

**INTEGRATED BEHAVIOURAL AND BIOLOGICAL ASSESSMENT (IBBA)
Round 2 (2009)**

FEMALE SEX WORKERS (FSWs)

INTERVIEWERS' MANUAL

September 2008

INTEGRATED BEHAVIOURAL AND BIOLOGICAL ASSESSMENT (IBBA)

Purpose of this manual

This manual is provided with detailed guideline for conducting behavioural interviews with Female Sex Workers (FSWs) in the IBBA. It is a part of the Field Manual for the IBBA. It outlines procedures for conducting the interview including the role of the interviewer, explanations of questions and response categories, methods to fill in answers, good interviewing skills, and a description of responsibilities during the interviews.

What is the Integrated Behavioural and Biological Assessment (IBBA)?

The Bill & Melinda Gates Foundation (BMGF) is implementing interventions among high risk groups in six states (Andhra Pradesh, Tamil Nadu, Karnataka, Maharashtra, Manipur and Nagaland) and national highways under the Avahan India AIDS Initiative. The project is being implemented in close collaboration with National AIDS Control Organization (NACO) and State AIDS Control Societies (SACS) and will provide valuable information as feed back to strengthen the National AIDS Control Program in India.

The IBBA has been developed to help Avahan assess the impact of the interventions in the state. One of the main objectives of Avahan is to enable the states to gain better understanding about the levels of HIV and STI and risk behaviours among intervention groups. Information collected through the IBBA would help them to strengthen their intervention programs in the states and also provide data to project trends for the future.

The first round of IBBA was conducted in six HIV high prevalence states across 29 districts during 2005 to 2007.

What are the key features of the IBBA?

- Participation is entirely voluntary;
- No name will be collected to ensure anonymity;
- There is no reason why a respondent have been selected; selection is completely random;
- A person may decide not to take part or to leave the assessment at any time;
- Not taking part or deciding to leave will not affect the services that one receives in the community;
- An individuals behavioural and biological information collected will not be shared with any programme staff or other community members. (Data will be analysed for the survey group as a whole);
- Harm minimization, ethical protocols and safety measures will be taken to protect the participant's rights;
- Participants can obtain their syphilis test results and free medicine for the same, if needed, from the referral clinic and will be provided with transport cost; and
- Referrals for VCCTC would be made available.

What are the Benefits of IBBA?

Those participating in IBBA will be helped by this assessment because:

- Participants will be treated for existing STIs;

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- Participants will be able to get their syphilis test results and free treatment if needed;
 - Participants will also learn about sexual infections including HIV, and ways to prevent these infections; and
 - The information learned from this assessment will help with the planning of HIV/STI prevention programs in India

SURVEY POPULATION

IBBA is carried out in five population groups: female sex workers (by sex work type based on place of solicitation: brothel, lodge/dhaba, service bar and public places), Men having sex with Men (MSM), Hijras, Clients of female sex workers and Injecting Drug Users (IDUs).

The eligibility criteria for a female sex worker is any woman 18 years or older who has practiced sex work (for cash) in the last month, and is identified in the solicitation sites selected for the survey. The sites include brothels, lodges, homes, dhabas, service bars and public places. The types of sex workers are distinguished by the place of solicitation.

TYPES OF BEHAVIOURAL AND BIOLOGICAL INDICATORS

Behavioral Indicators/Questionnaire

The standardized behavioral questionnaires for the different sub-groups will be used in the survey. Care is taken to ensure that the data needed for the impact modeling exercise are also gathered in the surveys. The information that will be obtained using the behavioral questionnaire will include:

- Sexual risk behavior including number and type of sex partners (“commercial”, “regular” & “non-regular”);
- Condom use with different types of sex partners;
- Other practices related to condom use and safe sex;
- Knowledge of STIs and STI care-seeking behaviors;
- Knowledge and attitudes toward HIV/AIDS;
- Drug & substance use (including injecting & needle sharing);
- Mobility & migration patterns influencing sexual behavior;
- Perception of HIV & STI risk; AND
- Exposure to Avahan & other HIV/AIDS prevention interventions.

Biological Indicators

- STI prevalence: Gonorrhoea, Chlamydia, Syphilis, and Herpes Simplex Virus – 2 (Herpes will be conducted on 10% of the overall sample);
- HIV prevalence; and
- HIV incidence (BED-CEIA validated for Indian sub-type C).

CONSENT PROCEDURES

A detailed and standardized consent process will be conducted for each respondent. The consent process will be either written consent where the respondent puts her signature on the consent form or a witnessed consent where a witness certifies that the consent was sought and the respondent has agreed to participate in the survey.

The purpose of the survey and the procedures of the survey will be explained in simple and understandable terms in the local language. The potential participants will be informed that all information and discussions will remain confidential, their participation is voluntary, they may refuse to answer any questions and that they may leave the survey at any time. They will also

be informed that their non-participation will not affect whether they can access services. The interviewer should ensure that the respondent understands the survey purpose, activities and their rights before giving consent. The respondent is expected to make the following statement;

I want to participate in the study by my own free will and am willing to (Circle number/s that is accepted);

1. Answer the questionnaire
2. Consult the study doctor
3. Provide blood, urine and if necessary, swabs from genital ulcer bases
4. All 1+2+3

I have been offered a copy of my consent form and (Circle number that is accepted);

1. I want a copy of my consent form
2. I don't want a copy of my consent form

Date: _____

Participant's name: _____

Signature: _____

Name of the Witness: _____

Witness signature: _____

Biological specimen will not be collected from those who refuse or don't complete behavioural part.

Composition of Field Team and Responsibility of Field Team Members

Interviewers

Interviewers should have the following at the venue:

- 10 blank questionnaires;
- A blue ball-point pen;
- 10 blank consent forms;
- Set of IBBA ID stickers (enough for 10 interviews);
- A packet of condoms (condoms similar to the ones that are distributed in the local program);
- If a unique object was distributed to the survey group as part of the size estimation activity, the interviewer should have a sample of the same object during the interview;
- Logo and health card (if used) of the Avahan programme/clinic in the district (for Exposure section of interview);
- Letter of introduction (from research agency/ICMR institute);
- Contact information for survey team members; and
- Identify card of the interviewer.

Roles and responsibilities of interviewers

The interviewer is roles and responsibilities include the following:

- Building rapport with respondents;
- Bringing the respondent to a private space for interview;
- Administering the consent form;
- Ensuring that respondents understand the survey procedures, risks and benefits and that witnessed, voluntary consent is taken before the interview starts;
- Administering the questionnaire to all consenting respondents, in a non-judgmental manner, irrespective of whether they agree to give biological sample/s or not;
- Filling the questionnaires in pen during the interview ONLY;
- Ensuring accurate ID number on the consent form and questionnaire;
- Ensuring that the interview is private and that information remains confidential;
- Involving the community liaison and/or supervisor in areas where there are problems;
- When the interview is complete, escort or ensure that the respondent is escorted to the biological site for treatment, testing, referrals or doctors check-up if the respondent did not consent to biological data collection;
- Reporting to the supervisor; and
- Any other activities as needed.

GENERAL INSTRUCTIONS FOR INTERVIEWING USING THE IBBA QUESTIONNAIRE

Building Rapport and Conducting an Interview

Successful interviewing is an art and should not be treated as a mechanical process. Each interview is a new source of information, so make it interesting and pleasant. The art of interviewing develops with practice but there are certain basic principles, which are followed by every successful interviewer.

In this section you will find a number of general guidelines on how to build rapport with a respondent and conduct a successful interview

Building Rapport with the Respondent

The interviewer and the respondent are strangers to each other and one of the main tasks of an interviewer is to establish rapport. The respondent's first impression of you will influence her willingness to participate in the study and to answer questions comfortably. Be sure that your appearance is neat and your manner friendly as you introduce yourself and introduce the study objectives.

1. Respect the respondent

It is important that you respect the respondents and feel comfortable to interact with them. You need to overcome your prejudices, if any, regarding the respondents for this study. This is crucial for building rapport and having a successful interview. If the interviewer has any apprehensions, these should be addressed with the supervisor.

2. Always have a positive approach

Never adopt an apologetic manner, and do not use words such as "Are you too busy?", "Would you spare a few minutes?" or "Would you mind answering some questions?" Such questions invite refusals before you start. Rather tell the respondent, "I would like to ask you a few questions" or "I would like to talk with you for a few moments."

3. Stress confidentiality of responses when necessary

If the respondent is hesitant to participate in the interview or asks what the data will be used for, explain that the information you collect will remain confidential, and that the information will only be analyzed after combining all of the data. The respondent should know that there is no way to link their responses to them as their participation is anonymous (their name, address, etc is not recorded). Data will be used to understand risks for HIV and to plan programs for preventions. Questionnaires are confidential – the interviewer should not discuss the interview with anyone. Questionnaires can only be shown to supervisors if the interviewer has doubts; this can be done during the interview itself after informing the respondent of the same.

4. Answer any questions from the respondent honestly

Before agreeing to be interviewed, the respondent may ask you some questions about the study or how she/he was selected to be interviewed. Describe in simple terms the process of selection of respondents adopted in the study. The interviewer should also explain how the information given by the respondent is important for the study and how it will be used. Be direct and pleasant when you answer. However, if the respondent asks questions about

correct knowledge about STD/HIV/AIDS, tell her/him that these questions will be answered after completion of the interview.

The respondent may also be concerned about the length of the interview. If the respondent asks tell her/him that the interview may take approximately half an hour.

5. Interview the respondent alone

The presence of a third person during an interview can keep the interviewer from getting frank and honest answers from the respondent. It is therefore important that the respondent be interviewed privately and that all questions are answered by her/him. Make sure that before you start the interview and during the interview you are alone with the respondent. Request any other person present to let you conduct the interview in privacy. Never conduct an interview in a group, where the others present start answering your questions on behalf of the respondent.

In case, during the interview, there is a disruption by the arrival of another person, pause the interview, and resume the interview after making sure that you are once again alone with the respondent.

Tips in conducting the Interview

1. Understand the Questionnaire

Ensure that you understand the exact purpose of each question and how to fill the responses.

2. Be neutral throughout the interview

Most people are polite and will tend to give answers that they think you want to hear. It is therefore very important that you remain absolutely neutral as you ask the questions. Never, either by expression on your face or by the tone of your voice, allow the respondent to think that s/he has given the "right" or "wrong" answers to the question. Never appear to approve or disapprove of any of the respondent's replies.

The questions should be carefully worded to be neutral. They should not suggest that one answer is more likely or preferable to another answer.

If the respondent gives an ambiguous answer, try to probe in a neutral way, asking questions such as:

"Can you explain a little more?"

"I did not quite hear you, could you please tell me again?"

"There is no hurry. Take a moment to think about it."

3. Never suggest answers to the respondent

If a respondent's answer is not relevant to a question, do not prompt her by saying something like *"I suppose you mean that....Is that right?"* In many cases, the respondent will agree with your interpretation of her/his answer, even if that is not what she meant. Rather you should probe in such a manner that the respondent herself comes up with the relevant answer. You should never read out the list of coded answers to the respondent (unless specified in the questionnaire), even if she has trouble in answering.

4. Do not change the wording or sequence of questions

Ask the questions exactly as they are written in the questionnaire. Even small changes in wording can alter the meaning of a question. Their sequence in the questionnaire must be maintained. If the respondent has misunderstood the question, you should repeat the question slowly and clearly. If the question is still not understood, you may reword the question, being careful not to alter the meaning of the original question. Provide only the minimum information required to get an appropriate response.

5. Handle hesitant respondents tactfully

There will be situations where the respondent simply says "I DON'T KNOW", or gives an irrelevant answer, acts very bored or detached, contradicts something she already said, or refuses to answer the question. In these cases you must try to re-interest the respondent in the conversation. Nevertheless, respondents have the right to choose not to answer certain questions or to discontinue the interview at any point in time.

6. Do not form expectations

You must not form expectations as to the knowledge and perception of the respondents. Also do not have expectations in terms of the surrounding in which you will be interviewing. Your expectations, and the fear or awe generated by these expectations would negatively affect the process and outcome of the interview.

On the other hand, remember that differences between you and the respondent can influence the interview. The respondent, believing that you are different from her, may be hesitant to talk to you or dominate the interview. You should always behave and speak in such a way that the respondent thinks that she can share her knowledge and experience with you and is comfortable talking to you.

7. Do not hurry the interview

Ask the questions slowly to ensure the respondent understands what she is being asked. After you have asked a question, pause and give the respondent time to think. If the respondent feels hurried or is not allowed to formulate answers, you may get a response in the form of "I DON'T KNOW" or get an inaccurate answer. If you feel that the respondent is answering without thinking, just to speed up the interview, say to the respondent, *"There is no hurry. Your answer is very important so consider your answers very carefully."*

8. Do not "read" questions from the questionnaire

The interview should be conversational. If you ask the questions to a respondent without looking at her or if you bury your face in the survey questionnaire and ask questions, you may not elicit co-operation and correct responses from the respondent. Hence it is essential that you are totally familiar with the questions, their correct sequence and wordings, so that you do not spend much of your time determining which question to ask, staring at the questionnaire or trying to figure out how to record the responses. Looking at the respondent while interviewing also helps in establishing good rapport with the respondents.

9. Ask all the questions

Ask all the questions, even if the respondent answers two questions at once. You can explain that you must ask each question individually, or say, 'Just so that I am sure...' or 'Just to refresh my memory...' and then ask the question.

10. Do not leave a question unanswered

Do not leave a question unanswered unless you have been instructed to skip the question. Questions left in blank are difficult to deal with later.

General Procedures for Completing Questionnaires

To effectively collect the information needed by this study, you must understand how to ask each question, what information the question is attempting to collect and how to handle problems which might arise during the interview. You must also know how to correctly record the answers the respondent gives and how to follow special instructions in the questionnaire.

There are five different types of questions (explanation for each type will come subsequently):

- Open-ended descriptive response;
- Numerical response;
- Pre-coded: option – single choice (e.g. yes, no questions);
- Pre-coded: spontaneous response – multiple choice; and
- Pre-coded: probe type – multiple choice.

Wherever there are pre-coded choices make a circle against the most appropriate choice/s. If in doubt, note down the entire response, which can be coded later.

Lines are for writing in! Whenever there are blank lines along with a coded variable, please write any additional information that the respondent gives you.(e.g. option "other" write in verbatim whatever respondent has answered.)

1. Language of interview

The questionnaire is bilingual: the questions are in both English and regional language. If the respondent prefers to have interview in a language other than (spoken) regional, inform the supervisor about the same and receive further instructions.

2. Follow instructions

Instructions on when to skip questions, read answers, or when multiple options can be given are indicated in the questionnaire itself to assist the interviewer. These instructions should be followed for all the questions where indicated.

- *Skip instructions*

It is important not to ask respondents questions which are not relevant to her situation. For example, a respondent who is illiterate should not be asked what is the highest grade she has completed. In cases where a particular response makes subsequent questions irrelevant, an instruction is given (in the form of an arrow followed by the section/question number) in the questionnaire directing you to skip to the next appropriate question. It is important that you follow skip instructions carefully.

Example: In BLOCK III of the questionnaire, question 2 has a skip instruction:

#	Question	Answers	Codes	Skip to	Code Boxes
302.	Can you read and write? ENTER ‘NO’ IF ‘CANNOT READ AND WRITE’ OR ‘CAN READ’ ONLY	Yes No	01 00	▶ 304	<input type="checkbox"/> <input type="checkbox"/>

• *Filters*

Filters are instructions which tell you to go back to a previous question and based on those responses; apply the filter which will direct you to continue with the next question or to skip to some other question. The filters are not numbered.

Example: In Section VIII of the questionnaire, there is a filter after question 806 which instructs the interviewer to check the responses to the previous three questions and follow the skip instructions:

	STOP INTERVIEW CHECK for Number of symptoms in Q804, Q805 AND Q806 AND MARK	Only one symptom	01	▶ 808	<input type="checkbox"/> <input type="checkbox"/>
		More than one symptom	02		
		No symptoms	03	▶ 813	

3. Recording the responses

In the survey, all interviewers will use blue ball-point pens to complete the survey questionnaire. All figures should be written using international numerals, like 1,2,3..... and regional numerals should not be used.

Most of the questions in the questionnaire have pre-coded responses. To record a respondent's answer you merely circle the code against the response category in the corresponding cell in the questionnaire. There are two types of questions with pre-coded responses: questions for which only one response is to be recorded and questions for which more than one response needs to be recorded. The coding categories for questions which require only one response is to be recorded have numerals as codes.

Example of a single response: Question 407 in BLOCK IV:

407	Have you ever practiced sex work in Mumbai?	No	00	<input type="checkbox"/> <input type="checkbox"/>
		Yes	01	
		Currently in Mumbai	95	
		Don’t know	98	
		No answer	99	

The coding categories for questions which will allow for multiple responses to be recorded, may have numerical codes where interviewers can “select all that apply” or alphabets as codes. These questions also have instructions to record the responses.

Example of multiple response question: Question 515 in BLOCK V.

515	What did you receive these injections for? DO NOT READ RESPONSES MULTIPLE RESPONSES POSSIBLE. PROBE FOR HIV/AIDS	Weakness/Anemia	01	<input type="checkbox"/> <input type="checkbox"/>
		Heart disease	02	
		Diabetes	03	
		Other Chronic Illness	04	
		Body Ache	05	
		Fever/Infection	06	
		HIV/AIDS	07	
		Other (Specify)	97	
		Don’t know/Don’t remember	98	
		No answer	99	

In some cases, the pre-coded responses will include an “other” category. The interviewer should specify what the respondent says in the line next to “other” if the respondent’s answer is different from any of the pre-coded responses listed for the question. When you enter the code “other” for a particular question, you must always write the respondent’s answer in the space provided. If you need more room, use the margins in the questionnaire.

Example of a question with an “other category”: Question 304 in BLOCK III:

304.	Apart from sex work, what other work do you do to earn income? DO NOT READ RESPONSES CIRCLE ONLY ONE	None	01	<input type="text"/> <input type="text"/>
		Non-agricultural labor	02	
		Petty business	03	
			04	
		Maid servant	05	
		Agricultural labor	06	
		Artisan/Handicrafts	97	
		Others (Specify)	99	
		No answer		

For questions where no pre-coded response categories are provided, the interviewer will enter the information as required by the question in the corresponding space.

Example of a question without pre-coding: Question 303 in BLOCK III:

303.	What is the highest grade you have completed?	Highest grade completed _____			<input type="text"/> <input type="text"/>
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In some cases, the number of boxes provided might be more than the number of digits in which the answer is given. For the question in the above example, if the response is 3, record grade as ‘03’. You need to add leading zeroes in such cases.

For some other questions, before you record the numerical response, you will have to choose the unit in which the response is recorded (e.g. months, years, etc.).

Structure of the Questionnaire

The IBBA questionnaire for FSWs has the following parts:

Introduction

Block I:	Interview Information and consent status
Block II:	Editing and Data Entry
Block III:	Demographic Characteristics
Block IV:	Sex Work and Migration
Block V:	Condom and Injection Practice
Block VI:	Sexual History and Sex Work
Block VII:	Non-Commercial Sexual Partners
Block VIII:	Self-Reported Sexually Transmitted Infections (STIs)
Block IX:	Knowledge of HIV/AIDS and its Prevention
Block X:	Exposure to intervention
Block XI:	Community mobilization

Notes

Read carefully this section of the manual to understand why a particular question is included in the questionnaire, how to ask the question, and how to record the response. Any doubts or concerns should be discussed with the supervisor.

INSTRUCTIONS FOR EACH SECTION OF THE QUESTIONNAIRE

INTRODUCTION

Questionnaire ID:

The interviewer should stick an IBBA ID sticker onto the top of the questionnaire. The ID number should be the same as the one used in the consent form. The ID number should be unique and only used for this respondent. The interviewer should keep the rest of the stickers with herself until completion of the interview when they will go with the respondent as they move to the biological portion of the study.

NOTE TO INTERVIEWERS

The interviewer should follow the instructions listed on the first page of the questionnaire for filling Blocks I and II. The interviewer will fill Q101 through 110 and Q114. Q111, Q112, Q113, Q115 and Q201 will be filled by the supervisor after completion of participation. Q202, Q203, Q204 and Q205 will be filled by the data management group.

BLOCK I: INTERVIEW INFORMATION AND CONSENT STATUS

Q 101: Name and code of locale:

You will be given a list of selected PSUs (Primary Sampling Unit, in this case the clusters) along with the codes corresponding to each cluster. The supervisor should inform the interviewers of the cluster number where the survey is being conducted at that time. The interviewer should fill this information; in case of any doubt consult supervisor.

Q102: Name of State:

Circle the code corresponding to the name of the state where the interview is taking place.

Q103: Name of District:

Record the name of the district where the interview is taking place. Coding will be done by the data management group later.

Q104: Name of City/Town/Village:

Record the name of the city/town/village where the IBBA is carried out. Coding will be done by the data management group later.

Q105: Group:

Record the code associated with the type of group the respondent belongs. The different type of group of FSW is provided in the coding categories. The supervisor will inform the interviewer of the group that should be filled according to the survey that is being carried out.

Q106: Type of locale:

Record the code associated with the type of location the respondent was selected. The different type of location is provided in the coding categories. The supervisor will inform the interviewer of the type of locale that is being covered on that day. In case of any doubt, consult with the supervisor. Locales include brothels, street, dhaba, etc. If the type of locale is not pre-coded, the interviewer should circle '97' for Others and specify the type of locale.

Q107: Date of Interview:

Record the date, month and year (2 digits, each, use a leading zero if needed) on which the respondent was interviewed. For example, if the interview is conducted on September 10, 2008, the interviewer should record: "10/09/08". The format should be date/month/year.

Q 108: Name and code number of interviewer:

The interviewer should fill her name and her assigned code number.

Q109: Did you participate in the IBBA in 2005/2006/2007?

The first round of the IBBA was conducted between 2005 – 2007. This study is the second round of the same surveys. Participants will be asked if they participated in previous IBBA surveys as this may be useful in analysis. If a respondent does not know or does not remember, circle 98.

Q110: Consent Status

Record the consent status of the respondent by circling codes corresponding 1 to 4. Interviews are only conducted on people that consent for . Circle the code 2 if consent is given only for behavioural part. Circle code 3 if consent is given for both behavioural and biological part of the survey. If the respondent has already participated in IBBA ROUND 2 (not the IBBA conducted in 2005/2006/2007), then the interview should not continue and the interviewer should report the same to the supervisor.

****THE NEXT FIVE QUESTIONS IN THIS SECTION SHOULD BE FILLED-IN AFTER COMPLETING THE INTERVIEW (FOR THOSE WHO HAVE GIVEN CONSENT) OR AFTER THE CONSENT PROCESS (FOR THOSE WHO HAVE NOT CONSENTED FOR INTERVIEW).****

Q 111: Completion status: Behavioural:

The supervisor will fill this question. Record the overall result of the interview.

- Circle '1' if the interview is complete.
- Circle '2' if the interview was not completed for any reason (e.g. the respondent may discontinue the survey at any point)

Q112: Completion status: Biological:

The supervisor will fill this question after completion of participation.

- Circle '1' if blood (venous) only is taken.
- Circle '2' if urine sample only taken
- Circle '3' if both blood and urine sample taken.
- Circle '4' if neither blood or urine was taken

Q113: Genital Swab Collection:

The supervisor will fill this question after completion of participation.

- Circle '1' if swab has been collected
- Circle '2' if swab has NOT been collected

Q114: Language of interview:

This will be filled by the interviewer. Circle the code corresponding to the language in which the interview was conducted.

- 01: Bengali
- 02: English
- 03: Hindi
- 04: Kannada
- 05: Marathi
- 06: Tamil
- 07: Telugu
- 08: Nagamese
- 97: Others

If '97' is circled, the interview should specify the language in which the interview took place.

Q115: Respondent follow-up:

The supervisor will fill this question after completion of participation.

Part 'a' refers to whether the respondent received compensation. Respondents are given compensation after completing their participation in the survey. Respondents will receive the same amount of compensation regardless of whether they take part in the interview or take part in the interview and give biological samples.

Part 'b' addresses whether the respondent was informed about where they can receive their syphilis test results. The respondent should have also received the referral card with their ID number and date to collect syphilis test results filled in. Individuals that did not participate in the biological component or did not give blood samples will not have syphilis test results. The supervisor should fill in No in this case.

BLOCK II: EDITING AND DATA ENTRY

Q201 will be filled by the supervisor and 202 – 205 by the data management group.

Q201: Scrutiny by Supervisor

After scrutinizing the questionnaire for consistency checks and completeness, the supervisor should fill his/her name, code, date of filling and sign the questionnaire.

Q202: Scrutiny by Data Management Team

After scrutinizing the questionnaire for consistency checks and completeness, the data management scrutinizer should fill his/her name, code, date of filling and sign the questionnaire.

Q203: Data Entry 1

After completing the first round of data entry, the data entry person should fill his/her name, code, organization name, date of entering data and sign the questionnaire.

Q204: Data Entry 2

After completing the second round of data entry, the data entry person should fill his/her name, code, organization name, date of entering data and sign the questionnaire.

Q205: Data entry check

After checking the data entry (round 1 and 2), the data management person should fill his/her name, code, organization name and date of checking the data. They should also sign the questionnaire.

BLOCK III: DEMOGRAPHIC CHARACTERISTICS

This section has a total of 9 questions related to the demographic characteristics of the respondent including age, literacy and education, occupations other than sex work and marital status.

Q301: How old are you?

This question establishes the current age of the respondent in completed years. If the respondent tells her age, simply record her age in completed years - that is the age at her last birthday. In case the respondent does not know her age but knows her year of birth then it can be calculated as follows:

Case 1 - Respondent's birthday has already passed this year:

$$\text{Current Age} = \text{Current year} - \text{Birth year}$$

Case 2 - Respondent's birthday has not already passed this year

$$\text{Current Age} = \text{Current year} - \text{Birth year} - 1 = \text{Age in completed years}$$

Case 3 – Respondent knows age at starting sex work

$$\text{Current age} = \text{Age at first sex} + \text{Duration in sex work}$$

Case 4 – Respondent is married and knows age at marriage

$$\text{Current Age} = \text{Age at marriage} + \text{Duration since marriage}$$

If the respondent's age cannot be established even by above methods, circle '98' for DON'T KNOW. If the respondent does not want to give an answer to this question, circle '99' for NO ANSWER.

Q302 Can you read and write?

The question is asked to determine the literacy status of the respondent – that is whether the respondent can read AND write in any language. If the respondent says that she can read and write, circle '01'. In case the respondent cannot read and write, circle '00' and skip to Question 304 (Do not ask Question 303). If the respondent can only read but cannot write, circle '00' and skip to Q304.

Q303. What is the highest grade you completed?

If the respondent is literate, you will record in Question 303 the highest grade the person has completed. If the respondent is literate but has not completed even the first grade, record '00'. If the respondent does not know how many grades she completed, circle '98' for don't know. If the respondent says she had left the school in the middle of grade 9, record '08' as the highest grade she has completed.

If a respondent completed education beyond the secondary level, probe about the amount of studying they did and record the number of years of education completed. For example, if the respondent has completed Bachelor's Degree, record '15'. For other levels, the following guidelines may be followed:

Ph.D.	20 years (12+3+2+3)
Master's Degree	17 years (12+3+2)
Bachelor's Degree	15 years (12+3)
MBBS	17 years (12+5)
Engineering	16 years (12+4)
Polytechnic	13 years (10+3)
ITI	11 years (10+1)

Q304 Apart from sex work, what other work do you do to earn income?

Do not read the response categories. Circle only one response code.

This question asks the respondent whether they earn money from other sources outside of sex work. If the respondent is engaged in more than one income-earning activity, ask for the most important activity (in terms of both the income and time spent) and circle the code corresponding to that occupation. The following is a brief description of coding categories for this question.

1. NONE: The respondent is not engaged in any income-earning activity other than sex work
2. NON-AGRICULTURAL LABOUR: The respondent is working as a coolie or a daily labourer in the non-agricultural sector. This includes construction of roads, buildings, dams, bridges, employed by a shop or business establishment as a daily wage-earner etc.
3. PETTY BUSINESS: The respondent is engaged in petty business such as selling vegetables, fruits and other small household items (Kirana shop, pan/beedi shop, etc.).
4. MAID SERVANT: The respondent earns as a housemaid or cook in someone else's household or establishment.
5. AGRICULTURAL LABOUR: The respondent is works in agriculture on a daily wage salary.
6. ARTISAN/HANDICRAFTS: The respondent is engaged in preparing and/or selling handicrafts.

7. OTHER: The respondent is engaged in an occupation other than the ones mentioned above. In this case, circle '97' and specify the exact occupation the respondent is engaged in.

Circle '99' for NO ANSWER if the respondent does not want to give an answer to this question.

Q305. What is your current marital status?

Probe and record. Circle only one response.

In this question we are looking for respondent's marital and living status (Living with or without partner). Here partner means a sexual partner, not necessarily her husband. Living with individuals other than their sexual partner must be coded as married/unmarried living alone depending on the individuals marital status. Living with family does not mean living with sexual partner. The following table is self explanatory.

Marriage	Husband	Current living arrangement	Response code	Skip to
Never married	Never had a husband	Currently not living with any sexual partner	01	Q309
Never married	Never had a husband	Currently living with a sexual partner	02	
Married	Has a husband	Currently living with the husband	03	Q306
Married	Has a husband but is living with other partner	Currently not living with the husband, but with other sexual partner	04	

Married	Has husband but live alone	Currently not living with the husband or any other sexual partner	05	Q306
Was married	Had a husband but has obtained a legal divorce	Currently not living with the husband or any other sexual partner	06	
Married	Has a husband but separated	Currently not living with the husband or any other sexual partner	06	
Married	Has husband but has obtained a legal divorce	Currently not living with the husband, but live with other sexual partner	07	
Married	Has husband but separated	Currently not living with the husband, but live with other partner	07	
Married	Husband is dead	Currently not living with any sexual partner	08	
Married	Husband is dead	Currently living with a sexual partner	09	

Even if the respondent reports that she is a Devadasi, probe whether she is married, and if not married, whether she is currently living with any sexual partner.

Responses other than the ones described above should be recorded in the category OTHERS after circling '97'.

Q306. Do you have children? If yes, how many?

Ask whether the respondent has got any living children. If the respondent has any living children, record the number of children she has. If she does not have any children, circle the '00'. If the respondent does not want to answer, circle '99'.

If the respondent does not have any children or do not want to answer the question, skip to Q308

Q307. What is the age of the youngest child?

This question is asked only to those who have living children. If the respondent has children, ask the age of the youngest child. If she does not know or does not remember the age of the youngest child, circle '98'. If the respondent does not want to answer, circle '99'.

Q308. Have you attended private or public ANC services in the last one year?

ANC services means, Ante-natal care services offered during the pregnancy. This question is asked to all the respondents. If the respondent did not attend either a private or public ANC services in the last one year, circle '00'. If the respondent attended any kind of ANC services in the past one year, ask if the respondent received the ANC services from a private or public health facilities. If the respondent reports having received the ANC services from a public or Government facility, circle '01' and if she reports having received the services from a private facility, circle '02'. However, if she does not know or remember whether she received ANC services last year, circle '98'. If the respondent does not want to answer, circle '99'.

Q309. Are you currently in debt?

This question is asked to all the respondents. Ask if the respondent is in any debt as on the date of interview. If the respondent has taken any money from an individual or a company and not repaid as on the date of the interview, then she is in debt and circle '01'. However, if she has not taken money from an individual or a company or has repaid the money as on the date of the interview if she had borrowed any, then she is not in debt, circle '00'. If the respondent does not want to answer, circle '99'.

BLOCK IV: SEX WORK AND MIGRATION

This section has a total of 7 questions related to sex work and migration of the respondent.

Q401. Which city/village/district/state do you belong to?

Probe and record separately the name of the city or village, district and state to which the respondent belongs/was born/native place. This refers to the place where the respondent was born or where they go when they go home. If the respondent is not an Indian, record the name of the country to which she belongs. Do not record the name of the *country* if the respondent is an Indian.

Even for married respondent, consider the place which she belongs – It does not mean her in-laws home place but her own home place, where she was born and if she cannot remember her birth place ask for her native place where she usually goes.

Q402. Where do you live now?

Probe and record separately the name of the city or village, district, and the state in which the respondent usually lives. This may be the same as the place of interview. In case of Mumbai, if the respondent is being interviewed in any sub-urban part of Mumbai consider it as part of Mumbai district. For example, if the interview is taking place in Andheri and respondent answered that she is living in Goregaon then code it as '995' – same place as current place of interview because both are in Mumbai city.

This question needs to be probed to get complete information. If the respondent does not live in India, record the name of the country in which she usually lives. However, do not record the name of the COUNTRY if the respondent lives in India.

Individuals whose place of residence is the same as the place of interview (i.e. '995') should skip to Q404.

Q403. How often do you return home (native place)?

This refers to the frequency of movement from the current place of residence to the native place. This information is collected from those whose current place of residence is different from their native place.

The response categories include MORE THAN ONCE A YEAR ('01') and LESS THAN ONCE A YEAR ('02'). If the respondent never returns home, circle '00'.

Circle '98' if the respondent DOESN'T KNOW how often she returns home or '99' if there is NO ANSWER to this question.

Q404. For how long have you been doing sex work in this city/town/village?

The city/town/village here refers to the place where you are conducting the IBBA interview. This place could either be her native place or her current place of residence. Record the duration in terms of days or weeks or months or years.

If the respondent has been doing sex work at the IBBA city/town/village for less than a week, record against DAYS the number of days.

If the respondent has been doing sex work in that place for more than 7 days but less than 30 days, record against WEEKS . Use leading zeroes if necessary. For example if the respondent has been in sex work for 10 days, the interviewer should record "1 week".

If the respondent has been doing sex work in that place for more than a month but less than 12 months, record the answer next to 'months'. Use leading zeroes if necessary.

If the respondent has been doing sex work in that place for more than 12 months, record the number of YEARS. Use leading zeroes if necessary.

Circle '98' if the respondent DOESN'T KNOW or '99' if the information is not being given.

Q405. Have you ever practiced sex work anywhere other than this district?

If the respondent has ever practiced sex work anywhere other than the place of interview (record the name of the district) then circle '01'. If the respondent has never practiced sex anywhere other than this district, circle '00' and proceed to Q501. If the respondent does not answer this question, circle '99' and skip to Question 501.

Q406. Please give the names of the different places where you have done sex work during the last 6 months

This question is only asked to individuals that have traveled and practiced sex work in the last one year.

The information is recorded in a tabular form. First ask the respondent to give you the names of the different places where she had done sex work during the past 6 months. The interviewer should start by asking the respondent, 'where was the most recent place you traveled to and sold sex'. After this, the interviewer should ask, 'did you travel anywhere before that? Where?'

The interviewer should fill in information starting with the most recent place. For each place recorded, probe and record if the respondent practiced sex work in that place during the last six months prior to the survey. Circle '01' if the respondent had practiced sex work in the last six months.

Circle '00' if the respondent had not practice sex work in that place during the last six months. Circle '98' if the respondent does not know if they have practiced sex work there in the last six months or '99' if they choose not to answer this question. Code 99 if there is NO ANSWER to this question.

If the respondent has not practiced sex work elsewhere in the previous six months, ask the question for the last one year following the same guidelines above.

Q407. Have you ever practiced sex work in Mumbai?

This question asks the respondent whether they have practiced sex work in Mumbai. Circle '01' without asking this question if the respondent has already reported that they practiced sex work in Mumbai during Q406.

If Mumbai was not mentioned as one of the places in Q406, ask the question and circle the codes as appropriate. If the interview is taking place in Mumbai, circle '95' as the respondent has practiced sex work in that district.

BLOCK V: CONDOM AND INJECTION PRACTICE

This section has a total of 17 questions related to the respondent's knowledge and use of condoms. This section also has questions related to the injection practices.

Q501. Do you currently carry a condom with you?

This question inquires whether the respondent is currently carrying a condom. If the respondent reports yes, the interviewer should ask to see the condom. If you have seen the condom that she is carrying, circle '01'. Circle '02' if she reports carrying a condom but cannot show you the condom for some reason. Circle '00' if the respondent is not carrying a condom. Circle Code 99 if there is NO RESPONSE to this question.

Q502. The last time you obtained a condom, where did you get it?

Read all responses and circle one.

This question looks at where the respondent obtained a condom the last time they obtained one. The respondent may get condoms from many different sources, but this question specifically refers to the place where they obtained it most recently. Circle only one code. If she has never obtained or received a condom, circle '96'. If the respondent obtained a condom from a different place, circle '97' and record the place where the condom was last obtained.

Q503. In the past month, have you had the experience of a condom breaking while it was being used?

This question is asked to measure the extent to which condoms are used correctly. The question refers specifically to condoms breaking in the last one month. If the respondent had an instance of a condom breaking more than a month ago, but not in the last one month, circle '00' for NO as a condom was not broken in the last month. If the respondent did not use a condom during the past month, circle '96'. Circle '98' if the respondent does not know or remember if this happened and circle '99' if the respondent does not answer.

Q504. The last time you used a condom, did the condom break while it was being used?

This question is asked to all respondents to understand their experience the last time they used a condom (not the last time they had sex). If a condom broke the last time the respondent used one, circle '01'. If the condom did not break the last time she used a condom, circle '00'. If the respondent has never used a condom, circle '96'. Circle '98' if the respondent does not know or remember if this happened and circle '99' if the respondent does not answer.

Q505. In the past month, was there a time when you wanted to use a condom with a client but did not use it?

This question refers specifically to the respondents desire to use a condom with a client (not any other sexual partner) in the last one month. If the respondent used condoms with a client during intercourse whenever she wanted to, circle '00' and skip to Question 507. Even if there was only one occasion when the respondent did not use a condom when she wanted to use one in the past one month, circle '01' and proceed with the next question. Circle '98' if the respondent does not know or remember if this happened.

Q506. What was the main reason for not using condom?

Do not read responses. Circle only one response.

This question is a follow-up to the previous question for individuals who wanted to use a condom in the past one month with a client but did not. The interviewer should not read responses in this question as it may bias the response. If there are multiple reasons for not using a condom during the past one month, probe and record only the most important reason for not using a condom on the last instance of this happening. Answers are pre-coded in the questionnaire. If the respondent has a different answer than pre-coded answer categories, the interviewer should circle '97' and record the reason for non-use of a condom. If the respondent does not want to answer the question, circle '99'.

Q507. During the past month, have you consumed drinks containing alcohol?

This question asks the respondent whether they have consumed alcohol in the past one month, and if so, how frequently. The interviewer should ask "in the past one month, have you consumed drinks containing alcohol" and if the respondent says yes, ask "how often have you consumed alcohol in the past one month?" For individuals saying that they did not consume alcohol in the past one month, the interviewer should ask "have you ever consumed alcohol (prior to the last one month)?"

The interviewer should circle '00' for individuals that have never consumed alcohol and '04' for individuals that have consumed alcohol but not within the past one month. Circle '01' for individuals that consume alcohol on a daily basis, '02' if they consume it once a week and

'03' if they consume it less than once a week, but within the last one month. Circle '99' for individuals that do not want to answer the question.

Q508. Some people consume drugs for non-medical reasons (like marijuana, heroin, amphetamines, etc.) to feel good, get high, fly, trip or have fantasies. Have you ever consumed drugs like these, even one time?

This question refers to whether the respondent has ever consumed drugs for recreation. This will not include medications prescribed by their doctor or medicines to treat an illness. The interviewer may need to explain this to the respondent to ensure that they understand the question. Use local terms for these drugs. Circle the corresponding code.

****The following questions (Q509 – Q512) refer to use of drugs for non-medical reasons (intoxication/recreation)****

Q509. Have you ever injected drugs for non-medical reasons?

This question asks the respondent whether they have ever injected drugs for non-medical reasons. Some people inject drugs whereas others inhale or swallow them. This question specifically refers to injecting drugs. Use local terms for these drugs and explain that this means drugs used for intoxication. If the respondent has never injected drugs for non-medical reasons, circle '00' and skip to Q512. If the respondent does not know ('98') or does not answer ('99') whether they have done this, circle the appropriate answer and skip to Q512. If the respondent has injected drugs for non medical reasons, circle '01' and proceed to the next question.

Q510. In the past year, have you ever injected drugs for non-medical reasons?

This question is similar to the previous question, although the respondent is asked specifically whether they have injected drugs for non-medical purposes in the past one year. If the respondent has not injected drugs for non-medical reasons in the past year, circle '00' and skip to Q512. If the respondent does not know ('98') or does not answer ('99') whether they have done this in the past one year, circle the appropriate answer and skip to Q512. If the respondent has injected drugs for non medical reasons in the past one year, circle '01' and proceed to the next question.

Q511. When you injected such drugs in the past year, did you always use a brand new needle (one that had never been used before)?

This question is only asked to people who injected drugs for non-medical reasons in the past one year. The question asks whether the respondent always used a brand new needle for injection. A brand new needle is one that has never been used before --- either by the respondent or by someone else. Brand new needles do NOT include needles that were found by the respondent, given to them after their friends injected, or that the respondent has used previously. Circle the appropriate response.

Q512. Do you think or suspect that any of your sexual partners ever used or shared injection drugs for non-medical reasons?

This question is asked to all the respondents, irrespective of whether they themselves use or inject intoxicating drugs. The question refers to the sexual partners of the interviewer should not suggest answers to the resp Circle the code corresponding to the response.

****Questions 513 to 517 refer to injections taken for medical reasons. This does NOT include injections for non-medical or recreational reasons****

Q513. Have you ever received, in the last one year, an injection from a medical doctor, nurse, RMP or traditional medical practitioners?

This question is asked to all respondents. The question refers to whether the respondent received, in the past one year, an injection by a medical professional for medical reasons. Circle the code corresponding to the response. If the response is NO or DON'T REMEMBER, skip to Q517.

Q514. How many such injections have you received in the last one year?

This question is asked to all the respondents who received an injection (for medical reasons) in the past one year from a medical practitioner. Record the number of injections received in the last one year. If the respondent does not remember the number of injections that they received, circle '98'.

Q515. What did you receive these injections for?

Do not read responses. Multiple answers possible. Probe for HIV/AIDS.

This question asks the respondent for what reasons they received injections during the last one year. There may be multiple reasons for the injections so the interviewer should circle all that apply. After recording what the respondent says, the interviewer should inquire whether they ever received an injection for HIV/AIDS.

Q516. From which of these types of practitioners have you received these injections?

Read response categories. Mark all mentioned.

This question lists out different types of practitioners from whom respondents may have received injections. The interviewer should read out each type of practitioner and ask whether the respondent has received an injection from that person. After reading the names of the practitioners listed, the interviewer should ask if they received an injection from anyone else. If the respondent says yes, ask who gave the injection and record the same.

Q517. Did you ever receive blood transfusion in your life time for any reason? For example a surgery, treatment, after an accident or otherwise.

Make sure that the respondent understood what a blood transfusion is, citing that people receive blood transfusions for surgery or treatment after an accident, or otherwise. Circle the code corresponding to the response.

BLOCK VI: SEXUAL HISTORY AND SEX WORK

This is the longest section in the question with a total of 29 questions related to the respondent's sexual history and general information about sex work. It is important for you to fully understand every question in this section in order to ask these questions without confusing the respondent. This section mainly deals with the different types of "COMMERCIAL" sexual partners. Commercial partners are those who pay money for sex.

Before starting the section inform respondent that now you are going to ask her about her work and sexual partners, and also assure respondent that all answers will remain confidential.

Q601. How old were you when you had sexual intercourse for the first time?

Record the age at which the respondent had her first vaginal sexual intercourse. This does not include oral sex, kissing or anal sex. You may need to probe and determine the age, if the respondent does not remember the age. If the respondent knows how many years ago that they first had sexual intercourse, the interviewer can calculate it by referring to Q301 (age).

Q602. How old were you when you started sex work?

Record the age (in completed years) at which the respondent started sex work. Record 98 if the respondent DOES NOT KNOW the age at which she started sex work. Record 99 if she prefers not to answer this question. You may need to probe and determine the age (by referring to the respondents current age or when they first had sex), if she does not remember.

****NOTE: Q 301, Q 601 and Q 602 must be cross-checked****

Q603. Where do you generally solicit/pick-up most of your clients?

Do not read responses. Circle only one response.

Note that the information to be collected here is the place where the sex worker GENERALLY solicits/ picks up/ gets MOST of her clients. If the respondent solicits clients at more than one place, probe where she solicits most of her clients. Do not write the name of place unless it is not included in the pre-coded list. Note that only one code is to be circled. Below are the definitions of the different types of places.

1. HOME ('01'): This is the place where the respondent usually lives – alone or with other related or unrelated members. This place could be her place or could be a place that she rents (apartment) and lives. This does not include a brothel or a room rented for a night. I
2. RENTED ROOM ('02'): The respondent operates from a rented room/house, where the respondent usually does NOT live.
3. LODGE ('03'): Circle this code if the respondent stays or uses such places to solicit clients in a lodge or a guest house and the clients come or are brought to her at this lodge/guest house, and she does not go out to solicit customers. Do not circle this code if the respondent solicits clients elsewhere, but entertains clients in a lodge.
4. DHABA ('04'): Circle this code if the respondent solicits clients in a dhaba (roadside resting place for truckers and long distance motorists) and clients come or are brought to her at the dhaba, and she does not go out to solicit customers.
5. BROTHEL ('05'): A brothel is a place where a small group of sex workers are managed by a Madam (Gharwali) or an agent. Usually the sex worker pays a part of her earnings to Gharwali. Circle this code if the respondent operates from a brothel, does not go out to get customers and customers directly come to the brothel or are brought to the brothel.
6. BAR/NIGHT CLUB ('06'): Circle this code if the respondent solicits clients in a bar or a nightclub.

7. VEHICLE ('07'): Circle this code if the respondent solicits clients while sitting in a vehicle for example a rickshaw, taxi or a car.
8. PUBLIC PLACES ('08'): Circle this code if the respondent solicits clients in public places such as streets, parks, railway stations, bus stands, market places, open grounds, cinema halls, etc.
9. TAMASHA ('09'): Circle this code if the respondent solicits her/his clients during/after/before a tamasha performance or at tamasha theater.
10. PHONE ('10'): Circle this code if the respondent solicits her clients through the telephone/mobile phone. Mostly they are called as "call girls".

In case the respondent provides a response which does not correspond to any of the response categories provided for the question, circle Code 97 and specify the response in the space provided. If the respondent chooses not to answer, circle '99'.

Q604. Where do you entertain most of your clients?

Do not read responses. Circle only one response.

Note that the information to be collected here is the place where the sex worker entertains MOST of her clients (actual place of having sex). If the respondent entertains clients at more than one place, probe where she entertains most of her clients. We are not interested in the specific name of the place, but the type of place. Note that only one code is to be circled.

1. HOME ('01'): This is the place where the sex worker usually lives – alone or with other related or unrelated members. This place could be her place or could be a rented place. She might have picked up the clients from elsewhere or the clients might have come/been brought to her residence. This does not include a brothel.
2. RENTED ROOM ('02'): If the respondent entertains client in a room or house that is rented for having sex, circle this code. She might have picked up the clients from elsewhere or the clients might have come/ been brought to her at a rented place.
3. LODGE ('03'): Circle this code if the respondent entertains most clients in a lodge or a guesthouse. She might have picked up the clients from elsewhere or the clients might have come/ been brought to her at the lodge.
4. DHABA ('04'): Circle this code if the respondent entertains most clients in a dhaba (roadside resting place for truckers and long distance motorists). She might have picked up the clients from elsewhere or the clients might have come/been brought to her at the dabha.
5. BROTHEL ('05'): A brothel is a place where a small group of sex workers are managed by a Madam (Gharwali) or an agent. Usually the sex worker pays a part of her earnings to Gharwali. Circle this code if the respondent entertains clients in a brothel. She might have picked up the clients from elsewhere or the clients might have come/been brought to her at the brothel.

6. BAR/NIGHT CLUB ('06'): Circle this code if the respondent entertains clients in a bar or a nightclub.
7. VEHICLE ('07'): Circle this code if the respondent entertains clients in vehicles.
8. PUBLIC PLACES ('08'): Circle this code if the respondent entertains her clients in public places such as streets, parks, railway stations, bus stands, market places, open grounds, cinema halls, etc.
9. TAMASHA ('09'): Circle this code if the respondent entertain her clients at TAMASHA theater.

In case the respondent provides a response which does not correspond to any of the response categories provided for the question, circle '97' and specify the response in the space provided. If there is no answer to this question, circle '99'.

Q605. How many clients did you have sexual intercourse with on the last day you worked?

Ask the number of clients she had sexual intercourse on the last day she worked. The respondent may not have worked on the previous day; therefore this question refers specifically to the last day that the individual worked. If a respondent gives a range, say 5-10 clients, probe to obtain one number which is an approximate number of clients she entertained last day that she worked. Do not take an average of the two figures.

Q606. How many days did you have sexual intercourse with clients in the past week (7 days)?

This question refers to the last one week. Record the number of days that the respondent worked in the past one week. The number of days can be anything from 0 to 7.

Q607. How many clients did you have sexual intercourse with in the past week (7 days)?

This question specifically refers to the number of clients that the respondent had within the past one week. The interviewer may need to probe by asking, *how many clients did you have yesterday? And the day before? And the day before that?* If a respondent gives a range, say 15-20 clients, probe to obtain one number which is an approximate number of clients she entertained in the past week. Do not take an average of the two figures and do not take the average number of clients that the respondent has in a week.

Q608. Are there certain weeks/months during the year when you entertain more or less clients than usual?

This question will give one an idea about how many clients the respondent has in a year and whether this changes over the course of the year. The sex worker may be working throughout the year or there could be some weeks or months during which she will not do sex work, for religious or other reasons. There could also be variations in the number of clients available depending upon the week of the month or month of a year. The question refers to the number reported in Q607. Circle the codes corresponding to the response.

'Yes, More' ('01'): This response is for when the respondent does have certain weeks or months where she has more clients.

'Yes, Less' ('02'): This response is for when the respondent has fewer clients at certain weeks or months in the year.

'Yes, Both More and Less' ('03'): This response is for when the respondent sometimes has more or less clients at different points in the year.

'No' ('00'): This response is for when the respondent has about the same number of clients each week throughout the year as the number reported in Q607.

If the respondent does not know whether the number changes, circle '98'. If the respondent does not answer, circle '99'.

Q609. Out of the last 10 clients, how many were occasional clients? How many were regular clients?

A sex worker may have commercial and non-commercial partners. In the context of STI and HIV, it is important to understand condom use in both these two types of sexual partners. The next section has questions related to non-commercial partners of sex workers, while this section refers to condom use with commercial partners who pay money for sex.

Two types of commercial partners can be identified as:

Occasional clients: The clients who visit the sex worker only occasionally or rarely (once or a few times more) and the respondent does not remember their faces or does not know them.

Regular clients: The clients who come on a regular basis, i.e., those who come repeatedly and whom the respondent knows and recognizes well.

Through this question we get information on the general composition of the commercial partners of the respondent: out of last 10 clients entertained, how many are occasional clients and how many are regular clients. You will have to explain what we mean by occasional and regular clients. Note that the two numbers should add exactly to 10. Here it is important to probe for last 10 clients who may have come within the last working day, week, month etc. This does NOT refer to the general break-up of clients but instead, specifically, to the last ten clients.

Some respondents may say that they do not entertain any new/occasional clients and all her clients are regular clients. In that case, record "00" in the boxes provided against OCCASIONAL CLIENTS and "10" in the boxes provided for REGULAR CLIENTS. Some others may say that they do not have any regular clients, and all their clients are new or occasional. In that case, record "00" in the boxes provided against REGULAR CLIENTS and "10" in the boxes provided for OCCASIONAL CLIENTS.

If the respondent has entertained less than 10 clients ever, being new into sex work, the number of occasional and regular clients till date should be recorded separately and a note should be included that the total number of clients entertained till date was less than 10.

Q610. Out of the last 10 clients, how many would you say come out of this city and live away from their home?

The respondent may not know the exact number that come from outside the city. They should think carefully about their last ten clients and respond the best that they can. Record the number of clients out of last 10 who are coming from outside the city and live away from their home. The number should be within 0 to 10. Otherwise, circle '98' for DON'T KNOW.

****NOTE: Q 611 to Q 615 deals with the occasional male clients****

Q611. Do you have occasional clients?

Ask the respondent if she has any occasional clients. The occasional clients are those clients who visit the sex worker only once or a few times including new clients.

This can be crosschecked with Q609. If the respondent reported the number of occasional clients in the last 10 clients, than she has occasional clients. Yet, if she said that she did not have occasional clients in her last 10 clients, the respondent may still have occasional clients. It may happen that out of last 10 clients there were no occasional clients but in general SW is having occasional clients. So probe and record accordingly.

If the respondent does not have occasional clients, circle '00' and skip to Q616.

Q612. The last time you had sexual intercourse with an occasional client, did he use a condom?

This refers to the condom use during last sex with an occasional client. In other words, this is the most recent time that the respondent had sex with an occasional client.

If a condom was used during sexual intercourse, circle '01'. If it was not used, circle '00'. If the respondent does not know or remember, circle '98' and if they choose not to answer, circle '99'.

Q613. How often do your occasional clients use condoms with you?

If the respondent uses condoms every time they have sex with occasional clients, circle '1' for EVERY TIME, and continue with the next question.

If the respondent uses condoms with 'most of the time', circle '2'. If they use a condom sometimes, circle '03' and if they never use a condom with occasional clients, circle '04'. If the respondent does not know how often occasional clients use condoms with them, circle '98'. Circle '99' if the respondent chooses not to answer.

All answers except when respondents report that they use a condom every time (i.e. '01') will skip to Q615.

Q614. How long have your occasional clients been using condoms every time with you?

This question is a follow-up to the previous question. Record for how many days, weeks, months, or years that the respondent has used condoms every time they have sex with all of their occasional clients.

If the response is in days, record the number of days since the occasional clients is using condom everytime. Days can be coded from 1 – 6. If the respondent has been using condoms for between 7 days to 29 days, record in weeks. If she has used condoms for 1 to 11 months, record in months. And if she has used condoms for 12 months or more, record in years. If the respondent does not know, circle '98'. Circle '99' for no answer.

Q615. In the last one month, how often have you used condoms with your occasional clients?

This question is asked to all respondents regardless of their previous answers. The question refers to condom use behavior with all occasional clients within the past one month.

If the respondent used condoms with every time with their new or occasional clients in the last one month, circle '01' for EVERY TIME. If the respondent used condoms with most of the new/occasional clients in the last one month, circle '02' for MOST OF THE TIME. If the respondent used condoms sometimes with new/occasional clients in the last one month, circle '03' for SOMETIMES. If she never used condom in the last one month with any of her new or occasional clients, circle '04' for NEVER. Circle '98' if the respondent DOES NOT KNOW or '99' if there is NO RESPONSE.

****NOTE: Q616 to Q621 deals with regular male clients****

Q616 Do you have a regular clients?

A regular client is one that pays the respondent for sex and whom she recognizes well and who comes to her repeatedly. If the respondent currently has a regular client(s), circle the '01'. If the respondent does not have regular clients, circle '00' and skip to Q622.

This question should be crosschecked with Q609. If regular clients are listed in q609, then in Q616 the code will be '01'. However, if in Q609, there is 'no' regular clients then probe for whether the respondent has regular clients in general as Q609 deals with **ONLY LAST 10 CLIENTS**. It may happen that out of last 10 clients there were no regular clients but in general SW is having regular clients. So probe and record accordingly.

Q617 In the past one week, how many times did you have sexual intercourse with any of your regular clients?

If the respondent did not have sex with any of her regular clients in the past one week, circle '00'..

If the respondent had sex with any of her regular clients during the last one week, ask: **How many times?** And record the number of times she had sex with her regular clients during the week prior to the interview. Do not record the number of regular clients she had sex with, but the number of times she had sex with her regular clients during the past one week.

Q618. The last time you had sexual intercourse with a regular client, did he use a condom?

The last time that the respondent had sexual intercourse with a regular client does not need to be within the last one week. Record the response by circling the corresponding code.

Q619. How often do your regular clients use condoms with you?

Read all responses and circle the one selected by the respondent

Note that you need to read out the first four response categories. If the respondent's regular clients use condoms EVERYTIME they have sex with the respondent, circle '01', and continue with the next question. If the respondent's regular clients use condoms MOST OF THE TIME, circle '02' and skip to Q621. If the respondent's regular clients use condoms only SOMETIMES, circle '03' and skip to Q621. If regular clients never use condoms with her, circle '04' for NEVER, and skip to Q621. Circle '98' if the respondent DOES NOT KNOW.

Q620. How long have your regular clients been using condoms every time they have sexual intercourse with you?

This question is asked to only those who reported that their regular clients used condom every-time they have sex. Record since how long the respondent has adopted consistent condom use with her regular clients in terms of DAYS, WEEKS, MONTHS or YEARS.

If the response is in days, record the number of days since the regular clients is using condom everytime. The answer can be between 0 – 6 days. If the respondent reports using condoms for 7 days – 29 days, record the answer in weeks. If the answer is between 30 days to 11 months, record the answer in months. And if the answer is 12 months or more, record the response in years.

Q621. In the last one month, how often have you used condoms with your regular clients?

This question is asked to all respondents who have regular clients regardless of their previous answers. This question refers specifically to condom use behavior in the last one month with regular clients.

If the respondent's regular clients use condoms EVERYTIME they had sex with the respondent in the past one month, circle '01'. If the respondent's regular clients use condoms MOST OF THE TIME, circle '02'. If the respondent's regular clients use condoms only SOMETIMES, circle '03'. If regular clients never use condoms with her, circle '04' for NEVER. Circle '98' if the respondent DOES NOT KNOW. Circle '99' if no answer is given.

NOTE: Q622 and Q623 are about BOTH occasional and regular clients**Q622. Did you have an instance in the last 30 days where you did NOT use condoms? Why?**

Circle all that apply and do not read responses.

This question is asked to all respondents regardless of their previous answers. If the respondent reports that she always used a condom during the past one month with all of her clients, circle '01' and continue to the next question.

If the respondent had at least one instance of not using a condom with a client in the past one month, the interviewer should probe to find out all reasons that the respondent did not use a condom in the past one month. If the respondent says a response that is not pre-coded in the questionnaire, write the response in next to 'Other' after circling '97'.

Q623. The last time you used a condom during sexual intercourse with any client, who put the condom on, yourself or the client?

This question is asked to all the respondents. If the respondent never used a condom, circle '96'. If she has ever used a condom with a client, refer to the last time she used a condom (not the last time she had sex) and ask, who put the condom at that occasion, whether the respondent or the client.

Q624. How much did your last client pay to have sex with you?

This refers to the last client (either occasional or regular) that the respondent had sex with. Ask her how much the last client paid her to have sex. Circle '98' if the respondent DOES NOT KNOW or '99' if the respondent does not want to answer this question.

****NOTE: Q625 to Q629 deals with the ANAL SEX with the male client partners***

Q625. Have any of your clients ever asked you to have anal intercourse with them?

This question refers to any type of client (occasional or regular). If a client has asked the respondent to have anal sex, circle '01' for YES. If the respondent has never been requested for anal sex by a client, circle '00'. Circle '98' for Don't know/Don't remember and '99' for no answer. Answers '00', '97', and '99' all skipped to Q627. Do not ask the respondent if she has had anal sex.

Q626. On an average, how many clients per month ask for anal intercourse?

This is a rough estimate of the demand for anal sex. Record the number of clients per month on an average who ask for anal intercourse. Do not ask the respondent if she has had anal sex.

Q627. Have you ever had anal sex with a client?

This question directly asks whether the respondent ever had anal sex. Circle '01' if the respondent ever had anal sex and proceed to the next question. However, if the respondent never had anal sex, circle '00' and skip to Q701. Circle '99' for No Response answers and skip to Q701.

Q628. In the past one week, did you have anal intercourse with any of your clients?

This question is asked only if the respondent reported ever having anal intercourse with a client. If the respondent ever had anal intercourse, but did not have anal intercourse in the past one week, record '00' next to "Number of times". If she had anal intercourse with clients in the past one week, ask how many and record the number of times she had anal sex in the past one week. If the respondent does not know how many times she had anal sex, circle '98'. Circle '99' if the respondent chooses not to answer.

Note: this question does not refer to the number of partners she had anal sex with; it only refers to how often she had anal sex within the past one week.

Q629. The last time you had anal intercourse with a client, did he use a condom?

This question is only for those reporting that they had anal sex. The question refers to condom use behavior the last time/most recent time the respondent had anal sex. If the respondent used a condom, circle '01'. Circle '00' for people that did not use condoms. Circle '98' for respondents that do not remember or know whether they used a condom and '99' when respondents choose not to answer the question.

BLOCK VII: Non-Commercial Sexual Partners

In this section, questions are asked about the particulars of the non-commercial or non-paying sexual partners. There are two types of non-paying male partners: the main non-paying partner and the other non paying partner. The main partner includes the respondents husband or lover or boyfriend or the regular/steady sexual partner. The other non-paying male partner refers to men with whom the respondent has sex with but those men do not pay for sex and are not her main, non-paying partner. The Section also has questions on physical violence against the respondent.

****Q701 – 708 refer to the main non-paying sexual partner******Q701. Do you have a main (regular) male sexual partner who does not pay to have sex with you?**

The main male non-commercial sexual partner here refers either to the husband or a lover or a boyfriend of the respondent, with whom she has sexual intercourse on a regular basis without receiving any payment for sex. Asking respondent about their main, non-paying partner can be very sensitive as it is a very personal question. The interviewer should ask the question carefully and make sure that the respondent knows that her answers will be kept confidential.

If the respondent reports that she has more than one such non-paying partner, ask her about the main partner, and ask the subsequent questions about this main partner. If the respondent does not have any non-paying regular male partners, circle code "00" and skip to Q709. If the respondent does not answer this question, circle '99' and skip to Q709.

Q702. How long have you been having sexual relations with this partner?

Record the duration in terms of either days or weeks or months or years. If the respondent has been having sexual intercourse with her main non-paying partner for less than a week, record the number of days in the line "a. Days". If the respondent has been having sexual intercourse with her main non-paying partner for 7 days but less than 30 days, record the number of weeks (multiples of 7 days) in the space "b. Weeks".

If the respondent has been having sexual intercourse with her main non-paying partner for more than a month but less than 12 months, record the number of months next to the line "c. Months". If the respondent has been having sexual intercourse with her main non-paying partner for 12 months or more, record the number of years next to the line "d. Years". Circle '98' if the respondent DOES NOT KNOW how long she has been having sexual relations with this partner or '99' if she does not answer the question.

Q703. What is the age of this partner?

This question refers to the age of her main, non-paying male partner. If the respondent does not know the age of her main non-paying partner, probe by asking the age difference between herself and this partner or when her partner was born. Based on this information, you can estimate the age of the partner since you already have information about the age of the respondent. If this type of probing does not help you to get the age of the partner, circle '98' for DON'T KNOW.

Q704. During the past one week, how many times did you have sexual intercourse you're your main/regular partner?

Record the number of times the respondent had sex with her main non-paying partner in the past one week (7 days). If she did not have sex with this person in the last one week, circle '00'.

Q705. The last time you had sexual intercourse with your main/regular partner, did he use a condom?

This question refers to the last time that the respondent had sex with her main sexual partner. Last sex could have happened at any time, it does not need to be within the last one week. Record whether or not the respondent's main non-paying partner used a condom the last time he had sex with her.

Q706. In general, how often does your main/regular partner use condoms with you?

Read all responses.

This question asks about how often, in general, the respondent uses condoms with her main/sexual partner. There is no time period to this question, instead it is asking about their general condom use behavior during sex. Note that this question is asked to all those who have a main non-paying partner, irrespective of whether condom was used in the last one week or not.

The interviewer should read out the response categories. If the respondent's main non-paying partner uses condoms EVERYTIME he has sex with the respondent, circle '01', and continue with the next question. If the respondent's main non-paying partner uses condoms MOST OF THE TIME, circle '02' and skip to Q708. If the respondent's main non-paying partner uses condoms only SOMETIMES, circle '03' and skip to Q708. However, if her main non-paying partner never uses condoms with her, circle '04' for NEVER, and skip to Q708. Circle code 98 if the respondent DOES NOT KNOW how often they use condoms and skip to Q708.

Q707. How long have you and this partner been using condoms every time you have sex?

This question is asked to only those respondents who reported that their main non-paying partner uses condoms everytime that they have sex. Record the duration in terms of either days or weeks or months or years.

If the respondent has been using condoms everytime she has sex with her main non-paying partner for less than one week, record the number of days next to "a. Days". If the respondent using condom everytime she has sex with her main non-paying partner for at least 7 days but less than 30 days, record the number of weeks (multiples of 7 days) next to "b. Weeks".

If the respondent has been using condom everytime she has sex with her main non-paying partner for at least one month but less than 12 months, record the number of months next to "c. Months". If the respondent has been using condom everytime she has sex with her main non-paying partner for at least 12 months, record the number of years next to "d. Years". Circle '98' if the respondent DOESN'T KNOW how long she has been using condoms with her main/regular partner or '99' if she does not answer the question.

Q708. In the past three months, how often have you used a condom with your main/regular partner?

This question asks about consistent condom use within the past three months with the main/regular non-paying partner. The question is a follow-up to the previous questions, but it is NOT linked. The answers between Q707 and Q708 do NOT need to match.

If the respondent had used condoms everytime she had sex with her main/regular client, circle '01' for EVERYTIME. Circle '02' for MOST OF THE TIME if the respondent used condoms most of the time that she had sex with her main, non-paying partner in the past three months. If the respondent used condoms SOMETIMES when she had sex with her main, non-paying partner in the past three months, circle '03'. If the respondent never used condoms in the past three months with her main, non-paying partner, circle '04'. Circle '98' if the respondent DOES NOT KNOW how often she used condoms with her main, non-paying partner in the past three months and '99' if she does not answer.

****Q709 – Q714 refer to sexual behavior with the main, non-paying partner******Q709. Have you had any other partners who did not pay to have sex with you in the past year other than the main partner we just talked about?**

This question refers to non-paying partners that do not include the main partner. Note that the respondent may not currently have a main non-paying partner (code '00' is circled for Q701), but she might still have had a non-paying partner in the past one year.

Circle '01' if the respondent has any other non-paying partners in the past one year. Note that the reference period for this question is the past one year. If she had other non-paying partners more than one year ago, but not in the last one year, then circle '00' for NO. If the respondent does not have a other non-paying partners, circle '00' and skip to Q715. If she does not answer the question, circle '99' and skip to Q715.

Q710. How many such partners have you had in the past one year?

This question refers to the number of different other non-paying partners that the respondent had in the past one year. Record the number of non-paying partners she had in the past one year, excluding the main partner for whom information is already given. If the respondent does not know how many different partners she had, circle '98'. If she does not answer, circle '99'.

Q711. The last time you had sexual intercourse with one of these partners, did he use a condom?

This question refers to the last time/most recent time the respondent had sex with any of her other, non-paying partners. Record if a condom was used the last time she had sexual intercourse with any of her other non-paying partners (excluding the main partner for whom information is already given).

Q712. During the past one week, how many times did you have sexual intercourse with your non-paying casual partner?

This question refers to the number of times that the respondent had sex with her other, non-paying partners in the past one week. If she had multiple other, non-paying partners in the past one week, then record the total number of times she had sex with all of them. If the respondent did not have sex with any other, non-paying partners, record '00'. If she does not know how many times they had sex, record '98' and if she does not answer, circle '99'.

Q713. In general, how often does your non-paying casual partner(s) use condoms with you?

Read all responses

Record the general frequency of condom use with other non-paying casual partners. This question is not time-bound; instead, it refers to general behavior with these partners. Read all the responses and let the respondent chose the answer.

Q714. In the past three months, how often have you used a condom with your non-paying casual partner?

This question asks about condom use behavior with the other, non-paying partner in the past three months. If the respondent uses condoms every time she had sex with her non-paying casual partner in the past three months, circle '01' and continue with the next question. If the

respondent used condoms most of the time, circle '02'. If the respondent used condoms sometimes, circle '03'. If she never used a condom with her other, non-paying casual partners in the past three months, circle '04'. Circle '98' if the respondent DOES NOT KNOW or '99' if there is NO RESPONSE.

****Q715 – 719 refer to abuse that the respondent may have received. These questions are very sensitive and should be asked carefully and with consideration. The respondent should be assured of her confidentiality.****

Q715. In the last six months, how many times would you say someone has beaten (hurt, hit, slapped, pushed, kicked, punched, choked, burned but not used a weapon) you?

This is a very sensitive question. The interviewer should make sure the respondent is comfortable asking it and should not react to answers given.

Record the number of times that the respondent had been beaten by anyone in the past six months. By beaten we mean here if someone hurt, hit, slapped, pushed, kicked, punched, choked, burned etc. This does NOT include being forced to have sex. If she was never beaten, circle '00' and skip to Q718. Other frequencies of being beaten are precoded so the interviewer should use these when recording responses. If the respondent does not know how often this happened, circle '98' and skip to Q718. If she does not answer, circle '99' and skip to Q718.

Q716. Who did this to you?

Select all that apply.

This question refers to the previous question – who had beaten the respondent within the past six months. That is, record all the persons who beat (hurt, hit, slapped, pushed, kicked, punched, choked, burned but not used a weapon) her in the last six months. The answers are pre-coded in the questionnaire. If the respondent gives a different answer, circle '97' for other and record who did this. The respondent should speak in general terms like 'pimp' or 'police' but should not give names of people who did this.

Q717. Did you tell others about this? Who did you tell?

Select all that apply

This question asks the respondent whether she told anyone that someone had beaten her in the past six months. Even if she was beaten multiple times, but only told someone once or a few times, the interviewer should record the answers here. Record all answers given. That is, record all the persons whom she reported to about being beaten (hurt, hit, slapped, pushed, kicked, punched, choked, burned but not used a weapon) in the last six months. If she did not tell anyone, circle '00'. The answers are pre-coded so the interviewer should circle the answers accordingly.

If the respondent says 'Avahan project office', circle '03' and record the name of the Avahan project that she went to. If she does not remember the name, record that she does not remember next to the space that says 'avahan project office'. If she told anyone else who is not included in the list, record that too.

Q718. In the past one year, were you ever physically forced to have sexual intercourse with someone even though you didn't want to?

One of the main objectives of AVAHAN is to work towards creating an enabling environment by reducing the incidences of violence against sex workers. This question asks about forced sexual intercourse that may have been experienced by the respondent during the last one year. Anyone may have forced the respondent to have sex. This is a sensitive question and you need to provide an introduction before you ask this question.

If no one forced her to have sex, circle '00' and skip to Q801. If she does not answer, circle '99' and skip to Q801. If she was forced to have sex, circle '01'.

Q719. In the past one year, who was the person (or people) who physically forced you to have sexual intercourse against your will? Any one else?

Do not read responses. Record all that are mentioned.

This question asks about who forced the respondent to have sex. Do not read the response categories; let the respondent answer and record the answers as per the pre-coding. If she does not mention one of the categories, circle '00' next to that category for No.

Record all the types of people that are mentioned by the respondent. Note that the reference period here is the past one year. If she mentions someone that is not included in the pre-coded list, use the space that says 'Others' to record who physically forced her to have sex.

BLOCK VIII: Self-Reported Sexually Transmitted Infections (STIs)

In this section, questions are asked about the respondent's knowledge about STIs, her knowledge about the different symptoms of STI among women and men, whether she had any of the selected STIs during the past one year, and what she did to treat STIs when she last had the symptoms of STI. The section also has questions on the current symptoms of STI the respondent may have. The interviewer should introduce the section by saying that they will start asking questions about her health.

More information on STI symptoms is given in the Appendix of this manual.

Q801. Have you ever heard of diseases that can be transmitted through sexual intercourse?

This is a question which will prepare the respondent for the next questions on the symptoms of STIs. It asks whether the respondent has heard of STI's, but she does not need to specify which STI that she has heard of. Note that you need to use local terms that are used to refer in general to STIs. If answer is no, circle '00' and skip to Q804.

Q802. Can you describe any symptoms of STIs in women?

Don't read responses. Circle '01' for all mentioned and '00' for all that are not mentioned.

Through this question, information is collected regarding the extent of knowledge among sex workers regarding sexually transmitted diseases. Encourage the respondent to list as many symptoms as she can; however, **do not read out the response categories**. Circle the codes corresponding to the symptoms that she mentions. If any of the symptoms mentioned by the respondent do not correspond to any of the codes provided, circle '97' and specify the reported symptom. If the respondent says that she does not know any of the symptoms of sexually transmitted diseases in women, circle '98'.

Q803. Can you describe any symptoms of STIs in men?

Do not read responses. Circle '01' for all mentioned and '00' for all that are not mentioned.

Encourage the respondent to list as many symptoms as she can; however, **do not read out the response categories**. Instead circle the codes corresponding to her responses of symptoms. If any of the symptoms mentioned by the respondent does not correspond to any of the codes provided, circle code 97 and specify the reported symptom. If the respondent says that she does not know any of the symptoms of sexually transmitted diseases in men, circle code 98.

Q804. During the past 12 months, have you suffered from vaginal discharge?

Use the local term to describe vaginal discharge. This question asks the respondent if she experienced vaginal discharge, regardless of whether she received treatment for it. Circle codes corresponding to the response.

Q805. During the past 12 months, have you suffered from lower abdominal pain without diarrhoea or menses?

Use the local term to describe the symptom. This question asks the respondent if she experienced lower abdominal pain, regardless of whether she received treatment for it. Circle codes corresponding to the response.

Q806. During the past 12 months, have you suffered from genital ulcers or sores?

Use local terms to describe the symptom. This question asks the respondent if she experienced genital ulcers or sores, regardless of whether she received treatment for it. Circle codes corresponding to the response.

****STOP INTERVIEW AND APPLY FILTER****

****FILTER:** CHECK RESPONSES TO QUESTIONS 804, 805 AND 806. IF THE RESPONDENT HAS REPORTED HAVING ONLY ONE OF THE THREE SYMPTOMS DURING THE LAST 12 MONTHS, CIRCLE '01' AND SKIP TO QUESTION 808. IF THE RESPONDENT HAS REPORTED MORE THAN ONE STI SYMPTOMS DURING THE PAST 12 MONTHS, CIRCLE '02' AND PROCEED WITH THE NEXT QUESTION. IF THE RESPONDENT DID NOT REPORT ANY OF THE THREE STI SYMPTOMS IN THE PREVIOUS 3 QUESTIONS, CIRCLE '03' AND SKIP TO QUESTION 813.**

Q807. What was the most recent of these you suffered from in the past 12 months?

Read responses. Circle only one.

If the respondent has reported more than one symptoms during the past year (in Q804, Q805 and Q806), ask her which of these three symptoms (vaginal discharge, lower abdominal pain, or genital ulcer/sores) that she experienced most recently. The interviewer should read out the symptoms she had reported.

Q808. How long ago was this?

If the respondent has reported only one symptom in Q804, Q805 and Q806, refer to that one symptom while asking this question. If she has reported more than one symptom in Q804, Q805 and Q806, refer to the symptom she reported as the most recent symptom in Q807 while asking this question.

Record when she had her most recent symptom in terms of days (if 29 days or less) next to "a. Days" or months if 30 days or more next to "b. Months". If she does not know when she experienced this, record '98'. If she does not answer, record '99'.

Q809. What did you do the last time you had a genital ulcer/sore, lower abdominal pain or genital discharge?

This question refers to the most recent symptom that the respondent experienced between genital ulcer, lower abdominal pain and genital discharge.

Two kinds of responses are recorded for this question: spontaneous and prompted/aided responses. First let the respondent mention, on her own, the different things she did the last time she had an STI symptom. Match her responses with the list provided in the questionnaire. In this question tabular format is used for recording answers. There are total 6 columns. Column 1 is for different options, column2 is for spontaneous category, 3 is for Aided and yes category, column 4 is for Aided and no category and column 5 is for Aided and Don't know category and the last column i.e., 6 is kept for code boxes.

Each option should be coded as 01, 02, 00, or 98. For things that the respondent did and mentions spontaneously, the interviewer should circle '01' (in column 2) corresponding to the items that match with the spontaneous response. Encourage the respondent to report all the different things she did when she last had an STI symptom.

If the respondent has mentioned only some of the items on the questionnaire, read out the items that are not mentioned by her spontaneously and ask if she did that when she last had an STI. Circle codes corresponding to her responses in Column 3, 4 or 5 as appropriate.

For example, the respondent may spontaneously mention two things she did when she last had an STI: SOUGHT ADVICE/MEDICINE FROM A PRIVATE CLINIC OR HOSPITAL and STOPPED HAVING SEXUAL INTERCOURSE DURNG THE TIME WHEN I HAD THE SYMTPOMS. In this case, Code '01' will be circled for items D and I. Next step would be to ask rest of the questions A, B, C, E, F, G, H and J (Other than D and I). Column 3 ('02), 4 ('00') or 5 ('98') should be circled for these questions depending on the response given as YES, NO and DON'T KNOW respectively. If respondent has done nothing then circle "K" and skip to Q 813 after verifying other responses. In this case for all rest of the options should be coded as "00" or '98'.

Q810. Of everything you listed in the previous question, what did you do first the last time you had genital discharge, lower abdominal pain or genital ulcer/sore?

Do not read responses. Only one answer possible.

The response to this question will be one of the responses that was given in Q809. This question refers to those actions and asks which one the respondent did FIRST. Do not read out the response categories. Circle only one code.

Q811. How long did you have this symptom before seeking treatment?

Record the duration either in terms of days that the respondent had this symptom last time. If the duration is less than 30 days, record the number of days in the boxes provided against DAYS or in terms of months (if the duration is 30 days or more) record the number of months in the boxes provided against MONTHS.

Q812. What medicine did you take?

Read responses. Multiple responses possible.

This question asks about what medicine the respondent took to treat their most recent STI. She may have taken different medicines, so the interviewer should record all that she took. The name of the medicine is not needed. If she took something that is not listed, circle the response under Others. If she did not take any medicine, circle that in the corresponding category.

Q813. Do you have any of the following at present?

Read out the symptoms. Record all mentioned.

Ask if she has any of the STI symptoms at the time of interview by reading out one by one all the symptoms that are provided. For example, ask the respondent if she currently has "Burning on urination". If she says yes, circle '01' in the corresponding line. If she says no, circle '00' in the corresponding line. If she mentions something that is not listed, record what is mentioned in the space 'f. Others'.

Q814. Do you use antibiotic drugs (injection, tablets or capsules) for preventing STIs?

You may have to give a short introduction to this question by saying that some people may regularly use injections or tablets or capsules with an intention to prevent STIs and this question is related to such practices. If answer is No circle '00' and skip to Q901. For don't know, circle '98' and skip to Q901. For no answer circle '99' and skip to Q901. If the respondent has taken antibiotic drugs to prevent STI, circle '01' for yes and continue to the next question.

Q815. What antibiotic drugs do you use?

This question is in reference to Q814. Record the name(s) of the antibiotic drugs if the respondent reports the name. If the respondent does not remember the name, ask her about the nature of the drug – whether it is an injection or a tablet or a capsule and record the same.

BLOCK IX: Knowledge of HIV/AIDS and its Prevention

This section has a total of 15 questions related to the respondent's knowledge of HIV/AIDS and its prevention. The respondent may provide wrong answers to these questions. However, do not provide correct information on HIV/AIDS during the course of interview. If solicited, provide the information briefly at the end of interview. Correct information will be given by the supervisor or doctor at the end of the interview. Also refer her to the local Project Staff for detailed information and services.

Q901. Have you ever heard of HIV/AIDS before this interview?

If the respondent has ever heard of HIV/AIDS before this interview, circle '01' and proceed with the next question. If she says she has not heard of HIV/AIDS, circle '00' and skip to the next Q1001.

Q902. Can you know whether a person has HIV (the virus that causes AIDS) by looking at them?

This question wants to know whether a person can be identified as having HIV just by looking at them, without any tests. Circle codes corresponding to the response.

Q903. Are there things a person can do to prevent getting infected with HIV/AIDS?

The respondent does not need to name the things that can be done to prevent HIV for this question. Instead, the question only inquires about whether a person can do anything to prevent HIV or not. Circle codes corresponding to the response.

Q904. What are the ways a person can prevent becoming infected with HIV/AIDS?

Two kinds of responses are recorded for this question: spontaneous and prompted/aided responses. First let the respondent mention, on her own, the different ways a person can prevent HIV infection. Match her responses with the prevention modes listed in the questionnaire. In this question also tabular format is used for recording answers. There are total 6 columns. Column 1 is for different options of preventing HIV, column 2 is for spontaneous category (i.e. responses given by the respondent without prompting), 3 is for Aided and yes category, column 4 is for Aided and no category and column 5 is for Aided and Don't know and the last column i.e., 6 is kept for code boxes. Each option should be coded as either 01, 02, 00, or 98.

The respondent should first list all the ways they know that HIV can be prevented. For each method that they name, the interviewer should circle '01' under Column 2 (Spontaneous column). Encourage the respondent to give as many preventive methods as she knows.

If the respondent has mentioned only some of the items listed in Column 1, read out the items that are not mentioned by her spontaneously and ask if she thinks that as one of the ways of preventing HIV infection. Circle codes corresponding to her responses in Column 3, 4 and 5.

For example, the respondent may spontaneously mention two ways of HIV prevention: USE CONDOMS and USE DISPOSABLE NEEDLES AND SYRINGES FOR INJECTIONS. In this case, Code 1 will be circled for items B and C. If the respondent lists any other means of preventing HIV that are not listed in the questionnaire, write these in 'g' for OTHERS.

If the respondent does not know any other means of preventing HIV infection, ask: "Do you think TAKING MEDICINES OR TRADITIONAL HERBAL MIXTURE BEFORE HAVING SEXUAL RELATIONS can prevent HIV infection?" If the response is YES, circle 02 in column 3 for item A. If the response is NO, circle '00' in column 4 corresponding to that item, and if the response is DON'T KNOW, circle '98'. Likewise, you will have to ask questions related to items D, E and F.

Q905. Do you personally know someone (who also knows you) who is infected with HIV, suffers from AIDS or has died of AIDS?

In order to understand the respondent's experience with AIDS, this question asks whether she personally knows anyone who is infected with HIV, suffers from AIDS or has died of AIDS. The term "personally" refers to the person who knows/knew the respondent and whom the respondent knows. Knowing a person includes knowing their name and having met them. If she has heard of some deaths somewhere which were due to AIDS or she has seen it on TV or read it in the newspaper, do not consider that as her personal exposure to HIV/AIDS.

However, you also need to be sensitive to the respondents' feelings when you ask this question. The respondents may have seen their colleagues, close friends and relatives die from AIDS and this question may not be a comfortable question to answer.

The interviewer should circle the response corresponding to the respondents answer.

Q906. Do you yourself feel you are at risk to be infected with HIV/AIDS?

Individual perception of risk depends on one's understanding of the modes of transmission of HIV infection and one's assessment of own behaviour/exposure to these modes of transmission. This question aims to understand whether the respondent feels like she is at risk for HIV.

Circle '01' if the respondent feels that she at risk to be infected with HIV. If the respondent does not feel at risk for HIV, circle '00'. If the respondent DOES NOT KNOW if she is at risk for HIV, circle '98' and if she does not answer, circle '99'.

Q907. Have you ever taken an HIV/AIDS test?

This question is just to gain information on whether the respondent has taken an HIV test. The interviewer should emphasize that she does not want know the results of this test. Circle '00' if and skip to Q 911 if the respondent has never taken an HIV test. Sometimes the respondent may say that many tests were done by the doctor and she does not know whether it included HIV test. In this case, circle '98' for DON'T KNOW, and skip to Q 911.

Q908. Did you take the test voluntarily?

If the respondent has undertaken more than one HIV test, then the interviewer should refer to the most recent HIV test. Taking a test voluntary is when a test is taken by the respondents own choice. If the respondent was obliged to take the test, required to take the test, or requested by a health care provider, this is not done voluntarily. In those cases, the interviewer should circle '00' for NO. Circle '01' only if the test was voluntary, i.e., the respondent herself wanted to know her HIV status.

Q909. Did you collect the test result?

The interviewer should emphasize that she doesn't want know the results of this test. Circle codes corresponding to the response.

Q910. When did you last take an HIV test?

This question refers to the most recent HIV test. Circle '01' if the respondent had taken an HIV test during the last one year. Circle '02' if it was taken more than a year ago. If the respondent does not know when she took her last HIV test, circle '98'. If the respondent does not answer, circle '99'.

Q911. Are there any drugs that can help treat people who have AIDS?

This question is asked to all individuals to see if they are aware of any drugs that can help people who have AIDS. The question does not specify which drugs the respondent knows. Circle '01' if the respondent says "YES". Circle '00' if she does not know of any drugs that can treat people with AIDS. Circle '98' if she does not know if there are drugs to treat AIDS and '99' if she does not answer.

Q912. Have you ever heard of ART (Ante retroviral therapy)?

If the respondent has heard of ART, circle '01'. If she has not heard of them, circle '00' and skip to Q1001. If she does not know whether she has heard of ART, circle '98' and skip to Q1001. If she does not answer, circle '99' and skip to Q1001.

Q913. Do you know anyone who is currently taking ARTs?

Interviewer to probe and record response

This is a sensitive question so although the interviewer should probe for the answer, the interviewer should be careful and considerate when doing so. The interviewer should not ask for the name of the person taking ART; instead, they should just ask for a general relationship (i.e. friend, relative, etc.) If the respondent does not know anyone taking ART, circle '00'. If she is on ART, circle '01'; if her spouse is on ART, circle '02'. If her friend is taking ART, circle '03' and if her regular client is on ART, circle '04'. If the respondent knows someone else on ART, specify who they know after circling '97' for OTHER. If the respondent does not want to answer the question, circle '99' for no answer.

Q914. Do you know where one can get ART treatment?

Interviewer to probe and record responses

Circle '01' if the respondent answers "Government hospital", '02' for "Private hospital/clinic", and '03' for "NGO". If the respondent knows of other places to get ART, circle '97' and record the name of the place. If the respondent does not know of places, circle '98' for don't know. If the respondent does not answer, circle '99'.

Q915. Do you think having ART will make other people to be less careful about their sexual behaviour?

Read responses and circle one answer

This question is asked to understand whether having ART or knowing that it is available will make people be less careful about their sexual behaviour. Circle '01' if the response is "MUCH LESS CAREFUL", '02' if "SOMEWHAT LESS CAREFUL", '03' if "A LITTLE LESS CAREFUL" and '04' if "ABOUT THE SAME". If the respondent does not know, circle '98' and circle '99' if there is no answer.

BLOCK X: EXPOSURE TO INTERVENTION

In this section, questions are asked about the respondents' exposure to AVAHAN and NON-AVAHAN program services. In most questions, the program is referred to as the specific name of the Avahan intervention in the district. The supervisor would have informed the team about this name. If the interviewer needs clarity, they should ask the supervisor. Sometimes questions refer to general exposure to any intervention so the interviewer should read each question carefully.

The list of AVAHAN and NON-AVAHAN NGO/Clinics will be provided before the survey. Moreover, there is a need to reassure the respondent about the confidentiality of the responses. In addition, the interviewer will be given a picture of the logo for the local Avahan intervention and any other materials required for this section. If the interviewer does not have these items, they should speak to the supervisor.

Q1001. Are you aware of any NGOs working with the prevention of HIV/AIDS among sex workers in ____ (name of district)?

Interviewer to insert name of district

The interviewer should introduce this question by saying "Now I would like to ask you a few questions regarding the HIV prevention program in ____ (name of district). I assure you of the confidentiality of the information provided. Please let me know if you do not want to answer any of these questions"

If the respondent knows any NGOs (Avahan or non-Avahan) implementing prevention of HIV/AIDS among sex workers, circle '01'. If she does not know any NGO in the district, circle '00' and skip to question 1003.

Q1002. When was the first time you received any service from these NGOs?

If the respondent knows any NGO working with prevention of HIV/AIDS among sex workers in the district, ask when was the first time she received any services from this NGO. If she received the services for the first time from the NGO in less than 7 days, enter the number of days next to "a. Days". If she received services for the first time between the last 7 to 29 days, enter the number of weeks ago that she received her first service next to "b. Weeks".

If she received services for the first time between 1 – 11 months ago, enter the number of months next to "c. Months". If she received services for the first time one year or more ago, enter the number of years next to "d. Years". If she has never received services for HIV prevention from any NGO, circle '95' for NEVER. If she does not know when she first received services, circle '98' for DON'T KNOW. And if she does not know when she first received services, circle '99'.

Q1003. Are you aware of the ____ (AVAHAN NGO) working with the prevention of HIV/AIDS among sex workers in ____ (NAME OF DISTRICT)?

Interviewer to insert name of Avahan NGO and district name.

The interviewer should show the project logo when asking this question as it may trigger a memory about the program. If the respondent is aware of the Avahan program, circle '01' for YES. If they are not aware of the Avahan program, circle '00' for NO and skip to Q1026.

Q1004. Have you ever been contacted by the peers/staff of ____ (AVAHAN NGO)?

Interviewer to insert name of Avahan NGO.

This question is being asked to respondent who were aware of the Avahan NGO working in the district. In this question, we are probing if the respondent has ever been contacted by the peers or outreach workers of the AVAHAN NGO implementing the program in the district. Outreach workers are individuals employed by the NGO who meet sex workers in their places of work and provide information about prevention of HIV, condoms and the program. Peer workers are individuals who are from the sex worker community who work with the NGO and provide the same kind of information as outreach workers. Other staff could include nurses, doctors, health care workers, etc. If the respondent has been contacted by peers or other staff, circle '01'. If the respondent has not been contacted by peers or other staff, circle '00' and skip to Q1007.

Q1005. How long ago was the first time you were contacted by peer/staff from ___(NAME AVAHAN NGO)?

Interviewer to insert name of Avahan NGO.

If the respondent has ever been contacted by the project staff or peers, ask how long ago was the first time she was contacted by the staff. If she was contacted first time during the last 7 days, enter the number of days ago that she was contacted next to "a. Days". If she was contacted for the first time between 7 – 29 days ago, enter the number of weeks previous that she was first contacted next to "b. Weeks". If she was contacted for the first time 1 month – 11 months previously, enter the number of months ago that she was contacted next to "c. Months". If she was contacted for the first time 1 year or more ago, enter the number of years previous that she was contacted next to "d. Years". If she does not know when she was first contacted, circle '98' for don't know. If she does not answer, circle '99'.

Q1006. How many times in the past one month were you contacted in the field by a peer/worker from _____ (NAME AVAHAN NGO) to give you information?

If the respondent has ever been contacted by the project staff or peers, ask how many times she was contacted by the peer/worker in the past one month. If she was ever contacted, but not in the past one month, record "00" next to "number of times". If she was contacted during the last one month, record the number of times she was contacted by the staff. If she does not know how many times she was contacted, circle '98'.

Q1007. Are you registered with _____ (NAME of AVAHAN NGO) or given a registration number?

Avahan NGOs register individuals in their program as a member of the program. The registration provides an easy way to maintain information about the individual to provide better services including follow up for clinical services. Registration is a process in which an FSW is given a unique registration number once she is given consent for part of the program on a regular basis. If the respondent is registered with the project, circle '01'. If the respondent is not registered, circle '00'.

Q1008. Have you been given condoms by a peer worker from _____ (NAME AVAHAN NGO)?

Peer workers with NGOs distribute condoms to sex workers as part of their job. The respondent may or may not have received condoms from these individuals. If the respondent was given a condom by peer/outreach worker of AVAHAN NGO in the district, circle '01'. If the respondent was not given a condom, circle '00' and skip to Q1011.

Q1009. How often are you given condoms by a Peer/worker from _____ (NAME of AVAHAN NGO)?

Interviewer to insert name of Avahan NGO

If the respondent was ever given condom by the peer/outreach worker of AVAHAN NGO in the district, ask how often she was given condoms. If she was given condoms EVERY DAY, circle '01', if MORE THAN ONCE A WEEK, circle '02', if ONCE A WEEK, circle '03', if FORTNIGHTLY (once in two weeks), circle '04' and if ONCE A MONTH, circle '05'. If she is given condoms with a different frequency, circle '97' and specify how often she was given condoms. If she does not know how often she has received condoms from peer workers, circle '98'.

Q1010. How many condoms were you given the last (most recent) time you were given them by peer/worker from ___ (NAME AVAHAN NGO)?

Interviewer to insert name of Avahan NGO

This question refers specifically to the last time that the respondent was given condoms by peer workers or staff from the Avahan NGO. The question assesses how many condoms she received the last time that she received condoms from this individual. The interviewer should record the number of condoms given the last time. If the respondent does not know how many condoms she received, circle '98'.

Q1011. Have you ever seen a demonstration on correct condom use by a peer educator/outreach worker from ___ (NAME AVAHAN NGO)?

Interviewer to insert name of Avahan NGO

Peer educators and outreach workers have been trained to show people how to correctly use condoms. They may give condom demonstrations when distributing condoms. If the respondent has seen a condom demonstration from peer/outreach worker from the Avahan NGO, circle '01'. If the respondent has not seen a condom demonstration, circle '00' and skip to Q1013.

Q1012. Have you seen a demonstration on correct condom use by a peer educator/outreach worker from ___ (NAME AVAHAN NGO) in the past one month?

Interviewer to insert name of Avahan NGO.

This question refers specifically to whether the respondent has seen a demonstration on correct condom use in the past one month. If the respondent has ever seen a condom demonstration from peer educator or outreach worker on the correct use of condom, ask her if she seen the same in the past ONE month. If the respondent has not seen a condom demonstration in the past one month, circle '00'. If she has seen one, circle '01'. If she does not know whether she has seen one, circle '98'.

Q1013. Have you ever visited the clinic (s) run by ___ (NAME AVAHAN NGO)?

Interviewer to insert name of Avahan NGO

The Avahan NGOs have established clinics for sex workers. The program has 3 types of clinics run by the partner NGO. They are, Satellite Clinics, Static Clinics and Mobile Clinics. If the respondent visited any of these clinics, she is considered as visited the clinic run by the NGO. If the respondent ever visited the clinic run by the AVAHAN NGO, circle '01'. If the respondent has not visited these clinics, circle '00' and skip to question 1020.

Q1014. For how long have you known about the clinic(s) run by ___ (NAME AVAHAN NGO)?

Interviewer to insert name of Avahan NGO.

If the respondent ever visited the clinic run by the AVAHAN NGO, ask her how long she has been aware of the clinic (s) run by the NGO.

If the respondent knows NGO for LESS THAN 7 DAYS, enter the number of days that she has known the clinics next to "a. Days". If she has known the clinics for between 7 – 29 days, enter the number of weeks next to "b. Weeks". If she has known the clinics for 1 month – 11 months, enter the number of months next to "c. Months". If she has known the clinics for 1 year or more, enter the number of years next to "d. Years". If the respondent does not know how long she has been aware of the clinics, circle '98'. If she does not answer, circle '99'.

Q1015. How many times have you visited this clinic (these clinics) to see the doctor in the last six months OR since you first knew about it (IF LESS THAN SIX MONTHS)?

This question asks how many times the respondent visited the clinic in the past six months. If the respondent has been aware of the clinics for less than 6 months, then ask how many times she visited the clinics within that time period. Record the same next to 'number of times'. If the respondent has not visited the clinics within the last six months, enter '00'. If the respondent does not know, circle '98'.

Q1016. How many times have you visited the AVAHAN clinic(s) for problems like abnormal/white vaginal discharge or genital ulcers or lower abdominal pain in the last six months OR since you first knew about it? (if LESS than six months)?

This question asks how many times the respondent visited the clinic in the past six months for specific symptoms. If the respondent has been aware of the clinics for less than 6 months, then ask how many times she visited the clinics for these symptoms within that time period.

Q1017. Have you received this package with 4 tablets (show Avahan packet for presumptive, asymptomatic treatment) in the last six months OR since you first knew about it (if LESS than six months)?

The supervisor should give the interviewer these packets before starting the interview. Interviewer to show them to the respondent.

If she has received the packets, circle '01' for yes. If not, circle '00' for no and skip to Q1019.

Q1018. How many times have you received this treatment (show Avahan packet for presumptive, asymptomatic treatment) in the last six months OR since you first knew about it (if LESS than six months)?

Record the number of times she has received the tables in past six months or since she knew about the Avhaan clinics. If the respondent does not know how many times she has received these packets, circle '98'.

Q1019. Have you ever been tested for syphilis in this clinic (AVAHAN CLINIC)?

Interviewer to insert name of Avahan clinic.

Ask whether the respondent has ever been tested for syphilis at the clinic. For syphilis, use local term. If the respondent has not been tested, circle '00' for NO. If she has been tested, circle '01'. If she has been tested for something but does not know if it was syphilis then circle '98'. Circle '99' if she does not answer the question.

Q1020. Have you visited the drop-in center run by ___ (NAME of Avahan NGO)?

Interviewer to insert name of Avahan NGO

If the respondent visited the drop-in center run by AVAHAN NGO, circle 01, if not then circle 00. If she does not know if she visited their drop in center, circle '98'. Circle '99' if she does not answer.

Q1021. Have you attended meetings organized by (NAME of Avahan NGO)?

Interviewer to insert name of Avahan NGO

If the respondent attended meetings that are organized by AVAHAN NGO, circle 01, if not then circle 00. If she does not know, circle '98'. Circle '99' if she does not answer.

Q1022. Are you a member of a self-help group formed with the help of ___ (NAME of Avahan NGO)?

Interviewer to insert name of Avahan NGO

A self help group is a group organized by the Avahan program to help sex workers come together on different issues. These groups serve different functions but generally are formed to help sex workers have a place to discuss and address issues that are important to them. Other organizations may also form self help groups, so be sure to specify that this refers to Avahan NGOs. Circle 00 if she is not a member of self help group or '01' if she is a member. Circle '98' if she does not know whether she is a member and '99' for no answer.

Q1023. Are you a peer worker/peer educator of (NAME of Avahan NGO)?

Interviewer to insert name of Avahan NGO

Ask the respondent whether she is working as peer educator in AVAHAN NGO. Circle 01, if yes. Circle 00 for no. If she does not know, circle '98'. Circle '99' for no answer.

Q1024. Are you a paid worker of (NAME of Avahan NGO)?

Interviewer to insert name of Avahan NGO

Ask the respondent if she is a paid worker of the Avahan NGO. This means that she gets paid in cash to work for the local Avahan NGO. Circle answers accordingly.

Q1025. Are you an unpaid volunteer for (NAME of Avahan NGO)?

Interviewer to insert name of Avahan NGO

Some people do volunteer work with the local Avahan NGO. Unpaid volunteers may do different types of work for the organization. If she is unpaid worker, circle '01'. If she is not working as an unpaid volunteer, circle '00'. If she does not know, circle '98' and if she does not answer, circle '99'.

NOTE: Q 1026 to Q 1030 deals with the intervention programme other than AVAHAN.

Q1026. Apart from_(NAME of Avahan NGO), do you know any NGO working for the prevention of HIV/AIDS in sex workers in (NAME of the district)?

Interviewer to insert name of Avahan NGO and name of district

As we have asked questions for AVAHAN programme, similarly ask for whether the respondent has received services from other NGOs working for HIV/AIDS prevention in the district. Circle '00' if she does not know a NON-AVAHAN NGO and skip to Q1031. Circle '98' if she does not know if she is aware of such an organization and skip to Q1031. Circle '99' if she does not answer and skip to Q1031. If is aware of another intervention (other than Avahan), circle '01' for yes.

Q1027. What are the names of these NGOs?

List the names of the NON-AVAHAN NGOs mentioned by the respondent. If she does not know the name circle 98 and skip to Q 1028.

FILTER INSTRUCTION: Compare the names of the NGOs listed by the respondent in Q1027 with the list of Avahan NGOs referred to previously. Check whether the NGO is AVAHAN or NON-AVAHAN, if it is AVAHAN then skip to Q1031. Otherwise carry on with the next question.

Q1028. For how long have you known this (these) NGO's (marked in Q1027)?

Record since when she has known the non-Avahan NGOs. If the respondent knows NGO for LESS THAN 7 DAYS, record the number of days next to "a. Days". If she has known the NGO for between 7 – 29 days, record the number of weeks next to "b. Weeks". If she has known the NGO for 1 – 11 months, record the number of months next to "c. Months". If she has known the NGO for one year or more, record the number of years next to "d. Years". Circle '98' if she does not know for how long she has known these NGOs and '99' for no answer.

Q1029. Have you received any type of services from this/these NGOs (NGO marked in Q1027) during the last six months OR since you first knew about it? (if LESS than six months)

If respondent has received services from the NGO within the last six months, circle 01 for yes. If she has not received services within the last six months, circle '00' and skip to Q1031. If she does not answer, circle '99' and skip to Q1031.

Q1030. What are the services that you received from this/these NGO (s)/programmes in the last six months OR since you first knew about it (IF LESS than six months)?

Do not read response categories. Record all responses.

In this question we are collecting information on services provided by NON-AVAHAN NGOs. The types of services are listed under the column "answers" as options (a) to (g). the interviewer should not read the response categories. Instead, the respondent should mention the types of services she has received. For all services mentioned, circle '01' in the corresponding row. For services not mentioned, circle '00' in the corresponding row. If she mentioned any other service that she received, list the service under "h. other".

The following questions refer to general exposure to interventions**Q1031. Are you currently taking any form of medication? If so what?**

This question is about her general health. We want to know whether currently she is on any medication and if yes what type of medication. If she is not taking any medication, circle '00'. If she is taking any medication, record the name of medicine. If she does not know the name of medication, write the reason she is taking medicine.

Q1032. Have you ever been tested for TB in the (NAME of AVAHAN Clinic) or elsewhere?

Interviewer to insert name of Avahan clinic/program.

Here we are specifically asking whether the respondent has been tested for tuberculosis in any clinic. She may have been tested in the Avahan clinic or elsewhere. Record the answer as per the responses. If she has been tested in the Avahan clinic, circle '01'. If she has been tested in other clinics, circle '02'. If she has not been tested for TB, circle '00'.

Q1033. Are you a member of any sex worker collective?

A sex worker collective is organized for a group of sex workers. This is different than self help groups mentioned in Q1022 so probe for the group organized by sex workers themselves without the help of AVHAN/NON-AVAHAN NGOs. If she is not the member of sex worker collective, circle 00 and skip to Q1037. If she is a member, circle '01'. If she does not know, circle '98' and skip to Q1037. If she does not answer, circle '99' and skip to Q1037.

Q1034. What is the name of the collective?

If she reported being part of sex worker collective, record the name of the sex worker collective. If she does not know the name of the collective, circle '98'.

Q1035. How long have you been a member of this collective?

Record since when she has been a member of this collective. If the respondent is member of this collective for LESS THAN 7 DAYS, record the number of days next to "a. days". If she has been a member of this collective for between 7 – 29 days, record the number of weeks next to "b. weeks". If she has been a member of this collective for between 1 – 11 months, record the number of months next to "c. months". If she has been a member of this collective at least one year, record the number of years next to "d. Years". If she does not know how long she has been a member, circle '98'. If she does not answer, circle '99'.

Q1036. What kind of services do you get from this sex worker collective?

Read responses. Multiple responses possible.

Services that may be available through this collective are listed in options from (a) to (i). You have to read out each option and circle 00, 01 and 98 for no, yes and don't remember respectively. Record all services that the respondent receives. If she names any other services, list the type of service next to "j. Others".

Q1037. Do you presently use any method of contraception, and if so what?

This question refers to whether the respondent uses any method to prevent pregnancy. If she does not use any method of contraception, record '00'. If she uses condoms, circle '01'. If she uses birth control pills, circle '02'. If she uses an IUD/Copper T, circle '03'. If she takes injections to prevent pregnancy, circle '04'. If she has undergone female sterilization, circle

'05'. If she does anything else, circle '97' and specify what the respondent does. If the respondent does not know what she does, circle '98' and circle '99' for no answer. Only one answer is expected.

Q1038. Have you received----- this in the last 45 days? (Show unique object distributed)

This question is related to the size estimation. One unique object will be distributed in the FSW community in a district prior to the survey. And when respondent will come to the survey, by showing the unique object distributed in the community will ask whether she got it in the last 45 days. The interviewer will need to probe for this question by showing the object and asking when she received it? From whom she received it? Etc. The same distributed unique object will be given to you at the time of survey.

BLOCK XI. COMMUNITY MOBILIZATION

This section deals with the community mobilization issues related to FSW community. In IBBA we want to see how FSW community is been empowered and does it have potential to deal with the various issues on their own.

Q1101. Do you agree or disagree with the following statement: I feel a strong sense of unity with sex workers that I do not know

This question asks the opinion of the sex worker – on whether she feels unity with other sex workers. This does not include sex workers that she knows, but instead refers to those that she does not know. Ask whether she is agrees or disagrees with the statement. Circle 01 if she says agrees or circle 02 for disagree. Circle 99 for no response.

Q1102. Are you a member of a community group (self-help group or community based organization)?

Explain what is community group i.e., a community group is a formal group comprised of and managed by members of the community. They meet at least once a month.

If respondent is not a member of any community group then circle 00 and skip to Q1104. If she does not know, circle '98' and skip to Q1105. If she does not answer, circle '99' and skip to Q1105. If she is a member, circle '01'.

Q1103. Why did you join this group?

Do not read responses. Circle all mentioned.

Ask her the reasons for joining the community group. You are not supposed to read out the listed options, but circle all the reasons that are mentioned by the respondent. If the respondent says anything not already listed, specify what she says next to OTHER and circle '97'.

Q1104. Why are you not a member of a community group?

Do not read responses. Circle all that are mentioned.

This question is for individuals that are not members of community groups. Record the reasons for not joining the community group. You are not supposed to read out the listed options, but circle all the reasons that are mentioned by the respondent. If the respondent says anything not already listed, specify what she says next to OTHER and circle '97'.

Q1105. In the last one year, have you negotiated with or stood up against the following in order to help a fellow sex worker?

The interviewer should reach each option and circle the answer accordingly. Circle '00' if she has not negotiated or stood up to the person(s) listed and '01' if she has in the corresponding row.

Q1106. In the last 6 months, have you attended any public events (such as a rally or a gathering of sex workers) where you could be identified as a sex worker?

The events such as rally, gathering of sex workers etc. where she could be identified as sex worker has been emphasized here. NGOs may organize different events as may other sex worker groups or political organizations. Circle 00 for no, circle 01 for yes, 98 for do not remember and 99 for no response.

Q1107. Have you ever been arrested?

The question means whether she is been ever arrested in her life time. If she says no then circle 00 and skip to Q1109. If she does not know, circle '98' and skip to Q1109. If she does not answer, circle '99' and skip to Q1109. If she has been arrested ever, circle 01.

Q1107a. How long ago you were last arrested?

If she was ever arrested, ask her when she was arrested. If she was arrested less than a year ago, circle '01'. If it was more than a year ago, circle '02'. If she does not know when she was arrested, circle '98' and if she does not answer, circle '99'.

Q1107 b. What were the reasons for your arrest last time?

Do not read responses. Circle all mentioned.

She may have been arrested for different reasons the last time she was arrested. The interviewer should not read the responses, but should circle all the answers given. If she mentions something that is not listed, circle '97' and specify what reason she was arrested.

Q1108. In general, when you have been arrested do any other sex worker help you?

This question reflects whether her fellow sex workers help her when she has been arrested in the past. If she has never been helped by other sex workers, circle '00'. If they rarely help, circle '01'. If she has sometimes been helped, but not regularly, circle '02'. If she is usually helped, but not always, circle '03'. If they always help, circle '04'. If she does not need help or does not feel the arrests are a problem, circle '05'.

Q1109. At any time in the past 6 months, have you stopped carrying condoms with you because you were afraid the police would identify you as a sex worker?

This question wants to ask the respondent whether in the past six months has she stopped carrying condom due to fear that police will identify her as a sex worker and may arrest her. For no circle 00, circle 01 for yes, for don't know circle 98 and for no response circle 99.

NOTE: Here ends the interview. But carefully go through the whole interview and check for any empty field, skips etc. Thank the respondent for giving answers patiently also assures her regarding the confidentiality. Once again ask her if she has any doubts regarding anything

and try to clear it on your own otherwise consult supervisor. The supervisor and doctor should meet her to provide correct information on HIV/AIDS, refer her to other health services, collect biological samples (if consented) and refer her to other services. If she has consented for biological samples escort her to the lab technician with the BCRC form (ensured behavioral information filled up by you).

At the end of the questionnaire, there is box for note. You can write your observations regarding the process of interview. No identifier information should be written here. You can also write which section, question you felt difficult to ask and respondent's reaction to particular questions etc. This will help to understand difficulties faced during the interview and think of solutions.

HIV/AIDS

What is HIV?

- **HIV** stands for **Human Immunodeficiency Virus**.
- **Human:** Because HIV is found only in Humans and can live only in Human beings or on human cells.
- **Immunodeficiency:** because the HIV destroys the immune or defense system of the body.
- **Virus:** because it is a virus, which is a type of germ. HIV is a retrovirus. A retrovirus is a type of virus that is able to convert RNA into DNA.

Remember:
Many people commonly refer to HIV as the Human Immuno Virus.
THIS IS NOT CORRECT.

HIV was first described in 1983. Before that it was called by various other names. The HIV causes AIDS. There are two types of HIV: HIV type 1 and HIV type 2. HIV 1 infection is more dangerous. Both types are found in India.

What is AIDS?

AIDS is short for Acquired Immune Deficiency Syndrome.

- **Acquired:** This means that the disease is 'got' and not 'caught' – HIV cannot be caught from the air like common cold or cough. It spreads only by few specific routes.
- **Immune Deficiency:** - means that the capacity of the immune system to respond and fight against infections is lost. The immune system is the system in our body that helps us to fight against common infections. The HIV slowly destroys the body's defense system. It kills an important kind of blood cell – the CD4 T lymphocyte, or T cell. Without these important defenses, a person with AIDS cannot fight off germs and cancers. The HIV infected person therefore gets a number of common infections and diseases.
- **Syndrome** means a collection of signs and symptoms. AIDS is a disease that presents with different kinds of signs and symptoms. The diseases that are caused because of the immune deficiency are referred to as Opportunistic Infections (OIs for short). When people with HIV get these infections - or when their CD4 T cell levels become very low – they have AIDS.

How does a person infected with HIV get AIDS?

Acute Retroviral Syndrome

- About 50-70% of people infected with HIV usually develop an acute viral fever flu-like syndrome called (ARS - Acute Retroviral Syndrome).
- This occurs within 2-4 weeks after getting infected with HIV.

-
- The symptoms present are fever, body ache and skin rashes.
 - ARS passes off within a week or two as any other kind of viral fever.
 - If the HIV is done during this period will be negative.

Window Period

- Even after a person is infected with HIV he/she will remain healthy for some period of time. He/she will have no complaints.
- If a HIV test is done it will be negative for about 6 weeks after infection.
- However at this time the person is highly infectious. His/her viral load (number of virus in the blood) is extremely high. He/she can spread the HIV infection to others very easily.

HIV Positive Asymptomatic Period

- After about 6 weeks of HIV infection, the HIV test will become positive.
- This is because the commonly used HIV tests usually detect only antibodies to HIV and not the virus itself. Antibodies are substances that are produced by the body to defend the body against various germs.
- The HIV infected person can remain healthy without any complaints for periods of up to 3-5 years.
- This period when the HIV test is positive but the person remains without symptoms or complaints is called the HIV POSITIVE ASYMPTOMATIC period.

HIV Positive Symptomatic Period

- The HIV continues to multiply in the body. As it multiplies it continues to destroy the CD4 cells or the immune or defense system of the body.
- Symptoms therefore begin to appear. Fevers and diarrhoeas, which would normally last only 2-3 days in a normal person, now last for almost 2-3 weeks.
- Opportunistic infections are sometimes common during this period.
- This period when the HIV test is positive and the person has symptoms suggestive of immune deficiency is called the HIV POSITIVE SYMPTOMATIC period.

AIDS

- Invariably, 5-10 years after initial infection, the person develops AIDS.
- AIDS is the last stage of the disease characterized by severe wasting or weight loss "slims disease", severe or rare forms of tuberculosis, chronic diarrhoea or fever lasting 2-3 months, severe or rare skin diseases, infections of the lung and brain.
- Death occurs within 1-12 months of developing AIDS as a result of these complications.
- A normal person has a CD4 T-cell count of 450 to 1,200 cells per microliter. HIV infection reduces the CD4 cell count. When T-cell counts drop to 200 or lower, they reach the stage of AIDS.
- Most often people seek medical help only when they have AIDS. CD4 count, CD4/CD8 ratio and viral load (PCR) are tests used to monitor the progress of HIV/AIDS or to assess the efficacy of treatment.

Progression of HIV among typical progressors

1. Stage of illness	Acute Retroviral Syndrome	Window Period	HIV Positive Asymptomatic period	HIV Positive Symptomatic Period	AIDS	
Symptoms	Fever, skin rash, constitutional symptoms (seen in 60% of persons newly infected with HIV)	Nil	Nil	Prolonged fever, recurrent common infections, TB, diarrhoea, generalized lymphadenopathy	AIDS defining illness, opportunistic infections, wasting syndrome, dementia	
HIV test: ELISA/WB	Negative	Negative	Positive	Positive	Positive	
Onset	Within 2-4 weeks of infection	2-4 weeks of getting infected	From time of getting HIV infected	6-12 weeks after HIV infection	About 2-5 years after HIV infection	5-10 years after getting HIV infection
Duration	Lasts for about 3-14 days	From 0-6 weeks after getting infected with HIV	0-6 weeks after getting infected with HIV	6 weeks to 2 years	2-5 years	6 months to 2 years in the absence of treatment
Diagnosis	PCR or P24 antigen test	PCR	3 E/R/S/ or 1 ELISA and WB	2 E/R/S and 2 major symptoms	2 E/R/S and 2 AIDS defining illness	
Transmission of disease	Yes	Yes	Yes	Yes	Yes	

How does HIV spread from one person to another?

HIV gets transmitted from a HIV infected person to another by only FOUR routes:

- By having **unprotected sex**. Unprotected sex is sex without a condom! Though the risk is variable, HIV can be transmitted by vaginal, anal or oral sex.
- By receiving a transfusion of **untested blood** or blood products. Untested blood is blood that has not been tested for HIV, Hepatitis B or other infections. Contact between HIV infected blood and broken skin (wounds or cuts) can also transmit HIV.
- By sharing needles and/or syringes to inject drugs or using **unsterilised needles, syringes or other surgical or dental instruments**. Unsterilised needles, syringes or instruments are those which have not been cleaned and boiled or steamed under pressure or treated with chemicals.
- From an **HIV infected mother** to her child during pregnancy, delivery or breastfeeding.

Though the virus is present in almost all body fluids, only **FOUR** body fluids transmit the infection: **blood, semen, vaginal secretions and breast milk**. For HIV to be transmitted there must be contact between these infective secretions and mucous membrane (thin skin) or broken skin. Mucous membrane is seen in the mouth, anal canal and the vagina.

Remember: Saliva, sweat, tears, sputum, urine and faeces DO NOT transmit HIV unless they are mixed with visible blood.

Sexual contact means that there is contact between infective secretions (semen and vaginal fluids) and mucous membrane (as in the mouth, anus, vagina or tip of penis).

Sexual contact may be:

- ❑ vaginal sex (contact between the penis and vagina),
- ❑ anal sex (contact between the penis and anus) or
- ❑ Oral sex (contact between the penis/vagina and the mouth or tongue).

Sexual contact between a man and a woman is referred to as Hetero-sexual contact. Sexual contact between two men is Homo-sexual contact. Sexual relations between two women are referred to as lesbianism.

Different types of sex have different levels of risks of HIV transmission:

- **Vaginal intercourse** is the most common way the virus is transmitted in most of the world. HIV is transmitted more easily from the male to the female during vaginal intercourse. The risk for HIV infection increases if either of partners has a sexually transmitted disease (STD).
- It is also possible for either sex partner to become infected with HIV during **anal sex**. Receptive anal intercourse is the most risky type of contact. In general, the person receiving the semen is at greater risk of getting HIV because the lining of the rectum is thin and may allow the virus to enter the body during anal sex. Moreover, rectal or anal canal tears occur which make it easy for the virus to enter. However, a person who inserts his penis into an infected partner also is at risk because HIV can enter through the urethra (the opening at the tip of the penis) or through small cuts, abrasions, or open sores on the penis. Having unprotected (without a condom) anal sex is considered to be a very risky behavior.
- It is possible for one to become infected with HIV through performing **oral sex**. The risk increases if one has cuts or sores around or in the mouth or throat, if sexual partner ejaculates in the mouth, or if sexual partner has another sexually transmitted disease (STD).
- **Open-mouth kissing** is considered a very low-risk activity for the transmission of HIV. However, prolonged open-mouth kissing could damage the mouth or lips and allow HIV to pass from an infected person to a partner and then enter the body through cuts or sores in the mouth. Because of this possible risk, open-mouth kissing with an infected partner is not recommended.

The presence of a sexually transmitted disease (STD) increases both the person's risk of becoming infected with HIV and the infectivity of a person with HIV. Whether the STD causes open sores or breaks in the skin (e.g., syphilis, herpes, chancroid) or causes genital discharge (e.g., chlamydia, gonorrhea, trichomoniasis), HIV is transmitted and received more easily in the presence of STD.

HIV is NOT transmitted by casual contact such as touching, holding hands, body contact in crowded places, shaking hands, working or playing together, sharing food, vessels and clothes, eating food cooked by an infected person, mosquito and other insect bites, swimming pools and toilets. A person who donates blood is not at risk of getting infected with HIV.

Remember:

It is NOT necessary to isolate a person with HIV/AIDS.
**WE MUST ISOLATE THE VIRUS,
NOT PERSONS WITH THE VIRUS!**

How can one know if one has HIV?

- The only way to know for sure if one has HIV is to have a HIV test done.
- The most common blood tests for detection of HIV are the ELISA, rapid tests and the Western Blot.
- All these tests detect only the antibody against HIV. They will be positive in all stages of the disease, except in the window period and sometimes in the last stages.
- To detect the presence of HIV itself, (example in the window period), tests such as the PCR or P24 antigen test are done. These tests are expensive, but can tell whether a person is infected with HIV or not even, in the window period. The P24 antigen test is positive 72 hours of infection. PCR can detect virus after about a week of infection.
- HIV testing is available at Voluntary Counseling and Testing Centers (VCTC), or any labs that have HIV testing facility. Most of these VCTCs use the ELISA or the rapid tests.
- A test result can be HIV-negative, HIV-positive, or indeterminate. If the test of a person is HIV-negative, it could mean:
 - that the person is not infected
 - that such person took the test too soon after exposure to HIV for the antibodies to have developed.
- A person is labeled as HIV positive, only if:
 - At least 2 ELISA/rapid tests done using different kits or principles are both positive in a person with symptoms suggestive of HIV/AIDS.
 - At least 3 ELISA/rapid tests are all positive in a person without symptoms.
 - One ELISA and one Western Blot are both positive.
- If any of the test results are indeterminate, then the person is labeled as indeterminate. The test may be repeated after 3-6 months.
- The person must be counseled for risk behaviour reduction during this period. Risk behaviour reduction includes promoting correct and consistent use of condoms, reducing the number of sexual partners, reducing the frequency of sex, and getting early and complete treatment of STDs.

Before getting tested, it is important to think about what the test result will mean. Most people need help with this, so one has to see a counselor, psychologist, or doctor for advice. This is **pre-test counseling**.

Following the test the person again requires counseling. This is **post-test counseling** and is required whether the test is positive or negative. If any person's test is negative, he/she may want to talk about how to reduce the future risk.

If any person's test is positive, such persons will need help in deciding what to do. HIV infection is not a death sentence. It does mean that the person/s will need to take special care of his/her health. It also means that the infected will have to take special care not to infect anybody else with the AIDS virus. The counselors and doctor at the VCTCs can give this kind of help.

If the test is positive, the HIV infected person has to tell his/her sex and/or needle-sharing partners that they, too, need to be tested. But it is not necessary to tell everybody else.

The infected person may tell only those people who can support him/her. If the infected person has children, he should talk with a counselor about what to tell them, and when.

When do we say that a person has AIDS?

The clinical "Case Definition of AIDS" in Adults (above 12 years of age) as per NACO is that the person must have:

- o **Two positive tests of HIV (ELISA or Rapid or Simple tests)**
- o **Any one of the following:**
 - Significant unexplained weight loss (>10% in 1 month)
 - Chronic Diarrhoea lasting more than 2 months which may be intermittent, persistent or continuous.
 - Prolonged fever of more than 2 months duration which is intermittent or continuous
 - Tuberculosis: Disseminated, miliary, extra-pulmonary, extensive TB
 - Neurological impairment preventing independent daily activities, not known to be due to any condition unrelated to HIV infection (e.g., Trauma).
 - Candidiasis of the oesophagus (Oral Candidiasis with odynophagia – pain during swallowing): fungal infection of the food-pipe.
 - Life threatening or recurrent pneumonia: Pneumonia is infection of the lungs.
 - Cryptococcal meningitis: a type of brain fever.
 - Neurotoxoplasmosis: An infection caused by a parasite that affects the brain.
 - Cytomegalovirus retinitis: A viral infection that causes sudden blindness.
 - Recurrent or multi-dermatomal Herpes zoster
 - Penicillium marnefei
 - Disseminated molluscum: Molluscum contagiosum normally occurs only in children.
 - Kaposi's sarcoma: a type of cancer.

WHO/NACO policy on HIV testing

HIV testing is necessary in the following conditions:

1. **Blood transfusion safety** – A single ERS (ELISA/Rapid/Simple) test is sufficient to ensure transfusion safety. The objective does not require the identification of the donor.
2. **Surveillance** – the objective of surveillance is achieved by unlinked anonymous testing with 2 ERS tests on different principles or antigen preparation.
3. **Diagnosis of HIV/AIDS** – for diagnosis of HIV infection in asymptomatic individuals who voluntarily like to undergo an HIV test, 3 ERS must be performed for confirmation of diagnosis and should be accompanied with pretest and post test counseling. However, for the diagnosis of suspected AIDS cases with any AIDS defining illness, 2 ERS is sufficient.
4. **Research** – HIV testing for research purposes should allow the ethical standards which primary involves full explicit consent of the respondent.

Is there a cure for AIDS?

- There is treatment for AIDS but there is NO CURE.
- Treatment with combinations of drugs against AIDS (Anti-retroviral Treatment-ART or Highly Active Anti-Retroviral Treatment - HAART) can delay the onset of AIDS in people already infected with HIV. This can prolong life and improve quality of life. However, these drugs are expensive. The costs include not only the cost of the drugs but also the cost of blood tests that are used to monitor progress.
- Once drugs are begun, they must be taken life-long. It is more dangerous to start drugs and stop than to never have started in the first place.
- Side effects are common with all of the antiretroviral medications.

How can one Prevent HIV/AIDS?

The most common way people get HIV is by having sex with an infected person. In India, more than 85% of reported HIV cases have got the infection through the sexual route.

One cannot tell by looking at a person whether they have HIV. This means that one has to protect oneself – and the other sex partner. How does one do this?

- If two partners remain mutually faithful to each other there is no risk of sexual transmission of HIV. If either partners has ever had unprotected sex with an unknown partner or with multiple partners or with a partner who has STD– or if either of them uses injection drugs – the other person can get HIV.
- One cannot get HIV if one's penis, mouth, vagina, or anus doesn't touch another person's penis, mouth, vagina, or anus. Kissing, erotic massage, and mutual masturbation are safe sex activities. Breast-sex and thigh-sex are other safe options.

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- One can greatly reduce the risk by using a latex condom during sex. Learning the right way to use a condom is very important. Condoms should be used as soon as the man has an erection, and not just when he is ready to ejaculate. It should be used continuously throughout the period of sexual contact. (See section on condom promotion)
 - Oral sex without a condom is not safe.
 - Getting Sexually Transmitted Disease (STDs) treated promptly and completely also reduces the risk of sexual transmission of HIV.

Prevention of Mother to Child Transmission of HIV

About 2% of HIV cases reported in India has acquired the infection through Mother to Child Transmission.

- Mothers with HIV can transmit the virus to their infants during pregnancy, delivery, or breastfeeding.
- The risk of transmission of HIV from a HIV infected mother to her child is 30-35%.
- If a woman is pregnant, she could be offered a HIV test.
- If she is HIV positive she should be offered anti-HIV drugs to prevent the baby from getting infected.
- The ART taken during pregnancy and immediately after delivery by mother and child can greatly reduce the risk of passing the AIDS virus to the baby.
- In addition to anti-HIV drugs, if the woman is delivered by caesarian section, the risk of transmission of HIV is reduced to less than 2%!
- Breast-feeding by a HIV positive mother carries a 10-15% risk of transmission of HIV to the baby.
- However, breast-feeding also provides a baby with protective antibodies of the mother. A HIV positive mother must be advised to EXCLUSIVELY BREASTFEED FOR 6 MONTHS, if she has limited access to infant formula or cow's milk. Moreover, the ability of the mother to feed the baby SAFELY with these breast milk substitutes must also be considered.
- Exclusive breast-feeding should be continued for 6 months and then stopped abruptly.
- Breast milk from an uninfected mother is another alternative.
- Mixed feeding carries a higher risk of HIV transmission than exclusive breast-feeding alone. Mixed feeding should not be recommended.

Prevention of HIV transmission through blood contact

Some of the other ways in which HIV transmission can be prevented are:

- o Using only new/disposable or sterilized needles, syringes, surgical or dental instruments.
- o Accepting blood/blood product only after it has been tested for HIV.
- o Practising '**Universal Precautions**'.
 - **Universal Precautions** means that every respondent is treated with precautions as though he/she were HIV positive. It is not necessary, nor correct to test all respondents for HIV before surgery or delivery. They could be in the 'window period'!

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- The use of disposable (single-use) needles, syringes and IV sets, and sterilized instruments for every respondent is a must.
 - Protection for surgeons or obstetricians include use of gloves, protection for the eyes (goggles or spectacles) to prevent blood splashing into the eyes, plastic or rubber aprons, face masks and covering for the feet.
 - Health care workers who handle blood (laboratory technicians or cleaners to clean blood spills) must also adopt universal Precautions such as use of gloves. Always washing hands before and after respondent contact and on removal of gloves is a good practice.
 - Fortunately, HIV cannot survive for long outside the human body or human cells. Hence, even common disinfectants such as liquid bleach, spirit, etc., can kill the virus.
 - o **Work surfaces:** can be cleaned with Sodium Hypochlorite 0.5 to 1% for surface disinfection.
 - o **Other precautions include:**
 - Cover-cuts, abrasions with water proof dressings.
 - Do not pass sharp instruments hand to hand.
 - While suturing use needle holder to hold the needle.
 - Do not guide needle with fingers.
 - Do not re-sheath needles after injection.
 - Do not touch your own eyes, mouth or nose with gloved hands.
 - Wash gloved hands, remove gloves and discard them in sodium hypochlorite solution. Wash hands thoroughly with soap and water after removing gloves.
 - o **Disposal of hospital waste / disposables:** Sharp instruments must be disposed into puncture proof containers. Clinical waste such as dressings, waste after delivery must be put into waste bags and sent for incineration. Blood, urine and stool can be flushed down the drain.

**Infection Control Precautions are intended to
Isolate the virus and the body fluids
And NOT to isolate the patient.**

- o **Disposal of Dead Bodies of individuals who have died of HIV/AIDS:**
 - It is preferable to use gloves while giving the ceremonial bath.
 - All orifices, nasal, ears, mouth to be packed with cotton wool.
 - Contact between the fluids emanating from these orifices and individuals must be kept to a minimum.
 - The body is best cremated.
 - If it has to be buried, the body must be wrapped in a plastic bag. Bleaching powder may be sprinkled below and above the body or in the coffin box.

SEXUALLY TRANSMITTED DISEASES/INFECTIONS

Sexually transmitted diseases, commonly called STDs, are a group of diseases that are predominantly (mainly) spread by sexual contact. Some sexually transmitted diseases can also be transmitted by skin to skin contact in the genital area. E.g., Herpes infection, scabies, etc.,

Reproductive tract infections

RTIs are infections of the reproductive system. These include:

- Sexually Transmitted Diseases: e.g., syphilis, gonorrhoea, etc.,
- Diseases caused by doctors or nurses or other practitioners because of unsterile procedures – e.g., during insertion of Copper T, abortion, during delivery, etc.,
- Infections caused because of poor personal hygiene during menses, or overgrowth of normal organisms in the genital tract. E.g., bacterial vaginosis, candidiasis, etc.,

**STD DOES NOT BECOME HIV/AIDS.
HOWEVER THE PRESENCE OF STD INCREASES THE RISK OF
TRANSMISSION OF HIV**

Why is STD control an important component of HIV/AIDS prevention?

- There are at least 25 different types of common STDs. Most of these are curable.
- Some of the viral STDs, which cannot be cured, are preventable. e.g., Hepatitis B can be prevented by vaccination.
- STDs increase the risk of acquiring HIV or transmitting HIV.
- Treatment of STD reduces the risk of transmission of HIV
- Prevention of STD will prevent the sexual transmission of HIV, which is the main route of HIV transmission.
- STDs present earlier than HIV/AIDS. Hence, they offer an opportunity to counsel the respondent for behaviour change and condom use.
- In a person with HIV/AIDS, repeated STD increases the HIV viral load and therefore shortens the life span of HIV.
- STDs do not become AIDS.

What Are the Symptoms of STDs?

At least half of STDs in women do not produce any symptoms! Some of the common symptoms of STD are:

- **Ulcers**, sores or warts near the penis or vagina. In a person who practices oral or anal sex, these ulcers or blisters may be present around the mouth or anus.
- **Discharge** from the urethra (males) or vagina or more specifically cervical discharge in women. This group of individuals may also complain of pain or burning sensation while passing urine.
- **Swellings** in the groin.
- Swelling of the scrotum in males or vagina in females.
- **Chronic lower abdominal pain** in women, may be a symptom of STD.

How are STDs treated?

Some of the STDs can be cured with antibiotics or other drugs. It is important that one takes all the prescribed medicine, even if the symptoms go away. One must never take someone else's medicine to treat oneself. Likewise, one should not share his/her medicines with others. The sexual partner also must be treated concurrently, even if there are no symptoms.

Neglecting STD could lead to complications. Complications may be infertility. In women, complications are more severe. Besides affecting her fertility, it may be spread to her newborn child. This may result in repeated abortions, stillbirths or diseases in the child.

How can one protect oneself from STDs?

Here are some basic steps that one can take to protect oneself from STDs:

- Abstinence or not having sex or sexual relations: This is the only sure way to prevent STDs. However, this is not practical for a lifetime! Abstinence could be recommended pre-maritally. Delaying sexual debut can reduce the risk of STI/HIV transmission.
- Practice monogamy: This means have sex with only one person who is also mutually faithful.
- Use a latex condom every time one has sex. (If one uses a lubricant, make sure it is water-based.)
- Limit the number of sexual partners. The more partners one has, the more likely such a person is to get an STD.
- Choose sex partners with care. Don't have sex with persons who have multiple sexual partners or have an STD.
- Get checked for STDs. Periodic Medical Examination is useful especially among women who are exposed to risky behaviour. This is because STI's in women are mostly without symptoms.
- Don't use alcohol or drugs before having sex. One may be less likely to use a condom if one is drunk or high.
- Know the signs and symptoms of STDs. Look for them in both the sex partners.

How can re-infection of STDs be prevented?

Re -infection is very common, especially among women. Men and women can prevent re-infection by:

- Getting prompt, correct and complete treatment if they do have an STD. Any genital symptoms such as discharge or burning during urination or an unusual sore or swelling should be a signal to stop having sex and to consult a doctor immediately. Even if there are no symptoms but one thinks that he/she is infected, it is recommended to avoid sexual contact and to consult a health care provider.
- Getting the sexual partner(s) also treated concurrently. If one is told that he/she has STD and receive treatment, such person should notify all of his/her recent sex partners, so that they can see a doctor and be treated.
- Avoiding sex during treatment for an STD or use condoms during this time.

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- Using condoms **correctly (as described later), continuously (from the beginning of sex to the end) and consistently (every time)** one has sex. The use of latex or polyurethane condoms during vaginal intercourse can prevent the transmission of STDs . However, condoms do not provide complete protection from all STDs. Sores and lesions of STDs on infected men and women may be present in areas not covered by the condom, resulting in transmission of infection to another person.
 - Reducing the number of sex partners, reducing the frequency of change of partner, practicing sexual abstinence, or limiting sexual contact to one uninfected partner, are other options.

CONDOM

Why do we need to promote condoms?

Promotion of the correct and consistent use of condoms is one of the most cost-effective means of preventing STI/HIV/AIDS transmission and progression.

Will not promoting condoms promote promiscuity?

There is no definite evidence that condom promotion promotes promiscuity. Sexual behaviour is often a habit that cannot be changed overnight. It is not easy to motivate people with multiple sexual partners to abstain from sex or to stick to one partner or to stop visiting sex workers. It is more useful to tell them to use condom for every sexual contact and to reduce the number of sexual contacts.

What is condom?

The Condom is a rubber sheath that is used on the erect penis, before any sexual contact is made. After ejaculation, semen is collected in the tip of the condom. The condom acts as a barrier preventing the contact between infective secretions (semen or genital fluids, vaginal fluids) and the mucous membrane of the vagina or glans penis or urethra. Thus condoms prevent transmission of STD/HIV infection. They also act as contraceptives by the same mechanism.

What are the uses of a condom in health?

Condoms are useful:

- To prevent unwanted pregnancy
- To protect oneself and partner against sexually transmitted disease (STD).
- To prevent transmission of HIV or getting infected with HIV.
- To enhance the pleasure associated with sex.
- As condom catheters in male patients with incontinence.

Why do people not use condoms?

Condoms are not used because:

- They are sometimes not available or accessible.
- A person who buys or asks for condoms is looked upon with suspicion and stigma that he could be 'indulging in high-risk behavior'.
- Of a lack of knowledge on the correct use of condoms or the existence of myths and misconceptions related to condoms.

Who should use condoms?

- Every person who involves herself/herself in multi-partner sex must use condom. Multi-partner sex means sex with different partners at different times.
- Condoms must be used between married couples if one person among the couple has more than one sexual partner.

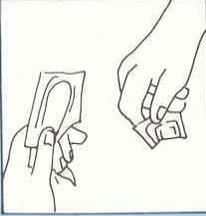
-
- Condoms must be used when a person has an STD and during the treatment of the STD. Following treatment, it is always better to continue to use condoms to prevent another STD.
 - Condoms must be used between HIV positive couples, even if both partners are HIV positive. This is because each partner has different HIV and every time they have unprotected sex, they re-transmit the HIV to each other. These increases viral load and can lead to rapid progression to AIDS and death.

How should one use a condom?

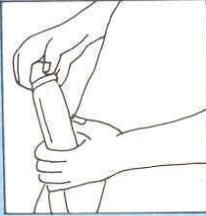
Care should be taken while using condoms because improper use can damage the condom resulting in contracting HIV, STIs or unwanted pregnancies. The following instructions need to be followed while using a condom.

- Before opening the packet check the packet for the expiry date. If there is no print, examine the packing to make sure that there are no holes or tears in the packing and that the packet is not soiled. Bend the packet and ensure that the contents are flexible and not stiff.
- Open the packet carefully without damaging the condom. Do not use any sharp instruments to open the packet. Make sure the finger-nails do not damage the condom.
- Open the packet when the penis is fully erect.
- Do not unroll the condom before putting it on. However, check the direction of the roll. Make sure that the condom is rolled outwards and not inwards. Blow into the condom to change the direction; do not push your fingers through.
- Pinch the tip of the condom. This is necessary to expel the air in the tip. Place the unrolled condom on the tip of the erect penis, before any sexual contact.
- While pinching the tip with one hand, unroll the condom over the full length of the erect penis, with the other hand.
- During intercourse make sure the condom is on the penis.
- After ejaculation, hold on to the base of the condom while withdrawing the penis. This will prevent the condom from slipping out or being left behind during withdrawal.
- Be careful to point the reservoir downwards while removing the condom from the penis to avoid spillage.
- Dispose off the condom promptly by making a knot at the base and throwing it into the garbage, after wrapping it in waste paper. Bury or burn it.
- NEVER RE-USE THE CONDOM.

Some people may have experienced failure in using a condom. They need education, motivation and encouragement to use a condom correctly and consistently.



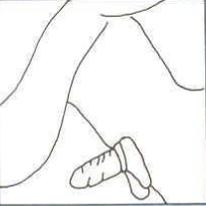
1 Open the pack carefully without damaging the condom. Wear the condom only after penis becomes fully erect



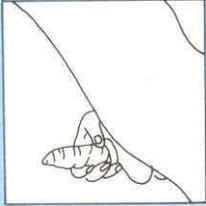
2 Press the tip of the condom and fix it on the erect penis



3 Hold the tip of the condom and slowly unroll it to full length so that the penis is completely covered



4 Ensure that the condom is in position before commencement of sexual intercourse



5 After ejaculation hold the bottom of the condom and gently withdraw the penis



6 Remove the condom carefully without spilling the semen



7 Dispose off the used condom in the garbage bin. Do not reuse

- ☞ Always use condom during sexual intercourse
- ☞ Dispose off used condoms and do not reuse them
- ☞ Use condoms within the expiry date
- ☞ Before use ensure that the condom is intact and undamaged

Questions and Answers in relation to Condoms

How does one know if a condom is of good quality?

Use the condom before the expiry date and within two years of the manufacturing date. At the time of use, check for any visible tears, nicks, or melting, and if present, do not use that condom. When you buy a condom check for expiry date.

Can a condom be reused?

No. Each condom is for one use only. After use, a condom must be disposed off promptly and properly.

Does the use of a condom reduce sexual pleasure?

Condoms do not reduce sexual pleasure, because sexual pleasure is a perceived pleasure. Psychologically some people perceive a loss of pleasure when using a condom. Ribbed/Dotted/Scented/Flavoured condoms, for example, are known to increase sexual pleasure. Main problem is lack of practice and perceived uneasiness in using condom.

How should condoms be stored?

Condoms should be protected from heat, direct sunlight, pressure, and mechanical damage. Unused condoms should be discarded if they have crossed the expiry date. One should have one or two condoms available to use it when having sex. Women who have multi-partner sex may always keep a few ready and motivate their male partners to prevent the spread of STD/HIV.

What can damage condoms?

Oil-based lubricants, such as Vaseline, damage condoms. Use only water-based lubricants if needed.

What are the different brands of condoms available in India and how much do they cost?

The condoms available in India are Nirodh, Deluxe Nirodh, Kamasutra, Fiesta, Kohinoor, Moods, Majestic, Midnight Cowboy, Adam and many others. The price of these ranges from Rs.2 to Rs.15. There are also a number of imported condoms available in India which cost more than Rs.10.

Is it okay for an HIV infected person to have sex using a condom?

Yes, it is okay. When a person who is HIV positive, decides to have sex, it is that person's responsibility to insist on the use of a good quality condom for every sexual act, as this reduces the risk of spreading HIV and contracting further infection. In fact, persons with HIV must be advised to use condoms in order to protect themselves as well! Repeated STDs or re-infection with HIV increase viral load of HIV and decrease the life span of the HIV positive person.

Are there condoms for women?

Yes. There is a female condom called Femidom. At the moment, it is costly. It is marketed in India. Improvements on it are being worked out for universal acceptability.

Are free condoms of poor quality?

No! Quality checks have been done on free condoms (Nirodh) lifted from the field. The quality of free condoms is just as good as the priced condoms. In fact, India is one of the main exporters of latex condoms in the world.