

Gutierrez 2010 (Continued)

Outcomes	1. STIs prevalence 2. Consistent condom use 3. HIV knowledge 4. HIV testing	
Notes		
Risk of bias		
Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	24 geographically distinct sites randomised as either FPP or no FPP
Allocation concealment (selection bias)	Unclear risk	The study did not address this.
Blinding (performance bias and detection bias) All outcomes	High risk	No blinding
Incomplete outcome data (attrition bias) All outcomes	High risk	The study did not address the missing data
Selective reporting (reporting bias)	Unclear risk	The study protocol was described, but not all the outcomes were reported
Other bias	Low risk	Intervention and control groups are balance

Hoke 2007

Methods	Design: Randomised controlled trial Random allocation: Computer-generated list stratified by study site was created by using a block permuted approach with block size of 20, 10 and 4 Date: unclear
Participants	Number: 901 FSWs Inclusion criteria: FSWs who completed the 6-month visit of the trial's first phase Setting: Public dispensaries Country: Madagascar
Interventions	"Peer education plus clinic-based counselling" versus "peer education alone" Intervention: Participants randomly assigned to the peer+clinic arm additionally received bi-monthly clinic counseling sessions. The counseling sessions involved two-way exchange of information concerning individual risk assessment; transmission and verification of basic knowledge about STI/HIV; dual protection, demonstration of use of both types of condoms with opportunity to practice using model, reinforcement of skills for negotiating condom use, and promotion of the "no condom=no sex" policy

Hoke 2007 (Continued)

	Control: Did not receive the sessions as intensive as intervention group	
Outcomes	1. STIs prevalence 2. Consistent condom use	
Notes		
Risk of bias		
Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	The 901 participants who completed the 6-month visit of the trial's first phase were randomised again to receive in Phase 2 either prevention counselling by peer educators or peer counselling plus clinic-based counselling
Allocation concealment (selection bias)	Low risk	Group assignment was guided by a computer-generated random allocation list stratified by study site created at FHI using a block permuted approach with block sizes of 20, 10 and 4
Blinding (performance bias and detection bias) All outcomes	Low risk	Clinic staff and participants were not blinded to group assignment, but laboratory staff were blinded
Incomplete outcome data (attrition bias) All outcomes	Unclear risk	Peer-only promotion group: 19 FSWs were lost to follow up, and peer+clinic promotion group: 26 FSWs were lost to follow up. Reasons for missing data are not described
Selective reporting (reporting bias)	Low risk	The study protocol is available and all the study's outcome have been reported
Other bias	Low risk	The intervention and control groups are balance

Li 2006

Methods	Design: Quasi-randomized controlled trial Random allocation: unclear Date: unclear
Participants	Number: 400 FSWs Inclusion criteria: Women who worked in the establishments Setting: Restaurants, barbershop and hair-washing rooms in suburban area Country: China

Interventions	"VCT intervention" versus "standard care of STIs" Intervention: Two sessions of VCT were conducted; 1) a 25-minute pretest session before STI screening to achieve risk reduction goals, 2) a 20-minute posttest session after STI screening to discuss STI test result, and assess the study outcomes Control: a 15-minute standard care, including messages about STI testing, treatment and prevention	
Outcomes	1. STIs prevalence 2. Consistent condom use 3. HIV/STIs knowledge	
Notes		
Risk of bias		
Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Random selected samples were assigned to either the intervention group or the control group
Allocation concealment (selection bias)	Unclear risk	The study did not address this allocation concealment
Blinding (performance bias and detection bias) All outcomes	Unclear risk	The study did not address this.
Incomplete outcome data (attrition bias) All outcomes	Low risk	54 women were not enrolled in the trial and 122 women were lost to follow up, but reasons for missing outcome data unlikely to be related to true outcome
Selective reporting (reporting bias)	Low risk	The study procedure is available and all study's outcome have been reported
Other bias	High risk	Demographic characteristics and baseline outcome measures were significantly different

Markosyan 2010

Methods	Design: Randomised controlled trial Random allocation: Flip of a coin Date: Between August 2007 and July 2008	
Participants	Number: 120 FSWs; 54 in intervention group and 66 in control group Inclusion criteria: Female, 18 years of age or older, trading sex for money in the past 7 days, and written informed consent Setting: Snowball and street-based outreach Country: Armenia	
Interventions	"Social cognitive theory" versus "no intervention" Intervention: FSWs were asked to complete the questionnaires including the Information-Motivation-Behavioural Skills Model, the Health Belief Model, and the theory of Gender and Power. 2-hour intervention emphasized empowerment, self-efficacy to persuade clients to use condoms, and condom application skills implemented by health educator Control: FSWs did not receive any intervention but were scheduled for their follow-up appointment and were free to leave the study site	
Outcomes	1. Consistent condom use 2. HIV knowledge 3. Psychosocial barriers to condom use	
Notes		
Risk of bias		
Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	FSWs were randomly assigned to either the HIV prevention or a wait-list control condition through the flip of coin
Allocation concealment (selection bias)	Low risk	"...through the flip of coin"
Blinding (performance bias and detection bias) All outcomes	Low risk	At baseline, 3- and 6-month follow-up, the interviewer remained blind to participant's group assignment
Incomplete outcome data (attrition bias) All outcomes	Unclear risk	The study did not address this outcome
Selective reporting (reporting bias)	Low risk	All outcomes reported
Other bias	Low risk	Randomization has essentially balanced the characteristics of the intervention and control groups

Patterson 2006

Methods	Design: Randomized controlled trial Random allocation: computer generated Date: Between January 2004 and January 2006	
Participants	Number: 270 FSWs, 137 of whom were randomised to the intervention (denoted SSS) and 133 to the comparison condition (CDC). An additional 342 women were recruited in Ciudad Juarez and randomised to either SSS (N=172) or CDC (N=170) Inclusion criteria: Self-identified as sex workers, at least 18 years old, reported had unprotected vaginal, oral or anal sex with a client at least once in the previous month Exclusion criteria: consistent condom use or dental dam for vaginal, oral and anal sex with clients in the previous month, employed as a FSWs for less than one month, and under 18 years of age Setting: Venue- and street-based outreach. The interventions were carried out at a community-based clinic, mobile-clinic, private clinic and a government-operated Municipal Medical Clinic Country: Mexico	
Interventions	"Social cognitive theory" versus "standard care" Intervention: FSWs were interviewed face-to-face, to complete and covered a range of topic including sexual risk behavior, working conditions, financial need, victimization and trauma, use of alcohol and illicit drugs, social support, social influence, life experiences, mood, self-esteem, social cognitive theory, social-demographic characteristics, physical health variables, and psychiatric health variables Control: 30 to 40 minutes face-to-face standard counselling focused on personal risk assessment, cultural identity assessment, and strategies for reducing personal risk	
Outcomes	1. Consistent condom use 2. Sexual activity outcomes 3. Drug use 4. Alcohol use	
Notes		
<i>Risk of bias</i>		
Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	"...participants were randomly assigned to either Proyecto Comparte Sexo Mas Seguro or time-equivalent voluntary HIV counselling and testing"
Allocation concealment (selection bias)	Low risk	"...using a fixed, computer generated randomisation scheme"
Blinding (performance bias and detection bias) All outcomes	Unclear risk	No information

Patterson 2006 (Continued)

Incomplete outcome data (attrition bias) All outcomes	Low risk	No missing data
Selective reporting (reporting bias)	Low risk	All outcome have been reported
Other bias	Low risk	There were no differences between the intervention and comparison conditions

Patterson 2008

Methods	Design: Randomized controlled trial Random allocation: Computer-generated randomisation scheme. Date: Between January 2004 and January 2006.	
Participants	Number: 924 FSWs (474 in Tijuana and 450 in Ciudad Juarez) Inclusion criteria: 18 years old or older, giving informed consent, and having traded sex for drugs, money or other material benefit within the previous two months and were also required to have had unprotected vaginal sex with at least a client in the previous two months Exclusion criteria: FSWs those who reported had previously tested HIV positive Setting: Venue- and street-based. Country: Mexico	
Interventions	"Social cognitive theory" versus "standard counselling" Intervention: Motivational interviewing techniques to elicit information on the participants' current situation and motivations, and to increase their motivation to practice safer sex. Four main areas were addressed: 1) motivations for practicing safer sex versus those for practicing unsafe sex; 2) barriers to condom use; 3) techniques for negotiating safer sex with clients; 4) enhancement of social supports Control: A face-to face, time equivalent didactic presentation of prevention materials extracted from the US Centers for Disease Control and Prevention revised guidelines for HIV counselling, testing, and referral and from Mexico's National Center for AIDS Studies. Counseling session was focus on personal risk assessment, cultural identity assessment, and strategies for reducing personal risk	
Outcomes	1. HIV incidence 2. STIs incidence 3. Consistent condom use 4. Sexual activity outcomes 5. Injected drug use	
Notes		
Risk of bias		
Bias	Authors' judgement	Support for judgement

Patterson 2008 (Continued)

Random sequence generation (selection bias)	Low risk	"We randomised the participants to either the intervention using a fixed, computer-generated randomization scheme"
Allocation concealment (selection bias)	Low risk	".....computer-generated randomisation scheme"
Blinding (performance bias and detection bias) All outcomes	Unclear risk	The study did not address this.
Incomplete outcome data (attrition bias) All outcomes	Unclear risk	No reasons for missing data provided
Selective reporting (reporting bias)	Low risk	The study protocol is available and all of the study's pre-specified outcomes that are of interest in the review have been reported
Other bias	Low risk	Baseline characteristics are balance

Ray 2001

Methods	Design: Randomized controlled trial Random allocation: Numbered sealed envelopes Date: unclear	
Participants	Number: 149 FSWs Inclusion criteria: were residents of Harare, over 18 years old, had at least three different paying clients in the previous month, written informed consent Setting: Brothels Country: Zimbabwe	
Interventions	"Promotion of female and male condom use" versus "promotion of male condom use alone" Intervention: FSWs received a 30-minute education sessions on how to use female and male condoms, and asked to practice how to use that. Additionally, a 10-hour focus group discussion were held with 3-4 FSWs per group Control: FSWs were shown how to use male condoms.	
Outcomes	1. HIV incidence 2. STIs incidence 3. Consistent condom	
Notes		
<i>Risk of bias</i>		
Bias	Authors' judgement	Support for judgement

Ray 2001 (Continued)

Random sequence generation (selection bias)	Low risk	"...were used to assign women to group A or B randomly"
Allocation concealment (selection bias)	Low risk	"Consecutively numbered sealed envelopes containing group assignments (generated by random number tables and balanced in blocks of 10)...."
Blinding (performance bias and detection bias) All outcomes	Unclear risk	The study did not address this .
Incomplete outcome data (attrition bias) All outcomes	Low risk	Only 48% completed five follow-up visits, but there were no differences in follow-up rates between group A and group B
Selective reporting (reporting bias)	Low risk	Study procedures and frequency of follow-up were identical for both study groups. All study's outcome have been reported
Other bias	Low risk	There were no differences in baseline demographic

Sherman 2010

Methods	Design: Randomized controlled trial Random allocation: by random sequences of block sizes of 24 participants Date: Between August and September 2008
Participants	Number: 128 FSWs were screened for study eligibility; 104 (81%) were eligible for randomization Inclusion criteria: aged over 18, reported having participated in transactional sex over the past 12 months, and able to provide written informed consent Exclusion criteria: FSWs who participated in an HIV prevention program or a study in the prior 12 months Setting: Street-based Country: India
Interventions	"Microenterprise plus education" versus "education alone" Intervention: 8 hours of HIV prevention education taught by health educators plus 100 hours of tailoring training taught by master tailors. The training occurred over the course of a month Control: 8 hours prevention training (the same curriculum as the intervention arm) and delivered by the same facilitator
Outcomes	1. Consistent condom use 2. Number of sex partners

Sherman 2010 (Continued)

Notes		
<i>Risk of bias</i>		
Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	"The randomised trial was..."
Allocation concealment (selection bias)	Low risk	"...participants were given an opaque, sealed envelope containing computer-generated random assignments, prepared by the study's statistical team prior to the beginning of recruitment. Randomization was blocked with random sequences of block sizes of 24 participants to ensure balance of 8-12 between the two arms"
Blinding (performance bias and detection bias) All outcomes	Low risk	"Interviewers were blind to the participants' study arm"
Incomplete outcome data (attrition bias) All outcomes	Low risk	In the 6-month follow-up visit, control arm participants were 48 (96%)
Selective reporting (reporting bias)	Unclear risk	Drug/alcohol outcomes have not been reported
Other bias	Low risk	The intervention and control groups are comparable at baseline

Swendeman 2009

Methods	Design: Quasi-randomized controlled trial Random allocation: random number table Date: 2000-2001
Participants	Number: 216 FSWs Inclusion criteria: FSWs those who live and work in selected communities and provided informed consent Setting: Community-based Country: India
Interventions	"Empowerment intervention (Sonagachi project)" versus "standard care"
Outcomes	1) HIV knowledge 2) Skills of risk and protective factors

Swendeman 2009 (Continued)

Notes		
Risk of bias		
Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Participants were randomly assigned to an intervention and control condition
Allocation concealment (selection bias)	Low risk	Allocation using a random number table
Blinding (performance bias and detection bias) All outcomes	Unclear risk	The study did not address this outcome
Incomplete outcome data (attrition bias) All outcomes	High risk	The missing data was likely related to outcomes
Selective reporting (reporting bias)	Low risk	The study protocol is available and the study's outcome have been reported
Other bias	Low risk	"Since this loss to follow-up was likely related to outcomes, it would not violate the less stringent missing at random (MAR) requirement for unbiased estimates in repeated-measure analysis"

Wechsberg 2006

Methods	Design: Randomized controlled trial Random allocation: unclear Date: unclear
Participants	Number: 93 FSWs Inclusion criteria: self-identified as a Black South African women, 18 years old or older, either had a positive urine test for cocaine or reported recent substance use and sex trading, had multiple partners and were provided written informed consent Setting: Hotels, apartments, and informal settlements. Country: South Africa
Interventions	"Social cognitive theory" versus "standard counselling" Intervention: The intervention was based on principles of social cognitive theory, gender theory, and empowerment. In addition, HIV-related education was tailored, and a risk reduction and toiletry kit were given Control: An adapted version of the revised NIDA standard intervention, which consisted of two private one-hour education and skills building sessions

Wechsberg 2006 (Continued)

Outcomes	1. Consistent condom use 2. Drug use 3. Alcohol use	
Notes		
Risk of bias		
Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	"...were randomly assigned to a modified. ..."
Allocation concealment (selection bias)	Unclear risk	The study did not address.
Blinding (performance bias and detection bias) All outcomes	High risk	Not blinding
Incomplete outcome data (attrition bias) All outcomes	High risk	The study did not address the missing data (13 of 93)
Selective reporting (reporting bias)	Low risk	The study protocol is available and the study's outcome have been reported
Other bias	Unclear risk	The is no information about the comparison of demographic characteristics between intervention group and control group

Characteristics of excluded studies [ordered by study ID]

Study	Reason for exclusion
Abellanosa 1996	Pre-posttest study to examine the effectiveness of antibiotics to prevent STIs and HIV, but the participants were not randomly assigned
Bakare 2002	Participants of this study were random selected of FSWs as an intervention group but the control group was not FSWs
Barrington 2009	The study explored the relationship between social network norms and condom use among male partners of FSWs in La Romana, Dominican Republic, but the participants were not randomly assigned to the intervention and control groups
Beattie 2010	A baseline-follow up study examined if violence against FSWs is associated with reduced condom use and increased STI/HIV risk by using polling booth surveys and integrated behavioral-biological assessment,

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	but the participants were not randomly assigned to these two interventions
Bhave 1995	A controlled intervention trial, with measurements before and after an HIV intervention underwent a 6-month program of educational videos targeting sex workers and madams in the brothels of Bombay, but the participants were not randomly assigned to the intervention and control groups
Dandona 2005	Not randomly assigned
Egger 2000	Not all of the participants were sex workers
Feldblum 2007	A randomised controlled trial to estimate the pregnancy incidence rate among Madagascar FSWs participating in an intervention trial promoting use of male and female condoms and assess the influence of various predictive factors on pregnancy risk. The data of this study was the secondary data collected during a trial conducted in the previous study (Feldblum 2005)
Fonck 2000	This study was the baseline findings of a trial of antibiotic prophylaxis to prevent STIs and HIV-1 in a cohort of Nairobi FSWs. The participants were not randomly assigned to peer education intervention
Ford 2002	This study assessed the impact of the educational intervention among FSWs in Bali, Indonesia. The participants were divided by areas, high and low program effort to receive whether the health belief model or the social cognitive theory
Gangopadhyay 2005	A comparative cross-sectional study of randomly selected FSWs in Calcutta, India compared rates of STDs between the Sonagachi Project and National AIDS Control Organization (NACO) interventions, but the participants were not randomly assigned
Gorbach 2000	This study quantified persons randomly selected from clusters of military, police, and motorcycle taxi drivers in five cities of Cambodia, associations between behaviours, social context and active bridging
Guerena-Burgueno 1991	A pre-post test counselling assessed the prevalence of HIV-1 infection among high risk populations in Tijuana, Mexico and information on risk behavior was obtained from 1,069 individuals
Hoque 2009	This study described behavioral profile of rickshaw pullers in Dhaka city and identified the correlates for having sex with FSWs in order to focus HIV prevention intervention, but the participants were not randomly assigned to receive the interventions
Kamali 2003	A community randomised trial which assessed the effect of behavioral intervention on incidence of HIV-1, condom use and other STIs, but the participants not particularly FSWs
Kaul 2002	Baseline result of RCT study of treatment intervention
Kaul 2004	HIV treatment intervention
Kaul 2007	Placebo controlled trial of monthly oral azythromycin therapy (Azythromycin versus placebo), without any additional behavior intervention
Kerrigan 2006	A pre-intervention post-intervention of two environmental-structural interventions of increases in condom use with clients in reducing risks of HIV and STIs among FSWs in the Dominican Republic

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Khan 2008	This study assessed HIV behavioral intervention among male transgender, however the participants were not randomly assigned
Larios 2009	This study examined the applicability of the Social Ecological Model for explaining condom use in a sample of FSWs participating in a behavioral intervention to increase condom use in Tijuana, Mexico. However, the participants were not randomly assigned to the intervention and control groups
Lau 2008	Behavioural surveillance study that investigated changes in HIV-related behaviours including condom use and HIV-related knowledge among randomly selected FSWs, but the participants were not randomly assigned to the intervention
Leonard 2000	Preintervention and postintervention study of a peer-led HIV prevention education and condom promotion program among transport workers in Kaolack, Senegal
Maticka-Tyndale 1997	This study explored the social-cultural contexts and patterns of Thai men's commercial sexual activity including to use a condom
McClelland 2008	A randomised controlled study to test the efficacy of monthly periodic presumptive oral treatment with 2 g of metronidazole plus 150 mg of flunocazole. Otherwise, this intervention did not include any behavioral intervention
Ngugi 1988	A controlled clinical trial consisting a three arms in a situation where a true randomized controlled trial would have been unethical. This study described the effect of an AIDS education program and the distribution of free condoms and condom use among the prostitutes
Ngugi 1998	Baseline-follow up study that shown the effect of peer mediated intervention program among random sample of FSWs to reduce STD and HIV transmission in Kenya and Zimbabwe
Ngugi 2007	Community-based post-trial resurvey of RCT among FSWs in Nairobi examined the sustainability of such interventions
Nzila 1991	This study confirmed the HIV and STDs prevalence decreased by using condom, but the FSWs were not randomly assigned to the intervention
Ramesh 2010	A probability-based sampling; conventional cluster sampling
Reza-Paul 2008	This study comprised two cross-sectional surveys, rather than an RCT
Rou 2007	Pre/post intervention trial set to evaluate the changes in condom use with the last three clients, and the prevalence of chlamydia and gonorrhoea
Schwandt 2006	A peer education intervention examined the practices of anal intercourse and dry sex within a cohort of FSWs in Kenya, but the participants were not randomly assigned to the intervention and control groups
Strathdee 2009	The study used Social Cognitive Theory to determine whether increases in condom use were predicted by social cognitive theory and injection drug user status among women randomised to this intervention

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Stulhofer 2009	The study compared and analysed the correlates of consistent condom use with clients among two clusters FSWs in Croatia, but the participants were not randomly assigned
Walden 1999	The study measured the impact of peer educational and condom use among FSWs and truck drivers in Malawi, but the participants were not randomly assigned to intervention and control groups
Weir 1998	An RCT used structured closed-ended questionnaires of estimating condom use, but cannot include because there is no any follow-up data
Weir 1999	A randomized controlled study used structured closed-ended questionnaires of estimating condom use without any follow-up
Yadav 2005	A cohort study examined the association of baseline social-demographic variables with the uptake and durability of an HIV-1 behavioral risk reduction program in high-risk seronegative Kenyan FSW. This study similar to Kaul 2004
Yi 2010	The study compared the risk factor and condom use among three groups of FSWs but subjects not randomly assigned

DATA AND ANALYSES

Comparison 1. Social cognitive theory versus standard counseling for promotion of condom use

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 HIV incidence among FSWs at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	Subtotals only
2 STIs incidence among FSWs at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	Totals not selected
2.1 Syphilis incidence among FSWs at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
2.2 Gonorrhoea incidence among FSWs at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
2.3 Chlamydia incidence among FSWs at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
2.4 Any STIs among FSWs at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
3 Consistent condom use by FSWs at 6-month	2	804	Risk Ratio (M-H, Random, 95% CI)	1.14 [1.07, 1.21]
4 Mean number of condom use by FSWs at past month	1		Mean Difference (IV, Fixed, 95% CI)	Totals not selected
4.1 Vaginal sex using condoms by FSWs with regular clients at past month	1		Mean Difference (IV, Fixed, 95% CI)	0.0 [0.0, 0.0]
4.2 Anal sex using condoms by FSWs with regular clients at past month	1		Mean Difference (IV, Fixed, 95% CI)	0.0 [0.0, 0.0]
4.3 Oral sex using condoms by FSWs with regular clients at past month	1		Mean Difference (IV, Fixed, 95% CI)	0.0 [0.0, 0.0]
4.4 Vaginal sex using condoms by FSWs with non-regular clients at past month	1		Mean Difference (IV, Fixed, 95% CI)	0.0 [0.0, 0.0]
4.5 Anal sex using condoms by FSWs with non-regular clients at past month	1		Mean Difference (IV, Fixed, 95% CI)	0.0 [0.0, 0.0]
4.6 Oral sex using condoms by FSWs with non-regular clients at past month	1		Mean Difference (IV, Fixed, 95% CI)	0.0 [0.0, 0.0]
4.7 Vaginal sex using a condom by FSWs with spouse or steady partner	1		Mean Difference (IV, Fixed, 95% CI)	0.0 [0.0, 0.0]
4.8 Anal sex using a condom by FSWs with spouse or steady partner at past month	1		Mean Difference (IV, Fixed, 95% CI)	0.0 [0.0, 0.0]

4.9 Oral sex using a condom by FSWs with spouse or steady partner at past month	1		Mean Difference (IV, Fixed, 95% CI)	0.0 [0.0, 0.0]
5 Mean number of protected sex among FSWs at 6-month	1		Mean Difference (IV, Fixed, 95% CI)	Subtotals only
6 Sexual activity outcomes by FSWs at past month	2		Mean Difference (IV, Fixed, 95% CI)	Totals not selected
6.1 Had vaginal sex at past month	1		Mean Difference (IV, Fixed, 95% CI)	0.0 [0.0, 0.0]
6.2 Had anal sex at past month	1		Mean Difference (IV, Fixed, 95% CI)	0.0 [0.0, 0.0]
6.3 Had vaginal and anal sex at past month	1		Mean Difference (IV, Fixed, 95% CI)	0.0 [0.0, 0.0]
6.4 Had oral sex at past month	1		Mean Difference (IV, Fixed, 95% CI)	0.0 [0.0, 0.0]
7 Injected drug use among FSWs at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	Subtotals only
8 Alcohol use among FSWs at 6-month	2	772	Risk Ratio (M-H, Random, 95% CI)	0.68 [0.46, 1.01]
9 Drug use among FSWs at 6-month	2	772	Risk Ratio (M-H, Random, 95% CI)	0.65 [0.36, 1.16]

Comparison 2. Social cognitive theory versus no intervention for promotion of condom use

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 Consistent condom use by FSWs	1		Risk Ratio (M-H, Fixed, 95% CI)	Totals not selected
1.1 Consistent condom use by FSWs with clients at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
1.2 Consistent condom use by FSWs with clients in the past 7-day	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
1.3 Consistent application of condom by FSWs	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
2 HIV knowledge among FSWs at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	Subtotals only
3 Psychosocial barriers to condom use among FSWs at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	Totals not selected
3.1 Condom barriers among FSWs at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
3.2 Condom use self-efficacy among FSWs at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]

Comparison 3. Community empowerment versus standard care for promotion of condom use

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 STIs prevalence among FSWs at 36-month	1		Risk Ratio (M-H, Fixed, 95% CI)	Totals not selected
1.1 Syphilis prevalence at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
1.2 HSV-2 prevalence at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
2 Consistent condom use by FSWs with regular partners	1		Risk Ratio (M-H, Fixed, 95% CI)	Subtotals only
3 Consistent condom use by FSWs with clients	2	2330	Risk Ratio (M-H, Random, 95% CI)	1.08 [0.86, 1.36]
4 Change in 100% condom use by FSWs	1		Risk Ratio (M-H, Fixed, 95% CI)	Totals not selected
4.1 Change in condom use: baseline to 6 months	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
4.2 Change in condom use: baseline to 11 months	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
4.3 Change in condom use: baseline to 16 months	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
5 Change in any condom use by FSWs	1		Risk Ratio (M-H, Fixed, 95% CI)	Totals not selected
5.1 Change in condom use: baseline to 6 months	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
5.2 Change in condom use: baseline to 11 months	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
5.3 Change in condom use: baseline to 16 months	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
6 HIV knowledge among FSWs	2		Risk Ratio (M-H, Fixed, 95% CI)	Totals not selected
6.1 Knowledge that condom could prevent STI (at 16-month)	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
6.2 Knowledge that condom could prevent AIDS (at 16-month)	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
6.3 Knowledge about condom (at 36-month)	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
7 HIV testing by FSWs at 36-month	1		Risk Ratio (M-H, Fixed, 95% CI)	Subtotals only
8 Skills of risk and protective factors among FSWs at 16-month	1		Risk Ratio (M-H, Fixed, 95% CI)	Totals not selected
8.1 Know that she at risk for STIs	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
8.2 Refused a client by FSWs for a particular sex	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]

8.3 Refused sex by FSWs with a client who refused condom	1	Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
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Comparison 4. Microenterprise plus education intervention versus education alone for reducing the number of sex partners

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 Consistent condom use by FSWs at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	Subtotals only
2 Number of FSWs' partners at 6-month	1		Mean Difference (IV, Fixed, 95% CI)	Totals not selected
2.1 Number of sex partners at 6-month	1		Mean Difference (IV, Fixed, 95% CI)	0.0 [0.0, 0.0]
2.2 Number of sex exchange partners at 6-month	1		Mean Difference (IV, Fixed, 95% CI)	0.0 [0.0, 0.0]

Comparison 5. Peer education versus standard care for promoting HIV testing and condom use

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 Mean number of consistent condom use by FSWs at 6-month	1		Mean Difference (IV, Fixed, 95% CI)	Subtotals only
2 Mean score of HIV knowledge among FSWs at 6-month	1		Mean Difference (IV, Fixed, 95% CI)	Subtotals only
3 HIV testing by FSWs at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	Subtotals only
4 AIDS perceived control by FSWs at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	Totals not selected
4.1 To avoid AIDS contraction	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
4.2 To control AIDS contraction	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
4.3 To lower chance of getting AIDS	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
5 AIDS perceived severity by FSWs at 6-month	1		Mean Difference (IV, Fixed, 95% CI)	Totals not selected
5.1 Chance of getting AIDS	1		Mean Difference (IV, Fixed, 95% CI)	0.0 [0.0, 0.0]
5.2 Worry about getting AIDS	1		Mean Difference (IV, Fixed, 95% CI)	0.0 [0.0, 0.0]

Comparison 6. Peer education plus clinic based counseling versus peer education only for promotion of condom use

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 STIs prevalence among FSWs	2		Risk Ratio (M-H, Fixed, 95% CI)	Totals not selected
1.1 Chlamydia prevalence among FSWs at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
1.2 Chlamydia prevalence among FSWs at 12-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
1.3 Chlamydia prevalence among FSWs at 18-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
1.4 Gonorrhoea prevalence among FSWs at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
1.5 Gonorrhoea prevalence among FSWs at 12-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
1.6 Gonorrhoea prevalence among FSWs at 18-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
1.7 Trichomonas prevalence among FSWs at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
1.8 Trichomonas prevalence among FSWs at 12-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
1.9 Trichomonas prevalence among FSWs at 18-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
1.10 Any STIs prevalence among FSWs at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
1.11 Any STIs prevalence among FSWs at 12-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
1.12 Any STIs prevalence among at 18-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
2 Male condom use with clients	1		Risk Ratio (M-H, Fixed, 95% CI)	Totals not selected
2.1 Protected coital acts at 2-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
2.2 Protected coital acts at 4-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
2.3 Protected coital acts at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
3 Male condom use with non-paying partners	1		Risk Ratio (M-H, Fixed, 95% CI)	Totals not selected
3.1 Male condom use in the last coital act at 2-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
3.2 Male condom use in the last coital act at 4-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
3.3 Male condom use in the last coital act at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
4 Female condom use by FSWs with clients	1		Risk Ratio (M-H, Fixed, 95% CI)	Totals not selected
4.1 Female condom use by FSWs with clients at 12-month	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]

4.2 Female condom use by FSWs with clients at 18-month	1	Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
5 Male and female condom use with clients	1	Risk Ratio (M-H, Fixed, 95% CI)	Totals not selected
5.1 Male and female condom use with clients at 12-month	1	Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
5.2 Male and female condom use at 18-month	1	Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
6 Male and female condom use in the last sex with non-paying partner	1	Risk Ratio (M-H, Fixed, 95% CI)	Totals not selected
6.1 Male and female condom use in the last sex with non-paying partner at 12-month	1	Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
6.2 Male and female condom use in the last sex with non-paying partner at 18-month	1	Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]

Comparison 7. Peer education plus manager training versus standard care for promoting HIV testing and condom use

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 Mean number of consistent condom use by FSWs at 6-month	1		Mean Difference (IV, Fixed, 95% CI)	Subtotals only
2 Mean score of HIV knowledge among FSWs at 6-month	1		Mean Difference (IV, Fixed, 95% CI)	Subtotals only
3 HIV testing by FSWs at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	Subtotals only
4 AIDS perceived control by FSWs at 6-month	1		Risk Ratio (M-H, Fixed, 95% CI)	Totals not selected
4.1 To avoid AIDS contraction	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
4.2 To control AIDS contraction	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
4.3 To lower chance of getting AIDS	1		Risk Ratio (M-H, Fixed, 95% CI)	0.0 [0.0, 0.0]
5 AIDS perceived severity by FSWs at 6-month	1		Mean Difference (IV, Fixed, 95% CI)	Totals not selected
5.1 Chance of getting AIDS	1		Mean Difference (IV, Fixed, 95% CI)	0.0 [0.0, 0.0]
5.2 Worry about getting AIDS	1		Mean Difference (IV, Fixed, 95% CI)	0.0 [0.0, 0.0]