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# **Annexure: 1**

## **South Asia Knowledge, Attitude and Practice in Drug Users (SAKAPiDU) Questionnaire**

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### **Background**

The United Nations Office on Drugs and Crime, Regional Office for South Asia, Project AD/RAS/01/G23 (“Networking for reducing risk-taking behavior related to drug abuse and HIV/AIDS amongst young people in South Asia”) envisaged an activity – Support small research initiatives in behaviour change in South Asia, which will baseline existing behaviour among vulnerable youth and use peer led intervention mechanisms based on behaviour change communication and other skills to address risk-reduction.

For the purpose, the project team designed an intervention protocol which incorporated the elements of outreach, peer education, capacity building of service providers, supporting the partner agencies providing services for a certain period of time, networking in the community, and setting up self-help groups. As a measure of effectiveness of this intervention, it was necessary to document the baseline level of knowledge, attitude and practices among drug users as well as the changes therein following the intervention.

The project team began by conducting a review of existing published literature on the issue. Many studies involving assessment of knowledge attitude and practice of drug users were reviewed. It was clear from the literature search that most of the published studies were from the developed countries. The focus of assessment also differed from study to study; while some focussed extensively on drug use related behaviours in a non-drug using population, others focussed primarily on sexual behaviours in drug using and/or non-drug using population. Important indicators/variables were then identified which would indicate presence of high-risk behaviours and which were also ‘modifiable’ following intervention. Taking into consideration the level of expertise and/or training required to administer the already existing questionnaires, the resource constraints and the requirements of the project, it was decided to design a questionnaire which would be relevant to the South Asian region. We decided to incorporate only the most important of the drug use and sexual behaviour related variables.

### **Highlights of the questionnaire:**

- ◆ Target Population: As per the project requirements the target population for the questionnaire are drug users, identified and recruited on the street.
- ◆ The questionnaire provides adequate information to enable us to get a comprehensive picture of risk profile of the individual.

- ◆ The questionnaire is brief and concise to enable the interviewer to complete the interview within a reasonable period of time (40 to 50 minutes).
- ◆ Since target population is expected to be a mixed one with respect to literacy levels an interviewer-administered questionnaire was regarded more appropriate rather than a self-administered one.
- ◆ The language and format of the questionnaire has been kept simple, considering the expected level of expertise of the interviewers.
- ◆ As per the intervention protocol, the questionnaire will be translated in the local language, back translated into English and then compared with the original English version. This will ensure the ease of administration to a predominantly non-English speaking population.
- ◆ All the variables in the questionnaire, in strict statistical terms, are categorical in nature. Following analysis, it will be possible to comment upon frequency of a variable in the sample (e.g. number of subjects reporting sharing of needles in last instance of injecting) but for an individual subject an assessment of severity of risk behaviour in quantitative terms is not being made. In other words the research design permits comparison of whole groups (Pre- and Post- intervention) but not of the individual subject. However it will still be possible to comment upon change (or lack of it) in risk behaviour in an individual post-intervention (on reassessment) on some parameters.
- ◆ All the questions are pre-coded, minimising the need for the interviewer to note down a response. This will also make the task of data entry and subsequent analysis easier. In selected questions, however, there is provision for noting the response of the subject as well.
- ◆ The focus is on drug using behaviour (which itself is seen as a risk behaviour) hence no attempt is being made to ‘diagnose’ the subject as suffering from ‘abuse’ or ‘dependence.’ Rather, the actual drug use behaviour (which drug is being used, frequency, age at onset, mode of administration) is being looked for, which has more direct relevance to risk of HIV/AIDS.
- ◆ The questionnaire has 4 sections: Demographic parameters (8 Items), Drug use (8 Items), Sexual Behaviour, (17 Items) and HIV/AIDS awareness/attitude (18 Items).
- ◆ An instruction manual describing the individual questions and defining the possible responses has also been prepared.