

Integrated Biological and Behavioral Surveillance (IBBS) Survey among Female Injecting Drug Users (FIDUs) in Kathmandu Valley Round I –2016 (Fact Sheet)

Brief description of the study

This is the first round of the IBBS survey conducted among Female Injecting Drug Users in Kathmandu Valley (Kathmandu, Lalitpur and Bhaktapur districts). The females of 16 years and above who had been injecting drugs for at least three months preceding the survey were defined as Female Injecting Drug Users and enrolled in the survey.

School of Planning Monitoring Evaluation and Research carried out this survey from April 2016 to July 2016. The survey was undertaken primarily to track the prevalence of HIV, syphilis, Hepatitis B and Hepatitis C Infection among Female Injecting Drug Users. The aim of the survey was to find out the baseline status of comprehensive knowledge of HIV/AIDS, risky sexual and injecting behaviors among Female Injecting Drug Users, their exposures to various HIV/AIDS prevention, treatment, care and support programs. The ethical approval for the survey was obtained from Nepal Health Research Council.

Methods

This was a serial cross-sectional survey conducted among 160 FIDUs. The samples had been recruited randomly using Network sampling method.

A structured questionnaire was used to collect behavioral data related to background information, sexual and injecting behaviors among the respondents. Blood samples were collected to test HIV, Syphilis, Hepatitis B and Hepatitis C infection. The rapid test kits acknowledged by National Centre for AIDS and STD Control were used to test the infection of HIV, Syphilis, Hepatitis B and Hepatitis C. The survey participants were taken oral consent for the survey and pre-test counseling was done before administering the questionnaire. The respondents were provided with test results along with post-test counseling and syndromic treatment for STIs.

Key Findings

The Prevalence of HIV, Active Syphilis, Hepatitis B, and Hepatitis C among Female Injecting Drug Users was alarming: Over a fifth of the Female Injecting Drug Users (22%) had Hepatitis C infection. The prevalence of HIV was

8.8 percent and Active Syphilis was 7.5 percent, and Hepatitis B was 1.9 percent among them. About 43 percent of HIV-positive injecting drug users found in the survey (6 out of 14) was newly recognized during the survey process and remaining were previously diagnosed. The newly positive were linked with the National Program for treatment, care, and support.

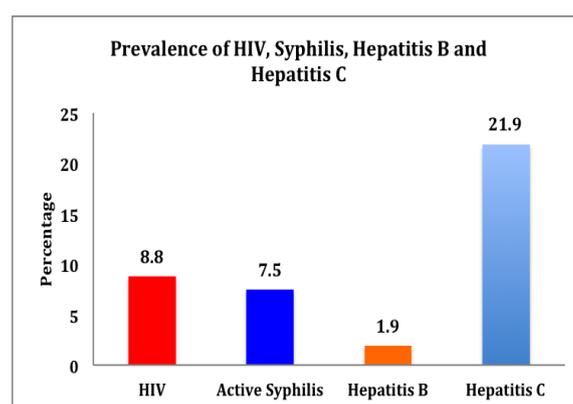


Figure 1: Prevalence of HIV, Syphilis, Hepatitis B and Hepatitis C

The most common co-infection among Female Injecting Drug Users was found to be HIV and Hepatitis C: The co-infection between HIV and Hepatitis C was 5.6 percent followed by HIV and Syphilis (3%). The co-infection of HIV, syphilis, and HCV was 1.9 percent, and the co-infection of Hepatitis B and Hepatitis C was 1.2 percent. However, no co-infections of all four STIs were found among Female Injecting Drug Users.

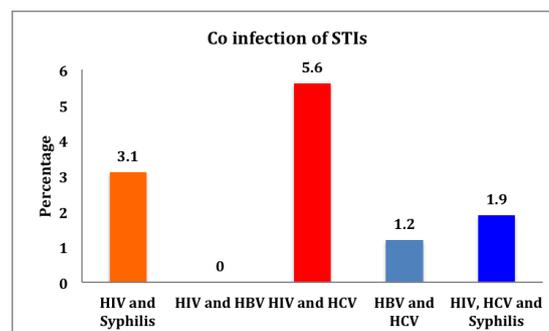


Figure 2: Co-infection of STIs

The comprehensive knowledge of HIV and AIDS among FIDUs was low: The proportion of

FIDUs who knew all three (ABC) HIV prevention indicators (A=Abstinence, B= Being faithful, C= Consistent condom use) was 20.6 percent.

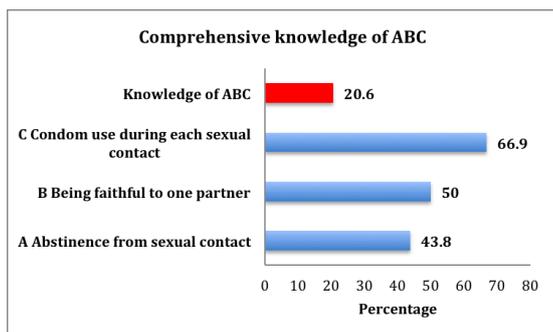


Figure 4: Comprehensive Knowledge of ABC

The percentage of FIDUs who had a knowledge of BCDEF (B= Being faithful, C= Consistent condom use, D= Healthy looking person can be infected with HIV, E= person cannot get HIV from a mosquito bite, and F= Person cannot get HIV by sharing a meal with an infected person) was 26.9 percent.

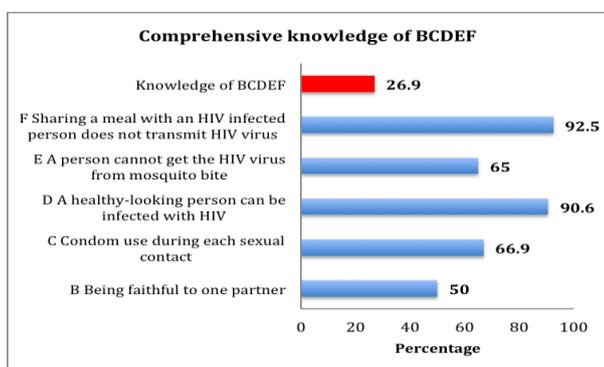


Figure 5: Comprehensive Knowledge of BCDEF

The majority of the FIDUs had comprehensive knowledge of Hepatitis C: Majority of the Female Injecting Drug Users (79%) had ever heard of HCV infection. Among those who ever heard of Hepatitis C infection, nearly three-fourths (71%) knew Hepatitis C could be transmitted through sex. Almost all (97%) knew that sharing needles could transmit Hepatitis C, and three-fourths (76%) of the Female Injecting Drug Users knew that even people without HIV could infect from Hepatitis C.

Almost three-fifths of Female Injecting Drug Users were youth aged below 25 years: The majority (59.4%) of the female injecting drug users were youths having aged below 25 years. Around 34 percent of them were 25 to 34 years of age and remaining 6.3 percent were of 35 to 39 years age group.

Slightly more than half of the FIDUs were married, and the majority of them were married at a young age: Around 52 percent of the FIDUs were married. Among them, most of the FIDUs (72%) were married at the young age of 19 years and below. The average age at marriage was 18 years. There was a significant association between marital status and HIV infection ($p < 0.05$).

Almost half of the FIDUs had completed secondary level of education: Around 49 percent of FIDUs had completed secondary level of education and 26 percent of them had completed higher secondary and above education. However, 9 percent of them were illiterate. The literacy status was significantly associated with HIV infection ($p < 0.05$).

A notable proportion of FIDUs were practicing risky sexual behavior: Nearly a third (30%) of the Female Injecting Drug Users had their first sex at the age 15 years and below. The majority of FIDUs (89%) had had sexual intercourse in the last 12 months and among them nearly one-third had multiple sex partners. Similarly, around 17 percent of them had sexual intercourse with men in exchange for money or drugs in the past 12 months.

The majority of FIDUs were engaged in first drug injection at an early age: Around 59 percent of FIDUs reported that they been engaged in first drug injection at an early age below 20 years.

Around one third of FIDUs had started injecting drugs before 2 years preceding the survey: The proportion of Female injecting drug users who had been injecting for less than 2 years was 37.5 percent followed by those injecting for more than five years (34.4%) and 28.1 percent injecting for the duration of 2 to 5 years.

Needle/Syringe sharing practices were prevalent among the unique population of FIDUs: About 16 percent of FIDUs had shared needle/syringe with one or more people in the last injection. Similarly, 6.3 percent of them had used the syringe given by their friend or relative after their use in their last injection. It was also found that less than a tenth (9%) shared needle/syringe with their usual sexual partner.

The majority of FIDUs had known how to obtain new/unused needles/syringe: Majority of the Female Injecting Drug Users (85%) knew how to get a new, unused needles/syringe. The most common sources to get a new needle/syringe was a drug store (84%), DIC/NGOs (48%), hospital

(42%) and from friends (32%). Around 4.4 percent of FIDUs were using needle exchange program for disposing of old syringes.

Almost all had heard about Family Planning: Around 98 percent of FIDUs had heard about Family Planning and around 36 percent of them had ever used any methods. The most used method was a condom, followed by Depo-Provera (20.7%), pills (6.9%) and implant (6.9%). The notable portion (10.3%) of FIDUs had used the emergency contraceptive pill.

Almost all FIDUs have knowledge on a condom and its accessibility: Almost cent percent (99.3%) the Female Injecting Drug Users had a knowledge of condom and its accessibility. However, only about 12 percent of them usually carry condoms with them.

The condom use in last sex was low among FIDUs: Only about a third (32%) of the Female Injecting Drug Users had used a condom at the last anal/vaginal/oral sex with a male partner. It is found that almost three in five (58%) had used a condom at the last anal/vaginal/oral sex with a male partner in exchange for money or drugs.

FIDUs exposures to some programs were notably low: Over three-fourths of the Female Injecting Drug Users (78%) had met PE/OE in the last 12 months before the survey. Nearly 73 percent of FIDUs had visited Drop-in Centers in that period. However, only 8 percent of them had visited STI clinics and around 19 percent had visited HTC Centers in the last 12 months before the survey.

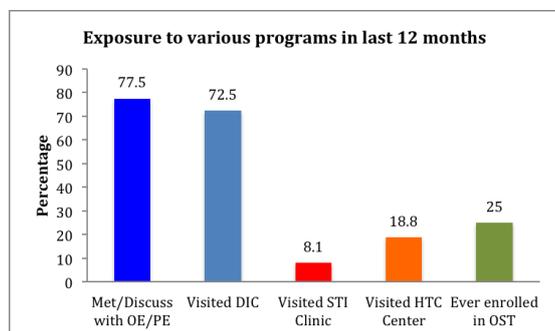


Figure 6: Exposure to Program

Conclusion and Recommendations

Although awareness of HIV was almost cent percent among the Female Injecting Drug Users, comprehensive knowledge on HIV was found very low. Only a fifth of the respondents (21%) correctly identified all three A, B and C as HIV preventive measures whereas just above a quarter

nearly of the respondents (27%) were aware of all the five major indicators, i.e., BCDEF. Therefore, misconceptions of the target population on the mode of transmission of HIV need to be addressed. Mass-medias and role of GOs/NGOs could play an important role to spread the correct knowledge of HIV among them.

Nearly a third of the Female Injecting Drug Users (30%) had their first sex at the very young age of 15 years and below. Similarly, almost three-fifths of the Female Injecting Drug Users (59%) had entered in injecting drugs in a very young age of below 20 years. Therefore, specific program activities that target adolescents and youths should be designed to impart knowledge on sex education, drug prevention, and HIV/AIDs awareness through Behaviour Change Communication (BCC) interventions.

Taking consideration of elevated prevalence of Hepatitis C (21.9%), Syphilis (7.5%) and HIV (8.8%) among the Female Injecting Drug Users, immediate attention should be given to start various programs targeting Female Injecting Drug Users in Kathmandu Valley.

Considerable proportions of Female Injecting Drugs Users are at risk of HIV as they have used needles that were already used by their friends (6.3%). Likewise, the practice of sharing a syringe with the usual sexual partner in the past week was also prevalent among the Female Injecting Drugs Users (9%). Similarly, the practice of sharing needle during the last injection was prevalent among 16 percent of the respondents. Harm reduction programs including the risk of needle sharing behavior and advocacy on using new syringes should be launched.

As notable percent (60.9%, n=128) of female injecting drug user's male regular partner also inject drugs, the program of harm reduction and safer sexual behaviors targeting both the partners should be started.

IBBS Key Indicators among FIDUs:

Selected Indicators	Key	Total FIDUs (N= 160)
HIV prevalence		8.8
Active prevalence	syphilis	7.5
History prevalence	syphilis	0.6
Hepatitis B prevalence		1.9

Hepatitis C prevalence	21.9
Co-infection of HIV and HCV	5.6
Co-infection of HBV and HCV	1.2
FIDUs less than 20 years of age	20.6
Currently married (%)	43.1
FIDUs marrying in young age (less than 20 years)	72.5 (n=91)
Illiterate FIDUs	8.8
FIDUs consuming alcohol every day	45.6
FIDUs injecting since less than two years duration	37.5
Age at first drug injection (early age up to 20 years)	58.75
FIDUs using needle syringe given by their friend/relative after his/her use of the last injection	6.3
FIDUs sharing syringe with one or more partner in the last injection	15.6
FIDUs using needle syringe that had been used by others every time in the last week	4.4
FIDUs not injected in the last week	2.5
FIDUs sharing needle/syringe with usual sex partner	9.7
Knowledge on how to obtain new, unused needle syringe	85
FIDUs using needle exchange program	4.4
Age at first sex (15 and below years)	29.4
FIDUs having multiple sex partners in the last 12 months	32.1 (n=128)
FIDUs male regular sex partner injecting drugs	60.9 (n=128)
FIDUs having sexual intercourse with men in exchange for drugs or money	16.7 (n=144)
Knowledge of how to access condom	99.3 (n=144)
Always obtain condom	31.5 (n=143)

free of cost	
Usually carry condoms	11.8 (n=143)
Use of condom with last sex partner	31.9 (n=144)
Use of condom with male partner in exchange for drugs or money in last sex	58.3 (n=24)
Knowledge of ABC	20.6
Knowledge of BCDEF	26.9
Ever had an HIV test	68.1
Met/Discussed /Interacted with OE/PE in last 12 months	77.5
Visited DIC in the last 12 months	72.5
Visited STI clinic in the last 12 months	8.1
Visited HTC Center in the last 12 months	18.8
Ever enrolled in OST	25

For more information, please contact:

National Center for AIDS and STD Control

Teku, Kathmandu

Tel: +977 1 4258219, 4261653

Fax: +977 1 4215149

url: www.ncasc.gov.np