

# Young People and HIV/AIDS: Awareness and Attitudes

BY MARC SUHRCKE

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By the end of 2003, there were an estimated 1.5 million people living with HIV/AIDS in Central and Eastern Europe (CEE) and the Commonwealth of Independent States (CIS) of which some 230,000 were infected with HIV in that year alone.<sup>1</sup> In some countries of the region, HIV continues to spread at a rate faster than in any other part of the world. Young people are at the center of the epidemic and are therefore the key to halting it.

This article focuses on the role of young people in the CEE/CIS HIV epidemic. In particular, it assesses their awareness of both the problem and of ways of protecting themselves from contracting the virus.<sup>2</sup> Assessing this knowledge is necessary as it can provide important policy implications. Before analysing young people's awareness and attitudes in some detail, this article first looks at just how much and in what ways young people are directly involved in the HIV epidemic in the region. The article concludes with a brief discussion of policy implications derived from the analysis.

## At the Center of the Epidemic

While most new HIV infections in the CEE/CIS region are occurring among young people, and most of these infections involve injecting drug users (IDUs), observed trends in Belarus and Ukraine—the two countries where HIV has been established for the longest amount of time as a major problem—suggest that the significance of sexual transmission of HIV is also growing.

Figure 1 reveals that the HIV epidemic in the region is overwhelmingly affecting young people. Of all the new infections in the CIS between 1997 and 2000, almost 80 percent were registered among people under the age of 29, and 20 percent were among those younger than 20. For comparison, the percentage of young people newly infected in Western Europe was considerably lower. In the CEE, the high percentage of children under age 13 who have HIV is mainly accounted for by those who were infected in Romania in the early 1990s through blood transfusions and other medical procedures.<sup>3</sup>

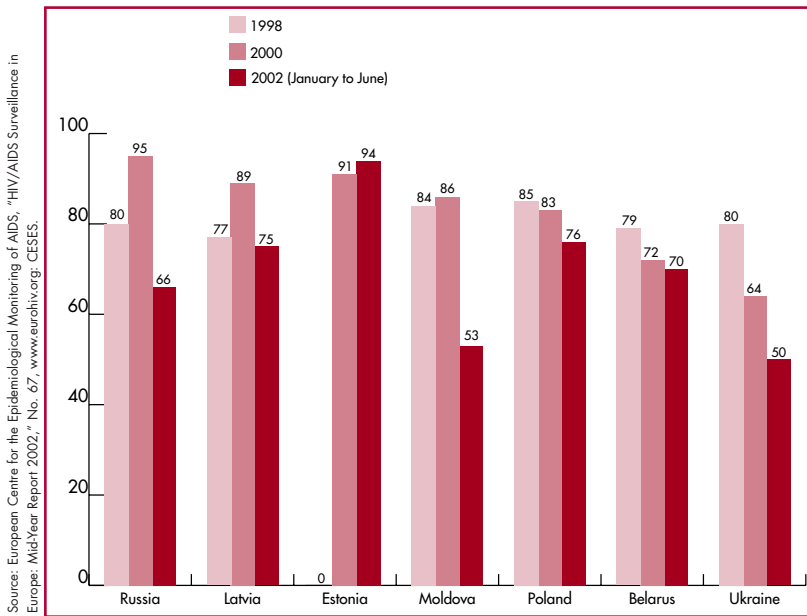
Age at diagnosis	Western Europe	CEE	CIS
Less than 13	2%	26%	2%
13-19	2%	6%	18%
20-29	28%	31%	58%
30-39	41%	20%	18%
40 and over	26%	15%	4%

**Figure 1:** Age structure of registered HIV cases 1997-2000.

Source: European Centre for the Epidemiological Monitoring of AIDS, "HIV/AIDS Surveillance in Europe: Mid-Year Report 2001," No. 65, [www.eurohiv.org/aids.htm](http://www.eurohiv.org/aids.htm): CESES, Table 17.

Young people are at the center of the epidemic because the activities that transmit the virus are the ones they predominantly engage in. The principal means of infection in the hardest hit countries of the region remains the shared use of infected injection drug equipment. Figure 2 shows the percentage of new diagnoses of HIV attributed to injecting drug use where a cause is known. The majority of new infections still appear to have occurred via the sharing of injecting equipment. However, in all of the countries in Figure 2 except for Estonia, this sharing declined in the first half of 2002. In Russia and Moldova, the decline appears particularly significant. In Ukraine, where the epidemic became apparent earliest, the percentage of cases attributed to injecting drug use in 2001 was lowest, having declined considerably since 1997.

Substance use in general has become much more common among young people in the region. Systemic change has offered opportunities for many to take advantage of new freedoms and rights, but this change has also been associated with considerable dislocation and stress, particularly among young people who are neither pursuing education nor employed.<sup>4</sup> There is little doubt that the rise in substance abuse since the early 1990s among young people living in transition countries is related not only to the increased availability of all forms of drugs, but also to significant psychological, social, and economic hardship. In line with the growth in substance abuse since the end of



**Figure 2:** Share of IDUs in new recorded HIV infections (percent of total infections where the source is known). Note: The share of infections not attributable to any source is small in most countries (less than 5 percent of all infections), but is large in Poland and Russia, where the proportion rises to more than 50 percent.

communism, injecting drug use has become more widespread throughout the region. The total number of IDUs in Moldova, Russia, and Ukraine combined is currently estimated at about 1 percent of the populations.

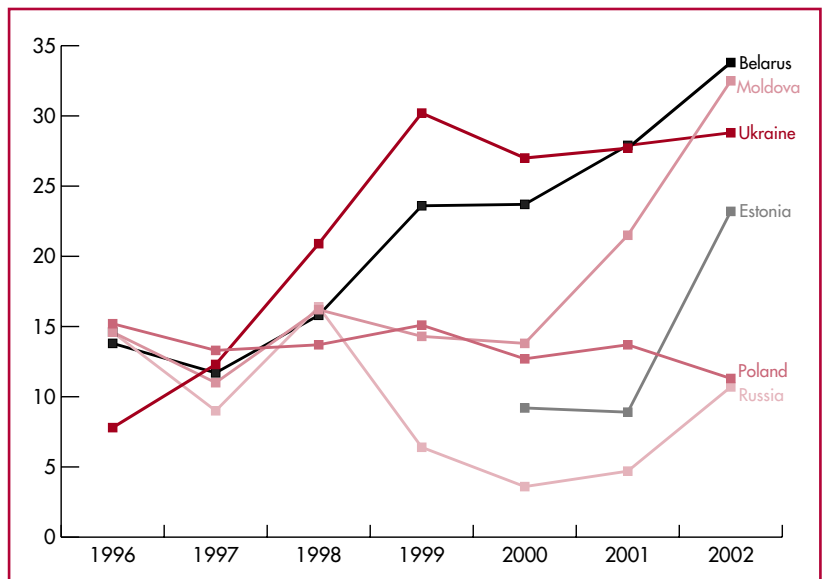
As transmission via injecting drug use declines in prevalence, the role of sexual transmission typically increases, and it is this type of transmission that increases the likelihood that the virus will become more established in the general population. Through sexual relations, the epidemic can easily spread into the wider community from a particular group, such as IDUs. Figure 3 shows that the percentage of people infected with HIV through sexual—overwhelmingly heterosexual—transmission has increased in several countries. In Belarus, Moldova, and Ukraine, for example, approximately 30 percent of all infections newly diagnosed in the first half of 2002 occurred as a result of sexual contact. In Estonia, 10 percent of new infections in 2001 were the result of sexual contact; this rose to almost 25 percent in the first half of 2002.<sup>5</sup>

The gender balance in new infections is also changing. In 1998, 20 percent of those newly diagnosed with HIV in the CIS and the Baltic States were girls and women aged between 13 and 29. By the first half of 2002, this proportion had increased to 25 percent.

The explosion in sexual transmission of HIV and the growth in the number of young women with the infection are causes for grave concern. They are also linked. More women than men in the region are being infected through sexual contact (although the majority of both sexes are still being infected through injecting drug use).<sup>6</sup> The implications for the spread of the epidemic—both to the wider population and from mothers to their children at or after birth—are immense.

### How Well Are Young People Equipped to Keep the HIV Epidemic From Spreading Further?

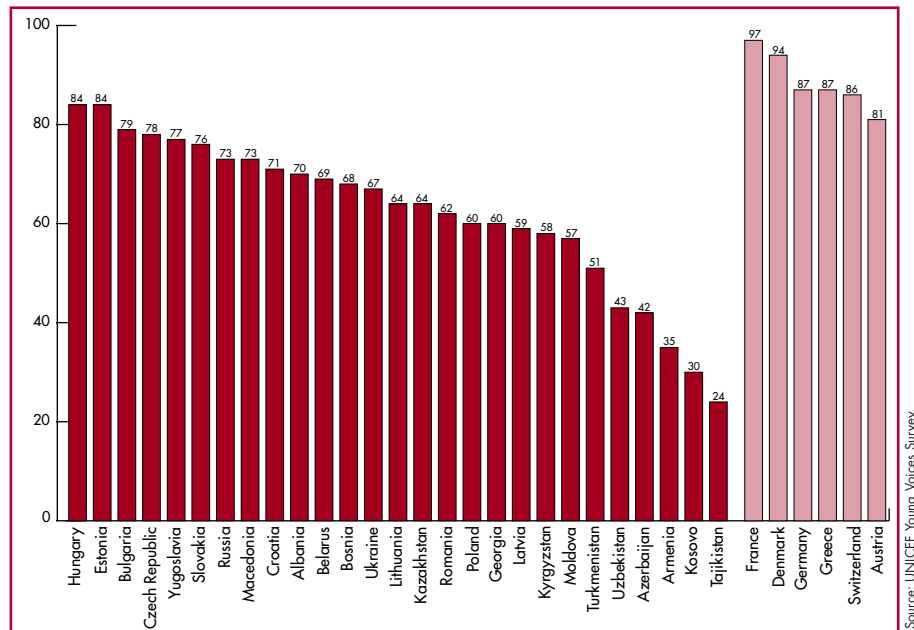
Young people’s ability to protect themselves from HIV ultimately depends on their own safe behavior, which in large part—but not exclusively—depends on their knowledge about how HIV is transmitted and their perspective on whether HIV is an issue that is directly relevant to them. In this section, recent survey data are used to assess the level of awareness about



**Figure 3:** Sexual transmission as a cause of newly diagnosed HIV infections (percent of infections where the cause is known). Note: Includes heterosexual and homosexual transmissions. The overwhelming majority of sexual transmissions is attributable to heterosexual activity. The share of infections not attributable to any source is small in most countries (less than 5 percent of all infections), but large in Poland and Russia, where the share has been up to 50 percent during some years.

HIV prevention among young people in transition countries and their attitudes toward people with HIV/AIDS.

Assessing the knowledge among young people about sexual transmission of HIV is particularly relevant in the case of transition countries because many young people are engaging in unsafe sexual behavior, as evidenced by the growth of STI incidence in the region. Safer sexual practices that reduce the risk of HIV infection include sexual abstinence, the maintenance of one faithful sexual partner, and reliance on the use of condoms. In Western Europe and in many other parts of the world, condom use has become one of the most successful means of protecting people from HIV.



**Figure 4:** Adolescents' (aged 14-17 years) knowledge about condom use as a means of preventing HIV by percent. Note: Sample sizes are small (on average, about 200 per country), therefore differences between the countries that are ranked closely together may not be statistically significant.

For this assessment, three surveys are used to examine the level of awareness of young people about the need for prevention: the UNICEF “Young Voices” survey of 2000, the UNICEF Multiple Indicator Cluster Surveys (MICS) conducted most recently in 2000, and the Demographic and Health Surveys (DHS), the latest of which were carried out in 1999 and 2000.<sup>7</sup>

### Awareness Among Adolescents

The attraction of the UNICEF Young Voices survey, in which children and young people up to 17 years of age were interviewed about a range of issues, lies in its coverage of all countries in the region, plus some in Western Europe. One might expect that teenagers growing up in post-communist societies have had the opportunity to learn more about HIV and its prevention than would have been the case before the transition, but this is not necessarily true.

Respondents to Young Voices were asked: “Regarding AIDS and according to your knowledge, what needs to be done to avoid being infected by AIDS?” Respondents were allowed to give as many answers as they wished. A wide variety of replies were recorded, ranging from “avoid public places (for example, saunas)” to “don’t use drugs.” The four most common responses were:

- “Use condoms” (given by 51 percent of the respondents in transition countries),
- “Do not share syringes and needles” (38 percent),

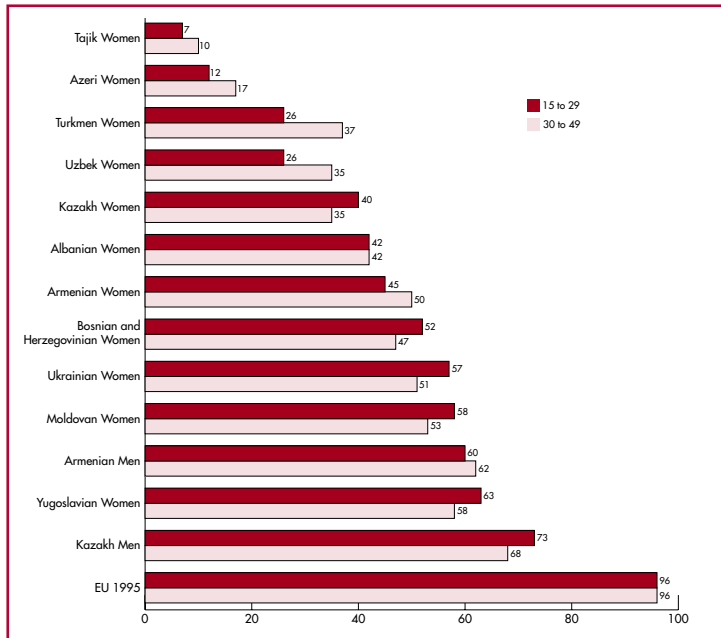
- “Avoid contact with infected people” (35 percent), and
- “Have only a single sexual partner” (24 percent).

Figure 4 shows, for all countries in the region and for some in Western Europe, the proportion of young people aged 14 to 17 who said “use condoms” in response to the question.<sup>8</sup> Awareness levels on this issue are higher among Western European teenagers than among teenagers in transition countries, but there are also large differences among the transition countries themselves. Awareness in Hungary and Estonia is similar to that in Austria, Germany, Greece, and Switzerland, while teenagers in the Caucasus and Central Asia generally show much lower levels of awareness than their CEE/CIS counterparts. With the exception of Estonia, however, the levels of awareness were generally low among teenagers in countries where the HIV epidemic is now well established: the four western CIS countries, Kazakhstan, and Latvia.

In general, adolescents in wealthier countries show better awareness than do those in poorer countries, but, overall, the ranking does not follow a simple pattern of “wealthier = more awareness.” For instance, Poland is placed below Russia and Ukraine and where awareness about condom use as a means of AIDS prevention is low, awareness of other means of prevention—for example attachment to one faithful partner, sexual abstinence, or the avoidance of injecting drugs—is also low. In Central Asia,



Source: MICS 2000 (Albania, Azerbaijan, Bosnia & Herzegovina, FR Yugoslavia, Moldova, Tajikistan, Ukraine, and Uzbekistan) and DHS (Kazakhstan 1999, Armenia 2000, Turkmenistan 2000), Eurobarometer 43.0-43.1, March-May 1995.



**Figure 5:** Knowledge about condom use as a means of preventing HIV/AIDS (in percent of relevant age group).

for instance, only a quarter of respondents aged 14-17 cited faithfulness to one partner as a way of avoiding infection, while half indicated that they possessed some knowledge about the dangers of injecting drugs.

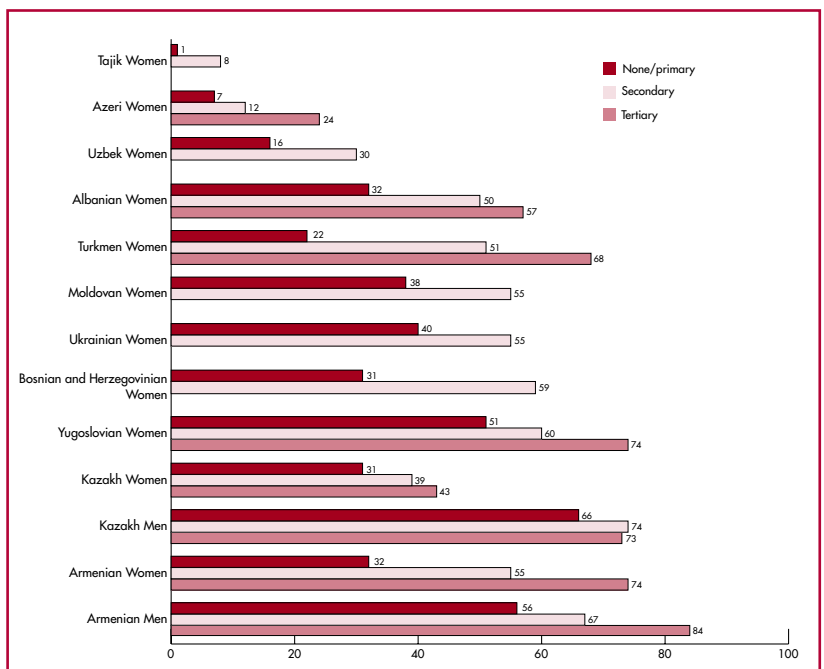
The case of Estonia is of special interest because of the rapid increase in the official number of HIV infections recently reported there. The high level of awareness about condom use shown in Figure 4 is perhaps a result of school sex education programs among Estonian teenagers.<sup>9</sup> This raises a question about behavior: while awareness is important, it needs to be acted upon through safer practices. Whether young Estonians apply the knowledge about safe sexual practices that they appear to have learned will be crucial in determining whether HIV continues to spread as rapidly as it has been doing since 1999 to the wider population, as well as among IDUs.

### Awareness and Attitudes of 15- to 29-year-olds

The MICS and DHS are household surveys that focus on various aspects of health, nutrition, and fertility. However, only women aged 15-49 are interviewed in the MICS, while both men and women in the same age range are interviewed

in the DHS. HIV-related questions were asked of MICS respondents in eight countries in the region (Albania, Azerbaijan, Bosnia and Herzegovina, FR Yugoslavia, Moldova, Tajikistan, Ukraine, and Uzbekistan) and of DHS respondents in three countries (Armenia, Kazakhstan, and Uzbekistan).<sup>10</sup>

Figure 5 shows that, in the countries where the MICS and DHS were carried out, awareness of condoms as a method of protection is low, particularly relative to the almost universal level of awareness in European Union countries. Moreover, younger people, for whom the risk of HIV infection is greater, were only slightly more likely to know about condom use than older respondents. In Ukraine, only 57 percent of young women knew about condoms as a means of HIV prevention. This result is particularly worrying, given that in 2001, almost 40 percent of those newly diagnosed with HIV in Ukraine were women and given the growth in the rate of the sexual transmission of HIV in that country. Awareness among women was only a little greater in Moldova and FR Yugoslavia than in Ukraine, and, among women in Kazakhstan, it was considerably lower. Moreover, in Armenia and Kazakhstan, awareness levels were considerably lower among women than among men.



**Figure 6:** Knowledge about condom use, by percent, as a means of preventing HIV/AIDS, by educational attainment, for women and men aged 15-49 years.

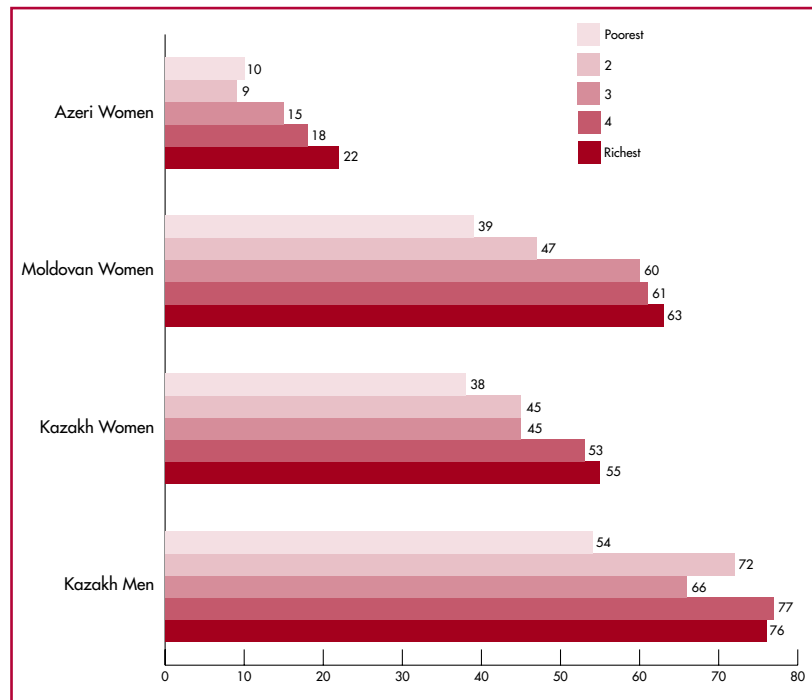
Source: MICS 2000 (Albania, Azerbaijan, Bosnia & Herzegovina, FR Yugoslavia, Moldova, Tajikistan, Ukraine, and Uzbekistan) and DHS (Kazakhstan 1999, Armenia 2000, Turkmenistan 2000).

The generally low level of awareness among women about condoms as a means of preventing HIV infection and the gap in awareness between men and women in those countries where information is available are disturbing. There is little evidence in the surveys to suggest that awareness of other forms of prevention, for example abstaining from sexual relations or having only one partner, is significantly greater.<sup>11</sup> This implies that if public education in these countries has been a policy goal in the fight against HIV, efforts to raise awareness have not been fully successful to date.

Moreover, the knowledge that does exist is unevenly distributed. Figure 6 shows that in all countries for which data are available, awareness about the advantages of condom use differs substantially according to the educational background of the respondent. Differences in awareness between women with the highest and lowest levels of education are greatest in Turkmenistan, Bosnia and Herzegovina, and Armenia, respectively. In Kazakhstan, differences between women and men at all educational levels are very large: about 50 percent of women with tertiary education know that condoms are a means of preventing HIV, compared with 70 percent of men.

A similar picture of inequality is obtained when awareness among richer and poorer households is analyzed. Figure 7 shows that, in Azerbaijan, Moldova, and Kazakhstan, awareness about condom use is considerably greater among men and women who live in wealthy households than among those in poorer households. However, even among men and women in the wealthiest households, awareness is low by Western European standards.

It is not only lack of awareness that can hinder policies aimed at preventing the further spread of the epidemic; HIV-related stigma and discrimination are also major obstacles.<sup>12</sup> Stigmatization can occur at various levels, for instance within the family and among friends, at the workplace, at the point of service among healthcare and other public service providers, and in public policy. The degree to which people with HIV face stigma and discrimination is a measure of the negative social consequences of the disease. Discriminatory attitudes and repressive policies drive people at high risk of HIV infection away from help and advice about safer practices, away from the treatment and care

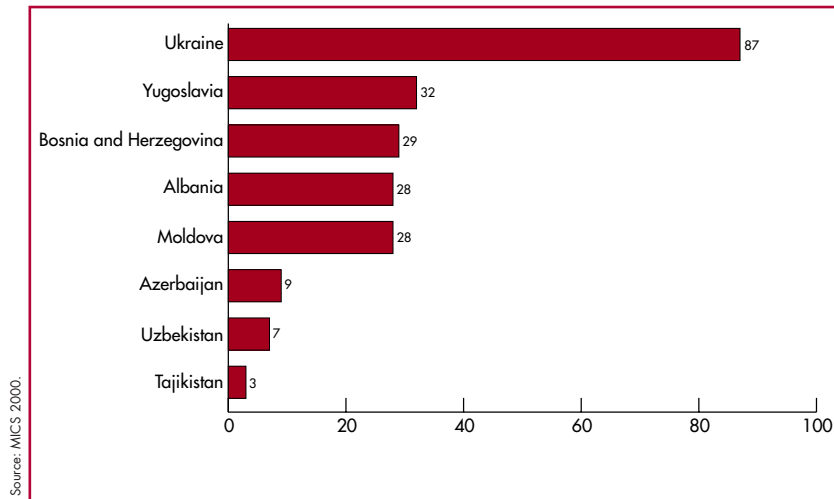


**Figure 7:** Knowledge of condom use, by percent, as a means of preventing HIV/AIDS, by wealth quintile, women and men aged 15-49 years.

Source: MICS 2000 (Azerbaijan and Moldova) and DHS (Kazakhstan 1999). Note: For the methodology used to derive wealth quintiles see D. Flamer and L. Pritchett, "Estimating wealth effects without expenditure data-or tears: An application to educational enrollments in States of India," World Bank Policy Research Working Paper No. 1994 (The World Bank, Washington DC, 1998).

that they may need, and away from openness with sexual partners. The punitive policies adopted in some countries to increase the costs of high-risk behavior have not encouraged a tolerant or accepting attitude toward people with HIV/AIDS nor toward those at high risk of HIV infection, including IDUs, sex workers, men who have sex with men, and children born of HIV-positive mothers.

It is possible to assess attitudes toward people with HIV/AIDS for a number of transition countries through an analysis of the MICS surveys. Respondents were asked 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." Figure 8 shows that almost 90 percent of young women in Ukraine agreed with at least one of these statements, as did about 30 percent of women in Albania, Bosnia, FR Yugoslavia, Herzegovina and Moldova. Results for all countries must be interpreted with a degree of caution, because no systematic research on stigma has been undertaken in the region. However, anecdotal evidence does support the view that a considerable degree of stigmatization of people with HIV/AIDS does take place, for example in healthcare settings and in orphanages, in the case of children with HIV-positive parents.



**Figure 8:** Percentage of young women aged 15-29 who agree with at least one discriminatory statement.

### Conclusion: Awareness Among Young People is Limited

The survey findings presented here are disturbing. The Young Voices survey reveals that awareness about preventing HIV transmission is low among teenagers across much of the region. The MICS and DHS surveys confirm this picture. They also suggest that there is considerable inequality in awareness by gender, education, and household wealth. Women who have low levels of education or who live in poor households are especially disadvantaged. Discriminatory attitudes towards people with HIV/AIDS appear to be common in some countries.

Two important conclusions arise from these findings:

*First, efforts to raise awareness about HIV need to target young people, but they also need to reach out especially to those people who are disadvantaged. Moreover, women should be a particular focus of awareness-raising policies.*

*Second, interventions that make HIV/AIDS visible and that promote a general acceptance of people who are living with HIV/AIDS, as well as those at risk of HIV, need to be implemented.*

In terms of planning and implementing policies to raise awareness about HIV, countries in the region have some advantages that could be used to good effect: a certain level of healthcare services—including services specializing in maternal and child healthcare—is available and there is a high degree of literacy. This means that most men and women are well equipped to learn more about HIV prevention, about injecting drug use, and about safe sexual practices through both the national media

and more localized settings. Also, most adolescents attend school. This means that educational systems need to address the issue of HIV more openly and include it in the broad area of life skills education.<sup>13</sup> General education initiatives are important and urgently need to be implemented. More specific outreach and peer-education programs are also needed if the behavior of people in high-risk groups, such as IDUs and sex workers, is to be made safer. ■

### References

1. UNAIDS/WHO (2003), "AIDS Epidemic Update December 2003," Geneva.
2. The article draws heavily on previous work done by the author when he was with UNICEF Innocenti Research Centre. See in particular the article on "HIV/AIDS and young people: Awareness, behaviour and policy," in UNICEF (2002), "Social Monitor 2002," UNICEF Innocenti Research Centre: Florence. See also the HIV/AIDS article "Social Monitor 2003," in UNICEF (2003), UNICEF Innocenti Research Centre: Florence. Support and comments by Gerry Redmond from UNICEF have been extremely valuable in producing this work.
3. EuroHIV (2001), op. cit., p. 7. For a more detailed account, see E. Zamfir and C. Zamfir, "Children at Risk in Romania: Problems Old and New," Innocenti Occasional Papers, No. EPS 56 (September 1996).
4. Young People in Changing Societies, Regional Monitoring Report, UNICEF (2000), No. 7, pp. 65-68.
5. K. Dehne and Y. Kobycha, "The HIV Epidemic in Central and Eastern Europe: Update 2000," UNAIDS, Geneva, Mimeo (November 29, 2000).
6. 2001 and the first half of 2002, 4,621 women in the CEE/CIS were infected with HIV through sexual contact compared to 3,850 men. EuroHIV, op. cit., Table 18 (2002).
7. For more information, go to [www.unicef.org/polls/cee/](http://www.unicef.org/polls/cee/) on the Young Voices survey, [www.childinfo.org](http://www.childinfo.org) on the MICS and [www.measuredhs.com](http://www.measuredhs.com) on the DHS.
8. Young Voices surveyed 9- to 17-year-old boys and girls. For the purposes of this analysis, only the responses of those aged 14 to 17 have been used. This reduces the sample size per country to about 200 observations. The degree to which these data can be considered representative of the entire teenage population in each country is therefore open to question. Nonetheless, the results in Figure 5 are broadly consistent with those from other sources, for example Figure 6.
9. T. Peetso *et al.*, "Experiences of a New Youth Clinic in Estonia," Choices: Sexual Health and Family Planning in Europe 21 (1), 1999, IPPF European Network: [www.ippf.org/regions/europe/choices](http://www.ippf.org/regions/europe/choices) (accessed 2 April 2002).
10. In the MICS and DHS, the sample sizes for each country are about 4,000 to 5,000 households. The questions relating to HIV/AIDS in the MICS and DHS are similar, and the results can therefore be directly compared.
11. In several countries, the percentage of respondents who agreed that "having one faithful uninfected sex partner" as a means of avoiding HIV infection was greater than the percentage who agreed with the statement about condom use, but the difference was generally small.
12. UNAIDS (2000a), op. cit., p. 38.
13. Regional Monitoring Report, No. 7, Chapter 3.