

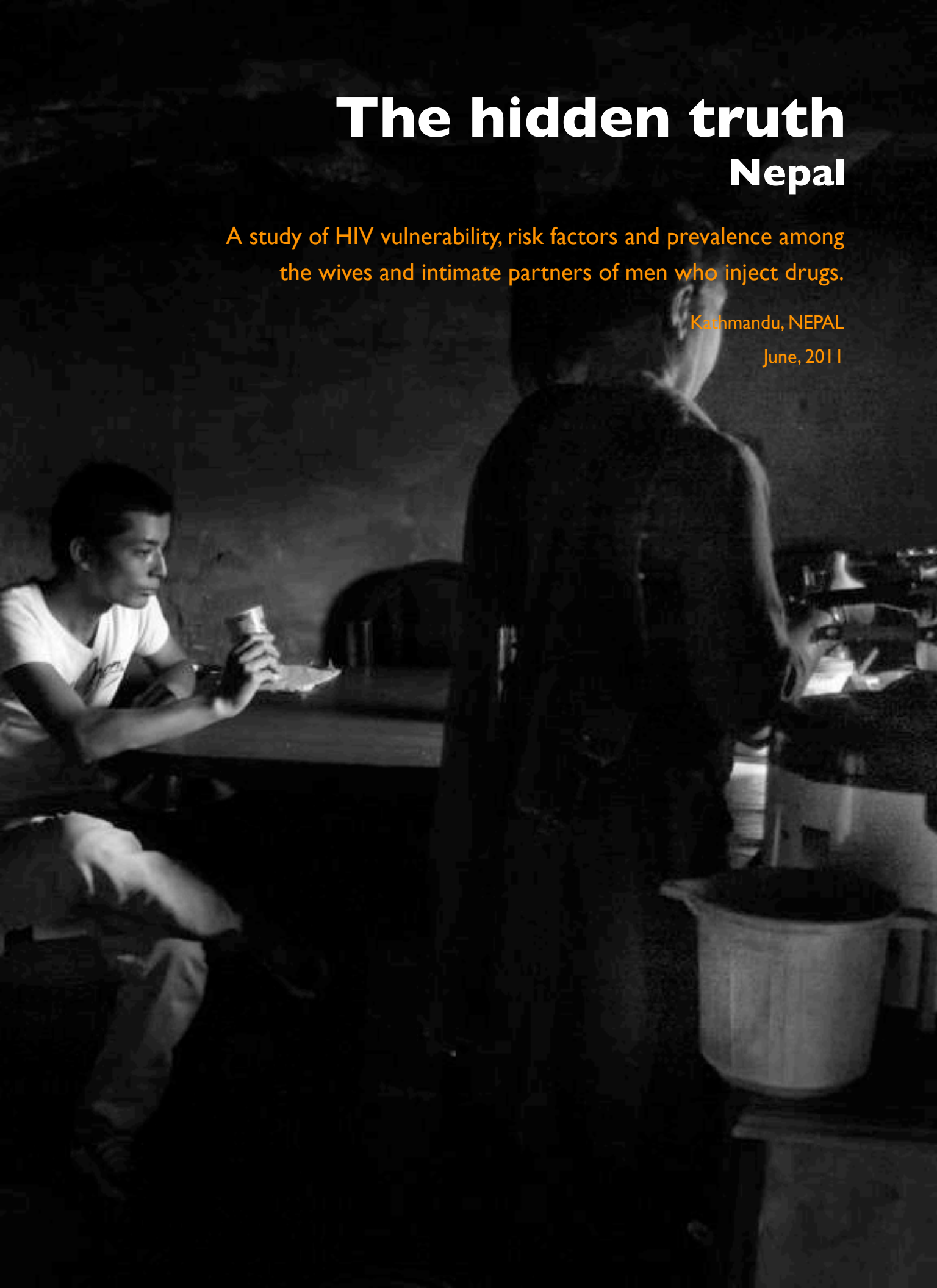
The hidden truth

Nepal

A study of HIV vulnerability, risk factors and prevalence among
the wives and intimate partners of men who inject drugs.

Kathmandu, NEPAL

June, 2011



ACKNOWLEDGMENTS

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Supported by the
Ministry of Foreign Affairs of the Netherlands
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Executive Summary





Background and Methodology

- An estimated 11,000 (men and women) inject drugs in Kathmandu, Nepal.
- Of the approximately 6000+ men registered with Youth Vision's programme, 42% of the men are married and an equal number are known to have intimate partners.
- No data was previously available on the vulnerability and risks of HIV among wives and intimate partners of men who inject drugs in Nepal.

Context of the study

In 2008, a study titled “The Hidden Truth” documented HIV vulnerability, risk factors and prevalence among men injecting drugs and their wives in three cities of Punjab, Pakistan. This study was supported by GCWA/UNAIDS and conducted by Nai Zindagi. The study highlighted the vulnerability to HIV of the wives and children of men who inject drugs and suggested urgent action to address their HIV prevention and AIDS treatment needs. This study helped advocate for the inclusion of wives and children of men who inject drugs in HIV prevention programmes. As a direct result of this study, the Global Fund Round-9, HIV Grant for Pakistan included service delivery packages for wives, and children.

Youth Vision, a Nepalese non-profit organisation rooted among drug using communities in Nepal, was supported by Mainline Foundation through the Ministry of Foreign Affairs of the Netherlands to conduct this study under the technical assistance and supervision of Nai Zindagi, Pakistan. This was a direct result of the Second Asian Consultation on the Prevention of HIV related to drug use convened by Response Beyond Borders in Bangkok, Thailand in January 2010, during which participants called for further and more specific evidence to be gathered from across Asia.

Youth Vision offers a range of comprehensive services for people who use drugs including: needle and syringe exchange; condom distribution; basic health care including wound and abscess management; access to social care and generic health care services; voluntary confidential counselling and testing (VCCT); treatment of sexually transmitted infections (STIs); behaviour change communication (BCC); advocacy; drug treatment including opiate substitution treatment (OST) and rehabilitation; skills training and access to employment opportunities; and referral to generic HIV diagnostics and AIDS treatment, care and support services.

Of the estimated 11,000 persons (men and women) who inject drugs in the Kathmandu valley, almost sixty percent (6,500) were registered with Youth Vision’s services between 2009-2011. Forty two percent of the men registered with Youth Vision are married. The trust built up over the last two decades with drug using communities in Nepal by Youth Vision has been key in accessing the highly sensitive data on which the study findings have been determined.

Objectives of the study

The primary objectives of this study were to:

- Measure vulnerability to HIV of wives and intimate female partners because of the injecting behaviours of their husbands and intimate male partners
- Determine the nature of sexual and injecting contacts between men who inject drugs, their wives and intimate partners
- Measure HIV prevalence among wives and intimate partners of men who inject drugs
- Assess the financial and social affects of drug use and HIV on the study population





Eligibility Criteria for study participants

The study participants should be:

- Of age of consent (16 years)
- Married men currently injecting drugs who consented to participate in the study and agreed that the study team could approach their wives and long-term i.e. minimum two years, regular, intimate partners for the purposes of the study.
- Wives and intimate partners who also consented to participate in the study.

Prior to recruitment for this study, Youth Vision screened its existing database to verify and only recruit couples that fit the above criteria.

Sampling framework for the study

The study represents a comparison of risk factors between HIV concordant and discordant couples to assess HIV transmission dynamics between men who inject drugs, their wives and intimate partners.

Consequently of the sample size of 100 couples recruited, it was planned to include approximately 50% men whose HIV status was confirmed as positive.

Ethical considerations

Participation in the study was voluntary and the required informed consent of participants honoured. All study participants signed a consent form. The consent form outlined the objectives of the study and participants' rights in providing information, including the right to withdraw from the study at any time. Measures were taken to ensure confidentiality of information provided by the participants and the required confidentiality in disclosure of HIV test results.

All study participants were offered VCCT services and counselling and testing was conducted after the interviews by qualified counsellors. Participants were offered HIV prevention services, drug treatment services, medical, social and nutritional care.

Sampling methodology and recruitment

Eligible men who inject drugs and use services provided by Youth Vision in Kathmandu were offered the opportunity to participate in the study. Of these, one hundred couples (men who currently inject drugs, their wives or intimate partners) were selected and recruited. All study questions were asked of both individuals who formed a couple, using interviewer-assisted memory recall. Both individuals were tested for HIV through VCCT, except those whose HIV status had been confirmed prior to the study.

The study questionnaire included detailed questions about their sexual and injecting practices. The questionnaires for women and men were basically the same, with only slight variations which took into account the gender of the respondent. Questions ascertained a) demographic details of the participants; b) drug use history and patterns; c) the number of sexual contacts over the past three months and nature and extent of their sexual networks; d) health related indicators; e) knowledge about HIV and AIDS.

Training in data collection

Youth Vision staff were provided with training by Nai Zindagi in interviewing techniques and data collection. A basic questionnaire was developed and field tested by Youth Vision staff. Context-specific changes and adaptations to the questionnaire were made during a workshop supported by Mainline and organised by Response Beyond Borders (RBB). Selected interviewers/counsellors were provided with questionnaire-specific training for data collection. As a response to cultural sensitivity, women interviewers were selected to interview wives and intimate partners.

The study teams were also trained in techniques of recruitment, obtaining consent, registration and interviewing. VCCT was conducted by qualified counsellors who already were trained in pre-test counselling, testing procedures, and post-test counselling (including disclosure of HIV test results and partner notification).

Blood sampling and testing procedures

All study participants testing for HIV were first tested with Determine rapid HIV test kits after drawing 3 ml. of blood under the guidance of a trained Laboratory Technician. In the event the test was negative, the participants were informed about their HIV negative status and were requested to appear for a follow-up VCCT session after three months, as per routine VCCT guidelines for the window period.

The participants who were found reactive to the first test were re-tested using Uni-Gold HIV rapid test kits for which 3 ml. blood sample was drawn and centrifuged to obtain serum for HIV testing.

If the result was reactive, the client was informed of this during post-test counselling. If the result was negative and as a tie breaker, a SD Biline test kit was used. Furthermore, the samples were sent to the National Public Health Laboratory (NPHL) for quality assurance. All positive samples and 10% of negative samples were sent to NPHL.

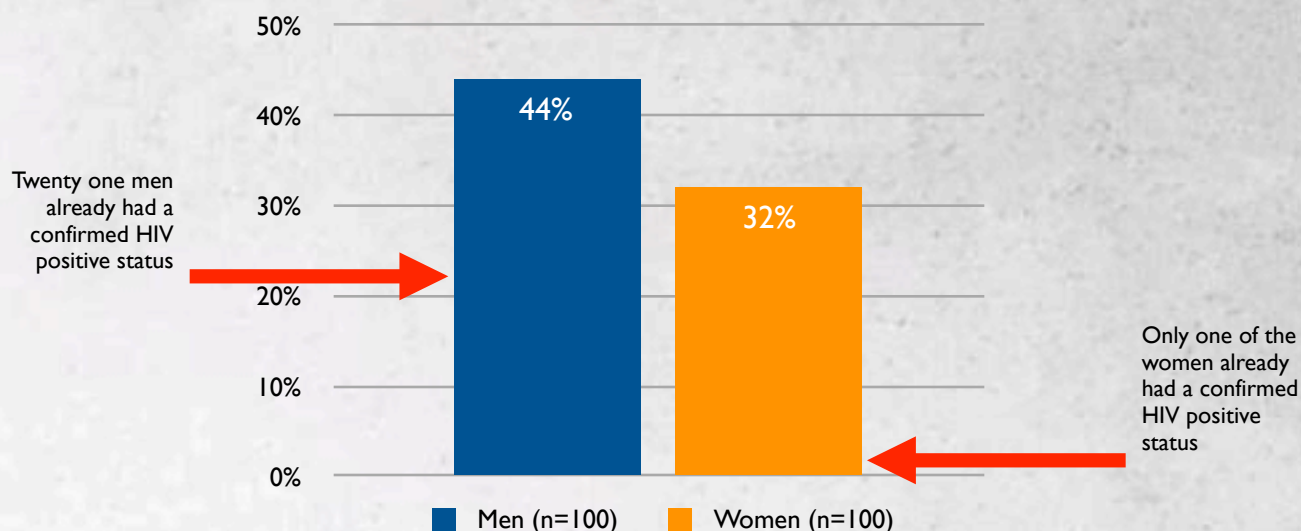
Data collection

Upon consent and registration, participants were interviewed in a private space and were given further assurance of the confidentiality of information provided by them to the interviewer.

The data was collected separately for male and female participants with the help of a structured questionnaire. Coded questionnaires were used and no personal information (unlinked sampling) was recorded on the questionnaire documentation.

Study Findings

HIV prevalence amongst study respondents including both concordant and discordant couples

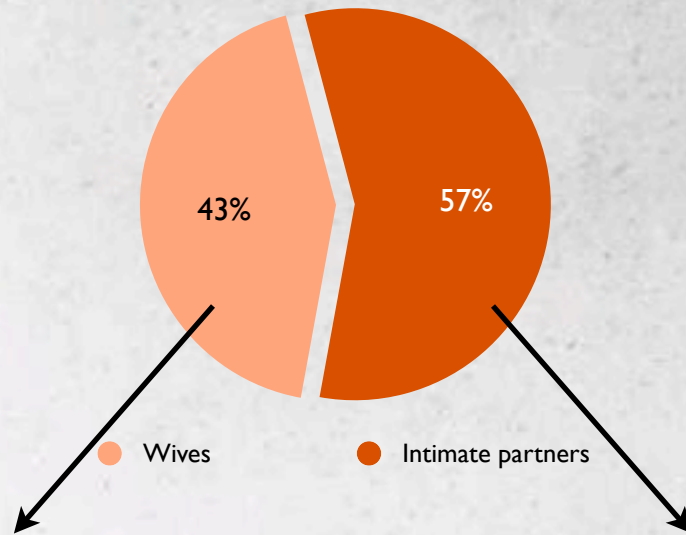


Of the sample size of 100 couples recruited the aim was to select approximately 50% men whose HIV status was confirmed positive.

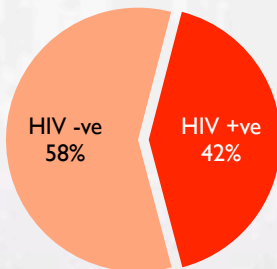
- Thirty two percent HIV prevalence among wives and intimate partners of HIV positive men who inject drugs is the highest recorded among any high risk group in 2011 in Kathmandu, Nepal.
- Among the HIV positive women, ninety seven percent found out that they were HIV positive through the study.
- Among the HIV positive men, fifty two percent found out that they were HIV positive through the study.
- All HIV positive women had HIV positive husbands or were intimate partners of men who were HIV positive.

All HIV positive wives and intimate partners were married to or were in an intimate relationship with an HIV positive man using drugs

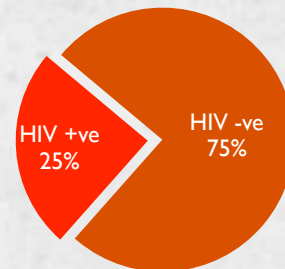
Breakdown of women respondents



HIV prevalence among wives



HIV prevalence among intimate partners



- HIV prevalence is higher among wives as compared to intimate partners of HIV positive men who inject drugs in Kathmandu, Nepal.
- Forty two percent of wives of HIV positive men who inject drugs were found to be HIV positive.
- Twenty five percent of the intimate partners were found to be HIV positive.

Demographics of the study population

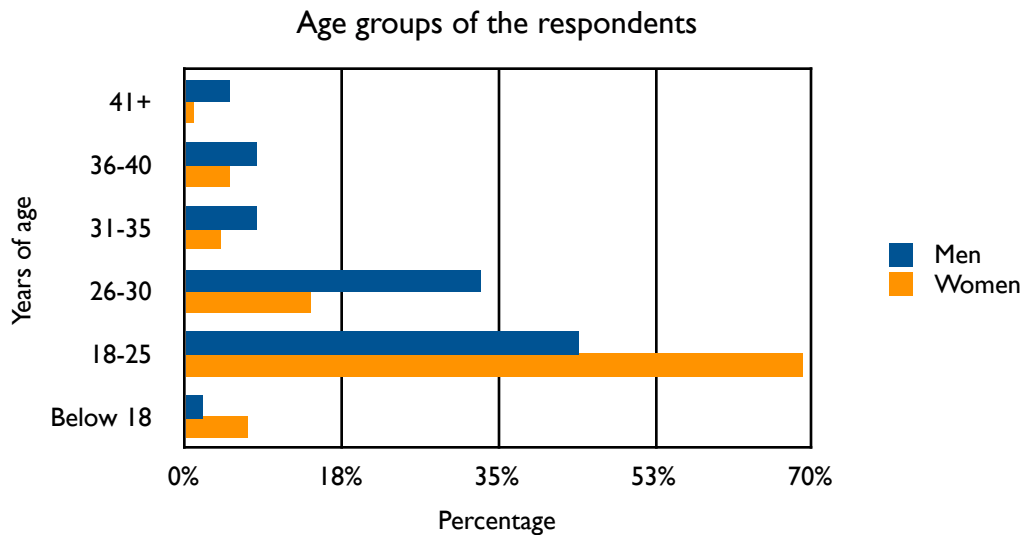
- Mean age of women at marriage was 18 years.
- Average period of living with husband was six and a half years.
- Minimum period of being with intimate partners was two years.



Age groups of the respondents

Almost 70% of the women (wives and intimate partners of men who inject drugs) were between 18-25 years of age.

The study data also indicates that younger couples have more frequent unprotected sex than the older couples interviewed. Younger couples are also more likely to be still in their reproductive age, and thus the risk of mother-to-child transmission should therefore also be urgently considered in prevention campaigns with this population group.



My marriage was arranged by my parents when I was 17. At present, I am a mother of two sons and one daughter. I always had something strange feeling about my husband which I came to realize after 5 years of marriage that he is dependent on drugs. I also came to realize that my in-laws knew about this and they planned for his marriage in hope that he'll turn responsible towards his family and quit his drug using behavior. I tried to help him with every possible means to quit, but things only got worse. He took almost everything that could get him money, even the silver earrings of my youngest daughter.

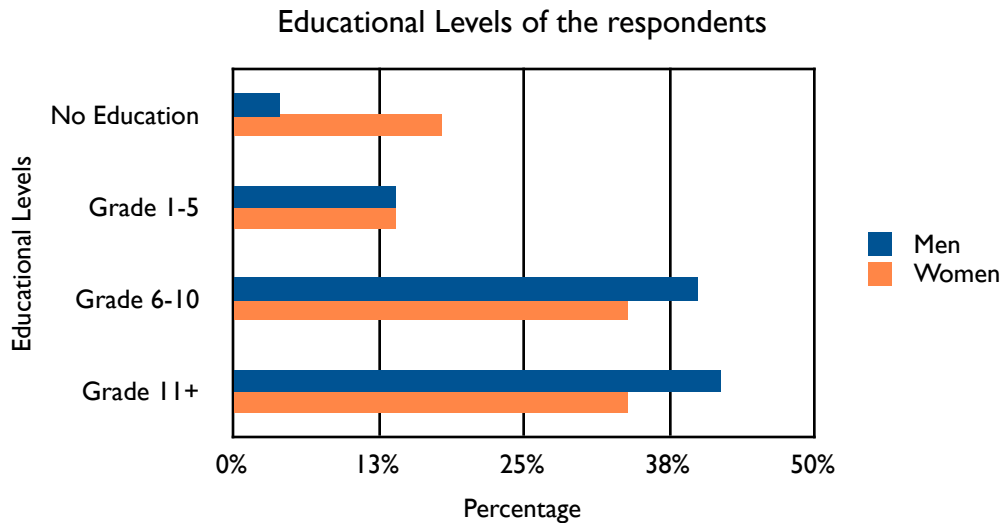
**Wife and mother of 3 children
Basantapur, Kathmandu**



Educational levels

Women participants were less educated than men which is also the case among the general population in Nepal. Eighteen percent of the women have had no education.

A considerable proportion (almost 40%) of the respondents had more than 10 years of education.



Based on the findings of this study, targeted written materials and information could help inform study populations of risks and vulnerabilities and ways to reduce risk of HIV infection

I came to Kathmandu from eastern Nepal to pursue my studies. I rented a room nearby my college. My boyfriend used to be a classmate from the college where I was studying. I came to know that he has been using drugs after 2 years of our relationship. My boyfriend used my money sent by my family many times. Problems began after he used all my money reserved for my annual college fees. I had no choice left other than to drop college. Arguing with him is not possible as he gets really violent if things don't happen his way.

I cannot think of a way out at this point.

A 25 year girl from Eastern Nepal

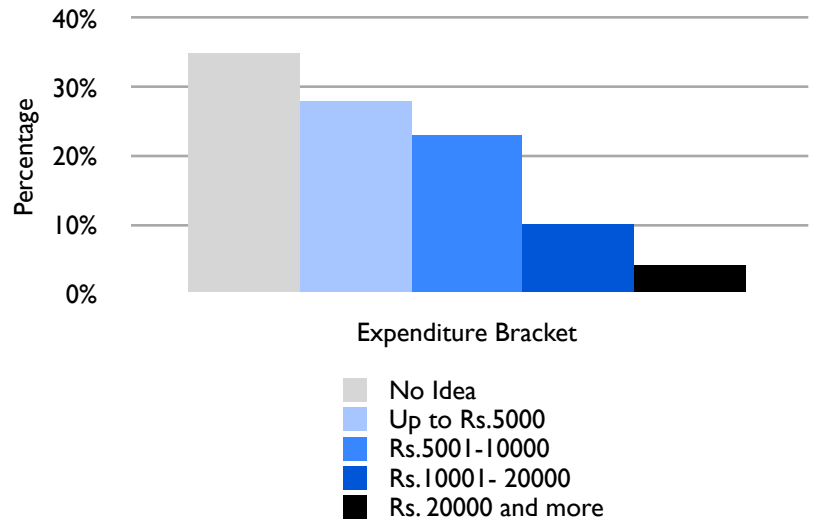
Monthly expenditure

There is some discrepancy in household expenditure reported by male and female participants. Expenditure reported by women may be more accurate as compared to men, as it is generally the women who are responsible for running the household. Supporting part of the husband's drug use is also a drain on the household income.

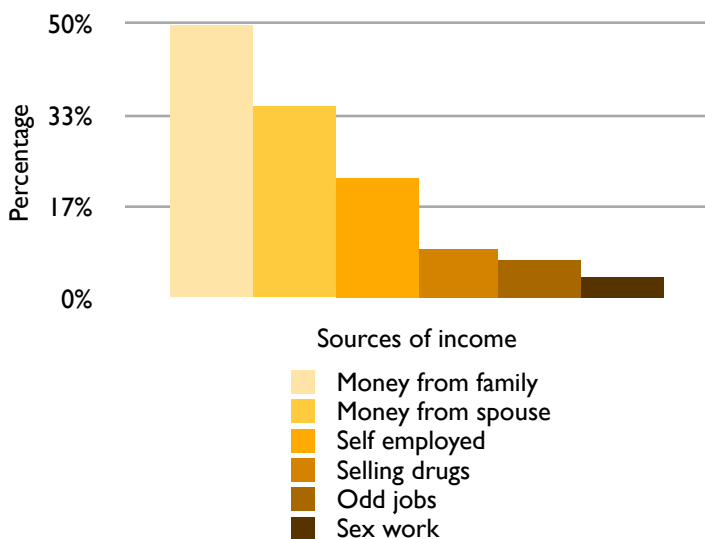
The average household expenditure in urban Nepal in 2011 was estimated at approximately NR 18,750. Only 37% of the women claim to spend above NR 10,000.

(Nepalese Rupee (NR) 90 = US\$ 1)

Monthly household expenditure reported by women



Sources of monthly household income of women



Source of income

Twenty two percent of the women claimed to generate income from self employment, seven percent from odd jobs and 85% claimed that their source of income is from their families of origin and husband/partner.

Nine percent generate income from selling drugs and 5% from commercial sex work.

Majority of the women respondents depend on family and husbands/partners for income which further enhances their vulnerability.

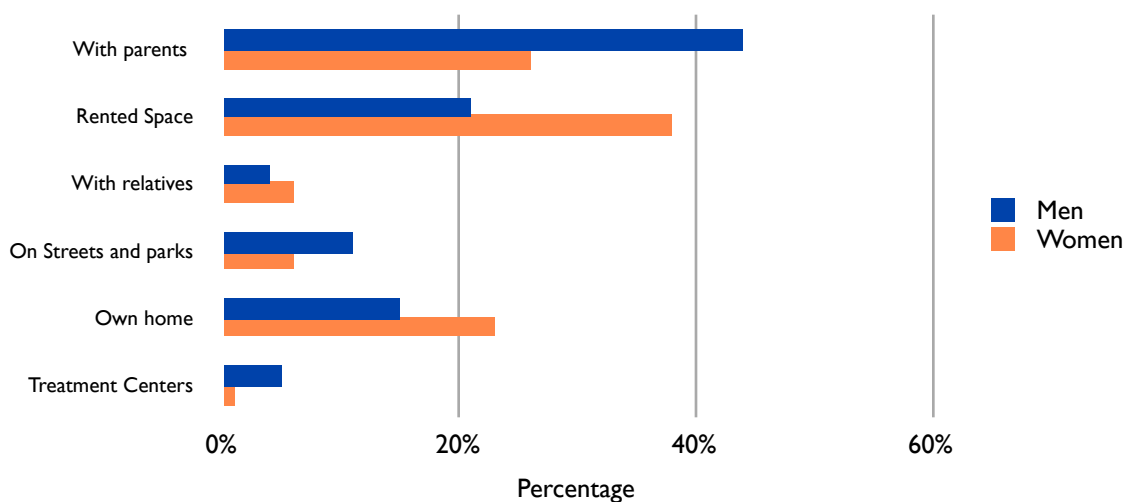
Access to AIDS related diagnostics in Nepal is not free and costs NR 3000 - 5000 approximately - a prohibitive cost for this population

I wash clothes and utensils, cook food and clean houses around the neighborhood to support my two daughters and my husband. My husband is hooked on drugs since last 12 years. He was diagnosed with HIV infection 7 years back and now he is sick and is not able to do anything except to inject his dose. At times, we have to live with an empty stomach because my husband does not hesitate to take anything that is accessible to him. My elder daughter stopped going to school as I couldn't continue to support her expenses. Sometimes I'm being pointed out in public of being wife of such a husband and people question me for the problems created by my husband.

Mother of two daughters, Sinamangal, Kathmandu



Current living status of respondents

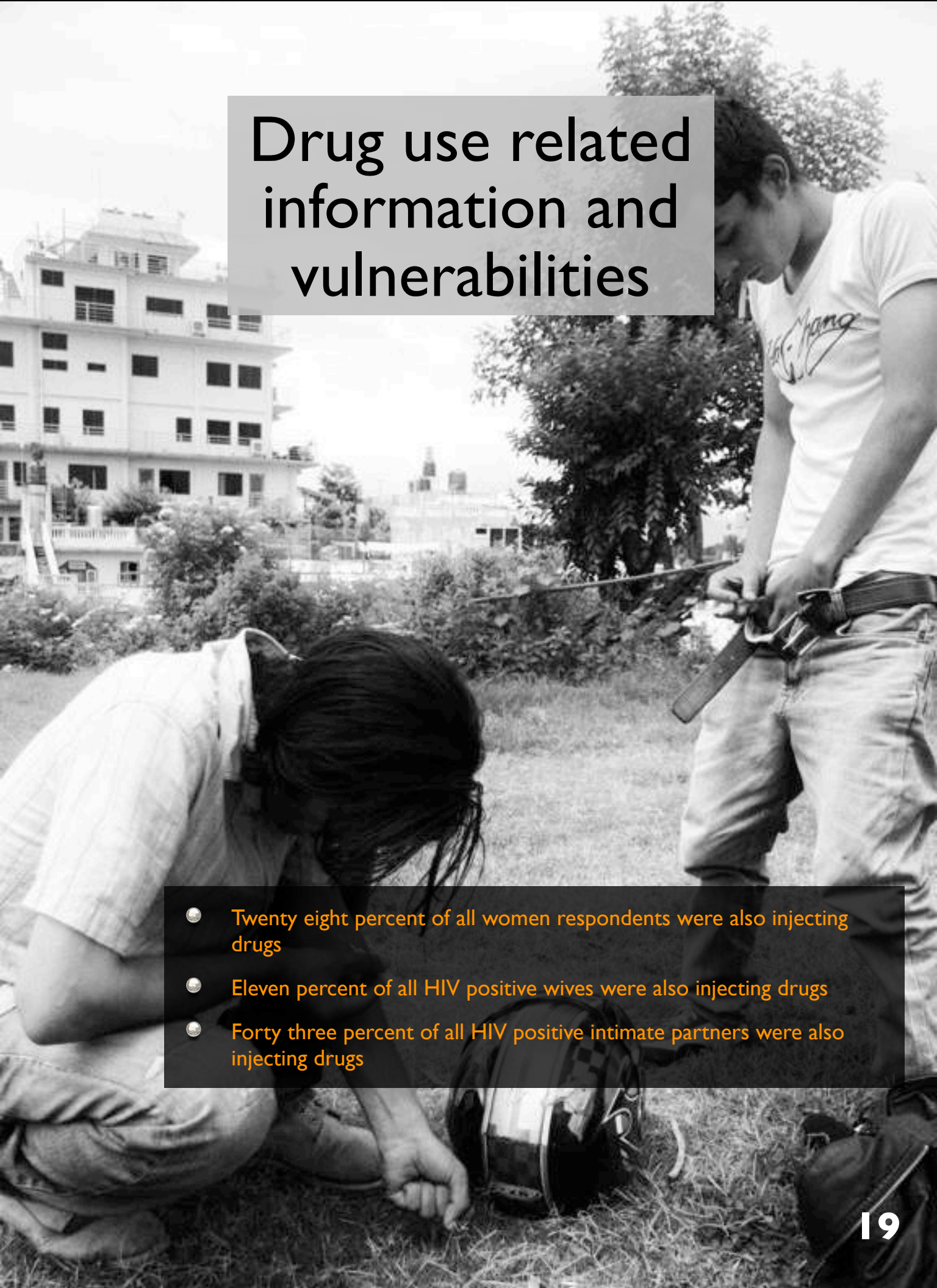


Current living status of respondents

Eleven percent of the men and six percent of the women are homeless and live on the streets/parks in Kathmandu, Nepal.

The chart above clearly shows that not all men and women are living together. Of those couples living together, most are married. Few men live with their intimate partners as it is generally unacceptable that unmarried men and women live together.

Approximately forty percent of the women live in rented premises, a further drain on their limited resources.



Drug use related information and vulnerabilities

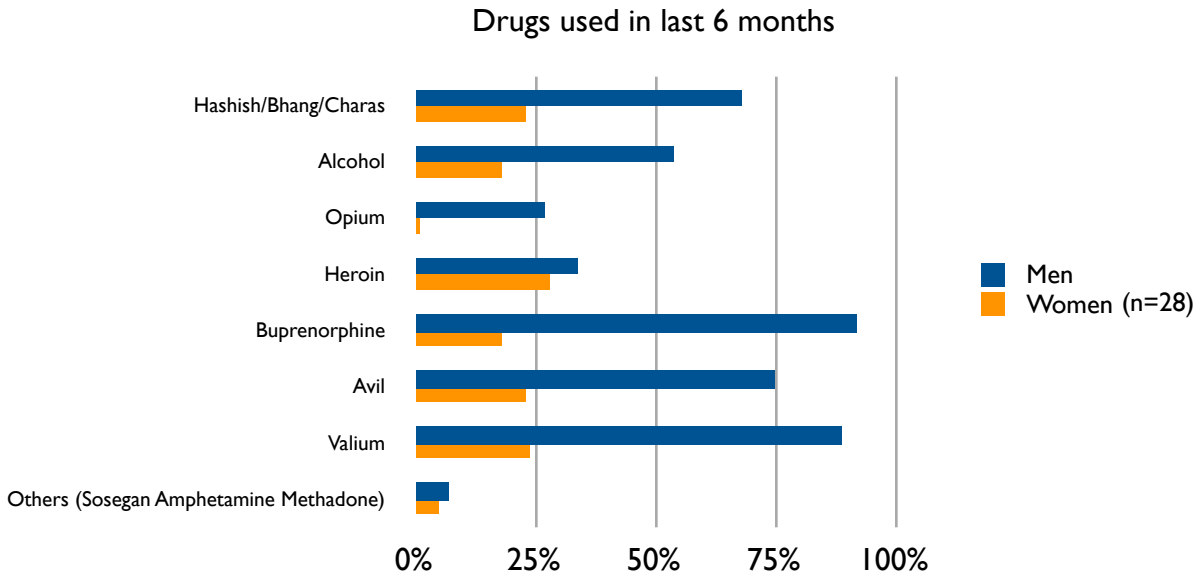
- Twenty eight percent of all women respondents were also injecting drugs
- Eleven percent of all HIV positive wives were also injecting drugs
- Forty three percent of all HIV positive intimate partners were also injecting drugs

History of drugs used by respondents in the last 6 months

The chart below gives a breakdown of drugs used by the respondents in the last 6 months.

A total number of 38 women respondents have a history of injecting drugs. Twenty eight women reported injecting drugs in the last 6 months.

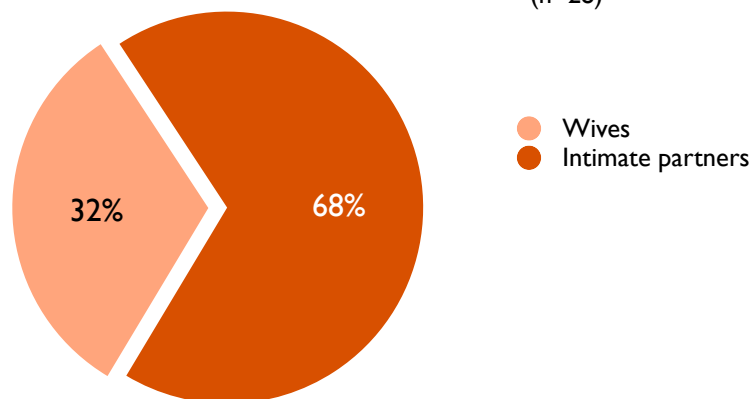
The chart below indicates that the majority of respondents, men and women are primarily injecting pharmaceuticals. The main drug of choice for injecting is buprenorphine in combination with valium and/or avil.



Twenty eight percent of all women respondents inject drugs which represents a significant number and compounded vulnerability. Twenty one percent of wives and thirty three percent of intimate partners inject drugs.

Breakdown of women who injected drugs in the last 6 months

(n=28)

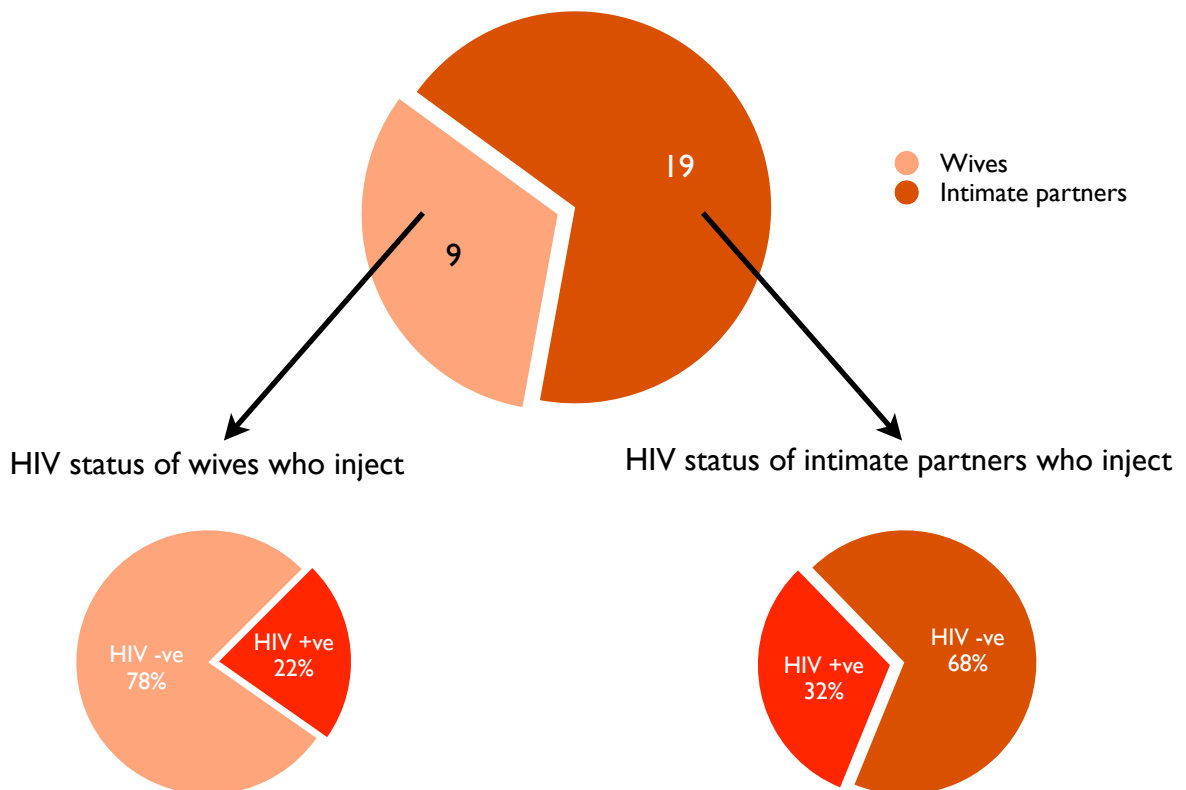


HIV prevalence and history of injecting among women respondents

Out of the 9 wives that injected drugs in the last 6 months, two or 22% were HIV positive from among the total number of 18 HIV positive wives. Eleven percent of the HIV positive wives were also injecting drugs. It is evident that HIV transmission from infected husbands to wives is mainly (89%) through unprotected sex.

Out of the 19 intimate partners that injected drugs in the last 6 months, six or 32% were HIV positive from among the total number of 14 HIV positive intimate partners. Forty three percent of the HIV positive intimate partners were also injecting drugs. It is evident that 57% of the HIV transmission from infected men to intimate partners is through unprotected sex.

Number of women who injected drugs in the last 6 months



I started using ganja at the age of 15 and gradually I was introduced to pharmaceuticals preparations by my friend. In this trend, I met a guy who encouraged me to inject for better effects. Soon I got myself into this ditch. I never knew how to inject but this became a necessity for me and I had to count on this guy to take my dose. Our sexual relationship also started and things were good until my partner started to use me for his financial benefits. He forced me to manage money from my family, fraud my friend and close ones. After few years, I was noticed by my family and friend and thats when I lost everything. I had to leave my home and parents and start living at a rented place. I started to work in a bar to make some money to support myself. Now my health condition is not good. Sometimes I fear of getting HIV or other diseases.

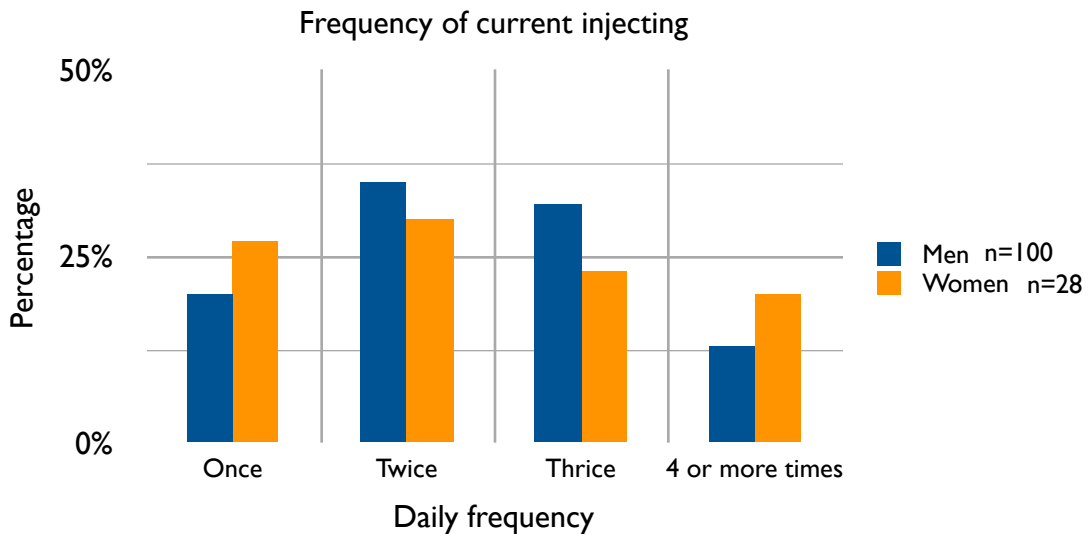
A 26 year woman from Bhaktapur

Drug use related information

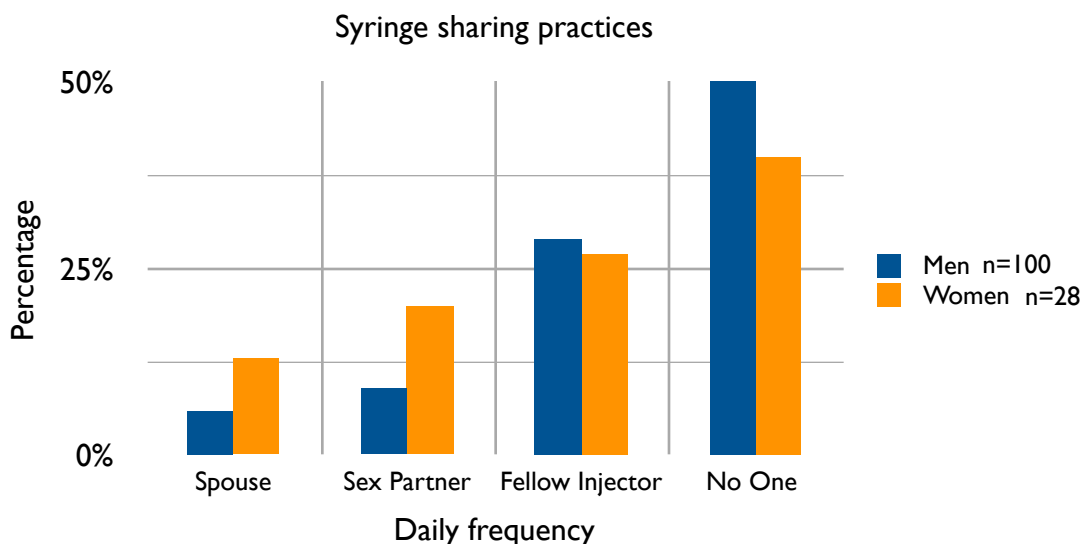
Majority (over 85%) of the men and women inject a combination of buprenorphine, avil and valium and a few inject heroin.

Sixty percent of the women share syringes/needles with their husbands, intimate partners and fellow injectors who could be either men or women.

Forty percent of the men share syringes/needles with their wives, intimate partners and fellow injectors who could be either men or women.



Twenty seven percent of all women respondents injecting drugs share with fellow injectors other than their husbands and partners. This further exposes and broadens the risk network for HIV transmission.



Sex related vulnerabilities

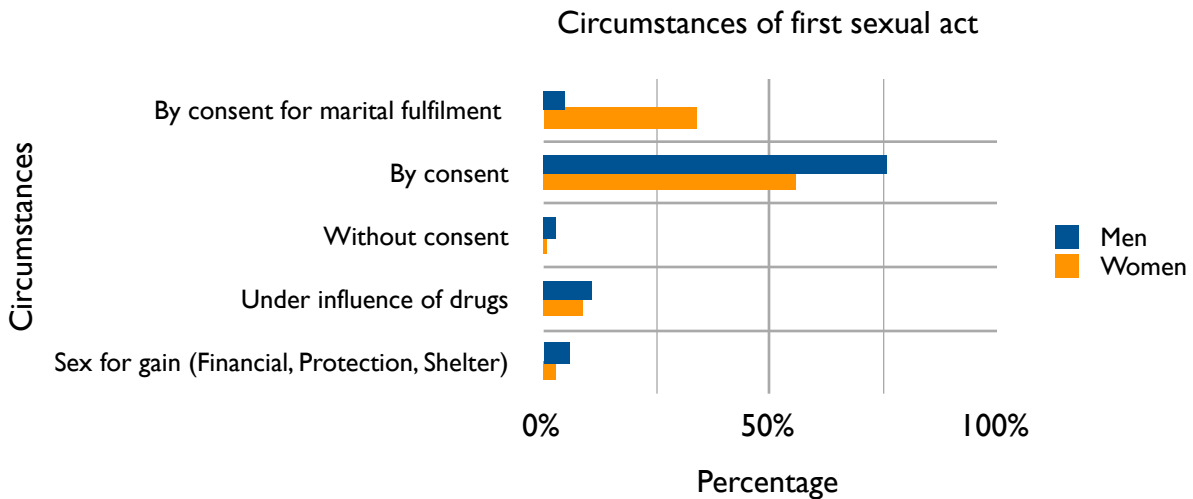
- Thirty five percent of all women did not use a condom in their last sexual act.
- Thirty three percent of the HIV positive wives used a condom compared to 85% of the HIV negative wives in their most recent sexual encounter.
- Ninety three percent of the HIV positive intimate partners used a condom compared to 55% of the HIV negative intimate partners in their most recent sexual encounter.
- Forty three percent of the wives stated that their husband refused to use a condom.
- Fifteen percent of all men and five percent of all women were involved in sex work.
- Seventy five percent of the intimate partners involved in sex work were HIV positive.
- Ten percent of the wives were forced to have sex with a person other than their husband.

Sex related information

The mean age of wives and intimate partners of men using drugs was 17.6 years on their first sexual intercourse.

Seventy nine percent of the wives had sex for the first time when they married. Nine percent of all women respondents claim to have been under the influence of drugs during their first sexual encounter and three percent has their first sexual encounter for financial gain, protection or shelter. One woman claimed that her first sexual act was forced and not consensual .

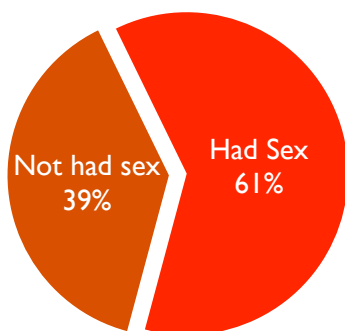
The information collected during the study clearly points out that married men using drugs are sexually active, and frequently engage in sex with their wives. A hundred percent of wives had sex more than once the past three months.



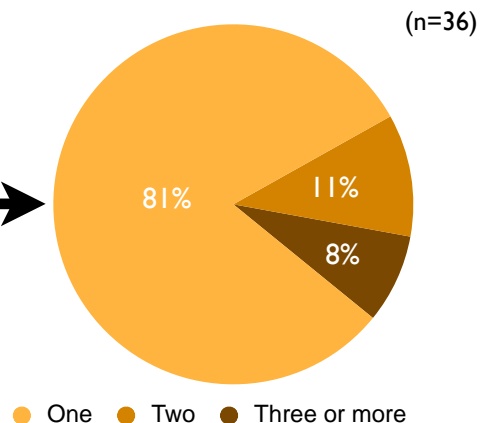
Sixty one percent of the intimate partners had sex in the last three months. Nineteen percent of the intimate partners also had sex with someone outside the primary relationship.

Current sexual behaviour of participants was explored for the last three months in order to avoid recall bias. These findings indicate that a high proportion of men who inject drugs are sexually active, which enhances the possibility of transmitting HIV or STIs to their wives and intimate partners.

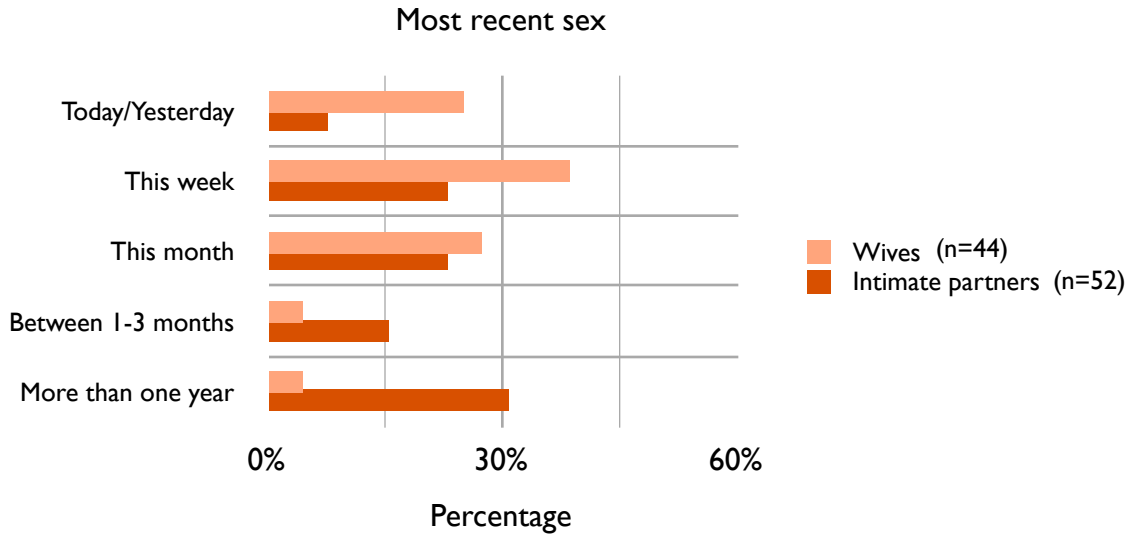
Sex in the last 3 months - intimate partners



Number of different partners

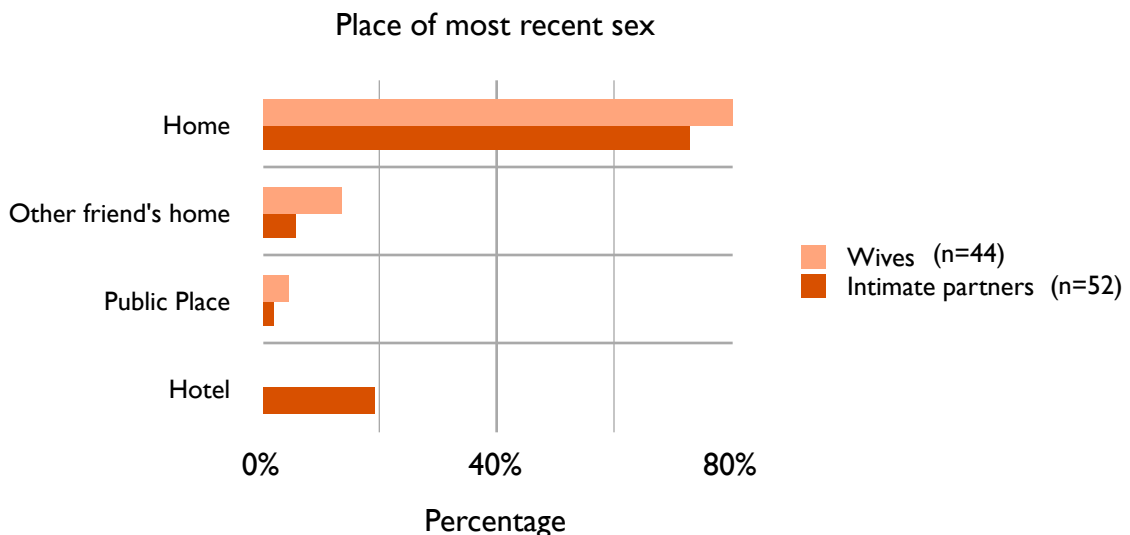


In order to obtain accurate information on sexual practices, the most recent sexual acts were queried in greater detail. Ninety one percent of the wives reported having sex with their husbands within the last month. Fifty four percent of the intimate partners reported having sex within the last month.



Twenty seven percent of wives and thirty eight percent of intimate partners were under the influence of drugs in their most recent sexual encounter. Approximately 97% of all women respondents claim that the condoms were provided by their partners.

Eighty two percent of the wives and seventy three percent of intimate partners had their most recent sexual encounter at home. Almost 20% of the intimate partners had their most recent sexual encounter in a hotel.

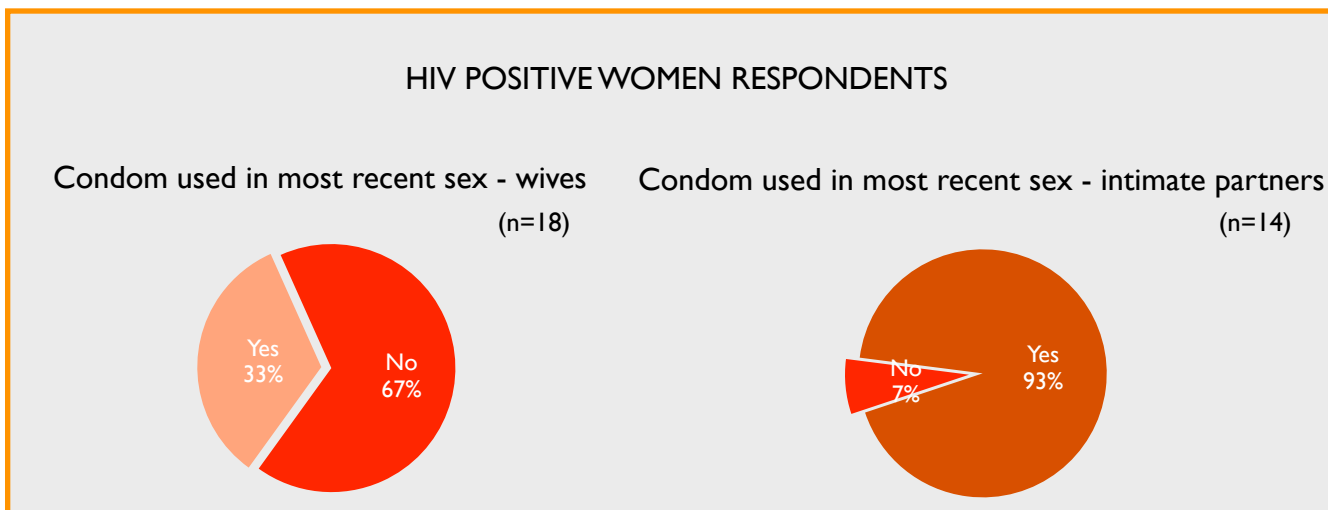
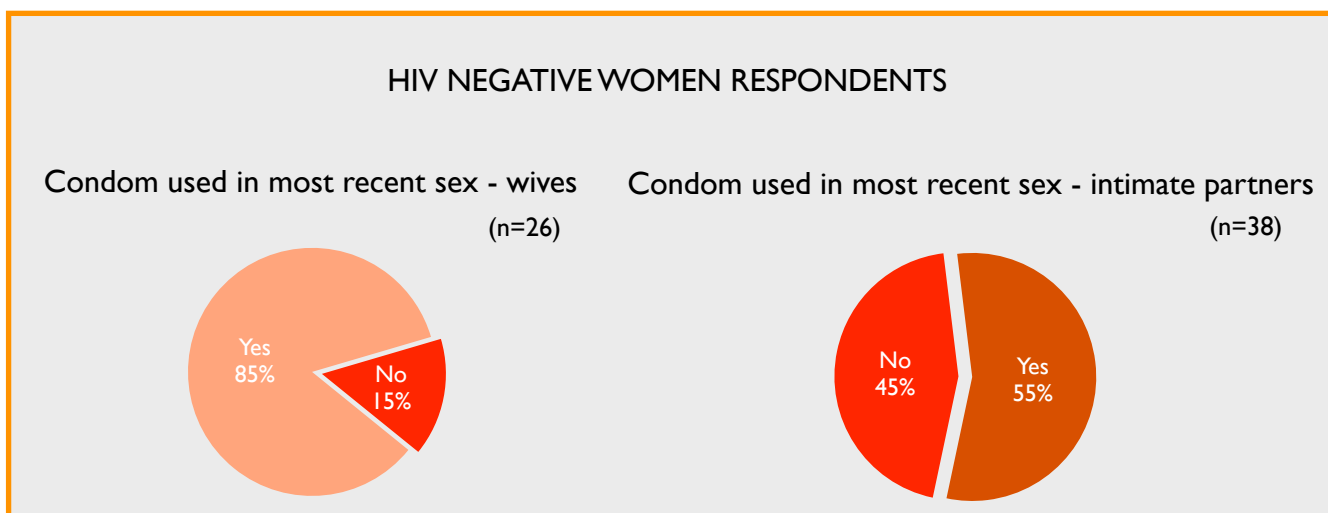


Condom use

The two charts below are a comparison of condom use among HIV negative and HIV positive wives and intimate partners.

Among wives who are HIV negative, 85% used a condom in their most recent sexual encounter. However among the HIV positive wives this number dropped to 35%.

Among intimate partners who are HIV negative, 55% used a condoms in their most recent sexual encounter. Among the HIV positive intimate partners this number increased to 93%.



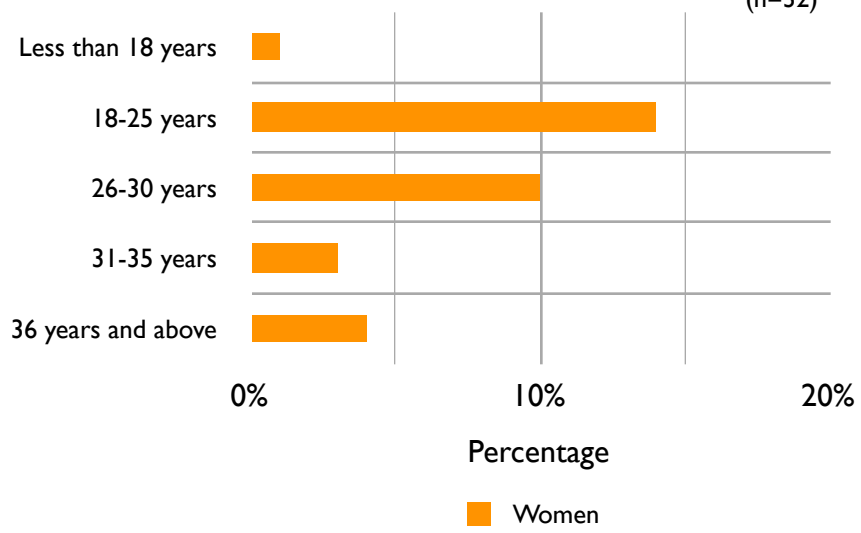
The two major reasons given for the using condoms by women respondents were to prevent pregnancy and prevent HIV and STIs.

Affected children



Age of all HIV positive women respondents

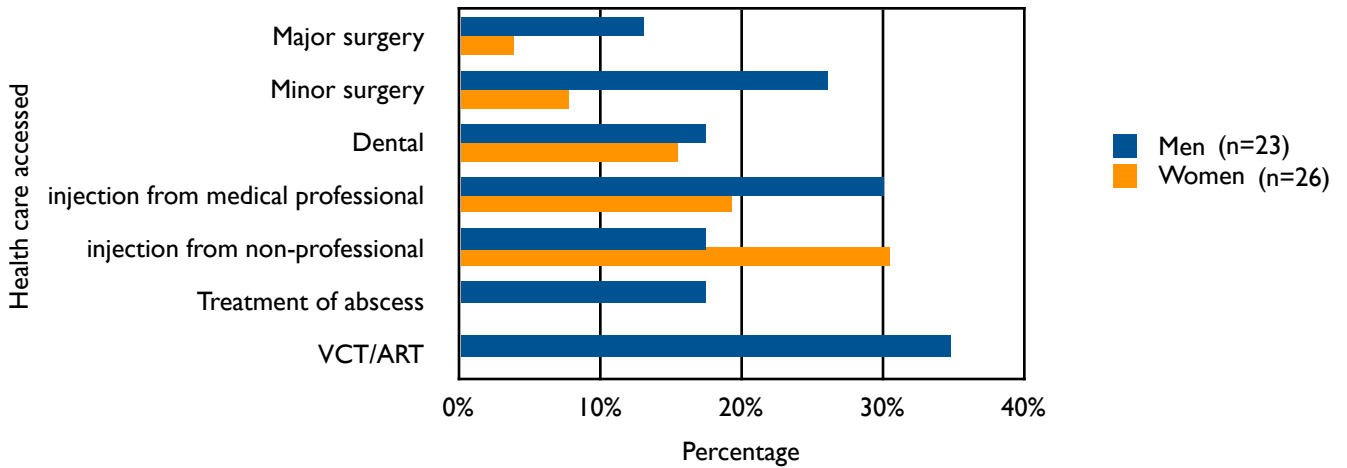
(n=32)



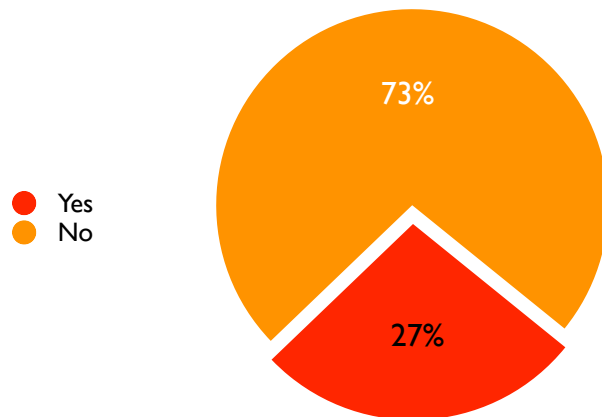
Health related information

- Twenty three percent of the men and twenty six percent of the women ever accessed health services in the last 6 months.
- No woman respondent had ever accessed VCCT services.

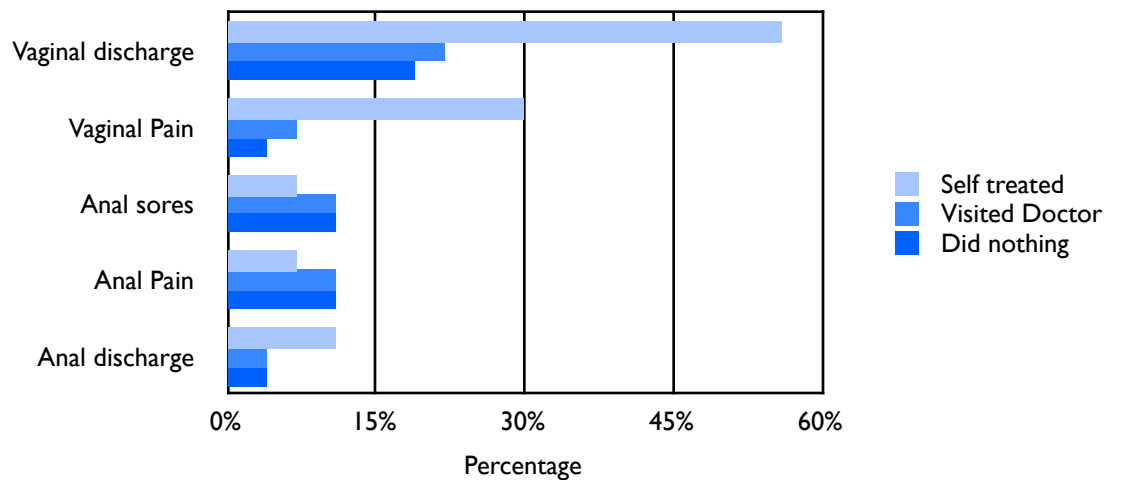
Reasons for accessing health care by respondents



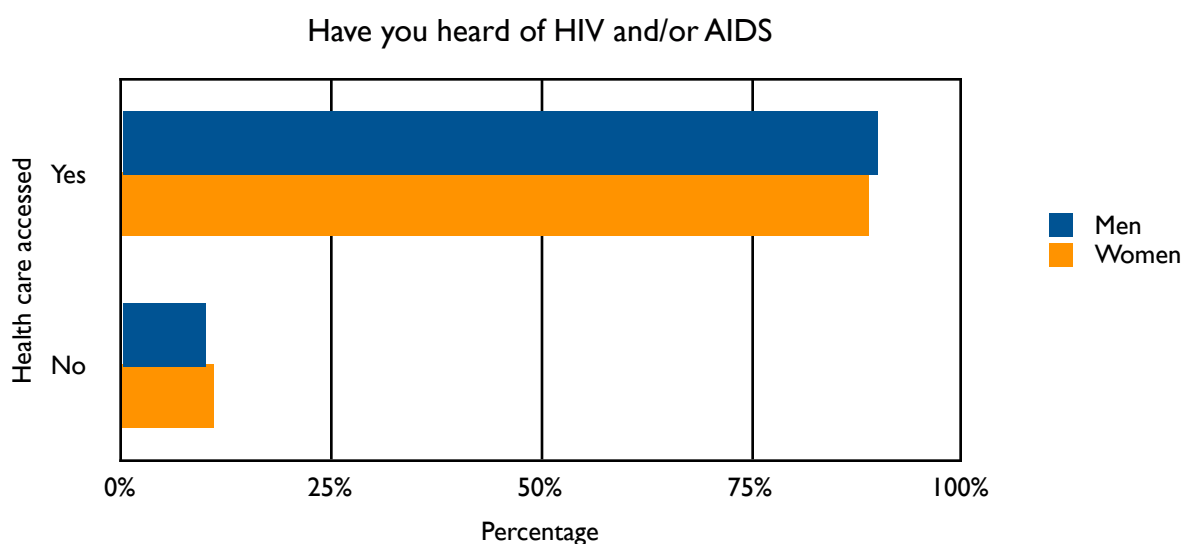
STI symptoms during last 6 months - women (n=27)



Treatment sought for STIs (n=27)



Knowledge about HIV and AIDS



Knowledge about HIV & AIDS

Among study participants, over eighty percent (80-90%) of the IDUs and over forty percent (43-61%) of their wives claimed to have heard about HIV or AIDS. The highest proportion of IDUs who reported to know about HIV and AIDS was in Lahore, followed by Faisalabad and Sargodha. Among female respondents, the highest knowledge was reported in Lahore and Sargodha, followed by Faisalabad.

Of those who claimed to have knowledge, up to 30% of the total female participants did not know about modes of transmission of HIV. The highest gaps in this knowledge were in Faisalabad, followed by Sargodha and Lahore.

Knowledge about transmission of HIV through unprotected sex and needle/syringe sharing was

- Approximately 30% of the men did not know that an HIV positive mother can transmit HIV to the unborn child.
- Fifty six percent of the men did not know of HIV transmission to a child through breast feeding from an infected mother.
- Approximately 20% of the women did not know that an HIV positive mother can transmit HIV to the unborn child.
- Forty one percent of the women did not know of HIV transmission to a child through breast feeding from an infected mother.

Populations most at risk of HIV are often viewed in isolation from the societies in which they live. This study has shown that viewing them in isolation will result in missed opportunities for understanding, and acting upon, the related risks and vulnerabilities experienced by their families and communities.

Conclusions and the way forward

|

Acronyms

| | |
|--------|---|
| AIDS | Acquired Immune Deficiency Syndrome |
| ANF | Anti Narcotics Force |
| BCC | Behavior Change Communication |
| GCWA | Global Coalition on Women and AIDS |
| HIV | Human Immunodeficiency Virus |
| MSM | Men having Sex with Men |
| NACP | National AIDS Control Program |
| NZ | Nai Zindagi |
| PACP | People who inject drugs |
| PWIDs | Punjab AIDS Control Program |
| STI | Sexually Transmitted Infections |
| UNAIDS | Joint United Nations Programme on HIV and AIDS |
| UNICEF | United Nations Children Fund |
| UNODC | United Nations Office for Drugs Control |
| VCCT | Voluntary, Confidential Counselling and Testing |



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