



SUMMARY OF RESULTS OF FORMATIVE STUDY OF GENDER-ORIENTED PROJECTS AND SERVICES IN THE HARM REDUCTION

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LIST OF ABBREVIATIONS

- ARV-therapy (ART)** — antiretroviral therapy
- Alliance** — ICF “Alliance for Public Health”,
- HIV** — Human immunodeficiency virus
- GF** — Global Fund to Fight AIDS, Tuberculosis and Malaria
- FSWs (SWs)** — (female) sex workers
- OST** — opioid substitution therapy
- IEM** — Information and awareness materials
- STI** — sexually transmitted infections
- VCT** — voluntary counseling and testing for HIV
- PLWH** — people living with HIV
- NGO** — non-governmental organization
- PWID** — people who inject drugs
- NSP** — needle and syringe point
- SAU** — Sociological Association of Ukraine
- HR** — harm reduction
- AIDS** — acquired immunodeficiency syndrome, IV stage of HIV
- AIDS Center** — AIDS prevention and response center

INTRODUCTION

From 1995 to 2007 the parenteral way of HIV transmission was prevailing in Ukraine, mainly related to the injecting drug use. Starting from 2008 the new trend of HIV transmission gained momentum, in particular, the prevalence of the sexual transmission over the parenteral one. In 2014 the share of people infected sexually increased to 69.2%¹. However, HIV transmission by injecting drug use still should not be ignored — 29.6% of the patients got infected this way in 2014. According to the estimates, the number of injecting drug users in Ukraine is 310,000² persons. According to the data of the biobehavioral study “Monitoring of the behavior and HIV incidence among the PWID as a component of the second generation HIV epidemic surveillance”³, that HIV incidence rate among the injecting drug users is 19.7%. Female PWID are more vulnerable to the infection — HIV prevalence among them is 22.4%, while among men this rate is 18.8%.

The programmatic monitoring data for 2014 demonstrate that the services of regional NGOs implementing HIV/AIDS prevention programs among the most vulnerable populations cover about 57% PWID. Despite this, the share of female PWID using harm reduction and HIV prevention programs services still remains minor (about 10 to 30%, depending on the region).

Considering the specifics of female PWID, the NGOs implementing harm reduction programs should use gender-sensitive approaches to the HIV/STI prevention. Meanwhile, the operational study “Assessment of the gender-sensitive approaches implementation in the HIV prevention and harm reduction projects among PWID” in 2009 revealed that the understanding of these type of interventions by the NGO staff remains vague, incomplete and largely intuitive, while the knowledge level of the key staff of the projects does not correspond to the real practice of services provision to the female PWID. For example, in practice the actual needs of the male and female clients are met to a higher extent than the organization staff actually perceive.

Using the previous research data, the best practices of using gender-sensitive approaches in HIV prevention and harm reduction programs among female PWID, as well as based on the outcomes of this study, the Alliance plans to develop and implement innovative approaches in providing HIV/STI prevention services for female PWID and their sexual partners. The approach will be implemented through pilot projects, but it should be based on scientific recommendations, therefore a formative study is necessary.

Goal of the study: analysis of gender-sensitive approaches, services provided to female PWID and their sexual partners, needs of these target groups as well as specifics of the attitude of HIV servicing NGOs staff to the gender aspects of prevention work with PWID in the HIV prevention and harm reduction projects.

¹ Information bulletin No.43 «HIV in Ukraine» –K.: Ministry of Health of Ukraine, Ukrainian AIDS Center, SE «L.Gromashevsky Institute of Epidemiology and Infectious Diseases of the NAMS of Ukraine», Central Sanitary and Epidemiological Station of the MoH of Ukraine. – 2014.

² Analytical report based on the results of the study «Qualitative assessment of the populations most vulnerable to HIV in Ukraine in 2012». – K.: ICF «International HIV/AIDS Alliance in Ukraine. – 2012, p.38.

³ Analytical report «Monitoring of behavior and HIV incidence among the injecting drug users as the component of second-generation epidemiological surveillance» based on integrated biobehavioural study, 2013. – K.: International HIV/AIDS Alliance in Ukraine». – 2014, 161 p.

Tasks of the study:

1) Study the profile and typology of Ukrainian female PWID and their sexual partners, specifics of the PWID couples interaction with the environment etc.

2) Assess the awareness of the male and female staff of HIV-servicing organizations about gender-sensitive approaches, including content, form, and periodicity of receiving such information.

3) Have an overview of the gender-sensitive prevention services models available in Ukraine and identify the necessary modifications, as well as services needed by female PWID and their partners.

4) Study the specifics of male and female social workers working with the female PWID in HIV service, including their tasks in the course of interacting with female PWID, existence of gender stereotypes among NGO workers etc.

STUDY STRATEGY AND RESEARCH METHODS

The study was aimed to collect data among female PWID, their sexual partners as well as male and female staff of the HIV-servicing NGOs with regard to the following aspects:

- Profile and typology of female PWID and their sexual partners;
- The awareness of male and female social workers about gender issues, gender-sensitive approaches to prevention services;
- The gender sensitive approaches and services being implemented;
- Specifics of the work of social workers with female PWID and their sexual partners;
- Needs of female PWID in prevention services and the most acceptable ways of providing these, etc.

The following **methods** were used for this study:

- Structured interviews with female PWID and their male sexual partners using psychological methodologies;
- In-depth interviews with social and outreach workers, NGO coordinators/managers.

Psychological methodologies

The study used two psychological methodologies allowing to identify the specifics of gender identity and the level of person's self awareness about their own gender stereotypes and behavioral manifestations: the "Who am I?" methodology and semantic differential.

Territorial coverage

The NGOs subject to the study were selected during the expert advisory board session based on a number of criteria. The following organizations were listed:

- "Victoria" (Khmelnysky);
- "Return to life" (Kirovohrad);
- "Way to Home" (Odesa);
- "Convictus" (Kyiv);
- "Public Health" (Kryvyi Rih).

Samples:

1. Injecting drug users interested in HIV services.

The sample is targeted, quoted by NGO, gender and the existence of a sexual partner. In the course of survey the quotas for female respondents (66%) and male (34%) were observed. Women were divided into two groups:

- Those who do not have a sexual partner at the moment (39% of the total sample);
- Those who have a sexual partner at the moment (61%).

This second category of women enabled the recruitment of male respondents. Thus, all men participating in the study had a wife or a female partner.

In each of the five NGOs included in the study 60 respondents were surveyed. The volumes of sub-samples (that is groups of female PWID not having a sexual partner, groups of female PWID having a sexual partner and male partners of female PWID) in each NGO were also equal in size.

The total volume of the sample is 300 respondents.

2. Male and female staff of the NGOs .

In each NGO included in the study one interview was held with the organization leader or the project activity manager on work with PWID, and 5 interview with social and outreach workers who directly work with PWID.

In total 30 in-depth interviews were held.

In the course of this study an independent control of **the interviewers' performance** was carried out covering 10% of interviews with PWID. In total there were 30 control supervisions (6 in each city). No serious violations and falsifications were identified, thus the field stage of the study was recognized to be high quality, and the obtained results were assessed as reliable.

Research ethics

Ethical framework of the study was based on the standards of the Sociologist's Professional Ethics Code of the Sociological Association of Ukraine and the Helsinki Declaration of ethical principles for the studies. Collection, storage and analysis of empirical data of this study complied with the ethical standards and protection of the study subjects, as well as observed the free will, anonymity and confidentiality rights of the study subjects. Before the interview a verbal informed consent of each male and female respondent for participation in the interview was obtained, the respondents were remunerated for their participation in the interview. In case of interviews with the NGO workers they gave a verbal consent to audio recording of the conversation. All the interviewers engaged in the study have signed the non-disclosure agreement regarding the information obtained in the course of the study.

Study limitations

The most significant limitations of the study are related to the impossibility to build a representative sample of female PWID and their male sexual partners because know exact parameters of the target groups are unknown, in particular, distribution of the subjects by age, drug use experience, type of used drugs and other characteristics. That's why the implemented sample should be considered as directed targeted sample.

However, based on the type of this study which can be considered a reconnaissance one, sociological requirements to the subject selection are less stringent: it is important that different representatives of the target groups took part in the study and versatile information for systematization and analysis was obtained. This objective was achieved, because the survey was carried out in five cities representing the principal regions of the country. The implemented samples represent female PWID and their partners of different age, having different drug use experience, family relations and client experience, using different types of drugs, having or not having children etc. These arguments allow to consider the obtained data array represents the opinions, assumptions and behavioral models of the target group representatives in quite a reliable and objective manner.

Another limitation of this study is its relatively small volume of samples (198 female PWID, among them 61% having a husband or a male partner and 41% not having one), and 102 men being their sexual partners. The latter quantitative indicator considerably limited the possibility of statistical analysis, in particular, impact assessment of the number of factors, such as age, drug using experience, type of preferred drug, having children etc. on the opinions and behavior of the PWID respondents. At the same time the implemented samples enable the analysis via a number of statistical procedures, for example, comparing the responses of female PWID having partners with the responses of those who do not have partners, as well as against the responses of their male partners. The interpretation and data comparison in the report indicated the meaningful differences taking into account the statistical margin of error.

The lack of sincerity among respondents still remains another problem. In their reports the interviewers noted that the respondents attempted to polish the actual state of things. In particular, only 1 in 300 the respondents admitted having illegal sources of revenue, including sex work, drug cooking and selling, begging, thefts and other illegal activities, while, according to the social workers, these practices are fairly widespread among the PWID. Answering to the questions about family relations, the respondents often downplayed both frequency and intensity of conflicts. To solve the problem of the respondents' answers shifting towards a more socially acceptable image, the triangulation of data obtained during the survey among PWID and NGOs male and female employees was used.

BRIEF RESULTS AND KEY CONCLUSIONS

Social and demographic profile of male and female PWID

The proportion of male and female PWID among the harm reduction projects clients remains stable for the last several years and is approximately 70% to 30%. The majority of the experts surveyed in the course of the study indicated that the proportion of male and female clients of the NGOs is approximately 70% of men to 30% of women (+- 10%). This figure more or less correlates to the gender distribution among the PWID.

“If we take a random 10 PWID, two or three of them will be women, the rest will be men” (senior social worker).

“Among the PWID there are approximately 75% of men and 25% of women” (line manager).

According to some of the surveyed experts, this proportion remains stable for the last several years, while the others think that the share of female PWID is increasing, but this increase is not significant. This may be related to the specifics of each particular NGO, for example, with the organization’s experience in implementing gender-oriented projects, which would allow to attract more female clients.

“In a percentage ratio, it is about 70% of men for 30% of women. I have not seen any significant changes within the last several years” (line coordinator).

“I think the proportion is changing. It used to be about 80% of men and 20% of women, while now it is 70% of men and 30% of women” (outreach worker).

Social profile of the male and female PWID is more or less similar. The average age of the respondents is 36-38, women are a bit younger: more than 50% of the women are under 35, while almost half of the men are 36-45. According to the study protocol, all surveyed men have a wife or a partner, while women were divided into two groups: those who currently have no sexual partners (39% of the total number of female respondents), and those who currently have a husband (husband by marriage, or concubine, or a long-time partner) (61%). Every second of the surveyed men (47%) has one to four children. Meanwhile, more than half of the women (65%) have children. 70% of women with a long-term partner and 58% of those without a partner have children. Most of the PWID (67%), either male or female, have one biological child.

Employment and sources of livelihood

The unemployment level among the surveyed PWID is high, only every fourth respondent has a full time job. Surveyed male PWID are more economically active: they more frequently take on such activities as odd jobs and full-time job. Females more often rely on state allowances, the assistance of their family or partner. Nevertheless, most of the surveyed men (68%) and women (50%) have a full time job (official or unofficial), or odd jobs. Every fifth of the other surveyed men and women are unemployed (21% each), only 2% of women are currently studying. Every 10-th respondent receives allowance, including disability allowance. Women more often than men are on maternity leave (family member care leave) or are housekeepers (15% and 1% respectively). Comparing women having a husband or full-time partner against those who do not have one, it is possible to note that the women without a partner much more frequently rely on odd jobs, while every 10-th women with a partner relies strongly on his income. 4% of women with a partner and 8% of women without a partner have no principal source of livelihood.

Consumption and dependency attitudes are also widespread among PWID. They are more likely to seek an opportunity of living at the expense of others. Men rely on full time or odd jobs as a principal source of livelihood more than women, which implies higher economic vulnerability of female PWID as well as higher level of their dependence, including dependence on a full-time partner. Dependence of a woman on a man in the PWID couples is further demonstrated by the fact that as a rule men get and cook drugs, while women bear the burden of household chores, child upbringing responsibilities etc.

The surveyed experts also confirmed that male PWID are more financially independent, they more often have legal sources of revenues. In particular there are many jobs for an unqualified worker suitable for men but not for women, for example, watchmen, security staff, handlers.

“A woman cannot take simple jobs available for men, for example, as a handler, unqualified worker, or go to work at a construction site” (social worker).

“Men can at least work as handlers. There was a building demolition nearby, and the clients went to carry bricks or like that. Men can work at scrap metal outlet. Alternatively, they steal metal and then sell it. These options are not available for a woman” (social worker).

Moreover, a woman should solve the question of child care to get employed, while men, as a rule, do not face this problem.

“The fact that most of the women have a child plays a major role. Men have less trouble with employment, while women must get the child admitted to a kindergarten, and then think about jobs. That’s why women in any case face more problems than men” (social worker).

“The woman’s situation is more difficult. If she has a small child, it is very difficult to find a job; men just leave them and do what they want, while women have to stay home without a possibility to find a job” (social worker).

As for illegal sources of livelihood, both men and women engage in them quite often. However, in the first case it is usually thefts, drug distribution etc., and the second one is about sex work. Women engage in other illegal activities less often than men, however, do not refuse from them at all. Social workers identified a separate group of female PWID who engage in stealing, fraud and other illegal activities.

“Men are more capable of stealing something than women. Women can either steal together with man or do sex work” (social worker).

Due to the fact that it is more difficult for women to earn money either legally or illegally, the majority of women are dependent on their partner both financially and psychologically.

“Men are more often employed than women. Sometimes they get money by thefts. Men can more easily get around. Drug-dependent women are attached to men and, like, live alongside them” (an NGO director).

“Most often a woman has a male partner who is her sponsor and injecting partner. Alternatively, she could parasite on her parents, sorry for speaking so frankly, that is, parents are her main source of money. As for men, very few of them are employed, they mostly engage in criminal activities: cook drugs, sell drugs, steal, rob or something else” (social worker).

The availability of their own dwelling was considered as one of the components of persons' economic independence, however, no significant differences by this indicator were identified between male and female drug users, unlike many other indicators.

Most of the surveyed men (79%) and women (72%) have their own dwelling and live in their own apartments/houses/premises with husband/wife/partner and/or with their child and/or with their partner's child. Moreover, almost a quarter of those who have their own dwelling, prefer not to live in it, but at their spouse's or relatives' place, or rent a dwelling.

Relations in PWID couples

In most of the surveyed male and female PWID the experience of cohabitation is more or less long: in 4 cases out of 5 it is more than one year, which shows a certain degree of stability in their choice of partners. For most of the surveyed couples injecting drug use is a family problem, 92% of female PWID said that their husband injects drugs too. The experts also confirmed that the couples where the woman uses drugs while the man does not are very rare. The reverse situation, when a female partner of a male drug user does not use drugs, is much more frequent.

In the opinion of PWID themselves (about half of the surveyed respondents), they have equal relations in the couples. In the remaining couples the man is a leader: this is the opinion of 39% of male and 24% of female respondents. In those families where decisions are not taken jointly, clear distribution of duties between a woman and a man is visible. Thus, the woman is managing distribution of the family budget expenses: how and on what they should spend their joint money, while the man is responsible for earning or getting money, as well as for the injection drug use: where and how to get the drug or drug cooking components, which drug they should buy or cook, how to use (together or in a larger company, sharing the syringe or using individual syringes etc). It should be noted that the PWID couples demonstrate the highest level of consensus with regard to sexual behavior and interaction with their social environment, including with the staff of HIV-servicing organizations. As for reproductive health, including whether to preserve the pregnancy and how to bring the child up, the couples with children also show equality, however, the woman is more engaged in the child upbringing chores, according to the opinion of both surveyed men and women.

However, there are many implications that the relations in PWID couples are actually more complicated than the respondents pretend to show. Thus, only half of the men (52%) and women (53%) having a full-time partner or husband/wife, name their spouses as a person whom they can ask for support. The respondents are most likely to seek support from their parents or close relatives. In addition, male and female employees of the NGOs are an important source of support: 25% of men and 29% of women mentioned them. Only 5% of men and 12% of women have no person from whom they could seek support. Women having no permanent partner more often said that they have no person whom they can ask for support compared against the women who had a partner (17% and 8% respectively).

Moreover, the majority of couples (55%) have conflicts not less than several times per month, while every third respondent experiences conflicts not less than several times per week. That most widespread are household conflicts (71% of the respondents), as well as a lack of money for the expenses not related to the drug use.

The NGO staff indicated that gender stereotypes and normative role expectations widespread in the society in general are very strong with respect to female PWID as well.

In particular, a very important, if not the principal task of a woman is to care about husband, children and other relatives, perform household duties, make a man's life more pleasant. These normative role expectations are characteristic not only to the partners and close social environment of the female PWID (parents, other relatives), the women themselves accept these stereotypes as a standard. However, it is almost impossible for a drug using woman to follow these patterns.

“Women are probably more eager to care about their children than men. They are more craving for established family life and value it more, and in general appreciate the family more than men” (senior social worker).

“As in ordinary family, she still has to do household duties, bring up the child, however it could look like, solve other problems. If this is a drug-using family, they usually have problems with social services, there are problems in school, because the staff and children, as a rule, know about the drug use” (social worker).

“Man can just leave their families and use drugs. Women try to bear some responsibility for children or parents, despite their lifestyle. Sometimes they have to care for their relatives. There are clients who have relatives with cancer” (social worker).

Moreover, the society is more tolerant towards risky behaviour of men than of women, this applies to the drug use too.

“We have a stereotype that boys are allowed to do everything. This comes from the very childhood. If a boy gets into trouble, the society is more tolerant, while a girl would be reprimanded for the same things” (social worker).

“Female drug users face tougher attitude. A man addicted to alcohol or drugs does enjoy some degree of lenience. But a woman with dependency is treated in a very dehumanizing way” (outreach worker).

Thus, female drug users face much stronger stigmatization and self-stigmatization than men. This is one of the reasons for women to be more vulnerable in relations with partners, relatives, other PWID, more often be exposed to violence.

“A woman has to comply with a number of expectations: mother, daughter, a beautiful thing. But when she starts using alcohol or drugs, this quickly reflects on her behavior and appearance. The environment, partners, relatives see this and react to this. The men are less vulnerable to this. It is a part of our culture, men are allowed to drink or smoke, while women are not. They are like a flower of life which is expected to be divine and beautiful, and if she behaves another way, she faces aggression” (senior social worker).

“Some women feel pressure from their family, they are forced, humiliated, or made to seek an (inpatient) treatment out there. That is, it is more difficult for a woman to maintain proper relationship with the environment” (NGO manager).

Experts also identified a number of other trends characteristic for the relations in PWID couples. Thus, the “breadwinner” (“drugwinner”) role pertinent for many PWID men makes the men to be the first of the two partners who applies to an NGO, while women would follow their male partner. More seldom couples apply together, and the cases when women come to the NGO first are exclusions.

“Men are the first to come here in the most cases. There is a specific feature that a man should have visited an NGO for a certain period and only then bring his female partner” (line coordinator).

“Sometimes they come together. This is relevant for the couples which use drugs together. If a woman is dependent on a man, the man is first to come, and then he can bring his female partner. Sometimes they do not bring their female partners at all, the case when women are the first to apply to an NGO are extremely rare” (line manager).

In the couples with the woman is not using drugs, she can visit the organization first and practically “drag” her man if she is hoping that the visit to an NGO will help him to get rid of drug dependence.

On one hand, men’s leadership gives women certain advantages, as they do not need (or need much less) efforts to get a drug, they are at a lower risk of being revealed by law enforcement agencies. In particular, answering the question why men are the first to come to an NGO, the experts used such phrases as “to make a reconnaissance”, “to make sure that this place is safe”. On the other hand, all this imposes certain limitations on a woman, making her dependent on the man and deprived of certain possibilities. In particular, experts said that men have a broader circle of social interactions, and are less tied to home than women.

“Men would use more drug. In a couple man injects first and uses a higher dose. Why would he inject less? He can make several injections, while his woman would have enough drug only to get rid of withdrawal symptoms” (social worker).

“A man is more easy-going. He has a broader social circle, he spends less time in their house than a woman. And a woman mostly stays at home and waits until he brings her a dose. That’s why her social circle is limited” (line coordinator).

“We have a client who was female partner is a PWID too. She would never visit the organization; he brings her all necessary things” (line manager).

Some men force/incite their female partners to sex work.

“There are women who are in a relation with the man, but they do some sex work. Men force them into sex work in order to get drugs. Many women are dependent on men. Sometimes they even experience violence” (line manager).

“We have a client whose boyfriend is her pimp, that is she earns money for herself and for him by sex work. But she would not openly admit this” (social worker).

Among the PWID many gender problems relevant for the society as a whole are further aggravated, for example, responsibility for unplanned pregnancy is as a rule placed on a woman, and quite often she has to solve this problem on her own.

“A woman is always at risk of getting pregnant. The PWID women get aware about this very late, when abortion is already impossible. The artificial delivery is very expensive. Thus, she has to give birth to this child. I have a female client with three children already. And she got to know about each of these pregnancies very late” (social worker).

Social identity of male and female PWID

The results of using psychological methodologies showed significant discrepancies between the self-image of the surveyed female PWID and their image which, in their opinion, is in the eyes of male and female social workers, as well as actual assessment of PWID by social workers. These discrepancies are most prominent in the perception of family and interpersonal roles as well as life styles, which means that both PWID have stereotypes towards social workers and social workers have stereotypes towards PWID. However, we should emphasize that these stereotypes are different. Thus, the following concepts are predominant in the perception of a female PWID by social workers:

1. She's a drug dependent person;
2. She's a victim;
3. She's a friend.

This list means that the surveyed the social workers, perceiving the female PWID the way described above, build relations and interactions with them from the position of doctors interacting with the patient, saviors or friends.

The surveyed female PWID demonstrated absolutely opposing opinion on whether the position of a drug dependent person or a victim is relevant for them. Respondents hoped that social workers do not perceive them this way. Meanwhile, female PWID and male and female social workers are unanimous in their attitude towards friendship. Both consider female PWID to be friends. The female PWID are perceived as friends by both male (4.6 score) and female social workers of the NGOs (4.7 score).

However, social workers do not perceive female drug users as loving wives and caring mothers at all. This is contrary to the perception of the female PWID themselves, who gave these characteristics the highest rating. The respondents were unanimous to assess female PWID as beautiful women, professionals and housewives. Perception of drugs using women as activists and leaders is controversial. Male and female social workers do perceive them in this role, while the female PWID themselves do not attribute these qualities to them.

This controversial perception is to the supported by the results of in-depth interviews with experts. In particular, there were frequent phrases like “women are weak creatures”, “in a normal family the man is a breadwinner”, etc.

The results obtained by a semantic differential methodology allow making a conclusion that male and female PWID have very low estimates of their activeness, independence and control over different spheres of life. Data analysis showed that there is an obvious linear dependence between the manifestations of independence and control in male and female PWID: the Spearman correlation rank is 0.379 for all respondents, 0.434 for women, 0.287 for men. In other words, the more independent a PWID is, the more control he or she has over her behavioural reactions and the life in general, and vice versa, the less independent they are, the poorer is the control. In the female PWID these two indicators are more strongly interlinked.

According to the results, there is an obvious diverging tendency in estimates of behavioral practices by drug users and social workers. Thus, the NGO workers tend to exaggerate some characteristics pertinent to the female PWID clients (for example, indifference to their appearance, irresponsible attitude to health etc.), while the PWID themselves tend to downplay these characteristics.

In the experts' descriptions of a typical PWID, both male and female, there were many common features, each of them was emphasized by men and women alike.

1) Their lifestyle is fully dominated by the only goal — to get a drug, which affects the specifics of interaction with social environment, psychological condition of clients etc.

“This is a person hooked on continuous search for a drug and the ways to get it” (an NGO manager).

“Both men and women are speculating how to get money from someone, how to cheat someone, that is, they are not interested in us as people, they perceive us as a mere source of money” (senior social worker).

“Their key concern is to get money somewhere, to steal something or to find another way to get some cash. They inject, then they can do something else. For example, if they have money, they would not buy food, first they go get some drugs to inject despite the hunger, and only then they will try to save money for food” (senior social worker).

2) General misery, lack of stable source of revenue, very often engagement in illegal activities, however, the latter are different for men and women. In first case it is mostly stealing and other criminal activities, for women it is sex work. Drug using and engagement into illegal activities lead many PWID to convictions, sometimes multiple ones.

“Women are less into criminal activities, if we do not consider sex work to be criminal. But this is not stealing or robbery. I consider it to be a work, albeit illegal. A woman receives money for these services, she works for this money” (senior social worker).

“All their life spins around the drug. Sometimes they have multiple convictions. There is a female prison in Chernihiv, it is a type of strict security regime. They come back forever hardened by that prison life” (social worker).

3) Health problems: veins, liver, tuberculosis, hepatitis, unstable psychological condition.

“They do not care for themselves, if they have some health problems, they just inject and do not feel the pain anymore. And when a normal person would go to the hospital, a drug user has to be already in a very severe state to apply to a clinic” (social worker).

“By 30 or 40 they have already a disease, HIV or hepatitis C. This is almost inevitable. Then, in addition, by this age they, as a rule, have a conviction. This is either a probation or a real prison term” (social worker).

5) Untidiness, neglect of their appearance, which is demonstrated both by men and female PWID with a significant experience of drug use.

“While they are young, they would buy fashion clothes or whatever. And if they have long been into drug use, they do not have enough money to maintain their appearance, they do not even buy hygienic products. Then they already become dirty” (senior social worker).

“When a female PWID has just started using drugs, she does not show many differences from non-drug-using people. She looks normal. She maintains her appearance, does a makeup and dress well. But the longer one uses drugs, the less neat and well-groomed they are. This is true for male drug users too” (social worker).

“Both men and women have specific smell, specific appearance. Looking at men, you can understand at a glance that this is our client. Women are trying to keep themselves attractive a bit longer. But we can easily figure out” (line coordinator).

However, certain social workers said that this is more characteristic for male, than for female PWID.

“It depends, somebody tries to keep neat, the others do not care. But while women at least try to look good, men are totally indifferent to this” (senior social worker).

“There are many drug using women who do care for their appearance, they do a makeup, wear cheap but clean clothing. But for men the drug is above all, and they do not care about their appearance, worn clothes and untidy appearance” (social worker).

Female PWID typology

The experts were also asked to determine the type of female PWID based on the experience of working with them. The social worker most often used the following typological signs:

1) Type of the used drug (opiate users, stimulant users): the first ones, according to the experts, are more calm and balanced, while the second ones are hyperactive and very communicable.

“Their behavior depends on the type of used drug. If these are opiates, the person is calm and withdrawn. Stimulant users, to the contrary, cannot sit still for a minute, they constantly need to move” (line coordinator)

“The amphetamine users are hyperactive, communicative, talkative. Those using opium extract prefer to sit still, daydream” (social worker).

“The girls using stimulants... they might laugh and then burst out crying in a second. They cannot be quiet, they talk and talk incessantly. Their emotional condition is volatile, and the girls using opiates are more psychologically balanced” (social worker).

Meanwhile, according to the social workers, multiple drug use is quite widespread among both male and female PWID due to the drug scene specifics — high prices of drugs, impossibility/difficulty to get some of them.

“The problem is that drug users would use absolutely everything, starting from beer and ending with liquid opium or pervintine, actually, “to get stoned any brick would do”. We do not have kinda cultured drug users who would use only liquid opium, or only pervintine, or only amphetamine” (social worker)

“As the drugs are expensive, there are no clear differences in using. If they have access to amphetamines, they would inhale “fen”, inject pervintine, if these are not accessible, the users will use crude opium, or other opiates, if there are no opiates they would use Dimedrol. If even this is not available, they would find a place to buy methadone and will use it” (social worker).

2) Drug use experience (young users and old users) the first are not fully affected with all the negative consequences of drug use (health, appearance, social disadaptation etc). And quite often they do not consider themselves to be dependent and would not admit that they need an NGO help.

“It is easier to work with old drug users who had been systematically using drugs for a long time. They do not conceal anything, they feel free to visit an NGO. They openly tell about their problems. The second group is young users. It is more difficult to work with them. They show certain bravado and say that they are ok, they have control over the situation. It is more difficult to motivate them to get tested, to visit a doctor” (social worker).

“The women who spend much time at discos, nightclubs, with their buddies, they are a kind of a subculture: tattoos, parties, fun, and they do not think they are really drug users. It is more difficult to work with this group because they are not cooperative” (senior social worker).

“A woman under 35, as any other drug user, might believe that she would be able to quit drugs, graduate from some training courses and get a job. She is not very well aware of the situation, unlike older users, who understand that they cannot stop using drugs and try to get along with this” (social worker).

“Another group are adolescents and youth. They tried drugs just for fun, and became drug users” (outreach worker).

These characteristics are overlapping to a certain extent: the representatives of older age groups, as a rule, prefer opiates, while younger girls mostly prefer stimulants. Moreover, the youth is more often engaged in the multiple drug use.

“Regarding age categories, women aged 35 to 50 more often use opiates. Those younger than 35 more often use stimulants” (line coordinator).

“Young users are less scrupulous in their choice of drugs and try virtually everything. Older women often prefer a specific drug, for example, opium and poppy extract” (senior social worker).

3) Financial well-being level. This characteristic as a single criterion was used for typology purposes only in two or three interviews. Experts of both genders more often intended to correlate this criterion with the others, because it appeared in the typologies built on the basis of other features. For example, higher level of financial resources is more relevant for younger users, as well as those who were not deprived from a family support yet.

“There are users on the verge of subsistence, they would be happy to have even a \$0.30. They come buy a piece of bread, eat it and that’s all. If they inject, they can spend just another day. However, there are those with higher requirements and demands, who inject not just a street liquid opium, but heroin and methadone. These are other types of PWID, we call them “well-off” drug users” (social worker).

4) Type of relations with the partner. According to the experts, among the PWID couples patriarchal relation model are quite widespread, when the man is a breadwinner and the head of the family, and the woman is subordinate to him.

“There are two groups of women, those who live at the expense of their partner, are subordinate to him and depend on him, and independent women. As a rule, the man is dominant and he provides her with money on his own discretion. There are variants, when the woman is the head of family” (social worker).

“First group comprises couples where the man is responsible for drug finding, while the woman stays at home. She has a household role. This woman is often depressed and passive. The husband brings her everything. She is subordinate in every aspect” (outreach worker).

The experts identified a separate group of female leaders, however, they clarified, that such female leaders among PWID are few. These are women who do not allow a man to dominate over them, but build equal relationships or even undertake the leadership in the family. However, this is very difficult to achieve without being economically independent. That's why this type includes either women who are financially independent, for example, at the expense of sex work, drug cooking and selling, or young beautiful women who would easily find another partner, that's why they do not cling to the current one too much.

“There are active women, more active than men. She is like a pack leader, she solves all the matters, she knows what and where is sold” (line manager).

5) Key source of livelihood: legal job, sex work, criminal activities. The representatives of the first group are, as a rule, more socially adapted, they have fewer problems with the law, they do not break social ties, they try to control their drug user staying within certain limits, try to care about their health. Based on this, that women are more loyal to the NGOs. The representatives of the other groups, to the contrary, have problems with their health and the law, show self-destructive behavior, broken ties with the closest social environment, relatives and friends etc.

“Those who work, they try to conceal the fact of drug use. If their colleagues become aware, they would get fired. Those who lost their job are already gone astray. You can identify them at a glance” (social worker).

“There are women who try to arrange their life in a certain way, to change something and are ready to do any work to earn money for them or, if they have a child, for their child. There is a category of women who find a man to support and, respectively, sponsor them. There are those who cheat on somebody to get money” (senior social worker).

“There are female PWID providing sex services for drugs. There are those who steal, and there are those who work. The latter often use drugs unsystematically. They have a stable and consistent income. They have families. They try to control their use. They try to avoid communicating with other PWID at all. Women who try to get the money for drugs by stealing live according to their own “codes of the criminal world”, some “thieves’ rules”. They think themselves to be a superior caste. There are women who do sex work for drugs either find a sponsor or work in brothels or on the highway. Sometimes they accept only drugs for their services” (social worker).

Experts specifically emphasized the fact that female drug users engaged in sex business are much marginalized, vulnerable to stigmatization and self-stigmatization, they face very high risk of HIV and other STIs. As a rule, they take the lowest levels in the sex business hierarchy. Sometimes they accept unprotected sex, are prone to violence, do not have access to high quality medical care.

“Sex workers, not those who work in hotel, but the highway sex workers, they are half-homeless. They are always treated badly” (senior social worker).

“PWID SWs are in a special situation. They feel more vulnerable. They are very miserable. One of the girls even asked me, “Can I apply for services if I’m a prostitute?” (outreach worker).

“A SW feels so unsure that she cannot even manage to go to a doctor. When you bring her to a medical facility, she gets completely lost. She does not know what to say, how to register. Or they just do not reveal their problems, they are reticent. They try to find a solution within their own environment” (social worker).

6) Presence of husband, children, family responsibilities. Sometimes the presence of children and the need to care for them is a constraining factor to risky behavior, it motivates a woman to try to preserve her health, hold to a certain step of the social ladder, for example, retain legal job, control their drug use.

“Some of our female clients have family, others have not. You do not even need to ask. If a client can sit half a day in the organization, we understand that she is alone. She has a free time and can spend it the way she likes to. There are women who just drop in here to get a service and run away. They just grab a syringe and hurry out. They cannot spend much time in the organization because their child is in a kindergarten and they have to get the child home. Or their husband stays at home with a child” (social worker).

“If she has a child and lives without mother or grandmother, she has to be more active, because she must think about the child, not only about drugs. She has to find some source of revenue” (senior social worker).

“If a woman lives with a child, she develops some kind of maternal feeling, attachment, care. Albeit minimal, but they have this feeling. Some ask to test them for HIV on their own will, because they live with their child. They have an increased level of responsibility” (outreach worker).

7) Presence of social ties with the parents, other relatives, in particular, adult children. This is the more characteristic of the young female PWID whose relatives did not yet lose the hope to cure them from drug dependence, or for more socialized ones, who try not to drop out of the society despite their dependence (have a legal job, control their use etc.)

“There are so-called “family women”, who live with parents or have children and some kind of support. Someone always fights for their life - mothers, fathers, brothers, children. They try to ensure treatment for these women. These women at times are on treatment, at other times inject drugs. It is difficult to work with them, because they are more eager to use drugs than to get treated” (senior social worker).

“There are “family PWID”, I call them this way. They have a family, house, parents who care about them. They are younger” (social worker).

“I would distinguish the female PWID into those who are getting along on their own, and those who relied on the support of the husband, parents or adult children. These women are in much easier situation” (social worker).

8) Also, some experts identified a group of **female drug users who were involved in the drug use by their partner**. According to social workers, these women cannot get rid of dependence, especially if their male partner continues to use drugs, but they are well aware of the problem and try to minimize its adverse consequences (care for their health, adhere to safe behavior).

“It’s a stupid category, those women who try a drug to understand why their dependent husband cannot quit using. “I’ll try that myself to help him get rid of it”, they think. This category is just smothered by drugs and alcohol. And it’s very difficult to get out of it. But it’s the easiest category to work with, because they understand that they have stuck there on their own will, and they do not want to live with drugs. This is a more motivated subgroup. They want to get out. Even if they lack willpower to stop using drugs, they apply for services, because they want to just preserve their health” (senior social worker).

“There are women who used to live drug-free lives before. But they married a drug user and instead of abandoning him afterwards they started to use drugs themselves. They are the most intact. They still care about children” (line manager).

In general, considering the typology of female PWID, it is necessary to consider that the image outlined here is very generalized, and varies strongly depending on a number of characteristics which may overlap, such as a drug dependence experience, type of the used drugs, level of material welfare, a source of livelihood (legal work, sex business, criminal activities), presence of a husband or children, socialization level (unbroken social ties to the relatives) etc. Moreover, most of the features identified here are overlapping. For example, higher level of material wealth is more common for young ones, who have been engaged in drug use relatively recently, as well as among those who are not deprived of the relatives' support yet. The probability of breaking social ties increases with the length of drug dependency experience, as well as lack of social support sources. The latter factor incites the drug users into the illegal activities and, as a consequence, leads to convictions. Thus, these features were distinguished with the purpose of analysis, but in reality the types of female PWID are more complicated than described above.

“Integrating” the typologies of female PWID by uniting them by several overlapping features, we came up to the following classification:

1) “Old” opium-using PWID (more calm and balanced, recognizing their problem) and “young” stimulant users (hyperactive and hypercommunicative, not considering themselves to be dependent);

2) Female PWID not having an income, as well as those who have a certain income (this group includes some sub-groups depending on the source of this income — legal job, sex business, criminal activities);

3) Female PWID having sources of support and family responsibilities, caring about someone, and women who have lost social ties;

4) Female PWID who are clearly or implicitly leading in the relations with a partner, or to the contrary, are subordinate to the man, as well as those having equal relations.

Gender stereotypes of the NGO staff

Analysis of the in-depth interviews with the NGO employees demonstrated that they have certain stereotypes with regard to characteristics and social roles of male and female PWID, which have a certain impact on the specifics of work with the clients of different gender. In particular, female PWID are considered weak, vulnerable, lacking self-assurance, sometimes are treated like children, while men are considered to be strong, assertive, able to take up responsibility not only for themselves, but for their relatives too. Based on this, in counseling males more attention is paid to safe behavior, and in working with women the image of a beautiful woman and a good mother is cultivated.

The results of analyzing in-depth interviews with the experts show that many social and outreach workers share gender stereotypes pertinent to our society. This affects in a certain way the specifics of their work with female and male PWID.

Stereotypes expressed by the surveyed experts relate to the characteristics of a typical male and female PWID, specifics of their social roles, as well as working with them in general.

Characteristics of a male and female PWID. Women and men are regarded as the two absolutely different groups, for example, the phrase “women are from Venus, men are from Mars” was used. Meanwhile, their common features of men and women were overlooked. The fact that within each of these groups there are different sub-groups, with discrepancies between them possibly stronger than between men and women as a whole, was also ignored. This polarization affects also the specifics of work with male and female PWID. The polarization between male and female features often leads to fossilization of the gender stereotypes.

STEREOTYPE:

Women and men are completely different and have very little in common.

“The approach to men and women is in any way different. They react differently to many situations. The services for them may be different, and the methods to attract the clients are different too. You cannot attract men and women with the same services to the same extent” (social worker).

“I completely support the implementation of gender-sensitive approach in Ukraine. Men and women are two different groups, and each of them requires a unique approach” (senior social worker).

“We are holding women’s groups. For example, I had a group “Woman is from Venus, man is from Mars”. We had such a topic on gender approach. I managed to include the attitude to themselves, self-care, and many other things in the group work. I’ve just expanded the scope of this topic” (social worker).

STEREOTYPE:

Women and men are completely different and have very little in common.

Most of the stereotypes regarding the characteristics of male and female PWID can be narrowed down to the following imperative: “Women are weak and vulnerable, men are strong and independent”. Based on this, it is considered that for women it is more difficult to handle problems in their life, including their problems related to drug use.

“A woman is softer, meeker, less aggressive, apprehended, modest, reticent. A man is more tough and assertive” (senior social worker).

“Women are more emotional and vulnerable, and they go through the difficulties and problems related to the drug use in quite a different way. Women are more vulnerable to the difficulties, while men are more resilient” (senior social worker).

“Women are less psychologically stable than men, more prone to hysteric feats, less balanced” (social worker).

Moreover, men are described as leaders in all spheres of life, while women are considered to be subordinate.

STEREOTYPE:

Leader qualities are more characteristic for men, women are subordinate to them in different fields of life.

This situation is considered to be natural, while female leaders are characterized as women with a male character.

“There are active women, more active than men. It’s usually a strong woman with male features” (line manager).

STEREOTYPE:

Women are more reserved and hard to understand, men are more outspoken and practically-minded.

“Men are more sincere, while women are more reserved and unforeseen. When a woman gets to know her testing result, you cannot forecast how she would behave and whether she will apply to a case manager. Men are more straightforward in this respect. Their yes means yes, and their no means no. If he promised to come, then he will come. And woman would need much time to make up her mind. You need to constantly communicate with her to make her pass all the stages” (out-reach worker).

“A typical female PWID is constantly hasty, afraid of everything and willing to change something but not even knowing what exactly. And male drug user is self-assured, a bit cheeky and mostly content with what’s going on” (social worker).

“Men are more open in the family relations or among their drug-using peers. They are less tricky. Women are much shrewder. They look for different ways to get along and remain in the family. Men are more frank. They may just leave” (NGO manager).

STEREOTYPE:

Women are more reserved and hard to understand, men are more outspoken and practically-minded.

“As for the interaction with the social worker, women are more open and disposed to work and help. Men are more reserved” (line manager).

“A woman is more open, while man is more reserved, when you ask him questions, he replies, “why do you need to know that?”, and then you start to explain. There are more difficulties in working with men than with women, because men are less trustful than women” (social worker).

STEREOTYPE:

Female PWID living with their children are more responsible and caring.

This opinion was supported by some of the surveyed experts regardless of the gender. However, other NGO staff, quite to the contrary, said that having children does not affect the responsibility level of female PWID.

As for the impact of motherhood on the behavior and lifestyle of a female PWID, it is impossible to clearly identify, which factor is primary and which is derivative from the other one. Living with a child might really increase the sense of responsibility and care in a woman, but it is possible that, to the contrary, responsible and caring women live with their children, while others just drop the children off to their relatives.

Specifics of social roles of male and female PWID.

Regardless of the gender of the surveyed NGO staff, they mostly are oriented towards a traditional patriarchal family, where a man is a breadwinner and has more power. This family is characterized as normal, appropriate, natural.

STEREOTYPE:

A normal family is the family where the man is a breadwinner and has more power.

“If a man uses drugs, they can visit the organization together with his wife. She follows him everywhere. This would be an appropriate family, the wife following husband, if not for the drug” (senior social worker).

“A man should earn money, while a woman should spend them. This is what a normal family would look like” (senior social worker).

STEREOTYPE:

Washing, cleaning and other household duties, as well as caring for children, is a woman’s responsibility.

STEREOTYPE:

The man is responsible for a family, while the woman is a beautiful thing and a mother.

“If we divide them into groups, I consider that men are strong and should take the responsibility. During the counseling and communication I support their male dignity. Not encouraging dominance, not fostering the sense of responsibility. For women, I try to raise their self-esteem just a bit for her to believe that she is beautiful, she is the mother, she is still loved” (senior social worker).

Specifics of working with male and female PWID. Stereotypes regarding the gender characteristics of men and women, their specific social roles affect the understanding of specifics of working with them by the NGO staff. In particular, this applies to the following aspects.

1) Specifics of attracting the clients regardless of their gender.

STEREOTYPE:

Women are harder to attract, because they are more distrustful, more reserved than men.

This corresponds to reality and is expressed, for example, in that the man in the PWID couple is the first to come to the NGO, because this group is less closed and stigmatized than female PWID. This fact should be taken into account: for example, it is possible to develop an algorithm of PWID clients counseling, which is partner-oriented to motivate the man to bring his woman to the organization.

Initial activities should be focused on attracting client. After a certain time from the start of visits to an NGO, when a certain level of trust is formed between the client and the NGO staff, the problem of women's the distrust would be solved.

STEREOTYPE:

A minimal package of services would suffice to attract a man, while women are more demanding to both quality and quantity of services.

“It is easier to attract a man. For him it is enough to just come over and exchange syringes, sit and talk. For a woman you should emphasize the possibility to obtain consultation of a psychologist, to tell about her problems and troubles to the people who will understand and not condemn her. Maybe help with lawyer's consultation, many women have questions related to the children” (outreach worker).

“You should always explain the women that they will obtain some help, with regard to the child, or legal advice, or psychological consultation. We have a washing machine, which is also very important for women. Men are motivated by Internet, tabletop games and other such services related to rest and leisure” (social worker).

2) Distribution of services into “male” and “female” ones.

STEREOTYPE:

A minimal package of services would suffice to attract a man, while women are more demanding to both quality and quantity of services.

It first of all should be noted that the majority of surveyed experts have difficulties understanding that men and women, besides the differences, have many common features, and need universal services to meet their demands. Often the surveyed employees tried to divide all the NGO services in the “male” and “female” ones.

Meanwhile, the NGO staff vision with regard to men's and women's responsibilities defines the division of services into male and female ones. Cleaning, washing and other household chores, as well as caring for children, are considered women's responsibilities, that's why the services oriented to children, as well as household services, for example washing, are considered female ones. However, both male and female PWID told that the possibility to leave a child under someone's care during the time of receiving services with the NGOs is important for them.

“If only we had the possibility we used to have, the Women's Club, as well as a day care center for children plus the possibility of temporary residence, to restore the lost passport passport. If only we had a psychologist and a hairdresser” (NGO manager).

As for the washing machine, the surveyed social workers said that they implemented this service to attract women while in practice it is used mostly by men. That is, the experts, without actually noticing this, assumed that their work is affected by the above gender stereotype.

Caring about the appearance is considered a female feature, that's why the ap-

pearance-oriented services (hairdresser, hygienic product distribution), also are considered female services, while both men and women need this.

Leisure-oriented services were more often mentioned in the context of working with men, however, the experts admitted that women also need them. Meanwhile, leisure organization for women and men also differs — if for women it is painting, embroidery etc., for men these are tabletop games, as well as guitar lessons, PC training etc.

“A man can come to the organization only because he can play chess or backgammon here. A woman would never come here to play. She would rather come to take hygienic slips, for the food kits or washing” (social worker).

3) Demand of male and female PWID for different services.

STEREOTYPE:

Psychological counseling and assistance are more demanded by women than by men.

“Women more often need counseling and information. If a man comes to the organization, he just takes what he needs, uses this service and leaves, while women need to talk and to ask more questions” (social worker).

“Both men and women equally need syringes. Condoms are more demanded by women. Women also are more interested in counseling. Some of them experienced apartment fraud. Some of them were deprived of parental rights, accordingly, they have problems with children” (senior social worker).

“Psychological help is more popular among women. Men also can be encouraged to be sincere, but it is practically impossible that a man is the first to ask about psychological help” (social worker).

The results of survey among the PWID clients showed that neither implemented (actually received services), nor potential (desirable services) demand for these services differs on the gender basis. Meanwhile, most of the surveyed employees said that these services are more demanded among women and they have more responsible attitude towards the recommendations of specialists, and comply to them more strictly. Possibly, this stereotype is connected with the belief spread in our society, that a man should solve his problems on his own, while it is acceptable for a woman to seek help.

4) Specifics of counseling of male and female PWID

STEREOTYPE:

Men should be counseled using the statistics, with clear and logical explanations on how to behave safely, while women need another, “softer” approach.

Interpretation of a woman as a weak creature, unable to be responsible for her life and needing help from man, affects the specifics of counseling of women by the NGO social workers. Interestingly, the surveyed experts described in the specifics of counseling men in much more details. According to their responses, they treat male PWID as adult people, who can and should take up responsibility for themselves and their close people. That’s why counseling men is based on statistics and use of logical arguments, explaining the client in a rational manner what they do wrong and how they should behave.

“A woman is more delicate, you should treat her softy-softy. I can be very harsh with male clients sometimes. Let me make a simple example. A person may have read that HIV dissident stuff and claim that HIV does not exist. I would not even start a dispute with them. I can say “oh, you know, I have seen a lot in my life. I’ve ever seen those HIV skeptics in the infectious ward, lying in the diapers. That’s why if you don’t want to lie rotting in the diapers after some time, take it serious and use a clean syringe. And never share your syringe with anyone. But I cannot talk like this to a woman, I should be gentler” (social worker).

“During the counseling we try to pay attention to the gender component. Women need a certain psychological inclination in communication, while a man should be shown the statistics, sometimes even intimidated a bit and explained which mistakes they do regularly” (social worker).

Regarding work with women, most of the surveyed NGO staff, both male and female, unanimously said that they work with women is different, special, softer manner. But no one could explain what exactly should the counselor say or cite some counseling examples.

The only thing mentioned by the respondents was that they, especially men, emphasize the woman’s role of a beauty in communication with female clients. For example, male employees made compliments to their clients. If a female PWID has a child, the maternal role is emphasized in the process of counseling.

“If a woman would like to increase her self-esteem, her importance, she would surely go to a male employee, whom she would smile, while he would make her compliments, and he would treat her in the different way than the men of her usual environment. Talking to him she would not ask for help, but rather just raise her self-esteem. But when she faces real problems, she would approach another woman and secretly ask for, for example, “you know, I’ve got some strange excretions, what should I do?” If she needs help with a partner, relations at home, violence, she would not talk about this to a man, because she would like to remain beautiful in his eyes” (a social worker).

Both the results of the NGO PWID clients survey and the experts themselves implicitly confirmed that they talk with male PWID about risky behavior more often than with women. It might be related to the stereotype that women are more responsible towards their health and less prone to risky practices.

“The self help groups for women are focused on the contraception, pregnancy, child upbringing. The groups for men are focused on other topics, such as drugs and their use, parenthood” (social worker).

STEREOTYPE:

Possibility to talk, friendly attitude of NGO staff and a welcoming atmosphere are more important for women than for men.

“A female PWID lacks communication with other women. She does not have a person to trust, or to get advice. That’s like an inner loneliness. It was clearly visible on female groups, where they selected the discussion topic on their own and communicated with each other” (line coordinator).

“They always attended the Women’s Club. They were just having rest here. It is like going at home. They can sit, make embroidery, make some handmade stuff, have coffee or tea” (senior social worker).

“I think we can win the women’s adherence by welcoming attitude towards them. For example, on the 8-th of March we bought flowers, a cake, and had an informal party. I brought a guitar with me and played good old songs familiar to them, and they were just crying. We made them feel that we love them, we value them and want to help them. And that seemed to work. They became more open” (senior social worker).

Some of the surveyed NGOs staff, as well as the clients themselves, dismissed this statement, insisting that all these factors are equally important for men and women. The clients, when answering the question about the aspects important for them while receiving services with the NGOs, extremely appreciated the friendly attitude of the staff and possibility to communicate with them. No meaningful differences were noticed between men’s and women’s responses.

STEREOTYPE:

It is very important for a woman to have a “small talk” while receiving services with an NGO.

“A woman likes to be listened to. The syringes may be important, but this is not the main thing. She is more longing for acceptance, for friendly attitude, and for some time dedicated just for her. She would be happy to feel special at least for a short time” (social worker).

Meanwhile, based on the analysis of one respondents’ answers to the question about the topics discussed with them during syringes and condoms distribution, it turned out that while counseling women the NGO staff would just talk with them about life. They discuss with women their health, relations with a partner, children and other general topics, while the risky behavior prevention is downplayed. That’s why in the course of the social worker training it is necessary to emphasize, that these talks could be used to establish trust with a client, but they should not substitute the actual counseling.

NGOs experience on providing gender-oriented services to male and female PWID clients

The awareness level of the NGO staff about the essence of the gender oriented approach in working with PWID varies from complete misunderstanding of this term (it should be noted that such employees were few and not in every organization), to rather intuitive understanding of the gender and gender-oriented approach notion, which is far from scientific definition but more or less reflects the essence. The level of understanding depends on the respective higher education, experience of work in the HIV service and especially on the experience of participating in certain projects oriented towards work with female PWID or PWID couples. In organizations having such experience the staff in general (not only the coordinator) are more educated on this matter. The latter allows to suggest that with previous gender training the employees would successfully cope with the implementation of gender-oriented projects/interventions among PWID.

However, the majority of the surveyed experts demonstrate a common problem, regardless of the gender-oriented approach awareness level: this is the excessive polari-

zation of men and women, along with neglecting their common traits. This often leads to fossilization of stereotypes about men and women.

Gender-oriented approach is often opposed to the individual one, they are considered to be mutually exclusive rather than mutually complementing. In particular, quite often social workers indicated that individual approach to every client, male or female, taking into account their lives, health condition, psychological and social environment and life situation specifics etc, is more important than the gender-oriented one.

The results of interviews with the experts show that the majority of NGOs included in the study more or less actively implement some components of gender-oriented approach starting before 2015 (providing gender-oriented services, even if they are not posed as such, and creating women-friendly environment in the NGO). It was implemented both within the projects oriented to work with female PWID and PWID couples, where some NGOs have practical experience, or within the framework of usual harm reduction projects. After funding reduction NGOs had to abandon many interventions, however, they strive to preserve at least some elements of the achieved experience. In particular, the employees told that they take into account the gender specifics in the course of counseling male or female clients.

In the meantime, these activities are more or less spontaneous, and based on the requests of male and female clients. In particular, considering that the women with small children refuse to visit the self-help groups, one of the NGOs created children's room, which allowed to increase the number of clients. Moreover, the experts not always realize that their actions are actually a form of gender oriented approach implementation.

As for the other components of the gender-oriented approach, the inclusion of this component in the organization working plan, development of gender-sensitive policies and procedures of services provision and the respective monitoring were practiced much rarely.

That's why we can assume that the majority of NGOs possess respective experience and capacity to implement the gender-oriented projects, but they need intensive training and clear guidelines on what should they do and how to do it. For example, based on the experiences over the NGOs which had already implemented separate activities for women, it is necessary to have the premises with a separate entry. A future project could possibly plan the rental of such premises, if the NGO does not have one.

According to the male and female clients, the following factors are extremely important while receiving the NGO services: friendly attitude of the staff (96%), convenient working hours (89%), proximity to their place of residence (83%), privacy while discussing personal matters (83%). The respondents noted the importance of gender-sensitive factors much less frequently: communication with the staff of the same gender (39%), the clients of the same gender (36%), or with the clients of the opposite gender (33%). Most of the respondents are not interested in separate group activities for men and women, because, in their opinion, joint activities are more interesting, more fun and give a chance to expand their communicative environment.

Regarding the attitude of the NGO staff to the gender-oriented approach, on one hand all the respondents having the experience of gender-oriented components implementation in their organizations said that it did bring positive results: the number of PWID clients increased, their satisfaction level enhanced, their trust to the NGO increased. On the other hand, the analysis of the experts responses regarding the feasibility of a wider implementation of the gender-oriented approach in the prevention work among PWID in Ukraine shows that most NGOs staff had never seriously thought about this, moreover, they are not aware of the possible positive outcomes and risks in the process of implementation.

The new clients visit the HIV-servicing NGOs by the initiative of their social environment. Most of the clients (67%) said that they were brought to the organization by their closest environment (the friends already attending an NGO, husband, wife, partner, other relatives). Moreover, among the female PWID three sources from their social environment are more or less equally important: female acquaintances being the NGO clients, male acquaintances being the NGO clients and NGO staff or volunteers. As for men, male acquaintances being the NGO clients are key to attracting them to an NGO (48%), while employees or volunteers are rated almost twice lower (26%). Thus, in the process of attracting the new PWID clients in the prevention projects is recommended to use the snowball recruitment approach, whereby the clients are asked to bring their friends or acquaintances who do not visit the NGO yet.

Regarding the client retention, the experts indicated that as a rule the clients abandon the project due to objective circumstances, such as hospitalization, moving to another place, imprisonment. Other clients mainly continue to visit the organization, even if with a different frequency: someone attends it regularly, while someone comes up there once in several months.

Each organization motivates its clients in the different way, depending on the opportunities and inventiveness of the staff. They may distribute humanitarian aid (things, food) creative approaches (guitar playing, painting, embroidery) and training program (PC skills), household services (possibility to wash clothes and to bathe), sports equipment, possibility to watch TV, use Internet, have a tea and play the tabletop games. However, almost all the social workers more or less agree that the primary motive to visit an NGO are some material benefits, starting from humanitarian aid (bandages, hygienic slips), and to the possibility to wash clothes, obtain humanitarian aid or eat. Alongside with this, but not instead of this, friendly attitude of the NGO staff to the clients is very important.

The surveyed experts not quite correctly distinguish between the universal and gender-oriented services, from one hand, and female and male services, from the other hand. In particular, many experts tried to separate all the services provided by the NGO into female and male ones. Based on the social stereotypes, the services oriented towards children, household issues (such as washing) and appearance-oriented services (hairdressing, distribution of hygienic products) were presented as female services, while practically these are universal ones. Moreover, the majority of experts indicated that psychological help and counseling by the specialists are more demanded among the women, which is not true either.

The experts indicated that the possibility to obtain a gynecologist's consultation would be a specifically female service motivating the clients to visit the NGO.

The demand for IV-service among the clients is generally quite high. The highest demand is for minimal packages services and humanitarian aid (food kids, hygienic products and medical products — more than 80%). That clients showed high interest in testing for HIV/STI (more than 60%), consultations of specialists, especially psychologists (43%), social workers and doctors of different specialties (first of all narcologist and infectious diseases specialist).

The clients confirmed that they are interested in both individual and couple counseling. In particular, 79% of the respondents would like to have a couple counseling of a social worker, 74% are interested in psychologist's consultation, and about a half — in the narcologist's and dermatovenerologist's consultation.

The majority of surveyed clients in the month preceding the survey received the NGO services and contacted with social or outreach workers, including 91% of the re-

spondents received free syringes and 79% received condoms. Only 3% of the respondents, including 4% female and 0% of male ones (!) said that the social worker would not talk to them at all while giving them a syringe. The same rate (3%), including 3% of men and 2% of women said that a social worker would not talk to them while giving them a condom.

Most of the social and outreach workers start a dialogue from neutral topics to set and build up trust relations with clients and catch their attention. It was reported by 91% of clients. Then, in the majority of cases (85%) the social workers remind about prevention or more actively discuss it, i.e. the questions which are in certain way related to the possible risk of HIV infection, other parenteral infections and the ways to prevent them. The breakdown of NGO clients responses by topics discussed with the social workers during syringe provision shows that the awareness work with men is more active than with women. Male clients (94%) compared to female (81%) more often mentioned discussing the majority of matters related to the drug usage risk and HIV prevention. The social workers more often discussed general questions, such as children, relations, health with female clients.

Similarly, only 3% of the respondents said that they received condoms without communicating with a social or outreach worker. The key topic for discussion during the condom distribution was the risk of HIV/STI transmission and the use of the condom as a reliable means of contraception. This was indicated by 78% of the respondents. Much less frequently the clients mentioned counseling on appropriate use of condoms and negotiation of using it with a partner, these topics are meaningfully less often discussed with women than with men.

According to the respondents, some of the social and outreach workers not only wanted to share prevention information with them, but tried to develop the safe behavior skills in the clients. In particular, 38% of the respondents affirmed that in the last month a social worker showed them how to disinfect and apportion the drug, 33% — how to correctly use the condom.

Almost all surveyed clients (96% men and women) indicated that the organization staff offered them to get tested for HIV in the NGO, and the majority of the clients agreed. As a result, 91% of men and 90% of women were tested. Free counseling was provided to all men and 98% of women who underwent the VCT in the NGO. Based on the respondents' opinion, the counseling can be assessed as being of sufficient quality. Most of the clients were informed about HIV infection, risks and prevention methods, about the testing procedure, were told that testing is voluntary and free of charge, received the explanation why they should know their HIV status and what the test results can be; respondents' consent to testing was obtained.

Most of the PWID respondents (93%) indicated that they never felt discomfort or awkwardness while communicating with a social worker. The sincerity level was distributed as follows: almost half (49%) are absolutely sincere while communicating with a social worker, 44% are less open and think that they can tell many things except for the most intimate ones. Only 4% of the respondents are convinced that there are many things not to be discussed with a social worker.

Meanwhile, from one hand, social workers less often discuss with women different sensitive topics related to HIV prevention; from the other hand, women less frequently said that they feel discomfort while communicating with a social worker and are more inclined to be sincere in talking to them. Thus, either NGO workers are less willing to discuss these topics with women because they mistakenly think that this is uncomfortable for them, or to the contrary, women feel uncomfortably that frequently, because they are

less often engaged in discussing these “unpleasant” topics.

Generally, the NGOs staff are equally responsible to providing services to male and female PWID and they have established more or less trustful relations with male and female clients. However, it should be noted that surveyed NGO workers more clearly described the specifics of counseling men. In their opinion, while talking to men you should be based on logical and rational arguments, cite some statistics and based on it explain what do they do wrong and how they should behave instead. As for women, the workers say that it is necessary to work with them in a different, gentler manner, not specifying what exactly they mean. This may be explained by the fact that they are not very well aware about gender specifics and act intuitively, or that they do not think it is important.

Thus, the NGO workers generally consider male clients to be adult and conscious people capable of undertaking the responsibility, while women are treated like children, not independent and not fully understanding their own needs. The counseling of women quite often focuses on their role of a beautiful woman and mother, that’s why, women are less frequently counseled about the prevention of risk behavior.

According to the social workers of NGOs, engaging the female PWID in the harm reduction is more difficult than engaging men, because women are more distrustful and difficult to establish contact with, they need more time to feel comfortable and start to trust the NGO staff. Women are more stigmatized, and they often tend to deny the problem. However, this issue is relevant only for the initial stage of interaction with the NGOs, and then it solves when female clients develop a certain level of trust.

RECOMMENDATIONS

Considering major gaps in the NGO staff awareness about gender-oriented approach, most of the recommendations focus on the necessity to train the NGO representatives in this field. In particular, in the course of training attention should be paid to the following aspects:

- General information about the gender-oriented approach: its key principles and components (including correlation between the gender-sensitive and individual approach).
- Implementation of each component of the gender-oriented approach, starting from how to set forth such services and activities in the organization’s work plan, how to develop and implement gender-sensitive policies and procedures, and to create female-friendly environment in the NGOs and appropriate monitoring.
- Proportion between universal and gender-sensitive services for the PWID, including the difference between them, and the cases where universal services should be provided, as well as appropriate cases for gender-sensitive services.
- What makes a service to be gender-sensitive? How an ordinary service may be turned into a gender-sensitive one?

In addition, the NGO staff needs to be trained in peculiarities and technologies of attracting female PWID, as well as counseling of male and female drug users on safe behaviour. Special attention should be paid to development of practical skills in counseling male and female PWID, possibly depending on the certain specifics of the clients, for example, their living circumstances, causes for vulnerability, type of used drug etc.

In the course of training a number of aspects should be paid attention to:

- It is recommended to train exactly those staff who will participate in gender-oriented interventions right before launching these interventions. It would enable the employees to practice the skills at once and improve the efficiency of training.
- A comprehensive training is necessary, starting from the essence of the gender concept and to fostering of specific skills necessary for the implementation of the gender-oriented approach. More specific topics should be included only after the basics. It is related to the fact that the knowledge of the majority NGO employees about gender-oriented approach are fragmented, while the understanding of basic notions such as gender, considerably varies. Before detailed training in gender-oriented services provision and forming special skills, it is necessary to shape the basic understanding of what these services are.
- While designing a training module, one should emphasize not only differences, but common traits of men and women to mitigate the gender polarization currently demonstrated by the majority of NGO staff. It is necessary to pay attention to the specifics of working not only with women, but with men as well.
- It could make sense to separate sub-groups in the process of training, which would allow taking into account individual features and pay additional attention to the questions which are more relevant to some social workers (for example, attracting male and female clients, gender-based counseling etc).

Based on the existence of a number of gender stereotypes among social and outreach workers regarding their PWID clients, they also need training in the following matters:

- Identification and overcoming of stereotypes in their behavior;
- Assessment of female PWID, analysis of their living circumstances, vulnerability causes, behavior reactions, attitudes;
- Motivation and counseling of female PWID based on the analysis of their living circumstances, vulnerability causes, behavior reactions and attitudes;
- Correction of stereotypes in the clients.

Based on study results, a number of recommendations with regard to the specifics of working with PWID clients were developed, including their interaction, motivation and direct provision of services.

In particular, considering the scarcity of financial resources of the clients it is possible to suggest that emphasizing availability of free of charge services in an NGO could be an efficient instrument of attracting new clients.

As the man in a PWID couple is the first to visit and NGO and only after some time he would bring his woman to the organization, it is recommended to attract the new female clients through their husbands or partners. With this aim it is necessary to develop an algorithm of working with male PWID, motivating them to bring their female partners to the NGOs. For example, if a man has a wife or a partner, it is possible to tell him about the services for women available in the organization, or give him a leaflet with the list of women-oriented services. It is also possible to attract women by offering their male partners, who attend the NGO, to take part in certain couple-oriented activities.

As in most couples both partners use drugs, couple counseling by specialists is very important. Moreover, considering the specifics of relations in PWID couples, they strong-

ly need the services helping to establishing harmonious family relations, for example, awareness-raising, psychologist's help, possibly mutual help groups for couples.

As the women who do not use drugs themselves but have drug using male partners are exposed to serious risk of HIV infection, as well as engagement in drug use, special services for such couples or women should be developed.

Considering the specifics of role self-identification of female PWID (orientation towards family roles along with lack of self-identification with social and leadership roles), psychologist and a social workers should take action on assessing and developing of female PWID self-identification and self-esteem (trainings, counseling, group work). It is also necessary to take into account economic vulnerability of women, because they more often get dependent on their husbands or partners or their environment. It is therefore necessary to develop capacity building services for women, help them with finding a job and obtaining the necessary skills.