Behavioral Surveillance Survey among Refugees and Surrounding Host Community

Jhapa and Morang districts, Nepal

November 2005

Acknowledgements

The United Nations High Commissioner for Refugees (UNHCR) commissioned New Era to conduct the first round of a behavioral surveillance survey (BSS) in the Bhutanese refugee camps and surrounding host communities in south-eastern Nepal. UNHCR wishes to express its thanks and appreciation to every member of the New ERA survey team for successfully conducting the BSS. Special thanks go to key team members Mr. Matrika Chapagain, Mr. Niranjan Dhungel, Mr. Manik Ram Maharjan, and Ms. Jyoti Manandhar.

Many organizations and individuals contributed to the successful completion of this study. UNHCR wishes to express its sincere gratitude to the concerned officials from AMDA-Nepal, Lutheran World Federation-Nepal, Damak Municipality, the Refugee Coordination Unit of the Government of Nepal, the camp secretaries and sector/sub-sector heads of the seven refugee camps, and key-informants from the host community for their contribution in providing support during the fieldwork phase of the survey.

Special thanks go to Dr. Sathyanarayanan Doraiswamy and Ms. Jayshree Jayanand from UNHCR, Damak Sub-office, and Dr. Nirmal Rimal and Dr. Durga Prasad Bhandari from AMDA-Nepal, Primary Health Care Centre for Bhutanese Refugees, Jhapa for providing valuable assistance and advice throughout the whole survey.

Special appreciation also goes to Dr. Paul Spiegel (UNHCR, Geneva), Dr. Ann Burton (UNHCR, Bangkok), and Mr. Kurt Burja (Columbia University, Mailman School of Public Health) for reviewing and revising the final report.

Finally, UNHCR thanks the respondents from the refugee and surrounding host communities who provided their valuable time for interviews and sharing their personal experiences. We believe that the results of this study will enhance the knowledge base about HIV-related behaviors and enable us to design and implement more effective HIV prevention and care programs.

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Acronyms and Abbreviations

AMDA	Association of Medical Doctors of Asia
AIDS	Acquired Immune Deficiency Syndrome
BSS	Behavioral Surveillance Survey
CI	Confidence Interval
CVICT	Centre for Victims of Torture
FHI	Family Health International
GoN	Government of Nepal
HIV	Human Immunodeficiency Virus
HMG	His Majesty's Government
IDU	Injection Drug User
INGO	International Non-governmental Organization
IUDs	Intra-uterine Devices
LWF	Lutheran World Federation
MSM	Men who have Sex with Men
NBA	Nepal Bar Association
NGO	Non-governmental Organization
NRCS	Nepal Red Cross Society
NUCRA	National Unit for Coordination of Refugee Affairs
PHCC	Public Health Coordination Committee
SPSS	Statistical Package for Social Science
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TOR	Terms of Reference
UN	United Nations
UNAIDS	Joint United Nations Programme On HIV/AIDS
UNHCR	United Nations High Commissioner for Refugees
VCT	Voluntary Counseling and Testing
VDC	Village Development Committee
WFP	World Food Program
WHO	World Health Organization

Definitions of Selected Terms

Adult: a person aged 25-49 years.

Higher risk sex: sex with a non-regular or transactional partner (see below)

Host: a person from the surrounding host community, usually adjoining to or nearby one of the seven refugee camps.

Host community: A community adjoining to or nearby one of the seven refugee camps.

Local: see 'host'

MSM: A male who has sexual intercourse with another male.

NGO clinic: A mobile/static health clinic being run by any national/international non-governmental organization.

Non-regular partner: A sex partner with whom one is not married or cohabiting with and does not exchange money, goods or gifts for sexual intercourse.

Refugee: A person who is outside his/her country of nationality or habitual residence; has a well-founded fear of persecution because of his/her race, religion, nationality, membership in a particular social group or political opinion; and is unable or unwilling to avail himself/herself of the protection of that country, or to return there, for fear of persecution. In this study, a refugee refers to a person registered by UNHCR as a Bhutanese refugee who is living in one of the seven refugee camps in Nepal.

Refugee community: The seven refugee camps in Jhapa and Morang districts in Nepal.

Regular partner: A spouse or partner with whom one lives, has a sexual relationship, and does not exchange money, goods or gifts for sexual intercourse.

Surrounding host community: see 'host community'

Transactional partner: A sex partner with whom one is not married or cohabiting with and exchanges money, goods or gifts for sexual intercourse.

Unsafe sex: Unprotected sex (i.e., sex without use of condom) with any partner other than a faithful, uninfected partner.

Young person: a person aged 15-24 years

Youth: see 'young person'

Executive Summary

A Behavioural Surveillance Study (BSS) was undertaken in seven refugee camps and selected surrounding host community sites in south-eastern Nepal in October and November 2005. This information will be used to strengthen HIV prevention programs in these two populations, track changes in HIV-related knowledge and behaviours over time and assess the impact of HIV prevention activities.

A total of 1600 households in the refugee camps and host community sites were surveyed.[1] A standard HIV BSS questionnaire was adapted and included questions related to forced migration. Households were selected by systematic random sampling. All members of selected households between 15-49 years old were eligible respondents. Informed consent was obtained from all survey participants.

The survey collected data on certain key indicators which are summarized in a table at the end of the executive summary. The conclusions and recommendations that can be made from these and other results include the following:

Characteristics of the Respondents

A significant proportion of refugees and locals had no education: 29% of refugees vs. 22% of locals. Refugees had better access to primary (K-5) education than the host community: 21% of refugees vs. 14% of locals. The host community had better access to education at the secondary (9-10) and post-secondary (11 and above) levels: 11% of refugees vs. 17% of locals had secondary education, while 16% of refugees vs. 23% of locals had post-secondary education. Gender disparity exists at some but not all levels of education. This disparity is most pronounced at the lowest and highest levels: Female refugees and locals are 2.3 and 2.9 times more likely respectively to have no education than refugee and local males, while refugee and local males are 3 and 2 times more likely respectively to have post-secondary education than refugee and local females.

The mean age at first marriage among refugee males was 21 years compared with 22 years among local males, while among refugee females it was 16 years compared with 18 years among local females. Early marriage among refugee females was common: 30% were married before the age of 15. Among local females 14% were married before the age of 15. Early marriage places females at an increased risk of HIV transmission from an older partner who is more likely to be HIV infected.

Thirty nine percent of refugees reported that they were employed (34% of males vs. 44% of females). Seventeen percent of males reported that they left the camps for work or business. Long-term absence from home, especially amongst males, is an area of concern in HIV programming: separation from regular sex partners, lack of traditional community social structures which maintain sexual norms, and availability of income is more likely to lead to behaviour that places persons at risk of HIV. Sixty-nine percent (69%) of refugee males (n=98) who were away from home for 4 weeks or more in the past 12 months did so for business or work-related reasons.

[1] See section xx for comment on sample size

In addition, 44% of female refugees reported that they were employed; of these 80% were tailors, most of whom work in the camps. Six percent (6%) of female refugees leave the camps for work or business. The dependence on humanitarian assistance and lack of sources of income for refugees places females in a situation where they may need to employ transactional sex as a livelihood strategy. This assumption is supported by the fact that 38% of local males (n=6) who had sex with a transactional partner did so with a refugee female.

Recommendations

- UNHCR and implementing partners (IPs) should actively promote girl's education by providing incentives to adolescent girls and their families (e.g., soap, food support, and sanitary materials) and improving school conditions (e.g., separate toilet facilities).
- Similarly messages and activities that discourage early marriage should be employed, e.g. integrating reproductive health into school curricula, creating awareness amongst parents of young people, teachers and religious leaders, providing opportunities for counselling young people before marriage, and most importantly preventing adolescent pregnancies.
- HIV prevention and education programs should take work-related mobility into account. Activities should reach refugees at work, whether in- or outside of the refugee camps; these activities can include expanding peer education to the work place, integrating key HIV prevention messages in vocational training and targeting sporting events and entertainment venues that are frequented by mobile males and other workers. HIV prevention activities should also coincide with times when wages are distributed.
- The lack of economic opportunities among refugees contributes to two potential protection concerns: economic and sexual exploitation. Further research should explore to what extent the lack of livelihood opportunities contributes to increased vulnerability to economic and/or sexual exploitation.
- UNHCR should continue to advocate with the Nepalese authorities for the right of refugees to sustainable livelihoods.

Displacement, Mobility and Networking

The refugee population is very stable: 99% of refugees had resided in their current community for five years or more. Based on the mean length of stay (13 years) it is likely that most respondents have been living in their current community since their initial arrival in Nepal in 1992. The host population is also stable. Among the host population, 86% had resided in their current community for five years or more.

Mobility among males in the refugee and host communities was common: 29% of male refugees had been away from home for 4 weeks or more in the past 12 months compared with 21% of male hosts, while 6% of female refugees had been away from home for 4 weeks or more in the past 12 months compared with 13% of female hosts. Mobile males are considered to be a population at higher risk of exposure to HIV infection.

Interaction between the refugee and host communities was frequent: a significant proportion of refugees and locals are visiting the surrounding community and refugee camps respectively on a daily or weekly basis: 72% of male and 47% of female refugees visited

the surrounding community one or more times a week, while 40% of local males and 19% of local females visited the refugee community one or more times a week. Of note, 24% of male refugees visited the host community every day.

Sexual links between the refugee and host community exist. A small number of refugee males reported sexual interaction with local females: 9% (n=3) who had sex with a non-regular partner in the past 12 months did so with a host female, while 50% (n=2) who had sex with a transactional partner in the past 12 months did so with a host female. A significant number of male locals reported sexual interaction with the refugee females: 30% (n=13) who had sex with a non-regular partner in the past 12 months did so with a refugee female, while 38% (n=6) who had sex with a transactional partner in the past 12 months did so with a refugee female. Given the lack of economic opportunities and consequent high dependence on humanitarian assistance refugee females are vulnerable to sexual exploitation.

Recommendations

- Interaction between the refugee and host community is common. For maximum effectiveness HIV prevention and service delivery programmes should be inclusive of both populations.
- AMDA BCC, as an IP of FHI, has an extensive peer education network in Jhapa and Morang districts; Efforts to formally expand AMDA BCC's peer education network inside of the refugee camps should be explored.
- Targeting of locations where refugee and host community populations interact should be given priority; these locations include markets, restaurants, public transportation and transit points, and entertainment and alcohol establishments, such as cabin restaurants[2] and home-made alcohol vendors.
- HIV prevention and education activities targeting mobile males should be intensified and expanded. This includes incorporating HIV and STI awareness into vocational training, HIV awareness at public transport and transit points, training of male peer educators of different occupations and HIV activities around the time of major festivals and holidays when males return.
- Further qualitative study of mobility within the refugee and surrounding host community would strengthen HIV prevention interventions.

<u>Sexual Intercourse, Sexual Partners and Condom Knowledge and Use</u>

Most youth aged 15-25 had never had sex: Among males aged 15-24, 63% and 59% of refugees and locals respectively had never had sex; among females aged 15-25 it was 79% and 65% respectively. Most never-married youth have abstained from sex in the past 12 months. Among refugees, 83% and 99% of never-married males and females aged 15-24 respectively had abstained from sexual intercourse in the past 12 months; among the host community it was 80% and 98%. For those that had been sexually active this began at an early age; median age of onset for male and female refugees was 19.6 and 16.7 years, respectively; among the local population it was 20 and 17.9 years.

[2] A cabin restaurant is a common commercial establishment in Nepal where young female waitresses serve food and alcohol to male customers. Tables are partitioned off into small rooms by walls, i.e., cabins, which allow privacy. Transactional sex is often initiated and negotiated here, though it usually occurs off-site.

Among youth aged 15-24 condom use at last sex with a regular sexual partner was low: 6% and 3% of refugee males and females and 14% and 11% of locals, respectively. Among adults aged 25-49, condom use at last sex was also low: 7% of male and female refugees and 14% and 11% of male and female locals, respectively. The most common reasons for not using a condom were that they used another type of contraception or did not think it was necessary.

A significant number of men had non-regular partners. Among males aged 15-24, 15% and 19% of refugees and locals respectively had a non-regular partner in the past 12 months; among females aged 15-24, 2% of refugees and locals respectively had a non-regular partner in the past 12 months. Among males aged 15-24, 60% and 62% of refugees and locals used a condom at last sex with a non-regular partner; among females aged 15-24 it was 25% and 50% respectively. Among refugees and locals aged 15-49 unplanned sex was the most common reason for not using a condom.

The prevalence of transactional sex among respondents has major implications for HIV programming. While a small proportion of male respondents reported having transactional sex, no female respondents reported doing so: among males aged 15-24, 2% and 6% of refugees and locals respectively had a transactional partner in the past 12 months; no refugee or host female reported having a transactional partner in the past 12 months. Of these 25% and 67% of refugees and locals respectively used a condom at last sex with a transactional partner. Among males aged 15-49 unplanned sex was the most common reason for not using a condom.

A very small number of refugee and host males reported having ever had a male sexual partner: six (2%) refugee males and 12 (3%) host males reported having a male sexual partner. Unprotected male to male sex carries a high-risk of HIV transmission.

Recommendations:

- HIV prevention activities should start at an early age. There is an urgent need to work with adolescents and young adults within each community to develop the knowledge, attitudes and skills that will enable them to practice safer sexual behaviors. The integration of comprehensive adolescent sexual and reproductive health combined with life skills into the current health and life sciences curriculum should be a priority.
- Opportunities to reach out of school youth need to be expanded, e.g., integration of HIV awareness and life skills into informal education, using youth centres as a venue for HIV prevention activities and services, and training out of school youth peer educators
- Male-to-male sex needs to be incorporated into HIV activities; advice needs to be sought from agencies in Nepal, e.g., Blue Diamond Society, that are working with MSM to develop an appropriate context-specific strategy.

<u>Knowledge of and Access to Condoms</u>

Though nearly all refugees and hosts had heard about male condoms refugees were less likely to report knowing a place where condoms can be obtained than those from the host community. There was greater recognition of the private sector as a source of condoms amongst both groups. Only a small proportion of refugees and hosts knew that condoms were available from community health workers but a much larger proportion of refugees knew

that condoms were available from NGOs or an NGO worker than hosts: 43% vs. 12% of males and 65% vs. 10% of females, respectively.

Of those who believed it was difficult to obtain condoms 90% and 88% of refugees and hosts identified fear of being seen as a barrier to obtaining condoms.

Recommendations:

- Strategies to promote community-based and youth-friendly condom distribution, such as making condoms more available in discrete locations and where males and females socially interact, need to be scaled up. Opportunities include through CHWs, youth peer educators, in youth centres and other community centres and locations where alcohol is sold.
- Condoms need to be made more available to sex workers and in locations where transactional sex is likely to be negotiated or occur, such as cabin restaurants, guesthouses, and homemade alcohol vendors.

Forced Sex

Forced sex is an area of serious concern in the refugee and host community and appears to occur with about the same frequency in both communities. In this survey 66 (17%) and 58 (15%) refugee and host females respectively had ever been forced to have sex. In fact, 11% and 10% of refugee and host females respectively were forced to have sex in the past 12 months. Forced sex was perpetrated primarily by a spousal partner (70% and 74%, respectively) or a person from the same community as the respondent (19 and 28%, respectively). Forced sex between members of the refugee and host community was uncommon.

Recommendations

- Women who experience forced sex and marital rape are particularly vulnerable to STI and HIV transmission; activities to sensitize the refugee and host community to the prevalence and negative impact of all forms of sexual and gender-based violence need to be continued.
- Rape crisis counseling services, post-exposure prophylaxis for HIV and other components of the health response should be widely available and easily accessible. Health care workers should be trained to use the guidelines for the clinical management of rape survivors. Privacy and confidentiality must be ensured.
- Efforts should be focused on the prevention of marital rape, which, for social and cultural reasons, is often not recognized as a violation of women's rights. Linkages with local and national women's and human rights organizations who are actively involved in raising awareness about this issue and advocating for the prosecution of perpetrators of all forms of sexual and gender-based violence, need to be established.
- Awareness raising efforts, via peer education and other forms of community-based outreach, should specifically target male groups with gender-based violence prevention messages.
- UNHCR should explore how the host community can be included in SGBV programming.

Alcohol and other substance use

Sex under the influence of alcohol is common in both communities. Forty-six percent (46%) of refugees and 66% of locals had ever had sex under the influence of alcohol. Amongst refugees females were 1.5 times more likely than males to have ever had sex under the influence of alcohol. Condom use at last sex while under the influence of alcohol was low: 8% among refugees

and 10% among locals. Significant gender differences were noted; refugee and host males were 3 and 2.5 times more likely respectively than females to use a condom under these circumstances.

Use of other substances is uncommon: 22 (6%) refugee and 61 (15%) local males have ever taken drugs, while one refugee female did so. Of these a small number of respondents used drugs in the past 12 months and all of them were male: 5 (23%) among refugees and 25 (41%) among locals. Condom use at last sex while under the influence of drugs was low: 1 of 6 (17%) local males used a condom the last time they had sex under the influence of drugs. Injecting drug use is rare in the refugee and host community: only 1 (4%) person (a local male) reported injection drug use in the past 12 months.

Recommendations

- Substance use is an area of concern and should be carefully monitored. A variety of drugs are available in the area Given the lack of recreational, educational and economic opportunities in the refugee camps, youth in the refugee community are at particular risk of substance use.
- HIV prevention and education activities need to emphasize the risks associated with sexual intercourse under the influence of alcohol and drugs. Key messages should include the likelihood of compromised negotiation skills, an increased risk of unprotected sex, and increased vulnerability to forced sex and other forms of sexual violence.
- Condoms should be easily available in and around cabin restaurants, homemade alcohol vendors and other drinking establishments; links should be made with relevant stakeholders (owners, waitresses, etc.) to explore opportunities for condom promotion and distribution.
- While injection drug use appears to be rare in both communities, harm reduction activities may need to be included in future programming. UNHCR needs to establish links with community-based organizations working with injection drug users in the host community.

Co-factors to Contracting HIV – Sexually Transmitted Infections (STIs)

The prevalence of STIs appears to be low among refugees and locals. Among refugees and locals 3% and 1% of males and 2% and 0.3% of females reported that they had genital sores or ulcers within the past 12 months, while 1% and 2% of males reported that they had genital discharge.

Of those with STI-like symptoms 59% and 53% of male and 70% and 46% of female refugees and hosts respectively reported seeking treatment. Respondents reported seeking treatment at several different locations; responses varied greatly by gender and group: 26% of male refugees sought treatment at an NGO static/mobile clinic compared with 87% of female refugees. Refugee males sought treatment at both government and private health facilities outside of the camps.

Among both communities partner notification related to STI treatment is low among males but high among females: 44% and 42% of male and 81% and 64% female refugees and host respectively reported informing all of their sexual partners the last time they had an STI.

Recommendations

- UNHCR should continue to explore social marketing of STI treatment products, e.g., Population Services International's *Clear,* a urethral discharge treatment kit, amongst males in both the refugee and host community.
- Training on STI management should include private providers near the refugee camps where possible.
- Health facilities and services should be made more accessible to males with reproductive health concerns; this includes training of staff, ensuring physical and auditory privacy, and promotion of the availability of male reproductive health services.
- Health counselors should continue to encourage a variety of partner notification and treatment methods, especially amongst males.

Knowledge, Opinions and Attitudes towards HIV/AIDS

Most refugees and hosts correctly identified at least two major ways of preventing HIV sexual transmission. The most common prevention measure cited was condoms followed by limiting sex to one faithful, uninfected partner. Knowledge was higher amongst males than females. Eighty-eight (88%) percent and 94% of refugees and locals respectively reported that a healthy looking person can be infected with HIV.

A large proportion of refugees and locals believe two of the most common misconceptions about HIV transmission: namely that HIV can be transmitted by mosquito bites and by sharing food or utensils with an HIV-positive person.

A large proportion of refugees and locals reported non-discriminatory attitudes towards people living with HIV/AIDS: 85% and 88% of refugee and locals, respectively, would be willing to care for an infected family member in their household; 75% and 80% believe that a person living with HIV/AIDS should be allowed to stay in his/her work place; and 77% and 81% believe that a teacher living with HIV/AIDS should be allowed to continue teaching in school.

Recommendations:

- Knowledge about HIV/AIDS appears to be high among the refugee and host community, though several gaps in knowledge and common misconceptions about transmission indicate a need to reinforce and expand HIV prevention messages.
- Though non-discriminatory attitudes were expressed practices may be different. There is a need to continue to integrate messages aimed at reducing stigma and discrimination associated with HIV and AIDS into awareness activities.

Exposure and Access to Information about HIV/AIDS

Overall, radio was the most common source and the preferred choice of information about HIV/AIDS among refugees and locals: 92% and 90%, respectively, reported that they had heard about HIV/AIDS on the radio, while 76% and 73%, respectively reported that radio was the preferred source of information about HIV/AIDS.

Refugees also received information about HIV/AIDS from a variety of other sources, such as friends and family (46%), schools and teachers (36%), NGOs and NGO workers (35%), television (35%) and street drama (35%). Preferred sources were street drama (44%), television (39%), NGO workers (39%), friends and family (33%), schools and teachers (30%), and humanitarian agency

workers (30%). Of note, community health workers and volunteers are a very uncommon source of information about HIV/AIDS.

Recommendations

- Community-based HIV prevention and education programs, such as peer education, street drama and sporting events, aimed at reaching mobile males and other key sub-populations should be explored and developed.
- Where appropriate, sexual and reproductive health topics, including HIV/AIDS and STIs, can be incorporated into existing activities such as adult literacy classes, vocational training, and skills training.
- Further information needs to be sought on why CHWs and CHVs are an underutilized resource in the refugee and host community.

HIV Testing and Counselling

Knowledge about the availability of voluntary testing and counselling (VCT) services was high: 62% of refugees knew where a person could be tested for HIV compared to 74% of hosts. However, only a very small number of respondents in both communities had ever been tested for HIV: 4% among refugees and 5% among hosts. By gender, male refugees were 3 times more likely to have had an HIV test than refugee females.

Recommendations

- Plans to start static VCT clinics in the refugee camps should be explored; VCT could be integrated into existing health care services. In the meantime, AMDA should continue the mobile VCT clinic.
- VCT services should be actively promoted in both communities. Services must be easily-accessible and user-friendly and located in an environment that ensures privacy and confidentiality. Efforts need to be made to increase uptake amongst 15 to 24-year-olds.

Table 1: Summary of key indicators

Key Indicators	Refugee		Host	
	Male	Female	Male	Female
Sexual Behavior				
Never-married young people aged 15-24 who have abstained from sexual intercourse for the past 12 months	83.2%	98.8%	79.7%	97.8%
95% Confidence Interval				
P-values				
Sex with a non-regular partner among respondents aged 15-24 in the past 12 months	15.0%	2.0%	18.5%	2.0%
95% Confidence Interval				
P-values				
Sex with a transactional partner among respondents aged 15-24 in the past 12 months	2.0%	N/A	6.0%	N/A
95% Confidence Interval				
P-values				
Condom use at last sex with a non-regular partner among respondents aged 15-24	60.0%	25.0%	62.2%	50.0%
95% Confidence Interval				
P-values				
Condom use at last sex with a transactional partner among respondents aged 15-24	25.0%	N/A	66.7%	N/A
95% Confidence Interval				
P-values				
Percent of women aged 15-49 who were forced to have sex in the past 12 months	N/A	10.7%	N/A	9.7%
95% Confidence Interval				
P-values				
Residing in current community for 12 months or less among respondents aged 15-49	0.3%	0.0%	0.3%	6.0%
95% Confidence Interval				
P-values				
Away from home for four or more weeks in the past 12 months among respondents aged 15-49	28.5%	6.0%	21.3%	12.8%
95% Confidence Interval				
P-values				
Visit the surrounding community one or more times a month among respondents aged 15-49	82.9%	66.1%	48.3%	25.1%
95% Confidence Interval				
P-values				

1.0 Introduction

This report provides a detailed analysis of the October and November 2005 Behavioral Surveillance Survey (BSS) in seven Bhutanese refugee camps and eight sites from the surrounding host community. It demonstrates the continued need for and provides concrete evidence to support effective HIV/AIDS programming.

Note: for the sake of brevity, the term *refugee community* is used to describe the respondents from the seven refugee camps, while *host community* is used to describe the respondents from all surrounding host community sites.

1.1 Situation Background

In early 1990, human rights activists in Bhutan began to demand a more representative political system and the constitutional guarantee of human rights for all ethnic groups. Meanwhile, the ruling Buddhist Dzongkha-speaking Ngalung community in Bhutan began to impose strict new citizenship laws and deny the cultural and linguistic rights of minority ethnic groups. These changes drastically affected the Hindu Nepali-speaking Lhotshampa population. Large number of Lhotshampas, who account for nearly a sixth of the kingdom's total population of approximately 0.8 million, were forced to leave or were forcibly evicted from the country (Geocities, 2004).

The displaced population travelled from Bhutan, via India, to reach Nepal. The first Bhutanese refugees entered Nepal at the end of 1990, and by September 1991, there were 5000 registered Bhutanese refugees. The bulk of the refugees arrived throughout 1992. As of June 2005, a total of 108,110 Bhutanese refugees were registered in seven refugee camps in eastern Nepal: Beldangi I, Beldangi II, Beldangi II Extension, Goldhap, Timai and Khudunabari in Jhapa and Sanischare in Morang district (AMDA- Nepal, 2005a).

Though UNHCR began providing some *ad hoc* assistance to Bhutanese refugees in February 1991, a major emergency assistance program was initiated jointly by UNHCR, the World Food Program (WFP) and several non-governmental organizations in early 1992. This followed the formal request from the Nepalese government to UNHCR to coordinate all emergency relief assistance for the Bhutanese refugees. UNHCR, in co-operation with the National Unit for Co-ordination of Refugee Affairs (NUCRA) of the Ministry of Home Affairs, HMG-Nepal, is primarily responsible for providing protection to the refugees and assisting them in various sectors such as health care, education, water and sanitation, shelter, livelihoods and legal assistance.

To improve the effectiveness of refugee health programs, UNHCR partnered with the Association of Medical Doctors of Asia-Nepal (AMDA-Nepal), a medical non-governmental organization with a strong presence in the region. In addition to various health related programs in collaboration with different funding agencies, AMDA-Nepal has initiated the Primary Health Care Project for refugees since January 2001 with financial assistance from UNHCR (AMDA-Nepal, 2005b). Other major UNHCR partners working with the Bhutanese refugee population include Lutheran World Federation-Nepal (LWF-Nepal), Caritas Nepal, Nepal Red Cross Society (NRCS), Nepal Bar Association (NBA) and Centre for Victim of Torture (CVICT) (UNHCR, 2005).

1.2 Rationale of the Study

Refugees are at an increased vulnerability to HIV transmission. Major reasons for this increased vulnerability include changes in societal structures, broken family units, economic vulnerability of women and unaccompanied minors, a rise in sex work, incidences of sexual violence, untreated psychological trauma and the disruption of preventive and curative health services (NCEH, 2005).

Taking into account the increased vulnerability among refugees and the interaction between the refugee and host community, UNHCR and AMDA-Nepal have implemented an HIV/AIDS program among the refugee and host populations, focusing on activities that increase HIV knowledge, positive attitudes and prevention skills and promote behavioral change.

There is an absence of adequate information on HIV related risk behaviors among the refugee and host community. In addition, reliable information on the types of interaction and bridging behaviors between the refugees and host community is limited. Given this lack of information, there is an urgent need to gather baseline data regarding HIV-related risk behaviors. A systematic behavioral data collection system in this context can be used for several key purposes, including the following:

- Identify population sub-groups with high risk behaviors;
- Track changes in HIV-related risk behaviors among the refugee and host community populations over time;
- Investigate sexual links or bridges, if any, between groups in the refugee and host populations; and
- Inform program design, implementation, monitoring and evaluation.

In a population where HIV prevalence is low or unknown the need to invest resources in collecting behavioral data may be questioned. The assumption is that where HIV prevalence is low, or perceived to be low, HIV-related risk behaviors must also be limited.

What these concerns overlook is the vital role that behavioral data collection plays in creating an effective early warning system for predicting an increase in HIV prevalence. Where behavioral data show that people are engaging in high risk behaviors, such as unprotected sex with multiple partners or sharing injecting equipment, it may be a matter of time before an increase in HIV transmission follows. In this situation, HIV often first surfaces in those sub-populations whose behaviors carry a higher risk of HIV transmission than those of the general population.

With a behavioral surveillance survey (BSS), it may be possible to predict vulnerable groups of people and their high risk behaviors in a given population. In a population where little behavioral information is available or high-risk target groups are not clearly defined, the first round BSS should include more in-depth exploratory research to better characterize the groups most at-risk of HIV transmission (FHI, 2000).

1.3 Objectives of the Study

The general objective of this study is to assess HIV-related risk behaviors among Bhutanese refugees and members of the host community and to investigate whether there are sexual bridges

between the refugees and host community population. The specific objectives of this study are as follows:

- Assess knowledge and attitudes towards HIV/AIDS;
- Describe the profile of HIV-related risk behaviors;
- Identify, if any, risk behaviors that are concentrated in population sub-groups, such as male youth, female youth, male adults, female adults, etc.; and
- Investigate if there are sexual bridges among and between the host and refugee populations, especially between sub-groups with a higher risk of HIV transmission and sub-groups with a lower risk.

2.0 Research Methodology

This study applied a probability sampling technique for selecting sources of information. The study used quantitative research tools for gathering behavioral data through a field survey. This chapter describes the research methodology adopted and research tools used in this study.

2.1 Study Approach

This study is the first behavioral surveillance survey (BSS) conducted in the Bhutanese refugee camps and the surrounding host communities in south-eastern Nepal. This research was conducted based on the Second Generation HIV Surveillance Framework developed by UNAIDS, WHO, FHI and others (FHI, 2000:2). The behavioral surveillance survey is used to track trends in behaviors related to the transmission of HIV. UNAIDS Guidelines on Second Generation HIV Surveillance recommend implementing a systematic set of HIV, STI and behavior surveillance surveys, which are appropriate to the country's epidemic and repeated on a regular basis. The BSS is a system for assessing the changes in sexual behavior quantitatively by employing structured questionnaires administered to samples of target groups in specific geographic areas (FHI/AIDSCAP, 1995 in New ERA, 1999:1). The BSS can be used as a monitoring and evaluation tool designed to track trends in HIV/AIDS related knowledge, attitudes and behaviors of particular groups.

The major benefit of this methodology is its standardized approach to questionnaire development, sampling frame construction, survey implementation and data analysis. Its defining feature is consistency in sampling methodology, data collection methods and indicators to track changes and identify trends in behavior over time. This approach is expected to yield reliable and usable information for the implementation of appropriate interventions (FHI, 2000).

2.2 Study Area, Sample Design and Sample Size

Study Area

This study was carried out in seven Bhutanese refugee camps and their respective host community sites in eastern Nepal. The seven camp covered by this study are as follows: Beldangi I, Beldangi II, Beldangi II Extension, Khudunabari, Timai and Goldhap in Jhapa, and Sanischare in Morang district. The selected host community sites were from Damak Municipality, Khudunabari VDC, Arjundhara VDC, Sanischare VDC, Pathari VDC, Garamani VDC, Shantinagar VDC and Budhabare VDC. The host community sites were selected following a series of preliminary fieldwork, including reconnaissance visits to potential survey sites and consultations with local authorities, refugee community, local level key-informants, and officials from AMDA-Nepal and UNHCR at the local level[3]. Table 2.1 presents selected host community sites covered by this study.

[3] The host community included all VDC/Municipality-wards adjoining to the refugee camps and selected communities where/from where the refugees/community people

Table 2.1: Study area of the BSS by camp, location and host community site

Name of Camp	Location	Selected Host Community Sites
1) Beldangi – I	Damak Municipality- Ward No. 3	Damak Municipality- Ward No. 3, 4, 5 and 6
2) Beldangi- II	Damak Municipality- Ward No. 5	Damak Municipality- Ward No. 3, 4, 5 and 6
3) Beldangi II-Ext.	Damak Municipality- Ward No. 5	Damak Municipality-Ward No. 3, 4, 5 and 6
4) Sanischare	Sanischare VDC- Ward No. 1	Sanischare VDC- Ward No. 1, and Pathari VDC- Ward No. 1
5) Goldhap	Garamani VDC- Ward No. 2	Garamani VDC- Ward No. 1, 2, 3 and 5
6) Khudnabari	Khudnabari VDC- Ward No. 8 and 9	Khudnabari VDC- Ward No. 7, 8 and 9, and Arjundhara VDC- Ward No. 2 and 3
7) Timai	Santi Nagar VDC- Ward No. 1	Shanti Nagar VDC- Ward No. 1, 4 and 5, and Budhabare VDC- Ward No. 9

Sample Design

The target sub-populations consisted of eight groups of people based on location, age and sex:

From the refugee camps:
- men aged 15-24 years,
- women aged 15-24 years,
- men aged 25-49 years, and
- women aged 25-49 years,

From the host community sites:
- men aged 15-24 years,
- women aged 15-24 years,
- men aged 25-49 years, and
- women aged 25-49 years.

The total population of each of the target groups was considered as the population universe for sampling purposes. Taking independent samples from each of the groups made it possible to compare the indicators between/among the groups within the camps and in the host community sites.

The sample from each group was selected using a probability sampling method, namely a systematic random sample. With probability sampling, every person in each of the defined groups may be selected into the sample with a known (non-zero) probability. Probability sampling tends in practice to be characterized by the use of lists of sampling frames. With probability sampling, it is possible to use the data themselves to estimate the sampling error or the effect of random fluctuation in sample selection on the accuracy of the observed results. Estimates of population characteristics and risk behaviors derived from the surveys based upon probability sampling methods may be expected to estimate the true population values within a specified margin of error (FHI, 2000:30).

See Appendix II for Sample Size Determination formula.

Sample Size

HIV-related risk behaviors, referred to here as indicators, may be of more than one type. Such behaviors include a variety of high risk sexual and non-sexual behaviors, including, for example, unprotected sex, sex with multiple partners, commercial sex, and sharing injecting equipment. The initial level of the indicator and magnitude of change that can be detected reliably may vary from one indicator to the next. In this situation, to detect a change of 15 percentage points (* see note

below), this study took the initial value of the indicator at 50 percent. In any region/population where the value of the indicator to be monitored is not available, it is recommended to assign the value of P_1 at 50 percent (or the proportion of P_1=0.5). The reason for this is that the variance of indicators measured as proportions are maximized as they approach 0.5. Thus, approaching towards 0.5 provides a measure of insurance that the sample size chosen is sufficient to satisfy the measurement objectives of the survey, even if the estimate of P_1 used is not accurate (FHI, 2000:52). Furthermore, this estimate has been used in the first round of BSSs among refugee populations elsewhere (Mitike et al., 2002).

Based on this estimate, the value of P_1 and P_2 is 0.5 and 0.65 respectively. As proposed by this study, if the z-test is used to detect the significance of the change of the indicator, the z-score value for $Z_{1-\alpha}$ (at 95% confidence interval) and $Z_{1-\beta}$ (at the power of 90%) is 1.645 and 1.282 respectively (FHI, 2000:48; Miller and Freund, 1987: 490). Since sample selection for this study followed systematic random sampling from a complete list of each of the target groups, assuming the normal distribution of the population, the value of D was supposed to be equivalent to 1[4].

Based on these values, the required sample size from each of the eight groups of people is 184. However, a sample size of 200 individuals from each group was used to ensure the comparability of the indicators between/among the groups, taking into account the possible refusal and absent cases. Thus, the total number of persons to be interviewed, including all eight target groups, was 1600 individuals, aged 15-49 years (*see note).

*Ideally, when measuring behavior change the difference to be detected should be set at less than 15% giving greater precision. Though this is always a trade off between desired precision and available resources, UNHCR recommends that in future behavioral surveillance surveys a figure of 10% be used. This would give a sample size of 420 per group. Thus, the total sample size in this survey, after disaggregating for age and gender, would ideally have been 1680 refugee and 1680 host community respondents.

Table 2.2 summarizes the total population included in the sampling frame and sample size by target group.

Table 2.2: Total population included in the sampling framework and sample size by target group

Target group	Total population included in sampling framework		Sample size		
	Refugee Camp**	Host Community*	Refugee Camp	Host Community	Total
Young male (15-24 Years)	13,604	5,803	200	200	400
Young female (15-24 Years)	13,379	5,789	200	200	400
Adult male (25-49 Years)	18,484	5,875	200	200	400
Adult female (25-49 Years)	18,366	5,530	200	200	400
Total	63,833	22,997	800	800	1600

Source: ** Registered database of individuals by age provided by UNHCR.
* Obtained from listing of individuals of target groups in the surrounding host community sites.

[4] *The design effect 'D' is calculated as: D = 1 + (number sampled per population sample unit (PSU) – 1) * ρ where, ρ refers to the intra-class correlation coefficient, which is equal to zero (0) while selecting samples from only one population universe. So, for the purpose of this study, value of D is 1.*

While selecting the respondents for interview, the systematic random sampling technique was followed. The sample selection procedure was as follows:

- A complete list of individuals belonging to each of the eight target groups was prepared. Sampling of the respondents was done separately for each target group.
- A sampling interval was calculated for each of the target groups based on the total population of each target group and the sample size of the same target group (Ia).
- The first respondent of each target group was selected randomly using a randomly generated number.
- The remaining respondents were selected using the same sampling interval between each pair of subsequent respondents in the list of the individuals of the target group (i.e., 2nd respondent (R2) = R1+ Ia, 3rd respondent (R3)= R2 + Ia…….).

2.3 Mapping and Listing Operation

The study team used a complete list (supplied by UNHCR) of registered refugees by target group to generate the sampling framework for the purpose of sample selection among refugees. However, for preparing the list of individuals by target group in each host community site, a listing operation was carried out in each host community site. Before executing the listing operation, the study team made a reconnaissance visit to all seven refugee camps and their surrounding communities. Major objectives of the reconnaissance visits were:

- to identify the host community(s) near each refugee camp to be covered in the listing operation;
- to gather preliminary impressions of the location, housing arrangements, and program interventions related to HIV prevention within the refugee camps and host community sites, which might, eventually, be used to estimate indicators required for sample size determination; and
- to identify the concerned organizations and personnel involved in providing assistance and/or services to the refugees and host populations and to solicit their help in carrying out field activities in the future.

To select the host community sites the study team met with key program personnel from UNHCR, AMDA-Nepal, other implementing partners working in the camps, the Sector/Sub-sector Heads of each camp, and various key informants from the host population. Local communities adjoining the refugee camps, nearby market areas (where there was frequent interaction between refugees and host populations) and other selected localities were considered as potential host community sites.

Once the mapping was completed, seven field teams (consisting of two members per team) were assigned to make a complete list of all individuals belonging to the specified target groups in each of the host community sites. Before initiating field work, a listing form was designed and a three-day training session was held to train field team members how to make a systematic and complete list of individuals belonging to the target groups.

During the listing operation, the field teams visited every household in the host community and listed all household members aged 15-49 years. They started with the household located in the north-east corner of each community ward and listed every household as they moved towards the south-west corner. After the completing the listing exercise, the name of the individuals listed from

each of the host community sites was entered into a computer database and a complete list of target group members was prepared. This complete list of target group members from the community sites was used as the sampling framework for the purpose of sample selection.

2.4 Data Collection Instruments

This study used a structured survey questionnaire to collect quantitative data. A draft survey questionnaire, used in other refugee settings, was provided by UNHCR. The questionnaire was designed following the *Guideline for Repeated Behavioral Surveys in Population at Risk of HIV* developed by FHI and others (FHI, 2000). The questionnaire was developed in a standard format including sequential questions, coding categories and skip patterns. The draft questionnaire was finalized after incorporating the suggestions and comments from UNHCR and AMDA-Nepal. Once the English version of the questionnaire was finalized, it was translated into Nepali. The Nepali version of the questionnaire was further refined during the training of the field researchers. In addition, a pre-test exercise was done to ensure the proper sequence of the questions and appropriate use of language.

The questionnaire was divided into 7 sections: socio-demographic characteristics, displacement, mobility and networking, sexual behavior and condom use, alcohol and drug use, knowledge of HIV/AIDS and STIs, incidence of STIs, treatment seeking behavior, and exposure to domestic violence and forced sex. The English version of questionnaire is provided in the Appendix.

2.5 Recruitment and Training to the Field Researchers

To carry out the BSS, field researchers were recruited twice. First, 14 interviewers were recruited for the listing exercise in the selected host community sites. Seven teams, consisting two members per team, were formed. They participated in a three-day training session to learn how to make a complete list of individuals belonging to the specified target groups in each of the selected host community sites. After the training, each team visited a host community site corresponding to one of the seven refugee camps and prepared a complete list of all household members aged 15-49 years in the selected host community site. In addition, each team drew a map of the host community site, identifying the households they visited. These maps were later used by the survey teams to identify the houses of the selected respondents.

Next, 15 field researchers, which included 12 interviewers, six males and six females, and three supervisors, were recruited for the main field survey. Most of the field researchers were the same people who were involved in the listing exercise. Most of the field researchers had prior survey experience with similar issues.

The field researchers participated in a one-week training session during the first week of October 2005. The training included an orientation on approaching selected respondents, conducting interviews, consistency checking and quality control. The training also familiarized the field researchers with theory, objectives and methodology of the BSS. All the interviewers practiced administering the questionnaire through role-play exercises, which helped them to identify potential problems and ways of solving them during the actual fieldwork. The major goal of the training was to ensure uniformity in the recruitment of study participants, the administration of the questionnaire

and the maintenance of quality and confidentiality while collecting data for the survey. At the end of the training field researchers participated in a practice exercise to field-test the questionnaire.

2.6 Survey Operation and Supervision

The New ERA team coordinated with relevant government agencies, stakeholders and donors before starting the field survey. Three rounds of meetings were organized to solicit support for the field survey: two with AMDA-Nepal and UNHCR officials and one with camp secretaries and sector/sub-sector heads in each of the seven refugee camps.

Fieldwork for the questionnaire survey began on October 18, 2005. Three field survey teams, consisting of two male interviewers, two female interviewers and one field supervisor, completed all field work by October 31, 2005 in the refugee camps. Fieldwork was temporarily postponed from November 1-4 during the *Tihar* national holiday. From November 5-20, 2005, the field survey teams carried out the survey fieldwork in the selected host community sites. Taking into account the sensitivity of the issues covered in the survey, all the male respondents were interviewed by male interviewers and all female respondents by female interviewers.

Field supervisors supervised and worked alongside the field interviewers to maintain the quality of interviews and edit the completed questionnaires in the field. Core team members from New ERA stayed with the survey teams for 10 days during the initial stage of the fieldwork, which allowed New Era team members to supervise and monitor each of the interviewers and provide feedback on maintaining quality throughout the data collection process. Key project team members made three additional supervision visits during the fieldwork period.

After completing the fieldwork, the field survey teams participated in an experience-sharing meeting with concerned personnel from UNHCR and AMDA-Nepal.

2.7 Data Analysis

All the completed questionnaires were brought to New ERA for editing, data entry, processing and analysis. Data coders coded the data and checked questionnaires to avoid non-sampling human errors. FOX PRO was used for data entry and SPSS version 11.0 PC program was used for further analysis. Simple statistical tools, such as mean, median, frequency and percentages, were used to describe and analyze the data. Other statistical techniques, such as cross tabulation, examined the differences in the variables between/among the different target groups. Chi-square test was used to test the significance of the differences in the selected impact indicators among different target groups.

3.0 Characteristics of Respondents

The dataset used to compile the following results consists of information from 1600 respondents: 400 male and 400 female respondents from the Bhutanese refugee camps and 400 male and 400 female respondents from the surrounding local community.

Age

The age distribution among respondents from the refugee camps and surrounding host community was similar: 35% and 29% of the respondents were 15-19 years old (refugee and host respectively), 15% and 21% were 20-24 years old (refugee and host respectively), and 50% of the respondents in both communities were between 25-49 years old. (Table 3.1)

Place of birth and nationality

Almost all the respondents (99.7%) from the refugee community were born in Bhutan. Similarly, 94 percent of respondents in the host community were born in Nepal. Four percent of the respondents in the host community were born in India. On the question of nationality, nearly all respondents from the refugee and host community reported their nationality as Bhutanese and Nepali (99.6% and 99.6%, respectively). (Table 3.2 and 3.3)

Head of household

Among respondents from the refugee community, males reported that either they (25%) or their father (61%) was the head of the household, while females reported that either their father (38%), husband (37%) or father-in-law (8%) was the head of the household. Ten percent (10%) of male respondents reported that their mother was the head of the household. A small proportion of female respondents reported that they (5%) or their mother (6%) was the head of the household.

Among respondents from the host community, males reported that either they (35%) or their father (52%) was the head of the household, while females reported that either their father (30%), husband (39%) or father-in-law (8%) was the head of the household. Nine percent (9%) of male respondents reported that their mother was the head of the household. A small proportion of female respondents reported that they (8%) or their mother (10%) was the head of the household. (Table 3.4)

Marriage

Just over half of the respondents in both the refugee and host community (52% and 56%, respectively) were currently married at the time of the interview, with most others never married (refugee: 47%; host: 43%). A very small proportion of respondents (<1%) in both groups were either divorced/separated or a widow/widower. (Table 3.5)

Early marriage among female respondents is common, especially in the refugee community. Twice as many female respondents from the refugee community were under 15 years of age at first marriage than female respondents from the host community (30% vs. 14%). Most female

respondents (57%) from both groups were 15-19 years of age at first marriage, while a smaller proportion were first married at 20-24 years of age (11% and 26%, respectively). (Table 3.6)

Male respondents are older at first marriage. A small proportion (5% and 3%) of male respondents were under 15 years of age at first marriage. In contrast, 33% and 28% of respondents were 15-19 years of age at first marriage. Most male respondents in the refugee camps and host community were 20-24 years of age at first marriage (42% and 37%, respectively), while a smaller proportion were 25 years of age or older at first marriage (20% and 32%, respectively).

In general, female respondents married earlier than male respondents. The mean age at first marriage among female respondents from the refugee and host community was lower (mean age 16 and 18, respectively) than among the male respondents (mean age 21 and 22, respectively).

Overall, respondents from the refugee camps married earlier than respondents from the host community. The mean age at first marriage among respondents from the refugee community was lower by about two years compared to respondents from the host community (18 years vs. 20 years, respectively).

Caste/Ethnic Group

Regarding caste and ethnic composition, most respondents from the refugee and host community (43% and 32%, respectively) are of Tibeto-Burman descent, i.e., belonging to the Rai, Limbu, Magar, Gurung, Tamang or Sherpa ethnic groups. A smaller proportion of the respondents from the refugee and host community were of Indo-Aryan descent: 24% of the respondents belonged to the Brahmin caste group, while 18% of respondents belonged to the Chetri/Thakuri caste group. (Table 3.9)

Religion

A majority of respondents are Hindu, while the rest are Buddhist, Kirat and Christian. Hindus comprise the largest religious group in the refugee and host community (64% and 80%, respectively), followed by Buddhists (23% and 8%, respectively), Kirat (10% and 8%, respectively), Christians (3% and 2%, respectively) and others (0% and 2%, respectively). (Table 3.10)

Family Livelihoods

Among respondents from the refugee community nearly all (92%) reported that their family's main source of livelihood is support from humanitarian agencies, while smaller proportions reported labor or wage earning (4%), a regular job (2%), or business or trade (2%).

In contrast, among respondents from the host community most (58%) reported that their main source of their family's livelihood is agriculture, while smaller proportions reported labor or wage earning (16%), business or trade (15%), or a regular job (9%). (Table 3.11)

Employment Status

Employment status differed markedly by community and gender: male respondents from the refugee community were much less likely to be employed than those from the host community (34% vs. 62%, n= 136 vs. 248, respectively). Female respondents from the refugee community were more likely to be employed than those from the host community (44% vs. 31%, n=177 vs. 122, respectively). Finally, female respondents from the refugee community were more likely to be employed than male respondents from the same community (44% vs. 34%, n=177 vs. 136, respectively). (Table 3.12)

Occupation

Among those respondents from the refugee community who reported being employed, male respondents reported daily labor/wage earning (44%), a regular job (24%), or other jobs (15%) as their main occupation, while female respondents reported tailoring (80%), a regular job (9%) and business/trade (8%) as their main occupation.

Among those respondents from the host community who reported being employed, male respondents reported agriculture (29%), business/trade (23%), and daily labor/wage earning (21%) as their main occupation, while female respondents reported business/trade (44%), tailoring (21%), and daily labor/wage earning (18%) as their main occupation. (Table 3.13)

Education: Inter-community

While the refugee community appears to have a higher degree of education at the primary level than the host community, the host community appears to have a higher degree of education at the secondary and post-secondary levels than the refugee community.

Respondents from the refugee community were more likely to report never attending school than respondents from the host community (male: 18% vs. 11%, female: 40% vs. 33%, respectively).

Male respondents from the refugee community were more likely to report never attending school than those from the host community (18% vs. 11%, respectively); a similar disparity was reported among female respondents (40% vs. 33%, respectively).

Male respondents from the refugee community were more likely to report completing primary school than those from the host community (23% vs. 14%, respectively); a similar disparity was reported by female respondents (20% vs. 14%, respectively). About the same proportion of all respondents from the refugee and host community reported completing lower secondary school (male: 24% vs. 26%; female: 24% vs. 23%, respectively).

Male respondents from the refugee community were less likely than those from the host community to report completing secondary school (12% vs. 18%, respectively) or the school leaving certificate or college (24% vs. 31%, respectively); a similar disparity was reported by female respondents (secondary school: 9% vs. 16%; SLC/college: 8% vs. 15%, respectively). (Table 3.14)

Education: Intra-community

In general, gender parity among respondents from the refugee community appears to exist at the primary and secondary levels. About the same proportion of male and female respondents reported completing primary school (23% and 20%), lower secondary school (24% and 24%), and secondary school (12% and 9%). Gender disparity is apparent at the post-secondary level and among those who never attended school. Male respondents were three times more likely to report completing the school leaving certificate (SLC) or college than female respondents (24% vs. 8% respectively). Female respondents were more than twice as likely to report never attending school as male respondents (40% vs. 18% respectively).

Similarly, gender parity among respondents from the host community appears to exist at the primary and secondary levels. About the same proportion of male and female respondents reported completing primary school (14% and 14%), lower secondary school (26% and 23%), and secondary school (18% and 16%). Gender disparity is apparent at the post-secondary level and among those who never attended school. Male respondents were twice as likely to report completing the school leaving certificate (SLC) or college as female respondents (31% vs. 15%, respectively). Female respondents were three times more likely to report 'never attending school' when compared to male respondents (33% vs. 11%, respectively). (Table 3.14)

Displacement, Mobility and Networking

The refugee and host communities appear to be very stable. A large proportion of respondents reported that they resided in their current community for 5 years or more (refugee: 99% and host: 86%).

A very small proportion of respondents aged 15-49 from the refugee (male: 0.3%, female: 0%) and host (male: 0.3%, female: 6%) communities reported that they had resided in their current community for 12 months or less. The recent migration among female respondents from the host community is most likely accounted for by the practice of the bride joining her new husband's family after marriage.

Among respondents from the refugee community the mean duration of stay in the refugee camps is 13 years. This length of stay corresponds exactly with the year (1992) in which nearly all of the Bhutanese refugees arrived in Nepal.

Among male and female respondents from the host community the mean duration of stay in the host community is 18 years and 13 years respectively. Again, the difference among male and female respondents is most likely accounted for by the practice of the bride joining her husband's family after marriage. (Table 3.15)

Mobility and Networking

Male respondents appear to be more mobile than female respondents: 29% and 21% of male respondents from the refugee and host communities respectively reported leaving home for one month or more in the last 12 months, while 6% and 13% of female respondents reported doing so. (Table 3.16)

There is a substantial amount of interaction between the refugee and host communities. A large proportion of respondents from both communities reported visiting the other. A majority of male and female respondents from the refugee community (83% and 66%, respectively) reported visiting the host community one or more times a month. A smaller proportion of those from the host community (48% and 25%, respectively) reported visiting the refugee community one or more times a month. Table 3.17

Male and female respondents from the refugee community are very mobile: 83% of male and 66% of female respondents reported visiting the host community one or more times a month. Daily or weekly visits were reported to be common: respondents reported visiting the host community almost every day (24% and 11%), more than once a week (20% and 13%), once a week (28% and 24%), and once a month (11% and 19%). (Table 3.17)

Male and female respondents from the host community are mobile: 48% of male and 25% of female respondents reported visiting the refugee community one or more times a month. Daily or weekly visits were reported to be common: respondents reported visiting the refugee community almost every day (13% and 4%), more than once a week (14% and 6%), once a week (14% and 9%), and once a month (8% and 6%). (Table 3.18)

3.0 Recommendations

The refugee community is very stable. Nearly all of the respondents from the refugee community reported living in their current community for 5 years or more; based on the mean length of stay (13 years) most respondents have probably been living in their current community since their initial arrival in Nepal in 1992. The host community is also very stable. A clear majority (86%) of the respondents from the host community reported living in their current community for 5 years or more.

Mobility among and interaction between the refugee and host communities appears to be extensive. A large proportion of respondents from the refugee community are visiting the host community on a daily or weekly basis.

HIV/AIDS prevention programmes must take the high level of interaction between refugee and host communities into consideration. Prevention and service delivery programmes should be inclusive, integrating health delivery services and HIV education and prevention activities for both the refugee and host communities. Locations where refugee and host community populations interact and can be simultaneously targeted should be given priority; these locations can include markets, food and alcohol shops, and bus depots and should be easily accessible by the greatest number of people.

Respondents from the refugee community are already using HIV-related services outside of the camps: a significant proportion of respondents from the refugee community reported receiving information about HIV/AIDS and seeking treatment for STI-like symptoms from government health facilities in the host community. This provides further justification for the integration of refugee and host community HIV prevention and service delivery programmes.

A substantial number of male respondents in both communities reported spending 1 month or more away from their home during the past 12 months. Mobile males are particularly vulnerable to STIS and HIV; activities targeting this population sub-group should be expanded and intensified.

Community-based HIV prevention and education programs, such as peer education, street drama and sporting events, to reach mobile males and other vulnerable groups should be explored and expanded. Transit and hang-out points (bus stops, tea shops, alcohol shops, etc) in and around the refugee camps should be targeted. Community-based drop-in-centers should be established; DICs are an ideal location for HIV education and prevention activities that target hard-to-reach groups like out-of-school youth. Community-based activities and services should be designed to minimize both financial, travel and time burdens. Service delivery should be user-friendly and guarantee privacy and confidentiality.

Prevention and education activities should start at an early age, preferably among children at the lower secondary or secondary level, where culturally appropriate. Given the prevalence of early marriage, and the increased risk of HIV transmission from an older partner that is

associated with early marriage[5], activities that target youth should be a high priority. Opportunities to integrate training on life skills in formal and informal education, modeled on UNICEF Nepal's life skills program, should be explored. Key programmatic messages should include delaying first sex, discouraging early marriage, and practicing correct and consistent condom use. Issues related to adolescent sexual and reproductive health are very sensitive topics; major community participation, with significant buy-in from parents, community and religious elders, teachers and other key stakeholders, is absolutely vital to ensuring success.

With close to a 100% reported attendance among primary and secondary school children in the refugee community[6], school-based HIV prevention and education programs could reach the greatest number of youth in the refugee community. The integration of comprehensive adolescent sexual and reproductive health messages into the current health and life sciences curriculum should be a top priority for future HIV programming. Such a program would mirror efforts being made at the national level among curriculum developers at the Ministry of Education and Sports.

Post-secondary educational and economic opportunities for youth are reported to be very limited in the refugee community[7]. While access to primary and secondary education is reported to be excellent within the refugee community, educational opportunities after secondary school, i.e., at the two-year 10+2 campus and four-year university levels, are reported to be very limited or non-existent. Economic activity is severely restricted in the refugee camps, thus nearly all respondents from the refugee community reported that their family's main source of livelihood is support from humanitarian agencies. Because of the lack of economic opportunities many youth and adults seek work–illegally—outside of the camps.

Future HIV programming should take into consideration the impact of a lack of economic and educational opportunities among both communities, especially refugee youth. The negative health consequences associated with a lack of meaningful life opportunities for youth can include suicide, depression and substance abuse. These factors can place youth at an increased risk of transmission of STIs and HIV. Strategies to promote well-being, including psychosocial activities and counseling, expanded post-secondary and vocational educational opportunities and meaningful livelihoods activities should be explored, encouraged and scaled up as soon as possible. Youth-led participatory research activities should be the cornerstone of any youth-focused programming.

The survey did not gather information on literacy rates among the refugee and host communities. Nevertheless, all information, education and communication (IEC) materials should be appropriate for all educational levels: literate, low-literate and illiterate. Literacy rates by gender and age group should be determined before any HIV prevention and education program using printed IEC materials (posters, brochures, etc.) are developed and implemented. All IEC materials should be developed and thoroughly pre-tested with the active input and involvement of members from both communities from all educational backgrounds.

[5] Reference
[6] Reference
[7] Reference

Where appropriate, sexual and reproductive health messages, including HIV/AIDS and STIs, can be incorporated into adult literacy classes that use health messages to develop literacy skills; vocational training, non-formal education programs and skills training for income generation activities can do the same.

4.0 Sexual Behavior and Condom Use

4.1 Sexual Experience

Four out of 10 male respondents aged 15-24 in the refugee and host communities reported having ever had sexual intercourse (38% and 42%, respectively). Among female respondents aged 15-24 those from the refugee community were less likely to have ever had sex than those from the host community (21% vs. 35%, respectively). (Table 4.1 and 4.4)

Nearly all respondents aged 25-49 reported having ever had sexual intercourse (male: 92% and 96%, female: 96% and 97%, respectively).

Of those who had ever had sexual intercourse, female respondents in both the refugee and host communities (87% and 72%, respectively) were much more likely than male respondents to have been below the age of 20 at first sexual intercourse (54% and 48%, respectively). (Table 4.2)

Based on mean age, respondents in the refugee community were younger at first sexual intercourse than respondents from the host community (male: 19.6 years vs. 20.0 years; female: 16.7 years vs. 17.9 years, respectively).

More than half of all respondents aged 15-49 reported having had sexual intercourse in the 12 months preceding the survey (male: 55% and 60%, female: 53% and 53%, respectively). (Table 4.3)

Out of those respondents aged 15-24 who have never been married most reported that they had abstained from sex in the past 12 months; about the same proportion of male respondents (83% and 80%) and female respondents (99% and 98%) from the refugee and host communities respectively reported that they had abstained from sex in the past 12 months. (Table 4.5)

4.2 Sexual Behaviors with Different Partners

4.2.1 Sexual Behavior with Regular Partners

The survey questionnaire defined a regular partner as a spouse or live-in sexual partner with whom one has regular sexual relationship. This definition excludes non-regular or casual sexual partner and transactional partners.

A large proportion of male (49% and 51%) and female respondents (58% and 64%) in the refugee and host communities respectively reported having ever had a regular partner. (Table 4.6)

Of those who had ever had a regular partner a clear majority in the refugee and host communities reported having had only one regular partner in their life (male: 83% and 88%; female: 90% and 93%, respectively). A small proportion of respondents in the refugee and host communities reported having had more than one regular partner: about 1 in 10 respondents reported having two regular partners in their life (male: 14% and 10%; female: 9% and 7%, respectively), while a

small proportion of respondents reported having had 3 or more regular partners in their life (male: 3% and 3%, female: 1% and 0%, respectively). (Table 4.7)

About half of the respondents in the refugee and host communities reported having sex with a regular partner in the past 12 months (male: 47% and 50%, female: 52% and 52%, respectively). Among respondents who had sex with a regular partner in the past 12 months, almost all the respondents in the refugee and host communities reported having sex with only one regular partner in the past 12 months (male: 96% and 98%, female: 99.5% and 100%, respectively). (Table 4.8 and 4.9)

Nearly all respondents reported that their regular sexual partner was of the same nationality. Of respondents who reported having a regular partner in the past 12 months, nearly all male and female respondents from the refugee community reported the nationality of their last or current regular sexual partner as Bhutanese (96% and 98%, respectively), while nearly all male and female respondents from the host community reported the nationality of their last or current regular partner as Nepali (97% and 99.5%, respectively). (Table 4.10)

In terms of regular sexual partners, sexual networking between respondents from the refugee and host communities was very uncommon. Of respondents who reported having a regular partner in the past 12 months, a very small proportion of male and female respondents from the refugee community reported that the nationality of their last or current regular partner was Nepali (2% and 0.5%, respectively) or Indian (2% and 1%, respectively). Similarly, a very small proportion of male and female respondents from the host community reported that the nationality of their last or current regular partner was Indian (4% and 0.5%, respectively). No male or female respondents from the host community who reported having a regular partner in the past 12 months reported the nationality of their last or current regular partner as Bhutanese.

4.2.2 Sexual Behavior with Non-Regular Partners

The survey questionnaire defined a non-regular partner as any sexual partner different from the one with whom one lives and with whom one does not pay for sex. This definition includes occasional and casual sexual partners, who can be both familiar and unacquainted sexual partners irrespective of duration of sexual contact.

Among respondents aged 15-49, male respondents from the refugee and host communities (23% and 27%, respectively) were far more likely than female respondents (3% and 5%, respectively) to report having ever had sex with a non-regular partner. (Table 4.11 and 4.17)

Among respondents aged 15-24, male respondents from the refugee and host communities (15% and 19%, respectively) were far more likely than female respondents (2% and 2%, respectively) to report having had sex with a non-regular partner in the past 12 months. (Table 4.12)

Of those respondents aged 15-49 from the refugee and host communities who reported having sex with a non-regular partner in the past 12 months, most male respondents (65% and 51%, respectively) and all female respondents (100% and 100%, respectively) from the refugee and host communities reported having had only one non-regular partner. Among male respondents 35%

from the refugee community and 49% from the host community reported having had more than one non-regular partner. (Table 4.13)

In terms of non-regular partners, although sexual networking between respondents from the refugee and host communities was not common, a sexual bridge between the communities appears to exist. Of those who reported having had sex with a non-regular partner in the past 12 months, three (9%) male and 1 (25%) female respondents from the refugee community reported having had sex with a non-regular partner from the host community, while 13 (30%) male and one (14%) female respondents from the host community reported having had sex with a non-regular partner from the refugee community. Though these numbers are small and should be interpreted with caution this interaction indicates a need to include the host community in HIV programming. (Table 4.16)

4.2.3 Sexual Behavior with Transactional Partners

The survey questionnaire defined a transactional partner as a sexual partner from/to whom one takes/pays money, goods or gifts for sexual intercourse.

A small proportion of respondents from the refugee and host communities reported having ever had sex with a transactional partner (male: 4% and 9%; female: 0.7% and 0.5%, respectively). (Table 4.18 and 4.24)

A very small proportion of respondents aged 15-24 from the refugee and host communities reported having had sex with a transactional partner in the past 12 months. Male respondents from the refugee community (n=4) were less likely than those from the host community (n=12) to have had sex with a transactional partner in the past 12 months (2% vs. 6%, respectively), though given the small number of respondents this difference is not likely to be significant. No female respondents aged 15-24 from the refugee and host communities reported having had sex with a transactional partner in the past 12 months. (Table 4.19)

Of those who reported having had sex with a transactional partner in the past 12 months, male and female respondents from the refugee community reported having had only one transactional partner during that time period. While most male respondents from the host community (44%) reported having had only one transactional partner in the past 12 months, a smaller proportion reported having had 2 transactional partners (25%) or 3 or more transactional partners (31%). (Table 4.20)

In terms of transactional partners, sexual networking between respondents from the refugee and host communities appears to be taking place. Of the 16 male respondents from the host community who reported having had sex with a transactional partner in the past 12 months, six of them (38%) reported that their last transactional partner was from the refugee community. Though the numbers are small this represents an important sexual interaction that needs to be addressed in HIV programming.

4.2.4 Men Who Have Sex with Men

A very small number of male respondents from the refugee and host communities reported having had a male sexual partner. Six male respondents (2%) from the refugee community and 12 male respondents (3%) from the host community reported having ever had a male sexual partner. (Table 4.25)Similarly, four male respondents (1%) from the refugee community and six male respondents (2%) from the host community reported having had sexual intercourse with a male partner in the past 12 months. (Table 4.26)

Two of the four respondents (50%) from the refugee community who reported having had sexual intercourse with a male partner in the past 12 months had one male partner, while one respondent (25%) reported having had 2 male partners and another respondent (25%) reported having had three or more male partners. Three of the six respondents (50%) from the host community who reported having had sexual intercourse with a male partner in the past 12 months had one male partner, while the other three respondents (50%) reported have had three or more male partners. (Table 4.27) Though the numbers are small male to male sex places persons at risk of HIV infection and efforts needs to be made to reach persons engaging in male to male sex with HIV prevention activities.

Recommendations: Sexual Behavior

The results show that sexual activity begins at an early age. Given the survey results there is an urgent need to work with adolescents and young adults to develop the knowledge, attitudes and skills that will enable them to practice safer sexual behaviors. As part of an immediate scaling up of the adolescent reproductive health programme, HIV prevention activities among adolescents and young adults should be intensified within each population.

The results show that higher risk sex, i.e., sex with non-regular or transactional partners, among the refugee and host communities is an area of concern. Among respondents aged 15-24 from the refugee and host communities who reported having sex with a non-regular or transactional partner in the past 12 months, a significant proportion of male respondents (15% and 20%, respectively) and a smaller proportion of female respondents (2% and 2%, respectively) reported having had higher risk sex.

Although less than a fifth of male respondents in the refugee and host communities reported having had sex with a non-regular partner in the past 12 months, of these respondents, a considerable number had more than one non-regular partner in the same time period (35% and 49%, respectively).

Although not reported to be common, sexual links between the refugee and host community do exist. In particular there is networking between female respondents from the refugee community and male respondents from the host community. In relation to transactional sex, 38% of male respondents from the host community who have had transactional sex in the past 12 months did so with a refugee. Although no male respondents from the refugee community who has transactional sex reported doing so with a person from the host community, given the fact that so many males in the refugee camps leave the camps to work outside, mobile males from the refugee community are a population sub-group of great concern for all future HIV prevention programming.

One serious limitation of this study is that mobile males, who are one of the key at-risk groups, may not have been adequately sampled since, by definition, they are frequently away from the camps. If mobile males were not adequately sampled their responses would be missing and thus bias the survey results.

Prevention activities among adolescent and young adults, particularly mobile male and female sub-groups, should highlight the risks associated with higher risk sexual intercourse and reinforce the need to practice safer sexual behaviors with all sexual partners. Messages should focus on reducing the number of partners, condom negotiation skills with sexual partners and correct and consistent condom use.

Knowledge and Use of Condoms

Male Condoms

Within both the refugee and host community, nearly all respondents reported hearing about male condoms (99% and 99.5%, respectively) (Table 4.31). Asked to identify what condoms are used for, male respondents in the refugee and host community said that condoms protect against HIV/AIDS (93% and 88%, respectively), prevent pregnancy (79% and 84%, respectively) and protect against STIs (56% and 56%, respectively). Female respondents in the refugee and host community reported that condoms protect against HIV/AIDS (77% and 73%, respectively), prevent pregnancy (80% and 75%, respectively) and protect against STIs (39% and 23%, respectively) (Table 4.32). These unusually high proportions, especially regarding condoms protecting against HIV/AIDS, may not reflect the actual knowledge of the respondents.

Male and female respondents from the refugee community were less likely to report knowing a place where condoms can be obtained than those from the host community. Male respondents in the refugee and host community stated that condoms can be obtained at the market or shop (87% vs. 99%, respectively), a pharmacy (76% and 90%, respectively), or a public health facility (47% vs. 51%, respectively). Likewise, female respondents in the refugee and host community said that condoms can be obtained at the market or shop (55% vs. 91%, respectively), a pharmacy (54% vs. 69%, respectively), or a public health facility (20% vs. 60%, respectively). (Table 4.33)

A small proportion of respondents from the refugee community were aware that condoms were available from community health workers (male: 11% and 17%; female: 3% and 9%, respectively). Interestingly, a much larger proportion of respondents in the refugee community said that condoms were available from NGOs or an NGO worker than respondents from the host community (male: 43% vs. 12%; female: 65% vs. 10%, respectively).

Of those who reported that they knew where condoms can be obtained, most male respondents from the refugee and host community reported that it was easy to obtain condoms (92% and 88%, respectively). A smaller proportion of female respondents reported so: 65% from the refugee community and 74% from the host community found it easy to obtain condoms. (Table 4.34)

Among the respondents who had heard of condoms and identified places where they could be obtained a small proportion of them said that it was difficult to obtain them. While about the same proportion of male respondents from the refugee and host community (7% and 8%, respectively) said that it was difficult to obtain condoms, more female respondents from the refugee community said that it was difficult to obtain condoms than female respondents from the host community (17% vs. 7%, respectively). Of these respondents a majority from the refugee and host community regardless of gender identified fear of being seen as a barrier to obtaining condoms (90% and 88%, respectively). (Table 4.35)

Given the small number of respondents these results should be interpreted with caution.

Female Condom

At the time of the survey female condoms were unavailable in Nepal. Given this fact, 46% and 45% of male respondents and 17% and 24% of female respondents from the refugee and host communities respectively reported having ever heard of female condoms.

Of those who reported having heard of the female condom about the same proportion of male respondents from the refugee and host community reported that they would be willing to use the female condom if it was available (66% and 71%, respectively). In contrast, a much smaller proportion of female respondents from the refugee and host communities reported that they would be willing to use the female condom if it was available (16% and 28%, respectively).

Use of Condoms with Different Sex Partners

Condom Use with Regular Partners

A small proportion of respondents reported using a condom at last sex with a regular partner. 14 (7%) male respondents from the refugee community and 23 (11%) male respondents from the host community reported using a condom at last sex with a regular partner. Similarly, 14 (7%) female respondents from the refugee community and 15 (7%) female respondents from the host community reported using a condom at last sex with a regular partner. (Table 4.36 and 4.37)

Few male and female respondents from the refugee and host communities reported consistent use of a condom with a regular partner in the past 12 months. Among male respondents in the refugee and host community the frequency of condom use was reported as every time (2% and 6%, respectively), most of the time (7% and 5%, respectively), sometimes (10% and 18%, respectively) and never (81% and 72%, respectively). Similarly, among female respondents in the refugee and host community the frequency of condom use was reported as every time (2% and 2%, respectively), most of the time (3% and 4%, respectively), sometimes (5% and 8%, respectively) and never (90% and 86%, respectively). (Table 4.38)

Condom Use with Non-regular Partners

With the exception of female respondents from the refugee community, more than half of the respondents reported using a condom at last sex with a non-regular partner. Among male respondents 19 (56%) from the refugee community and 26 (61%) from the host community reported using a condom at last sex with a non-regular partner, while among female respondents 4 (57%) from the host community reported using a condom at last sex with a non-regular partner. In contrast, only 1 (25%) female respondent from the refugee community reported using a condom at last sex with a non-regular partner. (Table 4.39 and 4.40)

A small proportion of respondents from the refugee and host community reported consistent use of a condom with a non-regular partner in the past 12 months. Among male respondents in the refugee and host communities the frequency of condom use was reported as every time (32% and 51%, respectively), most of the time (12% and 9%, respectively), some times (15% and 14%, respectively) and never (41% and 26%, respectively). Among female respondents (n=4 and 7, respectively) a smaller proportion from the refugee community reported using condoms

every time than those from the host community (25% vs. 57%, respectively), while those from the refugee community were more likely to have never used condoms than those from the host community (75% vs. 43%, respectively). Given the small number of respondents theses results should be interpreted with caution. (Table 4.41)

Condom Use with Transactional Partners

Among the small number of respondents who reported having sex with a transactional partner in the past 12 months condom use at last sex varied greatly. Among male respondents 1 (25%) from the refugee community and 10 (63%) from the host community reported using a condom at last sex with a transactional partner. The one (100%) female respondent from the refugee community who reported having sex with a transactional partner in the past 12 months reported using a condom at last sex. (Table 4.42 and 4.43)

A small proportion of respondents from the refugee and host communities reported consistent use of a condom with a transactional partner in the past 12 months. Male respondents from the refugee community were much less likely to report condom use with a transactional partner than those from the host community: the frequency of condom use was reported as every time (25% vs. 56%, respectively), most of the time (0% vs. 6%, respectively), some times (0% vs. 13%, respectively) and never (75% vs. 25%, respectively). One female respondent (100%) from the refugee community reported using a condom every time with a transactional partner in the past 12 months. (Table 4.44)

Given the small number of respondents (male: n=4, n=16, female: n=1, n=0, respectively) who reported having sex with a transactional partner in the past 12 months these results should be interpreted with caution.

Condom Use with Men who have Sex with Men (MSM)

A total of four male respondents in the refugee community and six in host community reported having a male sexual partner. Among these respondents one (25%) from the refugee community and one (17%) from the community reported using a condom at last sex. The respondent from the refugee community reported that he made the decision to use a condom himself, while the respondent from the host community reported that the decision to use a condom was made jointly. (Table 4.48 and 4.49)

Given the small number of respondents these results should be interpreted with caution.

Reason for Non-use of Condoms with Different Partners

Regular Partners

Reasons for non-use of condoms varied among respondents in the refugee and host community. Most male respondents reported that they did not use a condom because they used another type of contraception (68% and 75%, respectively) or didn't think it was necessary (40% and 21%, respectively). About the same proportion of female respondents reported the same reasons why they did not use a condom at last sex with a regular partner: 71% and 67% from the refugee and host community respectively reported that they used another type of contraception, while 52% and 51% didn't think it was necessary. About 1 in 10 female respondents from the refugee community reported that they did not use a condom at last sex because their partner objected (13%) or they didn't like condoms (11%). (Table 4.50)

Non-regular Partners

Among those respondents from the refugee and host community (male: n=15 and 17; female: n=3 and 3, respectively) who reported that a condom was not used at last sex with a non-regular partner, most respondents reported that the reason they did not use a condom was because the sex was unplanned (male: 60% and 71%; female: 67% and 33%, respectively). A smaller proportion of respondents reported that another type of contraception was used (male: 27% and 12%; female: 33% and 67%, respectively). A small proportion of male respondents reported that a condom was not used at last sex because they were not available (27% and 12%, respectively) or they did not like condoms (13% and 12%, respectively). Table 4.51

Transactional Partners

Among the male respondents from the refugee and host community (n=3 and 6, respectively) who reported that a condom was not used at last sex with a transactional partner all three respondents (100%) from the refugee community and 3 of the respondents (50%) from the host community reported that the reason they did not use a condom was because the sex was unplanned. Other reasons that respondents from the refugee community reported for not using condoms included dislike of condoms (67% and 17%, respectively), irregular sexual contact (33% and 0%, respectively), and not thinking of using one (33% and 0%, respectively). Table 4.52

Recommendations:

Strategies to promote community-based condom distribution need to be scaled up immediately. Condoms are available from community health workers in the refugee camps, but few respondents were aware of this. CHWs have a major role in community-based condom distribution; strategies to increase their involvement should be explored.

Condoms must be made more available in more discrete locations. As fear of being seen was the greatest barrier to accessing condoms, methods of making condoms available more privately and anonymously need to be explored. Establishments where alcohol is available, such as cabin restaurants and the drinking rooms set up by homemade alcohol vendors, should be targeted. Given that unplanned sex was one of the most common reasons why a condom was not used with a transactional partner, condoms need to be made more available to sex workers.

Given that respondents aged 15-24 reported infrequent condom use, youth-focused condom distribution strategies should be explored.

If female condoms are to be introduced in the refugee camps there needs to be a lot of work done to raise awareness and promote female condom use.

5.0 Alcohol and Drug Use

History of Alcohol and Drug Use

Alcohol use appears to be relatively less common in the refugee community. Respondents in the refugee community were much less likely to have consumed alcohol almost every day than respondents in the host community (male: 7% vs. 26%; female: 9% vs. 25%, respectively). Table 5.1

A small proportion of respondents in both the refugee (22%) and host community (35%) reported that they consumed alcohol in the past month. Among those respondents who reported using alcohol in the past month, respondents from the refugee community were less likely than those from the host community to have used alcohol in the past month (male: 31% vs. 47%; female: 13% vs. 23%, respectively). Table 5.2

A small proportion of respondents in both the refugee (3%) and host community (8%) reported that they had ever used drugs, such as marijuana, heroine or other drugs for non-medical purposes.

Among male respondents who reported having ever used drugs, those in the refugee community were less likely to have ever used drugs as those from the host community (6% vs. 15%, respectively). One (0.3%) female respondent from the refugee community and no female respondents from the host community reported having ever used drugs. Table 5.3

Few respondents reported using drugs in the past 12 months. Male respondents (n=5) from the refugee community were much less likely than male respondents (n=25) from the host community to report having used drugs in the past 12 months (23% vs. 41%, respectively). No female respondents reported using drugs in the past 12 months. Given the small number of respondents this result should be interpreted with caution. Table 5.4

The practice of injection drug use appears to be very uncommon. Among respondents who reported having used drugs in the past 12 months only one (4%) male respondent from the host community and no respondents from the refugee community reported injection drug use in the past 12 months. Table 5.5

Harm reduction activities should be intensified to reach injection drug users. The one male respondent who reported injection drug use in the past 12 months used the same syringe/needle more than once and also shared the syringe with another person from the host community. The respondent reported using distilled water, which does not inactivate HIV or other blood borne viruses, to clean the syringe/needle before its re-use.

Sexual Behavior under the Influence of Alcohol and Drugs

Sex under the influence of alcohol is an area of concern. A significant proportion of respondents from both communities reported having had sexual intercourse under the influence of alcohol (male: 37% and 66%; female: 54% and 66%, respectively). Male respondents from the

refugee community appear to be much less likely than those from the host community to have ever had sexual intercourse under the influence of alcohol (37% and 66%, respectively.) Table 5.6

Few respondents reported sex under the influence of drugs. Among all respondents who reported drug use in the past 12 months, only six (33%) male respondents from the host community reported having sexual intercourse under the influence of drugs in the past 12 months. Table 5.7

Condom Use under the Influence of Alcohol and Drugs

Unsafe sex is taking place under the influence of alcohol and drugs. A small proportion of respondents reported using a condom at last sex while under the influence of alcohol: 12% vs. 14% of male respondents and 4% vs. 6% of female respondents in the refugee and host community respectively reported condom use at last sex under the influence of alcohol. Table 5.8

Five (83%) male respondents from the host community reported condom use at last sex under the influence of drugs. Table 5.9

Recommendations: Alcohol and Drug Use

Given that substance abuse is a highly stigmatized and under-reported behavior it is difficult to say whether the results indicate a low prevalence of alcohol and drug use in the refugee and host community. Nevertheless, substance abuse is an area of great concern and should be carefully monitored. Given the lack of recreational, educational and economic opportunities, youth in the refugee community are at particular risk of substance abuse.

The results appear to indicate that the practice of injection drug use is rare in the refugee community. Nevertheless, substance abuse should be carefully monitored in the refugee and host community; harm reduction activities may need to be included in future programming. UNHCR needs to establish links with community-based organizations working with injection drug users in the host community; numerous organizations working with IDUs exist in the region, especially in Dharan.

Unsafe sex is taking place under the influence of alcohol and drugs. The survey results show sexual intercourse under the influence of alcohol is occurring in the refugee and host community, much of which without a condom.

These results highlight the need for HIV prevention and education activities to emphasize the risks associated with sexual intercourse under the influence of alcohol and drugs, especially the impact of alcohol and drug use on condom use and negotiation skills, as well as the role of alcohol and drug use in increasing vulnerability to forced sex and other forms of sexual violence.

Condoms should be easily available in and around bars and other drinking establishments; links should be made with bar owners and other drinking establishments, such as homemade alcohol vendors, to explore opportunities for condom promotion and distribution and peer education activities.

6.0 STIs and HIV/AIDS

A BSS study collects data on specific STI symptoms; these include genital ulcers in males and females and genital discharge in males. These symptoms are considered to be predictive of an STI. Respondents in this study reported a wide range of STI-like symptoms, many of which were, in all likelihood, urinary tract infections (UTIs) or reproductive tract infections (RTIs). The survey responses, therefore, should not be used to draw conclusions about the prevalence of STIs in this population; likewise, the responses should be interpreted with caution as many of the symptoms reported are not likely to be STI related.

Knowledge of STI

A majority of respondents in both the refugee (94%) and host community (94%) reported having heard about STIs. (Table 6.1) A small proportion of respondents could name specific STI-related symptoms. A third of respondents in both the refugee (35%) and host community (36%) named genital discharge as a STI symptom in men, while even fewer respondents in both the refugee (13%) and host community (15%) named genital sores or ulcers as a STI symptom in men. A small proportion of respondents in both refugee (9%) and host community (12%) named genital sores or ulcers as a STI symptom in women. Table 6.2

Prevalence of STI Symptoms

Among respondents from the refugee community, 3% of males and 2% of females reported that they had genital sores or ulcers within the past 12 months, while 1% of male respondents reported that they had genital discharge within the same time frame. Table 6.3

A very small proportion of respondents from the refuge community (male: 0.5%; female: 0.8%, respectively) reported that they currently had genital sores or ulcers, while 0.8% of male respondents reported that they currently had genital discharge. Table 6.4

Similarly, 0.8% of male and no female respondents reported that they currently had genital sores or ulcers, while 0.8% of male respondents reported that they currently had genital discharge.

STI treatment

Of those who reported having STI-like symptoms, most from the refugee and host community reported seeking treatment (male: 59% and 53%; female: 70% and 46%, respectively). Table 6.5

Respondents reported seeking treatment at several different locations; responses varied greatly by gender and group. Male respondents from the refugee community reported seeking treatment at private hospital or clinic (26%), NGO clinic or mobile clinic (26%), government health facility (24%), and government hospital or mobile clinic (21%). In contrast, male respondents from the host community reported seeking treatment at a private hospital or clinic (65%) or NGO clinic or mobile clinic (20%). Nearly all of the female respondents from the refugee community reported seeking treatment at a NGO clinic or mobile clinic (87%), those from the host community reported seeking

treatment at pharmacy (32%), private hospital (27%), NGO clinic or mobile clinic (23%) or government health facility (10%). Table 6.6

Most respondents from the refugee and host community (male: 44% and 42%; female: 81% and 64%, respectively) reported informing all of their sexual partners the last time they had a STI. A smaller proportion (male: 22% and 21%; female: 16% and 14%, respectively) reported informing some of their sexual partners the last time they had a STI; in contrast, a larger proportion of respondents (male: 39% and 38%; female: 14% and 26%, respectively) reported that did not inform their sexual partners the last time they had a STI. Table 6.8

Given the unorthodox questioning and likelihood that reported STI-like symptoms were UTIs or RTIs, these results should be interpreted with great caution.

HIV/AIDS

Knowledge, Opinions and Attitudes

Nearly all of the respondents reported having heard of HIV/AIDS (male: 99% and 99%; female: 97% and 98%, respectively). Table 6.9

Most male and female respondents in the refugee and host communities could correctly identify at least two major ways of preventing HIV sexual transmission. Among male respondents in the refugee and host communities, 95% and 87% respectively reported that using a condom can prevent the transmission of HIV and 50% and 53% respectively reported that limiting sex to one faithful, uninfected partner can prevent the transmission of HIV; in contrast, 23% and 19% of respondents respectively reported that abstaining from sex can prevent the transmission of HIV. Among female respondents in the refugee and host community, 68% and 73%, respectively, reported that using a condom can prevent the transmission of HIV and 64% and 52%, respectively, reported that limiting sex to one faithful, uninfected partner can prevent the transmission of HIV; in contrast, 27% and 29%, respectively, reported that abstaining from sex can prevent the transmission of HIV. Table 6.12

Nearly all respondents from the refugee and host community reported that HIV can be transmitted by sharing contaminated needles (97% and 98%, respectively) and contaminated sharp objects like razor blades (90% and 92%, respectively). (Table 6.11a and 6.11b)

Most respondents in the refugee and host community (88% and 94%, respectively) reported that a healthy looking person can be infected with HIV. Table 6.13

It is important to note that these questions were prompted. It is likely that the proportion of respondents reporting knowledge in these areas would have been much lower if they had not been prompted. Because of this, future survey results should be compared with these results with great caution.

Misconceptions

A large proportion of respondents reported believing two of the most common misconceptions about HIV transmission: 57% and 55%, of men in the refugee and host community respectively, reported that HIV can be transmitted by mosquito bites and 31% and 25%, of women in the refugee and host community respectively, reported that HIV can be transmitted by sharing food or utensils with a HIV-positive person.

Mother-to-child transmission

A majority of respondents from the refugee and host community could identify the three routes of mother-to-child HIV transmission: 91% and 94% of respondents respectively reported that a pregnant woman who is HIV-positive can transmit HIV to her unborn child, 78% and 73% of respondents respectively reported that a pregnant woman who is HIV-positive can transmit

HIV to her child during delivery, and 67% and 57% of respondents respectively reported that a woman who is HIV-positive can transmit HIV to her child during breastfeeding. Table 6.14

Attitudes

The belief that HIV status should remain private is not a common belief among respondents from the refugee and host community: about 1 in 10 reported that they would want it to remain a secret if a member of their community (10% and 12%) or a member of their family (11% and 15%) became infected with HIV. Table 6.15 These results should be interpreted with caution. This may not represent accepting attitudes towards HIV but possibly a belief that if HIV-positive persons are known to the community they can be avoided.

As the following results show, three-fourths or more of respondents in the refugee and host community reported non-discriminatory attitudes towards people living with HIV/AIDS.

- A large proportion of respondents (85% and 88%, respectively) from the refugee and host community reported that if a family member became sick from HIV he or she would be willing to care for them in their household. Table 6.16

- A large proportion of respondents (75% and 80%, respectively) from the refugee and host community reported that they believed a person living with HIV/AIDS should be allowed to stay in his/her work place. Similarly, 77% and 81% of respondents from the refugee and host community reported that they believed a teacher living with HIV/AIDS should be allowed to continue teaching in school. Table 6.17

- A large proportion of respondents (79% and 85%, respectively) from the refugee and host community reported that they believed that the vegetables sold by a shopkeeper living with HIV/AIDS are safe.

Nearly all respondents (95% and 94%, respectively) from the refugee and host community reported that they thought adolescents should be taught how to use condoms. Given the conservative nature of camp residents and past controversy regarding teaching youth about condoms this result should be interpreted with caution. Table 6.18

Most respondents from the refugee and host community reported that they (92% and 92%, respectively) or another family member (95% and 96%, respectively) would be willing to participate in an HIV awareness program if one was launched in the community. Table 6.19

Exposure and Access to Information about HIV/AIDS

Common sources of information about HIV/AIDS included mass media and arts, such as radio, television, and street drama, personal contacts, such as friends and family, and community resources, such as teachers and NGO workers. Overall, it appears that the sources from which respondents have received information about HIV/AIDS correspond relatively well, with some exceptions, with the sources from which they would like to receive information about HIV/AIDS.

Overall, radio was the most common source and choice of information about HIV/AIDS among all groups. Ninety percent or more of respondents from the refugee and host community (92% and 90%, respectively) reported that they had heard about HIV/AIDS on the radio. Likewise, radio was the source of information about HIV/AIDS preferred most by respondents from the refugee and host community (76% and 73%, respectively). Table 6.21

Other sources from which respondents from the refugee community have received information about HIV/AIDS in the past include friends and family (46%), schools and teachers (36%), NGOs and NGO workers (35%), television (35%) and street drama (35%). Similarly, respondents reported that they would like to get information about HIV/AIDS from street drama (44%), television (39%), NGO workers (39%), friends and family (33%), schools and teachers (30%), and humanitarian agency workers (30%).

In some cases there was a substantial difference by gender in the result. For example, male respondents from the refugee community were much more likely to have reported television or street drama as a source of information about HIV/AIDS than female respondents (television: 49% and 21%; street drama: 43% and 27%, respectively).

Among male and female respondents from the host community other common sources of information about HIV/AIDS included television (71%), friends and family (51%), newspaper (31%), and schools and teachers (28%).

Community health workers and volunteers appear to be a very uncommon source of information about HIV/AIDS: 8% and 6% of male and 0.8% and 2% of female respondents from the refugee and host community respectively reported that a community health worker or volunteer was a source of information about HIV/AIDS.

Recommendations: HIV/AIDS

Knowledge about HIV/AIDS appears to be high among the refugee and host community, though several gaps in knowledge and common misconceptions about transmission indicate a need to reinforce and expand HIV prevention messages.

Attitudes towards those living with HIV/AIDS appear to be positive. A very small proportion of respondents reported discriminatory attitudes towards those living with HIV/AIDS. Given that stigma and discrimination towards those living with HIV/AIDS is very common in Nepal, these results, while welcome, should be interpreted with caution. Community-based activities to reduce stigma and discrimination should be explored. Family Health International Nepal has developed a stigma and discrimination toolkit; activities could be adapted from it for the refugee and host community.

Given the proximity and interaction between the refugee and host community, HIV programming should be integrated and target vulnerable groups in both community.

A number of key factors need to be considered when planning and implementing future HIV programming: the mobility of young males from the camps, the sexual networking between the

refugee and host community, and the differences by gender and community in preferred choices of information about HIV/AIDS. Future programs to deliver information about HIV/AIDS should adopt a multi-faceted approach with an array of general and targeted messages via several routes of communication. All messages should be thoroughly pre-tested with men and women from both communities.

Respondents in both communities reported access to a wide variety of information about HIV/AIDS. Overall, it was reported that the sources from which they have received information about HIV/AIDS correspond, with some exceptions, to the sources from which they would like to receive information about HIV/AIDS. From a programmatic perspective this indicates that existing avenues of communication about HIV/AIDS should be intensified and expanded, and new, innovative approaches to HIV education, such as street drama, peer education, and sporting events, should be explored and developed with the refugee and host community.

Radio was the most common source and preferred choice of information about HIV/AIDS. Radio programming is likely to the most effective forms of disseminating messages about HIV/AIDS to the greatest number of people in the refugee and host community. There is substantial technical expertise in Nepal regarding using national and local radio programs to deliver health messages: UNICEF has a highly successful and popular radio program, *Talking with My Best Friend*, which focuses on helping adolescents and young adults to develop life skills; Johns Hopkins University works in conjunction with the Ministry of Health to develop and deliver health-related radio programming to rural districts; and Family Health International has developed radio programs focusing on the reduction of stigma and discrimination for people living with HIV/AIDS. Linkages should be made with these programs to explore the potential for future collaboration and cooperation.

Given the reliance on friends and family for information about HIV/AIDS, peer education programs should be intensified and expanded, especially among vulnerable groups like mobile males, sex workers and injecting drug users. If no peer education programs exist they should be explored as a new avenue for future HIV programming. As an implementing partner of Family Health International, AMDA Nepal has considerable experience and technical expertise with peer education programming in Jhapa and Morang districts; efforts to expand the peer education program to include the refugee and host community need to be explored.

Although street drama was not reported to be a common source of information about HIV/AIDS among most groups, a large proportion of respondents reported that they would like to hear about HIV/AIDS from street drama. Efforts to create a street drama troupe within the refugee and host community should be explored; linkages can be made with local NGOs in the Terai that use street drama.

Youth populations need to be targeted in all future programming. At a minimum, HIV education and prevention messages need to be integrated into the school curriculum and broadened to include working and out-of-school youth. Efforts to develop a community-based comprehensive adolescent reproductive health program should be scaled up immediately and implemented at the earliest possible date.

Community health workers and volunteers were conspicuously absent from the list of sources and preferred choices of information about HIV. A more detailed study should be undertaken to explore why CHWs and CHVs are an underutilized resource in the refugee and host community.
An inquiry should be made into the working conditions, the incentive system, availability and quality of training and other crucial motivating factors in the success of community-based health programs.

VCT Services

Most respondents knew a place where a person can be tested for HIV. Male and female respondents from the refugee community were less likely to report knowing where a person can be tested for HIV than those from the host community (refugee: 68% and 55% vs. host: 77 and 71%, respectively). Table 6.22 Of these respondents 22% and 21% of male and 44% and 32% of female respondents from the refugee and host community respectively knew where a person could receive voluntary testing and counseling (VCT) services.
Among those respondents in the refugee and host community who knew where a person could be tested for HIV, male respondents reported that VCT services were available from government health facilities (85% and 90%, respectively), private health facilities (86% and 100%, respectively) and NGO clinics (68% and 44%, respectively), while female respondents reported that VCT services were available from government health facilities (33% and 60%, respectively), private health facilities (29% and 81%, respectively) and NGO clinics (84% and 38%, respectively). Table 6.23

A small proportion of respondents from the refugee and host community reported having ever had an HIV test. Male respondents (6% and 8%, n= 22 and 33, respectively) were three or more times as likely to have ever had an HIV test as female respondents (2% and 2%, n=7 and 8, respectively). Table 6.25 Of these respondents all males (100%) from the refugee community and almost all males (86%) from the host community obtained their HIV test results. Similarly, almost all female respondents (97%) from the refugee community and all female respondents (100%) from the host community obtained their HIV test results. Table 6.28 and 6.30

Half or more of all respondents reported that their last HIV test was in the past 12 months (male: 50% and 73%; female: 86% and 88%, respectively). Half of male respondents from the refugee community and about one-quarter of male respondents from the host community reported that their last HIV test was more one year ago. Table 6.27

Given the small number of respondent these results should be interpreted with caution.

Most respondents reported that they would go for an HIV test in the future (male: 84% and 81%; female: 68% and 76%, respectively). Table 6.32 Of those who reported that they would not go for an HIV test in the future, most reported that they were not interested in going for an HIV test because they were sure of not being infected (86% and 93%; female: 91% and 85%, respectively). Table 6.33

N

ine out of 10 respondents reported that they believed that HIV tests were accessible to all people (male: 97% and 97%; female: 90% and 93%, respectively). Table 6.31

Recommendations: VCT

A mobile VCT service was started in October 2005, though it was discontinued in December 2005 because of concerns with a lack of safety and security in the area. Given the improving security situation, the mobile VCT clinic should be started again at the earliest possible date. Plans to start static VCT services in the refugee camps should be explored; the integration of VCT into existing reproductive health care health services should be a priority. VCT services should be actively promoted in both communities. If VCT services are to be successfully promoted services must be easily-accessible and user-friendly and located in an environment that ensures privacy and confidentiality.

7.0 Forced Sex

Forced sex is an area of serious concern in the refugee and host community. Among female respondents aged 15-49, 66 (17%) from the refugee community and 58 (15%) from the host community reported ever having been forced to have sex. Table 7.1 and 7.3 About 1 in 10 female respondents aged 15-49 from the refugee (n=43) and host community (n=39) reported having been forced to have sex in the past 12 months (11% and 10%, respectively). Table 7.2 Given the high degree of underreporting on this sensitive topic, where reported cases typically represent a fraction of the actual number, the prevalence of forced sex is possibly much higher than the results indicate.

Forced sex appears to be perpetrated primarily by a spousal partner or a person from the same community as the respondent. Of those female respondents from the refugee and host community who were forced to have sex in the past 12 months, most reported that their spouse was the perpetrator (70% and 74%, n=30 and 29, respectively). Most of the remaining cases of reported forced sex involved a perpetrator from the same community as the respondent: 19% of female respondents (n=8) from the refugee community reported that a male from the refugee camps forced them to have sex, while 28% of female respondents (n= 11) from the host community reported that a male from the host community forced them to have sex. Table 7.5

Forced sex between members of the refugee and host community appears to be uncommon. Of those who reported forced sex a small proportion of respondents reported that the perpetrator of forced sex was from outside of their community: 4 (9%) female respondents from the refugee community reported that a male from the host community forced them to have sex and 1 (3%) female respondent from the host community reported that a male from the refugee community forced her to have sex. Table 7.5

Given the small number of respondents and high probability of underreporting the results should be interpreted with caution.

Recommendations: Forced Sex

No definition of forced sex was given to the respondents during the survey; respondents were asked: *Have you ever been forced to have sex?* Future surveys should provide a more concrete definition of term to avoid confusion.

While the prevalence of forced sex in the refugee and host community is of concern, it appears to be lower than the prevalence of forced sex among respondents from the two nearest countries sampled (Bangladesh and Thailand) in the WHO Multi-country Study on Women's Health and Domestic Violence.[8] Although care must be taken in directly comparing these two studies it is recognized that forced sex, in general, and marital rape, in particular, are nearly always underreported; the prevalence of forced sex and marital rape may be much higher in the refugee and host community.

[8] Reference

Forced sex and marital rape can have considerable negative consequences for the health of women. Women who experience forced sex and marital rape are particularly vulnerable to negative reproductive health outcomes, including unwanted pregnancy and STI and HIV transmission, since in these situations unprotected sex is common and damage to the genitals can occur. Crisis counseling services, post-exposure prophylaxis for HIV and other components of the health response should be widely available and easily accessible. Privacy and confidentiality must be ensured.

Activities to sensitize the refugee and host community to the prevalence and negative impact of all forms of sexual and gender-based violence need to be continued. Given that spousal partners were the most common perpetrators of forced sex, special efforts should be focused on marital rape, which, for social and cultural reasons, is often not recognized as a violation of women's rights.

Recent legislation in Nepal codified marital rape as a criminal offense. Local and national women's and human rights organizations, such as Forum for Women, Law and Development (FWLD) and Legal Aid and Consultancy Centre (LACC), are actively involved in raising awareness about this issue and advocating for the prosecution of perpetrators of all forms of sexual and gender-based violence, especially rape. Linkages with these organizations need to be established or scaled up.

Awareness raising efforts, via peer education and other forms of community-based outreach, should specifically target male groups with gender-based violence prevention messages. Male role models and key stakeholders within both communities should help lead the efforts to acknowledge the presence of sexual and gender-based violence, raise awareness about its impact, and communicate that it is unacceptable and has no place within the community.

Domestic Violence

Disclosure of domestic violence is rare because of the fear of reprisal and social ostracism. As a result, underreporting is common. Those who experience domestic violence may have serious physical and mental health consequences. Furthermore, many within the community might consider verbal or physical assault as acceptable and a 'family matter', especially when it is committed by intimate partners, parents, and elder siblings. In addition, corporal punishment is widely practiced in schools.

Domestic violence, defined in this survey as verbal or physical assault, is an area of concern in the refugee and host community. Between five and ten percent of male and female respondents from the refugee (n=22 and 35) and host community (n=41 and 41) reported experiencing domestic violence in the past 12 months (male: 5% and 10%, female: 9% and 10%, respectively). Table 7.6

Among those who reported experiencing domestic violence in the past 12 months verbal assault appears to be common: At least 90% of male and female respondents from the refugee and host community reported experiencing verbal assault (male: 100% and 90%; female: 91% and 93%, respectively).

Of those respondents who reported experiencing verbal assault in the past 12 months, a large proportion reported experiencing it more than 6 times in the past 12 months (male: 59% and 49%, female: 54% and 56%, respectively). About 4 in 10 respondents from the refugee and host community reported experiencing verbal assault between 1 and 6 times in the past 12 months (male: 41% and 42%, female: 37% and 37%, respectively). Table 7.7

Among those who reported experiencing domestic violence in the past 12 months physical assault also appears to be common. Fifty percent and 18% of male respondents and 35% and 32% of female respondents from the refugee and host community respectively, who reported experiencing domestic violence, reported experiencing physical assault. Table 7.8

Of those respondents who reported experiencing physical assault in the past 12 months, a small proportion reported experiencing it more than 6 times in the past 12 months (male: 9% and 3%, female: 15% and 10%, respectively). In comparison, more respondents from the refugee and host community reported experiencing physical assault between 1 and 6 times in the past 12 months (male: 41% and 15%, female: 21% and 22%, respectively).

Given the small number of respondents and high probability of underreporting the results should be interpreted with caution.

Recommendations: Domestic Violence

The existing programme within the Bhutanese camps to prevent and respond to gender-based violence should incorporate the above information. UNHCR should explore how the host community can be included in SGBV programming. This includes community awareness on domestic violence and its contributing factors, such as alcohol, and establishment of reporting and response mechanisms.

8.0 Other Reproductive Health Indicators

Family Planning

Though not part of the standard BSS questionnaire, questions concerning family planning were asked of married respondents from the refugee and host community.

A majority of married male and female respondents from the refugee and host community reported having ever used family planning methods (male: 81% and 85%; female: 89% and 84%, respectively). Table 8.1

Most respondents appear to have access to modern family planning methods. A large proportion of married respondents reported current use of family planning methods (male: 70% and 75%; female: 68% vs. 56%, respectively). Table 8.2 Of these female respondents from the refugee and host community reported currently using injectibles (33% and 27%, respectively), oral pills (15% and 11%, respectively), female sterilization (19% and 20%, respectively) or condoms (10% and 12%, respectively). Table 8.3

Married female respondents from the refugee community were less likely to report use of the withdrawal/rhythm method than married female respondents from the host community (19% and 10%, respectively).

Married male respondents in the refugee community were also more likely than married male respondents in the host community to report that their partner's current use of injectibles (35% vs. 28%, respectively) or oral pills (22% and 12%, respectively). Married male respondents in the host community were more likely than married male respondents in the refugee community to report current use of female sterilization by their partner (20% and 15%, respectively), condoms (15% and 10%, respectively) or the withdrawal/rhythm method (15% and 10%, respectively).

Recommendations

Comprehensive reproductive health care services should be available.

Characteristics of the Respondents

Table 3.1: Age of respondents

How old are you?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
15-19	134	33.6	147	36.8	120	30.0	112	28.0
20-24	65	16.3	53	13.3	80	20.0	88	22.0
25-49	200	50.2	200	50.2	200	50.0	200	50.0
Total	**399***	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**
Mean age	**26.8**		**26.5**		**27.6**		**27.3**	

*** Data missing**

Table 3.2: Country of Birth

In which country were you born?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Nepal	0	0.0	2	.5	381	95.3	372	93.0
Bhutan	400	100.0	397	99.3	0	0.0	1	0.3
India	0	0.0	1	0.3	18	4.5	26	6.5
Others	0	0.0	0	0.0	1	0.3	1	0.3
Total	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 3.3: Nationality

What is your current nationality?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Nepalese	3	0.8	1	.3	398	99.5	399	99.8
Bhutanese	397	99.3	399	99.8	0	0.0	0	0.0
Indian	0	0.0	0	0.0	2	0.5	1	0.3
Total	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 3.4: Head of household

Who is the head of your household?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Himself/Herself	100	25.0	19	4.8	139	34.8	33	8.3
Father	245	61.3	152	38.0	207	51.8	118	29.5
Mother	40	10.0	24	6.0	36	9.0	39	9.8
Husband	0	0.0	146	36.5	0	0.0	156	39.0
Father-in-law	0	0.0	31	7.8	0	0.0	32	8.0
Mother-in-law	0	0.0	11	2.8	0	0.0	14	3.5
Others	15	3.8	17	4.3	18	4.5	8	2.0
Total	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 3.5: Marital status

What is your current marital status?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Currently married	193	48.3	221	55.3	201	50.3	247	61.8
Divorced/ Separated	0	0.0	6	1.5	2	0.5	4	1.0
Widow/ Widower	2	0.5	3	0.8	1	0.3	5	1.3
Never married	205	51.3	170	42.5	196	49.0	144	36.0
Total	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 3.6: Age at first marriage

How old were you when you first married?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
<15 years	10	5.1	70	30.4	6	2.9	35	13.7
15-19	65	33.3	132	57.4	58	28.4	147	57.4
20-24	81	41.5	26	11.3	75	36.8	66	25.8
25+	39	20.0	2	0.9	65	31.9	8	3.1
Mean	**20.9**		**16.0**		**21.9**		**17.9**	
Total	195	100.0	230	100.0	204	100.0	256	100.0

Table 3.7: Number of children

How many children have you given birth to/fathered?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
None	22	11.3	6	2.6	25	12.3	20	7.8
1	37	19.0	41	17.8	31	15.2	54	21.1
2	39	20.0	45	19.6	64	31.4	66	25.8
3	49	25.1	46	20.0	43	21.1	55	21.5
4	27	13.8	36	15.7	27	13.2	28	10.9
5 or more	21	10.8	56	24.3	14	6.9	33	12.9
Mean	**2.5**		**3.3**		**2.3**		**2.6**	
Total	195	100.0	230	100.0	204	100.0	256	100.0

Table 3.8: Gender and number of children

	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Number of sons								
None	41	21.0	33	14.3	53	26.0	68	26.6
1-2	126	64.6	141	61.3	127	62.3	157	61.3
3-4	27	13.8	47	20.4	23	11.3	26	10.2
More than 5	1	0.5	9	3.9	1	0.5	5	2.0
Mean	**1.4**		**1.7**		**1.3**		**1.3**	
Total	**195**	**100.0**	**230**	**100.0**	**204**	**100.0**	**256**	**100.0**
Number of daughters								
None	68	34.9	43	18.7	70	34.3	74	28.9
1-2	106	54.4	141	61.3	117	57.4	146	57.0
3-4	19	9.7	41	17.8	16	7.8	24	9.4
More than 5	2	1.0	5	2.2	1	0.5	12	4.7
Mean	**1.1**		**1.5**		**1.1**		**1.4**	
Total	**195**	**100.0**	**230**	**100.0**	**204**	**100.0**	**256**	**100.0**

Table 3.9: History of contraceptive use among married respondents

Have you or your spouse ever used anything or tried any way to delay or avoid getting pregnant?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	157	80.5	205	89.1	174	85.3	214	83.6
No	38	19.5	25	10.9	30	14.7	42	16.4
Total	**195**	**100.0**	**230**	**100.0**	**204**	**100.0**	**256**	**100.0**

Table 3.10: Current use of contraception among married respondents

Are you or your spouse currently doing something or using any method to delay or avoid getting pregnant?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	137	70.3	156	67.8	152	74.5	142	55.5
No	58	29.7	74	32.2	52	25.5	114	44.5
Total	**195**	**100.0**	**230**	**100.0**	**204**	**100.0**	**256**	**100.0**

Table 3.11: Current method of contraception among married respondents

What method are you or your spouse currently using?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Female sterilization	21	15.3	29	18.6	30	19.7	28	19.7
Male sterilization	10	7.3	13	8.3	11	7.2	11	7.7
Oral pills	30	21.9	24	15.4	18	11.8	16	11.3
IUD	0	0.0	4	2.6	0	0.0	1	0.7
Injectibles	48	35.0	52	33.3	43	28.3	38	26.8
Implant/Norplant	2	1.5	3	1.9	5	3.3	4	2.4
Condom	13	9.5	16	10.3	22	14.5	17	12.0
Withdrawal/rhythm	13	9.5	15	9.6	22	14.5	27	19.0
Other	0	0.0	0	0.0	1	0.7	0	0.0
Total	**137**	**100.0**	**156**	**100.0**	**152**	**100.0**	**142**	**100.0**

Table 3.12: Caste/ethnicity

In which ethnic/caste group do you belong?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Brahmin	98	24.5	102	25.5	112	28.1	106	26.6
Chhetri/Thakuri	87	21.8	102	25.5	75	18.8	66	16.5
Rai/Limbu/Magar/Gurung/ Tamang/Sherpa	183	45.8	163	40.8	122	30.6	131	32.8
Damai/Kami/Sarki/Pode/Chamar/Satar/Dusad/Paswan	24	6.0	27	6.8	34	8.5	34	8.5
Newar	3	.8	3	.8	13	3.3	14	3.5
Others	5	1.3	3	.8	43	10.8	48	12.0
Total	**400**	**100.0**	**400**	**100.0**	**399***	**100.0**	**399***	**100.0**

*** Data missing**

Table 3.13: Religion

What is your religion?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Hindu	242	60.5	272	68.0	316	79.0	324	81.0
Buddhist	97	24.3	85	21.3	28	7.0	36	9.0
Christian	18	4.5	7	1.8	3	.8	11	2.8
Kirat	43	10.8	36	9.0	43	10.8	21	5.3
Others	0	0.0	0	0.0	10	2.5	8	2.0
Total	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 3.14: Main source of family's livelihood

What is your family's main source of livelihood?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Agriculture	0	0.0	0	0.0	252	63.0	210	52.5
Business/Trade	4	1.0	8	2.0	62	15.5	55	13.8
Job/Service (regular)	4	1.0	13	3.3	32	8.0	36	9.0
Labor/Wage earning	14	3.5	21	5.3	47	11.8	80	20.0
Humanitarian support	378	94.5	357	89.5	0	0.0	0	0.0
Others	0	0.0	0	0.0	7	1.8	19	4.8
Total	**400**	**100.0**	**399***	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 3.15 : Employment status

What is your employment status?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Employed	136	34.0	177	44.3	248	62.0	122	30.5
Not employed	264	66.0	223	55.8	152	38.0	278	69.5
Total	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 3.16: Main Occupation

What is your main occupation?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Agriculture	2	1.5	0	.0	72	29.0	16	13.1
Business/trade	11	8.1	14	7.9	58	23.4	54	44.3
Regular job/service	32	23.5	15	8.5	32	12.9	4	3.3
Labor/Wage earning	60	44.1	3	1.7	51	20.6	22	18.0
Tailoring/knitting/weaving	11	8.1	141	79.7	8	3.2	25	20.5
Others	20	14.7	4	2.3	27	10.9	1	.8
Total	**136**	**100.0**	**177**	**100.0**	**248**	**100.0**	**122**	**100.0**

Table 3.17: Highest level of education attained

What is the highest grade/level of schooling you have completed?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
No schooling	70	17.5	159	39.8	45	11.3	130	32.5
Primary	92	23.0	79	19.8	57	14.3	57	14.3
Lower secondary	95	23.8	95	23.8	104	26.0	90	22.5
Secondary	49	12.3	35	8.8	72	18.0	63	15.8
SLC & above	94	23.5	31	7.8	122	30.5	60	15.0
Total	**400**	**100.0**	**399***	**100.0**	**400**	**100.0**	**400**	**100.0**

*** Data missing**

Displacement, Mobility and Networking

Table 3.18: Length of stay in current residence

How long have you been living in your current place?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
12 months or less	1	0.3	0	0.0	1	0.3	24	6.0
Between 1 and 5 yrs	1	0.3	2	0.5	35	8.8	53	13.3
5 yrs. or more	397	99.3	398	99.5	362	90.5	323	80.8
Don't know	1	0.3	0	0.0	2	0.5	0	0.0
Mean	**13.4**		**13.2**		**18.0**		**12.6**	
Total	400	100.0	400	100.0	400	100.0	400	100.0

Table 3.19: Away from home for 4 weeks or more in past 12 months

Have you been away from this place for one continuous month or more in the past 12 months?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	114	28.5	24	6.0	85	21.3	51	12.8
No	286	71.5	376	94.0	315	78.8	349	87.3
Total	400	100.0	400	100.0	400	100.0	400	100.0

Table 3.20 : Frequency of visits the surrounding community/refugee camps

How often do you visit surrounding community/refugee camp?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Never	25	6.3	82	20.5	113	28.3	249	62.3
Less than once a month	44	11.0	54	13.5	94	23.5	51	12.8
Once a month or more*	**331**	**82.9**	**264**	**66.1**	**193**	**48.3**	**100**	**25.1**
Total	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

* See table below for disaggregated data

Table 3.21: Frequency of visits the surrounding community/refugee camps

How often do you visit surrounding community/refugee camp?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Once a month	45	11.3	77	19.3	32	8.0	24	6.0
Once a week	112	28.0	95	23.8	54	13.5	35	8.8
More than once a week	79	19.8	50	12.5	56	14.0	25	6.3
Almost every day	95	23.8	42	10.5	51	12.8	16	4.0
Total	**331**	**100.0**	**264**	**100.0**	**193**	**100.0**	**100**	**100.0**

Table 3.22: Reasons for being away from home*** see page 106

What was/were the reason(s) for you to be away from this place for one month or more in the past 12 months?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Business/Work-related	98	68.5	6	8.3	73	67.0	17	12.2
Family-related	16	11.2	53	73.6	22	20.2	120	86.3
School-related	32	22.4	15	20.8	16	14.7	14	10.1
Health-related	3	2.1	6	8.3	3	2.8	14	10.1
For entertainment	6	4.2	3	4.2	1	0.9	6	4.3
Others	0	0.0	0	0.0	1	0.9	0	0.0
Total	**143**	**100.0***	**72**	**100.0***	**109**	**100.0***	**139**	**100.0***

* Percentages are more than 100 due to multiple answers.

Table 3.24: Reasons for visiting refugee or host community*** see page 106

Why do you visit the surrounding community/refugee camps?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Shopping/Market	272	72.7	276	86.8	93	32.5	80	53.0
Visit relative/friend	167	44.7	105	33.0	166	58.0	68	45.0
Entertainment	57	15.2	89	28.0	50	17.5	13	8.6
Health care	14	3.7	13	4.1	8	2.8	26	17.2
School/campus	55	14.7	12	3.8	3	1.0	4	2.6
Job (formal/informal)	23	6.1	2	0.6	3	1.0	0	0.0
Business	10	2.7	8	2.5	24	8.4	22	14.6
For work/wage labor	29	7.8	9	2.8	23	8.0	2	1.3
Searching for worker	0	0.0	0	0.0	19	6.6	3	2.0
Others	3	0.8	5	1.6	3	1.0	7	4.6
Total	**374**	**100.0***	**318**	**100.0***	**286**	**100.0***	**151**	**100.0***

* Percentages are more than 100 due to multiple answers.

4.0 Sexual behavior

Table 4.1: Sexual experience

Have you ever had sexual intercourse?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	258	64.5	233	58.3	274	68.5	264	66.0
No	142	35.5	167	41.8	126	31.5	136	34.0
Total	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 4.2: Age at first sex

At what age did you first have sexual intercourse?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Below 20 yrs.	138	53.5	203	87.1	131	48.2	189	71.9
20 yrs and above	120	46.5	30	12.9	141	51.8	74	28.1
Mean age at first sex	***19.6***		***16.7***		***20.0***		***17.9***	
Total	**258**	**100.0**	**233**	**100.0**	**272***	**100.0**	**263***	**100.0**

* Data missing

Table 4.3: Sex in the past 12 months

Have you had sexual intercourse in the past 12 months?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	219	54.8	210	52.5	241	60.2	211	52.8
No	181	45.2	190	47.5	159	39.8	189	47.2
Total	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 4.4: Respondents who never had sexual intercourse

Have you ever had sex?		Refugee			Host		
		15-24 Years	25-49 Years	Total	15-24 Years	25-49 Years	Total
Male	Had sex	75 (37.5)	183 (91.5)	258 (64.5)	83 (41.5)	191 (95.5)	274 (68.5)
	Never had sex	125 (62.5)	17 (8.5)	142 (35.5)	117 (58.5)	9 (4.5)	126 (31.5)
	Total	**200 (100.0)**	**200 (100.0)**	**400 (100.0)**	**200 (100.0)**	**200 (100.0)**	**400 (100.0)**
	Pearson Chi-square	**127.350**			**135.141**		
	P value	**0.000**			**0.000**		
Female	Had sex	42 (21.0)	191 (95.5)	233 (58.3)	70 (35.0)	194 (97.0)	264 (66.0)
	Never had sex	158 (79.0)	9 (4.5)	167 (41.8)	130 (65.0)	6 (3.0)	136 (34.0)
	Total	**200 (100.0)**	**200 (100.0)**	**400 (100.0)**	**200 (100.0)**	**200 (100.0)**	**400 (100.0)**
	Pearson Chi-square	**228.223**			**171.301**		
	P value	**0.000**			**0.000**		

Note: Figures in the parenthesis represent corresponding percentages.

Table 4.5: Never-married respondents who abstained from sex in the past 12 months

Have you abstained from sex in the past 12 months		Refugee			Host		
		15-24 Years	25-49 Years	Total	15-24 Years	25-49 Years	Total
Male	Did not abstain	31 (16.8)	2 (9.5)	33 (16.1)	36 (20.3)	4 (22.2)	40 (20.5)
	Abstained	153 (83.2)	19 (90.5)	172 (83.9)	141 (79.7)	14 (77.8)	155 (79.5)
	Total	**184 (100.0)**	**21 (100.0)**	**205 (100.0)**	**177 (100.0)**	**18 (100.0)**	**195 (100.0)**
	Pearson Chi-square	**0.749**			**0.036**		
	P value	**0.306**			**0.536**		
Female	Did not abstain	2 (1.2)	0 (0.0)	2 (1.2)	3 (2.2)	0 (0.0)	3 (2.1)
	Abstained	159 (98.8)	9 (100.0)	168 (98.8)	135 (97.8)	6 (100.0)	141 (97.9)
	Total	161 (100.0)	9 (100.0)	170 (100.0)	138 (100.0)	6 (100.0)	144 (100.0)
	Pearson Chi-square	0.113			0.133		
	P value	0.897			0.879		

Table 4.6: Ever had a regular partner

Have you ever had a regular partner?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	195	48.8	230	57.5	204	51.0	256	64.0
No	205	51.2	170	42.5	196	49.0	144	36.0
Total	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 4.7: Number of regular partners in lifetime

How many regular partners have you ever had in your life?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
1	162	83.1	206	89.6	179	87.7	239	93.4
2	27	13.8	21	9.1	20	9.8	17	6.6
3+	6	3.1	3	1.3	5	2.5	0	0.0
Total	**195**	**100.0**	**230**	**100.0**	**204**	**100.0**	**256**	**100.0**

Table 4.8 : Sex with regular partner in past 12 months

Did you have a regular partner whom you had sex with in the past 12 months?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	188	47.0	209	52.2	201	50.2	208	52.0
No	212	53.0	191	47.8	199	49.8	192	48.0
Total	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 4.9: Number of regular partners in the past 12 months

How many regular partners did you have sex with in the past 12 months?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
1	181	96.3	208	99.5	197	98.0	208	100.0
2	7	3.7	1	0.5	4	2.0	0	0.0
Total	**188**	**100.0**	**209**	**100.0**	**201**	**100.0**	**208**	**100.0**

Table 4.10: Nationality of last/current regular partner

What is the nationality of your last/current partner?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Nepali	3	1.6	1	.5	194	96.5	207	99.5
Bhutanese	180	96.3	205	98.1	0	0.0	0	0.0
Indian	4	2.1	3	1.4	7	3.5	1	0.5
Total	**187***	**100.0**	**209**	**100.0**	**201**	**100.0**	**208**	**100.0**

* Data missing

Table 4.11: Sex with non-regular partners

Have you ever had sex with a non-regular partner?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	92	23.0	11	2.7	107	26.7	20	5.0
No	308	77.0	389	97.3	293	73.3	380	95.0
Total	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 4.12: Sex with a non-regular partner in the past 12 months

Have you had sex with a non-regular partner in the past 12 months?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	34	8.5	4	1.0	43	10.7	7	1.7
No	366	91.5	396	99.0	357	89.3	393	98.3
Total	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 4.13: Number of non-regular partners in the past 12 months

How many non-regular partners did you have sex with in the past 12 months?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
1	22	64.7	4	100.0	22	51.2	7	100.0
2	7	20.6	0	0.0	12	27.9	0	0.0
3+	5	14.7	0	0.0	9	20.9	0	0.0
Total	**34**	**100.0**	**4**	**100.0**	**43**	**100.0**	**7**	**100.0**

Table 4.14: Last sex with non-regular partner

How long ago did you have sex with a non-regular partner for the last time?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
<30 days ago	10	29.4	1	25.0	12	27.9	3	42.9
30-59 days ago	4	11.8	1	25.0	10	23.3	1	14.3
60-89 days ago	5	14.7	0	0.0	7	16.3	1	14.3
90+ days ago	15	44.1	2	50.0	14	32.6	2	28.6
Total	**34**	**100.0**	**4**	**100.0**	**43**	**100.0**	**7**	**100.0**

Table 4.15: Identity of non-regular partner(s) in past 12 months

Who was/were the non-regular partners(s) you had sex with in the past 12 months?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Refugee	33	97.1	3	75.0	12	27.9	1	14.3
Local community people	3	8.8	1	25.0	38	88.4	6	85.7
Other	0	0.0	0	0.0	1	2.3	0	0.0
Total	**34**	**100.0***	**4**	**100.0**	**43***	**100.0***	**7**	**100.0**

*Percentages are more than 100 due to multiple answers Totals are not right

Table 4.16: Sexual networking with non-regular partners between camp and host community in the past 12 months

Out of your non-regular partners, how many were from the refugee camps and host community?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Refugee camp								
Yes	33	97.1	3	75.0	13	30.2	1	14.3
No	1	2.9	1	25.0	30	69.8	6	85.7
Total	**34**	**100.0**	**4**	**100.0**	**43**	**100.0**	**7**	**100.0**
Host community								
Yes	3	8.8	1	25.0	39	90.7	6	85.7
No	31	91.2	3	75.0	4	9.3	1	14.3
Total	**34**	**100.0**	**4**	**100.0**	**43**	**100.0**	**7**	**100.0**

Table 4.17: Sex with a non-regular partner in the past 12 months

Have you had sex with a non-regular partner in the past 12 months?		Refugee			Host		
		15-24 Years	25-49 Years	Total	15-24 Years	25-49 Years	Total
Male	Yes	30 (15.0)	4 (2.0)	34 (8.5)	37 (18.5)	6 (3.0)	43 (10.8)
	No	170 (85.0)	196 (98.0)	366 (91.5)	163 (81.5)	194 97.0	357 (89.3)
	Total	200 (100.0)	200 (100.0)	400 (100.0)	200 (100.0)	200 (100.0)	400 (100.0)
	Pearson Chi-square	21.729			25.041		
	P value	0.000			0.000		
Female	Yes	4 (2.0)	0 (0.0)	4 (1.0)	4 (2.0)	3 (1.5)	7 (1.8)
	No	196 (98.0)	200 (100.0)	396 (99.0)	196 (98.0)	197 (98.5)	393 (98.3)
	Total	200 (100.0)	200 (100.0)	400 (100.0)	200 (100.0)	200 (100.0)	400 (100.0)
	Pearson Chi-square	4.040			0.145		
	P value	0.123			1.000		

Note: Figures in the parenthesis represent corresponding percentages.

Table 4.18: Sex with transactional partners

Have you ever had sex in exchange for money, goods, or gifts?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	15	3.7	3	0.7	35	8.7	2	0.5
No	385	96.3	397	99.3	365	91.3	398	99.5
Total	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 4.19: Sex with a transactional partner in the past 12 months

Have you had sex in exchange for money, goods, or gifts in the past 12 months?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	4	1.0	1	0.3	16	4.0	0	0.0
No	396	99.0	399	99.7	384	96.0	400	100.0
Total	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 4.20: Number of transactional partners in the past 12 months

How many persons did you have sex with in the past 12 months in exchange for money, goods or gifts?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
1	4	100.0	1	100.0	7	43.8	*NA*	*NA*
2	0	0.0	0	0.0	4	25.0	*NA*	*NA*
3+	0	0.0	0	0.0	5	31.3	*NA*	*NA*
Total	**4**	**100.0**	**1**	**100.0**	**16**	**100.0**	***NA***	***NA***

Table 4.21: Last transactional sex

How long ago did you have sex in exchange for money, goods or gifts in the past 12 months?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
<30 days	2	50.0	0	0.0	5	31.3	*NA*	*NA*
30-59 days	0	0.0	0	0.0	3	18.8	*NA*	*NA*
60-89 days	1	25.0	0	0.0	2	12.5	*NA*	*NA*
90+ days	1	25.0	1	100.0	6	37.5	*NA*	*NA*
Total	**4**	**100.0**	**1**	**100.0**	**16**	**100.0**	***NA***	***NA***

Table 4.22: Identity of last transactional partner

Who was your last sexual partner you had sex with in exchange for money, goods, or gifts?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Refugee	3	75.0	1	100.0	6	37.5	*NA*	*NA*
Local community person	0	0.0	0	0.0	8	50.0	*NA*	*NA*
Sex worker*	1	25.0	0	0.0	2	12.5	*NA*	*NA*
Total	**4**	**100.0**	**1**	**100.0**	**16**	**100.0**	***NA***	***NA***

Note: NA = not applicable.

* Community not specified

Table 4.23: Sexual networking with transactional partners between camp and host community in the past 12 months

Out of your partners in the past 12 months who you had sex with in exchange for money, goods or gifts, how many were from the refugee and host community?	Refugee				Host	
	Male		Female		Male	
	N	%	N	%	N	%
Refugee camp						
Yes	3	75.0	1	100.0	6	37.5
No	1	25.0	0	0.0	10	62.5
Total	**4**	**100.0**	**1**	**100.0**	**16**	**100.0**
Host community						
Yes	2	50.0	0	0.0	13	81.3
No	2	50.0	1	100.0	3	18.8
Total	**4**	**100.0**	**1**	**100.0**	**16**	**100.0**

Table 4.24: Sex with a transactional partner in the past 12 months

Have you had sex with a transactional partner in the past 12 months		Refugee			Host		
		15-24 Years	25-49 Years	Total	15-24 Years	25-49 Years	Total
Male	Yes	4 (2.0)	0 (0.0)	4 (1.0)	12 (6.0)	4 (2.0)	16 (4.0)
	No	196 (98.0)	200 100.0)	396 (99.0)	188 (94.0)	196 (98.0)	384 (96.0)
	Total	200 (100.0)	200 (100.0)	400 (100.0)	200 (100.0)	200 (100.0)	400 (100.0)
	Pearson Chi-square	4.04			4.167		
	P value	0.123			0.071		
Female	Yes	0 (0.0)	1 (0.5)	1 (0.3)	0 (0.0)	0 (0.0)	0 (0.0)
	No	200 (100.0)	199 (99.5)	399 (99.8)	200 (100.0)	200 (100.0)	400 (100.0)
	Total	200 (100.0)	200 (100.0)	400 (100.0)	200 (100.0)	200 (100.0)	400 (100.0)
	Pearson Chi-square	1.003			NA		
	P value	1.0			NA		

Note: Figures in the parenthesis represent corresponding percentages.
NA = Not applicable.

Men who have sex with men (MSM)

Table 4.25 : Sex with male sexual partners

Have you ever had a male sexual partner?	Refugee		Host	
	N	%	N	%
Yes	6	1.5	12	3.0
No	394	98.5	388	97.0
Total	**400**	**100.0**	**400**	**100.0**

Table 4.26: Sex with male sexual partners in the past 12 months

Have you had sexual intercourse with a male partner in the past 12 months?	Refugee		Host	
	N	%	N	%
Yes	4	1.0	6	1.5
No	396	99.0	394	98.5
Total	**400**	**100.0**	**400**	**100.0**

Table 4.27: Number of male sexual partners in the past 12 months?

How many male partners have you have sex with in the past 12 months?	Refugee		Host	
	N	%	N	%
1	2	50.0	3	50.0
2	1	25.0	0	0.0
3+	1	25.0	3	50.0
Total	**4**	**100.0**	**6**	**100.0**

Table 4.28: Frequency of sex with male partner in the past 12 months

How many times have you had sex with a male sexual partner in the past 12 months?	Refugee		Host	
	N	%	N	%
1-2 times	2	50.0	3	50.0
3-4 times	1	25.0	2	33.3
5+ times	1	25.0	1	16.7
Total	4	100.0	6	100.0

Table 4.29: Time since last sex with a male partner

How long ago was the last time you had sex with your male partner?	Refugee		Host	
	N	%	N	%
<30 days	1	25.0	3	50.0
30-59 days	2	50.0	0	0.0
60+ days	1	25.0	3	50.0
Total	**4**	**100.0**	**6**	**100.0**

Table 4.30: Sexual networking between camp and host community among men who have sex with men (MSM) in the past 12 months

Among your male partners with whom you had sexual intercourse in the past 12 months, was any partner from the refugee/host community?	Refugee		Host	
	Male		Male	
	N	%	N	%
From refugee camp				
Yes	4	100.0	1	16.7
No	0	0.0	5	83.3
Total	**4**	**100.0**	**6**	**100.0**
From host community				
Yes	0	0.0	6	100.0
No	4	100.0	0	0.0
Total	**4**	**100.0**	**6**	**100.0**

Knowledge of and Access to Condoms

Table 4.31: Awareness of male condoms

Have you ever heard of male condoms?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	396	99.0	394	98.5	398	99.5	398	99.5
No	4	1.0	6	1.5	2	0.5	2	0.5
Total	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 4.32: Knowledge of condoms

What do you think condoms are used for?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Protects against HIV/AIDS	368	92.9	304	77.2	351	88.2	292	73.4
Protects against STIs	223	56.3	155	39.3	222	55.8	92	23.1
Prevents pregnancy	313	79.0	316	80.2	333	83.7	298	74.9
Family planning	51	12.9	72	18.3	64	16.1	114	28.6
Other	0	0.0	0	0.0	1	0.3	1	0.3
Total	**396**	**100.0***	**394**	**100.0***	**398**	**100.0***	**398**	**100.0***

* Total percent may exceed 100 due to multiple answers.

Table 4.33: Condom Availability

Where can a person get condoms from?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Pharmacy	299	75.5	213	54.1	357	89.7	275	69.1
Government health facility	185	46.7	79	20.1	201	50.5	238	59.8
At the market/shop	345	87.1	218	55.3	392	98.5	362	91.0
Community health worker	43	10.9	10	2.5	67	16.8	37	9.3
NGO/NGO worker	172	43.4	257	65.2	49	12.3	41	10.3
Bhutanese Health Union	3	0.8	0	0.0	0	0.0	0	0.0
Others	28	7.1	10	2.5	27	6.8	8	2.0
Total	**396**	**100.0***	**394**	**100.0***	**398**	**100.0***	**398**	**100.0***

* Total percent may exceed 100 due to multiple answers.

Table 4.34: Perception of condom availability

How easy is it to obtain a condom from the place(s) you named?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Easy	347	87.6	256	65.0	363	91.2	293	73.6
Difficult	26	6.6	67	17.0	8	2.0	28	7.0
Depends/can't say	23	5.8	71	18.0	27	6.8	77	19.3
Total	**396**	**100.0**	**394**	**100.0**	**398**	**100.0**	**398**	**100.0**

Table 4.35: Barriers to obtaining condoms

What are the constraints to obtaining a condom?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Too far away / time constraint	0	0.0	3	4.5	1	12.5	1	3.6
It's expensive	4	15.4	1	1.5	1	12.5	0	0.0
Not available	4	15.4	4	6.0	1	12.5	1	3.6
Fear of being seen	24	92.3	59	88.1	7	87.5	25	89.3
Health worker's attitude	2	7.7	6	9.0	0	0.0	0	0.0
Others	0	0.0	2	3.0	0	0.0	0	0.0
DK	0	0.0	0	0.0	0	0.0	2	7.1
Total	**26**	**100.0***	**67**	**100.0***	**8**	**100.0***	**28**	**100.0***

*Percentages are more than 100 due to multiple answers

Condom Use

Table 4.36: Condom use at last sex with regular sexual partners

Was a condom used the last time you had sex with your last/current regular partner?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	14	7.4	14	6.7	23	11.4	15	7.2
No	174	92.6	195	93.3	178	88.6	193	92.8
Total	**188**	**100.0**	**209**	**100.0**	**201**	**100.0**	**208**	**100.0**

Table 4.37 Condom use at last sex with regular partner

Was a condom used the last time you had sex with your last/current regular partner?		Refugee			Host		
		15-24 Years	25-49 Years	Total	15-24 Years	25-49 Years	Total
Male	Yes	1 (6.3)	13 (7.6)	14 (7.4)	3 (13.6)	20 (11.2)	23 (11.4)
	No	15 (93.8)	159 (92.4)	174 (92.6)	19 (86.4)	159 (88.8)	178 (88.6)
	Total	**16 (100.0)**	**172 (100.0)**	**188 (100.0)**	**22 (100.0)**	**179 (100.0)**	**201 (100.0)**
	Pearson Chi-square	**0.365**			**0.540**		
	P value	**1.000**			**0.724**		
Female	Yes	1 (2.8)	13 (7.5)	14 (6.7)	6 (11.3)	9 (5.8)	15 (7.2)
	No	35 (97.2)	160 (92.5)	195 (93.3)	47 (88.7)	146 (94.2)	193 (92.8)
	Total	**36 (100.0)**	**173 (100.0)**	**209 (100.0)**	**53 (100.0)**	**155 (100.0)**	**208 (100.0)**
	Pearson Chi-square	**1.378**			**0.536**		
	P value	**0.527**			**0.715**		

Note: Figures in the parenthesis represent corresponding percentages.

Table 4.38: Frequency of condom use with regular sexual partners

How often did you use condoms while having sexual intercourse with your regular partner(s) in the past 12 months?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Every time	4	2.1	4	1.9	11	5.5	4	1.9
Most of the time	13	6.9	7	3.3	10	5.0	9	4.3
Sometimes	19	10.1	11	5.3	36	17.9	17	8.2
Never	152	80.9	187	89.5	144	71.6	178	85.6
Total	**188**	**100.0**	**209**	**100.0**	**201**	**100.0**	**208**	**100.0**

Table 4.39: Condom use at last sex with non-regular partner

Did you use a condom the last time you had sex with your non-regular partner?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	19	55.9	1	25.0	26	60.5	4	57.1
No	15	44.1	3	75.0	17	39.5	3	42.9
Total	**34**	**100.0**	**4**	**100.0**	**43**	**100.0**	**7**	**100.0**

Table 4.40: Condom use at the last sex with non-regular partner

Did you use a condom the last time you had sex with your non-regular partner?		**Refugee**			**Host**		
		15-24 Years	**25-49 Years**	**Total**	**15-24 Years**	**25-49 Years**	**Total**
Male	**Yes**	18 (60.0)	1 (25.0)	19 (55.9)	23 (62.2)	3 (50.0)	26 (60.5)
	No	12 (40.0)	3 (75.0)	15 (44.1)	14 (37.8)	3 (50.0)	17 (39.5)
	Total	**30 (100.0)**	**4 (100.0)**	**34 (100.0)**	**37 (100.0)**	**6 (100.0)**	**43 (100.0)**
	Pearson Chi-square	**0.055**			**0.117**		
	P value	**1.000**			**1.000**		
Female	**Yes**	1 (25.0)	0 (0.0)	1 (25.0)	2 (50.0)	2 (66.7)	4 (57.1)
	No	3 (75.0)	0 (0.0)	3 (75.0)	2 (50.0)	1 (33.3)	3 (42.9)
	Total	**4 (100.0)**	**0 (0.0)**	**4 (100.0)**	**4 (100.0)**	**3 (100.0)**	**7 (100.0)**
	Pearson Chi-square	**NA**			**NA**		
	P value	**NA**			**NA**		

Note: Figures in the parenthesis represent corresponding percentages**.**

Table 4.41: Frequency of condom use with non-regular sexual partners

How often did you use condoms while having sexual intercourse with your non-regular partner(s) in the past 12 months?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Every time	11	32.4	1	25.0	22	51.2	4	57.1
Most of the time	4	11.8	0	0.0	4	9.3	0	0.0
Sometimes	5	14.7	0	0.0	6	14.0	0	0.0
Never	14	41.2	3	75.0	11	25.6	3	42.9
Total	34	100.0	4	100.0	43	100.0	7	100.0

Table 4.42: Condom use at last sex with transactional partners

Was a condom used the last time you had sex in exchange for money, goods, or gifts?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	1	25.0	1	100.0	10	62.5	0	0.0
No	3	75.0	0	0.0	6	37.5	0	0.0
Total	**4**	**100.0**	**1**	**100.0**	**16**	**100.0**	**0**	**0.0**

Table 4.43: Condom use at the last sex with transactional partner

Was a condom used the last time you had sex in exchange for money, goods, or gifts?		Refugee			Host		
		15-24 Years	25-49 Years	Total	15-24 Years	25-49 Years	Total
Male	Yes	1 (25.0)	0 (0.0)	1 (25.0)	8 (66.7)	2 (50.0)	10 (62.5)
	No	3 (75.0)	0 (0.0)	3 (75.0)	4 (33.3)	2 (50.0)	6 (37.5)
	Total	**4 (100.0)**	**0 (0.0)**	**4 (100.0)**	**12 (100.0)**	**4 (100.0)**	**16 (100.0)**
	Pearson Chi-square	**NA**			**0.480**		
	P value	**NA**			**1.000**		
Female	Yes	0 (0.0)	1 (100.0)	1 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)
	No	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
	Total	**0 (0.0)**	**1 (100.0)**	**1 (100.0)**	**0 (0.0)**	**0 (0.0)**	**0 (0.0)**
	Pearson Chi-square	**NA**			**NA**		
	P value	**NA**			**NA**		

Table 4.44: Frequency of condom use with transactional sexual partners

How often did you use condoms while having sex in the past 12 months in exchange for money, goods or gifts?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Every time	1	25.0	1	100.0	9	56.3	0	0.0
Most of the times	0	0.0	0	0.0	1	6.3	0	0.0
Some times	0	0.0	0	0.0	2	12.5	0	0.0
Never	3	75.0	0	0.0	4	25.0	0	0.0
Total	**4**	**100.0**	**1**	**100.0**	**16**	**100.0**	**0**	**0.0**

Table 4.45: Person who suggested condom use at last sex with regular partner

Who suggested the use of a condom the last time you had sex with your regular partner?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
My partner	1	7.1	3	21.4	1	4.3	5	33.3
Myself	5	35.7	3	21.4	3	13.0	2	13.3
Joint decision	8	57.1	8	57.1	19	82.6	8	53.3
Total	**14**	**100.0**	**14**	**100.0**	**23**	**100.0**	**15**	**100.0**

Table 4.46: Person who suggested condom use at last sex with non-regular partner

Who suggested the use of a condom the last time you had sex with your non-regular partner?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
My partner	2	10.5	1	100.0	0	0.0	2	50.0
Myself	13	68.4	0	0.0	20	76.9	0	0.0
Joint decision	4	21.1	0	0.0	6	23.1	2	50.0
Total	**19**	**100.0**	**1**	**100.0**	**26**	**100.0**	**4**	**100.0**

Table 4.47: Person who suggested condom use at last sex with transactional partner

Who suggested the use of a condom the last time you had sex in exchange for money, goods or gifts?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
My partner	0	0.0	0	0.0	2	20.0	*NA*	*NA*
Myself	1	100.0	1	100.0	6	60.0	*NA*	*NA*
Joint decision	0	0.0	0	0.0	2	20.0	*NA*	*NA*
Total	**1**	**100.0**	**1**	**100.0**	**10**	**100.0**	*NA*	*NA*

Table 4.48: Condom use with male sexual partner

Was a condom used during the last time you had sex with a male partner?	Refugee		Host	
	Male		Male	
	N	%	N	%
Yes	1	25.0	1	16.7
No	3	75.0	5	83.3
Total	**4**	**100.0**	**6**	**100.0**

Table 4.49: Person who suggested condom use among men who have sex with men

The last time you had sex with a male partner, who suggested the use of a condom?	Refugee		Host	
	Male		Male	
	N	%	N	%
Myself	1	100.0	0	0.0
Joint decision	0	0.0	1	100.0
Total	**1**	**100.0**	**1**	**100.0**

Table 4.50: Reason for non-use of condoms at last sex with a regular partner

Why was a condom not used the last time you had sex with your regular partner?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Partner objected	3	1.7	25	12.8	0	0.0	8	4.1
Don't like them	11	6.3	21	10.8	2	1.1	18	9.3
Used other contraceptive	119	68.4	138	70.8	134	75.3	130	67.4
I trust my partner	10	5.7	10	5.1	3	1.7	4	2.1
Didn't think it was necessary	69	39.7	102	52.3	38	21.3	98	50.8
Interest of having baby	5	2.9	5	2.6	13	7.3	10	5.2
Due to pregnancy	5	2.9	0	0.0	0	0.0	5	2.6
Stopped menstruation	2	1.1	3	1.5	7	3.9	4	2.1
Other	4	2.3	10	5.1	0	0.0	4	2.1
Total	**174**	**100.0***	**195**	**100.0***	**178**	**100.0***	**193**	**100.0***

*Percentages are more than 100 due to multiple answers

Table 4.51: Reason for non-use of condoms at last sex with a non-regular partner

Why was a condom not used the last time you had sex with your non-regular partner?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Not available	4	26.7	0	0.0	2	11.8	0	0.0
Too expensive	1	6.7	0	0.0	0	0.0	0	0.0
Don't like them	2	13.3	0	0.0	2	11.8	0	0.0
Used other contraceptive	4	26.7	1	33.3	2	11.8	2	66.7
Didn't think it was necessary	3	20.0	1	33.3	1	5.9	0	0.0
Unplanned sex	9	60.0	2	66.7	12	70.6	1	33.3
Total	**15**	**100.0***	**3**	**100.0***	**17**	**100.0***	**3**	**100.0***

*Percentages are more than 100 due to multiple answers

Table 4.52: Reason for non-use of condoms at last sex with a transactional partner

Why was a condom not used during the last time you had sex in exchange for money, goods or gifts?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Not available	0	0.0	0	.0	2	33.3	0	0.0
Don't like them	2	66.7	0	.0	1	16.7	0	0.0
Used other contraceptive	0	0.0	0	.0	1	16.7	0	0.0
Didn't think of using one	1	33.3	0	.0	0	0.0	0	0.0
Irregular sexual contact	1	33.3	0	.0	0	0.0	0	0.0
Unplanned sex	3	100.0	0	.0	3	50.0	0	0.0
Total	**3**	**100.0***	**0**	**.0**	**6**	**100.0***	**0**	**0.0**

*Percentages are more than 100 due to multiple answers

5.0 Alcohol and Drug Use

Table 5.1: Frequency of alcohol consumption

During the past month how often did you take drinks containing alcohol?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Almost every day	9	7.2	5	9.4	48	25.8	23	25.0
More than once a week	27	21.6	10	18.9	35	18.8	13	14.1
About once a week	25	20.0	12	22.6	28	15.1	18	19.6
Less than once a week	64	51.2	26	49.1	75	40.3	38	41.3
Total	**125**	**100.0**	**53**	**100.0**	**186**	**100.0**	**92**	**100.0**

Table 5.2: Consumption of alcohol

Have you taken any drinks containing alcohol in the past month?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	125	31.3	53	13.3	187	46.8	92	23.0
No	275	68.8	347	86.8	213	53.3	308	77.0
Total	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 5.3: History of drug use

Have you ever taken drugs, such as marijuana, heroine, crack or other drugs for a non-medical purpose?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	22	5.5	1	.3	61	15.3	0	0.0
No	378	94.5	399	99.8	339	84.8	400	100.0
Total	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 5.4: History of drug use in the past 12 months

Have you ever taken drugs, such as marijuana, heroine, crack or other for a non-medical purpose, in the past 12 months?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	5	22.7	0	0.0	25	41.0	*NA*	*NA*
No	17	77.3	1	100.0	36	59.0	*NA*	*NA*
Total	**22**	**100.0**	**1**	**100.0**	**61**	**100.0**	***NA***	***NA***

Table 5.5: Mode of Drug Use

In which way(s) have you taken drugs in the past 12 months?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Injection	0	0.0	*NA*	*NA*	1	4.0	*NA*	*NA*
Inhalation	1	20.0	*NA*	*NA*	1	4.0	*NA*	*NA*
Smoking	5	100.0	*NA*	*NA*	17	68.0	*NA*	*NA*
Orally /Chewing	0	0.0	*NA*	*NA*	11	44.0	*NA*	*NA*
Total	**5**	**100.0**	***NA***	***NA***	**25**	**100.0**	***NA***	***NA***

[1] Total percent may exceed 100 due to multiple answers.
NA = Not Applicable.

Table 5.6: Sex under the influence of alcohol

Have you ever had sexual intercourse under the influence of alcohol?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	33	36.7	25	54.3	93	65.5	54	65.9
No	57	63.3	21	45.7	49	34.5	28	34.1
Total	**90**	**100.0**	**46**	**100.0**	**142**	**100.0**	**82**	**100.0**

Table 5.7: Sex under the influence of drugs

Have you ever had sexual intercourse under the influence of drugs?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	0	0.0	*NA*	*NA*	6	33.3	*NA*	*NA*
No	3	100.0	*NA*	*NA*	12	66.7	*NA*	*NA*
Total	3	100.0	*NA*	*NA*	18	100.0	*NA*	*NA*

Table 5.8: Condom use at last sex under the influence of alcohol

Was a condom used the last time you had sex under the influence of alcohol?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	4	12.1	1	4.0	13	14.0	3	5.6
No	27	81.8	23	92.0	80	86.0	47	87.0
Not sure/don't know	2	6.1	1	4.0	0	0.0	4	7.4
Total	**33**	**100.0**	**25**	**100.0**	**93**	**100.0**	**54**	**100.0**

Table 5.9: Condom use at last sex under the influence of drug

Was a condom used the last time you had sex under the influence of drugs?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	**N/A**	**N/A**	**N/A**	**N/A**	**0**	**0%**	**N/A**	**N/A**
No	*NA*	*NA*	*NA*	*NA*	5	83.3	*NA*	*NA*
Not sure/Don't know	*NA*	*NA*	*NA*	*NA*	1	16.7	*NA*	*NA*
Total	***NA***	***NA***	***NA***	***NA***	**6**	**100.0**	***NA***	***NA***

6.0 STIs and HIV/AIDS

Table 6.1: Knowledge of STIs

Have you ever heard about diseases that can be transmitted through sexual contact?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	374	93.5	372	93.0	374	93.5	370	92.5
No	26	6.5	28	7.0	26	6.5	30	7.5
Total	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 6.2: Knowledge of STI symptoms occurring in men and women * see page 106**

If a man or woman has a sexually transmitted disease, what symptoms might he/she have?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Reported symptoms occurring in male								
Genital sores/ ulcers/blister	73	19.6	22	5.9	87	23.3	25	6.8
Genital discharge	156	41.8	103	27.8	157	42.1	113	30.5
Total	**374**		**372**		**374**		**370**	
Reported symptoms occurring in female								
Genital sores/ ulcers/blister	36	9.7	30	8.1	68	18.2	23	6.2
Genital discharge	136	36.6	96	25.9	131	35.1	111	30.0
Total	**374**		**372**		**374**		**370**	

Note: Total percent may exceed 100 due to multiple answers.

Table 6.3: History of STI symptoms in the past 12 months

Have you had the following symptoms during the past 12 months?		Refugee				Host			
		Male		Female		Male		Female	
		N	%	N	%	N	%	N	%
Genital sores/ ulcers/ blister	Yes	10	2.5	7	1.8	5	1.3	1	0.3
	No	390	97.5	393	98.3	395	98.8	399	99.8
Total		**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**
Genital discharge	Yes	5	1.3	15	3.8	6	1.5	12	3.0
	No	395	98.8	385	96.3	394	98.5	388	97.0
Total		**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Note: Total percent may exceed 100 due to multiple answers.

Table 6.4: Current experience of STI-like symptoms

Do you have the following symptoms now?		Refugee				Host			
		Male		Female		Male		Female	
		N	%	N	%	N	%	N	%
Genital sores/ ulcers/ blister	Yes	2	0.5	3	0.8	3	0.8	0	0.0
	No	398	99.5	397	99.3	397	99.3	400	100.0
Total		**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**
Genital discharge	Yes	3	0.8	6	1.5	3	0.8	4	1.0
	No	397	99.3	394	98.5	397	99.3	396	99.0
Total		**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 6.5: Treatment seeking behavior for STI-like symptoms* in the past 12 months

During the past 12 months when you had an STI-like symptom did you seek treatment?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	42	59.2	63	70.0	20	52.6	22	45.8
No	29	40.8	27	30.0	18	47.4	26	54.2
Total	**71**	**100.0**	**90**	**100.0**	**38**	**100.0**	**48**	**100.0**

Table 6.6: Type of facility used for STI-like symptoms in the past 12 months*** **see page 106**

During the past 12 months, when you had an STI-like symptoms where did you first go to seek treatment?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Government hospital/ mobile clinic	9	21.4	3	4.8	1	5.0	2	9.1
Government health facility	10	23.8	2	3.2	1	5.0	4	18.2
Private hospital/ clinic/doctor	11	26.2	5	7.9	13	65.0	6	27.3
Pharmacy	4	9.5	2	3.2	1	5.0	7	31.8
NGO clinic/mobile clinic	11	26.2	55	87.3	4	20.0	5	22.7
Others	4	9.5	0	0.0	1	5.0	0	0.0
Total	**42**	**100.0**	**63**	**100.0**	**20**	**100.0**	**22**	**100.0**

Table 6.7: Type of treatment sought for STI-like symptoms in the past 12 months

What treatment or service did you receive when you sought treatment?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Nothing	1	2.4	1	1.6	0	0.0	0	0.0
Blood/urine test	12	29.3	17	27.0	3	15.0	5	22.7
Medicine	36	87.8	56	88.9	18	90.0	21	95.5
Counseling/advice	26	63.4	46	73.0	17	85.0	13	59.1
Others	1	2.4	0	0.0	0	0.0	0	0.0
Total	**42**	**100.0***	**63**	**100.0***	**20**	**100.0***	**22**	**100.0***

* Total percentages may exceed 100 due to multiple answers.

Table 6.8: Informing sexual partner of STI symptoms* see page 106**

During the last time you had STI-like symptoms did you inform your sexual partner(s)?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes (all of them)	16	39.0	49	70.0	10	41.7	25	59.5
Yes (some of them)	9	22.0	11	15.7	5	20.8	6	14.3
No	16	39.0	10	14.3	9	37.5	11	26.2
Total	**41**	**100.0**	**70**	**100.0**	**24**	**100.0**	**42**	**100.0**

HIV/AIDS

Table 6.9: Knowledge about HIV/AIDS

Have you ever heard of HIV/AIDS?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	394	98.5	387	96.8	397	99.3	390	97.5
No	6	1.5	13	3.3	3	0.8	10	2.5
Total	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 6.10: Knowledge of whether HIV can be avoided

Is there anything a person can do to avoid getting infected with HIV?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	381	96.7	369	95.3	392	98.7	378	96.9
No	8	2.0	13	3.4	2	0.5	9	2.3
DK	5	1.3	5	1.3	3	0.8	3	0.8
Total	**394**	**100.0**	**387**	**100.0**	**397**	**100.0**	**390**	**100.0**

Table 6.11a: Knowledge of HIV Transmission* see page 106**

Can HIV be transmitted from one person to another through the following modes/activities?		Refugee				Host			
		Male		Female		Male		Female	
		N	%	N	%	N	%	N	%
Through mosquito bites	Yes	203	51.5	242	62.5	194	48.9	239	61.3
	No	154	39.1	105	27.1	175	44.1	100	25.6
	DK	37	9.4	40	10.3	28	7.1	51	13.1
Sharing eating utensils/foods with infected persons	Yes	101	25.6	141	36.4	68	17.1	126	32.3
	No	269	68.3	230	59.4	309	77.8	239	61.3
	DK	24	6.1	16	4.1	20	5.0	25	6.4
Sharing toilets with infected persons	Yes	47	11.9	106	27.4	42	10.6	87	22.3
	No	322	81.7	221	57.1	319	80.4	243	62.3
	DK	25	6.3	60	15.5	36	9.1	60	15.4
Taking untested blood	Yes	377	95.7	354	91.5	386	97.2	364	93.3
	No	2	0.5	8	2.1	2	0.5	4	1.0
	DK	15	3.8	25	6.5	9	2.3	22	5.6
Sharing sharp objects like razor blades with infected person	Yes	364	92.4	339	87.6	375	94.5	347	89.0
	No	19	4.8	24	6.2	11	2.8	15	3.8
	DK	11	2.8	24	6.2	11	2.8	28	7.2
Sharing unsterilised/ using needles	Yes	386	98.0	371	95.9	394	99.2	374	95.9
	No	0	0.0	3	0.8	0	0.0	3	0.8
	DK	8	2.0	13	3.4	3	0.8	13	3.3
Total		**394**	**100.0**	**387**	**100.0**	**397**	**100.0**	**390**	**100.0**

Table 6.11b: Knowledge of HIV transmission* see page 106**

Can HIV be transmitted from one person to another through the following modes/activities?		Refugee				Host			
		Male		Female		Male		Female	
		N	%	N	%	N	%	N	%
Having sex with multiple partners	Yes	382	97.0	369	95.3	389	98.0	380	97.4
	No	4	1.0	13	3.4	3	0.8	3	0.8
	DK	8	2.0	5	1.3	5	1.3	7	1.8
Having sex with sex workers	Yes	391	99.2	379	97.9	393	99.0	383	98.2
	No	0	0.0	3	0.8	1	0.3	1	0.3
	DK	3	0.8	5	1.3	3	0.8	6	1.5
Not using condom during casual sex	Yes	390	99.0	373	96.4	395	99.5	353	90.5
	No	0	0.0	4	1.0	0	0.0	5	1.3
	DK	4	1.0	10	2.6	2	0.5	32	8.2
Through MSM contact	Yes	155	39.3	173	44.7	152	38.3	156	40.0
	No	98	24.9	23	5.9	120	30.2	19	4.9
	DK	141	35.8	191	49.4	125	31.5	215	55.1
Through kissing	Yes	84	21.3	101	26.1	63	15.9	81	20.8
	No	261	66.2	222	57.4	283	71.3	232	59.5
	DK	49	12.4	64	16.5	51	12.8	77	19.7
Total		**394**	**100.0**	**387**	**100.0**	**397**	**100.0**	**390**	**100.0**

Note: DK = don't know

Table 6.12: Knowledge of Major Methods to Prevent HIV Transmission*** see page 106

What can a person do to avoid getting HIV/AIDS?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Abstain from sex	88	23.1	100	27.1	73	18.6	108	28.6
Use condom	361	94.8	252	68.3	342	87.2	275	72.8
Limit number of sexual partner	8	2.1	55	14.9	12	3.1	47	12.4
Avoid sex with sex workers	159	41.7	67	18.2	148	37.8	86	22.8
Avoid sex with person who have many partners	114	29.9	80	21.7	90	23.0	111	29.4
Avoid sex with MSM /Avoid kissing/Avoid mosquito bites	**62**	**16.3**	**12**	**3.3**	**38**	**9.7**	**22**	**5.8**
Avoid sex with person who inject drug intravenous	55	14.4	9	2.4	28	7.1	28	7.4
Avoid blood transfusion	213	55.9	118	32.0	211	53.8	160	42.3
Avoid injection	158	41.5	146	39.6	192	49.0	206	54.5
Avoid sharing razors/blades	221	58.0	112	30.4	189	48.2	130	34.4
Take medicine	6	1.6	39	10.6	4	1.0	34	9.0
Avoid infected person's goods/away from infected person	15	3.9	36	9.8	11	2.8	28	7.4
Other	9	2.4	8	2.2	18	4.6	14	3.7
Total								

Note: Total percentages may exceed 100 due to multiple answers.

Table 6.13: Knowledge of whether a health person can be infected

Can a healthy looking person be affected with HIV virus	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	347	88.1	338	87.3	377	95.0	359	92.1
No	23	5.8	22	5.7	7	1.8	9	2.3
DK	24	6.1	27	7.0	13	3.3	22	5.6
Total	**394**	**100.0**	**387**	**100.0**	**397**	**100.0**	**390**	**100.0**

DK = don't know

Table 6.14: Knowledge related to the prevention of mother to child transmission of HIV* see page 106**

Questions related to MTCT		Refugee				Host			
		Male		Female		Male		Female	
		N	%	N	%	N	%	N	%
Can a pregnant woman infected with HIV/AIDS transmit the virus to her unborn child?	Yes	366	92.9	347	89.7	383	96.5	365	93.6
	No	16	4.1	30	7.8	6	1.5	12	3.1
	DK	12	3.0	10	2.6	8	2.0	13	3.3
Total		**394**	**100.0**	**387**	**100.0**	**397**	**100.0**	**390**	**100.0**
Can a pregnant woman with HIV/AIDS transmit the virus to her baby during delivery?	Yes	283	71.8	329	85.0	248	62.5	328	84.1
	No	69	17.5	36	9.3	79	19.9	35	9.0
	DK	42	10.7	22	5.7	70	17.6	27	6.9
Total		**394**	**100.0**	**387**	**100.0**	**397**	**100.0**	**390**	**100.0**
Can a woman with HIV/AIDS transmit the virus to her baby during breastfeeding?	Yes	266	67.5	256	66.1	213	53.7	234	60.0
	No	88	22.3	90	23.3	141	35.5	88	22.6
	DK	40	10.2	41	10.6	43	10.8	68	17.4
Total		**394**	**100.0**	**387**	**100.0**	**397**	**100.0**	**390**	**100.0**

Note: DK = don't know

Table 6.15: Attitude towards privacy and people living with HIV/AIDS

Questions		Refugee				Host			
		Male		Female		Male		Female	
		N	%	N	%	N	%	N	%
If a member of your community got infected with HIV, would you want it to remain secret?	Yes	35	8.9	40	10.3	53	13.4	45	11.5
	No	357	90.6	347	89.7	344	86.6	345	88.5
	DK	2	0.5	0	0.0	0	0.0	0	0.0
Total		**394**	**100.0**	**387**	**100.0**	**397**	**100.0**	**390**	**100.0**

Table 6.16: Attitudes related to the care of a family member infected with HIV

Questions		Refugee				Host			
		Male		Female		Male		Female	
		N	%	N	%	N	%	N	%
Would you be willing to care for a female member of your family who becomes sick with HIV in your own HH?	Yes	316	80.2	344	88.9	340	85.6	353	90.7
	No	75	19.0	42	10.9	54	13.6	36	9.3
	DK	3	0.8	1	0.3	3	0.8	0	0.0
Total		**394**	**100.0**	**387**	**100.0**	**397**	**100.0**	**389***	**100.0**
Would you be willing to care for a male member of your family who becomes sick with HIV in your own HH?	Yes	317	80.5	346	89.4	339	85.4	354	90.8
	No	75	19.0	40	10.3	56	14.1	36	9.2
	DK	2	0.5	1	0.3	2	0.5	0	0.0
Total		**394**	**100.0**	**387**	**100.0**	**397**	**100.0**	**390**	**100.0**

*Missing data

Table 6.17: Attitudes related to people living with HIV/AIDS and the workplace

Questions related to attitudes towards HIV/AIDS infected person		Refugee				Host			
		Male		Female		Male		Female	
		N	%	N	%	N	%	N	%
Should a person infected with AIDS be allowed to stay in his/her work place?	Yes	314	79.7	268	69.3	335	84.4	294	75.4
	No	76	19.3	112	28.9	60	15.1	93	23.8
	DK	4	1.0	7	1.8	2	0.5	3	0.8
Total		**394**	**100.0**	**387**	**100.0**	**397**	**100.0**	**390**	**100.0**
Are the green vegetables sold by a shopkeeper infected with HIV safe?	Yes	327	83.0	290	74.9	354	89.2	317	81.3
	No	49	12.4	80	20.7	37	9.3	54	13.8
	DK	18	4.6	17	4.4	6	1.5	19	4.9
Total		**394**	**100.0**	**387**	**100.0**	**397**	**100.0**	**390**	**100.0**
Should a teacher infected with HIV be allowed to continue teaching in school?	Yes	322	81.7	279	72.1	337	84.9	300	76.9
	No	67	17.0	104	26.9	59	14.9	86	22.1
	DK	5	1.3	4	1.0	1	0.3	4	1.0
Total		**394**	**100.0**	**387**	**100.0**	**397**	**100.0**	**390**	**100.0**

Note: DK = don't know.
* Missing data

Table 6.18: Attitude regarding adolescent instruction of condoms

Should adolescents be taught how to use condoms?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	386	98.0	353	91.2	389	98.0	352	90.3
No	5	1.3	31	8.0	6	1.5	37	9.5
DK	3	0.8	3	0.8	2	0.5	1	0.3
Total	**394**	**100.0**	**387**	**100.0**	**397**	**100.0**	**390**	**100.0**

Note: DK = don't know.

Table 6.19: Willingness to be involved in HIV awareness program

Questions		Refugee				Host			
		Male		Female		Male		Female	
		N	%	N	%	N	%	N	%
Would you be willing to participate in HIV awareness programs if launched in your community?	Yes	377	95.7	344	88.9	384	96.7	338	86.7
	No	12	3.0	42	10.9	11	2.8	52	13.3
	DK	5	1.3	1	0.3	2	0.5	0	0.0
Total		**394**	**100.0**	**387**	**100.0**	**397**	**100.0**	**390**	**100.0**
Would you be willing to send other family members to participate in HIV awareness programs if launched in your community?	Yes	382	97.0	363	93.8	390	98.2	365	93.6
	No	7	1.8	24	6.2	5	1.3	24	6.2
	DK	5	1.3	0	0.0	2	0.5	1	0.3
Total		**394**	**100.0**	**387**	**100.0**	**397**	**100.0**	**390**	**100.0**

Table 6.20: Source of knowledge about HIV/AIDS in the past 12 months* see page 106**

From where did you usually hear/see/learn about HIV/AIDS in the past 12 months?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Radio	374	94.9	345	89.4	377	95.2	328	84.1
TV	192	48.7	81	21.0	307	77.5	246	63.1
Newspaper	119	30.2	54	14.0	150	37.9	93	23.8
Friend/Relatives	189	48.0	168	43.5	189	47.7	206	52.8
School/Teacher	153	38.8	122	31.6	123	31.1	98	25.1
Poster/pamphlet	99	25.1	13	3.4	95	24.0	74	19.0
Street drama	168	42.6	103	26.7	81	20.5	45	11.5
Billboard	38	9.6	3	.8	87	22.0	43	11.0
Training/workshop	40	10.2	28	7.3	23	5.8	4	1.0
Government health facility/ workers	75	19.0	38	9.8	63	15.9	20	5.1
NGO/NGO worker*	120	30.5	146	37.8	63	15.9	28	7.2
Humanitarian agency/worker*	106	26.9	60	15.5	48	12.1	39	10.0
Community health worker/ volunteer	31	7.9	3	0.8	24	6.1	9	2.3
Other	36	9.1	34	8.8	31	7.8	5	1.3
Total	**394**	**100.0***	**?**	**100.0***	**?**	**100.0***	**390**	**100.0***

Note: Total percentages may exceed 100 due to multiple answers.

* NGO/NGO worker refers to a local community-based organization, while humanitarian agency/workers refers to UNHCR, WFP or one of the implementing partners, such as AMDA, Lutheran World Federation, Caritas, etc.

Table 6.21: Preferred source of information about HIV/AIDS* see page 106**

Where would you like us to talk about HIV/AIDS?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Radio	329	83.5	268	69.3	343	86.4	233	59.7
TV	214	54.3	90	23.3	284	71.5	177	45.4
Newspaper	127	32.2	61	15.8	131	33.0	59	15.1
Government health facility/ worker	122	31.0	68	17.6	86	21.7	67	17.2
NGO/NGO worker	104	26.4	201	51.9	105	26.4	93	23.8
Humanitarian agency/ worker	146	37.1	89	23.0	74	18.6	105	26.9
Community health worker/volunteer	50	12.7	14	3.6	55	13.9	14	3.6
Friend/relatives	141	35.8	120	31.0	148	37.3	101	25.9
School/teacher	149	37.8	86	22.2	101	25.4	55	14.1
Poster/pamphlet	89	22.6	16	4.1	88	22.2	38	9.7
Street drama	196	49.7	149	38.5	143	36.0	152	39.0
Billboard/cinema hall	31	7.9	12	3.1	77	19.4	22	5.6
Training/workshop	62	15.7	65	16.8	71	17.9	43	11.0
Do not want information about HIV/AIDS	2	.5	8	2.1	1	.3	16	4.1
Others	13	3.3	10	2.6	18	4.5	19	4.9
Total	**394**	**100.0***	**387**	**100.0***	**397**	**100.0***	**?**	**100.0***

Note: Total percentages may exceed 100 due to multiple answers.

VCT

Table 6.22: Knowledge of HIV testing and VCT service availability

Knowledge of VCT services		Refugee				Host			
		Male		Female		Male		Female	
		N	%	N	%	N	%	N	%
Do you know a place where a person can be tested for HIV?	Yes	273	68.3	221	55.3	306	76.5	285	71.3
	No	127	31.8	179	44.8	94	23.5	115	28.8
Total		**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**
Do you know where a person can receive HIV VCT services?	Yes	60	22.0	97	43.9	65	21.2	92	32.3
	No	213	78.0	124	56.1	241	78.8	193	67.7
Total		**273**	**100.0**	**221**	**100.0**	**306**	**100.0**	**285**	**100.0**

Table 6.23: Knowledge of location of HIV testing service

Where can a person get an HIV test?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Government hospital/ mobile clinic	231	84.6	72	32.7	275	89.9	170	59.6
Government health facility	94	34.4	44	20.0	115	37.6	124	43.5
Private hospital/ clinic/ doctor	236	86.4	64	29.1	306	100.0	230	80.7
Pharmacy	9	3.3	3	1.4	29	9.5	4	1.4
Private/NGO mobile clinic	25	9.2	18	8.2	20	6.5	8	2.8
NGO/NGO clinic	186	68.1	184	83.6	133	43.5	108	37.9
Others	0	0.0	3	1.4	1	0.3	5	1.8
Don't know	0	0.0	1	0.5	0	0.0	6	2.1
Total	**273**	**100.0***	**220***	**100.0***	**306**	**100.0***	**285**	**100.0***

* Missing data

Note: Total percentages may exceed 100 due to multiple answers.

Table 6.24: Knowledge of VCT location in refugee and host communities*

Do VCT services exist locally and/or in refugee camps?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Locally	39	65.0	45	46.4	61	93.8	59	64.8
In refugee camp	19	31.7	50	51.5	12	18.5	24	26.4
Don't know	7	11.7	11	11.3	2	3.1	27	29.7
Total	**60**	**100.0**	**97**	**100.0**	**65**	**100.0**	**91**	**100.0**

Note: Total percentages may exceed 100 due to multiple answers.

* This question was only asked of those who reported knowing where VCT services were available, not of those who reported knowing where HIV testing was available

Table 6.25: History of HIV Test

Have you ever been tested for HIV?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	22	5.5	7	1.8	33	8.3	8	2.0
No	378	94.5	393	98.3	367	91.8	392	98.0
Total	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 6.26: Last HIV test

When was the last time you were tested for HIV?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
In the past 12 months	11	50.0	6	85.7	24	72.7	7	87.5
>1 year	11	50.0	1	14.3	9	27.3	1	12.5
Total	**22**	**100.0**	**7**	**100.0**	**33**	**100.0**	**8**	**100.0**

Table 6.27: HIV test results obtained

Did you obtain the test results?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	22	100.0	6	85.7	32	97.0	8	100.0
No	0	0.0	1	14.3	1	3.0	0	0.0
Total	**22**	**100.0**	**7**	**100.0**	**33**	**100.0**	**8**	**100.0**

Table 6.28: Reason for not obtaining HIV test results

Why didn't you receive the test result?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Other	0	0.0	1	100.0	0	0.0	0	0.0
Don't know	0	0.0	0	0.0	1	100.0	0	0.0
Total	**0**	**0.0**	**1**	**100.0**	**1**	**100.0**	**0**	**0.0**

Table 6.29: Percentage of respondents who obtained HIV test result

Did you obtain the HIV test results?		Refugee			Host		
		15-24 Years	25-49 Years	Total	15-24 Years	25-49 Years	Total
Male	Yes	9 (100.0)	13 (100.0)	22 (100.0)	16 (100.0)	16 (94.1)	32 (97.0)
	No	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (5.9)	1 (3.0)
	Total	**9 (100.0)**	**13 (100.0)**	**22 (100.0)**	**16 (100.0)**	**17 (100.0)**	**33 (100.0)**
	Pearson Chi-square	**NA**			**0.971**		
	P value	**NA**			**1.000**		
Female	Yes	3 (75.0)	3 (100.0)	6 (85.7)	7 (100.0)	1 (100.0)	8 (100.0)
	No	1 (25.0)	0 (0.0)	1 (14.3)	0 (0.0)	0 (0.0)	0 (0.0)
	Total	**4 (100.0)**	**3 (100.0)**	**7 (100.0)**	**7 (100.0)**	**1 (100.0)**	**8 (100.0)**
	Pearson Chi-square	**0.875**			**NA**		
	P value	**1.000**			**NA**		

Note: Figures in the parenthesis represent corresponding percentages.
NA = Not applicable.

Table 6.30: Attitude regarding accessibility of HIV test

Is the HIV test accessible to all?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	386	96.5	358	89.5	388	97.0	372	93.0
No	2	0.5	18	4.5	3	0.8	11	2.8
Don't know	12	3.0	24	6.0	9	2.3	17	4.3
Total	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 6.31: Interest for going for an HIV test in the future

Would you go for an HIV test in the future?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	335	83.8	272	68.0	325	81.3	302	75.5
No	63	15.8	124	31.0	74	18.5	97	24.3
Don't know	2	0.5	4	1.0	1	0.3	1	0.3
Total	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 6.32: Reasons for not wanting to get tested for HIV in the future

Why wouldn't you go for an HIV test?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Sure of not being infected	56	86.2	117	91.4	70	93.3	83	84.7
Afraid getting an infection while taking blood	0	0.0	1	0.8	1	1.3	0	0.0
Fear of stigmatization	0	0.0	2	1.6	0	0.0	0	0.0
It's expensive	1	1.5	1	0.8	1	1.3	0	0.0
Other	1	1.5	0	0.0	0	0.0	0	0.0
Don't know	9	13.8	10	7.8	4	5.3	15	15.3
Total	**65**	**100.0***	**128**	**100.0***	**75**	**100.0***	**98**	**100.0***

Note: Total percentages may exceed 100 due to multiple answers.

7.0 Forced Sex and Domestic Violence

Table 7.1: Forced sex among female respondents

Have you ever been forced to have sex?	Refugee		Host	
	N	%	N	%
Yes	66	16.5	58	14.5
No	334	83.5	342	85.5
Total	**400**	**100.0**	**400**	**100.0**

Table 7.2: Forced sex among female respondents in the past 12 months

Have you been forced to have sex in the past 12 months?	Refugee		Host	
	N	%	N	%
Yes	43	10.7	39	9.7
No	357	89.3	361	90.3
Total	**400**	**100.0**	**400**	**100.0**

Table 7.3: Forced sex among female respondents in the past 12 months

Have you ever been forced to have sex	Refugee			Host		
	15-24 Years	25-49 Years	Total	15-24 Years	25-49 Years	Total
Yes	26 (13.0)	40 (20.0)	66 (16.5)	21 (10.5)	37 (18.5)	58 (14.5)
No	174 (87.0)	160 (80.0)	334 (83.5)	179 (89.5)	163 (81.5)	342 (85.5)
Total	**200 (100.0)**	**200 (100.0)**	**400 (100.0)**	**200 (100.0)**	**200 (100.0)**	**400 (100.0)**
Pearson Chi-square	0.235			1.392		
P value	0.747			0.312		

Note: Figures in the parenthesis represent corresponding percentages.

Table 7.4: Frequency of forced sex among female respondents in the past 12 months

How many times were you forced to have sex in the past 12 months?	Refugee		Host	
	N	%	N	%
1-2	12	27.9	12	30.8
3-4	8	18.6	6	15.4
5-9	6	14.0	9	23.1
10+	16	37.2	12	30.8
Don't know	1	2.3	0	0.0
Total	**43**	**100.0**	**39**	**100.0**

Table 7.5: Perpetrator of forced sex in the past 12 months

Who forced you to have sex in the past 12 months?	Refugee		Host	
	N	%	N	%
Spouse	30	69.8	29	74.4
Refugee male	8	18.6	1	2.6
Host male	4	9.3	11	28.2
Male friend*	2	4.7	0	0.0
Other	2	4.7	1	2.6
Total	**43**	**100.0***	**39**	**100.0***

Note: Total percentages may exceed 100 due to multiple answers.
* Community not specified

Table 7.6: Prevalence of domestic violence

Have had experienced domestic violence from your family member(s) in past 12 months?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	22	5.5	35	8.8	41	10.3	41	10.3
No	378	94.5	365	91.3	359	89.8	359	89.8
Total	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**	**400**	**100.0**

Table 7.7: Experience of verbal assault in the past 12 months

How many times did you experience verbal assault in the past 12 months?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Never	0	0.0	0	0.0	0	0.0	2	4.9
1-6 times	9	40.9	13	37.1	17	41.5	15	36.6
>6 times	13	59.1	19	54.3	20	48.8	23	56.1
Don't know	0	0.0	3	8.6	4	9.8	1	2.4
Total	**22**	**100.0**	**35**	**100.0**	**41**	**100.0**	**41**	**100.0**

Table 7.8: Experience of physical assault in the past 12 months

How many times did you experience physical assault or beating in past 12 months?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Never	6	27.3	14	41.2	19	47.5	25	61.0
1-6 times	9	40.9	7	20.6	6	15.0	9	22.0
>6 times	2	9.1	5	14.7	1	2.5	4	9.8
Don't know	5	22.7	8	23.5	14	35.0	3	7.3
Total	**22**	**100.0**	**34***	**100.0**	**40***	**100.0**	**41**	**100.0**

*** Missing data**

Family Planning

Table 8.1: History of contraceptive use

Have you and your spouse ever used anything or tried any way to delay or avoid getting pregnant?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	157	80.5	205	89.1	174	85.3	214	83.6
No	38	19.5	25	10.9	30	14.7	42	16.4
Total	**195**	**100.0**	**230**	**100.0**	**204**	**100.0**	**256**	**100.0**

Table 8.2: Current contraceptive use

Are you and your spouse currently doing something or using any method to delay or avoid getting pregnant?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Yes	137	70.3	156	67.8	152	74.5	142	55.5
No	58	29.7	74	32.2	52	25.5	114	44.5
Total	**195**	**100.0**	**230**	**100.0**	**204**	**100.0**	**256**	**100.0**

Table 8.3: Current method of contraception

Which family planning method are you and your spouse using?	Refugee				Host			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Female sterilization	21	15.3	29	18.6	30	19.7	28	19.7
Male sterilization	10	7.3	13	8.3	11	7.2	11	7.7
Oral pills	30	21.9	24	15.4	18	11.8	16	11.3
IUD	0	0.0	4	2.6	0	0.0	1	0.7
Injectibles	48	35.0	52	33.3	43	28.3	38	26.8
Implant/Norplant	2	1.5	3	1.9	5	3.3	4	2.4
Condom	13	9.5	16	10.3	22	14.5	17	12.0
Withdrawal/rhythm	13	9.5	15	9.6	22	14.5	27	19.0
Other	0	0.0	0	0.0	1	0.7	0	0.0
Total	**195**	**100.0**	**230**	**100.0**	**204**	**100.0**	**256**	**100.0**

Tables and text marked *** contain some minor discrepancies which do not reflect the overall findings or conclusions of the survey. Further information can be obtained from hivaids@unhcr.org

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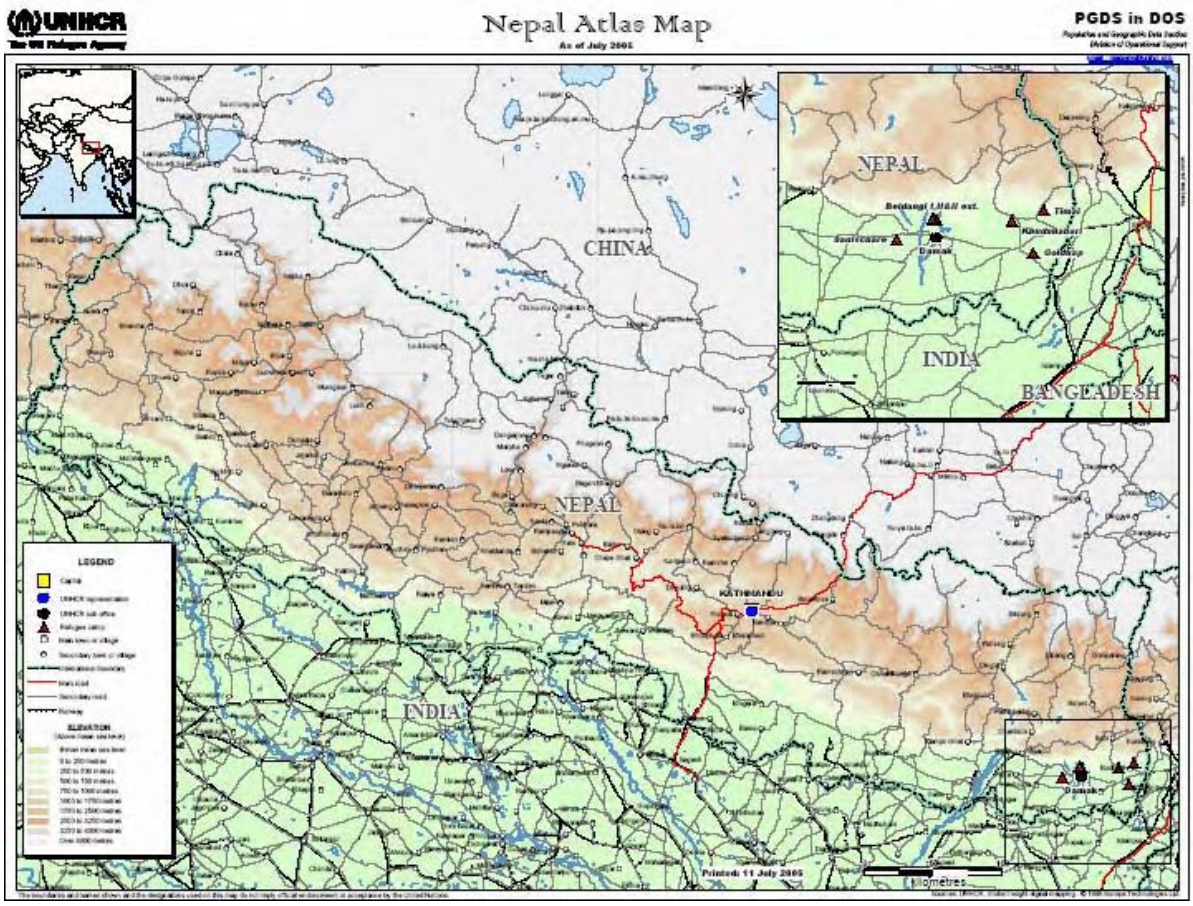
Annex I: Map of Refugee Camps in Eastern Nepal



Annex II: Sample Size Determination

The sample size of each of the groups was obtained by using the following formula presented in the "Guideline for Repeated Behavioral Surveys in Population at Risk of HIV" (FHI, 2000):

Where:

- n = required sample size of a target group for each survey round
- D = design effect
- P_1 = estimated proportion at the time of the first survey, or the initial level if the indicator in the first round of BSS
- P_2 = target proportion at some future date- expected level of the indicator in the subsequent round of the BSS
- P_2-P_1 = magnitude of change in the indicator during the period between the first round and second round of the BSS
- P = $(P_1+P_2)/2$
- $Z_{1-\alpha}$ = the z-score corresponding to desired level of significance
- $Z_{1-\beta}$ = the z-score corresponding to the desired level of power

Annex IV: Survey Questionnaire

Final

Behavioral Surveillance Survey among Bhutanese Refugees and People from Selected Host-community Sites in Eastern Nepal - 2005

AMDA/New ERA

SERIAL NUMBER OF QUESTIONNAIRE: ☐☐☐☐

INFORMED CONSENT

Namaste! My name is ……..and I am here from New ERA to collect data for a behavioural survey about HIV/AIDS. We are conducting this survey in seven Bhutanese Refugee Camps and selected host community sites in eastern Nepal. You have been selected randomly and we wish, with your permission, to interview you. Be assured that all the information we collect will be used to help us fight against AIDS in your community and region. Some of the questions asked, are of a sensitive nature but, please note that your name will not be recorded in the questionnaire, and any detail related to your privacy will be kept confidential. It will not be used in relation to registration, or any other services.

Participation in this survey is voluntary. You can choose not to answer any individual question or all of the questions. However, your participation in this survey is very important and we rely on you to provide us accurate information that will help us to develop effective activities to fight against spread of HIV/AIDS. The survey usually takes about 30 minutes to complete, but with your cooperation it can be done quickly.

At this time, do you want to ask me anything about the survey?
May I have your permission to undertake this interview? YES.....1
NO ……2

(IF NO) Why don't you want to participate?
_____

_____
_____

SIGNATURE OF INTERVIEWER: _____ DATE: 2062 /_____ / _____

RESPONDENT AGREED TO BE INTERVIEWED……..1 → PROCEED

RESPONDENT DID NOT AGREE TO BE INTERVIEWED……2 → END

IDENTIFICATION

DISTRICT ..... ☐

CAMP/ SURROUNDING AREA (Camp = 1, Surrounding area = 2) ..... ☐

NAME/CODE NUMBER OF CAMP/ SURR OUNDING AREA_____

..... ☐☐

VDC/MUNICIPALITY (VDC = 1, Municipality = 2) ..... ☐

WARD NUMBER..... ☐☐

SERIAL NUMBER OF RESPONDENT ..... ☐☐☐

SEX OF THE RESPONDENT (Male = 1, Female = 2) ..... ☐

AGE OF THE RESPONDENT (15-24 years = 1, 25-49 years = 2) ..... ☐

INTERVIEWER (NAME): _____ ☐☐ INTERVIEW DATE: _____ / _____ / 2062

SUPERVISOR (NAME): _____ ☐☐ OFFICE EDITOR (NAME): _____ ☐☐

INTERVIEW STARTING TIME: ☐☐ ☐☐

Hour Minutes

SECTION I: BACKGROUND CHARACTERISTICS

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
101.	Sex of the respondent?	Male .....1 Female 2	
102.	How old are you?	Age (completed years) ..... ☐☐	
103.	In which country were you born?	Nepal.....1 Bhutan.....2 India .....3 Others _____ .....96 (Specify)	
104.	What is your current nationality?	Nepalese.....1 Bhutanese.....2 Indian .....3 Others _____ .....96 (Specify)	
105.	Who is your head of the household?	Himself/Herself.....1 Father.....2 Mother.....3 Grandfather .....4 Grandmother .....5 Brother/Sister .....6 Husband.....7 Others _____ .....96 (Specify)	
106.	What is your family's main source of livelihood?	Agriculture .....1 Business/Trade .....2 Job/Service (regular).....3 Labor/Wage earning.....4 Support from humanitarian agencies.5 Others _____ .....96 (Specify)	
107.	What is your religion?	Hindu.....1 Buddhist .....2 Christian .....3 Muslim.....4 Others _____ .....96 (Specify)	

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
108.	In which ethnic/caste group do you belong?	Brahmin.....1 Chhetri/Thakuri.....2 Rai/Limbu/Magar/Gurung/Tamang/ Sherpa.....3 Damai/Kami/Sarki/Pode/Chamar/ Satar/Dusad/Paswan.....4 DK .....98 Others _____ .....96 (Specify)	
109.	Have you ever attended school? (DIFFERENT FROM LITERACY PROGRAM /INFORMAL EDUCATION)	Yes.....1 No.....2	→111
110.	What is the highest level/grade you completed?	Grade (completed grade/class).☐☐	
111.	How long have you been living in this place? (RECORD IN MONTHS)	Months..... ☐☐☐ DK 98	
112.	Have you been away from this place for continuous one month or more in the past 12 months?	Yes.....1 No.....2	→114
113.	Have you been away from this place for one month or more in the past 12 months?	Yes.....1 No.....2	→ 115
114.	What was/were the reason(s) for you to be away from this place for one month or more in the past 12 months? (MULTIPLE ANSWER POSSIBLE. PROBE AND RECORD ALL REPORTED)	Work-related.....1 Family-related.....2 Political/security reasons.....3 School-related .....4 In jail.....5 Health-related.....6 Business.....7 Other _____ .....96 (Specify)	
115.	ASK TO REFUGEE RESPONDENT: How often do you go to the surrounding community to visit? ASK TO HOST-COMMUNITY RESPONDENT: How often do you go to refugee camp to visit?	Never.....1 Less than once a month .....2 Once a month.....3 Once a week .....4 More than once a week .....5 Almost every day.....6	→ 117

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
116.	ASK TO REFUGEE RESPONDENT: Why do you visit the surrounding community? ASK TO HOST-COMMUNITY RESPONDENT: Why do you visit the refugee camp? (MULTIPLE ANSWER POSSIBLE. PROBE AND RECORD ALL REPORTED)	Shopping/ Market .....1 Health care .....2 School/campus .....3 Job (formal/informal) .....4 Entertainment .....5 Visit relative/friend .....6 Business .....7 Other _____ .....96 (Specify)	
117.	What is your current marital status?	Currently married .....1 Never married .....2 → 201 Divorced/separated .....3 Widow/ Widower 4	
118.	Have you married once or more than once ?	Once .....1 More than once 2	
119.	How old were you when you first married?	Age (in completed years) ..... ☐☐ DK 98	
120.	ASK TO FEMALE RESPONDENTS: How many sons and daughters have you given birth to? ASK TO MALE RESPONDENTS: How many sons and daughters have you fathered to?	Number of sons ..... ☐☐ Number of daughters ..... ☐☐ Total number of children ..... ☐☐	
121.	Have you/your husband ever used anything or tried any way to delay or avoid getting pregnant?	Yes .....1 No .....2 → 201	
122.	CHECK Q119: ASK ONLY TO 'Currently married'. OTHERWISE GO TO Q201. Are you /your husband currently doing something or using any method to delay or avoid getting pregnant?	Yes .....1 No .....2 → 124	

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
123.	Which method are you or your husband using? (MULTIPLE ANSWER POSSIBLE. PROBE AND RECORD ALL REPORTED)	Female sterilization .....1 Male sterilization.....2 Pill .....3 IUD .....4 Injectables .....5 Implant/Norplant .....6 Condom.....7 Withdrawal/Rhythm method .....8 Other _____ .....96 (Specify)	201
124.	Can you tell me why you and your husband are not using a family planning method?	Infrequent/not having sex .....1 Spouse away from home.....2 Menopausal/Hysterectomy.....3 Fatalistic/Up to God.....4 Respondent opposed .....5 Spouse opposed .....6 Religious prohibition.....7 Knows no method.....8 Knows no source.....9 Health concerns .....10 Fear of side effect .....11 Lack of access/Too far .....12 Cost too much .....13 Other _____ .....96 (Specify) Don't know 98	

SECTION II: MALE & FEMALE CONDOMS

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
201.	Have you ever heard of male condoms? (PROB: CONDOMS TO BE USED BY MEN)	Yes ..... 1 No ..... 2 →	206
202.	What do you think condoms are used for? (MULTIPLE ANSWER POSSIBLE. PROBE AND RECORD ALL REPORTED)	Protects against STI/HIV/AIDS ..... 1 Pretect from STI ..... 2 Prevents pregnancy ..... 3 Family Planning ..... 4 DK ..... 98 Other _____ ... 96 (Specify)	
203.	Where can you/a person get condoms from? (MULTIPLE ANSWER POSSIBLE. PROBE AND RECORD ALL REPORTED)	Pharmacy ..... 1 Government health facility ..... 2 At the market ..... 3 From friends ..... 4 At the shop ..... 5 Community health worker ..... 6 NGO/NGO worker ..... 7 DK ..... 98 Other _____ ... 96 (Specify)	
204.	How easy is it to obtain a condom from this place?	Easy ..... 1 → Difficult ..... 2 It depends ..... 3 →	206 206
205.	What are the constraints to obtaining a condom? *(MULTIPLE ANSWER POSSIBLE. PROBE AND RECORD ALL REPORTED)*	Too far away (geographical access) 1 It's expensive ..... 2 Time constraint ..... 3 Not available ..... 4 Fear of being seen ..... 5 Health worker's attitude ..... 6 DK ..... 98 Other _____ ... 96 (Specify)	
206.	Have you ever heard of a female condom? (PROBE: CONDOM TO BE USED BY WOMEN)	Yes ..... 1 No ..... 2 →	 301
207.	What do you think female condoms are used for? (MULTIPLE ANSWER POSSIBLE. PROBE AND RECORD ALL REPORTED)	Protects against STI/HIV/AIDS ..... 1 Pretect from STI ..... 2 Prevents pregnancy ..... 3 Family Planning ..... 4 DK ..... 98 Other	

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
		_____ ... 96 (Specify)	
208.	Would you/your partner be willing to use female condom if available?	Yes ..... 1 No ..... 2 No need at present..... 3 DK..... 98 Other _____ ... 96 (Specify)	

SECTION III: SEXUAL RISK BEHAVIOUR

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
301.	Have you ever had sexual intercourse? (PROBE AND CONFIRM)	Yes ..... 1 No ..... 2 →	401
302.	At what age did you first have sexual intercourse?	Age (in completed years) ..... ☐☐ DK 98	
303.	Have you had sexual intercourse in the past 12 months?	Yes ..... 1 No 2	
A.	*REGULAR PARTNERS* DEFINITION: A regular partner is defined as spouse or live-in sexual partner with whom one has regular sexual relationship. This definition excludes non-regular or occasional/accidental sexual partner and transsexual partner.		
304.	Have you ever had a regular (sexual) partner?	Yes ..... 1 No ..... 2 →	314
305.	How many regular partners have you ever had in your life?	Number (regular partners)..... ☐☐ DK 98	
306.	Did you have regular partner you had sex with in the past 12 month?	Yes ..... 1 No ..... 2 →	314
307.	How many regular partners did you have sex with in the past 12 months?	Number ..... ☐☐ DK 98	
308.	How often did you use condoms while having sexual intercourse with your regular partner(s) in the past 12 months?	Every time ..... 1 Most of the times ..... 2 Some times ..... 3 Never ..... 4 →	311
309.	Was a condom used during the LAST TIME you had sex with your last/current regular partner?	Yes ..... 1 No ..... 2 →	311
310.	Who suggested the use of a condom at the last time you had sex with your regular partner?	My partner ..... 1 Myself ..... 2 Joint decision 3	312
311.	Why was a condom not used during the last time you had sex with your last/current regular partner? (MULTIPLE ANSWER POSSIBLE. PROBE AND RECORD ALL REPORTED)	Not available ..... 1 Too expensive ..... 2 Partner objected ..... 3 Don't like them ..... 4 Used other contraceptive ..... 5 I trust my partner ..... 6 Didn't think it was necessary ..... 7 Don't know what condom is ..... 8 DK ..... 98 Other_____ 96	

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
		(Specify)	
312.	What is the nationality of your last/current regular partner?	Nepali ..... 1 Bhutanese ..... 2 Indian ..... 3 DK ..... 98 Others _____ ..... 96 (Specify)	
313.	How old was/is your last/current regular partner?	Age (in completed years) ..... ☐☐ DK 98	

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
B. NON REGULAR (OCCASIONAL) PARTNERS DEFINITION: A non regular partner is defined as any sexual partner different from the one with whom one lives and does not pay for sex. This definition includes occasional and accidental sexual partners, who can be both familiar and unacquainted sexual partners irrespective of duration of sexual contact.			
314.	Have you ever had sex with a non-regular partner? (PROBE AND CONFIRM)	Yes ..... 1 No ..... 2 →	325
315.	Have you had sex with a non-regular partner in the past 12 months?	Yes ..... 1 No ..... 2 →	325
316.	How many non-regular partners did you have sex with in the past 12 months?	Number ..... ☐☐ DK ..... 98 →	319
317.	Out of (NUMBER FROM Q316) your non-regular partners, how many were from the refugee camp?	Number (from the camp) ..... ☐☐ DK 98	
318.	Out of (NUMBER FROM Q316) your non-regular partners, how many were from the surrounding community?	Number (from community) ..... ☐☐ DK 98	
319.	How often did you use condoms while having sex with your non-regular partner(s) in the past 12 months?	Every time ..... 1 Most of the times ..... 2 Some times ..... 3 Never ..... 4 →	322
320.	Did you use a condom at the last time while having sex with your non-regular partner?	Yes ..... 1 No ..... 2 →	322
321.	Who suggested the use of a condom during the last time you had sex with your non-regular partner?	My partner ..... 1 Myself ..... 2 Joint decision 3	323
322.	Why was a condom not used during the last time you had sex with your non-regular partner? (MULTIPLE ANSWER POSSIBLE. PROBE AND RECORD ALL REPORTED)	Not available ..... 1 Too expensive ..... 2 Partner objected ..... 3 Don't like them ..... 4 Used other contraceptive ..... 5 Didn't think it was necessary ..... 6 Don't know what condom is ..... 7 Unplanned sex ..... 8 DK ..... 98 Other_____ ..... 96 (Specify)	
323.	How long ago did you have sex with a non-	Days ago ..... ☐☐	

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
	regular partner for the last time? (WRITE IN DAYS IF LESS THAN 30 DAYS, AND IN MONTHS IF LESS THAN 12 MONTHS)	Months ago ..... ☐☐ DK 98	
324.	Who was/were your non-regular partner)s) you had sex with in the past 12 months? (MULTIPLE ANSWER POSSIBLE. PROBE AND RECORD ALL REPORTED)	Refugee ..... 1 Person from local community ..... 2 Army/Police ..... 3 Humanitarian worker ..... 4 DK ..... 98 Other_____ ..... 96 (Specify)	
	C. <u>TRANSEXUAL PARTNERS</u> DEFINITION: A transactional partner is defined as a sexual partner from/to whom one takes/pays money, goods or gift for sexual intercourse. It is different from the partner with whom one lives as spouse or live in partner or non-regular partners.		
325.	Have you ever had sex in exchange for money/goods/gift? (PROBE AND CONFIRM)	Yes ..... 1 No ..... 2 →	401
326.	Have you had sex in exchange for money/goods/gift in the past 12 months?	Yes ..... 1 No ..... 2 →	401
327.	How many persons did you have sex with in the past 12 months in exchange for money/goods/gift?	Number ..... ☐☐ DK ..... 98 →	401
328.	Out of (NUMBER FROM Q327) your partners you had sex with in the past 12 months for exchange of money/goods/gift, how many were from refugee camps?	Yes ..... 1 No 2	
329.	Out of (NUMBER FROM Q327) your partners you had sex with in the past 12 months for exchange of money/goods/gift, how many were from surrounding community?	Yes ..... 1 No 2	
330.	How often did you use condoms while having sex in the past 12 months in exchange for money/goods/gift?	Every time ..... 1 Most of the times ..... 2 Some times ..... 3 Never ..... 4 →	333
331.	Was a condom used during the last time you had sex with in exchange for money/goods/gift?	Yes ..... 1 No ..... 2 →	333
332.	Who suggested the use of a condom?	The partner ..... 1 Myself 2	334

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
		Joint decision 3	
333.	Why was a condom not used during the last time you had sex in exchange for money/ gift? (MULTIPLE ANSWER POSSIBLE. PROBE AND RECORD ALL REPORTED)	Not available ..... 1 Too expensive..... 2 Partner objected..... 3 Don't like them ..... 4 Used other contraceptive ..... 5 Trust my partner..... 6 Didn't think of using one..... 7 Don't know what condom is..... 8 Irregular sexual contact..... 9 Unplanned sex ..... 10 DK..... 98 Other_____ ..... 96 (Specify)	
334.	Who did you have sex with in exchange for money/goods/gift in the past 12 months? (MULTIPLE ANSWER POSSIBLE. PROBE AND RECORD ALL REPORTED)	Refugee ..... 1 Person from local community..... 2 Army/Police..... 3 Humanitarian worker..... 4 Sex worker ..... 5 DK..... 98 Other_____ ..... 96 (Specify)	
335.	How long ago did you have sex in exchange for money/goods/gift for the last time? (WRITE IN DAYS IF LESS THAN 30 DAYS; AND IN MONTHS IF LESS THAN 12 MONTHS)	Days ago ..... ☐☐ Months ago ..... ☐☐ DK..... 98	
336.	Who was your last sexual partner you had sex with in exchange for money/goods/gift ?	Refugee ..... 1 Person from local community..... 2 Army/Police..... 3 Humanitarian worker..... 4 Sex worker ..... 5 DK..... 98 Other_____ ..... 96 (Specify)	

SECTION IV: SEXUAL ABUSE, DRUG USE AND OTHER RISK BEHAVIOR

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
401.	Have you ever been forced to have sex?	Yes ..... 1 No ..... 2 →	407

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
402.	Have you been forced to have sex in the past 12 months?	Yes ..... 1 No ..... 2 → 407	
403.	How many times were you forced to have sex in the past 12 months?	Times ..... ☐☐ DK/No response..... 98	
404.	Among the persons who forced you to have sex in the past 12 months, was any from the surrounding community?	Yes..... 1 No 2	
405.	Among the persons who forced you to have sex in the past 12 months, was any from the refugee camp?	Yes..... 1 No 2	
406.	Who forced you to have sex in the past 12 months? (MULTIPLE ANSWER POSSIBLE. PROBE AND RECORD ALL REPORTED)	Spouse..... 1 Refugee ..... 2 Person from local community..... 3 Army/Police..... 4 Humanitarian worker..... 5 Unknown person ..... 6 DK..... 98 Other_____ ..... 96 (Specify)	
407.	Have you taken any drink containing alcohol-such as, *Jaand, Raksi*, Beer, Rum, whisky, wine, *Tongba, Taadi* in the past 30 days (one month)?	Yes..... 1 No ..... 2 → 412	
408.	During the past 4 weeks, how often days did you take the drinks containing alcohol?	Almost every day ..... 1 More than once a week..... 2 About once a week..... 3 Less than once a week 4	
409.	CHECK ANSWER OF Q301: HAS THE RESPONDENT EVER HAD SEXUAL INTERCOURSE?	Yes..... 1 No ..... 2 → 412	
410.	Have you ever had sexual intercourse under the influence of alcohol?	Yes..... 1 No ..... 2 → 412	
411.	Was a condom used at the last time you had sexual intercourse under the influence of	Yes..... 1 No 2	

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
	alcohol?	DK/Not sure 3	
412.	(DO NOT CONSIDER DRUG INJECTED/TAKEN FOR MEDICAL TREATMENT OF AN ILLNESS) Some people use drugs, such as *Ganja, Bhang*, Heroine, Crack or other drugs for non-medical purpose. Have you ever taken of such drugs?	Yes..... 1 No ..... 2 →	424
413.	Have you taken any of such drugs in the past 12 months?	Yes..... 1 No ..... 2 →	424

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
414.	Some people take drug in various ways. Of the following, in which way(s) have you taken drugs in the past 12 month? 1. Injection 2. Inhalation 3. Smoking 4. Orally 5. Other _____ (Specify)	Yes / No 1. Injection 1 2 2. Inhalation 1 2 3. Smoking 1 2 4. Orally 1 2 5. Other 1 2	422
415.	(CHECK Q414: ASK Q415-421 ONLY IF THE RESPONDENT HAS TAKEN DRUGS THROUGH INJECTION. OTHERWISE GO TO Q422) Have you used same syringe more than once while injecting drugs in the past 12 months?	Yes ..... 1 No ..... 2 →	417
416.	At the last time you injected drugs with a syringe used by yourself, did you clean the syringe before its re-use? If yes, how did you clean it the last time?	Did not clean ..... 0 Cleaned, with cold water ..... 1 Cleaned, by boiling ..... 2 Cleaned, by bleaching ..... 3 Cleaned, with alcohol ..... 4 Cleaned, with saliva ..... 5 DK/No response ..... 98 Other_____ ..... 96 (Specify)	
417.	Have you shared a syringe (given or taken used syringe) with other people/friends in the past 12 months?	Yes ..... 1 No ..... 2 →	422
418.	At the last time you injected drugs in group, how many people/friends shared the same syringe?	Number of people..... ☐☐ DK/No response 98	
419.	At the last time you shared a syringe with your friend(s), did you clean the syringe used by others before you used it? If yes, how did you clean it the last time?	Did not clean ..... 0 Cleaned, with cold water ..... 1 Cleaned, by boiling ..... 2 Cleaned, by bleaching ..... 3 Cleaned, with alcohol ..... 4 Cleaned, with saliva ..... 5 DK/No response ..... 98 Other_____ ..... 96 (Specify)	

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
420.	Among your friends with whom you shared syringe in the past 12 months, was any person from the refugee camp?	Yes..... 1 No 2	
421.	Among your friends with whom you shared syringe in the past 12 months, was any person from the surrounding community?	Yes..... 1 No 2	

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
CHECK ANSWER OF Q409: ASK Q422-434 ONLY IF THE RESPONDENT EVER HAD SEXUAL INTERCOURSE. OTHERWISE GO TO Q501.			
422.	Have you ever had sexual intercourse under the influence of drugs in the past 12 months?	Yes ..... 1 No ..... 2 →	424
423.	Was a condom used at the last time you had sexual intercourse under the influence of drugs?	Yes ..... 1 No ..... 2 DK/Not sure 3	
IF THE RESPONDENT IS MALE ASK Q424-435. IF THE RESPONDENT IS FEMALE GO TO Q501.			
424.	Have you ever had a male sexual partner?	Yes ..... 1 No ..... 2 →	501
425	Have you had sexual intercourse with a male partner in the past 12 months?	Yes ..... 1 No ..... 2 →	501
426.	How many male partners did/have you have/had sex with in the past 12 months?	Number ..... ☐☐ DK ..... 98 →	432
427	How often did you use condoms while having sex with your male partners in the past 12 months?	Most of the times ..... 1 Sometimes ..... 2 Almost every time ..... 3 Only onc time 4	
428	How many times you have sex with male partner(s) in the past 12 months?	Many times ..... 1 Times ..... ☐☐ DK/No response 98	
429.	Among your male partners with whom you had sexual intercourse in the past 12 months, was any partner from the refugee camp?	Yes ..... 1 No ..... 2 DK/No response 98	
430.	Among your male partners with whom you had sexual intercourse in the past 12 months, was any partner from the host community sites?	Yes ..... 1 No ..... 2 DK/No response 98	
431.	How long ago did you have sex with your male partner for the LAST TIME? (WRITE IN DAYS IF LESS THAN 30 DAYS; IN MONTHS IF LESS THAN 12 MONTHS; OTHERWISE WRITE IN YEARS)	Days ago ..... ☐☐ Months ago ..... ☐☐ Years ago ..... ☐☐ DK 98	
432.	Was a condom used during the last time you had sex with a male partner?	Yes ..... 1 No ..... 2 →	434
433.	Who suggested the use of a condom?	The partner ..... 1 Myself ..... 2 Joint decision 3	501
434	Why didn't you and your male partner use a condom the last time you had sex?	Not available ..... 1 Too expensive ..... 2 Partner objected ..... 3 Don't like them 4	

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
		Don't know what condom is..... 5 I trusted my partner ..... 6 Unplanned sex ..... 7 DK ..... 98 Other_____ ..... 96 (Specify)	

SECTION V: SEXUALLY TRANSMITTED INFECTIONS

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
501.	Have you heard about the diseases that can be transmitted through sexual intercourse?	Yes ..... 1 No ..... 2 → 504	
502.	If a man has a sexually transmitted disease, what symptoms might he have? (MULTIPLE ANSWER POSSIBLE. PROBE AND RECORD ALL REPORTED)	Genital sores/ Ulcers/Blister ..... 1 Genital discharge/ Dripping ..... 2 Burning sensation on urination ..... 3 Redness/ Inflammation in genital area ..... 4 Genital warts ..... 5 Genital itching ..... 6 Blood in urine ..... 7 Swelling in groin area ..... 8 DK ..... 98 Other_____ ..... 96 (Specify)	
503.	If a woman has a sexually transmitted disease, what symptoms might she have? (MULTIPLE ANSWER POSSIBLE. PROBE AND RECORD ALL REPORTED)	Genital sores/ Ulcers/Blister ..... 1 Genital discharge/Dripping ..... 2 Burning pain on urination ..... 3 Redness/ Inflammation in genital area ..... 4 Genital warts ..... 5 Genital itching ..... 6 Blood in urine ..... 7 Swelling in genital area ..... 8 Abdominal pain ..... 9 Foul smelling discharge ..... 10 Hard to get pregnant/ have a child . 11 DK ..... 98 Other_____ ..... 96 (Specify)	
504.	Have you had following symptoms during the past 12 months? 1. Genital sores/ Ulcers/Blister 2. Genital discharge? 3. Burning pain on urination? 4. Redness/ Inflammation in genital area? 5. Genital warts? 6. Genital itching? 7. Blood in urine? 8. Swelling in genital area/Groin area? ASK ONLY TO FEMALE RESPONDENT:	Yes No DK 1. Genital sores……1 2 98 2. Genital discharge…. 1 2 98 3. Burning pain…….1 2 98 4. Redness……..1 2 98	

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
	9. Abdominal pain? 10. Foul smelling discharge?	5. Genital warts…….1 2 98 6. Genital itching…….. 1 2 98 7. Blood in urine…….1 2 98 8. Swelling in genital… 1 2 98 9. Abdominal……..1 2 98 10. Foul smelling …….1 2 98	

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
	CHECK Q504: ASK Q505-509 ONLY IF THE ANSWER IS 'YES' FOR AT LEAST ONE SYMPTOM IN Q504. OTHERWISE GO TO Q601.		
505.	(REFER ANSWERS IN Q504 WHILE ASKING Q505) Do you have the following symptoms now? 1. Genital sores/ Ulcers/Blister 2. Genital discharge? 3. Burning pain on urination? 4. Redness/ Inflammation in genital area? 5. Genital warts? 6. Genital itching? 7. Blood in urine? 8. Swelling in genital area/Groin area? 9. Abdominal pain? 10. Foul smelling discharge?	Yes No DK 1. Genital sores…….1 2 98 2. Genital discharge…. 1 2 98 3. Burning pain…….1 2 98 4. Redness……..1 2 98 5. Genital warts…….1 2 98 6. Genital itching…….. 1 2 98 7. Blood in urine……1 2 98 8. Swelling in genital… 1 2 98 9. Abdominal……..1 2 98 10. Foul smelling …….1 2 98	
506.	For how long have you been suffering from (REFER Q505 FOR THE SYMPTOMS) the symptom(s) which you have now? (WRITE IN DAYS IF LESS THAN 30 DAYS; IN MONTHS IF LESS THAN 12 MONTHS)	Days ago ..... ☐☐ Months ago ..... ☐☐ DK 98	
507.	During the past 12 months when you had such symptom(s), did you seek for treatment?	Yes ..... 1 No ..... 2 → 510	
508.	During the past 12 months when you had such symptom(s), where did you go FIRST to seek for treatment?	Public sector Government hospital ..... 1 Government health facility/Clinic ..... 2 Government mobile clinic ..... 3 Other (Government) _____ ..... 95 (Specify Private Sector Private hospital/ Clinic ..... 4 Pharmacy ..... 5 Private medical doctor 6	

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
		NGO clinic/mobile clinic ..... 7 Traditional healer ..... 8 Other private _____ ..... 94 (Specify)	
509.	What treatment/service did you received while you visited (REFER THE PLACE FROM Q508)? (MULTIPLE ANSWER POSSIBLE. PROBE AND RECORD ALL REPORTED)	No thing..... 0 Blood/urine test ..... 1 Medicine..... 2 Counselling/advice ..... 3 Other_____ ..... 96 (Specify)	
510.	CHECK Q409: ASK Q510 ONLY IF THE RESPONDENT EVER HAD SEXUAL INTERCOURSE. OTHERWISE GO TO Q601) During the last time you had above symptom(s) did you inform your sexual partner(s)?	Yes (all of them)..... 1 Yes (only some of them) ..... 2 No ..... 3 Yes (husband/wife) 4	

SECTION VI: KNOWLEDGE, OPINIONS AND ATTITUDES TOWARD HIV/AIDS

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
601.	Have you ever heard of disease called HIV/AIDS? (PROBE AND CONFIRM)	Yes ..... 1 No ..... 2 →	→ 701
602.	From where (whom/which mode) did you usually hear/see/learn about HIV/AIDS in the past 12 months? (MULTIPLE ANSWER POSSIBLE. PROBE AND RECORD ALL REPORTED)	Radio ..... 1 TV ..... 2 Newspaper ..... 3 Government health facility/workers .. 4 NGO/NGO worker ..... 5 Humanitarian agency/worker ..... 6 Community health worker/Volunteer 7 Friend/Relative ..... 8 School/Teacher ..... 9 Poster/pamphlet ..... 10 Street drama ..... 11 Bill-board/hoarding board ..... 12 Cinema hall ..... 13 DK ..... 98 Other_____ ..... 96 (Specify)	
603.	Do you think there is more risk of being infected with HIV/AIDS in the refugee camp or in the surrounding local community?	Refugee camp ..... 1 Surrounding local community ..... 2 DK 98	
604.	Do you know anyone who has died of AIDS in refugee camp?	Yes ..... 1 No ..... 2 DK 98	
605.	Do you know anyone who has died of AIDS in refugee surrounding community?	Yes ..... 1 No ..... 2 DK 98	
606.	Can HIV virus be transmitted from one person to another through the following mode/activities? 1. Having sex with multiple partners? 2. Having sex with sex workers? 3. Not using condom during casual sex? 4. Through homosexual contact? 5. Taking untested blood? 6. Through kissing? 7. Through mosquito bites? 8. Sharing sharp objects like razor blades with infected persons?	Yes No DK 1. Sex with multiple 1 2 98 2. Sex with prostitutes 1 2 98 3. Not using condom 1 2 98 4. Homosexual contact 1 2 98 5. Untested blood 1 2 98 6. Kissing 1 2 98 7. Mosquito bites 1 2	

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
	9. Sharing unsterilised/reusing needles? 10. Sharing toilets with infected persons? 11. Sharing eating utensils/foods with infected persons?	98 8. Sharp objects 1 2 98 9. Unsterilised/reusing 1 2 98 10. Sharing toilets 1 2 98 11. Sharing utensils/foods 1 2 98	
607.	Is there any thing a person can do to avoid getting HIV/AIDS?	Yes ..... 1 No ..... 2 DK 98	609
608.	What can a person do to avoid getting HIV/AIDS? (MULTIPLE ANSWER POSSIBLE. PROBE AND RECORD ALL REPORTED)	Abstain from sex ..... 1 Use condom ..... 2 Limit sex/Stay faithful to one partner 3 Limit number of sexual partner ..... 4 Avoid sex with prostitutes ..... 5 Avoid sex with person who have many partners ..... 6 Avoid sex with MSM ..... 7 Avoid sex with person who inject drug intravenous ..... 8 Avoid blood transfusion ..... 9 Avoid injection ..... 10 Avoid sharing razors/ blades ..... 11 Avoid kissing ..... 12 Avoid mosquito bites ..... 13 Take medicine ..... 14 Seek protection from traditional practitioners ..... 15 DK ..... 98 Other_____ ..... 96 (Specify)	
609.	Is it possible for a healthy-looking person to have the HIV virus?	Yes ..... 1 No ..... 2 DK 98	
610.	Can a pregnant woman with HIV/AIDS, transmit the virus to her unborn child during pregnancy?	Yes ..... 1 No ..... 2 DK 98	
611.	Can a pregnant woman with HIV/AIDS transmit the virus to her baby during delivery?	Yes ..... 1 No 2	

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
		DK 98	
612.	Can a woman with HIV/AIDS transmit the virus to her baby during breastfeeding?	Yes ..... 1 No ..... 2 DK 98	
613.	Where would you like us to talk about HIV/AIDS? (MULTIPLE ANSWER POSSIBLE. PROBE AND RECORD ALL REPORTED)	Do not want from anything ..... 0 Radio ..... 1 TV ..... 2 Newspaper ..... 3 Government health facility/workers .. 4 NGO/NGO worker ..... 5 Humanitarian agency/worker ..... 6 Community health worker/Volunteer 7 Friend/Relative ..... 8 School/Teacher ..... 9 Poster/pamphlet ..... 10 Street drama ..... 11 Bill-board/hoarding board ..... 12 Cinema hall ..... 13 DK ..... 98 Other_____ ..... 96 (Specify)	
614.	If a member of your community got infected with the virus that causes AIDS, would you want it to remain a secret?	Yes (Keep it secret) ..... 1 No ..... 2 DK 98	
615.	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret?	Yes (Keep it secret) ..... 1 No ..... 2 DK 98	
616.	If a female member of your family became sick with the virus that causes AIDS, would you be willing to care for her in your own household?	Yes ..... 1 No ..... 2 DK 98	
617.	If a male member of your family became sick with the virus that causes AIDS, would you be willing to care for him in your own household?	Yes ..... 1 No ..... 2 DK 98	
618.	If a person got infected with the virus that causes AIDS, should he/ she be allowed to stay in his/her work place?	Yes ..... 1 No ..... 2 DK 98	
619.	Can the green vegetables sold by a shopkeeper infected with HIV be fresh/safe?	Yes ..... 1 No ..... 2 DK 98	
620.	What you think, should a teacher infected with HIV be allowed to continue teaching in school?	Yes ..... 1 No ..... 2 DK 98	
621.	Would you willing to participate in HIV awareness programs if launched in your	Yes ..... 1 No 2	

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
	community?	DK 98	
622.	Would you willing to send your other family members to participate in HIV awareness programs if launched in your community?	Yes ..... 1 No ..... 2 DK 98	
623.	Should young adolescents be taught on how to use condoms?	Yes ..... 1 No ..... 2 DK 98	

SECTION VII: KNOWLEDGE AND ACCESSIBILITY OF SERVICES

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
701.	Do you know a place where a person can be tested for HIV?	Yes ..... 1 No ..... 2 →	706
702.	Where can a person get an HIV test? (MULTIPLE ANSWER POSSIBLE. PROBE AND RECORD ALL REPORTED)	<u>Public sector</u> Government hospital ..... 1 Government health facility/Clinic ..... 2 Government mobile clinic ..... 3 Other (Government) _____ ..... 95 (Specify <u>Private Sector</u> Private hospital ..... 4 Private clinic ..... 5 Pharmacy ..... 6 Private medical doctor ..... 7 Private/NGO mobile clinic ..... 8 NGO/INGO clinic ..... 9 Traditional healer ..... 10 DK ..... 98 Other_____ ..... 96 (Specify)	
703.	Do you know where a person can receive HIV Voluntary Counselling Test (VCT)?	Yes ..... 1 No ..... 2 →	706
704.	Do VCT services exist locally and/or in refugee camp? (MULTIPLE ANSWER POSSIBLE. PROBE AND RECORD ALL REPORTED)	Locally ..... 1 In refugee camp ..... 2 DK 98	

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
705.	Where did you learn that such services exist? (MULTIPLE ANSWER POSSIBLE. PROBE AND RECORD ALL REPORTED)	School ..... 1 Health services ..... 2 Information transmission ..... 3 Posters ..... 4 Community health workers ..... 5 Sign post/ board ..... 6 Friends/relatives ..... 7 DK/Can't remember ..... 98 Other _____ ... 96 (Specify)	
706.	Have you ever been tested for HIV? (STATE THAT you do not want to know the result of the test)	Yes ..... 1 No ..... 2 →	710
707.	When was the last time you were tested for HIV? (WRITE IN DAYS IF LESS THAN 30 DAYS; AND IN MONTHS IF 1 MONTH OR MORE)	Days ago ..... ☐☐ Months ago ..... ☐☐ DK/Can't say 98	
708.	I don't need your test result. Did you obtain the result of the test?	Yes ..... 1 → No ..... 2 Don't know/can't remember 98	710
709.	Why didn't you receive the test result?	Sure of not being infected.....1 Afraid for the result ……2 Feel it not necessary……3 Forgot it……4 DK ..... 98 Other_____ ..... 96 (Specify)	
710.	Would you go for HIV test in the future?	Yes ..... 1 → No ..... 2 Don't know/not sure 98	712
711.	Why don't you want to go for a test?	Sure of not being infected ..... 1 Afraid for the result ..... 2 Afraid for the blood taking ..... 3 Afraid for catching an infection ..... 4 Fear of stigmatisation ..... 5 Its expensiveness ..... 6 DK ..... 98 Other_____ ..... 96 (Specify)	

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
712.	Is the test accessible to all?	Yes..... 1 No ..... 2 DK..... 98	
713.	What is your employment status?	Employed.....1 Not employed.....2	 715
714.	What is your main occupation or what kind of work do you mainly do? (WRITE THE TYPE OF WORK, AND FILL UP THE BOX WITH APPROPRIATE CODE NUMBER)	Work_____..... ☐☐ (Specify)	

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP
715.	Now I am going to talk something different. Some people may have experienced domestic violence such as verbal assault (threat to death, economic exclusion, exclusion from the family etc.) and physical assault such as beating. Have you experienced any of such assault from your family member(s) in the past 12 months?	Yes..... 1 No ..... 2 DK/No response..... 98	→ 716 END
716.	How many times did you experience such verbal assault in the past 12 months?	Times ..... ☐☐ Very often/frequently ..... 97 DK/No response..... 98	
717.	How many times did you experience such physical assault or beating in the past 12 months?	Times ..... ☐☐ Very often/frequently ..... 97 DK/No response..... 98	

INTERVIEW COMPLETION TIME: ☐☐ ☐☐

Hour

Minutes

THANK YOU FOR TAKING TIME TO ANSWER TO OUR QUESTIONS, WE APPRECIATE YOUR HELP!