

CHAPTER: 03

ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICES REGARDING SEXUAL BEHAVIOUR AND HIV/AIDS AMONG IDU'S ENROLLED IN OST CENTRE, S.N. MEDICAL COLLEGE, AGRA

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INTRODUCTION

DAC defines an Injecting Drug User (IDU) as an individual "who has engaged in non-medical injection of any psychoactive substance at least once in the past three months." According to the 2015 NACO Report, the prevalence of people injecting drugs remained stable at around 7% from 2007 to 2013 but rose to an estimated 9.9% in 2015. Additionally, the report highlighted that women who inject drugs have a three times higher HIV prevalence compared to their male counterparts.

On a global scale, the approach to managing HIV prevention among IDUs is through the implementation of the "harm reduction" strategy. This strategy is grounded in the belief that addressing the harms associated with drug use is just as crucial as assisting individuals in quitting. It provides an effective alternative by emphasizing continuous engagement and HIV prevention for drug users, especially for those who may be unable or unwilling to cease drug use through traditional abstinence-oriented methods [1].

The World Health Organization (WHO), Joint United Nations Programme on HIV/AIDS (UNAIDS), and United Nations Office on Drugs and Crime (UNODC) have jointly recommended a set of nine interventions for HIV prevention, care, and treatment of Injecting Drug Users (IDUs). These interventions, when implemented together, constitute the "comprehensive package of interventions" for HIV prevention among IDUs. Key components of this package include Needle Syringe Program (NSP), Opioid Substitution Therapy (OST), and Antiretroviral Treatment (ART) [2].

In India, HIV prevention initiatives for individuals who inject drugs involve practices such as needle and syringe exchanges, along with opioid substitution therapy (OST), with the former being more prevalent. According to the National AIDS Control Organization (NACO), the distribution of clean needles and syringes reached 16.5 million as of September 2015, with a continuous annual increase. The integration of OST into the harm reduction program occurred in 2008, and by 2014, approximately 150 OST centers were providing support to nearly 18,000 individuals who inject drugs. However, the expansion of

OST centers has been slow, and as of 2016, nationwide coverage remains limited, with only 213 OST centers.

Opioid Substitution Therapy (OST) is a scientifically supported intervention designed for individual's dependent on opiates. It replaces illicit drug use with medically prescribed, orally administered opiates like buprenorphine and methadone. OST effectively reduces HIV-related risk behaviors and the harms associated with injecting drugs, such as abscesses, septicemia, endocarditis, overdose, and engagement in criminal activities. This, in turn, enhances the overall quality of life and health for individuals who inject drugs [3].

RESEARCH QUESTIONS

1. What factors contributed to the attrition of OST clients?
2. What was the retention rate in OST treatment?
3. What factors were associated with an elevated risk of relapse and prolonged treatment duration?

RESEARCH OBJECTIVES

1. To evaluate the Knowledge, Attitude, and Practices of injection drug users (IDUs) concerning Sexual Behavior and HIV/AIDS.
2. To determine the retention rate in OST treatment.
3. To investigate the causes of dropouts.
4. To comprehend the factors contributing to an elevated risk of relapse and prolonged treatment duration.

RESEARCH METHODOLOGY

The study spanned a period of 12 weeks, commencing from February 19, 2018, to May 16, 2018, and was conducted at the OST Centre, Sarojini Naidu, Medical College, District Agra, Uttar Pradesh. The study targeted the entire population of clients enrolled in an OST program in Agra from April 2017 to January 2018. Inclusion criteria stipulated participants to be above 18 years of age, while exclusion criteria comprised individuals with severe psychiatric problems and those unwilling to provide written consent. Employing a non-probability

convenient sampling technique, all active clients in the OST program, defined as those receiving a dose at least once a month, were interviewed. The sample size was determined as 53, derived from a pool of 93 active clients out of a total enrollment of 167 clients in February 2018. Notably, limitations affecting the sample size are detailed in the report's conclusion.

Structured and semi-structured data collection methods were employed to gather primary quantitative data on demographics, drug use history, practices, sexual behavior, and knowledge, attitude, and practices related to HIV/AIDS. The research design adopted for this study was a descriptive cross-sectional type, utilizing a non-probability convenient sampling approach. Information and data were directly collected from the study subjects through a pre-designed questionnaire.

RESULTS & DISCUSSION

The demographic profile of clients enrolled in the OST Centre in Agra reveals several key insights. The data illustrates that the majority of clients (25-35 years old) fall within a specific age group. In terms of residence, data indicates that a significant proportion of clients reside in urban areas, possibly due to challenges faced by rural individuals in commuting daily to the OST Centre. Educational classification highlights that a substantial number of clients are illiterate, followed by those with secondary education up to 10th grade.

Examining the reasons for dropouts in, it becomes evident that accessibility is a major issue, contributing to 44.24% of clients discontinuing treatment. Additionally, in 7 cases, the reason for dropout remains unknown, with the data sourced from secondary records maintained by the OST Centre. The OST treatment retention and outcomes, indicating high retention rates after three, six, and nine months, with 93.75% of clients still on OST by January 2018.

the HIV status of OST clients, revealing that out of 9 positive cases, 6 are sexually active with regular partners, including commercial sex workers, without consistent condom use. The data also addresses knowledge about HIV and sexual behavior among clients, with 73% agreeing that using a male condom reduces sexual pleasure.

Interestingly, 34% of active clients believe antiretroviral drugs can cure HIV, while 43% remain unaware of their potential.

CONCLUSION

In conclusion, the study underscores several challenges faced by the majority of patients enrolled in the program. The prevalence of patients residing by the roadside poses a considerable obstacle in terms of locating and motivating them for consistent follow-up, contributing to potential disruptions in their treatment journeys. Moreover, the difficulties encountered by numerous patients in attending regular follow-up sessions, primarily due to travel from remote areas compounded by financial constraints and transportation issues, highlight systemic barriers to accessibility. A significant observation from the study is the clients' expressed need for medications in advance for a span of 2-3 days, indicating a practical consideration in treatment management. Additionally, the study brings attention to the limited or negligible support received from the State AIDS Control Society (SACS), emphasizing the need for enhanced collaboration and assistance from relevant health authorities to address the identified challenges and improve the overall effectiveness of the OST program.

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