



HIV NURSING 2019



21-22 September 2019 • Rome, Italy

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Addressing specific needs and rights of Women who Use Drugs Living near the Armed Conflict Zone in Ukraine

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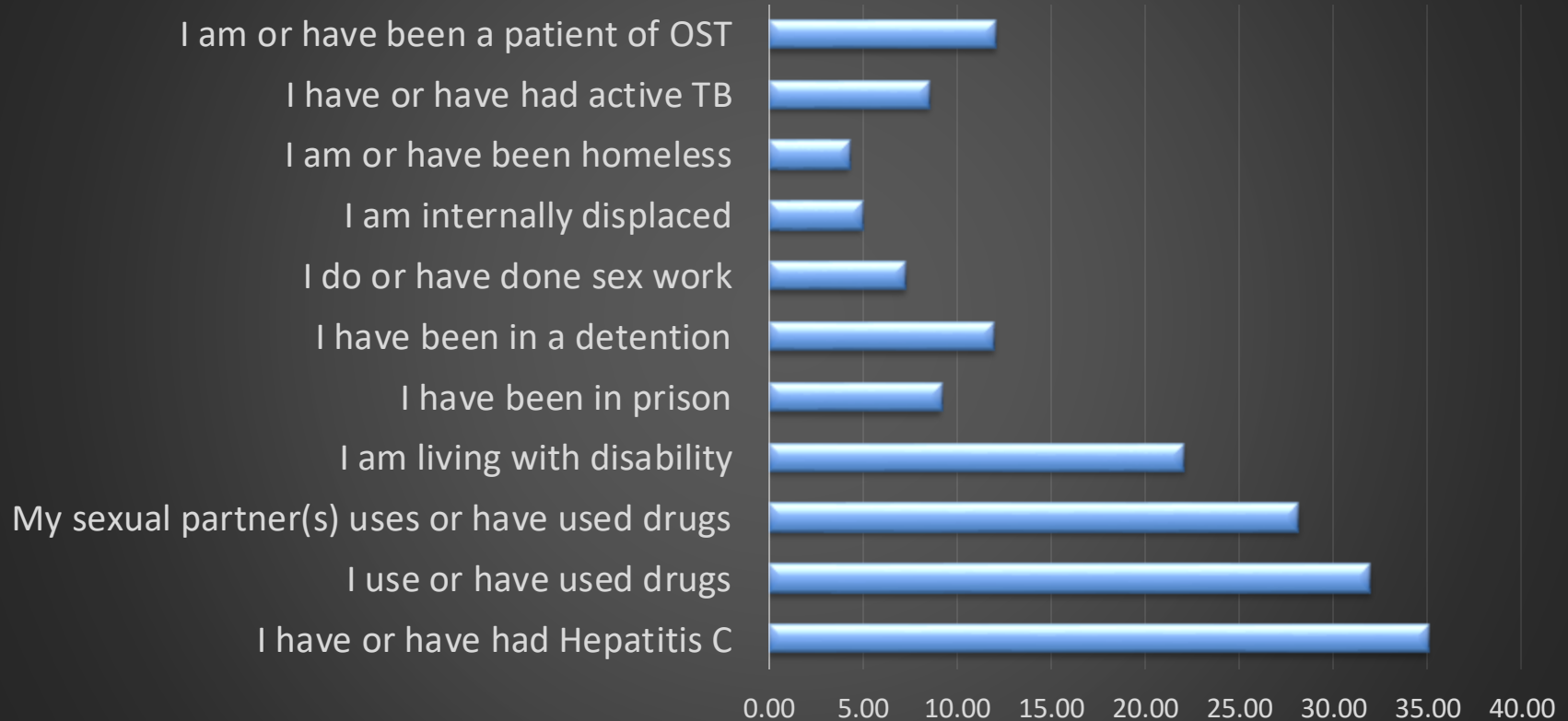
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Women living with HIV in Ukraine

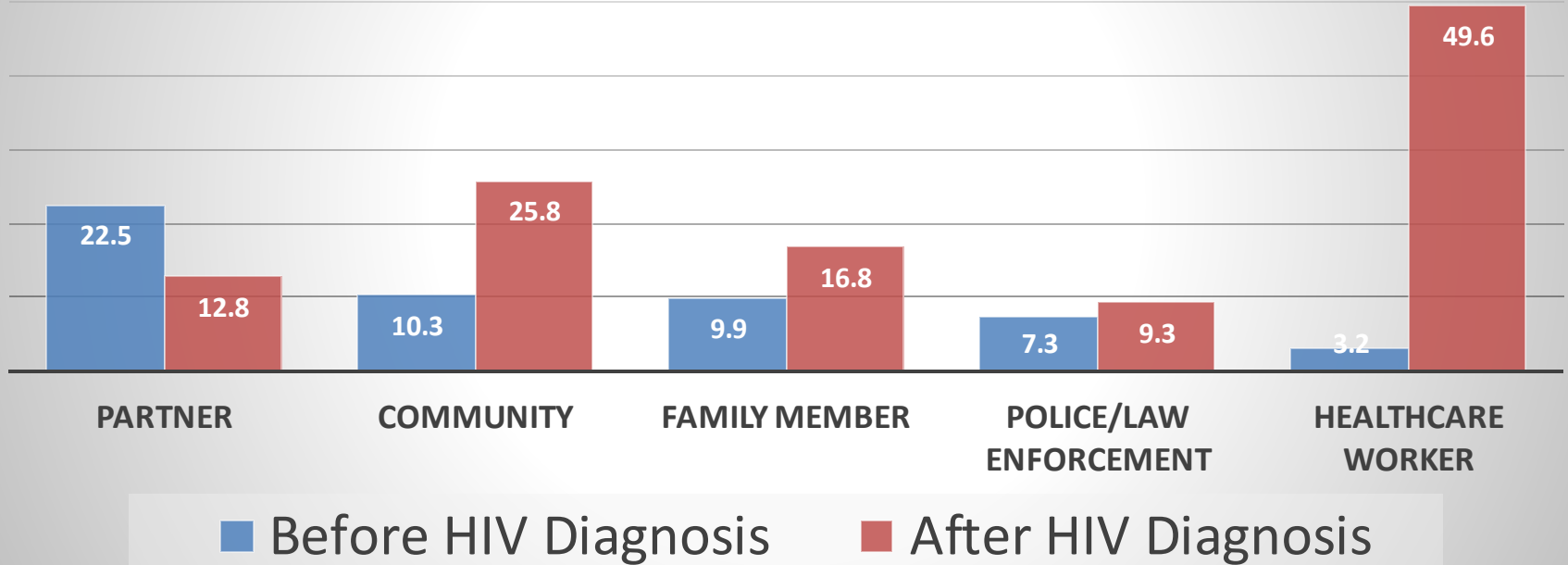
- The predominant majority of respondents (87.4%) are in the reproductive age.
- 32.3% have one or more sexual partners living with HIV, and 29.9% - without HIV.
- 42.3% learned about their HIV status during pregnancy.
- 54.7% gave birth to children after they learned about HIV, of them 15.9% have HIV positive children.
- 7.2% cannot get their partners to use a condom during the intercourse, and another 12.9% can do so only sometimes



Women living with HIV in Ukraine

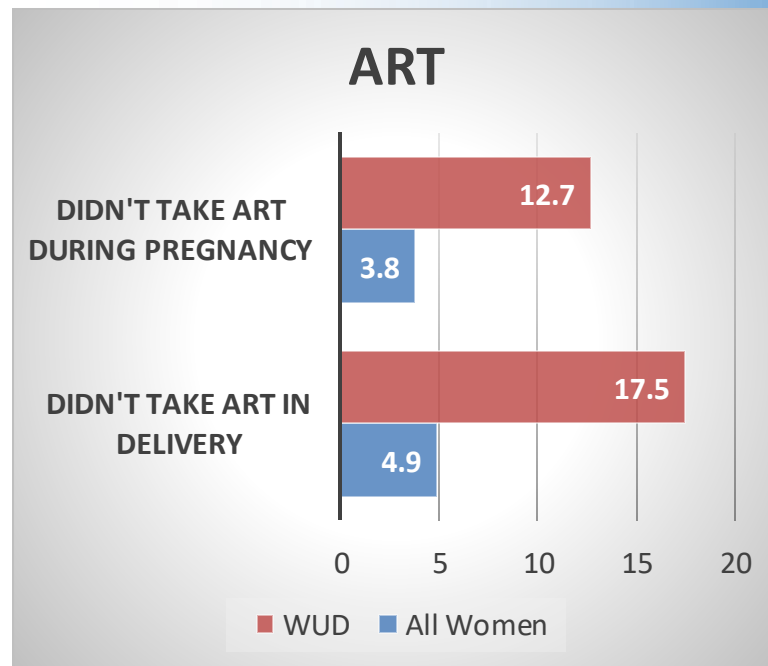
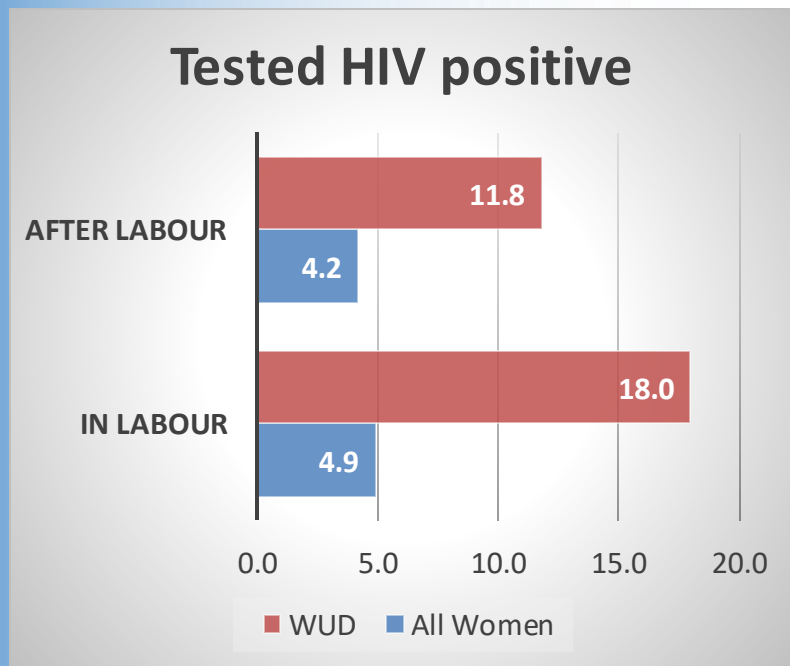


Violence against HIV+ women in Ukraine



Vertical transmission and women who use drugs

Ukraine, 2013



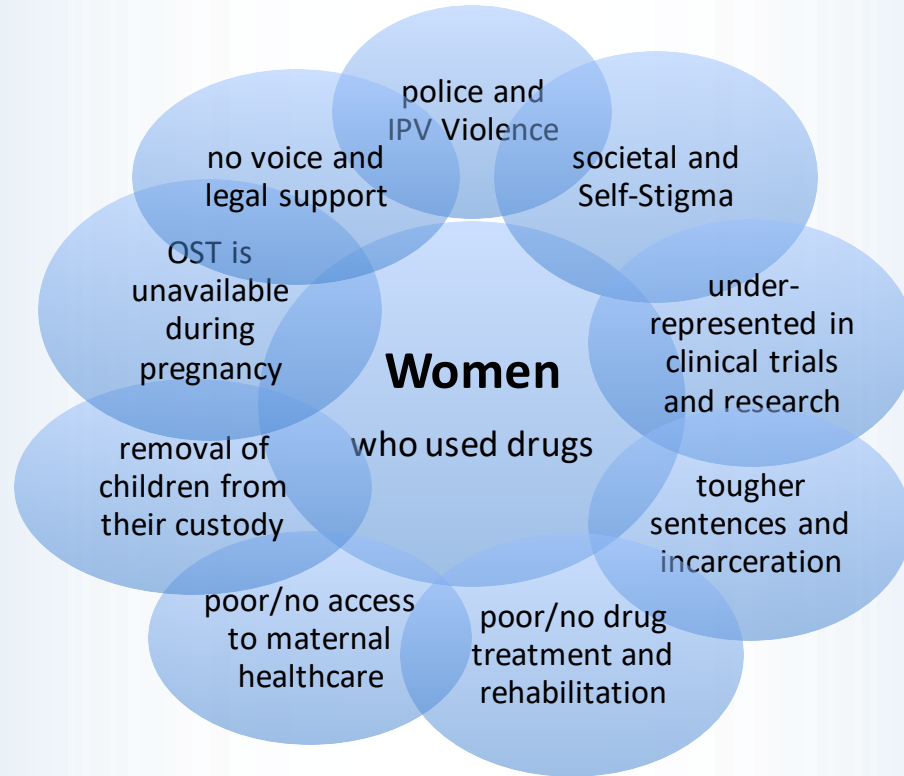
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Gender Lens: Women Who Use Drugs



Realities for Women who use drugs



Armed conflict

- Impact on the degree of vulnerability of women from sexual, physical and economic violence
- Negative impact on the access of people who use drugs to essential health, including HIV treatment and prevention, opioid substitution therapy
- Many women who use drugs displaced and migrated to other parts of Ukraine to avoid the conflict



Community-based Research

Goal of the study:

- to examine the social, cultural and legal barriers to obtaining sexual and reproductive health services for women who use drugs living near the conflict zone in Ukraine.

Study population: women who have experience of drug use, and living near the temporarily occupied territories of Donetsk and Lugansk region, Ukraine.



Community-based Research

Methods

- The study utilized three data collection methods:
- Structured interviews with WUD
- In-depth interviews with WUD
- Inquiries to public health authorities on healthcare provision.



Structured interviews

- Structured, questionnaire-based interviews were conducted with **150 WUD**, each interview of around 60 minutes of duration.
- The questionnaire included over 100 questions grouped in the following blocks:
 - **General socio-demographic information**
 - **History of drug use**
 - **Access to HIV prevention and treatment services and treatment of co-infections**
 - **Sexual and reproductive health**
 - **Sex work**
 - **Violence.**



Socio-demographic characteristics

- **Age:** average 38 years, min. age 18 years, max. age 58 years
- **Language:** For 84,67% Russian was the primary language, and with an exception of one person the others spoke mainly Ukrainian at home.
- **Place of residence:**
 - 91.33% lived in urban settings;
 - **14% of respondents changed their place of residence due to the conflict** and moved to another city, and 4% changed their residence within the same city;
 - 12,67% have status of displaced person, but one quarter of them have no documents to prove it;
 - More than two thirds of displaced persons have not received any support as displaced.



Socio-demographic characteristics (2)

Marital status

- 14.66% married
- 36.66% unofficial marriage
- 16% widows

Children

- 68,67% of respondents had children
- There were 1-2 children average, one woman had 4 children, and one woman had 6 children

Education level

- 18% not finished secondary school
- 21.33% secondary school
- 14.67% professional college
- 22% technical college
- 2% unfinished higher education
- 3.33% higher education.



Socio-demographic characteristics (3)

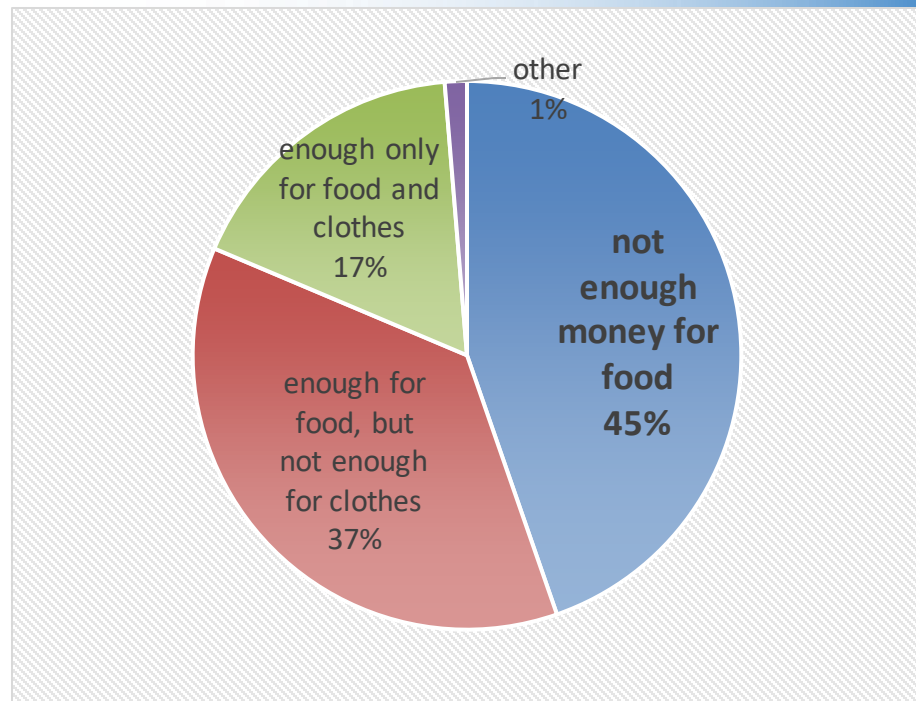
Work status at the moment of the interview:

- 56,7% unemployed
- 7,3% formally employed
- 16% informally employed
- other – 18%

(incl 14,7% who never worked).

Financial status:

- Monthly wage 43-541 USD
- 3867 UAH (142 USD) average



Drug use

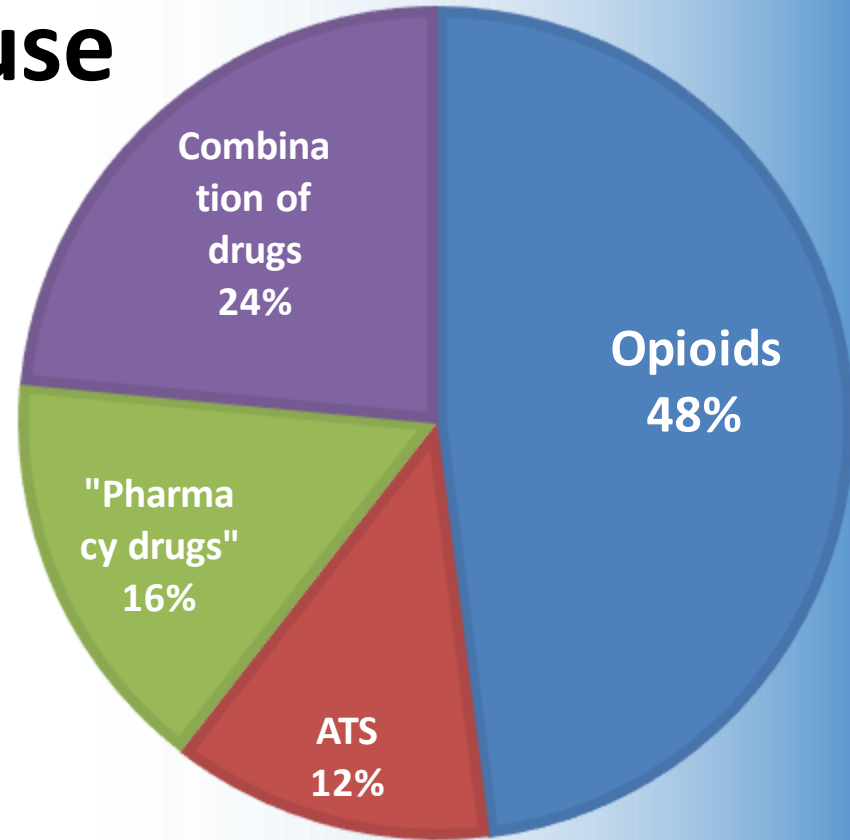
Minimal age of starting drug use 12 years,
average age of drug use initiation - 20 years
old.

Last drug used

- Opioids 48%;
- Amphetamine types stimulants (ATS) 12.5%;
- 'Pharmacy drugs' 16%;
- Others used a combination of drugs at the moment of the last drug use.

Overdose - 29.3% has experienced opioid
overdose at least once

Only 6 persons (4%) received naloxone during
the last 12 months



HIV testing

- Only 1 of 150 respondents never had HIV test
- Only 1 person had self-testing for HIV as the latest test
- Only 6 persons (4%) had their HIV testing by an outreach worker
- 4 persons do not know their HIV test
- Among 66 respondents who indicated that they were HIV negative, 84,85% got testing during the last 12 months
- 5 persons of 66 respondents who indicated that they were HIV negative haven't got an HIV test since April 2014
- 52,67% of respondents are **living with HIV**



ARV treatment (data on the respondents living with HIV)

- 3 persons have not ever been offered ARV treatment
- 12.66% of WLHIV (10 persons) have never received ARV treatment
- 38 persons (48.1% of WLHIV) have at least once stopped taking ARV treatment, 33 of them stopped taking treatment for some time after 2014
- 18 persons (22.78% of WLHIV) have never been tested for viral load
- 62 persons (78.48% of WLHIV) have never been tested for HIV drug resistance



Hepatitis C

- 56% of respondents indicated that they currently had hepatitis C
- 22% persons don't know if they have HCV
- Only 1 person have got treatment free of charge
- 4 persons got treatment for out-of-pocket payments
- 91.86% of respondents who knew that they ever had had hepatitis C had never been treated



Harm reduction

- 11.33 % of respondents did not receive any harm reduction services during the last 12 months
- Only 6 persons (4%) received naloxone during the last 12 months
- Only 5 persons received food through harm reduction services during the last 12 months.



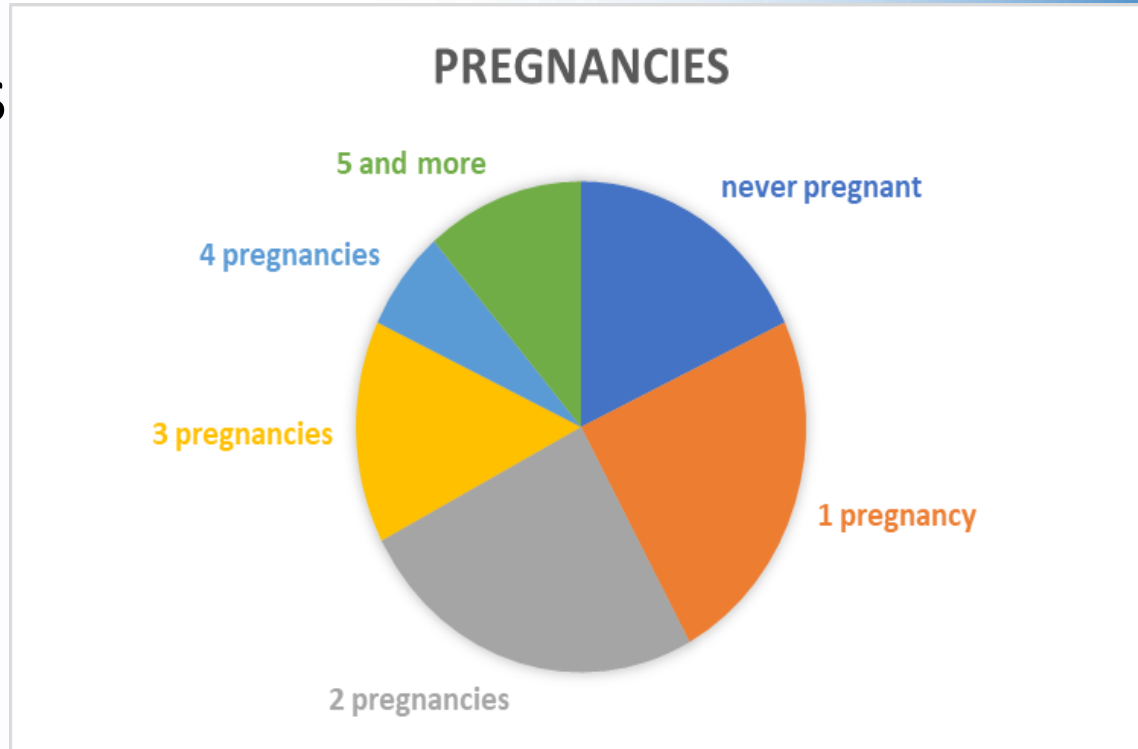
STI testing and treatment

- 39.33% have been never tested for STIs
- Only 10% of those who have been ever tested for STIs, have had their latest STI testing for free
- 79.33% of respondents have never received STI treatment
- None of those who received STI treatment received it free of charge
- 13 persons (8.6% of all respondents) reported that they had non-medically assisted self-treatment
- 33% haven't used any contraception methods during the last 12 months.



Reproductive health

82% of women has pregnancy during their lifetime, and among those who were ever pregnant:



Reproductive health (2)

- 34.67% of respondents reported that they had **abortion**, among which:
 - 8 persons were recommended (by doctors) to have abortion because of drug use,
 - 1 - because she was receiving OST,
 - 1 - because of HIV positive status.
- 5.69% had to pay for the visits to maternity clinic and 4,08% didn't have access because they didn't have permanent registration.
- 3 women started **OST during pregnancy**,
- 10 persons continued OST during pregnancy (they started to receive treatment before it), and 1 person interrupted OST during pregnancy because of doctors advice.
- 16 women (13.01%) didn't accessed OST during pregnancy because they either didn't receive doctor's advice to do so or because OST was not available in the place of their residence.



Sex work

- 36 women (24% of participants) have sex worker experience
- 20% exchanged sex for money, drugs or food during the last 7 days
- Out of 36 persons who were ever involved in sex work, 8 persons have ever provided sex for the police and 6 – for military
- 24 out 36 who were ever involved in sex work were at least once forced to provide sexual services, and 4 persons indicated that it was done by the police
- 17 persons were physically abused while providing sexual services.



Violence

Intimate partner violence

- 35.33% experienced physical violence from their intimate partner
- 14% experienced sexual violence from their intimate partner
- 37 persons (67.27% of those who experienced any form of violence from intimate partner) have called police in case of violence.

Non-intimate partner violence

- 47 persons (31.33%) experienced physical violence (other than intimate partner) but only 7 persons turned to police in this case
- 30 persons (20%) experienced sexual violence (other than intimate partner) but only 3 persons called police in this case.

Crisis centres for women - None of women who experienced violence ever got support from a crisis centre for women or even asked such centre for help.



Deprivation or restriction of parental rights

*"After the divorce, my husband, through the social welfare services, initiated the collection of documents about me being in OST program. **When I used street drugs, he could not prove that I was a drug addict. Then, when I started taking OST, he managed to get a certificate from the drug registry. The Committee decided in father's favor. In fact, my OST treatment was the only reason they did it.** I had housing, I could provide everything necessary for the child's wellbeing. Before the commission meeting, I was asked one question: "How long have you been drug dependent?"*

Taniana, Lisichansk, Lugansk oblast



Non-protection from police violence

«... the doctors *registered that I was beaten and called the police, because this was the procedure. And when the police arrived, one of them was the same one who beat us. When he saw that it was me, he said: **Do you understand that we can take you out of the hospital now and just shoot you? And I will explain later that you are a separatist***”.

*In the morning I called, I understood that someone from senior positions, and said: What do you want with your statement? What do you need to do to take it away? Maybe an apology is enough for you? I said no, that **I want my complaint to go through the whole procedure, as it should be, for those who are guilty to carry the responsibility. ... There was not even an answer.** I was in Donetsk, and this is already uncontrolled territory, **no one ever called me about it, no answer came to me**»*

Svetlana, Kramatorsk



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Torture and illegal detention due to drug use/OST

*".. packs on the head, beat strongly and on Mashokhedzh. It was in 2014, in October. There was beatings, and hammers ... **They used hammers to beat my fingers off...** Yes, **I was pregnant.** ... They didn't give me any food or drink ... My fingers don't move... I had the surgery then, and the joint was removed. Feet ... there was a wound.*

(They did it because you have drug dependence?)

*Yes, because I am on OST ... Well, **they beat so much** that ... First, our hands were tied behind with the wire and you can't get rid of it ... We were kept in is the boiler room **on the floor, we had nothing at all, no mattresses, nothing, nothing.** We spent 10 days there such that ...*

(What about your pregnancy?)

*Well, **miscarriage** ... **I didn't have any undamaged piece of me.** Not on the face, nowhere, my whole body was so blue... And then there was the second basement, for 13 days ...*

Elena, Severodonetsk, Lugansk oblast



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22 months in prison for OST

Natalia Zelenina, social worker of Svitanok Club, was stopped by "DPR" police on November 5, 2017 when she passed through check point on her way home from an OST clinic in Vinnitsa (Central Ukraine).

She spent several days in police station and then was transferred to a pre-detention center where. She is jailed there until now being accused in the contraband of drugs because she carried 100 of buprenorphine pills for herself and her friend (also a client of OST program)



Methodological Considerations

- Non-randomised sampling (snowball sampling)
- Non-representative sampling for all the population of WUD in East Ukraine
 - but rather draws a portrait of the most vulnerable subgroup of WUD with HIV prevalence (over 50%), lowest social status and highest vulnerability for structural violence
- Results could be use to guide planning and implementation of SRH and other health services so that NO ONE IS LEFT BEHIND



Principles of project implementation and service provision:

- A woman-centred approach is underpinned by two guiding principles: promotion of human rights and gender equality
- GIPA principle and women's involvement
- Services should be voluntary, optional, informed, confidential and work for the benefit of each woman.
- Services see women as active participants in, as well as beneficiaries of.
- Care is provided in ways that respect women's autonomy in decision-making about their health
- Information and options to enable women to make informed choices.
- The needs and perspectives of women, their families and communities are central.
- The treatment of girls, unmarried women and those without children should be unbiased and to the same standard of attention and care as those who are married or have children.

Women's
health
matters



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Our Vision

- **harm reduction and HIV-related** services and programs are evidence-informed, low threshold (affordable, accessible and relevant) for all women, and in harmony with gender equality, human rights and public health frameworks;
- **sexual and reproductive health and rights services** are available, affordable, evidence-based, and free from coercion for marginalized women;
- **mobilization and empowerment of women** in order to address **gender-based violence and SRHR**;
- enhancing the practices of **human rights and health seeking behavior** of marginalized and inadequately served women in armed conflict affected area.





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