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FEMALE DRUG USERS AND FEMALE REGULAR SEX PARTNERS OF MALE DRUG USERS IN BANGLADESH

— A Report

**REPORT
ON
RAPID SITUATION AND RESPONSE ASSESSMENT
AMONG FEMALE DRUG USERS AND THE FEMALE
REGULAR SEX PARTNERS OF MALE DRUG USERS**

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
APON	Ashokti Punorbashon Nibash
CREA	Society for Community-health Rehabilitation Education and Awareness
DAM	Dhaka Ahsania Mission
DIC	Drop in Centre
DNC	Department of Narcotics Control
FGD	Focus Group Discussion
FHI	Family Health International
GoB	Government of Bangladesh
HIV	Human Immunodeficiency Virus
HCV	Hepatitis C Virus
ICDDR,B	International Centre for Diarrhoeal Diseases Research, Bangladesh
IDU	Injecting Drug User
KII	Key Informant Interview
MOHFW	Ministry of Health and Family Welfare
MOHA	Ministry of Home Affairs
NASP	National AIDS/STD Programme
NGO	Non Government Organisation
NSP	Needle Syringe Programme
PNGO	Partner Non Government Organisation
RSRA	Rapid Situation and Response Assessment
ROSA	Regional Office for South Asia
SPSS	Statistical Package for Social Sciences
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
UPHCP	Urban Primary Health Care Project
WHO	World Health Organization



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The report was prepared by a team from the HIV/AIDS Programme of International Centre for Diarrhoeal Diseases Research, Bangladesh (ICDDR,B) The team was led by Dr. Tasnim Azim, Scientist and Head, HIV/AIDS Programme, and included as co-investigators Mr. Ezazul Islam Chowdhury, Dr. Md. Shah Alam and Mr. Masud Reza. The partner NGOs who conducted the field work were led by Brother Ronald Drahozal (APON), Mr. Tarun Kanti Gayen (CREA), Mr. Iqbal Masud (DAM), Mr. Harun or Rashid (Light House). For training, Mr. Fosiul Alam Nizame, (ICDDR,B) provided support as facilitator. Supervisory support was provided by Mr. Md. Nur Mohammad Abul Asad of CREA, Mr. Zahid Iqbal of APON, Ms. Sharmen Sahria of DAM and Ms. Shamima Akhter Bina of Light House. Compilation of the qualitative data was done by Mr. Niaz Morshed Khan, ICDDR,B. Data entry was done by the partner NGOs with support from ICDDR,B. Data management and analysis was done by Mr. Md. Alamgir Kabir, Mr. Shah Al Emran and Mr. Rezaul Kabir of ICDDR,B. A team of outreach workers and outreach coordinators as listed in annexe - 5 conducted the survey in the field.

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Preface

Women are the hidden face in the HIV epidemic among injecting drug users. More and more evidence is emerging showing that women are affected in several ways by this epidemic. Women often use illicit drugs themselves. Also there are those women who do not use drugs but are the regular sex partners/wives of men who do. Both these groups of women are very vulnerable in their own different ways and at risk of HIV and STIs.

Women using illicit drugs are more stigmatised compared to their male counterparts and therefore more hidden. This lack of visibility excludes them from being counted, understood and from receiving appropriate services. Female drug users are often driven to selling sex to support their drug taking habit. They are therefore under the dual risk of HIV through unsafe sex and unsafe injection practices. The other invisible group of women are the female regular sex partners of male drug users, the majority of whom do not use drugs themselves. In South Asia many of these silent wives have become infected with HIV from their husbands. Data reported here shows that these women are under immense pressure; they are often victims of violence from their husbands, they have to support the family as well as the drug-taking habit of their male partners. They are shunned by society and they do not have access to information or services.

Reaching women affected by the drug epidemic is a challenge. Once reached, providing services that meet their special needs is the next challenge. At present the harm reduction services in Bangladesh are geared to male drug users, and the few outlets that are available for women mirror the services available for men. The fact that women need special services, which are designed for their needs, has not been considered because information has been limited.

In response to this gap in information as well as services, a joint UN initiative of UNODC, UNAIDS and WHO, and funded by AusAID was undertaken to launch a project on *"Prevention of Transmission of HIV among Drug Users in SAARC Countries"* (referred to as the H13 project). This report provides information from selected localities of urban and rural Bangladesh based on a rapid assessment of female drug users and female regular sex partners of male drug users which was conducted under this project. Based on this information our partner NGOs, Ashokti Punorbashon Nibash (APON), Society for Community-Health Rehabilitation Education and Awareness (CREA), Dhaka Ahsania Mission (DAM) and Light House have already initiated services for both groups of women.

It is our hope that further efforts at better understanding the situation and needs of women in the HIV and drug epidemic will lead to better services with expanded coverage to reach the majority of women who need these services.



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Executive Summary

In Bangladesh, harm reduction services for male injecting drug users (IDUs) have expanded over the years. However, services for female drug users and female sex partners of male drug users are limited. These population groups are highly stigmatised and hidden which makes service provision difficult.

In light of this, UNODC through its joint UN (UNAIDS, UNODC & WHO) initiative on prevention of transmission of HIV among drug users in South Asia (excluding Afghanistan), has adopted a 'Comprehensive Package Approach', which includes HIV and AIDS prevention and care programmes for drug users and their female regular sex partners. In Bangladesh, a major focus of this project since 2007 has been on providing interventions for female drug users and female regular sex partners of male drug users. The Department of Narcotics Control (DNC), Ministry of Home Affairs (MOHA) and National AIDS/STD Programme (NASP), Ministry of Health and Family Welfare (MOHFW) are the nodal agencies of the project. Four partner non-governmental organisations (PNGOs) working in different geographical locations of Bangladesh are implementing the project and the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) is the mentor organisation for these PNGOs. A key aspect of UNODC's efforts has been generating evidence for informed programming and policy change. Furthermore, data from a research study on female drug users and also from the phase-I of this initiative in Bangladesh showed clearly that, if proper efforts are made then these women can be accessed. For services to be provided in a meaningful way, prior to initiating the programmes, a Rapid Situation and Response Assessment (RSRA) was conducted among these two population groups. The RSRA data confirmed that both groups of women can indeed be accessed and that the need and demand for relevant services is immense.

The areas selected for conducting RSRA were based on the areas covered by the PNGOs and where previous information suggested that drug users were available.

The areas covered urban (Dhaka) and rural (Gazipur, Natore) sites. The PNGOs and areas covered by each in the RSRA were:

- ◆ **Ashokti Punorbashon Nibash (APON):** Ward number 41, 42, 43 of Dhaka City Corporation, which mainly covered Mohammadpur Thana of Dhaka City.
- ◆ **Society for Community-health Rehabilitation Education and Awareness (CREA):** Ward numbers 47, 48 and 58 of Dhaka City Corporation which are mainly under the Hazaribagh Thana.
- ◆ **Dhaka Ahsania Mission (DAM):** Ward numbers 1, 3, 4 and 8 of Gazipur Pourashava (Joydebpur) of Gazipur district and the national park area which is outside the Pourashava (municipality).
- ◆ **Light House:** Natore Pourashava which is located in Natore district under Rajshahi Division.

The standard procedure for RSRA was utilised, i.e. initially secondary data was collected from each area (national/local newspaper clippings, information from previous RSRA, drug seizure data, information from local police station, drug treatment centre, NGOs working in the area, etc.). This was followed by collection of primary data which was both qualitative and quantitative in nature and included key informant interviews, focus group discussions, spot observations and one to one interviews using separate questionnaires for female drug users and female sex partners of male drug users. All data collection in the field was conducted by trained personnel from the PNGOs.

The neighbourhoods of Dhaka selected in this RSRA were both known to have large numbers of male IDUs in visible, public drug taking venues. Harm reduction services for male IDUs were already being provided in these neighbourhoods by the NGO CARE-Bangladesh. In the other two areas covered in this RSRA, Gazipur and Natore, male drug users were known to be present, but the drug taking venues in Gazipur were less public. Harm reduction services were not available in these

latter areas. Drug treatment services were available in all areas; however free drug treatment combined with HIV harm reduction services were available only in Dhaka. In the other two sites, the services were expensive. Drug treatment was reported by few women and the services available were inadequate, expensive and often not suited to their needs. In most cases there was general sympathy for drug users. The majority of the representatives from the community and law enforcement who were interviewed felt that drug treatment followed by provision of jobs would be the way to improve the lives of drug users. Despite this, eviction drives were frequent during the survey period which was often conducted by local communities.

Of the 176 female drug users interviewed, 61.4% were married and/or living with their sex partners. Their average age was 28.6 years. More than 90% of the female drug users were currently employed and more than half were selling sex. Most of the female drug users (69.4–92.8%) were residing in either their own or a rented house. Overall, female drug users were poly drug users. Most smoked either cannabis (76.1%) or heroin (57.4%), and a relatively small proportion (15.9%) reported ever injecting drugs. Among the 28 female drug users who said they had injected drugs, 21 reported doing so in the last six months but the frequency of injecting was low. Most obtained their needles/syringes from pharmacies. Among the injectors 46.4% started with injections, while others had switched from smoking to injecting. Similar proportions injected buprenorphine and heroin. In the last six months abscesses were reported by more than one third of injectors. Eight of the 28 female injectors reported either lending or borrowing needles/syringes ever in their lifetime and six said they had shared injection paraphernalia (other than needles/syringes) at the time of the last injection. In the last six months, half of the respondents took drugs in a group; in most cases, the number of people present in the drug-taking group was six or less and 67% said they had changed their drug using group in the last six months. Female drug users reported very risky sexual practices with 67% having ever sold sex and 61.4% had used condoms during their last commercial sex. More than half (55.4%) had a non-commercial irregular partner ever in their lifetime and 32% used condoms during last sex with such a partner. Most of the female drug users who ever sold sex used drugs just before selling sex (88.1%). Anal sex was reported by close to one fifth of the female drug users, mainly with regular sex partners (38.2%) and husbands (35.3%). Close to

three quarters of female drug users who had sex in the last year reported having multiple sex partners. Of them 38.7–94.7% had had more than 10 different sex partners in the last year. A substantial proportion of female drug users complained of STI symptoms (77.8%) in the last six months. Most had heard of HIV and AIDS, the overall knowledge about prevention and transmission was quite good with less than 6% who could not identify a single way of prevention and/or transmission of HIV. Approximately one-fourth had been tested for HIV. Among those who were not tested, 67.5% expressed their willingness to be tested. The majority of the respondents (69.9%) had been approached by someone to provide information related to HIV and AIDS at some point in their lives. Only about a quarter of the female drug users (24.4%) said that they had undergone detoxification and rehabilitation treatment ever in their lifetime. The main reasons for not receiving treatment included having no facilities available nearby (38.3%), not requiring any treatment (32.3%) and the inability to pay (24.1%). Of the female drug users, 26.7% said that they had been imprisoned at some point in their lives.


The average age of the 312 female regular sex partners of male drug users interviewed was 29.2 years, 45.5% were illiterate or their literacy was confined to "able to provide signature" only. Most were married (88.5%), 55.4% were currently employed, among those, for 27.7%, selling sex was the main source of income. Of the married regular sex partners, 85.1% had children and the children of 11.5% of this group had dropped out of school, which in most cases was because of a drug using family member. Of the 312 regular sex partners 34 said they had ever used drugs, most of them used cannabis (67.6%), alcohol (41.2%) and heroin (29.4%); none injected drugs. None of them knew that their husband/current regular male sex partner used drugs at the time of marriage or starting their relationship. All the regular sex partners interviewed had sex in the last year, but only around 30% used condoms during last sex in the last year and 13.8% ever had anal sex with their current male drug using partner. Among the 34 women who used drugs themselves, 61.8% said they had also taken drugs before sex. Most of the women interviewed had heard of HIV and AIDS. The overall knowledge regarding prevention and transmission was quite good. Approximately one fourth of the regular sex partners (24.7%) perceived themselves to be at risk of getting HIV infection, of which 52.3% considered their risk to be high, mainly due to the irregular use of condoms. More than half (62.8%) of the regular

female sex partners of male drug users, complained of symptoms of STIs in the last year. Of these, most sought treatment for STIs mainly from pharmacies (31.1%), MBBS doctors (32.8%) and NGO clinics (14.3%). More than one-third (34.9%) did not know that there was an organisation in the locality providing STI-related services. Only 12 female regular sex partners had been tested for HIV. However, more than half of those who had not been tested were willing to be tested. When asked if they had ever been approached by anyone who provided information on HIV and AIDS, 33.7% responded in the affirmative, but more than half said that this was a long time ago. Some of the women were very angry with their husbands who often beat them and tortured them in different ways. Moreover, society in general shunned them because of their partners' drug-taking habits. These women wanted harsh punishment for drug users.

The two groups of women drug users and sex partners of male drug users sampled in this RSRA were different in some ways and similar in others. Female drug users were, on the whole, less educated, but most were

employed, and earned more than twice as much as their partners. Of those currently employed, sex work was most commonly reported in both groups and the practice of risky sexual behaviours was the main risk and vulnerability for HIV and STIs in these women. In some ways female drug users were more empowered than female sex partners of male drug users, as they had access to information and services, and more decision-making abilities.

The RSRA revealed that despite the absence of dedicated or gender-sensitive services for female drug users, harm reduction services in Bangladesh appears to have broadened its scope, with NGOs reaching out to women as well. Expansion of reach to female regular sex partners of male drug users has been somewhat less and remains a major gap. Overall, the demand is much more than what is available, and the availability is also not uniform in all areas. It is therefore recommended that services become available in all areas and that women (drug users and partners of male drug users) are involved in the design, setting up and provision of those services.



Introduction

Bangladesh is fortunate that it has so far maintained a low level HIV epidemic¹⁻⁴. However, HIV prevalence has recently risen to above the 5% concentrated epidemic mark (according to the UNAIDS/WHO criteria)⁵ among injecting drug users (IDUs) in Dhaka, where it was recorded at 7% in 2007⁶. During this 8th round of serological surveillance, a total of 6,508 drug users were sampled from 28 different areas in Bangladesh amongst whom the overall prevalence of HIV was 1.2%. Other than Dhaka, HIV was detected in drug users from five cities, but in all these sites HIV prevalence was very low. However, it has been well-documented through the national Behavioural Surveillance Survey (BSS)^{1, 2}, many Rapid Situation and Response Assessments (RSRAs)^{7, 8} and research studies^{9, 10} that IDUs practice very risky behaviours regarding both injecting and unsafe sex. The BSS data show that 36.1% of male IDUs in Dhaka were currently married, 37.8% used condoms in last sex in the last year with their regular sex partners and 19.5% had done so consistently in the last month¹¹. IDUs also bought sex from female sex workers; 66.4% bought sex in the last year. Thus wives of IDUs are very vulnerable to HIV and other infections. The vulnerability of wives of IDUs to HIV infection has been documented in Manipur, India where 45% of the wives of HIV positive IDUs were found to be HIV infected within seven years of an HIV outbreak among IDUs¹². There is no information available on wives and other regular female sex partners of male IDUs in Bangladesh.

Information on female drug users in Bangladesh has been mainly obtained from a cohort study conducted among 130 drug users in three cities – Dhaka, Tongi and Narayanganj (the latter two cities are adjacent to Dhaka)¹³. This study showed very low levels of HIV and compared to male IDUs, the levels of hepatitis C (HCV) was also low. However, the active syphilis rate was very high (8.5%) and was comparable to that in female sex workers on the streets of Dhaka. This is not surprising given that close to two thirds of the female

drug users were sex workers. Unsafe injection practices were also documented in female IDUs who were found to be more vulnerable than their male counterparts as they were more likely to share injection equipment¹⁰. Moreover, 33.3% of female IDUs who were not sex workers reported having shared their needles/syringes with their male sex partners in the last six months. This is a cause for worry, especially in Dhaka where 7% of male IDUs are HIV infected. When asked about reasons for sharing, 12% said that they felt sharing with their husband was safe. Qualitative data shed more light on reasons for sharing; some female drug users reported that they relied on their male partners because drug sellers not only demanded higher prices from females but also in many instances sold them adulterated drugs, assuming that they would not recognize the impurity of the drugs, or even if they did, they would be helpless to do anything about it. Others were dependent on male IDUs for their injections because they were afraid to push injections into their own bodies.

Harm reduction services for IDUs in Bangladesh has been centred on male IDUs. There are several drop-in centres (DICs) within the community through which services are provided for treating sexually transmitted infections (STI), abscess management, rest and recreational facilities, HIV/AIDS education, needle/syringe exchange, and male condoms^{9, 14}, but the special needs of female drug users have not been considered. Also, sex partners of male drug users have not been actively brought under the umbrella of services provided to males. Available data presented briefly above suggest that these women (drug users and sex partners of male drug users) require special services which are not at present being provided and for this reason UNODC through its joint UN (UNAIDS, UNODC & WHO) initiative on prevention of transmission of HIV among drug users in SAARC countries (with the exception of Afghanistan), aimed at addressing this gap in Bangladesh. In Bangladesh, phase-I of the project started in November 2004 and

continued up to November 2007 and the phase-II of the project started in December 2007. The Department of Narcotics Control (DNC), Ministry of Home Affairs (MOHA) and National AIDS/STD Programme (NASP), Ministry of Health and Family Welfare (MOHFW) are the nodal agencies of the project. Four PNGOs working in different geographical locations of Bangladesh are implementing the project in the phase-II and the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) is the mentor organisation for these PNGOs.

One of the activities of phase-II of the H13 project in Bangladesh is to provide HIV prevention services to female drug users and the female sex partners of male drug users. In order that services are provided in a meaningful way, prior to initiating the programmes, an RSRA was conducted among these two population groups. RSRA are designed to provide a better understanding of the presence, accessibility, possible numbers, risks and vulnerabilities, service needs, etc. of the target

population based on anecdotal information, and a mix of qualitative and quantitative survey methods. RSRA are quick and do not need to be scientifically rigorous, as the emphasis is on using the knowledge gained to improve public health responses which are pragmatic and cost effective. A relatively recent review showed that at least 83 RSRA on substance use involving 322 different sites in 70 countries were undertaken between 1993–2001¹⁵. Since then several large surveys using this methodology have been conducted in the Russian Federation¹⁶ and in the United States of America¹⁷. To facilitate the process of RSRA, guidelines have been issued by the World Health Organization (WHO)¹⁸ and the UNODC¹⁹.

Therefore, in order for the services to be evidence-based, an RSRA was conducted among female drug users and female regular sex partners of male drug users in four different locations of Bangladesh during December 2007 to March 2008. The findings of the RSRA are presented in this report.

Methodology

2.1 Target populations, PNGOs and geographical coverage

The target population groups for this RSRA were female drug users and regular female sex partners of male drug users. The groups were defined as:

- ◆ Female drug users: Women who had been taking illicit drugs (including alcohol) for more than six months.
- ◆ Female regular sex partners of male drug users: Spouses or sex partners of male drug users who had a history of having sex with the male drug using partner within the last year.

There was an overlap between the two population groups. In these cases, those female sex partners who had taken drugs before the last six months were considered under the female regular sex partner group, while those who had taken drugs within the last six months were considered as drug users for this RSRA.

The different geographical areas covered by each PNGO were selected based on their own existing service area and some pre-existing information on the presence of the target populations in those areas. The PNGOs and the areas covered by each are listed below and shown in Figure 1.

- ◆ **Ashokti Punorbashon Nibash (APON):** Ward numbers 41, 42, 43 of Dhaka City Corporation which mainly covered Mohammadpur Thana of Dhaka city.
- ◆ **Society for Community-health Rehabilitation Education and Awareness (CREA):** Ward numbers 47, 48 and 58 of Dhaka City Corporation which are mainly under the Hazaribagh Thana.
- ◆ **Dhaka Ahsania Mission (DAM):** Ward numbers 1, 3, 4 and 8 of Gazipur Pourashava (Joydebpur) of Gazipur district and the national park area which is outside the Pourashava (municipality).
- ◆ **Light House:** Natore Pourashava which is located in Natore district under Rajshahi Division.

Maps with more details of the geographical areas covered by each PNGO are provided in annexes 1 and 2.

2.2 Study design and methodology

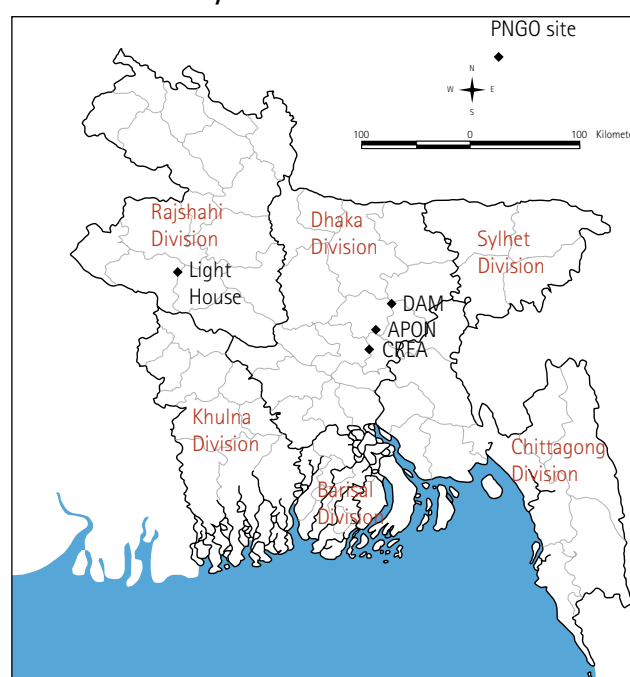
The standard methodology for conducting RSRA^{18, 19} was followed. Thus, initially secondary data was collected from each area which was followed by collection of primary data. Primary data collection was both qualitative and quantitative in nature. Data from these sources were triangulated to obtain a picture of women affected by drug use in each study area.

2.2.1 Secondary data-collection

Secondary information was collected from several sources:

- ◆ Well circulated national/local news paper (annexe 3).
- ◆ Reports of previous RSRA conducted in the same areas⁷.

FIGURE 1: Study area of each PNGO



- ◆ drug seizure lists were collected from the local offices of the DNC (Annexe 4).
- ◆ local drug-related information was also collected from the local police station, drug treatment centre, NGOs working in the area, etc.

Together the information from these sources provided insights into the local drug scenario.

2.2.2 Key informant interviews

Initially informal discussions were held with some key personnel including from the DNC, police, NGOs providing HIV prevention services and drug treatment centres. These consultations revealed issues that were then explored in-depth through key informant interviews (KIIs). KIIs were conducted with NGO service providers, law enforcement personnel (police, prison and DNC officials), community people (local leaders, teachers, tea-stall owners) etc. Findings of these KIIs were validated while conducting focus group discussions (FGDs).

2.2.3 Spot observations

Information obtained through the above procedures revealed the venues or spots where drugs were usually taken. With the help of guides (current and ex-drug users, NGO staff, social workers with sufficient local knowledge), these spots were visited for direct observation to assess the presence of female drug users in those venues and if present, to obtain a rough idea of their numbers. The information gained through these spot observations were then validated by checking with available local drug users.

2.2.4 Focus group discussions

Several FGDs were conducted at suitable pre-arranged locations separately with female drug users and regular female sex partners of male drug users. This was aimed at understanding services available for them, gaps in those services, their needs, number of drug-taking spots in the locality. The number of participants for each FGD ranged from 6-8 and each session was for 40-60 minutes. Also, information generated through KIIs and spot observations were validated during the FGDs.

2.2.5 One to one interviews

One to one interviews were conducted using a semi-structured questionnaire, with non-randomly selected female drug users and sex partners of male drug users. The questionnaire explored drug-taking behaviour,

sexual behaviour, risks related to HIV/STI, services available, knowledge and perception on HIV/AIDS, etc. All women who were currently using illicit drugs and regular female sex partners of male drug users (current users) who were available during the survey period were included in the survey.

2.2.6 Sampling strategy

A convenient sampling technique was followed for this assessment. The guidelines on RSRA by UNODC (1999) state that "an RSRA uses alternative sampling procedures and techniques that aim to find and select cases that are theoretically representative of, and practically relevant to, the specific types of behaviours, groups, populations and topics under study, and for which it is often difficult to obtain direct information¹⁹." For this RSRA, secondary information and KIIs were the source of information for selection of sites for spot observation. This then provided further information, based on which participants for FGDs and one to one interviews were selected. Following the initial selection, a snowball approach led to the identification of other respondents.

2.2.7 Field notes

Interviewers were instructed to keep regular field notes to record the field situation. These field notes were a valuable source of information that was used for triangulation.

2.2.8 Staff recruitment and training

A team of 25 personnel, all of whom were staff of the four PNGOs, were selected to conduct the RSRA. They were working as peer outreach workers, peer outreach coordinators, social workers or project officers. All had considerable experience of working with drug users. The personnel were divided into four teams (one team for each PNGO) and the staff of the respective PNGOs conducted the survey in their own geographical area. Each team consisted of a supervisor and 5-6 interviewers.

As a mentor, ICDDR,B organized a two-day training for the staff on RSRA. The main objectives of this training were:

- ◆ To orient staff on issues related to substance use and HIV vulnerability.
- ◆ To present an overview of the techniques involved in RSRA such as spot observation, one to one interviews, KIIs, FGDs.

The training on RSRA was based on the same guidelines¹⁹ and the tool-kit²⁰ used for RSRA conducted on male drug users in phase-1 of the H13 project in 2005. After the training, all survey tools, one to one questionnaires, guidelines and checklists for FGD, KII and spot observation were field-tested. After incorporating the field test findings, all survey tools were finalized by ICDDR,B.

A day-long training was also provided on data entry by the data management team of ICDDR,B.

2.2.9 Quality control

The interviewers handed over their completed questionnaires to their respective supervisors regularly. These questionnaires were checked by the field supervisor in the field. Supervisors resolved any inconsistencies after consultation with the concerned interviewer.

2.3 Data entry and analysis

Data entry was done by the PNGOs. Two data entry screens were developed; one for female drug users and another for the regular female sex partners of the male drug users. ICDDR,B provided ongoing support while data was entered by the PNGOs.

Data was entered using standard data entry software (EPI INFO, version 3 for windows) and data analysis was carried out using SPSS (version 15). Descriptive analyses were conducted by running frequency tables, calculating means and medians. For categorical variables, proportions were calculated. Several meetings were held between ICDDR,B and PNGOs while cleaning the data. Qualitative data such as FGD, KII, spot observation were translated and analysed by ICDDR,B.

2.4 Challenges faced during the assessment and limitations of the RSRA

Two major challenges were faced by the team while conducting the RSRA – one was related to the hidden nature of female drug users and the sex partners of male drug users, and the other to drug 'cleaning' drives.

- ◆ Reaching the sex partners of the male drug users was not easy; this was done primarily through the male drug users who would lead the survey team to their regular sex partners, which in most cases were their wives. Therefore, contact was made

with those women whose partners were willing to expose them to the team; sometimes male drug users were not willing to help the interviewers meet their wives and these women were therefore not brought under the purview of the survey.

- ◆ Female drug users are a hidden population group and only those women who could be found and were willing to participate were surveyed. It is not possible to gauge whether there were more hidden female drug users who were not reached by the survey.
- ◆ Spot eviction by the law enforcement agencies occurred several times during the survey which led to difficulties in observations, finding respondents and gaining their trust.

There were several limitations of the RSRA some of which were a result of the challenges discussed above.

- ◆ Limited access – as discussed above, access was limited both in the case of female drug users and female sex partners of male drug users. As this is an RSRA, it is not designed to select a random sample and therefore, these data cannot be generalised to all women in these groups but reflect the situation in women who are accessible.
- ◆ Overlap between female drug users and female sex partners of male drug users – in some cases female sex partners of male drug users were also drug users themselves. A six month cut-off in the duration of drug use was arbitrarily selected as a basis for categorising women into either group (as presented in section 2.1). Such categorisation ignores the unique situation of women who are both sex partners of drug users as well as drug users themselves.
- ◆ The areas selected were very localised to distinct wards and not the entire district, city or thana. It is known that in a large city such as Dhaka, there is considerable heterogeneity in drug users' demographics, their drug taking practices and other risk behaviours. Therefore, data from these localities cannot be generalised to the entire city or thana.

2.5 Ethical consideration

The data was collected after obtaining written informed consent. All participants were assured that a refusal to participate in the assessment will not lead to denial of any of the services offered by the implementing PNGO.



Results

3.1 Qualitative data analysis

A total of 68 KIIs, 22 observations of spots and 16 FGDs were conducted in the areas selected for the four PNGOs (Table 1).

3.1.1 Key informant interviews

Issues emanating from the KIIs were categorised into three major themes: the drug scenario; considering HIV/AIDS as a problem; and suggestions on how to improve the lives of drug users and how to address the problem of illicit drug use.

Theme 1: The drug scenario

Service providers, general people from the local community and law enforcement personnel each have different positions in society and therefore different perspectives on the use of illicit drugs within their own communities. Regarding the extent of the problem with drug use, service providers and general people from the local community felt that this was a major problem in their area which had increased over time, whereas key informants from the police felt that the problem had declined due to effective initiatives taken by the police. Tea-stall owners, teachers, NGO workers – all underscored that increased availability of drugs was the main reason for the increase in drug use along with unemployment and the resulting frustration. They felt that as drug peddling is lucrative, many are attracted to it and in some families both the husband and wife are drug users as well as drug peddlers.

Theme 2: Considering HIV/AIDS as a problem

Most of the key informants felt that HIV/AIDS was a major problem not only in their area but for the nation as a whole. The reason for their belief was the presence of large numbers of sex workers and IDUs. A DNC official of Gazipur said *"I think that the eviction of brothels also increased the risk of HIV. Earlier, sex workers lived in a defined place but after eviction from brothels they have spread out in so many different places."*

One service provider in Natore felt that as the number of IDUs was small in their locality, HIV was not at a big problem in their area. Participants from the DAM area felt that Joydebpur was particularly vulnerable to an HIV epidemic because of being an industrial area with many internal migrants, who lived there without their families and therefore engaged in sex with sex workers.

TABLE 1: Numbers of KIIs, spot observations and FGDs conducted

Name of PNGOs (area covered)	Number of KIIs conducted	Number of spot observations done	Number of FGDs done
CREA (Hazaribagh)	16	10	4
APON (Mohammadpur)	18	4	2
Light House (Natore)	11	6	7
DAM (Gazipur)	23	2	3
Total	68	22	16

Theme 3: Suggestions on how to improve the lives of drug users and how to address the illicit drug problem

Some participants were sympathetic towards the plight of drug users as exemplified by a quote from a police officer in Dhaka "... usually they are from a lower class, unemployed and frustrated, we should be sympathetic towards drug users."

Most of the key informants reinforced the necessity of provision of jobs after drug treatment, without which a relapse is likely. A teacher from the DAM area said that it is important to first understand the cause that leads to drug use, as only then would it be possible to address the problem. Most respondents felt that supportive measures emphasising drug treatment, family support, awareness level of guardians, awareness programmes for the youth (especially teenagers) providing messages on the "evil" effect of drugs etc., would help alleviate the negative impact of drugs. One respondent in the DAM area felt that newspapers could help create a real understanding among the general public about drugs and why drugs should be avoided.

Some respondents, however, stressed the need for adopting a more hard-line approach. One member of local club in the CREA area said "... they (drug users) should be shot dead." A shopkeeper in Natore said "... beat them (drug users) so that they leave the area and catch the drug peddlers and put them into jail."

3.1.2 Focus group discussions

FGDs were conducted with female drug users and regular sex partners of male drug users to better understand the drug scenario in the catchment areas, the availability and gaps in services for drug users related to their health and drug use, the nature of harassment and sufferings faced by drug users and spouses of drug users, suggestions for bringing about positive changes in a drug user's life, etc. A thematic analysis of the FGDs is presented below:

3.1.2.1 FGDs with female drug users

Theme 1: Availability of different types of drugs, drugs used, venues for taking drugs

The drugs available in the four geographical areas were similar with a few exceptions and are shown in Table 2 below.

TABLE 2: List of drugs available in the PNGO sites

S. No.	APON (Mohammadpur)	CREA (Hazaribagh)	DAM (Gazipur)	Light House (Natore)
1.	Cannabis	Cannabis	Cannabis	Cannabis
2.	-	Hashish (Charash)	-	-
3.	Heroin	Heroin	Heroin	Heroin
4.	Codeine containing cough syrup (Phensedyl)	Codeine containing cough syrup (Phensedyl)	Codeine containing cough syrup (Phensedyl)	Codeine containing cough syrup (Phensedyl)
5.	-	Opium (afim)	-	
6.	Buprenorphine injection	Buprenorphine injection	Buprenorphine injection	Buprenorphine injection
7.	-	Pethidine injection	-	Pethidine injection
8.	Alcohol including Chuani (locally made alcohol)	Alcohol including Chuani (locally made alcohol)	Alcohol including Chuani (locally made alcohol)	Alcohol including Chuani (locally made alcohol)
9.	Dandy (glue sniffing)	Dandy (glue sniffing)	-	Dandy (glue sniffing)
10.	Nitrazepam tablets	Nitrazepam tablets Diazepam tablets	Nitrazepam tablets	Diazepam tablets
11.	-	Jhakki (a mixture of Nitrazepam and Diazepam with cough syrup etc.)	-	Jhakki (a mixture of Nitrazepam and Diazepam with cough syrup etc.)
12.	Methamphetamine (Yaba)	Methamphetamine (Yaba)	Methamphetamine (Yaba)	Methamphetamine (Yaba)

Participants from all areas covered by the PNGOs said that most available drugs were adulterated but nonetheless selling at a high price. They also said that 'cleaning' drives by law enforcement agencies and the local community had led to a shortage of drugs in these areas. Mobile phones were used to make contact with drug sellers to purchase and collect the drugs and drug users sometimes moved to areas where drugs were more easily available. Drug users who took drugs in a group usually did not change their group. In Dhaka, the drug taking venues were fairly public and generally known to people. This was not found to be the case in the DAM area – Joydebpur – where many of the drug users bought drugs and took them home to consume.

Theme 2: Services available for female drug users regarding health and drug use

The availability and access to services for general health problems and those related to drug use varied in the different areas covered by the four PNGOs. For CREA and APON in Dhaka the responses were similar.

CREA and APON areas located in Dhaka: Although there were several NGOs working in the catchment areas of APON and CREA, very few provided services to drug users. The two NGOs that were mentioned as providing services for female drug users were the Modhumita clinic (FHI funded project implemented by APON) and harm reduction services for drug users provided by CARE Bangladesh. Although the programme of CARE Bangladesh is oriented to male drug users, many participants said that they had received awareness on HIV/AIDS and drug treatment through CARE Bangladesh.

DAM area located in Joydebpur, Gazipur: The participants said that there was no organisation providing any services for drug users, male or female, located in this area. However, most of the participants knew that DAM provided free-of-cost drug treatment services through their treatment centres located in Rajendrapur (~20 kilometers from the catchment area) and Dhaka (~40 kilometers from the catchment area), and some drug users from this area were referred to those centres. Although World Vision provided STI services here, this service was not geared to drug users. They mentioned that some private treatment centres provide drug treatment services in Gazipur, but there were costly and not affordable by most drug users and moreover, not available for female drug users. A comment made by a female drug user in the area covered by DAM exemplifies their predicament when seeking health services from clinics and hospitals in this area:

"...we neither get proper treatment nor proper behaviour from the service providers as we are drug users, we are not even treated like human beings".

Light House area located in Natore: Participants said that there were some NGOs working with drug users in this area that provided free condoms and STI treatment. Some also mentioned the name of Light House which has been providing services in this area for male drug users since 2004.

Theme 3: Harassment

Harassment was commonly reported and most said that family members were the main sources of harassment. *"...I have no access to my elder sister's house, when I enter her house she compels me to take a bath then she gives me food and when I finish eating she forces me to leave"* – a quote from a drug user in CREA's site.

One participant in Natore said *"when I visit any house they assume I am a thief."*

The Police force was also mentioned as perpetrators of harassment; a drug user from the APON area said *"...sometimes police demand money and if a drug user fails to give money, s/he is harassed. Previously we managed police or musclemen by providing bribes, but currently, due to the pressure of higher authority, police takes us to jail"*.

Theme 4: Suggestions on how to improve the lives of drug users

The main issue raised by most of the participants in all sites, was long term drug treatment which should be a combination of psychological and counselling support, vocational and life-skills training programmes and job placement after the treatment. In addition, the participants of Light House, demanded free education for their children and drug treatment not only for themselves but also for their husbands.

3.1.2.2 FGDs with regular sex partners of male drug users

Theme 1: Availability of different types of drugs, drugs used, venues for taking drugs

Although the majority of the regular sex partners were not themselves drug users, but being the spouse of a drug user they were directly affected by the drug-taking habit of their partners and were therefore aware of the drug scenario in their respective areas. According to them, the drugs commonly used were, heroin, phensedyl, cannabis, sleeping pills and injection of buprenorphine. Some of the participants in Dhaka and Gazipur said that methamphetamine (Yaba) was also being taken. Participants in the DAM area said that due to the political situation, i.e. presence of emergency rule, drug taking venues had changed and drug users were hiding. They also said that the sale of adulterated drugs had increased.

Theme 2: Impact of drug use by male drug users on their regular female sex partners

The wives and regular sex partners of male drug users were all sufferers because of the drug taking habit of their male partners. They complained of being tortured by their husbands which usually occurred after taking drugs.

A participant from the CREA area said *"...if I don't give money to my husband for his drug use, he beats me and threatens to kill me by electric shock"*.

They also complained that they were discriminated against by the community because of their husbands' behaviour. A common complaint was *"...neighbours always suspect us, don't come near us and sometimes call us the wife of heroinchee (heroin user), and they don't allow us into their home"*.

One participant in the Light House area said that her child was refused admission to school because her husband was a drug user.

Participants of APON said *"...sometimes, after seeing our husbands take drugs, we wonder whether we should start as well"*.

Theme 3: Services available for regular sex partners and their husbands related to health and drug use

In all areas respondents said that they had limited access to health services (including drug treatment) for both themselves and their drug using partners. Most were dependent on pharmacies for their day to day health-related problems. A respondent from the CREA area in Dhaka said *"...if my husband feels sick he takes heroin which cures him of his illness"*.

Some NGOs were specifically mentioned as providing services for drug users and these included the Marie Stopes Clinic Society, CARE Bangladesh in Dhaka; ASRU and Light House in Natore. There were no such NGOs in Joydebpur.

Theme 4: Risk perception

As spouses or sex partners of male drug users these women were aware that they were at risk of HIV and other STIs. Some said that they were scared of having sex with their husbands because they were not sure where their husbands go and what they do outside. Although they themselves are faithful to their husbands, but they doubt that their husbands are faithful. One participant from the Light House area said *"...drug use increases the urge for sex, that's why they often engage in sex with sex workers. Without it how they will satisfy their needs?"*

Theme 5: Suggestions on how to improve the lives of drug users

Similar to the female drug users, regular sex partners of male drug users also suggested that making drug treatment available alongwith jobs would help drug users overcome their addiction. Some suggested that

reduction of the supply of drugs alongwith punishment of drug sellers would be the solution to this problem. Others were much angrier and expressed their enormous frustration through suggesting extreme measures. One participant from the CREA area said “...*maira felan tagore (kill them [drug users])*”.

3.1.3 Identification of drug taking spots or venues

Based on the information received through secondary sources, KIs and FGDs, the spots where female drug users congregated for drug use were identified. The spots identified through this assessment are summarized in Table 3 and in maps shown in annexe 1 and 2.

TABLE 3: Drug using spots

PNGO	Major drug spot
APON (Mohammadpur)	Agargaon BNP Bastee, Geneva camp, Market camp, Katasur, Beribadh, Bash Bari, Mohammadpur Town Hall
CREA (Hazaribagh)	Kalar Mar Mazar, Godi Ghar, Modhubazar, Nimtoli, Kalu Nagar, Nabipur, City colony, Badda Nagar, Enayetganj, Bhagolpur.
DAM (Gazipur)	National Park, BIDC, Burulia, Mirali, Munshipara, Bilashpur and Laxshmipura, Joydebpur Railway Station, Choto Deora, Niler Para
Light House (Natore)	Dighapatia, Kalur Mour, Sonarpar, Uttar Borgacha, Hulil Baria, Railway Station, Chak Badianath, Half Rasta, Patua Para, Kandi Bhita, Mallick Hati, Belgharia, Tebaria.

3.2 Quantitative data analysis

3.2.1 One to one interview

A total of 488 one to one interviews were conducted with the female drug users and regular female sex partners of male drug users in the 4 PNGO sites, of which 176 were with female drug users and 312 were with regular sex partners of male drug users. Among the 176 female drug users, 85 women were also regular sex partners of male drug users.

Data have been analysed separately from the two population groups; female drug users and regular female sex partners of male drug users.

3.2.1.1 Female drug users

Out of the total 176 one to one interviews with the female drug users, 69 were from the areas of Light House, 49 from APON, 36 from CREA and 22 were from DAM.

Socio-demographic characteristics (Table 4)

Table 4 provides the socio-demographic characteristics of the participants from the four PNGO sites. The average age of female drug users was 28.6 years. Very few were unmarried and the proportion of female drug users who were not currently married was highest in the area covered by DAM. Most of the drug users were illiterate or their literacy was limited to only being able to sign their names, except in the area covered by DAM – where most had either primary or secondary level of education. More than 90% of the female drug users were currently employed and more than half were female sex workers, the majority being from the areas of CREA and DAM. However, a considerable proportion from the area of APON (46.3%) also mentioned stealing/snatching/cheating as the current source of income. Most of the female drug users (69.4–92.8%) were residing in either their own or rented houses. Homelessness (i.e. living on streets, verandas, abandoned buildings, bus terminals, etc.) was also reported from all areas. Less than one-fifth said they changed their locality frequently, among whom the average frequency of change was five times in the last six months.

TABLE 4: Socio-demographic characteristics

Variables	CREA (Hazaribagh) N=36 Unless otherwise stated	APON	DAM (Gazipur) N=22 Unless otherwise stated	Light House (Natore) N=69 Unless otherwise stated	Total N=176 Unless otherwise stated
Age (in years)					
Mean (SD)	24.3 (5.7)	25.4 (4.7)	25.7 (5.5)	34.0 (10.4)	28.6 (8.8)
Median (IQR)	22.5 (22.0-33.0)	25.0 (23.0-27.0)	25.0 (21.5-31.3)	33.0 (27.5-40.0)	27.0 (22.0-33.0)
Current marital status, % (n)					
Married/living together	50.0 (18)	67.3 (33)	40.9 (9)	69.6 (48)	61.4 (108)
Married before (Divorced, separated, widow/widower)	22.2 (8)	20.4 (10)	40.9 (9)	27.5 (19)	26.1 (46)
Never married	27.8 (10)	12.2 (6)	18.2 (4)	2.9 (2)	12.5 (22)
Educational status, % (n)					
Illiterate/can only sign	58.3 (21)	69.4 (34)	22.7 (5)	72.5 (50)	62.5 (110)
Primary	27.8 (10)	14.3 (7)	40.9 (9)	21.7 (15)	23.3 (41)
Secondary/higher secondary	13.9 (5)	14.3 (7)	36.4 (8)	4.3 (3)	13.1 (23)
Graduate or above	0	2.0 (1)	0	1.4 (1)	1.1 (2)
Employment status, % (n)					
Currently employed	94.4 (34)	83.7 (41)	90.9 (20)	94.2 (65)	90.9 (160)
Employed before	2.8 (1)	4.1 (2)	0	0	1.7 (3)
Never been employed	2.8 (1)	12.2 (6)	9.1 (2)	5.8 (4)	7.4 (13)
Current main source of income (among those who were currently employed), % (n)	N=34	N=41	N=20	N=65	N=160
Government employee	0	0	0	3.1 (2)	1.3 (2)
Other services (garments etc)	0	0	10.0 (2)	4.6 (3)	3.1 (5)
Drug seller	5.9 (2)	7.3 (3)	15.0 (3)	1.5 (1)	5.6 (9)
Stealing/snatching/cheating	5.8 (2)	46.3 (19)	0	1.5 (1)	13.8 (22)
Small trader	5.9 (2)	0	0	7.7 (5)	4.4 (7)
Beggar	0	0	0	1.5 (1)	0.6 (1)
Sex worker	82.4 (28)	41.5 (17)	75.0 (15)	46.2 (30)	56.3 (90)
Housemaid	0	2.4 (1)	0	4.6 (3)	2.5 (4)
Day labourer	0	2.4 (1)	0	29.2 (19)	12.5 (20)

Variables	CREA (Hazaribagh) N=36 Unless otherwise stated	APON	DAM (Gazipur) N=22 Unless otherwise stated	Light House (Natore) N=69 Unless otherwise stated	Total N=176 Unless otherwise stated
Monthly income (in taka) (among those who were currently employed)	N=34	N=41	N=20	N=65	N=160
Mean (SD)	12838.2 (7190.8)	12792.7 (4907.9)	10650.0 (8305.2)	2601.5 (1503.2)	8394.4 (7036.5)
Median (IQR)	12000.0	15000.0	9000.0	2200.0	6000.0
(Ref. Table-4, Page-12)	(7750.0-15000.0)	(8000.0-15500.0)	(5000.0-13750.0)	(2000.0-3000.0)	(2625.0-12000.0)
Main expenses (among those who were currently employed)	N=34	N=41	N=20	N=65	N=160
For my family and for my drug use	8.8 (3)	0	0	58.5 (38)	25.6 (41)
For my family and for the drug use of myself/husband/partner	32.4 (11)	17.1 (7)	30.0 (6)	35.4 (23)	29.4 (47)
Only for my drug use	58.8 (20)	82.9 (34)	70.0 (14)	6.2 (4)	45.0 (72)
Location where they live, % (n)					
House (own or rented)	69.4 (25)	73.5 (36)	72.7 (16)	92.8 (64)	80.1 (141)
Relatives house	2.8 (1)	2.0 (1)	4.5 (1)	2.9 (2)	2.8 (5)
Street	22.2 (8)	16.3 (8)	4.5 (1)	1.4 (1)	10.2 (18)
Veranda/abandoned building/bus terminal etc	5.6 (2)	8.2 (4)	18.2 (4)	2.9 (2)	6.8 (12)
History of frequently changing the locality where they lived, % (n)	61.1 (22)	6.1 (3)	13.6 (3)	8.7 (6)	19.3 (34)
Number of times changed residence in the last six months (among those who changed residence in the last six months)	N=22	N=3	N=3	N=6	N=34
Mean (SD)	5.4 (3.3)	6.7 (7.2)	1.7 (0.6)	4.7 (3.9)	5.0 (3.7)
Median (IQR)	4.0 (3.0-6.3)	3.0 (2.0-9.0)	2.0 (1.0-2.0)	3.0 (2.0-7.5)	4.0 (3.0-6.0)
(Ref. Table-4, Page-13)					

Note: M refers to median

History of drug use (Table 5)

Table 5 provides the drug use profile of female drug users from the different PNGO sites. Overall, female drug users were poly drug users. Most smoked either cannabis (76.1%) or heroin (57.4%). A relatively small proportion (15.9%) reported ever injecting drugs and this group was mostly from the area covered by APON. Among the 28 female drug users who said they had injected drugs, 21 reported doing so in the last six months, but the frequency

of injecting was low. Most obtained their needles/syringes from pharmacies. Surprisingly, among the injectors, close to half (46.4%) had started with injections, while others had switched from smoking to injecting. Also, it is worth noting that similar proportions injected buprenorphine and heroin. In the last six months abscesses were reported by more than one-third of injectors. Among all the areas covered by PNGOs, very few female drug users from the area covered by DAM were aware of any organisation providing services for the welfare of drug users.

Injection-related risk behaviour

Eight of the 28 female injectors reported either lending or borrowing needles/syringes ever in their lifetime, four of whom had done so in the last six months. Of the latter four, two cleaned needle/syringes using either water with bleaching powder or clean water. Sharing of injection paraphernalia (other than needles/syringes) during the last injection was reported by six female injectors. Twelve of the 28 IDUs reported injecting a cocktail of pharmaceuticals consisting of antihistamines and diazepam.

TABLE 5: History of drug use

Variables	CREA (Hazaribagh) N=36 Unless otherwise stated	APON (Mohammadpur) N=49 Unless otherwise stated	DAM (Gazipur) N=22 Unless otherwise stated	Light House (Natore) N=69 Unless otherwise stated	Total N=176 Unless otherwise stated
Proportion that ever drank alcohol, % (n)	88.9 (32)	87.8 (43)	86.4 (19)	53.6 (37)	74.4 (131)
Proportion that ever smoked cannabis, % (n)	83.3 (30)	89.8 (44)	72.7 (16)	63.8 (44)	76.1 (134)
Proportion that ever smoked heroin, % (n)	83.3 (30)	95.9 (47)	90.9 (20)	5.8 (4)	57.4 (101)
Proportion that drank alcohol in the last six months (among those who ever drank alcohol), % (n)	N=32 71.9 (23)	N=43 48.8 (21)	N=19 94.7 (18)	N=37 89.2 (33)	N=131 72.5 (95)
Proportion that smoked cannabis in the last six months (among those who ever smoked cannabis), % (n)	N=30 86.7 (26)	N=44 95.5 (42)	N=16 100.0 (16)	N=44 88.6 (39)	N=134 91.8 (123)
Proportion that smoked heroin in the last six months (among those who ever smoked heroin), % (n)	N=30 96.7 (29)	N=47 100.0 (47)+	N=20 100.0 (20)	N=4 100.0 (4)	N=101 99.0 (100)
Proportion that ever injected any drugs, % (n)	13.9 (5)	42.9 (21)	4.5 (1)	1.4 (1)	15.9 (28)
Proportion that injected in the last six months, % (n)	13.9 (5)	28.6 (14)	4.5 (1)	1.4 (1)	11.9 (21)

Variables	CREA (Hazaribagh) N=36 Unless otherwise stated	APON (Mohammadpur) N=49 Unless otherwise stated	DAM (Gazipur) N=22 Unless otherwise stated	Light House (Natore) N=69 Unless otherwise stated	Total N=176 Unless otherwise stated
Proportion that ever injected heroin, % (n)	5.6 (2)	40.8 (20)	0	0	12.5 (22)
Proportion that injected heroin in the last six months (among those who ever injected heroin), % (n)	N=2 100.0 (2)	N=20 60.0 (12)	N=0 -	N=0 -	N=22 63.6 (14)
Proportion that ever injected buprenorphine, % (n)	13.9 (5)	24.5 (12)	4.5 (1)	1.4 (1)	10.8 (19)
Proportion that injected buprenorphine in the last six months (among those who ever injected buprenorphine), % (n)	N=5 80.0 (4)	N=12 66.7 (8)	N=1 100.0 (1)	N=1 100.0 (1)	N=19 73.7 (14)
Frequency of taking injection in the last six months (among those who injected in last six months), % (n)	N=5	N=14	N=1	N=1	N=21
Only once	20.0 (1)	28.6 (4)	0	100.0 (1)	28.6 (6)
2-3 times	20.0 (1)	35.7 (5)	100.0 (1)	0	33.3 (7)
Once a week	0	14.3 (2)	0	0	9.5 (2)
2-3 times a week	40.0 (2)	0	0	0	9.5 (2)
4-6 times a week	20.0 (1)	7.1 (1)	0	0	9.5 (2)
4 or more times in a day	0	14.3 (2)	0	0	9.5 (2)
Proportion that injected in the last week (among those who injected in the last six months), % (n)	N=5 40.0 (2)	N=14 28.6 (4)	N=1 100.0 (1)	N=1 0	N=21 33.3 (7)
Daily expenses (in taka) for drug use Mean (SD) Median (IQR)	278.8 (232.7) 200.0 (150.0-375.0)	389.0 (179.9) 400.0 (255.0-500.0)	215.9 (87.8) 200.0 (150.0-300.0)	33.1 (25.3) 25.0 (20.0-40.0)	205.3 (207.7) 150.0 (30.0-300.0)
Proportion that used other type of drugs before injection (among those who ever injected), % (n)	N=5 100.0 (5)	N=21 42.9 (9)	N=1 100.0 (1)	N=1 0	N=28 53.6 (15)

Variables	CREA (Hazaribagh) N=36 Unless otherwise stated	APON (Mohammadpur) N=49 Unless otherwise stated	DAM (Gazipur) N=22 Unless otherwise stated	Light House (Natore) N=69 Unless otherwise stated	Total N=176 Unless otherwise stated
Proportion that had abscess in the last 6 month (among those who injected in the last six months), % (n)	N=5 40.0 (2)	N=14 35.7 (5)	N=1 100.0 (1)	N=1 0	N=21 38.1 (8)
Sources of needle/ syringe (among those who ever injected), % (n)	N=5	N=21	N=1	N=1	N=28
CARE Bangladesh	20.0 (1)	9.5 (2)	0	0	10.7 (3)
Friends	0	4.8 (1)	100.0 (1)	0	7.1 (2)
Pharmacy	60.0 (3)	85.7 (18)	0	100.0 (1)	78.6 (22)
Pharmacy and CARE Bangladesh	20.0 (1)	0	0	0	3.6 (1)
Proportion that knew about organizations working for the welfare of drug users and available in the respondents locality, % (n)	83.3 (30)	77.6 (38)	4.5 (1)	81.2 (56)	71.0 (125)

Note: M refers to median

Drug using group (Table 6)

In the last six months, half of the respondents took drugs in a group, either always or sometimes. In most cases, the number of people present in the drug taking group was six or less. Disturbingly enough, 67% said they had changed their drug using group in the last six months (Table 6).

TABLE 6: Drug using group

Variables	CREA (Hazaribagh) N=36 Unless otherwise stated % (n)	APON (Mohammadpur) N=49 Unless otherwise stated % (n)	DAM (Gazipur) N=22 Unless otherwise stated % (n)	Light House (Natore) N=69 Unless otherwise stated % (n)	Total N=176 Unless otherwise stated % (n)
With whom drugs were usually taken in the last six months					
Alone	30.6 (11)	26.5 (13)	13.6 (3)	88.4 (61)	50.0 (88)
Group	25.0 (9)	61.2 (30)	9.1 (2)	5.8 (4)	25.6 (45)
Sometimes with group/sometimes alone	44.4 (16)	12.2 (6)	77.3 (17)	5.8 (4)	24.4 (43)

Variables	CREA (Hazariabagh) N=36 Unless otherwise stated % (n)	APON (Mohammadpur) N=49 Unless otherwise stated % (n)	DAM (Gazipur) N=22 Unless otherwise stated % (n)	Light House (Natore) N=69 Unless otherwise stated % (n)	Total N=176 Unless otherwise stated % (n)
Number of people present in the group while taking drugs (among those who took drug in a group in the last six months)	N=25	N=36	N=19	N=8	N=88
≤6	92.0 (23)	91.7 (33)	100.0 (19)	87.5 (7)	93.2 (82)
>6	8.0 (2)	8.3 (3)	0	12.5 (1)	6.8 (6)
Proportion that changed drug user group in the last six months (among those who took drug in a group in the last six months)	N=25	N=36	N=19	N=8	N=88
	72.0 (18)	50.0 (18)	89.5 (17)	75.0 (6)	67.0 (59)

Efforts made to quit injecting drugs and preferred sources of consultation for drug related advice

More than 40% of the female injectors made an effort to quit injections and switch to other drugs, and all of them were from the areas of APON and CREA. Non-availability of injections (41.7%), hazards of injections (33.4%) and high price of injections (25.0%) were reported as the main reasons for quitting injections. Friends/neighbours (43.2%), NGO/drug treatment centres (21.0%) and husbands/relatives (14.2%) were generally consulted first for any drug related advice.

Sexual behaviour, drug use before sex and sources of condom (Figure 2 and Table 7)

Exposure to sex was universal among the female drug users and the mean age at first sex was 15.1 years. More than two-thirds of the female drug users reported having ever sold sex (67%) and 61.4% used condoms during last commercial sex. More than half (55.4%) had a non-commercial irregular partner ever in their lifetime, and only around one-third (32%) used condoms during last non-commercial sex with such a partner. Most of the female drug users who ever sold sex, used drugs just before selling sex (88.1%). Anal sex was reported by close to one-fifth of the female drug users, mainly with regular sex partners (38.2%) and husbands (35.3%) (Table 7). Close to three-quarters of female drug users who had had sex in the last year reported having multiple sex partners. Of those who had multiple sex partners, 38.7-94.7% had sex with more than 10 different sex partners in the last year (Figure 2).

TABLE 7: Sexual behaviour, drug use before sex and sources of condom

Variables	CREA (Hazariabagh) N=36 Unless otherwise stated	APON (Mohammadpur) N=49 Unless otherwise stated	DAM (Gazipur) N=22 Unless otherwise stated	Light House (Natore) N=69 Unless otherwise stated	Total N=176 Unless otherwise stated
Proportion that ever had sex, % (n)	100.0 (36)	100.0 (49)	100.0 (22)	100.0 (69)	100.0 (176)
Age at first sex Mean (SD)	14.6 (2.6) 14.0 (13.0-16.8)	15.0 (4.0) 15.0 (12.0-17.0)	15.4 (2.6) 15.5 (13.0-18.0)	15.3 (2.3) 15.0 (14.0-17.0)	15.1 (2.9) 15.0 (13.0-17.0)

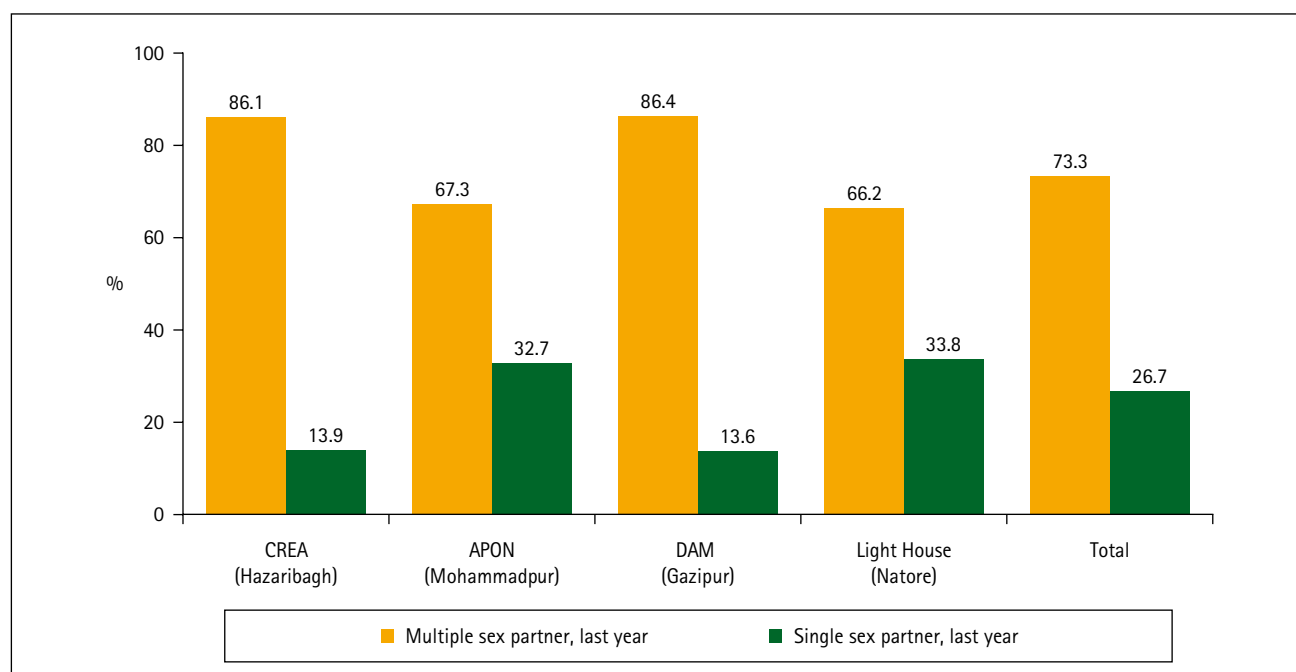
Variables	CREA (Hazaribagh) N=36 Unless otherwise stated	APON (Mohammadpur) N=49 Unless otherwise stated	DAM (Gazipur) N=22 Unless otherwise stated	Light House (Natore) N=69 Unless otherwise stated	Total N=176 Unless otherwise stated
Proportion ever sold sex in exchange of drugs or money (commercial sex) (among those who ever had sex), % (n)	86.1 (31)	61.2 (30)	77.3 (17)	58.0 (40)	67.0 (118)
Proportion sold sex in exchange of drugs or money in the last six months (commercial sex) (among those who ever sold sex), % (n)	N=31 100.0 (31)	N=30 90.0 (27)	N=17 100.0 (17)	N=40 97.5 (39)	N=118 96.6 (114)
Proportion that ever used condoms when selling sex (among those who ever sold sex), % (n)	N=31 80.6 (25)	N=30 93.3 (28)	N=17 76.5 (13)	N=40 87.5 (35)	N=118 85.6 (101)
Frequency of using condoms while selling sex (among those who ever used condom when selling sex)	N=25	N=28	N=13	N=35	N=101
Always	56.0 (14)	50.0 (14)	15.4 (2)	14.3 (5)	34.7 (35)
Sometimes	44.0 (11)	50.0 (14)	84.6 (11)	85.7 (30)	65.3 (66)
Proportion used condoms during last commercial sex (among those who ever sold sex), % (n)	N=31	N=30	N=17	N=40	N=118
Yes	64.5 (20)	76.7 (23)	17.6 (3)	40.0 (16)	52.5 (62)
No	29.0 (9)	16.7 (5)	35.3 (6)	27.5 (11)	26.3 (31)
Could not remember	6.5 (2)	6.7 (2)	47.1 (8)	32.5 (13)	21.2 (25)
Proportion that ever used drugs (including alcohol) just before selling sex (among those who ever sold sex), % (n)	N=31 93.5 (29)	N=30 73.3 (22)	N=17 88.2 (15)	N=40 95.0 (38)	N=118 88.1 (104)
Proportion that ever had sex with non-commercial (sex without exchange of money or drugs) irregular partners (among those who ever had sex), % (n)				N=68*	N=175*
Yes	33.3 (12)	57.1 (28)	86.4 (19)	55.9 (38)	55.4 (97)
No	66.7 (24)	40.8 (20)	9.1 (2)	42.6 (29)	42.9 (75)
Could not remember	0	2.0 (1)	4.5 (1)	1.5 (1)	1.7 (3)
Proportion that ever had sex with non-commercial irregular partner in the last 6 months (among those who ever had non commercial sex with irregular partner), % (n)	N=12 83.3 (10)	N=28 67.9 (19)	N=19 100.0 (19)	N=38 84.2 (32)	N=97 82.5 (80)

Variables	CREA (Hazaribagh) N=36 Unless otherwise stated	APON (Mohammadpur) N=49 Unless otherwise stated	DAM (Gazipur) N=22 Unless otherwise stated	Light House (Natore) N=69 Unless otherwise stated	Total N=176 Unless otherwise stated
Proportion that ever used condoms during sex with non-commercial irregular partner (among those who ever had non-commercial sex), % (n)	N=12 58.3 (7)	N=28 71.4 (20)	N=19 57.9 (11)	N=38 47.4 (18)	N=97 57.7 (56)
Frequency of condom use in sex with non-commercial irregular partner (among those who ever had non-commercial irregular sex)	N=12	N=28	N=19	N=38	N=97
Always	16.7 (2)	35.7 (10)	5.3 (1)	13.2 (5)	18.6 (18)
Sometimes	66.7 (8)	57.1 (16)	57.9 (11)	31.6 (12)	48.5 (47)
Never	16.7 (2)	7.1 (2)	36.8 (7)	55.3 (21)	33.0 (32)
Proportion that used condom during last non-commercial sex with irregular partner (among those who ever had non-commercial irregular sex), % (n)	N=12	N=28	N=19	N=38	N=97
Yes	25.0 (3)	50.0 (14)	15.8 (3)	28.9 (11)	32.0 (31)
No	25.0 (3)	17.9 (5)	36.8 (7)	60.5 (23)	39.2 (38)
Could not remember	50.0 (6)	32.1 (9)	47.4 (9)	10.5 (4)	28.9 (28)
Proportion that ever had regular sex partner (among those who ever had sex), % (n)	94.4 (34)	81.6 (40)	100.0 (22)	88.4 (61)	89.2 (157)
Proportion that used condoms with regular sex partner during last sex (among those who ever had regular sex partner), % (n)	N=34	N=40	N=22	N=61	N=157
Yes	58.8 (20)	37.5 (15)	77.3 (17)	26.2 (16)	43.3 (68)
No	26.5 (9)	27.5 (11)	13.6 (3)	42.6 (26)	31.2 (49)
Could not remember	14.7 (5)	35.0 (14)	9.1 (2)	31.1 (19)	25.5 (40)
Proportion that ever had non-commercial irregular/regular/both sex partner, % (n)	94.4 (34)	85.7 (42)	100.0 (22)	94.2 (65)	92.6 (163)
Proportion that ever used drugs (including alcohol) just before having sex with non-commercial irregular or regular sex partner (among those who had sex with non-commercial irregular and regular sex partners), % (n)	N=34 91.2 (31)	N=42 47.6 (20)	N=22 77.3 (17)	N=65 84.6 (55)	N=163 75.5 (123)

Variables	CREA (Hazaribagh) N=36 Unless otherwise stated	APON (Mohammadpur) N=49 Unless otherwise stated	DAM (Gazipur) N=22 Unless otherwise stated	Light House (Natore) N=69 Unless otherwise stated	Total N=176 Unless otherwise stated
Proportion that ever had anal sex (among those who ever had sex), % (n)	19.4 (7)	26.5 (13)	59.1 (13)	N=68* 1.5 (1)	N=175* 19.4 (34)
Type of sex partners with whom anal sex was performed (among those who ever had anal sex), % (n)	N=7	N=13	N=13	N=1	N=34
Client	14.3 (1)	7.7 (1)	30.8 (4)	100.0 (1)	20.6 (7)
Husband	42.9 (3)	69.2 (9)	0	0	35.3 (12)
Husband and friend	0	7.7 (1)	0	0	2.9 (1)
Regular partner	28.6 (2)	15.4 (2)	69.2 (9)	0	38.2 (13)
Friend and client	14.3 (1)	0	0	0	2.9 (1)

Note: M refers to median;* 1 case missing

FIGURE 2: Multiple sex partners in the last year



Prison history

A considerable proportion (26.7%) of the female drug users said that they had been imprisoned at some point in their lives, and the main reasons reported for this included drug buying/selling/carrying (44.7%), sex work (29.8%) and stealing/snatching (19.1%).

History of selling blood

The proportion of female drug users who ever sold blood was low. Only 7 out of 176 female drug users sold blood ever in their lifetime.

Knowledge and attitude in relation to HIV and AIDS (Table 8)

Most of the female drug users surveyed had heard of HIV and AIDS and the overall knowledge about prevention and transmission was quite good (Table 8).

Using these indicators, composite variables were developed which shows that only less than 6% respondents could not identify a single way of prevention and/or transmission of HIV (Figure 3).

Self-assessment of risk of HIV

More than half (51.2%) of the respondents perceived themselves to be at risk of HIV infection while 7.6% could not assess their own risk. Among those who perceived themselves at risk, 42.5% and 26.4% perceived themselves to be at high and medium risk respectively.

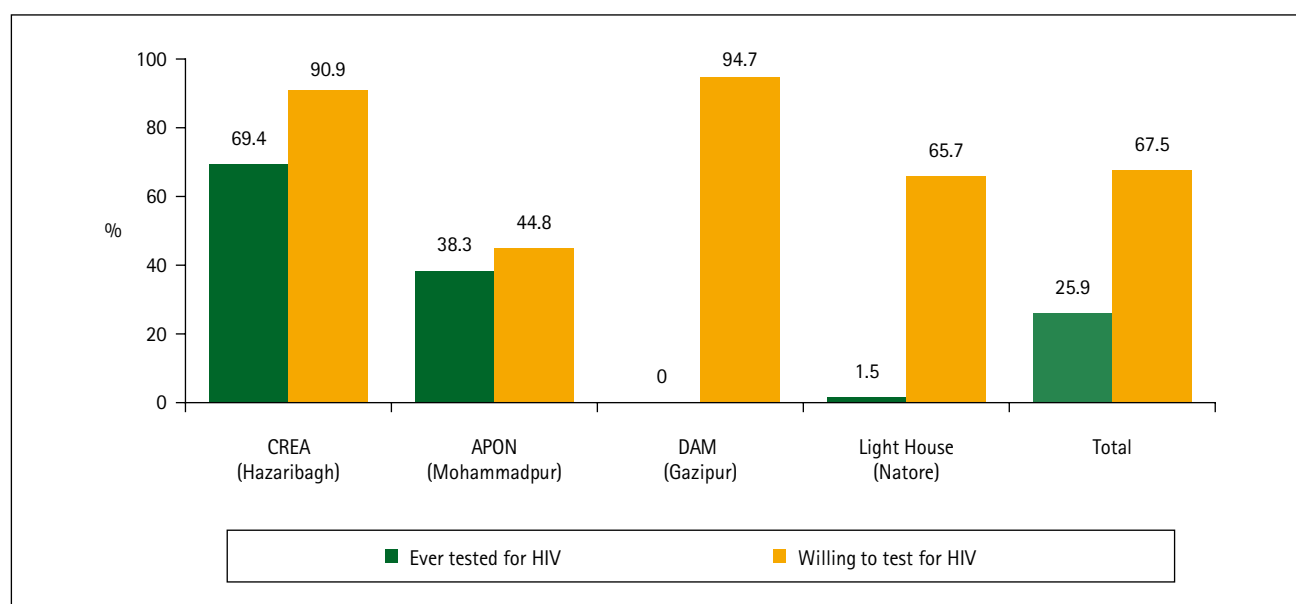
The main reason for self perception of risk was due to not using condoms or using condoms irregularly.

TABLE 8: Knowledge and attitude in relation to HIV and AIDS

Variables	CREA (Hazaribagh) N=36 Unless otherwise stated % (n)	APON (Mohammadpur) N=49 Unless otherwise stated % (n)	DAM (Gazipur) N=22 Unless otherwise stated % (n)	Light House (Natore) N=69 Unless otherwise stated % (n)	Total N=176 Unless otherwise stated % (n)
Proportion ever heard of HIV/AIDS	100.0 (36)	95.9 (47)	90.9 (20)	97.1 (67)	96.6 (170)
Proportion that knew HIV can be transmitted by contaminated syringe/needle	N=36	N=47	N=20	N=67	N=170
Yes	94.4 (34)	100.0 (47)	75.0 (15)	80.6 (54)	88.2 (150)
No	0	0	15.0 (3)	6.0 (4)	4.1 (7)
Did not know	5.6 (2)	0	10.0 (2)	13.4 (9)	7.6 (13)
Proportion that knew HIV can be transmitted by blood transfusion from an HIV infected person	N=36	N=47	N=20	N=67	N=170
Yes	91.7 (33)	100.0 (47)	85.0 (17)	92.5 (62)	93.5 (159)
No	2.8 (1)	0	5.0 (1)	1.5 (1)	1.8 (3)
Did not know	5.6 (2)	0	10.0 (2)	6.0 (4)	4.7 (8)
Proportion that knew HIV can be transmitted from infected mother to her child	N=36	N=47	N=20	N=67	N=170
Yes	86.1 (31)	95.7 (45)	10.0 (2)	83.6 (56)	78.8 (134)
No	5.6 (2)	0	15.0 (3)	9.0 (6)	6.5 (11)
Did not know	8.3 (3)	4.3 (2)	75.0 (15)	7.5 (5)	14.7 (25)

Variables	CREA (Hazaribagh) N=36 Unless otherwise stated % (n)	APON (Mohammadpur) N=49 Unless otherwise stated % (n)	DAM (Gazipur) N=22 Unless otherwise stated % (n)	Light House (Natore) N=69 Unless otherwise stated % (n)	Total N=176 Unless otherwise stated % (n)
Proportion that knew HIV can be transmitted to a child through breast feeding from an HIV infected mother	N=36	N=47	N=20	N=67	N=170
Yes	86.1 (31)	100.0 (47)	25.0 (5)	82.1 (55)	81.2 (138)
No	5.6 (2)	0	0	9.0 (6)	4.7 (8)
Did not know	8.3 (3)	0	75.0 (15)	9.0 (6)	14.1 (24)
Proportion that knew people can protect themselves from HIV by using condoms while having sex	N=36	N=47	N=20	N=67	N=170
Yes	91.7 (33)	97.9 (46)	70.0 (14)	85.1 (57)	88.2 (150)
No	2.8 (1)	2.1 (1)	15.0 (3)	3.0 (2)	4.1 (7)
Did not know	5.6 (2)	0	15.0 (3)	11.9 (8)	7.6 (13)
Proportion that felt that one can tell if someone is HIV infected by their appearance	N=36	N=47	N=20	N=67	N=170
Yes	2.8 (1)	4.3 (2)	10.0 (2)	11.9 (8)	7.6 (13)
No	88.9 (32)	93.6 (44)	85.0 (17)	64.2 (43)	80.0 (136)
Did not know	8.3 (3)	2.1 (1)	5.0 (1)	23.9 (16)	12.4 (21)

FIGURE 3: Ever tested and willing to be tested for HIV



Self-reported STI symptoms, health-care-seeking behaviour for STIs and knowledge on STI services in the locality (Table 9)

A substantial proportion of female drug users complained of STI symptoms (77.8%) in the last six months, of whom most sought treatment (70.8%). The main sources of STI treatment include NGOs (44.3%), MBBS doctors (25.7%) and pharmacies (23.7). More than half of the respondents knew that there was an organisation in the locality providing STI-related services. However, there was a stark difference noticeable in the area of DAM, where none of the respondents said they knew of any such organisation (Table 9).

TABLE 9: Self reported STIs

Variables	CREA (Hazaribagh) N=36 Unless otherwise stated % (n)	APON (Mohammadpur) N=49 Unless otherwise stated % (n)	DAM (Gazipur) N=22 Unless otherwise stated % (n)	Light House (Natore) N=69 Unless otherwise stated % (n)	Total N=176 Unless otherwise stated % (n)
Complained of any STI symptoms in the last six months	88.9 (32)	42.9 (21)	100.0 (22)	89.9 (62)	77.8 (137)
Symptoms of STI in the last six months*					
Discharge from genitalia	61.1 (22)	26.5 (13)	95.5 (21)	79.7 (55)	63.1 (111)
Genital ulcer	27.8 (10)	12.2 (6)	36.4 (8)	24.6 (17)	23.3 (41)
Pain/burning sensation during urination	69.4 (25)	34.7 (17)	100.0 (22)	63.8 (44)	61.4 (108)
Itching on/around genitalia	58.3 (21)	30.6 (15)	81.8 (18)	31.9 (22)	43.2 (76)
Inguinal bubo in the groin	8.3 (3)	8.2 (4)	36.4 (8)	2.9 (2)	9.7 (17)
Genitalia warts	13.9 (5)	12.2 (6)	4.5 (1)	1.4 (1)	7.4 (13)
Preferred source of first advice/suggestion for STI related problem					
Doctor	2.8 (1)	40.8 (20)	4.5 (1)	24.6 (17)	22.2 (39)
Government Hospital	2.8 (1)	0	0	0	0.6 (1)
NGO worker	25.0 (9)	44.9 (22)	0	10.1 (7)	21.6 (38)
Friends/Partner/ neighbour	55.5 (20)	12.2 (6)	77.3 (17)	59.4 (41)	47.7 (84)
No one	13.9 (5)	2.0 (1)	13.6 (3)	2.9 (2)	6.3 (11)
Shop keeper/traditional healer	0	0	4.5 (1)	2.9 (2)	1.7 (3)
Proportion that sought treatment for STI in the last six months (among those who had any STI symptoms in the last 6 months)	N=32 87.5 (28)	N=21 85.7 (18)	N=22 68.2 (15)	N=62 58.1 (36)	N=137 70.8 (97)
Treatment source for STI in the last six months (among those who had STI symptoms in last six months)	N=28	N=18	N=15	N=36	N=97
Pharmacy	14.3 (4)	61.1 (11)	26.7 (4)	11.1 (4)	23.7 (23)
MBBS doctor	7.1 (2)	16.7 (3)	53.3 (8)	33.4 (12)	25.7 (25)
Homeopathic doctor	0	5.6 (1)	6.7 (1)	5.6 (2)	4.1 (4)
NGO clinic	71.4 (20)	16.7 (3)	13.3 (2)	50.0 (18)	44.3 (43)
Family planning office	7.1 (2)	0	0	0	2.1 (2)

Variables	CREA (Hazaribagh) N=36 Unless otherwise stated % (n)	APON (Mohammadpur) N=49 Unless otherwise stated % (n)	DAM (Gazipur) N=22 Unless otherwise stated % (n)	Light House (Natore) N=69 Unless otherwise stated % (n)	Total N=176 Unless otherwise stated % (n)
Reason for not seeking STI treatment (among those who had STI symptoms in the last six months and did not seek treatment)	N=4	N=3	N=7	N=26	N=40
Recovered on their own	50.0 (2)	100.0 (3)	85.7 (6)	42.3 (11)	55.0 (22)
Lack of money	0	0	0	53.8 (14)	35.0 (14)
Other reasons	50.0 (2)	0	14.3 (1)	3.8 (1)	10.0 (4)
Knew that there is an organization in the locality providing STI services					
Yes	88.9 (32)	57.1 (28)	0	62.3 (43)	58.5 (103)
No	2.8 (1)	20.4 (10)	4.5 (1)	13.0 (9)	11.9 (21)
Did not know	8.3 (3)	22.4 (11)	95.5 (21)	24.6 (17)	29.5 (52)
Name of the organization(s) in the locality providing STI services (among those who said that there was an organization providing STI services in the locality)*	N=32	N=28	N=0	N=43	N=103
APON	3.1 (1)	100.0 (28)	-	0	28.2 (29)
CREA	0	7.1 (2)	-	0	1.9 (2)
CARE Bangladesh	53.1 (17)	64.3 (18)	-	0	34.0 (35)
Centre for Development Services	0	0	-	76.7 (33)	32.0 (33)
Marie Stopes Clinic	34.4 (11)	0	-	0	10.7 (11)
Light House	0	0	-	20.9 (9)	8.7 (9)
Urban Primary Health Care Project	12.5 (4)	0	-	2.3 (1)	4.9 (5)
Family Planning Office	9.4 (3)	0	-	0	2.9 (3)
Private Clinic	0	0	-	2.3 (1)	1.0 (1)

*Multiple responses

Exposure to services related to HIV

HIV testing (Figure 3 and Table 10)

Approximately one- fourth had been tested for HIV. Among those who were not tested, more than two thirds (67.5%) expressed their willingness to be tested (Figure 3). Among those who would like to be tested for HIV, more than one-third (34.1%) were not willing to share their HIV positive test results with their regular sex partners. The majority of the respondents (69.9%) had been approached by someone to provide information related to HIV and AIDS at some point in their lives (Table 10).

TABLE 10: HIV Testing

Variables	CREA (Hazaribagh) N=36 Unless otherwise stated % (n)	APON (Mohammadpur) N=49 Unless otherwise stated % (n)	DAM (Gazipur) N=22 Unless otherwise stated % (n)	Light House (Natore) N=69 Unless otherwise stated % (n)	Total N=176 Unless otherwise stated % (n)
Proportion willing to share their HIV positive test result with regular sex partner (among those who would like to be tested for HIV)	N=10	N=13	N=18	N=44	N=85
Yes	80.0 (8)	100.0 (13)	77.8 (14)	40.9 (18)	62.4 (53)
No	10.0 (1)	0	22.2 (4)	54.5 (24)	34.1 (29)
Not sure	10.0 (1)	0	0	4.5 (2)	3.5 (3)
Proportion willing to share their HIV negative test result with regular sex partner (among those who would like to be tested for HIV)	N=10	N=13	N=18	N=44	N=85
Yes	80.0 (8)	100.0 (13)	77.8 (14)	54.5 (24)	69.4 (59)
No	10.0 (1)	0	16.7 (3)	43.2 (19)	27.1 (23)
Not Sure	10.0 (1)	0	5.6 (1)	2.3 (1)	3.5 (3)
Proportion ever been approached by someone for providing information on HIV/AIDS	58.3 (21)	87.8 (43)	4.5 (1)	84.1 (58)	69.9 (123)
When last approached by someone providing information on HIV/AIDS (among those who were approached by someone)	N=21	N=43	N=1	N=58	N=123
Within last 1 month	9.5 (2)	27.9 (12)	100.0 (1)	79.3 (46)	49.6 (61)
Within last 6 months	14.3 (3)	11.6 (5)	0	20.7 (12)	16.3 (20)
More than 6 months ago	19.0 (4)	11.6 (5)	0	0	7.3 (9)
Long time ago	57.1 (12)	48.8 (21)	0	0	26.8 (33)

Detoxification and rehabilitation services (Table 11)

Only about a quarter of the female drug users (24.4%) said that they had undergone detoxification and rehabilitation treatment ever in their lifetime. Main reasons for not receiving treatment included: no facilities available nearby (38.3%); did not require any treatment (32.3%) and unable to pay (24.1%) (Table 11).

TABLE 11: Detoxification and rehabilitation services

Variables	CREA (Hazariabagh) N=36 Unless otherwise stated % (n)	APON (Mohammadpur) N=49 Unless otherwise stated % (n)	DAM (Gazipur) N=22 Unless otherwise stated % (n)	Light House (Natore) N=69 Unless otherwise stated % (n)	Total N=176 Unless otherwise stated % (n)
Proportion ever underwent detoxification and rehabilitation treatment	27.8 (10)	63.3 (31)	0	2.9 (2)	24.4 (43)
Reasons for not receiving treatment (among those who never received drug treatment)	N=26	N=18	N=22	N=67	N=133
Did not require any treatment	76.9 (20)	77.8 (14)	22.7 (5)	6.0 (4)	32.3 (43)
No treatment facility nearby	3.8 (1)	16.7 (3)	40.9 (9)	56.7 (38)	38.3 (51)
Unable to pay	0	0	31.8 (7)	37.3 (25)	24.1 (32)
Did not think drug treatment facilities would fulfil required need	19.2 (5)	5.6 (1)	4.5 (1)	0	5.3 (7)

General health services (Table 12)

Female drug users were asked if when using health facilities – either government or private – whether they were discriminated against for being a drug user (Table 12). A proportion of 55.1% and 42.6% of the female drug users felt discriminated against while receiving services from the government and private facilities, respectively.

TABLE 12: General health services

Variables	CREA (Hazariabagh) N=36 % (n)	APON (Mohammadpur) N=49 % (n)	DAM (Gazipur) N=22 % (n)	Light House (Natore) N=69 % (n)	Total N=176 % (n)
Proportion that felt discriminated for being a drug user when receiving treatment from Govt health facilities	16.7 (6)	77.6 (38)	27.3 (6)	68.1 (47)	55.1 (97)
Proportion that felt discriminated for being a drug user when receiving treatment from private health facilities	13.9 (5)	65.3 (32)	4.5 (1)	53.6 (37)	42.6 (75)

3.2.1.2 Female regular sex partners**Socio-demographic characteristics (Table 13)**

Table 13 describes the socio-demographic characteristics of the regular sex partners of male drug users who participated in the RSRA. Their average age was 29.2 years. Of them 45.5% were illiterate or their literacy was confined to "able to provide signature" only. Most of the regular sex partners were married (88.5%) More than half (55.4%) were currently employed, among whom more than a quarter (27.7%), declared that selling sex was their main source of income.

Of the married regular sex partners, 85.1% had children and most said their children had not dropped out of school. However, 11.5% of the children of the married regular sex partners with children, had dropped out of school, and in most cases this was because of a drug using family member (Table 13).

TABLE 13: Socio-demographic characteristics

Variables	CREA (Hazariabagh) N=100 Unless otherwise stated	APON (Mohammadpur) N=52 Unless otherwise stated	DAM (Gazipur) N=63 Unless otherwise stated	Light House (Natore) N=97 Unless otherwise stated	Total N=312 Unless otherwise stated
Age (in years) Mean (SD) Median (IQR)	31.1 (7.1) 30.0 (25.0-36.8)	27.9 (5.3) 27.5 (25.0-30.0)	26.4 (6.8) 25.0 (20.0-32.0)	29.7 (6.9) 29.0 (25.0-35.0)	29.2 (6.9) 28.0 (24.0-35.0)
Current marital status, % (n)					
Currently married	99.0 (99)	100.0 (52)	74.6 (47)	80.4 (78)	88.5 (276)
Married before (Divorced, separated, widow/er)	1.0 (1)	0	20.6 (13)	18.6 (18)	10.3 (32)
Never married	0	0	4.8 (3)	1.0 (1)	1.3 (4)
Educational status, % (n)					
Illiterate/only can sign	42.0 (42)	78.8 (41)	36.5 (23)	37.1 (36)	45.5 (142)
Primary	39.0 (39)	15.4 (8)	36.5 (23)	36.1 (35)	33.7 (105)
Secondary/higher secondary	19.0 (19)	5.8 (3)	27.0 (17)	24.7 (24)	20.2 (63)
Graduate and above	0	0	0	2.1 (2)	0.6 (2)
Employment status, % (n)					
Currently employed	51.0 (51)	38.5 (20)	79.4 (50)	53.6 (52)	55.4 (173)
Employed before	10.0 (10)	5.8 (3)	7.9 (5)	9.3 (9)	8.7 (27)
Never been employed	39.0 (39)	55.8 (29)	12.7 (8)	37.1 (36)	35.9 (112)
Current main source of income (among those who were currently employed), % (n)	N=51	N=20	N=50	N=52	N=173
Government employee	7.8 (4)	0	0	1.9 (1)	2.9 (5)
Other services (Garments etc)	31.4 (16)	30.0 (6)	20.0 (10)	19.2 (10)	24.3 (42)
Drug seller	3.9 (2)	5.0 (1)	0	1.9 (1)	2.3 (4)
Rag picker	0	0	0	1.9 (1)	0.6 (1)
Small trading	31.4 (16)	0	2.0 (1)	15.4 (8)	14.5 (25)
Stealing/snatching/cheating	0	5.0 (1)	0	0	0.6 (1)
Selling sex	2.0 (1)	0	68.0 (34)	25.0 (13)	27.7 (48)
Housemaid	21.6 (11)	45.0 (9)	10.0 (5)	32.7 (17)	24.3 (42)
Day labourer	2.0 (1)	15.0 (3)	0	1.9 (1)	2.9 (5)
Monthly income (in taka) (among those who were currently employed)	N=51 3556.9 (3384.0)	N=20 2820.0 (3486.5) 1250.0	N=50 9854.0 (11008.9)	N=52 2135.6 (1720.8) 1750.0	N=173 4864.5 (7110.4) 3000.0
Mean (SD)	2500.0	(575.0- 3750.0)	6000.0	(800.0- 3000.0)	(1200.0- 5000.0)
Median (IQR)	(1500.0- 4000.0)		(3375.0- 15000.0)		
Main expenses (among those who were currently employed), % (n)	N=51	N=20	N=50	N=52	N=173
For my family	70.6 (36)	80.0 (16)	50.0 (25)	73.1 (38)	66.5 (115)
For my family and for the drug use of my partner	19.6 (10)	5.0 (1)	38.0 (19)	13.5 (7)	21.4 (37)
For my family and drug use of my partner and for myself	9.8 (5)	5.0 (1)	0	11.5 (6)	6.9 (12)
Only for my drug use	0	10.0 (2)	12.0 (6)	1.9 (1)	5.2 (9)
Proportion having children (among those who were currently or previously married), % (n)	N=100 96.0 (96)	N=52 75.0 (39)	N=60 70.0 (42)	N=96 88.5 (85)	N=308 85.1 (262)

Variables	CREA (Hazaribagh) N=100 Unless otherwise stated	APON (Mohammadpur) N=52 Unless otherwise stated	DAM (Gazipur) N=63 Unless otherwise stated	Light House (Natore) N=97 Unless otherwise stated	Total N=312 Unless otherwise stated
Number of living children (among those who had children)	N=96	N=39	N=42	N=85	N=262
Mean (SD)	2.4 (1.2)	2.2 (1.3)	2.8 (2.0)	2.0 (1.2)	2.3 (1.4)
Median (IQR)	2.0 (1.3-3.0)	2.0 (1.0-3.0)	3.0 (1.0-4.0)	2.0 (1.0-2.5)	2.0 (1.0-3.0)
Proportion of respondents whose children dropped out of school (among those who had children), % (n)	N=96	N=39	N=42	N=85	N=262
Yes	9.4 (9)	23.1 (9)	9.5 (4)	9.4 (8)	11.5 (30)
No	65.6 (63)	59.0 (23)	64.3 (27)	67.1 (57)	64.9 (170)
Not applicable*	25.0 (24)	17.9 (7)	26.2 (11)	23.5 (20)	23.7 (62)
Proportion of respondents whose children dropped out of school because of a drug using family member (among those who dropped out), % (n)	N=9	N=9	N=4	N=8	N=30
	100.0 (9)	100.0 (9)	50.0 (2)	75.0 (6)	86.7 (26)

Note: M refers to median; *children were not of school going age

History of drug use (Table 14)

Of the 312 regular sex partners 34 said they had ever used drugs and none did so in the area covered by CREA. Most of those who ever used drugs used cannabis (67.6%), alcohol (41.2%) and heroin (29.4%); none injected drugs. None of the regular sex partners knew that their husband/current regular male sex partner used drugs at the time of marriage or starting their relationship (Table 14). However, it is to be noted that among the group of female drug users there were also regular sex partners of male drug users.

TABLE 14: History of drug use

Variables	CREA (Hazaribagh) N=100 Unless otherwise stated % (n)	APON (Mohammadpur) N=52 Unless otherwise stated % (n)	DAM (Gazipur) N=63 Unless otherwise stated % (n)	Light House (Natore) N=97 Unless otherwise stated % (n)	Total N=312 Unless otherwise stated % (n)
Proportion that ever used drugs	0	19.2 (10)	22.2 (14)	10.3 (10)	10.9 (34)
Type of drugs ever used (among those who ever used drugs)*	N=0	N=10	N=14	N=10	N=34
Heroin	-	90.0 (9)	7.1 (1)	0	29.4 (10)
Cannabis	-	80.0 (8)	71.4 (10)	50.0 (5)	67.6 (23)
Codeine containing cough syrup	-	30.0 (3)	35.7 (5)	10.0 (1)	26.5 (9)
Diazepam	-	20.0 (2)	50.0 (7)	0	26.5 (9)
Alcohol	-	0	64.3 (9)	50.0 (5)	41.2 (14)
Methamphetamine (Yaba)	-	0	42.9 (6)	0	17.6 (6)
Injected drugs	-	0	0	0	0

Variables	CREA (Hazaribagh) N=100 Unless otherwise stated % (n)	APON (Mohammadpur) N=52 Unless otherwise stated % (n)	DAM (Gazipur) N=63 Unless otherwise stated % (n)	Light House (Natore) N=97 Unless otherwise stated % (n)	Total N=312 Unless otherwise stated % (n)
Proportion that started taking drugs after marriage /relationship with current male drug user partner (among those who ever used drugs)	N=0 -	N=10 60.0 (6)	N=14 71.4 (10)	N=10 80.0 (8)	N=34 70.6 (24)
Proportion knew that husband/present male partner used drugs at the time of marriage/starting relationship	3.0 (3)	42.3 (22)	20.6 (13)	N=96 ^s 11.5 (11)	N=311 ^s 15.8 (49)

Note: * Multiple responses; ^s 1 observation missing

Sexual behaviour (Table 15)

All the regular sex partners interviewed had sex in the last year but only around 30% used condoms during last sex in the last year. Only 13.8% ever had anal sex with their current male drug using partner. Among the 34 women who used drug themselves, 61.8% said they had also taken drugs before sex (Table 15).

TABLE 15: Sexual behaviour

Variables	CREA (Hazaribagh) N=100 Unless otherwise stated	APON (Mohammadpur) N=52 Unless otherwise stated	DAM (Gazipur) N=63 Unless otherwise stated	Light House (Natore) N=97 Unless otherwise stated	Total N=312 Unless otherwise stated
Age at first sex (in years)					
Mean (SD)	16.6 (3.0)	16.4 (2.5)	15.5 (2.3)	15.8 (2.6)	16.1 (2.7)
Median (IQR)	17.0 (15.0-18.0)	16.0 (15.0-18.8)	15.0 (14.0-18.0)	16.0 (14.0-17.0)	16.0 (14.0-18.0)
Proportion had sex in the last year, % (n)	100.0 (100)	100.0 (52)	100.0 (63)	100.0 (97)	100.0 (312)
Proportion that used condom during last sex in last year (among those who had sex in the last year), % (n)	29.0 (29)	65.4 (34)	34.9 (22)	11.3 (11)	30.8 (96)
Proportion that used drugs just before last sex (among those who ever used drugs), % (n)	N=0 -	N=10 50.0 (5)	N=14 64.3 (9)	N=10 70.0 (7)	N=34 61.8 (21)
Name of drugs used just before last sex (among those who used drug just before last sex)*	N=0	N=5	N=9	N=7	N=21
Heroin	-	100.0 (5)	22.2 (2)	0	33.3 (7)
Cannabis	-	0	55.6 (5)	57.1 (4)	42.9 (9)
Codeine containing cough syrup	-	0	22.2 (2)	0	9.5 (2)
Alcohol	-	0	11.1 (1)	42.9 (3)	19.0 (4)
Methamphetamine (Yaba)	-	0	22.2 (2)	0	9.5 (2)

Variables	CREA (Hazaribagh) N=100 Unless otherwise stated	APON (Mohammadpur) N=52 Unless otherwise stated	DAM (Gazipur) N=63 Unless otherwise stated	Light House (Natore) N=97 Unless otherwise stated	Total N=312 Unless otherwise stated
Proportion that ever had anal sex with current male drug using partner, % (n)	11.0 (11)	1.9 (1)	46.0 (29)	2.1 (2)	13.8 (43)

Note: M refers to median; * Multiple responses

Knowledge and attitude in relation to HIV and AIDS (Table 16)

Most of the women interviewed had heard of HIV and AIDS. The overall knowledge regarding prevention and transmission was quite good.

Self-assessment of risk of HIV

Approximately one-fourth of the regular sex partners (24.7%) perceived themselves to be at risk of getting HIV infection, of whom more than half (52.3%) considered their risk to be high, mainly due to the irregular use of condoms.

TABLE 16: Knowledge and attitudes towards HIV and AIDS

Variables	CREA (Hazaribagh) N=100 Unless otherwise stated % (n)	APON (Mohammadpur) N=52 Unless otherwise stated % (n)	DAM (Gazipur) N=63 Unless otherwise stated % (n)	Light House (Natore) N=97 Unless otherwise stated % (n)	Total N=312 Unless otherwise stated % (n)
Proportion that ever heard HIV/AIDS	92.0 (92)	88.5 (46)	85.7 (54)	73.2 (71)	84.3 (263)
Proportion that knew HIV can be transmitted by contaminated syringe/needle	N=92	N=46	N=54	N=71	N=263
Yes	80.4 (74)	100.0 (46)	64.8 (35)	85.9 (61)	82.1 (216)
No	2.2 (2)	0	7.4 (4)	7.0 (5)	4.2 (11)
Did not know	17.4 (16)	0	27.8 (15)	7.0 (5)	13.7 (36)
Proportion that knew HIV can be transmitted by blood transfusion from an HIV infected person	N=92	N=46	N=54	N=71	N=263
Yes	81.5 (75)	100.0 (46)	72.2 (39)	94.4 (67)	86.3 (227)
No	1.1 (1)	0	3.7 (2)	1.4 (1)	1.5 (4)
Did not know	17.4 (16)	0	24.1 (13)	4.2 (3)	12.2 (32)
Proportion that knew HIV can be transmitted from infected mother to her child	N=92	N=46	N=54	N=71	N=263
Yes	70.7 (65)	97.8 (45)	53.7 (29)	91.5 (65)	77.6 (204)
No	3.3 (3)	0	9.3 (5)	4.2 (3)	4.2 (11)
Did not know	26.1 (24)	2.2 (1)	37.0 (20)	4.2 (3)	18.3 (48)

Variables	CREA (Hazaribagh) N=100 Unless otherwise stated % (n)	APON (Mohammadpur) N=52 Unless otherwise stated % (n)	DAM (Gazipur) N=63 Unless otherwise stated % (n)	Light House (Natore) N=97 Unless otherwise stated % (n)	Total N=312 Unless otherwise stated % (n)
Proportion that knew HIV can be transmitted to child through breast feeding by HIV infected mother	N=92	N=46	N=54	N=71	N=263
Yes	59.8 (55)	100.0 (46)	55.6 (30)	83.1 (59)	72.2 (190)
No	2.2 (2)	0	5.6 (3)	8.5 (6)	4.2 (11)
Did not know	38.0 (35)	0	38.9 (21)	8.5 (6)	23.6 (62)
Proportion that knew that people can protect themselves from HIV by using condom while having sex	N=92	N=46	N=54	N=71	N=263
Yes	71.7 (66)	89.1 (41)	61.1 (33)	76.1 (54)	73.8 (194)
No	4.3 (4)	2.2 (1)	9.3 (5)	7.0 (5)	5.7 (15)
Did not know	23.9 (22)	8.7 (4)	29.6 (16)	16.9 (12)	20.5 (54)
Proportion felt that one can tell if someone is HIV infected by their appearance	N=92	N=46	N=54	N=71	N=263
Yes	4.3 (4)	0	9.3 (5)	15.5 (11)	7.6 (20)
No	69.6 (64)	95.7 (44)	68.5 (37)	70.4 (50)	74.1 (195)
Did not know	26.1 (24)	4.3 (2)	22.2 (12)	14.1 (10)	18.3 (48)

Self-reported STI prevalence, health-care-seeking behaviour for STIs and knowledge of STI

Services provided by NGOs in the locality (Table 17)

Of the regular female sex partners of male drug users, 62.8% complained of symptoms of STIs in the last year. Most of them sought treatment for STIs mainly from pharmacies (31.1%), MBBS doctors (32.8%) and NGO clinics (14.3%). Almost half (48.4%) of the women interviewed said that their husbands/relatives would be the first choice for advice/suggestion related to STIs. More than one-third (34.9%) did not know that there was an organisation in the locality providing STI - related services (Table 17).

TABLE 17: Self reported STIs

Variables	CREA (Hazaribagh) N=100 Unless otherwise stated % (n)	APON (Mohammadpur) N=52 Unless otherwise stated % (n)	DAM (Gazipur) N=63 Unless otherwise stated % (n)	Light House (Natore) N=97 Unless otherwise stated % (n)	Total N=312 Unless otherwise stated % (n)
Complained of any self reported STI symptoms in the last year	51.0 (51)	30.8 (16)	96.8 (61)	70.1 (68)	62.8 (196)
Symptoms of STI in the last year*					
Discharge from genitalia	40.0 (40)	5.8 (3)	77.8 (49)	63.9 (62)	49.4 (154)
Genital ulcer	7.0 (7)	0	30.2 (19)	15.5 (15)	13.1 (41)
Pain/burning sensation during urination	25.0 (25)	26.9 (14)	85.7 (54)	50.5 (49)	45.5 (142)
Itching on/around genitalia	25.0 (25)	17.3 (9)	65.1 (41)	18.6 (18)	29.8 (93)
Inguinal bubo in the groin	5.0 (5)	0	11.1 (7)	4.1 (4)	5.1 (16)
Rash/abrasion	2.0 (2)	1.9 (1)	9.5 (6)	3.1 (1)	3.8 (12)

Variables	CREA (Hazaribagh) N=100 Unless otherwise stated % (n)	APON (Mohammadpur) N=52 Unless otherwise stated % (n)	DAM (Gazipur) N=63 Unless otherwise stated % (n)	Light House (Natore) N=97 Unless otherwise stated % (n)	Total N=312 Unless otherwise stated % (n)
Preferred sources of first advice/ suggestion sought for STI related problem					
Doctor/pharmacy	15.0 (15)	38.5 (20)	22.2 (14)	30.9 (30)	25.3 (79)
Govt. hospital	1.0 (1)	0	0	1.0 (1)	0.6 (2)
NGO/drug treatment centre	1.0 (1)	46.2 (24)	0	1.0 (1)	8.3 (26)
Traditional healer	0	0	3.2 (2)	0	0.6 (2)
Husband/friends/neighbour	66.0 (66)	15.4 (8)	55.6 (35)	60.8 (59)	53.8 (168)
No one	17.0 (17)	0	19.0 (12)	6.2 (6)	11.2 (35)
Proportion that sought treatment for STI in the last year (among those who had STI complaints in the last year)	N=51 82.4 (42)	N=16 87.5 (14)	N=61 55.7 (34)	N=68 42.6 (29)	N=196 60.7 (119)
Treatment source for STI in the last year (among those who sought treatment for STI symptoms in the last year)	N=42	N=14	N=34	N=29	N=119
Pharmacy	19.0 (8)	57.1 (8)	47.1 (16)	17.2 (5)	31.1 (37)
MBBS doctor	23.8 (10)	14.3 (2)	32.4 (11)	55.2 (16)	32.8 (39)
Quack allopath	11.9 (5)	21.4 (3)	14.7 (5)	0	10.9 (13)
Homeopathic doctor	4.8 (2)	7.1 (1)	2.9 (1)	0	3.4 (4)
Hospital	21.4 (9)	0	0	0	7.6 (9)
NGO clinic/DIC	19.0 (8)	0	2.9 (1)	27.6 (8)	14.3 (17)
Reason for not seeking STI treatment (among those who had STI symptoms in the last year and did not seek treatment)	N=9	N=2	N=27	N=39	N=77
Nearby services were not available	11.1 (1)	0	7.4 (2)	2.6 (1)	5.2 (4)
Negligence	11.1 (1)	0	22.2 (6)	5.1 (2)	11.7 (9)
Lack of money	11.1 (1)	0	22.2 (6)	43.6 (17)	31.2 (24)
Recovered on their own	66.7 (6)	100.0 (2)	11.1 (3)	48.7 (19)	39.0 (30)
Shyness	0	0	33.3 (9)	0	11.7 (9)
Try to be neat and clean	0	0	3.7 (1)	0	1.3 (1)
Knew that there is organisation in the locality providing STI services					
Yes	56.0 (56)	63.5 (33)	1.6 (1)	35.0 (34)	39.7 (124)
No	8.0 (8)	11.5 (6)	54.0 (34)	32.0 (31)	25.3 (79)
Did not know	36.0 (36)	25.0 (13)	44.4 (28)	33.0 (32)	34.9 (109)
Name of organisation(s) in the locality providing STI services (among those who said that there was an organisation providing STI services in the locality)	N=56	N=33	N=1	N=34	N=124
NGO	98.2 (55)	100.0 (33)	100.0 (1)	79.4 (27)	93.5 (116)
Govt. hospital/Family planning office	1.8 (1)	0	0	20.6 (7)	6.5 (8)

*Multiple responses

Exposure to services related to HIV

HIV testing (Table 18)

Only 12 female regular sex partners out of the total 312 interviewed had been tested for HIV. However, more than half of those who had not been tested were willing to be tested. When asked if they had ever been approached by anyone who provided information on HIV and AIDS, 33.7% responded in the affirmative but more than half said that this was a long time ago (Table 18).

TABLE 18: HIV testing

Variables	CREA (Hazaribagh) N=100 Unless otherwise stated % (n)	APON (Mohammadpur) N=52 Unless otherwise stated % (n)	DAM (Gazipur) N=63 Unless otherwise stated % (n)	Light House (Natore) N=97 Unless otherwise stated % (n)	Total N=312 Unless otherwise stated % (n)
Proportion that ever tested for HIV (among those who had heard about HIV and AIDS)	N=92 8.7 (8)	N=46 8.7 (4)	N=54 0	N=71 0	N=263 4.6 (12)
Proportion that like to be tested for HIV (among those who had not been tested for HIV)	N=84	N=42	N=54	N=71	N=251
Yes	69.0 (58)	4.8 (2)	90.7 (49)	36.6 (26)	53.8 (135)
No	29.8 (25)	33.3 (14)	7.4 (4)	54.9 (39)	32.7 (82)
Not sure	1.2 (1)	61.9 (26)	1.9 (1)	8.5 (6)	13.5 (34)
Proportion willing to share HIV positive test result with regular sex partner (among those who would like to be tested for HIV)	N=58	N=2	N=49	N=26	N=135
Yes	94.8 (55)	100.0 (2)	67.3 (33)	46.2 (12)	75.6 (102)
No	3.4 (2)	0	28.6 (14)	53.8 (14)	22.2 (30)
Not sure	1.7 (1)	0	4.1 (2)	0	2.2 (3)
Proportion willing to share HIV negative test result with regular sex partner (among those who would like to be tested for HIV)	N=58	N=2	N=49	N=26	N=135
Yes	91.4 (53)	100.0 (2)	81.6 (40)	65.4 (17)	83.0 (112)
No	6.9 (4)	0	12.2 (6)	34.6 (9)	14.1 (19)
Not sure	1.7 (1)	0	6.1 (3)	0	3.0 (4)
Proportion that had ever been approached by someone to provide information on HIV/AIDS (among those who had heard about HIV/AIDS)	N=92 31.5 (29)	N=46 78.3 (36)	N=54 11.1 (6)	N=71 47.9 (34)	N=263 39.9 (105)
When last approached by someone for providing information on HIV/AIDS (among those who were approached by someone)	N=29	N=36	N=6	N=34	N=105
Within last month	3.4 (1)	11.1 (4)	16.7 (1)	82.4 (28)	32.4 (34)
Within last six months	10.3 (3)	13.9 (5)	0	8.8 (3)	10.5 (11)
More than six months ago	10.3 (3)	2.8 (1)	0	8.8 (3)	6.7 (7)
Long time ago	75.9 (22)	72.2 (26)	83.3 (5)	0	50.5 (53)

Detoxification and rehabilitation services (Table 19)

Among the 34 female regular sex partners who also used drugs, 26.5% had undergone drug detoxification and rehabilitation treatment at some point in their lives, but none from the areas of CREA and Light House. The main reasons for not seeking drug detoxification and rehabilitation services were because they had not needed treatment (56.0%) or that there were no treatment facilities in their area (28%) (Table 19).

TABLE 19: Detoxification and rehabilitation services

Variables	CREA (Hazaribagh) N=100 Unless otherwise stated % (n)	APON (Mohammadpur) N=52 Unless otherwise stated % (n)	DAM (Gazipur) N=63 Unless otherwise stated % (n)	Light House (Natore) N=97 Unless otherwise stated % (n)	Total N=312 Unless otherwise stated % (n)
Proportion ever underwent detoxification and rehabilitation treatment (among those who ever used drugs)	N=0 -	N=10 80.0 (8)	N=14 7.1 (1)	N=10 0	N=34 26.5 (9)
Reason for not receiving drug treatment (among those who did not get drug treatment)	N=0	N=2	N=13	N=10	N=25
Did not require treatment	-	100.0 (2)	84.6 (11)	10.0 (1)	56.0 (14)
No treatment facility around	-	0	0	70.0 (7)	28.0 (7)
Unable to pay	-	0	7.7 (1)	20.0 (2)	12.0 (3)
Did not think drug treatment facilities would fulfil their need	-	0	7.7 (1)	0	4.0 (1)

General health services (Table 20)

Regular female sex partners who had used drugs sometime in their lives were asked whether they felt they were being discriminated against when seeking health services during the time that they were using drugs. Among the 34 women in this category, most felt that they had been discriminated against for being a drug user. The discrimination was more apparent in government health facilities as compared to private health facilities (Table 20).

TABLE 20: General health services

Variables	CREA (Hazaribagh) N=100 Unless otherwise stated % (n)	APON (Mohammadpur) N=52 Unless otherwise stated % (n)	DAM (Gazipur) N=63 Unless otherwise stated % (n)	Light House (Natore) N=97 Unless otherwise stated % (n)	Total N=312 Unless otherwise stated % (n)
Proportion that felt discriminated for being a drug user when receiving treatment from Govt health facilities (among those who ever used drugs)	N=0 -	N=10 100.0 (10)	N=14 57.1 (8)	N=10 60.0 (6)	N=34 70.6 (24)
Proportion that felt discriminated for being a drug user when receiving treatment from private health facilities (among those who ever used drugs)	N=0 -	N=10 0	N=14 21.4 (3)	N=10 50.0 (5)	N=34 23.5 (8)

Summary of Findings, Discussion and Recommendations

In the discourse on people who use drugs and their HIV risks and vulnerabilities, harm reduction and drug treatment services, the emphasis has been primarily on males. It is only recently that there has been some recognition that female drug users exist, that they are more hidden and more stigmatised than their male counterparts, globally²¹ as well as in Bangladesh¹³. And it is this recognition that has led to a demand for more information on this population group so as to enable appropriate service provision. Another group of women who are affected by illicit drug use and are overlooked in the harm reduction service package are the regular sex partners of male drug users. Studies in India have revealed an HIV epidemic among monogamous wives of IDUs²² confirming the predictions that HIV will not remain confined within the drug user population but will seed a wider epidemic through their sexual networks²³. Reaching regular sex partners of male drug users is a challenge and often relies on the willingness of the drug users to provide information and access to their partners. Many male drug users are amenable to this, but then again many are not. An RSRA was conducted by UNODC in the SAARC countries in 2005 which revealed that significant proportions of female sex partners of male drug users can be reached²⁴ and this encouraging finding, along with that on the accessibility of female drug users, was the basis for the design of this assessment. It was undertaken to provide a more comprehensive understanding of their risks and vulnerabilities and the service needs.

The areas selected for this assessment were urban (Dhaka) and rural (Joydebpur, Natore). Dhaka is known to have the largest numbers of IDUs compared to any area in Bangladesh⁹. Also the neighbourhoods selected in this RSRA were both known to have large numbers of male IDUs in visible, public drug taking venues. Harm reduction services for male IDUs were provided in these neighbourhoods by the NGO, CARE-Bangladesh. In the other two areas covered in this assessment – Joydebpur and Natore – male drug users were known to be present

but the drug taking venues in Joydebpur were less public. Harm reduction services were not available in these latter areas. Drug treatment services were available in all areas; however free drug treatment combined with HIV harm reduction services were available only in Dhaka. In the other two sites, the services were expensive. Not surprisingly therefore, drug treatment was reported by few women; the proportion is lower than that reported by male IDUs^{19, 8}. This is a major gap in the country as a whole, and more so for women than for men. Available services are inadequate – too expensive, too few, and often not suited to the needs of the drug users. And this is more marked in Joydebpur and Natore which are neglected areas both in terms of HIV prevention and drug treatment services for all drug users (male and female).

The RSRA revealed that in all these areas several different types of drugs were available and female drug users also mentioned taking all the drugs, although the proportion that injected was small. What is clear is that heroin was the most common and methamphetamine was also becoming available. Most surprisingly, of the women who were IDUs, many started with injections and injected heroin. This is in contrast to male drug users in the same areas where most started by inhaling and smoking, and then gradually moved to injecting. The most common drug injected was buprenorphine^{2,9,11,8}. Why female injectors are different in this regard is not clear and more in-depth research is required to better understand the reasons behind this.

The two groups of women – drug users and partners of male drug users – sampled in this RSRA were demographically quite different. Although similar in age, female drug users were, on the whole, less educated. Most were currently employed as compared to approximately half of the female regular sex partners, and earned more than twice as much as the partners. Of those currently employed, sex work was most commonly reported in both groups – in more than

half of drug users and more than a quarter of female sex partners. Drug users were more likely to spend their earnings on their own drugs while the partners spent primarily on their family members. Thus, female drug users were relatively better off than the sex partners of male drug users in that they appeared to have more freedom and autonomy. The predicament of the regular sex partners was heightened due to the fact that none of them knew of their partners' drug taking behaviour prior to marriage or starting their relationship. Many of them were beaten and tortured by their husbands, and society in general shunned them because of their partners' habits. This discrimination made some of them very angry and resentful, consequently, they wanted harsh punishment for their drug taking sex partners.

Among the female drug users, the data shows that the major risk related to HIV was the practice of unsafe sex – sex without condoms and multiple sex partners. Women who used drugs (including the sex partners of male drug users) often took drugs before sex. This is known to be risky as drugs can cloud judgement and enhance risk-taking behaviours. Anal sex was also reported by both groups of women, and even among female drug users this was more common with their non-commercial sex partners. The rates of anal sex reported here were comparable to that of female sex workers from streets, brothels and hotels sampled in BSS¹¹.

Large proportions of both female drug users and female regular sex partners of male drug users complained of STI symptoms; these proportions were similar to those reported by sex workers sampled from different venues in BSS¹¹. Although both groups of women preferred to first consult with their husbands or friends and families for advice on STIs, female drug users were more likely to seek treatment. HIV testing was reported by a surprisingly high proportion of female drug users. This was much higher than that reported by male IDUs in BSS, where 0–17.1% tested for HIV, and this was also true for female sex workers sampled in BSS¹¹. HIV testing however, was completely absent from the areas of DAM (Joydebpur) and Light House (Natore). Both CREA and APON have VCT services in place and it is encouraging that these services were being used by women. The proportions of female partners tested for HIV was lower, but nonetheless the fact that more than half of them said that they were willing to be tested shows their own felt need for services and risk perception of HIV. However, availability of accessible health services for both groups of women was low – services that

acknowledged their marginalisation and resultant special needs. Many felt they were discriminated against for either being a drug user or a partner of a drug user.

Knowledge regarding HIV and AIDS was high, especially among female drug users, and this compares favourably with male drug users¹¹. Despite the absence of dedicated or gender-sensitive services for female drug users, approximately 70% were approached by NGOs for providing information; half of whom were approached in the last month. This suggests that harm reduction services in Bangladesh has broadened its scope and NGOs are reaching out to women as well. Expansion of reach to female regular sex partners of male drug users has been somewhat less, as just over one-third said they had been approached, of whom more than half said that that was a long time ago. Support services for female regular sex partners of male drug users are a major gap. It is well recognized that if sex partners of most-at-risk populations are not provided with the necessary services, HIV will spread to the wider general population^{22,23}.

In most cases there was general sympathy for drug users. The majority of the representatives from the community and law enforcement agencies who were interviewed felt that drug treatment followed by provision of jobs would be the way to improve the lives of drug users. Despite this positive attitude, eviction drives were frequent during the survey period, which was often conducted by local communities. A hard line approach was mentioned only by a minority, most of whom represented the general community and some family members. This positive attitude of communities and law enforcement agencies can be built upon so that the frustrations and anger that are associated with the presence of drug users within a community can be channelled more constructively to build services for drug users.

In summary, these findings reveal that in some ways female drug users are more empowered than female sex partners of male drug users as they have access to more information and services, they earn more and have more control over their expenditures. Female regular sex partners are often tortured by their male drug user partners and shunned by society for behaviours for which they are not responsible. What is encouraging, however, is that despite services being largely geared for male drug users, many women were receiving services. Nevertheless, the demand is much more than what is available and the availability is also not uniform in all areas.

Given the findings of this RSRA, the following recommendations are being made:

- ◆ Harm reduction services for female drug users need to be started and expanded to include female regular sex partners of male drug users. These services need to be provided through gender sensitive programmes including separate DICs and female outreach workers. It is to be kept in mind that most female drug users are not IDUs, most are heroin smokers, and therefore HIV prevention services must address sexual risk behaviours. DICs need to provide good quality STI services as well as reproductive health services. Strong referral networks with other NGOs providing reproductive health services must be established.
- ◆ Services for the two groups of women need to be designed appropriately such that they will be used. For this, women representing each group (female drug users and female regular sex partners of male drug users) need to be consulted and included in the design, set up as well as provision of services.
- ◆ Drug treatment services need to be made available for female drug users as well as male drug users, in all areas. As far as possible rehabilitation following treatment with jobs needs to be provided.
- ◆ HIV VCT services need to be made available for both groups of women.
- ◆ Children from families with a member who is a drug user have to be protected and advocacy is required so that children are not discriminated against in schools, community, health care settings, etc.
- ◆ Advocacy within communities is also required to ensure that female regular sex partners of male drug users are not discriminated against. Support networks may be set up so that women can share their problems and find their own solutions.
- ◆ Community involvement in harm reduction services needs to be increased so that local communities feel themselves to be a part of the programme, contributing directly to the welfare of drug users.
- ◆ Natore and Gazipur (Joydebpur) have substantial numbers of women who are drug users or sex partners of male drug users. Thus, harm reduction services including drug treatment and rehabilitation must be established in these areas urgently.



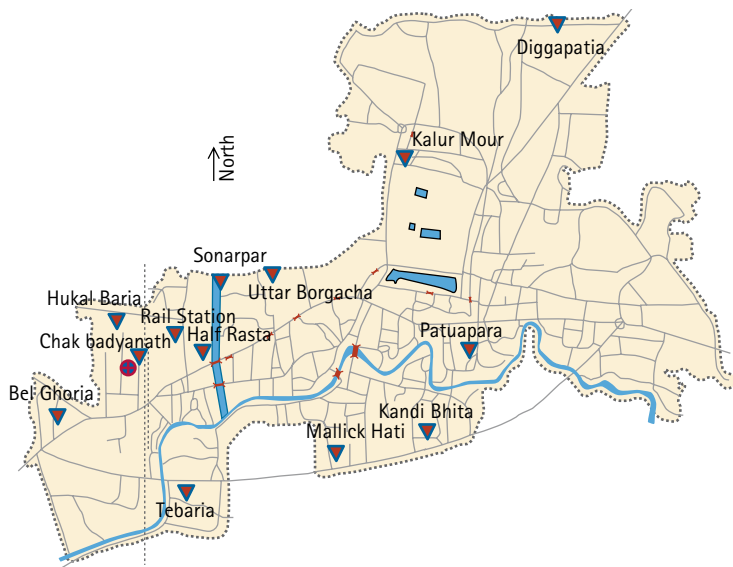
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Annexe

Annexe 1: Areas covered by each PNGO with drug using spots



Light House: Natore Pourashava

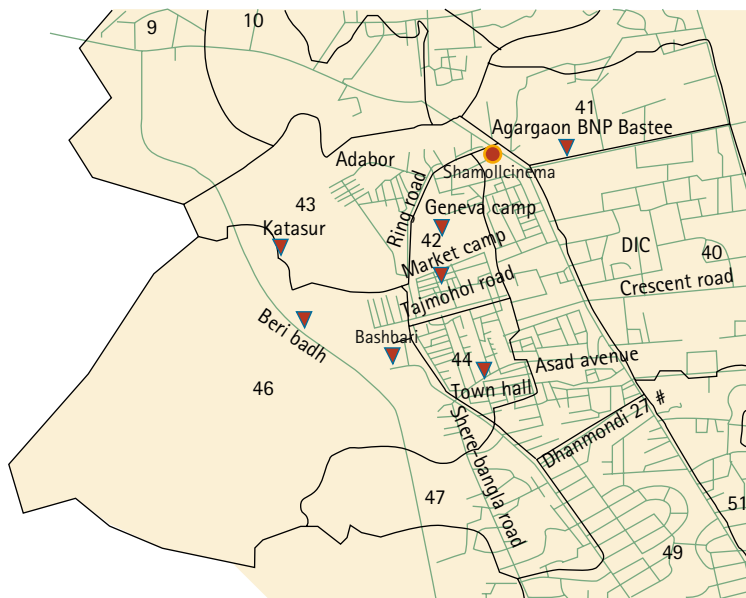
Pourashava



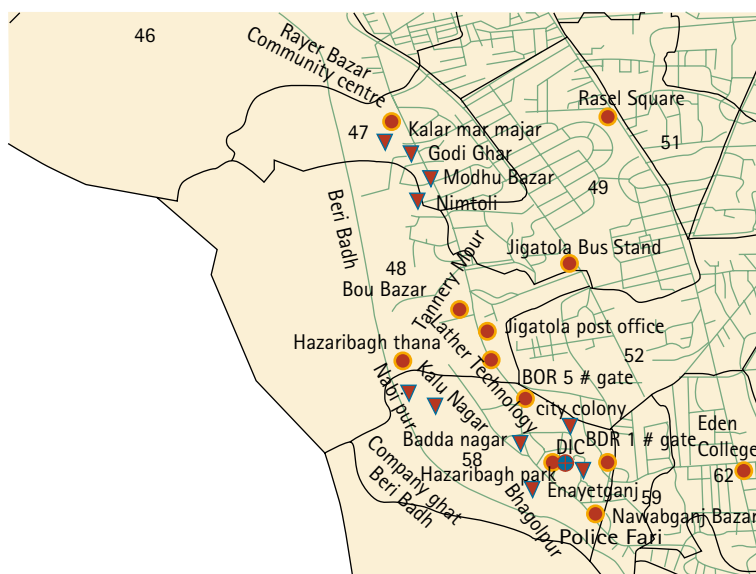
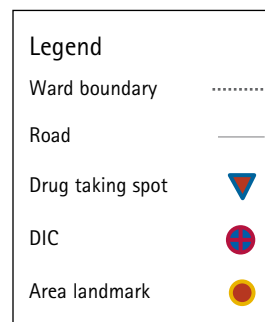
DAM: Gazipur Pourashava

Legend	
Ward boundary
Road	—
Drug taking spot	▼
DIC	⊕
Area landmark	●

Annexe 2: Areas covered by each PNGO with drug using spots



APON: Mohammadpur



CREA: Hazaribagh

Annexe 4: Major drug seizure by DNC, January–December 2007

Organization	Name of drug	Quantity	Number of cases filled
Light House (Natore)	Heroin	598 gm	17
	Phensedyl	1426 bottle	64
	Cannabis	5.96 kg	19
	Cannabis tree	16 pcs	1
	Poppy tree	38 pcs	N/A
	Poppy fruit	20 kg	N/A
APON (Mohammadpur)	Heroin	191 gm	39
	Phensedyl	81 bottle	4
	Cannabis	5.25 kg	37
	Tidigesic injection	11 ampoule	2
	Yaba	16 pcs	1
	Foreign liquor	7 bottle	1
CREA (Hazaribagh)	Heroin	105 gm	35
	Phensedyl	20 bottle	14
	Cannabis	2.44 kg	20
	Cholai Mod (locally made alcohol)	103 litre	1
	Jawa	900 litre	1
	Sprit	916 litre	1
	Tonojesic injection	10 ampoule	1
	Denatured spirit	40 litre	1
	Yaba	25 tablet	1
DAM (Gazipur)	Heroin	116 gm	9
	Phensedyl	220 bottle	9
	Cholai Mod (locally made alcohol)	246 litre	16
	Materials of cholai mod (locally made alcohol)	642 litre	8
	Cannabis	13.3 kg	10
	Cannabis tree	5 pcs	2

Annexe 5: List of the PNGO staff who conducted the field survey

S. No.	Name	Designation	Organization
1	Ms. Shamima Akhter	Project Officer cum Social Worker	Light House
2	Ms. Tahmina Akhter	Peer Outreach Coordinator	Do
3	Mr. A. Wahid	Peer Outreach Coordinator	Do
4	Mr. Selim Ahemed	Peer Outreach Worker	Do
5	Ms. Nargis Akhter	Peer Outreach Worker	Do
6	Mr. Zahid Iqbal	Project Officer	APON
7	Ms. Farhana Haque Mitu	Social Worker	Do
8	Sister Catherine D' Rozario	Peer Outreach Coordinator	Do
9	Mr. Moniruzzaman Monir	Peer Outreach Coordinator	Do
10	Ms. Madhobi Scalastica D Cruze	Peer Outreach Coordinator	Do
11	Md. Masum Khan	Peer Outreach Worker	Do
12	Ms. Anjuman Ara	Peer Outreach Worker	Do
13	Ms. Sharmen shaharia Ferdush	Programme Officer	DAM
14	Ms. Babli Yesmin	Social Worker	Do
15	Mr. Kazal Kumar Dhar	Peer Outreach Coordinator	Do
16	Ms. Rashida Akhter (Sumi)	Peer Outreach Worker	Do
17	Md. Mosharrof Hossain	Peer Outreach Worker	Do
18	Md. Shofiuddin	Peer Outreach Worker	Do
19	Mr. Nur Mohammad Abul Asad	Project Officer	CREA
20	Ms. Fatema-Tuz-Zohora	Social Worker	Do
21	Mr. Mahbub Hassain Milton	Peer Outreach Coordinator	Do
22	Mr. Mustafizur Rahman Tulip	Peer Outreach Worker	Do
23	Ms. Asma Akter	Peer Outreach Worker	Do
24	Ms. Maina Sultana	Peer Outreach Worker	Do
25	Mr. Mohammad Uzzal Hossain	Peer Outreach Worker	Do



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