Online study on health behaviours among persons living with HIV/ AIDS in România

2021

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Romanian Angel Appeal

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INTRODUCTION

HIV context in Romania

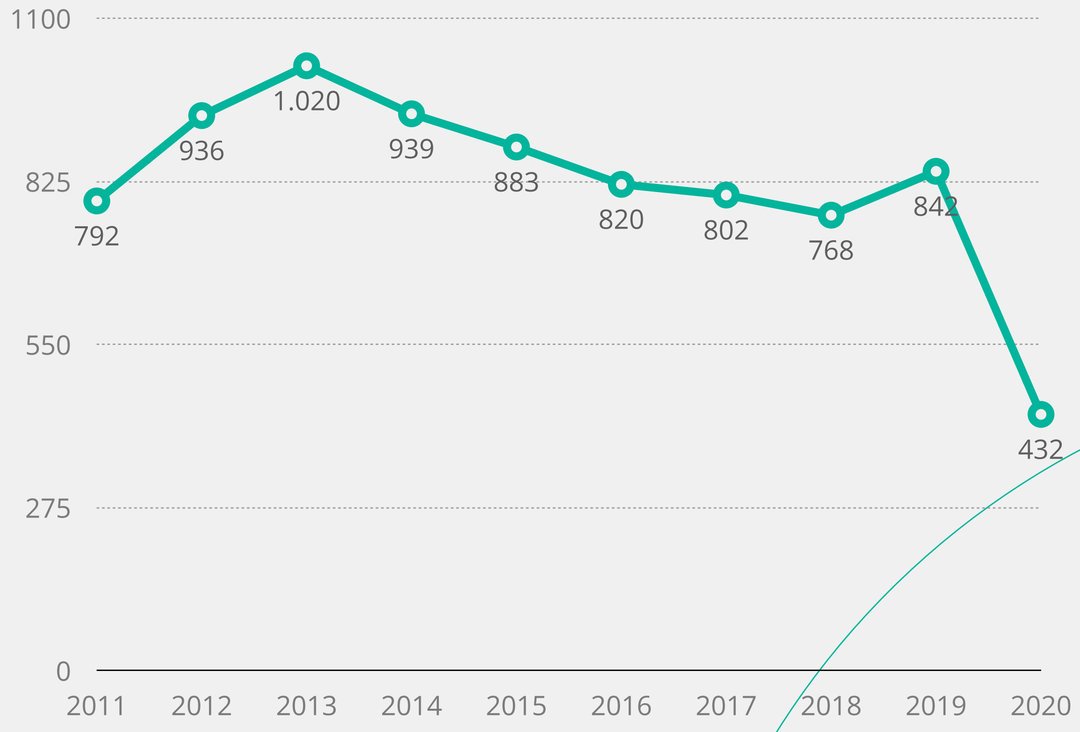
On 31 December 2020, 16,848 persons infected with HIV/AIDS were living in Romania. Of these, a large number of young people between 30-34 years old come from the 1987-1990 cohort.

At national level, in 2020, the number of newly diagnosed cases of HIV infection decreased sharply, as compared to previous years. This decrease was a direct effect of the reduction in the HIV testing rate in the context of the COVID 19 pandemic.

Of the 432 newly identified cases in 2020, 76% are male. The highest shares are among the age categories of 40-49 years old, respectively 30-34 years old (over 20% of the total for each age category).

The predominant route of HIV transmission remains the heterosexual one (60% of the cases), followed by men who have sex with other men (MSM). In the case of MSM, in 2020, there was the highest share in total newly identified cases (28%), compared to previous years.

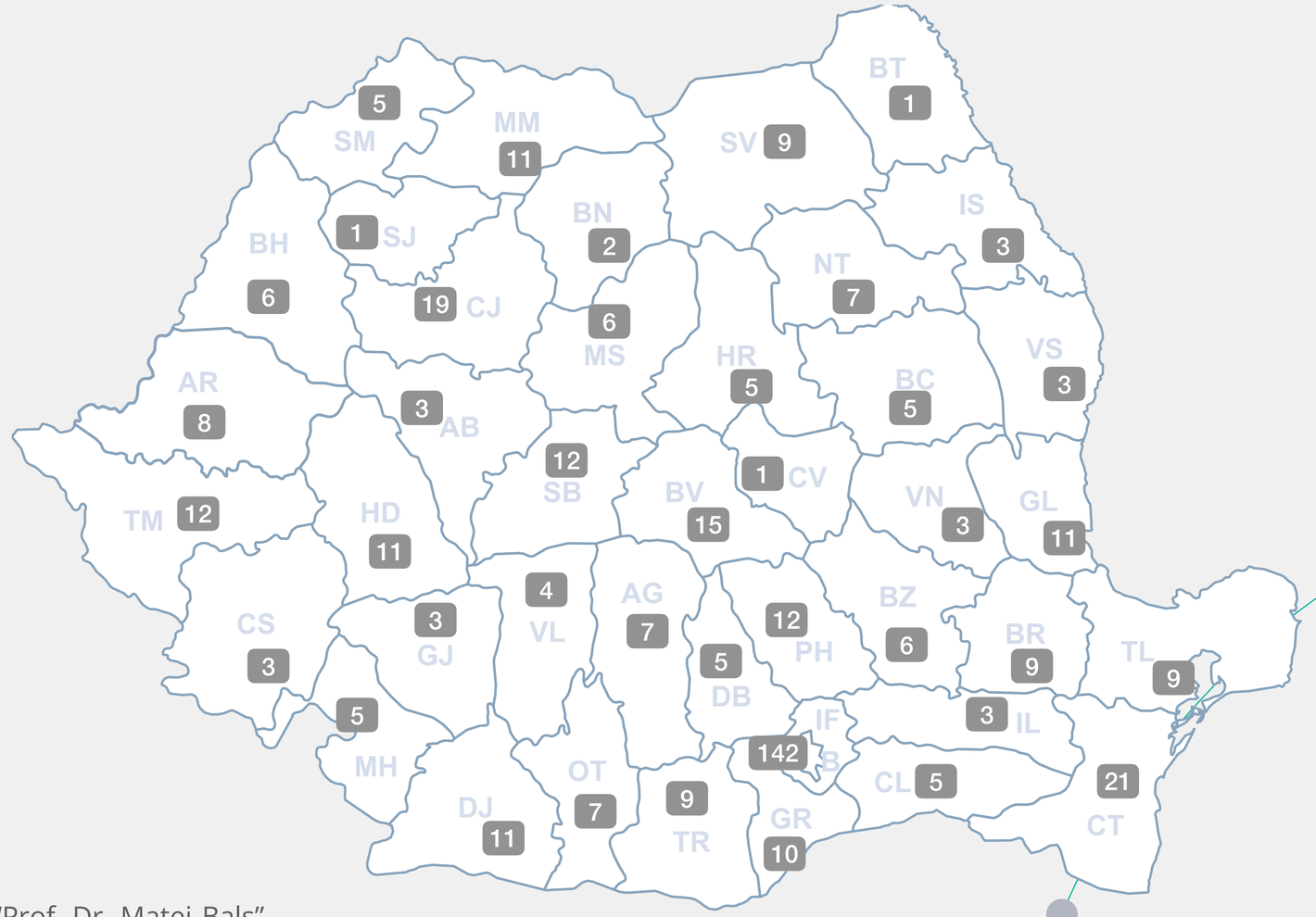
Source: National Institute for Infectious Diseases "Prof. Dr. Matei Bals" Compartment for Monitoring and Evaluation of HIV/AIDS Data in Romania, 31 December 2020.



The evolution of the number of newly identified cases in Romania during 2011-2021

HIV context in Romania

In 2020, in Romania, 13,437 people benefited of ARV treatment and post-exposure prophylaxis through the 9 Regional Centers for HIV/AIDS Monitoring.



Distribution by counties of new cases of HIV/AIDS infection detected in 2020 (number)

Source: National Institute for Infectious Diseases “Prof. Dr. Matei Bals” Compartment for Monitoring and Evaluation of HIV/AIDS Data in Romania, 31 December 2020.

Context of the study

The online study on the health behaviours of persons living with HIV in Romania was conducted by the Romanian Angel Appeal Foundation (RAA) within the #SoS_project – Sustainability of Services for Key Populations in EECA Region program" funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2018-2021.

The information was collected to support the RAA Foundation and its partners in promoting appropriate funding for HIV prevention measures to central and local public authorities.

The main objectives of the research were:

(i) Exploring health behaviours (risk and/or protective) adopted by HIV-positive people: knowledge, attitudes, protective practices and

(ii) Identification of social and psychosocial factors that may influence health behaviours.

The target group was HIV-positive people who were at least 18 years old.

Data collection was conducted online, using a structured questionnaire, with 77 items grouped into 8 sections. The questionnaire was developed on LimeSurvey - an open source tool for quantitative research conducted online, being available at an easily accessible URL from any electronic device (computer, phone, tablet) with internet connection.

The sampling method was one of convenience. Data were collected between February and May 2021. The final sample analysed included 210 people.

723

Initial entries in the database

317

Records with (some) information completed

210

Records with >85% information completed

Limits of the research

As compared to previous surveys conducted by the RAA in 2010 and 2011, when the data were collected by specialised interview operators, through face-to-face interviews in the locations of the Regional HIV/AIDS Centers, in the case of the present study, data collection was done online, through a self-administered questionnaire.

The methodological approach for the collection of online information for this study, the only viable one in the pandemic context, in fact, generates a series of limits that must be taken into account in data interpretation. The online questionnaire was made public and circulated on the social online channels of RAA and its partners. This aspect, combined with convenience sampling, affected the process of selecting respondents to the study. Thus, the final sample included young people, with a high level of education, from large urban areas, rather informed about HIV, who, although, are mostly part of the age group between 30-34 years old, do not come from the cohort of 1987-1990 and they do not build a representative profile for the population living with HIV in Romania.

Although the research includes respondents registered in all 9 regional HIV/AIDS monitoring centres, the final sample is not nationally or centrally representative.

Being an online self-administered questionnaire, apart from the logical conditions, respectively the jumps included in the questionnaire, the control over the quality of the completed information is relatively low. 30% of completed questionnaires included less than 85% complete responses. These questionnaires were removed from the analysis. Thus, out of the target of at least 300 responses, the final sample included only 210.

Moreover, the behaviours stated in the questionnaire tend to be desirable. This effect is accentuated by the collection of online information.

Acknowledgements

The project team is grateful for the provided support at the realisation of the study of Prof. Florin Lazăr (Faculty of Sociology and Social Work, University of Bucharest) and Dr. Mariana Mărdărescu (Coordinator of the Monitoring-Evaluation Unit for HIV/AIDS Infection, National Institute of Infectious Diseases "Prof. Dr. Matei Balș") for the suggestions offered for questionnaire improvement, as well as to professionals and organisations that made possible questionnaire pre-testing and its promotion among HIV-positive people. Without being all of them, we remind the “Semper Musica” Association, “Eu sunt! Tu?” Association, Galați Patients Association, Romanian Association Against AIDS (ARAS), National Union of Organisations of People Affected by HIV/AIDS (UNOPA), “Sens Pozitiv” Association, Association of Patients with Resistant MultiDrug Tuberculosis (ASPTMR) Constanța, Baylor Black Sea Foundation.

Alexandra Carlsson, social media specialist, developed and implemented the online promotion strategy of the questionnaire.

The study was coordinated by Fidelie Kalambayi and Alexandru Toth.

The report was prepared by Georgiana Blaj and Bogdan Corad.

The project “#SOS_PROJECT: PARTNERSHIP FOR THE SUSTAINABILITY OF PUBLIC POLICIES IN THE HIV/AIDS PREVENTION AREA" is coordinated by Camelia Raita.

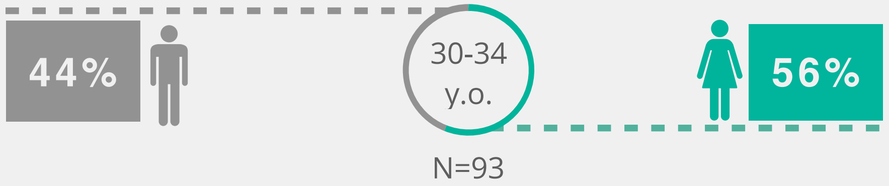
01

RESPONDENTS’ PROFILE

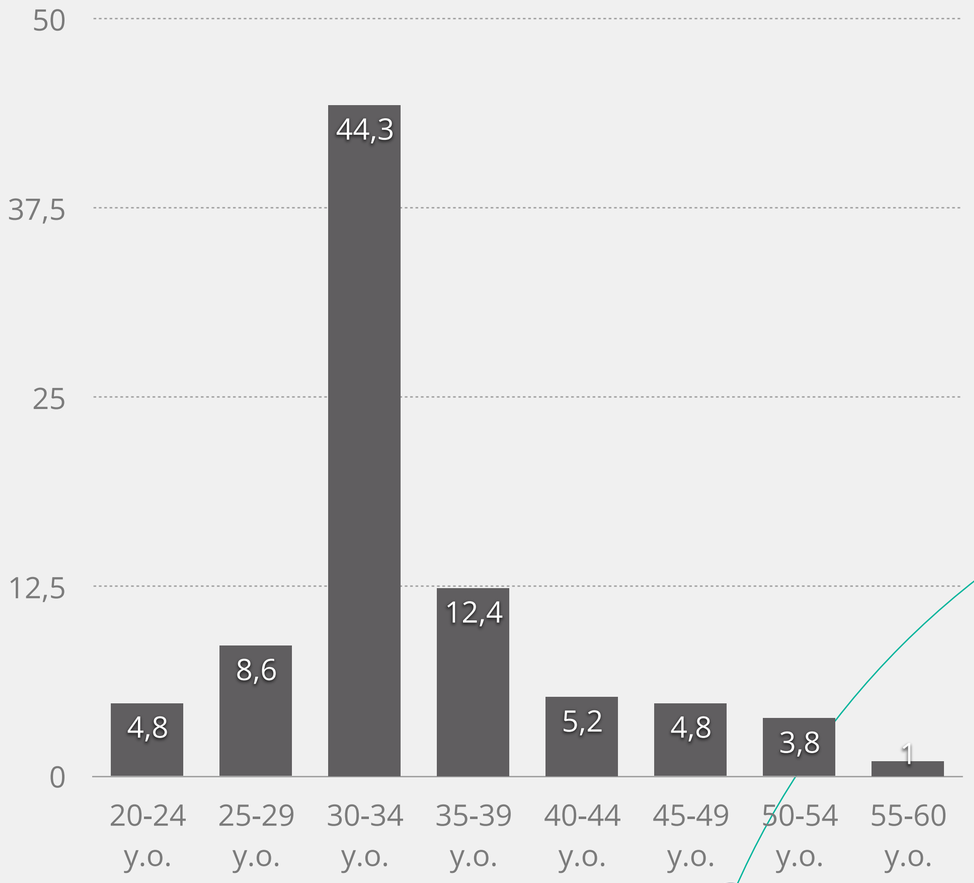
Age

Out of the 210 persons living with HIV who participated in the study, 178 provided information about their age at the time of the study.

At the sample level, people between 30 and 34 years old have the highest representation. The average of the total sample is around 34 years old, with minimum 21 years old and maximum 60 years old.

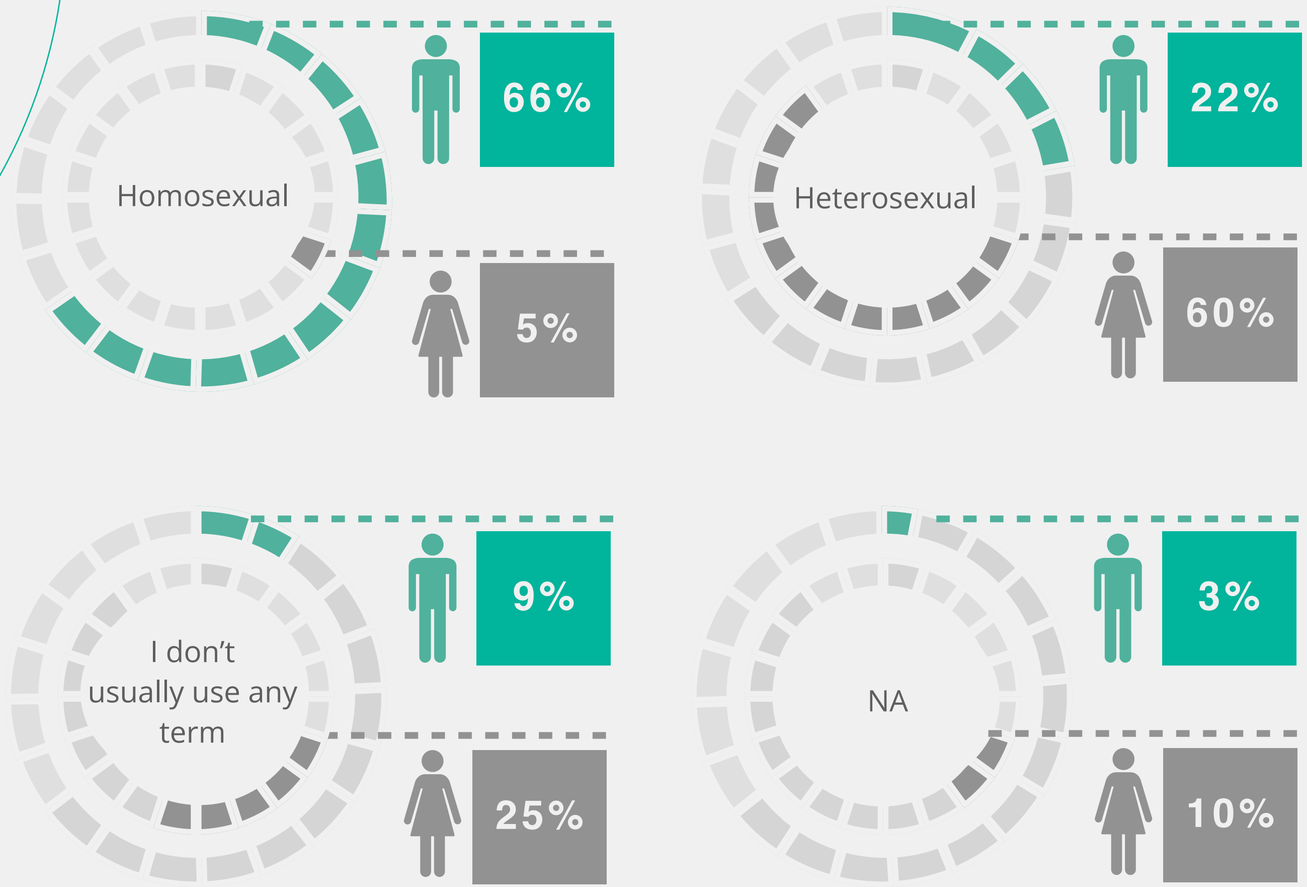


N=93



Age of the respondents (%). N=178

Sexual orientation and gender

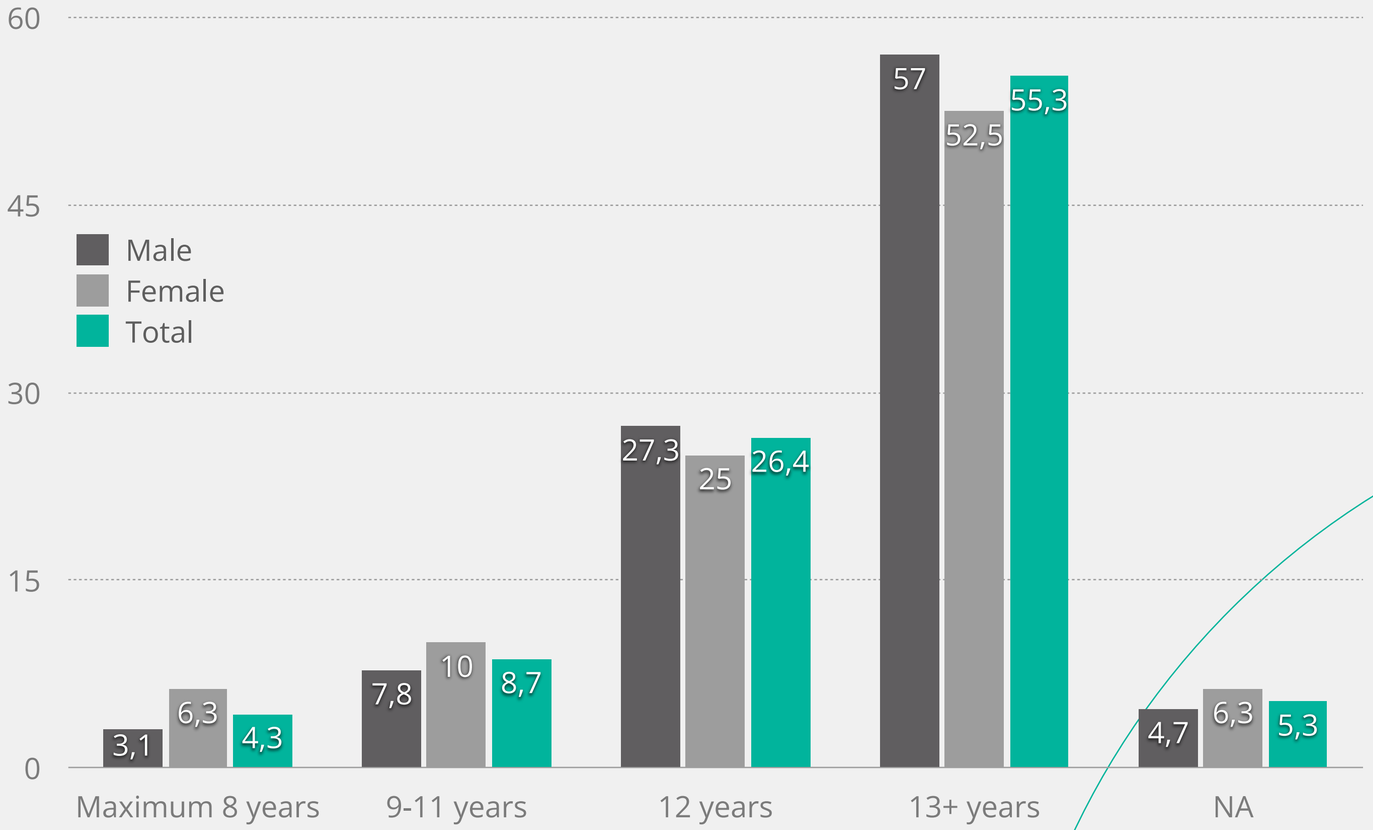


Note: Percentage calculated from the total number of men (N = 128) and women (N = 80), respectively. NA= no answer, includes don't know and don't respond recordings.

The study involved 80 women and 128 men; 2 persons did not declare their sex. Out of the total respondents, 42% declare themselves gay/homosexual/bisexual, 37% heterosexual, and 15% "usually do not use any term". Most of the men who took the survey state that they are gay/homosexual, while most women either state that they are heterosexual or do not want to assume a term or do not answer.

Education

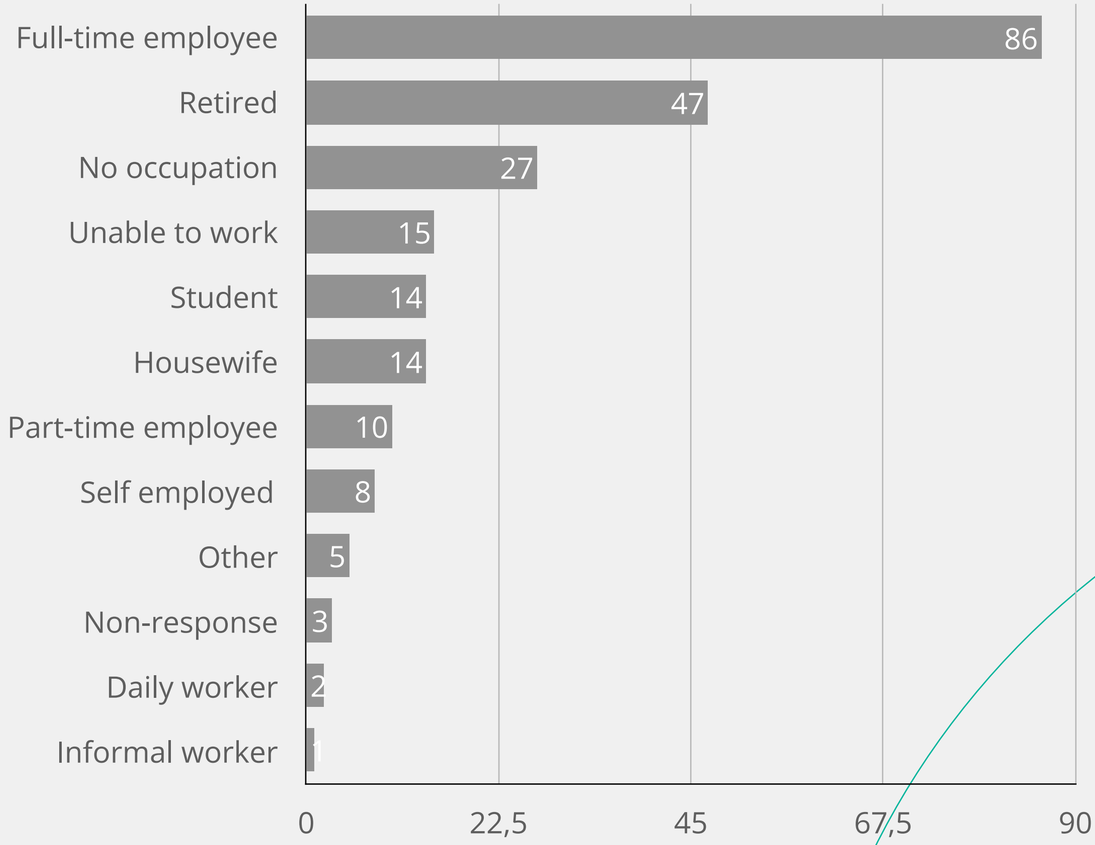
Out of the total respondents, more than half stated that they had completed 13+ years of schooling. On average, respondents completed more than 14 years of schooling, being recorded, at sample level, a minimum of 3 completed school years and a maximum of 24 completed school years.



Number of completed school years (%). N=208

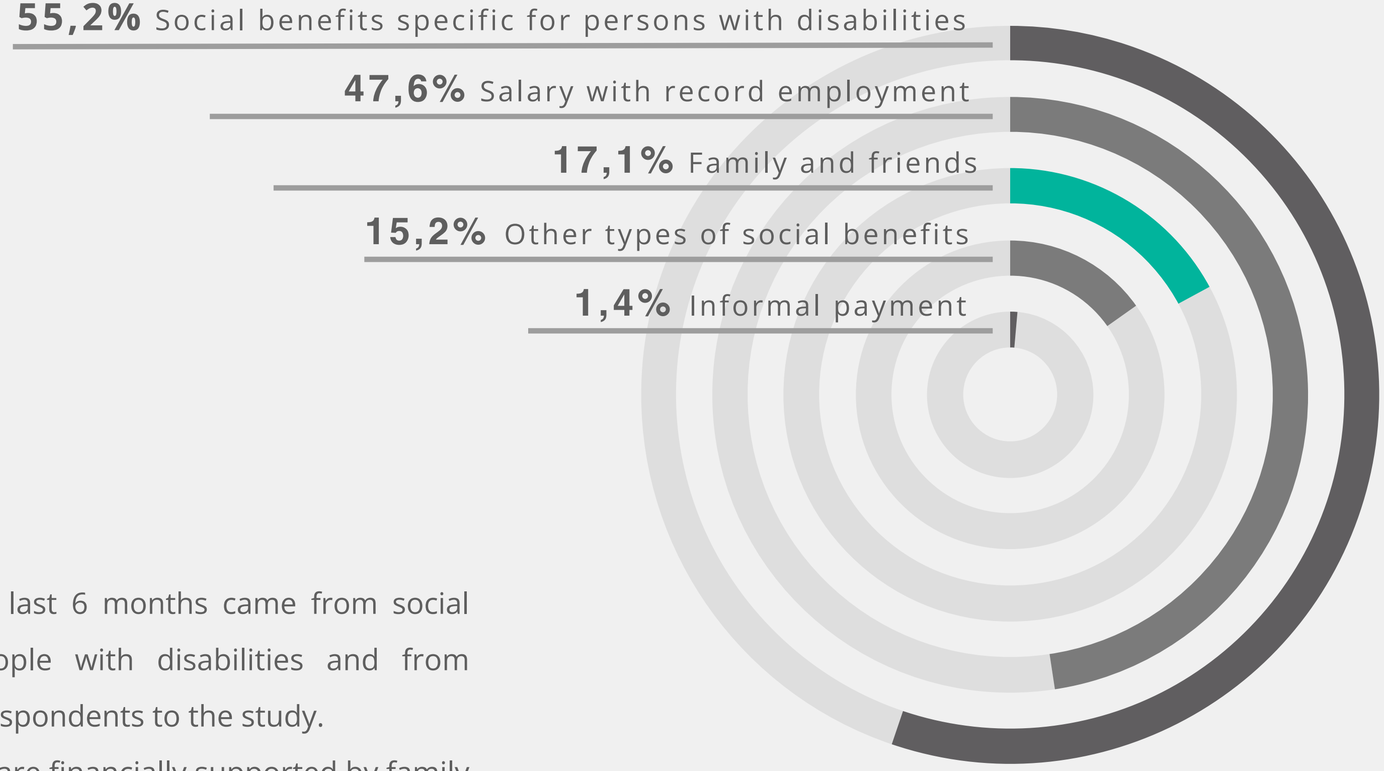
Occupational profile

Most of the respondents are full-time employees or retirees. However, there are significant differences in the share of women who declare themselves full-time employees and that of men. Thus, only 24% of women participating in the study are employed full time, compared to 52% of men.



Current occupation (%).
N=210, multiple response

Income in the last 6 months

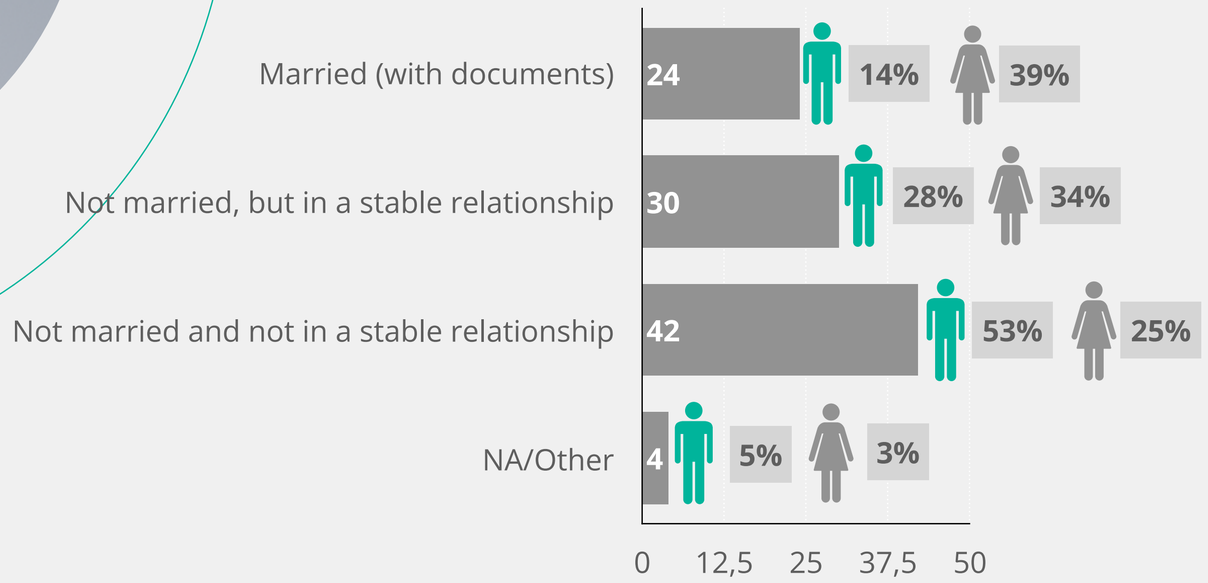


The main income in the last 6 months came from social benefits specific to people with disabilities and from salaries for most of the respondents to the study.

36 people state that they are financially supported by family and/or friends.

Note: N=210, Multiple response.

Civil status



Among the married or in a stable relationship (N=113) ...

22%

HAVE A PARTNER THAT LIVES WITH HIV

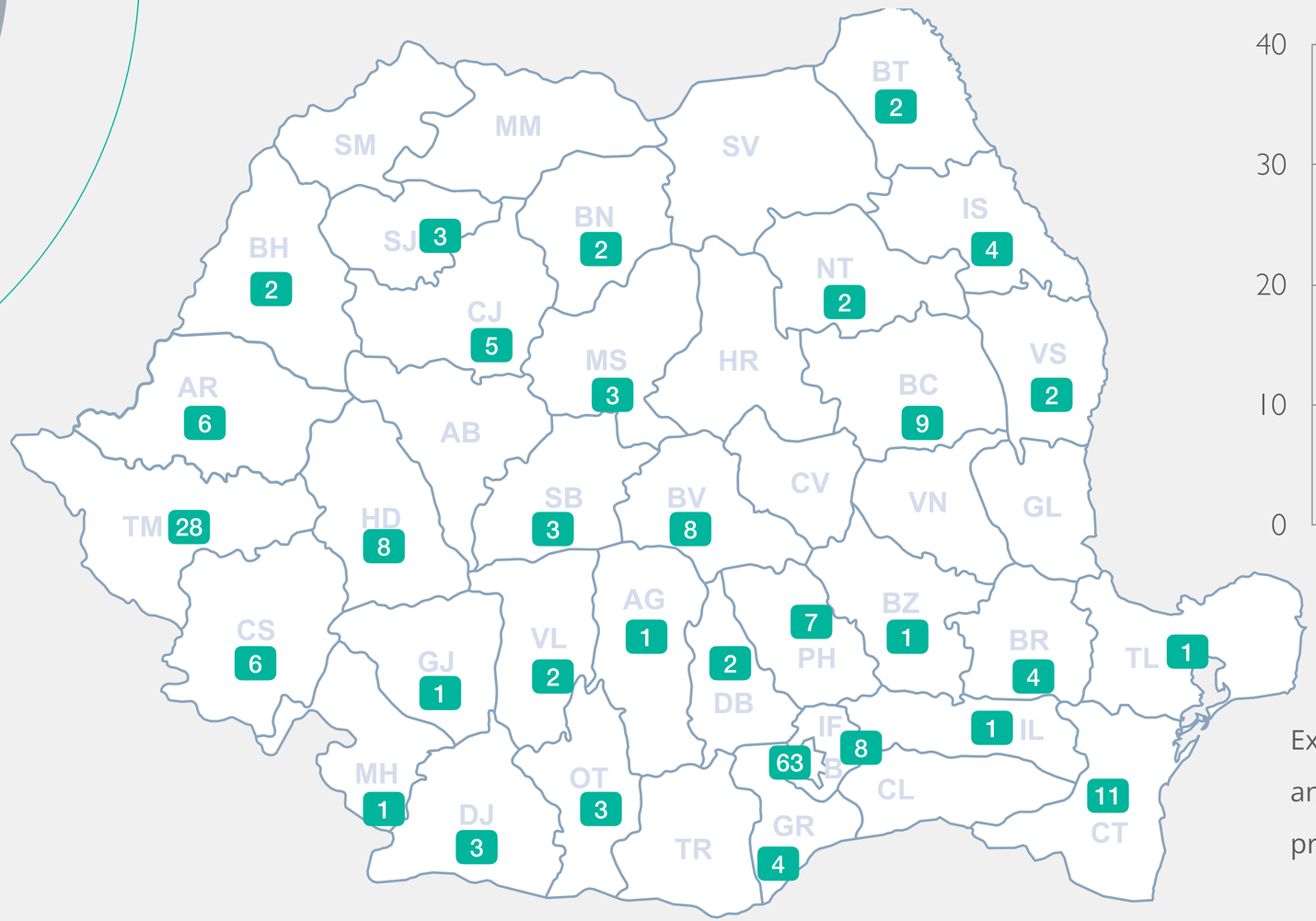
28%

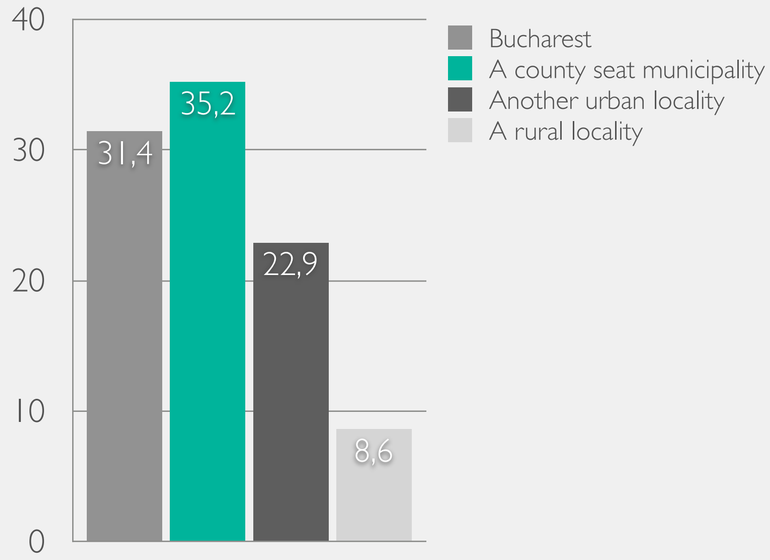
HAVE A PARTENER WHO TESTED FOR HIV IN THE LAST 12 MONTHS

Note: N=210. The graph shows % of the total sample, respectively of the total for each sex.

More than half (54%) of respondents declare that they are married or are in a stable relationship. A higher share of women is in this situation than that of men. On the opposite side, 53% of men are unmarried and do not have a stable relationship, as compared to only 25% of women participating in the study.

Residence





Note: Total sample percentages. N=210.

Except for four respondents living in Germany, Great Britain and Spain, the rest live in Romania, in the urban area, preponderantly in county seats localities.

Respondents’ profile

Of the 210 persons living with HIV who participated in the study, 178 provided information about their age. Among the respondents, people between 30 and 34 years old have the highest representation, the average per total sample being around 34 years old, with a minimum of 21 years old and a maximum of 60 years old.

80 women and 128 men were involved in the study. Two people did not declare their sex. Of the total respondents, 42% declare themselves gay/homosexual/bisexual, 37% heterosexual, and 15% “do not usually use any term". Most of the men that took the survey declare that they are gay/homosexual, while most women either say they are heterosexual or do not want to assume a term or do not answer.

More than half of the respondents stated that they had completed 13+ years of schooling. On average, respondents completed more than 14 years of schooling, being recorded, at sample level, a minimum of 3 completed school years and a maximum of 24 completed school years.

Most of the respondents are full-time employees or retirees. However, there are significant differences in the share of women who declare themselves full-time employees and that of men. Only 24% of women in the study are employed full-time, as compared to 52% of men.

The main income in the last 6 months came from social benefits specific to persons with disabilities and from salaries for most of the respondents to the study. A number of 36 people declare that they are financially supported both by the family and/or by friends.

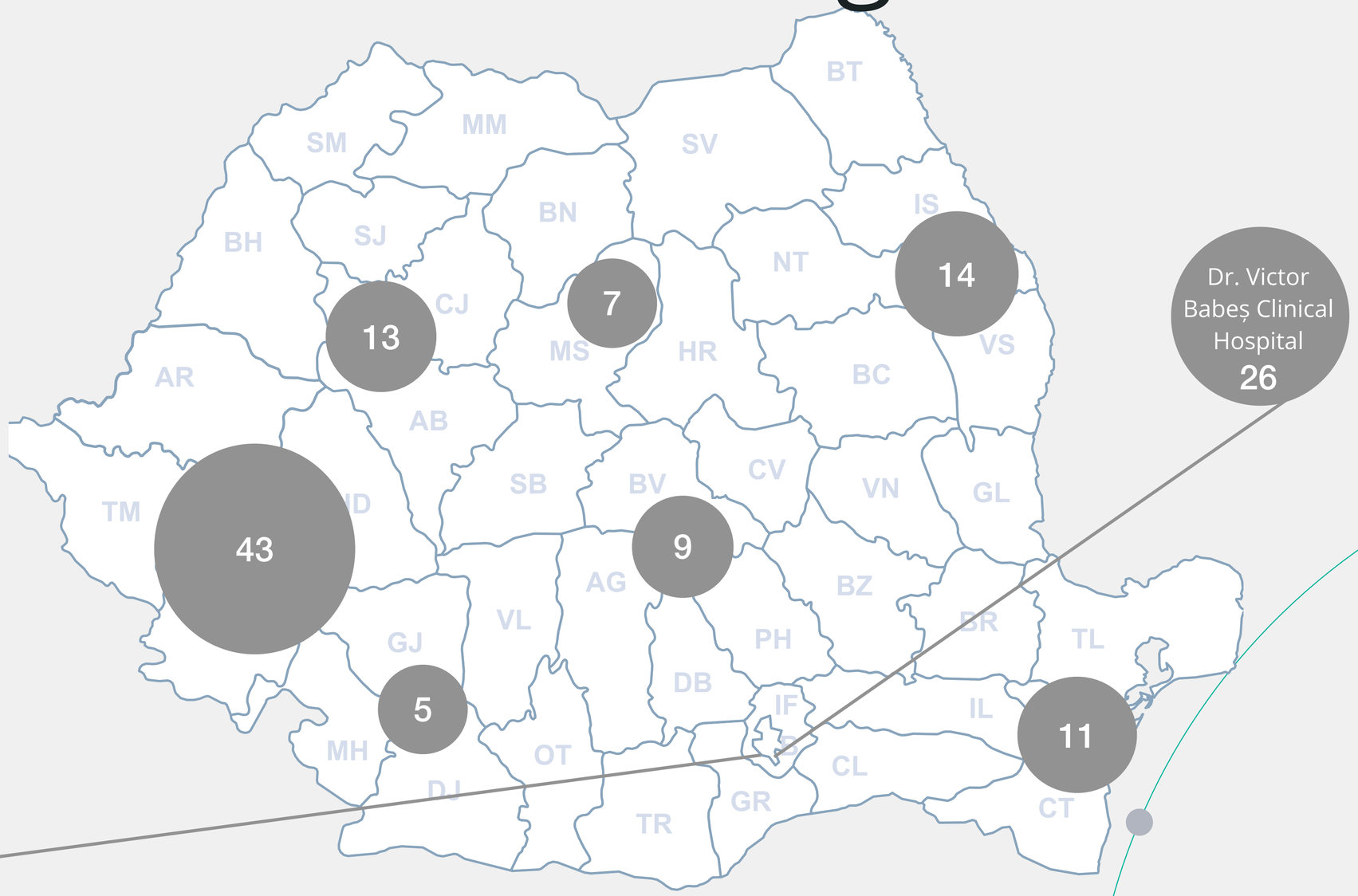
More than half (54%) of respondents declare that they are married or are in a stable relationship. A higher share of women is in this situation than that of men. On the opposite side, 53% of men are unmarried and do not have a stable relationship, as compared to only 25% of women participating in the study. Almost twice as many men as women state that their partner is a person living with HIV.

Most respondents (67%) are from Bucharest, respectively from county seat localities. Only 9% of respondents come from the rural area.

02

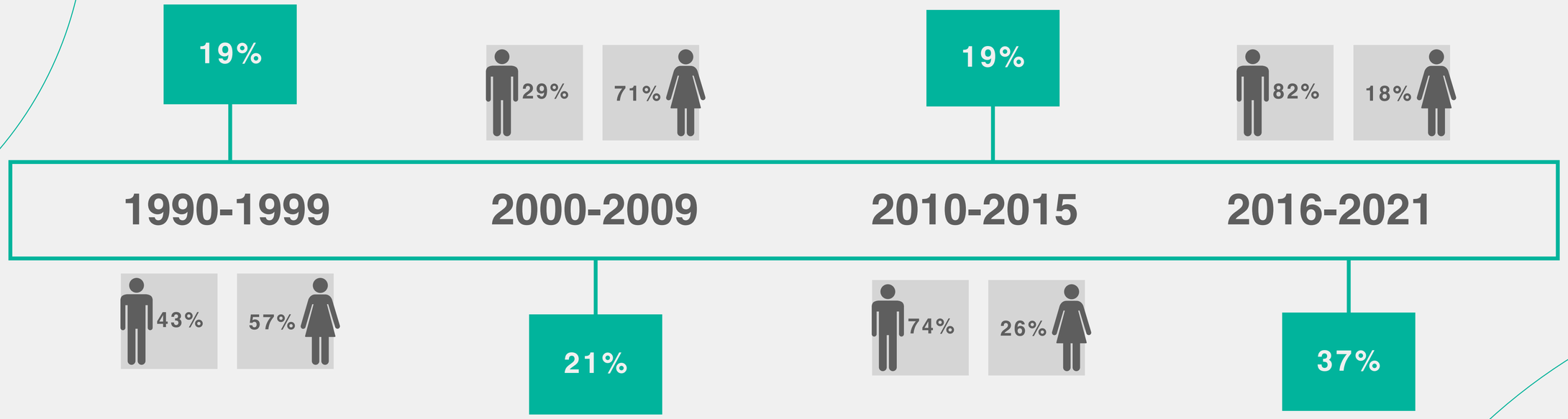
MEDICAL INFORMATION

Registration to a HIV regional center



Distribution of survey respondents by HIV regional center (number)

Year of HIV diagnosis

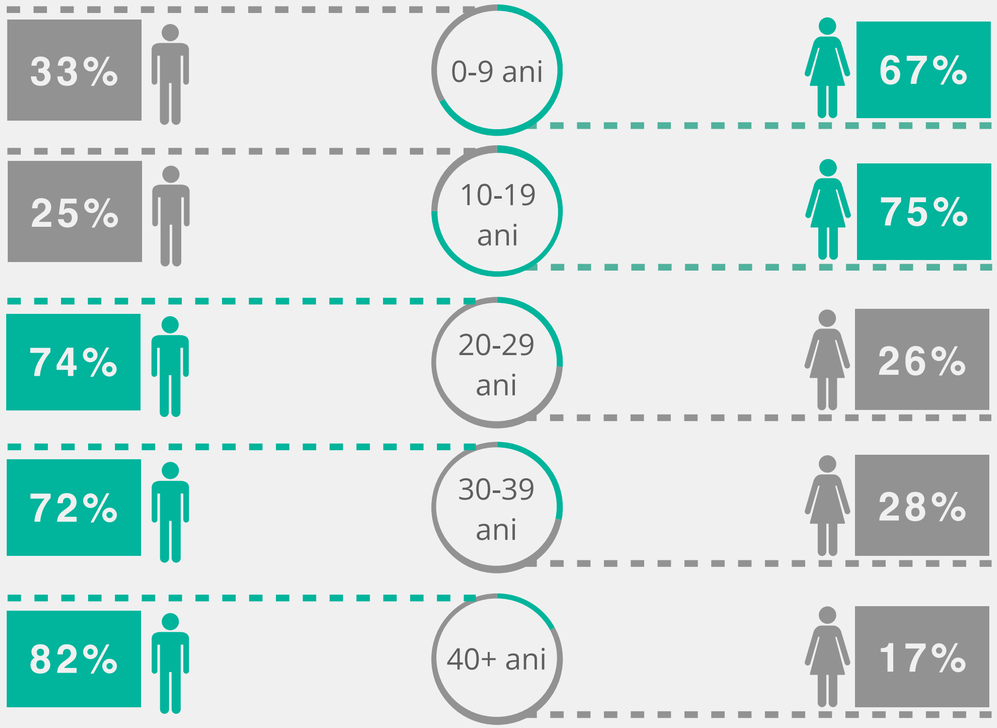


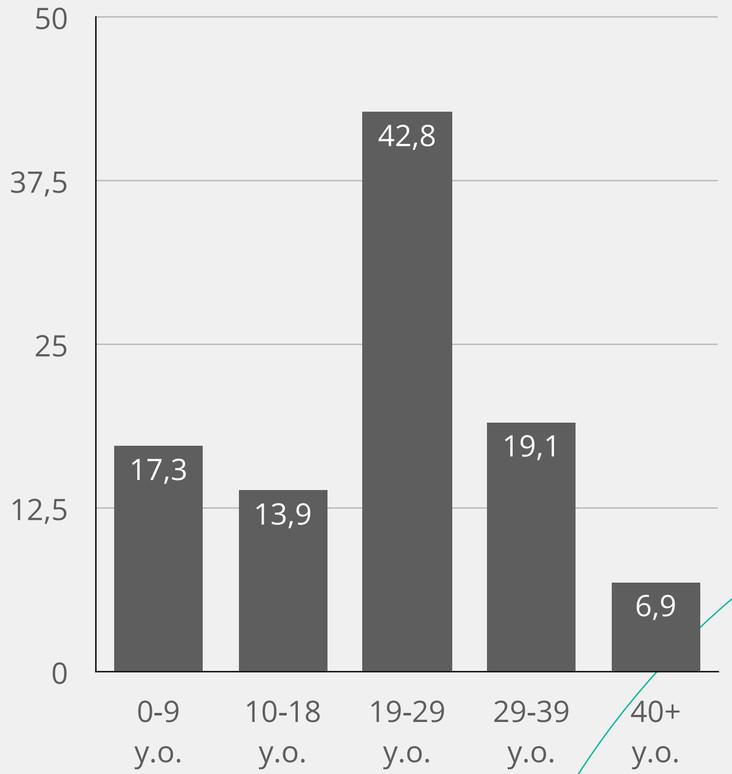
Of the 210 participants in the study, most (37%) were diagnosed in the last 5 years and are predominantly male.

Respondents diagnosed in the 1990s and 2000s, respectively, had a lower share in the total sample (19 and 21%, respectively) and had more women than men.

Around 3% of study participants either do not know the year they were diagnosed with HIV or refuse to answer this question.

Age at diagnosis





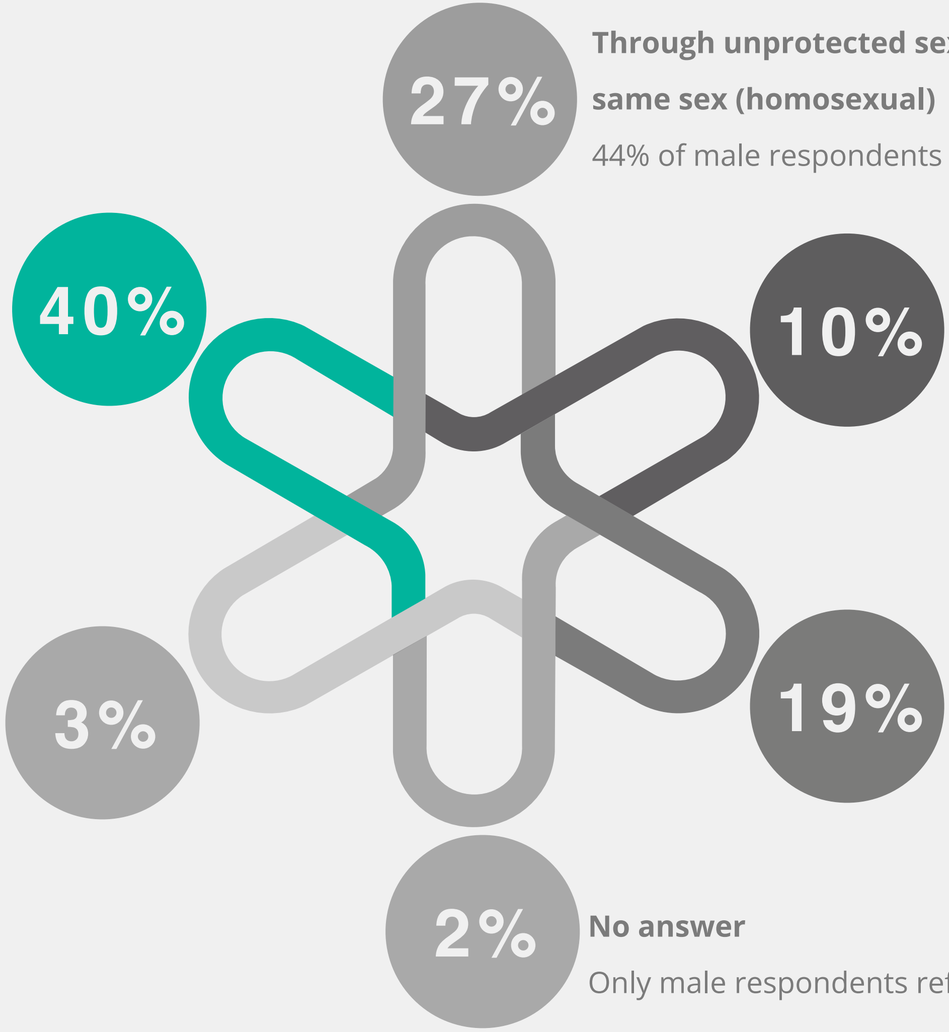
Note: Percentage of total sample, N=173

In total, 32% of respondents to the study (N=171 who provided information about the age and sex) were diagnosed with HIV before 18 years old. More than half of the women who answered this question were diagnosed before 18 years old, as compared to only 16% of men.

Infection pathways

From the hospital (transfusion, vaccine)

68% of women participating in the study declare they got infected from the hospital, as compared to only 23% of men.



Through unprotected sexual contact with an infected person of the same sex (homosexual)

44% of male respondents say they have become infected this way

Through unprotected sexual contact with an infected person of the opposite sex (heterosexual)

11% of women and 7% of men declare that they got infected after having sex with infected people of the opposite sex.

Another situation, such as...

Sharing with other persons drug injection, tattooing or "hate injection".

They don't know

The share of those declaring that they don't know how they got infected is similar in women, and men respectively

No answer

Only male respondents refused to answer

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Diagnosis

The 210 persons living with HIV who participated in the study are registered at the 9 regional HIV treatment centres. Half of the respondents are registered at the two regional centres in Bucharest (Matei Bals and Victor Babes).

Of the 37 participants in the study, most (37%) were diagnosed in the last 5 years and are predominantly male. Respondents diagnosed in the 1990s and 2000s, respectively, had a lower share in the total sample (19%, 21%, respectively) and are more women than men.

In total, 32% of study respondents (N=171) were diagnosed with HIV before 18 years old. There are significant differences between women and men. More than half of the women who answered this question were diagnosed before 18 years old, as compared to only 16% of men.

The most commonly declared route of infection by study respondents (40%) is nosocomial - infection in a medical facility, through transfusions of infected blood, or through the use of incorrectly sterilised medical equipment. Women mostly report this route of infection (68% of women). Men participating in the study declare that they preponderantly got infected as a result of unprotected sex with people of the same sex (44% of men).

Almost 1 in 5 people state that they do not know how they got infected.

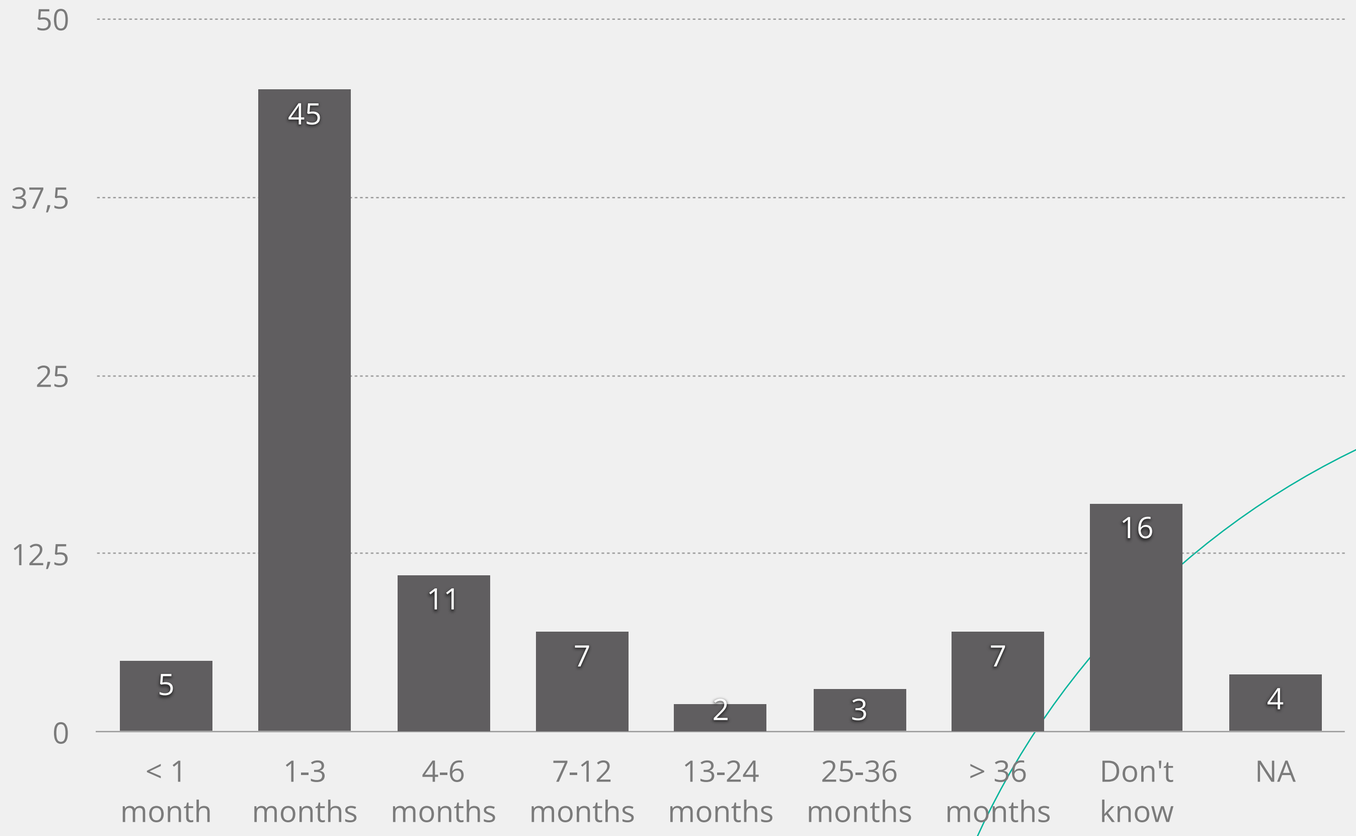
Starting the ARV treatment

The average duration from the moment of HIV diagnosis to the start of ARV treatment is of 11 months, with a minimum of less than one month and a maximum of 17 years.

Half of the respondents to the study started ARV treatment no later then 3 months after the diagnosis.

There are no significant differences in terms of gender, level of education, or place of residence regarding the time of starting the treatment in relation to the diagnosis.

Of the 16% of respondents who state that they do not know how long it took from receiving the diagnosis to starting the treatment, more than half are women.



Duration to starting the ARV treatment since diagnosis (%). N=210

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Starting the ARV treatment

8 MONTHS

On average, MSM (N=88) stated that they started treatment 8 months after diagnosis.
58% started treatment in the first 3 months.

MSM

11 MONTHS

On average, women participating in the study (N=80) declare that they started treatment 11 months after diagnosis.
46% started treatment in the first 3 months.

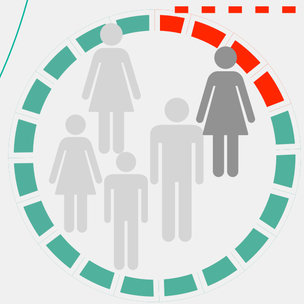
WOMEN

3 MONTHS

On average, study participants diagnosed after 2015 (N=78) state that they started treatment 3 months after diagnosis.
77% started treatment in the first 3 months.

HIV+ AFTER 2015

Interrupting the ARV treatment

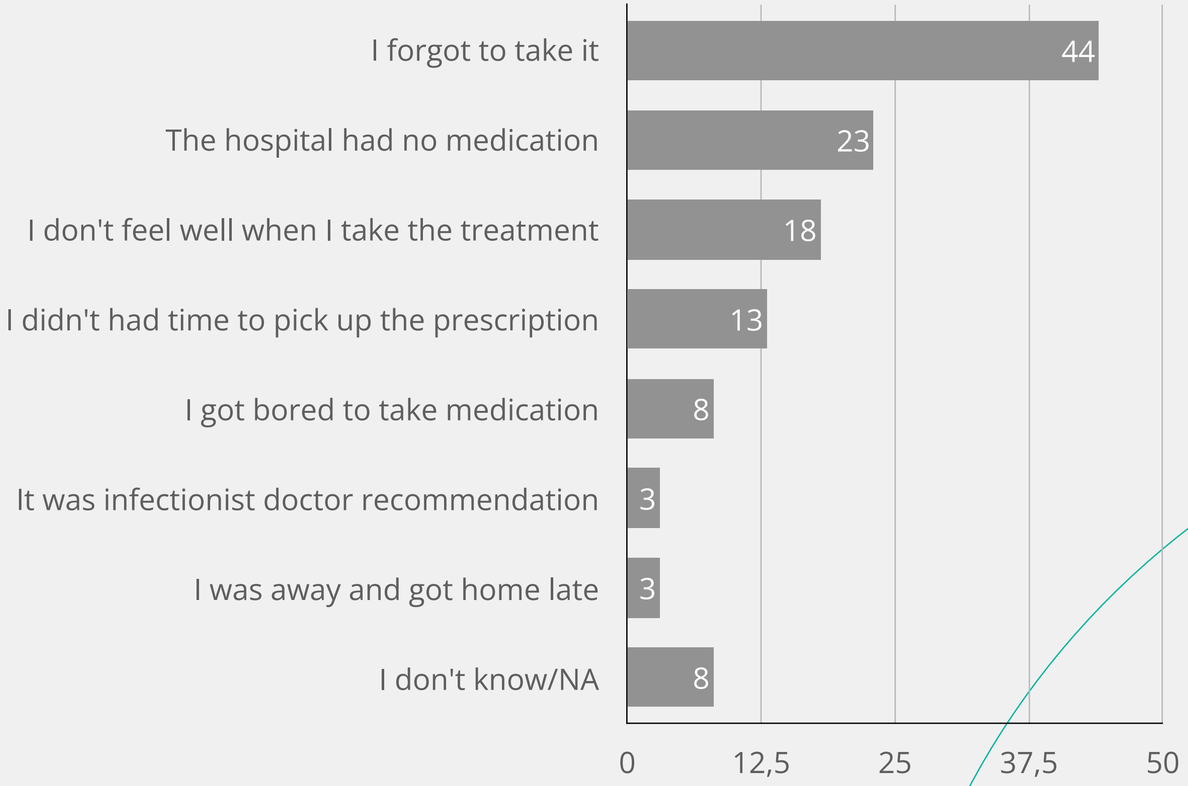


YES
19%

In the last 6 months, have you interrupted the ARV treatment for 48 hours or more? N=210

24% of people diagnosed before 18 years old state that they have stopped the treatment, as compared to 19% of those diagnosed as adults.

25% of women state that they interrupted the treatment compared with only 14% of men.



What were the reasons for stopping ARV treatment (%)?
N=39. Multiple response.

Romanian Angel Appeal

Interrupting the ARV treatment

9%

9% of MSM (N=88) state that they have stopped the treatment at least once in the last 6 months. The main reasons mentioned were "I forgot to take it" and the fact that the hospital did not have medication.

MSM

25%

25% of women participating in the study (N=80) declare that they interrupted the treatment at least once in the last 6 months. The main reasons mentioned were "I forgot to take it", the hospital didn't have the medication, respectively "I don't feel well when I take the treatment".

WOMEN

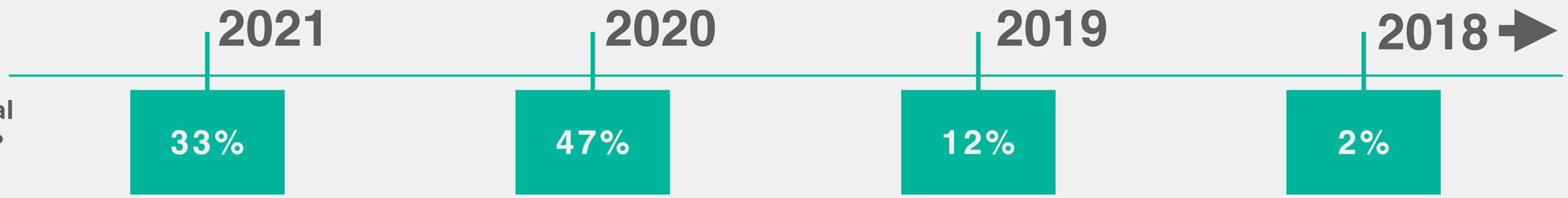
14%

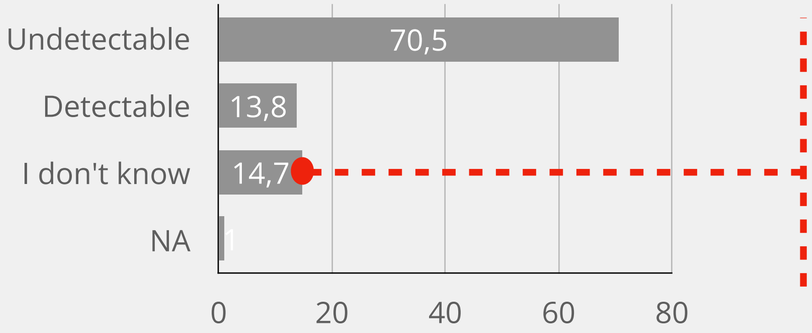
14% of study participants diagnosed after 2015 (N=78) state that they have stopped treatment at least once in the last 6 months. The main reasons mentioned were "I forgot to take it" and the fact that the hospital did not have medication.

HIV+ AFTER 2015

Viral load level measurement

When was the last time you did tests for measuring viral load (viremia)?





I was told, but I don't remember the result — 5,2%

It was measured, but I was not told the result — 4,3%

I don't know — 5,2%

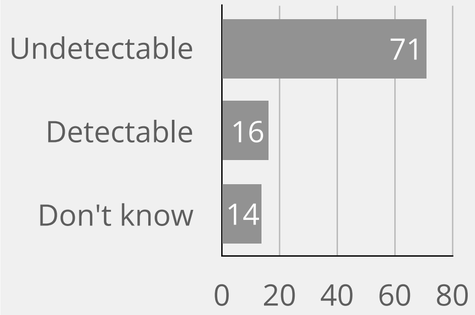
Most of the respondents (80%, N=210) did tests for viral load at least once in the last 3 years. 6% of the respondents either do not know when they last measured their viral load level or refuse to answer.

Almost 15% of the respondents do not know the results.

At the last test, the viral load was... (%) N=210.

Viral load at the last measurement

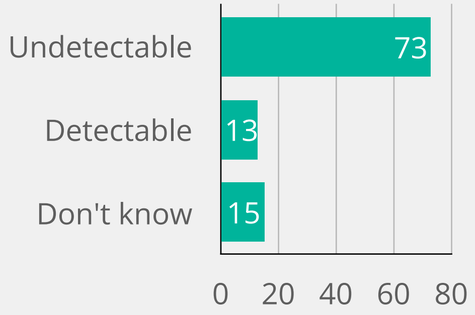
14%
DON'T KNOW



Note: %, N=88.

MSM

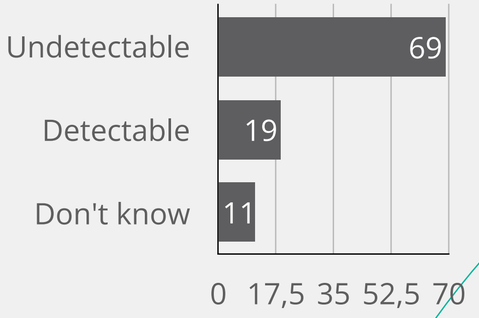
15%
DON'T KNOW



Note: %, N=80.

WOMEN

11%
DON'T KNOW

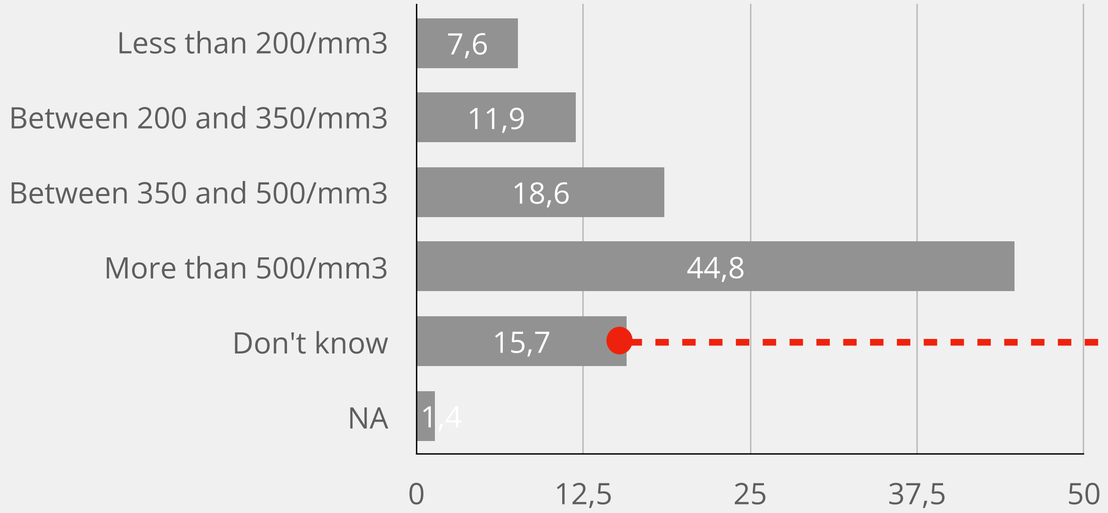


Note: %, N=78.

HIV+ AFTER 2015

CD4 level measurement

When was the last time you did a CD4 test?



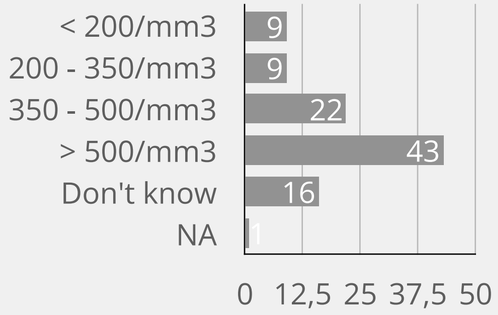
At the last test, the CD4 was ... (%)
N=210.

Most of the respondents (90%, N=210) did tests for measuring CD4 at least once in the last 3 years. 9% of them either do not know when they last measured their CD4 level or refuse to answer. Almost 16% of the respondents do not know the measurement results.

I was told, but I don't remember the result	7,6%
It was measured, but I was not told the result	3,3%
I don't know	4,8%

CD4 level at the last measurement

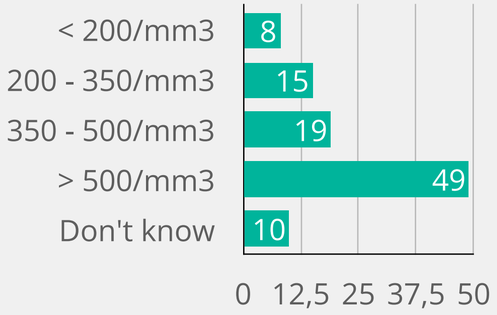
16% DON'T KNOW



Note: %, N=88.

MSM

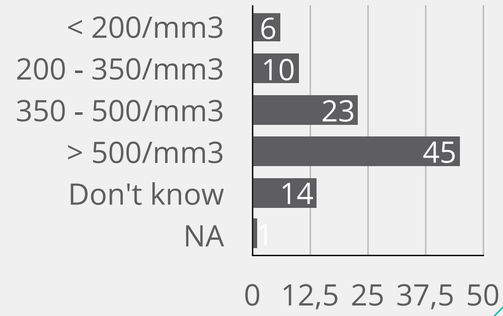
10% DON'T KNOW



Note: %, N=80.

WOMEN

14% DON'T KNOW



Note: %, N=78.

HIV+ AFTER 2015

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Treatment

The average duration of HIV diagnosis until the start of ARV treatment is of 11 months, with a minimum of less than one month and a maximum of 17 years. Half of the respondents to the study started ARV treatment no later than 3 months after the diagnosis.

There are no significant differences in terms of gender, level of education, or place of residence regarding the time of starting the treatment in relation to the diagnosis.

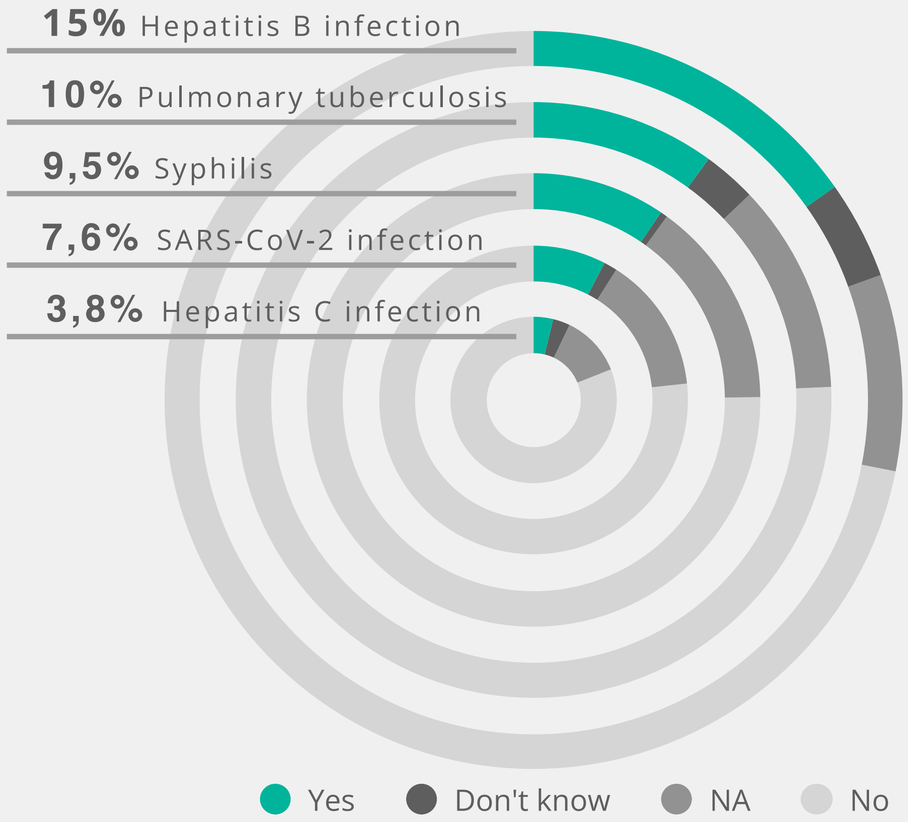
Of the 16% of respondents who say they do not know how long it took from receiving the diagnosis until starting the treatment, 63% are women.

24% of the people diagnosed before 18 years old declare that they interrupted the treatment at least once for 48 hours or more in the last 6 months, as compared to 19% of those that were diagnosed as adults. 25% of women declare that they have stopped treatment, as compared to only 14% of men.

When it comes to measuring the level of viral load, most of the respondents (80%, N=210) did tests at least once in the last 3 years. Almost 15% of the respondents do not know the measurement results.

90% of the respondents (N=210) did tests for CD4 measurement at least once in the last 3 years. 9% of the respondents either do not know when they last measured their CD4 level or refuse to answer. Almost 16% of the respondents do not know the measurement results.

Associated diseases

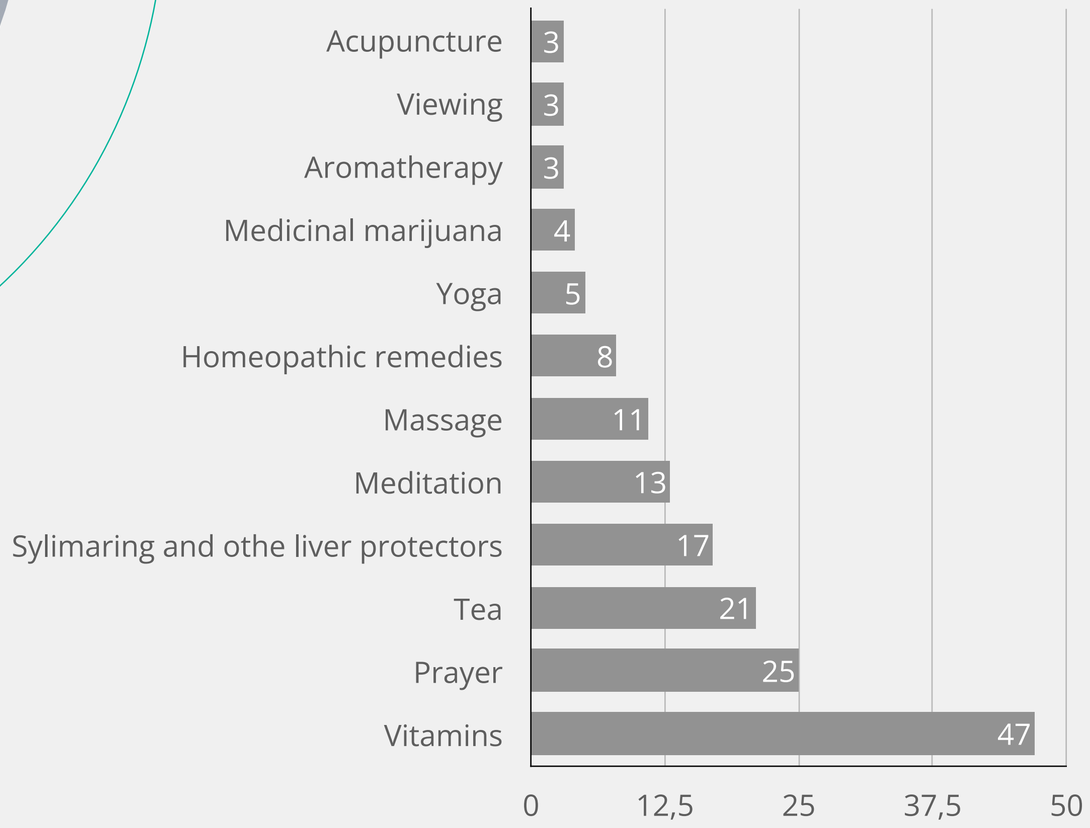


In addition to your HIV diagnosis, have you received any of the following diagnoses? (%) Multiple response, N= 210

37% of study participants report at least one disease associated with HIV diagnosis, the largest share at the sample level being hepatitis B infection.

53% of people diagnosed with hepatitis B (N=32) are women. Women also predominate in the diagnosis of pulmonary tuberculosis and hepatitis C infection. Beyond diagnosed cases, respondents who do not know if they suffer from any of the listed diseases raise questions, a relevant indicator in terms of targeting the population living with HIV of screening and prevention programs.

Complementary treatments



Complementary treatments used (%). Multiple response. N=210.

25% of respondents state that they do not use any complementary treatment. The rest of the study participants state that they use between 1 and 9 complementary treatments to ARV treatment, most of them noting the vitamins. One in 10 participants in the study declares that it is not currently using complementary treatments, but is thinking of trying.

Complementary treatments are used equally by women and men. More women than men declare that they use homeopathic remedies as an alternative treatment.

Some people who claim to take vitamins associate them with sports that are "very helpful in managing the aftermath of bad news."

2 out of 3

study participants

use complementary treatments

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Complementary treatments

61%

61% of MSM (N=88) declare that they use at least one complementary treatment.
The most common are vitamins (48%), meditation (23%) and massage (21%).
10% do not currently use it, but are thinking of trying.

MSM

61%

61% of women (N=80) state that they use at least one complementary treatment.
The most common are vitamins (52%), prayer (27%) and teas (20%).
9% do not currently use it, but are thinking of trying.

WOMEN

64%

64% of respondents diagnosed after 2015 (N=78) declare that they use at least one complementary treatment. The most common are vitamins (42%), teas (19%) and prayer (17%).
12% don't use it at the moment, but they are thinking of trying.

HIV+ AFTER 2015

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Associated diseases/ complementary treatment

37% of study participants declare at least one disease associated to HIV diagnosis, the highest share at the sample level being hepatitis B infection. 53% of the persons diagnosed with hepatitis B (N = 32) are women. At sample level, women are the ones who also report to a greater extent diagnoses of pulmonary tuberculosis and hepatitis C infection.

Beyond the diagnosed cases, a relatively high proportion of respondents do not know if they suffer from any of the listed diseases, a relevant indicator in terms of targeting the population living with HIV of screening and prevention programs.

25% of respondents declare that they do not use any type of treatment complementary to ARV treatment. The rest of the study participants declare that they use between 1 and 9 complementary treatments, most of them mentioning vitamins.

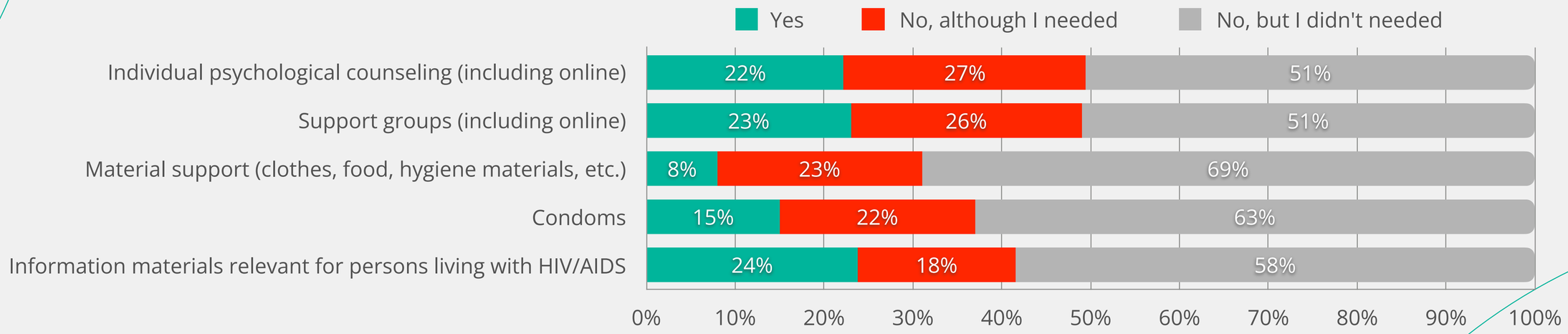
One in 10 participants in the study says that it is not currently using complementary treatments to ARV treatment, but that it is thinking of trying.

Complementary treatments are used equally by women and men. Some of the persons who claim to take vitamins associate them with sports activities, which are "very helpful in managing the aftermath of bad news."

03

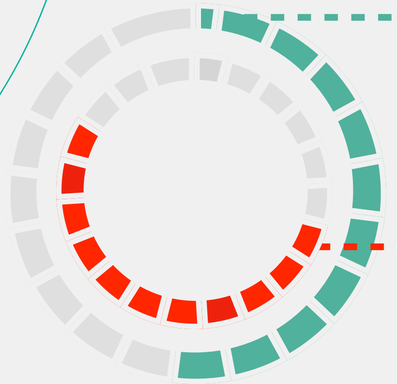
ACCESS TO SERVICES

Access to free services



In the last 12 months, you have had free access to... (%). Multiple response

Access to free services



52% Benefited from at least one free service

54% They needed, but could not access at least one specific free service

Out of the total sample, more than half of the respondents state that they have received at least one free service in the last 6 months. However, 54% state that, in the last 6 months, they needed at least one specific service and could not access it for free.

The most accessible free services are materials with information relevant to persons living with HIV/AIDS (accessed by 1 in 4 respondents) and support groups, respectively psychological counselling, including online (accessed by 23% and 22% of the respondents in the last 6 months). Except for the informative materials, the share of respondents who declare that they needed the treatment, but did not benefit from it, is higher than of those who benefited from all the services concerned.

1 of 4

people participating in the study needed and could not access for free in the last 6 months...

- Psychological counselling
- Support groups

Access to free services

50%

50% of MSM (N=88) declared that they did not benefit from specific free services, although they would have needed them.They did not benefit from, although they needed: access to psychological counselling and support groups (32%), condoms and informative materials (27%).

MSM

55%

55% of women (N=80) declared that they did not benefit from specific free services, although they would have needed them.They did not benefit from, although they needed: access to psychological counselling (31%) and support groups (25%), material support (23%).

WOMEN

65%

65% of the respondents diagnosed after 2015 (N=78) declare that they did not benefit from specific free services, although they would have needed them. They did not benefit from, although they needed: material support (35%), access to support groups (33%) and psychological counselling (32%).

HIV+ AFTER 2015

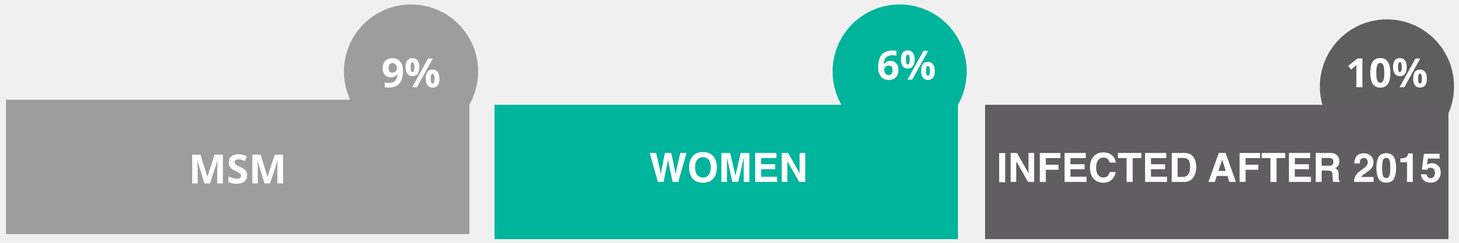
Support from the non-governmental sector

1 of 10

persons participating in the study have received support from an NGO in the last 12 months

Participants in the study who declare that they benefited from support from the non-governmental sector named among the organisations from which they received support:

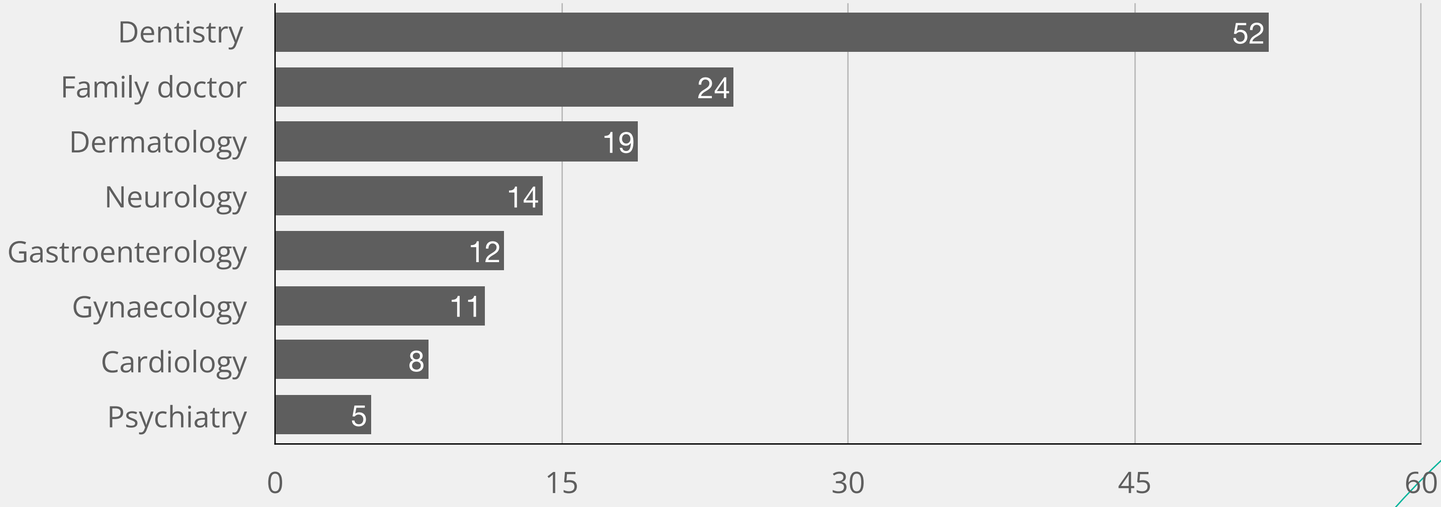
UNOPA (8), ARAS (5), Semper Musica (3), CRIS-DU Areopagus (2), Accept (1), Asociatia Persoanelor Afectate Brăila (1), Carusel (1).



COVID-19 impact on access to services

40%

Of the participants in the study were unable to access the medical services they needed since the beginning of the pandemic.



What medical services did you not have access to? (%), N=83, multiple response.

Respondents also mentioned that they did not have access to breast cancer screening and oncologist, pulmonologist, periodic tests, infectious disease doctor.

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COVID-19 impact on access to services

34%

34% of MSM (N=88) declared that they could not access the necessary medical services.
They did not benefit, although they needed, from services of: dentistry (18%), dermatology (11%), family medicine (10%).

MSM

49%

49% of women (N=80) declared that they could not access the necessary medical services.
They did not benefit, although they needed, from services of: dentistry (25%), gynaecology (11%), family medicine (10%).

WOMEN

40%

40% of respondents diagnosed after 2015 (N=78) declare that they could not access the necessary medical services.
They did not benefit, although they needed, from services of: dentistry (21%), family medicine and dermatology (12%).

HIV+ AFTER 2015

Access to services

From the total sample, more than half of the respondents declare that they have benefited from at least one free service in the last 6 months. However, 54% state that, in the last 6 months, they needed at least one specific service and could not access it for free. There are no significant differences between respondents generated by the residence time.

The most accessed free services are materials with information relevant to persons living with HIV/AIDS (accessed by 1 in 4 respondents to the study).

Except for the informative materials, the share of respondents who declare that they needed the treatment, but did not benefit from it, is higher than of those who benefited from all the services concerned.

At least one in four study participants declares that it required psychological counselling or support groups in the last 12 months and could not access them free of charge.

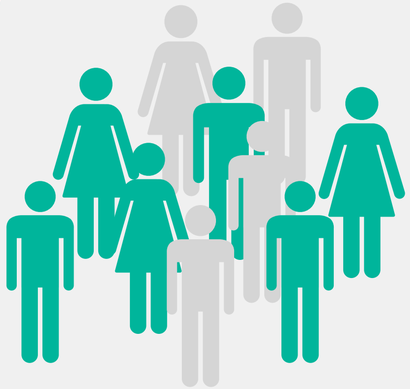
10% of study participants declared that they benefited from support from the nongovernmental sector and mentioned among the organisations from which they received support: UNOPA (8), ARAS (5), Semper Musica (3), CRIS-DU Areopagus (2), Accept (1), Asociatia Persoanelor Afectate Brăila (1), Carusel (1).

40% of participants declared that access to health services, especially dental services or family medicine, was limited during the pandemic.

04

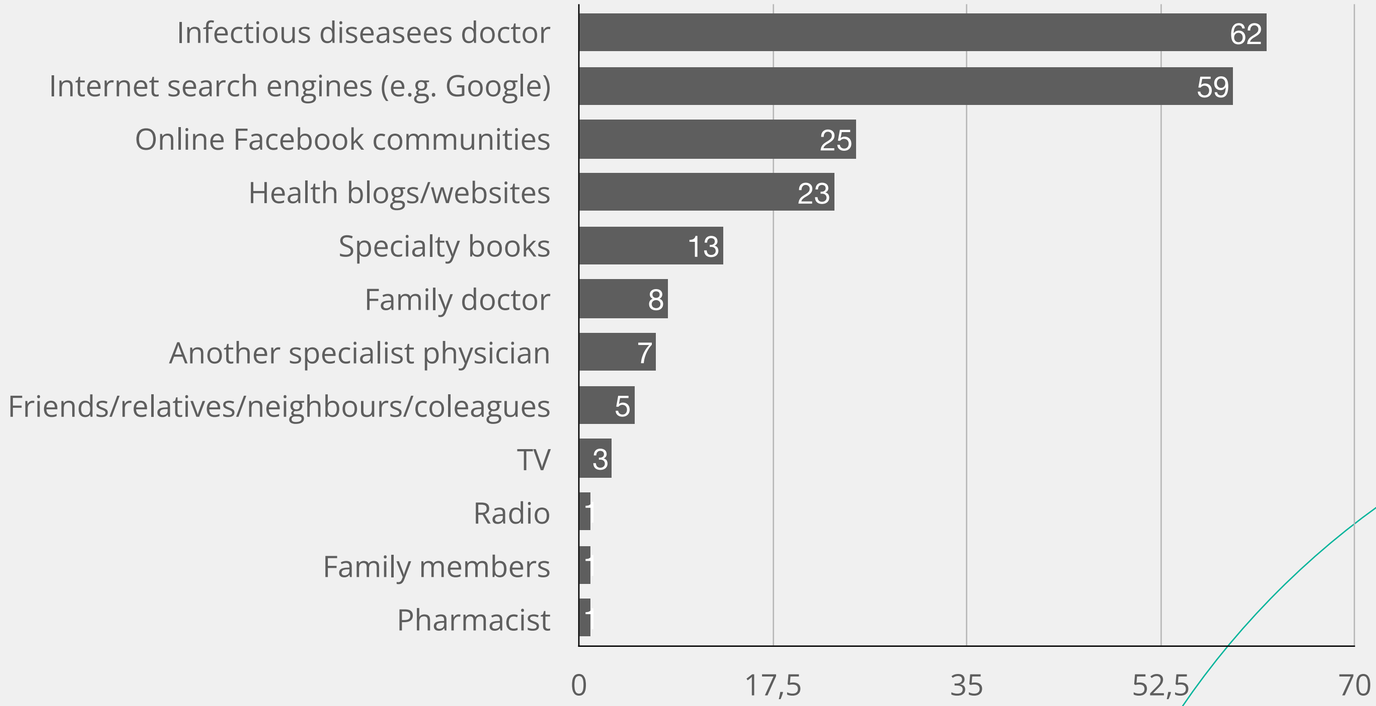
KNOWLEDGE ABOUT HIV/AIDS

Sources of information



62%

Among the persons participating in the study the main source of information is the infectious disease doctor. The following options are closely related to the information available online and less to social or family networks.



What are the main sources of information on HIV/ AIDS and health in general? (%), N=210. Multiple response.

Sources of information

56%

56% of MSM (N=88) declare that they are informed by the infectious disease doctor.
However, a higher percentage declares that the main source of information is Internet search engines (65%).

MSM

75%

75% of women (N=80) declare that they are informed by the infectious disease doctor.
Secondary information sources are Internet search engines (55%) or health blogs/websites (19%).

WOMEN

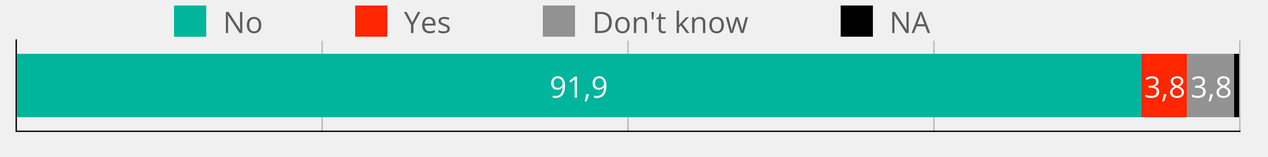
54%

54% of the respondents diagnosed after 2015 (N=78) state that they are informed by the infectious disease doctor.
However, a higher percentage declares that the main source of information is Internet search engines (64%).

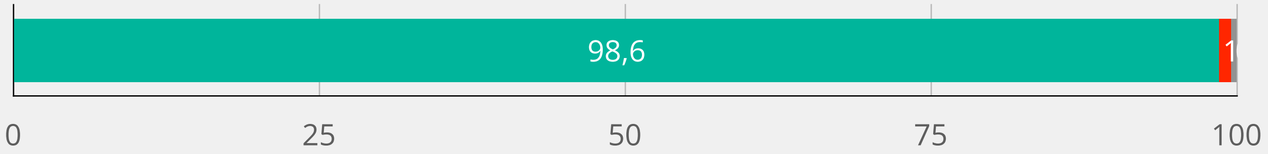
HIV+ AFTER 2015

Knowledge about HIV transmission

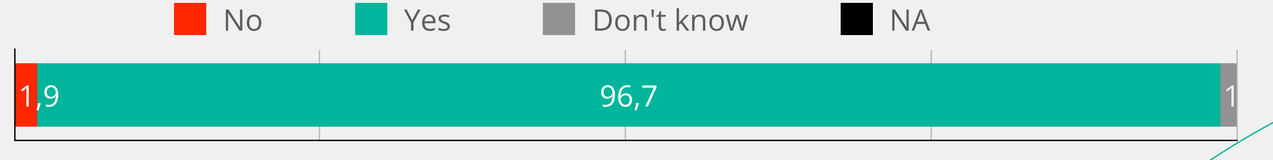
1. Is HIV transmitted through mosquito bites?



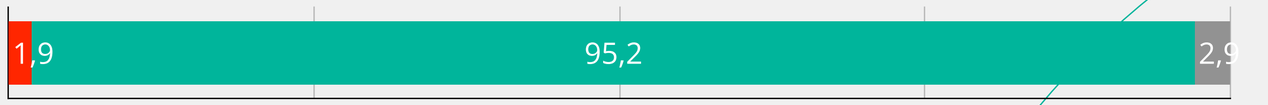
2. Is HIV transmitted if you eat from the same plate/cutlery as an infected person?



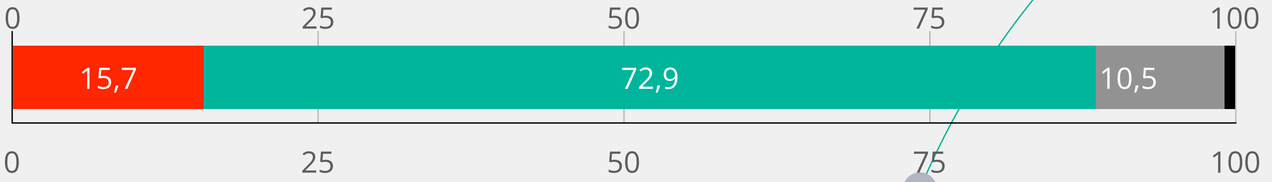
3. Is the danger of sexually transmitted HIV lower if condom is correctly used at each sexual intercourse?



4. Can a person who looks good and healthy be infected with HIV?



5. Is the danger of sexually transmitted HIV lower if you had sex with only one partner who is not HIV-positive and is loyal to you (who doesn't have other partners)?



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Knowledge about HIV transmission

The indicator was calculated according to UNAIDS recommendations (Monitoring the Declaration of Commitment on HIV/AIDS, GUIDELINES ON CONSTRUCTION OF CORE INDICATORS, 2005, Generalised Epidemics Indicators: Number 10) by reporting the persons participating in the study who answered all 5 questions below correctly to the total number of people who answered all 5 questions, including the answer "I don't know".

67%

of the respondents identify ways to prevent HIV transmission and reject major preconceptions about HIV transmission

1. Is HIV transmitted by mosquito bites?
2. Is HIV transmitted if you eat from the same plate/with the same cutlery as an infected person?
3. Is the risk of sexually transmitted HIV decreased if the condom is used correctly during each sexual intercourse?
4. Can a person who looks good and healthy be infected with HIV?
5. Is the danger of sexually transmitted HIV lower if you have sex with only one partner who is not HIV-positive and is loyal to you (no other partners)?

140 people answered all 5 questions correctly out of a total of 208 minimum answers received per question. Most difficulties were encountered with Question 5, where 16% of respondents did not know the correct answer, 11% said they did not know, and 1% did not answer the question.

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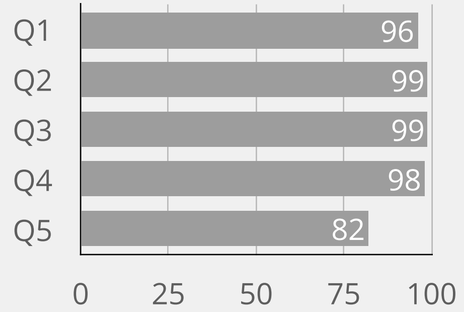
Knowledge about HIV transmission

% respondents who correctly identify ways to prevent HIV transmission and reject major preconceptions regarding HIV transmission.

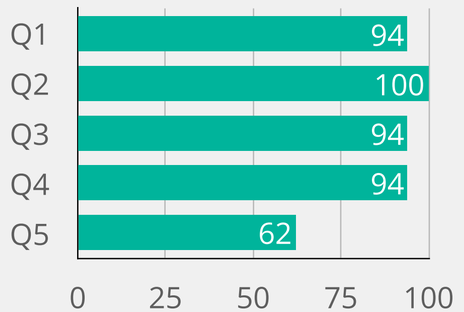
77%



Note: %, N=88.

MSM

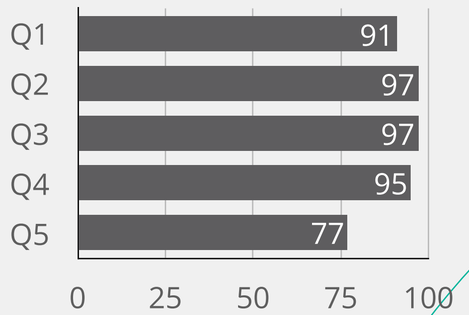
60%



Note: %, N=80.

WOMEN

68%



Note: %, N=78.

HIV+ AFTER 2015

Knowledge of HIV transmission

Are people with an undetectable viremia level for at least 6 months following antiretroviral therapy as prescribed at risk of transmitting HIV through sexual contact to their partner? (U=U; undetectable = untransmittable)

Can a pregnant woman with HIV or AIDS transmit the virus to her baby during pregnancy?

1 of 3

persons participating in the study do not know which is the answer or misunderstand the U = U concept (undetectable = untransmittable)

1 of 2

persons participating in the study do not believe that a HIV+ pregnant woman can transmit the virus to the baby during pregnancy or declare that they do not know the correct answer

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Knowledge about HIV transmission

74%

74% of MSM (N=88) know and understand the U=U concept.
56% declare either that a HIV+ pregnant woman cannot transmit the virus to the baby during pregnancy (33%), or that they do not know the answer (23%).

MSM

65%

65% of women (N=80) know and understand the U=U concept.
59% declare either that a HIV+ pregnant woman cannot transmit the virus to the baby during pregnancy (46%), or that they do not know the answer (13%).

WOMEN

72%

72% of the respondents diagnosed after 2015 (N=78) know and understand the U=U concept.
51% either say that a pregnant HIV + woman cannot transmit the virus to her baby during pregnancy (28%) or that they do not know the answer (23).

HIV+ AFTER 2015

Information about PrEP

62%

of the persons participating in the study have heard of pre-exposure prophylaxis. Of those with seronegative partners (N=36, out of 57 in total) only 6 people declare that their partners have ever used PeEP. Currently, none of the partners of respondents to the study uses PrEP.

The main reasons invoked in the decision not to use PrEP were:

- It is not necessary, we use a condom every time
- It's expensive
- I have too little information about this treatment.
- Viremia is undetectable
- We do not have access to it, it is not available in Romania
- The infectious disease doctor I asked didn't know anything about it

Knowledge about HIV

For more than half of the respondents the main sources of information are represented by the infectious disease doctor and online search engines. 75% of women respond that the infectious disease doctor represents the main source of information. In the case of MSM and people diagnosed after 2015, over 64% of respondents say that the main source of information is represented by online search engines.

At sample level, 67% of the respondents correctly identify ways to prevent HIV transmission and reject major preconceptions regarding HIV transmission. Nearly a third of respondents say they do not know the correct answer or misunderstand the concept of U = U (undetectable = untransmittable) and more than half do not think that a HIV + pregnant woman can transmit the virus to the baby during pregnancy or declare that they do not know the correct answer.

62% of the persons participating in the study have heard of pre-exposure prophylaxis. Of those with seronegative partners (N=36, out of 57 in total) only 6 people declare that their partners have ever used PeEP. Currently, none of the partners of respondents to the study uses PrEP. The main reasons for not using PrEP are the use of the condom, undetectable viremia, but also limited access to PrEP in Romania.

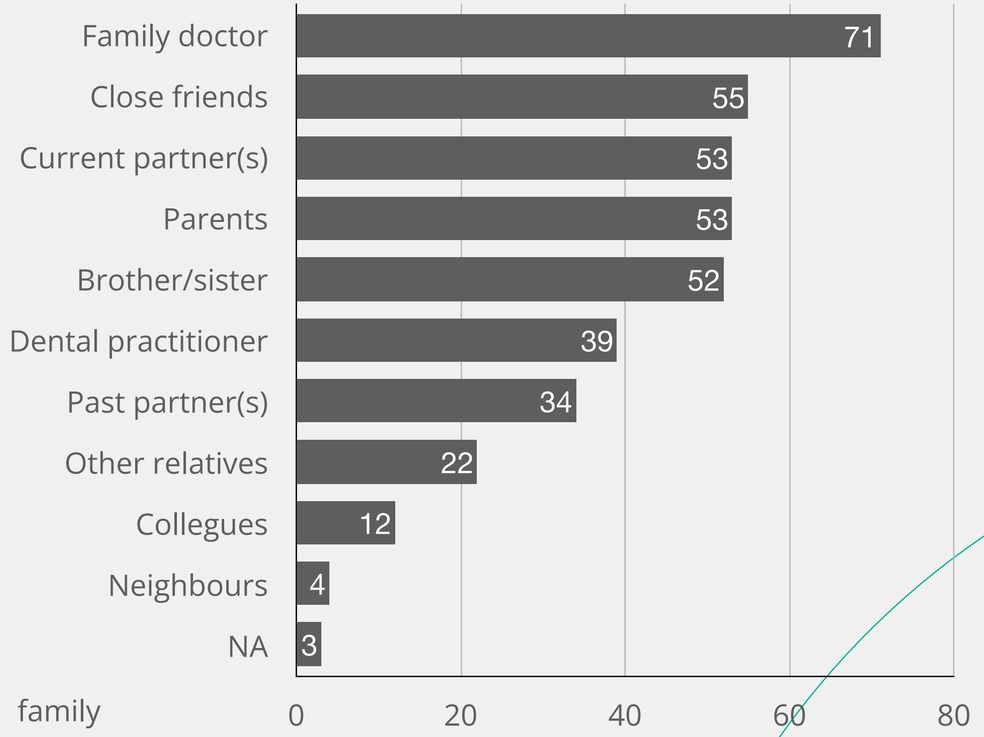
05

DISCLOSURE OF DIAGNOSIS - STIGMA

Diagnosis disclosure

5

of the persons participating in the study, declare that apart from the personnel in the infectious disease hospital, there is no one else who knows the HIV diagnosis.



Apart from the infectious disease hospital personnel, who else knows your diagnosis?
Multiple response.

In more than half of the situations, the diagnosis of HIV+ is known by the family physician, respectively by the close social circle - friends, current partner and close relatives. People who are currently in a long-term relationship declare in a percentage of 82% that they have revealed the HIV diagnosis to their current partner, men more than women (85 vs 81%).

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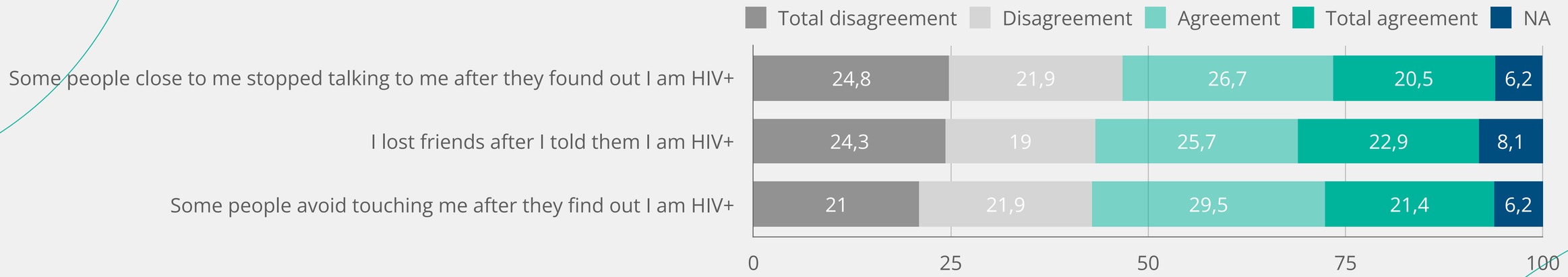
HIV-associated stigma

HIV-associated stigma was measured using the 12-indicators HSS scale (Berger et al., 2001), grouped into four dimensions:

1	Personalised stigma	Some people close to me stopped talking to me after they found out I am HIV positive. I lost friends after I told them I am HIV positive. Some people avoid touching me after they find out I am HIV positive.
2	Concerns about diagnosis disclosure	I'm working hard to keep people from finding out I'm infected with HIV. It's risky to tell someone that I suffer from HIV. I'm very careful who I tell about my illness.
3	Public attitude concerns	Most people think that a person who has HIV is dirty. People with HIV are set aside in a community. Most people do not feel comfortable with an HIV-positive person.
4	Negative self-image	I feel guilty about having HIV. People's attitudes toward HIV infection make me feel even worse about myself. Because I am HIV positive, I feel that I'm not as good as other people.

HIV-associated stigma

1 PERSONALISED STIGMA



Note the extent to which you agree with the following statements... (%), N=210

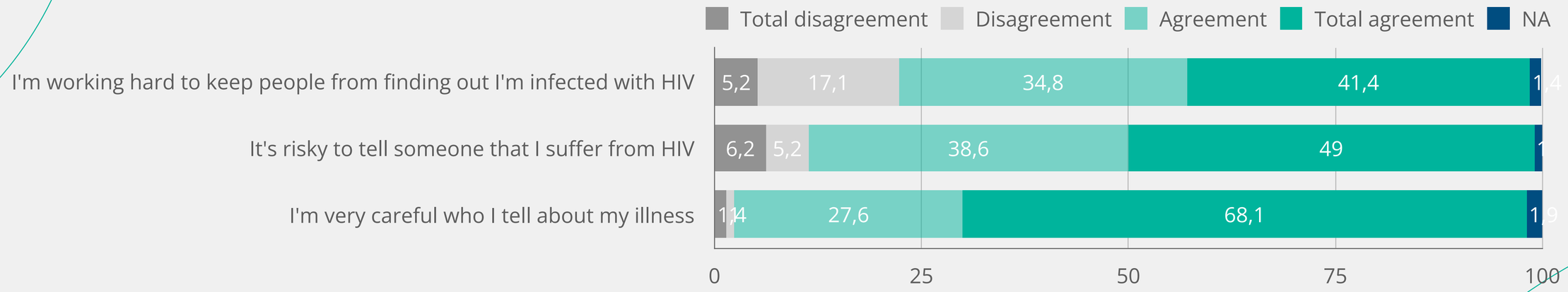
DPOI=0,04

Regarding the perceived consequences of others' knowledge of the diagnosis of HIV, the Dominant Personal Opinion Index* is rather neutral (DPOI=0.04). Research respondents remain in a neutral zone in terms of personal experiences or fear of rejection due to HIV diagnosis.

**The Dominant Opinion Index was calculated according to the formula (P-N)*(T-N)/(T*T), where P = positive values, N = negative values, T = total, N = NA*

HIV-associated stigma

2 CONCERNS ABOUT DIAGNOSIS DISCLOSURE



Note the extent to which you agree with the following statements... (%), N=210

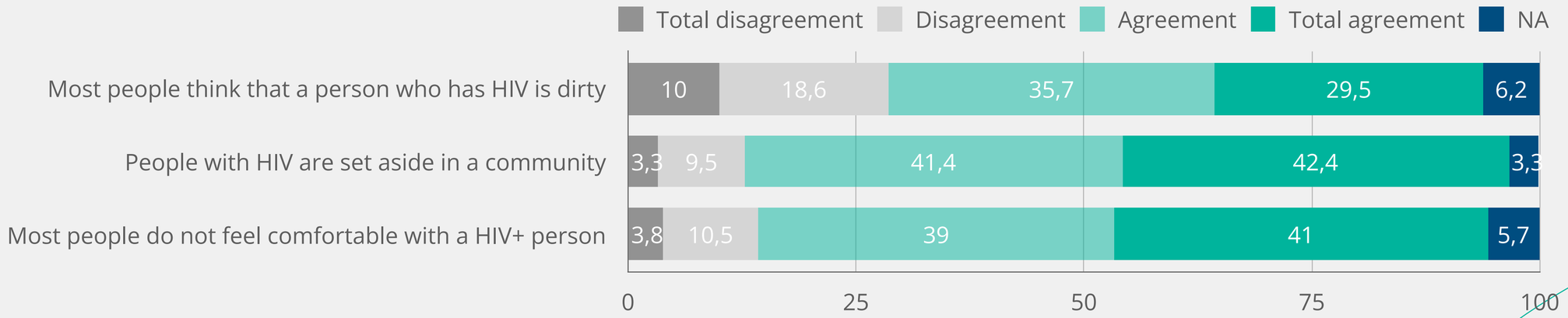
DPOI=0,73

Regarding the control of information, keeping the HIV diagnosis secret, the Dominant Personal Opinion Index* is positive (DPOI=0.73). Respondents to the research agree that they need to be careful about disclosing the diagnosis.

**The Dominant Opinion Index was calculated according to the formula (P-N)*(T-N)/(T*T), where P = positive values, N = negative values, T = total, N = NA*

HIV-associated stigma

3 PUBLIC ATTITUDE CONCERNS



Note the extent to which you agree with the following statements... (%), N=210

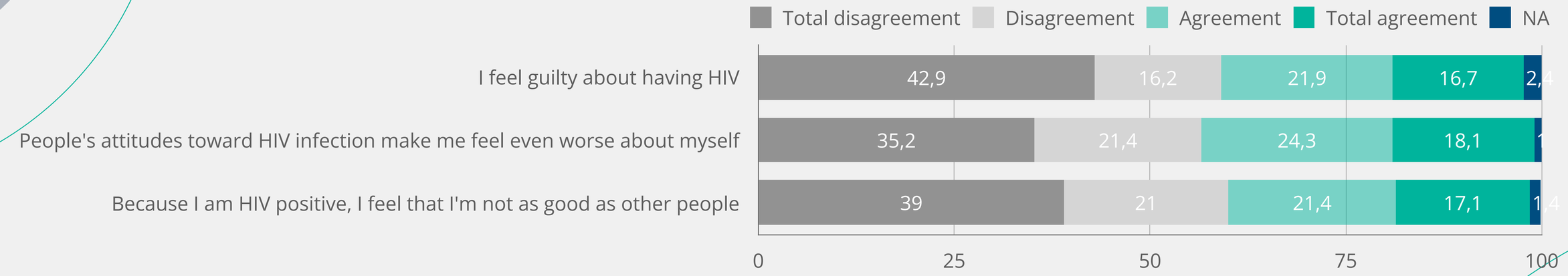
DPOI=0,55

Regarding the opinion of others, the public attitude and the expectations that a person with HIV might have from others, the Dominant Personal Opinion Index* is positive (DPOI=0.55). Respondents to the research are rather worried about the reaction of those around them.

**The Dominant Opinion Index was calculated according to the formula (P-N)*(T-N)/(T*T), where P = positive values, N = negative values, T = total, N = NA*

HIV-associated stigma

4 NEGATIVE SELF-IMAGE



Note the extent to which you agree with the following statements... (%), N=210

DPOI=-0,18

Regarding the negative self-image, the Dominant Personal Opinion Index * is negative (DPOI=-0.18). Respondents to the research are neutral, rather disagreeing with the negative self-image claims.

**The Dominant Opinion Index was calculated according to the formula (P-N)*(T-N)/(T*T), where P = positive values, N = negative values, T = total, N = NA*

Diagnostic disclosure - stigma

At sample level, in more than half of the situations, the HIV+ diagnosis is known by the family physician, respectively by the close social circle - friends, current partner and close relatives. People who are currently in a long-term relationship declare in a percentage of 82% that they have revealed the HIV diagnosis to their current partner, men more than women (85 vs 81%).

5 of the persons participating in the study declare that, apart from the personnel in the infectious disease hospital, there is no one else who knows the diagnosis.

Participants to the study perceive stigma associated with HIV especially in relation with the behaviours of those in distant social circles. The dominant opinion index reflects increased concern and attention from respondents regarding the disclosure of the diagnosis and the public response to the diagnosis.

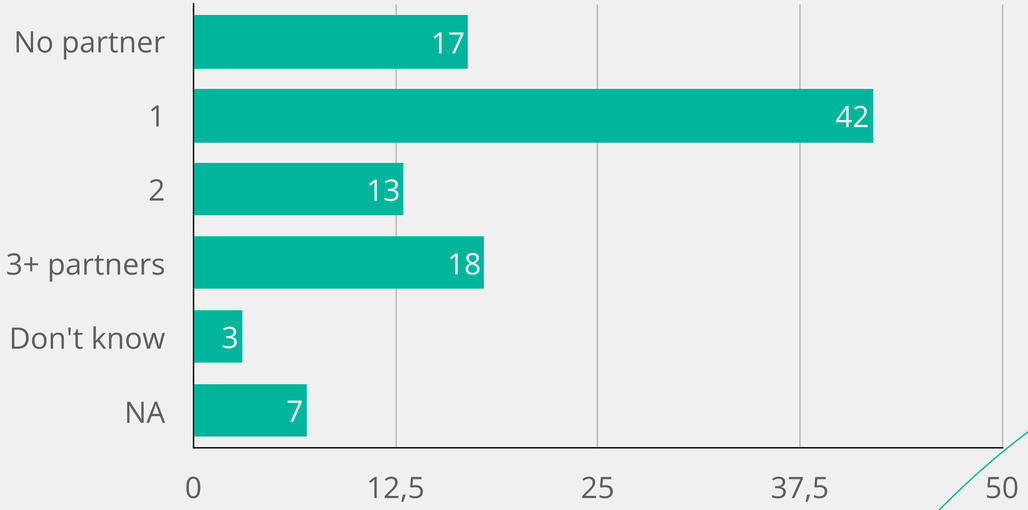
06

SEXUAL HEALTH

Sexual partners

1 of 4

respondents to the study declares that it has had in the last 12 months occasional sexual partners.
Generally, more than half of the respondents (N=163) stated that they had stable sexual partners. Only one person states that it had sex with a person who paid for it.

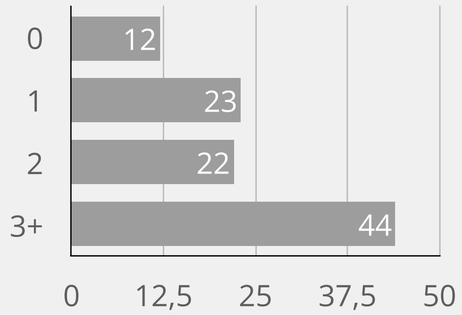


Number of sexual partners in the last 12 months, regardless of whether it was vaginal, oral or anal sex (%) N=210

Sexual partners

On average, the number of partners they have had sex with in the last 12 months…

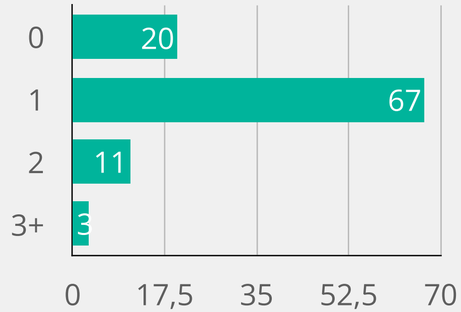
4 PARTNERS



Note: %, N=78.

MSM

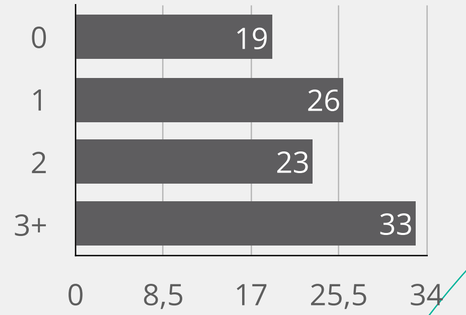
1 PARTNER



Note: %, N=75.

WOMEN

3 PARTNERS



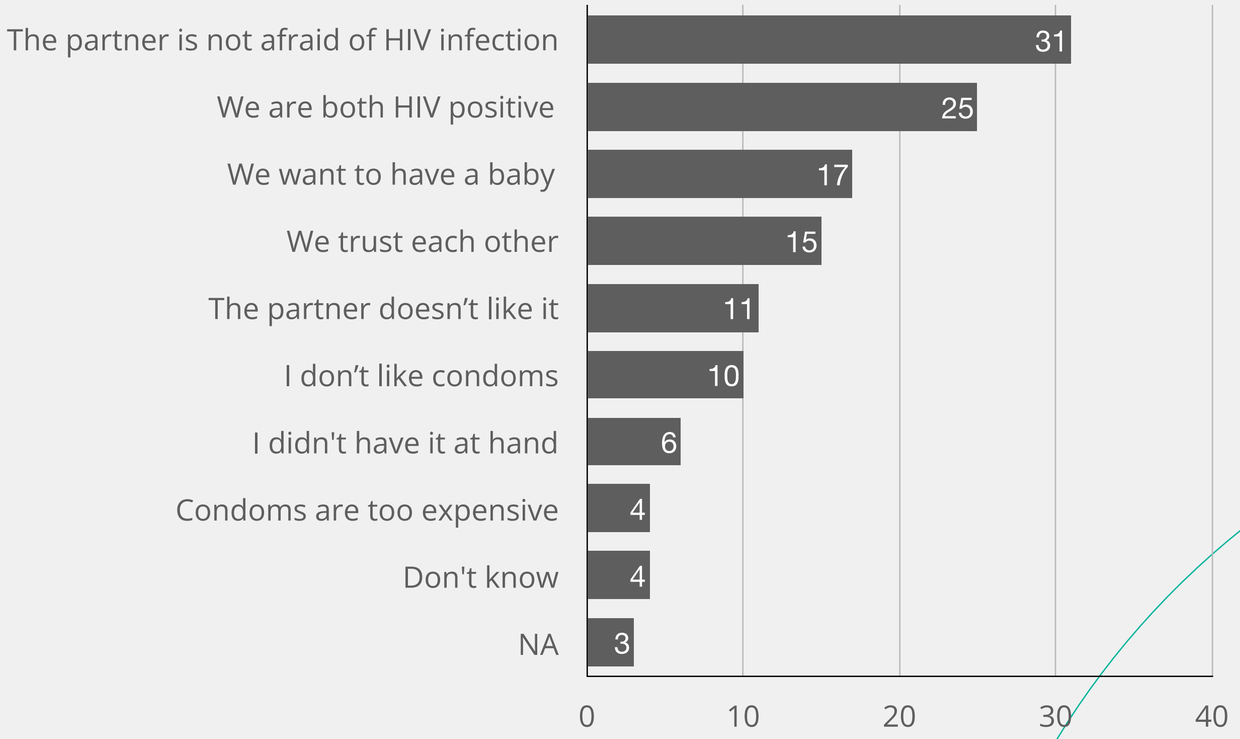
Note: %, N=70.

HIV+ AFTER 2015

Condom use

44%

of the persons participating in the study (N=162) declare that they did not use a condom during the last sexual intercourse.



The reasons why they did not use a condom during the last sexual intercourse... (%) Multiple response.

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Condom use

37%

37% of MSM (N=74) state that they did not use a condom during the last sexual intercourse.
The main reasons mentioned are: we are both HIV-positive (25%), we trust each other (19%), the partner is not afraid of HIV infection (15%).

MSM

59%

59% of women (N=63) state that they did not use a condom during the last sexual intercourse.
The main reasons mentioned are: the partner is not afraid if HIV infection (43%), we want to have a baby (27%), the partner doesn't like it (16%).

WOMEN

40%

40% of respondents diagnosed after 2015 (N=63) state that they did not use a condom during the last sexual intercourse.
The main reasons mentioned are: the partner is not afraid of HIV infection (28%), we are both HIV-positive (20%), we trust each other (16%).

HIV+ AFTER 2015

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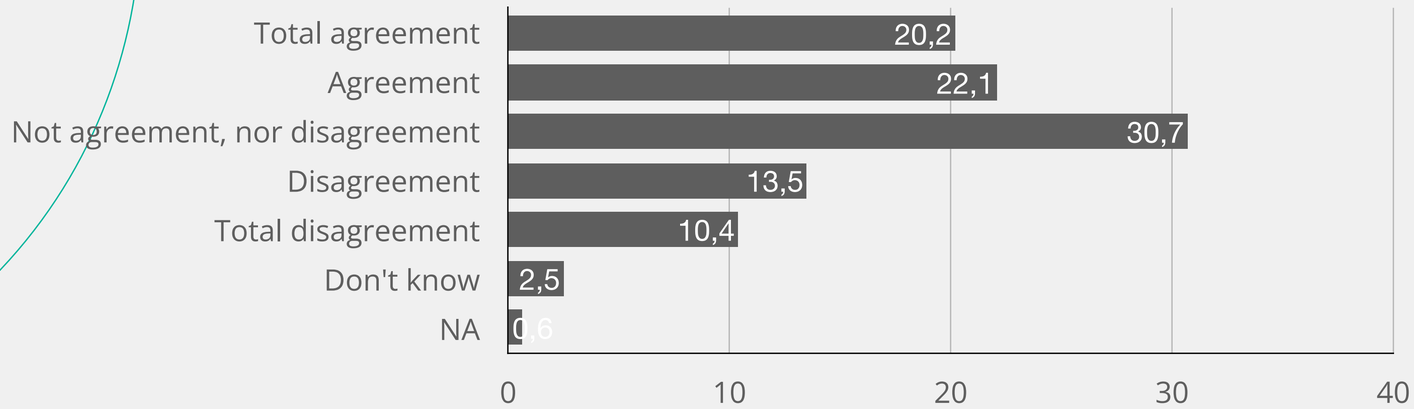
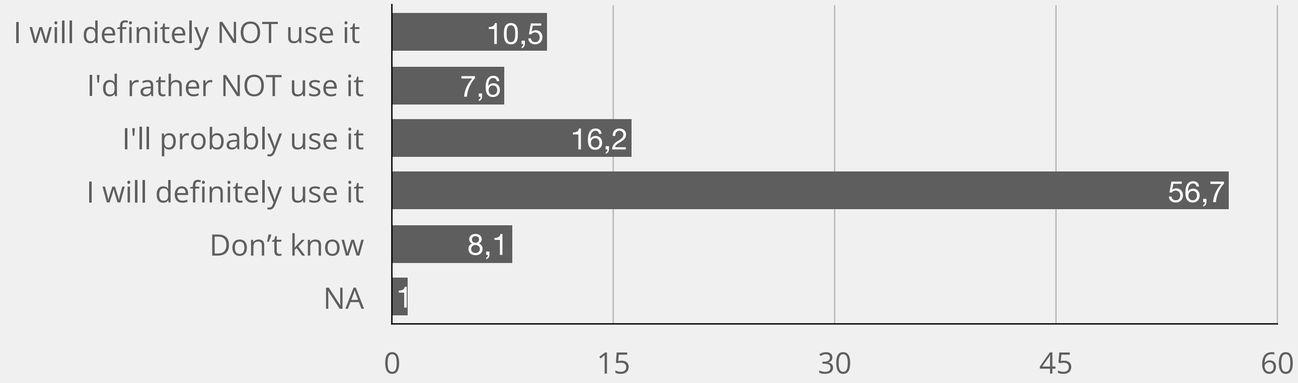
Condom use



To what extent do you agree that sex with a condom is as enjoyable as sex without a condom? N=163



How likely are you to use a condom on your next sexual contact? N=210

1 of 4

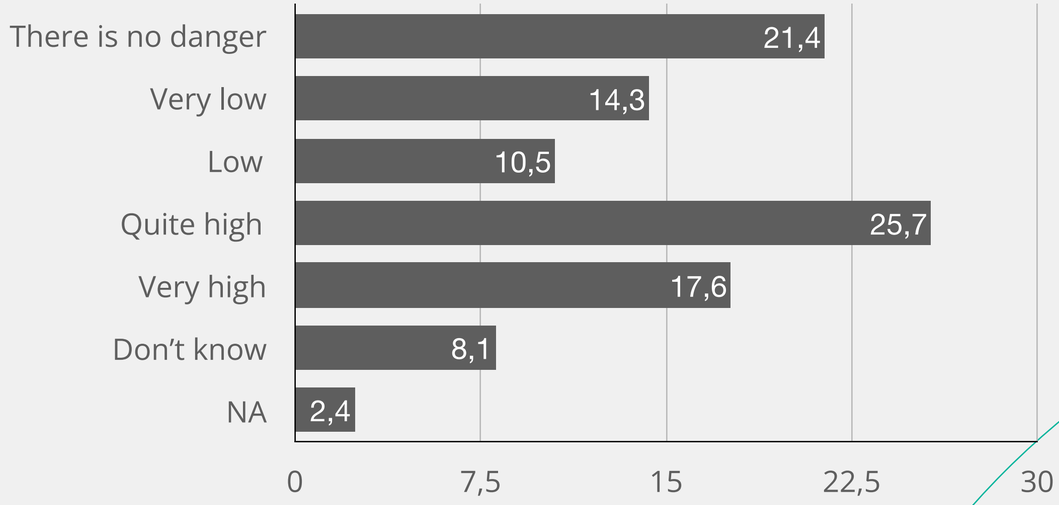
respondents to the study believe that sex with a condom is not as pleasant as the one without a condom.

However, 57% state that they will definitely use a condom at the next sexual intercourse.

Sexually transmitted infections

43%

among the persons participating in the study (N=210) state that the danger of getting a sexually transmitted infection other than HIV from their partner is quite high or very high.



How high is the risk of getting a sexually transmitted disease other than HIV from your partner(s)? N=210

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Sexually transmitted infections

48%

48% of MSM (N=88) state that the danger of getting a sexually transmitted infection other than HIV from their partner is quite high or very high.

MSM

36%

36% of women (N=79) state that the danger of getting a sexually transmitted infection other than HIV from their partner is quite high or very high.

WOMEN

50%

50% of respondents diagnosed after 2015 (N=77) state that the danger of getting a sexually transmitted infection other than HIV from their partner is quite high or very high.

HIV+ AFTER 2015

Sexual health

Over 40% of respondents had only one sexual partner in the last 12 months, 31% had 2 or more, and 17% had no partner. Overall, more than half of the respondents stated that they had stable sexual partners and a quarter had occasional partners. Only one person states that it had sex with a person who paid for it.

Regarding the use of a condom during the last sexual intercourse, 44% of the participants in the study state that they have not used it. Almost 80% of the respondents who declare that they have not used a condom (N=72) are in a stable relationship. This decision is not affected by the partner's serological status, with almost two-thirds of respondents with HIV-positive partners (N=22) stating that they did not use a condom during the last sexual intercourse.

The main reasons for not using a condom mentioned were: trust in the partner, the fact that both partners are HIV-positive or the intention to have a baby.

24% of the respondents believe that sex with a condom is not as pleasant as sex without a condom. However, 57% state that they will definitely use a condom at the next sexual intercourse.

43% of the participants in the study (N=210) state that the risk of getting a sexually transmitted infection other than HIV from their partner is quite high or very high.

07

REPRODUCTIVE HEALTH

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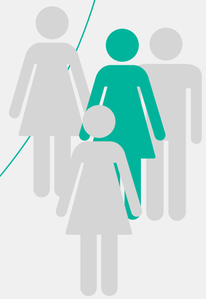
Children



1 of 4

persons in the study (N=210) state that they have at least one child.

- 9% of the respondents have 2 or more children
- Over 80% of the respondents' children (N=51) are under 18 years old
- In most cases, 1 child was born after diagnosis. In 11 cases, respondents state that they had 2 or more children after they got infected
- In two-thirds of cases, children do not know their parents' HIV diagnosis
- Only one respondent states that has a HIV-infected child

Pregnancy

1 of 3

women in the study (N=80) state that they got pregnant after being diagnosed with HIV.

- 16% of women had 2 or more pregnancies
- 35% of pregnant women had abortion (N=26) upon request or upon physician's recommendation
- For 64% of women (N=25), the last pregnancy ended with the birth of a surviving child
- As future plans, 41% of women declare that they plan to have children

Contraception

43%

of the women in the study (N=80) state that they use contraception to avoid/delay a pregnancy.

- The main methods of contraception mentioned by the women participating in the study are: male condom (54%), withdrawal (10%) and calendar method (5%).

Reproductive health

Almost a quarter of respondents state that they have at least one child. Of these, 9% have 2 or more children. In most cases, 1 child was born after diagnosis. In 11 cases, respondents state that they had 2 or more children after they got infected.

In most cases (two-thirds of cases), children do not know their parents' HIV diagnosis.

After being diagnosed with HIV, 32% of women in the study stated that they got pregnant. Half of them had two or more pregnancies. 9 out of 26 women declare that they interrupted (one or more pregnancies) upon request or upon the physician's recommendation.

For 64% of women (N=25), the last pregnancy ended with the birth of a surviving child.

As future plans, 41% of women declare that they plan to have children. 43% of women participating in the study (N=80) state that they use contraception to avoid/delay a pregnancy.

08

OTHER RISK BEHAVIOURS

Injecting drugs

5 persons

stated that they injected drugs at least once, 2 note that they did it in the last 30 days.

They are between 29 and 48 years old.

There are 4 men and one woman.

3 are gay/homosexual, 1 person is heterosexual and 1 person is not answering.

3 live in Bucharest and 2 in Arad.

All were diagnosed with HIV after 2017 and tested for viremia and CD4 levels in the last 3 years.

Two persons declare that they needed psychological counselling in the last 12 months, but could not access this service free of charge.

4 persons declare that they have not used a needle, syringe, filter or ampoule/spoon that has been previously used by someone else; one person refuses to answer

4 state that they have not received free sterile drug injection equipment; one person refuses to answer.

09

CONCLUSIONS

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Conclusions

INFECTION PATHWAYS

The declared pathway of infection most often by study respondents (40%) is nosocomial. A relatively similar share of respondents declare sexual infection (37%). Two-thirds of sexually transmitted situations are due to unprotected sex with people of the same sex. 19% of respondents (with equal distribution between sexes) state that they do not know how they got infected.

ARV TREATMENT

Treatment begins, on average, 11 months after diagnosis, but varies greatly from one month to 17 years. However, the practice for half of the respondents to the study is that they started treatment in the first 3 months after diagnosis.

Adherence to treatment at sample level is of 81%, lower among people living with HIV for several years, compared to those who were recently diagnosed. As a group-level behaviour, women living with HIV participating in research tend to delay treatment and discontinue it more than MSM or people who have been diagnosed after 2015.

COMPLEMENTARY TREATMENTS

67% of research respondents state that they use at least one treatment complementary to ARV treatment. Of those who do not use such treatments, 10% express an intention to try. The percentage of those willing to test complementary treatments increases to 12% among people recently diagnosed (after 2015).

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Conclusions

TESTS

More than 80% of respondents to the research do their tests on viral load and CD4 load regularly (they did it at least once in the last three years). However, around 15% do not know the viral load level, respectively of CD4, either because they don't remember, or because it wasn't transmitted to them.

ASSOCIATED DISEASES

37% of study participants declare at least one disease associated with HIV diagnosis, the largest share at sample level being hepatitis B infection. 53% of the persons diagnosed with hepatitis B (N=32) are women. Women also predominate in the diagnosis of pulmonary tuberculosis and hepatitis C infection. Particular attention should be paid to respondents who say they do not know if they have any HIV-associated disease, a relevant indicator for prevention and screening programs.

ACCESS TO FREE SERVICES

Half of the respondents to the research state that in recent months they needed at least a service (especially psychological counselling and support group) and could not benefit from it free of charge. The percentage of those who needed a service and did not receive it increases to 65% for people diagnosed after 2015.

Only 10% of the participants to the research declare that they benefited from support from an NGO in the last 12 months. The percentage drops to 6% for women.

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Conclusions

COVID-19 IMPACT ON ACCESS TO SERVICES

40% of the persons participating in the study could not access the medical services they needed from the beginning of the pandemic, especially dentistry, family medicine and dermatology ones. 49% of women state that their access to medical services has been limited, as compared to 34% of MSM.

SOURCES OF INFORMATION

67% of the persons participating in the study have as a main information source the infectious disease doctor. The following options are closely related to the information available online and less to social or family networks. Among the women participating in the study, 75% state that they are informed directly by the infectious disease doctor. MSM and the persons diagnosed after 2015 prefer online search engines for information.

67% of respondents correctly identify ways to prevent HIV transmission and reject major preconceptions regarding HIV transmission. MSM answer correctly in a proportion of 77%, as compared to only 60% of women.

One third of respondents do not understand the U = U concept correctly or state that do not know the correct answer. Also, half of the respondents state that they do not know the answer or answer the question about the maternal-fetal infection incorrectly.

PrEP

Almost 70% of respondents heard about pre-exposure prophylaxis. However, insignificant percentages state that they had partners that used PrEP. Currently, none of the participants in the study had a partner that uses PrEP. The main reasons are related to the use of condoms, but also to the limited accessibility of PrEP in Romania.

Conclusions

DIAGNOSIS DISCLOSURE - STIGMA

The diagnosis of HIV is revealed mainly to the family physician and the small circle of friends/relatives. The dominant opinion index also reflects respondents' inclination to be more affected by the reaction/behaviour of others/society's attitude in response to the information about the diagnosis of HIV. At the sample level, respondents position themselves neutral in relation to stigma internalisation and, rather negatively, with the negative perception of self-image.

SEXUAL HEALTH

More than half of the respondents (N=163) state that they have stable sexual partners. 1 out of 4 respondents in the study declares that it has had in the last 12 months occasional sexual partners. On average, the number of partners varies between 1 for women and 4 for MSM.

44% of the respondents say they did not use a condom during the last sexual intercourse. Of these, almost 60% are women. The main reasons mentioned are: the partner is not afraid of HIV infection (43%), we want to have a baby (27%), the partner does not like it (16%).

43% of the participants in the study (N=210) state that the risk of getting a sexually transmitted infection other than HIV from their partner is quite high or very high. The percentage increases to 50% if we refer to the population diagnosed after 2015.

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Conclusions

REPRODUCTIVE HEALTH

24% of the respondents declare that they have at least one child. Of these, 9% have 2 or more children. In most cases, after diagnosis, 1 child was born.

After being diagnosed with HIV, 32% of women in the study stated that they got pregnant. Half of them had two or more pregnancies. 9 out of 26 women declare that they interrupted (one or more pregnancies) upon request or upon the physician's recommendation.

For 64% of women (N=25), the last pregnancy ended with the birth of a surviving child. As future plans, 41% of women declare that they plan to have children.

43% of women participating in the study (N=80) state that they use contraception to avoid/delay a pregnancy.

Prepared for RAA by Georgiana Blaj and Bogdan Corad
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