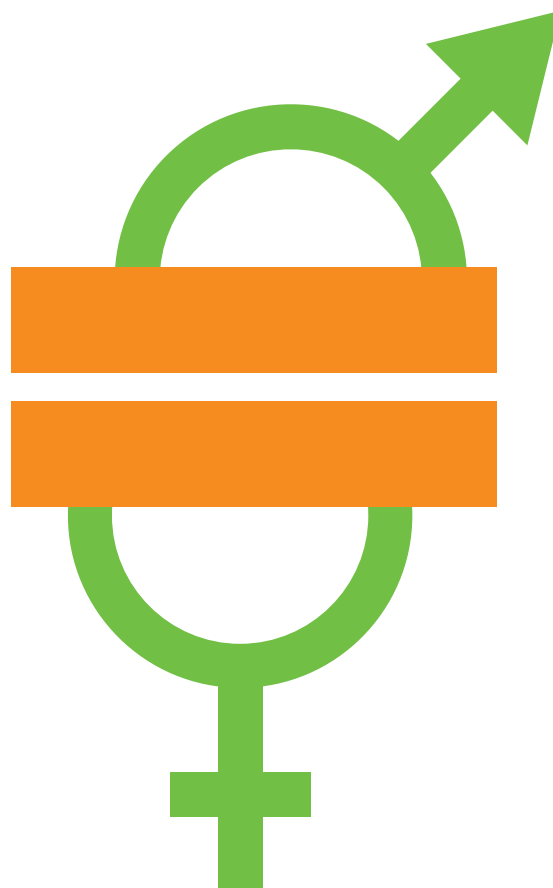


Gender and Harm Reduction.

Basic Concepts

Gender and Harm Reduction. Basic Concepts



УДК
ББК

Gender and Harm Reduction. Basic Concepts

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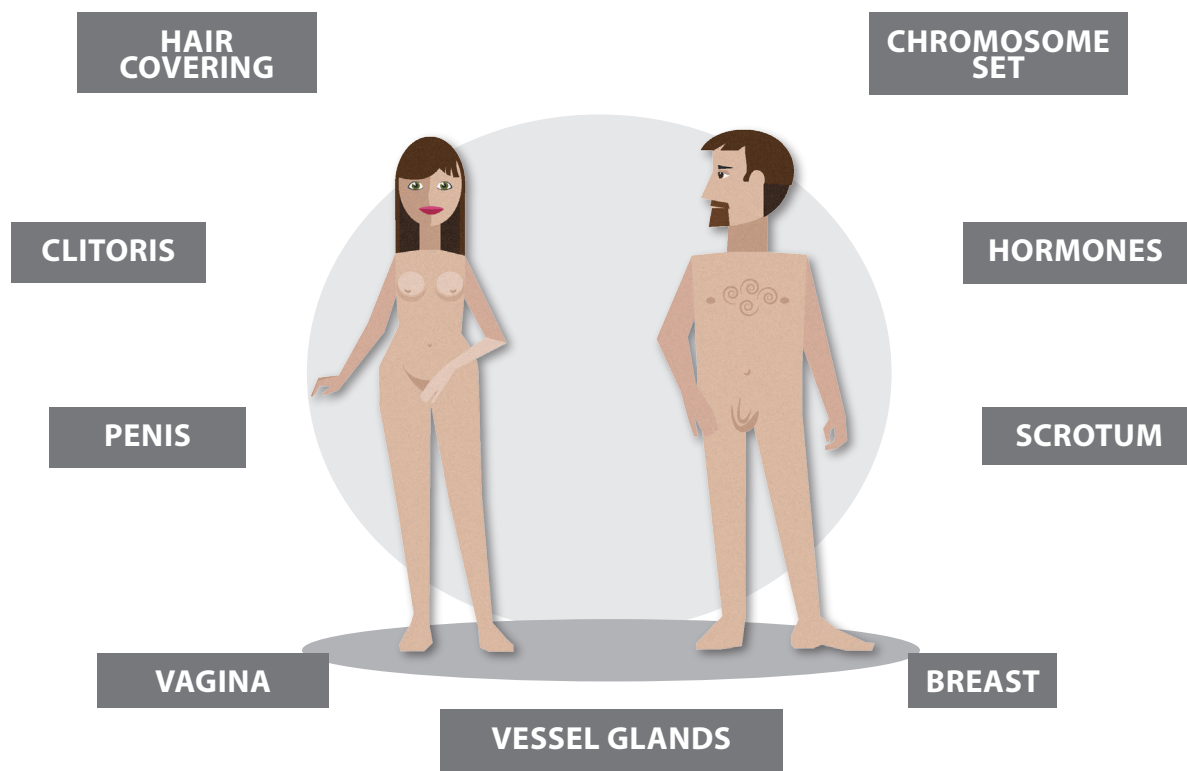
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THEORY OF GENDER

SEX. GENDER

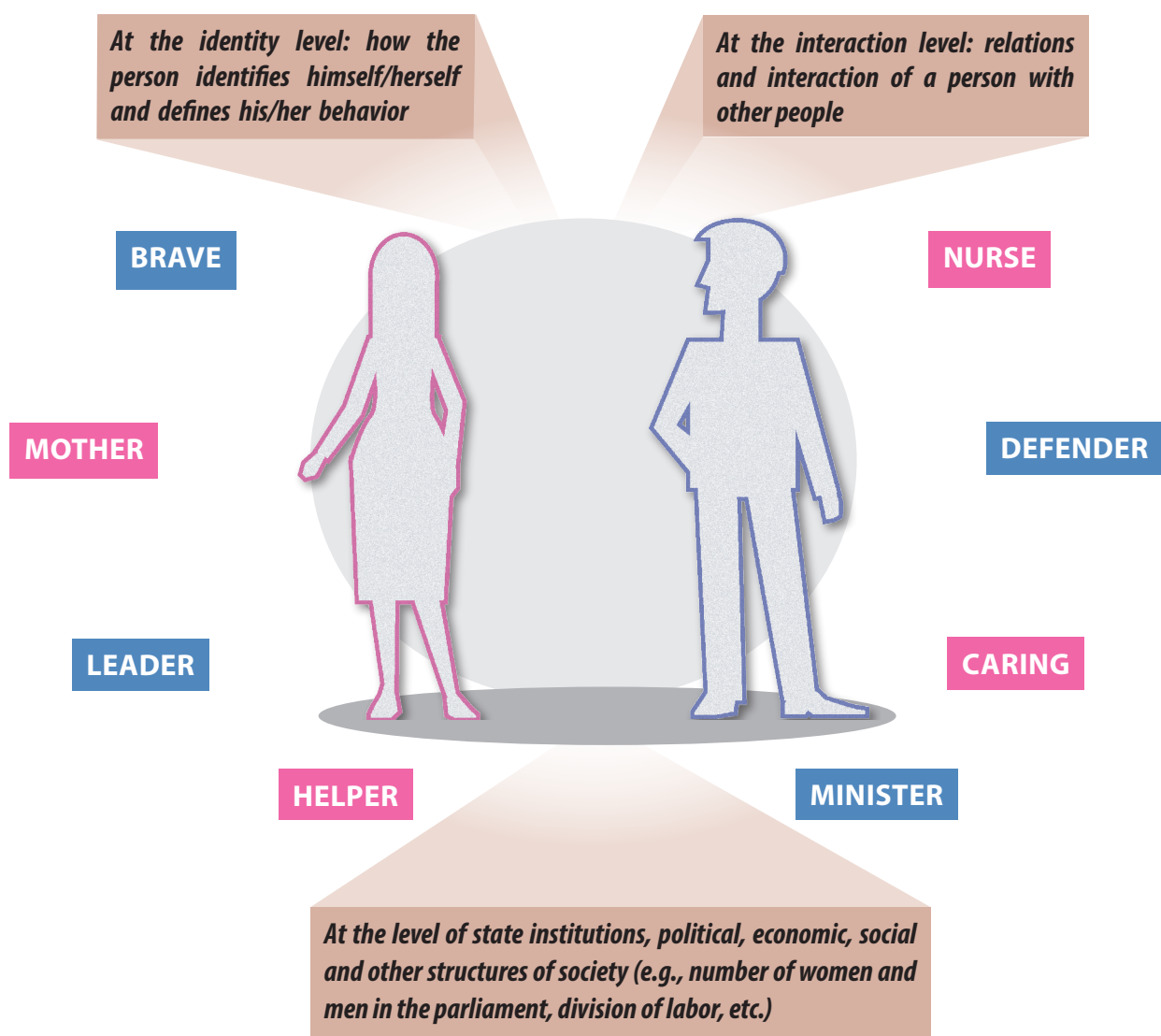
SEX – refers to purely biological characteristics of a human being.

PRIMARY AND SECONDARY SEX CHARACTERISTICS



Not all people may be clearly defined as male or female. **Intersexuals** are people whose sex may not be defined. Intersexuality may be manifested in various ways, e.g. when it is not possible to clearly determine if a baby has male or female genitals: big clitoris or small penis. **Transsexuals** are people who do not identify themselves with the sex which they are to belong to due to the presence of certain genitals.


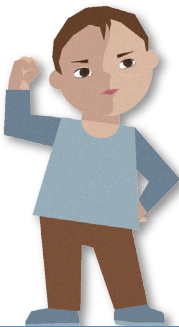
GENDER is acquired by a human being in the process of inclusion into the social life. It may be changed under the influence of social, cultural, economic, geographic, age and other factors. Researchers say that gender is a social construct as it is determined by society.



GENDER STEREOTYPES. FEMININITY AND MASCULINITY

Fixed norms of gender behavior are called **gender stereotypes**. They may be related to psychological and behavioral characteristics present in men and women as well as acceptability of various roles and activities for men and women.

It is widely accepted that women tend to **feminine** gender behavior and men – to **masculine**.

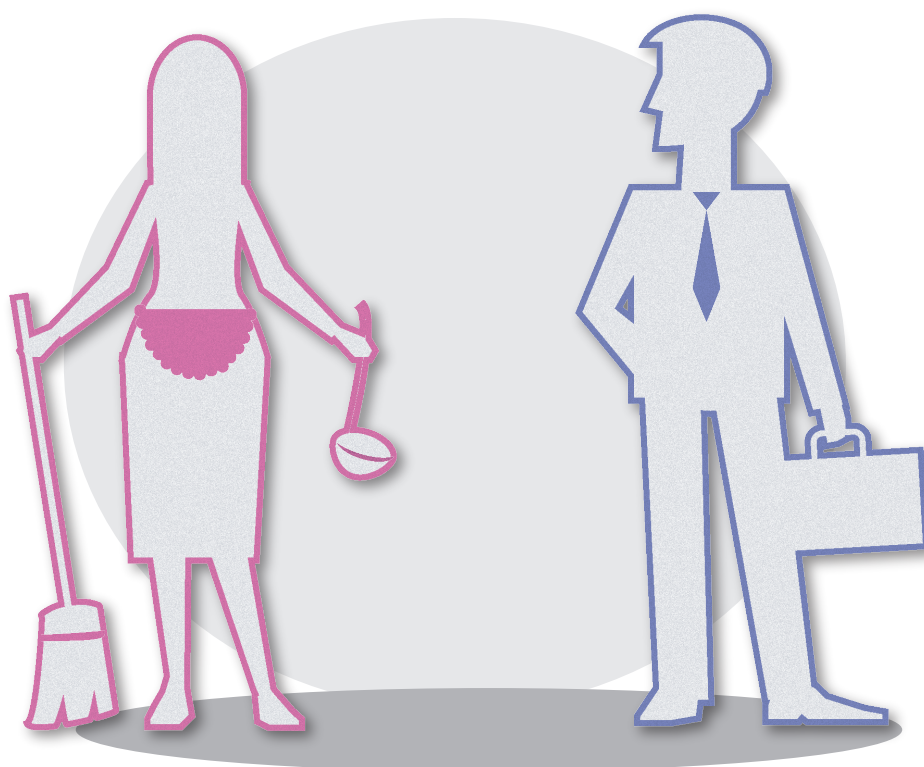
	
FEMININITY:	MASCULINITY:
<i>emotional capability</i>	<i>strength</i>
<i>responsiveness</i>	<i>power</i>
<i>weakness</i>	<i>courage</i>
<i>dependency</i>	<i>stamina</i>
<i>beauty</i>	<i>aggression</i>
<i>intuition</i>	<i>lack of emotions</i>
<i>care</i>	<i>focus on success</i>



Gender stereotypes help to perceive the reality more easily and have a sense of direction in various life situations. Their negative sides are psychological pressure on the development of personality, rejection of anything new/different and, as a result, violence to men and women who fail to meet the stereotypes (e.g., mockery of too feminine boys in schools, blaming women who do not want to have children and claiming they are egoistic, etc.)

PUBLIC AND PRIVATE

In the process of socialization, gender stereotypes are gradually imposed on the person through mass media, education, and upbringing, are established in the consciousness, and are then claimed to be “natural”. Traditionally, the **public** area of activities is reserved for men (a breadwinner who earns money outside home), and the **private** area is reserved for women (preserver of the hearth, child care).

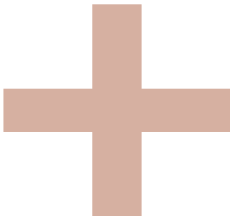


Current situation in the world shows that gradually women just as good as men master such areas of activities as politics, business, law, which have traditionally been considered the male areas, and in Western European countries men more and more often take leaves from their jobs to take care of children.

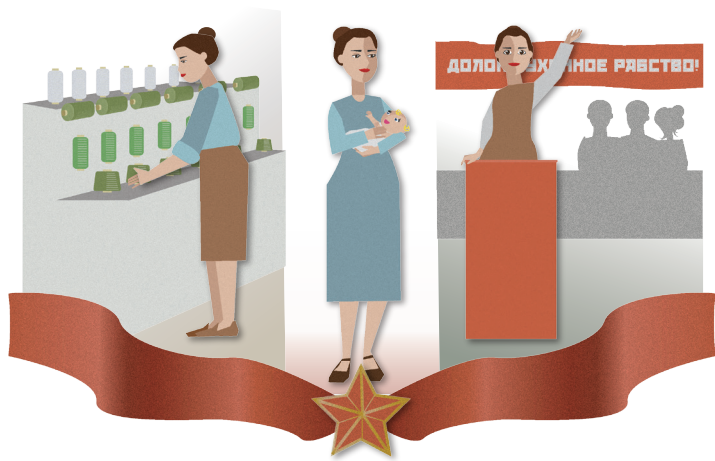
HISTORY



In the **traditional Ukrainian society**, women have been first of all responsible for the family. Women played the “natural” roles of mothers, wives, and homemakers.



The **early Soviet period** was marked with mobilization of women or their release from the “kitchen slavery”. At that time the state policy stipulated involvement of women into public activities (female workers and community leaders). Women were economically no longer dependent on their husbands; the state substituted the family.



The Soviet gender policy led to formation of an **image of a Soviet super women**, who simultaneously performs her civil duties (works at a plant or a factory or is a community leader) and fulfils her “female” functions (playing the role of a homemaker/wife/mother). Such double burden becomes part of the femininity stereotype, which was followed by many generations of Soviet women.

IMAGES OF FEMININITY IN MODERN UKRAINE

HEART OF THE FAMILY

Focused on her home and family. Good homemaker, heart of the family, perfect mother and wife.



BARBIE

Focused on outer beauty and attractiveness for men. She thinks her beauty is her main resource, so she invests all her efforts to support that beauty.

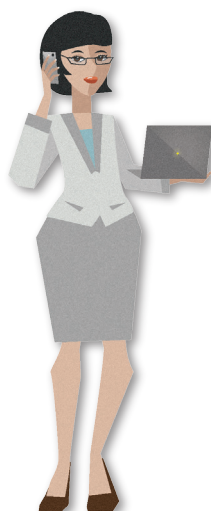


! The social functions of the Heart of the Family and the Barbie are defined through their “natural” characteristics, i.e. their bodies. The body of the Heart of the Family is aimed for reproduction, while the body of Barbie is used for the aesthetic and erotic satisfaction of men.

LESS POPULAR ROLES IN THE UKRAINIAN SOCIETY:

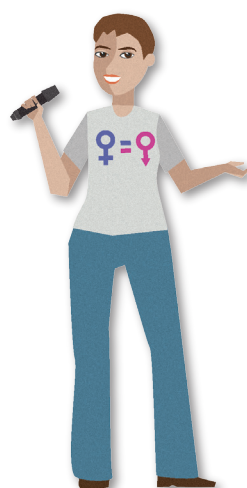
BUSINESSWOMAN

Focused on career and family. As opposed to the Western image of an individualist businesswoman, considers she is successful only if in addition to her career achievements she is also a good mother and wife.



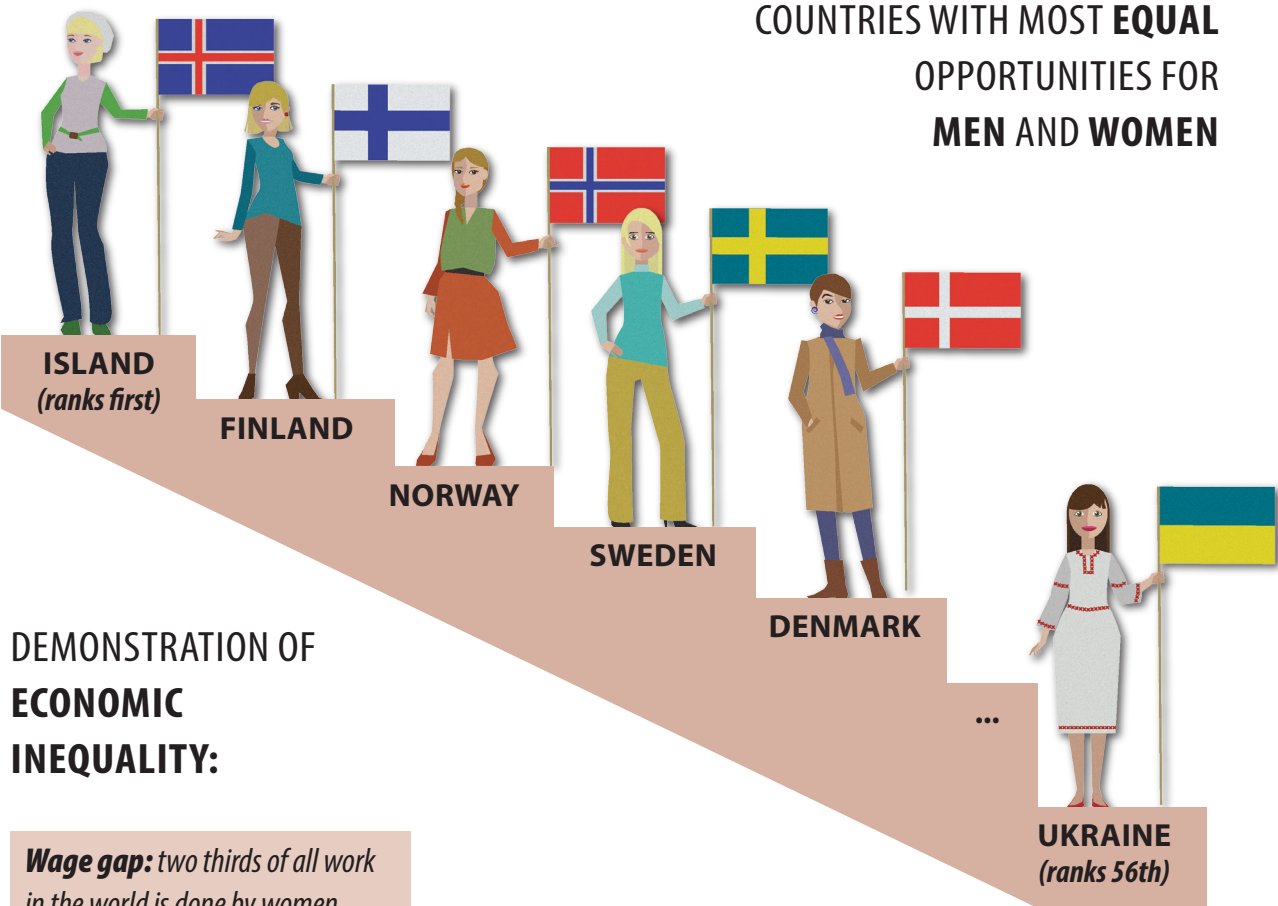
FEMINIST

Being an activist, she is focused not only on personal, but also on public matters. Takes part in social and political life of the country, is involved into awareness-raising activities, defends the principles of human rights and equality of women.



! The social functions of the Businesswoman (partly) and the Feminist are defined through their public activities, which in traditional society are reserved for men. The fact that those images are not popular is a sign that the Ukrainian society is a patriarchal society (with male dominance).

ECONOMIC INEQUALITY. GENDER VIOLENCE

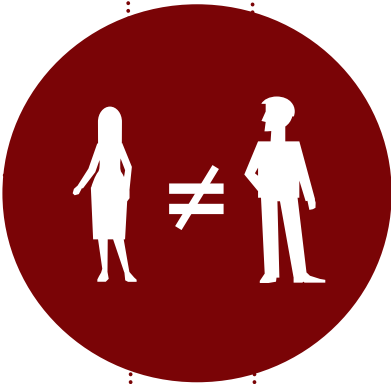


DEMONSTRATION OF ECONOMIC INEQUALITY:

Wage gap: two thirds of all work in the world is done by women, while they receive only 5% of the world income. In Ukraine, women aged 30-34 years old on average get paid UAH 1,100 less than men.

Glass ceiling refers to invisible obstacles which women face in climbing the career ladder.

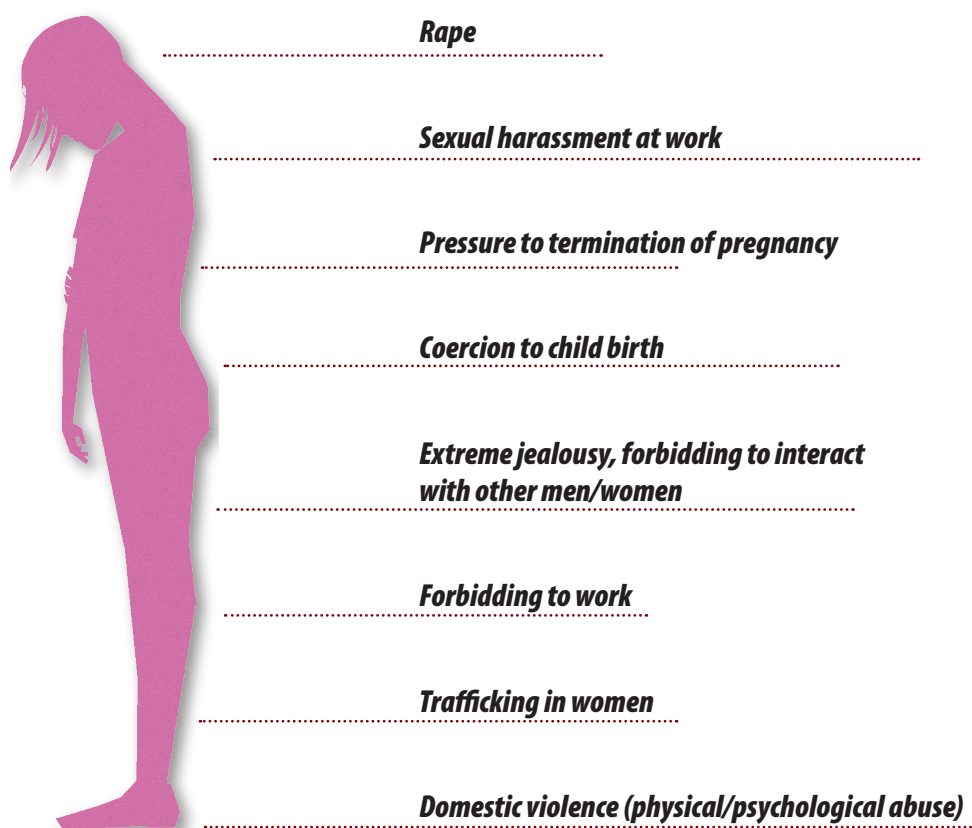
Women are more than men **presented among service and support staff** (assistants, waiters, governesses).



In fact, women work 4-5 hours more than men, but they do not get paid for the housework.

Low representation in administrative bodies and authorities. There are less than 30% of women on the managerial positions of all levels.

GENDER VIOLENCE means violence against a person due to the fact that such person belongs to a certain sex. As a rule, it is men's violence against women. The goal of gender violence is the desire of one person to dominate over and to control the behavior of another person of the opposite sex.



*According to the statistics of the Ministry of Internal Affairs of Ukraine, **9 out of 10 victims of domestic violence are women**, while men are those who commit violence in most cases.*



As of the end of 2013, in Ukraine there were 22 centers offering social and psychological support to women. Since 2012, centers to provide psychological and legal aid to women who became victims of domestic violence have been operating in 9 regions of Ukraine with support of the Ukrainian Women's Fund.

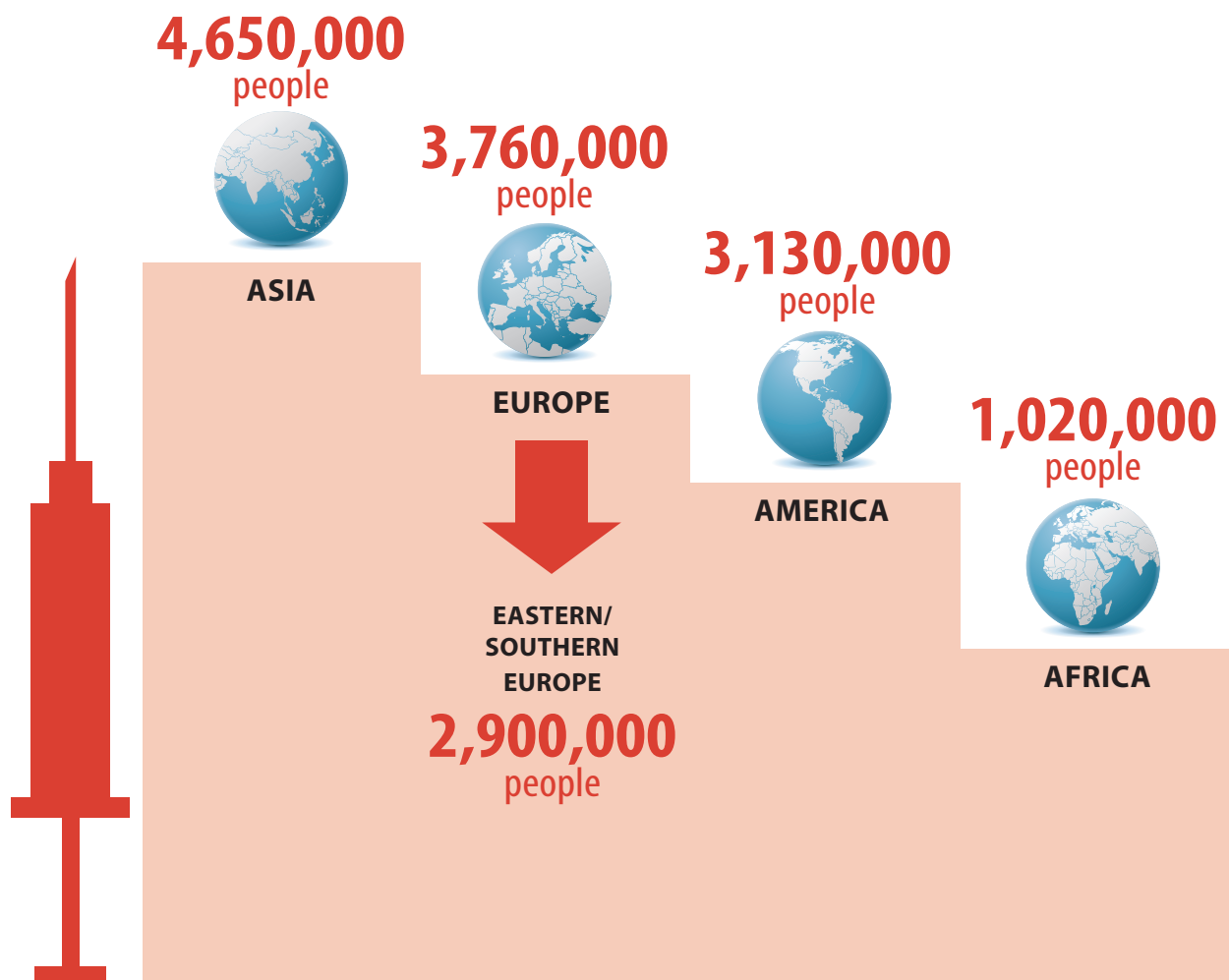
In 2013, the Ukrainian Public Health Foundation, International Humanitarian Center Rozrada, and All-Ukrainian Community Center Volunteer in cooperation with the Ministry of Social Policy and with support of the UN Women developed an intervention program for men committing domestic violence and delivered training to specialists of the relevant institutions.

In 2013, intervention programs covered almost 1.5 thousand people, which is only 34.6% of the total number of those referred by law enforcement agencies.

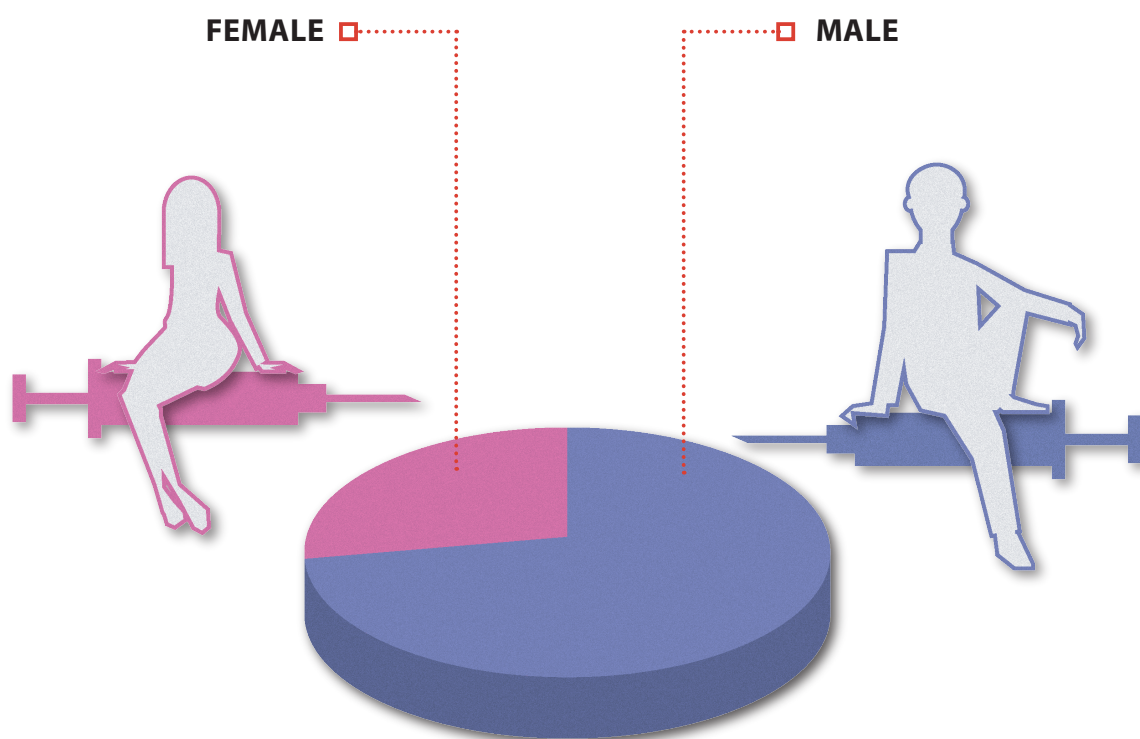
FACTS ABOUT PWID

PWID IN THE WORLD AND IN UKRAINE

NUMBER OF PWID IN THE WORLD IN 2012



PWID IN UKRAINE



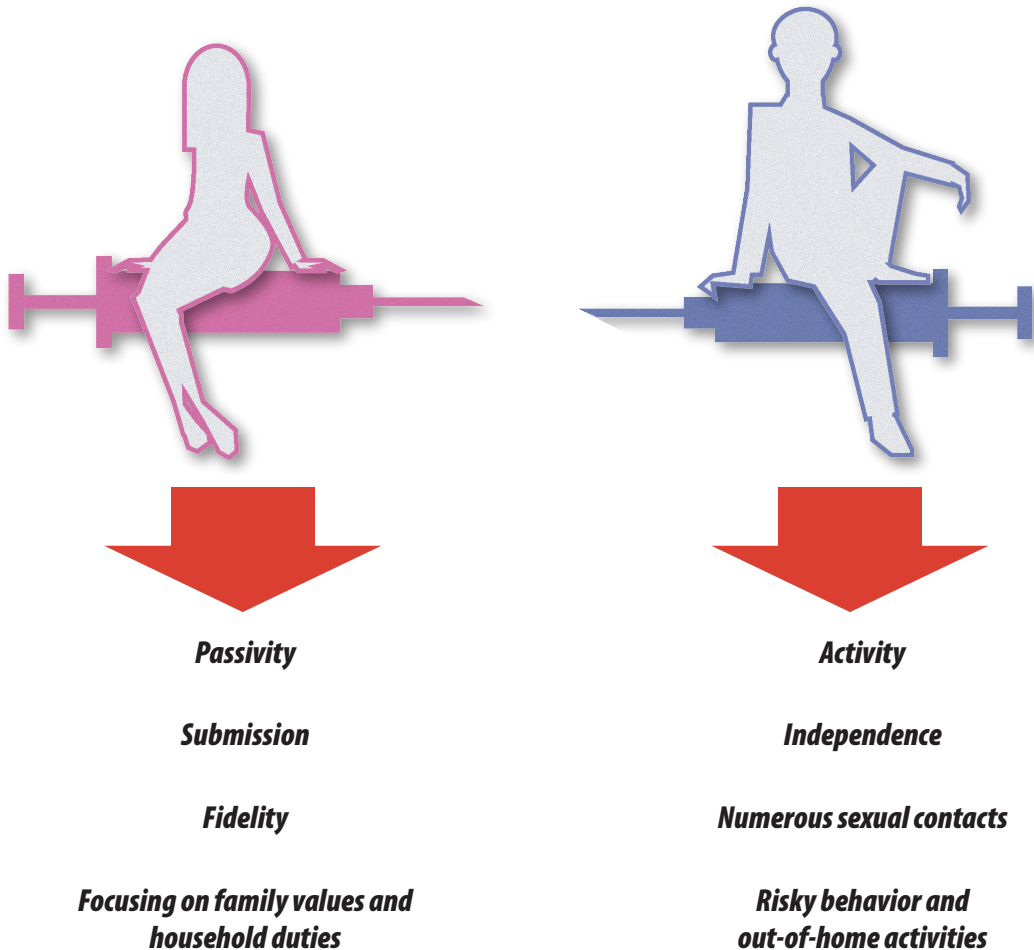
According to the estimates, in Ukraine in **2013** there were:



85,250 women who inject drugs which was 27,5% of the total estimated number of **PWID**
310,000 people

GENDER INEQUALITY AMONG PWID

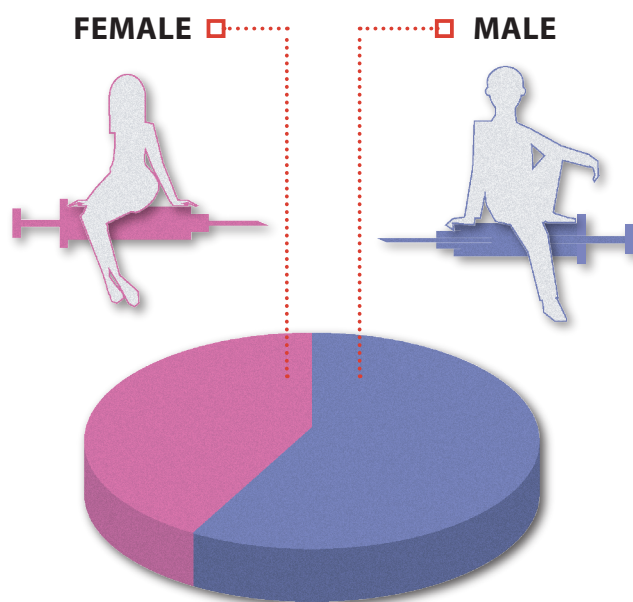
THE SOCIETY HAS THE SAME FORMAL AND ROLE-RELATED EXPECTATIONS TO WOMEN AND MEN WHO INJECT DRUGS AS TO WOMEN AND MEN IN GENERAL.



Society is more tolerant towards men who inject drugs than towards women who inject drugs because the behavior associated with drug use is closer to the standard vision of the role of a man (independence, activity, numerous sexual contacts) rather than the role of a woman who is traditionally presented as heart of the family, mother, personification of beauty and purity. As a result, for women who use drugs it is harder to meet expectations of the society than for men, and, thus, they face stigmatization (social and psychological discrimination) to a bigger extent.

ECONOMIC INEQUALITY AMONG PWID

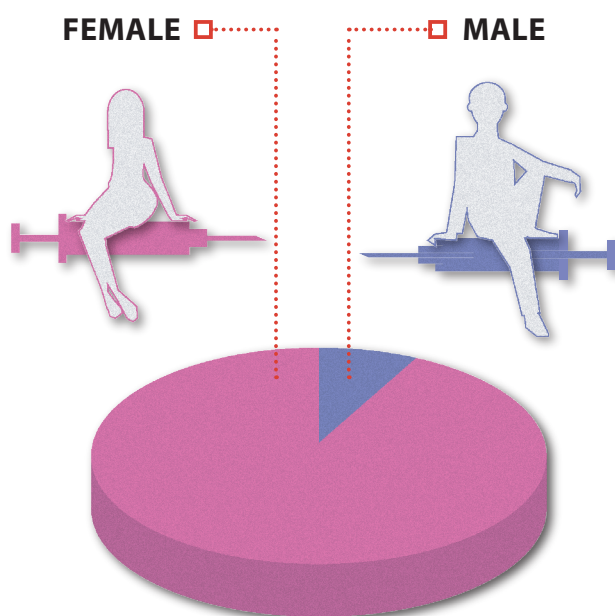
PERMANENT **JOB** OR CASUAL **EARNINGS**



From the economic point of view, women who inject drugs are less independent as compared to men who inject drugs.

Thus, **56%** of women who inject drugs and **77%** of men who inject drugs stated that their principal source of income was permanent jobs or casual earnings.

USE **SUPPORT** OF A PARTNER



Women tend more to receive financial support of their husbands/partners

12% women

1% men

! Often, due to their drug-related issues, PWID do not work or get money through thefts or other illicit activities.

CATEGORIES OF WOMEN WHO INJECT DRUGS

1 Depending on the type of drug used and history of drug use: **Women who use opiates** are calmer and more smooth-tempered, while those who use **stimulants** are very sociable and highly active. **“Old” PWID** are easier to reach, while **“young” PWID** deny the reality and believe in “better tomorrow”. The record of drug use also influences the choice of drugs.

“Girls who use stimulants... One moment she laughs, and the next moment she cries. One moment she can’t stand still, and the next moment she can’t stop talking. Her emotional state is changing all the time. Girls who use opiates are smoother if we talk about their emotional state”.

Kryvyi Rih

“It is very easy to work with “old drug users”, who have been using drugs on a regular basis for a long time. They do not conceal anything and they come to us as they come home. They tell us all their problems. There is another subgroup – youth. With them it is more difficult”.

Khmelnyskyi

2 Depending on the financial situation: **those who have no income and those who have income**; depending on the source of subsistence (**legal work, sex business, criminal activities**).

“There are some who survive, and even 5 hryvnias is a big joy to them. They buy a bread roll, eat it and are happy. They inject and the day is over. But there are also those who have higher requests and demands and who inject not just street opium solution, but heroin and methadone. Those are different drug users, “golden youth” as we call them”.

Odesa

“There are women injecting drugs who provide sex services for drugs. There are those who steal. Besides, there are those who work. If we take those who work, they often inject on a casual basis. They have stable and permanent income. They have got families. They try to control their drug use”.

Kyiv

3 Depending on having husbands, children, family duties; retained social connections with parents and family members: women who use drugs **who receive support and have someone to care about** and those **who have no help or family support**.

"There are homegrown [women who inject drugs], that is how I would call them. Some of them have families, homes, parents who take care of them. As a rule, they are young".

Kryvyi Rih

"If a woman lives with her child, she develops some maternal feelings, affection, and care. You can feel that she's got all that, even at the lowest level. For example, some of them come and ask to get tested [for HIV], saying that they live with their children. Thus they feel higher responsibility".

Kyiv

4 Depending on the type of relations with the partner: **leader** or **subordinate**. There are also women who were initiated into drug use by their drug dependent partners.

"Women may be classified as those who are financially dependent on their partners, subordinate to them and depend on them. The man is the one to decide, he gives her money at his discretion. There are other cases when women are decision makers".

Odesa

"There are some women who had not been using drugs before. They married drug users and then did not leave them, but started using drugs as well".

Kyiv

WOMEN WHO INJECT DRUGS AND HIV



The risk of HIV infection is higher for women who inject drugs than for men who inject drugs

According to 2013 biobehavioral survey results, positive HIV results were received

22% of women
and
19% of men.

SHARING INJECTION TOOLS

The share of PWID who in the last 30 days practiced at least one model of risky behavior (used someone else's syringe, bought doses in pre-filled syringes, filled their syringe from a used syringe or shared equipment and materials for cooking or distributing drugs) is 79% for men and 83% for women.

STIMULANT USE

Stimulant use is considered more risky from the HIV infection point of view as compared to opiate use (due to higher frequency of injections). Thus, 11% of men and 16% of women stated that they used only stimulants, while the share of those who use both stimulants and opiates is the same for both sexes (23%).

VIOLENCE

55% of women who inject drugs face psychological abuse, 49% - physical abuse, 41% - economic violence, 32% of respondents were forced to sex, 23% faced insults and beating from the side of their partners if they insisted on using condoms.

LACK OF TREATMENT AND REHABILITATION

According to official data as of January 1, 2015 81% of OST program clients were men and only 19% were women. Often women want to quit drugs or enroll into OST programs, but are not able to do it due to the lack of such services in their community and being "tied" to their home.

UNPROTECTED SEX

Women more often have unprotected sex with their regular partners. The reasons include harmful effect of such stereotypes as e.g. “condom makes sex less pleasant”, “condom demonstrates lack of trust”, “it is unlikely to get infected from your own husband/partner”, “it makes no sense to use a condom if you can get infected while using drugs”.



PHYSIOLOGICAL PECULIARITIES

From the point of view of biology (structure of genitals), women are more susceptible to HIV as compared to men.

ECONOMIC DEPENDENCE ON THE PARTNER

The men may intimidate the woman, forcing her to have unprotected sex or, in worst cases, use her as a source of income, making her provide commercial sex services.

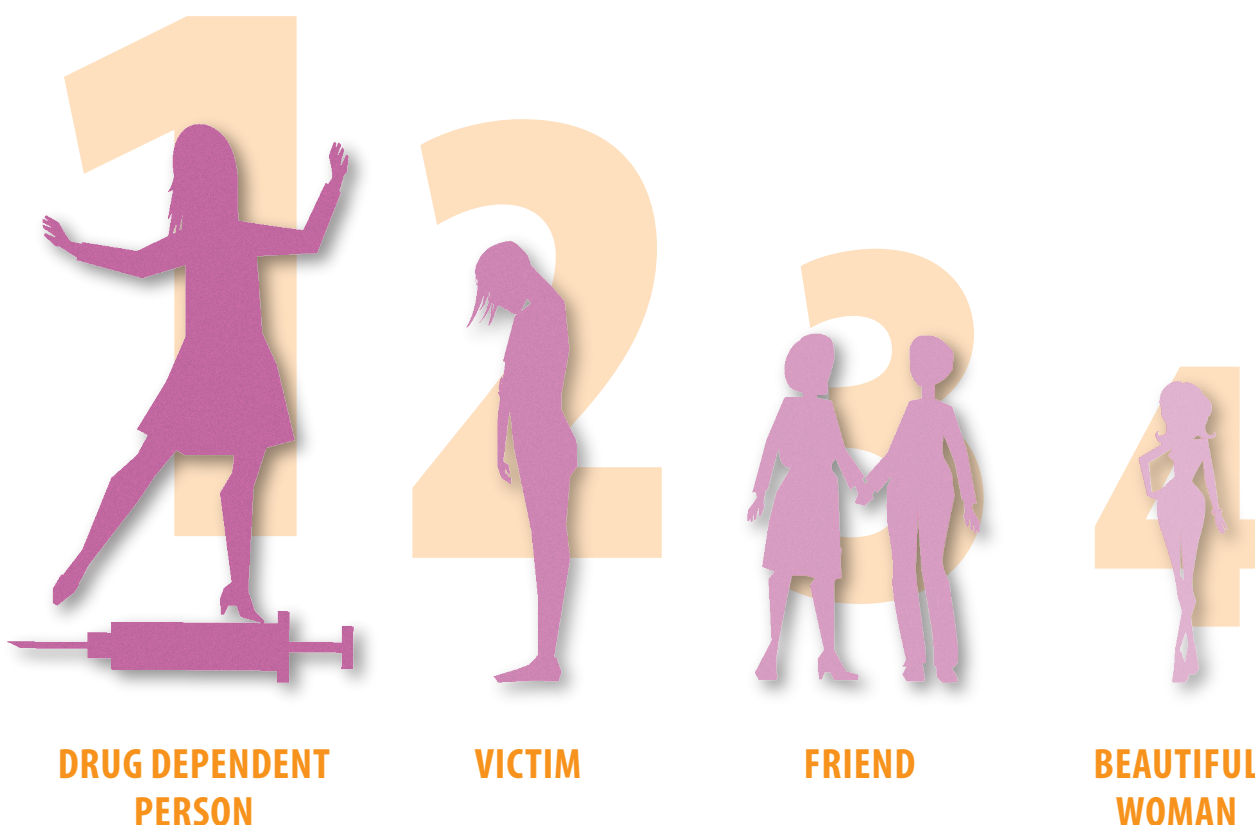
LACK OF GENDER-SENSITIVE SERVICES

Most staff members of drug treatment clinics are male. There are no specialized departments or OST sites for women. In healthcare facilities, where women receive OST, there are no medical services for children (in particular, there is no pediatrician and no vaccination). Lack of OST sites in female counseling clinics and maternity centers is also a risk factor for women who inject drugs.

PWID AND SOCIAL WORKERS: MYTHS AND REALITY

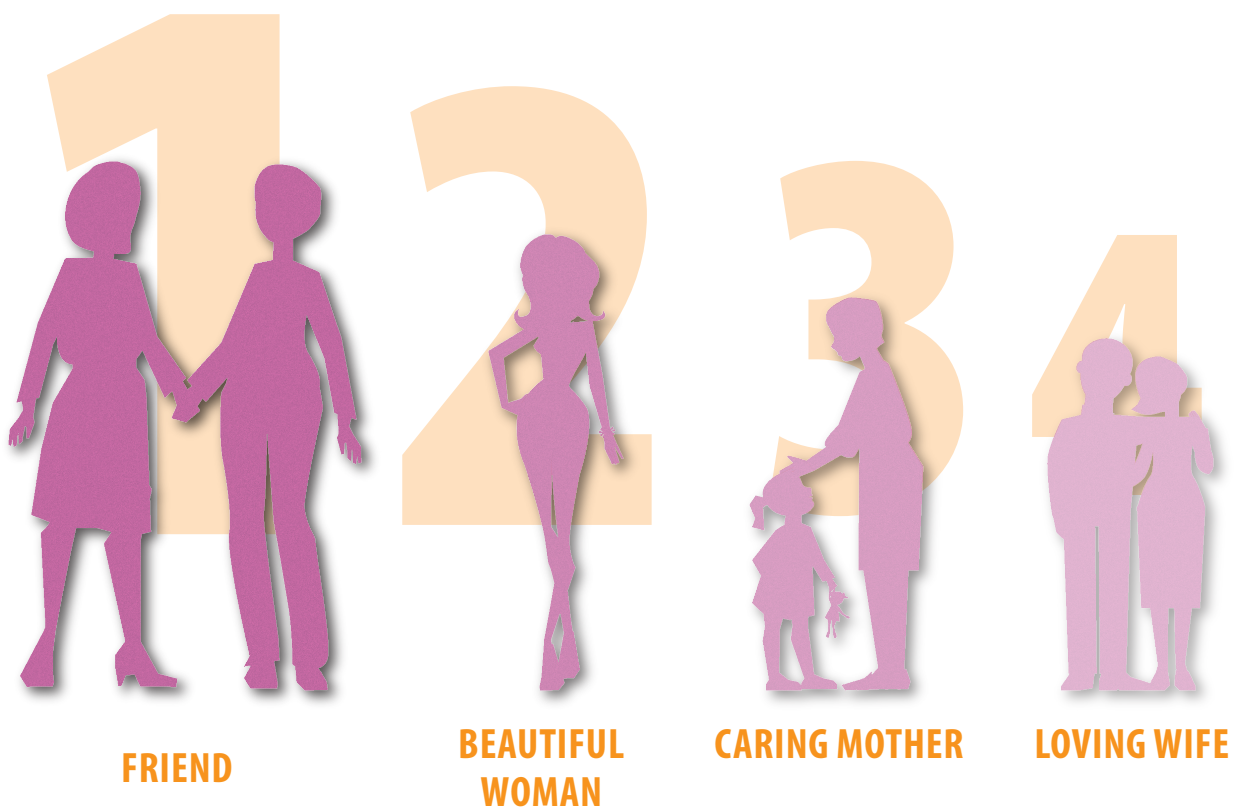
WOMAN WHO USES DRUGS: WHO IS SHE?

FROM THE PERSPECTIVE OF
SOCIAL WORKERS



*Thus, relations and interaction of a social worker with a woman who injects drugs are mainly built using the following models: **doctor/patient relations, lifesaver/victim relations or friends' relations.***

FROM THE PERSPECTIVE OF
WOMEN WHO INJECT DRUGS



Survey results show that social workers do not perceive women who inject drugs as caring mothers and loving wives, while women who inject drugs believe to possess such characteristics.

STEREOTYPES OF SOCIAL WORKERS ABOUT WOMEN AND MEN WHO INJECT DRUGS

1. MAN – ACTIVE, DOMINATING; WOMAN – PASSIVE, SUBMISSIVE.

*“If a man uses drugs, he brings his wife with him. She follows him and goes wherever he goes. If we forget about drugs, we will get a **right** family – **the wife follows her husband**”.*

Khmelnyskyi

*“**The man** should earn money, and **the woman should spend it**. This is how it should be in all families”.*

Odesa

2. MAN – STRONG, SELF-ASSURED; WOMAN – DELICATE, SENSITIVE, EMOTIONALLY UNSTABLE.

*“**Women** are more **tender, flexible, not aggressive, demure, quiet, reserved**. Men are **tougher and more self-assured**”.*

Khmelnyskyi

*“**Women are more emotional and vulnerable** and have their own way to cope with all the hardships and the unsettled life associated with drug abuse. Women are weaker as they face difficulties, while **men are more resilient**”.*

Khmelnyskyi

*“**Women are more emotionally unstable** than men, more prone to hysterics, **more volatile**”.*

Kyiv

3. MAN – RESPONSIBLE; WOMAN – GOOD LOOKING, A MOTHER.

*“If we divide them [men and women], I view **men** as **strong people** who should take the responsibility. During counseling and interaction, I try to call to his manhood not to say that he is a real man who can beat everyone, but **the one who bears the responsibility**. If we talk about **a woman**, I raise her self-esteem, so that she believes at least a little bit that she is **good-looking**, that she is a **mother**, that someone can love her”.*

Khmelnyskyi

4. WOMAN – UNPREDICTABLE, RESERVED, HARD TO UNDERSTAND, DOES NOT KNOW WHAT SHE WANTS; MAN – STRAIGHTFORWARD, OPEN, EASY TO UNDERSTAND.

*“**Men** are more **sincere**, and **women** are more **discreet and unpredictable**. When you tell her the results of testing, it is hard to predict what she is going to do and if she is going to see the case manager. In this regard, **men** are more **concrete**. If “yes” – then “yes”, if “no” – then “no”. If he says he won’t come, he won’t. **And women are “slow starters”**. You need to talk to her all the time to make her go up to the end”.*

Kyiv

*“A typical woman who injects drugs is always in a hurry, is afraid of everything and **wants to change something, but she is not sure what exactly**. Something like that... And a man who injects drugs is self-confident, a little bold and, in most cases, happy with what is happening with him”.*

Kirovohrad

INFLUENCE OF STEREOTYPES OF NGOS' EMPLOYEES ON APPROACHES TO THE PROVISION OF SERVICES

1. MEN AND WOMEN ARE POLES APART.

"Women need to know that we are going to help with what we can: with their children, with legal questions, with psychologist's counseling. We have a washing machine to do the laundry, which is also important for women. For men, motivation may include table games, chess, Internet and other similar services to help them spend their leisure time".

Odesa

"Something associated with children. Some centers for mothers and children. Or maybe some small presents for children at SEPs, e.g. some vitamins or chocolates for children. After all, they spend most of their money to buy drugs. If their children could get something, it would facilitate the retention of women".

Kirovohrad

"Some additional services are needed for women: child care rooms, gifts, shampoos, gels, sanitary towels, shaving equipment".

Khmelnytskyi

WOMEN ARE FROM VENUS



MEN ARE FROM MARS



"It is easier to enroll a man. It is enough for him to know that he can always come and exchange syringes, just sit and talk".

Kyiv

"Of course, our approach is to treat a woman as a woman and a man as a man".

Khmelnytskyi

Understanding of services for women is associated with "female" activities, such as laundry, cooking, child care, and personal care; besides, a focus is made on the availability of specialists, such as psychologists, gynecologists, and lawyers. Services for men are focused on syringe exchange, social activities, games, and Internet.

! Such an approach often deprives men and women of the universal services and reinforces gender stereotypes. E.g., stating that laundry is a "female" service, we forget that men need laundry not less than women. The fact that among men the demand for such services as consultations of psychologists and andrologists/urologists can mean not that there is no need in such specialists, but that men often do not use such services due to their misperception of "masculinity".

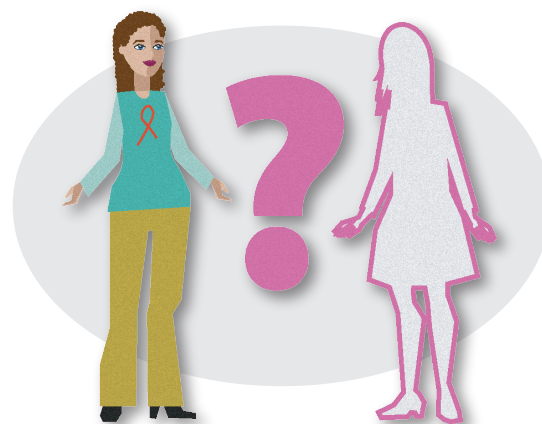
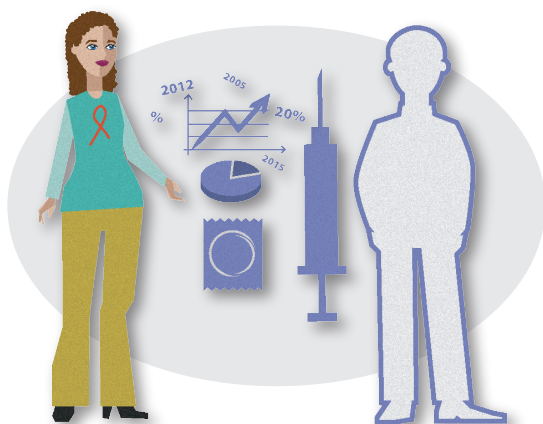
2. THE APPROACH TO MEN IS **OPEN AND STRAIGHTFORWARD**, AND TO WOMEN – “**DELICATE**” AND “**SPECIAL**”.

“Women are more delicate, you need to be very-very careful with them... Sometimes I can be really tough with male clients. Just a simple example. A man may be in denial, may say after reading HIV dissidents that such infection does not exist. I do not even get involved in such discussions. I can tell him: “You know, I have seen enough in this life. Later on, I meet those people in infectious disease clinics wearing adult diapers. So if you don’t want to find yourself wearing diapers in a while, take this sterile syringe and use it. And never share your syringe with anybody”. With a woman I try not to talk this way but to be more careful”.

Kryvyi Rih

“In the process of counseling, we try to take the gender component into consideration and to adjust. When talking to a woman, you have to keep up to certain psychological requirements, with men it is not so important. You can even get him a little scared and show him the statistics, rub his nose into the mistakes he keeps making”.

Odesa



“They [women] are more reserved, they need a special approach. They are more “wounded”, beaten with their lives”.

Kryvyi Rih

*“A woman likes it when somebody is listening to her. **She does not care that much about syringes**, though it is important for her. **She is rather looking for the feeling of acceptance**, she wants some time devoted to her. **She wants to feel special at least in that moment**”.*

Khmelnyskyi

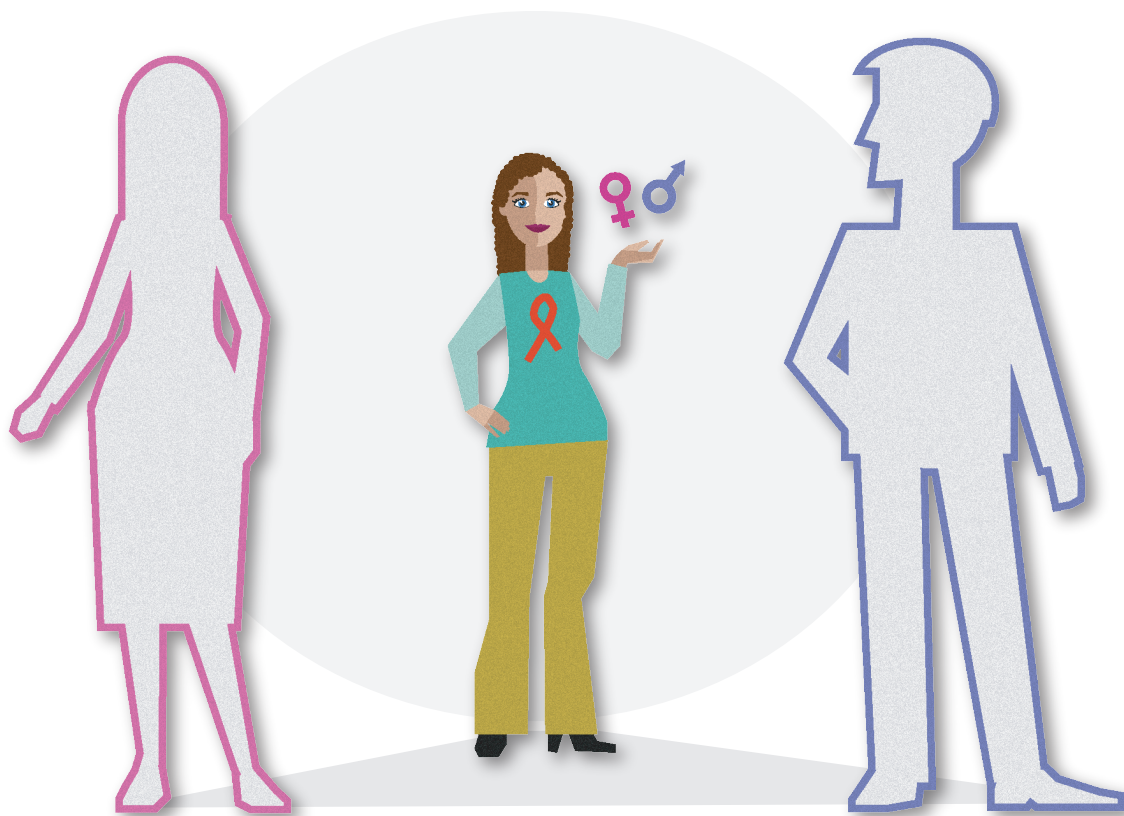
*“I think women may be retained if you demonstrate your **positive human attitude to them**”.*

Kryvyi Rih



Social workers (both male and female) do not specify what the peculiar features of the approach are and how it is implemented, which makes the attitude to women vague and unclear.

GENDER APPROACH AND GENDER-BASED INTERVENTIONS



***G*ENDER APPROACH** is an approach, which takes into account various needs and situations in which women and men appear due to their social roles.

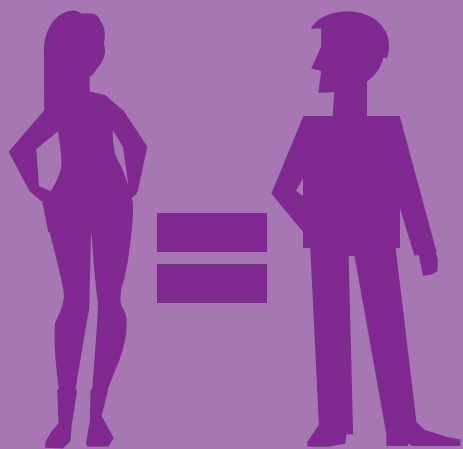
GENDER-TRANSFORMATIVE INTERVENTIONS

CAPACITY-BUILDING OR EMANCIPATING INTERVENTIONS

Goal: equal distribution of power and authority, control over resources, decision-making rights between men and women, empowerment of women.

FOR EXAMPLE:

- ▶ Scaling up women’s access to information, training and skills.
- ▶ Support of women’s initiatives.



TRANSFORMATIVE INTERVENTIONS

The goal of transformative interventions is to transform gender roles and facilitate the creation of equitable gender relations in society.

FOR EXAMPLE:

- ▶ Working with men to promote responsible fatherhood.
- ▶ Working with couples on family planning.



GENDER-SENSITIVE INTERVENTIONS

GENDER-SENSITIVE INTERVENTIONS

Based on the concept that women and men face various problems due to their social roles and may react to services in different ways. Interventions of this type aim to influence gender norms, roles and access to services but only as far as it is needed to achieve project goals.

FOR EXAMPLE:

- Programs to promote female condoms.
- Brining female counseling to the venues convenient for women.

FIRST STEP INTERVENTIONS

Such interventions go away from gender stereotypes, use the analysis of data from the lives of men and women in the society. The main principle is providing different services to men and women, if their needs differ, and make sure that women and men receive services of the same quality and quantity in case if their needs are the same.

FOR EXAMPLE:

- Providing information about mother-to-child HIV transmission to men as well as women.

HARMFUL INTERVENTIONS

Create discriminating differences between women and men, bring to naught the potential success of programs.

FOR EXAMPLE:

- Providing such services as laundry or personal care and child care to women only.

BEST INTERNATIONAL PRACTICES OF GENDER-BASED INTERVENTIONS

HEALTHY HIGHWAYS PROJECT (INDIA)

It is estimated that in 1999 almost 3.5 million people in India were infected with HIV, with an alarming increase in the number of HIV infections among pregnant women in the areas where there is a big number of resident long-distant truck drivers.

The study showed that 75% of truck drivers had extramarital sexual relations mainly with sex workers (up to 60% of whom have HIV). Sex workers were hard to reach in terms of prevention efforts due to their mobility and extreme poverty. Awareness-raising campaigns among truck drivers themselves also proved to be ineffective. That is why awareness-raising campaigns were aimed at people who established close contact with truck drivers, including petrol attendants, tobacco retailers and tea-shop owners.

As a result, 3.5 million men were covered with services, with activities carried out among 33,000 sex workers and over 2,000 women being diagnosed for STIs. The men reacted in a positive way, demonstrating interest in the information presented.

CHALLENGING «SEXUAL SCRIPTS» WITH YOUTH (USA)

Initial research showed strong correlation between the risky sexual behavior and stereotypes related to sex and gender. As it turned out, following the pre-defined scenarios of sexual behavior reduces the potential of young women and gives young men no possibility of conscious choice.

The goal of the project was to inform schoolchildren aged 14 and older about HIV infection and ways of its transmission and also to empower them by revising “sexual behavior scenarios” (set of ideas and norms which prescribe the ways of thinking and action in the context of sex and sexuality).

Project activities included interactive games to assess the knowledge of facts about HIV, discussions on how sexual scenarios influence the experience and expectations in sexual and romantic relations and raising the awareness about confrontation strategies.

After project completion, the researchers found out that the awareness about HIV and STI among schoolchildren rose significantly. There were also certain changes in the behavior of sexually inactive girls – many of them decided to delay the initiation of their sex life as compared to those who did not take part in the project.

Most male and female participants told that the workshop helped them raise their awareness in the issues of gender and in the means to protect themselves from HIV as well as from the public pressure related to initiation into the sexual life.

EMPOWERING SEX WORKERS TO PREVENT HIV/AIDS (INDIA)

To achieve the project goal, several medical clinics were built which offered medical help, distributed condoms and conducted HIV testing. The program also included participation of women in 6-week peer training, where they were received healthcare information, learned where they can seek medical aid, etc. As a result of training, an acting group was formed that performed plays about STI and HIV prevention and other aspects of sex workers' life. In 1998, sex workers initiated creation of a hotline to provide counseling and support to people living with HIV, and before that, in 1995, a cooperative was registered, which allowed sex workers to store their money, offer loans and small investment schemes to participants, promoted condoms on the market. With the money earned, the cooperative members bought land, where training events were held, and older sex workers could produce handicrafts. Other activities included legal aid, literacy classes for sex workers and trainings for police.

In 2000, the program covered over 8,000 street sex workers out of the total of 12,000 sex workers living in Calcutta. Despite all the challenges, including police raids and other issues, the project was well-known and successful. The estimates showed significant improvements in the awareness about HIV/AIDS, use of condoms, STI and HIV transmission. E.g., in 1992 only 1.1% of sex workers reported always using condoms, while in 1995 this indicator grew up to 50%. Besides, despite the fact that the rates of HIV transmission among sex workers were very high before, in 1998 only 5.5% women in Sonagachi (Red Lights district in Calcutta) were HIV positive.

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