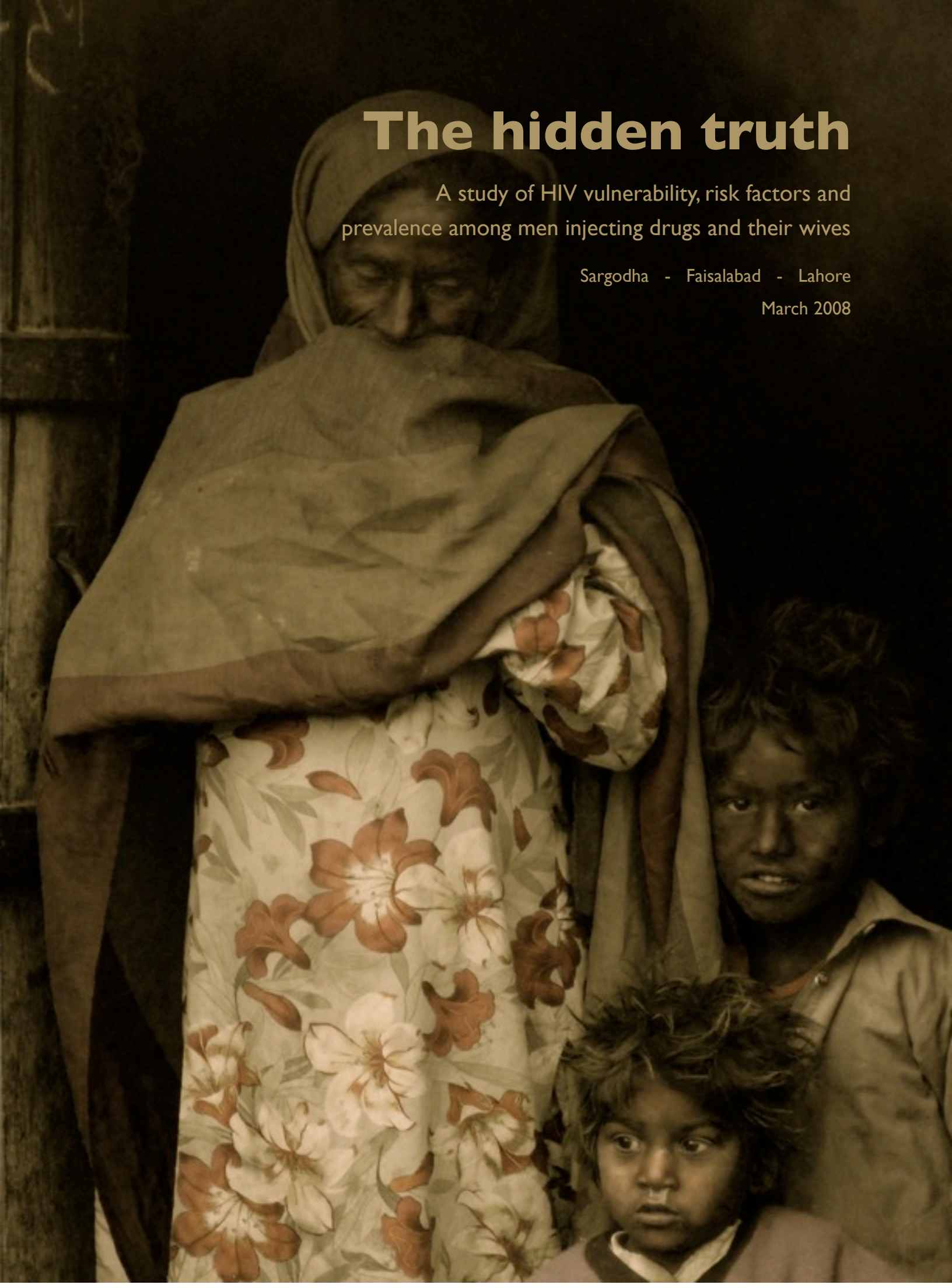


The hidden truth

A study of HIV vulnerability, risk factors and prevalence among men injecting drugs and their wives

Sargodha - Faisalabad - Lahore

March 2008





Supported by

Punjab AIDS Control Program
Department of Health
Government of Punjab
Pakistan



The Global Coalition on Women and AIDS
UNAIDS
Geneva, Switzerland

This publication has been produced with the assistance and cooperation of the Punjab AIDS Control Program and the Global Coalition on Women and AIDS. The views expressed herein are those of Nai Zindagi and can therefore in no way be taken to reflect the official opinion of the Punjab AIDS Control Program or the Global Coalition on Women and AIDS.

All photographs are courtesy of Mr. Shahid Maqsood Ranjha and have been photographed with informed consent and permission to use in this report. These photographs are the property of Nai Zindagi and may not be reproduced without prior written permission from Nai Zindagi

The hidden truth

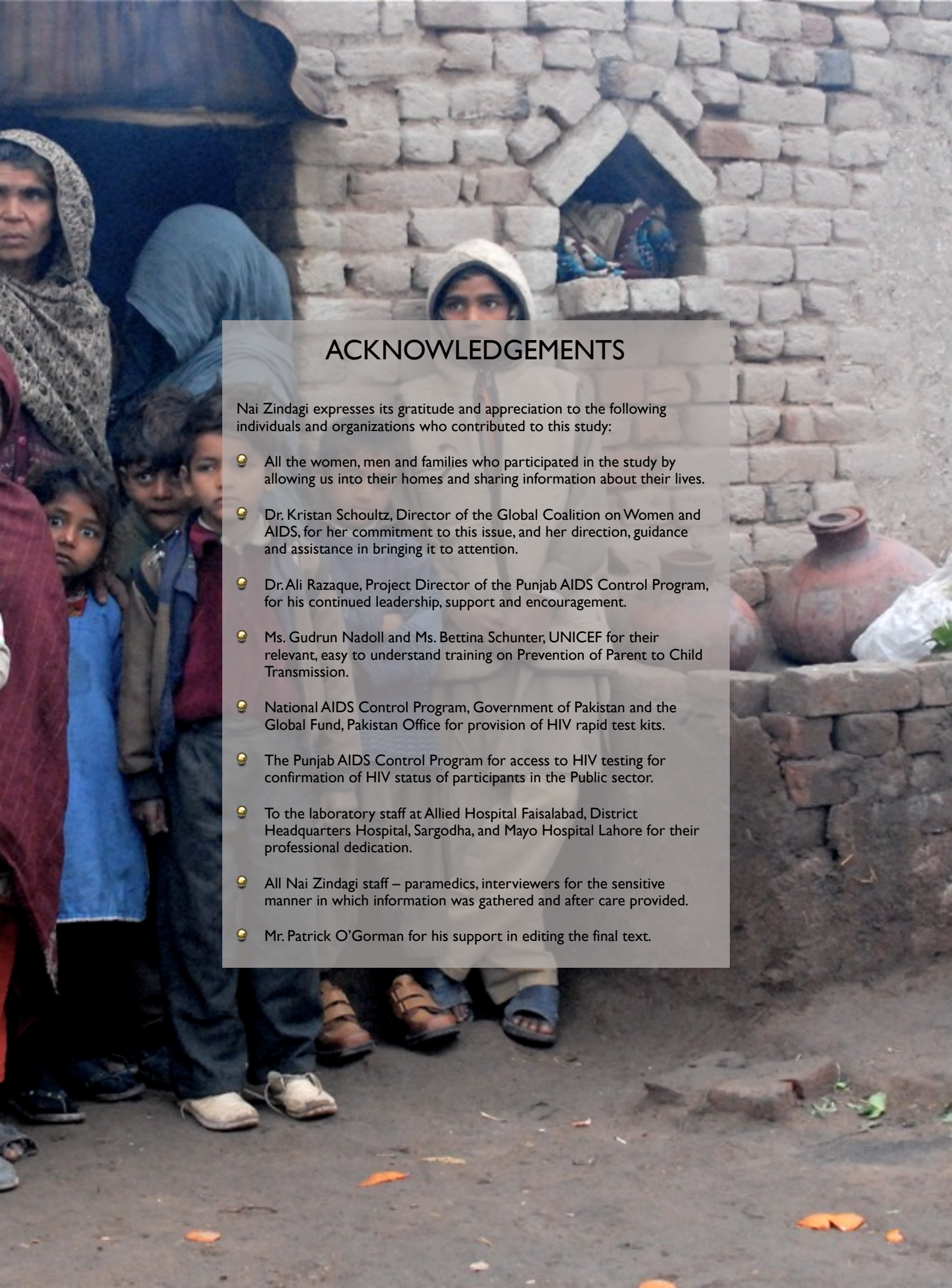
A study of HIV vulnerability, risk factors and prevalence
among men injecting drugs and their wives

Sargodha - Faisalabad - Lahore

Pakistan

March 2008





ACKNOWLEDGEMENTS

Nai Zindagi expresses its gratitude and appreciation to the following individuals and organizations who contributed to this study:

- All the women, men and families who participated in the study by allowing us into their homes and sharing information about their lives.
- Dr. Kristan Schoultz, Director of the Global Coalition on Women and AIDS, for her commitment to this issue, and her direction, guidance and assistance in bringing it to attention.
- Dr. Ali Razaque, Project Director of the Punjab AIDS Control Program, for his continued leadership, support and encouragement.
- Ms. Gudrun Nadoll and Ms. Bettina Schunter, UNICEF for their relevant, easy to understand training on Prevention of Parent to Child Transmission.
- National AIDS Control Program, Government of Pakistan and the Global Fund, Pakistan Office for provision of HIV rapid test kits.
- The Punjab AIDS Control Program for access to HIV testing for confirmation of HIV status of participants in the Public sector.
- To the laboratory staff at Allied Hospital Faisalabad, District Headquarters Hospital, Sargodha, and Mayo Hospital Lahore for their professional dedication.
- All Nai Zindagi staff – paramedics, interviewers for the sensitive manner in which information was gathered and after care provided.
- Mr. Patrick O’Gorman for his support in editing the final text.



Foreword



Dr. Ali Razaque

Project Director
The Punjab AIDS Control Program
Department of Health
Government of Punjab

March 2008
Lahore

The Punjab AIDS Control Program recognizes the need for targeted HIV prevention services for people injecting drugs and those directly associated and vulnerable to HIV transmission. The PACP has demonstrated its commitment by expanding services for people injecting drugs in Punjab, almost ten times in the last 3 years.

Our support to Nai Zindagi for this study is an example of how the PACP is committed to finding new evidence in order to better understand vulnerabilities and risks wives and children of injecting drug users are exposed to in Pakistan.

This study highlights the essential need of HIV prevention services for married injecting drug users and their wives and also shows an immediate need for AIDS diagnostics, treatment, care and support services for those already infected.

It is now evident that HIV prevention services targeted at street-based injecting drug users, must include service delivery packages for their wives and children.

Based on this new evidence, the Punjab AIDS Control Program will address these essential needs in the immediate future and we would like members of the donor community to come forward and address this urgent need.

Thank you

Dr. Ali Razaque





Table of Contents

Executive Summary.....	11
Background and Methodology.....	12
Drug use and HIV situation in the three cities.....	13
Rationale for the Study.....	14
Objectives.....	15
Methodology of the Study.....	16
Study findings.....	17
HIV prevalence among IDUs and their wives.....	18
Demographics.....	19
Age and education of study participants.....	20
Monthly expenditure and source of income.....	21
Age of wives at marriage and current place of living.....	22
Testimonies.....	23
Drug use related information.....	24 - 25
Sex related vulnerabilities.....	26
Sex related information.....	27
Condom use and reasons for use.....	28
Sexual networks.....	29
Affected children.....	30 - 31
Health related information.....	32
Health seeking behaviors.....	33
Sexually transmitted infection related information.....	34
Knowledge about HIV and AIDS.....	35
Conclusions and the way forward.....	36 - 37
Acronyms.....	38



Executive Summary

In Pakistan injecting drug use is recognized as the main driver of the HIV epidemic due to high levels of needle/syringe sharing and insufficient HIV prevention services. Previous studies have assessed IDUs as a “most at risk population”, and have missed the opportunity to understand the related risks and vulnerability of their families and communities. The “*Hidden Truth*” has revealed previously unrecognized risks and vulnerability of wives of injecting drug users (IDUs) in Pakistan.

In order to better understand the situation of wives of IDUs, four hundred and fifty-nine couples (married IDUs and their wives) were recruited for this study. Eligible IDUs who access Nai Zindagi’s services in Sargodha, Faisalabad and Lahore were offered the opportunity to participate. These three cities were selected for the study based on known ‘low to high’ HIV prevalence among IDUs in these cities.

Of the estimated 120,000 street based IDUs in Pakistan 50% are married. The majority of the married IDUs reported recent, regular and unprotected sexual relations with their wives. Twenty to thirty-five percent of the respondents (male and female) across the three cities reported symptoms of sexually transmitted infections within the last six months. Importantly, this study reveals that up to 15% of the wives of HIV positive IDUs are already infected.

Eighty percent of the wives have reported not having used a condom in their last sexual act with their husbands. Approximately half of the wives who participated in the study had never heard of HIV or AIDS. Of those women who claimed to have knowledge, up to 30% did not know of modes of transmission of HIV.

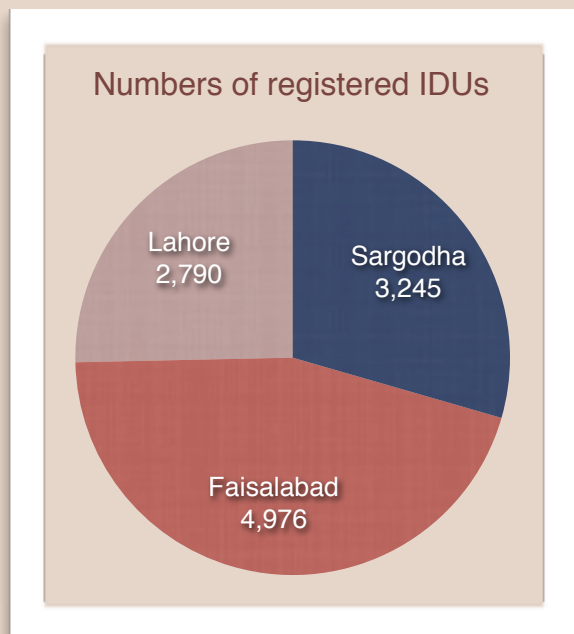
A significant proportion of couples in all three cities (but particularly Sargodha) are young and the wives are of childbearing age. Families included in this study have an average of four children. Twenty-five per cent of the children are under five years of age. Twenty per cent of the wives are currently breast-feeding and eight per cent are currently pregnant. These statistics draw attention to the significant risk of parent-to-child transmission of HIV among this population group.

This study highlights the vulnerability to HIV of the wives and children of IDUs in Pakistan and suggests the need for urgent action to address their HIV prevention and AIDS treatment needs.

Background and Methodology

- Injecting drug use is at the “core” of the HIV epidemic in Pakistan
- There are more than 11,000 street-based IDUs in the three cities where the study was conducted
- A concentrated epidemic exists in these three cities, with HIV prevalence as high as 51% among IDUs in Sargodha
- 51% of registered IDUs in the three cities are currently married

Drug use and HIV situation in the cities of Faisalabad, Lahore and Sargodha



Nai Zindagi (Estb.1990) is a non-profit organization providing comprehensive HIV prevention services to drug users living on the margins of society. Nai Zindagi's services are holistic, designed to complement a continuum of care and based on evidence of what works and what meets the expressed needs of clients.

Nai Zindagi's services are aimed at preventing the transmission of HIV and other blood borne viruses by reducing drug-related risks and harm. A significant component of services include access to drug treatment and rehabilitation, access to employment (which alleviates poverty) and access to HIV diagnostics and AIDS treatment, care and support.

In February 2005, the Punjab AIDS Control Program (PACP) contracted with Nai Zindagi to establish and expand comprehensive HIV prevention services for people injecting drugs in four cities - Faisalabad, Lahore, Sargodha and Sialkot (Sialkot was not included in this current study because it was not representative of the situation – see methodology). This comprehensive HIV prevention programme is supported under the Enhanced HIV and AIDS Control Programme funded by the World Bank and the Government of Punjab. The contract between Nai Zindagi and the PACP has been extended twice to ensure continuity of service provision (without interruption) and is currently valid till 31st December 2008.

In July 2005 a Rapid Situational Assessment (RSA) was conducted by Nai Zindagi to establish a baseline of the estimated numbers of injecting drug users (IDUs), their risk behaviours and HIV prevalence in the four cities.

A report titled *The Lethal Overdose* was published, disseminated and is currently available at the web site www.naizindagi.com.

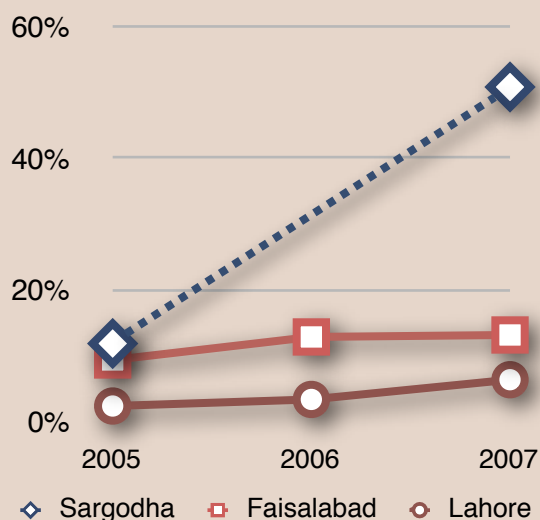
Data collection continues through ongoing client registration and mapping. HIV prevalence is monitored through Voluntary Counselling and Testing (VCT).

Comprehensive HIV prevention services include: client registration and data analysis; needle and syringe exchange; condom distribution; basic health care including wound and abscess management; access to social care and generic health care services; VCT; Sexually Transmitted Infections (STI) treatment; behaviour change communication and advocacy; drug detoxification and rehabilitation; employable skills training and employment; and, referral to generic HIV diagnostics, and AIDS treatment, care and support services.

Based on the analysis of Nai Zindagi's current registration data (2005-2007), 11,011 IDUs were registered with the programme in the three cities in which this study has been undertaken - Faisalabad, Lahore, and Sargodha. A further 3,249 non-IDUs (drug users who do not inject) were registered. These figures are similar to the estimates of IDUs in the three cities based on the National Surveillance Data. Fifty-one percent of the total number of IDUs registered with Nai Zindagi are currently married.

Prevalence of HIV among IDUs in the three cities according to the National Surveillance Data is 51.3%, 13.3% and 6.5% in Sargodha, Faisalabad and Lahore respectively. The data from various sources suggests that in Lahore and Faisalabad there is an increase in HIV prevalence, but it is unlikely that this increase is as significant as the increase in Sargodha, where HIV prevalence has risen from 12% to 51% in two years. (RSA NZ-PACP *The Lethal Overdose* - 2005; National Surveillance Data HASP 2007)

Citywise trends of HIV prevalence among IDUs





Rationale for the study

An epidemic of HIV and AIDS, driven primarily by unsafe injecting drug use practices, is sweeping across Asia. Consistent with this, the HIV epidemic in Pakistan is expanding rapidly among street-based IDUs.

Recent findings suggest that there are over 125,000 street-based IDUs living in urban and rural settings in Pakistan (*Problem Drug Use in Pakistan - National Assessment 2006 UNODC/ANF*). An increased shift from traditional methods of smoking or inhaling heroin (*chasing the dragon*) to injecting heroin and/or pharmaceuticals (with dangerous implications for transmission of HIV) has taken place. Data indicates that over 15% of IDUs are now infected with HIV (*median of prevalence of HIV among IDUs in different cities of Pakistan from Mid Term Review Report of NACP 2007*). Sharing of infected syringes is high (78%) among street-based injecting drug users in Pakistan. In the absence of information and services to prevent HIV transmission (current coverage of HIV prevention services in Pakistan is low (10-12%)) the epidemic is increasing rapidly among IDUs in Pakistan.

An HIV epidemic that originates with IDUs expands rapidly - first among the IDU population. The epidemic will advance (if no action is taken) to become a concentrated epidemic in groups that have frequent sexual or injecting contacts with IDUs. These groups form a bridge between IDUs and the general population. Review of data from international and national reports indicates overlap of sexual and injecting contacts between IDUs and male and female sex workers, men having sex with men (MSM) and most-at-risk street-based adolescents using drugs.

In Pakistan, a direct connection between IDUs and the general population does exist. Approximately 50% of IDUs in Pakistan are married. Unprotected sexual contact between IDUs and their wives is frequent. There is reason to believe, therefore, that wives of IDUs are at high risk of contracting HIV if their husbands are infected.

Most street-based IDUs are poor. Contracting HIV can be catastrophic particularly for wives of IDUs, who are already overburdened by the financial responsibility of running and supporting a household when finances are often further depleted by the drug related expenses of their husbands.

Very little knowledge or data was available in Pakistan on the impact of drug use and HIV on the family dynamics, the children and the household. Information was needed on how family members understood or responded to the risks of contracting HIV.

The successful implementation of an HIV prevention programme requires substantive evidence which addresses gaps in our knowledge in order that such programmes efficiently meet the needs of specific vulnerable groups - in this case, the wives of IDUs. An in-depth and thorough understanding of the dynamics and details of the sexual and injecting contacts between IDUs and their wives was required to develop programs that prevent this transmission.

This study, which begins to address these gaps in knowledge, provides evidence to policy makers, the National and Provincial AIDS Control Programs, the donor community and civil society organizations to prioritize strategies and allocate resources for appropriate comprehensive interventions for wives of IDUs. The needs of this group (possibly more at risk than sex workers, MSM and other identified high-risk groups in Pakistan) have been neglected, and must be urgently addressed. To disregard their vulnerability is to ignore the hidden truth.



Objectives of the study

This study is designed to build on the findings of the previous studies and aims to:

- Examine vulnerability of wives because of injecting behaviours of their husbands
- Assess vulnerability and risk of HIV infections among wives of IDUs
- Assess the financial and social burden of drug use and HIV on households of IDUs
- Discover the nature of the sexual and injecting contacts between IDUs and their wives
- Discover the current prevalence of HIV among wives of IDUs in Sargodha, Faisalabad and Lahore

Eligibility Criteria

Subjects were required to fulfil the following criterion for participation in the study:

- Married men, aged 18 or above, currently injecting drugs, who consented to participate in the study and agreed that the study team could approach their wives for the purposes of the study.
- Wives of currently injecting IDUs who consented to participate in the study.

Ethical considerations

Participation in the study was voluntary with the required informed consent of participants honoured. All study participants signed a consent form, or thumb impressions were received from participants who could not make a signature. The consent form contained objectives of the study, participants' rights in providing information and to withdraw from study at any time. Measures were taken to ensure confidentiality of information provided by the participants and confidentiality in disclosure of HIV test results.

All study participants were offered VCT services and counselling and testing was conducted after the interviews. Additionally, participants were offered HIV prevention services, drug treatment services, medical, social and nutritional care to participants and their children. Referrals for Hepatitis C, HIV diagnostics and AIDS treatment and care services were provided through ongoing regular VCT and follow-up services by Nai Zindagi in the three cities.

Sampling methodology and recruitment

Four hundred fifty nine (459) couples (IDUs and their wives) were recruited. All study questions were asked of both individuals who formed a couple, using interviewer-assisted memory recall. Both individuals were tested for HIV through VCT.

The study questionnaire included detailed questions about their sexual and injecting practices. The questionnaires for women and men were basically the same, with only slight variations to take the sex of the respondent into account. Questions were aimed at asking: 1) demographic details of the participants; 2) drug use history and patterns; 3) the number of sexual contacts over the past three months and nature and extent of their sexual networks; 4) health related indicators; 5) knowledge about HIV and AIDS.

Eligible IDUs who access Nai Zindagi's street-based services in Sargodha, Faisalabad and Lahore were offered the opportunity to participate in the study. These three cities were selected for the study based on known 'low to high' HIV prevalence among IDUs in these cities.

The target sample size in cities with low or medium HIV prevalence was set at 100 couples (Lahore and Faisalabad) whereas in Sargodha, where HIV prevalence among IDUs is above 50%, a larger sample size of 250 couples was established to ensure adequate statistical precision to compare key behavioural characteristics and HIV prevalence.

The couples were recruited irrespective of their HIV status and geographical location within the city. This ensured that findings could be generalized to a larger set of the IDU population.

Training in data collection and VCT

The selected interviewers/counsellors were provided with questionnaire-specific training for data collection, pre and post-test counselling on HIV, and information on the dynamics of the key population in a training workshop held in Islamabad from December 25-27, 2007. Due to cultural considerations, female interviewers were selected to interview female participants.

The study teams were also trained in the process of the recruitment, consent, registration, interview, pre-test counselling, testing procedures, and post-test counselling (including disclosure of HIV tests results and partner notification).

Blood sampling and testing procedures

All study participants were first tested for HIV with Capillus rapid HIV test kits after obtaining a drop of blood through pricking with the help of a trained phlebotomist. In the event of the test being negative, the participants were informed about their HIV negative status and were requested to appear for a follow-up VCT session after three months as per routine VCT guidelines for the window period.

The participants who were found reactive to the first test were retested using Abbott HIV rapid test kits for which 4cc. blood was drawn and centrifuged to obtain serum for HIV testing. Furthermore, the samples were sent to the public sector facilities in respective cities for further reconfirmation through ELISA.

Data collection

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

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

Study Findings



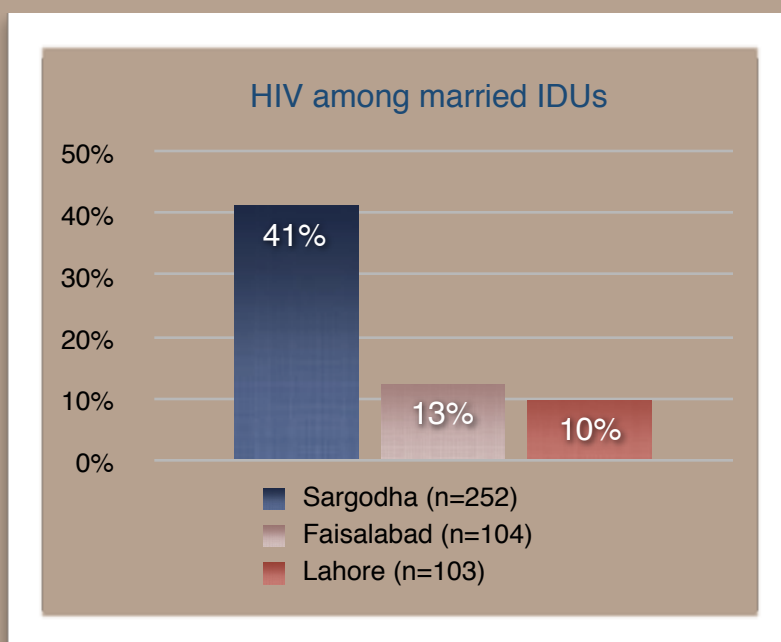
HIV prevalence amongst married IDUs and their wives

The main reason for conducting this study was to assess the risks and vulnerability to HIV among wives of IDUs currently injecting drugs in the three cities.

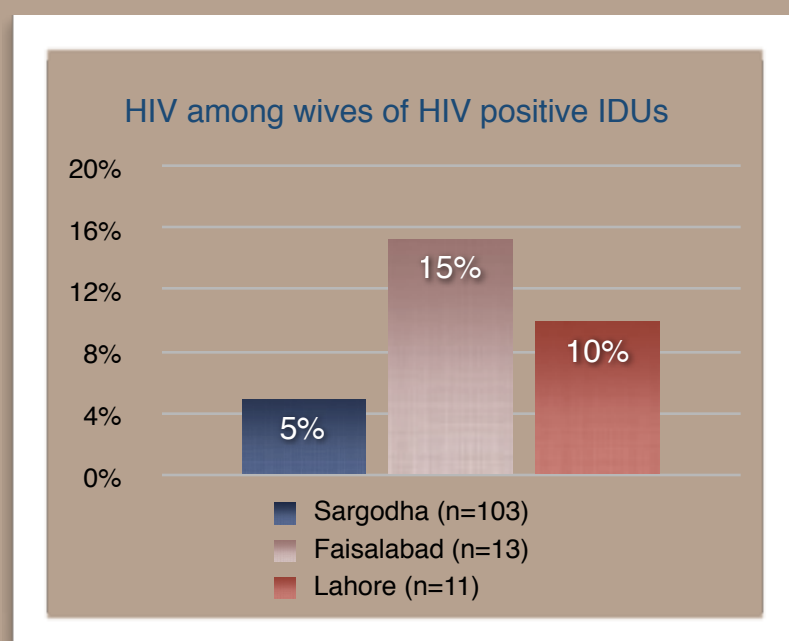
Four hundred fifty-nine (459) couples participated in the study, of which eight couples were discovered to be HIV positive. However, 127 (28%) of the male IDUs included in the study were HIV positive, with Sargodha having the highest prevalence of HIV positive respondents.

The charts illustrate by city the results of HIV testing among the IDU respondents. These figures are consistent with other surveillance data and reports, whereby the highest prevalence is in Sargodha, followed by Faisalabad and Lahore.

The highest HIV prevalence among wives of HIV positive IDUs included in the study was 15% in Faisalabad, followed by 10% and 5% in Lahore and Sargodha respectively.



Data suggests that HIV transmission to wives is likely to have occurred through sex with their husbands



The data also revealed that:

- None of the HIV positive wives acknowledged ever having injected drugs.
- None of the HIV positive wives have reported extramarital sex.
- Couples are sexually active and over 80% do not use condoms

The average period of injecting drug use in Faisalabad and Lahore is seven years and in Sargodha three years. Therefore, it is possible that wives of HIV positive IDUs in Lahore and Faisalabad have been exposed to HIV from their husbands longer than wives of HIV positive men in Sargodha. That may be one reason why prevalence among wives of HIV positive IDUs in Lahore and Faisalabad is 10% and 15% respectively, whereas in Sargodha it is 5%.

Demographics of the study

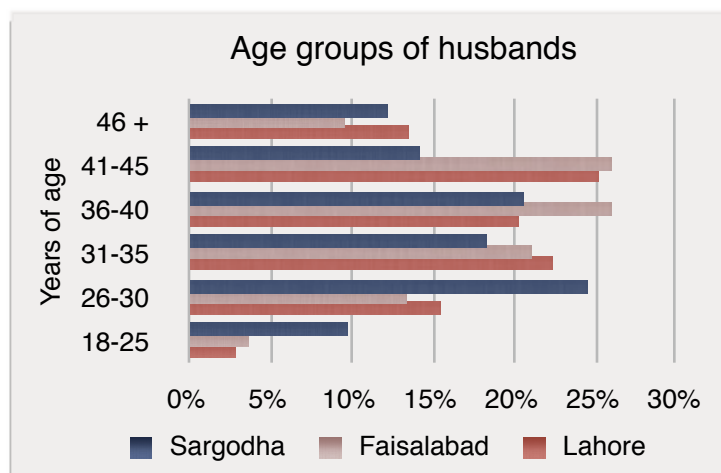
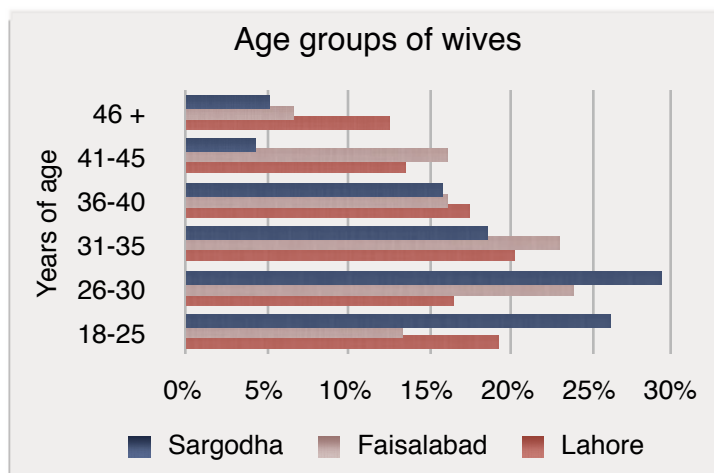
- Average age of women at first marriage is 18 years
- Average period of living with husband is 15 years
- Average number of children is 4 currently
- High illiteracy among wives



Age groups of the respondents

The youngest couples in the study were in the city of Sargodha, followed by Faisalabad and Lahore. The youngest married male IDU in this study was 21 years of age. The youngest wife was 18 years of age.

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



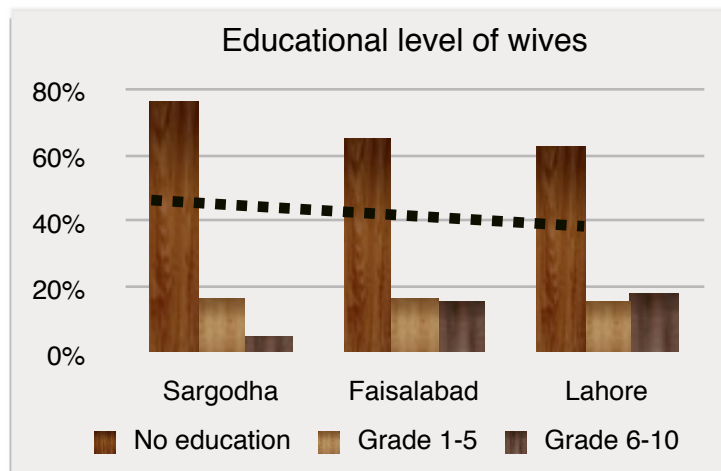
IDUs and their wives need simple, practical and easy-to-understand verbal or visual information and knowledge to protect themselves. Access to HIV diagnostics, and AIDS treatment care and support is also needed for those already infected and/or affected

Educational levels

The majority of the couples have had few education opportunities. The highest rate of illiteracy (76.6%) was among wives of IDUs in Sargodha. Generally male IDUs had more education than their wives (the dotted line in the chart represents illiteracy among IDUs). This is consistent with the general trend in Pakistan, in which men have higher education levels than women.

In HIV prevention programmes, this is a significant challenge, as illiteracy often leads to lack of access to information and knowledge, which is key to the prevention of transmission of HIV.

Illiteracy also has implications for developing strategies for Behavior Change Communication (BCC) targeted at IDUs and their wives, and future strategies must be based on interpersonal communication or materials that are more visual than written.



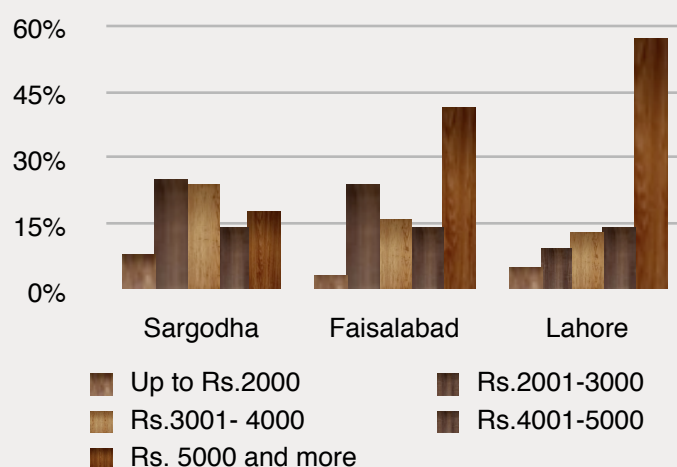
Monthly expenditure

There is some discrepancy in reported household expenditure reported by male and female participants. Expenditure reported by wives may be more accurate, as in the homes of IDUs it is the women who generally generate income, and who are responsible for running the household in the absence of their husbands. In most cases, supporting part of the husband's drug use is also a drain on the household income.

The average household occupancy in each of the three cities is six persons. The median monthly expense in Sargodha is Rs. 4000 per month, in Faisalabad is Rs. 5000 per month and in Lahore is Rs. 6000 per month. This indicates that the entire study population is living at or below Pakistan's poverty line of Rs. 1000 per month per person.

(Pak.Rs. 60 = US\$ 1)

Monthly household expenditure reported by wives



Extreme poverty, no education and no access to information or health care services makes families more vulnerable and puts individual family members at risk of contracting HIV. Drug use makes those already poor, much more poor. Already extremely poor and vulnerable, IDU families will not be able to cope with the financial and social burdens of HIV and AIDS

Source of income

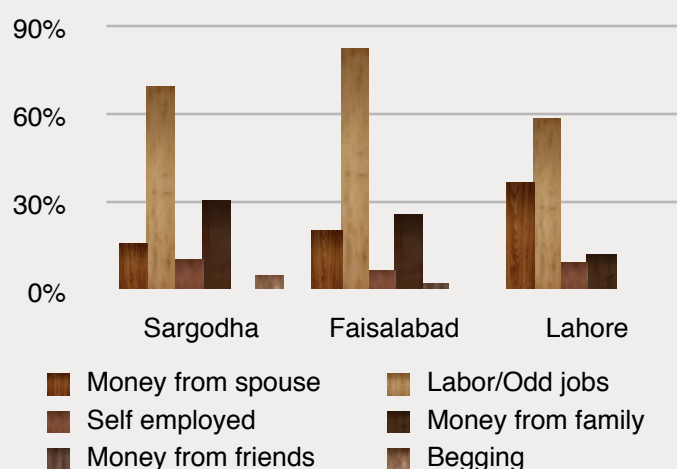
Income from theft, sex work or selling drugs was not reported by any study participant.

The main source of income in each of the three cities derives from daily wage labour and odd jobs completed by wives.

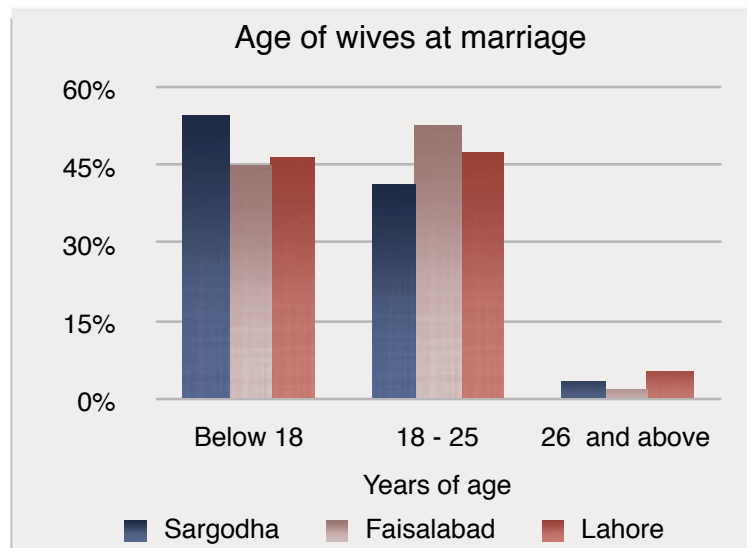
Five percent of the wives in Sargodha reported begging as a source of income. Daily wage income and odd jobs (house maids, farm or factory labour, tailoring) are not a regular and reliable source of income and it is essential to note that most families are meeting expenses on a day-to-day basis. Drug use and HIV infection in the family puts further strain on an already overburdened household income. This may mean fewer finances available for shelter, nutrition, general health care and education for the children.

In Lahore, 36% of the wives claimed to be supported financially by their IDU husbands, whereas 16% and 21% in Sargodha and Faisalabad acknowledge support from their husbands. This could indicate that drug users in Lahore are more functional than in the other two cities, or it may be a result of increased employment opportunities in that city. While it's not possible to draw a direct connection, the presence of street-based health and social care services for drug users in Lahore since 2000 may also have a positive effect on the coping abilities of IDUs who engage with these services.

Sources of monthly household income by wives



Age of wives at marriage



Age of wives at marriage

The majority (55%) of wives in Sargodha were married between 13-18 years of age. The lowest age at marriage among wives in Sargodha was 7 years.

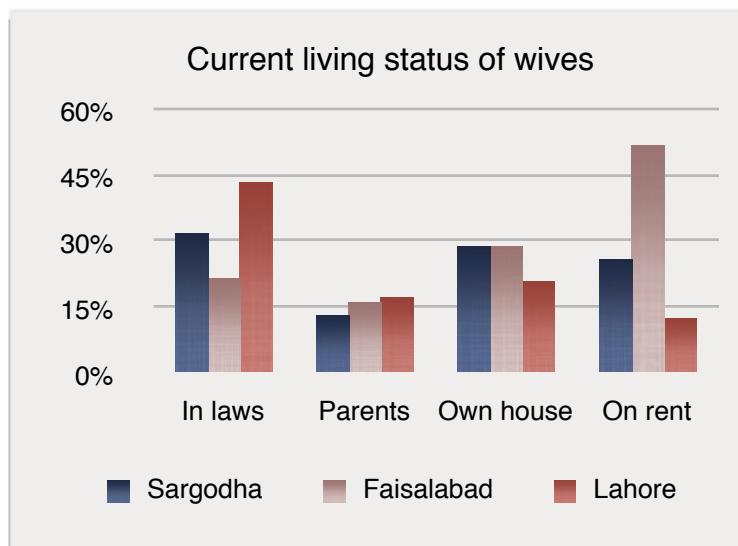
The average age of marriage in all three cities was approximately 18 years for women and 21 years for men. The average period of living with the current spouse in the three cities is 15 years.


Current living status of wives

Due to strong family ties and a joint family system in Pakistan, most wives have access to a secure shelter with their in-laws, their own parents, or in their own or their husband's homes. This is positive as it partly reduces the burden of paying monthly rent in a situation where the wife has to cope with the financial burden of supporting a household and often the drug-related expenditure of the drug-addicted husband.

In Faisalabad, however, a significant proportion (50%) of wives do not escape the burden of supporting their household, including rent. Without the fall-back of a secure shelter, they have to find and continue to pay for rented shelter which could be attributed to higher cost of housing, as Faisalabad is the textile hub of Pakistan.

Current living status of wives





"I live and work on a vegetable farm near Sargodha with my five children. It is a back breaking job. The landlord provides us a room where we cook, sleep and live. My children help me with my work on the farm. I cannot afford to take days off, even when I am sick because I am paid on a daily wage basis. I barely manage to provide two meals and shelter to my children. My nightmare begins when my husband returns home from the city at least once a week. He demands money for drugs. He takes whatever little I have saved over the week which is always less than his demand. He is very violent if I have not saved any money."

Mother of five children, Sargodha

"I was married at the age of 12. My husband was 18, young and hardworking. I had my first child, a girl at the age of 14. My in laws wanted a boy. I was again pregnant and had another girl two years later. My husband went to the city to find work so he could support me and my two daughters. He started using heroin five years ago. We have nothing left in the rented room in the village. He has sold everything, bedding, cooking utensils, cassette player and furniture that my parents gave me as dowry. I now have four children, all girls. My husband is now sick, bed ridden and angry. Food in the house is only cooked when I find money."

Wife and mother of four girls, Faisalabad



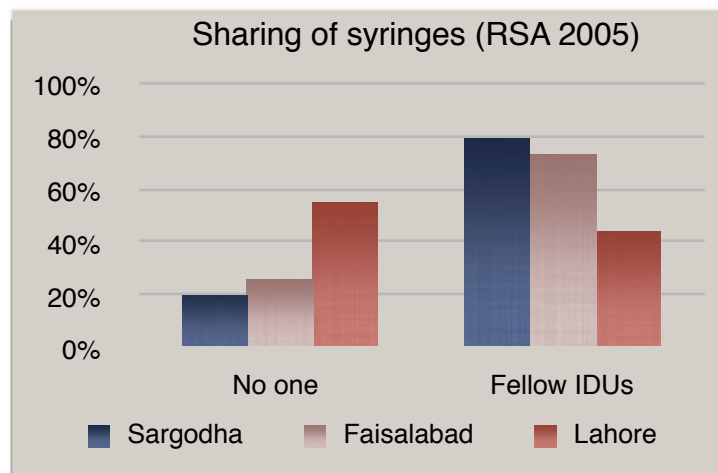
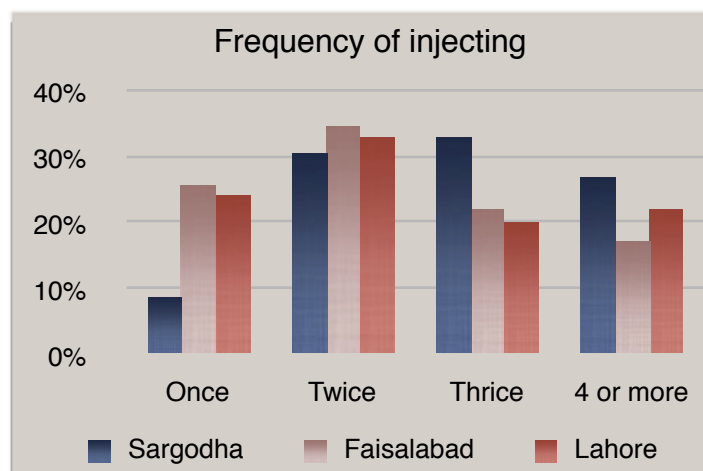
Drug use information

- Heroin injectors inject more frequently than people injecting pharmaceuticals
- A high number of injecting episodes daily with high sharing of syringes indicates higher potential for transmission of HIV
- Comprehensive and sustained HIV prevention programmes dramatically reduce sharing practices among IDUs

Drug use related information

Out of the total female study participants (wives), only two reported to have smoked heroin. No female participant acknowledged ever injecting drugs. Therefore drug use-related data is only being presented for male IDUs, and is primarily related to injecting and sharing episodes as other drug-related data is similar to other studies with no significant changes, and is not directly related to HIV transmission.

Frequency of injecting heroin is the highest in Sargodha. Higher injecting episodes daily, combined with high sharing of contaminated syringes can fuel the HIV epidemic. This dynamic might, in fact, be the basis of the recent explosive rise in HIV prevalence in Sargodha.



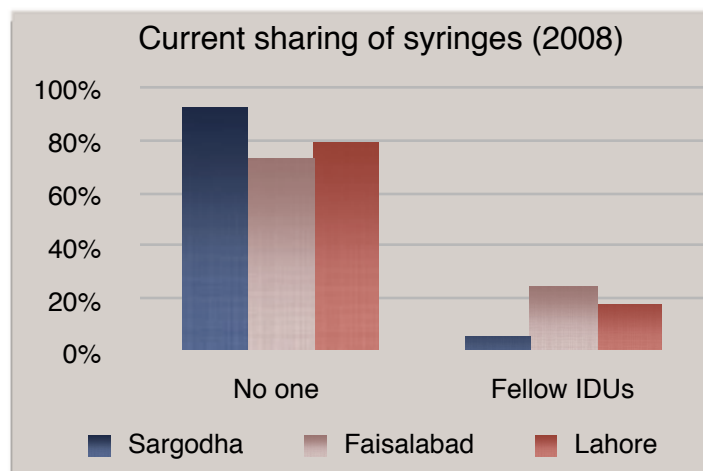
The median expenditure on drugs reported by male participants was Rs. 75/- in Faisalabad and Rs. 100/- in both Lahore and Sargodha. The expenditure on drugs is an additional cost that is mostly borne by the wives of IDUs, in addition to maintaining the household of six persons at an average.

The two graphs related to syringe sharing among IDUs show a comparison of baseline data collected in 2005 and the data collected as part of this study. It is evident from these two graphs that in three years of HIV prevention and harm reduction programming, the situation has almost reversed.

A far lower number of IDUs claim to be sharing syringes with their peers at this time than was the case three years ago.

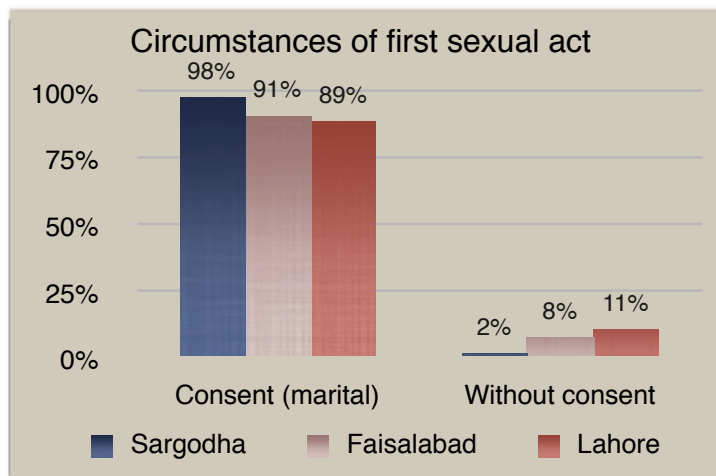
The sharing of syringes/needles with their spouse or sexual partner (female or male) in their life-time was reported by a small proportion of IDUs. It was highest in Lahore (5.8%), and 3.6% and 2.9% in Sargodha and Faisalabad.

This practice of co-injecting between IDU husbands and their wives can be further reduced through extensive counseling and out reach.



Sex related vulnerabilities

- Up to 11% of wives claim that their first sexual act was forced and engaged in without consent
- The majority of IDUs and their wives are in regular contact and sexually active
- Over 80% of wives report that a condom was not used in their last sexual act with their husbands



Most drug users are sexually active despite chronic drug use – a presumed sex inhibitor. The risk of HIV transmission due to unprotected sex between IDUs and their wives is clearly evident.

Sex related information

The mean age of wives of IDUs on first sexual intercourse was 17.3 years in Sargodha, and 18.1 years in both Lahore and Faisalabad.

Although a majority of wives had sex for the first time when they married, 11%, 8% and 2% of the female study participants in Lahore, Faisalabad and Sargodha respectively, claimed that their first sexual act was forced and not consensual and not with their husbands.

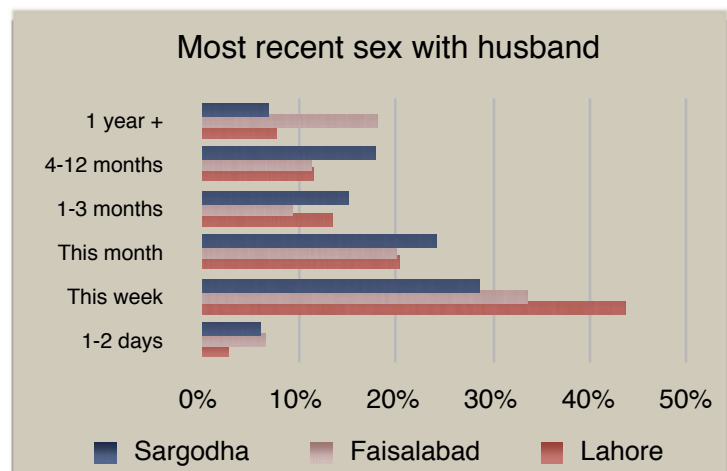
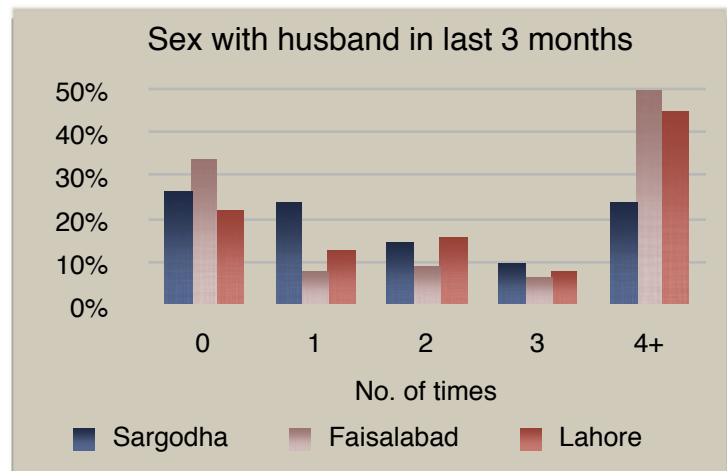
The information collected during the study clearly points out that IDUs are sexually quite active, and frequently engage in sex with their wives. A majority of wives have had sex more than four times in the past three months.

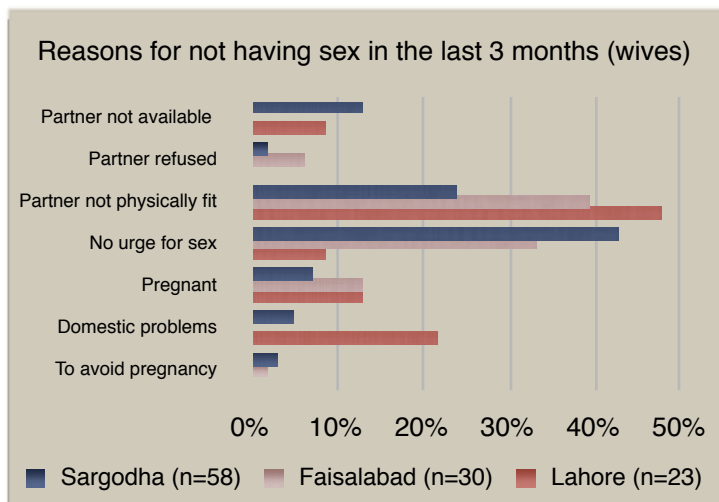
Current sexual behaviour of participants was explored for the last three months in order to avoid recall bias. Seventy-eight percent of the female participants in Lahore reported having had sex with their husbands in the last three months, followed by 73% in Sargodha and 66% in Faisalabad. This indicates that a high proportion of IDUs are sexually active, which enhances the possibility of transmitting HIV and other STIs to their wives.

In order to obtain accurate information on sexual practices, the most recent sexual acts were queried in greater detail. Sixty-seven percent of the wives in Lahore reported having sex with their husbands within the last month, followed by 65% in Faisalabad and 60% in Sargodha.

Fifty-five percent (54.8%) of the wives in Lahore, 61.5% in Faisalabad, and 32% in Sargodha reported having sex four or more times in the last month.

Oral and anal sex was not reported at all in Faisalabad. Five and seven percent of the female participants reported having oral sex in Sargodha and in Lahore respectively, and four percent reported having anal sex in both Sargodha and Lahore.



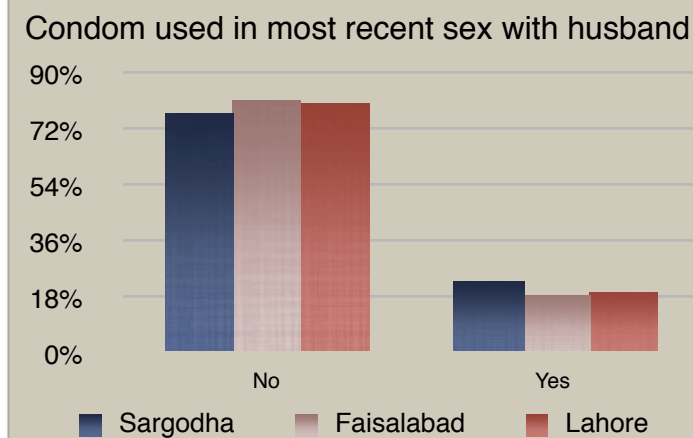


Reasons for not having sex

Almost 30% of the wives stated that they had not had sex with their husbands in the last three months. The main reported reason given by wives for not having sex with their husbands was related to his ill health and poor physical condition.

The next major reason stated by wives was there was 'no urge' on their part to have sex with their husband.

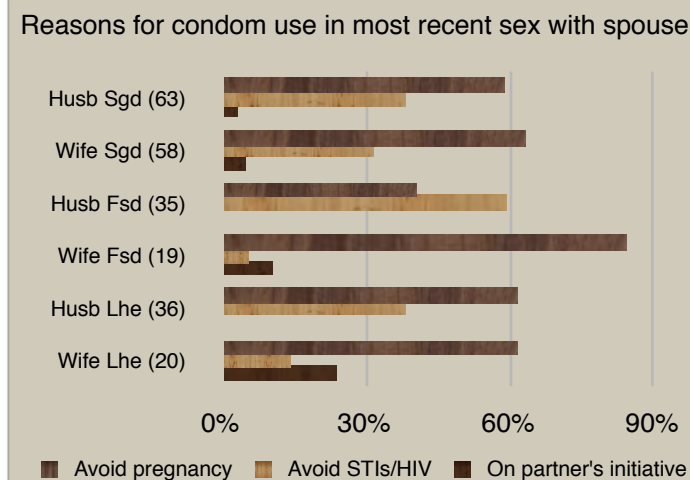
Over 80% of the wives of IDUs are at risk of acquiring STIs and HIV due to unprotected sex with their husbands. Condom education and distribution should be done with both members of the couple together



Reasons for condom use

Apart from Sargodha, where there was little divergence in reported condom use by sex (males 26% and females 23%), there was a clear discrepancy in the reported figures of condom use by male and female participants in the other two cities. In Faisalabad, 32% of the husbands and 19% of the wives reported having used a condom during their last sexual act with their spouse. In Lahore, 35% of the husbands and 20% of the wives reported condom use during their last sexual act with their spouse.

A possible reason for over-reporting of condom use by male respondents in these two cities could be that they wanted to avoid embarrassment as they have been exposed to regular condom use education and distribution of condoms through outreach by Nai Zindagi staff.



Discrepancies between figures from male and female participants for the rationale for condom use also suggests that IDU husbands reported the use of condoms mostly to avoid HIV/STIs, whereas comparatively more wives said that condoms were used to avoid pregnancy. Twenty-four percent of wives in Lahore said that they used a condom on their spouse's initiative and did not actually know the reason for its use. Eleven percent of wives in Faisalabad and five percent of wives in Sargodha reported similar ignorance.

More than 20% of the wives and 30% of the men were not comfortable asking their spouse to use a condom. The main reason given for this by both men and women was that the partner would mistrust the spouse and would become upset.

Sexual networks

In Sargodha, the perception that husbands have sex outside of the marriage relationship was high among females. Twenty-three percent of the respondent wives in that city believe that their husbands are involved in sexual relationships with others. Eleven percent of the wives in Faisalabad and five percent in Lahore reported having a similar perception. The perception of wives having sex with others, as reported by male respondents, was not as high, but more men reported this perception in Sargodha (six percent) than in Faisalabad (four percent) and Lahore (two percent).

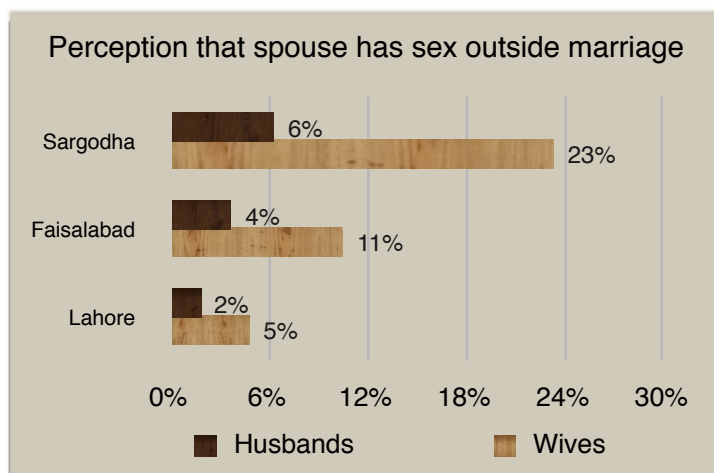
Interestingly, self-reported extramarital sex was not as high as speculated by male respondents' spouses. Eight percent of the male IDUs reported having had extramarital sex in Sargodha, and four percent in Faisalabad. No extramarital sex was reported in Lahore.

Of 20 IDUs in Sargodha who reported to have sex outside marriage during the last three months, three (15%) had sex with males and the rest (85%) engaged in extramarital sex with female partners.

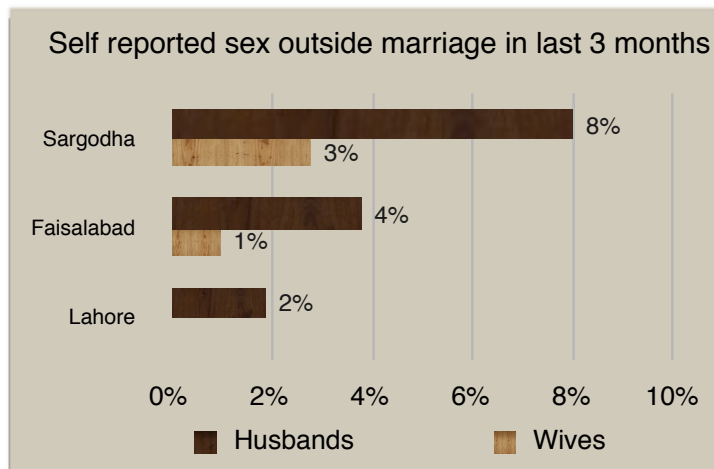
Eight (40%) out of the respondents reporting extramarital sex in Sargodha did not know the person with whom they had sex. They also said that these female sexual partners also had sex with others. This suggests, the possibility that these sexual partners sex were female sex workers.

Twenty percent of those who reported to have had extramarital sex said that a condom was used during the last sexual act. Seven out of 20 IDUs who reported to have sex outside marriage were HIV positive and only two of them reported to have used a condom while having sex outside marriage. This establishes another possible route of transmission from IDUs to either sex workers or the general population, and needs to be addressed through appropriate interventions.

Over two percent (2.6%) of the female respondents from Sargodha reported having had extramarital sex in the past three months. None of these women were found to be HIV positive. However, three of them are living with HIV positive husbands and two of the three have had sex with their husbands in the past three months. Each of these two women claim to have only had extramarital sex with one man other than their husbands. None of the women reported having used a condom while having sex with their husbands or within their extramarital sexual relationships.



There is evidence of extra marital sex as reported by study respondents. The number of respondents engaged in extramarital sex is very low, however transmission of HIV to the general population through sex cannot be ruled out





Affected children

- Minimum four children per household affected by drug use and related consequences
- Almost twenty-five percent (24.5%) of the children are under five years of age
- Twenty percent of the wives are currently breast feeding
- Eight percent of the wives are currently pregnant

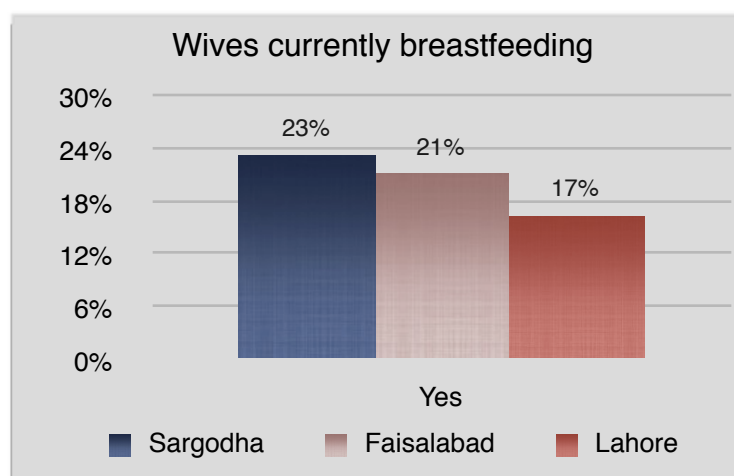
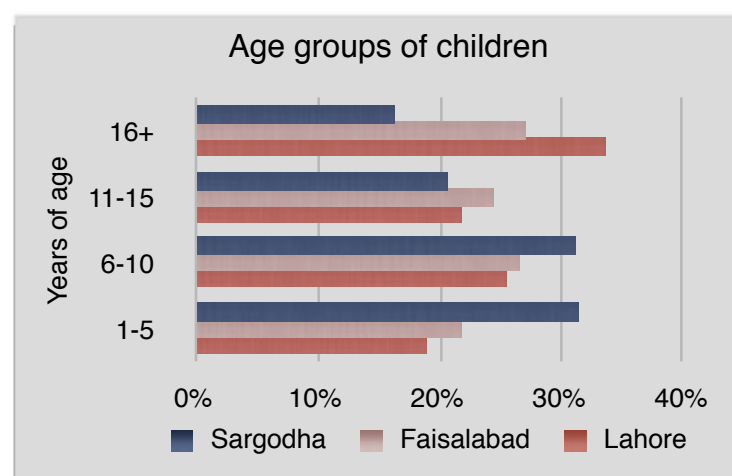
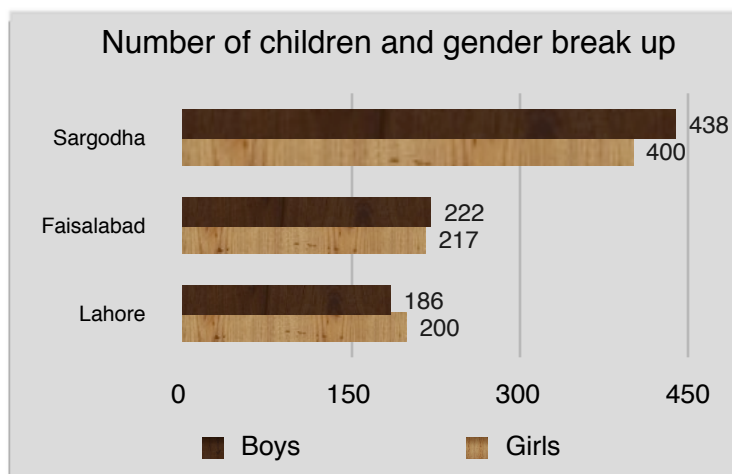
Affected children

IDUs and their spouses were found to follow the national birth rate trend of four children per family. A total of 1,683 children were reported by 459 couples across the three cities. The gender distribution of boys and girls was approximately equal.

Chronic illness can push families in already precarious circumstances into abject poverty. Children in these families are not only affected by poverty and drug use on a daily basis, but for children with one or more parent infected with HIV, the burden of enhanced stigma and discrimination becomes greater. Children of drug users regularly experience stigma and discrimination due to their parents' drug habits. Should it become known that one or both of their parents are also HIV positive, their social exclusion is likely to become even more pronounced.

The large cohort (24.5%) of children under five years of age in a still-maturing epidemic indicates future potential for parent-to-child transmission.

In the absence of effective prevention intervention, the risk of parent-to-child transmission in infected breast feeding women is 20-45% (WHO Global PMTCT Guidelines 2006). Given that this study found that approximately 20% of the female respondents are currently breast feeding, combined with the presence of HIV infection in the cohort, the very low levels of awareness about HIV prevention, and low condom use, there is a clear and urgent need to establish a comprehensive HIV prevention programme for the families of IDUs.



Children affected by AIDS could be those under 18 years of age living with HIV or AIDS, orphans who would lose one or both parents due to AIDS and/or vulnerable children whose survival, well-being or development is threatened or impacted by HIV and AIDS.

For every street-based HIV positive married IDU in Pakistan, there are four children affected by drug use and HIV

Services that prevent the transmission of HIV among IDUs must include a range of measures that minimize the adverse consequences of poverty, drug use and HIV on affected children



Health related information

- Wives of IDUs access health care services more than their husbands
- Receiving injections is the most common reason for accessing health care

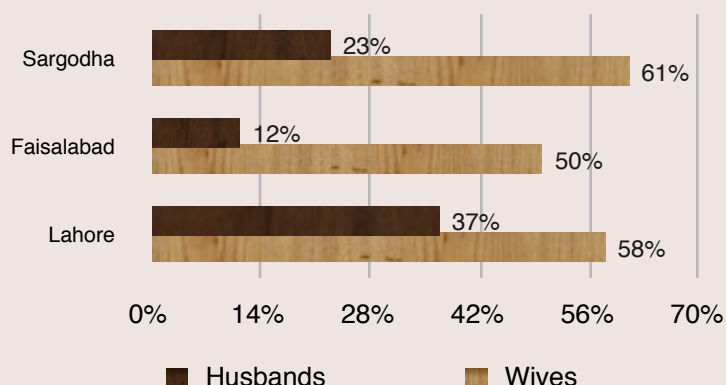
Health seeking behaviors

Examining the health conditions and behaviors of the respondents revealed that females are more prone to access health services as compared to males. Over fifty percent (50-61%) of the females accessed health services over the last six months for various ailments, while only (12-37%) percent of the men did so. One of the reasons for IDUs not to report accessing health services could be that all three cities have outpatient basic health care services for IDUs as part of Nai Zindagi's comprehensive service delivery package.

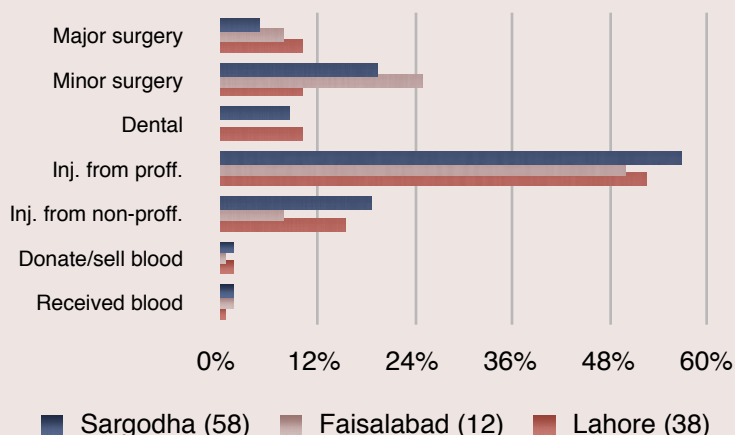
Receiving injections from professionals was the most common reason to access health services, particularly among wives. Receiving injections from non-professionals was also reported, and was highest in Sargodha followed by Lahore and Faisalabad. This could increase their chances of contracting contagious diseases due to poor hygiene and potentially inappropriate service delivery.

Minor surgery was reported more frequently by husbands, mainly because of wounds and abscesses caused by unsafe injecting practices. Though only 1-2% of the respondents reported donating or receiving blood, it increases their chances of acquiring or transmitting HIV if there are breakdowns in blood supply safety.

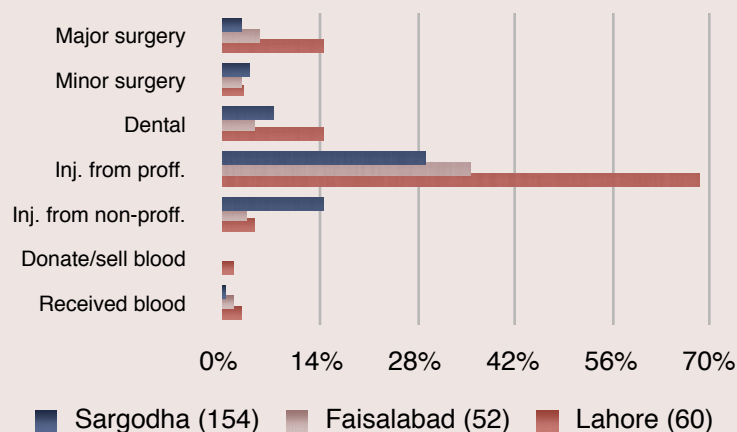
Accessed health care service in last 6 months

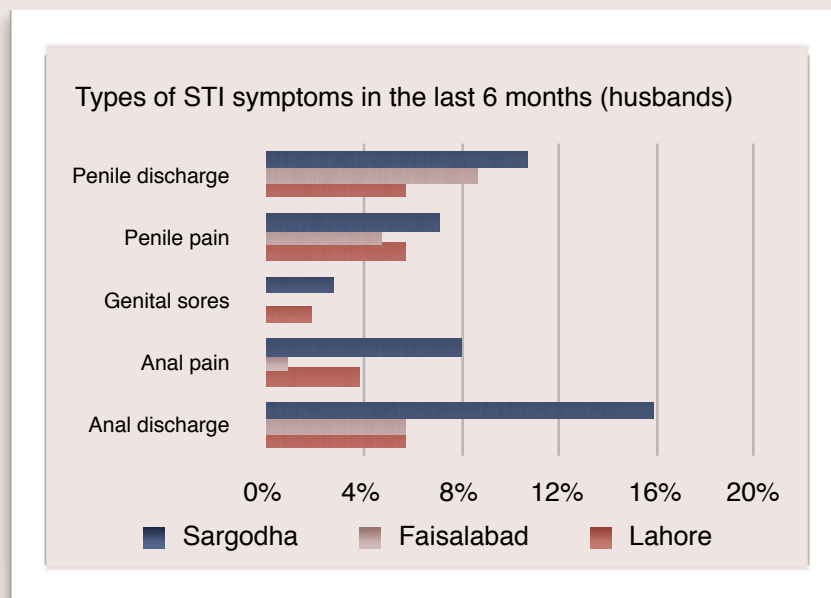


Reasons for accessing health care (husbands)



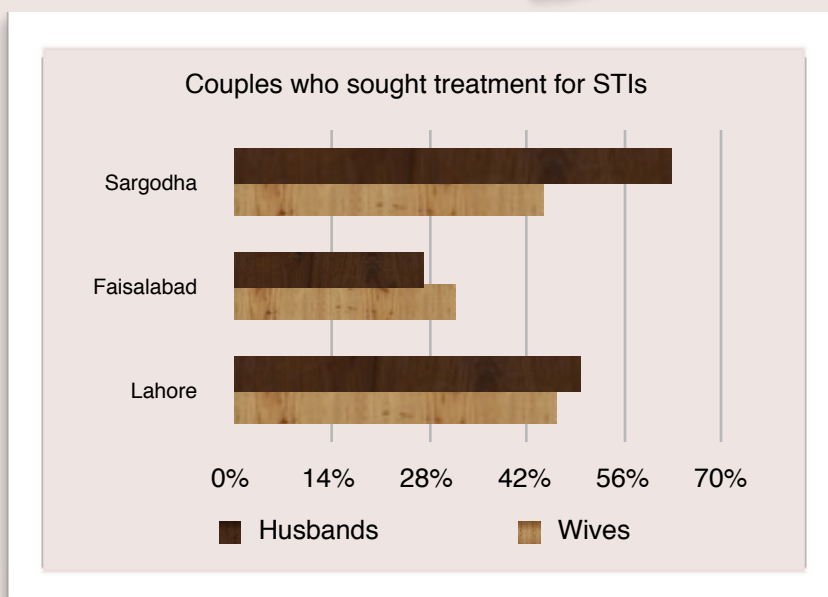
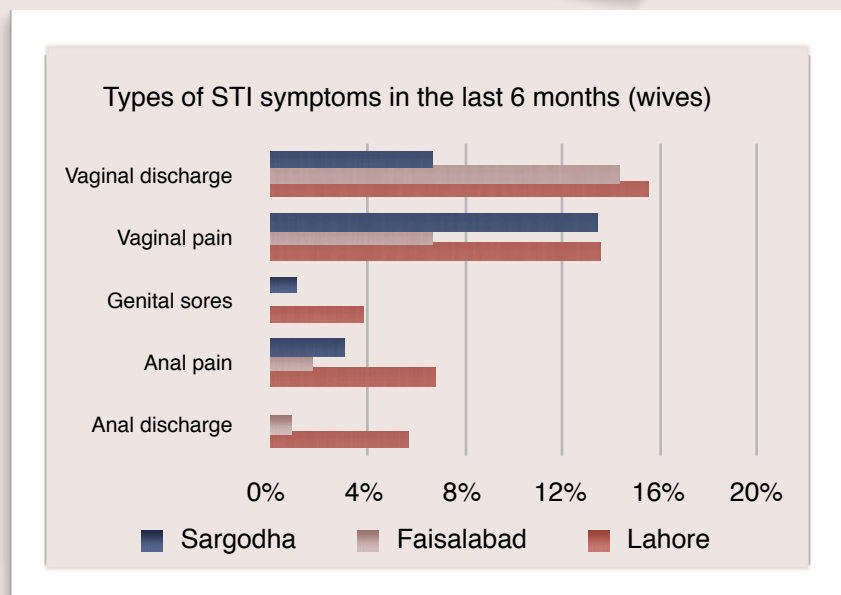
Reasons for accessing health care (wives)





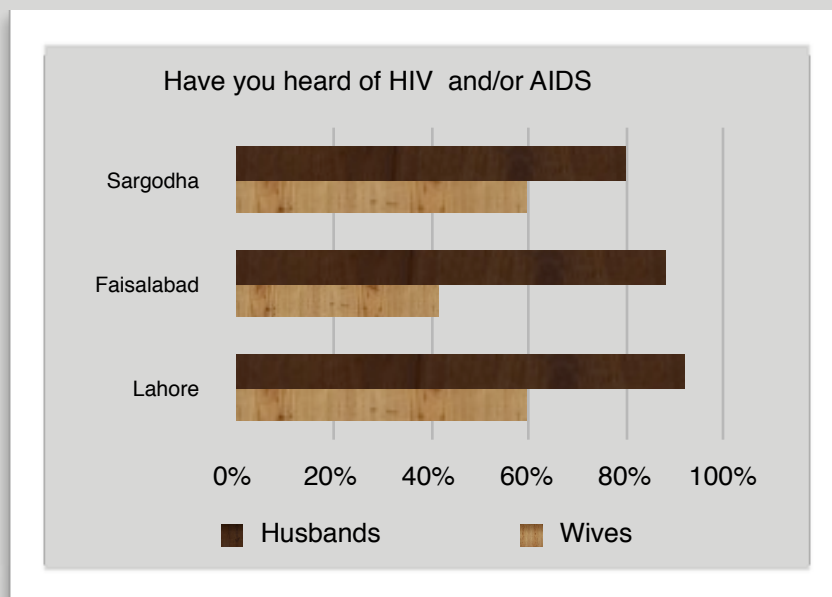
STIs related information

The symptoms of sexually transmitted infections within the last six months were reported by 20-35% of the respondents across the three cities. The most common symptom among males was penile and/or anal discharge whereas among females it was vaginal discharge and/or pain. Male IDUs have the possibility to access syndromic management of STIs at Nai Zindagi's facilities, which can be a reason that more men access STI treatment as compared to their wives. Their wives do not have access to free STI services and these need to be made available to wives of IDUs, as STIs can make these women more vulnerable to HIV and are an important health concern in their own right.



STI treatment services need to be an integral component of service delivery packages for preventing HIV transmission among IDUs and their wives

Knowledge about HIV and AIDS

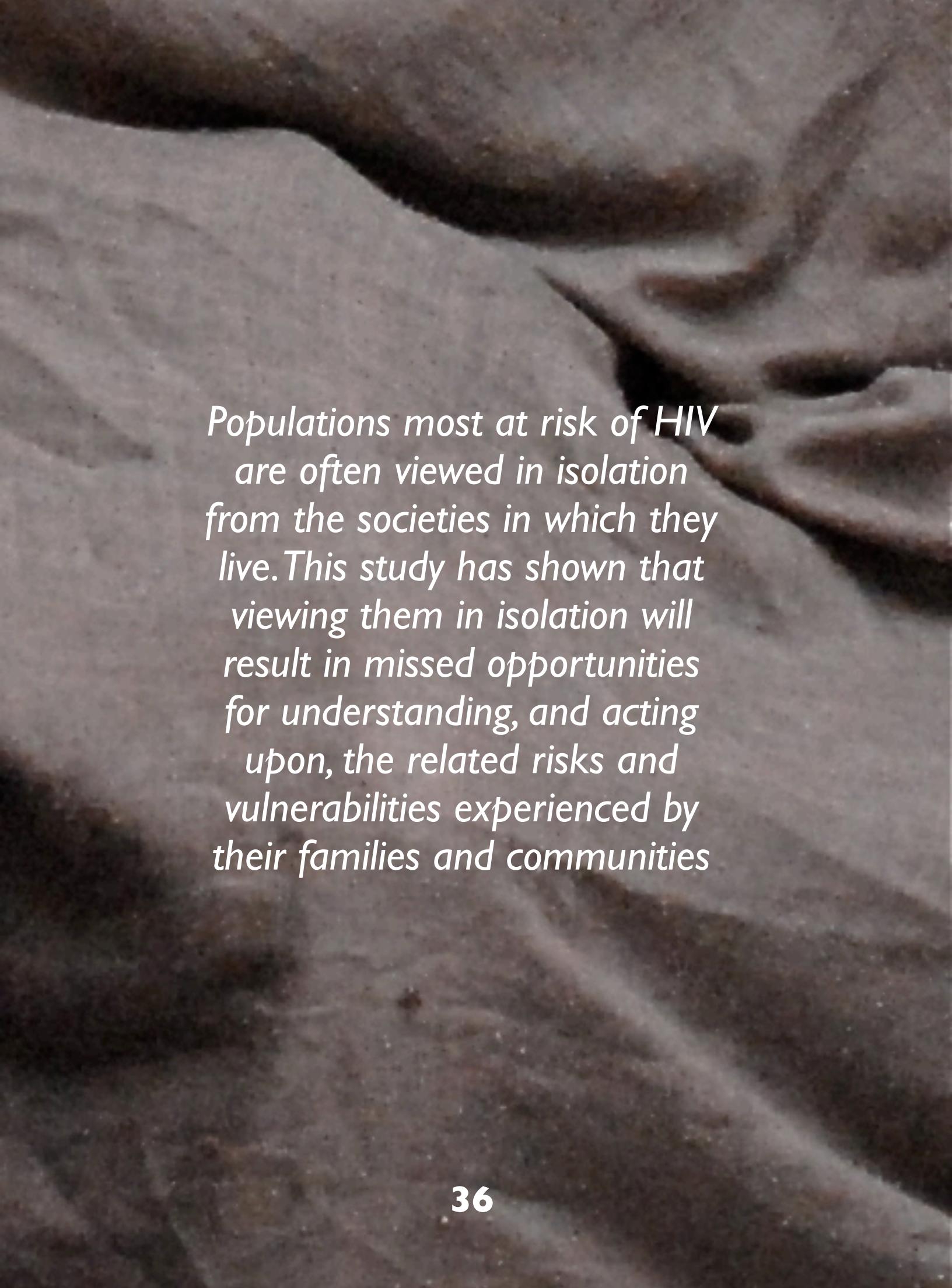


Knowledge about HIV & AIDS


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

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

Knowledge about transmission of HIV through unprotected sex and needle/syringe sharing was generally higher (88-98%) than knowledge about mother-to-child transmission (74-88%) among IDUs. A similar pattern was observed among wives.



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



Conclusions and the way forward

In Pakistan, injecting drug use is at the core of the HIV epidemic due to high levels of needle/syringe sharing and limited HIV prevention program coverage. This study begins to explain how Pakistan's concentrated epidemic among IDUs might expand into a more generalized epidemic.

Over half of the IDUs in Pakistan are married and engage in regular unprotected sex with their wives, who have extremely limited knowledge about how to protect themselves from HIV. Infection rates among wives of HIV positive IDUs are already as high as 15%.

However, the study indicates that most wives of HIV infected IDUs are still not infected. New infections among this very vulnerable population can be prevented if urgent action is taken to incorporate appropriate HIV prevention interventions for wives in existing IDU programs.

Access to HIV and AIDS treatment, care and support services for infected male IDUs in Pakistan is extremely limited, and there are no services at all for their infected wives. The study highlights the need for these essential services to be expanded for male IDUs, and immediately initiated for their wives and infected children.

The study shows that a majority of the families of IDUs live at or below Pakistan's poverty line. Extremely poor families will not be able to cope with the added burden of HIV and AIDS. At a minimum these families will need social support, including food, clothing and shelter.

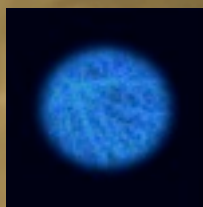
The hidden truth has been revealed, and the price of inaction due to denial and complacency will be devastating for those who are vulnerable and those who are already infected.

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANF	Anti Narcotics Force
BCC	Behavior Change Communication
GCWA	Global Coalition on Women and AIDS
HIV	Human Immunodeficiency Virus
IDUs	Injecting Drug Users
MSM	Men having Sex with Men
NACP	National AIDS Control Program
NZ	Nai Zindagi
PACP	Punjab AIDS Control Program
RSA	Rapid Situational Assessment
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
VCT	Voluntary Counselling and Testing
WHO	World Health Organization



A report by Nai Zindagi, Pakistan



Nai Zindagi
37-38, Beverly Centre
Jinnah Avenue
Islamabad, Pakistan

Tel: +92 (51) 2874120 - 21 Fax: +92 (51) 2275895
Email: naizindagi@naizindagi.com
www.naizindagi.com