

## **Methodology for the 2002 National Household-Based General Population Survey of Risk Behavior and Sexually Transmitted Diseases (STD) Prevalence in Peru**

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**Objectives:** A community-based randomized trial to test the impact of STD/HIV prevention interventions will be implemented in 20 to 24 Peruvian cities in 2003. A general population survey was conducted to provide baseline data on STD prevalence and risk behavior frequency for the trial, and to determine the structure of sexual networks.

**Methods:** A two-stage cluster sample, based on 2000 census data, was used to randomly sample 18 to 29 year old residents of 24 selected cities with population >50,000. A consecutive sample of their sex partners was also selected. Consenting participants completed a face-to-face demographic questionnaire, and a self-applied sexual behavior questionnaire (questionnaire II). The latter was completed privately with the aid of a portable voting cabinet and locked voting box. Participants were requested to provide blood for HIV and syphilis tests or oral fluid for HIV test. Men also provided urine, and women provided self applied vaginal swabs (SAVS). Women not willing to provide SAVS were requested to provide urine.

**Results:** Of 18,488 households selected, the existence of an eligible participant could not be confirmed in 1,393, and in 228, the selected person was never found at home upon repeated visits. Of 16,867 selected persons, 1,608 (9.5%) either refused to participate (n=877) or interrupted their participation before completing the questionnaires (n=731), for an overall participation rate of 90.5%. Of 2,663 sex partners invited to participate, 2347 (88.1%) consented to participate. Of the 15,259 participants in the random sample completing the questionnaires, 176 (1.2%) returned questionnaire II blank. Of these 15,259, 12,817 (84.0%) provided blood (n=11,407) or oral fluid (n=1,410). Of 7,485 men in the sample, 6,515 (87%) provided urine. Of 7,774 women, 6,531 (84.0%) provided SAVS (n=5,945) or urine (n=586).

**Conclusions:** High participation rates are attainable through household behavioral and biomarker surveys in Peru.