

**Investigating the impact of Partner Inclusion on Behavior: A field study in Workplace
HIV Prevention Programming**

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Declaration

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Abstract

The purpose of this research was to determine the efficacy of an innovation in HIV prevention programming in Ukraine, which leverages the culture of Ukrainian society by appreciating its values and incorporating them into the strategy. Analysis of the results indicates that positive changes in two of the questions of the Behavioural Models were significant among the participants of the Experimental Group. This was not seen in the Control Group. The number of respondents from the Experimental Group who spoke to their partner about HIV/AIDS in the past month increased during the month after the training. The number of people who were tested for HIV during the month after training also increased. Based on the results of this research, it can be concluded that participation of employees' sexual partners in HIV prevention programs can influence Behaviour Models and lead to desired changes in this area changes in Behaviour Models, which are very important and as we can see depends much on participation of both sexual partners in training.

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Introduction

The purpose of this research was to determine the efficacy of an innovation in HIV prevention programming in Ukraine, which leverages the culture of Ukrainian society by appreciating its values and incorporating them into the strategy. The results of the research were used to determine the impact of the inclusion of employees' partners on workplace HIV prevention programs. It is hoped that the research will provide a model derived from the social order in Ukraine, which can be realized in this post-Soviet and transitional society. In doing so, it will make a valuable contribution to the understanding of the need for culturally viable programs with evidenced-based potential to aid in the slowing of the currently steep infection curve.

Statement of the problem

Ukraine is now facing the onslaught of an HIV epidemic without the social, political and economic supports to mobilize its population to prevent its continued spread. A multitude of prevention programs over the past decade have shown little ability to significantly impact infection rates. An approach is needed which penetrates into the context of HIV transmission-into relationships that can reduce vulnerability to HIV infection.

Rationale for research

Of the about 15 HIV prevention workplace programs initiated in Ukraine, all were developed with the assistance of consultants for SmartWork, a non-governmental organization created to implement a project of the US-based Academy for Educational Development (AED) and funded by the US Department of Labor. The programs offered by SmartWork to each individual enterprise are based on a model developed by AED in the United States and which draws from best practices in HIV prevention in the workplace. The SmartWork- cultivated workplace programs are designed to raise awareness among employees. The model includes HIV prevention workshops for employees, promotion of counseling and testing at the workplace and negotiation of contracts through collective bargaining to ensure rights for HIV-positive employees. Prior to closing the project in 2006, locally employed staff at SmartWork met with much difficulty in establishing their programs due to lack of interest on the part of the enterprises (N. Lykianova, personal communications, 2004- 05). Adaptations

of the AED model to Ukraine appear to have been superficial in nature, ranging from translation of materials into the local language to negotiation of program times and emphasis on program elements.

Half a century of community development has shown that any attempt to influence or alter the nature of a society must utilize a culturally appropriate and culturally specific approach to achieve the desired results. The ability to penetrate into the fabric of a community to affect change is dependent on this. Cross-cultural dimensions put forth by Hofstede, Schwartz and others offer parameters or dimensions for understanding the culture of the community in question and provide a lens for the design or analysis of an approach. In her paper on the use of cross-cultural analysis in community development, Jane Cooper deduced, the ideas often taken for granted in the US, for example, while designing programs are founded on an assumption of a particular balance between private and public interests, between one's vision of self and the collective. While exporting of a model proven successful in the US might appear to be a useful practice, it presupposes the existence in the recipient society of a similar private/public balance. The US is a useful contrast for this research as it is in the US where many of the early HIV prevention programs were designed and piloted. It is also from the US where funding for programs in recipient countries is often contingent on the countries' interest and ability to manage the content and delivery of their HIV programs in a manner consistent with the principles, beliefs and attitudes of the American donor agency.

In considering an appropriate approach in the Ukrainian cultural context, it should be noted that most of the available research on HIV in Ukraine and in the former Soviet Union in general has focused on cognitive-level explanations that attempt to link an individual's knowledge and attitudes to their practices. While this work has been informative and has provided some insights, there is a dearth of information which takes into account social relations and the social environment in which risk activity takes place.

The purpose of the proposed research is to determine the efficacy of an innovation in HIV prevention programming in Ukraine, which leverages the culture of Ukrainian society, by recognizing and incorporating its values into the strategy. The results of the research will be used to determine the impact of the inclusion of employees' partners on workplace HIV prevention programs. It is hoped that the research will provide a model derived from the social order in Ukraine, which can be realized in this post-Soviet and transitional society. In

doing so, it will make a valuable contribution to the understanding of the need for culturally viable programs with evidenced-based potential to aid in the slowing of the currently steep HIV infection curve.

The Ukraine Context

In Eastern Europe and Central Asia, HIV/AIDS is spreading at the fastest rate in the history of the epidemic. It is one of the greatest threats to the health, well-being of populations, socio-economic development and security in the region. Ukraine is the most affected country in the region with an estimated prevalence of about 1.5% of the adult population.

The collapse of the Soviet Union in 1991 had acute implications for the newly independent Ukraine and precipitated rapid and extraordinary changes in Ukraine. The Soviet Union was highly centralized, with an economy which was integrated union-wide. About 75 % of Ukraine's total production was specialized in heavy industry and military goods (Barnett & Whiteside, 1999, p.15). It was dependent on other Soviet states for all goods. When Ukraine became independent from the Soviet Union, its economic base virtually disappeared. The massive unemployment that ensued led to poverty throughout the country. By 1999, nearly 2/3 of the population had earnings below the poverty level. Economic disparity and a sharp decline in state-supported services reduced the quality of life for most Ukrainians. This left many Ukrainians economically, psychologically and physically vulnerable to societal ills. Drug using patterns in the country began to show a dramatic change underway. Prior to the dissolution of the Soviet Union, morphine and heroin were accessible only to wealthy individuals. Following independence in 1991, drug use had shifted from expensive injecting drugs to a solution made from poppy in the kitchen setting. According to injecting drug users, "...raw materials became easily available and preparation procedures were passed around like cooking recipes." (Barcal, Schmacher, Dumchev & Moroz, 2005, p.5). Poppy, which grows in much of agricultural Ukraine, could be gathered from the fields or purchased at the markets. Those who were new to the practice, could purchase ready-filled syringes at the local markets or be invited to a dealer's apartment who would help them inject the drug. A 1 ml dose of the opiate sold for only about US \$0.95. For some people left destitute and with no source of income, the sale of drugs became a way to survive. Selling a liter in a day allowed a person to earn more than 10 times the monthly income of a person at the time. (Barcal et al., 2005, p.6)

Domestically-produced opiates proliferated in the country as more people began using drugs to escape conditions or to find a social circle. Those forced to migrate for work would arrive in a new city and seek out acquaintances. In an effort to belong and disconnected from family and friends, some found acquaintances in others in similar situations who had found a sense of belonging in a drug-using circle. Upon returning to their hometown and now bearing an addiction, they in turn formed drug using communities. This networking and growth pattern is reflected in the number of cases of drug dependence. At the time of independence in 1991, there were an estimated 4,544 injecting drug users. By 2003, that number had risen to 11,443 (UNAIDS, 2005, p.19). Not surprisingly, new cases of HIV infection were detected in close succession. In 1994, WHO estimated there were about 1,500 known cases of HIV infection. In 2007, there are over 100,000 known cases.

The exact number of HIV infections today remains unknown and is widely thought to be underreported. Many individuals avoid contact with health providers and are therefore not subject to official registration. National statistics, however, backed by estimates from international agencies and researchers suggest that the HIV epidemic may be transitioning from a concentrated epidemic among injecting drug users to a generalized epidemic. A concentrated epidemic, according to the World Bank, is denoted by an HIV prevalence of 5% of individuals in groups with high-risk behavior, but less than 5% of infected women attending antenatal clinics. Among injecting drug users in some communities in Ukraine, HIV prevalence is a staggering 75%. In recent years Ukraine has seen signs that in some communities, it may be approaching 5% of infected women attending antenatal clinics, the threshold of a generalized epidemic. The transition and expansion of the epidemic is being facilitated through unprotected sex. Patterns of sexual mixing, untreated or incompletely treated sexually transmitted infections and the general weakened health of the population have served to propel this transition of the epidemic. Whereas in 1994, 78.7% of all cases of HIV were attributed to injecting drug use, that percentage fell to 46.3% by 2005 (UNAIDS, 2005, p.19). The shift in transmission patterns has been paralleled by an increase in the number of infected women in the height of their reproductive years. According to the Ministry of Health, about 40% of infected people are women under 25 years of age. The number of children infected vertically or from their mothers has risen steadily from 5.5 % in 1994 to 18.2% in 2005.

The degree to which HIV is stigmatized in Ukraine is a measure of the negative social consequences of the disease and is likely keeping the number of registered cases of HIV artificially low. Negative attitudes among Ukrainians toward people living with HIV are widespread. When young women in Ukraine were asked during a survey whether they agreed with the statements, “I would not buy food from someone with HIV/AIDS” and “A teacher with HIV/AIDS should not be allowed to work,” almost 90% agreed. (Suhreke, 2005, p.57) This level of discrimination is also reported by people living with HIV/AIDS. Of 692 HIV positive respondents interviewed from 16 cities, only 6.4% considered the attitude of society towards people living with HIV/AIDS to be sympathetic. (All-Ukrainian Network of People Living with HIV, 2006, p.13) To a certain extent the negative attitudes stem from public misinformation about the epidemic as well as bias. Early on in the epidemic, one journalist is remembered to have written, “AIDS is not just a disease, it’s a sanitary inspector, which helps rid society of people who have led an immoral way of life.” (as cited in Drug Law and Health Policy Resource Network, 2002, p.10) Early and then unsubstantiated claims by the Government and members of the international community that the epidemic is entering a generalized phase may have fueled fear in society as well as supported inappropriate distribution of funding within the state budget. Where early investments into prevention of transmission among injecting drug users could possibly have staved off the current situation, the Government dedicated the largest resources to protecting the blood bank and to triple testing of pregnant women.

Low levels of information on HIV have enabled misinformation and bias to take root. In 2004, only 14% percent of young people aged 15-24 could both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission (UNAIDS, 2005, p.24). A study by the Panos Institute found that “irrespective of how people really become infected, the assumption is made that men are either injecting drug users or gay and women are prostitutes” (2001, p.26). This assumption has allowed people to feel immune from infection and to believe that the epidemic is not their concern as long as they do not inject drugs or sell sex. The Network of People Living with HIV/AIDS has determined that intolerance towards people with HIV has resulted in hiding of one’s status which makes it impossible for them to access treatment and state-provided benefits. It also results in a passive response to violations of the rights of people living with HIV/AIDS. Though 41.5 % of respondents surveyed reported violations of their rights as a result of their HIV status, only 3.4% expressed a readiness to protect their violated rights in court (All-

Ukrainian Network of People Living with HIV, 2006, p.12, 16). Without redress, the discrimination and violation of rights of people living with HIV/AIDS is perpetuated and continues relatively unfettered.

HIV/AIDS has begun to have an economic impact, placing an increasing burden on households and communities. It has also already begun to put additional strain on national and local budgets. While the government has elaborated a National Programme, it remains under-funded and activities largely uncoordinated. Data collection efforts are weak and under-funded, and therefore there is a paucity of data to inform the policy process. The greatest bulwark to an expanded cross-sector response is that HIV/AIDS continues to be perceived as a strictly medical problem and not as an economic/national security issue. Only the medical aspects of the response have benefited from state budget financing. Policy makers are yet to appreciate the rapidly diminishing window of opportunity to prevent a nation-wide epidemic through expanded prevention efforts. The World Bank has determined that Ukraine can expect a reduction in its labor force caused by HIV/AIDS by up to 4.2% in the most affected region in addition to the 11.6% reduction caused by the demographic decline. Ukraine may also experience an additional annual HIV/AIDS treatment expenditure of over 12 million USD, annual budget revenue losses through unpaid taxes and levies reaching over 8 million USD and a 3-9% reduction in total exports (World Bank, 2005).

There is also continual turnover in government personnel. The Orange Revolution of 2005 changed the political landscape, and appears to have ushered in a period of national commitment to HIV/AIDS and the reactivation of political will through advocacy, awareness building and policy-maker education. This, however, may have changed as a result of a shift to a parliamentary democracy which occurred in mid 2006 and which diminished the powers of the President and empowered the Prime Minister – the latter who has not been a practicing supporter of allocations for HIV prevention and care programs. Despite the large increases by international donors to funding of HIV prevention initiatives, the numbers of people infected with HIV continues to grow by about 35% each year (International HIV/AIDS Alliance in Ukraine, 2006).

Cultural analysis

A fundamental parameter for cultural analysis as determined by Hofstede (1991) is the nature of the construct of the individual and the collective in a given culture. He defined

individualist cultures as those where there is a focus on rights above duties, a concern for oneself, an emphasis on personal autonomy and an identity based on one's personal accomplishments. In contrast, collectivist cultures, he defined as those where social units have a common fate, common goals are central and group membership represents a central aspect of identity. Schwartz determined that cultural responses to the nature of this construct form a value dimension, which can be used to compare countries. Schwartz defined this dimension to have two poles: conservatism and autonomy. While Hofstede and Schwartz did not uniformly agree on the facets of their common dimensions, both Hofstede and Schwartz postulated that values are at the very heart of culture and are the basis for the specific norms that tell people what behavior is appropriate in various situations. Interventions developed with an inherent value of individualism or autonomy will clash with the culture in societies valuing collectivism and conservatism. Therefore, intervention approaches designed by donor organizations from highly individualistic, autonomous cultures and exported in the form of technical assistance to more collectivist and conservative recipient countries are unlikely to be able to effect or initiate the intended change processes.

HIV transmission occurs most often within the context of an intimate relationship, whether sexual or drug-related. The dynamics of the relationship are greatly influenced by the cultural context or setting of the relationship. The approach necessary to address the vulnerability in the relationship depends in part on the notion of self in the society and the values it reflects. In seeking to promote responsible behavior to prevent the further sexual transmission of HIV, the selected approach must take into account this self definition. The approach must be woven into the social fabric, capitalizing on, rather than countering its cultural values. Ukraine defines itself largely along conservative, hierarchical parameters. This notion of self is created and nurtured through Ukraine's culture and institutions. Section C will examine Ukraine's definition of itself as can be seen in its politics, education, language, gender roles and sexual relations.

Soviet rule and its impact on national cultural values

The pervasive nature of the Soviet regime on every aspect of life is well-documented and widely acknowledged. Using multiple vectors or institutions for propagation of its philosophy, the Party sought to "overtake" the individual in an attempt at reconstruction of the very foundation of a society and create "homo Sovieticus" (or *Sovetsky chelovek* in Russian) (Wanner, 1998, p.49). This process involved peeling back the history and culture of

Ukrainians (as well as other nationalities living within the Soviet space). The ultimate aim was for all peoples of the Soviet Union to identify with being Soviet.

Though there is no direct evidence that a political system may influence the values of that society, Schwartz, Shalom and Bardi have determined that there are grounds to postulate that life under communism did have an impact on the values of its citizens. Research has shown that adaptation to life circumstances is important for value formation. Adaptation entails adjusting to one's reality of opportunities and constraints. It serves to mold values through the mechanisms of acclimation and compensation, whereby people acclimate their values to their circumstances and compensate for deficits by valuing their attainment. The imposition of Soviet rule on Ukraine forced a values adjustment "analogous to the adaptation of long-term prisoners to jail" (as cited in Schwartz, Shalom & Bardi, 1997, p.390). In order to live reasonably, people developed a set of skills and attitudes based on values in harmony with the political system.

In fear of punishment, particularly in a climate with constantly changing rules, people adopted low profiles and avoided taking risks or showing initiative. The suppression of initiative and ideas over time undermined values of autonomy. As a result, values that could enable people to succeed or at least live modestly well were attributed greater societal importance. Conservatism, or a pursuit of conformity through maintenance of the status quo, and hierarchy, or recognition of set rules and responsibilities, provided a veneer of legitimacy to the prevailing structures and enabled people a degree of control in their lives, certainty and security (Schwartz et al., 1997, p.391).

Ukraine's identity

Ukraine's vision of itself as a nation is crucial to both understanding the context for the growth of HIV and to assigning a strategy which can work within this identity to address the vulnerability it renders on its people. While Ukraine achieved independence in 1991 and began building the foundation for democratic governance, much of the legacy of the former Soviet rule can still be seen throughout Ukrainian cultural institutions. Decades of sociological research has shown that the importance of institutions, whether formal or informal, lies in how they create and perpetuate the "rules of the game" in a society. In order to establish grounds for the research design, the section that follows examines collectivism in

Ukrainian society as imposed by the Soviet Union and evidenced in five Ukrainian institutions.

Politics

The value of collectivism or “communitarianism” in former Soviet Union was first analyzed by the philosopher Nikolai Berdyaev in the 1920s and 30s. Communitarianism is closely linked with the dogmas of the Eastern Orthodox Church reflecting its paternalism and the primacy of the will of the collective over the interests of the individual. This concept was utilized and expanded upon by the Soviet government. Unregulated freedom or budding individualism in any context was dangerous; it was thought to have the potential to undermine the revolution or the allegiance to the Party. Labor had a special role in the Soviet space. According to the Soviet government, labor did not consist of performing a number of formalized tasks, but rather the individual carrying out the will of the collective for the good of all (Zviglyanich, 1998, p. 5). A hit song from a popular Soviet film of the 1970s sang the Soviet approach, “My address is the Soviet Union. Today the individual is not important, but the result of the working day” (D. Tyxhanov & V. Haritonov, 1971). The work order was not formalized according to clear job descriptions. Rather the norms and modus operandi of the workplace were understood intuitively by the members of the collective, a point to be elaborated further in a subsequent section. To this day, people are often hired according to titles and not job descriptions. Colleagues at one’s workplace are referred to as one’s *collective* and it is with the members of the *collective* and at the workplace that birthdays, weddings and the birth of babies are invariably celebrated.

As in any culture, but more pronounced where there is a greater sense of oneself as part in the collective whole, there exists in Ukrainian society a tendency to react to stigmas by turning away and distancing themselves from the stigma. This is a mechanism of self-preservation where conformity is valued and in order to avoid being associated with the stigma and thereby bringing upon oneself the stigmatization and discrimination associated with it. This can be seen in Ukrainian Soviet history when the *kulaks* (Ukrainian land owners) were accused by Soviet leader Joseph Stalin of hoarding grain and stealing from the state and were carted off before their neighbors eyes to concentration camps. It was also seen repeatedly and most prominently during the Soviet period with relation to the Jews who were victims of political schemes and scapegoats of convenience in persecutions so frequent the word *pogrom* was coined in Russian to refer to the phenomenon. The reaction in the face of the

persecution of the *kulaks* and the Jews was largely one of complacency mixed with a despairing pity, which was rationalized through their value of conservatism, “Well, they must have done something to deserve this.” This reaction allowed people to legitimize the actions of their government and continue their lives in relative harmony. Speaking out or questioning the practices could jeopardize the position of those not singled out. In effect, the *kulaks* and the Jews were sacrificed for the conformity of the collective.

A similar reaction continues to be seen with regard to the discrimination of people living with HIV/AIDS. In 2003, the Ombudsperson of Ukraine, the foremost watchdog of human rights, published a report of over 200 pages detailing the stigma and discrimination faced by people living with HIV/AIDS and the complacent nature of communities and the legal system in redressing these human rights violations. People with HIV are considered to be disrupting the collective and are therefore ostracized from it.

Ukraine’s constitution after independence in 1991 fundamentally copied the Soviet Constitution of 1936, which had a clear focus on the common good as conceived as state owned property, ideological and political unity of society and national identity. In a similar spirit, President Yushchenko in his speech on Independence Day in 2005 proclaimed, “Nobody lives for himself and nobody dies for himself.” While his intent could be understood to put the struggles of the Ukrainian people in the context of national salvation and strides toward freedom, he effectively reiterated the communal ethos common of speeches throughout the Soviet period intended to unify the population and discourage dissent. The speech, imbued with nationalist rhetoric, came on the heels of his attempts to limit the freedom of the press in criticizing the actions of his government.

Education

In his book, “The Division of Labor in Society”, Emile Durkheim identified two societal models: mechanical solidarity and organic solidarity upon which the social order is based and which is determined by the degree to which labor is divided. As Hofstede posited, while both types can coexist in societies, one order will dominate. In societies that exhibit aspects of mechanical solidarity, the collective conscience dominates the individual conscience and individual personalities have little independence separate of collective sentiments. While Ukraine can be seen to be in the process of making the necessary transition to a society marked by organic solidarity and therefore a weakened collective conscience, it essentially

still fits into the model of mechanical solidarity. This is exhibited most clearly in relation to its conservative system of education. All educational institutions follow a single national curriculum, which outlines all subjects to be taught from kindergarten to 12th grade and approves the materials/textbooks and methodologies for use. The National Curriculum is derived from the Soviet educational curriculum put in place in an attempt to foster a collective conscience among all youth of the Soviet Union. In such a highly regulated system, children are passive learners, whose active participation in the class is either not permitted or limited to responses to teacher- initiated prompts.

Ukraine's current highly inefficient higher educational system is also a continuation of the Soviet educational model whereby higher education is government-managed and available to all. Programs of study are regimented: the student might choose the field of study, but all classes for the field are pre-determined. While promoted as a proof of equality and egalitarianism in Soviet society, the system of higher education served to provide the government with a tool for further indoctrination of its young people and strict control over information and potential innovations. The continuation of the practice of Soviet education has produced a highly overeducated population and an over- saturation of the job market. Similarly, the practice of pre-determined curricula per field of study and the dominance of particular fields of study, has proliferated far beyond the demands of the job market and inhibited the flexibility of applicants. An English philology graduate, for example, will have had courses only in this sphere and will not have had exposure to management courses which might prepare the graduate for a position in management using English. The situation, widely recognized as in need of radical reform, is now the subject of a World Bank project. The project seeks to reorient and downsize the system of education to prepare young people for the variety of jobs needed to sustain a modern democratic nation with a free-market economy.

Language

A distinguishing feature of a collectivist society is the existence of a base knowledge that permits members access to the community and is not understandable to the uninitiated outsider. Communication is implicit and often unspoken. One example is the use of abbreviations in the two languages most widely spoken in Ukraine: Russian and Ukrainian. There exist a plethora of abbreviations used in daily speech which are shortened forms of their lengthy meanings denoting the telephone company, the bank, the gas provider, the

communal services repair, the marriage bureau, the jail, university etc. Comprehension, therefore, is in the community of ideas known only to those with access to the knowledge. Nielsen (1987) found that “to know” in the Soviet Union implied membership in an intimate group, which was pulled back from the “cold” public sphere and which is private (p. 7). This again is in contrast to the American emphasis on meaning portrayed by action, where the individual casts themselves forth free from his/her community and into the public dialogue.

Legislation may also serve to limit those who may be in the know. Law prescribes that signs must be written in the Ukrainian language. (Cabinet of Ministers of Ukraine, 1998, p. 997-98) Another law predating independence and no longer in effect though still applied permits border guards or post office clerks to confiscate Ukrainian language dictionaries and print materials which may transit out of the country (A. Khomenko, personal communication, Feb 1, 2006).

It should be noted that a degree of success in achieving the earlier-described Soviet person can also be seen in terms referring to peoples and regions. After the dissolution of the Soviet Union, the expressions “near abroad” and “far abroad” came into existence. The former refers to other countries from the former Soviet Union, while the latter refers to all other countries. Despite achieving independence and the reassertion of a distinct national identity, in use of these expressions Ukrainians recognize a commonness with others who have also undergone the Soviet experiment.

Gender roles

The impact of the Russian and then the Soviet cultivation of its version of self on gender roles is most evident in Ukraine in contrast to the traditional and well-documented state of gender roles prior to Russian subordination. Ukraine, in this sense, differs greatly from Russia and from the other former Soviet states. Sexual relations and gender among the early inhabitants of current-day Ukraine were based on ancient pagan beliefs that valued feelings, sensations, desires and bodily pleasures. Intimacy was considered to be harmonious with nature and male-female relationships. The marital agreement was based on the mutual desire of both the man and the woman to establish a family. Mutual respect for both sexes and genders was the norm as well as respect for responsibilities for housekeeping and child-rearing (Kutova, 2003, p.1-4).

Three hundred years of Russian governance and most particularly 70 years of Soviet rule sought to establish a new tradition and a new order in society. The social system as a whole was re-oriented toward dependency, obedience to authority and passivity – traits usually associated with women and femininity in a patriarchal culture. This resulted in a profound feminization of both women and men. Lack of autonomy, self –sufficiency, pursuit of self-interest and competence contributed to the demasculization of the male population in Ukraine where docility offered the path of least resistance and greatest reward. As a result of the general lack of responsibility and respect for personality, both genders lost the usual characteristics of intimate relationships and became distant counterforces with rigid roles and limitations. Traditions that otherwise instill values and serve to socialize youth into the society were also destroyed or reduced to a meaningless level. International Women’s Day replaced religious celebrations and “comrade” replaced the respectful *pan* (Mr.) and *panni* (Mrs.). Divorce and abuse became more common as the fabric of families slowly disintegrated in the eastern and southern parts of the country where Russian rule had its greatest impact. According to the Ukraine Health Report, 70% of women surveyed reported having experienced “humiliation” in the home, 60% experienced discrimination in the workplace and 50% reported sexual harassment (as cited in Barnett, Khodakevosh, Kruglov & Steshenko, 2000).

In renewing the state and building the new Ukraine, independent and unfettered by its Soviet past, the past decade has seen a romantic revival of the ancient Ukrainian matriarchal figure. This ideal, combining an empowered figure with the all-supreme mother/wife/worker, which has little to do with today’s social constructs. Rather, Kutova (2003) finds that women have begun to identify with “an overdetermined past that fixes them in a given historical moment which finds no resonance in the real life of the country today.” (p. 2) Thus despite their musings, women’s salaries continue to be on average only 72% of men’s, they make up 70% percent of the unemployed and make-up less than 10% of Parliamentarians. This illusionary sense of empowered womanhood in society is acknowledged by women: In an exercise used in more than 80 HIV prevention seminars among university students that asked respondents to identify what should be in regard to safer sex and what actually is, responses indicated a divide between the ideal and the reality (Petrozzola, 2004). Women have a right to an equal role in deciding whether to have safer sex or in taking measures to have safer sex, a right that they don’t have in practice.

Sexual relations

The arm of the Soviet Government even attempted to reach into the private lives of its citizens. Relationships were functionalized; sexual relationships were meant for reproduction and sex for any other reason was considered bad. Condoning the pursuit of such positive experiences as sexual relations was suppressed by the Soviet government as a threat to conformity and norms. Sexual activity was a prohibited subject for the media, for scientific investigation and for education. Any sex education, therefore, focused solely on the reproductive systems and the control of one's sexual urges. The deep contrast with American society was highlighted most memorably in 1985 during a televised US-USSR broadcast, when an American woman asked the audience of Soviet women about sexual relations in their society and a Soviet woman replied proudly, "We do not have sex here." (Govorun & Vornyk, 2003, p. 44)

While the breakdown of the Soviet Union unleashed a series of societal shifts, outward displays of sexuality became a symbol of the newly grasped freedom. The silence and modesty of the Soviet-prescribed culture was subsumed by images of women displayed as sexual objects and sex as an act devoid of meaning or relationship. This was not paralleled, however, with sexual education or information about sexually transmitted infections. A sharp increase in the number of abortions indicated that abortion was being used a form of birth control. In 1994, there were between 110-115 abortions for every hundred childbirths (Govorun & Vornyk, 2003, p. 31). Ukraine still remains a leader among countries where abortion remains a form of birth control. In 1997, condoms were still only the second most common form of contraception among women (20%) after IUDs (24%) (UNICEF, 1997, no page number). In the late '90s a national family planning program was developed to provide children with sex education. To address the damage wrought by the Soviet system, the program aimed to develop in children the ability to understand and respect the individual person. Despite the recognition of what was needed, it wouldn't be until late 2002 when the Ministry of Education would approve a program of healthy lifestyles for secondary schools that incorporated leadership, communication skills, drug and alcohol education and STI/HIV prevention. This program, financed through the United Nations' System, provided for the training of national and regional cadres of teachers to introduce the program into the school system, addressing the paralyzing lack of prepared teachers equipped with appropriate materials to teach sex education.

Translation theory

Translation theory holds that in order that an innovation be adopted in collectivist cultures, it must be introduced first into the collective and manipulated. Success of the innovation will depend on alliances. This was shown in research that analyzed the implications of national culture for the translation of innovations on corporate governance. The research sought to determine whether a system in one distinctive world of corporate governance could take advantage of and adopt innovations developed in the other world. The findings demonstrate that the diffusion of change via the introduction of innovation is universally subject to translation consistent with the national culture (Buck & Shahrim, 2005). The research introduced here puts forth a fresh application of translation theory to propose how culture may be manipulated to achieve desired ends in HIV prevention.

It would appear that an HIV prevention program aiming to reach a large cross-section of the population would be centrally placed at the workplace. Indeed, the ability to reach large numbers of people at once with regular access to them for support and follow-up is a main reason for the initiation of workplace HIV programs. However, workplace programs that reach out to employees address the employees as individuals with an individualist relationship to others. Subsequently, prevention of HIV in the workplace programs as promoted by the SmartWork and subsequent programs in Ukraine may present a potentially illegitimate innovation to their Ukrainian workplace participants. Ukrainians having a long tradition of community and high levels of collectivism may resist the innovation of HIV preventative behaviors as it may bring potential conflict with their sexual partners. High levels of uncertainty avoidance as present in a highly collectivized society would contribute to resistance of the innovation, which promises highly uncertain responses from their partners when introduced. With the preference for community and consensus rather than conflict, it may be argued that Ukrainians are unlikely to use their power to obstruct current arrangements in their sexual relationship. Thus even where Ukrainians having participated in a workplace HIV prevention program may wish to adopt new and healthier behaviors, it is likely they will do this so as not to place at risk the harmony of the relationship. This was shown in gender-specific focus groups conducted by the Socis Research Institute in 2003, in which women claimed they would be accused of being unfaithful or “infected” if they asked their husbands to use a condom knowing that the husband was having extramarital affairs. Responses from the male focus groups indicated that use of a condom was intricately

connected to concepts of manhood and therefore a difficult topic for discussion with female partners (UNDP, 2004, p.9).

Thus, in a highly collectivized society such as Ukraine, the necessary alliance that can enable the successful adoption of an innovation is the heterosexual nuclear family unit. The typical family in Ukraine is made of a husband and wife and one child. This kind of family became common after the Soviet dissolution of the extended family pattern achieved by mass relocation, separation of families and urbanization driving labor migration. Despite the pummeling of the family unit by the totalitarian state, it is the ingrained and solidarious traditional collectives, which have resurfaced as the most fundamental societal units and those, which propel development.

The value of the family unit in health promotion was demonstrated in recent years when in an effort to curb the alarmingly high number of abortions, the Ministry of Health began to promote methods of contraception. Their efforts, however, focused largely on women in gynecological clinics. It was assumed that the wife would take responsibility for contraception. This approach ignored the family unit and the role of the man in family planning. As an independent audit of the report showed, the program failed to have an impact on abortion rates for this reason (Govoryn & Vornyk, 2003, p. 26).

Having determined the collectivist nature of Ukrainian society and positing the necessity for any innovation to be introduced into and manipulated by the collective, this research presents an argument for acknowledging the social order and its dynamics and working within it. It seeks to test the theory that HIV prevention strategies may be an innovation requiring manipulation and adoption within the relationship or familial unit¹. To solicit the desired reaction in the given context, the units that mold the collective conscience must be encouraged to understand and manipulate information for themselves.

Where other strategies have proven deficient, a positive evaluation of the relationship/familial unit in promoting adoption of HIV preventive behaviors would position the family to minimize HIV vulnerability. Biggart and Guillen (1999) argue that the logic used in

¹ Ukrainians traditionally enter the workforce following completion of studies- either at 17 following vocational school or at 22 following university. They tend to marry between the ages of 17-26. Subjects of this study included any man or woman between the ages of 17-49 currently in a relationship, whether married or single.

manipulation of innovations are “deeply rooted in collective understandings and cultural practices and are resilient in the face of changing circumstances (p. 725). Translation theory furthers that the adoption of an innovation will depend upon the power and the believability of an actor and will be shaped by the actors in a network who may carry the innovation through. The proposed research aims to use the workplace to provide the ground for relationship/familial units to manipulate the innovation together in the context of their relationship and enable a determination of the feasibility of the partners carrying through the innovation as sustained behavior.

The study recognizes two risks with regard to interpretation of results. Firstly, given that a permanent struggle is supposed between the players in the relationship with the outcome depending on the power of players to establish and monitor points of passage to manipulate proposed innovations to suit their interests, the data collected at any point may reflect the progression of the struggle and not reflect the accepted innovation in the relationship. Secondly, the apparent adoption of an innovation may be shrewd camouflage that conceals the fact that it is embedded in antecedent culture, institutions and knowledge structure and not be indicative of true adoption. While these risks may not be mediated to an undetectable level in the research results, the approach enables a unique view of the collective conscience being penetrated at its core – at the level of relationship units.

Case study method

The experimental approach was chosen as the research method to enable a determination of the cause and effect relationship of the inclusion of partners/spouses on the effectiveness of workplace HIV prevention programmes. The study seeks to determine the impact when a treatment is deliberately varied between two groups of participants. As a field experiment, the study was conducted in a real-life workplace setting, where one variable was actively manipulated and extraneous variables are controlled to the extent possible.

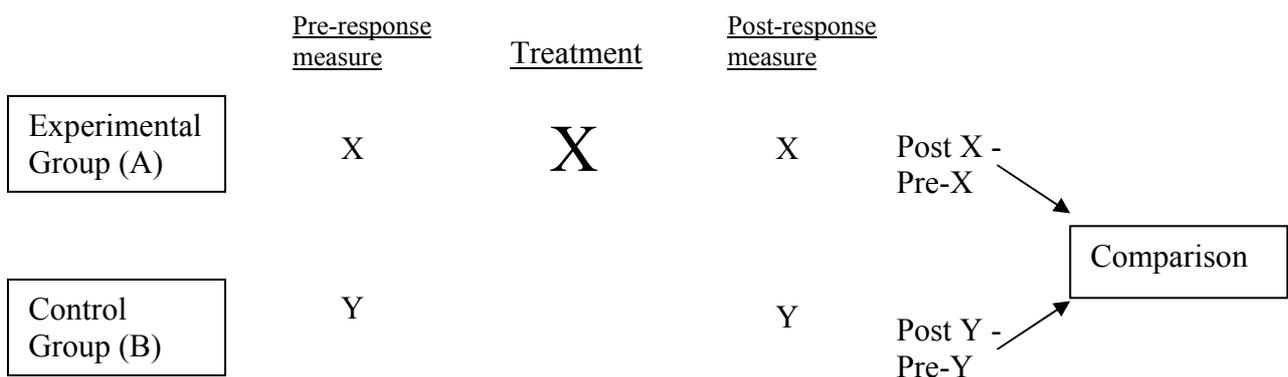
The study consisted of two groups of employees, each consisting of 20 people employed at two different enterprises. The participants were randomly selected from the defined population of employees currently in relationships and employed at an enterprise and at the age category most affected by the epidemic in Ukraine and post-vocational school university graduation (17-49). The two participating enterprises were selected at random and based on their ability to meet the following criteria:

- enterprise had not had any targeted workplace HIV prevention program to date
- enterprise management was fully aware and interested in the aims of the research
- enterprise management agreed to release the participating employees for the duration of the program and indicate support for the collection of survey results one month following the prevention program.

Random designation of groups was used to control for the confounding effect of extraneous variables.

In the research design, both Group A and B underwent an HIV prevention course in their workplace. Using the presence versus absence technique of variation to manipulate the event, Group A of employees participated with their partner/spouse. The second group of employees, Group B, consisted only of employees and served as the control for the experiment. The independent variable was the inclusion of the partner/spouse in the HIV prevention course. The dependent variable was the set of responses given by the employees on the pre and post treatment tests.

To assess the effect of the independent variable, the study employed the pretest-posttest design using tests administered to the employees. The scheme applied is illustrated below:



The standardized pretests and posttests consisted of a set of close-ended statements regarding the participants' attitudes and behavior and corresponding to the hypothesis. To deal with possible cultural biases in question design and implementation procedures, all statements were discussed in a series of group meetings involving the trainers and reworded to maximize

cultural appropriateness. Statements and procedures were then back translated into the appropriate languages and revised versions checked for accuracy.

Consent and confidentiality

Employees and partners/spouses agreeing to participate in the research were first given the opportunity to read and sign a consent form. It was explained that all information gathered from the experiment would be held in strict confidentiality and privacy carefully protected. To ensure anonymity, code numbers were used to record all test results and responses to questionnaires. Names were not used.

The pre- and post-test used follows below:

PRE/POST TEST

Age: 15-24 _____ 25+ _____ Date: _____ Sex: Female _____ Male _____

1. HIV can be transmitted through the following: (mark all the correct answers)
 - a) during sexual contact without a condom
 - b) kissing
 - c) mosquito bites
 - d) sharing of needles for injecting
 - e) sharing of dishes and eating utensils
 - f) from mother to child during pregnancy, birth and breast- feeding

2. I am uncomfortable talking to my partner about sexually transmitted infections, including HIV/AIDS.
 - a) Yes
 - b) No
 - c) Don't want to answer

3. HIV testing is important for any sexually active person.
 - a) True
 - b) False
 - c) Don't know

4. In the past month, I spoke to my sexual partner about HIV/AIDS.
 - a) Yes
 - b) No
 - c) Don't want to answer

5. In the past month, I used a condom during every sexual encounter (vaginal, anal, oral).
 - a) Yes
 - b) No
 - c) Don't want to answer

6. In the past month, have you been tested for HIV/AIDS?
 - a) Yes
 - b) No
 - c) Don't want to answer

7. I consider the holding of similar seminars to be more effective:
 - a) with the participation of a sexual partner
 - b) without the participation of a sexual partner
 - c) I don't see any difference

The pre-treatment test was administered directly before the prevention course and the post-test was administered 1 month after the course. The differences between the pre- and post-test scores of the employees for the experimental and control groups were then calculated,

compared and tested statistically using SPSS to determine the effect (or lack, thereof) of the independent variable.

In order to test the hypothesis, the numerical results of the employees’ pre and post treatment tests were statistically compared. The pre and post test scores were determined among each group to evaluate the impact of the HIV prevention course.

Statements in the tests were categorized and converted into the following indicators and calculated for each respondent individually:

Block	Indicator	Test Statement No.	Desired answer
1	Knowledge	1	A, D, F
2	Attitudes	2	A
		3	A
3	Behavioral model	4	A
		5	A
		6	A
4	Opinion	7	-

A difference in the indicators among the experimental and control groups may suggest the impact of the treatment. No difference in the indicators may indicate that the effect of the treatment is zero or too insignificant to measure.

At least one salient variable, attrition of employees in the programme or those failing to complete the requested tests, could have influenced the experiment or rendered the results untenable. This variable was mediated by calculating results in numbers and percentages.

Results

Comparison of the respondents’ pre-tests in the Control and the Experimental Groups showed no significant difference in responses to questions. Therefore basic knowledge, attitudes and behaviors were basically at the same level at the onset of the research in the Control and Experimental Groups.

Analysis of the changes which took place between pre- and post-tests inside each group showed the following:

- In the Control Group (CG), statistically significant positive changes can be observed in every question of the test except the three questions of the Behavioural Models.
- In the Experimental group (EG), statistically significant positive changes can be observed in every question of the test except one Behavioural Model question (use of condoms).

Analysis of the changes between the CG and the EG respondents' Knowledge, Attitudes and Behavioural Models in the post-tests indicate that:

- Statistically significant differences exist in the first question of Behavioural Models ($p=0.011$) and in the third question of Behavioural Models ($p=0.000$).
- In all other questions, changes which took place in knowledge, attitudes and behavioural models between participants of CG and EG were not significant level (though they were significant inside the groups).

An analysis of results per test question and between the CG and EG follows in the table below:

Table 1: Results for the control and experimental groups on the questions

#	Question	Blocks	Control group	Experimental group
1	HIV can be transmitted through the following...	Knowledge	<p>The level of CG participants' knowledge of ways of HIV transmission was considerably increased – we can see positive medium correlation (0.609), which is very significant (p=0.000).</p> <p><i>In pre-tests correct ways of HIV transmission were marked by 45.8% of respondents and in post-test every respondent identified the correct answer (100.00%).</i></p>	<p>We can see statistically significant (p=0.024) small positive correlation (0.333) in changes of EG respondents' knowledge on ways of HIV transmission.</p> <p><i>Respondents' knowledge on this issue was increased. In the pre-test, 62.5% identified the correct ways of HIV transmission and in the post-tests – 90.9% of all EG respondents responded correctly.</i></p>
2	I am uncomfortable talking to my partner about sexually transmitted infections, including HIV/AIDS.		<p>In the Attitude questions, we can see that there were positive changes in the responses to both these questions. There is a small positive correlation (0.367), which is very significant (p=0.01) in the first question.</p> <p><i>Therefore we can see that in the pre-tests there was no discomfort in talking to one's partner about STIs including HIV reported by 54,2% of participants. In the post-tests the level increased to 87.5% of respondents.</i></p>	<p>In both Attitudes' questions we can observe a statistically positive small correlation. In the first question, correlation is significant (p=0.48) and small on the level of 0.294. Changes in response to this question were made and they were statistically significant.</p> <p><i>In the pre-tests, there was no discomfort in talking to one's partner about STIs including HIV reported by 66,7% of participants. In the post-tests, 90.9% of respondents reported no discomfort while discussing these issues with their partners.</i></p>
3	HIV testing is important for any sexually active person.	Attitudes	<p>The same situation exists in recognition of HIV testing as important for every sexually active person. There is a small positive correlation (0.335), which is significant (p=0.02) in this question.</p> <p><i>Recognition of HIV testing as important for every sexually active person was reported by 70.8% of respondents in pre-tests. In post-tests, the percentage increased to 95.8%.</i></p>	<p>Changes also were made at the significant level (correlation 0.334 – small, p=.023) in the second question of the Attitudes Block.</p> <p><i>The recognition of the importance of HIV testing for every sexually active person was reported by 79,2% in pre-tests. In post-tests, the number of people with this recognition increased to 100.00%.</i></p>

4	<p>In the past month, I spoke to my sexual partner about HIV/AIDS.</p>	Behavioral Models	<p>In all three questions of Behavioural Models, significant changes were not observed for CG respondents.</p>	<p>In the Behavioural Models' questions in the EG, statistically very significant changes took place in the first question ($p=0.002$) and a positive small correlation was observed at the level of 0.45.</p> <p><i>37.5 of respondents reported in the pre-tests that they spoke to their sexual partners about HIV/AIDS in the past month. That number was increased to 81.8 in the post- tests.</i></p>
5	<p>In the past month, I used a condom during every sexual encounter (vaginal, anal, oral).</p>			<p>Statistically significant changes were not observed in the second question of Behavioural Models (use of condoms).</p>
6	<p>In the past month, have you been tested for HIV/AIDS?</p>			<p>Statistically very significant changes were observed in response to the third question (0.007) and a positive small correlation at the level of 0.392.</p> <p><i>In the pre-test survey, only 20.8% of respondents reported that they were tested for HIV/AIDS in the past month. In the post-test surveys, this figure increased to 59.1%.</i></p>
7	<p>I consider the holding of similar seminars to be more effective...</p>	Opinion on the program	<p>In this question, very significant changes ($p=0.001$) can be observed with a positive small correlation of 0.475.</p> <p><i>Post-test surveys in the CG indicated that 83.3% of respondents considered it effective to hold such programmes with sexual partners, increased from 41.7% during the pre-tests.</i></p>	<p>Significant changes ($p=0.005$) here as well can be observed with a positive small correlation of 0.410.</p> <p><i>In the post-test surveys of the EG, 86.4% of respondents considered it more effective to hold such programmes with sexual partners. This is a significant increase from the pre-test result of 45.8% in favour of holding such programmes with sexual partners.</i></p>

Conclusion

In the undertaken research, the provided educational programme led to increased knowledge of HIV transmission, greater comfort in talking to sexual partners about STIs, including HIV, and recognition of the importance of HIV testing for any sexually active person. These boons were seen among both groups of participants and with no significant differences between them. It can be posited therefore that inclusion of employees' partners is not necessary in programs that aim to raise awareness of HIV.

Decades of HIV prevention programming, however, have shown that if programs achieve only boons of the nature described above, then the programming will not result in the reduction of HIV infection rates. Rather behaviour change is necessary and in this aspect, the results of the study are relevant and hopeful.

Analysis of the results indicates that positive changes in two of the questions of the Behavioural Models were significant among the participants of the Experimental Group. This was not seen in the Control Group. The number of respondents from the Experimental Group who spoke to their partner about HIV/AIDS in the past month increased during the month after the training. The number of people who were tested for HIV during the month after training also increased. Based on the results of this research, it can be concluded that participation of employees' sexual partners in HIV prevention programs can influence Behaviour Models and lead to desired changes in this area. changes in Behavior Models, which are very important and as we can see depends much on participation of both sexual partners in training.

Not insignificant to the results of the research, it is important to mention that participants of both groups expressed their wish to participate in the training together with their partners. This indicates the openness of Ukrainians to this innovation in HIV prevention programming and can facilitate its success.

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