

Correlates of Multiplicity of Risk Behavior among Injecting Drug Users in Three High HIV Prevalence States of India

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Abstract : Background: Drug abuse, needle sharing, and risky sexual behaviour are often compounded to increase the risk of HIV transmission. Injecting Drug Users are at the dual risk of needle sharing and risky sexual Behaviour, becoming more vulnerable to STI and HIV. Thus, studying the interface of injecting drug use and risky sexual behaviour is important to curb the pace of HIV epidemic among IDUs. The aim of this study is to determine the factor associated with HIV among injecting drug users in three states of India. Materials and methods: This paper analyzes covariates of multiplicity of risk behavior among injecting drug users. Findings are based on data from Integrated Behavioral and Biological Assessment (IBBA) round 2, 2010. IBBA collects the information of IDUs from the six districts. IDUs were selected on the criteria of those who were 18 years or older, who injected addictive substances/drugs for non-medical purposes at least once in past six month. A total of 1,979 in round 2 were interviewed in the IBBA. The study employs quantitative techniques using standard statistical tools to achieve the above objectives. All results presented in this paper are unweighted univariate measures. Results: Among IDUs, average duration of injecting drugs is 5.2 years. Mean duration between first drug use to first injecting drugs among younger IDUs, belongs to 18-24 years is 2.6 years Needle cleaning practices is common with above two-fifths reporting its every time cleaning. Needle sharing is quite prevalent especially among younger IDUs. Further, IDUs practicing needle sharing exhibit pervasive multi-partner behavior. Condom use with commercial partners is almost 81 %, whereas with intimate partner it is 39 %. Coexistence of needle sharing and unprotected sex enhances STI prevalence (6.8 %), which is further pronounced among divorced/separated/widowed (9.4 %). Conclusion: Working towards risk reduction for IDUs must deal with multiplicity of risk. Interventions should deal with covariates of risk, addressing youth, and risky sexual behavior.

Keywords : IDUs, HIV, STI, behaviour

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