

## POLICY AND PROGRAMMING IMPLICATIONS

### Appropriate Outreach:

Build outreach teams geared to the needs of spouses of male IDUs. Teams should include women who are themselves spouses of IDU.

### Build Awareness:

Spouses of male IDU, and male drug users themselves, require accurate information and increased awareness of the benefits of condom use and risks of not using condoms in their primary relationships.

### Build sexual communication and negotiation skills:

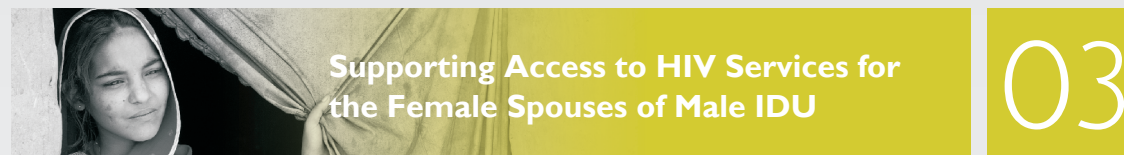
Sexual communication in couples and condom negotiation skills especially for spouses are key to supporting safe sexual practices in marriages where husbands inject drugs.

**Diagnosis and treatment of STIs in spouses is a key intervention,** ideally offered via outreach, but also provided through referral.

**Provide discrete HIV testing services offered by women for women,** ideally with express tests through outreach.

### Provide discrete services for spouses in the context of antenatal care or child health checks:

Spouses of IDU are at risk of HIV infection, and may not be aware of their risk. They may be most willing and likely to access health services during pregnancy, so antenatal care offers an ideal opportunity to access spouses with HIV-related services. Additionally, providing HIV services in the context of child health checks may be more acceptable to the target population and increase access to key HIV services.



## Supporting Access to HIV Services for the Female Spouses of Male IDU

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### BACKGROUND

The spouses of male IDU are at high risk of HIV infection but they may often be missed by harm reduction services that target men. This brief provides information on the risks faced by the spouses of male IDU and offers simple suggestions for improving access for spouses to low-threshold HIV services.

### WHAT ARE THE ISSUES?

#### Key facts and figures:

##### Most drug users are married:

Studies have found that the majority of male drug users in Asia are married and sexually active. In South Asia, research in India and Pakistan has found that many drug users live with their families and that the wives of male drug users rarely use drugs themselves.<sup>1</sup>

##### High HIV infection rates among the spouses of male IDU:

Data from Asia and elsewhere suggests that partners and spouses of male IDUs have significant HIV infection rates: A study in Manipur, India, found that 45 percent of the spouses of HIV-positive IDU were infected with HIV.<sup>2</sup> A community-based study of male IDU and their regular sex partners in Chennai, India, found that 25 percent of couples were sero-discordant and only the men were positive, and 5 percent were HIV concordant.<sup>3</sup> In Pakistan, a 2008 study found that 15 percent of the wives of HIV-positive IDU in Faisalabad tested HIV-positive, 10 percent in Lahore and 5 percent in Sargodha.<sup>4</sup>

##### Most spouses of IDU are of child-bearing age:

There is little data or research on pregnancy-related needs among the spouses of IDU, although research in South Asia has found that spouses of male IDU do have pregnancy rates comparable to those of the general population: A study of 459 couples in Pakistan where the husband was an IDU found that 8 percent of the wives were currently pregnant.<sup>5</sup>

##### Spouses of male drug users may often be primary care-givers:

Women are often the primary care-givers for family members who use drugs, particularly in cases where family members are also HIV-positive. In one study in India of

179 women in families affected by drug use, 55.3 percent of the women reported husbands as drug using family members. The women reported health, economic, occupational and psychosocial problems affecting both themselves and their family due to drug use by their family members.<sup>6</sup>

#### Sources of Vulnerabilities for spouses:

##### Unsafe extra-marital sexual relations and married male IDU:

Research in India has identified a significant overlap between male IDU and female sex worker populations: A rapid assessment of 300 male IDUs in Chennai found that 63 percent of heroin users and 51 percent of buprenorphine users reported having sex with sex workers, and only 5 percent of heroin users and 11 percent of buprenorphine users reported using condoms with casual partners.<sup>7</sup> Similarly, a study of married male IDU in Pakistan found that 20 percent of those who reported having had extramarital sex said that a condom was used during the last sexual act, and that 28 percent of HIV-positive married male IDU who reported extramarital sex, also reported having used a condom while having sex outside marriage.<sup>8</sup> These unsafe extra-marital relations put spouses of male IDU at risk of HIV infection.

##### Low condom use in marriage:

Research has found low levels of condom use in married couples where the husband is an IDU: A study in South Asia found that only one in a five female regular sex partners of I/IDU reported using a condom during their last sexual contact.<sup>9</sup> Similarly, a study in Pakistan of 459 couples in which the husband was IDU found that 80 percent of the wives were at risk of STIs and HIV through unprotected sex with their husband.<sup>10</sup>



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<sup>1</sup>Kumar et. al., Rapid Assessment and Response to Injecting Drug Use in Madras, South India, International Journal of Drug Policy, 11, 2000, pp. 83-98; Naizindagi, The Hidden Truth, 2008

<sup>2</sup>Panda et al. 2000. Transmission of HIV from injecting drug users to their wives in India, International Journal of STD & AIDS 11 pp. 468-473

<sup>3</sup>Panda et al. 2005. Risk Factors for HIV Injection in Injection Drug Users and Evidence for Onwards Transmission of HIV to Their Sexual Partners in Chennai, India. J Acquir Immune Defic Syndr, 39 pp. 9-15

<sup>4</sup>Naizindagi, The Hidden Truth, 2008

<sup>5</sup>Naizindagi, The Hidden Truth, 2008

<sup>6</sup>UNODC, 2002. The Burden on Women Due to Drug Abuse by Family Members in Women and Drug Abuse: the Problem in India, pp. 22-28.

<sup>7</sup>Kumar MS and Mudaliar S. 2001. Rapid Assessment and response to injecting drug use at Chennai (Madras), India. New Delhi: UNESCO-SHARON

<sup>8</sup>Naizindagi, The Hidden Truth 2008

<sup>9</sup>UNODC, 2002. Women and Drug Abuse: the Problem in India

<sup>10</sup>Naizindagi, The Hidden Truth, 2008

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### Low risk awareness among spouses of male IDU:

The wives of IDU tend to perceive marriage and their husbands as low risk: A study of 226 male IDU and their regular sex partners in Chennai, for example, found 30 percent seroprevalence in male IDU and 5 percent in their partners, yet 57 percent of the HIV-positive IDU and 45 percent of HIV-positive female partners thought they had “no chance” or “very little chance” of getting HIV.<sup>11</sup>

### Lack of awareness among spouses about their husband's risk behaviours:

Many spouses of IDU may be unaware of the sexual and/or injecting risk practices of their male partners.<sup>12</sup>

### Lack of knowledge and awareness about the HIV risks associated with injection behaviour:

Even when spouses do learn of their husband's drug use, husbands and wives may be ill-informed about the HIV risks associated with injection.

### Poor knowledge and awareness about condoms as an HIV prevention method:

Spouses and male IDU may have inadequate knowledge about sexual transmission and condoms as a method for preventing HIV transmission. A study of male IDU and their sex partners in Chennai, for example, found that condoms were not perceived as an important means to protect against HIV, and were used for family planning or during menstruation.<sup>13</sup> Perceptions of condom use as associated exclusively with sex workers may also account for poor condom use in marriage.

### Poor condom use in marriage even when knowledge is adequate:

Even when male IDU and their spouses are aware of both injection and sexual HIV transmission risks, married male IDU may be reluctant to use condoms in their marriages and women may lack the power to negotiate condom use with their husbands. Wives may wish to request a condom be used but fear that making this request will imply infidelity, and that they may therefore lose their partner.<sup>14</sup> When wives are economically dependent on their husbands, a wife's ability to negotiate safer sex is likely to be constrained.<sup>15</sup>

### Lack of legal protections for spouses:

In countries where marital rape is not recognised as a crime, such as India, women have no legal resort in the case of sexual violence in marriage, and this holds true for especially vulnerable populations such as spouses of male drug users as well.

### Spouses as sex workers:

Spouses of men who use drugs may be coerced into sex work by their husbands in order to provide money to buy drugs. Spouses may also engage in sex work to support their children and family members when and if a husband becomes unable to earn money or loses his job.

## EVIDENCE: GOOD PRACTICES

### Outreach services for spouses:

Outreach services delivered by women who are sensitive to the needs of the spouses of drug users can operate most effectively. In Chennai, for example, an outreach team targeting spouses was constituted with exclusively women and many of these team members were themselves spouses of drug users. Services for spouses and sexual partners were delivered through these teams and included provision of HIV/AIDS information, information related to sexual health services, referral to VCT, condom distribution, linkages to economic support groups and self help groups, ongoing support, and referral to other medical services.<sup>16</sup>

### Community mobilization of spouses and widows:

Mobilizing the community of spouses and widows of drug users can be a critical step to developing safer sexual practices in marriage. One DFID-supported project in Northeast India facilitated participatory action groups for IDU widows, with a focus on mental health; the project found that mobilisation of isolated and vulnerable women was associated with improved mental health and reduced HIV risk behaviour.<sup>17</sup>

### Provide STI services:

STIs dramatically increase HIV sexual transmission rates, and studies in Asia have found high STI levels among the spouses of male drug users. In Chennai, a study of the regular sexual partners of male IDUs found that viral STIs were common, that 38 percent of female regular sex partners were infected with HSV-2, and 37 percent of the women had laboratory-confirmed bacterial vaginosis.<sup>18</sup> Studies of spouses of male IDU in Asia have recommended prioritising prevention of STIs through community outreach peer-based STI education, diagnosis and treatment.<sup>19</sup>

### Support groups for spouses:

In Manipur, Social Awareness Service Organisation (SASO) in Imphal runs support groups for partners,

spouses and widows of male IDU. Key areas of awareness and support generated through these groups include ART and adherence, STI diagnosis and treatment, PMTCT, contraception, condom use, immunization, legal rights and entitlements, income generation, and psycho-social well-being.<sup>20</sup>

### Micro-loans may improve spouses' ability to adhere to HIV prevention strategies (avoid risky sexual behaviours):

A project run by SASO in Manipur has provided soft-loans to spouses and widows to support them to start up businesses.<sup>21</sup>

### Approaching spouses by providing family services to male IDU can facilitate service provision to spouses:

A project run by Naizindagi in Pakistan provides an orientation on harm reduction services including VCT to spouses of male IDU. Outreach workers obtain consent from male IDU to access families and wives and offer an intake assessment of family members. The program provides spouses a range of services including baseline CD4 diagnostics and three monthly CD4 follow up diagnostics, basic health care for wives and children, treatment of opportunistic infections, counselling and psycho social support/ adherence counselling, nutritional and social support, home based palliative and supportive care, referral to a Residential Treatment Preparedness Centre, sexual and reproductive health care, condoms, sterile syringes to female IDUs, and funeral arrangements.<sup>22</sup>

In developed countries, providing pre-exposure ART prophylaxis to high risk groups has been found to dramatically reduce infection rates.<sup>23</sup> Ideally, this would apply to the spouses of IDU, in particular HIV-negative spouses of HIV-positive male IDU.

<sup>11</sup>Panda et al 2005

<sup>12</sup>Kumar 2008, Presentation at the plenary session on Gender and Drug Use, Harm Reduction Conference Barcelona

<sup>13</sup>SAHAI 2006, cited in Kumar and Sharma 2008

<sup>14</sup>Kumar 2003, Formative Research Chennai

<sup>15</sup>M Suresh Kumar and Mukta Sharma. 2008. Women and Substance Use in India and Bangladesh, Substance Use & Misuse, 43, pp. 1062-1077

<sup>16</sup>Suresh Kumar, personal communication, February 2009.

<sup>17</sup>Kermode et al. 2008. Some peace of mind: assessing a pilot intervention to promote mental health among widows of injecting drug users in north-east India. BMC Public Health 2008, 8:294

<sup>18</sup>Panda et al. 2007. Sexually Transmitted Infections and Sexual Practices in Injection Drug Users and Their Regular Sex Partners in Chennai, India. Sexually Transmitted Diseases, April 2007, Vol. 34, No. 4, p.250-253

<sup>19</sup>Kumar and Sharma 2008. Women and Substance Use in India and Bangladesh, Substance Use & Misuse, 43:8,1062 -1077

<sup>20</sup>Breaking New Ground, Setting New Signposts: A Community-Based Care and Support Model for Injecting Drug Users Living with HIV. The SASO-Alliance Experience. HIV/AIDS Alliance in India. December 2007

<sup>21</sup>Breaking New Ground, Setting New Signposts: A Community-Based Care and Support Model for Injecting Drug Users Living with HIV. The SASO-Alliance Experience. HIV/AIDS Alliance in India. December 2007

<sup>22</sup>Naizindagi, Service Delivery to Spouses of Drug Users & Families of HIV Positive Injecting Drug Users and Female injecting drug Users/drug users in Sargodha and its surroundings, presentation at the Workshop on Gender-Responsive Harm Reduction Services, supported by UNODC. October 8, 2009.

<sup>23</sup>Dr. Ruslan Malyuta, UNICEF Regional Office, Geneva. Personal Communication. March 4, 2011.