

DRUG USERS:
INJECTING BEHAVIOUR AND SEXUAL BEHAVIOUR

A study about the attitudes, knowledge and practices
of the Bucharest drug users
regarding injecting, sexual behaviour and condom use

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Introduction

Why a baseline study?

The success of an intervention aiming to decrease the HIV/AIDS spreading consists in risk behaviour change. The main risk behaviours are *unprotected sex* and *intravenous drug administration*. Most prevention programs have the purpose of changing these two risk behaviours. However, there has not been done much effort to follow up the two types of risk behaviours and to ascribe this kind of changes to some specific interventions.

This is why the present study aims to be a *baseline* in order to follow up these two risk behaviour types among the beneficiaries of RHRN (Romanian Harm Reduction Network). The study introduces a new paradigm for the HIV/AIDS situation follow-up: it *focuses on the groups at risk* and it is explicitly oriented towards statistic data that describe *risk behaviours*, as an alternative to the accent put on epidemiological studies. When designing this study we presumed that the epidemiological studies do not meet the necessary conditions in order to inform the people about the programs. They are a good indicator of the fact that the programs did not achieve their purpose, but cannot give the answer to the question "Why?" The epidemiological studies usefulness is limited when the HIV/AIDS prevalence is low among a population at risk. Bucharest's situation is typical for this kind of argumentation: the HIV/AIDS low prevalence among the drug users may signify that they do not engage in risk behaviours (re-using the injecting equipment and/or unprotected sex) or may signify that the virus did not reach "the critical mass" between the drug consumers from the Capital. If risk behaviour exists among the studied populations at risk, but there are no evidences about it, the opportunity of developing programs (before the HIV/AIDS incidence among the respective population reaches the critical mass) is lost. Thus, the aim of this study is multiple.

First of all, the study will give a measure of the risks at which are exposed the injecting drug users from Bucharest, beneficiaries of RHRN. This study might suggest the trend the HIV infection may follow among the users, if nothing is done for reducing behaviours at risk. It might also estimate the general population risk, by identifying "links" between this group at risk and other groups.

Secondly, it will offer information necessary for developing drug users programs. The efficient prevention is the one that allows the beneficiaries to adopt a safe behaviour, offering an alternative considered realistic by the one that should adopt it. But if we do not have more information about the existing risk behaviours, it is not likely to find realistic alternatives for them. The behavioural data may offer information not only about who is at risk, but also why he is at risk. This study identifies exactly the type of behaviour that needs to be changed and will underline why this risk behaviour has not been modified as a result of program implementing.

Thirdly, the study will be useful for the present or future programs' assessment, that are designed for injecting drug users, by gathering evidences about the risk behaviour change. This behavioural change is, actually, the various interventions impact measure.

Summary and conclusions

1. Objectives

The general objective of the study was to describe two behavioural types of the RHRN clients: the injecting behaviour and the sexual behaviour. Specifically, the study tried to describe:

- drug use (substance type, way of administration, consumption length);
- sharing the injecting equipment
- other risk types associated with the injecting drug use;
- attitude towards condom use
- sexual behaviour and condom use;
- knowledge about HIV/AIDS;

2. Methodology

The BSS¹ study was designed to collect information from a representative sample of injecting drug users, beneficiaries of RHRN. The interviewees were selected from all the beneficiaries that frequented the syringe exchange centres during the study, or that were clients of the outreach activities (February - June 2004) and who declared that they had been using injecting drugs in the past month. The desired sample size was of 500 injecting drug users, including the three active syringe exchange programs (in Bucharest) in the framework of RHRN: ALIAT, ARAS and Open Doors.

3. Respondents description

The social-demographic data show a specific profile of the drug users – RHRN clients. They are youngsters, mostly single men, Romanian or Romany ethnic, most of them living in households formed of five or more persons, at high risk of poverty; one household out of three does not have the minimal necessary endowments (toilet with water in the house, refrigerator, etc.).

The youngest respondent was 14 years old when the study was carried out, and the eldest was 48. The average age of the respondents was 23 years old. Half of them are youngsters with ages between 14 and 22. Analysing the distribution of the main considered characteristics of the sample, we find that the majority of the respondents are men (78%), single (63%) or living in consensual union (28%), with primary studies or without education (49%). Divorce and separation seem to be rare phenomena among the respondents, since only 2,6% of them were previously married. We find the same situation about the post high school studies, where the rate is very low, only 15 (3%) out of the total of 501 declared that they are going or went to a college or a university.

As a conclusion, the drug users that are RHRN clients belong to a double category at risk: *health risk and extreme poverty risk*. The above data cannot be extended to the

¹ *Behavioural Surveillance Survey*

entire injecting drug users population of Bucharest, because the sample we made is representative only for the RHRN clients and it is possible for them to belong to a poorer "layer" of drug users. A possible argument for this situation is the fact that only the drug users who do not have the financial means to obtain injecting equipment from the black market access the RHRN services.

4. Main conclusions (executive summary)

- The average injecting length, reckoned for the entire sample, is of 3,14 years or 38 months; the period between the drug use debut and the intravenous administration debut is approximately of one year (13 months) for the entire sample.
- In conclusion, the data obtained through this study confirms the fact that heroin is, by far, the most widespread drug; the data also show that other types of drugs (like cannabis, cocaine or medicines) are used by the respondents. Registering an average use of about four years, the respondents place the drug use debut around the year 2000, half of them injecting themselves for the first time at the age of 19, and one out of three users injecting himself more than four times a day. Over the major trend of drug use debut age decrease it overlaps that of shortening of the "window" between experiencing the drug use and the intravenous administration; this interval decreased from about two years to six months. The above mentioned data suggest the opportunity of including in the consumption prevention programs information about the risks associated with intravenous drug administration.
- No less than 362 drug users, from the total of 501 participants in the study (representing 72,5% from the total sample), mentioned that, at the last injection, used an unsterile needle or syringe. Half of the participants in the study declared that the syringe had been used *only by them*, and one out of four respondents declared that, at the last injection, the syringe or needle had been *used by someone else, too*.
- The data show that the use of unsterile syringes or needles is a behaviour almost generalized among the RHRN clients; if, at the last injection, 73% of the participants used an unsterile syringe or needle, this figure increases up to 91% for the past month injections. Regarding the *re-use*, the number of those who re-used a syringe (used only by themselves) increases from 48% (at the last injection) to 88% (for the past month injections). Also for the *shared use*, the number of those who used a syringe or a needle together with someone else in the past month is double compared with the one of those who used a syringe or a needle together with someone else at the last injection (55% and 25%, respectively). The shared use is a widespread practice, 20% of the sample using unsterile equipment (in the past month) at more than a half of the injections.
- Practically all the drug users from the sample (97,6%) shared at least one of the injecting pieces. The risks associated with the injecting drug use are found both in using unsterile needles or syringes (91% of the entire sample used unsterile needles or syringes in the past month), and in sharing the filter, water or container (90% of the entire sample).
- There is a strong rule regarding group injecting, each respondent being a part of an injecting group. The injecting group size (the group with whom the respondent shares the same needle or syringe) is made from approximately four persons (the respondent included). We estimate there are approximately 6.000 injecting groups in Bucharest. These groups are weakly tight between them, regarding the injecting equipment sharing. Approximately 15% of the respondents (or, at the level of the entire population, members of over 900 injecting groups) shared in the past month a needle or a syringe with someone who did not belong to his usual group.
- The data also suggest the existence, among the injecting drug users, of high risk subgroups: women, very young users (14-18 years old), as well as the Romany ethnic population. For the risk reduction programs is important the fact that every one of these subgroups was identified with characteristic risks and needing specific interventions. No

woman participant used sterile injecting equipment in the past month (needle, syringe, container or filter). Thus, the women are more likely to use an unsterile needle or syringe at the last injection (82,6%) or in the past month (97%); one of the possible explanations may be women's depending on their sexual partner (who also belongs to the injecting group) in what concerns obtaining the substance and the injecting equipment. An important risk of the very young users consists in passing very fast (six months) from experiencing drugs to their intravenous administration; also, the very young users belong to a larger injecting group (five persons), sharing thus the needle or syringe with a greater number of persons (3,27). Similarly with the women subgroup, no Romany ethnic respondent used sterile injecting equipment in the past month (needle, syringe, container or filter). The risks associated with this subgroup are multiple, for the Romany ethnic people have a risk twice as high compared with the entire sample, to share a needle or syringe at the last injection: one out of two Romany ethnic respondents had this injecting behaviour. Like the very young users group, the Romany ethnic users belong to a larger injecting group, using the same needle or syringe with an average of other four persons. At least at a declarative level, a major risk associated with the Romany ethnic people is related to the overdose, almost half of them having already experienced one

- Although at a declarative level the condom is perceived as an efficient method for preventing pregnancies and STD, the barriers regarding its use are high among the participants in the study: one out of three respondents think that condoms tear easily or that are difficult to use with someone that did not use them before, and one out of four respondents considers that condoms are only for casual relations. Almost eight out of the participants identify the pleasure reduction as an important barrier for condom use. The behavioural change models show these beliefs are a strong obstacle in adopting a sexual behaviour without risks, and the programs aiming to change the sexual behaviour must explicitly address to the barriers identified by this study.

- In conclusion, for the drug users of Bucharest the condoms are accessible both in financial terms and as location. They are perceived as easy to

- So there is a significant difference between condom accessibility and syringe accessibility, with impact on the risk behaviour (unprotected sexual contact and use of unsterile needles or syringes): if, at the last sexual contact, almost one out of two respondents declare he used the condom, at the last injection only one out of four respondents used a sterile syringe or needle. However, the consistent condom use is not a usual practice among the participants: only 5% of the respondents sexually active in the past month used the condom every time.

- From the entire sample, 346 respondents declared they had sexual contact in the past month. Only 7 out of them – *representing 2%* – declared they did not share the injecting equipment and they used the condom at the last sexual contact.

- In conclusion, the knowledge about the notion of HIV/AIDS is universal among the drug users, which suggests that interventions like mass-media are an efficient way of offering information with general character about HIV/AIDS for the studies category. This knowledge is not necessarily correct. The belief that HIV/AIDS may be asymptomatic is a common perception among the drug users (one out of five respondents agreeing with this). Considering the limited access to the sterile injecting equipment and the peer pressure, this perception may lead to a risk sexual and injecting behaviour. In the same way, the incorrect information about the HIV/AIDS transmission way (like the idea that the virus may be transmitted through vectors: mosquitoes or other insects, for example – 22%) is an unmotivating factor for adopting a safe behaviour. At the same time, a great number of respondents place themselves correctly at risk of being infected with HIV/AIDS, because they share needles and syringes (73%). However, this type of information is not enough for motivating the adoption of an injecting behaviour without risks. The apparent paradox of this situation may be explained, in the first place, by the reduced access to the injecting equipment. Another explanation is however related to the history about the HIV/AIDS transmission way in Romania. Since in the past the parenteral way was the main transmission way, the population remained with a fear

regarding all medical invasive manoeuvres (the study about Reproduction health in Romania showed that, in 1999, 69,6% of the country's population considered the injections as a possible infection way). Thus, it is likely for the drug users not to consider themselves as a group at high risk of contracting HIV/AIDS, and their answer to be in accordance with this logic

Detailed presentation of the results

I. METHODOLOGY

a. Sample's design

The BSS study was designed to collect information from a representative sample of injecting drug users, beneficiaries of RHRN. The interviewees were selected from all the beneficiaries that frequented the syringe exchange centres during the study, or that were clients of the outreach activities (February - June 2004) and who declared that they had been using injecting drugs in the past month.

The desired sample size was of 500 injecting drug users, including the three active syringe exchange programs (in Bucharest) in the framework of RHRN: ALIAT, ARAS and Open Doors.

The study used a multistage sampling method. As a sampling basis was used a frame moulded on the RHRN clients' registering system. The two fixed locations for syringe exchange have been self-selected in the sample, and for the outreach activity have been aleatory selected locations that are usually used for the syringe exchange on the spot. For all the primary sampling units (PSUs), has been used a fixed time interval for the respondents' selection (one hour). The same time interval has been used for all the locations where the interviews were held. Each eligible respondent that showed up during the established time interval was included in the sample, independently of the number. This approach was possible due to the relatively low number of eligible respondents during the established time interval.

b. Data collecting

A four interview-operators team carried out the data collecting for the BSS 2004 study. They had previous experience in carrying out interviews from other studies, including the first study realised by RHRN. The field investigation was co-ordinated by an ARAS Program Manager. The operators' training was co-ordinated by Operations Research. It took place at the ARAS headquarters, right before the data collection started, and it consisted in theoretical training about the sampling proceedings and the correct questionnaire administration, followed by a discussion about the questionnaire. The latter was tested by this team, and some changes were made following the test. Also, following consulting about the questionnaire, sustained within the talking group RHRN, was introduced a section about the sexual behaviour and condom use.

The questionnaire was adapted after the handbook *Behavioural Surveillance Surveys (BSS)*² and after the questionnaire *Knowledge, attitudes and practices regarding the sexual behaviour*. The sections from the BSS questionnaire were used selectively and were adapted after testing. The section directly tied to the risks associated with the injecting drug use was enlarged, in order to include information about the overdose.

Finally, the questionnaire included the following sections:

² Family Health International and IMPACT (Implementing AIDS Prevention and Care Project) – *Guidelines for repeated behavioural surveys in populations at risk of HIV*; edited with the support of USAID and UK Department for International Development, 2000 (www.fhi.org/en/Topics/BSS.htm).

- 1) drug use;
- 2) needles and sharing the injecting equipment;
- 3) sexual behaviour and condom use;
- 4) knowledge, attitudes and opinions about HIV/AIDS;
- 5) social-demographic data.

From the 501 questionnaires applied between February and June 2004, 280 interviews took place at the ALIAT syringe exchange centre (56%), and 193 interviews (39%) were carried out with ARAS clients. Only 28 interviews, representing almost 6% out of the total, were operated at the Open Doors syringe exchange centre.

The confidentiality ensuring proceedings were strictly observed. All the participants were told that the contribution to the study is voluntary. If they choose not to participate, they would not receive any penalties from the social workers whatsoever. The confidentiality for all the participants was ensured; no respondent was asked for any identification information (as the RHRN beneficiary card, for example). The research team did not talk about the obtained data with any of the social workers. All the participants at the study were explained, in all particulars, which were the study's nature and purpose, and they were ensured that the information they gave was confidential.

II. RESPONDENTS CHARACTERISTICS

The respondents' social-demographic characteristics, as well as those of the household they live in, are a determinant-explaining factor of the drug use behaviour. In order to find out these characteristics, the study collected data about the respondent's sex, age, education level and marital status. Information about the employment status, ethnic group and religion were collected from all the participants in the study, as well.

Beside the information referring to the respondent, was also collected information about the household they belong to. The definition of the household was the "official" one; a group of people that live in the same house and that usually share expenses. Thus, every participant was asked about the type of home he lives in (house or flat), about the persons that form the household, home status (rented, personal property, etc.), number of rooms (without outhouses) as well as the types of endowments existing in the house.

a. Respondents social-demographic description

The respondents' general characteristics, depending on the location where the interview took place, age, sex, marital status, education level, social-economic status, employment and ethnic belonging are presented in the *Table VII.1* from Annexes. We have to underline the fact that all the presented results are not level-headed and they are not necessarily representative for all the injecting drug users of Bucharest. They are, however, representative for the RHRN clients.

The youngest respondent was 14 years old when the study was carried out, and the eldest was 48. The average age of the respondents was 23 years old. Half of them are youngsters with ages between 14 and 22. Analysing the distribution of the main considered characteristics of the sample, we find that the majority of the respondents are men (78%), single (63%) or living in consensual union (28%), with primary studies or without education (49%). Divorce and separation seem to be rare phenomena among the respondents, since only 2,6% of them were previously married. We find the same situation about the post high school studies, where the rate is very low, only 15 (3%) out of the total of 501 declared that they are going or went to a college or a university.

The interviewees' dominating religion is orthodox Christian: 95% of the interviewed persons declared they belong to this religious cult. A very little number of respondents declared they belong either to the Greek Catholic (four respondents), or to the Pentecostal religion (four respondents), or they do not belong to any religion (six respondents). Asked about nationality, 79% of the respondents answered they have the Romanian nationality, and the rest of 21% reported they belong to the Romany ethnic.

b. Respondents household characteristics

Similarly with the definition used in the population studies, a household was defines as the persons that live at the same address, eat together and contribute together at the household budget. A first indicator for the household description was the number of members. The table below shows the percentage distribution and the average number of persons per household, for the household the respondent belonged to at the time when the study was carried out.

Table II.1

Household size:	Total:
No of people in the household	%
1	1,8
2	6,6
3	15,1
4	19,1
5	20,5
6	15,1
7	6,8
8	4,4
9	3
10	7,4
Total	100
Average household size	5,32

As shown in the table above, more than half of the respondents' households (57%) are made of five or more persons. The household size description offers the premises for "demolishing" the myth that said "only rich people do drugs". In Romania, big households, of five or more persons, are exposed at a significantly higher poverty risk. Almost half of the poor people live in such households³, and Bucharest does not make an exception⁴. These data also concur with the social-demographic description of those who participated in the study (mostly youngsters or children); the same source (CASPIIS) mentions that „the highest levels of poverty are registered in youngsters and children”. At the same time, these data are consistent with the observations made by the RHRN social workers.

As a conclusion, the drug users that are RHRN clients belong to a double category at risk: *health risk and extreme poverty risk*. The above data cannot be extended to the entire injecting drug users population of Bucharest, because the sample we made is representative only for the RHRN clients and it is possible for them to belong to a more

³ The National Commission Against Poverty and Promotion of the Social Inclusion (CASPIIS), Romanian Government, www.caspis.ro.

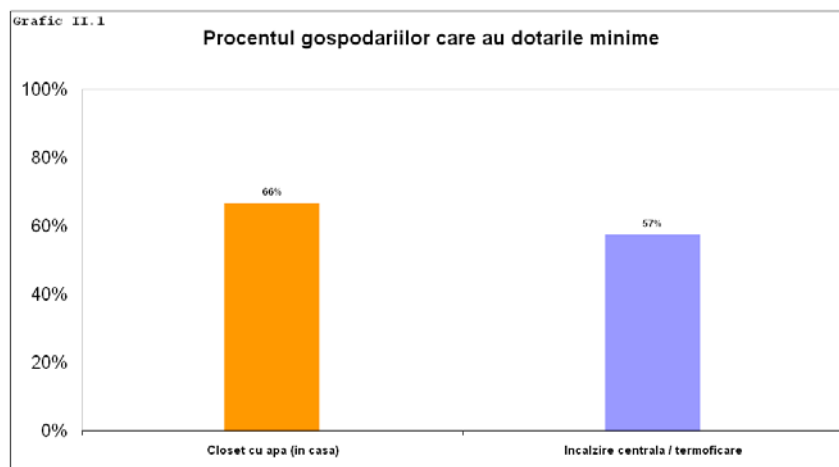
⁴ CASPIIS, Bucharest University and the National Institute of Statistics, *Poverty Map in Romania*, chapter „Poverty and severe poverty dynamics between 1995-2003” (study carried out with the World Bank support).

poor “layer” of drug users. A possible argument for this situation is the fact that only the drug users who do not have the financial means to obtain injecting equipment from the black market access the RHRN services⁵.

The households made of one or two persons (probably families formed by a childless couple) are less common among the participants in the study. A household – in their case – has an average of five members. More than half of these households (56%) have in their structure one or two members whose age is under 15.

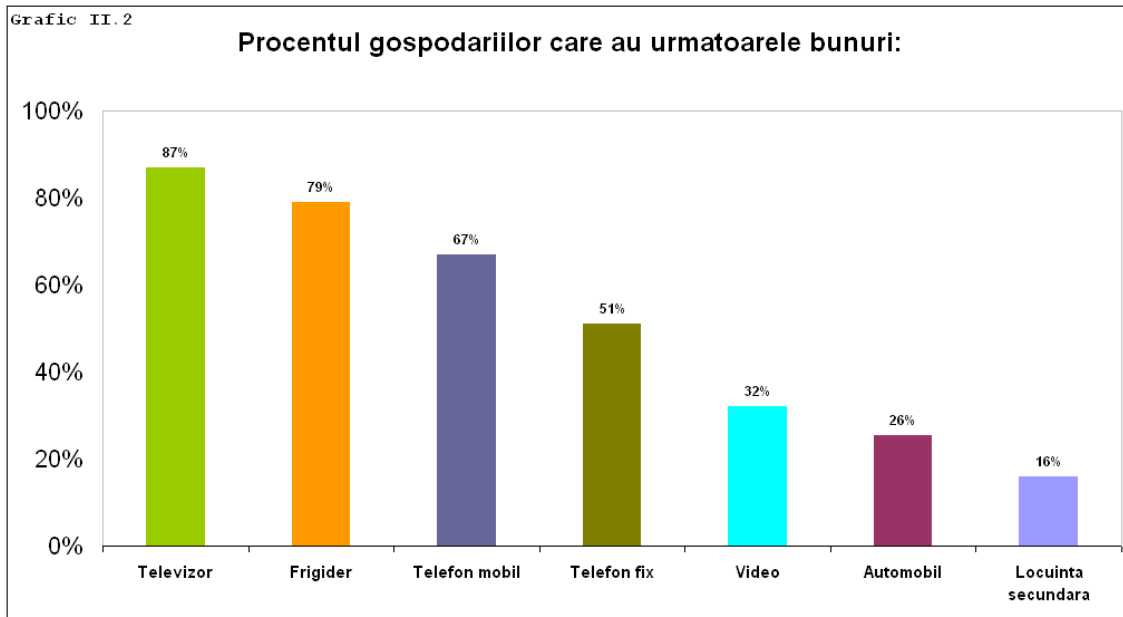
Another indicator used in this study for assessing the participants’ social-economic description is the information about the household endowments (water toilet inside the house, central heating) as well as the household goods (refrigerator, TV set, automobile, VCR, fixed phone, mobile phone, mansion/secondary residence). The respondents saw this list and were asked to answer with “yes” or “no”. Furthermore, each respondent gave information about the number of rooms (in order to reckon the living density), about the house status (personal property, state property, parents’ property, etc.) as well as about the house type (house with courtyard, flat in a block). This data – together with the demographic ones – were put in the questionnaire because, by the time the study was carried out, there were no systematic social-demographic description of the drug users from Romania. Without being representative for all the drug users of Bucharest, (considering the way the sample was created, the data is representative only for the drug users – RHRN clients) these data offer however a first description of an important subgroup of the drug users of Bucharest.

Graph II.1 shows the percentage of respondents that live in households with basic endowments. On an average, more than half of the respondents live in households endowed with water-toilet and central heating.



As shown in *Graph II.2*, the TV set is the most widespread of the long-term use goods, in the households the participants in the study live in. The majority of the respondents (79%) also have in their household a refrigerator; the mobile phone is relatively widespread among the respondents, 67% of them mentioning that, in their household there is at least one mobile phone. The data for all types of goods are presented in the graph below:

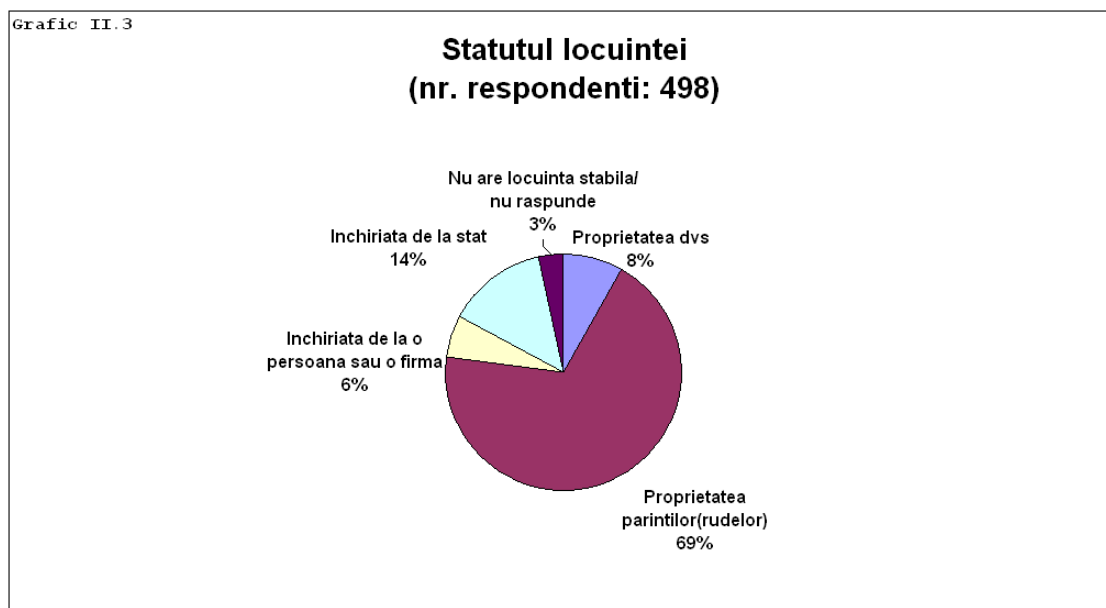
⁵ However, this is only a hypothesis and has to be tested in subsequent researches.



All these goods (plus the household endowments) were summed in order to create a classification of the household social-economic status. Equal values (1) were given for the possession of each good. Each respondent was given a score from 0 (if the household did not have any of the mentioned goods) to 9 (if the household had all the mentioned goods). The respondent with a score ranging from 0 to 3 were considered as having a low social-economic status; the ones with a score ranging from 4 to 6 were considered as having a medium social-economic status, and those with a score above 7 were considered as having a high social-economic status.

According to this reckon, more than one out of three respondents (178 participants in the study) live in households with low social-economic status, 171 – in households with medium social-economic status, and 151 users declared in their household there are more than 7 goods or endowments.

The household type and type are an important indicator for respondents' welfare⁶. The data about the house status are shown in *Graph II.3*:



⁶ These data area at a declarative level.

The majority of respondents (69%) live in a house that is property of their parents or relatives. It is significant the fact that no less than 17 respondents (3%) do not have a permanent house. In what concerns the household type, almost half of the respondents (46%) mentioned the house they live in is a house with courtyard.

In conclusion, the social-demographic data show a specific profile of the drug users – RHRN clients. They are youngsters, mostly single men, Romanian or Romany ethnic, most of them living in households formed of five or more persons, at high risk of poverty; one household out of three does not have the minimal necessary endowments (water-toilet inside the house, refrigerator, etc.).

III. DRUG USE

Trying to describe and understand the causes for the drugs users' risk behaviours, as well as the way for changing it, a first step consists in describing the *used drugs type and their consumption length*. In order to obtain the consumption models information, the questionnaire included a series of questions about the type of drugs they consume, the consumption length and information about the administration way and frequency.

Describing the drug consumption models is also necessary for offering an estimation of the drug consumption dynamics in Bucharest. When did start the drug consumption in Bucharest? Is the number of injecting drug users increasing? Which is the critical age, the one when is most likely for the injecting to start? We may answer these questions by finding out when did they start to use drugs and when did they start their intravenous administration?

a. Used substances types

The first question for the participants in the study was about the used substances types. Each respondent was asked about the drug types he had used in the past month. As expected, all respondents named heroine as the most used drug in the mentioned period. It is followed, a long way off, by marijuana (7,2%) and cocaine (2,2%). Almost 10% of the respondents also mentioned they took medicines (gluthetimide, codeine, tranquilizers, sedatives etc.).

b. Injecting debut, average length and frequency

The average use length, reckoned for the 501 drug users of the sample, is of 4,23 years (51months). The average use length is higher among the ALIAT-client respondents (4,96 years or 60 months), among men (4,5 years or 54 months) with high social-economic status (4,72 years or 57 months). As it was expected, the average use length increases with the respondent's age, from 2,62 years (or 31 months), for the age group 14-18, to 6,29 years or 75 months, for the respondents that are 27 years old or more.

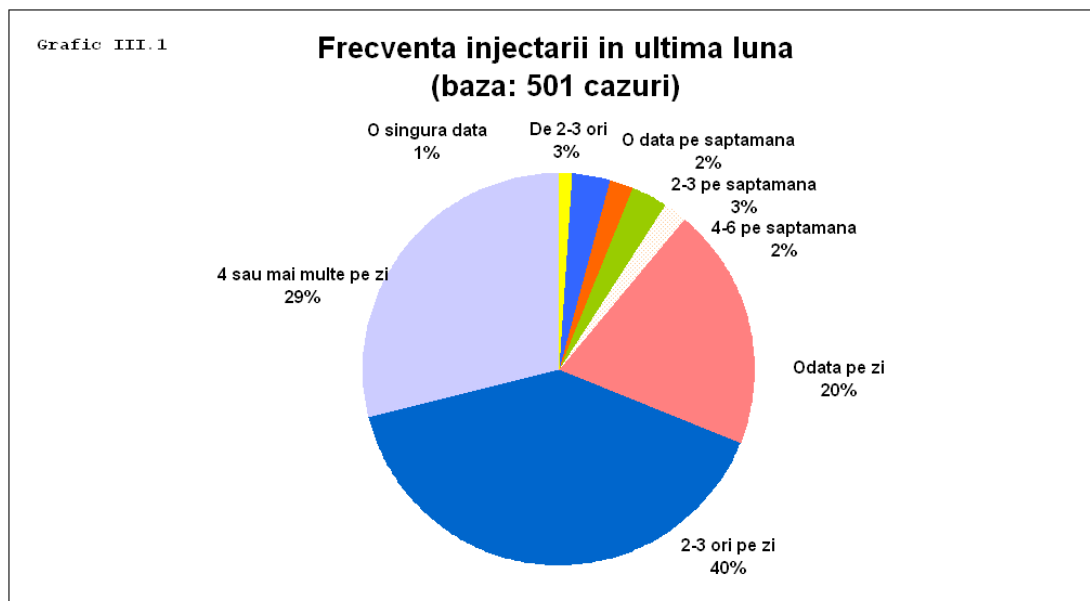
Each respondent was asked about his age at the first injection's moment, as well as about his own injecting history⁷. The information about the injecting pattern (debut and frequency) is crucial for estimating the ratio of drug users at risk that, as a consequence,

⁷ One of the respondents' eligibility criteria was the use of injecting drugs the month before the study started. This is why 100% of the sample is made of people that passed from experiencing to intravenous administration. This does not mean there is a causal relation between experiencing and intravenous administration.

need associated risk reduction services. *The average injecting length, reckoned for the entire sample, is of 3,14 years or 38 months; the period between the drug use debut and the intravenous administration debut is approximately of one year (13 months) for the entire sample.* The average age at the first intravenous administration is, for the entire sample, of 19,5 years. The global average age (the age at which 50% of the respondents started injecting) is of 19 years. The age distribution of the average number of months from the first injection shows that the "window" formed by the time period from the consumption debut till the injecting administration decreases with the age; thus, the youngsters with ages between 14-18 started to use injecting drugs approximately six months after they started to do drugs, twice as early as the entire sample average. This period increases to almost two years for the respondent aged 27 and more.

The data suggest a difference also between the sexes, in what concerns the "window" formed by the time period from the consumption debut till the injecting administration. Women, compared with men, tend to pass faster from the drug use debut to the intravenous administration: if, in men, the "window" is around an average of 14 months, (above the sample average) in the women included in the study this period decreases to 11 months. It also decreases with the social-economic status (SES): if, for the high SES respondents, the "window" from the consumption debut until the injecting administration is of 15 months, for the low SES respondents it is two months under the sample average. At the same time, the persons who declared to be employed are more likely to postpone the intravenous drug administration (18 months), compared with the ones who declared to be unemployed (7 months). Also, the Romany ethnic people started the intravenous administration one year after the drug use debut, compared with the Romanians, for whom this period increases at 18 months.

Furthermore, each respondent was asked about the injecting frequency. The graph below shows that almost 90% of the respondents declared they inject themselves daily. One out of five respondents injects himself one a day, 40% do it 2-3 times a day, and no less than 29% inject themselves four or more times a day.



The respondents⁸ who declared they inject themselves four or more times a day are, in great majority, ALIAT clients (70%), with ages between 23-24 years (25%) or over 27

⁸ The data are not presented.

years old (26%), men (88%), single (49%), with primary studies /without education (49%), but also with complete secondary studies (33%), unemployed (70%) and Romanian ethnic (71%).

The data regarding the injecting frequency may be used to reckon two important indicators: 1) the value of the drug market in Bucharest, as well as 2) the necessary number of syringes for correct injecting. The rapid evaluation of the situation, carried out in 2003 by UNAIDS together with the National Agency against Drugs⁹, estimates a number of 25.000 injecting drug users in Bucharest. Extending the data from our sample regarding the injecting frequency, to all the users of Bucharest, we obtain a number of 1,8 million injections per month or 21,6 millions injections per year. „The drug market” may be reckoned multiplying the number of doses/injections with a doses’ price (approximately 250.000 lei/8 USD). Thus, the „drug market” of Bucharest is estimated at approximately 173 millions USD annually. Obviously, these data are only estimations, and they rely on extensions and work hypotheses.

In conclusion, the data obtained through this study confirms the fact that heroin is, by far, the most widespread drug; the data also show that other types of drugs (like cannabis, cocaine or medicines) are used by the respondents. Registering an average use of about four years, the respondents place the drug use debut around the year 2000, half of them injecting themselves for the first time at the age of 19, and one out of three users injecting himself more than four times a day. Over the major rend of drug use debut age decrease it overlapses that of shortening of the “window” between experiencing the drug use and the intravenous administration; this interval decreased from about two years to six months. The above mentioned data suggest the opportunity of including in the consumption prevention programs information about the risks associated with intravenous drug administration.

IV. THE INJECTING EQUIPMENT

One of the most important objectives of the BSS 2004 study was to estimate the risk behaviours’ actual levels and trends, on one hand, and to identify the factors that might influence these behaviours, on the other hand. The results of this chapter are extremely important for the programs aimed for the drug users, because it offers a first quantitative estimation of the shared injecting behaviours, based on a probabilistic sample.

The data obtained from the social workers, as well as the first RHRN qualitative study regarding the risk behaviours suggested that the injecting equipment sharing is a widespread practice among the injecting drug users from Romania. The causes of this practice are both structural (access, supplementary risks, etc.) and individual (group rules, lack of information, etc.). The majority of programs (not only those of syringe exchange) are oriented firstly on changing the risk behaviour. However, there are very few efforts of monitoring systematically a behavioural change in time. The data presented in this chapter represent a very important completion of the existing knowledge, underlining the importance of using the researches about the risk behaviour in order to inform and explain the existing trends regarding the HIV prevalence and incidence among the injecting drug users of Bucharest. Furthermore, this chapter explores other risks associated with the injecting drug use, such as the overdose, and other behavioural types meant to reduce the risk (as washing the injecting equipment, for example).

a. Use of non sterile needles and syringes:

⁹ UNAIDS Romania and the National Agency against Drugs (ANA), *Rapid evaluation regarding the Bucharest heroin users*, 2003.

Re-use and shared use at the last injection

The textbooks that describe the risks associated with the injecting drug use recommend the consumers, in the first place, to give up the intravenous drug administration. If it is not possible, the most important recommendation is *to use a sterile syringe at every injection*. If this is also impossible, the recommendation is for the syringe to be (re)used only by the person that injects himself drugs. For each of these behaviours there is the risk of getting infected with HIV/AIDS or with hepatitis C virus. The data presentation logic in this chapter subscribes to these recommendations and analyzes the injecting behaviour on two dimensions: *using of sterile equipment* and the *consistency in time* of this behavioural type.

Thus, the chapter describes the incidence of two risk behaviour types: using a *needle or syringe together with someone else* (using a syringe that had been used by somebody or share use), and *re-use* (using an unsterile syringe that had been used only by the respondent)¹⁰. It is also described (by summing up the two risk situation types) the incidence of using *unsterile injecting equipment*. In order to estimate the consistency in time of the injecting equipment, the data are presented both for the last injection and for the past month injections. The data about shared use at the last injection are shown in *Table IV.a.1*.

How many of the respondents used unsterile needles or syringes *at the last injection*? No less than 362 drug users, from the total of 501 participants in the study (representing 72,5% from the total sample), mentioned that, at the last injection, used an unsterile needle or syringe.

Using, at the last injection, an unsterile needle or syringe, differs significantly with the analyzed characteristics. Thus, there is a statistically significant relation between the respondent's sex and the unsterile needle or syringe use (at the last injection): 83% of the female respondents used an unsterile needle or syringe at the last injection compared with 70% of men. These data suggest there are different group rules for men and women using injecting drugs, as women are more vulnerable than men.

There is no significant relation between using an unsterile needle or syringe and the interview location, age, marital status, education or SES. However, there is a statistically significant relation between employment and the injecting equipment re-use: the unemployed persons (76%) are more likely to share the injecting equipment, compared with the employed persons (57%). Also, it is more likely for the Romany ethnic persons (84%) to use unsterile needles or syringes at the last injection, compared with the Romanian persons (70%).

All those who declared that used unsterile syringes or needles at the last injection were asked if they had been used only by the respondent (re-use) or also by someone else (shared use). *Half of the participants in the study declared that the syringe had been used only by them*, a significant relation being reckoned between the interview location SES and the percentage of respondents who declared that, at the last injection, the syringe had been reused. Thus, it is more likely for ARAS client respondents (63%) and for those with a low SES (57%) to declare that the syringe had been used only by them, compared with Open Doors client respondents (only 10 cases) and with those having a high SES (36%).

All the participants in the study were also asked if the syringe had been used by someone else as well. *One out of four respondents declared that, at the last injection, the syringe or needle had been used by someone else, too*. A significantly strong relation was reckoned between the ethnical group and the shared use: 44% of the Romany ethnic respondents declared that the needle or syringe had been shared, compared with only 19% of the Romanian respondents. Also, the respondents with a high SES tend more to

¹⁰ All along this report, for describing the injecting behaviour, the following terms will be used: „shared use“ (for those cases when the syringe or needle were also used by someone else) and „re-use“ (for those cases when the syringe or needle were used by the respondent only). In order to describe any of these types of behaviours, the expression „use of unsterile needle or syringe“.

declare that they shared the needle or syringe at the last injection (29%), compared with the low SES respondents (21%).

Table IV.a.1

Percentage of respondents who declared that, at the last injection, the needle or syringe, had been used before

	Total (used by the respondent or by someone else)		Only by the respondent		Also by someone else	
	%	n	%	n	%	n
Interview location:						
Open Doors	(89,3)	25	-*	10	(53,6)*	15
ARAS	83,4	161	63,2	122	20,2	39
ALIAT	63,2	177	38,6	108	24,6	69
Age:						
14-18	65,5	38	(41,4)	24	-	14
19-20	71,6	68	48,4	46	(23,2)	22
21-22	77,4	82	53,8	57	(23,6)	25
23-24	72,6	77	49,1	52	(23,6)	25
25-26	78,8	52	48,5	32	(30,3)	20
27+	66,2	43	(41,5)	27	(24,6)	16
Sex:						
Male	69,8*	273	45,3	177	24,6	96
Female	82,6	90	57,8	63	(24,8)	27
Marital status:						
Married	(68,6)	24	(57,1)	20	-	4
Consensual union	74,3	104	43,6	61	30,7	43
Previously married	-	9	-	4	-	5
Single	72,2	226	49,5	155	22,7	71
Education level:						
Primary studies/without education	73,6	181	48,0	118	25,6	63
Incomplete secondary studies	71,6	58	39,5	32	(32,1)	26
Complete secondary studies	71,3	112	52,2	82	19,1	30
Post-secondary studies	-	11	-	7	-	4
Social-economic status:						
Low	78,1	139	56,7*	101	21,3*	38
Medium	73,1	125	49,1	84	24,0	41
High	65,1	99	36,2	55	28,9	44
Employment:						
Employed	57,0*	53	41,9	39	-	14
Unemployed	75,6	301	49,2	196	26,4	105
Ethnic belonging:						
Romanian	69,4*	275	50,0	198	19,4*	77
Romany/mixed	83,5	86	39,8	41	43,7	45
Total:	72,5	362	47,9	240	24,6	123

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

For reducing the risks associated with injecting drug use, it is important, *at every injection*, to use sterile equipment. In order to see in what measure the respondents consistently use sterile needles or syringes, they were also asked if they shared or re-used needles or syringes *during the past months*. The data are presented in *Table IV.a.2* (see. *infra*). From the total of 501 participants in the study, only 43 respondents (8,6%) declared that, in the past month, they used sterile syringes or needles at every injection. More than half of the participants (52%) found themselves in both situations during the past month (that is they re-used the syringe or needle, but they also shared them sometimes).

From the entire sample, 88% declared that they re-used the needle or syringe in the past month. The Open Doors and ARAS client respondents (96,4%, respectively 96,3%) tend more to declare that they re-used the needle or syringe in the past month than ALIAT client respondents (83%). A significant relation was reckoned between re-using the needle or syringe in the past month and the respondent's sex: almost all women from the sample (97%) declared they re-used the needle or syringe in the past month, compared with 86% of men. Also, the respondents who declared to be unemployed were more likely to declare they also re-used the needle or syringe in the past month (90%), compared with those respondents who declared they are employed (80%).

When asked if they shared the syringe or needle in the past month, more than half of the sample (55%) declared this. Significant differences were reckoned only between the interview location and employment, the proportion of those who shared the syringe or needle in the past month being higher at the Open Doors client respondents (61%) and at the unemployed (59%).

All the respondents were also asked about the frequency of shared use of the syringe or needle in the past month. Only 5 respondents (1% of the entire sample) mentioned they "always" shared the syringe or needle in the past month. Almost 10 times more (47, representing 9% from the total of respondents) mentioned they shared the syringe or needle in the past month with someone else „most of the times". Approximately the same number of respondents (50, that is 10% of the sample) declared that in half of the past month's injections, they used a needle or syringe that had been used by someone else.

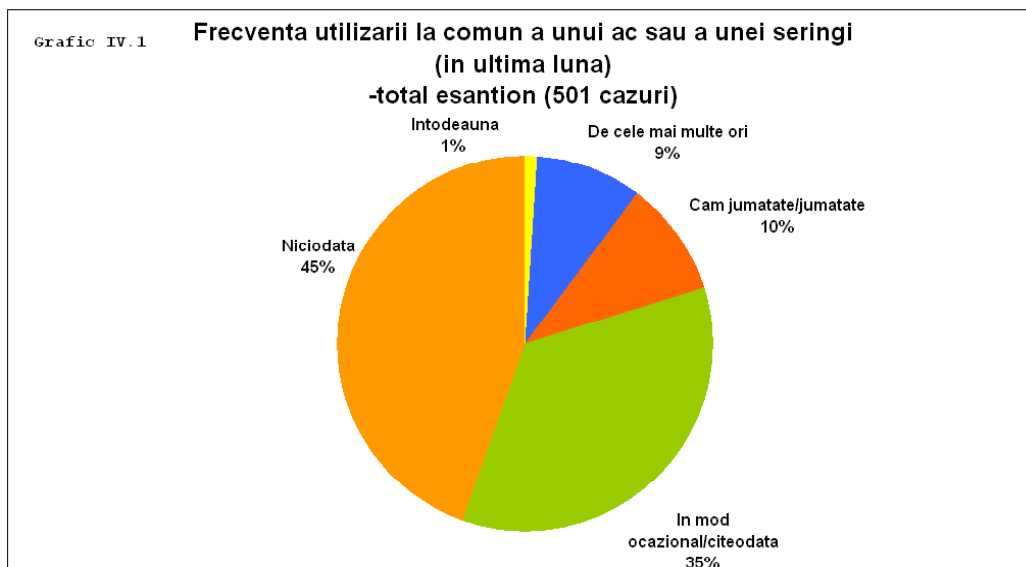


Table IV.a.2

Percentage of respondents who declared that, in the past month, used an unsterile needle or syringe

	Total (used by the respondent or by someone else)		Only by the respondent		Also by someone else	
	%	n	%	n	%	n
Interview location:						
Open Doors	(100,0)**	28	(96,4)*	27	(60,7)*	17
ARAS	96,9	187	94,3	182	62,2	120
ALIAT	86,8	243	82,9	232	50,0	140
Age:						
14-18	87,9**	51	84,5	49	(48,3)	28
19-20	91,6	87	86,3	82	63,2	60
21-22	95,3	101	93,4	99	61,3	65
23-24	92,5	98	88,7	94	55,7	59
25-26	97,0	64	90,9	60	54,5	36
27+	80,0	52	80,0	52	(38,5)	25
Sex:						
Male	90,0*	352	85,7*	335	55,0	215
Female	97,2	106	97,2	106	56,9	62
Marital status:						
Married	85,7	30	(82,9)	29	(45,7)	16
Consensual union	90,7	127	87,1	122	52,1	73
Previously married	(100,0)	13	-	12	-	8
Single	92,0	288	88,8	278	57,5	180
Education level:						
Primary studies/without education	94,7*	233	90,7	223	61,4	151
Incomplete secondary studies	85,2	69	84,0	68	54,3	44
Complete secondary studies	90,4	142	86,6	136	49,0	77
Post-secondary studies	(86,7)	13	-	13	-	5
Social-economic status:						
Low	97,2	173	93,8	167	63,5	113
Medium	90,1	154	86,0	147	50,3	86
High	86,2	131	83,6	127	51,3	78
Employment:						
Employed	81,7**		79,6*	74	37,6**	35
Unemployed	93,5		89,7	357	(58,8)	23
Ethnic belonging:						
Romanian	90,7	359	87,1	345	54,8	217
Romany/mixed	94,2	97	91,3	94	56,3	58
Total:	91,4	458	88,0	441	55,3	277

*p<.05

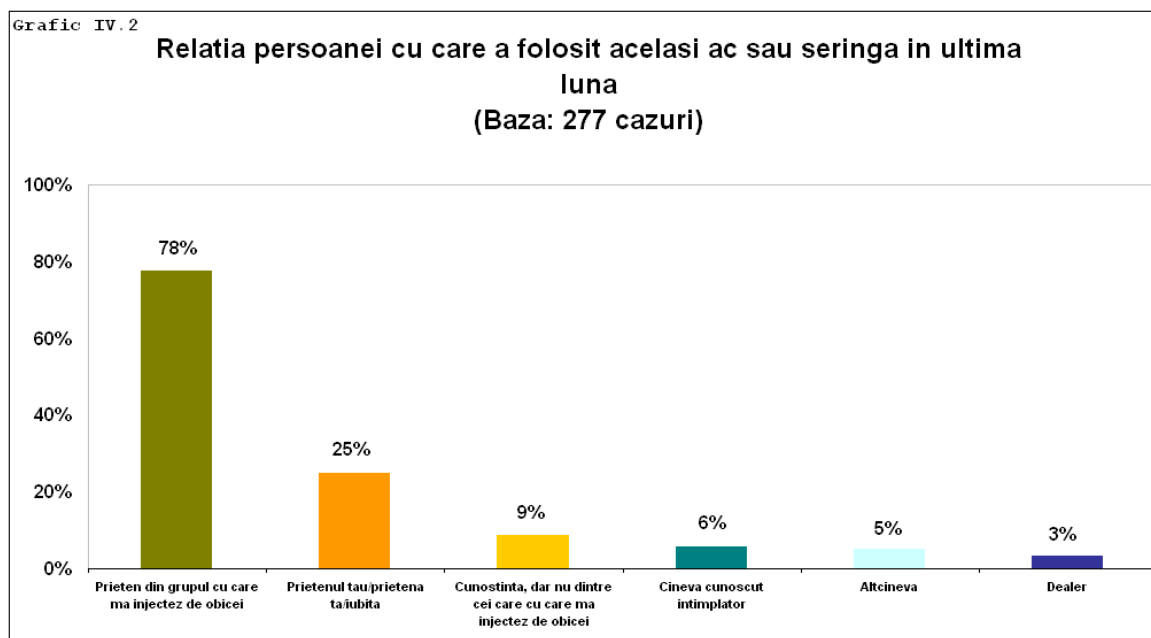
The percentages between parentheses were calculated using less than 30 cases.

In conclusion, the data show that the use of unsterile syringes or needles is a behaviour almost generalized among the RHRN clients; if, at the last injection, 73% of the participants used an unsterile syringe or needle, this figures increases up to 91% for the past month injections. Regarding the *re-use*, the number of those who re-used a syringe (used only by themselves) increases from 48% (at the last injection) to 88% (for the past month injections).

Also for the *shared use*, the number of those who used a syringe or a needle together with someone else in the past month is double compared with the one of those who used a syringe or a needle together with someone else at the last injection (55% and 25%, respectively). The shared use is a widespread practice, 20% of the sample using unsterile equipment (in the past month) at more than a half of the injections.

b. The injecting partners

Who are the persons the respondents share the needles and syringes with? All 277 respondents (that is 55% of the total sample) who declared that, in the past month shared a syringe or a needle were also asked about their relationship with the person with whom they shared the syringe or needle. The data for the 277 respondents are presented below:

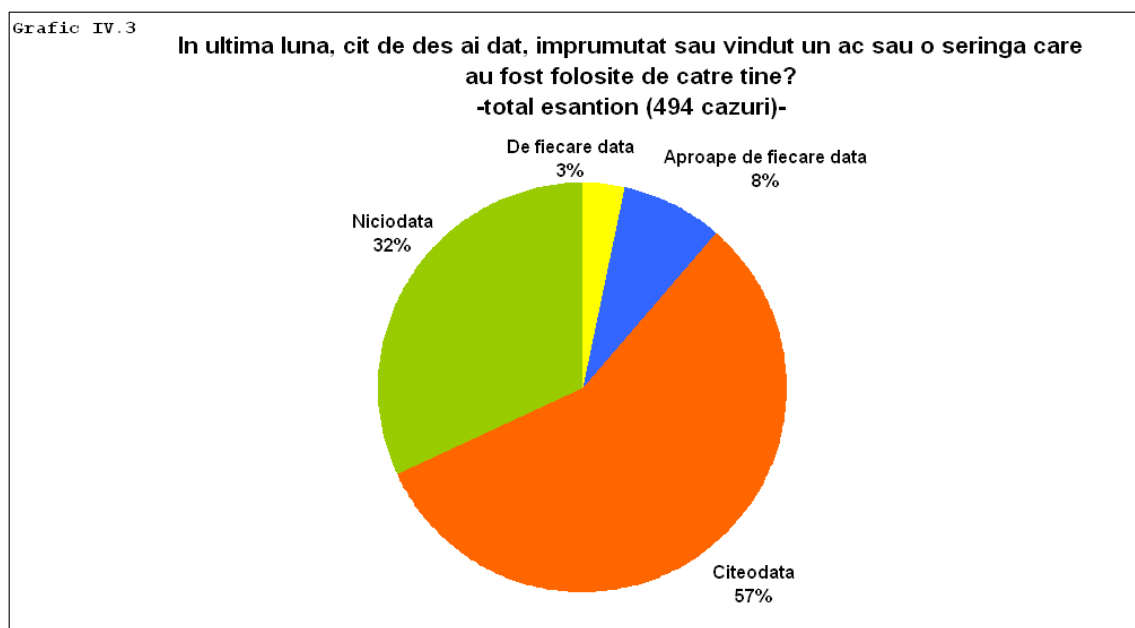


The obtained data suggest a strong group rule in what concerns the syringe and needle sharing inside the same group, as well as the tendency of sharing them with the sexual partner. The latter is the person with whom it is most likely for the participants in the study to share the injecting equipment. Thus, the majority of respondents (78%) who said they shared the needle or syringe in the past month also mentioned that the other person was a friend from the group he usually injects with. Other persons with whom the respondents shared the same needle or syringe are the boyfriend or girlfriend (25%). A significantly reduced number of participants mentioned they shared in the past month the needle or syringe with somebody they knew, but not with a person from the group they usually inject with (9%), with a casual acquaintance (5,8%) or with the dealer (3,2%).

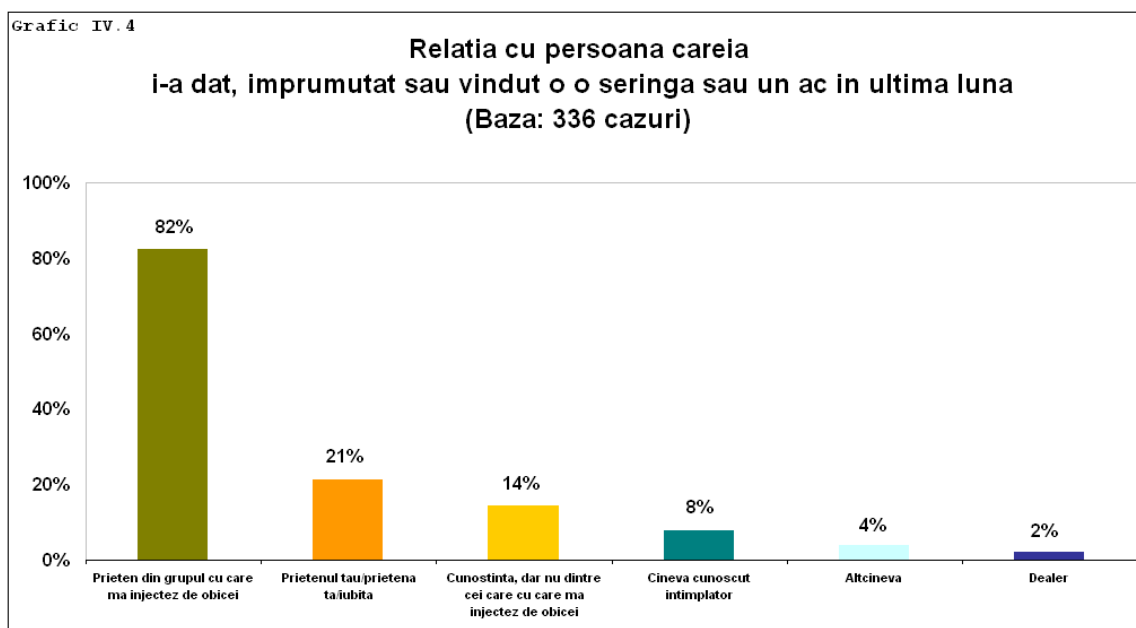
All the respondents who said they shared the needle or the syringe in the past month were also asked with how many different persons they shared this injecting equipment. The respondents shared the needle or the syringe in the past month with an average of 2,57 persons. The average number of persons with whom the respondents shared the needle or the syringe is higher than the sample average among the age group 14-18 years (3,21) and the Romany ethnic group (3,57). The data are presented in detail in *Table VII.3* from the Annexes.

In order to have a complete image on the risk behaviour of the injecting drug users that participated in the study, they were also asked if, in the past month, they gave, lent or sold any needle or syringe they had already used. From the entire sample, 67% of the respondents declared that they gave, lent or sold any needle or syringe they had already used in the past month, to an average of 2,89 different persons. The only significant relation was reckoned by age, the respondents aged 19-20 (79%) being more disposed to gave a syringe they had already used, compared with the respondents of 27 years old or more (51%). The data from *Table VII.4*, presented in the Annexes, also suggest that it

is more likely for the respondents with low SES to give, lend or sell syringes (71%), compared with those with high SES (61%). The data regarding the frequency of this behavioural type were reckoned for the entire sample, as well. The information is presented below:



The majority of respondents (82,4%) who said that, in the past month, they gave, lent or sold any needle or syringe they had already used, also mentioned that the person they gave the needle or syringe was a friend from the group he usually injects with. The respondents also gave the syringe to the girlfriend or boyfriend (21,4%), to somebody they knew, but not with a person from the group they usually inject with (14,3%), to a casual acquaintance (7,7%) or to the dealer (2,1%).

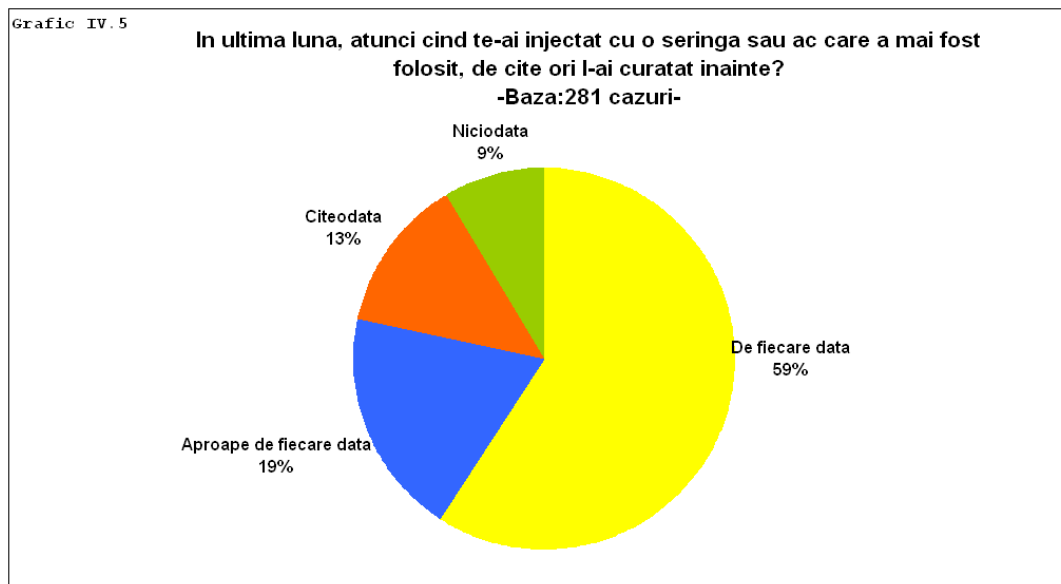


c. Other risk types associated with the injecting drug use

For the programs aimed to reduce the risks associated with the injecting drug use, it is necessary to know all types of risk behaviours (or of risk reduction), not only those of needles and syringes sharing. The qualitative research carried out by RHRN in 2002 showed up a series of risk behaviours related especially to the injecting equipment this study proposes to assess. Thus, there were introduced questions about the injecting equipment cleaning, using already prepared drugs, and sharing of preparation container, filter and water. There were also introduced questions about the overdose incidence (as major risk associated with the injecting drug use).

Cleaning unsterile needles or syringes

All the respondents that, in the past month, shared a needle or a syringe with someone else were also asked if they had cleaned the needle or syringe before. Their answers are presented below:



More than half (59%) of those who used a needle or syringe that had already been used by someone else declared they washed them before using, every time; 19% washed them „almost every time”, and 13% – only „sometimes”. The majority of the respondents washed the syringe with cold water (72%), hot water (14%), alcohol (22%). Other methods the respondents spontaneously mentioned were girding the needle in a flame or using the spittle for washing the needle or syringe (10 cases).

Preparing and sharing the drug

Other types of risk behaviours identified by qualitative research were using a dose already prepared or using the same unsterile syringe for sharing the „merchandise”. As a consequence, all the participants in the study were asked if, in the past month, they ever injected themselves with a syringe they knew that had already been lent to someone else, even if they were not on the spot. One out of ten respondents (11%) mentioned

that he used an already prepared dose, the ALIAT client respondents and those with a high social economic status being more likely to say this (19,6% and 19,1%, respectively). When they were asked if, in the past month, they injected themselves with a syringe in which someone else had put the prepared merchandise, directly from his used syringe, almost two out of ten respondents (19%) mentioned this. There were not reckoned significant differences for none of the analysed variables.

Container, filter or water sharing

Another risk behaviour is sharing the preparation container, filter or water. The research results show that sharing this injecting equipment is widespread: 90% of all the respondents mentioned they shared these pieces of the injecting equipment in the past month. A significant relation was reckoned between the re-use of this equipment and the interview location: the ARAS client respondents (95%) are more likely to share this equipment, compared with the Open Doors (79%) and ALIAT clients (88%). Also, the probability of sharing this equipment decreases with the respondent's SES increase: the ones with low SES (94%) are more inclined to share the injecting equipment, compared with those with medium or high SES (92% and 84%, respectively).

One of the practices widespread among the injecting drug users is the use of the same container. This is why each respondent was asked specifically about the frequency of this practice. It has been currently used (every time or almost every time) by 66% of the respondents in the past month. Only 10% did not use it in the past month.

The overdose

A last risk associated with the injecting drug use, described in this research, is the one referring at the overdose. All the participants in the study were asked if they heard of the overdose, if they knew someone that took an overdose and finally if they took an overdose themselves. Almost all respondents heard of the overdose, without any difference between the studied characteristics.

89% of the sample answered that they knew someone that took an overdose. There were practically no differences depending on the selected characteristics. Each subgroup had values that were close to the value of the entire sample.

Asked if they ever experienced an overdose, 33% of the respondents answered affirmatively. The answers at this question vary with the age group: the more the respondent is aged, it is more likely for him to have experienced an overdose. There is also a significantly strong relation between the ethnic group and the overdose experience: almost half of the Romany ethnic respondents (49%) lived the overdose experience, compared with the Romanian ethnic respondents (29%).

d. Injecting without risks

The sharing of no matter which piece from the injecting equipment is considered, in the specialised literature, behaviour at risk for contracting the HIV or the hepatitis C virus. The main question that every *baseline* study must answer is: what percentage of drug users inject themselves without risks? The answer to the question is useful for the program managers, in the first place for establishing the performance indicators for the

programs aimed to reduce the risks associate with the injecting drug use.

In order to have an answer to this question it was reckoned the percentage of respondents that, in the past month, injected without risks. (that is they used a sterile needle or syringe every time, they did not shared the container, filter or water with someone else, and they also did not used an already filled in syringe). Every respondent who found himself at least once in the past month in one of these situations was considered to be at risk. After summing up these types of risks, the data show that, from the entire sample, only 12 respondents (that is 2,4% of the sample) injected in the past month without sharing any piece of the injecting equipment.

Who are they? In their majority they are men (11 out of the 12 respondents) with medium (five respondents) or high SES (seven respondents). All of them are Romanian ethnic.

In conclusion, the data show that practically all the drug users from the sample (97,6%) shared at least one of the injecting pieces. The risks associated with the injecting drug use are found both in using unsterile needles or syringes (91% of the entire sample used unsterile needles or syringes in the past month), and in sharing the filter, water or container (90% of the entire sample).

There is a strong rule regarding group injecting, each respondent being a part of an injecting group. The injecting group size (the group with whom the respondent shares the same needle or syringe) is made from approximately four persons (the respondent included).

This type of results is important for the risk reduction programs. Thus, having the following information about the drug users:

- their estimated number: 25.000 (source: Rapid evaluation 2003, UNAIDS/ANA, see. note 10),
 - knowing the fact that the injecting groups are relatively stable and closed (source: *RHRN qualitative research*¹¹),
 - and the average size of a group in of 4 persons (source *BSS 2004*),
- we can estimate there are approximately 6.000 injecting groups in Bucharest.

These groups are weakly tight between them, regarding the injecting equipment sharing. Approximately 15% of the respondents (or, at the level of the entire population, members of over 900 injecting groups) shared in the past month a needle or a syringe with someone who did not belong to his usual group.

The data also suggest the existence, among the injecting drug users, of high risk subgroups: women, very young users (14-18 years old), as well as the Romany ethnic population. For the risk reduction programs is important the fact that every one of these subgroups was identified with characteristic risks and needing specific interventions. No woman participant used sterile injecting equipment in the past month (needle, syringe, container or filter). Thus, the women are more likely to use an unsterile needle or syringe at the last injection (82,6%) or in the past month (97%); one of the possible explanations may be women's depending on their sexual partner (who also belongs to the injecting group) in what concerns obtaining the substance and the injecting equipment.

An important risk of the very young users consists in passing very fast (six month) from experiencing drugs to their intravenous administration; also, the very young users belong to a larger injecting group (five persons), sharing thus the needle or syringe with a greater number of persons (3,27).

Similarly with the women subgroup, no Romany ethnic respondent used sterile injecting equipment in the past month (needle, syringe, container or filter). The risks associated with this subgroup are multiple, for the Romany ethnic people have a risk twice as higher compared with the entire sample, to share a needle or syringe at the last injection: one out of two Romany ethnic respondents had this injecting behaviour. Like the very young users group, the Romany ethnic users belong to a larger injecting group,

¹¹ RHRN and Operations Research, *Assessing HIV infection risks by injecting behaviours among drug users (with UNICEF support)*, May 2004.

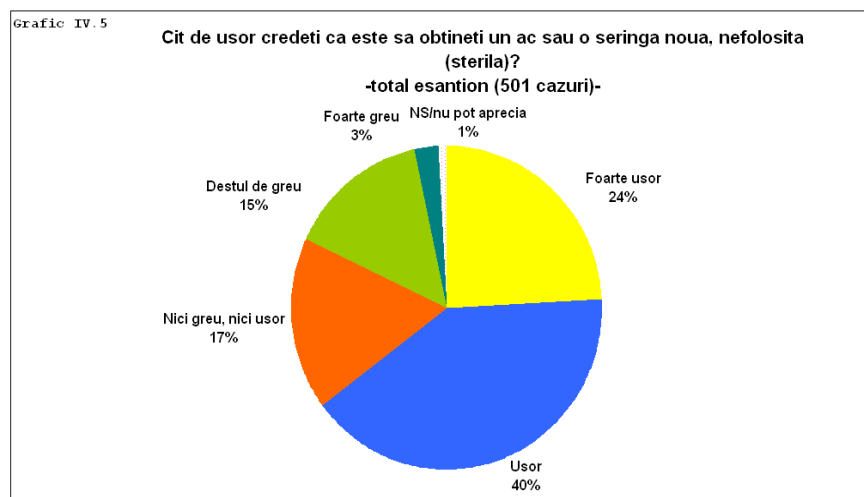
using the same needle or syringe with an average of other four persons. At least at a declarative level, a major risk associated with the Romany ethnic people is related to the overdose, almost half of them having already experienced one¹².

e. Sterile syringe access

One of the factors that influence the risk behaviour is the access to sterile injecting equipment. It is unrealistic to expect the drug users to change their behaviour if the access to the injecting equipment is limited or if they have gaps regarding the information about the places where they may get it.

Thus, every respondent was asked to say if he has access to a new syringe every time he needs. They also had to ask questions about the location where to find new unused syringes. Almost 70% of the respondents declared they can obtain a new syringe every time they need. There is a significant relation between the interview location and the syringe access: it is more likely for the ARAS client respondents (88%) to declare that they have access to syringes every time they need, compared with the Open Doors (64%) or ALIAT clients (57%)¹³. Also, a strong statistically significant relation was reckoned between syringe access and SES: the more the SES increases, the more the syringe access decreases: only 63% of the high SES respondents declared they have access to new syringes, compared with 83% of the low SES respondents. This thing suggests, as well as the data obtained from the qualitative research, that the barriers to the sterile injecting equipment are also structural. However, a multivariate statistic analysis¹⁴ is necessary for trying more in depth explanations.

Each respondent was also asked to estimate how hard it is for him to obtain a new unused syringe or needle. The data are shown below:



¹² Although in the questionnaire there were questions about the overdose, the correctness of the information offered by the participants was not tested; there were not test questions regarding the correct diagnosis of the overdose. It is possible for the respondents to associate any state of consciousness loss with the overdose.

¹³ These figures may not be considered as an assessment of the various syringe exchange programs (SEP) efficiency, because the syringe obtain sources include SEP, but are not limited to it.

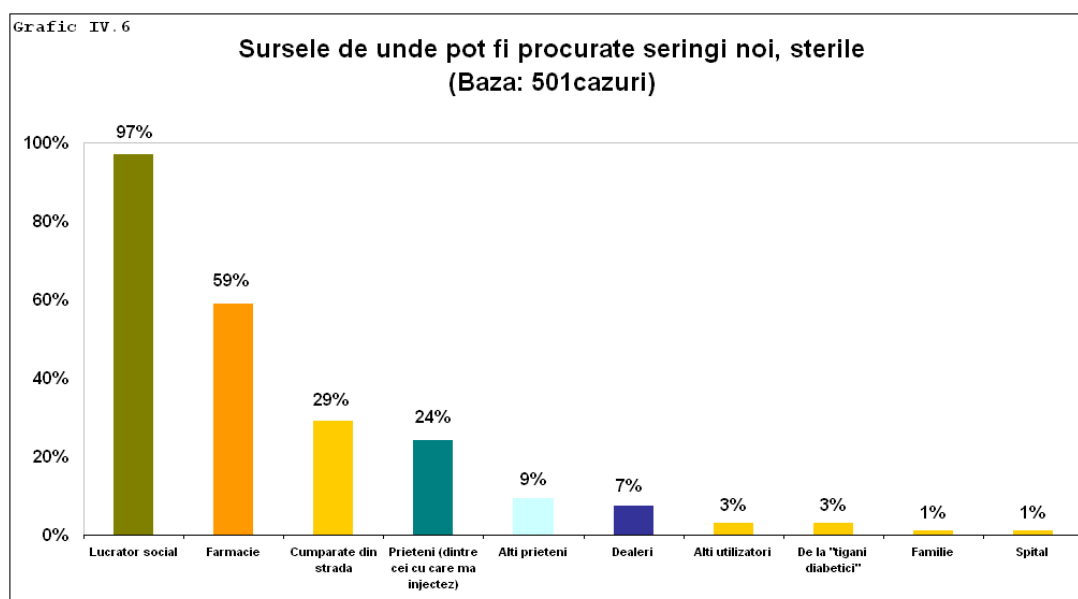
¹⁴ This study does not include a multivariate analysis.

Although 64% of the entire sample consider that obtain a new unused syringe is easy or very easy, the *Table IV.a.1* shows that the great majority of the respondents use unsterile syringes or needles. There are more possible explanations for this apparently paradox situation. First of all, because all the participants in the study are part of a syringe exchange program, this thing may influence their perception on the syringe and needles accessibility; it is also possible for the respondents to consider this answer desirable (waited for by the social worker who carried out the interview). Secondly, the studies regarding the syringes availability in pharmacies show the fact that insulin syringe access is dramatically restricted, but other syringe types are however available. An alternative explanation for the high percentage of respondents that used unsterile needles or syringes (in the month before the study) may be related to the group rules regarding injecting: the qualitative data shown that, within a users group, there were a peer pressure regarding the needle and syringe sharing.

From the 177 respondents that mentioned for them it is not hard, nor easy/quite hard or very hard, the reasons they mentioned most often (60%) were related to the pharmacies. Thus, in the frequency order, the reasons the respondents invoked were:

- „pharmacies do not sell /the one with non-stop program do not sell” (60%);
- „I do not always have money to buy a new one/the street syringes are expensive” (10%);
- „the exchange centres are too far/ they do not open at night” (10%);
- „you cannot carry a syringe because of the Police” (10%);
- „I cannot wait to obtain a new one” (10%).

The syringe obtaining sources are also an information type very useful for the managers of drug users programs. In order to obtain this type of information, each respondent was asked to spontaneously mention a place where he can usually obtain new unused syringes¹⁵. Almost all the persons from the sample could mention a syringe obtaining source, independently of the studied characteristics. As it was expected, almost the entire sample mentioned that a constant regulated syringe obtaining source were the RHRN centres. More than half of the respondents (59%) mentioned “the friends they usually inject with” as an obtaining source. Other sources for obtaining new sterile syringes were other users (3%), “diabetic gypsies” (3%), the family or the hospital (1% each).



¹⁵ Independently of the syringe type.

f. Services access

In Romania, most types of services for drug users – including counselling services – are offered by physicians. They received a restricted education about giving the necessary services in the case of drug use. Until now there is no systematic and rigorous assessment of the services offered to the drug users. Specifically, this study measured the types of services the participants in the study accessed.

In this research the term “services” is understood in a wide way, as any kind of help received because the respondent is an injecting drug user. Excepting the syringe exchange, very few respondents mentioned to be beneficiaries of any type of service. Thus, only 12 respondents specified they received counselling services and only 4 – that they ever participated at a support group meeting. Only 17 respondents declared they benefit by „ methadone maintaining”, and 31 participants in the study (6% from the entire sample) passed through a disintoxication treatment without any type of medicine. Almost 5% of the sample received support for overcoming the weaning, while 16 persons mentioned assistance for overcoming the overdose.

V. KNOWLEDGE ABOUT THE CONDOMS’ EFFICIENCY IN PREVENTING STD

Condoms, when used correctly, are efficient both against pregnancy and in preventing sexually transmitted diseases. Consistent and correct condom use leads to a minimal risk of contracting STD, including HIV. One of the important objectives of this study was to describe the knowledge, attitudes and practices of the injecting drug users, regarding the condom.

As in the case of correct injecting, a person that considers he is at risk of contracting HIV will not change the behaviour (correct and continuous condom use), if he does not perceive this conduct as something efficient that he can do. Besides the benefits the individual perceives, (in case he chooses to use the condom), everyone builds a kind of personal “cost/benefits” analyses, that occurs every time a person compares the efficiency of the recommended behaviour (condom use) with the perception that it is expensive, unpleasant, difficult to use and inaccessible in terms of time, distance, etc. The perception of benefits (less barriers) offers a favourite action pattern. The necessary stimulus for starting the decision of consistently and efficiently using the condoms is considered an important objective for RHRN and a variable that program managers may influence. Together with the social-demographic and structural variables, the attitude towards the condom is predictable for its use. The RHRN programs may influence on the individual’s perception towards the condom use and thus may indirectly influence the risk behaviour of the injecting drug users. A positive attitude towards the condom is therefore one of the RHRN objectives and, as a consequence, it was measured in this study.

a. Perception regarding the method's efficiency (condom use)

A sexually active person will decide to use the condom only if he is convinced this action is efficient. As a consequence, all the respondents were asked about the condom's contraceptive efficiency, as well as about its role in the protection against STD transmission. Almost all respondents think condoms are efficient in preventing pregnancies or sexually transmitted diseases (97% and 95%, respectively). There were practically no differences between the selected characteristics, however the lowest values were registered in the age group 14-18.

There is however an attitude discrepancy between considering the condom a contraceptive method/ STD transmission prevention method and considering the condom as a solution acceptable for themselves. Thus, although practically all the respondents agree at a declarative level that condoms are efficient in preventing STD, only 75% of them think that condoms are safe. We believe this figure reflects more accurately the respondents' perception regarding the efficiency of the method. The perception differs significantly only with the interview location: ARAS client respondents are more inclined to sustain this (90%), compared with ALIAT or Open Doors clients (66% and 64%, respectively). There were not reckoned other significant differences relate to the analysed characteristics. A „myth“ that negatively influences the perception about the efficiency of the method is the one that says “condoms tear easily”. When asked, 33% of the participants agreed with this statement. The answers they gave are different, depending on the demographic characteristics, especially on the sex and SES: the male respondents (38%) and with high SES (47%) are more likely to believe condoms tear easily, compared with women (25%) and with low SES respondents (18%).

Another „myth“ identified by the specialised literature says condoms interfere with the sexual intercourse: they „reduce the pleasure“ and “are difficult to use with someone that did not use them before”. Asked about this, 77% of the respondents declared that condoms reduce pleasure, without any significant differences between the analysed characteristics, excepting the employment status. The belief that condoms are difficult to use with someone that did not use them before is shared by 33% of the respondents, for women being more likely to sustain this: almost half of them agreed with this statement, compared with men (28%).

b. Social support

The social support and the peer pressure are a predictor for adopting a safe behaviour. In order to measure the social support, the respondents were asked if they think the condoms are only for casual relations and if the condom use shows mistrust towards the partner. It is more likely for people who believe that condoms are only for casual relations and they are used only when you do not trust your partner to use the condom at every sexual contact.

One out of four respondents (25%) thinks the condoms are only for casual relations. The answers at this question show strong differences especially with the ethnic group: 40% of the Romany ethnic respondents agree with this statement, compared with 21% of the Romanian respondents. Asked if condom use means to distrust the partner, 35% of the respondents agreed. The answers at this question show statistically significant differences depending on more analysed characteristics: interview location, age and ethnic belonging – the highest level being registered at the Open Doors client respondents (64%), aged between 14 and 18 (53%) and Romany ethnic (69%).

Each respondent was also asked if he was ever in the situation of asking the partner to use the condom, and receiving a negative answer. From the entire sample, 28% of the respondents mentioned that they found themselves in this situation, women having more than the sample average (59%).

In conclusion, although at a declarative level the condom is perceived as an efficient method for preventing pregnancies and STD, the barriers regarding its use are high among the participants in the study: one out of three respondents think that condoms tear easily or that are difficult to use with someone that did not use them before, and one out of four respondents considers that condoms are only for casual relations. Almost eight out of the participants identify the pleasure reduction as an important barrier for condom use. The behavioural change models show these beliefs are a strong obstacle in adopting a sexual behaviour without risks, and the programs aiming to change the sexual behaviour must explicitly address these barriers.

c. Condom access perception

We used this concept to determine in what measure the external barriers regarding the condom access (as price or distribution) are objective (which means either condoms are expensive, or that there are no locations where to buy them) or subjective (which means that, although condoms are accessible for the drug users, they are not perceived as accessible). The participants were asked more questions in order to measure the perception about the condom access. In the first place, each respondent was asked if he knows where to obtain a condom from and all the participants answered they know at least one place where to find them. The respondents were also asked to estimate how hard it is to obtain a condom, and practically all of them considered they are easy (60%) or very easy to obtain (37%). Only 3% of them said it is neither hard nor easy to obtain a condom.

The condoms are accessible both in financial terms and in distance and time of obtaining. The majority of respondents (83%), on all the analysed characteristics, consider the condoms have an affordable price. On an average, a respondent can get in less than five minutes to a store where he can buy a condom.; the average period to get to the store (that is the time period for the half of respondents to get there) is of 5 minutes.

d. Sexual activity and condom use

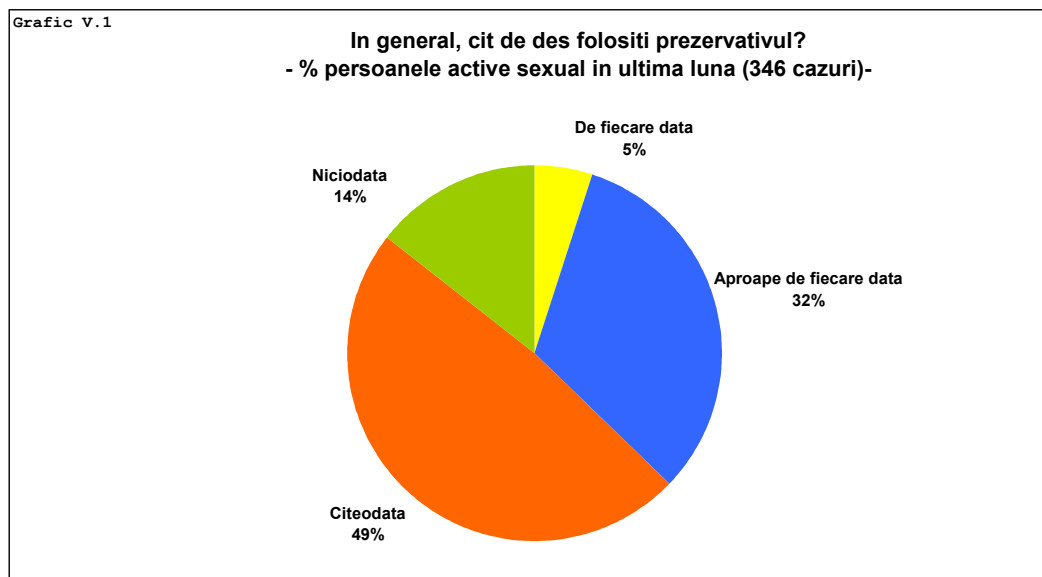
Another BSS 2004 objective was to assess the actual levels and the trends of the reproductive behaviour, on one hand, and to identify the association of two different risk behaviours – risk injecting and unprotected sexual contact – on the other hand. In order to assess this last risk behaviour, we collected information about the respondents' recent sexual activity (the past month).

The data presented in this section must be interpreted considering that part of the participants in the study practice commercial sex.

The age at the first sexual contact may play an important role in determining risk sexual behaviours. Delaying, postponing this event reduce the possibility of adopting a risk behaviour. The obtained data show that, for the respondents, the average age for the first sexual contact is 15 years old; still at 15 years old, half of the respondents began their sexual life.

The information about the recent sexual activity are important for assessing the percentage of respondents at risk. 70% of the participants in the study mentioned they had sexual contact in the past month. All the respondents who declared to be sexually active in the past month were also asked if, at the last sexual contact, they used the

condom. Almost half of them (48%) said they did. It is however significant the fact that 14% of the sexually active respondents declared they never use the condom. The data are shown in the graph below:



More than half of the sample declared that they generally use the condom sporadically or never. For the Open Doors (79%) and ALIAT participants (63%) it is more likely to declare they use the condom sometimes or never, compared with the ARAS respondents (45%). Respondents who declared they never use the condom are mostly Romany ethnic men.

In conclusion, for the drug users of Bucharest the condoms are accessible both in financial terms and as location. They are perceived as easy to obtain.

So there is a significant difference between condom accessibility and syringe accessibility, with impact on the risk behaviour (unprotected sexual contact and use of unsterile needles or syringes): if, at the last sexual contact, almost one out of two respondents declare he used the condom, at the last injection only one out of four respondents used a sterile syringe or needle. However, the consistent condom use is not a usual practice among the participants: only 5% of the respondents sexually active in the past month used the condom every time.

e. UNGASS indicators¹⁶

Adopting safe behaviour regarding the intravenous drug administration and sexual practices among drug users is essential, for two reasons especially: 1) the risk of transmission through the injecting equipment is very high among drug users and 2) since the majority of drug users are young, and therefore sexually active, they represent a bridge for HIV transmission in the general population. As a consequence, the percentage of drug users that adopted a risk reducing behaviour for the HIV transmission (avoiding of injecting equipment shared use and condom use) is an important indicator regarding the interventions' success.

In order to find this indicator, from all the participants that were sexually active in the past month, it was reckoned the percentage of those who did not share any piece of the injecting equipment (needle, syringe, filter water or container) in the past month and who used the condom at the last sexual contact. From the entire sample, 346 respondents declared they had sexual contact in the past month. Only 7 out of them – representing 2% – declared they did not share the injecting equipment and they used the condom at the last sexual contact.

VI. KNOWLEDGE ABOUT THE TRANSMISSION AND PREVENTION OF THE HIV/AIDS INFECTION

The last part of the study focused on describing the knowledge about HIV/AIDS transmission and prevention. The fact that there is no vaccine or efficient treatment makes the prevention methods the most efficient measures for fighting HIV/AIDS. The correct knowledge about HIV/AIDS and about the ways of infection transmission is an important (but not sufficient) way for adopting behaviour without risks.

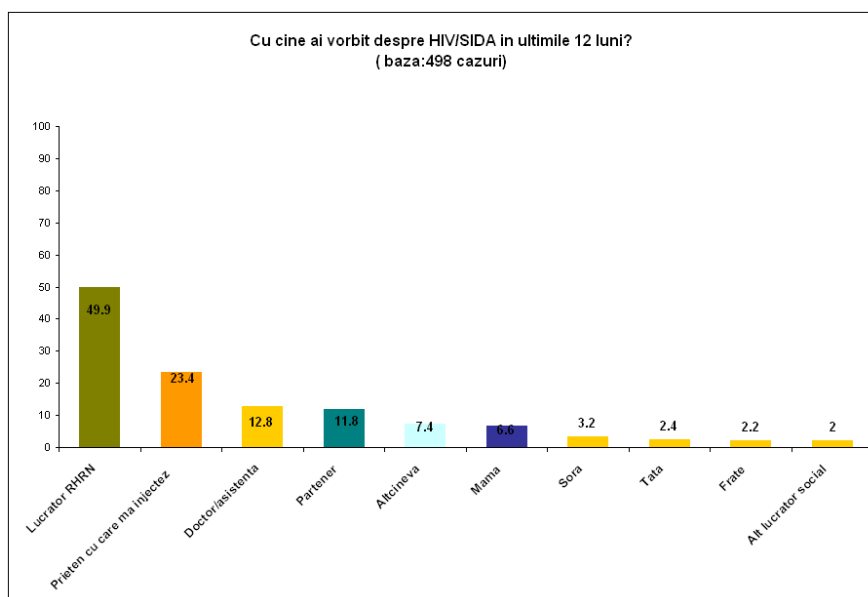
a. Knowledge about HIV/AIDS

A first question was about the knowledge of the HIV/AIDS notion. In Romania, this knowledge is almost universal. The Romanians heard almost 100% about AIDS (*SSRR*¹⁷). The present study confirms that fact that the previous research results about the HIV/AIDS knowledge may be extended for the drug users of Bucharest. The present study shows that 99,4% of the interviewed heard of HIV/AIDS. There are practically no differences between the analysed characteristics.

The questionnaire also included questions referring at the sources of information about HIV/AIDS. All those who heard of HIV/AIDS were asked if they ever talked to someone about it, in the past year; 78% of them mention they did so. The answers at this question are different depending on the analysed characteristics – especially on the interview location and on the respondent's sex and age – the lowest values were at ALIAT (66%), at the respondents aged 27 and more (67%) and at those from the age group 14-18 (64%), as well as among men (76%).

¹⁶ UNAIDS, *Progress report on the Global Response to the HIV/AIDS Epidemic, 2003: executive summary. Follow-up to the 2001 United Nations General Assembly Special Session on HIV/AIDS* (see. Annexe 1: „basic indicators for applying the Commitment declaration”), September 2003, also available at www.unaids.org/ungass/en/global/ungass00_en.htm.

¹⁷ Cf. note 2.



Almost half of the respondents mentioned they talked in the past year about HIV/AIDS with the RHRN workers; only one out of five respondents (20%) indicated the friend he injects with as the person he talked about HIV/AIDS with; 13% of those that heard of HIV/AIDS mentioned the doctor or the nurse, and 12% – the partner. Other persons (mother, father, brother, sister) are mentioned only sporadically by the respondents.

For testing the correct HIV/AIDS knowledge level, there were used two approaches: in the first place, the respondents were asked to express agreement or disagreement regarding a number of statements. Secondly, each one of them was asked about the possibility for the HIV/AIDS infection to be asymptomatic. *The tables VII.31-VII.35* from the Annexes show the agreement/disagreement regarding the statements about HIV/AIDS. Thus, almost the entire sample (96%) agreed with the statement: „once infected with HIV, a person stays infected for the rest of his/her life”. The statement: „HIV/AIDS leads to the infected person’s death” was considered correct by 97% of the participants. Asked if there is a cure for HIV/AIDS, 94% of the sample answered negatively. Also only 12% of the sample believes that a healthy person cannot get infected with HIV/AIDS; 77% of the respondents agreed with the statement: „who is taking good care of himself may long live, even with HIV/AIDS”.

One of the drug users strategies – mentioned in the qualitative studies – is using a syringe only after “fatty persons that look healthier”. Asked about the possibility for the infection to be asymptomatic, only 78% answered affirmatively. This question reflects more correctly the level of knowledge about HIV/AIDS and show that more than one out of five respondents considers that the above strategy is efficient.

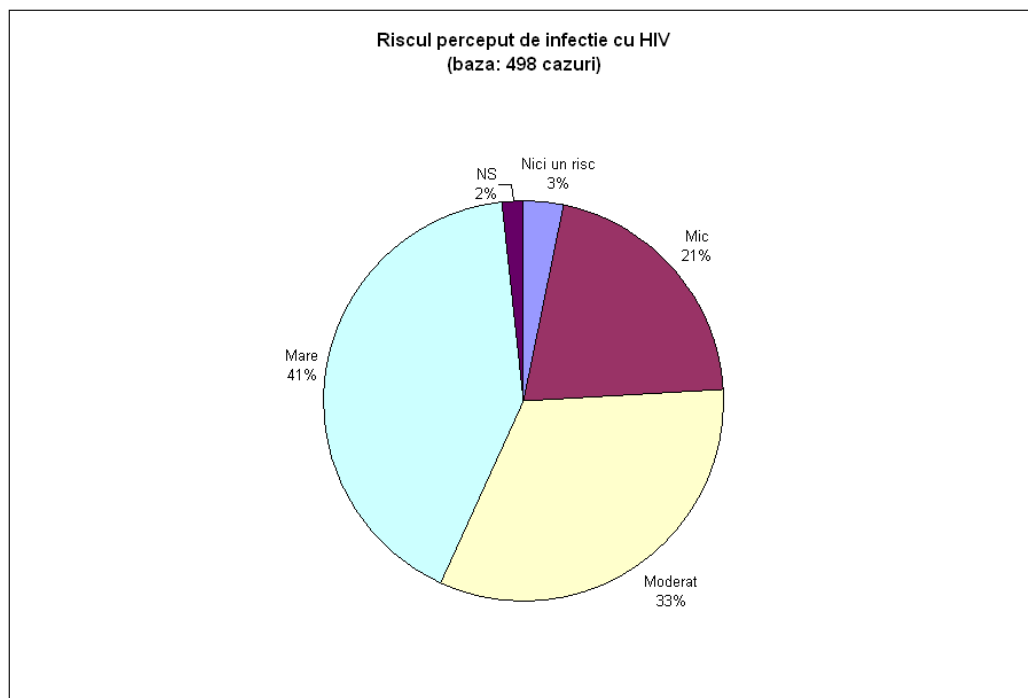
b. Knowledge about HIV/AIDS transmission

In order to test the level of knowledge about HIV/AIDS, the respondents were asked to express agreement or disagreement regarding 17 statements. *Tables VII.36-VII.52* from the Annexes show the percentages of the respondents who agreed with the presented statements. The least known HIV/AIDS transmission way is the sexual contact with a virgin partner (45% do not know this is a way of disease transmission). It follows the sexual contact with a permanent partner and the first sexual contact (40% and 33%, respectively, do not know this is a way of disease transmission).

The same tables show the percentage of respondents who misperceive the HIV/AIDS transmission ways, erroneously identifying the following actions as transmission ways: blood donating (58%), vector transmission – mosquitoes or other insects (22%), public baths use (8%), kiss (7%), using the same objects with an infected person – plates and dishes, table linen, cups (9%). We notice the fact that, although they are not considered transmission ways, manicure, pedicure hairdressing (50%), dental treatments (70%) register significant percentages.

c. Personal risk perception of contracting HIV/AIDS

This subchapter presents the way in which the respondents perceive their own risk of contracting HIV/AIDS. The risk was evaluated using a measuring scale with four intensity categories: no risk, low, moderate and high. We may say that the interviewed persons have only partial consciousness of the HIV infection risk: one out of four respondents thinks he has no risk or he has a minimal risk; only 40% of all the respondents consider being at high risk. The data are illustrated in the graph below:



The 95% of the respondents that perceived a risk (high moderate or low) were also asked about the origin of the identified risk. The majority perceive sharing the injecting equipment (73%) and not using the condom (57%) as risk sources. The great number of partners and practicing commercial sex are seen as risks by 14%, and respectively 8% of those who considered they were at risk of contracting HIV/AIDS.

In conclusion, the knowledge about the notion of HIV/AIDS is universal among the drug users, which suggests that interventions like mass-media are an efficient way of offering information with general character about HIV/AIDS for the studies category. This knowledge is not necessarily correct. The belief that HIV/AIDS may be asymptomatic is a common perception among the drug users (one out of five respondents agreeing with this). Considering the limited access to the sterile injecting equipment and the peer pressure, this perception may lead to a risk sexual and injecting behaviour. In the same way, the incorrect information about the HIV/AIDS transmission way (like the idea that the virus may be transmitted through vectors: mosquitoes or other insects, for example – 22%) is an unmotivating factor for adopting a safe behaviour. At the same time, a great number of respondents place themselves correctly at risk of being infected with HIV/AIDS, because they share needles and syringes (73%). However, this type of information is not enough for motivating the adoption of an injecting behaviour without risks. The apparent paradox of this situation may be explained, in the first place, by the reduced access to the injecting equipment. Another explanation is however related to the history about the HIV/AIDS transmission way in Romania. Since in the past the parenteral way was the main transmission way, the population remained with a fear regarding all medical invasive manoeuvres (the study about Reproduction health in Romania showed that, in 1999, 69,6% of the country's population considered the injections as a possible infection way). Thus, it is likely for the drug users not to consider themselves as a group at high risk of contracting HIV/AIDS, and their answer to be in accordance with this logic.

VII. Annexes

Table VII.1:

Sample description after: interview location, age, marital status, education level, social- economic status, employment, and ethnic-belonging.

	%	n
Interview location:		
Open Doors	(5,6)	28
ARAS	38,5	193
ALIAT	55,9	280
Age:		
14-18	11,6	58
19-20	19,0	95
21-22	21,2	106
23-24	21,2	106
25-26	13,2	66
27+	13,0	65
Sex:		
Male	78,0	391
Female	21,8	109
Marital status:		
Married	7,0	35
Consensual union	27,9	140
Previously married	(2,6)	13
Single	62,5	313
Education level:		
Primary studies/without education	49,1	246
Incomplete secondary studies	16,2	81
Complete secondary studies	31,3	157
Post-secondary studies	(3,0)	15
Social-economic status:		
Low	35,5	178
Medium	34,1	171
High	30,3	152
Employment:		
Employed	18,9	93
Unemployed	81,1	398
Ethnic belonging:		
Romanian	79,0	396
Romany/mixed	20,6	103
Total:	100	501

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.2:
Drug use average length (years)

	Use (independently of the administration way)	Injecting drug use
Interview location:		
Open Doors*	5,11	3,89
ARAS	3,04	2,19
ALIAT	4,96	3,73
Age:		
14-18	2,62	2,00
19-20	3,26	2,46
21-22	3,82	2,89
23-24	4,49	3,29
25-26	5,30	3,92
27+	6,29	4,51
Sex:		
Male	4,50	3,37
Female	3,24	2,34
Marital status:		
Married	5,87	4,23
Consensual union	4,63	3,38
Previously married	5,77	4,61
Single	3,80	2,86
Education level:		
Primary studies/without education	4,2	3,03
Incomplete secondary studies	4,71	3,54
Complete secondary studies	4,33	3,17
Post-secondary studies	4,17	2,94
Social-economic status:		
Low	3,46	2,55
Medium	4,59	3,49
High	4,72	3,45
Employment:*		
Employed	5,53	4,06
Unemployed	3,49	2,94
Ethnic belonging:		
Romanian	4,61	3,07
Romany/mixed	4,51	3,48
Total:	<i>4,23</i>	<i>3,14</i>

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.3:

Average number of different persons with whom the respondents shared the same needle or syringe in the past month

	%	n
Interview location:		
Open Doors	(3,27)	15
ARAS	2,55	120
ALIAT	2,51	136
Age:*		
14-18	(3,21)	28
19-20	2,68	57
21-22	2,39	66
23-24	2,51	59
25-26	2,21	34
27+	(2,83)	23
Sex:		
Male	2,60	210
Female	2,46	61
Marital status:		
Married	(1,86)	14
Consensual union	2,60	70
Previously married	(4,13)	8
Single	2,54	179
Education level:		
Primary studies/without education	2,83	149
Incomplete secondary studies	2,34	444
Complete secondary studies	2,15	73
Post-secondary studies	(3,00)	5
Social-economic status:		
Low	2,77	111
Medium	2,35	84
High	2,51	229
Employment:		
Employed	2,85	34
Unemployed	2,53	229
Ethnic belonging:		
Romanian	2,31	213
Romany/mixed	3,57	56
Total:	2,57	271

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.4

Percentage of respondents who declared that in the past month they gave, lend or sold a needle or a syringe, after they have been using it

	%	n
Interview location:		
Open Doors	(64,3)	18
ARAS	72,0	139
ALIAT	63,9	179
Age:*		
14-18	62,1	36
19-20	78,9	75
21-22	70,8	75
23-24	68,9	73
25-26	62,1	41
27+	50,8	33
Sex:		
Male	64,5	252
Female	77,1	84
Marital status:		
Married	(48,6)	17
Consensual union	70,7	99
Previously married	-	9
Single	67,4	211
Education level:		
Primary studies/without education	70,7	174
Incomplete secondary studies	66,7	54
Complete secondary studies	63,1	99
Post-secondary studies	-	9
Social-economic status:		
Low	71,3	127
Medium	67,8	116
High	61,2	93
Employment:		
Employed	50,5	47
Unemployed	70,9	282
Ethnic belonging:		
Romanian		
Romany/mixed	67,9	269
Total:	63,1	65
Interview location:	67,1	336

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.5:
Percentage of respondents who declared they can obtain new unused syringes every time they need

	%	n
Interview location:*		
Open Doors	(64,3)	18
ARAS	88,1	170
ALIAT	56,8	159
Age:		
14-18	69,0	40
19-20	71,6	68
21-22	74,5	79
23-24	69,8	74
25-26	60,6	40
27+	67,7	44
Sex:		
Male	67,0	262
Female	78,0	85
Marital status:		
Married	(65,7)	23
Consensual union	74,3	104
Previously married	(53,8)	7
Single	68,1	213
Education level:		
Primary studies/without education	70,7	174
Incomplete secondary studies	53,1	43
Complete secondary studies	75,2	118
Post-secondary studies	(66,7)	10
Social-economic status:*		
Low	83,1	148
Medium	60,8	104
High	62,5	95
Employment:		
Employed	59,1	55
Unemployed	71,4	284
Ethnic belonging:		
Romanian	68,7	272
Romany/mixed	70,9	73
Total:	69,3	501

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.6:

Percentage of respondents who declared that it is quite hard, hard or very hard to obtain a new sterile syringe

	%	n
Interview location:*		
Open Doors	-	13
ARAS	(15,0)	29
ALIAT	46,8	131
Age:		
14-18	(32,8)	19
19-20	(30,5)	29
21-22	(21,7)	23
23-24	37,7	40
25-26	47,0	31
27+	(43,1)	28
Sex:		
Male	36,6	143
Female	(26,6)	29
Marital status:		
Married	-	13
Consensual union	30,0	42
Previously married	-	5
Single	36,1	113
Education level:		
Primary studies/without education	28,9	71
Incomplete secondary studies	48,1	39
Complete secondary studies	35,7	56
Post-secondary studies	-	6
Social-economic status:*		
Low	19,7	35
Medium	44,4	76
High	40,8	62
Employment:		
Employed	43,0	40
Unemployed	32,7	130
Ethnic belonging:		
Romanian	35,1	139
Romany/mixed	33,0	34
Total:	<i>34,5</i>	<i>173</i>

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.7:
Percentage of respondents who declared they know where to obtain a new unused syringe

	%	n
Interview location:		
Open Doors	(96,4)	27
ARAS	100,0	193
ALIAT	93,9	263
Age:		
14-18	96,6	56
19-20	98,9	94
21-22	96,2	102
23-24	98,1	104
25-26	93,9	62
27+	93,8	61
Sex:		
Male	96,2	376
Female	97,2	106
Marital status:		
Married	94,3	33
Consensual union	97,1	136
Previously married	-	13
Single	96,2	301
Education level:		
Primary studies/without education	97,2	239
Incomplete secondary studies	95,1	77
Complete secondary studies	95,5	150
Post-secondary studies	(100,0)	15
Social-economic status:		
Low	97,2	173
Medium	97,1	166
High	94,7	144
Employment:		
Employed	92,5	86
Unemployed	97,2	387
Ethnic belonging:		
Romanian	96,7	383
Romany/mixed	95,1	98
Total:	96,4	483

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.8:

Percentage of respondents who declared that, in the past month, they injected themselves with a syringe that had already been filled in by someone else

	%	n
Interview location:		
Open Doors	-	1
ARAS	0,0	
ALIAT	19,6	55
Age:		
14-18	-	7
19-20	-	6
21-22	-	10
23-24	-	10
25-26	-	10
27+	-	12
Sex:*		
Male	12,5	49
Female	-	7
Marital status:		
Married	-	5
Consensual union	(14,3)	20
Previously married	-	1
Single	9,6	30
Education level:		
Primary studies/without education	(10,2)	25
Incomplete secondary studies	-	12
Complete secondary studies	(10,2)	16
Post-secondary studies	-	3
Social-economic status:		
Low	-	8
Medium	(11,1)	19
High	(19,1)	29
Employment:		
Employed	-	14
Unemployed	10,3	41
Ethnic belonging:		
Romanian	11,1	44
Romany/mixed	-	12
Total:	<i>11,2</i>	56

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.9:

Percentage of respondents who declared that, in the past month, they injected themselves with a syringe in which someone else had put prepared "merchandise", directly from his syringe already used

	%	n
Interview location:		
Open Doors	-	13
ARAS	-	14
ALIAT	24,6	69
Age:		
14-18	(27,6)	16
19-20	(15,8)	15
21-22	(17,9)	19
23-24	-	13
25-26	(28,8)	19
27+	-	11
Sex:		
Male	20,5	80
Female	(14,7)	16
Marital status:		
Married	-	7
Consensual union	22,1	31
Previously married	-	3
Single	17,6	55
Education level:		
Primary studies/without education	19,1	47
Incomplete secondary studies	(18,5)	15
Complete secondary studies	(18,5)	29
Post-secondary studies	-	5
Social-economic status:		
Low	(15,2)	27
Medium	(16,4)	28
High	27,0	41
Employment:		
Employed	(24,7)	23
Unemployed	17,6	70
Ethnic belonging:		
Romanian	16,9	67
Romany/mixed	(27,2)	28
Total:	19,2	96

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.10:

Percentage of respondents who declared that, in the past month, they shared the preparing container filter or water

	%	n
Interview location:*		
Open Doors	(78,6)	22
ARAS	94,8	183
ALIAT	88,2	247
Age:		
14-18	75,9	44
19-20	92,6	88
21-22	93,4	99
23-24	92,5	98
25-26	92,4	61
27+	87,7	57
Sex:		
Male	90,3	353
Female	89,9	98
Marital status:		
Married	85,7	30
Consensual union	92,1	129
Previously married	-	11
Single	90,1	282
Education level:		
Primary studies/without education	92,7	228
Incomplete secondary studies	92,6	75
Complete secondary studies	86,0	135
Post-secondary studies	-	12
Social-economic status:*		
Low	94,4	168
Medium	91,8	157
High	83,6	127
Employment:		
Employed	89,2	83
Unemployed	90,5	360
Ethnic belonging:		
Romanian	89,1	353
Romany/mixed	94,2	97
Total:	90,2	452

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.11:

Percentage of respondents who declared they heard of the overdose

	%	n
Interview location:		
Open Doors	(100,0)	28
ARAS	100,0	193
ALIAT	99,3	278
Age:		
14-18	100,0	58
19-20	100,0	95
21-22	100,0	106
23-24	98,1	104
25-26	100,0	66
27+	100,0	65
Sex:		
Male	99,5	389
Female	100,0	109
Marital status:		
Married	97,1	34
Consensual union	99,3	139
Previously married	-	13
Single	100,0	313
Education level:		
Primary studies/without education	100,0	246
Incomplete secondary studies	97,5	79
Complete secondary studies	100,0	157
Post-secondary studies	(100,0)	15
Social-economic status:		
Low	99,4	177
Medium	100,0	171
High	99,3	151
Employment:		
Employed	98,9	92
Unemployed	99,7	397
Ethnic belonging:		
Romanian	99,5	394
Romany/mixed	100,0	103
Total:	99,6	499

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.12:

Percentage of respondents who know somebody that took an overdose

	%	n
Interview location:		
Open Doors	(96,4)	27
ARAS	90,2	174
ALIAT	87,1	244
Age:		
14-18	81,0	47
19-20	91,6	87
21-22	90,6	96
23-24	93,4	99
25-26	84,8	56
27+	86,2	56
Sex:		
Male	89,5	350
Female	86,2	94
Marital status:		
Married	(82,9)	29
Consensual union	86,4	121
Previously married	-	13
Single	90,1	282
Education level:		
Primary studies/without education	88,6	218
Incomplete secondary studies	90,1	73
Complete secondary studies	87,9	138
Post-secondary studies	(100,0)	15
Social-economic status:		
Low	87,1	155
Medium	90,6	155
High	88,8	135
Employment:		
Employed	92,5	86
Unemployed	88,2	351
Ethnic belonging:		
Romanian	87,9	348
Romany/mixed	92,2	95
Total:	88,8	445

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.13:

Percentage of respondents that took an overdose

	%	n
Interview location:		
Open Doors	-	12
ARAS	25,4	49
ALIAT	36,8	103
Age:*		
14-18	-	13
19-20	(26,3)	25
21-22	28,3	30
23-24	31,1	33
25-26	47,0	31
27+	47,7	31
Sex:		
Male	35,5	139
Female	(22,9)	25
Marital status:		
Married	(51,4)	18
Consensual union	32,9	46
Previously married	-	5
Single	30,4	95
Education level:		
Primary studies/without education	31,7	78
Incomplete secondary studies	37,0	30
Complete secondary studies	33,1	52
Post-secondary studies	-	4
Social-economic status:		
Low	29,8	53
Medium	32,7	56
High	36,2	55
Employment:*		
Employed	49,5	46
Unemployed	28,9	115
Ethnic belonging:*		
Romanian	28,8	114
Romany/mixed	48,5	50
Total:	<i>32,7</i>	<i>164</i>

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.14:

Percentage of respondents who think condoms are efficient against pregnancy

	%	n
Interview location:*		
Open Doors	(89,3)	25
ARAS	99,5	192
ALIAT	96,1	269
Age:		
14-18	89,7	52
19-20	95,8	91
21-22	98,1	104
23-24	99,1	105
25-26	98,5	65
27+	98,5	64
Sex:		
Male	96,2	376
Female	100,0	109
Marital status:		
Married	94,3	33
Consensual union	99,3	139
Previously married	-	12
Single	96,5	302
Education level:		
Primary studies/without education	96,3	237
Incomplete secondary studies	97,5	79
Complete secondary studies	98,1	154
Post-secondary studies	-	14
Social-economic status:		
Low	97,2	173
Medium	97,7	167
High	96,1	146
Employment:		
Employed	98,9	92
Unemployed	96,5	384
Ethnic belonging:		
Romanian	97,0	384
Romany/mixed	97,1	100
Total:	97,0	486

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.15:

Percentage of respondents who think that condoms are only for casual relations

	%	n
Interview location:*		
Open Doors	(57,1)	16
ARAS	18,7	36
ALIAT	26,1	73
Age:		
14-18	(27,6)	16
19-20	(29,5)	28
21-22	(19,8)	21
23-24	(24,5)	26
25-26	(22,7)	15
27+	(27,7)	18
Sex:		
Male	25,6	100
Female	(22,0)	24
Marital status:		
Married	-	8
Consensual union	32,9	46
Previously married	-	3
Single	21,7	68
Education level:		
Primary studies/without education	28,0	69
Incomplete secondary studies	(21,0)	17
Complete secondary studies	21,0	33
Post-secondary studies	-	6
Social-economic status:		
Low	21,9	39
Medium	25,7	44
High	27,6	42
Employment:		
Employed	(20,4)	19
Unemployed	25,4	101
Ethnic belonging:*		
Romanian	21,2	84
Romany/mixed	39,8	41
Total:	25,0	125

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.16:

Percentage of respondents who think that condoms have an accessible price

	%	n
Interview location:*		
Open Doors	(71,4)	20
ARAS	93,3	180
ALIAT	77,5	217
Age:		
14-18	86,2	50
19-20	82,1	78
21-22	84,9	90
23-24	83,0	88
25-26	86,4	57
27+	76,9	50
Sex:		
Male	82,6	323
Female	86,2	94
Marital status:		
Married	(80,0)	28
Consensual union	83,6	117
Previously married	-	11
Single	83,4	261
Education level:		
Primary studies/without education	84,6	208
Incomplete secondary studies	82,7	67
Complete secondary studies	82,2	129
Post-secondary studies		
Social-economic status:		
Low	89,9	160
Medium	80,1	137
High	78,9	120
Employment:		
Employed	76,3	71
Unemployed	84,9	338
Ethnic belonging:		
Romanian	84,3	334
Romany/mixed	78,6	81
Total:	<i>83,2</i>	<i>417</i>

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.17:

Percentage of respondents who think that condoms are safe

	%	n
Interview location:*		
Open Doors	(64,3)	18
ARAS	89,6	173
ALIAT	66,1	185
Age:*		
14-18	53,4	31
19-20	78,9	75
21-22	77,4	82
23-24	84,0	89
25-26	71,2	47
27+	73,8	48
Sex:*		
Male	71,9	281
Female	86,2	94
Marital status:		
Married	(74,3)	26
Consensual union	70,7	99
Previously married	-	-
Single	77,3	242
Education level:		
Primary studies/without education	77,2	190
Incomplete secondary studies	80,2	65
Complete secondary studies	71,3	112
Post-secondary studies	-	9
Social-economic status:		
Low	82,6	147
Medium	80,1	137
High	60,5	92
Employment:*		
Employed	69,9	65
Unemployed	75,9	302
Ethnic belonging:		
Romanian	75,5	299
Romany/mixed	72,8	75
Total:	<i>75,0</i>	<i>376</i>

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.18:

Percentage of respondents who think that using the condom means not to trust the partner

	%	n
Interview location:*		
Open Doors	(64,3)	18
ARAS	26,4	51
ALIAT	38,6	108
Age:*		
14-18	53,4	31
19-20	(29,5)	28
21-22	32,1	34
23-24	28,3	30
25-26	(30,3)	20
27+	46,2	30
Sex:		
Male	37,9	148
Female	(26,6)	29
Marital status:		
Married	-	13
Consensual union	40,7	57
Previously married	-	6
Single	32,3	101
Education level:		
Primary studies/without education	37,4	92
Incomplete secondary studies	37,0	30
Complete secondary studies	33,1	52
Post-secondary studies	-	2
Social-economic status:		
Low	29,8	53
Medium	40,9	70
High	35,5	54
Employment:		
Employed	41,9	39
Unemployed	33,4	133
Ethnic belonging:*		
Romanian	28,8	114
Romany/mixed	61,2	63
Total:	35,3	177

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.19:

Percentage of respondents who think that condoms are efficient in preventing sexually transmitted diseases (STD)

	%	n
Interview location:*		
Open Doors	(82,1)	23
ARAS	97,4	188
ALIAT	95,0	266
Age:		
14-18	89,7	52
19-20	94,7	90
21-22	95,3	101
23-24	98,1	104
25-26	95,5	63
27+	95,4	62
Sex:		
Male	94,9	371
Female	96,3	105
Marital status:		
Married	97,1	34
Consensual union	96,4	135
Previously married	-	12
Single	94,6	296
Education level:		
Primary studies/without education	95,9	236
Incomplete secondary studies	92,6	75
Complete secondary studies	96,2	151
Post-secondary studies	-	14
Social-economic status:		
Low	94,9	169
Medium	95,9	164
High	94,7	144
Employment:		
Employed	94,6	88
Unemployed	95,2	379
Ethnic belonging:		
Romanian	95,7	379
Romany/mixed	93,2	96
Total:	95,2	477

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.20:

Percentage of respondents who think condom tore easily

	%	n
Interview location:*		
Open Doors	-	14
ARAS	(9,3)	18
ALIAT	47,1	132
Age:*		
14-18	(48,3)	28
19-20	(16,8)	16
21-22	34,9	37
23-24	(27,4)	29
25-26	(37,9)	25
27+	(41,5)	27
Sex:*		
Male	37,6	147
Female	(14,7)	16
Marital status:		
Married	-	9
Consensual union	40,7	57
Previously married	-	7
Single	29,1	91
Education level:*		
Primary studies/without education	29,7	73
Incomplete secondary studies	42,0	34
Complete secondary studies	31,8	50
Post-secondary studies	-	7
Social-economic status:*		
Low	18,0	32
Medium	35,1	60
High	47,4	72
Employment:*		
Employed	45,2	42
Unemployed	30,2	120
Ethnic belonging:		
Romanian	31,8	126
Romany/mixed	36,9	38
Total:	<i>32,7</i>	<i>164</i>

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.21:

Percentage of respondents who think are difficult to use with someone that did not used them before

	%	n
Interview location:*		
Open Doors	(50,0)	14
ARAS	48,2	93
ALIAT	20,4	57
Age:*		
14-18	(29,3)	17
19-20	37,9	36
21-22	45,3	48
23-24	35,8	38
25-26	-	11
27+	-	13
Sex:*		
Male	28,1	110
Female	48,6	53
Marital status:		
Married	(42,9)	15
Consensual union	33,6	47
Previously married	-	7
Single	30,4	95
Education level:		
Primary studies/without education	37,4	92
Incomplete secondary studies	(27,2)	22
Complete secondary studies	29,3	46
Post-secondary studies	-	4
Social-economic status:*		
Low	48,3	86
Medium	25,1	43
High	23,0	35
Employment:*		
Employed	(20,4)	19
Unemployed	35,7	142
Ethnic belonging:		
Romanian	30,1	119
Romany/mixed	43,7	45
Total:	32,7	164

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.22:

Percentage of respondents who think reduce the pleasure

	%	n
Interview location:		
Open Doors	(78,6)	22
ARAS	78,2	151
ALIAT	75,4	211
Age:		
14-18	67,2	39
19-20	76,8	73
21-22	80,2	85
23-24	82,1	87
25-26	72,7	48
27+	72,3	47
Sex:*		
Male	79,5	311
Female	66,1	72
Marital status:		
Married	(80,0)	28
Consensual union	71,4	100
Previously married	-	13
Single	77,6	243
Education level:		
Primary studies/without education	76,0	187
Incomplete secondary studies	80,2	65
Complete secondary studies	76,4	120
Post-secondary studies	-	11
Social-economic status:		
Low	74,7	133
Medium	82,5	141
High	72,4	110
Employment:*		
Employed	87,1	81
Unemployed	73,6	293
Ethnic belonging:		
Romanian	76,0	301
Romany/mixed	80,6	83
Total:	76,6	384

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.23:

Percentage of respondents who know where to obtain a condom from

	%	n
Interview location:		
Open Doors	(96,4)	27
ARAS	100,0	193
ALIAT	99,3	278
Age:		
14-18	98,3	57
19-20	98,9	94
21-22	100,0	106
23-24	100,0	106
25-26	98,5	65
27+	100,0	65
Sex:		
Male	99,5	389
Female	99,1	108
Marital status:		
Married	100,0	35
Consensual union	99,3	139
Previously married	-	13
Single	99,4	311
Education level:		
Primary studies/without education	99,6	245
Incomplete secondary studies	100,0	81
Complete secondary studies	99,4	156
Post-secondary studies	-	14
Social-economic status:		
Low	100,0	178
Medium	98,8	169
High	99,3	151
Employment:		
Employed	100,0	93
Unemployed	99,2	395
Ethnic belonging:		
Romanian	99,5	394
Romany/mixed	99,0	102
Total:	<i>99,4</i>	<i>498</i>

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII. 24:

Percentage of respondents who think it is easy or very easy to obtain a condom

	%	n
Interview location:		
Open Doors	(96,4)	27
ARAS	99,0	191
ALIAT	94,6	265
Age:		
14-18	93,1	54
19-20	96,8	92
21-22	97,2	103
23-24	99,1	105
25-26	95,5	63
27+	93,8	61
Sex:		
Male	96,9	379
Female	94,5	103
Marital status:		
Married	97,1	34
Consensual union	94,3	132
Previously married	-	12
Single	97,4	305
Education level:		
Primary studies/without education	96,3	237
Incomplete secondary studies	93,8	76
Complete secondary studies	98,1	154
Post-secondary studies	-	14
Social-economic status:		
Low	96,1	171
Medium	95,9	164
High	97,4	148
Employment:		
Employed	96,8	90
Unemployed	96,2	383
Ethnic belonging:		
Romanian	96,7	383
Romany/mixed	95,1	98
Total:	96,4	483

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII. 25:

Percentage of respondents who declared they has sexual contact in the past month (from the entire sample)

	%	n
Interview location:*		
Open Doors	(78,6)	22
ARAS	82,9	160
ALIAT	58,6	164
Age:		
14-18	56,9	33
19-20	75,8	72
21-22	70,8	75
23-24	71,7	76
25-26	63,6	42
27+	70,8	46
Sex:		
Male	67,0	262
Female	76,1	83
Marital status:		
Married	(80,0)	28
Consensual union	79,3	111
Previously married	-	8
Single	63,6	199
Education level:		
Primary studies/without education	69,1	170
Incomplete secondary studies	64,2	52
Complete secondary studies	72,0	113
Post-secondary studies	-	10
Social-economic status:		
Low	77,5	138
Medium	64,3	110
High	64,5	98
Employment:		
Employed	72,0	67
Unemployed	68,1	271
Ethnic belonging:		
Romanian	68,4	271
Romany/mixed	70,9	73
Total:	69,1	346

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.26:

Percentage of respondents who declared the partner refused to use the condom (from the entire sample)

	%	n
Interview location:*		
Open Doors	-	5
ARAS	41,5	80
ALIAT	19,6	55
Age:		
14-18	-	12
19-20	34,7	33
21-22	36,8	39
23-24	29,2	31
25-26		11
27+	-	13
Sex:*		
Male	19,4	76
Female	58,7	64
Marital status:		
Married	-	4
Consensual union	23,6	33
Previously married	-	4
Single	31,6	99
Education level:		
Primary studies/without education	27,2	67
Incomplete secondary studies	(22,2)	18
Complete secondary studies	33,1	52
Post-secondary studies	-	2
Social-economic status:*		
Low	37,1	66
Medium	22,2	38
High	23,7	36
Employment:		
Employed	(26,9)	25
Unemployed	28,4	113
Ethnic belonging:		
Romanian	29,5	117
Romany/mixed	(21,4)	22
Total:	27,9	140

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.27:

Percentage of respondents who declared they use the condom sometimes or never (from the entire sample)

	%	n
Interview location:*		
Open Doors	(78,6)	22
ARAS	44,6	86
ALIAT	62,9	176
Age:		
14-18	55,2	32
19-20	60,0	57
21-22	45,3	48
23-24	63,2	67
25-26	50,0	33
27+	67,7	44
Sex:*		
Male	63,7	249
Female	31,2	34
Marital status:*		
Married	(80,0)	28
Consensual union	69,3	97
Previously married	-	-
Single	48,6	152
Education level:		
Primary studies/without education	52,0	128
Incomplete secondary studies	59,3	48
Complete secondary studies	61,8	97
Post-secondary studies	-	7
	52,0	128
Social-economic status:*		
Low	46,1	82
Medium	56,7	97
High	69,1	105
Employment:*		
Employed	75,3	70
Unemployed	52,8	210
Ethnic belonging:*		
Romanian	56,1	222
Romany/mixed	60,2	62
Total:	56,7	284

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.28:

Percentage of respondents who never used the condom (from the entire sample)

	%	n
Interview location:*		
Open Doors	-	9
ARAS	(8,8)	17
ALIAT	13,9	39
Age:*		
14-18	-	5
19-20	-	11
21-22	-	10
23-24	-	10
25-26	-	11
27+	(27,7)	18
Sex:		
Male	14,1	55
Female	-	10
Marital status:		
Married	-	13
Consensual union	24,3	34
Previously married	-	3
Single	(4,8)	15
Education level:		
Primary studies/without education	12,2	30
Incomplete secondary studies	-	13
Complete secondary studies	(12,1)	19
Post-secondary studies	-	3
Social-economic status:		
Low	(11,8)	21
Medium	(11,1)	19
High	(16,4)	25
Employment:		
Employed	(16,1)	15
Unemployed	12,3	49
Ethnic belonging:*		
Romanian	10,6	42
Romany/mixed	(22,3)	23
Total:	13,0	65

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.29:

Percentage of respondents who heard of HIV/AIDS

	%	n
Interview location:		
Open Doors	(100,0)	28
ARAS	99,5	192
ALIAT	99,3	278
Age:		
14-18	100,0	58
19-20	98,9	94
21-22	100,0	106
23-24	99,1	105
25-26	100,0	66
27+	98,5	64
Sex:		
Male	99,2	388
Female	100,0	109
Marital status:		
Married	100,0	35
Consensual union	98,6	138
Previously married	(100,0)	13
Single	99,7	312
Education level:		
Primary studies/without education	99,6	245
Incomplete secondary studies	98,8	80
Complete secondary studies	99,4	156
Post-secondary studies	(100,0)	15
Social-economic status:		
Low	98,9	176
Medium	99,4	170
High	100,0	152
Employment:		
Employed	100,0	93
Unemployed	99,2	395
Ethnic belonging:		
Romanian	99,2	393
Romany/mixed	100,0	103
Total:	99,4	498

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.30:

Percentage of respondents who heard of HIV/AIDS and talked about it with someone in the last 12 months

	%	n
Interview location:*		
Open Doors	(82,1)	23
ARAS	95,3	183
ALIAT	66,2	184
Age:*		
14-18	63,8	37
19-20	88,3	83
21-22	80,2	85
23-24	82,9	87
25-26	80,3	53
27+	67,2	43
Sex:*		
Male	75,5	293
Female	89,0	97
Marital status:		
Married	(82,9)	29
Consensual union	76,8	106
Previously married	(69,2)	9
Single	78,8	246
Education level:		
Primary studies/without education	77,1	189
Incomplete secondary studies	72,5	58
Complete secondary studies	83,3	130
Post-secondary studies	(80,0)	12
Social-economic status:		
Low	90,3	159
Medium	71,2	121
High	72,4	110
Employment:		
Employed	72,0	67
Unemployed	80,0	316
Ethnic belonging:		
Romanian	78,1	307
Romany/mixed	78,6	81
Total:	78,3	390

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.31:

Percentage of respondents who heard of HIV/AIDS and agree with the statement: A) once infected with HIV, a person stays infected for the rest of his/her life

	%	n
Interview location:		
Open Doors	(96,4)	27
ARAS	98,4	189
ALIAT	95,0	264
Age:		
14-18	100,0	58
19-20	95,7	90
21-22	95,3	101
23-24	97,1	102
25-26	97,0	64
27+	93,8	60
Sex:		
Male	95,6	371
Female	99,1	108
Marital status:		
Married	100,0	35
Consensual union	94,9	131
Previously married	(92,3)	12
Single	96,8	302
Education level:		
Primary studies/without education	95,1	233
Incomplete secondary studies	97,5	78
Complete secondary studies	97,4	152
Post-secondary studies	(100,0)	15
Social-economic status:		
Low	96,6	170
Medium	96,5	164
High	96,1	146
Employment:		
Employed	95,7	89
Unemployed	96,5	381
Ethnic belonging:		
Romanian	95,9	377
Romany/mixed	98,1	101
Total:	96,4	480

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.32:

Percentage of respondents who heard of HIV/AIDS and agree with the statement: B) HIV/AIDS leads to the infected person's death

	%	n
Interview location:		
Open Doors	(96,4)	27
ARAS	97,9	188
ALIAT	96,8	269
Age:		
14-18	96,6	56
19-20	98,9	93
21-22	97,2	103
23-24	97,1	102
25-26	98,5	65
27+	93,8	60
Sex:		
Male	96,6	375
Female	99,1	108
Marital status:		
Married	100,0	35
Consensual union	96,4	133
Previously married	(92,3)	12
Single	97,4	304
Education level:		
Primary studies/without education	98,0	240
Incomplete secondary studies	97,5	78
Complete secondary studies	95,5	149
Post-secondary studies	(100,0)	15
Social-economic status:		
Low	97,7	172
Medium	97,6	166
High	96,1	146
Employment:		
Employed	96,8	90
Unemployed	97,2	384
Ethnic belonging:		
Romanian	96,9	381
Romany/mixed	98,1	101
Total:	97,2	484

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.33:

Percentage of respondents who heard of HIV/AIDS and agree with the statement: C) Once infected, there is no cure for HIV/AIDS

	%	n
Interview location:		
Open Doors	(100,0)	28
ARAS	93,8	180
ALIAT	94,2	262
Age:		
14-18	91,4	53
19-20	96,8	91
21-22	92,5	98
23-24	93,3	98
25-26	97,0	64
27+	95,3	61
Sex:		
Male	93,8	364
Female	96,3	105
Marital status:		
Married	100,0	35
Consensual union	92,8	128
Previously married	(92,3)	12
Single	94,6	295
Education level:		
Primary studies/without education	92,2	77
Incomplete secondary studies	96,3	150
Complete secondary studies	(96,2)	15
Post-secondary studies	100,0	77
Social-economic status:		
Low	94,3	166
Medium	92,9	158
High	96,1	146
Employment:		
Employed	96,8	90
Unemployed	93,7	370
Ethnic belonging:		
Romanian	95,4	375
Romany/mixed	91,3	94
Total:	94,4	470

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.34:

Percentage of respondents who heard of HIV/AIDS and agree with the statement: D) *O healthy person cannot get infected with HIV/AIDS*

	%	n
Interview location:		
Open Doors	(21,4)	6
ARAS	(13,0)	25
ALIAT	11,2	31
Age:		
14-18	(13,8)	8
19-20	(10,6)	10
21-22	(15,1)	16
23-24	(9,5)	10
25-26	(12,1)	8
27+	(15,6)	10
Sex:		
Male	12,9	50
Female	(11,0)	12
Marital status:		
Married	(20,0)	7
Consensual union	(15,2)	21
Previously married	(7,7)	1
Single	10,6	33
Education level:		
Primary studies/without education	14,7	36
Incomplete secondary studies	(8,8)	7
Complete secondary studies	(12,2)	19
Post-secondary studies	0	0
Social-economic status:		
Low	(13,6)	24
Medium	(14,1)	24
High	(9,2)	14
Employment:		
Employed	(12,9)	12
Unemployed	12,4	49
Ethnic belonging:		
Romanian	10,2	40
Romany/mixed	(21,4)	22
Total:	12,4	62

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.35:

Percentage of respondents who heard of HIV/AIDS and agree with the statement: E) Who takes good care of himself may long live, even with HIV/AIDS

	%	n
Interview location:*		
Open Doors	(82,1)	23
ARAS	68,8	132
ALIAT	83,5	232
Age:		
14-18	84,5	49
19-20	74,5	70
21-22	66,0	70
23-24	81,0	85
25-26	84,8	56
27+	82,8	53
Sex:		
Male	79,6	309
Female	70,6	77
Marital status:		
Married	(80,0)	28
Consensual union	83,3	115
Previously married	(69,2)	9
Single	75,3	235
Education level:		
Primary studies/without education	80,4	197
Incomplete secondary studies	71,3	57
Complete secondary studies	76,3	119
Post-secondary studies	(86,7)	13
Social-economic status:		
Low	74,4	131
Medium	78,8	134
High	80,3	122
Employment:		
Employed	80,6	75
Unemployed	77,2	305
Ethnic belonging:		
Romanian	76,6	301
Romany/mixed	81,6	84
Total:	77,7	387

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.36:

Percentage of respondents who heard of HIV/AIDS and think that HIV may be transmitted by: A) medical instruments

	%	n
Interview location:		
Open Doors	(100,0)	28
ARAS	99,5	191
ALIAT	96,0	267
Age:		
14-18	94,8	55
19-20	97,9	92
21-22	97,2	103
23-24	99,0	104
25-26	98,5	65
27+	96,9	62
Sex:		
Male	97,2	377
Female	99,1	108
Marital status:		
Married	100,0	35
Consensual union	97,1	134
Previously married	(100,0)	13
Single	97,4	304
Education level:		
Primary studies/without education	98,0	240
Incomplete secondary studies	96,3	77
Complete secondary studies	98,1	153
Post-secondary studies	(93,3)	14
Social-economic status:		
Low	98,9	174
Medium	98,2	167
High	95,4	145
Employment:		
Employed	98,9	92
Unemployed	97,2	384
Ethnic belonging:		
Romanian	97,2	382
Romany/mixed	99,0	102
Total:	97,6	486

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.37:

Percentage of respondents who heard of HIV/AIDS and think that HIV may be transmitted by: B) kiss

	%	n
Interview location:		
Open Doors	(14,3)	4
ARAS	(4,7)	9
ALIAT	(8,6)	24
Age:	(13,8)	8
14-18	(7,4)	7
19-20	(9,4)	10
21-22	(5,7)	6
23-24	(1,5)	1
25-26	(7,8)	5
27+	(13,8)	8
Sex:		
Male	8,2	32
Female	(4,6)	5
Marital status:		
Married	(11,4)	4
Consensual union	(5,8)	8
Previously married		
Single	(8,0)	25
Education level:		
Primary studies/without education	(6,9)	17
Incomplete secondary studies	(7,5)	6
Complete secondary studies	(8,3)	13
Post-secondary studies		
Social-economic status:		
Low	(5,7)	10
Medium	(8,8)	15
High	(7,9)	12
Employment:		
Employed	(8,6)	8
Unemployed	(6,8)	27
Ethnic belonging:		
Romanian	8,4	33
Romany/mixed	(3,9)	4
Total:	7,4	37

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.38:

Percentage of respondents who heard of HIV/AIDS and think that HIV may be transmitted by: C) sexual contact with a casual partner

	%	n
Interview location:		
Open Doors	(100,0)	28
ARAS	95,8	184
ALIAT	(99,6)	28
Age:		
14-18	96,6	56
19-20	100,0	94
21-22	96,2	102
23-24	97,1	102
25-26	100,0	66
27+	100,0	64
Sex:*		
Male	99,5	386
Female	93,6	102
Marital status:		
Married	97,1	34
Consensual union	99,3	137
Previously married	(100,0)	13
Single	97,8	305
Education level:		
Primary studies/without education	98,0	240
Incomplete secondary studies	100,0	80
Complete secondary studies	97,4	152
Post-secondary studies	(100,0)	15
Social-economic status:		
Low	96,0	169
Medium	99,4	169
High	99,3	151
Employment:		
Employed	100,0	93
Unemployed	97,7	386
Ethnic belonging:		
Romanian	97,7	384
Romany/mixed	100,0	103
Total:	98,2	489

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.39:

Percentage of respondents who heard of HIV/AIDS and think that HIV may be transmitted by: D) sexual contact with a permanent partner

	%	n
Interview location:*		
Open Doors	(75,0)	21
ARAS	27,6	53
ALIAT	80,6	224
Age:		
14-18	62,1	36
19-20	56,4	53
21-22	53,8	57
23-24	60,0	63
25-26	59,1	39
27+	71,9	46
Sex:		
Male	63,7	247
Female	45,9	50
Marital status:		
Married	(57,1)	20
Consensual union	61,6	85
Previously married	(84,6)	11
Single	58,3	182
Education level:*		
Primary studies/without education	49,8	122
Incomplete secondary studies	71,3	57
Complete secondary studies	66,0	103
Post-secondary studies	(93,3)	14
Social-economic status:*		
Low	34,7	61
Medium	64,7	110
High	83,6	127
Employment:*		
Employed	81,7	76
Unemployed	55,2	218
Ethnic belonging:		
Romanian	61,6	242
Romany/mixed	53,4	55
Total:	59,8	298

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.40:

Percentage of respondents who heard of HIV/AIDS and think that HIV may be transmitted by: E) sexual contact with a virgin partner

	%	n
Interview location:*		
Open Doors	(67,9)	19
ARAS	30,2	58
ALIAT	70,9	197
Age:		
14-18	(44,8)	26
19-20	57,4	54
21-22	48,1	51
23-24	59,0	62
25-26	63,6	42
27+	54,7	35
Sex:*		
Male	59,3	230
Female	39,4	43
Marital status:		
Married	(48,6)	17
Consensual union	60,9	84
Previously married	(84,6)	11
Single	51,9	162
Education level:		
Primary studies/without education	52,2	128
Incomplete secondary studies	56,3	45
Complete secondary studies	55,1	86
Post-secondary studies	(93,3)	14
Social-economic status:*		
Low	37,5	66
Medium	55,9	95
High	74,3	113
Employment:*		
Employed	78,5	73
Unemployed	49,1	194
Ethnic belonging:		
Romanian	57,0	224
Romany/mixed	48,5	50
Total:	55,0	274

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.41:

Percentage of respondents who heard of HIV/AIDS and think that HIV may be transmitted by: F) the first sexual contact

	%	N
Interview location:*		
Open Doors	(78,6)	22
ARAS	43,8	84
ALIAT	84,5	235
Age:		
14-18	63,8	37
19-20	66,0	62
21-22	64,2	68
23-24	67,6	71
25-26	74,2	49
27+	76,6	49
Sex:*		
Male	71,9	279
Female	56,0	61
Marital status:		
Married	(71,4)	25
Consensual union	71,0	98
Previously married	(92,3)	12
Single	66,0	206
Education level:*		
Primary studies/without education	65,7	161
Incomplete secondary studies	75,0	60
Complete secondary studies	66,7	104
Post-secondary studies	(100,0)	15
Social-economic status:*		
Low	56,8	100
Medium	65,9	112
High	84,9	129
Employment:*		
Employed	87,1	81
Unemployed	63,8	252
Ethnic belonging:		
Romanian	70,0	275
Romany/mixed	63,1	65
Total:	68,5	341

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.42:

Percentage of respondents who heard of HIV/AIDS and think that HIV may be transmitted by: G) using public baths

	%	n
Interview location:		
Open Doors	(14,3)	4
ARAS	(2,6)	5
ALIAT	10,8	30
Age:		
14-18	(15,5)	9
19-20	(4,3)	4
21-22	(8,5)	9
23-24	(4,8)	5
25-26	(9,1)	6
27+	(7,8)	5
Sex:		
Male	8,0	31
Female	(7,3)	8
Marital status:		
Married	(5,7)	2
Consensual union	(7,2)	10
Previously married	(23,1)	3
Single	(7,7)	24
Education level:		
Primary studies/without education	(10,2)	25
Incomplete secondary studies	(8,8)	7
Complete secondary studies	(4,5)	7
Post-secondary studies		
Social-economic status:		
Low	(8,0)	14
Medium	(5,3)	9
High	(10,5)	16
Employment:		
Employed	(6,5)	6
Unemployed	8,1	32
Ethnic belonging:		
Romanian	(7,1)	28
Romany/mixed	(9,7)	10
Total:	7,8	39

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.43:

Percentage of respondents who heard of HIV/AIDS and think that HIV may be transmitted by: H) using unsterile syringe needles

	%	n
Interview location:		
Open Doors	(100,0)	28
ARAS	97,9	188
ALIAT	98,9	275
Age:		
14-18	98,3	57
19-20	97,9	92
21-22	99,1	105
23-24	99,0	104
25-26	98,5	65
27+	98,4	63
Sex:		
Male	98,7	383
Female	98,2	107
Marital status:		
Married	97,1	34
Consensual union	98,6	136
Previously married	(100,0)	13
Single	98,7	308
Education level:		
Primary studies/without education	98,0	240
Incomplete secondary studies	100,0	80
Complete secondary studies	98,7	154
Post-secondary studies	(100,0)	15
Social-economic status:		
Low	97,7	172
Medium	98,8	168
High	99,3	151
Employment:		
Employed	100,0	93
Unemployed	98,2	388
Ethnic belonging:		
Romanian	99,0	389
Romany/mixed	98,1	101
Total:	98,6	491

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.44:

Percentage of respondents who heard of HIV/AIDS and think that HIV may be transmitted by: I) sexual relations between two men

	%	n
Interview location:		
Open Doors	(85,7)	24
ARAS	97,9	188
ALIAT	93,2	259
Age:		
14-18	87,9	51
19-20	94,7	89
21-22	95,3	101
23-24	94,3	99
25-26	97,0	64
27+	98,4	63
Sex:		
Male	94,1	365
Female	96,3	105
Marital status:		
Married	97,1	34
Consensual union	94,2	130
Previously married	(100,0)	13
Single	94,2	294
Education level:		
Primary studies/without education	93,5	229
Incomplete secondary studies	96,3	77
Complete secondary studies	96,2	150
Post-secondary studies	(93,3)	14
Social-economic status:		
Low	95,5	168
Medium	94,7	161
High	93,4	142
Employment:		
Employed	97,8	91
Unemployed	93,7	370
Ethnic belonging:		
Romanian	94,9	373
Romany/mixed	93,2	96
Total:	94,6	471

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.45:

Percentage of respondents who heard of HIV/AIDS and think that HIV may be transmitted by: J) mosquito or other insects prick

	%	n
Interview location:*		
Open Doors	(57,1)	16
ARAS	(9,9)	19
ALIAT	27,0	75
Age:		
14-18	(29,3)	17
19-20	(21,3)	20
21-22	(19,8)	21
23-24	(14,3)	15
25-26	(19,7)	13
27+	(34,4)	22
Sex:		
Male	23,5	91
Female	(16,5)	18
Marital status:		
Married	(25,7)	9
Consensual union	25,4	35
Previously married	(38,5)	5
Single	19,6	61
Education level:		
Primary studies/without education	21,2	52
Incomplete secondary studies	(30,0)	24
Complete secondary studies	(17,9)	28
Post-secondary studies	(40,0)	6
Social-economic status:*		
Low	(14,8)	26
Medium	22,9	39
High	29,6	45
Employment:		
Employed	(22,6)	21
Unemployed	22,0	87
Ethnic belonging:		
Romanian	19,6	77
Romany/mixed	31,1	32
Total:	22,1	110

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.46:

Percentage of respondents who heard of HIV/AIDS and think that HIV may be transmitted by: K) sharing plates and dishes with a person that has HIV/AIDS

	%	n
Interview location:		
Open Doors	(14,3)	4
ARAS	(10,9)	21
ALIAT	(7,2)	20
Age:		
14-18	(12,1)	7
19-20	(10,6)	10
21-22	(10,4)	11
23-24	(10,5)	11
25-26	(4,5)	3
27+	(3,1)	2
Sex:		
Male	8,5	33
Female	(11,0)	12
Marital status:		
Married	(14,3)	5
Consensual union	(5,1)	7
Previously married	(30,8)	4
Single	(9,3)	29
Education level:		
Primary studies/without education	(10,6)	7
Incomplete secondary studies	(8,8)	10
Complete secondary studies	(6,4)	2
Post-secondary studies	(13,3)	7
Social-economic status:		
Low	(13,6)	24
Medium	(6,5)	11
High	(6,6)	10
Employment:		
Employed	(4,3)	4
Unemployed	10,1	40
Ethnic belonging:		
Romanian	8,9	35
Romany/mixed	(9,7)	10
Total:	9,0	45

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.47:

Percentage of respondents who heard of HIV/AIDS and think that HIV may be transmitted: L) from the infected mother to the new born child

	%	n
Interview location:*		
Open Doors	(96,4)	27
ARAS	97,4	187
ALIAT	86,0	239
Age:		
14-18	91,4	53
19-20	91,5	86
21-22	89,6	95
23-24	94,3	99
25-26	89,4	59
27+	87,5	56
Sex:		
Male	90,5	351
Female	93,6	102
Marital status:		
Married	88,6	31
Consensual union	89,9	124
Previously married	(100,0)	13
Single	91,3	285
Education level:		
Primary studies/without education	91,0	223
Incomplete secondary studies	92,5	74
Complete secondary studies	91,0	142
Post-secondary studies	(80,0)	12
Social-economic status:		
Low	94,9	167
Medium	91,2	155
High	86,2	131
Employment:		
Employed	88,2	82
Unemployed	91,4	361
Ethnic belonging:		
Romanian	91,1	358
Romany/mixed	91,3	94
Total:	91,0	453

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.48:

Percentage of respondents who heard of HIV/AIDS and think that HIV may be transmitted by: M) manicure, pedicure or hairdressing

	%	n
Interview location:*		
Open Doors	(82,1)	23
ARAS	28,1	54
ALIAT	61,5	171
Age:		
14-18	51,7	30
19-20	43,6	41
21-22	40,6	43
23-24	48,6	51
25-26	50,0	33
27+	73,4	47
Sex:		
Male	51,3	199
Female	45,0	49
Marital status:		
Married	(48,6)	17
Consensual union	56,5	78
Previously married	(76,9)	10
Single	45,8	143
Education level:		
Primary studies/without education	43,7	107
Incomplete secondary studies	57,5	46
Complete secondary studies	54,5	85
Post-secondary studies	(53,3)	8
Social-economic status:*		
Low	30,1	53
Medium	51,8	88
High	70,4	107
Employment:		
Employed	59,1	55
Unemployed	48,4	191
Ethnic belonging:		
Romanian	48,1	189
Romany/mixed	56,3	58
Total:	49,8	248

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.49:

Percentage of respondents who heard of HIV/AIDS and think that HIV may be transmitted: N) at the dentist

	%	n
Interview location:*		
Open Doors	(92,9)	26
ARAS	45,8	88
ALIAT	83,1	231
Age:		
14-18	74,1	43
19-20	60,6	57
21-22	66,0	70
23-24	70,5	74
25-26	66,7	44
27+	82,8	53
Sex:		
Male	71,6	278
Female	60,6	66
Marital status:		
Married	(71,4)	25
Consensual union	73,9	102
Previously married	(92,3)	12
Single	66,0	206
Education level:*		
Primary studies/without education	60,0	147
Incomplete secondary studies	85,0	68
Complete secondary studies	73,1	114
Post-secondary studies	(93,3)	14
Social-economic status:*		
Low	46,6	82
Medium	77,1	131
High	86,8	132
Employment:*		
Employed	87,1	81
Unemployed	65,6	259
Ethnic belonging:		
Romanian	68,4	269
Romany/mixed	73,8	76
Total:	69,3	345

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.50:

Percentage of respondents who heard of HIV/AIDS and think that HIV may be transmitted by: O) shaking hands with someone

	%	n
Interview location:		
Open Doors		
ARAS		
ALIAT	(1,4)	4
Age:		
14-18	(3,4)	2
19-20		
21-22		
23-24	(1,0)	1
25-26	(1,5)	1
27+		
Sex:		
Male	(0,8)	3
Female	(0,9)	1
Marital status:		
Married		
Consensual union		
Previously married	(7,7)	1
Single	(1,0)	3
Education level:		
Primary studies/without education	(1,2)	3
Incomplete secondary studies		
Complete secondary studies	(0,6)	1
Post-secondary studies		
Social-economic status:		
Low	(0,6)	1
Medium	(0,6)	1
High	(1,3)	2
Employment:		
Employed	(1,1)	1
Unemployed	(0,8)	3
Ethnic belonging:		
Romanian	(1,0)	4
Romany/mixed		
Total:	0,8	4

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.51:

Percentage of respondents who heard of HIV/AIDS and think that HIV may be transmitted by: P) blood donation

	%	n
Interview location:*		
Open Doors	(67,9)	19
ARAS	26,6	51
ALIAT	78,4	218
Age:*		
14-18	67,2	39
19-20	41,5	39
21-22	53,8	57
23-24	62,9	66
25-26	54,5	36
27+	73,4	47
Sex:		
Male	60,1	233
Female	50,5	55
Marital status:		
Married	(74,3)	26
Consensual union	63,8	88
Previously married	(69,2)	9
Single	52,9	165
Education level:*		
Primary studies/without education	50,6	124
Incomplete secondary studies	73,8	59
Complete secondary studies	61,5	96
Post-secondary studies	(53,3)	8
Social-economic status:*		
Low	34,7	61
Medium	69,4	118
High	71,7	109
Employment:		
Employed	77,4	72
Unemployed	53,2	210
Ethnic belonging:		
Romanian	56,2	221
Romany/mixed	65,0	67
Total:	57,8	288

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.52:

Percentage of respondents who heard of HIV/AIDS and think that HIV may be transmitted by: R) *blood transfusion*

	%	n
Interview location:		
Open Doors*	(96,4)	27
ARAS	96,9	186
ALIAT	87,1	242
Age:		
14-18	84,5	49
19-20	88,3	83
21-22	98,1	104
23-24	94,3	99
25-26	86,4	57
27+	93,8	60
Sex:		
Male	89,2	346
Female	99,1	108
Marital status:		
Married	100,0	35
Consensual union	89,9	124
Previously married	(100,0)	13
Single	90,7	283
Education level:		
Primary studies/without education	93,1	228
Incomplete secondary studies	92,5	74
Complete secondary studies	88,5	138
Post-secondary studies	(93,3)	14
Social-economic status:*		
Low	95,5	168
Medium	92,9	158
High	84,9	129
Employment:		
Employed	91,4	85
Unemployed	91,1	360
Ethnic belonging:		
Romanian	91,3	359
Romany/mixed	91,3	94
Total:	<i>91,4</i>	<i>455</i>

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.53:

Percentage of respondents who heard of HIV/AIDS and know a person that has HIV or died of AIDS

	%	n
Interview location:		
Open Doors	(28,6)	8
ARAS	21,9	42
ALIAT	30,2	84
Age:*		
14-18	(19,0)	11
19-20	(21,3)	20
21-22	(21,7)	23
23-24	(27,6)	29
25-26	(30,3)	20
27+	(45,3)	29
Sex:		
Male	28,4	110
Female	(22,0)	24
Marital status:		
Married	(42,9)	15
Consensual union	26,8	37
Previously married	(38,5)	5
Single	24,7	77
Education level:		
Primary studies/without education	27,8	68
Incomplete secondary studies	(25,0)	20
Complete secondary studies	26,3	41
Post-secondary studies	(33,3)	5
Social-economic status:		
Low	27,3	48
Medium	23,5	40
High	30,3	46
Employment:		
Employed	(28,0)	26
Unemployed	26,6	105
Ethnic belonging:		
Romanian	27,7	109
Romany/mixed	(24,3)	25
Total:	26,9	134

*p<.05

The percentages between parentheses were calculated using less than 30 cases.

Table VII.54:

Percentage of respondents who heard of HIV/AIDS and think a person may be infected with HIV without having any sign of disease

	%	n
Interview location:*		
Open Doors	(92,9)	26
ARAS	75,5	145
ALIAT	66,9	186
Age:		
14-18	67,2	39
19-20	74,5	70
21-22	68,9	73
23-24	74,3	78
25-26	68,2	45
27+	75,0	48
Sex:		
Male	72,4	281
Female	69,7	76
Marital status:		
Married	(68,6)	24
Consensual union	68,8	95
Previously married	(92,3)	12
Single	72,4	226
Education level:		
Primary studies/without education	72,2	177
Incomplete secondary studies	68,8	55
Complete secondary studies	69,9	109
Post-secondary studies	(93,3)	14
Social-economic status:		
Low	76,1	134
Medium	65,9	112
High	73,0	111
Employment:		
Employed	76,1	69
Unemployed	65,9	280
Ethnic belonging:		
Romanian	70,7	278
Romany/mixed	76,7	79
Total:	<i>71,7</i>	<i>357</i>

*p<.05

The percentages between parentheses were calculated using less than 30 cases.