Qualitative Study Report

HIV Knowledge, Attitude, Practice (KAP) Study on teenagers with parents working abroad

project BORDERNETwork (in which frame the Fact Finding Mission took place) , the financial support of EU Public Health Programme and the coordinator SPI Forschung Berlin

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I. Introduction

This report is a result of Rapid Assessment and Response conducting in the frame of a Fact Finding Mission (FFM) in NON-EU countries and EU border Areas, including Moldova. General Objective of the Fact Finding Mission is to sort out gaps in and between the core strands HIV/AIDS/STI prevention, diagnostic and therapy in border areas between EU and ENP country, Republic of Moldova. Specific objective FFM: Interdisciplinary networking. To scale up the implementation of highly active prevention through boosting network cooperation.

In Republic of Moldova the study was conducted by NGO “CREDINTA” and ILIGACIU S.R.L. NGO “CREDINTA” is operating in the sphere of HIV/AIDS prevention since 2002 in the course of previous projects with the financial and technical support of BORDERNETwork implementation in 2008 and 2009 has developed a reliable system of information support for young people, raising the youth awareness in the sphere of HIV/AIDS, and the youth involvement into work within the single system for formation of healthy life style and responsible behaviour. Having broad experience of work with various groups of youth and possibilities for communication with the target group, the public association “CREDINTA” performed the mission of identifying the facts of peculiarities of the local epidemiological situation on HIV/AIDS/STI, to study the models of risk, connected with young people from risk groups (from families in absence of parents, parents work abroad, etc.). ILIGACIU SRL since 1998 has an established reputation in developing sociological surveys covering different socio-economical areas, as well as national and cross-border regions primarily in Moldova. In the last 10 years ILIGACIU developed some researches on health field, including HIV issues related.

On January 1st, 2011, the number of permanent population of the Republic of Moldova made up 3560,4 thousand people, of which 745,6 thousand or every fifth individual was under the age of 18 years. Adolescents and young people in Moldova make up over one quarter of the total population excluding the Transnistrian region. On January 01, 2011, a cumulative number of 6,404 HIV cases were registered, including 2,127 in the Transnistrian region. HIV affects mostly young adults, as 85% of total HIV cases have been registered in the age group 15-39 years, including 29.7% among those aged 15-24 years.

Who prepares the youth for life? How are the young people prepared to start their sexual life? What awareness options are in place in this specific area? What questions shall be considered primarily by parents and by the whole society, taking into consideration the fact that the health of next generations relies on this. The gaps existing in the young people sexual life are confirmed by many indicators, like, for instance, the unwanted pregnancy, the spread of sexually transmitted diseases, etc.

According to the Ministry of Health data, in the course of 2010 every third pregnancy was terminated. Out of 15 thousand abortions carried out last year, 25% of them were demanded by teenagers aged between 13 and 17 years old. Approximately 3,000 female adolescents of the Republic of Moldova have unwanted pregnancies every year.

Due to their age, their level of knowledge and high-risk behaviour they expose themselves to, adolescents and young people are viewed as a vulnerable group in all programmes aimed at preventing sexually transmitted infections, including HIV. However, the survey conducted in 2010

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3 http://unimedia.md/?mod=news&id=37926
amongst the young people aged 15-24 years\(^4\) showed that the knowledge on HIV/AIDS still have a fragmentary feature – only 38.2% of interviewed young people responded correctly to the whole set of questions\(^5\) relating to HIV/AIDS, while 66.3% gave correct answers to the set\(^6\) of questions on protection methods.

Sexual education was completely lacking in the countries, which were part of the former Soviet Union, including the current territory of the Republic of Moldova as well, and nowadays the phrase “sex did not exist during the Soviet era” is frequently mentioned, and it expresses indeed the attitude towards this subject. More than two decades after the Soviet Union collapse the discussions about sexual relations were placed under taboo in most of the families. Concurrently, the parents transfer the sexual education responsibility to education institutions. However, even in the education institutions this subject is dealt with superficially during the Biology hours or within a module comprised by the optional object titled „Education for Health”. At the same time, many members of the teaching staff are not trained enough to discuss openly with the students because they themselves do not have enough training in this area and because they were taught that it was a shame to discuss about sexual relations; therefore, few of them managed to change this concept. Many non-governmental organizations carried out different activities within HIV/AIDS public awareness and spread prevention programmes, including those targeting youth sexual education. Some of those activities were pretty efficient. However, these programmes have got two sensitive points: the coverage level of adolescents, from the one side, and programme sustainability/continuity over time, from the other side.

Due to the fact that sexual education is lacking, while the old norms have been gone beyond, young people do not wait to get married and start their sexual life afterwards, while young people monitoring, controlling their entourage seems to be the only solution for parents to protect their children. In the case of children whose parents left to work abroad, the former are deprived from the parents’ caress as well as from their control, thus, becoming more vulnerable to start untimely their sexual life.

In different situations, both the physicians and other field-related experts draw the society attention to the increased vulnerability of young people whose parents left to work abroad; however, there are no studies available either to confirm or to refute this statement. Mass-media introduced some situations when adolescents, whose parents left to work abroad, have been abused or have abused sexually, but these are just cases reached by Mass-media.

On average, every fifth family with children has at least one member working abroad. On 1 October 2010, the official data show a number of 91,802 children left without parental care, of whom 28,863 children were without the care of both parents, who work abroad.\(^7\) The sociological surveys conducted in this area show a much higher number of children left without parental care; in July-

\(^4\) Knowledge, Attitudes and Practices of young individuals aged 15-24 years relating to HIV/AIDS (National sample - 1209 respondents aged 15-24 years old, period of data gathering September 26 – November 07, 2010), The Survey was implemented with the financial support of the grant provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria, Round 6.

\(^5\) Share of respondents who gave correct answers to each of the following questions:

„Could the risk of getting infected with HIV be diminished by correct use of condom during each sexual intercourse?“

„Could the risk of getting infected with HIV be diminished by having only one sexual partner who is faithful and HIV-negative?“

„Could HIV infection be passed by sharing the utensils for serving food with a HIV-positive individual?“

„Could an apparently healthy individual be a carrier of HIV?“

\(^6\) Share of respondents who gave affirmative responses to the following questions:

„Could the risk of getting infected with HIV be diminished by having used correctly the condom during each sexual intercourse?“

„Could the risk of getting infected with HIV be diminished by having used correctly the condom during each sexual intercourse?“

\(^7\) INFORMATION NOTE on the state of juvenile delinquency and the activity of services for minor of the field units during nine months of 2010) [http://www.mai.md/content/6251](http://www.mai.md/content/6251) (accessed on 25.11.2010).
August 2006 about 177 thousand children had parents working abroad, of whom 22 thousand children had both parents abroad. Another sociological survey conducted within the students of the grades 1-99 showed that at the moment of the survey, 7.5% of children had both parents working abroad, 17.9% of the students had one of the parents working abroad and only 38.1% of the children never had parents working abroad. The main countries of destination for Moldovan migrants are Russia and Italy; with over two-thirds of migrants from the Republic of Moldova. Other countries that have a significant share of Moldovan migrants include Ukraine, Turkey, Israel, and Portugal. There are significant differences in the structure of migrants by countries of destination. Thus, the migrants leaving for CIS are younger, mostly men, less educated people and they usually work in constructions. The people leaving for the EU are mainly women, people with higher qualification and they get employed mostly in housekeeping or caretaking business.

The topic on children left without parents care due to migration of the latter continue to be dealt with in the Republic of Moldova, while the medium-term and long-term consequences of this phenomenon are less considered, although a 2010-2011 National Plan was adopted, which comprised measures to protect the children left without parental care and envisaged inter-ministerial co-operation. In fact, the Programme was well defined, but most activities have not been implemented due to the shortage of funds. Now some of the foreseen activities would be implemented with the financial support provided by international bodies. We can mention as a positive outcome the mobilization of family physicians to carry out prophylactic control of children whose parents left to work abroad.

In this context we proposed to cover a high risk population: teenagers (14-18 years old) with parents working abroad.

Main objectives:

- Evaluation of teenagers’ knowledge about HIV/STI
- Access to services for HIV/STI prevention/HIV treatment, counseling and testing, sexual and reproductive health;
- Behavior related to prevention of risks and risk-exposure;
- Needs related to information and skills for protection for adolescents with parents working abroad.

The present Study represents an analysis of the adolescents’ status, whose parents left to work abroad, in terms of knowledge, attitudes and perceptions related to HIV/AIDS. The Study data are based on the analysis of certain quantitative indicators available from the ESPAD10 Study and on the qualitative Component comprising focus-groups of adolescents whose both parents left to work abroad, in-depth interviews with experts and interviews (see the Chapter on Methodology). A great part from the teenagers that are living at the moment without parents, because they left abroad to work they intend to go and study or work abroad. The EU countries are more attractive for them, due to the fact that the level of living is much higher in comparison with the CIS countries,

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8 The Impact of Migration and Remittances on Communities, Families and Children OIM /CBS-AXA, Chisinau 2007.
10 The European School Survey Project on Alcohol and Other Drugs, a Regional Study conducted in 2011 covering over 35 countries. The Study carried out in the Republic of Moldova has been coordinated by the National Centre of Health Management.
the level of accessibility of the authorities is higher, the educational institutions are more
prestigious etc. last but not least the social networks are already formed. In the same time the
migratory flow has a circular character, thus the young people can find sexual partners both in the
host country have unprotected sexual relations, to understand the responsibility on the period of
their education or work in that country and in Republic of Moldova. The important thing is that they
should be well informed regarding the risks at which they are exposed when they have unprotected
sexual relations, to understand the responsibility that they have towards their own health and
towards the people that surround them.
II. Methodology

The Qualitative Sociological Survey comprised:

- **three focus-groups with adolescents** (14-18 years old), whose both parents left to work abroad (see Annex 1 for the data about the Respondents);

<table>
<thead>
<tr>
<th>Focus-group Design</th>
<th>Participant Categories</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1FG</td>
<td>Adolescents whose both parents left for CIS countries, mainly to Russia</td>
<td>8 individuals</td>
</tr>
<tr>
<td>2FG</td>
<td>Adolescents whose both parents left for EU countries</td>
<td>6 individuals</td>
</tr>
<tr>
<td>3FG</td>
<td>Adolescents who live without any adult supervision, parents are abroad</td>
<td>9 individuals</td>
</tr>
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Participants to the Study were identified through the local public administration, mainly social workers. At this study participated teenagers from Chişinau, Bălţi and from the urban and rural areas from the following rayons: Cahul; Comrat; Ștefan Vodă; Leova; Căușeni; Râșcani; Sângerei; Floreşti; Criuleni; Orhei.

The discussions lasted for two hours on average, being recorded with the participants’ consent.

- **two in-depth interviews with Russian speaking adolescents**, who did not comprehend Romanian to be able to get involved in group discussions;

- **eight in-depth interviews with experts**: representatives of Youth-Friendly Health Centres (YFHC); Consultants of Voluntary Counseling and Testing (VCT) Centres, representatives of NGOs working in this area; in the process of experts selection we took into consideration the principle of territoriality (ensuring the geographical distribution), and also the institutions activity profile in order to get as much information about adolescents and young people (whose parents left to work abroad) as possible;

Period of data gathering: May – July 2011
III. Background information

The interviewed adolescents have got one common feature: none of the respondents have their parents at home. The participants to one of the group discussions stay home alone (without the supervision of an adult), this being the selection criterion, although in the course of other group discussions there were adolescents who live alone or together with younger brothers or sisters. Nevertheless, most of adolescents stay with adult individuals, grandparents, as a rule, who do not always manage to fulfill this task, being overwhelmed by the inter-generation differences. Brothers/sisters, other relatives, neighbors or simply an individual paid for this purpose (nurse) are the adults with whom the children are left to stay with since young ages. Some adolescents declared that previously other individuals took care of them, many times during different periods they stayed with different individuals, but currently their parents trust them and let them stay alone.

“My parents left for abroad when I was 4-5 years old; I stayed at one grandmother’s place, then at the other or at my aunt’s. At that time my parents visited the country once every three months, they both worked in Russia. One summer they brought us to Russia and we stayed for one summer, but my parents divorced nine years ago.” (F, 17 years old, parents work in Russia).

“My parents left the country when I was seven years old. I stayed at my grandmother’s place for three months, but all of a sudden I did not get on with her, and I stayed with my elder brother. Later he graduated from the secondary school and left the place, and I was forced to stay home alone since I was in the fourth grade, having also a younger sister with me.” (F, 16 years old, parents work in Russia).

For an in-depth comprehension of the subject on HIV/AIDS from the interviewed adolescents’ perspective, we will introduce them depending on the emigration experience of their parents.

3.1. For how long?

Most of the participants to the study have remained with no parental care during the school time. Part of the respondents mentioned that their parents left to work abroad when they were very young; in some cases the children were several months or even several weeks old. Some of the children were born in migration, their father continuing to move back and forth; and, afterwards, their mother left to work abroad.

“I was not born yet when my father left to work; 18 years passed since he started to go to Moscow and back to Moldova, while my mother left for Moscow seven years ago.” (M, 16 years old, parents work in Russia).

“I was born in Ukraine, grew up in Russia and studied in Moldova. We returned to Moldova because we did not have some papers in Russia, and it was time for me to go to school. Mother could not leave me alone and go somewhere to work, because at that time my parents divorced, and I returned to stay with my grandparents, while my mother goes back and forth to work in Moscow. (F, 16 years old, parents work in Russia).

As a rule, one parent left the country to find a job abroad, and, consequently, several years later, the other one also left the country.

“My father left for abroad when I was six months old, and I was four years old when both parents left.” (F, 16 years old, parents work in Russia)
3.2. For what reasons?

Almost unanimously the adolescents mentioned that the reasons, which forced their parents to seek for a job abroad, were the family financial problems, the impossibility to provide the family with the minimum for living. However, several young people mentioned that their mothers left for abroad to seek better life conditioned by the quarrels/conflicts within the family.

Lack of jobs, low salaries, issues relating to dwellings, the need to pay for the children’ studies were mentioned amongst the most important factors that forced the parents to search for a job abroad.

3.3. How were the children affected by their parents’ departure?

The parents of more than one half of the adolescents participating to the Study divorced. The Study strengthened once more that migration affects very much the spouses and parent-child relations. Most children confessed that their relations with the parents have been weakened due to the parents’ separation, some of them saying that their relationship with the parents is cold. Depending on the character, some adolescents say that they try to have a closer relationship with their parents, even at a distance, while others point out that they have already grown up and do not need to be padded by the parents, or they are closer to their grandparents or to other individuals they live with.

“Indeed, I did not feel mother’s love. Now, for example, when she comes home, I greet her, hug and kiss, I stay around her, but she does not like this very much because she did not get used to…” (F, 17 years old, parents work in Russia).

“I miss my parents so much, but I get used to their absence, because I stayed mostly with my grandparents. When I come back home from school I get on better with my grandparents, not with my parents, I pretend... they are not home at all” (M, 14 years old, parents work in Russia).

“I get used to live with my grandmother, she is like mother for me, I get on better with her, I can tell her all my secrets; as for my Mom, there is something that keeps us away, it seems to me that she does not understand me ...” (F, 18 years old, parents work in Russia).

“The relationship is not strong, there are better relations; I consider the grandparents as my parents because they helped me grow up” (F, 17 years old, parents work in Italy).

“My mother returned five years ago; I could not look at her, I could not say “Mom” to her, when we talked to me I turned my head away. My sister was four years old when my mother left the country, she was taken by our aunt; hence my aunt helped her grow up, and my sister has accustomed to her, in other words, she was doing well. My sister did not recall my mother’s face, she saw her on Skype only. My father? I can say nothing about my father (my parents divorced); well, he also earns for our living, he cares about us and helps as much as he can, but most of all, my mother does.” (F, 17 years old, parents work in Italy).

Although most adolescents declare they miss their parents who left the country to work abroad, some of them mentioned that now communication through Skype is more than enough; they needed consolation and caress when they were little kids. With some exemptions, all adolescents declared they have got used to be independent, and their parents’ return, even for short periods,  

creates inconveniences to them, although when the parents are far away, they miss them. When the parents come home they try to change their children’ life-style, thus, conflicts occur.

"You get used to live independently; migration moves away your parents, and you get used to live without them, and you do not want to stay with them anymore." (F, 15 years old, parents work in Italy).

"When they are far away, I want them to come; when they are nearby, I cannot wait them to leave." (M, 17 years old, parents work in Russia).

The vast majorities of adolescents keep in touch with their parents and talk to them at least once a day or several times per day. The adolescents say that they can talk about everything with their parents by phone or through Skype. Nonetheless, some children go through real tragedies, and can talk about them with tears in their eyes, being either abandoned by one of their parents or without seeing them for ages.

 Concurrently, many young people mentioned that housekeeping chores and responsibilities assigned to them after their parents left the country are a very heavy burden, which sometimes make them feel exhausted.

"I am 16 years old, and it is pretty difficult to study and to cook for me and for my brother; besides, I have to clean up the premises. In case you want to get good marks to be admitted to higher school, then you have to stay at nights; sometimes I went to bed at 3a.m. I was much stressed, I even took ill because I did not have time to eat, my body strength and immunity dropped; I had flu and stayed for one month at home." (F, 16 years old, parents work in Russia).

The Study conducted by UNICEF in 2006\(^\text{13}\) shows that as a result of parents’ migration, the roles are lost, and children, whose mothers left the country, suffer most of all (see Figure 3). Thus, based on the Figure below we can say that, indeed, children whose mothers left for abroad are highly vulnerable, for example, 19% of children whose mothers work abroad are supervised by nobody as compared to 8% for the cases when fathers work abroad and only 1% for the case when both parents work abroad. The situation is getting worse when we talk about having access to medical services; thus, 23% of children whose mothers work abroad said that nobody went with them to the physician compared to 6% for the cases when fathers work abroad and 4% for the case when both parents work abroad.

Figure 3. Share of respondents who answered “nobody in the family does”, (%)
In case of participants to this Study, being deprived from both parents’ care because the latter left for abroad, they have to take over the responsibility to do the household chores, to behave properly and to take care of younger siblings (see Annex 1), thus, being forced to come to maturity at an earlier age.

“If I could turn away the time, I would not allow them to leave, because it was very difficult for me. Anyway, these are issues to be resolved by parents. As they say, I was left to take care of this household, it was very difficult, and I was very young – 11 years old when my father left for abroad. Therefore, all the male issues remained on my shoulders, then my mother left the country, and I had to cook as well.” (M, 18 years old, parents work in Greece).

Another trend identified amongst the adolescents whose parents left to work abroad is related to their attachment and full trust to elder young people.

(Organising parties at home) „My friend was present all the time and he took control over everything, in other words, if he said: „leave”, they had to leave; but if he said they could stay, I did as he told me. Hence, he was telling me what to do, and everything was under control without any troubles.” (F, 16 years old, parents work in Italy).

„The cellar was open and, boys, please do enter! This way you can gain more respect from the elder people.” (M, 15 years old, mother works in Italy, father works in Ukraine).

„Nobody is under 20 years old; I have friends aged 25 and 24 years old, I know that if I go with them, nothing wrong would happen, I would have no problems with the neighbours, nobody would seek for troubles, I am sure that everything will be just fine, therefore, I accept that.” (M, 17 years old, parents work in Russia).

Such situations could be sometimes dangerous for the adolescents who become extremely credulous and attached to such individuals who could have a negative impact on them.

The adolescents confess that the lack of control from the parents’ side places them in difficult situations or in quaint contexts, having pointed out that in case the parents are at home they would not allow them to behave in such a way.

- **Dangerous situations for their health**, driving vehicles without having a driver’s license. Although from the legal standpoint an individual may drive when he/she reached the age of
18 years, there were adolescents in each discussion group, boys, as a rule, who drove vehicles, and two of them hit the vehicles and were slightly wounded themselves.

- **Risky entourage**, characterized by the participation to different events, amusements, going out to different areas, which could have deteriorated into conflicts, aggressions, etc. Usually, parents impose restrictions on girls to participate to different parties.

> „I was involved in such cases several times. Pretty recently, on June 09, we celebrated the birthday of a friend. He invited us out to a forest, and I decided not to tell my parents, because they would not allow me to go. Nevertheless other people saw me and told them. Of course, they called me on my mobile and to our home phone number so many times, saying that they would take me to Moscow... In other words, it was clear that if they were home, I would not have joined the party in the forest, and everything would be under control.” (F, 16 years old, parents work in Russia).

> „I was part of an event recently. This winter when I went to a disco-club along with my friends there was a girl, two years elder than me, who always told me I was flirting with her friend, and rushed at me. I had long nails and I scraped her face pretty heavily, so that blood surfaced on her face. I told my mother only when I got home. She was always against any quarrelling with girls. I think that if my mother would be at home, I would have avoided that conflict and tapping.” (F, 16 years old, parents work in Russia).

> „For example, when my mother is at home, I do not go to disco-clubs, but when she is not, I go. When I ask for permission, she would not let me go, but when she is not at home, I would go on my own.” (F, 15 years old, parents work in Italy).

- **Suppositions, rumours** – the adolescents believe that their behaviour is criticised, blamed with no ground. The community members, especially in the rural area, may overstate certain things.

> „At a birthday party - I am dating with a boy for about three years – a different boy came in who liked me. I did not want even to talk to him, but his parents are friends with my parents. Before I could get home, my parents knew that I “went” for a walk to the forest with that boy, being almost naked and so on and so forth.” (F, 16 years old, parents work in Italy).

> „I have a 21 year-old boy-friend, we are very good friends... He was driving a car, and I left my purse in the car. I went to get my purse back, and, without kissing him, I went home. One week later a friend of mine asked me what “did Sergiu and me do that evening?” I said: „nothing, we only talked”...Then she started to tell me that people talk we had sexual intercourse, that my dress was rolled up, and his belt was unfastened...” (F, 16 years old, parents work in Russia).

There are also children and adolescents, whose parents left to work abroad, who do care about their school marks and social status; they want their parents to be proud of them; they think it all depends on the child’s character and attitude, the fact that the parents are or are not at home does not matter very much. Some young people try to behave as well as possible, so that their parents could trust them; they try not to disappoint their parents who work hard to ensure them better lives in the future.

Several female adolescents mentioned that the society puts pressure on them; people around them do not realise how much they suffer from the fact that their parents are not around. People reproach them by saying that their parents left to work abroad and make money, but they do not think what kind of individuals they grow up. Such statements are made by the neighbours, by the teachers and by the classmates.
Concurrently, many adolescents confessed that their parents send them money, and they can afford buying more expensive items in comparison with their mates. Most parents give up and send money to their children, especially when the amount is around 100 Euro. Many adolescents confess they could afford buying alcoholic beverages, cigarettes, although under the law, they are not allowed to do that, but when you have the money it is pretty easy to buy such items. In this situation, these adolescents expose themselves to the risk to acquire vices/addictions, to have accidental sexual intercourse, etc. We cannot assign such features to all adolescents, whose parents left for abroad, but we talk about distinct trends in this regard.

3.4. Emigration Experiences

Many children emphasized that they visited their parents abroad for several months, usually, on vacation. Some of them intend to continue their studies in the countries where their parents work; others believe that they should graduate from a higher education institution and then go abroad to earn some capital.

Some young people consider that they have a healthier life-style that they saw in their parents host-countries.

“I was in Moscow, and I saw a lot of empty bottles near the apartment block... My parents told me many times that their neighbours are drug-users.” (F, 16 years old, parents work in Russia).

“When I visited my parents in Italy I realized that drug addiction is something normal, he parked his car in the street in the daylight and took narcotics.” (F, 16 years old, parents work in Italy).

Most adolescents want to continue their studies in a settlement different from the one they live at present.

IV. Opinions and perceptions about HIV/AIDS

4.1. HIV – perceptions and associations

First of all, HIV/AIDS is associated by the adolescents with "an incurable disease", "a severe malady", "a sexually transmitted infection", "a contagious disease", and this awakes fear. Pretty often, HIV/AIDS is perceived as "the end of life", "death"; several young people associated it with "curse", "ill-luck". Some respondents may think about the ways of getting infected and about the groups perceived by them as the most vulnerable to HIV/AIDS. The risky situations are as follows: "you shall not have relations with strange people", "dummy girls", "drunkenness".

Other young people mentioned the social exclusion of infected individuals when they thought about HIV.

“A shy individual, who is not taken into consideration by the society, keeps away from the others.”(F, 16 years old, parents work in Ukraine).

During one of our discussions a boy asked whether the infected people are locked in or isolated from other people. One of the respondents mentioned that it all depends on the disease stage, and, to his mind, those with advanced stage of infection shall be isolated. Nevertheless, most participants refuted this presupposition, having pointed out that the HIV-positive individuals can
live in the society just like other people who have got health problems. Besides this erroneous perception, there is a myth circulating in the society that this is a revenge of those infected with HIV, and they want to infect other people. This idea was formulated in the course of two group-discussions, being also mentioned by other studies conducted in this field.

“There are several boys who made love and got infected with AIDS, and now they hate people and want to infect the others.” (M, 17 ani, parents work in Russia).

However, during all group discussions there was at least one adolescent who mentioned that when he/she heard about HIV/AIDS, he/she thought primarily about protection – „be careful”, „condom” „unprotected sexual intercourse”.

The adolescents think that HIV-positive individuals cannot become parents, while in case they have children, the latter are also infected. This perception comes from the promotion of the ways of HIV transmission „from mother to child”. To some adolescents’ mind, the idea that HIV-positive individuals shall be interdicted to have children persists.

Most interviewed people mentioned that an apparently healthy individual could be infected with HIV, but there were voices pointing out that there should be some symptoms, sickness or other reactions of the body saying that you are in trouble.

“There should be some symptoms, you cannot just stand up and go to see a physician; there should be some symptoms of sickness.” (F, 18 years old, parents work in Russia).

4.2. Fears about HIV Infection

The association of HIV/AIDS with the death is due to the fact that HIV/AIDS is perceived as an incurable disease, and young people think very often that contamination with HIV means the end of life.

“Yes, of course, as they say, this is the end...As for me, God forbidden, in case I have it, I do not think it is worth living. Why should I live to torment myself?!” (M, 18 years old, parents work in Greece).

“This disease cannot be treated, and all of a sudden you think you have no chance...” (F, 17 years old, parents work in Italy).

There is phobia that HIV-positive people are condemned to loneliness and social isolation.

“In case you are infected, then, for sure, all would estrange from you, even the relatives.” (F, 18 years old, parents work in Ukraine).

“When you get alone you realize that there is nobody you can rely upon, you are rejected by all everywhere.” (F, 16 years old, parents work in Ukraine).

Some adolescents confessed they were scared by HIV/AIDS because they did not know much about it and they did not know what to expect, „is there any treatment or not?”, etc.
There are young people who are not aware about HIV/AIDS, but, concurrently, they think it is a disease they would never get infected; they reject the information, thinking it is disgraceful: “I want to know nothing about it, I do not trouble troubles”.

4.3. Information Sources about HIV

The adolescents received information mainly from the education institutions. Such information was focused on the risk of getting infected with HIV, the ways of infection transmission and the protection methods against the virus. Nevertheless, there were adolescents who acknowledged that nobody in school dealt with this subject, one of the boys saying that, “perhaps, someone did, but I missed school at that particular time”.

The main public awareness and education sources about HIV/AIDS are as follows:

1) The teaching staff – during the biology classes, master classes, civic education classes as well as during the optional disciplines like “Life Skills”¹⁴, “Education for Health”, etc.;
2) Civil society representatives, especially the NGOs working in this area, through different public awareness, advocacy and education projects; In this context we would like to mention the activity performed by “Peer Educators”, and the impact of students’ meetings with HIV-positive individuals – students started to realize that this could have happened to anybody;
3) The pertinence and interlink groups for young people – parents, siblings, relatives, friends, neighbours and other individuals they get in touch with;
4) Medical institutions – usually, billboards, booklets, and seldom, the medical staff;
5) Mass-media – through articles, reportages, broadcasts, spots, movies and documentary films;
6) The Internet – a source used increasingly by adolescents, especially for getting in-depth knowledge, when they want to get more information about what they heard.

Despite these multiple sources of information, the HIV/AIDS topic is presented at random, thus, creating informational confusion. The young people are aware about the ways of contracting infection, but sometimes, they are not confident for their knowledge, and could be easily influenced to change their mind.

Children’ discussions with their parents about sexual relations remain a prohibited topic in many families¹⁵, while in the case of children whose parents work abroad, communication on this subject is even much more difficult.

“Yes, she is my mother, but she is far away, and could understand me erroneously.” (F, 16 years old, parents work in Russia).

¹⁴The discipline “Skills for Life” was introduced in the school curriculum in 2004, with the support provided by European organizations; however, one year later it was transferred to the list of optional subjects, while the textbooks were withdrawn from schools upon the call of Christian organizations, which insisted on the fact that the textbooks promoted dissoluteness. The programme on protecting the children left without parental care for 2010-2012 envisaged to reintroduce this subject in schools, but this desideratum has not been enforced, and the subject is still considered as controversial.

¹⁵UNAIDS.
In different situations, the young people mentioned that their parents tried to deal with them by bringing specific examples, hints, but pretty often such discussions are brought in too late, when children have already experienced negative events.

"I did that, I did it several times. For instance, you have had sexual intercourses, I mean the girls or the boys, when you were 16 and 18 years old; your parents tell you that you shall not have sexual relations at that age." (M, 18 years old, parents work in Greece).

"Parents start talking when you were faulty - „look, you should not have done this”. And you do not tell them, but in your mind you think: - “perhaps, I should have told them long before.” (F, 17 years old, parents work in Italy).

"Especially, when there are certain consequences, I better should have been told earlier then now, you cannot turn back the time.” (F, 17 years old, parents work in Italy).

Many respondents stressed the fact that they would love to communicate freely with their parents and talk about sexual relations, ask any question they have, because parents would provide them with appropriate advice and would never betray them.

4.4. Where can an Adolescent, who wants to know more about HIV, get more information?

The Internet and older and/or more experienced friends are the main sources for the young people when they want to find out more about HIV or, in general, about sexual relations. The Internet is a source where the youth could explore the subject without being blamed or having restraints or inhibitions. The fact that they could search and access different web sites anonymously makes them feel more relaxed and unchained.

"I would rather search through the Internet because it puts no questions, while in case I ask one of my parents, then he/she would definitely ask me: why do you need to know that, do you have any concerns about that?... You can also talk to the physician through the Internet without disclosing yourself, i.e., anonymously.” (M, 17 years old, parents work in Italy).

As for the situation when you ask for information from somebody, regardless whether he/she is a friend or somebody else, the latter could interpret it based on their own experience.

"When you ask, they start saying: what have you done etc.? I know it because I also react like this.” (M, 17 years old, parents work in Russia).

The adolescents mentioned that they can be sincere with their friends, although some of them have had negative experiences, when their secret talks were disclosed to other individuals, therefore, they trust nobody. Some young people pointed out that they find out different information from their mates during occasional discussions without asking direct questions.

"We also know what we need, our friends tell us everything; it depends what kind of friends you have got. They would simply tell you about everything, one would laud himself that he visited that girl, and he took this and did that; thus, there is no need to ask your parents about that.” (F, 17 years old, parents work in Russia).

Elder brothers and sisters are also trusted individuals for adolescents, the latter mentioning that in such cases they could be more sincere, communicate more openly, although some of them mentioned that it was not convenient for them to cover those topics.
"I talked to my brother about this topic; actually, he started to talk about that. He said I should not be ashamed to ask for advice because he knew I would never go to the pharmacy (to buy condoms), but it was important to have protected sexual relations. I was not prepared to talk with my brother about this." (M, 16 years old, parents work in Russia).

4.5. Risk Groups

In the course of group discussions, the adolescents mentioned that the young people represent the largest category, in terms of numbers, exposed to the risk to get infected with HIV. The pro-arguments included their passionate spirit, the willingness to know and the lack of experience, as well as other situations, events, which favour risky behaviour and exposure to HIV.

"They have so much energy, especially now; they are willing to try everything, within disco-clubs; they are willing to see everything. Those infected with HIV are also people like us; they also could go to disco-clubs. For instance, a 25-year old man and an 18-year old girl... energy... may take this opportunity and infect him as well." (F, 18 years old, parents work in Russia).

The commercial sex workers and IV drug users were mentioned in all group discussions as being part of high-risk categories to be infected with HIV. The adolescents also have placed the following groups in the category of individuals with high-risk exposure to infection: individuals with deteriorated immunity, medical staff, especially those who work with HIV-positive people.

Young people whose parents work abroad versus young people in general

Nobody out of the interviewed adolescents answered spontaneously that young people whose parents work abroad are exposed to higher risk of getting infected with HIV. Being asked directly about that situation, their opinions have split. From the one hand, some of them think that young people whose parents work abroad are exposed to the same risk of getting infected with HIV like other individuals, simply because their behaviour is alike; and all depends on each individual’s behaviour. From the other hand, approximately half of the participants to the group discussions mentioned that those young people whose parents work abroad are exposed to higher risks due to the following reasons:

- They lack control, "they were left by themselves, and they do what they want";
- They are forced, imposed by the entourage or situation to follow risky behaviours, to drink alcohol, to smoke, to use IV drugs, to have unprotected sexual intercourses; The youth, especially boys, confirmed they and their friends were in such situations, when somebody exercised pressure to smoke or to drink alcohol, by saying that "you are not a true man, even girls drink alcohol, you also shall drink".

The young people find themselves in situations when they are forced to test different produces, which generate the fear to become addicted.

"I was forced to smoke kalian once, but it is not drug..." (M, 16 years old, parents work in Russia).

"There are classmate girls who smoke kalian, herbs. They said they add the cigarette ash into the beer glass and drink it with a straw." (F, 14 years old, parents work in Italy).
- They have financial means to fulfill their flaws;

"We have a gang whose members come to school, leave the satchels in the classroom, and go to the restroom to smoke. Of course, teachers say that their parents send them money to buy cigarettes, and it is true." (F, 16 years old, parents work in Italy).

Women or men

The opinions regarding higher risk of getting infected with HIV men or women are exposed to vary pretty much:
- Both categories – on the ground that usually a sexual intercourse takes place between a man and a woman;
- Women, because they practice commercial sex; their immunity is weaker, they can be easily forced to have unprotected sex; they could be abused sexually more often;
- Men, because they have more sexual partners, more often they are not faithful, they use IV drugs more often, are exposed to risky situations of getting infected with HIV to a larger extent by having unprotected sexual relations: too much alcohol, accidental sexual partners;

4.6. Reaction of the Community towards HIV-positive Individuals

The adolescents believe that in case it would be known that an individual is HIV-positive, then the attitude of the society towards such an individual would have changed: the individual would be rejected and blamed/stigmatised. Being asked what would happen in case one of their class/group-mates is HIV-positive, the majority of respondents answered that this individual would be rejected by the group, having avoided any contact with him/her, although they know that communication or shaking hands is not a threat to get infected.

"It seems to me that everyone would avoid being around him/her, this is an incurable disease, and everyone would think twice before shaking hands or something else." (F, 16 years old, parents work in Italy).

"They will go away from him/her, nobody would get close to him/her, nor would they greet him/her." (M, 15 years old, parents work in Italy, Ukraine).

Some of the respondents think that HIV-positive individuals would isolate themselves on purpose.

"The sick individual will stand separately with no willingness to communicate with his/her classmates; he/she knows very well he/she is sick, and other people will try to avoid him/her and not talk to him/her; therefore he/she would isolate himself/herself or would talk to individuals like him/her." (F, 14 years old, parents work in Italy).

During the group discussions some adolescents mentioned there were individuals in their home village suspected to be HIV-positive, and the people avoided them, even when nobody was sure that the information was true - "there were rumours that we have a sick girl in the village, but I was not sure about that; now she has got a child".

When it is about pretty close individuals, i.e. friends, the adolescents show more tolerance towards them, saying they would be prudent in the relations with them, but would maintain the relationships.
At the same time, there were adolescents who said firmly they were not willing to have such friends, and in case they found out such information, they would cease any relation with them due to the fear to get infected.

"One would always have concerns in such situations, and I guess I would be also scared, regardless of how good she/he was, I would stay away from him/her... I do not know, it could happen that you suddenly cut or scratch your skin, although you were friends, you never know, but better stay away than get in trouble ..." (F, 18 years old, parents work in Russia).

During one of the group (9 participants) discussions, the adolescents try to put themselves in the shoes on an individual who found out about his/her HIV-positive status. Two respondents said they would isolate themselves from the others, other two respondents mentioned they would be more attentive and precautious towards their own health status and towards the people around so that the latter are not infected by them. One individual was not able to image such a situation, while three younger adolescents declared with certainty they would be willing to die.

"Better die, throwing yourself under a train or doing something else than live with that status." (M, 15 years old, parents work in Italy, Ukraine).

"Instead of tormenting yourself, being ignored by the whole world, better commit suicide, this is my opinion." (F, 14 years old, parents work in Italy).

In the course of all group discussions there were individuals who declared the HIV-positive diagnosis meant the end of life. As for the behaviour during this period, the opinions in this regard are different: some people believe that life should come to the end soon, thinking even about suicide to avoid physical and moral pain; others, on the contrary, think that one „shall live his/her life in full“, being as close to his/her beloved as possible.

V. The Level of Knowledge and Awareness concerning HIV/AIDS

5.1. Self-evaluation regarding the awareness level concerning HIV/AIDS and the information needs

Based on the awareness level and self-evaluation of their knowledge, the participants to three group discussions can be divided into several main categories, adolescents who are:

- informed – they know much information on HIV/AIDS and are confident for their knowledge, all of them participated to extracurricular activities: seminars, summer schools. As for the knowledge self-evaluation, their opinions differ, some of them think they are well informed, while others believe there are so much information on this subject they are not aware of;
- informed occasionally – the vast majority of participants, usually informed during the classroom hours within education institutions, know certain information, mostly about the ways of transmission and protection methods; however, in many situations they are not
confident they have accurate information, therefore, they often use syntagma like: “it seems to me”, “I heard/learned”, “I am not sure”, “if I am not mistaken”.

- informed very little – the participants know very little about this subject, very often they have erroneous information. Thus, two respondents out of the participants to the Study, learned for the first time about this topic during the discussions about HIV/AIDS; one of them recalled he/she saw a billboard on this subject in one of the healthcare settlements.

Some adolescents have evaluated their own knowledge about HIV with low marks, up to five points (on a 1 to 10-point scale, where 1 means not informed at all, and 10 means well-informed) just because they are aware of the ways of HIV transmission and of the methods of protection, having mentioned that the latter is the most important component. The young people showed much interest in the following issues: virus development stages, what stands for HIV and AIDS abbreviations, progress made in virus treatment, why the infection is incurable, etc.

“I know the most important issue, how to protect myself, I know what is all about, what the virus ways of transmission are, but I wonder why it cannot be treated...” (M, 18 years old, parents work in Greece).

“I know how it occurs, how it is transmitted, but I have no idea what stands for HIV and AIDS, and if there any deciphering for each of them or the virus development stages.” (F, 17 years old, parents work in Italy).

5.2. Ways of HIV Transmission

Unprotected sexual relations have been mentioned in all three group discussions as the main way of HIV transmission. Likewise, the ways of virus transmission through direct contact with blood were also mentioned during all group discussions, including:

- Unsterilized medical instruments;
- Syringes’ in the case of IV drug users;
- Blood transfusions;

Many adolescents learned for the first time from their peers that HIV/AIDS can be transmitted from mother to child during pregnancy or during the infant breast-feeding. The possibility of HIV transmission through the utensils used in beauty salons, for manicure, tattoo, etc. was mentioned during two out of three group discussions.

The possibility to pass the infection through kiss was debated during all group discussions, and the majority of respondents were certain that in such case HIV is not passed. Several adolescents mentioned very low risk to contract the virus by kiss, because it would be necessary to get 5l (10 l), “a whole bucket of spittle” to pass the virus. However, others mentioned that there could be certain sore places in the mouth, which would contribute to virus transmission. Some focus-groups participants declared they had such contradictory debates during lessons and seminars, and they came to the conclusion that HIV could not be passed through kiss.

“It is impossible to get infected by kiss, unless both individuals have got gum problems.” (F, 17 years old, parents work in Italy).

The transmission of HIV via mosquito stings was mentioned by one focus-group participant, while the others contradicted him/her. In the course of an individual interview, a boy was pretty sure that
HIV is passed through pubic pediculosis. There were several young people who thought that sharing the utensils for food with an infected person could be risky for the HIV-negative individual.

5.3. Protection Methods and Risks to Get Infected

Most adolescents, when they self-evaluated their knowledge about HIV/AIDS, declared they know a great deal about the protection methods. A large part of participants emphasized that they learned about that during school lessons and seminars, focusing on ways of virus transmission and protection methods. However, when being asked specific questions about the protection methods, many participants gave evasive or even inaccurate answers, including the following:

- choosing the sexual partner based on the way he/she looks;

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<tr>
<th>&quot;We should avoid sexual intercourses with individuals who could be HIV carrier... We should know him better, look at his cloths, and watch his behaviour.” (F, 16 years old, parents work in Italy).</th>
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- Administering pills, „there are different pills”; the other participants refuted this opinion by saying that pills are suitable to protect against pregnancy, but they would never protect you against sexually transmitted maladies;

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<th>&quot;I know that those individuals who do not care about their personal hygiene risk to contract HIV and not only this, I do not know all the diseases, but this is a malady with immunity deficiency, while hygiene plays an important role in maintaining stable immunity.” (M, 17 years old, parents work in Italy).</th>
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- Observing individual hygiene;

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<th>“Make sure you take, at least a shower after each sexual intercourse, this is the most important issue, I think.” (M, 16 years old, parents work in Italy).</th>
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The protection methods mentioned by the young people are as follows:

- Abstinence, avoiding sexual intercourses; in this context, during two group-discussions, two adolescents mentioned that masturbation could be a solution;

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<th>&quot;Avoid sexual intercourse with strange individuals. It is obvious that if you start dating with a boy for 3-4 years, well, not now, later on, it is clear he is not infected, I am sure about that.” (F, 16 years old, parents work in Italy).</th>
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- Sexual relations with one partner;

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<th>&quot;If one uses condoms in his/her sexual relations with an infected person, then condoms are efficient in only 80% of the cases.” (F, 16 years old, parents work in Russia).</th>
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- Avoid sexual relations with occasional partners; very often this is misinterpreted by the young people, who do not agree that a stable partner could be unfaithful or that he/she could have contracted the virus from his/her previous sexual partners;

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<th>“I do not use condoms, because I know this would not help; there are so many cases when condoms</th>
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proved to be good for nothing (unwanted pregnancy); may be condoms are good for something, however, the percentage is pretty low. I have a girl-friend I am dating with for four years; I trust her, and she trusts me, everything is under control and I know what to expect.” (M, 17 years old, parents work in Russia).

“The virus can pass through the condom, I read that condoms have larger pores than the virus bacteria, therefore, the infection penetrates the condom.” (F, 16 years old, parents work in Russia).

The condoms quality is also important; thus, according to the participants’ opinion, condoms shall be procured in pharmacies. One female adolescent mentioned that she read information, and learned that using condoms from different manufacturers could be harmful for health.

“I read the information, and I learned that each firm has got its own technology regarding condoms; I learned that the condoms are lubricated with some substances; so, when using products of different firms, they could generate infection in the body. This is the information presented by the physician.” (F, 17 years old, parents work in Italy).

The idea of using condoms to prevent an unwanted pregnancy persists amongst the young people.

“We have to use condoms to avoid unwanted pregnancy, not diseases, this is my opinion.” (F, 16 years old, parents work in Italy).

“Many girls, when they use condoms, do not focus on protecting themselves against diseases, rather, they think about an eventual pregnancy.” (F, 16 years old, parents work in Russia).

Buying condoms is not a simple task for the adolescents from the rural area, who declare that they are ashamed and feared that their parents would find out, and that rumours would circulate in their settlement. If the boys are able to overcome this obstacle, then this is a real issue for girls. The situation changes when we talk about towns, where the identity is lost; however, some female adolescents still believe they would never buy condoms, leaving this responsibility to the partner.

Most participants to the Study agreed that both girls and boys need to have condoms with them; but the existing stereotypes and preconceived ideas impede this desideratum to come true, especially in case of girls who would be blamed by their parents, and by the society/community. As for the boys, those from the entourage show much tolerance and most boys think they would not get in troubles should the parents find condoms in their pockets. However, there are also boys who are afraid of their parents’ reaction – “I believe I would be punished if I have something like this in my pocket, I would have got in big troubles”. (M, 14 years old, parents work in Russia).

Some participants specified there were other contraception methods, including the „natural” method (interrupted coitus/coition), which offers greater satisfaction and is considered by some adolescents to be more efficient.

“We learned about the contraception methods in school, and many classmates said they choose the natural method, they do not use condoms, because only the woman would get full satisfaction from the coitus.” (F, 16 years old, parents work in Italy).

“Condoms are made from rubber, which mitigates the satisfaction from coition by 60%; why having sex with no satisfaction?!?” (M, 17 years old, parents work in Italy).
Several female adolescents slightly tackled the abortion issue as a method of avoiding an unwanted pregnancy – “if one gets pregnant, she can ask for abortion”, “in case of pregnancy one can rely on abortion, even it is not good for health, but I would be much more scared by a disease”. Although it seems that the female adolescents are well informed about the consequences they are exposed to in case of abortion, however, they do not fully understand the situation seriousness.

> “Many resort to abortion at this age; I heard that somebody I know aborted, although I am not sure, she is two years older than me. Now she has got great chances to have no children.” (F, 16 years old, parents work in Russia).

Several boys tried to convince their peers that condoms must be used as protection measure against sexual infections, which are much more spread out that HIV/AIDS, nonetheless, many young people believe that the most important factor for protection matters is choosing the partner and knowing him/her “you can do that without condoms, what is important in this case is to know with whom”.

In the course of different stages of the discussion, the adolescents identified situations, statuses or contexts when the adolescents may have more unprotected sexual intercourses:

- focusing more on sexual satisfaction than on protection;

> “If she accepts without condoms, then, primarily, she does not think about the risk to get pregnant, rather, she totally focuses on the satisfaction she would get during those 10-7 minutes.” (F, 16 years old, parents work in Italy).

- Sexual debut and/or the lack of a permanent partner;

> “If this is for the first time, for sure, he would not use it, but is there is one who could have it, then why not to protect himself?” (M, 16 years old, parents work in Russia).

- Intoxicated (with alcohol);

> „If you are not confident in your abilities, and your head is not sober, you would not use it.” (M, 16 years old, parents work in Russia).

- willingness / preparedness to create a family;

> “If you are ready to create a family, to look after a child, then there is no need to use it. But if you have not reached the appropriate age, the person is not the one you like and would not be able to maintain the family, then definitely, you will use it.” (F, 16 years old, parents work in Russia).

> “If they have already created a family, then an eventual pregnancy does not scare them; but this happens at our current age, the most important thing is not to get pregnant.” (F, 16 years old, parents work in Russia).

Concurrently, many young people are sure they have to use condoms when they have occasional sexual relations.

> „Those individuals I visited in secret knew I was dating somebody else, but accepted to do this... I was not confident about them, thinking that if they go with me, perhaps, they go with others too, therefore, I
used condoms, and I do not with my girl-friend.” (M, 17 years old, parents work in Italy).

The interviewed experts who get in contact with the adolescents, young people say that very often even well-informed individuals get in troubles (sexually transmitted infections, unwanted pregnancy, etc.) because they do not assess correctly the risk they expose themselves to.

„Yes, they are informed, but there is also naivety in children and young people that it would not happen to them. Circa 20% are responsible and use contraception methods in every case. The others use them once in a while or never. They totally rely on the partner, hoping he/she is healthy.” (Gynaecologist, YFHC).

„There are adolescent girls who have 2-3 abortions per year. Although they study in lyceum, and I explain them the contraception methods, they know already about abortion. In other works, they know there is a slightly easier method for such cases, and before the month ends, they get pregnant again.” (Gynaecologist, YFHC).

5.4. HIV Testing and Treatment

Young people are poorly informed about HIV testing and treatment. Circa one third of interviewed young people mentioned they knew nothing about HIV tests, while some of them who learned something about it, have fragmentary information.

„I heard that it is necessary to have HIV test twice a year, but I do not know where and how.” (F, 16 years old, parents work in Russia).

„They collect your blood sample, we were told in school, then the test is done in Chisinau only; i.e. they collect your blood sample here, in the district, and some time later you can get the test results from Chisinau.” (F, 16 years old, parents work in Russia).

Several adolescents mentioned they heard about HIV test from their family members who needed to have it done in order to go somewhere to work, to study, to get certain certificates, etc. According to some adolescents’ opinion, the HIV test is very expensive, although they do not have specific information in this regard.

Most young people know that HIV/AIDS is an incurable malady and do not quite understand what treatment could be prescribed if it is “non-treatable”. Some adolescents came in with the supposition that, perhaps, it could be treated at early stages.

„It could be treated at the first sage, if I am not mistaken, but in case it reached the third or the fourth stage, then it is over.” (M, 16 years old, parents work in Russia).

Other adolescents declare that they read some information according to which certain medications are under development, which would treat AIDS. Only two adolescents, who participated to summer schools devoted to this topic, mentioned there was a „kind of antiretroviral medication, which slows down the disease”.

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5.5. Suggestions to improve the level of knowledge on HIV

The adolescents mentioned that information about HIV/AIDS and about other diseases, not necessarily sexually transmitted, should be provided in education institutions, gradually, in all grades, depending on the students’ capacity to assimilate such information. This opinion has been shared by some experts as well.

The interviewed experts emphasised primarily the need of sexual education, so that children know how to protect themselves, to understand the risks they are exposed to.

“It is necessary to talk more about the involved risks, not just about HIV/AIDS, to mention the sexually transmitted infections, and about reproduction, which is threatened in case of an abortion; sexual education is necessary in school, in family.” (Gynaecologist, YFHC).

In order to disseminate the information about HIV/AIDS, the adolescents believe it would be appropriate to involve young people (a little bit older than them), who are trained very well to know the subject in question and be from outside, since the adolescents declare they feel better to tackle these topics with strangers. Some young people think that the involvement of HIV-positive individuals would make them listen more attentively and be more interested. The respondents mentioned that it is very important for them the way the information is conveyed so that the audience does not get bored and can assimilate it much better when it is presented in an interactive manner: games, images, video spots; while the groups of participants should be small, up to 15 individuals, otherwise it is noisy, not all of them get involved, the attention is distracted, etc. After having conducted seminars some respondents mentioned they would like the organisers to save some time for individual questions (students ask individual questions and get individual answers, face-to-face). One participant suggested that such questions be written anonymously, and then get the answer addressed to the whole group; another person suggested to place a box within the school premises where the young people may drop their written questions, and somebody should come, once a month, and discuss with them, having answered the questions they worry about.

VI. Sexually Transmitted Diseases

During the group discussions we realized that the adolescents know little about sexually transmitted infections (STIs) in comparison with the knowledge they acquired about HIV; they mentioned that HIV/AIDS is a subject tackled pretty frequently, while the STIs have not been discussed at all or were mentioned superficially. Syphilis was mentioned in all group discussions, while gonorrhoea – in two group discussions. In principle, the adolescents know only that these are sexually transmitted and there could be certain genital discharges, other information about that is unknown to them.

“I know that HIV is the initial stage of AIDS, syphilis can be very detrimental to mankind. There are also bacteria, but I do not recall their names.” (F, 16 years old, parents work in Russia).

Most of the interviewed experts also mentioned that the majority of young people are more aware about HIV/AIDS and less about STIs.

“They are aware about HIV/AIDS and less about viral hepatitis. They know much less about viral hepatitis...” (Gynaecologist, YFHC)
and other maladies than about HIV/AIDS.” (Midwife, VCT Employee).

“Nowadays, sexually transmitted diseases do not exist for the young people; they do not believe that STIs exist. They know about AIDS, as for the STIs, they do not pay much attention to them, they take pills and that is it.” (Family Physician, rural area).

Nevertheless, some young people mentioned that they can discuss more freely about STIs with their peers rather than about HIV / AIDS, because the latter is incurable and awakes fear.

In case a friend or a pal would suspect he/she has got a sexually transmitted infection, the adolescents would advise him/her to go to the a doctor to Chisinau or even to other country to avoid the spread of information in the neighbourhood. Concurrently, several adolescents, in different contexts, mentioned they did not agree to keep the information on STIs confidential, because the number of people exposed to the risk of contracting STIs, HIV inclusive, is pretty large.

VII. Medical Services

7.1. Attitudes and Perceptions towards Medical Services

The adolescents have in general a temperate attitude towards the medical services provided in the Republic of Moldova, both in terms of service quality and confidentiality observance; this relates especially to the family physicians from the rural settlements and from the district centres.

- Problems in setting accurate diagnosis and getting reliable analyses results;

“\textit{When I got my ID I was requested to make a test to identify my blood type; I went through this process three times, and the results were wrong twice until I went to Chisinau to a private clinic and did it right. My blood type is (O) positive. Here, in Criuleni, they told me I have (O) negative, then (A) positive, and finally my blood type was identified correctly only at the private clinic.” (F, 16 years old, parents work in Russia).

- Errors committed in treatment;
- Inappropriate attitude of medical staff;

“I realised that if today you wear ugly cloths and go to see the doctor, the latter treats you ugly; if the next day you wear nice cloths, the doctor treats you differently.” (F, 16 years old, parents work in Russia).

- Unavailable treatments (very expensive if compared to the population income);
- Failure to observe information confidentiality or fear that other individuals would find out about their status;

“I recall a case when a doctor checked a girl whether she was virgin, and she was not, and the doctor told many people about that.” (F, 16 years old, parents work in Italy).

“I think I would never ask the village doctor for services, especially keeping in mind that his wife is a teacher in our school.” (F, 17 years old, parents work in Italy).

Most adolescents from the rural area say they do not trust the village doctor because they think he/she would fail to observe data confidentiality.

“I would not be able in the village, if I tell the doctor he would disclose it to somebody else; no, I am not
Being asked if they know specific cases when the doctors disclosed information about patients, with some exceptions, the adolescents were not able to bring specific examples. Concurrently, several adolescents declared they trusted the family physician because the patients have got certain rights, while the doctors have got enormous accountability in this regard.

### 7.1. Access to medical services

In many situations the young people pointed out that medical services are very expensive, while individuals with modest income do not have access to medical services, especially to treatments.

> “I think that one who has money gets the treatment; even when you have medical insurance policy, doctors solicit money for their services.” (M, 17 years old, parents work in Russia).

This idea is supported to a large extent by some medical staff.

> “People know that with no money they would not be treated; members of vulnerable families do not ask for services due to this reason.” (Family physician).

> “People think like that: “if I go to the policlinic, I have to have some money”; they do not know that this service is provided free-of-charge.” (VCT Counsellor).

Currently, there are 73 VCT Centres¹⁶ established in the Republic of Moldova, of which 67¹⁷ are working. In the course of the first half of 2011, they registered 40,754 visits, out of which 17,009 visits were paid by adolescents and young people under the age of 24. The individuals are usually referred to the VCT Centres by family physicians; very few people visited the centres by themselves. Family physicians usually refer the couples intending to get married, pregnant women, HIV-positive individuals to the VCT Centre. Theoretically, adolescents could also be beneficiaries of such services, but those under the age of 18 shall be accompanied by a tutor; therefore, this category does not have access to VCT services, except for the exceptional cases when the VCT Counsellors do not comply with those norms.

> “A 14-year girl came in with no tutor. I asked her whether somebody could accompany her, and she said there was nobody available. To my question “what made you come to have the test?” the girl answered that her family physician advised her to stop by, because the girl’s mother died some time ago from

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¹⁶ The decision to establish VCT Centres for HIV and viral hepatitis B and C in the country district centres and municipalities was adopted by the Ministry of Health in order to enhance population access to such services, to prevent people from getting infected with HIV and viral hepatitis B and C by increasing public awareness about the ways of transmission and methods of protection against these diseases, and to provide aid so that people assess the risk of getting infected and ask voluntarily to be tested for HIV and viral hepatitis B and C.

¹⁷ Source: National Centre of Health Management (NCHM).
AIDS, this was said by the girl. “Did you know?” – I asked her. “No, I did not.” (VCT Counsellor).

The VCT Centre employees mentioned that few people came in without reference, because not many of them know about the availability of such services.

“I would say these services are timely, the only problem is that the VCT Centres are not highly advertised. Not so many people know that such centres do exist where they could come and have the test done. (mid-wife, VCT Employee) (Interviewer Note: I saw that there were no posters on the wall about HIV or other suggestive information, there is no information on the door stating that this is a place where counselling is provided, just the number “134” was written).

“There is not a centre advertised enough, all the people who come here are referred either by the family physician or by the nurse. Only those who get information from the doctors that such a centre has been established stop by and benefit from services. People did not read anywhere about that, some of them said that their friends told that about the VCT centre.” (VCT Counsellor).

There are twelve youth-friendly health centres (YFHC) in the Republic of Moldova, located in Chisinau, Bălți, Cimișlia, Edineț, Ialoveni, Leova, Anenii-Noi, Călărași, Criuleni, Hâncești, Soroca and Ștefan Vodă, which provide access to information and health services to circa 70 thousand young people per annum. In order to facilitate access to information and medical services for the young people from the rural area some centres established mobile teams, although none of the focus-group participants benefited from the services rendered by these centres, and very few of them learned about their existence.

“There are doctors who consult the patients anonymously, they diagnose them and prescribe treatment without knowing who the patient is; this is done in Russia, I saw that on TV.” (M, 14 years old, parents work in Russia, Israel).

Some respondents mentioned that they would like to be consulted anonymously by the doctor on certain issues, saying that such practices exist in other countries; they found out about this from the TV broadcasts, without knowing that such opportunities do exist in Moldova as well.

Experts working for the YFHC confess that they consult young people on certain issues, which confirm the lack of sexual education; and, therefore, it is necessary to focus more on prevention approach.

“Out of 100 girls who seek for advice, one would come and ask what to do to get protected in case she starts her sexual life. All the others have already started their sexual life; I know they have genital discharges, I know when they have infections or ovarian impairment, or I detect pregnancy. There is no counselling to tell them about the risks involved; however, they come to me after they already tried it.” (Gynaecologist, YFHC).

Concurrently, the activity of these centres depends heavily on external funds; the projects under implementation can provide them with a broad spectrum of public awareness and preventing activities in the field of HIV, while the absence of such projects reduces their activity. Many times

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18 The Youth-Friendly Health Centres have been established by the Ministry of Health and by the National Centre in Reproductive Health and Medical Genetics with the purpose to improve the health status of adolescents from the vulnerable groups by having enhanced they access to youth-friendly health services. Those twelve Youth-Friendly Health Centres provide information relating to sexually transmitted infections, HIV and AIDS, counselling services, testing services, access to contraception remedies, etc. (source: http://www.unicef.org/moldova/ro/11937.html)
they focus on larger settlements with larger number of young people; but what happens to the adolescents, young people from smaller settlements?!

“All the time we pick up new settlements with larger numbers of children. When we need to go to smaller settlements we need to find means to pay for the fuel.” (Trainer, YFHC).

7.2. Seeking Physician’s Advice

The adolescents who do not have severe health problems or chronic diseases to be monitored seek the physician advice pretty seldom, only in extraordinary cases (fractures, high fever, persistence of some symptoms, etc.) and/or when they need certain certificates.

“I visited the doctor three years ago, and now I got cold, but I have not been to the doctor, only when I have severe health problems I must see him/her.” (M, 17 years old, parents work in Russia).

The adolescents, participants to the focus-groups, mentioned that they avoid telling the parents about their health problems because they do not want to worry them. Likewise, the trend to hide the health problems from parents persists, especially when the adolescents think they took ill due to their own culpa, STIs inclusive.

“If I know that it is totally my fault, for instance, when I fell down from the motorcycle, I did not tell my parents because I knew they would blame me, but when I got cold, for example, I told them.” (M, 18 years old, parents work in Greece).

The adolescents, seeking for the Gynaecologist’s advice on certain health problems, delay the visit on purpose, with the hope that it would disappear itself. The main reasons invoked in this case are „shame” and „fear”, the latter being characterised by different sides of “fear”: to be stigmatised, the information to be disclosed, fear about consequences, etc.

During the group discussions, the adolescents were asked to recommend the friends or colleagues, who have certain symptoms, what to do; also they were asked how they would proceed if they face the following problems:

- Pain during menses
In case you have pain during menses or some of your friends or colleagues have such pain, you and they need to see a Gynaecologist, - this is what the majority of the interviewed people thought. Several people mentioned that you can ask the pharmacist or other individuals what pills to take. Several female adolescents specified that pain during menses is something usual, and does not require treatment.

- Pain during the sexual intercourse
The Gynaecologist shall consult the girls; as for the boys, the adolescents do not know, but they suggested them to see the family physician, and the latter would refer them to the appropriate specialist. Others think that the partners shall talk it over.

“I had a similar situation with my girl-friend at the Gynaecologist: my girl-friend had a two-week delay in menses, she was very skinny, her immunity was weak, and she could not stand up from bed. I stayed for one week because I did not know anything about that, but one night I took her in my arms and went to see the doctor, without asking somebody’s advice.” (M, 17 years old, parents work in Russia).
- **Pain upon urination/ urinary burns**
  Consulting a doctor is absolutely necessary – this opinion was expressed unanimously by the participant to the Study. However, the adolescents have got split opinion concerning the specialist to be consulted, some of them mentioning the Gynaecologist, while others said that the problem is caused by kidney impairment. The general conclusion was that you should go first to the family physician, which would refer you to the relevant specialist.

- **Fear to get pregnant**
  Most people think that a contraception method should be used in this situation. Condoms and interrupted coitus are the most known protection methods. Some girls mentioned contraceptive pills, other individuals advised to have a pregnancy test, and this suggestion released discussions on the test approach: is it enough to have one test or two tests?; when should the test be done: in the morning, in the evening or any time? Should the negative test be repeated in two weeks or earlier to be sure that the person is not pregnant?

- **Sexual abuse or threat to be abused sexually**
  In this situation the Police shall be announced immediately. Most adolescents declared, however, that they would ask for assistance from the individuals they trust, including their parents, siblings, other relatives, or friends.

  It is worth mentioning that most adolescents would not ask for help is case of sexual abuse or threat to be sexually abused due to the fear that they could be blamed themselves for having instigated such behaviours, and also being afraid of community reactions, rumours, and “spotted reputation”.

  One of the adolescents mentioned that she would confess in such situation to a psychologist in the hope that the latter would help her overcome the tough moment.

- **Suspicion to have one of the sexually transmitted diseases**
  In the adolescents’ opinion, doctors are the relevant individuals to confirm or to refute the occurrence of sexually transmitted diseases. Nevertheless, in case of suspicions they would seek the advice of people familiar to them who have a great deal of experience in this area.
VIII. Quantitative Indicators regarding the differences in knowledge about HIV/AIDS amongst the students whose parents left to work abroad versus those whose parents remained in the country

The vulnerability of the teenagers with parents that left abroad to work is confirmed also by the quantitative indicators collected in the frame of the study, but also calculated especially for this report. The data on HIV/AIDS knowledge gathered by the ESPAD (The European School Survey Project on Alcohol and Other Drugs) allowed us to follow a quantitative subject approach due to the fact that the Survey data enabled the disaggregation by the variable „Has any of your parents left to work abroad?”, making up the following four groups:
- Students whose mothers are migrants;
- Students whose fathers are migrants;
- Students whose both parents are migrants;
- Students whose parents are not migrants.

Thus, the data analysis was adjusted to our Study needs, having identified several trends enabling us to formulate certain conclusions thanks to the representative sample of education institutions of the Republic of Moldova. These data may serve also as a starting point for other research.

The Study showed that students, whose both parents left to work abroad, learned less about HIV or AIDS; 86% of them responded affirmatively in comparison with 91% of those students whose parents did not leave to work abroad (see Figure 1).

Figure 1. Share of students who have learned about HIV or AIDS

The departure of mothers to work abroad represents an indicator of increased vulnerability in terms of knowledge on HIV/AIDS, this situation being comparable with the one when both parents left to work abroad (see Table 2); only 13% of respondents answered correctly all four questions.

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19 The European School Survey Project on Alcohol and Other Drugs
20 The Study conducted in May 2011 for a representative sample of schools of the Republic of Moldova, the questionnaire was self-administered, being filled in by 4,893 13-18 year-old students. (source: National Centre of Health Management (NCHM) /CBS-AXA).
21 Data represent certain limits, in the context where the question was about the current situation, but migration has got a circulatory feature, thus, some children may have their parents at home, however, the latter might be already involved in the migration process.
22 Share of respondents who gave correct answers to each of the following questions:
   „Could the risk of getting infected with HIV be diminished by correct use of condom during each sexual intercourse?“
   „Could the risk of getting infected with HIV be diminished by having only one sexual partner who is faithful and HIV-negative?“
comprised by the HIV/AIDS knowledge integrated indicator. The case where fathers left to work abroad is similar to the situation when none of the parents left to work abroad, the indicator reaching the level of circa 17%.

The departure of mothers to work abroad places the children in a disadvantageous situation in terms of knowledge on HIV prevention methods; only one third of children gave correct answers versus over 35% in the other categories (see Table 2).

Table 2. Integrated Indicator relating to HIV/AIDS knowledge and prevention methods

<table>
<thead>
<tr>
<th></th>
<th>Integrated Indicator relating to HIV/AIDS knowledge</th>
<th>Integrated Indicator relating to the knowledge on HIV/AIDS prevention methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother migrant</td>
<td>13.3%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Farther migrant</td>
<td>16.9%</td>
<td>36.4%</td>
</tr>
<tr>
<td>No migrants</td>
<td>16.8%</td>
<td>35.7%</td>
</tr>
<tr>
<td>Both parents migrants</td>
<td>13.2%</td>
<td>35.0%</td>
</tr>
</tbody>
</table>

The share of students who started their sexual life is higher in students whose mothers left to work abroad (22%) and in those whose both parents left to work abroad (19.7%) in comparison with those students whose parents stayed in the country (15.9%).

Also, the interviewed experts mentioned certain sexual activism amongst those adolescents who, in the experts’ opinion, are not coached to protect themselves.

“As for the older children, their sexual life is more intense, especially in those whose parents left for abroad. For instance, we have a girl who gave birth last year at the age of 14; three adolescents gave birth last year at the age of 15. So far we have 37 adolescents who gave birth under the age of 18. Hence, we can point out that their sexual life is pretty intense. Concurrently, this is one of the ways of HIV/AIDS transmission. Therefore, we are very disquieted. (From the Register) 10% of all abortions are carried out in adolescents, and 14% of births were gave by girls under the age of 18.” (Gynaecologist, District Centre)

Figure 2. Share of young people who have had sexual intercourse depending on who of their parents migrated to work abroad.

“Could HIV infection be passed by sharing the utensils for serving food with a HIV-positive individual?”

“Could an apparently healthy individual be a carrier of HIV?”

“Share of respondents who gave affirmative responses to the following questions: Could the risk of getting infected with HIV be diminished by having used correctly the condom during each sexual intercourse?”
Likewise, the average age of sexual debut in adolescents whose parents did not leave to work abroad is 15 years or one year later in comparison with those adolescents, whose either mother or father left to work abroad. Although in general terms, the average age does not depend on who left to work abroad (mother or father); however, the sexual debut in young people whose mothers left to work abroad is earlier. It seems that the share of adolescents, whose both parents left for abroad (42,1%) and of those whose mother left to work abroad (42,7%), who used condoms during their last sexual intercourse is 2% higher than in those whose father is abroad (40,9%) or nobody left to work abroad (40,1%). This statement could be explained by the fact that young people are afraid and/or ashamed that their parents would find condoms amongst their personal belongings. As for those whose both parents left for abroad, they are less exposed to such “risk”.

Table 3. *Share of students who used condoms during their first and last sexual intercourse.*

<table>
<thead>
<tr>
<th></th>
<th>First sexual intercourse</th>
<th>Last sexual intercourse</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother migrant</td>
<td>36,8%</td>
<td>42,7%</td>
<td>5,9%</td>
</tr>
<tr>
<td>Farther migrant</td>
<td>35,3%</td>
<td>40,9%</td>
<td>5,6%</td>
</tr>
<tr>
<td>No migrants</td>
<td>35,0%</td>
<td>40,1%</td>
<td>5,1%</td>
</tr>
<tr>
<td>Both parents migrants</td>
<td>37,1%</td>
<td>42,1%</td>
<td>5,0%</td>
</tr>
<tr>
<td>Total</td>
<td>35,5%</td>
<td>40,9%</td>
<td>5,4%</td>
</tr>
</tbody>
</table>

The trends by groups are similar to those in the case of the first sexual intercourse, although the share of those who used condoms during their last sexual intercourse was 5% higher in comparison with the first sexual intercourse (see Table 3).
Conclusions

- The vast majority of adolescents with parents working abroad have learned about HIV/AIDS, but, pretty often, their knowledge is superficial. Some adolescents, mainly those who participated in the extracurricular subject activities, have got an adequate level of knowledge, while others demonstrated vague or even erroneous knowledge in this regard.

- The teenagers in great part know the ways of HIV transmission and the protection methods. The majority of them still do not know how this virus can be revealed, they do not know about the HIV test, about the treatment and the services that exist.

- More respondents are not confident about the contact situations, which would not involve risks of contamination, like, for instance: communicating, shaking hands, kissing, etc. The adolescents that were not confident in their knowledge were inclined to believe that HIV/AIDS is passed through other ways than those universally known and they are much more scared by this malady, having totally rejected the information on this topic, thinking it does not concern them at all. Such adolescents require a specific approach in dealing with HIV/AIDS, so that they can acknowledge and strengthen their knowledge about HIV/AIDS.

- AIDS is associated most often by the teenagers with an “incurable disease”, “sexual relations”, and “death”, this causes youth feelings of fear, the wish to stop living or to isolate all the infected people. The incurable feature of this disease, its’ tackling in different contexts making the HIV/AIDS subject to have a higher importance for the youth in comparison with other sexually transmitted infections, which are less known by the young people.

- Unprotected sexual relations and direct contact with blood through unsterilized/contaminated devices constitute the main ways of getting infected with HIV as per the adolescents’ opinion. In order to protect against HIV infection, the adolescents recommend: abstinence, having sexual relations with only one faithful partner, using condoms, etc. Doubts were expressed during all group discussions whether condoms were or not a secure protection method against HIV. According to the opinion of many adolescents, erroneous protection methods are predominant, including: choosing the sexual partner based on his/her pleasing look, observing the individual hygiene and taking certain pills.

- The experts think that many adolescents know the ways of HIV transmission and the protection measures against HIV, but they do not quite understand that this is a real threat for them as well; they do not realize directly the risk to get infected. The experts insist to focus more on sexual education to be able to prevent other sexually transmitted infections as well, like, for example, viral hepatitis, the youth knows very little about, unwanted pregnancy with severe consequences on young people’ reproductive capacity.

- The education institutions represent the main means through which the adolescents have got information about HIV/AIDS; however, the teaching staff is not always trained adequately to be able to provide and disseminate the knowledge the students need. Most frequently, adolescents get acquainted with HIV/AIDS during the „Education for Health” class-hours or during the Master’s
class-hours, but this is done sporadically. The HIV/AIDS topic shall be introduced in the school curriculum and have a continuous feature.

- Other sources the adolescents could get information from are as follows: profile NGOs, organizations for the youth, which frequently provide more systematized information through more interesting activities; however, these events involve a limited number of students and lack continuity. Informative materials for public distribution, like brochures, folding leaflets, billboards located within healthcare settlements also serve as information sources for young people.

- In order the youth to assimilate the information provided, the respondents think that interactive seminars should be conducted to draw the students’ interest. The participants to the Study pointed out that the most appropriate tools and information methods in this regard would be: activities organized for small groups, movies, meetings with HIV-positive people, and young people direct involvement in different events aimed at HIV prevention. The adolescents believe that a well-informed stranger of their age would be the most appropriate individual to provide the information on HIV/AIDS, because in this case they would be more relaxed and ready for open communication.

- Sexual education is an imperative both in school and in the family – this is the unanimous opinion expressed by the interviewed experts, concurrently, the adults also need more education in this area to be able to overcome their preconceived ideas. Amending the perception that discussion about sexuality within families is a taboo, catalyzing the discussions on sexual relations between children and parents within families would be a very important step forward in preventing sexually transmitted infections, including HIV/AIDS.

- In the majority of cases, the relationships of the adolescents with parents that left abroad are formal, the teenagers could not discuss with them on the topic of sexual relations. The youth admit that they are more exposed to the risks due to the absence of the parents. In the same time, they say that when parents are returning home they expect their parents to leave because they are disturbing their way of life.

- The adolescents confess that a HIV-positive individual is rejected by the society. Although the adolescents seem to show a higher level of tolerance towards close people (relatives, friends) in case they are infected with HIV; nonetheless, a large part of them admit they would avoid any relations with such people. The respondents who know more information about HIV/AIDS are more tolerant towards HIV-positive individuals. Adequate information would enable the adolescents to feel more secure and show higher tolerance towards HIV-positive people.

- The categories perceived as the most vulnerable to HIV are as follows: drug- and alcohol-addicted young people, commercial sex workers. High-risk categories in this context would include the individuals who have many sexual partners, people with weak immunity, medical staff, especially those working with HIV-positive individuals.

- The interviewed experts as well as some adolescents think that young people whose parents work abroad are exposed to higher risk of getting infected with HIV, since this contingent of adolescents have got more freedom, there is no control from the side of their parents, and could be easily
influenced by the environment they live in, they have got funds, which might place them in risky situations in terms of infections, like drug or alcohol abuse. The quantitative studies conducted in this area confirm this conclusion; the adolescents whose parents work abroad, especially when their mothers left abroad, are less informed about HIV/AIDS, while their sexual debut happened earlier that in other adolescents.

- According to the adolescents’ opinion, confidentiality of individuals infected with HIV is perceived differently. On one hand, they think that information about these people shall be kept confidential so that such people are not rejected by the society, although, on other hand, they would like to know whether an individual from the community or from the groups they also belong to is infected to be more precautious and avoid risky contact situations in terms of contamination.

- The interviewed adolescents usually seek for physician’s advice/help in more severe situations due to the insufficient education for health, feeling that nothing is wrong or serious; lack of trust to healthcare settlements; irrelevant attitude of medical staff; fear they might need money, etc. The adolescents know very little about youth-friendly medical services available in the Republic of Moldova, and about the services, which might be useful for them.
Recommendations

- Due to the fact that the subject of the sexual relations is less discussed in the family, the sexual education is absolutely necessary in schools, as part of the curriculum that will ensure the obligativity and the continuity of information. The educational institutions have the obligation to prepare the teenagers for their sexual life that is why it will be good to insist on preparing the teaching staff. Simultaneously, informative materials have to exist for the parents and mass-media campaigns oriented to the approach of this subject in the family.

- Awareness of migrant workers (Media campaigns, parental education) concerning the risks they expose their children as a result of migration. Mechanisms are necessary, including legislative ones, to keep the parents accountable for establishing guardianship over children left without care. Developing mechanisms and capacities of actors in the social field to detect and assist children lacking parental care.

- Is necessary to promote/advertise youth-friendly medical services among people in order to inform and assist the young people at the subject of HIV/AIDS. The services have to be promoted from the perspective of respecting the confidentiality and the environment that is friendly to people.

- Train and motivate health workers to adopt youth friendly approach while working with adolescents. To improve inter-sector cooperation between health educations, public administrations and social protection sectors for a better identification of vulnerable and at risk adolescents.

- In order to increase the access of the teenagers at the testing and information services we suggest to expand the services of the Voluntary Counseling and Testing (VCT) Centers, on the teenagers also (to decrease the age from 18 years old to 14 years old), without them to come together with a grownup.

- A more large information of the citizens, including the teenagers, regarding the existence of the Reproductive Health cabinets in the frame of the Health Centers. A more tight connection of the specialists from these cabinets with the family doctors, the gynecologists and other health workers in regard to refer to the teenagers.

- The teenagers wish an interactive way, participative way of sending the information, they have to identify all the methods and the original techniques that can be captivating, interesting for the adolescents, but in the same time to be informative and well-structured in order not to create confusions among the teenagers, thus the information to be an enhanced one.

- We have to promote the protection methods against the sexual transmitted diseases, through stressing the safety of using the condoms, due to the fact that there are prejudices that state that the condom does not offer an HIV protection.

- Changing the accent of the information campaigns from the concept of formation of the perception that HIV/AIDS is an incurable disease associated with death to the promotion of the
responsibilities of protection in sexual intercourse and of the tolerance towards the HIV positive persons.

- The orientation of the activities of the NGOs to the localities, educational institutions with a smaller number of students. But, previously to the organization of the informative questions, or prevention etc. it is necessary to carry out before hand a testing of the knowledge of the teenagers, as regards avoiding the double activities and the public’s boredom.

- It is necessary to make a common effort from the family, educational institutions, health institutions and mass-media, including with the involvement of the teenagers in the adequate information of the teenagers regarding HIV/AIDS. For each of these agents of information have to exist models, information guides adapted at the specific of the institution that they represent.
Annex 1. Data about the participants to focus-groups

Table 1. Children with both parents working abroad in CIS Countries (1FG)

<table>
<thead>
<tr>
<th>Code</th>
<th>Age (years)</th>
<th>Number of Children in the Family</th>
<th>Age of Brothers, Sisters</th>
<th>Countries where the parents work</th>
</tr>
</thead>
<tbody>
<tr>
<td>F, 18 years old, parents work in Russia</td>
<td>18</td>
<td>1</td>
<td></td>
<td>Russia</td>
</tr>
<tr>
<td>F, 16 years old, parents work in Russia</td>
<td>16</td>
<td>2</td>
<td>Brother – 11 years old</td>
<td>Russia</td>
</tr>
<tr>
<td>F, 16 years old, parents work in Ukraine</td>
<td>16</td>
<td>2</td>
<td>Sister – 17 years old</td>
<td>Ukraine</td>
</tr>
<tr>
<td>M, 14 years old, parents work in Russia</td>
<td>14</td>
<td>2</td>
<td>Brother – 20 years old</td>
<td>Russia</td>
</tr>
<tr>
<td>F, 18 years old, parents work in Ukraine</td>
<td>18</td>
<td>2</td>
<td>Brother – 21 years old</td>
<td>Ukraine</td>
</tr>
<tr>
<td>M, 14 years old, parents work in Russia, Israel</td>
<td>14</td>
<td>2</td>
<td>Brother – 12 years old</td>
<td>Father works in Russia, mother works in Israel</td>
</tr>
<tr>
<td>F, 17 years old, parents work in Russia</td>
<td>17</td>
<td>1</td>
<td></td>
<td>Russia</td>
</tr>
<tr>
<td>M, 14 years old, parents work in Russia, Italy</td>
<td>18</td>
<td>2</td>
<td>Brother – 11 years old</td>
<td>Mother works in Russia, father works in Italy</td>
</tr>
</tbody>
</table>

Table 2. Children with both parents working abroad in EU Countries (2FG)

<table>
<thead>
<tr>
<th>Code</th>
<th>Age (years)</th>
<th>Number of Children in the Family</th>
<th>Age of Brothers, Sisters</th>
<th>Countries where the parents work</th>
</tr>
</thead>
<tbody>
<tr>
<td>F, 17 years old, parents work in Italy</td>
<td>17</td>
<td>2</td>
<td>Sister – 11 years old</td>
<td>Italy</td>
</tr>
<tr>
<td>F, 17 years old, parents work in Italy</td>
<td>17</td>
<td>2</td>
<td>Sister – 11 years old</td>
<td>Italy</td>
</tr>
<tr>
<td>F, 17 years old, parents work in Italy</td>
<td>17</td>
<td>2</td>
<td>Sister – 3 years old</td>
<td>Italy</td>
</tr>
<tr>
<td>M, 16 years old, parents work in Italy</td>
<td>16</td>
<td>2</td>
<td>Sister – 22 years old</td>
<td>Italy</td>
</tr>
<tr>
<td>M, 18 years old, parents work in Greece</td>
<td>18</td>
<td>2</td>
<td>Brother – 12 years old</td>
<td>Greece</td>
</tr>
<tr>
<td>M, 17 years old, parents work in Spain</td>
<td>17</td>
<td>2</td>
<td>Sister – 25 years old</td>
<td>Spain</td>
</tr>
<tr>
<td>Code</td>
<td>Age (years)</td>
<td>Number of Children in the Family</td>
<td>Age of Brothers, Sisters</td>
<td>Countries where the parents work</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>M, 17 years old, parents work in Russia</td>
<td>17</td>
<td>2</td>
<td>13</td>
<td>Russia</td>
</tr>
<tr>
<td>F, 16 years old, parents work in Italy</td>
<td>16</td>
<td>3</td>
<td>11, 14</td>
<td>Italy</td>
</tr>
<tr>
<td>F, 16 years old, parents work in Russia</td>
<td>16</td>
<td>2</td>
<td>20</td>
<td>Russia</td>
</tr>
<tr>
<td>M, 15 years old, parents work in Italy, Ukraine</td>
<td>15</td>
<td>2</td>
<td>23</td>
<td>Italy, Ukraine</td>
</tr>
<tr>
<td>M, 17 years old, parents work in Russia</td>
<td>17</td>
<td>3</td>
<td>11, 16</td>
<td>Russia</td>
</tr>
<tr>
<td>F, 16 years old, parents work in Russia</td>
<td>16</td>
<td>1</td>
<td></td>
<td>Russia</td>
</tr>
<tr>
<td>M, 16 years old, parents work in Russia</td>
<td>16</td>
<td>2</td>
<td>21</td>
<td>Russia</td>
</tr>
<tr>
<td>F, 16 years old, parents work in Russia</td>
<td>16</td>
<td>5</td>
<td>20, 18, 11, 2</td>
<td>Russia</td>
</tr>
<tr>
<td>F, 14 years old, parents work in Italy</td>
<td>14</td>
<td>2</td>
<td>17</td>
<td>Italy</td>
</tr>
</tbody>
</table>