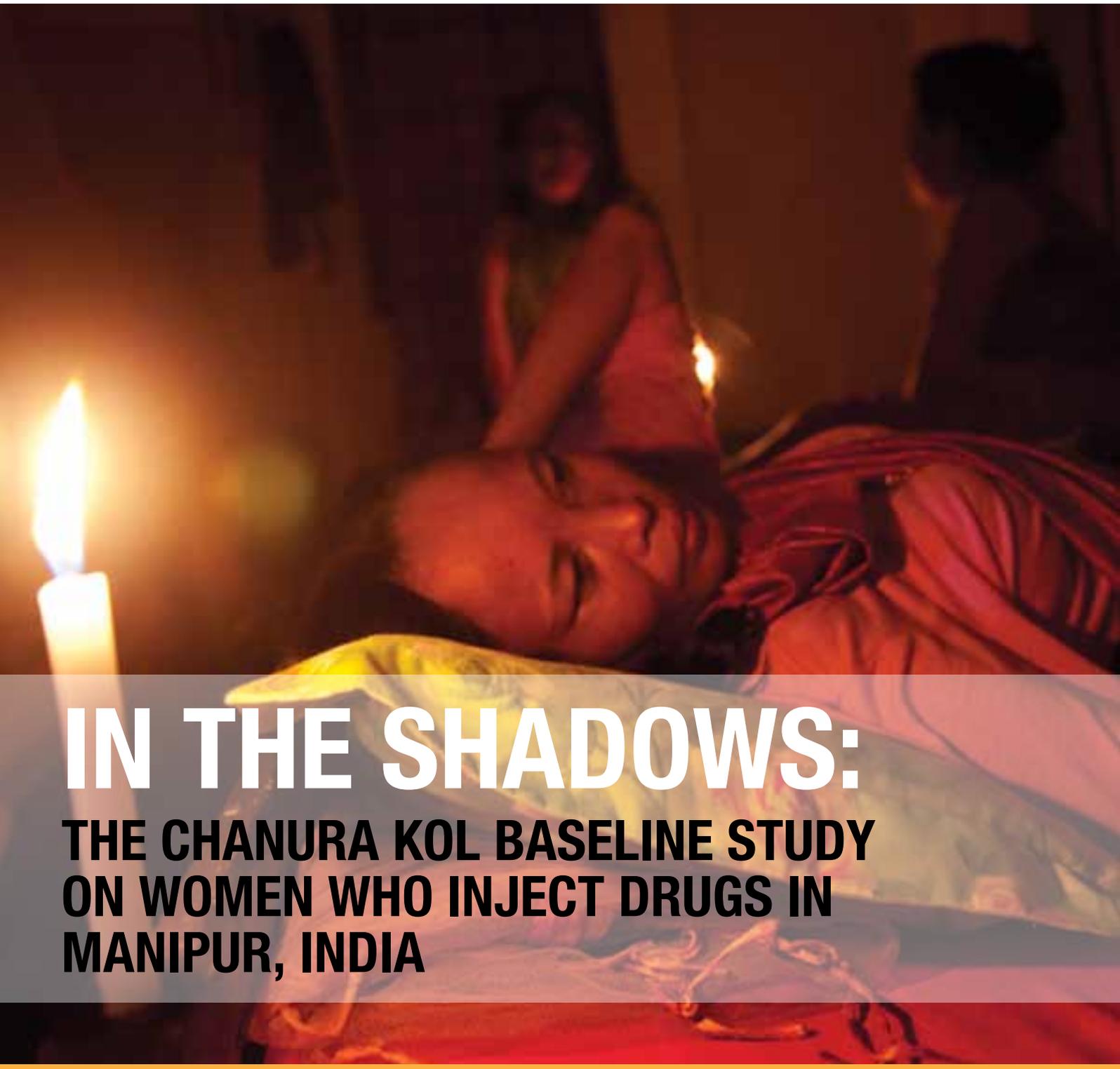


Supporting community action on AIDS in India



# IN THE SHADOWS:

## THE CHANURA KOL BASELINE STUDY ON WOMEN WHO INJECT DRUGS IN MANIPUR, INDIA

## Chanura Kol

In partnership with the Social Awareness Service Organization (SASO), Alliance India supports the implementation of the Chanura Kol project in three sites in Manipur, India. Funded by the Elton John AIDS Foundation (EJAF), Chanura Kol is designed to mitigate the impact of drug use and HIV/AIDS on women who inject drugs. Specifically, the programme aims to meet their immediate information, health, protection and psychosocial needs, enhance access to harm reduction services for women who inject drugs and their partners, pilot and support economic rehabilitation and social integration, reduce stigma and discrimination attached to injecting drug use (IDU) and HIV, and develop a supportive environment by strengthening civil society through institutional capacity building.

Drop-in centres and a short-stay home have been established to provide harm reduction services, HIV prevention interventions, care and support programming, and psycho-social counselling. Support groups are also formed in each of the district, providing outreach and referrals to sexual and reproductive health (SRH), antiretroviral therapy (ART), ICTC, general health and social services. Referrals are also provided for drug treatment and oral substitution therapy (OST). Once women have completed treatment or stabilised on OST, they are able to access the short-stay home for six months; the home provides shelter, food, health services, psychosocial and family reintegration support, as well as vocational training and income generation activities.

These services are complemented by efforts to create an enabling environment through advocacy with and capacity building of relevant decision makers, local leaders, and community members to address stigma and discrimination and barriers to service access. Through Crisis Response Teams, project beneficiaries are mobilised to prevent and respond to incidents of violence against women who inject drugs.

## Acknowledgements

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Unless otherwise stated, the appearance of individuals in this publications gives no indication of their HIV status.

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# Introduction

Largely neglected in the current HIV strategy in India, women who inject drugs are a highly marginalised and vulnerable population in need of a comprehensive response to meet their health and social needs. The India HIV/AIDS Alliance (Alliance India) in partnership with SASO has initiated a pilot program for women who inject drugs in Manipur, called 'Chanura Kol'—which means 'garden of women' in Manipuri. With support from the Elton John AIDS Foundation, this project provides HIV prevention, drug-related services, and impact mitigation for women in three sites across Manipur – Imphal, Churachandpur and Moreh.

The present study was conducted to explore and better understand issues such as demographic characteristics, family structures and support, social exclusion, sexual and injecting behaviour, and accessibility, knowledge of and availability of services among women who inject drugs in Manipur.

The findings confirm that women who inject drugs have largely been neglected by current efforts. This group experiences significantly inadequate access to information and services to meet the full range of their needs (drug-, HIV-, sexual and reproductive health- and general health-related). Furthermore, exclusion, stigma and discrimination and violence are part of their daily existence, which alongside unsafe injecting and sexual behaviour make them vulnerable not only to HIV infection but also contributes to their poor health and well-being overall.

# Background

## HIV and drug use in India

According to the National AIDS Control Organization (NACO), HIV prevalence among people who inject drugs is 9.2% in India. Overall, it is estimated by NACO that in India there are approximately 96,000 to 190,000 men who inject drugs and 10,000 to 34,000 women who inject drugs. The government's Targeted Interventions provide prevention and care services to 74% of the estimated number of people who inject drugs in India. However, services addressing the specific needs of women who inject drugs are few and far between.<sup>1</sup>

Injecting drug use is the principal driver of the HIV epidemic in the north-eastern states of India. In Manipur, HIV prevalence among adults (15-49 years old) is 1.67% but rises to 20% among people who inject drugs. Furthermore, HIV prevalence above 3% has been observed among ANC clinic attendees in three districts in Manipur. NACO has estimated that there are 24,000 to 26,800 people who inject drugs in Manipur alone, of which it is estimated that around 7% are women (approximately 1,600 to 1,900).

## Women who inject drugs

Earlier publications have drawn attention to the needs of women who inject drugs and to the importance of responding to them – not only as a public health imperative but also to ensure the realization of their rights. Although women may constitute only a small proportion of the people who inject drugs, studies suggest that they too play a critical role in the spread of the HIV epidemic both through unsafe injecting practices as well as through sexual risk taking. Some research suggests that there may be a greater likelihood of women who inject drugs acquiring HIV through the sexual route than through the use of contaminated injecting equipment.<sup>2</sup>

Evidence from Manipur confirms the high levels of risk and vulnerability these women face.<sup>3</sup> Women who inject drugs are likely to resort to paid sex or selling drugs as a source

1. Oinam, A. (2008). 'Exploring the links between drug use and sexual vulnerability among young female injecting drug users in Manipur', Health and Population Innovation Fellowship Programme Working Paper No 6, New Delhi: Population Council.

2. Strathdee, S.N. et al. (2001). 'Sex differences in risk factors for HIV seroconversion among injecting drug users: A 10 year perspective,' Archives of Internal Medicine 161(10): 1281-1288, cited in: Oinam, A. (2008). 'Exploring the links between drug use and sexual vulnerability among female injecting drug users in Manipur'.

3. Oinam.



of income to support their drug using habit.<sup>4</sup> More than half of women who inject drugs are engaged in sex work to obtain money to purchase drugs. Fewer than 10% who had engaged in sex work reported regular condom use. Overall, sexual risk of HIV acquisition was high as condom use in the context of any sexual relationship was low at 21%.<sup>5</sup>

Unsafe injecting practices have also been found to be common. Previous research shows that sharing of needles among women in Manipur is nearly universal; 97% of women previously reported that they had done so despite high levels of awareness of sources of clean injecting materials. Inconsistent supply of clean equipment and fear of the police leads women to seek isolated spaces and disregard issues of safety and hygiene. Consequently, there are significant barriers to consistent, safe injecting practices. Furthermore, women who are engaged in sex work are more likely to share needles than those who are not.<sup>6</sup>

Coupled with these high risk behaviours, women have low levels of risk perception and are often unaware of the dual risk that unsafe injecting practices and unsafe sexual behavior present. Knowledge levels relating to broader sexual and reproductive health, including basic facts about pregnancy, contraception and sexually transmitted

infections (STIs) are low. Furthermore, common experiences of forced sex and violence at the hands of family members, partners and the wider community increase these women's vulnerability.

Health indicators show that risk and vulnerability are affecting these women's sexual and general health. Sexual and reproductive health problems have been found to be common, with 69% of women reporting at least one problem.<sup>7</sup> Among these, disrupted menstruation as well as symptoms suggestive of STIs are the most common. While women are comfortable accessing services for general health concerns, fewer had visited a facility for drug-related problems or sexual and reproductive health complaints.

Despite this clear need for a systematic response for women who inject drugs, only a few programs in Manipur specifically focus on the needs of women who inject drugs. Of the 21 Government-funded drug rehabilitation centres in Manipur, for example, only three have services for female drug users; even so, women find it difficult to access services at these centres. Programs by civil society organisations (CSOs), similarly, focus on males.<sup>8</sup> Despite the role of unsafe injecting drug use in the HIV epidemic in this context, the needs of women who inject drugs remain neglected.

4. Murthy, P. (2002). 'Women and drug abuse: the problem in India'. New Delhi: United Nations Office on Drugs and Crime and Ministry of Social Justice and Empowerment, Government of India, cited in: Oinam, A. (2008). 'Exploring the links between drug use and sexual vulnerability among female injecting drug users in Manipur'.

5. Oinam.

6. Allan, K. (1994). 'Female Drug Abusers and the Context of their HIV Transmission Risk Behaviours', in 'The context of HIV risks among drug users and their sexual partners', ed. R.J. Battjes, Z. Sloboda and W.C. Grace. NIDA Research Monographs 143, pp. 48-63, cited in: Oinam, A. (2008). 'Exploring the links between drug use and sexual vulnerability among female injecting drug users in Manipur'.

7. Oinam.

8. Oinam.

# Methodology

In order to support implementation of the Chanura Kol project and to strengthen the evidence base about the needs of women who inject drugs, a baseline study was conducted. The study consisted of two components: a quantitative study followed by qualitative interviews with selected key informants. Both components were undertaken in each of the three program districts in Manipur – Imphal, Churachandpur and Moreh. Field work and data collection for the study took place during September and October 2010.

The first component consisted of a quantitative study of 100 subjects conducted in the three study sites with a 95% CI and 9% of margin of error. Proportionate sampling procedures were employed. During the first stage, the study framework was identified and sampling was allocated to each district based on the proportion of women who inject drugs in each district. Respondents were selected during the second stage at each site using simple random sampling.

## Proportional allocation of sampling to different districts in Manipur

Districts	No. of women who inject drugs	Sampling weight	Sample required
Imphal	399	0.57	57
Churachandpur	154	0.22	22
Chandel	147	0.21	21
<b>Total</b>	<b>700</b>		<b>100</b>

The research was carried out only after obtaining informed consent of participants. The sample population was defined to be women aged 18–45 years of age who had injected drugs in the last three months. A structured interview schedule was developed with input from all program and implementing partners to capture information on demographics, social networks, familial support, sexual and injecting behaviour, accessibility, awareness and availability of services, and their experiences of violence, stigma and discrimination.

The study was conducted by staff of the Social Awareness Service Organization (SASO). A total of six investigators and one supervisor were selected from SASO. Three days of intensive training was provided to the investigators on survey objectives, survey techniques, data collection and recording methods, followed by a day of field testing. Data entry modules were prepared in Epi Info software, and training was given to data entry operators from SASO. Data analysis was done using SPSS 17 software.

The second component consisted of qualitative interviews with selected key informants in the three sites. Through the interviews, the study aimed to gain some insight into the attitudes of services providers and to complement the quantitative findings, in particular those relating to the enabling environment, experience of stigma and discrimination, and levels of community support. Question guides for the interviews were developed by Alliance India, SASO and implementing partners, and interviews were conducted by SASO. Key informants included decision makers and service providers from government-run HIV-services (District AIDS Program Control Units, ICTC and ART centres) and staff of CSOs providing services to people who inject drugs in Manipur.

# Study findings

## Demographic and socio-economic characteristics

**Study population:** Females aged 18-45 living in Imphal, Churachandpur or Moreh (in Manipur, India) who have injected drugs in the past three months

**Mean age:** 31

**Religion:** 3% Meitei; 97% Christian

**Marital status:** 27% divorced; 27% currently married; 15% widowed; 14% deserted or separated

**Motherhood:** 71% had at least one child; 28% had one child; 24% more than three children

**Migration:** 41% migrated from other districts/towns/states to current place of residence

**Reason for migration:** 59% reported livelihood as main reason; 14% reported desertion by their family because of drug use

**Housing:** 79% had their own house; 31% possessed agricultural land; 11% reported being homeless; 54% lived in a joint family; 24% in a nuclear family; 10% in the context of another type of family

**Literacy:** 26% were illiterate; 21% studied up to 10th standard, 15% completed only primary education

**Training and qualifications:** 19% reported receiving vocational training in the last year; 72% expressed interest in receiving vocational training

**Employment:** 59% engaged in sex work; 4% employed in private or government services; 6% working as peddlers or selling alcohol; 10% were working in petty business; while the remaining were either unemployed, working as housewives, non-agricultural labourers or self-employed.

**Average individual monthly income:** Rs9,540; average monthly spending on drugs: Rs11,500; only 3% reported having any savings; 67% expressed interest in joining an income-generation activity

# 1. Behaviour and practices

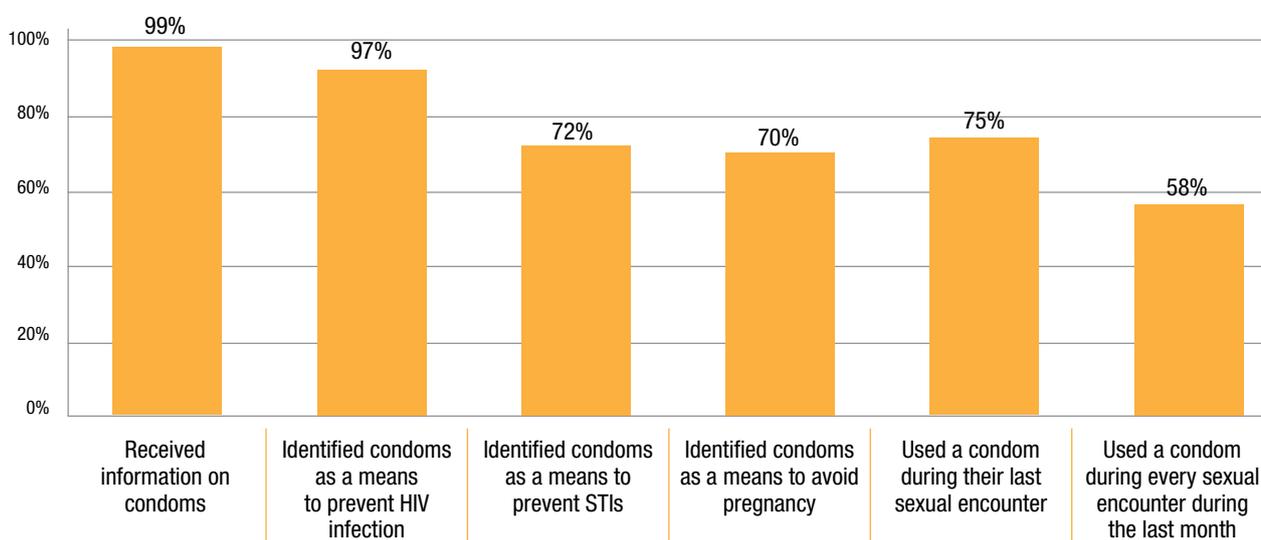
## a) Sexual behaviour

### Condom use

Respondents' knowledge of the purposes of condom use was high with 97% stating that condoms can be used for HIV prevention, 72% for STI prevention, and 70% to avoid pregnancy.

75% reported condom use during the last sexual intercourse, while 69% reported using condoms during the last sexual encounter with a commercial partner. However, condom use further decreased when considered over a longer time frame: only 58% reporting condom use every time during sexual intercourse in the past month (see Figure 1).

Figure 1: Knowledge and consistent use of condoms



### Unmet contraceptive need

Among the 99 women studied who were currently not pregnant, only 36% reported having regular menstrual cycles. Among those women who have regular menstruation cycles, only 6% were currently using contraception. Among those women who intended to use contraception in the future, the majority (44%) expected to begin in two or more years. 31% reported being unsure of their future intention to use contraception.

Among married women, unmet contraceptive need for limiting pregnancies was found to be 56%. However, it should be noted that this is based on a small sample size of 22 women who are currently not using contraception, among a total sample of 29 married women. Unmet contraceptive need for spacing could not be calculated due to the small sample size.

SRH needs were also highlighted by key informants as an important issue for women who inject drugs, and these needs remain largely unmet. They noted that in particular pregnancy and delivery care remained a significant gap for these women.

## b) Drug-use related behaviour

### Drug use

The mean age for initiation of injection drug use was 24 years. 40% of the women interviewed started between 21 and 25 years of age and 23% between the ages of 16 and 20. The mean duration of injecting drug use was 83 months (almost 7 years). 8% had begun injecting drugs over the last 6 months, 11% had injected for 12 to 24 months, and 11% for more than 186 months (15 years). Almost all women who inject drugs are using heroin. 48% stated that their parents were aware of their drug use, and 29% reported that their husbands were aware of their drug use. Only 7% thought that their in-laws knew about their drug use.

45% of the women studied reported that their female friends helped initiate them into injecting drug use. 27% reported male friends and 5% sexual partners (other than husbands) as those who had initiated them into drug use.

58% reported injecting drugs two to three times a day, 6% two to three times in a month. Rs11,500 (USD255) was the average spent on drugs over the course of a month; however average reported income was only Rs9,500 (USD211).

### Use of clean needles and syringes

#### Sharing

24% of the women reported sharing needles and syringes with others during the last month, while 14% shared them with their primary sexual partner, 8% with a sexual partner they didn't know, 2% with a friend, and 1% with a drug dealer/peddler.

Over the last three months the figure of those who shared needles or syringes increased significantly to 88%. During this time frame, 54% of the women who shared had done so with a sexual partner they didn't know, 12% with their primary sexual partner, 29% with a friend, and 8% with others (not dealers/peddlers).

#### Use of needles previously used by others

30% of the women interviewed reported using a previously used needle or syringe during the last injection. A similar proportion (32%) reported using a previously used needle or syringe in the last three months. Among those who had done so in the last three months 13% re-used needles used by their friends, and 11% re-used needles and syringes used by sexual partners they did not know.

#### Drug use before sexual intercourse

59% women reported injecting drugs before sexual intercourse during the last three months. 57% women injected drugs before sex with commercial partners. Among those who identified sex work as their main occupation, 85% of the respondents had injected drugs before sex with their paying partners.

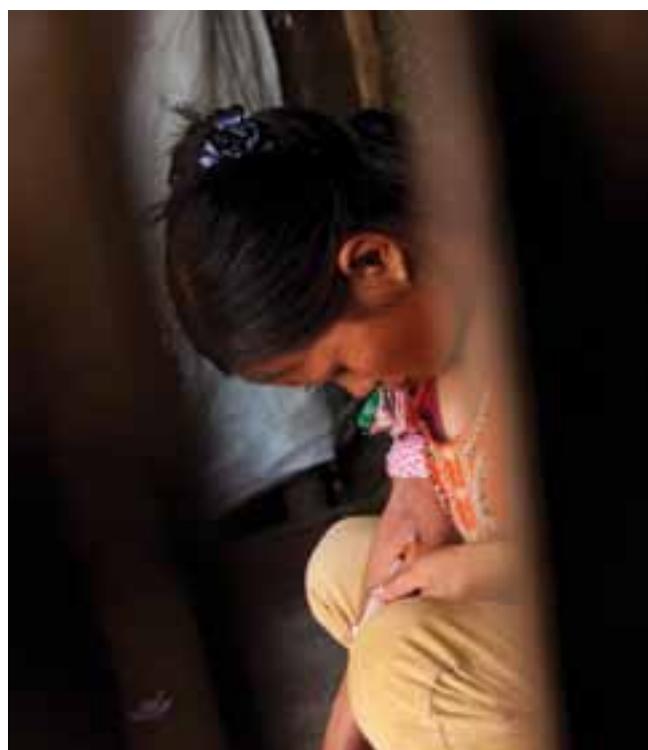


Figure 2: Access to and sharing of clean needles and syringes

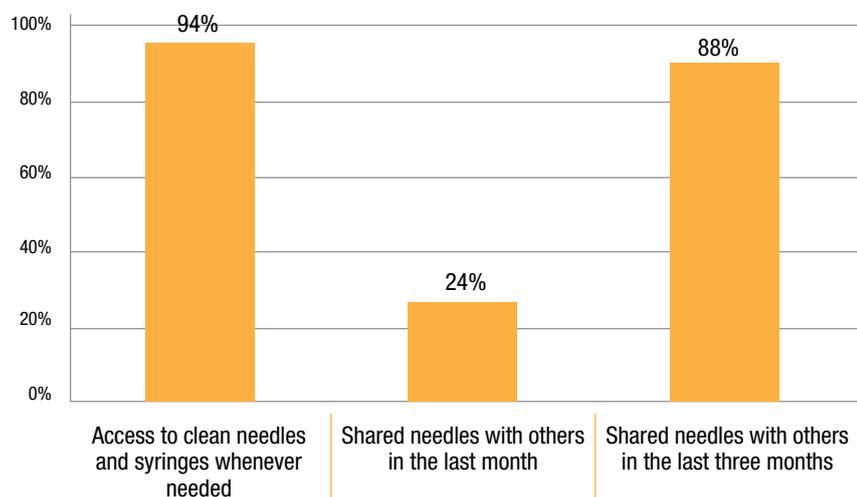
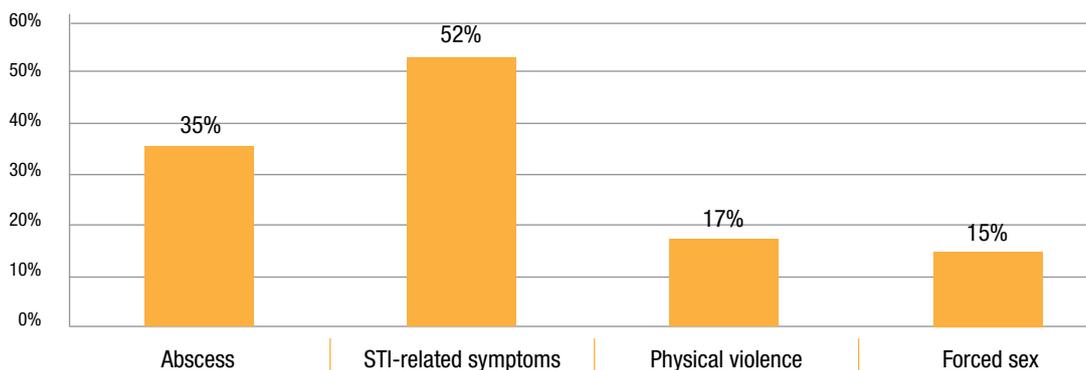


Figure 3: Selected self-reported health and violence-related indicators over the last three months



## 2. Self-reported health indicators

### a) Abscesses

31% of women reported ever having had an abscess, of which 35% reported having had an abscess in the last three months. There was significant variation between sites with only 12% of respondents in Imphal reporting ever having had an abscess, while 81% in Chandel and 32% in Churachandpur reported the same.

### b) Self-reported STI symptoms

Among the women interviewed, when prompted with a list of symptoms, 52% reported any STI-related symptom during the last three months. Specifically, 33% reported thick yellowish/greenish discharge, 15% an ulcer/sore in genital area, and 24% reported pain during sexual intercourse. About 43% women reported lower abdominal pain during the past three months, and 34% burning pain during urination.

### c) Violence

17% of the women interviewed reported having experienced physical violence in the last three months. Among them, 44% identified husbands, 28% their sexual partners, 22% their parents, 11% peddlers and 6% each their in-laws, pimps, law enforcement agencies or peers as the perpetrators.

15% reported having experienced forced sex in the last three months.

## 3. Access to information

### a) STIs

85% of the respondents reported having ever received STI-related information. Among these, 93% reported that they had received this information specifically from the organisations involved in implementing the Chanura Kol project (SASO/DPU/SHALOM), and 42% received STI information from other CSOs.

### b) HIV information

In each of the three districts, all women reported that they had at some point received information on HIV prevention. The majority (93%) received this information specifically from the organisations involved in implementing the Chanura Kol project, 41% from other CSOs, and 17% through awareness programs/streets plays. Only 12% received HIV information through the media.

91% women said they heard and received information on ICTC. The majority received the information from Chanura Kol project partners and 15% from media and awareness programs.

Only 1% received information from health clinics, and none reported receiving it from private doctors or hospitals.

64% of women reported having received information on ART services, of which 62% reported Chanura Kol project partners as the source, and 1% their peers.

### c) OST and drug treatment

About two-thirds (72%) of the women interviewed reported that they had knowledge of the oral substitution therapy (OST) programs available with 97% reporting project partners as the source, and 1% the media and other sources. 93% reported receiving information on detoxification with project partners and other CSOs being the main source.

### d) Hepatitis C testing

Among the 61% who had received information about hepatitis C testing, 56% said they received it from project partners. Notably health clinics and private health settings as a source of information were negligible with only 1% reporting them as a source.

### e) Condoms

99% of the women interviewed reported that they received information on condom availability and use with 95% mentioning project partners as the main source, 51% other CSOs and 1% peers.

## 4. Access to services

### a) General health services

For general health services, 51% of the women interviewed reported accessing services from the project partners. Only 8% reported that they accessed services from private clinics, and nearly 30% reported accessing government hospitals for general health services.

### b) HIV testing

79% of women reported having undergone an HIV test. 90% of these reported having received the result. Of those who had used a government-run Integrated Counselling and Testing Centre (ICTC), 68% said they were fully satisfied with the service they received. 90% reported that the counsellor and lab technician were supportive. 96% said they would recommend it to their peers/others to ICTC. However 5% felt discriminated by the staff and 1% were dissatisfied with the service overall.

### c) ART registration and ART

Among those tested for HIV only 36% have been pre-registered for ART (registration with ART centres for regular CD4-count testing and other monitoring). Among 29 who are registered for ART (where CD4 counts indicate the need for ART and treatment should be initiated), 62% are currently receiving ART. Among those who are registered for ART and are receiving ART, 41% have been on ART treatment for the past 12 months, 23% for 9 to 12 months and 12% for the last one month. 47% reported being dissatisfied with the services they had received. Only 10% reported being fully satisfied.

Among those on treatment, 39% reported having interrupted their treatment at some point in the last 12 months. Key informants also noted that particular facets of these women's lives exacerbate challenges related to ART adherence, including high levels of mobility and the impact of drug use on their ability to adhere to treatment regimens.

### d) OST

44% of the women interviewed reported ever accessing OST. Among them, 93% of them accessed the treatment from project partners. 4% accessed OST services from the Emanuel Hospital Association (EHA) and 2% from the Care Foundation. Of those who were receiving OST, only 13% reported support staff in the clinics as supportive, and only 13% reported doctors to be supportive. However, with regard to the overall quality of services received, 75% of them reported to be fully satisfied.

### e) Hepatitis C testing and treatment

Only 32% of women interviewed had undergone hepatitis C testing. Among those tested 56% were tested positive, 31% were negative, and 12% didn't know their status. In Imphal among those who are reactive, only one respondent had accessed treatment and reported that the treatment received from the public health system was not satisfactory.

### f) STI services

Of those women who reported STI-related symptoms, 71% reported seeking treatment from CSO-run clinics, 35% took a home remedy, and 4% sought services from government or private clinics and hospitals. Among those women who had accessed treatment, 79% felt that support staff was supportive, and 37% reported that the doctor was supportive. Overall, 70% of women reported being fully satisfied. When asked whether they would recommend the service to their peers, 97% confirmed they would.

### g) Social welfare

45% of the women interviewed reported having a ration card, 47% an election card, and 50% a job card. The vast majority of them (95%) reported not receiving support through any existing social welfare schemes in the last year.

### h) Needle and syringe exchange

94% of women interviewed reported having access to clean needles and syringes whenever they needed them. 65% of these reported accessing clean needles from a pharmacist, 85% from CSOs/health workers, 61% from program staff at government-run Targeted Intervention sites, 8% from their friends, and 2% from sexual partners and drug peddlers.

### i) Drug treatment

72% of women reported ever having undergone detoxification. Among these, 97% reported receiving this service from CSOs and only 3% from other sources, such as home-based detoxification. 65% of women completed their treatment. 32% of those who had undergone detoxification reported having undergone the treatment more than three times, and 29% twice. When asked about the reason for re-initiating drug use, 75% reported peer pressure 27% family issues, depression or curiosity as reasons for reinitiating use.

### j) Programs for women

Key informants consistently identified the need for a comprehensive approach for women who inject drugs, highlighting not only the need for specific HIV prevention, SRH, drug-related (including adequate access to OST) and general health services (with female staff and with appropriate specialisations including gynecology), but also for financial and social support through support groups, income generation and vocational training.

Key informants from the public health services did not report any systematic changes that had been made to the existing services to make them more accessible or appropriate for women who inject drugs. However, responses did indicate awareness of the issue and need as well as willingness to address them if possible. Public ICTC and ART service providers reported that a female counselor had been employed in one of the ART and ICTC centres. However it was unclear whether this counsellor was aware of the issues of women who inject drugs in

particular. Some informants from CSO-led services reported that adjustments, including the hiring of female staff, family education sessions, and specific drop-in centres, had been made.

### k) Collectivisation

53% of the women interviewed reported ever having been exposed to any programs which tried to make groups of fellow drug users. 18% of the women interviewed also reported they were members of a self-help group. Key informants highlighted that the lack of community involvement, i.e. specifically of women who inject drugs, in the design and delivery of programs has contributed to the limited understanding among service providers of the particular issues and needs of this population and of the levels of stigma and discrimination experience by them in health care settings.

## 5. Stigma and discrimination

Stigma and discrimination was common from family and community members. 32% reported that their family isolates them and doesn't involve them in day-to-day family matters because of their drug use. 33% reported their relatives did not allow them to mingle with their own family members because of their drug use. Similarly, almost 40% reported that neighbours would not allow their families to mingle freely with them or their family members.

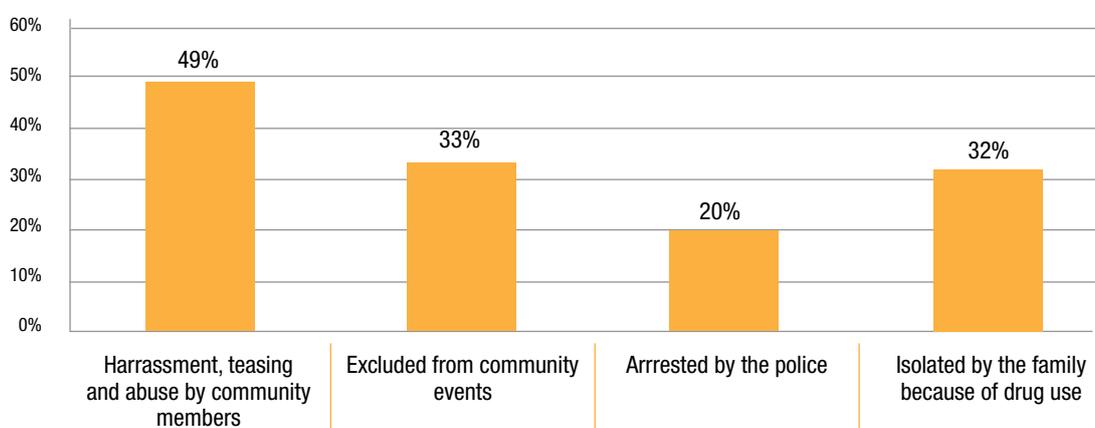
About 49% of women reported having experienced harassment, teasing or abuse from the community. 33% of women reported being excluded from community events because of their drug use. 20% of women reported having been arrested by police, with 3% among them reporting that police had asked for sexual favours of them to avoid arrest.

Most women felt they could find a safe place to rest identifying specifically DICs as an available option. However, only 40% were aware of an overnight shelter. 75% identified Chanura Kol project partners as the source of help in times of crisis showing the important role that civil society organisations are playing to respond to their needs.

Key informants also noted that generally women who inject drugs face more discrimination than men who inject drugs. Drug use among women is considered 'immoral' and families exclude them completely from homes and any form of support. Furthermore, informants emphasised the particular need for community and family support during drug treatment and the importance of moral support to achieve any outcomes.

In addition to the concerns raised during the survey regarding treatment by service providers and support staff and satisfaction with services, key informants noted that women who inject drugs do not feel comfortable accessing the public health care system for general health services, because of discrimination by doctors, staff and other patients. Women who inject drugs responding to this study confirmed this to some extent reporting dissatisfaction with some of the services they had accessed, and identifying CSOs as their main source for health- and service-related information. Consistently key informants felt that women who inject drugs currently feel more comfortable accessing services from CSOs or private service providers. Respondents also highlighted that across services, women who inject drugs often do not disclose their drug use to the doctors and staff, which can result in inadequate care, as certain needs, risk factors and health issues are not taken into account during diagnosis and treatment. Generally, especially reaching new users for health and other services was noted as a challenge. Particularly in Moreh, respondents highlighted the fact that the health system in general is weak and inadequate to meet the population's needs, let alone those specific to women who inject drugs.

Figure 4: Experiences of stigma and discrimination



# Conclusion

The results of this study confirm the findings of other similar studies in Manipur that highlighted the particular vulnerability of women who inject drugs. Involvement in sex work, coupled with high rates of sexual violence, low rates of consistent use of condoms and clean needles and syringes show that both sexual and injecting behaviours present risks to these women. Furthermore, significant rates of violence – with 17% reporting physical violence and 15% forced sex – and stigma and discrimination from families and communities increase these women’s marginalisation, exclusion and vulnerability.

Health indicators suggest high rates of sexual and reproductive health concerns, including disturbances of menstrual cycles among the majority of respondents, more than half reporting STI symptoms and high unmet contraceptive need.

While levels of knowledge and information related to available services are high, gaps remain particularly regarding awareness of hepatitis C and ART services. CSOs were consistently identified as the main source of information about available services.

In contrast to awareness of services, actual use is varied. While needle and syringe exchange programs seem to be regularly accessed, women are not availing themselves of government-run social welfare schemes.

While HIV testing rates are high at 79%, registration for pre-ART and adherence to treatment is low. The majority of

respondents had accessed detoxification treatment, while fully a third of these have made more than three attempts, highlighting the need for alternative drug treatment options, including adequate access to OST. When services were accessed, CSO-led services were the preferred source.

Stigma and discrimination are common from both family members and the broader community, leading to exclusion and isolation. 11% of the women reported being homeless, and an equal proportion had migrated due to rejection from their family. Low levels of income and financial security, literacy, vocational qualifications, access to social welfare schemes coupled with proportionately high spending on drugs, make financial considerations an important factor in these women’s vulnerability and lack of empowerment. The expressed interest in vocational training and income generation activities indicates a desire among the women to overcome these economic factors.

Key informant interviews pointed to a significant gap in existing services that are appropriate and sensitive to the needs of these women. Though the knowledge about availability of services is very high, utilisation of services remains varied across kinds of services. Stigma and discrimination in the health care setting appears to play an important role in shaping service utilisation and the ability of women to seek appropriate services while hiding their drug use. Stigma also has an influence on the choice of service provider. In general, services delivered by CSOs were perceived to be more accessible and appropriate.



# Recommendations

**1** While evidence is emerging highlighting the vulnerability and needs of women who inject drugs, a comprehensive response remains lacking. Scale up of a response that provides appropriate, accessible, affordable, targeted and quality interventions is required.

**2** A package of services addressing vulnerability through drug use, unsafe sex and rights violations is required to meet the needs of this community.

>> A gender-transformative approach will have more impact on addressing sources of vulnerability. This will include the direct involvement of men in addressing gender norms, providing women with the negotiation skills for condom use, addressing gender-based violence (through prevention and response), and empowering women with information related to their own sexual and reproductive health and rights.

>> The baseline findings indicate the need to address sexual and reproductive health and rights more generally. Without addressing other sexual health and rights-related factors, such as forced sex, limited knowledge about sex and sexuality, use of contraceptives and ongoing health issues related to menstruation, impact on HIV outcomes will be limited.

>> While care and support constitutes an important part of the HIV response, a comprehensive approach to impact mitigation related to drug use, sex work and HIV is needed to address sources of vulnerability on an ongoing basis. These sources include economic and financial factors, protection and gender-based violence as well as social exclusion and marginalisation. Without placing these issues at the centre of the response, impact on the health of these women will be limited.

**3** While awareness of existing services is high, use remains low, requiring concerted efforts to address barriers to access:

>> The baseline findings highlight the gap between women's awareness of available services and their ability to access them. Barriers such as stigma and discrimination, cost for services and commodities such as clean needles, syringes, condoms and other contraceptives, lack of specific knowledge and capacity among service providers need to be addressed to enable access.

>> Furthermore, interventions are required to encourage and support health-seeking behaviour among women who inject drugs, to address factors related to their mobility, working hours, sex work and drug purchase and injecting practices.

>> Clearly civil society organisations provide critical entry points for service access and are considered trusted, effective providers across drug- and health-related services. These CSOs require capacity building to enable continued, high-quality service provision.

>> In order to ensure sustainability and strengthening of services, capacity building of the government and private systems is needed to make these services more appropriate and responsive to the needs of women who inject drugs. Key informants reflected awareness of the needs and a willingness to address them. Concrete support is needed to turn this political will into changes in service delivery.

**4** A comprehensive approach to harm reduction and drug treatment at scale is required:

While some components of a harm reduction approach are currently being implemented by government-supported and CSO-led interventions, an appropriate emphasis on OST and hepatitis C is required. Given the high relapse rates for women who have accessed detoxification services, support to ensure long-term adherence need to be ensured. Furthermore, given the evidence base, ensuring greater access to OST as a harm reduction intervention is needed.

**5** Empowerment of women who inject drugs to engage in processes and decision-making that affects them:

Development of appropriate services and interventions requires ongoing consultation with the community. Not only should women who inject drugs be involved through specific project planning processes, but they need to be empowered to make their voices heard. While involvement of men who inject drugs has improved, the involvement of women as project beneficiaries, as well as advocates and engaged community members is still lacking.



Female injecting drug user, Ahat, receives OST at the SASO FIDU DIC and night shelter in Imphal.  
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A global partnership:  
**International HIV/AIDS Alliance**  
Supporting community action on AIDS in developing countries

## About the India HIV/AIDS Alliance

Since our founding in 1999, India HIV/AIDS Alliance (Alliance India) has supported community action to prevent HIV infection, meet the challenges of AIDS, and to build healthier communities.

Alliance India is a diverse partnership that brings together committed organisations and communities to support sustained responses to HIV in India. Complementing the national response to HIV and AIDS, Alliance India works through capacity building, knowledge dissemination, technical support and advocacy. Through a network of intermediary implementing organisations called Linking Organisations and other partners, Alliance India supports the delivery of effective, innovative, community-based HIV programmes to key populations affected by the epidemic.

Alliance India's response to HIV is guided by certain core commitments. We strive to enable communities to play a central role in the response to HIV and ensure that vulnerable people and communities are meaningfully involved in all aspects of the response. In so doing, we hear and respect the voices of the most marginalised, including people living with HIV, sex workers, men who have sex with men, transgender people, injecting drug users and young people. In all our work, we actively strive to challenge stigma and discrimination at individual, community and institutional levels and support interventions that are gender-sensitive and rights-based.

Alliance India is committed to programming and technical support that are informed by evidence, represent good value for money, and are of consistently high quality. Our expertise has evolved in response to the needs of communities and the evolving nature of India's epidemic. The technical themes at the core of Alliance India's work are HIV prevention, care and support, sexual and reproductive health and HIV integration, drug use and HIV, and TB and HIV integration. Through the Alliance Regional Technical Support Hub (South Asia), we work regionally to provide technical support to civil society organisations, governments and international agencies that improves implementation and increases the impact of programming and policy efforts.

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