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Knowledge, Attitudes and sexual Behaviour with regards to HIV/STIs among 18 to 25 years old young adults in 6 EU countries

A BORDERNET cross-country KAB Survey

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The current report presents the findings of the cross-country Knowledge, Attitudes and Behaviour survey on HIV/STIs and mobility among young adults, carried out between April and September 2006 in 6 EU countries in the frame of the EC-funded project BORDERNET.

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ABSTRACT

Background: Young people's risk exposure to HIV/AIDS and STIs (sexually transmitted infections) is confirmed not only by recent data on new HIV infections (30% of those in Western Europe take place among persons under 30 years), but also by variety of socio-demographic, cultural and psychosocial factors related to the age of experimentation and unsettled search of (sexual) identity.

Objectives: Carried out in the frame of the EC-funded[1] Project BORDERNET the survey aims to identify sexual risk indicators related to knowledge, attitudes, sexual practices and cross-border mobility of European young adults from 6 EU member states.

Design: A KAB survey comprising additional items on cross-border mobility conducted through a self-administration questionnaire.

Sample: Based on preliminary defined selection criteria of risky youth venues 1085 young adults aged 18 to 25 years were recruited in Austria, Germany, Italy, Poland, Slovakia and Slovenia.

Results: Young adults exhibit in general high basic knowledge of HIV/STIs. 80% of them know the correct answers of all four main HIV transmission routes and further 15,7 % pointed accurate three out of four. At same time various uncertainties exist related to wide-spread myths of infection and protection, which affect respondents from the new EU member states stronger. Thus a third of the Slovenian (33,7%) stated that HIV can be transmitted by kissing on the mouth and almost 40% of the Polish (from region Zachodniopomorskie) believe that the use of public toilets implies an HIV contraction risk. About a quarter (26%) of the young adults (with a considerable share of Germans among them) does not dispose at information about the availability of anonymous and free -of-charge HIV counselling and testing offers. This may impact negatively their help-seeking behaviour. Gender and cross-country comparisons show that the women and the respondents from old EU member states (especially the Austrians and the Germans) tend more to single-partner relationships as a risk management strategy and state to chose more often the "no condom, no sex" self-protective behaviour. Young men, as well as respondents from Mediterranean countries (Italy, Slovenia) predominate among those with multiple sexual partners, and partly with condom-unfriendly attitudes. Nevertheless men in general report more often condom use than women and rely more on their assertiveness skills by the condom negotiation.

Conclusions: The identified narrow link between condom use and prevention of unwanted pregnancy (pointed out by three quarters as a major reason for use) confirms unambiguously the importance of integrative prevention approaches, which embed the HIV/AIDS and STIs education into the wider frame of the sexual and reproductive health of young women and men.

[1] The EC Public Health Programme 2004 Work Plan

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I. INTRODUCTION

The sexual and reproductive health of young people has growingly gained a priority attention on the agenda of WHO/UNAIDS and the public health policies throughout Europe in the last several years. Epidemiological overviews outline them as a particularly vulnerable group with regards to HIV/AIDS, STIs and sexual and reproductive health problems. According to statistic of WHO reproductive and sexual health diseases count for up to 20% of the diseases among women and for 14% among the men (Lazdane, 2006).[2] On the other hand against the background of the increasing number of new HIV infections in Western Europe since 2002, around 33 % of the reported new HIV cases in the years between 2000 and 2004 are among persons under 30 years old, in Eastern Europe the corresponding figure is around 75%[3].

A host of socio-demographic and psychological factors determines the special vulnerability of the group of adolescents and young adults to HIV/STIs. Among those are the decrease in the age of first sexual experiences in the early and mid teens (Currie, C. et al., 2004), prolonged period of experimentation with sexual practices and partnerships, and features of the globalising youth culture, such as increased mobility, clubbing, party drugs consumption and sensation-seeking lifestyles. Some still common believes, culturally-bound attitudes and ethic norms with regard to sexuality affect adversely HIV protection and condom use. Furthermore the lack of knowledge about the relation between STI risk exposure and HIV and the level of available safer sex communication and assertiveness skills hamper at some places considerably self-protective behaviour. Regretfully the related problems may often have long-term consequences for the sexual and reproductive health of the affected ones. Unequivocal example for such is the high vulnerability of young women with multiple sexual partners to Chlamydia-trachomatis infection, which uncured can lead to irreversible reproductive health problems and even infertility.

Various surveys in European context tackle the key risk indicators for HIV/STIs, sexual and reproductive health of young adults. There is however still insufficient amount of evidence and cross-country comparable data about the risk exposure to HIV/STIs and in particular about the adopted risk management and reduction practices.

This is the main focus of the survey at issue, which was carried out as one of a battery of 4-target group KAB surveys[4] in the frame of the BORDERNET project, supported by the EC

[2] Die Rolle der WHO bei der Verbesserung der sexuellen und reproduktiven Gesundheit von Jugendlichen in Europa. Lazdane, G. BzgA FORUM International Sexuualaufklärung und Familienplanung, 2-2006
[3] UNAIDS, 2006, AIDS Epidemic Update. North America, Western and Central Europe
[4] KAB (Knowledge, Attitudes and Behaviour) with regards to HIV/Aids and STIs. Other three target groups were: MSM, female sex workers and HIV-positive men;

Public Health Programme (DG Sanco). Its aims are to study knowledge, attitudes and practices with regard to HIV/STIs and to elicit trends in risk taking and exposure among young adults related to patterns of transnational mobility in several crossing-border regions along the old and the current EU borders. Major outcome of the survey will be the outline of a set of indicators and recommendations for policy makers and health professionals from the services sector aiming at more effective HIV/STIs prevention and risk reduction strategies.

II. SURVEY SAMPLE

The survey was carried out between April and August 2006 among young adults (age 18 to 25) in 6 EU countries- Austria, Germany, Italy, Poland, Slovak Republic, Slovenia. These 6 countries take part in the BORDERNET project since 2005 and are divided in 4 border-crossing model regions[5]

The planned sample's size was 1080 respondents (180 respondents in each of the 6 countries). In total **1085 respondents** were reached, as follows:

Table 1

MR I	Germany M.V.	100	Poland ZP	79
MRII	Germany	90	Poland ZG	105
MRIII	Austria	180	Slovakia	175
MRIV	Italy	174	Slovenia	182

The survey sample is not representative, but combined elements of block and opportunistic[6] sampling procedures. It was build according to several selection criteria – age, preliminary specified (*18 to 25 years of age at the time of survey);* sex and frequented youth venues assessed by the project partners as risky with regard to sexual behaviour and HIV/STIs.

The representation of the two genders is balanced. A good half of the respondents, 55.5% (n=602) are female, 44.5% are male (n=483). Most balanced sex composition have the groups of Austrians (52.8% men vs. 47.2% women) and the Slovenians (52.7% women vs. 47.3% men).

[5] Model Region (MR) I- Germany (Mecklenburg-Vorpommern; M.-V.) – Poland (Zachodniopomorskie, ZP), MR II – Germany (Brandenburg) – Poland (Zielona Gora, ZG), MRIII – Austria – Slovakia, MRIV – Italy - Slovenia

[6] The block and opportunistic sampling are both elements of the theoretical sampling strategy – it aims at selecting cases that are "theoretically" representative for key types of behaviour, groups, populations, and geographic locations. A Rapid Assessment and Response Guide, Social development Unit, UNDP, Bulgaria, 2000

The cross-border comparability in each model region was assessed as more important for the survey partners than the cross-country comparability among all 6 participating countries. Therefore the bilateral partners (e.g. Germany M.-V. and Poland ZP) responsible for the survey in each of the four model regions had to define commonly and agree upon similar recruitment venues as pre-indicators of risk behaviour of the respondents, which diverge from one region to another. Thus university setting was selected mostly in Slovakia, Austria, Italy and Poland ZG, vocational training settings - mostly in Germany M.V. and Poland ZP, secondary schools – in Slovenia, Italy and Germany Brandenburg. Further recruitment venues were student hostels (dormitories), leisure scene meeting points (e.g. discos, bars, cafes, mostly in Italy), unemployment offices (only in Germany). The respondents come largely from urban settings, but some also from rural areas. There is a wide diversity among the cities and towns, where they were recruited. Some live in a capital city (Vienna, Bratislava), some in large towns (Verona, Szczecin, Zielona Gora, Potsdam), some however in small border towns (Anklam, Swinemünde etc.)

III. METHOD DESCRIPTION AND CONDUCTION

The survey is based on quantitative research method and carried out through an anonymous self-administrated questionnaire. It contained 38 questions (closed single- and multiple-choice), divided in four thematic parts: 1) general part (socio-demographic data, living and working situation – 11 items), 2) crossing-border and international mobility patterns – 3 items; 3) HIV/AIDS/STIs (knowledge, subjective risk perception and exposure)– 14 items, 4) sexual practices - level of HIV/STIs risk exposure, preventive measures and risk reduction strategies – 10 items. The data analysis proceeded with SPSS and presents mostly descriptive statistics.

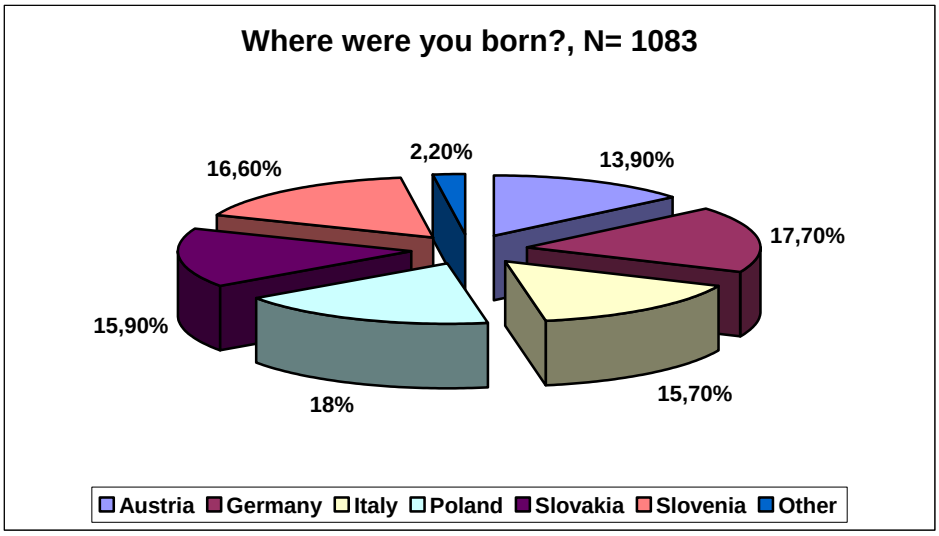
IV. RESULTS

4.1. Demographic data

4.1.1. Country of origin

The largest majority (97,8%) of the survey respondents were born in the six BORDERNET participant countries. Biggest shares in the whole sample have the Polish (18%) and the German (17,7%) young adults, smallest the Austrians (13,9%). 2,2% of the respondents (with highest share among the young adults recruited in Austria) were born in another country. Among them there are 5 persons coming originally from Turkey, 3 –from Czech Republic, 2 from Brazil and 1 from each of further 13 countries.

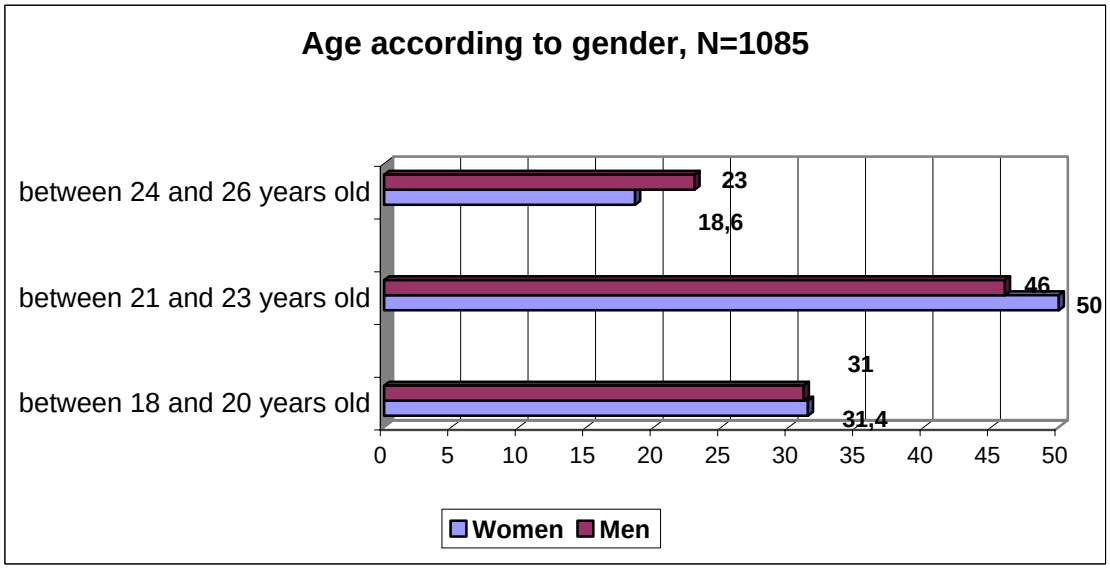
Graph No 1: Distribution of respondents according to country of origin (%), N=1083



4.1.2. Age

The age range of the respondents was predefined as sample recruitment criteria, 18 to 25 years *(born between 1980 and 1988)*. The biggest group of the young adults (48,2%, n=523) are between 21 and 23 years old. Nearly a third (31,2%) are 20 years old or younger. The relative proportion of the men and women in the youngest group is equal, whereas the proportion of men in the oldest subgroup (24 years and older) is slightly higher than the women's one (23 % of the male young adults vs. 18,6% of the female).

Graph No 2: Age according to gender (%), N=1085



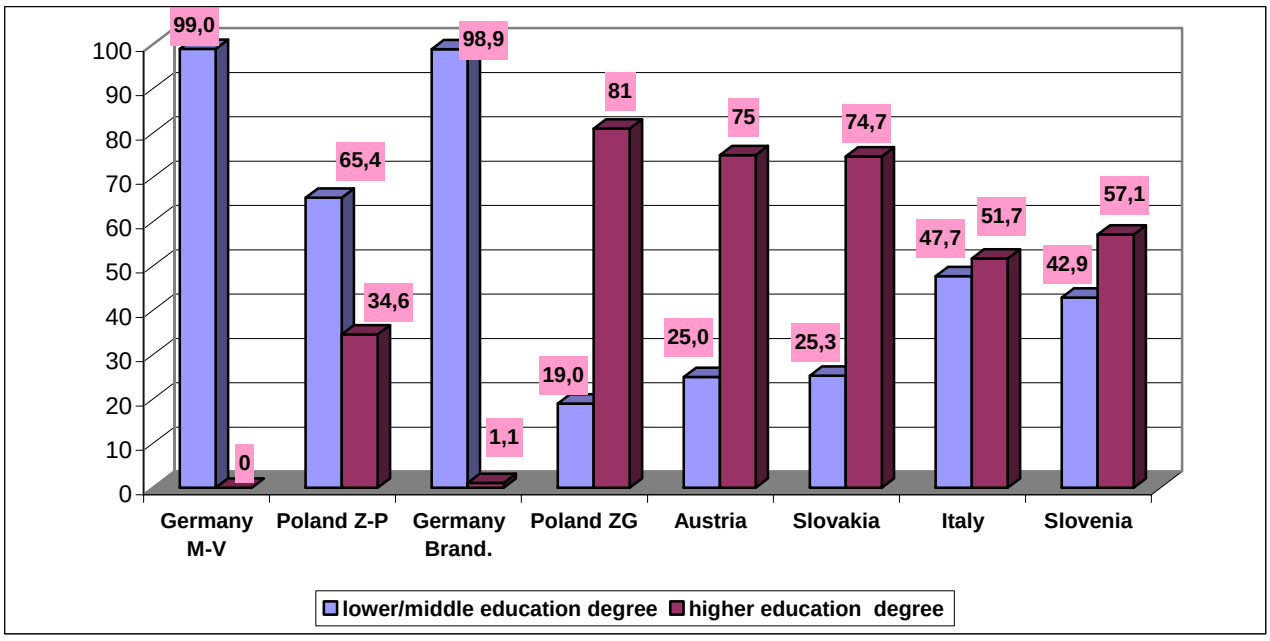
Women have nearly the same mean age (21,43 years) as men (21,61). Mean age for the whole sample is 21,51 years, whereby the oldest are the Austrian respondents (mean age: 22,61) and the youngest are the German (from M.-V: 19,44) and Polish (from ZP:19,81) respondents.

4.1.3. Education

Nearly the half of the young adults (43,9%, n=475) is still students, whereby the relatively high education level of the whole sample is noticeable. Summed together the categories of university graduates and students count for more than the half (52,9%, n=572) of the sample. There is a pronounced gender difference in this respect showing that 56,7% of the women vs. 48,2% of the men have higher education. Lower or middle education degree (composed by the categories primary, middle, secondary and vocational schools) have 46,9% of the respondents (with 8% higher relative proportion of men). There are 6 women (1%) and 3 men (0,6%) without any education degree.

The country comparisons show some clear distinctions in the education degrees, which occur to a great extent due to the different education settings used for recruitment. Most remarkable in this respect was the purposive sampling (due to the above outlined recruitment criteria) of the German young respondents, who are over represented in the lower education category.

Graph No 3: Education degree according to nationality (%), N= 1081



Thus there are predominantly German and Polish (only from ZP) young adults among the respondents with lower/middle education. Among the respondents with secondary school degree the majority comes from Germany (26,4%), Italy (24,7%), and Slovenia (21,3%). 45,5% of the young adults with professional qualification degree come also from Germany, followed by the group of Austrian apprentices (15,2%). By the higher education categories (university graduates or students) predominate the young people from Austria, Slovakia, and Slovenia. Three quarters of the Austrians (75%) and almost the same proportion of the Slovaks (74,7%) acquire higher education degree, as well as more than the half of the Slovenians (57,1%) and Italians (51,7%). Conspicuous is the very high proportion (81%) of young people with similar education degree from the second Polish region ZG, where a slight distortion of the results is expected due to the university setting exclusively used for respondents' recruitment.

Considering both variables of gender and nationality, the young German women (from both German recruitment regions, n=112) rank at lowest, composing 43,2% of the group of lower educated women (4 women with no education degree and 5 with primary school). On the contrary, the Slovak women rank at highest, composing almost one quarter (24,5%) of the higher educated female respondents, followed by the Austrians and the Polish (but only from region Zielona Gora). Among the higher educated young men predominate the Austrians, composing almost one third (27,9%) of the respective education strata, followed by the Slovaks and Slovenians. The German and Polish men, composing respectively 29,8% and 18,2% of the group of the lower education degree, occupy the reverse pole.

The data highlights the group of Italian young adults as the most balanced one in terms of educational stratification. This corresponds to the larger variety of recruitment educational and leisure time settings used in Italy thus encompassing various qualification levels.

Summing up, the influence of the setting of respondents' recruitment confirms as rather significant and causes as expected a general education bias of the sample. On the one pole there is a predominance of higher educated respondents among the Austrian, Slovak and Polish ZG respondents, which will supposedly influence positively their scores in the HIV/AIDS/STIs knowledge part of the survey. On the other pole there are high shares of Germans and Polish ZP among the lower educated respondents. These do not reflect the national statistic data on education level of young adults in similar age. Therefore they should be addressed as a study group of particular research interest rather than as theoretically representative sub-sample of the young people in Germany and Poland ZP.

Given that, no general conclusions about the correlation between educational level and level of knowledge of the different national groups can be made without taking the pre-determined particularities of the selection settings into consideration.

4.1.4. Work Situation

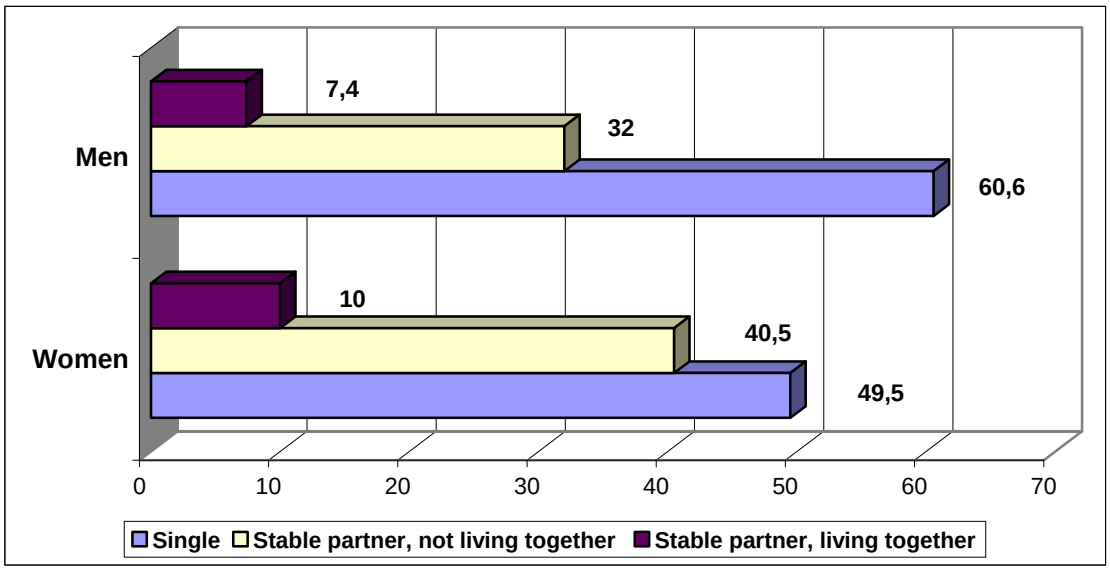
As it has just been shown most of the respondents are still students (62%) or apprentices in professional qualification (11,1%). Less than 1/5 (17,3%) are actively occupied (full-time – 11%, self-employed – 1,7%, part-time – 4,8%). 5,8 % (n=63) are unemployed, whereby there are equal proportions of males (50,8%) and females (49,2%) among them. There are unemployed respondents in each country's sample. The majority of them come however from Germany (region Brandenburg, n=14), Slovenia (n=14) and Italy (n=12). Lowest number of unemployed respondents score the Slovak young adults (n=2). The data shows no direct link between the lower education level and the unemployment, as almost ¼ of the unemployed (24,2%) hold a secondary school degree and further 16,1% - university degree. Most affected by the unemployment however seem to be the young people with vocational qualification, composing 1/3rd of the unemployed (33,9%).

Only 77 (7,1%) of all 1085 respondents stated that they do not have a health insurance. The proportion of the uninsured men (53,2%) is slightly higher than that of the women (46,8%). The vast majority of the uninsured comes from the Slovak republic (64,9%, n=50), second biggest group compose the Polish from Zielona Gora (16,9%, n=13). More than 80 % (84,4%) of the uninsured are students, which coincides to a great extent with the predominant university settings in Slovakia and in the Polish region of Zielona Gora. An underlying assumption explaining such an insurance status is that those persons might still be insured through their family/parent's insurances without having an explicit knowledge about it. Contrary to the expectations, a smaller further group of 6,5% of the uninsured persons are unemployed and another 6,5 % of the uninsured have part-time jobs.

4.1.5. Living situation/partners/children

1072 respondents provided information on their marital/partner status. 30 of them however (2,8%) chose to give no answer. A very small group (1,2%, n=13) is composed by those who are married or divorced. Therefore we considered excluding those categories from the further analysis, thus focusing on the rest 1029 valid cases. More than the half (54,4%) of them is singles. A good 1/3rd (36,7%) stated to have a stable partner, but do not live together, a further small group of 8,8% (n=91) lives together with their stable partner but is not married.

Graph No 4: Partner status according to gender (%), N=1029

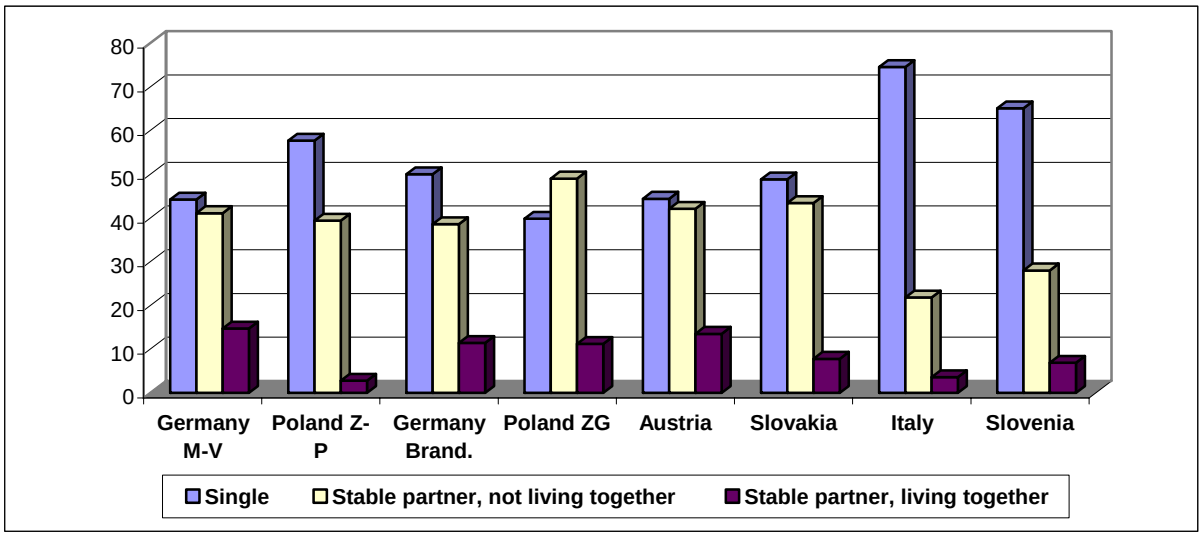


The gender comparison shows explicit distinction in the partner patterns, whereby relatively more men (60,6%) than women (49,5%) are singles. Among the respondents with stable partner women predominate clearly. 61,1% of those with non-living-together-partner are women, as well as respectively 62,6% of those who live together with their stable partner. The recruited young women in general show a greater readiness to engage in stable partnership, whereas the phase of experimentation of multiple and/or causal partnerships is probably extended by the young men. Hereby no age differences are observed among the respondents with diverse partnership patterns. Mean age of the singles is 21,44 years, of those with stable partner, not living together is 21,41 and of those who live with their stable partner, slightly higher -22,46.

Considering the education degree, singles are more than 80% of the respondents without any degree and 75% of those who graduated primary school, but only 48,7% of those with vocational qualification. A good 1/3rd of the students (38,8%) and of the secondary school graduates (37,4%) have stable not-living-together partners. Almost 1/5 (19,6%) of the university graduates live together with their stable partners. It can be concluded that the higher the education level of the respondents is, the more stable their partnerships.

Looking at the country of origin some further clear distinctions come to light, indicative for the diverse cultural settings and values related to relationships' models presented throughout the survey countries.

Graph No 5: Partner status according to nationality (%), N=1029



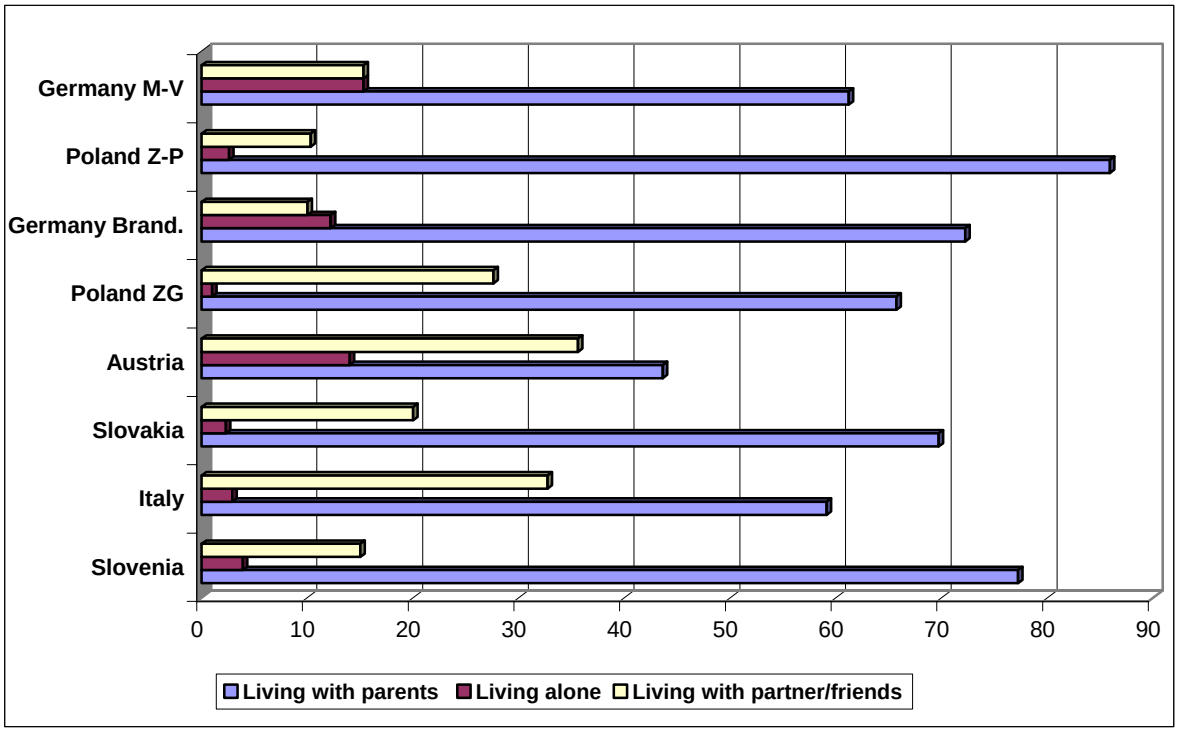
The group of singles is mainly composed by the young people from the Mediterranean countries Italy and Slovenia, 74,5% and 65,1% respectively of whose respondents did not report a stable partner. The singles predominate pronounced also in the groups of Polish from ZP (57,7%) and Germans from Brandenburg (50%). On the contrary, among those with a steady partner predominate the Polish from ZG (49% of them have a not-living-together partner), the Slovaks (43,4%), the Austrians (42,1%) and the Germans from M.-V. (41,1%).

Among those who share a living with their steady partners the biggest groups come from Germany (26,1%, coming from the two regions) and Austria (13,5%), which are known representatives of the model of earlier take-off of the young people from the generic families, compared to the other survey countries.

This data correlates with the fact that almost ¾ (72,8%, n=51) of those who live alone (however only 6,5% of all respondents) and almost the half (47,1%, n=49) of those who live with a partner (9,7%) come from Austria and Germany. Looking at the gender, a slightly higher proportion of women (11,2%) than of men (7,7%) lives with a partner/husband, which confirms the above presented data related to the living-together partnership pattern, more spread among the female respondents.

In general, 65,1% of the respondents live still with their parents, whereby this is the case for 68,5% of the men and 62,4% of the women. The Polish (85,9% in ZP and 65,7% in ZG) and Slovenians (77,2%) are at highest represented in this subgroup. Almost 60% of the Italians live also with the parents, further 25,7 % - with friends. For the Slovaks similar living pattern can be observed.

Graph No 6: Living situation according to nationality (%), N=1076



An insignificant proportion (2,8%, n=30) of the respondents have a child, 2 of those respondents have each 2 children. The children's age ranges from 1 to 5 years.

4.2. Mobility

1073 respondents provided information on their mobility patterns, countries of destination, frequency and purpose of the travel. The first question referred to travel across the border into the BORDERNET neighbouring country, i.e. Poland for the Germans (and vice versa), Slovakia for the Austrians (and vice versa) and Slovenia for the Italians (and vice versa).

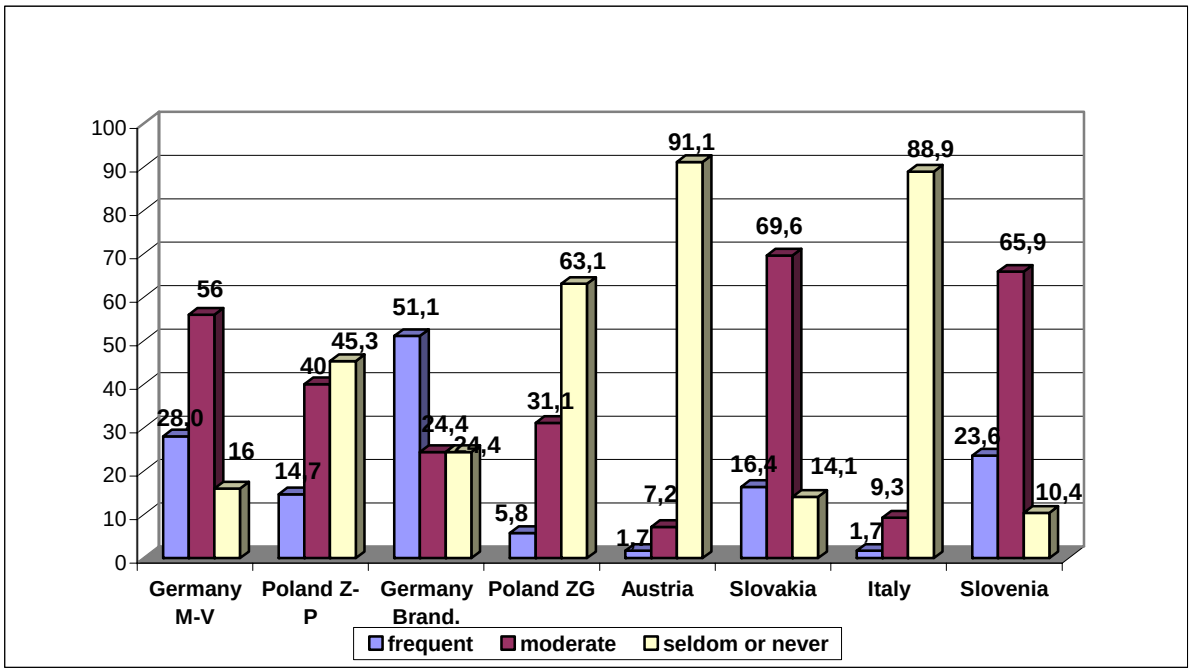
The largest group of the young people (38%, n=408) visit moderately their neighbouring country, from once to four times a year. The second biggest groups, 27,6% (n=296) are of those who have never crossed the border to the neighbour country, and those who travel only seldom (less than once a year, 27,6%). The smallest group, 15,7% (n=168) is composed by the frequent travellers, crossing the border from daily to at least once monthly.

There are no explicit gender differences in the travel patterns. Same proportions of young men (15,5%) and women (15,7%) cross the neighbour country's border frequently; relatively same proportions of the both genders have never done that (27,9 and 27,3%). In the group of the moderate travellers predominate the women (40,2%), whereas the men are those who tend to travel more seldom (21,1%).

Considering the education variable there are no differences among respondents with higher and lower education degree in the most presented category of the moderate travellers. There is however a correlation shown in the categories of frequent and seldom travels, suggesting that the higher the education degree, the more seldom the crossing-border travels. Thus among the group of frequent travellers, the proportion of respondents with lower education degree is more than twice higher (66,7%) than those with higher education (33,3%). And the other way round, 65% of those who travel seldom have higher education (vs. 35% with lower degrees).

The differences in the travel modalities become much more evident looking at the nationality of the young adults and at the specifics of the model region. Thus in the neighbouring country pair Germany-Poland (BORDERNET MR I and II) the reciprocal travel of the young people across the border is rather more balanced than in the other two neighbouring regions (Austria-Slovakia and Italy-Slovenia). The young Austrians and Italians cross only seldom or never (70,9% of the Italians) the border to the neighbouring Slovakia and respectively Slovenia. The young Germans from Brandenburg are the most frequent travellers. 51,1% of them visit Poland at least once monthly, followed by almost 1/3 (28%) of the Germans from M.-V., who visit the other Polish region of ZP with same frequency. The most frequent travellers from the other regions are the Slovenian young adults (23,6%). In general the Slovenian (65,9%) and the Slovak (69,6%) respondents have moderate mobility patterns. They travel however more often to their BORDERNET neighbours than the Polish to Germany, as less than 1/5 (18%) of the Polish have never visited Germany.

Graph No 7: Travel to neighbouring country according to nationality (%), N=1073



The second question of interest referred to other destination countries and the related frequencies. The data shows generally intensive mobility abroad of the survey's young people, mostly across Europe. No non-European countries were reported among the three most popular travel destinations. The ranking outlined Germany as very preferred travel target, visited most often by the Austrians (from every fortnight to every quarter) and by those Polish from the both regions (from monthly to quarterly) who travel at all to Germany. Spain is on the other hand the most reported travel destination by the Germans from the both regions (once or less than once yearly) and by the Italians. Italy is second most often visited country by the Austrians, France and Austria – by the Italians. The Slovenian respondents travel mostly to Croatia and to Austria, the Slovaks – to Czech Republic and also to Austria.

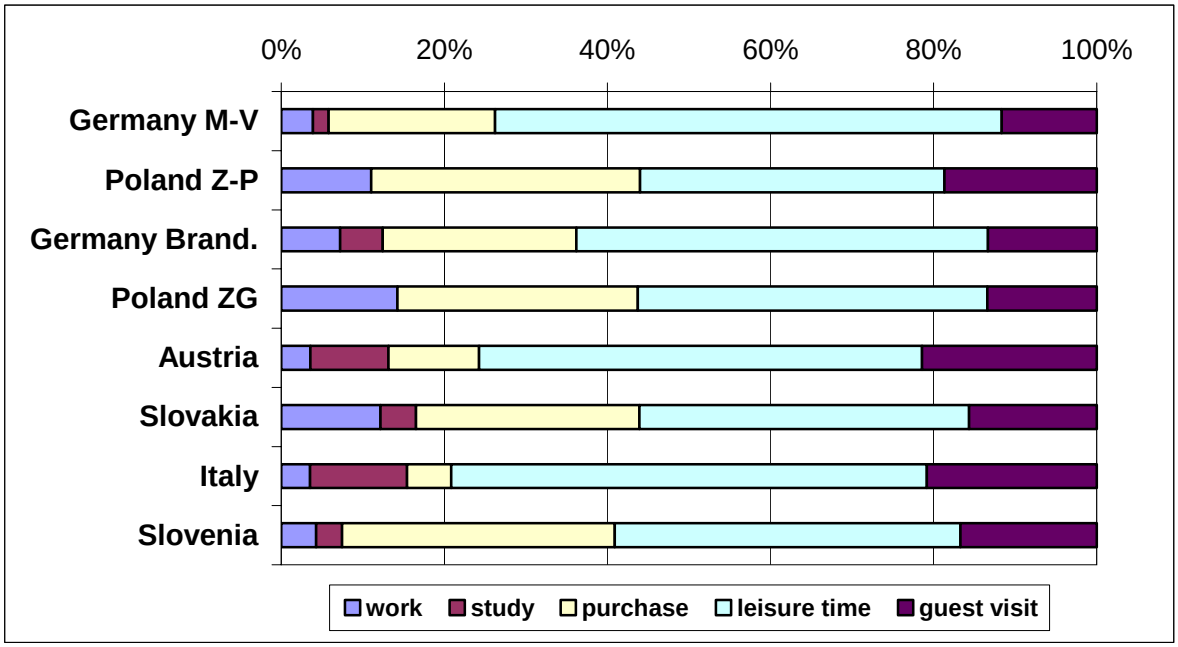
Summarising the purpose of travel given by the respondents it can be stated that leisure time and vacations are the most important reasons for international mobility (for 59,2% of the young people). It is however main travel reason for a larger group of women (61,8%) than for men (55,9%).

The second important travel reason is market/purchase (27,7%), whereby here again more women than men are represented. By the guest visit, given as a purpose from 21,1%, the women predominate slightly again. Work (8,5%) and study (6,5%) are important for about 15% of the respondents, whereby more men than women (9,9% vs. 7,3%) stated earning money as main reason of mobility and more women than men (7,5% vs. 5,2%) – the study.

More than the half of the travellers for work purposes has a higher education degree (46,7% are students and 14,1% - university graduates). A small group of respondents, 11,5% (but 20% of the Italians and of the Germans from Brandenburg) preferred not to answer that question.

The graph below illustrates that the leisure time is by far the most important reason for all young adults independent from country of origin. Nevertheless the relative proportions of the travellers for fun differ significantly among the countries (76,1% of the Austrians and only 43% of the Polish from ZP).

Graph No 8: Main purposes of travel according to nationality (multiple answers, %)



Next important travel grounds are: for the Austrians - guest visit (30%), for the Italians – guest visit (20,1%) and study (11,5%), for the Germans –purchase (25,6%), for the Polish – purchase, but also work (15,2%), for the Slovaks – purchase, guest visit and work, for the Slovenians – purchase and guest visit.

Resuming the mobility patterns, most mobile from the old EU member countries are the Germans, from the new EC member states - the Slovenians. There is still not very intensive crossing-border exchange of young travellers among the old and new EU member states. The women show higher readiness to travel on a regular basis than the men. Men are more often abroad out of work reasons, women for purpose of study.

4.3. HIV/AIDS/STIs

4.3.1. Self-reported knowledge about HIV/AIDS

The first item aimed to measure the subjectively perceived knowledge of the young adults about HIV/AIDS. The data reveals that many of the young people feel uncertain in their level of information. The majority (63%, n=677) considers knowing fairly much, only 10,2 % (n=110) however stated to know very much about HIV/AIDS. A further ¼ (25,1%) estimates their knowledge as insufficient (not so much: n=270).

There are no significant gender differences in the self-reported knowledge, a slightly higher proportion of the young women (64,8%) than of the men (60,7%) suggest to know fairly much and there are relatively more men (26,7%) than women (23,9%) among the respondents, who consider themselves less informed.

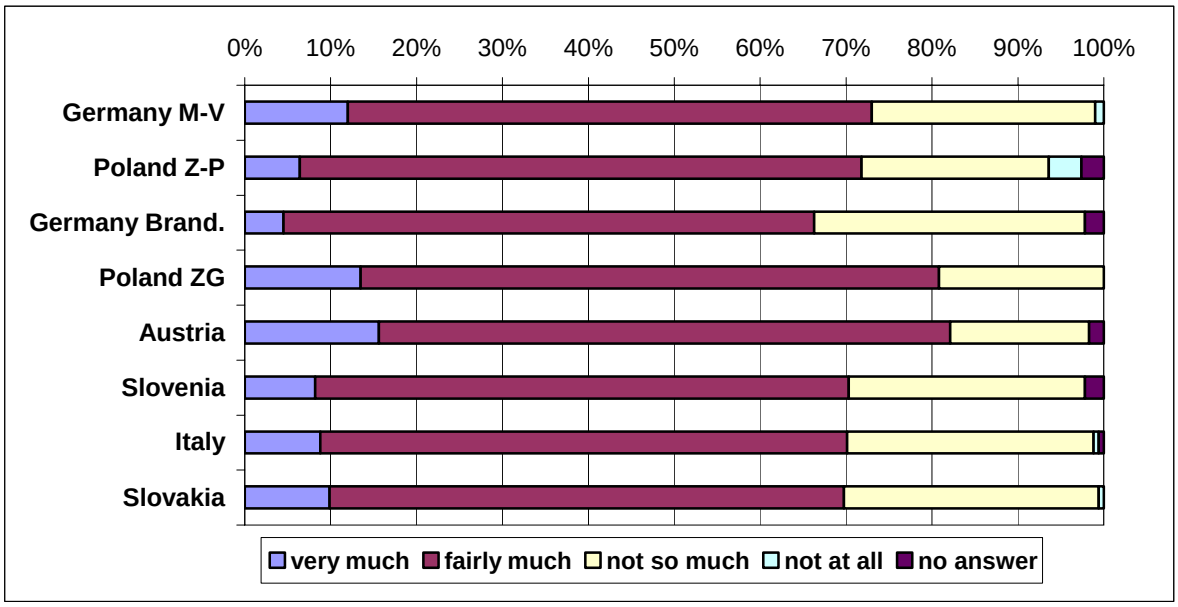
With regards to the level of education no significant correlation could be identified with the self-reported knowledge. Nevertheless a noteworthy difference occurred among the respondents with middle school certificate and the students, suggesting that the ones with higher education feel more confident in their knowledge about HIV/Aids.

Considering the country of living, there are some notable differences in the self-perceived knowledge state. The group of less informed respondents is composed mainly by young people from Slovakia (29,7%), Italy (28,7%) and Slovenia (27,5%). Less than 1/3 (31,5%) however of the Germans from Brandenburg can be also found in this category. On the other pole, as very well informed consider themselves mainly the young Austrians and the Polish from Zielona Gora. The biggest part of the Germans M.-V. (61%) and Polish ZP (65,4%) from the other model region feel to be fairly well informed about HIV.

Compared to the self-reported level of information of the German young adults (16 to 29), studied in the frame of the national representative survey “Aids in the public awareness 2005” (BZgA)[7] the BORDERNET German respondents score relatively modest evaluation of the own knowledge. The average in the national sample of respondents who feel themselves very well or well informed about AIDS is 85%.

[7] Aids im öffentlichen Bewusstsein der Bundesrepublik Deutschland 2005. Endbericht. August 2006. BZgA

Graph No 9: Self-reported knowledge according to nationality (%), N=1075

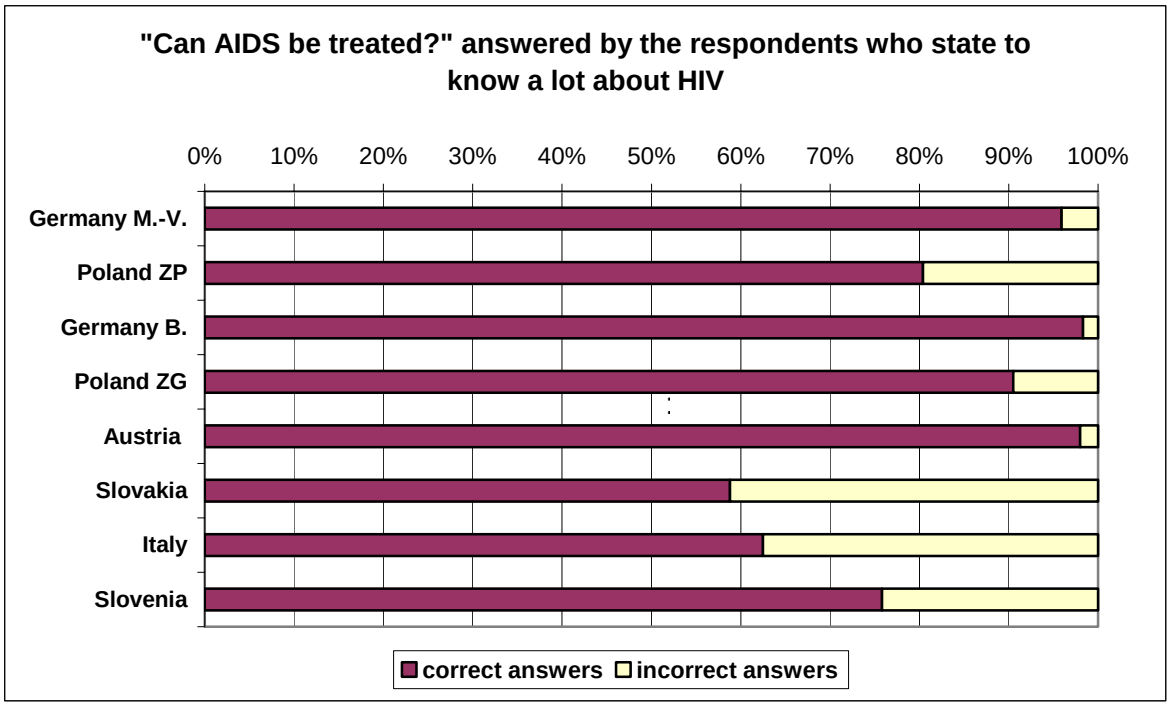


4.3.2. Objective knowledge about HIV infection routes, treatment and protection

More than ¾ (76%) of the young adults answered correctly that AIDS can be treated, but not completely cured. There are still 15,9% who believe that AIDS cannot be treated at all, and further 2,4% who suggest that AIDS can be completely cured.

Interesting for further interpretation is the discrepancy occurring between the self-perceived knowledge and the accurate knowledge related to this item. For that correlation the two answer options on the self-reported HIV/AIDS knowledge scale *"very much"* and *"fairly much"* were added, thus outlining a group of 786 persons who believe to know a lot. Those respondents were grouped according to their correct (*"AIDS can be treated but not completely cured"*) or incorrect answers (i*ncl. "do not know"*) answers to the item on treatment of AIDS. Thus almost a fifth (19,2%, n=151) of those who believe to know a lot showed inconsistent or uncertain factual knowledge of AIDS.

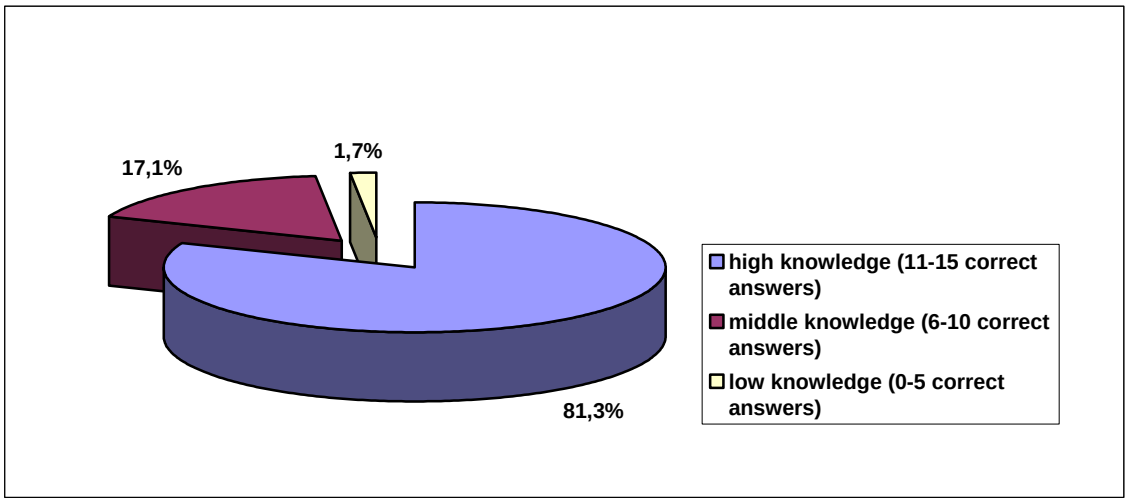
Graph No 10: Discrepancies between self-reported and objective knowledge of HIV/AIDS according to nationality (%), N=786



The proportions of Slovak (41,2%), Italian (37,5%) and Slovenian (24,2%) respondents are conspicuously high within this group. This outlines a certain tendency to overestimate the own level of information and knowledge, which might be misleading in situations of risk assessment and related self-protective behaviour of the young adults and their partners. The data suggests careful rethinking of the information and education campaigns among young adults particularly for the three above-mentioned countries.

Despite the outlined inconsistencies, it should be generally stated that the young adults show high level of basic knowledge about HIV. It was measured through a 15-statements basic HIV knowledge item ("How can one get infected with HIV?"), which was recoded in 3 categories: high knowledge (11 to 15 correct answers), middle knowledge (6 to 10) and low knowledge (0 to 5). More than 80% (81,3%, n= 882) have high rate of correct answers (11 to 15), less than 1/5 (17,1%, n=185) answered correct 6 to 10 and an insignificantly small part of the respondents (1,7%) had less than 5 correct answers.

Graph No 11: Basic knowledge about HIV/AIDS (%), N=1085



Important by these figures is the high overlapping between the objectively measured knowledge level and the self-reported one. More than 80% (85,5%) of the respondents who think to know fairly much about HIV did actually answer correct the majority (more than 10) of the items referring to the facts and believes of HIV transmission.

Looking at the education degree a positive correlation in the 3 knowledge categories could be outlined. It confirms the hypotheses that the higher the education degree, the higher the exhibited knowledge. The larger groups of young adults with middle knowledge are those who hold no education degrees (44,4%) and those with middle school. All the other education strata are most represented in the high knowledge group (84,3 % of the secondary school and 83,5% of the university graduates).

Considering only the 6 statements referring to the actual HIV infection routes (see graph No 12) the young people exhibit even higher level of knowledge, 92,3% (n=1001) of them brought correct answers to at least 5 of them. Thus over 98% (98,1%) answered correct that the HIV virus can be transmitted by “unprotected sex with an unknown partner”. Similarly, 96,9% of all respondents know that share and re-use of needles for injecting drug can also contract the HIV virus. The blood transfusion is perceived as an infection route by 89,4%. These findings concord almost completely with the scores on the three items of the group of men who have sex with men (MSM), studied also in the frame of the BORDERNET KAB survey, in which 371 men from Austria, Italy, Slovakia and Slovenia took part[8]

[8] SPI Forschung gGmbH (2006)-not yet unpublished

The European Commission poll on AIDS prevention EUROBAROMETER carried out in the autumn of 2005 delivered similar findings[9]. The average rates of the correct answers on those three HIV infection routes items of the EU25 citizens (general population) are 94%. The high level of knowledge regarding the infection routes is confirmed by some national studies also, although mostly carried among the general population. According to the last representative for Germany survey of the Federal Agency for Health Education and Promotion: "Aids in the public awareness" (BzgA, 2005) 99% of all respondents (general population from 16 years old) are informed that unprotected sexual intercourse and needle exchange by injecting drug use bear an HIV transmission risk. In Italy a survey among 1085 young adults aged 19-24 found an average score of accurate answers to the HIV transmission of 78% compared to 75.6% of a national sample[10]. In Poland nationally representative survey conducted in 2005 among 3200 respondents aged 15-49 found out that 95% of the respondents know the correct answer to at least two of three (according to the WHO/UNAIDS indicator) ways of HIV infection[11].

A slight gender difference can be detected by the knowledge regarding HIV transmission, whereby the proportion of women in the high knowledge (5 out of 6 sub-items) group is with 5% higher (94,2% of the women vs. 89,9% of the men). Reversely, 10,1% of the men, but only 5,8% of the women knew the correct answers of only up to 4 of the 6 sub-items. Looking at the age of the respondents no significant differences can be identified; the relative proportion of the youngest respondents (18-20 years) with lower number of correct answers (0 to 4) is slightly higher (8,8%) than that of the oldest respondents (24-26 years, respectively 6,3%). The education degree scores here again strong positive influence on the level of knowledge. Thus over 90% of the respondents with higher education degree (students or university graduates) score in the higher knowledge (5-6 correct answers) group compared to 77,8% of those without education degree and to 84,6% of those with primary school diploma.

There are no striking differences according to the country of living. Nevertheless the Austrians with 96,7% have most representatives in the high knowledge category, and the Italians, with 85,6% - least.

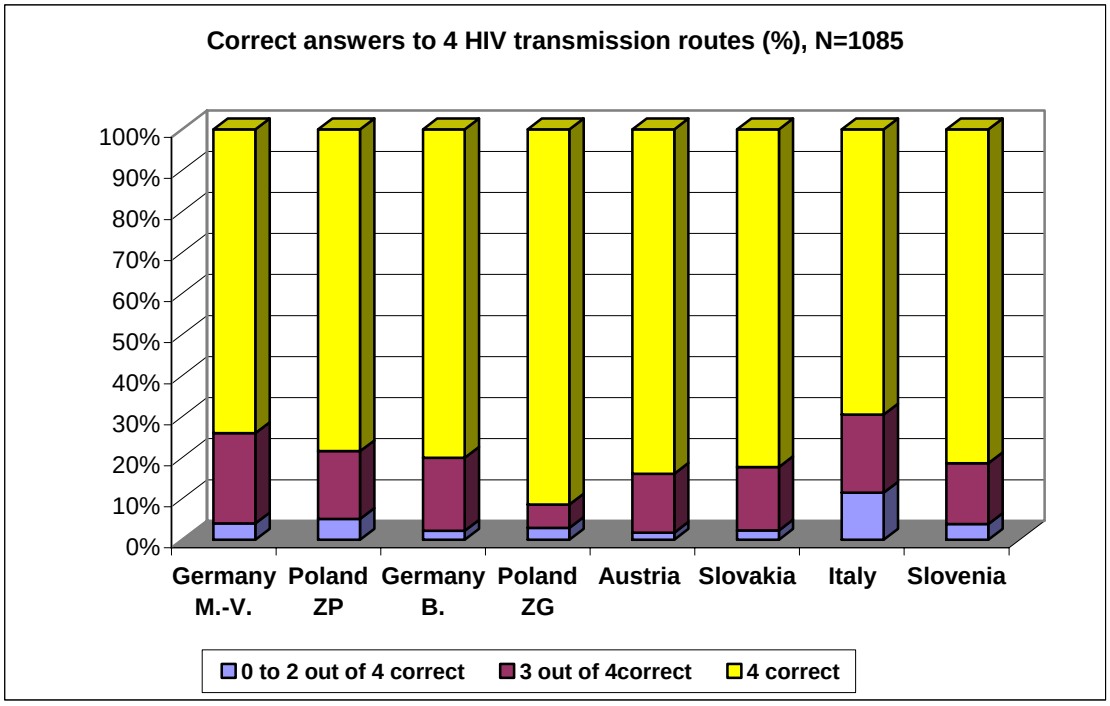
[9] „AIDS Prevention". Special Eurobarometer 240/Wave 64.1 and 64.3 – TNS Opinion & Socual. European Commission, February 2006

[10] AIDS:Knowldege, attitudes and sex behaviour of young people attending AIED family planning health services. Ann. Ig. 1998 Mar-Apr, 10(2):85-93

[11] Pole's attitudes and sexual behaviour with regards to HIV/Aids. A triple national representative survey 1997-2001-2005. Izdebski, Z. University of Zielona Gora, Zielona Gora 2006, Summary in English

Graph No 12: How can one get infected with HIV?

- *when you have sexual intercourse without a condom with an unknown partner;*
- *when you get blood transfusion;*
- *when you share and re-use needles for injecting drugs;*
- *when a mother transmits it to her baby during or after pregnancy;*



4.3.3. Myths about HIV infection routes, treatment and protection

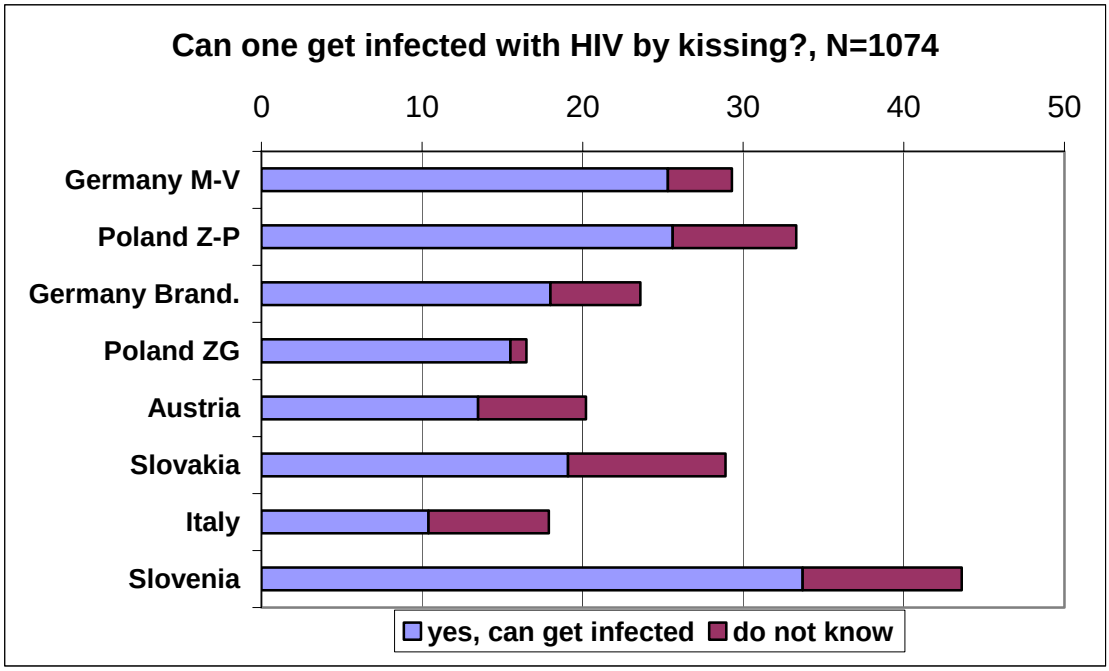
The knowledge about the facts seems to be rather coherent. The young adults exhibit greater uncertainties with regards to some of the widespread believes about the risks of HIV transmission.

The statements with lowest rates of correct answers are those referring to the myths of HIV transmission, the ways in which it can actually not be transmitted. Thus only 72,5% of the BORDERNET respondents answered correct that there is no HIV contraction risk by kissing on the mouth. More than a fourth (n=289: 19,8% - “yes” and 7,1% - “do not know”) answered incorrect. Here again no difference could be depicted among the knowledge of the young adults and the MSM. Compared to the EUROBAROMETER poll this result is quite reassuring for the level of knowledge of the young adults. In the EU25 poll only 40% of the respondents had the correct answer on the same item, whereby vast country differences are noticeable.

The emerging inconsistencies in the knowledge are likewise in the BORDERNET survey more pronounced in some countries than in other. Certain overlapping of the two surveys’

findings can be observed. In the EU25 citizens poll the countries with lowest shares of correct answers to the item of kissing on the mouth as an HIV contraction risk were Slovakia (only 16%), Italy (25%), and Slovenia (26%). Only German respondents scored better than average (43% answered correct). In the BORDERNET survey the countries, which scored poorest knowledge on that item are Slovenia (33,7% answered wrong with "yes"), Poland (ZP: 25,6%) and surprisingly Germany (M.-V: 25,3%). The assumption that the education variable plays an important role in this regard was not confirmed. The Italian, Austrian and the Polish respondents from ZG revealed highest shares of correct answers.

Graph No 13: Proportion of respondents with incorrect answers (%)



Two further items, which brought various wrong believes to light are the use of public toilets and of hygienic articles. 73,4% of all respondents answered correct that there is no HIV-related risk by use of public toilets, 25,2% found that there is one, or did not know for sure. For comparison, only 10,2% of the BORDERNET MSM respondents scored wrong answers to that item. The share of the Polish youth from ZP among the incorrect answers is however much higher than the average one (39,8% vs. 25,2% wrong answers in average), followed by that of the Slovenians (34,5%) and the Slovaks (28,5%). The findings of Eurobarometer in comparison showed only 55% correct answers in average (Germany -61%, but Italy – 35%, Slovakia-26%, Poland – 42% etc.)

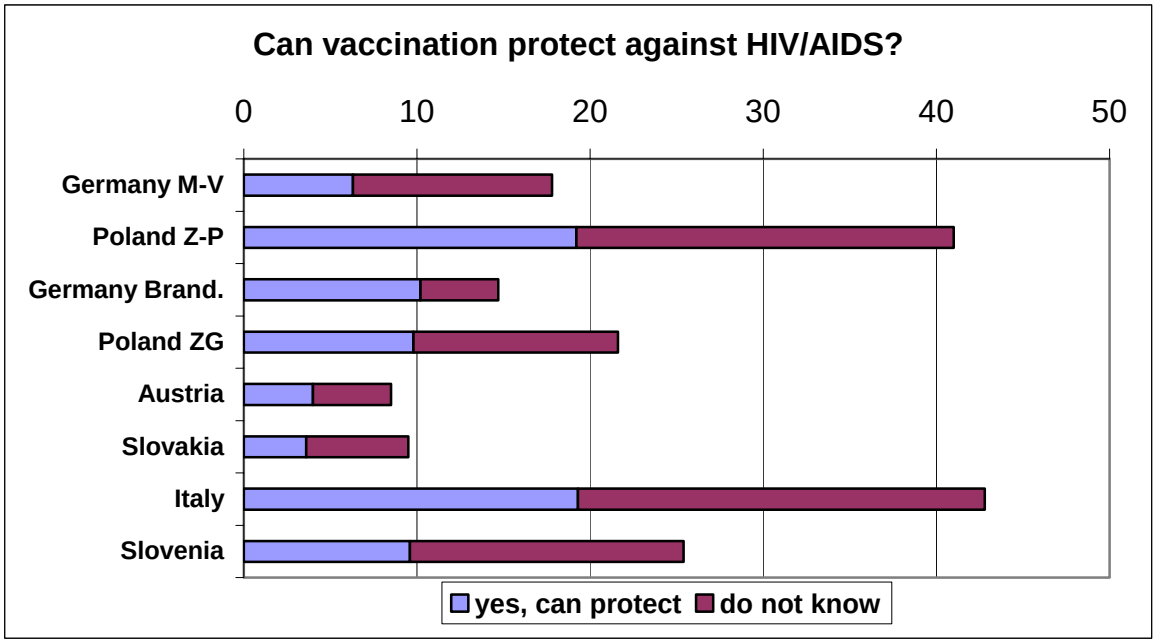
More striking uncertainties in the information about HIV/AIDS come to light when focusing on the protection means. On the one hand 97,6 % of the young adults know the correct answer that *"a condom protects"*. On the other hand wrong answers to statements, such as *"the contraceptive pill protects"* are not so rare, as might have been expected.

Thus to the item: *"Can one protect oneself by getting vaccinated against HIV/AIDS?"*, only 74,6% of all respondents answered correct with "No". Less women (6,9%) than men (13,1%), support the belief that there is a vaccination against AIDS. In the case of the MSM respondents (n=371) only 5,3% stated that a vaccination against AIDS exists. This statement reveals significant difference between the two studied groups, although the size of the MSM sample being almost three times smaller than the young adults' one allows only for descriptive comparisons.

Focusing back on the young people, the higher the full education accomplished, the smaller the probability that the respondents will answer with "yes" or "do not know" to the same statement (7% of the students vs. 26,9% of the middle school graduates).

Looking at the country of origin, among the group of the correct answers highest are the average shares of the Slovaks (88,2%) and the Austrians (86,4%). More than 1/5 (22%) answered with "Yes" or "Do not know" to that item. The share of Italian respondents however who believe that there is a vaccination, which protects (or do not know that) is almost double so high, 42,8%, followed by the Polish from ZP (41%). Another relation is worth noting in this regard, between the HIV test experience and the belief that a vaccination against AIDS exists. Among the respondents who were not able to provide correct answer are 22,9% of those who have never made an HIV test, and only 15,1% of those who have made one. This suggests again the prevention importance of the HIV test and its role in the information and education campaigns among young people.

Graph No 14: Proportion of respondents with wrong answers (%), N=1052



The country comparisons bring evidence to further discrepancies among the respondents. In general less that 10% (8,3%) believe that the contraceptive pill protects or do not know that. In the case of the Polish respondents from ZP, those are nevertheless almost ¼ of all respondents (24,1%). The second country group with highest uncertainties with regards to the protection qualities of the contraceptive pills is this of Slovenia (15,4% say either "yes" or "do not know"). Here again, a largest proportion in the group of the wrong believes have the respondents who finished their full education with 15 years (middle school).

Summarising, the gender and the education degree (given that the young women in the sample are better educated than the men) seem to be also variables with a distinct influence on the level of knowledge, perceptions and believes related to the HIV/AIDS protection. The country of living counts also for considerable differences in this respect. The respondents from the old EU member states tend in general to score higher knowledge on the items related to the ways in which HIV cannot be transmitted, than those from the new EU member states. This suggests that in countries like Poland, Slovenia, and Slovakia some wide spread wrong believes still play a significant role in the public awareness towards HIV/AIDS and influence the body of knowledge about it. This finding might have a significant implication for the design of adequate information and education campaigns for young people in the new EU member states.

4.3.4. Subjective risk perception, fears

About 1/3 (33%) of the respondents reported worries of getting AIDS. A further ¼ (26,3%) are not at all afraid. A small group of 8,9% (n=96) shared to be very much afraid. Contrastingly, the group of men who have sex with men scored remarkably higher fears related to a possible HIV infection (80,2% of them are afraid or very much afraid of getting AIDS).

No sexual differences occurred among the young adults in this respect. The education degree counts for some distinctions in the subjective risk susceptibility and fears. Respondents without any or with primary school degrees prevail among those being most afraid. Among those who are not at all afraid highest shares have the students, the university and secondary school graduates.

Considering the different nationalities, highest shares among the most worried respondents have Germans, Slovenians and Italians. The Slovaks and the Polish from Zielona Gora reported most often not to be worried at all. Another group of 332 respondents (30,8%) said that they do not think about it. Among those are 54,4% of the Polish from ZP and 39% of the Polish from ZG.

A cross-check was made of the subjective fears and the personal acquaintance with the problem of AIDS. Thus 99 respondents (9,2%) reported to know personally someone who has HIV or AIDS. The proportion of those respondents among the most worried of getting AIDS was supposedly higher. It turned out to be more than twice higher (18,2%) than that of the respondents without HIV-positive acquaintances. (7,9%). Respectively the share of the respondents who know somebody with HIV is explicitly smaller among those who are not at all afraid or just do not think about it.

Another cross-check aimed to detect interdependence between knowledge and fears of AIDS, assuming that the higher the knowledge the minor the fears. A correlation was identified in this regard but some controversies also. Strikingly 70,8% of those with great fears of getting AIDS scored in the high knowledge category of the basic HIV facts item. Reversely regarded our hypothesis was confirmed by the fact that the highest shares among the respondents with stable high knowledge about HIV have those who are a little afraid of AIDS (33,9%) or do not think about it (29,5%), due to other reasons.

Lastly the relation between risk management in sexual partnerships and the fear of getting AIDS was probed. Thus a good half of the respondents with multiple sexual partners (50,5%) are among the ones who are afraid or very much afraid of getting infected , compared to 41,8% of those with one stable partner.

4.3.5. HIV Test, pre- and post-test counselling

There is a stable basic knowledge about the HIV test, 93,8% stated that such exists. 5,5% (n=60) however believe that there is no test, or do not know about such. Conspicuous is that ¼ (n=15) of those respondents come from Germany (which is more than 8% of the German respondents). Contrastingly, the data from the German representative survey on AIDS states that 97% of the general population (16 years and older) know that an HIV test exists.

Considering the various access thresholds to the HIV test in the six survey countries more than a half of the respondents (n=614, average 57,1%, but 73,2% of the Austrians and only 38,2% of the Germans from Brandenburg) confirmed that an anonymous and free-of-charge HIV test is available in their country, regardless of health insurance. Almost 1/10 (9,7%, n=104) said that a prerequisite for an anonymous and free test is the health insurance (highest proportions in Slovenia:14,4% and Italy: 13,2%). Less than 5% (n=49) stated that the test is anonymous, although not free of charge (with highest shares in Germany M.-V. and Slovakia). 11 (1%) respondents (6 of them in Italy) believe that the test is not anonymous although free of charge and another 11 respondents think it is neither for free nor anonymous (4 of them in Slovakia and 3 in Italy).

Concerning by these figures is that more than ¼ (26%, n=280) reported not to know what the access criteria for the test are (69 of the German and 48 of the Polish respondents). This suggests on the one hand that considerable group of the young adults obviously fail to utilise the information about the available test offers on the spot, or confirms the insufficient availability and/or quality of information and HIV test promotion education materials and prevention actions on the other.

Less than 1/5 (18,2%, n=196) have tested themselves for HIV, the majority of the respondents (81,2%, n=874) – not. Here again noteworthy contrast to the group of gay and bisexual men was depicted (83,5% of them have made an HIV test), indicative for the differences in the subjective risk perception, HIV awareness and risk management between the two groups. No gender difference can be detected among the young adults. Looking at the education degree greatest shares among the HIV tested respondents have the ones with professional qualification (29,9% of the group) and the university graduates (26,8% of the group), followed by the group of students (19,2%). This supports somewhat the assumption that higher educated persons would show more active attitudes towards the HIV test.

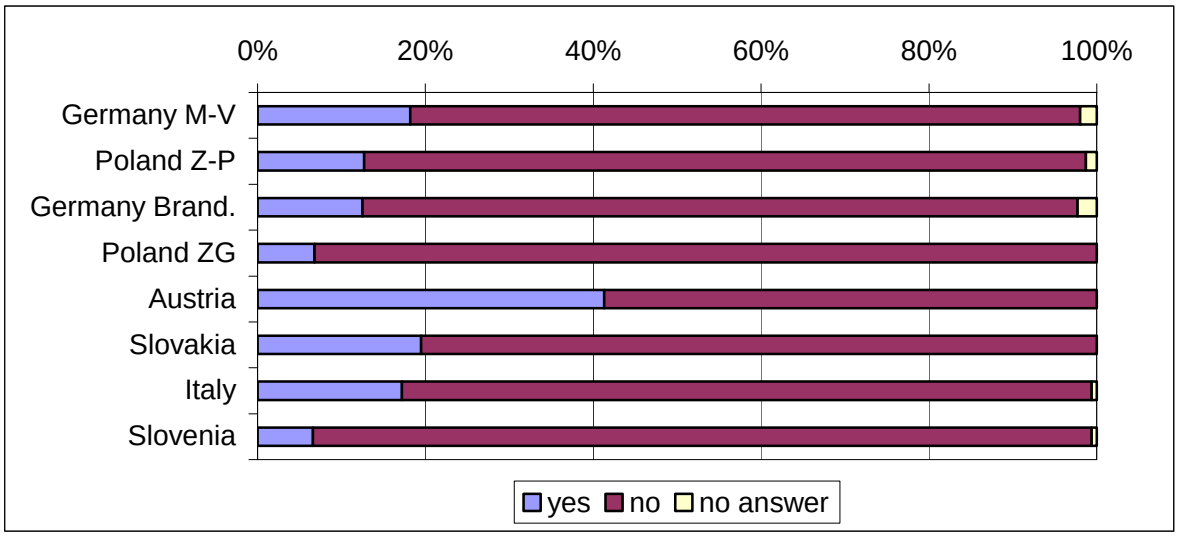
The assumption that the HIV test activity correlates with the level of knowledge with regard to HIV/Aids was also confirmed. There is a correlation among those who know a lot about HIV and those who have already made an HIV test. More than 80% (n=168) of those who made a test scored in the high knowledge group on the basic HIV knowledge item. More indicative is however the result that 84,8% (n=156) of those with middle knowledge and the majority (although only 14 persons) of those with poor knowledge have never been tested for HIV.

A crosscheck intended to detect any correlation between HIV test behaviour and the subjective fears. Thus the respondents with bigger shares among the ones who tested themselves are those who are worried (little -24,1% or much -21,1%) about getting AIDS, whereas 87,3% of the young adults who do not think about HIV/AIDS have expectedly not tested themselves.

The country comparison reveals more remarkable tendencies as the graph shows. The Austrians compose the biggest share (41,3% of the country sample) of the respondents who made an HIV test, with a rate more than double higher than the average for the sample. On the contrary, the ones who have most rare tested themselves are the Polish (from Zielona Gora: only 6,8%) and the Slovenians (6,6%), with rates almost 3 times smaller than the average for the sample. The low rates of HIV-antibody tests made in Poland are confirmed by the representative survey from 2005 among general public, according to which 6,2% of the respondents have ever made an HIV test (Izdebski, 2005). In Germany, the average rates within the general population (16 to 49 years) of those who made at least once an HIV

Test are explicitly higher (BZgA survey 2005: 36%) than the ones of the BORDERNET young adults in Brandenburg (12,5%) and Mecklenburg-Vorpommern (18,2%).

Graph No 15: Utilisation of HIV-testing offers (%), N=1077



Additionally the time of the HIV test was inquired. Thus the Slovenians and the Polish from ZG have predominantly undergone an HIV test more than one year ago. The greatest proportion of the Polish (70%) from the other region ZP as well as their neighbours from the German M.-V. (66,7%) have tested themselves in the last year. By the other country groups (Austria, Slovakia and Italy) there are more balanced proportions of the two HIV test time periods.

The HIV test settings vary among the countries also. The three most often used test facilities are hospital, not specialised on HIV – approx. 20% (40 out of the 196 respondents who made an HIV test), followed by doctor/GP, not specialised on HIV – 18% (n=35) and public health care centre – 13% (n=26). Conspicuous here is that testing settings such as family planning/gynaecologist, private lab or NGO usually highly attended by other clients' groups (e.g. women, MSM, migrants), are among the most seldom visited HIV testing places from the BORDERNET respondents.

Looking at the country of living it can be outlined that the HIV test in hospitals is utilised mostly by the Italians (17 persons out of 40), Austrians (12 persons) and the Slovaks (6 persons). The tests offered by GPs are mostly utilized by the Austrian respondents again (22 persons out of 35) and by the Germans (6 persons). The public health institute/health care centre is popular testing site among the Germans (8 persons) and Slovaks (7 persons). By the Polish respondents no clear test setting of preference could be outlined, both types of hospitals (with and without HIV specialisation) were used, as well as public health care

centres. By the Slovenians HIV test were most often made in an HIV-specialised hospital (6 persons).

Issue of special consideration by the HIV test is its accompaniment by counselling according to the Voluntary Counselling and Testing Concept, recommended by UNAIDS/WHO[12] as an intrinsic component of each HIV test. Some previous surveys[13] have already shown that it is difficult to detect the availability of pre- and post-test counselling when asking the clients directly, as there are lots of variations in the subjective perceptions of counselling. Therefore the BORDERNET respondents were asked in a descriptive manner whether they had enough time to discuss the HIV test and get information on the meaning of test and of result before (pre-test counselling) and after (post-test counselling). Thus equal parts of the respondents have “felt” themselves being counselled before (50,3%, n=98) and after (50,5%, n=97) the test. This is the half of all who made a test. About 40% answered with ”no” to the question and about 5% did not know whether they were counselled or not. There were also about 7%, who preferred not to answer. All Polish respondents from ZP who made a test (n=8) reported to have received pre-test counselling, the same confirmed 61,5% of the tested Slovenians (n=8), and 55,6% of the Germans (n=10) from M.-V. The post-test counselling was again most distinctly perceived by the same three respondents groups. By the Austrian and the Germans from Brandenburg relatively equal shares of respondents felt counselled and not counselled. Noteworthy is that by the Italian (in the post-test counselling) and the Polish from ZG (both pre- and post-test counselling) predominate the respondents who did not feel themselves counselled.

Further issue of interest is the cross-check outlining possible differences among the various testing settings and the availability of pre- and post-test counselling, subjectively felt by the respondents.

Here an explicit connection could be detected between structure and profile of the HIV testing setting and the availability of counselling from the clients’ perspective. Thus the hospitals without HIV specialisation though most often utilised as test facility, offer most seldom HIV counselling as reported by the respondents. Only between ¼ and 1/3 (23,1% for pre-test and 29,7% for post-test) of the respondents who chose this setting felt counselled. On the contrary, 70,6% of the respondents who chose a hospital specialised on HIV felt counselled before the HIV test. The same tendency could be observed by the doctors/GPs with and without HIV specialisation, outlining more than double higher rate of counselling by

[12] UNAIDS/WHO Policy Statement on HIV Testing, June 2004
[13] HIV/AIDS und Migranten/innen. Gesundheitsrisiken, soziale Lage und Angebote einschlägiger Dienste. Bundesministerium für Gesundheit und Soziale Sicherung. Forschungsbericht 342, Juli 2005

the professionals specialised on HIV. It is evident that the availability of the counselling offer depends on the specialisation of the service in the field of HIV.

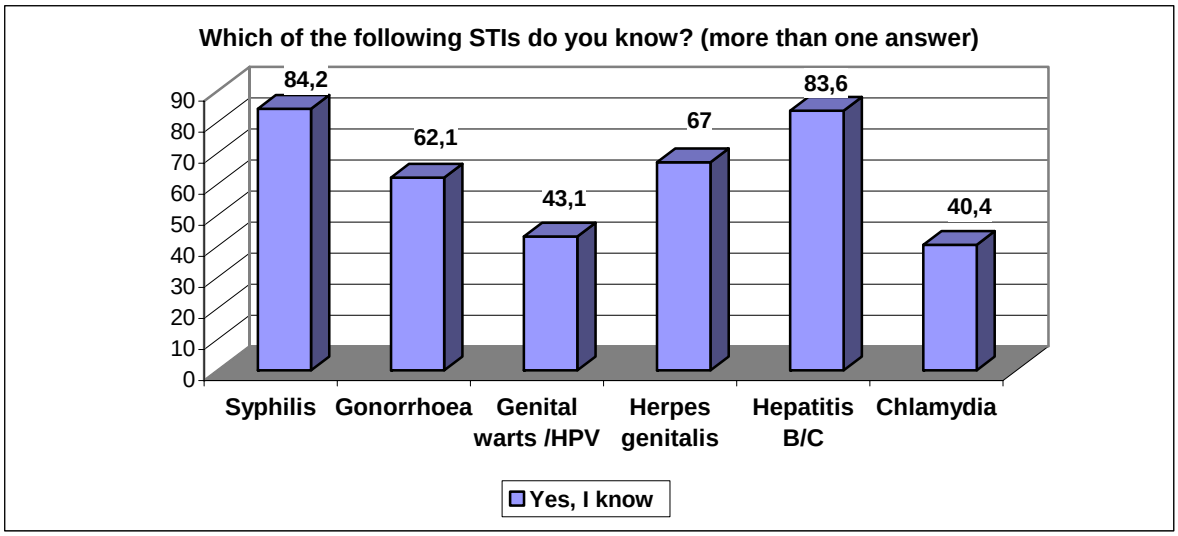
The public health care centres score stable high level of counselling reported by the survey respondents. 68% of those who made an HIV test there felt counselled before and 72% - even after the test. Highest rates of counselling were reported however by the respondents, who attended an NGO test service, specialised on HIV (91,7% pre-test and 75% post-test). Regardless the small number of respondents (n=12) this finding shows unequivocally that flexible (not necessarily non-state) specially tailored services have higher probability to meet both the European best practice criteria related to HIV VCT and the attendance needs of the clients.

In conclusion, young people at some places (Germany, Poland) dispose at insufficient information indicating clearly the accessibility of the HIV test, which can influence their help-seeking behaviour negatively. Furthermore, there are some discrepancies between utilized test facilities and the quantity and quality of counselling offered by them. Such contradictions have strong implication on the effective promotion of HIV VCT and point out again the importance of the approach of synchronisation and improvement of the applied standards of HIV VCT in EU to be further elaborated in the BORDENET project.

4.3.6. STIs knowledge and diagnosis

The knowledge regarding the various STIs is lower than the HIV/AIDS one, but still relatively high. The most known infections are syphilis (84,2%, n=890 from 1057 valid cases) and hepatitis (83,6%, n=875 from 1047 valid cases), the least known – Chlamydia (40,4%; 429 from 995 valid cases) and genital warts/HPV (43,1%; 404 from 1001 valid cases).

Graph No 16: Knowledge about STI (%, multiple answers), N ranges from 995 to 1057



The country comparisons reveal explicit differences in the STIs knowledge, outlining the young Slovaks as by far better informed than the other respondents. 98,8% (n=170) of them for instance know syphilis, which is with 14% more than the average rate of the whole sample. Curiously, the Slovak young adults scored even higher than their national fellows from the MSM sample, only 91,2% of who know syphilis. Contrastingly to the Slovak youth, only about 75% of the Polish has heard of syphilis. Gonorrhoea is again known to almost all Slovaks (97,1% compared to 86,8% of the Slovak MSM), whereas only 62,1 % in average has heard of it (and only 27% of the Germans in Brandenburg).

Additional diseases mentioned by the respondents under the category “other STIs” have very minor shares, yeast infection *(candida albicans:* 18 persons), for instance, was pointed out mainly by Austrian and Italian respondents, scabies and trichomonasis, were mentioned by 1 person respectively.

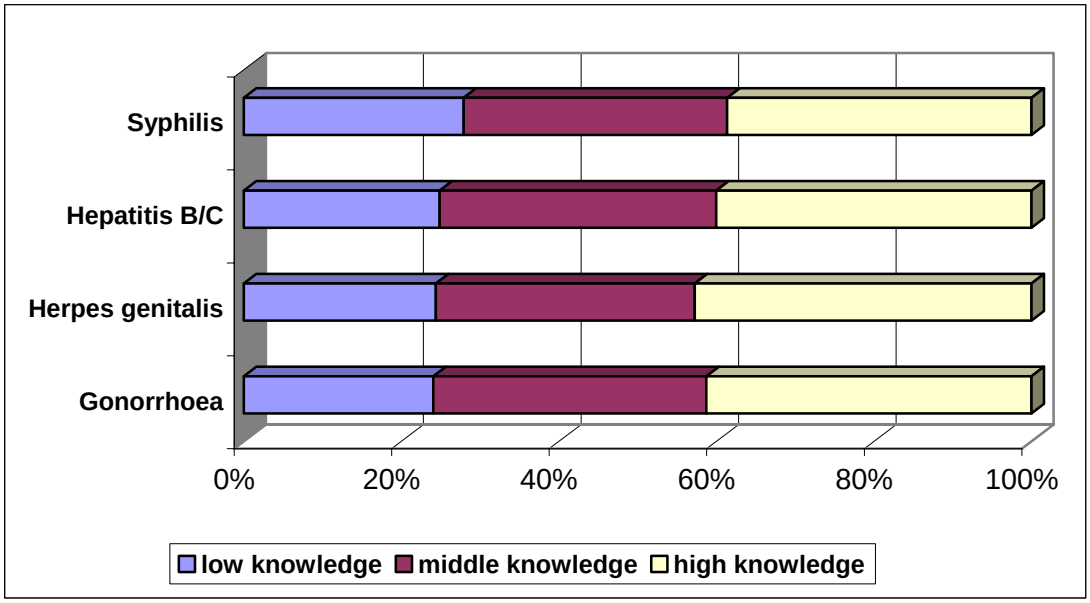
Gender, education and HIV knowledge as further important variables were checked for their influence on the STI knowledge. In summary the gender seems to have a greater implication on the knowledge regarding to STIs than on the HIV one. Slightly higher in the case of syphilis (85,5% women vs. 82,2% men), the gender difference becomes rather pronounced in the cases of genital warts (51% women vs. 33,2%) and Chlamydia (48% women 30,6% men), where women score higher than the average for the whole group.

The education degree has also a certain influence on the STIs related knowledge, most explicitly shown by gonorrhoea and Chlamydia, whereby greater shares of the respondents with lower education do not know these diseases. 92,3% of those with primary and 80,6%

with middle school, but only 52,2% of the university graduates has never heard of Chlamydia.

Similar relation is to be observed between the HIV knowledge and the information about STIs. The more a respondent knows about HIV, the more probable it is to know an STI. Thus 86,5% of the persons who scored highest on the HIV transmission routes item reported to know syphilis compared to 62,5% of those who scored lowest.

Graph No 17: Relation between HIV and STI knowledge (% multiple answers, N ranges from 1005 to 1057)



The experience of the young adults with STI services seems to be even scarcer than the one with the HIV test. Some studies on clinical features and risk factors of STIs among youth population nevertheless confirm that young adults (especially teenagers) show increasing risk of a larger group of STIs. According to an STI study among adolescents in Northern Italy teenagers composed up to 13 % of the patients yearly diagnosed with an STI[14].

Only 153 (14,5%) of the BORDERNET respondents reported to have undergone an STI check-up in the last two years (compared to 53,4% of the MSM respondents). Those are predominantly the young adults from the old EU member states – 51 Austrians (29,3%), 31 Germans and 24 Italians (14,2%). The shares of the respondents from the new member states who made an STI check are considerably lower (e.g. 9,2% of the Slovenians and Slovaks). About 2/3 (67,3%) of those who had an STI examination are women.

[14] Sexually-transmitted infections in adolescents and young adults in a large city of Northern Italy: a nine year perspective survey. Beltrami C, Manfredi R, D'Antuono A, Chiodo F, Varotti C. New Microbiology 2003, July; 26 (3): 233-41

By 23 (approx. 15%) of these 153 persons an STI was diagnosed in the frame of this check up. Additionally in 8 cases an STI was diagnosed by a not specialized GP, altogether, 37 STIs were diagnosed in 31 persons. The most often diagnosed STIs were genital warts (11 cases, 7 of them in Austria), herpes genitalis (10 cases, 6 of them in Italy) and Chlamydia (10 cases, 3 in Austria, 3 in Germany, 1 in each in Slovenia, Slovakia, Italy and Poland). The relative proportion of the women among the ones with a diagnosed STI is higher than that of the men (2/3 of the diagnosed Chlamydia and genital warts cases). Having in mind that especially the Chlamydia trachomatis infection is asymptomatic in most of the cases and according to a recent prevalence study of Chlamydia trachomatis in the United Kingdom (Adams et al 2004), which estimated the prevalence rate in young women of 10 %, we have to assess a large underreporting on Chlamydia trachomatis in our sample due to the lack of screening offers.

Concluding, the female respondents show in general higher knowledge and wider experience with the topic of STIs. This finding may be indicative for an existing inclination among some male respondents to divide the STIs to “masculine” and “feminine”, perceiving more of them as “women’s disease” (e.g. HPV, Chlamydia-trachomatis Infection), object of the reproductive health in narrow sense. This may unfavourably influence the help-seeking behaviour and the chances for early diagnosis and treatment of STIs of the male respondents. Such an assumption, combined with the fact that many of the STIs have a non-symptomatic clinical behaviour by both genders (especially Chlamydia-trachomatis by women - between 60 and 80% of the cases, by men - up to 50%)[15] outlines clear risk exposure indicator for STIs, making the group of men at least as susceptible as the women’s one.

4.4. Sexual behaviour

4.4.1. Sexual experience, partnership patterns

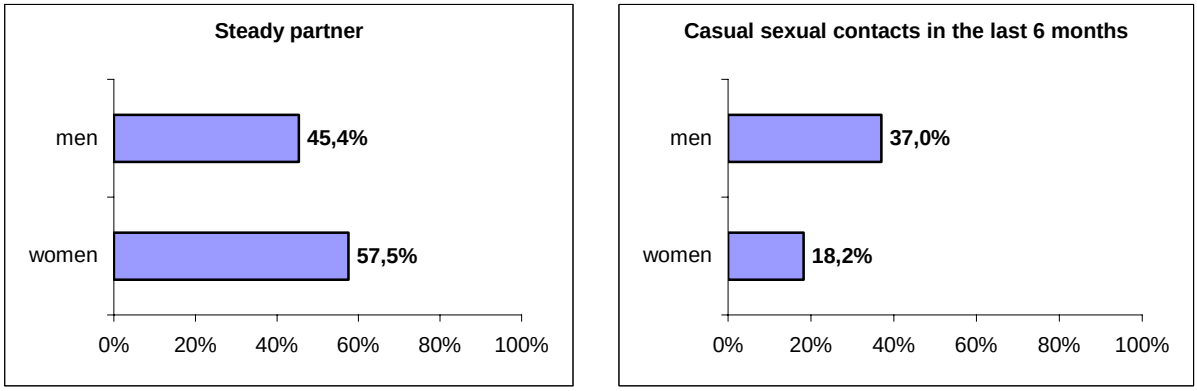
In this section information was gathered about the sexual contacts, preferences and partnerships of the young adults, about safer sex, HIV/STIs risk exposure and management. The reported experience with regards to sexual behaviour, prevention of HIV/AIDS/STIs and unwanted pregnancy covered the period of the last 6 months.

563 respondents (52,1% of 1080 valid cases) stated that they had a steady partner at the time of inquiry. Largest share in this group have the young adults from Poland ZG (61,9%), smallest – their national fellows from Poland ZP (44,3%).

To the question about any sexual contacts in the last 6 months, 70,1% (752 persons of 1073 valid cases) answered affirming. Most sexually active were the respondents in Austria (82,1%), Slovenia (76,2%) and Italy (72,4%), least in Germany Brandenburg (55,1%) and in Poland ZP (48,7%). Looking at the age some marked differences occur among the respondents in the level of sexual activity although the age subgroups cover rather narrow ranges. As generally expected, the older the respondents are, the larger their sexual experience is. Over 80% of the 24 to 26 years old reported to have been sexually active in the last half an year compared to 61,8% of the 18 to 20 years old ones. The questionnaire did however not contain an item referring to the age of the first sexual contact. Therefore there is no valid information about the share of the sexually inexperienced respondents in the youngest group.

No gender differences can be observed by the level of sexual activity in the last six months. Some noteworthy differences however come to light when looking at the patterns of sexual partnerships. While 57,5% of the women (n=344 from 598 valid cases) reported to have a steady partner, only 45,4% (n=219 from 482 valid cases) of the men did that.

Graphs No 18 and 19: Sexual partnerships according to gender (%)



Reversely, 37% (n= 132 from 357 valid cases) of the men and only 18,2% (n=78 of 428) of the women answered with “yes” to the question about casual sexual contacts in the last six months.

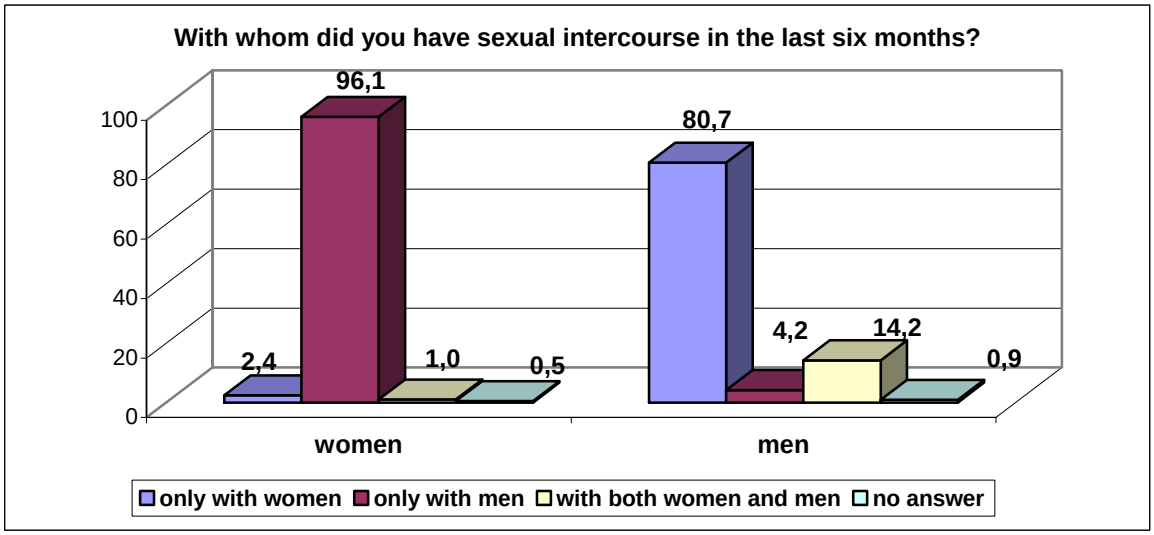
Among the 210 (26,8% from 785 valid cases) persons who reported to have had casual sexual contacts in the last six months (more than 60% of who are men) with largest shares are 32,1% of the Italians (n=42), 30,9% of the Austrians (n=47) and 30,8% of the Slovaks

[15] Genitale Infektionen mit Chlamydia trachpomatis – Informationen für FrauenärztInnen. Hrsg. pro Familia, Deutsche Gesellschaft für Familienplanung, Sexualpädagogik + Sexualberatung e.V., 2006

(n=36). The respondents from the both Polish regions have most seldom reported experience with casual sexual partners in the last half an year (15% and 12,3% respectively).

A further item highlighted the sexual preferences of the respondents who had sexual contacts in the last six months. As graph 18 shows the majority of the female (96,1%, n=394) and male (80,7%) respondents reported heterosexual preferences, with a slight predominance of the women in this category. There are more pronounced shares (though inconsiderable) of those who preferred contacts with the both (14,2%) or with the same gender (MSM: 4,2%) among the male respondents.

Graph No 20: Sexual preferences according to gender (%), N=747



Based on the reported partnership's patterns in the last 6 months a three-dimensional cross-tabulation clustered the sexually active participants in two larger groups for a more detailed further analysis of the risk exposure. Hereby the number of sexual partners served as indicator of risk measurement. The outlined socio-demographic characters of the groups are purely descriptive; they do not mark statistically significant difference:

Table 2: Sexual active respondents

Respondents who reported to have had sex with a single partner only n = 420	**Respondents who reported to have had sex with multiple partners**[16] n= 341
Mostly among the Polish from ZG (68,6%), Germans from Brandenburg (61,2%) and M.-V. (59,2%) and Austrians (57,3%)	Mostly among the Slovenians (50,7%), Italians (49,6%) and Slovaks (49,2%)
Majority are women (62,8%)	More than the half are men (54,1%)
Predominantly among the eldest respondents (57,6% of the 24 to 26 years old)	Most pronounced among the 21-23 years old (46%)

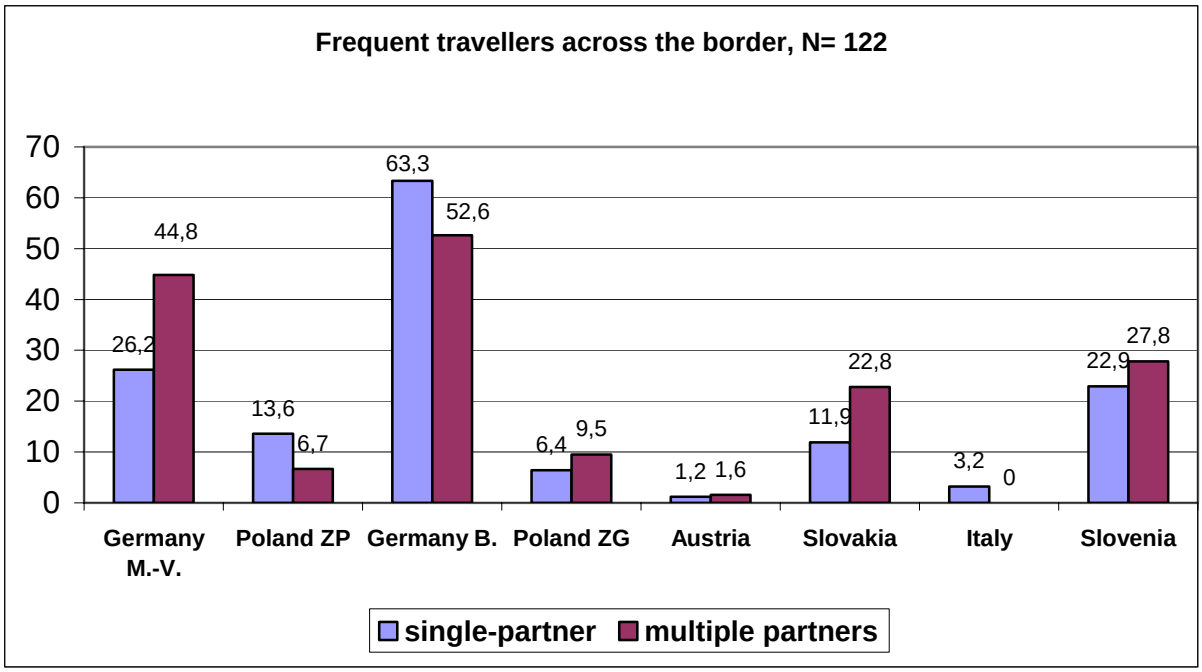
Hereby a clearer division of the countries can be observed as the representatives of the Northern European countries (Germany, Poland) tend more to sexual relationships with one stable partner. This finding is corroborated by the outlined status of partnership, whereas the Polish from ZG, the Austrians and the Germans scored highest among the respondents with a stable partner (living-together or not).

On the contrary their peers from Mediterranean Europe (Italy, Slovenia), who scored highest as being singles tend more often to patterns of sexual experimentation and relationships with more than one partner.

No significant differences can be observed in the patterns of mobility of the two groups. It is however worth mentioning that the single (steady) -partner respondents have bigger shares among those who travel only moderate or seldom across the border to the neighbouring country. The multiple-partner respondents on the contrary have slightly higher shares in the category of regular travels, a difference that is more pronounced among the Germans, Slovenians and Slovaks.

[16] Steady partner and casual partner/s, only casual partner/s, or sexual contacts not reported under the category of casual partner

Graph No 21: Proportion of single- and multiple-partners respondents among the frequent travellers according to nationality (%), N= 122



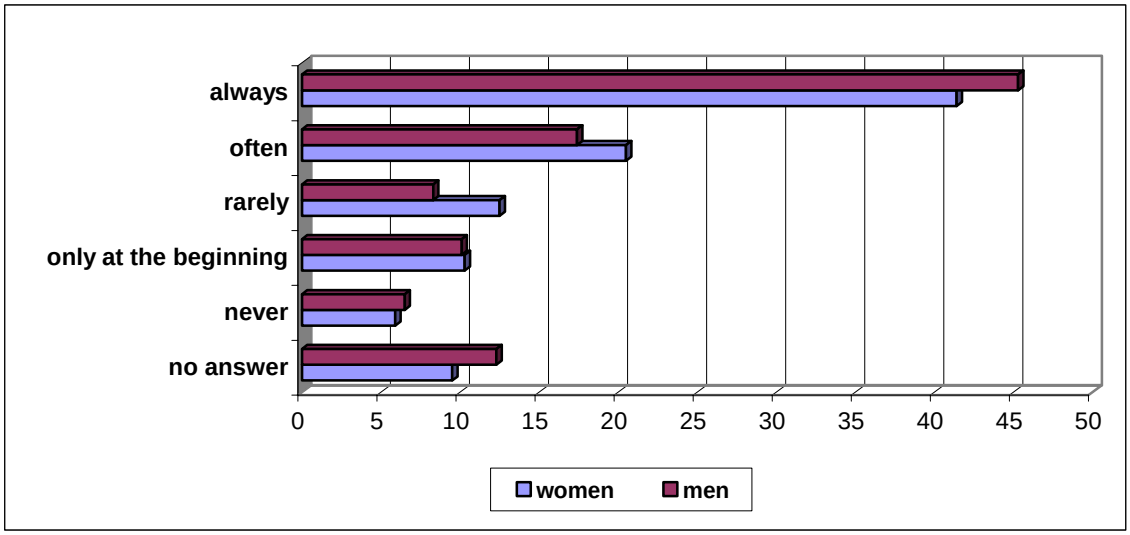
The two outlined groups receive special attention by the further evaluation of the sexual risks and the self-protective attitudes and behaviour.

4.4.2. Condom use and HIV/AIDS/STIs risk exposure

Asked about condom use in general (regardless of the sexual activities in the last 6 months) more than the half of the young adults, 57,5% (n=624 from 1085 cases) answered affirming. Higher than average rates of condom use reported the Austrians (66,7%), the Germans (63% in M.-V. and 62,2% in Brandenburg) and the Italians (62,1%). The respondents from the new EU member states scored respectively lower condom use – Polish (54,4% in ZP and 52,4% in ZG), Slovenians (51,1%) and Slovaks (49,1%). Compared to the available country data on condom use the German young adults (from the both regions) with average scores of more than 60% exhibited higher level of condom use than the average of the sexually

active adults (16 to 45) from the national representative survey (BZgA 2005: 54%). The Polish young people scored also higher than the average for the general population (Izdebski 2005: 38%). The men exhibit basically higher level of condom use than the women (65% compared to 51,1%).

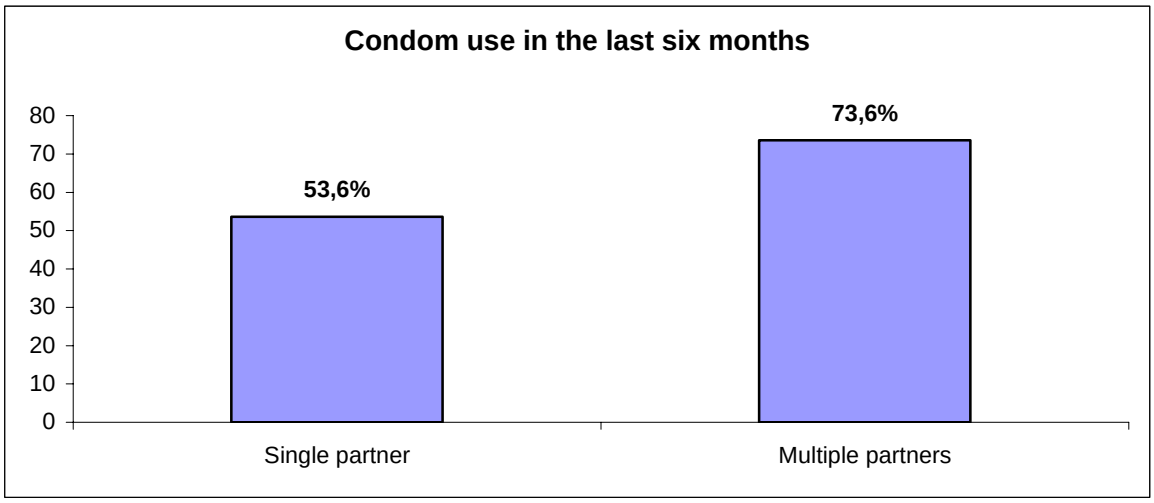
Graph No 22: Condom use with steady partner (in the last 6 months) according to gender (%), N=549



Considering the frequency of condom use in the last six months there are no significant gender differences with regards to the steady and casual partners. On the one hand more men tend to use always condoms with their steady partners, although more women reported to have a steady partner. On the other, men tend to have more casual sexual partners, and correspondingly report higher (always) condom use with them than the women do.

More significant distinctions in the condom use are highlighted when comparing the groups of single- and multiple- partners respondents. Thus an average of 53,6 % of those with single partners in the last half an year (n=225) reported condom use compared to 73,6% of those with multiple partners (n=251).

Graph No 23: Condom use according to partnership's patterns (%), N=476

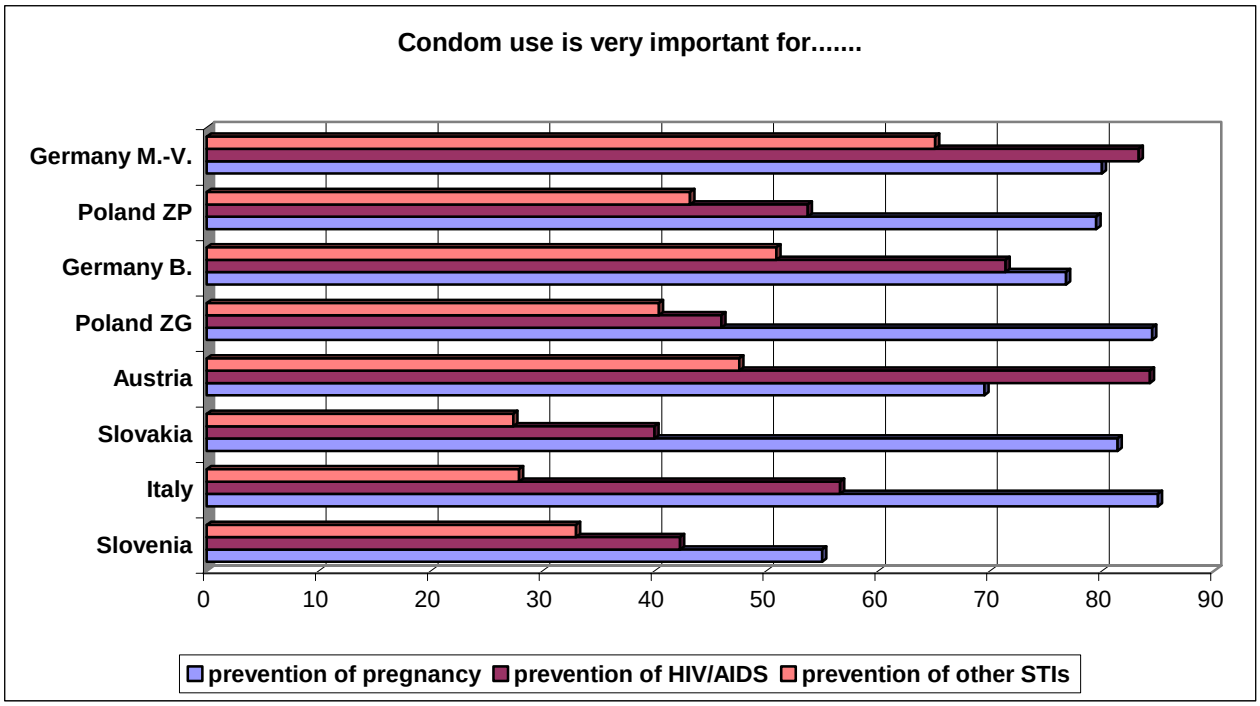


Resuming, condoms are rather more used as a protection measure by young adults who have preferences to multiple sexual partners. It can be outlined that they tend to use condoms more consequently (always) with the casual (59,8%, n=107 from 179 valid cases) than with the steady partners (43,1%, n= 85 from 197 valid cases). Nevertheless the respondents with single sexual partners scored surprisingly more consequent condom use with their steady partner (53% of them report to use condoms always, n=124 from 234 valid cases) than the respondents with multiple partners state to use with their steady ones. This suggests that the respondents with multiple partners tend to impose a higher risk on their steady partners.

Furthermore important is to highlight existing differences in the reasons why condoms are used, which can provide clues to interpretation of their preventive meaning for the various sexual behaviour patterns.

Invited to rank the 3 main reasons for condom use in order of importance the majority of the young persons placed prevention of pregnancy highest. For 75,1% (n=471 from 627 valid cases) of them it was valued as very important, followed by prevention of HIV/AIDS, found as very important by 355 respondents and eventually by prevention of other STIs (226 persons). There are no significant differences in the order of ranking influenced by gender, age, and education degree. Some distinctions can be however outlined looking at the different countries.

Graph No 24: Main reasons for condom use according to nationality (%, multiple answers), N ranges from 547 to 627



Thus condom use has indicatively primary HIV prevention meaning for the young adults in Austria and Germany, whereas for the Italians, the Slovaks and the Polish ZG it is unambiguously of primary importance to the prevention of unwanted pregnancy. Regarding the awareness towards STIs, the young adults who attribute at most such preventive meaning to the condoms are the Germans (very important for 65,1% of the M.V. respondents).

Looking at the two groups with diverging sexual partnership's patterns, some further differences come to light. The ranking of importance remains unchanged, but there is a larger share of "single-partner" respondents who value prevention of pregnancy as very important (81,8%) compared to the "multiple-partners" respondents (69,5%). Reversely, more of the latter (61%) value the HIV protection meaning of condoms as very important compared to 56,2% of the young adults with single-partner.

Obviously in the frame of a sexual partnership with one steady partner the condoms are valued as a contraceptive measure, whereas their HIV/AIDS protection value comes to the fore by sexual contacts with casual partners.

4.4.3. Sexual risk management

A semi-closed multiple-choice item: *"What do you do when your partner does not want to use condoms?"* intended to assess the risk exposure and the various self-protection measures the young adults undertake in their sexual relations. The largest proportion of respondents, 24,7% (n=268) relies on their persuasiveness skills answering: *"I will convince partner to use one"*. This is the first-choice prevention strategy for the young Germans (about 30%), Italians (26,4%) and Slovenians (25,8%). About 1/5 (21,6%) of the respondents *"will have no sex*" in case the partner refuses condom use. The share of Austrian respondents in this group is almost double so high as the average (40,8%), whereby this is the principal risk management strategy chosen by them. Indicatively enough, this option was further favoured only by the Germans (about 30% of them in each region). A further risk-management (more precisely risk-reduction) option is of value for minor share of the respondents, *"sex without penetration"* was outlined by only 4,9% of the group. The "go-with-the risk" option "*sex with penetration"* was chosen by 3,1% (but by almost 7% of the Italians and the Polish from ZG).

Considering the gender variable more explicit tendency emerges.

Graph No 25: Sexual risk management according to gender (%), N=1084

Women appear more decided to insist on safer sex and readier to dispense with sex if not safe (25,2% of them stated that will not have sex compared to 17% of the men). Men on the other hand opt for their power of persuasiveness, 29,5% will convince the partner to use one, compared to 20,9% of the women. The greater unwillingness to do without sex even risky one is shown in the further preferred predominantly by the men strategies, whereas 5,2% of them (vs. only 1,5% of the women) will take up the risk of an unprotected sexual intercourse.

Another finding worth of further interpretation is the divergence in the risk management of the single- and multiple- partner respondents. While for those with single partners first prevention option remains the dispense with sex (21,5%), the power of convince is the first choice (35,2%) for those who prefer multiple partnerships. They will also opt more often for the risky practice of unprotected intercourse, although their share in general is very low (4,7%) and the difference from the single-partner respondents is insignificant (3,3%).

Resuming, the "no condom, no sex" risk management strategy is more largely supported by the women, the younger respondents and by those with single partners. According to the country comparison, safest behaviour choices score the young Austrians and Germans, most risky – the Italians.

An important dimension of the sexual risk management is the subjective perception of control over the safer sex negotiation and decision, which brings to light variables as assertiveness, persuasiveness skills, internal/external locus of control among others. The answers outlining the major reasons for condom refusal provide further hints to the emotional meaning and contextualisation of the risk in the various relationships' patterns of the young adults.

A multiple-choice question with 16 sub-items was used for that purpose. The general ranking shows clearly that condoms are predominantly perceived by the young adults as a contraception measure. Thus as main reason for not using a condom, ¼ (24,7%, n=268) pointed out that they *"use another contraceptive method*". The Slovenians (31,3%) and the Slovaks (22,3%) justified most often their behaviour choices with the help of this reasoning. The second outlined reason is indicative for the prevailing underlying attitudes towards the condoms, over 1/5 (22,6%) stated that *"they decrease the pleasure"*. Most pronounced supporters of this statement are the Polish respondents (38% from ZP and 28,6% from ZG) and partly the Slovenians and Slovaks.

21,5% (n=233) of the respondents stated that *"I and my stable partner are HIV tested and we are faithful"*, thus ranking it as 3rd most important reason. Here a slight deviation is identified, from the share of respondents who actually stated to have made an HIV test (18,2%, n=196). The largest shares of respondents who outlined such a reason come from Austria (49,2%) and Germany (M-V., 38%). This finding coincides with the above-described one, that respondents from these two countries relate at most condoms to the prevention of HIV/AIDS.

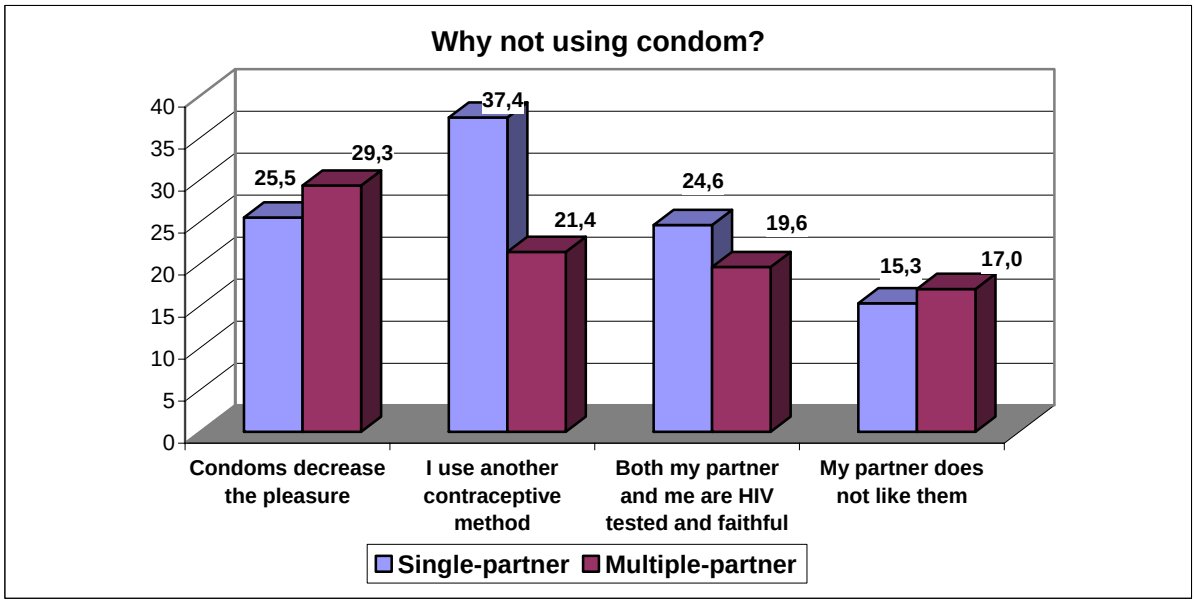
Considering the gender it can be stated that for the men leading reason for refusal is the pleasure variable (27,4% compared to 18,8% of the women), whereas for the women the use of other contraceptive methods (32,6% compared to 14,9% of the men). At same time women (77,3%) are those who ranked higher (men: 72,8%) the importance of condom use for prevention of pregnancy. This contradiction reveals an indicator of higher HIV/STIs

vulnerability of the women. More than a third of them would not use condoms, while they use other contraception. On the other hand in a situation of condom negotiation, if the partner refuses condom use, they appear less flexible and unconfident in their convincing skills. The declared principle readiness to abstain from sex in such situation seems to be a viable strategy at first glance. It is not proven however how pressure resistant such a risk management strategy is when it comes to negotiation of safer sex.

Additionally mentioned reason by 14,4% (n=156) is that *"the partner does not like them",* whereby here again the Polish young adults have stated this most often (21,9% in ZG and 19% in ZP). More men (17,2%) than women (12,1%) refer to this reason justifying the condom refusal. Worth mentioning is the evident discordance between such a statement and the more often reported by the men risk management strategy based on assertiveness and convincing skills with regards to the condom use. Relevant in this respect would be the application of a condom use self-efficacy scale, providing further insights into the confidence of the respondents in their own capacity for self-protection.

Noteworthy is to highlight the depicted differences in this respect between the two groups of single-partner and multiple-partner respondents.

Graph No 26: Main reasons for not using a condom (%), N=761



Here as expected, there is a predominance of the single-partner respondents among those who dispense with condoms because of other contraceptive methods (37,4%). Reversely the multiple-partner respondents prevail among those who state that condoms decrease the pleasure (29,3% compared to 25,5% of the single-partner ones and to 22,6% sample average). Lastly, it should be stated that there are only minor shares of respondents who explicitly exhibited higher risk susceptibility ("I want to forget about the risks": 2,4%).

The following question referred to the various contraception methods used. 56,5% (n=417 from 738 valid cases) of the respondents sexually active in the last six months confirmed to apply methods for prevention of unwanted pregnancy. Those are 61,6% of the persons with single-partner and 50,2% of those with multiple-partners. The most often used one is the contraceptive pill (40,6%, n=440), whereby more than half of the women (52,8%) answered with yes versus 25,3% of the men. As supposed condoms scored also high as a contraceptive method.- 16,1% (n=175), whereby women prevail again slightly. Third method of choice is the interrupted sex (8,4%, n=91).

Summarising the protection behaviour patterns it can be stated that the prevention of unwanted pregnancy has highest importance for the group of young adults, which overshadows a bit the importance of HIV/STIs prevention. The applied risk management strategies are not significantly influenced by the factors of gender, age and education. Women show however greater readiness to adopt safer behaviour choices in relation to their sexual practices than men. The country comparisons highlight certain differences in the attitudes towards condoms and integration into the sexual behaviour repertoires of the young people. Conspicuously again the division of old and new EU member states regarding acceptance of condoms comes to the fore – young Europeans from the new member states exhibit more condom-unfriendly attitudes than their peers in the old EU states. Most remarkable cross-border differences can be witnessed between the two neighbour countries Germany and Poland.

V. DISCUSSION AND RECOMMENDATIONS

Regardless of the unrepresentative sample and the descriptive character of the conducted analysis the KAB survey brought to light several major tendencies in the risk assessment of young adults with regards to HIV/STIs and highlighted further discrepancies between knowledge, attitudes and risk management in the frame of self-protective behaviour.

Interpreting the results one should bear in mind the generally high (except the Germans and the Polish from ZP) education level of the respondents (and the larger share of better educated women), where slight biases of the level of knowledge were expected.

In particular the following findings deserve further attention:

- The patterns of international mobility of the European young adults are very divergent and outline still no reciprocal interest among the old and new EU member states. Conspicuous are the low flows of young travellers from Austria and Italy into their neighbour pair countries Slovakia and Slovenia. German youth can be defined as

most mobile from the old EU member states and most open to the neighbouring Poland. The Slovenian is respectively the most mobile young population among the new EU countries;

- No significant links were identified between mobility patterns, HIV knowledge and risk taking behaviour. It is nevertheless worth pointing out that there are more young adults who prefer multiple sexual partnerships, among the frequent travellers. This suggests further exploration of the interrelation between mobility and risk susceptibility, in order to define more precisely the sexual risk indicators related to crossing-border travel of young adults;
- The general level of HIV-related knowledge of the young adults, as confirmed by other European studies emerges is rather high and concordant with this of the special group of MSM. Some slight cross-country differences are notable in this regard, Austrian young people score highest and Italian- lowest basic knowledge;
- There is however one fourth of the young adults, coming mostly from Italy, Slovakia, and Slovenia who exhibit high uncertainty with regards to their own knowledge on HIV/Aids. By another part (almost a fifth) of respondents (predominantly from those three countries) contradiction was identified between high confidence in the self-reported level of information and false actual knowledge on the items related to AIDS treatment. This overestimation of the subjectively perceived knowledge may have considerable implications on risk taking and related exposure to HIV and STIs for the described respondents' groups;
- Various further discrepancies in the otherwise coherent knowledge are still observed, mostly originating from common myths and believes (e.g. kissing on the mouth, using public toilets) regarding the HIV spread. Women, better-educated persons and respondents from the old EU countries are less affected by them. Striking is the extent of influence of such biases on the available body of knowledge of the youth population in the new EU member states. Poland (and especially region Zachodniopomorskie) could be highlighted as most affected by them. Therefore new EU member states deserve special attention with regards to increase of the availability and quality of unambiguous information, which addresses not only facts but rather the underlying believes and the related to them problem awareness;
- Special focus of attention deserves the finding that still a fourth of the young people (with a concerning high share in Germany) does not dispose at information about the availability of a cost-free and anonymous HIV test. Complemented by the assumed (according to clients' reports) gaps in the pre- and post-test counselling in the most

often utilized by the young people HIV testing services this urges for further efforts for improvement of the applied VCT standards by HIV testing;

- The knowledge related to STI appears as rather high and seems to depend on the basic HIV knowledge. The Slovak young people appear to be the best informed among all their peers. The group of women showed up higher level of knowledge and utilisation of the STI services, which is indicative for a bigger awareness with regards to the sexually transmitted infections and the related sexual and reproductive health consequences. Nevertheless our data shows a large underreporting on STIs according to recent prevalence studies especially of Chlamydia trachomatis due to the lack of screening offers in all model regions. On the other hand no evidence supports a lower STI susceptibility of the men, but on the contrary, men can show an inclination to undermine the significance of the STI topic, thus increasing their risk exposure;

- Resuming the protective behaviour and risk management of the young adults it should be pointed out that condoms have primary importance in the domain of prevention of unwanted pregnancy. This finding emphasizes again the relevance of integrated prevention approaches towards HIV/STIs and reproductive health. The HIV/STI preventive quality of condom use is mostly valued by Austrian and German respondents.

- A clear risk management strategy is confirmed by the fact that respondents with multiple partners use more often condoms than those with one steady partner. They do that however more often with their casual than with their steady partners; thus imposing a risk on them also.

- Slight gender differences emerge, outlining the men as more active in condom use than the women. Regarding further risk management strategies, women show up higher readiness to insist on safer sex or to refuse sex if not safe. On the other side men show higher flexibility and tend to rely more on their persuasiveness skills trying to convince their partner in the use of condoms.

- No explicitly high-risk practices were identified among the surveyed young adults. Some attitudes disfavouring condom use emerge through statement such as “condoms decrease the pleasures” and “the partner does not like them”, which reported largely by the male respondents bring hints for further exploration of probably concealed own unwillingness and reservation towards condoms. Noteworthy is that the latter are more spread among respondents from the new EU member states.

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VII. ANNEXES

Annex 1 - List of international cooperation partners

AnnexSPI Forschung gGmbH

Kohlfurter Str.41-43, 10999 Berlin, Deutschland

Tel: +49-30-2521619, Fax: +49-30-2516094

www.spi-research.de

www.bordernet.eu

AUSTRIA

AIDS-Hilfe Wien

Marianhilfer Gürtel 4, 1060 Wien, Österreich

Tel: +43-1-595371194, Fax:+43-1-59537717

www.aids.at

GERMANY

MAT-LAKOST (Mobiles Aufklärungs-Team zu Sexualität und AIDS)

Wokrenter Str.3, 180555 Rostock, Deutschland

Tel: +49-381-4923463, Fax: +49-381-4923503

www.mat-rostock.de

GAOST (Gesundheitsamt Ostvorpommern, Projekt Abendrot)

Pasewalker Allee 23, 17389 Anklam, Deutschland

Tel: +49-3971-244836, Fax:+49-3971-244839,

aids-praev-lkovp@freenet.de

AIDS-Hilfe Potsdam e.V.

Kastanienallee 27, 14471 Potsdam, Deutschland

Tel: +49-331-95130851, Fax: +49-331-95130852

www.aidshilfe-potsdam.de

ITALY

Regione Veneto, Giunta Regionale (Region Veneto, Office for International Public and Social Affairs)

CRRPS, Via Marconi 27 f, 37122 Verona, Italy

Tel:+39-045-8012242, Fax: +39-045-8008011

www.crrps.org

POLAND

DPSZA (Municipal hospital of region West Pommerania)

Ul. Korsazy 34, 70-540 Szczecin, Poland

Tel: +48-91-4893905, Fax: +48-91-4893904

malgorzatakr@wp.pl

University of Zielona Góra (Uniwersitet Zielonogórski)

Social Pedagogy Institute, Youth Counselling and Sex Education Unit,

Energetikov str.2, Zielona Gora, Poland

Tel: +48-68-3282977, Fax:+48-68-3282978

www.uz.zgora.p

SLOVAK REPUBLIC

National Reference Centre (NRC) for HIV/AIDS Prevention, Slovak Medical University

Limbova 12, 883301 Bratislava, Slovakia

Tel: +42-12-59369172, Fax: +42-12-59369587

www.szu.sk

SLOVENIA

Regional Institute of Public Health Maribor (RIPHM)

Prvomajska ulica 1, 2000 Maribor, Slovenia

Tel: +38-6-24602317, Fax: +38-6-24622234

www.zzv-mb.si

Annex 2 – survey instrument: The BORDERNET questionnaire for young people