



BEHAVIOURAL SURVEILLANCE SURVEY-LITE

2020

Top Line Findings



**NATIONAL AIDS CONTROL ORGANIZATION, MoHFW, GoI
&
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI**

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI



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Dated the 14th August, 2020

FOREWORD

HIV interventions among high risk group (HRG) population of Female Sex Workers (FSW), Men having Sex with men (MSM), Injecting Drug Users (IDU) and Hijra/Transgender (H/TG) people are core to the National AIDS Control Programme (NACP) since its inception. Periodic bio-behavioural surveillance survey is core to tracking level and trend of HIV epidemic and related knowledge, service uptake and risk behaviour among different population groups under NACP. This included rounds of behavioural surveillance survey (BBS) in 2001, 2006 and 2009 and then world's largest integrated bio-behavioural surveillance (IBBS) survey in 2014-15.

The 2018 expert consultation on HIV Surveillance and Estimation under NACP recommended to have a model for bio-behavioural surveillance which may be implemented every 2-3 years as integral component of spectrum of HIV/AIDS epidemic monitoring activities. In continuation, Behavioural Surveillance Survey Lite (BSS-Lite) under National AIDS Control Programme was conceptualised. The methodology for the same was approved by NACO's TRG on Surveillance and Estimation.

First round of BSS-Lite was implemented in 14 States during 2019-20 in population group of FSW, MSM, IDU and H/TG. The top-line findings present the unweighted fact-sheet on key indicators at the national level. The indicators presented in this top-line findings report are comprehensive encompassing aspects of HIV/AIDS-related knowledge, service uptake and risk behaviours. The objective is to make the key findings immediately available to all stakeholders. A detailed weighted report with State-wise findings will follow.

Successful implementation of BSS-Lite is another initiative under Surveillance & Epidemiology-Strategic Information division of NACO to provide most relevant epidemiological evidences towards prioritizing location and population. I am confident that the top-line findings will be perused and used appropriately by all stakeholders.


(Arti Ahuja)



आलोक सक्सेना
संयुक्त सचिव
Alok Saxena
Joint Secretary



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भारत सरकार
National AIDS Control Organisation
Ministry of Health & Family Welfare
Government of India

PREFACE

HIV epidemic in India is concentrated in nature where population group of Female Sex Workers (FSW), Men having Sex with Men (MSM), Injecting Drug Users (IDU) and Hijra/Transgender (H/TG) people are more at risk of HIV infection than the rest of the population. National AIDS Control Programme (NACP) undertakes periodic bio-behavioural surveillance surveyas core strategic information (SI) activities to track the level and trend of HIV epidemic and related knowledge, service uptake and risk practices.

NACP designed and implemented Behavioural Surveillance Survey Lite (BSS-Lite) 2020 as a critical SI initiative to update the evidence regarding FSW, MSM, IDU and H/TG on critical indicators. The objective was to have a system which may be repeated every 2-3 years to inform the programme on critical indicators for high-risk groups. BSS-Lite 2020 was implemented in 14 States representing north, east, north-east, west and south regions of India among FSW, MSM, IDU and H/TG. Overall, around 16,500 respondents were recruited across 51 surveillance domains.

One of the unique aspects of BSS-Lite was data collection using computer assisted personnel interview technique (CAPI). ODK *Collect*, an open source Android App, was used by ICMR-NIE-Chennai, one of the regional institutes under surveillance institutional arrangement, to develop the android application for CAPI. This enabled real-time data transfer to a central server enabling quick generation of top-line results on key indicators for all four-population groups.

BSS-Lite is another critical piece of evidence through robust strategic information system under NACP. The evidences on HIV/AIDS related risk-behaviour, service uptake, safe-practices are extremely relevant. Equally important evidence in age of debut in risk behaviours. I am confident that all stakeholders will use the top-line findings presented here to further fine-tuning of responses towards achieving "End of AIDS".

(ALOK SAXENA)

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अपनी एचआईवी अवस्था जानें, निकटतम सरकारी अस्पताल में मुफ्त सलाह व जाँच पाएँ
Know your HIV status, go to the nearest Government Hospital for free Voluntary Counselling and Testing



Centre for Community Medicine All India Institute of Medical Sciences

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Message

As is well known, the HIV epidemic in India is concentrated in members of high-risk groups (HRGs), viz. injectable drug users, female sex workers, men who have sex with men, and transgender people. Hence, it is critical to monitor the level and trend of HIV/AIDS-related risk behaviour, knowledge and service uptake within these key groups.

In 2014-15, NACO and its partner organisations conducted the national integrated bio-behavioural surveillance (IBBS) in India – the largest and most comprehensive survey of such a nature in the world. Despite its various strengths, an undertaking of such a scope proved to be very time-, cost- and resource-intensive. Hence, across the globe, such surveys have been conducted less frequently than anticipated. Now, we have assessed a more cost-effective and less time-consuming option amongst HRGs in fourteen select states in India – aptly named the Behavioural Surveillance Survey-Lite (BSS-Lite).

The BSS-Lite has helped in generating essential behavioural indicators of HIV-related risk, the knowledge, attitudes, practices, and the service uptake. The additional information collected from this survey is aimed to help guide policymaking in India.

I would like to acknowledge the contribution of the NACO team, which has been ably led by Dr Shobini Rajan and Dr Pradeep, and guided by the technical expertise of Dr DCS Reddy, Dr Arvind Pandey and Dr Shashi Kant. I would also like to acknowledge the contribution of all the regional institutes (RIs), the State AIDS Control Societies (SACS) as well as the partner agencies for their support in the preparation of this manual. Lastly, I would be remiss if I do not appreciate the efforts of our research assistants who have worked tirelessly in the field to make this a successful endeavour.

This topline findings can act as ready reckoner of BSS-Lite survey for researchers, experts and other stakeholders. A detailed report with state-specific results will soon follow.

[Sanjay K. Rai]



डा. शोभिनी राजन

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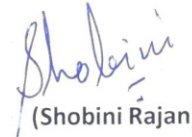
ACKNOWLEDGEMENT

BSS - Lite among high-risk group of Female Sex Workers (FSWs), Men who have Sex with Men (MSM), Injecting Drug Users (IDUs) and Hijra/Transgender (H/TG) people was implemented during 2019-20 through the robust institutional mechanism under Surveillance. Various stakeholders joined their hands together and played their role for successful completion of this activity. NACO gratefully acknowledges contributions of all.

The Technical Resource Group (TRG) for HIV Surveillance and Estimation, first under the chairpersonship of Shri Sanjeeva Kumar (former Special Secretary & DG, NACO, MoHFW, GoI) and now under the chairpersonship of Smt. Arti Ahuja (Additional Secretary & DG, NACO, MoHFW, GoI) and co-chairpersonship of Dr Sanjay Mehendale (Former Addl. DG, ICMR) provided leadership to BSS-Lite. Shri Alok Saxena (Joint Secretary, NACO) provided his continuous support and guidance towards successful completion of activities. Dr DCS Reddy (Former HoD, Dept of PSM, IMS, BHU), Prof. Arvind Pandey (Former Director, NIMS-ICMR, New Delhi), Dr Shashi Kant (Professor and Head, Center for Community Medicine, AIIMS New Delhi), Dr Bilali Camara, Mx Abhina Aher and Dr Ashok Row Kavi (Humsafar Trust, Mumbai), Dr Nicole Seguy (Formerly at WHO India), Dr Taoufik Bakkali (UNAIDS, Bangkok), Dr Keith Sabin (UNAIDS Geneva) and Dr Jesus M Garcia Calleja (WHO Geneva) reviewed the operational manual and topline findings augmenting the technical rigor. The programmatic context for the exercise was provided by Dr Sunil Gupta (Addl. DG, NACO), Dr R S Gupta (Former DDG, NACO), Dr Naresh Goel (DDG, NACO), Dr Anoop Kumar Puri (DDG, NACO), Dr Chinmoyee Das (DD, NACO), Dr Bhawani Singh Kushwaha, and Dr Saiprasad Bhavsar (DD, NACO). We place on record our sincere thanks to NACO's leadership and senior experts for providing vision and insights for successful completion of this activity.

The overall implementation for BSS-Lite, including the preparation of top-line findings was anchored by Dr Pradeep Kumar (NACO). Dr Subrata Biswas (ICMR-NICED, Kolkata), Dr Santhakumar Aridoss (ICMR-NIE, Chennai), Dr Shreya Jha (AIIMS, New Delhi), Dr Sayali Kalme (ICMR-NARI, Pune), Dr Manihar Singh (RIMS, Imphal), Dr Chandar kanta Chauhan (PGIMER-Chandigarh), Dr Arvind Kumar (NACO) and Mr Lalit Singh Kharayat (NACO) worked with State AIDS Control Society (SACS) and Technical Support Unit (TSU) ensured successful implementation of BSS-Lite. Excellent guidance to BSS-Lite technical and operational framework, field implementation and top-line findings was provided by Dr Sanjay Rai (AIIMS, New Delhi), Dr Sheela Godbole (NARI, Pune), Dr A. Elangovan (NIE, Chennai), Dr M.K. Saha (NICED, Kolkata), Dr P.V.M. Lakshmi (PGIMER, Chandigarh) and Dr T Gambhir (RIMS, Imphal). Dr Rajatashuvra Adhikary (WHO India) and Ms Deepika Joshi (CDC-DGHT India) provided critical inputs towards firming up method. We acknowledge the contribution of this core group towards BSS-Lite design, implementation, analysis and reporting.

Last but not the least, the credit for successful implementation goes to our field personnel, SACS and TSU for timely completion of this activity while adhering to best possible quality standards. I am confident that the top-line findings will be perused and used appropriately by all stakeholders.


(Shobini Rajan)

Introduction

National AIDS Control Organization (Ministry of Health & Family Welfare, Government of India) implemented the first round of Behavioural Surveillance Survey-Lite (BSS-Lite) in 2019-20 with an objective to estimate the level and trend of HIV/AIDS related knowledge, risk behaviour and service uptake among high-risk groups. It was implemented in 14 states representing north, east, north-east, west and south regions of India. Four high risk groups (HRG) i.e. Female Sex Workers (FSWs), Men who have sex with men (MSM), Hijra/Transgender People (H/TG) and Injecting drugs users (IDUs) were covered under this surveillance survey.

BSS-Lite (2019-20) was implemented using robust institutional arrangement of epidemic surveillance under the National AIDS Control Programme. The methodology was approved by NACO's Technical Resource Group (TRG) on Surveillance and Estimation. The implementation was led by national and regional institutes of Surveillance and Estimation comprising All India Institute of Medical Sciences-New Delhi, Indian Council of Medical Research (ICMR) – National Institute of Epidemiology-Chennai, ICMR-National Institute of Cholera and Enteric Diseases-Kolkata, ICMR-National AIDS Research Institute-Pune, Postgraduate Institute of Medical Education and Research-Chandigarh and Regional Institute of Medical Sciences, Imphal. These institutes collaborated in development of methodology and then engaged, trained and provided supportive supervision to research assistants and finally supported in data management. Data collection was done using Computer-Assisted Personal Interviewing (CAPI) technique. State AIDS Control Society (SACS) and Technical Support Unit (TSU) facilitated and monitored the field implementation of this survey.

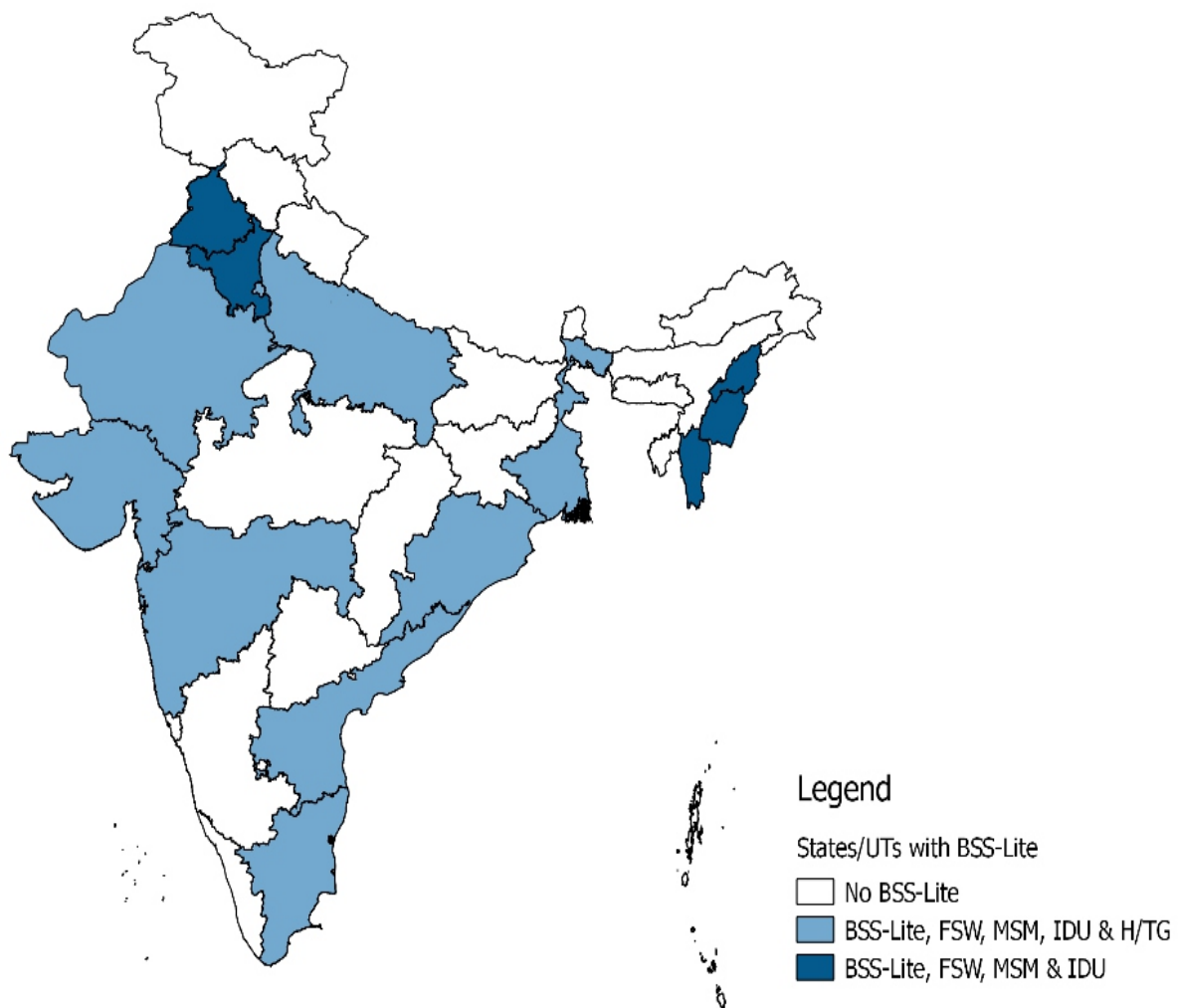
The target sample size for each population group for each of the State was worked out at 400. The sample size was calculated to be able to track changes over time on the key risk behaviours of consistent condom use with all the clients during last one month (for FSW) or consistent condom use with all the regular male partners (for MSM and H/TG) during last one month or consistent use of sterile needles and syringes in case of IDUs. With this, the sample size for HRG for each sampling domain was calculated based on the following parameters: assumed baseline value of 50 percent of the key indicator or risk behaviour, the desired level of change to be detected in the key indicator between two rounds of the survey was 15 percentage points, alpha level of 0.05 corresponding to 95% confidence level, beta at 1.282 corresponding to 90% power of estimate, and a design effect of 1.7.

The sampling for the BSS-Lite was a three-stage cluster sampling approach in each of the States, for each BSS-Lite population group. In the first stage, all the 'Targeted Intervention' sites (Tis) in a state were listed by region (about three or four geographical regions/state) and then up to two TIs in each region were randomly selected. Total sample of 400 was equally divided between the regions and then again equally divided among the TIs selected in the region for the BSS Lite. The second stage comprised a Sampling Frame Development (SFD) exercise in the catchment area of selected TIs and selection of the hotspot-clusters (either conventional or time-location). In the third stage, selection of respondents was carried out at the selected clusters (conventional or time-location clusters) following a random selection approach.

These top-line findings, represent unweighted findings on key indicators for each population group at national level. A detailed weighted report with State-wise findings will follow.

It's important to note that the field-work was in final stages of implementation during the second week of March 2020 when it had to be stopped in view of the SARS-CoV-2 pandemic. Nationally, the target achieved (against expected sample) was 90% (5018/5600) among FSW, 89% (4991/5600) among MSM, 75% (4207/5600) among IDU and 65% (2353/3600) among H/TG population. For the IDU group, the target completion ranged from 7-8% in Gujarat and Tamil Nadu, around 20% in Maharashtra and nearly 70% in Rajasthan and was 86% or higher in the other states. For H/TG group, the achieved sample was 23%-31% of the target in West Bengal and Rajasthan; 40% in Maharashtra, 46% in Gujarat and 58% in Andhra Pradesh. The progress was 90% or more in the remaining States. The findings of the BSS-Lite 2019-20 should be viewed in this context.

Figure 1: BSS-Lite States/UTs by typologies



States/UTs of Implementation

Andhra Pradesh, Delhi, Gujarat, Haryana, Maharashtra, Manipur, Mizoram, Nagaland, Odisha, Punjab, Rajasthan, Tamil Nadu, Uttar Pradesh, West Bengal

Table 1: Key Indicators for Men Who Have Sex with Men (MSM)

| Background Characteristics | |
|---|------|
| Median age (in years) | 26.0 |
| MSM below age 25 years (%) | 39.5 |
| MSM currently married (%) | 30.5 |
| MSM who are illiterate (%) | 4.7 |
| HIV/AIDS related knowledge | |
| MSM who have heard of HIV/AIDS (%) | 97.5 |
| MSM with comprehensive knowledge of HIV/ AIDS (%) ¹ | 43.1 |
| HIV/AIDS related service uptake | |
| MSM who had availed at least one HIV/AIDS related services in last 3 months (%) ² | 91.6 |
| MSM who had availed at least 3 HIV/AIDS related services in last 3 months (%) ² | 65.7 |
| MSM who have been tested for HIV at least once in last 12 months (%) | 81.9 |
| Self-reported HIV positive MSM (among those reporting testing) (%) | 3.6 |
| Self-reported HIV positive MSM on ART (%) ³ | 90.9 |
| Injecting drug practices | |
| MSM who had ever injected drug for non-medical reasons (%) | 2.8 |
| MSM who had injected drug for non-medical reasons in last 3 months (%) ⁴ | 42.0 |
| MSM who had used new needle/syringe when injected last (%) ⁴ | 84.1 |
| Sexual behaviour with male partners | |
| Median age of MSM at first sexual intercourse with a male/hijra partner (in years) | 17.0 |
| MSM with age at first sexual intercourse with a male/hijra partner before 18 years (%) | 55.2 |
| MSM with a regular male partner (%) | 64.2 |
| Condom use by MSM during last sexual act with a regular male partner (%) ⁵ | 84.7 |
| Consistent condom use by MSM during sexual act with a regular male partner (%) ^{5,6} | 62.8 |
| MSM with a commercial male partner (%) | 55.2 |
| Condom use during last sexual act with a commercial male partner (%) ⁷ | 92.4 |
| Consistent condom use during sexual act with a commercial male partner (%) ^{7,8} | 79.0 |
| Sexual behaviour with female partners | |
| MSM who had sexual intercourse with a female partner in last 12 months (%) | 42.7 |
| Condom use during last sexual act with a female partner (%) ⁹ | 60.6 |
| Consistent condom use during sexual act with a female partner (%) ^{9,10} | 41.2 |

1 Comprehensive knowledge was defined and calculated as (i) Knowing any two methods of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), (ii) rejecting two most common local misconceptions about HIV transmission and (iii) being aware that a healthy-looking person can be infected with HIV

2 Refers to counselling on condom use and safe sex, condom distribution, medical check-ups for sexually transmitted infections and HIV testing

3 Among those who self-reported to had the result of their last HIV test result as positive

4 Among MSM who reported to had ever injected drug for non-medical reasons

5 Among MSM who reported to had a regular male partner

6 Refers to condom use in each of the sex act with a regular male partner in last one month

7 Among MSM who reported to had a commercial male partner

8 Refers to condom use in each of the sex act with a commercial male partner in last one month

9 Among MSM who reported to had a female partner

10 Refers to condom use in each of the sex act with a female partner in last one month

Background Characteristics (N=4991)

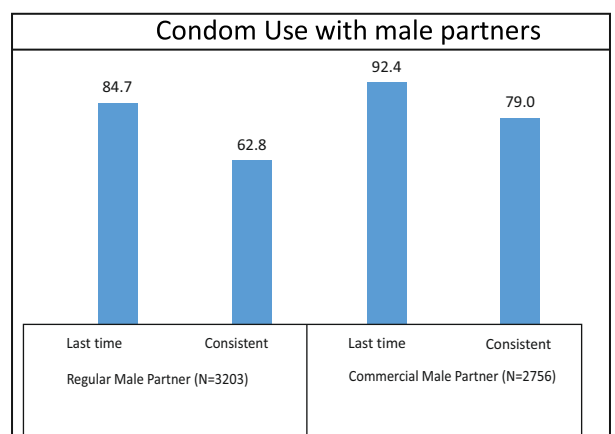
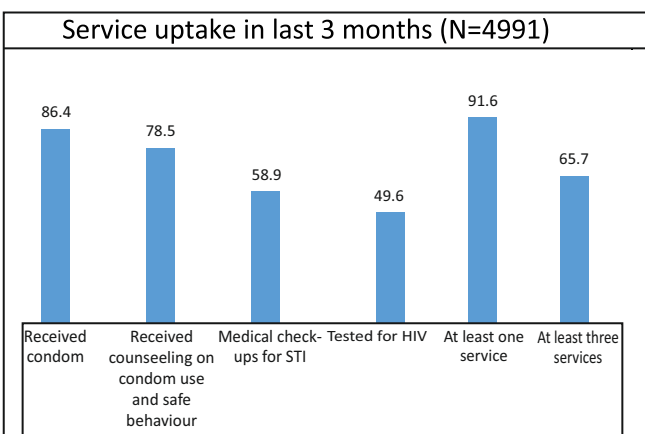
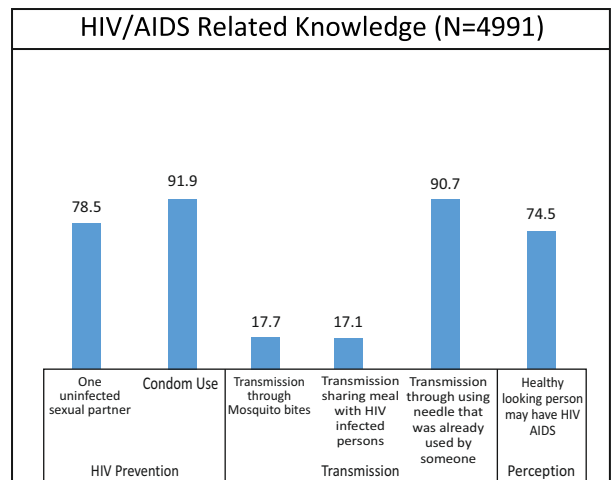
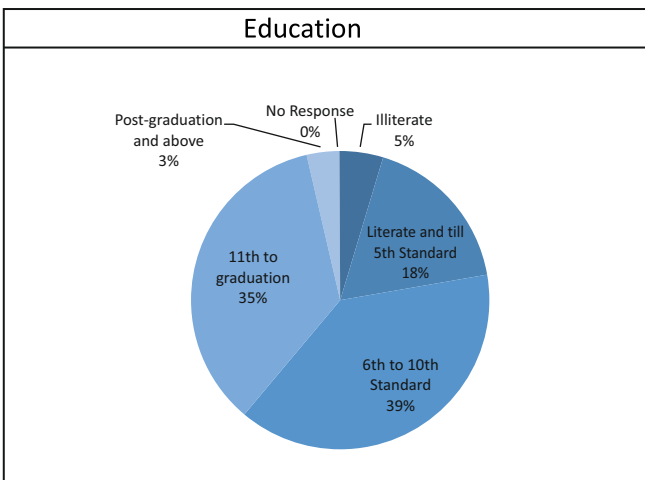
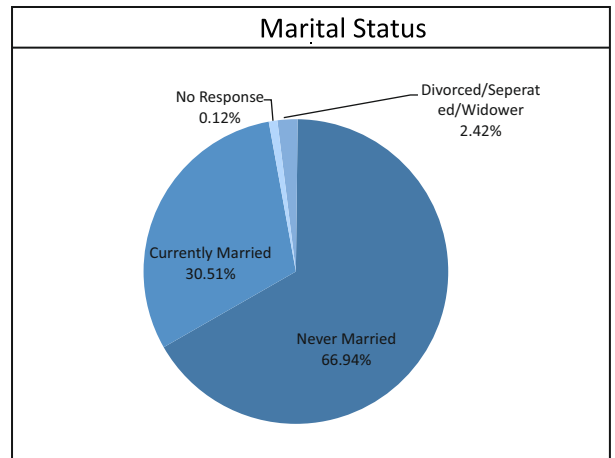
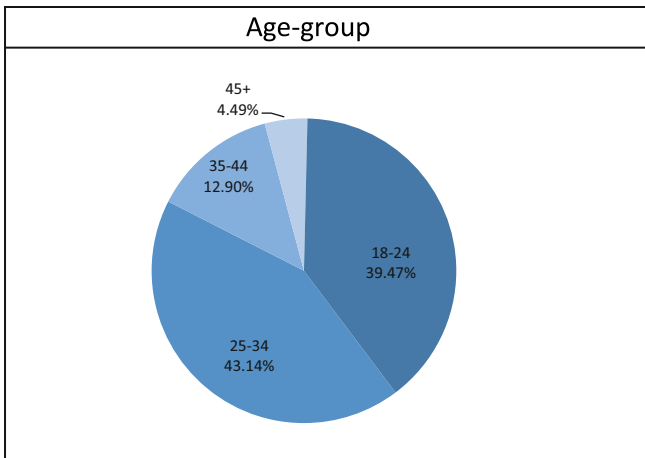


Table 2: Key Indicators for Female Sex Workers (FSW)

| Background Characteristics | |
|---|------|
| Median age (in years) | 30.0 |
| FSW below age 25 years (%) | 17.3 |
| FSW currently married (%) | 56.9 |
| FSW who are illiterate (%) | 26.2 |
| HIV/AIDS related knowledge | |
| FSW who have heard of HIV/AIDS (%) | 95.8 |
| FSW with comprehensive knowledge of HIV/ AIDS(%) ¹¹ | 34.9 |
| HIV/AIDS related service uptake | |
| FSW who had availed at least one HIV/AIDS related services in last 3 months (%) ¹² | 95.9 |
| FSW who had availed at least 3 HIV/AIDS related services in last 3 months (%) ¹² | 76.8 |
| FSW who have been tested for HIV at least once in last 12 months (%) | 84.6 |
| Self-reported HIV positive FSW(among those reporting testing)(%) | 5.8 |
| Self-reported HIV positive FSW on ART (%) ¹³ | 87.9 |
| Injecting drug practices | |
| FSW who had ever injected drug for non-medical reasons (%) | 3.8 |
| FSW who had injected drug for non-medical reasons in last 3 months (%) ¹⁴ | 78.6 |
| FSW who had used new needle/syringe when injected last (%) ¹⁴ | 80.2 |
| Sexual behaviour with male partners | |
| Median age (in years) of FSW at debut for commercial sex work | 22.0 |
| FSW with debut age for commercial sex work before 18 years (%) | 13.7 |
| FSW with a commercial male partner in less than 2 weeks prior to the survey (%) | 86.1 |
| Condom use by FSW during last sexual act with a commercial male partner (%) | 96.2 |
| Consistent condom use among FSW during sexual act with a commercial male partner (%) ¹⁵ | 87.8 |
| FSW with a regular male partner (%) | 69.9 |
| Condom use by FSW during last sexual act with a regular male partner (%) ¹⁶ | 53.7 |
| Consistent condom use among FSW during sexual act with a regular male partner (%) ^{16, 17} | 32.3 |

11 Comprehensive knowledge was defined and calculated as (i) Knowing any two methods of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), (ii) rejecting two most common local misconceptions about HIV transmission and (iii) being aware that a healthy-looking person can be infected with HIV

12 Refers to counselling on condom use and safe sex, condom distribution, medical check-ups for sexually transmitted infections and HIV testing

13 Among those who self-reported to had the result of their last HIV test result as positive

14 Among FSW who reported to had ever injected drug for non-medical reasons

15 Refers to condom use in each of the sex act with a regular male client in last one month

16 Among FSW who reported to had a regular female partner

17 Refers to condom use in each of the sex act with a regular male partner in last three month

Background Characteristics (N=5018)

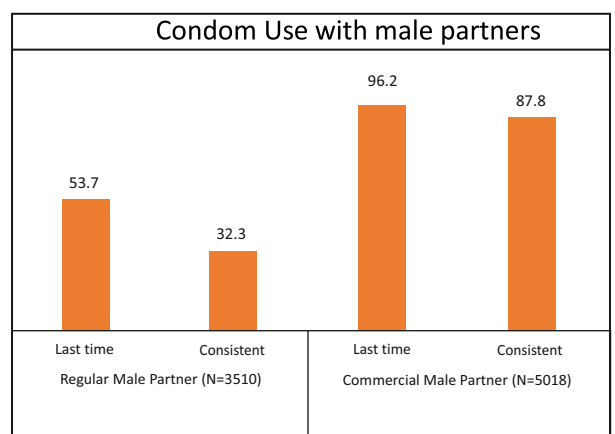
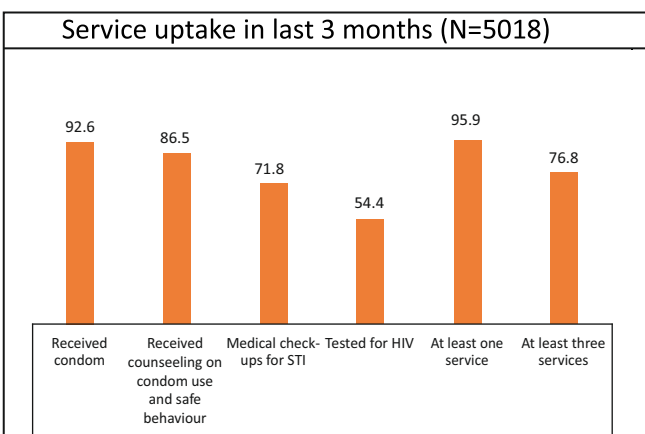
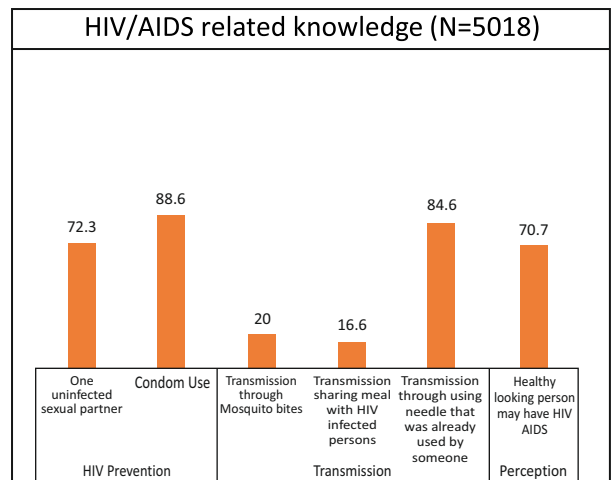
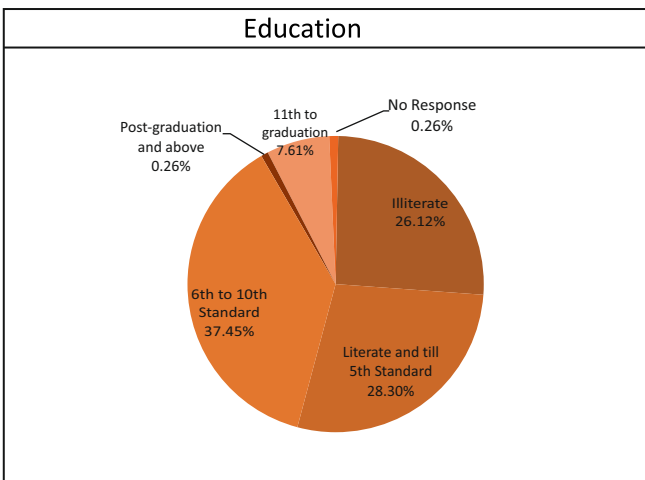
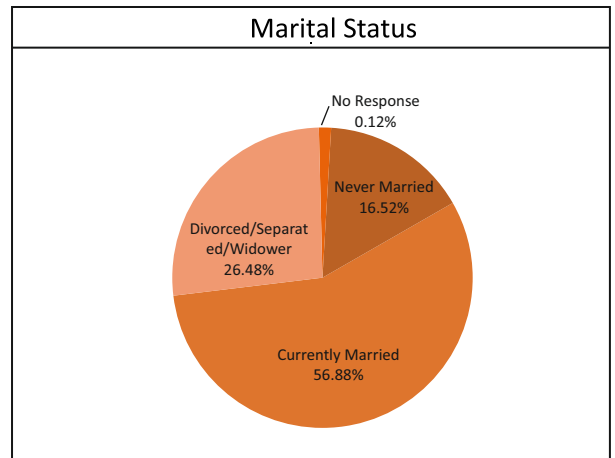
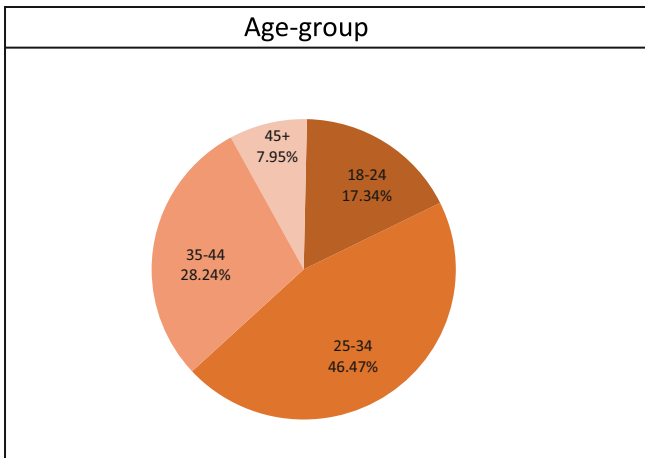


Table 3: Key Indicators for Injecting Drugs Users (IDU)

| Background Characteristics | |
|---|------|
| Median age (in years) | 30.0 |
| IDU below age 25 years (%) | 23.9 |
| IDU currently married (%) | 40.1 |
| IDU who are illiterate (%) | 9.4 |
| HIV/AIDS related knowledge | |
| IDU who have heard of HIV/AIDS (%) | 97.6 |
| IDU with comprehensive knowledge of HIV/ AIDS (%) ¹⁸ | 35.9 |
| HIV/AIDS related service uptake | |
| IDU who had availed at least one HIV/AIDS related services in last 3 months (%) ¹⁹ | 92.8 |
| IDU who had availed at least 3 HIV/AIDS related services in last 3 months (%) ¹⁹ | 45.6 |
| IDU who have been tested for HIV at least once in last 12 months (%) | 78.9 |
| Self-reported HIV positive IDU (among those reporting testing) (%) | 7.4 |
| Self-reported HIV positive IDU on ART (%) ²⁰ | 83.2 |
| IDU who had ever received Opioid Substitution Therapy (%) | 44.7 |
| IDU currently on Opioid Substitution Therapy (%) | 25.3 |
| Injecting drug practices | |
| Median age of IDU at first injecting drug use for non -medical reasons (in years) | 21.0 |
| IDU with age at first injecting drug use for non -medical reasons below 18 years (%) | 18.6 |
| IDU with injecting episode for non -medical reasons in less than 1 months prior to the survey (%) | 87.4 |
| IDU who had used new needle/syringe when injected last (%) | 95.9 |
| IDU who had not shared needle/syringe when injected last (%) | 87.9 |
| Regular female partner of male IDU inject drug for non - medical reason (%) ²¹ | 5.9 |
| Sexual behaviour | |
| IDU who ever had sexual intercourse | 90.1 |
| IDU who had sexual intercourse with a partner in last 12 months (%) ²² | 86.6 |
| Condom use by IDU during last sexual act with a partner (%) ²² | 54.6 |

18 Comprehensive knowledge was defined and calculated as (i) Knowing any two methods of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), (ii) rejecting two most common local misconceptions about HIV transmission and (iii) being aware that a healthy-looking person can be infected with HIV

19 Refers to counselling on condom use and safe sex, clean needles or syringes, medical check-ups for sexually transmitted infections and HIV testing

20 Among those who self-reported to had the result of their last HIV test result as positive

21 Among IDU with a regular female partner

22 Among IDU who ever had sexual intercourse

Background Characteristics (N=4207)

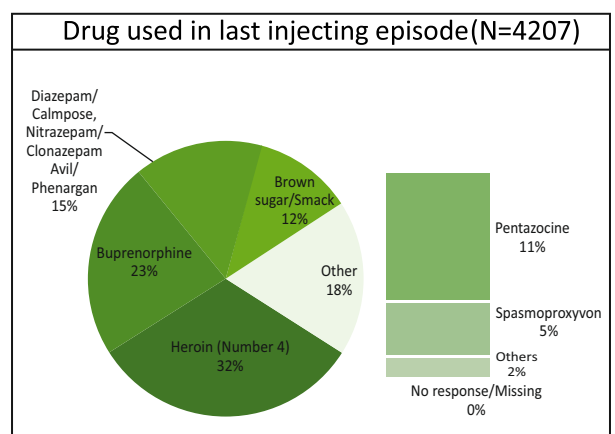
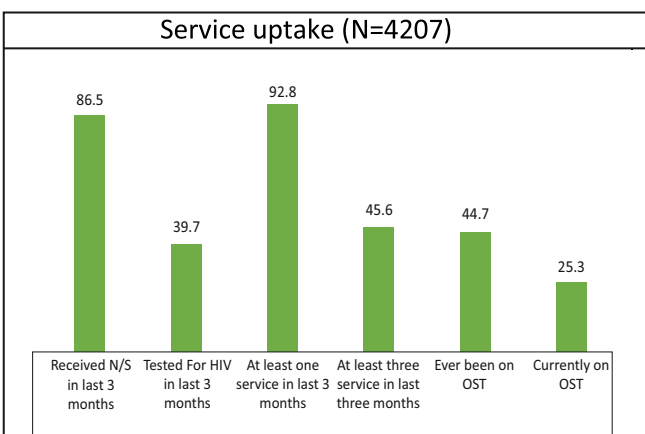
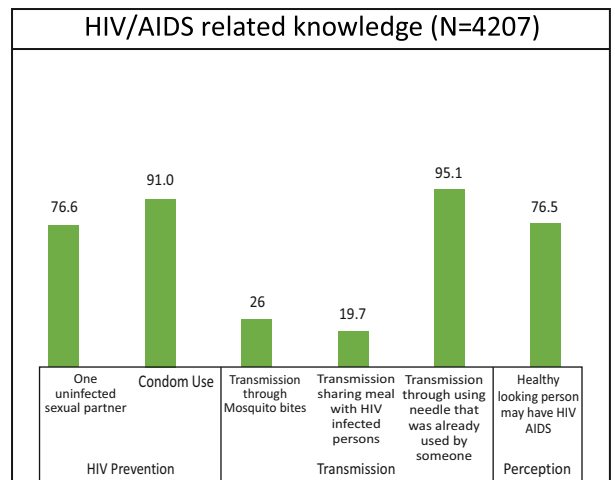
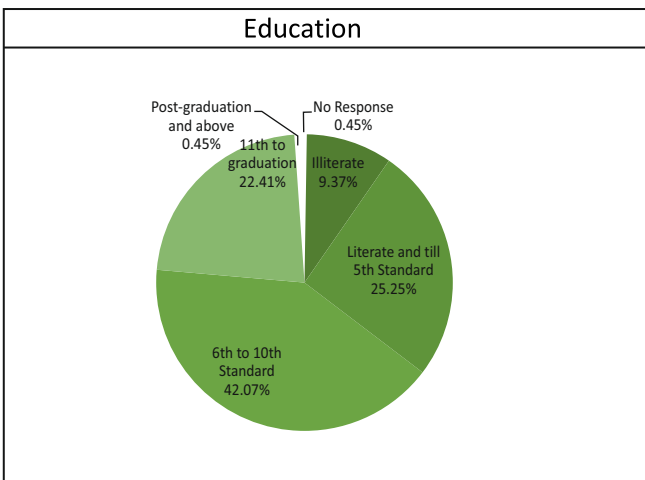
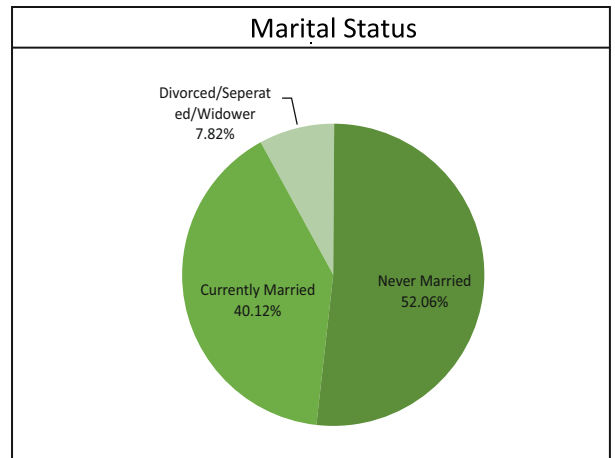
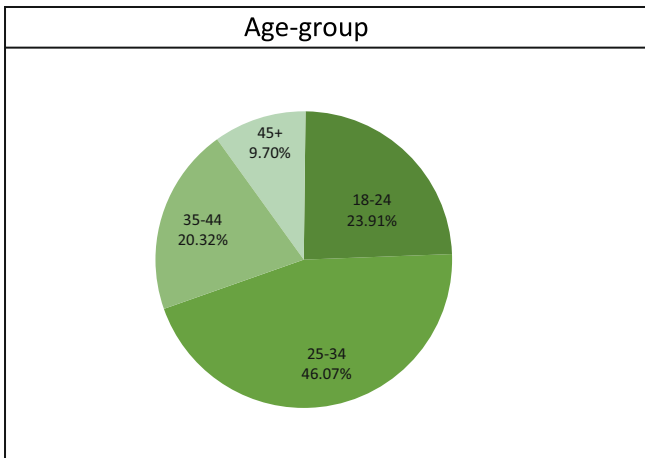


Table 4: Key Indicators for Hijra/Transgender People (H/TG)

| Background Characteristics | |
|--|--------------------|
| Median age (in years) | 26.0 |
| H/TG below age 25 years (%) | 37.8 |
| H/TG currently married (%) | 16.1 |
| H/TG who are illiterate (%) | 10.6 |
| HIV/AIDS related knowledge | |
| H/TG who have heard of HIV/AIDS (%) | 98.6 |
| H/TG with comprehensive knowledge of HIV/ AIDS (%) ²³ | 45.3 |
| HIV/AIDS related service uptake | |
| H/TG who had availed at least one HIV/AIDS related services in last 3 months (%) ²⁴ | 93.2 |
| H/TG who had availed at least 3 HIV/AIDS related services in last 3 months (%) ²⁴ | 63.7 |
| H/TG who have been tested for HIV at least once in last 12 months (%) | 86.6 |
| Self-reported HIV positive H/TG (among those reporting testing) (%) | 6.5 |
| Self-reported HIV positive H/TG on ART (%) ²⁵ | 97.9 |
| Injecting drug practices | |
| H/TG who had ever injected drug for non -medical reasons (%) | 1.3 |
| H/TG who had injected drug for non -medical reasons in last 3 months (%) ²⁶ | 25.8 ²⁷ |
| H/TG who had used new needle/syringe when injected last (%) ²⁶ | 87.1 ²⁷ |
| Sexual behaviour with male partners | |
| Median age of H/TG at first sexual intercourse with a male/hijra partner (in years) | 14.0 |
| H/TG with age at first sexual intercourse with a male/hijra partner before 18 years (%) | 85.1 |
| H/TG with a regular male partner (%) | 55.7 |
| Condom use by H/TG during last sexual act with a regular male partner (%) ²⁸ | 68.2 |
| Consistent condom use by H/TG during sexual act with a regular male partner (%) ²⁸ | 49.2 |
| H/TG with a commercial male partner (%) | 76.4 |
| Condom use during last sexual act with a commercial male partner (%) ²⁹ | 97.5 |
| Consistent condom use during sexual act with a commercial male partner (%) ^{29, 30} | 95.0 |

23 Comprehensive knowledge was defined and calculated as (i) Knowing any two methods of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), (ii) rejecting two most common local misconceptions about HIV transmission and (iii) being aware that a healthy-looking person can be infected with HIV

24 Refers to counselling on condom use and safe sex, condom distribution, medical check-ups for sexually transmitted infections and HIV testing

25 Among those who self-reported to had the result of their last HIV test result as positive

26 Among H/TG who reported to had ever injected drug for non-medical reasons. Based on less than total 36 H/TG reported to had ever

27 Based on less than 50 H/TG who reported to ever inject drug for non-medical reasons. Need to be interpreted carefully

28 Among H/TG with a regular male partner

29 Among H/TG with a commercial male partner

30 Refers to condom use in each of the sex act with a commercial male partner in last one month

Background Characteristics (N=2353)

