Services in the sphere of sexual and reproductive health for PLWH and PSU: availability, awareness and needs

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Introduction

HIV is a significant public health problem in the world in general and in Moldova in particular. In 2012 the number of people living with HIV (PLWH) came close to 8000, and the real number according to estimations made by UNAIDS for the same period was estimated to be 12-15 000. Furthermore, the prognosis for the development of the epidemic show that the number of HIV cases among adults and children will amount to 19 000 in 2015[1].

The problem of psychoactive substance users (PSU), more precisely the inefficiency of the current approach in the system for treatment and care of drug users is connected to the HIV epidemic. According to the latest estimations only the number of injecting drug users amounts to around 21 000, and this group is still the most vulnerable to HIV infection.

PLWH and PSU encounter a whole set of specific problems in different areas of life, in particular problems with employment, access to health and education services, an increased risk of discrimination and violation of their rights. In particular, the social research project «The socioeconomic situation of people living with HIV», which was implemented by the SOROS foundation in Moldova showed HIV has a very negative impact on the quality of life. PLWH encounter significant emotional, psychological, and material problems. The majority of PLWH live on the poverty line and encounter a number of specific objective and subjective problems which make access to services more difficult. The research results also confirmed that in the majority of cases it was NGOs working in this sphere that provided legal, psychological and social support services to overcome the specific problems encountered by PLWH.

Reproductive and sexual health / care / rights – what is it?

The World Health Organisation (WHO) defines **health** as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Reproductive health is according to the recommendations made by the Programme of Action of the International Conference on Population and Development (Cairo, 1994) a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

The concept "reproductive health" also includes sexual health, a state which allows the individual to have a full sexual life.

Thus, **reproductive health care** is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being of families or individuals by preventing and solving reproductive health problems.

Sexual and reproductive rights – is a range of rights of every individual to live a full sexual life free from risk. This includes (but is not limited to) the right to information about and access to family planning methods and birth control methods which are not unlawful. It also means the right to access to corresponding services in the sphere of health care, services which allows women to carry and give birth to children without risk and which provide for the possibility to give birth to healthy children.

"Inițiativa Pozitivă" is a network of seven community organisations, each with a rich experience in the field of HIV/AIDS and drug use in Moldova, focusing on Most at Risk Populations (MARP). The network is led by people living with HIV, former drug users and women living with HIV and directly affected by HIV. They in turn are members of institutions at country level, regional level, and global level. Based on the experience of "Inițiativa Pozitivă", civil society organizations providing services to PEOPLE LIVING WITH HIV and PSU, including social workers employed by them, do not have sufficient knowledge about sexual and reproductive health and rights, and there are only limited services in this domain, other than those connected directly to HIV prevention.

As part of the country program for the period 2013-2017, UNFPA will strengthen the capacity of civil society organizations to mobilize and empower community networks, deliver interventions

[1] «Оценки и прогнозы эпидемии ВИЧ в Республике Молдова», В Плешка, А. Иофица, Т. Котельник-Харя, Ш. Георгицэ, С. Поповичь, И. Осояну, А. Гончар, Кишинэу, 2012

aimed at preventing HIV and sexually transmitted infections, and encourage the use of sexual and reproductive health and HIV services.

To contribute to this objective, "Inițiativa Pozitivă" aims to contribute towards improving the services to people living with HIV and PSU in the sphere of sexual and reproductive health (SRH)2. This report serves to provide additional and specific knowledge of the needs of people living with HIV and PSU in relation to sexual and reproductive health, as well as increased knowledge of the type of services already provided by NGO in this domain.

Sexual and reproductive rights (SRR) are an integral part of human rights. Since women is the biggest vulnerable group in terms of protection of sexual and reproductive rights, women's reproductive rights was the main theme of two international conferences which set the basis for further development of mechanisms for protecting and fulfilling reproductive and sexual rights: The International Conference on Population and Development (ICPD) in 1994, and The Fourth World Conference on Women in 1995 (Beijing).

According to paragraph 7.3 in the ICPD Plan of Action: *"Bearing in mind the above definition, reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents."*

The right to reproductive health in the Republic of Moldova is guaranteed by the law on reproductive health and family planning (№ 185-XV). In addition, in 2000 the Republic of Moldova together with 190 other states took on the obligation to reach the Millennium Development Goals. Goal five is about improving maternal health and includes general access to reproductive health care by 2015. Goal six concerns the fight against HIV/AIDS and tuberculosis. Based on these obligations, as well as on other international documents which Moldova has ratified, for example the Convention on Human Rights, and on national legislation, the rights to a sexual life and to reproductive health are safeguarded from a legal point of view.

This report is the result of applied social research, with the aim to:

1. Assess the knowledge, attitudes and needs of PSU and people living with HIV related to sexual and reproductive health;
2. Generate an overview of the services provided by and knowledge of NGOs working with people living with HIV and PSU in the sphere of SRH.
3. Analyse the gaps in NGO services and propose steps to be taken to be improved NGO SHR services for PSU and people living with HIV**.**

[2] Sexual and reproductive health is defined by UNFPA as: Voluntary family planning; Antenatal, safe delivery and post-natal care; Prevention of abortion and management of its consequences; Treatment of reproductive-tract infections; Prevention, care and treatment of sexually transmitted infections, including HIV; Information, education and counselling, as appropriate, on human sexuality and reproductive health; Prevention of violence against women, care for survivors of violence and other actions to eliminate traditional harmful practices; Appropriate referrals for further diagnosis and management of the above.

To reach the aims of the study, the network ”Initiativa Pozitiva” conducted a survey among the employees and clients of seven organisations which are part of the network. The results are based on:

- 507 interviews with clients;
- 65 interviews with NGO employees

Knowledge in the sphere of SRR and needs for SRH services among PLWH and PSU

Since SRR is an integral part of human rights and since the services in this field are closely connected to most of the specific services which are necessary for PLWH and PSU, general information in this sphere is usually widely known by the population and especially by vulnerable groups.

Knowledge in the sphere of SRH

The absolute majority of the beneficiaries surveyed support PLWH and PSU having basic sexual rights. It is thus possible to conclude that the beneficiaries are familiar with the main provisions in the sphere of sexual rights.

At the same time it is necessary to note that when it comes to such rights as the freedom to take decisions regarding one's sexual activities and the right to satisfaction from one's sexual life the responses are less clear. It is necessary to note that PLWH themselves are more likely to support their own right to take decisions in the sphere of sexual than respondents with a negative status, and at the same time PLWH are more modest when recognising the same rights in relation to PSU. More specifically, 10% more PLWH than people without HIV answered positively (agreement) the questions regarding PLWH having the right to take decisions in the sphere of sexual relations and sexual activities.

(see Attachment 1,. Tables 1-12)

Diagram 1. Opinion on the basic sexual rights of PLWH

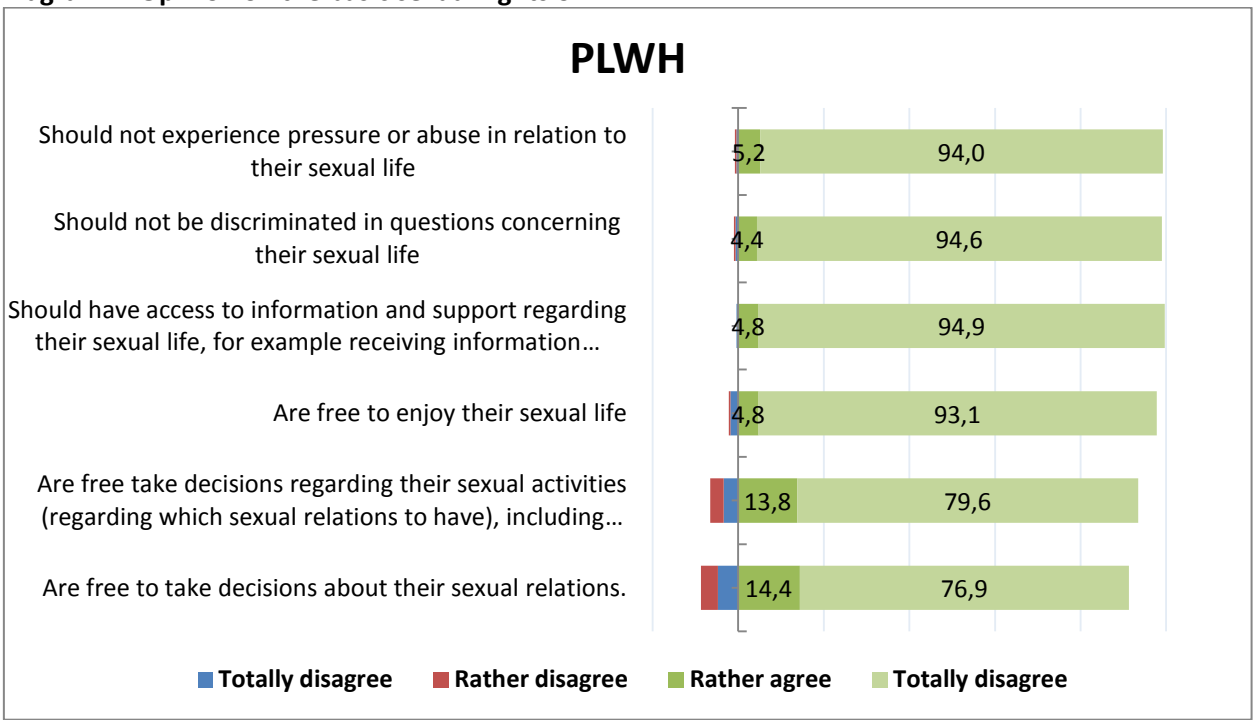
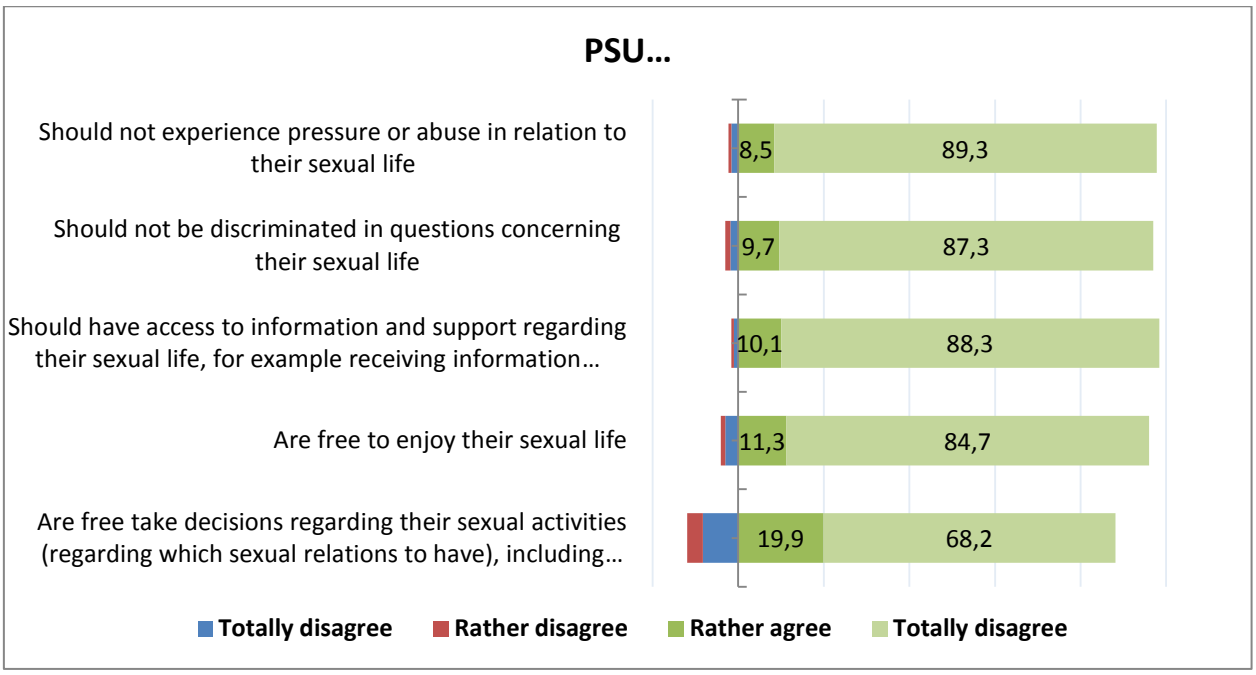


Diagram 2. Opinion on the basic sexual rights of PSU



When it comes to basic reproductive rights the study shows that there are a number of opinions which put restrictions on these rights.

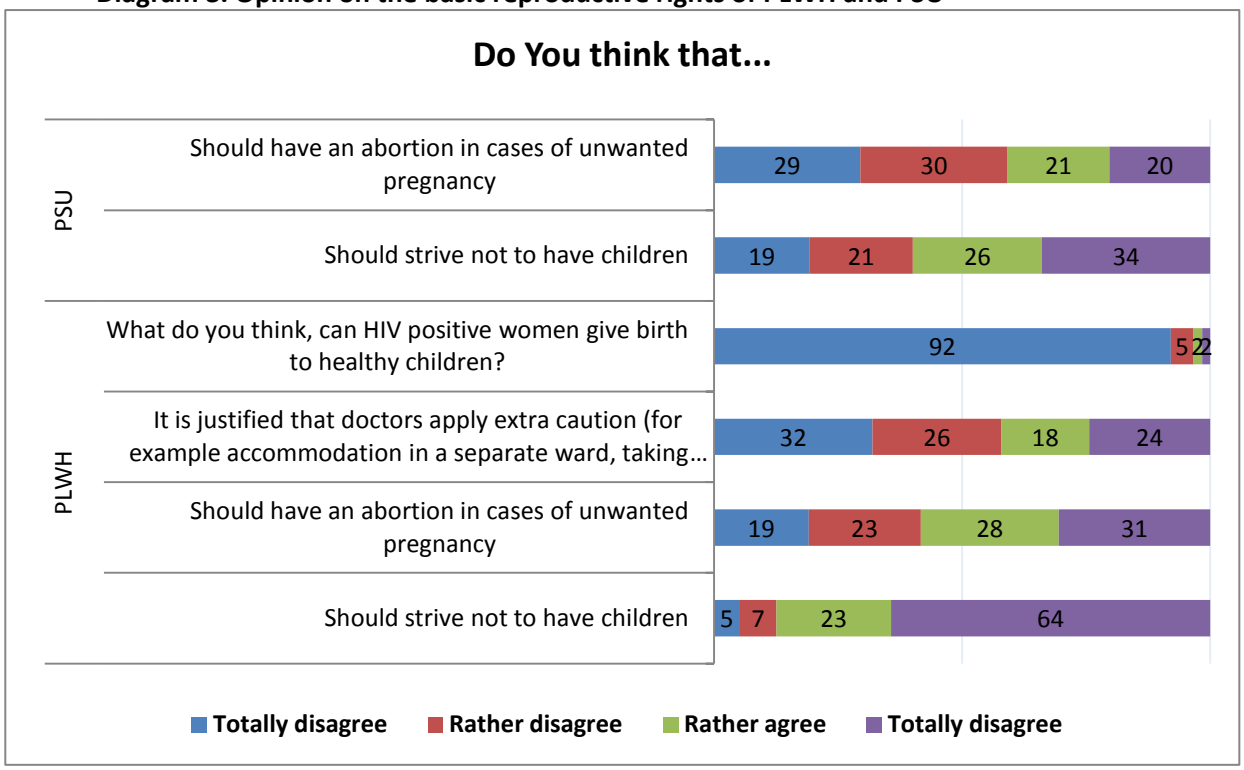
More specifically, a significant number of respondents agree with statements which limit the right to bear children (40% for PSU and 12% for PLWH), and the support for abortion in cases of unwanted pregnancies is very high (42% for PLWH and 59% for PSU).

Taking into account that medical personnel often have an inappropriate attitude towards women living with HIV, it is necessary to note the large number of respondents who agree with medical personnel taking unwarranted precautionary measures when attending to childbirths of HIV+ women. More than half of the respondents think that increased caution in such cases is justified, more specifically putting the women in a separate ward and additional protective measures. This view is especially common among respondents who are not living with HIV (73% agree) and among drug users, especially those who used drugs during the last 12 months (71% agree). *(see Attachment 1,. Table 15)*

Furthermore, 4 % of the respondents do not know that a HIV+ mother can give birth.

A large percentage of the answers of women and PLWH deny PSU the right to bear children *(see Attachment 1,. Table 17-18)*

Diagram 3. Opinion on the basic reproductive rights of PLWH and PSU

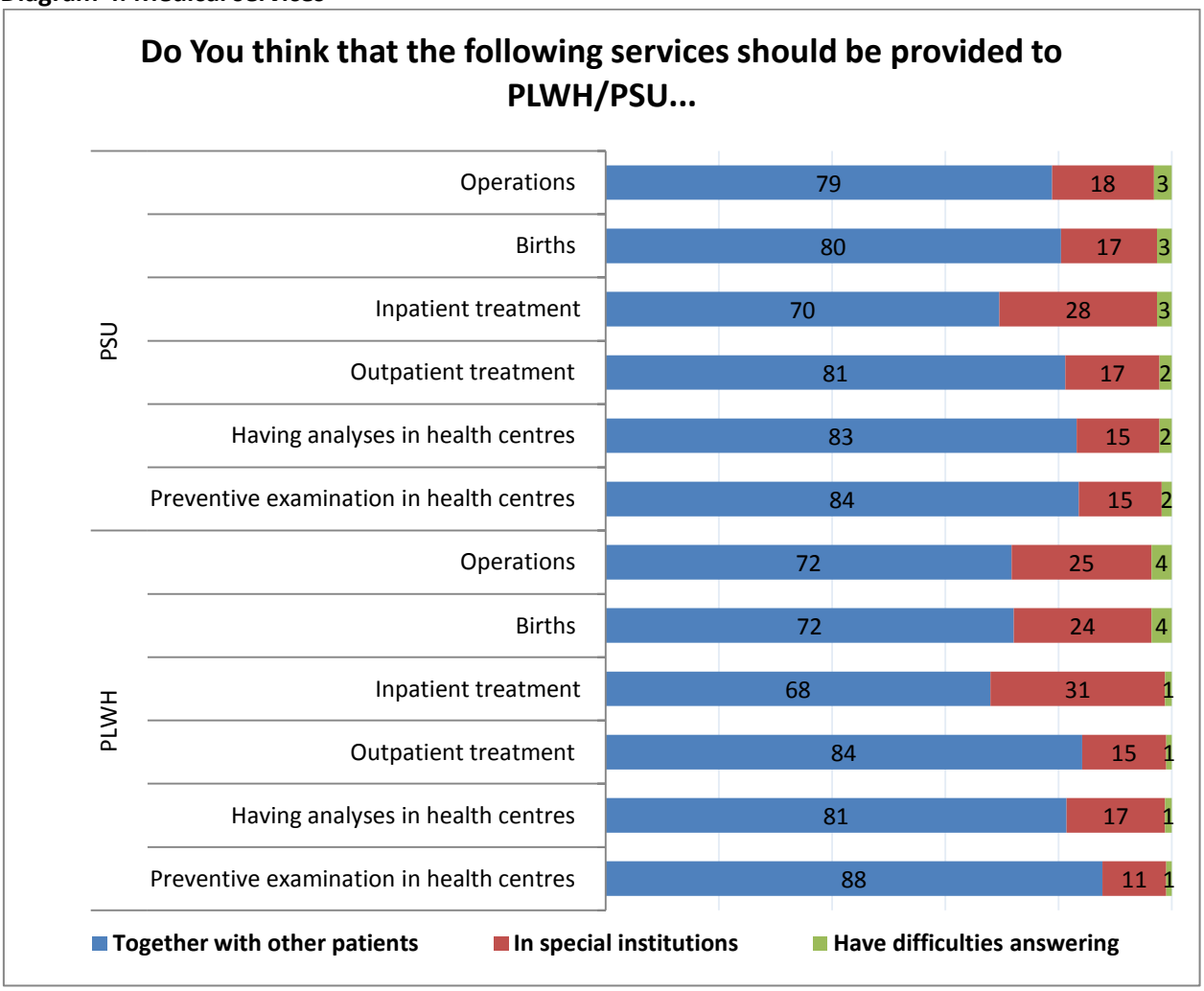


Access to medical services and problems

Compliance with standard services for prevention of infections when providing medical services is sufficient, and there is no need to take extra precautionary measures in relation to PLWH and PSU PLWH. In the survey the respondents indicated whether they PLWH and PSU should receive different types of medical services in special institutions or in ordinary institutions, together with other patients. A large part of the respondents lean towards the view that there should not be any kind of differentiation. Yet, regarding some services the percentage of respondents who support a differentiated approach to PSU is higher than the percentage of respondents who support a differentiated approach to PLWH.

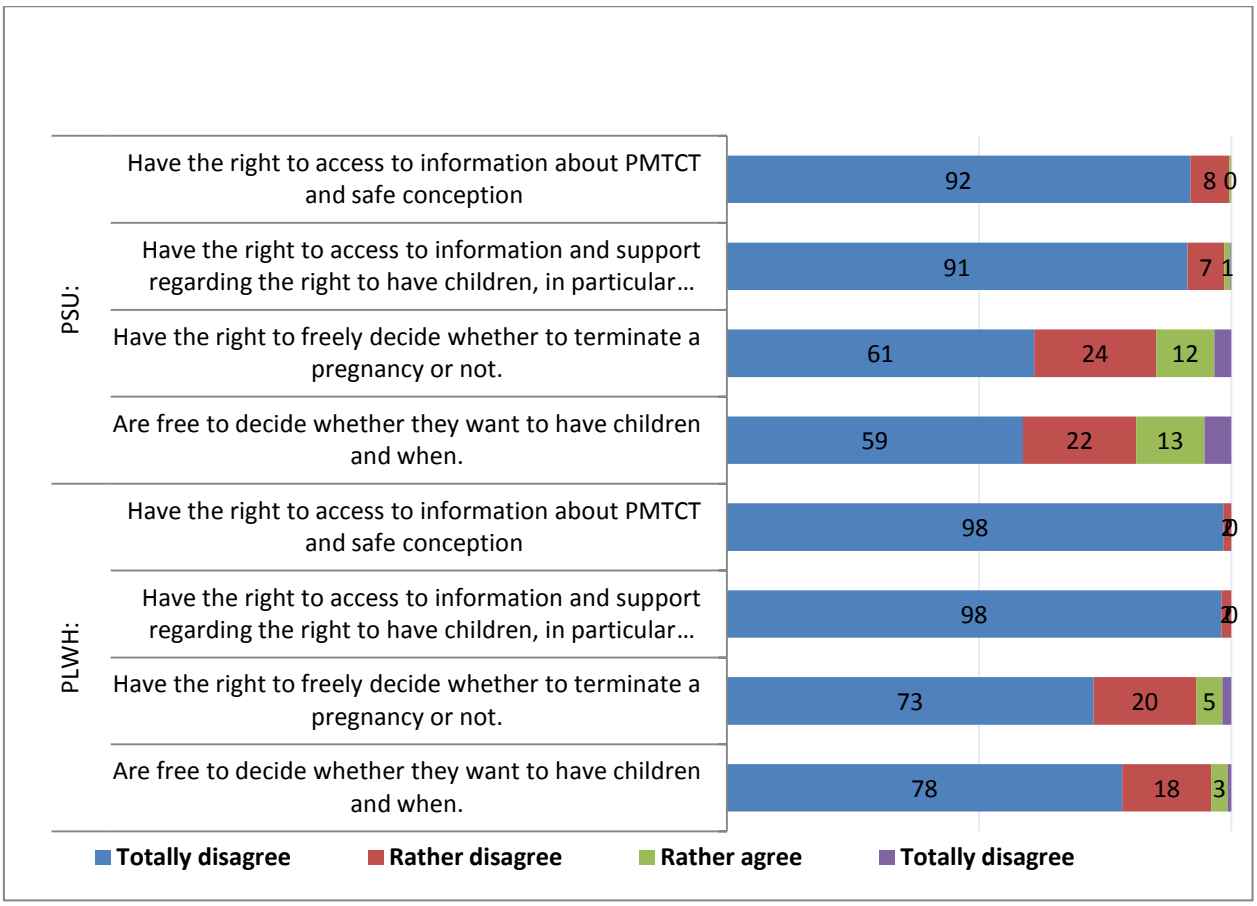
Overall, men, respondents with negative HIV status, and respondents without children younger than 15 years old to greater extent support a differentiated treatment of PLWH, and on the contrary, women and people who use drugs are more likely to favour differentiated treatment of PSU. *(see Attachment 1,.Tables 19-22)*

Diagram 4. Medical services



Regarding specific reproductive rights, the study shows a high level of denial of the right to bear children. 18 % of the respondents deny PSU the right to bear children, and 18 deny the same group the right to take decisions on terminating the pregnancy. These views are less spread regarding PLWH (7% and 4% respectively). No significant difference between the different categories can be seen.

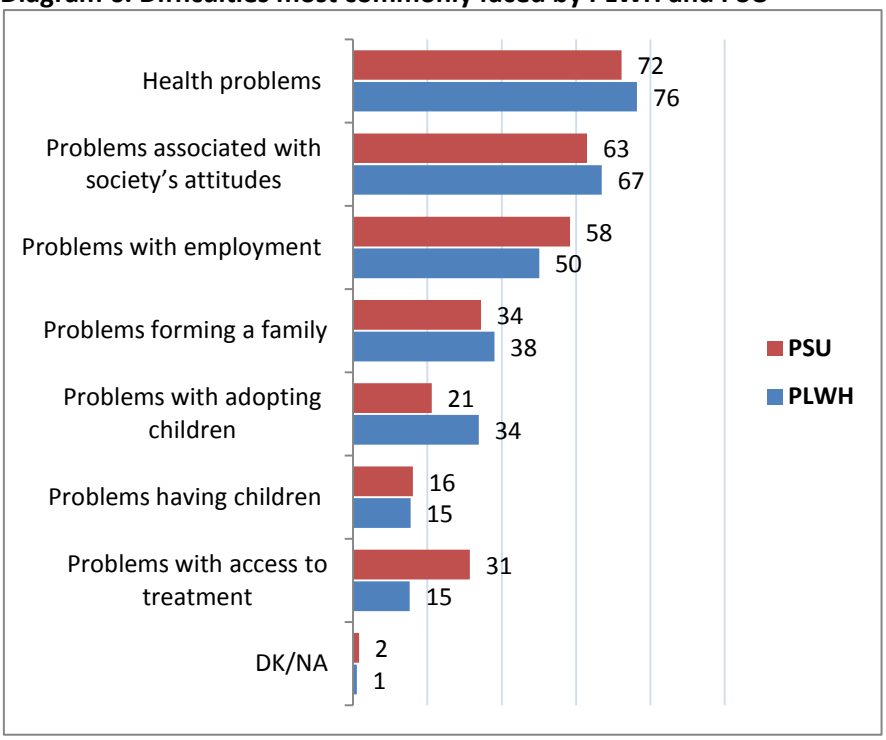
Diagram 5. Opinion on basic reproductive rights of PLWH and PSU



The range of problems which PLWH and PSU face include all spheres of life, and among these problems issues concerning sexual and reproductive rights are on fifth, sixth and seventh place. On the first place health problems are most commonly mentioned (76% for PSU and 76% for ЛЖВ), second come difficulties with the society's attitudes (63% and 67% respectively) and difficulties with employment.

It is worth noticing that the respondents were more likely to note difficulties with adopting children for PLWH (34%) than for PSU (21%).

Diagram 6. Difficulties most commonly faced by PLWH and PSU



Reproductive history

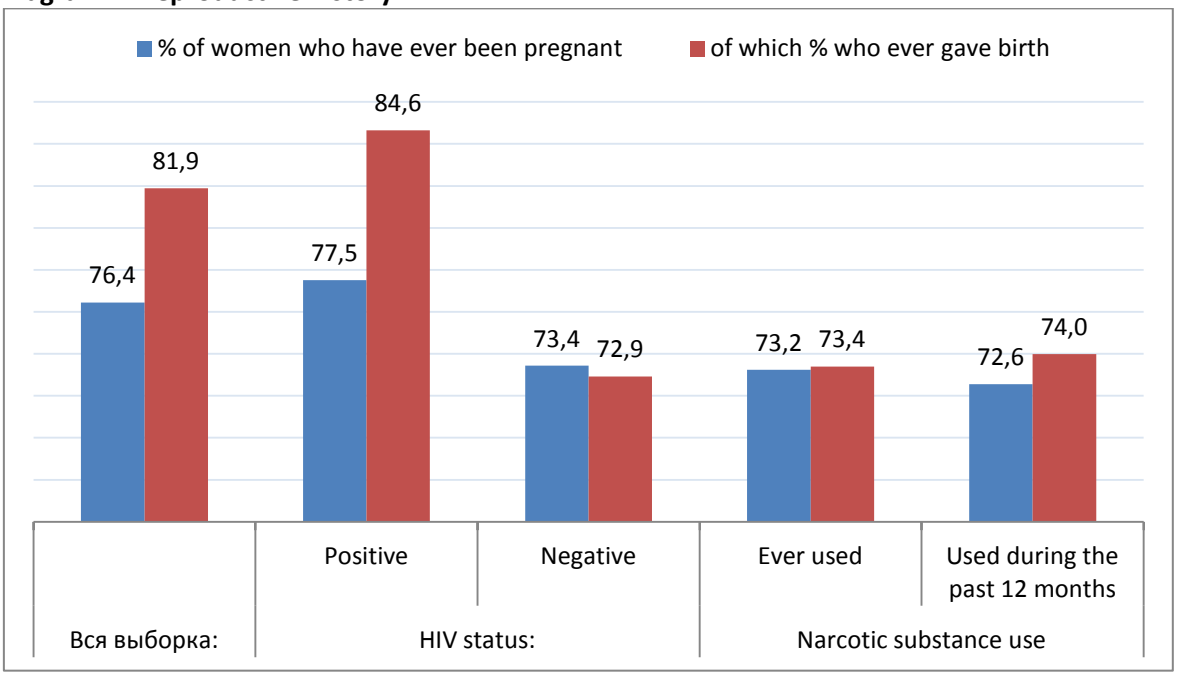
As part of the study, the reproductive history of couples of respondent PLWH and PSU was recorded. The results show that PSU lag behind PLWH somewhat in the sphere of reproduction.

Of the survey PSU only 72,6 of the respondents (or his cohabitant if the respondent was a man) had at some point been pregnant, compared to 77,5 % for PLWH.

The fertility rate among PSU is also much lower among PSU, only 74,0% among women PSU who had at some point been pregnant had given birth, compared to 84,6% for PLWH. For both groups the indicator is much lower than for the general population, according to "CUNOŞTINŢELE, ATITUDINILE ŞI PRACTICILE POPULAŢIEI GENERALE (15-64 ANI) CU REFERIRE LA HIV/SIDA" of those who had been pregnant 96% had given birth at least once.

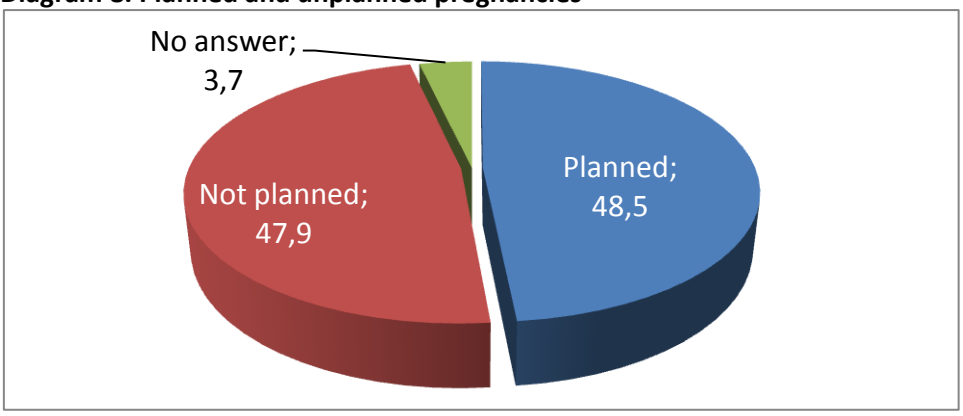
The average number of children among PLWH (1,7 children) and PSU (1,6 children) is also significantly lower than among the general population (1,9 children).

Diagram 7. Reproductive history



The extremely low fertility among PLWH and PSU is most likely connected to the low level of use of means for protection against unwanted pregnancies. Half of (the last) pregnancies (47,9%) had not been planned in advance. The percentage of unplanned pregnancies is especially high among PSU, 58,3% among those who had ever used drugs and 55,4% among those who had used drugs during the past 12 months. *(see Attachment 1, Table 36)*

Diagram 8. Planned and unplanned pregnancies

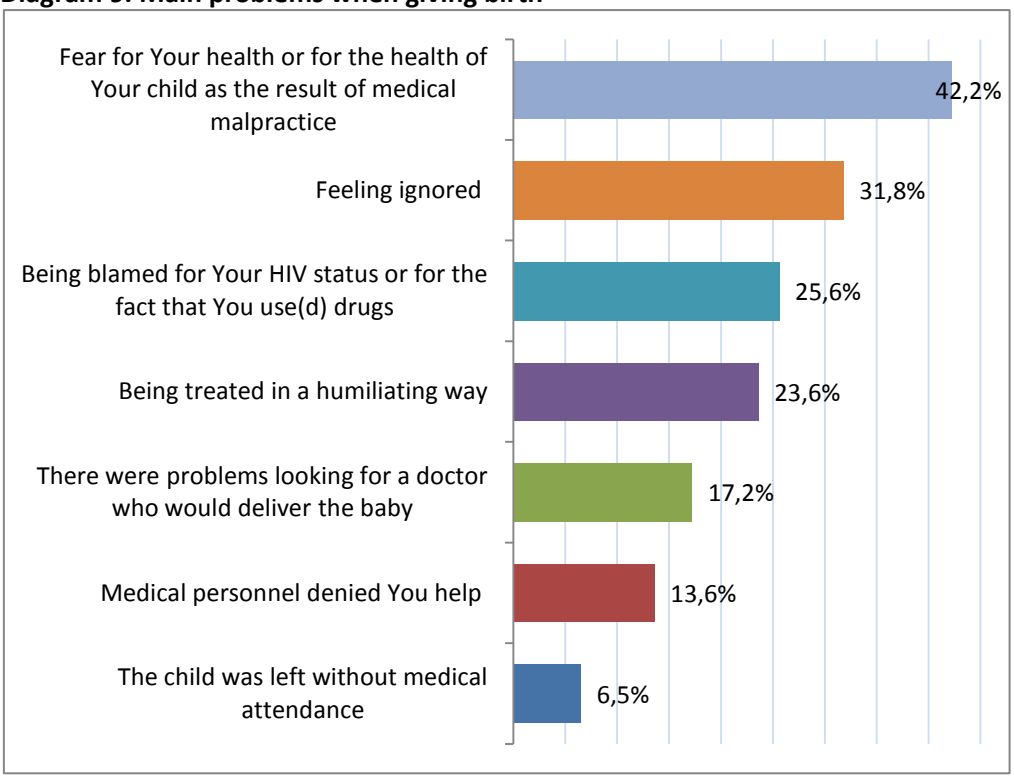


Earlier it was noted that a certain percentage of the respondent beneficiaries were not informed about the possibility of an HIV+ mother giving birth to a healthy child. The study as a whole shows low awareness about PMTCT. When giving birth to their last child a third (32,8) of the respondents did not know that HIV is transmitted through breast milk. Taking into account the fact that the sample was based exclusively on beneficiaries of NGOs providing services to PLWH and groups who are vulnerable to HIV, including information services, the general awareness level is undoubtedly higher than for PLWH and PSU in general. It can thus be said that the assumption that the knowledge about PMTCT among PSU and PLWH in general is as low as among the respondents at the time of the birth of their last child is justified. As a result, 6,7% of the children (at the last birth) were born HIV+. *(see Attachment 1, Tables 37-38)*

The study shows a wide range of problems faced by PLWH and PSU when giving birth. The most common is fear for the child's health as a result of medical malpractices (42,2%). Still, in all the largest number of respondents complained about the medical personnel's inappropriate attitudes, 31,8% felt ignored, in the case of 25,6% the medical personnel blamed them for being HIV positive or for using drugs and 23,6% noted degrading attitudes towards them for the same reasons, in 6,5% of the cases the child was left without medical attendance.

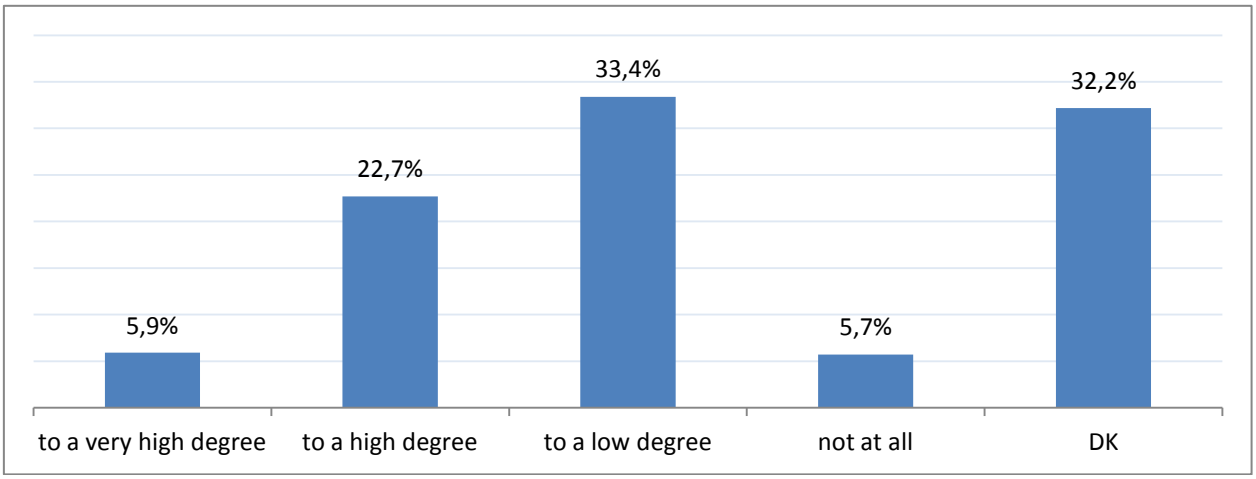
Furthermore, it is fairly common that doctors refuse to deliver the child, 17,2% of the respondents had problems with finding a doctor who would deliver the baby, 13,6% experienced that the doctor refused to deliver their child. It is worth noticing that problems at child birth are more common among PLWH than among PSU. *(see Attachment 1, Tables 39-41)*

Diagram 9. Main problems when giving birth



Their HIV status makes HIV-infected women unequal when it comes to access to maternity hospital services. Only 30% think that HIV infected women can get services and care at maternity hospitals at the same level as other women, whereas 49% think the opposite.

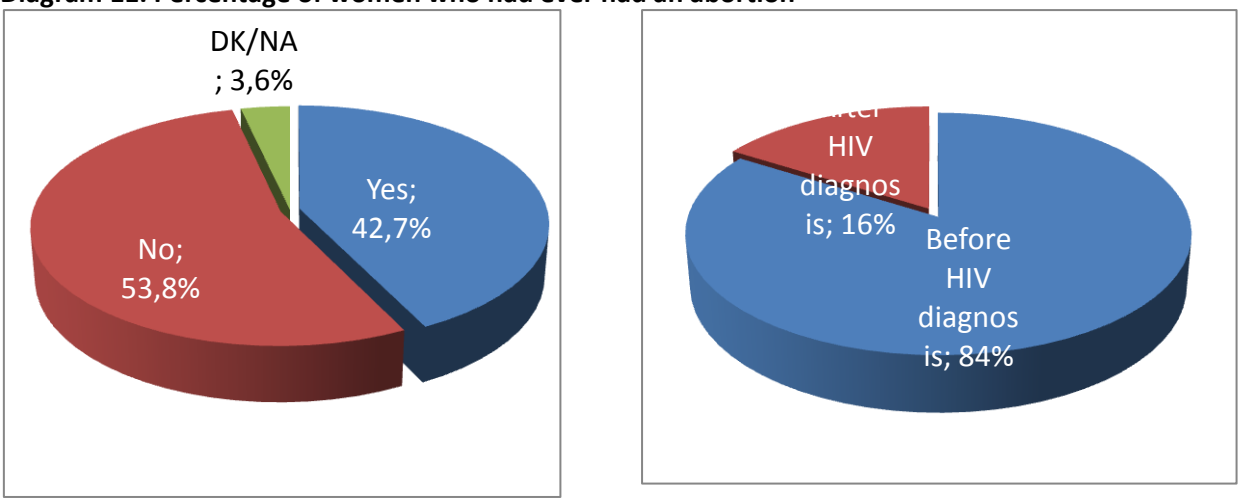
Diagram 10. An HIV+ can get services at maternity hospitals at the same level as other pregnant women



Four out of ten women respondents (or their cohabitants in cases where the respondent is a man) had at some point had an abortion (42,7%), which is 10% higher than at the same indicator among the general population. Thus, the big difference between the number of pregnant women who had ever given birth among PSU and PLWH on the one hand the general population on the other hand can partly be explained by a higher number of abortions.

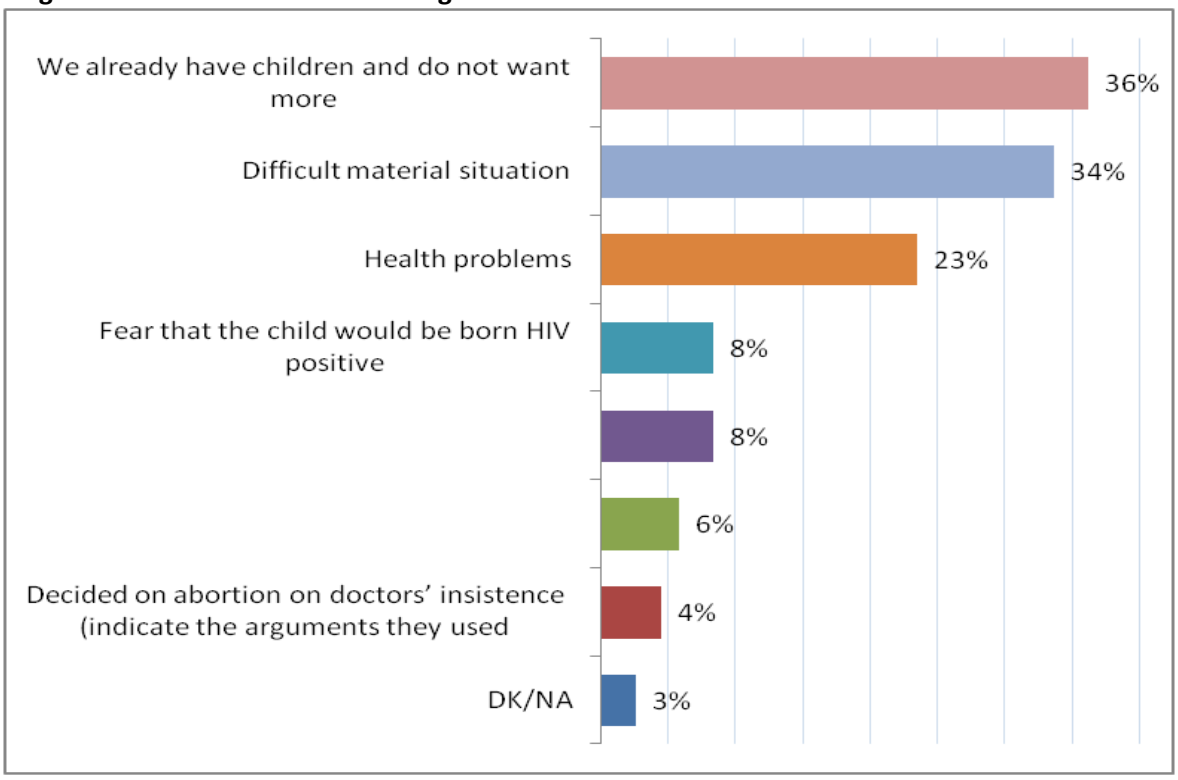
It is very likely that the higher number of abortions among PLWH is conditioned by other factors than the HIV status, since a large number of abortions were done before the woman had been diagnosed with HIV (84%).

Diagram 11. Percentage of women who had ever had an abortion



Probably due to the fact that a large part of abortions were done before the woman had been diagnosed with HIV, the main motives for deciding to have an abortion are not connected to HIV status or drug use. Only in 8% of cases the decision was made due to fear of transmitting HIV to the child, in 4%-8% of cases the decision was made at the insistence of the husband, relatives or doctors.

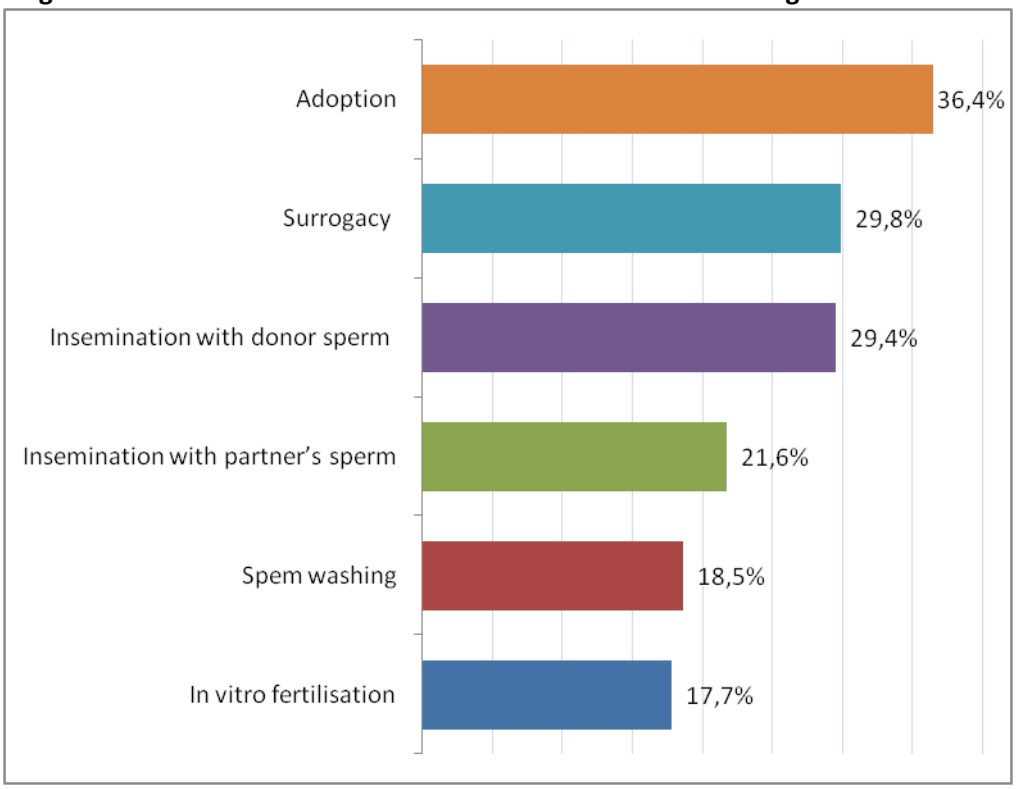
Diagram 12. Motivations for deciding to have an abortion



The level of awareness among the beneficiaries of alternative ways of having children can be said to be rather low. Four out of five respondents do not know of any of the methods presented in the graph.

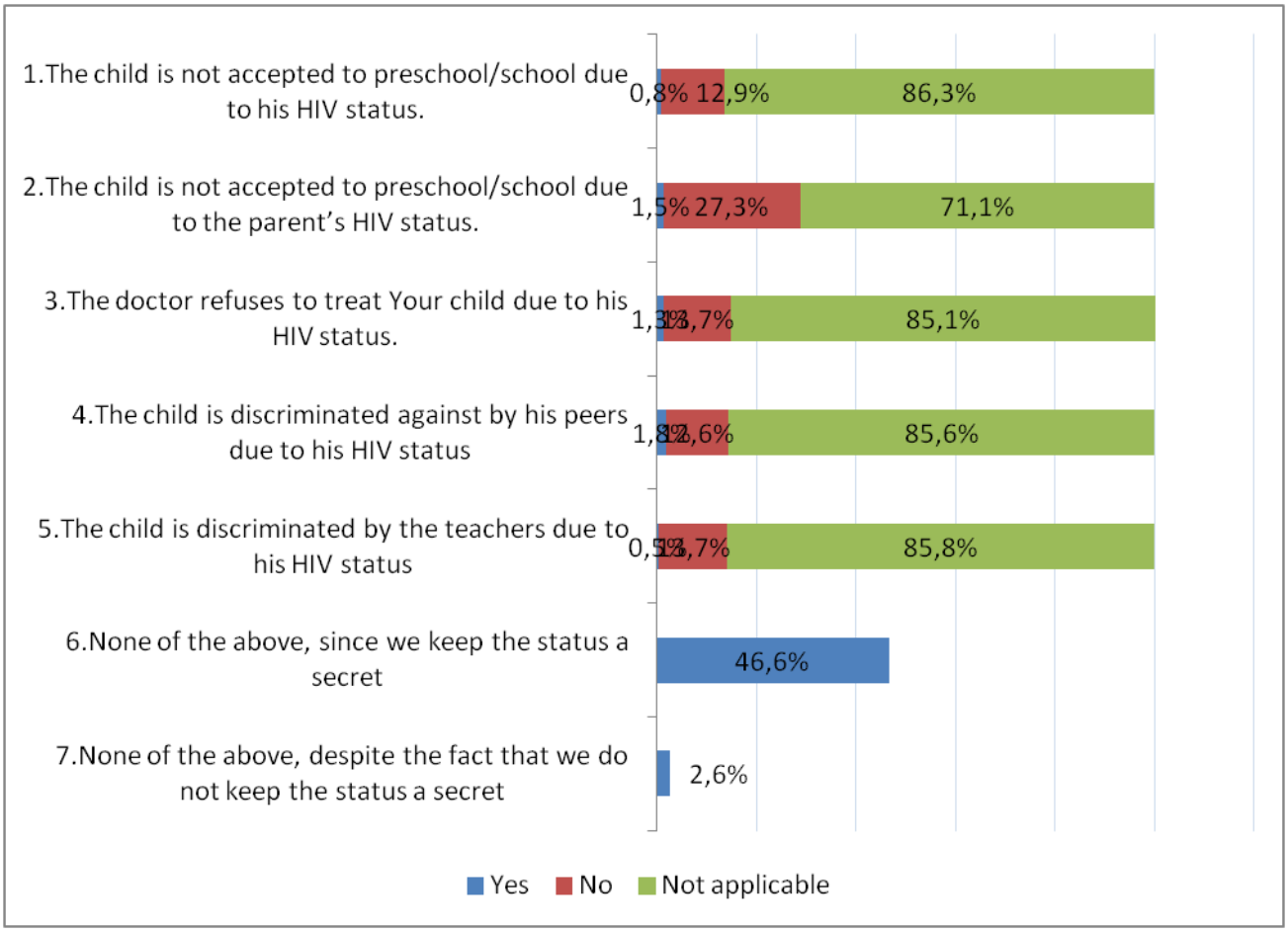
Among those methods that are known, adoption, surrogacy and insemination with partner's sperm are the most common.

Diagram 13. Level of awareness of alternative methods for having children



Intolerance of society towards PLWH and PSU certainly also affect children. At the same time the survey shows that cases of discrimination of children are very rare, no form of discrimination exceeds 2% among the respondents. The explanation is however readily at hand, only 2,6% of the respondents reported that they had not encountered discrimination despite not keeping the HIV status a secret. In all other cases the lack of discrimination is explained either by the fact that the parent's HIV status is kept a secret (46,6%), or that the discrimination did not correspond to any of the alternatives given in the survey.

Diagram 14. Level of discrimination against children of PLWH and PSU



Access to services

One of the most important tasks of this study is to assess current deficiencies in the sphere of NGO services. The survey assessed which services were most needed by the beneficiaries, as well as the access to these services, and a comparative indicator covering access to services with the need for them was devised.

This approach makes it possible to show which services need to be developed further.

The situation is paradoxical in the sense that for most services the percentage of respondents who need these services is lower than those who think that they are accessible.

Concerning the level of need, there is greatest demand for the following services:

- Information and consultation in the sphere of sexual and reproductive rights
- Medical services for children
- Provision of male condoms
- Diagnosis and treatment of HIV and AIDS

For access to services it is worth noting the services to which access is most limited:

- Provision of female condoms
- Measures to ensure safe blood transfusions
- Prevention and treatment of infertility
- Opioid substitution therapy
- Support for rape victims

And in conclusion, based on needs and access demand for the following services is least covered at the moment:

- Provision of female condoms
- Information and consultation in the sphere of sexual and reproductive rights
- Medical services for children
- Measures to ensure safe blood transfusions
- Provision of contraceptives
- Prevention and treatment of infertility
- Provision of male condoms

Table 1. Level of needs for services in the sphere of SRH and SRR, assessment of access and relation between demand for and access to services

	Need	Acces
Female condoms	24,6%	9,5
Information and consultation in the sphere of sexual and reproductive rights	51,2%	40,6
Medical services for children	63,5%	53,9
Measures to ensure safe blood transfusions	27,4%	20,9
Provision of contraceptives	38,4%	43,3
Prevention and treatment of infertility	24,7%	30,3
Provision of male condoms	66,7%	72,7
Opiate substitution therapy	20,7%	31,4
Information and consultation on questions concerning family planning (for example contraceptives)	45,5%	56,6
Support for rape victims	21,5%	32,7
Diagnosis and treatment of HIV and AIDS	63,8%	75,7
Prevention and treatment of STDs and infectious diseases of the reproductive system	42,3%	55,7
Information and consultations on how to prevent sexually transmitted diseases (STD)	44,5%	67,1
Consultations on question regarding the health of women living with HIV - mothers, including anaemia, postnatal infections, STDs and risks for mother to child transmission of HIV	42,1%	66,8
Consultations for discordant couples (with different HIV statuses)	30,6%	70,0
Testing for syphilis	23,6%	65,9

Assessment of NGO commitment and availability of SRH services

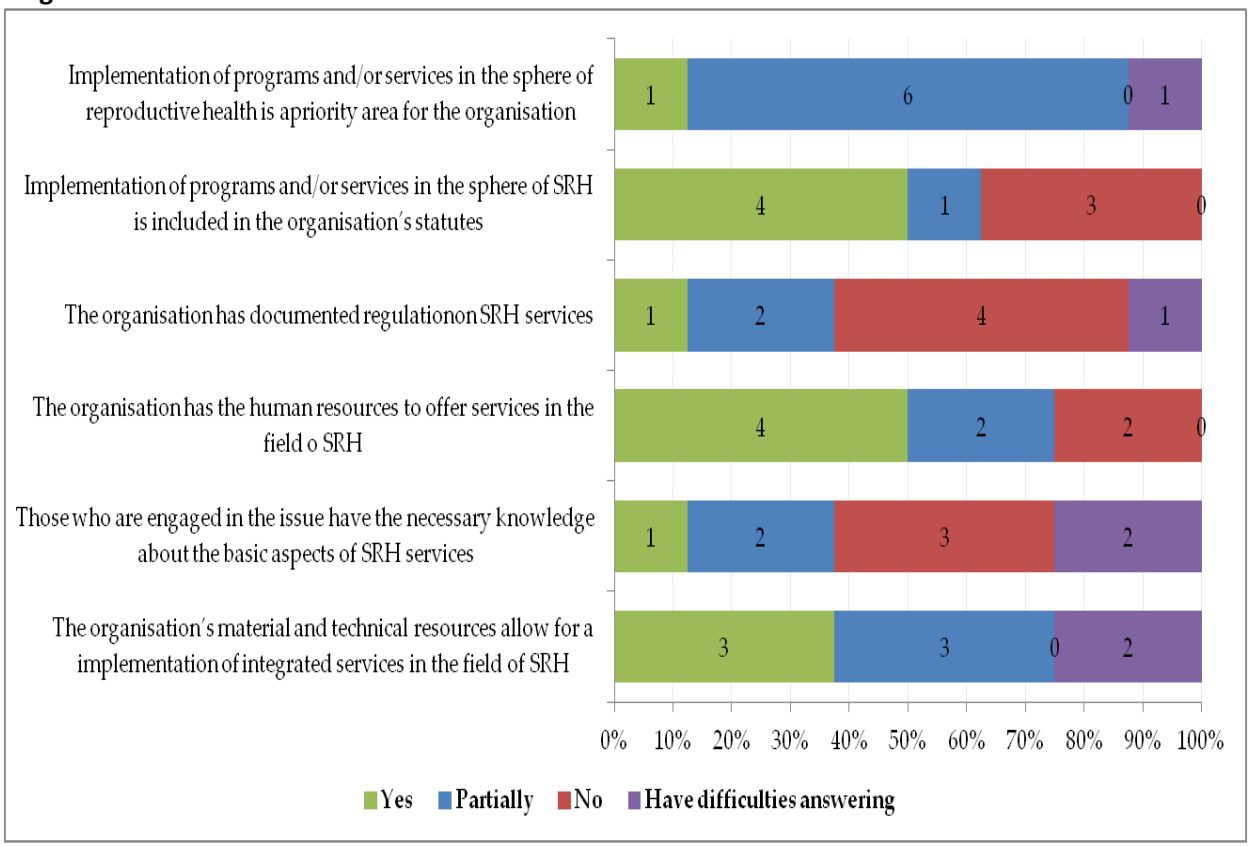
The assessment of NGO commitment to advancing SRR and availability of services in the sphere of SRH was done according to six parameters:

1. Institutional commitment
2. Information activities and SRH
3. Voluntary consultation and information
4. Prevention of vertical transmission
5. Management of sexual transmitted diseases (STD) and opportunistic infections (OI)
6. Psychosocial support and other services provided for PLWH and psychoactive substance users (PSU)

Regarding the institutional commitment of the organisations that are part of Initaitiva Pozitiva the study came to the following conclusions:

1. At the moment implementation of programs and/or providing services in the sphere of SRH is not a priority activity for the organisations, since only one organisation stated that this was a priority field;
2. At the same time, it is possible to say that this field is partially present in the organisations'' statutes but is not regulated through regulations. Four organisations noted that SRH services were present as a type of activity in the statutes but only one organisation had regulations for providing services in the sphere of SRH;
3. The network partially has the necessary human resources (4 NGOs said "Yes", 2 "Partially") and material-technical basis (3 "Yes", 3 "Partially");
4. The organisations recognise the need to train the staff, since only 1 organisation said that those employees who had any relation to the problem were trained in the basic aspects of providing SRH services and 2 organisations said "partially".

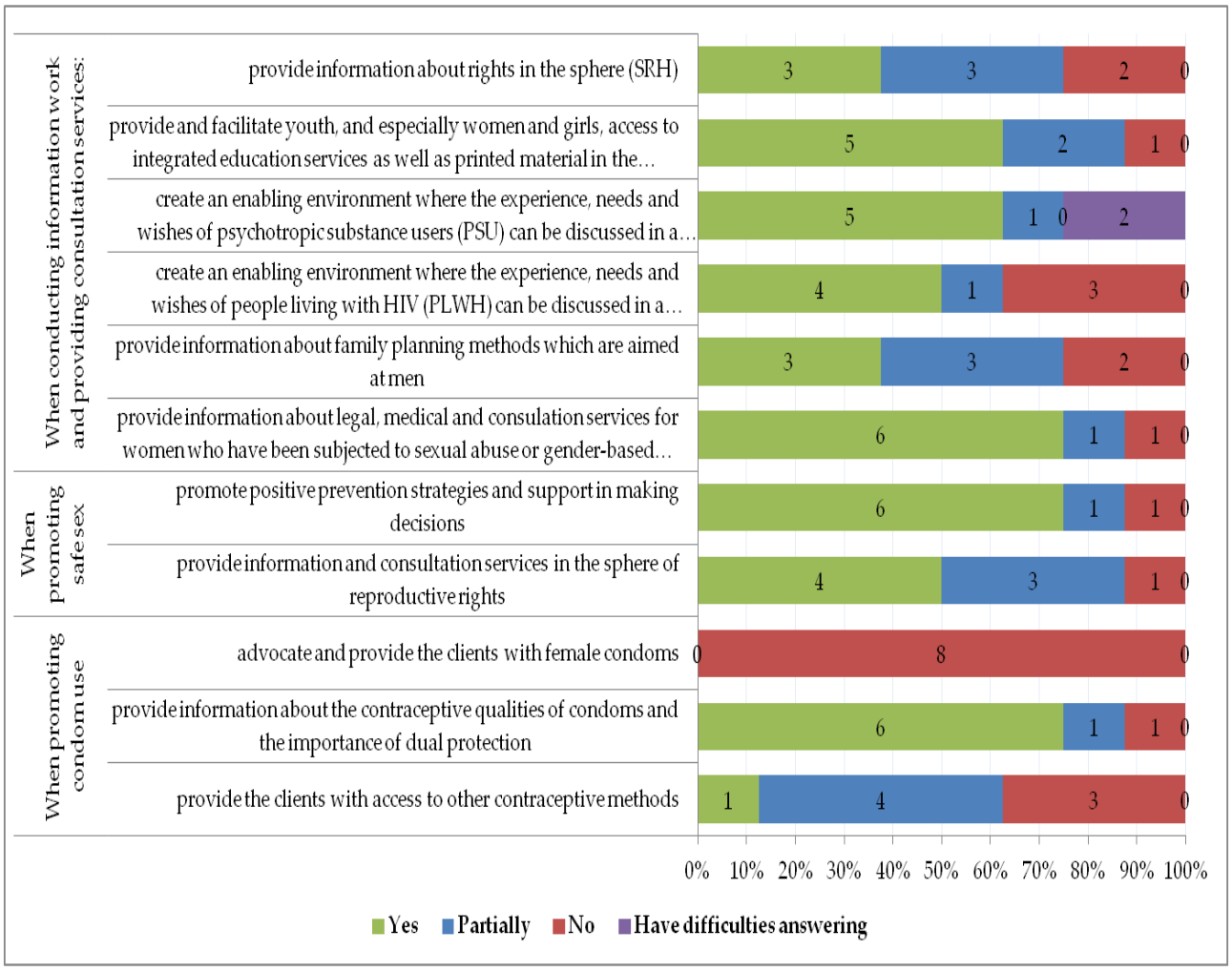
Diagram 15. Institutional commitment to SRH



For the basic types of information services in the field of SRH, in particular education and consultation services, there is mid level commitment. A large part of the organisations provide this information to a full or to a certain extent. Approximately the same level of commitment is registered regarding promotion of safe sex.

Regarding promotion of condom use the situation is more or less satisfactory when it comes to providing information about the contraceptive properties of condoms and the importance of double protection. However, it is not possible to say the same about informing clients about and giving access to (directly or through referral to other organisations) to other contraceptive methods, such as hormonal or injectable contraceptives, diaphragms or spiral. Female condoms are neither promoted nor provided by any organisation.

Diagram 16: Information activities in the sphere of SRH



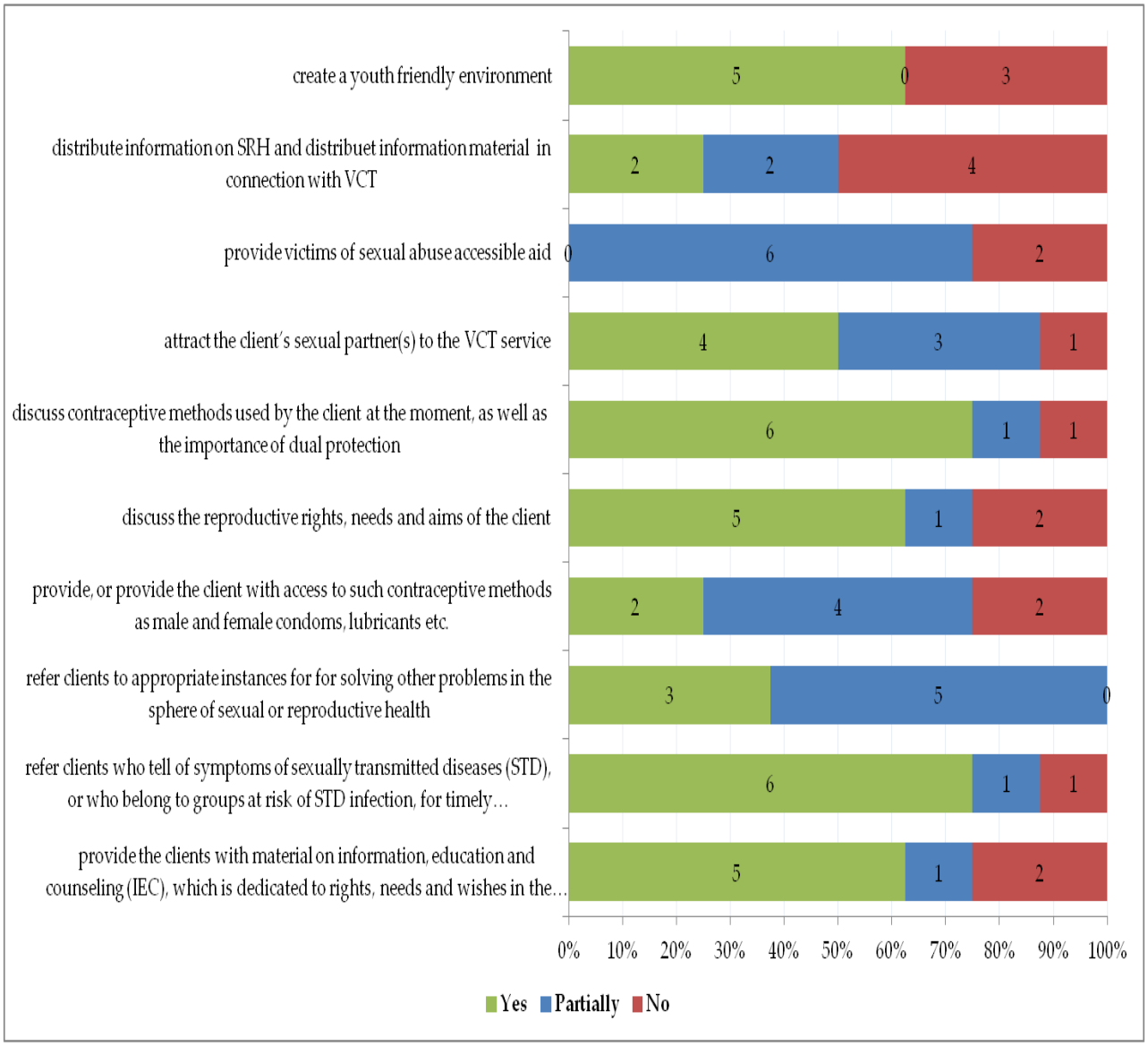
Regarding the range of services connected to voluntary counselling and testing (VCT) we note a mid level coverage of services for:

- Creating a youth friendly environment
- Attracting the client's partner to VCT services
- Discussing the contraceptive methods used by the client at the moment, as well as the importance of double protection against unwanted pregnancies and transmission of STDs and HIV
- Discussing the client's reproductive rights, needs and aims
- Referral of clients who have symptoms of STDs, or who are in the risk group for STDs to immediate specialist medical consultations for diagnosis and treatment of STDs
- Providing clients information, education and communication material on rights, needs and wishes in the sphere of sexual and reproductive health, and on HIV

Low coverage levels are noted for services on:

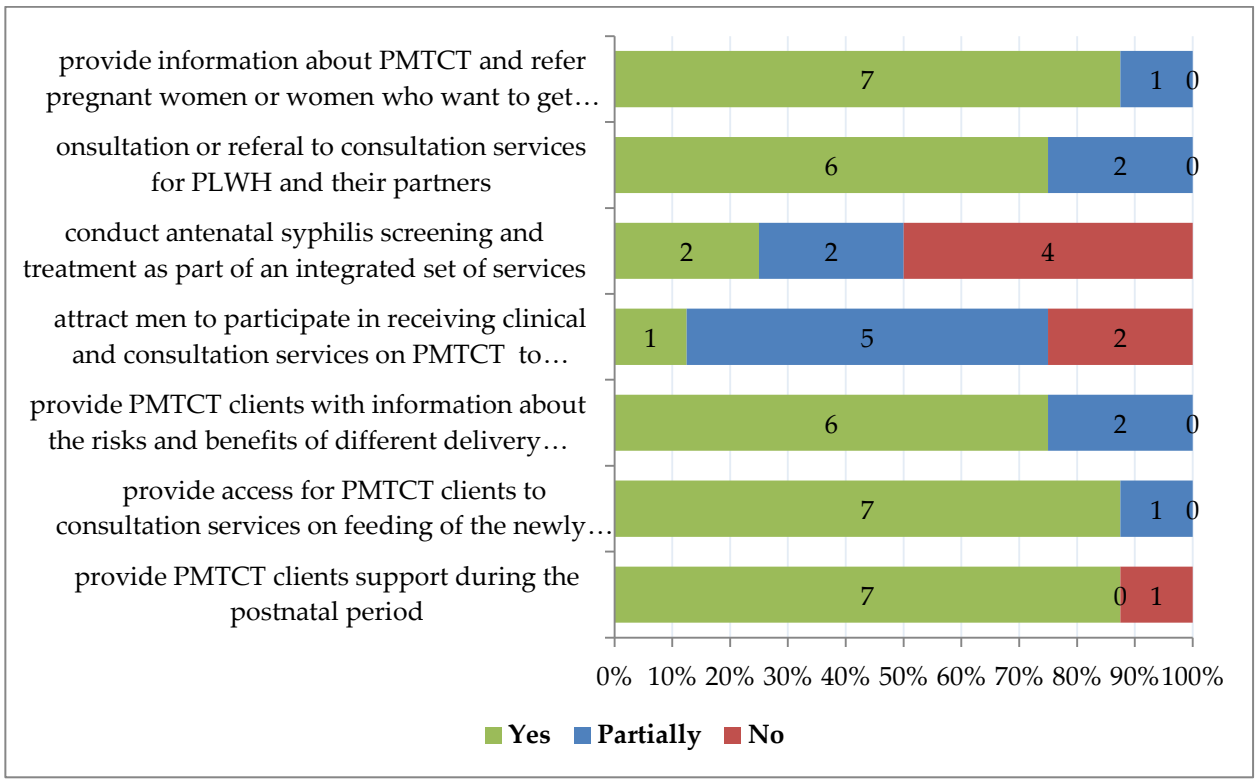
- Providing rape victims accessible help
- Providing or providing access to such contraceptives as male and female condoms, lubricants and, when applicable other contraceptives (spirals or oral or injectable contraceptives)
- Appropriate referral of clients with an aim to solve problems in the sphere of sexual or reproductive health

Diagram 15. Voluntary counselling and testing



In connection with activities for prevention of vertical transmission there is a very low level of service coverage for conducting antenatal syphilis screening and treatment as part of a combination of services and for attracting men to take part in receiving clinical and consultation services on PMTCT to support their partners.

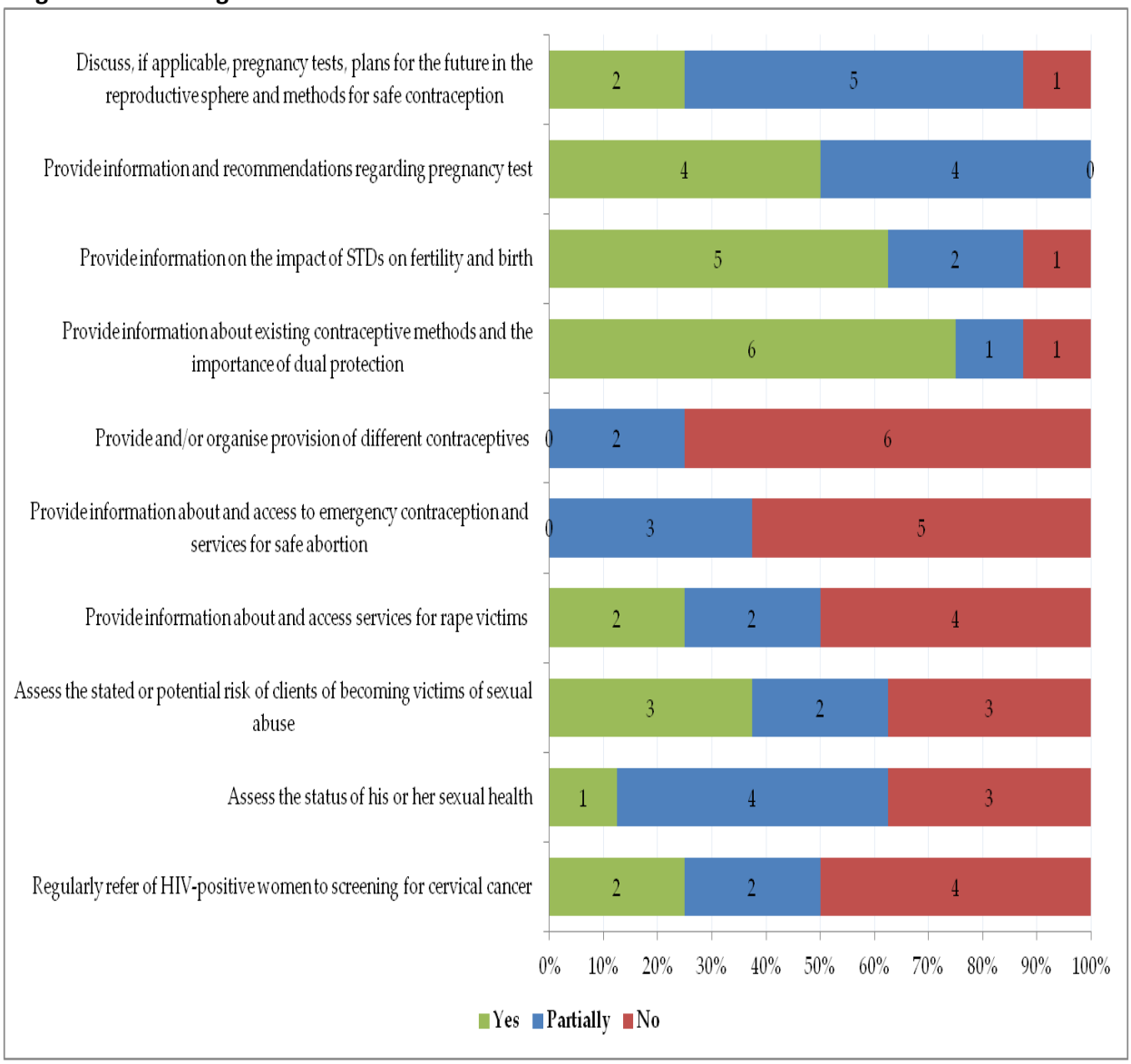
Diagram 168. Prevention of vertical transmission



In the sphere of prevention and management of STDs and OI, very few organisations:

- Discuss and, if applicable, pregnancy tests, plans for the future in the reproductive sphere and methods for safe contraception
- Provide and/or organising provision of different contraceptives (other than male and female condoms), such as hormonal or injectable contraceptives, diaphragms or spirals
- Provide information about and access to emergency contraception and services for safe abortion (including care during the period after the abortion)
- Provide information about and access to ART for post-contact transmission prevention, emergency contraceptives, and treatment or prevention of STDs for victims of rape who are in contact within 72 hours after the incident
- Assess declared or potential risk for victims of sexual abuse, or gender-based abuse, or if deemed appropriate, referral to specialist or to legal aid
- Assess the status of his or her sexual health, for example symptoms of STDs, symptoms of sexual dysfunction a result of HIV or ART
- Regularly refer of HIV-positive women to screening for cervical cancer

Diagram 179. Management of STDs and OI

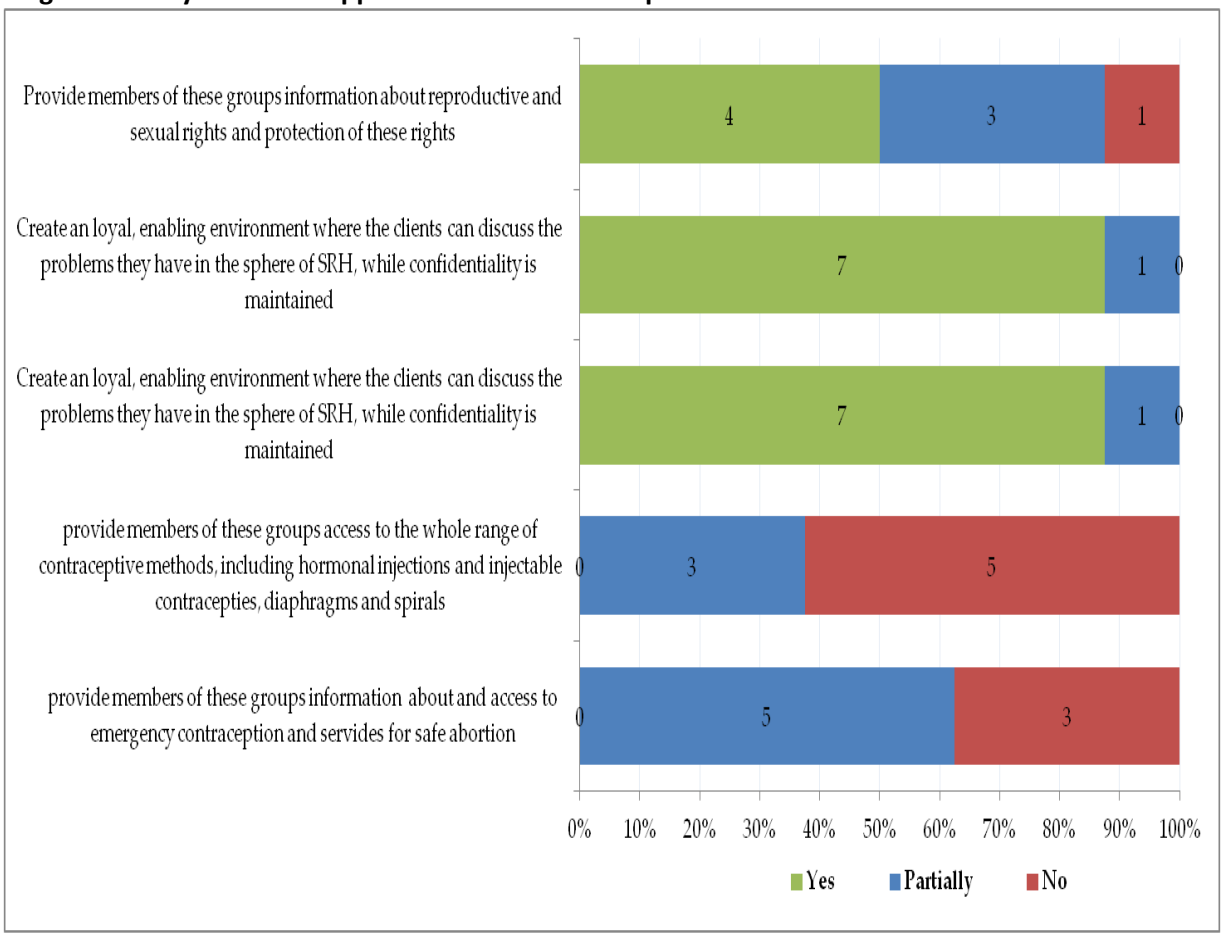


Finally, as part of the psychosocial support services provided, members of these groups are also provided information about reproductive and sexual rights and the possibility of defending these rights.

None of the organisations provide the following services to the full extent and some of them do not provide them at all:

- Provide members of the groups access to the whole spectre of contraceptives, including hormonal and injectable contraceptives, diaphragms or spirals
- Provide members of the groups information about and access to emergency contraception and services for safe abortions (including care during the period after the abortion)

Diagram 20. Psychosocial support and other services provided to PLWH and PSU



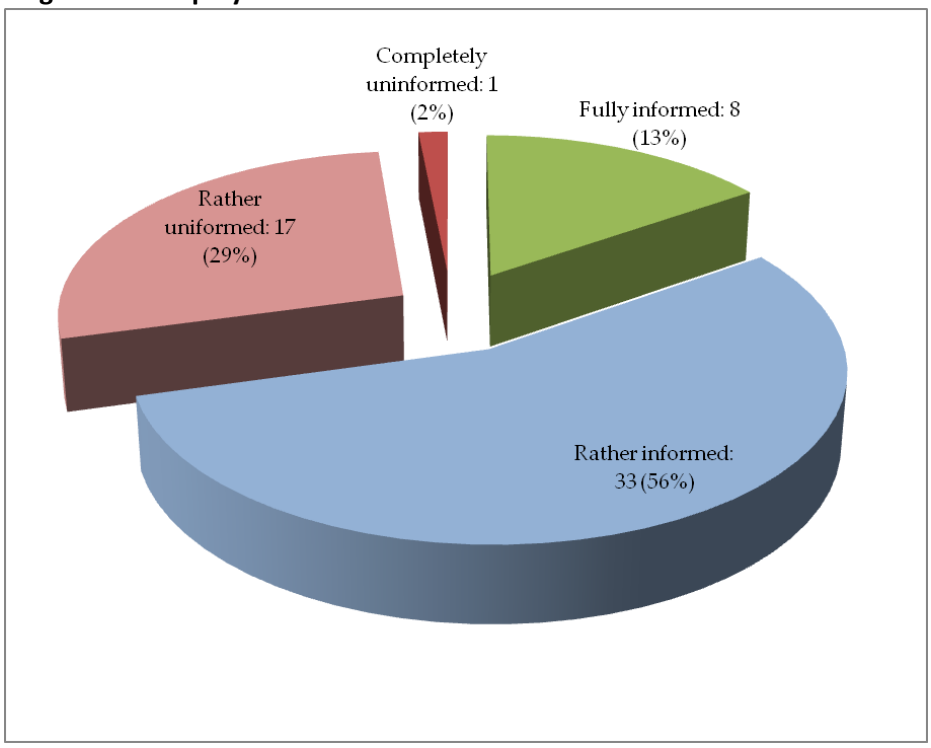
Assessment of employee awareness

The third component of the study aims to assess the level of knowledge of the employees of Initiativa Pozitiva's partner NGOs in the sphere of SRH and SRR. It is necessary here to remember that the managers of the majority of the organisations when assessing the organisations'' commitment deemed the capacity of the personnel to be insufficient for providing comprehensive services.

At the same time it is necessary to take into account the fact that services in the sphere of SRH and other services provided to representatives of vulnerable groups are interrelated and interdependent, as well as the fact that SRR is part of the general human rights. That is why it is not possible to expect the employees to be entirely uninformed, but rather partial awareness or partial unawareness of SRH and SRR among NGO employees.

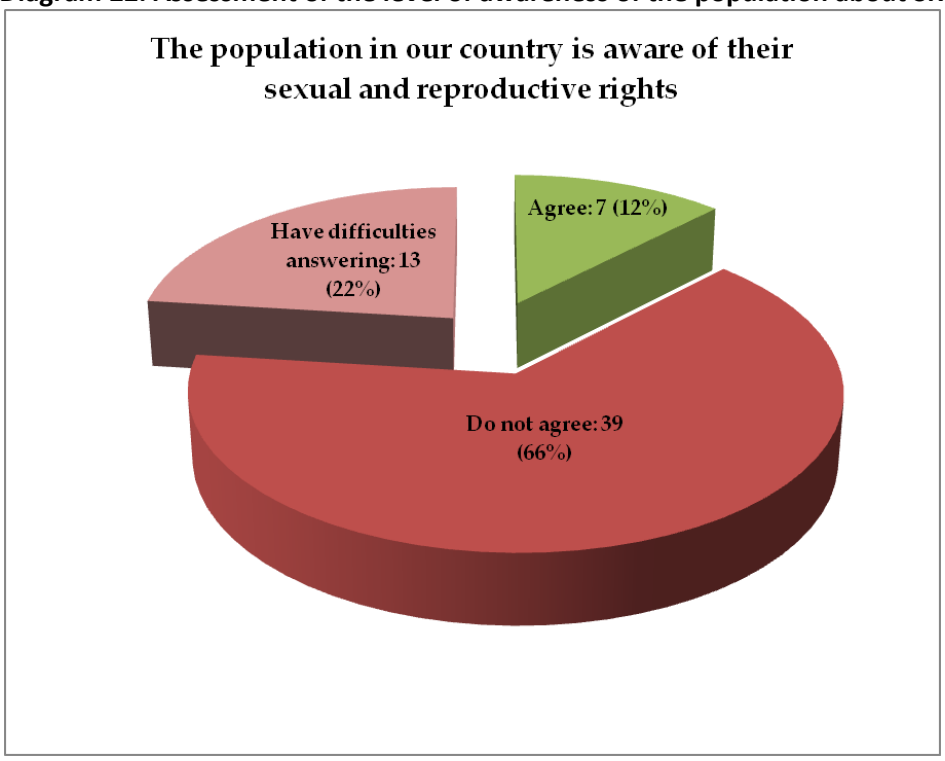
In particular, 13 % of the respondent employees think that they are fully informed and 56% think that they are partially informed in this sphere.

Diagram 21. Employee self-assessment of level of awareness



When it comes to the general population, most employees (66%) tend to think that the citizens are not sufficiently informed in the sphere of SRH and SRR.

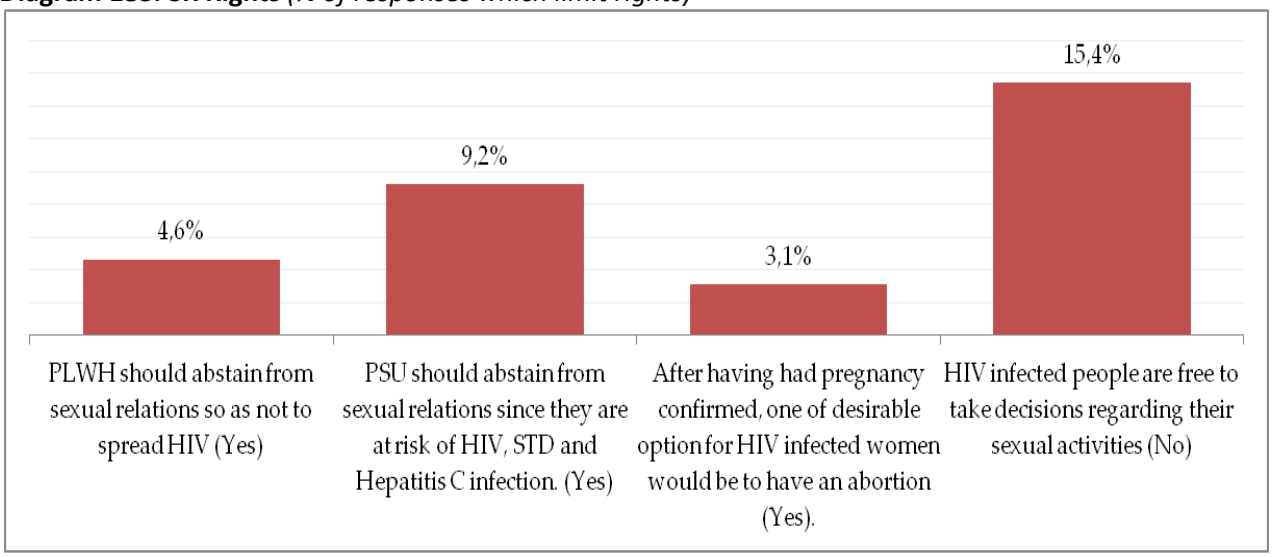
Diagram 22. Assessment of the level of awareness of the population about SRR



Yet, the following questions show clearly that the NGO employees are only partially informed in the sphere of SRH and SRR. Moreover, the general trend is similar to that among the clients, for example the tendency to limit the rights of PSU to a greater extent than those of PLWH (9,2% and 4,6% respectively of the respondents expressed limitations to this right).

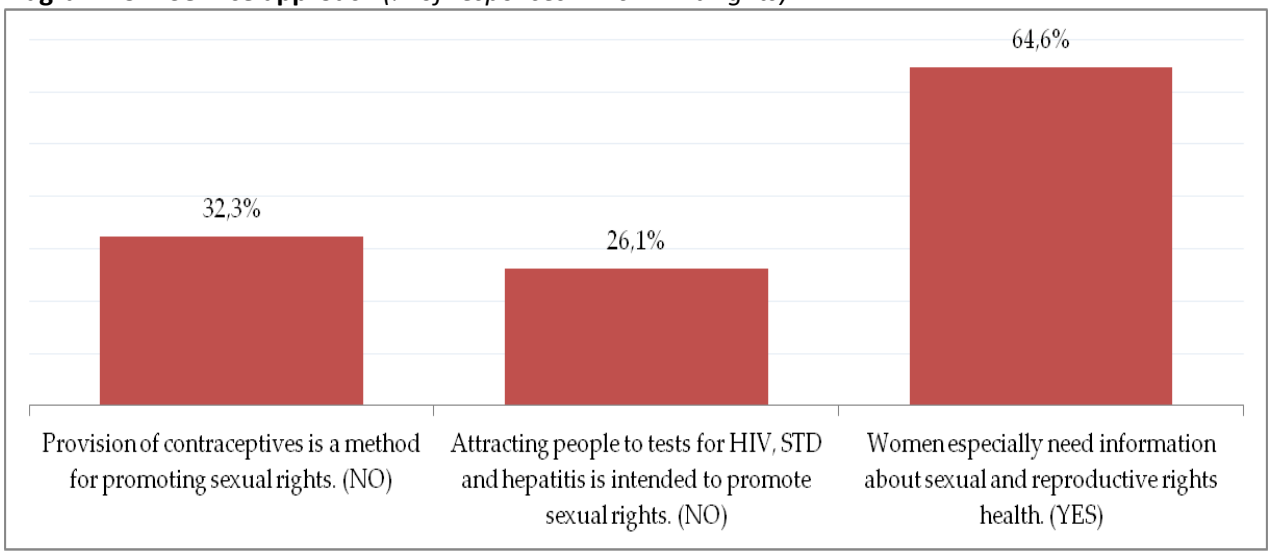
Regarding rights there are more NGO employees that are of a view that limits the rights of PLWH to take decisions regarding their sexual activities (15,4%).

Diagram 183. SR Rights *(% of responses which limit rights)*



Even more responses were registered which support limitations of reproductive rights. 64,6% of the employees support differentiated approaches, confirming that women are in greater need of information about SRH, 32,3% do agree with the statement that providing contraceptives is a way of advancing SRR and 26,1% gave the same assessment with regards to voluntary counselling and testing services for HIV, STDs and hepatitis.

Diagram 194. Service approach *(% of responses which limit rights)*



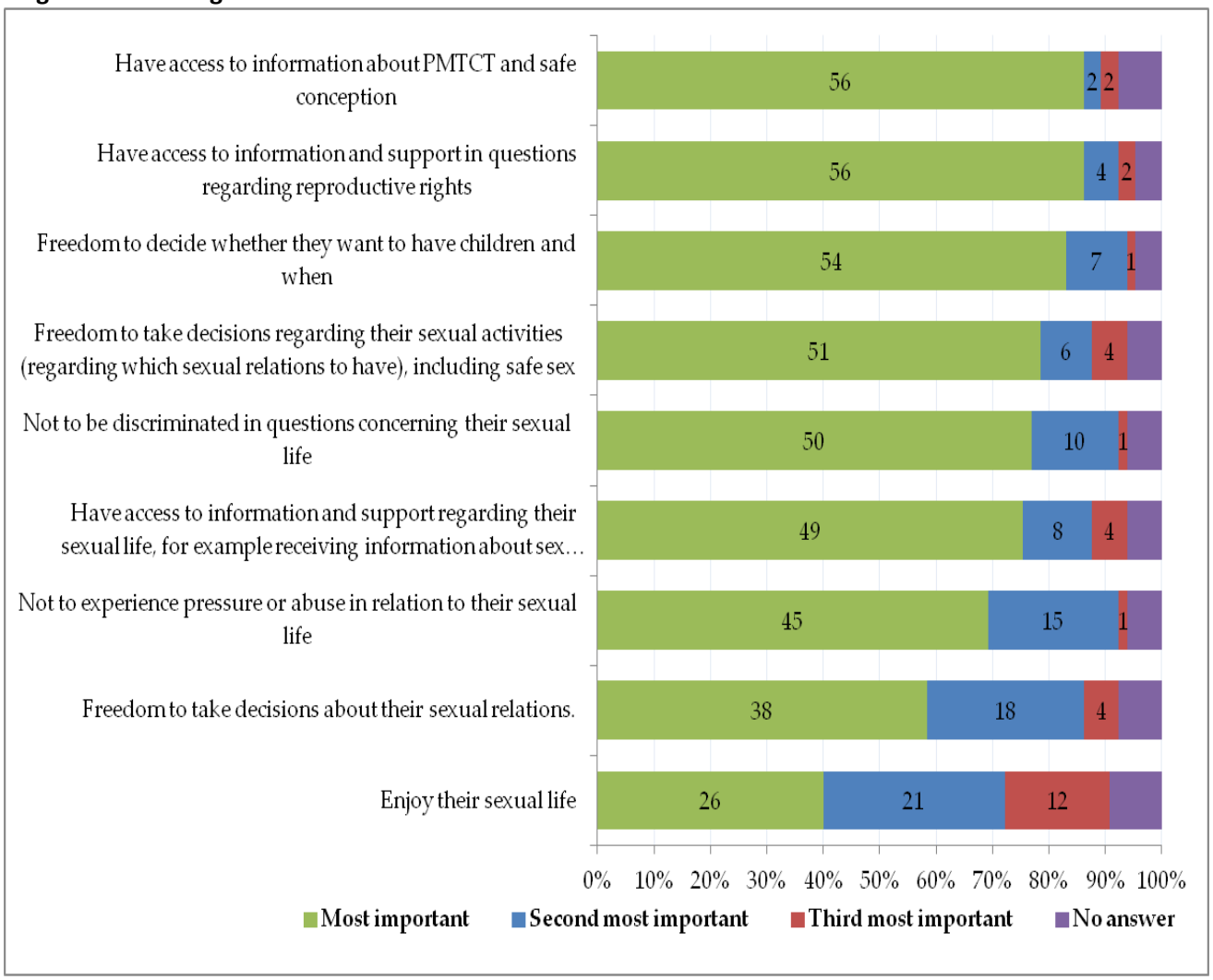
As part of the assessment the awareness level of NGO employees they were asked to arrange different sexual and reproductive rights according to their importance. The list also included the option ”equally important”, which was the most correct answer.

As a result, only 30,2% of the respondents did not differentiate between the different rights.

It is also interesting to look at how the rights were distributed according to importance. There is a tendency to take SRR to large extent to mean the quality of access to information and taking decisions on having children. Those rights that are least often noted as most important are for

example the right to get satisfaction from one's sexual life, freedom to take decisions about sexual relations and not to experience pressure and abuse in one's sexual life.

Diagram 205. Recognition of SRR



Conclusions and recommendations

This study looked at the estimated and observed level of services (coverage) provided by NGOs in the sphere of SRH and SRR, as well as needs of the beneficiaries (PLWH and PSU).

The study showed a low awareness level among the beneficiaries in the sphere of SRH and SRR, as well as prevalence of a number of stereotypes. Despite the high level of support for SRR that was expressed, the study shows:

1. A significant prevalence of the view that PLWH and especially PSU are not free to take decisions about interrupting a pregnancy or giving birth to children;
2. There is a high level of support for abortions, and for not having children;
3. There is pronounced (as a percentage of all respondents) acceptance of doctors taking extra unfounded precautionary measures (in addition to standard precautionary measures) when delivering babies to HIV+ mothers.
4. Although a minority, there is still a significant number of beneficiaries who support providing medical services to PLWH and PSU in separate institutions;
5. The opinion that women bears the sole responsibility in the sphere of SRH is widely spread.

Thus, the study confirms the need for comprehensive measures to inform the population in general and the beneficiaries in particular about SRH and SRR. In this case, it is necessary to put special emphasis on exposing stereotypes which limit the rights of PLWH and PSU to freely take decisions in the sphere of sexual relations, on having children and on abortions.

It is also necessary to raise the level of awareness since stereotypes and an inaccurate perception of SRH is probably one of the reasons for the low fertility among the beneficiaries and the high number of abortions in comparison with the general population shown by the study.

Given the low level of awareness about rights and services in the sphere of SRH, for some services the level of access is higher than the level of needs. Yet, the study clearly shows that at the moment it is necessary to focus on such services as:

- Provision of female condoms
- Information and consultation in the sphere of sexual and reproductive rights
- Providing medical aid to children
- Measures to ensure safe blood transfusions
- Provision of contraceptives
- Prevention and treatment of infertility
- Provision of male condoms

These are services where the level of access is low in relation to the estimated need.

The NGOs which took part in the study of institutional commitment partly covered the range of services in this field, but their engagement was of an uneven character. Even when implementing programs and services was written into the statute of the NGO, this field was not a priority in the organisations' activities and was not regulated.

In part the organisations have the necessary human and technical and material potential to develop SRH services, but the existing human resources also need to be strengthened.

Regarding information activities and services which are indirectly related to SRR and SRH, the latter are not fully covered. It is especially important to note the gaps in providing general information about SRH, about family planning methods, promoting female condoms, as well as other contraceptive methods.

There is also a low level of coverage of services concerning:

- Provide rape victims with accessible help
- Provide or providing clients with access to such contraceptives as male and female condoms, lubricants and, where applicable, other methods (spirals or oral or injectable contraceptives)
- Appropriate referral of clients for solving other problems in the sphere of sexual and reproductive rights

Regarding of activities for prevention of vertical transmission there is a low level of coverage of services for antenatal syphilis screening and treatment as part of a combination of services and for attracting men to take part in receiving clinical and consultation services on PMTCT to support their partners.

It should be noted that part of the services in the sphere of SRH, for example diagnosis and treatment of HIV, STDs and OI, opiate substitution therapy, and syphilis screening cannot be provided by NGOs. It is thus necessary to develop a mechanism for effective referral and accompaniment for the clients to receive these services in appropriate institutions.

The level of awareness among the employee staff in the sphere of SRH rights and services is also assessed as incomplete and fragmentary, especially regarding the approach to service provision. It is especially important to note the prevalence of stereotypes which would indicate that only women need information about SRH.

Thus, based on the results of the study and the discussion of these when they were presented, it is necessary to take the following measures to improve services in the sphere of SRH for PLWH and PSU:

1. Information activities:
    - Conducting trainings and seminars;
    - Collecting, exchanging and distributing information within the NGO network in the sphere of SRH;
    - Developing and distributing information material, guidebooks which add to or systematise existing information;
    - Exchange of experiences between organisations providing services in the sphere of SRH.
2. Organisational activities:
    - Analysis of existing possibilities with the aim to cover and improve services in the field of SRH, with emphasis on services which have not been provided or which have not been provided to a sufficient extent according to the study;
    - Developing territorial databases for referral to specialist organisations;
    - Identify focal points which are responsible for the coordination of activities for advancing services in the sphere of SRH within the organisations;
    - Developing mechanisms for monitoring and evaluation of the activities;