

**CHAPTER III**  
**PROFILE OF THE BENEFICIARIES AND THEIR OPINIONS ON THE  
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## **PROFILE OF THE BENEFICIARIES AND THEIR OPINIONS ON THE SERVICES AVAILED**

This chapter has been divided into three parts in order to fulfill the fourth objective “to study beneficiaries’ perception of services rendered by Government and Non Governmental Organisations”. The first part will discuss about the profile of the beneficiaries, the second part will discuss about their history on Drug use, Sexual and Medical History and their knowledge and risk perception on HIV/AIDS. The Third part will discuss about the beneficiaries perception on services provided by the Government and Non-Governmental Organisation.

In the world, it has become clear that HIV/AIDS prevention and control efforts must involve all segments of the society. In Manipur the incidence of HIV infection has reportedly been shifted from Intravenous Drug Users (IDU’s) to the general population. The present study covering 12 Non- Governmental Organizations (NGO’s) was conducted in and around Imphal east and west districts. These organizations were purposively selected, keeping in mind that they had been in existence for more than five years and were reaching out with the target groups with programs of HIV/AIDS mitigation. Further 5 beneficiaries were selected from each of the twelve organizations who were HIV positive.

### **3.1 Profiles of the beneficiaries**

**3.1.1 Age:** It is well known that HIV infects people in the age group of 15 to 49 years; a population that is in the reproductive prime. Therefore age is an important factor in designing HIV intervention programmes. A study conducted by Budhachandra Y., et al., (2007), in Manipur in which 60 patients in the age range of 21 to 35 years were taken from R.I.M.S Hospital, Imphal, J.N. Hospital, Imphal and several NGOs of Manipur. The findings from the study show that most of the patients are in the age group of 26 to 35 years. Also 60% of the HIV patients are male and the remaining 40% belongs to female in the ratio of 60:40

Table 3.1 Age group of Beneficiaries

Age group of the respondents	Number of HIV Positive cases	Percentage of HIV positive cases
21-30	22	36.67%
31-40	33	55%
41-50	5	8.33%
Total n=60	60	100%

The study highlighted that those who are using drugs and at the risk of contracting HIV/AIDS are in the age group of the most sexually active stage. The mean age for the present study is 33.5. The minimum age of the respondent is 24 and the maximum age is 50. The highest rate of HIV infection is in the age group of 31-40.

In the present study a sample of 60 respondents are taken into account in which all the respondents are all HIV positive. For the present study age is classified into three groups: 21-30, 31-40, 41-50. Among those who are infected with HIV the age distribution pattern shows that a little more than half are in 31-40 years age group (see table 3.1). The second most vulnerable groups are in the 21-30 age groups and only small percentage 8.33% are in the age group 41-50.

### 3.1.2 Gender and Educational Level

In the prevention of HIV and AIDS infection, gender is a sensitive issue especially in the Indian context. Given the cultural context, often women are in a position where their vulnerability to HIV becomes higher, so also their power to negotiate for safer sex becomes weak. To add to these, talking about sex and sexuality is by and large a taboo. What are more women by and large, especially rural women don't ever come in the purview of AIDS awareness programs. Therefore it becomes important to have empirical data on the gender distribution of HIV. While designing a programme or implementation strategy for HIV prevention, gender appropriate should be taken into consideration. According to review done by Carael M., et al 2009 on the Declaration of Commitment of

the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), in 2001, sets out several policy and programmatic commitments that pertain to women and the gender aspects of the HIV epidemic. Some of them are general, whereas others are more specific and include time-bound targets. A total of 147 countries provided national reports in which 78% of relevant UNGASS indicators were either completely or partially disaggregated by sex. Of them a total of 82% (108 of 130) report of having policies in place to ensure that women have equal access to HIV-related services, but 14% of these countries also had laws and policies that hindered their ability to deliver effective HIV programs for women. Only a little more than half (53%) of those countries reported of having a budget attached to programs addressing women issues. The review further shows that the gender gap on HIV knowledge has narrowed, but overall levels of knowledge on how to prevent HIV remains at low levels, with only about 40% of young men (aged 15-24 years) and 36% of young women with correct comprehensive knowledge about HIV prevention. The study concludes that countries have integrated women-related issues in their national HIV policies and strategic plans but countries and regions with low-level of HIV concentration lag behind countries with generalized epidemics in integrating women-focused policies into the national framework. A multi sectoral approach such as the engagement of different ministries in women's social and economic empowerment is largely still lacking. This has broad implication towards the attainment of gender equality- a precursor to the success of HIV and AIDS interventions and strategies.

In the present study, 60 respondents were interviewed using self designed semi structured interview Schedules. The gender distribution in the present study is given in table 3.2 in which 66.67% of the respondents that is 40 were male respondents and the other 20 were female respondents. Male and female respondents are in the ratio of 2:1

Most of the HIV prevention programmes in the world centered upon risky sexual behaviour and little attention have been given to sexual behaviour patterns among HIV

positive individuals. It is important to have an insight into the sexual behavior pattern among HIV positive men and women.

Table 3.2 Cross Tabulation on Gender and Educational Level

		Educational Level					Total
		Primary	Secondary	Hr. Secondary	Graduate	Post Graduate	
Gender	Male	3	18	7	11	1	40
	female	4	7	6	3	0	20
Total		7	25	13	14	1	60

**Educational background:** Education is the backbone of the society. Educations broaden the perspective of individuals and take rationale decision in life. Quite understandably, the educated are better off in the context of HIV and AIDS prevention (Jyoti K., 2005). In her study she further state that the rationale behind all programmes of AIDS prevention is generating awareness. Only when individuals become aware, would they self evaluate themselves as at risk and adopt protective behaviors.

The data in the present study shows that educational level of the respondents is not very high. As it can be seen on table 3.3 there is relationship between the level of education and the HIV positivity rate amongst the respondents. In the table 3.3 below it shows us that those whose education are till secondary has the highest number of HIV positivity rate 41.67%.

Table: 3.3 Relationships between level of education and HIV positivity

Level of education	Cases of HIV positive	Percentage of HIV Positive
Primary	7	11.67%
Secondary	25	41.67%
Hr. Secondary	13	21.67%
Graduate	14	23.33%
Post graduate	1	1.67%
Total	60	100%

People who studied up to secondary level has positivity rate of 21.67% and the second highest 23.33% is in the group of respondents who studied up to graduation level. The higher the level of education is the lower the rate of HIV positivity. Educating and giving in-depth knowledge about HIV prevention to those who are at high risk of HIV infection would yield the most desirable outcome.

The above given argument could be supported by a similar study conducted by Singh H., et al 2010, among 90 HIV positive tribal patients in Chhattisgarh in which the result shows us that low level of education among the people aggravates the risk of HIV infection. They conclude that there was a high frequency of behavioral risk factors, together with unawareness, and very little health infrastructure, thus creating an impending risk for the rapid spread of HIV and AIDS.

**3.1.3 Language:** It is well known that language is an important forms of communication by which human beings can interact, share their views and thoughts. It is known that there are thousands of languages and dialects in which human beings communicate. In the context of HIV/AIDS it is important that the communicator reaches the target audience.

Communication is the process of conveying information from a sender to a receiver with the use of a medium in which the communicated information is understood the same way by both the sender and the receiver. It is a process that allows the sender and the receiver to exchange information by several methods. It is important that the one who communicates reaches the target audience in the right way how he wanted to transfer his information's especially in the case of HIV/AIDS preventions. Communication is defined as a process by which we assign and convey meaning in an attempt to create shared understanding. This process requires a vast repertoire of skills in intrapersonal and interpersonal processing, listening, observing, speaking, questioning, analyzing, and evaluating.

The language and dialects spoken in the study area includes Manipuri and different dialects of the state. According to census of India 2001 in Manipur there are 32 different distinct dialects spoken by distinct tribes of the state.

Table: 3.4 Types of languages spoken by the respondents

Languages	Frequency	Percentage
Manipuri (Meitei)	49	81.7%
Tribal dialect	11	18.3%
Total	60	100%

Out of the total respondents n=60, 81.7% of the respondents spoke Manipuri dialect and 18.3 % spoke tribal dialects.

#### **3.1.4 Marital status:**

Needless to state, detection of HIV in one family member can throw the entire family in turmoil. Media has often highlighted travails of women who were thrown out once found tested HIV positive. On the other hand there are instances where HIV negative spouse has offered unconditional support and care to the infected partner. Definitely multiple factors interact to determine how a family response to HIV. The situation of those who are single or unmarried for different reasons is not much better. Instead of taking care of their parents the situation becomes reversed. Elders of a family often have to carry the burden of the disease.

Sexual behavior patterns are different for different age groups as the ages of the respondents in the present study are in the most sexually active groups. There are gender differences in sexual behavior patterns among men and women. Understanding these differences is important to plan gender based intervention strategies in order to ensure that people living with HIV have a better quality of life, addressing their sexual concerns both within and outside of the marriage.

Table 3.5 Cross Tabulation of Gender and Marital status

Gender	Marital Status				Total
	Single	married	divorced/separated	any other	
Male	24	12	4	0	40
female	2	11	5	2	20
Total	26	23	9	2	60

The above table shows us that out of the total respondents 43.33% of them are single, 56.67% are married where 38.33% living with spouse and 15% of the respondents are married and divorced/separated respectively. Majority of the respondents pick up the habit of drug use before their marriage. Drug use and sharing of needles and syringes were a culture during the 80's, which is also the main reason for the routes of HIV transmission in the state.

### 3.1.5 HIV status and actual age of marriage

Among the 60 respondents, the mean age of marriage among was 25.38. During the study, it was discovered that there were few respondents who were well aware of their serostatus, but got married after mutual consent by both the partners. In one such incident a case of (Case Study 1)\* *Ms Sonia and \*Mr. Jiten a couple who are both HIV positive and are working together in the same organization. They came in contact with each other through an NGO where they are presently working. In due course of time they became closer. They shared each other's problem and one day they finally decided to tie the knot. It was a mutual understanding between them, both taking into consideration the pros and cons of marriage as they are both HIV positive. They consulted their parents and finally got married, worked together and lived happily until the time of interview. \* Ms Sonia and \* Mr. Jiten name changed to protect identity.* The mean age of the spouse is 31.52 with the minimum of 16 and maximum age of the spouse 64. The mean number of years married is 8.78 years. The minimum number of years the respondents are married is 2years and the maximum is 22. Among the respondents, there are HIV positive couples



who properly monitor and maintain their health. These types of people are longer married and lived a healthy life as compared to others who do not maintain their health.

### 3.1.6 Family and Number of children

Majority of the respondents are from nuclear family, only 1.66% of the respondents are from joint family. The mean number of children one has is 2.38. The minimum number of children one has is 1 and the maximum is 8. Among the respondents 28 have children and the majority of the respondents have 1 or 2 child only. 42.85% has 2 children followed by 35.71% have 1 child only.

### 3.1.7 Employment and nature of employment

The HIV/AIDS pandemic has affected almost every aspect of people's lives and has created problems of discrimination, loss of dignity and lack of privacy for people living with HIV/AIDS. The pandemic also tends to create a fear psychosis, anxiety among the general populace, which leads to a mixed response. In the employment sector, companies, individuals and organizations responded differently to the epidemic utilizing various strategies and in the absence of laws and policies to guide these various agencies, there is a real danger that human rights are compromised.

Table 3.6 Nature of Employment

Nature of Employment	Frequency	Percent
Government	2	3.3
NGO	6	10.0
Services	3	5.0
Business	4	6.7
self employed	18	30.0
any other	1	1.7
Na	26	43.3
Total	60	100.0

The above table shows that out of the total beneficiaries who are employed, maximum of them are self employed with 30%. Negligible numbers are employed in the government sector, NGO's and Services.

### **3.1.8 Income and Savings if any**

As the AIDS pandemic enters into its third decade, it is hitting particularly hard in communities in poor states and urban communities who has a higher rates of unemployment, poor housing, poor health, early death due to poor infrastructure on health facilities. The respondent have a mean salary of Rs. 4186.67/- with minimum salary of Rs. 1500/- and maximum salary of Rs. 8000/-. Incomes of the respondents, families and spouse taken together n=60 have a mean salary of Rs. 6866.67/- with minimum salary of Rs. 6000/- and maximum salary of Rs. 15000/-.

Among the beneficiaries not a single respondent could save a part of their earnings as they have to cough up with the rising prices whether in medicos or in their daily needs.

### **3.2 Personal history**

Personal history of the beneficiaries has been divided into four parts. It is important to understand and know about the personal history of the beneficiaries as this would be instrumental in analysis on how they have been infected or affected. First part is about understanding the knowledge level of the beneficiaries on HIV/AIDS and their risk perception on it. Second part will look into history their Drug use and linkages to HIV/AIDS. Thirdly it will discuss about sexual history and finally on their medical history.

#### **a) HIV and STI Knowledge**

Knowledge and understanding about the subject or a particular thing makes a person aware of the facts and the consequences of it and they act accordingly. Knowledge according to Oxford English Dictionary is the acquisition of expertise and skills through experience or education; the theoretical or practical understanding of a subject; what is known in a particular field or in total; facts and information and awareness or familiarity gained by experience of a fact or situation. Knowledge acquisition involves complex cognitive processes: perception, learning, communication, association and reasoning.

According to Pital H., et al 2007 nurses play a critical role in patient care but are often ill-equipped to deal with their own fears of occupational risk and handle the clinical aspects of HIV/AIDS care, leading to stigma and discrimination towards HIV-positive patients. They examine the impact of a 4-day HIV/AIDS health education program on knowledge and attitudes of nurses in a government hospital. This education program was developed using a training of trainer's model and qualitative research. A total of 21 master trainers underwent 6 days of training and began training of 552 hospital nurses (in 2004-2005). Using a pre test-post test design, they assessed changes in knowledge and attitudes of 371 trained nurses. The result of the examination shows significant improvements among the nurses' HIV/AIDS knowledge in all areas including care, treatment, and issues of confidentiality and consent. Fear of interaction with people living with HIV/AIDS was reduced significantly.

Table number 3.7 shows that the knowledge and awareness level on HIV/AIDS and related infectious diseases differs from one individual to another. Knowledge level of each individual differs from one another. Out of the total respondent of n=60 every respondents are aware of HIV and AIDS. It wouldn't be an exaggeration to say that most of the respondent are aware of HIV and AIDS if not they are having in-depth knowledge about its complexities.

Apart from HIV and AIDS there is various illness or diseases which are inter twined together. Cases can be cited of Tuberculosis, Hepatitis and Sexually Transmitted Infections where they play a host pathogen for the HIV to enter human body in various ways. Of the many respondents, their knowledge levels on Tuberculosis, Hepatitis and Sexually Transmitted Diseases are good. It can be concluded that many of the respondents are aware about the said infections

Table 3.7 Particulars of knowledge on HIV/AIDS and other Infectious disease

Particulars of knowledge	Frequencies		Percentage of Yes
	Yes	No	
HIV and AIDS	60	NIL	100%
Tuberculosis	60	NIL	100%
Hepatitis	60	NIL	100%
STI/STD	59	1	98.3%

Knowledge level on the technicalities and the how and why of HIV infections also varies amongst the respondents. Out of the many ways of HIV infections five choices were given to the respondents' viz Unprotected sexual intercourse, use of infected Needles and Syringes, Infected blood transfusion, from infected mother to child and all the above sources.

Table 3.8 Knowledge level on various modes of HIV transmission

Various Modes of HIV Transmission	Frequency	Percent
unprotected sexual intercourse	2	3.3
infected needles and syringes	1	1.7
infected blood transfusion	1	1.7
from infected mother to child	1	1.7
all the above	55	91.7
Total	60	100.0

A total of n=60 respondents answered to the question. A total of 55 respondents which forms 91.7% are well aware of the four main routes of HIV infection, while other respondents comprising 1.7% each of the total respondent gave the reason from infected mother to child, sharing infected Needles & Syringes and Infected blood transfusion. Also 3.3% gave answer to unprotected sexual intercourse.

### *i. Risk Perceptions*

Risk perception is the subjective assessment of the probability of a specified type of accident happening and how concerned we are with the consequences. To perceive risk

includes evaluations of the probability as well as the consequences of a negative outcome. It may also be argued that as affects related to the activity is an element of risk perception. It could also be said that it is an unrealistic optimism or illusion of control about future events. Perception of risk goes beyond the individual, and it is a social and cultural construct reflecting values, symbols, history, and ideology (Weinstein, N.D., 1980).

According to Nyamathi A., et al 2009 an estimated 2.5 million Indians live with HIV/AIDS. The spread of HIV is primarily through heterosexual contact. According to them the epidemic is shifting toward women, 29% of whom are currently infected, with still more cases going unreported. As the primary caregivers for their families, women face many challenges when it comes to accessing care; these include dealing with discrimination from family, community, and health care providers, and a general lack of education, social support, and nutrition guidance and sustenance. They tried to explore the perceptions and experiences of a group of HIV-positive mothers living in India to learn about the challenges they face in terms of assessing health care services, dealing with mental health stressors, and giving them a voice in designing the structure of a culturally sensitive and tailored intervention for women like themselves. The result of the study highlighted the importance of providing recommendations for future intervention plans, to include counseling, nutritional support, psychological support, and educational services for women living with HIV

Thomas B., et al 2009 conducted a study to explore the perceptions and needs of mothers living with HIV to gain greater insights into the challenges they face in relation to their health seeking behavior, fears around disclosure, and issues related to stigma and discrimination. They conclude that discrimination by physicians and other health care workers has been a major impediment expressed by mothers living with HIV in accessing quality health care. Mothers living with HIV are increasingly concerned about how and when to disclose their HIV status to their children and the repercussions which could result from disclosure.

Similar cases of discrimination and fear of disclosure prevails among the women respondents in the present study.(Case Study 2) \* Ms Mala age 32 is a widow HIV positive patient who has been married to an IDU for almost 14 years. Ms Mala got married to\*Mr. Chaoba at the prime of her age. Both the spouse was doing fine until one day when her in-laws discovered that their son is an HIV positive patient. They blame their daughter in-law to be the carrier of the disease which she passed on to their son. They started neglecting her, pick up unnecessary arguments. Life was even miserable to her when her husband expired. Being uneducated and not getting financial or material support from her in-laws, Ms Mala was forced to go back to her parental home. Until the time of this personal interview she joined a group of positive people and worked with an NGO as a peer educator. \*Ms Mala and Mr. Chaoba name changed to protect identity.

Table 3.9 Problems faced by the respondents at the ART centre

Particulars of problems at the ART Centre	Frequency	Percentage
Personnel's are cooperative	12	20
Felt a sense of discrimination by the official & staff	12	20
Forgetting the past they are cooperative now	14	23.3
Drugs are available on time	14	23.3
Travelling is a problem	5	8.4
Priorities given to known people	3	5
any other		
Total	60	100

The table 3.9 is self explanatory. A total of 20% of the respondents felt a sense of discrimination by the officials and staffs at the ART centre. But contrary to the negative sense of discrimination there are 20% of the respondents who felt the officials and the staff are co-operative. Many of the respondents also felt that staff and officials are slowly co-operating. If given in the form of percentages 23.3% each of the respondents are of the opinion that they felt a sense of discrimination in the past but staffs are more cooperative now and drugs are available on time unless the two national highways are blocked.

Table 3.10 Discrimination of any types faced

Discrimination Faced	Frequency	Percent
No	8	13.3
yes, from families/in-laws	7	11.7
yes, from other relatives	3	5.0
yes, from communities	25	41.7
any other	1	1.7
NA	16	26.7
Total	60	100.0

Most of the respondents in the study groups face discrimination from various quarters. A total of 60% among the respondents of n=36 face discrimination from the society. The other 11.7% faces discrimination from families and in-laws. Majority of the respondents complained the in appropriate support structures in their communities and societies. A total of 41.7% faces discrimination of various types from the communities. Most of them complain of receiving a comments from the communities, not allowing them to participate in community events, not allowing them in community self help groups etc.

During an informal conversation to office staffs during the study period; many of the people do not perceive that they are at risk of infections. They consider people will have infections only if they are involved in an activity as described to be the means of HIV infection. Acceptance level and awareness on HIV and AIDS thus increased manifold but people still lack in-depth knowledge of HIV and AIDS.

A great majority of the respondents were willing to help with AIDS education in the study area. More than half of respondents were willing to care for relatives if they were infected with HIV. However, also about half of the study population believes that people with HIV/AIDS should be identified and isolated from the community. Almost half of the study population was worried about becoming infected with HIV, but only 7% were aware of their own personal vulnerability. Students were the most concerned about the threat of AIDS. According to study conducted by Thomas J., et al 1999 Most respondents in the study groups are generally aware of how HIV/AIDS is transmitted and supported

HIV/AIDS, sex, and drug education in schools. 76% believed AIDS education could reduce the transmission of HIV among young people.

Though many of the respondents are well aware of HIV infection in the study group their perception on risk differs with each individual. According to study conducted by Lee, T.et al., (2006) among Injecting Heroin users in Taiwan all respondents had adequate knowledge about HIV/AIDS, but held misconceptions regarding the modes of HIV transmission. They concluded that many respondents who did not perceived themselves susceptible to AIDS rarely use condoms and occasionally shared needles.

In the present study 48.3% of the respondents are in the habit of drinking Alcohol and drug use. It can be said that under the influence of Alcohol and drugs people tends to get involved in a risky behavior which the respondents doesn't necessarily perceived it to be risky. According to study conducted by Seloilwe et al., (2005) on factors that influence the spread of HIV/AIDS among students of the University of Botswana. They investigated five main areas, knowledge and personal experiences of HIV/AIDS, sexual behavior and practices, perception about risky sexual behavior on campus, and factors that spread HIV. They conclude that there are high level of risky behaviors such as alcohol and drug abuse; unprotected sex; frequent change of sexual partners; sex for financial gains, for prestige, for good grades, to relieve stress and because of peer pressure, and casual sex as part of socializing.

Also a study conducted by Gold et al., (2006) in Australia on unrealistic optimism about becoming infected with HIV: Different causes in different population proved that experiencing undesirable events is lower and their chance of experiencing desirable events is higher. For the study, they used two explanatory models of unrealistic optimism (UO). While the motivational account holds that UO serves the function of bringing comfort, the cognitive account holds that UO serves no particular function, being simply a byproduct of normal cognitive strategies. They studied UO for HIV infection among uninfected students. (Study 1, N=68) and gay men (study 2, N=63). In each case,



participants rated either their relative likelihood of becoming infected (negative valance condition, or their relative likelihood of remaining infected (positive valance condition). They conclude that UO was greater where valance was negative and in study 2 valances had no effect. People tend to believe that their chance of experiencing undesirable events is lower and their chances of experiencing desirable events is higher than that of the average person like them.

The general perceptions, beliefs, knowledge, behavior and attitudes of the respondent differ according to their level of education in the present study group. Those with higher educational level fair better than those with lower level of education. According to study conducted by Sachdeva P., (1998) on HIV/AIDS and university students in Delhi, India: knowledge, beliefs, attitudes and behaviors. Eight hundred eighty-seven students in social work, nursing, and humanities from two major universities in Delhi were compared regarding their knowledge about HIV/AIDS and attitudes toward people living with HIV and AIDS (PLHAs) and homosexuals. Their scores on the 20-item knowledge test indicate fair degree of knowledge; however, they lacked information in crucial areas of AIDS prevention and human sexual anatomy. Unmarried, female and older students and those in social work and nursing disciplines scored significantly higher on correct answers. Social work students were likely to be more positive in their attitudes toward AIDS victims than those in nursing or humanities. Knowledge was positively related to attitudes and perception of risk. They conclude that despite their awareness of personal risks only four in ten used condoms sometimes during intercourse.

During an informal interaction during the study period with the nursing staff and Doctor's of a government hospital in Manipur, what one perceived and the reality are wide apart. There are hundreds of Doctors who are being trained by the state government in Manipur in the areas of HIV and AIDS. But only a handful of them really practice it, giving a reason of what they perceived to be a risky job to help fight the diseases. A case in support of this could be s study conducted by Lal P. et al., (2007) on perception of risk and potential occupational exposure to HIV/AIDS among medical interns in Delhi. They

conducted a cross sectional study among 129 medical interns of Maulana Azad Medical College, New Delhi for assessing the perceived levels of risk of acquiring HIV infection in the health care settings among medical interns, reasons for the same and their exposure to situations having potential of HIV transmission. Majority of the interns (68.3%) perceived themselves to be at a very high risk of acquiring HIV infection during their medical career. The common reasons for perceived risk of acquiring HIV infection were getting injuries due to needle pricks during surgical procedures (32.4%), frequent exposure to the blood secretions of patients (28.5%) and insufficient availability of gloves (17.6%). Some (23.2%) were of the opinion that students in future might lose interest in the medical profession due to increasing risk of HIV infection and few (3.1%) were even considering to leave the medical profession for the same reason. Majority of the interns (72.9%) had experienced needle pricks and more than half (53.7%) of them even had had blood splashes in their eyes, nose and mouth during surgical procedures.

A personal visit to the Integrated Counseling and Testing Centre's (ICTC) and observing the client flow patterns and HIV test uptake tells a different story altogether. In one of the testing centre there was no maintenance of confidentiality. Clients who are being advised by someone for HIV testing are made seated in the same room while simultaneous counseling of other client is going on.

There are no separate counselors for men, women and children. In one of the worst case scenario where (Case study 3) *Mr. Pankaj\* went to a T.B Hospital for check up, he was also advised to go for HIV testing. He then goes to government owned ICTC's centre in the heart of the capital. The normal procedure for HIV testing is to conduct pre-test counseling, advising them of the many possible outcomes. His blood sample was drawn for the necessary testing. He was called again to collect the test outcome after few days. The test result shows non reactive. Had it been the reverse side of it, what would become of him as he was also not given post test counseling? Mr. Pankaj himself took initiative and went to enquire again after learning that pre-test and post test counseling is a must*

*in HIV testing. He enquired about the lack of counseling and the reply to it was insufficient counselors to handle the job. \*Mr. Pankaj name changed to protect Identity.*

A study conducted by Joseph S. et al., (2010) on sex differentials in the uptake of HIV testing shows that men's and women's testing patterns are not consistent. They made a community-based, cross-sectional survey among 347 people living with HIV in three HIV high prevalence districts of India and examined their reason for undergoing an HIV test.

They say that men were more likely to be advised to test by a private practitioner and to test in the private sector. Women were more likely to be advised to test by a family member, and to test in the public sector. Men were more likely to receive pre-test information than women, when tested in the private sector. Men were also more likely to receive direct disclosure of their HIV positive status by a health provider, regardless of the sector in which they tested. More women than men were repeatedly tested for HIV, regardless of sector. They concluded that examining gender dynamics that underpin sex differentials in HIV testing patterns and practices is essential for a realistic assessment of the challenges and implications of scaling-up HIV testing and mainstreaming gender in HIV/AIDS programmes.

## **b) Drug Use History**

Drug use during the later part of the 20<sup>th</sup> century in the north east and Manipur in particular was a culture. People from various backgrounds were trapped in the habit of drug use. Drugs were easily available through the porous border of Moreh an International border of India and the then Burma (Myanmar). Myanmar was considered the drug capital of the south East Asia as also it lies in the notorious golden triangle where heroin was produced, locally known as No. 4. According to findings by Rafiey H., et al 2009 needle and syringe sharing has increased among female injection drug users in

Iran especially those who are being jobless, having illegal income, drug use by family members. They identified that drug use for enjoyment and peer pressure as causes of first injection, first injection in roofless and roofed public places. They usually inject at the groin area, injection at scrotum and they have lifetime experience of nonfatal overdose and history of arrest in the past years.

***i. Age at onset of drug use (oral/Injection)***

The mean age of oral drug use among the respondents was 20.56 and the mean age of Injection drug use was 23.59. The respondents started using of oral drugs as early as 15 years and goes up to 29. Whereas the youngest injection drug users were 17 and some even started injecting at the later age of 37.

***ii. Types of drugs***

The different types of drugs used by the respondents are Heroin, Diazepam, Spasmo Proxivon, Marijuana, Nitrovite tablets, Cough Syrups, Adhesive solution, Brown sugar, Tidigesic, Calmpose, Buprenorphine, Alcohol and Alprazolam, etc. The most commonly used drugs by the respondents are Heroin 91.2%, Diazepam 40%, Spasmo proxivon 72.5%, Marijuana 55%, Nitrovite tablets 47.5%, cough syrups 47.5%, Adhesive solution 27.5%, Buprenorphine 22.5%, Alcohol 65%. The above percentages are calculated on the basis of 60 respondents and taking above 5% of particular drugs they are using. Most of the respondents are using more than one drug during their lifetime.

***iii. Frequency of drug use on a daily basis***

It was found that most of the respondents use drugs more than once in a day. 45% of the respondents' uses thrice in a day, 32.5% use four times in a day, 15% use twice in a day. 2.5% only once and 2.5% above four times in a day. Another 5% use drugs as when they have money to get the stuff.

***iv. Nature of drug use (alone/Company) equipment sharing/not sharing past and present***

The study reveals that those who are addicted to drug use, they usually take in the company of friends. It was more of a culture during the days to get together on a particular spot and share their drugs. Only 15% of the respondents are using drugs alone without the company of friends. The rest 85% of the respondents use drugs in the company of friends. In the past 90% of the respondents shares their equipment of drug injection. Only 10% of the respondents do not share their injection equipment in the past. 97.5% of the present users do not share their injection equipment. 2.5% of the present users do not share their Gun (Syringes- local terminology) but they share their other equipments like distilled water for mixing with drugs, containers, etc.

***v. Abstinence***

A total of 71.8% of the respondents at least once gave up using of drugs even if it is for a day or so. Another 50% of the respondents gave up using of drugs for more than 6 weeks. 13.3% each gave up for 4 to 6 days and 6 days to 2 weeks. 10% gave up for 2 to 4 days only, 6.7% gave up for 4 to 6 weeks and 3.3% each gave up for 0 to 2 days and 2 weeks to 4 weeks. The cases of relapse are also high among the drug users. More than 50% of the respondents have relapse cases. 86.7% of the relapse cases are due to peer pressure, 6.7% contribute due to anger and 3.3% each complained due to loss of job and depression. 48.3% of the total respondents have atleast once been admitted to de-addiction centre/ rehabilitation centre. 33.3% have been there 2 times, 13.3% of the respondents have been to the centre 3 times and 26.7% each have gone through 1 times and more than four times respectively.

***vi. Drug use and HIV linkage***

It is learnt from study conducted by Kheirandish P., et al 2010 that incarceration increases the chances of HIV infection among inmates of prison. It is a well known fact

that Manipur is famous for its popularity in various co-curricular activities like sports in India and internationally. It is also not less popular in drug use as the first cases of HIV infection was detected in the blood samples collected from Injecting Drug users in the state. Drug use among the people was popular during the later part of 1980's. Drug use, police commandoes, imprisonment, lodging in prison and taking bribe by the police was the watch word of the state during the time.

Before the implementation of the drug substitution programme in the state, there were many difficulties faced by the government in cracking down drug peddlers and drug users. But after the implementation of the drug substitution therapy and the programme taken up by many renowned NGO's many of the drug users came up, share their problems and tackling the problem takes a new shape.

In spite of the initiatives taken up by the governmental and nongovernmental organization, the number of drug users being caught by the police and being detained or not detained didn't decrease.

Table 3.11 Percentage of respondents ever been caught by the police

Response	Frequency	Percent
Yes	35	58.33%
No	7	11.67%
NA	18	30%
Total n=42	60	100%

The above table shows us that among the total respondents there are 58.33% which form 35 of the total respondents were at least once caught by police because of their drug use. The other respondent 7 which form 11.67% of the respondents had never been caught by the police. The rate of detention in correspond to the number caught didn't match according to the findings. In the present study 58.33% were caught and only 6.7% of them are in the lock up or jail.

When interacted with those people who are being caught, they say that they are being let off the hook if they have money to pay to the police personnel. The other 6.7% of the respondents said that they were not in handy with money at the time they were caught, so they have to spend the night at the police lock up. The next day their family members would be informed and they would be bailed out.

The brighter side of the police story shows that during the earlier year's people who are being caught by the police are lodged in the police lock up for the night and they are sent to Jail. But the present day's police are aware of the human rights activities so they never sent drug users to prison. The other reason could be that the prison capacity does not allow them to do so as one of the respondents said during interaction. He further said that they use to inject drugs inside the jail premises during the earlier years by sharing Needles and Syringes. They procure their drugs through jail staff by selling their belongings like Jewellery, Jackets, watches etc.

There are various sources of funds from which the drug users procure their drugs inside the jail premises. It ranges from families, friends and relatives and to the extent of selling their own belongings. Out of the total respondents only one respondent use drugs inside the jail premises and he got the funds from families and relatives. Of the respondent who uses drugs inside the jail he said that he got it from his peers and colleagues.

Many of the respondent hints the importance of introducing awareness programs inside the jail premises. A total of 23 respondents felt the need to introduce awareness generation program inside the jail premises.

The components of awareness programs which can be introduced in the jail premises are categorized into 1) legal rights 2) Information Education and Communication 3) Treatment 4) care and support 5) after care 8) any other 9) NA/DK. A total of n=21 respondents answered to the questions on what are the components of awareness

programmes they would like it to be introduced inside the jail premises. Each respondents were given the choice of answering three multiple answers. A total of n=17 respondents would like to see that legal rights awareness be introduced inside the jail premises. Those respondents cited the reason behind their choices, that out of their experiences they saw many of the people especially those inside the jail are not aware of their basic rights. Then n=8 respondents would like to see Information Education and Communication programmes on HIV and AIDS be introduced inside the jail premises, so that the authorities and the inmates are well aware of the nitty-gritty of the HIV pandemic.

As far as Treatment is concerned n=13 respondents would like to see that it is introduced inside the jail premises. Most of the respondents are aware that some PLHA are inside the jail, so they wanted that adherence to treatment practices and the various knowledge of treatment should be made known to the authorities. As everyone knows that substance abuse complicates both HIV/AIDS and its management because of the effects that illicit drugs have on various body systems and the behavioral disturbances that accompany substance use. For a variety of reason, adherence to treatment is poor in this population and several factors have a negative impact on adherence. Treatment of drug abusers who are HIV-positive requires more flexibility than treating drug abuse and HIV separately. Because medication regimens can be complicated and demanding and non adherence to treatment can cause mutation of the virus resulting in drug-resistant strains, it is essential to get the patient committed to treatment. It is important that proper treatment regiment is made known to the jail authorities.

In the case of care and support programmes to be introduced inside the jail premises n=19 respondents gave their consent over it. As we all know Care and support play a critical role in assisting people who are HIV-positive to understand the need for prevention and to enable them to protect others. As the HIV/AIDS pandemic progresses and HIV-seropositive individuals contend with devastating illness, timely help and support from family and other authorities is vital in the control of HIV infections.



After care and support services are being extended to the people, it is vital that a follow up services to the clients are properly maintained.

### **C) Sexual History**

The most common forms of HIV transmission in Manipur was due to sharing of contaminated Needles and Syringes during the earlier days. But now the trend of HIV infection has been shifted to the general population through sexual routes. According to Van Dam C.J 1994 sexual intercourse is the most important mode of HIV spread globally. He said that according to accumulated evidence there is a relationship between STI and HIV infection in threefold ways: the presence of an STI is a mark of risk behavior for HIV infection, STIs are biological cofactors for HIV transmission, and concurrent HIV infection increases the virulence of some STI pathogens. Unprotected sexual intercourse with multiple partners predisposes one to HIV infection.

The incidence of both HIV infection and other STIs therefore indicates the practice of high risk sex behavior in a community. He also said that increased incidence of HIV infection has been found in people with genital ulcer disease. It is therefore likely that genital ulcerations caused by traditional STIs provide easy entry or exit points for HIV.

According to Cicely M., et al 2006 young people assess potential sexual partners as “clean” or “unclean”; sexual partners have an important influence on behavior. Condoms are stigmatizing and associated with lack of trust; gender stereotypes are crucial in determining social expectations and, in turn, behavior. There are penalties and rewards for sex from society; reputations and social displays of sexual activity or inactivity are important; and social expectations hamper communication about sex. They conclude that young people who are involved in unprotected sexual intercourse have higher chances of HIV infection than those who are not.

Table 3.12 Age at when sexual initiation experienced

Age group	Frequency	Percentage
15-20	10	16.67%
21-25	27	45%
26-30	2	3.33%
NA	21	35%
Total	60	100%

The above table 3.12 represents the age of the respondents when they first experience sexual initiation. The age group is divided into three categories ages 15-20, 21-25 and 26-30. The age group 21-25 represents the most sexually active group among the respondents comprising 45% of the total respondents. The second highest group is 15-20 and form 16.67% of the total respondents. The table can be interpreted that young boys and girls who are most sexually active have a higher risk of HIV infection.

Table 3.13 Frequency of condom use by the respondents

Condom use	Frequency	Percent
every time	15	25%
quite often	3	5%
sometimes when it is available	5	8.33%
NA	37	61.67%
Total	60	100%

Particular question on the frequency of condom used and the reasons were asked among the respondents. In the above table 3.13 it can be seen that out of the total respondents 25% uses every time they had sexual intercourse, 5% says they usually use quite often, 8.33% says they use sometimes when it is readily available. Although condoms are

available in many of the departmental stores and pharmacies, the above data's shows that it is not really within the reach of the clients every time.

The reason given by the respondents were categorized into four groups, to avoid pregnancy, protect self and partner from STI and HIV/AIDS, both to avoid pregnancy and to protect self and partner s from STI and HIV/AIDS and any other. A total of 4.17% uses condom to avoid pregnancy, 12.5% use it to protect self and partner from STI and HIV/AIDS, 83.33% use it to protect both from pregnancy and self and partner from STI and HIV/AIDS. A total of six respondents gave reason for not using the condom and the rest 54 respondents don't respond to the question. 1.67% of the respondents says they don't use condom because it reduces sexual pleasure and another 8.33% gave one or more reasons like non availability on time, trust within the sexual partners etc.

Sexual relationship between the respondents and commercial sex workers (CSW) were studied among 60 respondents. Out of the total n=60, 16.7% of the total says they have visited and had sexual experience with the commercial sex workers during their past life. A total of 83.3% replies in the negative. Another 1.7% of the total respondents reply in the affirmative that they are currently visiting the commercial sex workers. The frequency of visits were taken among the sample and 10% says that they visited the CSW more than four times in a month and the other 3.33% each visited once and twice respectively. Out of the total respondents 8.33% uses every time they visited the CSW's, 1.67% use it quite often and another 3.33% use it when it is available.

#### **D) Medical History**

Health is the most important assets of any individual. Among the present study group of n=60 beneficiaries they are all HIV positive. As described earlier Manipur is a landlocked area which lies in the extreme north eastern states of India bordering Myanmar by 358 km sq. Due to communication problem especially road transportation, medical aid and other essential commodities are not available on time. When medical aid is not available on time the poor communities are the hardest hit especially those who are HIV positive.

People living with HIV and AIDS has to shell out their hard earned money to buy food for daily use in an exorbitant rates comparing to the maximum price printed on the items. They are then left with no money to buy nutritional support as they are taking daily dose of ART. Naturally they are bound to be in a deteriorating health conditions. Out of the total 60 respondents 98.3% has answered to the question on whether they have had cough or fever during the past six months. 58.3% said yes and 40.7% said no to the question. Of the respondents who have answered yes 40% had cough or fever lasting for 2 to 4 days. 34.28% had cough or fever lasting for 4 days to 1 week. 17.14% had for more than 2 weeks, followed by 2.91% for 0 to 2 days and 8.6% for 1week to 2 weeks. In respect to consultation of medical professionals 30% met registered medical practitioner for consultation, 10% use home remedy, 6.7% goes for self medication and 5% refer to private medical practitioner. A total of 60 respondents which forms 100% of the total respondents answered yes to the question on whether they have undergone any diagnostic investigation during the last three years. Rising price on medical aid and other essential commodities has had an adverse health impact on the people living with HIV and AIDS. Poor PLHA people cannot afford to private medical aid and they are forced to remain as they are whatever the health conditions might be.

Out of the total respondents n=60 in the table 3.14 shows that the ratio of male and female who goes for blood testing is 40:20. A gender difference in the uptake of HIV testing shows that men and women testing patterns are not consistent. (Joseph S., et al 2010).

Table 3.14 percentage male and female who goes for blood investigation

Gender	Blood investigation	Percentage
	Yes	
male	40	66.67%
female	20	33.33%
Total	60	100%

The percentage of those who goes for blood testing clearly indicates that there is a sex differential in the uptake of HIV testing in the state. As stated earlier when interacted

with women respondents of the state in the present study group, they are reluctant to go for blood testing due to various reasons. They have heard of many stories about discrimination of the womenfolk especially of those who are married to IDU's. Out of n=60 only 33.33% of the women respondents goes for blood testing against 66.67% of their male counterpart. They feared of being detected HIV positive since their husbands are ex drug users and moreover they are feared of being turned away by their in-laws.

One women of such cases narrates her story, (Case study 4) *Ms Shanti\* 37 years of age was married to her school boyfriend Mr. Thoiba\* when she was only 19 years old. Her boyfriend was frequented to parties and functions organized by the community. He was also a rock singer quite popular among her friends in school. The first reason she said she was attracted to him was due to his popularity among her friends. She never knew he was into drugs at the beginning.*

*As time goes by they are more familiar with each other and the intensity for their love grew even stronger. They go together for birthday parties, kitty parties, song concerts and other get together parties like picnics, marriages etc.*

*When both of them graduated together from college they plan to get married. They finally walk the Aisle together and \*shared their marriage vow. They were happily married until one day when she discovered the he was injecting drugs inside their room while she was preparing food. They were living together with her husband family. Day by day he increases the frequency of his shots (Injecting Drugs), then his health condition worsened. Fear of being discovered they kept together as a secret. Finally when his condition can no more be kept secret, the consequence response was his death. Before his death some of his friend advised him to go for a medical checkup and his blood test result for HIV was reactive. It was too late to react or go for medication. His parents didn't exactly knows the reason for his death as the Doctor told them that it was a case of multiple heart failure, Jaundice and T.B. She was the only one who was informed of his HIV status. Then she was also advised by the Doctor to get HIV test done, where the result proved to be reactive.*

*She narrated; she was afraid of declaring her condition to her in-laws as she knew some of her friends being turn away by their in-laws. She was left with two kids to be taken care of. She now works in one of the nongovernmental organization and supports her kids. . \* Ms Shanti and Mr. Thoiba name changed to protect identity*

The above case study shows that there would be many women like her who are not aware of their sero-status or who don't want to disclose their sero-status. It would not be an exaggeration to say that there are high probabilities of womenfolk's whose health conditions are not properly taken care of due to their sero-status.

Table 3.15 Percentage of male and female who are HIV positive

Gender	Frequency	Percentage
	yes	
male	40	40
female	20	20
Total	60	60

This shows that among the respondent of n=60 there are 20 women and 40 men who goes for blood testing and all the 20 women and 40 men are diagnosed HIV positive. The exact rate of positivity cannot be either concluded and say that positivity rates are higher among women who got tested for HIV infection or their men counterpart. Whatever the case may be it can be said that the health condition of the womenfolk of the state are worse than their male counterpart. In general, majority of the respondents are from socially- economically backward classes. Women of the state enjoy almost equal status with their male counterpart of the state and they also constitute the workforce of the state. The respondent's low economic status forces them to work in unorganized sectors. They are mostly vegetable vendors, run Pan Shop (Beetel Nut Shop) and other minor jobs. So when their health condition worsened their livelihoods are being cut of as they don't have other means of income.

### 3.3 Opinion on services availed by beneficiaries from GO,s and NGO,s

The government through its various organizations and departments provide a wide variety of services to the beneficiaries. Some of the main services provided by the government are 1) counseling services 2) referral services 3) clinical test for HIV and other contagious diseases 4) treatment and prevention services, etc. Apart from the above listed services provided by the government the nongovernment organization also provides detoxification services for drug users and Needle and syringe exchange services.

In the Table 3.16 below a total of n= 60 respondents were asked on the services they received from the government. Each respondent were given the right to give multiple answers up to 3 choices. Since the respondents can give three answers of their choice the total frequency will be more than the total number of respondents and the corresponding frequencies. A total of 95% respondents said they received services like clinical test for HIV and other STI test. Most of the government and NGO centre's provide counseling services, 91.67% of the total respondents said they received counseling services. Certain cases under unavoidable circumstance or when particular services are sought by the beneficiaries they are being referred to NGO or Care home by the government. Of the total respondents 33.33% were referred to care homes or NGO's for specific services. As far as treatment and prevention services are concerned 78.33% enjoyed the services from the government.

Table 3.16 Services provided by the government

Services	Frequency	Percent
counselling	55	91.67%
referral services	20	33.33%
clinical test	57	95%
treatment & prevention services	47	78.33%

In the table 3.17 below, respondents were given the right to choose three answers of their choice. Due to possibility of multiple answers the total frequency will exceeds the total respondents and the corresponding percentages can be greater than 100. Out of the total respondents of n=60, 75% of the total respondents received counseling services through NGO's. Majority of the NGO's used referral services as many of the NGO's are interlinked together. Of the total respondents 55% received referral services.

Table 3.17 Services provided by the Non Governmental Organizations

Services	Frequency	Percent
counseling	45	75%
Referral Services	33	55%
treatment & prevention services	24	40%
detoxification for drug use	37	61.67%
needle and syringe exchange program	36	60%
all of the above	4	6.67%

There are hardly any NGO's which provide clinical test facilities for STI, HIV etc. In the present study none of the respondents received testing facilities from the nongovernmental organizations. Treatment, prevention and after care services are very popular among the different NGO's working in the field of HIV and AIDS. Out of the total respondents n=60, 40% of the respondents received the said services.

Manipur is well known for the fact that the first HIV was detected among the blood samples collected from intravenous drug users. Since then the government of Manipur in collaboration with various ministries of the central government and help from various international organization started HIV and AIDS intervention programs. Taking examples from various successful stories from the globe, the Government of Manipur started Rapid Intervention and Care projects (RIAC) under Manipur State AIDS control Society. The main objective of the RIAC project was to halt and reverse the HIV pandemic among the



Intravenous Drug Users. Drug detoxification program takes a new shape and was very successful in the context of Manipur as the presence of HIV among Intravenous drug users came down drastically after the inception of the program.

Out of the total respondents of n=60, 61.67% utilized the services of drug detoxification services being provided by the nongovernmental organization. The process and strategy followed by many of the nongovernmental organization varies according to time, place, location and community. Some of the most common strategy being followed by these organizations is detoxification for a period lasting for 5 days. During this period, clients are assessed and proper strategy is carried out to suit the particular client's needs and taking into consideration the gravity of his addictions. Then each client is given a proper dose of drugs and the doses are reduced on a routine basis.

Needle and Syringe Exchange Program (NSEP) is a big hit among the NGO's who are working on Intravenous drug users. Various research studies on Needle and Syringe exchange program around the globe shows that it is a big success in the prevention of HIV and AIDS. Among the total respondents of n=60, 60% of the respondents enjoyed this services. In spite of the success in NSEP there are many difficulties in the implementation. When interacted with the respondents who are receiving NSEP services in the NGO's they have many complaints about the program. Many of the respondents complained that the law enforcing agencies sometimes harassed them, when they carry used Syringes. In NSEP, clients are required to submit the used Syringes in exchange for the fresh ones. Many clients say that, the law enforcing agencies are taking advantage of people who carry used Syringes and charge them some money in order to avoid unnecessary detention.

A total respondents of n=60 were asked whether they received Needles and Syringes regularly from the NGO's. Majority of the respondents n=50 which forms 83.33% of the total respondents say they receive it regularly. As far as ART is concern a total of n=60

were asked on whether they receive ART regularly from the government, 100% say they received it regularly.

Table 3.18 Awareness about NACP III &IV

Response	Frequency	Percent
Yes	60	100.0

A total of n=60 respondents were asked on whether they have ever heard of National AIDS Control Program Phase III and IV. The details given in the table 3.18 shows that 100% of the total respondents have heard about NACP III and IV.

A total of n=60 respondents were asked on their understanding about the various components of NACP III. The level of understanding were categorized into a) Very Good b) Good c) Fair d) Any other and NA/DK

Table 3.19 Percentage level of understanding about the various components of NACP III

Programmes	Very good	Good	Fair	Total
Prevention ( T.I, STI Care, ICTC, Blood Safety, IEC, Condom promotion)	00%	81.7%	18.3%	100%
Care ( Treatment of O.I, Provision of free DOT treatments, PEP, ART)	00%	28.3%	71.7%	100%
Collaboration (GIPA, Inter sectoral collaboration, Involvement of ministries, workplace intervention etc.)	00%	11.7%	88.3%	100%
Capacity building (Programme management, AIDS vaccine initiative, M&E etc.)	00%	5%	95%%	100%

In the above table 3.19, the percentage level of understanding about the different components of NACP III is clearly given. Out of the total respondents 81.7% say that their level of understanding about prevention (T.I, STI Care, ICTC, Blood Safety, IEC, Condom promotion) is good and 18.3% says that their level of understanding is fair.

As far as Care (Treatment of O.I, Provision of free DOT treatments, PEP, ART) is concern 28.3% and 71.7% says that their level of understanding is good and fair respectively.

Partnership and collaboration is the most important components of HIV and AIDS prevention. As we all know HIV/AIDS has no boundary irrespective of class, caste, religion and rich or poor. It affects each one individual in one way or the other. So when it comes to prevention intervention, every individual has a part or role to play. The government should also involve different ministries like education, sports, health, tourism etc. in order to effectively control the spread of the diseases. Knowing of the importance, a total respondents of n=60 were asked on their understanding about Collaboration (GIPA, Inter sectoral collaboration, Involvement of ministries, workplace intervention etc.). A total of 11.7% and 88.3% of the respondents say that their understanding about collaboration is good and fair respectively.

Capacity building and timely training of the staff and personnel's are important for the programme to be successful. Also if a programme is not properly monitored and evaluated by experts, the programme is bound to be failed. A total of n=60 respondents were asked on their level of understanding about capacity building (Programme management, AIDS vaccine initiative, M&E etc.) and 5% and 95% of the respondents say that their understanding level is good and fair respectively.

As far as government services are concerned respondents are contented with the following services, Needle and Syringe Exchange Program, Provision of ART and clinical test services. In the NGO sector respondents are happy with their services like Prevention, Treatment and after care services. Most of all under RIAC, Drug detoxification program is well appreciated by the respondents.

Though NSEP is well appreciated, few complains about unnecessary harassment from the police as the police are taking undue advantage from people who carry used Syringe for exchange with fresh one by charging some money in the pretext of avoiding detention. It can be concluded that the respondents are happy with the services provided by the government and NGO's except for negligible number of respondents wanted government to provide Drugs for opportunistic Infections and subsidized the rates of basic necessities for people living with HIV and AIDS.

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