Case study: UKRAINE

Background:
As of November 2014, there are 460,000 internally displaced people in Ukraine, out of which at least one third are children and youth.

Amid the current crisis youth in Ukraine is being exposed to a number of challenges that could have a long-lasting effect on their future lives if not addressed in a timely manner.

The security conditions in eastern parts of Ukraine affect the daily lives of people, creating an insecure and unpredictable environment and increased hardship. For youth the situation poses additional threats due to the disruption of access to education and health services, as well as the potential breakdown of youth’s social and economic safety nets.

There are also reports of children and youth being involved in violent demonstrations and even being killed and injured in the armed conflicts. In particular, youth in eastern parts of the country require protection and enabling and safe environment to assist with phyco-social support and counseling.

Taking into account situation in the east of Ukraine, there is an urgent need to move from the dangerous regions to safer parts of Ukraine the most vulnerable category of population – children and youth (in particular most-at-risk groups, such as orphan youth and youth from poor families).

In August 2014, UNFPA Ukraine was approached by the Ministry of Social Policy of Ukraine with the request to support psycho-social rehabilitation of youth (from socially disadvantaged, incomplete families and orphanages) from eastern parts of Ukraine, (Donetsk, Lugansk).

Methodology:
83 youth from Lugansk and Donetsk (13-18 years old) were transported to a safe area nearby (Kremenchug city in Poltava region) to a summer youth camp “Zoryaniy” to undergo a 21-day psycho-social rehabilitation and to receive knowledge and skills on healthy lifestyle and safe behavior, including use of condoms as an effective method of HIV prevention. (UNFPA provided resources for transportation, accommodation, meals, recreation and training of the youth).

Key Elements:
- Baseline Survey (to obtain baseline data on main indicators of knowledge about HIV, safe behavior, including use of condoms);
- Follow-up Survey (at the end – to obtain updated data on the above indicators and to analyze change in knowledge and attitudes);
- 21-day robust training programme on promotion of healthy lifestyle, safe behavior and condom demand generation among youth;
- Thematic IEC materials (booklets on healthy lifestyle);
- Promotional materials (T-shirts, hats)
**KNOWLEDGE AND AWARENESS**

Baseline survey that was conducted at the beginning of the training revealed very low knowledge and awareness on HIV, its transmission ways, and means of prevention.

Almost 55% of young people from the affected areas did not know what HIV is and 73% of them could not tell the difference between HIV and AIDS.

Young people also had false beliefs as to the main risk factors such as drugs and alcohol: 67% believed that drinking beer is safe as it does not lead to alcohol dependency; 66% were convinced that lite drugs can not harm and, therefore, are OK if used.

This is aggravated even more by the overall beliefs of youth about what is "cool" in their sub-culture.

Thus, the survey revealed that the following behavioral patterns are considered as being "cool": smoking – 44%, trying lite drugs – 31%, sex – 55%, drinking – 56%.

However, the survey noted a positive factor of understanding the importance of using a condom: 53% of youth think it is "cool" and 75% understand that a condom can protect against HIV.

At the same time 50% thought that AIDS can be cured and 25% - that AIDS is something that happens only among drug users and, thus, is irrelevant to them.

Levels of stigma and discrimination towards PLWHA were also very high, mainly attributed to low knowledge of HIV transmission ways and prevention methods.

52% thought that HIV can be contracted through a cough or just being close to an HIV-positive person; 55% were convinced that HIV is transmitted through regular contacts (sharing common bath, towels, kitchenware; 82% - that HIV can be transmitted by mosquitoes.

73% thought that it is very easy to recognize an HIV-positive person because he/she looks sick, and 49% would avoid being friends with HIV-positive.

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**TRAINING**

A 21-day fully-interactive training programme on promotion of healthy lifestyle, safe behavior and condom demand generation was developed by local experts, tailored to the specific needs of the target group, and taking into account results of the baseline survey. The programme consisted of theoretical information, practical excercises, role-plays, interactive thematic games and contests.

Due to particular sensitivity of HIV-related issues and, especially, use of condoms, these topics were included into a broader safe behavior and reproductive health issues.

Apart from the intensive training programme youth were provided with psychosocial support and rehabilitation by professional psychologists.
RESULTS

- Significantly increased knowledge and attitudes on the issues of safe behavior, general information about HIV, its transmission ways and prevention methods.
- Level of stigma and hostile attitude towards PLWHA was reduced.

Overall knowledge about HIV (correct answers before and after the training):

- AIDS has no cure: Before 20, After 80
- Anyone can get HIV infection: Before 40, After 80
- HIV-positive people do not look sick: Before 60, After 80

HIV transmission (correct answers before and after the training):

- Sexually: Before 100, After 100
- Sharing common household items and kitchenware: Before 40, After 80
- From mosquitoes: Before 0, After 0

Attitude towards PLWHA and own risks (correct answers):

- It is safe to be friends with HIV-positive: Before 0, After 100
- Alcohol influences behavior and makes it risky: Before 60, After 80
- Condom can protect against HIV: Before 80, After 100

Overall knowledge has increased significantly as a result of numerous informational sessions and interactive learning games.

Thus, percentage of youth who, after training, knew that AIDS has no cure increased by 55%.

Those who know that HIV-infected person looks normal – by 72%.

Almost 100% of youth understand that everyone is at risk of getting HIV.

After the training youth were able to correctly identify main ways of HIV transmission and, what is most important, how HIV can not be transmitted.

Increase in knowledge by 88% in understanding that HIV can not be transmitted with mosquito bites, and that it is safe to share common household items and kitchenware with HIV-positive people.

Levels of stigma and discrimination were significantly decreased after the training.

Thus almost 100% of youth consider safe to be friends with HIV-positive.

Also, knowledge about linkages between alcohol and risky behavior was gained, as well as the fact that condom is an effective method of HIV prevention.
**MOST EFFECTIVE CHANNELS TO COMMUNICATE INFORMATION**

Young people identified the most effective channels for communicating information on safe behavior and healthy lifestyle (including use of condom). Below is the list of most desired channels (1st being the most effective and 5th – least effective):

1. TV and internet
2. Booklets and leaflets
3. Articles in magazines and newspapers
4. School lessons
5. Billboards, citylights

**MOST EFFECTIVE COMMUNICATORS**

Young people identified the most desired and most effective communicators for information on safe behavior and healthy lifestyle (including use of condom). Below is the list of 5 best communicators (1st being the most desired and 5th – least desired):

1. Very good friends
2. Peers
3. Parents
4. Health Professionals
5. Teachers

**LESSONS LEARNED**

- Being quite a sensitive topic, condom demand generation should not be introduced as a separate subject but rather incorporated into a broader healthy-lifestyle and safe behavior curriculum.

- All information should be age-appropriate and should be based on the current level of knowledge and awareness of a specific target group of youth. For that, short baseline questionnaire before any training should be conducted.

- Condom demand generation requires change in behavior, not just change in awareness and attitude of young people. Therefore, this process should include all instruments of an effective BCC techniques and be spread in time for at least a couple of years.