years	0.5	172
	35-39 years	-	104
	40 and above	1.1	83
Education	No formal education	-	80
	Up to grade 5	0.7	464
	Grade 6-10	0.9	492
	More than grade 10	-	74
Marital status	Never married	0.7	968
	Currently married	0.7	129
	Separated/divorced/widower	-	13
Type	Hijra Sex Worker	0.8	954
	Badhai Hijra	-	156
City	Dhaka	-	444
	Chittagong	3.1	171
	Khulna	1.0	170
	Chapainawabganj	-	168
	Sylhet	0.6	157
Region	Dhaka	-	444
	All other cities	1.2	666
Received services from program in last 12 months	Yes	0.7	1069
	No	-	41
<b>Total</b>		<b>0.7</b>	<b>1110</b>

### **Avoided going to any healthcare center due to stigma and discrimination**

Eight percent of all hijras avoided going to any health center in last 12 months due to stigma and discrimination against them-8.9% were SWs and 4.8% Badhai hijras. Those who were between the age group of 25-29 years and then 20-24 years avoided to take health care the most (9.8% and 9%). The least number who avoided availing health care were aged 35-39 years (2.6%). More educated avoided more- 11.5% among those who were educated for more than 10 years in school (among illiterate avoidance was 8.2%). Currently married hijras avoided the least and the separated/ divorced/ widowed the most (4.7% and 14.8% respectively). Avoidance was more in Khulna (21.5%) and least in Dhaka (2.3%). Among these hijras, 8.4 percent took HIV program related service and 5 percent did not take any such services from the program (Table 6.49).

**Table 6.49: Distribution of Hijra who avoided going to any healthcare center due to stigma and discrimination against them by selected characteristics**

Characteristics		Hijra	
		Percent	N
Age	Below age 20	8.1	113
	20-24 years	9.0	296
	25-29 years	9.8	342
	30-34 years	7.6	172
	35-39 years	2.6	104
	40 and above	8.7	83
Education	No formal education	8.2	80
	Up to grade 5	7.8	464
	Grade 6-10	8.3	492
	More than grade 10	11.5	74
Marital status	Never married	8.7	968
	Currently married	4.7	129
	Separated/divorced/widower	14.8	13
Type	Hijra Sex Worker	8.9	954
	Badhai Hijra	4.8	156
City	Dhaka	2.3	444
	Chittagong	9.6	171
	Khulna	21.5	170
	Chapainawabganj	10.6	168
	Sylhet	7.1	157
Region	Dhaka	2.3	444
	Other priority districts	12.3	666
Received services from program in last 12 months	Yes	8.4	1069
	No	5.0	41
<b>Total</b>		<b>8.3</b>	<b>1110</b>

## SECTION SEVEN

### Findings of Qualitative Study

#### 7.1 Introduction: Qualitative information gathered

Information on the service delivery/facilities at DICs/outreach sites, details about supply and use of condom/lubricant and needle syringe. STI management at the DICs and the referral centers as well as HTC.

Qualitative analysis mainly focused on the deep-rooted causers of non-use of condom and sharing of needle syringe to better understand the related quantitative findings. These information were collected through a) FGDs with KPs and the outreach workers and b) in-depth interviews with the field level program personnel, DIC advisory committees (present/previous). Information were also gathered from the PRs and SRs program personnel at the central level to get insights about the barriers/constraints faced in the implementation of the program, lessons learned and suggestions to strengthen the program.

#### 7.2 Qualitative findings of FSW

##### 7.2.1 FGDs with female sex workers and outreach workers

A total of 17 FGDs were conducted with the three categories of sex workers *i.e.* Street Based Sex Workers (SBSWs), Hotel Based Sex Workers (HBSWs) and Residence Based Sex Workers (RBSWs). Fifteen FGDs were also conducted with outreach workers. The summary findings of these FGDs are presented in the Table 7.1.

**Table 7.1: Summary findings of FGDs with FSW**

Key Findings Areas	FGDs with KPs (FSW)	FGDs with Outreach Workers
Service Delivery at Outreach	Almost all categories of SWs were satisfied with the delivery of outreach services but most of the SWs faced difficulties of getting outreach services as they were exploited by the police, musclemen, snatcher and the local community people.	The outreach workers said that apart from providing condom FSWs, they hold individual and group discussions on STDs/HIV and AIDS/condom use etc. with SWs at outreach level. They also mentioned that SWs are exploited by the police, musclemen, snatcher and the local community. The quality of outreach services were needed to be improved and also the outreach workers were needed to improve their quality through capacity building training.
Barriers to condom use	As reasons for non-use of condoms, FSWs said that: <ul style="list-style-type: none"> <li>▪ Most clients like to have sex without condoms and in those cases the clients offer them extra money.</li> </ul>	As the barriers to condom use by FSWs, the outreach workers mentioned the following: <ul style="list-style-type: none"> <li>▪ SWs do not want to purchase condom, if needed</li> </ul>

Key Findings Areas	FGDs with KPs (FSW)	FGDs with Outreach Workers
	<ul style="list-style-type: none"> <li>▪ Sometimes it happens that a high number of people line up for sex without any time in their hand to make negotiation and in these situations no time is available for collecting the additionally required condoms. This happens frequently with SBSWs.</li> <li>▪ Police and musclemen often check their bags and if they find condoms, they are forced to have sex without condom and they snatch their money.</li> <li>▪ Sometimes House Madam and Hotel Manager also force them not to use condoms as their clients do not like using condom.</li> </ul> <p>With regard to increase condom use, FSWs suggested the following:</p> <ul style="list-style-type: none"> <li>• Undertake awareness raising motivational activities involving both FSWs and their clients to use condom.</li> <li>• Billboard and television may be used in this regard.</li> <li>• Holding advocacy meetings regularly with the police/ musclemen /House Madam/ Hotel Manager and the local people to remove barriers to condom use.</li> </ul>	<ul style="list-style-type: none"> <li>▪ In many cases the clients do not want to use condoms and the clients pay extra money to SWs for not using condoms</li> <li>▪ Sometimes SWs are forced for sex by several people without any scope of negotiation with a client and in those cases SWs are compelled to have sex without condom</li> <li>▪ Police check their bags and if condom is found they are raped without condom</li> <li>▪ Musclemen also snatch their money and rape without condom</li> <li>▪ House Madam and Hotel Manager also forced them not to use condoms as they don't want to lose their clients</li> </ul> <p>In order to promote condom the outreach workers made a number of suggestions as below:</p> <ul style="list-style-type: none"> <li>▪ Holding motivational sessions both with the sex workers and customers</li> <li>▪ Billboard and television can be used for awareness raising on the risk of HIV and AIDS</li> <li>▪ Holding advocacy meetings with the Police/ musclemen /House Madam/Hotel Manager and the local people.</li> </ul>
HIV Testing and Counseling (HTC)	Almost all categories of SWs showed their interest to test their HIV status as they have to make sex without condom very frequently.	Majority of the SWs are interested to test for HIV status as sometimes they have to make sex without condom. A number of SWs thought they are not at risk of HIV and AIDS.
Referral	Identity of SWs comes in the way of getting services from the referral health care centers. If the health service providers know their identity they do not behave well and also do not provide service properly. They also mentioned that they cannot afford the expenses of the medicine prescribed from the health centers treatment.	The outreach workers refer FSWs to DICs with health problems. For complicated cases they are referred to the health centers and sometimes the outreach workers accompany them. Sometimes SWs hide their identity in the fear that if their identity is known, the service providers may avoid to give them the required services. They opined that they cannot afford the expenses of the medicine for treatment.

## 7.2.2 Verbatim of FSWs

Some selected verbatim of FSWs on condom use, violence faced and few other related issues gathered from FGDs:

Sl. No.	Verbatim	Reference/source With date and time	KP
1	<p>“যে কয়টা কনডম ফ্রি পাই তাতে চাহিদা পূরণ হয় না, সেই ক্ষেত্রে কনডম ছাড়াই কাজ করি”।</p> <p>[“The number of condoms I get for free is not sufficient enough to fulfill my need. In that case, I do the job without condom”]</p>	DIC: Airport Dhaka Date: 19/11/2017 Time: 11.30 am ...	SBSW
2	<p>“অনেক কাস্টমার কনডম দিয়ে কাজ করার কথা বললে চলে যেতে চায়, তাই টাকার জন্য বাধ্য হয়ে কনডম ছাড়াই কাজ করতে হয়”।</p> <p>[“Many clients would like to leave when we ask for using condoms. So, we have to give in for money and do the job without condom.”]</p>	DIC: Airport Dhaka Date: 19/11/2017 Time: 11.30 am ...	SBSW
3	<p>“কনডম ব্যাগে থাকলে পুলিশের ভয় থাকে। রাতে রাস্তায় থাকলে পুলিশ ব্যাগ চেক করে এবং কনডম পেলে ওদের সাথে কাজ করতে বাধ্য করে। অনেক সময় সব টাকা এবং মোবাইল কেড়ে নেয়”।</p> <p>[“There is a fear of getting caught by Police, if we carry condoms in purse. Police checks purse when we are outside at night. They make us do job with them. Many a times, they take away our money and cellphone.”]</p>	DIC: Airport Dhaka Date: 19/11/2017 Time: 11.30 am ...	SBSW
4	<p>“আমরা চাহিদা অনুযায়ী সেবা পাই না, ওষুধের জন্য আসলে ১০টি ওষুধের নাম লিখে দেয় আর ওষুধ দেয় ২-৩টা, বাকীগুলো আমাদের কিনে নিতে হয়। আমাদের বলে ওষুধ নাই, শেষ হয়ে গিয়াছে। ফ্রি কনডম বেশী দেয় না, আমাদের বেশীর ভাগ কনডম কিনে নিতে হয়”।</p> <p>[“We do not get care as per our care-need. They give us a prescription of ten medicines, 2/3 medicines are given and we have to buy the rest. They say that medicines are out of stock. They do not give free condoms. We have to buy most of the condoms.”]</p>	DIC: Mymensingh Date: 23/11/2017 Time: 3.15-4.07 pm	SBSW
5	<p>“মাগী টাকা দিয়ে কাজ করবো আবার কিসের কনডম? এমনিই কাজ করবো”।</p> <p>[“You will be paid for jobs, bitch. So, what is condom for? Let's do things without condoms.”]</p>	DIC: Kadomtoli, Sylhet Date: 22/11/17 Time: 11:40 am...	HBSW
6	<p>“অনেকের ভাল লাগে না, কনডম ব্যবহারের পর টাকা কম দেয়। অনেক সময় ১ জনের কথা বলে নিয়ে যেয়ে অনেকে কাজ করে, তখন কনডম থাকে না”।</p> <p>[“Many clients do not like them, they pay us less after they have used condoms. Sometimes we are told to serve one client but we are made to do job with many clients. There is no condom at that time.”]</p>	DIC: Jessore Date: 28/11/17 Time: 11:30am-12:40pm	HBSW
7	<p>“আমরা চাহিদা অনুযায়ী কনডম পাই না, দোকানে গিয়ে কিনে নেই, অনেক সময় কনডম ছাড়াই কাজ করি”।</p> <p>[“We do not get condoms as per our need. We have to buy from shops. Many a times, we do job without condoms.”]</p>	DIC: Moulvibazar Date: 22/11/17 Time: 03:00pm-06:00pm	HBSW

Sl. No.	Verbatim	Reference/source With date and time	KP
8	<p>“সন্তুষ্ট না, কেউ কিনতে চায় না, হেই জায়গায় যদি ১০০ টা কনডম ১৯৫ টাকা হয় কোন্ সেক্স ওয়ার্কার কিনা ব্যবহার করবো? করবোনি আপনে কন”।</p> <p>["Not satisfied! Nobody wants to buy! In such situation, if 100 condoms cost BDT 195, which sex-worker will buy them?Will anyone?Tell me."]</p>	DIC: Sylhet Kadamtoli Date: 22/11/17 Time: 12:30 pm ...	HBSW
9	<p>“চাহিদা মত ফ্রি কনডম পাচ্ছি না, কিনার মত টাকা না থাকলে কনডম ছাড়াই যৌন কাজ করি”।</p> <p>["I do not get free condom as per my need. I do sex jobs without condoms if I do not have enough money".]</p>	DIC: Halishahar, Nayabazar, Chittagoan Date:22/11/17 Time: 11:40am-01:20pm	RBSW
10	<p>“কনডম কিনতে টাকা লাগে। টাকা অনেক পথে চলে যায়। তাই কনডমের পেছনে টাকা খরচ করতে চাই না”।</p> <p>["Condom costs money. Money is spent on many things.So, we do not want to spend money on condoms."]</p>	DIC: Khilgaon, Dhaka Date:20/11/17 Time: 12:30 pm...	RBSW
11	<p>“খন্দের পছন্দ করেনা, অনেক সময় কনডম শুকিয়ে যায়, বেশী সময় কাজ করতে হয়। পর্যাপ্ত কনডম পাওয়া যায় না, তাই কনডম ব্যবহার করি না”।</p> <p>["Clients do not like them. Sometimes condoms dry out. It takes more time to do jobs. Sufficient number of condoms cannot be found. So, we do not use condom".]</p>	DIC: Khilgaon, Dhaka Date:20/11/17 Time: 12:30 pm...	RBSW
12	<p>“কিনাটা ব্যবহার করলে জায়গাটা ছিঁড়ে যায়, খসখসে, কিনা কনডম ছেঁড়া যায় না, দাঁত দিয়েও ছেঁড়া যায় না”। “আগে অফিস থেকে জেল দিত এখন তাও দেয় না”।</p> <p>["The store-bought condom (<i>Raja</i>) tears the vagina and it is rough. It is not breakable and cannot be torn with teeth (packet). Office used to provide us gels earlier. It does not give gel any longer."]</p>	DIC- Rajshahi	RBSW

### 7.2.3 In-depth interview with DIC Manager

A total of 26 DIC Coordinators were interviewed, 13 in Dhaka and 13 outside Dhaka.

#### Key findings

##### Status of condom supply in general

DIC coordinators mentioned that condoms are adequately available as per FSWs' need but price of condoms is high outside, compared to condoms available in government facilities. They said the quantity of freely distributed condoms is far less than the expectation of FSWs. However, FSWs somehow try to arrange condoms from different sources when needed.

### **Measures to ensure use of condom**

DIC Coordinators suggested a number of measures to ensure use of condom by FSWs:

- increase awareness about the necessity to use condom consistently through intensive one to one and group education sessions and counseling at outreach
- undertake specific awareness raising program for adolescent and young FSWs and youths
- undertake mass awareness campaign at community level
- undertake comprehensive and targeted intervention among clients of FSWs, pimps, ghorwali, hotel boys to remove barriers for condom use
- organize cultural events on condom use like street drama, etc.
- hold advocacy activities at local and policy level.

### **Status of human resource**

DIC Coordinators said that the number of outreach workers need to be increased as per ratio of FSWs. They mentioned, presently in many spots one outreach worker covers more than 100 FSWs which is not feasible to cover with the required services within time frame.

### **Status of procurement and distribution provisions of condoms, clinical and other health commodities**

DIC coordinators told that the supplies of the clinical and health commodities including condoms for free distribution are provided by head office as per requisition but condoms for sell were procured locally, mainly from SMC.

DIC coordinators reported that generally they did not face problem in getting supply of condoms, clinical and other health commodities. Some of them reported that occasionally supply from head office did not reach timely.

### **Persons visited program in last 12 months**

DIC coordinators informed that the officials like monitoring officer, team leader, technical coordinator-program, program coordinator, deputy manager and some other from PR, SR and SSRs visited the program for monitoring and supervision purpose.

### **Status of services provided through DIC/Sub DIC and outreach and suggestion for further services/alternative system of services**

DIC coordinators suggested for further services/alternative system of services as mentioned below:

- make required medicines available
- make provision for satellite clinics in the remote areas
- introduce more improved treatment facilities including pathological examination to minimize referrals
- arrange services for FSWs children at DICs

- improve physical and logistic facilities in DICs including adequate spaces, proper ventilation and light, well hygienic condition, well-structured building/house, arrangement of lockers in DICs
- improve quality of outreach workers and increase their remuneration and facilities
- further improve outreach services by improving quality and regularity of one to one and group education sessions and maintaining required frequency of reaching each FSWs at outreach level.
- arrange EPI and family planning services at DICs
- increase partner treatment facilities
- strengthen advocacy activities for reducing different harassments to FSWs
- introduce female condoms
- further improvement of depot holders
- more campaign on STI treatments including mass campaign
- arrange pregnancy test at DICs and follow-up system for pregnant women
- introduce information dissemination through mobile phone/social media (SMS, MMS, video clips, etc.)
- provide sufficient lubricants
- introduce catering services in DICs for FSWs

#### **7.2.4 In-depth interview with Executive Committee Members**

A total of 34 executive committee members of DICs were interviewed. They were also the local opinion leaders and were selected in consultation with DIC Managers.

#### **Key Findings**

##### **Support to the HIV prevention program**

The executive members reported that initially local community people did not like presence of FSWs in DICs. They discussed with community people in groups to solve this problem. They also mentioned that certain behaviors of FSWs sometimes created local problem and they discussed with FSWs to change their behaviors and how to create a favorable environment. They also discussed with local musclemen while they created problem to solve the problem. They participated in local level advocacy meetings in the past to resolve those.

##### **Strength and weakness of the program**

According to the opinion leaders the strength of the program is its working for changing unsafe behaviors of FSWs. The program provide quality services for HIV prevention including STI treatments and HTC services and also provided rest and recreation facilities for FSWs in DICs.

About the weakness of the program they mentioned that the program does not have client intervention, treatments are not available for complicated STIs in DICs. They also mentioned that mass awareness activities were inadequate, unavailability of opportunity for creating alternative jobs for FSWs and no catering arrangements in DICs.

### **Suggestions for further improvement of the program**

The opinion leaders provided the following suggestions for further improvement of the program:

- arrange adequate training for staffs
- cover all FSWs in the area
- develop skills on productive trades for FSWs
- awareness campaign for general people
- DICs need to be more spacious
- more involvement of different segments of the community is required
- increase number of outreach workers
- arrange more recreation facilities in DICs
- supply sufficient quantity of lubricants
- more posters, leaflets, booklets need to be distributed on STI/HIV and AIDS/condom use
- arrange regular meeting with pimps, ghorwali, hotel managers.
- regular advocacy meeting with DC, Local government, police and community leaders

### **7.2.5 In-depth interview with outreach supervisor**

A total of 26 outreach supervisors were interviewed, out of that 13 were in Dhaka and 13 were from other cities.

### **Key Findings**

#### **How to improve outreach services**

Outreach supervisors provided suggestions to improve outreach services as mentioned below:

- improvement of quality of outreach workers through more trainings
- Ensuring easy availability of condoms at affordable price
- Keeping provisions of outreach workers and or volunteer peer educators during night time at outreach
- Emphasizing intensive one to one and group education to FSWs at outreach level
- Providing legal supports to FSWs
- Introducing services for the children of FSWs
- Introducing satellite clinics for the remote FSWs
- Providing sufficient lubricants
- Advocacy meetings with local community
- To increase number of outreach workers

#### **Status of condom supply and measures to be taken to meet the requirement**

Outreach supervisors reported that the supply of free condoms was far less than the expectation of FSWs. They also mentioned that FSWs arranged condoms from different sources. They also suggested that depot holder system needs to be more organized. Ghorwali, madam, hotel boy and managers need to be discussed for continuation of condom

supply. They felt that adequate availability of condoms as per FSWs' requirement need to be ensured.

### **Reasons for not using condoms**

Key reasons for not using condoms as reported by outreach supervisors were:

- without use of condoms FSWs can earn more money
- they are afraid of losing clients if pressed to use condom
- clients do not get pleasure with condom
- in some cases FSW herself felt less enjoyment with condom
- clients sometimes compelled FSWs for not using condom, use of condom took much time to finish sex
- FSWs sometimes could not use condom due to harassment or violence by pimps, musclemen and police
- pimps, musclemen and police force FSWs for having sex without condom
- usually FSWs do not use condom with regular clients.

### **Willingness of buying condoms**

Outreach supervisors mentioned that FSWs were willing to buy condoms but they expected quality condoms at a lower price. Those were not willing to buy, they complained about high price of condoms.

### **Measures to be taken/already taken to ensure use of condom every time by every FSW**

Outreach supervisors mentioned that awareness raising activities need to be increased through more intensive one to one and group education and counseling at outreach. They also mentioned about the need of raising awareness on STIs and HIV, and importance of condom use more intensively and also there is need of comprehensive intervention with pimps and clients.

### **Removing barriers and constraints on condom use**

Outreach supervisors mentioned about the need to undertake following measures for removing barriers and constraints on condom use:

- Mass campaign on condom use
- Awareness program among pimps including hotel boys, ghorwali, madam, etc.
- Advocacy with local community leaders, police, local administration, etc.
- More comprehensive program with FSWs to make them interested to use condoms
- Needs social movement and community mobilization on use of condoms
- Ensure availability of condoms at the reach of FSWs every time at every place at affordable price.
- Increase depot holders and ensure availability of condoms with depot holders as required by FSWs
- Ensure that FSWs can freely carry and hold condoms

### **Barriers of receiving STI treatment**

Outreach supervisors reported below mentioned barriers/problems to receiving STI treatment:

- Many FSWs did not comply with the treatment, and did not use prescribed medicines regularly
- FSWs did not get proper treatment at referred centers.
- Many FSWs did not seek STI treatment timely as they ignored STIs.
- FSWs at distant places are reluctant to come DIC and seek STI treatment
- FSWs are sometimes reluctant to take prescribed medicine due to side effects

### **They suggested the below remedies for those problems:**

- More awareness raising activities for improving treatment seeking behavior and treatment compliance
- Need to establish satellite clinics for remote FSWs
- Quality medicine to minimize side effects.

### **Willingness to get HIV test and where FSWs get HIV test**

Outreach supervisors mentioned that FSWs were willing to take HIV testing. Some mentioned that FSWs though initially were not willing but after getting counseling agreed for getting test. They mentioned that most of FSWs got HIV test from DICs while few also got test in Dhaka Medical College hospital and other NGO clinics.

### **Why some are not willing to take HIV testing?**

Outreach Supervisors mentioned that the main reason for unwillingness to get HIV test was fear and stigma. Some FSWs are afraid of giving blood and also think their blood would be sold. Some FSWs perceived that they have no chance of getting HIV so, they were not willing to get test.

### **Problem faced at the place where FSWs were referred**

Outreach supervisors reported that FSWs faced no problem where they were referred. But some reported misbehavior and a few mentioned about Dhaka Mitford Hospital where treatment was refused because of identity of FSW.

### **Status of procurement and distribution provisions of condoms, clinical and other health commodities**

Outreach supervisors mentioned that DICs got supply of most of the clinical and health commodities including condoms for free distribution from the head office according to their requisition. In case of condoms for sell, DICs procure locally, mainly from SMC, through purchase committee. They also mentioned that organizational procurement policy was followed at each level of procurements.

### **Problem faced with respect to supply of condoms, clinical and other health commodities**

Outreach supervisors mentioned that they faced no problem with respect to supply of condoms, clinical and other health commodities.

### **Visitation of higher officials in last 12 months for monitoring and supervision**

Outreach supervisors mentioned that within last 12 months those who made visits to their facilities were: team leader, M&E officer, technical coordinator-program, program coordinator, deputy manager and other senior officials from PR, SR and SSRs.

### **Suggestion for further services/alternative system of services**

For further services/alternative system of services outreach supervisors suggested to:

- keep DICs open on weekends and holidays and also both day and night
- make outreach workers available of on weekends and holidays
- arrange visit of MBBS doctor twice a week in DICs
- make required medicines available including medicine for complicated STIs
- make provision for satellite clinics in remote areas
- arrange services for FSWs children at DICs
- improve physical and logistic facilities in DICs including adequate spaces, proper ventilation and light, good hygienic condition, well-structured building/house, arrangement of lockers in DICs
- make arrangements for skill development for FSWs for creating alternative employment opportunities
- arrange EPI and family planning services at DICs
- more campaign on STI treatments including mass campaign
- arrange pregnancy test at DICs and follow-up system for pregnant women

### **Experiences gained during involvement in the current HIV prevention program**

Some outreach supervisors shared their experiences as mentioned below:

- Understanding about FSWs' community is important for changing individual and social attitude towards FSWs.
- FSWs can't seek improved treatment in hospitals, even in government hospitals, due on financial ground. In DICs some arrangement should be made for safe delivery of FSWs' children.
- FSWs were frequently facing serious violence that even cause their death.
- Outreach workers sometimes face harassment by the community people and others while working for program at outreach. Their safety issues and that of other staffs must be considered.

### **7.2.6 In-depth interview with outreach worker**

A total of 35 outreach workers were Interviewed, out of that 13 were in Dhaka and 22 were from other cities. During interview they responded on different issues as mentioned below:

## **Key Findings**

### **Reasonability of existing time schedule for running DICs/Sub DICs**

Outreach workers reported that present time schedule (9:00 am to 5:00 pm) for running DIC/Sub DICs is not reasonable for majority of FSWs. Majority respondents suggested, DIC/Sub DIC operating time should be from 6:00 am to 6:00 pm. Some suggested, DIC should remain open until 8:00 pm.

### **How to improve outreach services**

Outreach workers provided suggestions to improve outreach services as mentioned below:

- Increase number of outreach workers
- Find out unreached FSWs
- Improve quality of outreach workers through more training
- Ensure easy availability of condoms at affordable price
- Introduce condom with flavor
- Emphasize on intensive one to one and group education for FSWs at outreach level
- Introduce satellite clinics for the remote FSWs
- Provide sufficient lubricants
- Advocacy meetings with local level community peoples

### **Condom availability status**

Outreach workers reported that the supply of free condoms was far less than the expectation of FSWs. They also mentioned that FSWs arranged condoms from different sources.

### **Barriers to condom use**

In the opinion of the outreach workers, the main reasons for non-use of condom are:

- FWS can earn more money having sex without condoms
- FSWs are afraid of losing clients if they pressed for using condom
- clients do not get enjoyment wearing condom
- sometimes situations are not in favor of using condom, particularly when they are raped or have more people than availability of condoms
- use of condom delay sexual activity
- musclemen and police force FSWs for having sex without condom
- regular clients do not use condom

### **Willingness of buying condoms**

Outreach workers mentioned that FSWs were willing to buy condoms but they expected quality condoms at a lower price.

### **Barriers and constraints to carrying condom and way to remove barriers and constraints**

Outreach workers mentioned that police harass and even arrest if found FSWs are carrying or holding condoms and also ghorwali, pimps, madam, hotel boy/managers do not allow

holding condom because of the fear of police as well as losing clients or consuming much time to satisfy clients. They suggested to do advocacy and hold regular discussion with police, ghorwali, pimps, madam, hotel boy/managers to remove barriers and constraints of carrying and holding condoms.

### **Reasons for unwillingness to get HIV testing**

Outreach workers expressed that the main reason for unwillingness to get HIV test was fear and stigma. Some were afraid of giving blood and also thought their blood would be sold. Some perceived that they had no chance of getting HIV so, they were not willing to get test. Some need transportation cost. Ignorance about the importance of HIV test is also a barrier.

### **Experiences of involvement in the current HIV prevention program**

Some outreach workers shared their experiences as mentioned below:

- If discussed about the objectives and activities of the program with police, pimps, musclemen and other influential, their behaviors and attitude will be positive and even supportive for program
- The negotiation skills of FSWs can be increased, so that they can successfully negotiate with clients to use condom
- Any KP if initially does not accept the concept of the program, possibly will accept it later if patiently waited for appropriate time
- Ghorwali, madam, pimps can be made supportive through dialogue with them
- If support is given to KPs in making decisions for solving individual problems ultimately it will help to create a supportive environment for achieving program objectives

### **7.2.7 Key informant interview with power structure**

A total of 35 persons from power structure group were interviewed in Dhaka and other districts.

### **Key Findings**

#### **Participation in the program**

They mentioned that they participated in program events like World AIDS Day, International women's day, advocacy meetings, condom demonstration sessions, gathering of FSWs organized, by Save the Children, etc.

#### **How to increase condom use among FSWs**

They provided the following suggestions for increasing condom use among FSWs:

- Awareness on STI/HIV and AIDS to FSWs, Pimps, ghorwali, hotel boy and clients
- Providing orientation to FSWs on safe sex and condom use
- Availability of quality condom at lower price at every place and every time
- Reach all FSWs in all places with necessary services
- Arrange more depot holders and train them
- Arrange treatment for complicated STIs in DICs

## **How to further improve current program among FSWs**

For further improvement of the current program among FSWs, persons from power structure group proposed about the following measures:

- Mass awareness campaign including cultural events like street drama, etc.
- Orientation for clients, musclemen, police, businessmen, students, etc.
- Skills development of FSWs for alternative jobs as well as arrange seed money for starting IGAs
- Provision for enough lubricant supply
- HIV test every 3 months
- More spacious DICs
- Provision for MR services at DICs

## **7.2.8 Interview with senior program personnel, management and M&E of PR/SR**

### **7.2.8.1 Key Findings: Respondent-1**

#### **Modality/Approach of NFM**

- NFM was planned to produce high impact with low cost
- DIC, Sub-DIC and peer-based outreach service delivery modality/approach was continued as previously but coverage was drastically reduced. A substantial number of KPs remained un-served. For ensuring effective control of HIV and AIDS maximum coverage need to be ensured with respect to number of KPs and geographical areas.
- Considering effective delivery of services, number of outreach workers were much low than the number of KPs; the ratio was much high.
- The coverage of HTC services was much high in NFM. HIV testing and counseling services (HTC) were provided through all DICs and Sub-DICs and outlets but before NFM, HTC was only provided through limited number of DICs.
- The coverage of OST also increased under NFM.
- STI guideline was improved and improved trainings were provided to the paramedics for efficiently treating STIs following the guidelines.
- Social marketing of condom was continued in FSW intervention, besides free distribution of condoms, provided in a limited scale.
- In NFM 3 DICs were established as comprehensive DICs with ARV treatment services, but It was very difficult to ensure 90-90-90 model specially for PWID

#### **Time Schedule of DIC/sub-DIC and outreach**

The time schedule for service delivery at DIC/Sub-DIC level was setup in consultation with KPs but it can be revisited and if required may be rescheduled. At outreach level, activities were conducted from 1.30 pm to 9.30 pm by the outreach workers/peer educators.

#### **Lesson learned**

- Further innovative ideas need to be introduced for awareness campaign and BCC activities. ICT based message disseminating system would be effective.
- Whole blood-based HIV testing should be introduced rather scam based testing

- In each outreach spot someone needs to be recruited as a volunteer who will provide services beyond the outreach workers' schedule.
- Time mapping/time location need to be conducted in PWID locations and also FSWs which would help to best distribution of HRs.

### **Suggestion for improvement**

- All priority districts need to bring under coverage and all KPs in each priority districts must be brought under essential HIV prevention and care services.
- Special program for MARA population needs to be undertaken
- PMTCT program needs to be introduced in MNCH program for controlling new infection of HIV;
- Location and establishment of DICs need to be revisited and should be according to the specific needs of the respective KPs.
- CBOs need to be capacitated and engaged to monitor the depo-holders, and outreach workers following the specific guideline
- Structural issues must be addressed, like individual and community empowerment, human and legal rights, economic stability, reducing harassment and violence, etc.
- Consistent and quality mass awareness campaign through different channels on HIV prevention, drug use, use of condom and one-time needle syringe need to be undertaken to increase the use of condom and safe needle syringe.
- Partners of FSWs and PWID need to be traced in increased numbers and they should be brought under STI treatment.

### **7.2.8.2 Key Findings: Respondent-2**

#### **1. Modality/Approach of NFM**

- The DIC/Sub-DIC and outreach based modality/approach is being implementing in Bangladesh for the last few decades. It is an entirely peer based approach.
- The program approach is relatively appropriate but some changes might be considered in reaching KPs and service delivery among them. The environment for BCC session at the outreach level was not favorable. Group sessions at DIC level would be more effective. BCC sessions using flip chart were sometimes difficult due to the surrounding environment. If innovative ideas are incorporated into the program, such as-video clip with ICT based message disseminating system (mobile device), then these would be effective. "We may collect mobile numbers of KPs for sending SMS and voice message on relevant health information. As the mobility of KPs is high, KPs can be reached with messages easily through using ICT technologies. KPs could receive lubricants and condoms at the outreach more easily if depot holder system is organized more effectively."
- The ratio of outreach worker to KPs was finalized initially 1 to 100. But in reality one outreach worker is working for more than 120 KPs. So, the outreach workers could not deliver services properly to change the behavior of the KPs as anticipated.
- The capacity and motivation of the outreach and other field level staff need to be strengthen further which is one of the weakness of the present program.

## **2. Challenges faced in the Implementation of NFM**

- KPs are using 4-5 mobile numbers at any given time, so it is difficult to reach them.
- KPs are frequently moving in different areas. So sometimes it is very difficult to reach them from a given DIC/outreach. Conversely, a particular KP could not receive required services from other DICs/outreaches. They can get condoms and lubricants from other DICs, but not HTC and STI services.
- A total 8 sessions can be conducted for BCC per quarter. It is very difficult to accomplish all the sessions within a quarter.
- As the project is a quantitative target-oriented program so the outreach level workers are working only for achieving the numbers and filling up the formats showing reaching the targets sacrificing the quality and outcomes. This target chasing is a failure of leadership.

## **3. Time Schedule of DIC/sub-DIC and Outreach**

Normally, DIC/Sub-DIC was working from 9.00 am to 5.00 pm every day except Friday. Conversely, outreach activities were conducted from 1.30 pm to 9.30 pm by the outreach workers/peer educators. The assigned outreach supervisor was supposed to supervise the outreach workers every day at the outreach level. They are from the same community. The DIC Managers used to go to the field 10-12 days in a month. The time schedule is reasonably convenient for delivering required services as per the needs of KPs but the DIC time schedule needs to be readjusted to suit relevant KPs.

## **4. Area coverage by DIC/sub-DIC**

The program areas were demarcated through mapping and though DICs should be located in places convenient to KPs, sometimes it was not possible to selected DICs accordingly, considering the budget. After identifying KPs, a mother list with ID number was prepared by the outreach workers and outreach supervisors. Emphasis was given to cover all the FSWs within the selected area but in some cases street and hotel based FSWs could not be covered especially at late night.

## **5. Supply policy and mechanism**

Most of the time adequate condoms were provided among KPs through the outreach workers and depot holders as per their demand. The STI medicines were provided from DICs. PR sent the required health products to SR and SSR in accordance with their requisition. Normally, PR through the assigned distributor delivered the health products and medicines to DICs. Always buffer stock was maintained. Generally, there was no scope for drying out of health products. One or two days delay could happen in the farthest districts because of parcel distribution delay. Periodical monitoring report and communication (through mobile, telephone and email) with partners were maintained effectively before and after supplying of health products.

## **6. DIC/sub-DIC**

The existing DIC/Sub-DIC under the NFM program is not an ideal DIC because of its size and space. DIC concept is not working in the NFM project. The existing DIC is

nothing but a project office. Earlier, recreational and resting facilities, along with music and video show were available in DICs but in the NFM program, such facilities could not be provided due to budget constraint. The existing DIC is the integrated DIC for all forms of FSWs (street, hotel and resident based) but in some cases specific DICs should be earmarked for different KP groups.

## **7. Human Resources**

A number of outreach workers, outreach supervisor, paramedics and DIC managers are engaged in providing services through DIC/Sub-DIC and outreaches among the targeted KPs. Usually, one outreach worker is assigned to one outreach spot. The outreach supervisor would supervise the outreach worker and monitor their actions as per the planned schedule. In each spot, outreach workers are providing services to 45-120 KPs. In addition, a number of depot holders are selected at the outreach level where sufficient number of condoms and lubricants are preserved. KPs were receiving health commodities from the outreach workers and depot holders as per their needs. The DIC managers, outreach supervisors, and outreach workers received basic and refreshers training. But the capacity building and improving motivational factors are inadequate currently.

## **8. Coordination**

Partners coordination meeting was conducted quarterly with the partners (PR and individual SR), besides, program sharing workshop was conducted once in a year, where PR and all SRs attended. In addition, regular communication through mobile, telephone and e-mail was maintained among PR, SR and SSR. Moreover, need-based meetings and discussions were conducted regularly.

### **Recommendations based on lesson learned by team leader**

- ICT based educational program (mobile technology, SMS, voicemail, social media etc.) can be designed and implemented in addition to existing BCC session.
- Satellite clinics need to be introduced along with the existing clinical services where needed
- DICs must be improved in spaces and required facilities/services.
- Community volunteer approach might be incorporated.
- Community strengthening mechanism might be considered.
- Capacity of staffs and workers must be improved and quality personnel should be recruited.
- The ratio of one outreach worker to the number of target key population must be standard.
- Appropriate honorarium, salary, and incentives for the workforce must be introduced.
- Monitoring of field activities and supervision of outreach workers/supervisors must be done closely and consistently.
- Adequate capacity development training (basic and refreshers) for the workforce must be organized.

- Feedback mechanism should be improved
- Government and donors should come forward to make the fund available for this kind of population.

## **9. Monitoring**

The NFM program was following prescribed monitoring formats. A total of 47 monitoring and reporting tools were developed. Both softcopy and hardcopy were supplied to all DICs. Some of the reports are for daily use, some are for monthly and others for quarterly use. In accordance with the M&E Plan, the outreach workers and outreach supervisors generally prepare monitoring format daily. Besides, DIC managers and the paramedics could prepare their monthly and quarterly monitoring reports. Before finalization, the monthly/quarterly reports undergo validation check with the help of M&E specialist. Sharing session is conducted through Skype. Sometimes, distance monitoring is conducted. The monitoring report is shared at monthly meetings at DIC. In addition, quarterly and half-yearly meetings are conducted in between the PRs and SRs/SSRs where monitoring findings are shared.

## **10. Challenges faced in the Implementation of NFM**

- A total of 47 monitoring and report tools were developed in NFM program. Most of them were for DICs and outreaches. It was very tough to follow by DIC managers. In the first 3 months, it was very difficult to compile all reports prepared by DIC managers. There are lots of data error found in their reports. Data validation check was very difficult in the beginning.
- All DIC managers were provided training on M&E and reporting tools. After preparing periodical reports by DIC managers, they sent all reports to the M&E specialist of Lighthouse. The M&E specialist then verifies all the reports and finalized them. After validation and finalization, M&E specialist sent all the reports to the Save the Children (PR). Gradually, all the challenges were minimized.

## **11. Suggestions based on lesson learned**

- Video clip with ICT message disseminating system/educational program (mobile technology, SMS, voicemail, social media etc.) can be designed and implemented in addition to existing BCC program.
- Satellite clinics might be introduced along with the existing clinical services.
- Community volunteer approach might be incorporated.
- Clients of FSWs should be provided prescription for STI treatment from DICs, while they can manage medicines form outside.
- Community capacity building mechanisms might be considered.
- Field level monitoring should be increased to a great extent.
- The frequency of field movement by the outreach workers/supervisors should be increased.
- M&E tools must be users-friendly.

## 7.3 Qualitative findings on PWID

### 7.3.1 FGDs with male PWID and female PWID

A total of 16 FGDs were conducted with PWID, 14 with male and 2 with female. Summary findings have been presented in Table 7.2.

**Table 7.2: Summary findings of FGDs with PWID**

Key Findings Areas	FGDs with Male PWID	FGDs with Female PWID
Needle Syringe Exchange	<p>Majority of the participants in Dhaka district, said that they got needle syringe from outreach workers as per their demand. On the other hand, majority of the participants outside Dhaka said they did not get needle syringe as much as they needed. Some KPs mentioned that they share needle syringe when outreach supply is not available. Some KPs in Dhaka reported that they buy a new needle syringe from the pharmacy when there was a shortage of supply. But outside Dhaka, KPs cannot buy needle syringe from pharmacy because the shopkeepers are not willing to sell it to PWID. During weekly holidays or prolonged vacations they share needle syringe or use pre-owned or used syringes. Apart from these, the participants mentioned a number of reasons why they share needle syringe that include –</p> <ul style="list-style-type: none"> <li>▪ friendship among KPs</li> <li>▪ at the time of 'bera' they can't wait for new needle syringe</li> <li>▪ when new needle syringe are not available, they can't afford to buy</li> </ul> <p>The participants also specified some of the major challenges to carrying needle syringe with them-</p> <ul style="list-style-type: none"> <li>▪ local people use abusive words</li> <li>▪ physical assault by police and public</li> <li>▪ pressure by police for money.</li> </ul>	<p>The female PWID informed that they did not get required number of syringe and needle all the time because the outreach workers are not working in the outreach level after 3.00 pm. When the needle syringe are not available they share with others. But this sharing happens secretly. Sometimes, KPs purchase needle syringe from the nearest pharmacy. Most of the time, KPs faced a lot of constraints in the course of carrying needle syringe that include –</p> <ul style="list-style-type: none"> <li>▪ abusive words used by local people</li> <li>▪ physically harassed by police</li> <li>▪ illegal money demanded by police, etc.</li> </ul>
Condom use barriers	<p>Most of KPs in Dhaka mentioned that they get free condom from the outreach workers as much as they need. But KPs outside Dhaka said they cannot get adequate amount of condom from</p>	<p>Most of the female PWID reported that they got free condoms from the outreach workers. There is no scope for KPs to get condoms at night. In that case they purchased</p>

Key Findings Areas	FGDs with Male PWID	FGDs with Female PWID
	<p>the outreach workers as per their demand. On the day before the holidays or prolonged vacations KPs received required condoms from the outreach workers. Majority of the respondents pointed out that they don't use condom all the time due to the reason that they do not enjoy sexual pleasure with condoms. Some KPs mentioned that they do not know how to use a condom correctly.</p>	<p>or borrowed condoms. But majority of the female KPs stated that they did not use condom due to the reluctance of the clients.</p>
STD/STI Treatment	<p>When KPs are infected with STD/STI, they share the information initially with the outreach workers, who refer them to DICs for treatment. But during the time of receiving treatment, the respondents, especially KPs of outside Dhaka faced some remarkable challenges, such as –</p> <ul style="list-style-type: none"> <li>▪ standing a long time in queue</li> <li>▪ inadequate medicine supply for STI treatment</li> <li>▪ the health service providers do not behave well with them</li> </ul>	<p>PWID share their STI related information with the outreach workers. They refer them to DIC for treatment but in most of the cases, sufficient medicines are not provided. They also mentioned that they do not get proper behavior from the health service providers. The female PWID sometimes did not share their STI related information with the assigned paramedic in presence of the male PWID in the room.</p>
HIV Testing and Counseling (HTC)	<p>Most of the respondents are willing to test HIV. A few are scared to test because they do not want to know what type of germs they are infected with and don't want to disclose their HIV status. They believe they would be a victim of hatred and social discrimination if people know they are infected with HIV.</p>	<p>KPs show less willingness to test HIV at Dhaka but most KPs in Benapole are eager to test. They did not want to disclose their HIV status though. They thought that if it is disclosed, they will be a victim of discrimination and stigmatization.</p>
Referral Services	<p>PWID are referred to the government health facilities, NGO clinics, and other private physicians. KPs do not like to receive services from the outside health facilities because they are mistreated by the health service providers there. They feel uncomfortable to share their problems with the outside physicians.</p>	<p>PWID are referred to NGO clinics, and other private physicians. The KPs of Dhaka responded that they did not face any problems for treatment from the referred facilities but KPs of Benapole informed that they faced a number of problems in the referred hospitals/clinics. They mentioned that the doctors are not friendly, they had to purchase full course medicine from the pharmacy and they had to maintain a long queue for receiving treatment from the health centers.</p>

### 7.3.2 FGDs with the male PWID taking OST

#### Introduction

Only one FGD was conducted and that was with male PWID at the Moulvibazar DIC in Dhaka city where OST program was in operation.

#### Key Findings

##### Opinion about OST Services

- Most of KPs opined that they prefer OST to needle syringe. The behavior of OST receivers has changed significantly. They lead a normal life with their family members, and can keep themselves neat and clean. As a result, their acceptance in the community is increased. A few KPs however, do not prefer OST. They share needle syringe.

### 7.3.3 Verbatim of PWID

Some selected verbatim of PWID on needle syringe sharing, condom use, violence faced and other related issues obtained from FGDs.

#### a) Verbatim on needle syring sharing:

Sl. No.	Verbatim	Reference/Source with date and time	KP Type
1	<p>“রাস্তায় আমরা একটা সিরিঞ্জ পাইলে ধোইওনা কিচ্ছু না, ঐড়াই আমরা ব্যবহার কইরা লাই”। ঐড়া দিয়াই শেয়ার করি”।</p> <p>["We do not wash or clean the syringe we pick up from street. We just use that and share with others, too.]</p>	DIC: Khilgoan Date: 19/11/2017 Time: 12:40pm...	PWID Male
2	<p>“ভাইয়া আমরা রোগ শোক বুঝি না, সিরিঞ্জ পাইলেই আমরা কি করি, লইয়া লই”।</p> <p>["We do not understand any disease/sickness, brother. Whenever we find syringes, we pick them,"]</p> <p>“রাস্তায় পইরা থাকে তখন আমরা সুই সিরিঞ্জ না পাইলে ঐড়া লইয়া লই”। ডেইলি তো আর টাকা লগে থাকে না, যেমন আমার কাছে ৫টাকা নাই, আমিতো আর সুই কিনতে পারবনা, তখন আমরা কি করি একটা সিরিঞ্জ টোকাইয়া মাল লইয়া লই”।</p> <p>["When we do not have needle syringe, we pick them up from street. We do not have money with us everyday. For example, I do not have BDT 5.00. I can't afford a needle. In that case, I pick up a syringe and fill it with <i>maal</i>."]</p>	DIC: Khilgoan Date: 19/11/2017 Time: 12:40pm...	PWID Male
3	<p>“আমাদের চাহিদা অনুযায়ী সিরিঞ্জ দেয়না, কনডম দেয়না, আমার লাগে ৫টা আমারে দেয় ৩টা”।</p> <p>["They do not give syringe and condoms as per our needs. I get three whereas I need five."]</p>	DIC- Barisal Date: 24/11/2017	PWID Male

Sl. No.	Verbatim	Reference/Source with date and time	KP Type
4	<p>“রাসেদ বাই (OW) ৩০ টা করে মাল আনে, আমাদের ১০ জনকে ৩টা করে দিলে ৩০টা লাইগ্যা যায়, আর বাকী যে ৫জন থাকে ৫ জনের মাল নাই, এই ৫জনের অনেক সময় সুই-সিরিঞ্জ শেয়ার করতে হয়”।</p> <p>["Rashed bhai (OW) gets 30 things (<i>maal</i>) and distributes three (<i>maal</i>) to each of us 10 persons. So, 30 things (<i>maal</i>) are gone. He does not have extra <i>maal</i> to cover the rest five left-out persons. So, many a times, those rest five persons have to share needle and syringe."]</p>	DIC- Barisal Date: 24/11/2017	PWID Male
5	<p>“টাকা পয়সা দিয়ে সুই সিরিঞ্জ কিনতে হয়, সব সময় টাকা পয়সা থাকে না, অনেক সময় টাকা থাকলেও সিরিঞ্জ কিনতে পারিনা বাইরে খোলা বেচে না, তখন বাধ্য হয়েই শেয়ার করতে হয়”।</p> <p>["We have to buy needle syringe with money. We do not always have money. Many a times, we cannot buy syringe as these are not sold openly. So, we have no other option other than sharing."]</p>	DIC- Barisal Date: 24/11/2017	PWID Male
6	<p>“আমি একজন পজেটিভ, সাথে সবসময় একটা সিরিঞ্জ রাখি যাতে শেয়ার না করতে হয়, কিন্তু এইডাতো পুলিশ বেটারা বোবোনা, বলে তুই মাল বেচছ, তুই মাল লছ, তুই খারাপ মহিলা এই সেই কইয়া বাইড়া-বাড়ি শুরু করে, এটা আমাদের সাথে রাখা খুব ঝুঁকি”।</p> <p>["I am HIV positive. I always carry a syringe so that I would not have to share. Police does not understand that. He keeps saying, 'you trade things (<i>maal</i>), you take drugs, you the evil woman!' and starts beating before finishing his words. So, there is a risk to keep needle syringe with us."]</p>	DIC:SK Das , Dhaka Date: 21/11/2017 Time: 11:30am...	PWID Female

**b) Verbatim on condom use:**

Sl. No.	Verbatim	Reference/Source with date and time	KP Type
1	<p>“নেশার কারণে অনেক সময় যৌনমিলন তাড়াতাড়ি করতে হয়, তখন হাতের কাছে কনডম পাওয়া যায় না, তাই কনডম ছাড়া যৌনকাজ করি”।</p> <p>["Sometimes we rush for intercourse due to the influence of drugs. We can't wait for condoms. So, we end up doing sex without condoms."]</p>	DIC: Nayabazar, Dhaka Date: 20/11/2017 Time: 11:53am...	PWID Male
2	<p>“অনেক পুরুষ মানুষ কনডম নিতে চায় না, পছন্দ করে না, কইলেও ওরা শোনতে চায় না, অনেক বুঝাইলেও ওরা নিতে চায় না, কয় না টাকা একটু বেশী নাও তবুও কনডম ছাড়া করবো”।</p> <p>["Lots of men do not want to use condoms, do not like condoms and they do not listen despite we tell and try to convince them repeatedly. Rather, they say, " You better take more money. But I will not use condom."]</p>	DIC:SK Das , Dhaka Date: 21/11/2017 Time: 11:30am...	PWID Female

### 7.3.4 FGDs with the outreach workers

#### Introduction

A total of 15 FGDs were conducted with outreach workers.

#### Key Findings

##### Outreach services

- Usually, needle syringe exchange, condom distribution, condom demonstration, referring for STI management to DIC, IEC/BCC sessions are arranged at the outreach level. Majority of the participants mentioned that many of the spots are not favorable to them because the local people use abusive words, show bad behavior and assault KPs. Needle syringe are not delivered as expected regularly. The outreach workers sometimes cannot supply needle syringe among KPs at outreach since spots are evicted sometimes by the police. They opined for adequate number of skilled outreach workers.

##### Needle syringe exchange

- In the opinion of outreach workers sometimes KPs do not get needle syringe as per their demand. Moreover, they share needle syringe for a number of reasons
  - inadequate supply of drugs
  - frequent spot evictions
  - emotional bondage among KPs
  - unaffordability to buy needle syringe when needed
  - lack of knowledge about the consequences of sharing
- KPs face challenges during carrying needle syringe at outreach level that includes (i) local people use ill-treating words, and (ii) police and public harass physically and mentally. In this situation, DIC managers as well as DAC members extend their cooperation when informed.

##### Barriers to condom use

- The outreach workers supply condoms to KPs as per their need in Dhaka but in other cities the outreach workers said there is a shortage of supply of condoms from the project as per the need of KPs. KPs outside Dhaka sometimes perform sex act without condoms. FGD participants reported that KPs do not use condoms all the time for a number of reasons:
  - do not get satisfaction in having sex with a condom
  - excitement get reduced if a condom is used
  - lack of knowledge about the risk of non-use of condom

##### STD/STI Treatment

- FGD participants opined that many of the paramedics at DICs especially outside Dhaka do not behave well with KPs. In their opinion confidentiality is not maintained in DICs in other cities. Moreover, inadequate medicines are offered for STI treatment. So KPs outside Dhaka do not like to share information on their problems with the paramedics.

They added that full course treatment among the infected KPs along with his/her partners must be ensured and skilled and trained paramedic should be recruited in order to provide improved and quality STD/STI services.

### **HIV Testing and counseling (HTC)**

- In the opinion of the outreach workers most of KPs are willing to test HIV. A few in other cities than Dhaka are scared to try it. Because they do not want to disclose their health status. They thought that if it is disclosed that s/he is infected with HIV s/he will be a victim of discrimination and stigmatization.

### **Referral Services**

- The outreach workers reported that DICs refer the complicated STI cases to government hospitals, NGO clinics and private physicians. In the opinion of the outreach workers, KPs do not go to the health facilities outside DICs for the reasons, such as:
  - physicians are not interested in the welfare of KPs and do not behave well
  - medicines and beds are not available at the government facilities
  - KPs hesitate to share their STI status with outside doctors

## **7.3.5 In-depth interview with DIC Manager in Dhaka and outside Dhaka**

A total of 23 IDIs were conducted with DIC managers in and out of Dhaka.

### **Needle syringe supply**

Most of DIC managers in Dhaka told that supply of needle syringe are smooth and according to their need.

Those outside Dhaka told that they do not get the supply in time because of delay in courier service. In some places (DIC area) courier services do not reach and they collect from a distance after they get information about arrival of supply, although DICs which are established at the district or divisional towns had no such problem. Regarding the quantity of supply of need and demand outside Dhaka the picture was different.

### **Human Resource**

DIC managers of Dhaka told that ratio of outreach worker and PWID is now 80/100: 1 which is affecting the program negatively. The DIC coordinators in Dhaka suggested to increase travel allowance for the outreach workers and also suggested to increase the number of outreach workers. The respondent outside Dhaka said that they are facing a real problem in this regard and they proposed that ratio of KP and worker should be 40/50:1. They also suggested providing the outreach workers with a vehicle like bi-cycle.

### **Monitoring and Supervision**

DIC managers/coordinators both in Dhaka and outside Dhaka told that PR, SR and ASP visited DICs. They added that monitoring and supervision visit from SR were regular and

intensive. In Dhaka, monitoring and supervision visit was 5-8 times a month, on an average; outside Dhaka, it was 3 to 4 times.

### **An alternative way of providing services**

All the DIC coordinators/managers both from Dhaka and outside Dhaka told that DIC based peer approach is the best proven way of providing effective services. In this approach some improvement has been suggested like increasing number of outreach workers, introduction of depot system and spot leaders, 24 hours opening of DICs etc.

### **Experiences gained from engagement in the program**

- Consistent information dissemination and awareness raising is the key of this program
- Becoming a friend of PWID is the most effective instrument to motivate them
- Eliminating stigma and discrimination against the PWID is the real challenge as it is really detrimental to the program
- Gained insights and proficiency in working with a key population

### **7.3.6 In-depth interview with DIC advisory committee members**

#### **Background Information**

A total of 29 in-depth interviews were conducted with DIC advisory committee members.

#### **Roles played as a committee member**

All the respondents told that they help to solve different problems at DIC, outreach and spot level. Those are related to police intervention/raid, conflict between PWID and local people, problems created by muscleman etc. The respondents also told that they attend the meeting and visit DIC and provide suggestions as needed. Overall, creating a conducive environment is the prime role of advisory committee members.

#### **Strength and weaknesses of the program**

The respondents gave their opinion on the strengths and weaknesses of the program as below:

##### **Weakness:**

- Accommodation of DIC and spot.
- Staff/workers inadequacy.
- Relationship with police and local authorities.
- Inadequate funding.
- Non-availability of qualified (MBBS) doctors at DICs.
- An increasing number of PWID increasing failure to cover them.

##### **Strengths:**

- Because of the services, crime and conflict reduced in the area.
- PWID are getting OST free of cost as a result use of needle syringe reduced

- PWID and local people become aware and get conscious about HIV prevention
- PWID are getting services which are helping them to rethink about their life
- Community people understand this is a helpful program for the community

### **Suggestions for improvement of the program**

- Supply of medicine and needle syringe has to be consistent and adequate
- Number of outreach workers need to be increased with increased remuneration
- Number of qualified doctors especially female doctor need to be increased
- Need de-tox center
- Rehabilitation of PWID while they come out from the addiction of drugs is needed

### **7.3.7 In-depth interview with outreach supervisor**

#### **Background Information**

A total of 20 outreach supervisors were interviewed.

#### **How outreach services can be improved**

Most of the respondents both in Dhaka and outside Dhaka told that to improve the services, the number of workers need to be increased up to one for 40 to 50 KPs. They also said outreach workers should be provided with bi-cycle. Another suggestion made by almost all the respondents was provision of tiffin to PWID for higher success. From Dhaka one suggestion was to provide ID cards to PWID to prevent police harassments.

#### **Sharing needle syringe**

In the opinion of the outreach supervisors, the reasons for sharing needle syringe are:

- intimacy of PWID with each other
- high price of drugs
- police raid in the spots
- needle syringe supply sometimes is interrupted, especially outside Dhaka because of courier services delay/distance
- supply and distribution are smooth but not as per requirement

#### **Use of condom**

- PWID who do sex with their wife/fixed partner do not use condom. So consistent use of condom for PWID is less important.
- Female PWID do sex without condom because their customers do not like it.
- Lack of knowledge about HIV transmission.

#### **Treatment of STI**

The respondents both in Dhaka and outside Dhaka said that common tendency among PWID especially among women PWID is to hide the STI problem. They added that women PWID are not interested to go to the male doctors. Counseling is the key to success they said.

### **HIV testing and counseling**

DIC outreach supervisors both in Dhaka and outside Dhaka said that majority of PWID are interested to get HTC. In case of women PWID they are a bit scared to go to HTC.

### **Referral services**

Supervisors both in Dhaka and outside Dhaka told that in majority cases, they faced problem in the Government referral centers because they ask for money to provide services to KPs. No medicine is provided. In case of private clinics without money no services are available. In a few cases the referral services are provided free.

### **Supply management of needle syringe, condom and other medical supplies**

The respondents said that condom supplies are adequate but needle syringe and medical supplies do not meet the requirement.

### **Monitoring and supervision**

The supervisors reported that SR, PR and Government regularly visit DIC and field. SR made 6 to 7 visits a month at Dhaka and 3 to 4 visits outside Dhaka. The SR visitors (monitoring officials) crosscheck field and reports and share data in the monitoring meeting.

### **Alternative services**

The respondents both in Dhaka and outside Dhaka said that DIC based outreach/peer service delivery is the most effective way. To improve the existing service delivery they have given some suggestions, like introduction of spot leaders, increasing depot holders and keeping DIC open for 24 hours.

### **Experience gained through working with the program**

- Continuous information dissemination and awareness raising is the key to the success of the program
- Friendship with PWID is the most effective way to motivate them
- Eliminating stigma is the real challenge
- Improved skill is necessary in working with key population

## **7.3.8 In-depth interview with outreach worker**

### **Background information**

A total of 30 outreach workers were interviewed.

### **How outreach services can be improved**

Majority of the respondents both in Dhaka and outside Dhaka said that the number of outreach workers need to be increased to improve the services. They suggested for KP and worker ratio to be 40/50:1. In their opinion, outreach workers need more training and refreshers. Salary and travel allowance need to be increased for them.

### **Sharing needle syringe**

The outreach workers said that PWID usually share needle with their intimate ones. Other than that when drug price goes beyond their affordability, or when police or musclemen drive them away from the spot they cannot manage supply and then they go for sharing a needle. Another reason is that they do not get required supply.

Most PWID are aware of the risks of sharing needle syringe but when they get an extreme requirement of drug (*Vera*) they forget everything. Increased price of drugs is also a reason for sharing. A respondent from outside Dhaka demanded Oral Substitute Therapy (OST) program. All respondent said that awareness and counseling program need more attention. Needle syringe supply sometimes is interrupted especially outside Dhaka because of courier service delay/distance, which is also another cause of sharing. Supply and distribution are smooth but not as per requirement, most of the respondent told.

They face often a problem while they carry needle syringe, as they are harassed by the police and local people. Sometimes they are arrested by police as a drug trafficker and this creates lots of problem for them. The local committee and DIC officials take steps to release them.

### **Use of condom**

PWID who do sex with their wife/fixed partner do not use a condom. Sometimes female PWID do sex without a condom because their customers do not like it.

### **Experiences gained from the program**

- Counseling and awareness is the key to this program.
- Friendship with PWID is the most effective approach to motivate them.
- Elimination of Stigma is the real challenge
- Staff skill is needed for implementation of the program improved

### **7.3.9 Key informant interview with power structure**

Total of 30 interviews with power structure related to the program were conducted.

### **Knowledge about HIV/AIDS prevention services**

Most of the respondents told that they know many who take HIV/AIDS prevention services from DICs. Some respondents told that PWID received good services from DIC. The services are: distribution of needle syringe, condom, treatment and medicine.

### **Support for the program**

Most of the respondents told that they encouraged the PWID to go to DIC. They also told that in many cases they rescued PWID from police while they were caught. They made a link with DICs and PWID so that PWID can get services from DICs. Some respondents told that they helped sick PWID to go to DIC service centers.

## **Opinion how safe needle syringe and condom can be promoted among PWID**

Most of the respondents said that awareness program along with counseling is the key to increase the use of safe needle and condom among PWID. The respondents told that strong monitoring will be effective to reduce needle sharing and consistent use of condom. Almost all the respondents said that information campaign in the area will increase awareness about the risk of HIV and STI.

### **7.3.10 Interviews with senior program personnel, management and M&E of PR/SR**

#### **7.3.10.1 Key Findings: Respondent-1**

##### **Modality or approach of NFM**

- More resource allocation is needed to improve the current service modalities
- Outreach workers might be recruited both from current drug users and ex drug users
- HTS service delivery through DIC and Sub-DIC and recruitment of experienced outreach workers were mentioned as the strength of NFM
- Multiple service delivery in DICs or Sub-DICs with limited qualified staff and limited resources as well as work load of the outreach workers and program personnel were mentioned as a weakness of NFM

##### **Time schedule of DIC/Sub-DIC and outreach**

- Current DIC and Sub- DIC operation schedule is not suitable for all KPs, it should be fixed based on need, considering the pick hours of the drug taking practice in different spots in different locations.

##### **DIC/Sub- DIC space and other facilities**

- DIC and sub-DIC space are not adequate.
- Female PWID are ignored in DICs and Sub-DICs; there is no separate DIC or even separate bathroom or toilet facilities for female. Female PWID are not interested to take reproductive health (RH) services.

##### **Human resources**

- Staff at DICs and Sub-DICs are inadequate considering the number of KPs covered.
- Outreach workers cannot meet the needs of services in current modality, considering the number of KPs, distance of spots, drug taking time and also the current ratio of outreach workers to PWID.
- Not enough opportunity if available for capacity building for DIC and outreach staffs.

##### **Coordination**

- No systematic or planned coordination mechanism exists among ASP, PR, SR and SSR organizations.
- A national coordination mechanism is needed and a national technical committee for close monitoring and feedback of PWID intervention lead by ASP is needed.

### **Challenges faced**

- The law enforcing agencies declared zero tolerance of drug use; consequently there are eviction of the drug taking spots, harassment and arrests of PWID.
- Rapid urbanization.
- Joint collaboration both law enforcing agency and community people declared drug free community and society.
- Law enforcing agencies arrested drug paddlers/sellers which created a scarcity of drugs; as a result, the price of the drug became high.
- Difficult to cover more positive people for ART adherence and maintenance of ART
- Ensure treatment for complicated abscess cases.
- Lack of motivation of outreach worker due to low/poor salary.
- Positive PWID created an obstacle to ensure HTC for their drug and sex partners due to fear of disclosing their HIV status.

### **Monitoring**

- NFM has a unique and well set of monitoring system
- Inadequate field monitoring opportunity for M & E team, due to lack of budget constraint and M&E staff
- NFM monitoring system only measures output indicators and outcome of the program is not reviewed or assessed
- Monitoring findings are shared with PR and SSRs through periodic/quarterly meetings
- Increased M& E staff are needed in central and field level for result oriented monitoring
- Need ICT based monitoring rather traditional monitoring, i.e. mobile tracking and supply monitoring through Tabs

### **Lesson learned from NFM program**

- Prioritizing a sharing network for sexual partners as a client for HTC has given a good result in early detection and link with care and support.
- Local level data analysis in a regular way can play a significant role to ensure minimizing data error, production of timely and quality documentation/reporting.
- Proper planning and close adherence to OST service can ensure expected enrollment.
- Coordination with different stakeholders is needed for smooth implementation of project activities especially related to TB, and complicated case management.
- Secondary distribution channel by pusher and depot holder can run through rapport building with community people and PWID can get expected services including clinical services.
- On the job training is needed for a new staff of DIC/Sub-DIC to uphold the service quality, especially reporting as well as for common understanding of different issues.
- Vertical outreach model/approach is not effective in reaching PWID.
- The clinical service demand of PWID can be ensured through building linkage with local health service providers.
- Leadership enhances better performance, so capacity building initiatives should include developing leadership and management skills.
- Massive OST scale-up for ILWHA and hardcore PWID is required to reduce HIV infection.

- Satellite HTC services are needed for long distant PWID and their partners.
- Massive scale-up of ART enrollment for HIV+ PWID by limited resources
- Enabling environment can be created at the spots in Dhaka through close interaction with the police officials.
- Continuous HTC test and re-test among PWID and their partners can play a vital role to know their HIV status as well as to motivate them to refrain from needle syringe sharing.
- Face to face training can play a significant role to improve the service quality instead of organizing long distance training.
- More intimate involvement of senior project/management team can enhance the quality of outreach services.
- Joint effort of all stakeholders can ensure smooth functioning and achievement of project activities.
- Adherence to the outreach team through routine monitoring and motivation, including involvement of senior management can improve the outreach scenario.
- Risk ranking/assessment (identifying sharing network) of HIV+ PWID helps to take alternate actions to reduce HIV transmission such as high risk PWID enrollment in either ART or in OST on priority basis.

### **Recommendation for further development of the program**

#### **Population Coverage**

- 100% population coverage should be ensured in Dhaka. Exclusive service should be ensured for female KPs.
- Govt. fund can address the heroin smokers

#### **Human resources, supplies and behavior patterns**

- Extended hours of services through enhancing double shift, early morning, night and Friday shifts by appointing more peer volunteers (current PWID, OST clients and pushers) may be undertaken in the vital drug spots
- Operating a secondary distribution channel by medicine shop seller, drug pushers and sellers and PWID would be useful
- Ensure one shot one syringe per PWID at Dhaka
- DIC wise ILWHA segmentation and their risk level has been analyzed. A strategy on reaching KPs individually and organizing prioritized services by KPs is needed
- Collecting mobile number and photograph of each ILWHA, will be useful to identify DIC team members when required
- Taking daily contact status of ILWHA shows that the current number of available ILWHA is 285 of which 95% are daily contacted

#### **Enabling environment and community supports**

- Increased support and cooperation from local police members to carry outreach activities without harassments
- Harm reduction Intervention for PWID should be endorsed by GoB (all Ministries)

### Oral substitute therapy (OST)

- New enrollment should be initiated for high risk ILWHAs with special approval from PR
- OST service should be scaled up in Dhaka by GF & GoB sector fund

### HIV testing and counseling services (HTS)

- Initiative has been taken to ensure 100% HTS for all listed PWID at Dhaka, retest for HIV (-ve) PWID on six monthly basis and assurance of HTS for all sexual partners of ILWHAs'.
- HTS retest should be on a quarterly basis by mobilizing GF & GoB sector fund.

### Anti-Retroviral therapy (ART)

- To enroll 100% ART and maintain adherence to ART needs sufficient human resources
- Separate strategies and intensive service intervention should be ensured for ART enrollment and adherence (viral load testing facilities)
- National support for harm reduction intervention to be ensured
- GoB and GF funds should be mobilized and utilized to ensure adequate population and service coverage (HTS, ART and OST) in Dhaka
- Systematic national sero- and behavioral surveillance have to be ensured
- National technical and program oversight teams need to be formed and the program effectiveness and the next course of action at a certain interval need to be reviewed

## 7.4 Qualitative findings of MSM, MSW and Hijra

### 7.4.1 FGDs with MSM, MSW and Hijra

A total of 17 FGDs were conducted with the three types of KPs – 7 FGDs with MSM, 6 FGDs with MSW and 4 FGDs with Hijra. The key findings have been presented in the Table 7.3.

**Table 7.3: Summary findings of FGDs with MSM, MSW and Hijra**

Key Findings	FGDs with MSM	FGDs with MSW	FGDs with Hijra
Barriers to condom use	As barriers to condom use, the FGD participants said sometimes their partners do not want to use condom as they do not get sexual pleasure and sometimes they have insufficient money to purchase condom. Sometimes, some KPs want to get more sexual pleasure themselves by avoiding condoms. Again, when they find	The FGD participants said that they cannot use condom regularly, for the following reasons: <ul style="list-style-type: none"><li>▪ Their customers do not get sexual pleasure</li><li>▪ Sometimes their clients offer extra money than as usual to perform sex without condom</li><li>▪ The customers hesitate to have sex with them if they are required to use condoms</li><li>▪ Police harass them when they find condoms with KPs and demand money</li></ul>	<ul style="list-style-type: none"><li>▪ Some of the participants mentioned that they did not get enough condoms as per their actual requirements. They mentioned that during the time of unavailability of condom, they have sex with their clients without condom. They added that when lubricant is unavailable, they use salvia, oil,</li></ul>

Key Findings	FGDs with MSM	FGDs with MSW	FGDs with Hijra
	reliable partners, then they do not like to use condoms.		cream, vaseline in place of lubricant. <ul style="list-style-type: none"> <li>Sometimes, their clients oppose to use condom as they do not get sexual pleasure and their penis get floppy for using condom, customers offer some extra money for not using condoms. Again, some KPs want to maximize sexual pleasure themselves by avoiding condoms. Besides, when they find reliable partners (parik), they do not like to use condoms.</li> </ul>
STD/STI management	The participants stated that they share information about the health problems with the outreach workers and they are referred to DIC for treatment. KPs feel comfortable to receive the services at DIC because everybody is known to them. Sometimes, they feel discomfort when the paramedic discusses the issue in the presence of other patients.	FGD participants opined that they share information about their problem with the outreach workers when the sign and symptom of STD/STI is visible. Then KPs are referred to DICs for treatment. Accordingly, KPs receive treatment from DICs without spending any money.	KPs share information about their problem with their peers. They go to DIC for treatment with the help of the outreach workers. However, they feel uncomfortable for sharing information about their problem with the paramedic openly.
Referral services	The participants mentioned that sometimes they were referred to the government medical college hospitals, NGO/ private clinics, but in such cases they hesitate to tell their problems to the doctors as the doctors are not	Sometimes, DICs refer KPs to GoB health facilities, and NGO/ private clinics. Most KPs mentioned that they received treatment from the health facilities without difficulty. But, a few of them are not interested to go for treatment outside DICs in the fear that they may not get services if their identity is known to the health service	KPs are referred to the Government medical college hospitals, NGO clinics, and private physicians. Most of KPs do not feel comfortable for getting treatment outside DICs as they feel shy to discuss their health problems with unknown health service providers.

Key Findings	FGDs with MSM	FGDs with MSW	FGDs with Hijra
	known to them, because if they disclose their identity, the doctor may not offer them treatment as expected.	providers.	
HIV testing and counseling (HTC)	The participants revealed that most MSM are not interested to get tested for HIV as they feel shy to disclose their problems to others.	Most KPs are interested to know about their HIV status. A few of them do not want to have an HIV test in the fear that they may be known as HIV positive case. Besides, a few of them hold a misconception that they might be converted into Hijra through HTCs.	Most KPs are inclined to get test for HIV. However, a few of them are scared to have the test.

#### 7.4.2 Verbatim of MSM, MSW and Hijra

Some selected verbatim of MSM, MSW and Hijra on condom use, violence faced and other related issues gathered from FGDs.

SI. No.	Verbatim	Reference/Source with date and time	KP
1	“ভাল লাগে না, মজা পাই না, বিশ্বস্ত সঙ্গীর সাথে কনডম ব্যবহার করি না”।  [“We do not like it and do not find sexual pleasure. We do not use condoms with trusted mates.”]	DIC: Rangpur Date: 28/11/2017	MSM
2	“আমাদের যে কয়টা কনডম লাগে দেখা যায় যে চারটা দেয় তিনটা দেয় সেই তুলনায় আমরা কনডম দিয়ে সেক্স করতে পারি”।  [“They give us only three or four condoms. It does not matter how many condoms we may need. So, on that basis, we can do sex with condoms on.”]	DIC: Jatrabari, Dhaka Date: 23/11/2017 Time: 11:10am-12:50pm	MSM
3	“যেখানে আগে মাঠ কর্মীরা স্পটে গিয়ে প্রতিনিয়ত কনডম দিত, এখন তারা সঠিকভাবে দিচ্ছে না যার কারণে অনেকের ইচ্ছা থাকলেও কনডম ব্যবহার করতে পারতেছে না”।  [“Whereas field-workers used to go to spot and give out condoms regularly earlier, they are no longer doing that. That's why, many of us do sex-jobs without condoms inspite of having willingness to use condoms.”]	DIC: Jatrabari, Dhaka Date: 23/11/2017 Time: 11:10am-12:50pm	MSM

Sl. No.	Verbatim	Reference/Source with date and time	KP
4	<p>“আমাদের ক্লিনিক রুমগুলো বর্তমানে অন্যরকম হয়ে গেছে, এখানে কোন নিরাপত্তা নেই, আমি একজন মানুষের সাথে কাউন্সিলিং করছি, অন্যদিকে আর একজন ডাক্তার দেখাচ্ছে তার লিঙ্গ খুলছে, ডাক্তার হাতায়-হাতায় দেখতেছে তার পাশের রুমে আমি বসা, আমি সব কিছু শুনতেছি এখানে আমাদের নিরাপত্তা কোথায়”।</p> <p>["Our clinics have changed these days. There is no safety (confidentiality). I am having counselling with a person. Another person seeks doctor's treatment and shows up his sexual organ. Doctor investigates that and I can hear everything sitting in the next room. Where is our safety?"]</p>	DIC: Jatrabari, Dhaka Date: 23/11/2017 Time: 11:10am-12:50pm	MSM
5	<p>“স্যার সব সময় কি কনডম ব্যবহার করা যায়? হাজবেড বলে আজ তোমাকে কনডম ছাড়াই লাগামু”। তখন বাধ্য হয়েই লাগাতে হয়”।</p> <p>["Can it be possible to use condoms everytime, Sir? Husband says,'Today we will make love without condom.' In that case, I have to give in."]</p>	DIC- Lalbag, Dhaka Date: 23/11/2017	MSW
6	<p>“কাস্টমার বলে বেশী টাকা দিব কনডম ছাড়া করতে হবে, তখন কাস্টমার আমার থাইক্যা ছুটে যাইবো গা তাই কনডম ছাড়াই করি”।</p> <p>[" Client says that I will be paid more money and job has to be done without condoms. So, I have to do thing without condom due to the fear of losing a client."]</p>	DIC- Lalbag, Dhaka Date: 23/11/2017	MSW
7	<p>“ছুটির দিনে বেশী সমস্যা হয়। এমনি দিনেই তো চাহিদা মোতাবেক পাই না। সে ক্ষেত্রে দোকান থেকে কিনতে হয়। কিনতে না পারলে কনডম ছাড়াই কাজ করি”।</p> <p>["It is very hard in weekends. During week days, we do not get things as per needs. We have to buy them from shops. If we can't buy, we have to do jobs without condoms."]</p>	DIC: Sylhet Date: 29/11/17 Time: 8.00am-10.00am	MSW
8	<p>“না, আমরা চাহিদা অনুযায়ী সেবা পাইনা, আমার ১ পুরুষে দিন যায় না। অনেক পুরুষের সাথে সেক্স করি কিন্তু তারা অনেক কনডম দিতে পারে না, কাজ করি ৬ জনের সাথে আর কনডম পাই ৩ টা”।</p> <p>["No, we do not get service as per our need. My day is not spent with only one man. I have sex with many men. But they cannot get us enough condoms. I do jobs with six men. But I get only three condoms."]</p>	DIC: Baga , Arani, Sub-DIC, Rajshahi Date: 25/11/2017 Time: 11.00am-12.30pm	MSW
9	<p>“আগে নাস্তা দিত এখন নাস্তা দেয় না। পর্যাপ্ত জিনিস পাই না। কর্মী কম থাকায় স্পট থেকে সেবা নিতে অনেক সময় লাগে। কনডম নিয়ে যেতে যেতে দু’জন কাম করতে চলে আসে। তখন কনডম ছাড়াই কাজ করতে হয়”।</p> <p>["They used to provide meal earlier.Now they stopped providing.We do not get sufficient number of things. Service takes longer due to the lack of staff. Two clients are already in by the time fieldworker reaches with condoms. So, we have to serve them without condoms."]</p>	DIC: Baga , Arani, Sub-DIC, Rajshahi Date: 25/11/2017 Time: 11.00am-12.30pm	MSW

Sl. No.	Verbatim	Reference/Source with date and time	KP
10	“কনডম না পেলে কনডম ছাড়াই কাজ করি”। [“If we do not get condom, we do job without condom.”]	DIC: Sylhet Date: 29/11/2017 Time: 6:45 pm...	Hijra
11	“টাকা বেশী দিলেই কনডম ছাড়া কাজ করি”। [“When we get paid more, we do jobs without condoms.”]	DIC: Sylhet Date: 29/11/2017 Time: 6:45 pm-8:00pm	Hijra
12	“বান্দা পারিকের সাথে সেক্স করলে কনডম লাগে না”। টাকা দিয়ে সেক্স করবো কনডম ব্যবহার করবো কেন”? [“It does not require condoms to have sex with Banda (permanant) Parik. We will pay for sex. Why do we need condom?”]	DIC: Chapainawbgonj Date: 28/11/2017 Time: 12:45-2:30pm	Hijra
13	“এলাকায় লোক পান খেয়ে পিক মারে, নির্যাতন করে, মাস্তান ও পুলিশরাই বেশী জোর জুলুম করে, নির্যাতন করে”। [“Local people spit betel leaf residue on us and assault us. Local goons and Police are the ones who mostly oppress and assault us.”]	DIC: Sylhet Date: 29/11/2017 Time: 6:45pm-8:00pm	Hijra
14	“অনেক বাধার সম্মুখীন হতে হয়। পুলিশের হাতে ধরা পড়লে ৩৭৭ এ মামলায় চুকিয়ে দেয়। আমাদেরকে রাস্তাঘাটে অপমান করে, ইনসাল্ট করে”। [“We have to face lots of obstacles. If we are caught, some people file case against us under Section 377. They insult us on streets.”]	DIC: Dhamrai, Dhaka Date: 23/11/2017 Time: 8:00am-9:15am	Hijra

### 7.4.3 FGDs with outreach workers

A total of 14 FGDs were conducted with 73 outreach workers. The key findings are as bellow:

#### Outreach services

- BCC sessions on HIV/AIDS, STD/STI, common health problems, and condom use are conducted regularly. Free condoms and lubricants are distributed among KPs which sometimes however, cannot meet their demand.
- FGD participants said that some spots are easily accessible to KPs and some others are not. The people in some areas are not cooperative and they do not accept the outreach workers pleasantly. Sometimes, they are harassed by the police.
- In the opinion of the outreach workers people’s mindset can be changed to support the program through continuous awareness campaign at the community level.

#### Barriers to condom use

In the opinion of the outreach workers the barriers to condom use are as below:

- Clients do not enjoy sexual pleasure during sexual activity.
- KPs are offered extra money by the client for not using condom.
- Police harass them and bring them to the police station for money if they keep condoms with them.

- Lack of awareness about HIV/AIDS.
- Insufficiency of money to buy condom when needed.
- Feeling shy to purchase condom from the shops.
- Customers depart from the place if KPs go out to collect condoms.

### **STD/STI Management**

- When the sign and symptom of STD/STI occur in KPs, they share the information with the outreach workers. KPs are advised to go to DICs for treatment and accordingly KPs receive treatment from the referred DICs/Sub-DICs.

### **Referral Services**

- Severe patients (KPs) are referred to appropriate health facilities, like- UHC, Surjer Hashi Clinic, BRAC health center, Kurmitola General Hospital, Paribarik Shastho Clinic, government medical college hospitals, district Sadar hospitals, Marie Stopes, and other private doctors. Sometimes the service providers do not cooperate with them in providing necessary treatment.

### **HIV testing and counseling (HTC)**

- Most KPs are willing to get test for HIV. Some of them are not interested for the test in the fear that if they are identified as HIV positive, they may lose partners and also may be discriminated by their community people. Besides, a few of them are scared of blood and some of them feel shy.

### **7.4.4 In-depth interview with DIC Manager**

A total of 15 In-depth Interviews (IDIs) were conducted with 15 DIC managers under the NFM program for the three categories of KPs (MSM, MSW and Hijra). The key findings are as below:

#### **Promotion of condom use**

In the opinion of DIC Managers condom use among KPs can be increased through implementing the following activities:

- Awareness raising activities might be conducted on a continuous basis to make KPs conscious about the benefits of using condoms.
- Information dissemination regarding HIV/AIDS and STD/STI through one-to-one and group sessions.
- BCC materials can be distributed, and video show/documentary films can be exhibited.
- Electronic and print media can be used to disseminate information about HIV/AIDS and STD/STI.

#### **Allocation of workforce**

- The number of field staff working in the project is not enough for delivering services among all the identified KPs. It was very hard to reach and provide services to all the KPs with few staff. The Required number of skilled workforce comprising of field

supervisor, outreach worker and counselor are needed for rendering the required services.

### **Referral services**

- A number of KPs were referred to convenient health facilities in the last one year. KPs did not face remarkable problems to receive services from the referred places. Sometimes, they had to purchase medicines with their own money.

### **HIV testing and counseling (HTC)**

- HTC facilities are available in all DICs.

### **Supply management**

- Condoms, lubricants, clinical items and health products are collected from icddr,b through their distributors. Lubricants and condoms are delivered respectively by Ethical Drugs Limited and Reneta Limited (distributor) to the respective DICs through their own delivery system. After collecting all health commodities, those are preserved in the DIC stores by maintaining Challan and BIN cards. Then product lists are written down in the main stock register of DIC. Before supplying/ distributing health commodities among KPs, requisitions are collected from the outreach workers. Then, commodities are distributed among the respective outreach workers.

### **Monitoring and supervision**

DIC Managers said that a number of assigned staff of the project and high officials from icddr,b, ASP, and SRs visited DICs in last one year. But all DICs and outreach activities were not monitored and supervised equally and consistently by the assigned project staff.

### **7.4.5 In-depth interview with outreach supervisor**

A total of 16 In-depth Interviews (IDIs) were conducted with the outreach.

### **Outreach services**

The outreach supervisors said that:

- The environment of most of the spots is fairly good for delivering services. Sometimes, the people in some areas do not accept KPs. The outreach workers and KPs are harassed by the musclemen. Police also harass KPs for money and sex.
- Some activities, including cultural show, street drama, and advertisement related to HIV/AIDS should be undertaken to create enabling environment.
- Required number of outreach workers must be deployed for delivering required services among all KPs. The capacity of outreach workers must be strengthened through basic training and refresher training. Spot-wise depot holders must be increased to increase availability of condom. Community based committees can be formed to support the program.

### **Barriers to condom use**

- KPs do not get condoms and lubricants all the time as per their demand. KPs cannot use condoms regularly for a number of reasons:
  - If they do not have condoms with them, they have sex with their clients without condoms.
  - Sometimes, their clients offer them extra money for not using condoms as condoms create irritation.
  - Condom reduces sexual pleasure.
  - Customers leave the place if they (KPs) go out to collect condoms.
  - Carrying condoms by KPs sometimes create problems, e.g. police harassment.
  - Shyness and social values push them for not purchasing condom from the local pharmacies.

### **Promotion of condom use**

- Holding awareness raising activities.
- Providing adequate condoms and lubricants.
- Advertisement for increasing condom use.
- Local level advocacy meeting with police administration, local elites, influential persons, government officials, advocates and journalists to eliminate the barriers and create an enabling environment.

### **STD/STI management**

STD/STI services are provided at DICs by medical persons. But KPs sometimes do not share information about their health problems and hide the problems as well.

### **Referral services**

Complicated patients (KPs) are referred generally to the convenient health facilities for better treatment. Most of the referred patients receive treatment from the health facilities without difficulty. A DIC staff is sent with the patients for receiving service when it is from outside.

### **HIV testing and counseling (HTC)**

Most KPs have interest to get test for HIV, who are tested at DIC. A few of them are scared to have the test. They think if they are infected by HIV and that is disclosed everyone will neglect them and will be a victim of hatred and social discrimination eventually.

### **Monitoring and supervision**

- A number of assigned staff of the project and high officials from icddr,b and Light House visited DICs in last one year. But all DICs and outreach activities were not visited.

#### **7.4.6 In-depth interview with outreach worker**

A total of 23 In-depth Interviews (IDIs) were conducted with outreach workers of different DICs. The key findings are presented below:

##### **Outreach services**

The outreach workers mentioned that sometimes the local people and police harass the outreach workers in some locations. They suggested that:

- Street drama, docudrama, mass music, and short film related to HIV/AIDS can be incorporated in to the existing activities for increasing awareness about the program and create an enabling environment.
- Quantity of condom including other health commodities must be increased for KPs.
- Conveyance for the outreach worker ought to be increased for delivering required services.
- Necessary items, e.g. bag, umbrella and clipboard must be provided to the outreach workers.
- Seating arrangement at the outreach/spots must be introduced.
- Service provisions can be introduced through community based mobile clinics.
- Required number of skilled outreach workers must be recruited as per the ratio of KPs and train them on the relevant topics for ensuring quality services.

##### **Barriers to condom use**

In the opinion of the outreach workers, KPs cannot use condoms regularly for many reasons which include:

- Partners/clients do not enjoy sexual pleasure with condom.
- Condom use cause delayed ejaculation, something that KPs do not like.
- KPs get extra money from the client than as usual for not using condoms.
- Police harass KPs for money and sex if they keep condoms with them.
- KPs do not want to spend money to purchase condoms.

##### **STD/STI treatment**

- Generally, KPs receive treatment from the paramedics positioned at DIC/Sub-DIC. But when the disease is not manageable by DIC, KPs are referred to the neighboring health facilities for treatment. However, many of the patients (KPs) show reluctance to go there because they do not feel comfortable to discuss the health issue with external unknown health service providers.

##### **HIV testing and counseling (HTC)**

- The outreach workers said that KPs in general were interested for HIV test and get the test at DICs, but a few are scared to have the test. They think if disclosed that they are infected with HIV, everybody will neglect him. Ultimately they will be a victim of social discrimination.

#### **7.4.7 In-depth interview with local opinion leaders**

A total of 8 In-depth Interview (IDIs) were conducted with local opinion leaders who were on the DIC advisory committee previously under GFATM (before the NFM). They were identified with the help of the DIC managers.

As the interviewed opinion leaders were involved in the HIV prevention program under GFATM in the past, they are familiar with the program and as opinion leaders in the communities where the NFM program is undertaken, their general opinion was collected, basically to get their views on how the community level HIV prevention program can be improved. Their responses are summarized below:

- Local committees must be formed for supporting the program.
- Media must be involved to highlight the successes of the program.
- Skilled counselors must be deployed in DICs.
- DICs shall have to be more specious.
- Interpersonal communication with KPs must be strengthened.
- Mass awareness campaigned should be held at the community level to minimize discrimination of KPs.

#### **7.4.8 Key informant interview with power structure**

A total of 19 key informant interviews (KIIs) were conducted with Gurus and Chelas, hotel managers, hotel boys and night guards. The key findings are as below:

##### **Involvement in the program**

- The members of the power structure attend in different events, e.g. the World AIDS Day, participate in rallies and discussion sessions on HIV/AIDS. They also take part in awareness raising programs on STD/STI, and HIV/AIDS at DIC and community level.

##### **How condom use among the KPs may be increased**

In the opinion of the power structure condom use among KPs can be increased in the following manner:

- KPs must be supplied with condom as per their demand.
- Awareness raising program must be undertaken on using condoms.
- Counseling session should be conducted for encouraging condom use for their protection from HIV/AIDS and STD/STI.

## 7.4.9 Interviews with senior program personnel, management and M&E of PR/SR

List of the senior program personnel, management and M&E of PR/SR who were interviewed is provided in **Annex-6**.

### 7.4.9.1 Key Findings: Respondent-1

#### **Modality/approach of NFM**

- In NFM the program approaches had to be redesigned from RCC considering fund and coverage.
- NFM continued DIC approach and introduced Sub-DICs and outlets for delivering services.
- Number of staff was reduced in NFM but the number of KPs is same, if not more.
- Number of DICs was not reduced, but the rental budget was reduced. So, the space of DICs had to be smaller and the modalities had to be changed.
- HIV Testing and counseling (HTC) services through DIC were expanded in NFM.
- Clinic services delivery was extended through satellite clinics based on guru/sub-guru's dera once or twice in a month. Condoms and lubricants also were delivered from satellite clinics.
- Condoms and lubricants were supplied according to the requirement of KPs.
- Number of KPs to be covered by one outreach worker was increased in NFM. The ratio was one for 150-180 KPs, while earlier it was one to 70-80 KPs.
- As the number of KPs to be covered by one outreach worker was increased in NFM, emphasizes was given on group session rather than one to one session for delivering BCC services. Group sessions were organized and conducted at DICs followed by some snacks. Only 30-35 percent of KPs could be covered through group sessions. Since the inception of the NFM program, mobile phone has been in use to make necessary contacts with KPs by outreach workers.
- Outreach workers were provided transportation cost on actual basis for contacting KPs in distant locations and also provided mobile bill for contacting KPs.

#### **Capacity building**

Senior staffs of icddr,b visited DICs at least once in every quarter and during their visit, provided on the job training to outreach workers and DIC/Sub-DIC level staffs. Formal training also are organized time to time as needed.

#### **M&E system**

M&E personnel from icddr,b visited DICs and Sub-DICs to follow up the performance indicators. Monitoring visits were conducted jointly by a team constituted by M&E personnel of PR and SRs. At the district level there were M&E officers who were responsible for the day to day monitoring of DIC and outreach activities. Five M&E officers were responsible for checking data quality and they regularly visited the field and check knowledge level of KPs. Data quality of SRs is ensured through M&E officers' visit to the field following a plan.

### **Suggestion for improvement**

- Partners of KPs need to be traced in increased number and brought under STI treatment to ensure effective control of STIs.
- Structural issues must be addressed, like individual and community empowerment, human and legal rights, economic stability, reducing harassment and violence, etc.

### **7.4.9.2 Key Findings: Respondent-2**

#### **(a) Modality/approach of NFM**

- At the outset, the respondent informed that they have been working in the HIV/AIDS field for the last 17 years. They stated that DIC/Sub-DIC and outreach based modality/approach is implemented in Bangladesh as in other countries of the world. So, the NFM program was designed on the basis of DIC/Sub-DIC and outreach focused approach. The program approach is relatively okay, but some changes might be considered in reaching KPs and provide services to them.
- More or less all components (HTC, STI, HIV, TB etc.) were incorporated in NFM program and the required services were delivered among KPs. But mental health and emotional well-being must be incorporated into these components. Besides, psychosocial counseling might be included in the program. Violence must be addressed because violence is happening within KPs' own community and from outside. The trend of violence is increasing day by day. Due to funding constraints, BSWS was not able to work particularly in this area. For the sake of KPs, it is obligatory to emphasize not only on the physical health (organs and body) but also on the mental health (emotion/psyche).
- Skilled and technical manpower is necessary for quality works and result. The program along with other fringe benefits are squeezing day by day, job stability and insecurity are also remarkable factors for staff turnover.
- The value of the society does not allow KPs and outreach workers to expose themselves. This creates barriers to their using condom consistently. There is no scope for monitoring these phenomena. At the field level the outreach workers ask KPs for using condom and then they fill up one column of the monitoring tool.
- The existing program approach is the strength of the program. On the other hand, the insufficient number of frontline staff compared to the number of KPs is the weakness of the program.

#### **(b) Challenges faced in the Implementation of NFM**

NFM program had been implemented reasonably effectively in the sense that the overall HIV prevalence rate in Bangladesh is still estimated at less than 0.01% so far. NFM program was focused on the outreach activities and the ratio of outreach worker to the KPs was finalized 1 to 40. But the reality is different. One outreach worker is working for more than 140 KPs. So, the outreach workers could not contribute properly to change the behavior of KPs as expected. In addition, for the last 2-3 years, the political and social environment of the country was not favorable for KPs. While sex workers and hijras are relatively accepted compare to the MSM & MSW.

**(c) Time Schedule of DIC/sub-DIC and Outreach**

Normally, the DIC/Sub-DIC working hours are from 9.00 am to 5.30 pm every day except Friday. Conversely, outreach activities were conducted from 5.30 pm to 9.30 pm by the outreach workers/peer educators. The assigned outreach supervisor was supposed to supervise the outreach workers every day at the outreach level. The DIC managers used to visit outreach activities in the field 10 days in a month. The program planners in consultation with the donor finalized this time schedule. The time schedule is reasonably convenient for delivering required services as per the needs of KPs but it is required to reconsider the DIC time schedule to readjust the needs of relevant KPs.

**(d) Area coverage by DIC/sub-DIC**

Through mapping, the program areas were demarcated and DICs are to be in the middle of the identified areas. But sometimes a few changes were carried out in selecting the house for DIC, considering the budgetary allocation and availability of rented houses. After identifying KPs, a mother list with ID number was prepared temporarily and KPs were asked to attend DICs for receiving services or at spots. Those who attended the centers to receive service successively for three months their list were made permanent. Thus, a permanent mother list was developed and the enlisted KPs were eligible to receive services from NFM program. But due to the distance of DIC from the spots and fewer number of outreach workers/peer educators the approximate quality of services and timely delivery could not be ensured.

**(e) Supply policy and mechanism**

Most of the time adequate condoms, and lubricants were provided to KPs through the outreach workers as per their demand and STI medicines were also provided based on the STI condition. The PR sent the required health products to the SR and SSR in accordance with their requirement. Normally, icddr,b, through the assigned distributor deliver the health products and medicines to DICs. Always one-and-a-half-month stock was maintained. So, there was no scope for shortage of health products. In addition, periodical monitoring report and communication (through mobile, telephone and email) with partners were maintained effectively before and after supplying of health products.

**(f) Human Resources**

A number of outreach workers, outreach supervisors, M&E officers, paramedics and DIC managers are engaged in providing services through DIC/Sub-DIC and outreaches among the targeted KPs. Usually, one outreach worker is assigned to one or more outreach spots. The outreach supervisor would supervise the outreach workers and monitor their actions as per the planned schedule. In each spot (crossing point), 40-110 KPs are enlisted in where the outreach workers are providing regular services. In addition, a number of depot holders are assigned at the outreach level where sufficient number of condoms and lubricants are delivered. KPs were receiving health commodities from the outreach workers and depot holders as per their demand.

Capacity building of staffs and outreach workers is one of the big issues and the program needs.

**(g) Coordination**

Coordination meetings were conducted quarterly with the partners. Sometimes joint monitoring was carried out. In addition, regular communication through mobile, telephone and email was maintained among PR, SR and SSR. A quarterly coordination meeting was conducted among SR and SSR in the presence of all EDs. Moreover, coordination meetings between PR and individual SR were held periodically, but there was no meeting conducted with PR and in presence of all SRs and SSRs, which was however, suggested by the respondents.

**(h) Recommendations based on lessons learned by team leader**

- A number of additional components such as violence, mental health, and emotional well-being must be incorporated.
- In view of the contemporariness of time, ICT based program (i.e. use of mobile technology, SMS, voicemail, social media etc.) can be designed and implemented.
- A resilient linkage can be developed with the government hospitals and other facilities.
- Satellite clinics might be introduced where necessary along with the outreach services.
- Capacity of program staff, including frontline ones must be improved and quality staff should be recruited for ensuring motivation and commitment for achieving the program goals and objectives.
- The ratio of one outreach worker to the number of target key population must be standard.
- Frequent dialogue with the community must be conducted.
- Appropriate honorarium, salary, and incentives must be provided to the workforce.
- Monitoring for field activities and supervision for outreach workers/supervisors must be done consistently.
- Adequate capacity development training (basic and refreshers) for the workforce must be hosted.
- Government and donors should come forward to make fund available for this kind of population.

**(i) Monitoring**

The NFM program was following prescribed monitoring formats. A total of 30-35 monitoring tools were developed in light of the monitoring guideline. Both softcopy and hardcopy were supplied to all DICs. Some of the reports are created on daily basis, some are on monthly basis and other are based on quarterly basis. The outreach workers/supervisors prepare monitoring reports daily. The DIC managers and the paramedics prepare monthly and quarterly monitoring report. The reporting system is quite formidable. Before finalization, the report data gets validation check with the help of M&E specialist. The monitoring report is shared at monthly meetings held at DICs. Also,

quarterly and half-yearly meetings were conducted in between PR and SR/SSR where monitoring findings were shared.

**(j) Challenges faced in the Implementation of NFM**

All the DIC managers were provided with training on M&E and reporting tools. After preparing periodical reports by all DIC managers, the reports are sent to M&E specialists of BSWs. M&E specialists then verify all the reports and finalize them. After validation and finalization, M&E specialists send all the reports to ICDDR,B (PR). Gradually, all the challenges were minimized.

**(k) Suggestions based on lesson learned by M&E specialists**

- Field level monitoring should be increased.
- The frequency of movement by the outreach workers/supervisors should be increased.
- Since there is no scope to add or deduct the monitoring tools in the performance-based monitoring system, so all the tools must be users-friendly

**7.4.9.3 Key Findings: Respondent-3**

**Modality or approach about NFM**

- NFM model has been following traditional modality of providing services through DIC, Sub-DIC and outlets.
- NFM model is effective because it covered almost all KPs targeted in RCC in a cost effective manner, though the budget was reduced from about 21 Cores Taka (RCC) to 9 Cores Taka in NFM.
- The program should be continued in the same manner, avoiding discontinuation or gaps, in light of some modifications as suggested in this report.
- The number of stakeholder meetings in the district and divisional level need to be increased and number of participants also need to be increased.

**Strengths of NFM**

- Low cost of services.
- Introduction of mobile phone for peer educators /outreach workers to reach KPs in distant locations.
- Ensured reasonably trained HTC team.
- Services by medical assistant at DICs.
- Strong monitoring system.

**Weakness of NFM**

- Low staff salary at field level.
- Fewer staff

### **Area coverage by DIC/Sub-DIC**

- Geographical dispersion or distance of the spots for peer educators is not a problem, because peer educators get local transport allowance (TA). Moreover, there were depot holders in every spot to supply condoms and lubricants to KPs as described by team leader but according to M&E coordinators it was hard to cover 130-140 KPs by a peer educator; he opined it should be 120 or below.

### **Supply Policy and Mechanism**

- PR (icddr,b) supplies all condoms and lubricants to every DIC timely through courier services, if any time any DIC or sub DIC faces any shortages of condom or lubricant then they get supply, as much as they need, from the nearest DIC. Moreover, every DIC has a buffer stock for one month to face any shortages of supply
- Light House monitors condom and lubricant supply by using MIS.

### **DIC/Sub- DIC space and other facilities**

DIC and sub-DIC spaces are adequate. There are rest and recreation rooms and a separate room for counselors, medical persons and DIC managers in every DIC as described by the team leader. But according to M&E coordinator DIC and sub-DIC spaces were not adequate considering the number of KPs covered and he further mentioned that there were no rest and recreation facilities in Sub–DICs and outlets.

### **Human resources**

- Staff at DICs and Sub-DICs are adequate considering the number of KPs covered by DIC and Sub-DIC.
- Outreach workers/peer educators meet the needs of services in current modality considering the number of KPs, and current ratio, as one outreach worker/peer educator covers 135-140 MSM, MSW and Hijras.
- Two days basic orientation training is given for capacity building for DIC staff and outreach workers every year, which is enough as opined by the team leader.

### **Monitoring**

- NFM has a unique and well set monitoring system
- Monitoring system of Light House follows a PR prescribed checklist (check list and flow chart attached to the report)
- There are 17 monitoring tools used for field monitoring
- DIC and Sub-DIC activities are monitored by DIC managers and Sub-DIC in charges, they monitored DIC staffs, e.g. supervisors, peer educators and peer volunteers
- Monitoring frequency of the staff is as follows:
  - M&E coordinator 3 visits per quarter
  - M&E officers 6 visits per quarter
  - DIC/Sub DIC managers 10 visits per quarter
  - Supervisors 22 times in every quarter
  - Outlets In charge 22 times every quarter

- More over M&E team has provision to quarterly data verification check jointly by PR and SR, in 7 DICs in every quarter.
- Monitoring finding is shared verbally face to face and a written feedback is given to respective DICs.
- As per budget this frequency of field monitoring is enough, but frequency of field monitoring needs to be increased.
- Not adequate field monitoring opportunity exists for M&E team, due to lack of M&E staff, especially in Sub – DIC level and outlets level.

**Areas where challenged is faced in the implementation of NFM**

- Follow up of STI clients.
- Partner tracing and treatment of married MSM.
- Complicated and repeated STI patients did not want to go to Govt. hospital or private clinics.
- Low salary range of outreach workers s and DIC staff hampered smooth implementation of daily programs.
- Reports prepared by newly recruited staff without training in M&E
- No separate M&E training provision for field staff.
- Hard to achieve the target of ensuring that all KPs visit DIC in every quarter.

**Lesson learned**

- MARA beneficiaries were interested to take services and if required services could be ensured within their reach.
- Monitoring by government could be helpful for better implementation of the program.

## SECTION EIGHT

### Conclusions and Recommendations

#### 8.1 Conclusions

1. **Worker and KP ratio:** In the NFM program the number of staff was reduced but number of KPs to cover, remained almost same. As a result outreach workers (for all types of KPs) could not cover all the KPs in their assigned areas in the planned time period. Inflow of new KPs and movement of KPs from one place to another also made it difficult to reach KPs by outreach workers. The survey found that there was a shortage of field personnel, and monitoring of the program was at a minimal level because of overstretching of the human resources. NFM strategy for drastic reduction of program cost might have affected the achievements of NFM targets.
2. **Non-use of condom:** Condom use by KPs depended much on its timely availability, clients' choice, KPs willingness and motivation level, KPs capacity on negotiation with clients on condom use interest groups (e.g. pimp and persons engaged in sex business management) and extraneous factors such as police and musclemen. The end line survey revealed that KPs could not use condom consistently because their clients did not like to use condoms as they did not get sexual pleasure and to avoid that clients offered extra amount of money than usual to have sex without condoms and lubricants. Further, finding no shop/store within the locality to buy condom when needed or feeling shy to purchase condom from the shops, fear of losing the client if they ask the client to use condom were the other reasons. Some KPs did not want to use condom as it made ejaculation delayed, which could in turn, turned away other clients.

The norms of the society do not allow MSM/MSW/hijra to expose themselves in the society. They were not expected to practice sex since that is not socially acceptable. This normative state obstructed them from carrying condom with them.

Many of these constraints may be minimized through dialogue, interaction, advocacy and motivational activities involving all the relevant stakeholders to obtain their necessary supports. More importantly, awareness activities targeting clients need to be undertaken and issues related to structural barriers should be addressed. Implementation of such activities required the provision of adequate human and financial resources which were inadequate in the current NFM program.

3. **Needle syringe sharing:** The survey data showed that only 49% of PWID reported that they had received counseling services from DICs. The reasons for needle syringe sharing were mostly non-programmatic in nature, such as frequent eviction/raid, friendship/emotional bondage among KPs, unaffordability to buy needle syringe,

hindrance to carrying needle syringe (abuse by local people and police harassment physically and snatching money), lack of knowledge about the consequences of sharing. Many of these constraints could be removed through strong counseling and motivational intervention under the PWID program.

4. **Comprehensive knowledge about HIV/AIDS:** The level of comprehensive knowledge about HIV/AIDS among the 5 categories of KPs (FSW, PWID, MSM, MSW & Hijra) varied between 15% and 28%. High level of misconception about transmission of HIV infection contributed largely to the low level of comprehensive knowledge. Comprehensive knowledge about HIV/AIDS is a useful measure for comprehending HIV/AIDS prevention methods. Prevention of HIV/AIDS control through consistent condom use and reducing needle syringe sharing and sustaining the changes would be difficult if comprehensive knowledge cannot be improved adequately.
5. **Core services:** Majority of KPs received condom/needle syringe, but the level of receiving core services by all categories of KPs was low - as high as 54% for Hijra and as low as 29% for female PWID. Thus, low level of receiving BCC services from the program by KPs drastically reduced the level of receiving core services.
6. **Violence, stigma and discrimination:** KPs faced different forms of violence - snatching of money, beating and raping. Criminalization and widespread societal stigma, led to violence, stigma and discrimination which affected condom use and safe injection. Due to funding constraints this very important issue could not be addressed well.
7. **STI services and referral:** KPs receive treatment from the paramedics at DIC. Sometime, KPs felt discomfort when the paramedics discussed their health issue openly in presence of other health seekers (patients). Sometimes the physicians in the referral centers did not offer them effective treatment when their identity was known which discouraged KPs from receiving services from the mainstream health care facilities.
8. **Counseling and behavior change communication intervention:** CBCC programs were grossly inadequate, because of shortage of skilled counselors and communicators, communication materials and also because of lack of empathy among some crucial service providers.
9. **Environment of DIC:** Due to shortage of fund the number of DICs was reduced and the rented DICs were smaller with limited facilities for creating a conducive environment for KPs and to attract them.

## 8.2 Recommendations

1. **Allocating adequate resources:** Future HIV prevention program should give adequate attention to allocate human and financial resources as needed to maximize safe sex and minimize needle syringe sharing to curb HIV infection in Bangladesh.
2. **Supply of needle syringe:** Adequate and timely supply of needle syringe to PWID has to be ensured through making improvements in the outreach services including the supply system. The present strategy of providing one syringe and needle set per day per PWID has to be changed for the sake of effectiveness. Availability of condom and needle and syringe should be ensured for all time (including week ends) and all weather.
3. **OST:** OST program should be expanded and needle syringe should be phased out at the soonest to curb HIV infection effectively. Adequate financial and skilled human resources shall have to be made available for this purpose. Proper planning and close adherence with the OST program coupled with focused monitoring will be necessary.
4. **Strengthening STI management services:** Considering that STI treatment plays significant role in the prevention of HIV transmission, the STI management services at DICs have to be strengthened along with counseling, improvement of quality of services and ensuring supply of medicine as per need. Also, client satisfaction has to be given priority. STI management both for KPs and their partners, should be emphasized to reduce HIV transmission among high risk groups because of the interaction and interrelation in the mode of transmission of STIs with HIV/AIDS. Confidentiality in STI treatment is an important issue and has to be ensured by the management.
5. **Comprehensive knowledge about HIV/AIDS:** Comprehensive knowledge about HIV/AIDS, particularly about its mode of transmission and preventive measures are the important factor for prevention of HIV/AIDS and reducing stigma and discrimination. Awareness raising program about HIV/AIDS among the KPs and their clients as well as general mass need to be given adequate attention and HIV/AIDS program must have a very strong component of BCC/IEC activities targeting the KPs, the community people and the vulnerable young population. In the context of shortage of fund of GFATM to address this issue, ASP has to give special attention to this issue. In fact, donor, government and civil society collaboration in this area is urgently needed.
6. **Counseling and BCC activities:** Since BCC services is a vital component of HIV/AIDS prevention program and since the consistent condom use rate is at a low level and needle syringe sharing reached at an alarmingly high level where some non-programmatic factors play a vital role. It is very important to put emphasis on the BCC component of the program investing adequate human and financial resources.

Counseling should be a strong component of the program, since taking decisions and changing life styles by KPs is very crucial, as AIDS is a life and death situation to KPs.

7. **Advocacy:** Advocacy with the police and the relevant departments of GOB and policymakers should be carried out regularly in a planned manner. Besides, local level advocacy meeting should be conducted regularly and well-planned way with local administration, local elites, influential persons, civil society and journalists to overcome the barriers.
8. **Negotiation capacity development:** Negotiation skills of KPs for safe sex especially, for use of condom with clients/partners are the key to improve safe sex practices. KPs should be trained on how to negotiate with clients for use of condom during sex in different situation.
9. **Legal support:** The program should have provision for providing adequate legal supports to KPs as and when necessary, specially, for protecting violence against them. Strategy should be developed on how to provide legal support to KPs in a sustainable manner including establishing strong linkage with the existing relevant organizations.
10. **Violence, stigma and discrimination:** To minimize violence, stigma and discrimination, advocacy program with the law enforcing agency, health service providers, local opinion leaders and other relevant stakeholder should be strengthened and sustained as a priority. Adequate and appropriate strategies and plans are required.
11. **Linking health services with government facilities:** In order to establish a sustainable linkage with the government and private sector health facilities to avail health services by KPs like the mainstream people without any discrimination, the program shall have to keep provision for advocacy and dialogue with the appropriate authorities as well as with the health service providers of all categories on a regular basis with the aim of integrating the health services for the KPs with the government health care facilities.
12. **Collaboration with government:** Government's active involvement in the program is necessary for ensuring stewardship. Monitoring from government will be helpful for better implementation of the program. It is important that Harm Reduction Intervention for PWID and condom distribution program with all KPs be endorsed by GoB (all Ministries).

### **8.3 Overall Recommendation**

The implementation period of the New Funding Model for prevention of HIV infection in Bangladesh focusing on key populations has passed two years. As is known now, it will continue in the future as well. To make the NFM program more effective to curb HIV infection in Bangladesh, certain improvements/ adjustments/modifications need to be made based on the survey findings – its conclusions and recommendations, with special attention to communication interventions, solving the non-program impediments and the dearth in human resource.

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**Estimated sample sizes of different KPs and numbers of KPs interviewed  
by districts and by KPs**

**Table 1: FSW Sample Sizes by Districts by Type of FSW**

SI	Division	District	SBFSW		RBFSW		HBFSW		Total FSWs interviewed
			Estimated sample size	Inter-viewed	Estimated sample size	Inter-viewed	Estimated sample size	Inter-viewed	
1	Barisal	1. Barisal	119	120	84	88	122	122	330
2	Chittagong	2. Chittagong	326	326	84	88	163	163	577
3	Dhaka	3. Dhaka	454	463	454	457	454	454	1375
4	Khulna	4. Khulna	163	170	84	86	-	-	256
		5. Jessore	-	-	-	-	122	128	128
5	Mymensingh	6. Mymensingh	119	120	84	84	-	-	204
6	Rajshahi	7. Rajshahi	-	-	84	88	-	-	88
		8. Chapai Nawabganj	119	127	-	-	-	-	127
7	Rangpur	9. Rangpur	-	-	84	84	-	-	84
		10. Dinajpur	119	120	-	-	-	-	120
8	Sylhet	11. Sylhet	-	-	-	-	118	122	122
		12. Moulvibazar	-	-	119	120	-	-	120
<b>Total</b>			<b>1419</b>	<b>1446</b>	<b>1077</b>	<b>1095</b>	<b>979</b>	<b>989</b>	<b>3531</b>

**Table 2: PWID Sample Size by Districts and by Sex**

SI	Division	District	Male PWID		Female PWID		Total PWID (Male + Female) interviewed
			Estimated sample size	Inter- viewed	Estimated sample size	Inter- viewed	
1	Dhaka	1. Dhaka	475	798*	126	78	876
2	Chittagong	2. Chittagong	126	127	-	-	127
		3. Chandpur	153	125	-	-	125
3	Barisal	4. Barisal	126	128	-	-	128
4	Khulna	5. Jessore	-	-	100	69	69
		6. Satkhira	126	128	-	-	128
		7. Chuadanga	126	130	-	-	130
5	Mymensing	8. Mymensingh	126	130	-	-	130
6	Rajshahi	9. Rajshahi	394	406	-	-	406
		10. Chapai Nawabganj	190	193	-	-	193
7	Rangpur	11. Dinajpur	126	136	-	-	136
8	Sylhet	12. Sylhet	126	*	-	-	0
		13. Moulvibazar	126	*	-	-	0
<b>Total</b>			<b>2220</b>	<b>2301</b>	<b>226</b>	<b>147</b>	<b>2448</b>

\* As PWID programs did not exist in Sylhet and Moulvibazar during the survey, samples of these 2 districts were included in Dhaka in consultation with ASP. Program of PWID in Chittagong also did not exist but interviews were conducted. The data of Chittagong have been analyzed and key tables are provided in **Annex-5**.

**Table 3: MSM, MSW & Hijra Sample Sizes by Districts**

SI	Division	District	MSM		MSW		Hijra	
			Estimated sample size	Inter- viewed	Estimated sample size	Inter- viewed	Estimated sample size	Inter- viewed
1	Dhaka	1. Dhaka	517	525	435	477	432	444
2	Chittagong	2. Chittagong	141	144	419	420	168	171
3	Barisal	3. Barisal	141	142	-	-	-	-
4	Khulna	4. Khulna	141	144	158	159	168	170
5	Mymensingh	5. Mymensingh	141	140	158	156	-	-
6	Rajshahi	6. Rajshahi	141	151	158	165	-	-
		7. Chapai Nawabganj	-	-	-	-	168	168
7	Rangpur	8. Rangpur	141	144	-	-	-	-
8	Sylhet	9. Sylhet	398	399	158	160	168	157
<b>Total</b>			<b>1761</b>	<b>1789</b>	<b>1486</b>	<b>1537</b>	<b>1104</b>	<b>1110</b>

**Sample size calculation for End Line Survey by districts and by key indicators of key population groups**

95% confidence level for one way change (corresponding value 1.645) and 80% power (corresponding value of 0.83) were assumed in calculation.

Population Group	Indicators	Design Effect (D)	P1	P2	Initial sample size	Inflation factor	Refusal	Inflated sample size	Final sample size	Comments
Hijra (Dhaka)	Percentage of transgender people who sell sex reporting the use of a condom with their most recent client (new client considered in last week)	1	0.404	0.5	328	0.798	0.05	411	432	The value of design effect was considered that was used in calculating the sample size for the mid line survey 2014 by ICCDDR,B and the inflation factors were also considered from the indicator values obtained from the same survey.
Hijra (Dhaka)	Percentage of transgender reporting the use of a condom last time they had sex with male partner (in last 12 months)	1	0.453	0.553	305	0.977	0.05	312	328	Same comments
MSM (Dhaka)	Percentage of MSM used condom in last sex with non-commercial male partners in the last six months	1	0.500	0.65	132	0.800	0.05	165	173	The design effect for MSM Dhaka with non-commercial sex partner was used. For inflation factor, the same comments.
MSM (Dhaka)	Percentage of MSM used condom in last sex with commercial male partners in the last six months	1.2	0.437	0.587	162	0.329	0.05	492	517	The design effect for MSM Dhaka with commercial male sex partner was used. For inflation factor, the same comments.

Population Group	Indicators	D	P1	P2	Initial sample size	Inflation factor	Refusal	Inflated sample size	Final sample size	Comments
MSM (Sylhet)	Percentage of MSM used condom in last sex with non-commercial male partners in the last six months	1.1	0.455	0.675	67	0.465	0.05	145	152	The design effect for MSM Sylhet with non-commercial sex partner was used. For inflation factor, the same comments.
MSM (Sylhet)	Percentage of MSM used condom in last sex with commercial male partners in the last six months	1.4	0.553	0.673	281	0.742	0.05	379	398	The design effect for MSM Sylhet with commercial male sex partner was used. For inflation factor, the same comments.
MSW (Dhaka)	Percentage of MSW used condom with new clients in last sex with commercial male partners (in last week)	1.6	0.562	0.712	200	0.641	0.05	312	327	The design effect for MSW Dhaka with commercial sex partner was used. For inflation factor, the same comments.
MSW (Dhaka)	Percentage of MSW used condom in last anal intercourse sex with a non-commercial male sex partner in last month (who had sex in last month)	1.1	0.390	0.54	148	0.357	0.05	414	435	The design effect for MSM Dhaka with non-commercial sex partner was used as proxy. For inflation factor, the same comments.
MSW (Chittagong)	Percentage of MSW used condom with new clients in last sex with commercial male partners (in last week)	1	0.679	0.829	100	0.601	0.05	166	175	The design effect for MSW for Chittagong with commercial male sex partner was used. For inflation factor, the same comments.
MSW (Chittagong)	Percentage of MSW used condom in last anal intercourse sex with a non-commercial male sex partner in last month (who had sex in last month)	1	0.401	0.551	135	0.338	0.05	399	419	The design effect for MSW for Chittagong with commercial male sex partner was used. For inflation factor, the same comments.

Population Group	Indicators	D	P1	P2	Initial sample size	Inflation factor	Refusal	Inflated sample size	Final sample size	Comments
PWID (Dhaka)	Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	1	0.743	0.813	431	1.000	0.05	431	452	Source of Baseline value: GARPR Country Progress Report 2014
PWID (Dhaka)	Percentage of people who inject drugs reporting the use of a condom the last time they had sexual intercourse	1	0.385	0.485	300	0.664	0.05	452	475	Source of Baseline value: GARPR Country Progress Report 2014. Inflation factor was considered from BSS-2006/2007 report
PWID (Rajshahi)	Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	1	0.417	0.507	375	1.000	0.05	375	394	Source of Baseline value: BSS 2006/07
PWID (Rajshahi)	Percentage of people who inject drugs reporting the use of a condom the last time they had sexual intercourse (female commercial in last year)	1	0.529	0.679	129	0.469	0.05	275	289	Source of Baseline value: BSS 2006/07
PWID (ChapaiNawabgonj)	Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	1	0.208	0.358	109	1.000	0.05	109	115	Source of Baseline value: BSS 2006/07
PWID (ChapaiNawabgonj)	Percentage of people who inject drugs reporting the use of a condom the last time they had sexual intercourse (female commercial in last year)	1.2	0.547	0.747	83	0.456	0.05	181	190	Source of Baseline value: BSS 2006/07

Population Group	Indicators	D	P1	P2	Initial sample size	Inflation factor	Refusal	Inflated sample size	Final sample size	Comments
PWID (Chandpur)	Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	1	0.336	0.486	131	1.000	0.05	131	137	Source of Baseline value: BSS 2006/07
PWID (Chandpur)	Percentage of people who inject drugs reporting the use of a condom the last time they had sexual intercourse (female commercial in last year)	1.2	0.249	0.449	82	0.566	0.05	145	153	Source of Baseline value: BSS 2006/07
FSW (Dhaka) for street, residence and hotel based each	Percentage of female sex workers reporting the use of a condom with their most recent client (new client last week considered)	1	0.751	0.82	433	1.000		433	454	Source of Baseline value: GARPR Country Progress Report 2014
FSW (Chittagong) for street based	Percentage of female sex workers reporting the use of a condom with their most recent client (new client last week considered)	1	0.913	0.963	284	0.914	0.05	311	326	Source of Baseline value: BSS 2006/07
FSW (Khulna) for street based	Percentage of female sex workers reporting the use of a condom with their most recent client (new client last week considered)	1	0.509	0.659	131	0.843	0.05	156	163	Source of Baseline value: BSS 2006/07
FSW (Sylhet) for hotel based	Percentage of female sex workers reporting the use of a condom with their most recent client (new client last week considered)	1.2	0.713	0.863	108	0.960	0.05	112	118	Source of Baseline value: BSS 2006/07

Population Group	Indicators	D	P1	P2	Calculated sample size	Inflation factor	Refusal	Inflated sample size	Final sample size	Comments
FSW (Chittagong) for Hotel based	Percentage of female sex workers reporting the use of a condom with their most recent client (new client last week considered)	1.1	0.363	0.513	146	0.944	0.05	155	163	Source of Baseline value: BSS 2006/07
FSW (any other districts) for street based	Percentage of female sex workers reporting the use of a condom at last sex act with any client	1.2	0.697	0.847	114	1.000	0.05	114	119	Source: Mapping and size estimation of key population in Bangladesh 2016
FSW (any other districts) for hotel based	Percentage of female sex workers reporting the use of a condom at last sex act with any client	1.2	0.691	0.841	116	1.000	0.05	116	122	Source: Mapping and size estimation of key population in Bangladesh 2016
FSW (any other districts) for residence based	Percentage of female sex workers reporting the use of a condom at last sex act with any client	1.2	0.780	0.93	80	1.000	0.05	80	84	Source: Mapping and size estimation of key population in Bangladesh 2016
MSM (Any other districts)	Percentage of MSM used condom in last sex with any male partners in the last six months	1	0.387	0.537	134	1.000	0.05	134	141	Source: Mapping and size estimation of key population in Bangladesh 2016
MSW (Any other districts)	Percentage of MSW used condom in last anal sex with male client	1	0.495	0.645	132	0.882	0.05	150	158	Source: Mapping and size estimation of key population in Bangladesh 2016

Population Group	Indicators	D	P1	P2	Calculated sample size	Inflation factor	Refusal	Inflated sample size	Final sample size	Comments
Hijra (Any other districts)	Percentage of Hijra used condom in last anal sex with male client in last week	1	0.521	0.671	130	0.812	0.05	160	168	Source: Mapping and size estimation of key population in Bangladesh 2016
PWID (Any other districts)	Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	1	0.839	0.939	120	1.000	0.05	120	126	Source: Mapping and size estimation of key population in Bangladesh 2016

**Note:** Sample size in “any other district” means where there is no previous estimate of the P1 value. So as many ‘other districts’ will be selected for a particular population group the sample size will be the same. For example, in Satkhira and Chuadanga under Khulna division, the sample size for male PWID will be 126.

**Major issues covered in Key Informant Interviews (KIIs) with senior program  
and M&E personnel of PRs and SRs**

Type of Persons Interviewed	Major Issues Covered
Key Informant Interview (KII) for Senior Level Program Personnel of PRs and SRs	<ul style="list-style-type: none"> <li>- Modality/Approach of NFM</li> <li>- Challenges faced in the implementation of NFM</li> <li>- Time schedule of DIC/sub-DIC and outreach</li> <li>- Area coverage by DIC/sub-DIC (especially MSM, MSW and Hijra)</li> <li>- Supply policy and mechanism</li> <li>- Space and other facilities of DIC/sub-DIC</li> <li>- Human resources</li> <li>- Progress of the program</li> <li>- Coordination</li> <li>- Lesson learned</li> </ul>
Key Informant Interview (KII) for M&E Personnel of PRs and SRs	<ul style="list-style-type: none"> <li>- Monitoring system of NFM</li> <li>- Challenges faced in the implementation of NFM</li> <li>- Time schedule of DIC/sub-DIC and Outreach</li> <li>- Area coverage by DIC/sub-DIC (especially MSM, MSW and Hijra)</li> <li>- Supply policy and mechanism</li> <li>- Space and other facilities of DIC/sub-DIC</li> <li>- Progress of the program</li> <li>- Lesson learned</li> </ul>

**1. A) Major Issues Covered in the In-depth Interviews related to FSW Program**

Type of Persons Interviewed	Major Issues Covered
DIC Manager/DIC Coordinator	<ul style="list-style-type: none"> <li>- Service Delivery at DIC/sub-DIC</li> <li>- Service Delivery at Outreach</li> <li>- Regarding Condom</li> <li>- Regarding Program Staff</li> <li>- STD/STI Treatment</li> <li>- HIV Testing and Counseling (HTC)</li> <li>- Referral/Linkage</li> <li>- Community Involvement/Participation</li> <li>- Capacity building</li> <li>- Supply chain</li> <li>- Monitoring and Supervision</li> <li>- Alternate Approach of Service Delivery</li> <li>- Lessons learned</li> </ul>
Outreach Supervisor	<ul style="list-style-type: none"> <li>- Service Delivery at DIC/sub-DIC</li> <li>- Service Delivery at Outreach</li> <li>- Regarding Condom</li> <li>- STD/STI Treatment</li> <li>- HIV Testing and Counseling (HTC)</li> </ul>

Type of Persons Interviewed	Major Issues Covered
	<ul style="list-style-type: none"> <li>- Referral/Linkage</li> <li>- Oppression/Exploitation</li> <li>- Community Involvement/Participation</li> <li>- Capacity building</li> <li>- Supply chain</li> <li>- Monitoring and Supervision</li> <li>- Alternate Approach of Service Delivery</li> <li>- Lessons learned</li> </ul>
Outreach Worker	<ul style="list-style-type: none"> <li>- Service Delivery at DIC/sub-DIC</li> <li>- Service Delivery at Outreach</li> <li>- Regarding Condom</li> <li>- STD/STI Treatment</li> <li>- HIV Testing and Counseling (HTC)</li> <li>- Referral/Linkage</li> <li>- Oppression/Exploitation</li> <li>- Lessons learned</li> </ul>
DIC Advisory Committee	<ul style="list-style-type: none"> <li>- Knowledge about Advisory Committee</li> <li>- Knowledge about HIV/AIDS</li> <li>- Program related Information</li> </ul>
Power Structure (Pimps, Hotel Manager, Madam, etc.)	<ul style="list-style-type: none"> <li>- Knowledge about HIV/AIDS and the program</li> <li>- Involvement in the program</li> </ul>

**B) Major Issues Covered in the In-depth Interviews related to PWID Program**

Type of Persons Interviewed	Major Issues Covered
DIC Manager/DIC Coordinator	<ul style="list-style-type: none"> <li>- Service Delivery at DIC/sub-DIC</li> <li>- Service Delivery at Outreach</li> <li>- Regarding needle-syringe</li> <li>- Regarding Program Staff</li> <li>- STD/STI Treatment</li> <li>- HIV Testing and Counseling (HTC)</li> <li>- Referral/Linkage</li> <li>- Community Involvement/Participation</li> <li>- Capacity building</li> <li>- Supply chain</li> <li>- Monitoring and Supervision</li> <li>- Alternate Approach of Service Delivery</li> <li>- Lessons learned</li> </ul>
Outreach Supervisor	<ul style="list-style-type: none"> <li>- Service Delivery at DIC/sub-DIC</li> <li>- Service Delivery at Outreach</li> <li>- Regarding needle-syringe sharing</li> <li>- Regarding Condom</li> <li>- STD/STI Treatment</li> <li>- HIV Testing and Counseling (HTC)</li> <li>- Referral/Linkage</li> <li>- Oppression/Exploitation</li> <li>- Community Involvement/Participation</li> <li>- Capacity building</li> <li>- Supply chain</li> </ul>

Type of Persons Interviewed	Major Issues Covered
	<ul style="list-style-type: none"> <li>- Monitoring and Supervision</li> <li>- Alternate Approach of Service Delivery</li> <li>- Lessons learned</li> </ul>
Outreach Worker	<ul style="list-style-type: none"> <li>- Service Delivery at DIC/sub-DIC</li> <li>- Service Delivery at Outreach</li> <li>- Regarding needle-syringe exchange</li> <li>- Regarding Condom</li> <li>- STD/STI Treatment</li> <li>- HIV Testing and Counseling (HTC)</li> <li>- Referral/Linkage</li> <li>- Oppression/Exploitation</li> <li>- Lessons learned</li> </ul>
DIC Advisory Committee	<ul style="list-style-type: none"> <li>- Knowledge about Advisory Committee</li> <li>- Knowledge about HIV/AIDS</li> <li>- Program related Information</li> </ul>
Power Structure (Drug Paddler, Spot Leader, etc.)	<ul style="list-style-type: none"> <li>- Knowledge about HIV/AIDS and the program</li> <li>- Involvement in the program</li> </ul>

**C) Major Issues Covered in the In-depth Interviews related to MSM/MSW/Hijra Program**

Type of Persons Interviewed	Major Issues Covered
DIC Manager/DIC Coordinator	<ul style="list-style-type: none"> <li>- Service Delivery at DIC/sub-DIC</li> <li>- Service Delivery at Outreach</li> <li>- Regarding Condom</li> <li>- Regarding Program Staff</li> <li>- STD/STI Treatment</li> <li>- HIV Testing and Counseling (HTC)</li> <li>- Referral/Linkage</li> <li>- Community Involvement/Participation</li> <li>- Capacity building</li> <li>- Supply chain</li> <li>- Monitoring and Supervision</li> <li>- Alternate Approach of Service Delivery</li> <li>- Lessons learned</li> </ul>
Outreach Supervisor	<ul style="list-style-type: none"> <li>- Service Delivery at DIC/sub-DIC</li> <li>- Service Delivery at Outreach</li> <li>- Regarding Condom/Lubricants</li> <li>- STD/STI Treatment</li> <li>- HIV Testing and Counseling (HTC)</li> <li>- Referral/Linkage</li> <li>- Community Involvement/Participation</li> <li>- Capacity building</li> <li>- Supply chain</li> <li>- Monitoring and Supervision</li> <li>- Alternate Approach of Service Delivery</li> <li>- Lessons learned</li> </ul>

Type of Persons Interviewed	Major Issues Covered
Peer Educator/Outreach Worker	<ul style="list-style-type: none"> <li>- Service Delivery at DIC/sub-DIC</li> <li>- Service Delivery at Outreach</li> <li>- Regarding Condom/Lubricants</li> <li>- STD/STI Treatment</li> <li>- HIV Testing and Counseling (HTC)</li> <li>- Referral/Linkage</li> <li>- Oppression/Exploitation</li> <li>- Lessons learned</li> </ul>
DIC Advisory/PFT Committee (Ex)	<ul style="list-style-type: none"> <li>- Knowledge about Advisory Committee</li> <li>- Knowledge about HIV/AIDS</li> <li>- Program related Information</li> </ul>
Power Structure (Guru, Spot Leader, Hotel Manager, etc.)	<ul style="list-style-type: none"> <li>- Knowledge about HIV/AIDS and the program</li> <li>- Involvement in the program</li> </ul>

**2. A) Major Issues Covered in the FGDs Interviews related to FSW Program**

Type of Persons Interviewed	Major Issues Covered
Female Sex Workers (FSWs)	<ul style="list-style-type: none"> <li>- Service Delivery at DIC/sub-DIC</li> <li>- Service Delivery at Outreach</li> <li>- Regarding Condom</li> <li>- STD/STI Treatment</li> <li>- HIV Testing and Counseling (HTC)</li> <li>- Referral/Linkage</li> <li>- Lessons learned</li> </ul>
Outreach Worker	<ul style="list-style-type: none"> <li>- Service Delivery at DIC/sub-DIC</li> <li>- Service Delivery at Outreach</li> <li>- Regarding Condom</li> <li>- STD/STI Treatment</li> <li>- HIV Testing and Counseling (HTC)</li> <li>- Referral/Linkage</li> <li>- Oppression/Exploitation</li> <li>- Lessons learned</li> </ul>

**B) Major Issues Covered in the FGDs related to PWID Program**

Type of Persons Interviewed	Major Issues Covered
PWID	<ul style="list-style-type: none"> <li>- Service Delivery at DIC/sub-DIC</li> <li>- Service Delivery at Outreach</li> <li>- Regarding needle-syringe exchange</li> <li>- Regarding Condom</li> <li>- STD/STI Treatment</li> <li>- HIV Testing and Counseling (HTC)</li> <li>- Referral/Linkage</li> <li>- Lessons learned</li> </ul>

Type of Persons Interviewed	Major Issues Covered
Outreach Worker	<ul style="list-style-type: none"> <li>- Service Delivery at DIC/sub-DIC</li> <li>- Service Delivery at Outreach</li> <li>- Regarding needle-syringe exchange</li> <li>- Regarding Condom</li> <li>- STD/STI Treatment</li> <li>- HIV Testing and Counseling (HTC)</li> <li>- Referral/Linkage</li> <li>- Oppression/Exploitation</li> <li>- Lessons learned</li> </ul>
PWID (OST)	<ul style="list-style-type: none"> <li>- Service Delivery at DIC/sub-DIC</li> <li>- Regarding Oral Substitution Therapy (OST)</li> <li>- Regarding Condom</li> <li>- STD/STI Treatment</li> <li>- HIV Testing and Counseling (HTC)</li> <li>- Referral/Linkage</li> <li>- Lessons learned</li> </ul>

**C) Major Issues Covered in the FGDs related to MSM/MSW/Hijra Program**

Type of Persons Interviewed	Major Issues Covered
MSM/MSW/Hijra	<ul style="list-style-type: none"> <li>- Service Delivery at DIC/sub-DIC</li> <li>- Service Delivery at Outreach</li> <li>- Regarding Condom</li> <li>- Regarding Lubricants</li> <li>- STD/STI Treatment</li> <li>- HIV Testing and Counseling (HTC)</li> <li>- Referral/Linkage</li> <li>- Lessons learned</li> </ul>
Outreach Worker	<ul style="list-style-type: none"> <li>- Service Delivery at DIC/sub-DIC</li> <li>- Service Delivery at Outreach</li> <li>- Regarding Condom</li> <li>- STD/STI Treatment</li> <li>- HIV Testing and Counseling (HTC)</li> <li>- Referral/Linkage</li> <li>- Oppression/Exploitation</li> <li>- Lessons learned</li> </ul>

## Focus Group Discussion (FGD)

Sl. No.	Category of Participant	Type of KP/ Type of KP Service	Name of Division														Total	
			Barisal	Chittagong		Dhaka	Khulna			Mymensingh	Rajshahi		Rangpur		Sylhet			
			Number of FGDs by District															
Barisal	Chittagong	Chandpur	Dhaka	Khulna	Jessore	Satkhira	Chuadanga	Mymensingh	Rajshahi	Chapai Nawabgonj	Rangpur	Dinajpur	Sylhet	Moulvibazar				
1	Program beneficiaries (KP)	SBSW	1	1	-	3	1	-	-	-	-	-	1	-	-	-	-	7
		HBSW	-	1	-	1	-	1	-	-	-	-	-	-	1	-	-	4
		RBSW	-	1	-	2	-	-	-	1	1	-	-	-	-	1	-	6
		Male PWID	1	-	1	6	-	-	1	1	1	1	1	-	1	-	-	14
		Female PWID	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	2
		MSM	1	2	-	1	1	-	-	1	-	-	1	-	-	-	-	7
		MSW	-	1	-	2	1	-	-	-	1	-	-	-	-	1	-	6
		Hijra	-	1	-	1	-	-	-	-	-	1	-	-	-	1	-	4
	<b>Sub-Total:</b>	<b>3</b>	<b>7</b>	<b>1</b>	<b>17</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>50</b>	
2	Peer Educator/ Outreach Worker	SBSW	1	1	-	1	1	-	-	-	-	1	-	-	-	-	5	
		HBSW	-	1	-	1	-	1	-	-	-	-	-	-	1	-	4	
		RBSW	-	1	-	2	-	-	-	1	1	-	-	-	-	1	-	6
		Male PWID	1	-	-	6	-	-	1	1	1	1	1	-	1	-	-	13
		Female PWID	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	2
		MSM	1	2	-	1	1	-	-	1	-	-	1	-	-	-	-	7
		MSW	-	-	-	2	1	-	-	-	1	-	-	-	-	-	-	4
		Hijra	-	-	-	1	-	-	-	-	-	1	-	-	-	1	-	3
	<b>Sub-Total:</b>	<b>3</b>	<b>5</b>	<b>0</b>	<b>15</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>44</b>	
	<b>TOTAL:</b>	<b>6</b>	<b>12</b>	<b>1</b>	<b>32</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>2</b>	<b>94</b>	
	FSW	2	6	0	10	2	2	0	0	2	2	2	0	0	2	2	32	
	PWID	2	0	1	14	0	2	2	2	2	2	2	0	2	0	0	31	
	MSM/MSW/ Hijra	2	6	0	8	4	0	0	0	2	2	2	2	0	3	0	31	
	<b>Total:</b>	<b>6</b>	<b>12</b>	<b>1</b>	<b>32</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>2</b>	<b>94</b>	

Note-1: One FGD on OST was conducted in Dhaka

Note-2: Two FGDs were conducted with PWID in Chittagong (not included here)

## In-depth Interviews

Sl. No.	Respondent Category	Type of DIC	Name of Division														Total	
			Barisal	Chittagong		Dhaka	Khulna			Mymensingh	Rajshahi		Rangpur		Sylhet			
			Number of Respondents by District from the Respective DIC/sub-DIC Areas															
Barisal	Chittagong	Chandpur	Dhaka	Khulna	Jessore	Satkhira	Chuadanga	Mymensingh	Rajshahi	Chapai Nawabgonj	Rangpur	Dinajpur	Sylhet	Moulvibazar				
1	DIC/sub-DIC Manager/ Coordinator/ In-charge	FSW	1	1	-	13	2	1	-	-	1	1	1	1	1 (Hili)	2	1	26
		PWID	1	-	1	13	-	-	1	1	1	2	1	-	2	-	-	23
		MSM/MSW/ Hijra	1	2	-	5	1	-	-	-	1	2	1	1	-	1	-	15
		<b>Sub-Total:</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>31</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>64</b>
2	DIC Advisory Committee Member	FSW	2	2	-	13	2	2	-	-	2	2	2	2	2	2	1	34
		PWID	2	-	2	14	-	-	2	2	1	2	2	-	2	-	-	29
		MSM/MSW/ Hijra	-	2	-	4	-	-	-	-	-	1	-	-	-	1	-	8
		<b>Sub-Total:</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>31</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>71</b>
3	Power Structure of KP	FSW	2	2	-	13	2	2	-	-	2	2	2	2	2	2	2	35
		PWID	2	-	2	15	-	-	2	2	1	2	2	-	2	-	-	30
		MSM/MSW/ Hijra	2	2	-	4	1	-	-	-	2	3	1	2	-	2	-	19
		<b>Sub-Total:</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>32</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>7</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>84</b>
4	Outreach Supervisor	FSW	1	1	-	13	2	1	-	-	1	1	1	1	1	2	1	26
		PWID	1	-	-	14	-	-	1	1	1	1	-	-	1	-	-	20
		MSM/MSW/ Hijra	1	2	-	4	1	-	-	-	1	3	1	1	-	2	-	16
		<b>Sub-Total:</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>31</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>62</b>
5	Outreach Worker	FSW	2	2	-	13	2	2	-	-	2	2	2	2	2	2	2	35
		PWID	2	-	-	16	-	-	2	2	2	2	2	-	2	-	-	30
		MSM/MSW/ Hijra	2	2	-	6	2	-	-	-	2	3	2	2	-	2	-	23
		<b>Sub-Total:</b>	<b>6</b>	<b>4</b>	<b>0</b>	<b>35</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>6</b>	<b>7</b>	<b>6</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>88</b>
	<b>TOTAL:</b>	<b>22</b>	<b>18</b>	<b>5</b>	<b>160</b>	<b>15</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>20</b>	<b>29</b>	<b>20</b>	<b>14</b>	<b>17</b>	<b>18</b>	<b>7</b>	<b>369</b>	
	FSW	8	8	0	65	10	8	0	0	8	8	8	8	8	10	7	156	
	PWID	8	0	5	72	0	0	8	8	6	9	7	0	9	0	0	132	
	MSM/MSW/ Hijra	6	10	0	23	5	0	0	0	6	12	5	6	0	8	0	81	
	<b>Total:</b>	<b>22</b>	<b>18</b>	<b>5</b>	<b>160</b>	<b>15</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>20</b>	<b>29</b>	<b>20</b>	<b>14</b>	<b>17</b>	<b>18</b>	<b>7</b>	<b>369</b>	

## The key tables of PWID of Chittagong

### People Who Inject Drug (PWID)

#### Background Characteristics

**Table 1: Distribution of PWID by selected background characteristics**

Background characteristics		Percent	N
Age	Below age 25	3.9	5
	25-29 years	19.6	25
	30-34 years	22.5	29
	35-39 years	19.2	24
	40 and above years	34.8	44
<b>Average age</b>		<b>36.5</b>	<b>127</b>
Education	No formal education	44.7	57
	Up to grade 5	38.9	49
	Grade 6 and above	16.4	21
Marital status	Never married	30.4	39
	Currently married	57.0	72
	Separated/divorced/widowed	12.6	16
Living arrangements	Living with family	57.6	73
	On the street	34.6	44
	Others (Living in mess/hostel)	7.8	10
Sold blood for money in past 12 months	Yes	3.2	4
	No	96.8	123
<b>Total</b>		<b>100.0</b>	<b>127</b>

## Injecting Behaviour

**Table 2: Distribution of PWID by the age at which they injected drug first time by their current age**

Current age	Percent	N
Below age 25	44.3	56
25-29 years	23.7	30
30 and above years	32.0	41
<b>Average</b>	<b>26.1</b>	<b>127</b>

**Table 3: Distribution of PWID by years of injecting drugs**

Number of years	Percent	N
< 5 years	6.6	8
5-10 years	60.9	77
Above 10 years	32.5	41
<b>Average</b>	<b>10.4</b>	<b>127</b>

**Table 4: Distribution of PWID by frequency of taking injecting drug yesterday**

Frequency	Percent	N
No injection	78.3	99
1 time	15.9	20
2-3 times	5.8	7
<b>Average</b>	<b>.3</b>	<b>127</b>

**Table 5a: Distribution of PWID by number of spots they used for injecting drug**

Number of spot	Percent	N
1 spot	5.6	7
2-3 of spots	80.7	102
4 or more spots	13.7	17
<b>Total</b>	<b>100.0</b>	<b>127</b>

**Table 5b: Distribution of PWID who injected drug in more than one spot by selected characteristics**

Characteristics		Percent	N
Age	Below age 25	87.4	5
	25-29 years	97.4	25
	30-34 years	93.7	29
	35-39 years	91.4	24
	40 and above years	95.7	44
Education	No formal education	96.7	57
	Up to grade 5	93.3	49
	Grade 6 and above	90.9	21
Marital status	Never married	94.8	39
	Currently married	93.8	72
	Separated/divorced/widowed	96.3	16
Living arrangements	Living with family	96.7	73
	On the street	95.0	44
	Others	75.1	10
<b>Total</b>		<b>94.4</b>	<b>127</b>

**Table 6: Distribution of PWID reporting needle-syringe sharing in the last week by selected background characteristics**

Characteristics		Percent	No. of users
Age	< 30 years	71.2	30
	30-34 years	59.5	29
	35-39 years	63.3	24
	40 and above years	58.7	44
Education	No formal education	61.1	57
	Up to grade 5	59.9	49
	Grade 6 and above	70.9	21
Marital status	Never married	100.0	39
	Currently married	63.2	72
	Separated/divorced/widowed	59.9	16
Living arrangements	Living with family	58.4	73
	On the street	73.6	44
	Others	60.0	10
<b>Total</b>		<b>62.7</b>	<b>127</b>

**Table 7: Percent distribution of PWID sharing all injections in the last week by selected background characteristics**

Characteristics		Percent	N
Age	Below age 25	24.1	5
	25-29 years	27.9	25
	30-34 years	14.1	29
	35-39 years	20.0	24
	40 and above years	24.2	44
Education	No formal education	14.2	57
	Up to grade 5	27.6	49
	Grade 6 and above	29.1	21
Marital status	Never married	31.1	39
	Currently married	13.9	72
	Separated/divorced/widowed	35.5	16
Living arrangements	Living with family	14.3	73
	On the street	35.9	44
	Others	14.9	10
<b>Total</b>		<b>21.9</b>	<b>127</b>

**Table 8: Distribution of PWID by the number of persons with whom they shared injection last time in the last two months**

Number of person	Percent	N
1	1.5	1
2	41.8	42
3	27.7	28
4+	28.7	29
<b>Total</b>	<b>100.0</b>	<b>101</b>
<b>Average</b>	<b>2.8</b>	

**Table 9: Distribution of PWID reporting their regular partner also injects drug**

Location	Percent	N
Chittagong	3.1	120

Denominators used in the calculation of percentages are the total number of PWID who had sharing with regular partners in the respective cells

**Table 10: Distribution of PWID by the types of paraphernalia they shared other than needle and syringe in the last injection during the last two months**

Paraphernalia shared	Percent	N (110)
Took drug from same ampule	97.8	107
Used same cotton	24.3	27
Used same water for cleaning needle and syringe	15.2	17
Used same cloth/paper for cleaning needle and syringe	16.1	18
Used same container for preparing drug	14.1	15
Others	16.0	18

Multiple responses

**Table 11: Distribution of PWID reporting use of sterile/new injecting equipment by selected background characteristics**

Characteristics		Percent	N
Age	Below age 25	84.8	5
	25-29 years	51.7	25
	30-34 years	53.7	29
	35-39 years	45.4	24
	40 and above years	77.0	44
Education	No formal education	75.9	57
	Up to grade 5	56.8	49
	Grade 6 and above	30.7	21
Marital status	Never married	51.1	39
	Currently married	68.4	72
	Separated/divorced/widowed	52.0	16
Living arrangements	Living with family	71.1	73
	On the street	41.7	44
	Others	72.6	10
<b>Total</b>		<b>61.0</b>	<b>127</b>

**Table 12: Distribution of PWID by the types of materials those can be used (in their opinion) to sterile needle-syringe**

Material type	Percent	N (127)
With water	67.8	86
With bleaching powder	1.1	1
With cloths	15.8	20
With spit	4.3	6
With drug	6.6	8
Boiling by water	72.9	93
Others	3.4	4

Multiple responses

**Table 13: Distribution of PWID who received required number of needle syringe by selected characteristics**

Characteristics		Percent	N
Age	Below age 25	60.7	5
	25-29 years	43.1	25
	30-34 years	26.7	29
	35-39 years	37.1	24
	40 and above years	41.9	44
Education	No formal education	54.6	57
	Up to grade 5	32.7	49
	Grade 6 and above	8.7	21
Marital status	Never married	37.7	39
	Currently married	39.2	72
	Separated/divorced/widowed	37.7	16
Living arrangements	Living with family	38.5	73
	On the street	35.1	44
	Others	54.2	10
<b>Total</b>		<b>38.5</b>	<b>127</b>

**Table 14: Distribution of PWID who did not received adequate supply of needle syringe according to the ways how they met their needs**

Ways of meeting the needs	Percent	N (64)
Bought needle and syringe	64.4	41
Reused their needle and syringe	69.7	45
Reused needle and syringe of others	25.7	17
Shared needle and syringe of friends	63.0	41
Shared needle and syringe of drug users	17.1	11

Multiple responses

## Sexual Behaviour and Safe Sexual Practices

**Table 15: Distribution of PWID reporting sex with any partner in last 6 months and condom use**

Responses	Percent	N
Percent reported sexual intercourse	94.8	121
Percent reported use of condom during last sex	4.5	5

Note: Denominators used in the calculation of percentages are the number of PWIDs who had sex in last six months.

**Table 16: Distribution of PWID reporting sex with regular partner in last 1 month and condom use**

Responses	Percent	N
Percent reported sexual intercourse	74.4	121
Average number of sexual contacts	6.6	90
Percent reported use of condom during last sex	.7	1

Note: Denominators used in the calculation of percentages are the total number of PWID who had sex in last 1 month.

**Table 17: Percent distribution of PWID reporting sex with commercial partner in last 1 month and condom use**

Responses	Percent	N
Percent reported sexual intercourse	48.8	121
Average number of commercial partner	3.4	59
Percent reported use of condom during last sex	19.1	11

Note: Denominators used in the calculation of percentages are the total number of PWID who had sex in last 1 month.

## Knowledge of HIV/AIDS

**Table 18: Distribution of PWID who ever heard of HIV/AIDS by selected characteristics**

Characteristics		Percent	N
Age	Below age 25	100.0	5
	25-29 years	100.0	25
	30-34 years	100.0	29
	35-39 years	100.0	24
	40 and above years	100.0	44
Education	No formal education	100.0	57
	Up to grade 5	100.0	49
	Grade 6 and above	100.0	21
Marital status	Never married	100.0	39
	Currently married	100.0	72
	Separated/divorced/widowed	100.0	16
Living arrangements	Living with family	100.0	73
	On the street	100.0	44
	Others	100.0	10
<b>Total</b>		<b>100.0</b>	<b>127</b>

**Table 19: Distribution of PWID according to the sources from where they heard about HIV and AIDS**

Sources of information	Percent	N (127)
DIC	55.0	70
Peer Educator/Outreach Worker	69.8	89
Counselor	11.7	15
Injecting partner	96.6	123
Sexual partner	2.4	3
TV/Radio/Poster/bill board	65.0	83
Others	8.9	11

Multiple responses

**Table 20: Distribution of PWID providing correct responses to 5 selected issues for measuring comprehensive knowledge on HIV transmission**

Sl. No	Question	(Percent (N=127))
1.	Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?	62.1
2.	Can a person reduce the risk of getting HIV by using a condom every time they have sex?	78.3
3.	Can a healthy-looking person have HIV?	40.0
4.	Can a person get HIV from mosquito bites?	49.3
5.	Can a person get HIV by sharing food with someone who is infected?	50.9

**Table 21: Distribution of PWID having comprehensive knowledge of HIV/AIDS by selected characteristics**

Characteristics		Percent	N
Age	Below age 29	4.6	30
	30 and above years	7.1	97
Education	No formal education	7.3	57
	Up to grade 5	7.0	49
	Grade 6 and above	3.1	21
Marital status	Never married	6.8	39
	Currently married	7.8	72
	Separated/divorced/widowed	0.0	16
Living arrangements	Living with family	8.6	73
	Living in mess/hostel	0.0	6
	On the street	4.5	44
	Others	0.0	4
<b>Total</b>		<b>6.5</b>	<b>127</b>

**Table 22: Distribution of PWID by the precautions taken to avoid getting HIV and AIDS**

Response	Percent	N (127)
Never shared needle/syringe	16.0	20
Always used condoms	2.4	3
Avoided multiple sex partner	45.1	57
Avoided anal sex	58.8	75
Washed genital area with Dettol or urine after sex	67.9	86
Took medicine	7.1	9
Others	3.0	4

Multiple responses

8 (6.4%) PWID did not take any precautions.

### STI Prevalence and Treatment Seeking Behaviour

**Table 23: Distribution of PWID according to their knowledge about the symptoms of STI by male and female respondents (PWID)**

Symptoms	Percent	N (127)
Smelly urethral discharge	35.6	45
Smelly anal discharge	7.8	10
Pain in/swelling of Scrotum	84.4	107
Genital ulcer / sore	39.5	50
Wart	6.9	9
Burning during urine	83.7	106
Other	4.9	6

Multiple responses

**Table 24: Distribution of PWID reporting any symptom of STI in the last 12 months by selected characteristics**

Characteristics		Percent	N
Age	Below age 25	37.9	5
	25-29 years	30.9	25
	30-34 years	46.7	29
	35-39 years	52.7	24
	40 and above years	38.6	44
Education	No formal education	41.1	57
	Up to grade 5	46.5	49
	Grade 6 and above	31.2	21
Marital status	Never married	50.0	39
	Currently married	40.8	72
	Separated/divorced/widowed	24.8	16
Living arrangements	Living with family	30.8	73
	On the street	54.8	44
	Others	62.0	10
<b>Total</b>		<b>41.6</b>	<b>127</b>

**Table 25: Distribution of PWID seeking treatment for STI**

Place of treatment	Percent	N (44)
DIC Doctor/Paramedic	61.4	27
Local Doctor	31.0	14
Government Hospital	24.5	11
Kabiraj/Hekim/ Homeopathic Doctor	6.8	3
Private Hospital	4.3	2
Pharmacy	11.9	5
Other (Self-medication, NGO clinic)	54.5	24

Multiple responses

## Other Health Problems

**Table 26: Distribution of PWID reporting abscess in the last 3 months by selected characteristics**

Characteristics		Percent	N
Age	Below age 25	46.9	5
	25-29 years	49.9	25
	30-34 years	45.2	29
	35-39 years	44.0	24
	40 and above years	24.1	44
Education	No formal education	31.3	57
	Up to grade 5	45.0	49
	Grade 6 and above	43.3	21
Marital status	Never married	54.1	39
	Currently married	34.7	72
	Separated/divorced/widowed	19.0	16
Living arrangements	Living with family	40.6	73
	On the street	39.8	44
	Others	18.4	10
<b>Total</b>		<b>38.6</b>	<b>127</b>

Denominators used in the calculation of percentages are the total number of PWID in the respective cells as can be seen in table 4.1

**Table 27: Distribution of PWID seeking treatment for abscess by place of treatment**

Places of treatment	Percent	N (49)
Doctor/Paramedic in DIC	26.5	13
Self-medication	84.2	41
Other (NGO-run clinics)	22.4	11

Multiple responses

**Table 28: Distribution of PWID reporting any health problems, type of diseases suffered and seeking treatment**

<b>Indicator</b>	<b>Percent</b>	<b>N (127)</b>
Report problems	88.4	112
<b>Types of disease</b>	<b>Percent</b>	<b>N (112)</b>
Tuberculosis	4.5	5
Jaundice	16.0	18
Lesion in mouth	27.0	30
Chronic diarrhea	22.9	26
Fever and cough	85.3	96
Chest pain	45.3	51
Sudden weight loss	43.0	48
Others	1.8	2

<b>Seeking treatment</b>	<b>Percent</b>	<b>N (111)</b>
Doctor/Paramedic in DIC	21.6	24
Kobiraj/hekim/Homeopath doctor	7.2	8
Self-medication	65.8	73
Local medicine seller	38.7	43
Govt. Hospitals	40.5	45
Others (Private clinics, NGO-run clinics)	13.5	15

Multiple responses

15 PWID did not report any health problem. 1 PWID did not seek treatment.

## HIV Testing, Counseling (HTC) and Other Services

**Table 29: Distribution of PWID who had Knowledge about a place where people could go for HIV testing by selected characteristics**

Characteristics		Percent	N
Age	Below age 25	87.4	5
	25-29 years	97.4	25
	30-34 years	95.7	29
	35-39 years	100.0	24
	40 and above years	100.0	44
Education	No formal education	97.8	57
	Up to grade 5	97.4	49
	Grade 6 and above	100.0	21
Marital status	Never married	96.7	39
	Currently married	98.3	72
	Separated/divorced/widowed	100.0	16
Living arrangements	Living with family	99.1	73
	On the street	100.0	44
	Others	81.3	10
<b>Total</b>		<b>98.0</b>	<b>127</b>

**Table 30: Distribution of PWID who tested for HIV in last 12 months and knew the result by selected characteristics**

Characteristics		Percent	N
Age	Below age 25	22.8	5
	25-29 years	28.8	25
	30-34 years	19.2	29
	35-39 years	22.7	24
	40 and above years	13.8	44
Education	No formal education	20.5	57
	Up to grade 5	19.5	49
	Grade 6 and above	20.1	21
Marital status	Never married	31.9	39
	Currently married	18.1	72
	Separated/divorced/widowed	-	16
Living arrangements	Living with family	24.8	73
	Living in mess/hostel	13.9	44
	On the street	12.5	10
	Others	-	-
<b>Total</b>		<b>20.0</b>	<b>127</b>
<b>[95% CI]</b>		<b>[13.0, 27.1]</b>	

**Table 31: Distribution of PWID who tested for HIV in last 12 months by place of HIV testing**

<b>Response</b>	<b>Percent</b>	<b>N (99)</b>
DIC/ HTC Centre	97.4	96
Government Hospital	1.7	2
Private laboratory	0.9	1

**Multiple responses**

**Table 32: Distribution of PWID who did not have HIV testing according to reasons**

<b>Reasons</b>	<b>Total</b>	
	<b>Percent</b>	<b>N</b>
Due to fear	4.8	1
HTC center is far away	2.9	1
Did not feel the need	92.4	24
<b>Total</b>	<b>100.0</b>	<b>26</b>

## Exposure to HIV intervention (DIC and Outreach activities under NFM)

**Table 33: Distribution of PWID who participated in HIV intervention program by selected characteristics**

Characteristics		Percent	N
Age	Below age 25	100.0	5
	25-29 years	92.4	25
	30-34 years	81.8	29
	35-39 years	88.0	24
	40 and above years	91.9	44
Education	No formal education	91.9	57
	Up to grade 5	88.1	49
	Grade 6 and above	85.0	21
Marital status	Never married	95.1	39
	Currently married	85.6	72
	Separated/divorced/widowed	92.3	16
Living arrangements	Living with family	86.0	73
	On the street	92.4	44
	Others	100.0	10
<b>Total</b>		<b>89.3</b>	<b>127</b>

**Table 34: Distribution of PWID according to the types of services they received from DIC and outreach**

Types of service received	Percent	N (113)
<b><u>Received services from DIC</u></b>		
Condom	51.6	59
Lubricant	10.1	11
Treatment of STI	40.9	46
Treatment of abscess	30.2	34
HIV test and results	57.6	65
TB-DOTS	11.8	13
ART support	1.1	1
Counseling	52.4	59
HTC	54.5	62
Rest and recreation	76.2	86
BCC/Education session	63.8	72
Other DIC services	2.7	3
<b><u>Referral services from DIC</u></b>		
Complicated STI	11.2	13
TB-DOTS	2.2	3
<b><u>Outreach services</u></b>		
Condom demonstration and distribution	64.0	73
Discussion on HTC	54.9	62
BCC/IEC session	72.7	82
Needle-Syringe	97.5	111

Multiple responses

**Table 35: Distribution of PWID who received core services (BCC and NSE) in the last year by selected characteristics**

Characteristics		Percent	N
Age	Below age 25	72.2	5
	25-29 years	82.7	25
	30-34 years	66.6	29
	35-39 years	75.9	24
	40 and above years	56.2	44
Education	No formal education	74.8	57
	Up to grade 5	63.6	49
	Grade 6 and above	60.9	21
Marital status	Never married	81.7	39
	Currently married	61.5	72
	Separated/divorced/widowed	65.9	16
Living arrangements	Living with family	62.9	73
	On the street	73.9	44
	Others	81.3	10
<b>Total</b>		<b>68.2</b>	<b>127</b>

Note: Core services means receiving BCC and NSE

**Table 36: Distribution of PWID according to the types of benefits they got from the services of DIC and outreach in last 12 months**

Types of service received	Percent	N (113)
Changed behavior	45.2	51
Learnt about HIV/AIDS/STI	78.8	89
Learnt about Safe sex and correct condom use	56.8	64
Learnt about use of safe drug through needle and syringe	87.5	99

Multiple responses

## Violence, stigma and discrimination

**Table 37: Distribution of PWID who were abused physically or otherwise in the past 12 months for taking drugs by selected characteristics**

Characteristics		Percent	N
Age	Below age 25	37.9	5
	25-29 years	57.2	25
	30-34 years	60.0	29
	35-39 years	79.2	24
	40 and above years	44.7	44
Education	No formal education	59.9	57
	Up to grade 5	53.8	49
	Grade 6 and above	56.4	21
Marital status	Never married	60.3	39
	Currently married	50.1	72
	Separated/divorced/widowed	79.9	16
Living arrangements	Living with family	48.0	73
	On the street	69.2	44
	Others	68.9	10
<b>Total</b>		<b>57.0</b>	<b>127</b>

**Table 38: Distribution of PWID by the types of persons who made violence against them**

Type of persons	Percent	N (72)
Law enforcing people	80.2	58
Mastan	7.7	6
Local people	46.0	33
Narcotics control people	9.5	7
Drug peddlers	10.4	8
Others	4.1	3

Multiple responses

**Table 39: Distribution of PWID who were arrested during last 12 months by selected characteristics**

Characteristics		Percent	N
Age	Below age 25	12.6	5
	25-29 years	40.8	25
	30-34 years	34.6	29
	35-39 years	53.1	24
	40 and above years	46.1	44
Education	No formal education	47.1	57
	Up to grade 5	42.0	49
	Grade 6 and above	31.2	21
Marital status	Never married	43.6	39
	Currently married	40.2	72
	Separated/divorced/widowed	50.6	16
Living arrangements	Living with family	39.5	73
	On the street	49.5	44
	Others	33.6	10
<b>Total</b>		<b>42.5</b>	<b>127</b>

**Table 40: Distribution of PWID who were arrested for taking drugs by selected characteristics**

Characteristics		Percent	N
Age	Below age 25	12.6	5
	25-29 years	35.8	25
	30-34 years	31.7	29
	35-39 years	50.8	24
	40 and above years	23.4	44
Education	No formal education	38.3	57
	Up to grade 5	30.4	49
	Grade 6 and above	23.9	21
Marital status	Never married	41.4	39
	Currently married	28.7	72
	Separated/divorced/widowed	28.3	16
Living arrangements	Living with family	25.5	73
	On the street	44.0	44
	Others	33.6	10
<b>Total</b>		<b>32.5</b>	<b>127</b>

**Table 41: Distribution of PWID who were ever in jail/vagrant homes by selected characteristics**

Characteristics		Percent	N
Age	Below age 25	0.0	5
	25-29 years	34.8	25
	30-34 years	47.2	29
	35-39 years	60.8	24
	40 and above years	64.8	44
Education	No formal education	60.0	57
	Up to grade 5	52.3	49
	Grade 6 and above	27.6	21
Marital status	Never married	34.4	39
	Currently married	53.5	72
	Separated/divorced/widowed	84.9	16
Living arrangements	Living with family	47.2	73
	On the street	58.1	44
	Others	56.4	10
<b>Total</b>		<b>51.7</b>	<b>127</b>

**Table 42: Distribution of PWID who visited health center and did not get/receive services in the last 12 months because of discrimination by selected characteristics**

Characteristics		Percent	N
Age	Below age 25	12.6	5
	25-29 years	16.7	25
	30-34 years	4.2	29
	35-39 years	20.5	24
	40 and above years	7.1	44
Education	No formal education	12.2	57
	Up to grade 5	9.7	49
	Grade 6 and above	11.7	21
Marital status	Never married	13.3	39
	Currently married	4.9	72
	Separated/divorced/widowed	34.0	16
Living arrangements	Living with family	6.5	73
	On the street	16.2	44
	Others	23.0	10
<b>Total</b>		<b>11.1</b>	<b>127</b>

**List of the Senior Program Personnel, Management and M&E of  
PR/SR Interviewed**

Organization	PR/SR	Name	Designation
SCI	PR	Dr. Lima Rahman	Chief of Party
		Mr. Zubair Shams	Manager, M&E
icddr,b	PR	Dr. AKM Masud Rana	Project Coordinator
		Mr. Md. Masud Raza	Senior Manager, M&E
		Mr. Gorkey Gourab	Senior Program Manager
CARE Bangladesh	SR	Ms. Sakina Sultana	Team Leader
		Dr. Md. Rajwanul Haque	Technical Coordinator, M&E
Bandhu Social Welfare Society	SR	Ms. Akhtar Jahan Shilpy	Team Leader
		Mr. Md. Alamgir Kabir	M&E Specialist
Light House	SR	Mr. K.S.M. Tarique	Deputy Chief Executive and Team Leader
		Mr. Md. Salah Uddin	Team Leader
		Mr. Md. Abdus Sobhan	M&E Specialist
		Mr. Md. Shadik-al-Hayat	M&E Coordinator

End Line Survey (Behaviour) on Continuation of the Prioritized HIV Prevention Services  
among key Population in Bangladesh funded by the Global Fund

## Questionnaire for Female Sex Workers (FSW)

Division.....

District.....

Upazila/Thana.....

Location/Spot.....

Time of Interview.....

**Type of Respondent:**

Street Based Sex Worker.....1

Hotel Based Sex Worker.....2

Residence Based Sex Worker.....3

**To be Filled by Office**

<b>Name of PR:</b>	<b>Save the Children</b>	<input type="checkbox"/>
<b>Name of SR.....</b>		<input type="checkbox"/>
<b>Name of SSR.....</b>		<input type="checkbox"/>

**Introduction:** My name is \_\_\_\_\_. I have come from PIACT and SSMF consortium to collect information for a research study being conducted under the AIDS and STD Programme (ASP), Directorate General of Health Services, Ministry of Health and Family Welfare, Government of Bangladesh. As you are aware, HIV and AIDS program of the Government supported by Global Fund has been providing services through DIC and Outreach Program to the Key Population (KPs) for improving their knowledge, attitude and practices for HIV and AIDS prevention. The purpose of this study is to evaluate progress in the outcome indicators of this program.

**Confidentiality and consent:** In this interview, we will ask you some questions about HIV and AIDS prevention. All the answers you give will be confidential, will take approximately 1 hour and it will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If you don't want to answer any of the questions, just let me know or you can stop the interview at any time. We would greatly appreciate your support in this exercise.

Do you have any question about this survey? May I begin the interview now?

Respondent agrees to be interviewed:  (v)

Respondent does not agree to be interviewed:  → STOP INTERVIEW.

Reasons for not providing interview: .....

.....

**SECTION 1: PERSONAL INFORMATION**

SL. N.	Questions	Coding Categories	Indication
101	How old are you?	Age in completed Years <input type="text"/> <input type="text"/>	
102	How many years of education have you completed?	Class <input type="text"/> <input type="text"/>	
103	How long have you been in this city/town?	years (completed year) <input type="text"/> <input type="text"/>	
104	Where had you been doing sex work before coming in this City/Town?	before, was not involved in sex work 1 Rural 2 In this City/Town 3 Another City/Town (Specify)-----	
105	How old were you when you had sex for the first time?	years <input type="text"/> <input type="text"/> months <input type="text"/> <input type="text"/>	
106	How long have you been selling sex?	years <input type="text"/> <input type="text"/> months <input type="text"/> <input type="text"/>	
107	How long have you been selling sex in this city?	years <input type="text"/> <input type="text"/> months <input type="text"/> <input type="text"/>	
108	In the last 2 months, did you contact with customers in the same spot or in different spots	Same spot 1 2-3 spots 2 4 or more spots 3	
109	In the last 2 months, what are the places where you contacted with customers for sex work?	Street 1 Hotel 2 Residence 3 Others (Specify).....	
110	Have you ever been doing sex outside of this city/town, within last 12 months?	Yes 1 No 2	→ 112
111	If yes, did you use condom during your last sex act of this city/town (last 12 months)?	Yes 1 No 2	
112	Have you ever been doing sex outside Bangladesh (other country), within last 12 months?	Yes 1 No 2 Have not gone outside country 3	→ 114
113	If yes, did you use condom during your last sex act outside the country (last 12 months)	Yes 1 No 2	
114	How many days did you have clients in last 7 days?	Days (in Number) <input type="text"/> <input type="text"/>	
115	What is your total income from last month?	Tk. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
116	What was your main source of income	Only from Sex Work 1 Service 2 family 3 Others (Specify)-----	

## Section 2: Marriage and Partnership

SL. N.	Questions	Coding Categories	Indication
201	What is your current marital status?	Unmarried 1 Currently married 2 Separated 3 Divorced 4 Widow 5 No Response 6	
202	Are you currently living with a husband/regular sex partner?	Yes 1 No 2	
203	Currently, how many living children do you have?	Children (in Number) <input type="text"/> <input type="text"/>	→ 301 if 0
204	What is the age of your last child	years <input type="text"/> <input type="text"/> months <input type="text"/> <input type="text"/>	

## Section 3: Sexual behavior

Any client (new or regular)

SL. N.	Questions	Coding Categories	Indication
301	The last time (in last 12 months) you had sex with your client (vaginal or anal), did he use a condom?	Yes 1 No 2	

### Let's talk about your one time/new/casual Client (in exchange of Money)

SL. N.	Questions	Coding Categories	Indication
302	Have any of your clients in the past 7 days been one-time/new clients in exchange of money?	Yes 1 No 2 (If No, be sure)	→ 314
303	How many one-time/new/casual clients have you had sex in exchange of money (virginal or anal or oral) within the last 7 days?	Number <input type="text"/> <input type="text"/>	
304	How many of these one-time/new/casual clients (within the last week) did you ask to use condom?	All of them 1 Some of them 2 None of them 3	
<b>Vaginal sex</b>			
305	How many one-time/new/casual clients did you have vaginal sex in exchange of money within the past week?	Number <input type="text"/> <input type="text"/>	
306	Did you use condom the last time (within the last week) you had vaginal sex with a one-time/new/casual client in exchange of money?	Yes 1 No 2	
307	Of all these clients you have had vaginal sex with (within the last week), how often did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	

SL. N.	Questions	Coding Categories	Indication
<b>Anal sex</b>			
308	How many one-time/new/casual clients, in exchange of money, did you have anal sex within the past week?	Number <input type="text"/> <input type="text"/>	→ 311 if 0
309	Did you use condom the last time (within the last week) you had anal sex with a one-time/new/casual client in exchange of money?	Yes 1 No 2	
310	Of all these clients you have had anal sex with (within the last week), how often did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	
<b>Oral sex</b>			
311	How many one-time/new/casual clients in exchange of money did you have oral sex with (up to ejaculation) within the last 7 days?	Number <input type="text"/> <input type="text"/>	→ 314 of 0
312	Did you use condom the last time (within the last week) you had oral sex (up to ejaculation) with a one-time/new/casual client in exchange of money?	Yes 1 No 2	
313	Of all these clients you have had oral sex with (within the last 7 days), how often did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	

**Let's talk about your regular clients (in exchange of money)**

SL. N.	Questions	Coding Categories	Indication
314	How many regular clients have you had sex in exchange of money within the last week?	Number <input type="text"/> <input type="text"/>	→ 326 if 0
315	Did you use condom the last time (within the last week) you had sex in exchange of money with regular clients?	Yes 1 No 2	
316	How many times you used condom with these regular clients (within the last week) you have had sex in exchange of money?	Always (every time) 1 Sometimes 2 Never 3	
<b>Vaginal sex</b>			
317	How many regular clients did you have vaginal sex with, within last week?	Number <input type="text"/> <input type="text"/>	→ 320 if 0
318	The last time (within the last week), you had vaginal sex with a regular client, did you use a condom?	Yes 1 No 2	
319	Of all these regular clients you have had vaginal sex with (within the last week), how often did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	

SL. N.	Questions	Coding Categories	Indication
<b>Anal sex</b>			
320	How many regular clients (within the last week), did you have anal sex with in exchange of money?	Number <input type="text"/> <input type="text"/>	→ <b>323 if 0</b>
321	The last time (within the last week), you had anal sex with a regular client, did you use a condom?	Yes 1 No 2	
322	Of all these regular clients you have had anal sex with (within the last week), how often did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	
<b>Oral sex</b>			
323	How many regular clients (within the last week), did you have oral sex with (up to ejaculation)?	Number <input type="text"/> <input type="text"/>	→ <b>326 if 0</b>
324	The last time (within the last week), you had oral sex (up to ejaculation) with a regular client, did you use a condom?	Yes 1 No 2	
325	Of all these regular clients you have had oral sex (up to ejaculation) with (within the last week), how often did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	

**Let's talk about group sex  
(Vaginal, anal and oral sex with more than one clients at the same time)**

SL. N.	Questions	Coding Categories	Indication
326	Have you had sex in a group in the past 30 days?	Yes 1 No 2	→ <b>329</b>
327	Last time (in the past 30 days) you had sex in a group, how many sex partners were there (including you)?	Person <input type="text"/> <input type="text"/> Number <input type="text"/> <input type="text"/>	
328	Last time (in the past 30 days) you had sex in a group, how many partners (including you) used condom?	Number <input type="text"/> <input type="text"/>	

**Let's talk about your non-paying partners (husband/boyfriend/lover)**

SL. N.	Questions	Coding Categories	Indication
329	In the past 30 days, have you ever had sex (virginal or anal or oral) with a man where no payment was involved?	Yes 1 No 2	→ <b>333</b>
330	In the past 30 days, how many no-paying partners have you had sex (virginal or anal or oral) with?	Number <input type="text"/> <input type="text"/>	
331	The last time (within past 30 days) you had had vaginal or anal or oral sex within the non-paying partners, did you use a condom?	Yes 1 No 2	

SL. N.	Questions	Coding Categories	Indication
332	Of all the times, you had a vaginal or anal sex with a non-paying partner in the past 30 days, how often did you use condom	Always (every time) Sometimes Never	1 2 3
333	Do any of your non-paying partners have <b>other</b> wives or other sex partners that you know of?	Yes No Don't know	1 2 3
<b>Information Related to Drug Use by Needle and Syringe</b>			
334	Have you ever used drug by Needle and Syringe?	Yes No	1 2
335	Any of your non-paying partners with whom you had sex in any time, did use drug by Needle and Syringe?	Yes No Don't know	1 2 3

### Section 4: Condom

#### Female Condom

SL. N.	Questions	Coding Categories	Indication
401	Have you ever heard female condom?	Yes No	1 2

#### MALE Condom

SL. N.	Questions	Coding Categories	Indication																																							
402	Which place or person have you obtained condoms from in the past 30 days?  <b>(Multiple response is possible, be sure)</b>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>DIC</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Outreach worker/Peer Educator</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Depot</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Shop</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Pharmacy</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Health facility</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Hotel/guest house</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Friends</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Clients</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Pimp</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NGOs worker</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others (Specify)-----</td> <td></td> <td></td> </tr> </tbody> </table>		Y	N	DIC	1	2	Outreach worker/Peer Educator	1	2	Depot	1	2	Shop	1	2	Pharmacy	1	2	Health facility	1	2	Hotel/guest house	1	2	Friends	1	2	Clients	1	2	Pimp	1	2	NGOs worker	1	2	Others (Specify)-----			
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Clients	1	2																																								
Pimp	1	2																																								
NGOs worker	1	2																																								
Others (Specify)-----																																										
403	Can you obtain a condom every time you need one?	Yes No	1 2																																							
404	If no, why can't you get a condom every time you need one?  <b>(Multiple responses are possible, be sure)</b>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>Cost too much</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Pharmacy/shop too far away</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Shy to buy condom</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Don't know where to obtain</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Don't want to carry them</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others (Specify) -----</td> <td></td> <td></td> </tr> </tbody> </table>		Y	N	Cost too much	1	2	Pharmacy/shop too far away	1	2	Shy to buy condom	1	2	Don't know where to obtain	1	2	Don't want to carry them	1	2	Others (Specify) -----																					
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Others (Specify) -----																																										

SL. N.	Questions	Coding Categories	Indication																																
405	If you don't use condom in any time, why you not use?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Customer does not like</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td></td> </tr> <tr> <td style="text-align: right;">Condoms are not available</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: right;">always</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: right;">Ghorwali/Madam do not like</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: right;">Condom burst</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: right;">Difficult to use condom</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: right;">Fear of Police</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: right;">Others (Specify) .....</td> <td></td> <td></td> <td></td> </tr> </table>	Customer does not like	Y	N		Condoms are not available	1	2		always	1	2		Ghorwali/Madam do not like	1	2		Condom burst	1	2		Difficult to use condom	1	2		Fear of Police	1	2		Others (Specify) .....				
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Others (Specify) .....																																			

### Section 5: HIV and AIDS Knowledge

SL. N.	Questions	Coding Categories	Indication																																				
501	Have you ever heard of HIV and AIDS?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Yes</td> <td style="text-align: center;">1</td> <td></td> </tr> <tr> <td style="text-align: right;">No</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: right;">(Be sure if says No)</td> <td></td> <td></td> </tr> </table>	Yes	1		No	2		(Be sure if says No)			→ 601																											
Yes	1																																						
No	2																																						
(Be sure if says No)																																							
502	Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partner?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Yes</td> <td style="text-align: center;">1</td> <td></td> </tr> <tr> <td style="text-align: right;">No</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: right;">Don't know</td> <td style="text-align: center;">3</td> <td></td> </tr> </table>	Yes	1		No	2		Don't know	3																													
Yes	1																																						
No	2																																						
Don't know	3																																						
503	Can people reduce the risk of HIV and AIDS by using a condom correctly every time they have sex?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Yes</td> <td style="text-align: center;">1</td> <td></td> </tr> <tr> <td style="text-align: right;">No</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: right;">Don't know</td> <td style="text-align: center;">3</td> <td></td> </tr> </table>	Yes	1		No	2		Don't know	3																													
Yes	1																																						
No	2																																						
Don't know	3																																						
504	Can a healthy-looking person have HIV and AIDS?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Yes</td> <td style="text-align: center;">1</td> <td></td> </tr> <tr> <td style="text-align: right;">No</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: right;">Don't know</td> <td style="text-align: center;">3</td> <td></td> </tr> </table>	Yes	1		No	2		Don't know	3																													
Yes	1																																						
No	2																																						
Don't know	3																																						
505	Can a person get HIV and AIDS from mosquito bites?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Yes</td> <td style="text-align: center;">1</td> <td></td> </tr> <tr> <td style="text-align: right;">No</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: right;">Don't know</td> <td style="text-align: center;">3</td> <td></td> </tr> </table>	Yes	1		No	2		Don't know	3																													
Yes	1																																						
No	2																																						
Don't know	3																																						
506	Can a person get HIV and AIDS by sharing a meal with someone who is infected by HIV?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Yes</td> <td style="text-align: center;">1</td> <td></td> </tr> <tr> <td style="text-align: right;">No</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: right;">Don't know</td> <td style="text-align: center;">3</td> <td></td> </tr> </table>	Yes	1		No	2		Don't know	3																													
Yes	1																																						
No	2																																						
Don't know	3																																						
507	Can a person get HIV and AIDS by taking injection with a needle/syringe that was already used by someone else?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Yes</td> <td style="text-align: center;">1</td> <td></td> </tr> <tr> <td style="text-align: right;">No</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: right;">Don't know</td> <td style="text-align: center;">3</td> <td></td> </tr> </table>	Yes	1		No	2		Don't know	3																													
Yes	1																																						
No	2																																						
Don't know	3																																						
508	Can a person get HIV and AIDS by avoiding multiple sexual partners?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Yes</td> <td style="text-align: center;">1</td> <td></td> </tr> <tr> <td style="text-align: right;">No</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: right;">Don't know</td> <td style="text-align: center;">3</td> <td></td> </tr> </table>	Yes	1		No	2		Don't know	3																													
Yes	1																																						
No	2																																						
Don't know	3																																						
509	What do you do by yourself to avoid getting HIV and AIDS?  <b>(Multiple responses possible, be sure)</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Nothing</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td></td> </tr> <tr> <td style="text-align: right;">(Be sure)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: right;">Wash genital area with dettol or urine after sex</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: right;">Always use condoms</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: right;">Do not always use condom</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: right;">Take medicine</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: right;">Avoid multiple sex partner</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: right;">Avoid anal sex</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: right;">Others (Specify).....</td> <td></td> <td></td> <td></td> </tr> </table>	Nothing	Y	N		(Be sure)	1	2		Wash genital area with dettol or urine after sex	1	2		Always use condoms	1	2		Do not always use condom	1	2		Take medicine	1	2		Avoid multiple sex partner	1	2		Avoid anal sex	1	2		Others (Specify).....				
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Others (Specify).....																																							

SL. N.	Questions	Coding Categories	Indication																
510	From where did you receive the information about HIV and AIDS?	<table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Y N</td> <td></td> </tr> <tr> <td style="text-align: right;">DICs</td> <td>1 2</td> </tr> <tr> <td style="text-align: right;">Peer Educator/Outreach Worker</td> <td>1 2</td> </tr> <tr> <td style="text-align: right;">Counselor</td> <td>1 2</td> </tr> <tr> <td style="text-align: right;">Injecting partner</td> <td>1 2</td> </tr> <tr> <td style="text-align: right;">Sexual partner</td> <td>1 2</td> </tr> <tr> <td style="text-align: right;">TV/Radio/Poster/ Billboard</td> <td>1 2</td> </tr> <tr> <td style="text-align: right;">Other (specify) -----</td> <td></td> </tr> </table>	Y N		DICs	1 2	Peer Educator/Outreach Worker	1 2	Counselor	1 2	Injecting partner	1 2	Sexual partner	1 2	TV/Radio/Poster/ Billboard	1 2	Other (specify) -----		
Y N																			
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Other (specify) -----																			

### Section 6: STIs and treatment

SL. N.	Questions	Coding Categories	Indication																												
601	Have you ever heard of STD/STI?	<table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Yes</td> <td>1</td> </tr> <tr> <td style="text-align: right;">No</td> <td>2</td> </tr> </table>	Yes	1	No	2	→ <b>701</b>																								
Yes	1																														
No	2																														
602	Could you describe any symptom of disease that can be transmitted by having sex?  <b>(Multiple responses are possible, be sure)</b>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Y N</td> <td></td> </tr> <tr> <td style="text-align: right;">Smelly Vaginal discharge</td> <td>1 2</td> </tr> <tr> <td style="text-align: right;">Smelly anal discharge</td> <td>1 2</td> </tr> <tr> <td style="text-align: right;">Lower abdominal pain</td> <td>1 2</td> </tr> <tr> <td style="text-align: right;">Genital ulcer / sore</td> <td>1 2</td> </tr> <tr> <td style="text-align: right;">Wart</td> <td>1 2</td> </tr> <tr> <td style="text-align: right;">Burning during urine</td> <td>1 2</td> </tr> <tr> <td style="text-align: right;">Other (Specify).....</td> <td></td> </tr> </table>	Y N		Smelly Vaginal discharge	1 2	Smelly anal discharge	1 2	Lower abdominal pain	1 2	Genital ulcer / sore	1 2	Wart	1 2	Burning during urine	1 2	Other (Specify).....														
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Genital ulcer / sore	1 2																														
Wart	1 2																														
Burning during urine	1 2																														
Other (Specify).....																															
603	Did you have any of the above problems (within last 12 months) as you mentioned above?	<table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Yes</td> <td>1</td> </tr> <tr> <td style="text-align: right;">No</td> <td>2</td> </tr> </table>	Yes	1	No	2	→ <b>701</b>																								
Yes	1																														
No	2																														
604	If yes, did you take any treatment or consultation?	<table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Yes</td> <td>1</td> </tr> <tr> <td style="text-align: right;">No</td> <td>2</td> </tr> </table>	Yes	1	No	2	→ <b>701</b>																								
Yes	1																														
No	2																														
605	If yes, where from did you take treatment/ advice?	<table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Y N</td> <td></td> </tr> <tr> <td style="text-align: right;">DIC</td> <td>1 2</td> </tr> <tr> <td style="text-align: right;">pharmacy</td> <td>1 2</td> </tr> <tr> <td style="text-align: right;">Doctor (MBBS)</td> <td>1 2</td> </tr> <tr> <td style="text-align: right;">Doctor/Paramedic in DIC</td> <td>1 2</td> </tr> <tr> <td style="text-align: right;">Kabiraj/Hekim</td> <td>1 2</td> </tr> <tr> <td style="text-align: right;">Homeopathic Doctor</td> <td>1 2</td> </tr> <tr> <td style="text-align: right;">Self-medication</td> <td>1 2</td> </tr> <tr> <td style="text-align: right;">Local Doctor</td> <td>1 2</td> </tr> <tr> <td style="text-align: right;">Government Hospital</td> <td>1 2</td> </tr> <tr> <td style="text-align: right;">Private Hospital</td> <td>1 2</td> </tr> <tr> <td style="text-align: right;">NGO clinic</td> <td>1 2</td> </tr> <tr> <td style="text-align: right;">Friends</td> <td>1 2</td> </tr> <tr> <td style="text-align: right;">Other (Specify)-----</td> <td></td> </tr> </table>	Y N		DIC	1 2	pharmacy	1 2	Doctor (MBBS)	1 2	Doctor/Paramedic in DIC	1 2	Kabiraj/Hekim	1 2	Homeopathic Doctor	1 2	Self-medication	1 2	Local Doctor	1 2	Government Hospital	1 2	Private Hospital	1 2	NGO clinic	1 2	Friends	1 2	Other (Specify)-----		
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Private Hospital	1 2																														
NGO clinic	1 2																														
Friends	1 2																														
Other (Specify)-----																															
606	How many days did you take to seek treatment after onset of the symptom?	Days ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																													

### Section 7: General health seeking behaviour

SL. N.	Questions	Coding Categories	Indication																																				
701	Where did you seek advice or treatment last time you had any general health problem like fever, cough, diarrhea, chest pain, etc (other than STIs)?  <b>(Multiple responses possible, be sure)</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Y</td> <td style="text-align: right;">N</td> <td></td> </tr> <tr> <td style="text-align: right;">Didn't go anywhere</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: right;">Consulted with doctor (MBBS)</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: right;">Consulted doctor/Paramedic in DIC</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: right;">Consulted with kobiraj/hekim</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: right;">Consulted with homeopath doctor</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: right;">Self-medication</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: right;">Consulted with local medicine seller</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: right;">Treatment from govt. hospitals</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: right;">Treatment from private clinics</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: right;">Treatment from NGO-run clinics</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: right;">Others (Specify)-----</td> <td></td> <td></td> </tr> </table>	Y	N		Didn't go anywhere	1	2	Consulted with doctor (MBBS)	1	2	Consulted doctor/Paramedic in DIC	1	2	Consulted with kobiraj/hekim	1	2	Consulted with homeopath doctor	1	2	Self-medication	1	2	Consulted with local medicine seller	1	2	Treatment from govt. hospitals	1	2	Treatment from private clinics	1	2	Treatment from NGO-run clinics	1	2	Others (Specify)-----			
Y	N																																						
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Treatment from NGO-run clinics	1	2																																					
Others (Specify)-----																																							

### Section 8: HIV Testing & Counseling (HTC)

SL. N.	Questions	Coding Categories	Indication										
801	Do you know a place where people can go for HIV testing?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Yes</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: right;">No</td> <td style="text-align: right;">2</td> </tr> </table>	Yes	1	No	2	→ <b>901</b>						
Yes	1												
No	2												
		(Be sure, if say No)											
802	I don't want to know the result, have you been ever tested to see if you have HIV?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Yes</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: right;">No</td> <td style="text-align: right;">2</td> </tr> </table>	Yes	1	No	2	→ <b>804</b>						
Yes	1												
No	2												
803	If No, why did you not go for HIV testing?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Due to fear</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: right;">I don't want that other know my HIV status</td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: right;">HTC center is far away</td> <td style="text-align: right;">3</td> </tr> <tr> <td style="text-align: right;">Others (Specify)-----</td> <td></td> </tr> </table>	Due to fear	1	I don't want that other know my HIV status	2	HTC center is far away	3	Others (Specify)-----		} <b>901</b>		
Due to fear	1												
I don't want that other know my HIV status	2												
HTC center is far away	3												
Others (Specify)-----													
804	When was the last time you were tested?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Within 12 months</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: right;">Within 13 – 24 months</td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: right;">More than 2 years ago</td> <td style="text-align: right;">3</td> </tr> </table>	Within 12 months	1	Within 13 – 24 months	2	More than 2 years ago	3	} <b>901</b>				
Within 12 months	1												
Within 13 – 24 months	2												
More than 2 years ago	3												
805	Within last 12 months, how many times you were tested?	Number <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>											
806	Where was the test done?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">DIC/ HTC Centre</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: right;">Government Hospital</td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: right;">Private laboratory</td> <td style="text-align: right;">3</td> </tr> <tr> <td style="text-align: right;">NGO run Clinic</td> <td style="text-align: right;">4</td> </tr> <tr> <td style="text-align: right;">Other (Specify) .....</td> <td></td> </tr> </table>	DIC/ HTC Centre	1	Government Hospital	2	Private laboratory	3	NGO run Clinic	4	Other (Specify) .....		
DIC/ HTC Centre	1												
Government Hospital	2												
Private laboratory	3												
NGO run Clinic	4												
Other (Specify) .....													
807	Did you get the result of the test?  <b>(I don't want to know the result)</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Yes</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: right;">No</td> <td style="text-align: right;">2</td> </tr> </table>	Yes	1	No	2							
Yes	1												
No	2												

### Section 09: Exposure to HIV and AIDS Prevention Program

SL. N.	Questions	Coding Categories	Indication																																																																								
901	Have you ever participated in any NGO-run AIDS prevention program?	Yes      1 No        2	→ 1001																																																																								
902	If Yes, how long you participated in HIV and AIDS prevention Program	Years <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/>																																																																									
903	What are the services you received from DIC and outreach within last 12 months?  <b>(Multiple answer possible, be sure)</b>	<p><b><u>DIC Services:</u></b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center;"><u>Y</u></th> <th style="text-align: center;"><u>N</u></th> </tr> </thead> <tbody> <tr> <td>Received no service from DIC (Be sure)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Condom</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Lubricant</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Treatment of STI</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Treatment of Abscess</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HIV test and results</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TB-DOTs</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ART support</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Counseling on (HTC)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Rest and Recreation</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BCC/Education session</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others (Specify).....</td> <td></td> <td></td> </tr> </tbody> </table> <p><b><u>Referral Services:</u></b></p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Complicated STI</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Complicated Abscess</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TB-DOTs</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ART support</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others (Specify)-----</td> <td></td> <td></td> </tr> </tbody> </table> <p><b><u>Outreach Services:</u></b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center;"><u>Y</u></th> <th style="text-align: center;"><u>N</u></th> </tr> </thead> <tbody> <tr> <td>No service received from outreach (Be sure)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Condom demonstration and distribution</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Discussion on HTC</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BCC/IEC session (one to one and group education session)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others (Specify)-----</td> <td></td> <td></td> </tr> </tbody> </table>		<u>Y</u>	<u>N</u>	Received no service from DIC (Be sure)	1	2	Condom	1	2	Lubricant	1	2	Treatment of STI	1	2	Treatment of Abscess	1	2	HIV test and results	1	2	TB-DOTs	1	2	ART support	1	2	Counseling on (HTC)	1	2	Rest and Recreation	1	2	BCC/Education session	1	2	Others (Specify).....			Complicated STI	1	2	Complicated Abscess	1	2	TB-DOTs	1	2	ART support	1	2	Others (Specify)-----				<u>Y</u>	<u>N</u>	No service received from outreach (Be sure)	1	2	Condom demonstration and distribution	1	2	Discussion on HTC	1	2	BCC/IEC session (one to one and group education session)	1	2	Others (Specify)-----			
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904	What benefits you have got from the services (in last 12 months) you received from DIC and Outreach?  <b>(Multiple answer possible, be sure)</b>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center;"><u>Y</u></th> <th style="text-align: center;"><u>N</u></th> </tr> </thead> <tbody> <tr> <td>Nothing benefited (Be sure)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Helped to change behavior</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Learnt about HIV/AIDS/STI</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Learnt about Safe sex and correct use condom</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Increased skills on condom negotiation with partners</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Information was not easily understandable</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others (Specify)-----</td> <td></td> <td></td> </tr> </tbody> </table>		<u>Y</u>	<u>N</u>	Nothing benefited (Be sure)	1	2	Helped to change behavior	1	2	Learnt about HIV/AIDS/STI	1	2	Learnt about Safe sex and correct use condom	1	2	Increased skills on condom negotiation with partners	1	2	Information was not easily understandable	1	2	Others (Specify)-----																																																			
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SL. N.	Questions	Coding Categories	Indication
905	Within last 12 months did you get required number of condom from the DIC/peer educators/outreach workers?	Yes 1 No 2	→ 907
906	If not, how did you get condom at the time of requirement?  <b>(Multiple answer possible, be sure)</b>	Y N Bought Condoms 1 2 From Pharmacy 1 2 From Hotel Manger 1 2 From Ghorwali/Madam 1 2 From depot 1 2 From Sex Workers 1 2 From Customers 1 2 Others (Specify).....	
907	During the last 3 months have you participated in the Condom demonstration and distribution program, BCC/awareness sessions (one to one/group) at outreach?	Yes 1 No 2	→ 909
908	If Yes, how many times you participated?	Number <input type="text"/> <input type="text"/>	
909	Did the Peer Educator/Outreach Worker meet with you at the Spot/outreach in last 7 days?	Yes 1 No 2 I did not visit spot that time 3	} 911
910	If yes, how many times have met with you?	Number <input type="text"/> <input type="text"/>	
911	Did the Peer Educator/Outreach Worker meet with you at the Spot/outreach in last 30 days?	Yes 1 No 2 I did not visit spot that time 3	} 913
912	If yes, how many times have met with you?	Number <input type="text"/> <input type="text"/>	
913	Did you visit DIC/NGO clinic in the last 3 months?	Yes 1 No 2	→ 1001
914	If yes, how many times did you visit DIC in the last 3 months?	Many Times, 1 Some Times 2 Never 3 Don't know about DIC 4 Others (Specify).....	

### Section 10: Violence, stigma and discrimination

SL. N.	Questions	Coding Categories	Indication																
1001	In past 12 months, were you ever beaten or otherwise physically tortured due to sex worker?	Yes 1 No 2	→ 1004																
1002	If yes, how many times in last 12 months you were beaten or physically tortured as a sex worker?	Number <input type="text"/> <input type="text"/>																	
1003	Who was the person (or people) responsible for violence against you in the last 12 months? <b>(Multiple answer possible, be sure)</b>	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;"><u>Y</u> <u>N</u></td> </tr> <tr> <td>Law enforcing agency</td> <td style="text-align: right;">1 2</td> </tr> <tr> <td>Mastan</td> <td style="text-align: right;">1 2</td> </tr> <tr> <td>Partner/Local people</td> <td style="text-align: right;">1 2</td> </tr> <tr> <td>Drug control people</td> <td style="text-align: right;">1 2</td> </tr> <tr> <td>Detective Branch people</td> <td style="text-align: right;">1 2</td> </tr> <tr> <td>Drug peddler</td> <td style="text-align: right;">1 2</td> </tr> <tr> <td>Others Specify) -----</td> <td></td> </tr> </table>		<u>Y</u> <u>N</u>	Law enforcing agency	1 2	Mastan	1 2	Partner/Local people	1 2	Drug control people	1 2	Detective Branch people	1 2	Drug peddler	1 2	Others Specify) -----		
	<u>Y</u> <u>N</u>																		
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Detective Branch people	1 2																		
Drug peddler	1 2																		
Others Specify) -----																			
1004	Have you ever been arrested during past 12 months?	Yes 1 No 2	→ 1008																
1005	If yes, was it is for selling sex?	Yes 1 No 2	→ 1008																
1006	After arrested or harassed, did you reported/informed anyone?	Yes 1 No 2	→ 1008																
1007	If yes, did you get any support from anyone?	Yes 1 No 2																	
1008	Have you ever sent to jail/vagrant homes?	Yes 1 No 2																	
1009	In the past 12 months, have you avoided treatment or did not get treatment after going to hospital or any health care center, due to stigma and discrimination?	Yes 1 No 2 Did not give identity 3																	

**Thank you for supporting us by providing information in this survey**

Name and Signature of Interviewer..... Date...../.....

Name and Signature of Supervisor..... Date...../.....

**ANNEX-8**

End Line Survey (Behaviour) on Continuation of the Prioritized HIV Prevention Services  
among key Population in Bangladesh funded by the Global Fund

**Questionnaire for Peoples Who Inject Drugs (PWID)**

Division.....

District.....

Upazila/Thana.....

Drop-in-Centre (DIC).....

Location/Spot.....

Time of Interview.....

**Type of Respondent:**

Male.....1

Female.....2

Hijra.....3

**To be Filled by Office**

<b>Name of PR:</b> Save the Children	<input type="checkbox"/>
<b>Name of SR</b> .....	<input type="checkbox"/>
<b>Name of SSR</b> .....	<input type="checkbox"/>

**Introduction:** My name is \_\_\_\_\_. I have come from PIACT and SSMF consortium to collect information for a research study being conducted under the AIDS and STD Programme (ASP), Directorate General of Health Services, Ministry of Health and Family Welfare, Government of Bangladesh. As you are aware, HIV and AIDS program of the Government supported by Global Fund has been providing services through DIC and Outreach Program to the Key Population (KPs) for improving their knowledge, attitude and practices for HIV and AIDS prevention. The purpose of this study is to evaluate progress in the outcome indicators of this program.

**Confidentiality and consent:** In this interview, we will ask you some questions about HIV and AIDS prevention. All the answers you give will be confidential, will take approximately 1 hour and it will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If you don't want to answer any of the questions, just let me know or you can stop the interview at any time. We would greatly appreciate your support in this exercise.

Do you have any question about this survey? May I begin the interview now?

Respondent agrees to be interviewed:  (v)

Respondent does not agree to be interviewed:  → STOP INTERVIEW.

Reasons for not providing interview: .....

.....

**Section 01: Personal Information**

SL. N.	Questions	Coding Categories	Indication
101	How old are you?	Age in completed Years <input type="text"/> <input type="text"/>	
102	How many years of education have you completed?	Years Completed <input type="text"/> <input type="text"/>	
103	How long have you been in this city/town?	Number of years <input type="text"/> <input type="text"/>	
104	Where had you been using drugs before coming here?	Not using drugs before 1 Urban 2 In this City/Town 3 Another City/Town (Specify)-----	
105	Where do you live currently?	with family 1 Living in mess/hostel 2 On the street 3 Others (Specify)-----	
106	Most of the time in a day, whom do you live with?	Alone 1 With relative 2 With friends 3 Others (Specify).....	
107	What was your main source of income in the last six months?	Service 1 Business 2 Rickshaw/van puller 3 Small trade 4 Tokai 5 Family 6 Stealing/snatching 7 Blood selling 8 unemployed 9 Drug peddler 10 Sex work 11 Others (specify).....	
108	What was your total income in last 39 days?	Tk. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
109	Have you sold blood for money in the last 12 months?	Yes 1 No 2	

## Section 02: Marriage and Partnership

SL. N.	Questions	Coding Categories	Indication
201	What is your current marital status?	Unmarried 1 Currently married 2 Separated 3 Divorced 4 Widower 5 No Response 6	
202	Are you currently living with a wife/husband/regular sex partner?	Yes 1 No 2	
203	Currently, how many living children do you have?	Number <input type="text"/> <input type="text"/>	

## Section 03: Drug and Injecting drugs related Information

SL. N.	Questions	Coding Categories	Indication
301	How long have you been using any kind of drugs (except cigarette and wine)?	Years <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/>	
302	How long have you been injecting drugs?	Years <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/>	
303	How old were you when you first injected drug (non-medical purpose)? (you injected yourself or somebody else injected you)	Years <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/>	
304	How many days ago, did you last inject during the past two months?	Days <input type="text"/> <input type="text"/>	
305	During the past two months, which drug did you usually inject?	Y N Tidigestic/bunogestic/lbugestic/ Madrazi 1 2 Pethidine 1 2 Heroin (Liquid) 1 2 Cocktail (Combination of two or more drugs) 1 2 Others (Specify).....	
306	How many times did you inject yesterday?	Number <input type="text"/> <input type="text"/>	
307	In the last 7 days, how many times did you inject?	Number <input type="text"/> <input type="text"/>	

SL. N.	Questions	Coding Categories	Indication
	<b>Needle Exchange Related Information</b>		
308	How many injections did you share during last 7 days?	Number <input type="text"/> <input type="text"/>	→ 310 if "0"
309	When you inject during the past 7 days, how many times you allowed the same needle or syringe to other people, either before or after you?	Always (every time) 1 Sometimes 2 Never 3	

SL. N.	Questions	Coding Categories	Indication																											
<b>Needle Exchange Related Information</b>																														
310	When you shared last time (during the past 2 months), how many people used the same needle or syringe either before or after you?	Number <input type="checkbox"/> <input type="checkbox"/>																												
311	Think about the last time you injected drugs in past 2 months. Did you use a new needle or syringe and that was not previously used by someone else?	Yes 1 No 2																												
312	In the last 2 months, did you inject in the same spot or in different spots (if more than one how many)?	Same spot 1 2-3 of spots 2 4 or more spots 3																												
313	Did you share any injection equipment, other than needle and syringe, within past 2 months?	Yes 1 No 2	► 315																											
314	If yes, what are those you shared?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Y</u></th> <th style="text-align: center;"><u>N</u></th> </tr> </thead> <tbody> <tr> <td>Taken drug from same ampule</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Used same cotton</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Used same water for cleaning needle or syringe</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Used same cloth/paper for cleaning needle or syringe</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Used same container for preparing drug</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others (Specify).....</td> <td></td> <td></td> </tr> </tbody> </table>		<u>Y</u>	<u>N</u>	Taken drug from same ampule	1	2	Used same cotton	1	2	Used same water for cleaning needle or syringe	1	2	Used same cloth/paper for cleaning needle or syringe	1	2	Used same container for preparing drug	1	2	Others (Specify).....									
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Others (Specify).....																														
<b>Information Related to sterilization of Injection equipment</b>																														
315	Do you know, how to sterilize used needle and syringe?	Yes 1 No 2	► 401																											
316	If yes, how used needle and syringe can be sterilized?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Y</u></th> <th style="text-align: center;"><u>N</u></th> </tr> </thead> <tbody> <tr> <td>With water</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>With Bleaching powder</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>with cloths</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>With spit</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>With Drug</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>With blood</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Boiling with water</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others (Specify).....</td> <td></td> <td></td> </tr> </tbody> </table>		<u>Y</u>	<u>N</u>	With water	1	2	With Bleaching powder	1	2	with cloths	1	2	With spit	1	2	With Drug	1	2	With blood	1	2	Boiling with water	1	2	Others (Specify).....			
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With Drug	1	2																												
With blood	1	2																												
Boiling with water	1	2																												
Others (Specify).....																														

### Section 04: Sexual Behaviour

SL. N.	Questions	Coding Categories	Indication
401	Have you had sexual intercourse with anyone in the last 6 months?	Yes 1 (Be sure if says No ) No 2	→ 501
402	Did you or your partner use condom when last time you had sex	Yes 1 No 2	

#### Regular partners

SL. N.	Questions	Coding Categories	Indication
403	Have you had sex with your spouse /regular partners during last 1 month?	Yes 1 No 2	→ 407
404	In the last 1 month, how many times did you have sexual intercourse with your spouse/regular partners?	Number <input type="text"/> <input type="text"/>	
405	The last time you had sex with your spouse/regular partners (within last 1 month), did you use a condom?	Yes 1 No 2	
406	With those spouse/regular partners, you had sex within last 1 month, how many times you used condom with them	Always (every time) 1 Sometimes 2 Never 3	
407	Does your spouse/regular partner also inject drugs?	Yes 1 No 2	

#### Commercial Partners

(In Exchange of money or Drugs)

SL. N.	Questions	Coding Categories	Indication
408	Have you had sex (vaginal/anal) with a female sex worker/Male sex worker/Hijra during last 1 month in exchange of money or drugs?	Yes 1 No 2	→ 501
409	With how many sex workers/partners, you had sex in the last 1 month in exchange of money or drugs?	Number <input type="text"/> <input type="text"/>	
410	The last time (within past 1 month) you had sex (vaginal/anal) in exchange of money or drugs, did you use a condom?	Yes 1 No 2	
411	In the past 1 month you had sex in exchange of money or drugs, how many times you used condom?	Always (every time) 1 Sometimes 2 Never 3	

### Section 5: HIV and AIDS Knowledge

SL. N.	Questions	Coding Categories	Indication																											
501	Have you ever heard of HIV and AIDS?	Yes 1 (be sure if say no) No 2	→ 601																											
502	Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partner?	Yes 1 No 2 Don't know 3																												
503	Can people reduce the risk of HIV and AIDS by using a condom correctly every time they have sex?	Yes 1 No 2 Don't know 3																												
504	Can a healthy-looking person have HIV and AIDS?	Yes 1 No 2 Don't know 3																												
505	Can a person get HIV and AIDS from mosquito bites?	Yes 1 No 2 Don't know 3																												
506	Can a person get HIV and AIDS by sharing a meal with someone who is infected by HIV?	Yes 1 No 2 Don't know 3																												
507	Can a person get HIV and AIDS by taking injection with a needle/syringe that was already used by someone else?	Yes 1 No 2 Don't know 3																												
508	Can a person get HIV and AIDS by avoiding multiple sexual partners?	Yes 1 No 2 Don't know 3																												
509	What do you do by yourself to avoid getting HIV and AIDS?  (Multiple responses possible, be sure)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Y</u></th> <th style="text-align: center;"><u>N</u></th> </tr> </thead> <tbody> <tr> <td>Never share needle/syringe</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Take nothing precaution</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Always use condoms</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Avoid multiple sex partner</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Avoid anal sex</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Wash genital area with Dettol or urine after sex</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Take medicine</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others (Specify).....</td> <td></td> <td></td> </tr> </tbody> </table>		<u>Y</u>	<u>N</u>	Never share needle/syringe	1	2	Take nothing precaution	1	2	Always use condoms	1	2	Avoid multiple sex partner	1	2	Avoid anal sex	1	2	Wash genital area with Dettol or urine after sex	1	2	Take medicine	1	2	Others (Specify).....			
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510	From where did you receive the information about HIV and AIDS?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Y</u></th> <th style="text-align: center;"><u>N</u></th> </tr> </thead> <tbody> <tr> <td>DICs</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Peer Educator/Outreach Worker</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Counselor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Injecting partner</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Sexual partner</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TV/Radio/Poster/billboard</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other (specify) .....</td> <td></td> <td></td> </tr> </tbody> </table>		<u>Y</u>	<u>N</u>	DICs	1	2	Peer Educator/Outreach Worker	1	2	Counselor	1	2	Injecting partner	1	2	Sexual partner	1	2	TV/Radio/Poster/billboard	1	2	Other (specify) .....						
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### Section 6: STIs and treatment

SL. N.	Questions	Coding Categories	Indication																																																
601	Have you ever heard of STD/STI?	Yes 1 (be sure if say no) No 2	701																																																
602	Could you describe any symptom of disease that can be transmitted by having sex?  (Multiple responses are possible, be sure)	<b>For Male:</b>  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Y</u></th> <th style="text-align: center;"><u>N</u></th> </tr> </thead> <tbody> <tr> <td>Smelly urethral discharge</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Smelly anal discharge</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Pain in/swelling of Scrotum</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Genital ulcer / sore</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Wart</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Burning during urine</td> <td style="text-align: center;"><b>1</b></td> <td style="text-align: center;"><b>2</b></td> </tr> <tr> <td>Other (Specify).....</td> <td></td> <td></td> </tr> </tbody> </table> <b>For Female:</b>  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Y</u></th> <th style="text-align: center;"><u>N</u></th> </tr> </thead> <tbody> <tr> <td>Smelly Vaginal discharge</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Smelly anal discharge</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Lower abdominal pain</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Genital ulcer / sore</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Wart</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Burning during urine</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other (Specify).....</td> <td></td> <td></td> </tr> </tbody> </table>		<u>Y</u>	<u>N</u>	Smelly urethral discharge	1	2	Smelly anal discharge	1	2	Pain in/swelling of Scrotum	1	2	Genital ulcer / sore	1	2	Wart	1	2	Burning during urine	<b>1</b>	<b>2</b>	Other (Specify).....				<u>Y</u>	<u>N</u>	Smelly Vaginal discharge	1	2	Smelly anal discharge	1	2	Lower abdominal pain	1	2	Genital ulcer / sore	1	2	Wart	1	2	Burning during urine	1	2	Other (Specify).....			
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603	Did you have any of the above problems (within last 12 months) as you mentioned above?	Yes 1 No 2	701																																																
604	If yes, did you take any treatment or consultation?	Yes 1 No 2	701																																																
605	If yes, where from did you take treatment/ advice?  (Multiple responses are possible, be sure)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Y</u></th> <th style="text-align: center;"><u>N</u></th> </tr> </thead> <tbody> <tr> <td>DIC</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>pharmacy</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Doctor (MBBS)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Doctor/Paramedic in DIC</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Kabiraj/Hekim</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Homeopathic Doctor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Self-medication</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Local Doctor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Government Hospital</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Private Hospital</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NGO clinic</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Friends</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other (Specify)-----</td> <td></td> <td></td> </tr> </tbody> </table>		<u>Y</u>	<u>N</u>	DIC	1	2	pharmacy	1	2	Doctor (MBBS)	1	2	Doctor/Paramedic in DIC	1	2	Kabiraj/Hekim	1	2	Homeopathic Doctor	1	2	Self-medication	1	2	Local Doctor	1	2	Government Hospital	1	2	Private Hospital	1	2	NGO clinic	1	2	Friends	1	2	Other (Specify)-----									
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606	How many days did you take to seek treatment after onset of the symptom?	Days ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																																																	

### Section 07. General health treatment

SL. N.	Questions	Coding Categories	Indication																																				
701	Have you experienced any disease after you got addicted to drugs?	Yes 1 No 2	→ 704																																				
702	If yes, what kind diseases you had suffered from?  (Multiple responses are possible, be sure)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>Tuberculosis</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Jaundice</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Lesion in mouth</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Chronic diarrhea</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Fever and cough</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Chest pain</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Sudden weight loss</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others (Specify).....</td> <td></td> <td></td> </tr> </tbody> </table>		Y	N	Tuberculosis	1	2	Jaundice	1	2	Lesion in mouth	1	2	Chronic diarrhea	1	2	Fever and cough	1	2	Chest pain	1	2	Sudden weight loss	1	2	Others (Specify).....												
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703	Last time you had any of the above problems where did you seek advice or treatment?  (Multiple responses are possible, be sure)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>Didn't go anywhere (be sure)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Doctor (MBBS)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Doctor/Paramedic in DIC</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Kobiraj/hekim</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Homeopath doctor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Self-medication</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Local medicine seller</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Govt. Hospitals</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Private clinics</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NGO-run clinics</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others (Specify)-----</td> <td></td> <td></td> </tr> </tbody> </table>		Y	N	Didn't go anywhere (be sure)	1	2	Doctor (MBBS)	1	2	Doctor/Paramedic in DIC	1	2	Kobiraj/hekim	1	2	Homeopath doctor	1	2	Self-medication	1	2	Local medicine seller	1	2	Govt. Hospitals	1	2	Private clinics	1	2	NGO-run clinics	1	2	Others (Specify)-----			
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704	Have you experienced any abscess in your body due to injecting drug during last three months?	Yes 1 No 2	→ 801																																				
705	If yes, where did you go for the treatment of abscess?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>Didn't go anywhere</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Doctor (MBBS)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Doctor/Paramedic in DIC</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Self-medication</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NGO-run clinics</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others (Specify)-----</td> <td></td> <td></td> </tr> </tbody> </table>		Y	N	Didn't go anywhere	1	2	Doctor (MBBS)	1	2	Doctor/Paramedic in DIC	1	2	Self-medication	1	2	NGO-run clinics	1	2	Others (Specify)-----																		
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### Section 8: HIV Testing & Counseling (HTC)

SL. N.	Questions	Coding Categories	Indication										
801	Do you know a place where people can go for HIV testing?	Yes 1 No 2	→ 901										
802	I don't want to know the result, have you been ever tested to see if you have HIV?	Yes 1 No 2	→ 804										
803	If No, why did you not go for HIV testing?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Due to fear</td> <td style="text-align: center;">1</td> </tr> <tr> <td>I don't want that other know my HIV status</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HTC center is far away</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Did not feel need</td> <td style="text-align: center;">4</td> </tr> <tr> <td>Others (Specify)-----</td> <td></td> </tr> </tbody> </table>	Due to fear	1	I don't want that other know my HIV status	2	HTC center is far away	3	Did not feel need	4	Others (Specify)-----		} 901
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SL. N.	Questions	Coding Categories	Indication
804	When was the last time you were tested?	Within 12 months      1 Within 13 – 24 months      2 More than 2 years ago      3	} 806
805	Within last 12 months, how many times you were tested?	Number <input type="text"/> <input type="text"/>	
806	Where was the test done?	DIC/ HTC Centre      1 Government Hospital      2 Private laboratory      3 NGO run Clinic      4 Other (Specify) .....	
807	Did you get the result of the test? (I don't want to know the result)	Yes      1 No      2	

### Section 09: Exposure to intervention DIC and Outreach

SL. N.	Questions	Coding Categories	Indication																																							
901	Have you participated in any NGO-run AIDS prevention program?	Yes      1 No      2 (If No, be sure)	→ 1001																																							
902	If Yes, how long you participated in HIV and AIDS prevention Program	Years <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/>																																								
903	What are the services you received from DIC and outreach within last 12 months?  <b>(Multiple answer possible, be sure)</b>	<b>DIC Services:</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>Received no service from DIC (Be sure)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Condom</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Lubricant</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Treatment of STI</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Treatment of Abscess</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HIV test and results</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TB-DOTs</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ART support</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Counseling on (HTC)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Rest and Recreation</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BCC/Education session</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others (Specify).....</td> <td></td> <td></td> </tr> </tbody> </table> <b>Referral Services:</b> Complicated STI      1 2 Complicated Abscess      1 2 TB-DOTs      1 2 ART support      1 2 Others (Specify)-----		Y	N	Received no service from DIC (Be sure)	1	2	Condom	1	2	Lubricant	1	2	Treatment of STI	1	2	Treatment of Abscess	1	2	HIV test and results	1	2	TB-DOTs	1	2	ART support	1	2	Counseling on (HTC)	1	2	Rest and Recreation	1	2	BCC/Education session	1	2	Others (Specify).....			
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Others (Specify).....																																										

SL. N.	Questions	Coding Categories	Indication
		<b>Outreach Services:</b>  <div style="text-align: right;"> <u>Y</u> <u>N</u> </div> No service received from outreach (Be sure) 1 2 Condom demonstration and distribution 1 2 Discussion on HTC BCC/IEC session (one to one and group education session) 1 2 Others (Specify)-----.....	
904	What benefits you have got from the services (in last 12 months) you received from DIC and Outreach or what impact created in your life?  <b>(Multiple answer possible, be sure)</b>	<div style="text-align: right;"> <u>Y</u> <u>N</u> </div> Nothing benefited (Be sure) 1 2 Helped to change behavior 1 2 Learnt about HIV/AIDS/STI 1 2 Learnt about Safe sex and correct use condom 1 2 Learnt about use of safe drug through needle and syringe 1 2 Others (Specify)-----	
905	During the last 12 months have you participated in the needle/syringe exchange program at outreach?	<div style="text-align: right;"> Yes 1  No 2 </div>	
906	Within last 12 months did you get required number of needles and syringes from the DIC/peer educators/outreach workers?	<div style="text-align: right;"> Yes 1  No 2 </div>	→ 908
907	If not, how did you get needles and syringes at the time of requirement?  <b>(Multiple answer possible, be sure)</b>	<div style="text-align: right;"> <u>Y</u> <u>N</u> </div> Bought needle and syringe 1 2 Reused my own used needle and syringe 1 2 Used other one's used needle and syringe 1 2 Shared with friends 1 2 Shared with other drug users 1 2 Others (Specify)-----	
908	During the last 12 months have you participated in the Condom demonstration and distribution program at outreach?	<div style="text-align: right;"> Yes 1  No 2 </div>	
909	Did you get required number of condom from the peer educators/outreach workers?	<div style="text-align: right;"> Yes 1  No 2  Not required 3 </div>	→ 911

SL. N.	Questions	Coding Categories	Indication																		
910	If not, how did you manage condom at the time you required?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;"><u>Y</u> <u>N</u></td> <td></td> </tr> <tr> <td>Bought Condoms</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>From Pharmacy</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>From depot (where condoms are kept)</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>From Sex Workers</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Others (Specify).....</td> <td></td> <td></td> </tr> </table>		<u>Y</u> <u>N</u>		Bought Condoms	1	2	From Pharmacy	1	2	From depot (where condoms are kept)	1	2	From Sex Workers	1	2	Others (Specify).....			
	<u>Y</u> <u>N</u>																				
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Others (Specify).....																					
911	Did the Peer Educator/Outreach Worker meet with you at the Spot/outreach in last 7 days?	<table style="width: 100%; border: none;"> <tr> <td>Yes</td> <td style="text-align: right;">1</td> <td></td> </tr> <tr> <td>No</td> <td style="text-align: right;">2</td> <td></td> </tr> <tr> <td>I did not visit spot that time</td> <td></td> <td style="text-align: right;">3</td> </tr> </table>	Yes	1		No	2		I did not visit spot that time		3	} 913									
Yes	1																				
No	2																				
I did not visit spot that time		3																			
912	If yes, how many times have met with you?	Number <input type="text"/> <input type="text"/>																			
913	Did the Peer Educator/Outreach Worker meet with you at the Spot/outreach in last 30 days?	<table style="width: 100%; border: none;"> <tr> <td>Yes</td> <td style="text-align: right;">1</td> <td></td> </tr> <tr> <td>No</td> <td style="text-align: right;">2</td> <td></td> </tr> <tr> <td>I did not visit spot that time</td> <td></td> <td style="text-align: right;">3</td> </tr> </table>	Yes	1		No	2		I did not visit spot that time		3	} 915									
Yes	1																				
No	2																				
I did not visit spot that time		3																			
914	If yes, how many times have met with you?	Number <input type="text"/> <input type="text"/>																			
915	Did you visit DIC/NGO clinic in the last 3 months?	<table style="width: 100%; border: none;"> <tr> <td>Yes</td> <td style="text-align: right;">1</td> <td></td> </tr> <tr> <td>No</td> <td style="text-align: right;">2</td> <td></td> </tr> </table>	Yes	1		No	2		→ 917												
Yes	1																				
No	2																				
916	If yes, how many times did you visit DIC in the last 3 months?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;"><u>Y</u> <u>N</u></td> <td></td> </tr> <tr> <td>Many Times,</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Some Times</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Never</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Others (Specify).....</td> <td></td> <td></td> </tr> </table>		<u>Y</u> <u>N</u>		Many Times,	1	2	Some Times	1	2	Never	1	2	Others (Specify).....						
	<u>Y</u> <u>N</u>																				
Many Times,	1	2																			
Some Times	1	2																			
Never	1	2																			
Others (Specify).....																					
917	In last 12 months, did you receive any OST* service (take drug orally in DIC)?	<table style="width: 100%; border: none;"> <tr> <td>Yes</td> <td style="text-align: right;">1</td> <td></td> </tr> <tr> <td>No</td> <td style="text-align: right;">2</td> <td></td> </tr> </table>	Yes	1		No	2														
Yes	1																				
No	2																				

\*Oral Substitution Therapy (OST)

### Section 10: Violence, stigma and discrimination

SL. N.	Questions	Coding Categories	Indication																								
1001	In past 12 months, were you ever beaten or otherwise physically tortured due to drug use?	<table style="width: 100%; border: none;"> <tr> <td>Yes</td> <td style="text-align: right;">1</td> <td></td> </tr> <tr> <td>No</td> <td style="text-align: right;">2</td> <td></td> </tr> </table>	Yes	1		No	2		→ 1004																		
Yes	1																										
No	2																										
1002	If yes, how many times in last 12 months you were beaten or physically tortured for drug use?	Number <input type="text"/> <input type="text"/>																									
1003	Who was the person (or people) responsible for violence against you in the last 12 months? <b>(Multiple answer possible, be sure)</b>	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;"><u>Y</u> <u>N</u></td> <td></td> </tr> <tr> <td>Law enforcing agency</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Mastan</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Local people</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Narcotics people</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Detective Branch people</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Drug peddlers</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Others Specify) -----</td> <td></td> <td></td> </tr> </table>		<u>Y</u> <u>N</u>		Law enforcing agency	1	2	Mastan	1	2	Local people	1	2	Narcotics people	1	2	Detective Branch people	1	2	Drug peddlers	1	2	Others Specify) -----			
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Others Specify) -----																											

1004	Have you ever been arrested during past 12 months?	Yes No	1 2	→ 1008
1005	If yes, was it due to drug use?	Yes No	1 2	→ 1008
1006	After arrested or harassed, did you reported/informed anyone?	Yes No	1 2	→ 1008
1007	If yes, did you get any support from anyone?	Yes No	1 2	
1008	Have you ever sent to jail/vagrant homes?	Yes No	1 2	
1009	In the past 12 months, have you avoided treatment or did not get treatment after going to hospital or any health care center, due to stigma and discrimination?	Yes No Did not give identity	1 2 3	

**Thank you for supporting us by providing information in this survey**

Name and Signature of Interviewer..... Date..... /.....

Name and Signature of Supervisor..... Date...../.....

**ANNEX-9**

End Line Survey (Behaviour) on Continuation of the Prioritized HIV Prevention Services  
among key Population in Bangladesh funded by the Global Fund

**Questionnaire for MSM**

Division.....

District.....

Upazila/Thana.....

Location/Spot.....

Time of Interview.....

**Type of Respondent:**

MSM.....1

**To be Filled by Office**

<b>Name of PR:</b> icddr,b	<input type="checkbox"/>
<b>Name of SR</b> .....	<input type="checkbox"/>
<b>Name of SSR</b> .....	<input type="checkbox"/>

**Introduction:** My name is \_\_\_\_\_. I have come from PIACT and SSMF consortium to collect information for a research study being conducted under the AIDS and STD Programme (ASP), Directorate General of Health Services, Ministry of Health and Family Welfare, Government of Bangladesh. As you are aware, HIV and AIDS program of the Government supported by Global Fund has been providing services through DIC and Outreach Program to the Key Population (KPs) for improving their knowledge, attitude and practices for HIV and AIDS prevention. The purpose of this study is to evaluate progress in the outcome indicators of this program.

**Confidentiality and consent:** In this interview, we will ask you some questions about HIV and AIDS prevention. All the answers you give will be confidential, will take approximately 1 hour and it will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If you don't want to answer any of the questions, just let me know or you can stop the interview at any time. We would greatly appreciate your support in this exercise.

Do you have any question about this survey? May I begin the interview now?

Respondent agrees to be interviewed:  (v)

Respondent does not agree to be interviewed:  → STOP INTERVIEW.

Reasons for not providing interview: .....  
.....

**SECTION 1: PERSONAL INFORMATION**

SL. N.	Questions	Coding Categories	Indication
101	How old are you?	Age in completed Years <input type="text"/> <input type="text"/>	
102	How many years of education have you completed?	Class <input type="text"/> <input type="text"/>	
103	How long have you been in this city/town?	years (completed year) <input type="text"/> <input type="text"/>	
104	Where had you been living before coming in this City/Town?	Rural 1 In this City/Town 2 Another City/Town (Specify)-----	
105	How old were you when you began male to male sex for the first time?	years <input type="text"/> <input type="text"/> months <input type="text"/> <input type="text"/>	
106	How long have you been doing male to male sex?	years <input type="text"/> <input type="text"/> months <input type="text"/> <input type="text"/>	
107	How long have you been doing male to male sex in this city?	years <input type="text"/> <input type="text"/> months <input type="text"/> <input type="text"/>	
108	In the last 2 months, did you contact with male partner in the same spot or in different spots	Same spot 1 2-3 spots 2 4 or more spots 3	
109	In the last 2 months, what are the places where you contacted with male partners for sex?	Y N Street 1 2 Hotel 1 2 Residence 1 2 Park 1 2 Others (Specify)-----	
110	Have you ever been doing sex outside of this city/town, within last 12 months?	Yes 1 No 2	→ 112
111	If yes, did you use condom during your last sex act of this city/town (within last 12 months)?	Yes 1 No 2	
112	Have you ever been doing sex outside Bangladesh (other country), within last 12 months?	Yes 1 No 2 Have not gone outside country 3	→ 114
113	If yes, did you use condom during your last sex act outside the country (within last 12 months)	Yes 1 No 2	
114	How many days did you have clients in last 7 days?	Days (in Number) <input type="text"/> <input type="text"/>	
115	What is your total income from last month?	Tk. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
116	What was your main source of income	Service 1 Business 2 Small trade 3 Teaching 4 family 5 Blood selling 6 Rickshaw/Van 7 Others (Specify)-----	

## Section 2: Marriage and Partnership

SL. N.	Questions	Coding Categories	Indication
201	What is your current marital status?	Unmarried Currently married Separated Divorced Widower No Response	1 2 3 4 5 6
202	Are you currently living with a wife/ regular sex partner?	Yes No	1 2
203	Who is your regular partner with whom you are currently living?	Man Woman Hijra Others (Specify)-----	1 2 3

## Section: 3 Sexual Behaviors

### Let's talk about anal sex with any partner

SL. N.	Questions	Coding Categories	Indication
301	Did you use condom during last anal sex with a male sex partner in last <u>6</u> months?	Yes No	1 2

### Let's talk about non-paying male/hijra partners

SL. N.	Questions	Coding Categories	Indication
302	Did you have anal sex with any non-commercial male/Hijra in last <u>6</u> months?	Yes No	1 2 → 309
303	Did you use condom in the last anal sex act with your non-commercial male/hijra partner in the last 6 Months?	Yes No	1 2
304	Did you have anal sex with any non-commercial male/Hijra in last <u>1</u> month?	Yes No	1 2 → 309
305	How many different non-commercial male/hijra sex partner did you have in the last 1 month?	Persons <input type="text"/> <input type="text"/>	
306	How many times did you have anal sex with non-commercial male/hijra sex partner during the last 1 month?	Number of times <input type="text"/> <input type="text"/>	
307	Did you use condom in the last anal sex act with your non-commercial male/hijra partner in the last 1 Month?	Yes No	1 2
308	Of all times you had anal sex with a non-paying male/hijra partner in the last 30 days, how frequently did you use a condom?	Always (every time) Sometimes Never	1 2 3

<b>Oral sex</b>			
309	How many non-paying male/hijra partner (within the last 7 days), did you have oral sex with (up to ejaculation)?	Number <input type="text"/> <input type="text"/>	→ 312 if 0
310	The last time (within the last 7 days), you had oral sex (up to ejaculation) with a non-paying male/hijra partner, did you use a condom?	Yes 1 No 2	
311	Of all these non-paying male/hijra partner you have had oral sex (up to ejaculation) with (within the last 7 days), how often did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	

### Let's talk about non-paying female partners (not hijra)

SL. N.	Questions	Coding Categories	Indication
312	Did you have anal/virginal sex with any non-commercial female in last 6 months?	Yes 1 No 2 (Be sure if says No)	→ 314
313	Did you use condom in the last anal /Vaginal sex act with your non-commercial female partner during the last 6 Months?	Yes 1 No 2	
314	How many different non-commercial female sex partners did you have in the last 1 month?	Persons <input type="text"/> <input type="text"/>	→ 318 if 0
315	How many times did you have anal/vaginal sex with those non-commercial female sex partner during the last 1 month?	Number <input type="text"/> <input type="text"/>	
316	Did you use condom in the last anal/vaginal sex with your non-commercial female partner in the last 1 Month?	Yes 1 No 2	
317	Of all times you had vaginal or anal sex with a non-paying female partner in the last 30 days, how frequently did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	

### Let's talk about buying sex from female partners

SL. N.	Questions	Coding Categories	Indication
318	Did you buy sex from any female Sex Worker in last 1 month?	Yes 1 No 2	→ 323
319	How many different commercial female sex partners did you have sex in the last 1 month?	Persons <input type="text"/> <input type="text"/>	
320	How many times did you have anal/virginal sex with your commercial female sex partner during the last 1 month?	Number <input type="text"/> <input type="text"/>	

SL. N.	Questions	Coding Categories	Indication
321	Did you use condom in last sex act with any commercial female partner during last 1 month?	Yes 1 No 2	→323
322	Of all times you paid a female for vaginal/anal sex in the past one month, how frequently did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	

### Let's talk about buying sex from male partners

SL. N.	Questions	Coding Categories	Indication
323	Did you buy sex from any male in last <u>6</u> months?	Yes 1 No 2	→326
324	Did you use condom in the last sex act with your commercial male partner in the last 6 Months?	Yes 1 No 2	
325	Did you buy sex from any male in last <u>1</u> month?	Yes 1 No 2	→ 330
326	How many different commercial male sex partner do you have in the last 1 month?	Persons <input type="text"/> <input type="text"/>	
327	How many times did you have anal sex with commercial male partner during the last 1 month?	Number <input type="text"/> <input type="text"/>	
328	Did you use condom in the last sex act with your commercial male partner in the last 1 Month?	Yes 1 No 2	
329	Of all times you paid for anal sex with a man in the last month, how frequently did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	

### Let's talk about buying sex from Hijra

SL. N.	Questions	Coding Categories	Indication
330	Did you buy sex from any Hijra in last 6 months?	Yes 1 No 2	→ 335
331	How many different commercial Hijra sex partner did you have in the last 6 months?	Persons <input type="text"/> <input type="text"/>	
332	How many times did you have anal sex with commercial Hijra during the last 6 months?	Number <input type="text"/> <input type="text"/>	
333	Did you use condom in the last sex act with your commercial Hijra partner during last 6 months?	Yes 1 No 2	
334	Of all times you paid a hijra for anal sex in the past 30 days, how frequently did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	

**Let's talk about group sex  
(Sex with more than 1 client at the same time)**

SL. N.	Questions	Coding Categories	Indication
335	Have you had sex in a group in the past 30 days?	Yes 1 No 2	→ 401
336	Last time (in the past 30 days) you had sex in a group, how many partners were there including you?	Person <input type="text"/> Number <input type="text"/>	
337	Last time (in the past 30 days) you had sex in a group, how many partners (including you) used condom?	Number <input type="text"/>	

**Section 4: Let's talk about Male Condom and Lubricant**

SL. N.	Questions	Coding Categories	Indication																																							
401	Which place or person have you obtained condoms from in the past 30 days?  <b>(Multiple responses are possible, be sure)</b>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Y</u></th> <th style="text-align: center;"><u>N</u></th> </tr> </thead> <tbody> <tr> <td>Never used Condom (Be sure)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DIC</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Shop</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Pharmacy</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Health facility</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Hotel/guest house</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Friends</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Clients</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Pimp</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NGOs worker</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Never bought condom</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others (Specify)-----</td> <td></td> <td></td> </tr> </tbody> </table>		<u>Y</u>	<u>N</u>	Never used Condom (Be sure)	1	2	DIC	1	2	Shop	1	2	Pharmacy	1	2	Health facility	1	2	Hotel/guest house	1	2	Friends	1	2	Clients	1	2	Pimp	1	2	NGOs worker	1	2	Never bought condom	1	2	Others (Specify)-----			→ 404 if 1
	<u>Y</u>	<u>N</u>																																								
Never used Condom (Be sure)	1	2																																								
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Pimp	1	2																																								
NGOs worker	1	2																																								
Never bought condom	1	2																																								
Others (Specify)-----																																										
402	Did you get condom every time you need in past 30 days?	Yes 1 No 2	→ 404																																							
403	If not, why did you not get condom every time you need?  <b>(Multiple responses are possible, be sure)</b>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Y</u></th> <th style="text-align: center;"><u>N</u></th> </tr> </thead> <tbody> <tr> <td>Cost too much</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Pharmacy/shop too far away</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Shy to buy condom</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Don't know where to obtain</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Don't want to carry them</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others (Specify) -----</td> <td></td> <td></td> </tr> </tbody> </table>		<u>Y</u>	<u>N</u>	Cost too much	1	2	Pharmacy/shop too far away	1	2	Shy to buy condom	1	2	Don't know where to obtain	1	2	Don't want to carry them	1	2	Others (Specify) -----																					
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404	Did you get lubricant every time you need in past 30 days?	Yes 1 No 2	→ 406																																							
405	Which place or person have you got lubricant from in the past 30 days?  <b>(Multiple responses are possible, be sure)</b>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Y</u></th> <th style="text-align: center;"><u>N</u></th> </tr> </thead> <tbody> <tr> <td>Never used lubricant (Be sure)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DIC</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Shop</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Pharmacy</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Health facility</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Hotel/guest house</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Friends</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>Y</u>	<u>N</u>	Never used lubricant (Be sure)	1	2	DIC	1	2	Shop	1	2	Pharmacy	1	2	Health facility	1	2	Hotel/guest house	1	2	Friends	1	2	→ 501 if 1															
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SL. N.	Questions	Coding Categories	Indication
		Clients 1 2 Pimp 1 2 NGOs worker 1 2 Didn't buy condom 1 2 Others (Specify)-----	
406	If not, why did you not get lubricant every time you need?	Y N Cost too much 1 2 Pharmacy/shop too far away 1 2 Shy to buy lubricant 1 2 Don't know where to get lubricant 1 2 Don't want to carry lubricant 1 2 Others (Specify) -----	

### Section 5: HIV and AIDS Knowledge

SL. N.	Questions	Coding Categories	Indication
501	Have you ever heard of HIV and AIDS?	Yes 1 No 2 (Be sure if says No)	→ 601
502	Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partner?	Yes 1 No 2 Don't know 3	
503	Can people reduce the risk of HIV and AIDS by using a condom correctly every time they have sex?	Yes 1 No 2 Don't know 3	
504	Can a healthy-looking person have HIV and AIDS?	Yes 1 No 2 Don't know 3	
505	Can a person get HIV and AIDS from mosquito bites?	Yes 1 No 2 Don't know 3	
506	Can a person get HIV and AIDS by sharing a meal with someone who is infected by HIV?	Yes 1 No 2 Don't know 3	
507	Can a person get HIV and AIDS by taking injection with a needle/syringe that was already used by someone else?	Yes 1 No 2 Don't know 3	
508	Can a person get HIV and AIDS by avoiding multiple sexual partners?	Yes 1 No 2 Don't know 3	
509	What do you do by yourself to avoid getting HIV and AIDS?  <b>(Multiple responses possible, be sure)</b>	Y N Nothing 1 2 (Be sure) Wash genital area with Dettol or urine after sex 1 2 Always use condoms 1 2	

SL. N.	Questions	Coding Categories	Indication
		Take medicine 1 2 Avoid multiple sex partner 1 2 Avoid anal sex 1 2 Others (Specify).....	
510	From where did you receive the information about HIV and AIDS?	Y N DICs 1 2 Peer Educator/Outreach Worker 1 2 Counselor 1 2 Injecting partner 1 2 Sexual partner 1 2 TV/Radio/Poster/ Billboard 1 2 Other (specify) -----	

### Section 6: Prevalence of STIs and treatment seeking behaviors

SL. N.	Questions	Coding Categories	Indication
601	Have you ever heard of STD/STI?	Yes 1 No 2	→ 701
602	Could you describe any symptom of disease that can be transmitted by having sex?  <b>(Multiple responses are possible, be sure)</b>	Y N Smelly anal discharge 1 2 Lower abdominal pain 1 2 Genital ulcer / sore 1 2 Sore in the mouth 1 2 Wart 1 2 Smelly urethral discharge 1 2 Other (Specify).....	
603	Did you have any of the above problems (within last 12 months) as you mentioned above?	Yes 1 No 2	→ 701
604	If yes, did you take any treatment or consultation?	Yes 1 No 2	→ 701
605	If yes, where from did you take treatment/ advice?	Y N DIC 1 2 pharmacy 1 2 Government Hospital 1 2 Private Doctor 1 2 Private Clinic/Hospital 1 2 NGO clinic 1 2 Traditional Treatment 1 2 Friends 1 2 Self-medication 1 2 Other (Specify)-----	

SL. N.	Questions	Coding Categories	Indication
606	How many days did you take to seek treatment after onset of the symptom?	Days ..... <input type="text"/> <input type="text"/>	

### Section 7: General health seeking behaviour

SL. N.	Questions	Coding Categories	Indication																																				
701	Where did you seek advice or treatment last time you had any general health problem like fever, cough, diarrhea, chest pain, etc. (other than STIs)?  <b>(Multiple responses possible, be sure)</b>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>Didn't go anywhere</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Consulted with doctor (MBBS)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Consulted doctor/Paramedic in DIC</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Consulted with kobiraj/hekim</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Consulted with homeopath doctor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Self-medication</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Consulted with local medicine seller</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Treatment from govt. hospitals</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Treatment from private clinics</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Treatment from NGO-run clinics</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others (Specify)-----</td> <td></td> <td></td> </tr> </tbody> </table>		Y	N	Didn't go anywhere	1	2	Consulted with doctor (MBBS)	1	2	Consulted doctor/Paramedic in DIC	1	2	Consulted with kobiraj/hekim	1	2	Consulted with homeopath doctor	1	2	Self-medication	1	2	Consulted with local medicine seller	1	2	Treatment from govt. hospitals	1	2	Treatment from private clinics	1	2	Treatment from NGO-run clinics	1	2	Others (Specify)-----			
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### Section 8 HIV Testing & Counseling (HTC) and other services

SL. N.	Questions	Coding Categories	Indication										
801	Do you know a place where people can go for HIV testing?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Yes</td> <td style="text-align: center;">1</td> </tr> <tr> <td>No</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> (Be sure, if say No)	Yes	1	No	2	→ <b>901</b>						
Yes	1												
No	2												
802	I don't want to know the result, have you been ever tested to see if you have HIV?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Yes</td> <td style="text-align: center;">1</td> </tr> <tr> <td>No</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	Yes	1	No	2	→ <b>804</b>						
Yes	1												
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803	If No, why did you not go for HIV testing?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Due to fear</td> <td style="text-align: center;">1</td> </tr> <tr> <td>I don't want that other know my HIV status</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HTC center is far away</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Did not feel necessary</td> <td style="text-align: center;">4</td> </tr> <tr> <td>Others (Specify)-----</td> <td></td> </tr> </tbody> </table>	Due to fear	1	I don't want that other know my HIV status	2	HTC center is far away	3	Did not feel necessary	4	Others (Specify)-----		} <b>901</b>
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804	When was the last time you were tested?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Within 12 months</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Within 13 – 24 months</td> <td style="text-align: center;">2</td> </tr> <tr> <td>More than 2 years ago</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>	Within 12 months	1	Within 13 – 24 months	2	More than 2 years ago	3	} <b>901</b>				
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805	Within last 12 months, how many times you were tested?	Number <input type="text"/> <input type="text"/>											

806	Where was the test done?	DIC	1	
		HTC Centre	2	
		Government Hospital	2	
		Private laboratory	3	
		NGO run Clinic	4	
Other (Specify) .....				
807	Did you get the result of the test? <b>(I don't want to know the result)</b>	Yes	1	
		No	2	

**Section 9: Exposure to intervention DIC and Outreach**

SL. N.	Questions	Coding Categories	Indication
901	Have you ever participated in any NGO-run AIDS prevention program?	Yes 1 (Be sure if No) No 2	→ 1001
902	If Yes, how long you participated in HIV and AIDS prevention Program	Years <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/>	

SL. N.	Questions	Coding Categories	Indication																																																																														
903	<p>What are the services you received from DIC and outreach within last 12 months?</p> <p><b>(Multiple answer possible, be sure)</b></p>	<p><b><u>DIC Services:</u></b></p> <table> <thead> <tr> <th></th> <th><u>Y</u></th> <th><u>N</u></th> </tr> </thead> <tbody> <tr> <td>Received no service from DIC (Be sure)</td> <td>1</td> <td>2</td> </tr> <tr> <td>Condom</td> <td>1</td> <td>2</td> </tr> <tr> <td>Lubricant</td> <td>1</td> <td>2</td> </tr> <tr> <td>Treatment of STI</td> <td>1</td> <td>2</td> </tr> <tr> <td>Treatment of Abscess</td> <td>1</td> <td>2</td> </tr> <tr> <td>HIV test and results</td> <td>1</td> <td>2</td> </tr> <tr> <td>TB-DOTs</td> <td>1</td> <td>2</td> </tr> <tr> <td>ART support</td> <td>1</td> <td>2</td> </tr> <tr> <td>OST</td> <td>1</td> <td>2</td> </tr> <tr> <td>Counseling on (HTC)</td> <td>1</td> <td>2</td> </tr> <tr> <td>Rest and Recreation</td> <td>1</td> <td>2</td> </tr> <tr> <td>BCC/Education session</td> <td>1</td> <td>2</td> </tr> <tr> <td>Others (Specify).....</td> <td></td> <td></td> </tr> </tbody> </table> <p><b><u>Referral Services:</u></b></p> <table> <tbody> <tr> <td>Complicated STI</td> <td>1</td> <td>2</td> </tr> <tr> <td>Complicated Abscess</td> <td>1</td> <td>2</td> </tr> <tr> <td>TB-DOTs</td> <td>1</td> <td>2</td> </tr> <tr> <td>ART support</td> <td>1</td> <td>2</td> </tr> <tr> <td>Others (Specify)-----</td> <td></td> <td></td> </tr> </tbody> </table> <p><b><u>Outreach Services:</u></b></p> <table> <thead> <tr> <th></th> <th><u>Y</u></th> <th><u>N</u></th> </tr> </thead> <tbody> <tr> <td>No service received from outreach (Be sure)</td> <td>1</td> <td>2</td> </tr> <tr> <td>Condom demonstration and distribution</td> <td>1</td> <td>2</td> </tr> <tr> <td>Lubricant distribution</td> <td>1</td> <td>2</td> </tr> <tr> <td>Discussion on HTC</td> <td>1</td> <td>2</td> </tr> <tr> <td>BCC/IEC session (one to one and group education session)</td> <td>1</td> <td>2</td> </tr> <tr> <td>Others (Specify)-----</td> <td></td> <td></td> </tr> </tbody> </table>		<u>Y</u>	<u>N</u>	Received no service from DIC (Be sure)	1	2	Condom	1	2	Lubricant	1	2	Treatment of STI	1	2	Treatment of Abscess	1	2	HIV test and results	1	2	TB-DOTs	1	2	ART support	1	2	OST	1	2	Counseling on (HTC)	1	2	Rest and Recreation	1	2	BCC/Education session	1	2	Others (Specify).....			Complicated STI	1	2	Complicated Abscess	1	2	TB-DOTs	1	2	ART support	1	2	Others (Specify)-----				<u>Y</u>	<u>N</u>	No service received from outreach (Be sure)	1	2	Condom demonstration and distribution	1	2	Lubricant distribution	1	2	Discussion on HTC	1	2	BCC/IEC session (one to one and group education session)	1	2	Others (Specify)-----			
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904	<p>What benefits you have got from the services (in last 12 months) you received from DIC and Outreach?</p> <p><b>(Multiple answer possible, be sure)</b></p>	<table> <thead> <tr> <th></th> <th><u>Y</u></th> <th><u>N</u></th> </tr> </thead> <tbody> <tr> <td>Nothing benefited (Be sure)</td> <td>1</td> <td>2</td> </tr> <tr> <td>Helped to change behavior</td> <td>1</td> <td>2</td> </tr> <tr> <td>Learnt about HIV/AIDS/STI</td> <td>1</td> <td>2</td> </tr> <tr> <td>Learnt about Safe sex and correct use condom</td> <td>1</td> <td>2</td> </tr> <tr> <td>Information was not easily understandable</td> <td>1</td> <td>2</td> </tr> <tr> <td>Others (Specify)-----</td> <td></td> <td></td> </tr> </tbody> </table>		<u>Y</u>	<u>N</u>	Nothing benefited (Be sure)	1	2	Helped to change behavior	1	2	Learnt about HIV/AIDS/STI	1	2	Learnt about Safe sex and correct use condom	1	2	Information was not easily understandable	1	2	Others (Specify)-----																																																												
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905	<p>Within last 12 months did you get required number of condom from the DIC/peer educators/outreach workers?</p>	<table> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Yes	1	No	2	→ 907																																																																										
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906	<p>If not, how did you get condom at the</p>	<table> <thead> <tr> <th><u>Y</u></th> <th><u>N</u></th> </tr> </thead> </table>	<u>Y</u>	<u>N</u>																																																																													
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	time of requirement? <b>(Multiple answer possible, be sure)</b>	Bought Condoms 1 2 From Pharmacy 1 2 From depot (Where condoms are kept) 1 2 Borrowed condoms from others 1 2 From male sex partner 1 2 Borrowed from friends 1 2 Others (Specify).....	
907	Within last 12 months did you get required Quantity of lubricant from the DIC/peer educators/outreach workers?	Yes 1 No 2	→ 909
908	If not, how did you get lubricant at the time of requirement? <b>(Multiple answer possible, be sure)</b>	Y N Bought 1 2 From depot (Where lubricant is kept) 1 2 Borrowed from others 1 2 From male sex partner 1 2 Borrowed from friends 1 2 Others (Specify).....	
909	During the last 3 months have you participated in the Condom demonstration and distribution program, BCC/awareness sessions (one to one/group) at outreach?	Yes 1 No 2	→ 911
910	If Yes, how many times you participated?	Number <input type="text"/> <input type="text"/>	
911	Did the Peer Educator/Outreach Worker meet with you at the Spot/outreach in last 7 days?	Yes 1 No 2 I did not visit spot that time 3	} 913
912	If yes, how many times have met with you?	Number <input type="text"/> <input type="text"/>	
913	Did the Peer Educator/Outreach Worker meet with you at the Spot/outreach in last 30 days?	Yes 1 No 2 I did not visit spot that time 3	} 915
914	If yes, how many times have met with you?	Number <input type="text"/> <input type="text"/>	
915	Did you visit DIC/NGO clinic in the last 3 months?	Yes 1 No 2	→ 1001
916	If yes, how many times did you visit DIC in the last 3 months?	Many Times, 1 Some Times 2 Never 3 Others (Specify).....	

**Section 10: Violence, stigma and discrimination**

SL. N.	Questions	Coding Categories	Indication
--------	-----------	-------------------	------------

1001	In past 12 months, were you ever beaten or otherwise physically tortured due to a MSM?	Yes 1 No 2	→ 1004																								
1002	If yes, how many times in last 12 months you were beaten or physically tortured as a sex worker?	Number <input type="text"/> <input type="text"/>																									
1003	Who was the person (or people) responsible for violence against you in the last 12 months? <b>(Multiple answer possible, be sure)</b>	<table border="0"> <tr> <td></td> <td><u>Y</u></td> <td><u>N</u></td> </tr> <tr> <td>Law enforcing agency</td> <td>1</td> <td>2</td> </tr> <tr> <td>Mastan</td> <td>1</td> <td>2</td> </tr> <tr> <td>Local people</td> <td>1</td> <td>2</td> </tr> <tr> <td>Drug control people</td> <td>1</td> <td>2</td> </tr> <tr> <td>Detective Branch people</td> <td>1</td> <td>2</td> </tr> <tr> <td>Drug peddler</td> <td>1</td> <td>2</td> </tr> <tr> <td>Others Specify) -----</td> <td></td> <td></td> </tr> </table>		<u>Y</u>	<u>N</u>	Law enforcing agency	1	2	Mastan	1	2	Local people	1	2	Drug control people	1	2	Detective Branch people	1	2	Drug peddler	1	2	Others Specify) -----			
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1004	Have you ever been arrested during past 12 months?	Yes 1 No 2	→ 1008																								
1005	If yes, was it for being a MSM?	Yes 1 No 2	→ 1008																								
1006	After arrested or harassed, did you reported/informed anyone?	Yes 1 No 2	→ 1008																								
1007	If yes, did you get any support from anyone?	Yes 1 No 2																									
1008	Have you ever sent to jail/vagrant homes?	Yes 1 No 2																									
1009	In the past 12 months, have you avoided treatment or did not get treatment after going to hospital or any health care center, due to stigma and discrimination?	Yes 1 No 2 Did not give identity 3																									

**Thank you for supporting us by providing information in this survey**

Name and Signature of Interviewer..... Date...../.....

Name and Signature of Supervisor..... Date...../.....

**ANNEX-10**

End Line Survey (Behaviour) on Continuation of the Prioritized HIV Prevention Services  
among key Population in Bangladesh funded by the Global Fund

**Questionnaire for Male Sex Workers (MSW)**

Division.....

District.....

Upazila/Thana.....

Location/Spot.....

Time of Interview.....

**Type of Respondent:**

MSW.....1

**To be Filled by Office**

Name of PR: icddr,b	<input type="checkbox"/>
Name of SR.....	<input type="checkbox"/>
Name of SSR.....	<input type="checkbox"/>

**Introduction:** My name is \_\_\_\_\_. I have come from PIACT and SSMF consortium to collect information for a research study being conducted under the AIDS and STD Programme (ASP), Directorate General of Health Services, Ministry of Health and Family Welfare, Government of Bangladesh. As you are aware, HIV and AIDS program of the Government supported by Global Fund has been providing services through DIC and Outreach Program to the Key Population (KPs) for improving their knowledge, attitude and practices for HIV and AIDS prevention. The purpose of this study is to evaluate progress in the outcome indicators of this program.

**Confidentiality and consent:** In this interview, we will ask you some questions about HIV and AIDS prevention. All the answers you give will be confidential, will take approximately 1 hour and it will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If you don't want to answer any of the questions, just let me know or you can stop the interview at any time. We would greatly appreciate your support in this exercise.

Do you have any question about this survey? May I begin the interview now?

Respondent agrees to be interviewed:  (v)

Respondent does not agree to be interviewed:  → STOP INTERVIEW.

Reasons for not providing interview: .....  
.....

**SECTION 1: PERSONAL INFORMATION**

SL. N.	Questions	Coding Categories	Indication
101	How old are you?	Age in completed Years <input type="text"/> <input type="text"/>	
102	How many years of education have you completed?	Class <input type="text"/> <input type="text"/>	
103	How long have you been in this city/town?	years (completed year) <input type="text"/> <input type="text"/>	
104	Where had you been doing sex work before coming in this City/Town?	before, was not involved in sex work 1 Rural 2 In this City/Town 3 Another City/Town (Specify)-----	
105	How old were you when you had sex for the first time?	years <input type="text"/> <input type="text"/> months <input type="text"/> <input type="text"/>	
106	How long have you been selling sex?	years <input type="text"/> <input type="text"/> months <input type="text"/> <input type="text"/>	
107	How long have you been selling sex in this city?	years <input type="text"/> <input type="text"/> months <input type="text"/> <input type="text"/>	
108	In the last 2 months, did you contact with customers in the same spot or in different spots	Same spot 1 2-3 spots 2 4 or more spots 3	
109	In the last 2 months, what are the places where you contacted with customers for sex work?	Y N Street 1 2 Hotel 1 2 Residence 1 2 Other (Specify).....	
110	Have you ever been doing sex outside of this city/town, within last 12 months?	Yes 1 No 2	→ 112
111	If yes, did you use condom during your last sex act of this city/town (last 12 months)?	Yes 1 No 2	
112	Have you ever been doing sex outside Bangladesh (other country), within last 12 months?	Yes 1 No 2 Have not gone outside country 3	→ 114
113	If yes, did you use condom during your last sex act outside the country (last 12 months)	Yes 1 No 2	
114	How many days did you have clients in last 7 days?	Days (in Number) <input type="text"/> <input type="text"/>	
115	What is your total income from last month?	Tk. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

SL. N.	Questions	Coding Categories	Indication
116	What was your main source of income	Service 1 Business 2 Small trade 3 Teaching 4 family 5 Sex Work 6 Blood selling 7 Rickshaw/Van 8 Others (Specify)-----	

### Section 2: Marriage and Partnership

SL. N.	Questions	Coding Categories	Indication
201	What is your current marital status?	Unmarried 1 Currently married 2 Separated 3 Divorced 4 Widower 5 No Response 6	
202	Are you currently living with a wife/ regular sex partner?	Yes 1 No 2	→ 301
203	Who is your regular partner with whom you are currently living?	Man 1 Woman 2 Hijra 3 Others (Specify)-----	

### Section: 3 Sexual Behaviors

#### Let's talk about anal sex with any partner

Q. N.	Questions and Filters	Coding Categories	Skip to
301	Did you use condom during last anal sex with a male client in last 12 months?	Yes 1 No 2	

#### Let's talk about sex with new/casual sex partners in exchange of money

SL. N.	Questions	Coding Categories	Indication
302	Did you have sex with any new/casual clients in the past 7 days?	Yes 1 No 2 (Be sure if No)	→ 312
303	With how many new/casual clients have you had anal/oral sex within the last 7 days?	Number <input type="text"/> <input type="text"/>	
304	How many of these new/ casual clients (within the last 7 days) did you ask to use condom?	All of them 1 Some of them 2 None of them 3	
<b>Anal sex</b>			
305	How many new/casual clients did you have anal sex within the past 7 days?	Number <input type="text"/> <input type="text"/>	→ 309 if 0

SL. N.	Questions	Coding Categories	Indication
306	How many times did you have anal sex with new/casual clients within the last 7 days?	Number <input type="text"/> <input type="text"/>	
307	Did you use condom the last time (within the last 7 days) you had anal sex with a new/casual client?	Yes 1 No 2	
308	Of all these clients you have had anal sex with (within the last 7 days), how often did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	
<b>Oral sex</b>			
309	How many new/casual clients did you have oral sex with (up to ejaculation) within the last 7 days?	Number <input type="text"/> <input type="text"/>	→ 312 of 0
310	Did you use condom the last time (within the last 7 days) you had oral sex (up to ejaculation) with a new/casual client?	Yes 1 No 2	
311	Of all these clients you have had oral sex (up to ejaculation) with (within the last 7 days), how often did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	

**Let's now talk about selling sex to your regular Male clients (in exchange of money)**

SL. N.	Questions	Coding Categories	Indication
312	Have any of your male clients in the past 7 days been regular clients?	Yes 1 No 2 (Be sure if No)	→ 322
313	If yes, with how many regular clients have you had anal/oral sex within the last 7 days?	Number <input type="text"/> <input type="text"/>	
314	How many of these regular clients (within the last 7 days) did you ask to use condom?	All of them 1 Some of them 2 None of them 3	
<b>Anal sex</b>			
315	How many regular clients did you have anal sex within the past 7 days?	Number <input type="text"/> <input type="text"/>	→ 319 if 0
316	How many times did you have anal sex with regular clients within the last 7 days?	Number <input type="text"/> <input type="text"/>	
317	Did you use condom the last time (within the last 7 days) you had anal sex with a regular client?	Yes 1 No 2	
318	Of all these clients you have had anal sex with (within the last 7 days), how often did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	

SL. N.	Questions	Coding Categories	Indication
<i>Oral sex</i>			
319	How many regular clients did you have oral sex with (up to ejaculation) within the last 7 days?	Number <input type="text"/> <input type="text"/>	→ 322 of 0
320	Did you use condom the last time (within the last 7 days) you had oral sex (up to ejaculation) with a regular client?	Yes 1 No 2	
321	Of all these clients you have had oral sex (up to ejaculation) with (within the last 7 days), how often did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	

### Let's now talk about selling sex to your female clients

SL. N.	Questions	Coding Categories	Indication
322	In the last 1 month have you had any female clients who paid you for sex?	Yes 1 No 2	→ 326
323	How many different female clients you have had anal/oral sex in the last one month?	Number of Partners <input type="text"/> <input type="text"/>	
324	The last time (in the last one month) you had vaginal/anal sex with female clients, did you use a condom?	Yes 1 No 2	
325	Of all these female clients you have had vaginal or anal sex with in the past one month, how often did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	

### Now let's talk about buying sex from men and Hijra

SL. N.	Questions	Coding Categories	Indication
326	In the past 30 days, have you paid any man/hijra to have sex with you?	Yes 1 No 2	→ 330
327	In the last 30 days, how many different men or hijra have you paid to have anal sex with you?	Number <input type="text"/> <input type="text"/>	
328	In the last time (in the last 30 days) you paid for anal sex, did you use condom?	Yes 1 No 2	
329	Of all men or hijra you paid for anal sex in the last 30 days, how often did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	

### Now let's talk about buying sex from women

SL. N.	Questions	Coding Categories	Indication
330	In the last 30 days, have you paid any women to have sex with you?	Yes 1 No 2	→ 335
331	In the last 30 days, how many different women have you paid to have sex with you?	Number <input type="text"/> <input type="text"/>	
332	How many times (in the last 30 days) did you have vaginal or anal sex?	Number <input type="text"/> <input type="text"/>	
333	In the last time, you paid a woman for vaginal or anal sex (during last 30 days) did you use condom?	Yes 1 No 2	
334	Of all women, (in the last 30 days) you paid for vaginal or anal sex, how often did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	

### Now let's talk about sex with non-commercial male partners (men/hijra)

SL. N.	Questions	Coding Categories	Indication
335	In the past 30 days, have you had sex with a man/hijra without money/gift?	Yes 1 No 2	→ 340
336	How many different man/ hijra sex partner, without money/gift, did you have in the last 30 days?	Number <input type="text"/> <input type="text"/>	
337	How many times did you have sex without money/gift during the last 30 days?	Number <input type="text"/> <input type="text"/>	
338	The last time (in the last 30 days) you had anal sex with male/hijra partner without money/gift, did you use a condom?	Yes 1 No 2	
339	Of all your male/hijra partner you had anal sex without money/gift in the last 30 days, how often did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	

### Let's talk about sex with non-commercial female partners

SL. N.	Questions	Coding Categories	Indication
340	In the past 30 days, have you had sex with a woman without money/gift?	Yes 1 No 2	→ 344
341	In the past 30 days, how many times have you had sex with a female partner without money/gift?	Number <input type="text"/> <input type="text"/>	
342	The last time (in the past 30 days) you had vaginal or anal sex with a non-commercial female partner without money/gift, did you use a condom?	Yes 1 No 2	
343	Of all female partners you had vaginal or anal sex without money/gift times in the past 30 days, how often did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	

**Let's talk about group sex  
(Sex with more than 1 client at the same time)**

SL. N.	Questions	Coding Categories	Indication
344	Have you had sex in a group in the past 30 days?	Yes 1 No 2	→ 401
345	Last time (in the past 30 days) you had sex in a group, how many partners were there including you?	Person Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
346	Last time (in the past 30 days) you had sex in a group, how many partners (including you) used condom?	Number <input type="text"/> <input type="text"/>	

**Section 4. Let's talk about Male Condom and Lubricant**

SL. N.	Questions	Coding Categories	Indication																																							
401	Which place or person have you obtained condoms from in the past 30 days?  <b>(Multiple responses are possible, be sure)</b>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Y</u></th> <th style="text-align: center;"><u>N</u></th> </tr> </thead> <tbody> <tr> <td>Never used Condom (Be sure)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DIC</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Shop</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Pharmacy</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Health facility</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Hotel/guest house</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Friends</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Clients</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Pimp</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NGOs worker</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Never bought condom</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others (Specify)-----</td> <td></td> <td></td> </tr> </tbody> </table>		<u>Y</u>	<u>N</u>	Never used Condom (Be sure)	1	2	DIC	1	2	Shop	1	2	Pharmacy	1	2	Health facility	1	2	Hotel/guest house	1	2	Friends	1	2	Clients	1	2	Pimp	1	2	NGOs worker	1	2	Never bought condom	1	2	Others (Specify)-----			→ 404 if 1
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402	Did you get condom every time you need in past 30 days?	Yes 1 No 2	→ 404																																							
403	If not, why did you not get condom every time you need?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Y</u></th> <th style="text-align: center;"><u>N</u></th> </tr> </thead> <tbody> <tr> <td>Cost too much</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Pharmacy/shop too far away</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Shy to buy condom</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Don't know where to obtain</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Don't want to carry them</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others (Specify) -----</td> <td></td> <td></td> </tr> </tbody> </table>		<u>Y</u>	<u>N</u>	Cost too much	1	2	Pharmacy/shop too far away	1	2	Shy to buy condom	1	2	Don't know where to obtain	1	2	Don't want to carry them	1	2	Others (Specify) -----																					
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404	Did you get lubricant every time you need in past 30 days?	Yes 1 No 2	→ 406																																							
405	Which place or person have you got lubricant from in the past 30 days?  <b>(Multiple responses are possible, be sure)</b>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Y</u></th> <th style="text-align: center;"><u>N</u></th> </tr> </thead> <tbody> <tr> <td>Never used lubricant (Be sure)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DIC</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Shop</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Pharmacy</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Health facility</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Hotel/guest house</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>Y</u>	<u>N</u>	Never used lubricant (Be sure)	1	2	DIC	1	2	Shop	1	2	Pharmacy	1	2	Health facility	1	2	Hotel/guest house	1	2	→ 501 if 1																		
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406	If not, why did you not get lubricant every time you need?  <b>(Multiple responses are possible, be sure)</b>	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;"><u>Y</u></td> <td style="text-align: center;"><u>N</u></td> </tr> <tr> <td>Cost too much</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Pharmacy/shop too far away</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Shy to buy lubricant</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Don't know where to get lubricant</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Don't want to carry lubricant</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others (Specify) -----</td> <td></td> <td></td> </tr> </table>		<u>Y</u>	<u>N</u>	Cost too much	1	2	Pharmacy/shop too far away	1	2	Shy to buy lubricant	1	2	Don't know where to get lubricant	1	2	Don't want to carry lubricant	1	2	Others (Specify) -----			
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Others (Specify) -----																								

### Section 5: HIV and AIDS Knowledge

SL. N.	Questions	Coding Categories	Indication									
501	Have you ever heard of HIV and AIDS?	Yes 1 No 2 (Be sure if says No)	→ <b>601</b>									
502	Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partner?	Yes 1 No 2 Don't know 3										
503	Can people reduce the risk of HIV and AIDS by using a condom correctly every time they have sex?	Yes 1 No 2 Don't know 3										
504	Can a healthy-looking person have HIV and AIDS?	Yes 1 No 2 Don't know 3										
505	Can a person get HIV and AIDS from mosquito bites?	Yes 1 No 2 Don't know 3										
506	Can a person get HIV and AIDS by sharing a meal with someone who is infected by HIV?	Yes 1 No 2 Don't know 3										
507	Can a person get HIV and AIDS by taking injection with a needle/syringe that was already used by someone else?	Yes 1 No 2 Don't know 3										
508	Can a person get HIV and AIDS by avoiding multiple sexual partners?	Yes 1 No 2 Don't know 3										
509	What do you do by yourself to avoid getting HIV and AIDS?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;"><u>Y</u></td> <td style="text-align: center;"><u>N</u></td> </tr> <tr> <td>Nothing</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>(Be sure)</td> <td></td> <td></td> </tr> </table>		<u>Y</u>	<u>N</u>	Nothing	1	2	(Be sure)			
	<u>Y</u>	<u>N</u>										
Nothing	1	2										
(Be sure)												

SL. N.	Questions	Coding Categories	Indication
	<b>(Multiple responses possible, be sure)</b>	Wash genital area with Dettol or urine after sex 1 2 Always use condoms 1 2 Take medicine 1 2 Avoid multiple sex partner 1 2 Avoid anal sex 1 2 Others (Specify).....	
510	From where did you receive the information about HIV and AIDS?  <b>(Multiple responses are possible, be sure)</b>	<u>Y</u> <u>N</u> DICs 1 2 Peer Educator/Outreach Worker 1 2 Counselor 1 2 Injecting partner 1 2 Sexual partner 1 2 TV/Radio/Poster/ Billboard 1 2 Other (specify) -----	

### **Section 6 Prevalence of STIs and treatment seeking behaviors**

SL. N.	Questions	Coding Categories	Indication
601	Have you ever heard of STD/STI?	Yes 1 No 2	→ <b>701</b>
602	Could you describe any symptom of disease that can be transmitted by having sex?  <b>(Multiple responses are possible, be sure)</b>	<u>Y</u> <u>N</u> Smelly anal discharge 1 2 Lower abdominal pain 1 2 Genital ulcer / sore 1 2 Sore in the mouth 1 2 Wart 1 2 Smelly urethral discharge 1 2 Other (Specify).....	
603	Did you have any of the above problems (within last 12 months) as you mentioned above?	Yes 1 No 2	→ <b>701</b>
604	If yes, did you take any treatment or consultation?	Yes 1 No 2	→ <b>701</b>
605	If yes, where from did you take treatment/ advice?  <b>(Multiple responses are possible, be sure)</b>	<u>Y</u> <u>N</u> DIC 1 2 pharmacy 1 2 Government Hospital 1 2 Private Doctor 1 2 Private Clinic/Hospital 1 2 NGO clinic 1 2 Traditional Treatment 1 2 Friends 1 2 Self-medication 1 2 Other (Specify)-----	

SL. N.	Questions	Coding Categories	Indication
606	How many days did you take to seek treatment after onset of the symptom?	Days ..... <input type="text"/> <input type="text"/>	

### Section 7. General health seeking behaviour

SL. N.	Questions	Coding Categories	Indication																																				
701	Where did you seek advice or treatment last time you had any general health problem like fever, cough, diarrhea, chest pain, etc. (other than STIs)?  <b>(Multiple responses possible, be sure)</b>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>Didn't go anywhere</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Consulted with doctor (MBBS)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Consulted doctor/Paramedic in DIC</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Consulted with kobiraj/hekim</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Consulted with homeopath doctor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Self-medication</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Consulted with local medicine seller</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Treatment from govt. hospitals</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Treatment from private clinics</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Treatment from NGO-run clinics</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others (Specify)-----</td> <td></td> <td></td> </tr> </tbody> </table>		Y	N	Didn't go anywhere	1	2	Consulted with doctor (MBBS)	1	2	Consulted doctor/Paramedic in DIC	1	2	Consulted with kobiraj/hekim	1	2	Consulted with homeopath doctor	1	2	Self-medication	1	2	Consulted with local medicine seller	1	2	Treatment from govt. hospitals	1	2	Treatment from private clinics	1	2	Treatment from NGO-run clinics	1	2	Others (Specify)-----			
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### Section 8 HIV Testing & Counseling (HTC) and other services

SL. N.	Questions	Coding Categories	Indication										
801	Do you know a place where people can go for HIV testing?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Yes</td> <td style="text-align: center;">1</td> </tr> <tr> <td>No</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> (Be sure, if say No)	Yes	1	No	2	→ <b>901</b>						
Yes	1												
No	2												
802	I don't want to know the result, have you been ever tested to see if you have HIV?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Yes</td> <td style="text-align: center;">1</td> </tr> <tr> <td>No</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	Yes	1	No	2	→ <b>804</b>						
Yes	1												
No	2												
803	If No, why did you not go for HIV testing?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Due to fear</td> <td style="text-align: center;">1</td> </tr> <tr> <td>I don't want that other know my HIV status</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HTC center is far away</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Others (Specify)-----</td> <td></td> </tr> </tbody> </table>	Due to fear	1	I don't want that other know my HIV status	2	HTC center is far away	3	Others (Specify)-----		} <b>901</b>		
Due to fear	1												
I don't want that other know my HIV status	2												
HTC center is far away	3												
Others (Specify)-----													
804	When was the last time you were tested?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Within 12 months</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Within 13 – 24 months</td> <td style="text-align: center;">2</td> </tr> <tr> <td>More than 2 years ago</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>	Within 12 months	1	Within 13 – 24 months	2	More than 2 years ago	3	} <b>901</b>				
Within 12 months	1												
Within 13 – 24 months	2												
More than 2 years ago	3												
805	Within last 12 months, how many times you were tested?	Number <input type="text"/> <input type="text"/>											
806	Where was the test done?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">DIC</td> <td style="text-align: center;">1</td> </tr> <tr> <td>HTC Centre</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Government Hospital</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Private laboratory</td> <td style="text-align: center;">4</td> </tr> <tr> <td>Other (Specify) .....</td> <td></td> </tr> </tbody> </table>	DIC	1	HTC Centre	2	Government Hospital	3	Private laboratory	4	Other (Specify) .....		
DIC	1												
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Other (Specify) .....													
807	Did you get the result of the test? <b>(I don't want to know the result)</b>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Yes</td> <td style="text-align: center;">1</td> </tr> <tr> <td>No</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	Yes	1	No	2							
Yes	1												
No	2												

### Section 9: Exposure to intervention DIC and Outreach

SL. N.	Questions	Coding Categories	Indication																																																																														
901	Have you ever participated in any NGO-run AIDS prevention program?	Yes 1 (Be sure if No) No 2	→ 1001																																																																														
902	If Yes, how long you participated in HIV and AIDS prevention Program	Years <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/>																																																																															
903	What are the services you received from DIC and outreach within last 12 months?  <b>(Multiple answer possible, be sure)</b>	<p><b>DIC Services:</b></p> <table> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>Received no service from DIC (Be sure)</td> <td>1</td> <td>2</td> </tr> <tr> <td>Condom</td> <td>1</td> <td>2</td> </tr> <tr> <td>Lubricant</td> <td>1</td> <td>2</td> </tr> <tr> <td>Treatment of STI</td> <td>1</td> <td>2</td> </tr> <tr> <td>Treatment of Abscess</td> <td>1</td> <td>2</td> </tr> <tr> <td>HIV test and results</td> <td>1</td> <td>2</td> </tr> <tr> <td>TB-DOTs</td> <td>1</td> <td>2</td> </tr> <tr> <td>ART support</td> <td>1</td> <td>2</td> </tr> <tr> <td>OST</td> <td>1</td> <td>2</td> </tr> <tr> <td>Counseling on (HTC)</td> <td>1</td> <td>2</td> </tr> <tr> <td>Rest and Recreation</td> <td>1</td> <td>2</td> </tr> <tr> <td>BCC/Education session</td> <td>1</td> <td>2</td> </tr> <tr> <td>Others (Specify).....</td> <td></td> <td></td> </tr> </tbody> </table> <p><b>Referral Services:</b></p> <table> <tbody> <tr> <td>Complicated STI</td> <td>1</td> <td>2</td> </tr> <tr> <td>Complicated Abscess</td> <td>1</td> <td>2</td> </tr> <tr> <td>TB-DOTs</td> <td>1</td> <td>2</td> </tr> <tr> <td>ART support</td> <td>1</td> <td>2</td> </tr> <tr> <td>Others (Specify)-----</td> <td></td> <td></td> </tr> </tbody> </table> <p><b>Outreach Services:</b></p> <table> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>No service received from outreach (Be sure)</td> <td>1</td> <td>2</td> </tr> <tr> <td>Condom demonstration and distribution</td> <td>1</td> <td>2</td> </tr> <tr> <td>Lubricant distribution</td> <td>1</td> <td>2</td> </tr> <tr> <td>Discussion on HTC</td> <td>1</td> <td>2</td> </tr> <tr> <td>BCC/IEC session (one to one and group education session)</td> <td>1</td> <td>2</td> </tr> <tr> <td>Others (Specify)-----</td> <td></td> <td></td> </tr> </tbody> </table>		Y	N	Received no service from DIC (Be sure)	1	2	Condom	1	2	Lubricant	1	2	Treatment of STI	1	2	Treatment of Abscess	1	2	HIV test and results	1	2	TB-DOTs	1	2	ART support	1	2	OST	1	2	Counseling on (HTC)	1	2	Rest and Recreation	1	2	BCC/Education session	1	2	Others (Specify).....			Complicated STI	1	2	Complicated Abscess	1	2	TB-DOTs	1	2	ART support	1	2	Others (Specify)-----				Y	N	No service received from outreach (Be sure)	1	2	Condom demonstration and distribution	1	2	Lubricant distribution	1	2	Discussion on HTC	1	2	BCC/IEC session (one to one and group education session)	1	2	Others (Specify)-----			
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904	What benefits you have got from the services (in last 12 months) you received from DIC and Outreach?  <b>(Multiple answer possible, be sure)</b>	<table> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>Nothing benefited (Be sure)</td> <td>1</td> <td>2</td> </tr> <tr> <td>Helped to change behavior</td> <td>1</td> <td>2</td> </tr> <tr> <td>Learnt about HIV/AIDS/STI</td> <td>1</td> <td>2</td> </tr> <tr> <td>Learnt about Safe sex and correct use condom</td> <td>1</td> <td>2</td> </tr> <tr> <td>Information was not easily understandable</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Y	N	Nothing benefited (Be sure)	1	2	Helped to change behavior	1	2	Learnt about HIV/AIDS/STI	1	2	Learnt about Safe sex and correct use condom	1	2	Information was not easily understandable	1	2																																																													
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SL. N.	Questions	Coding Categories	Indication
		Others (Specify)-----	
905	Within last 12 months did you get required number of condom from the DIC/peer educators/outreach workers?	Yes 1 No 2	→ 907
906	If not, how did you get condom at the time of requirement?  <b>(Multiple answer possible, be sure)</b>	<u>Y</u> <u>N</u> Bought Condoms 1 2 From Pharmacy 1 2 From depot (Where condoms are kept) 1 2 Borrowed condoms from others 1 2 From male sex partner 1 2 Borrowed from friends 1 2 Others (Specify)-----	
907	Within last 12 months did you get required Quantity of lubricant from the DIC/peer educators/outreach workers?	Yes 1 No 2	→ 909
908	If not, how did you get lubricant at the time of requirement?  <b>(Multiple answer possible, be sure)</b>	<u>Y</u> <u>N</u> Bought 1 2 From depot (Where lubricant is kept) 1 2 Borrowed from others 1 2 From male sex partner 1 2 Borrowed from friends 1 2 Others (Specify)-----	
909	During the last 3 months have you participated in the Condom demonstration and distribution program, BCC/awareness sessions (one to one/group) at outreach?	Yes 1 No 2	→ 911
910	If Yes, how many times you participated?	Number <input type="text"/> <input type="text"/>	
911	Did the Peer Educator/Outreach Worker meet with you at the Spot/outreach in last 7 days?	Yes 1 No 2 I did not visit spot that time 3	} 913
912	If yes, how many times have met with you?	Number <input type="text"/> <input type="text"/>	
913	Did the Peer Educator/Outreach Worker meet with you at the Spot/outreach in last 30 days?	Yes 1 No 2 I did not visit spot that time 3	} 915
914	If yes, how many times have met with you?	Number <input type="text"/> <input type="text"/>	
915	Did you visit DIC/NGO clinic in the last 3 months?	Yes 1 No 2	→ 1001

SL. N.	Questions	Coding Categories	Indication
916	If yes, how many times did you visit DIC in the last 3 months?	Many Times 1 Some Times 2 Never 3 Don't know about DIC 4 Others (Specify).....	

**Section 10: Violence, stigma and discrimination**

SL. N.	Questions	Coding Categories	Indication																								
1001	In past 12 months, were you ever beaten or otherwise physically tortured due to a MSW?	Yes 1 No 2	→ 1004																								
1002	If yes, how many times in last 12 months you were beaten or physically tortured?	Number <input type="text"/> <input type="text"/>																									
1003	Who was the person (or people) responsible for violence against you in the last 12 months? <b>(Multiple answer possible, be sure)</b>	<table border="0"> <tr> <td></td> <td align="center"><u>Y</u></td> <td align="center"><u>N</u></td> </tr> <tr> <td>Law enforcing agency</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Mastan</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Local people</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Drug control people</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Detective Branch people</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Drug peddler</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Others Specify) -----</td> <td></td> <td></td> </tr> </table>		<u>Y</u>	<u>N</u>	Law enforcing agency	1	2	Mastan	1	2	Local people	1	2	Drug control people	1	2	Detective Branch people	1	2	Drug peddler	1	2	Others Specify) -----			
	<u>Y</u>	<u>N</u>																									
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Drug control people	1	2																									
Detective Branch people	1	2																									
Drug peddler	1	2																									
Others Specify) -----																											
1004	Have you ever been arrested during past 12 months?	Yes 1 No 2	→ 1008																								
1005	If yes, was it for being a MSW?	Yes 1 No 2	→ 1008																								
1006	After arrested or harassed, did you reported/informed anyone?	Yes 1 No 2	→ 1008																								
1007	If yes, did you get any support from anyone?	Yes 1 No 2																									
1008	Have you ever sent to jail/vagrant homes?	Yes 1 No 2																									
1009	In the past 12 months, have you avoided treatment or did not get treatment after going to hospital or any health care center, due to stigma and discrimination?	Yes 1 No 2 Did not give identity 3																									

**Thank you for supporting us by providing information in this survey**

Name and Signature of Interviewer..... Date...../.....

Name and Signature of Supervisor..... Date...../.....

**ANNEX-11**

End Line Survey (Behaviour) on Continuation of the Prioritized HIV Prevention Services  
among key Population in Bangladesh funded by the Global Fund

**Questionnaire for Hijra**

Division.....

District.....

Upazila/Thana.....

Location/Spot.....

Time of Interview.....

**Type of Respondent:**

Hijra Sex Worker.....1

Badhai Hijra.....2

Other Hijra (Specify).....3

**To be Filled by Office**

Name of PR: icddr,b	<input type="checkbox"/>
Name of SR.....	<input type="checkbox"/>
Name of SSR.....	<input type="checkbox"/>

**Introduction:** My name is \_\_\_\_\_. I have come from PIACT and SSMF consortium to collect information for a research study being conducted under the AIDS and STD Programme (ASP), Directorate General of Health Services, Ministry of Health and Family Welfare, Government of Bangladesh. As you are aware, HIV and AIDS program of the Government supported by Global Fund has been providing services through DIC and Outreach Program to the Key Population (KPs) for improving their knowledge, attitude and practices for HIV and AIDS prevention. The purpose of this study is to evaluate progress in the outcome indicators of this program.

**Confidentiality and consent:** In this interview, we will ask you some questions about HIV and AIDS prevention. All the answers you give will be confidential, will take approximately 1 hour and it will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If you don't want to answer any of the questions, just let me know or you can stop the interview at any time. We would greatly appreciate your support in this exercise.

Do you have any question about this survey? May I begin the interview now?

Respondent agrees to be interviewed:  (v)

Respondent does not agree to be interviewed:  → STOP INTERVIEW.

Reasons for not providing interview: .....

.....

**SECTION 1: PERSONAL INFORMATION**

SL. N.	Questions	Coding Categories	Indication
101	How old are you?	Age in completed Years <input type="text"/> <input type="text"/>	
102	How many years of education have you completed?	Class <input type="text"/> <input type="text"/>	
103	How long have you been in this city/town?	years (completed year) <input type="text"/> <input type="text"/>	
<b>Question # 104-114 not applicable to Badhai Hijra</b>			
104	Where had you been doing sex work before coming in this City/Town?	before, was not involved in sex work 1 Rural 2 In this City/Town 3 Another City/Town (Specify)-----	
105	How old were you when you had sex for the first time?	years <input type="text"/> <input type="text"/> months <input type="text"/> <input type="text"/>	
106	How long have you been selling sex?	years <input type="text"/> <input type="text"/> months <input type="text"/> <input type="text"/>	
107	How long have you been selling sex in this city?	years <input type="text"/> <input type="text"/> months <input type="text"/> <input type="text"/>	
108	In the last 2 months, did you contact with customers in the same spot or in different spots	Same spot 1 2-3 spots 2 4 or more spots 3	
109	In the last 2 months, what are the places where you contacted with customers for sex work?  (Multiple Answers are possible, be sure)	Y N Street 1 2 Hotel 1 2 Residence 1 2 Park 1 2 Others (Specify).....	
110	Have you ever been doing sex outside of this city/town, within last 12 months?	Yes 1 No 2	→ 112
111	If yes, did you use condom during your last sex act outside of this city/town (last 12 months)?	Yes 1 No 2	
112	Have you ever been doing sex outside Bangladesh (other country), within last 12 months?	Yes 1 No 2 Have not gone outside country 3	→ 114
113	If yes, did you use condom during your last sex act outside the country (last 12 months)	Yes 1 No 2	
114	How many days did you have clients in last 7 days?	Days (in Number) <input type="text"/> <input type="text"/>	
115	What is your total income during last 30 last days?	Tk. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
116	What was your main source of income	Service 1	

SL. N.	Questions	Coding Categories	Indication
		Business 2 Badhai 3 Cholla 4 Small trade 5 Teaching 6 family 7 Sex Work 8 Blood selling 9 Rickshaw/Van 10 Others (Specify)-----	

### Section 2: Marriage and Partnership

SL. N.	Questions	Coding Categories	Indication
201	What is your current marital status?	Unmarried 1 Currently married 2 Separated 3 Divorced 4 Widower 5 No Response 6	
202	Are you currently living with a wife/ regular sex partner?	Yes 1 No 2	→ 301
203	Who is your regular partner with whom you are currently living?	Man 1 Woman 2 Hijra 3 Others (Specify)-----	

### Section: 3 Sexual Behaviors

#### Let's talk about anal sex with any partner

Q. N.	Questions and Filters	Coding Categories	Skip to
301	Did you use condom during last anal sex with a male/hijra sex partner in last 12 months?	Yes 1 No 2	

#### Let's talk about sex with new/casual sex partners in exchange of money (Not applicable for Badhai Hijra)

SL. N.	Questions	Coding Categories	Indication
302	Did you have sex with any new/casual clients in the past 7 days?	Yes 1 No 2 (Be sure if No)	→ 312
303	With how many new/casual clients have you had anal/oral sex within the last 7 days?	Number <input type="text"/>	
304	How many of these new/ casual clients (within the last 7 days) did you ask to use condom?	All of them 1 Some of them 2 None of them 3	
<b>Anal sex</b>			

SL. N.	Questions	Coding Categories	Indication
305	How many new/casual clients did you have anal sex within the past 7 days?	Number <input type="text"/> <input type="text"/>	→ 309 if 0
306	How many times did you have anal sex with new/casual clients within the last 7 days?	Number <input type="text"/> <input type="text"/>	
307	Did you use condom the last time (within the last 7 days) you had anal sex with a new/casual client?	Yes 1 No 2	
308	Of all these clients you have had anal sex with (within the last 7 days), how often did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	
<b>Oral sex</b>			
309	How many new/casual clients did you have oral sex with (up to ejaculation) within the last 7 days?	Number <input type="text"/> <input type="text"/>	→ 312 of 0
310	Did you use condom the last time (within the last 7 days) you had oral sex (up to ejaculation) with a new/casual client?	Yes 1 No 2	
311	Of all these clients you have had oral sex (up to ejaculation) with (within the last 7 days), how often did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	

### Let's now talk about your regular Male Partners

SL. N.	Questions	Coding Categories	Indication
312	Have any of your male partner in the past 7 days been regular partner?	Yes 1 No 2 (Be sure if No)	→ 322
313	With how many regular partners have you had sex within the last 7 days?	Number <input type="text"/> <input type="text"/>	
314	Did you use condom during last sex with a regular male partner within the last 7 days?	Yes 1 No 2	
<b>Anal sex</b>			
315	How many regular partners did you have anal sex within the past 7 days?	Number <input type="text"/> <input type="text"/>	→ 319 if 0
316	How many times did you have anal sex with regular partners within the last 7 days?	Number <input type="text"/> <input type="text"/>	
317	Did you use condom the last time (within the last 7 days) you had anal sex with a regular partner?	Yes 1 No 2	
318	Of all these partners you have had anal sex with (within the last 7 days), how often did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	
<b>Oral sex</b>			

SL. N.	Questions	Coding Categories	Indication
319	How many regular partners did you have oral sex with (up to ejaculation) within the last 7 days?	Number <input type="text"/> <input type="text"/>	→ 322 Of 0
320	Did you use condom the last time (within the last 7 days) you had oral sex (up to ejaculation) with a regular partner?	Yes 1 No 2	
321	Of all these partners you have had oral sex (up to ejaculation) with (within the last 7 days), how often did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	

### Now let's talk about sex with your Male Partners by giving money/gift

SL. N.	Questions	Coding Categories	Indication
322	Did you have sex with a man in the past 1 month, whom you gave money/gift to have sex with you?	Yes 1 No 2	→ 326
323	In the last 1 month, with how many different men you had sex, whom you gave money/gift to have sex with you?	Number <input type="text"/> <input type="text"/>	
324	In the last time (in the last 1 month) you gave money/gift for anal sex; did you use condom?	Yes 1 No 2	
325	Of all men you gave money/gift for sex in the last 1 month, how often did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	

### Let's now talk about your female (not hijra) sex partners

SL. N.	Questions	Coding Categories	Indication
326	Have you ever anal/veginal sex with a female (not hijra)?	Yes 1 No 2	→ 330
327	How many different females you have had anal/veginal sex in the last 12 months?	Number of Partners <input type="text"/> <input type="text"/>	
328	The last time (in the last 12 months) you had vaginal/anal sex with female, did you use a condom?	Yes 1 No 2	
329	Of all these females you have had vaginal or anal sex with in the past 12 months, how often did you use a condom?	Always (every time) 1 Sometimes 2 Never 3	

**Let's talk about group sex  
(Sex with more than 1 client at the same time)**

SL. N.	Questions	Coding Categories	Indication
330	Have you had sex in a group in the past 30 days?	Yes 1 No 2	→ 401
331	Last time (in the past 30 days) you had sex in a group, how many partners were there including you?	Person <input type="text"/> Number <input type="text"/>	
332	Last time (in the past 30 days) you had sex in a group, how many partners (including you) used condom?	Number <input type="text"/>	

**Section 4. Let's talk about Male Condom and Lubricant**

SL. N.	Questions	Coding Categories	Indication																																							
401	Which place or person have you obtained condoms from in the past 30 days?  <b>(Multiple responses are possible, be sure)</b>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>Never used Condom (Be sure)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DIC</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Shop</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Pharmacy</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Health facility</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Hotel/guest house</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Friends</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Clients</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Pimp</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NGOs worker</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Never bought condom</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others (Specify)-----</td> <td></td> <td></td> </tr> </tbody> </table>		Y	N	Never used Condom (Be sure)	1	2	DIC	1	2	Shop	1	2	Pharmacy	1	2	Health facility	1	2	Hotel/guest house	1	2	Friends	1	2	Clients	1	2	Pimp	1	2	NGOs worker	1	2	Never bought condom	1	2	Others (Specify)-----			→ 404 if 1
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402	Did you get condom every time you need in past 30 days?	Yes 1 No 2	→ 404																																							
403	If not, why did you not get condom every time you need?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>Cost too much</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Pharmacy/shop too far away</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Shy to buy condom</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Don't know where to obtain</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Don't want to carry them</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others (Specify) -----</td> <td></td> <td></td> </tr> </tbody> </table>		Y	N	Cost too much	1	2	Pharmacy/shop too far away	1	2	Shy to buy condom	1	2	Don't know where to obtain	1	2	Don't want to carry them	1	2	Others (Specify) -----																					
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404	Did you get lubricant every time you need in past 30 days?	Yes 1 No 2	→ 406																																							
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### Section 5: HIV and AIDS Knowledge

SL. N.	Questions	Coding Categories	Indication																				
501	Have you ever heard of HIV and AIDS?	Yes 1 No 2 (Be sure if says No)	<b>601</b>																				
502	Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partner?	Yes 1 No 2 Don't know 3																					
503	Can people reduce the risk of HIV and AIDS by using a condom correctly every time they have sex?	Yes 1 No 2 Don't know 3																					
504	Can a healthy-looking person have HIV and AIDS?	Yes 1 No 2 Don't know 3																					
505	Can a person get HIV and AIDS from mosquito bites?	Yes 1 No 2 Don't know 3																					
506	Can a person get HIV and AIDS by sharing a meal with someone who is infected by HIV?	Yes 1 No 2 Don't know 3																					
507	Can a person get HIV and AIDS by taking injection with a needle/syringe that was already used by someone else?	Yes 1 No 2 Don't know 3																					
508	Can a person get HIV and AIDS by avoiding multiple sexual partners?	Yes 1 No 2 Don't know 3																					
509	What do you do by yourself to avoid getting HIV and AIDS?  <b>(Multiple responses possible, be sure)</b>	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;"><u>Y</u></td> <td style="text-align: center;"><u>N</u></td> <td></td> </tr> <tr> <td>Nothing (Be sure)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>Wash genital area with Dettol or urine after sex</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>Always use condoms</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>Take medicine</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> </table>		<u>Y</u>	<u>N</u>		Nothing (Be sure)	1	2		Wash genital area with Dettol or urine after sex	1	2		Always use condoms	1	2		Take medicine	1	2		
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SL. N.	Questions	Coding Categories	Indication
		Avoid multiple sex partner 1 2 Avoid anal sex 1 2 Others (Specify).....	
510	From where did you receive the information about HIV and AIDS?  <b>(Multiple responses are possible, be sure)</b>	Y N DICs 1 2 Peer Educator/Outreach Worker 1 2 Counselor 1 2 Injecting partner 1 2 Sexual partner 1 2 TV/Radio/Poster/ Billboard 1 2 Other (specify) -----	

### Section 6 Prevalence of STIs and treatment seeking behaviors

SL. N.	Questions	Coding Categories	Indication
601	Have you ever heard of STD/STI?	Yes 1 No 2	→ <b>701</b>
602	Could you describe any symptom of disease that can be transmitted by having sex?  <b>(Multiple responses are possible, be sure)</b>	Y N Smelly anal discharge 1 2 Lower abdominal pain 1 2 Genital ulcer / sore 1 2 Sore in the mouth 1 2 Wart 1 2 Smelly urethral discharge 1 2 Other (Specify).....	
603	Did you have any of the above problems (within last 12 months) as you mentioned above?	Yes 1 No 2	→ <b>701</b>
604	If yes, did you take any treatment or consultation?	Yes 1 No 2	→ <b>701</b>
605	If yes, where from did you take treatment/ advice?  <b>(Multiple responses are possible, be sure)</b>	Y N DIC 1 2 pharmacy 1 2 Government Hospital 1 2 Private Doctor 1 2 Private Clinic/Hospital 1 2 NGO clinic 1 2 Traditional Treatment 1 2 Friends 1 2 Self-medication 1 2 Other (Specify)-----	
606	How many days did you take to seek treatment after onset of the symptom?	Days ..... <input type="text"/> <input type="text"/>	

### Section 7. General health seeking behaviour

SL. N.	Questions	Coding Categories	Indication
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SL. N.	Questions	Coding Categories	Indication																																				
701	Where did you seek advice or treatment last time you had any general health problem like fever, cough, diarrhea, chest pain, etc. (other than STIs)?  <b>(Multiple responses possible, be sure)</b>	<table border="0"> <tr> <td></td> <td style="text-align: right;">Y</td> <td style="text-align: right;">N</td> </tr> <tr> <td>Didn't go anywhere</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Consulted with doctor (MBBS)</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Consulted doctor/Paramedic in DIC</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Consulted with kobiraj/hekim</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Consulted with homeopath doctor</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Self-medication</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Consulted with local medicine seller</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Treatment from govt. hospitals</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Treatment from private clinics</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Treatment from NGO-run clinics</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Others (Specify)-----</td> <td></td> <td></td> </tr> </table>		Y	N	Didn't go anywhere	1	2	Consulted with doctor (MBBS)	1	2	Consulted doctor/Paramedic in DIC	1	2	Consulted with kobiraj/hekim	1	2	Consulted with homeopath doctor	1	2	Self-medication	1	2	Consulted with local medicine seller	1	2	Treatment from govt. hospitals	1	2	Treatment from private clinics	1	2	Treatment from NGO-run clinics	1	2	Others (Specify)-----			
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### Section 8 HIV Testing & Counseling (HTC) and other services

SL. N.	Questions	Coding Categories	Indication												
801	Do you know a place where people can go for HIV testing?	<table border="0"> <tr> <td>Yes</td> <td style="text-align: right;">1</td> </tr> <tr> <td>No</td> <td style="text-align: right;">2</td> </tr> </table> (Be sure, if say No)	Yes	1	No	2	→ 901								
Yes	1														
No	2														
802	I don't want to know the result, have you been ever tested to see if you have HIV?	<table border="0"> <tr> <td>Yes</td> <td style="text-align: right;">1</td> </tr> <tr> <td>No</td> <td style="text-align: right;">2</td> </tr> </table>	Yes	1	No	2	→ 804								
Yes	1														
No	2														
803	If No, why did you not go for HIV testing?	<table border="0"> <tr> <td>Due to fear</td> <td style="text-align: right;">1</td> </tr> <tr> <td>I don't want that other know my HIV status</td> <td style="text-align: right;">2</td> </tr> <tr> <td>HTC center is far away</td> <td style="text-align: right;">3</td> </tr> <tr> <td>Others (Specify)-----</td> <td></td> </tr> </table>	Due to fear	1	I don't want that other know my HIV status	2	HTC center is far away	3	Others (Specify)-----		} 901				
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804	When was the last time you were tested?	<table border="0"> <tr> <td>Within 12 months</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Within 13 – 24 months</td> <td style="text-align: right;">2</td> </tr> <tr> <td>More than 2 years ago</td> <td style="text-align: right;">3</td> </tr> </table>	Within 12 months	1	Within 13 – 24 months	2	More than 2 years ago	3	} 901						
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805	Within last 12 months, how many times you were tested?	Number <input type="text"/> <input type="text"/>													
806	Where was the test done?	<table border="0"> <tr> <td>DIC</td> <td style="text-align: right;">1</td> </tr> <tr> <td>HTC Centre</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Government Hospital</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Private laboratory</td> <td style="text-align: right;">3</td> </tr> <tr> <td>NGO run Clinic</td> <td style="text-align: right;">4</td> </tr> <tr> <td>Other (Specify) .....</td> <td></td> </tr> </table>	DIC	1	HTC Centre	2	Government Hospital	2	Private laboratory	3	NGO run Clinic	4	Other (Specify) .....		
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807	Did you get the result of the test?  <b>(I don't want to know the result)</b>	<table border="0"> <tr> <td>Yes</td> <td style="text-align: right;">1</td> </tr> <tr> <td>No</td> <td style="text-align: right;">2</td> </tr> </table>	Yes	1	No	2									
Yes	1														
No	2														

## Section 9: Exposure to intervention DIC and Outreach

SL. N.	Questions	Coding Categories	Indication																																																																														
901	Have you ever participated in any NGO-run AIDS prevention program?	Yes 1 (Be sure if No) No 2	→ 1001																																																																														
902	If Yes, how long you participated in HIV and AIDS prevention Program	Years <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/>																																																																															
903	What are the services you received from DIC and outreach within last 12 months?  <b>(Multiple answer possible, be sure)</b>	<p><b>DIC Services:</b></p> <table> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>Received no service from DIC (Be sure)</td> <td>1</td> <td>2</td> </tr> <tr> <td>Condom</td> <td>1</td> <td>2</td> </tr> <tr> <td>Lubricant</td> <td>1</td> <td>2</td> </tr> <tr> <td>Treatment of STI</td> <td>1</td> <td>2</td> </tr> <tr> <td>Treatment of Abscess</td> <td>1</td> <td>2</td> </tr> <tr> <td>HIV test and results</td> <td>1</td> <td>2</td> </tr> <tr> <td>TB-DOTs</td> <td>1</td> <td>2</td> </tr> <tr> <td>ART support</td> <td>1</td> <td>2</td> </tr> <tr> <td>OST</td> <td>1</td> <td>2</td> </tr> <tr> <td>Counseling on (HTC)</td> <td>1</td> <td>2</td> </tr> <tr> <td>Rest and Recreation</td> <td>1</td> <td>2</td> </tr> <tr> <td>BCC/Education session</td> <td>1</td> <td>2</td> </tr> <tr> <td>Others (Specify).....</td> <td></td> <td></td> </tr> </tbody> </table> <p><b>Referral Services:</b></p> <table> <tbody> <tr> <td>Complicated STI</td> <td>1</td> <td>2</td> </tr> <tr> <td>Complicated Abscess</td> <td>1</td> <td>2</td> </tr> <tr> <td>TB-DOTs</td> <td>1</td> <td>2</td> </tr> <tr> <td>ART support</td> <td>1</td> <td>2</td> </tr> <tr> <td>Others (Specify)-----</td> <td></td> <td></td> </tr> </tbody> </table> <p><b>Outreach Services:</b></p> <table> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>No service received from outreach (Be sure)</td> <td>1</td> <td>2</td> </tr> <tr> <td>Condom demonstration and distribution</td> <td>1</td> <td>2</td> </tr> <tr> <td>Lubricant distribution</td> <td>1</td> <td>2</td> </tr> <tr> <td>Discussion on HTC</td> <td>1</td> <td>2</td> </tr> <tr> <td>BCC/IEC session (one to one and group education session)</td> <td>1</td> <td>2</td> </tr> <tr> <td>Others (Specify)-----</td> <td></td> <td></td> </tr> </tbody> </table>		Y	N	Received no service from DIC (Be sure)	1	2	Condom	1	2	Lubricant	1	2	Treatment of STI	1	2	Treatment of Abscess	1	2	HIV test and results	1	2	TB-DOTs	1	2	ART support	1	2	OST	1	2	Counseling on (HTC)	1	2	Rest and Recreation	1	2	BCC/Education session	1	2	Others (Specify).....			Complicated STI	1	2	Complicated Abscess	1	2	TB-DOTs	1	2	ART support	1	2	Others (Specify)-----				Y	N	No service received from outreach (Be sure)	1	2	Condom demonstration and distribution	1	2	Lubricant distribution	1	2	Discussion on HTC	1	2	BCC/IEC session (one to one and group education session)	1	2	Others (Specify)-----			
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904	What benefits you have got from the services (in last 12 months) you received from DIC and Outreach?  <b>(Multiple answer possible, be sure)</b>	<table> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>Nothing benefited (Be sure)</td> <td>1</td> <td>2</td> </tr> <tr> <td>Helped to change behavior</td> <td>1</td> <td>2</td> </tr> <tr> <td>Learnt about HIV/AIDS/STI</td> <td>1</td> <td>2</td> </tr> <tr> <td>Learnt about Safe sex and correct use condom</td> <td>1</td> <td>2</td> </tr> <tr> <td>Information was not easily understandable</td> <td>1</td> <td>2</td> </tr> <tr> <td>Others (Specify)-----</td> <td></td> <td></td> </tr> </tbody> </table>		Y	N	Nothing benefited (Be sure)	1	2	Helped to change behavior	1	2	Learnt about HIV/AIDS/STI	1	2	Learnt about Safe sex and correct use condom	1	2	Information was not easily understandable	1	2	Others (Specify)-----																																																												
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SL. N.	Questions	Coding Categories	Indication
905	Within last 12 months did you get required number of condom from the DIC/peer educators/outreach workers?	Yes 1 No 2	→ 907
906	If not, how did you get condom at the time of requirement?  <b>(Multiple answer possible, be sure)</b>	<u>Y</u> <u>N</u> Bought Condoms 1 2 From Pharmacy 1 2 From depot (Where condoms are kept) 1 2 Borrowed condoms from others 1 2 From male sex partner 1 2 Borrowed from friends 1 2 Others (Specify).....	
907	Within last 12 months did you get required Quantity of lubricant from the DIC/peer educators/outreach workers?	Yes 1 No 2	→ 909
908	If not, how did you get lubricant at the time of requirement?  <b>(Multiple answer possible, be sure)</b>	<u>Y</u> <u>N</u> Bought 1 2 From depot (Where lubricant is kept) 1 2 Borrowed from others 1 2 From male sex partner 1 2 Borrowed from friends 1 2 Others (Specify).....	
909	During the last 3 months have you participated in the Condom demonstration and distribution program, BCC/awareness sessions (one to one/group) at outreach?	Yes 1 No 2	→ 911
910	If Yes, how many times you participated?	Number <input type="text"/> <input type="text"/>	
911	Did the Peer Educator/Outreach Worker meet with you at the Spot/outreach in last 7 days?	Yes 1 No 2 I did not visit spot that time 3	} 913
912	If yes, how many times have met with you?	Number <input type="text"/> <input type="text"/>	
913	Did the Peer Educator/Outreach Worker meet with you at the Spot/outreach in last 30 days?	Yes 1 No 2 I did not visit spot that time 3	} 915
914	If yes, how many times have met with you?	Number <input type="text"/> <input type="text"/>	
915	Did you visit DIC/NGO clinic in the last 3 months?	Yes 1 No 2	→ 1001
916	If yes, how many times did you visit DIC in the last 3 months?	Many Times, 1 Some Times 2 Never 3 Don't know about DIC 4 Others (Specify).....	

### Section 10: Violence, stigma and discrimination

SL. N.	Questions	Coding Categories	Indication																											
1001	In past 12 months, were you ever beaten or otherwise physically tortured due to a Hijra?	Yes 1 No 2	→ 1004																											
1002	If yes, how many times in last 12 months you were beaten or physically tortured?	Number <input type="text"/> <input type="text"/>																												
1003	Who was the person (or people) responsible for violence against you in the last 12 months? <b>(Multiple answer possible, be sure)</b>	<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;"><u>Y</u></td> <td style="text-align: center;"><u>N</u></td> </tr> <tr> <td>Law enforcing agency</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Mastan</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Local people</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Drug control people</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Detective Branch people</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Drug peddler</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Cilent</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others Specify) -----</td> <td></td> <td></td> </tr> </table>		<u>Y</u>	<u>N</u>	Law enforcing agency	1	2	Mastan	1	2	Local people	1	2	Drug control people	1	2	Detective Branch people	1	2	Drug peddler	1	2	Cilent	1	2	Others Specify) -----			
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Others Specify) -----																														
1004	Have you ever been arrested during past 12 months?	Yes 1 No 2	→ <b>1008</b>																											
1005	If yes, was it for being a Hijra?	Yes 1 No 2	→ <b>1008</b>																											
1006	After arrested or harassed, did you reported/informed anyone?	Yes 1 No 2	→ <b>1008</b>																											
1007	If yes, did you get any support from anyone?	Yes 1 No 2																												
1008	Have you ever sent to jail/vagrant homes?	Yes 1 No 2																												
1009	In the past 12 months, have you avoided treatment or did not get treatment after going to hospital or any health care center, due to stigma and discrimination?	Yes 1 No 2 Did not give identity 3																												

**Thank you for supporting us by providing information in this survey**

Name and Signature of Interviewer..... Date...../.....

Name and Signature of Supervisor..... Date...../.....