



Research Article

ASSESSMENT OF THE KNOWLEDGE, ATTITUDE AND BEHAVIOUR PRACTICES
REGARDING HIV/AIDS AMONG IDUSAmanjot Kaur¹, Col (Dr) Surinder Kumar Yadav*¹Master of Public Health, Amity Medical School, Amity University, Gurgaon.

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ABSTRACT

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BACKGROUND- India has the third largest HIV prevalence in the world so far. But overall, its prevalence is slowing down. According to UNAIDS The Prevention Gap Report 2016, there is 32 % decline in new HIV infection and a 54% decline in AIDS-related deaths between 2007 and 2015. On the contrary, its Spreading rate is high as compared to other countries due to several reasons like low income country, lower literacy rate and increasing urbanization. There is one study conducted among IDUs to this by saran et al.(2014) which describes that India has an estimated 177,000 injection drug users (IDU) with a national HIV prevalence of 7.14%.

OBJECTIVE- The objective of our study was to assess the knowledge, attitude and behavioural practices regarding HIV/AIDS among Injection Drug Users with hypothesis that there is significant sharing of needle & syringes, despite being aware of HIV transmission.

MATERIAL AND METHODS- Altogether 50 IDUs were interviewed during these 3 months of research. A semi-structure questionnaire was prepared which was analysed by programme manager and given to the subjects to know their responses. Descriptive-analytical study was conducted following both prospective and retrospective approach for different sections of questionnaire.

RESULTS- Majority of IDUs were taking Heroin (72%) followed by Buprenorphine (14%). During our study we came to know that crushed tablets of Tapentadol were being taken as injection by few users. Clients injecting Tapentadol were seen with necrosis of fingertip and arm. Out of 50 individuals 5 tested positive for HIV. More than half of them (56%) had done needle sharing in their life. Some participants said they shared syringes because they were not carrying their own syringes for fear of police harassment, and that they reused filters as a backup drug supply.

CONCLUSION- From my study, it is concluded that, HIV prevention interventions need to focus not only on sharing syringes but also on motivating IDUs with behavioural intervention so that their self-efficacy for using sterile equipment improves and eventually quit the use of drug. Unsafe injection practices significantly increase the risk of Human Immunodeficiency Virus (HIV) infection among injection drug users (IDUs).

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INTRODUCTION:

Injection drug users in contemporary era is the group with highest HIV prevalence according to NACO sentinel surveillance (9.2%) and it is extremely vulnerable group to HIV, HBV, HCV infection¹⁻². It is estimated that there are 11.7 million people who inject drugs worldwide, and 14% of them are thought to be living with HIV. Few reasons for increasing risk of HIV among IDUs are sharing of needle syringe, poverty, criminalisation and marginalization, injecting drugs and involve in sexual activities and imprisonment and detention National AIDS control programme(NACP) has responded by scaling up the TIs for IDUs³⁻⁴. These targeted interventions are committed with providing a wide variety of services to the IDUs including Outreach, Behaviour Change Communication (BCC), Peer Education, Needle Syringe Exchange Programme(NSEP), Primary Health Care (PHC), Opioid Substitution Treatment (OST) to the IDUs with buprenorphine or methadone and anti-retroviral therapy (ART). There has been strong evidence between these interventions and lowering down the risk behaviours for preventing the HIV infections. NACO has adopted a harm reduction (HR) strategy including oral substitution therapy(OST) and needle syringe exchange programme(NSPs) to prevent HIV amongst the IDUs through targeted interventions (TI) by non-government organizations (NGOs). A recent review of the situation of harm reduction programs in India shows that there has been a substantial increase in the number of needles/syringes distributed in the country⁵.

RESEARCH METHODOLOGY

- **Inclusion Criteria-** IDUs of semi-urban and slums who come for the service of disposable needle syringe of any age at Targeted Intervention among IDUs.
- **Exclusion Criteria-** clients who bought needle syringe from pharmacy only and never came in contact with outreach workers.
- **Research Approach-** A sample of 50 adults was taken of any age group. Prospective approach was used to assess the awareness about HIV, their attitude towards HIV and sharing practices among them.

However, retrospective approach was used to observe the HIV positivity among IDUs.

- **Research Design-A** Descriptive – Analytical research design was used to conduct study.
- **Research setting-** The setting of the present study is at Dr.D.N Kotnis health& Education Centre with targeted intervention project among IDUs.
- **Sampling Technique-** Sampling technique selected for the present study was convenient sampling.
- **Research period:** Study was conducted for period of three months from 15 February until 15 may 2017.
- **Data collection tool -**The most important and crucial aspect of any investigation is the collection of appropriate information which will provide necessary data to answer the question raised in the study. Based on the objective of the study and the target population, a questionnaire was framed to generate the data at Targeted Intervention among IDUs at Dr DN Kotnis Health & Education Centre.
- Questionnaire has 8 sections, 1st section is about the socio-demographic profile the study subjects. 2nd section is to assess their HIV awareness. Whereas section 3,4 and 5 are about the drug history (drugs taken by them, frequency of drugs being taken), their attitude towards sharing (have they shared needle syringes ever in their life) and actual behavioral practices regarding needle-syringe sharing in spite of being aware about the intravenous transmission of HIV AND HCV. 6th section is selected to know their criminal record (subjects were not forced to answer this section compulsory they could answer if they feel comfortable). Next section was to know about HIV testing to ensure that how many of them have been tested for HIV & HCV. Last section (8th) has the questions regarding their will to reduce or quit drugs so as to avoid the risk of having HIV OR HCV through IV route.

- **Development of tool** The tool used for collecting data is a semi- structured questionnaire. Quite a few sections are inter related to each other and ultimately with the motive to assess their awareness, attitude and behavioral practices. Questionnaire was analyzed and pretested by the programme manager and then few sections were added or subtracted according to their response like subjects were not comfortable answering sexual practices and contraceptive services taken from TI among IDUs.

RESULTS

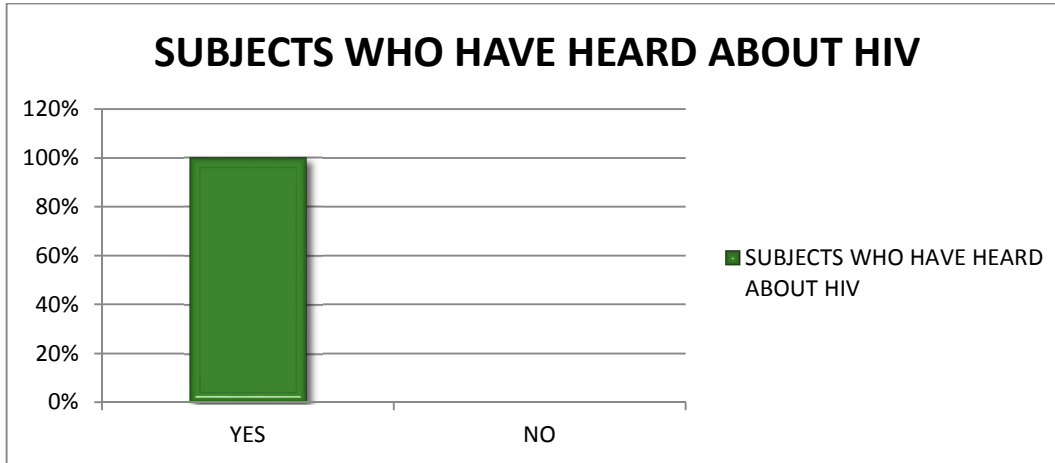
A total of 50 individuals were recruited and all completed the survey. A total of 5 tested positive for HIV. All of the clients were male and of Indian origin. Most participants gave the history of heroin use (72%). All of them were familiar with HIV/AIDS but has confusion regarding its transmission (Table1). As all IDUs were well-known about the HIV transmission through needle syringe sharing but 42-48% knows that it cannot be transmitted by living with people lived with HIV/AIDS(PLWHA) or sharing food with them.

Table 1: Sociodemographic Profile of the Patients

	FREQUENCY	PERCENTAGE
GENDER		
Male	50	100%
MARITAL STATUS		
Yes	18	36%
No	32	64%
EDUCATIONAL STATUS		
Illiterate	3	6%
Primary education	12	24%
Middle	10	20%
Matric	12	24%
Higher education	4	8%
Graduate	9	18%
EMPLOYMENT STATUS		
Never employed	2	4%
Full time employed	44	88%
Part time employed	1	2%
Student	3	6%

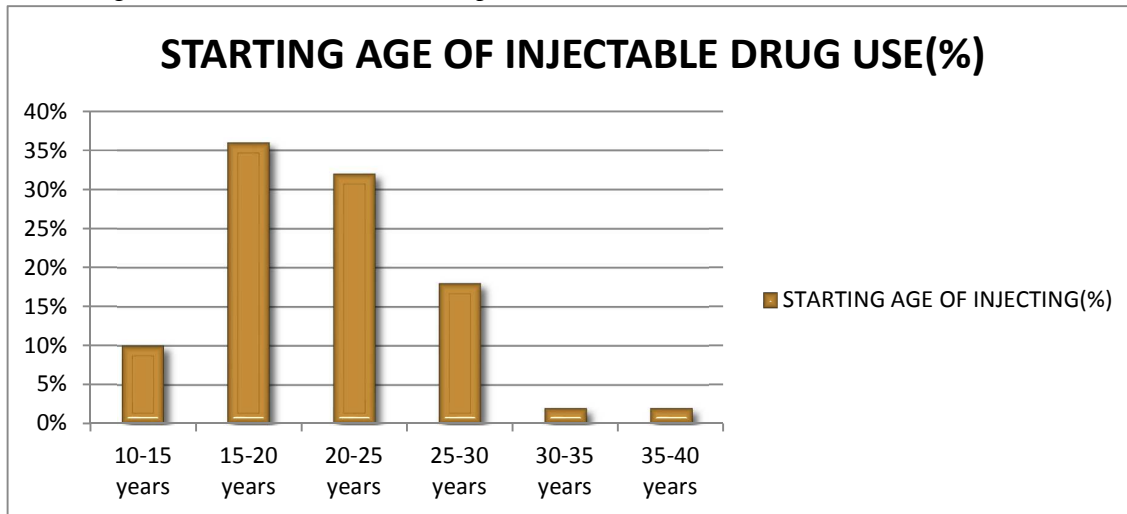
HIV AWARENESS- From the graph, it is clear that all IDUS has heard about this disease(100%) because HIV and HEP B AND C both are most common diseases concerned with IDUs. Even a small mistake or negligence can put their life into risk. So, HIV awareness

is emphasized at ICTC and NGO targeted interventions. But, confusion regarding HIV transmission through food sharing and living with HIV suffered individual is interpreted (46%) as they think that they can get HIV if they eat left out food of HIV suffered person.



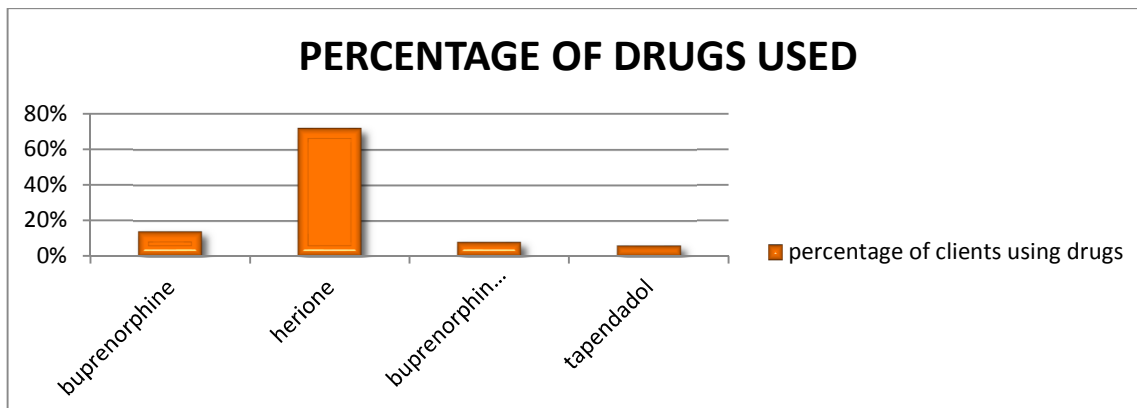
AGE WHEN STARTED INJECTING DRUGS- Most of the individuals involved into these activities at the age of 15- 25 years and mean age is 23.94(24).This is peak

reproductive age so the chances of HIV transmission through sexual acts and needle syringes sharing is maximum at this age.



DRUG MOST COMMONLY INJECTED- Most of the subjects in contemporary period is preferred injecting heroin(white, brown sugar) over buprenorphine. Out of 50 clients 72% of

the clients were injecting heroin and 14% were injecting buprenorphine and majority of the clients are daily injectors and spends 2-3 thousand everyday on drug abuse.



FREQUENCY OF DRUG INJECTIONS-

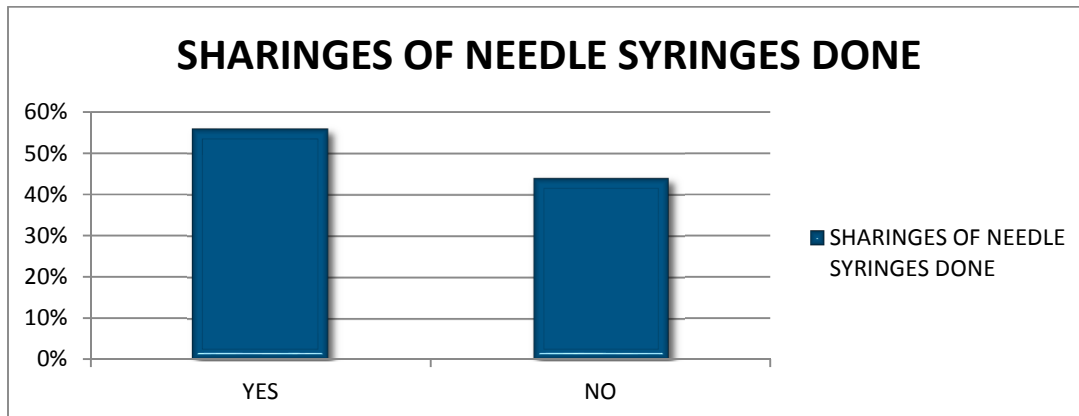
Graphs describes that 56% of the clients were daily injectors means that they are at high risk of sharing injection equipment either due to

inject in group or non-availability of new syringe every time, because they might be in the position not to travel every day to the drop in center.

INJECTING EPISODES	FREQUENCY	PERCENTAGE
DAILY	28	56%
EVERY SECOND DAY	8	16%
EVERY THIRD DAY	5	10%
ONCE IN A WEEK	5	10%
ONCE IN A MONTH	4	8%

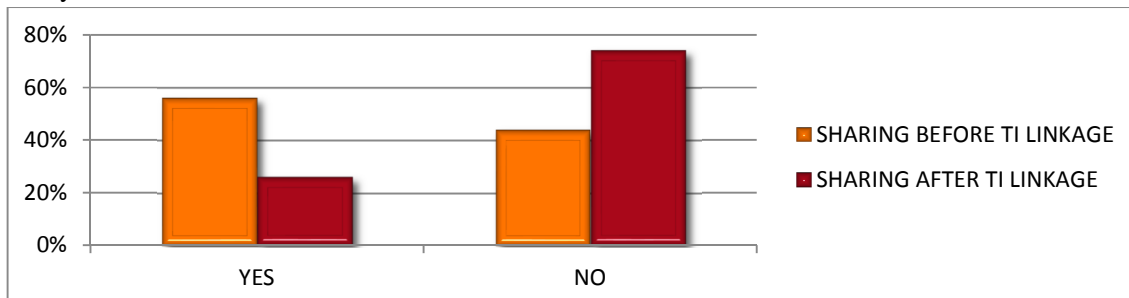
ATTITUDE TOWARDS NEEDLE SHARING- Although every client knows that needle syringe sharing can put their lives on risk. Once shared needle syringe can lead them

suffering from HIV virus for rest of their life. 56% of the subjects have done sharing since they start injecting drugs.



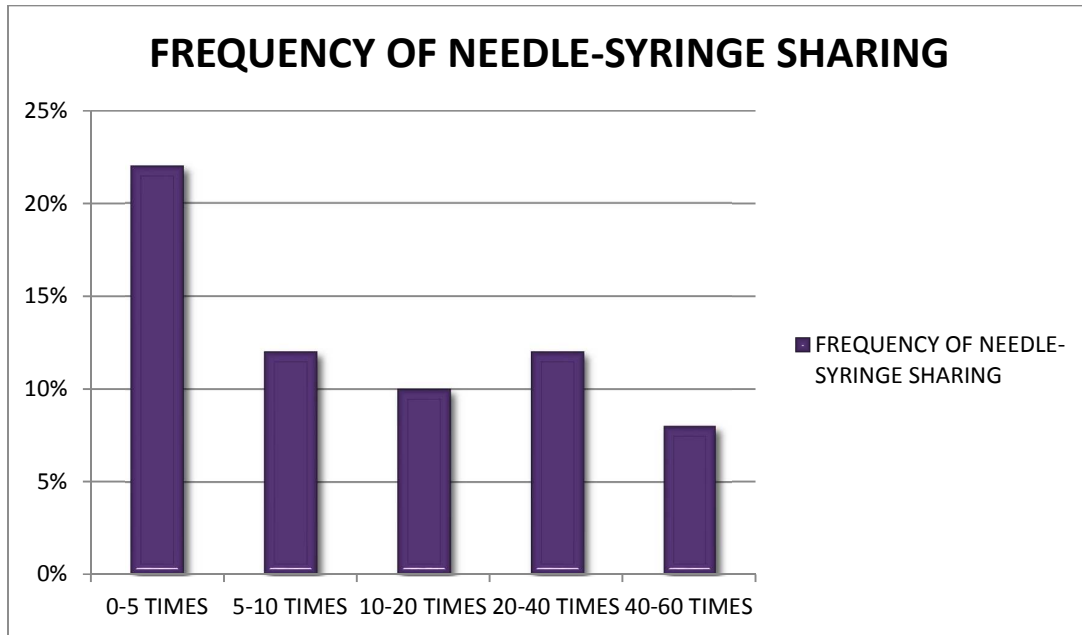
ATTITUDE TOWARDS SHARING BEFORE & AFTER TI LINKAGE- As TI staff always tries their best to counsel IDUs by providing peer educator to particular area who stays with that group of specific region and keep a tab on them to prevent sharing of needle syringes in any condition. Peer educator is salary based individual who is/were and IDU

wants to quit drug abuse and have leadership qualities as well. Peer educator provides injection equipment on hotspots and outreach locations. Before TI linkage 56% of the study subjects has done sharing since they start injecting drug but after getting linked with TI this number reduced to 26%.



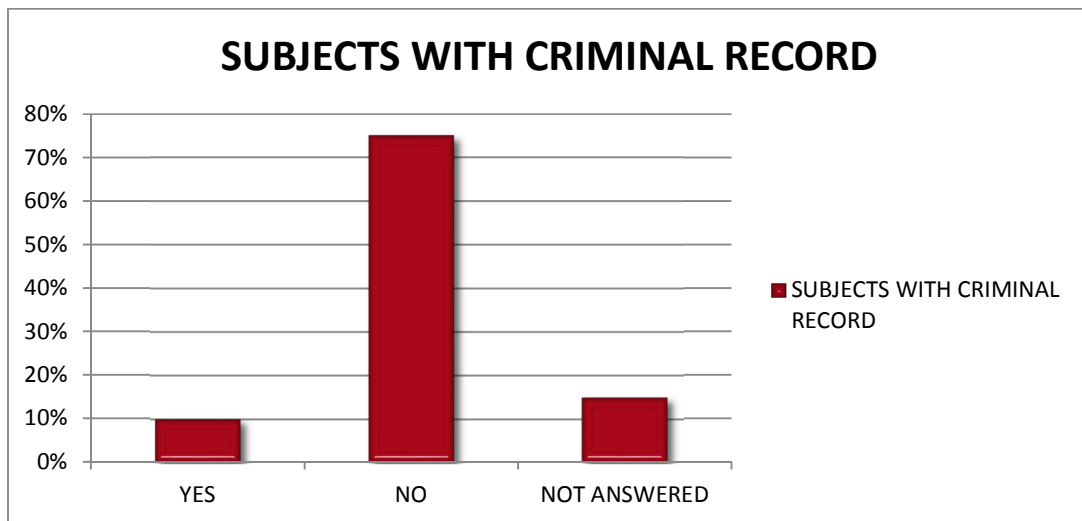
NEEDLE-SYRINGE SHARING PRACTICE - This graph describes that 22% of the subject has done sharing less than 5 times which defines that they are under the low risk because most of them shared needle of their

friend who are HIV negative. But 30% IDUs has done sharing more that 10-20 times so they are under high risk of getting HIV. 5 HIV positive subjects was from this category.



SUBJECTS WITH CRIMINAL RECORD- In study it is found that most of the subjects were not able to afford the drug cost which was 4,000-5,000 Rs. Per gram, due to which they start get involved in various crimes like

burglary or robbery and get booked by police. 10% of the subjects come out with this history. Whereas, few subjects were not comfortable answering this section.



DISCUSSION AND CONCLUSION

In the study the perception of HIV risk and the correlation of risk perception to injecting equipment sharing injecting drug users in Ludhiana, was studied. The study findings show that perceived susceptibility to HIV/AIDS, motivation to comply with peer pressure to use non sterilized injecting equipment and having a criminal record were associated with equipment sharing, and self-efficacy for sterile equipment use was protective⁶. The majority of IDUs who have sex with casual female partners do not use condoms consistently in these relationships are equally prone to HIV/AIDS. (Rácz et al. 2007).

IDUs are at the major risk of acquiring HIV, HCV due to sharing of needle syringes and unprotected sex. As the mean age of IDUs in study is 23.94 implies that most of them are in reproductive age. When the IDUs are overdozed they usually make mistakes like having unprotected sex with multiple female partner and sharing of injection equipment with friends. Reusing filters whether they are of friend or oneself is prevalent among IDUs and they don't even realize the risk of being infected by deadly disease like HIV, HCV. Our ethnographic finding that used filters are retained and reused, even multiple times, as a backup for obtaining drugs is a concern in and of itself (Gyarmathy et al.. 2006; Huo et al.. 2005; Millson et al.. 2003).

Among the published studies (D.Mohan et al(1977), Mohan and colleagues⁴documented drug abuse in the rural areas of Punjab⁷. Later as part of the National Survey on extent pattern and trends of drug use in India too, some data on drug use in this part of the country was collected. In the component Rapid Assessment Survey, 5one of the sites was Amritsar from where 327 drug users were interviewed. The mean age was 28 years, while the median age was 25 years. About half of the respondents were married, about a fourth were illiterate and about a fifth were unemployed. As many as 32% drug users reported that they had started drug use with pharmaceutical sedatives (highest among all other sites in the country). Primary

drug of use was pharmaceutical products for about 40% drug users. About half of the sample reported drug use among their family members. About 16% reported injecting drug use; but worryingly, more than half of them reported sharing their injection equipment 'almost always'. As many as 76% reported sharing injection equipment on the last occasion of injecting. The drugs that were commonly injected in Amritsar were Buprenorphine and to a lesser extent Pentazocine. More than half of the sample reported sex with sex workers and barely about 10% reported consistent use of condoms⁸. More worryingly, more than a third reported not having heard of AIDS.

Prior to this, Singh et al. (1992) had documented injection buprenorphine abuse in Chandigarh. Thus, the early warning signs regarding impending IDU epidemic were visible as early as in the 1990s. Many key informants also reported the reasons behind the rising phenomena of injecting drug use, particularly in Punjab. Since there already was an established pattern of opioid use, many dependent users were forced to switch to injecting route when the raw opium (used orally) or heroin (used by smoking or chasing) was in short supply. This finding also gains credence from the fact that most IDUs in Punjab and Haryana report having used drugs by other routes before switching to injecting.

From above studies it is documented that with time switching to injecting from chasing and oral route drugs has become the serious agenda for the state and country as well. Consequently, most of the youth is becoming the target of these mal practices entangled them in a vicious cycle from which they could never come out⁹.

Yet another important source of data on the profile of drug users in this part of the country has been the baseline Knowledge, Attitude and Practices study conducted by the Society for Promotion of Youth and Masses (SPYM), New Delhi as a part of the peer-led intervention. Notably, the most common drugs injected were opioid pharmaceuticals (Buprenorphine, Pentazocine with/without other sedatives). But today in 2017 heroin is taking a toll over all

other sedatives according to our study due to easy availability at every nook and corner¹⁰.

“One subject was asked that where do you get heroin from. (his answer) o mam! It is just being sold in next street.”

So, from above we understand that easy availability of drugs and drug addictions of youth simply require extra bucks to buy the drugs which enforces them to get involved in criminal activities. Interviewing 50 IDUs and asking about their criminal records were not revealed properly by them only 4 clients open up with their criminal activities and getting booked by police. As TI staff always tries their best to counsel IDUs by providing peer educator to particular area who stays with that group of specific region and keep a tab on them to prevent sharing of needle syringes in any condition. Peer educator is salary based individual who is/were and IDU wants to quit drug abuse and have leadership qualities as well. Peer educator provides injection equipment on hotspots and outreach locations. From data it is compared that needle syringe after linking with targeted invention reduce to a significant number reveals that TI among IDUs is working hard on HIV prevention programme¹¹.

CONCLUSION

From my study, it is concluded that, HIV prevention interventions need to focus not only on sharing syringes but also on motivating IDUs with behavioural intervention so that their self-efficacy for using sterile equipment improves and eventually quit the use of drug. Unsafe injection practices significantly increase the risk of Human Immunodeficiency Virus (HIV) infection among injection drug users (IDUs). A behavioural intervention through peer educators, could reduce injection and sexual risk behaviours associated with primary HIV and hepatitis C virus infection (HCV) among young injection drug users (IDU). Sharing of injecting equipment was associated with higher perceived susceptibility to HIV/AIDS, lower self-efficacy for sterile equipment use, higher motivation to comply with peer pressure to use dirty injecting

equipment, and with having a criminal record. I would like to reiterate that IDUs continuous to practice unsafe injection practices in spite of HIV preventive services provided by various targeted interventions. Apart from this, my hypothesis proves the sharing practices among IDUs even after linkage with TI. Although the sharing practices has been reduces considerably but it still there which imparts to the risk factor of HIV transmission and require strengthening of capacity building mechanism of programme.

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