2014 PLACE Worker and Patron Survey

National Family Planning Board

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Introduction

The HIV epidemic in Jamaica has features of both a generalized and concentrated epidemic. It is estimated that 30,265 persons of the Jamaican adult population, as of 2013, are infected with HIV and about one in every two persons does not know that he/she is infected. Higher HIV prevalence has been recorded in vulnerable groups such as sex workers (SW) (4.1%), MSM (32%), and persons with STIs (3.6%), crack/cocaine users (5%), and prison inmates (3.3%)

The Priority for Local Control Efforts (PLACE) methodology was introduced in Jamaica in 2003. It was the result of collaboration between the National HIV/STI Programme and MEASURE Evaluation supported by USAID. PLACE is a rapid assessment tool to monitor and improve HIV prevention programme coverage in areas where HIV transmission is most likely to occur, (Measure Evaluation 2005). Jamaica has routinely implemented outreach activities in venues identified as places where people go to find new sex partners and PLACE surveys have been conducted since 2008 to continue the surveillance of sexual behaviours and HIV/STI prevalence among female sex workers.

In 2008 the PLACE survey was conducted among 336 participants. This survey revealed a 4.9% HIV prevalence among the sex workers. This result reflected a decline in prevalence in the population from the previous 9% in 2005. A second survey using the PLACE method was conducted in 2011. A total of 463 female workers, 263 female patrons and 278 male patrons were interviewed and tested for HIV and other STIs. The study revealed a HIV prevalence of 4.1%. (Measure Evaluation, 2012)

In 2014 a similar survey utilizing the PLACE methodology was undertaken among female workers and patrons at venues identified as places where people go to find new sex partners. The results of this survey are documented in this report.

Executive Summary

The 2014 worker and patron survey yielded 1009 survey participants 702 reported exchanging cash for sex. The distribution of sex workers was; 270 street, 305 club, 41 other (massage parlour, bar etc.) 29 female workers selling sex and 57 patrons selling sex.

HIV/STI prevalence in the 2014 survey of PLACE workers and patrons' survey indicate a continued decline in the HIV prevalence among female sex workers. The overall prevalence was 2.9% a decline from 4.1% in 2011. 5% of participants were Syphilis reactive and 0.5% of the participants had HIV and syphilis co-infection. 14.6% of sex workers had been told by a health care worker that they were infected with an STI in the past 12 months.

Condom use remains inconsistent among sex workers. Condom use at last sex with main partner remains below 50% at 32.7% while 63.8% did not use a condom. The main reason given for non-use with main partner were love and trust partner 45%, partner does not like to use condoms 10% and using another contraceptive method 10%. Condom use with regular client was reported at 73.8% and condom use in the last ten sex acts was only 50.3%. Use of the female condoms in the past year was year was less than 20% at approximately 18.5%.

65.5% of the 29 female workers who reported exchanging cash for sex had done so in the last 6 months while 75.8% in the past 3 months. Female patrons were also involved in selling sex. Of the 57 patrons reported exchanging cash for sex, 54.4% had done so in the past 3 months.

Sex workers that operated in clubs were more likely to engage in transactional sex (exchange of sex for gifts or favours) 178 compared to 156 street, 37 female patrons and 21 other (massage etc.)

The majority (54.8%) of sex workers were within the 25- 39 age cohort. There were fewer (34%) in the 16-24 age cohort and fewest (11.20%) over 40years. The street based sex workers had the highest number, 23 of those 16-24 years and also highest number, 16 of the over 40 years. Approximately 94% of the sex workers had completed primary education however only 33.5% had completed up to grade 11 at the secondary level.

Higher numbers of street sex workers and the club based sex workers have experienced adverse life events, 100 of both street and club based sex workers have been jailed. 97 of the club sex workers have been raped this compares to 55 street sex workers and to 8 other (massage etc.). Also 54 Street sex workers have ever been homeless, compared to 56 club based and 12 other (massage, bar etc.) The street sex worker also had the highest number of HIV positive persons, 11, compared to 7 club based sex workers and 1 among female workers selling sex.

Exposure to HIV/AIDS education was fairly even among type of sex workers. Exposure to HIV/AIDS education ranged from 47% among street, 52% among club and 50.9% among other (massage, bars etc.) sex workers. Approximately 48% of female workers selling sex and 41.7% of female patrons selling sex also reported exposure to HIV/AIDS education.

31.8% of participants in the over 40 age cohort had their last pap smear test more than 3 years ago compared to 19.9% in the 25 -39 age cohort and 9.5% in the 16 - 24 age cohort. Current contraceptive use (other than condoms) was generally low among participants with 32.6% reported currently being on a method. Current contraceptive use was highest among street sex workers at 36.3%, followed by club based 32.1% and other (massage etc) 31.7%.

The average number of pregnancies and live births among participants was 2. The majority of sex workers sought antenatal care at public facilities, 9.8% visited private doctors and 5.4% did not seek care.

75% of the HIV positive sex workers reported that they had registered for care at a clinic or private doctor and had made a visit within the last 12 months. However while 4.8% were in both private and public health care, 4.8% were not registered for care. The majority of persons 25% registered for care within three months after diagnosis. Another 12.5% registered within one month after HIV positive diagnosis.

Methodology

Protocol development

The 2014 PLACE Survey conducted interviews with persons at increased risks of acquiring and transmitting infections. As such the existing protocol for HIV and Syphilis testing, pre and post-test counseling and provision of test results to participants and ensuring confidentiality and quality control guided the data collection process. These guidelines and procedures were approved for the PLACE 20011 survey and have been further refined and published in PLACE in the Caribbean; Institutionalizing PLACE methodology to reach key populations in the Caribbean (Scott & Byfield, 2013). This 2014 survey did not include male patrons at the sites and only test for syphilis were conducted. A rapid SD Bioline test was used for syphilis. This test identifies person who have ever been infected with syphilis.

Ethical Review: ethical approval was obtained from the Ministry of Health Jamaica.

Community informant survey: The first phase of the survey was the community informant (CI) survey. Teams from the Ministry of Health conducted the data in this phase. 1176 community informants were interviewed. These CI interviews were approximately 5-10 minutes in length. These interviews were used to identify potential locations where people go to meet new sex partners and where sex may be available for sale

Site and events verification survey: All sites that were listed from the community informant survey were visited by the Ministry of Health team for verification. Interviews of approximately 20 minutes were conducted with venue informants and total of 491 venues were verified. The venues had the following activities taking place on site: men visited the sites looking for women to buy sex, exotic dancers, alcohol was sold and consumed on sites, women visited the sites to sell sex, exctasy and marijuana was used on site.

PLACE worker and patron survey: A cadre of 65 interviewers were recruited and trained to conduct the interviews with the sex workers, female patrons and female workers at venues Island wide. The sex workers were segmented into: street sex workers, club based, massage parlour and other sex workers and female workers selling sex and female patrons selling sex. Interviews with these participants were approximately 40 – 45 minutes

Objectives were:

- To estimate prevalence and incidence of HIV/STI among high risk women
- To measure proximate & underlying determinants of HIV transmission
- To monitor program coverage
- To establish closer contacts with key populations in order to expand prevention and treatment services

• To determine effectiveness of prevention interventions among female sex workers

Inclusion criteria:

PLACE worker must be 16 years or older be working at the site and sign a written consent form

PLACE patron must be at the site independently (not on a family errand or with parents if age below 16 years.

Female sex worker: must be a PLACE worker or patron, age 16 years and older and report exchanging sex for cash in the past 3 months.

Sampling and recruitment

Sex workers, female workers and female patrons were recruited in two stages. The first stage was selection of sites. The sites were selected after dividing the list of verified sites in each region into four categories: street sites, dance clubs, and other which included massage parlors, bars etc. A target number of each type of respondent (sex worker, female workers and female patrons) was set for each region based on the estimated population at the sites in the region. This data was also collected during the site verification process. Sites were randomly selected from lists of each of the four categories. The number of people interviewed at each site was proportional to the number expected at the site. The data are weighted to take into account the probability of selection of the site and the probability of selection of a person within the site.

Interviewers went to the site usually before a busy time and asked to interview female sex workers and other workers. A target number of workers were set for each site, based on the size of the site.

Patrons were not interviewed at street sites. Overall the study aimed to conduct 1000 interviews, including 600 sex workers, 210 female workers and 190 female patrons. More interviews were to be conducted in the Southeast and the fewest in the Southern.

Eligible persons were invited to participate in the survey and testing for HIV and syphilis. Only persons who agreed to both survey and testing were included. At the end of the interview and testing a J\$200 phone card was given to participants.

Data Collection Questionnaire Design

The survey included an interviewer administered face to face questionnaire as well as a confidential self- administered one page confidential form. The participants were required to circle the appropriate responses on this sheet. On completion the respondent folded the form and placed it in a sealed envelope.

The following areas were covered in the face to face portion of the interview:

- Demographics
- Union Status
- HIV/AIDS Knowledge and protective practices
- Stigma and discrimination
- Condom attitudes and access
- Voluntary Counseling and testing
- Risk perception
- Exposure to intervention
- Treatment and care
- Family Planning and Contraceptive use

The following were the self-administered a section of the questionnaires:

Sexual behavior with main partner based on being cohabiting union and not being in a cohabiting union

- Last time condom use
- Condom use based on partner type
- Treatment and Cascade

The Instrument was first pretested for comprehension and to identify areas that would need specific attention in administering. Following refinement of the instrument by the lead consultant and the Monitoring & Evaluation Unit, interviewers were selected, screened and trained; these interviewers were selected from across the island in the four (4) regional health authorities

Results of field work

A total of 1031 interviews were completed however 22 questionnaires were incomplete and therefore were not included in the analysis. The chart below shows the distribution of participants according to category and Regions. The total sample included in the analysis was

1009. Efforts were made to include all parishes; however St Mary and Portland were excluded based on low numbers of sex work sites. This may be a result of a mobile sex work population, opting to work in neighboring parishes of Kingston and St Ann in anticipation of greater income earning potential. St Ann was the only parish in the North East which was included in the survey. Four hundred and nine (409) of the participants were identified in the South East Region, three hundred and thirteen (313) in the Western Region, two hundred and seventeen (217) in North East Region and Seventy (70) in the Southern Region.

Table 1: Distribution of participants: Female sex workers, workers and patrons by Region

Region	Parish	Street SW	Other SW	Club SW	Workers	Patrons	Unidentified	Total
region	Kingston	66	4	6	11	12	0	99
Total:	St.	00	4	0	11	12	U	99
South East	Andrew	15	16	24	37	28	0	120
	St.							
	Catherine	65	1	51	35	53	0	205
		146	21	81	83	93	0	424
	St. Ann	54	24	52	25	67	0	222
Total: North East		54	24	52	25	67	0	222
	Westmor							
-	eland	32	18	28	16	53	6	153
Total: Western	Hanover	2	1	13	6	3	0	25
Westelli	St.							
	James	43	13	26	10	4	5	101
	Trelawny	3	2	8	5	10	0	28
		80	34	75	37	70	11	307
	St.							
	Elizabeth	0	8	3	4	1	1	17
Total:	Clarendo							
Southern	n	8	7	6	2	4	2	29
	Manchest		4.0		_			00
	er	2	12	11	5	2	0	32
	Total	10	27	20	11	7	3	78
Grand Total		290	106	228	156	237	14	1031

Types of sites

Participants were recruited from eight types of sites as identified through community informant interviews. 1. The majority Four hundred and fourteen (414) were from exotic clubs. Features of

exotic clubs include: entry fee, alcohol on sale, pornographic movies, female dancers on stage, lap dances, rooms available for rent by the hour. 2. Two hundred and sixty one (261) participants were from street sites. Street sex sites are road ways where sex workers publicly solicit sex. 3. One hundred and sixty nine (169) were at night clubs. These are entertainment venues and socializing sites where music is played, alcohol is sold and sex work may be more discreet. 4. Ninety one (91) from bars. 5. Twenty eight (28) from outdoor sites, socializing sites and hang out spots. 6. Twenty one (21) from massage parlours. These are discreet locations, often private homes where sex is available for sale. Services are advertised as massages on the internet and local newspapers. 7. Sixteen (16) from fast food restaurants and 8. nine (9) from malls and plazas.

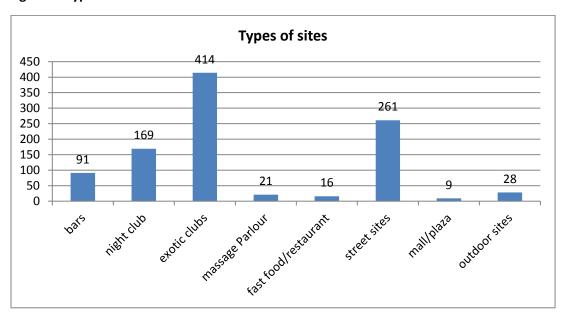


Figure 1: Types of sites

Types of participants

One thousand and thirty one (1031) female participants were recruited to participate in the survey. Twenty two questionnaires were incomplete and therefore not included in the final analysis. Males were not included, given sufficient evidence from the 2011 Worker and Patron survey. The HIV prevalence of male participants was below that of the general population at 0.5%.

Of the one thousand and nine (1009) participants interviewed Seven hundred and two (702) reported exchanging cash for sex in the past three months. These participants included: 270 street sex workers, approached along roadways identified as places people go to pay for sex, 305 exotic club based sex workers, approached as dancers, 41 participants from bars and massage parlours, private residences where sex is available for sale similar to a brothel, 29 female workers at exotic clubs approached as staff-bartenders, waitresses, attendants etc and 57 patrons, women who attend these venues for entertainment as customers.

Table 2: Types of participants

Types of Participants						
Street SW	270					
Exotic Club-based SW	305					
Other SW (Bar, Massage Parlour etc.)	41					
Female Worker Selling Sex	29					
Female Worker Not Selling Sex	129					
Patron Selling Sex	57					
Patron Not Selling Sex	178					

Chapter 1- Demographic details of participants

Of the total sample 553 (54.80%) were between 25 -39 years, 343 (34%) were in the 16 -24 age cohort and 113(11.20%) were over 40 years. The majority of persons selling sex were in the 25 -39 age group. However in the category of patrons selling sex 51% were in the 16-24 age group compared to 39% in the 25-39 age cohort and 11% of those over 40 years.

The larger number of patrons 16-24 years engaged in sex work may be indicating an entry point into sex work and the need to remain discreet due to current punitive laws. Prevention interventions therefore need to focus on all women at sex sites including those in the younger age groups who may be recruited into sex work and the risks associated.

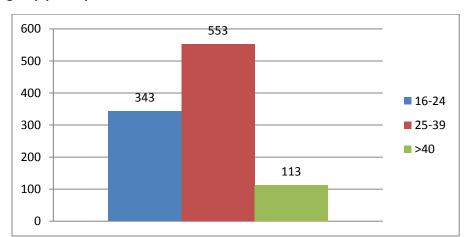
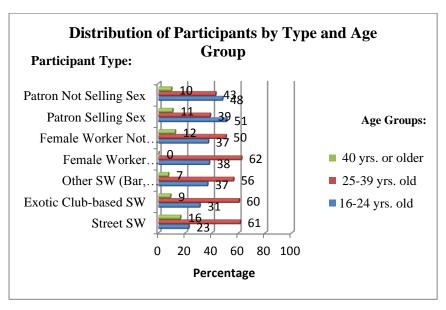


Figure 2: Age group participants

Figure 3: Distribution of participants by Type and Age Group



Education and employment

Street based sex workers had the lowest levels of educational attainment. Limited education and skills training is also a factor in underlying determinants that drive risk of HIV transmission. 37.5% of sex workers completed up to grade 9 of secondary education and 33.5% completed grade 11, 17.7% completed grade 10 and 3.4% had completed up to grade 12/13. However only 27.8% of the street sex workers had completed grade 11 compared to 48.8% of the other sex worker (massage and bar).

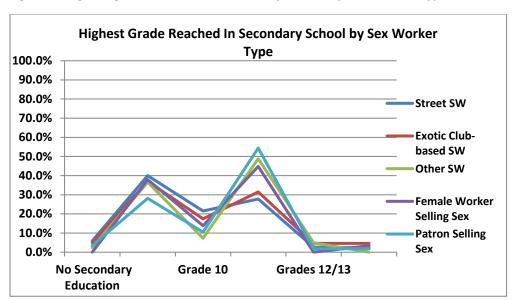


Figure 4: Highest grade reached in Secondary School by Sex Worker type

Table 3: Highest grade reached in Secondary School by Sex Worker type

Grades Reached			Street SW Exotic Club- based SW Other SW		SW	Female Worker Selling Sex		Patron Selling Sex		Total		
	Freq uenc y	%	Frequ ency	%	Freq uenc y	%	Fre que ncy	%	Freq uenc y	%	Frequenc y	%
No Secondary Education	16	5.9%	15	4.9%	1	2.4 %	0	0.0%	2	3.5%	34	4.8%
Completed up to Grade 9	108	40.0%	113	37.0 %	15	36.6 %	11	37.9 %	16	28.1 %	263	37.5 %
Grade 10	58	21.5%	53	17.4 %	3	7.3 %	4	13.8 %	6	10.5 %	124	17.7 %
Grade11	75	27.8%	96	31.5 %	20	48.8 %	13	44.8 %	31	54.4 %	235	33.5 %
Grades 12/13	7	2.6%	14	4.6%	2	4.9 %	0	0.0%	1	1.8%	24	3.4%
No Response	6	2.2%	14	4.6%	0	0.0 %	1	3.4%	1	1.8%	22	3.1%
Total	270	100.0%	305	100.0 %	41	100. 0%	29	100.0 %	57	100.0 %	702	100.0 %

Sex work was identified as the main source of income for a vast majority of female sex workers at 72.1%. While only 12.9% of female workers and 7.4% of female patrons claimed to rely on sex work for income, this suggests that wages may be supplemented by sex work which also introduces some level of risk. This further emphasizes the need for Prevention programmes to target all women at sex work sites to ensure adequate coverage of those in need of services.

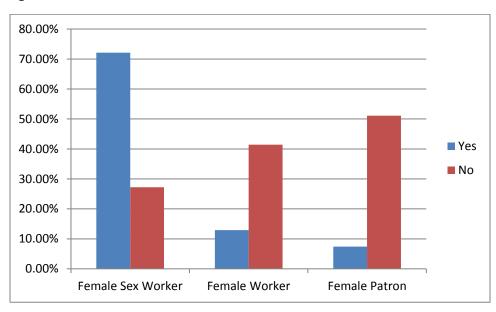


Figure 5: Sex work as main source of income

Chapter 2- Relationship status

The average age of sexual debut for participants was 15.5%; this is similar to national averages of 15.3% reported by the Youth Risk and Resiliency Survey. In terms of personal relationships, 70.3% of respondents reported having a main male partner and 10.5% stated that they have a main female partner. It is not known what proportion of these main partners are aware that their partners are involved in sex work or their associated level of exposure to risk.

Street based sex workers and other sex workers had the highest average number of sex partners, 20 for the past four weeks, while club based sex workers had an average of 8. Multiple sex partnerships is a main characteristic of sex work and is also recognized as a risk factor in HIV transmission especially in cases of inconsistent condom use.

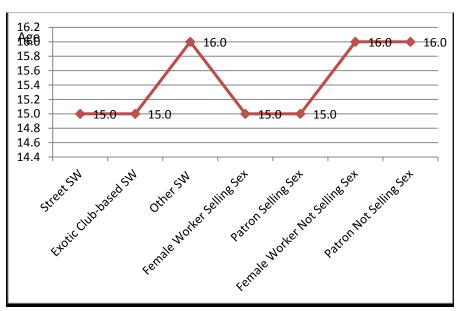


Figure 6: Age at sexual debut by participant type

Figure 7: Participants reporting main male partner

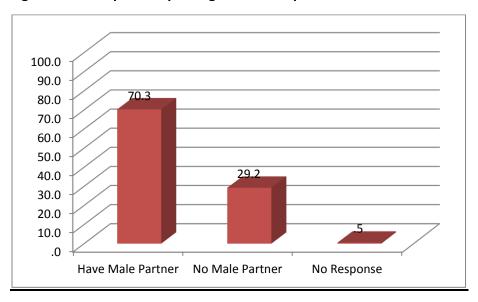
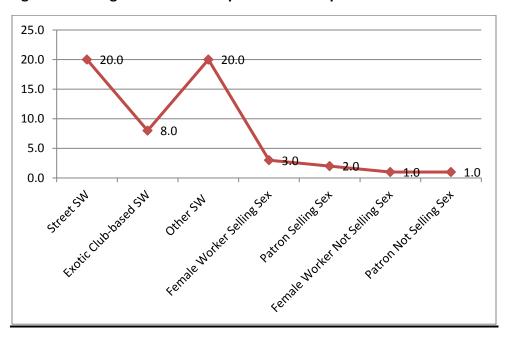


Figure 8: Average number of sex partners in the past four weeks



Transactional sex

Transactional sex is described as the exchange of sex for goods and services, gifts, favours etc. A significant number of street based and club based sex workers reported transactional sex. The club sex workers recorded the highest numbers for exchanging sex for gift or favours, that is 178 compared to 156 street sex workers, 21 other sex worker and 37 female patrons selling sex.

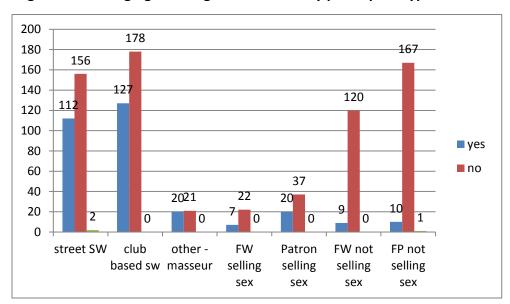


Figure 9: Exchanging sex for gifts or favours by participant type

Chapter 3- Adverse life events

A significant number of participants reported spending a night in jail or prison. While the nature of the crime is not known, sex work continues to be illegal in Jamaica. While the prevention programme has achieved tremendous gains in building trust and gaining access to sex workers and sex work venues a large portion remains hidden and operates discreetly. As shown in the table, more than a third (34.3%) of female sex workers have spent a night in jail or prison, compared with female workers at 16.4% and female patrons at 14.8% having been to jail or prison before.

Incidence of rape is high among the group. As shown by the table, more than a quarter (25.4%) of female sex workers have been raped before, and 13.2% of female workers and 15.7% of female patrons reported being raped. Thus a total of 21.3% of respondents have been victims of rape.

Homelessness is also common among the group. Almost one fifth (19.6%) of female sex workers have experienced homelessness, while 11.2% of female workers and 8.9% of female patrons have experienced the same.

Table 4: Adverse life events

Adverse life event	Female Sex Worker	Female Worker	Female Patron
Spent a night in jail	34.3%	16.4%	14.8%
Ever been raped	25.4%	13.2%	15.7%
Ever been homeless	19.6%	11.2%	8.9%

Drug Use

The use of marijuana was high among participants, 55.9% of female sex workers admitted to using marijuana, while 33.6% female workers and 29.7% of female patrons used over the last six months. The proportions for use of ecstasy were lower than for ganja but significantly higher than that of injecting non-prescription drugs and crack or cocaine use. The use of ecstasy persist among all sex workers in all regions however the club based sex worker in the North East recorded the highest ecstasy use approximately 40%.

Injecting drug use has not traditionally been common in Jamaica however there may be a need to monitor changes in usage patterns over the years. Approximately 1.2% of participants admitted to injecting non-prescription drugs in the last six months, only 2.1% of female sex

workers reported using crack or cocaine over the last six months, 0.7% of female workers and 0.8% of female patrons used crack over the last six months.

The use of marijuana among street, club and other (massage etc.) sex workers in all Regions except Southern Region is above 50%. There is no available data for club based sex workers in the Southern Region, however overall marijuana usage is highest among other sex workers (massage etc.) in this region. The Western Region reported a high of approximately 72%, North East approximately 67% and South East approximately 66.8%

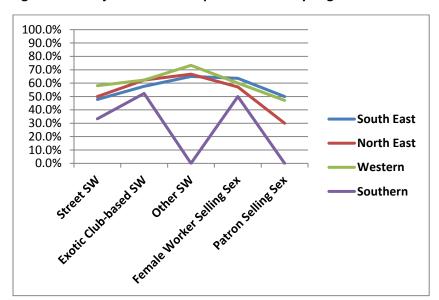
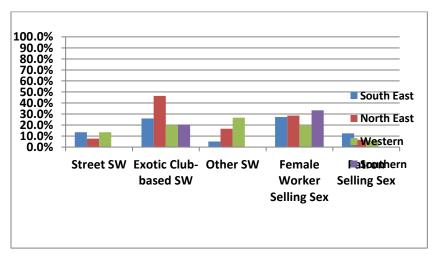


Figure 10: Marijuana use in the past 6 months by Region and sex worker type





Chapter 4 - Condom use

Of the 709 persons reporting main partner 34.4% reported using a condom at last sex with their main partner while 65.6% did not use a condoms with their main partner at last sex act. The primary reason for not using a condom was love and trust at 45%. This response is similar to those of the general population as evidenced by Knowledge, Attitude, Behaviour and Practice 2012 (KABP) surveys, 46.9% did not use condoms based on love and trust. It has also been suggested that sex workers may associate condom use with work as a tool of the trade.

Condom use at last sex with new paying clients is high at over 90%. High rates of condom use is also reported at last sex with regular paying clients at 88%, however less than 30% of female patrons and female workers reported using a condom at last sex with regular clients. Low rates of condom use among female patrons selling sex is of significant concern considering that the majority are within the 16-24 age cohorts. They are also less likely to be reached by Prevention interventions due to the hidden nature of their operations.

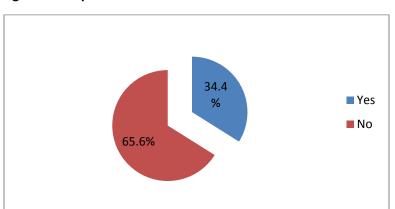


Figure 12: Reported condom use at last sex with Main Partner



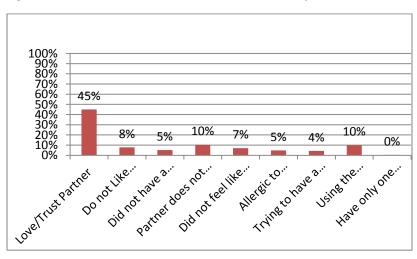


Figure 14: Condom use at last sex with new paying client

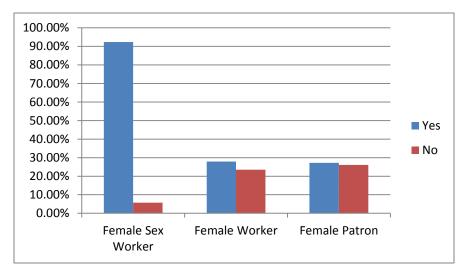


Figure 15: Condom use at last sex with regular paying client

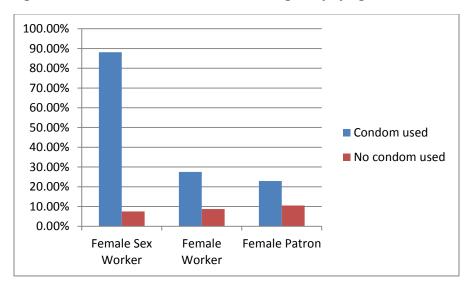


Table 5: Comparison cumulative condom use at last sex by partner type, 2011 and 2014 surveys

Cumulative response for all participants	2014	2011
Condom use at last sex with new client	59%	32.2%
Condom use at last sex with regular client	56.4%	30%
condom use at last sex with main partner	34.4%	35.7%

Condom breakage

Street sex workers have experienced a high percentage of condom breakage during sex, while 38.1% reported breakage once or twice, 20.7 % reported breakage between 3-5 times and 8.9% experienced breakages more than 5 times. This data is associated with male condoms. Condom efficacy may be compromised by improper storage, improper technique in wearing the condom, lack of lubrication or use of non-water based lubricant and the use of two condoms.

While the majority of participants reported that condoms break once or twice or never, there is need to continue condom use education and skills building.

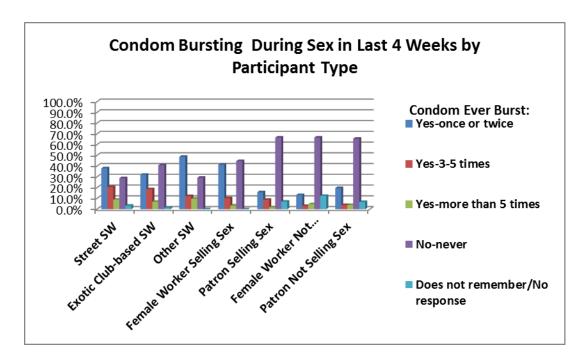


Figure 16: Condom breakage by sex worker type

Use of the female condom

The use of female condoms was not popular among the group. This may be due to commercial unavailability and limited supply for free distribution. The high cost for a single female condom compared to a pack of three male condoms may also have inhibited purchasing habits. Further qualitative research needs to be done to explore reasons for non use.

Figure 17: Use of the female condom

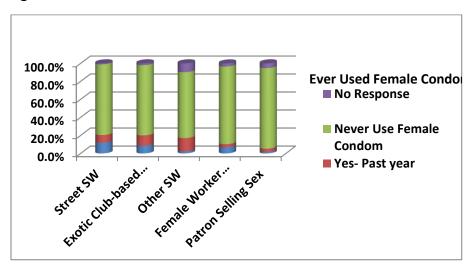


Table 6: Frequency of condom use

Frequency	Street SW	Exotic Club- based SW	Other SW (Bar, Massage Parlour etc)	Female Worker Selling Sex	Patron Selling Sex
All 10 times	75.2%	63.0%	65.9%	44.8%	29.8%
8-9 times	10.4%	14.1%	7.3%	20.7%	3.5%
6-7 times	7.0%	10.2%	7.3%	0.0%	15.8%
5-3 times	4.1%	5.6%	4.9%	20.7%	14.0%
1-2 times	3.3%	6.9%	14.6%	10.3%	35.1%

Chapter 5 – HIV and Syphilis Prevalence

HIV prevalence among female sex workers has been steadily declining. This is due largely to regular site based interventions with the population and increased access to prevention services and commodities including: condoms, lubricants, rapid HIV and Syphilis testing and referrals for care among others. The HIV prevalence among female sex workers is at 2.9%, female workers had a prevalence of 2% and female patrons 1.7%. HIV testing has also become normalized among the population due to mass media campaign promoting testing as well as outreach and mobile testing. HIV testing is also free within the public health system. As depicted by the graph below, approximately 96% of participants know where they can access HIV testing. 5% of participants were Syphilis reactive, while .5% had HIV and syphilis co-infection.

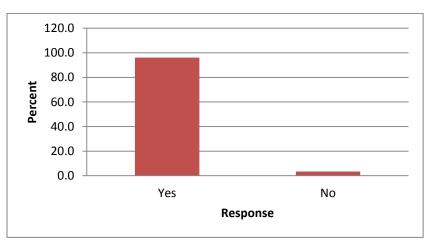


Figure 18: Awareness of HIV testing sites

Table 7: HIV testing rates among female sex workers

Ever tested for HIV	92%
Tested for HIV in the past 12 months	74.7 %
Got their results and counseled	63.1%
Got their results and not counseled	25.9%

Figure 19: HIV prevalence among sex workers

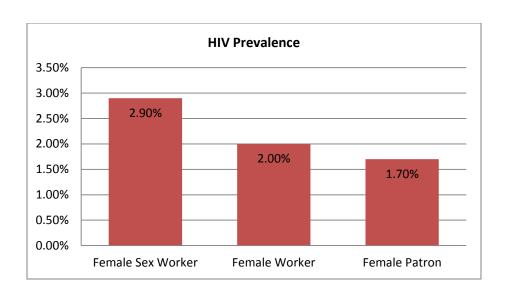
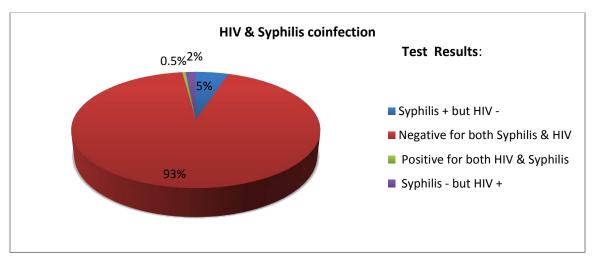


Figure 20: HIV and Syphilis co-infection



HIV status and condom use

Condom use trends among HIV positive participants are similar to the general sample. 57% of HIV positive sex workers reported condom use at last sex with their main partners this compared to 14. 3% reported no use. In keeping with these trends condom use was much higher with paying clients. 85.7% of HIV + sex workers reported condom use at last exchange of cash for sex and 14.3% either did not respond or said it was not applicable. There is a direct link with those that do not use condoms and HIV transmission, especially considering the high propensity for multiple sex partners among the population. It is not known whether the low condom use with main partner is associated with both partners being HIV positive or sero-discordant partners. Fear of stigma and discrimination, blame and intimate partner violence often contribute to non disclosure of HIV status and lack of protective behaviours. Prevention interventions therefore need to place specific focus on the sexual risk behaviours of HIV positive sex workers.

Figure 21: Condom use with most recent main partner among HIV positive respondents

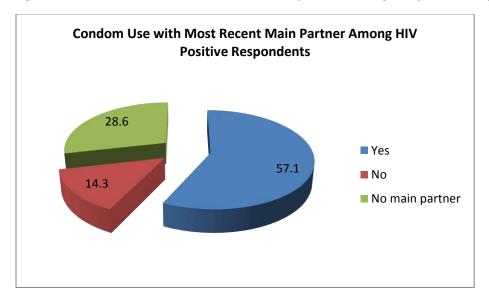
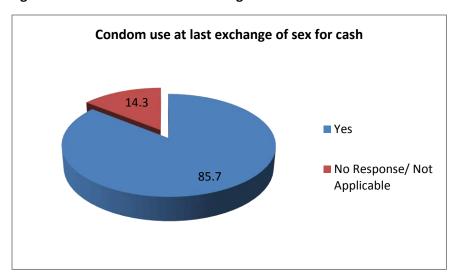


Figure 22: Condom use at last exchange of sex for cash



Linkage to HIV Care

75% of HIV positive sex workers reported that they had registered at a clinic or doctor and had made a visit within the last 12 months. This represents a significantly higher proportion than the reported national average of 57% (Ministry of Health, HIV treatment cascade). The majority of persons 25% registered for care within three months after diagnosis. Another 12.5% registered within one month after HIV positive diagnosis. Sex workers may be likely to access care in a shorter period after testing result owing to more consistent follow up and fast tracking facilitated by outreach workers. The majority of persons needing care, 28.6% accessed public health facilities.

Figure 23: HIV Positive cases registered for care

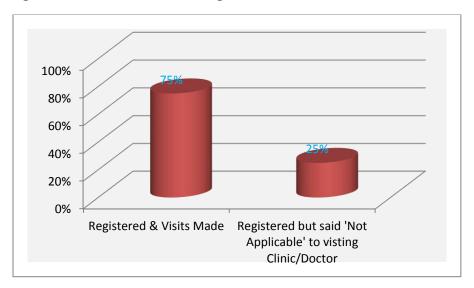


Figure 24: Distribution of HIV positive cases registered for care and treatment and health care provider

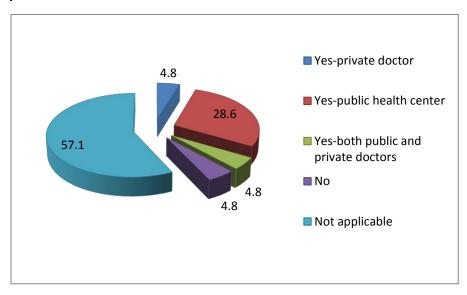
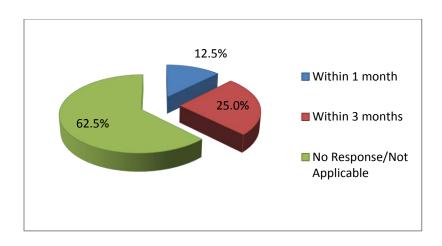


Figure 25: Time period between positive result and seeking health care



Sexually transmitted infections

Sexually transmitted infections remain high among the population. 14.6 % of sex workers have been told by a health provider within the last 12 months that they had STI. The club based, the street sex workers and the female workers selling sex were the highest, the figures ranged from 17.7%, 17.4% and 17.2% respectively.

Participants experiencing symptoms of STI in the past three months was also high. 23 % of street sex workers experienced STI symptoms in the past 3 months, this compares to 22% of other sex workers (massage etc), and 19.7% of club based sex workers. Also among the patrons selling sex 17.5% had STI symptoms in the past 3 months and 16.3% of female workers not selling sex had STI symptoms in the past 3 months.

STI prevalence in the past 12 months is highest among sex workers in the 16 -24 age cohort that is19.6% compared to 12.5% among the 25 -39 age cohort and 9.75% among the over 40 cohort.

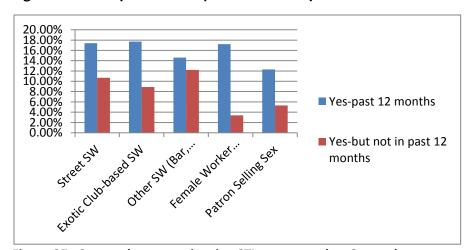


Figure 26: Told by Health Care provider that they were infected with STI within last 12 months

Figure 27: Sex workers experiencing STI symptoms last 3 months

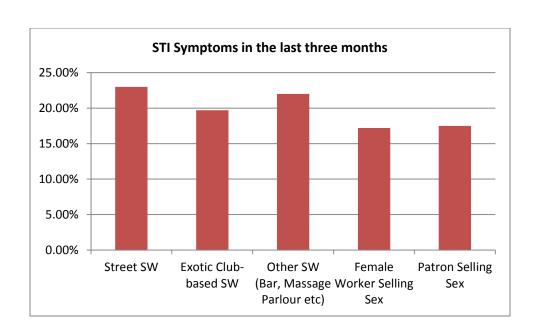
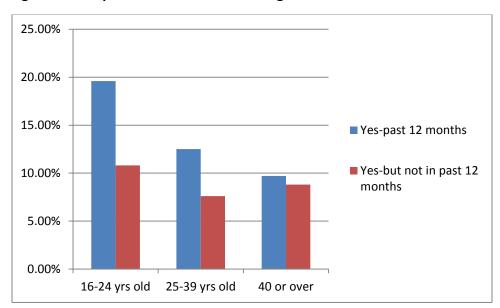


Figure 28: STI prevalence in relation to age



Risk Perception

Female workers had the greatest level of risk perception of contracting HIV believing the odds of them doing so is more than a half at 54.9%. Risk perception was much different for other types of participants where female workers perceived their risk as being great at 17.1% and female patrons with a risk perception of 16.5% for the same category. According to the table, 17.7% of female sex workers believed their risk was moderate, 13.8% for female workers and 23.3% for

female patrons. Of respondents who believed they faced no risk at all, 5.5% of female sex workers believed this, 18.4% of female workers shared this belief and 15.3% of female patrons believed this as well.

There is scope for expanding understanding of risk as it relates to HIV and developing skills for realistic and more accurate risk perception. While prevention interventions targeting sex workers include risk reduction conversation more emphasis may be needed on risk assessment. Female workers and female patrons are less likely to have been engaged in prevention activities and as such may not have the same level of understanding and appreciation for risk as the female sex workers do.

Table 8: HIV risk perception among female sex workers

Response	Female Sex Worker	Female Worker	Female Patron
Great Risk	54.9%	17.1%	16.5%
Moderate Risk	17.7%	13.8%	23.3%
Little Risk	15.9%	36.8%	37.7%
No Risk At all	5.5%	18.4%	15.3%
Don't Know	5.3%	12.5%	6.4%

Chapter 6- HIV Awareness and exposure to programmes

Exposure to HIV/AIDS education ranged from 47% among street, 52% among club and 50.9% among other (massage, bars etc.) sex workers. Approximately 48% of female workers selling sex and 41.7% of female patrons selling sex also reported exposure to HIV/AIDS education.

Just under half (49.9%) of female sex workers attended an HIV/AIDS educational session in the last six months. For female workers, 27% of them participated in a workshop and 28.4% of female patrons did so.

71.2% of female sex workers have experienced condom demonstrations by outreach groups compared with 42.8% for female workers and 42.4% for female patrons. In addition, more than half of all groups reported seeing HIV prevention material at the their current work site in the last six months, 67% of female sex workers have seen such, 57.9% of female workers have and 52.5% of female patrons reported seeing HIV prevention material at their current work site in the last six months.

Female sex workers were most likely to speak to an outreach worker about accessing HIV testing at 70.7%, followed by female workers at 46.7%, 26.3% of female patrons were reached with talks about getting tested for HIV/AIDS.

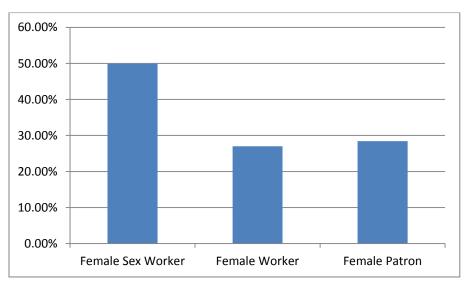


Figure 29: Attended HIV educational session in the past six months

Figure 30: Participation in condom demonstration in the past 6 months

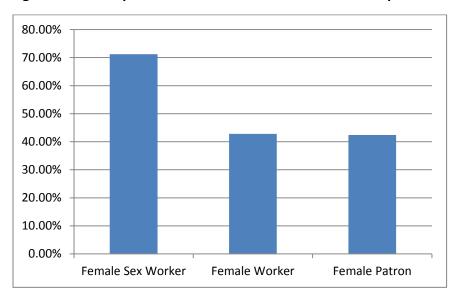
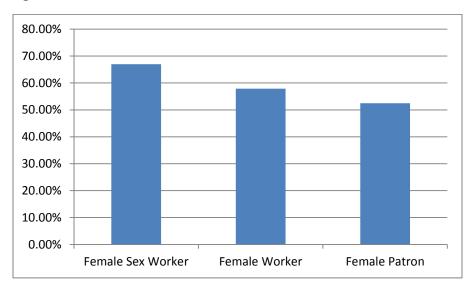


Figure 31: HIV Prevention materials seen at work site



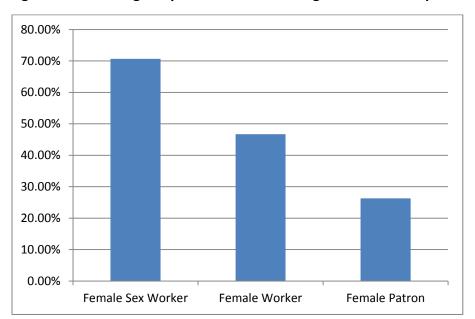


Figure 32: Encouraged by outreach worker to get tested in the past 6 months

HIV awareness and dispelling common myths

In relation to Physical appearance and HIV status, 93% of female sex workers believed that a healthy looking person can be affected with HIV while 5.8% did not believed that could be the case. Myths surrounding preparation and sharing meals were pervasive among the group. Of the respondents, 16.3% of female sex workers believe that HIV can be transmitted from sharing a meal with an infected person, while female patrons recorded the highest proportion, almost a fifth (19.5%) of respondents believed that HIV can be transmitted by sharing a meal with an infected person.

Of all three groups of participants, female sex workers had the least confidence that faithfulness was an effective prevention method with 71% believing that it reduces the risk of HIV transmission and 26.2% saying no, compared with 79.6% of female workers who indicated that having one faithful uninfected partner does decrease the risk of HIV transmission and 18.4% of respondents in this group said no.

A few respondents identified mosquito bites as a means of HIV transmission , 11.6% of female sex workers believed that one could get HIV from mosquito bites, 13.8% of female workers believed the same and 15.7% of female patrons shared that same opinion.

Table 9: Dispelling common myths

Indicator	Female sex worker	Female worker	Female patron
Can't tell a person's HIV status by looking	93%	93.4%	88.1%
HIV can be transmitted through mosquito bites	11.6%	13.8%	15.7%
HIV can be transmitted by sharing food with an infected person	16.3%	14.5%	19.5%
Having one faithful partner can reduce risk of HIV transmission	71%	79.6%	73.3%

Chapter 7- Family Planning and Reproductive Health

Among female sex workers, 31.8% of participants in the over 40 age cohort had their last pap smear test more than 3 years ago compared to 19.9% in the 25 -39 age cohort and 9.5% in the 16-24 age cohort. However 25.5% of the over 40 years have done a Pap test in less than a year and 29% in the 25 -39 age group also 24.8% in the 16 -24 years. Of those reporting having never done a Pap smear 45% were in the 16-24 age group, 24.5% were between 25-39 years and 20% were 40 years and over.

Almost 68% of respondents stated that they were not on a family planning method other than condom use. Of those who were on a plan, the most popular method was the pill with 18%, followed by the injection at 9.2%The current use of contraceptive method was highest among street sex workers 36.3%, followed by club based 32.1% and other (massage etc) 31.7%.

With regards to antenatal care, the majority 70.1% of sex workers sought antenatal care at the public clinic, 9.8% visited private doctor, while 5.4% did not seek antenatal care. 9.7% were missing. The average number of pregnancies and live births among participants was 2.

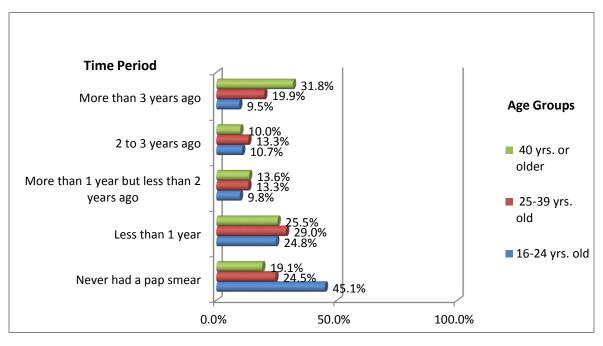


Figure 33: Time interval of last Pap smear by age group by age group

Table 10: Currently using a family planning method (pregnancy prevention with main partner)

	Street SW	Exotic Club-based SW	Other SW (Bar, Massage Parlour etc)	Female Worker Selling Sex	Patron Selling Sex
Currently on a method	36.3%	32.1%	31.7%	17.2%	24.6%
Not currently on a method	43.3%	42.3%	34.1%	62.1%	64.9%

Maternal health

The majority of participants reported no adverse maternal health outcomes, 88.9 percent of respondents reported that they had no such experience. The proportion of respondents that had a still birth was 6.4%, 2.8% for ectopic pregnancy, 25.2% reported that they had a miscarriage and 10.8% had an induced abortion.

Figure 34: Adverse maternal health outcomes

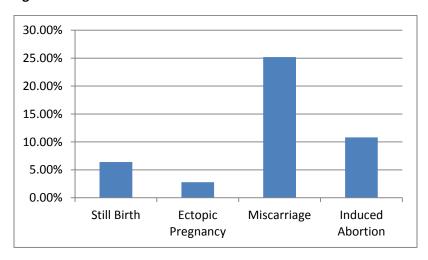
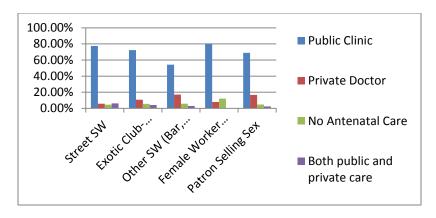


Figure 35: Antenatal care check up by sex worker



Recommendations

Significant progress has been made with HIV prevention among the sex work populations. It is therefore important to maintain the gains and support interventions which will sustain the safer sexual behaviors. It is recommended that:

- Intensive interventions to specifically target street sex workers need to be expanded as this group is most vulnerable and are at higher risk owing to the higher number of partners, lower education level and a heavy reliance on sex work for the main source of income. This group has also more adverse life events such as being homeless, being jailed and being raped etc.
- Develop strategies to address the low levels of condom use with main partners among all types of sex workers and especially among the sex workers in massage parlours.
- Risk perception interventions need to be scaled up to address gaps in adequate and realistic understanding of risk factors.
- Increase STI education and promote treatment seeking in the population especially among street sex workers since high levels of STI including syphilis persist.
- Increase reproductive health education including contraceptive use among all sex workers in order to increase acceptability and uptake of appropriate contraceptive methods
- Intensify efforts to promote treatment literacy and adherence to support linkage and retention in care.
- Promote and deliver positive prevention strategies that specifically target sex workers and risk behaviours.

Appendices

Appendix A

QUESTIONNAIRE A: COMMUNITY INFORMANT INTERVIEW – ONE PER INFORMANT

No.	Questions	Coding Categories

Hello. I am working on a study conducted by the Jamaica, Ministry of Health_to identify where better health programs are needed. We want to talk to people like you in the community who we believe can assist us. The purpose of the study is to find out where people go to meet new sexual partners. Please tell us the names and locations of places where you think people meet new sexual partners. We don't want to know the names of any private residences. We are just interested in public places. If you tell us where these places are then we will visit them to see if they want to have a health program there. Telling us the names and locations of these public places should take between 5 and 10 minutes.

We won't ask your name or any information about yourself. You will not be contacted in the future and your answers cannot be linked back to you. Your participation is completely voluntary and you may decline to answer any specific question or completely refuse to participate. We would greatly appreciate your help in responding to these questions.

<u>ASK EVERYONE:</u> Could you tell me a few places or events where people go to meet new sex partners in <this community>? **USE SPACE BELOW TO LIST PLACES. THEN PROBE:**

- Are there places where people can pay for sex services, including oral sex, lap dances and full-body massage? Are there streets where sex workers solicit clients?
- Where do men who have sex with men meet each other?
- Are there other social events where people who meet each other may have a one night or brief sexual relationship?

LIST OF SITES AND EVENTS

FOR EACH SITE OR EVENT LISTED HERE, FILL OUT A SITE/EVENT REPORT FORM. AFTER FORMS ARE COMPLETED, THANK THE RESPONDENT FOR THEIR TIME.

1			
2			
3			
4		 	
5			
6	 	 	
7	 	 	
8	 	 	
_			
9		 	
10			

FOR EACH PLACE NAMED BY COMMUNITY INFORMANTS - FILL IN A1-A7.

	PLACE	REPORT Inte	rviewer Initi	al: Sequential C	Cl Number: R	leport:	1 2 3 4 5 6 7	' 8
A1	Parish Circle 1	St Ca	Andrew 2 atherine 3 St. Mary 4	St Ann 5 St Elizabeth 6 Portland 7	St Thomas Westmoreland Hanover	9	Clarendon Manchester St James Trelawny	12 13
A2	Community		Name:					
А3	Name(s) of place	e:						
A4	Type of place		Fast	Bar 1 Night Club 2 Exotic Club 3 Massage Parlor 4 t food restaurant 5	Outdo	Even	(Specify type below) t (Specify type below) (Specify type below)	v) 7
A5	Specify type.							
A6	Key populations	at place?			Sex workers? YES 1	NO	MSM? YES	NO
A7	Address of Site/l	how to find it						

Appendix B

QUESTIONNAIRE C: SITE VERIFICATION QUESTIONNAIRE B1 PLACE ID Site

Number:			

No.	Questions			Coding Categories			
B2-B4		B2 Interview	er Number:	_ B3 Initia	als:	B4 Date (DD/MN	M/YY):/
B5	Parish Of Place Circle 1	KINGSTON 1 ST ANDREW 2 ST CATHERINE 3	ST ANDREW 2 ST ELIZA		WESTN	ST THOMAS 8 MORELAND 9 HANOVER 10	CLARENDON 11 MANCHESTER 12 ST JAMES 13 TRELAWNY 14
B6a	Name and Typ	e of PLACE from CI Reports	::				
B6b	Actual Name Of Place:						
В7	Actual Community Where Site/Event Is Located:						
В8	Correct Addre	ss / Directions					
В9	Type Of Place	OUTDOOR	D / RESTAURANT / HANG OUT SPOT /	NIGHT CL CLUB / SEX SH INTERNET C / PARK/ SW S GE PARLOR	HOP 3 AFE 4 SITE 5	(CAMPUS SITE 11 MALL/ PLAZA 12 OTHER INDOOR SITE 86 OTHER INDOOR EVENT 87 OTHER OUTDOOR SITE 88 OTHER OUTDOOR EVENT 89
B10	Describe Type	Of Site/Event In Words.			,		

No.	Questions	Coding Categories
		STAFF 1
		SECURITY GUARD 2
B11 Role Of Respondent At Site	Dala Of Dagmandont At Sita	PATRON 3
	VENDOR IN AREA 4	
		SEX WORKER 5
		B11A OTHER (SPECIFY) :6
	Interviewer Opinion: How knowledgeable is this	EXTREMELY KNOWLEDGEABLE 1
B12	respondent likely to be about the activities and patrons	KNOWEDGEABLE 2
	at the site?	NOT VERY KNOWLEDGEABLE 3

Hello. I am working on a study approved by the Ministry of Health in St. Jamaica; We want to talk to people like you who know about this community. The purpose of the study is to identify where better health programs are needed to prevent the spread of diseases that are transmitted by sex. I would like to ask you some questions about activities that occur at this place, the people who come here, and programs that may take place here. The interview should take between 20-30 minutes of your time. I won't ask your name or any other identifying information. Your participation is completely voluntary and you may decline to answer any question or completely refuse to participate. We appreciate your help responding to these questions, even though we cannot financially compensate you for your time. You may not personally benefit directly from the study, but the results may be used to plan a new health program for this area. This is what we will do with the information you give us. Your answers will be recorded on a paper that only identifies this place with a number. Your name will not be recorded anywhere and we won't ask any personal information about you except to make sure you are age 18 or older. We are asking people these questions at more than one hundred places in this area. The questionnaires will be kept in a locked cabinet. The only people who will see the questionnaires are people working on this study. An ethical review board has reviewed this study. If you have any questions ask

	Questions To Responde	nt Pagin Hara				
540	Questions to Responde	nt begin here.		YE	ES 1	
B13	ARE YOU WILLING TO A	NSWER THESE QUESTIONS? If Respondent I	Refuses, Find Another.	N	0 2	
		NO DECAUSE.		YE	ES 1	
	Was An Interview	NO BECAUSE:	NO WILLING RE	SPONDEN	т 2	
	Completed?		NO WILLING NE	SI ONDEN		
B14a			ALL POTENTIAL RESPONDENTS T	OO YOUNG	G 3	
B14b	If Not Why Not?					
			SITE CLOSED TE	MPORARII	LY 4	
			SITE CLOSED PERMANENTLY OR NO LON	IGER A SIT	E 5	
		OTHER(SPECIFY REASON):			8	
			<	1 YEAR	1	
			1-2	2 YEARS	2	
B15	HOW MANY YEARS HAS	THIS SITE BEEN IN OPERATION?	3-	-5 YEARS	3	
			MORE THAN	I 5 YEARS	4	
			NOT API	PLICABLE	9	

No.	Questions		(Coding Categories					
				A. ALCOHOL (BEER	OR TONIC WINE) CONSUMED		S N	O 2	
	WHICH TYPES OF ACTIVITIE HERE?	HICH TYPES OF ACTIVITIES TAKE PLACE			B. ECSTASY USED ONSITE	1		2	
B16a-	TIERE:			C. 0	CRACK/COCAINE USED ONSITE	1		2	
B16h	Circle Yes Or No For Each.			D). EXOTIC OR GO-GO DANCING	i 1		2	
					E. SEX ON STAG	E 1		2	
				F	. MUSIC (LIVE OR RECORDED)	1	•	2	
					G MASSAG			2	
				H. PEOPL	E WAITING FOR A BUS OR TAX			2	
						YES	NO	DK	
			A. DO	MEN MEET NEW FEMA	ALE SEXUAL PARTNERS HERE?	1	2	8	
	I HAVE BEEN TOLD THAT PEOPLE MEET SEXUAL		В. [OO WOMEN MEET NEW	/ MALE SEX PARTNERS HERE?	1	2	8	
B17a- B17f	PARTNERS AT PLACES LIKE THIS. DORead		C	C. DO MEN COME HERE	TO BUY SEX FROM WOMEN?	1	2	8	
	List.		D. [OOES SOMEONE ONSITE	E HELP PARTNERS HOOK UP?	1	2	8	
			E. DO FEMA	LE SEX WORKERS COME	E HERE TO FIND CUSTOMERS?	1	2	8	
			F. AR	E BEDS AVAILABLE FOR	SEX ON SITE?	1	2	8	
						YES	NO	DK	
			G. DO AN	Y MALE STAFF MEET NE	EW SEXUAL PARTNERS HERE?	1	2	8	
	Continued		H. DO ANY I	FEMALE STAFF MEET NE	EW SEXUAL PARTNERS HERE?	1	2	8	
B17g-	I HAVE BEEN TOLD THAT PEOPLE MEET SEXUAL			I. CA	AN PEOPLE HAVE SEX ONSITE?	1	2	8	
B17m	PARTNERS AT PLACES LIKE THIS. DO			J. DO MEN MEET	T MALE SEX PARTNERS HERE?	1	2	8	
	Read List.	K. DO ME	N WHO ARE SE	X WORKERS COME HER	RE TO FIND CUSTOMERS?	1	2	8	
		L. ARE TH	ERE ROOMS A	VAILABLE FOR PEOPLE T	TO HAVE SEX ON SITE?	1	2	8	
		M. IS THE	ERE A STAGE W	ITH POLES FOR DANCIN	NG ON SITE?	1	2	8	
					EVERY [) YAC	'NIGI	HT 1	Ī
B18	WHEN DO FEMALE SEX WO	PRKERS			NONE/ N	IOT	AT A	LL 2	<u>)</u>
	COME HERE?				SOME DA	YS/I	۱IGH	TS 3	\$
B19	DOES THIS PLACE HAVE SPE	CIAL DAYS OR NIGH	TS?		NO SPECIAL DAYS	OR N	IGH7	rs: c)
513	B19 DOES THIS PLACE HAVE SPECIAL DAYS OR NIGHT				YES, SPECIAL TIMES (specify	belo	w) 1	L	
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B21	A. NAME OF SPECIAL:				AM/PM TO AM/PM	_			
	B. HOW OFTEN:			IIIVIE	AWI/FWI TOAWI/PWI				

No.	Questions	Coding Categories				
	A WHAT IS THE BUSIEST DAY OF THE	<u> </u>				
	WEEK HERE? Circle 1.	A: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY				
	B_C WHAT ARE THE BUSIEST HOURS	B: BUSY HOURS BEGIN: AM/ PM C HOURS END: AM /PM				
B22a-	ON THAT DAY?	D MEN: E WOMEN:				
B22e	D_E DURING THAT TIME, HOW MANY	FEWER THAN 25 1 1				
522 0	MEN AND WOMEN DO YOU EXPECT	25-50 2 2				
	TO BE SOCIALIZING AT THIS SITE?	51-100 3 3				
	Read Options.	101-150 4 4				
		151-200 5 5				
		MORE THAN 200 6 6				
	WHAT TYPES OF WORKERS ARE AT	YES NO				
	THIS SITE?	A. ANY FEMALE DANCERS? 1 2				
	If There Are Zero Workers Of A	B. IF YES: NUMBER OF FEMALE DANCERS ON A BUSY NIGHT:				
	Certain Type, Write Zero "0".	C. ANY MALE DANCERS? 1 2				
B23a-		D. IF YES: NUMBER OF MALE DANCERS ON A BUSY NIGHT:				
B23j		E. ANY PAID STAFF EXCLUDING DANCERS? 1 2				
		F. IF YES NUMBER OF MALE STAFF EXCLUDING DANCERS:				
		G. IF YES NUMBER OF FEMALE STAFF EXCLUDING DANCERS:				
		H. ON A BUSY NIGHT ANY SEX WORKERS ON SITE? 1 2				
		IF YES HOW MANY SEX WORKERS?				
		I. HOW MANY FEMALE SEX WORKERS (EXCLUDING DANCERS)				
		J. HOW MANY MALE SEX WORKERS (EXCLUDING DANCERS)?				
)K			
		·	9			
		B. ANY CONDOM PROMOTION? 1 2	9			
			9			
	IN THE PAST 12 MONTHS (SINCE PUT	D. ANY SAFER SEX EDUCATION BY OUTREACH WORKERS? 1 2	9			
B24a-	IN DATE), HAVE THERE BEEN ANY HIV	E. DO STAFF MEMBERS/SEX WORKERS TALK WITH EACH OTHER ABOUT HIN				
B24k	PREVENTION ACTIVITIES AT THIS SITE?	1 2	9			
	HAS THERE BEENAsk Each.	F. ANY OUTREACH OR PREVENTION BY MOH? 1 2	9			
		G. ANY OUTREACH OR PREVENTION BY JAS? 1 2	9			
		H. ANY OUTREACH OR PREVENTION BY RED CROSS? 1 2	9			
		I. ANY OUTREACH BY ANY OTHER ORGANIZATION? 1 2	9			
		J. IF YES: WHAT ORGANIZATION:	-			
	IN THE DAST 12 MONTHS HOW OFTEN	K. ANY OTHER SURVEYS ABOUT HIV PREVENTION AT SITE? 1 2	9			
חסר	IN THE PAST 12 MONTHS, HOW OFTEN	ALWAYS				
B25	HAVE CONDOMS BEEN AVAILABLE	SOMETIMES				
	HERE?	NEVER	3			

No.	Questions	Coding Categories
		DON'T KNOW 8
B26	CAN I GET A CONDOM HERE NOW? IF YES, CAN I SEE ONE?	YES CONDOMS HERE BUT YOU CANT SEE ONE 1 YES CONDOMS HERE AND A CONDOM WAS SEEN 2
		NO CONDOMS HERE NOW 3
B27	WOULD YOU LIKE TO GIVE CONTACT INFORMATION IN CASE WE WANT TO DO	DECLINED TO GIVE CONTACT INFORMATION
527		
	SOME OUTREACH ACTIVITIES HERE?	NAME:MOBILE:
B28a	Interviewer Observation:	YES NO
B28b	Evidence Of HIV/AIDS Prevention	A. ANY HIV/AIDS POSTERS DISPLAYED? 1 2
B28c	Activities Noted By Interviewer At	B. ANY CONDOM PROMOTION OR USE POSTERS? 1 2
B28d	The Site	C. CONDOMS VISIBLE? 1 2
		D. CONDOMS FOR SALE ON SITE? 1 2
		VERY SUPPORTIVE 1
	Interviewer Opinion	SUPPORTIVE 2
B29	How Supportive Are Gatekeepers	NOT SUPPORTIVE 3
623	Regarding Safe Sex Practices At The	VERY UNSUPPORTIVE 4
	Site?	DO NOT KNOW 5
		NO GATEKEEPERS 9
	Interviewer's Prevention Suggestions for the	site:
B30		
550		

Appendix C

QUESTIONNAIRE #:	PLACE SITE ID #:

				INTERVIEW [DETAIL	.S		
		<u>SOUTHEAST</u>	NO	RTHEAST		WESTERN	<u>SOUTHERN</u>	
	Parish of Site or Event:	KINGSTON 1	ST. M	IARY 5	WES	TMORELAND8	ST ELIZABETH 12	
11	CIRCLE	ST ANDREW 2	ST AN	NN 6	HAN	OVER 9	CLARENDON 13	
	ONE	ST CATHERINE3	PORT	LAND7	ST JA	AMES 10	MANCHESTER 14	
		ST THOMAS 4			TREL	AWNY 11		
12				of Community	<u> </u> /:			
13	Original Site Name		Name of Site:					
14				Name of Site:				
	TVDE OF CITE	BAR 1				HOTEL/ MOTEL /GU	ESTHOUSE 7	
	TYPE OF SITE	NIGHT CLUB 2	MALL/ PLAZ		MALL/ PLAZA 8	ZA 8		
		EXOTIC CLUB V	VITH DA	NCERS 3		OUTDOOR HANG O	JT SPOT 9	
15		MASSAGE PAR	LOR 4			OTHER (SPECIFY) 9	0 (go to I5b)	
		FAST FOOD / R	ESTAUR	ANT 5				
		STREET SW SIT	STREET SW SITE 6			I5b. SPECIFY 90:		
16	INTERVIEWER	·						
				INTERVIEW	/ER IN	ITIALS:		

17	DATE TODAY		/_	/_ month	year
18	TIME INTERVIEW BEGINS	Hour: Min: Circle:	AM or	PM	
	PERSON APPROACHED AS:	STREET SEX WORKER 1			
	CIRCLE ONE ANSWER.	OTHER SEX WORKER (CLUB, MASSAGE	PALOUF	RS. FTC.) 2	
			,	1.0, 2 1 0., 2	
19		DANCER 3			
		WORKER (BARTENDER, WAITRESS, ETC	C.) 4		
		PATRON 5			
	INTRO	DUCTION OF STUDY			
	, I am working on a study which is being conduct h programs are needed. The study seeks to get in				
	Id like to offer you the opportunity to participat	·	מו נו מווטוו	iitteu iiriecti	UIIS.
	, , , , , ,	,			
	ELIGIBII	LIY DETERMINATION			
E1	Sex of respondent (as perceived by respondent)			MAL	E 1
	IF MALE, END INTERVIEW			FEMAL	E 2
	ASK EVERYONE:				
E2			A. AGE I	N YEARS:	/
	What is your age? What is your date of birth?				

				B. BIRTHDATE. / /	' /	/
	IF < 16, END INTERVIEW.			DAY	MONTH	YEAR
E3	IF AGE 16-17, Are you here with a parer errand?	nt or on	a family	END, NOT E	ELIGIBLE IF	
E4	ASK EVERYONE: Have you ever participated in a survey conducted by Ministry of Health?			CONTINU REQUEST INFORMED C	IE Q10B IF:	
E 5	IF YES, Did you participate in a Ministry of Health survey carried out around November		END INTERVI	ORMED CONSENT IF: N	ES 1 O 2	
	REQUEST INFORI	MED CO	NSENT. RESPO	NDENT MUST INITIAL CO	NSENT FOR	M
	Just to confirm, I need to know if you				YES	NO
	are <u>willing</u> to	A. AN	ANSWER SURVEY QUESTIONS?		1	2
E6		B. GE	T AN HIV RAPIC) TEST?	1	2
			T A SYPHILIS RA	PID TEST?	1	2

E7	IE NIOT WILLING	C. Why not?	REASON:					
E/	IF NOT WILLING	G: Why hot?	REASON.					
								
	END INTERVIEW IF NOT WILLING.		_					
								
			_					
		ī	EMOGRAPHIC INFO	ORMATION				
		<u>SOUTHEAST</u>	<u>NORTHEAST</u>	<u>WESTERN</u>	<u>SOUTHERN</u>			
	Parish of							
	residence:	KINGSTON 1	ST. MARY 5	WESTMORELAND8	ST ELIZABETH 12			
D1		ST ANDREW 2	STANN 6	HANOVER 9				
		STANDILL V	3171111	TIMUOVEIN 3	CLARENDON 13			
	CIRCLE ONE	ST CATHERINE3	PORTLAND7	ST JAMES 10	MANCHESTER 14			
	ANSWER	ST THOMAS 4		TRELAWNY 11	OUTSIDE OF JAMAICA 15			
				A. NONE/ NO FORMA	AL SCHOOL: 0			
	What is the hig	ghest grade you comple	eted in primary	B. PRIMARY SCHOOL	(1-6):			
		ndary school, and at po	ost-secondary		· · · ———			
D2	tertiary level?							
				C. SECONDARY SCHO	OL (7-13):			
	FILL IN NUMBI	ER OF YEARS FOR EACH	H (A-D).		·			
				D. TERTIARY (Numbe	r of years):			
D3								
	Are you in sch	ool now?		YES 1	NO 2			

				DESCRIBE IN 1	-2 WORDS.			
D4	IF WORKING, WHAT KIND OF WORK DO YOU DO?							
D5	Are you employed full-time, part-time, or not at all?						TIME 1 T-TIME 2 OYED 3	
			REASO	N FOR BEING	AT SITE			
	Why did you come here today/tonight? Did you come to					YES	NO	
			t? A. TO SOCIALIZE			1	2	
R1			B. TO DRINK ALCOHOL?			1	2	
	C. TO			VORK?		1	2	
	CIRCLE TES OR NO FOR EACH.	D. LOC		K FOR A SEXU	AL PARTNER?	1	2	
			EVER	YDAY 1	2-3 7	-3 TIMES PER MONTH 5		
R2	How often do you come to this site? READ OPTIONS	4-6 TI	4-6 TIMES PER WEEK 2			1 TIME PER MONTH 6		
KZ		2-3 T	IMES PER V	WEEK 3	LESS THA	IAN ONCE A MONTH 7		
	CIRCLE ONE ANSWER.	1 TIME PER WE		WEEK 4	THIS	S IS MY FIRS	T VISIT 8	
	How many other public places hat today to socialize, drink alcohol of	•						
	to have sex with?		·	A. OTHER PLACES BEEN TO:				
R3	How many other public places do you plan to go to today or tonight to socialize, drink alcohol or look for a person to have sex with?				R PLACES WILL GO TO:_			
	PUT "0' IF NO OTHER PLACES.							

	THE NEXT FEW QUESTION	ONS ARE ABOUT	SEXUAL PR	ACTICE	S			
S1	Have you ever had sex? IF NO, SKIP TO F8.				2		5 1 NO	
S2 How old were you the first time you had sex?					AGE FIRST HAD	SEX :_		
Do you have a main <u>male</u> sexual partner now? S3 Do you have a main <u>female</u> partner now?					ALE PARTNER EMALE PARTNER	1 1	2 2	
The last time you had sex with your (most recent) main part and your partner use a condom?			ner, did you		NO MA	IN PAI	YES NO RTNER	2 9
S5	What were the main reasons for you not using condoms all the time with your main partner?	Love or trust partner 1 Don't like using condoms 2 Did not have one/ Could not get one 3 Partner does not like using condoms 4 Did not feel to use one/could not bother 5 Allergic to condoms/allergic to some brands 6 Trying to have a child 7 Using the pill /other contraceptive method 8 Have only one partner 9						

		Other Reason(s)	11 (go to	S5b)				
		S5b: Specify othe	r					
\$6	Do you believe that your main partner (any of sex with another person in the past 6 months		s) has hac	k	NO MAIN PA	YE: NO	1	1 2
S7	In the past 12 months, have you had sex with a person who you never had sex with before?		1					
S 8	Now I am going to ask you a few more question number of persons you have had sex with. In persons did you have sex with in the past 7 dall the persons you have had sex with even if	total, how many ays? This includes	TOTA	AL IN	PAST 7 DAYS:			
\$9	In total, how many persons did you have sex with in the past 4 weeks? This includes all the persons you have had sex with since (State the date one month before day of interview). THIS NUMBER SHOULD BE THE SAME OR GREATER AS S8. IF NOT, PROBE!		ΓAL PAST 4 WEEKS:					
S10	Of the (INSERT FROM S9) persons you the past 4 weeks, how many of these were not had never had sex with before? That is, you had for the first time in the past 4 weeks.	ew persons you	NEW IN	PAS	T 4 WEEKS:			

	THIS NUMBER SHOULD BE THE SAME OR <u>LESS</u> AS NOT, PROBE!	S IN S9. IF		
S11	In total, with how many persons did you have se months? This includes all the persons you have		st 12	TOTAL IN PAST 12
	HELP PERSON ESTIMATE.			MONTHS:
				YES, CONDOM SEEN 1
S12	Do you have a (male) condom with you now? IF YES: May I see it?			YES, CONDOM NOT SEEN 2
				NO 3
	Have you (or your partner) used a female condo	m in the past 6		PAST 6 MONTHS 1
S13	months, past year or never?			PAST YEAR 2
				NEVER 3
	THE NEXT SET OF QUESTIC	ONS ARE ON FAM	/IILY PI	ANNING
				NO, NO FP METHOD 0
	Are you currently using a family planning			YES: PILLS 1
F1	method apart from condoms?			YES: INJECTION 2
				YES: IUD 3
			Eal	YES:OTHER 4
	Have you ever had a stillhight reissauriage	1. No	F10:	Specify Other:
F2	Have you ever had a stillbirth, miscarriage, an induced abortion or an ectopic pregnancy (i.e. fertilized egg growing outside of the uterus)?	2. Yes - S	ctopic p	pregnancy

	5. Yes - Induced abortion			
F3	How many times have you been pregnant?			
	Put "0" if never pregnant and skip to F8?			
F4	How many children do you have who were born alive?			
	Now, I would like to talk to you about your last	Not at all 1 3–4 days a week 5		
F5		Less than once a month 2 Nearly every day 6		
yo Ol	you usually drink beer, stout, wine, rum, liquor or other alcoholic drinks?	1 or 2 days a month 3 Don't remember 7		
		1 or 2 days a week 4 Refused 9		
	While you were pregnant with your last baby (babies if twin pregnancy), how often did you	Not at all 1 3–4 days a week 5		
F6	use ganja, tobacco, cocaine, ecstasy or other	Less than once a month 2 Nearly every day 6		
	non-prescribed drugs?	1 or 2 days a month 3 Don't remember 7		
		1 or 2 days a week 4 Refused 9		
	Did you see any health care worker for an antenatal check during your last pregnancy?	Yes – Public Clinic 1 Yes – Private Doctor 2		
F7		No Antenatal Care 3		
	A Dan Congress a tast for congress of the consist	Both 4		
	A Pap Smear is a test for cancer of the cervix which is done during a pelvic examination by a	Never had one 1 Less than 1 year 2		
	doctor or nurse. How long has it been since your last Pap smear, if ever?	More than 1 year, less than 2 years ago 3		
F8	, , ,	2 to 3 years 4		
		More than 3 years ago 5		
	IF NEVER HAD PAP SMEAR OR NOT SURE, SKIP TO F10	Does not know / not sure 6		
FC	After the test, were you told that you needed	Yes, told follow up treatment needed		
F9	follow-up treatment?	2. No, was not told to have follow up treatment		

	3	. No, does not have t	the result yet	
	8	. Does not remembe	er	
F10	READ THE NAME OF EACH METHOD AND CIRCLE "1" APPROPRIATE IN QUESTIONS F10 a-n.	' OR "2", AS	Have you ev	er heard of (Method)
	METHODS:		Yes	No
а	Female sterilization, tubal ligation (a.k.a tie-off)		1	2
b	Male sterilization, vasectomy (a.k.a. <i>male tie-off</i>)		1	2
С	Implants (e.g. Norplant, Jadelle, Sino implant)		1	2
d	IUD / Coil		1	2
е	Injection		1	2
f	The Pill		1	2
g	Male Condom		1	2
h	Female Condom		1	2
i	Diaphragm		1	2
j	Emergency Contraceptive Protection Pill (a.ka. the Mo	orning After Pill)	1	2
k	Vaginal Foaming Tablets /Jelly /Creams (Spermicides)		1	2
ı	Withdrawal		1	2
m	Rhythm, Calendar, Billings (a.k.a the safe period)		1	2
n	OTHER (SPECIFY)	_	1	2
			I	•

	In your last 10 sexual experiences, how many	All 10 times 1		
F11	times was a condom used?	8-9 times 2		
		7-6 times 3		
	READ OPTIONS	5-3 times 4		
		1-2 times 5		
		Never use a condom at all 5		
	If condom used all 10 times, go to F 13	Not applicable 9		
		YES 1		
F12	Are you and your main partner <u>currently</u> (last 30 days) using a method of contraception or doing			
112	anything to prevent pregnancy?	NO 2		
	If 'No' got to C1			
	If yes, which method(s) are you currently using?	Female sterilization, tubal ligation (a.k.a tie-off)1		
		Implant (Jadelle) 3		
		IUD/ Coil 4		
	Tick all that apply	Injection (Depo) 5		
		Pill 6		
		Condom 7		
F13		Emergency Contraceptive Protection (a.ka. the Morning After Pill) 8		
		Spermicides 9		
		Withdrawal 10		
		Rhythm, Calendar, Billings (a.k.a the safe period) 11		
		Other (go to F13b) 12		
		F13b. Specify other:		
F4.4	Where do you (or your partner) obtain the			
F14 a	contraceptive method(s) you are currently using as a couple?	Government health clinic / centre 1		
		Private doctor 2		

	Tick all that apply	Pharmacy 3			
		Outreach worker 4			
		Does not remember 5			
		Other (go to F14b) 6			
		F14 b: Specify other:			
	Would you prefer to use a different method	YES 1			
F15	of family planning from the one you are currently using?				
	If No go to C1	NO 2			
	If yes, why would you want to change from	Too expensive 1			
	your current method?	Not always available 2			
		Afraid of side effects 3			
	Tick all that apply				
F16 a		Partner does not like current method/wants a different method 3			
a		Heath/age related concerns with current method 4			
		Other 5 (go to F16b)			
		F16b. Other specify			
	What method would you prefer to use	Female sterilization, tubal ligation (a.k.a tie-off)1			
		Male sterilization, vasectomy (a.k.a. male tie-off) 2			
	(OTHER THAN THE METHOD SPECIFIED IN F 13)	Implant (Jadelle) 3			
		IUD/ Coil 4			
F17		Injection (Depo) 5			
а		Pill 6			
		Condom 7			
		Emergency Contraceptive Protection (a.ka. the Morning After Pill) 8			
		Spermicides 9			

				Withdra	ıwal	1 10				
				Rhythm	Rhythm, Calendar, Billings (a.k.a the safe period) 11					
				Other (g	go to	o F17b) 12				
				F17b. o	her	(specify):				
								ΥI	S	NO
	ASK EVERYONE W	VHO HAS EVER HAD	Α	Ever received l	nelp	with expenses?		1		2
C1	SEX.		В	Ever <u>received</u> of sex?	cash	money in exchange for		1		2
	Sometimes peopl someone in excha		С	Ever paid cash	mo	ney for sex?		1		2
	help with expenses or cash money. Have you			Ever received gifts or favors in exchange for sex?			or	1		2
	If <u>RECEIVED</u> CASH MONEY: Have you RECEIVED c			EIVED cash			YES	NO	NA	
C2	money by a perso	on for sex <u>in the past</u>	3 m	nonths?	A.	PAST 3 MONTHS?	1	2	9	
						B. PAST 6 MONTHS?	1	2	9	
	If No to both C2	A& B, skip to C9								
		SOUTHEAST		NORTHEAS	T	WESTERN			SOL	JTHERN_
	In which parish	KINGSTON 1	,	ST. MARY 5		WESTMORELAN	C T E1			40
	did you receive					D8	ST EL	IZAB	EIH	12
С3	cash for sex in	ST ANDREW 2	9	ST ANN 6			CLAR	END	ON 1	3
	the past 6	ST CATHERINE3	ı	PORTLAND7		HANOVER 9	MAN	CHE	STER	14
	months? CIRCLE 1	ST THOMAS 4				ST JAMES 10	OUTS	SIDE	OF JA	MAICA
	3					TRELAWNY 11	15			
		l	_				<u> </u>			
C4					Νl	JMBER OF BARS AND CL	.UBS:			

	In the past 3 months, at how many different bars	
	and/or clubs did you look for men to pay you cash for	
	sex?	
	In the past 3 months, at how many different street sites	NUMBER OF STREET SITES:
C 5	did you look for men to pay you cash for sex?	
	ala you look to. men to pay you cash to. sext	
C6	Is exchanging sex for money your main source of	YES 1
	income?	
		NO 2
	The last time you had sex with a new paying client, did	YES 1
С7	you and your partner use a condom?	
		NO 2
		YES 1
	The last time you had say with a regular paving client	
C8	The last time you had sex with a regular paying client, did you and your partner use a condom?	NO 2
Co	, , ,	NO 2
		NOT APPLICABLE 9
		YES-ONCE OR TWICE 1
		YES- 3-5 TIMES 2
С9	Has a condom ever slipped off during sex in the last 4	YES-MORE THAN 5 TIMES 3
	weeks?	NO-NEVER 4
		DOES NOT REMEMBER 9
C10	Has a condom ever burst while you were having sex	YES-ONCE OR TWICE 1
C10	during the last 4 weeks?	TES SINCE SIX I WILL I

			YES- 3-5	TIMES 2		
			YES-MOR	E THAN 5 TIMES 3		
			NO-NEVER 4			
			DOES NO	T REMEMBER 9		
			EVERY TII	ME 1		
			ALMOST	EVERY TIME 2		
C11	-	cant during sex in the last 4	SOMETIN	MES 3		
	weeks?		NEVER 4	(go to Sy 1)		
			DOES NO	T REMEMBER 9		
			Vaginal 1			
			Anal 2			
			Both 3			
C12 a	If Yes, do you use lubricant with condom for vaginal sex, anal sex or both?			Other 4 (go to C12b)		
ű						
			C12b: Spe	ecify Other:		
		Vaseline or other petroleum	jelly	Soap 7		
	Have you ever used	product 1		Vegetable or food oils 8		
	any of the following	KY Jelly or other water-based	product	Butter or margarine 9		
	lubricant products	2				
C13	during sex in the last 3	EVE 3		I don't use lubricant 10		
а	months?	Life Style 4		Other 11 (go to C13b)		
		Life Style 4		Don't remember 99		
	Tick all that apply	Saliva or water 5				
	Tick all tilat apply	Baby lotion or body lotion 6		Refuse to Answer 97		

	C13b: Spec			cify				
					Other:			
Sy1	A. Have you had a genital disc burning when you urinate any B.IF NO: Anytime In the past 1 Sy2.	nths?		AST 3 MON' AST 12 MON			ES NO 1 2 1 2	
						YES	NO	NA
	Which of the following did you do the last time you had a discharge, ulcer or sore? READ EACH.	A. GET DRUGS WIT	THOUT PRES	CRIPT	ION?	1	2	3
Sy2		B. GO TO A PUBLIC HEALTH CARE PROVIDER?				1	2	3
		C. GO TO A PRIVA	C. GO TO A PRIVATE DOCTOR?			1	2	3
		D. HAVE SEX WHILE HAD SYMPTOMS?			5?	1	2	3
	Have you been told by a health care worker in the past 12 months (SINCE MONTH YEAR) that you had a sexually transmitted infection?					YES, PA	ST 12 MON	THS 1
Sy3	IF YES, CIRCLE one answer.				YES, BUT N	IOT IN PA	ST 12 MON	THS 2
	B.If NO, Have you <u>ever</u> been EVER or 3 IF NEVER.					NE	EVER 3	

	a. Do you know where you can go if you wish to receive an HIV test? b. Have you ever been tested for HIV?		YES 1	NO 2	
Sy4			YES 1	NO, Never had a test 2	
	If Never tested skip to SY8				
	Not including today, have you had an HIV test in the past 12 months? CIRCLE one. Sy5			YES, IN PAST 12 MONTHS	1
Sy5				YES, EVER HAD A TEST	2
	The last time you were tested, did you get	your		DID NOT GET RESULT	1
	result?			GOT RESULT AND WAS COUNSELED	2
Sy6	If Yes , were you counselled when you got result?	your		GOT RESULT BUT <u>NOT COUNSELED</u> NEVER TESTED	9
	ASK DOTH OF THESE OUTSTIONS				
	ASK BOTH OF THESE QUESTIONS: Did you tell your main partner the results of your last HIV test (not including the test today)?	A. MAII	N PARTNER?	YES 1 NO 2 NA 9	
Sy7	CIRCLE one answer.				
	Did you tell any of your friends, family or co-workers the results of your last HIV test (not including the test today)?	B. ANY	FRIENDS, FAMII	LY? YES 1 NO 2 NA 9	

	What is the main reason why you ha	ave never	Don't Think I Am At Risk 1				
	gotten tested for HIV?		Never thought about it 2				
			Fear of Positive Result 3				
			No Money or Time to Get Tested	4			
			Fear that my results will not be ke care workers 5	pt confidenti	al by health		
Sy8			Fear of Health Care Workers treat	ing me badly	6		
а			Didn't know I could get tested for	HIV 7			
			Other reasons 9 (go to Sy8b)				
			Sy8b: Specify other:				
	A FFW	OUESTIONS O	N SUBSTANCE ABUSE				
	ATEN	QOESTIONS O	N 3003TANCE AD03E				
	During the last 4 weeks how often h	-			DAILY 1		
A1	had drinks containing alcohol? Wou say daily, weekly, less than weekly, o			V	VEEKLY 2		
	CIRCLE ONE CODE.	or never :.	LESS THAN WEEKLY 3				
	SINGLE GIVE GODE!				NEVED 4		
					NEVER 4		
				YES	NO		
	In the past 6 months since				2		
A2	(MONTH YEAR), have you		ED ANY NON-PRESCRIPTION				
	DRUG						
		B. USED CRA	ACK OR COCAINE?		2		

	ASK EACH. CIRCLE					1			
		FOR EACH.	C. USED GANJA?			1		2	
			D. USED ECSTACY?			1		2	
						YES	3	NC)
		A.SPENT A NIC	GHT IN A JAIL OR PRISON?			1		2	
А3	Have you <u>ever</u> :	B.BEEN RAPED)?			1		2	
		C.SLEPT OUTD HOMELESS?	OOORS OR IN A SHELTER BECAUSE YO	OU WERE		1		2	
A4	I want to know if you have been a						YES	<u>. </u>	N O
	part of any HIV/AIDS prevention		A. ATTENDED AN HIV/AIDS EDUCATIONAL SESSION OR WORKSHOP?		1 2		2		
	programs in the	B. PARTICIF	PATED IN A CONDOM DEMONSTRAT	ION?			1		2
	past 6 months. In the past 6 months, have you		Y AIDS PREVENTION MATERIALS (e.g	-	5,		1		2
	nave you	ASK SEX W	ORKERS AND FEMALEWORKERS OF	NLY:					
		HAVE YOU ABOUT?	TALKED WITH AN OUTREACH WORK	ER AT <u>YC</u>	OUR CL	JRRENT	 WOR	(SITI	<u> </u>
		D. YOUR R	ISK OF GETTING HIV/AIDS		YES	N	10	NA	.
					1	2	1	9	
		E. GETTING TESTED FOR HIV? 1				2		9	
	Do you think? YES				NO		DK		
	A. Using condoms reduce the risk of HIV transmission?				2		9		
A5	B. A healthy looking person be infected with HIV? 1					2		9	
	C. A person get HIV	from mosquito l	pites?	1		2		9	

	D. A person get HIV by sharing a meal with son	1	2	9				
	E. Having sex with only one faithful, uninfected of HIV transmission?	1	2	9				
	NOW I WOULD LIKE TO ASK YOU A FEW MOI	RE QUESTIONS TO FINISH THI	S PART O	F THE SUR	VEY.			
A6	How much risk do you think you have of getting HIV?	Great Risk 1 Moderate Risk 2 Little Risk 3 No Risk at All 4 Does not Know 5						
А7	Are you currently married or living with a partner? IF NO: Have you ever been married or lived with a sexual partner?	PREVIOUSLY MARRIED/L	CURRENTLY MARRIED / LIVING WITH 1 PREVIOUSLY MARRIED/LIVED WITH, NOT NOW 2 NEVER MARRIED OR LIVED WITH 3					
A8	What is the age of your oldest child? Specify month and year of birth of your oldest child.	AGE: MONTH	:YE		- D CIRCLE: 99			
READ : I would like you to answer a few questions privately on a card that I will give you. I will read the question and you should write down your honest answer using a pen that I will give you. I'll read the questions and the answers. You should choose an answer and circle your response on the card. When we are finished with the card, you fold it and put it in this envelope. I cannot see your answers. Nobody can link the responses to you so there is no reason to give a false answer. We really want to know the truth. Some of the questions may seem repetitive but please be patient.								
P1	ASK EVERYONE:			YES 1	NO 2			

	Are you willing and able to mark your answers on the card?					
	The last time you had sex with your main partner, use a condom?	YES 1 NO 2				
P2	IF YOU DO NOT HAVE A MAIN PARTNER, CIRCLE NO	NOT APPLICABLE 9				
Р3	YES 1 NO 2 In the past 3 months, have you paid someone cash money for sex?					
			NOT APPLICABLE 9			
P4	In the past 3 months, have you <u>been paid</u> cash mo	YES 1 NO 2				
			NOT APPLICABLE 9			
P5	The last time you paid or were paid cash money fo condom?	r sex, did you use a	YES 1 NO 2			
		NOT APPLICABLE 9				
P5	In the past 6 months have you had sex with only men, only women, or both men and women?	 ONLY MEN ONLY WOMEN BOTH MEN & \(\) HAVE NOT HAI 	WOMEN			
	,,, c. zeur men and moment	4. HAVE NOT HAI	O SEX IN PAST 6 MONTHS			

P6	What types of sex have you had in the past year? Have you had oral sex? Anal sex? Penis to vagina? The last time you had penis to vaginal sex, did you or your partner use a condom?	1. ORAL 2. ANAL 3. PENIS TO VAGINA 5. NONE 1. YES 2. NO 3. NEVER PENIS TO VAGINA SEX 9. NOT APPLICABLE			
P8	The last time you had anal sex; did you or your partner use a condom?	1. YES 2. NO 3. NEVER ANAL SEX 9. NOT APPLICABLE			
Р9	In the past 12 months, have you had sex with moone person?	1. YES 2. NO 3. NOT APPLICABLE			
P10	What was the result of your most recent HIV test including the test today?	1. POSITIVE 2. NEGATIVE 3. NEVER TESTED 4. DON'T KNOW/DID NOT GET RESULTS			
P11	If your result was positive , have you ever registered for care and treatment at any health provider since your positive result? IF RESULT WAS NEGATIVE OR NEVER TESTED CIRCLE 9 FOR NOT APPLICABLE	YES-PRIVATE DOCTOR1 YES-PUBLIC HEALTH CENTER 2 YES-BOTH PUBLIC AND PRIVATE DOCTORS 3 NO 4 NOT APPLICABLE 9			

	If you received a HIV positive result and have	/e registered	d for	YES 1	
P12	care and treatment of HIV , have you visited	d a clinic/do	ctor	NO 2	
	for treatment in the last 12 months			NOT APPLICABLE 9	
P13	If No, what are the reasons for you not going to a doctor or clinic in the last 12 months?	WORKERS DO NOT W	EING [·] 2 /ANT (IIME <i>i</i>	TREATED BADLY BY CLINIC STAFF/HEALTH CARE OTHERS TO KNOW OF MY INFECTION 3 AT CLINIC IS TOO LONG 4	
P14	How long after receiving your positive HIV result did you go to a clinic/doctor?			WITHIN ONE MONTH 1 WITHIN 3 MONTHS 2 WITHIN ONE YEAR 3 LONGER THAN ONE YEAR 4 NOT APPLICABLE 9	
P15	What is the main reason for you not registering at a clinic or doctor after receiving your positive HIV result?	FEEL HEALTHY 1 FEAR OF BEING TREATED BADLY BY CLINIC STAFF/HEALTH CARE WORKERS 2 DO NOT WANT OTHERS TO KNOW OF MY INFECTION 3 WAITING TIME AT CLINIC IS TOO LONG 4 NOT APPLICABLE 9			
	Thank you very much for participating.	Now you w	vill <u>be</u>	tested for HIV and Syphilis	

TIME ENDED: HOUR:_	/ MINUTE	/	_ AM / PM					
Checked by Superviso	r:							
Date:								
Entered by Data entry	person:							
INTERVIEWER COMMI	ENTS.							
ORIGINAL Q8	PERSON CONFIRMED	1.	STREET SEX WORKER					
	AS:	2.	OTHER SEX WORKER (CLUB, MASSAGE PALOURS, ETC.)					
		3.	WORKER (BARTENDER, WAITRESS, ETC.)					
		4.	PATRON					