



Documentation of the experiences of women who use drugs and of the spouses of male drug users, as well as the work that NGOs are doing to support these women, is very limited. NGOs can make a valuable contribution to the growing work with women IDU and the female spouses of male IDU by conducting grassroots level studies and by documenting and publishing their own project work in this area. This Information Brief presents examples of the work NGOs in Central, South and Southeast Asia have done. The publications presented below were selected according to the following criteria: No more than one publication per country; publication is in English; research was conducted and publication was produced by an NGO or Civil Society Organisation, (or in partnership with community and civil society); research is recent-it was conducted in 2008 or later; publication is readily accessible by download. With the exception of one publication from Ukraine, selected publications focus on Central, South and Southeast Asia. Publications are presented in alphabetical order according to the organisation that produced and published the study. These publications can assist NGOs to explore how research by NGOs is being conducted and to consider ways to conduct their own research, and most importantly, how to document their own work for publication and dissemination. Publications such as these serve a useful and important function for sharing information and for advocacy and resource mobilisation purposes.

#### Asteria Foundation, Kyrgyzstan

*The Spread of HIV among Female IDUs in Southern Kyrgyzstan: Social and Psychological Factors And Limited Services, A Report on Research Results* by I.D. Dzhalbieva, I.V. Yermolaeva and M.M. Tokombaeva, 2009.

Downloadable @ [www.aidslex.org/site\\_documents/DR-0093E.pdf](http://www.aidslex.org/site_documents/DR-0093E.pdf)

Country: Kyrgyzstan

**Abstract:** This study was conducted by an NGO in Bishkek in order to document the gender-specific issues faced by women drug users and to use the information gained for advocacy to develop and scale up services that are appropriate for women who use drugs.

#### What did they want to do?

1. To identify the demographic and socioeconomic profile of female drug users
2. To identify women's behavioural risks associated with drug use, including those associated with

sex work

3. To determine the state of health of female drug users; to study childrearing practices and assess access to prevention and treatment programs for female IDUs
4. To identify stigma affecting female drug users in their interactions with law enforcement, health workers, and society

#### How did they do it?

A total of 73 female injecting drug users were interviewed for the study in the cities of Osh and Jalal-Abad, and in Osh Oblast.

#### What did they find and recommend?

The study recommended that:

1. NGOs to conduct a series of educational seminars for female IDUs and sex workers about condom use.
2. Educational seminars with male IDU and sex partners of female IDU to identify the main barriers preventing men from using condoms, and the negative consequences of gender-based violence.
3. In cooperation with drug treatment specialists and primary healthcare doctors with experience treating drug users, conduct educational seminars for gynaecologists on the need to support difficult-to-reach groups as female IDUs and the effectiveness of substitution therapy during pregnancy.
4. At the conclusion of educational seminars with gynaecologists, create multidisciplinary teams consisting of gynaecologists and NGO social workers that will be capable of doing "on site" checkups.
5. In cooperation with leaders identified over the course of the study, improve the flow of information between NGOs and the community of female IDUs. What is first needed is an elementary system to inform female IDUs about existing organizations. A series of handouts should be developed aimed at female IDUs that lists services offered by existing medical and social assistance programs, harm reduction programs, clinics, and HIV clinics.
6. In order to expand access to legal services and ensure tolerance on the part of law enforcement, conduct a series of educational trainings with district police stations about the spread of HIV infection, ways to protect against HIV, and how to prevent the spread of the epidemic through cooperation with harm reduction programs.

## Resources by NGOs for NGOs-focus Central, South and Southeast Asia

### Cactus Blossoms Vietnam under the auspices of Medisch Comite Nederland-Vietnam

*Opiate Use and Pregnancy in Hanoi: Findings of an Assessment* by Joanna White Pauline Oosterhoff, February 2010.

Downloadable @

[www.mcnv.nl/fileadmin/bestanden/pdf/Pregnancy\\_And\\_Drug\\_Use\\_MCNV\\_2010.pdf](http://www.mcnv.nl/fileadmin/bestanden/pdf/Pregnancy_And_Drug_Use_MCNV_2010.pdf)

Country: Vietnam

**Abstract:** This is a small-scale, rapid assessment on pregnancy and drug use in Hanoi, intended to propose ways to communicate information about pregnancy and drug use to female drug users in Hanoi.

#### *What did they want to do?*

1. Develop an understanding key messages on pregnancy and opiate use, as reported in international literature
2. Explore Vietnamese female opiate users experiences of pregnancy
3. Identify current barriers to communicating key information to female drug users in Hanoi
4. Devise an appropriate intervention to enhance female drug users' access to relevant knowledge and information concerning opiate use and pregnancy.

#### *How did they do it?*

Interviews were carried out with eighteen former drug users who had experienced pregnancy whilst using opiates. The interviews were voluntary, anonymous and confidential. A number of health professionals were interviewed, including two female doctors and two female midwives working at the National Obstetrics Hospital in Hanoi and one female doctor responsible for pregnancy consultations and ultrasound scans at an antenatal clinic attached to the hospital. All survey respondents were paid a small fee to cover travel and opportunity costs.

Following the completion of interviews, meetings were held with relevant government representatives and several members of a Medicine du Monde (MDM) outreach team working in Hanoi, to discuss practical approaches to communicating new information on pregnancy and drug use to female drug users in Hanoi.

#### *What did they find and recommend?*

1. Drug users appear to rarely attend government ANC services. Highly secretive behaviour by drug users and health staff's sensitivity about the illegality of drug use pose significant barriers to mutual discussion and the provision of information to female drug users in a formal health service setting. For this reason, peer educators are a more logical choice for relaying information to this group. In addition, it would be helpful for educational information to be communicated to the families of female drug users and, where relevant, the families of their partners/husbands, in order to maximize informed familial support.
2. Virtually all of the pregnancies reported by study respondents can be attributed to lack of contraception, or contraception failure. This highlights the importance of ensuring that drug users have ready access to a range of contraception options in order to minimise the risk of unplanned pregnancies and subsequent abortions. All of the pregnancies documented in the research were apparently a result of women's sexual relationships with their husbands or regular partners, where condoms are less likely to have been used (and the negotiation of condom use may have been problematic). For this reason, access to reliable and easy-to use contraception in addition to condoms is necessary.
3. There was a general lack of understanding about the dangers of rapidly reducing drug use during pregnancy. Some women put enormous pressure on themselves to give up drugs, and may feel considerable guilt about not being able to quit. Educating female drug users regarding the dangers of rapid withdrawal to the foetus is necessary. Also, some interviewees described how their families pressured them to abandon drug use during pregnancy. This speaks to the importance of also educating the families of drug users about safe drug use for pregnant women. With little or no formal support for withdrawal (appropriate drug treatment for pregnant women), many women appear to make a pragmatic, intuitive decision to only reduce drug use slowly. This is medically appropriate, and this existing response needs to be supported in any educational material produced.
4. Fear of testing blood for drug use appears to be a major barrier to some pregnant drug users attending state ANC services and receiving antenatal care, including testing for HIV. This prevents effective PMTCT interventions among this group.
5. Breastfeeding was desired and pursued by the majority of respondents whose pregnancies went full term, even when this was against doctor's recommendation. In some cases where newborn babies were experiencing neonatal abstinence syndrome (NAS), women felt that breastfeeding was a necessary course of

action to soothe the baby. The behaviour of these new mothers fits with the recommendations found in most current international literature. The health staff interviewed for this study were ill-equipped to advise on the care of babies suffering from NAS.

## Resources by NGOs for NGOs-focus Central, South and Southeast Asia

### International Harm Reduction Development Program at the Open Society Institute

*Making Harm Reduction Work for Women: The Ukrainian Experience* by Sophie Pinkham, March 2010.

Downloadable @ [www.soros.org/initiatives/health/focus/ihrd/articles\\_publications/publications/harm-reduction-women-ukraine\\_20100429/harm-reduction-women-ukraine\\_20100429.pdf](http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/harm-reduction-women-ukraine_20100429/harm-reduction-women-ukraine_20100429.pdf)

Country: Ukraine

**Abstract:** Between May and July 2008, six gender-responsive harm reduction programs, supported by the International Harm Reduction Development Programme (IHRD), were launched in different regions of Ukraine, including Kyiv, Dnipropetrovsk, Poltava, Nikopol, and Mykolayiv. This study is intended to report on their progress one and a half years after initiation of the projects.

#### *What did they want to do?*

The programs, developed and run by individual NGOs, were built on the basis of existing harm reduction services, and aimed to expand the number of women IDU clients and the quality and quantity of services provided to women. Grant amounts ranged from 8,000 to 24,000 USD.

#### *How did they do it?*

Between December 2009 and February 2010, about a year and a half after the projects were launched, two technical consultants visited gender-sensitive harm reduction projects in five cities in Ukraine in order to report on their progress. The consultants conducted focus groups with project clients and staff and individually interviewed selected state and nongovernmental partners, including gynaecologists, paediatricians, infectious disease doctors, staff of state social services, and local officials directly involved in the daily activities of the projects.

#### *What did they find and recommend?*

The report found that the projects managed to expand their work to encompass the specific needs of women who use drugs. They provided more than 4,500 women drug users, the majority of them mothers, with services that included syringe exchange, access to substitution

treatment, sexual and reproductive health care, assistance during pregnancy, and legal aid. They kept families together and empowered women to practice healthier behaviour, receive timely medical treatment, find housing and jobs, and avoid wrongful conviction.

Some findings from this report that may be helpful to NGOs working with women drug users and the spouses of male drug users in South and Southeast Asia are:

#### **The importance of creating a welcoming atmosphere:**

Project staff and clients agreed that a cosy, welcoming space was a crucial aspect of services, inviting women to spend more time at the centres, get to know staff and develop a sense of trust. NGOs Light of Hope and NGO Virtus built space in their offices where clients can sit and chat, drink tea, and generally socialize with staff and other clients. NGO Unitus provided a sewing machine for client use and decorated its walls with art made by clients' children, who often spend time in the centre with their mothers. NGO Krok-za-Krokom offered a washing machine and computer lessons to clients.

#### **Creating Community:**

Recognizing the prevalence and detrimental effects of internalized stigma, low self-esteem, and isolation among women drug users, all six projects use a non-judgmental, supportive approach. Staff worked to show women that they are valued, that people care about them, and that there is hope for a better future..

Clients often came to NGO Virtus to pick up diapers or other supplies but stayed to drink tea and talk to staff and fellow clients. Sometimes they received formal counselling, but often they simply shared their experiences. All of the programs organized facilitated peer support groups for their clients on a regular basis. NGO Unitus encouraged clients to become volunteer counsellors and worked to provide training opportunities for them. A small group of client leaders were trained in public speaking and planned to present on the needs of women drug users at the city "AIDS Coordinating Council," (a government body in charge of programming and policy decisions in the city).

#### **Sexual and Reproductive Health Services:**

Combining support from IHRD and other donors, all six projects provided women with free condoms, information about safer sex, and access to HIV and STI testing, information, and counselling, as well as referrals and support for treatment. When a woman tests positive for an STI, she is either given medication on the spot or is referred to appropriate treatment. In many cases, project staff escort her to the appropriate medical centre and

follow up to make sure she has finished her course of treatment. Across the six projects, over 1,000 women were tested for HIV. Use of rapid HIV tests meant that women always receive their results. When HIV tests are positive, staff offer information and counselling on ARV treatment, along with referrals and support in taking diagnostic tests and beginning treatment. Staff and clients report that as a result, clients get tested earlier and more often, allowing more timely and effective treatment.

#### **Pregnancy testing:**

The projects found that many clients cannot afford pregnancy tests, and because women drug users often miss periods or do not keep track of their menstrual cycles, they often do not realize they are pregnant until quite late. NGO Krok-za-Krokom was among the few non-profits in Ukraine providing free home pregnancy tests for their clients. Other projects developed networks of gynaecologists familiar with the needs of drug-using women, or collaborated with local women's health clinics to provide access to sexual and reproductive health services for their clients.

#### **Gender-specific products:**

Material assistance was found to be important, and was one of the most reliable ways to attract clients and ensure that they keep coming back. Diapers, hygiene products for babies and women, food packages, and a limited number of medications were offered by NGO MAMA+ and NGO Virtus.

#### **Childcare:**

NGO MAMA+, NGO Light of Hope, NGO Unitus and NGO Open Door offered short-term child care options to their female clients. Women could leave their children with a qualified staffer while they accessed services or took part in parenting classes or peer-support group meetings.

#### **Addressing stigma:**

All drug users face stigma, but drug use by women, who are expected to be primary caregivers for children, men, and parents, is judged especially harshly. The public often has little understanding of the complexities of women's drug use, condemning them for irresponsibility or self-indulgence. Stigma and stereotypes have a direct negative effect on the lives of women drug users, contributing to judgmental or discriminatory behaviour among health care providers and helping to legitimate abuse or rejection by partners, friends, and family members. In Nikopol, NGO Open Door worked to combat social stereotypes through the media. The program's staff includes a former journalist and public relations expert who regularly writes articles and organizes appearances in the local press. Press

work also puts pressure on authorities to improve services. In 2009, a homeless Open Door client died of exposure. Open Door publicized the case and used it, together with a roundtable, to urge authorities to provide social housing for vulnerable women, including drug users.

#### **Training for other service providers:**

Several projects conducted training sessions and lectures for service providers. A staff member from NGO MAMA+, for example, spoke to gynaecologists and obstetricians about working with women who use drugs.

### Naizindagi Pakistan

*The Hidden Truth: A study of HIV vulnerability, risk factors and prevalence among men injecting drugs and their wives Sargodha - Faisalabad - Lahore, Pakistan* by Naizindagi, March 2008. Published by Naizindagi

Downloadable @ [www.naizindagi.com/Reports/The%20hidden%20Truth.pdf](http://www.naizindagi.com/Reports/The%20hidden%20Truth.pdf)

Country: Pakistan

**Abstract:** In Pakistan injecting drug use is recognized as the main driver of the HIV epidemic due to high levels of needle/syringe sharing and insufficient HIV prevention services. Previous studies have assessed IDUs as a "most at risk population", but have missed the opportunity to understand the related risks and vulnerability of their families and communities. This report produced new evidence about the risks faced by spouses of male IDU and is intended to inform programmatic and policy improvements that can address spousal vulnerabilities.

#### *What did they want to do?*

Of the estimated 125,000 street based IDUs in Pakistan approximately 50 percent are married. HIV prevalence among male IDUs in Sargodha is 51.3 percent, in Faisalabad-13.3 percent, and in Lahore-6.5 percent (National Surveillance Data 2006). In Sargodha, HIV prevalence rose from 12 to 51 percent in the space of two years. (RSA NZ-PACP The Lethal Overdose - 2005; National Surveillance Data HASP 2007). This suggests that the wives of married IDU are at risk of HIV infection via sexual transmission. Yet little or no HIV prevention work in Pakistan has targeted this group. This study seeks to understand and document the risks and vulnerabilities of the wives of injecting drug users in Pakistan. Specifically, the study aimed to:

1. Examine vulnerability of wives because of injecting behaviours of their husbands
2. Assess vulnerability and risk of HIV infections among wives of IDUs
3. Assess the financial and social burden of drug use and HIV on households of IDUs
4. Discover the nature of the sexual and injecting contacts between IDUs and their wives
5. Discover the current prevalence of HIV among wives of IDUs in Sargodha, Faisalabad and Lahore

#### *How did they do it?*

In order to better understand the situation of wives of IDUs, four hundred and fifty-nine couples-married male IDUs and their wives were recruited for this study. Eligible IDUs who access Nai Zindagi's services in Sargodha, Faisalabad and Lahore were offered the opportunity to participate. Participation in the study was voluntary and informed consent obtained. All study participants signed a consent form, or thumb impressions were received from participants who did not know how to write. All study participants were offered VCT services and counselling and testing was conducted after the interviews. Additionally, participants were offered HIV prevention services, drug treatment services, medical, social and nutritional care. Referrals for Hepatitis C, HIV diagnostics and HIV treatment and care services were provided through ongoing regular VCT and follow-up services by Nai Zindagi in the three cities.

#### *What did they find and recommend?*

#### **Significant HIV infection rates among married male IDU:**

The study found that 41 percent of male IDU were HIV-positive in Sargodha, 13 percent in Faisalabad and 10 percent in Lahore.

#### **Sexual Transmission to Wives:**

No female participant reported ever injecting drugs and none of the HIV positive wives reported extra-marital sexual contact. It was therefore concluded that HIV infection among wives was most likely due to sexual transmission from the husband. HIV prevalence among wives of HIV positive IDUs included in the study was 15 percent in Faisalabad, 10 in Lahore and 5 percent in Sargodha. The majority of the married male IDUs reported recent, regular and unprotected sexual relations with their wives. Over 80 percent of the wives reported not using a condom in their last sexual contact with their husbands.

#### **Risk of Mother-to-Child Transmission:**

A significant proportion of couples in all three cities (particularly Sargodha) were young and the wives, of childbearing age. Families included in this study had an average of four children. Twenty-five percent of the children were under the age of five. Twenty per cent of the wives were breastfeeding and eight percent were pregnant. These figures draw attention to the significant risk of parent-to-child transmission of HIV among this population group.

#### **Low HIV awareness among wives:**

Approximately half of the wives, but 80-90 percent of the husbands, had never heard of HIV or AIDS. Of those women who reported having knowledge of HIV, up to 30 percent could not identify modes of transmission. Questions about condom use revealed a similar gender gap in knowledge about HIV, suggesting that educating husbands about HIV prevention strategies does not ensure that this knowledge will be passed on to their wives: IDU husbands most often reported using condoms to protect against HIV and STIs, while comparatively more wives said that condoms were used to avoid pregnancy. Twenty-four percent of wives in Lahore said that they used a condom on their spouse's initiative and did not actually know the reason for its use. Eleven percent of wives in Faisalabad and five percent of wives in Sargodha reported similar experiences.

#### **Illiteracy and poverty:**

The study found that male IDU tended to have more education than their wives. The highest rate of illiteracy-76.6 percent, was among wives of IDUs in Sargodha. In HIV prevention programmes, this can be a significant challenge; IEC programs for the wives of IDU need to be tailored to illiterate populations. The entire study population was living at or below Pakistan's poverty line of Rs. 1000 per month per person. (Pak.Rs. 60 = US\$ 1), with most families living hand to mouth. Due to strong family ties and a joint family system in Pakistan, most wives had access to a secure shelter with their in-laws, their own parents, or in their own or their husband's homes. In Faisalabad, however, a significant proportion-50 percent, of wives were financially responsible for earning household expenses.

## Resources by NGOs for NGOs-focus Central, South and Southeast Asia

### Population Council Delhi

*Exploring the Links between Drug Use and Sexual Vulnerability among Young Female Injecting Drug Users in Manipur* by Archana Oinam, 2008.

Downloadable @ [www.popcouncil.org/pdfs/wp/India\\_HPIF/006.pdf](http://www.popcouncil.org/pdfs/wp/India_HPIF/006.pdf)

Country: India

**Abstract:** Only a few programmes in Manipur specifically focus on the needs of female injecting drug users. Given the high prevalence of HIV in Manipur and the critical role that female injecting drug users play in the transmission of HIV infection, it is becoming increasingly important to understand the sexual behaviours and drug use experiences of this group. This study produces new evidence about the sexual and drug use behaviours of female drug users and is intended to support programmatic and policy changes that can address the needs of this growing population.

#### *What did they want to do?*

This report sheds light on the situation and experiences of female injecting drug users aged 15-34 in Manipur in relation to drug use and sexual behaviour. It describes the health status and patterns of treatment seeking of female injecting drug users. It also explores the factors underlying female injecting drug users' vulnerability to HIV, including limited in-depth awareness of safe sexual behaviours and drug use practices, and limited self-perception of HIV risk, and suggests recommendations to address their special vulnerabilities.

#### *How did they do it?*

The study was conducted in Imphal East and Imphal West in Manipur state. The first phase of study was intended to gather information on the context in which drug use takes place and the terminologies used by injecting drug users to describe their drug use and sexual experiences. A mapping exercise was undertaken in the districts of Imphal East and Imphal West with the help of injecting drug users and service providers to identify places where injecting drug users gathered.

In the process, researchers were able to observe the injecting practices of women, including the extent to which they shared needles, syringes and other injecting equipment and material, and the ways in which they prepared syringes and injected themselves. Next, six focus group discussions (three each in Imphal East and Imphal West) were conducted with groups of eight to ten female

injecting drug users to explore and understand the terminologies they used, and their perceptions, knowledge, behaviours and attitudes. Information derived from this phase of the study was then used to inform and design the survey instrument and in-depth interview guidelines.

In the second phase, a survey of female injecting drug users was conducted. Given the lack of visibility of this group, a snowball sampling technique was used. All participants were identified through peer-based and outreach workers who were already involved in intervention programmes for injecting drug users in the area. A total of 218 female injecting drug users were identified, of whom 200 consented to participate in the survey. In the third phase, a total of 20 respondents from the survey were interviewed in depth to probe their experiences of drug use and sexual practices.

Finally, interviews were conducted with a total of 10 key informants: five service providers for sexually transmitted infection, including three from the NGO sector, one police official, two policy makers and two pimps

#### *What did they find and recommend?*

##### **Risky injection behaviours:**

The study found that sharing of needles was almost universal; most respondents-97 percent, reported that they had shared needles despite the fact that 86 percent were aware of sources of clean injecting materials and how to access NGOs that provide these services. Nonetheless, more than two-thirds of all respondents-68 percent, said that the main reason for sharing injecting equipment was the lack of a regular supply of clean equipment.

##### **Risky sexual behaviours:**

The vast majority of respondents-92 percent, were sexually active. More than half of all respondents-56 percent, reported that they had engaged in sex work to obtain money to purchase drugs, 11 percent of all respondents reported that they had engaged in sex in exchange for drugs, and 5 percent of all respondents-for gifts. Only 21 percent of respondents reported regular condom use in any sexual relationship, with a boyfriend or any other partner, and fewer than 10 percent of respondents who had engaged in sex work reported regular condom use.

Low risk perception: The study found that all respondents-100 percent, had heard of HIV and the vast majority-80-95 percent, were aware of the modes of HIV transmission. However, despite widely practiced injection and sexual risk behaviours among study participants, only

about two in three participants perceived themselves to be at risk of acquiring HIV.

Poor knowledge of hepatitis C: Although it is likely that there is a well-established HIV and hepatitis C co-infection epidemic among female injecting drug users in Manipur, awareness of hepatitis C was poor. Only 47 percent of study participants had heard of hepatitis C.

Lack of support structures: The study found that fear of disclosure and stigma led most drug injecting women to make significant efforts to conceal their risky behaviours from families in particular, and society in general.

Poor access to health care for STIs and drug-related problems: The study found that of those study participants who had experienced a sexual or reproductive health problem in the past three months, only half had sought care at a facility. Similarly, among those who had experienced a drug-related problem, such as abscess, weight loss or overdose, in the past three months, only 38 percent reported accessing care for these problems at a facility. Most study participants reported that these services for drug users were not easily accessible to them or female-friendly, that providers were judgemental, and that they lacked the finances to seek care.

The study produced a number of recommendations including:

1. IEC materials need to be developed that address the information gaps about safe sex and drug use, simultaneously if possible. These materials need to be designed in consultation with female injecting drug users, using terminologies and visuals with which the group can identify and can easily understand.
2. Create a supportive environment that enables injecting drug users to discuss and address their needs more openly, that reduces the social isolation of drug-using women and that makes families and the wider community aware of their role in ensuring the health of women who inject drugs. Efforts to bring together and empower the female community are essential. An effective strategy to achieve this may be through establishing peer-led interventions, which would be acceptable to female injecting drug users, and would provide both social support and health services in a trusting environment. At the same time, the economic needs of female injecting drug users must be addressed through efforts to build livelihood or vocational skills, offer work opportunities and raise awareness about their rights and available options.
3. Services for both safe drug use and sexual health must be made available in a gender-sensitive environment, and healthcare providers should be sensitised to the particular needs of female drug injectors.
4. The finding that several respondents had initiated drug use to overcome depression, and that

several had relapsed into drug use as a result of depression, suggests that counselling services need to be made available that address the emotional and mental health needs of female injecting drug users on a sustained basis.

5. Outreach services are needed to reach female injecting drug users who face numerous obstacles to seeking facility-based care. The most appropriate manner to achieve this is by training a core of female outreach workers-preferably from the community.

6. Convergence of drug-related services and sexual and reproductive health services is essential.

7. There is a need for more research evidence that sheds light on the magnitude of female injecting drug use, their risk taking patterns, the obstacles they face in adopting safe behaviours or acquiring appropriate services, and the experiences of successful interventions for this group.

## Resources by NGOs for NGOs-focus Central, South and Southeast Asia

**Worth International** HIV Research Group, School of Public Health & Community Medicine University of New South Wales & Antonia Morita Saktiawati, Elan Lazuardi, Yanri Wijayanti Subronto, Retna Siwi Padmawati, Faculty of Medicine Universitas Gadjah Mada, **Indonesia**

*Women who inject drugs in central Java and HIV risk* by Catherine Spooner Heather, 2010.

Downloadable: Please search by title with Google.

Country: Indonesia

**Abstract:** This is primarily an academic study which produces new data on female drug use in Java and proposes strategies to address the needs of women who use drugs.

### *What did they want to do?*

The majority of people who inject drugs in Indonesia are men, so most of the research relating to HIV and injecting drug use has been with men. The study's authors felt, however, that because international studies have identified the experience of women who inject as different from that of men, gender-specific HIV prevention strategies are needed. Therefore, information about women who inject drugs in Indonesia is necessary for HIV policy and programs.

### *How did they do it?*

A qualitative study was conducted between February and May 2010 in three small cities of central Java: Yogyakarta, Solo and Salatiga. In-depth interviews were conducted with 19 women who inject drugs to investigate their vulnerability to HIV.

### **What did they find and recommend?**

#### **Gender and culture:**

The women in the study described how Javanese women are expected to be 'good', while being 'naughty' was tolerated for men; that women who were suspected of acting inappropriately (in particular, they engaged in extramarital sex and drug use of any kind) were subjected to social repercussions such as being talked about and being labelled.

#### **Stigma and discrimination:**

The women experienced a double stigma as a result of

both drug use and being women who use drugs. They experienced discrimination from health services, the general community, friends and family. This discrimination left the women feeling hurt and ashamed. Their main response was to hide their drug use and to restrict their social circle to their partner and friends (mostly male) who also inject drugs.

#### **Drug initiation and use:**

The women were generally initiated into drug use by a male partner or male friends. They generally obtained drugs from a partner or male friends, and drugs were typically used with the friends or partner. Sharing drugs was partly for economic reasons (individuals rarely had enough money to purchase them) and partly for social reasons.

#### **Sharing injecting equipment:**

Most of the women interviewed had shared needles in the previous six months. This was usually with a partner or a small closed group of friends, who were mostly male. When needles were cleaned, it was generally just with water. The strongest theme to arise around reasons for sharing was trust and bonding.

#### **Condom use:**

Most of the women were sexually active and this was mostly in the context of a regular relationship. Only one woman disclosed having casual sex in the past year, and only three women reported sex work in the past year. Condoms were not routinely used, largely because women felt that condoms reduced sexual pleasure, for themselves and their partners.

#### **Access to harm-reduction services and HIV testing:**

Most of the women had some contact with harm-reduction services, at least needle and syringe programs (NSP). There was little experience of methadone. Contact with NSP was not frequent and was often indirect (via male friends or partners) as the women did not want to be identified as a drug user. Less than half of the women had ever been tested for HIV, and most of those who had done so had not been tested for more than a year. The main reason for not being tested was fear, and this was largely related to the likely social repercussions of a positive result because of the stigma attached to HIV and to female drug use.

The study produced some recommendations, including:

1. Address the social stigma experienced by women who inject drugs, particularly within health services. The development of leaders and community

organisations that represent and advocate for women who inject drugs might assist this issue.

2. Increase women's access to harm-reduction services. Women-only group discussions and social activities might be one way to do this.

3. Increase the role of pharmacists in harm reduction. This could assist women to access injecting equipment and condoms more easily.

4. Address the social isolation and exclusion of women who inject. Strategies could include the development of a network of women who inject drugs and social activities for women who inject drugs.