

HIV/AIDS in Manipur: Need focus on Injecting Drug Users (IDU)

Dr. Utpal Saikia

The study was conducted during midst of the years 2006 with coverage of 839 samples (male Injecting Drug Users) in two districts of Manipur state of India. Manipur with hardly 0.2 % of India's population is contributing to about 8.0% of total HIV positive cases and this is the highest concentration of HIV/AIDS infection state in India. It has the largest problem of HIV infection associated with injecting drug use in India. Sharing of needles and syringes among the injecting drug users is one of the fastest methods of spread of HIV infection among the IDUs and from them to their sexual partners, their children and even to the general population. Among the IDUs HIV prevalence rate in the state was 80.7 % in 1997, 56.8 % in 2000. The geographical proximity of Manipur to Burma (Myanmar) and consequently the Golden Triangle drug trail has made it a major transit route for drug smuggling, with drugs easily available. Since IDUs are considered as hidden population and hard to reach population, RDS (Respondent Driven Sample) method was adopted in the study and this method was adopted for the first time in India. Data were collected on behavioural, clinical and biological aspects. Behavioural data were collected through a structured questionnaire, clinical data were through external medical examination by doctor and biological data were collected in the form of blood, urine and swab. Ethical issues were considered during data and biological sample collection. The study is focussing on estimation of HIV/AIDS among IDUs and leading behavioural factors as determinants. Over the years, however, the epidemic has made inroads to the general population. From the initial high rate of prevalence among IDUs, the infection is slowly spreading among pregnant women and children, mostly wives and children of IDUs.

Respondent Driven Sampling (RDS) technique was adopted in the study. Two districts were selected on the basis of high prevalence of IDUs. In each district two RDS Centres were established. Location of RDS centres was in such area, where most of IDUs can access easily. Staff composition of each RDS centre is as; one coordinator, one supervisor, one screener, one interviewer, lab technician, one doctor and one coupon manager. Duty of screener is to verify validity of coupon carried by the IDU, his eligibility (minimum age 18 years, injected drug at least once during past 6 months) and taking consent of respondent. Interviewer took interview on behavioural aspects. Laboratory technician collect blood and urine sample. Doctor does external physical examination and collect swab (if there is wart in genital) and interviewed on medical history (RTI/STI symptoms) and provide necessary medicine and issue a referral card for voluntary HIV test at the government health centre (if the respondent wants to go for testing). During the entire process in all the steps a checklist is being field to verify whether the respondent has completed all the steps or not. At the end the check list is verified by the coupon manager and if the respondent has completed all the steps, he will

be issued another three coupons to be given to his three network partners for visiting RDS centre.

Logistic regression technique was adopted to see the determinants of HIV prevalence. Result show that 33 percent of IDUs are HIV positive and 34 percent are infected by Hepatitis C. The most important leading factors are current living situation {Unmarried (living alone, Unmarried (living with partner), Married (living with spouse), Married (living with partner other than spouse), Married (living alone), Separated/ Divorced/ Widower (living alone), Separated/ Divorced/ widower (living with other partner)}, network size of IDUs (number of person mutually know one another who are IDUs and age 18 years and above), duration of using injecting drug, use of pre-field syringe, sharing of syringe, sexual behaviour (casual sexual behaviour), use of condom etc. Result show that sharing syringe and sexual behaviour are the major causes of high prevalence of HIV among IDUs. It suggests effective intervention programmes on knowledge and behaviour and distribution of new syringes among IDUs through establishing drop-in centres.