HIV / AIDS Assessment of Knowledge, Attitudes and Behavior among Hepatitis C patients who inject drugs, Tbilisi (Georgia)

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Nongovernmental organization

"Hepa plus"

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Content

List of Abbreviations

IDU	Injecting drug users
HIV	human immunodeficiency virus
AIDS	Acquired Immune Deficiency Syndrome
HepC	Hepatitis C
VCT specialist	Voluntary counseling and testing specialist
PDI	Peer Driven Intervention
RDS	Respondent Driven Sampling
თთპდი	თანასწორი-თანასწორს პრინციპზე დაფუძნებული ინტერვენცია
NSP	Needles and syringes Exchange program
SPSS	Statistical Package for Social Sciences

Introduction

This Survey we are going to discuss is about "HIV / AIDS Knowledge, Attitudes and Behavioral among injecting drug users with hepatitis C in Tbilisi, Georgia" It was held in NGO "Hepa Plus" and was funded by the International East-West AIDS Foundation (AFEW International).

The organization "Hepa Plus" is a community organization and combines community members with hepatitis C problem, mainly IDUs. The main area of the organization's activities is to work with drug addicts on the basis of harm reduction principles. Since 2011, NGO "Hepa plus" has been actively involved in all advocacy campaigns and relevant activities related to the

availability of Hepatitis C treatment and diagnosis. Also, developing, updating and implementing a strategic plan related to the availability of hepatitis C treatment and diagnosis.

The organization "HEPA PLUS" has been implementing (sub-sub-recipient) of the Global Fund (GF) Project "Provision of HIV preventive services to drug users and their sexual partners in 2013". The Global Fund's project is being implemented in Georgia since 2005. The range of services provided includes:

• Sterile injection equipment, mostly needles and syringes, and distributing spirit tampons (discharged during field work (outreach), as well as in hospital service centers);

• Dissemination of condoms and information educational materials;

• Free, anonymous testing on HIV infection, B / C hepatitis and syphilis;

• Medical, psychological and legal counseling of different profile;

• Educational interventions based on equal to equal principles;

• Prevention of overdose with initial aid training and dissemination of naloxone without recipe;

• Individual approach and management of the case.

Epidemic situation of HIV.

Georgia belongs to HIV / AIDS low prevalence countries. According to date of November 9, 2017, there are 6664 cases of HIV infection, including 533 new cases in 2017[1]. In the Infectious Disease, AIDS and Clinical Immunology Scientific-Practical Center, 43,7% of registered cases are IDUs but yearly specific part of IDUs are decreases identified cases. It is assumed that, according to the HIV / AIDS epidemic scene, the estimated number of HIV infections in Georgia is more than 12,000.

[1] http://aidscenter.ge/

In 2016, the estimated number of injection drug users in Georgia was 52,500 (50,000 - 56,000)[2].

National prevalence - 2,24% (2,13% - 2,39%), among people in age 18-64, and 1,41% (1,34% - 1,51%) in general population.

Since 2006 year Global Fund in Georgia implements HIV testing programs counseling and information campaigns among injecting drug users and their partners who have risky behavior, voluntary testing these groups, although the number of testing is still unsatisfactory[3], should also be mentioned that there is quite high number of late confirmed cases[4] among the newly confirmed cases, which complicates the treatment process and contributes to the spread of HIV is not only between the risk groups, but the general population as well. It should be noted that ARV treatment is equally available to all HIV infections within the state program.

Epidemic situation of Hepatitis C

Unlike HIV infection, Georgia belongs to the number of countries with hepatitis C high prevalence. The highest prevalence of hepatitis C in Eastern Europe and Central Asia is marked in Georgia[5]. The spread of hepatitis C is high in general population (Anti HCV 7.7% and RNA 5.4%)[6], based on the results of hepatitis C-HIV prevalence conducted by the Center for Disease Control and Public Health in 2015-2016. Causes of high cargo morbidity are not properly studied. One of the factors may be the collapse of the health care system in the 90s, as well as

[2] Evaluation of the size of injecting drug users in Georgia, 2015
Community Association "Bemone" and International Foundation Curatio, 2017

[3] Behavioral Surveillance Survey on Biomarker Component in Injecting Drug Users, Georgia. 2015
(http://curatiofoundation.org/hiv-risk-and-prevention-behaviours-among-prison-inmates-in-georgia-2015/)

[4] Late HIV diagnosis in Georgia: public health and economic implications; Chkhartishvili N.1 Sharvadze L.1,2 Gabunia P.1, Abutidze A.1 Nikolaishvili M.1 Tsertsvadze T, TCM&GMJ, January 2016,file:///D:/Downloads/31-62-1-SM.pdf

[5] Hepatitis C in Eastern Europe and Central Asia,
http://www.aidsalliance.org.ua/ru/news/pdf/28.10.2015/EECA%20HCV%20EN.pdf

[6] D.Baliashvili; Increased HIV Case Detection Through Integration of HIV Testing in Georgian Cepitomycopy Screening Activities, Disease Control and Public Health Center, Georgia,
http://newsite.hiveurope.eu/Portals/0/Conference%202017/Presentations/PS3/PS3_03_Davit % 20Baliashvili.pdf

the negative impact of low-quality health care services on safe injections and lack of infection control and safe blood supervision in medical institutions during years. All these phenomena, along with a wide distribution of syringes between IDUs lead to the spread of hepatitis C in general population[7].

Despite the lack of surveillance data, it is proven that drug injection users are at high risk of hepatitis C. According to the Behavioral Surveillance Survey (BSS) conducted in 2014-2015, 66.2% of IDUs are infected with hepatitis[8].

Hepatitis C treatment in Georgia has been restricted in years for high cost of treatment and diagnosis. Later, with the help of American partners and pharmaceutical company Gilead, in April 2015, a unique program of hepatitis C is aimed at treatment of all illnesses, timely detection of all illnesses, and bringing new cases to the best possible preventive measures.

In both cases - Hepatitis C and HIV infections - transmission paths are similar to each other. The most frequent transmission is the contact with infected human blood, the transmission of the virus through the use of non-medical or medical dental equipment or improperly tested blood or blood products. Hepatitis C can also can be transmitted through sexual contact or infected blood products, but these ways of transmission are more rare.

About Research

The Aim of research

The research aims to study knowledge, attitude and risky behaviors in HIV / AIDS among hepatitis C infected IDUs.

Research hypothesis:

[7] The Strategy of Elimination of Hepatitis C in Georgia, January, 2016

[8] Behavioral Surveillance Studies, Batumi, Tbilisi and Kutaisi; BSS Report - Characteristics, high-risk behaviors and knowledge of STI / HIV, and prevalence of HIV, injecting drug users in syphilis and hepatitis in Batumi, Tbilisi and Kutaisi, Georgia 2002-2006; USAID funded STI / HIV Prevention project

According to the research hypothesis, HIV / AIDS among Hepatitis C infected IDUs should be more knowledge about HIV / AIDS, behavior should be more secure and dependent - tolerant and not mitigating.

Research period:

The research was conducted in NGO "Hepa plus" from February 1, 2017 to August 30, 2017 (7 months). Interviews for qualitative research were conducted in June-July 2017 and Focus groups in July-August.

Methodology

Qualitative research was conducted within the scope of this study. The results of qualitative research were compared with the results of quantitative research within the framework of the Global Fund Project, in order to increase the validity of its results.

Qualitative research:

In the frames of qualitative research, there were 30 in-depth interviews and 4 focus groups. 60 people participated in the survey, from which the focus group was conducted with 30 respondents and in-depth interview with 30 respondents.

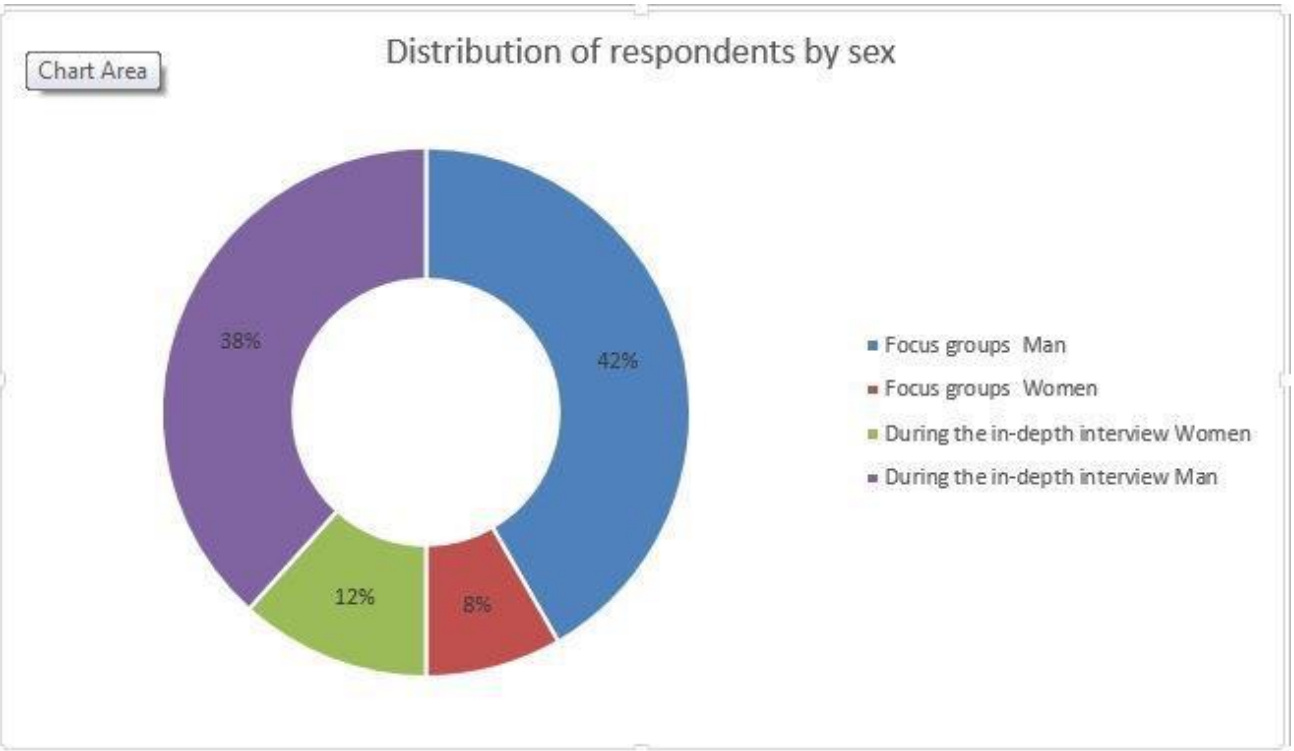
None of participants were infected with HIV, as it was indicating from participants in qualitative research.

Selection of research participants

In the qualitative research, the sampling was consistent and the respondent-oriented selection method was used. In depth interview was conducted to all beneficiaries of all with hepatitis C, which was available to the researcher and agreed to participate in the study. Information about the research has been spread among the beneficiaries of the organization "Hepa plus", social workers and VCT consultants were informing potential participate of the study who were aware

of their Hepatitis C virus status. Selection continued until the required number of qualitative research was collected.

25 men and 5 women took part in the focus group. A deep interview was conducted for 23 men and 7 women.



During in depth interviews and focus groups the VCT consultant participated. Focus group co-facilitator was infected community member with hepatitis C, who has great experience in field work.

According to the research protocol, all the potential participants of the research were informed about the essence and purpose of the research. Each participant was explained what the risk and embarrassment could be appear during the research. In case of participant sighed the written consent form, the interviewer asked questions from questionnaire which was pre-approved by the Bioethics Commission.

During the in-depth interview, the interview was conducted individually and in a separate room. The average duration of the interview was 25-30 minutes.

Duration of focus groups was varied between 1 and 2 hours, depending on group size (number of respondents).

Research tools

During the qualitative research, the preliminarily prepared questionnaires were used for the in-depth interviews and for the focus group. In the process of creating questionnaires participated as researchers, as well as community members of Hepatitis C infected people and beneficiaries of organization "Hepa plus" - injected drug users. In order to improve the questionnaires, a review of the in-depth interview and focus group questionnaires was conducted in terms of their compliance with the study question. These questionnaires are attached to the survey report (see Appendix 1).

At the same time quantitative analysis of qualitative research, cross-sectional design and respondent-oriented sampling methodology was used. Recruitment started "Grains", which were selected by VCT consultants of project implementing service centers. In selecting the berries, IDUs with different characteristics were considered.

Structured interviewing method was used for research. Prior to the initiation of the research, the questionnaire was created (this is the main instrument of research) and adaptaed. Interviewer training was conducted, field work and monitoring dates were planned. The criteria for inclusion in the study are determined.

Identical questionnaire was used to evaluate risk assessment of the syringes and needles program beneficiaries in order to compare the data obtained from two reciprocated recipients.

This RDS survey has been conducted by the organization “Hepa Plus” for the fifth year, in the study was used data from 2017 year, which is equal to 139 samples.

Participating in both types of research was voluntary, participation was anonymous, participants were recruited through unique 7-digit and 15-digit codes.

In order to disseminate information about the research, the organization "Hepa Plus" has special information papers, and also brief information about the purpose of the research and the sources of funding.

The research questionnaire is attached to the survey report (see Appendix 2).

Data processing

During the qualitative research data was made an audio recording of the interview and focus group that was later transformed in transcripts. These audio recordings are protected in a special cupboard box that is locked with the keys and is not available for anyone.

Typology of key concepts was analyzed during the study results, and then the synthesis of these concepts was analyzed by logical-system analysis of the research object that made it possible to identify the knowledge, behavior and attitude towards HIV / AIDS infected Cohort with Hepatitis C. Based on the results of the survey, the systematic vision of research subject was elaborated and concrete conclusions was possible to be made.

In used quantitative questionnaire was chosen questions concerning the main research aim, they have been studied in the process of data processing, what link has been established between the knowledge and behavior of Hepatitis C (positive or negative) infected IDUs; the assessment of HIV / AIDS Testing experience and the getting the results.

Quantitative research data was processed through the SPSS program. Chi-square test was used to determine the connection between Hepatitis C infection and HIV / AIDS knowledge. Compared to each study question, the comparison of hepatitis C (positive and negative) was taken separately and the quality of statistical reliability of data was determined.

From the questionnaire used in quantitative research questions were developed answer to the main question of the research. The results obtained during quantitative research were compared to the results obtained during qualitative research for triangulation, and these results were analyzed by the difference between the respondents of the infected and non-infected

respondents and the results were used to draw conclusions. Because qualitative research does not allow the representative number of target population to analyze, the results of in-depth interviews and focus groups are comparable to the results of current quantitative research in which the important provisions of the study are presented. Comparison of qualitative and quantitative research finds certain conclusions and creates a significant prerequisite for conducting discussion, as long as triangulation is a powerful means of analogue validity, especially in qualitative research (Campbell and Fiske 1959).

Criteria involving the study

For the selection of beneficiaries the following criteria are included in the survey:

• 18 years of age or older;

• IDU, or IDU-using history;

• Hepatitis C infected (or during the last year involved in hepatitis C treatment program);

• Voluntary involvement in research;

• Speak in Georgian, because the survey was conducted in Georgian and the consent forms were given in Georgian.

Research design was submitted to the Health Research Union on Ethical Commission and received a positive assessment.

Limitations

The qualitative research method does not allow to study the bulk of the population, so we cannot speak about 95% of the statistical reliability of the data.

The given fact that the study population (IDUs) is a hidden population, during the selection process there was no great choice. Participants were taken from the selection of a consistent

method, which refers to all the beneficiaries of the interview, which was made available to researchers and agreed to participate, the risks which can be accompany in the depth interview (very sensitive and personal matters) and focus groups (familiar with the accident probability and the risk of a violation of anonymity) were also considered as limitations of the research.

Basic results

On the basis of analyzing the focus group and in-depth interviews a number of results were adopted:

Nowadays information about HIV / AIDS is available, it is possible to receive information on TV and Internet as well as harm reduction service provider organizations. HIV prevention program workers spread the booklets during field work and personally explain the possibility of risks and ways to reduce the risks of being infected; although the level of knowledge is still low, most of IDUs do not know what the difference between HIV and AIDS is. They know that HIV is not transmitted through the hugs, kisses and handcuffs, although they do not know that the common utensils and linens are also safe in terms of transmission. Almost absolute majority of HepC infected IDUs know the ways of HIV transmission, such as blood and sexual ways. Although majority of respondents have had a risky behavior, and even now they have, and in most cases, this is being explained because they are not in sober.

1.1 Connection between HIV knowledge and risk behaviors

In-depth interviews, as well as focus groupings, revealed interesting facts, the absolute majority of Hepatitis C infected IDUs are partially informed about HIV transmission and risk behaviors, they receive information about HIV / AIDS while contacting with different NGOs who provide services for them. Mostly it is information about Virus, however, most of them still address risky behaviors, beneficiaries note that they have shared the injections, cotton or pottery, even though they have been informed about possible risks. "I knew that there was a risk, but I still

used someone else's syringe; people think that it will not happen to them, that everything will be fine, but it does not always happen so I've been diagnosed with hepatitis C and hopefully I survived from HIV, "said a 42-year-old woman.

Although the respondents recognize the high probability of HIV transmission at unprotected sexual contact, there is still a high rate of unprotected sexual contact. As the respondents note, they are convinced that their sexual partners are not HIV infected and therefore do not use condoms with them, but the same respondents note that any person may be at risk of infection, as well as indicate that a person can be HIV infected and it is not seen by person's appearance, so their proof that they know exactly about the HIV status of a partner –is like a cognitive dissonance - to disclose the knowledge and reasoning that they have declared. "Anyone can get HIV, the child, the old man and nobody is insured, there are people who have never seen drugs but are AIDS or hepatitis C infected. Pedicure, manicure, and so on, may be the reason for that", says 38-year-old man.

IDUs are basically unable to explain why they use risky injection, only 3 participants reported that the reason of their risk is not have been sober. Additionally, IDUs are generally considered to be in risk for unprotected sexual contacts, to go to a beauty salon without their own instruments and visit a dentist when they do not require sterile instruments to be opened in front of them.

The absolute majority of respondents have the information that HIV can be transmitted by means of shaving and / or toothbrush, others logically conclude that these items are blood transfusions, and therefore contains threats, so the surveyors refuse to share with the HIV infected not only these items, but also household items, such as a common pottery, towel, linen. Half of the surveyed respondents knew that HIV was not transmitted by these things, but still observed that they would not share these items. Focus group also noted that IDUs know that household items (utensils, linens, clothes) are safe for HIV transmission, although they still refused to share things.

One hundred percent of the participants in the study unanimously agree that HIV will not be transmitted through kisses and hugs, so they are ready for physical contact, such as hand shake, hand rolling, hugs, kisses.

1.2 Relationship between HIV knowledge and HIV-infection.

Hepatitis C infections are often people who at least once have been in a penitentiary establishment where they have experience of co-existence with HIV infected, so in the focus group and interview process they are confident that they will not have a problem to live with HIV infected people. The person who is infected with HIV is perceived as an object of lust, which requires support, but the same respondents believe that hepatitis C does not require the infringement and sympathy. In the focus group, where were only males participate, it was declared that the hepatitis C is not a problem, with this disease almost every other one is infected, but HIV is a serious shock to a man, when a person finds himself diagnosed he/she needs help not to fall into despair. Emotion, which is about HIV infected people, is sympathetic, fearful, and willing to help.

The attitude towards HIV infection in only one case was severely negative and there seemed to be a lack of knowledge. A 55-year-old woman, who claims that her family member will get out of the house if she finds him or her HIV infected. She only partially reports on HIV transmission paths, she does not know what the means to prevent HIV infection and where treatment is conducted.

It is noteworthy that empathy to HIV infected patients is high as a focus group as well in in-depth interviews. Research participants say they will continue living under one roof with HIV infected, friendship will continue and deepened and they will be patient and caregiving towards HIV infected people. Although there was a serious negative attitude towards marriage, there were still people who expressed their willingness to create a family with HIV infected if they loved it.

High quality of self-stigmatization in relation to hepatitis C is noteworthy. A 36-year-old woman says her children do not know that she is infected with hepatitis C because she is afraid

that she can be discharged and judged. The reason for this is that for IDU beneficiaries their own disease (HepC) as well as HIV is identified with drug injections, and because of that mother with Hepatitis C hides this information from children, because she believes it is indicator of drug use.

The stigma towards HIV infection is higher. In the focus group of men, the question of whether or not they marry person with HIV / AIDS had a serious negative attitude. Respondents protested this formulation of the question and then started discussing that they will support HIV infected people, assistant them, but marriage is out of discussion, they will not fall in love with a person who is infected with HIV. One of the focus group participants said: "What's the necessity I have that I should get married to the HIV infected, it turns out that I sacrifice myself."

Discussion also revealed that marriage with HIV infected directly is associated with very high risk of infection transmission, inability to have a child or probability to have infected children, which is also a hazardous factor when talking about marriage with HIV infected.

1.3 Connection between HIV knowledge, behavior and dependence in different age groups (25-35; 36-55; 56 and above)

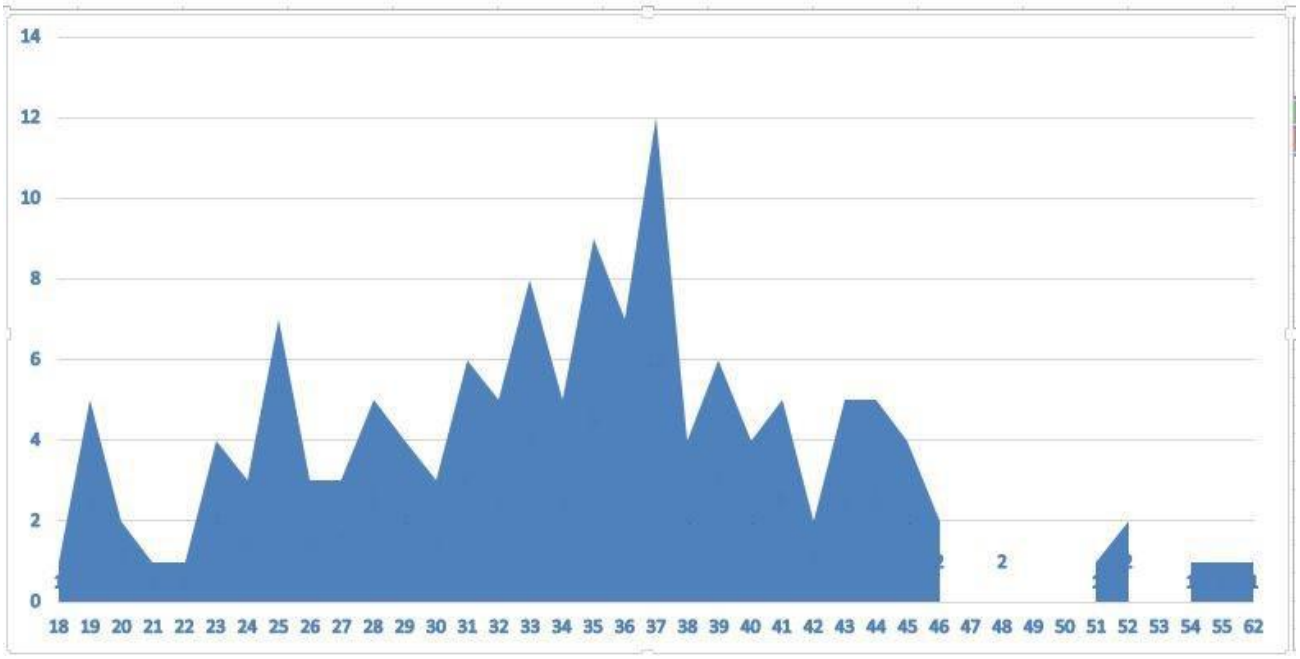
The average age of participants in the focus group was 45 years, the age limit ranges from 29 to 65 years. The average age of beneficiaries involved in the interview was 37 years, age limits were between 25 and 55 years. In the course of interviews, the grouping occurred between two groups of 26 to 35 from 36 to 55. The level of knowledge about HIV / AIDS is the same in both age groups, having information about HIV transmission paths and aware of risky behaviors that may be hazardous, although most beneficiaries do not know what the difference between HIV and AIDS is, there is a slight difference Between these two groups, beneficiaries in the group from 25 to 35 years are better informed about HIV / AIDS, four of them were able to distinguish infection from the disease, they said, they are able to independently obtain information and HIV-related information is easily available. In the age groups there is no diference between risky behaviors, risk behavior is high in both age groups, stigma quality is also high in both

groups; Representatives of both groups are satisfied about NGO services, but the service rate is higher in the 36-55 year group.

In the Focus group another age group was identified, 56 and above, the level of knowledge in this age group differs from the level of knowledge of the other two age groups, but as noted in the focus group, comparatively older beneficiaries are less likely to react to risky sexual relationships, they are more attentive to medical manipulations about sterilization issues.

It is noteworthy that most of the emotional attitudes towards HIV infection have been reported in the 36-55 age group, they express fear towards HIV infection, also sympathy to HIV infected patients, while younger IDUs (age group of 25 to 35 years old) were less stigmatizing them. Part of them declare that HIV infected people are equal member of society.

Distribution of participants according to age



1.4 Connections between HIV knowledge, behavior and dependence on sex

There is not main difference between Men and women about HIV knowledge, but women are able to discuss more freely about sexual intercourse, women always say that unprotected sex is a risky behavior and they always protect against occasional sexual intercourse, regardless of men know their own Hepatitis C status, they say that often have unprotected sexual contacts, such risky behavior is often explained by men's belief that hepatitis C is not transmitted sexually.

The 37-year-old man says: "I have been married for 18 years and my wife is not infected, I know that Hepatitis C does not transmit sexually."

Women and men are equally aware of HIV risks, but women have less information on HIV / AIDS, only one woman could explain the difference between HIV infection and AIDS during an in-depth interview.

Also, the frequency of risk behaviors between men and women is equal, the vast majority of respondents indicate that they have risk behaviors in the sense of sharing injecting instruments. Both women and men note that they do not share the injections now. It also revealed that women's sex practices are safer than men.

In depth interview - 42 year old woman:

"I knew it was dangerous, but I still use someone else's syringe, because when you're hurrying, you do not think about it."

36 years old woman says: "I have always kept protected sexual relations. I have been infected by hepatitis C trough the syringe, I knew that there was a danger, but I was drunk and I did not pay attention."

It is noteworthy that men's attitude and women's is significantly different towards HIV infected people. If men refer to emotional support and sympathetic emotions in relation to HIV infected, this dependence in women varies from full denial to total tolerance.

The 55-year-old woman asked: "If you find out that your family member is infected with HIV," she answers: "If it is my house I kick him/her out, all other family members go for a test, I would be afraid not be infected too." Even though this woman has been IDU in the past, and she have had and steel has risky behavior.

In another case, a 42-year-old woman says that she does not have a special attitude towards the infected people, has many friends and she thinks they are normal people. The same opinion was observed in the focus group, which was conducted only with women, five women unanimously stated that the HIV-infected person is equal to the usual – there is no need of feeling sympathy for them, they may need help and support, but not sympathy.

The difference was observed in terms of women and men attitude on HIV infected. In particular, women and men state different positions when it comes to close relationships, namely intimacy. Although men are willing to live under one roof with HIV infected person, none of the interviewed men have allowed sexual coexistence with HIV infected, while three from women participating in the focus group say that if they are in love with a person eith HIV they are ready to live with him and create a family.

1.5 Need for existing and desired services

The study revealed that most HIV preventive services are used by the respondents involved in the research. (almost 2/3); The services are satisfied for almost all respondents who even once used services under the Global Fund project. "If you had been in the past, too many people would not die," says a 35-year-old woman.

It should also be noted that the surveyed IDUs positively evaluated the state program of hepatitis C, which not only treats hepatitis C, but also has some extent, as a means of spreading the right information. A 38-year-old man observes: "When I was involved in the program of elimination, I had two doctors, one of them was more interactive, she not only was interested in

the fact if I take a blood test or drink water but also talked to me, as we are now talking and always trying to provide more and more information, I've been listening and enjoying it."

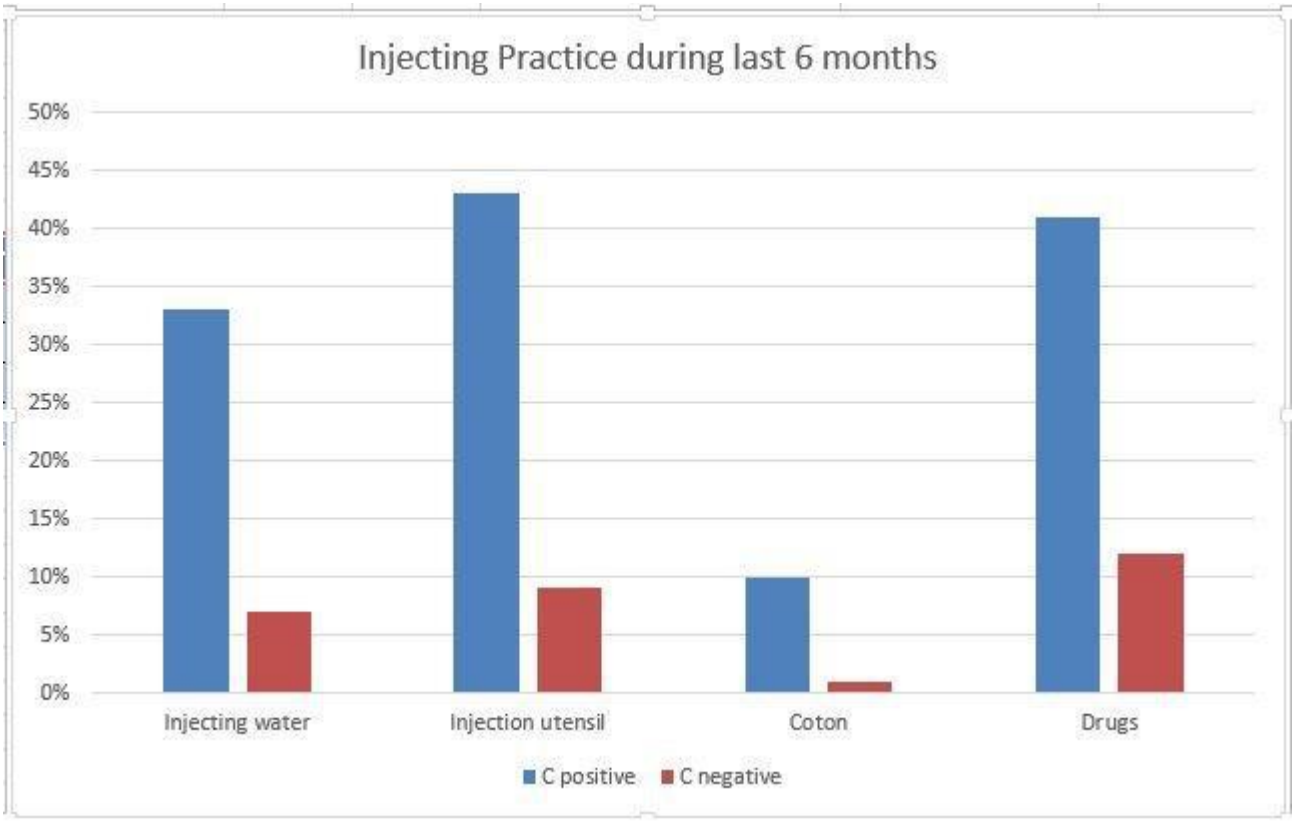
Most of the respondents find it difficult to name specific needs. The only service IDUs had named is 24 hours needles and syringes exchange program, in order to help the beneficiaries get the sterile consumption material at any time of the day and night. Also, the drugs against the overdose, which are issued only on the prescription at the pharmacy shop, while NGOs providing this services free and without prescription. Daily equipment service is also convenient to provide full assurance of anonymity.

Quantitative research results

During the study period 139 interviewed respondents were interviewed, 35% (49 respondents) were infected with hepatitis C, and the rest 65% (90 respondents) were not infected.

None of the respondents involved in quantitative research were HIV infected.

Injecting Practice:



The results of the study showed that 33% of people infected with hepatitis shared injecting water during the last six months, while only 7% of people with C hepatitis did have similar risk behaviors, the union is statistically significant, Pearsons Chi Square 18,2 df = 1 p <0.001.

43% of Hepatitis C infected in the last six months shared injection utensil, and similar risks have been reported in only 9% of people who does not have hepatitis C, which is statistically reliable, Pearsons Chi Square 22,9 df = 3 p <0.001

10% of people infected with hepatitis C have shared cotton during the last six months, and only 1% of people with Hepatitis C have done the similar behavior, the difference is statistically significant - Pearsons Chi Square 6,5 df = 2 p = 0.039,

Cases of hepatitis C infected sharing drugs during the last six months have been revealed in 41% cases, and only 12% of C negative. In this case as well difference is statistically significant - Pearsons Chi Square 16,2 df = 3p <0.001.

Sexual Practice:

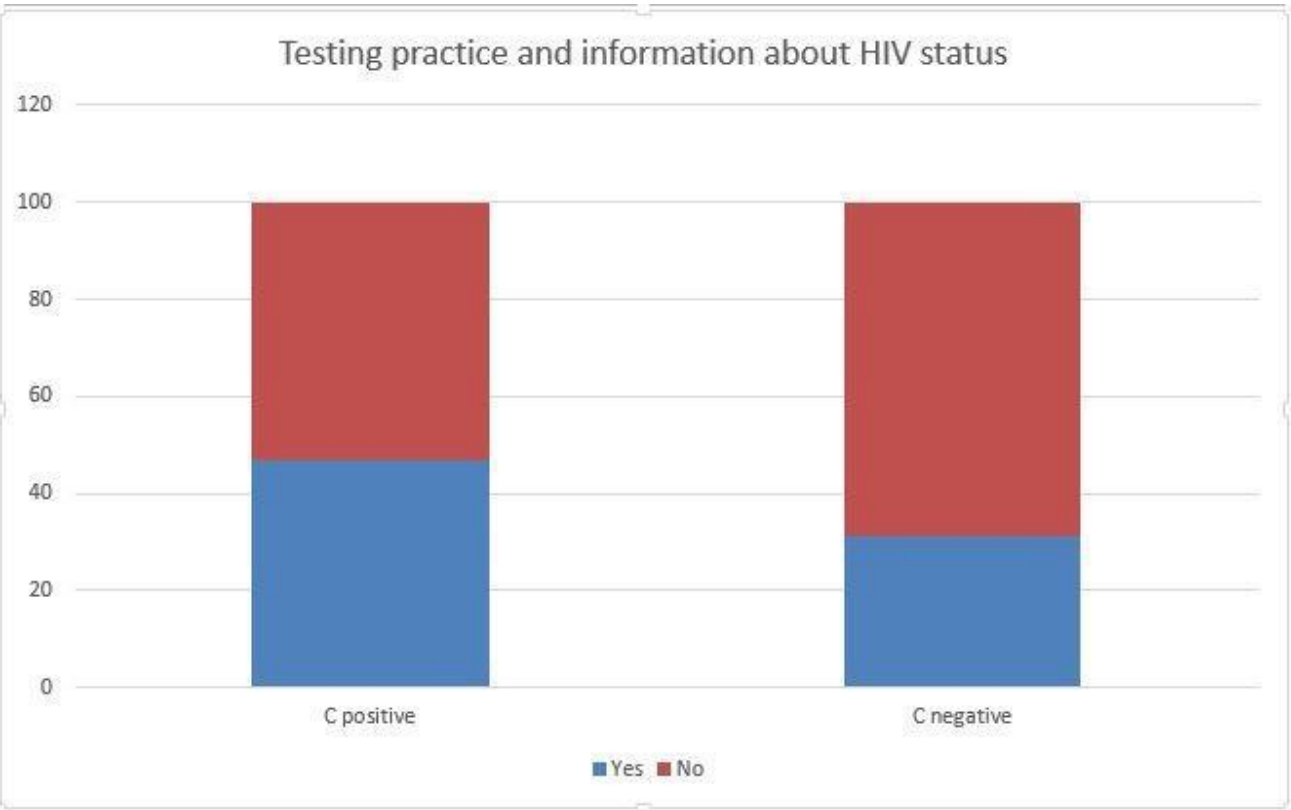
100% of respondents who are not infected with hepatitis C reported that during last six months did not have sexual contact with a person who declared to be HIV infected, and only one with Hepatitis C reported that had HIV-infected partner. This difference is not statistically significant.

88% of people with hepatitis C reported that during last six months, the use of condom was rear or was not at all, and 76% of people with Hepatitis C also claim the same. In this case the difference is not statistically valid.

Participants with Hepatitis C as well as participants without HepC infection (71% and 76%), declare that risk of HIV infection or AIDS slightly bothers them. The difference is not statistically valid.

The test on HIV infection is 37 percent. It is noteworthy that the absolute majority of respondents have an answer.

Based on statistical treatment, it was found that 46.9 percent of Hepatitis C had been tested on HIV and knows about HIV status while only 31, 1 percent of respondents who are not infected with hepatitis C knows about their HIV status.



Discussion

Depending on the results of the study, it may be said that C hepatitis as a disease is more or less accepted in society, while HIV / AIDS is extremely stigmatized. The reason for this is that the treatment of hepatitis C is underway and people have optimistic expectations for hepatitis C and there is high hepatitis C prevalence in the country, which implies a large group of people. This can also be explained by the fact that most people do not have access to HIV treatment, life expectancy of HIV, modern methodology and testing need. They do not know that HIV infection treatment can prolong lives of infected people, that HIV infected have the ability to have healthy children. HIV / AIDS is so much a stigma that they are not interested in searching, even though they often have friends with HIV, but they do not even talk about HIV infection even with HIV infected friends, this is also a stigma.

Research has shown that access to information about HIV/AIDs among IDUs with HepC is high, during testing and in the treatment process they receive information on HIV / AIDS, have the ability to ask questions and receive answers. NGOs often organize trainings that are regularly

conducted in service provider organizations, but their knowledge is not always reflected in safe behavior.

Although most of the beneficiaries participating in the interview and focus group were involved in the process of elimination and / or enhanced access to additional services and information, it could not help them to realize the existing risks and exclude risky behaviors.

Hepatitis C infected with IDU-beneficiaries have a positive attitude towards people with HIV/AIDS, although they are stigmatized to some extent.

100% Hepatitis C infected IDUs had risky behavior in the past, and the majority of them continue risk behavior even if they understand whether the risks may be in this.

The difference between male and female norms has been observed, women are more tolerant and have the right attitude towards HIV infected. Women's sexual behavior is less risky, even though women and men do not differ from each other by terms of knowledge.

Positive attitude expressed from HepC IDUs towards HIV infected patients, as well as emotional sympathy and support willingness can be explained by empathy skills that have developed by their own disease in the process of life. People infected with hepatitis C are also victims of stigma, often they have self-stigma that does not allow them to recognize their own status even with close relatives and family members, so they are well aware of HIV infected people who are in the same and more difficult condition from society and who are also afraid of their own status. The strength of stigma and self-esteem among people infected with hepatitis C indicates that despite the two years existence of the elimination program in Georgia, three beneficiaries have admitted in the interview process that they do not participate in the elimination program because they can lose their job because of Hepatitis C status.

As research shows, the role of social advertisements in the fight against HIV infection is extremely important, as advertisements, positive messages, easy-to-read information, and promoting non stigma attitude towards HIV infection among general population. Attention should be given to the possibility of living together with HIV infection and to increase

acceptance of this disease. As it happened towards hepatitis C – which no longer is a problem for people in general. It is also noteworthy that social advertisement on Georgian TV channel related to HIV infection had big influenced on attitudes about HIV/AIDs "AIDS does not transmit trough hugs and the kisses" – this phrase used in the advertisement often heard in the interviews and focus groups. However, only this phrase and periodic social advertisements cannot overcome stigma.

Based on the analysis of quantitative research it is clear that the respondents who did not have HepC characterized by less risky behavior of injecting drug use, however there is not difference in terms of risky sexual behavior. So according to this uninfected respondents more attention should be paid to safe sexual contacts while working with not HepC infected IDUs.

Conclusions

• Most HepC infected IDUs have the knowledge of the ways of transmission of HIV / AIDS, although this knowledge is often incomplete, which causes the risk of repetition risky behavior.

• Lack of knowledge leads to high risky behavior, most of the respondents had risk behavior, which was the reason for their hepatitis C infection, but still continue the same way.

• There was no difference between the behavior and knowledge of the age group, the only attitude was different, among younger participants less stigmatized attitude was observed, but in most cases the sympathy and misery were fixed.

• The results of the study have shown that women, in contrast to men, are more tolerant towards HIV infected people. Sexually behaviors are less risky with women than with men, as for the level of knowledge, the difference in regards of sex is not observed.

• The need for daily services was identified in the direction of damage reduction, which implies the supply of syringes and needles, as well as condoms and naloxons for IDU beneficiaries.

• The results of the study have shown that in the process of in-depth interviews, people are still more open talking about risky behavior when during the focus group they prefer not to talk about this.

• There was no recognizing that IDUs are currently sharing injecting materials, there was only three cases when respondents say that still continiou risky behavior and it can only happen in non-sober condition.

• Injection practice: Risk behaviors associated with injection drug use such as injecting water, detergents, cotton, and drugs are more frequently revealed in people infected with hepatitis c than those who have no hepatitis C.

Sexual Practice: The sexually active practices of people with Hepatitis C and without Hepatitis C does not differ significantly from each other.

Recommendations

• Strengthen efforts to increase awareness of HIV / AIDS issues in general, about risk behaviors and preventive measures, especially in risk groups such as IDUs, IDUs sexual partners and other risky groups.

• In terms of informing HIV / AIDS, attention should be paid not to the means of spreading information as far as its internalization.

• Increased awareness should reduce the stigma / discrimination of HIV infected people, which will help increase empathy to this cohort.

• Increase involvement of IDUs in harm reduction programs, which will reduce risk behaviors, which in turn will help reduce the spread of blood and sexually transmitted infections.

• More work with men than women with healthy sexual behaviors.

• Age group does not represent a distinct factor, so it is equally important to have a preventive job with any age group.

• Stigma / discrimination against HIV infected people should be reduced by increasing awareness, focusing on people who are infected, treated and live in normal lives, to get information on treatment. Where and how this treatment is possible, focus on one of the most painful issues that HIV infected can have a complete sexual life and have children.

• There is a need for 24 hour services to be added to harm reduction.

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Appendix # 1

Outline for focus group

Welcome: Introduce moderator and assistant; Name 1; Name 2:

Our topic is:

We want to know what kind of information have about HIV/AIDS people who are self-report to be HCV infected or to be on HCV treatment or finished HCV treatment during last 1 year. What are their attitudes and behavior towards HIV/AIDS. The research will be held in Tbilisi, Georgia. We invite you to participate in this research. The results of research will be used by the following ways: Publishing the study results in international journals; Printing special reports; Publishing the study results on the Web site of GHRN; Publishing the study results on South Caucasus internet platform against HIV/AIDS; Dissemination study results among community members; Dissemination study results among stakeholders and policy makers; Create an abstract and submit at international HIV conference; Use the recommendations to prepare info materials for community members; Community will take part in round table (study dissemination process); Community and outreach workers will disseminate info materials among targeted population. None of the above will be mentioned any participant name, or data. This research is financed by AIDs Foundation East West International.

The results will be used for?

The results of research will be published in Scientific Journal, the report will be shared among NGOs working in the field of harm reduction in Georgia. Report will be used for enhancing strategies in harm reduction strategies, HIV/AIDs and HCV prevention programs. This report will be published in international Scientific Journal in English, also research results will be presented

on an international conference which will be held in Amsterdam in 2018. There will not be mentioned any names of participants or other information.

Your were selected because:

You are being invited to take part in this research because you are or were infected with hepatitis C and you are/are going to or was participated in treatment process. You can contribute much to our understanding and knowledge of local health practices.

Guidelines:

No right or wrong answers, only differing points of view We're tape recording, one person speaking at a time We're on a first name basis You don't need to agree with others, but you must listen respectfully as others share their views Rules for cellular phones and pagers if applicable. For example: We ask that your turn off your phones or pagers. If you cannot and if you must respond to a call, please do so as quietly as possible and rejoin us as quickly as you can. My role as moderator will be to guide the discussion Talk to each other

Instructions for focus group facilitators to use this questions as a guide for depth answers:

Question:

1. This part of questions gives information what kind of knowledge have HCV infected participants about HIV/AIDS

   - When you found out that you are HCV infected, how?
   - What do you know about HIV/AIDS?
   - What do you think who can be HIV/AIDS transmitted? Is it possible HIV/AIDS to be transmitted by?

- Kiss or hug?

- ❖ Sharing dishes, towels?
- ❖ Mosquito bite?
- ❖ Shared bathroom?
- ❖ Sharing shaving equipment?
- ❖ Sharing toothbrush?

  - Have you ever go trought screening test in HIV?
  - If yes, when it was last time?
    - During screening test on HCV have you been screened on HIV?
    - If yes, who suggested to do so?
    - If no, why?
    - What this screening test during your screening on HCV or before, or after?
  - Do you know where can you do screening test on HIV?
    - If yes, how have you find this information?
    - If no, do you want to receive more information?
  - Do you know where HIV infected people can receive treatment?
      - If yes, how have you find this information?
      - If no, do you want to receive more information?

2. This part of questions gives information what kind of attitudes have HCV infected participants towards HIV/AIDS infected people.

- What are your associations when you hear that a person is HIV infected? (emotions: Surprised, compassion, fear, hatred, aggression, empathy)
- Could you marry a person who in HIV infected? (if yes, in what case and if no what would be the reason?)
- Could you live with HIV infected person (would you share living room, bathroom, pool, kitchen, furniture, beds, dishes)
- What do you do when you hear that a person is HIV infected? (trying to support him/her, trying to reduce contact, I try to stop the relationship, try to collect more information to help him/her)

3. This part of questions gives information what kind of behavior have HCV infected participants towards HIV/AIDS infected people.

- Have you ever use shared injection instruments, such as syringe, needle, shared dishes, cleaning water, cotton for drug use?
- When participate in medical or esthetical manipulations do you ask additional information about sterilization?
- • what kind of sexual practice do you have (the number of partners, a permanent partner or random? Do you use condoms regularly or random?)?

- could you list the services in HIV and from these services which did you use? (how do you receive information about these cervices, is it information connected to HCV elimination cervice?)
- How often do you recive cervices connected with HIV?
- What additional HIV cervices are needed in your opinion?

In depth interview design

Demographic data

Age:

Marital status:

Education:

Profession:

Employment status:

Income:

How many people live with you, among them how many are under the age 18?

Describe your sexual life and what kind of sexual practice do you have (the number of sexual partners, usage of condoms)

When you found out that you have hepc?

HIV Knowledge

- ✓ Could you explain what it means HIV positive, HIV negative?
- ✓ Have you ever went through HIV testing? When and why? Have you asked for a results?
- ✓ If you received any, where did you get these services (Primary health care, governmental/private clinics, Family doctor, NGO, others)
- ✓ Are you satisfied with receiving services or not? If not, why?
- ✓ Have you ever paid for the services you received in this direction?
- ✓ If you decide to receive similar services in the future do you go in the same service provider?
- ✓ In case of need have you been refereed in other clinics/organization? If yes did you use this service? If not – why?
- ✓ When receiving these services have you been provided information about HIV risks (Unprotected sexual relation, PWIDs and others)
- ✓ What do you know about risks of HCV, HIV/AIDS transition?
- ✓ During these services have you provided information about different types of contraception (condoms, pills)?
- ✓ Have you ever use any kind of contraception (condoms, pills)?
- ✓ If not what was the reason?
- ✓ Have you been asked your personal data or ID number when using services connected HIV/AIDS?

- ✓ What do you think if there is need for you anonymously (without ID) receive medical services connected with HIV, STI or other issues (diagnostics, treatment, testing and consulting) if yes it will be free of charge or you should pay for it?
- ✓ What additional services do you think are necessary in HCV and HIV/AIDS treatment?
- ✓ What kind of HIV connected services have you ever received (CVT, contraception, STI consultation, HIV/AIDS. Condoms, buckets, other)
- ✓ What do you think how it is possible to reduce risks in HIV/AIDS transition?
- ✓ Do you know where can you take screening test on HIV
- ✓ Do you know where it is available to receive treatment in HIV?
- ✓ How do you think: can a person get HIV infection by using food or water of HIV infected person?
- ✓ May HIV Infection be transmitted by mosquito bite?

HIV Attitude

- ✓ Have you ever had sexual partner who was infected with HIV, if yes, when you were informed?
- ✓ Is the issue of HIV/AIDS bothering you?
- ✓ Do you think that this problem can touch you or people around you?
- ✓ What are your association when you hear that someone is infected with HIV?
- ✓ Do you think that a HIV-Positive person may have a healthy outlook?

HIV behavior

- ✓ Have you ever use shared injection instruments, such as syringe, needle, shared dishes for drugs, cleaning water, cotton? If yes during which drug usage had happened this sharing?
- ✓ Have you participated in medical or esthetical manipulations where instruments were not properly sterilized? (Surgery, dentist, blood and other blood substitutes transfusion, manicure and pedicure)
- ✓ If you heard that your friend if infected with HIV do you shake hands with him/her, kiss, huge, share dishes? What do you think is it a risk to be infected?
- ✓ If you heard that your friend and family member has HIV will you continue to live with him/her?

- ✓ HIV infection risk decreases if you have one permanent sexual partner, who is not infected and has no sexual connection with other person.
- ✓ Is there a chance to reduce HIV infection risk if person uses a condom every time during sex?
- ✓

Appendix # 2

Questionnaire on Knowledge of Risk Conduct and HIV / AIDS Participants in NSP and PDI Interventions

The questions used for triangulation are:

R12 How often have you shared rinse-water during last 6 months?

0. Never or I have not injected during last 6 months

1. A few times

2. A few times each month

3. Once or more each week

R13 How often you shared Tools during last 6 months (cooker sup, spoon and other) with other person?

0. Never or I have not injected during last 6 months

1. A few times

2. A few times each month

3. Once or more each week

R14 How often you shared a cotton with other person during last 6 months ?

0. Never or I have not injected during last 6 months

1. A few times

2. A few times each month

3.Once or more each week

R15 How often have you divided or shared drugs with others by using one syringe (yours or someone else's) to make transfusion or pump the drugs into other syringe(s) during last 6 months ?

0. Never or I have not injected during last 6 months

1. A few times

2. A few times each month

3.Once or more each week

R23 How often have you had sex with someone you knew (or later found out) had AIDS or was positive on HIV/ A

0. Never or I have injected during last 6 months

1. A few times or less

2. A few times each month

3. Once or more each week

R24 How often did you use condoms when you had sex during last 6 months?

0. I have not sex in the past 6 months

1. All the time

2. Most of the time

3. Some of the time

4. None of the time

R25 How much are you threatened about getting HIV or AIDS?

0. Not at all

1. Slightly

2. Moderately

3. Considerably

4. Extremely

R29. did you know the result of your HIV testing? (choose one):

1. Never had HIV testing

2. I did not receive answer

3. I am HIV negative

4. I am HIV positive