

**Sexual behaviors of people who use drugs and their regular  
partners: Implications for affected women in Delhi, India**

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## **Executive Summary**

Health care needs of hard-to-reach population groups such as people who use drugs are often inadequately addressed. Risk behaviors associated with drug use and sexual partnerships makes them vulnerable to a host of negative health outcomes. Further, a combination of social and biological factors, makes women who use drugs or have sex partners who use drugs, more vulnerable to sexual and reproductive health (SRH) morbidities.

Over the past few years in India, there has been an increase in illicit drug use including injection drug use in newer geographies. However, there are no recent reliable estimates of women who use drugs in the country. The general objective of this PhD research work is to improve the sexual and reproductive health related behaviors and outcomes of people who use drugs and their regular partners, especially affected women – defined as women who use drugs or those who are regular female partners of men who inject drugs. In India, most evidence regarding people who use drugs is based out of the north-eastern states which are geographically, politically and socio-culturally very distinct from Delhi. Thus, this research work provides some key insights to enhance the understanding around contextual factors, behaviors and needs related to health-outcomes among women affected by drug use in Delhi, India. A mixed-methods study design, which involved a two-year prospective before-after study supplemented with qualitative enquiries was used to achieve the study objectives.

To the best of our knowledge, our research is the only evidence which provides contextual understanding of SRH-related behaviors and needs among women who use drugs in Delhi. Women, who often initiated drug use through their male partners, reported abusive and broken relationships which made them seek other partnerships to have social and emotional stability. Established gender power imbalance, desire for intimacy and spontaneity, and coercion to conceive (in some cases) prevented safe sex within intimate partnerships. On the other hand, a complex interplay of economic adversity, fear of violence and criminalizing laws limited their ability to negotiate safe sex in paid partnerships. Women also reported their inability to execute protective behaviors under influence of drugs. This is the first study in Delhi that highlights that in addition to HIV, women

who use drugs had other reproductive health issues such as inability to conceive, early menopause etc. However, self-stigma and incorrect information resulted in normalization of such serious ill-health symptoms. Even if women wished to seek health services, health care providers reflected lack of understanding of their special needs and strong discriminatory attitude which either dissuaded them from seeking medical care or led to non-disclosure of risk behaviors resulting in incorrect diagnosis and treatment. Also, unlike the women who inject drugs, there is no provision of additional health services for women who use drugs through non-injecting routes. Overall, in our study, women who used drugs reported unsafe sexual behaviors and subsequent negative SRH-related outcomes with sub-optimal uptake of health services.

Partnerships involving men who inject drugs are often inflicted with high risk to poor health outcomes among their female partners. Our study established the high HIV risk to regular partners resulting from significantly high HIV prevalence among male PWID in Delhi. Social stigma related to drug use led to non-disclosure of drug use habit to family members and deterred proactive outreach by service providers in or around home or work settings. For women, lack of information about male partner's drug use and its consequences on their own health, attributed to poor self-risk assessment as they themselves did not use drugs and were monogamous. The study findings also demonstrate that the protective intent of internationally recommended HIV prevention, care and treatment services by male PWID, did not percolate to regular partners as men neither practiced safe sex nor shared correct test results with them. Thus, the common perception of sex being safe within marriage did not hold true for regular partners of male PWID. Further, HIV-negative male PWID were more likely to practice unprotected sex with their regular partners which not only indicates inaccurate interpretation of the test results but also overlooking of other important consequences such as STI transmission and unintended pregnancies. Ours is one of the first study to highlight how partner's drug use may negatively affect women's fertility as they reported difficulty in conceiving and had spontaneous abortions. Additionally, pre-occupation of men with drugs and its related expenses, deprived their families of basic living conditions and put the burden of family care on their regular partners. Thus, the stress of having a drug using partner and additional responsibilities attributed to the low priority that women gave to their

own healthcare needs. However, despite adverse economic conditions, none of the regular female partners in our study engaged in sex work. Thus, women who are partners of men who inject drugs were found to be highly vulnerable to adverse health outcomes.

Considering that health needs of women go beyond HIV and non-HIV STIs, comprehensive targeted services with essential components related to reproductive, mental health and drug dependence treatment are required. Further, in addition to women who inject drugs, it is equally important that women who use drugs through non-injecting routes are also provided with targeted services before they transition on to injecting behaviors. Capacity building of affected women to improve their self-risk assessment skills and enhance self-perceived need for health services can help in achieving improved health outcomes among them. Simultaneously, it is equally important to focus on sensitization and training of healthcare providers to prevent stigma and discrimination at health facilities. Enhanced focus on sexual risk reduction with regular partners should be strongly promoted. Facilitated disclosure of drug-use and couple counseling (irrespective of HIV status) can assist in adoption of sexual risk-reduction practices in intimate partnerships.

The PhD research work is not without limitations. The before-after prospective cohort study, used a non-representative sample and self-reported behaviors which could be influenced by social desirability bias. For the qualitative enquiries, the study design inherently limits the generalization of its findings.

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## Vartika Sharma Curriculum

### **Education**

Ghent University, Belgium. PhD candidate – Dissertation: Sexual behaviors of people who use drugs and their regular partners: Implications for affected women in Delhi, India

Institute of Health Management Research, India – MBA – Health Management, 2008

Guru Gobind Singh Indraprastha University, India – Bachelor of Physiotherapy, 2006

### **Professional Experience**

May 2016 – October 2018: Associate Director, APCO Worldwide

April 2015 – May 2016: Senior Consultant (Adolescent Health), National Health Systems Resource Centre

November 2010 – April 2015: Program Officer, Population Council

January 2008 – October 2010: Technical Officer (HIV-TB), National AIDS Control Organization

## Publications

- Women and substance use: a qualitative study on sexual and reproductive health of women who use drugs in Delhi, India; **Vartika Sharma**, Avina Sarna, Waimar Tun, Lopamudra Ray Saraswati, Ibou Thior, Ira Madan, Stanley Luchters. *BMJ Open* (2017)
- 'Women at Risk'- The health and social vulnerabilities of regular female partners of men who inject drugs in Delhi, India; **Vartika Sharma**, Avina Sarna, Stanley Luchters, Mary Sebastian, Olivier Degomme, Lopamudra Ray Saraswati, Ira Madan, Ibou Thior, Waimar Tun; *Journal of Culture Health and Sexuality* (2015)
- Prevalence and determinants of unprotected sex in intimate partnerships of men who inject drugs: Findings from a prospective intervention study. **Vartika Sharma**, Waimar Tun, Avina Sarna, Lopamudra Ray Saraswati, Minh Duc Pham, Ibou Thior and Stanley Luchters. Accepted in *International Journal of STD & AIDS* (2018)
- High uptake of HIV testing in a cohort of male injection drug users in Delhi, India: Prevalence and correlates of HIV infection; Avina Sarna, Waimar Tun, **Vartika Sharma**, Mary Sebastian, Ira Madan, Amita Yadav, Meredith Sheehy, Dean Lewis and Ibou Thior; Published in *Journal of AIDS & Behavior* (2013)
- Strategies for recruiting injection drug users for HIV prevention services in Delhi, India; Waimar Tun, Mary Philip Sebastian, **Vartika Sharma**, Ira Madan, Samir Souidi, Dean Lewis, Ibou Thior, Avina Sarna, published in *Harm Reduction Journal* (2013)
- HIV, Hepatitis B and C among people who inject drugs: high prevalence of HIV and Hepatitis C RNA positive infections observed in Delhi, India; Lopamudra Ray Saraswati, Avina Sarna, Mary Philip Sebastian, **Vartika Sharma**, Ira Madan, Ibou Thior, Julie Pulerwitz and Waimar Tun; *BMC Public Health* (2015)
- High HIV incidence in a cohort of male injection drug users in Delhi, India; Avina Sarna, Lopamudra Ray Saraswati, Mary Sebastian, **Vartika Sharma**, Ira Madan, Dean Lewis, Julie Pulerwitz, Ibou Thior, Waimar Tun; *Drug and Alcohol Dependence* (2014)