



# HIV Prevalence and Risk Behaviors among Male and Female Injecting Drug Users in Kathmandu Valley (Autumn 2001)

## SUMMARY

*The climb of HIV among injecting drug users (IDUs) in the Kathmandu Valley and in the entire country has been sharp and rapid. This study shows that each year, there is a steady flow of newly susceptible young injectors into Kathmandu. With as many as two-thirds of the IDU population infected with HIV, and nearly half of the IDU population first injecting before the age of 20, these young IDUs stand little chance of avoiding HIV infection unless there is an immediate and dramatic increase in HIV prevention activities among them, as well as a reduction of initiation into drug use.*

## WHAT IS THIS STUDY AND WHY WAS IT DONE?

This study is a survey of male and female IDUs accessible on the streets of Kathmandu. It was primarily conducted to measure current levels of HIV in these populations as well as levels of risk behaviors among them that lead to HIV infection, such as sharing of needles and syringes and unprotected sexual intercourse with multiple partners.

Similar surveys will be conducted regularly over the next few years to see if risk behaviors and HIV levels are changing. If programs designed to reach IDUs and those being initiated into drug use are successful, then risk behaviors should decline, as should the rate of growth in the epidemic. Follow-up waves of the survey will serve as a way to monitor the effectiveness of programs targeting IDUs.

## METHODS

Several steps were taken to ensure that this study would provide high quality information:

**Mapping:** To ensure a good coverage in the survey, an exhaustive mapping of locations where IDUs gather to access and use drugs was conducted in Autumn 2001.

**Questionnaire:** Qualitative research was conducted to help adapt standardized questionnaires developed by international organizations such as UNAIDS, WHO and USAID, to measure indicators of HIV risk behavior involving sex and drug-use. Trained interviewers conducted interviews in locations where IDUs felt comfortable.

**Sampling:** The sampling was systematic and was designed to access both the visible and the more hidden segments of the IDU population in a way that reflected their overall composition in the Kathmandu Valley. There were 303 male and 57 female IDUs in the study. The female population was difficult to reach and may have been under-represented in this survey.

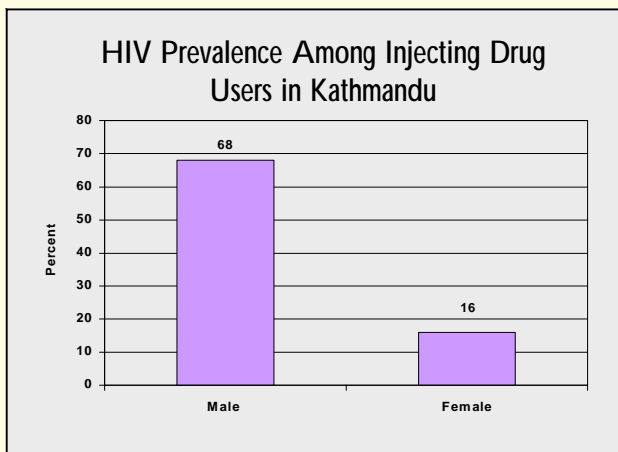
## Key Indicators

	Male IDU (N=303)	Female IDU (N=57)
HIV prevalence	68%	15%
Started injecting within the past 5 years	63%	97%
Began injecting before the age of 20	38%	46%
Shared needle at least once the day before the interview	25%	12%
Used needle obtained from public places the last time injected	22%	2%
Shared with two or more people in the past week	38%	2%
Sexually active below the age of 20	66%	70%
Had unprotected sex with regular partner in past year	81%	100%
Sold sex in exchange for money or drugs in past year	NA	12%
Knew of Needle Exchange Program	58%	7%

NOTE - NA: not asked in the study

## MAJOR FINDINGS

- Injecting drug use is on the rise. There is a clear epidemic of injecting drug use, with two-thirds of male IDUs and almost all female IDUs began injecting within the past five years.



- HIV prevalence is very high. Despite the fact that most IDUs started injecting only within the past five years, the prevalence among current injectors is very high (68 percent among males and 16 percent among females), indicating that the rate of new infections is also very high, probably at least 10-20 percent per year.
- Many IDUs share needles. Twenty five percent of males and 12 percent of females interviewed said that they shared needles at least once on the day before the interview. About 22 percent male IDUs said that they used needles left in public places the last time injected. There are consistent behaviors with high incidence and prevalence of HIV.
- IDUs share needles even when they know they should not. Knowledge on how to prevent HIV and the ability to obtain needles and syringes from pharmacies do not prevent people from sharing. There is therefore, an urgent need to understand why IDUs share needles and syringes.
- Injecting drug use starts early. About forty percent of IDUs start injecting before the age of 20. Therefore, programs to prevent initiation into drug use among young people are urgently needed.
- Sexual partners of IDUs are at risk. Two-thirds of IDUs reported being sexually active before the age of 20. Eighty-one percent of male IDUs had unprotected sex with their regular partners in the past year. Given the high HIV prevalence, the low rate of condom use increases the risk of transmission to regular partners.
- Commercial sex is also a problem. Reported contact with commercial sex workers by male IDUs is relatively low, but only about half of them consistently use condoms during commercial sex, so HIV transmission from male IDUs to commercial sex workers is likely.

## PROGRAM IMPLICATIONS

- Prevention programs are urgently needed. There is an immediate need for increased prevention for both injection related and sex related HIV transmission, as well as a need to identify factors that promote syringe sharing, especially sharing with multiple persons and use of syringes from public places.
- Young people need protection. Programs to reduce initiation into injecting drug use are also urgently needed. Given the current rate of growth of the IDU population, the overall problem will worsen at a rapid pace even if effective safer injection and safer sex programs are implemented promptly.

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