

# Communication, Awareness on HIV / AIDS among Injection Drug Users (IDUs) in Punjab

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## Abstract

*HIV/AIDS infection has been significantly controlled in most parts of the world with change in the behaviour, especially in the young people. HIV/AIDS is not only a health problem as it also destabilizes the social and economic life not of the HIV positive but also the whole family. People living with HIV/AIDS have to face stigma, discrimination and isolation from the society. Reports reveal that even family members shun them considering their lifestyles immoral. Facing such reactions, most of the time the patients avoided or hide their HIV positive status. It is even difficult to educate people on various do's and don'ts. Even AIDS outreach workers and peer-educators had reported harassment. Thus HIV/AIDS is not a health issue alone it needed to be tackled politically, culturally and socially with a communication strategy which should be aiming in altering the target audiences to seekers of information rather than receivers of information.*

**Keywords:** Communicable disease, Injection drug users, Clusters, HIV/AIDS, Stigma

## Introduction:

Punjab presents a paradoxical situation when it comes to dealing with HIV/AIDS. While on one hand the state has been awarded six national awards for creating awareness about this infection, its prevention and treatment, the number of HIV positive cases has increased at speed i.e. 26% (NACO Report 2011). When overall trend in HIV/aids had shown decline at National level, the whopping increase in number of cases in this border state of India has shown alarming signals. Once considered as low prevalence state now shows prevalence of the infection among Injection Drug Users (IDUs), which is almost 30 times higher than 0.27% HIV prevalence in general, population of India.

**Punjab at Glance:** A state with vibrant culture is considered as one of the rich states of India. It has highest percentage of net area sown to total area of the state at 84%. According to census 2011, Punjab has population of 2.77 crores which has increased from 2.44 crores in 2001. The Population growth rate has shown decline in Census 2011 (13.7%) as compared to 20.1% in 2001. The percentage of males and females stand at 12.11% and 14.91% respectively. In the last decade (2001-2011), the urban population of Punjab has increased by 25.72% which is nearly twice that of the overall growth rate (13.73%) and the rural growth rate is 7.58%. Census 2011 shows growth in urban face of Punjab with 37.49% as urban residents and 62.5% rural population. Ludhiana (59.14%) is the most urbanized district of Punjab.

**Objectives:**

1. To analyze awareness level of IDUs regarding HIV/AIDS infection- its causes and prevention.
2. To study the inhibitions and apprehensions of talking about AIDS with others.
3. To study the need and importance of interpersonal communication for AIDS awareness.
4. To study gender-based behavior, inhibitions and apprehensions regarding HIV/AIDS messages.

**Research Methodology:** The researcher applied non probability sampling technique to do this survey. A schedule was prepared for interviewing the respondents. All the 25 questions in this schedule were closes ended questions and an attempt was made to give relevant options to the respondents to justify their responses. This questionnaire was prepared in Punjabi language for the convenience of the respondents. The survey has been conducted in the months of October & November (2018).

Total 100 respondents were selected from Jalandhar and Amritsar districts. Further 25 IDU males and 25 females from each district.

**Drug Menace in Punjab:** Aiming to identify the factors influencing the problem, the paper attempts to study the importance of the exceptional aspects of drug abuse in Punjab leading to a challenge not only to health but also affecting political, economic and socio-cultural set up of the state. The intimacy of the problem points towards the contextual factors that influence the constant increase in the number of IDUs as HIV positive patients and many other serious infections.

A survey by a government department suggested that as many as 67% of the rural households in Punjab had at least one drug addict in the family and at least one death due to drug overdose each week. (Bajwa,2013)

The study also reveals that most drug addicts belong to the 16-35 age groups, indicating the high vulnerability of the young people in the border belt. In the border areas of Punjab, 44.3% of the drug addicts are less than 25 years and mostly illiterates. According to a study by the Institute for Development and Communication (IDC), around 65% of the addicts 'do' drugs twice a day. (Indian Express 2013)

**Drug Consumption in Punjab:** A study by the ministry of social justice and the United Nations International Doping Central Programme revealed that the residents of Punjab take drugs three times more than the national average which is 17%.

According to this study against the national average consumption of alcohol (26%) and tobacco (57.9%), the intake in Punjab is 49.8% alcohol and 64.6% for tobacco. Amritsar city consumes more than Rs 1 crore worth of liquor every day (2012).

The study also reveals that the first contact with drugs is through friends. In Majha area (Amritsar) narcotics was being used rampantly, while in Doaba (Jalandhar) the most common form of addiction were tranquilizers. The addicts use a variety of drugs which included raw opium, smack, and heroin,

synthetic drugs like morphines, pethidine, codeine and psychotropic substances like diazepam.

The survey also reveals that in villages and sub-urban areas the local grocery shopkeepers also keep medicines for illegal sale. Even the chemist shops which are meant to be the lifeline for villages in emergency are now major source of illegal drugs. The chemists do not ask for a prescription and sell medicine in bulk to individuals.

According to Census 2011, the Punjab's population shows increase in urban population (25.72%) as compared to rural growth rate is 7.58%. This indicates that the problem of drug addiction is not confined to rural areas it has also gripped the middle class and the affluent are the worst victims of this crisis. (2013). The use of synthetic drugs has increased manifold. According to 2011 report of drug abuse and Alcoholism in Punjab by the ministry of youth affairs and sports, "40% of Punjabi youth in the age group of 15-25 years have fallen prey to drugs. (Nehru Yuva Kendra) Such a sizable population of drug users (1.5 to 2 millions) could destabilize the healthy growth of society.

The study reveals that the injections drug users inject heroin and smack with injection and get results within 20 to 50 seconds. These injections are used in the cluster increasing the risk of HIV infection in the cluster of 8 to 10. It further travels from IDUs to their female partners and new born children according to Dr. JPS Bhatia, who runs a rehabilitation clinic in Amritsar, "The middle class and the affluent are the worst victim of the crisis". (2010)

The study of drugs consumption in Punjab reveals it exceptional native as compared to other parts of the India. IDU were more prevalent in urban India whereas the UNDOC report reveals that IDU is most popular form of drug abuse among the rural population of drug addicts. It exists in the smaller towns as well as villages. The UNDOC report also indicates that the problem is more prevalent in middle class as compared to 'working poors' in the other regions of India.

**Geographic Factors:** The rise in drug addiction and easy availability of drug is also because of geographical location of the state and geographical proximity with Afghanistan. The heroin which originates in the golden crescent in trouble torn Afghanistan enter Punjab through Pakistan and then the network expands from Delhi to Mumbai (Bajwa, 2013).

As per official data, Border Security Force (BSF) seized 148.56 kg of heroin in first five months of 2013 compared to 288 kg in the previous year. Punjab Police netted 278kg heroin in 2012 as compared to 153 kgs by June 2013 and impounded 1,101 kg opium (Bajwa, 2013).

According to reports (The Tribune, 2014) the government of the Punjab has planned to set up Narcotics Control Boards involving civil and police administration. The government has launched a mass level drug de-addiction campaigns. The report reveals that 141 community centers across the state would be providing treatment and medicines free of cost to the drug addicts. The report also reveals the recovery of around 5.5 crore capsules, and other psychotropic medicines, arrest of 27,000

drug peddlers, including 145 Kingpins and suspension of 24 policemen to combat the drug menace (Tribune, 2014).

## Review of literature

**Pakashkaram(2018)** Punjab witnessed a step rise in number of HIV positive in last one year. Data gathered from government hospitals only revealed that there were 56,975 case in march (2017) which increased 65,734 till June 2018. Amritsar topped the list in the state with 15,426 cases till 2018 followed by Ludhiana (7663 cases)

**Khanna (2018)** reported in The Tribune the ban on free surveys in Punjab derailed Punjab state AIDS control programme of distribute syringes to HIV positive drug addicts. According to a report Punjab with 12 out of 100.IDU (injection drug users) as HIV positive is third highest followed by Mizoram (19.8) and Delhi (16 in every 100)

**Sharma(2017)** Recommended periodic outreach awareness camps for awareness and de addiction activates in the community and government schools should be undertaken.

**Singh G (2016)** suggested in a study conducted at Swami Vivekananda Drug De Addiction and Treatment center that awareness regarding the effects of drug and their addiction potential need attention. He further recommended campaigns to create awareness in the rural areas focusing on IEC to encourage prevention and treatment available for drug addicts.

**Ambekar (2012)** The study conducted by UNODC (United Nation Office on Drugs and Crime) Regional office for south Asia under its regional project prevention of transmission of HIV among drug users in SAARC countries” recommended ‘training of trainers’ at AIMS New Delhi to expertise as master trainers NACP III recommended use of local/Regional language in developing training resource material for NGO’s implementing targeted intervention.

**Inject Drug Users and HIV/AIDS:** Injection Drug Users are constantly adding up in the number of HIV positive cases in Punjab. The PSACS reveals a shocking data that 182 lives in the state were lost due to IDU HIV positive in the last 5 months (The Sunday Indian, June 2014). According to PSACS data, the prevalence of HIV through IDUs in Punjab is nearly 27% as compared to the national average of 9.19%. The Punjab AIDS Control Society runs 10 OST (Opioid Substitution Therapy) centers in various hospitals across the state to prevent the spread of menace. However, the rise in HIV positive indicates that the PSACS has been unable to check the spread of the disease or curb fatalities. interestingly , the figures only take into account HIV/AIDS cases which were undergoing treatment with the anti retroviral therapy centres run by the state AIDS control society . There is a large number of HIV positive patients which goes unreported due to many reasons. The total number of reported HIV positive cases (1993 to 2012) in Punjab was just 3000. But the PSACS estimates that more than 57,000 adults are rising with HIV-AIDS in the state. The significant reason of the rising number of the HIV positive people

is increasing number of IDU in Punjab.

According to PSACS report (2012) Amritsar, the border district of Punjab has the highest number (30%) of the HIV positive patients who were IDU.

**IDU HIV positive and their spouses:** AIDS is often seen as 'someone else's problem' and considered an infection in those whose lifestyle is immoral. It is difficult to reach and teach about it to general or the people living with high risk of vulnerability. In case of Injection Drug Users, they often consider themselves as rejected from the society as being a drug addict is against the norm and culture of Punjab. Many reports in newspapers reveal that women always suffer where the spouses (IDU) refuse to take blame on themselves. Women once detected with the infection, are condemned to a life of solidarity confinement and shame. Man avoid to go for HIV test scared of their HIV positive status could be disclosed and even refuse to get registered with a government agency for treatment. Owing to the social stigma, HIV positive patients usually do not tell their family members about the infection. They get married and infect their spouses. The data of HIV positive is much more alarming as compared to official figures.

**National AIDS Control Programme:** Punjab State AIDS Control society was registered in 1998 and executing NACP fully sponsored by Centre in the initial phase State AIDS cell were established. In the second phase the Information Education and Communication (IEC) programmes were initiated which were followed in the NACP- III Phase (2007-2012). The aim of NACP-III was to halt and reverse the epidemic. But the results indicate that where as HIV positive infections decreased in other part of India, Where as it had shown increase in Punjab considered as low prevalence state. Furthermore, steep increase in HIV positive in Injection Drug Users was the major cause of concern. The estimated number of people living with HIV/AIDS is 31,961 with adult HIV prevalence 0.18%. Over the years this estimation has increased from 2987 in 2007 to 3,325 in 2011. Further need for ART for adults almost tripped in 2011 and estimated annual AIDS death was 1,104 (Annual Report 2012-13).

From 1993 to Oct 2019, a total of 78589 persons were detected HIV/ AIDS positive of which 8756 have died. Amritsar having one of the highest numbers of drug addicts in the state counted 16,505 AIDS patients followed by Jalandhar (7766) and Patiala (7,674)

The key challenges for NACP IV (2012-17) included emerging epidemics due to migration, Inject able Drug Use, stigma and discrimination. The objective of NACP IV was to reduce new infection and provide care, support and treatment to PLHIV along with treatment services for all those who required it. Focusing PSACS (2013-14) intensified and consolidated prevention services, increase access and promote comprehensive care, support and treatment, to expand IEC services and strengthening of Strategic Information Management system.



**Results:** The results of the schedule administered to 50 Injection (male) Drug Users and 50 females in three districts Amritsar & Jalandhar and Ludhiana reveal the awareness level of the respondents regarding HIV/AIDS and their apprehensions and approach towards this epidemic.

In Punjab after completion of fourth National AIDS Control Programme and 100% of the respondents were aware of and heard about AIDS but surprisingly 56.7% respondents think that it is non-curable and 18.5% respondents think it is curable. There are 24.8% those who don't know whether it is curable or not curable.

As it is necessary for the people to know how AIDS spread. It is one such disease which has lot of misconceptions. People are still scared of touching or coming in contact with AIDS patients fearing that they too will get the AIDS. On the contrary, when asked the causes of HIV/AIDS, 79.1% of the respondents cited unsafe blood, unprotected sex and Mother to Child injection where as 54.4% respondents also enlisted breastfeeding as one of the reasons. Only 32.5% respondents said all the reasons given in questionnaire were responsible for AIDS. Similarly while responding to the query related to symptoms of the HIV/AIDS only 11.7% of the total knew all the symptoms.

To check their preferences regarding source of information and awareness 68.2% had seen away T.V show/ documentary on T.V as compared to 31.8% who said that they had not watched anything. 36% of the respondents consider T.V as the best source of knowledge regarding HIV/AIDS whereas 52% felt that face to face talk with doctor/ health worker can provide better knowledge. 4% consider radio and 8% said that newspaper is the better source of 'Sometimes' they read such stories as compared to 63.4% who never read such information in the newspapers. Interestingly, 24.1% IDU male respondents avoid watching T.V programmes related to HIV/AIDS with family 11.6% said they watch but feel embarrassed and 14.3% remain normal as compared to 23.2% female respondents who avoid watching such programmes, 16.8% watch but feel embarrassed and only 9.9% remain normal.

Mobile Phones with latest application are another good source of reaching out people regarding any important issue. The study reveals that only 18% of the respondents had ever received any message related to HIV/AIDS awareness campaigns as compared to 82% who had never received any such messages. To know the awareness level of injection drug users regarding sharing needles and syringes as major reason of HIV transmission few queries were done. The data reveals that 76% IDU respondents were aware that needle and syringe is used once and only for one patient whereas 24% said that doctor can use it on many patients. Further 89% agreed that practice can help a patient to inject himself on his own where as 11% said 'No'. 76% also revealed that injection is the easiest way to consume drugs whereas only 2% said 'No' and 22% agreed that 'sometimes' injection is the easiest way to consume drugs. To explore about more their information level 86% said Injected Drug Use can cause HIV/AIDS infection whereas 9% did not know and 5% said it cannot cause HIV/AIDS.

AIDS has always been considered as disease of others and their status. Only 52% of the Injection Drug Users had consulted doctor/ health worker to know about HIV/AIDS whereas 48% avoid

it.

According to the respondents (IDU male 72%) HIV/AIDS can happen to anybody as compared to 16% who consider it can happen to drug addicts and 12% who felt it can happen only to drug addicts. Out of the total male/female respondents 55.9% said HIV/AIDS can happen to anybody and 15.8% think that it is drug addicts who may fall victim to AIDS. The truck drivers and cleaners/helpers have always been considered an important means through which HIV spread Arvind Singhal and Everret M. Rogers (2003) noted 3.5 million truck drivers in India as a high-risk group because of their numerous sexual contacts with commercial sex workers as they frequently visit the red-light area of big cities. He further mentioned noted in his study that many drivers are from northern India especially from Punjab are more vulnerable. The research also shows that 28.3% respondents consider only truck drivers were vulnerable to this infection.

Interestingly 29% of the total respondents had come across HIV/AIDS patients as compared to 71% who had never met any HIV/AIDS patients. The IDU (male) respondents (86%) have also shared their knowledge regarding HIV/AIDS with others as they have constant fear of getting infected. Further exploration in this regard reveals that 45% of the respondents feel comfortable with family members while talking about AIDS. 39% of the respondents feel comfortable in confiding with the friends. Surprisingly it is only 16% of the respondents who feel comfortable talking to doctors/health workers.

Besides media and interaction with doctors/health workers people add importance to other field/outdoor activities for direct contacts. 32% respondent expressed that exhibitions are good source of information, 22% added importance to debates and discussions whereas 13% stressed were on conferences.

Red Ribbon Express was a special train launched in 2007 and 2012. It was fully equipped with all kinds of information related to AIDS. In Punjab RRE spent 16 days in total and was stationed at Amritsar, Jalandhar and Ludhiana. During its stay in Punjab 38,905 visitors visited the train in 2007. In Dec 2012 (PSACS Report), the total number of visitors to exhibition was 2, 03,540. As per the data revealed by the respondents 59% had heard about it, 36.6% had not heard about it and only 4.4% had seen the red ribbon express train. Amongst these visitors 2.9% were males and 1.1% was females.

Interestingly 71.7% of the total respondents recommended HIV/AIDS test before marriage to avoid future trauma as compared to 28.3% who opposed it. Further out of total only 23.8% of male respondents recommended HIV/AIDS test for would be brides and bridegrooms.

The data reveals that 50% of the total respondents feel that AIDS patients must be dealt with sympathetic attitude but 21% say that they must be treated with hatred as the general thinking behind this attitude is that AIDS is a sexually transmitted disease and who so ever is infected with this has surely done a sinful sexual act. Then there are those (29%) who are confused in this regard.

The next finding revealed that 36% of the respondents believe that AIDS victim should be isolated for the fear of the infecting others. 34% feels that AIDS victim need not be isolated whereas

30% were are those who are not sure what to do or have confusions.”

The IDUs are the highly vulnerable section of society towards this infection. The IDUs were specifically asked whether they would go for HIV/AIDS test. The query revealed that only 33.8% would go for it whereas 38.2% said ‘No’ to it. 28% of respondents were confused and said ‘Can’t Say’.

The AIDS patients are often victims of social rejection. AIDS patients and their families represent India’s new class of untouchables. The respondents were asked whether they would reveal their HIV positive status to other. 73% of IDU respondents rejected it due to fear of stigma and isolation. They would not disclose their status whereas only 3% said ‘Yes’ and 24% replied in ‘Can’t Say’.

The last but not the least important question was if the respondents had any doubts about HIV/AIDS in their minds after filling this schedule. 69% said they want to know more about AIDS and clear their doubts as compared to 31% who said ‘No’.

**Conclusion:** HIV/AIDS is not only a health issue but more an issue related to behavioral change required for the overall development of the society. The fight against HIV/AIDS is a communication challenge everywhere in the world. Throughout the world, the communication strategies adopted to eradicate fear and stigma related to HIV/AIDS have not achieved their goals yet.

The study focusing the injection drug user in Punjab was to evaluate the general understanding of HIV/AIDS and how do they come across this learning. The National AIDS Control Organization implemented its awareness programme through various phases of National AIDS Control Programme. Now the Punjab State AIDS control Society is initiating AIDS awareness programme under NACP IV. Under IEC programmes, all the available media like print, bus panels, hoardings, wall paintings, flex, All India Radio, Doordarshan, Nukkar Nataks, Exhibitions etc were being utilized. Radio (AIR) and T.V (Doordarshan and private channels) telecast long format programmes, awareness campaigns, radio spots and jingles. NACO is also utilizing the venue during religions festivals from Behavior Change Communication. But the study reveals that the communication strategies adopted till date could not bring 100% success as the respondents still have apprehensions inhibitions and doubts regarding this infection. 24.8% of the respondents were not sure whether it is a curable or non-curable disease substantiate that either they have not been reached about by doctors/health workers or they could not understand the message of awareness campaigns.

Though most of the respondents (68.2%) preferred T.V as the best source of information but still 52% also felt that face to face talk with doctors/ health workers can provide better knowledge. Interpersonal communication can further help to provide better knowledge and clear doubt regarding HIV/AIDS. Link workers have been an important part of NACP programmes. But the study does not reveal any encouraging trends as only 16% felt comfortable talking to health workers/doctors.

Though Punjab stands at the top of IDU HIV positive in India with 26.1% but still the



PSACS or health agencies have not been able to tap the vulnerable section (Injection Drug User and their spouses). The campaign do advise injection (syringes) and needles as carrier of this infection but a large number of respondents (82%) revealing that practice can make a patient perfect to inject himself and 76% revealing injection is the easiest mode of drug intake is an alarming signal for the NACP authorities.

Even after knowing (86%) that in Punjab IDU is one of the major cause of HIV infection, these respondents (38.2%) rejected to go for HIV test and 28% could not decide whether it should be done or not.

The plight of HIV/AIDS patient is very apathetic as AIDS affected people are always considered bad and promiscuous. People still pity them but still 36% of the respondents want that they should be isolated for the fear of infecting others and 30% could not answer it. Anti-AIDS stigma is a major communication problem throughout the world and all the communication efforts in every country are taken up to overcome this stigma. There have been many instances where people have been refused help, isolated from others, treated with indifference and kept at a safe distance. Though the situation has improved over the years but it has not seen a vast change.

The study reveals that 21% respondents thinks that people diagnosed with HIV positive should be treated with hatred due to their immoral sexual behavior and 29% were confused how to react. Interestingly, these respondents 71.1% recommended HIV test before marriage but at the same time to avoid rejection from society. 73% from IDU respondents revealed that they would not reveal their HIV positive status. Thus, this issue of hiding and avoiding HIV positive status poses a threat and a challenge to organize, communication strategists working to reverse and halt the epidemic.

The National level IEC activities to generate HIV/AIDS awareness in Punjab can yield significant result when their efforts are more and more region and culture specific. Involvement of politicians and bureaucracy to curb the menace of drug peddling and drug addiction is need of the hour. The administration can control drug addiction if addicted are dealt strictly and treated under strict supervision.

Even Mass media still has not been exploited to its full potential. The usage of mobiles in India is ever increasing but it has not been tapped effectively as a tool to communicate for health awareness.

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