



The hidden truth

Nepal

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

Kathmandu, NEPAL

June, 2011

ACKNOWLEDGMENTS

Youth Vision expresses its gratitude and appreciation to the following individuals and organisations 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.
- The Ministry of Foreign Affairs of the Netherlands.
- National Centre for AIDS and STD Control, Ministry of Health and Population, Nepal.
- Technical review of the study findings by Ms. Bettina T Schunter, UNICEF.
- Mainline Foundation, Amsterdam.
- Nai Zindagi, Pakistan.
- All Youth Vision staff – paramedics, outreach workers, interviewers; for the sensitive manner in which information was gathered and the after care provided.
- Mr. Patrick O’Gorman for his commitment to the issue and support given to finalise the study.

This publication has been produced with financial and technical assistance of the Ministry of Foreign Affairs, the Netherlands, Mainline Foundation, Amsterdam and Nai Zindagi, Pakistan. The views expressed herein are those of Youth Vision, Nepal and can therefore in no way be taken to reflect the official opinion of the Ministry of Foreign Affairs, the Netherlands.

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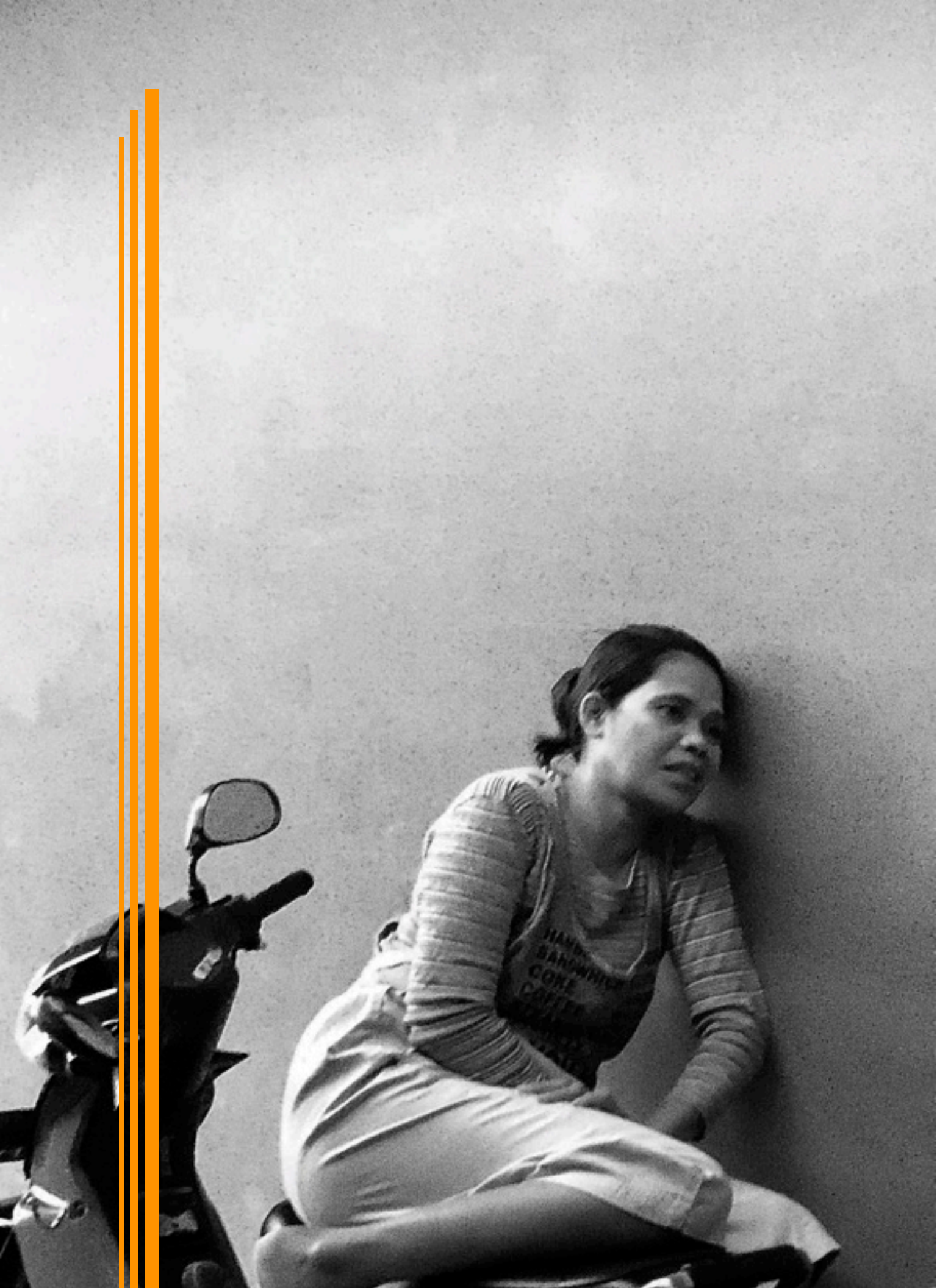
Nai Zindagi, Pakistan

Youth Vision, Nepal



Table of Contents

Executive Summary.....	7
Background and Methodology.....	8
Context of the study.....	9
Objectives of the study.....	9
Methodology of the Study.....	10,11
Study findings.....	12
HIV prevalence among men and women.....	12,13
Demographics.....	14
Age of study participants.....	15
Education levels of study participants.....	16
Monthly expenditure and sources of income.....	17
Current living status of respondents.....	18
Drug use related information.....	19
History of drug use among respondents.....	20
History of injecting and HIV prevalence among women.....	21
Information related to injecting.....	22
Sex related vulnerabilities.....	23
Information related to sex and sexual networks.....	24,25
Condom use and reasons for use.....	26
Affected children.....	27,28
Health related information.....	29
Health seeking behaviors.....	30
Sexually transmitted infection related information.....	31
Knowledge of about HIV and AIDS.....	32
Conclusions and the way forward.....	33
Acronyms.....	34
 Testimonies.....	 15,16,17 and 21



Executive Summary

In Nepal injecting drug use is recognised as a significant driver of the HIV epidemic due to high levels of needle/syringe sharing and insufficient coverage of HIV prevention services. Previous studies have assessed people who inject drugs as a “most at risk population”, and have missed the opportunity to understand the related risks and vulnerability of their wives, intimate partners, children and communities.

The “*Hidden Truth - Nepal*” has revealed previously unrecognised risks and vulnerability of wives, intimate partners and children of men who inject drugs in Kathmandu, Nepal.

This study represents a comparison of risk factors between HIV concordant and discordant couples to better assess HIV transmission dynamics between men who inject drugs, their wives, children and intimate partners. This was achieved by recruiting 100 couples of which 43 were married and 57 were in a long term relationship, of at least two years.

Of the thirty two HIV positive wives and intimate partners, all were married to or were in an intimate relationship with an HIV positive man using drugs. Transmission from HIV positive men to the women was primarily due to unprotected sex and for one third of the infected women could also be due to sharing of syringes/needles during injecting drugs.

HIV prevalence is higher among wives as compared to intimate partners due to more frequent, unprotected sex and their inability to access HIV prevention information and services.

Almost all women are still in their reproductive years, and 50% of the women who were identified HIV positive through the study were below 25 years of age. The study also reveals that ninety nine percent of the women had never been tested for HIV prior to this study. Condom use is considerably higher among intimate partners in comparison with wives of men who use drugs.

Because a majority of the study respondents are from the low economic status, access to general health care services and information both in the public and private sector is difficult.

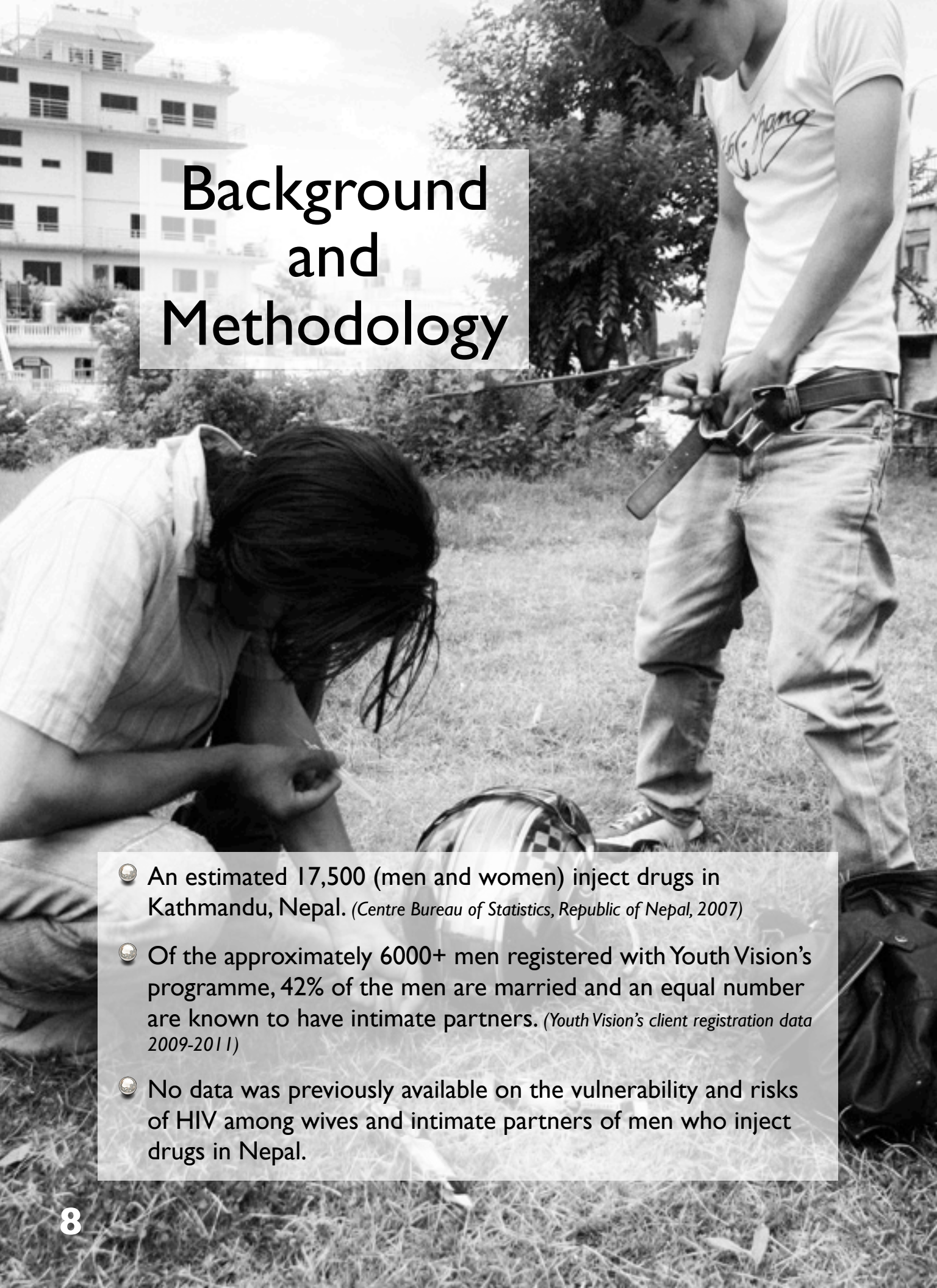
Twenty to thirty percent of all women respondents inject drugs, and among women respondents who inject drugs, 21% were wives and 33% were intimate partners. Injecting drugs and sharing with partners and fellow injectors increases risk of HIV and Hepatitis C.

Ninety percent of all study respondents had heard of HIV and/or AIDS, but a significant proportion of men and women were unaware of parent to child transmission.

Given that 97% of HIV positive women learnt of their status only through this study and did not know when they were infected, potentially up to 82% of the children (through 11 years of age) could be HIV positive.

This study highlights the vulnerability to HIV of the wives, children and intimate partners of men who inject drugs in Kathmandu, Nepal and suggests the need for urgent action to address their needs comprehensively. NOW!





Background and Methodology

- An estimated 17,500 (men and women) inject drugs in Kathmandu, Nepal. (*Centre Bureau of Statistics, Republic of Nepal, 2007*)
- Of the approximately 6000+ men registered with Youth Vision's programme, 42% of the men are married and an equal number are known to have intimate partners. (*Youth Vision's client registration data 2009-2011*)
- No data was previously available on the vulnerability and risks of HIV among wives and intimate partners of men who inject drugs in Nepal.

Context of the study

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

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

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

Of the estimated 17,500 persons (men and women) who inject drugs in the Kathmandu valley, almost forty percent (6,500) were registered with Youth Vision’s services between 2009-2011. Forty two percent of the men registered with Youth Vision are married. The trust built up over the last two decades with drug using communities in Nepal by Youth Vision was key in accessing men injecting drugs, their wives and intimate partners to collect this sensitive information.

Objectives of the study

The primary objectives of this study were to:

- Measure HIV prevalence among wives and intimate partners of men who inject drugs in Kathmandu, Nepal.
- Measure HIV related vulnerability and risk of wives and intimate female partners related to injecting and sexual risk behaviours.
- Assess the financial and social affects of drug use and HIV on the study population.





Eligibility Criteria for study participants

The study participants were:

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

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

Sampling framework for the study

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

In order to compare HIV concordant and discordant couples, an attempt was made to recruit 50% HIV positive men injecting drugs.

Ethical considerations

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

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

Sampling methodology and recruitment

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

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

Training in data collection

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

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

Blood sampling and testing procedures

All study participants testing for HIV were first tested with Determine rapid HIV test kits after drawing 3 ml. of blood under the guidance of a trained laboratory technician. In the event that the test was 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 re-tested using Uni-Gold HIV rapid test kits for which 3 ml. blood sample was drawn and centrifuged to obtain serum for HIV testing.

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

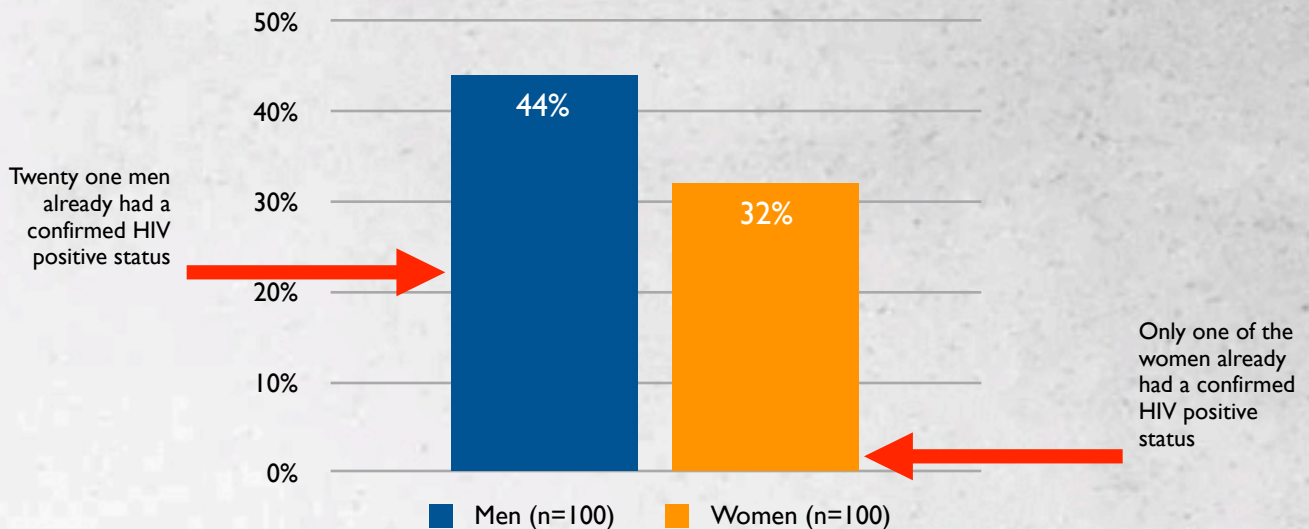
Data collection

Upon consent and registration, participants were interviewed in a private space to ensure confidentiality of information being 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 was recorded on the questionnaire documentation. Data entry module was made on Microsoft access and data was analysed using SPSS (18).

Study Findings

HIV prevalence amongst study respondents including both concordant and discordant couples

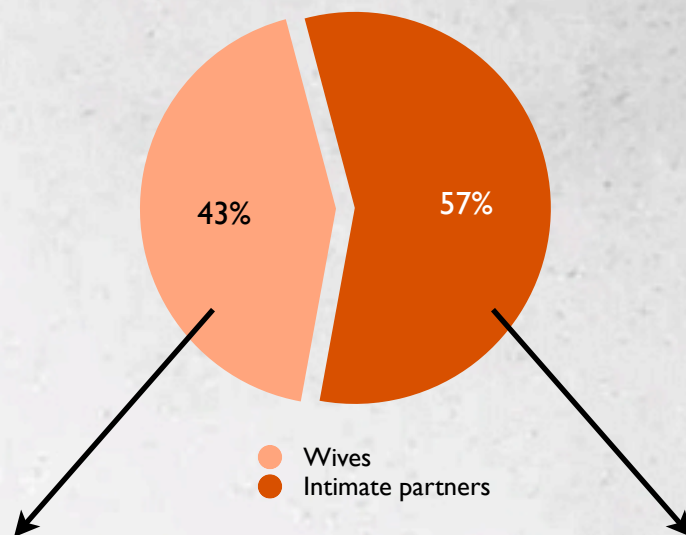


Of the sample size of 100 couples recruited the aim was to select approximately 50% men whose HIV status was confirmed positive.

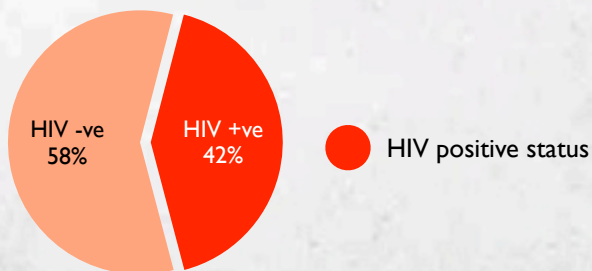
- Thirty two percent HIV prevalence among wives and intimate partners of HIV positive men who inject drugs is the highest recorded among any high risk group in 2011 in Kathmandu, Nepal.
- Among the HIV positive women, ninety seven percent found out that they were HIV positive through the study.
- Among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

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

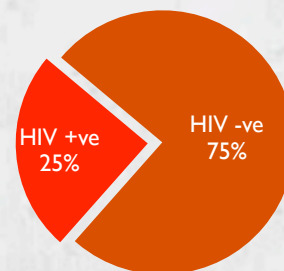
Breakdown of women respondents



HIV prevalence among wives



HIV prevalence among intimate partners



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

Demographics of the study population

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

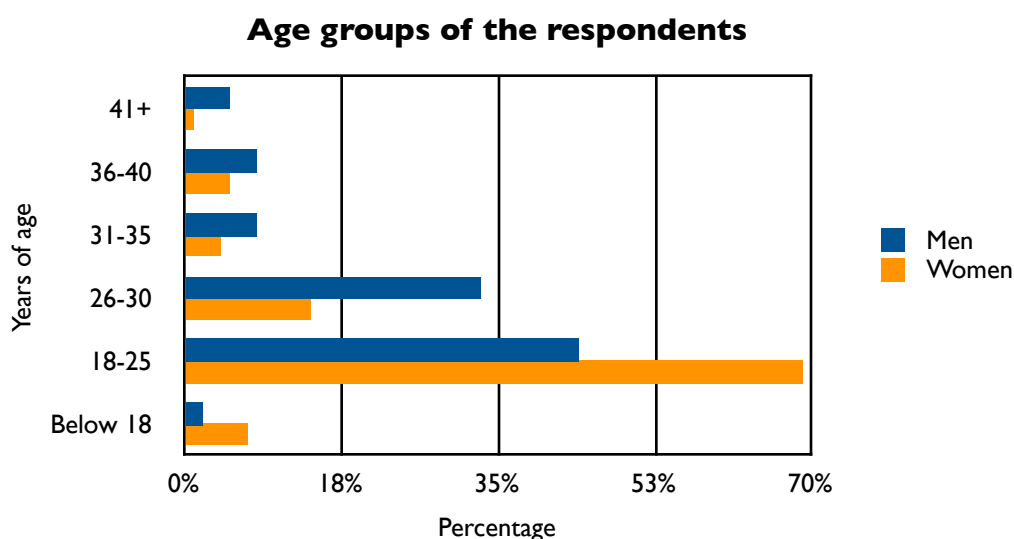




Age groups of the respondents

All women but one were under 40 years of age, and still in their reproductive years. Almost 50% of the women who were identified HIV positive through the study were below 25 years of age.

Ninety nine percent of the women had never been tested for HIV prior to this study.



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

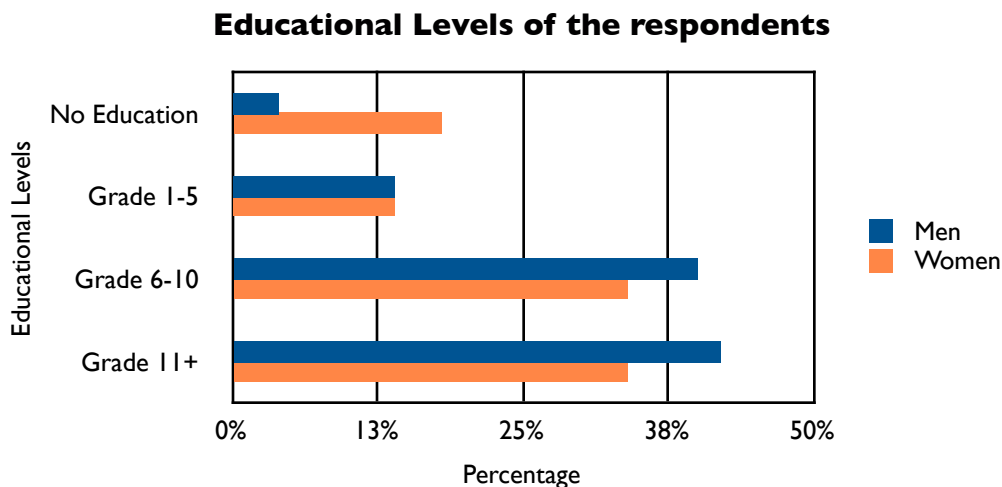
**Wife and mother of 3 children
Basantapur, Kathmandu**



Educational levels

Women participants were less educated than men which is similar to the general population in Nepal. A considerable proportion of the total respondents (over 70%) had more than 10 years of education.

Eighteen percent of the women respondents had no education. In HIV prevention programming illiteracy is a significant barrier to access information and knowledge, key to the prevention of transmission of HIV.



Women who cannot read or write need simple, practical and easy to understand verbal or visual information and knowledge to protect themselves.

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

A 25 year old woman from Eastern Nepal

Monthly expenditure

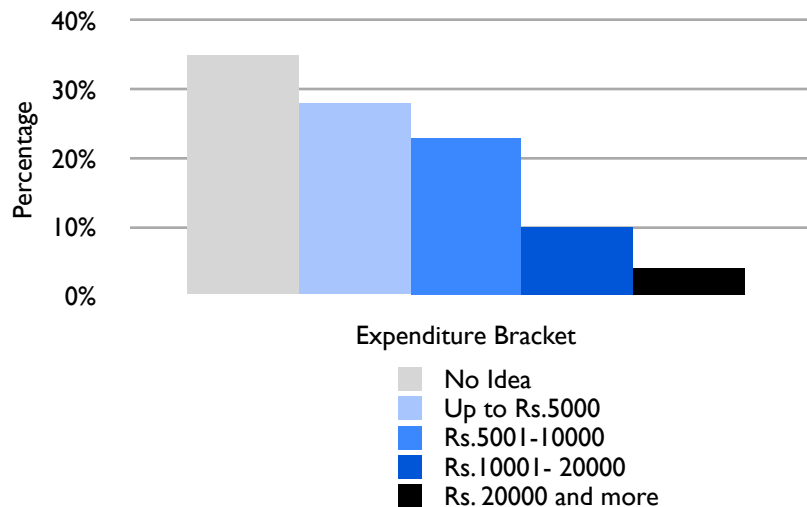
There is some discrepancy in household expenditure reported by male and female participants. Expenditure reported by women may be more accurate as compared to men, as it is generally the women who are responsible for running the household in Nepal.

“No Idea” may reflect couples not living together in the chart.

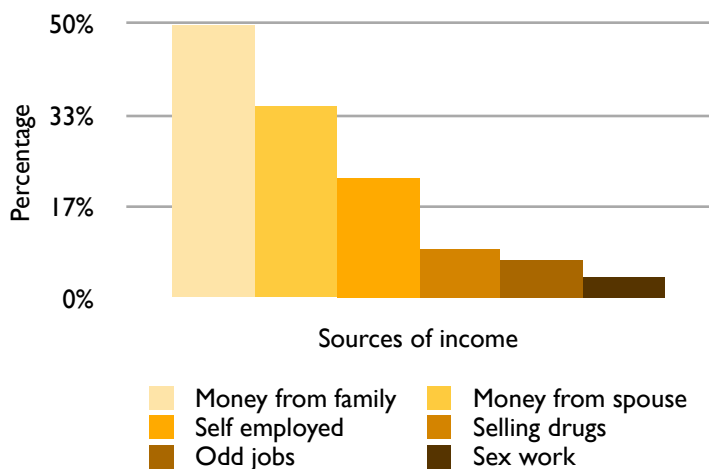
The average household expenditure in urban Nepal in 2011 was estimated at approximately NR 18,750. Only 37% of the women claim to spend above NR 10,000.

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

Monthly household expenditure reported by women



Sources of monthly household income of women



Sources of income

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

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

The majority of the women respondents depended on their family and husbands/partners for income which further enhances their vulnerability.

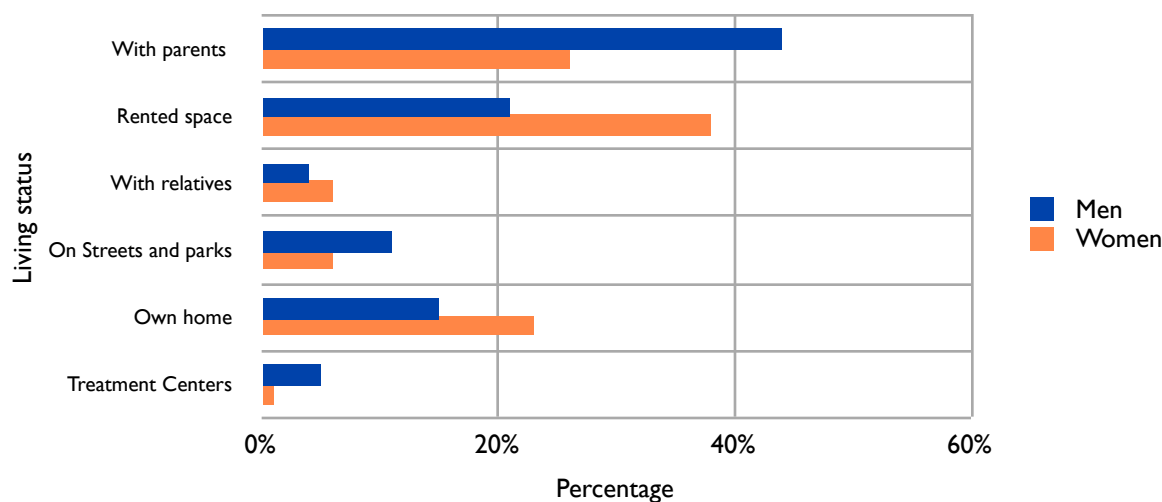
Although ARVs are free in Nepal, prerequisite diagnostics are not free and cost approximately NR 3000 - 5000, a prohibitive expense for this population.

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

Mother of two daughters, Sinamangal, Kathmandu



Current living status of respondents




Current living status of respondents

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

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

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



Drug use related information and vulnerabilities

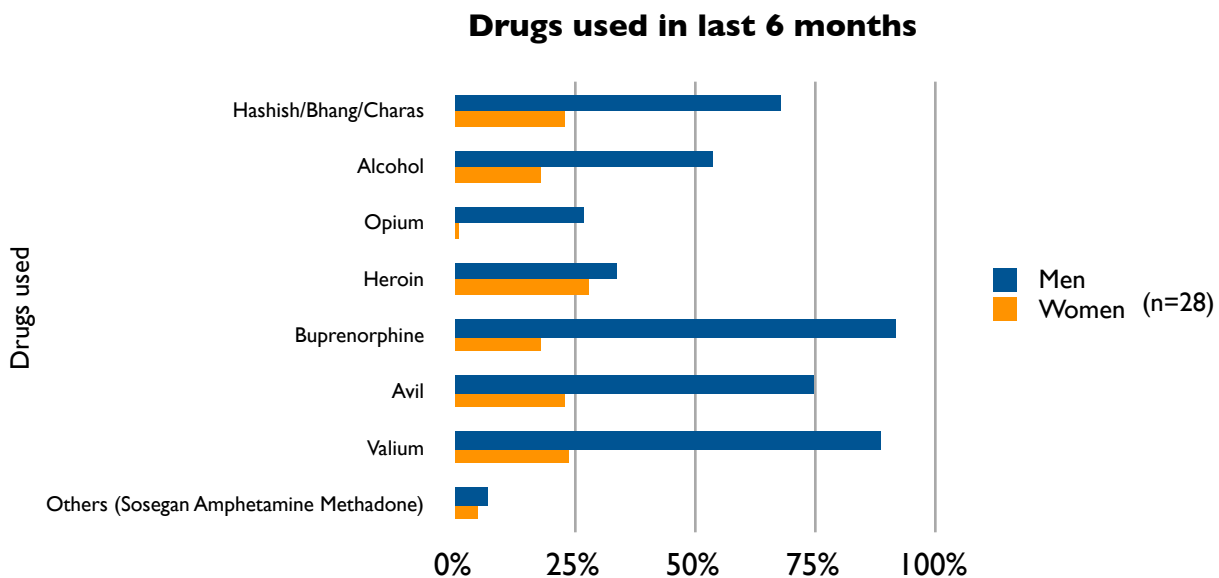
- Twenty eight percent of all women respondents were also injecting drugs
- Eleven percent of all HIV positive wives were also injecting drugs
- Forty three percent of all HIV positive intimate partners were also injecting drugs

History of drugs used by respondents in the last 6 months

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

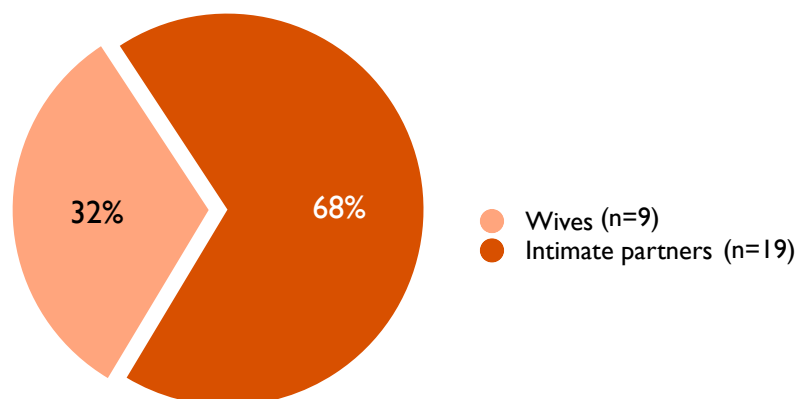
A total number of 38 women respondents have a history of injecting drugs. Twenty eight women reported injecting drugs in the last 6 months.

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



Twenty eight percent of all women respondents inject drugs, which is a significant number and compounds their vulnerability.

Breakdown of women who injected drugs in the last 6 months (n=28)



Of the 28% of women respondents who inject, 21% were wives and 33% were intimate partners.

HIV prevalence and history of injecting among women respondents

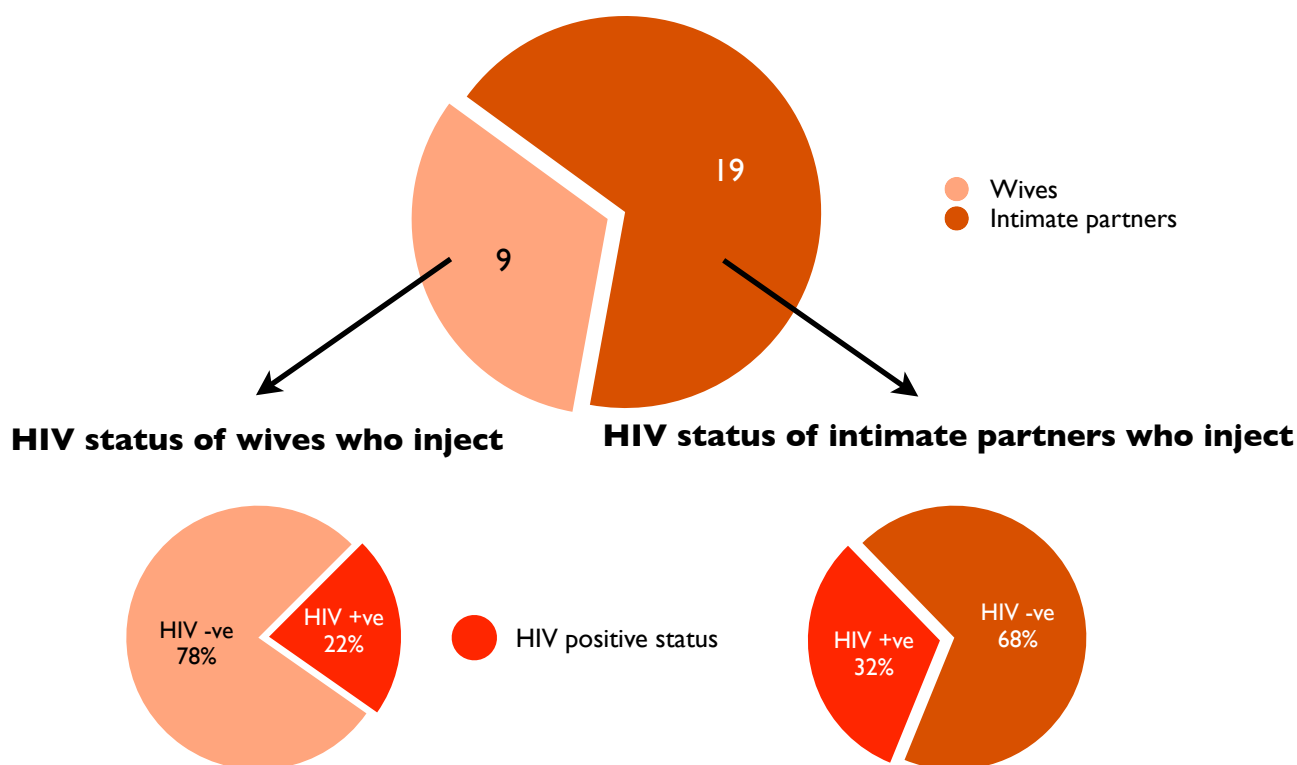
Out of the 9 wives who injected drugs in the last 6 months, two (22%), were HIV positive from among the total number of 18 HIV positive wives.

Eleven percent (2) of the HIV positive wives were injecting drugs. It is evident that HIV transmission from infected husbands to wives was mainly (89%) through unprotected sex.

Out of the 19 intimate partners that injected drugs in the last 6 months, six (32%) were HIV positive from among the total number of 14 HIV positive intimate partners.

Forty three percent (6) of the HIV positive intimate partners were also injecting drugs. It is evident that 57% of the HIV transmission from infected men to intimate partners was through unprotected sex.

Number of women who injected drugs in the last 6 months



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

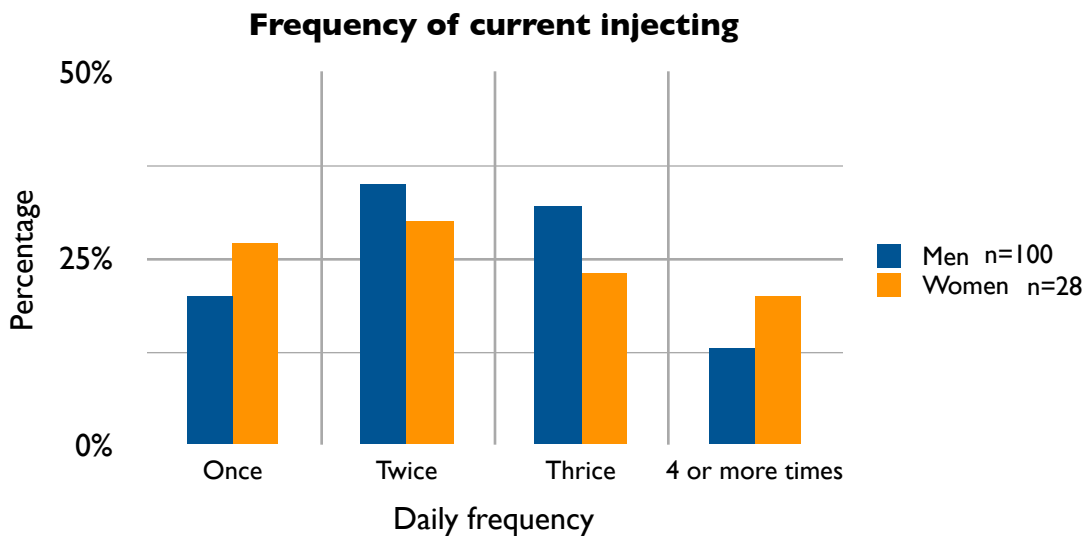
A 26 year woman from Bhaktapur

Information related to injecting

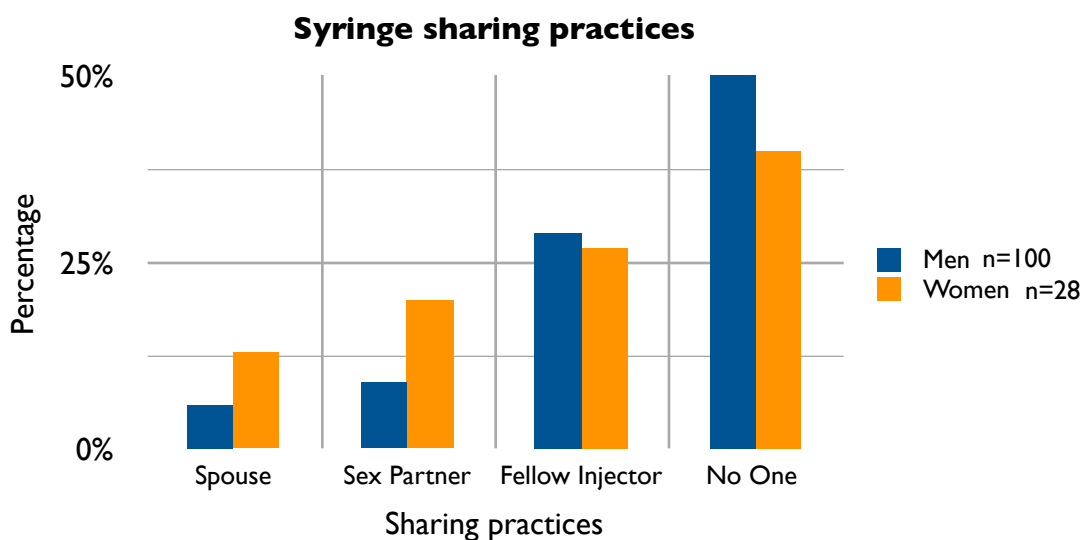
While a few inject heroin the majority (over 85%) of the men and women inject a combination of buprenorphine, avil and valium.

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

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



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





Sex related vulnerabilities

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

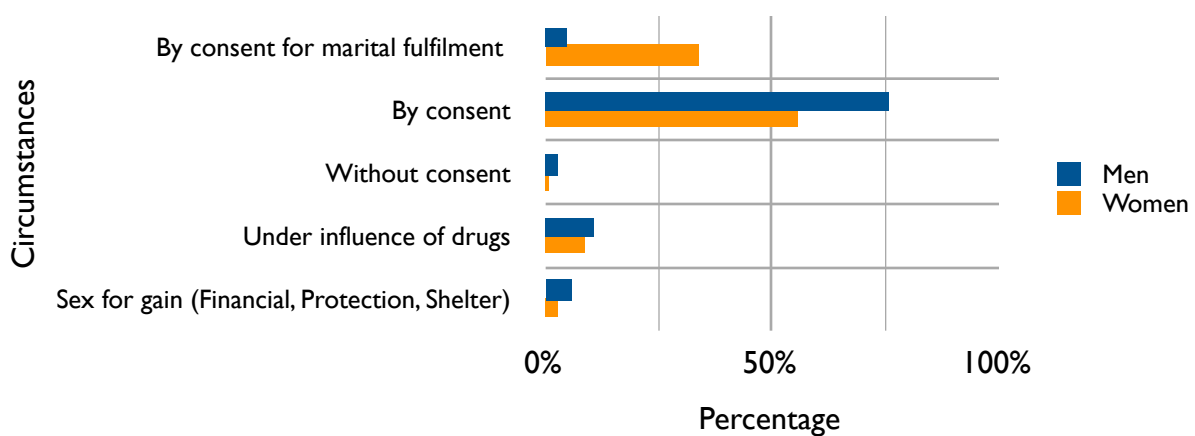
Sex related information

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

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

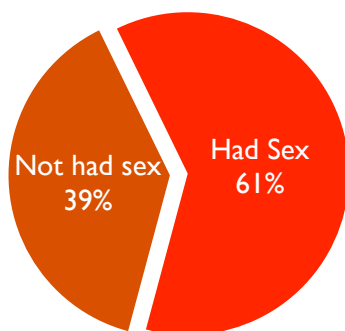
The information collected during the study clearly points out that married men using drugs are sexually active, and frequently engage in sex with their wives. A hundred percent of wives had sex more than once in the past three months.

Circumstances of first sexual act

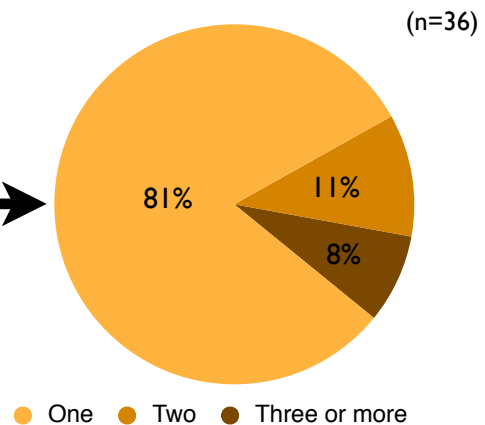


Sixty one percent of the intimate partners had sex in the last three months. Nineteen percent of the intimate partners also had sex with someone outside the primary relationship.

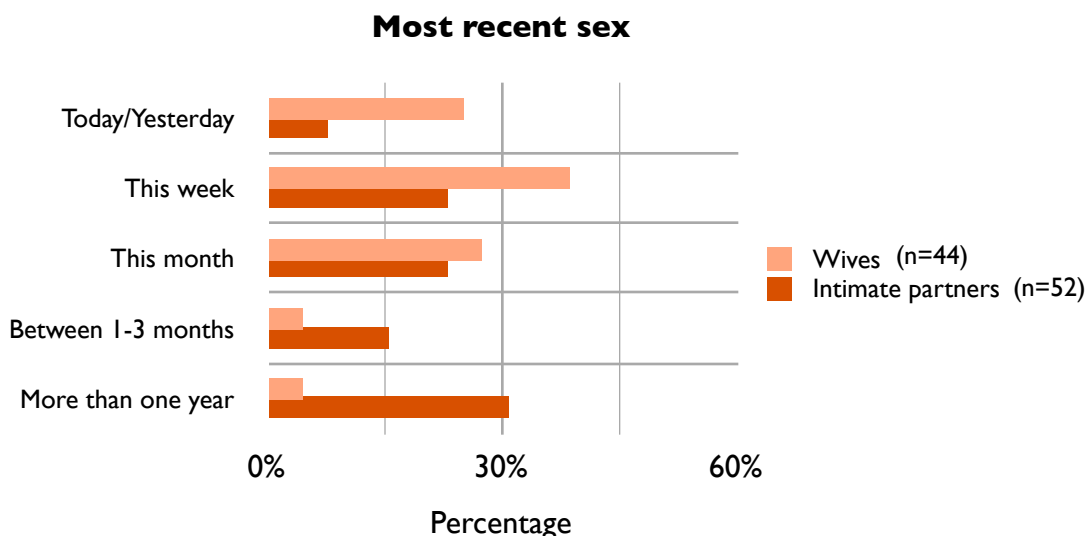
Sex in the last 3 months - intimate partners



Number of different partners



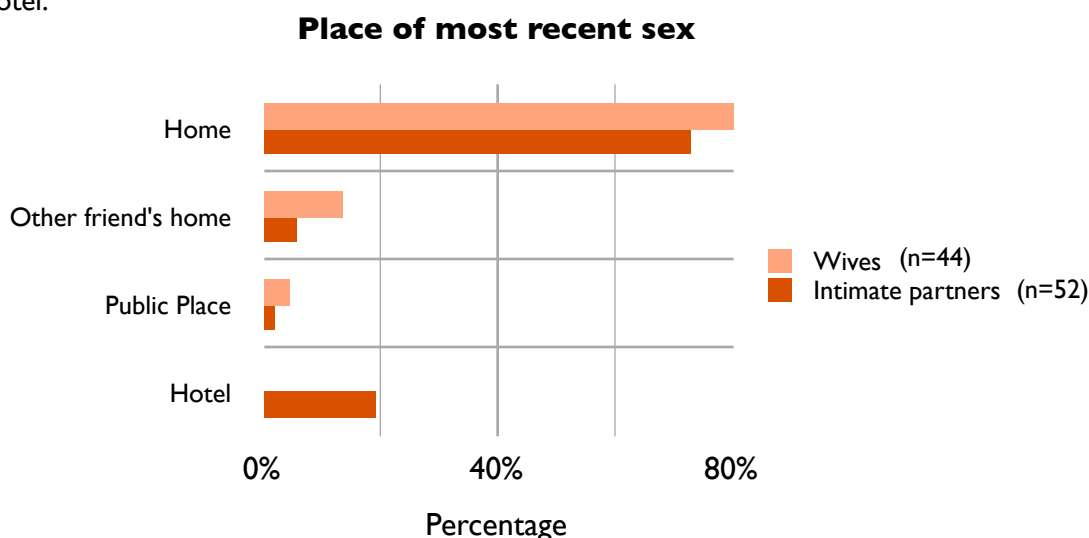
In order to obtain accurate information on sexual practices, the most recent sexual acts were queried in greater detail. Ninety one percent of the wives reported having sex with their husbands within the last month. Fifty four percent of the intimate partners reported having sex within the last month.



These finding indicate that a high proportion of men who inject drugs are sexually active, which enhances the possibility of transmitting HIV or STIs to their wives and intimate partners.

Twenty seven percent of wives and thirty eight percent of intimate partners were under the influence of drugs during their most recent sexual encounter.

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



Approximately 97% of all women respondents claim that condoms were provided by their partners during most recent sex act.

Condom use

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

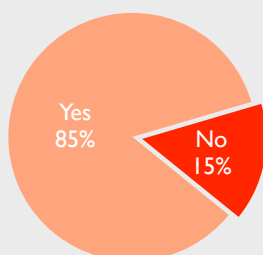
Among wives who were HIV negative, 85% used a condom in their most recent sexual encounter. However among HIV positive wives, condom use dropped to 35%.

Among intimate partners who were HIV negative, 55% used a condom in their most recent sexual encounter. Among HIV positive intimate partners condom use increased to 93%.

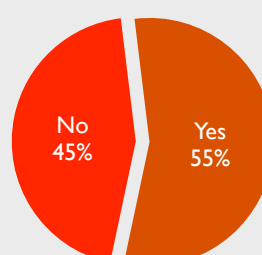
Condom use is approximately three times higher among the study population compared to the general population in Nepal. (Nepal Demographic and Health Survey (NDHS) Report 2011 - condom usage during higher risk sex among general population)

HIV NEGATIVE WOMEN RESPONDENTS

Condom used in most recent sex - wives
(n=26)

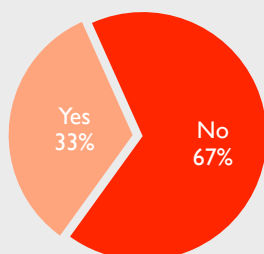


Condom used in most recent sex - intimate partners
(n=38)

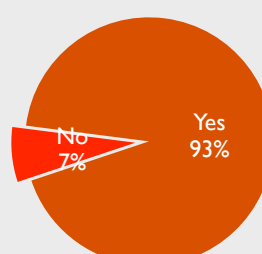


HIV POSITIVE WOMEN RESPONDENTS

Condom used in most recent sex - wives
(n=18)



Condom used in most recent sex - intimate partners
(n=14)



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



Affected children

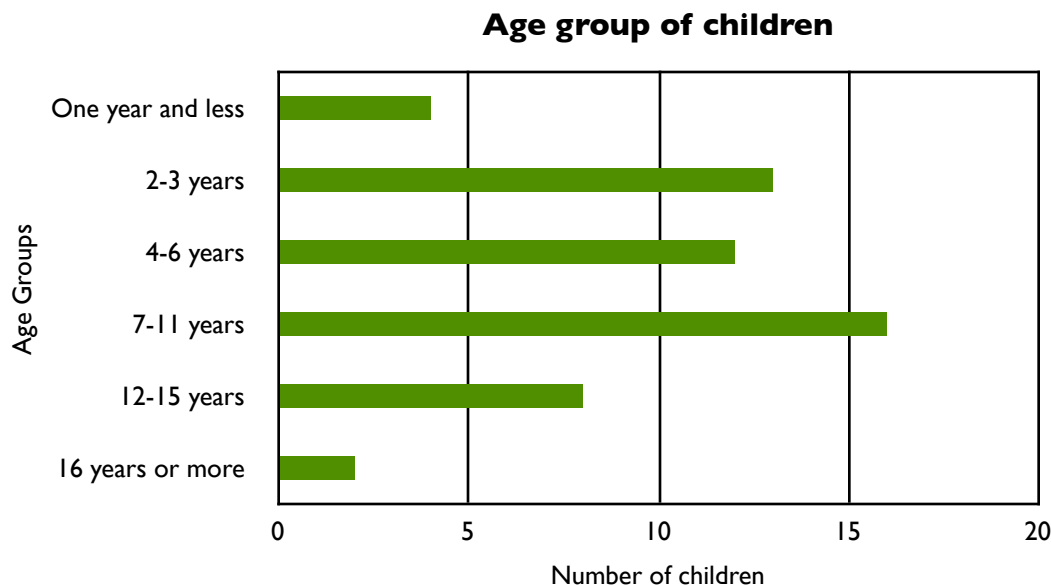
- Children of parents who use drugs face unique risks, stigma and discrimination due to their parents' addiction.
- All mothers in the study were unaware of their HIV status which increases the risk of parent-to-child transmission.
- Majority of the women are in their reproductive age and are likely to have children.
- Seventy four percent of the wives, of whom 56% were HIV positive, and did not know their HIV status had children.
- Sixteen percent of the HIV positive wives were breast feeding.
- An increasing number of children in Nepal are being driven into the labour market through HIV infection and death of their parents. (*HIV/AIDS and working children in Nepal - ILO/IPEC 2004*)

Affected children

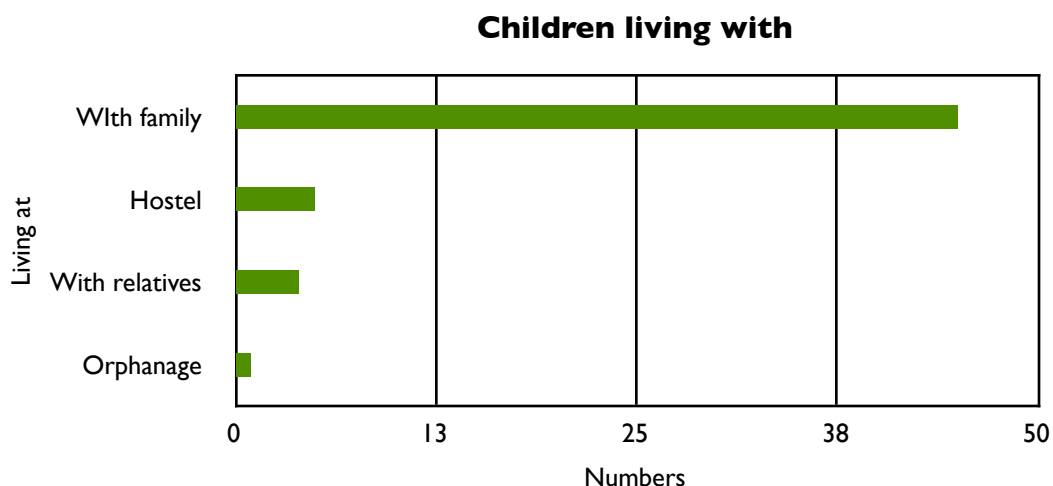
The total number of children reported by the respondents belonged to 33 families, of which 32 were married couples.

Of the total 55 children, 27 were boys and 28 girls. The mean age of the children was 6.9 years.

The maximum number of children in a family were four and minimum one, with an average of 1.6 children per family. Children living away from their parents had left home to avoid family related problems.



Given that 97% of HIV positive women learnt of their status only through this study and did not know when they were infected, potentially up to 82% of the children (through 11 years of age) could be HIV positive.





Health related information

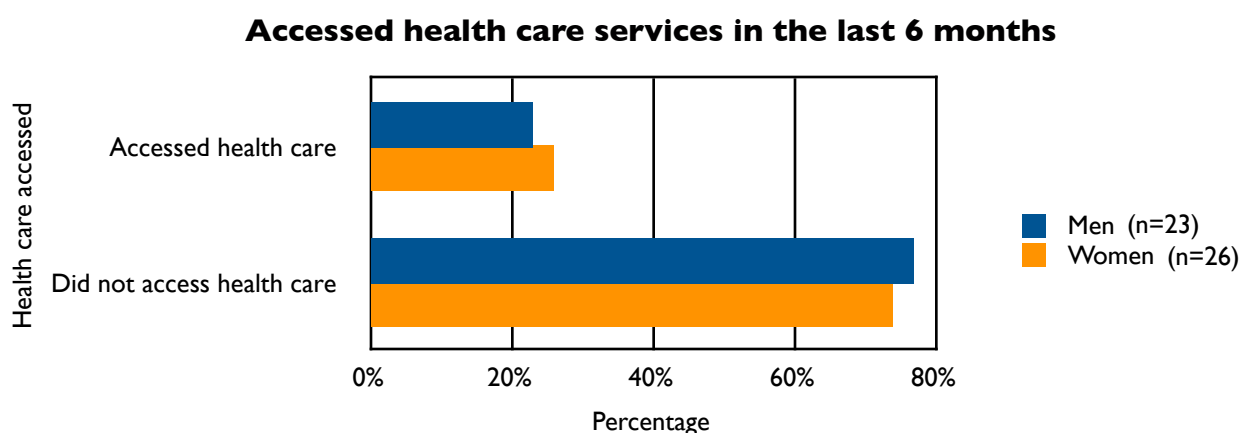
- **Ninety nine percent of all women respondents had never accessed VCT services prior to this study.**
- Twenty three percent of men and twenty six percent of women accessed health services in the last 6 months.
- Access to general health care is difficult for persons of low socioeconomic status and is made more difficult as a result of stigma and discrimination associated with drug use and HIV and AIDS.

Health seeking behaviors

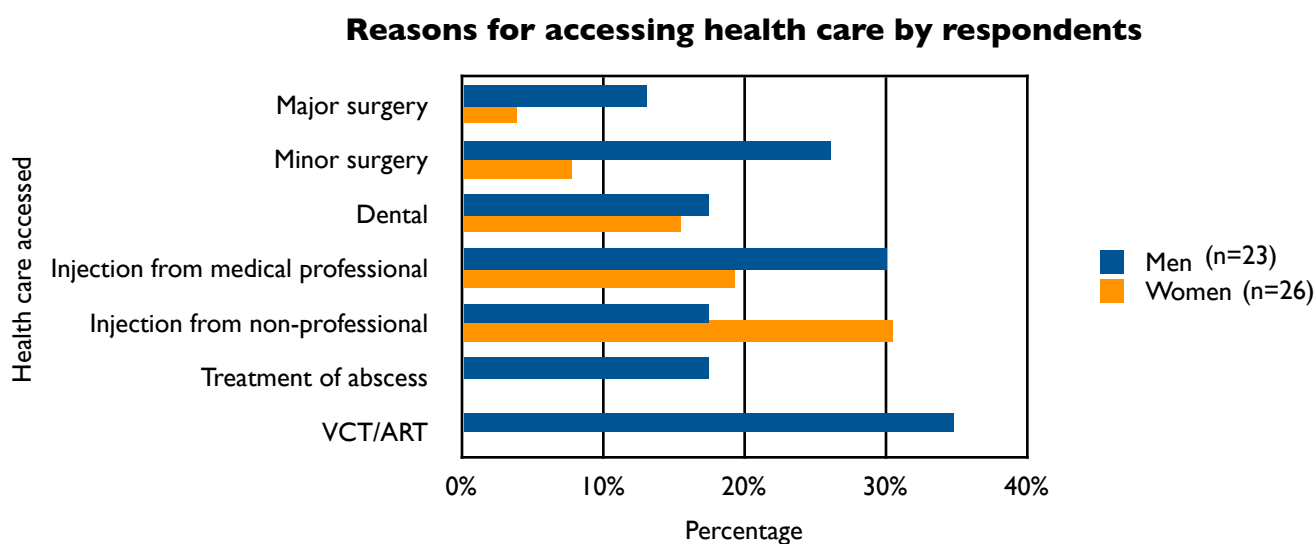
Approximately 25% of all study participants accessed health services in the last 6 months.

Among women respondents receiving injections was the most common reason to access any kind of health service. Thirty percent of the women respondents received injections from a non-professionals which could increase the chances of infections due to poor quality of services. The use of unsterile needles by non professionals could become a potential source of transmission of Hepatitis C, HIV and other blood borne infections.

Six percent of the women respondents and 4% of the men had sold and/or donated blood.



Access to quality health care is difficult for the study population due to their socioeconomic status, cultural taboos, as well as stigma and marginalization related to drug use and HIV.



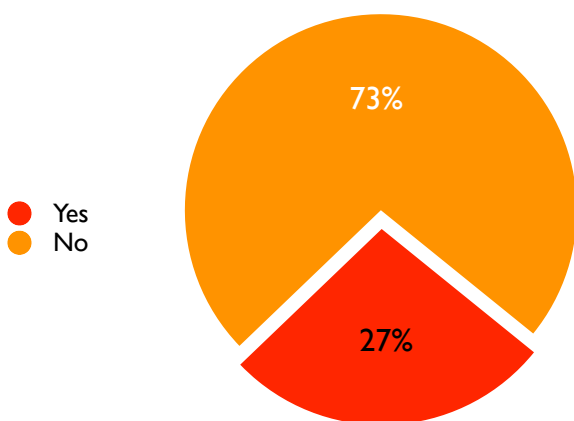
STIs related information

Symptoms of sexually transmitted infections were reported by 27% of women and 5% of men. The discrepancy is possibly due to the fact that men have access to STI treatment services and women do not.

The most common symptoms among women are vaginal discharge and vaginal pain for which majority self treated or did nothing. Only few (less than 20%) women who had STI symptoms could accessed a doctor for proper treatment.

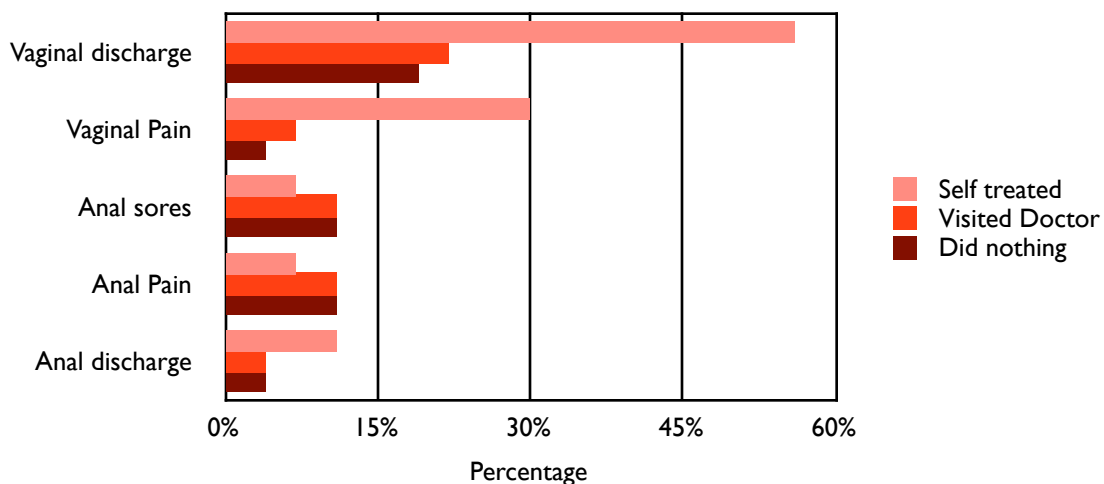
STI symptoms during last 6 months - women

(n=27)



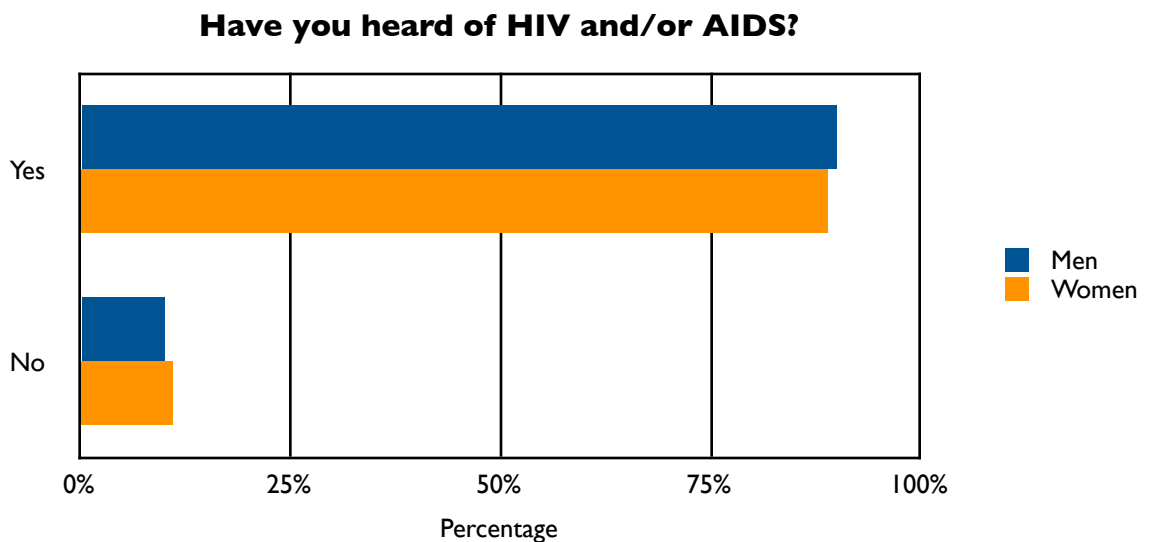
STIs can increase vulnerability to HIV and other complications and are an important health concern in their own right.

Treatment sought for STIs (n=27)



Of the 32 HIV positive women respondents 65% reported having had STI symptoms.

Knowledge about HIV and AIDS



Ninety percent of all study respondents had heard of HIV and/or AIDS.

Knowledge among both men and women about transmission of HIV through unprotected sex and needle/syringe sharing was generally higher than knowledge about parent-to-child transmission among both, men and women.

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

Conclusions and recommendations

Wives and intimate partners of men who inject drugs in Kathmandu, Nepal are at high risk of HIV transmission due to compounded vulnerabilities of unprotected sex and sharing of used/infected syringes and needles with their HIV positive husbands/partners.

*Wives and intimate partners of men who inject drugs **MUST** be included in HIV prevention, treatment, care and support programmes for people who inject drugs. The Global Fund Grant Round-9 HIV in Pakistan includes comprehensive services for wives/children and intimate partners of men who use drugs. Programmes in Nepal can access and benefit from South-South knowledge and technology transfer.*

Fifty two percent of the HIV positive men found out their HIV status through the VCT offered as part of this study. Although services for PWIDs have been available in Kathmandu for many years it is evident that availability and accessibility is low.

VCT for PWIDs must be scaled up. Antiretroviral treatment should be offered immediately for PWIDs found to be HIV positive (Treatment as Prevention) independent of CD4 cell count to decrease the chance of HIV transmission to their spouses and intimate partners.

Wives of men who inject drugs are more at risk for HIV infection than intimate partners of men who inject drugs. This is directly attributable to higher rates of unprotected sex with wives as compared to intimate partners. Higher rates of condom use among intimate partners may be due to the cultural stigma of having children out of wedlock (only one intimate partner had a child).

Programmes need to extensively increase information on sexual and vertical transmission of HIV, as well as condom promotion and distribution among injecting drug users, their intimate partners and their wives especially.

Fewer intimate partners are HIV positive than wives as condom use is three times higher among intimate partners who are HIV positive compared to wives who are HIV positive. Also, nineteen percent of the intimate partners had sex outside their primary relationship, demonstrating a potential overlap for transmission with the general population.

HIV testing (VCT) services for wives and intimate partners of men who inject drugs are non-existent. Ninety seven percent of the HIV positive women found out their HIV status through the VCT offered as part of this study.

VCT for PWIDs must be scaled up and spousal and intimate partner counselling and testing promoted through a safe, culturally appropriate mechanism. VCT for children of HIV positive wives and intimate partners needs to be rolled out. All VCT services need to be free and easily accessible.

All women are still in their reproductive years and fifty percent of the HIV positive women were below 25 years of age. In the absence of prevention programmes, of women not knowing their HIV status and not having adequate knowledge of parent to child transmission, an increased number of children are going to be born HIV positive and Nepal will not reach its elimination of parent to child transmission goal.

Testing for women of reproductive age and at risk for HIV needs to be urgently initiated – both through the health system and through innovative initiatives reaching wives and intimate partners through PWIDs and other male key affected populations. Pregnant women found to be HIV positive should be encouraged to start Option B+ PPTCT regimen (three drugs) irrespective of a CD4 count and remain on for life (new WHO guidance April 2012). Infants born to HIV positive mothers should follow WHO infant feeding guidelines.

The majority of the study respondents are from the low economic status. Access to general health care and information both in the public and private sector is difficult. Access to social services and employment opportunities is often non-existent for people who inject drugs and their families.

Programmes aimed at PWIDs, their wives/children and intimate partners need to look beyond HIV prevention, harm reduction and drug treatment options and improve linkages and networking with skills training and employment opportunities in Nepal to help reduce poverty among this population at risk.

Approximately 50% of all study respondents who inject, share syringes/needles. And 28% of all women respondents who inject drugs also share with fellow injectors other than their husbands and intimate partners.

Although services for PWIDs have been available in Kathmandu for many years it is evident that coverage due to availability/accessibility is still an issue. Harm reduction programmes need to be expanded and should include wives and intimate partners of men who inject drugs.

Health care services, and in particular services for the treatment of STIs, were not available to women respondents of this study.

Coverage of HIV prevention programmes and particularly harm reduction services with a focus on free STI treatment must be expanded to reach all men who inject drugs as well as their wives and intimate partners. Free STI treatment by sensitized health care providers must be scaled up in the public health sector, and promotion of these services must reach wives and intimate partners of men who inject drugs.

Although both men and women know of HIV and AIDS, their knowledge of parent to child transmission is limited.

HIV prevention programmes and particularly harm reduction services with a focus on improving knowledge about HIV transmission and modes of prevention must widely reach wives and intimate partners of men who inject drugs.

Infants should be screened by viral load (PCR) as soon as possible from 6 weeks. Those under 24 months testing HIV positive should be started immediately on antiretroviral therapy. Infants over 2 years should follow WHO recommendations for initiating HAART in children (CD4 percentage).

HIV sensitive social protection to mitigate social and economic impacts of HIV on households and children. Financial protection such as conditional and non-conditional cash transfers as well as programmes that support access to affordable quality service ensure affected children have stay in school, have access to food and healthcare. The best way to protect HIV affected children is to ensure their HIV positive parents have access to HAART.

Acronyms

HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
NCASC	National Centre for AIDS and STD Control,
GCWA	Global Coalition on Women and AIDS
PWID	People who inject drugs
MSM	Men having Sex with Men
MSW	Male sex worker
FSW	Female sex worker
VCT	Voluntary counselling and testing
OST	Opioid substitution treatment
BCC	Behaviour Change Communication
CHBC	Community Home Based Care
STI	Sexually Transmitted Infections
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNICEF	United Nations Children Fund
UNODC	United Nations Office for Drugs Control
PLHA	People living with HIV and AIDS
RBB	Response Beyond Borders
NPHL	National Public Health Laboratory
DBS	Dry Blood Spot
NDHS	Nepal Demographic and Health Survey

A report by Youth Vision, Nepal



Youth Vision
203, Kamaladi Marg
Box 8801
Kathmandu, Nepal

Tel: +977 1424 2363 Fax:
Email: yvision@mail.com.np