

**A SITUATION ASSESSMENT OF
INTRAVENOUS DRUG USERS IN KATHMANDU
VALLEY**

A FOCUSED ETHNOGRAPHIC STUDY

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**Family Health International
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- The study team

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ABBREVIATIONS & ACRONYMS

| | |
|---------|---|
| AHRN | Asian Harm Reduction Network |
| AIDS | Acquired Immunodeficiency Syndrome |
| AIDSCAP | AIDS Control and Prevention Project |
| BSS | Behavior Surveillance Survey |
| CREHPA | Center for Research on Environment Health and Population Activities |
| CSW | Cabin based Sex Worker |
| DU | Drug User |
| ESW | Establishment based Sex Worker |
| FES | Focussed Ethnographic Study |
| FHI | Family Health International |
| FP | Family Planning |
| GWP | General Welfare Pratisthan |
| HIV | Human Immunodeficiency Virus |
| IDU | Injecting Drug User |
| INGO | International non-governmental Organization |
| LALS | Lifesaving and Lifegiving Society |
| NCASC | National Center for AIDS and STD Control |
| NGO | Non-governmental Organization |
| SLC | School Leaving Certificate |
| SRH | Sexual and Reproductive Health |
| SSW | Street based Sex Worker |
| STD | Sexually Transmitted Disease |
| STI | Sexually Transmitted Infection |
| SW | Sex Worker |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNDP | United Nations Development Programme |
| UNICEF | United Nations Children's Fund |
| UoH | University of Heidelberg |
| WHO | World Health Organization |

CONTENTS

ACKNOWLEDGEMENT

THE STUDY TEAM

ABBREVIATIONS & ACRONYMS

EXECUTIVE SUMMARY

Page No.

| | |
|--|--------------|
| Chapter 1: INTRODUCTION | 1-12 |
| 1.1 Background | 1 |
| 1.2 Injecting Drug Users and HIV Vulnerability | 2 |
| 1.3 Relevance of the Study | 3 |
| 1.4 Study Objectives | 4 |
| 1.5 Research Questions | 4 |
| 1.6 Methodology and Process | 5 |
| 1.7 The Team Composition and Training | 9 |
| 1.8 The Research Instruments | 10 |
| 1.9 The Fieldwork | 10 |
| 1.10 Data Management and Analysis | 10 |
| 1.11 Ethical Consideration | 12 |
| 1.12 Obstacles Encountered | 12 |
| Chapter 2: MAPPING AND NETWORKING OF INJECTING DRUG USERS | 13-58 |
| 2.1 Mapping of Injecting Drug Users | 13 |
| 2.2 Drug Injecting Behaviour | 15 |
| 2.3 Networks of Injecting Drug Users | 35 |
| 2.4 Sexual Behaviour of Injecting Drug Users | 48 |
| 2.5 First and Last Sexual Experience | 51 |
| 2.6 Relation with Sex Workers | 52 |
| 2.7 Mode of Payment | 52 |
| 2.8 Condom Use | 52 |
| 2.9 Reasons for Non-use of Condoms | 54 |
| 2.10 Knowledge on STIs and HIV/AIDS | 57 |
| 2.11 Frequency of Sexual Activities | 57 |
| Chapter 3: DISCUSSION AND CONCLUSIONS | 59-61 |

Bibliography

Appendices

Photographs

LIST OF TABLES

| | Page No. | |
|------------|--|----|
| Table 1.1 | Data gathering location and data management process | 11 |
| Table 1.2 | Data gathering tools and method of analysis | 11 |
| Table 2.1 | Distribution of IDUs according to their caste/ethnicity and age | 15 |
| Table 2.2 | Types of drugs used by the IDUs (n=25) | 16 |
| Table 2.3 | Types of drugs used by non-injecting drug users (n=10) | 17 |
| Table 2.4 | Types of drugs used according to the social category of IDUs | 18 |
| Table 2.5 | Types of drug injecting places mentioned by the IDUs in the freelist exercise (N=22) | 19 |
| Table 2.6 | Rating or the availability of drugs | 20 |
| Table 2.7 | Consensus analysis on availability of the Drugs | 21 |
| Table 2.8 | Scoring and ranking of the preference of drugs | 22 |
| Table 2.9 | Consensus analysis on the preference rating of drugs | 23 |
| Table 2.10 | Consensus Analysis on the pile sorts of drugs | 24 |
| Table 2.11 | Perceived types of problems faced by the IDUs (n=22) | 33 |
| Table 2.12 | Scoring and ranking of severity rating of problems (n=23) | 34 |
| Table 2.13 | Consensus analysis of severity rating of problems | 34 |
| Table 2.14 | Perceived types of health problems faced by the IDUs(n=23) | 35 |
| Table 2.15 | IDUs' perceptions on HIV prevention strategies | 47 |
| Table 2.16 | Marital Status of both male and female IDUs | 48 |

LIST OF FIGURES

| | Page No. |
|--|----------|
| Figure 2.1 Non-Metric Multidimensional Scaling of Drugs Used | 24 |
| Figure 2.2 Pathways from Non-injecting to Injecting Drugs | 29 |
| Figure 2.3 Pathways to Injecting Drugs: Case of Sita (Female Sex Worker) | 30 |
| Figure 2.4 Networks of Sita | 37 |
| Figure 2.5 Networks of Sameer | 38 |
| Figure 2.6 Networks of Pratik | 42 |
| Figure 2.7 Linkages among Nine Groups of IDUs | 44 |
| Figure 2.8 Sexual Contacts of IDUs | 56 |

Chapter 1

INTRODUCTION

Twenty years after the first clinical evidence of acquired immunodeficiency syndrome was reported, AIDS has become the most devastating disease humankind has ever faced. Since the epidemic began, more than 60 million people have been infected with the virus. HIV/AIDS is now the leading cause of death in sub-Saharan Africa. Worldwide, it is the fourth biggest killer. At the end of 2001, an estimated 40 million people globally were living with HIV. In many parts of the developing world, the majority of new infections occurred in young adults, with young women especially vulnerable. About one-third of those currently living with HIV/AIDS are aged 15-24 (UNAIDS, 2001).

In the last decade, efforts have been made in imparting to people the basic facts about HIV, how it is transmitted and how it can be prevented. Remarkably high proportions of people of all ages in most continents know about HIV and AIDS, and most can repeat the basic facts about the transmission and prevention of HIV infection. Despite these high levels of basic knowledge, millions of people around the world are still vulnerable to HIV because they do not know the basic facts (UNAIDS).

Although it has been said, "AIDS is certainly the disease of the poorer and less educated people" (UNAIDS, 1998), the epidemic has spread in different ways and through different groups of people in different parts of the world. Even though the prevalence of HIV and deaths occurring from AIDS are very high in many countries, crucial factors such as denial, stigma, discrimination and secrecy regarding HIV/AIDS continues to exist at all levels. Due to these crucial factors, they also do not want to admit that HIV is within their communities, which can be very harmful as they may be infected and may be transmitting the virus to their partners. The dominant route of transmission is heterosexual, through unprotected sex and the most vulnerable groups are sex workers and their clients, injecting drug use is however fueling the rapid spread of HIV in Nepal (UNICEF). If not controlled, the epidemic could lead to an explosive rise in the next decade.

1.1 Background

The HIV/AIDS Prevention and Control Program: 1997-2002 (AIDSCAP II) is managed by Family Health International (FHI) and designed to build the capacity of Nepalese organizations to conduct HIV prevention activities in order to reduce the sexual transmission of HIV in Nepal. The FHI program has supported both core and complementary interventions in the selected areas of Nepal's primary east-west highway from Jhapa to Kanchanpur district, and the primary north-south highway from Parsa to Dhading district. These areas include Nepal's major transport links with India and Bangladesh. The program's core intervention area includes: (1) the eastern region entry points at Kakarvitta and Bhadrapur from Itahari and Dharan, to the entry point at Biratnagar. (2) The central region communities from Nagdhunga to Mugling, Narayangarh and Hetauda to the entry point at Birgunj and eastward to the entry point at Jaleswor (Janakpur). And, (3) the western region entry points from Bhairahawa to Butwal. The program's complementary intervention area extends towards Rupandehi to Kanchanpur in mid and far-western regions, and Saptari and Siraha in the Eastern

Region. Complementary activities include mass media programs, condom social marketing, and training of chemists. These subprojects are designed to complement on-going outreach and STI control programs implemented by other international and national organizations working in the Mid-Western and Far-Western Regions. FHI's policy development and surveillance program works in support of national level efforts by the National Centre for AIDS and STD Control to strengthen the national HIV sentinel surveillance system.

During 2001 Family Health International (FHI) contracted with CREHPA to carry out a mapping and situation assessment of Injecting Drug Users (IDUs) of the Kathmandu valley as a part of comprehensive HIV/AIDS Prevention and Control Program. Recent seroprevalence data have indicated that the IDUs are most seriously affected group with regards to HIV infection

- Among all IDUs in Nepal, approximately 40% are HIV positive. The rate is higher in Kathmandu, and could be as much as two thirds of the injectors. In the most recent survey of FSWs in Kathmandu, 15 reported that they had at sometime injected drugs, representing 5% of the total sample. Eleven of these 15 women were found to be HIV positive. These 11 women represent 21% of all the HIV positive persons identified in the Kathmandu sample of 300 FSWs.

1.2 Injecting Drug Users and HIV Vulnerability

Drug use is a major concern all over the world and Nepal is no exception to that. Heroin was introduced into Nepal in the mid-1960s and the most commonly used form of heroin was "brown sugar" which was mainly smoked or chased. This was only until the late 1990s and early 1990s, when injection emerged as a method of drug administration among a minority of the drug using population. A more pure form of heroin that has appeared on the streets in recent years is also commonly injected. For individuals and populations of drug users in most parts of Asia, the move from smoking or inhaling to injecting of heroin or other substances, once established is rarely seen to revert. Most studies in Nepal suggest that injecting drug use is increasing (UNAIDS, 2000).

Regular use of cannabis (ganja) has and continues to be part of the culture in many rural areas of Nepal. The National Center for STD and AIDS Prevention has estimated that there may be somewhere between 40,000-50,000 drug users in the country (UNAIDS, 2000).

1.2.1 Drug Use Patterns and Risk Behaviors

Surveys conducted in Nepal have explored the patterns of drug use and the risk behaviors related to the drug users in Nepal. For example, a survey carried out in the urban areas in the Southern part of Nepal interviewed 1,100 drug users. Among these, 72.2 percent admitted to premarital sex of which 64.7 percent of the sexual encounters were without a condom. The prevalence of HIV among these drug users were 33 percent, 8.1 percent of the non-drug injectors were found to be HIV positive and among the injecting drug users 40.4 percent were found to be HIV positive (UNAIDS, 2000).

Another study on IDUs conducted in the selected sites of the *terai* region has shown that the drug use patterns of these drug users were similar across the eight selected sites where the study took place. Although these IDUs were aware about the HIV risk, the idea of sharing injecting equipment was common in all the study sites. Even though the syringes are accessible at 5 NRs per piece, many of them would still share and clean the syringes with spit or water. Some of the IDUs do nothing to sterilize the equipment between uses (Peak et al, 2001).

However, after the recent education and training provided by the NGOs in these areas, some IDUs have claimed that they try to buy new needles after the training was provided. Needles/syringes were cleaned with hot water, spit or urine. The practice of cleaning/syringes and then re-packaging them for sale could put drug users at a high risk of infection. Various locations used for injecting were the arms, legs, hands/fingers and foot/toes. Some IDUs reported injecting in the groins and the neck when veins are not found while one reported injecting under his tongue (*Ibid*).

The sexual risk behavior of IDUs in these study sites was also explored. Most IDUs reported that their sex drive is decreased due to use of drugs, but they didn't deny that they were sexually active. Some claimed that when the intake of drug decreases, sexual desire also increases. Some of these IDUs traveled to other places to engage in sex. It was also reported that the community had a negative attitude towards IDUs and harassment, bribery, arrest and imprisonment by the police was also mentioned (*Ibid*).

1.3 Relevance of the Study

Though Nepal is considered a "low -incidence" country in HIV infections, recent seroprevalence data suggest that there has been a significant increase in HIV infections and STIs in the past five years. Also, estimates of the number of injecting drug users now run to several thousands with the strong impression among many informants that injecting drugs has increased a great deal in most recent years. The practice of injecting tidigesic and other pharmaceutical preparations is a relatively new phenomenon, but some of the NGOs estimate that as many as 15,000 persons in Nepal are now shifting from smoking and inhaling of mind-altering substances to injecting drugs.

This situation assessment is intended to gather useful information about high prevalence of HIV infections among injecting drug users (IDUs). Although the situation assessment focuses on IDUs, we feel that it is necessary to identify the wider category i.e. drug-users in general because recent evidence suggests that persons using less powerful drugs are increasingly adapting to injecting drugs. Therefore, one aspect of this situation assessment is to gather information about the varieties of drug users and their drug-use histories, particularly focusing on the IDUs.

1.4 Study Objectives

The objectives of this qualitative rapid ethnographic research are to explore and document the contexts and processes with systematic data on the locations, situations, and behaviors of drug users (with special attention to injecting drug users) in the area. These systematic descriptive data are intended to complement information from the behavioral surveillance survey (BSS). This Focused Ethnographic Study (FES) will

give needed qualitative, contextual information about specific locations of drug use, the types of people involved in those settings, and the various patterns of interactive characteristics in the different locations.

1.5 Research Questions

The study was guided by the following research questions among IDUs.

- i. What are the various locations and concentrations of drug users in the Kathmandu Valley area?
- ii. What are the variations in types or categories of drug users, and how do these types differ with regard to feasible intervention strategies? For example, some types of drug users, in some areas, are connected with relatively stable families, and possibly can be influenced through family and peer counseling activities.
- iii. What are the direct and indirect connections between the drug-users and commercial sex work? For example, to what extent do drug users utilize sex work to raise money for drugs? How many of the sex workers are drug users? Which ones?
- iv. What are the various patterns of “drug use careers,” particularly those leading to injecting drug use (IDU)? At what points in the drug use careers are there “openings” for interventions, counseling, and rehabilitation?
- v. What are the systematic networks in the drug use situations? That is, how stable and continuing are the groups of drug-sharing persons, particularly among the IDUs? How broad and changing are the networks of drug-sharing, drug-procuring, and related activities, including sexual relations?
- vi. What are the sex workers’, drug users’, and sex work clients’ perceptions and ideas concerning sexually transmitted infections, and possible prevention of infections including knowledge of HIV and possible prevention measures?
- vii. What are the current practices concerning prevention of STIs and HIV, and what are perceived to be the barriers to more effective risk-reduction?
- viii. What are current practices with regard to obtaining condoms and negotiating condom use in commercial sex transactions?
- ix. What are the patterns of treatment seeking for STIs among sex workers and drug users, and what are major barriers to effective treatment for STIs in these subgroups?

1.6 Methodology and Process

Ethnographic data gathering tools and processes were employed in the study. The main ethnographic tools included: informal interviews with NGOs working with IDUs; key informant interviews, social mapping, participant observation, free listing, severity and preference ratings, analysis of the networks of drug and injection sharing, and analysis of the pathways to injecting of drugs. In-depth interviews were used to

get details of daily drug use. Reviews of literature and secondary information collection constituted an additional component of the study.

1.6.1 Contacts with NGOs

A list of NGOs working with drug users was prepared by contacting several NGOs, INGOs, Social Welfare Council, NGOs section of the Chief District Office of Kathmandu and many individuals. NGOs that were frequently mentioned by these sources and organizations currently working with drug users were contacted. A letter describing the objectives and methodology of the study was circulated among all the relevant NGOs. This was followed by a brief interview with the key personnel of the organization. A prior appointment was made for the interviews. These organizations were contacted at the beginning of the study basically for two reasons. *First*, these organizations have a great deal of first-hand knowledge about the target populations: i.e. their locations, characteristics, and even estimates of their numbers in particular locations. Therefore, members of the NGOs were the first important informants in the data collection. *Second*, the outreach workers or volunteers in these NGOs were contacted, as they were instrumental in introducing the research team to persons in the target groups, in their local areas. Moreover, some friendly NGOs were requested to arrange one or more of their most knowledgeable members for interviews.

1.6.2 Social Mapping of Injecting Drug Users

The essence of social mapping is that informants in the target populations are asked to draw maps and indicate locations of relevant data while the interviewers try to play passive roles. The main purpose of social mapping in the present study was to map out the locations and concentrations of the IDUs in the Kathmandu Valley. Social mapping was carried out in the following stages:

Stage one: Social Mapping by NGO Personnel

In the very first stage of the study, 12 different NGOs and two government offices were visited to compile a list of the relevant NGOs whose work is connected with DUs. Four NGOs that are currently working with DUs in the Kathmandu valley were contacted and interviewed for mapping locations of IDUs. These NGOs personnel were requested to indicate the areas of drug use activities and give commentaries about the activities in each of the specific locations in the Kathmandu valley. They were provided a published tourist map for this purpose.

Stage two: Mapping by Key informants and Study Team

A detailed guideline for mapping was prepared by CREHPA during orientation training of the study team. The Kathmandu valley was divided into 13 locations (6 in Kathmandu, 3 in Lalitpur, 4 in Bhakatapur) based on the information of first level mapping with NGO personnel. Base maps were prepared by photo-enlargement of maps. The key informants in the field drew the locations that did not appear in the maps. A team of two-three (male and female) field researchers identified the potential key informants such as ex-drug users, hotel/restaurants owners, drivers, owner of a medicine shop, tea-stall operators, other vendors and local *dadas*. They talked to them

about IDUs and triangulated the information through observation and questioning of other key informants.

The sites mentioned by local key informants were reconfirmed through direct observation in most of the areas. Enlarged maps and interview guidelines were used for IDUs in each location. As mentioned in the guidelines, standard legends and symbols were used to depict the geographical distribution of IDUs. Other information such as names of locations, types of locations, number of IDUs per site, drug injecting hours, places for drug use and locations of dealers were depicted on the maps. Key locations with larger concentrations of IDUs were given special attention during mapping. The commentaries and descriptive interview materials about the locations on the maps were noted down in the diaries, expanded and presented in research team meetings. Specific language used with reference to features in the individual sites was recorded carefully and revised if necessary.

Stage three: Key Informant Interviews

Altogether 30 informal interviews with key informants were conducted during the mapping exercise. The outreach workers of NGOs, particularly those working with drug users, ex-drug users and tourist guides were the most useful informants. Other informants were the residents of that area who had knowledge about the locality and aspect of drug use. Interview guidelines were focused on information about drugs, locations, size, sources of drugs, drug-dealing sites/locations, organizational features of drug users and their relation with SWs. Careful notes were taken during the interviews and expanded as soon as possible. At the conclusion of the interview, a token gift of Rs500.00 (five hundred) and a letter of appreciation were given to all the key informants for their contribution to the study.

Stage four: Trangulation of IDU sites and Size Estimation

As mentioned above, the number of IDUs in each site were derived by interviewing local key informants comprising of ex-drug users, hotel/restaurants owners, drivers, an owner of a medicine shop, tea-stall operators, other vendors and local *dadas*. The information was triangulated through direct observation and interviewing of at least three-four key informants in each location. The researchers visited the areas several times to get the best estimated of IDUs in individual location. Since injecting drugs is a hidden behaviour, so solitary drug users (those who do not have groups or any connection with other drug users) were difficult to be identified.

Stage five: Finalization of Maps

As many as 32 maps of Kathmandu valley were prepared and documented separately. These maps were finalized and compiled into three "main maps" i.e a map for each district. A cartographer was hired for this purpose. These maps are compiled and presented as a separate report.

1.6.3 Free Listing

A productive open-ended interview technique is free listing, whereby the informants are asked to list items (e.g. all the problems of drug users). Often, the question of

interest needs some prompting or explanation (Campbell et al, 1999). Free listing is a useful tool in the beginning phases of data gathering, often for getting inventories of activities, persons and local vocabulary.

The free listing task was conducted with 35 drug users (10 non-injecting and 25 injecting drug users) on a range of key questions. The questions for free listing were initiated with ice breaking questions. For IDUs, topics such as general and health related problems, different types of drugs, associated social categories, injecting places, good and bad things about drug use, reactions from drug use and types of drug users were the main questions for free listing. These interviews also explored perceived opinions on the control of HIV transmission among IDUs.

1.6.4 Ratings

Ratings are gathered in a more systematic way (than free lists), using a set of items selected from free lists. The purpose of the procedure in the present study was to obtain data concerning drug users' perceptions of the relative seriousness (or severity) of their problems, relative difficulty in getting various drugs and their preferences of drugs. Rating was done with 23 injecting drug users. Researchers made an effort to conduct ratings with the same respondents as those who provided the free lists. However, it was not possible to contact all of them. Thus, some new IDUs were contacted for ratings. The respondents were given an incentive in return.

1.6.5 Pile-sorting

Pile sorting is a technique whereby informants systematically group items into categories. The items or concepts produced by the free lists are written on index cards (either in words or as pictures when working with illiterate informants) and respondents are asked to group the cards into separate piles so that items in one piles are more similar to each other than to the items in other piles (Campbell et al, 1999). The criteria for similarity are left to informants to decide. At the end of the sorting exercise, the informants are asked about the reasons for grouping in the particular piles. The reasons mentioned for grouping call attention to features or characteristics of which the researcher may not have been aware. In the present study, pile sorting was done with key informants, utilizing 20 drugs that were most frequently mentioned in the free lists.

1.6.6 In-depth Case Study Interviews

In depth interviews are usually the best means for getting extended narratives and descriptions of complex events, actions, and behaviors; along with the attitudes and knowledge/information connected with them. Altogether 42 in-depth case studies (38 male and 4 female) were conducted with injecting drug users. Owing to difficulty in contacting and getting time from non-injectors, in-depth interviews were not possible with them. The respondents for in-depth interviews were selected purposively. Campbell et al have suggested that one of the main advantages of purposive selection of the respondents is that a researcher can choose a small sample of great diversity. It also helps the researcher in selecting 'information-rich' cases or 'typical cases' with maximum variation in sampling, which provides depth understanding of research questions.

Although the field researchers were encouraged to use tape recorders for the interview, only 17 out of 42 respondents consented to be taped for the interview. Notes were taken as much as possible during the time of interviews and expanded immediately after the interviews. An individual was given more than one session for in-depth interviews. A separate office space in the heart of the Kathmandu city was provided to the study team to maintain confidentiality of the respondents and create an environment for free and frank responses. All the respondents were given Rs.300 cash as a compensation for their time and information.

1.6.7 Observation

Observation involves systematically watching people and events to find out about behaviors and interactions in natural environments (Mays and Pope, 1995). In the present study, observation was done on drug procurement and its preparation, syringe cleaning practices, sharing behaviors, environments of injecting places and other related data.

Several different approaches were employed to verify the collected information. Some of the methods used for triangulation were: checking key informant statements by visiting locations to “see for oneself”, trying to get key generalizations from at least two separately interviewed key informants, and asking them for specific examples. Information from interviews was also compared with the maps.

1.6.8 Drug users' Networking Data Gathering Process

As stated earlier, one of the main objectives of this study was to understand the networks of needle-sharing and related behaviors in groups of IDUs and to assess the risk factors for spread of HIV infections (and other infections), and to get a clear picture of the intervention possibilities among the drug users.

The networking data were collected during in-depth interviews with IDUs. Twenty-eight IDUs (26 male and 2 female) from 14 groups were interviewed for the purpose of obtaining networking data.

In the present study, a small group of moderately cooperative IDUs was identified with the help of key informants (mainly drug users) and good rapport was established with the group. The following steps were followed to obtain the networking data.

1. IDUs who shared drugs in the group (6-8 people) in the past one month were selected.
2. A list of all the “members of the network” was collected from two separate respondents. The following questions were asked to obtain this information:

"How many members/friends come together/assemble for injecting drugs?"

"Please tell the names of all the friends that assemble for maal/drugs?"

3. Open-ended interviews with two members of the group (separately) were conducted to get descriptive data concerning the group. The interview included questions about their recent history, changes in “membership”, contacts with other persons, sharing behavior, female members in the group and other details of network behaviors.
4. Descriptions about recent drug injecting events, particularly the lists of participants were collected from the two respondents.
5. After the interviews, with respondents from one group, the data from the two interviewers were crosschecked.

1.7 The Team Composition and Training

Altogether 16 research staff were hired and trained for the present study. Of them, four were Field Coordinators. The Field Coordinators were responsible for identification of key informants, facilitation of fieldwork, monitoring and reporting of progress to the Team leader. Most of the field researchers were postgraduates and experienced in conducting quantitative and qualitative research in sensitive issues of reproductive and sexual health. They were imparted 5 days (April 9-13, 2001) intensive training on the study objectives, ethnographic tools, mapping and rapport building. Guidelines for mapping were also developed in a participatory way during the training period. Training involved short lectures, role-plays, mock interviews, research walk and field trials. Resource persons involved in organizations working on harm reduction programs were invited from different organizations (New Era, GWP, LALS and FHI) to share their experiences in the related field. For the quality control of the data, core team members visited some selected sites and conducted triangulations of the information collected by the field researchers. Debriefing meetings were organized on every alternate day of the fieldwork. Necessary steps were taken for any problems that arose. One-day refresher orientation concerning specific data gathering techniques was also carried out.

1.8 The Research Instruments

As stated earlier, a detailed (step by step) guideline for social mapping was developed during the orientation training of the field researchers. This was modified during the actual fieldwork. A separate guideline was prepared for in-depth interviews with the key informants. Question frames were also prepared for the free listing, rating and matrices interviewing. During fieldwork, the field researchers had pasted the observation checklist in their diary. A detailed guideline for in-depth interviews with IDUs was also prepared.

1.9 The Fieldwork

The major part of the fieldwork was carried out from 19 April to 15 August 2001. Four teams, each team comprising of two-three researchers (male and female) were assigned to conduct fieldwork in the specified areas. The field researchers were accompanied and guided by the key informants during mapping, site locations and briefing about the study objectives to potential respondents of the study. The fieldwork was conducted in four stages. In stage I, social mapping was carried out for

IDUs. Free listing was carried out in the second stage of the fieldwork. Rating and in-depth interviews were conducted in the third and fourth stages.

The coordinators closely supervised the field researchers in order to control the quality of their work. Spot checks, observations in the same places and informal talks were carried out with selected informants. Debriefing meeting was organized on every alternate day to discuss the progress and problems faced during the actual fieldwork. Steps to be taken for next round of fieldwork was also discussed in the meeting. Revisits to selected IDU groups was undertaken towards the middle of the study period to assess the stability of the groups and also make certain follow-up assessments with the IDUs.

1.10 Data Management and Analysis

1.10.1 System Level among the Drug Users

“System level” among the drug users refers to the organized interrelations involved in obtaining drugs and the networks of drug dealings. Among the end users, there are informal cooperative arrangements in the purchasing and using of drugs. Drugs, such as heroin, are likely to have a complex network of drug dealing, reaching out to the international drug trafficking system. Our research didn't explore those wider ramifications, though it is very important that our understanding of the local drug use system includes recognition of the broader economic and political system.

1.10.2 Individual Level among the Drug Users

Individual level data on drug users were similar to the data from the sex workers, with a strong focus on individual histories of drug use. Therefore, in-depth case histories were a major data-gathering tool with both sex workers and drug users.

Table 1.1 shows the steps of data-gathering and management process in sequence of the present study.

Table 1.1 Data gathering location and data management process

| Location | Data Management |
|--|---|
| Face-to-face interview situation and observations in field sites | Researchers took down “kachcha notes,” as key words, phrases and sometimes -entire sentences during the interviews. |
| Immediately after interviews and observations | Researchers reviewed their notes; checked that they are legible; filled in some additional observations and other “remembered materials.” |
| Back at the workplace (or at home of researcher). | Expanded the “kachcha notes” into full sentences and descriptive details, including description of the interview situation, description of the informant and the sequence of information in the interview as fully as possible. Normally, the expanded notes are in the local language used in the interview itself. The core team members of the study read the expanded notes and provided feedback to the researchers. |
| At the Workplace | Expanded notes were translated into English and entered as a text file in the computer. |
| At the Workplace | The field researchers read out the print out of English language interview file; and made corrections and additional comments or explanations. |
| At the Workplace | The field researcher marked the copy with appropriate codes for each segment of the text using ATLAS/TI computer software |
| Workplace, data entry person | The Data Entry person entered the appropriate codes into the interview file, using the ATLAS/ti program, and the agreed on Code List. |

Information collected in free-listing, rating and matrices were analyzed by using ANTHOPAC computer software. Data on networking of IDUs was analyzed by using UCINET for windows and the KrackPlot program. Table 1.2 shows the major data gathering tools and methods of analysis used in this study.

Table 1.2 Data gathering tools and method of analysis

| Information Gathering tools | Analysis tools |
|---|---|
| Mapping | Final Maps were drafted and finalized by a cartographer |
| In-depth interviews with key informants | Entered into the computer as a text file and analyzed by using ATLAS/ti program |
| Free listing/Rating/Matrices | ANTHROPAC |
| Data on Networking of IDUs | ANTHROPAC/Ucinet for Windows/KrackPbt |
| In-depth interviews with IDUs | ATLAS/ti |

1.11 Ethical Consideration

Participants involved in the study were fully informed about the nature of the study. They were told about the study objectives, nature of the participant's involvement and

confidentially of the data. Information obtained from the respondents was kept confidential and not presented in the form that disclosed individual identities. Cultural and gender sensitivities were honored at all stages of the study. The interviewers were instructed to discuss with the IDUs in a non-judgmental manner. The names of the respondents have been changed to maintain confidentiality.

1.12 Obstacles Encountered

During the initial phases of the fieldwork, NGOs working with IDUs were quite reluctant to share their information with the research team. Most organizations cooperated after repeated contacts with them. Two NGOs offering services to the IDUs refused to share their information with the research team. However, these NGOs were invited in the orientation training of the field researchers and requested to give a brief lecture on their program and the situations of drug users in their project areas.

Another problem faced during the fieldwork was that the guide/key informants frequently failed to keep appointments with the researchers. Therefore, it was very time consuming to carry out in-depth interviews with IDUs. As mentioned earlier, key informants were given a letter of appreciation and Rs. 500 for their contribution in the study. As some of the key informants were ex IDUs as well as those under treatment, the NGOs working in rehabilitation of IDUs discouraged the study team from giving such incentives to them lest they would use the money to buy drugs.

Chapter 2

MAPPING AND NETWORKING OF INJECTING DRUG USERS

A high prevalence rate of HIV and AIDS cases among injecting drug users (IDUs) is causing increasing concern in Nepal. Given that risk behaviours and vulnerability which promote, facilitate and fuel HIV transmission are present among IDUs, the potential for further spread is significant. The present chapter presents the ethnographic data regarding geographical concentration of injecting drug users (IDUs), their population and drug injecting and syringe sharing behaviours. The networking of IDUs, group stability as well as sexual behaviours of both male and female IDUs are also described in this chapter.

2.1 *Mapping of Injecting Drug Users*

2.1.1 *Locations and Concentration of IDUs*

In the process of social mapping, CREHPA identified 162 sites in Kathmandu valley (Kathmandu-99, Lalitpur-43 and Bhaktapur-20) where drug taking or sharing were taking place. The IDUs were mostly seen in public places such as open ground, temples, alleys, pool houses, riverbanks, public toilets, cinema halls, *paatis* and *bahals* (open spaces in the middle of houses).

In Kathmandu, Maitidevi chowk, Charkhal chowk (Dillibazar), Kumari cinema (Dhobidhara), Charkhal (Kamal Pokhari), Nagpokhari (Naxal), Mali Gaun, Gyaneshwor, back side of the police head quarter (Naxal), around Bhatbhateni Temple (Bhatbhateni), Bishal Nagar, Thamel, Chihaan dada (Jorpati), near Aradhana cinema hall (Jorpati), Chuhhe pati, Chabhil, Pode tole (Tilganga), Min Bhawan college (Minbhawan) Tara cinema hall (Sinamangal), Prayag Ghat (Bhim sen gola), Milan chowk (Bhim sen gola), Bhatkekopul (Snakhamul), Near seto Ganesh temple (Buddhanagar), Mahadevtar Gangabu), Balaju bypass, Baluwa Khani (Gangabu), Near Samakhusi children park, Kumari temple, Stone tap beside the hostel of Amrit science college, Balaju industrial estate, temple near Bansbari, Pool house in front of DJ cabin restaurant, Lucky stick pool house, new sparkle pool house, perfect snooker pool house with gym, Bansighat (river bank of Bagmati-slum area), open ground (near to Nilabarahi school of women's college-Tahachal), Bank of Bishnumati river (Bhimsenthan), Freak street (Jonchhe), Balkhu, Soaltee mode, Pachhali Ghat (Kalo pool), Public Toilet (Opposite to electricity authority-Ratnapark), Mahankal temple Kankeshowri Mandir (Kankeshowri), Pode tole (Dhalko), Thaiti Chowk (Thaiti) are the major places of concentration of IDUs.

As per social mapping, the female IDUs were identified relatively in few areas such as Thamel area, Siphel, Bhimsengola, Basantapur area, Kalo pool area, pode tole-dlako, Mahankal temple etc. Similarly in Lalitpur, the IDUs are concentrated in Patan Durbar Square, Saugal, Chapat, Subhal, Lukushi, Sundhara, Pryag Pokhari, Swatha, Gabhal, Chkupati, Chyasal, Patan Industrial area, Gwarku (Guna cinema hall), Mahalaxmishthan temple, Prasai ghat, and Sanepa (besides Gems School). Only two places in this district were branded for the concentration of female IDUs (Chapta and Prayag Pokhari). Bhaktapur Durbar Square, Inachu temple, Golemadi tole, Pokhari

temple, Town planning (Kamal Binayak), Temple area (Bramayani), Maheshwori Pith, Barahi Pith, and Surya Binayak Temple are the main areas of IDUs in Bhaktapur. The female IDUs were identified in three places of Bhaktapur (Sukuldhoka Pati, Barahi Pith and Surya Binayak Pith).

2.1.2 Locations for Drug Supply

Altogether 21 locations in the Kathmandu valley have been identified as locations of drug supplies (9 in Kathmandu, and 6 each in Lalitpur and Bhaktapur districts). The majority of the IDUs have their injecting sites located close to these sites. For instance, 54 out of 99 injecting sites in Kathmandu, 22 out of 33 sites in Lalitpur and 12 out of 20 sites in Bhaktapur are located around the supply sites identified in the mapping. The locations for drug supply and the concentration of injecting sites of IDUs is presented in *Appendix 2.1*.

Most of the respondents referred to ex-drug suppliers or dealers. Neither professional injection providers nor "shooting galleries" are found in the valley. However, a few respondents mentioned that some drug dealers also provide injecting service to their clients when they come to purchase drugs at their place.

2.1.3 Size estimation of IDUs By New ERA and CREHPA

New ERA and CREHPA carried out the size estimation of injecting drug users independently. Since the nature of the study was different, the size estimation of IDUs and mapping sites also varied. CREHPA had identified 162 sites and New ERA 266 sites where drug injecting and sharing were found to be taking place. Therefore, these two organizations came together to finalize the estimated numbers of IDUs in Kathmandu Valley. With help of maps depicting these sites and the number of IDUs identified per site, the field researchers from both organizations noted down the common sites they had visited and listed out separately the sites not covered by either of the organizations. The size of IDUs identified at each of the common sites was matched and the ones having the higher number was accepted. These numbers (from each combined site) and the number from those sites new sites (not covered by either of the organizations) were added to estimate the IDU population. The outcome of the estimation was 291 sites and the total number of IDUs estimated was 4399 (4261 male and 138 female).

2.1.4 Meeting Time of IDUs

In the social mapping, the key informants were asked to mention the times when IDUs could be seen or gathered in the identified locations. It was observed during the fieldwork and also mentioned by the key informants that IDUs usually gathered in certain places after injecting drugs to chat with their friends and make plans for the next shot of drugs. According to the key informants, IDUs could be seen in the morning and evening in 47 out of 162 (27%) locations. In 31 locations, IDUs met in the evening whereas in 27 places, they got together only in the morning hours. Similarly, in 28 locations, they could gather at any time.

2.2 Drug Injecting Behaviour

2.2.1 Characteristics of the respondents of in-depth interviews (N= 42)

The age of respondents covered for the in-depth interviews (Kathmandu-26, Lalitpur-12 and Bhaktapur-4) ranged from 17 to 39 years. The majority of these IDUs (25 out of 42) were between 17 to 29 years of age. Ethnicity wise, nearly two fifths were Newars (16 IDUs). Other major castes were Chhetri (8) Magar (7) Tamang (6) (Table 2.1).

As regards to their marital status, the majority of the respondents (19 out of 42) reported being single. Seventeen respondents were married and had children, and six of them were either divorced or separated.

Nineteen of the respondents (45%) had acquired secondary level of education (8–10 class).

Eight reported that they had primary level of education (1-5 class) and 7 were graduates. Only four of the IDUs interviewed were illiterate.

Table 2.1 Distribution of IDUs according to their caste/ethnicity and age

| Age | Newar | | Chhetri | | Magar | | Tamang | | Gurung | | Muslim | | Sherpa | | Brahmin | | Rai | | Total | |
|-------|-------|---|---------|---|-------|---|--------|---|--------|---|--------|---|--------|---|---------|---|-----|---|-------|---|
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| 17-19 | 2 | - | - | 1 | 3 | - | - | - | - | - | - | - | - | - | - | - | - | - | 5 | 1 |
| 20-24 | 3 | - | 1 | - | - | - | 1 | - | - | - | 1 | - | - | - | 1 | - | - | - | 7 | - |
| 25-29 | 7 | - | 2 | 1 | 2 | - | 1 | 2 | - | - | - | - | - | - | - | - | 1 | - | 1 | 3 |
| 30-34 | 4 | - | 1 | - | 1 | - | 1 | - | 1 | - | - | - | 1 | - | - | - | - | - | 9 | - |
| 35-39 | - | - | 2 | - | 1 | - | 1 | - | - | - | - | - | - | - | - | - | - | - | 4 | - |
| | 16 | | 8 | | 7 | | 6 | | 1 | | 1 | | 1 | | 1 | | 1 | | 42 | |

2.2.2 Types of drugs used

Twenty-five informants were selected from different parts of the valley area (Kathmandu -13, Lalitpur-11, Bhaktapur-1) and asked to list all the different types of drugs (including alcohol). The question asked was: "What are all the different types of drugs (including alcohol) used by the people like you?" It is amusing to find that 65 different types of substances such as alcoholic drinks, cough formula, tidigesic and brown sugar are used by drug users in the valley (both injecting and non-injecting drugs). Because of the clandestine nature of drug supplies, each type of drug has local names (or code words). For example, tidigesic - the most popular drug among IDUs - is known by five or six different names such as "chiya" (tea), beer, tt or td, tidi, ampoule or "samman" (item). Likewise, brown sugar is called "daal", 'maal' brown, 'b', dhulo, pitho etc.

Table 2.2 & 2.3 present the list of top 20 and top 15 drugs used by both injecting and non-injecting drug users of Kathmandu valley. As the tables show, three most commonly mentioned drugs are tidigesic, brown sugar and nitrosun. "Cocktail" of cough mixtures (formula) such as codeine, effidein and phenergen with nitrosun, diazepam and calmpose were also frequently mentioned by drug users (both injecting and non-injecting). Brown sugar, nitrosun, tidigesic (tablet), marijuana and white sugar are the top five most commonly mentioned drugs in the listings of non-injecting

drug users. *Appendix 2.3* presents the lists of the all the substances mentioned by non-injecting drug users while *Appendix 2.4* shows the list of drugs mentioned by male IDUs.

Table 2.2 Types of drugs used by the IDUs (n=25)

| <i>S.N</i> | <i>Name of drugs</i> | <i>Local term</i> | <i>Frequency</i> | <i>% of Responses</i> |
|------------|----------------------|---|------------------|-----------------------|
| 1 | Tidigesic | <i>Chiya, beer, T.T., T.D., T., Ampoule, Samman, tidi</i> | 24 | 96.0 |
| 2 | Brown Sugar | <i>Daal, maal, brown, B., B.S, dhulo, pitho, powder</i> | 22 | 88.0 |
| 3 | Nitrosun | <i>Sun, gham, N., makai, bhatmas, tab</i> | 21 | 84.0 |
| 4 | Ganja | <i>G., pop, grass, joints, tof., marijuana</i> | 21 | 84.0 |
| 5 | Chares | <i>Hess, black, disk, dhikka</i> | 14 | 56.0 |
| 6 | White sugar | <i>White</i> | 13 | 52.0 |
| 7 | Phensydyle | <i>P., PH, fruti, dhahi</i> | 12 | 48.0 |
| 8 | Calmpose | - | 10 | 40.0 |
| 9 | Diazepam | <i>Ghyampo</i> | 9 | 36.0 |
| 10 | Codeine | <i>Chakki</i> | 9 | 36.0 |
| 11 | Phenargan | - | 9 | 32.0 |
| 12 | Cocaine | - | 9 | 32.0 |
| 13 | Pooxyvm | - | 8 | 28.0 |
| 14 | Effidin | - | 7 | 28.0 |
| 15 | Smak | - | 7 | 28.0 |
| 16 | Volium 10 | <i>Daalmada</i> | 7 | 24.0 |
| 17 | LSD | <i>Loosing sentimental dreams, acid paper</i> | 6 | 24.0 |
| 18 | Nitrovate | <i>Makai, bhatmas, gedagudi, tab, goti</i> | 6 | 20.0 |
| 19 | Opium | - | 5 | 20.0 |
| 20 | Fortwin | - | 5 | 20.0 |

Table 2.3 Types of drugs used by non-injecting drug users (n=10)

| S.N | Name of drugs | Local term | Frequency | % of Responses |
|-----|-----------------|---|-----------|----------------|
| 1 | Brown Sugar | <i>Daal, maal, brown, B., B.S, dhulo, pitho, powder</i> | 10 | 100.0 |
| 2 | Nitrosun | <i>Sun, gham, N., makai, bhatmas, tab</i> | 10 | 100.0 |
| 3 | Tidigesic (tab) | <i>Chiya, beer, T.T., T.D., T., Ampoule, Samman</i> | 9 | 90.0 |
| 4 | Ganja | <i>G., pop, grass, joints, tof., marijuana</i> | 8 | 80.0 |
| 5 | Chares | <i>Hess, black, disk, dhikka</i> | 7 | 70.0 |
| 6 | Phensydyle | <i>P., PH, fruti, dhahi</i> | 6 | 60.0 |
| 7 | Codeine | <i>Chakki</i> | 6 | 60.0 |
| 8 | Darbin | - | 4 | 40.0 |
| 9 | Dendrite | - | 4 | 40.0 |
| 10 | Phenergren | - | 4 | 40.0 |
| 11 | Nitrovet | - | 3 | 30.0 |
| 12 | Nitropam | - | 3 | 30.0 |
| 13 | Cocaine | - | 3 | 30.0 |
| 14 | Calmpose | - | 3 | 30.0 |
| 15 | Opium | - | 3 | 30.0 |

2.2.3 Association between Types of Drugs and Social Category of IDUs

The free list technique was also used to understand the associations between the types of drugs and the social categories of IDUs. The following question was asked in the free list exercise.

"Which types of drug/drugs use do you associate with each of the different social categories?"

The result of the free list for the above question is presented in Table 2.3. Almost all IDUs use tidigesic because of its cheap price and accessibility. IDUs perceive that brown sugar and white sugar are used by a certain categories of people like office workers, professionals, drivers and rich people. Low-income people such as street boys, labors and students do not use expensive drugs like white sugar, brown sugar, cocaine and heroin. Key informants believed that sex workers use alcohol along with tidigesic because they can't afford expensive drugs.

"Yes, I used to take tab (nitrosun), ganja, and chares along with tidigesic. I also drank chhyang (local beer) and Gill Marry (a kind of vodka). I still take all these things along with tidigesic. This gives more trips with little money"

(Sita, 17 years, drug dealer and occasionally sells sex for money)

"I like brown but this is very expensive. One gram cost Rs.600 and it is sufficient only for two days. I started taking tidi because it's cheap. Tidi is nice in all ways because it is cheap and gives a nice trip. But brown is better in trip." (Chakra, 25 years, unemployed)

Table 2.4 Types of drugs used according to the social category of IDUs (N=25)

| S.No. | Types of IDUs | Types of drugs |
|-------|--|--|
| 1. | Sex workers | Alcohol (<i>Rakshi</i>), Brown Sugar, Tidigesic, Morphin, Heroin and Tablets like Nitrosun. |
| 2. | Office Workers | Tidigesic, Brown Sugar, Alcohol, Marijuana (<i>Ganja</i>), Hashish (<i>Chares</i>), Cigarette (<i>Churot</i>), Phensydyle, LSD paper, Opium, Smack, Fortwin and Tablets like Nitrosun, Calmpose. |
| 3. | Rich People | Brown Sugar, Tidigesic, White Sugar, Alcohol, Marijuana, Smack, Formula, LSD paper, Cocaine, Hashish and tablets like Nitrosun. |
| 4. | Unemployed people | Tidigesic, Marijuana, Brown Sugar, Alcohol, Hashish, White Sugar and tablets like Nitrosun |
| 5. | Street Boys | Tidigesic, Nitrosun, Marijuana and Hashish |
| 6. | Professional people (Doctors, Teachers, Lawyers, Engineers, Contractors etc) | Tidigesic, Brown Sugar, Alcohol, Marijuana, Cocaine, White Sugar, Formula, Morphin and tablets like Nitrosun, Calmpose. |
| 7. | Shopkeepers | Tidigesic, Brown Sugar, Marijuana, Hashish, Alcohol and tablets like Nitrosun, Calmpose |
| 8. | Labourers | Tidigesic, Marijuana, Hashish, Fortwin, Avil and tablets like Nitrosun, Valium 10, Nitropam, Calmpose etc. |
| 9. | Drivers | Tidigesic, Brown Sugar, Marijuana, Alcohol, Hashish, White Sugar, and tablets like Nitrosun, Methadon. |
| 10. | Student | Tidigesic, Marijuana, Hashish, Alcohol, Tipex, Iodex, Lizard's tail, Boot Polish, Cigarette, Beer, Chewing Tobacco and tablets like Nitrosun, Effidien, Codin, Phenargen, Valium 10 etc. |
| 11. | Carpenter, farmer etc | Tidigesic, Alcohol, Marijuana, Hashish and tablets like Nitrosun, Valium 10. |

2.2.4 Injecting Places

IDUs listed as many as 45 different drug-injecting places. According to the free lists, the most common injecting places of IDUs were their own house, public places such as public toilets, bush/forest, temples and open grounds. The field researchers observed that drug users were also seen taking drugs under the shade of newly constructed houses, under bridges, etc.

Table 2.5 Types of drug injecting places mentioned by the IDUs in the freelist exercise (N=22)

| S.N. | Drug Injecting Places | | Frequency | % |
|------|-----------------------------|------------------------------|-----------|----|
| | ENGLISH | NEPALI | | |
| 1 | At home | <i>Aafno ghar ma</i> | 18 | 82 |
| 2 | Public toilet | <i>Public toilet</i> | 17 | 77 |
| 3 | Thick bush | <i>Jhadi</i> | 14 | 64 |
| 4 | Temple | <i>Mandir</i> | 12 | 55 |
| 5 | Lane | <i>Galli</i> | 12 | 55 |
| 6 | Open ground | <i>Khulla maidan/chaar</i> | 10 | 45 |
| 7 | Isolated places | <i>Ekanta thau</i> | 9 | 41 |
| 8 | On the road | <i>Bato ma</i> | 7 | 32 |
| 9 | Campus/school toilet | <i>Campus/school toilet</i> | 6 | 28 |
| 10 | Nook and corner | <i>Kuna kapcha</i> | 5 | 23 |
| 11 | Irrigated field | <i>Khet bari</i> | 5 | 23 |
| 12 | On the bank of river | <i>Khola ko kinar</i> | 4 | 18 |
| 13 | An old house | <i>Purano ghar</i> | 4 | 18 |
| 14 | Park | <i>Park</i> | 4 | 18 |
| 15 | Friend's house | <i>Saathi ko ghar</i> | 4 | 18 |
| 16 | Inside of the vehicle | <i>Gadi bhitra</i> | 3 | 14 |
| 17 | School | <i>School</i> | 3 | 14 |
| 18 | Jungle | <i>Jungle</i> | 3 | 14 |
| 19 | Dealer's house | <i>Dealer ko ghar</i> | 2 | 9 |
| 20 | Snooker house | <i>Snooker house</i> | 2 | 9 |
| 21 | Under construction building | <i>Banaudai gareko ghar</i> | 2 | 9 |
| 22 | Campus | <i>Campus</i> | 2 | 9 |
| 23 | Cabin restaurant | <i>Cabin restaurant</i> | 2 | 9 |
| 24 | Around the Hospital | <i>Hospital ko wari pari</i> | 2 | 9 |

2.2.5 Accessibility Ratings of Drugs

Accessibility ratings of drugs were collected from 23 IDUs in various locations of the Kathmandu valley. Of the 65 drugs cited by IDUs during the freelist task, the top 20 most frequently mentioned drugs were selected for this interview. IDUs were asked about the extent of availability of these 20 types of drugs and the reasons for ranking them as high, medium or low accessibility. They were also asked to explain the reason for rating specific drugs as high, medium or low accessibility.

The results show that marijuana (ganja), tidigesic, hashish (chares), nitrosun and diazepam were reportedly the top five easily accessible drugs in Kathmandu valley. Calmpose was rated as 'medium' by 10 and 'high' by 9 out of 23 respondents. On the other hand, nitrovet was rated as both 'high' and 'medium' by 10 respondents each. Drugs like white sugar, fortwin, morphine, magic mushroom, heroin, cocaine and opium were less accessible. Brown sugar was ranked medium in the accessibility rating. In terms of aggregate rating scores, marijuana (total score 67) received the highest rating followed by tidigesic (62) and hashish (62).

A large number of the IDUs did not know about the availability of some drugs like magic mushroom (11 out of 23 IDUs) and Effideine (10 out of 23 IDUs) and also calmpose (7 IDUs), fortwin (7 IDUs) and avil (7 IDUs) since they had never used those drugs. (Table 2.6)

Table 2.6 Ratings of the availability of drugs

| S.No. | Types of Drugs | IDUs (N=23) | | | | Total Score (Rank) |
|-------|----------------------------|-------------|------------|---------|----------------|--------------------|
| | | High (3) | Medium (2) | Low (1) | Don't Know (0) | |
| 1. | Marijuana (<i>Ganja</i>) | 21 | 2 | - | - | 67(1) |
| 2. | Tidigesic | 17 | 6 | - | - | 63(2) |
| 3. | Hashish (<i>Chares</i>) | 17 | 5 | 1 | - | 62(3) |
| 4. | Nitrosun | 16 | 6 | 1 | - | 61(4) |
| 5. | Diazepam | 12 | 7 | 4 | - | 54(5) |
| 6. | Nitrovet | 10 | 10 | 3 | - | 53(6) |
| 7. | Formula | 14 | 3 | 3 | 3 | 51(7) |
| 8. | Valium 10 | 13 | 4 | 4 | 2 | 51(8) |
| 9. | Codin | 12 | 5 | 5 | 1 | 51(9) |
| 10. | Calmpose | 9 | 10 | 3 | 1 | 50(10) |
| 11. | Brown Sugar | 8 | 9 | 6 | - | 48(11) |
| 12. | Avil | 11 | 2 | 3 | 7 | 45(12) |
| 13. | Effidien | 10 | 2 | 1 | 10 | 35(13) |
| 14. | Heroin | 3 | 2 | 17 | 1 | 30(14) |
| 15. | White Sugar | 2 | 4 | 16 | 1 | 30(15) |
| 16. | Fortwin | 5 | 3 | 8 | 7 | 29(16) |
| 17. | Opium | 1 | 5 | 15 | 2 | 28(17) |
| 18. | Morphin | - | 6 | 10 | 7 | 22(18) |
| 19. | Cocaine | - | 1 | 20 | 2 | 22(19) |
| 20. | Magic Mushroom | - | 2 | 10 | 11 | 14(20) |

Reasons for ranking some drugs as 'easily accessible' were: '*manufactured or grown in Nepal*', '*no difficulty in buying from pharmacy or medical shops*', '*anybody can easily provide it*', '*can easily buy from border area*', '*dealers can provide*', '*drugs like marijuana are cheaper than others*', etc. Due to high price', '*have to be imported from other countries*', '*some drugs are banned in Nepal*', '*due to strict law*', '*not easily available*' are the reasons cited by the IDUs for low accessibility of drugs. For example, one of the respondents said:

"Smack became expensive day by day. Police were seizing the drugs. Law has become tougher. The thing that would cost Rs. 10 earlier cost Rs. 100 now. Three packets would cost me Rs.300." (Ganesh)

2.2.6 Consensus Analysis of Availability Ratings of Drugs

Consensus analysis is a mathematical testing of the extent to which a group of persons interviewed have a common understanding of the topic about which the data were gathered. In the consensus analysis, using the software program, ANTHROPAC, it is generally agreed that the first factor emerging in the factor analysis must be at least three times as big as the second factor, to demonstrate the presence of cultural consensus.

It is evident from Table 2.7 that the respondents generally had more or less the same opinion in regards to the extent of accessibility of the drugs.

Table 2.7 Consensus analysis on availability of the Drugs

| Factor | Value | Percent | Cum % | Ratio |
|--------|-------|---------|-------|-------|
| 1 | 12.12 | 69.4 | 69.4 | 3.54 |
| 2 | 3.43 | 19.6 | 89.0 | 1.78 |
| 3 | 1.93 | 11.0 | 100.0 | |
| Total | 17.52 | 100.0 | | |

Respondent Reliability = 0.954

2.2.7 Preference Ratings of Drugs

Preference ratings were conducted in order to understand the preferred choices of drugs among the IDUs. The same respondents who replied to the accessibility question were approached for preference ratings. The same list of 20 drugs was used. Each respondent was asked to give his preferences among the 20 drugs, assuming he had enough money to pay for them. The following question was asked:

"Kindly, tell us your preferences of drugs if you have money to buy them. Will you give high preference to this (name) drug or will you give medium or low preference if you have money to buy them?"

"Why have you ranked as high/medium/low preference concerning this drug?"

Table 2.8 shows that brown sugar, white sugar, heroin, cocaine and opium are the most preferred drugs. On the other hand, marijuana, hashish, diazepam, fortwin, calmpose, morphine, magic mushroom, formula, codeine, effidien, avil, valium 10 and nitravet are the least preferred drugs. It is interesting to know that drugs like tidigesic, marijuana and hashish are less preferred despite being easily accessible. IDUs made it clear that they would prefer to take white sugar, brown sugar and other expensive drugs if they have money. IDUs perceive that they commonly use tidigesic because of its low price.

"You know it well that I inject 8ml in a day so I inject brown occasionally. If I have sufficient money then I inject brown sugar some days otherwise I always inject tidigesic. I would like to inject brown sugar daily but I cannot afford. That is why I inject tidigesic daily." (Mohan)

"I used tidigesic for the first time around three or four years' back. I hardly used it because I did not get any trip. So, I don't use it daily now also." (Krishna)

IDUs prefer drugs like white sugar and brown sugar because less quantity is sufficient, they give "more trip" (for longer period), they are stronger than other drugs, and give more satisfaction. Also, they do not have to go through the trouble of injecting; one can either inject or pull/sniff.

"Just for a new taste and a higher trip. White gives more trips than brown. When we use white or fix it, we need not take Vitamin C. Cocaine, morphine. LSD paper give a different taste and trip. Among the various drugs that I have used, LSD paper is the hardest drug. Taking it once gives trip for the whole day." (Krishna)

On the other hand, drugs like marijuana and hashish are least preferred because they only kill their sickness without giving a good trip. Moreover, they sometimes make the users aggressive. Thus they are only used as substitutes when preferred drugs are not available.

Table 2.8 Scoring and ranking of the preference of drugs

| S. No. | Types of Drugs | IDUs (N=23) | | | | | Total Score (Rank) | Rating |
|--------|----------------------------|-------------|------------|---------|----------------|--------|--------------------|--------|
| | | High (3) | Medium (2) | Low (1) | Don't Know (0) | | | |
| 1. | Brown Sugar | 20 | 1 | 2 | - | 64(1) | *** | |
| 2. | White Sugar | 18 | 1 | 3 | 1 | 59(2) | *** | |
| 3. | Heroin | 14 | 4 | 5 | - | 55(3) | *** | |
| 4. | Cocaine | 15 | 1 | 6 | 1 | 53(4) | *** | |
| 5. | Opium | 12 | 4 | 6 | 1 | 50(5) | *** | |
| 6. | Nitrosun | 5 | 10 | 8 | - | 43(6) | ** | |
| 7. | Tidigesic | 4 | 12 | 7 | - | 43(7) | ** | |
| 8. | Nitrovet | 5 | 6 | 12 | - | 39(8) | * | |
| 9. | Marijuana (<i>Ganja</i>) | 4 | 6 | 13 | - | 37(9) | * | |
| 10. | Hashish (<i>Chares</i>) | 2 | 6 | 15 | - | 33(10) | * | |
| 11. | Calmpose | 2 | 4 | 16 | 1 | 30(11) | * | |
| 12. | Valium 10 | 1 | 6 | 13 | 3 | 28(12) | * | |
| 13. | Codin | - | 6 | 16 | 1 | 28(13) | * | |
| 14. | Diazepam | - | 5 | 18 | - | 28(14) | * | |
| 15. | Magic Mushroom | 6 | - | 7 | 10 | 25(15) | * | |
| 16. | Fortwin | 1 | 6 | 9 | 7 | 24(16) | * | |
| 17. | Formula | - | 5 | 14 | 4 | 24(17) | * | |
| 18. | Morphin | 1 | 5 | 10 | 7 | 23(18) | * | |
| 19. | Avil | 1 | 3 | 13 | 6 | 22(19) | * | |
| 20. | Effidien | - | 4 | 12 | 7 | 20(20) | * | |

* Low, ** Medium and *** High

Table 2.8 shows that brown sugar, white sugar and heroin are the three most preferred drugs. Despite the fact that tidigesic is widely common among IDUs, it was ranked seventh in the preference ranking. This further confirms that tidigesic is certainly not the choice but a compulsion of IDUs.

During the freelist exercise, only two respondents mentioned that they have heard about magic mushroom. However, it was a highly preferred drug among the respondents who had heard about it. They perceived that magic mushroom gave good trip and was stronger than other drugs. Tourist guides, bank employees and other service holders were among the IDUs who preferred magic mushroom.

2.2.8 Consensus Analysis on the Preference Rating

In consensus analysis (modeling), factor analysis produced a first factor that is 3.58 times as large as the second component. Therefore the consensus model demonstrates

that there is a high level of agreement among the IDUs concerning their drug preferences.

Table 2.9 Consensus analysis on the preference rating of drugs

| Factor | Value | Percent | Cum % | Ratio |
|--------|-------|---------|-------|-------|
| 1 | 10.19 | 69.5 | 69.5 | 3.58 |
| 2 | 2.85 | 19.5 | 88.9 | 1.75 |
| 3 | 1.63 | 11.1 | 100.0 | |
| Total | 14.67 | | | |

Respondent Reliability = 0.923

2.2.9 Pile Sorting of Drugs

Pile sorting was used to learn about the IDUs perceptions of "categories" or similarities and differences among the types of drugs. Out of 65 different drugs, the top 20 drugs were used for the Pile Sorting exercises. The informants (n=25) were instructed:

"Kindly, group the cards (with name of the drug) into separate piles so that items in one piles are similar to each other, and different from other piles?"

" Why do you think drugs of this pile are similar?"

Figure 2.1 shows the cognitive map of similarities of the drugs as conceptualized by the respondents. The cognitive map that emerged from the pile sorting interviews paints a picture in which white sugar, brown sugar, cocaine and opium are grouped as one. *'These drugs give longer trip', 'all are costly', 'not easily available', etc.* are the reasons for grouping these drugs as one. Likewise, calmpose is associated with codeine, effidien, avil, diazepam and valium 10 since all these drugs are in tablet or syrup form, easily available and used to make formula.

Magic mushroom is placed separately from all the other drugs. The reasons cited by the respondents for placing it separately are as such: *'It is different from all the other drugs', 'not made artificially', 'nature's gift' and 'imported from foreign countries'.*

Marijuana (*ganja*) is associated with hashish (*chares*) because the respondents perceive that both the drugs are easily available, give the same types of trips, made from same plant and are available at low cost.

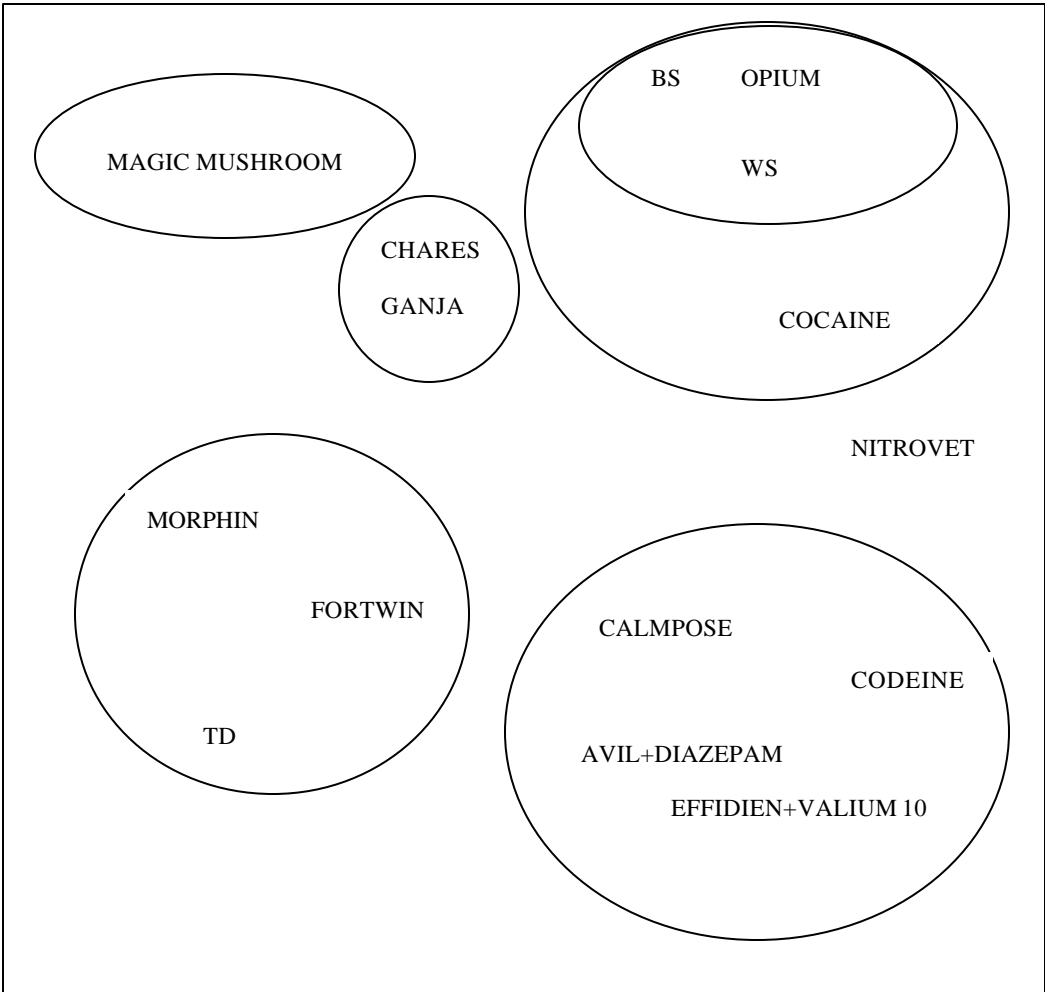
Consensus analysis was conducted to test if the IDUs, who grouped the different types of drugs, were in general agreement about the similarities and difference among the drugs. The first factor in this analysis was found to be 6.90 times larger than the second factor. This demonstrates that key informants have the same views about the similarities among the drugs.

Table 2.10 Consensus Analysis on the pile sorts of drugs

| Factor | Value | Percent | Cum % | Ratio |
|--------|-------|---------|-------|-------|
| 1 | 3.22 | 87.3 | 87.3 | 6.9 |
| 2 | 0.47 | 12.7 | 100.0 | |

| | | | | |
|-------|------|--|--|--|
| Total | 3.69 | | | |
|-------|------|--|--|--|

Figure 2.1 Non-Metric Multidimensional Scaling of Drugs Used



2.2.10 Drug Injecting Groups and Sharing Behavior

Most IDUs have their own injecting groups, ranging from 3-15 persons. However, some members in each group are connected with other groups to share syringe and drugs. Moreover, individual drug users do not always stay in the same group for long periods. Revisits to the 16 groups studied in the early phase of the project showed that except in one group, there was considerable turnover of the group members.

Drug injecting and sharing varies throughout the day and from day to day. The normal injecting practice of an IDU starts with injecting at their homes or in secluded places in the morning. The first injection in the morning is usually alone. During the daytime and evening the IDUs are usually with members of their drug-using group. Many injectors take a last dose at home before going to sleep. Injecting drug users often seek out friends for sharing the cost of drugs, as individually they are often short of money.

The injecting behaviors of IDUs shows that some group members are quite careless about the risks of contracting HIV infection, especially when they are in an intense need of the next dose of drugs. Some respondents have reported that they knowingly used the syringe of a person known to be HIV positive. On the other hand other IDUs said that the HIV person in their group must always be the last person to inject.

"I often shared needles in this group (my own group), but Prakash, Gautam and Raj are my best friends so I always share needle with them [within the group]. I also go to the next group of Bikram, Naresh and Gobind sometimes and share both needle and drugs with them. Sometimes these three guys also come to my group and Bikram shares needle with me, Raj, Gautam and Madan. Naresh shares with me and Madan only and Gobind shares needle with Madan only. I sometimes go to another group in Mangal Baazaar. There are four guys in the group, they all are tourist guides.

I share syringes with other groups also. I used to go to Tilganga, Jaya Nepal, Podetole and Freak Street to hunt for TD. When I felt sick, I share syringes with the groups of these areas. I think I contracted it then. I also used the syringes that were kept by others to be used later."(Arjun)

Do you always share syringe with the same group?

"I share with others also. These friends come to me most of the time. I also share with the ones who come to buy tidigesic from me. I can share with anyone." (Anup)

2.2.11 Meaning of Sharing

Sharing of syringes/drugs is quite common among drug users. Among IDUs, sharing can mean 'receiving a syringe from someone', 'giving (passing on) one's syringe to someone' or 'everybody in a group using the same syringe'. Non-sharing includes "using a public syringe taken from a hiding place and then leaving it for the next person". Individual use of personally bought syringes is unusual. A few individuals

restrict syringe sharing to their close friends (2-3 members) within their group. Below are some examples of the meaning of sharing.

"In my group, I always inject first with my new or an old syringe. When anyone in the group does not have a syringe, then he uses another person's syringe. I also give my syringe to others when they are in need but do not take it back from them". (Raj)

"I take it in a group. We are seven of us in a group. We share both syringe and drugs in our group. Most of the time I share it with Raju. He has HIV/AIDS. He even has a doctor's certificate for this. Everybody in the group knows about this. That is why they make Raju to share in the last place. Nobody shares his syringe. Ballu and I shared his syringe this morning. We only washed his syringe with water. We shared syringe with other friends though". (Rabin)

"Binod only uses the syringes of Kumar, Suren and Sailesh in his group, but others use his syringe"

"In Solarpur (Pseudonym), they put the syringes in known places (in the walls of public places like public toilet and anybody can come and use it (who knows about it))".

" Others in the group use the used syringe of P, D, and J. But P. D. and J, don't use other's syringes but share drugs among themselves".

IDUs also share their personal belongings such as clothes, shoes, etc. besides sharing syringes and drugs. Following are examples of sharing other personal belongings among IDUs:

"We share everything with our close friends. We are best friends. Everything means clothes, shoes, money, syringe, ampoule, etc. We share drugs and syringe while taking drugs. Everybody in our group shares drugs and syringe. Mahesh is a new boy in this line. He comes with us but he only shares with me. I use his syringe and he uses mine. He is not a member of our group. He is with me most of the time. I use everybody's syringe. Kewan uses only my syringe and sometimes Ram Kumar also uses my syringe when he doesn't have a new syringe and when he gets sick." (Barun)

"I share tab sab, maal (brown sugar) and needle. I use others' needle only when I don't possess it and am in an urgent need. Otherwise I use my own needle. Besides these, I also share my friends' clothes if I like it. We don't share old clothes." (Bishwa)

2.2.12 Reasons for Sharing

The majority of IDU group members tend to ignore the risks involved in syringe sharing when they are terribly 'sick' or 'desperately in need for injection'.

'Inexperience in preparing and injecting drugs' and 'less enjoyment in fixing alone' are the other reasons for sharing cited by the respondents. Accessibility of disposable syringes is also restricted due to the fact that most private medical shops are reluctant to sell syringes to IDUs. Given below are excerpts from the case histories concerning reasons for sharing drugs and syringes.

" I share both drugs and needle in my group. This is because we have to share money to buy drugs and needle. I have a separate needle but I only use it when I am alone. I have shared a needle in a group and they have also shared their needle with me." (Binay)

"Sometimes, I may have no money and others might offer. I share it when I face this problem. We contribute whatever we have, even a rupee. We don't hide. Sometimes, we face a situation when an ampoule has to be shared among three or even four."

" It is very boring to inject alone. I don't feel like (manai nalagne). While in a group, we do gaf gaaf (chat) while fixing. We fix for each other. In a group, nobody minds sharing drugs and syringe. If one of us faces the shortage of money, we share ours with him. So, nobody has to suffer from sickness." (Manohar)

" I don't take maal alone. I don't know the right way to prepare maal and to shoot it. I always share with a group because of this reason. We are five users in our group. You can find all the five of us in Freak Street. However, I also share it with other groups sometimes. When I do not find the friends of my group, I go to the other groups. My other friends also do it. Most of the time, we share it with our own group. I don't know with whom do the other friends of my group share the drugs." (Bishwa)

2.2.13 Pathways to injecting of drugs

It is quite difficult to generalize about the pathways to injecting drugs among IDUs. Case histories show that almost all drug injectors, even female injectors, usually start with smoking cigarettes. As marijuana is easily available, the intermediate stage is smoking or sniffing drugs with friends. The users who take marijuana also smoke chares and drink alcohol. Some drug users were introduced to oral tabs such as nitrosun, nitrovet, codeine, effedien, diazepam and calmpose, etc or injecting drugs like tidigesic. On the other hand, some users start sniffing brown sugar or white sugar after smoking cigarettes. In this way, they tend to become addicted to injecting TD and BS (Figure 2.2). Thus, the tendency to shift from oral to injecting drugs is common. However, it depends on the availability of the drugs and affordability for the particular person.

Among the respondents of in-depth interviews, over half of them IDUs (24 persons) started substance use with smoking cigarettes or marijuana. Similarly, about one in five reported that they started with brown and white sugar and about one in ten started with phensydyle. Three out of 42 respondents mentioned that they directly initiated with injecting tidigesic and various cocktails. Only two respondents mentioned that they started from tablets (sinol and calmpose). It is difficult to tell

the time lag of transition from non-injecting to injecting. However, case histories of IDUs show that the time shift from non-injecting to injecting ranges about 5 months to 2 years.

Most of the respondents felt that "bad company" of friends, peer pressures and family conflict were the main reasons for initiating drug use. For example, Sita has four brothers and four sisters. All her brothers left school and started taking drugs (non-injecting). She had the company of "bad boys" in school and thus could not concentrate in her studies. Then she started selling marijuana to the tourists along with her friends. Later, she started smoking cigarettes and marijuana; followed by nitrosun tab and injecting tidigesic (Figure 2.3). She has sexual relations with a few boyfriends and gets paid sometimes.

"I was bom in Narayanghat. My family migrated to Kathmandu when I was seven years old. We live in Swayambhu nowadays. I have four brothers and four sisters. My eldest brother is in Army. He is posted to Nepalgunj. My two elder sisters have passed S.L.C. and the other elder sister is studying in class IX. All my brothers have left school. They are also involved in drugs but they don't inject. They pull ganja, chares and small dendrite."

"I started smoking when I was 11 years old. Once, one of the boys said, "jiu dukheko niko hunchha yo ek patak khaera herta" (it will relieve body ache, take it once). At that time, he gave a churote (cigarette) and mixed it with ganja. I pulled ganja for the first time in Thamel. I was going to school and studying in class IV then. We used to sell as well as pull it. Moreover, when I was 12 years old, I started taking chares. chares gives more trips than ganja. I left school when I was studying in class V. Then I spent most of my time in Thamel. Most of my friends were boys. Once I said, "malai kasto tauko dukheko chha." (I have a severe headache) when I was with my friends. One of my friends, Chhin, gave me a tab saying: "tauco dukheko chha bhane la yo kha" (if you are having headache, take this tab). I knew it later that it was nitrosun tab. Then gradually I started taking tabs. Few months later, one of my friends from Kalanki asked me, "tidigesic hanchhas?" (Will you inject tidigesic?). I agreed. He had one ampoule and a syringe. He fixed it for me and then did it for himself. After that I started to fix the T.D regularly. I think I was 12/13 years old then. I also take tab (nitrosun), ganja, and chares along with tidigesic. I also drank chhyang (local beer) and Gill Marry (a kind of vodka)." (Sita)

Figure 2.2 Pathways from Non-injecting to Injecting Drugs

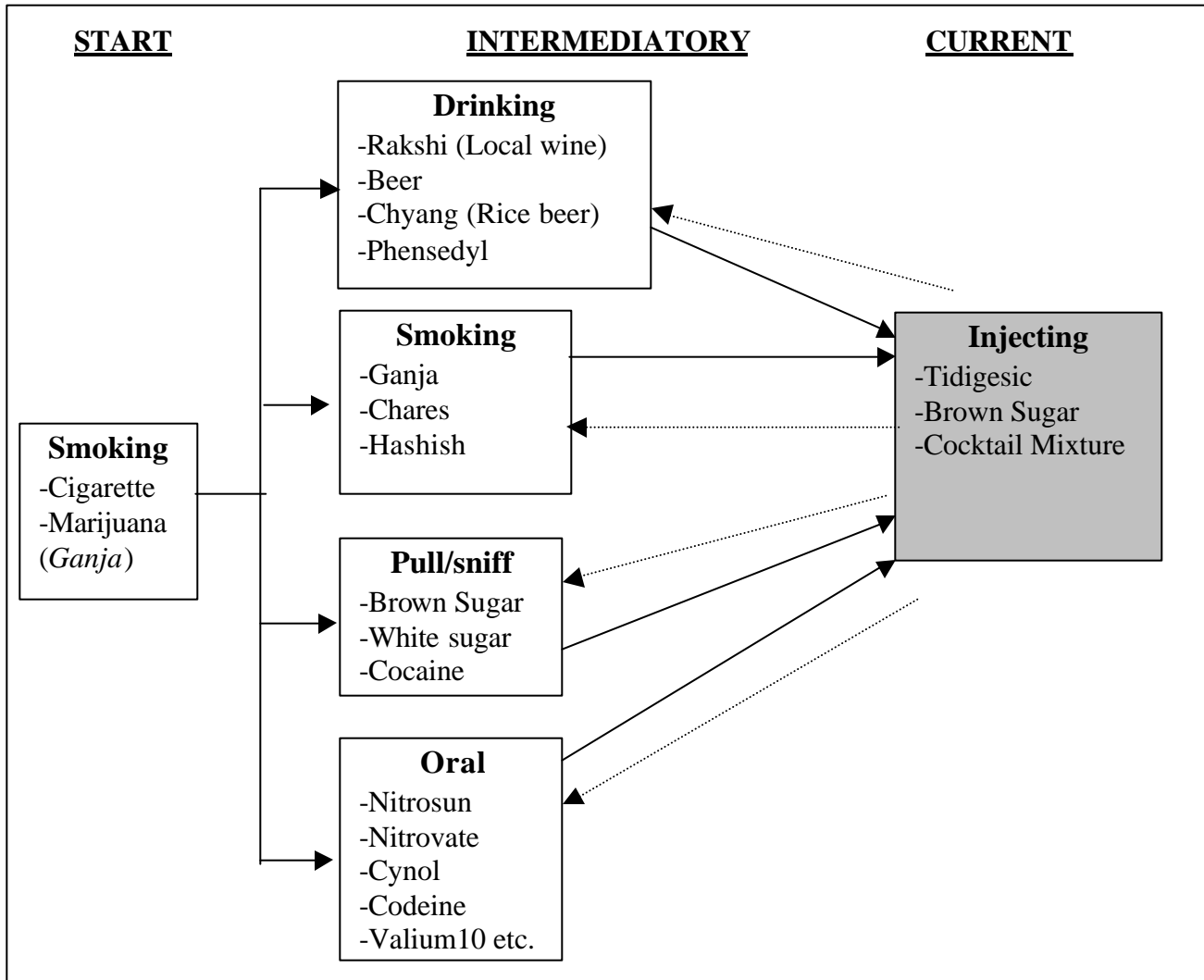
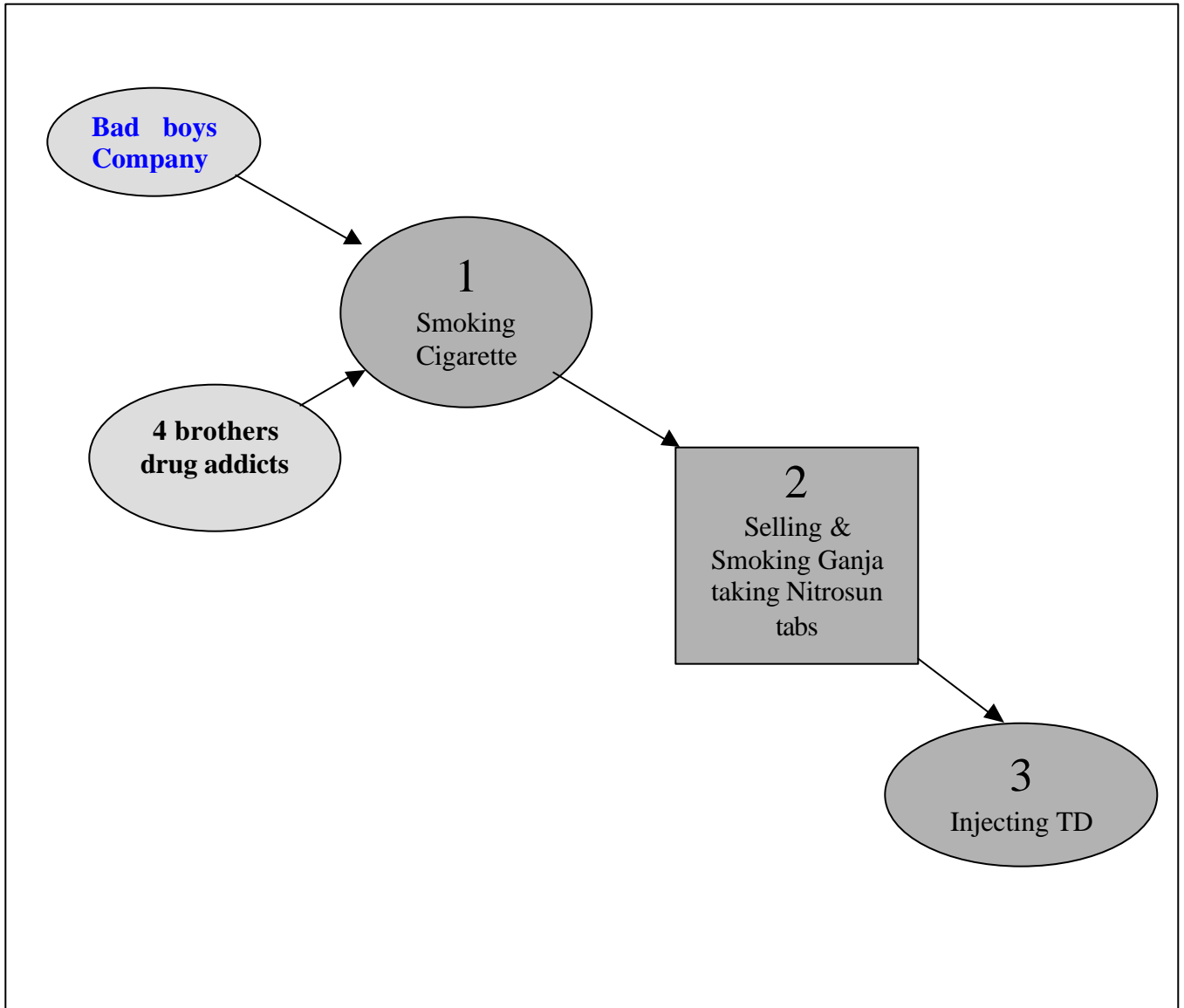


Figure 2.3 Pathways to Injecting Drugs: Case of Sita (Female Sex Worker)



2.2.14 Reasons for Switching Over to Injection

The drive for stronger effect ("better trip") of the drug as well as cost effectiveness (smaller dose and big effect) are the two main reasons for drug users to switch over to injecting drugs. Shortage of supply of drugs like brown sugar and white sugar has also persuaded drugs users to switch over to injection. For instance, one of the respondents mentioned during the in-depth interviews that he used to pull "smack" (heroin) by keeping it on a piece of paper. Then one of his friends said that he would need three packets of smack if he pulled it that way. Whereas one packet would be enough if he boiled and injected it. Thus, he would save two packets each time. The price of "smack" increased day after day. Drugs were being seized by police. The drugs that had cost Rs. 10 earlier cost Rs. 100. Three packets of "smack" would cost him Rs. 300. His friends said that he needed Rs. 300 to pull once, whereas, if he fixed it, he would need only Rs.150. Thus, he could save Rs. 150. So he started injecting "smack". Later on, tidigesic was available at a cheaper price than "smack". "Smack" was hardly available and very expensive. He said, *"Even when I had ten thousand rupees, I would not get smack when I searched for it. Only tidi was available"*.

His friend told him that they could kill their drug sickness by taking tab first and then injecting tidigesic. This was the reason why he started injecting. He said, *"There wasn't any necessity to boil and all the other stuff. We only had to pull the tidi in the syringe and inject it straightaway"*.

In addition to the above reasons, some IDUs also highlighted 'easy to prepare or use' and 'gives quick effect' as the reasons for switching to injecting. The following excerpts from the interviews make the reasons clearer.

" When I was studying in class VI in the same school, I started taking cigarette, tobacco and alcohol along with my friends. Then I took ganja in the beginning of class VI and phensydyle during the end of class VI. Phensydyle was available in medical shops in those times. Then it got banned. Brown sugar was available in cheap price those days so since I did not get phensydyle, I started taking brown along with my friends. Gradually even brown was not so easily available and tidigesic came in. Then I started taking tidi after that. I was studying in the ninth standard when I took tidi". (Chakra)

Which is the type of drug that you like the most and why?

I like brown sugar but this is very expensive. One gram costs Rs. 600 and this is only sufficient for two days. I started taking tidi because it is cheaper. Tidi is nice in all ways because it is cheap and gives a nice trip. But brown sugar is better in trips. (Chakra)

"I quitted brown sugar and started taking a medicine called tidigesic. I could not afford to buy it (brown sugar). I didn't have enough money and could not afford. I had to leave it. I have to spend Rs. 400 to Rs. 500 for a single use and I cannot steal and get so much money. So, I could not afford it." (Mukund)

"Brown Sugar is more expensive than tidi. It costs Rs. 150 or 200 per dose whereas tidi costs only Rs50. I could not earn that much money so I started using tidi. I was sitting with my friends; one of them told me that tidi would kill the sickness of brown. Brown is much expensive than tidi so it is better if we use tidi". (Saroj)

2.2.15 Types of Problems Faced

Injecting drugs users were asked the following two ice-breaking questions in the beginning of the free list exercises:

"What are all the problems faced by IDUs or the users like you?"

"What are the different kinds of health problems of IDUs?"

IDUs listed 67 different types of problems that they face as drug users. These problems ranged from general problems such as 'police arrest', 'problems of money', 'hatred by the family' to 'fear of getting sexually transmitted diseases including HIV/AIDS'. Of the 67 problems mentioned by IDUs in the free lists, most of these problems were mainly associated with money, stigma (family and society), police, sickness, getting access to drugs, cheating/fighting, and finding a secure place for injection.

Of the 67 different problems listed by IDUs, '*police arrest*' (77%), '*problem of money*' (73%), '*hatred by the society*' (50%) '*scolding at home*' (27%) and '*despise by family*' comprise the five main problems. Non-injecting drug users of the valley have cited 62 different problems. However, no major differences were found in the problems mentioned by injecting and non-injecting drug users. It is astonishing to note that IDUs did not frequently mention 'fear of diseases' as their problem.

Informal interviews with private medical outlets show that young drug users demand different pharmaceuticals and syringes. Normally, these pharmacists are reluctant to give syringes to those people whom they suspect of being IDUs. As a result, access to disposable syringes is restricted in the valley.

Table 2.11 Perceived types of problems faced by the IDUs (N=22)

| S.N. | Problem | | Frequency | % |
|------|---|---|-----------|----|
| | ENGLISH VERSION | NEPALI VERSION | | |
| 1. | Police arrest/Beat | <i>Police le samatne/Pitne</i> | 17 | 77 |
| 2. | Scolded/discarded/not trusted by family | <i>Ghar ma gali garne/hela garne/biswas/sahayog nagarne</i> | 17 | 77 |
| 3. | Problem of money | <i>Paisa ko samasya</i> | 16 | 73 |
| 4. | Stigmatized by society | <i>Samaj le hela garne</i> | 11 | 50 |
| 5. | Police demand money/snatch | <i>Police le paisa magne/khosne</i> | 7 | 32 |
| 6. | Seller/Dealers cheat and run away after taking money | <i>Bechne manche/Dealer le paisa khai dine/Bhagne</i> | 5 | 23 |
| 7. | Must steal household things to get money | <i>Ghar ma saman chorne/Jack hanne</i> | 5 | 23 |
| 8. | Friends hate them if they come to know/Run away/Neighbours stigmatize | <i>Saathi le khako thaha pauda ghrina garne/Bhagne/Chharchimek le gali/hela garne</i> | 5 | 23 |
| 9. | Police harass them | <i>Police le sodh puch garne/Goji chamne</i> | 4 | 18 |
| 10. | Difficulty finding the vein to inject the drug | <i>Ampoule/Inject garne/Hanne thau napaune</i> | 4 | 18 |
| 11. | Must sell goods at low price when out of money | <i>Paisa nahuda saman kam daam ma bachnu parne</i> | 4 | 18 |
| 12. | "Drug sick" | <i>Sick hune</i> | 4 | 18 |
| 13. | Difficulties in searching for drugs | <i>Saman/maal khojna thau thau janu parne</i> | 4 | 18 |
| 14. | Not trusted by friends who don't take drugs | <i>Nakhane saathi le biswas nagarne</i> | 3 | 14 |
| 15. | Want to give up but can't | <i>Chodna maan lage pani chodna nasakne</i> | 3 | 14 |
| 16. | Can't get drugs, even though they have money | <i>Paisa bhayera pani kinna napaune</i> | 3 | 14 |
| 17. | Increased price of drugs | <i>Saman ko daam badhai dine</i> | 2 | 9 |

2.2.16 Severity Rating of Problems

Severity ratings of problems were collected from 23 IDUs in Kathmandu valley. Of all the different problems mentioned in the free lists, the top 16 problems were selected for severity ratings. IDUs were asked to rank these problems as severe, intermediate and mild. The following questions were asked:

"Kindly tell us if the problem (according to you) is severe, intermediate or low?"

"Why have you ranked [each item] as severe (or intermediate or low)?"

The result of the severity rating shows that 'Risk of HIV transmission due to sharing of syringe' received the highest score. This was followed by 'Lack of trust/not getting job', 'Police ask for money' and 'Hatred by the family'. The problem of 'not able to give up drug habit' has also received a high aggregate score (second highest score) (Table 2.11). We included HIV even though it was seldom mentioned in the free listing.

Table 2.12 Scoring and ranking of severity rating of problems (N=23)

| S.N. | Problems | | Severe (3) | Intermediate (2) | Mild (1) | Don't know (0) | Total Score (Rank) |
|------|--------------------------------------|--|---------------|---------------------|-------------|----------------------|--------------------------|
| | NEPALI VERSION | ENGLISH VERSION | | | | | |
| 1 | Syringe share garda HIV sarne dar | Fear of contracting HIV by sharing syringe | 20 | 1 | 2 | - | 64(1) |
| 2 | Chhodna man lagepani chhodna nasakne | Want to quit but unable to do so | 16 | 6 | 1 | - | 61(2) |
| 3 | Kama nadine/biswas nagarne | Do not get job/not trusted | 18 | 2 | 3 | - | 61(2) |
| 4 | Pariwarle hela/ghrina garne | Discarded by family | 16 | 4 | 3 | - | 59(3) |
| 5 | Police le paisa magne | Police demand money | 15 | 6 | 2 | - | 59(3) |
| 6 | Ghar ko saman chore | Must steal money from home | 16 | 3 | 4 | - | 58(4) |
| 7 | Police le samatene/pitne | Police arrest/beat | 16 | 2 | 5 | - | 57(5) |
| 8 | Purano syringe use garne | Use old syringe | 13 | 4 | 6 | - | 53(6) |
| 9 | Kamaiya ko paisa masne | Spend all the earned money | 12 | 6 | 5 | - | 53(6) |
| 10 | Saathile paisa khaidine | Friend cheats money | 11 | 8 | 4 | - | 53(6) |
| 11 | Saman khojna thau thau januparne | Go to various places to search for drugs | 10 | 10 | 3 | - | 53(6) |
| 12 | Dealer le paisa khaidine | Dealers cheat | 10 | 4 | 9 | - | 47(7) |
| 13 | Surakchhit thau napaune | Can not find a safe place for injecting | 10 | 5 | 7 | 1 | 47(7) |
| 14 | Saman black ma kinnu parne | Have to buy drugs in black market | 8 | 8 | 7 | - | 47(7) |
| 15 | Sick kill garna chorne | Have to steal to kill sickness | 8 | 9 | 4 | 2 | 46(8) |
| 16 | Samajle hela/ghrina game | Stigmatized by society | 7 | 3 | 1 | 12 | 28(9) |

2.2.17 Consensus Analysis of Severity Ratings of Problems

The consensus analysis showed that there is no agreement among the IDUs regarding the severity ratings of these problems. This suggests that IDUs experience widely different problems depending on their financial resources, family backgrounds and other factors.

Table 2.13 Consensus analysis of severity rating of problems

| Factor | Value | Percent | Cum % | Ratio |
|--------|-------|---------|-------|-------|
| 1 | 4.22 | 42.9 | 42.9 | 1.40 |
| 2 | 3.02 | 30.6 | 73.5 | 1.16 |
| 3 | 2.61 | 26.5 | 100.0 | |
| | 9.85 | 100.0 | | |

Respondent Reliability = 0.533

2.2.18 Types of Health Problems Identified

We also asked the IDUs to list their main health problems. Table 2.14 presents the top 25 health related problems reported by the IDUs in the free lists exercise. IDUs listed 92 different health problems experienced by them as injecting drug users. Of them, 'pain in abdomen' (45%), 'HIV/AIDS' (45%), 'insomnia' (41%), 'acute body pain' (41%), 'tears from eyes' (41%), 'yawning' (41%), 'headache' (41%) and 'fever' (36%) and 'backache' (36%) were the main health related problems mentioned by IDUs. The number of problems faced by the non-injecting drug users is comparatively less although the injecting and non-injecting drug users face similar types of problems.

Table 2.14 Perceived types of health problems faced by the IDUs (n=23)

| S.N. | Health Problems | | Frequency | % |
|------|-------------------------------------|----------------------------------|-----------|----|
| | ENGLISH VERSION | NEPALI VERSION | | |
| 1. | Pain in abdomen | <i>Pet dukhne</i> | 10 | 45 |
| 2. | HIV/AIDS | <i>HIV/AIDS</i> | 10 | 45 |
| 3. | Insomnia | <i>Nindra nalagne</i> | 9 | 41 |
| 4. | Acute body pain | <i>Jew kat kat khane/Dukhne</i> | 9 | 41 |
| 5. | Tears from eyes | <i>Aakha bata asu aune</i> | 9 | 41 |
| 6. | Yawning | <i>Hi aune</i> | 9 | 41 |
| 7. | Headache | <i>Tauko dukhne</i> | 9 | 41 |
| 8. | Fever | <i>Jwaro aune</i> | 8 | 36 |
| 9. | Back ache | <i>Dhad dukhne</i> | 8 | 36 |
| 10. | Lose of appetite | <i>Khana naruchne</i> | 7 | 32 |
| 11. | Sepsis of hand sores | <i>Haat ko ghau pakne</i> | 7 | 32 |
| 12. | Bone pain | <i>Haddi dukne</i> | 7 | 32 |
| 13. | Running nose | <i>Sigan bagne</i> | 6 | 27 |
| 14. | To sweat | <i>Badhi pasina aune</i> | 6 | 27 |
| 15. | Hepatitis | <i>Hepatitis</i> | 6 | 27 |
| 16. | Swollen hand | <i>Haat fulne/Sunnine</i> | 5 | 23 |
| 17. | Frequent desire to urinate/defecate | <i>Disa/Pisab barambar lagne</i> | 5 | 23 |
| 18. | Weakness | <i>Kamjori</i> | 5 | 23 |
| 19. | Not interested in doing work | <i>Kehi garna maan na lagne</i> | 5 | 23 |
| 20. | Vomiting | <i>Vomiting</i> | 5 | 23 |
| 21. | Pain in leg | <i>Kutta dukhne</i> | 5 | 23 |
| 22. | Trembling hands | <i>Haat galne/Kamne</i> | 4 | 18 |
| 23. | To be convulsed | <i>Daha/Chatpat hune</i> | 4 | 18 |
| 24. | Feel lazy | <i>Alchi lagne</i> | 4 | 18 |
| 25. | Chest pain | <i>Chati dukhne</i> | 3 | 14 |

2.3 Networks of Injecting Drug Users

In order to understand the networks of relationships, including sharing of injection equipment, we conducted in-depth network interviews with informants from different groups. Twenty-nine IDUs (26 male and 3 female) from 17 groups were contacted for the purpose of obtaining networking data. A small group of moderately cooperative IDUs

was identified with the help of key informants and good rapport was established with the groups. The following steps were followed to obtain the networking data.

- i. IDUs, who shared drugs in their group (6-8 people) in the past one month were selected.
- ii. A list of all the “members of the network” was collected. The following questions were asked to obtain this information:

"How many members/friends come together/assemble for injecting drugs?"
"Please tell me the names of all the friends that assemble for maal/drugs?"

- iii. Open-ended interviews with two members of the group (separately) were conducted to get descriptive data concerning the group: recent history, changes in “membership”, contacts with other persons, sharing behavior, female members in the group and other details of network behavior.
- iv. Descriptions from the two respondents concerning recent drug injecting events, with particular attention to the lists of participants in those events, were compared.

As mentioned in the earlier section, most IDUs identify their "regular" group, ranging from 3 to 15 persons. However, each group is linked to other such groups through one or more members who inject at least occasionally with other friends. Therefore, the Kathmandu valley is a network of interconnected small groups. Many of the group members shift from one group to another after sometime. Revisits to the 17 selected IDU groups showed that except for one group, turnover of the group members was frequent. In one of the groups contacted during re-visit, it was found that the entire group had disintegrated after police arrested the group members. The number of members also tends to increase or decrease frequently. The actual daily drug use often takes place in smaller "core groups" of 2-4 persons and the needles/syringes are shared within these groups.

Figure 2.4 shows the injecting networks of a female IDU named Sita (named changed). She occasionally sells sex for drugs. She shares syringes/drugs with her own group of four members (Chhin, Bikram, Ramesh and Sita). Lila is Sita's close friend and a sex worker. Lila shares syringe only with Sita. There is another group of five members (Bikash, Ashok, Chit, Anil and Amrit). All the members of the group share syringes and drugs with each other and also with Sita. It was reported that Bikash and Chit share syringes occasionally in other groups as well. In this way, three small groups are interconnected with each other, possibly with other groups in the valley as well since Bikash and Chit share syringes with the members of other groups.

Figure 2.4 Networks of Sita

The numbers shown in the diagram [based on UCINET analysis] are the measure of the degree or level of connectedness. It is clear from the figure that Sita is three times more likely to be exposed to infection than the other group members. Lila has comparatively less chance of being exposed to infection since she is sharing syringes only with Sita. The network shows that three small groups are interconnected with each other.

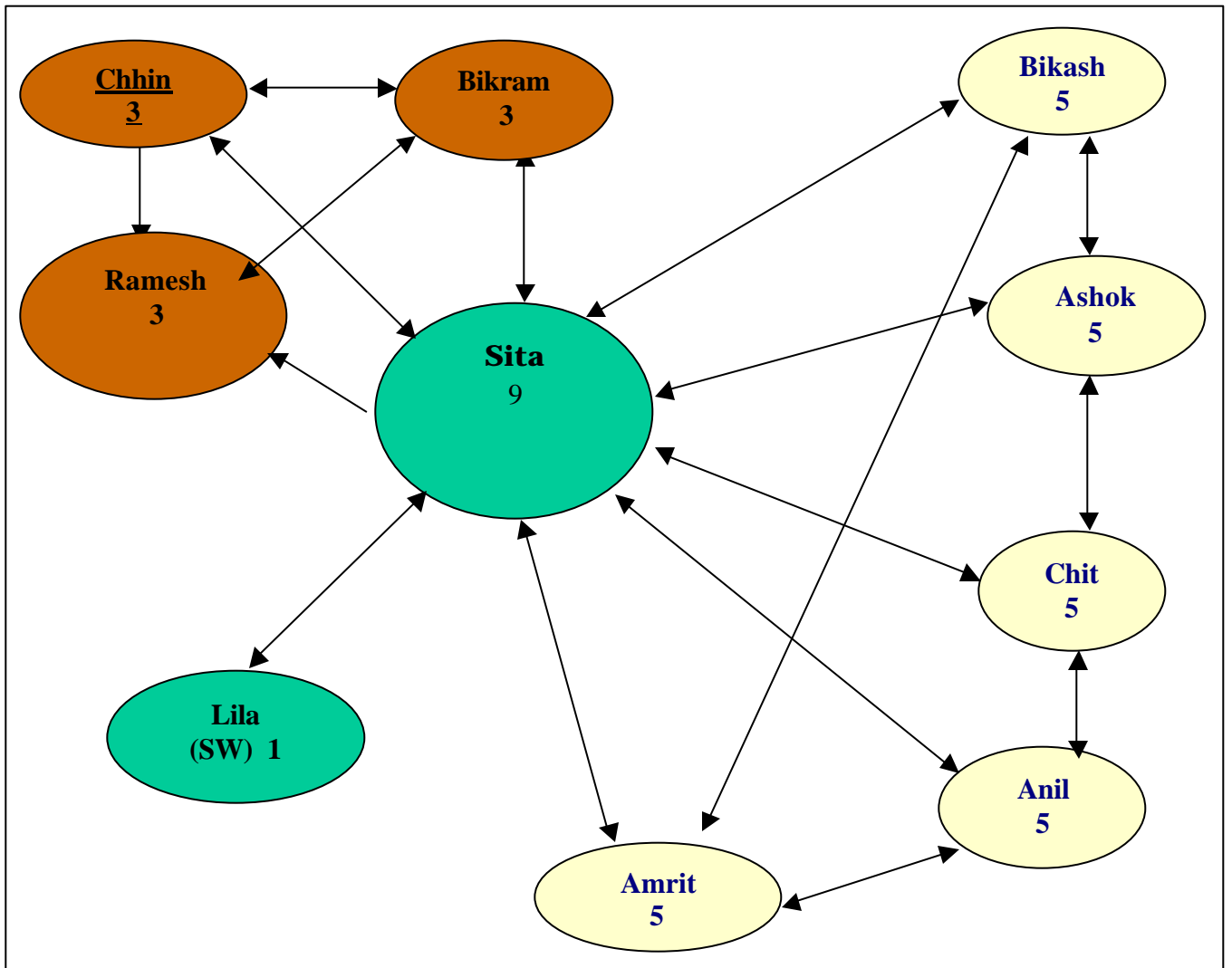
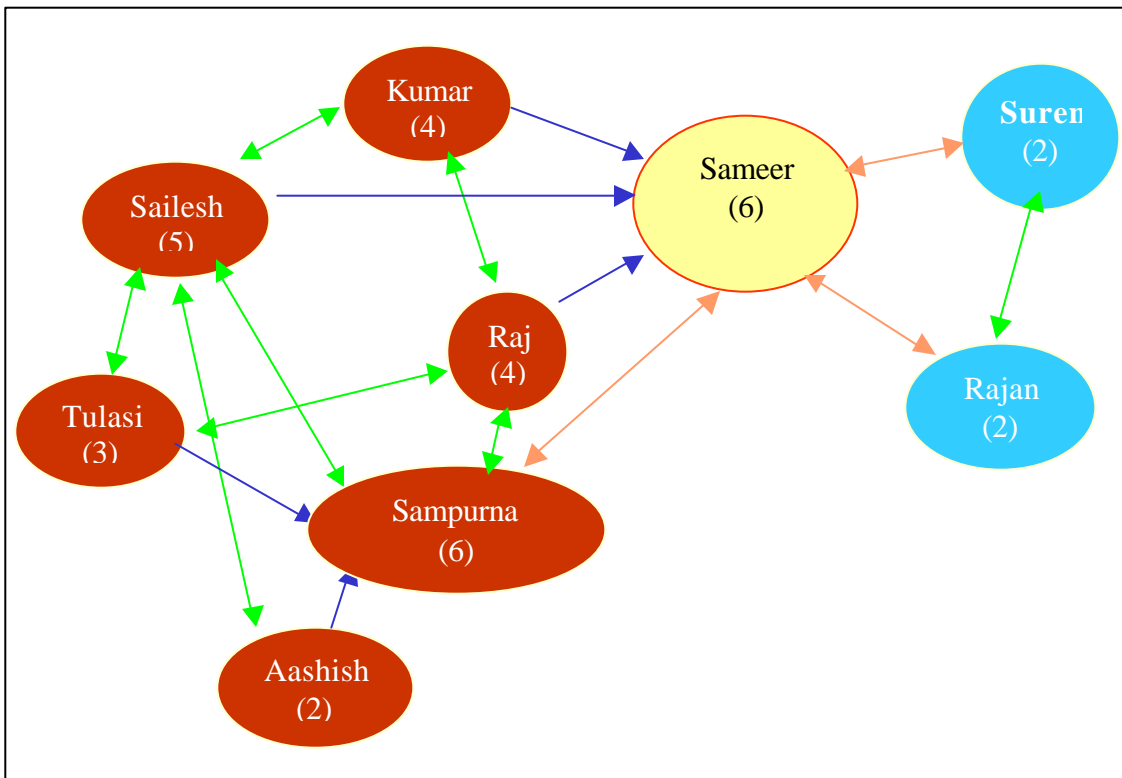


Figure 2.5 presents another example of networks of IDUs. In the figure, the two-way arrow denotes 'giving and receiving the syringes' and the one-way arrow denotes 'only receiving the syringes'. As shown in the figure, Sameer (name changed) has his own group of nine members (Kumar, Sailesh, Raj, Tulasi, Sampurna, Ashish, Suren, Rajan and Sameer). Sameer and Sampurna use syringes of all the members of the group so they are more likely to be exposed to infection than the other members. Ashish shares only with Sailesh. Therefore he is less likely to be exposed to infection. In this network, Suren and Rajan also belong to the same group but they share only with each other and with Sameer. Therefore, their degree of connection is comparatively less than the other members presented in the figure.

Figure 2.5 Networks of Sameer



2.3.1 Male - Female Composition in the group

In this research we were able to find very few female IDUs. It is possible that considerable members of female drug users are "loners". The mapping exercise identified 2050 male and only 88 female IDUs in the valley. Presence of fewer female IDUs has been reported in studies conducted in selected sites of the Terai (AHRN/FHI, 2001).

Among the seventeen groups of IDUs whose networks we studied, female members were found in only 3 groups. The number of female members in these groups ranged from 2 to 6 (total 12 female IDUs).

Separate from those individuals, we carried out in-depth interviews with four female IDUs. One was a single user (not mixing with any group). The research team identified her through a male IDU, who was her friend. The three female IDUs were asked about their networks. They belonged to groups comprised of both male and female members. There was an equal number of male and female members in one group. In the remaining two groups, male members were more in one group, whereas females were the majority in the other group.

Q: Where else do you go for sharing?

A: I always share drugs with boys, I don't share with girls except Lila because I know that the girls who are not involved in drugs hate me. I also go to Swayambhu, Sita Paila. Anil Shrestha, Bikash Sahi, Ashok Maharjan, Amrit Maharjan and Chit Maharjan were my best friends. Of them, Amrit & Ashok Maharjan are dealers (Tidigesic dealer) and live in Swayambhu. Anil Shrestha lives in Samakhusi. Bikash Shahi and Chit Maharjan live in Sita Paila. I don't see them frequently nowadays because they have got married except Chit and Anil. We don't get together with friends as we used to before.(Sita)

Q: Do you have a group?

A: We are not always together but when we meet, we take drugs together.

Q: How many of you are there (girls)?

A: Six or seven of us.

Q: Are there boys also?

A: Six of them.

Q: Do you share each other's syringe?

A: We (girls) share among ourselves. We do not share with boys. But these boys (Milan, Lamta, Bhai, Rajesh, Dipak, Ajay) take our syringe and use it after cleaning. (Sila Shah)

Q: Are there any girls in your group?

A: Yes, there are girls in my group.

Q: What do they do?

A: They may be involved in prostitution but I have not seen them doing such activities. Some girls are not involved in this profession. Actually, I do not exactly know about their profession. (Pradeep)

Q: Are there any girls in your group?

A: No, there are no girls in my group.

Q: What about boys?

A: Yes, there are.

Q: How many boys are there in your group?

A: There are around 4,5 of them. (Ram)

2.3.2 HIV positive People in the Groups

In our interviewing we explored the number of IDUs who knew themselves to be HIV positive. Six out of the seventeen groups contacted for network study had at least one member with HIV. There were two persons with HIV reported in 5 of the 6 groups (Total 11 IDUs). Of the 11 IDUs with HIV, one was a female IDU. She was also a street based sex worker (She died on August 2001 from suspected overdose of drugs). Group members were aware of their friends being HIV positive in five of the six groups. In the sixth group, two of the members were HIV infected. The group members were aware of one person being HIV positive but not aware of the second person's HIV status.

The study also solicited information from the 11 HIV positive persons about how they had known that they had contracted HIV. Two of them had voluntarily had their blood tested due to their highly risky sexual and sharing behaviors. One of them got his blood tested in a blood donation program. Another had to undergo a compulsory blood test while obtaining a permit for working abroad. The female IDU got her blood tested when she was imprisoned in jail. The remaining six IDUs did not mention how they came to know that they were infected with HIV.

Q: Do you suffer from HIV/AIDS?

A: Yes, I do. This is because I had sex with many girls. I also share syringe but I am sure it got transmitted to me through sex. I am an expert in sex. When I got my blood tested two years ago, I was only HIV positive but I have AIDS now. (Krishna)

Q: How did you know that you have HIV/AIDS?

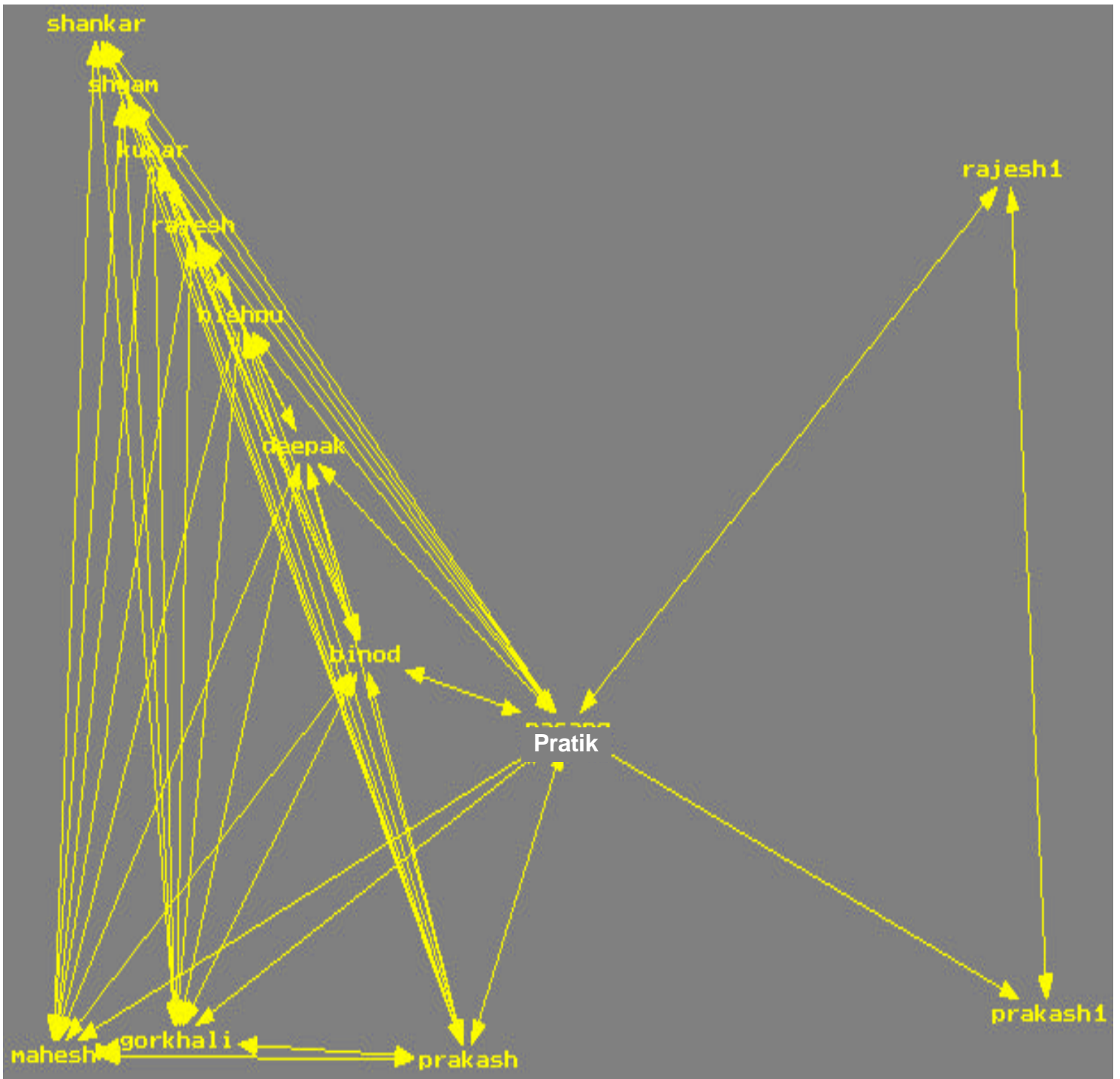
A: I had gone to see a doctor six months back along with my mum. The doctor tested my blood and gave the report to my mum. I asked the doctor about the report and he said, "Ask your mother." When I asked my mom, she said, "Nothing is wrong with you." (Kehi bhayeko chhaina) One day, when I was stealing money from my mother's bed, I saw a paper. I saw 'HIV/AIDS' written on it. I knew it then that I have HIV/AIDS. I don't believe it. I want to test my blood again. I knew about this three months back. (Anup)

My brother asked me, "What do you want to do now?" I replied, "I would like to go outside Kathmandu." He further asked me, "Would you like to go to Arab?" I thought that I could not take anything in Arab, not even drinks. So, I thought it would be better for me to go to Arab that time. I told my brother that I was interested in going there. He made my passport and everything else was done by the office in Maharajgunj. I did not even have to face an interview, only the medical test was left to be done. I was taking Tidigesic then also. I had not left it. I thought that I would definitely have a bad report if I did a medical check-up. I thought that I would quit tidigesic three days prior to the medical test. This was what I had thought then. One morning, my brother suddenly came to my house. I had already taken one ampoule of tidigesic. In the mean time, there was a call for him and I was asked to immediately go for the medical test. I had my flight just after three days on Sunday. I went to Khichapokhari for the medical test. The name of the doctor was Rajesh. He checked my blood, took an X-ray of my chest and checked my 'Dubi'(scars) also. He asked me to come the next day for the report. We were seven of us. They gave the report to the five of them but did not give my another friend, Rajesh and me. Then, one of them asked, "Who is Rabin Joshi here?" I went to the doctor and he asked me to sit in his room. He asked me, "How often did you go with girls?" I replied, "I don't go with girls. I am not interested in sex. I am a drug addict. I used to take White Sugar and Brown Sugar earlier but I am taking a pain killer tidigesic nowadays." Then he said that I have HIV. (Rabin)

Figure 2.6 is the picture directly drawn from the Krackplot computer software programme. The picture shows the injecting networks of Pratik. He is HIV positive. He has his own group of 10 members and shares syringes with everyone in his group. He also often goes to another group and shares syringes with them. Sharing among the group members is also very common despite knowing that Pratik is HIV positive. The following is a statement of Pratik about sharing of needles:

"I don't give my needle to anybody for sharing because I have HIV/AIDS. If friends want to share, I tell them that I have HIV/AIDS. There are some friends who take it forcefully despite knowing that I have HIV/AIDS." (Pratik)

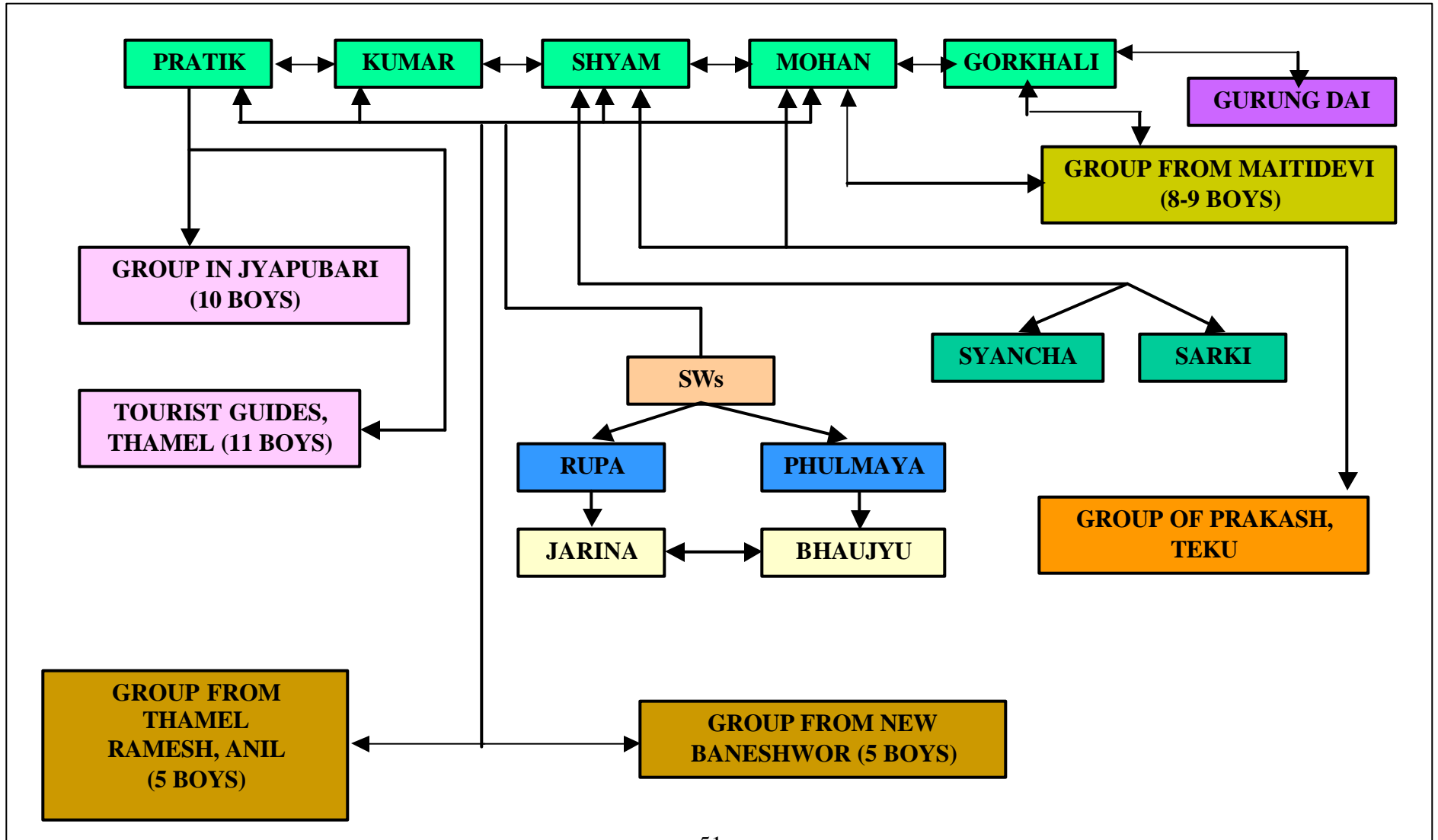
Figure 2.6 Networks of Pratik



2.3.3 Linkages among Groups of IDUs

Linkages among nine different groups of IDUs are presented in figure 2.7. The figure shows that these nine groups, including SWs who are IDUs also, are directly or indirectly linked to each other. For example, Prateek has his own group comprised of five members (Prateek, Kumar, Shyam, Mohan, Gorkhali). He often goes to a group in Jyapubari (10 persons) and to a tourist guides' group in Thamel (11 persons) for sharing drugs or syringes. Other members of his group do not go to these groups. Pratik, Kumar, Shyam and Mohan share syringes with another group from Thamel, which has five members, and also with a group in New Baneshwor. They also share drugs/syringes with a group of SWs (Rupa and Phul Maya). Rupa uses the syringe of Jarina, Phulmaya uses the syringe of Bhauju. Jarina and Bhauju share syringes between themselves. Similarly, Shyam also goes to another group of Syancha and Sarki. Shyam and Mohan also share syringes with Prakash's group (Teku). Mohan and Gorkhali also share syringes with a group in Maitidevi. Beside these nine groups, an individual (Gurung dai in the figure) is also connected indirectly since he shares syringes only with Gorkhali.

Figure 2.7 Linkages among Nine Groups of IDUs



2.3.4 Cleaning Practice

In most cases, cleaning of needles and syringes is extremely inadequate. From our in-depth interviews and observation, it was found that spit, cold water, distilled water, urine and bleach were used by the IDUs to clean their needles and syringes. Among these, saliva is the most frequently mentioned method for cleaning the needles. They take saliva on their palm and thus clean the needles. They also put the needle on their tongue and draw saliva in and out. They have the misconception that spit kills the HIV Virus.

Q: Do you clean it with spit every time?

A: Yes.

Q: How do you do it?

A: If we clean it with water, then we could suffer from shivering and high fever. We pull the spit with the needle and clean the blood this way. Then we wipe it with a paper.

Q. Why do you clean syringes with spit?

A. We have heard that spit kills the AIDS germs. We pull the spit into the syringe from our mouth. We do it twice or thrice, until the needle is separated from the syringe. Then we wipe it with cloth until it gets dried up. (Ritesh)

Cold water was the second most frequently mentioned mode of cleaning syringes. The IDUs flush their syringes with cold water, which they bring in a polythene bag, drinking glass or bottle. After cleaning, they wipe the syringes with paper or cloth. They perceive that the needle and syringe should be completely dry before pulling in the drug. Otherwise, they could suffer from side effects such as shivering and high fever. While injecting near the drains or nallahs, water in the drainage is used to rinse the syringes. Some drug users rinse their injecting equipment with tap water if available. Those who inject in public toilets commonly use the water from storage drums or directly from the tap. The following excerpt from the interviews shows a description by a respondent about the use of cold water for cleaning the syringes.

Q: When you clean your syringe with water, do all of you clean with the same water?

A: Yes, we get water in a polythene bag and all of us pull water from the same bag.

Q: How do you clean your syringe?

A: We clean our syringe with fresh water most of the time. If we are using it at home, then we usually bring a pot of water. We clean the syringes 3 to 4 times before use and again 3 to 4 times after use. Everybody does this even with old syringes that are thrown on the road. Sometimes, we bring water in a polythene bag and clean all the syringes from the water of the bag. Sometimes, we clean it with our saliva also. We keep the needle on our tongue, pull the saliva inside the syringe and thus clean it that way for 3 to 4 times. (Rabin)

Distilled water and bleach were also frequently mentioned modes of cleaning syringes. Some IDUs reported that they get bleaching powder supply from an NGO named LALS, which operates a harm reduction program, including exchanging of syringes. Some IDUs clean their injecting equipment with both water and spit and very few mentioned about using urine to clean syringe. It was also observed that some IDUs burn the tip of a needle with a matchstick.

2.3.5 IDUs' Perspectives on HIV Prevention Strategies

The IDUs' perspectives on HIV prevention strategies were solicited from 42 respondents. Most of the IDUs were concerned about HIV/AIDS and the risk of contracting the disease through needle sharing and non-use of condoms during casual sex. The majority of them (23 respondents) spoke of avoiding syringe sharing. Nearly one-third (16) of the respondents emphasized use of condoms during sex with anyone, especially sex workers. The same proportion (16 respondents) mentioned increased access to syringes and expansion of syringe exchange programs. Other respondents cited awareness programs through media and other means (8), avoidance of sex with all types of people (8), cleaning the needles properly (5), establishment of free treatment centers (4), avoidance of untested blood (3), counseling for IDUs (2) and others.

Q: What can be done to prevent the transmission of HIV/AIDS?

A: One should not have sex with more than one partner. He should use condoms if he has sex with more than one partner. One should not use other's syringe. Even if he uses it, he should clean it with bleach or distilled water.

Q: What can be done to prevent sharing of syringe?

A: A meeting should be held in each tole once a month and users should be called in the meeting. They should be made aware to not to share syringes and taught the proper way to clean syringes. It will be better if Free Treatment Centers are established. (Sunit)

Q: In your opinion, what can be done to prevent the syringe-sharing behavior of addicts?

*A: 1. Syringe exchange program should be conducted in every tole.
2. Drug users should be informed about HIV/AIDS and process of transmission through mikes, radio and pamphlets. (Sundar)*

Q: In your opinion, what can be done to prevent the syringe sharing behaviour among addicts?

A: If any drug addicts go to buy syringe, it should be given to them. NGOs should distribute syringes from place to place. Government should establish clinics at various places and distribute syringes free of cost. (Arjun)

Table 2.15 IDUs' perceptions of HIV prevention strategies

| S. No. | Perceptions of IDUs on prevention of HIV/AIDS and STIs | Frequency (N=42) |
|--------|--|------------------|
| 1. | Syringes should not be shared | 23 |
| 2. | Condom use during sex with SWs/Anybody | 16 |
| 3. | Make syringes easily accessible/cheap to buy/exchange/free supply | 16 |
| 4. | Should not have sex with all types of people | 8 |
| 5. | Awareness through mike/radio/banners/drama/pamphlets | 8 |
| 6. | Clean the needles properly with distilled water/bleach/boiled water | 5 |
| 7. | Establish free treatment centers | 4 |
| 8. | Not to take blood without testing | 3 |
| 9. | Counseling program for IDUs in <i>toles</i> | 2 |
| 10. | Organize community meeting once a month in each <i>tole</i> , including IDUs to educate people | 1 |
| 11. | Control prostitution | 1 |

2.3.6 Avoiding Risky Behaviors

Some of the IDUs who were concerned about HIV/AIDS avoided the risky injecting and sexual behaviors. On the other hand, most of the IDUs were negligent while sharing syringes. The main reasons for their negligence are 'lack of money to buy new syringes', 'unconcerned about anything during sickness (drug sickness)' and 'inaccessibility of syringes, especially for IDUs'.

Q: Do you share syringe while injecting drugs?

A: No, I never share syringe with others.

Q: Why don't you share other's syringe?

A: It is because friends pump blood in the syringe and re-inject in the body. If they have HIV/AIDS virus then it can be transmitted to me. I don't use other 's syringe for this reason. (Sameer)

Q: Does the next user clean the syringe before using?

A: No. We forget everything when we are sick. We do not think of cleaning the syringes nor do we care if our friends have any kind of disease. Sometime we have a single syringe in a group and other times we have two to three syringes in a group. We share syringe in the group.

Q: Who fixes first?

A: The friend who has the maal first fixes 60/70 lines, followed by others. (Bishwa)

2.4 Sexual Behaviour of Injecting Drug Users

Although unprotected sexual intercourse, whether men with men or women with men, is the most common way of transmitting HIV, injecting drugs is a very important secondary route of infection. In addition, IDUs often have contacts with sex workers.

Injecting drug users and sex workers often know each other and have frequent contacts. 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 individual are infected with HIV while sharing needles with other drug injectors, there is every chance that they will go on to infect sex workers and clients who have nothing to do with the world of injectors. Therefore, the study also attempted to understand the sexual networks and practices of the IDU population in Kathmandu Valley.

This section discusses the sexual experiences, types of sex partners, and relations with sex workers and condom use during sex with regular or non-regular partners of IDUs. Finally, the extent of knowledge about STI and HIV/AIDS among IDUs and their perceptions about risk behaviors and preventive practices regarding STI and HIV/AIDS are examined.

2.4.1 Marital Status of IDUs

Among our 42 informants 17 are currently married. Of those 16 are male and 1 is female. The 19 unmarried IDUs included 18 males and one female. The remaining six are divorced or separated [4 males and 2 females].

Table 2.16 Marital status of both male and female IDUs

| Marital Status | Male | Female |
|--------------------|------|--------|
| Married | 16 | 1 |
| Unmarried | 18 | 1 |
| Divorced/separated | 4 | 2 |
| Total | 38 | 4 |

2.4.2 Sexual Network of Male IDUs

Most of the informants mentioned that they are not interested in sex. They nonetheless engage in sex with wives, girlfriends and sex workers.

The case of Mohan Lama (name changed) is an example of a male IDU who has had sexual relations with a number of different types of sex workers.

Q. Have you ever met any sex workers?

A. Yes, I have met them several times for sex.

Q. Which types of sex workers were they?

A. There were street based sex workers, settlement based sex workers and hotel based (American Tourist) sex workers.

Q. How do you contact the street based sex workers?

A. I do not go out to find street based sex workers. They come to Mahankal temple every day in the daytime. Most of them know that I am an assistant priest and also the caretaker of the temple at night. Sometimes I give them rice and other food so they think that I would help them when they are in need. For this reason it is easier for me to select young sex workers who have recently got involved in commercial sex. Those types of sex workers often visit the Mahankal temple and remain till late night. I talk to them secretly and call them to my room for sex at night and daytime. (Mohan)

Both married and unmarried informants reported that they do not frequently indulge in sex. Some married IDUs also mentioned sexual relations outside of marriage. The extra marital sex is often with commercial sex workers. The case of Sunil (name changed) is a good example of a married man who has visited cabin restaurants to have sex and had sex with a number of female sex workers who are also drug users.

Q. Have you ever met any sex workers?

A. Yes, I have. They come to inject sometimes.

Q. Do you have sexual relations with them?

A. (Smiles... but isn't feeling shy) Yes. But I do not give them money. I instead give them maal. They themselves come asking for maal. Sometimes, I go to find them in front of Bir Hospital. When I met them there, they ask me, "Do you have maal?" When I say "Yes", Then they took me to their rooms to have sex.

Q. Do you visit cabin restaurants?

A. Yes, I have visited cabin restaurants in Gaushala several times. But have stopped since last year. I always paid money to the cabin girls for sex because they do not use drugs. They only drink alcohol. I have paid Rs.500 up to 1000. I had plenty of money then so I would go to the cabin restaurants. (Sunil)

Among the unmarried informants, the majority (10 out of 18) were sexually active. Out of these 10 sexually active IDUs, half of them had regular sex partners while the remaining half had visited sex workers. Some of their casual sex partners included female IDUs, foreign tourists and girls working in cabin restaurants and discos.

Q. Do you have a girl friend?

A. Yes, I have a Nepalese girl friend who is from my village. She is a student of class 9. I have sexual relation with her. I never used condom with her. She is also unmarried and does not have any relation with other boys. She is my regular sex partner. (Barun)

Q. Mr. Prakash, have you ever visited any girls to have a sexual relation?

A. (Feeling uneasily) Yes, I have visited so many times.

Q. Is she your girl friend?

A. No.

Q. Then?

A. She is married and has a husband but he is always on trips. He is kind of mad. He drinks alcohol and takes ganja also. He does not even give her the money to feed her son. I had sexual relation with her many times and even now.

Q. Does she take money from you for sex?

A. No, she does not take money from me because she is not a 'beshya' (prostitute). She asks for money only at time of crisis and even gives me when I need it.

Q. Do you have a sexual relation with any other girls besides her?

A. Yes, I do have sex with other girls also. I have gone to the prostitutes twice or thrice. They are all spoiled girls.

Q. Where and how did you contact them at first?

A. They were drug users, drug sellers and prostitutes as well. I met them in Basantapur when I had gone there to buy maal. I used to take maal at that time. One of them offered me to go out with her but I refused her. She again offered me to have sex with her the next time. I did not reject her then. (Promod)

"I often go to have sex with sex workers. There is a building at Gwarko where few women have been performing this type of business. But I will not tell the name and other characteristics. They are married and very few people are familiar with them, but they are prostitutes." (Sumod)

2.4.3 Sexual Networks of Female IDUs

Among the four females IDUs, two were divorced/separated. Only one unmarried female IDU could be contacted for the study. Out of these four IDUs, two were sex workers, of which one was married and the other was a divorcee.

The two sex workers engage in sex to earn money to buy drugs. The unmarried female IDU reported having two or three boyfriends, from whom she accepts money for sex if offered. The other female IDU has only one boyfriend but she seldom engages in sexual activity with him. The married woman is a sex worker and has sexual relations with her husband from time to time.

"I do this work (sex work) and nothing else. I got ruined because of drugs. After I started taking drugs, I would feel sick when I did not take it. My husband would not come home and I would not have money of my own. I sold my ornaments, my nose stud and watch. I sold my shoes, saris and ultimately

my ownself also. My family started ignoring me. My brothers do not even look at my face, nor does my father. Only my mother loves me till now." (Shila)

"Deepak Shahi was my boyfriend but he got married to another girl. I got involved in Tidigesic because of him. He hurt me. (Laughs----) Yes, I had. I went to sleep with him 5 or 6 times. In the beginning, I was so shy to go with him. He promised to marry me but he didn't. Yes. I had two more boy friends. One lives in Kalanki and another lives in Bauda. Yes, I still have physical relation with Bauda's boy. Binesh from Kalanki have not come since last month. Yes. They give me Rs.150 to 500/-. But sometimes they don't pay me. However I understand them because they don't have money." (Sita)

2.5 First and Last Sexual Experience

The majority of the sexually active informants had their sexual debut either with their boy friends/girl friends or with SWs. For some married men, spouses were their first sex partners. The IDUs who are also tourist guides reported that foreign tourists were their first sex partners. A female IDU, Sarita Lama had been a victim of rape, which was her first sexual experience. The majority of the unmarried male informants said that they had their last sexual encounter with sex workers.

"I met the first one in the kothi of Bombay Center in Bombay. While I was on the road (I had escaped from home that time), there were so many Nepalese girls showing signs to me. I did not want to have sex with Nepali girl so the Kothiwali/Bai asked me to have sex with an Indian girl. I did that for the first time in my life." (Shundar)

"(Makes a jolly face) Yes, I have had. I had such a relationship for a long period (7 months) with a Japanese girl. Besides that I had such relationship with other Nepali and foreigner girls here and there. I used to guide her when she came here and the relationship grew gradually. I even went to India with her. We had gone to Nagarkot and she used to go to the lake to swim and to take bath. I had a sexual relation for the first time then. When I saw her bathing there, I got some kind of feelings and proposed to her at the night. She was shy at the beginning; I think they have a tradition like ours. But she could not refuse later. This was after 3 days of our meeting. I did not use condom then since that was my first sexual experience and I did not get the thought of using a condom." (Barun)

"When I was twelve years old, a Manange boy took me to Godawari, gave me drugs and had sex with me. I got spoiled then onward." (Sarita)

"I had gone with a cabin girl two weeks back." (Manoj)

"I had sex with Sunita 15 days back. She is a waitress of a cabin restaurant situated near airport gate. She is known by the name "MissCat" in our group. I used condom myself by buying it from the medical shop." (Raj)

2.6 Relation with Sex Workers

The informants had relations with different types of sex workers, including street based, cabin based, dance based, disco and settlement based sex workers. They mentioned that they help the SWs in many ways. For example, they give them lifts on their motorbikes and drop them at their residences at night. If any other men tease and touch them, they give them protection. They also give them rice and other food and help them when they ask for help. Some IDUs know the SWs' names and backgrounds.

"Yes, we have gone to the restaurant (does not want to reveal the name) and have given them lift in our motorbike till their residence at night. Yes, we have. Some boys teased and touched them (restaurant girls) once. They showed us the guys. First we asked the guys if they were giving trouble to the girls. They said, "Yes" and we fought with them. Except this, they have never asked us for any kind of help or protection." (Arjun)

2.7 Modes of Payment for Sex

IDUs use different modes of payment to sex workers, including cash, buying food or gifts, and drugs. Cash payment varied according to the types of SWs, time spent with them, location and the physical appearance of SWs. In the case of girlfriends or other regular partners they do not pay money for sex. But they give them different types of gifts and foods and also help them (security or protection) when they have problems. If the SWs were also drug users, they would give them drugs instead of money. This is more common among the street based sex workers. Sex workers themselves demand drugs instead of money from them. If the girls are non-users of drugs and are cabin based, dance or disco based then they will have to pay money for sex. The amount usually ranges from Rs.200–1000. It is only at times that the amount is less than Rs.200 or above 1000.

"I sometimes pay Rs. 500 and sometimes Rs. 200. It depends on how beautiful they are." (Manoj)

"I once paid Rs. 1000 to 1200 for the whole night." (Pradeep)

"I paid 50 IC for sex with the Indian girl in Bombay." (Shundar)

2.8 Condom Use

Condom use is negligible and inconsistent although most the informants are aware that condoms protect from contracting HIV/AIDS, STIs and pregnancy. Among the IDUs having multiple sex partners, use of condoms depends on their partners. In the case of

Bishwa, he reported using condoms with sex workers who have multiple partners, out of the fear of transmission of HIV/AIDS. On the other hand, he does not use condoms with his girlfriends out of the certainty that they do not have other sex partners. Sometimes he uses condom as a preventive measure to avoid pregnancy and not as a precaution against diseases.

"They have sexual relation with their husbands. They also have such relation with many men. That is why I use condom while having sex with them. I get scared that they might be infected with HIV/AIDS." (Bishwa)

"They are my girlfriends. I don't use condom while having sex with them. Sometimes I use it just to prevent pregnancy. I don't think they have HIV/AIDS because they do not have relationship with others. Since they are my girlfriends, I don't have to pay them for the relation. I give them gifts and help them. I also give them jewelry, clothes and money at times of need. I protect them when other boys tease them. I have regular contact with them." (Bishwa)

"I did not use condom then since that was my first sexual experience and I did not get the thought of using a condom. Later, she would always ask me to use condoms. Sometimes I used it and sometimes I did not." (Barun)

"They are kind of prostitutes. While doing it with them, I was very cautious and used condom each time. I knew it from before that they do it with others also." (Barun)

Among the four female IDUs interviewed in-depth, two were sex workers. Use of condoms by these two sex workers was high with their clients but negligible with their spouses and boyfriends. The unmarried female IDU reported that she insists that her boyfriends use condoms every time they have sex. The fourth female IDU (separated from husband) had not used a condom during her last sexual encounter with her boyfriend. Because of the small number of cases of female IDUs covered in the present study, it is difficult to generalize the extent of condom use (including consistent use) by female IDUs in the valley.

"Yes, I did. If I had not used it, I would have got pregnant. Yes, I used all the time." (Sita)

"Yes, I always ask them to use condoms. Some of them do not agree to use it. I tell them that I will return their money if they do not use it." (Sila)

"Yes, they use. I do not agree to have sex with them if they do not use condoms. So they always use it. I never have sex without using it. I do not care about money. If some clients do not agree to have sex-using condom, then I return their money rather than having sex with them."

I do not tell lies. I have not slept with my second husband for the last eight months. He does not believe me that I am pregnant with his baby. He goes as much to other girls also. As far as I know, he does not use condom"(Sarita).

2.9 Reasons for Non-use of Condoms

Reasons for non-use of condoms either with regular or non-regular partners vary widely. The main reasons that were given for non-use of condoms with regular partners (including spouses) were: *'their wives and girlfriends do not have any relations with other people'; 'their wives/girlfriends are using family planning method'; and 'adopted permanent family planning'*; Other reasons were given such as; not being habituated to use condoms since last year, planning to have a child; if their partner gets pregnant then he is ready to marry her. Some men said that they were sure they don't have any HIV or STI.

Reasons for not using condoms with non-regular partners include: *'do not get satisfaction/ do not enjoy/ do not get pleasure'; 'always in hurry while going to the sex workers', ' we don't carry condoms'; 'sex done while in (trip of) drugs'*. Some IDUs believed that girls who are new in sex work are not likely to be infected with sexual diseases. Also some men say that medical shops are not open late at night, when they want to engage in sexual activity.

'No, I did not. I do not like to use it. I have used it only once and the pleasure is different. It is not as good as doing without it.

*"No, I have never used. Why should I use it? She is my wife. (Surprised)"
(Deepak)*

"No, I have never used condom. Why should I use when I have not used till now? I do not like it, I do not get satisfaction and I do not enjoy. Yes, they want to and they always keep condoms with themselves but I do not use it. I will always be in a hurry so I do not use. I do not know whether others use it." (Krishna)

"I do not use with my wife. I mean nowadays. I used it around 2 or 3 years back. I have done family planning. (Maile pariwar niyojan gareko). I do not want babies anymore." (Manohar)

"No, I do not use condom with them. In the beginning, they hesitate to have sex without using condom because of the fear of getting pregnant. If I force them to have sex without using condom then they tell me to take care of them if they become pregnant. When they say this I respond them positively then they allow me to have sex." (Mohan)

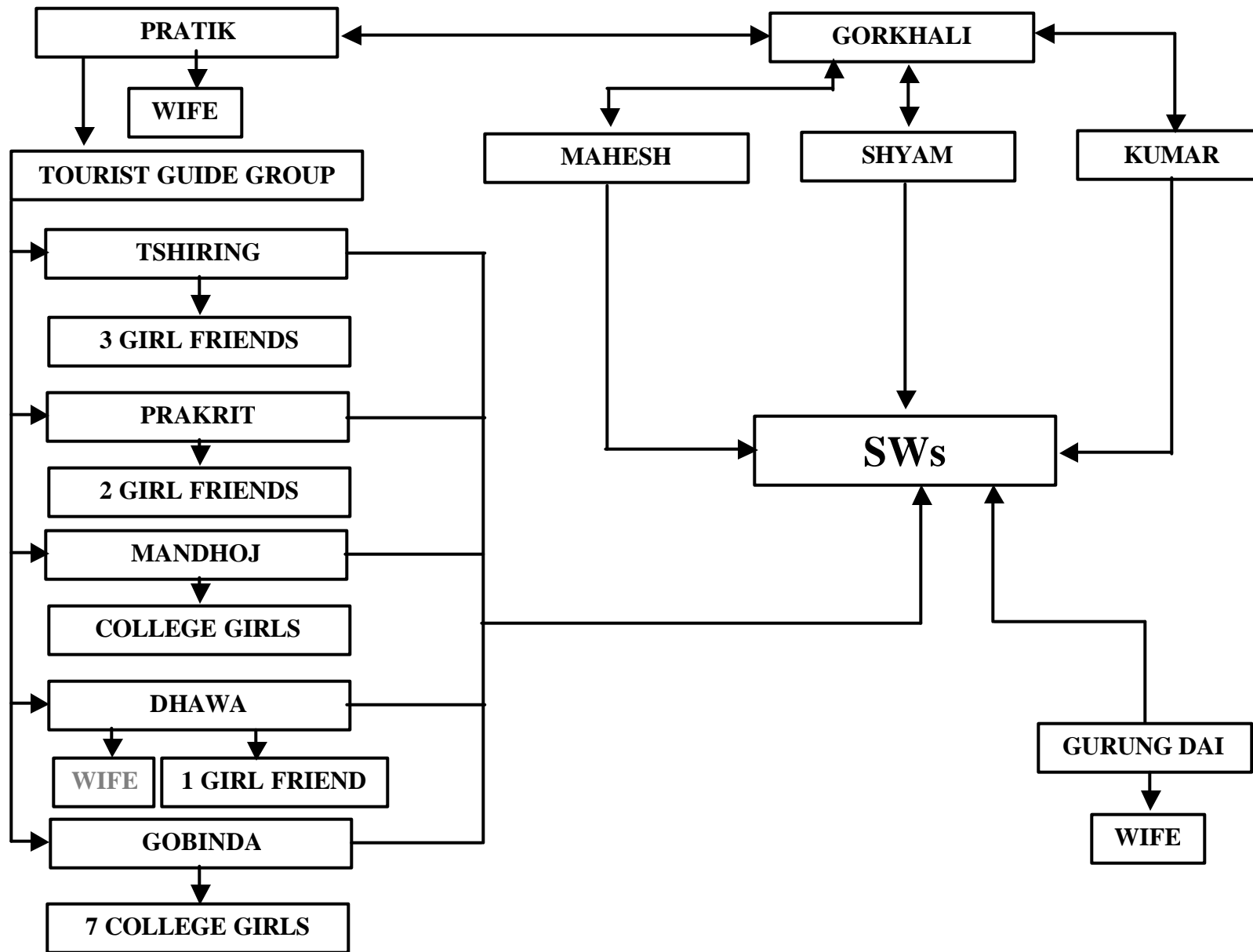
One of our female informants, a married sex worker, mentioned that she does not use condoms with her husband, as he never agrees to use them. She was also not aware of condoms before going to Richmond [NGO]. One of the female IDUs mentioned that a condom was not used in her recent sexual encounter, as both of them were on a drug trip.

Q. Does your first husband come to you for sex?

A. Yes, he comes to me for sex. He also beats me. He came to me last night but I don't agree to have sex with him. He never uses condoms. I came to know about condoms when I went to Richmond for the first time. I never know about it before I went to Richmond.(Sarita)

No, we did not. Actually we were both unconscious (hosai bhayena). I had both raksi and ganja but he only had ganja. I was more unconscious than him because I had both. I cried later. He then assured me that he would marry me if I got pregnant. But I did not get pregnant (Sabita)

Figure 2.8 Sexual Contacts of IDUs



The figure 2.8 shows the sexual networking of two IDUs, Gorkhali and Prakrit (married). Both of them are from the same group. Besides Prakrit's own group, consisting of Gorkhali, Mahesh, Kumar and Shyam, he also goes to the tourist guides' group to share syringe/drugs. Some of them are married or have more than one regular partner (girl friends). They all visit sex workers. Gorkhali is the only one who goes to share syringe/drugs with Gurung dai (married). Although Gorkhali does not go to SWs, it was learned that Gurung dai, Mahesh, Shyam and Kumar visit SWs.

2.10 Knowledge on STIs and HIV/AIDS

Among the IDUs that were interviewed, most of them have knowledge of STIs and knowledge of HIV/AIDS was universal. They also know the means of transmission of STIs and HIV/AIDS. These IDUs know that these types of diseases are transmitted either through blood or by having sex without using condoms. Some IDUs who are aware of HIV/AIDS use condoms. Some users seem not to worry about contracting diseases like HIV, Hepatitis and other STIs and thus do not use condoms.

"Yes, I have heard of HIV/AIDS. It is a very dangerous STD but I am not scared of it. I do not have any interest in living so I do not care even if I die. That is why I never use condom." (Krishna)

"Yes, I am suffering from HIV/AIDS. This is because I had sex with many girls. I also share syringe but I am sure it is transmitted to me through sex. I am an expert in sex. When I did a blood test two years ago, I was only HIV positive but I have AIDS now." (Krishna)

"Yes, I had once been infected with the disease where there would be puss formation from the urinary organ. I consulted a compounder in Satya Pharma, took an injection and took medicines for seven or eight days." (Pramod)

"She gets itchiness in her body. She suffers from sores, white discharge, itchiness in breast and it hurts while having sex. I had the same problem six months ago but I went to the medical behind central jail. At that time, she (lady doctor) inserted her hand in my vagina and checked it. It is recovered now. I was also suffering from white discharge. I went to the same place to check. I do not have any problems." (Sita)

2.11 Frequency of Sexual Activities

Many of the informants said that they are not interested in sex, and some report that they experience sickness when they have sex. The frequencies of sexual activities were quite low, as reported by both married and unmarried IDUs.

Q Have you ever visited any sex workers?

A I have never visited the sex workers because I have my wife and two children at home.

Q How is your sexual relationship with your wife?

A To tell you the truth, my sexual instinct has decreased now. I got married ten years back. So everybody's sexual interest decreases over the years. I have sex with my wife twice a week. But sometimes not even once in a week or two. My penis often erects and I could have had sex more but being a drug addict I get sick immediately. It takes two to four hours for the discharge of semen. So I get tired while having sex and thus rest on her and continue again. After the discharge of semen I get sick immediately. I do not show much interest in sex because of this reason. Sometimes my wife shows interest for sex. She embraces me tightly and plays with my penis. When it gets irritated, I have sex with her on other days also. When it erects on its own, then also I do not care much about it and show my temper inspite of her willingness for sex. She gets angry when I refuse but we reconcile the next day, because she understands my problems. (Rohan)

Q Did you have sexual relationship with your girlfriend Rosy?

A No, not even for once, she was my true girlfriend. She left me because of drugs. We only did kissing and nothing more than that.

Q Do you still go for sexual activities?

A Sometimes.

Q When did you have sex the last time?

A I had gone with a cabin girl two weeks back. (Manoj)

Chapter 3

DISCUSSION AND CONCLUSIONS

The combined size estimation of IDUs in Kathmandu valley is 4399. Of these only 138 are female IDUs. The groups (clusters) of injecting drug users were identified through contacts with numerous key informants in all parts of the valley plus detailed crosschecking. Our research teams also directly observed the groups of IDUs in many of the locations. In most cases the groups of IDUs are fairly well known in their immediate localities, because they usually inject in groups, and also because advanced drug addiction is difficult to conceal over longer periods of time. Therefore we feel that our mapping has identified most all of those IDUs who gather in groups. In contrast to the other estimates by various NGOs and others, which have claimed as many as 15, 000 or more injecting drug users in the valley, we believe that the total numbers are not be more than 4500 to 5000. This is, of course, still an alarmingly high number of injecting drug users.

Our estimates of female IDUs are particularly likely to be low, considering the fact that many of them may be “lone users,” whose secret injecting is known only to a few persons. Perhaps there may be as many as 200 female users, including small groups of females who are particularly secretive. On the other hand, the majority of female IDUs in our sample are members of injecting groups that include both males and females. Undoubtedly there are also some men who are “lone IDUs,” particularly some who are “middle class,” employed, and do not feel a need to be members of IDU groups. Such lone injecting, we believe, would be highly unusual and aberrant, however. Among the male IDUs, several reasons were given for the patterns of injecting in groups, including the fact that it is quite usual for the men to help each other in the process of injecting. The physical process of jabbing a needle into a somewhat distended vein is not easy, especially for beginners. In the in-depth interviews most of our informants spoke of their initial fears of injecting. In their first experiences, they were almost invariably injected by their friends. Even experienced users often help each other in the process of inserting the needle.

The in-depth interviews with IDU informants from different parts of the valley area gave ample evidence that the overwhelming majority of injecting drug users prefer to do their drug use in small groups, varying from four to as many as 15 persons. Each informant spoke of his group as a regular, habitual social entity. In day-to-day behaviors, however, the injecting groups vary in composition throughout the day, and from one day to another. Even when they gather together in somewhat larger groups of 8 or 10 persons, the actual drug and needle sharing generally takes place among subgroups of 3 or 4 individuals within the larger gathering.

The network data that we collected from 17 IDU groups showed considerable variations in the patterns of injection sharing. In some groups there is practically universal sharing (both giving and receiving) of each other's injecting equipment. Others have sharp distinctions between those who share with each other, and some individuals who bring their own equipment and do not share with the others. The reported patterns of sharing, however, can fluctuate widely, depending on the availability of money, drugs, and syringes. Those many IDUs who have very little money are particularly vulnerable to unsafe sharing. The persons who have

contributed very little money to the purchase of the day's drug supplies are likely to be relegated to injecting last, after several others have used the syringe. Several informants commented that the person who contributed the most money takes the first injection.

Revisits to the same IDU groups after several months revealed that there is considerable instability among the groups. Some groups have disappeared (broken up by police raid or other events); almost all groups had lost some members and gained two or three new persons.

The shifting of participation or "membership" from one group to another is a frequent occurrence both short-term and long-term among the IDU groups. Each small group has individual members who go regularly to other groups for drug injecting. The changes we found in the revisits to the groups further illustrate the shifting of individuals from one group to another. This means that each drug-injecting group is linked to other such groups through the behaviors of some "floating" individuals. We can hypothesize then, that HIV and other infections are very easily transmitted from group to group, throughout the entire valley network.

The rampant sharing of injecting equipment among the IDUs is partly explained by their belief that only one or two of their group members are infected with HIV. Apparently they also believe that they know which individuals are infected. Further reasons for risky sharing include the socially obligatory sharing when everyone has contributed their share of rupees to the drug cost. Carelessness because individuals are "drug-sick" is also an important factor. Apparently there is also an ingredient of "fatalism" and total lack of concern about the future among some individuals.

Risky sexual behaviors are also common among the IDUs, according to our data. Although all the drug users report that they are much less interested in sex, particularly if they have become habitual users, they use condoms only infrequently with regular partners. Condom use is more frequent with sex workers, but not consistent enough to avoid risks of transmitting HIV infections.

In the IDU informants' discussions of condom use, it appears that they consider themselves to be free of infection. Their main concerns are about receiving infections (HIV and STIs) from high-risk persons, particularly sex workers. That attitude accounts for the low frequencies of condom use with wives and regular girlfriends, as well as other, more "casual" sex partners.

In our in-depth interviews with IDUs we found that they are moderately well informed about the risks of HIV and STIs. The risk-taking behaviors that are prevalent among IDUs occur despite their awareness of those risks. These data suggest that there is a need for more intensive emphasis on the dangers of HIV transmission, in relation to both injection sharing and unprotected sexual relations. Some suggested interventions to reduce the spread of HIV from IDUs to others.

The IDUs must be made much more aware of the high prevalence of HIV in their midst. From the seroprevalence research it seems clear that many groups have over 50 percent of their members infected. Apparently the IDUs themselves are unaware

of those high rates. The awareness messages for the IDUs should concentrate on the dangers of the IDUs transmitting HIV to their wives, girlfriends and others.

Much of the high risk sharing of injections could be avoided if there were a comprehensive needle availability program in the valley area, coupled with an intensified awareness campaign.

The same combination of awareness and availability applies to condom promotion. Messages to the IDUs should emphasize themes such as “Protect your wife (or girlfriend) from getting HIV infection.”

The data from our study of injecting drug users make clear the dangers of spread from the high prevalence IDU population to the general community. Intervention efforts should of course seek continual reduction of risky needle-sharing among the IDUs themselves, but much more attention is needed to prevent increased transmission of HIV infections “across the bridge” to the non-IDU population.

Policy Implications

The drug and injecting sharing networks of male IDUs clearly demonstrate their greater vulnerability to and as a bridging population for HIV/AIDS. In contrast, female IDUs generally inject in isolation and therefore, they are less likely than the male IDUs to contract HIV virus except those who inject in a heterosexual group and involved in sex work. Ironically, most IDUs who inject in groups are aware of HIV/AIDS and its transmission through infected injecting equipment but take less or no precaution to protect themselves or their friends from the disease. The very high prevalence of HIV among IDUs in Kathmandu valley is a testimony to their careless and risky injecting behavior. Drug injecting being a hidden behavior, containing the spread of HIV among this sub-population will continue to be a difficult task.

Raising awareness among and educating injectors and their sexual partners about HIV risks and safe practices; comprehensive needle availability program, making available drug treatment programs; providing greater access to counseling and care and support of HIV-infected injectors, and to STI and other health care services can be some of the strategies for controlling HIV transmission among the IDUs.

Questions for Freelists with Drug Users

CE BREAKING QUESTIONS

1. What are all the problems IDUs face (or the users like you)?
2. What are the different kinds of health problems of IDUs?
3. What are all the different types of drugs (including alcohol) used by the people like you? (Get a vernacular of their language/language of injecting)
4. Social categories: "Who are the different drug users?" (e.g. truckers, construction workers, sex workers, students.....etc.....etc.)
5. What types of people are associated with these different drug-use activities?

| Types of the drug | Types of the people (Social Categories) |
|-------------------|---|
| 1..... | 1..... |
| 2..... | 2..... |
| 3..... | 3..... |

6. What are all the places you know or heard of where the drug injecting takes place?
7. What are the good things about injecting drugs?
8. What are the bad things about injecting drugs?
9. What are all the reactions from drug use (e.g. Sensations, physical and psychological reactions)?
10. What are the different types of IDUs ("weekend users," "heavy users," etc.)
11. What types of IDUs likely to contract HIV?
12. What is being done to control transmission of HIV among IDUs?

Ratings and Related Information

1. Relative difficulty of getting various drugs.
2. Problems related to the use of specific drugs, including side effects, etc.
3. Preferred drug

Items for Accessibility and Preference Rating of Drugs

1. Tidigesic
2. Brown Sugar
3. White Sugar
4. Nitrosun
5. Marijuana (*Ganja*)
6. Hassis (*Chares*)
7. Dygipam
8. Calmpose
9. Fortwin
10. Morphin
11. Magic Mushroom
12. Phensydyle
13. Cocaine
14. Opium
15. Formula
16. Codin
17. Effidien
18. Avil
19. Valium 10
20. Nitrovet

Items for Severity Rating of Problems of IDUs

1. Policlele samatene/pitne

2. Policlele paisa magne/khosne
3. Paisa nahuda gharko samanharu bechnu/chornu/bandhaki rakhnu parne
4. Sick kill garna chornu parne/lutnu parne
5. Paisa nabhayeko bela purano syringe prayog garnu parne
6. Saman kinnako lagi kamayeko sabai paisa masnu parne
7. Pariwarle le hela /ghrina garne
8. Drug khane thaha payera kam nadine/biswas nagarne
9. Dealerle paisa khaidine/bhagne/malko satta mato dine
10. Sathilai mal kinna pathayo bhane paisa liyera bhagne/mal khaidine
11. Inject garda arule dekhne/surakchhit thau napaune
12. Chhodna manlage pani chhodna nasakine
13. Paisa bhayepani saman/mal khojna thau thau janu parne
14. Blackma kinnuparda samanko dam badhi tirnu parne
15. Syringe share garda HIV/AIDS sarne dar
16. Samajle hela/ghrina garne

List of 21 Locations in Kathmandu Valley for Drugs Supply

- 1 Samakhusi
- 2 Bhurunkhel
- 3 Pachalighat
- 4 Dallu/Pode tole
- 5 Tilganga/Pode tole
- 6 Naxal
- 7 Jhochhen
- 8 Mahankal Temple
- 9 Tyoda
- 10 Patan Campus
- 11 Ashok cinema hall
- 12 Lukusi
- 13 Subal
- 14 Lagankhel
- 15 Patan Sundhara
- 16 Nagpokhari
- 17 Suryabinayak
- 18 Sukuldhoka
- 19 Bansagopal
- 20 Bharba Chowk
- 21 Sano Thimi

DISTRICT: KATHMANDUTotal No of IDUs of Selected Locations (**As identified by CREHPA**).

| S. N. | Site | Location | # of Male IDUs | # of Female IDUs |
|-------|--|-----------------------|----------------|------------------|
| 1. | Maitidevi Chowk | Maitidevi | 30 | - |
| 2. | Pipalbot | Dillibazar | | |
| 3. | Charkhal, | Dillibazar | 25 | - |
| 4. | Around Kumari Cinema | Dhobidhara | | |
| 5. | Around American Language Centre | Dhobidhara | 23 | 2 |
| 6. | Charkhal, Kamal Pokhari | Kamal Pokhari | 15 | - |
| 7. | Nag Pokhari, Bhagawatibahal | Nag Pokhari (Naxal) | 30 | - |
| 8. | Mali Gaun | Mali Gaun | 10 | - |
| 9. | Gyaneshwor | Sano Gaucharan | 10 | - |
| 10. | Back Side of the Police Head Quarter, Gairidhara | Gairidhara | 15 | - |
| 11. | Mali Gaun, Kalopul | Handi Gaun | 10 | - |
| 12. | Around Bhat-Bhateni Mandir | Bhat Bhateni | 10 | - |
| 13. | Bishal Nagar, Baluwatar | Bishal Nagar | 20 | - |
| 14. | Near Sanchaya Kosh Building | Thamel | 21 | 9 |
| 15. | Kuldevata Ko Mandir opposite to Mustang Hotel | Thamel | 21 | 4 |
| 16. | ASCOL | ASCOL Student, Thamel | 18 | 2 |
| 17. | Chihan Danda | Jorpati | 15 | - |
| 18. | Near Aradhana Cinema Hall | Jorpati | 12 | - |
| 19. | Khamba Camp | Sundar Tole | 10 | - |
| 20. | Chamunda Temple | Sundar Tole | 5 | - |
| 21. | Bhut Bangala | Sundar Tole | 10 | - |
| 22. | Around Stupa | Boudha | 5 | - |
| 23. | Around Ramhiti | Mahankal | 7 | - |
| 24. | Chuchapati Chowk | Chuchapati | 6 | - |
| 25. | Kumarigal Phant | Kumarigal | 12 | - |
| 26. | Sarswati Temple | Chabahil | 10 | - |
| 27. | Near Gopi Krishna Hall | Chabahil | 5 | - |
| 28. | Bhatkekopul | Kalopul | 6 | - |
| 29. | Backside of Hira Ratna Hall | Kalopul | 5 | - |
| 30. | Satya Narayan Mandir | Kalopul | 8 | - |
| 31. | Pipal Bot | Kalopul | 4 | - |
| 32. | Jaya Bageswori Mandir (Toilet) | Jaya Bageswori | 6 | 1 |
| 33. | Shiphai Chour | Shiphai | 8 | 5 |
| 34. | Bhubaneshwori Mandir | Pashupati | 6 | - |
| 35. | Ram Mandir | Pashupati | 5 | - |
| 36. | Pode Tole | Tilganga | 60 | - |
| 37. | Pode Tole (River Bank) | Baneshwor Height | 7 | - |

| | | (Below) | | |
|-----|---|-----------------------------------|----|---|
| 38. | Ratopul (Foot Ball Ground) | Ratopul | 10 | - |
| 39. | Khari Danda | Battishputali | 10 | - |
| 40. | Near Ratna Rajya School | Baneshwor Height | 5 | - |
| 41. | Tara Hall | Sinamangal | 10 | - |
| 42. | Shiva Darshan Hall | New Baneshwor | 8 | - |
| 43. | Kharibot | New Baneshwor | 8 | - |
| 44. | Minbawan College | Minbhawan | 10 | - |
| 45. | Prayag Ghat | Bhimsengola | 7 | - |
| 46. | Milan Chowk | Bhimsengola | 10 | 5 |
| 47. | Near Amar Adarsha School Open ground | Bhimsengola | 6 | |
| 48. | Near Seto Ganesh Mandir | Buddhanagar | 10 | - |
| 49. | Bhatkekopul | Shankhamul | 10 | - |
| 50. | Front Gate | Swayambhu | 2 | - |
| 51. | Shobha Bhagawati | Swayambhu | 7 | - |
| 52. | Historical Museum (Garden) | Swayambhu | 5 | - |
| 53. | Dallu Bridge | Swayambhu | 5 | - |
| 54. | Mahadevtar | Gangabu | 20 | - |
| 55. | Balaju Bypass | Balaju | 10 | - |
| 56. | Baluwa Khani | Gongabu | 10 | - |
| 57. | Ganesthan 1 | Gongabu | 4 | - |
| 58. | Ganesthan 2 | Gongabu | 10 | - |
| 59. | Budhanilkhantha Temple | Bhudhanilkhantha | 4 | - |
| 60. | Black & White Snooker & Pool | Naya Bazar | 4 | - |
| 61. | Saraswati Campus Ground | Lekhnath Marg | 5 | - |
| 62. | Near Samakhusi Children Park | Samakhusi | 12 | - |
| 63. | Kumari Temple | Samakhusi | 12 | - |
| 64. | Dhunge Dhara/Beside Hostel of Amrit Science College | Lainchaur | 20 | - |
| 65. | Balaju Industrial Estate | Balaju | 12 | - |
| 66. | Bansbari Near Temple | Bansbari | 15 | - |
| 67. | Small Restaurant | Chakrapath Chowk maharajgunj | 3 | - |
| 68. | Beside Bull Gym Centre | Basundhara | 15 | - |
| 69. | Pool House, In Front of DJ (CR) | Gongabu Bus Park (Opposite Side) | 7 | - |
| 70. | Lucky Stick Pool House | Gongabu Bus Park North Side | 20 | - |
| 71. | New Sparkle Pool House | Gongabu Bus Park North Side | 20 | - |
| 72. | Perfect Snooker With Gym | Balaju, Chakrapath | 12 | - |
| 73. | Kumarithan | Maharajgunj | 6 | - |
| 74. | Ram Mandir | Tripureshwor | 3 | - |
| 75. | Bansighat | River bank of Bagmati (Slum area) | 15 | |
| 76. | Open Ground (Near to Nilbarahi School of Women's College) | Tahachal | 20 | 2 |
| 77. | Bank sides of Bishnumati River | Bhimsenthan | 40 | - |

| | | | | |
|------------------------|--|-----------------------|-------------|-----------|
| 78. | Freek Street | Jhonche | 15 | - |
| 79. | Kumari Chowk | Basantapur | 25 | 5 |
| 80. | Pyaphal | Near by Basantapur | 20 | - |
| 81. | Damaitole | Near to Dhoka Tole | 20 | - |
| 82. | Dhobichaur Chhetrapati | Chhetrapati | 40 | - |
| 83. | Bhurungkhel | Bhurunghel | 50 | - |
| 84. | Prem Galli | Kasai Tole,Thamel | 20 | 5 |
| 85. | Field Around TU controller of Examination Office | Balkhu | 20 | - |
| 86. | Inject their own Home | Ravi Bhavan | 10 | - |
| 87. | Open Area (Jhadi and Field) Near Grand Hotel | Soltte Mode | 20 | - |
| 88. | Pachali Ghat | Kalo Pool | 18 | 12 |
| 89. | Near by Jana Maitri College | Naya Basti, Kuleshwor | 6 | - |
| 90. | Bishwo Jyoti Cinema Hall | Jamal | 3 | - |
| 91. | Tyoda Chowk | Tyoda | 9 | - |
| 92. | Opposite to Electricity Authority, Public Toilet (Dealing Point) | Ratna Park | 40 | - |
| 93. | Back side of Bhaktapur Bus Park | Bagbazar | 7 | - |
| 94. | Mahankal Mandir | Mahankal | 7 | 8 |
| 95. | Way to RB Complex Meat shops | Khicha Pokhari | 4 | - |
| 96. | Kankeshowari Mandir | Kankeshwori | 12 | 4 |
| 97. | Across Bishnumati Bridge in Pati | Dhalko | 10 | - |
| 98. | Pode Tole | Dhalko | 32 | 3 |
| 99. | Thahiti Ckawk | Thahiti | 30 | - |
| 100. | Behind the Temple | Asan | 7 | 2 |
| 101. | Around Sankata Temple | Tebahal | 5 | - |
| 102. | Back side of Smriti Bhawan | | | |
| Total | | | 1322 | 69 |
| GRAND TOTALOTAL | | | 1391 | |

DISTRICT: LALITPUR**Total No of IDUs of Selected Locations (As identified by CREHPA).**

| <i>S.N.</i> | <i>Site</i> | <i>Location</i> | <i># of Male IDUs</i> | <i># of Female IDUs</i> |
|-------------|---------------------------------|---------------------|-----------------------|-------------------------|
| 1. | Bus Park | Patan Dhoka | 03 | - |
| 2. | Ashok Hall | Patan Dhoka | 07 | - |
| 3. | Durbar Square | Patan Durbar Square | 20 | - |
| 4. | Saugal | Saugal | 20 | - |
| 5. | Chapat | Chapat | 19 | 1 |
| 6. | Subahal | Subahal | 10 | - |
| 7. | Lukusi | Lukusi | 20 | - |
| 8. | Tyagal | Tyagal | 10 | - |
| 9. | Sundhara | Sundhara | 12 | - |
| 10. | Dupat | Dupat | 08 | - |
| 11. | Pryag Pokhari | Prayag Pokhari | 33 | 2 |
| 12. | Swatha | Swatha | 20 | - |
| 13. | Kwako | Kwako | 08 | - |
| 14. | Gabahal | Gabahal | 22 | - |
| 15. | Chakupat | Chakupat | 16 | - |
| 16. | Bangalmukhi | Konti | 12 | - |
| 17. | Chyasal | Chyasal | 15 | - |
| 18. | Patan Industrial Area | Patan | 12 | - |
| 19. | Guna Cinema Hall | Gwarko | 15 | - |
| 20. | Mahalaxmithan Temple | Mahalaxmithan | 13 | - |
| 21. | Bus Park | Lagankhel | 07 | - |
| 22. | Lachhi Tole, Ashok Stupa | Pulchok | 25 | - |
| 23. | River Bank of Bagmati | Kupondole | 06 | - |
| 24. | River Bank of Bagmati | Kupondole | 05 | - |
| 25. | River Bank of Bagmati | Kupondole | 04 | - |
| 26. | Caravan's Snooker | Jawlakhel | 10 | - |
| 27. | Ekantakuna Cassette Shop | Ekantakuna | 06 | - |
| 28. | Bal Binod School Ground | Natole | 05 | - |
| 29. | Prasadi Academy | Manbhawan | 05 | - |
| 30. | Cassette Shop | Manbhawan | 07 | - |
| 31. | Heaven's Snooker | Manbhawan | 05 | - |
| 32. | Infront of Campion Academy | Kumaripati | 07 | - |
| 33. | Near Sincere Departmental Store | Kumari Pati | 07 | - |
| 34. | Near Ruchi Cabin Restaurant | Lagankhel | 02 | - |
| 35. | Behind Radio Station | Hattiban | 07 | - |
| 36. | Khumaltar Bus Stop | Satdobato | 05 | - |
| 37. | Prasaie Ghat | Gusigal | 30 | - |
| 38. | Beside of Gems School | Sanepa | 35 | - |
| 39. | Near Royal Army Residence | Jhamsikhel | 7 | - |
| 40. | Near Chaudhary Group | Jhamsikhel | 5 | - |

| | | | | |
|--------------------|---------------------|------------|------------|----------|
| 41. | Ganesthan | Jhamsikhel | 7 | - |
| 42. | Around Hotel Summit | Kupondole | 04 | - |
| 43. | Bakhundole | Kupondole | 03 | - |
| <i>Total</i> | | | 499 | 3 |
| <i>GRAND TOTAL</i> | | | 502 | |

Appendix 2.2 continued...

DISTRICT: BHAKTAPUR

Total No of IDUs of Selected Locations **(As identified by CREHPA).**

| S.N. | Site | Location | # of Male IDUs | # of Female IDUs |
|--------------------|-------------------------------------|-----------------|-----------------------|-------------------------|
| 1. | Dakshin Barahi | Balkot | 4 | - |
| 2. | Durbar Square/ Taumadhi | Bhaktapur | 20 | - |
| 3. | Tripurasundari | Bhaktapur | 8 | - |
| 4. | Bhairabnath Temple - Galli Bhitra | Bhaktapur | 8 | - |
| 5. | Sukuldhoka at Pati | Bhaktapur | 9 | 7 |
| 6. | Sallaghari Mandir | Bhaktapur | 7 | - |
| 7. | Bhaktapur Campus | Bhaktapur | 6 | - |
| 8. | Inacho Tole (Temple) | Bhaktapur | 25 | - |
| 9. | Golmadi Tole (Yachhe ganesh temple) | Bhaktapur | 12 | - |
| 10. | Siddhi Pokhari (Chautara) | Bhaktapur | 5 | - |
| 11. | Pokhari Temple | Nag Pokhari | 25 | - |
| 12. | Hanuman Ghat Area | Hanuman Ghat | 7 | - |
| 13. | Mahalaxmi Temple | Mahalaxmi Tole | 4 | - |
| 14. | Mahakali Temple (Toilet) | Byasi | 4 | - |
| 15. | Town Planning | Kamal Binayak | 10 | - |
| 16. | Temple Area | Bramayani | 10 | - |
| 17. | Meheswori Pith (Temple) | Maheswori Ghat | 30 | |
| 18. | Barahi Pidh | Barahi sthan | 10 | 3 |
| 19. | Surya Binayak Mandir (Jungle) | Surya Binayak | 10 | 5 |
| 20. | Ektale chhapro | Chundevis | - | 1 (also SWs Gauri) |
| <i>Total</i> | | | 214 | 16 |
| GRAND TOTAL | | | 230 | |

Freelist of Drugs Used by Non-Injecting Drug Users

| | ITEM | FREQUENCY | % |
|----------------|---|-----------|--------|
| 1 | BROWN SUGAR | 10 | 100 |
| 2 | NITROSUN | 10 | 100 |
| 3 | TIDIGESIC | 9 | 90 |
| 4 | MARWANA/GAJA/GRASS | 8 | 80 |
| 5 | WHITE SUGAR | 7 | 70 |
| 6 | CHARES/BLACK/HAPPA | 7 | 70 |
| 7 | PHENSYDYLE | 6 | 60 |
| 8 | CODEINE | 6 | 60 |
| 9 | DARBIN | 4 | 40 |
| 10 | DENDRITE (JUTTA TASNE) | 4 | 40 |
| 11 | PHENERGAN | 4 | 40 |
| 12 | NITRAVET | 3 | 30 |
| 13 | NITROPAM | 3 | 30 |
| 14 | COCIN | 3 | 30 |
| 15 | RAKSHI | 3 | 30 |
| 16 | CALMPOSE | 3 | 30 |
| 17 | OPIUM | 3 | 30 |
| 18 | CYNOL | 2 | 20 |
| 19 | PROXYVON | 2 | 20 |
| 20 | VALIUM 10 | 2 | 20 |
| 21 | EFFIDINE | 2 | 20 |
| 22 | JAAND/CHAYANG | 2 | 20 |
| 23 | DIAZEPAM | 2 | 20 |
| 24 | ACTIVED | 2 | 20 |
| 25 | HATTI CHHAP (LIKE BS BUT MORE DANGEROUS) | 1 | 10 |
| 26 | COCKTAIL (TIDIGESIC+AVIL) | 1 | 10 |
| 27 | AVIL | 1 | 10 |
| 28 | FORMULA (CYNOL+DARVASET) | 1 | 10 |
| 29 | MAUSULI KO TAIL | 1 | 10 |
| 30 | HANDIPLAST | 1 | 10 |
| 31 | COCKTAIL (TIDIGESIC+HYDRO) | 1 | 10 |
| 32 | FORMULA (CODEINE/EFFIDINE/PHENERGAN/CYNOL) | 1 | 10 |
| 33 | PHENCODIN | 1 | 10 |
| 34 | FORMULA (CYNOL+DARVASET+NITRAVET) | 1 | 10 |
| 35 | SPASMENDONE/SP | 1 | 10 |
| 36 | LSA PAPER | 1 | 10 |
| 37 | LAPOZE | 1 | 10 |
| 38 | COCKTAIL (TIDIGESIC+ALCOHOL) | 1 | 10 |
| 39 | SARAFAX (CAPSULE SORROW) | 1 | 10 |
| 40 | AVOMINE | 1 | 10 |
| 41 | NITROFAX | 1 | 10 |
| 42 | LORYL | 1 | 10 |
| 43 | CORREX | 1 | 10 |
| 44 | SMACK | 1 | 10 |
| 45 | HEROIN | 1 | 10 |
| 46 | PI CAPSULE (CODEINE MIX GAREKO HALKA PAHELO RANGKO) | 1 | 10 |
| 47 | SAIPAM | 1 | 10 |
| 48 | MAGIC MASHROOM | 1 | 10 |
| 49 | FORMULA (2DIAZEPAM+2NITROSUN+2CALMPOSE) | 1 | 10 |
| 50 | VETNOVET | 1 | 10 |
| 51 | SLEEPING TABLETS | 1 | 10 |
| 52 | NIKOTIN | 1 | 10 |
| 53 | FORMULA (TIDIGESIC+PHENERGAN) | 1 | 10 |
| 54 | FORMULA (2NITROSUN+2TIDIGESIC+2CALMPOSE) | 1 | 10 |
| 55 | FORMULA (4NICOTIN+4CODEINE+2NITROSUN OR 5DIAZEPAM) | 1 | 10 |
| 56 | FORMULA (CYNOL+DARVASET+CODEINE+EFFIDINE) | 1 | 10 |
| 57 | MIKE (RED+BLUE TAB DHULO BANAUNE) | 1 | 10 |
| Total/Average: | | 140 | 14.000 |

Freelist of Drugs Used by Male IDUs

| | ITEM | FREQUENCY | % |
|----------------|--|-----------|--------|
| 1 | TIDIGESIC (CHIYA/BEER) | 21 | 95 |
| 2 | BROWN SUGAR (DAAL/MAAL) | 20 | 91 |
| 3 | GAGA/G/POP/GRASS/JOIN/TOPH/MARWANA | 20 | 91 |
| 4 | NITROSUN/SUN | 19 | 86 |
| 5 | CHARES/HASS/BLACK/DISC/DHIKKA | 14 | 64 |
| 6 | WHITE SUGAR | 13 | 59 |
| 7 | PHENSYDYLE | 12 | 55 |
| 8 | RAKSHI/BOOZ/KITTA | 11 | 50 |
| 9 | CALMPOSE | 10 | 45 |
| 10 | DYGIPAM | 9 | 41 |
| 11 | CODIN | 9 | 41 |
| 12 | PHENARGON | 8 | 36 |
| 13 | COCIN | 8 | 36 |
| 14 | POOXYVM | 7 | 32 |
| 15 | EFFIDIEN | 7 | 32 |
| 16 | VALIUM 10 | 6 | 27 |
| 17 | LSL/LOOSING SENTIMENTAL DREAM/ACID PAPER | 6 | 27 |
| 18 | NITROVATE | 5 | 23 |
| 19 | OPIUM | 5 | 23 |
| 20 | FORTWIN | 5 | 23 |
| 21 | SMACK | 5 | 23 |
| 22 | BRUFIN | 4 | 18 |
| 23 | DARBACET | 4 | 18 |
| 24 | CYNOL | 4 | 18 |
| 25 | MORPHIN | 4 | 18 |
| 26 | NORPHIN | 3 | 14 |
| 27 | JUTTA KO POLISH | 3 | 14 |
| 28 | VALENTIN | 3 | 14 |
| 29 | NITROPAM | 3 | 14 |
| 30 | CHUROT | 3 | 14 |
| 31 | PHENCODIN | 3 | 14 |
| 32 | DARVIN | 2 | 9 |
| 33 | DENLIGHT/JUTTA KO SOLUTION | 2 | 9 |
| 34 | COREX | 2 | 9 |
| 35 | MAGIC/BISHALU MUSHROOM | 2 | 9 |
| 36 | HANDI PLAST | 2 | 9 |
| 37 | SASHIGUN | 2 | 9 |
| 38 | AVIL | 2 | 9 |
| 39 | HEROIN | 2 | 9 |
| 40 | MAUSULI/BHITTI KO DHULO | 2 | 9 |
| 41 | SEFOTEM | 1 | 5 |
| 42 | TEXLILX | 1 | 5 |
| 43 | PHENDIDOL | 1 | 5 |
| 44 | FORMULA/MULA (CODIN/EFFIDRINE/PHENARGON) | 1 | 5 |
| 45 | IODEX | 1 | 5 |
| 46 | TIPEX | 1 | 5 |
| 47 | LARGITIL | 1 | 5 |
| 48 | CHYANG | 1 | 5 |
| 49 | MICRODOT | 1 | 5 |
| 50 | LEOSAN | 1 | 5 |
| 51 | FORIN | 1 | 5 |
| 52 | HEMOPAX | 1 | 5 |
| 53 | CYPEN | 1 | 5 |
| 54 | WINE | 1 | 5 |
| 55 | CORRECTOL | 1 | 5 |
| 56 | SWISS AVIL | 1 | 5 |
| 57 | BEER | 1 | 5 |
| 58 | SIJAPAM | 1 | 5 |
| 59 | JANDH | 1 | 5 |
| 60 | METHADINE | 1 | 5 |
| 61 | FORMULA (CYNOL/POOXYVM/CODIN) | 1 | 5 |
| 62 | FORMULA (PHENCODIN/NITROSUN) | 1 | 5 |
| 63 | FORMULA (PHENARGON/TIDIGESIC) | 1 | 5 |
| 64 | FORMULA (TIDIGESIC/CALMPOSE) | 1 | 5 |
| 65 | CRACK | 1 | 5 |
| Total/Average: | | 297 | 13.500 |

Appendix 3.1

Name and Location of Cabin Restaurants, their Number of Female Staff and Number of SWs by District (Updated through second round of census)

Kathmandu

| <i>S.N.</i> | <i>Name of the Restaurant</i> | <i>Type</i> | <i>Location</i> | <i># of Female Staff</i> | <i># of SWs</i> |
|-------------|--------------------------------|-------------|-----------------|--------------------------|-----------------|
| 1. | Shuvakamana | CR | Maitidevi | 4 | 4 |
| 2. | New Saino | „ | Maitidevi | 6 | 5 |
| 3. | Taj Corner | „ | Maitidevi | 6 | 5 |
| 4. | Lumbini | „ | Maitidevi | 9 | 6 |
| 5. | New Unique | „ | Maitidevi | 3 | 3 |
| 6. | Charchit | „ | Maitidevi | 4 | 4 |
| 7. | Hungry-Eye (Closed) | „ | Dillibazar | 7 | 7 |
| 8. | May-Rose* | „ | Dillibazar | 3 | 3 |
| 9. | Rhino | „ | Dillibazar | 6 | 6 |
| 10. | Rambo | „ | Dillibazar | 6 | 6 |
| 11. | Holiday Inn | „ | Dillibazar | 7 | 7 |
| 12. | Busy Family | „ | Dillibazar | 4 | 2 |
| 13. | Unique | „ | Dillibazar | 5 | 5 |
| 14. | Purnima | „ | Kalikasthan | 2 | 2 |
| 15. | City Cabin | „ | Kalikasthan | 7 | 7 |
| 16. | Himalaya | „ | Putali Sadak | 2 | 1 |
| 17. | Trisuli Prabha (Closed) | „ | Dillibazar | 3 | 2 |
| 18. | Kantipur | „ | Dillibazar | 3 | 2 |
| 19. | Your Choice (Closed) | „ | Dillibazar | 2 | 2 |
| 20. | Cheap and Best (Closed) | „ | Dillibazar | 5 | 4 |
| 21. | Green Height | „ | Gyaneshwor | 13 | 13 |
| 22. | Thakali Fast Food | „ | Putali Sadak | 4 | 4 |
| 23. | Busy Family | „ | Thapathali | 2 | 2 |
| 24. | Newa Yang (Closed) | „ | Kalimati | 4 | 4 |
| 25. | Paradise | „ | Kuleshwor | 10 | 10 |
| 26. | Deurali Café | „ | Kalanki | 3 | 3 |
| 27. | New Diamond | „ | Maitighar | 5 | 5 |
| 28. | New Ladybird | „ | Maitighar | 6 | 6 |
| 29. | Kantipur Fast Food | „ | Maitighar | 7 | 7 |
| 30. | New Gorkha Palace (Closed) | „ | Chabahil | 5 | 3 |
| 31. | Purbeli (Closed) | „ | Chabahil | 4 | 4 |
| 32. | A-one (Closed) | „ | Chabahil | 6 | 6 |
| 33. | Bhetghat (Chabahil food plaza) | „ | Chabahil | 12 | 12 |
| 34. | Trishakti | „ | Chabahil | 4 | 4 |
| 35. | New Shanjha | „ | Chabahil | 6 | 6 |
| 36. | Titanic | „ | Chabahil | 3 | 3 |
| 37. | Barun | „ | Jayabageswori | 6 | 6 |
| 38. | The Golden Eye | „ | Ratopul | 4 | 4 |
| 39. | Gold Coin | „ | Ratopul | 6 | 6 |

| | | | | | |
|-----|------------------------|---|---------------|----|----|
| 40. | Diyalo (Hotel Sagar) | „ | Gaushala | 7 | 6 |
| 41. | Day Queen | „ | Gaushala | 6 | 5 |
| 42. | Peace Palace | „ | Gaushala | 9 | 9 |
| 43. | New Apshara | „ | Battisputali | 5 | 5 |
| 44. | Tas Ghar | „ | Boudha | 3 | 3 |
| 45. | Shambhuko Hotel | „ | Boudha | 4 | 4 |
| 46. | New Sangam | „ | Airport | 4 | 3 |
| 47. | Triveni* | „ | Airport | 2 | 2 |
| 48. | Bhawani | „ | Airport | 4 | 4 |
| 49. | Gajurmukhi | „ | Airport | 4 | 3 |
| 50. | Samjhana | „ | Sinamangal | 3 | 3 |
| 51. | K2* | „ | Sinamangal | 3 | 3 |
| 52. | Western Place* | „ | Sinamangal | 3 | 3 |
| 53. | Amigo | „ | Sinamangal | 2 | 2 |
| 54. | Chandani | „ | Tinkune | 4 | 2 |
| 55. | Dimond (Closed) | „ | Chabahil | 4 | 4 |
| 56. | Marry Gold | „ | Chabahil | 4 | 3 |
| 57. | Chirparichit | „ | Old Baneshwor | 7 | 7 |
| 58. | Dreamland | „ | Old Baneshwor | 3 | 3 |
| 59. | New Chautari | „ | Old Baneshwor | 5 | 5 |
| 60. | Makalu | „ | Gaushala | 4 | 4 |
| 61. | Greenlawn | „ | Gaushala | 4 | 2 |
| 62. | Shivashakti Fast Food | „ | Gaushala | 4 | 4 |
| 63. | Red Rose | „ | Gaushala | 6 | 6 |
| 64. | Jyoti | „ | Gaushala | 6 | 6 |
| 65. | Welcome** | „ | Battishputali | 4 | 4 |
| 66. | Green Heaven (Closed) | „ | Battishputali | 4 | 4 |
| 67. | Sunkoshi | „ | Battishputali | 6 | 6 |
| 68. | Machhapuchhre | „ | Battishputali | 7 | 7 |
| 69. | Samjhauta* | „ | Battishputali | 5 | 5 |
| 70. | Birat | „ | Old Baneshwor | 4 | 4 |
| 71. | Royal Tanduri | „ | Old Baneshwor | 5 | 5 |
| 72. | Malika | „ | Old Baneshwor | 7 | 7 |
| 73. | Fulbari | „ | Old Baneshwor | 5 | 5 |
| 74. | Mithila* | „ | Old Baneshwor | 7 | 7 |
| 75. | Sun Koshi | „ | Old Baneshwor | 5 | 5 |
| 76. | Bebeka | „ | Old Baneshwor | 7 | 7 |
| 77. | Nirab | „ | Old Baneshwor | 7 | 7 |
| 78. | Himchuli | „ | Bhimsengola | 5 | 5 |
| 79. | New Kantipur | „ | Bhimsengola | 7 | 7 |
| 80. | Prasansha | „ | Bhimsengola | 5 | 5 |
| 81. | Yogie | „ | Old Baneshwor | 4 | 4 |
| 82. | Alisha | „ | Old Baneshwor | 3 | 3 |
| 83. | Muskan* | „ | Old Baneshwor | 15 | 15 |
| 84. | Zero-Point | „ | Old Baneshwor | 3 | 3 |
| 85. | Koshi | „ | Bhimsengola | 5 | 5 |
| 86. | Victoria (Closed) | „ | Bhimsengola | 5 | 5 |
| 87. | Bhimsengola Restaurant | „ | Bhimsengola | 7 | 7 |

| | | | | | |
|------|----------------------|---|--------------------------------|---|----|
| 88. | Manashanti | „ | Bhimsengola | 6 | 6 |
| 89. | Seminar | „ | Bhimsengola | 7 | 7 |
| 90. | Milan | „ | Milan Chowk, Bhimsengola | 6 | 6 |
| 91. | Laligurans | „ | Bhimsengola | 5 | 5 |
| 92. | Dayna | „ | New Baneshwor, Mahadevsthan | 4 | 4 |
| 93. | Frendship | „ | New Baneshwor | 5 | 5 |
| 94. | Chilankha | „ | New Baneshwor | 5 | 5 |
| 95. | Egoes | „ | New Baneshwor | 4 | 4 |
| 96. | Karnali | „ | New Baneshwor | 9 | 9 |
| 97. | Three Star | „ | New Baneshwor | 5 | 5 |
| 98. | Nilima | „ | New Baneshwor | 3 | 3 |
| 99. | Blue Eye | „ | New Baneshwor | 5 | 5 |
| 100. | Golden | „ | New Baneshwor | 6 | 6 |
| 101. | Sun Rise* | „ | New Baneshwor | 5 | 5 |
| 102. | Nightingale | „ | New Baneshwor | 7 | 7 |
| 103. | Bindabasini | „ | New Baneshwor | 2 | 2 |
| 104. | Kantipur | „ | Bijulibazar | 5 | 5 |
| 105. | Garden* | „ | Bijulibazar | 4 | 4 |
| 106. | New Millennium | „ | New Baneshwor | 5 | 5 |
| 107. | Durga * | „ | Old Baneshwor | 6 | 6 |
| 108. | Hamro (Closed) | „ | Buddhanagar | 5 | 5 |
| 109. | Angel (Closed) | „ | Bijuli Bazar | 4 | 4 |
| 110. | Ashish | „ | Sinamangal | 4 | 4 |
| 111. | Kanchanjangha | „ | Kalopul | 6 | 6 |
| 112. | Green Piece | „ | Bijuli Bazar | 4 | 4 |
| 113. | Baneshwor (Closed) | „ | Old Baneshwor | 9 | 9 |
| 114. | Cafe De Peace Land | „ | Swayanbhu Ring Road | 4 | 4 |
| 115. | Sunrise | „ | Bhudhanilkhantha | 1 | 1 |
| 116. | Lalupate | „ | Bhudhanilkhantha | 1 | 1 |
| 117. | Shivapuri | „ | Bhudhanilkhantha | 3 | 3 |
| 118. | Bamboo Cottage* | „ | Bhudhanilkhantha | 3 | 3 |
| 119. | D.J. | „ | Gangabu | 5 | 5 |
| 120. | Two Thousand | „ | Gangabu | 4 | 4 |
| 121. | Sunrise | „ | Naya Bazar | 6 | 4 |
| 122. | Priya | „ | Gongabu | 2 | 2 |
| 123. | Shristi* | „ | Maharajgunj, Chakrapath | 3 | 3 |
| 124. | Chakrapath | „ | Maharajgunj, Chakrapath | 2 | 2 |
| 125. | Honey due | „ | Maharajgunj, Chakrapath | 5 | 5 |
| 126. | Diamond Bar (Closed) | „ | Maharajgunj, Chakrapath | 3 | 3 |
| 127. | Roof top* | „ | Bashundhara | 3 | 3 |
| 128. | Sijan * | „ | Samakhusi | 4 | 4 |
| 129. | Sinki Deurali Gajal | „ | Samakhusi | 2 | 2 |
| 130. | S. Unique Fast Food | „ | Gongabu Chowk | 2 | 2 |
| 131. | Miteri | „ | Gongabu Chowk | 4 | 4 |
| 132. | Brunai | „ | Maharajgunj, Chakrapath | 5 | 5 |
| 133. | Milan | „ | Sundhara | 6 | 3 |
| 134. | Oshin*** | „ | Jamal | 0 | 10 |

| | | | | | |
|------|-----------------------------|---|--------------|---|---|
| 135. | Swagatam (also guest house) | „ | Old Bus Park | 2 | 1 |
| 136. | Hungry Treat | „ | Bagbazar | 1 | 1 |
| 137. | Pratima | „ | Bagbazar | 5 | 4 |
| 138. | Gandaki | „ | Bhotebahal | 5 | 4 |
| 139. | Cloud Restaurant | „ | Baghbazar | 2 | 2 |

Newly Opened Restaurants in Kathmandu

| | | | | | |
|------|-----------------------|--|----------------------|---|--|
| 140. | Himali | | Bagbazar | 3 | |
| 141. | Moonson | | Baghbazar | 3 | |
| 142. | New Rapti | | Battisputali | 7 | |
| 143. | No. 1 Angel | | Battisputali | 7 | |
| 144. | Ramjham | | Battisputali | 4 | |
| 145. | Appolo | | Battisputali | 3 | |
| 146. | New Friendship | | Bhimsen gola | 8 | |
| 147. | Sonia | | Boudha | 2 | |
| 148. | Cross Road | | Boudha | 2 | |
| 149. | Milan Family | | Chabahil | 5 | |
| 150. | Manakamana | | Chabahil | 5 | |
| 151. | Golden Dragon | | Dillibazar | 2 | |
| 152. | Bhuna Hotel | | Gaushala | 9 | |
| 153. | Trishakti | | Gaushala | 5 | |
| 154. | Maitidevi Fast Food | | Maitidevi | 6 | |
| 155. | Nepal Top | | Old Baneshwor | 5 | |
| 156. | Good Luck | | Old Baneshwor | 2 | |
| 157. | Kathmandu Top | | Old Baneshwor | 9 | |
| 158. | Bhawani | | Old Baneshwor | 1 | |
| 159. | Sungava | | Old Baneshwor | 3 | |

Lalitpur

| <i>S.N.</i> | <i>Name/Location</i> | <i>Type</i> | <i>Site</i> | <i># of Female Staff</i> | <i>#of SWs</i> |
|-------------|---------------------------|-------------|----------------|--------------------------|----------------|
| 1. | Samjhana | CR | Chapagaun Road | 3 | 3 |
| 2. | Saino | " | Chapagaun Road | 3 | 3 |
| 3. | New 2000 | ** | Gwarko | 8 | 8 |
| 4. | Salimar | " | Gwarko | 5 | 5 |
| 5. | Jasmine | " | Gwarko | 3 | 3 |
| 6. | Bulze (Closed) | " | Gwarko | 3 | 3 |
| 7. | R.K. | " | Gwarko | 4 | 4 |
| 8. | Hailstone | " | Gwarko | 7 | 7 |
| 9. | Angel* | " | Gwarko | 4 | 4 |
| 10. | SLS | " | Gwarko | 6 | 6 |
| 11. | Hattiban | " | Hattiban | 3 | 3 |
| 12. | New Dalima | " | Koteshwor | 4 | 4 |
| 13. | Kalinchowk | " | Koteshwor | 4 | 4 |
| 14. | New Payal | " | Koteshwor | 8 | 8 |
| 15. | King Fisher | " | Koteshwor | 2 | 2 |
| 16. | Manakamana | " | Koteshwor | 3 | 3 |
| 17. | Green Belt | " | Koteshwor | 1 | 1 |
| 18. | New Ashirbad | " | Kupondole | 5 | 5 |
| 19. | Ruchi | " | Lagankhel | 1 | 1 |
| 20. | Hasina Fast Food (Closed) | " | Lagankhel | 7 | 4 |
| 21. | Makalu | ** | Lagankhel | 8 | 8 |
| 22. | Sulchiv (Closed) | " | Manbhawan | 3 | 2 |
| 23. | Jwojolapa | " | Manbhawan | 10 | 10 |
| 24. | Fast Food Hungry Treat | " | Prayag Pokhari | 3 | 2 |
| 25. | Mid Town | " | Prayag Pokhari | 8 | 6 |
| 26. | Moon Light (Small) | " | Pulchowk | 5 | 5 |
| 27. | R.M. | " | Saatdobato | 7 | 7 |
| 28. | Seven Point | " | Saatdobato | 5 | 5 |

Bhaktapur

| <i>S.N.</i> | <i>Name/Site</i> | <i>Type</i> | <i>Location</i> | <i># of Female Staff</i> | <i># of SWs</i> |
|-------------|---|-------------|------------------|--------------------------|-----------------|
| 1. | Hot Line | CR | Jadibuti | 4 | 3 |
| 2. | New Kasturi (Closed) | " | Jadibuti | 4 | 4 |
| 3. | New Relax (Closed) | " | Way to pepsicola | 3 | 3 |
| 4. | New Yeti (Closed) | " | Way to Pepsicola | 4 | 4 |
| 5. | Happy hour | " | Kausaltar | 4 | 4 |
| 6. | Laligurans | " | Kausaltar | 4 | 4 |
| 7. | Balkumari Guest House & Indoor Restaurant | " | Naya Thimi | 3 | 3 |
| 8. | New Bhuroni | " | Jadibuti | 7 | 7 |
| 9. | Shikar* | " | Kamal Binayak | 4 | 4 |
| 10. | Capital | " | Kamal Binayak | 3 | 3 |
| 11. | Hungry Eye (Closed) | " | Suryabinayak | 3 | 3 |

* Name Changed

** Name Deleted

*** Not the staff of the Cabin Restaurant

Appendix 3.2

List of Cabins Restaurant those have Changed their Names

Kathmandu

| <i>ID No.</i> | <i>Before</i> | <i>After</i> | <i>Remarks</i> |
|---------------|----------------|--------------------|----------------|
| 8 | May Rose | Romantic | - |
| 47 | Triveni | Sungava | Owner Changed |
| 51 | K2 | Pipalbot | Owner Changed |
| 52 | Western Place | Crown City | - |
| 65 | Welcome | No Name | Same Owner |
| 74 | Mithila | Old Penang | Owner Changed |
| 83 | Muskan | Bardan | Same Owner |
| 101 | Sun Rise | Moon Rise | Same Owner |
| 105 | Garden | Bhawani | Same Owner |
| 107 | Durga | NS | Owner Changed |
| 118 | Bamboo Cottage | BK | Same Owner |
| 125 | Honey Due | Ring Road | Owner Changed |
| 127 | Roof Top | R Fourth Fast Food | Same Owner |
| 128 | Sijan | Dautari | Owner Changed |

Lalitpur

| <i>ID No.</i> | <i>Before</i> | <i>After</i> | <i>Remarks</i> |
|---------------|-------------------|--------------------------|----------------------|
| 13 | Kalinchowk | New Sydney Palace | - |
| 9 | Angel | Hailstone | Owner Changed |

Bhaktapur

| <i>ID No.</i> | <i>Before</i> | <i>After</i> | <i>Remarks</i> |
|---------------|----------------|--------------|----------------------|
| 8 | Shikhar | Yeti | Owner Changed |

Appendix 3.3

Freelist of Different Types of Problems Mentioned by Street Based and Establishment Based Sex Workers

| S. N. | Problems | | Street Based (38) | Establishment Based (27) | Total (65) |
|-------|--|---|-------------------|--------------------------|------------|
| | ENGLISH VERSION | NEPALI VERSION | | | |
| 1. | Police asks for money/give trouble | Policele paisa magne/sataune | 19 | 17 | 36 |
| 2. | Police arrest and take them to Hanumandhoka (Police Station) | <i>Policele Hanumandhoka laijane</i> | 11 | 2 | 13 |
| 3. | Police raid in lodge | <i>Lodgema policele chhapa marne</i> | 1 | - | 1 |
| 4. | Get raped in van/police station by police | <i>Policele van/chaukima balatkar garne</i> | 1 | - | 1 |
| 5. | Police order them to dance in vulgar song and arrest later. | <i>Policele vulgar geetama nachna lagayara pachhi samatne</i> | - | 1 | 1 |
| 6. | Police offer to have sex | <i>Policele pinkiko lagi jau bhanne</i> | - | 1 | 1 |
| 7. | Police publish photo in the magazine/newspaper | <i>Policele patrikama photo chhapne</i> | 2 | - | 2 |
| 8. | Get beaten by police | <i>Policele kutne/pitne</i> | 8 | - | 8 |
| 9. | Rebuke them by calling Bhlu/Pung/Randi/Jhinge | <i>Bhalu/pung/rani/jhinge bhanera dhamkyaune/gali garne</i> | 13 | 12 | 25 |
| 10. | Rebuked by doctor | <i>Dactorle gali garne</i> | 1 | - | 1 |
| 11. | Robbed/beaten by local gangsters | <i>Gunda/dada ketale dhamkyaune/lutne</i> | 18 | 5 | 23 |
| 12. | Robbed beaten by street boys | <i>Khate ketale lutne/pitne</i> | 5 | - | 5 |
| 13. | Robbed/beaten by alcoholic | <i>Jadyale kutne/pitne</i> | 2 | - | 2 |
| 14. | Local boys rob client's goods | <i>Local ketale grahakko saman lutne</i> | 1 | - | 1 |
| 15. | Loafer ask for money/rob them | <i>Phataha/aavara ketale paisa lutne/magne</i> | 6 | - | 6 |
| 16. | Clients refuse to use condom | <i>Grahakle condom lagauna namanne</i> | 3 | 3 | 6 |
| 17. | Clients do not give money/run away | <i>Grahakle paisa dinchhu bhanera nadine/bhagne</i> | 17 | 10 | 27 |
| 18. | Client leave them on the road at midnight | <i>Samparka garera aadha ratame/ bichama chhadne</i> | 3 | 1 | 4 |
| 19. | Clients do not pay taxi fare | <i>Grahakle taxi bhada natirne</i> | 1 | - | 1 |
| 20. | Money problem when they do not get clients | <i>Grahak napauda paisako samasya</i> | 4 | - | 4 |
| 21. | Have to stay on road when | <i>Grahak nabhayako belama</i> | 4 | - | 4 |

| | | | | | |
|-----|--|--|---|---|---|
| | they do not get clients | <i>sadakma basnu parne</i> | | | |
| 22. | Fear about whether the client will pay them or not | <i>Grahakle paisa dinchha ki didaina bhanera dar lagne</i> | 1 | - | 1 |
| 23. | Compel to suck their client's genital part | <i>Grahakle pisab pherne/chusna lagaune</i> | 1 | 5 | 6 |
| 24. | Quarrel with friends for clients | <i>Grahak ko lagi sathisanga jhagada hune</i> | 1 | 1 | 2 |
| 25. | Clients' force them to drink beer/alcohol | <i>Grahakle jabarjasti jand raksi khuwaune</i> | 1 | 4 | 5 |
| 26. | Client scar them with cigarette/ get splashed by coke/ alcohol if they disobey | <i>Grahakko kura namanda raksi /cokele chhyapne/ cigarettele polne</i> | - | 2 | 2 |
| 27. | Client rub their body if they disobey | <i>Grahakle bhaneko namanda jiu masarne</i> | - | 1 | 1 |
| 28. | Client agree to pay more money but pay less later | <i>Dherai paisa bhanera thorai paisa dine</i> | - | 1 | 1 |
| 29. | Compelled to have sex even when they are sick | <i>Aaphulai sancho nahunda pani janu parne</i> | - | 1 | 1 |
| 30. | Client catch their breast | <i>Dhudha samatidine</i> | - | 1 | 1 |
| 31. | Client force to touch their genital parts | <i>Grahakle youn anga chhoide bhanne</i> | - | 1 | 1 |
| 32. | Client try to sell them | <i>Grahakle bechna khojne</i> | - | 1 | 1 |
| 33. | Client fix meeting point and do not come later | <i>Grahakle bhetna bolayako thauma naaayara alapatra parne</i> | - | 1 | 1 |
| 34. | Client tell restaurant owner about their sexual relation | <i>Youn samparka gareko kura ketale restaurantko sahulai bhanidine</i> | - | 1 | 1 |
| 35. | Client beat and send them after sexual relation | <i>Grahakle samparka garera kutera pathaune</i> | 1 | 8 | 9 |
| 36. | Client order them to bring younger sex worker | <i>Grahakale budhi bhayo taruni layaideu bhanne</i> | 1 | - | 1 |
| 37. | Client force them to have anal sex | <i>Manchhele chakbata garna lagaune</i> | 1 | - | 1 |
| 38. | Not allowed to enter the lodge with client | <i>Grahaksanga janda lodgema pasna dindaina</i> | 1 | - | 1 |
| 39. | Risk of contracting disease by going with any kind of client | <i>Jasto payo tyasto keta sanga janda bimar hune</i> | 1 | - | 1 |
| 40. | Forced to have sex in the cabin | <i>Cabinma nai youn samparka garna lagaune</i> | - | 4 | 4 |
| 41. | Client compel them to masturbate | <i>Grahakle hatale chalayara birya phalna lagaune</i> | - | 3 | 3 |
| 42. | Client harass/rebuke/threaten | <i>Grahakle sataune/gali garne/tharkaune</i> | - | 7 | 7 |
| 43. | Client pinch/bite | <i>Grahakle jaha payo tyhi chimotne/tokne</i> | - | 3 | 3 |
| 44. | Client become destructive if not obeyed | <i>Grhako kura namanda todphoda garne</i> | - | 2 | 2 |
| 45. | Have to sit with client | <i>Grhaksanga basi rahanu parne</i> | - | 2 | 2 |

| | | | | | |
|-----|--|---|---|----|----|
| 46. | Have to have sexual relation several times | <i>Dherai pataka youn samparka garne</i> | - | 1 | 1 |
| 47. | Client send them naked | <i>Nangai pathaidine</i> | 1 | - | 1 |
| 48. | Do not feel secure to go out with new client | <i>Surakshako karan tadha jana nasakne/bharkha chineko grhaksanga jana nahune</i> | 1 | 1 | 2 |
| 49. | Forced to have sex even in dying condition | <i>Marne awasta huna samma youn samkarka garne</i> | - | 1 | 1 |
| 50. | Client give trouble when sex workers are with boy friend | <i>Boy friendsanga hidda pinkiko lagi ketale pichha garne</i> | - | 1 | 1 |
| 51. | Boy friend get angry with client when client ask for sex | <i>Arule sex ko lagi kura garda boy friend risaune</i> | - | 1 | 1 |
| 52. | One client takes and more than one have sex | <i>Ek janale lagera dheraile garne</i> | 7 | 10 | 17 |
| 53. | Group rape | <i>Samuhale balatkar garne</i> | 7 | 2 | 9 |
| 54. | Raped by pickpocket/porter/local gangsters | <i>Paketmar/kulli/badamas ketale balatkar garne</i> | 5 | - | 5 |
| 55. | Local gangsters/gunda/smack user tease them | <i>Local dada/gunda/smack khane ketale jiskaune</i> | 4 | 1 | 5 |
| 56. | Loafer gives trouble/teases them | <i>Aawara ketale sataune/dukha dine</i> | 3 | 8 | 11 |
| 57. | Local gangsters tear their clothes | <i>Gunda/badamas ketale luga chyatne/tanne</i> | 2 | - | 2 |
| 58. | Marijuana puller tear their clothes and make them naked | <i>Ganja khanele luga chyatidine/nangai bas bhanne</i> | - | 1 | 1 |
| 59. | Can't go with client when menstruating | <i>Mahinawari bhayako bela grahak sanga jana namilne</i> | 2 | - | 2 |
| 60. | Risk of contracting disease | <i>Swasthyako dar/rog lagne dar</i> | 9 | 11 | 20 |
| 61. | Pimp send them by force | <i>Dalalle jajarjasti pathaune</i> | 1 | - | 1 |
| 62. | Pimp try to sell them in Bombay | <i>Dalalle Bombay lagera bechna khojne</i> | 1 | - | 1 |
| 63. | Pimp takes half of the money | <i>Dalalle adha paisa lagidine</i> | 2 | - | 2 |
| 64. | Society/neighbour/family des pise/insult them | <i>Pariwar/ghar/samaj/chharchi mekale gali garne/hela garne/tiraskar garne</i> | 4 | 20 | 24 |
| 65. | Old sex worker harass/chase new sex worker | <i>Naya ketilai puranole lakhetne basna nadine</i> | 2 | - | 2 |
| 66. | If they get sick treatment is expensive | <i>Birami bhayama dherai paisa kharcha hune</i> | 1 | - | 1 |
| 67. | Husband does not care | <i>Lognele wasta nagarne</i> | 1 | - | 1 |
| 68. | Landlord does not give the house for rent | <i>Ghar bhadame basna nadine</i> | 1 | 2 | 3 |
| 69. | Problem of giving father's name to children | <i>Bachchalai babuko nam dina gahro parne</i> | 1 | - | 1 |
| 70. | Gunda/army/police try to force sexual relation with out paying money | <i>Gunda/army/policele paisa bina jabarjasti laj khojne</i> | 1 | - | 1 |
| 71. | Friend who is also a sex | <i>Aaphu jastai sathile police</i> | 1 | - | 1 |

| | | | | | |
|-----|---|--|---|----|----|
| | worker calls police/give trouble | <i>bolayara dukha dine</i> | | | |
| 72. | Street friends give trouble | <i>Khate sathile sataune</i> | 1 | - | 1 |
| 73. | Fear of getting pregnant | <i>Pet bokne dar</i> | 2 | 10 | 12 |
| 74. | Compelled to have sexual relation by showing sword/knife/rod | <i>Khukuri/tarawar/ rod dekhayara youn samparka garne</i> | 1 | - | 1 |
| 75. | <i>Have to take care of family</i> | <i>Pariwar palnu parne sama sya</i> | - | 3 | 3 |
| 76. | Promise to marry and deceive later | <i>Bihe garchhu bhanera lane ra pachhi nagarne</i> | - | 4 | 4 |
| 77. | Fear of army | <i>Armyko dar</i> | - | 2 | 2 |
| 78. | Addiction of alcohol and cigarette | <i>Raksi/churot nabhai nahune</i> | 2 | 1 | 3 |
| 79. | Have to tolerate whatever the client does | <i>Grahakle je garepani sahanuparne</i> | - | 1 | 1 |
| 80. | Painful due to having sex for a long time with marijuana puller | <i>Ganja khanele dherai berasamma youn samparka garera dukhaune</i> | - | 1 | 1 |
| 81. | Get harassed by smuggler | <i>Dui nambarile dherai sosana garne</i> | - | 1 | 1 |
| 82. | Fear of getting murdered by smuggler | <i>Dui nambarile mardela bhanne dar</i> | - | 1 | 1 |
| 83. | Fear of not getting married | <i>Aru kasaile bivah nagarne dar</i> | - | 1 | 1 |
| 84. | Problem of getting married many times | <i>Dherai patak bivah garnu parne</i> | - | 1 | 1 |
| 85. | Fear of being seen in cabin by relatives | <i>Cabinma aaphantale dekhne dar</i> | - | 1 | 1 |
| 86. | If restaurant owner finds out about their sexual relation, he will throw them out | <i>Youn samparka gareko kura reataurantko sahule thaha payama kam bat nikalidine</i> | - | 1 | 1 |
| 87. | Restaurant owner rebuke and have sexual relation | <i>Restaurantko sahule hapkayara youn samparka garne</i> | - | 1 | 1 |
| 88. | Get raped by restaurant owner | <i>Restaurantko sahule rape garne</i> | - | 1 | 1 |
| 89. | Restaurant owner tell others about their sexual relation | <i>Restaurantko sahule pinki (youn samparka) garchha bhanera arulai sunaune</i> | - | 1 | 1 |
| 90. | Feel uneasy to buy condom | <i>Condom kinna gahro lagne</i> | - | 1 | 1 |
| 91. | Guests offer to have sexual relation | <i>Guestle pinki (youn samparka) garna jau bhanne</i> | - | 1 | 1 |
| 92. | Tell others about the tips that the guest gave after sexual relation | <i>Youn samparka garera guestle tips diyako bhanne</i> | - | 1 | 1 |
| 93. | Guest give trouble by asking phone number | <i>Guestle phone no. magera hairan garne</i> | - | 1 | 1 |
| 94. | Get disturbed by guest when sleeping alone in the room | <i>Aklai kothama sutda guestle ratbhari disturb garne</i> | - | 1 | 1 |
| 95. | Snooker player forcefully pull | <i>Snooker khelne ketale</i> | - | 1 | 1 |

| | | | | |
|-------------------------------|--|--|--|--|
| them inside the snooker house | <i>jabarjasti snooker house bhitra tanne</i> | | | |
|-------------------------------|--|--|--|--|

Appendix 3.4

Freelist of Health Problems Mentioned by Street Based and Establishment Based Sex Workers

| S N | Health Problem | | Street Based (N=38) | (N=27) | Total (N=65) |
|--------|--|--|---------------------------|--------|-----------------|
| | ENGLISH VERSION | NEPALI VERSION | | | |
| 1. | AIDS | <i>AIDS Lagne</i> | 20 | 20 | 40 |
| 2. | Lower abdomen pain | <i>Sano/Tallo pet khane/ Dukhne</i> | 17 | 15 | 32 |
| 3. | Abdomen pain | <i>Pet/Bhudi dukhne</i> | 4 | 4 | 8 |
| 4. | Irregular menstruation | <i>Mahinawari gadbad hune</i> | 8 | 12 | 20 |
| 5. | Excess bleeding during menstruation | <i>Mahinawari huda dherai ragat jane</i> | 5 | 3 | 8 |
| 6. | Lower abdomen pain during menstruation | <i>Mahinawari huda sano/Tallo pet dukhne</i> | 8 | 3 | 11 |
| 7. | Vaginal itching during menstruation | <i>Mahinawari huda pisab garne anga chilaune</i> | - | 3 | 3 |
| 8. | Severe back ache during menstruation | <i>Mahinawari huda dhad ekdam dukhne</i> | 1 | 1 | 2 |
| 9. | Severe back ache before menstruation | <i>Mahinawari hudu agadi bessari dhad dukhne</i> | - | 1 | 1 |
| 10. | 10 to 12 days bleeding during menstruation | <i>Mahinawari huda 10-12 din samma ragat jane</i> | - | 1 | 1 |
| 11. | White discharge before menstruation | <i>Mahinawari hunu bhanda aagadi seto pani bagne</i> | - | 1 | 1 |
| 12. | Bleeding up to 1 month after menstruation | <i>Mahinawari bhayepachhi ek mahina samma khun bagne</i> | 4 | - | 4 |
| 13. | Spotting during menstruation | <i>Mahinawari huda thopa thopa ragat jane</i> | 1 | - | 1 |
| 14. | Dark bleeding during menstruation | <i>Mahinawari huda kalo ragat jane</i> | 1 | - | 1 |
| 15. | Lumpy discharge during menstruation | <i>Mahinawari huda kalo chokta chokta ragat jane</i> | - | 1 | 1 |
| 16. | Sore around genital area | <i>Pisab pherne thau/Yaun anganama ghau-khatira aune</i> | 14 | 12 | 26 |

| | | | | | |
|-----|---|---|----|----|----|
| 17. | Itching around genital area | <i>Pisab pherne thau/Yaun anga chilaune</i> | 10 | 13 | 23 |
| 18. | White discharge | <i>Yaun anga bata seto pani/Pani bagne</i> | 13 | 10 | 23 |
| 19. | Smelly discharge | <i>Ganaune pani bagne</i> | - | 1 | 1 |
| 20. | Puss discharge from vagina | <i>Yaun anga bata pip bagne</i> | - | 1 | 1 |
| 21. | Vaginal pain / swelling | <i>Yaun anga phulne/Yauni dukhne</i> | 2 | - | 2 |
| 22. | Burning sensation around genital area | <i>Pisab pherne thau/Yaun anga polne</i> | 4 | 1 | 5 |
| 22. | Burning urination | <i>Pisab polne</i> | 8 | - | 8 |
| 24. | Headache | <i>Tauko/Kapal dukhne</i> | 18 | 8 | 26 |
| 25. | Dizziness | <i>Ringata lagne</i> | 11 | 7 | 18 |
| 26. | Giddiness | <i>Wakwaki lagne</i> | - | 1 | 1 |
| 27. | Sore on chest | <i>Chati ma ghau aune</i> | - | 1 | 1 |
| 28. | Chest pain | <i>Chati dukhne</i> | 4 | 3 | 7 |
| 29. | Breast pain | <i>Dudh dukhne</i> | - | 3 | 3 |
| 30. | Ulcer on breast | <i>Stan/Dudhma ghau</i> | 3 | - | 3 |
| 31. | Bone ache | <i>Haddi dukhne</i> | - | 1 | 1 |
| 32. | Uterus pain | <i>Patheghar dukhne</i> | 2 | 1 | 3 |
| 32. | Problem of uterus | <i>Patheghar ko samasya</i> | - | 3 | 3 |
| 34. | Ulcer in uterus | <i>Patheghar ma ghau</i> | 1 | - | 1 |
| 34. | Cancer of uterus | <i>Pathegharko cancer</i> | 1 | - | 1 |
| 36. | Syphilis | <i>Syphilis/Bhiringi</i> | 9 | 10 | 19 |
| 37. | Bleeding and pain due to sexual intercourse | <i>Samparka garda ragat aune/Dukhne</i> | - | 4 | 4 |

| | | | | | |
|----|--|--|----|---|----|
| 38 | Burning urination due to frequent sexual intercourse | <i>Dherai samparka garda pisab polne</i> | - | 1 | 1 |
| 39 | Pain during sexual intercourse | <i>Yaun samparka garda dukhne</i> | 1 | - | 1 |
| 40 | Sexually addiction | <i>Sex addication hune</i> | - | 1 | 1 |
| 41 | Loss of memory power due to sexual addiction | <i>Sexually addictko sochne samjhane shakti kam hune</i> | - | 1 | 1 |
| 42 | Cold & cough | <i>Rugha/Khoki lagne</i> | 1 | 3 | 4 |
| 43 | Hepatitis | <i>Hepatitis</i> | 2 | 4 | 6 |
| 44 | Fever | <i>Jworo aune</i> | 11 | 3 | 14 |
| 45 | Back ache | <i>Kammar/Dhad dukhne</i> | 8 | 3 | 11 |
| 46 | Ulcer over the body | <i>Sarirma ghau/Khatira aune</i> | 3 | 4 | 7 |
| 47 | Allergy / itching on body | <i>Sarirma allergy hune/Chilaune</i> | 5 | 4 | 9 |
| 48 | Loss of appetite | <i>Khana naruchne/Khana man nalagne</i> | 8 | 2 | 10 |
| 49 | STD | <i>Yaun rog</i> | 4 | 1 | 5 |
| 50 | Blemish on face | <i>Anuharma daag basne</i> | - | 1 | 1 |
| 51 | Pale face | <i>Anuhar ekdam pahelo hune</i> | - | 1 | 1 |
| 52 | Hand / leg burning | <i>Haat/Khutta polne</i> | 1 | - | 1 |
| 53 | Hand / leg / thigh fatigue | <i>Haat/Khutta/Phila galne</i> | 1 | - | 1 |
| 54 | Allergy on leg | <i>Khuthama bimira niskera chillaune</i> | 1 | - | 1 |
| 55 | Excess bleeding due to induced abortion | <i>Baccha phalda dherai ragat bagne</i> | - | 1 | 1 |
| 56 | Become thin due to induced abortion | <i>Baccha phalda dublaune</i> | - | 1 | 1 |
| 57 | Death due to induced abortion | <i>Baccha khasauda/Abortion garda marne</i> | 1 | 1 | 2 |
| 58 | Problem of getting pregnancy | <i>Pet bokne samasya</i> | - | 4 | 4 |
| 59 | Body ache | <i>Jiu dukhne</i> | 8 | 5 | 13 |
| 60 | Joints pain | <i>Joints dukhne</i> | - | 1 | 1 |
| 61 | Weakness | <i>Kamjori hune</i> | 2 | 1 | 3 |
| 62 | Vomiting | <i>Ukti/Banta hune</i> | 6 | - | 6 |
| 63 | Eye pain | <i>Aankha dukhne</i> | 1 | - | 1 |
| 64 | Gastric | <i>Gastric</i> | 2 | - | 2 |
| 65 | Jaundice | <i>Jaundice</i> | 2 | - | 2 |
| 66 | Insomnia | <i>Nindra nalagne</i> | 2 | - | 2 |
| 67 | Body shivering | <i>Sarir kamne</i> | 2 | - | 2 |
| 68 | Gallstone | <i>Pathariya</i> | 1 | - | 1 |
| 69 | Laziness | <i>Alasya lagne</i> | - | 1 | 1 |
| 70 | Ulcer on head | <i>Kapalma ghau niskane</i> | 1 | - | 1 |
| 71 | Appearance of red mole over the body | <i>Jiu bhari rato kothi niskane</i> | 1 | - | 1 |
| 72 | Diarrhea / Dysentery | <i>Pet jharne/Sulwai</i> | 3 | - | 3 |
| 73 | Tuberculosis | <i>T. B.</i> | 2 | - | 2 |
| 74 | Asthma | <i>Damma</i> | 1 | - | 1 |
| 75 | Hysteria | <i>Hysteria</i> | 1 | - | 1 |
| 76 | Blood vomiting | <i>Ragat chhadne</i> | 1 | - | 1 |
| 77 | Scabies over the body | <i>Sarirma luto aune</i> | 1 | - | 1 |

| | | | | | |
|-----|----------------------|--|---|---|---|
| 78. | Gout | <i>Bath hune</i> | 1 | - | 1 |
| 79. | Feel thirsty | <i>Badhi pani piyas lagne</i> | 1 | - | 1 |
| 80. | Bleeding (any time) | <i>Bleeding badhi hune (junsukai bela)</i> | - | 1 | 1 |
| 81. | Heart pain | <i>Mutu dukhne</i> | - | 1 | 1 |
| 82. | Leprosy | <i>Kustha rog</i> | - | 1 | 1 |
| 83. | Lack of sleep | <i>Rati sutna napayera nindra napugne</i> | - | 1 | 1 |
| 84. | Grain on abdomen | <i>Petma dana-dana aune</i> | 1 | - | 1 |
| 85. | Sore around anus | <i>Chakma ghau hune</i> | - | 1 | 1 |

BIBLIOGRAPHY

Campbell O, Clened J, Collumbian M, Southwick K. 1998 Social Science Method for Research on Reproductive Health. World Health Organization.

Hannum J. AIDS in Nepal: Communities Confronting an Emergency Epidemic. New York. AmFAR in Association with Seven stories Press; 1997) in Crofts et al. 1998. Injecting Drug Use and HIV Infection in Asia. AIDS: 69-78.

Peak A, Rana S, Maharjan SH, Jolley D, Crofts N. 1995. Declining risk for HIV among (IDUs) in Kathmandu, Nepal: The impact of harm reduction programme. AIDS: 1067-1070.

Peak MJ, Rana S, Rai, LB. 2001. HIV and Injecting Drug Use in Selected Sites of the Terai, Nepal. Report submitted to the Family Health International, Nepal.

UNAIDS, 1998. Report on the Global HIV/AIDS Epidemic. Joint United Programme on HIV/AIDS, World Health Organization.

UNAIDS, 2000. Drug Use and HIV Vulnerability; Policy Research Study in Asia. Joint United Nations Programme on HIV/AIDS, United Nations Office for Drug Control and Crime Prevention.

UNICEF. Battling with HIV/AIDS in Nepal; A guide to who's doing what. United Nations Children's Fund, Nepal.

URL: UNAIDS. 2001.

http://www.unaids.org/epidemic_update/report_dec01/index.html

URL: UNAIDS

http://www.unaids.org/epidemic_update/report/Epi_report_chap_vulnerable.htm

Photographs