Do young key populations in Russia have access to sexual and reproductive health services?

A participatory youth-led research on the needs of young key populations

Photographer: Chris de Bode

Bridging the gaps for key populations

Health and rights

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In 2020, worldwide 65% of people who contracted HIV were sex workers, people who inject drugs, transgender people, gay men and other men who have sex with men, or their sexual partners. These groups are at increased risk of HIV because of criminalisation, stigma, discrimination and violence. If you are young and from a key population, this vulnerability is aggravated by criminalising laws, unfavourable policies, and different social expectations. That is why young people account for a disproportionate number – around one third – of all new HIV infections worldwide in people over 15 years of age.

Young key populations need access to good quality HIV, sexual and reproductive health and rights (SRHR), and harm reduction services, to address this. However, young key populations experience barriers that hamper their access to these services. In 2020, the Outreach Coalition – a group of harm reduction NGOs from Russia – conducted in-depth interviews with 29 young people from key populations, as well as 3 focus group discussions, to understand what influences them to access HIV, SRHR and harm reduction services. The research is part of the Young, Wild and… Free? project (2019-2021), which supports young key populations to increase access to and uptake of HIV, SRHR, and harm reduction services in Russia, Kenya, South Africa, and Vietnam. Three young key population representatives were in the lead of the research process and guided this summary report, after receiving training in research skills from partners in the Bridging the Gaps programme (2011-2020), which is the parent programme of Young, Wild and… Free?

2 When mentioning ‘young people’ in this report, we refer to adolescents (ages 10-19) and youth (ages 15-24).
3 While we use age categories currently employed by the UN and WHO in this report, it is important to acknowledge that the physical and emotional maturity of adolescents varies widely. The UN Convention on the Rights of the Child recognises the concept of evolving capacities, stating in Article 5 that direction and guidance provided by parents or others must take into account the capacities of children to exercise their own rights as they age.
4 Outreach Coalition members are registered in Estonia due to safety issues.

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**DID YOU KNOW?**

**ALTHOUGH SUB-SAHARAN AFRICA REMAINS THE CENTRE OF THE HIV EPIDEMIC 93% OF NEW HIV INFECTIONS IN 2020 OCCURRED OUTSIDE OF THIS REGION.**

_UNAIDS data_

**THERE IS AN URGENT NEED TO ADDRESS HIV PREVENTION IN COUNTRIES SUCH AS RUSSIA.**

**SETTING THE CONTEXT: RUSSIA’S LEGAL AND POLICY ENVIRONMENT**

**Age restrictions:** People under the age of 15 can only receive medical services (including HIV and STI testing) with the consent of their parents or legal guardians. The parents and legal guardians of those aged 15-18 have the right to access their medical records.

There is a law against the ‘promotion of non-traditional sexual relations among minors,’ which prevents under-18s to access information about how to prevent HIV transmission during male-to-male sex for example. Individuals and organisations that break this law can be fined, and organisations’ activities can be suspended for 90 days. A law on so-called ‘foreign agents’ often creates obstacles for harm reduction programmes, which are financed internationally. The Outreach Coalition only provides harm reduction services to over-18s to avoid unwanted attention from the authorities, which may use laws against the ‘promotion’ of drug use to prosecute them.

**KEY FINDINGS**

29 YOUNG KEY POPULATIONS TOOK PART

8 YOUNG MEN WHO HAVE SEX WITH MEN

9 YOUNG PEOPLE WHO USE DRUGS

12 YOUNG SEX WORKERS

**SOME YOUNG PEOPLE IDENTIFY AS MORE THAN ONE KEY POPULATION**

These findings reveal the level of young key populations’ knowledge about HIV and SRHR and where they get information from, key elements that affect how likely young key populations are to use services.
Characteristics: All participants were aged 18-24 and lived in Moscow, Novosibirsk or Rostov-on-Don. Of the 29 participants interviewed, 8 were young men who have sex with men, 12 were female sex workers and 9 were young people who use drugs (4 males and 5 females; drugs used were stimulants, amphetamines and synthetic cathinones). Three participants were living with HIV. Around one third of sex workers participating used drugs (street methadone and stimulants).

Members of Outreach Coalition provide people who use drugs with sterile needles and syringes to reduce transmission of HIV.

Knowledge about HIV and SRHR services: That condoms protect against HIV and STIs was known by all young sex workers. A few were aware of HIV and STI testing and counselling services. Only two knew about HIV treatment. All young people who use drugs knew that prevention and harm reduction services existed and most knew where to get them. All young men who have sex with men were aware of HIV and STI testing, treatment, lubricants and condoms and some knew where to get services.

HIV and SRHR service access: Legal restrictions were not experienced as a barrier when accessing services. Young key populations used state healthcare institutions such as polyclinics, antenatal clinics and AIDS centres (if they were living with HIV), and some used private clinics. STI testing, HIV testing, gynaecological advice and HIV care were the most common reasons for accessing services.

HIV and SRHR information sources: Through word of mouth from friends is the main way of getting information about HIV, SRHR and harm reduction services for all young key populations. Websites, social networks and messaging platforms (VKontakte, Instagram and Telegram) were also used. Young men who have sex with men also used gay dating sites (Gaynsk, BlueSystem and Hornet), and to some extent local media.

The Enablers and Barriers to HIV, SRHR and Harm Reduction Services for Young Key Populations

In this section, young people from key populations reveal the main barriers that stop them from accessing HIV, SRHR and harm reduction services, as well as the factors that enable them to get the support they need.

1. Service Providers’ Attitudes

Barrier: The low involvement of young key populations in service delivery was one of the biggest barriers to accessing services, as young people from these communities better understand the needs and realities of their peers. Health worker attitudes are closely linked to this. Young sex workers and young men who have sex with men both reported hiding their identity when they visited clinics (especially public ones) to avoid stigma and discrimination. By doing so, they were unable to get the comprehensive care they needed. Young people who use drugs said treatment from psychologists, psychiatrists and psychotherapists had been particularly stigmatising.

Enabler: The friendliness and professionalism of the treatment received through harm reduction NGO the Andrey Rylkov Fund was noted by many young people who use drugs. They said staff created trusting and positive relationships with them that got rid of their fears and discomfort in using services.

2. Convenient Services

Barrier: Inconvenient opening hours and healthcare facilities being far away made it difficult to access services for some participants (young sex workers and men who have sex with men). One young sex worker faced an eight-hour round trip to reach a clinic for example. Long queues and being prevented from receiving treatment without a ‘propiska’ (residence permit) was mentioned by young people living with HIV.

Enabler: Online counselling support for HIV and STI testing was seen as a positive development, as it is convenient and could establish communication with NGOs that could lead to other services being accessed. Self-testing HIV kits were praised by young men who have sex with men, which they saw as a good alternative to testing in facilities for reasons of convenience and to avoid feeling uncomfortable.

Enabler: Youth events, workplaces, cultural events and educational settings are examples young people gave to provide services and information to make services easier to access and helped them get to know and trust NGO staff.
3. SERVICE INCLUSIVITY

**Barrier:** The lack of inclusivity was seen as a barrier. Harm reduction services were for “people who inject drugs heavily”, according to a number of young people who use drugs, but not for them. Sex workers also mentioned that migrants were unable to access HIV tests and treatment from public clinics.

**Enabler:** A hotline specifically for young people who use drugs would help build trust and encourage them to use services. This would protect confidentiality and allow callers to remain anonymous if they wished.

4. COST

**Barrier:** The cost of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) stopped young men who have sex with men from accessing it. The high price of services at private clinics blocked access for young sex workers, which was difficult because they viewed these services as more efficient and less stigmatising.

**Enabler:** Free or subsidised services encourage use, especially if the service is something young key populations know about and actively want (for example, PrEP or mental health support).

5. KNOWLEDGE

**Barrier:** The absence of an HIV prevention awareness campaign meant that some young men who have sex with men and their peers did not know they needed to test regularly. Young people who use drugs also spoke of difficulties in accessing information on available services.

**Enabler:** HIV prevention campaigns that involve community leaders (such as nightclub owners and activists) and popular Instagram bloggers, as well as advertising on dating apps, social networks, message boards and in physical spaces (such as adverts on public transport) were seen as effective ways to raise awareness.
WHAT YOUNG KEY POPULATIONS RECOMMEND

To address the barriers outlined above, young key populations made the following recommendations:

**NGOs need to employ young people from key populations as staff members,** to tackle young key populations fear of being judged while accessing services. Organisations that support young key populations should provide appropriate training so that community representatives can design, deliver and evaluate services.

**Harm reduction NGOs should offer peer-led workshops on HIV and harm reduction for young people who use drugs.** These workshops should be inclusive by catering for young people from other key populations who also use drugs.

**NGOs and health service providers should work with government agencies to address knowledge gaps among young key populations by creating large-scale, interactive social events** to provide appropriate information and enable young people to get tested and to get to know and trust staff.

**NGOs working on HIV, SRHR and harm reduction information campaigns should include strategies that encourage information sharing via word of mouth,** as this is the information source young key populations trust the most.

Awareness of HIV, SRHR and harm reduction issues could also be increased if age-appropriate, targeted information was displayed in polyclinics, antenatal clinics and private clinics since young key populations access services here, and on building facades, public transport, lifts and billboards.

**NGO programmes should use targeted advertising on social media and gay dating apps,** and work with high-profile bloggers, celebrities, club owners and activists since they can reach young key populations. Involving specialists on youth media, marketing and advertising is advisable.

**NGOs that support young key populations should work together to create a website with basic information about HIV, SRHR and harm reduction to form a knowledge base,** with hyperlinks to Telegram messenger channels.

**NGOs and health service providers should meet the demand for tailored, non-stigmatising mental health support,** particularly for young people who use drugs. This could take the form of face-to-face sessions, online counselling or a phoneline offering psychological assistance to build engagement and trust, which in turn could act as a bridge to other services.

**NGOs should implement a ‘safebox’ programme to distribute self-testing HIV and STI kits** for young key populations who feel uncomfortable or unable to go to a clinic. This should include access to online counselling services that can be anonymous if requested.

**NGOs should work with young key populations to conduct a survey on their needs for services and activities,** especially among young key populations who have previously used services but have stopped doing so.