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HIV testing experience of drug users in Bali, Indonesia

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Abstract

Recently, large increases have been noted in injection drug use and HIV prevalence among drug users in Indonesia. The objective of this study was to examine the experience of drug users with HIV testing in Bali, Indonesia. In-depth interviews were conducted with a sample of 40 drug users who had injected heroin in the Denpasar, Bali area. The users' experience with testing highlighted the importance of pre- and post-test counselling that provides clear information, confidentiality and assistance in developing social support.

Introduction

HIV counselling and testing has an important role in bringing HIV positive drug users into medical care and in increasing preventive behaviours among both HIV positive and negative users (Downing et al., 2001; Wolitski et al., 1997). The quality of the counselling and testing may affect the acceptance of treatment and the continuation of risk behaviours. The objective of this study is to describe the HIV testing experience of drug users in Bali, Indonesia.

Indonesia, the world's fourth most populous country, is an example of how quickly an epidemic can spread (UNAIDS, 2003). After more than a decade of low HIV prevalence rates, the country is now seeing infection rates increase rapidly among injecting drug users and sex workers, in some places along with an exponential rise in infection among blood donors (an indication of HIV spread in the population at large) (Wirawan, 2002). In 1987, the first AIDS case was found and seroprevalence remained low until 1999. In 2000, the number of AIDS cases tripled and this trend has continued (Ministry of Health, 2002). Recent studies of drug using communities have found seroprevalence rates of 40–53% while those of sex workers are also increasing (6–26%). At one drug treatment centre in Jakarta, HIV prevalence rose from 15.4% in 2000 to more than 40% by mid-2001 (UNAIDS, 2002).

Drug use in Indonesia

Within the past several years, there has been a large increase in injecting drug use in Indonesia, with at

least 300,000 injecting drug users now estimated among its population of over 200 million. Heroin is the drug most often reported to be used by IDUs. The most common method of using the drug is injection, although 'chasing the dragon' (a method of inhaling the drug while burning it underneath tin foil) has also been reported. At the same time, although the HIV infection rate in Indonesia is lower than in many countries, the majority of the recently reported cases have been among IDUs. Indeed, almost 90% of new cases of HIV/AIDS reported in 2000/2001 were among injecting drug users. Furthermore, in Bali and Java, rates of HIV infection among in-treatment drug users range from 10–50% (Wirawan, 2002).

Assistance to drug users has recently been made available through community based organizations that provide counselling and assistance with rehabilitation. HIV testing is available at several locations in Bali and is available without charge in Denpasar at the Kerti Praja foundation.

Most research on HIV testing among drug users has focused on the factors related to the decision to test (Davis et al., 1997; Eicher et al., 2001; Irwin, 1993; Maman et al., 2001; Soloman et al., 1996; Spielberg et al., 2001; Stein & Nyamathi, 2000) and on risk behaviours of these users. Because the experience of testing may impact the user's later use of health services and health behaviours, research is needed on the experience of HIV testing. This experience includes factors such as the content and quality of the counselling, privacy, general sensitivity to the drug user, and other factors. To

our knowledge, although there have been studies on the HIV risk behaviours of drug users (Eicher et al., 2000; Hien et al., 2001; Nguyen et al., 2001; Maher et al., 2001; Razak et al., 2003), published studies of these testing issues are not available for countries in Southeast Asia. The objective of this study is to describe the HIV testing experience of a sample of drug users in Bali, Indonesia.

Methods

The study design included in-depth interviews with 40 drug users. The drug users were recruited through the counsellors and outreach workers from three community agencies that provide services to drug users. Subjects were eligible for the study if they were over 18 years of age and they were current or former heroin injectors. Field workers from these organizations spoke to drug users about the study and invited them to participate. Both current and former drug users were included in the study because the majority of users who have been tested have not been current users. Participants in these interviews were given a t-shirt for participating. Informed consent was obtained by the interviewers before conducting the interview. HIV testing was available without cost to the participants at the Kerti Praja Clinic. The study was approved by the Institutional Review Boards of the Kerti Praja Foundation and the University of Michigan.

Forty drug users were interviewed face-to-face by two interviewers at community agency sites. The interviews lasted one to two hours. Both interviewers had previous experience with qualitative and quantitative data collection in Bali. The interviewers were native speakers who conducted the interviews in Bahasa Indonesia. Field work was conducted from April through September, 2002.

The questionnaire consisted of a number of open-ended and closed questions on drug use, experience with HIV testing, and a number of close ended questions on AIDS knowledge and sexual behaviour, and perceived susceptibility towards AIDS. Finally, the questionnaire included a number of closed questions on demographics including age and migration history. These questions were included to provide a description of the study population.

The questionnaire was developed in English, translated into Bahasa Indonesia, and translated back again. The questionnaire was pretested on several persons before use. Responses were written verbatim.

Responses to open-ended questions were reviewed in Bali for common themes by the investigators for the study. Common themes were identified in the

responses and coded into categories for each study question. The coding was completed in Bali by native speakers.

Results

Demographics

The study sample was a young adult population with 42.5% under 25, 32.5% 25–29, and 10% 30 or more. Most were not married (75%) while others were married (17.5%) or divorced or separated (7.5%). The majority of respondents were either born in Bali (35%) or had been there more than one year (47.5%). The majority of users were of the Muslim religion (57%) followed by Christians (25%) and Hindus (17%). More than 70% had at least some high school and 20% had been to the university. Forty percent of the respondents reported that they were unemployed and one respondent reported his occupation as a drug seller.

Half of the sample were former drug users and half were active users. Almost half of the sample had been tested for HIV (47%) and 47% of those persons were HIV positive. In the sample that tested for HIV (19 individuals), only 5 (26.3%) were active users, while the majority were former users (73.7%).

Most of the subjects started using drugs in junior high school (47.5%). Users primarily reported marijuana (35%), or heroin (35%) as their first drug experience. Sixty-five percent stated that injection was their first method for using drugs. The main substances users had ever injected included heroin (100%) and methamphetamines (57.5%). All of the people in the study reported sharing needles at some point in their lives. Nearly fifty percent of all users and 55.6% of the HIV+ individuals, stated that they shared needles frequently.

Motivation and procedure for HIV testing

The desire to know one's own health status was the main reason individuals sought HIV testing (47.4%). Some, however, were required to have testing by the hospital (26.4%). Others were motivated by the knowledge of their at risk behaviours such as sharing needles (21.1%). The majority stated that the test was strictly voluntary (68.4%), but a few were required by their hospital or rehabilitation programme (21.1%) or asked by their relatives (10.5%).

Most of the individuals received information about testing and testing sites from NGO Outreach workers and staff (63.2%). A few noted medical staff (15.8%), rehabilitation staff (10.5%), and girlfriends (10.5%) as their source of information.

Table I addresses the procedures and counselling for the HIV tests. All of the respondents received HIV tests using blood, and they were divided almost evenly between NGO doctors taking the blood sample (52.6%) or medical personnel (47.5%). Interestingly, only 20% of current users went to an NGO doctor, compared to 64.3% of former users. Pre- and post-test counselling was given by the NGO (42.1%) or a doctor at a hospital (15.8%). Among 42.1% of the respondents, however, no individual counselling was reported. These users may have received group counselling at the rehab centre.

Table I. Demographic and drug using characteristics of sample.

Variables	Frequency	Percent of total population
Age groups		
<25	17	42.5
25–29	13	32.5
30+	10	25
Marital Status		
Married	7	17.5
Divorced/separated	3	7.5
Not married	30	75
Gender		
Male	35	87.5
Female	5	12.5
Length of stay in Bali		
Since birth	14	35
1 month – <6 months	6	15
6 months – <1 yr	1	2.5
1 yr +	19	47.5
Religion		
Muslim	23	57.5
Christian	10	25
Hindu	7	17.5
Education level		
Elementary	6	15
Junior high school	5	12.5
Senior high school	21	52.5
University	8	20
Occupation		
Private sector	1	2.5
Trade	6	15
Student	1	2.5
Tailor/garment/handicraft	2	5
Other	13	32.5
Unemployed	16	40
Selling drugs	1	2.5
Drug use status		
Active user	20	50
Former user	20	50
HIV testing status		
Ever tested	19	47.5
Never tested	21	52.5
HIV status of tested persons		
Positive	9	47.4
Negative	10	52.6

The main focus of the pre-test counselling sessions was preparing the recipients for the test results, whether positive or negative (42.1%). Another large component was a general discussion of HIV, including modes of transmission, risk behaviours, and methods of protection (31.6%). Certain specific risk behaviours were also targeted including: cleaning needles and not sharing them (15.8%); condom use (10.5%); and screening for other diseases (5.3%). Other topics of discussion ranged from confidentiality (15.8%) and informed consent (10.5%) to medication availability (15.8%) and prayer (5.3%).

Many respondents reported feeling unconcerned after being tested and counselled. They said that it was ‘nothing special’, they ‘expected a negative results’ or that they ‘had no fear’ (42.1%). Others were frightened about a positive HIV test, they had a lot of ‘fear and confusion’, they were ‘afraid and depressed’ or ‘stressed’ (31.6%). Finally, some respondents stated that they were fatalistic, or ‘what will be, will be’ (15.8%).

When asked about the confidentiality of the test, a variety of responses were given with a relatively even spread. Some individuals reported a coding system where no names were required (31.6%). There were also places where names were required, but confidentiality was maintained (21.6%). There were a number who reported poor confidentiality, however. Some noted that people knew their results before they themselves were informed (15.8%) or that there was simply no confidentiality (10.5%). There were also those who simply did not care about confidentiality at the time of the test due to withdrawal symptoms (21.1%).

When asked how they felt during the waiting period between test and results, many respondents noted that they felt no major emotional change ‘it was usual, the same as before’ (47.37%). There did seem to be a number of people, however, who reported fear (31.58%), stress (26.32%), and difficulty sleeping (21.05%). A few noted anger (5.26%), confusion (5.26%), and embarrassment (5.26%). Many of the individuals chose to talk about HIV or their test during the waiting period, mostly to their parents (31.58%) or their friends (42.1%). A portion of the respondents, however, spoke to no one about the test (31.58%).

Test results

Table II addresses the results of the HIV tests administered to the study sample. Most respondents returned to receive their results in one to two weeks (94.7%). For many of them, their results were available at a public health centre or rehabilitation site (42.1%). When asked who read the results,

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Table II. Drug use history.

	Total (%)	Current users (%)	Former users (%)	HIV positive (%)
<i>When did you first take drugs?</i>				
Junior high school, level 1 – 3/age 11–15 or less	60.0	55	65	66.66
High school, level 1 – 3/ age 16–20	20.0	15	25	33.33
Age 21 or more	20.0	30	10	11.11
<i>What did you take?</i>				
Marihuana	35.0	20	50	55.56
Koplo/Nipam/Nitrazepam	22.5	15	30	22.22
Heroin	35.0	55	15	11.11
<i>How long did you take it?</i>				
1 week – 1.5 years	27.5	25	30	44.44
2-5 years	27.5	30	25	22.22
6 years or more	47.5	15	30	11.11
<i>Drugs used after the first drug.</i>				
Heroin	67.5	45	90	88.89
Koplo/Nipam/Nitrazepam/BK	42.5	45	40	33.33
Shabu-shabu	75.0	65	85	77.78
Ecstasy	70.0	55	85	88.89
Cocain	37.5	25	50	55.56
Hasish	35.0	25	45	44.44
Marihuana	55.0	65	45	55.56
LSD	17.5	10	25	22.22
Mushroom	15.0	15	15	11.11
Alcohol	22.5	15	30	44.44
Lexothane	17.5	30	5	0
<i>Who do you use drugs with?</i>				
Friends	97.5	95	100	100.00
Boy/girlfriend/Husband	20.0	15	25	22.22
Brother/sister/cousins	17.5	10	25	11.11
<i>Did you start with injection?</i>				
Yes, injection first method	65	55	75	88.89
<i>What drugs have you injected?</i>				
Heroin	100	100	100	100
Shabu-Shabu or methamphetamines	57.5	40	75	66.67
Cocaine	10.0	10	10	11.11
<i>Where do you get your needles?</i>				
Buy at the pharmacies	100	100	100	100
From a friend	60.0	45	75	77.78
From NGO	40.0	70	10	22.22
<i>Do you clean your needles?</i>				
Yes, with ordinary water/aquabicides	85.0	90	80	77.78
Yes, with alcohol	12.5	10	15	11.11
Yes, sometimes with bleach	22.5	35	10	22.22
<i>Do you share your needles?</i>				
Yes	95.0	90	100	100
Yes before, now never	5.0	10	0	0
<i>Have you ever tried to stop using drugs?</i>				
Yes, try to stop using on my own/left me in withdrawal	32.5	50	15	22.22
Yes, reduced the use of heroin slowly	5.0	5	5	11.11
Yes, changed heroin with another drug (alcohol, shabu-shabu)	12.5	10	15	11.11
Yes, went to the rehabilitation centre/foundation/religious retreat	57.5	35	80	88.89
Yes, went to psychiatric doctor/hospital	40.0	20	60	66.67
Yes, went to parents' house/another place	27.5	25	30	22.22
Yes, by being a peer/avoiding environment	27.5	25	30	22.22
Never went to rehabilitation center	10.0	15	5	11.11
<i>Do you ever pay partners for sex?</i>				
Yes	52.5	55	50	44.44
<i>Do partners ever pay you for sex?</i>				
Yes	30	25	35	33.33
N	40	20	20	9

47.4% reported hearing them from a counsellor. Others received their results from a doctor (21.0%), rehabilitation director (21.0%), or foundation staff member (10.5%).

When asked about post-test counselling, 47.4% of the sample reported that they discussed feelings about the result with the counsellor after hearing the test result. For other individuals, the results were explained by a relative, either parent or sibling (15.8%). In some cases, no explanation accompanied the results (10.5%). Of the 19 individuals tested, 47.4% received a positive result for HIV. When asked whether the result had been expected, most responded that they either predicted the other result (31.6%) or had no prediction originally (31.6%). Some did note, however, that they realized sharing needles was risky, and they took this into account when getting tested (21.0%).

When asked about their feelings after hearing the results, those who were HIV positive reported depression, crying, and 'I felt that my life was over' (26.3%) and disappointment (26.3%) as their main emotions. Some did say they were not surprised (10.5%), they felt 'nothing special' because they expected the results. Those whose results were negative were happy (42.1%) and 'thanked God' (10.5%) for the most part. There were a few people that reported disappointment in a positive Hepatitis C result despite the negative HIV status (15.8%). Other reported that they felt 'nothing special'.

The main topics of discussion for the HIV+ respondents after hearing their result were maintaining a healthy lifestyle (26.3%), methods to reduce transmission to others (15.8%), and advice to stop

sharing needles (10.5%). For those who were HIV-, they discussed lowering risk behaviours (31.6%), retesting in six months (21.0%), and the importance of prevention even though medications are now available for HIV (15.8%). Those with positive results generally felt that the discussions were useful because they provided support and information (26.3%), increased their knowledge of AIDS (15.8%), and reduced the stress of feeling alone (10.5%). There were a few people that felt they were not well prepared for a positive result, and the after discussion did not improve their emotional state (10.5%). There was also 'no medication' at that site. Those with a negative result also reported that talking was useful, because it provided them with more information and decreased the feeling that 'they were alone'. There were also a few individuals who reported that no post-test counselling was provided (21.0%).

Except for a few people with negative results (15.8%), almost all of the individuals shared their test results with someone. Most shared their results with friends (52.6%) or a parent (47.4%), although siblings (31.6%) and friends from a rehabilitation centre (26.3%) were also among the informed. When asked if their lives had changed in any way following the test, an overwhelming majority reported that they had (84.2%). This involved 100% of those who were HIV+, and all but a few who were HIV-.

Table II also examines the ways in which people's lives changed following the HIV test. Those with positive results reported decreased risky drug use behaviour (50%), general health improvement (50%), and decreased risky sexual behaviour

Table III. Motivation for HIV testing

Response	Total (%)	Current users (%)	Former users (%)	HIV positive (%)
<i>Decision to test:</i>				
Required by hospital/routine procedure	36.9	60	28.5	22.2
Sometimes share needles	21.1	0	28.6	33.3
Did not believe earlier results	15.8	20	14.3	33.3
Wanted to know health status	47.4	40	50.0	55.6
Girlfriend or family member wanted them to get tested	15.8	20	14.3	11.1
Have tattoo	5.3	0	7.1	0
Received education about HIV	15.8	0	21.4	33.3
<i>Nature of testing:</i>				
Strictly voluntary	68.4	40	78.6	88.9
Part of rehab, hospital rule or programme	21.1	40	14.3	11.1
Asked by relatives	10.5	20	7.1	0
<i>Source of info about testing/testing site:</i>				
NGO Outreach and Staff	63.2	40	71.4	88.9
Rehab staff	10.5	20	7.1	0
Medical Staff	15.8	40	7.1	0
Girlfriend	10.5	0	14.3	11.1
Total	19	5	14	9

Table IV. Procedures and counselling for HIV testing.

Response	Total (%)	Current users (%)	Former users (%)	HIV positive (%)
Type of HIV test: Blood	100	100	100	100
<i>Who took your blood sample?</i>				
NGO doctor	52.6	20	64.3	77.8
Medical Personnel	47.5	80	35.6	22.2
<i>Who gave the counselling?</i>				
No individual counselling	42.1	60	35.7	33.3
Counsellor at NGO	42.1	20	50.0	55.6
Doctor at hospital	15.8	20	14.3	11.1
<i>What was discussed in counselling?</i>				
Mental preparation if result is positive	15.8	20	14.3	11.1
Planning what to do if result is positive or negative	42.1	20	50.0	44.4
Modes of transmission, risk behaviours, protection from HIV	31.6	0	42.9	33.3
Prayer	5.3	20	0	0
Sharing needles	10.5	0	14.3	11.1
Condom use	10.5	0	14.3	11.1
Cleaning needles and not sharing	15.8	20	14.3	11.1
Keeping healthy	5.3	0	7.1	11.1
Medication, referral to doctor or clinic	15.8	0	21.4	33.3
Informed consent	10.5	20	7.1	11.1
Confidentiality	15.8	0	21.4	22.2
Screening for other diseases	5.3	0	7.1	0
<i>How did you feel after you left?</i>				
Unconcerned	42.1	40	42.9	77.8
Fatalistic, what will be will be	15.8	20	14.3	11.1
Scared/ worried about HIV/other diseases	31.6	0	42.8	11.1
<i>Confidentiality of HIV test?</i>				
No name required only code	31.6	0	42.9	44.4
Other people knew about results when respondent did not inform them	15.8	20	14.3	33.3
Test done in rehab center so results were given in a group	5.3	0	7.1	0
Confidentiality was good	21.1	20	21.4	22.2
Did not care at the time, in withdrawal	21.1	40	14.3	0
Name required but confidentiality was still good	21.1	0	28.6	22.2
Name required, no confidentiality	10.5	20	7.1	11.1
<i>How did you feel?</i>				
It was usual, the same as before	47.37	80	35.71	66.67
Thought about it sometimes	5.26	0	7.14	11.11
Stressed	26.32	0	35.71	0
Could not sleep/difficult to sleep	21.05	0	28.57	0
Worried, anxious, afraid	31.58	0	42.86	33.33
Not really care about that	10.53	20	7.14	0
Confusion, flurry	5.26	0	7.14	11.11
Shy, embarrassed	5.26	0	7.14	0
Feel nothing, still in withdrawal	5.26	20	0	0
Thinking about the future	5.26	0	7.14	11.11
Remember bad things which ever happened	5.26	0	7.14	0
Angry to myself	5.26	0	7.14	0
<i>Did you talk to anyone about HIV/test during the waiting period?</i>				
Yes, with father/mother	31.58	20	35.71	11.11
Yes, with old/young brother/sister	5.26	0	7.14	0
Yes, with friends	42.10	40	42.85	44.44
Yes, with boy/girl friend	5.26	0	7.14	0
Yes, with the counsellor	5.26	0	7.14	11.11
No	31.58	60	21.43	33.33
No, but the friends were asking about it	5.26	0	7.14	0
Total	19	5	14	9

Table V. Experience of receiving results.

Response	Total (%)	Current users (%)	Former users (%)	HIV positive (%)
<i>When did you go back for results?</i>				
1 week–2 weeks	94.74	80	100	100
More than 3 weeks	5.26	20	0	0
<i>Where did you go for result?</i>				
Stay in public health centre/rehabilitation site	42.11	40	42.11	44.44
Wait for at home	5.26	20	0	0
<i>Who gave the results?</i>				
Foundation staff	10.53	0	14.29	22.22
Rehabilitation director	21.05	0	28.57	33.33
Counsellor	47.37	20	57.14	77.78
Doctor who took the blood sample	5.26	0	7.14	0
The parents	10.53	20	7.14	0
Nurse	5.26	0	7.14	0
Doctor	21.05	60	7.14	11.11
Don't remember who gave it	5.26	0	7.14	0
<i>How was the result explained?</i>				
No further explanation – give result and leave	10.53	20	7.14	11.11
Met later for more information, support	5.26	0	7.14	11.11
Counsellor knew when to talk and when to be quiet	5.26	20	0	11.11
Asked about feelings about positive and negative result	47.37	0	64.09	55.56
Explained by relative, brother, parent, counsellor talked to parents	15.79	40	7.14	0
Told to look after health/stop using drugs	10.53	20	7.14	11.11
Explained what to do especially about life pattern	10.53	0	14.29	11.11
<i>What was the result?</i>				
Positive	47.37	20	57.14	100
Negative	52.63	80	42.86	0
<i>Was this the result you were expecting?</i>				
Yes, use condoms with sex workers	5.26	20	0	0
Don't know, no prediction	31.58	60	21.43	0
As predicted	10.53	0	14.29	22.22
No, expected other result	31.58	20	35.71	44.44
Feel very risky sharing needles	21.05	0	28.57	33.33
<i>How did you feel after receiving the result?</i>				
<i>Positive Result</i>				
Depressed, crying, unhappy, life is over	26.32	0	35.71	55.56
Disappointed to be positive, but result expected	26.32	20	28.57	55.56
Not surprised, nothing special	10.53	0	14.29	22.22
<i>Negative Result</i>				
Happy, comfortable	42.11	60	35.71	0
Nothing special	10.53	40	0	0
Unhappy that Hep C was positive	15.79	0	21.43	0
Thank God	10.53	40	0	0
<i>What was discussed after receiving the results?</i>				
<i>Positive Result</i>				
Joining support group, Bali +	5.26	20	0	11.11
No discussion then, meetings were held later	10.53	0	14.29	22.22
Asked what will you do	10.53	0	14.29	22.22
Keep healthy, reduce cigarette use, exercise	26.32	0	35.71	55.56
Join support group	5.26	0	7.14	11.11
Medication, Thailand	5.26	0	7.14	11.11
Stop sharing needles	10.53	20	7.14	0
Be careful to prevent spreading to other person	15.79	0	21.43	33.33
Prevention of opportunistic infection	5.26	0	7.14	11.11
Try to stop using drugs	5.26	0	7.14	11.11
<i>Negative Result</i>				
Asked to keep behaviour low risk, don't share needles, stop using drugs	31.58	20	35.71	0
Window period – retest in 6 months	21.05	0	28.57	0
Future plans, day care, support groups, services	5.26	0	7.14	0

Table V (Continued)

Response	Total (%)	Current users (%)	Former users (%)	HIV positive (%)
Explained Hep C, don't get tired, take vitamins	5.26	0	7.14	0
Better to prevent HIV even though medication is available	15.79	20	14.29	0
No discussion	15.79	60	0	0
<i>Was talking useful?</i>				
<i>Positive Result</i>				
No, peers provide better support	5.26	0	7.14	11.11
No, no medication for me at testing location	5.26	0	7.14	11.11
No, did not prepare respondent for positive result	10.53	0	14.29	22.22
Yes, increased knowledge of AIDS, transmission	15.79	0	21.43	22.22
Yes, provided support and information	26.32	20	28.57	55.56
Yes, HIV+ life can be good, useful	10.53	0	14.29	22.22
Yes, reduced stress of feeling alone	10.53	0	14.29	22.22
<i>Negative Result</i>				
Yes, reduced stress of feeling alone	15.79	20	14.29	0
No counselling provided	21.05	60	7.14	0
Yes, provided information about test result	15.79	0	21.43	0
<i>Who did you share your results with?</i>				
Parents	47.37	40	50.00	44.44
Friends	52.63	20	64.29	55.56
Brother/Sister	31.58	40	28.57	33.33
Girlfriend	15.79	20	14.29	0
Extended family	5.26	0	7.14	0
Buddy in rehab centre	26.32	0	35.71	55.56
No one	15.79	40	7.14	0
<i>After this HIV test, did anything change in your life?</i>				
Yes	84.21	60	92.86	100
No	15.79	40	7.14	0
<i>After this HIV test, did anything change in your life?</i>				
<i>Positive Result</i>				
Decreased risky sexual behaviour	37.50	0	46.15	66.67
Decreased risky drug use behaviour	50.00	33.33	53.84	88.89
General health improvement	50.00	0	61.53	88.89
Became a peer educator	6.25	0	7.69	11.11
Still use drugs and share needles	6.25	0	7.69	11.11
Was not ready to receive earlier test	6.25	0	7.69	11.11
<i>Negative Result</i>				
Decreased risky sexual behaviour	50.00	100	38.46	0
Decreased risky drug use behaviour	43.75	100	30.76	0
General Health improvement	31.25	33.33	30.76	0
<i>Have you ever had an HIV test that caused you to change your beliefs or behaviour?</i>				
Used condoms	36.36	0	44.44	40
Don't share needles	36.36	50	33.33	40
Became involved in counselling	18.18	0	22.22	20
Counselling contributed to changes in behaviour	72.72	50	77.78	60
Negative result – more motivated to protect self	18.18	50	11.11	0
Stop having sex	9.09	50	0	20
Believe to the lab facility	9.09	0	11.11	20
Post test support is important to make changes	9.09	0	11.11	20
Try to stop using drugs	9.09	0	11.11	20
No	9.09	0	11.11	0
<i>How many times have you tested in your life?</i>				
1 ×	0	0	0	0
2 ×	27.27	50	22.22	40
3 ×	54.55	0	66.67	40
4 ×	18.18	50	11.11	20
Total	11	2	9	5

Table VI. Responses of drug users who did not test

Response	Total (%)	Current users (%)	Former users (%)
<i>Why were you thinking about testing?</i>			
Approached by NGO staff	33.33	41.67	16.67
Aware of risky behaviour	72.22	66.67	83.33
Told to have a test by doctor, outreach worker, friends	22.22	16.67	33.33
Want to know if have disease or not	5.56	8.33	0
Involved in peer training	5.56	8.33	0
<i>How did you hear about it?</i>			
From NGO	33.33	33.33	33.33
From outreach worker (Hatihati Foundation)	61.11	83.33	16.67
From a doctor/counsellor	22.22	8.33	50.00
Read books/literature	11.11	0	16.67
From a friend	11.11	8.33	33.33
From boy/girlfriend	5.56	0	16.67
<i>Why did you decide not to test?</i>			
Busy with job	11.11	8.33	16.67
Don't have money	16.67	16.67	16.67
Don't know where to go/cost	27.78	33.33	16.67
Afraid of positive result	27.78	25.00	33.33
Being told not to test until 'clean' for 3 months	5.56	0	16.67
Not ready to receive test result	16.67	8.33	33.33
Because the outreach did not pick them up	16.67	25.00	0
Still thinking about that	16.67	25.00	0
Don't have support from husband	5.56	8.33	0
In withdrawal	5.56	8.33	0
<i>What do you think would happen if you did test?</i>			
Have not thought that far	5.56	0	16.67
More careful when having sex	5.56	0	16.67
More careful in needle use	11.11	8.33	16.67
Can protect family if positive	11.11	8.33	16.67
Depressed if test positive	50.00	50.00	50.00
If know the status, life would change as instructed with doctor	5.56	8.33	0
Cannot sleep, always think would it be positive or negative	5.56	8.33	0
Don't know	11.11	16.67	0
If positive, must try not to transmit the infection to the family, not get married	11.11	16.67	0
If positive, can take care my health	16.67	16.67	16.67
If positive, can stop using drugs	5.56	8.33	0
If positive, better to suicide	11.11	8.33	16.67
If negative, try to protect ourselves	11.11	8.33	16.67
If negative, would be pleased	11.11	8.33	16.67
If negative, being careful on sexual intercourse, using needle and syringe	11.11	8.33	16.67
If negative, would go away from Bali, so can stop using drug	5.56	8.33	0
If negative, thanks to God, still have chance to marry	5.56	8.33	0
Total	18	12	6

(37.5%). The individuals with negative test results indicated the same changes with 50% decreasing risky sexual behaviour, 43.7% decreasing risky drug use behaviour, and 31.2% improving their general health.

The majority noted that pre and post-test counselling was a contributing force in changing behaviour (72.7%). Several also stated that they started using condoms (36.4%), stopped sharing needles (36.4%), and became involved in counselling themselves (18.2%). Most individuals had been tested for HIV three times in their lives (54.5%). Others had been tested twice (27.3%) or four times (18.2%). No one in the sample had only tested once.

Drug users who did not test

Table III examines the experiences of those drug users who decided not to receive an HIV test. When asked why they were considering being tested, 72.2% said it was because they were aware of their risky behaviour. Others cited being approached by an NGO staff member (33.3%) or doctor (22.2%). Most of the respondents heard about HIV testing from an outreach worker (61.1%), though some were informed through NGOs (33.3%) or doctors (22.2%). There was no one clear response as to why they decided not to get testing. They reported fearing a positive result (27.8%), not knowing where to go (27.8%), not having any money (16.7%), not

Table VII. Responses of drug users who did not test cont.

Response	Total (%)	Current users (%)	Former users (%)
<i>What happened? Why were you offered an HIV testing?</i>			
Don't know	11.76	16.67	0
To know the status of HIV	11.76	8.33	20
Being known usually share needle	58.82	58.33	60
To make us aware, because we are users	11.76	8.33	20
Because outreach workers care	11.76	16.67	0
They are counselling from the foundation	5.88	0	20
<i>Who offered you HIV testing?</i>			
Girl friend, social worker approached me	5.88	0	20
NGO outreach	76.47	91.67	40
Brother/sister	11.76	0	40
Counsellor	11.76	8.33	20
<i>How did they offer you a testing? What do you think about the way they approached you? What are your suggestions?</i>			
Quite good	29.41	25.00	40
It's just being offered, not being forced	35.29	25.00	60
Good	35.29	25.00	60
Relax talking, then being offered HIV testing	23.53	16.67	40
Being explained other information about HIV	11.76	8.33	20
Sympathy, full of empathy	11.76	8.33	20
Flattery should be done intensively	5.88	8.33	0
Explanation incomplete/hard to understand	17.65	25.00	0
The outreach worker cannot keep their promise	17.65	16.67	20
Don't flatter when in withdrawal	5.88	8.33	0
There should be a place to meet, not in the street	5.88	8.33	0
Don't only ask for test, just picked up	5.88	8.33	0
<i>Why didn't you go for testing?</i>			
Broke up with girlfriend	5.88	0	20
In withdrawal when asked to come for testing	11.76	8.33	20
Wait for 'clean' from risk behaviour for 3 months	11.76	0	40
Not ready to receive the test result	23.53	8.33	60
Don't know the place/cost for test	23.53	33.33	0
Don't have money	5.88	8.33	0
Because the outreach did not pick them up	11.76	16.67	0
Still thinking about that	23.53	33.33	0
Don't have strong motivation	11.76	16.67	0
Still afraid	17.65	16.67	20
<i>What do you think would have happened if you had undergone HIV testing?</i>			
Don't think about that	11.76	16.67	0
If know the status, life would change as instructed with doctor	5.88	8.33	0
Cannot sleep, always think would it be positive or negative	5.88	8.33	0
Don't know	17.65	25.00	0
If positive, must try not to transmit the infection to the family, not get married	11.76	8.33	20
If positive, can take care our health	5.88	0	20
If positive, can stop using drugs	17.65	25.00	0
If positive, would be sad, stress, always think about, down	47.06	41.67	60
If positive, better to suicide	11.76	8.33	20
If negative, try to protect ourselves	11.76	8.33	20
If negative, would be pleased	17.65	16.67	20
If negative, being careful on sexual intercourse, using needle and syringe	5.88	0	20
If negative, would go away from Bali, so can stop using drugs	5.88	8.33	0
Total	17	12	5

154 being mentally prepared for a test (16.7%), and that
 155 they were still thinking about the test (16.7%). In
 156 speculating what would happen if they did test, 50%
 157 of the sample indicated that they would feel
 158 depressed if they tested positive. Others indicated
 159 they would improve their general health (16.7%) and
 160 attempt to protect themselves from future infection
 161 (11.1%).

When asked why they were approached for HIV testing, 58.8% responded it was because they were known to share needles (Table VII). Others noted they were approached to know their status of HIV (11.7%) or to make them aware because drug users are a high risk group (11.7%). In 76.5% of instances, respondents were approached by an NGO outreach worker. Others were asked to get tested by a

counsellor (11.7%) or sibling (11.7%). When asked how they felt about the manner in which they were approached, most responded that it was a positive experience (35.3%) or that it was good because the test was not being forced, just offered (35.3%). Some even acknowledged that it was 'quite good' (29.4%). Others found the explanation of the test incomplete and difficult to understand (17.6%).

When asked why they did not go for testing, a number noted that they were not ready to receive a result (23.5%), did not know where to go (23.5%), or they were still considering the option (23.5%). Fear was also a motivating factor for some (17.6%). When considering what would have happened had they undergone testing, 47.1% said they would be depressed and stressed if they received a positive result. Others indicated that they would stop using drugs if their results were positive (17.6%), while some admitted they were unsure of how they would feel (17.6%).

Summary and discussion

This paper has discussed the experience of drug users with drug use and HIV testing in Bali, Indonesia. The reported experience of the drug users shows the difficulty of the testing experience for individuals. High levels of stress and anxiety may accompany the experience. Quality counselling is needed to assist persons receiving test results.

Before pre-test counselling has begun, users need to understand the nature of the test. Sensitive counselling, confidentiality, and assistance in developing social support and dealing with stigma are also important factors. Many users also reported that they reduced risk behaviours after testing regardless of the result, highlighting the value of counselling and testing in prevention efforts.

All users received a blood test for HIV and they had to wait a week or two for results. Many reported this waiting period to be a very stressful time when they were worried and could not sleep. Advances in testing technology will reduce the length of the wait substantially when the tests become available in this area.

Many users appreciated the pre- and post-test counselling that they received. Apart from giving clear information, the sensitivity of the counsellor is an important issue. One respondent reported that the counsellor who gave him his positive results knew 'just when to talk and just when to be quiet'. Both selection and training can contribute to these goals.

Due to the stigma of HIV infection, confidentiality is a crucial issue. Concerns about confidentiality may lead some persons not to undergo testing or to

experience more anxiety. One subject in the study reported that 'people were talking about my result before I knew it'. An assurance of confidentiality would assist people in undergoing the process.

The study has several limitations. Although efforts were made to include injection drug users from several areas in Denpasar, the sample is a convenience sample and the results may not generalize to all users. In addition the sample size is small. Furthermore, the study depends upon self report on a number of sensitive topics that cannot be verified.

Services for drug users have been very limited in this area, although improvements have been made recently. Rehabilitation services have started and there are trial methadone and legal exchange services. HIV testing is available to all persons in Denpasar without charge.

In summary, HIV testing is a difficult experience for drug users. Important factors in testing and counselling that were highlighted in this paper include accurate information, sensitivity of counselling, confidentiality, reducing the wait time, and provision of support.

Programmes in this area could help to promote HIV testing by increasing access to accurate information about AIDS in the drug using population. Although outreach to users already exists, more information needs to be made available to users. This might be done by increasing outreach to users, through media, and through workplace, clinic and community interventions.

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