

PERCEPTIONS OF SEXUAL BEHAVIOR AND KNOWLEDGE ABOUT SEXUALLY TRANSMITTED INFECTIONS AMONG YOUNG PEOPLE IN TIRANA, ALBANIA

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Abstract

The level of sexual activity and the incidence of sexually transmitted diseases (STDs) are high among Albanian young people, but use of reproductive health services is low. Information about their attitudes and experiences is needed for the design of youth-friendly programs. 30 focus group discussions were conducted among young people aged 14-19 attending gymnasiums in Tirana City. The discussions explored the adolescents' perceptions of sexual behavior among their peers, their knowledge of STIs and their preferred means of preventing and treating STIs. The participants perceived that sexual activity is common among their peers. They noted that although physical attraction is the main reason for romantic relationships (which might include sex), the desire for material or financial gain is the primary motivation for sexual relationships. The young people had some knowledge about STIs, especially HIV and AIDS, but many believed infections were inevitable. When they had an STI, non educated young people went to traditional healers; they were unlikely to seek treatment from doctors because of high cost, slow service, negative provider attitudes toward young people and a perceived lack of confidentiality. The participants considered media campaigns as the best way to educate young people about STIs and condom use.

Keywords: Perceptions, knowledge, young people, STIs, Tirana

Introduction

The Republic of Albania is a small country located on the Balkan Peninsula in south-eastern Europe. It has a surface area of 28,748 square kilometers. It shares a 172 km border with Montenegro to the north-west, a 115 km border with Kosovo to the north-east, a 151 km border with Macedonia to the north and east, and a 282 km border with Greece to the south and south-east.

The health system in Albania is mainly public. The state is the major provider of health services, health promotion, prevention, diagnosis and treatment. The private sector, which is still developing, covers most of the pharmaceutical and dental services, as well as some clinics for highly specialized diagnosis, mostly in Tirana and one or two other major cities. The Ministry of Health (MoH) is the leader in health policy development and planning and in the implementation of health strategies.

After the fall of Communism in Albania, family planning was legalized under government order no. 226, in May 1992. Since January 1993, based on an order from the Ministry of Health, contraceptives have been distributed free in all government health centers and social marketing of contraceptives has been implemented throughout the country. In 2008-09, contraceptives were available from three sources: the government (at no cost), social marketing programmes (at subsidized prices), and the commercial for-profit sector (at market prices).

The public sector provides pills, condoms, and injectables free of charge in over 431 public health facilities—hospitals, polyclinics and health centers, and some health posts (ambulances)—and tubal ligations and intrauterine device (IUD) insertions in facilities with trained obstetricians/ gynecologists. The National Logistics Management Information System collects service statistics as well as contraceptive logistics information that enable the Ministry of Health to estimate national contraceptive requirements and to monitor the progress of the national family planning programme.

Main Text

The Ministry of Health has taken the lead in strengthening contraceptive security to ensure a lifetime supply of contraceptives for all Albanians who need them. As part of these efforts, in 2003, the Ministry of Health approved the national strategy on securing contraceptives. The Ministry of Health has regulated family planning policy and budgets to achieve contraceptive security. This was done in a step by step manner by assuming the cost of procuring public sector contraceptives. The share of contraceptives provided by UNFPA, the only contraceptive donor for the public sector, has decreased correspondingly. Today, the Ministry of Health covers 80 percent of contraceptive procurement costs for the public sector and by 2010 Albania will be completely self-sufficient and independent of outside donor support for provision of contraceptives.

Acquired immune deficiency syndrome (AIDS) is caused by a human immunodeficiency virus (HIV) that weakens the immune system, making the body susceptible to and unable to recover from other diseases. HIV/AIDS is an international pandemic, with cases reported from every country. As of the end of 2012, Albania was still considered a low HIV prevalence country. However, there is an upward trend in the number of new case diagnosed, and estimates indicate higher numbers of undiagnosed cases. As of November 2008, 291 persons were diagnosed with HIV in Albania. About 90 percent of HIV infections occurred as a result of sexual contact (Epidemiological Situation Report, IPH, 2009).

Most cases of HIV in Albania have been diagnosed among women and men age 25-44. Since 2000, however, an increasing proportion of women have contracted HIV/AIDS. Sixteen cases of mother-to-child transmission have been identified (Epidemiological Situation Report, IPH, 2009). The National Programme for Prevention and Control of HIV/AIDS (NPPC) was established at the Institute of Public Health (IPH) by the Ministry of Health (MoH) in August 1987 with direct support from the World Health Organization (WHO). The programme aimed to establish a comprehensive, organized, and scientific, evidence-based prevention and control programme for HIV/AIDS. Highlights in the development of Albania's national programme include: The recruitment of a multidisciplinary team of physicians, epidemiologists, psychologists and social workers at IPH with the responsibility for coordinating HIV/AIDS prevention activities and monitoring Albania's epidemiological situation.

The establishment in 2003 of an inter-ministerial HIV/AIDS committee which aimed to strengthen political efforts for fighting HIV/AIDS.

Establishing Albania's Country Coordinating Mechanism (CCM), this meets regularly, with participation of government, non-governmental organizations (NGOs), and people living with HIV/AIDS. The establishment of the CCM paved the way for Albania's successful application for a Global Fund grant of approximately US\$5 million to be monitored by IPH and to be implemented in two phases over five years beginning in early 2007.

The strengthening of the behavioral and biological surveillance system through second generation surveillance and the establishment of a single monitoring and evaluation

system in 2005. The provision of free medical treatment for patients with AIDS since 2004 with support from foreign donors and UN agencies.

The third national conference on HIV/AIDS, which took place in March 2012, adopted the National Strategy for HIV/AIDS Prevention and Control in Albania, which was revised in 2008. There is a detailed implementation plan relating to this strategy. The key implementation structure is the NPPC, located within the Institute of Public Health.

Several studies have reported that modern methods are more widely known by women than traditional methods: 95 percent of women have heard of at least one modern method, compared with 84 percent who know of a traditional method. Among women, the most widely known modern contraceptive methods are the male condom (88 percent) and the pill (85 percent), while withdrawal (84 percent) is the most commonly known traditional method. Female sterilization (58 percent) and injectables (57 percent) are known by almost six in ten women, while the IUD is known by more than one-third (35 percent) of women. Only 28 percent of women have heard of the lactation amenorrhea method (LAM) or emergency contraception. The least known modern methods are male sterilization (16 percent), the female condom (15 percent), and implants (7 percent); the least known traditional methods are rhythm (19 percent) and folk methods (less than 1 percent). As with women, modern methods are more widely known to men than traditional methods. For example, 97 percent of all men have heard of at least one modern method, while only 92 percent know of a traditional method. Among all men, the most widely known modern method is the male condom (96 percent), while withdrawal (92 percent) is the most commonly known traditional method. Pills are known by 59 percent of men, while female sterilization and emergency contraception are known by 37 and 33 percent, respectively. Around one in four men has heard of male sterilization, injectables, and the rhythm method. The least widely known methods are LAM, IUD, and female condom (9 percent, each), and implants (5 percent).

The new national law on HIV and AIDS was proclaimed in July 2008. This law addresses prevention and control of the spread of HIV, and related social issues. The prevention programme is coordinated by the Ministry of Health but, importantly, involves key line-ministries and institutions such as the Ministry of Education and the Ministry of Social Affairs. The law also provides social and financial care and support to people living with HIV, which is based on fundamental international standards.

Knowledge of AIDS although not universal is high in Albania, with 93 percent of women and 94 percent of men reporting that they have heard of AIDS. The level of awareness of AIDS does not vary substantially by age or marital status, although never-married women and men who have had sexual intercourse (99 and 98 percent, respectively) are more likely to have heard of AIDS than never-married women and men who have never had sexual intercourse (94 and 91 percent, respectively). Respondents in urban areas are more likely to have heard of AIDS than those in rural areas (98 percent of both women and men in urban areas, compared with 90 percent of women and 91 percent of men in rural areas). Women and men in the Mountain region (88 and 85 percent, respectively) are least likely to have heard of AIDS, while those in Urban Tirana are most likely to have heard of AIDS (99 percent for both women and men). The level of awareness of AIDS increases substantially with education among both women and men. Almost all women with university or higher education (>99 percent) have heard of AIDS, compared with 76 percent of women with no education or primary 4-year education. Similar proportions are seen for men with university or higher education (>99 percent), compared to men with no education or primary 4-year education (75 percent). Knowledge of AIDS increases with household wealth status (wealth quintile). Several hypotheses have been offered to explain the high rates of sexual activity and STI infection among Albanian Young people, such as Albanian's deteriorating socioeconomic situation, the traditional values, the early onset of menarche, a widening gap between age at

menarche and age at marriage, infrequent and ineffective use of barrier contraceptives and the decreased value placed on virginity. To date, however, few studies have investigated young people's perceptions of the problem. To design appropriate interventions, it is important to know about youth' knowledge of and experience with STIs and about their health-seeking behavior related to STIs. For example, we need information about adolescents' knowledge of and attitudes toward using condoms for STI prevention, their use of various types of health providers for the treatment of STIs and their attitudes toward partner notification. It is widely recognized that Albanian youth do not use existing reproductive health services. This poor utilization of public services is probably largely attributable to the fact that such services do not specifically address the needs and concerns of adolescents. Eliciting young people' views on reproductive health in communities where sexuality is not openly discussed can be problematic. A quantitative research design yields limited information on this complex and sensitive topic because it is less likely to provide detailed explanations for observed patterns of behavior. Therefore, carefully conducted focus group discussions in which people discuss perceptions and behaviors of their peers may uncover behavior and knowledge related to reproductive health. In this study, we use focus groups to provide deeper insight into adolescents' perceptions, knowledge and experience regarding STI acquisition, symptoms, prevention and treatment. This study was carried out among youth attending gymnasiums in Tirana, the capital of Albania. In, which was part of a larger investigation of the determinants of sexual activity and treatment-seeking behavior related to STIs among youths, focus group discussions were held with male and female young people in 6 gymnasiums in the Tirana city. Before the study began, we explained it in detail to the principals and staff of the schools. In each school that agreed to take part, a teacher designated as the study coordinator described the research to students, chose the student participants and made arrangements for the focus groups. The students who were asked to participate in the group discussions were those perceived by study coordinators as likely to provide the most information. 30 focus groups were conducted in 6 gymnasiums in the Tirana city. The 300 focus group participants were aged 14-19, with an average age of 16.8 years for females and 17.3 years for males. The size of the groups ranged from 8 to 12 students. The focus groups were conducted in English, the language used by teachers and students in the schools. The comments on each issue were then compared by sex. Results were also compared across grade levels; differences between lower and higher grades were minimal. The focus group discussions centered on young people perceptions and beliefs regarding sexual behavior among their peers and the reasons for the patterns of behavior they observed. In addition, we elicited information on how these young people recognized and labeled STI symptoms, how they made choices among various methods of STI prevention and treatment, and which methods and places of treatment they preferred. Specifically, we sought information on young people' knowledge of and attitudes toward the use of condoms for STI prevention. Finally, the discussions addressed young people's opinions on how to increase access to various reproductive health services and on their preferred methods of acquiring reproductive health information. Participants first discussed sexual behavior among youth in their communities. They generally agreed that sexual activity was common among their peers. Males were more likely to state that levels of sexual activity were higher among males than among females, and females felt that the reverse was true. Some students gave reasons for the high degree of sexual activity, including the perception that sex was a way to act like a grown-up. The vast majority agreed that in their communities, people began having sexual intercourse at an early age. The discussions reflected a general perception that males began having intercourse at a younger age than did females; the most commonly stated age of sexual debut for females was 15-16, compared with 14-15 for males. Some females remarked that their peers first had sex with older partners then became involved with males in their own age-group. The main reason

participants gave for romantic relationships (which might or might not involve sex) was attraction; material or monetary gain was the most common reason cited for sexual relationships, although peer pressure was also frequently mentioned. There was no clear consensus on whether males or females were more likely to initiate sex, although some males said that males initiated sex more frequently than did females. The focus groups covered perceptions about sex with strangers and sex with multiple partners, including how common and how risky these behaviors are. There was a greater variety of opinion about these behaviors than about sex with a regular partner. Some participants thought that many of their peers had sex with strangers, while others disagreed; there was greater agreement that sex with multiple partners was common. Some participants stated that sex with multiple partners was more common among males than among females. Some of the reasons given for engaging in sex with strangers and multiple partners resembled those given for sexual relationships with a regular partner. Material or monetary gain was cited as the most common reason for these behaviors among both males and females. Other reasons cited for sex with strangers and multiple partners included sexual pleasure or satisfaction and variety. In discussing the risks of having sex with multiple partners and strangers, many participants reported feeling a sense of vulnerability to STIs and AIDS. In some of the groups, participants mentioned an additional concern, related to traditional beliefs, about becoming involved with a stranger: "It is wrong to have sex with a stranger because his background is unknown". The focus group discussions revealed more knowledge about HIV and AIDS than about other STIs, and the students did not mention the link between AIDS and other STIs. A few students gave clear descriptions of AIDS. Some participants demonstrated knowledge about the causes and impact of AIDS; some reported that AIDS can be transmitted through sex and injections, but others incorrectly stated that infection can occur through mosquito bites and from toilets. Overall, the focus group participants had some knowledge about STIs, although there was disagreement about the medical parallels to local names and about the symptoms and causes of the STIs discussed. Gonorrhea and AIDS were identified as STIs in all of the groups, and syphilis, candidiasis and trichomoniasis was mentioned in many of them. Pain in the genital area and painful urination were the most frequently mentioned signs of STIs, mostly related to gonorrhea. Most groups mentioned boils, itching, pussy or milky discharge, rashes and swollen organs. Males were more likely to mention swelling, and females were more likely to mention discharge, itching and rashes. Females mentioned fever while males also discussed bloody urine. Participants talked about what they and their peers do when they experience STI symptoms. For those who chose to divulge their symptoms to someone, telling friends was the most common choice; males and females were equally likely to do so. In half of the groups, however, participants stated that people with STIs usually did not tell anyone about their condition, a view expressed more often by males than by females. They stated that peers sometimes disclosed symptoms to a parent. Most of the females specified mothers, and a few males cited fathers; no one mentioned turning to other relatives as confidants. Only a few students reported that peers told their sexual partners about STI symptoms.

The participants agreed that condoms were the best method of STI prevention. Abstinence was thought to be the next most commonly used method of prevention. Abstinence and monogamy were mentioned more frequently by females than by males. Although focus group participants considered condoms the best way to avoid STIs, the reported prevalence of condom use varied. In many of the focus groups, students discussed why people dislike using condoms. Many thought they decrease the enjoyment of sex, a view expressed more frequently by males than by females. Females knew more about sources of STI information than males did. Generally, participants described newspapers, magazines, and posters as the most common sources of STI information for young people, followed

closely by radio, television and film. Some participants reported that young people also learned about STIs from family members and from school-related events. Males said that friends or peers were the most common sources of information. The students viewed public education campaigns using electronic media (radio, television and film) as the most effective way to transmit information on STIs to young people. Health education campaigns at markets and public places were also perceived as effective, particularly by females, as were print media, schools and health seminars. Students had similar ideas about condom promotion: They thought electronic media were the best way to communicate with young people about the advantages of condom use, followed by schools, health seminars and print media.

Conclusion

Results from the analysis suggest possible ways of decreasing STD prevalence by promoting responsible prevention and treatment-seeking behavior. Strengthening reproductive health programs can help achieve these goals by addressing adolescents' perceptions of risk, emphasizing the links between HIV and STIs, decreasing barriers to service provision for youth, involving parents and youth in programs, and considering gender differences in program planning and implementation. Increasing the perception of risk adolescents associate with some sexual activities and highlighting the connections between STIs and HIV could be two components of an STI control program in this setting. To promote effective behavior change, interventions should include the participation of young people in innovative ways. Educational activities should target parents as well, which would enable them to play a more beneficial role in the sexual and reproductive health of their children. The alarming perception that people intentionally spread STIs should be further explored and addressed. Addressing the risk associated with a range of sexual activities, including sex with a regular partner, is a step toward encouraging responsible behavior. Students in the focus groups were aware that some of the sexual activity that was commonplace among their peers could have adverse health consequences. They noted that having multiple partners and engaging in sex with unknown partners were high-risk behaviors, but they did not acknowledge the potential health risks of intercourse with a regular, known partner. This result suggests that familiarity with a sexual partner is accompanied by a perception of decreased risk. STI control should be an important component of AIDS prevention campaigns. Our results reveal that AIDS campaigns in this area have failed to make the link between AIDS and STIs. Many of the focus group participants were aware of the consequences of AIDS, but not the role STIs play in HIV transmission. Emphasizing that STIs increase the likelihood of HIV transmission may increase young people's concern about STIs and lead to less risky behavior. Pointing out that the behaviors that put one at risk for STIs are the same as those that put one at risk for HIV infection is another way to capitalize on knowledge about HIV to promote STI prevention efforts. Establishing youth-friendly services is a way to increase access. Also programs targeting young people's sexual and reproductive health cannot ignore the potential of parental involvement, a theme that emerged several times in the focus groups and that is supported by other studies of the sexual and health behavior. The focus groups demonstrated the need to improve parents' knowledge and their ability to communicate with their children about sexual and reproductive health, since students agreed that few parents know more than their children about STIs, condom use and other reproductive health topics. The focus group discussions indicate that gender differences should be considered when targeting young people with educational interventions, since our analysis of the transcripts revealed differences in males' and females' knowledge about STIs

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