

Integrated Biological and Behavioral Surveillance (IBBS) Survey among Street-Involved Children and Youths in Three Districts of Kathmandu Valley of Nepal, 2016

(Round I)

Brief Description of the Survey

Nepal is categorized as a country facing a concentrated HIV epidemic. The National Centre for AIDS and STD Control (NCASC) has estimated that there were 39,249 PLHIV in Nepal in 2014 with adult HIV prevalence of 0.20% (NCASC, 2014). The spread of Human Immunodeficiency Virus (HIV) is concentrated among Key Affected Populations (KAPs) comprising of people who inject drugs (PWIDs), men who have sex with men (MSM), labor migrants and spouses, and Female Sex Workers (FSWs). The transmission of HIV is largely driven by KAPs and consequential health-risk behaviors. The Integrated Biological and Behavioral Surveillance (IBBS) survey is a descriptive serial cross-sectional survey conducted to monitor trends in HIV and STI prevalence and to assess behavioral information from high-risk groups. Behavioral surveillance is the systematic and ongoing collection of data about risk behaviors related to disease and health conditions, with the purpose of correlating trends in behavior with changes in disease over time. In biological surveillance, biological samples are collected and tested for HIV and other related illnesses. The National Center for AIDS and STD Control (NCASC) aims to track patterns in HIV incidence and prevalence, STI-related awareness, and risk behaviors among high-risk populations in Nepal. A standardized format of the questionnaire is used for each group, which is repeated with relevant modification in the following rounds of the survey to explore behavioral changes over time (NCASC, 2016).

The National HIV/AIDS Strategy 2006 – 2011 has been endorsed by the government of Nepal. The National HIV/AIDS Action Plan 2008 – 2011 was developed subsequently and endorsed as a subset of the national strategy. In both documents, the agenda of children was not properly captured and taken forward. Nepal's National Strategy has overlooked

the actual needs in this area. Nepal's national strategy (2008-2011), neither sufficiently includes protection, care, to children affected by Aids (CABA) and orphans and vulnerable children (OVC) nor does it address socioeconomic support, educational support, or psychosocial support to CABA OVC who have lost both parents.

Objectives of the Survey

- To determine the prevalence of HIV and to assess the HIV-related risk behavior among street-involved children and youths in the Kathmandu Valley.
- To determine the behaviour on deliberate inhalation of solvents and its consequences among street-involved children and youths in the Kathmandu Valley.
- To assess the sexual and/or injecting behaviors related to HIV among street-involved children and youths in the Kathmandu Valley.

Methodology

The present survey was conducted using the serial cross-sectional method. For the purpose of this survey, the definition of street-involved children and youth was "Street involved children and youths aged 10 to 24 years. The survey included both "children and youths of the street" and "children and youths on the street". Children and youths of the street are homeless children who live and sleep on the streets in urban areas. Children on the street earn their living or beg for money on the street and return home at night."

A two-stage cluster sampling method was used to recruit 350 street involved children and youths from Kathmandu Valley. Two sampling techniques viz. facility based and cluster sampling was utilized for this. Mapping of the possible participants was done to estimate the size. Based on the estimated size,

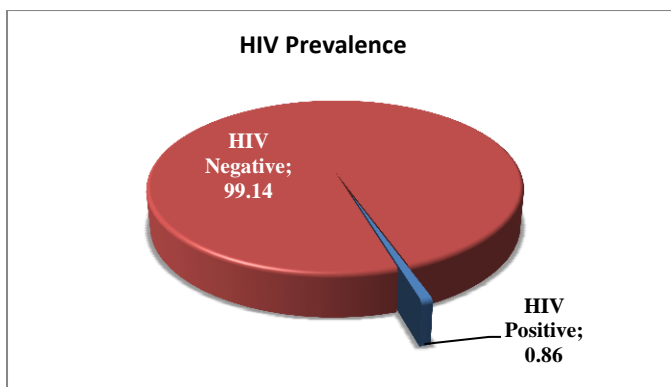
enrollment of representative sample from facilities and streets was decided. A site or hotspot with at least 40 street involved children and youths was defined as a cluster for the street based. To make sure of proper representation of the survey population, 10 out of 18 clusters were selected from street based. Similarly, for the facility based, six facilities out of 10 have been chosen. In the second stage, at least 10 participants were selected from each street based cluster and at least 30 from facility based cluster. The research was conducted in compliance with both ethical and human rights standards. Ethical approval for this survey was received from Nepal Health Research Council. Informed consent was obtained in the presence of a witness, who signed on behalf of the street involved children and youths before the interview and collection of blood samples were collected for HIV testing. Individual interviews, clinical examinations, and blood collection were carried out in separate rooms at each of the survey centers.

Key Findings

Prevalence of HIV

Prevalence of HIV among street-based children and youths was found to be 0.86 percent.

Figure 1: Prevalence of HIV



- Among 350 participants, 288 (82.3%) were male, and 62 (17.7%) were female
- The median age of the street involved children and youths was 15 years, and 83.2 percent of the respondents were less than 20 years of age
- More than four-fifth (86.6%) of the street involved children and youths were illiterate
- Nearly two-third (64.3%) of the street involved children and youths were found to be used for alcohol and 67.1 percent of them had habit of sniffing solvents

- The median age of the street involved children and youth was ten years when they started sniffing, and 96.2 percent of them had begun deliberate inhalation of solvents below 16 the of age.
- Overall 6.6 percent of the street involved children and youth were found to be as injecting drug users.
- Almost a half (48.6%) of the street involved children and youth never had sexual intercourse, and 28.3 percent of them had first sexual intercourse much earlier at 7 to 14 years of age.
- Overall 6.3 percent of the street involved children and youth ever had sex in exchange for money, food or clothes.
- In total, 7.7 percent of the street involved children and youth were being involved for forceful sexual intercourse
- Overall 42.6 percent of respondents had ever used a condom. Among them (N=149), A major proportion (94%, n=140) were known how condom could be obtained, and 40.7 percent (n=57) of them had got condom from any organization in free of cost
- More than one-third (35.6%) of the street involved children and youth had used condom during their last sex act
- Overall 44.0 percent of the street involved children and youth correctly identified all A, B and C as HIV preventive measures and 0.6 percent of the respondent were found to be aware of all the five major indicators, B, C, D, E, and F, of HIV transmission and perceptions
- In total, nearly two-third (62.7%) of the participants were known about confidential HIV test facility available in the community and 57.1 percent of them were aware of the place of HIV testing. Little more than a quarter (26.3%) of the street involved children and youth ever had HIV test
- Overall, 56.9 percent of the street involved children and youth had found to be heard about sexually transmitted infection (STI).
- Overall, 78.9 percent of the street involved and youth children had visited DIC, 8.6 percent of them had visited HTC center and 4.3 percent of them had visited STI clinic in the past 12 months

Program Implication and Recommendation

- Although at a low level, there is some street involved children and youth suffering from HIV infection. *Targeted outreaches programs are needed to bring them for treatment to prevent HIV transmission.*
- Most of the street involved children and youths had not received any education. *Thus the family re-integration and comprehensive education in formal schools program are one of the possible interventions programs.*
- The deliberate sniffing of different kinds of inhaled solvents was quite common among the street involved children and youths. *Thus, strong monitoring and follow-up mechanism need to in place to ensure sniffing rehabilitation services and to address the service seeking behavior of street-involved children and youths having sniffing problems.*
- Exposure to ongoing programs and services related to HIV (peer education, HTC clinics, etc.) were found to be low. However, exposure to DIC was found to be moderate. *Targeted interventions among street-involved children and youths with the provisions of peer and outreach education, partnerships with HTC/STI clinics, and the inclusion of care and support are necessary to increase exposure of the street involved children and youths to the programs and services related to HIV and AIDS.*
- The comprehensive knowledge (ABC), and comprehensive knowledge and misconceptions (BCDEF) of the street involved children and youths was found to be considerably low. *Therefore, comprehensive knowledge, education and awareness regarding HIV should be promoted through multiple channels.*

Selected Key Indicators	Total (N=350)
HIV	0.86%
Median age	15 years
Illiterate	87.0%
Sniff Solvents	67.0%
Inject Drugs	6.6%
First sex below 20 years	47.0%
Ever had sex in exchange for cash and kind	6.0%
Condom use in last sex (n=180)	36.0%
Knowledge of all three indicators: ABC	44.0%
Knowledge of all five indicators: BCDEF	1.0%
Ever had HIV test	26.0%
Met/Interacted with PE/OE/CM	50.0%
Visited DIC	79.0%
Visited STI Center	4.0%
Visited HTC Center	9.0%

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