Centre for Strategic Studies
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Tajikistan

HIV/AIDS RISK BEHAVIOUR SURVEY AMONG YOUNG PEOPLE AGED 15-24 IN TAJIKISTAN

Dushanbe
2007

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The director of the Centre for Strategic Investigation under the President of the Republic of Tajikistan is Mr. Sharipov.

Survey Coordinator is Mr. Saidov Firuz.

Survey Team:
Mr. Karimov B.;
Mr. Shodiev D.;
Ms. Rahmatova D.;
Ms. Saidova J.;
Mr. Niyatbekov V.;
Mr. Dodihudoev H.;
Ms. Raupova S.;
Ms. Madaminova Z.;
Ms. Khaidarova Z.;
Mr. Madumarov U.;
Ms. Umarova M.;
Mr. Umarova F.;
Ms. Asimova S.;
Ms. Saidova P.;

Data Entry and Processing Consultant Team
Mr. Khakimov Farmon
Ms. Razykova Tatyana

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CCM	Country Coordination Committee on the prevention and control of HIV/AIDS, Tuberculosis and Malaria
CHLS	Centre of Healthy Lifestyle
CSW	Commercial Sex Worker
GBAO	Gorno Badakh-shahn Autonomous Oblast
HCF	Health Care Facility
HIV	Human Immunodeficiency Virus
IDU	Injection Drug Users
MM	Mass Media
NDS	National Development Strategy
NGO	Non-government Organization
PSU	Primary Sampling Unit
RRS	Rayons of Republican Subordination
RT	Republic of Tajikistan
STI	Sexually Transmitted Infections
TLSS	Tajikistan Living Standard Survey
UNDP	United Nations Development Programme
UNAIDS	Joint United Nations programme on HIV/AIDS
UN GA SS	United Nations General Assembly Special Session

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EXECUTIVE SUMMARY

BACKGROUND

Although the Republic of Tajikistan is at the early stages of a HIV epidemic, HIV/AIDS has recently become of great national concern. There are several in-country factors facilitating the increase in HIV prevalence. One of the strategic ways to harness the epidemic growth is to induce behavioural changes in young people aged 15-24 years old, which appears to be a key indicator of the successful development of the national programs on HIV/AIDS prevention. However there is lack of baseline data on the awareness, attitudes and risk behaviour among young people 15-24 years old.

PURPOSE AND METHODS

Purpose

The purpose of this survey is to examine the levels of awareness, behavioural practice and forms of HIV/AIDS prevention among young people aged 15-24 year old, and their attitude towards the problem of HIV/AIDS.

Methods

The survey of HIV/AIDS behaviour among young people aged 15-24 years old employed quantitative methods (questionnaire).

Sampling

For the purposes of the survey on the HIV/AIDS behaviour among young people aged 15-24 years old the population of 2000 respondents was accepted as a representative.

The survey was launched in 24 towns and rayons of the Republic of Tajikistan:
1. Dushanbe City (Sino, Firdausi, Shohmansour and Somoni rayons);
2. Rayons of Republican Subordination - RRS (Toursounzadeh, Gissar, Vahdat and Rasht);
3. Khatlon oblast (towns of Kourghan-Tube and Kulyab, Vahsh, Shaartouz, Huroson, Vosi and Muminabad rayons);
4. GBAO (town of Horog and Roushan rayon);
5. Sogd oblast (Towns of Hujent, Chkalovsk and rayons of Kanibadam, Isfara, Istarafshan, Pyanjikent and Ayni).

Survey tool

The questionnaire included 72 questions under following sections:

- Population and social data;
- Awareness and sources of information on HIV/AIDS;
- Awareness on the ways of HIV/AIDS transmission and identifying risk groups;
- Awareness on the ways of preventing the spread of HIV/AIDS and sources of information;
- Awareness of respondents on HIV/AIDS prevention and treatment programmes and assessment of their impact efficiency;
- Use of drugs by young people;
- Use of injecting equipment by young people;
- Awareness among young people on the incidence of drug abuse;
- Sexual behaviour and use of condoms;
- Awareness of HIV/AIDS test facilities;
- Levels of HIV/AIDS testing ;
- Referral to HCF for the STIs treatment;
- Attitude towards the PLWHAs

The questionnaire was designed to meet the requirements for the calculation of indicators developed by GFATM and the guidelines for the monitoring and evaluation of HIV/AIDS.

Findings

Awareness of HIV/AIDS and key sources of the HIV/AIDS information

The survey findings show that awareness of HIV/AIDS among young people in the rayons is relatively high, with 76.7% from the total number of respondents reporting that they are aware of HIV/AIDS.

There is a substantial difference in the amount of awareness of HIV/AIDS between young people living in urban and rural areas. Of those living in an urban area, 82.5% reported that they are aware of HIV/AIDS, whereas in rural areas 67.6% reported the same awareness.

Key information sources on HIV/AIDS for young people are: TV (30%), radio (11.8%), taught information targeted at school aged children (11.8%) and written formats such as leaflets, brochures and posters (10.9%).

Awareness on the forms of HIV transmission

Of the total number of respondents aware of HIV/AIDS, 89.4% were knowledgeable on the forms of transmission of HIV. By gender/age groups, relatively high knowledge on the forms of transmission of HIV is reported among young males aged 15-21, and females aged 21-24. From the total number of young people 46% were aware of sexual transmission; 26.3% through blood and 12.5% noted from mother-to-child transmission.

Of the total number of respondents, around 65% reported that the risk of HIV transmission can be reduced provided sexual contacts are maintained with only one loyal HIV-negative partner, 12.4 % reported that the risk remains, and 22.8% reported they did not know.

From the total number of respondents, only 64.6% reported that using a condom during intercourse can help to reduce the risk of HIV transmission, 9.6% answered negatively, and 25.8% reported that they did not know answer to this question. Relatively high awareness of the reduced risk through condom use is reported amongst young people in urban (69.8%) areas compared to their rural peers (54.6%).

The question on whether an apparently healthy looking individual can be HIV/AIDS-positive proved to be a relatively difficult question for young people to answer. From the total number of respondents aware of HIV/AIDS, only 52.8% provided the correct answer to this question.

The survey shows that there exists a low awareness of young people on whether HIV can be transmitted through a mosquito bite. Of the total number of young people knowledgeable of HIV/AIDS, only 38.1% reported that HIV cannot be transmitted through a mosquito bite.

There is low awareness of young people on the possibility of transmission if they consume food prepared/served by an HIV-positive individual. Of the total number of young people having HIV/AIDS information, only 50.8% provided a correct answer to this question. Breaking down the results according to area shows that there exists lower awareness on this question amongst young people living in rural areas (39.5%) compared to those living in urban areas (56.8%).

Calculation of the Key indicator 11 in line with the Guidelines for monitoring and evaluation of HIV/AIDS (refer to Annex 1), shows that only 10.95% of all interviewed respondents gave correct answers to all five questions on the transmission of HIV. Accounting for gender and location, lower awareness on forms of HIV transmission is reported amongst the young rural population compared to the urban population.

The survey findings show that young people interviewed included in the risk group: drug users (27.7%), commercial sex workers (27.3%), people not using condoms during intercourse with irregular partners and commercial sex workers (14.3%), labour migrants (10.5%), clients of commercial sex services regardless of condom use (9.7%).

Awareness and key sources of information on the prevention of HIV/AIDS

The survey shows that although 76.7% of young people are aware of HIV/AIDS, not everybody is aware of the ways to prevent HIV/AIDS. From the total number of young people interviewed, only 68.6% where knowledgeable on the forms of HIV/AIDS prevention.

According to young people, the ways to prevent HIV transmission include: use of condoms during intercourse (29.7%); maintain sexual contacts only with one loyal HIV-negative partner (22.1%); abstinence (11.4%); maintain hygiene (9.9%); avoid intercourse with commercial sex workers (9.0%).

Key sources of information on the ways of preventing the HIV transmission according to the survey findings are the following: TV (28.5%); radio (12.5%); information taught at secondary school and targeted at school-aged children (11.3%); informative materials such as brochures, leaflets and posters (9.9%), health care providers (7.9%); newspapers and magazines (7%); and from peers (6%).

From the total number of young people knowledgeable of HIV/AIDS only 39.5% reported that they are aware of HIV/AIDS prevention and treatment programmes.

Despite the low coverage of young people by the programmes on prevention of HIV transmission, the survey findings refer to their sound effectiveness, as from the total number of young people surveyed, more than 80% believe that programmes on HIV/AIDS prevention in Tajikistan are highly effective.

Sexual behaviour and prevention of HIV/AIDS

The findings of this survey show that about 32% of young people aged 15 – 24 had started sexual contact by the time of the survey. According to the survey findings, the initiation of sexual contacts by young people in Tajikistan takes place between the ages of 17 to 20 years old. From the total number of those interviewed, about 70% of respondents reported that their first sexual experience occurred at the age of 17-20 years old.

From the total number interviewed 28% of those who answered as being sexually active reported that during the previous 12 months they had had intercourses with irregular (casual) partners, the majority of whom were male respondents. From the total number interviewed, over 32.8% reported that they did not use a condom during their most recent intercourse with an irregular partner. Over 66% of young people know where to get a condom if required.

Calculation of key indicator 16 in line with the Guidelines for monitoring and evaluation of HIV/AIDS, (refer to Annex 2) shows that 61.8% of young people aged 15-24 used a condom during their last intercourse with an irregular (casual) partner. The proportion of urban females that use condoms is 8.2% lower than urban males.

From the total number of interviewed respondents, 64.3% reported that it is possible for them to buy a condom. According to gender, males have better access to purchasing condoms (80.6%) compared to females (48.1%). Breaking down the results according to location, the rural young enjoy fewer opportunities (53.1%) in comparison with the urban youth (71.5%).

Prevention of HIV/AIDS and STIs

Interviews with young people show that they have a poor awareness of the availability of HIV test facilities. Of the total number of respondents, only 42.9% reported that they are aware of the location of the HIV test facilities.

Of the total number of respondents knowledgeable of the location of HIV test facilities, only 8.1% (69 respondents) reported that they have had a HIV-test.

Only 7.2% of the total number of those interviewed would include themselves in the risk group. From that group 82.5% are males and mainly from urban areas (77%).

Attitude towards people living with HIV/AIDS

Responding to the question: “Is a HIV/AIDS-positive teacher eligible to work in a school?”, 2000 people aged 15 to 24 years old answered “no” (< 62%), 12% had difficulties answering the question and only one fifth (22.2%) answered “yes”.

From the total number of those interviewed, over 74% reported that HIV-positive health care providers are not eligible to work in the health system.

Over 48% of those interviewed answered that they would discontinue their friendship if/once their peers became HIV-positive.

The survey findings also show that the attitude of young people towards HIV-positive people employed by the service sector is as negative as the attitude towards HIV-positive health care providers. Of the total number of respondents, 70.5% reported that HIV-positive people cannot be employed by the service sector.

Relatively more compassion was shown amongst those interviewed towards their close relations.. A total of 60% reported that they would take care of close relations if/once they became HIV/AIDS-positive, whereas 15.2% reported that they would not know what to do in such a case.

Use of drugs

The prevalence of HIV is to great extent related to drug use. Drug users, in particular injecting drug users are included in the risk groups of potential carriers and spreaders of HIV. Of the total number of those interviewed, 56.7% noted that there exists a linkage between drug use and HIV/AIDS. Furthermore, not every drug user could openly state his/her HIV status.

From the total number of interviewed respondents only 1% (19 people) admitted that they use drugs. Of 2000 interviewed, 360 respondents (18%) reported that they know drug users, with over 70% living in urban areas.

BACKGROUND

During recent years the Republic of Tajikistan has become more exposed to the HIV/AIDS epidemic. Despite the fact that HIV/AIDS is presently not one of the key factors impeding national development, the government and society do realize that this situation may rapidly change, and for the worse.

During the Special Session of the United Nations General Assembly (SSUNGA) on HIV/AIDS in June 2001, the government of the Republic of Tajikistan along with 189 other countries committed themselves to implementing a comprehensive programme of actions on the international country level with the purpose to control the HIV pandemic, following the adoption of the declaration of commitment to control HIV/AIDS. This declaration refers to the scope of specific targeted objectives with quantitative features and timing, including objectives to reduce the HIV incidence among children, young people and adults; improve health education and communications, care and treatment in relation with HIV/AIDS; and improving services provided to orphans.

The government of the Republic of Tajikistan has approved its Strategic Plan for preventing the threat of spread of HIV in the Republic of Tajikistan over the period 2002-2005. The scope of its priority areas includes preventive activities on the reduction of HIV exposure for young people, IDUs and SWs.

With the assistance of the international community, who have implemented activities to strengthen the relevant preventative work, a CCM was introduced with a continuously operating Secretariat, and sectoral programmes on AIDS control were adopted by the Ministry of Health, Defence and Education, and Committee for youth affairs under Government of Tajikistan. With the purpose to implement these activities, Tajikistan mobilized resources available from the Global Fund to Fight AIDS, Tuberculosis and Malaria to the amount of US$10.6 million, as well as from a number of donor organizations. In line with the decisions of the international community, a criterion for consistency and harmonization of national response to AIDS was established using the principle of the “three ones”.

In 2005 Tajikistan developed its National Development Strategy for 2006-2015 focussing on achieving by 2015 the Millennium Development Goals, including measures to harness the spread of and reverse the HIV epidemic.

Furthermore, the national regulatory framework was updated, and in 2005 a new law was adopted on the Response to HIV/AIDS stipulating the guarantees to observe human rights for people living with HIV, including free health care and social support services and the implementation of comprehensive activities to prevent HIV transmission.

The Republic of Tajikistan is at the early stage of a HIV epidemic. However, recently HIV/AIDS has become of great national concern with several in-country factors facilitating the increase in HIV prevalence. One of the key ways to harness the epidemic growth is to induce behavioural changes in young people aged 15-24 years old, which seems to be a key indicator of the successful development of the national programs on the HIV/AIDS prevention. However there is lack of baseline data on the awareness, attitude and risk behaviour among young people 15-24.

PURPOSE AND METHODS

Goal: The purpose of this survey is to examine the level of awareness, behavioural practice and forms of HIV prevention among young people aged 15-24 years old and their attitude towards the problem of HIV/AIDS.

Based on the goals the specific survey objectives were:

- To examine awareness on the forms of HIV transmission;
- To assess the awareness of young people on the ways to prevent HIV transmission;

- To assess the awareness of young people on HIV prevention and treatment programmes and their effectiveness;
- To assess sexual behaviour and forms of preventing HIV-transmission;
- To identify the level of HIV testing;
- To identify the attitude of young people towards people living with HIV;
- To assess drug use among young people

Methods- A quantitative method (questionnaire) was used to conduct a survey of the HIV behaviour among young people aged 15-24 years old. This method of survey is highly effective when examining a phenomenon with coverage over a large population of respondents and sites. It also provides an opportunity to determine the key indicators assessing the awareness of young people in terms of prevention, attitude, and behavioural practice in the area of HIV/AIDS. Based on the quantitative survey and regional indicators, it became possible to determine country indicators and develop/revise the work strategy in the area of HIV prevention in Tajikistan. The survey further enabled us to identify elements linked with individual behaviour and attitude depending on age and gender and as such, take into account an individual approach, whilst maintaining confidentiality and anonymity which is the driving force for obtaining true data in any HIV/AIDS survey.

Sampling-There have been many large-scale surveys conducted to date in Tajikistan, including the Tajik Living Standard Survey-1999 with coverage of 2000 households and TLSS-2003 with coverage 4150 households, and the Tajikistan Reproductive Health and Population Survey-2002 (MDS-2002) with coverage of 3000 households. These surveys were conducted throughout the country and recognized as being representative.

Based on the experience generated during quantitative surveys carried out previously, a population of 2000 respondents was accepted as a representative sample in order to conduct the survey of behaviour of young people in the area of HIV/AIDS.

The sampling of respondents in the field was based on the gender/age breakdown. According to the population census the proportion of males and females in the 15-24 years old age brackets is approximately the same[1]. Approximately the same number of females and males of the relevant age were interviewed during the survey based on the total population in the sampling.

Respondents in each rayon were selected from the rayon centre and rural localities. Choice of rural localities took into account their location and the criteria of sampling in the field. Households were sampled taking into account information regarding families with young members aged 15-24 years old provided by jamoats, mahalla committees, and departments for housing maintenance. Only one respondent aged 15-24 years old was interviewed in every household. In every rayon, sampling of households was done in two stages. During stage 1, a certain number of territorial units were selected and referred as to *primary sampling units* (PSU). During stage 2 a number of households were selected from the chosen PSUs.

Sampling of rayons (sites)- Sampling sites for the survey covered all regions of Tajikistan.
Selection of towns and rayons was based on the following criteria:

- Geographic location;
- Coverage of rural and urban population;
- Social and economic development level;
- Proportion of young people aged 15-24 years old in the total population;
- Unemployment and labour migration among young people;
- Cultural and ethnic difference;
- Faith level of population, including young people;
- Level of development of the education system;
- Commercial sex and human trafficking

[1] Population of the Republic of Tajikistan 2000. State Committee for Statistics of the Republic of Tajikistan.

Taking into account these criteria for the survey, 24 towns and rayons of Tajikistan were selected:
1. Dushanbe City (Sino, Firdavsi, Shohmansour and Somoni rayons);
2. Rayons of Republican Subordination - RRS (Toursounzadeh, Gissar, Vahdat and Rasht);
3. Khatlon oblast (towns of Kourghan-Tube and Kulyab, Vahsh, Shaartouz, Huroson, Vosi and Muminabad rayons);
4. GBAO (town of Horog and Roushan rayon);
5. Sogd oblast (Towns of Hujent, Chkalovsk and rayons of Kanibadham, Isfarah, EastRafshan, Pyanjikent and Ayni).

When determining the population of the sample in every selected region, the proportion of young people aged 15-24 years old in the total population was taken into account. The fact that there is migration of young people from Khatlon oblast and other rayons of Tajikistan to/from Dushanbe City for job and study purposes was also accounted for.

Number of samples by the regions

Regions	Number of young people 15-24		Number of samplings (PSUs)
	Number	in % to the total	
Dushanbe City	117,5	9,7	350
GBAO	44,4	3,7	150
Sogd oblast	370,6	30,8	600
Khatlon oblast	403,3	33,5	600
RRS	267,9	22,3	300
Total	**1203,7**	**100**	**2000**

Survey tool
The questionnaire included 72 questions under the following sections:

- Population and social data;
- Awareness and sources of information on HIV/AIDS;
- Awareness on the forms of HIV/AIDS transmission and identifying risk groups;
- Awareness on the ways of preventing HIV/AIDS and sources of information;
- Awareness of respondents of HIV/AIDS prevention and treatment programmes and an assessment of their impact efficiency;
- Use of drugs by young people;
- Use of injecting equipment by young people;
- Awareness among young people on the incidence of drug abuse;
- Sexual behaviour and use of condoms;
- Awareness of HIV testing facilities;
- Levels of HIV testing ;
- Referral to HCF for the treatment of STIs;
- Attitude towards the PLWHAs

The questionnaire was designed to meet the requirements for calculation of the indicators developed by GFATM and guidelines for monitoring and evaluation of HIV/AIDS.

SURVEY FINDINGS

1. SOCIAL AND POPULATION INDICATORS

Two thousand respondents were interviewed for the survey, with interviews conducted taking into account equal distribution of respondents by gender/age breakdown in order to identify the level of awareness of HIV/AIDS among all gender and age groups. Data on the social status of interviewed respondents shows that the majority of young people who are at the common age of marriage eligibility are in fact not married. Of the total number of respondents, over 78% are unmarried, although over 80% of them are young people who are at the common age of marriage eligibility. The proportion of unmarried young men by population is 12% higher than among female respondents. During the survey we did not encounter any cases where young people aged 15-16 of either sex were married. Of the total number of married young people, around 14% have legally registered their marriage and 5.4% are co-habiting with no legal registration (faith-based, informal marriage i.e. *niqoh*). The proportion of divorced young people was 1.5%, with the number of young women informally married or divorced slightly higher than men. Over 80% of married respondents have children, with the number of young women with children being almost twice as high compared to men. Such data shows that young girls get married and have children at an earlier age than men. The proportion of young people with children in rural area is somewhat higher than those in urban areas. The data by gender and age of young people having children shows that young families mainly start having children when the parents are between 21 to 24 years old.

Grouping respondents by the number of children shows that around 48% have one child, over 37% have two children and 15% have more than three children. In general, we observed that the majority of young people are trying to have a maximum of three children. This trend is first of all related to the poor living standards, and the aspirations of young people, who wish to provide a better living environment for their children.

The data on the educational background of respondents shows that the education level of young people is relatively high. Only 2.3% of those interviewed reported that they have no education. Practically all young people of school age are attending school and many, following graduation from secondary school, continue with tertiary education. Despite this however, in the area of education there is a gender disbalance. Whilst of the total number of male respondents 7,6% graduated only from primary school, the indicator for female respondents is over 22%. What this shows is that many young girls after primary graduation, especially in the rural areas, discontinue their basic secondary education. There is no sizeable difference in graduation from secondary school between urban and rural young people, but in the tertiary sector there is substantial difference. The number of students among young people in urban areas is six times higher in comparison with rural areas. The lack of access for rural young people to tertiary education to some extent demonstrates the poor living standards in rural areas.

Of the total number of respondents, around 99% are Muslims. Ethnic diversity among respondents reflects similarly official statistics: around 83% were Tajiks and over 15% Uzbeks (according to the respondents).

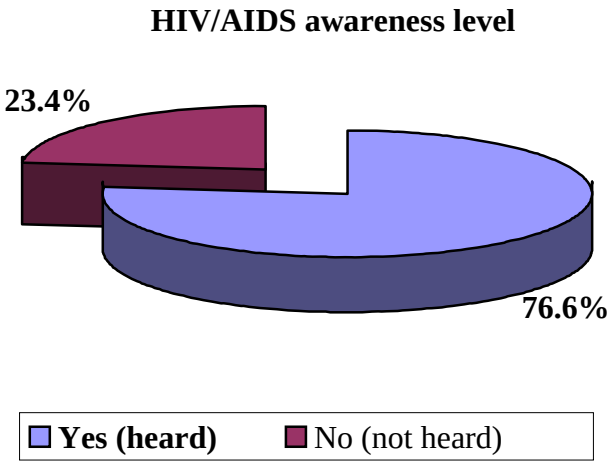
The employment status of respondents to some extent conforms to their gender/age composition. Over 47% of the respondents are secondary, secondary vocational and tertiary school students. The number of students in the employment sector is higher amongst males in comparison to females by 15.5%. The survey findings show that the unemployment rate is very high among young people at around 10%, and especially among males where the level is at 18.6%. Over 37% of young females are presently housekeepers. The difference in the rural and urban employment of young people is mainly observed in the proportion of students and unemployment rates. Of the total surveyed, 54% of students are located in urban areas and 37% in rural areas. Rural unemployment is 5% higher than in urban areas.

2. AWARENESS OF HIV/AIDS AND FORMS OF ITS TRANSMISSION

2.1 Awareness of HIV/AIDS and key sources of HIV/AIDS information

The findings of this survey show that awareness of HIV/AIDS amongst young people in the surveyed sites of Tajikistan is relatively high. From the total number of respondents 76.7% reported that they are aware of HIV/AIDS, with around 40% of respondents children of school age.

Graph 1



Gender wise, the awareness of HIV/AIDS does not vary much, although to some extent women do show greater awareness compared to men. Of the total number of male respondents interviewed, 74.9% reported that they are ”aware” of HIV/AIDS, whereas 78.4% of women reported similar awareness.

A substantial difference in the level of awareness of HIV/AIDS is observed between urban and rural young people as well as between regions.

Of the total number of young people in urban areas, 82.5% reported that they are “aware” of HIV/AIDS, compared to 67.6% in rural areas. The awareness among both rural and urban female populations is relatively higher than among males.

Table 1

Awareness young people of HIV/AIDS depending on gender and according to geographical break-down (%)

Level of awareness	male	female	Including					
			Urban area			Rural area		
			average	Male	female	average	male	female
Aware	74.9	78.4	82.5	79.9	85.0	67.6	67.2	68.0
Unaware	25.1	21.6	17.5	20.1	15.0	32.4	32.8	32.0
Total	100	100	100	100	100	100	100	100

Among the regions of Tajikistan, the highest level of awareness is observed among young people in Dushanbe City (86.3%) and Sogd oblast (85.2%), and the lowest levels are in the rayons and towns of Khatlon oblast (64.17%). In RRS and GBAO, the awareness of HIV/AIDS is the same as the national average.

The survey findings show that there is a certain difference between the levels of awareness of HIV/AIDS according to gender/age groups among young people. Relatively high awareness is observed among young people aged 23-24 years old (83.3%) and 21-22 years old (77%). There is a low awareness among young people aged 19-20 years old (72%), and 75-76% of children of school age (15 - 17 years old) are aware of HIV/AIDS. If we take into consideration that they are the school students, then this indicator in our opinion, can be considered as high. It is necessary

to note that awareness of HIV/AIDS among female school students is higher in comparison with males: 80.3% and 69.8% of respectively.

Table 2

HIV/AIDS awareness among young people by age and gender (%)

Age	Awareness		Including			
			Male		Female	
	Aware	Unaware	Aware	Unaware	Aware	Unaware
15-16 years old	75.0	25.0	69.8	30.1	80.3	19.7
17-18 years old	76.0	24.0	72.5	27.5	79.3	20.7
19-20 years old	72.0	28.0	69.6	30.4	74.5	25.5
21-22 years old	77.0	23.0	78.7	21.3	75.2	24.8
23-24 years old	83.3	16.7	83.8	16.2	82.7	17.3
Average	76.7	23.3	74.9	25.1	78.4	21.6

The survey shows that the HIV/AIDS awareness among young people, to a greater extent depends on the level of their education. Higher levels of education result in increased awareness among young people on the problems of HIV/AIDS. The highest level of awareness of HIV/AIDS is observed among young people that graduated from tertiary education (93.2%), and students of tertiary (97.3%) or secondary vocational (85.3%) education. The lowest levels of awareness are observed among those young people that have no education (60%), or who only completed primary education (65%).

Table 3

HIV/AIDS awareness of respondents according to education (%)

Level of education	Awareness on HIV/AIDS	Including	
		men	Women
No education	60.0	58.3	60.6
Primary	65.0	59.2	69.0
Basic	75.9	74.0	77.7
Secondary	75.1	72.0	80.5
Secondary vocational	85.3	78.2	90.5
Tertiary undergraduate	97.3	95.0	100
Tertiary graduate	93.2	93.1	93.3
Average	76.7	74.9	78.4

The survey findings show that awareness of HIV/AIDS, to a great extent, depends on the available sources of information. It was found that key sources of HIV/AIDS-relevant information for young people is firstly TV (30%), radio (11.8%), information sourced from teachers mainly for children of school age (11.8%) and written formats such as brochures, leaflets and posters (10.9%).

Table 4

Key sources of information on HIV/AIDS

Sources of information	in average	By sex		By living	
		men	women	urban	rural
TV	30.0	29.1	31.0	29.2	31.7
Radio	11.8	13.2	10.1	10.5	14.8
Newspapers and magazines	6.8	7.1	6.4	6.8	6.7
Parents	1.5	1.3	1.7	1.9	0.6
Family members/relatives	0.6	0.6	0.7	0.6	0.6
Neighbours	2.0	1.6	2.4	2.2	1.6
Friends	5.7	6.7	4.6	6.6	3.7
Colleagues	0.7	0.5	0.9	0.6	0.9
Teachers	11.8	12.6	11.0	11.3	13.1
HCPs	6.1	5.6	6.8	6.2	6.0
NGOs	3.2	3.8	2.7	3.7	2.2
International organizations	4.3	3.7	5.0	4.6	3.7
Brochures, leaflets, posters	10.9	11.1	10.8	10.8	11.4

Other	4.4	3.1	5.7	5.0	3.1
Total	100	100	100	100	100

There is no substantial difference between rural and urban locations in the awareness of respondents of HIV/AIDS according to sources of information, although the amount of information communicated by radio in the rural areas is 4% higher in comparison with urban locations. To a great extent, this is related to the limited availability of power during the winter season alongside reduced access to information in general in rural areas, resulting in the increased and wider use of radio devices powered from by battery. Women source some information on HIV/AIDS from health care providers.

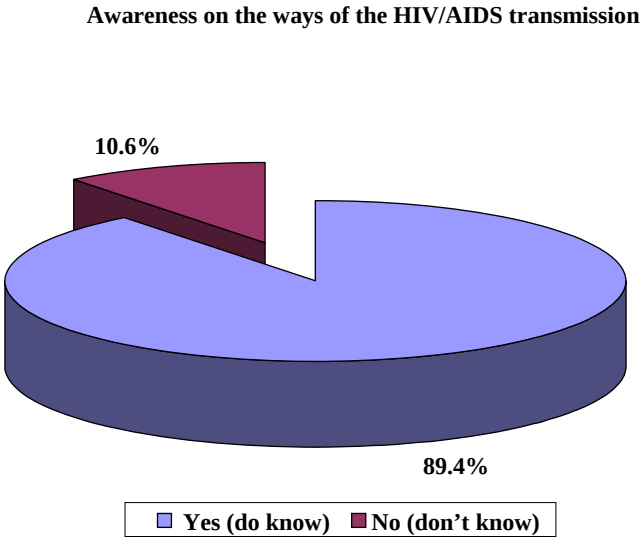
Of the number of interviewed respondents knowledgeable of HIV/AIDS, 84% reported that in Tajikistan there is a probability for an individual to be exposed to HIV. Awareness of possible exposure to HIV in urban area is 7% higher than in rural locations.

2.2 Awareness on the forms of HIV/AIDS transmission

Of the total number of respondents knowledgeable of HIV/AIDS, 89.4% reported that they are aware of the forms of HIV transmission, with a greater number of males aware compared to females (by 6%).

There is no substantial difference between rural and urban locations in the awareness on the forms of transmission of HIV amongst HIV/AIDS knowledgeable respondents. By gender/age groups, relatively high awareness on the forms of transmission of HIV is observed among young males aged 15-21 years old and females aged 21-24 years old. Relatively high awareness of HIV transmission among young people aged 15-21 years old shows that there is health education in the secondary and tertiary educational institutions, specifically on the forms of HIV transmission, and also for female students, especially those who source information from the health care facilities.

Graph 2



There is relatively high awareness observed amongst young people on the forms of HIV/AIDS transmission in Sogd oblast (93.5%) and GBAO (91.2%), with the lowest levels being in Khatlon oblast (86.2%).

Information obtained on the forms of HIV/AIDS transmission shows that the majority of respondents can correctly recall the forms of transmission. So from the total number of respondents, over 46% named sexual transmission, 26.3% by blood, and 12.5% named mother-to-child transmission. Overall, around 85% of respondents gave the right answers to the question on the forms of transmission of HIV. There is no great difference in the levels of knowledge on the

forms of HIV/AIDS transmission according to the gender/age break-down. There is some difference in level of knowledge on the forms of HIV/AIDS transmission by the geographical break-down, with correct answers provided by 86.7% and 81% of young people from urban and rural area respectively.

Table 5

Awareness of young people on the forms of the HIV/AIDS transmission (%)

Ways of HIV/AIDS transmission	Awareness (average)	Sex		Living area	
		men	Women	Urban	Rural
Blood	26.3	27.0	25.7	28.3	21.9
Sexually	46.1	49.6	43.0	44.4	50.1
MTCT	12.5	12.1	12.8	14.0	9.0
Kiss	3.1	1.9	4.1	3.0	3.3
Hand-shaking	2.2	1.3	3.0	1.4	3.9
Shared swimming pool, spa/thermal bath, bath tube	0.6	0.4	0.7	0.6	0.7
Clothes and underwear/bed linen	0.7	0.6	0.7	0.5	1.0
Aerial/Respiratory	4.0	2.8	5.0	3.2	5.6
Other	4.6	4.2	5.0	4.7	4.6
Total	100	100	100	100	100

Analysis of the Key indicator 11 in line with the Guidelines for monitoring and evaluation of HIV/AIDS

Of the total number of respondents, around 65% reported that the risk of HIV transmission is reduced by having sex with only one loyal HIV-negative partner, 12.4 % reported that the risk remains, and 22.8% reported that they did not know the answer to the question. There are practically an equal proportion of right answers given in urban and rural areas. By age break down, the correct answers were provided by young people aged 23-24 (72.9%) and for those aged 21-22 years old (69%). Somewhat lower levels of correct answer were provided by children aged 15-16 years old – 55.1% and 17-18 years old (63.4%). Such a difference in response can be related to the sexual experience of the young people of older age brackets in comparison with the children of school age.

Table 6

Awareness on the reduced risk of HIV/AIDS transmission by having sex with only one HIV-negative partner (in %)

Level of knowledge	average	male	female	Including by					
				Urban			Rural		
				average	male	female	average	male	female
Yes	64.8	67.9	61.8	64.9	67.8	62.3	64.5	68.2	60.8
No	12.4	15.4	9.6	12.7	16.1	9.6	11.8	14.0	9.5
No idea	22.8	16.7	28.7	22.4	16.1	28.2	23.7	17.8	29.7
Total	100	100	100	100	100	100	100	100	100

The responses to the question regarding reduced risk of HIV/AIDS transmission if a condom is used during sexual intercourse, according to survey findings, shows a low awareness to date. From the total number of respondents, only 64.6% reported that a condom used during intercourse can reduce the risk of exposure to the HIV/AIDS transmission, 9.6% answered the question in the negative, and 25.8% did not know the answer to the question. In our opinion, there is need for concern that there are those who answered the question negatively as well as those who did not know, as they can potentially become a risk group member.

Table 7

Awareness of reduced HIV exposure with the use of a condom during intercourse (%)

Level of knowledge	Average	male	female	Including by					
				Urban			Rural		
				average	male	female	average	male	female
Yes	64.6	71.8	57.7	69.8	77.9	62.3	54.6	60.6	48.7
No	9.6	14.6	4.8	7.8	11.6	4.2	13.1	20.1	6.1
No idea	25.8	13.6	37.5	22.5	10.5	33.5	32.3	19.3	45.2
Total	100	100	100	100	100	100	100	100	100

Relatively high awareness on reduced exposure if using a condom is observed among urban young people (69.8%) in comparison to rural locations (54.6%). If we consider the awareness of respondents by the gender/age break-down, then the lowest awareness is observed among young people of school age (54.1%) and among rural females (48.7%). This group in particular, in our opinion, can become a risk group if they are not involved in preventive activities reducing the exposure to the risk of transmission of HIV. A relatively low awareness on the reduced exposure to HIV/AIDS transmission is observed in the RRS (55.2%).

In our opinion, it was relatively difficult for the young people questioned to give a correct answer as to whether an HIV-positive individual can maintain an apparently healthy look. From the total number of respondents knowledgeable of HIV/AIDS, only 52.8% provided the correct answer to this question. Comparing the answers of rural and urban respondents, it is possible to note that the awareness of rural young people is much lower in comparison to those in urban areas. So from the total number of respondents in urban areas, the correct answer to this question was given by 56.8%, whereas in rural areas 45.4% of young people answered correctly, including young females (41.4%).

Table 8

Awareness among young people on the apparent healthy look of an HIV/AIDS-positive individual (in %)

Level of knowledge	average	male	female	Including by					
				Urban			Rural		
				average	male	female	average	male	female
Yes	52.8	53.9	51.8	56.8	56.4	57.1	45.4	49.2	41.4
No	20.1	18.9	21.3	19.6	19.4	19.7	21.1	17.8	24.3
No idea	27.1	27.3	26.9	23.7	24.2	23.2	33.6	33.0	34.2
Total	100	100	100	100	100	100	100	100	100

The largest proportion of young people that correctly answered this question are from Sogd oblast (62%) and lowest proportion from Khatlon oblast (40.3%).

The survey findings show the very low awareness among young people of whether HIV can be transmitted through a mosquito bite. From the total number of young people knowledgeable of HIV, only 38.1% reported that HIV cannot be transmitted through a mosquito bite. Awareness among rural young people is even lower at 32.1%.

Table 9

Awareness of respondents on the possibility of HIV transmission through a mosquito bite (%)

Level of knowledge	Average	Male	Female	Including by					
				Urban			Rural		
				average	Male	Female	average	Male	Female

Yes	41.8	41.6	42.0	38.3	40.7	36.0	48.6	43.2	54.0
No	38.1	39.7	36.6	41.3	43.4	39.3	32.1	33.0	31.2
No idea	20.1	18.7	21.4	20.5	15.9	24.7	19.4	23.9	14.8
Total	100	100	100	100	100	100	100	100	100

The poorest awareness of the transmission of HIV through a mosquito bite was observed in the rayons of Khatlon oblast (26.8%). If this information is considered from a gender/age perspective, it is necessary to note that the greatest proportion of correct answers were given by children of a school age of 15-18 years old (43.5%) in comparison to young people in older age brackets (40%).

In our opinion, this is caused by more frequent IECs activities being implemented in secondary schools which increase HIV/AIDS awareness.

The awareness among young people of higher exposure to HIV through food served/prepared by PLWH is also very poor. Of the total number of young people knowledgeable of HIV, only 50.8 % provided a correct answer to this question. Young people from rural areas are less knowledgeable (39.5%) than urban youth (56.8%).

Table 10

Awareness on the transmission of HIV through food served/prepared by PLWH (%)

Level of knowledge	Average	male	female	Including by					
				Urban			Rural		
				average	male	female	average	male	female
Yes	32.4	34.6	30.2	26.6	31.4	22.2	43.3	40.5	46.0
No	50.8	50.5	51.1	56.8	54.8	58.6	39.5	42.8	36.1
No idea	16.8	14.8	18.7	16.6	13.8	19.2	17.3	16.7	17.9
Total	100	100	100	100	100	100	100	100	100

The highest awareness is reported to take place among young people of GBAO (62.2%) and Sogd oblast (58.7%), whilst the lowest awareness is among young people in RRS (41.6%) and Khatlon oblast (41.6%).

Calculation of the Key indicator 11 in line with the Guidelines for monitoring and evaluation of HIV/AIDS, (see Annex 1), shows that overall 10.95% of all interviewed respondents provided correct answers to all five questions regarding the transmission of HIV. Youth populations in rural has areas show lower awareness on the forms of transmission of HIV compared to those living in urban areas.

Risk group

The survey findings show that young people include in the risk group: drug users (27.7%); commercial sex workers (27.3%); people not using condoms during intercourse with irregular partners and commercial sex workers (14.3%); labour migrants (10.5%); and clients of commercial sex workers regardless of condom use (9.7%). Young females gave different statements on the labour migrants as a risk group compared to young males: of the total number of respondents, 15.3% of young females and only 6.3% of young males included labour migrants in the risk groups. There is no difference in the answers according to location. Young females in rural areas in comparison with young males included in the risk groups first of all those people that do not use condoms with casual partners and commercial sex workers (21,1%) and labour migrants (17,8%).

Table 11

Awareness among young people on the notion of risk groups (%)

Risk group	In average	Sex		Living area	
		Men	women	Urban	Rural
Drug users	27.7	28.6	26.8	27.9	27.3
Commercial sex workers	27.3	30.0	24.2	27.1	27.7
Labour migrants	10.5	6.3	15.3	10.4	10.8
Homosexuals	4.5	7.0	1.8	4.8	3.9
Clients of sex workers	9.7	11.2	8.1	9.8	9.5
People not using condoms	14.3	13.0	15.8	13.7	15.7

during intercourse with irregular partners and commercial sex workers					
Health care providers	1.1	0.6	1.6	1.4	0.5
Children	0.9	0.4	1.4	1.1	0.3
Others	4.0	3.0	5.1	3.8	4.4
Total	100	100	100	100	100

3. AWARENESS ON THE PREVENTION OF HIV/AIDS

3.1 Awareness and key sources of information on the prevention of HIV/AIDS

The survey shows that although 76.7% of young people are aware of HIV/AIDS, not everybody is aware of the ways to prevent HIV/AIDS. From the total number of young people knowledgeable of HIV/AIDS, only 68.6% reported that they are aware of the ways to prevent this disease.

In this area, it is necessary to note the difference in the levels of knowledge between female and male respondents, with the latter displaying 7% higher levels. Young people living in rural areas are 2% more aware than their urban peers, but in our opinion it is all linked with differing values. Overall the absolute figure for urban young population knowledgeable on the ways of preventing HIV transmission is twice as high as their rural peers.

Graph 3

Awareness of young people on the forms of HIV/AIDS prevention

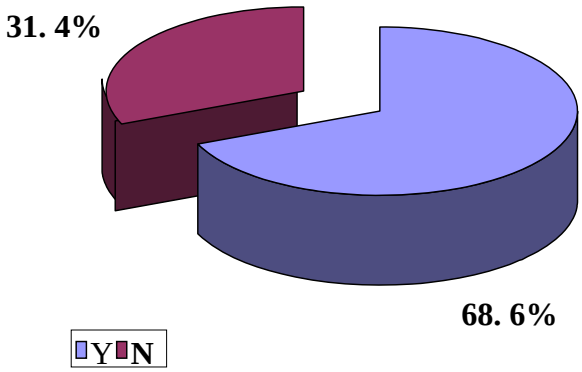


Table 12

Awareness by the gender breakdown among urban and rural young populations on HIV/AIDS prevention (%)

Level Of awareness	male	female	Including by					
			Urban			Rural		
			average	male	female	average	Male	female
Aware	72.2	65.2	67.9	72.3	63.8	70.0	72.0	68.1
Unaware	27.8	34.8	32.1	27.7	36.2	30.0	28.0	31.9
Total	100	100	100	100	100	100	100	100

By age groups, there is higher awareness observed among young people aged 21-24 years old. In the surveyed regions, relatively high awareness on the ways of preventing HIV/AIDS transmission is observed among the young people of GBAO (91.2%), Sogd oblast (74.6%) and seemingly confusingly the lowest figure is for young people from Dushanbe City (53%), although by other indicators they were far ahead of all other rayons. These results place obligations on local governments, international organizations, NGOs, health care and education providers, and AIDS

centres to activate their IEC efforts on the prophylaxis of HIV/AIDS in Dushanbe City and other rayons of the country.

In our opinion, the most interesting findings from the review of data are on the ways of preventing HIV/AIDS. According to young people, the primary ways to prevent HIV transmission include: use of condoms during intercourse (29.7%); maintain sexual contacts only with one loyal HIV-negative partner (22.1%); abstinence (11.4%); maintaining hygiene (9.9%); avoid intercourse with commercial sex workers (9.0%). Knowledge of other forms of prevention was low. Responses according to the gender of respondents do differ substantially from one another. 17.1% of male respondents named abstinence as one of the ways of prevention compared to only 5.2% by female respondents, whereas the following question as to whether maintaining a sex life with only with one loyal HIV-negative partner had a positive answer from 14.8% of male respondents compared to 30.2% by female respondents.

According to our data there is no substantial difference in knowledge of the ways to prevent HIV-transmission between urban and rural young people.

Table 13

Awareness among young people on the ways of HIV/AIDS prevention (%)

Preventive measure	Average	Sex		Living area	
		men	Women	Urban	Rural
Abstinence	11.4	17.1	5.2	11.3	11.8
One loyal HIV-negative sex partner	22.1	14.8	30.3	21.6	23.3
Condom	29.7	34.0	25.0	31.5	26.0
Avoiding sexual contacts with commercial sex workers	9.0	9.5	8.5	8.3	10.4
Avoiding sexual contacts with homosexuals	1.4	2.2	0.5	1.6	1.0
Avoiding sexual contacts with drug users	6.5	6.9	6.1	6.6	6.3
Avoiding injection	5.9	7.2	4.4	6.2	5.2
Avoiding kisses	0.5	0.1	1.1	0.7	0.3
Maintain hygiene	9.9	5.8	14.4	8.1	13.6
Other	3.5	2.4	4.7	4.3	2.0
Total	100	100	100	100	100

Key sources of information on the forms of preventing the HIV transmission according to the survey findings are the following: TV – 28.5%; radio – 12.5%; secondary school teachers for school age children – 11.3%; written formats such as brochures, leaflets and posters - 9.9%, health care providers – 7.9%; newspapers and magazines – 7% and peers to some extent - 6%. The role of other sources of information are not significant.

Break-down by gender and location on the sources of information regarding the ways of preventing the HIV/AIDS shows no substantial variance. At the same time, when examining the sources of information depending on the age of respondents, we found that for children of a school age, one of the key sources of information on the ways of preventing the HIV-transmission is information sourced from the teachers and HIV/AIDS preventive action launched by NGOs and international organizations.

Table 14

Key sources of information on HIV/AIDS prevention (%)

Sources of information	Average	Sex		Living area	
		men	women	Urban	Rural
TV	28.5	29.5	27.4	26.7	32.7
Radio	12.5	13.7	11.1	11.1	15.6

Newspapers and magazines	7.0	7.0	6.9	6.9	7.1
Parents	1.9	1.5	2.3	2.1	1.2
Family members/relatives	0.9	0.5	1.3	0.8	1.2
Neighbours	1.3	1.1	1.6	1.4	1.1
Friends	6.0	6.9	5.0	6.7	4.4
Colleagues	1.0	1.0	1.0	0.9	1.3
Teachers	11.3	11.9	10.5	11.2	11.5
HCPs	7.9	7.0	8.8	7.9	7.8
NGOs	3.7	4.0	3.3	4.5	1.8
International organizations	4.5	4.0	5.1	5.1	3.2
Brochures, leaflets, posters	9.9	9.7	10.0	10.3	8.8
Other	3.7	2.1	5.7	4.3	2.4
Total	100	100	100	100	100

From the responses of young people regarding the higher exposure of women to HIV/AIDS, it is possible to conclude that arrangements on HIV/AIDS prevention and control in Tajikistan are gender-balanced. Only 39.9 % of young people reported that women have greater exposure to HIV/AIDS than men, and women were more critical themselves in comparison to men in this respect. Whilst 48.3% of men answered that women are more exposed to HIV, only 32% of women, perhaps to some extent protecting their dignity, answered the same. There is no substantial difference on this matter by urban/rural break-down. Respondents believe that the key cause of susceptibility to HIV/AIDS is the low awareness among women on the HIV-transmission (36.2%), frequent exposure to sexual abuse and violence (27%), inability to induce male partner to use a condom (17.9%), which in our opinion is related to the fear of women to show initiative and their lower social status in comparison with men.

The survey data shows that all stakeholders, such as the Government of Tajikistan, local authorities, international organizations, NGOs all implement activities on the prophylaxis of HIV/AIDS among women, especially in the rural area.

3.2 Awareness of HIV/AIDS prevention programmes and Assessment of their Efficiency

As the survey findings show, one of the key causes of the low level of awareness on prevention of HIV/AIDS in Tajikistan is the low coverage amongst the population, especially for young people, by the HIV/AIDS prophylaxis and treatment programmes. From the total number of young people knowledgeable on HIV/AIDS, only 39.5% reported that they are aware of HIV/AIDS prevention and treatment programmes, and this awareness among young females is 9% lower than among males. According to the break-down of urban/rural areas, the awareness of rural youth about on-going programmes is 4.5% higher than among their urban peers.

Table 15

Awareness among young people on the HIV/AIDS prevention and treatment programmes implemented in Tajikistan (%)

Level of awareness	Average	male	female	Including by					
				Urban			Rural		
				Average	male	female	Average	Male	female
Aware	39.5	44.1	35.2	38.0	43.5	32.8	42.5	45.1	39.9
Unaware	60.5	55.9	64.8	62.0	56.5	76.2	57.5	54.9	60.1
Total	100	100	100	100	100	100	100	100	100

It is necessary to note that awareness among young people of school age is somewhat higher compared to young people of older age brackets. So if awareness on programmes among young people aged 18-24 years old is under 36-37%, then among the children of 15-17 years old this indicator is 45.4%.

The highest awareness of HIV prophylaxis and treatment programmes is observed in Sogd oblast (50.3%) and lowest in RRS (30.3%) and strangely in Dushanbe City too (30.5%).

When discussing the types of HIV/AIDS prophylaxis and treatment programmes, it is necessary to note that young people are better informed of programmes designed for secondary and tertiary educational institutions (44.5%) and for the general public (39.8%). Since a large proportion of surveyed young people are not included in the groups of drug users and sex workers, their proportion in the overall targeted population is smaller.

Table 16

Types of programmes the respondents are aware of (%)

Types of programmes	average	Sex	
		men	women
Prevention of HIV among drug users	6.8	7.7	5.6
Prevention of HIV among sex workers	4.3	5.2	3.1
Prevention of HIV among general public	39.8	38.9	40.9
On programmes, on prophylaxis of HIV in educational institutions	44.5	44.1	45.0
Other	4.6	4.0	5.3
Total	100	100	100

Despite the low coverage of young people by HIV prophylaxis programmes, the survey findings show their higher effectiveness. Thus from the total number of young people interviewed, over 80% believe that the programmes on prevention of HIV in the republic are highly effective.

4. SEXUAL BEHAVIOUR AND PREVENTION OF HIV/AIDS

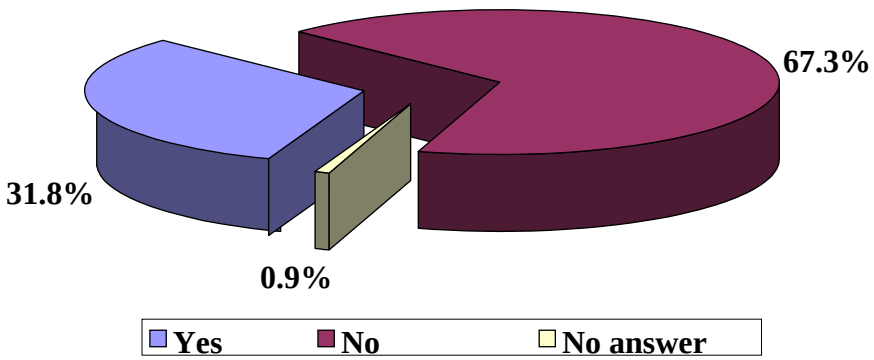
4.1 Sexual behaviour and ways of protection from HIV/AIDS

Nowadays there are many subjective and objective factors impacting upon the sexual behaviour of young people, especially in Tajikistan. Effects include the religious faith of young people, living area, educational level and awareness directly related to sexual education and conduct. Presently, the problem is aggravated by power outages in rural areas when any promotion of safe sexual behaviour in many extents yields little change. Another constraint impeding sexual education of young people is the existing traditional mentality that governs everyday life which blocks the discussion of the issue in public. New cultural values are penetrating on a daily basis with the progress of the market economy, and it impacts to some extent on the sexual behaviour of young people.

The findings of this survey show that about 32% of young people aged 15-24 years old have had sexual contacts with young males exceeding their female peers by 8%.

Graph 4

Sexual activity by young people



There is no big difference in answers between urban and rural populations. The highest sexual activity is observed among young people living in GBAO (36.7%), and Dushanbe City (36%), with the lowest existing in RRS (25.7%).

Table 17

Responses of young people on the up-to-date sexual contacts by gender and location (%)

Presence of sexual contacts	Male	Female	Including by					
			Urban			Rural		
			average	Male	Female	average	Male	Female
Have had	35.7	27.9	32.5	36.6	28.5	30.6	34.4	26.9
Have not had	63.1	71.6	66.5	61.4	71.5	68.7	65.6	71.8
No answer	1.2	0.5	1.0	2.0		0.6		1.3
Total	100	100	100	100	100	100	100	100

The gender/age review of sexual contacts reported by young people shows that young people initiate their sexual life at the age of 17-18 years old. Young people of school age report relatively low levels of sexual contact compared to adults, although every fifth male school student noted that by the time of survey interview he had had sexual contact. If we take into account that all male school students were not formally married, then we believe that this is relatively high indicator for this gender/age bracket. Once the age of 19 years old is passed the sexual activity of both sexes increases. Comparing data on sexual contacts and the number of young people, married, divorced, widowed, separated, never married at the time of survey, it is possible to make a conclusion that only 1% of young females had sexual experience out of wedlock whereas for males this indicator is 44%.

From the data obtained, it is possible to make the conclusion that men are more highly exposed to the HIV since they have a low awareness on the ways to prevent HIV/AIDS.

The initiation of sexual contacts, according to the survey findings, commences in general among young people in Tajikistan from the age of 17-20 years old. Of the total number of those interviewed, around 70% of respondents reported that they had their first sexual experience at the age of 17-20 years old. Comparing data further shows that young people living in urban areas initiate their sexual life earlier than their rural peers. For instance, from the total number of urban respondents about 20% reported that they commenced sexual contact at the age of 15-16 years old, whereas only 8% of their rural peers reported commencing at the same at that age.

Table 18

Start-up of the sexual contacts among young people of 15-24 by gender and location (%)

Initiation of sexual contacts	Male	Female	Including by					
			Urban			Rural		
			average	Male	Female	average	Male	Female
Before 15 years old	3.4	0.7	2.3	4.1		2.1	2.2	1.9
15-16 years old	20.4	9.0	19.9	25.2	13.1	7.9	12.6	1.9
17-18 years old	33.9	45.2	39.8	35.1	45.7	37.2	31.9	44.2
19-20 years old	30.8	33.7	27.5	26.6	28.6	39.7	37.8	42.3
21-22 years old	7.8	10.4	8.3	6.3	10.9	10.0	10.4	9.6
23-24 years old	3.6	1.1	2.3	2.7	1.7	2.9	5.2	
Total	100	100	100	100	100	100	100	100

Sex with a casual partner is one of the forms of transmission of HIV among young people. So from the total number of interviewed and sexually active by the time of survey (28%), 94% are males and they reported that in past 12 months they had had sex with casual partners.

Of the total number of sexually active males, 47% reported that they had sex with casual partners. Survey findings show that the proportion of young people (31.5%) living in urban area, and particularly males, who are having out-of-wedlock affairs is somewhat higher than for those living in rural area (22.2%).

The average number of irregular partners according to the survey data is 3.7 partners, and over 55% of respondents reported to have had more than one contact in this fashion, with 20.8% admitting to more than three. 15% of the interviewed young people had had sex with 12 irregular partners in the last 12 months.

Table 19

Casual sex in last 12 months (%)

Presence of sexual contacts	average	male	female	Including by					
				Urban			Rural		
				average	male	female	average	Male	Female
Had	28.0	46.8	3.9	31.5	51.4	6.3	22.2	39.3	
Had not	71.5	52.7	95.7	67.8	47.7	93.1	77.8	60.7	100
No answer	0.5	0.6	0.4	0.8	0.9	0.6			
Total	100	100	100	100	100	100	100	100	100

The interview data shows that it is not always the case that young people use measures of protection from HIV and other STDs. So from the total number of young people, over 32.8% reported that they used no condom during the most recent intercourse with casual partners, and this proportion of young people living in urban area and using no condom is 6% higher than in rural locations.

Table 20

Young people using a condom during most recent sexual intercourse with casual partners (%)

Level of use	average	male	female	Including by					
				Urban			Rural		
				average	male	Female	average	Male	Female
Used	61.8	62.3	54.5	60.0	60.5	54.5	66.0	66.0	
Not used	38.2	37.7	45.5	40.0	39.5	45.5	34.0	34.0	
Total	100	100	100	100	100	100	100	100	100

The main risk group exposed to HIV, according to the data of other surveys, includes people having sex with injecting drug users. According to our survey only 1.7% of young people had sex with injecting drug users, and of the 10 people who had done so, 10 were from urban areas among which 6 had this issue-specific sex in the previous 6 months.

Calculation of key indicator 16 in line with the Guidelines for monitoring and evaluation of HIV/AIDS, (see Annex 2) shows that 61.8% of young people aged 15-24 years old used a condom during most recent intercourse with an irregular (casual) partner. The proportion of urban females that uses condoms is 8.2% lower than urban males.

One of the preventive and risk reduction methods is having access to the means of protection and primarily to a condom. According to the survey, over 66% of young people are aware of where to obtain a condom if necessary, taking into account that from the total number of interviewed only about 32% of young people had had sexual contacts, implying that this indicator is satisfactory.

Table 21

Awareness of young people on access to condoms (%)

Awareness	average	male	female	Including by					
				Urban			Rural		
				average	male	female	average	male	female
Aware	66.4	82.6	50.2	73.7	87.5	60.1	55.0	75.1	34.6
Unaware	18.2	8.5	27.8	13.2	5.4	20.8	25.9	13.2	38.8
No answer	15.5	8.9	22.0	13.1	7.1	19.1	19.1	11.7	26.6
Total	100	100	100	100	100	100	100	100	100

When examining this issue from the gender perspective, it is necessary to note that level of awareness among males on where to buy a condom (82.6%) is higher compared to females (50.2%). In our opinion, the low awareness among young females on where to obtain a condom is caused not by a lack of knowledge, but by females being hesitant to admit that they possess such knowledge. This is a peculiar feature of the nature of Tajik women, especially in rural areas. In general young people living in urban areas show greater awareness of where to obtain a condom compared to their rural peers: 73.7% and 55% respectively.

Analysis of the level of awareness among young people on where to obtain a condom by gender/age break-down shows that awareness of young people is rising with age.

The collected data on the awareness of where and how to buy a condom for young people is to some extent coincidental. From the total number of interviewed respondents, 64.3% reported that it is possible to buy a condom, and according to gender males have greater access (80.6%) compared to females (48.1%). According to the urban/rural break-down, rural young people seem to have fewer possibilities (53.1%) than their urban peers (71.5%).

Table 22

Possibility for young people to get a condom (%)

Presence of possibility	average	male	female	Including by					
				Urban			Rural		
				average	male	female	average	male	female
Have	64.3	80.6	48.1	71.5	85.6	57.5	53.1	72.8	33.1
Have not	32.6	16.9	48.2	24.8	11.7	37.6	44.7	24.9	64.9
No answer	3.2	2.5	3.8	3.8	2.6	4.9	2.2	2.3	2.1
	100	100	100	100	100	100	100	100	100

The key causes preventing the purchase of a condom, according to the opinion of young people, include the lack of income or ease of purchasing, and in this context first of all it can be interpreted as stemming from the existing negative stereotype of either gender buying a condom, that results in the establishment of psychological barrier to doing so. From the total number of young people interviewed, this factor was particular noted as a cause as to why they cannot buy a condom, especially amongst young females.

As is well known, one form of HIV transmission is the use of contaminated injecting equipment. From the total number of those interviewed, only around 3% reported that in previous 6 months they had used shared injecting equipment for any injection. Over 97% of respondents reported, that for any injection they use disposable syringes. 96% of respondents reported that they can find disposable syringes in the pharmacy whenever needed.

Table 23

Use of shared syringe in last six months for any injection (in %)

Level of use	Average	Men	Women

Used	2.8	4.6	0.9
Not used	95.5	94.0	96.9
No answer	1.8	1.4	2.2
Total	100	100	100

4.2 Prevention of HIV/AIDS and STIs

The survey conducted among young people shows that they know very little about HIV testing facilities. Only 42.9% of all interviewed reported that they know of places where they can test their HIV status. The level of knowledge differs between rural/urban areas and by gender/age composition. A greater number of males (6%) know where to check their HIV status, and again a greater number of young people living in urban areas (8%) are better informed on the same matter compared to their rural peers.

Table 24

Awareness young people on the places where to check their HIV status (%)

Status of knowledge	Average	male	female	Including by					
				Urban			Rural		
				average	male	female	average	male	female
Aware	42.9	46.0	39.7	45.9	51.3	40.6	38.1	37.9	38.2
Unaware	57.1	54.0	60.3	54.1	48.7	59.4	61.9	62.1	61.8
Total	100	100	100	100	100	100	100	100	100

Young people in older age brackets (23-24 years old), and mainly males (12%) show greater awareness on the location of HIV testing facilities compared to other gender/age features.

According to the respondents, the principal location of HIV test facilities include: hospital – 47.1%; HIV/AIDS centres – 22.3% and polyclinics – 19.9%. Young people living in rural areas are less aware of the existence of HIV/AIDS centres, whilst HIV test facilities are offered locally compared to their urban peers.

Of the total number of respondents aware of HIV test facilities, only 8.1% (69 respondents) reported that they had taken tests. From the total number of tested young people 44 (64%) are male and 25 (36%) are female, of which 49 (71%) live in urban locations and 20 (29%) in rural areas. In general, from the total number of interviewed respondents aware of HIV, only 4.5% were tested. Mainly young people were tested for HIV in 2005 – 2006.

Table 25

HIV/AIDS test (%)

Level of testing	Average	male	female	Including by					
				Urban			Rural		
				average	male	female	average	male	female
Tested	8.1	9.6	6.3	8.8	10.0	7.2	6.7	8.7	4.7
Not tested	91.9	90.4	93.7	91.3	90.0	92.8	93.3	91.3	95.3
Total	100	100	100	100	100	100	100	100	100

Tests were taken in hospitals (42%), HIV/AIDS centres (29%) and polyclinics (13%). From the total number of tested young people 59.4% reported that it was voluntary testing, 20.3% were forced to take a test, and 14.5% were referred by a physician. Only 58% of respondents from the number of those tested reported that they had pre- and post-test counselling. Test results were communicated to 90% of young people who participated in this survey.

Table 26

Awareness among young people on their HIV/AIDS status (%)

Level of awareness	Average	male	female	Including by					
				Urban			Rural		
				average	male	female	average	male	female
Aware	89.9	88.6	92.0	87.8	83.9	94.4	95.0	100	85.7
Unaware	10.1	11.4	8.0	12.2	16.1	5.6	5.0		14.3
Total	100	100	100	100	100	100	100	100	100

Of the 2000 interviewed respondents, only 37 (2%) reported that they had used health care facilities for the treatment of a STI, of which 20 were young females and mainly commercial sex workers. Over 81% of young people reported voluntary referrals to a HCF and 19% were referred by a physician. From the total number of those referred to a HCF, 51% reported that they had undergone a medical check-up and about 29% were diagnosed and treated. From the number of those referred to a HCF, only 9% reported that they had a history of infections. The same number of respondents reported that they were advised on the use of condom and HIV test.

Only 7.2% of the total number of those interviewed included themselves in a risk group, of which 82.5% are young males from urban areas (77%). Risk group also can include a number of young people who are unaware of their risk behaviour in terms of exposure to HIV. According to findings of the survey, about 13 % of interviewed respondents can be included in this group. In general, around 20% of the total number of interviewed young people can be classified as the risk group.

Table 27

Awareness among young people on the HIV/AIDS risk behaviour (%)

Assessment of own behaviour	Average	male	female	Including by					
				Urban			Rural		
				average	male	female	average	male	female
Risk	7.2	11.8	2.5	9.0	15.2	2.9	4.2	6.6	1.8
Not risk	79.2	72.3	86.0	78.0	68.5	87.3	81.0	78.1	84.0
No idea	12.7	15.4	9.9	12.1	15.7	8.6	13.5	15.0	11.9
No answer	1.1	0.5	1.6	0.9	0.7	1.1	1.3	0.3	2.3
Total	100	100	100	100	100	100	100	100	100

Of the total number of respondents, 13.5% reviewing their own sexual behaviour reported that they could get infected with HIV, and 19.4% did not know. Around 66% of respondents answered positively - they cannot be transmitted HIV.

5. Attitude towards people living with HIV/AIDS

The attitude towards people living with HIV is influenced to a great extent the public awareness on the forms of HIV transmission, traditional values, and most of all on the work of those individuals and organisations that are responsible for preventive and health education among population. Low awareness amongst the population on the forms of transmission of HIV results in the isolation [stigma] of people living with HIV and is detrimental to their human rights and dignity, as it is a form of discrimination. According to survey findings, Tajik society has developed a stigma and discrimination towards those who are HIV-positive.

The question: 'is an educator who is HIV-positive eligible to continue his/her teaching practice?' was answered "no" by over 62% of respondents, 12 % responded with "no idea", and only 22.3% answered "yes", a fifth of the 2000 young people interviewed. There is no substantial difference in answers by gender breakdown, although geographical breakdown shows rural areas to be extremely critical. Therefore, of the total number of interviewed young people from rural areas, over 70%, said that an educator should not continue their work, whereas 56.9% of their urban peers answered similarly. It proves that the awareness on the ways of transmission of HIV in rural areas is much lower than that reported in urban areas.

There is no substantial difference in answers by gender/age composition.

Table 28

Is a HIV-positive educator eligible to continue his/her teaching practice? (%)

	Aver age	male	female	Including by					
				Urban			Rural		
				average	male	female	average	Male	Femal e
Yes	22.2	21.2	23.1	27.7	24.4	30.9	13.5	16.3	10.6
No	62.1	65.1	59.0	56.9	62.2	51.6	70.1	69.5	70.8
No idea	12.0	11.4	12.5	11.0	10.4	11.6	13.5	13.0	14.0
No answer	3.9	2.3	5.4	4.4	3.0	5.9	2.9	1.3	4.7
Total	100	100	100	100	100	100	100	100	100

The attitude of young people towards health care providers when hepatic contact is involved during treatment is rather negative [critical]. From the total number of those interviewed, over 74% reported that HOV-positive health care providers are not eligible to work in the health system. There is no substantial difference in answers by living area and gender/age composition. Answers to this question by respondents were mainly driven by the concern of higher risk of contamination/exposure when maintaining the contact with HIV-positive health care providers. Some of the respondents did express their agreement that HIV-positive health care providers should continue with their work provided their work does not jeopardize transmission prevention for patients.

Table 29

Is a HIV-positive health care provider eligible to continue his/her health practices? (%)

	Average	male	female	Including by					
				Urban			Rural		
				average	male	female	average	male	Female
Can	11.3	11.8	10.7	13.6	13.0	14.2	7.6	9.9	5.2
Cannot	74.1	74.9	73.2	72.6	74.8	70.5	76.3	75.1	77.5
No idea	11.2	10.9	11.5	9.9	9.2	10.6	13.2	13.5	12.9
No answer	3.5	2.4	4.6	3.9	3.0	4.7	2.9	1.5	4.4
Total	100	100	100	100	100	100	100	100	100

In the responses of young people there is little compassion towards their HIV-positive peers and friends. Over 48% of those interviewed reported that they would discontinue their friendship if/once their peers became HIV-positive. If we take into account that 14.6% of young people are unaware how they will act in such case, then it remains possible to convince the majority of young people that in normal actions (hand-shaking, kissing, sharing food) HIV is not transmittable. As discussed earlier, young people living in rural area are extremely negative towards HIV-positive people. Whereas 43% of those interviewed living in urban areas reported that they would discontinue their friendship if/once their peers become HIV-positive, their rural peers accounted for 56%.

Table 30

Attitude towards HIV-positive peers and mates (%)

Communication	Average	male	female	Including by	
				Urban	Rural

				average	male	female	average	Male	female
Continue	33.9	34.6	33.1	40.7	39.6	41.7	23.2	27.0	19.4
Discontinue	48.1	50.8	45.5	43.0	48.2	37.9	56.0	54.7	57.4
No idea	14.6	12.1	17.1	12.7	9.6	15.8	17.6	16.0	19.1
No answer	3.5	2.5	4.4	3.6	2.6	4.6	3.2	2.3	4.1
Total	100	100	100	100	100	100	100	100	100

The survey findings show that the attitude of young people towards HIV-positive service providers is negative in the same way as that towards HIV-positive health care providers. From the total number of respondents 70.5% reported that HIV-positive people should not be eligible to gain employment in the service sector.

Table 31

Is a HIV-positive service provider eligible to continue his/her practice? (%)

	Average	male	female	Including by					
				Urban			Rural		
				average	male	female	average	Male	Female
Yes	12.6	12.7	12.4	15.9	14.9	16.9	7.3	9.4	5.2
Not	70.5	72.7	68.3	68.6	71.3	66.0	73.5	74.8	72.1
No idea	13.7	12.1	15.2	11.9	10.7	13.0	16.4	14.2	18.6
No answer	3.3	2.5	4.1	3.6	3.1	4.1	2.8	1.5	4.1
Total	100	100	100	100	100	100	100	100	100

Those interviewed are relatively more compassionate to their close relatives who are HIV-positive. Of the total number, 60% reported that they would care for close relations if they became HIV positive, and 15.2% did not know what they would do in such case.

Table 32

Would you take care of close relations if they become HIV-positive? (%)

	average	male	female	Including by					
				Urban			Rural		
				average	male	female	average	male	Female
Yes	59.8	63.1	56.4	65.7	68.3	63.2	50.4	55.0	45.7
No	21.3	23.1	19.5	17.6	20.5	14.8	27.1	27.2	26.9
No idea	15.2	11.0	19.4	12.6	8.3	16.9	19.2	15.3	23.3
No answer	3.8	2.8	4.7	4.0	3.0	5.0	3.3	2.5	4.1
Total	100	100	100	100	100	100	100	100	100

In terms of drug users, sex workers and homosexuals, there is a similar attitude towards all of these groups, i.e. those who stigmatised them (52.7%) reported that this specific group of people is the spreader of HIV and other STIs. Such negative attitude towards these vulnerable groups is affected by the extent of religious belief in society.

Table 33

Attitude of young people towards drug users, CSWs and MSMs (%)

	Average	male	female	Including by					
				Urban			Rural		
				average	male	female	average	male	Female
Tolerant	16.3	11.9	20.7	18.7	13.0	24.3	12.6	10.2	15.0
Indifferent	25.1	26.5	23.6	24.9	27.6	22.3	25.3	24.9	25.6
Defiance	52.7	56.4	49.1	51.0	54.5	47.6	55.4	59.3	51.4
No answer	6.0	5.2	6.7	5.4	5.0	5.9	6.8	5.6	8.0
Total	100	100	100	100	100	100	100	100	100

Therefore, from the collected responses of young people in relation to HIV carriers, we can draw the conclusion that the majority are unaware on the forms of transmission of HIV, and society has developed a negative attitude towards people living with HIV. All discussions show that it is premature for society is premature to accept those who are HIV-positive as full members.

6. Drug use

HIV prevalence is to a great extent related to the prevalence of drug use in that drug users, and injecting drug users contribute to the risk group of carriers and spreaders of HIV. Drug use and HIV transmission are directly related and it is proven by the findings of our survey. So of the total number of interviewed young people 56.7% reported that there is direct link between drug use and HIV/AIDS, 30.9% reported that have no idea on this, and only 12.5% answered that there is no link whatsoever. There is no substantial difference in answers by living area and gender/age composition.

Not every drug user is able to admit his/her carrying HIV. This may be due to a lack of confidence which is reflected to some extent by the true statements of respondents on drug use. So of the total number of interviewed respondents only 1% (19 people) admitted that they use drugs. From the total number of respondents-drug users, 12 are males and 5 females. From these 19 drug users 17 are residing in urban area and 15 reported that they have not used drugs in previous six months. Drug users are mainly young people aged 18-24 years old. Interviewed drug users reported that they mainly smoke hashish.

Despite over 99% of respondents reporting that they have not used drugs, at the same time they reported that they know other drug users. Of the 2000 interviewed, 360 (18%) respondents reported that they know other people using drugs, of which over 70% live in urban areas. Young people mainly included known drug users as neighbours (37.6%), and friends and acquaintances (50.8%). Interviewed young people reported that those drug users mainly smoke hashish (35.5%), or use heroin (35.2%) and also unprocessed opium (11.6%). Of that number, 39.4% use the method of smoking and 34.3% are injecting drug users. This discussion shows that the number of potential drug users is much higher in society than is officially reported.

CONCLUSIONS

The survey found that young people aged 15-24 years old posses only general information on the presence of HIV/AIDS, and young people living in rural area suffer from reduced access to relevant information.

Awareness of young people depends on the level of their education. Higher levels of education resulted in increased awareness among young people on the problem of HIV/AIDS.

TV is the key source of information on HIV/AIDS, but taking into account that there are power outages during six months throughout the country and especially in rural areas, the access to this source of information for majority of young people is limited.

IEC activities implemented in educational institutions to raise awareness of young people are rather fragmented and insufficient for in-depth knowledge of the HIV virus.

Although the majority of respondents who are knowledgeable on HIV/AIDS reported that they know the forms of HIV transmission, when calculating the Key indicator 11 in line with the Guidelines for monitoring and evaluation of HIV/AIDS, only 10.95% of respondents provided the correct answer to all five questions.

Relatively low levels of awareness on the forms of transmission of HIV are reported to take place among male and females living in rural areas, which demands further information and communications work with this population.

There exists relatively low levels of awareness on HIV prevention among young people.

One of the main causes of the low levels of awareness among young people on the prevention of HIV/AIDS in Tajikistan is the low coverage according to population by HIV prophylaxis and treatment programmes.

The survey also shows that over one third of young people report to have commenced sexual contact by the time of survey. By comparing data on sexual contacts, it is possible to draw the conclusion that young males are very active sexually with casual partners which increases the risk of exposure to HIV.

The calculation of the Key indicator 16 in line with the Guidelines for monitoring and evaluation of HIV/AIDS, shows that 61.8% of young people aged 15-24 years old used a condom during the most recent intercourse with irregular (casual) partner.

Discussing the use of condoms as a method of HIV/AIDS, it is necessary to note that the majority of young people do know where to obtain them. However, taking into account Tajik cultural background, it is necessary to highlight the gender disbalance in responses since the purchase of a condom and overall notion of the condom being associated with the sexual intercourse does embarrass many young females, and this in turn is reflected in their answers. Thus there is a need to conduct issue-specific information, education and communication activities.

The survey findings show that young people display a very poor awareness regarding access and availability of HIV test facilities, showing the poor IEC activities of health organizations involved in the prevention of HIV.

According to the survey findings, attitude towards the PLWHAs is to a greater extent dependent on the level of public awareness on the forms of HIV/AIDS transmission. Until now in Tajikistan, the activities of concerned stakeholders are rather weak which has resulted in the negative attitude towards people living with HIV/AIDS. A lack of information in this area available to the general public leads to discrimination and the violation of human rights and freedoms of people living with HIV/AIDS, and as survey data shows, the majority of those interviewed are openly hostile to HIV carriers.

Annex 1

INDICATORS TO ASSESS AWARENESS OF YOUNG PEOPLE ON THE HIV PREVENTION

Country: Tajikistan

Indicator 11 (key): Percentage of young people aged 15-24 years old correctly stating the ways to prevent sexual transmission of HIV and at the same time correctly stating the main false ideas on HIV transmission

Purpose: To assess the implementation progress of National Programme of Response to the AIDS epidemic approved by the GOT Resolution №

Source of data: title

SURVEY OF HIV/AIDS RISK BEHAVIOUR AMONG YOUNG PEOPLE OF 15-24 IN TAJIKISTAN

Regularity once every 4-5 years …….

Time of data collection 14Nov2006 to 26Dec2006

SECTION I: Male Female Both

Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
606	393	999	614	387	1001	1220	780	2000

Data requirements

NUMERATOR. Select only those respondents that answered all five questions (incl. 'No idea')
Line 1-5 pls. put the number of respondents with correct answers breaking them down by categories
Line 6 – pls. put the number of respondents that answered all five questions

1. Is it possible to reduce risk of HIV transmission through maintaining sexual contact with one loyal HIV-negative partner?

328	180	508	325	160	485	653	340	993

2. Is it possible to reduce the risk of HIV transmission by using a condom?

377	160	537	325	128	453	702	288	990

3. Can an HIV-positive individual have an apparently healthy look?

273	130	403	298	109	407	571	239	810

4. Can HIV be transmitted through a mosquito bite?

210	87	297	205	82	287	415	169	584

5. Can HIV be transmitted through food prepared/served by an HIV-positive individual?

265	113	378	306	95	401	571	208	779

Number of respondents that provided correct answers to all 5 questions

80	28	108	101	10	111	181	38	219

DENOMINATOR

Number of respondents with answers to all five questions including ‘No idea’, stated as higher or never aware of AIDS

606	393	999	614	387	1001	1220	780	2000

SECTION II

Indicator calculation

219/2000*100=10,95%

Value of indicator by sex and living Areas

13.2	7.1	10.8	16.4	2.6	11.0	14.8	4.9	10.9

Annex 2

YOUNG PEOPLE USING CONDOMS WITH CASUAL SEX PARTNERS

Country: Tajikistan

Indicator 16 (key): Percentage of young people aged 15-24 years old stating the use of condoms during intercourse with casual sex partners

Purpose: To assess the impact of preventive programmes targeting young people

Source of data: title

SURVEY OF HIV/AIDS RISK BEHAVIOUR AMONG YOUNG PEOPLE OF 15-24 IN TAJIKISTAN

Regularity once every 4-5 years …….

Time of data collection 14Nov2006 to 26Dec2006

SECTION I: Male Female Both

Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
606	393	999	614	387	1001	1220	780	2000

Data requirements

NUMERATOR.

Number of respondents (15-24 years old) reported having intercourse with an irregular (casual) sex partner (i.e. out of wedlock or co-living) in previous 12 months, and also use of condom during intercourse with casual sex partner

69	35	104	6	0	6	75	35	110

DENOMINATOR

Number of respondents (15-24 years old) reported having sex with irregular (casual) partner (i.e. out of wedlock or co-living) in previous 12 months

114	53	167	11	0	11	125	53	178

SECTION II

Calculation of indicator

110/178*100= 61,8%

Value of indicator by sex and living area

60.5	66.0	62.2	54.5	0	54.5	60.0	66.0	61.8

This indicator shows the extent of condom use by young people who reported having sex with an irregular (casual) partner. At the same time it is important to know the incidence rate of casual sex amongst young people.