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**List of Issues**

**on the implementation of the CEDAW by Ukraine**

**related to violence and discrimination**

**against women living with HIV and women use drugs**

Submitted for the consideration of the Pre-sessional Working Group for the 77th session

**COMMITTEE ON THE ELIMINATION OF DISCRIMINATION AGAINST WOMEN (CEDAW)**

Geneva, Switzerland, 2-6 March 2020

*Prepared by a coalition of women’s civil society organizations*

*representing women living with HIV and women who use drugs, including:*

*Charitable organization “Positive women”, Charitable organization “Svitanok Club” and Eurasian Women’s Network on AIDS.*

**SUMMARY**

Women living with HIV and women who use drugs face multiple forms of discrimination in Ukraine, both due to their HIV-status and their drug dependence as well as due to the perception that they violate the accepted gender codes. Criminalization – either real (in law) or perceived (in practice) – of certain identities in women, such as being HIV-positive or/and a drug user justifies and in some cases sanctions discrimination, and perpetuates perception that criminalized women are stripped of their other rights, including the right to health, to be free from violence and degrading treatment, and to justice.

This list of issues has been prepared by a coalition of women’s civil society organizations representing women living with HIV and women who use drugs, including: Charitable organization “Positive women”[[1]](#footnote-1), Charitable organization “Svitanok Club”[[2]](#footnote-2) and Eurasian Women’s Network on AIDS[[3]](#footnote-3).

We urge the Committee to request the Ukraine to provide information about all measures undertaken to reduce vulnerability to discrimination and violence of women living with HIV and women who use drugs, according to CEDAW Articles 2, 5, 12 and 16, including:

1. ***What measures does the state take to eliminate the stigmatization and discrimination of women living with HIV on the basis of their HIV-positive status, in particular the abolition of the norm that establishes criminal liability for the putting at risk of HIV infection?***
2. ***What are the steps taken by the state to enforce the rights of women living with HIV and women who use drugs for being as adoptive parents and custodians?***
3. ***What measures does the state take to access women living with HIV and women who use drugs in shelters and crisis centers providing services to women experienced domestic and other types of violence?***
4. ***What measures are being put in place by the state to protect the parental rights of women with drug dependence and to guarantee their access to substitution maintenance therapy programs, in particular, to abolish the rule that establishes “chronic drug use” as a basis for parental rights deprivation?***
5. ***What measures does the state take to collect gender disaggregated statistical information on the provision of health services for women living with HIV and women who use drugs, including screening and treatment for cervical cancer, free abortions, free contraceptives, assisted reproductive technologies, antiretroviral treatment for patients of substitution maintenance therapy programs?***
6. ***What are the steps taken by the state to integrate the specific needs of sexual and reproductive health of women living with HIV and women who use drugs into state-funded HIV prevention and treatment programs, including support and follow up for HIV-positive pregnant women and elimination mother-to-child HIV transmission?***
7. ***What measures is being taken by the state to engage representatives of the HIV-positive women and women who use drugs in the shaping of state policies/strategies to tackle the HIV/AIDS epidemic, promote humane drugpolicy, human rights and counteract violence against women? How does the state implement public monitoring mechanisms to uphold the human rights of women living with HIV and women with drug dependence?***
8. ***How the state provides effective mechanisms for accessing women living with HIV and women who use drugs to justice in the event of refusal to provide medical services, neglect of medical staff, overpriced services, sending to “specialized” institutions, as well as to protect the personal data of women living with HIV and women who use drugs?***
9. ***What measures does the state take to release a HIV-positive drug dependent citizen of Ukraine, N. Z., who is detaining for 27 months in the Donetsk pre-trial detention center on the occupied territories and was sentenced on December 24, 2019 by the Supreme Court of Appeal of the so-called “Donetsk People's Republic” to 11 years of imprisonment for drug contrabanda? The “Buprinorphine” pills of substitution maintenance therapy was legally received by a woman as prescribed by a doctor-narcologist at the Vinnitsa Regional Drug Dispensary, Ukraine.***

**Explanation to the List of Issues**

Social stereotypes that affect the overall picture of gender relations in Ukraine are not conducive for women to exercise their rights and correspondingly double the pressure on women living with HIV and women who use drugs. This forces women to adopt life practices that impact their relations with family and with public facilities (hospitals, state-run institutions, and law enforcement agencies) and their willingness to protect their rights: they keep their contacts with such institutions to a minimum and try to avoid any actions that could lead to disclosure of their HIV status or drug addiction.

**1. Criminalization of HIV transmission has a negative impact on women.** Article 130, Part 1 of the Criminal Code of Ukraine “Infection with human immunodeficiency virus or other incurable infectious disease”[[4]](#footnote-4) provides for criminal penalties for putting another person at risk of contracting HIV or another incurable infectious disease, even without actually intending to infect or otherwise transmit it. Although the norm is intended to reduce HIV transmission, in practice it has the opposite effect - it increases the stigmatization of people living with HIV, restricts their access to treatment and reduces the effectiveness of governmental HIV and AIDS interventions. For women, it increases the risk of HIV infection, violence and gender inequalities in healthcare settings, in the community and in the family.

According to the State Judicial Administration, starting from 2015-2018 only women were sentenced under Article 130 of the Criminal Code of Ukraine.[[5]](#footnote-5)

***Case 1.*** *In October 2018 in the Sumy region an HIV-positive woman was sentenced to five years in prison under Article 130, part 4, of the Criminal Code of Ukraine for biting another person.[[6]](#footnote-6) In considering the case, the judge applied Article 130, part 4, which was intentionally infecting HIV, which, in fact, did not occur.*

***Case 2.*** *In December 2016, in Mykolaiv, a HIV-positive woman accused of part 1 of Article 130 for having sex without a condom that did not lead to HIV infection, and acquitted in the first instance, received a sentence of imprisonment for one year after the plaintiff's appeal.[[7]](#footnote-7)*

The use of laws that criminalize women living with HIV is a public health problem because it discredits evidence-based strategies for the treatment, care and prevention of HIV, and ignores scientific advances in HIV response. Criminalization exacerbates HIV-related stigma and identifies HIV-positive women as potential criminals, which in turn increases discrimination. Thus, the fear of prosecution can deter many women living with HIV, including marginalized groups, from receiving the necessary treatment and support, increasing the vulnerability of women living with HIV to violence[[8]](#footnote-8).

**2. Women living with HIV and women with drug addiction are prohibited from adopting children or being guardians,** which is direct discrimination at the state level.[[9]](#footnote-9) “The disease that causes HIV”, with the clinical classification of HIV infection B20-B24, is included in this norm as contraindications, and this qualifies that HIV-positive women cannot adopt children or be guardians.

***Case 3.*** *Following a review of Albina's application, the Odessa City Council's Children's Affairs Office denied the plaintiffs' appointed guardian over a minor Eugene on the grounds of reference and application of the provisions of the MOH Order, stating: the list of which was approved by the Ministry of Health […] and in accordance with the conclusion on the state of health of the citizen dated September 4, 2017, issued by KU “Center for Primary Health Care No. 3”, about the disease with a font according to the International Statistical Classification of Diseases and Related their health problems (tenth revision) B20 ”.*

On October 28, 2019, the Kyiv District Administrative Court ruled in case 826/9945/18 on a lawsuit filed by the Ministry of Health of Ukraine on the recognition of the illegal and invalid order of the Ministry of Health of 20.08.2008 No. 479 on diseases in which a person cannot be an adopter, namely, a disease caused by HIV.

**3. Women living with HIV and women living with drug addiction have extremely limited access to protection and support to violence survivors.** In 2012, 8% of women and 4% of men said that they contracted HIV as the result of violent acts; another 12% of women and 9% of men admit the possibility that they may be survivors of violence. 26% of the employees of the HIV service organizations in their work have faced situations when violence caused HIV transmission to women.[[10]](#footnote-10)

It is difficult to get into state shelters: women who use drugs are usually refused.[[11]](#footnote-11) Under the standard shelter provision, survivors of domestic and/or gender-based violence, no alcohol or drug users are accommodated at the shelter.[[12]](#footnote-12)

Domestic violence is regarded by the police as a private, family affair. When a woman with drug addiction seeks help, police officers shift their attention to depriving a woman of parental rights instead of protecting a woman from violent acts. This makes it very difficult for women to seek help, as does the fact that many women are unaware of the legal protection that is available to them.

***Case 4.*** *”... They [police] did not even want to accept a statement until my family members intervened.”*

***Case 5.*** *“... How many times have I called, nothing has helped [the police]. On the contrary, setted me up. I asked to detained him so that I could collect the children, hide, but he came out three hours later and was already at home. “*

***Case 6.*** *“… I contacted the police. I have no one to contact, my relatives in Konstantinovka have remained, I am here alone in Kramatorsk. I called the police, police came, took him away. Well, after 2 hours he was released, that’s all…”*

One in every three women living with HIV (35%) experienced violence at the hands of her sexual partner or husband , and one in every four of them (24%) – before they were diagnosed with HIV. This means that the violence factor has to be considered as a component of vulnerability to HIV.[[13]](#footnote-13) Half (51%) of women after having experienced violence had no support whatsoever.

Unequal relationships between partners do not let women feel safe with their partners (only one half of the women living with HIV always feel safe). In many cases, despite the women’s desire, men do not use a condom during the intercourse (7.2% answered that they cannot get their partners to do so, and another 12.9% can do so only occasionally).[[14]](#footnote-14)

Exploring the types of violence among HIV-positive women who have been abused, the Charitable organization “Positive Women” found that 93% of the study participants experienced **psychological violence**.[[15]](#footnote-15) **Economic violence** was reported by 87% of HIV-positive women. 92% of women living with HIV and experiencing violence have experienced **physical violence** after being diagnosed with HIV. One in three (32%) associate it with HIV-status. **Sexual violence** was experienced by 27% of women with HIV who reported being abused (18% - in the last year). The quotes of HIV-positive women is following:

* *“… I was beating and shouting “AIDS”*
* *"… A partner in alcohol intoxication said that such animals should not live, bearing in mind my HIV-positive status ..."*
* *“… Due to status, relatives of men were expelled me from home”*
* *“… He was without HIV status. He said that he was doing me a favor by living with me because I didn't need anyone... ”*
* *"... When he hits, he always says, 'I will crush you better than you can get a kick out of HIV' ..."*
* *"... All the time, when I was beating, he added that I’m “AIDS” and should die ..."*
* *"... He says, 'What I want is what I do, you have HIV - you don't go anywhere and complain, you don't need anyone to protect you.'"*
* *"... He used to say, 'why you break down, you’re infected, still needed nobody.'"*
* *"... If I need something, I have to" work out ", even if I'm sick."*
* *“… A partner is a husband. He thinks I can't refuse. "*
* *"... The constant reproaches of a husband that I’m a prostitute, brings friends and when he is drunk asleep, they start harassing me"*
* *"... I had to forge on the road, and there the wagon driver shouted that I’m “AIDS”, and then tore my clothes and raped me."*

**4. The deprivation of parental rights of women who use drugs without taking into account their parental ability.** Article of the Family Code[[16]](#footnote-16) on the deprivation of paternal rights on the basis of "chronic alcoholism and drug addiction", which is a Soviet heritage, and its implementation in practice by child protection services deprived women of the opportunity to exercise their right to health and parental rights at the same time. This discriminatory rule, the so-called legalized stigma embedded in the legislation of Ukraine, is the reason for refusing to refer women using drugs to existing OST programs and other medical services.[[17]](#footnote-17) Blackmail, intimidation and using children to pressure are common practices for coercing of women who use drug to “collaborate” by law enforcement officers [[18]](#footnote-18), and abuses from family members.

***Case 7.*** *“After the divorce, my husband, through the social welfare services, initiated the collection of documents about me being in OST program. When I used street drugs, he could not prove that I was a drug addict. Then, when I started taking OST, he managed to get a certificate from the drug registry. The Committee decided in father’s favor. In fact, my OST treatment was the only reason they did it. I had housing, I could provide everything necessary for the child’s wellbeing. Before the commission meeting, I was asked one question: "How long have you been drug dependent?”*

**5. There is a lack of gender-disaggregated statistical information on HIV-positive and drug-addicted women in Ukraine.**

Women with HIV are at higher risk of cervical cancer and the development of invasive cancer than are HIV-negative women. Invasive cervical cancer is an AIDS-indicative condition. Therefore, screening done for HIV-positive women is vitally important. It can prevent up to 80% of cervical cancers[[19]](#footnote-19).

Only half of HIV-positive women reported the availability of cervical cytology; and only a third of respondents reported the service of a mammologist. Only 15.6% of women have (40.2% do not know whether or not they have, 44.2% do not) access to free or affordable abortion[[20]](#footnote-20).

At the same time, “Positive Women” requested the number of cases among HIV-positive women in 2017 and the first half of 2018, where cervical cancer screening was conducted, free abortions were provided, and contraceptives and the use of assisted reproductive technologies, including IVF, PHC responded that the provision of such statistical information is outside the competence of the Center.

However, the epidemiological monitoring of HIV and AIDS in Ukraine does not generally take into account the specific characteristics and needs of women living with HIV. In particular, there is no known number of HIV-positive women who have undergone cervical cancer screening, who received free contraception and the number of those who received in-vitro fertilization services, as well as the number of pregnant women who use drugs (with or without HIV-status) who are clients of OST programs and receive ARV-treatment. Official statistical reporting does not provide gender disaggregation among those who receive OST and are HIV-positive.[[21]](#footnote-21)

6. Almost every **second woman learns about her HIV-status during pregnancy** or in the treatment of serious illnesses. Existing packages of government-funded services for people living with HIV ordering from NGOs **do not provide for social support for HIV-positive pregnant women, including women using drugs.**

Despite universal access to ARV treatment and prevention of vertical transmission of HIV, around a quarter of women with HIV have a fear of infecting their unborn child. Just 17% of women do not see obstacles when making decisions about giving birth to children.31.4% of women who are tested for HIV during pregnancy do not consider it voluntary. 28.4% did not receive the necessary counseling before and after HIV testing. One in five (21.5%) independently determined exactly where they wanted to give birth.[[22]](#footnote-22)

One of the problematic issues of the effectiveness of prevention of vertical transmission, which is associated with ineffective family planning in HIV-positive women, is that in Ukraine there is an increase in the number of pregnant women who were aware of their HIV-positive status before pregnancy and late handling of HIV-positive women for antenatal care. 33% of mothers of HIV-positive children first went to an obstetrician-gynecologist only at the time of delivery. The solution to these problems lies in the family planning field, especially since 48% of HIV-positive mothers who gave birth to HIV-positive children, had unplanned pregnancy, and only one in four women in need received social support during ARV prevention (25 %).[[23]](#footnote-23)

7. According to a study conducted in ten regions throughout Ukraine, approximately every tenth women (9.1%) is **convinced that in case of a violation of her rights as a woman living with HIV, she will not receive the necessary legal protection**, and 23.8% of women do not know if they can count on legal support[[24]](#footnote-24). The women’s both negative and positive assessments could have been formed under the influence not only of their personal experience of receiving legal protection, but also in the context of their awareness of the system of provision of social and legal services in general.

Despite a rather high degree of self-assessment of legal literacy among women living with HIV, one third of women living with HIV still require awareness raising concerning their rights and mechanisms of their protection. 41% of women do not know their rights and do not know where to complain about the actions of health workers if their rights are violated in medical institutions. The research results show that informational and awareness-raising activities in this direction from governmental and public institutions need better outreach into targeted audiences.

Most women refuse to defend their rights in court, even with the support of NGOs and human rights organizations.

**8. Women with HIV and using drugs often do not receive adequate health care services through stigma and discrimination.** From a legislative standpoint, Ukraine guarantees accessibility and quality of medical examination, monitoring, psychosocial, legal, and medical counseling, medical assistance and provision of medications, social and legal protection, and prevention of any forms of HIV related discrimination. In practice, the models of provision of medical, social, legal and other services fail to account for entrenched gender norms and stigmatization in the society and by service providers. Women with HIV are denied access to gynecological care at the place of residence and sent to “specialized” centers located a few tens of kilometers away from home. Private clinics overcharge HIV-positive women for rendered services.

***Case 8****[[25]](#footnote-25). Woman asked for medical help from the gynecologist designated to her place of residence in Cherkasy oblast. This gynecologist refused to provide medical services after she learned about this potential patient’s HIV status, referring to the fact that "such people" are better suited to specialized institutions. This woman received the appropriate gynecological care at the regional AIDS center, which is located 30 km from her home.*

Quite often, HIV-positive women suffer from multiple discrimination related to drug addiction or drug use.

***Case 9***[[26]](#footnote-26).*… When, two days later, the doctors found out that she was also a client of the substitution therapy program and received HIV while taking drugs, she was immediately transferred to a separate area of the infectious diseases department. She was left in complete isolation, where she remained until the end of treatment...*

***Case 10***[[27]](#footnote-27)***: “…****.I went to see the doctor – the surgeon from our district. Of course, I explained that I used drugs and about my [HIV] diagnosis. I was amazed at how the surgeon abruptly walked away from me, ... Not only did he not touch me, he put on two pairs of gloves and moved far away from me, squeezed up against the wall. He directed me, using his finger, that I should turn and lift my trouser, as he looked from a distance of around two meters...I left the office, then came back, because I forgot my bag and heard them discussing: “she's a junkie, coming here, and she's not ashamed to come here...”*

HIV-positive women expressed the highest level of disagreement with the statement: “I can receive free and high-quality treatment on sexual and reproductive health services when I need them” and “I believe that health care providers are well-trained, friendly and supportive."[[28]](#footnote-28)

Maintaining confidentiality, namely the secrecy of the diagnosis by health workers, remains an important issue for HIV-positive women. There is an urgent need for further resolution of the issue of anonymity and confidentiality of data. Disclosure of the secrecy of the diagnosis and stigmatizing attitude of health workers leads to serious problems related to mental health, loss of trust to the health care system, unwillingness to seek medical care at all, and has serious social consequences, such as the loss of family ties and forced change of residency. 41% of women do not know their rights and do not know where to complain about the actions of health workers if their rights are violated in medical institutions.

CO "Positive Women", when monitoring the rights of HIV-positive women, is more faced with the actions of healthcare workers who violate the right of women to **preserving the confidentiality of the diagnosis, respect for privacy and protection of personal data** declared by Ukraine in normative legal acts.

***Case 11***[[29]](#footnote-29): *... Upon return [from the hospital] home, everybody knew about the status of a woman and her child. It turned out that the head of the village summoned the village nurse to see her, and in the presence of the secretary began to scold and accuse the health worker because a mother and her daughter were “dying” of AIDS right before her eyes, but she was not doing anything. The next day, the whole village knew the HIV status of the mother and daughter, including people at the daughter’s school... The consequences of this disclosure of HIV status became very apparent in the daughter’s life. Her classmates are afraid to talk to her. This child is experiencing psychological trauma in addition to her existing health problems.*

**9. Women who use drugs living in the armed conflict** **areas** **are in a very vulnerable position**. The armed conflict has worsened the risk of sexual, physical, and economic violence faced by women who use drugs. It has also negatively impacted women’s access to essential healthcare, including HIV treatment and prevention, and opioid substitution therapy (OST)[[30]](#footnote-30).

Many women who use drugs were displaced by the conflict and migrated to other parts of Ukraine, but have subsequently returned after being unable to find housing or employment - a challenge made worse by stigma and discrimination. Stigma remains a central barrier in receiving state-guaranteed medical and social services for women who use drugs, including obstetric and gynaecological care. Self-stigmatisation and non-compliance with gender stereotypes and expectations about the behaviour of a “good mother” affects relationships with other family members, including children, and is leading to the social isolation of women. In some instances, they tolerate gender-based violence against them.

More than half of women were unemployed, and almost half did not have enough money for food and now live in extreme poverty. One-fifth had exchanged sex for money, drugs, or food during the past week. Of the women who had been involved in sex work, two-thirds said they had been forced to provide sexual services – with four women having been subject to this by the police. A total of eight women said they had provided sex to someone working for the police and six for someone in the military[[31]](#footnote-31).

Over half of women we interviewed had never received drug treatment, and one in eight were denied medical treatment because of their drug use. Among those who knew they had Hepatitis C, 92 per cent had never been treated. Despite the fact that one-third of women had experienced an opioid overdose, only one in 25 had received naloxone during the past year. A quarter of OST clients we surveyed had to interrupt their treatment because of the conflict.[[32]](#footnote-32)

Despite large numbers of women facing sexual or physical violence, none ever received support from a crisis centre for women – or even asked such a centre for help.

Women who use drugs reported unlawful detentions, physical violence, threats, separatism allegations and police blackmail:

***Case 12****. «.. they (the police) beat very hard, and not like we used to when they hit, so there would be no trace. They beat like they wanted. And they said that because of me, they lost the house ... And everyone could come, at least to cuss out and "apply", and no matter - in the face, in the stomach ... horror… the doctors registered that I was beaten and called the police, because this was the procedure. And when the police arrived, one of them was the same one who beat us. When he saw that it was me, he said: Do you understand that we can take you out of the hospital now and just shoot you? And I will explain later that you are a separatist…”.*

Women using drugs are an invisible group for most UN missions and human rights organisations working in the conflict zone. Many women are also torture survivors[[33]](#footnote-33) and are therefore in-need of specialised services - they need psychological and psychotherapeutic support – but none of this is available. No one works with them on their traumatic experience of torture or other violence. Beside to the closure of OST programs, some women had to endure beatings and illegal detentions due to drug use and participation in OST programs by militants in self-proclaimed republics:

***Case 13****. “.. packs on the head, beat strongly and on Mashokhedzh… “Batman” has prison there… It was in 2014, in October. There was beatings, and hammers ... They used hammers to beat my fingers off... Yes, I was pregnant. ... They didn’t give me any food or drink ... (They did it because you have drug dependence?)… Yes, because I am on OST ... We spent 10 days there such that ... it’s good that my father started look for us… (What about your pregnancy?) Well, miscarriage ...*

***Case 14:******HIV-positive drug dependent citizen of Ukraine N. Z., internally displaced woman, social worker from the Charitable organization "Svitanok Club" is detaining in the Donetsk pre-trial detention center on the occupied territories for 27 months. On December 24, 2019, she was sentenced by the Supreme Court of Appeal of the so-called Donetsk People's Republic to 11 years of imprisonment for drug contraband. The “Buprinorphine” pills of substitution maintenance therapy was legally received by the woman as prescribed by a doctor-narcologist at the Vinnitsa Regional Drug Dispensary.***

1. [www.pw.org.ua](http://www.pw.org.ua) [↑](#footnote-ref-1)
2. [www.club-svitanok.org.ua](http://www.club-svitanok.org.ua) [↑](#footnote-ref-2)
3. [www.ewna.org](http://www.ewna.org) [↑](#footnote-ref-3)
4. Criminal Code of Ukraine <https://zakon.rada.gov.ua/laws/show/2341-14> [↑](#footnote-ref-4)
5. In response to a request from the СO Positive Women, November 2019 [↑](#footnote-ref-5)
6. <http://reyestr.court.gov.ua/Review/77174359> [↑](#footnote-ref-6)
7. <http://reyestr.court.gov.ua/Review/63763966> [↑](#footnote-ref-7)
8. [The Statement by National and Regional Networks and Civil Society Organizations on HIV Criminalization in the EECA Region](http://www.ewna.org/wp-content/uploads/2019/12/EECA-Statement_HIV-Criminalisation_eng-1.pdf) [↑](#footnote-ref-8)
9. According to the Order of the Ministry of Health of Ukraine №479 of 20.08.2008 [↑](#footnote-ref-9)
10. Research on Gender Aspects of Providing Services to PLWH, All-Ukrainian Network of PLWH. 2012 [↑](#footnote-ref-10)
11. <https://www.facebook.com/lada.bulah/posts/1505709789498216> [↑](#footnote-ref-11)
12. [Typical Shelter Provision](https://zakon.rada.gov.ua/laws/show/655-2018-п) for Persons Suffering from Domestic and/or Gender-Based Violence, Item 20. Approved by CMU Resolution of 22.08.2018 № 655 [↑](#footnote-ref-12)
13. Research “[Sexual and Reproductive Health, Gender Equality and Human Rights, Gender Violence, Economic and Political Opportunities for Women Living with HIV in Ukraine](http://www.pw.org.ua/wp-content/uploads/2018/05/SRHR_Ukraine_2016.pdf)”.CO "Positive women". 2016 [↑](#footnote-ref-13)
14. Research “[Sexual and Reproductive Health, Gender Equality and Human Rights, Gender Violence, Economic and Political Opportunities for Women Living with HIV in Ukraine](http://www.pw.org.ua/wp-content/uploads/2018/05/SRHR_Ukraine_2016.pdf)”. CO "Positive women". 2016 [↑](#footnote-ref-14)
15. "Monitoring of violence against women living with HIV in HIV prevention, care and support programs: Community-based research, CO "Positive Women", 2019 [↑](#footnote-ref-15)
16. [Article 164, Family Code of Ukraine](https://zakon.rada.gov.ua/laws/show/2947-14). Ground for parental rights deprivation [↑](#footnote-ref-16)
17. Global Commission on HIV and Law. [UNDP Blog on the Parental Rights of women using drugs](https://hivlawcommission.org/2018/11/30/родительские-права-женщин-употребля/) [↑](#footnote-ref-17)
18. Shadow report on the situation of women who use drugs, women living with HIV, sex workers and lesbians, bisexual women and trans people in Ukraine. 2017 [↑](#footnote-ref-18)
19. <http://www.indicatorregistry.org/ru/indicator/skriningovye-obsledovaniya-zhenshchin-zhivushchih-s-vich-na-rak-sheyki-matki> [↑](#footnote-ref-19)
20. Research «[Sexual and Reproductive Health, Gender Equality and Human Rights, Gender Violence, Economic and Political Opportunities for Women Living with HIV in Ukraine](http://www.pw.org.ua/wp-content/uploads/2018/05/SRHR_Ukraine_2016.pdf)». СO "Positive women". 2016 [↑](#footnote-ref-20)
21. For Positive Women (2018-2019) inquiries regarding the number of cases of HIV-positive women screened for cervical cancer, free abortions, issued contraceptives and the use of AsRT, including IVF, Center for Public Health relied that providing such statistical information is outside the competence of the Center. [↑](#footnote-ref-21)
22. [Human rights of women living with HIV in Ukraine](http://www.ewna.org/wp-content/uploads/2019/04/Human-Rights_PW_eng.pdf). Community-based research. СO “Positive Women”, 2019 [↑](#footnote-ref-22)
23. Socio-demographic and medical determinants of mother-to-child transmission of HIV / Ukraine. M. Nizova, VA Martsinovskaya, IV Kuzin [and others]. - Kyiv, 2013. - 68 p. and HIV infection in Ukraine: inform. bul. No. 41 / Ministry of Health of Ukraine. - Kyiv, 2014. - 95 p [↑](#footnote-ref-23)
24. [Human rights of women living with HIV in Ukraine](http://www.ewna.org/wp-content/uploads/2019/04/Human-Rights_PW_eng.pdf). Community-based research. СO “Positive Women”, 2019 [↑](#footnote-ref-24)
25. The same [↑](#footnote-ref-25)
26. Documented by social worker of CO “Svitanok Club” on 21.12.2018 [↑](#footnote-ref-26)
27. Interview with HIV+ woman from Odesa <http://www.ewna.org/ya-poluchila-sviyu-gorst-tabletok-cherez-tyuremnoe-okoshko/> [↑](#footnote-ref-27)
28. Research «Sexual and Reproductive Health, Gender Equality and Human Rights, Gender Violence, Economic and Political Opportunities for Women Living with HIV in Ukraine». СO "Positive women”. 2016 [↑](#footnote-ref-28)
29. Documented by the regional coordinator of Positive Women in the Kherson Oblast, 02.08.2018 [↑](#footnote-ref-29)
30. <https://www.talkingdrugs.org/challenges-faced-by-women-who-use-drugs-in-ukraines-conflict-zones-an-interview-with-sveta-moroz> [↑](#footnote-ref-30)
31. [Explorative study of the access of women who use drugs to sexual and reproductive health, HIV and harm reduction services in armed conflict affected areas in Ukraine](http://www.ewna.org/wp-content/uploads/2019/05/Svitanok_WUD-Survey-Report_eng.pdf), CO “Svitanok Club”, 2019 [↑](#footnote-ref-31)
32. The same [↑](#footnote-ref-32)
33. Video about women who use drugs in occupied and conflict-affected areas in Ukraine, DUNews, 2019 <https://genderindetail.org.ua/media/video/v-ozhidanii-rassveta-zhenschiny-donbassa-looking-for-the-dawn-women-of-donbass-1341252.html> [↑](#footnote-ref-33)