Knowledge and Practices on HIV/AIDS among Injecting Drug Users and its' Impact on Society

A Sociological Study on Injecting Drug Users of Rautahat District

A DISSERTATION SUBMITTED TO
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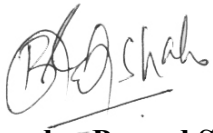
This is certified that the dissertation entitled "**Knowledge and Practices on HIV/AIDS among Injecting Drug Users and its' Impact on Society: A Sociological Study on Injecting Drug Users Of Rautahat District"** has been prepared/completed by **Mr. Tej Bikram Karki** under my supervision and guidance.

Therefore, I recommend this dissertation to the Evaluation Committee for its final approval and oral defense.



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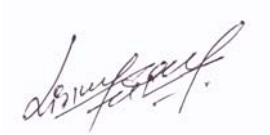
I have been impressed by intelligible presentation of the facts through the medium of simple and correct English.



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ABSTRACT OF THE STUDY

In Countries like Nepal, where there is concentrated epidemic of HIV, the national response to HIV and AIDS should be highly prioritized according to burden of risk and vulnerability among most at risk population in country. For the risk and vulnerability reduction there must be proper level of knowledge and highest practice for prevention of HIV among the most at risk population in country. So among the most at risk population; injecting drug users are one of them who should have proper knowledge and practice on HIV and AIDS. Realizing this; the main theme of this dissertation is to find out the level of knowledge and practice on HIV/AIDS among the injecting drug users and its' impact on society. Having the knowledge is not sufficient on prevention measures; there must be sufficient practice on it. If there is gap laid between knowledge and practice on HIV/AIDS among them then it would be difficult to reduce the risk among the most at risk population. So the dissertation is not only focused the knowledge and practice rather it has tried to carry out the gap between it along with the overall impact on society.

The research has been conducted among the respondents from the majority in Rautahat district mainly in Gaur municipality, Chandranigahpur VDC and Santapur VDC from April 2012 to July 2012. Among 512 IDUs, 154 IDUs were taken as respondents. Moreover the researcher met with the concern government and non-governmental bodies. The formal and informal talks, conversations, interviews with the respondents and concern bodies have helped for better framing the study where some of the recommendations and suggestions were collected.

The study is mostly associated for drawing the real picture of knowledge and practice level on HIV/AIDS among the injecting drug users. So the study has made the following purpose and objectives.

- To identify the awareness level on HIV/AIDS among Injecting Drug users.

- To explore the knowledge/attitude on HIV and AIDS and practices by Injecting Drug Users.
- To find out the gap between knowledge and practices toward HIV/AIDS among Injecting Drug Users.
- To identify situation of Stigma and discrimination among Injecting Drug Users.
- To identify the impacts on society

Although there were some limitations of the study the research has been successfully conducted with reliable output. I hope the output of the research will not be underestimated; the recommendations and suggestions in the future will help for all the governmental and nongovernmental concerns bodies for better program coverage, interventions and making the vulnerable groups safe from the HIV infection.

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LIST OF ACRONYMS

HIV	Human Immune-deficiency Virus
AIDS	Acquired Immune- Deficiency Syndrome
BCC	Behaviour Change Communication
IDUs	Injecting Drug Users
PWIDs	People Who Inject Drugs
FHI	Family Health International
FSWs	Female Sex Workers
MSM	Men Having Sex With Men
GOs	Governmental Organisation
AYC	Arunoday Youth Club
BDS	Blue Diamond Society
GWP	General Welfare Pratisthan
ICH	Institute of Community Health
ILO	International Labour Organization
DACC	District AIDS Coordination Committee
IEC	Information, Education, Communication
KAP	Knowledge, Attitude & Practice
LALS	Life-giving And Life-saving Society
MW	Migrant Workers
NCASC	National Center for AIDS and STD Control
NGO	Non- Governmental Organisation
PLHA	People Living with HIV/AIDS
STDs	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Program on HIV/AIDS
UNCHR	United Nations High Commission for Refugee
WHO	World Health Organization

CHAPTER 1
INTRODUCTION

1.1 Background of the Study

Generally the mankind has been suffering from various types of diseases; among them more are curable and some are not curable such as HIV/AIDS. The mankind has not been fully released from different fatal diseases; the communicable HIV/AIDS has raised the sufferings and threatened rights to life of mankind. There is no permanent cure for this disease as so far. Drugs so far developed help only increase the immune efficiency, but it is very expensive. So it is beyond the reach of general people. That is why the prevention measures are the main option to curb the spreading of this deadly disease.

The major transmission route of HIV in the country is heterosexual, People who inject drugs (PWIDs), men who have sex with men (MSM) and female sex workers (FSWs), Male labour migrants (who particularly migrate to high HIV prevalence areas, where they often visit FSWs) and clients of FSWs. These are the key populations at higher risk spreading this epidemic in the country who are playing the role of bridging population groups that transmit infections.

The Human Immune-deficiency Virus (HIV) causes Acquired Immune Deficiency Syndrome (AIDS). HIV destroys immunity of the body leaving the victim highly susceptible to simple infectious diseases like tuberculosis; influenza etc., which then become the direct causes of death.

In Nepal, the first-ever AIDS case was reported in 1988. Ever since, the nature of the HIV epidemic in the country has gradually evolved from being a "low-prevalence" to "concentrated" epidemic **(Guidelines developed by UNAIDS/WHO)**. This is because HIV prevalence among general population is 0.7% but HIV prevalence is more than 5% in one or more than one sub-population. In this country context most at risk groups include Injecting drug users, Female sex workers, and migrants. Within the general population, identified high-risk sub-

groups are contributing to the spread of HIV. (WHO/UNAIDS, 2006). The present study also says that over 80 per cent of the HIV infections are transmitted through heterosexual transmission, People who inject drugs (PWIDs), men who have sex with men (MSM) and female sex workers (FSWs) are the key populations at higher risk spreading this epidemic.**(NCASC (2012) National Estimates of HIV Infections in Nepal, 2011. March 2012.)**

Among the high-risk groups, IDUs likewise the sex workers groups are one of the identified target groups to be covered by prevention program so that multi donor and implementing agencies are trying to reach among them throughout comprehensive program.

The country's vulnerability to HIV and AIDS are further exacerbated by:

- Poverty
- Gender discrimination
- Geographic and Ethnic diversity
- Its' land locked location between India and China
- Poverty, inequality and underdevelopment
- Political instability
- Varied levels of knowledge about HIV transmission among most-at-risk groups and young people
- Insufficient risk reduction behaviors among most-at-risk groups and young people

New ways of taking drugs, such as by intravenous injection, has led to breakdown in the equilibrium which societies had maintained for centuries. Traditional social and cultural controls on human behaviour have been weakened or destroyed. **(World Health Organization public health paper No.73 'Drug Problems in the Sociocultural context' 'A Basis for Policies and Programme Planning -WHO Geneva 1980)**

Moreover, taking drug by people by any mode has influenced to lose the productivity in any factor of society. So, HIV infection and using drug in the society are not individual problems but these are social problems as well. The impact of HIV infection in the mass could breakdown and weakens the value of society and its networking. As we know that the social units gather to solve the problem when it needs in society; but when the majority of the people who have HIV infection already have been in fragile condition physically as well as mentally by social stigma and discrimination so they may not have sufficient level of physical and mental effort to solve the problem in the society. Unhealthy and unsocial behaviour never can transform the better knowledge and learning to next generation to make society civilized. So, there must be healthy environment in any factor of the society through which we can only make society sustainably well developed and civilized.

There is strong connection between spreading HIV infection and drug abuse and addiction. People often believe that this connection is only due to common use of needle while injecting drug; through which HIV infection rapidly spread. But we can find there is another reason as well. After injecting drug, it affects judgment and can lead to risky sexual behaviour that puts participants at risk of contracting or transmitting HIV as well as other sexual diseases. In addition injecting drug can facilitate the progress of HIV infection by further compromising the immune system.

Realizing the situation; the review of the previous National HIV/AIDS Strategy, 2006–2011 reformed the development of the National HIV/AIDS Strategy, 2011–2016. The national goal of this strategy is to achieve universal access to HIV prevention, treatment, care and support and its programmatic objectives are to achieve the following targets by 2016: (1) reduce new HIV infections by 50 per cent, (2) reduce AIDS-related deaths by 25 percent and (3) reduce new HIV infections among children by 90 percent. In order to achieve these, three strategic directions were highlighted, which are also aligned to Nepal's commitment to

achieving the targets of the 2011 AIDS Political Declaration. The development of a National Action Plan (NAP) on HIV/AIDS, 2011–2013 is in progress.

Besides the National HIV/AIDS Strategy, 2011–2016, the country's Three-Year Interim Plan 2010/11–2012/2013, Poverty Reduction Strategy Paper (PRSP), and the National Health Sector Programme-Implementation Plan (NHSP-IP) all ascribe priority to the HIV and AIDS program. Moreover, The current strategy is envisaged to focus on the following: (1) addressing the complete continuum from prevention to treatment, care and support, (2) strengthening the health system and community system, (3) integrating HIV services into the public health system in a balanced manner to meet the specific needs of the target population and (4) creating a strong accountability framework with robust HIV surveillance, program monitoring and evaluation to reflect the results into the National Health Sector Programme II (NHSP II) and national plan. To support government national policy different donor i.e. FHI, Nepal, Save the Children, Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) (single stream of funding (SSF)), United States Agency for International Development (USAID), United Nations (UN) agencies and UK Department for International Development (DFID) have been contributing in the field of HIV and AIDS control and prevention. (Nepal Country Progress Report 2012, MoHP/NCASC) *(To contribute to Global AIDS Response Progress Report 2012)*

Rautahat, one of the business transaction districts of Middle East region of Nepal is one of high risk districts in the context of HIV and AIDS. A size estimation survey shows **maximum 645 to minimum 564 IDUs** (MAPPING & SIZE ESTIMATION OF MARPs IN NEPAL 2011, NCASC & HSCB) are active in Rautahat district.

Targeting injecting drug users group in Rautahat district; Arunodaya Youth Club has been conducting HIV and AIDS prevention program since 2009 with the support from Save the Children. Moreover, GWP and Blue Diamond Society, both National Level NGOs are also conducting HIV and AIDS prevention program with the help of FHI, USAID and UN Agencies. Regarding this study; it helps to know

the impact of program which would be useful to donor, concern GOs and NGOs, line agencies and civil society as well.

1.2 Statement of the problem

In response to Millennium development goal by 2015 and the global efforts towards achieving universal access for HIV/AIDS prevention, treatment, care and support, the Government of Nepal has also dedicated itself towards achieving universal access for HIV/AIDS services to its people. As such, the national responses need to be scaled up, commitment to achieving the Three Ones is translated into firm actions; and the Global Task Team's recommendations on improving institutional and donor coordination are seriously taken up at the national and international levels.

The current coverage of HIV/AIDS prevention, treatment, and care and support services is limited. The national response is largely focused on prevention services and links between prevention, treatment, care and support are insufficient. The geographic distribution of services do not reach to the large portions of groups who are most vulnerable and most at risk of HIV infections.

There are a number of challenges to achieve a scaled up and comprehensive HIV and AIDS program in Nepal. These included:

- An incomplete policy and legal framework to support a comprehensive national response
- Under developed multi-sectoral aspects of current strategies and plans
- A lack of a transparent system for mobilizing, pooling, disbursing and monitoring HIV/AIDS funds including donor harmonization
- Inadequate numbers and skills of human resources to provide the coverage and quality of services needed

- Weak systems for coordination, monitoring and evaluation and the supply of essential commodities
- A shortage of and poor distribution of service points
- Insufficient opportunities for partnership for all stakeholders in the national response
- A coverage target of addressing 80% of most-at-risk populations' needs for HIV and AIDS prevention, treatment, care and support is envisaged for 2011. (National HIV & AIDS Strategy, 2006-2011).

In case of Rautahat district, A size estimation survey shows **maximum 645 to minimum 564 IDUs (MAPPING & SIZE ESTIMATION OF MARPs IN NEPAL 2011, NCASC & HSCB)** are active in Rautahat district. Out of them 512 IDUs are still in contact with AYC and out of 512 IDUs 3IDUs have been died caused by AIDS. Still 44 people are living with HIV/AIDS (DACC-Rautahat, 2069) in Rautahat District. Whereas the NGOs working to this sector are claiming about 80 people are living with HIV/AIDS in Rautahat district (AYC-Rautahat, 2069). Realizing the situation more than 10 Organization has been working in the field of HIV prevention focusing defined sub-group. Out of them AYC, BDS and GWP have been working focusing IDUs and SW in Rautahat district. Even some of them have been working since 2000A.D; there is not any significant impact study among this sub-group. That is why I would like to conduct this study so that it can be examined whether the present services are giving positive impact or not?

This study mainly concentrated on the extraction of the answer of the following research questions:

- What are the level of knowledge and practices of HIV/ AIDS among injecting drug user group?
- What is its' impact on society?

- What are the major advantages of existing HIV and AIDS prevention activities?
- What is the situation of accessibility up to service sites?
- How does the community behave towards injecting drug user group?
- What is the level of gap between their knowledge and practices?
- What is the sexual and needle exchange behaviour practice of injecting drug user group?

1.3 Objective of the study

The overall goal of the study is to explore the knowledge and practices of existing HIV and AIDS prevention program and its' impact in society among injecting drug users group in Rautahat district.

The specific objectives of the study are;

- ✓ To identify the awareness level on HIV/AIDS among Injecting Drug users.
- ✓ To explore the knowledge/attitude on HIV and AIDS and practices by Injecting Drug Users.
- ✓ To find out the gap between knowledge and practices toward HIV/AIDS among Injecting Drug Users.
- ✓ To identify situation of Stigma and discrimination among Injecting Drug Users.
- ✓ To identify the impacts on society

1.4 Rationale of the study

Injecting drug use is the main route of transmission for approximately 10% of HIV infections globally and 30% of infections outside of sub Saharan Africa. Preventing HIV transmission through injecting drug use is one of the key

challenges to reducing the burden of HIV (GLOBAL AIDS Response PROGRESS REPORTING 2012, UNAIDS)

The significance of this study was related with the critical issues of HIV/AIDS and the possibility of being infected among Injecting Drug Users groups. The emphasis is laid upon the risky behavior of Injecting Drug Users and vulnerability to HIV/AIDS. Many studies have been conducted about the HIV/AIDS issues among the different vulnerable populations like sex workers and their clients, migrants in the different locations. But regarding injecting drug users; there is still lack of sufficient study about their knowledge and practice on HIV/AIDS particularly in Rautahat district. Moreover I haven't found any studies on the issues of IDUs particularly in Rautahat district. In this context; this study will show the present condition of knowledge and practices on HIV/AIDS and its' impact on society among injecting drug users (IDUs), which will give some insight for further research in this area.

1.5 Organization of the study

This Study has been divided into five Chapters. The first chapter presents a general introduction on the issue of Injecting Drug Users and HIV and AIDS with background, statement of the problem, objectives as well as rationale of the study. This section also gives the essence of the study needs and problems currently prevailing in the area where the study is being carried out.

The second chapter focuses on the review of literatures, which provided the salient features of this study part and highlighted the situation in and around the study needs. The review of the available literatures provides more about the situation in Nepal and the context of world or similar conditions. It also provides the ground for the study to go ahead to find new things for the researchers in the days to come.

Chapter three highlights and provides the illustrations of the research methods applied and adopted to this study. The purposive multiple non-probability method

was applied to select the respondents by using the different data collection techniques like observation, interview/ interaction etc.

Chapter four highlights about the study site and respondents, which gives some essence of the general characteristics of the respondents and some observational facts.

The Chapter five is for the research findings based on knowledge and practices of the respondents in relation to HIV/AIDS, new unused sterilized syringe and condom. This section illustrates the modes of transmissions and non-transmissions of HIV/AIDS including the preventive measures, health consciousness and needle sharing behavior along with sexual behavior among respondents. This chapter also highlights the impact on society by the gap between knowledge and practices on HIV/AIDS, HIV infection and injecting drug use. Besides this, the section explained all the major findings of this study with different data table analyzed and extracted from the interview questionnaire and observational findings.

The last section (chapter six) is for the summary of the findings, conclusion and suggestions, which provides the summary of the whole study for those who don't have more time to go through the whole study process and findings.

CHAPTER - II

LITERETURE REVIEW

2.1 Theoretical Review and Approach

In this portion various sociological theories relevance with the issue have been reviewed to justify the validity of this study.

2.1.1 Human Rights Perspective

Due to socio-cultural system of the society, people with HIV/AIDS are marginalized and threatened to their right to life. In this context, Human Rights perspective would be a great help for the people living with HIV/AIDS-PLHA. To be a human is to engage in relationship with others and the world, it is to

experience the world as an objective reality, independent of oneself, capable of being known. (Freire, 1985 cited in Thapa, 2002)

2.1.2 Poverty Perspective

AIDS is rapidly increasing in the world. World AIDS Report 2010 pointed out that 34 million people worldwide are infected with HIV, and 1.8 million people have died due to the cause of AIDS in 2010. More than 95% of people infected with HIV/AIDS are in the developing world (WHO/UN AIDS Report, 2007). Cross-country evidence indicates that both low income and unequal distribution of income are strongly associated with HIV infection rates. Countries with high gender inequality also have higher infection rates. Sub-Saharan Africa has more cases of existing and new infections than the rest of the World combined, though the rate of increase is now steepest in Asia and the countries of the former Soviet Union.

AIDS has devastating impact on poor people. During the illness, it leads to loss of labour and causes poor households to dipose of productive assets to pay for treatment. The impact of an adult death from AIDS is more severe in poor households. The recommended policy approach is to concentrate on poor households most in need of survivor assistance, focussing on the period immediately after a death, when food consumption has fallen but there has not yet been permanently damaging impact. (Thapa, 2000)

2.1.3 Behavioural Perspective

The unsafe unsocial behaviour of injecting drug uses is harmful to life socially and physically. Their unsafe needle exchange and sexual behaviour is not only leading them but also the entire society to the darkness of HIV/AIDS. (IDUs' Report AYC,2011)

Injecting drug use is the main route of transmission for approximately 10% of HIV infections globally and 30% of infections outside of sub Saharan Africa.

Preventing HIV transmission through injecting drug use is one of the key challenges to reducing the burden of HIV (GLOBAL AIDS Response PROGRESS REPORTING 2012, UNAIDS)

Due to lack of economic opportunities and by many other causes, untold numbers of the people starts taking drug. The mode of taking drug mostly converts to the way of injecting according to the World Health Organization public health paper No.73 'Drug Problems in the Socio-cultural context' 'A Basis for Policies and Programme Planning -WHO Geneva 1980. The unsafe behaviour of infected needle and syringe exchange causes the HIV infection. Some IDUs have involved in sex industry as well. Thus the transmission of HIV is rapidly growing. That is why safe behavioural health education is a priority need of whole community.

"Although sex work is illegal in Nepal, it is widely practised in the Nepalese highways and city/town area. As in many other societies, Nepalese society is not acceptable to talk publicly about sex. That is why sexual health is a priority need for the whole community (Shrestha, 1995). Sex education is necessary to be informed and to build up healthy attitudes about sex. Sexual behaviour is almost universally a private affair and people are not generally inclined to tell outside researchers about their sexual behaviour and experiences (Pool et al, 1996).

The individual's motives for sexual relations might be different, but the followings are commonly mentioned as reasons for engaging in heterosexual activities across the world of variety of cultures. The major causes are to have children; for erotic pleasure; to solve economic problems, to enjoy touching, hugging, or the sense of being physically close to someone or loved by them; to demonstrate loyalty. Besides, love or sense of duty toward the sexual partners, to enjoy a sense of control or power over the sexual partner, are reasons of being engaged in heterosexual activities. More than one motive may be involved in any given sexual encounter or relationship but each is a conceptually separable motive for engaging in sex (Mason, 1994).

2.1.4 Socio-Cultural Perspective

The existing value of the society and the culture is stabilised to led the people into modern healthy civilization. Socio-culture's value and importance is always curbing the member of society to step-up for its better development. In this context; any kind of socio-cultural misbalance is not accepted in the society. So, the need of the society is to control the human behaviour to keep balance in the society with its' better value. The World Health Organization Public Health Paper No 73 on 'Drug Problems in the sociocultural context' 'A basis for policies and programme planning' also says 'Historically the use of indigenous drugs in stable cultures has usually been moderate; demand supply and use have mentioned a long-standing equilibrium; societies have controlled drug use by informal but strong influence . In recent times, traditional patterns of use have been changing. The availability of purified psychoactive ingredients of natural drug and of a host of synthetic, and of new ways of taking drugs, such as by intravenous injection, has led to breakdown in the equilibrium which societies had maintained for centuries. Traditional social and cultural controls on human behaviour have been weakened or destroyed. **(World Health Organization public health paper No.73 'Drug Problems in the Sociocultural context' 'A Basis for Policies and Programme Planning -WHO Geneva 1980)**

The unsafe unsocial behaviour of injecting drug use is harmful to life socially and physically. Their unsafe needle exchange and sexual behaviour is not only leading them but also the entire society to the darkness of HIV/AIDS.(IDUs' Report AYC,2011)

"THERE ARE NO ISLANDS in the world today and there is no domestic and international disease. We live in a global village. We live in a shrinking world. And there are many contacts between us. No one is isolated. No one can be smug and sit in his and her corner and say, "I am safe because it is somewhere isle." -Kofi Annan, UN Secretary General, 2006

2.2 Review of Previous Studies on HIV/AIDS

At the end of 2010, an estimated 34 million people [31.6 million–35.2million] were living with HIV worldwide, up 17% from 2001. This reflects the continued large number of new HIV infections. (UNAIDS World AIDS Day Report | 2011)

The epidemic of HIV/AIDS is predominantly spreading through unsafe heterosexual contact and behaviour of injecting drug use. The HIV/AIDS epidemic has been strongly influenced by gender inequality and the frequent practice of men visiting sex workers. Since sexual expression for female is typically more limited than for males, the small population of sex workers has large numbers of clients and consequently high rates of other STIs, which enhance HIV transmission (UNAIDS, 1989).

HIV is the name of the virus and AIDS is the condition or stage of the body attacked by different opportunistic diseases and loss of immune system. HIV stands for 'Human Immune-deficiency Virus'. It affects the human immune system and body becomes unable to protect itself against any other diseases. HIV is the name of the small germ or virus, which causes AIDS. We can have the HIV virus in our body for many years before we become ill with AIDS. We may not know that we have it until we get tested. Similarly, AIDS is also an abbreviation, which is explained as follows:

A - Acquired or contracted, i.e. not genetic or born with.

I - Immune, i.e. power to resist diseases.

D - Deficiency, i.e. insufficiency or lacking.

S - Syndrome, i.e. a group of sign and symptoms.

AIDS thus denotes the clear medical picture resulting from infections and unusual cancers followed by the damage to the immune system of the sufferer. It is described as a serious and potentially fatal disease acquired through infection with a virus called HIV. The victim may suffer irreparable damage in the body's immune system and become susceptible to unusual cancers and sever infections. An AIDS patient quickly gets diarrhoea, pneumonia, tuberculosis, etc and dies within 3 years, approximately. Thus, HIV and AIDS are closely related and have

been interpreted by general people as synonym to each other. As soon as people hear HIV and AIDS, they react with hysterics prejudice, fear, anxiety and frustration.

Knowledge of AIDS is much higher among men (72 percent) than among women (50 percent). Although women's knowledge of AIDS is lower than men's, the percentage of women who have heard of AIDS has nearly doubted in the last five years from 27 percent in 1996 (Pradhan et al., 1997). Two-fifths of women and two-thirds of men believe there is a way to avoid HIV/AIDS. Some differences in knowledge of AIDS are observed by background characteristics of respondents. Younger respondents, residents of urban areas, those living in the hilly region and those from the western development region are more likely to have heard about AIDS. Knowledge of AIDS is least prevalent among respondents living in the western mountain sub region. Knowledge of AIDS is correlated to the people's level of education. Knowledge of AIDS is almost universal among respondents who have passed their SLC.

Men are two and half times (51 percent) more likely than women (21 percent) to spontaneously say that HIV can be avoided by using condoms. Thirteen percent of women and 28 percent of men stated that the disease can be avoided by limiting the number of sexual partners, while 18 percent of women and 21 percent of men believe that contracting HIV/AIDS can be prevented by avoiding sex with a person who has many partners. The percentage of respondents who mentioned avoiding sex with prostitutes was much higher among males (25 percent) than among females (3 percent) (Ministry of Health, 2002, PP 196).

Most women (70 percent) and men (84 percent) know a source of condoms. Knowledge on source of condoms varies by background characteristics of respondents. Knowledge of a condom source is higher among women age 20-29 and men age 15-29, urban residents. Men and women residing in the hills and Terai and, residents of the central and western development regions and men in the far-western region have also exposed with the sources of condoms. People from the mid and far-west region and mountain hills have comparatively low knowledge

about the condoms and its sources of availability. Although 70 percent of women know a source for condoms, only half of them said that they could get condoms by themselves if they wanted for. Women's personal access to condoms is lowest among the oldest age group (40-49); among women living in rural areas, the terai, and the far-western region; and among women with no education. (Ministry of Health Nepal, 2002, PP 203)

The recent information and publications showed the fact that the proportion of transmission of HIV through injecting drug use is the main route of transmission for approximately 10% of HIV infections globally and 30% of infections outside of sub Saharan Africa. Preventing HIV transmission through injecting drug use is one of the key challenges for reducing the burden of HIV (GLOBAL AIDS Response PROGRESS REPORTING 2012, UNAIDS)

The mapping and size estimation exercise in 728 hotspots estimates the number of IDUs in Nepal as between 30,155 and 33,742—with a 5.8% coefficient of range—after all necessary corrections and adjustments are incorporated. Of the six epidemic regions in Nepal, it was estimated that the Highway Districts region has the maximum number of IDUs with 24,448 to 27,410 IDUs, followed in descending order by Kathmandu Valley with 4,341 to 4,758 IDUs, Remaining Hills with 751 to 860, Eastern Hills with 397 to 471, West and Mid-West Hills with 165 to 184 IDUs, and Far-Western Hills with the lowest estimates of IDUs ranging between 53 and 59. In the Highway District region, the maximum IDUs are estimated to be present in Kaski district at between 3,187 and 3,477, followed by Morang district where their number ranges from 1,973 to 2,218, and Chitwan where the number of IDUs is estimated to be between 2,001 and 2,208. In this region, Syangja is reported to have the minimum estimated number of IDUs, rang from 168 to 200. Among the districts of this region, seven districts, namely, Sunsari, Siraha, Mahottari, Sarlahi, Parsa, Nawalparasi, and Rupandehi are estimated to have 1,000 to 2,000 IDUs. Morang, Chitwan, Kaski and Kathmandu districts have the highest number of IDUs at more than 2,000. In the Kathmandu Valley region, the total number of IDUs is estimated to be 4,341 to 4,758. Out of

these, 2,648 to 2,883 IDUs are estimated to be present in the Kathmandu district, 845 to 958 in Bhaktapur district whilst 848 to 917 IDUs are estimated to be present in the Lalitpur district. The three districts having the maximum number of IDUs across the six epidemic regions in descending order are Kaski with 3,187-3,477 IDUs, Kathmandu with 2,648 to 2,883, and Chitwan with 2,001-2,208 IDUs. The Surkhet district of West and Mid-West Hill region has the minimum number of IDUs with just 36 IDUs. Eleven districts of the Highway Districts and Kathmandu Valley regions have a presence of more than 1,000 IDUs in each district, whereas 10 districts have between 100 and 500 IDUs. In contrast, 43 districts are estimated to have lesser than 100 IDUs. The West and Mid-West Hills region has an IDU concentration of below 100 **(MAPPING & SIZE ESTIMATION OF MARPs IN NEPAL 2011, NCASC & HSCB)**

The principle strategy of National AIDS Programme of Nepal includes focuses on HIV prevention, treatment, care and support services for IDUs towards the realization of the Millennium Development Goal. Although progress is notable through current and previous programmes, the achievements must nevertheless consider the mapping and size estimation data—coupled with IDU profiles and background characteristics—for filling gaps, expanding coverage, and increasing service access. The subsequent paragraphs provide an analysis of the current coverage of sites for needle exchange, condom outlets and Voluntary Counselling and Testing (VCT) and/or Sexually Transmitted Infections (STI) service centres for IDU. **(MAPPING & SIZE ESTIMATION OF MARPs IN NEPAL 2011, NCASC & HSCB)**

HIV/AIDS is a nearly invisible epidemic in Nepal. It arrived before 17 years and has spread almost throughout the country without notice to each profession, age group, caste and ethnicity. A surprisingly large percentage of Nepalese people have never heard this epidemic. They have fear and superstition about disease (Amfar, 1997). AIDS-Acquired Immune Deficiency Syndrome and its related diseases have become the major public health and social problem in the world. The key to slowing the spread of the AIDS virus is education and information for

health and social workers, individual at high risk of infection and the general public (Smith, 1997). At present there is no cure of AIDS, but the world has been succeeded to develop and practise the anti-retroviral drugs to prolong the life of the PLHA. But still there have been much fear, misinformation and rumour about AIDS. Every individual needs the acquaintance of facts.

After the first four cases detected in 1988, Nepal also began to think about the prevention and care of HIV and AIDS. The government felt real need of intervention to prevent the people from the HIV/AIDS epidemic in Nepal and established the National Centre for AIDS and STD Control.

The recent information and publications showed the fact that the proportion of transmission of HIV through intercourse between men and women is still much higher (Even up to 90%) in most developing countries, particularly in Asia, the Middle East, Africa and Caribbean. (Bhattarai, 1997) Sexually transmitted infections (STIs) remain a public health problem of major significance in most parts of the world. Incidence of acute STI is believed it is high in many countries and failure to diagnose and treat STI at an early stage may result in serious complication leading infertility, foetal wastage and infant infections, entopic pregnancy, genital cancer and death. STI also amount for massive expenditures.

There is a strong association between the occurrence of HIV infection and the presence of certain STIs, making early diagnosis and treatment. Many of the measures for preventing the sexual transmission of HIV and other STI agents are the same as are the target audiences for these intentions. The predominant mode of transmission of both HIV and other STI agents is sexual, although other routes of transmission for both include blood, blood products, and donated organs as tissues, kidneys and from an infected to her foetus or new born child.

Epidemiological data world-wide as well as in South East Asia shows that the major modes of HIV transmission is through mainly sexual intercourse and injecting drug use. So HIV is primarily a sexual transmitted disease. The relationship between STI and AIDS is two folded.

1. STIs are markers for high risk behaviour, the some high risk behaviour predisposing for HIV infection as predispose for STI: a protected sexual intercourse with partners, and

2. STIs appear to serve as important risk factors, which facilitate the transmission and acquisition of HIV infection. Thus, control of STIs contributes significantly to a reduction in HIV transmission.

Several studies have demonstrated that the use of condoms during sexual intercourse reduces the risk of transmitting or acquiring infection with HIV as well as other STIs and that proper and consistent condom use can play an important role in AIDS prevention. Major challenges remain in the promotion of condom use in our societies, which include social, cultural and religion sensitivities, lack of access to condoms, and inability to talk frankly about condom or sex (WHO technical report series No. 810). "Because of dreadful consequences of various sexual activities, particularly of unprotected sex, with incomplete knowledge and peer pressure can control the diseases by promiscuous 'unprotected' sex really have helped to spread HIV/AIDS so successfully and quietly all over the world. That is why WHO and other experts have emphasised for the publicity, demonstration and distribution of condoms.

The HIV epidemic is affecting the most productive age group in the villages (Bhattarai, 1997). While it is impossible to obtain exact figures of AIDS cases a basic but significant indicator is the incidence of AIDS in every family. Some families have more than one member suffering from AIDS. AIDS affects every home in Kwapa village, said Helen Onyango, a TASO AIDS counsellor in Torero.

2.3 HIV /AIDS as a Social Problem

The HIV and AIDS epidemic is not a simply a health problem; rather it is a social problem which has social and economic roots, consequences and solutions. The epidemic imposes large costs on individuals and their families. These will be translated into aggregate costs that could become large enough to create national and economic crisis as the number of cases rises (Lyons, 1993). Young men, sex

workers, clients of sex workers, injecting drug users, men who have sex with men (MSM) and migrant and mobile populations are taken as most vulnerable populations in the world and Nepal. Social and economic disadvantaged groups often characterize these groups and they have been found as discriminated and socially stigmatised when they found with HIV.

AIDS must be regarded as a community crisis not simply as individual problem. It affects adversely to the entire communities by threatening their collective ability to cope the problem. More than any other disease, HIV/AIDS has the potential to undermine both the social and economic fabric of affected communities, because it targets those in the reproductive and "bread winning" ages spreads widely to the similar type of the population groups (UNAIDS-1999).

In some part of the Africa, especially in Sub-Saharan Africa, HIV/AIDS is known as the "family diseases" or "disease of the young people" as the virus predominantly attacks the sexually active people and living with HIV in the family. In some countries in the Sub-Saharan Africa i.e. Swaziland forty percent adult populations are living with HIV and AIDS. The epidemic is standing a most powerful challenge to save the productive aged people in the African region (UNAIDS 2004).

From the above review of both type of literature, it has been justified that knowledge, attitudes and practices are the social products. They are interrelated and interdependent with each other and always dynamic in nature. The mass affect individual's knowledge and that can change the attitude of the individual. But the practical side of human life is influenced by knowledge, attitude and existing socio-cultural system. That is why practices are always conditional in nature and depends on the availability of the resources and external environments.

CHAPTER III
RESEARCH METHODS

3.1 Rationale of Selection of Study Area

Rautahat district (Including mainly Gaur Municipality and surroundings, Chandranigahpur VDC and surroundings, Santapur VDC and Surroundings) is the study area. The rational of selection of this area has different reasons:

- Rautahat is one of the highway touched district of Middle East region where more than 512 IDUs are active.
- There is not any focused impact analysis study among IDUs.
- Many Organizations have been working focusing on HIV prevention.

3.2 Research Design

The exploratory type of research design is applied here. Exploratory methodology in research is carried out in sociology/anthropology for exploring various aspects of social life. Exploratory design tries to find out what is happening and tries to seek new insights and also to assess phenomena. It also helps in finding out the issues and questions for further study. It provides opportunity to look into broader aspects of literature.

3.3 Nature and Source of Data

To attain the necessary required information for this study; the primary and secondary data has been applied. The primary data were collected basically through field observation and filled questionnaire focussing the objective of this study. It has been attempted to explore knowledge, attitude and practices among respondents in consideration with HIV and AIDS. The secondary data were gathered by applying various educational materials published by the concern organization, various authors, research papers and reports, informative articles, public documents. Moreover various web sites related to HIV and AIDS have been reviewed for collecting information.

As mentioned earlier, both qualitative and quantitative data were gathered from injecting drug users applying suitable data collection technique mainly personal interview methods.

3.4 Universe and sampling

Approximately 512 injecting drug users groups have been identified by Arunoday Youth Club, An NGO working in HIV/AIDS Prevention in Rautahat. Among them 30% of the total estimated IDUs (154 persons) has been taken as the respondents. A purposive multiple non-probability methods like snowball, accidental etc. techniques had been applied to select the respondents.

3.5 Data Collection Techniques

Both primary and secondary sources of data have been used for the study. Interview and questionnaire were used to collect data which were based on:

Field observation

Interview

3.5.1 Field Observation

The primary data which is related to behaviour of IDUs, places to gather for taking drug, mode of taking drug, needle sharing behaviour, knowledge with respondents on HIV/AIDS were collected and prepared by researcher himself being as a non-participant field observer which supported to capture the respondents for further interview.

3.5.2 Interview

Interview technique had been obtained during the field survey. The individual questionnaire was prepared for the survey by the researcher him-self. The field interview was conducted as per the interview schedule by using the local peer educators, outreach educators and enumerators trained for the interview on individual questionnaires. The interview was divided into two sections. The first section of the interview contained the general information of the respondents such as: caste, age, education, marital status etc. The second section of the interview was related to Knowledge and Practice about HIV/AIDS, new unused sterilized syringe and condom, information on the availability of the health services in the study area, needle and syringe sharing behaviour, sexual behaviour attitude and practices and the health consciousness among respondents. The questionnaire used in the survey is presented in Annex-1.

3.6 Reliability and Validity of Data

As mentioned earlier, the researcher himself had worked for seven years(2003-2008 & Dec.2010 - Feb.2012) in the study area in various types of awareness programme about HIV/AIDS and other social issues, to the high-risk group, so he has good knowledge and accessibility to the targeted group. In addition, he himself was totally involved to prepare the questionnaires and it's pre-test with the targeted respondents before it administered for the real data collections. Later on the feedbacks and comments from the pre-test exercise were incorporated and final questionnaire prepared for the data collection. The pre-test was helpful to avoid the unnecessary and irritating questionnaires. The researcher himself involved in selecting and orienting the enumerators by the outreach educators from the research areas and closely observed and monitored the whole processes of data collection as well as some interviews have been conducted by him. The trained peer educators were also taken as the key informer for the selection of the respondents and interview sites. Hence the data is considered quite reliable and valid, too.

This study was conducted by applying interview, observation and interaction with the key informer to maintain the more accuracy and reliability of the collected information. It was conducted the regular supervision and followed the theoretical framework. There are still some chances of inaccuracy and false information because of the minimum sample size, few methods/techniques applied and only few study sites covered. It is tried more to reduces the false information by selecting the respondents through the local peer educators and experienced field workers/outreach educators and medicine shops' owner too.

3.7 Data Processing and Analysis

All the information mentioned in the questionnaire were edited first for consistency with the help of computer software (MS Word and MS Excel, Ms Power point). The variables such as: education level, age groups, ethnic group,

marital status, accessibility/possession of communication etc. were considered for the presentation and analysis of data. Both the singular and cross data tables were used to analyze the results. For this purpose, simple statistical tools such as frequency and mean average were used in tabulation process. All interested in this subject interpret the results in description manner to make the findings understandable.

3.8 Limitation of the Study

- Taking drug by an individual is completely unacceptable and unsocial in the family and society. Its' social stigma is so high that anyone cannot put up with himself/herself. So, identifying the Injecting Drug Users was the most difficult task experienced by the researcher.
- The sample of observation survey is designed in such a way that each and every sample on observation represents the whole population at their best, still the findings that obtained may not be considered completely errorless due to small sample size.
- The time factors as well as financial resources to design this study in wider prospective handicapped the researcher as a student.
- The study will be confined only in limited area of Rautahat district, so one should be very much careful to generalise and implement its findings in national basis.
- The information depends upon the respondent's memory. Hence its' validity can't be checked.

These limitations of the study may pose some problems in making generalisation especially in other similar areas. However, it is hoped that this study will certainly contain insights and information about the present knowledge and prevalence rate of HIV/AIDS at such high-risk groups.

3.9 Ethical Consideration

The study was conducted among the most hard to reach and very discriminated and stigmatized population groups in their very sensitive issue i.e. knowledge and practices on HIV and AIDS and injecting behaviours among Injecting Drug Users, the researcher tried to follow and maintain the universal manner of the confidentiality of the assessed respondents. None of them were traced with their original/real name and there was not any provision of the keeping their name in the questionnaire. All respondents were assured for the keeping high-level confidentiality of all information before processing and administering the questionnaire. All interviews were taken after verbal consent from the respondents and local place or hotels were used with permission of the owner. The all-respective respondents were assured that the collected information would be used only for the academic study purpose and the ethical values of the respondents would be highly honoured.

CHAPTER – IV

STUDY SITE AND THE REPSONDENTS

This Chapter deals about the study site and locations. This includes the general characteristics of respondents especially caste/ethnicity, age, education and marital status. The respondents have been selected from Chandranigahpur, Shantapur(M) and Gaur area of Rautahat district.

4.1 General Characteristics of the Respondents

In this section, caste/ethnicity, age factors, educational level and marital status of the respondents have been illustrated as following.

Out of 154 respondents; 3 of them were female within the age group of 20-30.

4.1.1 Caste/Ethnic Composition

The researcher has conducted the assessment with different caste/ethnic group which are as follows;

Brahmins and Kshetris,

Janjati

Dalit

Muslim

The ethnic composition of sample population is presented in Table – 4.1

Table 4.1: Distribution of the Respondents by Caste/Ethnic Group

Ethnic/Caste	**Respondents**	
	Nos.	**Percentage**
Brahmin/Kshetri	33	22
Janjati	83	54
Dalit	22	14
Muslim	16	10
Total	**154**	**100**

Source: Field Survey, 2012.

Among respondents, Brahmins and Kshetri constitute about 22 percent of the total sample population. Janajati and Dalit ethnic group comprise 54 & 14 percent respectively. The Muslim constitutes about14 percent. It indicated that at overall communities' ethnic groups are involved in drug abuse through injecting.

4.1.2 Age Group

The respondents have been divided into age groups also. It is further divided according to their age range. The age group of respondents is presented in Table – 4.2.

Table 4.2: Age Groups of Respondents.

Age Groups	**Nos.**	**Percentage**
15 – 20	9	6
20 – 30	97	63
30 – 40	32	21
40 – 50	11	7
50 above	5	3
Total	**154**	**100**

Source: Field Survey, 2012.

The age group of injecting drug users reveals that most of the adolescent/young (about 63 percent of them) are found in drug abuse by injecting. Similarly the teenagers are also involving. The alarming things that have been traced out those 129 out of 154 respondents were found 20-40 years of age which is productive and 'bread winning' group in the society.

4.1.3 Education Level

The respondents have been divided into educational level as well. The education level of injecting drug users is mentioned in Table-4.3.

Table 4.3: Education Level among Respondents

Education Level	Education Level	
	No.	Percentage
Intermediate or 10+2 class appeared	12	8
6-10 class appeared	35	23
3- 5 class appeared	77	50
Illiterate (Can drop their sign only)	30	19
Total	**154**	**100**

Source: Field Survey, 2012.

The above table regarding respondents' education level shows about 19 percent of the total respondents had never been to school and are not been able to read or write. 50 percent respondents had appeared up to 3 - 5 class, about 23 percent and 8 had appeared up to 6 – 10 class and intermediate or 10+2 class appeared respectively.

4.1.4 Marital Status

The respondents were also categorized as per their marital status. The following table 4.4 describes their marital status.

Table 4.4: Marital Status of the Respondents

Marital Status	**Nos.**	**Percentage**
Married (include currently or once married)	90	58
Unmarried	64	42
Total	**154**	**100**

Source: Field Survey, 2012.

Regarding the marital status of the respondents, the study found that 58 percent of the respondents were married and 64 percent were unmarried. The married respondents were not classified whether they were currently married or once married.

CHAPTER –V

KNOWLEDGE AND PRACTICES ON HIV/AIDS AND ITS' IMPACT ON SOCIETY

This Chapter deals with the survey findings, conducted in Chandranigahpur, Shantapur(M) and Gaur area selected areas of Rautahat distric. The Study mainly focused on the knowledge and attitude about HIV and AIDS and practices of prevention methods among injecting drug users (IDUs).

5.1 Knowledge on HIV/AIDS

Humans' knowledge on particular things and subjects reflect upon their perceptions and behaviours. Proper knowledge make possible to know the significance of the changes. It is perceived that only the knowledge could lead the person to the right direction.

The survey revealed that among the contacted injecting drug users almost 100% were found having heard about HIV and AIDS. This data clearly indicates that all of the respondents were found having more knowledge on HIV and AIDS. Many similar researches and behavioural surveillance surveys (BSS) disclose that the knowledge is not affecting toward the reducing rate of HIV and AIDS, they have emphasized upon practical aspect. Almost every respondent expressed their consciousness that the use of new syringe and condom is the mean to be prevented from HIV for those who have used drug through injection and have the sexual intercourse with their sex partners.

5.2 Sources of Knowledge on HIV/AIDS

Access to information concerning HIV/AIDS of the injecting drug users is determined by a number of factors like exposure to different TV channels, contacts with social/health workers, health service institutions, sharing and discussions with peers/friends etc. The following table shows the sources of knowledge on HIV and AIDS among respondents.

Table 5.1: Sources of Knowledge on HIV/AIDS among Respondents.

Source of Knowledge	Respondents	
	Nos.	Percentage
Peers	93	60
Social/Health/Volunteers	146	95
TV/Radio/Papers/Magazines	137	89

Source: Field Survey, 2012. (Multiple Responses)

The study revealed, the majority of the respondents 95% have found knowledge about HIV and AIDS through social/Health workers ((field worker who meet and educate one-on-one basis during outreach) and Volunteers. Similarly, 60 percent respondents were found having the knowledge from their peers. Similarly, via publication/TV/Radio was another source from which 89 percent respondents were found having the knowledge on HIV and AIDS. Hence, the data revealed that the intervention program launched by different organization seemed effective, because majority of respondents were reported that they got the information from Peers and Social/Health workers and volunteers.

5.3 Knowledge about modes of HIV Transmission

The IDU population group accounts for the largest proportion of HIV-positive people amongst the country (**MAPPING & SIZE ESTIMATION OF MARPs IN NEPAL 2011, NSASC)**. It has disclosed that common use of syringe while taking drug is also one of the major route through which HIV has spread into the Nepalese population. The following table captured some figures to clarify the knowledge on transmitting modes.

Table 5.2: Knowledge on Modes of Transmission of HIV.

Mode of Transmission	Nos.	Percentage
Using same needles	148	96
From Blood transfusion	104	68
Sexual Intercourse with infected people	144	94
Infected Mother to Child	103	67

Source: Field Survey, 2012 (Note: Multiple Responses)

148 respondents out of 154 around 96 percent have reported that using same needles played the vital role for the HIV transmission. It also revealed that by the blood transfusion (68%), sexual intercourse with infected people (94%) and infected mother to child (67%). The data showed wider variation on knowledge of transformations of HIV as they still lack the proper knowledge on how HIV could transmit.

5.4 Knowledge about modes of HIV Non Transmission

There are different factors which play a great role to develop the attitude of the society towards people living with HIV and AIDS (PLHA) and clear understanding on the real facts of the HIV non transmitting modes; these factors includes psychosocial factors such as social stigma/discrimination, misperception, level of awareness of the community and community leaders Traditions and prevailing myths might have produced doubt, fear and anxiety in the mind of the majority of the people, which is given in the following table.

Table 5.3: Knowledge on Modes of Non-Transmission of HIV

Mode of Transmission	Nos.	Percentage
Eating together	140	91
Sleeping together	143	93
Living together	137	89
Hand shaking	138	90
Using Same Toilet	145	94
Mosquito Bites	114	74
Kissing/Hugging	106	69

Source: Field Survey, 2012. (Note: Multiple Responses)

The study revealed that most of the respondents knew that HIV do not transmit through normal human behaviours like eating together (91%), sleeping together (93%), living together (89%), hand shaking (90%), using same toilet (94%) and kissing hugging (69%). Similarly 74% respondents know that HIV does not transmit through mosquito bites.

So the majority of respondents reported positive answers on modes of non-transmission of HIV but at the same time very few of them seemed to have confusion about whether it transmits or not by mosquito bite and kissing/hugging.

5.5 Knowledge on Preventive Measure

Among the incurable fatal diseases; HIV/AIDS is one of them. It is said that prevention is always better than cure and since there is no cure, then the only way to keep oneself safe is to take care of preventive measures. So there should be proper education regarding HIV/AIDS and the preventive measures to control its spread. The survey revealed the majority of respondents who were found with some knowledge to be prevented from HIV.

Table 5.4: Knowledge on Preventive Measures of HIV

Preventive Methods	Nos.	Percentage
Using Condom	151	98
Avoiding used syringe and taking new	149	97
Avoiding sex with sex workers	97	63

Source: Field Survey, 2012. (Note: Multiple Responses)

Out of 154 respondents, 98% mentioned that using condom could prevent the HIV/AIDS. Similarly, 97% and 63% mentioned that avoiding used syringe and taking new one and avoiding sex with sex workers could prevent from the HIV infection respectively. The majority of the respondents found significantly high level of knowledge on different method of prevention. So it seemed to be effective and successful to inject the prevention knowledge by the different intervention programs which are launched by various governmental and non-governmental organizations.

5.6 Knowledge, Practices and Sources of Information about safely injecting behaviors

Injecting drug use is harmful to life socially and physically. Abandonment of taking drug through any means and modes is the safest way to be healthy for anyone. Even though; the habit of taking drug among the people which has been found in the society. The mode of taking drug through syringe and its common use causes the transmission of HIV from one to another; if the used syringe is infected. So among these injecting drug users; there should be proper knowledge and practice of safe behaviour. Otherwise it may play the vital transmission role to spread HIV among the injecting drug users and their sex partners. During the interview, all respondents were administered about the knowledge and their sources of information about the use of new syringe among injecting drug users.

The following table demonstrated their Knowledge and sources of information of using new sterilized syringe.

Table 5.5: Knowledge on sources of information about new sterilized syringe

About New Sterilized Syringe 154(100 Source of Knowledge	Respondents	
	Nos.	Percentage
Peers	46	30
Social/Health/Volunteers	152	99
TV/Radio/Papers/Magazines	64	42

Source: Field Survey, 2012 (Note: Multiple Responses)

The study showed that all the respondents were found with sufficient knowledge of source of information about new sterilized syringe from the various sources. Of total, 30% respondents got knowledge about new sterilized syringe from their peers. Similarly 99% and 42% of respondents were informed through social/health workers/volunteers and media i.e. Radio/TV and papers respectively.

Table 5.6 Needle sharing behaviours and practice

Common Syringe Use Practice	Respondents	
	Nos.	Percentage
Common syringe users in previous period	139	90
Common syringe users before last 12 months	56	36
Common syringe users with sex partner in one month	4	3
Common syringe users in past one month	14	9

Source: Field Survey, 2012 (Note: Multiple Responses)

The study revealed that majority of the respondents used to have practice of common syringe use while drug taking through injecting; It is seemed that the trend of using common syringe is minimized in past one month. The study found that 139 out of 154 respondents used to have practice of using common syringe

which is seemed being minimized in last 12 month where 56 respondents used common syringe. Moreover the figure is limited in 14 respondents in past one month. The study also found the alarming behavior point that is syringe sharing with usual sex partners and the sex partner whom the respondents don't know.

5.7 Gap between Knowledge and Practice of New Unused Sterilized Syringe Use

The knowledge which is acquired by human being does not always reflect in the practices. There might be difference between knowledge and practice because practices are always conditional and affected by the external situation.

The stigma for injecting drug users in the society is one of the affecting factors on their practice of using new syringe. Sometime they could not go to take new syringe when they are in need. They do not want to be exposed in front of anyone because of the stigma in society.

Table 5.7 Gap between knowledge and practice of New Unused Sterilized Syringe

Knowledge on new unused sterilized syringe	**Nos. (Percent)**	**Practices on use of new unused sterilized syringe**	**Nos./ Percent**
Know about new unused sterilized syringe	154(100%)	New unused sterilized syringe user in past one month	140(91%)
Know about unused sterilized new syringe prevent from HIV infection	149 (97%)	Sometimes I don't use	14 (9%)

Source: Field Survey, 2012

The study explores that the knowledge about new unused sterilized syringe is fully known among all the respondents. Although the majority of the respondents about 97 percent know about new unused sterilized syringe that prevents from HIV

infection; still 91 percent of the respondents are practicing it or 9 percent respondents don't use of new unused sterilized syringe sometimes.

It is found that there was not any problem of knowledge about the use of new syringe as preventive measures from HIV infection, only the problem is when they don't have new syringe available and the desire goes high to take the drug that time the sickness drives them to have common practice of using unsafe and used syringe which they accept in conditional manner.

5.8 Knowledge, Practices and Sources of Information About Condom

Several studies have explored that the use of Condom is an effective way of blocking the transmission of HIV without any side effects. The proper and regular reliable use of condom can prevent the risk of HIV infection. During the interview, all respondents were administered about the knowledge and their sources of information about condoms among injecting drug users. The following table demonstrated their knowledge and sources of information on condom.

Table 5.8.: Knowledge and sources of information about condom

Know about Condom 154 (100%)Respondents	**Respondents**	
Source of Knowledge	**Nos.**	**Percentage**
Peers	109	71
Social/Health/Volunteers	149	97
TV/Radio/Papers/Magazines	146	95

Source: Field Survey, 2012 (Note: Multiple Responses)

The study revealed that all the respondents were found with sufficient knowledge of condom from the various sources. It is found that 71% respondents got knowledge about condom from their peers/co-injectors whereas 97% and 95% of respondents were got the information through social/health workers/volunteers and media i.e. Radio/TV and papers respectively.

Table 5.9.: Attitudes and practices on condom use

Particular	**Responses**		
If sex partner wouldn't agree to use condom	Accept What he/she says	Remind them about HIV and AIDS	Refused to have sex
Total	**17 (11%)**	**78 (51%)**	**137 (89%)**
Sources to get condom	Buying	Sex partner	Social/Health Workers/ Volunteers
Total	**44 (29%)**	**3 (2%)**	**140 (91%)**

Source: Field Survey, 2012 (Multiple responses)

The study shows that 17% respondents had reported that they accepted sexual relation with their sex partner even if they were not ready to use condom. Whereas, 78% reported that they would try to remind their sex partner about possibility of HIV infection if they were not ready to use condom. But the most of the respondents (89%) reported their refusals if the sex partner would not accept to use condom.

Regarding the sources of condom, 29% said that they used to buy it, 2% said that the sex partner brought it and 91% told that they got condom by social/health workers or community volunteers. The research revealed that majorities of the respondents got access to condom through social/health workers.

5.9 Gap between Knowledge and Practices on Condom Use

The knowledge which is acquired by human being does not always reflect in the practices. There might be difference between knowledge and practice because practices are always conditional and affected by the external situation.

Table 5.10: Gap between knowledge and practices on condom use

Knowledge on condom	**Nos.**	**Practices on condom use**	**Nos.**
Know about condom	154 (100%)	Bothering to use	80 (52%)
Condom as tools of avoiding HIV	151 (98%)	Difficult to throw	58 (38%)
Know proper Using skill of condom	129 (84%)	To avoiding pregnancies	56 (36%)
		To avoid HIV	120(78%)

Source: Field Survey, 2012 (Multiple responses)

The study shows that 100% respondents were found that they know about condom. 151 respondents out of 154 or around 98 % knew that the condom using is a tool of avoiding HIV. But 129 (84%) respondents know proper using skill of condom. Similarly, 80 (52%) respondents expressed their uneasiness and bothering to use condom whereas 58 (38%) showed their difficulties to throw condom after use. Similarly, 56 (36%) respondents expressed that condom could be useful to avoid pregnancies. unexpectedly; only 120 (78%) respondents were practicing condom to avoid HIV infection. Some of the respondents shared their dishonor to the condom as it kills the sexual pleasures and would be the cause of dissatisfaction.

It is found that there was not any problem of knowledge about the HIV/AIDS and its preventive measures; only the problem is their acceptance of condom in the conditional manner.

5.10 Health Consciousness

With respect to the rights of people for healthy life; government of Nepal has implemented the HIV/AIDS awareness campaign through different media channels, i.e. TV, Radio, billboards/hoarding broads; exhibiting street dramas, mobilizing peer educator; moreover supporting the government's plan and policy many more INGOs, NGOs and Line Agencies are supporting and involving for the same purpose. Because of this; majority of the Nepalese people are found with some knowledge about HIV and AIDS.

Table 5.11: Health consciousness among respondents

Health Check-up Status	Respondents	
	Nos.	Percentage
Never (Within 2 years)	71	46
Within 2 years	83	54
Total	**154**	**100**

Source: Field Survey, 2012

The survey showed that, out of 154, no one had gone through regular health check up. 83 (54%) respondents reported that they checked up their health within 2 years. Whereas 71 (46%) of them reported that they had never checked up their health since 2 years. Most of them reported that they knew the importance of regular health check up but they have found ignoring it.

5.11 Impacts on Society

Using drugs in some societies are not restricted because of their traditional and cultural value. It depends upon types of drug and mode of taking drug use. But the mode of taking drug through syringe as an addiction is not accepted in the societies. There are various points as impact on society by the gap between

knowledge and practice on HIV/AIDS, HIV infection and injecting drug users and their behavior. Because HIV infection and injecting drug are not only the individual problems but these are social problem as well.

Table 5.12 Impacts on Society

Impacts	**Nos.**	**Impacts**	**Nos.**
Unemployed	150 (97%)	Family do not believe to invest for me	140 (91%)
Cannot do physical work	132 (86%)	Financial sources of buying drug • I don't want to tell • Sometimes friends bring • I sell drug and earn	 134 (87%) 12 (8%) 8 (5%)
Cannot do official work (lack of proper education level)	145 (94%)	Non-participant in Social work Cause of Non-Participant • I don't have interest • Because of discriminating environment • People do not like and believe us	149 (96%) 129 11 9
People do not believe us for Job	120 (78%)	Far from public area (Injecting Place) Causes • Family, Social and legal restriction • Because of shame and fear	154(100%) 154(100%) 154(100%)
		Feelings after Injecting drug • Feel like tension free • Life is nothing • Nothing better like this feelings of relax	 152 (99%) 148 (96%) 139 (90%)

Source: Field Survey, 2012 (Multiple responses)

The study revealed that the people who inject drug found losing the power to do physical work 132(86%) and lack of sufficient level of education even they cannot join for mental job 145 (94%) . So that it has increased the unemployment and lost the productivity. Unemployment affects the economic part of society both

individually and socially. So, the gross domestic products of the most affected societies have decreased due to lack of human capital.

The study has also revealed that there is a huge gap of belief upon injecting drug users so they could not involve in economics and social activities. The respondents were asked about the sources of buying drug where as 134 (87%) out of 154 respondents didn't like to tell the sources. So it showed that the majority of the respondents have possibility of involvement in wrong and illegal acts which may increase the crime and imprisonment. The research also found the respondents' involvement 8 (5%) in drug selling which is the alarming point for modern civilized society and its' development factors.

149 (96%) out of 154 respondents found not any involvement in social work due to social discrimination, stigma , fear and lack of belief upon injecting drug users.

The study also found that after injecting drugs they feel relax and free from tension. They think life is nothing more than the feelings after injecting drug. But the reality is; when the effect of drug ends it will be different situation than their previous feelings. The gap between the feelings and reality may drive them to frustration and depression.

The impacts of gap between knowledge and practices on HIV/AIDS have increased the medical bills and a huge economic load upon the family. It has also been promoting the unhealthy environment within the society. There we can find the lack of believes with each other in society members. So the social network to cope the problem is being fragile day by day.

CHAPTER-VI
SUMMARY, CONCLUSIONS AND SUGGESSTIONS

6.1 Summary

This research on Knowledge and Practices on HIV/AIDS among Injecting Drug Users – A Case Study of Injecting Drug Users in Rautahat district is a descriptive and analytical study about knowledge and practices in relation to HIV/ADIS among IDUs. It also studied HIV related to risk behaviors, routes of transmission and ways to prevent HIV and AIDS.

Identifying the awareness level on HIV and AIDS among injecting drug users, explore knowledge on HIV and AIDS and practices and to identify gap between knowledge and practices toward HIV and AIDS were main objectives of this study. Basically, the primary data has been utilized to fulfil the objectives of this study. The data was collected from the field survey, completed in the month of July 2012. Regarding this research a total of 154 respondents were chosen as the key respondents. Out of 154 respondents; 3 of them were female with the age group of 20-30 and rest were male. In this case, the respondents were already contacted and involved in various awareness raising activities organized by NGOs. The respondents have been selected from outreach points, where they were performing risk needle sharing behaviours. The pre-structured questionnaires were constructed to meet the objectives of the study. After getting the information, the data was processed with the help of computer programming Microsoft Word, Microsoft Excel and Microsoft Power point.

Among respondents, Brahmins and Kshetries constitute about 22% of the total sampled population. Similarly, Janjati and Dalit comprise 54% & 14% percent respectively. The Muslim constitutes about 10%. It indicates that at all communities either So-called higher castes or lower castes found involve in drug abuse through injecting.

Most of the respondents were from the age of 20 to 30 of years (63%). About 21 percent were from the age of 30 to 40 of years, which seemed so risky and unusual for their life and society too. Those who were from the age of 20 to 40 years; they are the productive and 'bread winning' manpower of the society. Here the above studied data revealed that majority of the respondents who are in the age of the productive and 'bread winning' are in the wrong way to pull back the society and its' development. The alarming point of the study is 6 percent of the respondents who are the future of society; were from the teenage (15 to 20 of years) found involved in drug abuse through injecting.

19 percent of them had never been to school and are not able to read or write. 50 percent of them had up to primary level, 23 percent had up to secondary level education and about 8 percent had up to higher secondary level education.

The study also revealed that 58% were married and the remaining 42% percent were unmarried. It was found that hundred percent of the respondents were found having heard about HIV and AIDS.

Similarly, social workers and volunteer were other sources from which 95% injecting drug users gained the knowledge on HIV and AIDS while 60% respondent gained by Peers. Similarly, Publication/TV/Radios were other sources from which 89% injecting drug users gained knowledge on HIV and AIDS.

The majority of the respondents have told clearly that using same needle (96%) and sexual intercourse with infected people (94%) were the main modes of transmission. Similarly, infected blood transfusion (68%), and infected mother to child (67%) were other modes from which HIV could be transmitted.

The study explored that majority of the respondents had significant level of knowledge about modes of transmission and non- transmission of HIV and AIDS. Almost all have more information that HIV and AIDS do not transmit through the normal human behaviours.

The study showed that all the respondents were found with sufficient knowledge of source of information about new sterilized syringe from the various sources. Of total, 30% respondents got knowledge about new sterilized syringe from their peers. Similarly 99% and 42% of respondents were informed through social/health workers/volunteers and media i.e. Radio/TV and papers respectively.

The study revealed that majority of the respondents used to have practice of common syringe use while taking drug through injecting; it is seemed that the trend of using common syringe is minimized in past one month. The study found that 139 out of 154 respondents used to have practice of using common syringe which is seemed being minimized in last 12 month where 56 respondents used common syringe. Moreover the figure is limited in 14 respondents in past one month. The study also found the alarming behavior point that is syringe sharing with usual sex partners and the sex partner whom the respondents don't know.

The study also explores that the knowledge about new unused sterilized syringe is fully known among all the respondents. Although the majority of the respondents about 97 percent know about new unused sterilized syringe prevents from HIV infection; still 91 percent of the respondents are practicing it or 9 percent respondents don't use new unused sterilized syringe sometimes.

It is found that there was not any problem of knowledge about the use of new syringe as preventive measures from HIV infection, only the problem is when they don't have new syringe available and the desire goes high to take the drug that time the sickness drives them to have common practice of using unsafe and used syringe which they accept in conditional manner. The stigma for injecting drug users in the society is another affecting factor on their practice of using new syringe. Sometimes they could not go to take new syringe when they are in need; because they do not want to be exposed in front of anyone because of the stigma in society.

The study revealed that all the respondents were found with sufficient knowledge of condom from the various sources. It is found that 71% respondents got knowledge about condom from their peers/co-injectors whereas 97% and 95% of respondents were got the information through social/health workers/volunteers and media i.e. Radio/TV and papers respectively.

The study also found that 17% respondents had reported that they accepted sexual relation with their sex partner even if they were not ready to use condom. Whereas, 78% reported that they would try to remind their sex partner about possibility of HIV infection if they were not ready to use condom. But the most of the respondents (89%) reported their refusals if the sex partner would not accept to use condom.

Regarding the sources of condom, 29% said that they used to buy it, 2% said that the sex partner brought it and 91% told that they got condom by social/health workers or community volunteers. The research revealed that majorities of the respondents got access to condom through social/health workers.

The study revealed that 100% respondents were found that they know about condom. 151 respondents out of 154 or around 98 % knew that the condom using is a tool of avoiding HIV. But 129 (84%) respondents know proper using skill of condom. Similarly, 80 (52%) respondents expressed their uneasiness and bothering to use condom whereas 58 (38%) showed their difficulties to throw condom after use. Similarly, 56 (36%) respondents expressed that condom could be useful to avoid pregnancies. unexpectedly; only 120 (78%) respondents were practicing condom to avoid HIV infection. Some of the respondents shared their dishonor to the condom as it kills the sexual pleasures and would be the cause of dissatisfaction.

It is found that there was not any problem of knowledge about the HIV/AIDS and its preventive measures, only the problem of their acceptance of condom in the conditional manner.

The survey explored that, most of the respondents reported that they knew the importance of regular health check up but they have found ignoring it. Out of 154, no one had gone through regular health check up. 83 (54%) respondents reported that they checked up their health within these 2 years. Whereas 71 (46%) of them reported that they had never checked up their health since 2 years.

So, as of the above-mentioned information and data, we could conclude that there were sufficient level of knowledge on HIV/AIDS, New unused Sterilized Syringe and Condom among the Injecting Drug User; even the study found some variations in knowledge on modes of transmission and non-transmissions of HIV/AIDS, Injecting behavior, condom use and practices to be safe from its infection.

The study revealed that the people who inject drug found losing the power to do physical work 132(86%) and lack of sufficient level of education even they cannot join for mental job 145 (94%) . So that it has increased the unemployment and lost the productivity. Unemployment affects the economics part of society both individually and socially. So, the gross domestic products of the most affected societies have decreased due to lack of human capital.

The study has also revealed that there is a huge gap of belief upon injecting drug users so they could not involve in economics and social activities. The respondents were asked about the sources of buying drug where as 134 (87%) out of 154 respondents didn't like to tell the sources. So it showed that the majority of the respondents have possibility of involvement in wrong and illegal acts which may increase the crime and imprisonment. The research also found the respondents' involvement 8 (5%) in drug selling which is the alarming point for modern civilized society and its' development factors.

149 (96%) out of 154 respondents found not any involvement in social work due to social discrimination, stigma , fear and lack of belief upon injecting drug users.

6.2 Conclusions

The information which is extracted by this research precise that there was no problem of knowledge about HIV and AIDS among the IDUs but the main problem was the gaps on practices to be safe and to make safe. The gap between knowledge and practices is seemed by the different factors which are in the society i.e. availability/accessibility of the new syringe and condoms, lack of proper education related to HIV/AIDs, social stigma, unemployment, fragile economic condition of most of the household which causes and force to young generation to be in wrong way of earning, sex partner's denial, and etc.

This research has tried to give emphasis on the knowledge and practices among vulnerable groups. That is why this is one of the significant study in the field of HIV and AIDS and could contribute essential prerequisites for the prevention of HIV and AIDS and to assist in strategic and intervention planning of HIV and AIDS in the respective study area.

This research has succeeded to obtain optimum information regarding the knowledge on HIV and AIDS among injecting drug users. The principal conclusions have been given based on the findings of the study are as follows:

- The majority of the contacted injecting drug users were found from productive and 'bread winning' young age group. It seemed as serious as the copping problem power of society is being fragile in societies.
- The majority of the respondents were found from Janajati. Similarly, Brahmins and Kshetri , Dalit and Muslim followed in descending order respectively.
- Most of the respondents have well knowledge and level of awareness about HIV/AIDS and the preventive measures. But, most of the respondents had very poor consciousness on health care seeking behaviour. Many other reasons including social and economic factors such as availability/accessibility of the new syringe and condoms, lack of proper education related to HIV/AIDs, social stigma, unemployment, fragile economic condition of most of the

household which causes and force to young generation to be in wrong way of earning, sex partner's denial, lack of access to services, illiteracy, frustration fuelled them for the additional vulnerability.

- Peers and social/health workers are the major sources of information on HIV/AIDS, New Unused Sterilized Syringe and Condom; who also make an availability of new syringes and condoms.
- The majority of the respondents were found positive towards avoiding used syringe and using condoms. But still some of them were found having common syringe user and not practicing condoms regularly. Similarly some of them were found bother to use and difficult to dispose after use.
- Even after having significant knowledge reported by respondents on HIV and AIDS, many of them are not paying serious attention on its practical aspects due to lack of effective public awareness, low rate of literacy, social stigma and discrimination, lack of easy access to get new syringe, sex partner's denial to use condom, sexual dissatisfaction and strong cultural prohibition against the public discussion about sex and sexuality, unemployment.
- The gap between knowledge and practices could create some difficulties to make the respondents, other injecting drug users and surroundings societies free from HIV infections.
- The religious restrictions on condom use promote to transform HIV infection in large scale.
- The gap between knowledge and practices along with injecting behaviour for drug abuse impact on society in various ways such as; decrease the productivity power, Increase in medical bill, increase the economic load to family, Increase in dependency ratio, reduction in the manpower needs of society, patients are stigmatized and the rises the stigma level in society, promotes to the sources of discrimination, Increase misunderstanding in relationship, family members and within the community.
- It also effects on agriculture, education, households, firms, health, culture and different factors of society.

- It promotes the domestic violence and criminal behaviour in society.

6.3 Suggestions/Recommendations

Even though the significant level of knowledge on HIV/AIDS of the respondents is high; still there is some gap between their knowledge and practice on HIV/AIDS. After analysing the situations and findings of this study; the following recommendations and suggestions have to be made for the better program coverage, interventions and making the vulnerable groups safe from the HIV infection.

- The Injecting Drug Users need to have information, confidence and skills to discuss and make changes in their needle sharing and sexual behaviour.
- The better program coverage, Peer education as well as outreach intervention should be continued and promoted among the injecting drug users for the prevention and care of HIV/AIDS.
- The prevention and care program initiatives must be focused to change the risky behaviours of the vulnerable group i.e. IDUs, sex workers, clients of FSWs, migrant workers/mobile populations, MSMs and youth populations.
- The needle and syringe program should be continued more effectively by the GOs, NGOs, and relevant line agencies. There must be easy access to have new syringe so number of the drop in centre should be increased where they can have the easy access of condom as well.
- To fight against HIV/AIDS; there should have the number of participants from society and institutions as well as the government and non government efforts.
- There should be proper awareness program regarding safely injecting behaviour and practice among most at risk group factors and the relevant.
- There should be proper study about the affecting factors of risk population group and about their socio-economic, socio-cultural factors as well as other social behaviors in relation to HIV and AIDS.
- It is found that there has been conducted only a few study on risk behavior and knowledge of injecting drug user so there might be another Integrated Bio-

Behavioral Survey (IBBS) to find the real volume of the problem among the injecting drug user.

- There should be effective program and policies of the regular health check-up for the injecting drug user.
- Rautahat district is very near by Indian boarder; because of the open boarder people often visit to India where they can meet with female sex worker. Regarding injecting drug user; we know many of drugs are banned in Nepal which they can buy and use legally in India. Because of easy excess to use of drug, IDUs' visit to India is normal. When they visit it is found that they also visit to female sex worker. So there must be good mechanism to educate and aware to those people who visit in sex market of India.
- Social control mechanism might be one of the tools to control drug addiction and HIV infection. So in every society there must be the committee to control the vulnerability. And that committee must create and assure the respectful environment to those people who come back after abandonment of drug use.
- There must be numbers of rehabilitation centre to control and respect rights to life of those people who are in deep darkness of drug addiction.
- NGOs and those other line agencies who are working in this sector; they must have integrated program to control HIV infection as well as rehabilitation.
- People who inject drug must be led to abandon of using drug and they should be encouraged to do something better in society.
- There must be increment policy to increase numbers of youth volunteers in the society who should have strong networking for social work. So there should be formed and empowered numbers of youth volunteers' social club.

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ANNEX-1

Knowledge and Practices on HIV/AIDS among Injecting Drug Users and its' Impact on Society

A Sociological Study on Injecting Drug Users of Rautahat District

A. Individual Questionnaire (In-depth interview)

Injecting Drug Users (IDUs)

I. GENERAL INFORMATION:

(a) Name (optional): Code: #

(b) Caste : _____

(c) Age : _____

(d) Occupation : _____Income_____

(e) Education Level : _____ Class

☐ Can Read and Write (Non-formal Edu.)

☐ Can't Read and Write (illiterate)

(f) Marital Status :

☐ Married ☐ Unmarried

☐ Divorced ☐ Separated

☐ Other (Specify)

(g) Address: : _____

II. KNOWLEDGE, ATTITUDE AND PRACTICE (KAP) ABOUT HIV and AIDS

2.1 KNOWLEDGE ABOUT HIV/AIDS:

(a) Have you ever heard about HIV and AIDS?

☐ Yes ☐ No

(b) If "Yes" from which source?

☐	Radio	☐	Television
☐	Health/Social Workers	☐	Sex Partner
☐	Peers	☐	Others (Specify)

(c) Do you know the modes of transmission of this disease?

- ☐ Using same needles among drug users
- ☐ Sexual intercourse with infected person
- ☐ From Blood Transfusion
- ☐ All from above
- ☐ Does not know

(d) Do you know the modes of Non-transmission of this disease?

☐	From eating together	☐	Living together
☐	Sleeping together	☐	Mosquito bites
☐	Kissing/Hugging	☐	Hand shaking
☐	Using same toilet	☐	All from above
☐	Does not know		

(e) In your knowledge can HIV and AIDS be cured?

☐	"Yes" it can.	☐	"No" it cannot.
☐	Does not know.		

(f) Do you know how HIV and AIDS can be prevented?

☐	……	☐	……
☐	…….	☐	Does not know

2.2 NEEDLE AND SHARING BEHAVIOURS, ATTITUDE AND PRACTICE OF IDUS

(a) Do you know about sterilized new syringe?

☐	Yes	☐	No

(b) If "Yes" how you come to know about sterilized new syringe?

☐ Radio ☐ Television

☐ Health/Social workers ☐ Sex Partner

☐ Peers ☐ Others (Please specify)

(c) Did you use a needle or syringe that had previously been used by someone else?

☐ Yes ☐ No

☐ Don't know/can't recall.

(d) If you were sharing needle in the past, did you stop sharing in the last 12 months?

☐ Yes ☐ No ☐ Never Shared

☐ Don't know/can't recall.

(e) How often was it with a needle or syringe that had previously been used by

someone else?

☐ All the time ☐ Sometimes ☐ Never

☐ Don't know/can't recall

(f) In the past one month, did you ever share needles or syringes with any of the following:?

☐ Usual Sexual Partner

☐ A Sexual Partner Whom you don't Know

☐ With No one ☐ Can't Recall

(g) How often do you obtain new unused needles and syringes when you need them?

☐ Always ☐ Sometimes I don't use ☐ Never

(h) Where can you obtain new, unused needles and syringes?

☐ Pharmacist/Chemist ☐ Any Other Shop ☐ Drop in centre

☐ Hospital ☐ Other drug Users ☐ Drug dealer ☐ Sex Partner

☐ NGO outreach worker ☐ Waste dumping site of Hospital

☐ Can't Say

2.3 SEXUAL BEHAVIOUR, ATTITUDE AND PRACTICE OF IDUs:

(a) How old were you when you had first sexual intercourse?

☐ ……..Years old.

☐ Don't know/can't recall.

(a) Do you know with how many people do you engage in sexual intercourse so far?

Minimum : …….. Persons

Maximum : …….. Persons

Not engage in sexual intercourse

c) With whom you engaged in sexual intercourse?

☐ Spouse ☐ Sex Workers ☐ Foreigners

☐ Unknown Person ☐ Lovers ☐ No one ☐ ……..

(d) Do you know about condom?

☐ Yes ☐ No

(e) If "Yes" how you come to know about condom?

☐ Radio ☐ Television

☐ Health/Social workers ☐ Sex Partner

☐ Peers ☐ Others (Pls specify)

(f) Do you know how to use condom?

☐ Yes ☐ No

(g) What is your attitude about using condoms?

- ☐ It is bothering to use.
- ☐ It reduce the sexual satisfaction
- ☐ Difficult to throw away.
- ☐ Do not like by the sex partner.
- ☐ Necessary to avoid pregnancies.
- ☐ Compulsory to avoid diseases (HIV and AIDS)
- ☐ Others (specify)

(h) Do you insist the sex partner to use condom?

☐ Yes ☐ No

(i) How often do you use condom in sexual intercourse?

- ☐ Always ☐ Sometimes
- ☐ Never

(j) If you always use condom, why do you use it?

- ☐ Sex Partner's choice
- ☐ Prevent from pregnancies
- ☐ Prevent from sexually transmitted diseases including HIV
- ☐ Others (specify)

(k) If your sex partner would not agree to use condom, what will you do?

- ☐ Accept what the sex partner says
- ☐ Remind them about HIV and AIDS and STDs
- ☐ Not accept to do sex
- ☐ Others (Specify)

(l) If you seldom or never have used condom, what's the reason?

- ☐ Sex partner do not like it
- ☐ Condom not always with us
- ☐ Sex partner do not bring it
- ☐ Feel shy to buy it in local shops
- ☐ Others (specify).....

(m) If you use condom, what is the source of your supply?

- ☐ Sex Partner bring it
- ☐ Buy myself from local shop
- ☐ Buy when we go outside towns/village
- ☐ Others (specify).....

2.4 HEATH CONSCIOUSNESS AMONG IDUs:

(a) Do you check your health?

☐ Yes ☐ No

(b) When you had your health checked?

- ☐ …….. Days/weeks/months/years ago, Why? ___
- ☐ Never checked

(C) Have you ever had sexually transmitted diseases?

☐ Yes ☐ No

(d) If "Yes" what type of disease?

☐ Gonorrhoea ☐ Syphilis Others (specify)

(e) Did you visit Treatment Centre?

☐ Yes ☐ No

(f) If "Yes" did you take full course Medicine

☐ Yes ☐ No

(g) If "No" Why you did not take full course Medicine

_____

(h) If "Married" Did you check up your partner?

☐ Yes ☐ No

(i) If "No" Why you did not treat your Partner?

2.5 Knowledge and Practices on HIV/AIDS, Injecting Drug Users and Its' Impact on Society.

a) Do you work for earning money?

☐ Yes ☐ No

b) If not why don't you work?

☐ Can't do physical work

☐ Can't do official work (lack of sufficient level of education

☐ People do not believe

☐ Family do not believe to invest for me

c) If you are not working to earn how on you buy drug?

☐ I don't want to tell

☐ Sometimes friends bring it

☐ I sell drug and earn

☐ Other (Please Specify)

d) Have you been engaged in social work as social volunteer?

☐ Yes ☐ No

e) If not why didn't you join in social work?

☐ I don't have any interest

☐ Because of discriminating environment

☐ People do not believe and like us

f) Which place do you like for injecting?

☐ Open public Area ☐ Far from public area

g) Why do you choose the area far from public?

☐ Because of Family, Social and legal restriction

☐ Because of shame and fear

☐ Other (Please Specify)

h) What do you think when you inject drug?

☐ Life is nothing

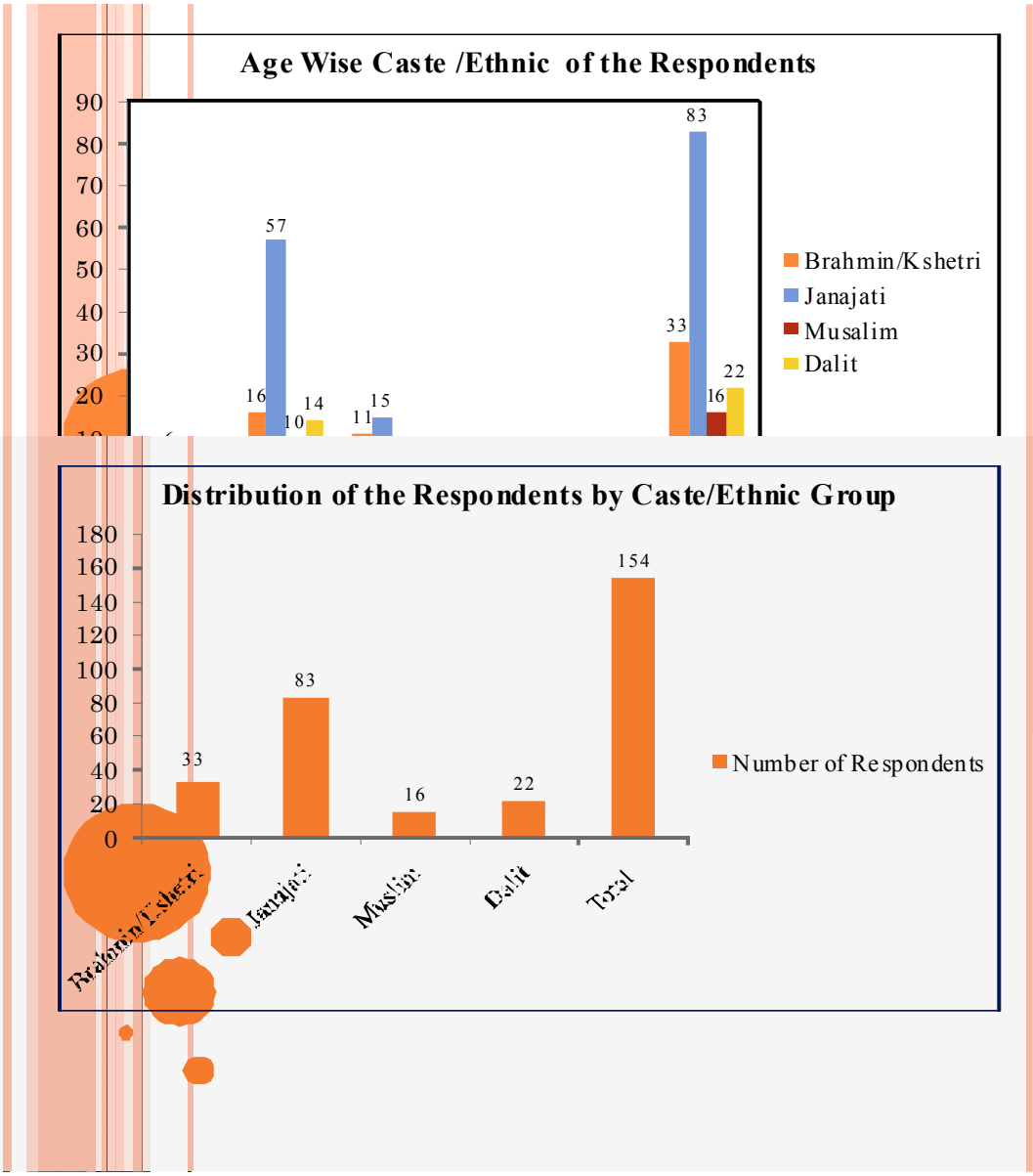
☐ Life is something so have to do something better for society

☐ Feel like tension free

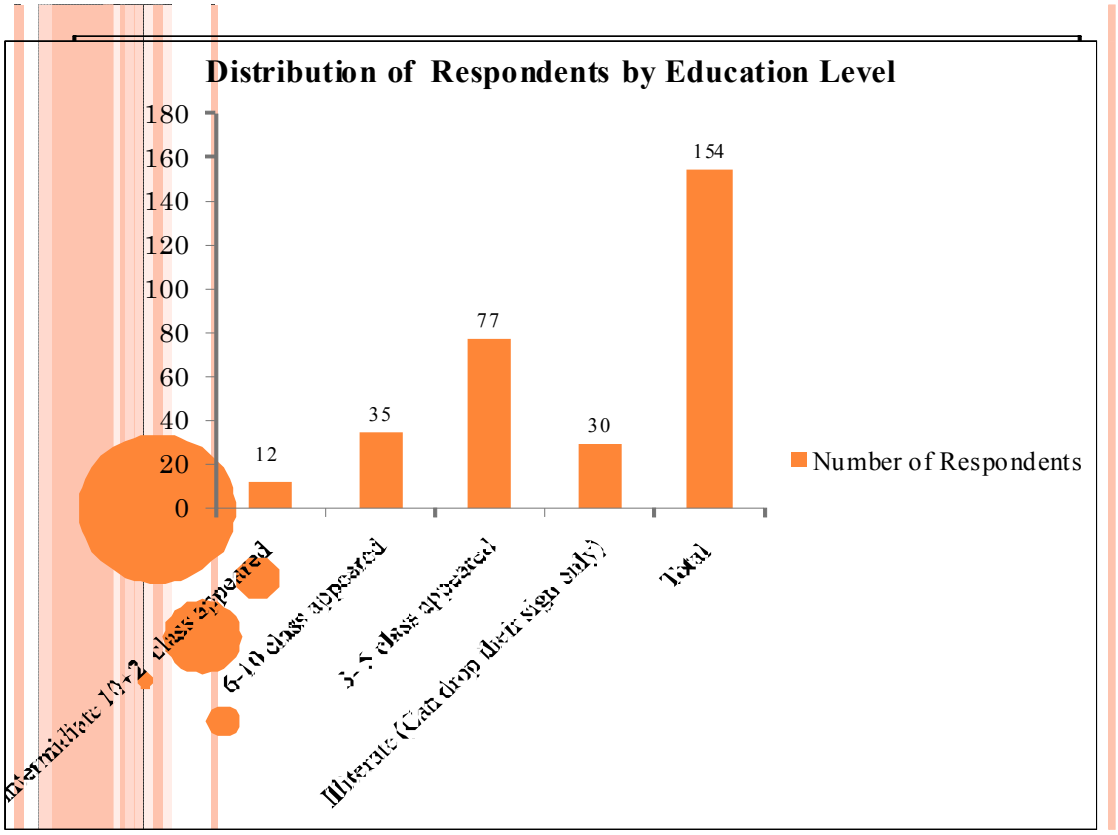
☐ Nothing better like this feelings of relax

☐ Other (Please Specify)

Graph 1


Age Wise Caste /Ethnic of the Respondents
90
80
70
60
50
40
30
20
57
16
10
14
11
15
83
33
16
22
Brahmin/Kshetri
Janajati
Musalim
Dalit
Distribution of the Respondents by Caste/Ethnic Group
180
160
140
120
100
80
60
40
20
0
33
83
16
22
154
Number of Respondents
Brahmin/Kshetri
Janajati
Muslim
Dalit
Total

Graph 3



Graph 4

Graph-5