Behavioral and Sero Prevalence Survey Among Injecting Drug Users (IDUs) In Kathmandu

December 2002

Family Health International

USAID
FROM THE AMERICAN PEOPLE

BEHAVIORAL AND SERO PREVALENCE SURVEY AMONG IDUs IN KATHMANDU

Submitted To:

Family Health International (FHI)
Gairidhara
Kathmandu, Nepal

Submitted By:

New ERA
P.O. Box 722
Rudramsti Marga, Kalo pul
Kathmandu, Nepal

In Collaboration with
SACTS
STD/AIDS Counseling and Training Service
P.O. Box 7314, Pyukha
Kathmandu, Nepal

December 2002

ACKNOWLEDGEMENTS

We would like to extend our sincere and heartfelt gratitude to Family Health International/Nepal (FHI/Nepal) for entrusting us with such an interesting and vital study.

Our study team would like to express special thanks to FHI/Country Director, Dr. James Ross, Asia Regional Office FHI/Bangkok Associate Director Mr. Steve Mills, and Asia Regional Office FHI/Bangkok Senior Technical Officer, Ms. Toby Saidel. Their input proved invaluable throughout the course of this study.

Furthermore, our study team is indebted to both Ms. Asha Basnet and Ms. Kamala Moktan of FHI/Nepal. Their contributions were of great help. FHI/Nepal Research Officer Dr. Laxmi Bilash Acharya also deserves special credit. The suggestions he provided were essential in the shaping of this report.

Thanks are also due to the various NGOs such as LALS, Richmond Fellowship and Youth Vision. These groups not only provided valuable suggestions, but were also able to guide us through the process of finding study participants. It was heartening to work with groups showing such a commitment to the alleviation of human suffering.

Study Team
New ERA

STUDY TEAM MEMBERS

Research Team Members

1. Mr. Sidhartha Man Tuladhar	Project Director
2. Mr. Niranjan Dhungel	Project coordinator
3. Dr. Vijaya Lal Guruvacharya	Senior research Associate
4. Ms. Jyotsna Shrestha	Consultant
5. Ms. Sharmila Parsai	Computer Programmer
5. Mr. Ramesh Dangi	Research Assistant
6. Mr. Ratna Kayastha	Research Assistant

Field Survey Team Members

1. Mr. Amar Lamichhane	Supervisor
2. Mr. Dupchen Lama	Supervisor
3. Mr. Deepak Dhungel	Supervisor
4. Mr. Madhav Shrestha	Supervisor
5. Mr. Maheswor Rai	Supervisor
6. Ms. Rosani Shrestha	Supervisor
7. Mr. Sabin Shrestha	Supervisor
8. Mr. Sachin Shrestha	Supervisor
9. Ms. Sarita Shrestha	Supervisor
10. Mr. Shree Krishna Gopali	Supervisor
11. Mr. Sunil Ratna Tuladhar	Supervisor
12. Mr. Shakti Kumar Lama	Supervisor
13. Mr. Vijaya Shrestha	Supervisor

Lab Team Members

1. Mr. Janardan Kuikel	Senior Lab Technician
2. Mr. Purushottam Kuikel	Lab Technician
3. Ms. Radhika Shrestha	Lab Technician
4. Ms. Subarna Sigdel	Lab Technician

Coding/Data Entry

1. Ms. Deepa Shakya
2. Ms. Shansila Shrestha
3. Mr. Babu Raja Dongol
4. Ms. Karuna Tuladhar
5. Mr. Bidur Hada

Administrative Support

1. Mr. Sanu Raja Shakya	Senior Word Processor
2. Mr. Rajendra Kumar Shrestha	Office Assistant

TABLE OF CONTENTS

Page

Page

LIST OF TABLES

Page

LIST OF ANNEXES

EXECUTIVE SUMMARY

HIV transmission among drug users is typically associated with injecting drug users who oftentimes share needles or syringes. Risky behavior has been defined here as needle sharing behaviors, unprotected sex with various partners or sex workers. Risky sexual behavior associated with the drug use also contributes to spread HIV. Injecting drug users function as a "bridging population" for HIV transmission between a core HIV risk group and general population. The main objective of this study is "to estimate the prevalent rates of HIV among IDUs and assess their role in the transmission of HIV." The study was conducted in four municipalities of Kathmandu, Lalitpur and Bhaktapur districts. Three-hundred and three male IDUs were sampled from 20 different randomly selected sites, through respondent driven sampling (RDS). In Kathmandu, fifty-seven females were sampled randomly instead of using the RDS method. While structured questionnaires were used to collect behavioral data, clinical blood tests helped determine HIV infection rates. The clinical test procedure used involved collecting blood from a subject's pricked finger and then storing said blood in 2-4 capillary tubes until tests could be performed. In order to determine a participants' infection status, researchers conducted two rapid 'Capillus' and 'Determine' tests. The nature of these tests is explained in section 2.2.

In terms of socio-demographic characteristics of IDUs within the Kathmandu valley, we found a portion of the population that had several factors against it. The study found that the median age of male and female IDUs was 25 and 23 years respectively. Majorities of the IDUs were either previously or currently married. The median age for marriage in males is 22 and 15.5 in females. Additionally, it was found that female IDUs demonstrated a higher illiteracy rate than males (42% Vs 3%). IDUs from a variety of different ethnic groups participated in the study.

A cursory examination of IDU habit formation reflects several startling trends. At the time of this study it appears males have been using drugs for a longer period. However, recent developments in the popularity of drug use among females may lead to future problems as well. Additional notes of concern were found when we examined the frequency and overall nature of injected drug habits within the valley. On average, it was determined that, while males had typically been using injecting drugs for 5 years, the average female has been addicted for 1.4 years. Of the study's participants, it was found that 46 percent of females and 38 percent of males started using injecting drugs while under the age of twenty. The daily frequency of injecting drug use was found to be over four times higher in males than in females. While 59 percent of male IDUs injected drugs 2-3 times a day, only 14 percent female IDUs use injecting drugs with such frequency. The most common illicit drug used by both males (93%) and females (86%) was 'tidigesic injection' which was followed by a combination of drugs including phenargan, brown sugar and calmpose. Although most female IDUs (74%) reported that they had not shared needles/syringes in the past week, only an approximate 33% of male IDUs could make the same claim. Of those who did share needles, such a practice was most often between one or two friends. Nearly one-third of all males and 17 percent of females reported having used injected drugs in either another part of the country or another country altogether.

Furthermore, we found patterns of behavior among the IDU community put them at greater risk for contracting HIV/AIDS. Improper cleaning of shared and reused needles/syringe presents a higher risk of HIV infection to IDUs. The study revealed that, while 56.3 percent

of males and 19 percent of females choose to clean their needles or syringes with saliva, 53.6 percent of males and 38 percent of females opt to clean their needles or syringes with plain water. However, almost all could obtain a new syringe from a drug store.

It was discouraging to note that majority of IDUs have not received treatment. A mere 40 percent of males reported having undergone treatment at a rehabilitation center sometime in the past. At the time of this study, only five percent of females and one percent of males were under treatment.

IDUs were also found to be sexually active. Almost 89 percent of males and 81 percent of females had engaged in sexual intercourse. Of this group, two thirds of males and 87 percent of females reported to have gained their first sexual experience while less than 20 years old. The median age of IDUs at the time of their first sexual encounter was 18 years for males and 16 years for female. Consistent use of condoms is low (18.5% males and 0% female) among regular partners, but high (54.3%males and 71.4% females) when having intercourse with a sex worker.

While study participants were certainly aware of HIV/AIDS, their appear to be disparities between awareness levels in males and females. Additionally, this general awareness about HIV/AIDS does not seem to motivate a significant change in behavior. More than 90 percent of both male and female IDUs reported hearing about STD and HIV/AIDS. While approximately 90 percent of males were aware that one could protect oneself from HIV/AIDS by always using a condom, only 63 percent of females were aware of this. Similarly, 97 percent of all male and 93 percent of all female IDUs know that a person can contract HIV by injecting with another's previously used needle. Radio and television were the first and second most common media sources for the dissemination of HIV/AIDS information among both males and females. HIV infection was found to be much higher among male IDUs (68%) than female IDUs (15.8%).

Based on the above findings, a few recommendations have been made. First is that this type of study should continue to monitor and evaluate the HIV prevalence and risk behaviors of IDUs. Secondly, because it takes a longtime to change patterns of behavior, IDUs need to be continually targeted for syringe exchange and HIV control and prevention programs. New Establishment of and support for existing rehabilitation and detoxification centers constitutes a third priority. This third provision will particularly help in the support of economically poor IDUs. Besides counseling IDUs themselves, public awareness needs to be raised through education programs focusing on detoxification processes and centers and the possible consequences from needle sharing behavior or having sex with sex workers. Fourthly, though the number of female IDUs is low, establishment of rehabilitation and detoxification center for female IDUs will help to check the possibility of increase in new female IDUs. Lastly, outreach and education programs should emphasize the heightened risk of HIV that results from syringe sharing behaviors and having sex with sex workers.

CHAPTER 1
INTRODUCTION

1.1 Background

Drug use has played a critical role in the spread of HIV in several developing countries. In response to growing HIV epidemics, many governments have begun to develop intervention policies that target injecting drug users. A major difficulty in developing strategies for HIV prevention is a lack of general knowledge among planners about factors influencing drug use and the spread of HIV (Richman, 1996).

HIV transmission among drug users is most often associated with injecting (needle/syringe-sharing) behavior. However, this association is not wholly accurate, as HIV transmission is not exclusively confined to injection drug users. 'Risky' sexual behavior associated with drug use is a major contributing factor to the spread of HIV among the non-injecting population. Drug users function as a "bridging population," that is, a bridge for HIV transmission between a core HIV risk group and general population. In most areas where HIV is prevalent among injecting drug users, they were found to serve as the primary source for HIV transmission in the heterosexual population and in prenatal transmission as well (Jarlais, 1992).

Unless behavioral characteristics of HIV infected IDUs are identified, proper planning for future medical care and public health services needs is quite difficult. The first case of HIV/AIDS in Nepal was detected in 1988. Available data indicates that in Nepal, HIV had infected approximately one percent of the IDU community as of 1995 (U.S Bureau of the Census, 1995). However, as of November 2002, a cumulative total of 2,550 HIV infections, including 623 cases of AIDS and 153 deaths from AIDS have been reported (NCASC, 2002).

HIV infection among Injecting Drug Users (IDUs) is anticipated to spread rapidly due to habitual needle sharing behaviors. Already, it is estimated that one third of all HIV infections are among IDUs. So it is the high time to have sero prevalence data among IDUs.

1.2 Objectives of the Study

The objective of this study is to estimate the markedly increasing rates of HIV among IDUs and assess their 'at risk' behavior. This survey's results will be used to formulate intervention programs for the IDU population of the Kathmandu Valley. It will also provide solid baseline data for measuring the effectiveness of intervention programs aimed at reducing 'at risk' behavior among the IDUs.

The specific objectives of this study are:

- To estimate the size of the IDU community in Kathmandu Valley
- To collect socio-demographic trends within the valley's IDU population
- To understand both needle sharing and condom use behavior among IDUs
- To ascertain the IDU community's level of consciousness regarding syringe exchange programs, outreach workers and voluntary HIV counseling and testing services available in the valley
- To assess HIV/AIDS awareness among IDUs and their risk perceptions
- To estimate the current level of HIV prevalence among IDUs

CHAPTER 2
METHODOLOGY

2.1 Study Area and Procedure

The study area comprises four municipalities of Kathmandu, Lalitpur and Bhaktapur districts. In addition to these municipalities, adjoining Village Development Committees (VDCs) of Kathmandu municipalities like Sitapaila, Naikap and Kirtipur also was included in the study of IDUs. As the Kathmandu Valley is the most heavily populated region in Nepal, there is presumablya higher concentration of injecting drug users.

Ethical and technical approval for this study was granted by Family Health International's ethical body "Protection of Human Subject Committee (PHSC)" and National Health Research Council (NHRC). The research study was conducted in compliance with both ethical and human rights standards. These standards include participant anonymity as well as pre- and post-test counseling. Prior to study involvement, informed oral consent was obtained from all participants. All possible precautions were taken in order to maintain study participant confidentiality. The identification of IDU sites and community sizes was completed in about six weeks time.

The fieldwork started from February 12, 2002 and was completed by March 18, 2002.

2.2 Study Design

This study was designed to examine cross-sections of the IDU population in order to collect both behavior and clinical data. In this study, IDUs are defined as those who had injected drugs within the three months. This is an anonymous study.

Structured questionnaires were used to collect behavioral data relating to drug injections, syringe sharing and sexual behavior among IDUs. Additionally, some demographic and social characteristics were collected. Questionnaires were developed based on the "Guidelines for Repeated Behavioral Surveys in Populations at risk of HIV" (FHI, 2000) and were finalized after pre-testing.

The clinical HIV blood tests were conducted using finger pricks and capillary tubes. Two rapid 'Capillus' and 'Determine' tests were conducted in order to determine HIV infection among study participants.

The Abbott Determine HIV-1/2 is an In Vitro, visually read, qualitative immunoassay for the detection of HIV-1 and HIV-2 antibodies in human serum, plasma, or whole blood. The test is intended to aid in the detection of antibodies to HIV-1/HIV-2 from infected individuals.

The trinity Biotech Capillus HIV-1/HIV-2 is a rapid qualitative assay for the detection of human immunodeficiency virus type 1 (HIV-1) and/or human immunodeficiency virus type 2 (HIV-2) antibodies in Human whole blood, serum or plasma. This test is primarily used for initial screening in low volume testing facilities, emergency situations, orin areas where sophisticated equipment is not available.

Quality of information provided by study participants and clinical specimen collection was monitored through log form developed for monitoring the study.

2.3 Size Estimation

In order to develop the sampling frame, possible locations and the number of IDUs in each location was identified using mapping exercises. For this exercise field researchers were divided into four teams, each team consisting of two core researchers and one ex/current IDU. Each urban area in the sample was divided into four parts for and one team of field researchers was assigned to each part.

Popular locations for IDU groups were identified with the help of NGO's working for the target groups, and key informants. These informants included local leaders, shop-keepers, tourist guides, social workers, police, priests, local restaurants, transport workers, local residents, medical shops, saloons, public toilet cleaners, street children, ex/current IDUs, and drug dealers. After possible IDU 'hang-out' sites were identified, field teams listed the number of drug users whom they talked with, the number of drug users they obsevered, the number of drug users as reported by key informants, and lastly, researchers recorded typical timings of IDU gatherings at particular sites. The researchers visited all possible locations where IDUs gather to use injecting drugs, obtain drugs, or simply to pass their time. After the discussion and triangulation with different key informants, the reported number of injecting drug users was listed for each site.

Based on the above exercise about 266 sites and of 3,540 male IDUs were identified (Annex 1).

Because female IDUs are typically more private, it was very difficult to locate them. During the location and number estimation exercise, key informants reported a total of 59 female IDUs. However, researchers were only able to observe eight female IDUs and talk with another four.

2.4 Selection of Sample

Initially, our teams attempted to use the 'probability-proportional-to-size' (PPS) method in order to determine the number of IDUs from each location. According to the PPS method, the number of study subjects present constitutes a location sites size. However, because IDUs are high mobile, it became difficult to apply this technique.

Traditional probability sampling methods, such as household surveys, are unsuitable for reaching IDUs and other such hidden populations, as response rates are usually low and lacking in candor (Spreen and Zwaagstra, 1994). Similarly, the street-based location sampling methods that have dominated much risk-reduction research (Semaan et al., 1998) such as targeted sampling (Watters and Biernacki, 1989), tend to exclusively recruit IDUs who spend considerable time on the street, especially older male IDUs. In contrast, a sample group based on a chain-referral method (using network connections among respondents) was found to be more suitable for such population. This method is able to reach a wider cross section of IDUs including respondents who spend little time in the street.

In order to overcome many of the problems generally attributed to chain referral sampling, we used respondent driven sampling (RDS), a form of chain referral *network* sampling..

Out of the initially identified 266 sites, twenty sites were selected with equal probability. One 'seed' or initial respondent was chosen from each site. After an interview and blood sample collection, each 'seed' was asked to bring in two drug-injecting friends. This group was considered the 'first wave'. Subsequently, each study participant in the first wave was then asked to bring two more drug-injecting friends (second wave). Similarly, each study participant in the second wave was asked to bring two more drug-injecting friends (third wave). If an IDU could not bring two additional friends, other participating IDUs of the same wave were asked to bring more friends in order to compensate accordingly. In this manner, each 'seed' yielded a total of 15 respondents from the site (Annex 2). Researchers attempted to choose the 'seeds' in a way that would tap into networks of both old injectors (using more than five years) and new users (less than or equal to five years). Similarly, attempts were made to use both old and young injector 'seeds'. In each case, the 'seed' was given a card to give to the friends he referred. Each card had a unique identification number, indicating the code for the site, the initial seed, and the wave. Only those respondents who came with a referral card were recruited for the study. Each respondent was provided Rs. 200 (equivalent $ 2.5) as an incentive for bringing other friends.

Although a total of 300 males and 100 females IDUs were targeted for the study, there was heavy shortfall among female IDUs. Consequently, only 57 female IDUs could be recruited (Annex 2). Out of 35 wards in Kathmandu, 22 wards in Lalitpur and 17 wards in Bhaktapur, study participants represented 31, 14 and 15 wards respectively.

In order to maintain study participant confidentiality, their names were not recorded. Instead, they were provided an ID number in the form of a card which was then used to obtain HIV test results.

2.5 Study Management

The study team was comprised of a project director, project coordinator, senior research officer (doctor), lab supervisor, research assistant, field supervisors, interviewers, motivators and lab technicians.

Field workers involved in the mapping exercise underwent four days of training. After training, researchers were divided into four teams consisting of two field researchers apiece. Each district was then divided into four parts to avoid an overlap of the study subjects. The fieldwork started from Kathmandu and then moved to Lalitpur and Bhaktapur.

For data collection, an intensive seven day training session was organized. This training allowed field teams to become familiar with research instruments, study methodology and information collection techniques. Questionnaires were practiced using both classroom-based role-play situations and in the field pre-testing. The interviews included questions regarding socio-demographic aspects, injecting behavior, sexual behavior, condom use and knowledge, as well as attitudes and practices (KAP) regarding STIs and HIV. The field researchers were divided into three teams. Two of these teams worked exclusively with male IDUs. These teams consisted of one research assistant, four researchers and one lab technician. The final team focused on female IDUs and consisted of one supervisor, two female researchers and one female lab technician.

A center was established nearby the selected sites for interviewing participants and collecting blood samples. Each center covered 2-3 sites (Annex 3). Individual interviews and blood

collection activities were carried out in separate rooms after obtaining a participants informed oral consent. Blood samples were collected through finger pricks. The blood was then stored in 2-4 capillary tubes until tests could be performed at the STD/AIDS Counseling and Training Service (SACTS) lab for testing.

In order to assure data collection quality, New ERA and FHI officials supervised fieldwork. A supervision team comprised of a social scientist, medical doctor and lab supervisor oversaw interview and blood testing activities.

In order to avoid repetition in study participant recruitment (especially among male IDUs) a researcher was exchanged between the two centers after study activities were completed. Center, site and location are presented in Annex 3.

2.6 Post Test Counseling

Post-test counseling and individual report dissemination was completed between May 9-26, 2002. After blood test results became available, all study participants were informed about the time and place where they could access both test results and post-test counseling. Although all study participants were informed in this regard, only 21 male and 6 female IDUs appeared (Annex 4). The test results were given to those participants producing ID cards. In a private setting, trained counselors advised them on various aspects of STI and HIV and the measures to be taken by participants who had HIV+ or HIV- results. The participants were referred to Teku and Patan Hospital for further services. Those participants who wanted to re-confirm their blood test results were allowed to do so free of cost.

2.7 Data Analysis

Field supervisors reviewed all the completed questionnaires on the day of data collection. Any inconsistencies in responses were clarified through discussions with the concerned interviewer later that day.

The data was then computer organized using Fox Pro software and later transferred to SPSS for further analysis. Simple statistical tools, such as frequency distribution, percentages, range, proportion; mean and median have been used to analyse the result of the survey. Odd ratios have also been calculated to analyze the relationship between HIV infection and various background or behavioral characteristics among IDUs. Clinical and behavioral data were merged in order to examine the relationship between a participant's HIV results and their characteristics or behaviors.

CHAPTER 3
SOCIO-DEMOGRAPHIC CHARACTERISTICS OF IDUs

This chapter discusses the demographic and social characteristics of IDUs within the sample group. Of the 303 male IDUs recruited from the Valley's three districts (Kathmandu, Lalitpur and Bhaktapur), 167 were from Kathmandu, 90 from Lalitpur and 46 from Bhaktapur. All female IDUs were recruited from Kathmandu district.

3.1 Demographic Characteristics

Demographic characteristics of the IDUs are presented in Table 3.1. The median age of male IDUs was 25 years, with 7 percent below the age of 20 years. Median age of female IDUs was a similar 23. Injecting drug use seems to be gaining popularity among younger women. A disturbing 35 percent of female IDUs are below the age of 20. This means male IDUs are slightly older than female IDUs and a significant proportion of female IDUs are adolescents.

Table 3.1: Demographic Characteristics of the Sample Population

Characteristics	Sex of IDUs			
	Male	%	Female	%
Age				
15-19	22	7.3	20	35.1
20-24	111	36.6	13	22.8
25-29	84	27.7	11	19.3
30-34	54	17.8	5	8.8
35-45	32	10.6	8	14.0
Median age	**25**		**23**	
Marital Status				
Married	107	35.3	26	45.6
Divorced/Separated	13	4.3	8	14.0
Widow/widower	2	0.7	4	7.0
Never married	181	59.7	19	33.3
Age at First Marriage				
10-14	2	1.6	13	34.2
15-19	27	22.1	19	50.0
20-24	64	52.5	6	15.8
25-29	23	18.9	0	0.0
30-34	6	4.9	0	0.0
Median age	**22**		**15.5**	
Currently Living With				
Spouse	90	29.7	16	28.0
Living without sexual partner/alone	20	6.6	1	1.7
Own family (Parental House)	167	55.1	24	42.1
Living with friend	12	4.0	9	15.8
Living with other relatives	10	3.3	5	8.8
Others	4	1.3	2	3.5
Total	**303**	**100.0**	**57**	**100**
Sexual Partner Aside From Spouse				
Yes	0	0.0	12	46.2
No	107	100.0	9	34.6
Don't know	0	0.0	5	19.2
Total	**107**	**100.0**	**26**	**100.0**

A large percentage of respondents are either currently married or were married at one time. About four in ten males and two-thirds of female IDUs were either currently or previously married. The percentage of widowed and divorced/separated female was found to be relatively higher than among male IDUs. Additionally, the average age at marriage among

females is relatively lower than among males. For example, while half the female IDUs were married between the ages of 15 and 19, this only held true for 22 percent of males. On the whole, it was found that the median marriage age is 22 years among males and 15.5 years among females.

A high percentage of IDUs were found to be either living with a spouse or in their parental house. Among the 107 currently married male and 26 currently married female IDUs, 84.1 percent of males and 61.5 percent of females were living with their spouse. Out of 303 male and 57 female IDUs, 55.1 percent of males and 42.1 percent of females were living in their parental house. While none of the currently married male IDUs reported their wives as having another male sexual partner, 46 percent of currently married female IDUs reported their husbands have another female sexual partner (Table 3.1).

3.2 Social Characteristics

Female IDUs exhibited a higher illiteracy rate than male IDUs (42% Vs 3%). Nearly two-thirds (64%) of male IDUs had attained grade 6-10 schooling compared to 30 percent of female IDUs.

IDUs from different ethnic groups had participated in the sample. About 44 percent of male IDUs were Newar, followed by Chhetri (29%), Tamang/Lama/Magar (17%) and Brahmin (7%). In the case of female IDUs, two in five were Chhetri, followed by Mongolian tribe (26%), Newar (21%) and Brahmin (7%).

A large majority of male participants were born inside the Kathmandu valley. Almost fifteen percent of all males and 74 percent of all females had been living within the valley for five years. The percentage of male and female IDUs living in the valley for more than five years was roughly equal (Table 3.2).

Table 3.2 Social Characteristics of the Sample Population

Characteristics	Sex of IDUs			
	Male	%	Female	%
Education				
Illiterate	9	3.0	24	42.1
Literate only	5	1.7	0	0.0
Grade 1-5	48	15.8	14	24.6
Grade 6-10	193	63.7	17	29.8
SLC and above	48	15.8	2	3.5
Ethnicity				
Brahmin	20	6.6	4	7.0
Chhetri	87	28.7	23	40.3
Newar	132	43.6	12	21.1
Tamang/Lama/Magar/Gurung/Rai	52	17.2	15	26.3
Occupational Caste	6	2.0	1	1.8
Terai Caste	4	1.3	0	0.0
Others	2	0.6	2	3.5
Duration of stay in Kathmandu Valley				
Since Birth	206	68.0	5	8.8
Since 5 Years	45	14.8	42	73.7
More than 5 Years	52	17.2	10	17.5
Total	**303**	**100**	**57**	**100**

CHAPTER 4
DRUG USE, NEEDLE SHARING AND TREATMENT

HIV transmission among drug users is most often associated with injecting needle/syringe-sharing behavior. Therefore, it is important that the behavior of IDUs is explored in order to help the design of future programs and intervention techniques. In this context, a range of IDU behavioral is presented in the following chapter. Specifically, the information presented relates to alcohol use, drug use, needle-sharing and treatment practices.

4.1 Alcohol Consumption among IDUs

Although the use of alcohol is common among both male and female IDUs in Kathmandu Valley, consumption of alcohol is higher among females than among males (males 79% vs females 88%). Approximatley one-quarter (26%) of male participants and 37 percent of female participants consume alcohol daily. Similarly, 22 percent of male IDUs and 39 percent of female IDUs consumed alcohol more than oncea week during the past month.

Both male and female IDUs were asked about the duration of oral drug use. A higher percentage of males had been using oral drugs for quite a long time. The average duration for oral drug use in males (8.5 years) was almost four time that found in females (2.2 years). A majority of males (68%) had been using oral drugs orally for over five years, while a mere one in ten females (10.5%) had been using oral drugs for the same duration. About half the female IDUs reported using oral drugs throughout the past year. When this statistic is coupled with the relatively small percentage of females who've habitually abused oral drugs throughout the past five years, it becomes clear that lately there's been a marked increase of oral drug use among females (Table 4.1).

Table 4.1: Consumption of Alcohol and Oral Drug use among IDUs

Alcohol and oral drug use acts	No. of IUDs			
	Male	%	Female	%
Alcohol Used during the past month				
Every day	80	26.4	21	36.8
More than once a week	66	21.8	22	38.6
Less than once a week	89	29.4	7	12.3
Never	63	20.8	7	12.3
Other	5	1.6	-	-
Duration of Oral Drug Use				
1 Year	12	4.0	29	50.9
2 – 5 Years	85	28.0	22	38.6
More than 5 years	206	68.0	6	10.5
Average duration in years	**8.5**		**2.2**	
Total	**303**	**100.0**	**57**	**100.0**

4.2 Drug Injecting Practice of IDUs

The duration of injecting drugs was lower than the use of oral drugs. For instance, the average duration of injecting drug use was about 5 years and 1.4 years among male and female IDUs respectively. This figure is lower than that of oral drug use (Table 4.1). While 37 percent of males had used injecting drugs for more than five years, only 4 percent of females had used injection drugs for such a substantial period. Data indicates that nearly half

of the males had been using injecting drugs for a period ranging 2-5 years and that while two-thirds of females had been using injecting drugs throughout the past year. Nearly half (46%) of the sample's female IDUs reported taking their first drug injection when less than 20 years olds. However, the percentage of male IDUs who started using injecting drugs before twenty was slightly less than that (38%).

The frequency of males using injecting drugs is very high compared to that of females. For instance, six in ten (59.3%) male respondents reported that they inject drugs 2-3 times a day while only one in seven females (14%) do so. On the other hand about 37 percent females inject drugs 2-3 times a week while only 4 percent of males do so. About 13 percent of males reported injecting drugs at least four times in a day.

The frequency of drug injection was also assessed for the day preceding the interview. About two in five (42%) males had injected three or more times the previous day while only four percent of females mentioned doing so. Alternatively, two-thirds of females and 8 percent of males had not used injected drugs the day preceding the interview (Annex 5). The percentage of respondents who had injected twice in the period preceding the interview was 31.7 percent among males and 38.6 percent among females (Table 4.2). The mean number of drug injections within the past day was 2.6 among males and 1.5 among females.

Table 4.2: Drug Injecting Practice of Respondents

Drug Injecting practice	Sex of IDUs			
	Male	%	Female	%
Duration of Drug Injection habit				
1 Year	43	14.2	38	66.7
2 – 5 Years	147	48.5	17	29.8
More than 5 years	113	37.3	2	3.5
Average duration years	**5**		**1.4**	
Age at first Drug Injection				
Less than 20 years	115	38.0	26	45.6
More than 20 years	188	62.0	31	54.4
Median age	**21**		**23**	
Frequency of Drug Injections within the Past Week				
Not injected	1	0.3	0	0.0
Once a week	4	1.3	13	25.5
2-3 times a week	12	4.0	19	37.3
4-6 times a week	23	7.6	7	13.7
Once a day	46	15.2	5	9.8
2-3 times a day	179	59.3	7	13.7
4 or more times a day	38	12.6	0	0.0
Frequency of Drug Injections Yesterday/last day				
1 time	79	26.1	33	57.9
2 times	96	31.7	22	38.6
3 or more times	128	42.2	2	3.5
Mean	**2.6**		**1.5**	
Total	**303**	**100.0**	**57**	**100.0**

In total, 25 male and 37 female IDUs reported having abstained from injections the day before the interview. These IDUs were asked about the reasons for not injecting. Lack of money was cited as the most common reason among both sexes of respondents. Other reasons included a desire to slowly quit drug-injecting habits, unavailability of drugs, etc. (Annex 5).

A majority of both male (71%) and female (61.4%) IDUs take injections via the arm. However, around one-fifth of males (20.5%) and females (19.3%) inject drugs in their wrist. Similarly, almost eleven percent of females were found to be injecting in hip (Table 4.3). The reason they cited was that 'its easy to hide from others'. However, no male IDUs reported taking injections via the hip.

Table 4.3: Part of the Body Where Injection is Taken

S.N.	Typical Injection Points	Male IDUs		Female IDUs	
		Nos	%	Nos	%
1.	In left/right arms	215	71.0	35	61.4
2.	In left/right wrist	62	20.5	11	19.3
3.	In thigh	5	1.7	0	0.0
4.	In elbow	5	1.7	0	0.0
5.	In leg	4	1.3	2	3.5
6.	In vein of neck	3	1.0	0	0.0
7.	Below elbow	3	1.0	0	0.0
8.	Others	4	1.3	1	1.8
9.	Above leg limb/behind	2	0.7	0	0.0
10.	In hip	0	0.0	6	10.5
11.	In foot	0	0.0	2	3.5
	Total	**303**	**100.0**	**57**	**100.0**

The most common place for injecting drugs among both male and female respondents was either their own room or that of a friend. Other common places included yard (chowk), lanes (gulli/tole), and courtyard (Bahal) (Annex 6).

Table 4.4 provides information on types of drugs injected in the past week. Tidegesic was widely used by both sexes of respondents (93% males and 86% females). This was followed by a combination of various drugs which appeared much higher among males (24%) than females (5%) (For types of combination see Annex 7). Other drugs injected by a sizeable proportion of male respondents within the last week included Phenargan, Brown sugar and Calmpose.

Table 4.4: Types of Drugs Injected by Respondents

Types of drugs	Drug Injected in last-week			
	Male n=303	%	Female n=57	%
Tidigesic	283	93.4	49	86.0
Brown Sugar	42	13.9	3	5.3
Calmpose	42	13.9	2	3.5
Phenergan	28	9.2	4	7.0
Diazepam	13	4.3	0	0.0
Phensydyl	2	0.7	1	1.8
White Sugar	2	0.7	0	0.0
Proxygin	2	0.7	0	0.0
Codeine	1	0.3	0	0.0
Nitrovate	1	0.3	0	0.0
Nitrosun	0	0.0	1	1.8
Cocaine	0	0.0	1	1.9
Effidin	0	0.0	1	1.8
Combination	74	24.4	3	5.3
Others	2	0.7	0	0.0

Note: Because of multiple answers percentages may add up to more than 100.

All IDUs in the sample were asked about types of drugs used orally or inhaled. Both male (65%) and female (46%) IDUs reported using 'ganja' within the past week. Other drugs taken either orally or inhaled that constituted sizeable proportions of both male and female IDUs were Nitrosun, Charas, Brown Sugar and Nitrovate. Compared to male IDUs, a higher percentage of female IDUs inhale Cocaine, Calmpose, Phensydyl and White Sugar (Annex 8).

Information was also collected on drug-switching behavior among IDUs. Data shows that only 5 males (about 2%) and 2 females (about 4%) had switched from one drug to another drug. Unavailability and high cost of a particular drug were the main reasons mentioned for switching drugs (Annex 9).

4.3 Syringe Use and Sharing Behavior

Respondents were also asked several questions about their syringe use and sharing behavior. Using a syringe that has been previously used by others greatly increases the risk for HIV/AIDS transmission. In this context respondents were asked, "whether they had either used a syringe yesterday or within the last day that had been previously used by others". In response, 15.8 percent of males and 8.8 percent of females reported having used a syringe previously used by another within the preceding day or two. On the other hand 7.3 percent males and 3.5 percent females reused another's syringe while taking two or more injections throughout the past two days (Table 4.5).

Table 4.5: Times Injected Using Another's Previously Used Syringe Yesterday/Last Day (by Sex of IDUs)

Used syringe previously used by others	Sex of IDUs			
	Male	%	Female	%
1 time	48	15.8	5	8.8
2 or more times	22	7.3	2	3.5
Not used such syringe	233	76.9	50	87.7
Total	303	100.0	57	100.0

Three similar questions were then asked regarding the participants last three drug-injections. The first question was "whether they had used another's previously used syringe during their last injection". Data shows that between 15 and 19percent of males had used another's previously used syringe and between 7 to 11 percent of females had done so within their last three injecting acts (Table 4.6).

In response to the second question, "whether they had used syringe that had been kept in public place to inject drugs", about one-fifth of male IDUs reported using such syringes when taking their last injection. However, less than two percent of females were using such syringes. Instances of using syringes left in public place were similar across all three of respondents' most recent injections as well (Table 4.6).

IDUs were asked about the number of people in the group, if they had injected in a group sharing the needle in the last three injecting acts. Among the male IDUs about two third said they were not in a group and remaining one third had injected in a group. Most of them who injected in a group were in a group of two or more IDUs (Table 4.6).

A smaller percentage of females IDUs injected in a group. For instance, in the last three injecting acts almost 86 to 88 percent female IDUs reported to inject alone (Table 4.6).

Table 4.6: Behavior of Respondents Regarding Syringe Use and Sharing within the Last Three Injections

Needle/syringe use during recent drug injections	Drug injecting acts					
	Most Recent		Second Most Recent		Third Most Recent	
	Male **n=303** %	Female **n=57** %	Male **n=303** %	Female **n=57** %	Male **n=303** %	Female **n=57** %
Used the same needle/syringe that had been used by others						
Yes	16.2	7.0	14.5	10.5	18.8	8.8
No	83.8	93.0	85.5	89.5	81.2	91.2
Used needle/syringe that had been left in public place						
Yes	22.1	1.8	18.8	1.8	18.5	0.0
No	77.9	98.2	81.2	98.2	81.5	100.0
Persons in the group using the same needle/syringe						
1 person	0.3	7.0	0.7	7.0	1.3	8.8
2 or more persons	33.0	7.0	28.4	5.2	31.4	3.5
Not used	66.7	86.0	70.9	87.7	67.3	87.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Information on the syringe-sharing behavior of respondents in the past week also was collected. Among participants who had injected within the last week, none of the female IDUs consciously avoided syringes that had been previously used by others. Conversely, 54 percent of males reported having never used another's previously used syringe. This indicates that female IDUs are more prone to HIV infection through shared needles risk than their male counterparts. Seventy-seven percent of females and one-third of males had used such a syringe sometime throughout in the past week. One-third of males and five percent of females were found to have used a syringe kept in a public place within the past week (Table 4.7).

Half of the male IDUs and 14 percent of the female IDUs had given syringes to someone after using it themselves. Out of the total IDU population surveyed, about one-third of males and 74 percent of females reported not sharing syringes with anyone in the past week. Of those who shared, it was mostly among friends (males 58% and females 7%). Additionally, most of them shared with 1-2 partners.

Table 4.7: Past Week's Syringe Use and Sharing Behavior

Needle/syringe use throughout the past week	Sex of IDUs			
	Male	%	Female	%
Used a needle/syringe that had been used by another				
Every time	1	0.3	4	7.0
Almost every time	34	11.2	3	5.3
Some times	103	34.0	44	77.2
Never	164	54.1	0	0.0
Not injected last week	1	0.3	6	10.5
Used a needle/syringe that had been left in Public place				
Every time	25	8.3	1	1.8
Some times	71	23.4	2	3.5
Never	206	68.0	48	84.2
Not injected last week	1	0.3	6	10.5
Gave a needle/syringe to some one				
Every time	7	2.3	0	0.0
Almost every time	39	12.9	4	7.0
Sometimes	101	33.3	4	7.0
Never	155	51.2	43	75.4
No injection last week	1	0.3	6	10.5
Shared needle/syringe with				
Usual sexual partner	1	0.3	3	5.3
Friend	175	57.8	4	7.0
Seller	4	1.3	0	0.0
Unknown person	4	1.3	1	1.8
Someone in the injecting place	6	2.0	0	0.0
Not shared	108	35.6	42	73.7
No injection last week	1	0.3	6	10.5
Others	4	1.3	1	1.8
Number of needle/syringe shared partners				
One partner	62	20.5	7	12.3
Two partners	60	19.8	1	1.8
Three or more partners	56	18.5	0	0.0
Not shared	124	40.9	43	75.4
No injection last week	1	0.3	6	10.5
Total	**303**	**100.0**	**57**	**100.0**

4.4 Drug Sharing Behavior

This section describes the drug-sharing behavior of respondents. Out of all respondents, nearly all males (302) and females 51 (90 %) had used injection drugs within the past week. Of these respondents, six percent of males and 11 percent of females had injected with pre-filled syringes. The percent of males and females that used drugs from a syringe after someone had transferred drugs into it from his/her previously used syringe were almost equal (10%). Materials such as bottles, spoons, cotton, etc. were shared by 11 percent of males and one quarter of females. Similarly, 56 percent of males and 25 percent of females in the past week had drawn drug solution from a common container used by others (Table 4.8).

Table 4.8: Past Week's Drugs Sharing Behavior

Drug sharing practice during past week	Sex of IDUs			
	Male	%	Female	%
Injected with a pre-filled syringe				
Yes	18	5.9	6	10.5
No	284	93.7	45	78.9
No injection	1	0.3	6	10.5
Injected with a syringe after drugs were transferred into it from another's syringe				
Every time	0	0.0	1	1.8
Almost every time	1	0.3	0	0.0
Sometimes	33	10.9	4	7.0
Never	268	88.4	46	80.7
No injection	1	0.3	6	10.5
Shared a bottle, spoon, cooker, vial/ container, cotton/filter and rinse water				
Every time	5	1.6	1	1.8
Almost every time	7	2.3	2	3.5
Sometimes	22	7.3	10	17.5
Never	268	88.4	38	66.7
No injection	1	0.3	6	10.5
Drawn drug solution from a common container used by others				
Every time	27	8.9	0	0.0
Almost every time	61	20.1	3	5.3
Sometimes	81	26.7	11	19.3
Never	133	43.9	37	64.9
No injection	1	0.3	6	10.5
Total	**303**	**100.0**	**57**	**100.0**

Information on the internal and external mobility and injecting practices of the respondents was also collected in this survey. Of the total 303 male and 57 female respondents, one-third (32.3%) of males and nearly one in five females (17.5%) were found mobile and had either used injection drugs in other parts of the country or in another country altogether. Among these mobile groups more than one-third males had injected in different parts of India and one female had injected in Singapore (Annex 10).

Of the 98 male IDUs who had either injected in other parts of the country or out of the country, 8.2 percent reported that they had used another's previously used the syringe to inject drugs and 20.4 percent reported giving their used syringe to another. Similarly, of the 10 mobile female IDUs, one female IDU had injected with the syringe used by another and two provided used syringes to others after their use (Table 4.9).

Table 4.9: Injecting Behavior of IDUs in Other Parts of Country and Out of Country

Injecting practice in other parts of the country and out of the country	No. of IDUs			
	Male	%	Female	%
Used a needle/syringe that had been used by another				
Yes	8	8.2	1	10.0
No	90	91.8	9	90.0
Gave a needle/syringe to someone else after use				
Yes	20	20.4	2	20.0
No	78	79.6	8	80.0
Total	**98**	**100.0**	**10**	**100.0**

4.5 Needle/Syringe Cleaning Practice

Improper cleaning of shared and reused needles/syringe is a major risk of HIV infection among the IDUs. The proper method for cleaning a needle is to alternate between thorough rinses using distilled water and bleach, repeating the process several times. Information on the process of cleaning of needles and syringes used by the IDUs was collected. Most of the male IDUs clean their needles/syringes with saliva (56.3%) and plain water (53.6%). About 24 percent and 11 percent male IDUs also use bleach and/or distilled water to clean their needles/syringes. Needle/syringe cleaning practices among female IDUs is different than that of males. The most common way of cleaning needle/syringe was use of plain water (38%) followed by cotton/cloth (29%) and saliva (19%) Table 4.10.

Table 4.10: Needle/Syringe Cleaning Practice of Respondents

Needle/syringe cleaning behavior	Sex of IDUs			
	Male	%	Female	%
Re-used needle/syringe in the past week				
Yes	263	86.8	21	36.8
No	40	13.2	36	63.2
Total	**303**	**100.0**	**57**	**100.0**
Ways of cleaning needle/syringe				
Saliva	148	56.3	4	19.0
Plain Water	141	53.6	8	38.1
Bleach	63	23.9	1	4.8
Distilled water	30	11.4	0	0.0
Boil in the water	25	9.5	2	9.5
Paper	23	8.7	0	0.0
Cotton/cloth	18	6.8	6	28.6
Medicine (calmpose, tidigesic, phenargan)	8	3.0	0	0.0
Urine	6	2.3	0	0.0
Burn the needle with matches	4	1.5	0	0.0
Never cleaned	6	2.3	0	0.0
Others	6	2.3	2	9.5
Total	**263**	**100.0**	**21**	**100.0**

Note: Because of multiple answers percentages may add up to more than 100.

4.6 Accessibility of Syringe

Almost all the respondents were aware of sources for new syringes. About 9.8 percent males and 93 percent females cited drugstores as a source of new syringe. About six in ten (58.5%) males reported awareness of the needle exchange program run by LALS. Data indicates that women were less knowledgeable than men about the needle exchange programs. For female injectors, a main source is through friends. Sources like hospitals and drug sellers are mentioned by less than five percent of IDUs (Table 4.11).

Table 4.11: Accessibility to Syringe and its Sources (by Sex of IDUs)

Descriptions	Sex of IDUs			
	Male	%	Female	%
Could obtain new syringe				
Yes	301	99.3	57	100.0
No	2	0.7	0	0.0
Total	**303**	**100.0**	**57**	**100.0**
Could obtain syringe from				
Drugstore	294	97.7	53	93.0
Needle exchange program	176	58.5	4	7.0
Friends	38	12.6	13	22.8
Hospital	14	4.6	3	5.3
Drug seller	4	1.3	1	1.7
Others	3	1.0	1	1.7
Total	**301**	**100.0**	**57**	**100.0**

Note: Because of multiple answers percentages may add up to more than 100.

4.7 Treatment Practice

Table 4.12 provides information on treatment sought by IDUs seeking to break drug habits. It is discouraging to note that a majority of respondents had not received any treatment. It is even more discouraging to note that among those who had sought treatment only five percent of females and one percent of males were currently under treatment. About 40 percent of males had undergone for treatment previously. Out of the ever-treated population, 37 percent of males and one in three females had received treatment within the past one-year, and half of the males were treated in a residential rehabilitation center.

Table 4.12: Types of Treatment Received by Respondents

Treatment practice	Sex of IDUs			
	Male	%	Female	%
Treatment Status				
Currently Receiving Treatment	4	1.3	3	5.3
Was in treatment but not now	121	39.9	0	0.0
Have not received treatment	178	58.7	54	94.7
Total	**303**	**100.0**	**57**	**100.0**
When Treatment Was Received				
Less than 6 months	14	11.2	1	33.3
Less than 1 year	32	25.6	0	0.0
Less than 2 year	31	24.8	1	33.3
Less than 3 year	15	12.0	1	33.3
Less than 4 year	14	11.2	0	0.0
4 year and above	19	15.2	0	0.0
Total	**125**	**100.0**	**3**	**100.0**
Types of treatment received				
Residential rehabilitation	61	48.8	0	0.0
Detoxification w/other drugs	31	24.8	2	66.7
Helped to quite cold turkey	14	11.2	1	33.3
Detoxification w/methadone	11	8.8	0	0.0
Forced to quite cold turkey	6	4.8	0	0.0
Out patient counseling	6	4.8	0	0.0
Maintenance w/methadone	5	4.0	0	0.0
Detoxification w/no drugs	4	3.2	0	0.0
Use alcohol/Ganja	3	2.4	0	0.0
Self-help group	2	1.6	0	0.0
Total	**125**	**100.0**	**3**	**100.0**

Note: Because of multiple answers percentages may add up to more than 100.

CHAPTER 5
SEXUAL BEHAVIOR AND CONDOM USE

HIV transmission among drug users is most often correlated to injecting or needle/syringe-sharing behavior. However, drug users' risky sexual behavior also contributes to the spread of HIV among the non-injecting population. In order to better understand how HIV is spread through IDUs' sexual behavior, respondents were asked a number of questions related to sexual history, number and type of sexual partners, and knowledge and use of condoms. This chapter discusses the main responses provided by study participants.

5.1 Sexual Behavior of IDUs

One-fifth (19.3%) of females and 11 percent of males had never had sex. Of the total respondents, two-thirds of males and 87 percent of females had gained sexual experience while less than 20 years old. The median age of respondents at the time of their first sexual encounter was 18 years for males and 16 years for females. Out of 269 males and 46 females who reported having had sexual intercourse, 58 percent of males and 72 percent of females reported sexual intercourse in the past 12 months. About one fourth males and females had two or more sex partners (Table 5.1).

Table 5.1: Sexual History (by Sex of IDUs)

Sexual behavior	Sex of IDUs			
	Male	%	Female	%
Had sexual intercourse	269	88.8	46	80.7
Never had sexual intercourse	34	11.2	11	19.3
Total	**303**	**100.0**	**57**	**100.0**
Age at first sexual intercourse				
Below 20 years	202	75.1	40	87.0
20 years of age and Above	67	24.9	6	13.0
Median Age	**18**		**16**	
Sexual intercourse in the past 12 months				
Yes	156	58.0	33	71.7
No	113	42.0	13	28.3
Total	**269**	**100.0**	**46**	**100.0**
Numbers of different sexual partners in the past 12 months				
1 partner	117	75.0	25	75.8
2 or more partners	39	25.0	8	24.2
Total	**156**	**100.0**	**33**	**100.0**

Of the total 269 males and 46 females who had sexual experience, 36 percent of males and 41 percent of females had sexual intercourse with a regular partner in past 12 months. Here, 'regular partner' is considered to be either a spouse or live-in sexual partner. Out of the 97 male IDUs who had sex with regular partners in the past 12 months, 19 (19.6%) had not had sex with them during the last month. Of the 78 male IDUs who had sex in the last month with a regular partner, about 64 percent said they had sex five or more times within that month. Similarly, out of 16 (84.2%) females who had sex with a regular partner in the last month, about three fourths of them had five or more sexual encounters during that period (Table 5.2).

Table 5.2: Sexual Intercourse with Regular Sex Partners (by Sex of IDUs)

Sexual practice	No. of IDUs			
	Male	%	Female	%
Sex with a regular partner during the past 12 months				
Yes	97	36.0	19	41.3
No	172	64.0	27	58.7
Total	**269**	**100.0**	**46**	**100.0**
Regular partner				
1 partner	96	99.0	19	100.0
2 partners	1	1.0	0	0.0
Sex with a regular partner during the last month				
Yes	78	80.4	16	84.2
No	19	19.6	3	15.8
Total	**97**	**100.0**	**19**	**100.0**
Frequency of sex during the last month with a regular partner				
1- 4	28	35.9	4	25.0
5+	50	64.1	12	75.0
Total	**78**	**100.0**	**16**	**100.0**

IDUs who had sexual experience were asked whether they had ever had sex with non-regular partners in the past year. 'Non-regular partners' were defined as those to whom the participants were not married to or living with. However, non-regular partners were also defined as distinct and separate from sex workers. Table 5.3 shows that one in five males (18.6%) and one in four (24%) females had sex with non-regular partners. Of them, sixty-eight percent of males and 81.8 percent of females had one non-regular partner.

Table 5.3: Sexual Intercourse with Non-Regular Sex Partner (by sex of IDUs)

Sexual practice	No. of IDUs			
	Male	%	Female	%
Sex with non-regular partner in the past 12 months				
Yes	50	18.6	11	24.0
No	219	81.4	35	76.0
Total	**269**	**100.0**	**46**	**100.0**
Non-Regular partner				
1 partner	34	68.0	9	81.8
2 or more partners	16	32.0	2	18.2
Sex with non-regular partner during last one month				
Yes	21	42.0	11	100.0
No	29	58.0	0	0.0
Total	**50**	**100.0**	**11**	**100.0**
Frequency of sex during last one month with non-regular partners				
1- 4	19	90.5	6	54.5
5+	2	9.5	5	45.5
Total	**21**	**100.0**	**11**	**100.0**

Table 5.3 also shows that out of 50 male and 11 female who had sex in the past 12 months, 42 percent of males and all female respondents had sex with non-regular partners throughout

the past month. Of those who had sex with non-regular partners in the past month, 90.5 percent male and 54.5 percent female reported to have sex 1-4 times during that time.

IDUs' sexual behavior puts them at a greater risk for HIV infection. In this context, IDUs were asked whether they had sexual relationship with sex workers during the past year. 'Sex workers' were defined here as those who bought or sold sex in exchange for money or drugs. Thirteen percent of males and about 15 percent of females reported having sex with sex workers in the past 12 months. Exceptionally, seven females IDUs said that they had given either money or drugs to male sexual partner in exchange for sex. Of the 35 males and 7 females who had sex with sex workers in the past year, 42.8 percent of males and all females had such encounters during the past month. Out of the 15 males and 7 females who had sex in the past one month, about 13 percent male and 43 percent female reported having sex 5 or more times. (Table 5.4).

Table 5.4: Sexual Intercourse with Sex worker (by sex of IDUs)

Sexual practice	No. of IDUs			
	Male	%	Female	%
Sex with sex worker in the past 12 months				
Yes	35	13.0	7	15.2
No	234	87.0	39	84.8
Total	**269**	**100.0**	**46**	**100.0**
Number of sex workers in the past 12 months				
1 partner	20	57.2	0	0.0
2 or more partners	15	42.8	7	100.0
Sex with sex worker during last one month				
Yes	15	42.8	7	100.0
No	20	57.2	0	0.0
Total	**35**	**100.0**	**7**	**100.0**
Frequency of sex with a sex worker during the last month.				
1- 4	13	86.7	4	57.2
5+	2	13.3	3	42.8
Total	**15**	**100.0**	**7**	**100.0**

5.2 Knowledge and Use of Condom

All respondents were asked whether they were aware of condoms, and whether or not they had used one during their last sexual contact. Almost all IDUs have heard of condoms. The use of a condom with a regular partner was found to be low when compared to condom use with sex workers and non-regular partners. Only one-third of males and five percent of females had used a condom with their regular sex partner during the last time they had sex. However, the use of condoms with sex workers was about 60 percent among males and all female IDUs used a condom during their last sexual encounter with a sex worker. The use of condoms with non-regular partners was very similar to the use of condoms with sex workers (Table 5.5).

Table 5.5: Knowledge and Use of Condoms among Male and Female IDUs

Knowledge and Use of Condom	Sex of IDUs			
	Male	%	Female	%
Ever heard of a condom				
Yes	303	100.0	55	96.5
No	0	0.0	2	3.5
Total	**303**	**100.0**	**57**	**100.0**
Condom use during last sexual intercourse with regular partner	33	34.0	1	5.3
Yes	64	66.0	18	94.7
No				
Total	**97**	**100.0**	**19**	**100.0**
Condom use with sex worker during last sexual intercourse				
Yes	21	60.0	7	100.0
No	14	40.0	0	0.0
Total	**35**	**100.0**	**7**	**100.0**
Condom use with non-regular partner during last sexual intercourse	30	60.0	10	90.9
Yes	20	40.0	1	9.1
No				
Total	**50**	**100.0**	**11**	**100.0**

In order to protect oneself from sexually transmitted diseases, a condom must be used during all sex acts. In this context, all IDUs were asked about the consistent use of condoms with different sexual partners during the year preceding the survey. Only about one-fifth (18.5%) of males and none of the females reported using a condom when they had sex with regular partners, and about four in ten (41.2%) males and 84 percent of females had never used condoms with their regular partner. Regarding the use of condoms with sex workers, 54 percent of males and 71 percent of females reported consistent use. A quarter of male IDUs never used a condom with sex workers during the last year. Similarly, about half of the IDUs also reported that they have been consistently using condom with non-regular partners (Table 5.6).

Table 5.6: Consistent Use of Condom with different Sexual Partners in the Past Year (by Sex of IDUs)

Consistent use of condom	Sex of IDUs			
	Male	%	Female	%
Use of condom during past 12 months with regular partners				
Every time	18	18.5	0	0.0
Almost every time	13	13.4	0	0.0
Sometimes	26	26.8	3	15.8
Never	40	41.2	16	84.2
Total	**97**	**100.0**	**19**	**100.0**
Use of condom with sex workers				
Every time	19	54.3	5	71.4
Almost every time	2	5.7	2	28.6
Sometimes	5	14.3	0	0.0
Never	9	25.7	0	0.0
Total	**35**	**100.0**	**7**	**100.0**
Use of condom with non-regular partners				
Every time	24	48.0	6	54.5
Almost every time	8	16.0	4	36.4
Sometimes	3	6.0	0	0.0
Never	15	30.0	1	9.1
Total	**50**	**100.0**	**11**	**100.0**

Most of the time respondents themselves suggested condom use during their last sexual encounter with either regular and non-regular sex partners or sex workers. Only in a very few occasions was the decision to use a condom taken jointly.

Respondents who had sex with different partners but had not used a condom were asked about why they had chosen not to use one. A majority of the respondents who had sex with regular and non-regular partners reported that they did not feel it was necessary. About one-third of respondents having sex with a regular partner reported the use of other means of contraception as the reason for not using condom. A significant proportion of respondents having sex with sex workers and non-regular partners also cited that a condom was not available to them at the time of sexual intercourse.

5.3 Source of Condoms

Respondents who had heard about or used condoms were where they can be obtained. The result is presented in Table 5.7. About one-fifth (10) of female IDUs were not knowledgeable about its source. Of these 10 Female IDUs, 60 percent were illiterate and their ages varied between 15 and 42 years. Overwhelming percentages of both sexes (males 95% and females 72%) mentioned pharmacy's as a source of condoms. Health workers, followed by hospitals were other major sources of condoms cited by both groups. Almost all the respondents reported condoms as available within a 30 minute walk.

Table 5.7: Sources of Condom and Time needed to obtain it (by Sex of IDUs)

Sources of condom and time to obtain it	Sex of IDUs			
	Male	%	Female	%
Place/person from where condom could be obtained				
Pharmacy	289	95.4	41	71.9
Health worker	160	52.8	5	8.8
Hospital	82	27.1	15	26.3
Shop	59	19.5	7	12.3
Clinic	32	10.6	5	8.8
Friends	24	7.9	1	1.7
Family Planning Center	15	5.0	1	1.7
Bar/Guest house/hotel	1	0.3	0	0.0
Market	0	0.0	1	1.7
Others	3	1.0	0	0.0
Don' t know	3	1.0	12	21.0
Total	**303**	**100.0**	**57**	**100.0**
Time taken to obtain condom				
Less than 30 minutes	296	98.7	44	97.8
More than 30 minutes	4	1.3	0	0.0
Don't know	0	0.0	1	2.2
Total	**300**	**100.0**	**45**	**100.0**

Note: Because of multiple answers percentages add up to more than 100.

5.4 Sources of Information about Condom

As discussed above, all of the male IDUs and 97 percent of the female IDUs had heard about condoms. Those who had heard were then asked about the sources of condom information. Respondents were aware of multiple sources of information. The most common sources of information for both groups were radio, television, pharmacy, hospitals, bill boards/ signboards, newspapers/posters and cinema halls etc. The detail sources of information about condom are presented in Table 5.8 below.

Table 5.8: Sources of Information about Condoms (by Sex of IDUs)

Sources	Sex of IDUs			
	Male	%	Female	%
Radio	302	99.7	52	94.5
Television	296	97.7	49	89.1
Friends/neighbors	277	91.4	32	58.2
Newspapers/posters	276	91.1	35	63.6
Bill board/sign board	271	89.4	40	72.7
Pharmacy	258	85.1	47	85.5
Hospital	224	73.9	37	67.3
NGO's peoples	211	69.6	7	12.7
Cinema hall	207	68.3	28	50.9
Health Post	195	64.4	18	32.7
Health Center	176	58.1	12	21.8
Health workers/volunteers	173	57.1	14	25.5
Community worker	119	39.3	1	1.8
Comic books	109	36.0	9	16.4
Street drama	100	33.0	5	9.1
Community event/training	75	24.8	5	9.1
Video van	61	20.1	4	7.3
Others	10	3.3	0	0.0
Total	**303**	**100.0**	**55**	**100.0**

Note: Because of multiple answers percentages may add up to more than 100.

As part of a strong effort to inform women and men about condoms, the National Health Education Information and Communication Center (NHEIC) has been launching radio and TV programs with technical assistance from Family Health International (FHI) in Nepal. The survey asked women and men whether they had heard specific radio and TV programs through which condom messages are broadcast. The specific programs were reported as *Dhale Dai, Gurujee Ra Antare, Condom Lagaaun AIDS Bhagaaun, and Condom Bata Surakchhya Youn Swastha ko Rakchhya.* Table 5.9 shows that these programs have been largely successful in terms of disseminating messages about condoms, as a high percentage of both male and female IDUs were aware of specific messages. However more men than women had been exposed to such messages. Of the four messages, exposure to *Condom lagaaun AIDS bhagaaun* was highest (98 percent males and 86% females) followed by *Condom bata surakchhya youn swastha ko rakchhya* (92% males and 83% females).

Table 5.9: Exposure to Specific Condom Messages in the Past Year (by Sex of IDUs)

Specific messages	Sex of IDUs			
	Male		Female	
Condom Lagaaun AIDS Bhagaaun	296	97.7	49	86.0
Condom Bata Surakchhya Youn Swastha ko Rakchhya	278	91.7	47	82.5
Dhale Dai	243	80.2	31	54.4
Gurujee Ra Antare	207	68.3	34	59.6
Others	9	3.0	0	0.0
Total	**303**	**100.0**	**57**	**100.0**

Note: Because of multiple answers percentages add up to more than 100.

CHAPTER 6
KNOWLEDGE OF STDs AND HIV/AIDS

In this survey, a series of questions were asked pertaining to respondents' general level of consciousness about STDs and HIV/AIDS, their specific knowledge about how such diseases are contracted, and where testing is available. The results are discussed below.

6.1 Knowledge of STDs

Table 6.1 shows the distribution of IDUs by sex who have heard about STDs. A significantly high percentage of both male and female IDUs reported having heard about STDs.

Table 6.1: Male and Female IDUs who have Heard about STDs

Heard of STDs	No. of IDUs			
	Male	%	Female	%
Yes	277	91.4	52	91.2
No	26	8.6	5	8.8
Total	**303**	**100.0**	**57**	**100.0**

Those who demonstrated a general awareness about STDs were also asked about the symptoms of STDs. The most commonly cited STD symptoms included genital ulcers/sore blisters, foul smelling discharge, genital discharge and itching (Table 6.2). Reports of abdominal pain and foul smelling discharges were only found among women.

Table 6.2: Symptoms of STDs Cited by Respondents who have Heard about STDs

Symptoms of STDs	Respondents who had heard of STDs							
	Male Respondents (n=277)				Female Respondents (n=52)			
	Among Females	%	Among Males	%	Among Females	%	Among Males	%
Genital ulcer/sore blisters	76	27.4	148	53.4	9	17.3	4	7.7
Foul smelling discharge	63	22.7	0	0.0	13	25.0	0	0.0
Genital discharge	44	15.9	82	29.6	2	3.8	5	9.6
Itching	46	16.6	39	14.1	10	19.2	0	0.0
Burning/pain during urination	28	10.1	66	23.8	0	0.0	1	1.9
Abdominal pain	17	6.1	0	0.0	9	17.3	0	0.0
Becomes thin	9	3.2	8	2.9	0	0.0	0	0.0
Area of increased swelling	14	5.1	27	9.7	1	1.9	2	3.8
Others	20	7.2	29	10.5	0	0.0	0	0.0
Don't Know	156	56.3	98	35.4	35	67.3	47	90.4

Note: Because of multiple answers percentages add up to more than 100.

All respondents were asked two specific questions regarding STD symptoms: "Have you had a genital discharge within the past year?" and "Have you had a genital ulcer/sore blister in the same period?" Around 11 percent of males and 9 percent of females reported a genital discharge within the past year. Similarly, six percent of men and 2 percent of women reported experiencing genital ulcers or sore blisters during last year (Table 6.3).

Table 6.3: Genital Discharge and Genital Ulcers/Sore Blisters Experienced within the Past year (by Sex of IDUs)

STD symptoms	Sex of IDUs			
	Male	%	Female	%
Had a genital discharge in the past year				
Yes	33	10.9	5	8.8
No	270	89.1	52	91.2
Had a genital ulcer/sore blister in the past year				
Yes	19	6.3	1	1.8
No	284	93.7	56	98.2
Total	**303**	**100.0**	**57**	**100.0**

6.2 Knowledge of HIV/AIDS

HIV/AIDS awareness was virtually universal among the IDUs surveyed. All male IDUs and 97 percent of all female IDUs had heard of the disease (Table 6.4). Seven in 10 males and four in ten females reported knowing a person who had died from HIV/AIDS. In the case of male respondents, a majority (56%) said that those who had died were their close friends. On the other hand almost 61 percent of female IDUs reported knowing a non-relative who had died of AIDS.

Table 6.4: Awareness of HIV/AIDS among IDUs

Knowledge on HIV/AIDS	Sex of IDUs			
	Male	%	Female	%
Heard about HIV/AIDS				
Yes	303	100.0	55	96.5
No	0	0	2	3.5
Know anyone who died due to AIDS				
Yes	212	70.0	23	40.4
No	84	27.7	30	52.6
Don't Know	7	2.3	4	7.0
Total	**303**	**100.0**	**57**	**100.0**
Nature of Relationship to the deceased				
Close friend	119	56.1	5	21.7
No relation	83	39.2	14	60.9
Close relative	6	2.8	4	17.4
Close friend/close relation	2	0.9	0	0.0
Don't know	2	0.9	0	0.0

Respondents were also asked three questions regarding their conceptions about HIV/AIDS prevention. These methods were regular condom use, having monogamous sexual relations (where partners exclusively have sex with one another), and abstinence from sex. The results are presented in Table 6.5. In comparison to female IDUs, a higher percentage of men cited regular condom use as a means of protection from HIV/AIDS. While 63 percent of female IDUs thought a person could avoid AIDS through strict use of condoms, 90 percent of males said so. Similarly, about 80 percent of IDUs cited a monogamous sex partner as a means of protection. Nearly two-thirds of both sexes surveyed were also aware that abstinence from sex provides protection from HIV/AIDS (Table 6.5).

Table 6.5: Knowledge of Ways to Avoid HIV/AIDS (by Sex of IDUs)

Methods of Protection Against HIV/AIDS	Sex of IDUs			
	Male **n=303**	%	Female **n=57**	%
Can protect themselves through condom use every time during sex	274	90.4	36	63.2
Can protect themselves through monogamous sexual relations	244	80.5	45	78.9
Can protect themselves through abstinence from sexual contact	196	64.7	37	64.9

Almost sixty-percent of females and 93 percent of males were aware that sharing a meal with an HIV positive person can not transmit HIV/AIDS. Similarly, ninety-three percent of females and 97 percent of males knew a person could get HIV by using another's previously used needle. Out of all respondents, three-fourth of males and half of females claimed that switching from injecting to non-injecting drugs could protect them against HIV/AIDS. However, one-third of males and half of females were found to believe HIV/AIDS could be transmitted from mosquito bite (Table 6.6).

Table 6.6: Respondents Knowledge on Ways of HIV/AIDS Transmission by Sex of IDUs

Statements related to HIV/AIDS and pregnant women	Sex of IDUs			
	Male **n=303**	%	Female **n=57**	%
Can not get HIV/AIDS by sharing meal with HIV+ person	282	93.1	34	59.6
Can get HIV/AIDS by sharing needles	295	97.4	53	93.0
Can protect themselves from HIV/ AIDS by switching to non-injecting drugs	229	75.6	29	50.9
Can get HIV/AIDS from a mosquito bite	105	34.7	29	50.9
A pregnant women infected with HIV/AIDS can transmit the virus to her unborn child	275	90.8	46	80.7
A women with HIV/AIDS can transmit the virus to her child through breast-feeding	146	48.2	34	59.6
A pregnant women with HIV/AIDS can reduce risk of transmission to her unborn child by:				
Taking medicine	23	7.6	4	7.0
Treatment/consultation with doctor	21	6.9	1	1.7
Others	4	1.3	1	1.7
Don't know	255	84.2	51	89.5

A large majority of male (91%) and female (81%) respondents were aware that a pregnant women infected with HIV could transmit the virus to her unborn child. A relatively lower percentage of respondents, nearly 50 percent of males and 60 percent of females, stated that a women with HIV could transmit the virus to her newborn child through breast-feeding. However, a majority of respondents did not know what steps a pregnant woman can take to reduce the risk of HIV/AIDS transmission to her unborn child (Table 6.6).

6.3 Knowledge about HIV Testing Facilities

All study participants were asked whether or not confidential HIV testing is currently available, and whether they had ever been tested for HIV. Data presented in Table 6.7 indicates that almost 82 percent of males and a slightly higher proportion of females (84%) were aware of confidential HIV testing. Thirty-five percent of men and 18 percent of women had tested their blood for HIV either voluntarily or as prescribed by a health professional. This figure seems to indicate that woman are less likely than men to take initiative in getting tested for HIV/AIDS. More than 80 percent of the respondents tested for HIV received the results of their test. Forty-two percent of males and 90 percent of females reported HIV blood tests within the past one-year. This indicates that HIV testing is a recent development for study participants.

Table 6.7: Knowledge about HIV Testing Facilities and History of HIV Test (by Sex of IDUs)

Description	Sex of IDUs			
	Male	%	Female	%
Is it possible for someone to get a confidential HIV test ?				
Yes	248	81.8	48	84.2
No	50	16.5	2	3.5
Don't know	5	1.7	7	12.3
Type of Test Taken				
Required HIV test	68	22.4	2	3.5
Voluntary HIV test	37	12.2	8	14.0
Not tested	198	65.3	47	82.5
Total	**303**	**100.0**	**57**	**100.0**
Test result received				
Yes	87	82.9	8	80.0
No	18	17.1	2	20.0
Timing of last HIV test				
Within the past year	44	41.9	9	90.0
1-2 years ago	24	22.9	1	10.0
2-4 years ago	19	18.1	0	0.0
More than 4 years ago	18	17.1	0	0.0
Total	**105**	**100.0**	**10**	**100.0**

6.4 Source of knowledge about HIV/AIDS

Among those participants who had heard of HIV/AIDS, radio and television were the first and second most common media sources for information on HIV/AIDS. Other sources commonly cited by male respondents included friends/relatives, newspaper/magazines, billboard/signboards, and pamphlets/posters, or an NGO worker. For females, the most common sources were pamphlets/posters, friends/relatives, billboard/signboards, health workers and newspapers or magazines. Although 43 percent of male respondents reported community workers as a source of such information, only about 4 percent female respondents reported community workers as a source of HIV/AIDS information. This finding has program implications (Table 6.8).

Table 6.8: Sources of Knowledge Regarding HIV/AIDS (by sex of IDUs)

Sources	Sex of IDUs			
	Male	%	Female	%
Radio	300	99.0	53	96.4
Television	297	98.0	48	87.3
Friends/Relatives	289	95.4	32	58.2
Newspapers/Magazines	274	90.4	23	41.8
Bill board/sign board	270	89.1	29	52.7
Pamphlets/Posters	269	88.8	34	61.8
NGO workers	212	70.0	9	16.4
Cinema halls	211	69.6	16	29.1
Health workers	208	68.6	26	47.3
Workplace	136	44.9	9	16.4
School/Teachers	135	44.6	10	18.2
Community workers	129	42.6	2	3.6
Comic books	115	38.0	11	20.0
Street drama	109	36.0	8	14.5
Community events or training	71	23.4	5	9.1
Video van	57	18.8	3	5.5
Others	4	1.3	0	0.0
Total	**303**	**100.0**	**55**	**100.0**

Note: Because of multiple answers, percentages add up to more than 100.

In this survey, respondents were asked whether anyone had given them materials regarding AIDS such as brochure/booklets/pamphlets, condoms, or and any specific information about AIDS throughout the last year. Compared to male respondents, a relatively small proportion of female respondents had received such materials. For instance, while only 14 percent of females had received information about condoms, nearly half of male respondents reported receiving such information. Printed materials related to HIV/AIDS were received by only one-fifth of females and 58 percent of males. Similarly, about 82 percent of males and 42 percent of females had received information on HIV/AIDS. Only the male respondents had received information related to syringes (Table 6.9).

Table 6.9: Information/Materials Received during the Past Year (by sex of IDUs)

Informative Materials Received	Sex of IDUs			
	Male	%	Female	%
Received information on Condom				
Yes	148	48.8	8	14.0
No	155	51.2	49	86.0
Brochure/booklets/pamphlets on HIV/AIDS				
Yes	175	57.8	11	19.3
No	128	42.2	46	80.7
Received Information on HIV/AIDS				
Yes	247	81.5	24	42.1
No	56	18.5	33	57.9
Received Information on Syringes				
Yes	36	11.9	0	0.0
No	267	88.1	57	10.0
Others Information				
Yes	9	3.0	0	0.0
No	294	97.0	57	100.0
Total	**303**	**100.0**	**57**	**100.0**

CHAPTER 7
PREVALENCE OF HIV

HIV status was derived from two rapid 'Capillus' and 'Determine' tests. The clinical test results indicate an especially alarming situation among male injecting drug users. However the prevalence of HIV among the female IDUs was also significantly high.

HIV prevalence was found to be much higher among male IDUs (68%) than among female IDUs (15.8%). However, prevalence of HIV varies significantly by districts. While prevalence among males is higher in Bhaktapur (73.9%), it was marginally lower (63.3%) in Lalitpur District. The percentage of HIV positive males seems to rise and fall with various living districts. Similar trends were observed among female IDUs as well. However, the sample from Bhaktapur contained no female IDUs.

The combined prevalence of HIV for both male and female IDUs is about 59.7 percent.

Table 7.1: HIV Status by Districts and Sex of IDUs

Districts	Sex of IDUs						
	Male			Female			
	Total	HIV+	%	Total	HIV+	%	Total
Interviewed Districts							
Kathmandu	167	115	68.9	57	9	15.8	55.4
Lalitpur	90	57	63.3	0	0	0.0	63.3
Bhaktapur	46	34	73.9	0	0	0.0	73.9
District Currently lived in							
Kathmandu	187	130	69.5	50	8	16.0	58.2
Lalitpur	79	46	58.2	7	1	14.3	54.6
Bhaktapur	37	30	81.1	0	0	0.0	81.1
Total	**303**	**206**	**68.0**	**57**	**9**	**15.8**	**59.7**

7.1 Relation between Socio-Demographic Characteristics and HIV Infection

Table 7.2 depicts participant HIV infections among selected demographics and social characteristics. The incidence of HIV was found to be higher among the older group of IDUs across both sexes. As compared to their younger counterparts, HIV was higher by 29 percent and 9 percent among older age groups of males and females respectively. Difference between the two-age groups of female IDUs was smaller when compared to the differences between male age groups. HIV status also differs significantly across different marital statuses. Prevalence is higher among formerly married males than those who were either never married or are currently married. Again, this pattern does not hold true in case of female IDUs. Data shows that literacy had a negative relationship with HIV infection among males. HIV prevalence was found to be as high as 78 percent among illiterate males compared to 68 percent among literate males. However, this finding does not hold true in case of female IDUs, as prevalence is high among literate females.

Table 7.2: Relation between Socio-Demographic Characteristics and HIV Infection

Characteristics	Sex of IDUs					
	Male			Female		
	Total	HIV+	%	Total	HIV+	%
Age						
Below 20 years	22	9	40.9	20	2	10.0
20 years and Above	281	197	70.1	37	7	18.9
Marital Status						
Currently married	107	82	76.6	26	5	19.2
Formerly married	15	14	93.3	12	2	16.6
Never Married	181	110	60.8	19	2	10.5
Literacy						
Illiterate	9	7	77.8	24	3	12.5
Literate/formal school	294	199	67.7	33	6	18.2
Total	**303**	**206**	**68.0**	**57**	**9**	**15.8**

7.2 Relation between Drug Injection Behavior and HIV

Literature on HIV/AIDS shows that HIV infection is typically associated with IDU drug-injecting behavior. In this study information on various injecting behaviors such as duration of injecting drug use, frequency of injections within the past week, use of publicly discarded syringes, and use of another's previously used syringe was collected.

As revealed in table 7.3, those who have been injecting drugs for a long period have a greater chance of HIV infection. Among those males who have been injecting for more than five years, 81 percent have HIV. HIV infection rates dropped to 67 percent among males who had been using injected drugs for a period of 2 to 5 years and 37 percent among males who had been using injected drugs for a year or less.

Table 7.3: Relation between Drug Injecting Behavior and HIV Infection (by Sex of IDUs)

Drug injecting behavior	Sex of IDUs					
	Male			Female		
	Total	HIV+	%	Total	HIV+	%
Injecting Drugs Since						
1 year	43	16	37.2	38	4	10.5
2-5 Years	147	98	66.7	17	4	23.5
More than 5 years	113	92	81.4	2	1	50.0
Frequency of Injected Drugs in the Past week						
Not Injected	1	0	0.0	6	1	16.7
1-3 times a week	16	9	56.3	32	1	3.1
4 -6 times a week	23	8	34.8	7	0	0.0
Everyday	46	26	56.5	5	2	40.0
2-3 times a day	179	132	73.7	7	5	71.4
4 or more times a day	38	31	81.6	0	0	0.0
Used another's previously used needle/syringe during the past week						
Not injected/Never	165	111	67.3	50	6	3.0
Every time/Almost every time	35	28	80.0	4	1	25.0
Some time	103	67	65.0	3	2	66.7
Used a publicly discarded needle/syringe during the past week						
Not injected/Never	207	126	60.9	54	8	14.8
Every time	25	21	84.0	1	1	100.0
Some times	71	59	83.1	2	0	0.0
Total	**303**	**206**	**68.0**	**57**	**9**	**15.8**

Frequency of injections was also found to have a positive association with HIV infection. Those who had injected more often within the past week had higher rates of HIV infection. Similarly, data indicates that sharing a common syringe places IDUs at a higher risk. Those who had shared needles most often in the past week had a higher prevalence of HIV (84% among males) than those who did not share or shared only sometimes. Likewise, IDUs who had used a publicly discarded syringe in the past week exhibited more of a risk for HIV infection than those who avoid such syringes. For example, around 84 percent of males who reported using such syringes had contracted HIV while a lesser 61 percent who avoided such syringes had HIV. A similar association has been noted in female users.

7.3 Relation between Sexual Behavior and HIV

Table 7.4 shows that while HIV was higher (72.2%) among males who had sex with a regular partner, it was higher among female who had engaged in sex with a sex worker. In terms of percentages, males who had sex with two or more regular partners and female who had sex with two or more sex workers were found to have the highest rates of HIV infection.

Table 7.4: Relation between Sexual Behavior and HIV

Sex with different partners in the past 12 months	Sex of IDUs					
	Male			Female		
	Total	HIV+	%	Total	HIV+	%
With regular partner						
Yes	97	70	72.2	19	4	21.1
No	172	113	65.7	27	5	18.5
Never had sexual experience	34	23	67.6	11	0	0.0
With Non-regular partners						
Yes	50	27	54.0	11	1	9.1
No	219	156	71.2	35	8	22.9
Never had sexual experience	34	23	67.6	11	0	0.0
With sex worker						
Yes	35	18	51.4	7	2	28.6
No	234	165	70.5	39	7	17.9
Never had sexual experience	34	23	67.6	11	0	0.0
Number of Partners in the past 12 months						
Number of Regular partner in the past 12 months						
0 Partner	206	136	66.0	38	5	13.2
1 partner	96	69	71.9	19	4	21.1
2 partners	1	1	100.0	0	0	0.0
Number of Non-Regular partner in the past 12 months						
0 Partner	253	179	70.8	46	8	17.4
1 partner	34	22	64.7	9	1	11.1
2 or more partners	16	5	31.3	2	0	0.0
Number of sex workers in the past 12 months						
0 Partners	268	188	70.1	50	7	14.0
1 sex worker	20	9	45.0	0	0	0.0
2 or more sex workers	15	9	60.0	7	2	28.6
Total	**303**	**206**	**68.0**	**57**	**9**	**15.8**

7.4 Odds Ratio of HIV Infection by Selected Characteristics of IDUs

Efforts were made to calculate odd ratios of HIV risk by selected characteristics of male IDUs. As the female sample was small, this exercise was not done for females. Table 7.6 shows the risk of HIV infection to be 1.9 times higher among those male IDUs 25 years older when compared to younger male IDUs. Although illiterate peoples have almost 1.7 times higher risk of HIV, such association is statistically significant. The range of estimated odds ratio is 0.37-11.87. Previously or currently married males are at a greater risk of HIV infection compared to males who have never married. For instance, the odds ratio is about 2.4 for previously or currently married males compared to males who have never married. This is taken to be statistically significant. The strongest correlating factor for HIV infection is the use of a publicly discarded needle/syringe. An IDU who uses such a needle is almost 3.33 times more likely to contract HIV compared to those who do not use such needle/syringe. The estimated risk varies between 1.6 and 7.3. Similarly, risk of HIV infection is significantly higher for those IDUs who had previously injected in either other parts of the country or other countries (Table 7.5).

Table 7.5: Odd Ratios of HIV Infection by Selected Characteristics of Male IDUs

Characteristics	Odd Ratio	95% Confidence Interval
Age		
<25 years	-	(1.13,3.18)
= >25 years	1.90	
Education		
Illiterate	1.67	(0.31,11.87)
Literate	-	
Marital status		
Never Married	-	(1.37,4.18)
Ever married	2.38	
Injecting behavior		
Injected with another's previously used during last injection	-	(0.75,2.85)
Yes	1.47	
No		
Injected with a syringe left in public place	3.33	(1.55,7.34)
Yes	-	
No		
Injected with a pre-filled syringe	1.68	(0.50,6.22)
Yes	-	
No		
Injected in either another part of the country or another country	-	(0.98,2.87)
	1.68	
Yes		
No		

CHAPTER 8
SUMMARY AND RECOMMENDATIONS

8.1 Summary of the Major Findings

The main objective of this study was to estimate the rate of HIV among IDUs and assess their risk behaviors.

Structured questionnaires were used to collect behavioral data. Clinical blood tests were derived by collecting blood from finger pricks and storing it in capillary tubes. Two rapid 'Capillus' and 'Determine' tests were conducted in order to determine IDU infection status. Respondent Driven Sampling (RDS), a form of chain referral network sampling, was used to create the study's sample structure from 20 randomly selected sites.

Result of IDUs

Socio-Demographics

Of the total sample IDUs, seven-percent male and 35 percent female were under the age of 20 years. The median age of the male and female participants was 25 and 23 years respectively. A majority of females (42.1%) were illiterate while only a small minority of males (3%) were illiterate. Around sixty-seven percent of females and forty-percent males were either currently or previously married. Around fifty-five percent of males and 42.1 percent of females were living with their parents. Of the total 107 currently married males and 26 currently married females IDUs, 84.1 percent of males and 61.5 percent of females were living with their spouse.

Injecting Practice

Out of 303 male and 57 female IDUs, 62.7 percent of men and 96.5 percent of women had been using injected drugs for over5 years. Thirty eight percent of men and 45.6 percent of women began injecting before the age of 20. Frequency of injecting drug use was higher among males than females. About 59 percent males were using injected drugs 2-3 times a day while 37.3 percent females were using such drugs 2-3 times a week. Eighty six percent of females and 93.4 percent of males were using Tidigesic. The percentage of male and female IDUs that reported using another's previously used syringe during the past week, was 45.5 and 89.5 respectively. The percentage of male and female IDUs that reported using a publicly discarded during the past week was 31.7 and 5.3 respectively.

Thirty two percent of males and 18 percent of females were found to be mobile and had injected drugs in either another part of the country or in another country entirely.

Almost all drug injectors know of sources for new/unused needles.

Of the total sample populations, 41.3 percent of males and 5.3 percent of females had received some kind of treatment in the past. Around fifty percent of males reported having received past treatment in rehabilitation centers.

Use of Condom

Of the total study participants, almost 89 percent of males and 81 percent of females had been or were currently sexually active. Out of the respondents who had engaged in sex with a sex worker, 54.3 percent of males and 71.4 percent of females consistently used a condom during sex with a sex worker.

Knowledge of HIV

All male and 96.5 percent of female respondents had heard about HIV/AIDS. Of the total sample population, 90.4 percent of males and 63.2 percent of females thought that HIV could be protected against by using a condom every time during sex. More than 90 percent of all respondents knew that a person could get HIV through the use of another's previously used needle. Seventy six percent of males and 51 percent of females claimed that people who use injected drugs can protect themselves from HIV by switching to non-injected drugs.

HIV Prevalence

Out of the total sample of 303 male and 57 female IDUs, 67.99 percent of males and 15.79 percent of females were found to be HIV positive.

8.2 Recommendations

Based on the finding of this study, a few specific recommendations have been made. They are as follows:

i. This type of study should continue in order to monitor and evaluate the HIV prevalence and risk behaviors of IDUs.

ii. Changing patterns of behavior is a long, slow process. Thus, IDUs should be continuosly targeted for syringe sharing and HIV control/prevention programs.

iii. Establishment of and/or support for existing rehabilitation and detoxification centers to support economically poor IDUs for treatment.

iv. Currently, there are no rehabilitation centers for female IDUs. Though the number of Female IDUs is low, rehabilitation and detoxification centers for female IDUs would help to check the possibility of an increasing female IDU population.

v. Outreach and education programs should emphasize the increased risk of HIV due to 'risky' behaviors such as syringe sharing or having sex with sex workers.

vi. Besides counseling IDUs themselves, public awareness needs to be raised through education programs focusing on detoxification processes and centers and the possible consequences from needle sharing behavior or having sex with sex workers.

REFERENCES

Des Jarlais, D. C., S. R. Friedman, K. Choopanya, S. Vanichseni, and T. Ward. 1992. "International Epidemiology of HIV and AIDS among Injecting Drug Users." AIDS. 6: 1053-1068

National Center for AIDS and STD Control. 2002. Cumulative HIV/AIDS Situation of Nepal As of September 30.

Richman, K. 1996. "Injecting Drug Use and AIDS in Developing Countries, Determinants and Issues for Policy Consideration".

Spreen, M. and Zwaagstra, R. 1994. "Personal Network Sampling, Out Degree Analysis and Multilevel Analysis: Introducing the Network Concept in Studies of Hidden Population". International Sociology.

United States Bureau of the Census. 1995. HIV/AIDS Surveillance Data Base.

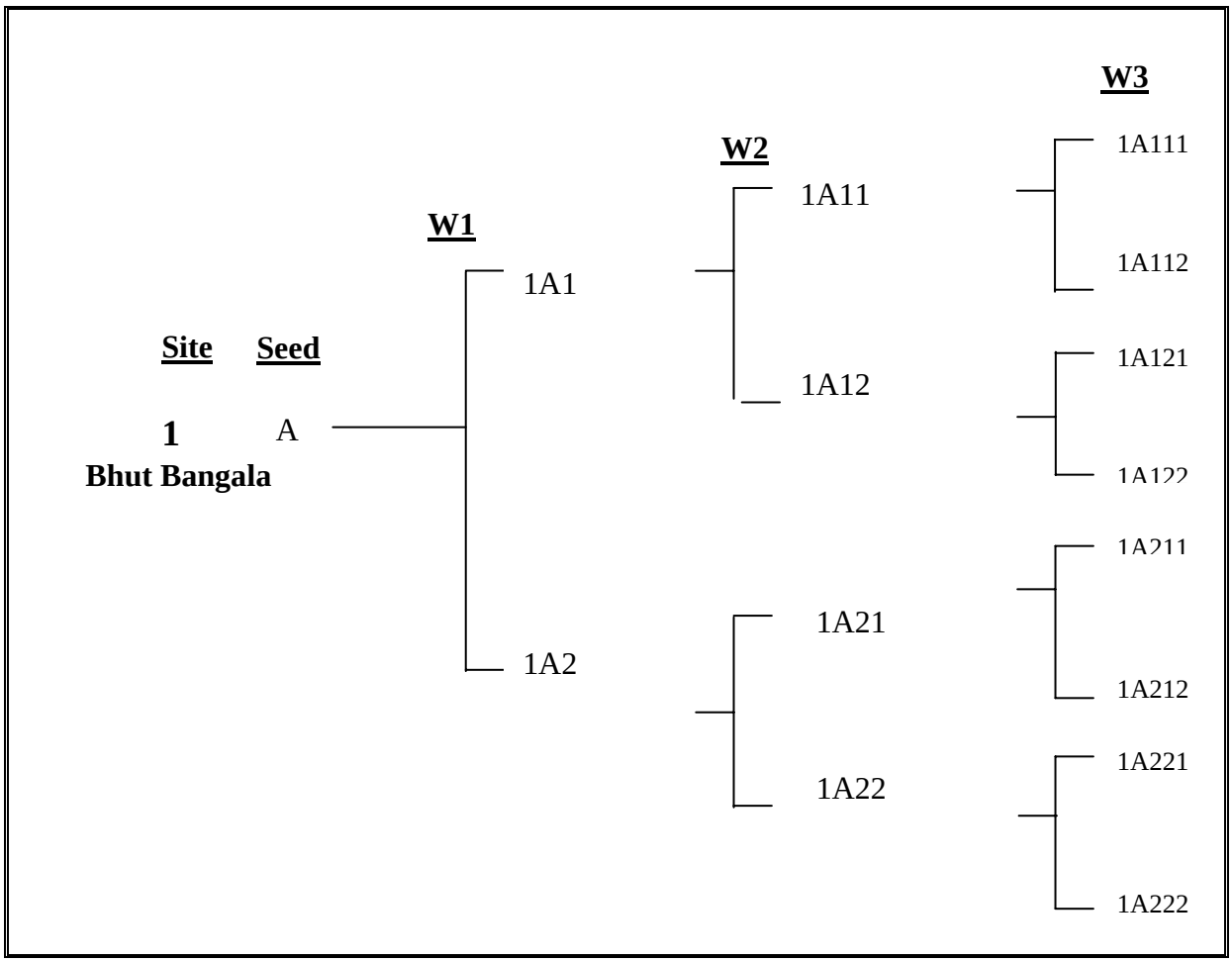
Watters, J., and Biernecki, P. 1989. "Targeted Sampling Options for the Study of Hidden Populations". Social Problems.

ANNEXES

Annex - 1
Description of Samples

Description	Districts			Total	Remarks
	Kathmandu	Bhaktapur	Lalitpur		
Estimated Sites	151	34	81	266	
Estimated Numbers of Males IDUs	2,258	271	1,011	3,540	
Selected Sites	11	3	6	20	
Interviewed Numbers of Males IDUs	167	46	90	303	
Refusals	1	0	0	1	Refused to test blood
Interviewed Females	57	0	0	57	Interviewed only in Kathmandu

Annex - 2
Respondent Driven Sampling Method Chart



Annex - 3
Centers Where Interview and Blood Collection of IDUs Conducted

S. N.	Center	Sample Sites	Locations	Area	Team	Completed Date
1.	Gausala, Kathmandu	1. Bhut Bangala	Sundar Tole	Baudha	A	Feb. 12-21
		2. Pode Tole	Tilganga	Gausala		
		3. Kalimarga	Kharibote	Baneswore		
2.	Bagabazar, Kathmandu	4. Anamanagar/ Ghattekulo/ Kalikasthan	Anamangar/ Ghattekulo/ Kalikasthan	Anamnagar	A	Feb. 24 – Mar. 01
		5. Electricity Authority	Ratnapark	Ratnapark		
3.	Gwarkhu, Lalitpur	16. Ganesh Mandir	Subahal	Durbar Square	A	Mar 02-08
		17. Pode Tole	Dupat	Durbar Square		
		14. Lagankhel Bus Park	Lagankhel	Lagankhel		
4.	Bus Park Bhaktapur	20. Khauma Tole	Khauma	Durbar Square	A	Mar. 09-17
		19. Town Planning	Kamalbinayak	Kamalbinayak		
5.	Gongabu, Kathmandu	11. Ganeshthan	Gongabu	Balaju	B	Feb. 12-17
		8. Kumari Temple	Samakhusi	Thamel		
6.	Chhetrapati, Kathmandu	9. Sukumbasi Tole	Dallu	Swoyambhu	B	Feb. 18-21
		7. Kuna Tole	Kamalachhi, Tyouda	Asan		
7.	Kalimati, Kathmandu	6. Pyaphal	Near Basantapur	Basantapur	B	Feb. 24 – Mar. 01
		10. Tankeswori	Tahachal	Kalimati		
8.	Kopundole, Lalitpur	12. Parsighat	Kopundole	Kopundole	B	Mar. 02-09
		13. Near Caravan Snooker	Jawalakhel	Jawalakhel		
		15. Bagdole	Bagdole	Satdobato		
9.	Thimi, Bhaktapur	18. NTC Thimi	Naya Thimi	Gathaghar	B	Mar. 10-12

Annex - 4
Date and Place of Counseling Performed to IDUs

May 2002	Counseling center (Male IDUs)	Expected Client	Client Counseled	Client with HIV+	Client with HIV-
9-10	Pond side guest house, Bhaktapur	46	5	4	1
12-13	Surya guest house, Lalitpur	45	1	0	1
14-15	Friends club, Lalitpur	45	4	2	2
16-17	Gausala guest house, Kathmandu	46	4	3	1
19	Waling fulbari guest house, Kathmandu	30	1	0	1
20	New kalimati guest house, Kathmandu	30	4	4	0
21	Nepal guest house, Kathmandu	31	1	1	0
22	Myagdi Guest house, Kathmandu	30	1	1	0
	Total	**303**	**21**	**15**	**6**
	Counseling center (Female IDUs)				
23-26	Satkar guest house, Kathmandu	**57**	**6**	**0**	**6**

Annex - 5
The Reasons of Not Injecting Drugs Yesterday

Injecting Practice	Male	%	Female	%
Reasons of Not Injecting Yesterday				
Lack of money	7	28.0	27	73.0
To quite slowly	9	36.0	3	8.1
Unavailability	3	12.0	0	0.0
Attending treatment center	1	4.0	0	0.0
Friend not met	1	4.0	0	0.0
Due to fever	1	4.0	0	0.0
Due to brown sugar pull	1	4.0	0	0.0
Due to bus in office	1	4.0	0	0.0
Due to busy in house	1	4.0	2	5.4
Injecting once a week	0	0.0	2	5.4
Lack of time	0	0.0	1	2.7
Injecting sometimes only	0	0.0	1	2.7
Was not feeling well	0	0.0	1	2.7
Total	**25**	**100.0**	**37**	**100.0**

Annex – 6
Gathering Place of IDUs to Inject Drugs

S.N.	Characteristics	Male IDUs		Female IDUs	
		Nos	%	Nos.	%
1.	Own room/friends room	117	38.6	37	64.9
2.	Chowk/Tole/Galli	54	17.8	17	29.8
3.	Open Ground/Town planning area	41	13.5	1	3.5
4.	Forest/Bushes	24	7.9	0	0.0
5.	Toilet/Public Toilet	16	5.3	0	0.0
6.	Bridge Area	16	5.3	0	0.0
7.	Temple Area	11	3.6	0	0.0
8.	River Bank/Slum Area	11	3.6	2	1.7
9.	Around Cinema Hall	3	0.9	0	0.0
10.	Hospital Area	2	0.7	0	0.0
11.	Vacant House	2	0.7	0	0.0
12.	Others	6	2.0	0	0.0
	Total	303	100.0	57	100.0

Annex - 7
Combination of Different Drugs Injected by IDUs

S.No.	Drugs Combination	Male	Female
1.	Calmpose + Tidigesic	31	3
2.	Tidigesic + Phenargan	19	0
3.	Tiodigesic + Saipam	12	0
4.	Tidigesic + Diazepam	6	0
5.	Tidigesic + Avil	5	0
6.	Codeine + Phenargan + effidin (Formula)	4	0
7.	Tidigesic + Proxigin	2	0
8.	Tidigesic + Phenargan + Saipam + Calmpose	2	0
9.	Brawn sugar + Nescorvic (vit.C)	2	0
10.	Spritmindom + Avil (Formula)	1	0
11.	Cinol + Proxyban	1	0
12.	Velium + Nitrovate	1	0
13.	Codeine + Velium + Nitrovate	1	0
14.	Algic + Avil	1	0
15.	Tidigesic + Calmpose + Phenargan	1	0
16.	Brownsugar +Calmpose + Diazepam	1	0
17.	Tidigesic + Calmpose + Diazepam	1	0
18.	Tidigesic + Saipam + Phenargan + Diazepam	1	0
19.	Tidigesic + Phensydyl	1	0
20.	Tidigesic+Calmpose+Diazepam + Phenargan + Saipam	1	0
21.	Tidigesic + White Sugar	1	0
22.	Tidigesic + Nitrovate	1	0
23.	Tidigesic + Algec	1	0
24.	Proxygun + Deltus + Corex	1	0
25.	Codine + Phenargan + Efidine + Proxigin	1	0
26.	Tidigesic + Calmpose + Phenargan	1	0
27.	Proxygin + Corex	1	0
28.	Tidigesic + Phenargan + Codine + Saipam	1	0
29.	Codine + Avil	1	0
30.	Proxybon + Specimindon + Alfazobum + Deltas D + Repharodil + Effide	1	0
31.	Tidigesic + Campose + Saipam	1	0

Annex - 8
Types of Drugs Used Orally by Respondents

Types of drugs	Used in last-week			
	Male **n=303**	%	Female **n=57**	%
Tidigesic	1	0.3	4	7.0
Brown Sugar	34	11.2	10	17.5
Nitrosun	166	54.8	17	29.8
Ganja	196	64.7	26	45.6
Chares	77	25.4	9	15.8
White Sugar	4	1.3	8	14.0
Phensydyl	5	1.7	6	10.5
Calmpose	11	3.6	7	12.3
Diazepam	19	6.3	4	7.0
Codeine	21	6.9	6	10.5
Phenergan	12	4.0	1	1.8
Cocaine	1	0.3	7	12.3
Proxygin	22	7.3	4	7.0
Effidin	18	5.9	5	8.8
Velium 10	17	5.6	5	8.8
Lysergic Acid Dithylamidel(LSD)	0	0	2	3.5
Nitrovate	58	19.1	11	19.3
Combination	12	4.0	2	3.5
Sleeping tablets	0	0	5	8.8
Others	17	5.6	3	5.3

Annex – 9
Switched from one Drug to another and the Reasons of it

Responses	Male		Female	
	n	%	n	%
Switched from one drugs to another drugs in past month	5	1.7	2	3.5
Not switched	298	98.3	55	96.5
Total	**303**	**100.0**	**57**	**100.0**
Switched From				
Tidigesic to Brown Sugar	2	40.0	0	0.0
Tidigesic to Nitrovate + Nitrosun	1	20.0	0	0.0
Brown Sugar to Tidigesic	2	40.0	0	0.0
Tidigesic to Sleeping Tablets	0	0.0	1	50.0
Proxipin to Tidigesic	0	0.0	1	50.0
Total	**5**	**100.0**	**2**	**100.0**
Reasons of Switching				
Low Tips in Tidigesic	2	40.0	0	0.0
To reduce Tidigesic	1	20.0	0	0.0
High price of Brown Sugar	1	20.0	0	0.0
Unavailability of Brown Sugar	1	20.0	0	0.0
Heavy tips in Brown Sugar	1	20.0	0	0.0
Easy to by Brown Sugar	1	20.0	0	0.0
Enough money to buy Brown Sugar	1	20.0	0	0.0
Lack of money to buy Tidigesic	0	0.0	1	50.0
Tidigesig is better than Proxipin (Friend said)	0	0.0	1	50.0
Total	**5**	**100.0**	**2**	**100.0**

Note: Because of multiple answer percentage may add up to more than 100.

Annex - 10
Cities/District and Countries Where Drugs were Injected by IDUs During Last 12 Months

City	District	Country	No. of IDUs			
			Male		Female	
			n	%	n	%
Birgunj	Parsa	Nepal	22	22.4	1	10.0
Pokhara	Kaski	,,	14	14.3	3	30.0
Dharan	Sunsari	,,	10	10.2	1	10.0
Narayanghat	Chitwan	,,	5	5.1	1	10.0
Biratnagar	Morang	,,	5	5.1	-	-
Kakadvitta	Jhapa	,,	4	4.0	-	-
Butwal	Rupandehi	,,	4	4.0	-	-
Bhairahawa	Rupandehi	,,	4	4.0	-	-
Hetauda	Makawanpur	,,	4	4.0	-	-
Manakamana	Gorkha	,,	3	3.0	-	-
Janakpur	Dhanusha	,,	2	2.0	-	-
Banepa	Kavre	,,	2	2.0	-	-
Madanpur	-	,,	2	2.0	-	-
Kuringhat	Dhading	,,	-	-	2	20.0
Satghumti	Dhading	,,	-	-	1	10.0
Dolalghat	Kavre	,,	-	-	1	10.0
Barahbise	Sindhupalchowk	,,	-	-	1	10.0
Hattikhemba	Terhathum	,,	-	-	1	10.0
Other city of Nepal	-	,,	22	22.4	-	-
Raksaul		India	14	14.3	-	-
Delhi		India	6	6.1	-	-
Budhagaya		India	2	2.0	-	-
Gorakhpur		,,	2	2.0	-	-
Other city of India	Other districts of India	,,	14	14.3	-	-
Singapore	Singapore	Singapore	-	-	1	10.0
Total			**98**	**100.0**	**10**	**100.0**

Note: Because of multiple answer, percentage and number may add up to more than the actual figure.

Annex – 11
Oral Informed Consent to Participate in the Research

Research Topic: **Study of HIV Prevalence and Risk Behavior Among Injecting Drug Users at Kathmandu**

Key Research Groups: National Center for AIDS and STD Control,
Family Health International,
SACTS, New ERA

Introduction

This paper provides you the information on above-mentioned research. You will be asked to read it or it will be read for you to ensure that you are fully aware of this research work. After having read this paper you will be asked to give your consent whether you are willing to participate in the research work or not in presence of other two witnesses. The whole research work has been designed as per the norms set by Family Health International and Nepal Health Research Council. We can provide you a copy of this paper if you have a desire to take it. This form may contain some words you are not familiar with. Please feel free to ask anything you do not understand.

Rational of the Research

We would like to request you to participate in the research about prevalence of HIV that leads to AIDS and other sexually transmitted diseases and the risk behavior among injecting drug users. The findings of the research work will be used by His Majesty's Government and other local institutions to formulate plan, to take preventive measures against these diseases as per the need in future.

General Information on the Research Methodology

We will not record your name anywhere if you show your consent to participate in the research. We will ask you some questions and request you to allow us to take out a small quantity of your blood in a small tube. We will provide you treatment at free of cost if you are having some kinds of wounds on your skin while injecting drugs, if you are willing to do so.

Your Role in the Research

You will have to spend about an hour in this research. About 400 males and females from Kathmandu will participate in the research.

If you are interested to participate in the research, we will ask you some questions regarding your education and age. We will also ask you about the history of your sexual behavior and symptoms of sexually transmitted diseases. You will also be provided with some suggestions on sexually transmitted diseases and HIV. In addition, you will be given some information on proper place for laboratory test and treatment of your illness. At last, we will take a small quantity of your blood from your fingertips with the help of small capillary tube.

We will not record your name on the sample of your blood and in the questionnaire. Instead of your name, a number will be assigned. All the samples of blood thus collected will be tested in a laboratory for HIV, which leads to AIDS. We can provide you the laboratory test report of HIV after a month. The research team will inform you about the right place for you to collect your report. You will be given a number in absence of which we will not be able to hand over your report to you.

Possible Risk and Benefits

You may feel uncomfortable while taking blood from your fingertips but it neither does any harm to you nor it is risky for you. Since your name has not been recorded anywhere, no one will be able to know that this laboratory test report belongs to you. Some of the questions we ask you might put you in trouble or make you feel uncomfortable to answer them. You are free not to answer such questions and also to withdraw yourself from participating the research process at any time you like to do so. You might feel some mental stress after getting your report. If you are willing to have your blood tested for HIV, you will get counseling on HIV.

To talk about the benefits of this research, you will be provided with free treatment, if you are having some kind of wounds on your skin while injecting drugs. You will be given lab test result of HIV and made aware of how HIV is transmitted and how it can be prevented and controlled. If you are having HIV, you will be referred to a health institution, which can help you in a true sense. The information obtained from you in this regard will help us plan to control the spread of sexually transmitted diseases and AIDS.

If You Do Not Give Your Consent to Participate in the Research

You are free to decide whether to participate or not. Whatever be your decision, this will not affect in any way in the health services you have been seeking now.

Confidentiality

We will do our best to deal with the information regarding you and your participation in the research as a highly confidential matter. We are not interested to know your name so it will not be recorded anywhere. A code number will be assigned to each questionnaire and sample of your blood. You will be given a card with your code number. If you want to get the report of lab test of your blood, you can do so by showing this card to us. We do not know you so we will not be able to give you the report without the card.

We will not record your name anywhere so your name will not be mentioned in the final report of this research, if published. However, the officials of International Health Center, in rare cases, might show interest to have a look at the record of the participants of the research and court sometimes might ask to show the record of the research to others. Whatever be the case, these records will not have your name.

Compensation

You will be given Rs.200 (Two Hundred) as compensation for your participation in the research.

Withdraw from Participating the Research

You are free to withdraw yourself from participating the research process at any time you like or not to respond the questions you do not prefer to answer.

Contact

You can contact New ERA or Family Health International if you have any query or problem related to this research. If you are willing to have some more information regarding your rights as a participant of this research you can contact Nepal Health Research Council or David Boraski at North Carolina, USA as well.

Volunteer Agreement

If you have understood what is being asked to you in the process of research, the person who reads the paper for you will read out the following words and sign on it.

I have read the contents of this paper to the respondent and from his understanding I am convinced that he is fully aware of the research activities. He has given his oral consent, on his own willingness, to participate in this study. No pressure was given to him to participate in the research.

_____

Date : _____ Signature of the person who obtained consent

I was witnessing while reading out the benefits, risk and methods of the study for the respondent. All the questions were answered and the respondent has agreed to participate in the study.

Date: _____ _____

Signature of the witness

Annex – 12

Confidential

Behavioral and Sero Prevalence Survey
For use with Injecting Drug Users (IDUs)
In Kathmandu Valley
FHI/New ERA – 2002
(Male Questionnaire)
(The respondent must be a current injector, and have started injecting at least 3 months ago)

Namaste! My name is... I am here from New ERA to collect data for a research project. During this data collection, I will ask you some personal questions that will be about sexual behavior, use and promotion of condoms, HIV/AIDS and use and using process of syringe for drugs. You may feel uneasy to response some personal questions. Please give me true response. The information given by you will be strictly treated as confidential. Also we collect few drops of blood for laboratory test. You need not to worry. Nobody will know whatever we talk about because your name will not be mentioned on this form. All the mentioned information will be used only for objectives of the study. This survey will take about 40 to 60 minutes.

It depends on your wish to participate in this survey or not. You do not have to answer any questions that you do not want to answer, and you may end this interview at any time you want to. But I hope you will participate in this survey and make it success by providing correct answers to all the questions.

Would you be willing to participate?

1. Yes 2. No

Signature of the interviewer: _____ Date:_____

Interviewer Visit

	Visit 1	Visit 2	Visit 3
Date			
Interviewer			
Result			

Result codes: Complete 1, Respondent not available 2, Refused 3, Partially completed 4, and other 5.

001. Has someone interviewed you from New ERA with a questionnaire in last few weeks?

1. Yes ↓ When? _____Days ago **(close interview)**
2. No **(Continue interview)**

002. Respondent ID # : ☐☐☐ (In which part of the body respondent usually inject? _____)

002.1 Write down how you made contact?

_____

003. Interview Location

003.1 Name of location **(such as tole, chowk, lane etc):**
_____

003.2 VDC/Municipality: _____

003.3 District: _____

003.4 Place of interview **(such as o[en ground, temple, restaurant, lodge, institution etc**):
_____

1.0 Background of Respondent

101. Currently where are you living? **(Name of current place of residence**)

Tole/gully_____ Ward #____,

VDC/Municipality_____ District_____

101.1 How long have you been living continuously at this location?

1. ___ Months 2. Always (since birth) 3. Others (Specify) _____

102. In the last 12 months have you been away from your town of residence for more than one-month altogether?

1. Yes 2. No 8. Don't know 9. No response

103. How old are you? ☐☐ **(Write the completed years**)

104. What class have you passed? ☐☐
for (Write '0' for illiterate, '19' for the literate without attending the school, and actual completed grade school /campus attended)

105. What is your caste? **(Specify Ethnic Group/Caste**)

Ethnicity _____ Caste _____

106. What is your marital status?

1. Married
2. Divorced/Permanently Separated
3. Widower
4. Never Married **(Go to Q. 109)**
5. Other (Specify) _____

107. How old were you when you first married?

_____ **(Write completed years**)

108. Do you think your spouse/partner has any other sexual partners?

1. Yes 2. No 3. Don't know 9. No response

109. With whom you are living now?

1. Living with spouse
2. Married but living with other female sexual partner
3. Widower but living with other female sexual partner
4. Not married but living with other female sexual partner
5. Widower and not living with sexual partner
6. Married and not living with spouse or any other sexual partner
7. Not married and not living with sexual partner
8. Own family
9. No response
10. Others(Specify)_____

110. During the past one-month how often have had drinks containing alcohol? **(such as beer, local beer etc.)**

1. Every day
2. More than once a week
3. Less than once a week
4. Never
5. Other (Specify) _____
9. No response

2.0 Drug Use

201. How long have you been using drugs?
(Drug means medicine not used for treatment purpose rather used for intoxication.)

_____ Years _____ Months (Others) _____

202. How long have you been injecting drugs? **(*Include self-injection or injection by another)***

_____ Years _____ Months (Others) _____

203. How old were you when you first injected drugs?

_____ Years **(Write completed years**)

204. Which of the following types of drugs have you used in the past one-week and which were injected? **(Read the list, multiple answer possible)**

READ LIST: (Multiple Answer Possible)	Used in last-week				Injected in last-week			
	YES	NO	DK	NR	YES	NO	DK	NR
1. Tidigesic	1	2	8	9	1	2	8	9
2. Brown Sugar	1	2	8	9	1	2	8	9
3. Nitrosun	1	2	8	9	1	2	8	9
4. Ganja	1	2	8	9	1	2	8	9
5. Chares	1	2	8	9	1	2	8	9
6. White Sugar	1	2	8	9	1	2	8	9
7. Phensydyl	1	2	8	9	1	2	8	9
8. Calmpose	1	2	8	9	1	2	8	9
9. Diazepam	1	2	8	9	1	2	8	9
10. Codeine	1	2	8	9	1	2	8	9
11. Phenergan	1	2	8	9	1	2	8	9
12. Cocaine	1	2	8	9	1	2	8	9
13. Proxygin	1	2	8	9	1	2	8	9
14. Effidin	1	2	8	9	1	2	8	9
15. Velium 10	1	2	8	9	1	2	8	9
16. Lysergic Acid Dithylamide(LSD)	1	2	8	9	1	2	8	9
17. Nitrovate	1	2	8	9	1	2	8	9
18. Combination(Specify) _____	1	2	8	9	1	2	8	9
19. Others(Specify)_____	1	2	8	9	1	2	8	9

204.1 Did you switch in the last month from one drug to another?

1. Yes ↓ 2. No **(Go to Q.205)**

204.1.1 If yes, from_____drug to _____drug.

204.1.2 Why? _____

205. How many times would you say you injected drugs yesterday?

1. _____ Times →**(Go to Q.209)** 2. Not injected -----→**(Go to Q. 206)**

206. Would you like to tell me why you did not injected yesterday?

_____

207. How many days ago did you inject drugs?

_____Days ago

208. How many times would you say you injected drugs on the last day you injected?

_____Times

209. During the past one-week how often would you say you injected drugs?

1. Once a week
2. 2-3 times a week
3. 4-6 times a week
4. Once a day
5. 2-3 times a day
6. 4 or more times a day
7. Don't know
8. No response

3.0 <u>Needle Sharing Behaviors</u>

301. Think about the times, you have injected drugs yesterday/last day. How many times was it with a needle or syringe that had previously been used by someone else?
_____Times

302. The last time you injected, did you use a syringe/needle that had previously been used by someone else?

1. Yes 2. No 8. Don't know 9. No response

302.1 The last time you injected, did you use a syringe/needle that had been left in a public place? **(Public place means the place where they keep syringe other than his home)**

1. Yes 2. No 8. Don't know 9. No response

302.2 If you were in a group, how many different people in the group do you think used the same needle?
_____ Nos.

302.3 The times before the last time you injected, did you use a syringe/needle that had previously been used by someone else?

1. Yes 2. No 8. Don't know 9. No response

302.4 That time, did you use a syringe/needle that had been left in a public place? **(Public place means the place where they keep syringe other than his home)**

1. Yes 2. No 8. Don't know 9. No response

302.5 If you were in a group, how many different people in the group do you think used the same needle?

_____ Nos.

302.6 The time before that **(before Q.N.302.3)**, did you use a syringe/needle that had previously been used by someone else?

1. Yes 2. No 8. Don't know 9. No response

302.7 That time, did you use a syringe/needle that had been left in a public place? **Public place means the place where they keep syringe other than his home)**

1. Yes 2. No 8. Don't know 9. No response

302.8 If you were in a group that time, how many different people in the group do you think used the same needle?

_____Nos.

303. Think about the times, you have injected drugs during the past one-week. How often was it with a needle or syringe that had previously been used by someone else?

1. Every times
2. Almost every-times
3. Sometimes
4. Never
8. Don't know
9. No response

303.1 When you injected drug during the past, did you use a syringe/needle that had been left in public place?

1. Every times
2. Almost every-times
3. Sometimes
4. Never
8. Don't know
9. No response

304. In the past one-week, did you ever share needles and syringes with any of the following?

Read out list. Multiple answers possible.	Yes	No	DK	NR
1. Your usual sexual partner	1	2	8	9
2. A sexual partner who you did not know	1	2	8	9
3. A friend	1	2	8	9
4. A seller	1	2	8	9
5. Unknown person	1	2	8	9
6. Someone in the shooting place	1	2	8	9
7. Other (Specify) _____	1	2	8	9

305. With how many different injecting partners did you share needles or syringes in the past one-week? **(Count everyone who injected from the same syringe)**

1. _____ (Number of partners) 8. Don't know 9. No response

306. In the past one-week, when you injected with needles or syringes that had previously been used, how often did you clean them first?

1. Every times
2. Almost every-times
3. Sometimes

→ **(Go to Q. 306.1)**

4. Never
5. Never reused
8. Don't know
9. No response

→ **(Go to Q. 307)**

306.1 If cleaned, how did you usually clean them?

1. With water
2. With urine
3. With saliva
4. Boil the syringe in water
5. With bleach
6. Burning the needle with matchstick
7. Others_____
8. No response
9. Don't know

307. When you injected in the past one-week, how often was it with a needle/syringe that *no one* else had ever used other than yourself?

1. Every times
2. Almost every-times
3. Some times
4. Never
8. Don't know
9. No response

308. In the past one-week, how often did you gave a needle or syringe to someone else, after you had already used it?

1. Every times
2. Almost every-times
3. Some times
4. Never
8. Don't know
9. No response

309. Can you obtain new, unused needles and syringes when you need them?

1. Yes
2. No
8. Don't know
9. Do response

→ **(Go to Q. 311)**

310. Where can you obtain new unused needles and syringes?

(Do not read out list. Multiple answers possible. Probe only with "Anywhere Else?")

1. Drugstore
2. Other shop
3. Health worker
4. Hospital
5. Wholesale drug seller/drug agency
6. Family/relatives
7. Sexual partner
8. Friends
9. Other drug users
10. Drug seller
11. Needle exchange program(LALS etc)
12. Theft from legitimate source (hospital, drugstore etc)
13. Buy on streets
14. Other (Specify) _____

311. In the past-week, did you ever inject with a pre-filled syringe **(by that I mean a syringe that was filled without your witnessing it)**?

1. Yes 2. No 8. Don't know 9. No response

312. In the past one-week, how often did you inject drugs using a syringe after someone else had squirted drugs into it from his/her used syringe **(front-loading/back-loading/ splitting)**?

1. Every times 3. Some times 8. Don't know
2. Almost every-times 4. Never 9. No response

313. In the past one-week, when you injected drugs, how often did you share a bottle, spoon, cooker/ vial/container, cotton/filter, or rinse water?

1. Every times 3. Some times 8. Don't know
2. Almost every-times 4. Never 9. No response

314. In the past one-week, how often you draw up your drug solution from a common container used by others?

1. Every times 3. Some times 8. Don't know
2. Almost every-times 4. Never 9. No response

315. In the past one-year, did you ever inject drug in another city/district?

1. Yes
2. No
8. Don't remember → **(Go to Q. 316)**
9. No response

315.1 If yes, in which other cities/districts did you inject, including cities in other Countries?

Cities_____
Districts_____
Country _____

315.2 When you injected drugs in another city/district (including abroad) did you ever use a syringe/needle that had previously been used by someone else?

1. Yes 2. No 8. Don't remember 9. No response

3.15.3 When you injected drugs in another city, did you ever let someone else use syringe/needle that you had already used?

1. Yes 2. No 8. Don't remember 9. No response

316. Are you currently under treatment (or receiving help) or have you ever received treatment (or help) because of your drug use?

1. Currently under treatment → **(Go to Q. 317)**
2. Was in treatment but not now
3. Have never received treatment → **(Go toQ. 401**)
9. No response

317. How many months ago did you last receive treatment or help for your drug use?

1. _____ Months 8. Don't know 9. No response

318. What kind of treatment or help have you received?
(Do not read out the responses, probe asking, "Are there any other kinds of treatment that you've received?", multiple answers possible.)

1. Outpatient counseling
2. Self-help groups
3. Detoxification w/methadone
4. Maintenance w/methadone
5. Detoxification w/other drugs
6. Detoxification with no drug
7. Residential rehabilitation
8. Helped to quite *cold turkey*
9. Forced to quite *cold turkey*
10. Other (Specify) _____
11. No response

4.0 <u>Sexual History</u>

401. How old were you at your first sexual intercourse?

1. _____ Years old **(Write completed years)**
2. Never had sexual experience (**Go to Q. 602)**
8. Don't know
9. No response

402. Have you had sexual intercourse in the last 12 months?

1. Yes 2. No (Go to Q. 404) 9. No response

403. In total, how many different female sexual partners have you had sexual intercourse in the last 12 months
_____ (Total Number)

403.1 Among them

403. How many were "regular partners"? **(Your spouse or live-in sexual partners)**

1. _____ Number 8. Don't know 9. No response

403.2 How many were female commercial partners? **(Partners to whom you bought or sold sex in exchange for money or drug)**

1. _____ Number 8. Don't know 9. No response

403.3 How many were "non-regular partners"?
(Sexual partners, you are not married to and have never lived with and did not have sex in exchange for money)

1. _____ Number 2. Don't know 3. No response

404. You have just talked about your female sexual partners.
Have you ever had any male sexual partners also?

1. Yes 2. No → **(Go to Q. 501)** ← 9. No response

404.1 If yes, have you had anal sex with any of your male partners in the last 12 months?

1. Yes 2. No → **(Go to Q. 501)** ← 9. No response

404.2 With how many different male partners have you had anal sex in the last 12 months?

1. _____Nos. 2. Don't know 9. No response

5.0 Numbers and Types of Partners

(Check Q. 403.1 and circle the response of Q. 501)

501. Had sex with regular partner during last 12 months?

1. Yes 2. No **(Go to Q. 502)**

↓

501.1 Think about your most recent regular sexual partner. How many times did you have sex with this person during last one-month?

1. _____ Times 8. Don't know 9. No response

501.2 The last time you had sex with a regular partner did you and your partner use a condom?

1. Yes
2. No (Go to Q. 501.4)
8. Don't know
9. No response

→ **(Go to Q. 501.5)**

501.3 Who suggest using a condom that time?

1. Myself
2. My partner
3. Joint decision
8. Don't know
9. No response

→ **(Go to Q. 501.5)**

501.4 Why did not you or your partner use a condom that time?
(Do not read the possible answers, multiple answer possible)

1. Not available
2. Too expensive
3. Partner objected
4. Don't like them
5. Used other contraceptive
6. Didn't think it was necessary
7. Didn't think of it
8. Don't know
9. No response
10. Other (Specify) _____

501.5 How often have you used a condom with regular partners in the past year?

1. Every time
2. Almost every time
3. Sometimes
4. Never
8. Don't know
9. No response

501.6 Did your partner also inject drugs?

1. Yes 2. No 8. Don't know 9. No response

501.7 Have you had ever-anal sex with your partners?

1. Yes 2. No 8. Don't know 9. No response

502. Had a sexual intercourse with a commercial female partner in last 12 months? **(Check 403.2 and circle the response of Q. 502**)

1. Yes 2. No **(Go to Q. 503)**

502.1 Think about the commercial female partners you have had in the past one-month. In total how many were:

502.1.1 Number of partners, to whom you sold sex in exchange for money or drugs.

1. _____ No. 8. Don't know 9. No response

502.1.2 Number of Partners, to whom you bought sex in exchange for money or drugs.

1. _____ No. 8. Don't know 9. No response

502.2 Think about your most recent commercial female sexual partner. How many times did you have sexual intercourse with this partner in the past one-month?

1. _____ Number of times 8. Don't know 9. No response

502.3 The last time you had sex with a commercial partner did you and your use a condom?

1. Yes
2. No **(Go to Q. 502.5)**
8. Don't know
9. No response

→ **(Go to Q. 502.6)**

502.4 Who suggested using a condom that time?

1. Myself
2. My partner
3. Joint decision
8. Don't know
9. No response

→ **(Go to Q. 502.6)**

502.5 Why did not you and your partner use a condom that time?
(Do not read the possible answers, multiple answer possible)

1. Not available
2. Too expensive
3. Partner objected
4. Don't like them
5. Used other contraceptive
6. Didn't think it was necessary
7. Didn't think of it
8. Don't know
9. No response
10. Others (Specify) _____

502.6 How often have you used a condom with commercial female partners in the past year?

1. Every time
2. Almost every time
3. Sometimes
4. Never
8. Don't know
9. No response

502.7 Do you know whether your commercial female partner also inject drugs?

1. Yes 2. No 8. Don't know 9. No response

502.8 Have you had ever-anal sex with your commercial partners?

1. Yes 2. No 8. Don't know 9. No response

503. Had a sexual intercourse with a non-regular partner during last 12 months?
(Check 403.3 and circle the response of Q. 503)

1. Yes 2. No **(Go to Q. 601)**

503.1 Think about your most recent non-regular sexual partner. How many times did you have sexual intercourse with this person over the past one-month?

1. _____ Number of times 8. Don't know 9. No response

503.2 The last time you had a sex with a non-regular partner did you and your partner use a condom?

1. Yes
2. No **(Go to Q. 503.4)**
8. Don't know
9. No response → **(Go to Q. 503.5)**

503.3 Who suggested using a condom that time?

1. My self
2. My partner
3. Joint decision → **(Go to Q. 503.5)**
8. Don't know
9. No response

503.4 Why did not you and your partner use a condom that time **(Do not read the possible answers, multiple answer possible)**?

1. Not available
2. Too expensive
3. Partner objected
4. Don't like them
5. Used other contraceptive
6. Didn't think it was necessary
7. Did not think of it
8. Don't know
9. No response
10. Other (Specify) _____

503.5 How often have you used a condom with non-regular partners in the past year?

1. Every time
2. Almost every time
3. Sometimes
4. Never
8. Don't know
9. No response

503.6 Did you know whether your non-regular partners also inject drugs?

1. Yes 2. No 8. Don't know 9. No response

503.7 Have you had ever-anal sex with your non-regular partners?

1. Yes 2. No 8. Don't know 9. No response

6.0 Use of Condom

(Don't ask Q601. Check Q. 501.2, 501.5, 502.3, 502.6, 503.2, 503.5 and tick accordingly)

601. Have you ever used a condom?

1. Yes **(Go to Q. 603)** 2. No

602. Have you ever heard of a male condom? **(Show picture or sample of condom)**

1. Yes
2. No
8. Don't know
9. No response

→ **(Go to Q. 701)**

603. Do you know of any place or person from which you can obtain male condom?

1. Yes
8. Don't know
9. No response

→ **(Go to Q. 701)**

604. From which place or people you can obtain male condoms? **(Do not read possible answers but probe, multiple answer possible)**

1. Shop
2. Pharmacy
3. Market
4. Clinic
5. Hospital
6. Family planning center
7. Bar/Guest house/Hotel
8. Health worker/volunteer/NGOs
9. Friend
10. Other
11. No response

605. How long would it take (from your house or the place where you work) to obtain a male condom?

1. Less than 30 minutes
2. More than 30 minutes
8. Don't know
9. No response

7.0 STDs

701. Have you ever heard of diseases that can be transmitted through sexual intercourse?

1. Yes 2. No ⟶ **(Go to Q. 704)** ⟵ 9. No response

702. Can you describe any symptoms of STDs in women?
(Do not read the possible answers, multiple answers possible.)

1. Abdominal pain
2. Genital discharge
3. Foul smelling discharge
4. Burning pain on urination
5. Genital ulcers/sore blister
6. Swelling in groin area
7. Itching
8. Other (Specify) _____
9. No response

703. Can you describe any symptoms of STDs in men?
(Do not read the possible answers, multiple answer possible)

1. Genital discharge
2. Burning pain on urination
3. Genital ulcers/sore blister
4. Swellings in groin area
5. Others (Specify) _____
9. No response

704. Have you had a genital discharge/ burning urination during the last 12 months?

1. Yes 2. No 8. Don't know 9. No response

705. Have you had a genital ulcer/sore blister during the last 12 months?

1. Yes 2. No 8. Don't know 9. No response

8.0 Knowledge, Opinions and Attitudes

801. Have you ever heard of HIV or the disease called AIDS?

1. Yes 2. No 8. Don't know 9. No response

802. Do you know anyone who is infected with HIV or who has died of AIDS?

1. Yes
2. No **(Go to Q. 804)**
8. Don't know **(Go to Q. 804)**
9. No response

803. Do you have close relative or close friend who is infected with HIV or has died of AIDS?

1a. Yes a close relative
1b. Yes a close friend
2. No
8. Don't know
9. No response

804. Can people protect themselves from HIV, the virus that causes AIDS, by using a condom correctly every time they have sex?

1. Yes 2. No 8. Don't know 9. No response

805. Can a person get HIV, from mosquito bites?

1. Yes 2. No 8. Don't know 9. No response

806. Can people protect themselves from HIV, by having one uninfected faithful sex partner?

1. Yes 2. No 8. Don't know 9. No response

807. Can people protect themselves from HIV, by abstaining from sexual intercourse?

1. Yes 2. No 8. Don't know 9. No response

808. Can a person get HIV, by sharing a meal with someone who is infected?

1. Yes 2. No 8. Don't know 9. No response

809. Can a person get HIV, by getting injections with a needle that was already used by someone else?

1. Yes 2. No 8. Don't know 9. No response

810. Can people who inject drugs protect themselves from HIV, the virus that causes AIDS, by switching to non-injecting drugs?

1. Yes 2. No 8. Don't know 9. No response

811. Can a pregnant woman infected with HIV transmit the virus to her unborn child?

1. Yes
2. No **(Go to Q. 813)**
8. Don't know **(Go to Q. 813)**
9. No response

812. What can a pregnant woman do to reduce the risk of transmission of HIV to her unborn child? **(Do not read the possible answers, multiple answer possible)**

1. Take medication (Antiretrovirals)
2. Others (Specify) _____
3. Don't know
4. No response

813. Can women with HIV transmit the virus to her newborn child through breast-feeding?

1. Yes 2. No 8. Don't know 9. No response

814. Is it possible in your community for someone to get a confidential test to find out if they are infected with HIV? **(By confidential, I mean that no one will know the result if you don't want him or her to know it.)**

1. Yes 2. No 8. Don't know 9. No response

815. I don't want to know the result, but have you ever had an HIV test?

1. Yes 2. No → **(Go to Q. 901)** ← 9. No response

816. Did you voluntarily undergo the HIV test, or were you required to have the test?

1. Voluntary 2. Required 9. No response

817. Please do not tell me the result, but did you find out the result of your test?

1. Yes 2. No 9. No response

818. When did you have your most recent HIV test?

1. Within the past year
2. Between 1-2 years
3. Between 2-4 years
4. 4 years or more
8. Don't know
9. No response

9.0 Awareness of AIDS

(To be asked to those who have answered yes to Q. 801)

901. Of the following sources of information, from which sources have you learned about AIDS?
(Read the following possible answers, multiple answers possible)

	Yes	No
1. Radio	1	2
2. Television	1	2
3. Newspapers/Magazines	1	2
4. Pamphlets/Posters	1	2
5. Health Workers	1	2
6. School/Teachers	1	2
7. Friends/Relatives	1	2
8. Work Place	1	2
9. People from NGO	1	2
10. Video Van	1	2
11. Street Drama	1	2
12. Cinema Hall	1	2
13. Community Event/Training	1	2
14. Bill Board/Sign Board	1	2
15. Comic Book	1	2
16. Community Workers	1	2
17. Others (Specify) _____	1	2

902. Has anyone give you following information or items in the past year?
(Multiple answer possible)

	Yes	No
1. Condom	1	2
2. Brochure/Booklets/Pamphlets about AIDS	1	2
3. Information about AIDS	1	2
4. Others (Specify) _____	1	2

10.0 Promotion of Condom

1001. In the past one-year have you seen, read or heard any advertisements about condoms from the following sources? **(Read the following list, multiple answer possible).**

	Yes	No
1. Radio	1	2
2. Television	1	2
3. Pharmacy	1	2
4. Health Post	1	2
5. Health Center	1	2
6. Hospital	1	2
7. Health Workers/Volunteers	1	2
8. Friends/Neighbors	1	2
9. NGOs	1	2
10. Newspapers/Posters	1	2
11. Video Van	1	2
12. Street Drama	1	2
13. Cinema Hall	1	2
14. Community Event/Training	1	2
15. Bill Board/Sign Board	1	2
16. Comic Book	1	2
17. Community Workers	1	2
18. Others (Specify) _____	1	2

1002. Have you ever seen, heard or read following messages/characters during past one year? (Multiple answer possible)

	Yes	No
1. Dhaale Dai	1	2
2. Guruji and Antare	1	2
3. *Condom Lagaoun AIDS Bhagaun*	1	2
4. *Condom protection, sexual health protection*	1	2
5. Others (Specify) _____		

1003. Have you ever herd/seen or read messages or materials other than mentioned above?

1. Yes ↓ 2. No

1003.1 What?

_____

_____

1004 Generally, where do you gather to inject drug? _____

Annex - 13

Confidential

Behavioral and Sero Prevalence Survey
For use with Injecting Drug Users (IDUs)
In Kathmandu Valley
FHI/New ERA – 2002
(Female Questionnaire)
(The respondent must be a current injector, and have started injecting at least 3 months ago)

Namaste! My name is... I am here from New ERA to collect data for a research project. During this data collection, I will ask you some personal questions that will be about sexual habit/behavior, use and promotion of condoms, HIV/AIDS and use and using behavior of syringe/needle for drugs. The information given by you will be strictly treated as confidential. Nobody will know whatever we talk about because your name will not be mentioned on this form. All the mentioned information will be used only for objectives of the study. This survey will take about 40 to 60 minutes.
It depends on your wish to participate in this survey or not. You do not have to answer any questions that you do not want to answer, and you may end this interview at any time you want to. But I hope you will participate in this survey and make it success by providing correct answers to all the questions.

Would you be willing to participate?

1. Yes 2. No

Signature of the interviewer: _____ Date:_____

Interviewer visit

	Visit 1	Visit 2	Visit 3
Date			
Interviewer			
Result			

Result codes: Complete 1, Respondent not available 2, Refused 3, Partially completed 4, and other 5.

001. Has someone interviewed you from New ERA with a questionnaire in last few weeks?

1. Yes 2. No **(continue interview**)

↓

When?
_____Days ago **(close interview)**

002. Respondent ID #: ☐☐☐ (In which part of the body respondent used to inject?_____)

002.1 Write down how you made contact?
_____
_____

003. Interview Location

003.1 Name of location **(such as tole, chowk, lane etc.)**
_____

003.2 VDC/Municipality: _____

003.3 District: _____

003.4 Place of interview (such as open ground, temple, restaurant, lodge, institution etc.)
_____

1.0 <u>Background of Respondent</u>

102. Where are you living now? (Name of current place of residence)

Tole/gully_____ Ward #____,

VDC/Municipality_____ District_____

101.1 How long have you been living at this location?

1. ____ Months 2. Always (since birth) 3. Others (Specify) _____

102. In the last 12 months have you been away from your town of residence for more than one-month altogether?

1. Yes 2. No 8. Don't know 9. No response

103. How old are you? ☐☐ **(Write the completed years)**

104. What class have you passed? ☐☐ (**write the completed grade**)

(Write '0' for illiterate, '19' for the literate without attending the school, and exact completed grade for school /campus attended)

105. What is your caste? (Specify Ethnic Group/Caste)
Ethnicity/Caste _____

106. What is your marital status?

1. Married
2. Divorced/Permanently Separated
3. Widow
4. Never Married **(Go to Q. 109)**
5. Other (Specify) _____

107. How old were you when you first married?

_____ **(Write completed years)**

108. Do you think your spouse/partner has any other female sexual partners?

1. Yes 2. No 8. Don't know 9. No response

109. With whom you are living now?

1. Currently married, living with spouse
2. Currently married, living with other male sexual partner
3. Widow, living with other male sexual partner
4. Not married, living with male sexual partner
5. Widow, not living with other male sexual partner
6. Currently married, not living with spouse or any other sexual partner
7. Not married, not living with sexual partner
8. With family
9. No response
10. Others (specify)_____

110. During the past one-month how often have had drinks containing alcohol?

1. Every day
2. At least once a week
3. Less than once a week
4. Never
5. Other (Specify) _____
9. No response

2.0 <u>Drug Use</u>

201. How long have you been using drugs?
(Drug means medicine not used for treatment purpose rather used for intoxification)

_____ Years _____ Months (Others) _____

202. How long have you been injecting drugs?
(Include self-injection or injection by another)
_____ Years _____ Months (Others) _____

203. How old were you when you first injected drugs?

_____ **Years (Write completed years**

204. Which of the following types of drugs have you used in the past one-week and which were injected?

READ LIST: (Multiple Answer Possible)	Used in last-week				Injected in last-week			
	YES	NO	DK	NR	YES	NO	DK	NR
20. Tidigesic	1	2	8	9	1	2	8	9
21. Brown Sugar	1	2	8	9	1	2	8	9
22. Nitrosun	1	2	8	9	1	2	8	9
23. Ganja	1	2	8	9	1	2	8	9
24. Chares	1	2	8	9	1	2	8	9
25. White Sugar	1	2	8	9	1	2	8	9
26. Phensydyl	1	2	8	9	1	2	8	9
27. Calmpose	1	2	8	9	1	2	8	9
28. Diazepam	1	2	8	9	1	2	8	9
29. Codeine	1	2	8	9	1	2	8	9
30. Phenergan	1	2	8	9	1	2	8	9
31. Cocaine	1	2	8	9	1	2	8	9
32. Pooxyvm	1	2	8	9	1	2	8	9
33. Effidin	1	2	8	9	1	2	8	9
34. Velium 10	1	2	8	9	1	2	8	9
35. Lysergic Acid Dithylamide(LSD)	1	2	8	9	1	2	8	9
36. Nitrovate	1	2	8	9	1	2	8	9
37. Combination(Specify) _____	1	2	8	9	1	2	8	9
38. Others(specify)_____	1	2	8	9	1	2	8	9

204.1 Did you switch in the last month from one drug to another?

1. Yes ↓ 2. No **(Go to Q.205)**

204.1.3 If yes, from_____drug to _____drug.

204.1.4 Why? _____

205. How many times would you say you injected drugs yesterday?

1. _____ Times →**(Go to Q.209)** 2. Not injected -----→**(Go to Q. 206**)

206. Would you like to tell me why you did not injected yesterday?

_____

207. How many days ago did you get injected?

_____Days ago

208. How many times would you say you injected drugs on the last day?

_____Times

209. During the past one-week how often would you say you injected drugs?

1. Once a week
2. 2-3 times a week
3. 4-6 times a week
4. Once a day
5. 2-3 times a day
6. 4 or more times a day
8. Don't know
9. No response

3.0 <u>Needle Sharing Behaviors</u>

301. Think about the times, you have injected drugs yesterday/last day. How often was it with a needle or syringe that had previously been used by someone else?

_____Times

302. The last time you injected, did you use a syringe/needle that had previously been used by someone else?

1. Yes 2. No 8. Don't know 9. No response

302.1 The last time you injected, did you use a syringe/needle that had been left in a public place? **(Public place means the place where they keep syringe other than his home)**

1. Yes 8. Don't know
2. No 9. No response

302.2 If you were in a group, how many different people in the group do you think used the same needle?

_____ Nos.

302.3 The times before the last time you injected, did you use a syringe/needle that had previously been used by someone else?

1. Yes 2. No 8. Don't know 9. No response

302.4 That time, did you use a syringe/needle that had been left in a public place? **(Public place means the place where they keep syringe other than his home)**

1. Yes 2. No 8. Don't know 9. No response

302.5 If you were in a group, how many different people in the group do you think used the same needle?

_____ Nos.

302.6 The time before that, did you use a syringe/needle that had previously been used by someone else?

1. Yes 2. No 8. Don't know 9. No response

302.7 That time, did you use a syringe/needle that had been left in a public place? **(Public place means the place where they keep syringe other than his home)**

1. Yes 2. No 8. Don't know 9. No response

302.8 If you were in a group that time, how many different people in the group do you think used the same needle?

_____Nos.

303. Think about the times, you have injected drugs during the past one-week. How often was it with a needle or syringe that had previously been used by someone else?

1. Every times
2. Almost every-times
3. Sometimes
5. Never
8. Don't know
9. No response

303.2 When you injected drug during the past, did you use a syringe/needle that had been left in public place?

1. Every times
2. Almost every-times
3. Sometimes
4. Never
8. Don't know
9. No response

304. In the past one-week, did you ever share needles and syringes with any of the following?

Read out list. Multiple answers possible.	Yes	No	DK	NR
8. Your usual sexual partner	1	2	8	9
9. A sexual partner who you did not know	1	2	8	9
10. A friend	1	2	8	9
11. A seller	1	2	8	9
12. Unknown Person	1	2	8	9
13. Someone in the Injecting Place	1	2	8	9
14. Other (Specify) _____	1	2	8	9

305. With how many different injecting partners did you share needles or syringes in the past one-week? **(Count everyone who injected from the same syringe)**

1. _____ (Number of partners) 8. Don't know 9. No response

306. In the past one-week, when you injected with needles or syringes that had previously been used, how often did you clean them first?

1. Every times
2. Almost every-times
3. Sometimes

→ **(Go to Q. 306.1)**

4. Never
5. Never resued
6. Not injected
8. Don't know
9. No response

→ **(Go to Q. 307)**

306.1 If cleaned, how did you usually clean them?

1. With water
2. With urine
3. With saliva
4. Boil the syringe in water
5. With bleach
6. Burning the needle with matchstick
7. Others_____
8. No response
9. Don't know

307. When you injected in the past one-week, how often was it with a needle/syringe that *no one* else had ever used other than yourself?

1. Every times
2. Almost every-times
3. Sometimes
4. Never
8. Don't know
9. No response

308. In the past one-week, how often did you gave a needle or syringe to someone else, after you had already used it?

1. Every times
2. Almost every times
3. Some times
4. Never
8. Don't know
9. No response

309. Can you obtain new, unused needles and syringes when you need them?

1. Yes
2. No
8. Don't know
9. Do response

→ **(Go to Q. 311)**

310. Where can you obtain new unused needles and syringes?

(Do not read out list. Multiple answers possible. Probe only with "Anywhere Else?")

1. Pharmacist/Chemist
2. Drugstore/other shop
3. Health worker
4. Hospital
5. Drug worker/drug agency
6. Family/relatives
7. Sexual partner
8. Friends
9. Other drug users
10. Drug seller
11. Needle exchange program(LALS etc)
12. Theft from legitimate source
13. Buy on streets
14. Other (Specify) _____

311. In the past-week, did you ever inject with a pre-filled syringe (by that I mean a syringe that was filled without your witnessing it)?

1. Yes 2. No 8. Don't know 9. No response

312. In the past one-week, how often did you inject drugs using a syringe after someone else had squirted drugs into it from his/her used syringe (front-loading/back-loading/ splitting)?

1. Every time
2. Almost every time
3. Sometimes
4. Never
8. Don't know
9. No response

313. In the past one-week, when you injected drugs, how often did you share a cooker/ vial/container, cotton/filter, or rise water?

1. Every time
2. Almost every time
3. Sometimes
4. Never
8. Don't know
9. No response

314. In the past one-week, how often you draw up your drug solution from a common container used by others?

1. Every time
2. Almost every time
3. Sometimes
4. Never
8. Don't know
9. No response

315. In the past one-year, did you ever inject drug in another city/district?

1. Yes
2. No
8. Don't remember
9. No response

→ **(Go to Q. 316)**

315.1 If yes, in which other cities/districts did you inject, including cities in other Countries?

Cities_____
Districts_____
Country _____

315.2 When you injected drugs in another city/district (including abroad), did you ever use a syringe/needle that had previously been used by someone else?

1. Yes 2. No 8. Don't remember 9. No response

315.3 When you injected drugs in another city, did you ever let someone else use syringe/needle that you had already used?

1. Yes 2. No 8. Don't remember 9. No response

316. Are you currently under treatment (or receiving help) or have you ever received treatment (or help) because of your drug use?

1. Currently under treatment → **(Go to Q. 317)**
2. Was in treatment but not now
3. Have never received treatment → **(Go to Q. 401)**
8. No response

317. How many months ago did you last receive treatment or help for your drug use?

1. _____ Months 8. Don't know 9. No response

318. What kind of treatment or help have you received?
(Do not read out the responses, probe asking, "Are there any other kinds of treatment that you've received?" Multiple Answers Possible.)

1. Outpatient counseling
2. Self-help groups
3. Detoxification w/methadone
4. Maintenance w/methadone
5. Detoxification w/other drugs
6. Detoxification with no drug
7. Residential rehabilitation
8. Helped to quite *cold turkey*
9. Forced to quite *cold turkey*
10. Other (Specify) _____
11. No response

4.0 Sexual History

402. How old were you at your first sexual intercourse?

1. _____ Years old (Write completed years) 8. Don't know
2. Never had sexual experience **(Go to Q. 602)** 9. No response

402. Have you had sexual intercourse in the last 12 months?

1. Yes 2. No **(Go to Q. 404)** 9. No response

403. In total, how many different male sexual partners have you had in the last 12 months?

_____ (Total Number)
Among them
403.1 How many were "regular partners"? **(Your spouse or live-in sexual partners)**

1. _____ Number 8. Don't know 9. No response

403.2 How many were male “commercial partners”? **(Partners to whom you bought or sold sex in exchange for money or drug)**

1. _____ Number 8. Don't know 9. No response

403.3 How many were "non-regular partners"?
(Sexual partners, you are not married to and have never lived with and did not have sex in exchange for money)

1. _____ Number 8. Don't know 9. No response

404. With how many different male partners have you had anal sex in the last 12 months?

1. _____Nos. 2. No → **(Go to Q.501)** ← 9. No response

5.0 Numbers and Types of Partners

(Check Q. 403.1 and circle the response of Q. 501)

501. Had sex with regular partner during last 12 months?

1. Yes 2. No **(Go to Q. 502)**

501.1 Think about your most recent regular sexual partner. How many times did you have sex with this person during last one-month?

1. _____ Times 8. Don't know 9. No response

501.2 The last time you had sex with a regular partner did you and your partner use a condom?

1. Yes
2. No (Go to Q. 501.4)
8. Don't know
9. No response

→ **(Go to Q. 501.5)**

501.3 Who suggest using a condom that time?

1. Myself
2. My partner
3. Joint decision
8. Don't know
9. No response

→ **(Go to Q. 501.5)**

501.4 Why did not you or your partner use a condom that time?
(Do not read the possible answers, multiple answer possible)

1. Not available
2. Too expensive
3. Partner objected
4. Don't like them
5. Used other contraceptive
6. Didn't think it was necessary
7. Didn't think of it
8. Don't know
9. No response
10. Other (Specify) _____

501.5 How often have you used a condom with regular partners in the past year?

1. Every time
2. Almost every time
3. Sometimes
4. Never
8. Don't know
9. No response

501.6 Did your partner also inject drugs?

1. Yes 2. No 8. Don't know 9. No response

501.7 Have you had ever-anal sex with your partners?

1. Yes 2. No 8. Don't know 9. No response

502. Had a sexual intercourse with a commercial partner in last 12 months?
(Check 403.2 and circle the response of Q. 502)

1. Yes 2. No **(Go to Q. 503)**

502.1 Think about the commercial partners you have had in the past one-month. In total how many were:

502.1.1 Number of partners, to whom you sold sex in exchange for money or drugs.

1. _____ No. 8. Don't know 9. No response

502.1.2 Number of Partners, to whom you bought sex in exchange for money or drugs.

1. _____ No. 8. Don't know 9. No response

502.2 Think about your most recent commercial sexual partner. How many times did you have sexual intercourse with this person in the past one-month?

1. _____ Number of times 8. Don't know 9. No response

502.3 The last time you had sex with a commercial partner did you and your partner use a condom?

1. Yes
2. No **(Go to Q. 502.5)**
8. Don't know
9. No response

→ **(Go to Q. 502.6)**

502.4 Who suggested using a condom that time?

1. Myself
2. My partner
3. Joint decision
8. Don't know
9. No response

→ **(Go to Q. 502.6)**

502.5 Why did not you and your partner use a condom that time?
(**Do not read the possible answers, multiple answer possible)**

11. Not available
12. Too expensive
13. Partner objected
14. Don't like them
15. Used other contraceptive
16. Didn't think it was necessary
17. Didn't think of it
18. Don't know
19. No response
20. Others (Specify) _____

502.6 How often have you used a condom with commercial partners in the past year?

1. Every time
2. Almost every time
3. Sometimes
4. Never
8. Don't know
9. No response

502.7 Do you know whether your commercial partner also inject drugs?

1. Yes 2. No 8. Don't know 9. No response

502.9 Have you had ever-anal sex with your commercial partners?

1. Yes 2. No 8. Don't know 9. No response

503. Had a sexual intercourse with a non-regular sex partner during last 12 months? **(Check 403.3 and circle the response of Q. 503)**

1. Yes 2. No **(Go to Q. 601)**

503.1 Think about your most recent non-regular sexual partner. How many times did you have sexual intercourse with this person over the past one-month?

1. _____ Number of times 8. Don't know 9. No response

503.2 The last time you had a sex with a non-regular partner did you and your partner use a condom?

1. Yes
2. No **(Go to Q. 503.4)**
8. Don't know
9. No response → **(Go to Q. 503.5)**

503.3 Who suggested using a condom that time?

1. My self
2. My partner
3. Joint decision → **(Go to Q. 503.5)**
8. Don't know
9. No response

503.4 Why did not you and your partner use a condom that time (Multiple answer possible)?

1. Not available
2. Too expensive
3. Partner objected
4. Don't like them
5. Used other contraceptive
6. Didn't think it was necessary
7. Did not think of it
8. Don't know
9. No response
10. Other (Specify) _____

503.5 How often have you used a condom with non-regular partners in the past year?

1. Every time
2. Almost every time
3. Sometimes
4. Never
8. Don't know
9. No response

503.8 Did you know whether your non-regular partners also inject drugs?

1. Yes 2. No 8. Don't know 9. No response

503.9 Have you had ever-anal sex with your non-regular partners?

1. Yes 2. No 8. Don't know 9. No response

6.0 Use of Condom

(Don't ask Q601. Check Q. 501.2, 501.5, 502.3, 502.6, 503.2, 503.5 and tick accordingly)

601. Have you ever used a male condom?

1. Yes **(Go to Q. 603)**
2. No

602. Have you ever heard of a male condom? (Show picture or sample of condom)

1. Yes
2. No
8. Don't know
9. No response

→ **(Go to Q. 701)**

603. Do you know of any place or person from which you can obtain male condom?

1. Yes
8. Don't know
9. No response

→ **(Go to Q. 701)**

604. From which place or people, you can obtain male condoms? (Multiple answer possible. Don't read the list but should probe).

1. Shop
2. Pharmacy
3. Market
4. Clinic
5. Hospital
6. Family planning center
7. Bar/Guest house/Hotel
8. Peer educator/outreach worker
9. Friend
10. Other
11. No response

605. How long would it take (from your house or the place where you work) to obtain a male condom?

1. Within 30 minutes
2. More than 30 minutes
8. Don't know
9. No response

7.0 STDs

701. Have you ever heard of diseases that can be transmitted through sexual intercourse?

1. Yes 2. No ⟶ **(Go to Q. 704)** ⟵ 9. No response

702. Can you describe any symptoms of STDs in women?
(Do not read possible answers, multiple answers possible.)

1. Abdominal pain
2. Genital discharge
3. Foul smelling discharge
4. Burning pain on urination
5. Genital ulcers/sore blister
6. Swelling in groin area
7. Itching
8. Other (Specify) _____
9. No response

703. Can you describe any symptoms of STDs in men?
(Do not read possible answers, multiple answer possible)

1. Genital discharge
2. Burning pain on urination
3. Genital ulcers/sore blister
4. Swellings in groin area
5. Others (Specify) _____
9. No response

704. Have you had a genital discharge during the last 12 months?

1. Yes 2. No 8. Don't know 9. No response

705. Have you had a genital ulcer/sore blister during the last 12 months?

1. Yes 2. No 8. Don't know 9. No response

8.0 Knowledge, Opinions and Attitudes

801. Have you ever heard of HIV or the disease called AIDS?

1. Yes 2. No 8. Don't know 9. No response

802. Do you know anyone who is infected with HIV or who has died of AIDS?

1. Yes
2. No **(Go to Q.804)**
8. Don't know **(Go to Q. 804)**
9. No response

803. Do you have close relative or close fried who is infected with HIV or has died of AIDS?

1a. Yes a close relative
1b. Yes a close friend
2. No
8. Don't know
9. No response

804. Can people protect themselves from HIV, the virus that causes AIDS, by using a condom correctly every time they have sex?

1. Yes 2. No 8. Don't know 9. No response

805. Can a person get HIV, from mosquito bites?

1. Yes 2. No 8. Don't know 9. No response

806. Can people protect themselves from HIV, by having one uninfected faithful sex partner?

1. Yes 2. No 8. Don't know 9. No response

807. Can people protect themselves from HIV, by abstaining from sexual intercourse?

1. Yes 2. No 8. Don't know 9. No response

808. Can a person get HIV, by sharing a meal with someone who is infected?

1. Yes 2. No 8. Don't know 9. No response

809. Can a person get HIV, by getting injections with a needle that was already used by someone else?

1. Yes 2. No 8. Don't know 9. No response

810. Can people who inject drugs protect themselves from HIV, the virus that causes AIDS, by switching to non-injecting drugs?

1. Yes 2. No 8. Don't know 9. No response

811. Can a pregnant woman infected with HIV transmit the virus to her unborn child?

1. Yes 8. Don't know **(Go to Q. 813)**
2. No **(Go to Q. 813)** 9. No response

812. What can a pregnant woman do to reduce the risk of transmission of HIV to her unborn child? **(Do not read the possible answers, multiple answer possible)**

5. Take medication (Antiretrovirals)
6. Others (Specify) _____
7. Don't know
8. No response

813. Can women with HIV transmit the virus to her newborn child through breast-feeding?

1. Yes 2. No 8. Don't know 9. No response

814. Is it possible in your community for someone to get a confidential test to find out if they are infected with HIV? **(By confidential, I mean that no one will know the result if you don't want him or her to know it.)**

1. Yes 2. No 8. Don't know 9. No response

815. I don't want to know the result, but have you ever had an HIV test?

1. Yes 2. No → **(Go to Q. 901)** 9. No response

816. Did you voluntarily undergo the HIV test, or were you required to have the test?

1. Voluntary 2. Required 9. No response

817. Please do not tell me the result, but did you find out the result of your test?

1. Yes 2. No 9. No response

818. When did you have your most recent HIV test?

1. Within the past year
2. Between 1-2 years
3. Between 2-4 years
4. More than 4 years ago
8. Don't know
9. No response

9.0 Awareness of AIDS
(To be asked to those who have answered yes to Q. 801)

901. Of the following sources of information, from which sources have you learned about AIDS?
(Read the following list, multiple answers possible)

	Yes	No
18. Radio	1	2
19. Television	1	2
20. Newspapers/Magazines	1	2
21. Pamphlets/Posters	1	2
22. Health Workers	1	2
23. School/Teachers	1	2
24. Friends/Relatives	1	2
25. Work Place	1	2
26. People from NGO	1	2
27. Video Van	1	2
28. Street Drama	1	2
29. Cinema Hall	1	2
30. Community Event/Training	1	2
31. Bill Board/Sign Board	1	2
32. Comic Book	1	2
33. Community Workers	1	2
34. Others (Specify) _____	1	2

902. Has anyone give you following information or items in the past year?
(Multiple answer possible)

	Yes	No
5. Condom	1	2
6. Brochure/Booklets/Pamphlets about AIDS	1	2
7. Information about AIDS	1	2
8. Others (Specify) _____	1	2

10.0 Promotion of Condom

(If answer to Q. 601 and 602 is "No" or "Not heard" do not ask from Q. 1001 and Q. 1002)

1001. In the past one-year have you seen, read or heard any advertisements about condoms from the following sources? (Read the following list, multiple answer possible).

	Yes	No
19. Radio	1	2
20. Television	1	2
21. Pharmacy	1	2
22. Health Post	1	2
23. Health Center	1	2
24. Hospital	1	2
25. Health Workers/Volunteers	1	2
26. Friends/Neighbors	1	2
27. NGOs	1	2
28. Newspapers/Posters	1	2
29. Video Van	1	2
30. Street Drama	1	2
31. Cinema Hall	1	2
32. Community Event/Training	1	2
33. Bill Board/Sign Board	1	2
34. Comic Book	1	2
35. Community Workers	1	2
36. Others (Specify) _____	1	2

1002. Have you ever seen, heard or read following messages/characters during past one year? (Multiple answer possible)

	Yes	No
6. Dhaale Dai	1	2
7. Guruji and Antare	1	2
8. *Condom Lagaoun AIDS Bhagaun*	1	2
9. Others (Specify) _____	1	2

1003. Have you ever herd/seen or read messages or materials other than mentioned above?

1. Yes 2. No

↓

1003.1 What?

_____

_____

1004. Generally, where do you gather to inject drug? _____

Family Health International
HIV/AIDS Prevention, Control and Care Program
Nepal Country Office
PO Box 8803, Gairidhara, Kathmandu, Nepal
Tel: 977-1-4427540, 4437173, Fax: 977-1-414063
E-mail: fhinepal@fhi.org.np, Web: www.fhi.org