A Brief Summary of the Findings of Operational Research

"The Study of Attitudes Toward the Risk of Infection with HIV/ STI and the Issues of Reproductive and Sexual Health Among IDUs and FSWs"

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List of Abbreviations and Acronyms

The Alliance — ICF "International HIV/AIDS Alliance in Ukraine".

HIV — Human Immunodeficiency Virus.

FSWs (FCSWs) — Female Sex Workers (Female Commercial Sex Workers).

STI, STD — Sexually Transmitted Infections, Sexually Transmitted Diseases.

NGO — Non-Governmental Organization.

IDU — Injection Drug User.

AIDS — Acquired Immunodeficiency Syndrome.

Research Methodology

The purpose of this operational research was to measure knowledge levels, explore attitudes toward the risk of infection with HIV/ STI and the issues of reproductive and sexual health among IDUs and FSWs, as well as evaluate the awareness of vulnerable target groups regarding modern-day family planning methods.

The following methods were employed in order to achieve the desired research objectives:

- Structured interviews with IDUs (in the context of this study, IDUs were defined as individuals who have used injection drugs in the past 30 days), and FSWs (in the context of this study, FSWs were defined as women who have provided sexual services in exchange for payment in the past 6 months);
- In-depth interviews with doctors and social workers

The following non-governmental organizations were identified and selected for the conduct of this study: 'Drop In Center', 'Convictus Ukraine' (Kyiv), 'Nashe Maybutne' [Our Future] and 'Gromadske Zdorovya' [Public Health] (Kryvyi Rih, Dnipropetrovsk oblast), 'Krok u Maybutne' [A Step Into the Future] (Luhansk), 'Mangust' [Mongoose] (Kherson), 'Insight', 'Vid Serdtsya do Serdtsya' [From Heart to Heart] (Cherkasy), and 'Nova Simya' [New Family] (Chernivtsi)[1].

In total, 729 structured interviews were conducted, including as follows:

- 176 interviews with IDU women who have not provided sexual services in exchange for payment;
- 184 interviews with FSWs who do not use injection drugs;
- 184 interviews with IDU-FSWs;
- 185 interviews with IDU men.

Approximately 120 IDUs and FSWs were interviewed in each city covered by the survey: specifically, in each location 30 IDU men and 30 FSWs who do not engage in commercial sex acts, as well as 30 IDU-FSWs who engage in commercial sex acts, and 30 FSWs who do not use drugs intravenously.

In terms of IDU client distribution based on the specific drug of choice reported by the Alliance's partner organizations, the following quotas were established for IDUs in each city included in the study:

- 40% — opiates (tramadol/tramal, heroin, opium extract in liquid form ('shirka', 'black'), street methadone, street buprenorphine, etc.), 40% — stimulants (cocaine, amphetamine ('pfen'), methamphetamine in powder form (crystal), methamphetamine in solution form ('vint', perventin), methcathinone ('jeff'), cathinone ('boltushka', 'mulka'), etc), 20% — desomorphine ('crocodile', 'elektroshirka').

[1] NGO staff from Gromadske Zdorovya, Mangust, Nashe Maybutne, and Nova Simya have undergone a specially designed training program offered by Alliance Ukraine focusing on the sexual and reproductive health of IDUs and/or FSWs.

In terms of IDU client distribution based on the specific method of client recruitment reported by the Alliance's partner organizations, the following quotas were established for FSWs in each city included in the study:

- 40% — seeking clients for commercial sex on the street, near truck stops, in bus or train station areas, 40% — in hotels, saunas, clubs, cafes, using telephone or online services, agencies, 20% — servicing clients in brothels operating in an apartment setting.

Minor deviations from the predefined quotas were observed in certain cities with regard to some hard-to-reach populations. However, appropriate statistical weights were introduced to ensure data adjustments as required.

Different interview questionnaires were developed and used for male and female respondents.

Different guides for in-depth interviews were also developed for NGO staff and the medical doctors who are working in family planning centers and women's health clinics. Based on the predefined requirements, gynecologists, venereologists, urologists, andrologists from family planning centers and/or women's health clinics selected for interviewing purposes were expected to have prior experience counseling IDUs and/or FSWs[2]. The tables below show the data disaggregation by respondent category.

In-depth interviews with doctors and NGO social workers

City	Venereologist	Gynecologist	Social Workers
Kyiv	1 ('Drop In Center')	1 ('Convictus Ukraine')	2 ('Drop In Center')
Kryvyi Rih	1 ('Gromadske Zdorovya')	1 ('Nashe Maybutne')	1 ('Gromadske Zdorovya'), 1 ('Nashe Maybutne')
Luhansk	0* ('Krok u Maybutne')	1 ('Krok u Maybutne')	2 ('Krok u Maybutne')
Kherson	1 ('Mangust')	1 ('Mangust')	2 ('Mangust')
Cherkasy	1 ('Vid Serdtsya do Serdtsya')	1 ('Insight')	2 ('Insight')
Chernivtsi	1 ('Nova Simya')	1 ('Nova Simya')	2 ('Nova Simya')
Total	**5 interviews**	**6 interviews**	**12 interviews**

** The doctor refused to participate in an interview.*

[2] Medical doctors with appropriate experience were identified and involved in the survey process in all cities covered by the study except for Kryvyi Rih.

In-depth interviews with medical doctors from family planning centers and women's health clinics

City	Medical Doctors and Healthcare Institutions
Kyiv	Gynecologist & urologist from *The Youth Friendly Clinic*, Dnieprovsk district
Kryvyi Rih	Gynecologist from the women's health clinic at CI [communal institution] *Municipal Clinical Hospital #8*, STD and skin disease specialist from CI *Kryvyi Rih Municipal Skin and STD Clinic*
Luhansk	Gynecologist and andrologist from the Luhansk Regional Perinatal Center
Kherson	Gynecologist and andrologist from the Regional Center for Family Planning and Reproductive Health at CI *Kherson Regional Clinical Hospital*
Cherkasy	Two gynecologists from the women's health clinic at Cherkasy Maternity Hospital #2
Chernivtsi	Gynecologist and andrologist from the Chernivtsi Regional Center for Family Planning and Reproductive Health at CI *Chernivtsi Regional Medical Diagnostic Center*
Total	**12 interviews**

Key Research Findings

Knowledge of Contraceptive Methods and HIV/STI Transmission Routes

The research identified the following gaps in knowledge regarding contraception and HIV/STI transmission routes among survey respondents:

- From 25% to 33% of all respondents in different target groups (IDU women, IDU men, IDU FSWs, and non-IDU FSWs) are not aware that HIV can be transmitted from an infected mother to her child during pregnancy (FSWs are more likely to demonstrate knowledge of this fact than IDUs);
- Roughly a third of respondents in all groups think that the use of antiseptics/ disinfectants [douching] after each sexual intercourse (for example, Miramistin, Chlorhexidinum, etc.) ensures protection against transmission of HIV and STI;
- Roughly a third of respondents in all groups are not aware of the high risk of HIV transmission during unprotected anal sex;
- Nearly half of female respondents and 71% of IDU men have no awareness of emergency contraception methods. Overall, nearly a third of the respondents do not know any other contraceptive methods except for using condoms;
- Almost half of the respondents do not know that HIV can be contracted from unprotected oral sex.

Substantially all respondents know what a male condom is, 9 out of 10 consider male condoms a reliable protection against both unwanted pregnancy and HIV/STI. However, 8% of the IDUs (both male and female) assert that this method of contraception does not suit them, while this figure for FSWs is 2%.

Knowledge of the female condom is reported by 54% of IDU men, 73% of IDU women who do not engage in commercial sex acts, 87% of FSWs who do not use drugs intravenously, and 88% of IDU-FSWs. Among those who claim knowledge of the female condom, nearly all respondents consider it a reliable protection against both unwanted pregnancy and HIV/STI. However, 19% of FSWs, 16% of IDU men, and 14% of IDU women, who do not engage in commercial sex acts, assert that it does not suit them.

Roughly half of the female respondents are aware that intrauterine devices and hormonal contraception provide reliable protection from an unwanted pregnancy, whilst nearly a third of the respondents know that emergency contraception can be relied upon for such purposes.

Among IDU men 38% know that an intrauterine device helps avoid an unwanted pregnancy. Other forms of contraception, with the exception of condoms, are considered a reliable birth control method by less than a third of the respondents.

In terms of protection against HIV/STI, not more than 5% of all respondents across the survey pool entertain the mistaken notion that all other forms of contraception excluding the use of condoms are reliable in this regard.

Contraception Practices and Tendencies Toward Risky Sexual Behavior

The survey identified the following risky sexual behaviors among the respondents:

- High incidence of unprotected sex with regular partners among all the survey audiences;
- High incidence of unprotected sex frequently requested by FSWs' clients (in particular, for additional compensation);
- High incidence of unprotected sex with casual partners (only amongst IDU men);
- Continual use of antiseptics (for example, Miramistin, Chlorhexidinum, and other medications intended only for emergency use after exposure associated with unprotected sex) among the majority of FSWs;
- Female respondents use almost no emergency contraception after unprotected sex;
- High incidence of sex (unprotected sex included) during a period;
- Incorrect use of condoms causing condoms to break or tear.

76% of IDU women who do not engage in commercial sex acts, and 61% of IDU men report having had intercourse with a **regular** sexual partner in the last 12 months prior to the survey, while this figure for FSWs is close to 40%.

During intercourse with regular partners, 27% of IDU women, who do not engage in commercial sex acts, claim to use a condom (male or female) all the time, while this figure for IDU FSWs is 28%, and 39% – for FSWs who do not use drugs intravenously.

At the same time, 25% of IDU women, who have a regular partner and do not engage in commercial sex acts, are planning a pregnancy in the immediate future, while this figure is 18% in the case of IDU FSWs, 21% — in the case of FSWs who do not use drugs intravenously, and 14% — in the case of regular female partners of IDU men.

The respondents interviewed pointed out the following key barriers to the use of contraception:

- The belief that using a condom is not necessary,
- Unpleasant sensations associated with condom use,
- Sexual intercourse in a state of alcoholic and/ or drug induced intoxication (the latter reason cited by IDUs only).

22% of IDU women who do not engage in commercial sex acts, 36% of IDU FSWs, and 51% of FSWs, who do not use drugs intravenously, claim to use antiseptics/ disinfectants for douching (for example, Miramistin, Chlorhexidinum, etc.) after sexual intercourse with regular partners.

85% of FSWs, who do not use drugs intravenously, report using condoms (male or female) during each sexual encounter with clients, while this figure for IDU FSWs is 71%.

64% of FSWs, who do not use drugs intravenously, and 42% of IDU FSWs have pointed no barrier to the use of contraception during intercourse with their clients. For all female respondents (most frequently, for IDU FSWs), the major barriers include sex under the influence of alcohol, unplanned sex, and the partner's unwillingness to use

protection, while for IDU FSWs the most commonly cited barrier is sexual activity under the influence of drugs as well.

Every eighth FSW out of ten encounters situations where their commercial sex partners insist on unprotected sex. 82% of FSWs, who do not use drugs intravenously, refuse to provide service in such cases, while only 54% of IDU FSWs act in a similar manner (the percentage of responses to the effect 'I attempt to dissuade the client and, failing that, I refuse to provide service' and 'I refuse to work with the client'). A third of IDU FSWs and 13% of FSWS, who do not use drugs intravenously, agree to unprotected sex for an additional consideration. IDU FSWs are also more likely to comply with requests for unprotected sex in the case of regular clients: 22% of IDU FSWs and 10% of FSWs, who do not use drugs intravenously, would agree to deliver service in such a situation. In most cases, additional compensation for unprotected sex does not exceed UAH 200.

If FSWs insist that protection be used despite the client's demands for unprotected sex, the clients will either refuse this service (this outcome is reported by 41% of the FSWs, who do not use drugs intravenously, and 31% of the IDU FSWs, who have encountered client requests for unprotected sex), or offer alcohol to influence FSWs toward the desired behavior, which is most commonly the case with IDU FSWs (such experiences are reported by 22% of FSWs, who do not use drugs intravenously, and 31% of IDU FSWs). Some FSWS report that in such situations the clients use threats, bad language (16%), or apply physical violence (12-13%).

Among FSWs, who do not use drugs intravenously, 69% claim to never have unprotected sex with clients, while this figure for IDU FSWs is only 33%. Among those who have admitted to unprotected sex experiences with clients, 64% of FSWs, who do not use drugs intravenously, use antiseptics as a method of protection, while this figure for IDU FSWs is 47%. Use of emergency contraception has been identified only in a few isolated cases.

23% of IDU women, who do not engage in commercial sex acts, and 43% of IDU men report having had sexual contact with **casual** sexual partners. Over the course of the last 12 months, this figure for IDU FSWs is 26%, and 14% — for FSWs, who do not use drugs intravenously, respectively.

64% of IDU men use a condom (male or female) every time they have sex with a casual female partner[3]. Unpleasant sensations and sex under the influence of drugs are the key barriers to using contraception cited by the respondents.

Vaginal sex during periods in the past year has been reported by a third of female respondents and 25% of IDU men. 13% of IDU women, who do not engage in commercial sex acts, 12% of IDU men, 5% of FSWs, who do not use drugs intravenously, and 12% of IDU FSWs have not consistently used condoms during vaginal intercourse during periods. The reasons they give for not using condoms at such times are no risk of pregnancy, or sexual intercourse being unplanned, or occurring in a state of drug-induced (for IDUs) or alcohol intoxication.

Among cases associated with **incorrect use of condoms**, the most commonly cited experiences reported by the respondents include condom breakage – this problem was most typical in the case of IDU FSWs (72% point out relevant situations), while in the case of IDU women, who do not engage in commercial sex acts, this figure is 50%, and 58% for FSWs, who do not use drugs intravenously. In addition,

[3] The analysis results cannot be considered reliable due to insufficient numbers of respondents in target female audiences.

every fifth woman interviewed mentions experiences when a condom is rolled the wrong side on, while every tenth reports cases when a condom is used not during the entire length of sexual intercourse or when there is an air pocket at the tip of the condom. Only 36% of FSWs, who do not use drugs intravenously, 27% of IDU FSWs and 21% IDUs, who do not engage in commercial sex acts, have reported no incidents regarding incorrect use of condoms.

Thus, among all survey respondents, IDU FSWs rank first on the list in terms of being most prone to risky sexual practices, followed by IDU women, who do not engage in commercial sex acts, in second place, IDU men – who rank third, and FSWs, who do not use drugs intravenously, showing the highest awareness level in this area.

Seeking Professional Assistance From Medical Specialists Based in NGOs and State-Owned Healthcare Institutions

Based on the research findings, large percentages of respondents tend to neglect their health and do not seek professional medical advice even when they notice obvious signs and symptoms of illness or disease.

Over the course of the last 12 months, 12% of IDU women, who do not engage in commercial sex acts (it should be additionally noted that 9% of the respondents from this category have reported no sexual contact during the last 12 months), 11% of IDU FSWs, and 7% of FSWs, who do not use drugs intravenously, have not been to see a gynecologist or an STD specialist. Every 4 out of 10 of the women interviewed report gynecological disorders, STD, or appropriate symptoms; most of these respondents have sought medical assistance whereas nearly a third have resorted to self-treatment or left the problems untreated.

Meanwhile, over the course of the last 12 months, 54% of the male respondents (it should be additionally noted that 7% of the respondents from this category have reported no sexual contact during the last 12 months) have not been to see a urologist or an STD specialist. Every 3 out of 10 of the men interviewed report having STD or experiencing appropriate symptoms; nearly a third of them have resorted to self-treatment or left the problems untreated.

The key barriers to seeing a doctor cited by all survey respondents are lack of time and (in case of the IDUs) financial constraints. 10%-15% of the representatives from different target groups under study have complained about the lack of courtesy and friendliness in government-sponsored medical offices.

The doctors interviewed, who are working with NGOs, fairly frequently recommend that IDUs and FSWs should utilize spermicidal products in addition to condoms. It must be pointed out that the disadvantages of spermicides are low efficacy and the fact that injection drug users may find the instructions for use too difficult to follow (for example, applying 15 minutes prior to sexual intercourse). Besides, use of spermicidal products containing nonoxinol-9 increases the risk of transmission of sexually transmitted infections and HIV[4].

The doctors interviewed, who are working in women's health clinics and family planning centers, also recommend that in addition to condoms IDUs and FSWs use spermicidal products, intrauterine devices, hormonal contraception, and the calendar [rhythm] method. Their recommendations for

[4] O. A. Pogorilets, L. V. Derimedved', N. A. Tsubanova. Spermicides: What? How? When?
Downloadable at: http://www.provisor.com.ua/archive/2008/N20/spermv_208.php?part_code=62&art_code=6910

FSWs also include getting hormonal injections. However, note should be taken of the fact that hormonal pills [tablets] are not the best suitable method for IDUs, as they tend to forget to keep track of their medication schedule, whilst the calendar method might also be a challenge for most IDUs.

In terms of specific considerations in dealing with the target groups in question, the doctors interviewed point out that that IDU be best referred to personally known and 'friendly' medical specialists, or ideally 'be taken to medical offices by the hand'. Mobile outpatient clinics, according to the doctors and social workers, are the most effective service delivery model to work with FSWs, as the latter often complain about the lack of time for medical visits.

Medical specialists from health clinics and family planning centers in all cities covered by the survey, with the exception of Kryvyi Rih, do not object to HIV-service NGOs referring IDUs or FSWs to them, and require no additional information to deal with these audiences.

One woman doctor based in Kryvyi Rih justified her refusal to work with the vulnerable populations by her concern about the health of her regular pregnant patients and their would-be babies, fearing that IDUs can spread TB and other infections to others. Another doctor was in doubt about whether medical specialists from family planning centers and women's health clinics are psychologically up to the task of dealing with IDUs and FSWs, questioning their ability to properly interact with these groups of patients. At the same time, both doctors point out the requirement for additional information and/or training programs (workshops) in order to evaluate the possibility of working with IDUs and FSWs.

Pregnancy Planning

Based on the research findings, 80% of IDU women, who do not engage in commercial sex acts, and IDU FSWs have pregnancy experience, whilst this figure for FSWs, who do not use drugs intravenously, is 64% (nearly half of the female respondents have reported three or more pregnancies).

Among the women with pregnancy experience:

- 71-87% birthed a baby (in most cases, one);
- 40% of IDU women, who do not engage in commercial sex acts, and FSWs, who do not use drugs intravenously, had spontaneous miscarriages; among IDU FSWs this figure is 25%. The female respondents interviewed were most likely to report suffering a single miscarriage.
- Abortions in a healthcare facility setting have been reported by 67% of IDU FSWs, 63% of IDU women, who do not engage in commercial sex acts, and 51% of FSWs, who do not use drugs intravenously. However, every tenth respondent refused to answer questions about having abortions. In comparison, a greater percentage of abortions performed in a healthcare facility were recorded among IDUs (2-3 abortions on average). 1%-3% of the women across different target groups have tried to cause a miscarriage on their own or with outside help. The key reasons given for having abortions are unwanted pregnancies, poor financial circumstances, and drug use (only for IDUs). Also, less than 10% of the female respondents reported pressure by the child's father or their own parents.

As regards IDU men, 66% of them reported pregnancies among their female partners, including as follows:

- 66% reported their partners' giving birth as a pregnancy outcome;
- 19% reported spontaneous miscarriages in their partners;
- 58% of the IDU men said their partners had abortions performed in a healthcare facility (2-3 abortions on average), 1% said their partners had tried to cause a miscarriage on their own or with outside help. 68% of these men said the abortions had always been performed with their consent, 10% said that in some cases their consent was obtained, and in some case, it was not, whilst another 22% were against the abortion. The key reasons given for having abortions are the unwillingness to have a child and drug use.

The NGO workers point out the absence of residential registration as the reason why some pregnant IDUs and FSWs take a long time registering with appropriate services, as in such a case women's health clinics demand that the clients should make a 'charitable contribution' and undertake a medical examination by a panel of physicians.

21-22% of IDU women, who do not engage in commercial sex acts, and FSWs, who do not use drugs intravenously, are planning a pregnancy in the immediate future. Among IDU FSWs this figure is 13%. 11% of IDU men have made the claim that their partners are planning a pregnancy in the immediate future. Some NGO workers believe that financial assistance [benefits] at childbirth are a motivating force for IDUs and FSWs and their pregnancy planning decisions.

Encouraging Family Planning and Modern-Day Birth Control Practices

Based on the research findings, 43% of FSWs and 52% of IDU women, who do not engage in commercial sex acts, have participated in training programs or classes focusing on HIV and STI prevention, sexual health and pregnancy. Nearly 80% of them report behavioral changes as a result: specifically, the women interviewed frequently pointed out an improvement in condom use behavior or use of other contraception methods, taking greater care to protect their own health and the health of their clients, as well as making medical visits at more frequent intervals.

Based on the research findings, 56% of IDU men have participated in training programs or classes focusing on HIV and STI prevention, sexual health and pregnancy. 79% of them report behavioral changes as a result: specifically, the men interviewed frequently pointed out an improvement in condom use behavior or use of other contraception methods, taking greater care to exercise caution and responsibility, demonstrating better personal care and grooming skills, reconsidering their attitudes, and raising their knowledge and awareness levels.

The NGO workers interviewed confirm that educational interventions covering a wide range of issues have a positive influence on IDUs and FSWs. Specifically, the frequency of medical visits is increasing. In terms of specific considerations in conducting such training programs for the vulnerable groups in question, the NGO workers interviewed point out that all information in target interventions must be presented in simple and plain language. Also, no professional

medical advice should be offered in order to avoid self-treatment attempts.

The NGO workers and the doctors from family planning centers and women's health clinics involved in the survey believe IDUs and FSWs can be encouraged into using contraception via education and awareness raising efforts [in the form of discussion], informational classes, and free distribution of condoms. The research findings indicate that 80% of IDU women, who do not engage in commercial sex acts, 86% of IDU men, and over 90% of FSWs obtain condoms from HIV service organizations. In addition, 27% of IDU women, who do not engage in commercial sex acts, 46% of IDU men, and nearly a third of FSWs personally buy condoms in pharmacies or supermarkets.

In the view of the respondents within the vulnerable populations surveyed, efforts to encourage the use of contraception must emphasize pregnancy prevention as a comparatively stronger argument for women, and STI prevention as a more effective argument for men. In addition, all respondents interviewed mentioned the need for quality handout materials [printed matter] as part of information and awareness raising activities – they must carry numerous illustrations/ images and minimal text. In particular, the NGO were highly complimentary about Podorozhnik Magazine that presents content in the form of comic strips.

Also, training programs should be offered to meet the proposed family planning objectives and increase understanding among target populations regarding pregnancy as an essential part of life.

In addition, the NGO workers interviewed offered the following comments and suggestions:

- consultations with a gynecologist need to be set up in an NGO setting to encourage pregnant clients to take early action on getting registered with women's health clinics (such services are not offered by all NGOs covered by this survey). Some NGOs are also in need of the services provided by other medical specialists (urologists and some other categories);
- rapid tests for pregnancy are a high-demand item for IDUs (currently available for FSWs only);
- providing the service of dispensing emergency contraception products in exceptional cases is in demand;
- hygiene kits are in demand among all target groups.

In the opinion of the doctors working in family planning centers and women's health clinics, expanding the list of free tests would further encourage the clients from vulnerable populations to make medical visits on a more regular basis.

Recommendations

1. While consulting with IDUs and FSWs, and preparing training programs and handout materials geared to the needs of this target group, a special emphasis should be placed on the following areas, in which the clients demonstrate low awareness and knowledge levels:
   - Regular use of antiseptics (Miramistin, Chlorhexidinum, etc.) is not only ineffective in preventing HIV and other infections, but also creates an environment conducive to disease development. Use of antiseptics is effective only in emergencies associated with unprotected sex;
   - Advice on the correct use and selection of condoms;
   - Advice on emergency contraception;
   - Transmission of HIV during anal and oral sex;
   - Transmission of HIV from an infected mother to her child;
   - Risk of sexual intercourse and the need for condom use during periods;
   - The need for seeking medical attention as soon as STI symptoms appear (is of particular importance in the case of IDU men);
   - Weighing the economic benefits associated with additional compensation for unprotected sex against facing the cost of dealing with possible consequences for FSWs;
   - Pregnancy planning advice (specifically, with regard to necessary medical examinations and tests);
   - Information and advice on ensuring safe pregnancy.
2. Recommendations be prepared for presentation to medical specialists based in HIV service NGOs regarding interaction with IDUs and FSWs with a focus on the aspects covered in para. 1. In addition, recommendations be offered regarding the efficacy of spermicides only in conjunction with condoms, and hormonal pills [tablets] and the calendar method not being the best suitable options for IDUs.
3. Information and materials on sexual and reproductive health be distributed through HIV service NGOs, family planning centers, and women's health clinics. All materials must carry numerous illustrations and minimal text.
4. The possibility be explored of running awareness raising classes for IDUs and FSWs in HIV service NGOs on the agenda of sexual and reproductive health and pregnancy planning on a more frequent basis.
5. The possibility be explored of dispensing emergency contraception pills and hygiene kits through HIV service NGOs.
6. The possibility be explored of dispensing rapid tests for pregnancy to IDUs through HIV service NGOs.
7. Efforts be stepped up to distribute condoms to IDU women, who do not engage in commercial sex acts. Based on the results of the survey, they are less likely than other target populations to turn to NGOs for condoms, whereas they tend to be more prone to risky practices than the other categories.
8. The possibility be explored of meeting the staffing needs of HIV service NGOs and providing medical specialists of appropriate background and training.
9. The network [data bank] of facilities and institutions be set up and expanded for referral of IDUs and FSWs, arrangements be established to streamline the procedure for putting pregnant IDUs and FSWs, who do not have residential registration, on file with appropriate offices and services.
10. Should the number of interested participants be sufficient, materials be developed and training programs conducted for medical doctors from family planning centers and women's health clinics to highlight specific considerations relevant to dealing with FSWs and IDUs.

Exhibits

Distribution of Respondent Answers to the Question:
"Where do you most commonly receive information regarding contraception?", %

	IDU women, who do not engage in commercial sex acts, *N=176*	**FSWs, who do not use drugs intravenously,** *N=184*	**IDU FSWs,** *N=184*	**IDU men,** *N=185*
Social worker	71	65	80	61
NGO-based medical doctor	35	31	37	19
Friends, acquaintances	29	21	25	30
Medical doctor from a healthcare institution	27	24	26	6
Internet	22	37	21	19
Booklet, flier, display stand in a healthcare institution	19	22	20	14
Booklet, flier, display stand in a pharmacy	18	18	11	15
Women's/ men's magazines	18	25	13	5
Brothel keeper [pimp], 'Madam'	2	6	2	-
Other female sex workers	1	39	26	-
Clients	0	6	3	-
Other sources	4	3	3	2
Difficult to say	8	1	1	11

The total exceeds 100% due to the respondents being able to provide multiple responses to the question.

Distribution of Respondent Answers to the Question:
"How often do your clients (commercial sex partners) insist on unprotected sex?",
% of those who have had commercial sex partners over the course of the last year

	FSWs, who do not use drugs intravenously, *N=184*	**IDU FSWs,** *N=184*
Rarely	31	31
From time to time	25	24
Never	19	20
Often	16	20
Almost always	9	5

Distribution of Respondent Answers to the Question:
"How do you react, and do you agree to provide service in such a situation?",
% of those whose clients have insisted on unprotected sex

	FSWs, who do not use drugs intravenously, *N=150*	**IDU FSWs,** *N=146*
I refuse to provide service to such a client	57	34
I attempt to dissuade the client and, failing that, I refuse to provide service	48	30
I try to put a condom on while the client is not looking	16	14
I agree to deliver service for additional compensation	13	32
I agree to deliver service, if this is a regular client	10	22
I agree	4	6
Difficult to answer	1	3

Distribution of Respondent Answers to the Question:
"What do your clients do (commercial sex partners) to motivate you into unprotected sex?",
% of those whose clients have insisted on unprotected sex

	FSWs, who do not use drugs intravenously, *N=150*	**IDU FSWs,** *N=146*
Pay an extra fee for unprotected sex	54	56
Refuse the services	41	31
Offer alcohol, use drink to influence me toward the desired behavior	22	31
Shout, use bad language and threats	16	16
Use physical violence	13	12
Coax and cajole [verbally] into compliance	3	1
Other choices	1	3

Distribution of Respondent Answers to the Question:
"What do you normally do with a commercial sex partner after unprotected sex?",
% of those who have reported having unprotected sex

	FSWs, who do not use drugs intravenously, *N=81*	**IDU FSWs,** *N=113*
I use antiseptics (for example, Miramistin, Chlorhexidinum)	64	47
I use douching (in case of vaginal sex) or give myself an enema (in case of anal sex)	22	42
I go to the doctor, get tested	20	17
Nothing	9	14
I take pills [tablets] / use emergency contraception	6	8
I wash	1	3
Other choices	1	4
Difficult to answer	6	5

Distribution of Respondent Answers to the Question:
"Can you think of any personal experiences or incidents with regard to incorrect use of condoms?", %

	IDU women, who do not engage in commercial sex acts, *N=176*	**FSWs, who do not use drugs intravenously,** *N=184*	**IDU FSWs,** *N=184*	**IDU men,** *N=185*
Condom breakage	50	58	72	49
Condom put the wrong side up	19	14	14	10
Condom used not during the entire length of sexual intercourse	11	6	8	11
Not pinched or squeezed air from the tip of the condom	10	11	12	8
Not rolling the condom over the entire length of the penis	6	8	13	6
Lubricant not used	6	6	11	6
Two male condoms used at one and the same time	4	5	11	4
Use of condoms after the expiration date	3	2	6	5
Other choices	1	0	0	-
You do not use condoms	13	3	0	8
Difficult to answer	11	0	1	9
You have always used condoms correctly	21	36	27	31

Distribution of Respondent Answers to the Question:
"Where do you normally get / obtain your condoms?,
% of those who have reported using male condoms

Male condoms	**IDU women, who do not engage in commercial sex acts,** *N=124*	**FSWs, who do not use drugs intravenously,** *N=178*	**IDU FSWs,** *N=178*	**IDU men,** *N=144*
I obtain them from NGOs, outreach workers	80	91	93	86
I buy my own condoms	35	34	27	46
My regular partner provides them	11	3	3	0
My casual partners provides them	9	1	3	1
My clients/ commercial sex partners provides them	0	10	13	1
My pimp/ 'madam' provides them	0	1	1	-
Other choices	4	0	1	3

Distribution of Respondent Answers to the Question:
"Do you agree with the following statements?",
% of affirmative responses

Statement	IDU women, who do not engage in commercial sex acts, *N=176*	FSWs, who do not use drugs intravenously, *N=184*	IDU FSWs, *N=184*	IDU men, *N=185*
HIV can be contracted from sharing injecting equipment [syringes] with an infected person	97	92	98	97
STI cannot be cured without seeking professional medical assistance, self-treatment doesn't work	79	92	89	76
HIV can be transmitted from an infected mother to her child during pregnancy	71	75	66	69
The risk of HIV infection during unprotected anal sex is high	66	68	65	63
HIV can be contracted from unprotected oral sex	56	54	59	55
Transmission of HIV and STI cannot be prevented through the use of antiseptics/ disinfectants [douching] (Miramistin, Chlorhexidinum, etc.) after each sexual intercourse	37	48	51	48
I do not agree to service a client, if I know he is infected with HIV, STI, hepatitis	-	86	68	-