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Assessment of HIV Knowledge, Attitude and Behaviour among Hepatitis C-Infected Patients Who Inject Drugs in Tbilisi, Georgia

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ABSTRACT

Blood-borne infectious disease is a growing problem among injecting drug users in Georgia, with growing populations of HIV and HCV-infected people. Despite harm minimisation activity in Georgia since 2005, there are still knowledge gaps around drug user knowledge, attitudes and behaviours. Through compiling and comparing qualitative and quantitive studies, it was shown that HIV knowledge was suboptimal in injecting drug users, and differed between age groups. High amounts of stigma existed around HIV, more than can be accounted for by just injecting drug use alone. Despite education, risk behaviours were still practiced. Differences were demonstrated between risk behaviour severity and infectious status. The study shows many areas for program development and gives valuable insight for similar programs and the need for responsive, personalised, dynamic harm minimisation programs.

INTRODUCTION

In Georgia in 2016 there were an estimated 52,500 injecting drugs users (IDUs)[1], 1.41% of the total population. Georgia is a low HIV/AIDS prevalence country with an estimated infected number of 12,000[2]. Conversely, hepatitis C is highly prevalent (high prevalence country), with 7.7%[3] of the population showing exposure (just under 290,000 people), with 66.2% of IDUs having hepatitis C[4]. The reasons for this transmission has not been properly studied. Harm minimisation services for hepatitis and HIV have been active in Georgia since 2005. The purpose of this paper is to study knowledge, attitudes and risk behaviours related to HIV among hepatitis C infected injecting drug users in Georgia. It is hypothesised that knowledge about HIV/AIDS in injecting drug users with hepatitis C in Georgia is insufficient, and contributes to risk behaviour.

This study was conducted by the NGO "HEPA PLUS'' and was funded by the International East-West AIDS Foundation (AFEW International). The organisation focusses on hepatitis C, mainly IDUs. Since 2011, "HEPA PLUS" has been actively involved in advocacy campaigns related to the availability of hepatitis C treatment and diagnosis, as well as developing, updating and implementing a strategic plan related to the availability of hepatitis C treatment and diagnosis. The organisation is funded by The Global Fund, and the program is supported by Gilead.

MATERIALS AND METHODS

The study was conducted over 7 months from February 1 to August 30, 2017. The study had two arms; a qualitative in-depth interview and focus group arm, and a comparative quantitative arm which has been previously compiled by the organisation and evaluated 5 years of program activity. The qualitative arm involved 60 IDUs with hepatitis C, and compared the quantitative results of 139 participants, 35 of which were HCV-infected. None of the participants of both arms had HIV. There was no overlap between the arms. Age range was for interview was 25 to 55, and for focus groups, 29 to 65. After ethics approval, respondents were recruited by program officials until required number was reached. The qualitative arm involved in-depth interviews of 30 HCV-positive and HIV-negative IDUs, and the focus groups, 30 people, in 4 groups, with the same infected status. The interviews and focus groups assessed responses to certain conversation topics to gauge HIV knowledge, attitudes and risk behaviours and were led by trained researchers.

Selection criteria included: age 18 years or above, IDU, or IDU history, hepatitis C infected, or in treatment program in the last year, voluntary involvement, and Georgian speaking.

RESULTS

Despite HIV knowledge being available through TV, internet and harm reduction services, level of knowledge was still low. Most participants did not know the difference between HIV and AIDS. Participants knew that HIV was not transmitted by non-sexual and non-blood-related activities, such as hugging, kissing and hand holding, but they did not know the virus cannot be transmitted through utensils and linen. The majority of respondents partook in a risky behaviour, despite knowing the link between their infection status and the risk behaviour. Most of the participants had shared injections, cotton or pottery.

Most participants knew about the high risk for sexual transmission during unprotected sex, but there was still a high rate of unprotected sex. Participants were unable to rationalise their behaviour, with only three respondents stating they undertake risky behaviours while intoxicated.

Most respondents believed that HIV could be transmitted through shaving or sharing toothbrushes, as well as at beauty salons and the dentist. This led many to not share these instruments at home, as well as other common items, such as linen, cutlery and crockery.

Many participants had experience living with an HIV-infected individuals and were confident they would not have issues co-habiting with an infected person. Lack of knowledge was associated with negative attitudes, but many participants stated that if a close contact was to become infected, they would offer empathy and support. Some stated they would be willing to start a family if they loved HIV-infected person.

There was a high level of self-stigmatisation in relation to hepatitis C. Many had tried to protect their status from family and employers. Stigma around HIV was higher, with many males stating they would not marry or start a family with an HIV-positive person, but would be willing to offer support. Responses from women were much broader, ranging from total acceptance to complete separation.

There was no difference in knowledge between males and females, but females had less riskier sexual behaviours. Men often knew their HCV status, yet would still have unprotected

sex, with some believing it could not be sexually transmitted. Both groups had equal HIV risk, but women knew less about the difference between HIV and AIDS. Injecting risk behaviour was also similar, with the vast majority sharing instruments. As stated, women had wider responses to HIV-infected people, with one stating that they would socially block an infected family member, five women stating HIV-infected people were equal members of society, and three stating they would be willing to marry and start a family if they loved an HIV-infected person.

Interview participants showed no significant difference between the younger (26-35) group, and the older (36-55) group in terms of knowledge, though four participants in the younger group could differentiated HIV and AIDS. The younger group were also more able to independently and easily obtain HIV information. There was no difference between the groups in terms of risk behaviours, stigma towards HIV and satisfaction with NGO services (though more older people used services).

Focus group analysis showed a difference in knowledge, with the oldest group (56 and older) having less knowledge, but they were also less likely to partake in risky sexual behaviour. The middle age focus group (36-55) expressed the greatest amount of fear and sympathy towards the HIV-infected, whereas the younger group (25-35) expressed less stigma.

There were statistically significant differences between HCV-positive and negative people. HCV-positive people more frequently shared water for injection (33% v. 7%, $p<0.001$), sharing of utensils (43% v. 9%, $p<0.001$), sharing of cotton (10% v. 1%, $p=0.039$) and drug sharing (41% v. 12%, $P<0.001$).

Though there were differences in sexual partner HIV status, condom use, worry about HIV, and knowledge of their own HIV status between HCV-infected and non-infected participants, none of these differences were statistically significant.

Most respondents used the available NGO services and all respondents viewed it as satisfactory. They positively evaluated the Gilead-sponsored hepatitis C program, as well as the education provided. Participants found it difficult to name specific needs, but many mentioned the need for 24-hour needle and syringe exchange. Appreciated services included free dispensation of naloxone and anonymous, daily services.

DISCUSSION

The results of this study show that hepatitis C is somewhat accepted in Georgian society, while HIV/AIDs is extremely stigmatised. There could be various reasons for this, including the high prevalence among the population, availability of treatment options, and optimism about the outcomes of treatment, and could lead to decrease in information seeking. Conversely, HIV treatment is limited to most people, and HIV knowledge was incomplete in most respondents. IDU beneficiaries infected with hepatitis C had a positive attitude towards people with HIV/AIDS, although stigma did still exist to some extent.

Our research has shown that access to information about HIV/AIDS among IDUs with HCV was high, but this knowledge did not always create a risk behaviour change. Although most of the beneficiaries accessed services, there seemed to be little effect on changing risky behaviours. All IDUs infected with Hepatitis C had risky behaviours in the past, and the majority of them continued risky behaviours.

Differences between male and female respondents were demonstrated, with female respondents generally having a more tolerant attitude towards HIV-infected people. Female sexual behaviour was less risky.

People infected with HCV are also somewhat stigmatised, and self-stigma creates a degree of denial about their equal status in family and community. The power of this stigma is such that, despite two years of elimination efforts in Georgia, three respondents stated that they do not participate in programs for fear of employment termination.

Social advertisements in fighting HIV are shown in our research to be extremely important. Attention should be given to the possibility of living together with an HIV-infected person and to increase acceptance of this disease, as is happening towards hepatitis C.

Based on the analysis of quantitative research it is clear that the respondents who did not have HCV were characterised by less risky behaviour in terms of injecting drug use. However, there was no difference in terms of risky sexual behaviour.

CONCLUSION

Our study on the knowledge, attitudes and behaviours related to HIV of injecting drug users without HIV in Georgia revealed interesting results and points for further future program

development. In reference to HIV knowledge, as predicted, knowledge was incomplete, with participants being generally overly wary about sharing common equipment with HIV infected people. Interestingly though, this often didn't translate to a change in drug risk. Stigma was generally high around HIV, much more so than HCV, possibly related to higher prevalence. Knowledge of risk of sexual transmission could provide direction for future HIV risk education, and in terms of knowledge, while there was no difference between genders, there was between ages. The results are interesting, and show the need for innovative ways to harm minimise and reduce person risk, and could lead programs to be more responsive and personalised in their approaches to harm minimisation, education and service provision.

LIMITATIONS

Our study was limited due to selection bias and small sample size. The use of focus groups possibly altered the responses of some participants in a group setting.

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