UNODC
United Nations Office on Drugs and Crime

Country Office Pakistan

THE SOCIAL & ECONOMIC IMPACT OF DRUG USE ON FAMILIES: A QUALITATIVE INSIGHT

The social and economic impact of drug use on families: A qualitative insight

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ACKNOWLEDGEMENTS

The UN office on Drugs and Crime (UNODC), Country Office Pakistan in partnership with national counterparts from the drug and HIV sectors along with leading non-governmental organizations in the country, is implementing a regional project entitled 'Prevention of transmission of HIV among drug users in SAARC Countries'.

In order to acquire an in-depth insight into the impact of drug use and drug-related HIV, a qualitative study was carried out under the project. For this, firstly UNODC would like to recognize the dedication, expertise and efforts of Ms. Reem Khan who carried out the research and capacity building for the study at the respective sites.

UNODC appreciates the hard work and cooperation of the outreach teams who took part in this study. The level of detail and insight they were able to capture in the one-on-one interviews, while observing tight deadlines was admirable. A heartfelt appreciation and thanks goes out to the women who participated in this study for sharing intimate details of their lives, and to the key informants who helped provide a different perspective.

UNODC acknowledges the cooperation of the Ministry of Narcotics Control, National AIDS Control Programme, Anti Narcotics Force, our UN partners- WHO and UNAIDS as well as the donor, AusAID for their continuous support.

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANF	Anti Narcotics Force
ART	Anti Retro-viral Therapy
DIC	Drop-in-centre
DU	Drug User
FGD	Focus Group Discussion
GoP	Government of Pakistan
HASP	HIV/AIDS Surveillance Project
HIV	Human Immunodeficiency Virus
HIV+	HIV Positive
IDU	Injecting Drug User
IEC	Information, Education and Communication
MARPs	Most-at-risk-populations
NACP	National AIDS Control Programme
NGO	Non-Governmental Organisation
RSP	Regular Sex Partners
RSRA	Rapid Situation and Response Assessment
STI	Sexually Transmitted Infections
UNODC	United Nations Office on Drugs and Crime
VCT	Voluntary Counseling and Testing

1. VISION STATEMENT

UNODC aims to counter the sinister trilogy of drugs, crime and terrorism and help strengthen the virtuous triad of peace, security and development. In short, UNODC aspires to be the world's conscience on drugs and crime, reminding States of their commitments and raising awareness about the need for drug control and crime prevention. UNODC provides technical services to assist States and communities in preventing, resisting and reducing these threats.

Due to this comparative advantage within the United Nations system, UNODC has been given the responsibility to lead the UNAIDS response to HIV among injecting drug users and in prison settings. UNODC is mainstreaming HIV/AIDS into its activities globally and at regional and country levels, and is helping countries and civil society organizations to develop and implement comprehensive HIV/AIDS prevention and care programmes. UNODC also has a special mandate for facilitating the development of a United Nations response to HIV for people vulnerable to human trafficking. These most-at-risk marginalized populations are often subject to discrimination and violations of their human rights. Only few have access to HIV prevention, treatment and care services.

2. EXECUTIVE SUMMARY

For the purpose of this study, the impact of drug use on the spouses of drug users was grouped into four main categories – economic, physical, social and psychological. The spouses who were interviewed were asked to comment on how their husband's drug use effected their economic situation, physical and psychological well-being, and their social status.

The financial burden of drug use on the wives of drug users is profound. A majority of the women interviewed were the sole providers in their families as their drug using husbands were often unemployed and contributed little or nothing to household income. In most cases, household income was under Rs. 5000, (USD 60) and spouses were entirely responsible for meeting basic financial obligations including food, rent, utilities and clothing for children. They also bore the costs of education for their children, as well as dowries for young daughters of marriageable age. The financial situation of the families of drug users had an impact on family nutrition and education, as well as prevented spouses from obtaining adequate treatment for their drug using husbands. While none of the women interviewed admitted being involved in sex work, financial hardships may force women to consider sex work as an alternative, thus putting them at a greater risk of contracting the Human Immuno-deficiency Virus (HIV).

The impact of male drug use on the health and physical well-being of their spouses was also analyzed in this study. The spouses of drug users reported being subject to physical and sexual violence (26% and 23% respectively), and were extremely vulnerable to HIV. About 85 percent of the women interviewed reported frequently having sex with their husbands, out of which 80 percent had had sex with their husbands within the past one month. Knowledge of HIV/AIDS was quite high with 86 percent of the spouses stating that they had heard of AIDS; of these, 71 percent had an accurate understanding of its modes of transmission and 46 percent knew that condoms were the only effective means of protection against HIV. However, only 17 percent reported regular and consistent condom use. Interestingly, in spite of their overall accurate understanding of HIV/AIDS, a considerable number of women indicated that they could not contract HIV as they had never done anything immoral. It appears that many women had a tendency to associate HIV/AIDS with commercial sex work. A majority of the women interviewed (approximately 75%) said that they had never been tested for HIV.

The wives of drug users also reported feeling extremely isolated from their communities as they were often subject to ridicule and taunting from people. Isolation of women caused by drug use by a family member often meant that there was little to no support available to spouses when needed. A few women interviewed indicated that they had tried to hide their husbands' drug use from their communities. Those whose husbands were HIV positive, or who were HIV positive themselves were often hesitant and afraid to tell their communities, or even their families, in fear of being further ostracized.

Finally, the psychological impact caused by male drug use, as well as due to all the aforementioned effects, resulted in feelings of defeat, hopelessness. A few of the women

interviewed had even considered, or as in one case, attempted suicide. Some mothers also worried about the high vulnerability of their children to drug use due to the presence of a drug addict in the household. Unfortunately, such feelings of hopelessness and fatigue may have a negative impact on the children of the household, which may further perpetuate the cycle of drug abuse.

3. METHODOLOGY

This qualitative study was carried out in four cities of Pakistan – Gujranwala in Punjab, Larkana and Karachi in Sindh, and Quetta in Balochistan - and was facilitated by implementing partners (NGOs) in each city (please see country profile for a description of the cities which participated in the study). One-on-one interviews were carried out with 120 spouses and 34 key informants, and a total of seven focus group discussions were held, with a minimum of six spouses in each group.

The questionnaires developed for this qualitative study were unstructured and all questions were designed to encourage open ended answers. Three separate questionnaires were developed; one for the one-on-one interviews with spouses of drug users, another for key informants, and a third for the focus group discussions. The questionnaires were developed by the study team leader in consultation with UNODC COPAK. The questionnaires, which were originally developed in English, were translated and adapted to the national language, Urdu, by the team leader. The Urdu questionnaires were then 'reverse translated' to ensure complete accuracy. Pre-testing of the questionnaires was carried out to ensure clarity and ease of use prior to being sent to the study sites.

	Spouses	Key Informants
Gujranwala	30	5
Karachi	30	9
Larkana	30	10
Quetta	30	10
Total	120	34

Figure1: No of Spouses and Key Informants interviewed in each city

Outreach workers at each study site carried out an initial mapping in order to identify study participants prior to the start of this study. A combination of snowball sampling and respondent driven sampling was adopted to contact spouses. Two outreach workers (one male and one female) from each study site underwent an on-site, one-day intensive training with the study team leader regarding the questionnaires for spouses and key informants, and the collection of qualitative data. All one-on-one interviews with spouses were conducted by female outreach workers, and interviews with male key informants were carried out by male outreach workers.

The one-on-one interviews with spouses were conducted in the residences of the participants, where complete confidentiality was assured and their full consent was obtained prior to the interview. The questionnaire addressed key issues pertaining to the financial, health, social and psychological impact of drug use on the spouses and families of drug users.

FGD in Gujranwala

One-on-one interviews were also carried out with a total of 40 key informants from the same cities. Key informants were chosen based on their participation in, and level of understanding of the community they lived in, and were asked to comment on the situation of spouses of drug users in their respective communities. Their responses provided an understanding of how the spouses of drug users are perceived by others in the community. The key informants interviewed included religious leaders, counselors, health professionals, professors and social workers.

2. Participating NGOs: Mary Adelaide Rehabilitation Center, Karachi; Aagosh, Quetta; MianAfzal, Gujranwala; Ghazi Social Welfare Association, Larkana.

Finally, a total of seven focus group discussions (FGDs) were held in each of the study sites, with a minimum of six spouses in each group. The FGDs were carried out prior to the one-on-one interviews using the Dual Moderator approach, and served as a cross-check for the one-on-one questionnaires. The FGDs also provided insights that may have been less accessible without group interaction, and provided the participants an opportunity for disclosure amongst others in similar situations. Most of the spouses present in the FGDs also participated in the one-on-one interviews.


FGD in Larkana

All spouses interviewed were provided with modest compensation for their participation in the study. The outreach teams were also compensated on a per interview basis provided the quality of each interview they completed was deemed satisfactory.

Upon the completion of one-on-one interviews with spouses and key informants, data was analyzed by the team leader. Portions of the interview were quantified, and a qualitative analysis was carried out in conjunction with UNODC COPAK.

No names have been used in this report, as per the request of the women interviewed. Ages and cities have been included. Also, quotations have been closely translated from Urdu, Punjabi, Sindhi, Pushto, Balochi and Brohi into English.

4. CITY PROFILES

Quetta

The largest city in the province of Balochistan, Quetta has an estimated population of 896,000. The population is mainly constituted of Balochis, Pashtuns and Brohis. Although the language most widely spoken throughout the province is Balochi, Pashto is the most commonly spoken language in Quetta. A majority of the residents of Quetta are from a tribal background; therefore, the socio-cultural climate is predominantly conservative, and a majority of the women observe *purdah* which restricts their mobility outside of the household.

Larkana

Larkana is a city located in the province of Sindh. The estimated population according to the 1998 census is about 270,283. Larkana is considered an important city for two reasons; it is the hometown of the Bhutto family and secondly, it is located about 30 kilometers from the world heritage site of Mohenjodaro. The main language spoken in Larkana is Sindhi. Due to its proximity to Karachi and other urban centers such as Sukkur and Hyderabad, the society is relatively less conservative.

Gujranwala

Located approximately 80 kilometers from the city of Lahore in Punjab, Gujranwala is known as the seventh largest city in Pakistan. The total population is estimated to be around 1,415,700. It is known for its production of sugarcane, melons and grains which are exported internationally. It is also famous for manufacturing plastic products. The main languages spoken in Gujranwala are Punjabi and Urdu.

Karachi

A metropolitan city located in the province of Sindh, the population of Karachi is estimated to be approximately 15.5 million. Due to its location on the coast of the Arabian Sea, Karachi has earned the reputation of the largest seaport and the major trading hub for Pakistan; it is also the largest industrial centre with a high rate of urbanization. The most commonly spoken language in Karachi is Urdu. The socio-cultural setup of Karachi differs greatly from other cities within Pakistan due to the existence of various sub-cultures.

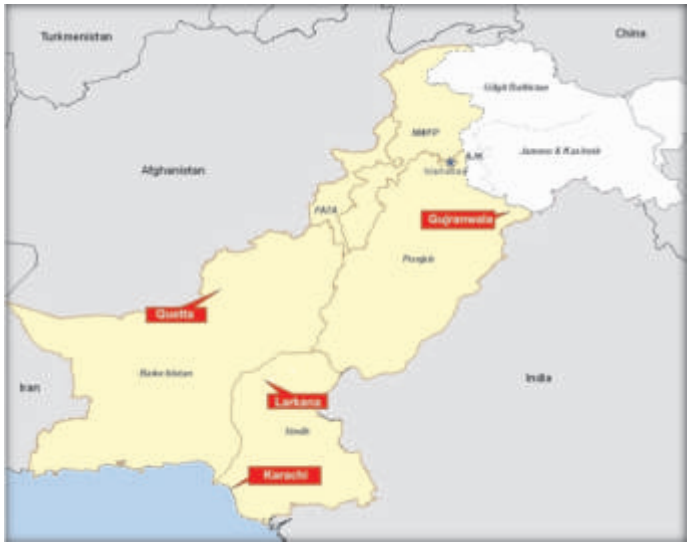

Figure 2: Map of Sites

5. INTRODUCTION

Pakistan is currently classified as a concentrated HIV/AIDS epidemic country. To date, 46,000-210,000 adult HIV positive cases have been estimated for Pakistan. Recent surveillance reports suggest the epidemic is most prevalent among Injecting Drug Users (IDUs), bringing them to the forefront of Most-at-risk Populations (MARPS). The epidemic is further accelerated, with IDUs interlinking with other HRGs as well as with multiple sexual partners. However, the spread of HIV does not stop here in fact has also alternatively effected the spouses/regular sex partners (RSPs) of DUs and IDUs.

At present, there exists very little data on the widespread effect of drug use on the spouses of drug users/injecting drug users (DUs/IDUs). Given the combination of high risk behaviors related to oral opioid as well as injecting drug use, the likelihood of the HIV/AIDS epidemic to impact vulnerable groups such as the spouses of DUs/IDUs has increased. Since the spouses of DUs/IDUs are a target group under the overall objective of the project, a planned intervention is required in order to address their vulnerability to the twin epidemic of drug use and HIV.

For this very purpose, a qualitative study on the spouses of DUs/IDUs was carried out in the cities of Quetta, Karachi, Larkana and Gujranwala. This study provides a qualitative outline of the impact of drug use on the spouses of drug users, and the difficulties faced by this group.

The primary objectives of the study are to:

- Analyze the social, economic, emotional and health impact of drug use on the spouses of drug users/injecting drug users;
- Understand issues such as domestic violence, sexual behavior etc. regarding the spouses of drug users, in order to understand their level of vulnerability;
- Assist with the development of future service delivery programs for the spouses of drug users

3. HIV Second Generation Surveillance in Pakistan National Report Round III 2008

6. IMPACT OF DRUG USE ON THE SPOUSES OF DRUG USERS

Drug use has many associated consequences on the spouses of drug users which, for the purpose of this study, have been roughly segmented into four categories – economic, health/physical, social, and psychological. Spouses often have to endure the negative impact of their husband's drug use in an environment which lacks organized and effective support, and are vulnerable to economic hardships, serious health risks, social stigmatization, as well as psychological suffering.

Of the women interviewed for this study, 42 percent were married to injecting drug users (IDUs), while the husbands of the remaining 58 percent did not inject. The participants were between the ages of 18 and 55, with most women falling into the reproductive age bracket, and had an average of four children. While most (61%) lived in a joint family arrangement, usually with in-laws, a considerable number (39%) lived separately. Fifty five percent had received no formal education, while a small percentage had obtained primary education. Most women had been married at an early age, and had been married to their drug using spouses for an average of 16 years.

Upon analysis of the qualitative results received, drug use is seen to have the most impact on the economic situation of the wives of drug users, followed by an impact on their health, social standing within the communities in which they live, and finally on their psychological/emotional well-being. Not only do the spouses of drug users face stigma and discrimination, they are burdened with additional responsibilities such as managing the household and raising children.

7. ECONOMIC IMPACT

The financial impact on the spouses of drug users is extreme, particularly for those who do not live in a joint family arrangement. For a majority of the women surveyed, household income was under Rs. 5000 and in a majority of cases, the spouses were the only ones working to support their families. Spouses were primarily responsible for fulfilling basic household expenses including food, clothing, rent, and associated utilities. They were also responsible for bearing the costs of education for their children, and the financial burden of getting young daughters married.

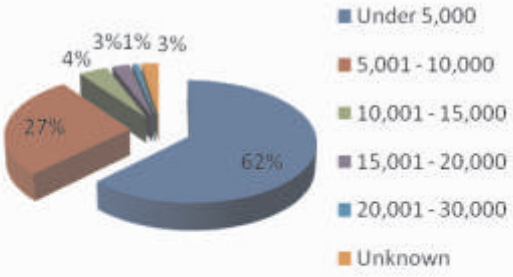

Figure 3: Breakdown of monthly household income of spouses of drug users

Results showed that there was a considerable difference between the younger women who were recently married and the older women who had been married to their drug using husbands for many years. It is therefore important to note the long and short term economic impact felt by spouses. For those women who had been married for less than five years, economic hardships were present, but had not yet become unbearable. Women who had been married for longer often expressed feelings of exhaustion due to prolonged economic adversity.

As seen in Figure 3 above, 62 percent of the women surveyed earned under PKR 5000 each month (on average between Rs. 1500 -3000 per month), and many were the sole providers for their families. According to the data collected, about 46 percent of the DU husbands worked regularly. The husbands who were reported to be working fell into three categories – while some took care of major household expenses, they did not give their wives any money for other expenses; other men would give their entire salaries to their wives at the end of each month but would ask for money to purchase drugs every day, subjecting their wives to physical and verbal abuse if refused. The third group was comprised of men who were either unemployed, or who worked but spent their entire salaries on drugs, leaving their wives responsible for taking care of household expenses. This group also regularly asked their wives for money to buy drugs.

About 65 percent of the women interviewed stated that their husbands asked them for money every day. Of that 65 percent, a majority (33 %) said that their husbands asked for Rs. 100 – 200 daily, followed by 25 percent who indicated that their husbands asked them for Rs. 50 – 100 each day. Three percent reported being asked for Rs. 200 – 500 for the purchase of drugs. A small percentage reported being asked for Rs. 500 – 1000, while a few women said that their husbands demand all the money they had (2 % and 3% respectively). A majority of the spouses believed that their husbands spent between Rs. 50 – 200 on drugs each day.

Exactly half (50%) the women interviewed worked regularly. A majority of these women were either employed in others homes as cleaning staff, or worked from their homes producing embellishments and embroidery on clothing for outside vendors. In a metropolitan city like Karachi, women had more mobility and freedom and were therefore able to access a wider range of employment opportunities including teaching and outreach work. In Quetta however,

cultural norms and traditions kept women at home therefore limiting the employment opportunities available to them. Women in these areas worked from home, primarily in embellishments and embroidery of material, earning between Rs. 200 to 700 per month. Women in the other, less conservative cities such as Larkana and Gujranwala also reported being forced to stay home by their husbands, therefore having access to few income generating opportunities.

My husband becomes very suspicious of me when he is under the effect of drugs. He accuses me of doing immoral things, and would often beat me when I would go out to work... So now I stay at home and embroider fabric for neighbors who pay me for the work.

Female, Age unknown, Karachi

Either way, the income generated by these working women was often not sufficient to cover basic household expenses. Unfortunately, working women were also at a higher risk of being subjected to violence as they were constantly questioned by their drug using husbands about the money earned. Over 58 percent of the women indicated that their husband's asked them for money every day, and would become violent if refused. Many women also stated that their husband would sell household possessions if they were unable to provide them money for drugs. One woman described her plight during a one-on-one interview in her home -

My husband knows I earn a little every month, so he asks me for money every day. I have to buy food and gas for the stove, so when I tell him I don't have any he gets angry and verbally abuses me. Sometimes he even hits me. Then he'll steal things from the house – dishes, pots and pans, my son's bicycle, anything he can find – so now we don't have anything left except the charpoy you are sitting on.

Female, 30, Gujranwala

Therefore, women either found themselves restricted to their homes due to cultural norms, unable to generate an income to support themselves and their children, or they attempted to better their situation by working, but were subject to abuse and violence, and were not able to spend their income on basic necessities. This brings to light the unrelenting cycle of violence and poverty endured by spouses of drug users.

When asked if they ever considered leaving their drug using husbands, a majority of the women who participated in the focus group discussions indicated that they would not consider doing so[4]. Many believed that a marital bond should not be broken –

God has joined us, so what right do I have to break this bond?

Female, Age unknown, Karachi

Another woman described how she left her husband, but was unable to take her children with her for financial reasons. She eventually returned for the sake of her children and currently lives with her drug using spouse. There was an overall sense that many of these women had accepted their fate and felt they were unable to change their lives.

7.1 Nutrition

Inadequate nutrition is among the effects of an insufficient household income. A majority of the spouses reported this as having an effect on their families, including those living in joint

4. This question was not asked in the one-on-one interviews, but was a topic of discussion during the focus group sessions.

family arrangements. While some were grateful to their families and in-laws for providing food for them and their children, many women stated that their families insisted they buy and cook their food separately. Women reported often having to borrow money from family members or neighbors, or taking groceries on credit from stores in order to feed their children. Many expressed the desire to be able to feed their children just twice a day. A mother with three young children described her situation during a focus group discussion –

My children haven't eaten in two days. Today I borrowed money from my neighbor and bought some flour, so I tonight I will feed my children roti with salt and pepper. Sometimes my husband even sells the few vegetables I buy for my children's dinner, so then they have to starve.

Female, 36, Larkana

Over 40 percent of the women interviewed reported having to borrow money regularly to buy food, while about 2 percent borrowed occasionally. Unfortunately, borrowing money proved to be an extremely humiliating process for many women as people were openly reluctant to lend money to them, knowing that they would not be able to pay back the loan. Many of the women who borrowed money expressed the constant embarrassment they endured as lenders reminded them of the money they owed but were unable to return. The humiliation and embarrassment endured by the spouses of drug users will be explored further in the section on psychological impact.

7.2 Education

The inability to educate children was another negative consequence of drug use and economic instability which a majority of the women expressed. While many of the women sent their children to government schools, where fees were excused, a substantial number of women couldn't afford to educate their children at all. These children, some as young as nine years of age, were employed in various occupations in order to supplement household income. A young mother in Gujranwala who worked from home earning a small amount each month expressed her feelings on this matter –

All my [six] children used to go to school; now none of them do. Two of my young daughters work in homes cleaning floors, and my son is an apprentice at a bicycle repair shop earning 15 rupees a day. I feel bad that I can't send them to school, but what can I do?

Female, 30, Gujranwala

Nearly all spouses interviewed expressed a desire to be able to educate their children so that they would have a better future. Awareness regarding the importance of education was alarmingly high amongst the women who participated in the study. Most of the spouses who participated in the study wanted proper employment for themselves so they would be able to send their children to school.

7.3 Drug Treatment

About 25 percent of the women interviewed indicated that they were aware of their husband's drug habit prior to getting married. Many of these women stated that they thought their husbands would stop using drugs after marriage. Unfortunately, their husbands never stopped using drugs; in fact, many switched from smoking as a preferred method of taking drugs, to injecting a few years after marriage.

The economic impact caused by drug use also impeded access to longer treatment for drug users themselves. Since many drug users were unemployed, or contributed little to household income, spouses had no means to get their husbands treated for longer than the standard one-month treatment, which is free of cost. Even for the women who worked, basic financial obligations left little money for treatment. Many wives stated that their husbands had received the free month-long treatment numerous times without success. One woman in Gujranwala described her experience -

My husband has been a drug user for nearly twenty years; he started using drugs six months after we were married. He has been treated approximately 40 times, but starts using drugs as soon as he returns. I think that the one-month treatment is not enough as the effect of drugs doesn't go away in that time. He needs longer treatment, but we can't afford it... All I want is for him to get better.

Female, 44, Gujranwala

While many spouses expressed the desire to seek proper treatment for their husband's, they acknowledged that the approximate cost of approximately 6000 rupees per month (USD 70) for longer treatment was more than they could afford. Unfortunately, many had given up on the idea of getting proper treatment for their husbands.

7.4 Sex Work

While none of the women interviewed currently worked, or admitted to working in the sex industry, there exists a notable risk of women turning to sex work in order to meet their financial obligations. One woman admitted to considering sex work as an alternative to starvation –

I thought about doing it [sex work] some time back, but then I decided to learn how to bear hunger instead of doing such work.

Female, 40, Quetta

Since the topic of sex work is a sensitive one, it can be assumed that women may not have provided honest answers in fear of their neighbors or communities finding out. Key informants in the same cities however, indicated that the spouses of drug users in their communities are sometimes forced to turn to illegal activities such as sex work or drug pedaling in order to support their families. According to key informants, the spouses of drug users are often looked upon in a negative manner, and are treated disrespectfully by other men. Key informants strongly believed that the wives of drug users were extremely vulnerable to adopting sex work or other illegal activities as a means to support themselves, and were in danger of mistreatment and exploitation. None of the women reported having any other sex partners, commercial or casual, aside from their husbands

CASE STUDY 1

A former sex worker in Quetta, who wished to remain completely anonymous, participated in the study. She had been involved in sex work for nine years in order to support her mother and sisters after her father's death. Three years ago, she married one of her clients and now has two young children. During the interview, she said that she had heard of HIV/AIDS on television, and indicated that it was spread through the sharing of needles. However, she was unaware of the methods of protection and did not use condoms. In spite of her husband's continued drug use and serious economic hardships, this woman had chosen not to return to sex work in order to support herself or her children. Neither she, nor her husband had ever had an HIV test

8. PHYSICAL AND HEALTH IMPACT

Drug use among males evidently has an impact on their own health and physical well being. Alternatively, the spouses and the children of the DUs/IDUs are also vulnerable to an impact on their health. There is a greater risk of illness involved towards sexually transmitted infections (STIs).

For the purpose of this study, the physical and health impacts of drug use on the spouses of drug users will be divided into two categories – violence and vulnerability to HIV. General medical problems related to the impact of drug use were not discussed in depth during the interviews.

8.1 Violence

Violence is very much a part of the daily lives of women married to drug users. According to the women interviewed, violence most often takes place when their husbands need money for drugs, or when they are in a state of intoxication. In order to avoid violence, spouses often give in to their husband's demands for money; some also reported having to borrow money from friends, neighbors or relatives to avoid being beaten. Among the women interviewed, 26 percent reported being frequently beaten by their husbands, and a considerable number (23 percent) reported forced sex.

Physical violence

As depicted in Figure 4, over a quarter of the women interviewed had been frequently subjected to physical violence from their drug using husbands, usually when he was under the influence of drugs, or when he needed to buy drugs. Nearly all of these women indicated that the underlying reasons for violence were regarding money, the wife's refusal of sex, and over discussions of husband's drug use. A small number reported being beaten over small matters. One woman spoke about this in a focus group discussion in Larkana –

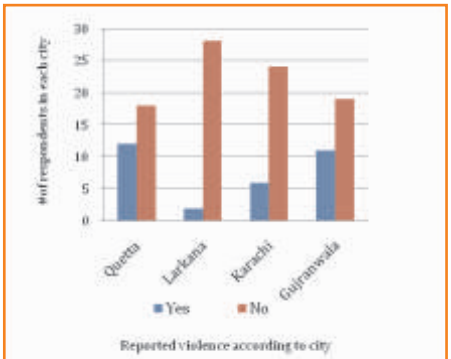

Figure 4: Number of respondents that reported violence per city

Sometimes when he is under the influence of drugs, he'll beat me if there isn't enough salt in the food I've cooked.

Female, Age unknown, Larkana

Another woman reported being beaten by her husband who would become suspicious of her when he was under the influence of drugs.

I went to pick my son up from school, and when I returned my husband began to accuse me of immoral behavior and started beating me. He wouldn't believe me when I told him that I only went to my son's school.

Female, Age unknown, Karachi

While some women living in joint family arrangements sometimes received assistance from various family members either while or after being subjected to beatings, half the women who reported violence had no one to help them at such times, even if they lived with other family members. As one woman described –

[My husband] beats me as much as he wants until he gets tired. Sometimes my children get scared and start to cry; only then does he stop. I don't have anyone to help me at such times.

Female, 34, Larkana

According to the survey, neighbors and other community members preferred to stay away from the families of a drug user with the fear that the "habit" of drug use would spread to their own homes. Spouses were aware of such community attitudes, and had come to accept this lack of community support. One woman depicted this sentiment.

Sometimes when my husband beats me, my little children run out to go get help from neighbors or relatives, but often people stay away and prefer not to get involved.

Female, Age unknown, Gujranwala

As a result, spouses are forced to deal with regular physical violence without respite. Many of the women who reported violence said they remained tense and afraid when their husband was under the influence of drugs. The effects of prolonged tension and fear will also be addressed further in the section on psychological impact.

Sexual violence

Nearly one-fourth of the women who participated in the one-on-one interviews reported sexual violence in the form of forced sex. A majority of those who reported forced sex indicated that their husbands were most likely to force them when intoxicated.

My husband usually forces me when he is on drugs. He gets very angry if I refuse. I have to agree even if I don't feel like it so that he doesn't hit me.

Female, 44, Karachi

One woman shared her views on forced sex during a one-on-one interview in her home

All men force their wives. I think this is normal.

Female, 35, Quetta

Women reported not being able to refuse sex out of fear of physical violence. Interestingly, many did not view forced sex as a form of violence. When asked if their husband ever forced them to have sex, they responded in the affirmative. However, when the same question was rephrased and women were asked to indicate if they had ever been subject to sexual violence, a majority responded by saying no.

None of the women reported being forced by their husbands to perform sexual acts with other partners.

8.2 Vulnerability to HIV - Knowledge of HIV and Condom use

The spouses of drug users face a high risk of contracting HIV from their husbands due to unsafe injecting practices or risky sexual behaviors, and are therefore considered to be a vulnerable population.

None of the spouses interviewed reported having any other sex partners apart from their husbands.

Knowledge of HIV, Sexual Behavior and Condom Use

About 85 percent of the women interviewed reported frequently having sex with their husbands (Figure 5) while 15 percent stated they no longer had sexual relations with their husbands, mainly because there was no urge for sex by both parties. Of the 15 percent, many indicated that their husbands were too weak for any sexual activity due to extended drug use. Spouses that reported never having sex with their husbands had been married to their drug using spouse for an average of 16 years. None of these women reported ever having had extramarital relations.

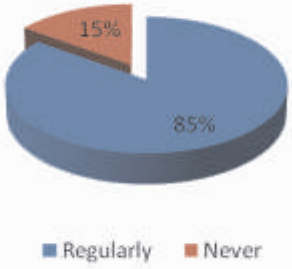

Figure 5: Sexual activity with husbands

Of those who had frequent sexual contact with their husbands, about 80 percent had had sex with their husbands within the past one month, while 16 percent had had sexual contact with their husbands within the past six months. Only a small percentage of women indicated that their last sexual contact with their husbands took place more than a year ago (see Figure 6).

Knowledge of HIV/AIDS was quite high as 86 percent of the spouses surveyed had heard of HIV/AIDS, and 71 percent had an accurate understanding of its modes of transmission. Needle sharing, sexual activity and blood transfusions were the most commonly cited modes of transmission. Also, about 46 percent of the women knew about condoms as the only effective means of protection against HIV. Unfortunately, only an alarming 17 percent reported regular condom use (see Figure 7). Husbands' unwillingness was the main reason for not using a condom, making spouses extremely vulnerable to HIV infection.

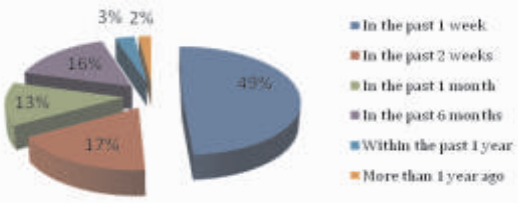

Figure 6: Last sexual contact with husband

HIV prevalence due to a corresponding rise in injecting drug use has been observed over recent years; the multiplicity of sexual partners of IDUs has also placed their regular sex partners at a high risk of contracting HIV.[5] As mentioned earlier, 42 percent of the women interviewed were married to IDUs. While a majority of women knew about their husbands preferred method of taking drugs, as well as the dangers associated with needle sharing, they did not regularly use condoms. A few of the women interviewed also knew about their husbands relations with sex partners outside the home and were aware of the risk of transmitting and contracting HIV through sexual acts; yet they reported irregular condom use.

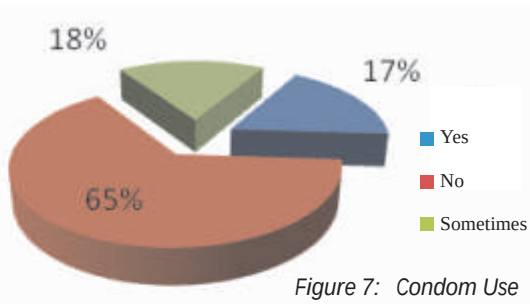

Figure 7: Condom Use

My husband has a friend with whom he has sexual relations. He told me about her, but refuses to break off his relations with her. I threatened to leave him, but he still continues to meet her.

Female, 24, Gujranwala

5. This question was not asked in the one-on-one interviews, but was a topic of discussion during the focus group sessions.

Another woman discussed the risk of HIV with regard to her husband's sex partners –

A few years ago my husband told me about two women he was having sexual relations with. I wanted to start using condoms so I don't catch the illness [HIV], but my husband doesn't like them, so we never use condoms.

Female, 24, Quetta

The lack of choice available to women whose husbands were unwilling to use condoms was apparent in both the one-on-one interviews and the focus group discussions. Women who reported irregular condom use also expressed the desire to use condoms for birth control, but were unable to do so because of their husbands. This highlights the high risk behavior between drug users and their spouses, making spouses vulnerable to contracting HIV. Lack of condom use can also lead to more frequent pregnancies, and therefore a higher risk of mother-to-child transmission.

During the interviews and focus group discussions, women were asked if they thought they were at risk of contracting HIV. Even with a good understanding of HIV, it's modes of transmission, methods of protection, and their husband's injecting and/or sexual behaviors, a sizable proportion of women believed they would not contract HIV because they "didn't do immoral things", once again referring to extramarital sex. One woman explained why she didn't think she could contract HIV –

HIV is an illness that spreads because of sex workers. I cannot contract HIV because I have never done anything immoral.

Female, 26, Gujranwala

Another woman's response was similar, despite the fact that her husband was an IDU and she was aware of the common practice of needle sharing as being a mode of transmission –

Why would I contract HIV? I have never done anything wrong. I am not that type of woman.
Female, Age unknown, Quetta

As stated earlier, most women interviewed were quite aware of HIV/AIDs and the associated modes of transmission. However, several women associated the risk of contracting HIV to immoral behavior. There was a general sentiment amongst some spouses that HIV is a disease largely associated with sex work, but can be transmitted to males, whom then bring it home to their wives. This lack of in-depth understanding of HIV and it's modes of transmission could encourage denial, and prevent spouses from truly understanding the infection in relation to their own vulnerability.

Of those who understood the risk of contracting HIV, many said that they had never been tested. A few women expressed their inability to get testing because of their husbands, whom had never been tested either –

I once suggested to my husband that we get tested for HIV. He got angry and threw me out of the house. I will never suggest it again.

Female, 35, Quetta

Yet another woman expressed similar sentiments –

My husband doesn't even let me go to see a doctor, let alone get tested [for HIV].
Female, 50 years, Quetta

Aside from Karachi, where all the participants and their husbands had undergone Voluntary Counseling and Testing (VCT) in their homes, none of the participants in any of the other cities had been tested. It can be assumed that due to Karachi's metropolitan urban environment, women were more willing to be tested than their counterparts in more conservative or relatively small cities.

9. SOCIAL IMPACT

Drug users are looked upon in a very negative manner and this attitude is often extended to their families as well, making it difficult for them to function normally within their communities. Without acceptance from their communities, wives of drug users have little material or emotional support from those around them and find themselves isolated from their communities. This alternatively affects the future of the children of drug users, as they are seldom accepted in society and often find it difficult to settle and have families of their own.

9.1 Isolation from community

A majority of the women surveyed felt extremely isolated from their communities as they were often subjected to ridicule and taunting from people. Women were also very often blamed for their husband's drug habit by their in-laws and neighbors; they were accused of being negligent or dominating, which supposedly caused and/or exacerbated their husband's drug abuse. A few women openly expressed their feelings on this matter –

People often tell me that it's my fault my husband is a drug addict. They tell me that I fight with him too much, or neglect him, which is why he turns to drugs.

Female, 48, Karachi

It seems that my community is punishing me and my children for my husband's sins. We are blamed and taunted, even though we haven't done anything wrong.

Female, 36 years, Quetta

In order to avoid such attitudes, women said they preferred staying home and keeping to themselves. Many choose to completely avoid neighbors, relatives and other community members and became totally isolated. While some women acknowledged the negative effects of social isolation on both themselves and their children, they often saw no other choice. One woman simply explained –

People in the community don't think well of me and my children because my husband is a drug user. There is no respect for wives of drug users, and they look at us in a very negative manner. It is better for us to stay away from everyone.

Female, Age unknown, Gujranwala

Women also reported feeling disrespected by their neighbors and community members. Some stated that their neighbors felt pity for them and sometimes tried to help them, but often talked negatively about them in their absence with other members of the community. According to the spouses, the use of derogatory street language was often used to address the family members of a drug using male. The women interviewed expressed feelings of embarrassment and hurt, and therefore preferred to stay away from everyone. A woman described this further in a focus group discussion in Larkana –

People refer to me as the "wife of a drug addict", and to my children as "child of a drug addict". My children are teased and taunted by other children in the community and they often come home crying. There is no respect for me as a woman, and I feel hurt. We therefore chose to keep to ourselves and seldom go out.

Female, Age unknown, Larkana

The spouses interviewed also stated that people were afraid to come to their homes, or even meet them because they were afraid "the habit of drug abuse" would reach their own homes

simply through association. According to the spouses, neighboring children were often not allowed to play with "the child of a drug addict" as they didn't want their children to learn "bad habits". One young wife from Gujranwala outlined another reason why her neighbors stayed away from her and her children –

Sometimes when my husband wants money to buy drugs, he will steal from our neighbors. For that reason, they stay away from us and don't associate with us at all.

Female, 20, Gujranwala

9.2 Stigma and Discrimination

Isolation of women caused by male drug use often meant that there was little or no support available to spouses when needed. Women whose husbands were HIV positive, or who were HIV positive themselves were unable to tell their communities, or even their families, in fear of being further ostracized.

The UNAIDS definition of stigma and discrimination as "a 'process of devaluation' of people either living with or associated with HIV" holds true in many communities, as those living with HIV or with an HIV positive family member are unable to speak about their illness in fear of discrimination. As mentioned earlier, the general belief of HIV being a disease primarily associated with female sex workers may also prevent HIV infected women from seeking the treatment and care they require. HIV-related stigma and discrimination has been identified by experts as being critical barriers to effectively addressing HIV.[6]

One woman who was interviewed in Karachi had received VCT along with her husband; the results of the test were inconclusive and the couple had to be re-sampled. However, both the drug using husband and his wife were hesitant to be re-tested, presumably out of fear of what their potential HIV positive status would do to their standing in the community. Even though they had received initial VCT testing a few months prior to the one-on-one interview, they had not yet sought re-testing at the time this report was published.

The women who participated in this study claimed that their husband's drug use and/or HIV positive status had a serious effect on the lives and futures of their children. Children of drug users are often subject to discrimination and stigma[7]. The stigma surrounding an HIV positive family member would result in the discrimination of children by potential in-laws, who feared the illness would spread to their own homes. Many of the wives surveyed expressed a desire to find suitable matches for their adult children, especially daughters. According to the women, no one wanted to marry the "daughter of a drug addict", and often demanded large dowries which the family could not afford. The financial and emotional stresses of such situations were borne entirely by the wives of drug users, and often had a serious psychological impact. Due to this, some women admitted to hiding their husband's drug use from the community, and in some cases, their HIV positive status.

Case study 2 highlights this fear of discrimination by the family and community. One woman from Karachi, who participated in the focus group discussions, had decided not to disclose her HIV positive status with her family or community. She only shared her story in a separate one-on-one interview in her home. Having contracted HIV from her IDU husband several years ago, this woman had chosen not to share her HIV positive status with anyone, including her children. Like many HIV

6 . UNAIDS (2007), *Reducing HIV Stigma and Discrimination: a critical part of national AIDS programmes.*
7.*The Hidden Truth*; A Study of HIV vulnerability, risk factors and prevalence among men injecting drugs and their wives; Nai Zindagi, 2008.

positive persons who are afraid of being stigmatized, this woman did not take antiretroviral (ARV) drugs or seek other treatment and care specific to the HIV infection. She also discussed the impact her HIV positive status would have on the lives of her children if she were to disclose it to her family and community, and felt it would be unfair to them as they would be discriminated against and would not be able to find spouses of their own.

CASE STUDY 2

One of the respondents who participated in this study is a resident of Karachi, who has been married for 20 years and has three children. She agreed to share her story about isolation and community attitudes towards HIV/AIDS. Her husband had been injecting drugs for at least 10 years, and was found to be HIV positive in 2004. According to the woman, she began using condoms regularly after finding out about her husband's status, and was tested for HIV every six months. Unfortunately, she tested positive for HIV in 2007. Even though she lives in a joint family arrangement with her in-laws, she has not been able to tell them about her HIV status, even though everyone knows about her husband's illness. She fears being discriminated against by her community, and is afraid of the reaction of her in-laws and children. She also indicated that she was not receiving any sort of regular treatment and was not taking Antiretroviral (ARV) drugs. Another reason why she chooses to conceal her illness is to ensure that her 19-year old daughter is able to find a husband without facing prejudice. She remains isolated and lacks the necessary physical and emotional support from those around her. She currently works as an outreach worker for a local NGO, and is the sole provider for her family, earning between 2000 and 4000 rupees a month. When asked if she had ever considered disclosing her HIV status to her family, she responded by saying –

"I would ruin my children's lives by telling people about my illness. I can never tell anyone. I must keep it to myself."

10. PSYCHOLOGICAL AND EMOTIONAL IMPACT

While the financial, physical/health, and social impact of drug use on the wives of drug users can be measured and observed, the psychological impact of drug use is more difficult to ascertain. The women who participated in this study were able to provide some insight on the psychological and emotional impact caused due to their husbands' drug use.

The most obvious issue was a feeling of helplessness and defeat caused by the inability to provide proper care for children. Even though half the women surveyed had some form of employment, many were unable to earn enough to adequately feed their children. They often reported having to borrow money from neighbors, and were subjected to embarrassment and humiliation when lenders demanded repayment which the spouses were unable to return. One woman shared her experience –

I borrowed money from my neighbor, and now she asks me every day to pay her back. I don't have any money, and I feel embarrassed every time she asks me.

Female, 40, Karachi

The women interviewed also regretted not being able to send their children to school; however, they knew that their young children had to work in order to supplement household income. This combination of not being able to provide food and education to their children was one of the most discussed topics during the focus group discussions.

Mothers also worried about protecting their children from falling into the cycle of drug abuse. According to some, the presence of a drug using father served as a negative role model to young children, especially boys. A few women reported feeling helpless as their sons also fell into the habit of drug use. One woman described her disappointment and fear –

My oldest son has also become a drug addict, just like his father. I have four more children and I'm afraid they will become like their older brother.

Female, 50, Gujranwala

Since her husband and oldest son were unemployed, she was forced to send her young children to work to help support household expenses. Ironically, young children who work have greater exposure to drugs and may be at a higher risk of adopting the habit of drug use than those who are either in school or stay at home.

Yet another woman spoke about her only child, a son, who started using drugs due to his father's negative influence. She described how both her husband and son were unemployed, and since she had no other children she was the only working member in the family, earning about 1500 rupees per month. Since both her husband and son would ask her for money to buy drugs, she expressed feeling helpless and was unable to do anything to better the lives of her family members.

This feeling of helplessness was also noted when women spoke about their husband's treatment. Most wives said that their husbands had received treatment, but had gone right back to drugs upon return. They unanimously agreed that the free one-month treatment was too short, but felt

helpless as they were not able to afford longer treatment. One woman recalled her sentiments –

I went to the office [NGO] to find out how to get my husband a six-month long treatment, but when I found out that it cost 6000 rupees per month, I never went back to the office. My husband keeps going to the one-month treatment, and keeps relapsing upon his return.

Female, Age unknown, Karachi

The unrelenting cycle of ineffective treatment and prompt relapse had left the spouses of drug users hopeless. Many expressed defeat and admitted to have given up hope that their husbands would ever recover. Endless violence, and the constant stress and tension experienced by women when in the presence of abusive husbands also contributed to such feelings. Prolonged feelings of hopelessness, regret and helplessness had lead to suicidal thoughts for some women. One woman had even attempted suicide –

I slit my wrists because I didn't know what else to do. My husband was worried and tried to stop the bleeding by wrapping the wounds with bandages. He didn't take me to the hospital because he said I could be charged for attempted suicide.

Female, Age unknown, Karachi

Another woman spoke about how she often thought about suicide, but did nothing for the sake of her young children. She felt that there was no end to her troubles and that her life was meaningless. She summarized her feelings by stating –

Women like me are not really alive. We are dead on the inside. What are we alive for?

Female, Age unknown, Larkana

It is important to note that the psychological impact of drug use on women can lead to an unstable family environment for other young children in the household. While many mothers said that they devoted their free time entirely to their children, it seemed that many others were too psychologically fatigued to deal with their children's emotional needs. The social and economic changes that are brought about due to a parents drug use may weaken the sense of family, which is important for the development of young children[8]. The combination of a negative role model such as a drug using father, and a mother who is immersed in trying to meet financial obligations, along with the social isolation of a family could have a serious impact on the children in a household, which could further perpetuate the cycle of drug abuse.

8 . The Social Impact of Drug Use; UNODC, 1995

11. CONCLUSION

The plight of women married to drug users is multifaceted, and therefore needs to be approached with a whole range of possible solutions.

This study highlights some obvious recommendations, many of which the participants themselves spoke about. The main issue that was mentioned by nearly all the women surveyed was the lack of proper treatment for their husbands. The women unanimously agreed that the standard one-month treatment was extremely ineffective, and the need for longer treatment, preferably three to six months, was paramount. When asked what services or programs would help make their lives easier, a majority of the women agreed that they would rather obtain proper treatment for their husbands than any services/programs for themselves. According to the women, their husbands' drug abuse was the core problem from which all other problems stemmed; therefore, their desire was to receive some form of assistance – monetary or availability of opportunity – that would allow them to obtain treatment for their husbands. As well, most women emphasized the importance of finding regular employment for their husbands once they return from treatment, and requested assistance in doing so. Government involvement would be required in order to establish proper rehabilitation centers with follow-up and after-care services. Relevant NGOs, in partnership with the government, can play an important role in helping with the skill-building process of rehabilitated drug users, as well as securing employment.

Many of the women interviewed were willing to work provided they were given an opportunity. While some requested financial assistance, most women wanted steady, decent-paying employment in order to be able to meet their basic financial obligations without stress or worry. Since most women wanted to educate their children, they believed that steady employment would allow them to do so as well. Many expressed the desire to be able to meet their monthly financial obligations, and provide food and education for their children. However, many had trouble finding work due to cultural norms, while others became victims of stigmatization by prospective employers. This lack of decent-paying, permanent and culturally appropriate employment was an issue than many women addressed. Most desired secure jobs that would pay enough to cover basic household expenses. Key informants from the communities suggested a network of home-based handicrafts and embroidery which could be sold through an agent or middle-man in urban centers. Such a form of employment, with fair wages, would be taking into account the cultural limitations that exist for many women, while providing them with a reliable source of income. Once again, the involvement of relevant civil society organizations could successfully facilitate such a network.

While all of the women who participated in the study have access to VCT services through female outreach workers, the presence of female friendly centers at which various treatments and services can be availed is imperative. In more conservative cities such as Quetta, where female mobility is greatly limited, these services should be made available to women in their homes. Services should include reproductive health, family planning, easier access to ARV drugs, and one-on-one counseling with a trained psychologist.

Finally, it is important to keep in mind the impact of drug use on the children of drug users. While the importance of continued education was acknowledged by most of the mothers interviewed, the lack of choice available to the women and their children was an issue. While there are numerous NGOs which provide low-cost, quality education, mothers may not be aware of such institutions. It

is therefore important to help make mothers aware of the options available through outreach workers, or at the female friendly centers mentioned above. Opportunities for reliable employment should be made available to mothers whose young children contribute to household income, so that they no longer have to rely on the income generated through child labor.

12. RECOMMENDATIONS

To summarize, the recommendations are as follows -

- Good quality drug treatment which is affordable or free of cost and accessible.
- Assistance with vocational training and job placement for rehabilitated drug users.
- Networking among relevant NGOs to establish and facilitate appropriate mechanisms for income generation for the spouses of drug users.
- The availability of a wider range of accessible female-friendly services including reproductive health, family planning, counseling etc.
- Promoting awareness of existing non-profit education institutions which provide low-cost, quality education. The option of adult literacy classes should also be made available to the spouses of drug users.

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