Injecting and Sexual Behaviors of Male Injecting Drug Users in Kathmandu Valley

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The Study Team

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## Abbreviations and Acronyms

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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>CDPC</td>
<td>Communicable Disease Prevention and Control</td>
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<td>CREHPA</td>
<td>Center for Research on Environment Health and Population Activities</td>
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<td>FES</td>
<td>Focused Ethnographic Study</td>
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<td>FHI</td>
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<td>FP</td>
<td>Family Planning</td>
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<td>FSW</td>
<td>Female Sex Worker</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>IDU</td>
<td>Injecting Drug User</td>
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<td>LALS</td>
<td>Lifesaving and Lifegiving Society</td>
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<tr>
<td>NGO</td>
<td>Non-governmental Organization</td>
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<tr>
<td>SLC</td>
<td>School Leaving Certificate</td>
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<td>SRH</td>
<td>Sexual and Reproductive Health</td>
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<td>SSW</td>
<td>Street-based Sex Worker</td>
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<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<tr>
<td>SW</td>
<td>Sex Worker</td>
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<tr>
<td>TT</td>
<td>Tidigesic</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Executive Summary

Purpose and Methods

HIV/AIDS has emerged as a prominent health and social concern in Nepal. The recent upsurge of HIV prevalence among IDUs is alarming. Networking and injecting behaviors of IDUs in the Katmandu valley are already identified as very risky but their sexual behavior remains largely unexplored. The study was carried out to obtain detailed and in-depth information about sexual behavior male IDUs in Kathmandu Valley.

In-depth interviews were conducted with 63 male IDUs to gather information on injecting and sexual behavior and sexual networks of male IDUs. All the 17 groups contacted in the 2001 study of CREHPA were visited for updating information on their group composition and membership status. Of these, 7 groups were selected for the study. These groups represent all the three major cities (Katmandu, Lalitpur, and Bhaktapur) of the Kathmandu Valley. Indepth interviews were taken with members of three groups in Kathmandu (Basantapur Darbar Square, Kalanki, and Pachalighat-Teku), three groups in Lalitpur (Patan Darbar Square, Kopondole, and Bagdole) and one group in Bhaktapur (Darbar Square). Interviews were taken during April-June 2002. All completed in-depth interviews were edited, translated in English and typed into the computer by a transcriber. A qualitative software program called "ATLAS/ti" and Microsoft Excel were used to analyze the data.

Characteristics of Informants

Most of the informants are literate young adults from a wide range of occupations including unemployed with almost equal representation of married and unmarried respondents.

The informants belonged to informal injecting groups, comprising of 8 to 15 individuals, which are often loose with high turnover of memberships. One or more members of a group visit groups other than their 'own group' for injecting, including sharing. Of the 17 groups followed-up, four groups were dissolved between mid-2001 and mid-2002, and there was exit of 48 members and entry of 42 new members, representing substantial change of composition in the groups (originally composed of 107 IDUs).

Injecting Behaviors

Entry into the drug taking habit occurred commonly at late adolescence. For example, 36 out of 63 male IDUs interviewed reported that they initiated taking non-injecting drugs when they were aged between 15 and 19 years. Also, 32 informants had started injecting drugs when they were aged 15-19 years.

The injecting drug users interviewed in this study were found to be switching to injecting habits (from non-injecting drugs) in a short period of time. More than one-third (24) of 63 respondents switched to injecting drugs within one year and about one-fifth switched within two-three months following the starting of non-injecting drugs such as nitrosun, phensydrl and other pharmaceutical preparations.
Most of the informants were influenced by the peer groups of friends; fear of being isolated or ridiculed, and a desire to be 'heroic'. Almost all injecting drug users started with smoking cigarettes. The most common “transition drugs” from smoking cigarettes were ganja (marijuana) and charas (black hashish). At the intermediate stage, they were either taking some stimulating tablets (nitrosun, nitrovet, cenol, darbacet) or phenylril or pulling brown sugar. At the injecting stage, they either took tidigesic or brown sugar or white sugar. But, because of scarcity of brown sugar (and it being expensive), injecting tidigesic has become the most common drug among IDUs in Kathmandu valley.

Pressures or persuasions of friends and individual curiosity, and high cost plus scarcity of non-injecting drugs were among the main factors motivating them to inject drugs. The usual pattern of first-time injecting involves a support of a friend; as one person holds the arm and another friend injects.

Sharing of needles and drugs is widespread. Nearly two-thirds (41) of 63 respondents said they share both syringe and drug with their group members. The other 22 informants (about one-third) reported that they did not share with group members currently, though they used to share in the early stage of injecting. Most individuals shared with two or three members of their groups. The specific sharing partners varied from day to day within the groups. In some cases, individuals said that they go regularly to different groups to share drugs and injecting equipment. The informants showed a tendency to ignore the risks involved in syringe sharing, particularly when they were terribly sick or desperately in need for money for injection.

If I have enough money then I will buy syringe for myself but if I don’t then I share it with my friends. We share 2 syringes among five of us.

Although the IDUs adopted several measures to clean their needles, most of their approaches appeared inadequate to avoid the risk of contamination. The cleaning practices depended on the place they inject, availability of the cleaning materials and extent of 'sickness'. Spit, hot water, distilled water, cold water, and bleaching powder were the commonly used items to clean the syringes.

Sexual Behavior

Although most of the informants reported low interest in sex, they were nonetheless found to be sexually active, particularly in the early stages of drug injecting. About two-thirds of the unmarried respondents had sexual relations with multiple partners such as sex workers, girlfriends, female IDUs, and foreigners (tourists). Male to male sexual activity was reported as a rare experience among the male IDUs. Only two married or separated informants reported that they had had sex with other men.

Gita is a sex worker and a user too. She won't have money for drugs so she sells sex. If anybody gives her maal [drug], she will go with them. So, she has had sex with almost everyone in our group. Some give her money and others give her maal.

The frequency of sexual activity of both unmarried and married informants was reported to be very low. The unmarried informants said that they have sexual activities infrequently, and
they do not go out intentionally looking for partners for sex. However, they indulged in sex when they got opportunity.

I would like to have it [intercourse] with them but once I take drugs I won’t have that intention. Dai [brother], once a person starts taking maal [drug], he will be least interested in sex. Given a chance I would have done it with them.

Out of 34 unmarried male IDUs, only 14 had their most recent sexual intercourse in the past year. The majority of married male IDUs claimed that they were involved in sex only with their wives in recent days preceding the interview. Nineteen respondents (about 82%) mentioned that they had sexual intercourse with their spouses in last week.

Out of 34 unmarried men, 12 have mentioned that their last sex partner was a sex worker and 11 reported that it was their girl friend. A foreigner who came to visit in Nepal was the last sex partner of two unmarried respondents. Among those unmarried IDUs who mentioned that they had sexual intercourse within a year, they had indulged in sex with their girl friends as well as with sex workers.

I have had it just six months back with a girl. She used to work in the cabin restaurant. My friend introduced me to her. I requested her saying that it was my first time, so she let me have sex with her. That’s all [looks very happy] and I haven’t met her after that. Actually I am not that interested in sex.

Among married men, spouses were the last sex partners of 22 out of 23 respondents, whereas one person mentioned that his last sex partner was a female IDU. In the case of the six informants who are separated or divorced, one had a sex worker and one had a female IDU as their last sex partner. The others claimed that they had their spouse as their last sex partner.

Out of 63 informants, 18 reported that they had indulged in group-sex. Among them, nine were married, eight were unmarried and one was separated. All of them had experienced group-sex with sex workers, usually with street-based sex workers. Beside vaginal sex, oral sex was also common among the men when having group sex. Condom use was infrequent during group sex.

Two years ago I had with a sex worker. Four of us had it together. We were in a restaurant drinking. We fixed her there and had it the whole night with her. Four or five months earlier four of us had it with Gita. We took her to our friend's place in Basantapur and did it with her one at a time. All of us including Gita were on trip.

Most of the respondents tended to have sex after taking drugs. Seventeen of 23 married men, and 20 out of 34 unmarried men reported that they enjoyed sex more after taking drugs, i.e., while being in trip, so that they could enjoy 'prolonged' sex.

Once when she was back from her parents place we had sex. That time I had not taken drugs. So I could not do for a long time. Both of us did not enjoy that time. After sometime I went out and took a shot and returned. I came back and had it with her. I could do for a long time and satisfy her. So both of us enjoyed that time.
Besides vaginal sex, some of the respondents also said they engaged in oral sex and anal sex with their partners. Out of 63 respondents, 13 had engaged in oral sex and 11 had done anal sex. Five men reported that they had sexual experience of both oral sex and anal sex. Both unmarried and married respondents mentioned these types of sexual activity. Three reported that they had done anal sex also with boys. Most of the “unconventional” sexual activities took place with sex workers.

I had sex with my girlfriend in different ways. I did both anal and vaginal sex with her. We even had oral sex. I had oral sex with other girls too. I feel relaxed that way

**Condom use**

Condom use among our informants was negligible and inconsistent, although most of them perceived that condoms could protect a person from contracting HIV/AIDS, STIs and pregnancy as well. The majority of unmarried men reported that they did not use condoms with their girl friends as well as with sex workers. Likewise, the majority of married men (15) mentioned that they seldom use condoms with their spouses and other sex partners. However, the use of condoms among both married and unmarried IDUs with sex workers was found to be a little bit higher than with other sex partners. Also, 11 male IDUs reported that they did not use condom with foreign tourists.

Among the IDUs having multiple sex partners, condom use depended on type of their partners. They used condoms with some partners and not with others. If some one is very close to them and if they [IDUs] think that some one is free from disease (HIV/AIDS and STIs), they do not use condoms with them. This general idea applies to their wives, girl friends, and even to sex workers. Some unmarried IDUs reported that they would marry the partner if she were to get pregnant. Out of 37 male IDUs, 18 did not use condoms with their sex partners because would enjoy less if they put on a condom. The other reasons for non-use were difficulty in obtaining condom at night; lack of time to buy condom; sudden happening of sexual activity; not carrying condom at the time of sexual intercourse; sex done while in trip of drugs and alcohol were mentioned by both married and unmarried male IDUs.

No I didn’t use with her. If she was a sex worker then I would have used her but she is not. She is my girlfriend. Who will use condom while having sex with their girlfriend? “Condom lagayo bhane ta girlfriend lai biswas na gare ko hudaina ra” (won’t it look like as if I am not trusting her?).

Some men expressed the fear that the condom might burst if sex takes place for long duration. Others claimed that their sex partners did not have any kind of STIs problem and thus they did not like using condoms with them, and if their partner became pregnant they would marry them. Some informants feared of losing trust of their girl friends if they used condoms with them.

**Q:** Did you use condom with your girlfriend?

**A:** No, I never used it with them. They used to tell me to use condom because they did not want to conceive but I used to deny using it. Instead, I used to tell them to use ‘Gulaf chakki’ (birth controlling pills).
The main reasons for non-use of condom mentioned by married men were that their wives did not have sexual relations with other men and their wives did not have any kind of STIs. Some said that their wives were using other family planning methods such as oral pills, depo injection and Norplant, and also some mentioned that they did not use a condom with their wives because their wives desired to have additional children.

Awareness about HIV/STI

Despite engaging in unsafe sex practices and unsafe syringe sharing practices, almost all of the informants did have some knowledge of STIs and HIV/AIDS. They also knew of about the means of transmission of STIs and HIV/AIDS. Most of them were concerned about contracting STIs and HIV/AIDS through sexual activity. They were also concerned about transmitting the diseases to their partners. Most informants mentioned that these types of diseases are transmitted either through syringe sharing of an HIV infected person or by having sex without using condoms. Thus, they were aware of the proper preventive measures. Despite having this knowledge, they continued unsafe practices.

Some informants had fairly reasonable knowledge about prevention measures but some also had some misconceptions. Some informants reported that one should be careful using the blade of an infected person and also about sores and wounds. Some individuals also mentioned that one should not live and sleep with an HIV infected person. A few individuals said that one should keep checking the blood regularly.

Discussion and conclusions

The informants interviewed in this study come from the universe of IDUs where HIV prevalence has gone up to 68% in recent years (New ERA/FHI, 2002). Most of the informants are literate young adults from a wide range of occupations including unemployed with almost equal representation of married and unmarried respondents. The IDUs engage in risky injecting behaviors as indicated by widespread needle sharing, and inadequate cleaning of the injection equipment. If the injecting behavior of the IDUs were to occur in isolation, within the small groups, they would not pose a large threat of HIV infection to others. However, the fact is that almost all the IDUs in the Valley are somehow interconnected with each other through “visiting” and participating in groups other than their own, “regular” group. Our data show that the groups change considerably over time, and some individuals have regular connections with more than one group. In this way the small “injection groups” form an interconnected network throughout the Kathmandu valley area. The inadequate needle-cleaning practices serve to compound the risks of transmitting HIV and other infections. When they are ‘sick’ and in need of ‘quick fix’, they tend to ignore any risk despite having knowledge about risky practices. This tendency is an important underlying factor behind rapid diffusion of HIV among the IDUs.

Sexual activity is low among unmarried IDUs. Although they pay greater attention to obtaining and fixing drugs than seeking sexual outlets, married as well as unmarried IDUs do not refrain from having sex, including casual sex, when there is an opportunity. Many IDUs have recent or current history of having multiple sex partners: wives, girl friends, sex workers, female IDUs, and others. A substantial number of IDUs (18 out of 63) have engaged in group-sex with female sex workers, mostly street-based sex workers. Vaginal sex is common among the male IDUs but,
in some instances, they also practice anal or oral sex, especially during group-sex. Male to male sexual activity is, however, very rare.

The IDUs have rather low levels of condom use and other preventive practices during their sexual contacts. Most of the IDUs tend to have sex after taking drugs to enjoy 'prolonged' sex. This tendency may make them careless about adopting preventive measures such as condom use. Desire for greater enjoyment, difficulty in getting condom at odd hours and odd places and sex during trip, and demonstration of faithfulness to the partner are main reasons for non-use of condoms.

It appears that the injection drug users’ motivations about condom use refer mainly to the chances of infection from their sex partners, in addition to the concerns about preventing pregnancy. Most of the IDUs did not seem to be thinking of the possibility that they themselves would transmit infections to their partners.

Because of the low levels of sexual interest, sexual activities of male IDUs have not spread to the general population at a rapid pace. They nonetheless constitute a “bridge group” of HIV people who are gradually infecting people outside their own networks.

**Policy Implications**

The tendency of the IDUs to form groups not only poses threat of spreading HIV but also an opportunity to introduce harm reduction interventions. Most of the IDUs who are affiliated with some sort of groups can be approached through a small number of injectors, one or two from each group. Interventions designed to address the groups can be more successful than those approaching the IDUs on individual basis. As the IDUs are at risk amongst themselves because of the widespread sharing and inadequate of cleaning of needles, behavior change communication integrated with needle exchange program should be put in place to contain the level of HIV epidemic within this subpopulation. In order to reduce the risk of HIV transmission from the IDUs to general population, programs to promote safer sexual behavior are desirable. These programs should aim at changing the IDUs' attitude towards condom use enhancing self-realization that they could also pose risk to their partners.
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1.1 Background

HIV/AIDS has emerged as a prominent health and social concern in Nepal. Although the HIV virus entered the country in the late 1980s, it remained quiet until the mid-1990s. Since approximately 1995 the epidemic has spread rapidly in certain high risk groups. During the mid-1990s, Nepal entered into the ‘concentrated epidemic’ stage, with the numbers of HIV-infected individuals consistently crossing five percent among certain high-risk groups such as injecting drug users (IDUs) and street-based female sex workers (FSWs). HIV prevalence among IDUs increased from below 2% in the beginning of the 1990s to as high as 40% in 1999 nationally (Karki, 2000) and 68% in 2002 in Kathmandu (New ERA/FHI, 2002).

The estimated number of injecting drug users now run into thousands, with the strong impression among many informants that injecting drug use has increased recently. The practice of injecting lidigesic and other pharmaceuticals is a relatively new phenomenon. Some NGOs working with IDUs estimate that as many as 15,000 persons in the Kathmandu Valley are now taking drugs through injections, but a more reasonable estimate, based on careful mapping studies by New Era and CREHPA put the numbers of IDUs at around 5,000 (FHI/CREHPA/New ERA, 2002).

Aside from the total numbers, the patterns of risky behaviors can be far more important than the total volume of injectors. This is because the spread of HIV in IDU population is often rapid and difficult to control (Lamptey et al., 2002). Unlike other epidemics, the HIV epidemic appears to be uncertain in its trend. The HIV epidemic initially concentrates in high-risk sub-populations such as IDUs and sex workers and then gradually diffuses into the general population. The extent and pattern of sexual networking of high-risk groups with outsiders determines how rapidly the HIV epidemic spreads into the general population. In this context, it is highly desirable to understand the potential threats of the IDU population to diffuse HIV into the general population that may lead to a generalized epidemic.

1.2 Objectives of the Study

Networking and injecting behaviors of IDUs in the Katmandu valley have been documented through Focused Ethnographic Study (FES) research by CREHPA. The qualitative and quantitative data provide a clear understanding of the patterns of needle sharing, for example, and the dynamics of the rapid spread of HIV/AIDS in the IDU community. But information on the sexual behavior of IDUs, perhaps the most significant bridging behavior to the general community, is not adequate. Therefore, the objectives of the study are focused on detailed and in-depth data-gathering about sexual behaviors of male IDUs. In
addition, the study also gathered information about the relative stability (and instability) of the IDU small groups.

The specific objectives of the study are:

1. To assess whether any changes have occurred in group membership and drug use networks among the IDUs previously studied by the CREHPA team.

2. To understand the patterns of sexual relations of male IDUs

3. To identify the sexual networking with their various types of partners

4. To assess the frequency and types of sexual activity they perform with their sex partners including the motivations for these behaviors.

5. To assess the timing of sex (before or after taking drugs) and the explanations given for those patterns.

6. To understand the use and non-use of condoms in relation to different categories of partners, and the reasons for non-use of condoms

7. To understand the risk perceptions regarding the transmission of STIs and HIV/AIDS from them to their partners and vice versa.

1.3 Study Design

The study employed in-depth interviews to gather data concerning injecting and sexual behavior and sexual networks of male IDUs. Selection of informants was carried out using a snowball technique. That is, individuals who were contacted in the IDU groups were asked to refer our researchers to their other friends who were injection drug users. In view of affiliation of most of the male IDUs in groups, the informants were recruited from the previously identified injecting groups.

All the 17 groups contacted in the 2001 study of CREHPA were visited for updating information on their group composition and membership status. Of these, 7 groups were selected for the study. These groups represent all the three major cities (Katmandu, Lalitpur, and Bhaktapur) of the Kathmandu Valley. In-depth interviews were taken with members of three groups in Kathmandu (Basantapur Darbar Square, Kalanki, and Pachalighat-Teku), three groups in Lalitpur (Patan Darbar Square, Kopondole, and Bagdole) and one group in Bhaktapur (Darbar Square). These locations were purposively selected in view of the relatively high concentration and accessibility of male IDUs.

From these 7 groups, 60 members could be contacted for in-depth interviews. Additional three IDUs who were contacted by the female research team, were also interviewed. Thus, altogether 63 male IDUs were interviewed in this study.
1.4 Recruitment and Training of Field Researchers

The field team consisted of one Field Coordinator and four Field Researchers. All of the Field Researchers were postgraduates and experienced in conducting quantitative and qualitative research in sensitive issues of reproductive and sexual health. They were provided with a five-day intensive training on the study objectives, qualitative research tools and on conducting in-depth case studies. They were also trained on ethical issues and ways of maintaining confidentiality with reference to the research on sensitive issues such as injecting drug use. Class lectures, role-plays and mock interviews were the main tools of the training.

The Field Coordinator was responsible for facilitation of fieldwork, monitoring and reporting of progress to the Study Coordinators. Debriefing meetings were organized on a weekly basis during the fieldwork. During these meetings, the team developed solutions to problems that were hindering fieldwork. The field researchers were accompanied and guided by the Field Coordinator to ensure smooth execution of the fieldwork.

1.5 Fieldwork

The fieldwork was carried out during the period from April 8, to June 31, 2002. The work began with introductory visits to the study locations. The field researchers were introduced to male IDUs of the study area on the first two days of fieldwork.

In the beginning of the study, two teams, each comprising of two Field Researchers, were formed and each team conducted in-depth interviews with members of two different IDU groups. However, after completing interviews with two groups of IDUs, the teams were combined and all the researchers conducted interviews with the members of the same group. The change in team composition was made to save time for fieldwork and to ease field monitoring.

1.6 Data Management

All completed in-depth interviews were edited, translated into English and typed into the computer by a transcriber. A qualitative software program called "ATLAS/ti" and Microsoft Excel were used to manage and analyze the data.

The management and analysis of the textual information of this study employed inductive approach (Campbell et al., 1998). The textual information obtained from the in-depth interviews was translated and entered into Microsoft Word. The Word files were then transferred into ATLAS/ti. Once transferred and saved in ATLAS/ti, the contents were read thoroughly before initiating coding. The coding process involved identifying the text segments associated with particular code-words (Richter, 1993). The codes were words or groups of words assigned to particular segments of texts containing a specific topic or
theme or concept. After completing the coding, segments of the same topics were sorted and retrieved by using the code-words. The output was carefully read and compared across interviews. The coding and retrieval process helped identify common as well as deviant patterns across the interviews.

1.7 Constraints

During the initial phase of the fieldwork, field researchers found it very difficult to motivate male IDUs for interviews. The informants were very reluctant to be interviewed. Some of them felt that they had gained nothing by providing information to the research organizations. Some of them also thought that they would lose time for other business such as selling drugs (e.g., T.T. or nitrosun). Some of them were afraid that they would be brought into the public media. They were convinced only after we explained in detail the purposes and usefulness of the study. However, two IDUs refused to participate in the study.

Four to five visits were necessary to contact the IDUs in some study locations. Also, some informants failed to appear even after agreeing to be interviewed. Interview places also affected the interviews. Since rooms for interviews could not be hired in the appropriate locations, field researchers had to sit sometimes on the stairs of the temple and sometimes on the bank of the river. Sometimes, male IDUs were taken far away from their spots to maintain privacy during interview. Therefore, it was often very time consuming to carry out the in-depth interviews. However, privacy and confidentiality was strictly maintained in all cases.

The informants were provided with a small amount as a token of gesture after completion of the interview. They were, however, not paid for identifying their friends (members of their groups) for interview.
Chapter 2

BACKGROUND CHARACTERISTICS OF INFORMANTS

2.1 Socio-demographic Background

Over two-thirds of the informants (44 individuals) fell in the most active age group, i.e. 21-29 years. Less than one-fifth (9) of the respondents were in the age group of 30-34 years and the same number were 20 years or younger. Only one individual was older than 35 years. (Table 2.1)

Married and unmarried individuals were approximately equally represented in the study. Thirty-four informants were unmarried. Twenty-nine persons had entered marriage, but only 24 were currently married, five reported that they are separated. (Table 2.1)

2.3 Education

Almost all the informants (59) were literate (except four individuals). Over half of the informants (35) had achieved secondary level education (6-10 class) and about one-fourth (16) had higher education (12 years or more) (Table 2.1).

2.4 Occupation

The informants represented many different occupational categories. However, a substantial proportion of the informants were jobless (18) at the time of interview. Slightly over one-fourth (17) were tourist guides. Four individuals identified themselves as 'students'. Other informants were working as bus-ticket seller (9), drug (tabs, tidigesic) seller (2), khalasi [helper to truck/bus driver] (2), mechanic (2), office workers (service) (2), and one each as businessman, gold smith, horse rider, hotel owner, khati [plastic picker], laborer, and painter (Table 2.1)
Table 2.1. Distribution of male IDUs by age group, marital status, education and occupation

<table>
<thead>
<tr>
<th>Age Group</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 or below</td>
<td>9</td>
<td>14.3</td>
</tr>
<tr>
<td>21-24</td>
<td>19</td>
<td>30.2</td>
</tr>
<tr>
<td>25-29</td>
<td>25</td>
<td>39.7</td>
</tr>
<tr>
<td>30-34</td>
<td>9</td>
<td>14.3</td>
</tr>
<tr>
<td>35+</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>100.0</td>
</tr>
</tbody>
</table>

| Median Age | 25 |

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unmarried</td>
<td>34</td>
<td>54.0</td>
</tr>
<tr>
<td>Married</td>
<td>24</td>
<td>38.1</td>
</tr>
<tr>
<td>Separated</td>
<td>5</td>
<td>7.9</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illiterate</td>
<td>4</td>
<td>6.3</td>
</tr>
<tr>
<td>Primary (1-5 years)</td>
<td>8</td>
<td>12.7</td>
</tr>
<tr>
<td>Secondary (6-10 years)</td>
<td>35</td>
<td>55.6</td>
</tr>
<tr>
<td>Intermediate (11-12 years)</td>
<td>13</td>
<td>20.6</td>
</tr>
<tr>
<td>Bachelor or more (13+ years)</td>
<td>3</td>
<td>4.8</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupation</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not working</td>
<td>18</td>
<td>28.6</td>
</tr>
<tr>
<td>Tourist guide</td>
<td>17</td>
<td>27.0</td>
</tr>
<tr>
<td>Bus ticket seller</td>
<td>9</td>
<td>14.3</td>
</tr>
<tr>
<td>Student</td>
<td>4</td>
<td>6.3</td>
</tr>
<tr>
<td>Drug seller (tabs, T.T)</td>
<td>2</td>
<td>3.2</td>
</tr>
<tr>
<td><em>Khalasi</em> (helper to driver)</td>
<td>2</td>
<td>3.2</td>
</tr>
<tr>
<td>Mechanic</td>
<td>2</td>
<td>3.2</td>
</tr>
<tr>
<td>Office worker</td>
<td>2</td>
<td>3.2</td>
</tr>
<tr>
<td>Business</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Gold smith</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Horse rider</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Hotel owner</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td><em>Khate</em> (wrap/plastic picker)</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Laborer</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Painter</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>100.0</td>
</tr>
</tbody>
</table>

2.5 Group Dynamics

The previous study of CREHPA in 2001 had covered 17 groups of injecting drug users in the Kathmandu Valley. Of those, 14 groups had one or more members with high-risk injecting network (that is, connected with multiple groups), nine groups had at least one member with high-risk sexual behavior (such as having sex with sex workers), and six groups had one or more HIV positive members.

Out of the 17 groups, 14 groups could be contacted for follow-up. The remaining three groups could not be contacted as the informants who were interviewed in the previous study
had died or disappeared. Also, other members of these groups could not be contacted. Nobody from the surrounding area knew about them, and the research team could not find them even after visiting that location four to five times and inquiring with the local residents about them. Among the 14 groups identified earlier, four were found to be dissolved or dispersed. Some of the members had gone into treatment, some of them had switched over to pulling Brown Sugar (stopped injecting) and some individuals had gone abroad for employment or study.

At the time of first contact in mid-2001, there were a total of 107 members in the 14 groups. As of mid-2002, 101 members were identified from these 14 groups, a reduction of 5.6%. Approximately 40 to 45% of the members had left the groups, and an equal number of new persons had joined the groups. The present study covered 60 (about 60%) of the current members from seven out of 14 groups, plus three other male IDUs from other networks came into contact through another research team interviewing female IDUs. So, this study covered a total of 63 male IDUs. The remaining 12 individuals were also contacted, but we could not interview them because of their time limitations and personal disinterest to providing interview. (Table 2.2)

### Table 2.2. Distribution of male IDUs and changes in group membership

<table>
<thead>
<tr>
<th>S.N</th>
<th>Locations</th>
<th>Members at mid-2001</th>
<th>Exit</th>
<th>Entry</th>
<th>Members at mid-2002</th>
<th>Number interviewed for this study</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Basantapur</td>
<td>4, 4</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Dissolved</td>
</tr>
<tr>
<td>2</td>
<td>Basantapur</td>
<td>7, 1</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>Exists</td>
</tr>
<tr>
<td>3</td>
<td>Mahankal</td>
<td>11, 2</td>
<td>3</td>
<td>7</td>
<td>8</td>
<td>5</td>
<td>Exists</td>
</tr>
<tr>
<td>4</td>
<td>Mahankal</td>
<td>5, 1</td>
<td>7</td>
<td>8</td>
<td>8</td>
<td>5</td>
<td>Exists</td>
</tr>
<tr>
<td>5</td>
<td>Pachalighat</td>
<td>7, 2</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>5</td>
<td>Exists</td>
</tr>
<tr>
<td>6</td>
<td>Dilli Bazaar</td>
<td>4, 4</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Dissolved</td>
</tr>
<tr>
<td>7</td>
<td>Kalanki</td>
<td>6, 2</td>
<td>14</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>Exists</td>
</tr>
<tr>
<td>8</td>
<td>Mangalbazaar</td>
<td>6, 6</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Dissolved</td>
</tr>
<tr>
<td>9</td>
<td>Mangalbazaar</td>
<td>8, 4</td>
<td>10</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>Exists</td>
</tr>
<tr>
<td>10</td>
<td>Gisingal</td>
<td>8, 4</td>
<td>9</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>Exists</td>
</tr>
<tr>
<td>11</td>
<td>Bhaktapur</td>
<td>6, 1</td>
<td>8</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>Exists</td>
</tr>
<tr>
<td>12</td>
<td>Bhaktapur</td>
<td>14, 5</td>
<td>12</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Exists</td>
</tr>
<tr>
<td>13</td>
<td>Dilli Bazaar</td>
<td>4, 4</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Dissolved</td>
</tr>
<tr>
<td>14</td>
<td>Bagdole</td>
<td>17, 10</td>
<td>15</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>Exists</td>
</tr>
<tr>
<td>15</td>
<td>Unspecified</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>107</td>
<td>48</td>
<td>42</td>
<td>101</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percent</td>
<td></td>
<td>44.9</td>
<td>41.6</td>
<td>59.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 2.6 Reasons for Exiting the Groups

Between mid-2001 and mid-2002, 48 IDUs exited from their groups, of which ten individuals moved to other groups and eight individuals died. According to the surviving group members, some of their friends died of an overdose of drugs (3), and the others died by drinking alcohol when they had jaundice (5). Seven members of the groups had gone for treatment, seven were not seen around that localities for many days, and six members had gone abroad for job or study. The countries where they have gone are Dubai, India and
Germany. Also, five members have reportedly quitted the habit (drug taking). Their parents have kept them inside their homes and they are not allowed to come out of houses to meet their friends. Some of them have been sick for a long time. Beside these, two are reported to have switched over to pulling brown sugar. They started pulling in order to get ‘nice trip’ instead of bad trip that they got after injecting. Also, there were threats of getting arrested by police while injecting. However, only one person was reportedly arrested by police. Two individuals have started taking individually to avoid the risk of getting HIV/AIDS through needle sharing. The other reason behind injecting individually was the sufficient number of syringes they got from the NGO, LALS. (Table 2.3)

Table 2.3. Distribution of male IDUs by reasons for exit

<table>
<thead>
<tr>
<th>Reasons</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group change</td>
<td>10</td>
<td>20.8</td>
</tr>
<tr>
<td>Death</td>
<td>8</td>
<td>16.7</td>
</tr>
<tr>
<td>Under treatment</td>
<td>7</td>
<td>14.6</td>
</tr>
<tr>
<td>Abroad</td>
<td>6</td>
<td>12.5</td>
</tr>
<tr>
<td>Quit drugs</td>
<td>5</td>
<td>10.4</td>
</tr>
<tr>
<td>Method switched (to pulling)</td>
<td>2</td>
<td>4.2</td>
</tr>
<tr>
<td>Injects individually</td>
<td>2</td>
<td>4.2</td>
</tr>
<tr>
<td>Arrested</td>
<td>1</td>
<td>2.1</td>
</tr>
<tr>
<td>Don't know (Not seen around for a long time)</td>
<td>7</td>
<td>14.6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>48</td>
<td>100.0</td>
</tr>
</tbody>
</table>
3.1 Age at Initiating Non-injecting and Injecting Drugs

Different patterns are seen across age groups in terms of age at initiating non-injecting and injecting drugs. Entry into the drug taking habit appeared to occur commonly at late adolescence. For example, 36 out of 63 male IDUs reported that they initiated taking non-injecting drugs when they were aged between 15 and 19 years. Similarly, 32 informants had started injecting drugs when they were aged 15-19 years. Among those who initiated taking drugs in their 20s, more of them initiated injecting than non-injecting drugs, probably because of the initiating of non-injecting drugs during adolescence. Among the informants, 10 individuals had started non-injecting and 19 individuals had started injecting drugs when they were aged 20-24 years. Likewise, three and six informants had initiated taking drug and injecting drug at the age of 25-29 years respectively. Only one individual initiated drugs after his 30th birthday (Fig 3.1).

![Figure 3.1. Age at initiating non-injecting and injecting drugs](image.png)

R: I started at the age of 18. It’s almost been 7/8 years now.
H: Which drug did you begin with?
R: I started with Brown. I pulled it for only 10 or 15 days. Then I started fixing it. I started to inject TT when there was shortage of brown sugar. After TT, I started injected many things. (- Rohit Tandukar)

It’s been three years since I have been taking drugs. I used to take N [nitrosun] earlier. I took N twice when I was 12 years old but I did not take it after that. After two years, I took sinole+darbaset regularly for a month and left that too.
At the age of 16, I started taking Sun [nitrosun] and then TD [tidigesic]. I still take TD regularly. When I have money, I pull and shoot BS [brown sugar]. At times when I need more doses, I take calmpose, sinole and phenargon after injecting TD. (- Abhishek Thapa)

3.2 Time Lapse in Switching from Non-injecting to Injecting Drugs

The injecting drug users interviewed in this study were found to be switching to injecting habits from non-injecting drug use in a relatively short period of time. More than one-third (24) of 63 respondents switched to injecting drugs within one year following the starting of non-injecting drugs such as nitrosun, phensidyle and other tablets. About one-fifth (14) of the respondents initiated injecting at about the same year when they started taking non-injecting drugs. They had taken two to three months to shift to injecting drugs from non-injecting habits. Only one respondent had directly started injecting drugs. In other cases, eight individuals started injecting in about two years, six individuals started after three years, three respondents after four years and seven respondents after five years or more (Table 3.2)

Table 3.1. Distribution of informants by time lapse in switching from non-injecting to injecting drugs

<table>
<thead>
<tr>
<th>Time lapse (in years)</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>-1</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>0 (same year)</td>
<td>14</td>
<td>22.2</td>
</tr>
<tr>
<td>1</td>
<td>24</td>
<td>38.1</td>
</tr>
<tr>
<td>2</td>
<td>8</td>
<td>12.7</td>
</tr>
<tr>
<td>3</td>
<td>6</td>
<td>9.5</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>4.8</td>
</tr>
<tr>
<td>5+</td>
<td>7</td>
<td>11.1</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>100.0</td>
</tr>
</tbody>
</table>

3.3 Reasons for Initiating Drug Use

Most of the informants perceived that peer group pressure of friends was the main reason for initiating drug use. What they thought was that if they did not take drugs they would be ridiculed or avoided by their friends. They would not have friends if they stayed away from the drugs. Also, some started after conflicts with their family members, whereas some individuals said that they considered drug use as 'heroic', and they felt like 'gang fighters' after taking drugs. One informant reported that he started taking drugs to improve his memory power for securing a better outcome in his exams.

“Sangat guma ko phal” (whatever happened happen due to company). All my friends take drugs. I wanted to try it out when I used to see my friends peaceful and serene after taking drugs. They too used to encourage me saying “Kha yaar
ramailo huncha" (take, you will enjoy it). I really got tempted and I tried it out. I didn’t know that once I took it I would not be able to leave it. Slowly I got addicted to it. (- Binay Adhikari)

When I went to Dehradoon for further studies I had heard that those guys who were a bit good in studies took drugs. Drugs made them concentrate only on studies and nothing else. I wanted to try it out so I took Phensydrl. Yes (shaking his head) what I heard was true. I began improving in my studies and that is the main reason why I passed out with good results.

(- Devashis Rana)

I used to study in V.S Niketan. I stood out first in eighth standard. To celebrate this I asked permission from my father and went to Hetauda. Everyone congratulated me back home. My close friend Anjan too was very happy for me. The same day I asked for a Phoenix cycle. This cycle was very popular those days. It was like riding a bike these days. But unfortunately my dad denied and told me that this was not my age to ride cycle. He told me to concentrate more on my studies than fooling around. I am very sensitive person and when he told me such thing it really hurt me (keeping his hand on his chest). I felt very bad and I did not feel like returning to Kathmandu. I told Anjan about it. He told me not to worry as he had some medicine to relax a tensed mind. He took out some powder and I enquired about it. He asked me to sniff it (Showing me with action). I sniffed and I did not know what happen after that. Later he told me that I had vomited and slept after that. I felt good so I asked him for it the next day too. That day I did not vomit and I really felt nice and relaxed. My mom and dad coaxed me to go back to Kathmandu to continue with my studies. After I came to Kathmandu I started missing those doses of Brown Sugar (I came to know the name later). I told my friends about it but they could not help me as they used to take only gaza. So I joined their group and took gaza along with them. (- Anil Karmacharya)

It has been ten years since I have been involved in drugs. It was a kind of fashion then. Guys used to take it to be the leader or a hero of a group and involve themselves in gang fights. Everyone used to say that this is a kind of medicine that will give good trip and helps to become strong that will in turn help fighting with others. All my friends used to take it. They used to take 4/5 tabs and I used to take only 1/2 tabs. They were right I could work more than my potential, did not feel shy with anyone, even while speaking in English with the tourists. I continued with N [nitrosun] for 2/3 months. (- Manohar Khan)

3.4 Types of Drugs Used

Beside Ganja, the most common drugs reportedly used by the informants were tidigesic and nitrosun. Pulling and injecting brown sugar was also common among the IDUs but not as much as tidigesic. Tidigesic was less expensive than brown sugar. One ampoule of tidigesic would cost about NRs. 50 to 70 (US$ 0.65 to 0.90), whereas one gram of brown sugar
would cost about NRs. 700 to 800 depending on market situation. Shortage of the drugs owing to various factors such as police raids and price hikes at the source would cause increases in the price.

Cocktails of cough mixture (formula) such as codeine, effidine and phenergen with nitrosun, diazepam and calmponge are also frequently used by the injecting drug users. Apart from these, other drugs used by these respondents are phensydril, proxibon, darbacet, and nitrovet.

### 3.5 Pathways to Injecting

In-depth interviews show that almost all injecting drug users start with smoking cigarettes. The most common “transition drugs” from smoking cigarettes were ganja (marijuana) and chares (black hashish). At the intermediate stage, they started with either taking some stimulating tablets (nitrosun, nitrovet, cenol, darbacet) or phensydril or pulling brown sugar. At the injecting stage, they either took tidigesic or brown sugar or white sugar. But, because of scarcity of brown sugar (and it being expensive), injecting tidigesic has become the most common drug among IDUs in Kathmandu valley.

More than two-thirds of the respondents (40) started with cigarette and ganja. About 28 individuals started taking different tablets such as nitrosun, nitrovet, darbacet, cenol, etc. after smoking cigarette and ganja. Similarly, 14 informants (nearly one-fourth) initiated pulling brown sugar after ganja. At the intermediate stage, seven respondents were in the habit of taking both tablets and pulling brown sugar. Two individuals were also found to have started with phensydril in their intermediate stage of taking drugs. There were also two individuals found starting from alcohol and switched to injecting tidigesic. Only one informant began with cigarettes and progressed directly into injecting tidigesic.

The following narrative illustrates the importance of peer group influences, and the progression from smoking cigarettes to drug use: first taking non-injecting drugs, and then (under some peer influence) switched to injecting tidigesic:

> All my friends used to smoke while at school. So I learnt it from them. After two years, at the age of 14 I started taking N (nitrosun). Nitrosun used to give good trip. It didn’t take me much time to learn to take Formula (feeling a bit awkward). The trip I got this from was much better than N. So for a year I took Formula and N continuously. Soon I could not do without N. My friends were already taking T by then. I used to be with them always, I used to see them injecting, and they used to tell me about how they enjoyed the trip. I got curious and wanted to try it but I did not have enough guts then. “Unni haru jahile T hanne affu tab matra, extra bhaya ko jasto lagyo” (they used to take T and I used to take tab, I felt extraordinary [different] and weird). “Teshbela fashion jasto thyo” (it was like a fashion then). I wouldn’t have friends if I left drugs. “Sabai hanni raheko cha, kehi bhaye ko chaina, maile hannda ke hunch ra” (everyone injects, nothing happens to
them, what will happen if I take it?). My friends tempted me to try it. So I thought “ek patak hanchu, pheri chor chu” (I will inject it once and leave it again). (- Bipen Gurung)

Table 3.3. Distribution of respondents by pathways to injecting drugs

<table>
<thead>
<tr>
<th>Pathways to injecting</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarette---Ganja---Tabs---T.T</td>
<td>18</td>
<td>28.6</td>
</tr>
<tr>
<td>Cigarette---Tabs---T.T</td>
<td>10</td>
<td>15.9</td>
</tr>
<tr>
<td>Cigarette---Ganja---BS pulling---Injecting B.S</td>
<td>9</td>
<td>14.3</td>
</tr>
<tr>
<td>Cigarette---Ganja---T.T</td>
<td>5</td>
<td>7.9</td>
</tr>
<tr>
<td>Cigarette---Ganja---BS pulling---Injecting T.T</td>
<td>5</td>
<td>7.9</td>
</tr>
<tr>
<td>Cigarette---Tidigesic</td>
<td>5</td>
<td>7.9</td>
</tr>
<tr>
<td>Cigarette---Ganja---Tabs---BS pulling---T. T</td>
<td>4</td>
<td>6.3</td>
</tr>
<tr>
<td>Cigarette---Tabs---BS pulling---Injecting T.T</td>
<td>3</td>
<td>4.8</td>
</tr>
<tr>
<td>Alcohol---Injecting T.T</td>
<td>2</td>
<td>3.2</td>
</tr>
<tr>
<td>Cigarette---Phensydril---BS pulling---BS injecting</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Cigarette---Phensydril---BS injecting</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>63</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

3.5 Circumstances to Injecting Drugs

Most of the narratives concerning first explorations of injecting indicate pressures or persuasions of friends, and individual curiosity as the factors motivating to inject drugs. In many cases, individuals had become regular users of brown sugar (heroin) along with nitrosun. The high costs (and scarcity) of those substances then led them to seek a substitute in the form of injecting the low-cost, easily available tidigesic.

The influence of peers most often took the form of motivation by saying that injecting gives a heavenly trip and good relaxation as well. 'It kills the sickness, it gives better trip than tablets and brown sugar, you will not feel lazy, you do not feel tired and you can work hard a lot to earn money.' Those are the main arguments that were commonly mentioned by their friends while motivating them for injecting. The individuals who took up injecting out of their own curiosity were tempted by seeing their friends frequently injecting.

When I was 15 years, this guy from Gushingal named Rabin called me to inject along with him. He told me that I will feel relaxed and I will enjoy it. Later I came to know his actual motive behind making us take this stuff. We used to have enough money with us at that time. That was the main reason behind motivating us to take drugs. Actually we wanted to try out T that time. “Lu hannnde malai bhane” (I told him to inject for me). Those days we did not have the skill to inject drugs. So he injected for Kancha then Rupesh and then for me. He had injected 40 lines for me that day. (- Abhisekh Thapa)

Once there was shortage of brown sugar in the market. I searched everywhere but I could not find any. All of us began to feel sick. I began to feel lethargic, burped a lot and had acute body pain. When I did not get Brown Sugar “Khana napayera jhundera marnu jasto bhayo” (I felt like hanging myself). I did not
know what to do; there was no other way. Kundan gave us the idea to start taking T. So I thought why not use T to kill a sickness for a day. I used to get really scared of needles but I was very sick so I needed something to substitute for Brown Sugar. T was very cheap that time. He said it is just a small poke. But none of us agreed then. We were feeling very sick so we finally decided to try it out. I thought that after I get Brown Sugar I would stop taking this. So all of us pulled in money and bought drugs. After injecting I really enjoyed the trip. I really liked it because it gave trip like Brown Sugar and was very cheap. So slowly I got used to T. (Kelly Khadka)

Bikaram and Bigyan were already into drugs but I didn’t know that they injected. They told me “Taile pani hanne ra her na, relax huncha” (why don’t you try it, you will feel relaxed). They said that if I take it then I won’t feel lazy, can work real hard and the best part was that I wouldn’t feel tired. “Taile aaja naya kura suru garnu parcha” (you have to start a new thing today). They encouraged me saying that if I want to earn money that year then I have to take it. They said I have to do something on a New Year’s Day. They finally compelled me to take it. I agreed, they said that they had bought syringe with them and asked me to get one for myself. I was so innocent that I didn’t even know what syringe was. Later I came to know about it. I asked them if I could use their syringe but they said that they couldn’t share with me. So I bought a new syringe and injected together. They injected first and Bikram injected for me later (Shows me the spot where they injected). A bit of blood oozed out in the beginning and they injected all together at once. After a second, I got the trip and began to doze. I vomited a lot but I didn’t find it difficult to cope up with it. (Pratik Neupane)

3.6 Circumstances at the First Injection

The usual pattern of first-time injecting involves support from a friend. In a typical scenario of first-time injection, one friend holds the arm and another friend injects. Usually, the first timer is scared to get injected but the friend(s) persuaded him to enjoy a 'good trip' to 'release tensions'.

Most of the informants were assisted by a friend for the first time and they gradually became skilled in self-injecting. Very few informants reported that they injected themselves the first time. Most of the informants began with 10 to 30 lines.

I was really scared the first time I injected T. My friends told me to close my eyes and they injected for me. For a year my friends injected for me. Nowadays I inject it myself. (Anil Karmacharya)

I had seen my seniors injecting T. But I thought why inject oneself when I can get trip without injecting. My friends could not see my condition so they advised me to take T. They told me to inject 10 lines that day. I was very
scared of the syringe. How could I inject I thought for myself? They brought T with their own money and injected it for me. I thought I would not inject from the next day. One of them caught my hand and the other injected for me. (-Bijendra Khadga)

This was six years back. I had a friend while working in a grill factory in Tinkune. His name was Suresh. He taught me all these things. He would always ask for 50 rupees from me. One day, he came to me and asked for 50 rupees as usual. I asked him as to why he needed the money and he replied saying "for ampoule”. I did not know what that meant and gave him the money. After a while, he came back with an ampoule of tidigesic and a syringe. Then he fixed it into the nerves of his forearm. After that, he cleaned the syringe with water and again pulled from the ampoule. Then he asked me to try it out. I refused in the beginning but he convinced me by saying, “It gives good trip. You feel like you are in heaven. It releases your tension.” I replied that I could not fix myself. So he fixed around 30 lines of Tidigesic in my right arm. That was my first drug experience.

(-Rojesh Shrestha)

3.8 Drug Injecting Groups and Sharing Behavior

Most of the informants were associated with some sort of groups, which they called their 'own groups'. The number of members ranged from 8 to 15 members. However, some members in each of the groups were associated or linked with other groups, and shared drugs and injections with them. Moreover, a majority of the group members normally did not stick in the same group for a long period of time. The data above, concerning follow-up visits of the 14 groups, showed that changes in the composition of the groups were frequent.

Most of the IDUs injected three times a day. They started injecting early in the morning; took the second dose right after taking lunch; and the final dose at the evening before going to the bed. However, some IDUs (10) were found to be injecting four to five times a day. Some had the habit of injecting only two times a day, at 8-9am in the morning and at 3-4pm following lunchtime.

BHauwan Giri usually injects three times:

H: How many times a day do you inject?
B: I think around three times a day. I take the first dose in the morning as soon as I get up. I take the second dose after lunch at home. After that I go out and in the evening I drink alcohol. At night after dinner I take one ampoule in the toilet. Mostly I take it three times a day but sometimes I take it four times a day. I don’t take more than that. “rakshi ta jati pani khayo tati lagaina” (it does not make a difference even if I take more quantity of alcohol). There is no such thing like overdose in alcohol. It only helps continue the trip.
Nearly two-thirds (41) of 63 respondents said they share both syringe and drug with their group members. The other 22 informants (about one-third) reported that they did not share with group members currently, though they used to share in the early stage of injecting. Most individuals shared with two or three members of the larger groups. The specific sharing partners varied from day to day within the groups. In some cases, as noted above, individuals occasionally went to other groups to share drugs and injecting equipment.

Basically, they brought the drug from different dealing places and injected within their own groups at their own localities. However, some informants also injected with the friends whom they found at the drug dealing places. The informants reported that in some cases an individual might join a different group for injecting because of situational pressures of drug-sickness and lack of money to buy the drugs.

Also some informants reported that they did not share with any other persons, even though they belonged to that group. They did not share, as they were concerned about contracting HIV infection through needle sharing. In most cases those individuals who did not engage in sharing had enough money to provide their own drugs and injecting equipment.

**Rojesh Shrestha avoided needle sharing with his friends in recent times:**

**MS** Do you share with each of them?
**RS** No, I don’t share with any of them. They are just friends. We take in the group but we have separate syringe and maal [drug] as well. Some of them share both syringe and tidi with each other due to lack of money. I never share because I always have around 100 or 200 rupees with me. I shared only with Suresh and Rabin when I was in Tinkune.

**MS** Why?
**RS** Because they were very close to me and I thought that they were not infected with HIV. The friends in my group may have the disease. I might have it too. That’s why I don’t share with my friends. What I have heard is that there is also a chance of getting HIV through sharing of needles. So, why should I take the risk?

**Anil abandoned sharing with his group members because of HIV**

*Even two years before, I used to share my syringe with my friends and foreigners. Most of the time I used to share syringe with them. When I was in Betal Center (Haryana, India) I came to know that I had contracted HIV. I howled the whole day. After that I came back to Nepal and stayed in Kalanki. So, I have stopped sharing my syringe with others and neither do I use theirs. LALS exchange old syringe with a new one. So I don’t use a syringe more than two times a day. Even if I am compelled to use my old syringe I shake it [showing me with action] and then use it.*
money for injection. Apart from group members, sharing with family members was reported. Two informants mentioned that they also shared with their sisters.

Rajesh Hamal shared syringe with his friends when he lacked money:

N: Do you use same syringe in your group?
R: As far as I can, I do not use others syringe. If I don't have money on me then I use others syringe. "khaha bata syringe kinne, arkonai chalaunu paryo, nahani hudaina" (how will I buy syringe, I use others, I can't live without injecting)

Abhisekh shared syringes when he became sick:

If I have enough money then I will buy syringe for myself but if I don’t then I share it with my friends. We share 2 syringes among five of us. We don’t get syringe in the medical shop near our place. Even if we had got it from there, everyone would have known about it. “Tyeti pen ko lagi kha ha Kalopool jai rakhnu” (Just for that pen why should I go to Kalopool). Even LALS distribute syringes but that will be too far for us to go and get it from them. “Affu sick bhai raheko huncha, kaha pen khoji hirnu” (where can I go searching for pen [syringe] when I feel sick?).

Pankaj shared syringes when he got bored from being alone:

H: Do you always take in the same group or do you go to other group also?
P: I have already told you that only four of us share drugs with each other. If these friends aren't there then I prefer to take it alone at home. Sometimes, when I don't have maal with me or when I feel bored to take it alone, I go with other friends (Biyam, Ballu, Mahendra). Mostly four of us are together so we take it together.

Prashant Nepali shared with his sisters:

M What about your sister Sarita?
P Why to hide from you Dai? I am very frank. My sister Sarita takes maal. But don’t tell her about it. If she knows, she will kick me off. Do not tell this to my Bhinaju Tshering. He will kill my didi.

M Does your Bhinaju (Tsherings) know your didi(Sarita) injects?
P Once he came to know about it and hit her very badly. Since then he thinks that didi ( Sarita) has stopped taking maal.

M Does she (Sarita) still inject?
P Yes, she still takes but no others know about it except me.

M Have you ever shared needle with her?
P Yes, I have also shared with her. But as far as I know she does not share with any others. While sharing takes place between us she always injects first and then she gives to me.
M Why?
P Because she invests money all the time and she also does not believe me. She thinks I share with others and I might have some diseases.

M Doesn’t she share with yours other friends?
P No, she never shares it with others.

3.9 Needle Cleaning Practices

Although the IDUs adopted several measures to clean their needles, most of their approaches appeared inadequate to avoid the risk of contamination. The cleaning practices depended on the place they inject, availability of the cleaning materials and extent of 'sickness'. Spit, hot water, distilled water, cold water, and bleaching powder were the commonly used items to clean the syringes. The majority of the informants said that they cleaned the syringes with spit. Spit was used when they were terribly sick, and in need of quick fix. Some individuals reported that they seldom used distilled water and bleaching powder to clean the syringe. Hot water, distilled water and bleaching powder were used when they took their dose at home.

In the cleaning process, they put the spit into their palm and flush three to four times until the blood marks disappear from the syringe. Then, they use that for injection, and the next person, in turn, again cleans it the same way.

Sometimes, they pull the spit into syringe directly from the mouth. Otherwise, they bring water in the glass or in any pot they find at that moment and clean the syringe two to three times in the same way they do with spit. Sometimes they bring water in polythene bag when they are away from home. Normally, they bring water from the hotel and home. The ways of cleaning syringes are very similar among the different IDU groups.
Chapter 4

SEXUAL BEHAVIOR OF THE INFORMANTS

The most common mode of spread of HIV in most countries, especially in the developing regions, is sexual transmission, which is responsible for 70 to 80 percent of HIV infections worldwide (CDPC, 2002). Although the transmission of HIV among IDUs is mainly through the sharing of injecting equipment, sexual transmission is an important secondary route, and is especially important in relation to the IDUs’ non-injecting sexual partners.

Despite late entry of HIV in the South and Southeast Asia, the virus has been spread rapidly in this region because of the large sex industry and the increased use of injecting drugs (Lamptey et al., 2002). IDUs do not confine their sexual contacts only within their groups. Some of them have close relations with sex workers. In the first place, male and female drug injectors sometimes sell sex, and some male drug injectors are regular clients of sex workers. If these individuals are infected with HIV while sharing needles with other drug injectors, there is a high probability that they will go on to infect sex workers and clients who have nothing to do with the world of injectors. Therefore, the study has made a special attempt to understand sexual networks and behaviors of the IDUs in Kathmandu valley.

4.1 Sexual Relations

Both married and unmarried informants reported that they indulged in sex rather infrequently. Although most of the men mentioned that they were not interested in sex, they were nonetheless found to be sexually active, particularly in the early stages of drug injecting.

About two-thirds of the unmarried respondents in our sample reported that they had sexual relations with multiple partners. They had sexual relations with multiple partners such as sex workers, girlfriends, female IDUs, and foreigners (tourists). Very few informants reported that they had sexual relationships only with sex workers (4), or only with girl friends (3).

Amar Thapa had infrequent sex:

M: Do you have a girlfriend now?
A: Yes, I do have.
M: Have you had sex with her?
A: (Hesitating) yes I had it with her just last Friday. But I don’t do regularly with her. We never plan to have sex, it just happens. Only if she is willing I do it with her.
Bijay Khadka had sexual experience with a foreigner:

M: Did you have sex with your Japanese girlfriend?
B: (keeping his hand on his head, looks a little serious) I met her one and a half months before. I did not talk much with her the first day I showed her around. After two days when we were resting in a quiet place I asked her if I could kiss her. She just smiled for an answer. So I kissed her for sometime. I really got excited and tried having sex with her but since I did not have condom with me she did not allow me to have sex with her. I bought condom and had it with her at night. Slowly we began to fall in love. We went to India after that. She wanted me to leave drugs so she took me to India. We had sex many times there. For six months we stayed together and then she left for Japan. Her name was Hisayo.

M: Have you had sex in cabin restaurants?
B: “Mowka ma chowka hannya parcha” (hit the iron when it is hot). That way I have had with many. Two months ago Rajkumar and myself went to sweet restaurant, paid Rs. 500 and had sex. A year ago I had sex with Rina. After I came to know that she had sex with others, I left her.

M: Have you had sex with sex workers?
B: Once, four of us had it with two sex workers. We took them to Bhaktapur guesthouse and did it. This was six months before. After that I haven’t met them.

Kailash Thapa had sexual relationship with his girl friends for last two year:

N: When did you start having sex with them?
K: It has been two years since I am having sex with them. During these two years I had 15 times with Rina and 20 times with Rupa.

N: When was the last time you had sex with them?
K: Twenty-five days before with Rupa and a month ago with Rina.

N: Where are they from?
K: Rupa is a user, she takes tab and gaza. Others don’t use. All of them are from Bhakatapur.

Only four married IDUs claimed that they had sex only with their wives. Unlike other men, these men did not have interest in multiple partners.

Ram Bista claimed sexual relationship only with his wife:

H: How is your relation with your wife?
R: Good. It is going on smoothly.

H: How is your sexual relation with your wife?
R: (With a small voice) yes we do have it once or twice a week.

H: When was the last time you had sex with her?
R: Last Friday.

H: Besides your wife do you have sexual relation with anybody else?
R: (taking off his slipper) No I don’t have such relation with anybody else. Promise! I don’t have relation with anybody else. I haven’t lied to you. It’s the truth.

H: Have you gone out with sex workers?
R: I don’t have interest in other women. I don’t like having sex with others. I have wife at home I do it with her.

Extramarital sex was not uncommon among the married IDUs. All of the married respondents (20) had lifetime experience of non-marital sexual relations. Extra-marital contacts often occurred with female sex workers. Also, some married informants (6) had sexual relationships with girls whom they described as girl friends. But, the sex with other than their spouse was very infrequent. In comparison to the unmarried men, more of the married respondents described sexual relations with female IDUs and foreign tourists. They had visited several types of sex workers such as street based, cabin based, disco based and dance based sex workers.

Riwas Karki narrating his past sexual activities:

M Do you have other sex partner beside your wife nowadays?
R Nowadays, I do not have any other sex partner beside my wife. But I had with some before our marriage.

M With whom?
R Gita, Shushma, Rekha, Mithu, Sweety and Jarina. I had sexual relations with one foreigner (Sharen) and many street girls.

M When did you have sex with them last time?
R With Gita, it was just after I came from the jail. It was 4 months ago. She is a disco girl and also a user. You can find her in the Basantapur area in the morning and at discos in the night. She is also sex worker. She has got many boyfriends. Similarly, Rekha, Mithu and Sweety are also disco girls. They are also sex workers. They have boyfriends too. I had sexual relation with them 2 years before. At that time, I was not in jail.

In some instances, the informants had sexual contacts with married women in neighborhood. As claimed by the informants, those 'unsatisfied' women stimulated them in
having intercourse. For example, Rohit Tandukar from Patan area had a sexual relationship with one married woman, which was reportedly desired by her:

\[H:\] Do you have a regular partner?
\[R:\] Yes. I did it with her for six months.

\[H:\] Where was she from?
\[R:\] She was from Bungmati. Her husband was a government employee. He never used to be at home during daytime. Nobody used to be there at home. His wife used to call me, as she was not satisfied with her husband.

\[H:\] How many times a day did you have sex with her?
\[R:\] Once a day. Sometimes even 2/3 times. She used to tell me if she was not satisfied and I had to do it to her again.

\[H:\] What time did you prefer to do it with her?
\[R:\] Mostly afternoon. Her husband never used to be there at that time and we used to have fun. (- Rohit Tandukar)

The number of sex workers and girl friends as sex partners of most of the informants ranged from one to five different partners. For example, Rojesh Shrestha has two wives and three girl friends. He reported that he had maintained a sexual relationship with all of them up to the time of interview:

\[M/S:\] How is your sexual relationship with your wives?
\[R/S:\] Very nice. I have got two wives and I indulge in sex with both of them.

\[M/S:\] Do you have girl friends?
\[R/S:\] Yes, I have girl friends.

\[M/S:\] How many?
\[R/S:\] Only three.

\[M/S:\] Do you have sexual relationship with all of them?
\[R/S:\] Yes, I do.

\[M/S:\] How often do you indulge in sex with them?
\[R/S:\] Sometimes once a week and sometimes once a month. It depends upon my mood. I mostly meet them once a week for sexual activity.

\[M/S:\] Have you ever visited any sex workers?
\[R/S:\] Yes, two to three times.

\[M/S:\] Were they street based sex workers?
\[R/S:\] Yes.
On the other hand, relations with female IDUs ranged from one to seven different partners. Those individuals, who reported sex with female IDUs, generally mentioned that they had sex with the same female IDUs regularly, in exchange for drugs. For example, Pranay reported that he had sexual relationships with seven female IDUs:

Q: Do you know any female drugs users?
A: Yes. I know about 9 of them. They are from Pokhara and Dharan. All of them have rented a flat in Babarmahal. Most of them are from Pokhara. All of them pull and shoot as well. If you want to meet them then come here at 7’0 clock tomorrow morning. I will introduce them to you.

Q: What types of girls are those?
A: They are sex workers. They go in search for maal (drugs) throughout the day. At night, they sleep with people and earn money. It is their job. "Motorcycle ma bhata aayo maal samaan linchha ani janchha. Tiniharu ko group ma 16/17 barsako sano kalilo ketiharu pani chhan". (They come here in motorcycles, take the drugs and immediately go away. In their group, there are girls aged 16/17 years who look very tender.) Tell me if you want to contact them.

Q: How many did you indulged in sex with?
A: I had sex with many of them. I had sex with everyone in their group. I had sex with Bobby a month back. Before that I was had sex with Roopa for six months.

Q: How many times did you have sex with them?
A: "Bobby lai saat aath choti gare hola" (I think I had sex with Bobby around seven or eight times) "Tara Roopa lai ta dherai patak, tyahi 12/13 choti gare" (But I had sex with Roopa many times. Maybe around 12 or 13 times.) I lie naked when I am in trips. She comes on top of me and we do it.

Male to male sexual activity was reported as a rare experience among the male IDUs. Two married or separated informants reported that they had had sex with other men. One informant recalled that about five years ago he and his friends lured a village boy to have sex with him. All of them used to have sex with him turn by turn. They used to give him money. After a month, when that boy fled from the village, they did not get chance to have sex, and they were all interested in finding new sexual outlets. Finally they decided to have sex among themselves. They tossed a coin to decide whose turn was first. The informant said he had sex with both his friends, but when his turn came, he ran away.
4.2 Sexual Networking of the Informants’ Partners

Majority of both unmarried and married respondents reportedly had sexual relationships with sex workers. The earlier study of sex workers in the Kathmandu valley by CREHPA, showed that most of the street based sex workers served as many clients as they could contact in a day since prostitution was the sole sources of earning for their livelihood. On the other hand, most establishment sex workers were single and had other sources of income. Due to low wages they received as waitresses and dancers in cabin or dance restaurants, they engaged in sex work to earn extra money. Those sex workers have many different types of clients.

Despite our detailed probing, the majority of our married informants denied that their spouses have other sex partners besides them. Triangulation strategy was also adopted to get the information about the sexual networking of their spouses. But the majority of the respondents reported that they do not know about the sexual behaviors of their friends’ wives. However, a few respondents mentioned that the spouses of some male IDUs have sexual relationships with other men. Likewise some informants also reported that they have found their so-called girl friends roaming around with other boys. Some reported that they have sexual relations with female IDUs and the female IDUs sell sex for drugs with other men. These data suggest that many of the sexual partners of the IDUs also have multiple sexual contacts with other persons.

Pratik mentioned that wives of some group members had extramarital casual sex:

M: Are your friends married?
P: Binu, Basant, Dipendra, Bikram and Milan are married.

M: How is their sexual relation with their wives?
P: “Srimati bhaye pachi gari halcha ni” (if they have wife at home why won’t they do?). But I think they are like me.

M: Do their wives have sex with others?
P: No one is like that. But I have heard that Milan and Bikram’s wives have had sex with many boys (please don’t tell I told you all these). They have already eloped with someone else.

Rajan Kumar, talks about the sexual networking of Spouse of IDUs

M: Do their wives have sexual relation with others?
R: I have heard that Kumar and Uttam’s wife have sexual relation with men from army. They have to earn so they sell sex for that.
Ramakant Lama sharing sexual behavior of Gita, a female IDU

N: What kind of relation do you have with Gita?
R: She comes to us; we talk to each other and sometimes even go out together. She is good.

N: Do you have physical relation with her?
R: (smiling, lighting his cigarette) Yes, I have had sex with her. I have it with her and my wife. I had it with her 5/6 times. Whenever I want she gives in to me. She even sells sex for money and drugs. I gave her money and drugs and had it with her. Sometimes while on trip she wanted to have sex. So she used to ask me to go with her. In that case I do not have to pay her. I did it just yesterday with her.

N: Does she have physical relation with other boys too?
R: Gita is a sex worker and a user too. She won't have money for drugs so she sells sex. If anybody gives her maal, she will go with them. So, she has had sex with almost everyone in our group. Some give her money and others give her maal. People say that she goes out with other men; I think she does but I haven't seen it myself. She used to work in a disco, due to emergency she could not work till late night so she could not earn enough to buy drugs. Therefore she had to sleep with other men. The owner of the disco came to know about it and fired her. Those girls whom I used meet in the disco used to look like sex worker. I am sure they used to go with other boys.

Kailash Thapa describing the sexual networking of his girl friends

N: Do you have other boy/ girlfriends?
K: Yes there are many. But they don’t take drug. They only take beer and alcohol. Their names are Rupa Lama, Sharmila Jhosi, Rina Nepali and I don’t remember the name of the other girl.

N: Do you have sexual relation with these girls?
K: I have with Rina and Rupa and not with others

N: Do they have sex with others?
K: I haven’t seen them having sex with others with my eyes but I do know that they roam around with boys. If they roam about with boys then naturally they will have sex. “Mo sanga hidre bhane sex na gari ta basna sakdina” (if they roam about with me I can’t abstain myself from having sex with them).
4.3  Frequency of Sexual Activity

The frequency of sexual activity of both unmarried and married informants was reported to be very low. Most of them mentioned that they were not interested in sex since they started injecting drugs. The unmarried informants said that they had sexual activities infrequently, and they also did not go out intentionally looking for partners for having sex. They indulged in sex when they happened to get the opportunity. There was no fixed planning to have sex for them. Some reported that if they really got emotional then they performed masturbation. They would give priority to drugs over sex when there was shortage of money. They usually had to spend money to have sex, and since they had been taking drugs, they always preferred to reserve their money for drugs instead of spending on sex.

Amar Thapa not much interested in sex when he took drugs.

N:  Don’t you feel like having sex with them?
A:  I would like to have it with them but once I take drugs I won’t have that intention. Dai [brother], once a person starts taking maal [drug], he will be least interested in sex. Given a chance I would have done it with them. “Paye ta kukur le pani garcha bhane hami manche kina na garnu” (given a chance even a dog will do it, being a man why wouldn’t I feel like doing it). Firstly because I don’t get chance and secondly I won’t have interest in sex after I take maal.

Kelly Khadka masturbates and does not spend money for sex:

M:  Don’t you feel like having sex nowadays?
K:  Yes, I do feel like having sex. When I really get emotional then I masturbate. I can get any number of sex workers but I have to spend money on them. Why should I waste money on them?

Neelesh K.C. would live without sex:

NP:  Do you still meet your ex-girlfriend?
N:  If I go to visit her then I meet her. I have seen her house but I haven’t met her after that final game. “Sex garna bhayo po janu” (If I have the mood to have sex then I go to her place). Nowadays I don’t feel like having sex so I don’t go to her place. I haven’t had sex for four years. “Sex nagare ra bachna sakincha tara drug na khai bachna sakina” (I think I can live without sex but not without drugs).

Most of the married male IDUs also mentioned that their level of sexual activity was very low, although they had their wives as sex partners. They reported that their frequency of sex was very high when they just got married and when they were not habituated to injecting drug. They used to do it even two or three times in a day. However, most of them reported that they recently had sex with their wives once a week. They also had sex with other persons if the opportunity happened to present itself.
Pramod Thapa was sexually active when he just got married:

M: How is your sexual relation with your wife?
P: (Feeling shy, smiling) What to say dai? When we got married, we used to have it thrice a day. But nowadays we have it only once in 2/3 days. That too I am not that interested in sex. Since I have been taking drugs, I will still be in trip till morning and at night I feel very sleepy.

Mahesh Tandukar was sexually active when he was not addicted to injecting drugs:

M: How is your sexual relation with your wife?
MT: When I got married in the beginning we used to have to have sex 5 days a week. I used to inject that time but I wasn’t addicted to it. Nowadays I cannot do without it. But I don’t have that much interest in sex nowadays, only drug preoccupies my mind. “TD le garda aru kehi pani sochna pani sakaina” (after taking T I cannot think of anything else). This has really made me weak. Now we have it only twice a week.

4.4 Most Recent Sexual Intercourse

Out of 34 unmarried male IDUs, only 14 had their most recent sexual intercourse in the past year. Among them one had it in the past week, two in the past month (more than a week ago) four-reported sexual intercourse 1-2 months back, one said 3-5 months back, and six said it was 6-12 months ago. On the other hand, 13 unmarried informants were found to be involved in sexual intercourse over a year ago, and seven unmarried respondents had never experienced sex.

Raj Singh had recent sexual experience:

M: When did you have sex for the LAST time with Sonam?
R: Few days back. I think a week back. That was when I used double condom. I can have sex everyday but I am not that interested. Addicts are more interested to drugs than to girls. Only when we are not in trip we get emotional. Then I call Sonam to have sex. I have sex once a month.

Sex, three months back with four prostitutes (Shekar Amatya)

M: Haven’t you indulged in sex for last three months?
S: (Smoking…) Three months back I had it with four prostitutes with the gap of four to five days.

Sex, two years back (Bijesh Rana)

M: When was the last time you had sex?
V: Two years before with my girlfriend. After that I have not done it with anyone. I started taking more quantity of maal after we broke off. So I did not feel like having sex. I think mostly of drug than sex. I left my girlfriend but I could not leave drugs.
Has not indulged in sex yet (Saroj Thapa)

M: Do you have a girlfriend?
S: I don’t have presently. I was going around with a girl two years before. I was the one who left her. When I got addicted to all these things, I knew that my whole life was spoilt. My life revolved around drugs. “Love bhanda drug nai thulo” (Drug is more important to me than love). “Kahile khai keti nai herna maan lagdaina” (sometimes I don’t even feel like looking at a girl). I won’t have much interest in sex. All I need is a good trip. I like having sex only when I am fresh. Otherwise, I am not bothered about all those things.

M: Have you ever had sex with anyone?
S: No dai! I haven’t had sex with anyone. I don’t even feel like having sex. “Malai T hannu payo bhane bhayo” (if I get to inject T, I don’t need anything).

M: Sometimes, don’t you feel like having sex?
S: No!

M: If you feel like, what will you do?
S: I masturbate, that’s all.

Majority of married male IDUs claimed that they were involved in sex only with their wives in recent days preceding the interview. Nineteen respondents (about 82%) mentioned that they had sexual intercourse with their spouses in the past week. One informant had sex more than a week ago, but in the past month. Two informants had intercourse with their wives 1-2 months earlier whereas one had it 3-5 months back.

Suraj describes his most recent sex with spouse:

M: When was the last time you had sex with her?
S: (Recollecting…) We had it day before yesterday, once.

N: How is your sexual relation with your wife?
B: “Sex is a natural gift” even if I don’t want to do it, it just happens! Who can live without sex that also after marriage? But after marriage “sex is nothing”. I have time for everything even for sex. Therefore it doesn’t make any difference. In the beginning, right after marriage we used to have sex many times a day. But nowadays we don’t have it often. At least not like before. We have it once in three, four days.

N: When was the last time you had sex with her?
B: Just two three days back.

(Binay Adhikari)
Umesh Singh mentioned that he indulges in sex with his wife every Friday

H: When was the last time you had sex?
U: I always celebrate Good Friday and on that process I have sex too. I had sex just last Friday.

Pranay shares his sexual experience with a female IDU as his last sex

Q: How many did you indulged in sex with?
A: I had sex with many of them. I had sex with everyone in their group. I had sex with Bobby a month back. Before that I had sex with Roopa for six months.

Among men who were separated from their wives, only one was found to have had sexual intercourse six months back with a sex worker. Others had sex more than a year ago. Sexual frequency of separated men appeared to be low, almost similar to that of unmarried men.

Krishna Thapa (Separated) sharing his last sex with his group member:

M: When was the last time you had sex?
K: “Tyo ta samjhunu parcha” (I have to recollect it...). I have done it innumerable times. That time I used to do it with the girls in my group. Even other boys used to do it with them. It hasn’t been long since I have done it with them. I had it six months back with girls from my group.

4.5 Most Recent Sex Partners

Unmarried men had recent sexual experience almost equally with sex worker and girl friends. Out of 34 unmarried men, 12 have mentioned that their last sex partner was a sex worker and 11 reported that it was their girl friend. A foreigner who came to visit in Nepal was the last sex partner of two unmarried respondents. The informants reporting sexual relations with foreigners were working as tourist guides.

Amar Thapa had last sex with his girl friend:

M: Have you ever indulged in sex?
A: “Cha ni, kati ho kati” (yes, many times). I have had it with 7 girls till date. I have a girlfriend. Just last Friday I had sex with her. But I haven’t had sex with sex worker for a long time. I think this was three years before. We got a girl from Thamel. Four of us brought her to Durbar Marg and had it with her the whole night. I hadn’t learnt to inject that time. I was still taking tabs. The other three used to inject.
Abhisekh Thapa had had sex last time with cabin girl:

M: Have you had sex with anybody?
A: I have had it just six months back with a girl. She used to work in the cabin restaurant. My friend introduced me to her. I requested her saying that it was my first time, so she let me have sex with her. That's all [looks very happy] and I haven't met her after that. Actually I am not that interested in sex.

Bhuwan Giri reported that an Israeli girl was his last sex partner:

H: When was the last time you had sex?
B: I think I had it, five years ago.

H: With whom?
B: With a foreigner. She was from Israel.

H: Can you tell me more about the Israeli girl?
B: This happened five years ago. I took her to Nagarkot [a tourist destination in Bhaktapur district] to show her around. I took a full bottle of beer and she took full bottle of Bagpiper for lunch. After that she kept her hand on my ‘mal’ (penis) and asked me to accompany her for bath. We had bath together. After we came out she again began to hold my ‘mal’ and insisted for sex. Though I did not have mood I did it to her. First I took her to bed and mounted on top of her. I could not ejaculate even after 20 minutes. I lifted her, made her bend and I did it from the back but I could not ejaculate even then. She was enjoying herself but I was getting very tired. I lied on my back and she came on top of me and began to do it herself. It did not fall after that so I did it with my hand and made it fall. ‘Khub tight thiyo dai tyesko maal’ (Her vagina was tight). She looked very sexy. That was the last time I had sex.

Among married men, spouses were the last sex partners to 22 out of 23 respondents. Only one married informant mentioned that his last sex partner was a female IDU. Apparently, in terms of last sex partner, the married informants did have sex only with their wives. This was because of the differences in sexual frequency - lower with extra-marital partners than spouses.

Pranay, a married informant preferred extramarital sex:

Q: When did you have sex with your wife?
A: Around five or six months' back.
Q: Why?
A: I get the chance to have sex with the female drug users. So, why should I have sex with my wife? When I feel like doing it then I go home immediately.
In the case of the six informants who were separated or divorced, one had a sex worker and one had a female IDU as their last sex partner. The others claimed they had sex with their spouse the last time.

**Ratan Balami said that he did not have sex after separation:**

H: How long have you been married?
R: (looking away) Four years.

H: How is your relation with your wife?
R: Well…it’s been two years since we have been separated

H: When was the last time you had sex?
R: Two years ago. I haven’t had it after that

H: With whom?
R: With my wife.

4.6 Group Sex

Group-sex appeared to be a notable sexual activity among the IDUs. Out of 63 informants, 18 reported that they had indulged in group-sex. Among them, nine were married, eight were unmarried and one was separated. All of them had experienced group-sex with sex workers. Two of them had it with foreigners (tourists). Although the street based sex workers are the main victims of group-sex, service for group-sex was sometimes solicited also from cabin or disco based sex workers.

**Sakin Gahatraj, sharing his group sex experience with a sex worker:**

M: Have you had sex with anybody else?
S: (thinking) Two years ago I had with a sex worker. Four of us had it together. We were in a restaurant drinking. We fixed her there and had it the whole night with her.

M: Did you use condom with her?
S: Yes, we had used condom then. There were a lot of rumors regarding AIDS. We even heard that we would contract it even if we kissed a sex worker. All of us wanted to do it so we used condom and had it.

M: What type of sexual activity did you indulge in with her?
S: The simple way.

M: Have you had sex with anybody else?
S: (he asked me the symptoms of AIDS for half and hour) the second time two of us had it with a sex worker during the day. We took her to a newly built house and did it with her.

The patterns of “group-sex” normally mean that two or three men engage a sex worker (or other woman), and the men take turns in having sex. However, some informants reported that they were six or seven men when having group sex with a partner. Commonly, the “group-sex” activities involved only one female. However, some informants reported instances in which there were two women with whom the group had had sex. Most of the informants mentioned that they took their sex partners to a guesthouse or lodge for group-sex. Some reported that they had it in their friend's room.

Pankaj Maharjan, describing his group sex experience:

H: Can you tell me something about the girl from Patan Dhoka?
P: (feeling shy) You can write her name. Her name is Laxmi. As I have already told you she's from Patan Dhoka. She was studying that time and wasn't married. We (Ram and myself) used to have physical relation with her. Whenever we used to call her she used to come to us. She was not a drug user. She was just a 'happy go lucky' kind of girl. She used to accompany us just for her entertainment. Therefore, she used to come whenever we use to call her. Only Ram and I used to have physical relation with her. She never used to agree to go out with other guys to have sex and we never used to bring any of our friends. We used to take her to Ram's house in the afternoon as nobody used to be there at his house. It was easier for us this way. We used to have sex together (Ram, Laxmi, and myself). We never used condom with her.

H: Why didn't you use condom?
P: I enjoy doing it without condom. I used to feel safe when I did it with her. Besides, Ram use to have sex only with Laxmi and he was not a drug user. Otherwise, I use condom while having sex with others.

H: Which type of sex did you indulge with Laxmi?
P: Whenever we used to call her she used to come. So it wasn't difficult for us. She used to enjoy having sex with us. We used to take her to Ram's place, sometimes lodge and to quite place and have it with her. We used take turns doing it. Ram used to play and suck her breast while I did it to her and vice versa. I used to enjoy sucking her breast. Sometimes, we used to do it from the front and sometimes from the back. This went on for one and a half-year. After that she got married. We haven't had it with her after her wedding.

Some informants also expressed that they had taken the girls outside the valley for such activities.
Ramesh Karki, sharing his group sex outside the Kathmandu Valley:

N: How many times did you have sex with them?
R: We stayed in Hetauda for six days. We had it with them till the seventh day. We used to have thrice at night with both of them. We took turns doing it. We spent a lot of money there so on the seventh day we came back to Kathmandu. On the way too we had sex with them. We took turns driving and had sex with them. We didn’t use condom with them. We picked them up from Dhangari we left them there. We asked them to come to Kathmandu with us but they did not agree. I haven’t met them after that. Let’s see if I meet them sometimes somewhere.

Out of 18 respondents, most claimed that they participated in group-sex more than one year ago. Only three reported instances of group sex about five or six months ago.

Ramakant Lama had group-sex with a female IDU and also with disco girls:

N: Have you ever-indulged in group sex?
R: Yes! Four five months earlier four of us had it with Gita. We took her to our friend’s place in Basantapur and did it with her one at a time. All of us including Gita were on trip.

N: Do you remember any other incidents like this?
R: Two years before, four of us took drugs and went to disco. We met those girls (ones we used to meet in disco), gave them drugs and took them to our friends place. Four of us (Raju, Pranay and Kumar) had sex with those four girls taking turns. We met another girl in the same disco, took her to our friend’s place and three of us had it with her one at a time.

Beside vaginal sex, oral sex was also common among the men when having group-sex.

Group-sex experience of Bikash (a married IDU) with two Japanese Tourists

Those Japanese were tourists. One of them even had oral sex with me. They had lots of interest in sex. They taught me to do in different ways. We used to watch blue film and they used to ask me to do it with them in the similar way. “Mo ta lazz le bhuttukai” (I used to feel very shy). They used to discard their cloths as soon as we were in their room. It used to be like in films, I was not brought up in that environment and so was not used to it. They asked me to do in different ways but not from back. One of them even had oral sex with me. I allowed her to do twice but after that I did not agree for it. I took turns having sex with them.

Condom use was found to be infrequent among the men when they were involved in group-sex. In more than half of the narratives concerning group-sex, condom use was not mentioned. Some said that they never used condoms because they did not get sexual
satisfaction. Some mentioned that they indulged in group-sex at night and they could not find a medical shop open for them to purchase condoms. Some informants said that it happened all of sudden; so, they did not have time to get condoms. There were also cases in which they were high on alcohol and thus they “did not have sense” for using condoms.

**Riwas Karki, shares his group-sex experience**

**M** Did you have experience of group sex with any of your sex partners?

**R** Yes, I had such experience when I used to live in Thamel. But this happened long time back. At that time, we (street boys) used to pick up street girls from Thamel and take them to jungle or to temples sometimes and have sex. We took turns having sex with them. Sometimes we used to have with 2 girls and but most of the time we used to have with only one girl.

**M** What type of girl were they?

**R** They could be anyone. But most of them belonged to Manange family. Sometimes we used to bring beggars from street too.

**M** Did you use condom at that time?

**R** No, I didn't. But other might have used because there was many condoms on the floor next day.

**M** Why didn't you use?

**R** I was ‘Jhyap’ (knocked out) because of alcohol. I did it in full trip and also it happened all of sudden.

**Pradeep had group-sex without using condom:**

**M:** Have you ever been involved in group-sex?

**P:** (Hesitating) Dai, do I have to tell you everything?. Four years ago six of us had it with a girl. “Maile gareko sab bhanda pahila the hi ho” (that was the first time I had sex that way). I did not do it only with my interest. The other three boys were senior to me so they had fixed a girl. They asked me if I would accompany them. “tyesto mowka kasle chorcha” (who will leave such chance?).

**M:** Did you use condom then?

**P:** No I did not use condom. Even those senior guys did not use it. “Mo pani kina gar nu” (So why should I?). I hadn’t heard of AIDS those days. AIDS was nothing then. The other thing is that I never do it in the afternoon. I always prefer doing it in the evening. So most of the times shops are closed and I won’t be able to buy condom. That was the first time I had sex in my whole life.
4.7 Timing of Sex

Most of the respondents do have sex after taking drugs. Sexual activity often takes place at night (after dinner) and it happens to be time after the timing of injection. For example, seventeen of 23 married men, and 20 out of 34 unmarried men reported that they enjoyed sex after taking drugs, i.e., while being in trip. However, several informants explicitly stated their preference to have sex after taking drugs.

Table 4.1 Distribution of respondents according to their timing of sex in relation to drug use

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>Before taking drug</th>
<th>After taking drug</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unmarried</td>
<td>34</td>
<td>7</td>
<td>20</td>
<td>7</td>
</tr>
<tr>
<td>Married</td>
<td>23</td>
<td>6</td>
<td>17</td>
<td>-</td>
</tr>
<tr>
<td>Separated</td>
<td>6</td>
<td>-</td>
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<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>63</td>
<td>13</td>
<td>43</td>
<td>7</td>
</tr>
</tbody>
</table>

When they did not use drugs before having sex they experienced ejaculation very early, and thus both of the partners experienced disappointment. More prolonged sex and more pleasure were the main reasons mentioned by a majority of the respondents for having sex after taking drugs. Some reported that they could engage in sex for many times (3 to 4 times) in a day after taking drugs. They could have sex for even up to one hour if they used drugs just before the time of intercourse. Some informants reported that they did it for maximizing sexual satisfaction for both the partners. Some respondents felt increased emotion or motivation for sex when they took drugs. On the other hand, they reported that they couldn't have sex when they suffer from body aches, yawning and running nose, which were the three health problems of IDUs when they did not take drugs (findings of previous study, CREHPA, 2002). Some of our respondents reported that they enjoyed sex at the last stage of the trip of drug.

Several described pleasant relations between sexual experience and drug-taking

_“I do it after I take drugs. A year ago I used to take TD (tidigesic), PH (phelsydril), Chares, Brown Sugar and I used to do it on its trip. When I have sex while on trip it goes on for a long time and I get satisfied from within. Therefore I do it while on trip. Since once year I have been doing it on alcohol and Nitrosun trip. (Pankaj Maharjan)“_

_“After taking drugs. Once when she was back from her parents place we had sex. That time I had not taken drugs. So I could not do for a long time. Both of us did not enjoy that time. After sometime I went out and took a shot and returned. I came back and had it with her. I could do for a long time and satisfy her. So both of us enjoyed that time. If I have sex before taking drugs then I ejaculate very early. This way neither I will be satisfied nor will my partner. But I if I have it after taking drugs then I can do it for a long time and satisfy my partner. (Shantanu Shrestha)“_
I don't feel like having sex without taking drugs. When I don't take drugs, I suffer from body ache, yawning and running nose. How can we have sex in such a condition? I can have sex for a long time after taking drugs. Ejaculation also takes a long time. I take drugs at night and then go off to sleep. I don't feel like having sex without taking drugs. (Ravi Shrestha)

After taking drugs but at the last stage of trip. Usually if I am at trip and I don’t feel like having sex at that moment. So I used to wait till I get a bit fresh. If I do it without taking drugs then I feel sick and sleepy and my body will start paining. So I have to do it after taking drugs. I enjoy having sex after taking drugs because I can have for a long time. I can get great satisfaction then. (Anil Karmacharya)

On the other hand, many informants also mentioned that they felt “bored” and uninterested in having sex when they had taken drugs. Some also reported that the extended sexual activity under drugs was painful for their sex partners, and they themselves got tired of it. The others said that if they had sex after taking drugs then it would go on for a long time, which was very unnatural. They expressed the view that it was not natural to ejaculate very late. Some reported that they had to indulge in a lot of foreplay with partners when sex went for a long time.

For some, sex was less desirable or less pleasant after they took drugs:

I feel like having it before taking drugs. I won’t get that emotional after taking drugs. I won’t even have the interest to have sex then. I can have for a long time after taking T. I can do it only for five minutes before taking drugs. If I take ganja and mutton together I get emotion and feel like having sex. If I inject T I feel like having sex. (Arun Shrestha)

I really get bored to have sex after taking drugs. I don’t get into the mood of sweet talks with my wife. Though I can have sex for a long time after having drugs but I get tired and drained out after sex. (Binay Adhikari)

I always take T before having sex. From morning till I sleep I take T. I can have sex for a long time if I have it after taking T. If I don’t use T then I ejaculate very quickly. But I think it is better to do it before taking drugs because that way it would not tire my wife and me. But if I don’t take T then I feel very sick and I won’t feel like doing anything, leave alone sex. (Bijendra Khadka)

I don’t feel like having sex after taking drugs. When I am on trip I won’t have interest in a girl or have sex. “Trip ma yesai mazza ussai mazza, gu ma base pani mazza” (I enjoy anyway in trip, even if I have to sit on shit, I enjoy it). I don’t ejaculate early, if I take drugs before having sex. I get very irritated if that happens. I tend to lose a lot of energy in that process. It gives me a lot of tension too. I don’t get the real or say natural satisfaction. It is not natural to ejaculate very late. Thus, no natural satisfaction. If I do it before taking maal, I feel fresh and natural satisfaction. Especially, if I am on trip I don’t feel the inclination to have sex. (Bijesh Rana)
I would prefer having sex before taking drugs. When I do it after taking drugs then I won’t get much emotion. For that I need to indulge a lot in foreplay. So I enjoy having sex before taking drugs. (Umesh Singh)

However, one respondent stated that there was no difference in having sex in the normal state or in a trip of drug:

Ganja does not make any difference. Whenever I got chance to have sex, I used to have it with them. It was never pre-planned so sometimes I would be in trip and sometimes I wouldn’t. But actually it doesn’t make any difference. I have heard it from my friends that it will be enjoyable to have sex after taking beer. After taking T I am not interested in sex. (Sabin Bhupal)

4.8 Types of Sexual Activity

Besides vaginal sex, some of the respondents also said they engaged in oral sex and anal sex with their partners. Out of 63 respondents, 13 had engaged in oral sex and 11 had done anal sex. Five men reported that they had sexual experience of both oral sex and anal sex. Both unmarried and married respondents mentioned these types of sexual activity. Three reported that they had done anal sex also with boys.

Table 4.2. Distribution of informants according to their types of sexual activity

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>Vaginal</th>
<th>Oral</th>
<th>Anal</th>
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<td>Unmarried</td>
<td>34</td>
<td>27</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Married</td>
<td>23</td>
<td>23</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Separated</td>
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<td>6</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>56</td>
<td>13</td>
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</tbody>
</table>

Of those who were involved in such (“unconventional”) sexual activities, most of them said it was mainly with the sex workers. In a few cases the oral and anal sex took place with foreign tourists. They mentioned that the foreign tourists themselves used to propose to them to have that kind of sexual activities. Others said that they had done it with their girl friends; some with female IDUs and a few mentioned that they tried it with their wives.

Sometimes I used to do it from the front sometimes from back and I used to keep her in my lap and then have it with her. She used to enjoy whatever I used to do with her. That’s why she never opposed me. She used to play with my private part and suck it like ice-cream. This used to encourage me more. I used to have anal sex with her. (Pankaj Maharjan)

I have had it with a Japanese girl. We have a grocery shop at Lagankhel. She used to come to our shop. Whenever I did not have work I used to stay in the shop. She used to speak in Nepali but very slowly. We used to tease each other. I had known her for 16 days. One day she asked me out. We went to Syambhu and Balaju. At night we went to Thamel. She used to stay there. That night she forced me to stay with her. She had bath as soon as we
reached the hotel. After that she ordered for tea and snacks and we ate. We were sitting in the same bed. Slowly she took my hand and kept it in her thigh. I began caressing her. She started opening my cloths. Soon both of were naked. She began sucking my penis and I sucked her breast and had sex. After that she ordered for dinner. We had it again after dinner. We had sex thrice that night. I think foreigners are more interested in oral sex. This brings out a lot of emotion. The next morning I got up around 10 and went home. I haven’t met her after that. *(Rajan Kumar)*

*I had sex with my girlfriend in different ways. I had both anal and vaginal sex with her. We even had oral sex. I had oral sex with other girls too. I feel relaxed that way. *(Neelesh K.C)**

There were few different motivations and reasons behind having oral or anal sex. The main reason behind their involvement in oral and anal sex activity was that they used to get more pleasure from it. Some mentioned that they learned it from watching blue films, and some reported that they did it due to the desire of their sex partners.

**Riwas Karki learned oral sex from blue film:**

*Yes, I have done it three to four times with Sushma. She did not mind when I asked her for oral sex. I had done it with few others like Phulmaya, Sweety. All of them were my close partners, means they know me very well.

**M** Why did you like to do oral sex?

**R** I had seen it in the blue film and I wanted to try it with my partners. But they did not want to go for it. I used to do it when they were in full trip. Also, when I tried it for the first time, I found it very relaxing and satisfaction as well. After that, I did it only three to four times.
Chapter 5

CONDOM USE AND KNOWLEDGE OF HIV

Although sexually active injecting drug users can have dual risk of contracting HIV - through injecting equipment and through sexual activities - use and non-use of condoms can have important implications on the likelihood of passing on HIV to their non-injecting sex partners. Correct and consistent use of condoms is found to be highly effective in protecting users and their partners against unplanned pregnancy and sexually transmitted infections (WHO, 1997). This chapter examines the extent of use and non-use of condoms by the informants, reasons for non-use of condoms and their knowledge and attitude about HIV/AIDS.

5.1 Extent of Condom Use

Condom use among our informants was negligible and inconsistent, although most of them perceived that condoms could protect a person from contracting HIV/AIDS, STIs and pregnancy as well.

The majority of unmarried men reported that they did not use condoms with their girl friends as well as with sex workers. Likewise, the majority of married men (15) mentioned that they seldom used condoms with their spouses and other sex partners. However, the use of condoms with sex workers by married and unmarried IDUs was found to be a little bit higher than that with other sex partners.

Table 5.1 Distribution of informants according to their condom use behavior with their sex partners

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>Spouse</th>
<th></th>
<th>Girl Friend</th>
<th></th>
<th>Sex Worker</th>
<th></th>
<th>Female IDUs</th>
<th></th>
<th>Foreigners</th>
<th></th>
<th>MSM</th>
<th></th>
<th>Others</th>
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<td>No</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
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<td>Unmarried</td>
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<td>13</td>
<td>11</td>
<td>11</td>
<td>2</td>
<td>5</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
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<td>15</td>
<td>3</td>
<td>2</td>
<td>7</td>
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<td>Separated</td>
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</tr>
<tr>
<td>Total</td>
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<td>21</td>
<td>6</td>
<td>15</td>
<td>19</td>
<td>18</td>
<td>6</td>
<td>4</td>
<td>1</td>
<td>11</td>
<td>4</td>
<td>2</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

Kelly Khadka feared of distrust if he used condoms with his girl friend:

M: Have you indulged in sex recently?
K: Recently... well... five months before I fell in love with a school going girl (laughing). She was studying in class nine then. I had sex four times with her.
M: Did you use condom with her?
K: No I didn’t use with her. If she was a sex worker then I would have used with her but she is not. She is my girlfriend. Who will use condom while having sex with their girlfriend?. “Condom lagayo bhane ta girlfriend lai biswas na gare ko hudaina ra” (won’t it look like as if I am not trusting her?). So there is no risk of contracting diseases from her.

Rivas Karki felt odd to use condoms:

M: Do you use condom while having sex with your wife?
R: No, we don't use condom. I feel very odd to put on condom. Also, there is no time when we were in emotion. Prekshya does not like condom as well.

M: When did you have sex with them last time?
R: With Gita, It was just after I came from jail. It was four months back. She is a disco girl and also a user. You can find her in the Basantapur area in the morning and in the discos in the night. She is also sex worker. She has got many boyfriends.

M: Did you use condom with Gita?
R: I did not use condom with her. It was my first sex with her after coming from the jail. So, I was quite excited for having sex at that time. Also, she did not force me to use condom.

M: Did you use condom with your other sex partners?
R: I used condom only with Rekha because she was not ready to have sex without condom. So, it was my compulsion to use condom with her. I did not use condom with rest. I don’t like to use condom because it does not give pleasure to me.

Also, 11 male IDUs reported that they did not use condoms with foreign tourists.

Rojesh Sharma shares his condom use with foreigner.

M: Do you use condom with her?
R: Sometimes I use and sometimes I don’t. But most of the time I don’t use condom. I follow calendar method so there is no fear of my wife getting pregnant. I am very calculative and careful while having sex.

M: Did you use condom with those whom (foreigner) you had sex 2 years ago?
R: (Hesitating) No I did not use condom with them. We had been to Nagarkot, it got late so we stayed there overnight. I knew that I have to use condom with a foreigner. But I hadn’t planned to have sex with her. So I hadn’t carried condom along with me. It was late night and none of the medical shops was open. Usually I carry it in my wallet but that day I had not kept it in my wallet. I was a bit careless then. Though I knew that I had to use condom with her I didn’t.
Among the IDUs having multiple sex partners, condom use depended on the type of partners. They used condoms with some partners and not with others. If some one was very close to them and if they (IDUs) think that some one was free from disease (HIV/AIDS and STIs), they did not use condoms with them. This general idea applied to their wives, girl friends, and even to sex workers.

**Biplov Khadka (Unmarried) used condoms as per his impression on the partners:**

M: Do you use condom while having sex?
B: I use condom according to a person. With some I don’t use condom. I use it mostly with sex workers. Sometimes if I don’t have condom with me or if the shop is closed then I don’t use one. I never used condom with those girls from the village because I trusted them. Sometimes I used to use with my Japanese girlfriend and sometimes I didn’t. When I did not use condom she used to ask me to follow withdrawal method. But sometimes it used to fall inside. Once she became pregnant. On the 29th day she went to Buwtal for abortion. I did not use condom with the girl from Israel and England. I did not have condom with me that time. I don’t know what they took, they never became pregnant.

M: Did you use condom with the girl from Sweet Memory?
B: Yes, I used condom with her. She looked as if she had AIDS. That’s why I used condom with her.

M: With whom you did not use condom?
B: With Sabita from Bhaktapur and Sabina from Balkhu because they I think do not have any diseases.

M: How will you know that the person has HIV/AIDS?
B: People infected with HIV/AIDS are thin and look weak. Most of the sex workers have this disease. So I use condom with them. Those who are a bit plump and look lively won’t have this disease. So I don’t use condom with them.

In the case of pregnancy resulting from sex without using condom, some unmarried IDUs mentioned that they were ready to get married if it happened. Others said that their sex partners took pills to avoid pregnancy. Some unmarried men reported that they did not worry about pregnancy when they were having sex with a married woman. Some mentioned that abortion was resorted to in case of pregnancy.

**Jai Lama (Unmarried) did not use condom as his partner was on pills:**

M: Do you use condom while having sex?
J: I have never used condom till date. I haven’t had sex with anyone except those two girls. I knew that the owner of the shop did not have any such diseases so I did not use it with her. She is a bit plump and pretty. I don’t think she had it with anyone else. I heard it from my friends that sex is not enjoyable if condom is used.

M: Don’t you feel scared that they would get pregnant?
J: Both (Usha and the owner of the shop) likes me a lot. Usha still does. The owner of shop was married so I wasn’t scared. Usha take Nirmal chakki so I don’t feel scared that she would be pregnant.
Rajan Dahal (Married) mentioning that one of his sex partners had to have an abortion:

M: Do you use condom with them?
R: I have always used condom with those girls from cabin restaurants. But I did not use condom with one girl. I trust her so I do not use it with her. Once she got pregnant and had to abort the baby. I don’t use condom with my wife.

Some individuals said that they always use condoms with their wives and with other sex partners. They mentioned that if they do not use condoms, their spouse will get pregnant and they might contract diseases like HIV/AIDS through each other.

Binay Adhikari said that he always uses condom with his wife:

N: Do you use condom with your wife?
B: I always use condom with my wife because we haven’t adopted any other family planning method. I am scared that she will get pregnant if I don’t use condom.

N: Did you use condom with those girls’ years five years back?
B: Yes I used condom with them. I never neglected such important thing. I was scared that they would get pregnant. But sometimes I don’t use it with her (wife). I don’t use 2/3 days before and 2/3 days after her period. If I use condom it is not enjoyable but if I don’t I enjoy having sex.

Devashis (unmarried) stated that he always uses condoms with his sex partners to be safe from diseases like HIV/AIDS.

M: Do you use condom while having sex?
D: (keeping his hand on his leg) I have always used condom till date. I do so because I am scared that I will contract diseases like HIV/AIDS. I don’t feel awkward using condom. I am quite comfortable. I always carry condom with me. The girl from Sundhara tells me not to use it but I don’t listen to her. I used condom always.

5.2 Reasons for Non-use of Condoms

Out of 37 male IDUs, 18 did not use condoms with their sex partners because they would enjoy less if they put on a condom. Also, they mentioned that they did not get elevated emotion if they used a condom.

Rahul Maharjan reported that he does not enjoy sex when using condom:

H: Did you use condom when you had sex with them?
R: “Tapai lai ta ke dhatnu dai, maile ahile samma use gare ko chaina” (why should I lie to you, I have never used condom). “Dai, condom use garda mazza audaina” (I don’t enjoy when I use condom).
H: Did you use condom with your girlfriend?
R: No, I never used it with them. They used to tell me to use condom because they did not want to conceive but I used to refuse to use it. Instead, I used to tell them to use ‘Gulaf chakki’ (birth controlling pills).

The other reasons such as problem in obtaining condom at night, lack of time to buy condom; suddenly indulge in sexual activity; not carrying condom at the time of sexual intercourse; sex done while in trip of drugs and alcohol were mentioned by both married and unmarried male IDUs.

**Rohit Tandukar did not get condom at night:**

H: Did you use condom then?
R: No I didn’t.
H: Why not?
R: I didn’t have condom with me then. It was late at night so all the shops were closed.

**Amar Thapa did not use condom as he was in hurry:**

M: Did you use condom then?
A: (Getting irritated) I have never had sex without using condom till date. (Recollecting) Only once, that was one and a half year before with my girlfriend. We were in a big hurry so we did not have time to use condom. “Condom launu parcha bhanera tha thiyo” (I knew that I had to use condom) “Tara testai condition bhayo” (but what to do the situation was like that?). I really wanted to do it so I did not have the time to buy condom.

**Suman Thapa did not use condom when he was in trip:**

To tell you the truth, I have not used it with her. I used to be in trip so I never used condom. Once I used it to see how it feels, I didn’t like it so I took it out and threw it.

Some men expressed the fear that the condom might burst if sex takes place for long duration. Still others claimed that their sex partners did not have any kind of STIs related problems and thus they did not like using condoms with them, and if their partners became pregnant they would wed them.

**Raj Singh did not use condom as he considered his sex partner had not contracted any such diseases:**

N: Did you use condom with her?
R: No I never use condom with her. I use it only with sex workers because they have AIDS. If they get pregnant then they will ask me to marry them. Why should I use condom with my girlfriend? I don’t have any diseases neither does she, so there is no problem. I go for check up regularly and I have
confirmed that I do not have any diseases. She does not have such relation with anyone so there is no problem. Our family members already know about us so I don’t see the need to use condom with my girlfriend. She tells me to use condom fearing that she will become pregnant but I assure her that I will marry her. Then she agrees.

Shekar Amatya was concerned with lack of enjoyment and risk of condom breakage:

S: I have never used condom till date.
M: Why?
S: I have sex to enjoy, if I use condom then I won’t enjoy. There is always the risk of condom getting burst. So I never use it.

Some informants mentioned that they would lose the trust of their girl friends if they used condoms with them. A fatalistic attitude was also given as an explanation for non-use of condoms saying that they did not care about STIs and also did not care what happens in the future.

Bikram (Unmarried) promised to wed his girl friend if she would get pregnant:

M: Do you use condom while having sex?
B: I used condom with sex workers but not with my girlfriend. Sex workers gave me condom and asked me to use it. They said they would not let me do it if I did not use condom. I did not want to use it because I won’t enjoy having sex-using condom.

M: Why don’t you use condom with your girlfriend?
B: Why should I use condom with my girlfriend? We have plans to get married and it is almost fixed. Even if she gets pregnant there is no problem. The other reason is that I want to give her more satisfaction.

The main reasons for non-use of condom mentioned by married men were that their wives did not have sexual relations with other men, and their wives did not have any kind of STIs. They also mentioned that their wives were using other family planning methods such as oral pills, depot injection and Norplant. Some informants mentioned that they did not use condoms with their wives since their wives desired to have additional children.

Rojesh Shrestha did not use condom, as his wives did not have any STIs and is using depot:

MS Do you use condom while having sex with them?
RS No, I do not use condom while having sex with my wives.

MS Why?
RS Because I have faith in my wives. I know that they do not suffer from any STDs

MS Don’t they become pregnant when you don’t use condom?
RS Yes. But they have been taking Depo [depot provera] every three months since their last delivery.
Mahesh Tandukar did not use condom because of desire for a baby:

M: Do you use condom with her?
MT: No I don’t use condom with her. It has been three years since I haven’t been using condom with her. It is enjoyable to have sex without condom and at the same time we had planned for a baby too. So I never used condom. But in between she did not allow me to have it with her without using condom. But nowadays we don’t use condom. Now that I am use to having sex without using condom I don’t feel like using it again.

5.3 Knowledge and Perceptions Regarding STIs and HIV/AIDS

Despite engaging in unsafe sex practice and in unsafe syringe sharing practice, almost all of the informants did have some knowledge of STIs and HIV/AIDS. They also knew about the means of transmission of STIs and HIV/AIDS. Most of them were concerned about contracting STIs and HIV/AIDS through sexual activity. They were also concerned about passing on the infection to their partners. Most informants mentioned that these types of diseases are transmitted either through sharing injecting equipment of an HIV infected person or by having sex without using condoms. Thus, they were aware of the proper preventive measures, although they continued to engage in unsafe practices.

Pranay Lama giving his opinion on prevention of STIs and HIV/AIDS:

Q: In your opinion, what can be done to prevent transmission of these diseases?
A: One should shoot only with their own syringe. They should neither give their syringe to others nor use others' syringe. We should use condom while having sex with girls. That's all! But I have not followed both steps. I don't use condom with anybody besides my wife. I also use others' syringe when I don't have money. They also use my syringe." Ma ta aba marchhu. Mare pani matlab chhaina. Shoot gharnu napamu bhanda ta baru je bhaye pani hos, Rog sog je sukai saros". (I am going to die now. I don't care even if I die. I don't care if I contract any diseases. It is better than not being able to shoot.)

Some informants had fairly reasonable knowledge about prevention measures but some also had some misconceptions. Some respondents reported that one should be careful using the blade of an infected person and also about sores and wounds. Some individuals also mentioned that one should not live and sleep with an HIV infected person. A few individuals said that one should keep checking the blood regularly.

Bhuwan Giri mentioning that one should be careful with blades:

H: What should you do to prevent from getting these diseases?
B: “tyesta rogi haru sanga yawan sampaka na garne ni” (should not have sex with those who have these disease). Use condom with sex workers. Should never use others syringe and even if I do then I should clean the syringe. One should always be careful with blades.
Amar Thapa saying that one should go for blood check up regularly:

M: Have you taken any precautions to prevent spreading diseases from you?
A: (Getting restless) I have already told you that I am stubborn person and bit selfish too. That’s why I always inject first in the group. If I use it later then I have to clean it with hot water, which I don’t like. Everyone uses their own syringe. It is better to use one own syringe. I should always use condom while having sex and should keep checking my blood regularly.

Ravi Shrestha suggested being careful about the sores and wounds:

N: What do you think should be done to prevent the spread of these diseases?
R: We should not have sex with the sex workers. We should always use our own syringes. It is better if LALS provide us many syringes. We can be safe from these diseases. We should be careful about the sores and wounds. We should always inject on the right spot. Otherwise we may get sores, wounds and contract STDs. That's all I know about these diseases.

Roshan Nepali believed in avoiding living and sleeping with an infected person:

M: What about STDs?
R: I have heard that one should not live and sleep with the infected person. Even if you stay together you should not sleep together. One should clean one’s penis (cock) properly and apply medicine.
Chapter 6

DISCUSSION AND CONCLUSIONS

The informants interviewed in this study come from the universe of IDUs where HIV prevalence has gone up to 68% in recent years (New ERA/FHI, 2002). Most of the informants are literate young adults from a wide range of occupations including unemployed with almost equal representation of married and unmarried respondents. The injecting behavior of the IDUs was already identified as a risky one in a 2002 study (CREHPA, 2002) and those findings are further supported by the present study. That is, the informants interviewed in this study also demonstrate risky injecting behaviors as indicated by widespread needle sharing practices and very inadequate cleaning of needles. If the injecting behavior of the IDUs were to occur in isolation, they would not pose a threat of HIV infection to others. In fact, almost all the IDUs and drug injection groups are directly or indirectly interconnected with each other. Our study documents a tendency of the IDUs to form informal groups, comprised of 8 to 15 individuals, which are often loose with turnover of membership. One or more members of each group visit groups other than their own. The groups of IDUs were exposed to multiple risk factors such as having one or more members with high-risk injecting network, that is, connected with multiple groups (14 out of 17 groups), having members with high-risk sexual behavior such as sexual relations with sex with sex workers (9 groups), and having one or more HIV positive members (6 groups). Of the 17 groups followed-up, four groups were dissolved between mid-2001 and mid-2002, and there was entry of 42 members and exit of 48 members from the initial 107 members, indicating the fluidity of groups.

History of injecting practice of the informants reveals that the initiation of injecting drug taking usually begins with peer pressure, personal curiosity and/or the need for lower cost substitutions to replace more costly non-injecting drugs. In almost all cases, the first injecting took place with the help of experienced friends. From the very beginning, use of unsafe needle sharing persists, although most of the IDUs perceive themselves as using safe needles because they are 'cleaned' by using spit, water or bleach. When they are 'sick' and in need of a 'quick fix', they tend to ignore any risk despite having knowledge about risky practices. This tendency is an important underlying factor behind the rapid spread of HIV among the IDUs in Kathmandu Valley. 'Sharing infected needles is a highly "efficient" way to transmit HIV; a single exposure to contaminated blood in a needle or syringe carries a 90 percent risk of infection' (Lamptey et al., 2002).

Sexual activity is low among unmarried IDUs. Although they pay greater attention to obtaining and fixing drugs than seeking sexual outlets, married as well as unmarried IDUs do not refrain from having sex, including casual sex, when there is an opportunity. Many IDUs have recent or current history of having multiple sex partners: wives, girl friends, sex workers, female IDUs, and others. Studies in other countries have also documented that IDUs tend to be sexually active and most of them tend to have non-injecting sex partners (Donogho, 1992). In this study, a substantial number of IDUs (18 out of 63) also reported past involvement in group-sex with female sex workers, mostly street-based sex workers.
Vaginal sex is common among the male IDUs but, in some instances, they also engage in anal or oral sex, especially during group-sex. Male to male sexual activity is, however, not reflected from this study.

It is noticed that the IDUs have rather low levels of condom use and other preventive practices during their sexual contacts. Most of the IDUs engage in sex after taking drugs because of the timing (sexual act occurs at night) and sometimes to enjoy 'prolonged' sex. This tendency may make them careless about adopting preventive measures such as condom use. Desire for greater enjoyment, difficulty in getting condoms at odd hours and odd places, and sex while high on drugs, as well as demonstration of faithfulness to the partner are main reasons for non-use of condoms. Comparatively, the informants seemed less likely to use condoms with their primary partners such as spouse or girl friend than with sex workers or casual partners. The IDUs have shown negligence in condom use despite awareness about HIV/AIDS. Low levels of condom use and difficulty in changing sexual behavior of IDUs are observed in other settings (Riehman, 2002) including the IDUs in Manipur, India (Sarkar et al., 1996).

It appears that the injection drug users’ motivations about condom use refer mainly to the chances of infection from their sex partners, in addition to the concerns about preventing pregnancy. Most of the IDUs did not seem to be thinking of the possibility that they themselves would transmit infections to their partners.

Because of their low levels of sexual interest, sexual activities of male IDUs are less likely to spread HIV to the general population at a rapid pace. They nonetheless constitute a “bridge group” of HIV people who are gradually infecting people outside their own networks. The IDUs are likely to contract HIV through sharing of injecting equipment and ultimately pass on to their spouses or girl friends through intercourse.

**Policy Implications**

The tendency of the IDUs to form groups not only poses threat of spreading HIV but also an opportunity to introduce harm reduction interventions. Most of the IDUs who are affiliated with some sort of groups can be approached through a small number of injectors, one or two from each group. Interventions designed to address the groups can be more successful than those approaching the IDUs on individual basis. As the IDUs are at risk amongst themselves because of the widespread sharing and inadequate of cleaning of needles, behavior change communication integrated with needle exchange program should be put in place to contain the level of HIV epidemic within this subpopulation. In order to reduce the risk of HIV transmission from the IDUs to general population, programs to promote safer sexual behavior are desirable. These programs should aim at changing the IDUs' attitude towards condom use enhancing self-realization that they could also pose risk to their partners.
References


