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KNOWLEDGE, ATTITUDES AND PRACTICES ON HEPATITIS B AND C AND ON VOLUNTARY COUNSELLING AND TESTING FOR HIV AND VIRAL HEPATITIS IN THE GENERAL POPULATION OF MOLDOVA

A SOCIOLOGICAL RESEARCH STUDY REPORT

Chisinau - 2007

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USAID PREVENTING HIV/AIDS AND HEPATITIS B AND C PROJECT (PHH)

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The survey in the field was conducted by the **Centre of Sociological, Politological and Psychological Analysis and Investigations "CIVIS"**

The report was drafted by **Ludmila Malcoci, Habilitate Doctoral Degree in Sociology, Team Leader, USAID Preventing HIV/AIDS and Hepatitis B and C Project**

The report was prepared with the support of experts**:**
Mihai Ciocanu, PhD in Medicine, Associate Professor, Chairmen of Scientific-practical Centre for Public Health and Sanitary Management of Ministry of Health of Republic of Moldova

Constantin Spinu, Habilitate Doctoral Degree in Medicine, University Professor, Main Specialist in Virology and Immunology of the Ministry of Health of Republic of Moldova

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SUMMARY OF KEY FINDINGS

Awareness

About 2/3 of the population had heard of hepatitis B and C and were aware that it is a serious problem.

Although the majority of them knew some symptoms, more than 40% were not aware that hepatitis B and C could be asymptomatic.

A total of 51% of the respondents were aware of at least two modes of transmission of viral hepatitis: contact with the blood of an infected person (92%) and through sexual intercourse (54%).

A large number of respondents had incorrect knowledge of modes of transmission; the integrated indicator for correct knowledge about viral hepatitis (the percentage of respondents who knew of at least two modes of transmission and disagreed with two misconceptions) was12% which is less than half of the same indicator for HIV/AIDS (28%).[1]

The respondents' understanding about condom use as a method of protection against viral hepatitis was lower than that for HIV and STDs as 79% thought that condoms offer protection for STDs and 74% thought they protect against HIV, but only 56% against hepatitis B and 55% against hepatitis C.

Respondents were not very aware about the availability of a vaccine against hepatitis B. Only 59% of them knew it existed.

Behavior

While in the general population, the percentage that admitted to having multiple sexual partners is low (8%), in the 15-24 age group it is more than 25%.

Only 10% of those who had ever used a condom (40%) reported using condoms consistently during all sexual contacts over the past 12 months, thus only 4% of the population uses condoms consistently.

A total of 30% of respondents who had ever used a condom reported using a condom during their last sexual contact.

Overall, respondents stated they were mindful of correct sterile procedures in doctors' offices during medical procedures. Still, a fairly large number (more than 40%) did not take note of or request correct sterile conditions (disposable gloves/sterile instruments) when they last saw a dentist or health professional.

One third of the respondents who had heard of the existence of a vaccine against hepatitis B had not been vaccinated.

[1] Report UNGASS 2003-2005. Chisinau, 2006

Attitude toward Infected Persons

The attitude towards persons infected with viral hepatitis is mixed. Most people are quite relaxed about a relative with hepatitis; however, there is a low acceptance for non relatives infected with hepatitis. The integrated acceptance indicator is only 7% (based on the number of persons who agreed with the following four statements: I'm ready to take care of a family member infected with viral hepatitis; I would not keep it a secret if a family member were infected with viral hepatitis; I would buy food products from a vendor infected with viral hepatitis B and/or C; I think that a teacher infected with hepatitis B and/or C can continue working in school.)

Need for Information

Although the majority of respondents thought it was very important or rather important to be informed about hepatitis B and C, more than 70% of them said they were not very well informed or not at all informed about either.

Sources of Information

The survey revealed that 2/3 of the population had not heard any information about viral hepatitis over the past 6 months.

The main sources of information were the TV (66%), brochures/posters (37%), radio (36%) and printed media (23%).

In terms of their popularity, TV channels ranked as follows: ORT (68%), TVM (42%), CTC (28%), NIT (25%), Romania 1 (23%), PRO TV (17%), Muz TV, TV 7 (16%). ORT and TVM have national coverage.

VCT

In all, 28% respondents had taken the test for HIV, 15% for hepatitis B and C,, 5% hepatitis B only, and <1% - for hepatitis C only. During the last 12 months, about 10% of respondents had taken the HIV test, and about 7% had taken at least one hepatitis test.

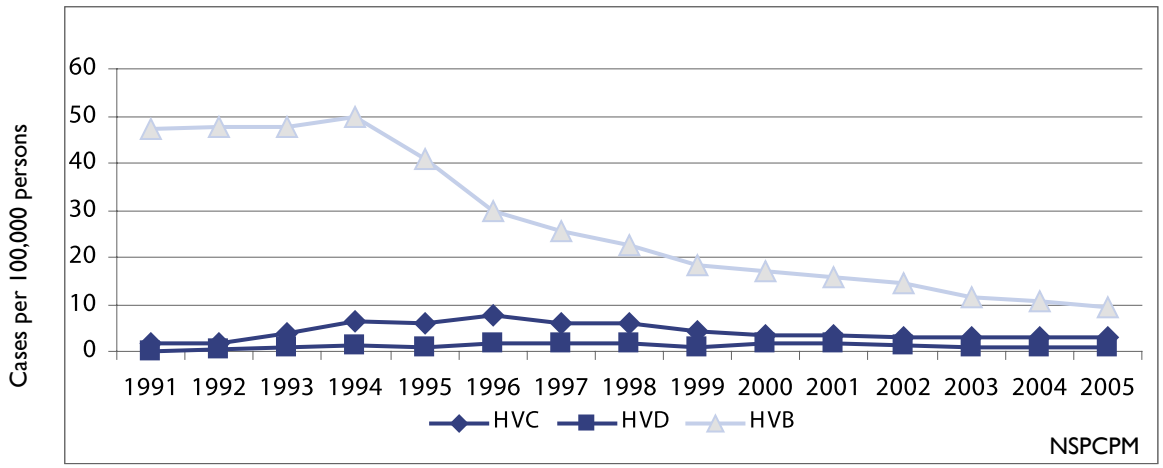
Only 22% of persons tested for HIV said that they had received pre- and/or post-test counseling.

Only 48% of respondents were aware that the HIV test (63% for the hepatitis test) was available in their community.

INTRODUCTION

Relevance and importance of this research. Since viral hepatitis is a significant issue for Moldova, it is important and relevant to survey public awareness, attitudes and behaviors with respect to this issue. The most recent statistical research suggests that viral hepatitis remains a major public health issue. The incidence of hepatitis B dropped dramatically after the introduction in 1995 of a national immunization program including vaccinations for newborns and other children, whereas morbidity due to acute hepatitis C and D has been relatively constant over the past 5 years (Figure 1). Morbidity due to chronic hepatitis has increased twofold and continues to grow rapidly (Figure 2).

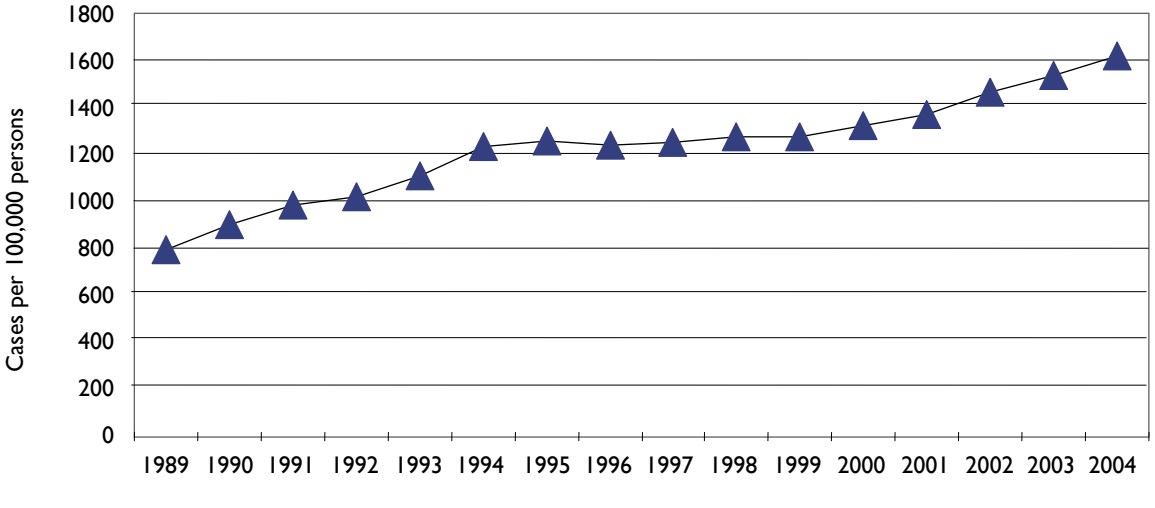
Figure 1: Morbidity Due to Viral Hepatitis B, C, and D in the Republic of Moldova 1991–2005



Note: HVC=Hepatitis C, HVD=Hepatitis D, HVB=Hepatitis B

The higher morbidity due to chronic hepatitis is explained by the following reasons: a) a large number of viral hepatitis cases are not reported (80% of infections do not carry any symptoms); b) many people have not been vaccinated and therefore are exposed to the risk of being infected; c) although the morbidity due to hepatitis C appears to be rather low, 80% of the cases are expected to develop into chronic hepatitis; d) no vaccine for hepatitis C is currently available.

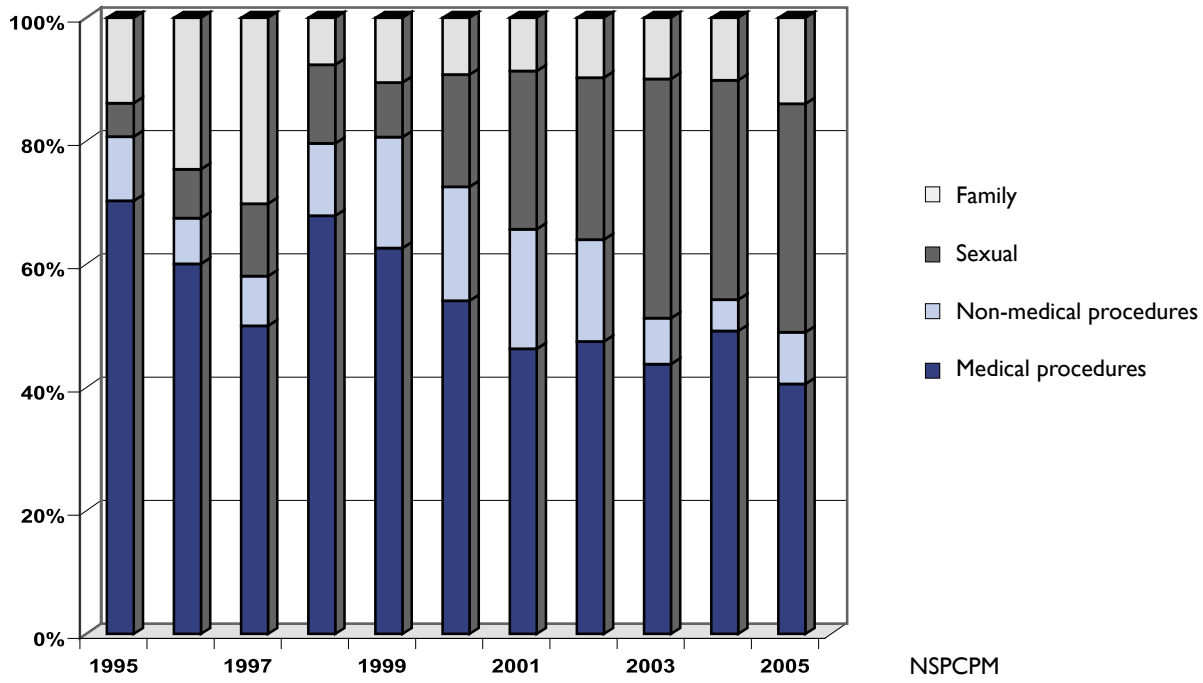
Figure 2: Morbidity Due to Chronic Hepatitis and Cirrhosis 1989–2005



According to medical statistics, chronic hepatitis is the fifth major cause of death in Moldova as it is responsible for an overall 8% of all fatalities. This rate is seven times that of the EU countries. Treatment for chronic viral hepatitis is very expensive and not always effective. Prevention and control remain the main methods for addressing this disease.

Acute viral hepatitis is most frequently transmitted sexually and through medical procedures (Figure 3). Sexually transmitted hepatitis is rapidly growing and now represents more than 40% of all cases. The number of viral hepatitis cases likely to be transmitted in medical institutions including hospitals, polyclinics and dentist's clinics is dropping but is still quite high, even assuming potential over-reporting of cases. Hepatitis transmitted sexually and in medical institutions accounts for 80% of all new cases of infection.

Figure 3: How Hepatitis B and C was Transmitted in Moldova 1995–2005



Various research studies suggest that persons in high-risk groups are more exposed to infection with viral hepatitis. According to a 2005 study supported by the Soros Foundation conducted among high-risk groups, 16% of persons injecting drugs reported infections with hepatitis B. About 14% of persons practicing commercial sex had hepatitis B and 23% had hepatitis C.

Although it is a major public health issue, no studies have been carried out to assess the awareness, attitudes and behaviors of different socio-demographic groups with respect to viral hepatitis. Such a study could serve as a basis for the public interventions needed to prevent the transmission of hepatitis B and C and to reduce the risk of infection. In light of this and in order to develop and implement a public information campaign to raise public awareness and to reduce high risk behaviors, the USAID-funded Preventing HIV/AIDS and Hepatitis B and C Project (PHHP), initiated this study. Given that project's objectives include raising the demand for and improving quality and access to services, this research includes a chapter dealing with voluntary counseling and testing (VCT) for HIV and hepatitis B and C.

Goal and objectives. The main goal of this research was to identify knowledge, attitudes and behaviors of various groups of the population with respect to hepatitis B and C and to VCT for HIV and viral hepatitis in order to prepare practical recommendations for developing and carrying out communication campaigns in PHHP focused on viral hepatitis and promoting VCT services.

Objectives of this research:

- study public awareness of hepatitis B and C;
- study public behavior with reference to viral hepatitis;
- study the attitudes of various groups toward persons infected with viral hepatitis;
- study sources of information and information needs of the public with regard to viral hepatitis;
- assess awareness, attitudes and practices among various groups of the population with reference to VCT;
- prepare practical recommendations for the development and implementation of a communication campaign on viral hepatitis;
- prepare practical recommendations for the development and implementation of a campaign to promote VCT services.

Subject: the general public aged 15–65 years from all regions of the country

Object: knowledge, attitudes, practices of the population with regard to (i) viral hepatitis, (ii) VCT for HIV and viral hepatitis.

RESEARCH METHODOLOGY

Research sample. This survey covered the whole territory of Moldova except for Transnistria (eastern region) and included a representative sample of about 1300 respondents. The sampling methodology was developed by the successful bidder—CIVIS—and was included in the technical proposal of the contractor. The sample is layered, probable and multi-staged.

Sample design. The sample was developed in three stages.

1. The first stage involved the selection of localities. Selection was carried out as follows.
   - The country was divided into 12 regions (on the basis of former counties (*judets*). Each regional sub-sample was divided according to the number of inhabitants in each of the following categories of localities: a) municipalities, b) *raion* (district) centers, c) other towns, d) villages with a population over 3001 inhabitants, e) villages with a population of up to 3000 inhabitants.
   - Then, questionnaires were distributed in each stratum according to the number of persons in it based on the most recent statistical data (population census of 1 January 2006). Fifty questionnaires were distributed additionally to assure the successful completion of 1300 questionnaires.
   - The strata were adjusted to include at least 0.5% of the sample. The adjustment was performed within the limits of the territorial administrative area and the type of locality (urban/rural).
   - A list of localities was alphabetically compiled for each stratum. All localities, both urban as well as rural, were selected at random on the basis of a random number table. If there was only one urban locality in the stratum, it was necessarily included.
   - There were 85 localities in the sample.

2. In the second stage, streets and domiciles were selected as follows.

- A number of routes to be followed was set for each locality. The routes were selected at random from the total number of streets. On each route, persons from a maximum of seven households on one street were interviewed.
- For selecting domiciles, every third house on the street was selected. In the case of apartment blocks, the number of flats in the block was divided by 9 and that rounded number was interviewed. If there were no inhabitants in the selected house/apartment or if they refused to take part, interviewers moved to the next house/apartment observing the principle of the third house. The interviewers made a map of all the routes they followed in order to facilitate verification.

3. In the third stage, respondents were randomly selected. In order to select respondents, the interviewer asked who in the household would have the next birthday. If that person was aged 15–65 years, he/she was selected as the respondent.

Representative sample. The sample is representative of the population of Moldova aged between 15 and 65 years except for the eastern regions of the country. The maximum sampling error is 3%. The results were weighted by gender according to official statistical data and adjusted for the gender distribution of persons living temporarily abroad. The maximum difference between data weighted and not weighted data is 0.9%.

Research technique. Structured interviews were conducted at the homes of respondents by qualified personnel. The questionnaire that served as the basis for the interviews was developed by the Behavioral Change Communication Team of PHHP and endorsed by international and national consultants (see Annex 1).

Structure of the questionnaire. The questionnaire was composed of three parts. The first part included questions of a social-demographic nature, the second part referred to viral hepatitis and the third part referred to VCT. The indicators are described in Annex 2.

Pre-testing of the questionnaire. The questionnaire was pre-tested by the research company CIVIS together with the PHHP Behavioral Change Communication Team on 30 March 2007 in two rural communities: one community with a Romanian speaking population and one with Russian speaking inhabitants located about 40 kilometers (km) from Chișinău (Ivancea in Orhei district and Gura Galbenă in Cimișlia district). Overall, 20 questionnaires were pre-tested. As a result of pre-testing, several expressions that were not clear to the respondents and some questions that required unanticipated answers were identified. After pre-testing, the questionnaire was improved.

Methods for analyzing results. Correlation and comparative analyses were used for the following variables: gender, age, civil status, education, place of residence, occupation, zone/region (Chișinău, Bălți, north, center, south) and number of sexual partners. To determine how well respondents were informed about measures to prevent hepatitis B and C and to assess the level of stigma and discrimination against persons infected with viral hepatitis, the following integrated indicators were used.

Integrated indicator 1. Knowing how to prevent hepatitis B. This indicator was determined based on the total number of persons who agreed with the following three statements.

- I know that condom protects against hepatitis B.
- I'm aware of the existence of a vaccine for hepatitis B.
- When going to a doctor, I make sure that the physician wears disposable medical gloves.

Integrated indicator 2. Knowing how to prevent Hepatitis C. This indicator was determined on the basis of the total number of persons who agreed with the following three statements.

- When going to a doctor, I make sure that the physician wears disposable medical gloves.
- When last going to a dentist, I made sure or requested that the dentist use sterile instruments.
- When last having a manicure or pedicure, I made sure or insisted that the personnel used sterile instruments.

Integrated indicator 3. Knowing at least two ways that hepatitis B and C are transmitted. This indicator was set on the basis of the total number of persons who agreed with the following two statements.

- I know that viral hepatitis B and C may be transmitted by having unprotected sex.
- I know that viral hepatitis B and C may be transmitted by having contact with the blood of an infected person.

Integrated indicator 4. Knowing at least two ways that hepatitis B and C are transmitted and disagreeing with the most common misconceptions about viral hepatitis. This indicator was set on the basis of the total number of persons who agreed with the following four statements.

- I know that hepatitis B and C may be transmitted by having unprotected sex.
- I know that hepatitis B and C may be transmitted by having contact with the blood of an infected person.
- I know that hepatitis B and C cannot be transmitted by sharing dishes or cutlery.
- I know that an infected person can look absolutely healthy.

Integrated indicator 5. Acceptance of persons infected with hepatitis B and C. This indicator was set on the basis of the number of persons who agreed with the following four statements.

- I'm ready to take care of someone from my family who has hepatitis B/C.
- I would not keep it a secret if a member of my family were infected with hepatitis B/C.
- I would buy food products from a seller who is known to have hepatitis B/C.
- I believe that a teacher who is infected with hepatitis B/C can continue working in school.

CHAPTER 1.
SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

The sample included 1300 persons. The socio-demographic characteristics of the respondents correspond to the characteristics of the general population in the age group 15–65 years: 41% were urban, 59% were rural, 54% were women and 46% were men. A total of 41% were in the age group 40–59 years (Table 1)

Table 1: Respondents by Age Group

Age group	Percent
15–19 years	14
20–24 years	11
25–29 years	8
30–39 years	17
40–49 years	20
50–59 years	21
60–65 years	9

The educational levels and occupations of the sample were as follow:

- no education 1%
- primary education 2%
- incomplete secondary 22%
- completed secondary (high school) 27%
- vocational education 20%
- college/technical 9%
- higher education, incomplete higher education 19%.

- laborers 19%
- unemployed 17%
- students, schoolchildren 14%
- housekeepers, pensioners 24%
- public sector employees, doctors, teachers 13%
- farmers, private entrepreneurs 9%
- other occupations 4%.

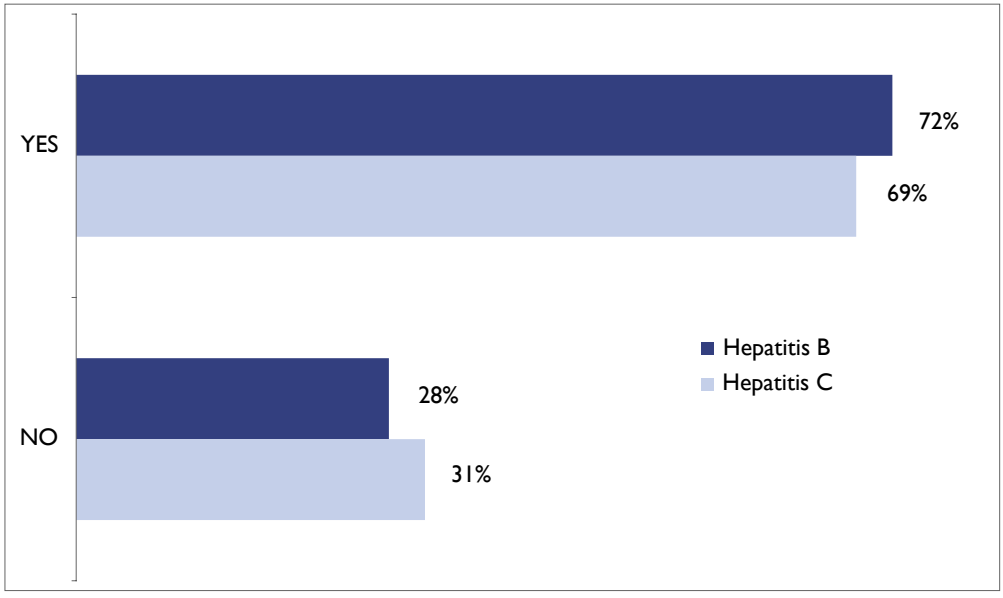
CHAPTER 2.
PUBLIC AWARENESS ABOUT VIRAL HEPATITIS B AND C

To identify how much people know about hepatitis B and C, the survey focused on the following questions.

- What do people generally know about viral hepatitis?
- What do people know about the symptoms of viral hepatitis?
- What do people know about transmission of viral hepatitis?
- What do people know about the cure for viral hepatitis, the implications of hepatitis B/C and factors that can worsen the condition of infected persons?

2.1. General awareness about viral hepatitis. The results of the survey were analyzed and suggest that about 70% of the population had heard about hepatitis B/C, 28% had not heard of hepatitis B and 31% had not heard of hepatitis C (Figure 4).

Figure 4. Have You Ever Heard of Hepatitis B/C?

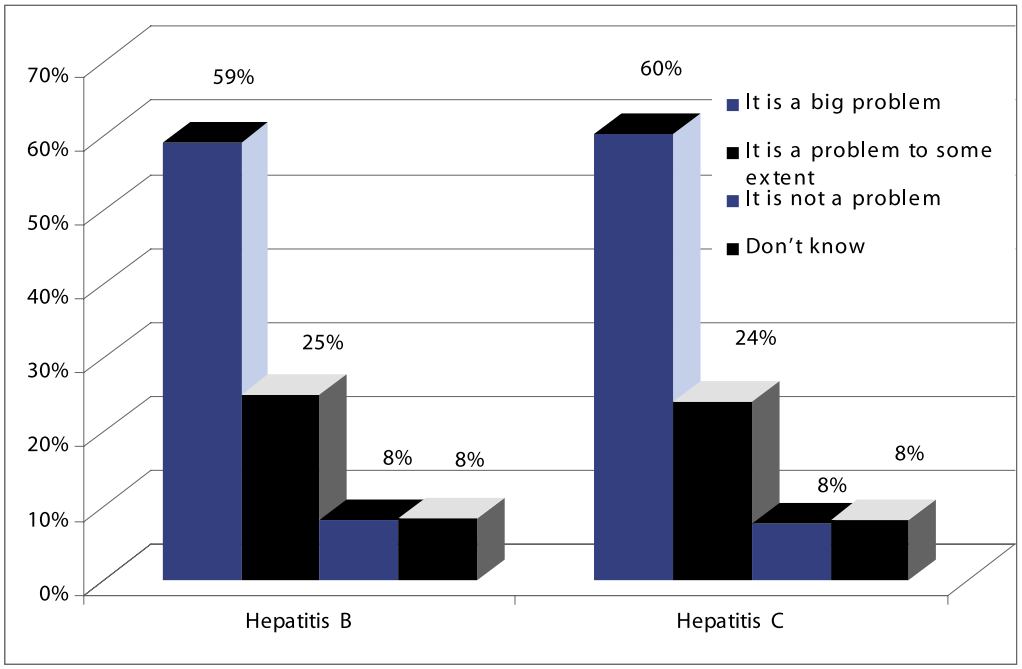


The percentage of persons who had never heard of viral hepatitis was larger among men (33% for hepatitis B and 36% for C), rural inhabitants (36% for B and 40% for C) and persons in the age groups 50–59 (B 37% and C 39%) and 60–65 (B 40%, and C 42%). The percentage of respondents who had never heard about viral hepatitis was larger among respondents with primary education or incomplete secondary education (40% for B and 45% for C). The largest number of respondents who had not heard of hepatitis B/C lived in the south (38% B and 42% C)

Two-thirds of those who had heard about hepatitis B/C believed them to be serious problems for their communities. About 25% of respondents stated that viral hepatitis was to some extent a problem for their locality, and 16% answered that it was not a problem or that they did not know

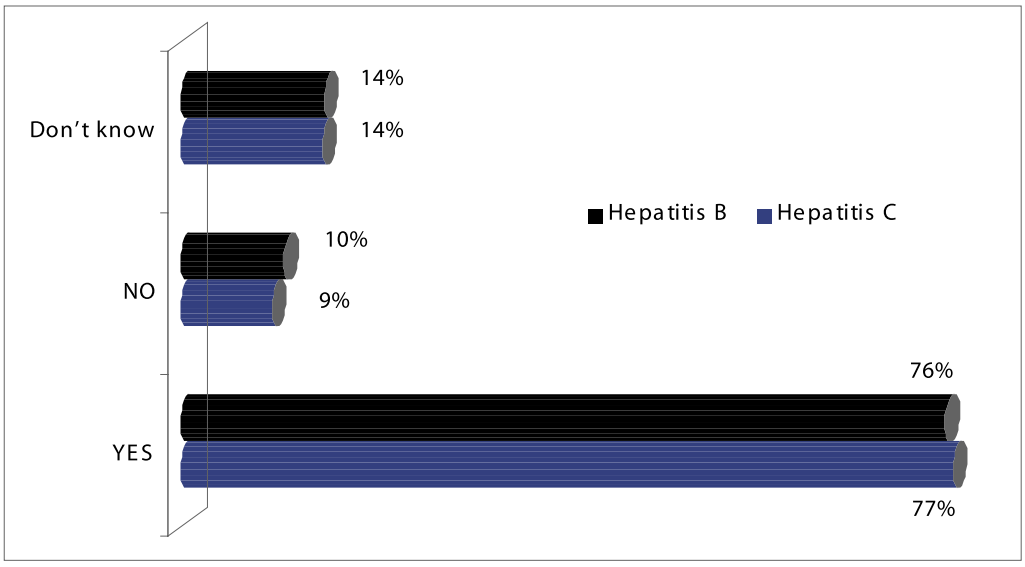
the situation (Figure 5). In all, 69% of urban residents thought that hepatitis B and C were a serious problem for their communities, .80% of respondents in Chișinău thought so, and in the south 65% of respondents agreed that hepatitis B was a big problem and 68% thought that hepatitis C was.

Figure 5. Do You Think Hepatitis B/C Is a Serious Health Problem in Your Community?



About 24% of those who had heard about hepatitis B/C were not aware that hepatitis is an infectious disease, or they thought that it could not be transmitted from one person to another. In contrast, 77% of the people interviewed knew that viral hepatitis was an infectious disease and 76% knew that hepatitis C could be transmitted from one person to another (Figure 6).

Figure 6. In Your Opinion, Are Hepatitis B and C Infectious Diseases That Can Be Transmitted from one Person to Another?



2.2. What do people know about the symptoms of hepatitis B/C. The respondents' knowledge about the symptoms of viral hepatitis was quite fragmented. The majority of respondents knew of some symptoms but at the same time, more than 40% of those interviewed were not aware that hepatitis B and C could be asymptomatic. The results of the survey suggest that 84% of respondents associated viral hepatitis with a yellowing of the eyes, 76% with a lack of appetite, 73% with fatigue, 70% with nausea or vomiting, 67% with intensely yellow urine, 62% with abdominal pain and 60% with pain on the right side.

Only 59% of the respondents knew that one can get infected from a person who looks perfectly healthy, 28% stated that they were not aware of this and13% indicated that it was not possible. The majority of the respondents who were not aware were in the 15–19 (35%) and 30–39 (33%) age groups. In terms of education, the largest percentage of those who indicated that they did not know were people with primary and incomplete secondary educations (35%) followed by those with complete secondary (high school) educations (33%).

2.3. What do people know about the transmission of hepatitis B/C. According to scientific medical literature, hepatitis B and C are transmitted in the following ways:

- parenteral (transfusions of infected blood, syringes and other contaminated medical instruments, contaminated equipment in acupuncture, piercing);
- sexual intercourse with an infected partner;
- perinatally (transmission from an infected mother to her baby that usually occurs during delivery as a result of percutaneous exposure to mother's infected blood).

The survey revealed that most respondents knew about the parenteral transmission of viral hepatitis. Thus when asked, "How can viral hepatitis be transmitted?" more than 90% mentioned transfusions of contaminated blood, sharing needles for injections, through contact with the blood of an infected person or through use of non-sterilized medical instruments and needles. Eighty percent knew that hepatitis B/C can be transmitted by sharing razors, manicure tools and toothbrushes. More than 70% indicated that hepatitis B/C can be transmitted from a mother to her baby and during dental treatment, acupuncture, tattooing and piercing. On the other hand, only half of respondents knew that hepatitis B/C can be transmitted through unprotected sex, 17% were of the opinion that viral hepatitis cannot be transmitted sexually and 28% said they didn't know.

The survey revealed that a fairly large number of people have incorrect knowledge about the transmission of hepatitis B/C. Half of those interviewed believed that viral hepatitis can be transmitted through sharing dishes/cutlery; 1/3 through coughing, kissing, or toilet seats; 17% through handshakes; 23% through the sweat of an infected person and 62% through breast milk. None of these modes of transmission has been proven scientifically.[1]

A fairly large percentage of respondents stated that they were poorly educated about the transmission of hepatitis B/C. About 30% of them did not know whether viral hepatitis could be transmitted through sweat, coughing or toilet sharing; 25% did not know about kissing or breast milk; 20% did not know about handshakes; 17% about dental treatment and 16% did not know about mother to baby and by sharing dishes/cutlery.

Two integrated indicators were been used to assess the respondents' correct knowledge. The first integrated indicator, knowledge of at least two ways of transmission of hepatitis B and C**,** was established on the basis of the total number of persons who agreed with the following two statements.

- I know that viral hepatitis be transmitted through unprotected sex.
- I know that viral hepatitis be transmitted through contact with the blood of an infected person..

[1] "Risk of Hepatitis B Transmission in Breast-fed Infants of Chronic Hepatitis B Carriers" abstract on http:greenjournal.org/cgi/content/full and Epidemiology and Prevention of Vaccine-Preventable Diseases. 10th Edition, January, 2007. Department of Health and Human Services. Centers for Disease Control and Prevention, pages 215-217)

This is one of the core indicators in the logical framework of PHHP. This integrated indicator was 51%. Awareness of transmission is, however, lower in rural areas (45%), among respondents with primary or incomplete secondary educations (46%) and among respondents aged over 60 (Table 2).

Table 2. Knowledge of at Least Two Modes of Transmission of Hepatitis B and C (%)

	Total	Residence		Age groups						
Sample: *945 respondents who had heard about Hepatitis B and/ or C* *484 respondents answered positively to both questions 15.1.1 and 15.16.1*		Urban	Rural	15–19 years	20–24 years	25–29 years	30–39 years	40–49 years	50–59 years	60–65 years
Nr.	**484**	**263**	**221**	**74**	**54**	**56**	**79**	**97**	**95**	**29**
484 / 945 x 100% = 51%	**51**	59	45	50	49	64	47	52	54	42

The second integrated indicator, knowledge of at least two ways of transmission of viral hepatitis and disagreement with the most common misconceptions about viral hepatitis, was associated with a similar indicator for the level of respondents' correct knowledge about HIV/AIDS and was determined on the basis of the total number of persons who agreed with the following four statements.

- I know that viral hepatitis can be transmitted through unprotected sex.
- I know that viral hepatitis can be transmitted by contact with the blood of an infected person.
- I know that viral hepatitis cannot be transmitted by sharing dishes and cutlery.
- I know that a person infected with viral hepatitis can look absolutely healthy.

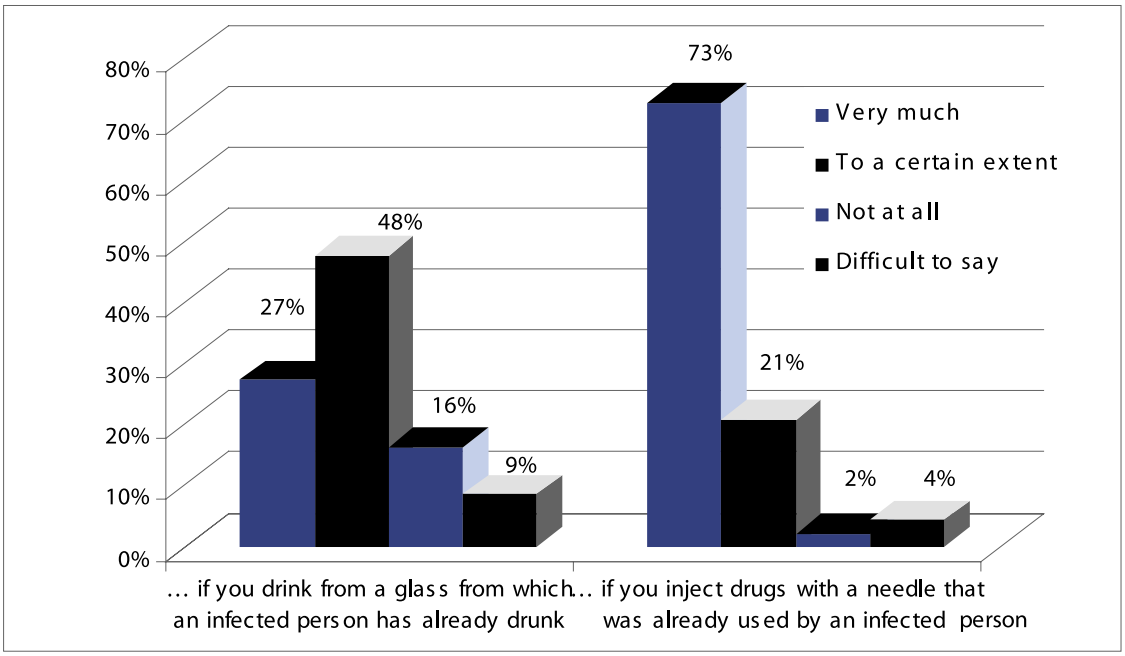
When analyzing the results of the survey, we found out that only 12% of the respondents had a correct understanding of the modes of transmission of viral hepatitis and were aware of the most common misconceptions (according to the UNGASS report for 2005, for case of HIV/AIDS this figure is 28%). The least knowledgeable in this regard were persons from rural areas (7%), those in the 15–19 (8%) and 40–49 age groups (9%) and also persons with primary or incomplete secondary educations (8%) and completed secondary (high school) educations (9%). Better educated persons had a greater awareness/correct knowledge about transmission. Residents of Chișinău were the most knowledgeable (24%) in this regard while residents of Bălți (2%), the central area (6%) and the north (6%) were the least (Table 3).

Table 3. Knowledge of at Least Two Modes of Transmission of Viral Hepatitis and Disagreeing with the Most Common Misconceptions about Viral Hepatitis (%)

	Total	Residence		Age groups							Education			
Sample: *945 respondents who have heard about Hepatitis B/C* *109 respondents answered all 4 questions positively 15.1.1, 15.16.1, 15.2.2 and 47.1*		Urban	Rural	15–19 years	20–24 years	25–29 years	30–39 years	40–49 years	50–59 years	60–65 years	Secondary incomplete/ primary	Secondary complete	Vocational	Higher
Nr.	**109**	**76**	**33**	**11**	**20**	**15**	**17**	**16**	**23**	**7**	**15**	**23**	**25**	**46**
109 / 945x 100% = 12%	**12%**	17	7	8	18	18	10	9	13	10	8	9	14	15

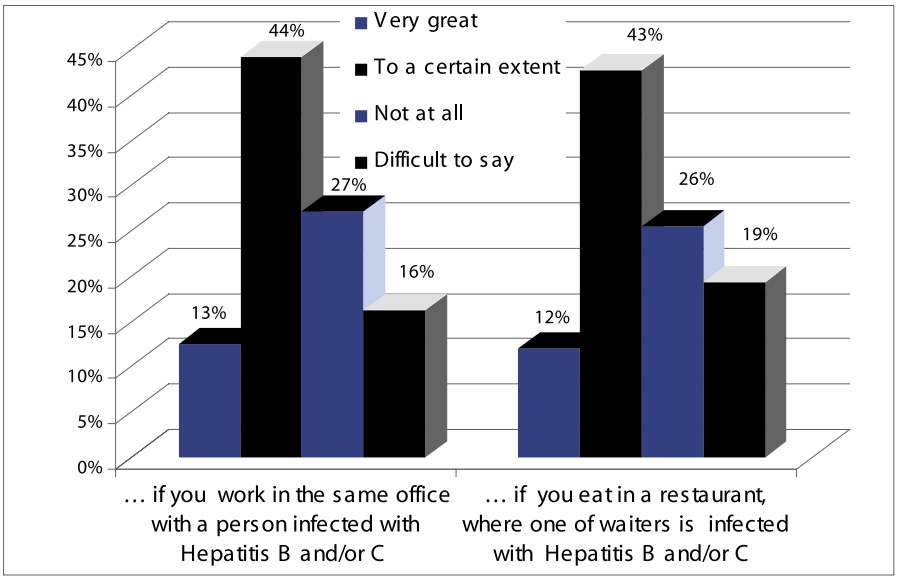
2.4. Population's awareness about the risks of being infected with viral hepatitis. Respondents' poor understanding of the ways hepatitis B and C are transmitted was confirmed by their limited awareness about the possible risks of infection with viral hepatitis. Our risk analysis showed that 94% of respondents were aware of the high or moderate risk of being infected with viral hepatitis if they injected drugs by sharing needles with an infected person, but 75% were of the incorrect opinion that a person is at a high risk or somewhat at a risk of infection by drinking from the same glass as an infected person (Figure 7).

Figure 7. What is the Risk of Being Infected with Hepatitis B/C from Sharing Drinking Glasses or Needles with Infected Persons?



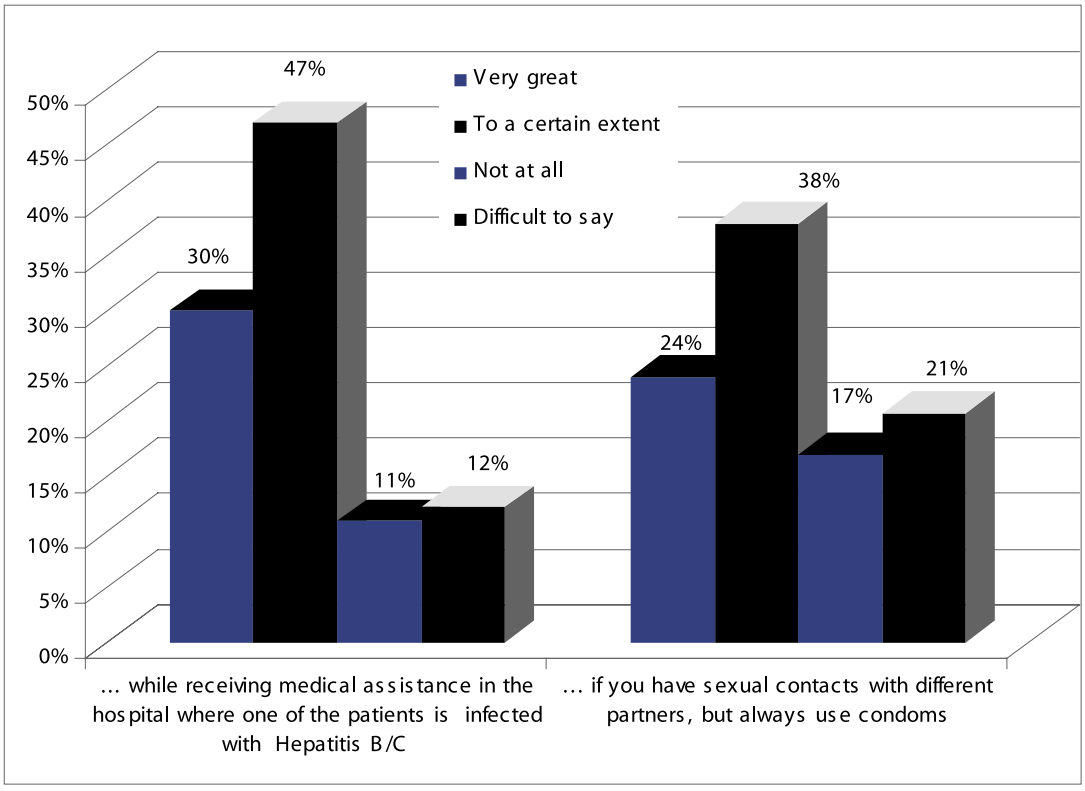
More than half the respondents stated incorrectly that they were at a high or moderate risk of being infected with hepatitis B/C by working in the same office with an infected person or by dining in a restaurant in which one of the waiters was infected (Figure 8).

Figure 8. What Is the Risk of Being Infected with Hepatitis B/C from Working in an Office or Dining in a Restaurant with Staff Who are Infected?



A total of 77% of those interviewed believed incorrectly that a person is at a high or moderate risk of being infected with hepatitis B/C by undergoing medical treatment in a medical facility where one of the patients is infected, and 62% had the incorrect opinion that a person is at a high or moderate risk of being infected if he/she has regular sexual contacts with multiple partners using a condom. This reconfirms that respondents had a limited understanding of sexually transmitted diseases (STDs) (Figure 9).

Figure 9. What is the Risk of Being Infected with Hepatitis B/C in Medical Facilities or from Having Protected Sex with Infected Persons?



2.5. Knowing about measures to prevent hepatitis B and C. Two integrated indicators were used to assess the general understanding of measures to prevent hepatitis B and C. The first, understanding measures to prevent Hepatitis B, as stated in the introduction, was set on the basis of the total number of persons who agreed with the following three statements.

- I know that condom use protects against hepatitis B.
- I know of the existence of a vaccine for hepatitis B.
- When seeing a doctor, I always make sure he/she wears disposable medical gloves.

The results of the survey indicate that overall only 19% of respondents had a correct understanding of these measures. The least aware were people from rural areas (15%), persons in the 15–19 (16%) and 60–65 age groups (12%) and those with a low level of education (14%). The percentage of those with a good understanding of preventive measures was highest in Chișinău (22%) and Bălți (23%) and was 16% in the center, 17% in the north and12% in the south.

The second integrated indicator, understanding measures to prevent Hepatitis C, was established on the basis of the total number of persons agreed with the following three statements.

a) When going to see a doctor, I always make sure that he/she wears disposable medical gloves.

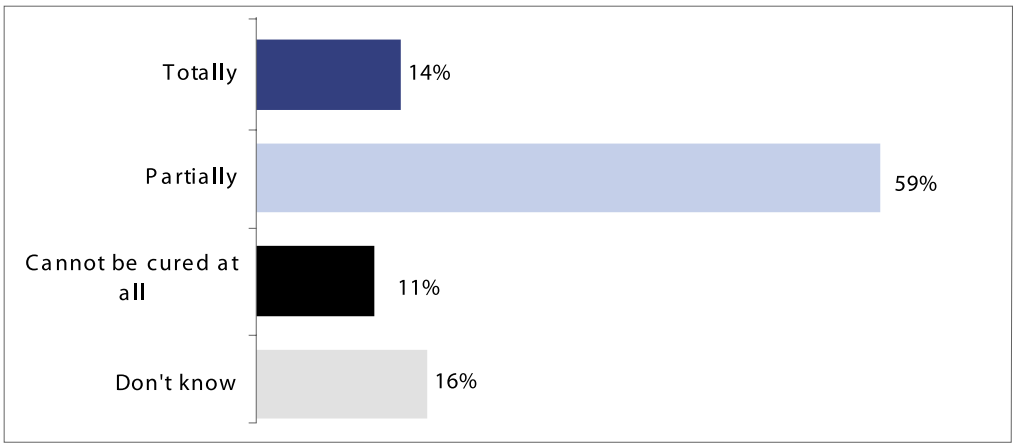
b) When last visiting a dentist, I took the necessary care or requested that the dentist use sterile instruments.

c) When last having manicure or pedicure, I took the necessary care or requested that the staff use sterile instruments.

Unfortunately, in the sample the percentage of persons who had heard of hepatitis C but had never had a pedicure or manicure was very large (80%), so it was impossible to correctly calculate this indicator.

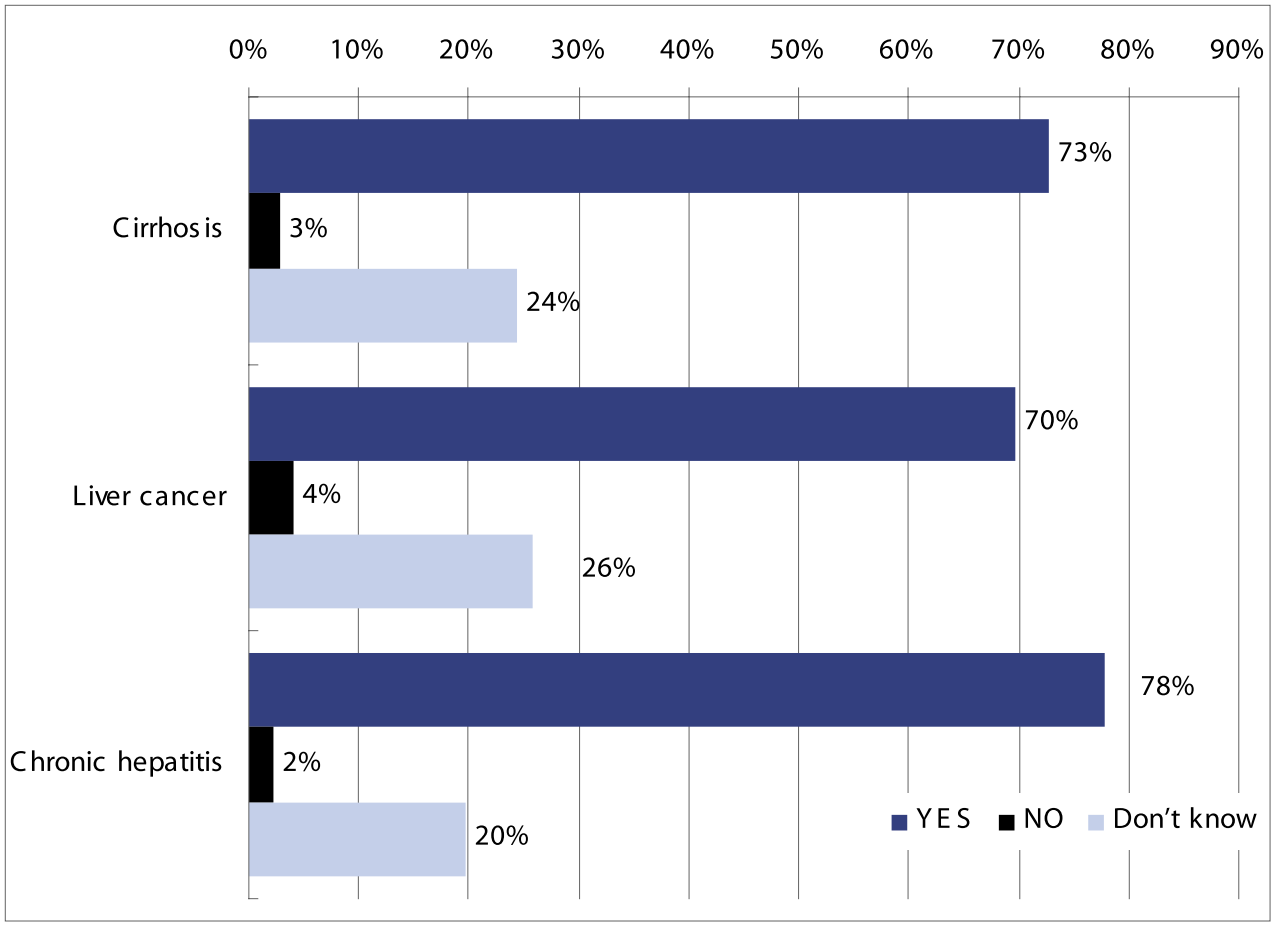
2.6. Knowing about cures for viral hepatitis. Regarding the possibility of curing hepatitis B and C, more than half of the respondents had a correct understanding of the issue stating that hepatitis B and C can be only partially cured while14% were of the opinion that hepatitis B and C can be cured completely, 11% said that hepatitis B and C cannot be cured at all and 16% reported that they did not know (Figure 10). The percentage of respondents who stated that viral hepatitis can be cured completely was larger among the 15–19 (17%) and 60–65 (30%) age groups. The percentage of respondents who said that they didn't know was larger among the 15–19 age group (20%), unmarried persons (22%), and persons with primary/ incomplete secondary educations (25%).

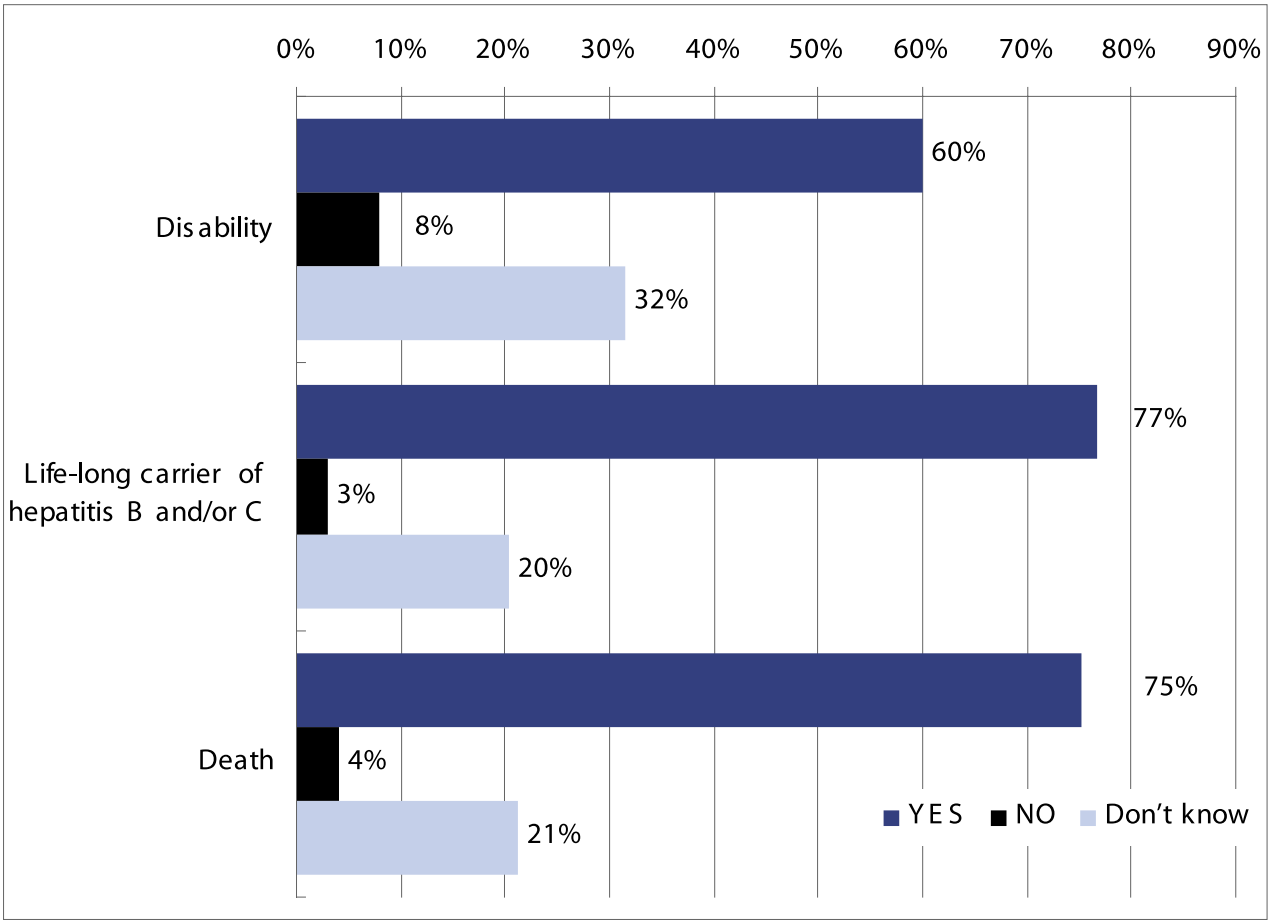
Figure 10. Can Hepatitis B/C be Cured Totally, Partially or Can it Not be Cured?



2.7. Overall, respondents have a good understanding of the consequences of being infected with hepatitis B and C. More than 70% of respondents believed that (i) viral hepatitis can lead to chronic hepatitis, (ii) a person can be a life-long carrier of hepatitis B/C; and (iii) viral hepatitis can cause death, liver cirrhosis and liver cancer, and (iv) 60% were of the opinion that viral hepatitis can lead to disability (Figure 11). On the other hand, more than 20% said that they did not know the consequences of hepatitis B/C with the level of general awareness lower in rural areas, among persons in the 15–30 age group and among those with incomplete secondary and vocational educations. In all, 31% of those living in rural areas and 18% living in urban areas were not aware that liver cirrhosis can be a consequence of viral hepatitis. The same was true of 42% of respondents in the 15–19 age group, 31% in the 20–29 age group and, 30% of those with incomplete secondary and vocational educations. Thirty-eight percent of the 15–19 age group (average 26%), 34% of respondents in the 20–25 age group and 30% of those with primary/ incomplete secondary and vocational educations did not know that viral hepatitis can lead to liver cancer. In addition, 25% of respondents from rural areas (14% in urban areas), 27% in the 25–29 age group, 25% in the 15–19 age group, 27% of those with primary/incomplete secondary educations and 28% of those with vocational educations did not know that hepatitis B/C can cause chronic hepatitis.

Figure 11. What Could be the Consequences of Hepatitis B/C Infections?

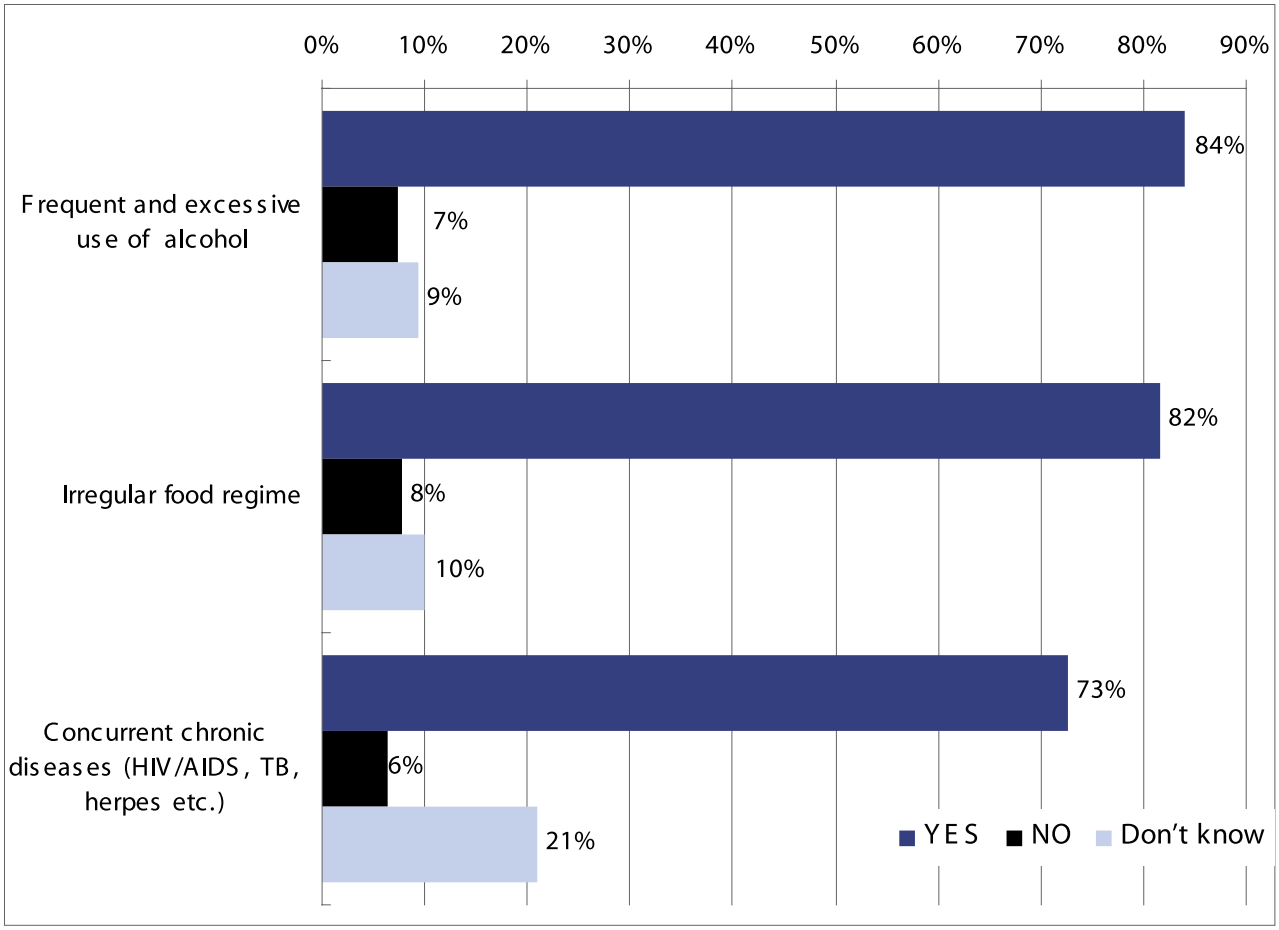




In terms of geographic distribution, 35% of respondents living in the central part of the country and 32% living in the south did not know that liver cirrhosis is a consequence of being infected with hepatitis B /C (average 24%), and of those living in the south, 36% did not know that viral hepatitis can cause liver cancer (average 26%) and 29% did not know that chronic hepatitis may be a consequence of viral hepatitis (average 20%).

2.8. Overall, respondents have a good understanding of factors that can worsen the condition of persons infected with viral hepatitis. Thus, 84% were of the opinion that the condition of an infected person could get worse with frequent and excessive alcohol consumption, 82% said irregular food regimen would cause it to deteriorate and 73% said concurrent infections with chronic diseases such as HIV/AIDS, tuberculosis or herpes would make the condition worse (Figure 12).

Figure 12. Which Factors Could Worsen the Condition of Persons Infected with Hepatitis B/C?



The survey revealed that awareness about factors that may worsen the condition of infected persons varied depending on the age and education of the respondent. Lack of awareness was higher among persons in the 15–29 age groups and among those with primary/incomplete secondary educations.

A total of 26% of those in the 15–19 age group, 25% of the 20–24 age group and 21% of the 25–29 age group stated that frequent and excessive alcohol consumption either was not contraindicated for infected persons or that they did not know whether it was (average 16%). Likewise, 23% of the 15–19 age group, 26% of the 20–24 age group and 20% in the 25–29 age group said that an irregular food regimen was either not a factor or that they did not know whether it was (average 19%), and 39% of the 15–19 age group and 34% of the 20–24 age group considered that concurrent infections with chronic illnesses was not or they did not know whether it was a factor (Table 4).

Table 4. Knowledge of the Risk Factors for Persons Infected with Hepatitis B/C by Age Group (%)

		Total	Age groups						
Sample: *945 respondents who have heard about Hepatitis B/C*			15-19 years	20-24 years	25-29 years	30-39 years	40-49 years	50-59 years	60-65 years
Nr.		**945**	**147**	**110**	**87**	**167**	**188**	**177**	**69**
Frequent and excessive consumption of alcohol	YES	**83%**	74	75	79	87	88	91	83
	NO	**7%**	15	15	6	4	5	4	7
	Don't know	**10%**	11	10	15	9	7	5	10
Inadequate nutrition regimen	YES	**81%**	77	74	80	84	84	87	81
	NO	**8%**	10	10	9	6	8	6	6
	Don't know	**11%**	13	16	11	10	8	7	13
Concurrent chronic diseases (HIV/AIDS, tuberculosis, herpes etc.)	YES	**73%**	61	66	82	75	76	78	70
	NO	**6%**	9	9	4	4	5	7	7
	Don't know	**21%**	30	25	14	21	19	15	23

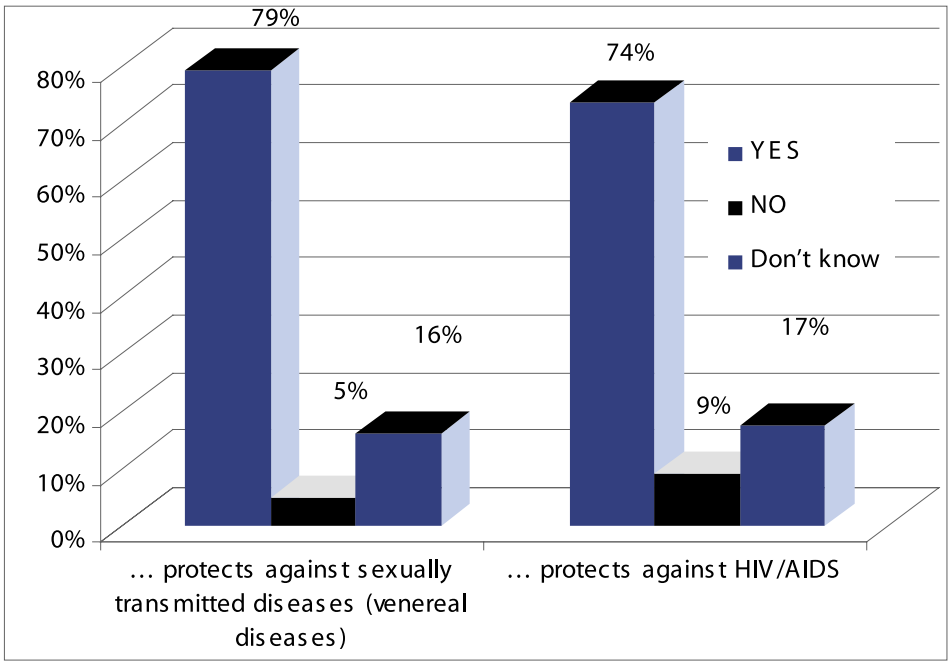
The lower the level of education of the respondent, the larger the percentage who stated either that these factors did not worsen the condition of persons infected with viral hepatitis or that they did not know whether they did (Table 5).

Table 5. Knowledge of Risk Factors for Persons Infected with Hepatitis B/C by Educational Level (%)

		Total	Education			
Sample: *945 respondents who have heard about Hepatitis B/C*			Secondary incomplete	Secondary complete	Vocational	University
Nr.		**945**	**201**	**245**	**180**	**319**
Frequent and excessive consumption of alcohol	YES	**83%**	81	81	84	87
	NO	**7%**	7	9	5	7
	Don't know	**10%**	12	10	11	6
Inadequate nutrition regimen	YES	**81%**	80	79	83	84
	NO	**8%**	6	8	9	8
	Don't know	**11%**	14	13	8	8
Concurrent chronic diseases (HIV/AIDS, tuberculosis, herpes etc.)	YES	**73%**	63	70	76	79
	NO	**6%**	7	7	4	7
	Don't know	**21%**	30	23	20	14

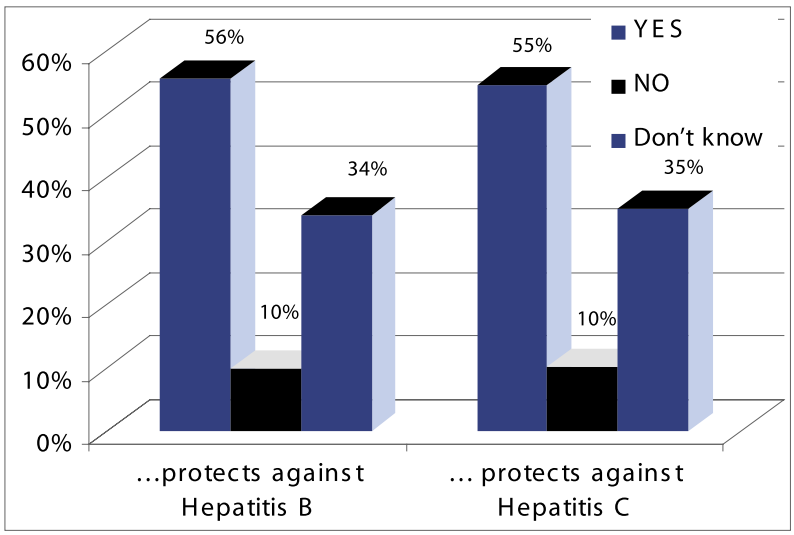
2.9. Respondents' knowledge about protection against the risk of being infected with viral hepatitis during sexual contacts. The survey results show that knowledge about condom use as a method of protection against STDs and HIV was quite high. Thus, 79% of those interviewed said that condoms protect against STDs, and 74% said they protect against HIV infections (Figure 13).

Figure 13. Do Condoms Protect You from Sexually Transmitted Diseases and HIV/AIDS?



The percentage of those who thought condoms could be a means of protection against hepatitis B/C, however, was much lower. For hepatitis B as only 56% thought so. For hepatitis C, the figure was 55%. More than 30% of respondents stated they did not know while 10% said that condoms did not offer any protection against viral hepatitis (Figure 14).

Figure 14. Do Condoms Protect You from Hepatitis B/C?



These results confirm our preliminary hypothesis that a significant part of the population of Moldova does not associate viral hepatitis with infectious diseases that can be sexually transmitted; consequently they underestimate the risk of sexual transmission. The percentage of those who said that they did not know or that condoms did not protect against hepatitis B was larger in the 15–19 (47%), 40–49 (48%) and 60–65 (62%) age groups. The percentage of those who did not know or who thought that condoms did not protect against viral hepatitis C was larger in the 30–39 (47%) and 40–49 (49%) age groups (Table 6).

Table 6. Respondents' Knowledge about Condom Use as a Means to Protect against Viral Hepatitis by Age Group (%)

		Total	Age groups						
Sample: *940 respondents who had heard about Hepatitis B* **Sample:** *898 respondents who had heard about Hepatitis C*			15–19 years	20–24 years	25–29 years	30–39 years	40–49 years	50–59 years	60–65 years
Nr.		**940**	**147**	**110**	**87**	**165**	**187**	**175**	**69**
… protects against Hepatitis B	YES	**56%**	53	60	66	57	52	60	38
	NO	**10%**	10	6	13	9	12	9	12
	Don't know	**34%**	37	34	21	34	36	31	50
Nr.		**898**	**134**	**103**	**84**	**159**	**181**	**170**	**67**
… protects against Hepatitis C	YES	**55%**	56	59	60	53	51	62	39
	NO	**10%**	9	5	17	8	12	10	11
	Don't know	**35%**	35	36	23	39	37	28	50

Table 7 shows that urban residents have a better understanding of condoms as a means of protection against viral hepatitis than rural residents (59% urban and 53% rural). Also, 58% of urban respondents and 52% of rural respondents knew that condoms protect against hepatitis C. The percentage of those who knew that condoms offer protection increased as the level of education increased. The percentage who did not know or who thought condoms did not offer protection was larger among those with primary or incomplete secondary educations (51% for hepatitis B and 49% for hepatitis C).

Table 7. Respondents' Knowledge about Condom Use as a Means to Protect against Viral Hepatitis by Residence and Education (%)

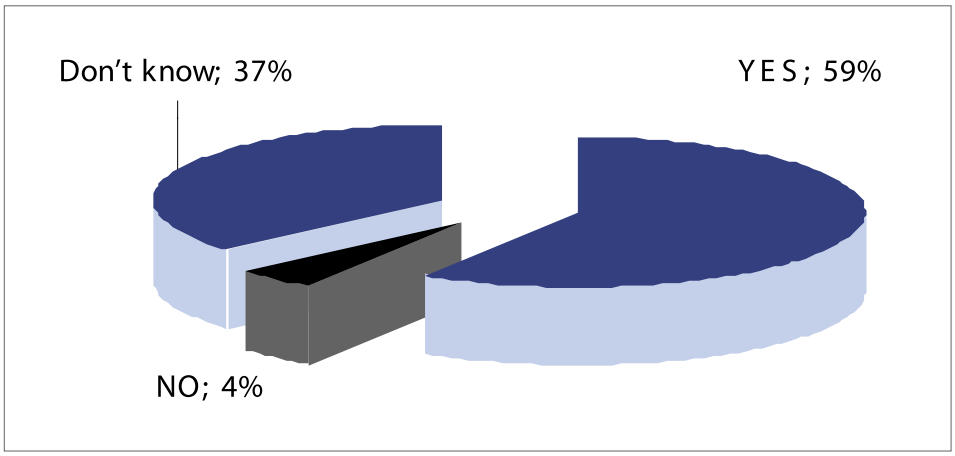
		Total	Type of residence		Education			
Sample: *940 respondents who have heard about Hepatitis B* **Sample:** *898 respondents who have heard about Hepatitis C*			Urban	Rural	Secondary incomplete/ primary	Secondary complete	Vocational	University
Nr.		**940**	**449**	**491**	**201**	**242**	**179**	**318**
... protects against Hepatitis B	YES	**56%**	59	53	49	56	55	60
	NO	**10%**	8	11	9	11	7	11
	Don't know	**34%**	33	36	42	33	38	29
Nr.		**898**	**898**	**462**	**184**	**232**	**170**	**312**
... protects against Hepatitis C	YES	**55%**	58	52	51	55	54	58
	NO	**10%**	9	11	8	11	9	11
	Don't know	**35%**	33	37	41	34	37	31

In terms of geographic areas, the percentage of those who didn't know that condoms protect against viral hepatitis was higher in Bălți (45%), in the north (41%) and in the center (40%).

2.10. Respondents' knowledge about vaccine as a means to protect against hepatitis B.

The survey showed that a relatively large number of respondents either did not know about the existence of a vaccine against hepatitis B or strongly believed that no such vaccine was currently available. When asked, "In your opinion, is there a vaccine against hepatitis B?" 59% answered affirmatively, 37% said they did not know and 4% said such a vaccine did not exist (Figure 15).

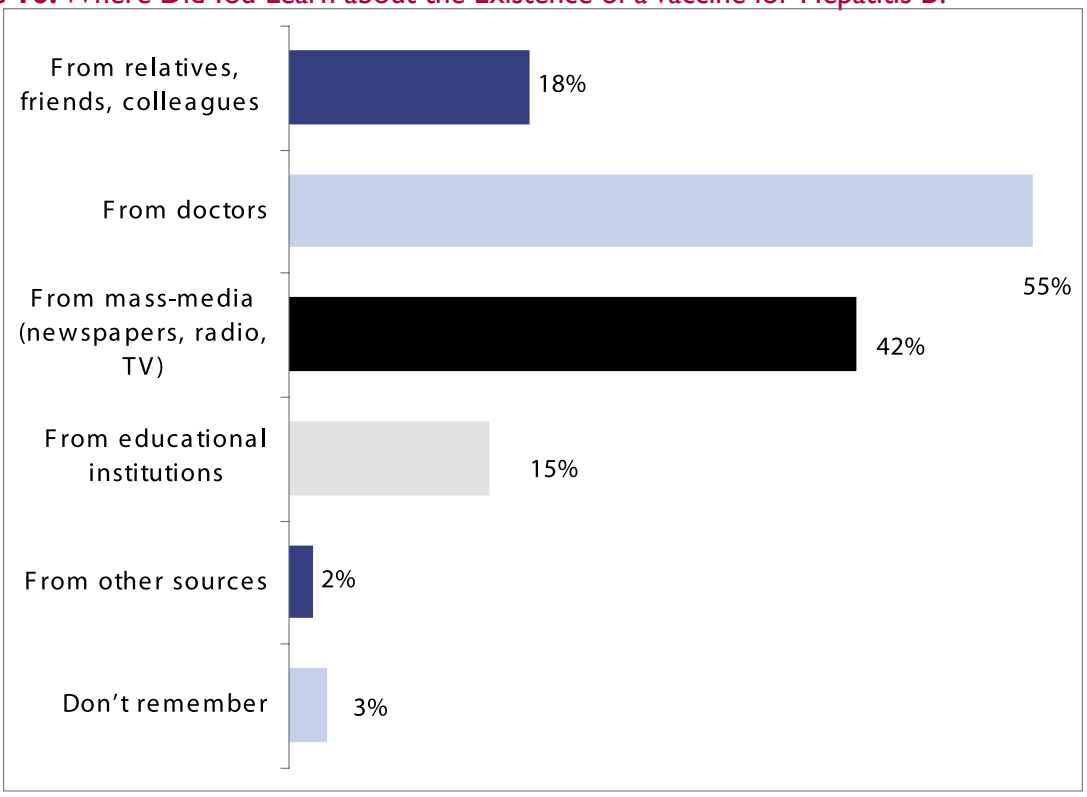
Figure 15. Is there a Vaccine Against Hepatitis B?



Persons who did not know about the existence of a vaccine for hepatitis B mostly belonged to the following age groups: 20–24 years (42%), 25–29 years (39%) and 60–65 years (51%). The percentage of respondents who did not know about the existence of the vaccine was larger among those with primary/incomplete secondary educations (42%) and among those with completed secondary education (40%). The percentage of those who did not know about the existence of the vaccine was larger in the south (50%).

Information sources about the existence of the vaccine were diverse. In all, 55% of those who knew about it said they had heard about it from doctors, 42% from the media, 18% from relatives or colleagues and 15% from an educational establishment (Figure 16).

Figure 16. Where Did You Learn about the Existence of a Vaccine for Hepatitis B?



SUMMARY

- About 2/3 of the population had heard about hepatitis B/C. The percentage of those who had not heard about viral hepatitis was higher among men, in rural areas, in the 50+ age groups and among persons with primary/ incomplete secondary educations.

- About 2/3 of respondents understood that viral hepatitis was a serious issue. The most concerned in this regard were urban residents and in particular those from Chișinău and from the southern region.

- More than 70% were aware that viral hepatitis is an infectious disease; however, about 24% were not aware or thought that hepatitis B and C could not be transmitted from one person to another.

- The respondents had quite fragmented knowledge about the symptoms of viral hepatitis. Although the majority of them knew some symptoms, more than 40% were not aware that hepatitis B and C could be asymptomatic.

- Regarding the transmission of viral hepatitis, half of the respondents were aware of at least two modes: through contact with the blood of an infected person and through sex. It's worth mentioning that parenteral transmission, i.e. through the blood of an infected person, was better known (about 90%) whereas sexual transmission was less well known (about 50%).

- The survey also revealed that a large number of respondents had incorrect knowledge about certain ways of transmitting viral hepatitis as half of questioned people believed it could be transmitted by sharing dishes/cutlery and 1/3 of respondents thought it is transmitted through coughing, kissing or toilet seats. A high percentage of respondents didn't have any knowledge about how viral hepatitis is transmitted. The integrated indicator for correct knowledge about viral hepatitis (the percentage of respondents who knew of at least two modes of transmission and disagreed with two misconceptions) was12% which is less than half of the same indicator for HIV/AIDS (28%). The rural population is the least educated in this regard.

- More than half the respondents had correct knowledge about curing viral hepatitis stating that it can only be partially cured. A lower level of understanding was identified in the age groups15–19 and 60–65 and among those with primary/incomplete secondary educations.

- More than 70% of respondents were aware of the consequences of being infected with viral hepatitis. The percentage of respondents with a lower level of understanding was higher in rural areas, in the 15–29 age group and among persons with primary/ incomplete secondary educations.

- The respondents' understanding of risk factors that can aggravate/worsen the condition of a person infected with viral hepatitis was quite high. Thus, more than 2/3 of respondents knew that the condition could get worse with frequent and excessive alcohol consumption, an inadequate food regimen and concurrent infections with chronic diseases. Awareness about risk factors varied with the respondents' age and education. The percentage of those who were not aware or thought that those factors did not pose a risk was larger among persons in the 15–29 age group and those with primary/incomplete secondary educations.

- The respondents' understanding about condom use as a method of protection against viral hepatitis was lower than that for HIV and STDs as 79% thought that condoms offer protection for STDs and 74% thought they protect against HIV, but only 56% against hepatitis B and 55% against hepatitis C. This confirms the hypothesis that a significant number of respondents do not associate viral hepatitis with STDs and therefore underestimate the risk of being infected sexually. The percentage of those who were not aware or thought that condoms did not protect against hepatitis B was larger in the 15–19 age group, in the 40–49 age group, in rural areas and, among those with primary/incomplete secondary educations.

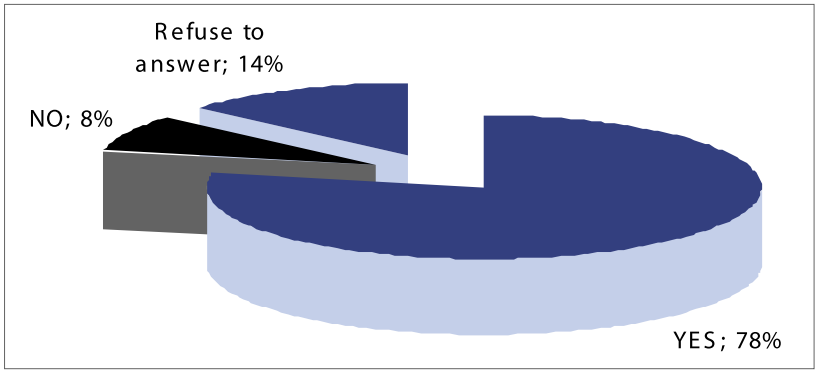
- Respondents were not very aware about the availability of the vaccine against hepatitis B. Only 59% of them knew it existed, 37% did not know if it did and 4% were sure that no vaccine was currently available. The least aware in this regard were persons in the age groups 20–29 and those over 60 as well as people from rural areas, the south and those with primary/incomplete secondary educations.

CHAPTER 3.
PUBLIC BEHAVIOR: RISKS AND WAYS TO AVOID THEM

Preventing infection with viral hepatitis largely depends on behavior: sexual behavior, behavior in medical institutions and non-medical establishments and getting a hepatitis B vaccination.

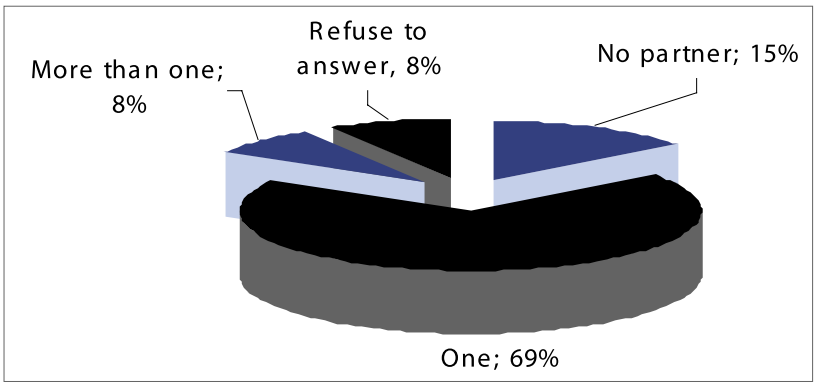
3.1. Sexual behavior. Sexual behavior means the behavior in the general population with reference to sexual contact. So throughout the world, in order to prevent transmission and infection with viral hepatitis and HIV, correct and widely accepted sexual behavior would include abstinence from sexual activity before marriage, sexual contacts with a single partner and using condoms during sexual intercourse. Regarding sexual relationships, 78% of respondents mentioned they had had sexual relations, 8% had never had sexual relations and 14% refused to answer (Figure 17).

Figure 17. Have You Ever Had Sexual Relations?



It is interesting to note that 39% of respondents in the 15–19 age group said they had had sexual relations (48% said they hadn't) as had 50% of unmarried respondents. Regarding partners, 69% reported having only one sexual partner over the past 12 months, 15% had had no partners, 8% refused to answer and 8% reported having more than one partner (Figure 18).

Figure 18. How Many Sexual Partners Have You Had in the Past 12 Months?



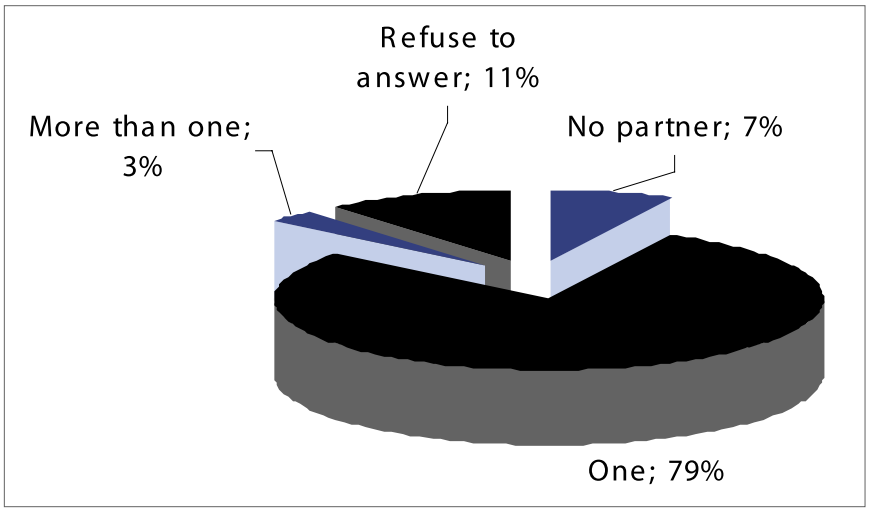
The percentage of respondents who had had more than one sexual partner in the past 12 months was higher among men (15%), unmarried persons (31%) and in the 15–29 age group. Thus, in the 15–19 age group 29% reported having several sexual partners, in the 20–24 age group 24% had had multiple partners and in the 25–29 age group 13% had. The share of respondents in the 40+ age group with several sexual partners was 2% (Table 8).

Table 8. Number of Sexual Partners in the Past 12 Months by Age (%)

	Total	Age groups						
Sample: *1016 respondents who have ever had sexual relations*		15–19 years	20–24 years	25–29 years	30–39 years	40–49 years	50–59 years	60–65 years
Nr.	**1016**	**70**	**105**	**93**	**190**	**228**	**236**	**94**
No partner	**15%**	4	8	4	5	9	26	46
One	**69%**	48	61	78	82	80	63	44
More than one	**8%**	29	24	13	6	2	2	2
Refuse to answer	**8%**	19	7	5	7	9	9	8

The question on the number of sexual partners was also posed with regard to the past 6 months and the past month. The number of persons with more than one sexual partner dropped as the reference period shortened while the percentage of those with a single sexual partner increased. Thus, over the past 6 months, 80% of respondents said they had had only one sexual partner, 6% said more than one, 10% refused to answer and 4% reported no partner. In the past month 79% reported having only one sexual partner, 3% more than one partner, 7% no partner and 11% refused to answer (Figure 19).

Figure 19. How Many Sexual Partners Have You Had in the Past Month?

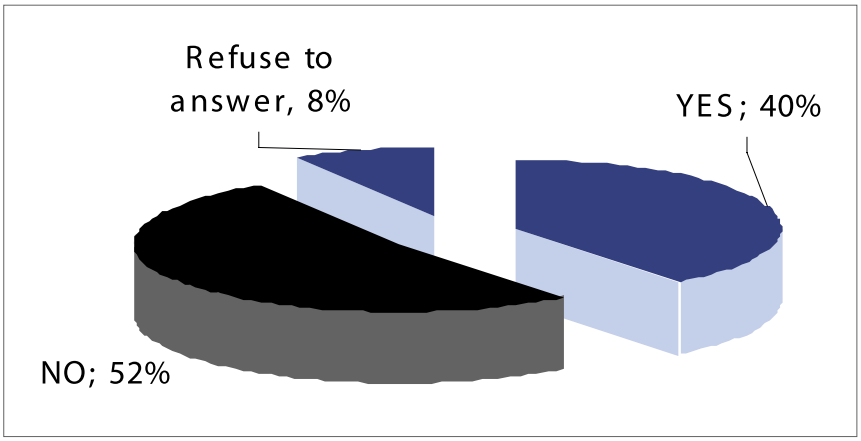


Overall, the percentage of respondents with more than one sexual partner was higher among men, persons in the 15–29 age group and unmarried persons.

It's worth mentioning that many respondents refused to answer the question on the number of sexual partners. With regard to the number of sexual partners over the past 12 months, the percentage of refusals was quite high among persons in the 15–19 age group (19%), those unmarried (16%), divorced persons and widows (12%). We can assume that the percentage of those who have had more than one sexual partner in reality is relatively higher, but the respondents refused to answer this question because of moral prejudices existing in Moldovan society.

Condom use. Of the total number of respondents who had ever had sexual relationships, 52% mentioned never using condom, 40% answered they had used a condom during sexual intercourse and 8% refused to answer (Figure 20).

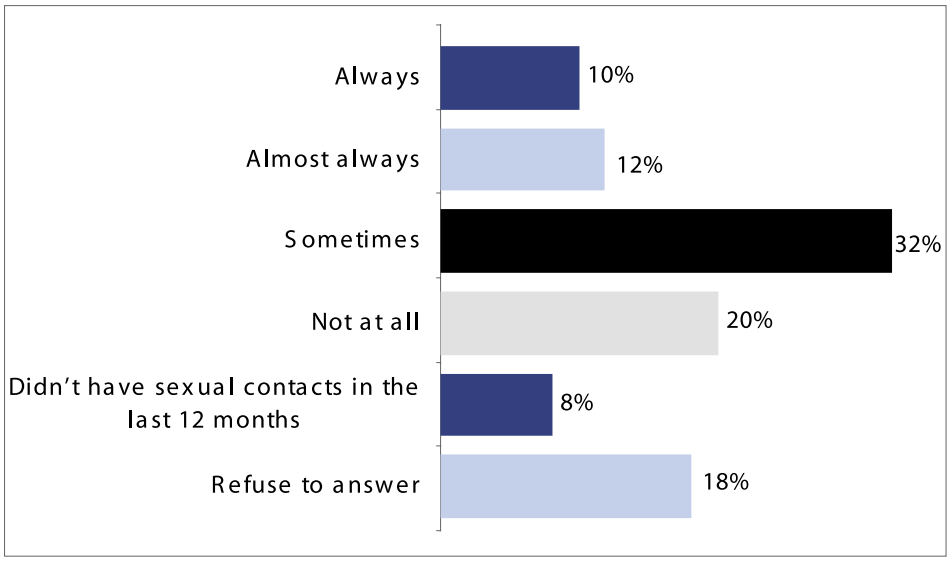
Figure 20. Have You Ever Used a Condom during Sexual Contacts?



The percentage of respondents who stated they had never used condoms was higher among rural people (59%); those in the age groups 40–49 (61%), 50–59 (70%), and 60–65 (67%); married persons (58%) and divorced persons or widows (60%).

Of the respondents who had had sexual relationships and had used condoms, 10% stated they had always used condoms during sexual intercourse over the past 12 months, 12% said almost always, 32% reported sometimes, 20% said not at all, 18% refused to answer, and 8% hadn't had sexual relations over the past 12 months (Figure 21).

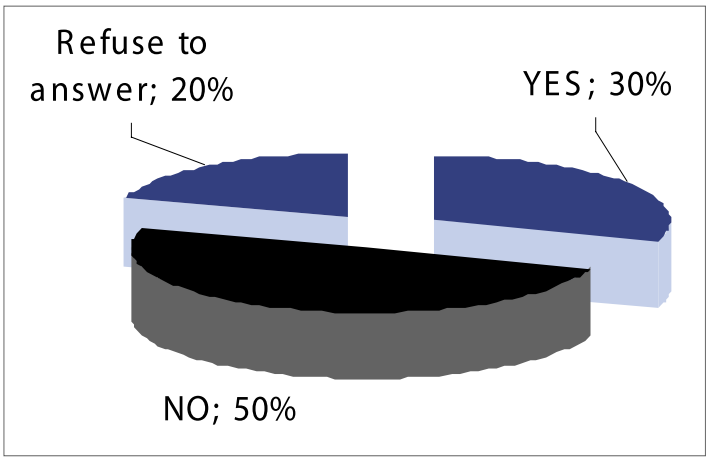
Figure 21. How Often Have You Used Condoms during Sexual Contacts over the Past 12 Months?



The percentage of those who stated that they had sometimes or never used condoms over the past 12 months was higher among women (55% compared to the average of 52%); persons from rural areas (57%); persons in the age groups 25–29 (69%), 30–39 (58%) and 40–49 age (61%) and among married persons (64%). A fairly large number of persons in the 40–49 age group (28%), and persons with primary/ incomplete secondary educations (28%) refused to answer.

Regarding their last sexual contacts, 30% of respondents stated they had used a condom, 50% didn't and 20% refused to answer (Figure 22).

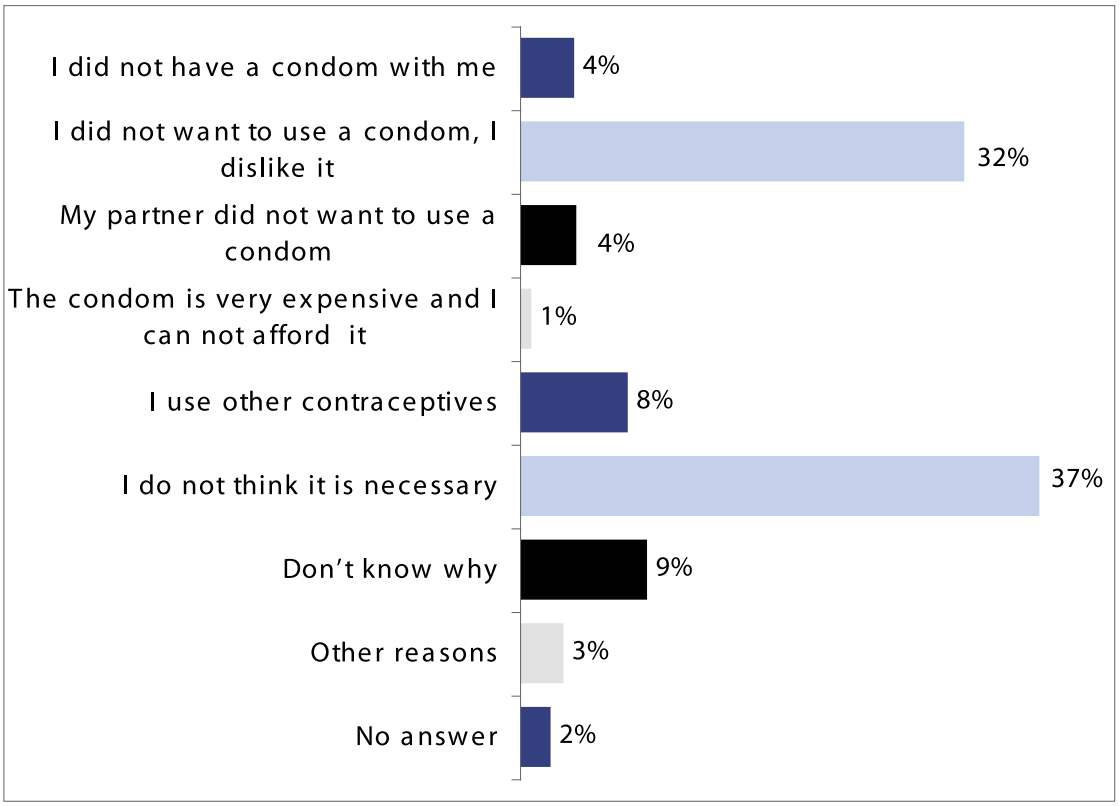
Figure 22. Did You Use a Condom during Your Last Sexual Contact?



The percentage of those who did not use a condom during their last sexual contacts was higher among women (57%), in the age groups 25–29 (53%), 30–39 (56%), and 40–49 (54%) and married persons (60%). The percentage of those who refused to answer was quite high in the age groups 40–49 (31%) and 50–59 (29%).

The reasons for not using condoms varied and may be grouped as follows: 37% did not think it was necessary, 32% disliked condoms, 9% did not know why, 8% used other forms of contraception, 4% had sexual partners who would not agree to use a condom, 4% did not have a condom at hand and 3% had other reasons (Figure 23).

Figure 23. What Was the Reason for Not Using a Condom during Your Last Sexual Contact?



The percentage of those who did not use a condom because they did not have one at hand was very high among persons in the 15–19 age group (27%) and unmarried persons (18%). Most of those who didn't use a condom because they disliked it were men (38%); people in the age groups 15–19 (34%), 20–24 (42%) and 30–39 (38%) and unmarried people (35%). The percentage of those who didn't use a condom because they did not think it was necessary was higher among the urban population (44%) and those in the 50–59 age group (43%).

Condom use among persons with multiple sexual partners. The use of condoms among persons with multiple sexual partners is of particular interest for this study since these persons are exposed to a greater risk of being infected with STDs, HIV and viral hepatitis. The survey revealed that a fairly large number of respondents with multiple sexual partners knew about condoms as a method to prevent STDs, HIV, and viral hepatitis. Table 9 shows that 92% of persons with multiple sexual partners knew that condoms protect against STDs, 79% against HIV/AIDS, and 60% knew that condoms protect against hepatitis B and C.

Despite this knowledge, the percentage of respondents with multiple sexual partners who reported using a condom during all sexual contacts was quite low. When asked, "How often did you use a condom in sexual contacts over the past 12 months?" only 30% of respondents with multiple partners reported using condom at all times, 18% said almost always and 50% said sometimes or not at all. When asked about their last sexual contact, 39% reported that they hadn't used a condom.

Table 9. What Respondents Knew about Condoms as Protection by Number of Sexual Partners (%)

Condom use protects against:	One sexual partner			Multiple sexual partners		
	Yes	No	I don't know	Yes	No	I don't know
Sexually transmitted diseases	81	6	13	92	4	4
HIV	77	8	15	79	15	6
Hepatitis B	58	11	32	61	14	25
Hepatitis C	56	11	32	62	12	26

Respondents with multiple partners did not use condoms for various reasons. A total of 35% said they disliked them, 34% said they did not think was necessary and 23% did not have a condom at hand (Table 10). This confirms the need for awareness activities among these groups to change their attitudes toward their own health and the health of their sexual partners.

Table 10. Why You Didn't Use a Condom During your Last Sexual Contact (%)

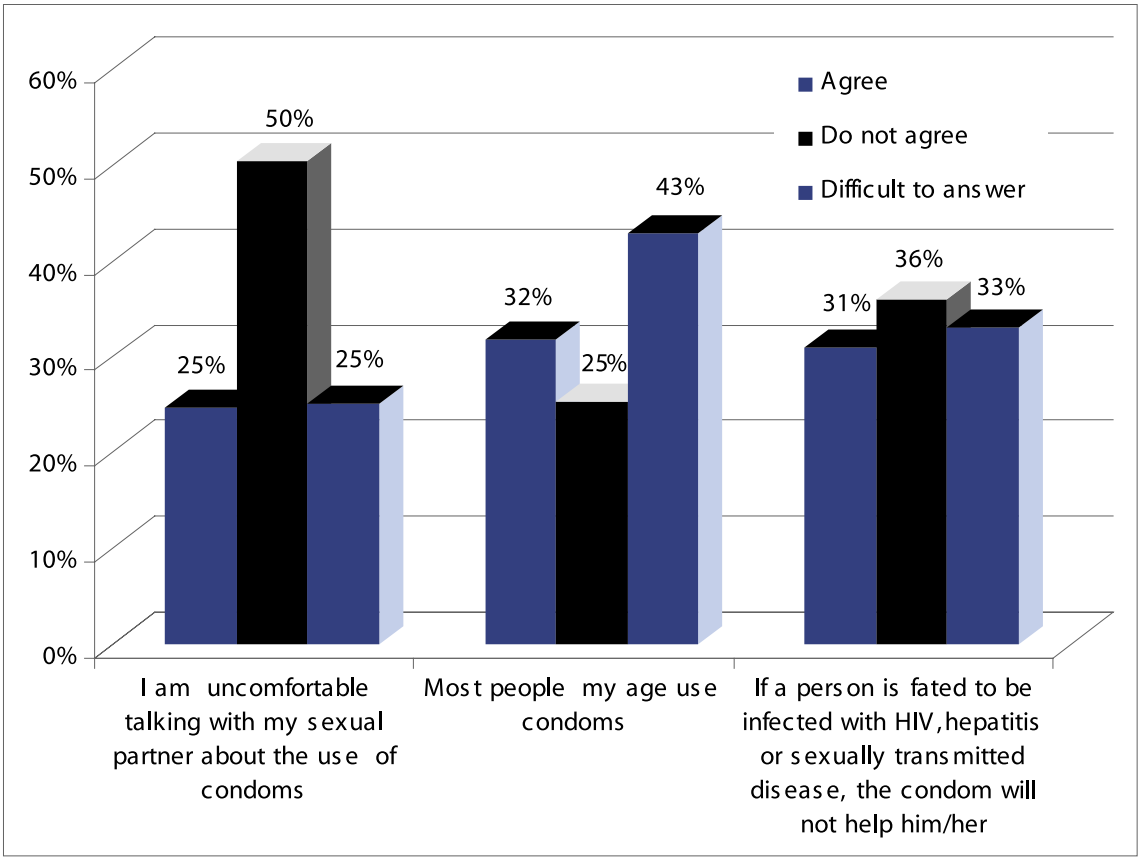
1.	I didn't want to use a condom, I dislike them	35
2	I don't think it is necessary	34
3	I didn't have a condom at hand	23
4	My partner was against it	5
5	I don't know why	3

People's attitudes with regard to condom use. To assess people's attitudes toward condom use, we proposed a set of statements that respondents could either agree or disagree with **(Figure 24)**. A total of 50% stated they felt comfortable talking with their sexual partners about condom use; 25% was uncomfortable and 25% said the question was difficult to answer. The percentage of those who felt uncomfortable was relatively higher among rural respondents (27%), persons in the age groups15–19 (29%), 30–39 (27%) and 50–59 (28%) and persons with primary/ incomplete secondary educations (32%).

One third of respondents agreed with the statement, "The majority of persons of my age uses condoms", 25% did not agree, and 43% said that it was difficult to answer. Interestingly, the majority of those who expressed agreement were respondents in the age groups 15–19 (57%), 20–24 (62%), 25–29 (46%) and 30–39 (38%) and unmarried persons (54%).

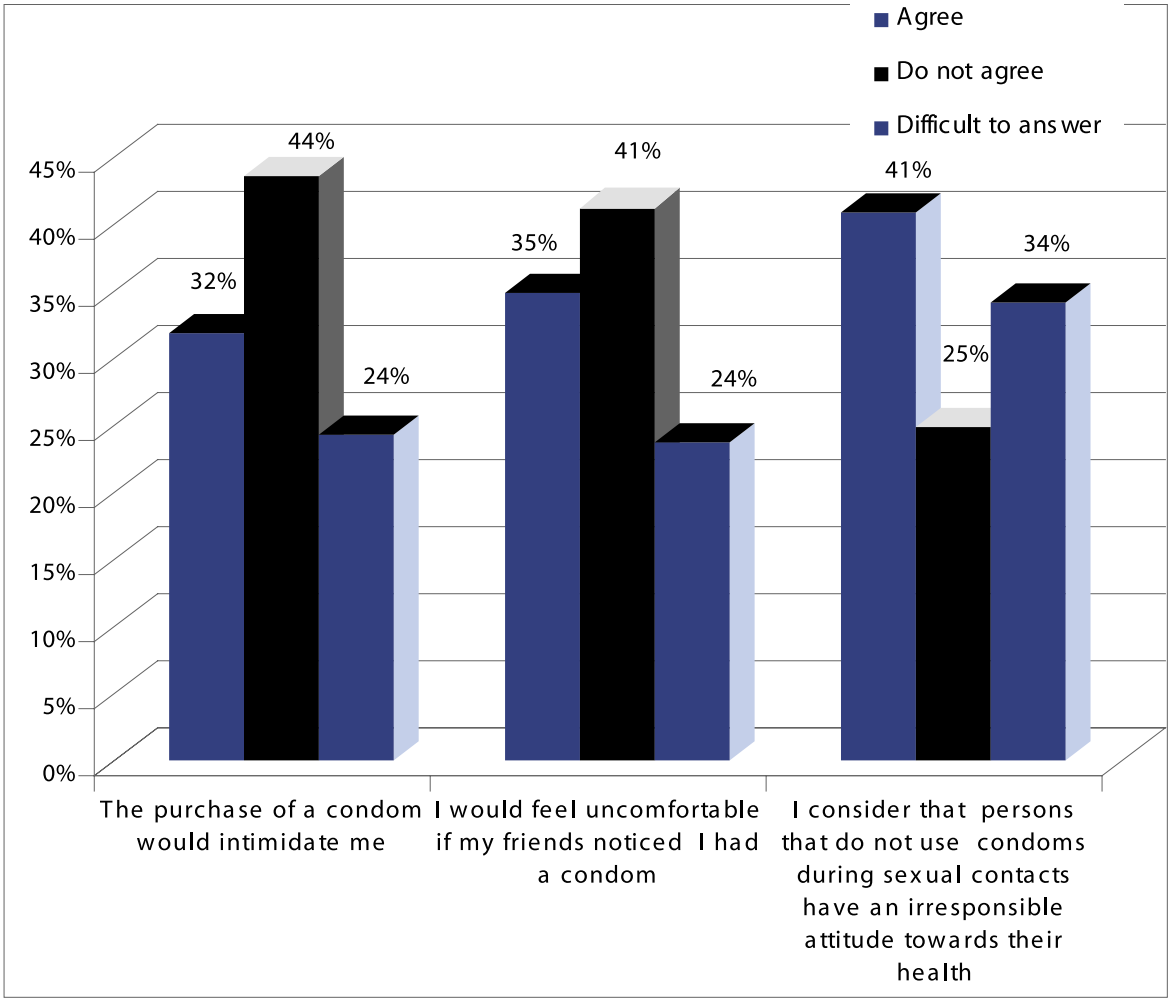
A total of 31% of respondents agreed with the statement, "If a person is fated to be infected with HIV, viral hepatitis or sexually transmitted diseases, the condom will not help him/her," 36% did not agree with this statement and 33% said it was difficult to answer.

Figure 24. Do You Agree or Disagree with the Following Statements about Condom Use?



In all, 44% of respondents stated they would not feel intimidated to purchase a condom, 32% said they would and 24% said it was difficult to answer. The percentage of those who would feel intimidated was higher in rural areas (36%), among women (40%), in the 40+ age groups and among those with primary education or incomplete secondary educations (37%). Likewise, 41% of respondents would not feel uncomfortable if their friends noticed they had a condom, 35% would feel uncomfortable and 24% said it was difficult to answer. The percentage of those who would feel uncomfortable was higher among women (44%); persons from rural areas (39%); persons in the age groups 15–19 (40%) and 40+;, divorced persons (38%) and those with primary/ incomplete secondary educations (40%). Also, 41% of respondents thought that persons who did not use condoms during their sexual contacts had an irresponsible attitude towards their health, 25% did not agree with this statement and 34% said it was difficult to answer. Interestingly, the percentage of those who agreed with this statement was higher in the age groups 15–19 (46%) and 20–29 (48%), among unmarried persons (47%) and among respondents with higher educations (47%) (Figure 25).

Figure 25. What is Your Attitude about Condom Use?

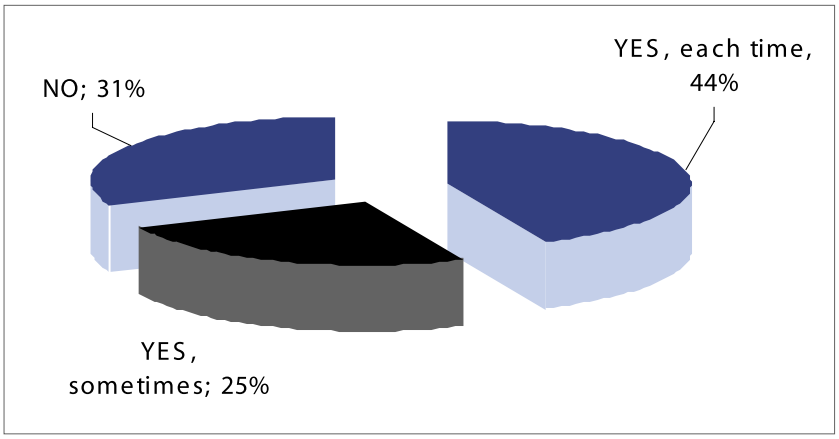


3.2. Behavior in medical institutions. Behavior in medical institutions refers to the behavior of medical staff and patients with a view to reducing the risk of being infected with viral hepatitis. The behavior of medical staff implies the observance of all hygiene and sterilization procedures, as prescribed by the *Guidelines to Infection Control*. This includes (i) adequate sterilization of all medical equipment, (ii) using disposable tools and instruments whenever possible, and (iii) using disposable gloves for every medical intervention involving contact with the patient's blood among others. The behavior of patients in medical institutions includes the vigilance and insistence that medical staff use safe medical practices for any medical intervention (e.g., changing gloves and, using disposable or properly sterilized equipment,).

This survey included a set of questions with regard to patient behavior. The results suggest that over the past two years, a fairly large number of respondents were exposed to various risks in medical institutions that could have led to infection with hepatitis B and C if infection control procedures were not properly applied. A total of 56% had had intravenous or intramuscular injections, 48% had gone to a dentist, 25% had been hospitalized, 12% had had surgical interventions, 9% had had blood transfusions, 5% were working or had worked in the past in the health care sector or had had frequent contact with human blood and 3% were dialysis patients. More than 40% of respondents stated that when going to a doctor they were always vigilant and made sure that the doctor use

disposable gloves for medical procedures, 25% stated that he/she sometimes made sure and 31% said they did not make sure (Figure 26).

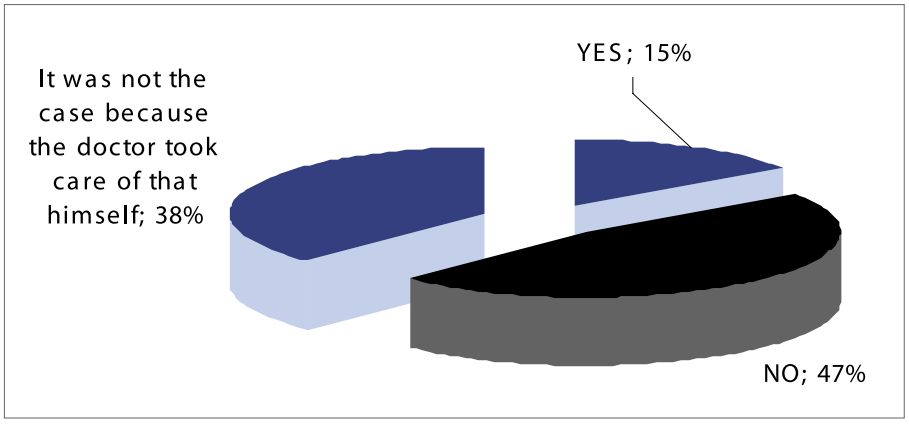
Figure 26. When going to a Doctor, Do You Make Sure that He/She Uses Disposable Gloves for Medical Interventions?



The percentage of those who indicated they did not make sure that the doctor used disposable gloves was higher among men (38%), rural people (38%), in the 60–65 age group (48%) and among those with primary/incomplete secondary educations (42%).

With reference to the question "When last going to a doctor, did you ask him/her to use disposable gloves for medical interventions?" 15% of the respondents answered affirmatively, 38% said that it was not necessary as the doctor took care of that him/herself and 47% said they did not pay any attention to the doctor's behavior (Figure 27).

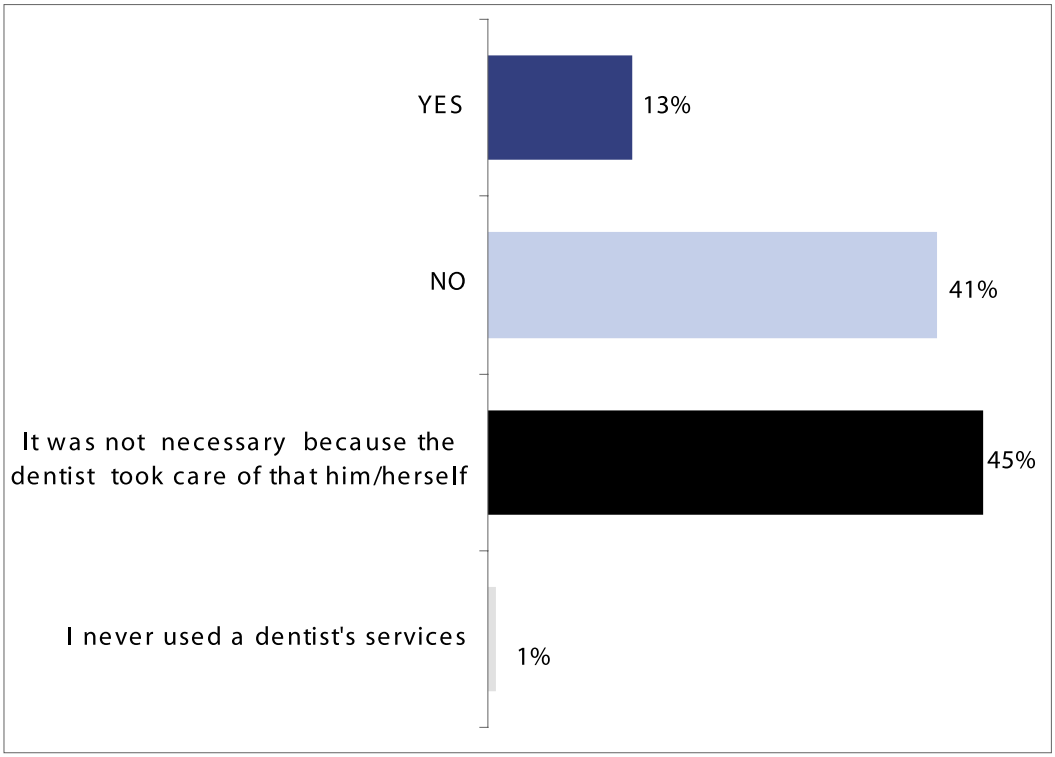
Figure 27. When Last Going to a Doctor, Did You Ask Him/Her to Use Disposable Gloves for Medical Interventions?



The percentage of respondents who not did not ask was higher among men (50%), rural persons (53%) and persons in the age groups 15–19 (55%) and 50+.
Patients' behaviors largely depend on their educational level. The percentage of respondents not attentive to the doctor's behavior diminished as their level of education increased (56% among those with primary/incomplete secondary educations and 37% among those with higher educations).

Visits to the dentist in Moldova are perceived as the most risky situations for possible infection; therefore, respondents should pay greater attention to the dentist's behavior. The survey revealed that 45% of respondents said their dentists were very careful and observed all the rules needed to prevent the risk of patient infection, so they didn't need to request appropriate behavior, 13% of the patients asked the dentist to observe all the necessary rules for infection control, but 41% said they did not ask the dentist to use sterilized or disposable instruments (Figure 28).

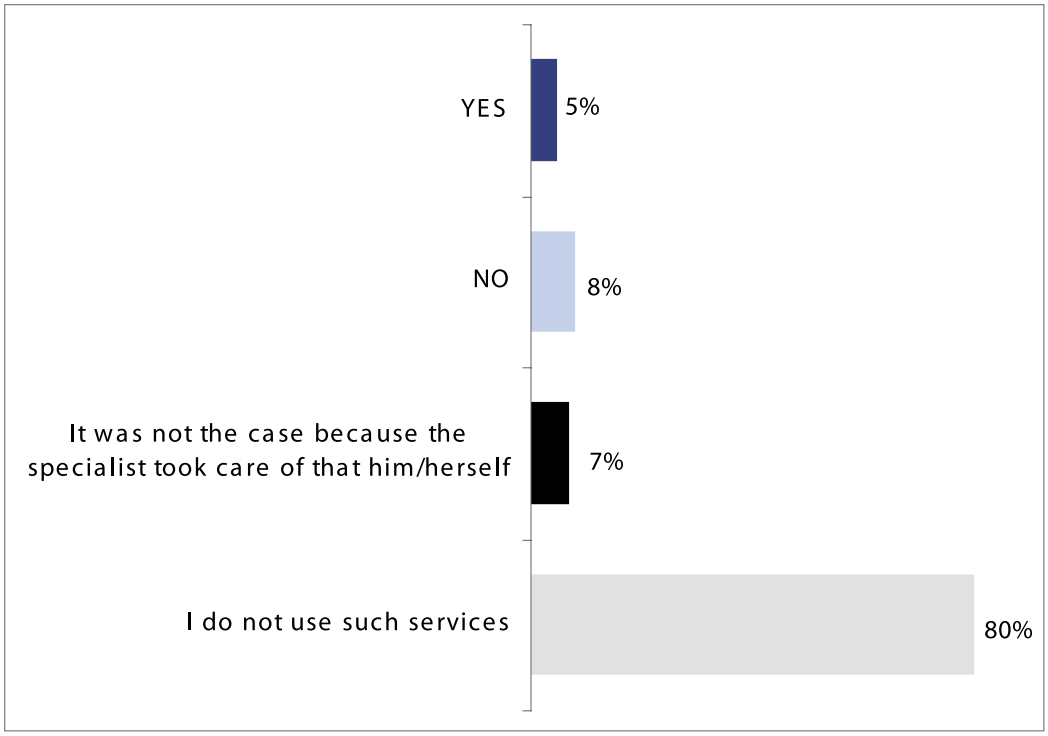
Figure 28. When Last Going to a Dentist, Did You Ask Him/Her to Use Sterilized or Disposable Medical Instruments?



The percentage of those who did not ask the dentist to use disposable or sterilized instruments was higher among rural respondents (48%), persons in the age groups 15–19 (49%) and 50+ and persons with primary/ incomplete secondary educations (50%). The percentage of those who stated the dentist himself took all necessary precautions was largest in Chișinău (68%) and Bălți (55%) with much lower numbers in the center of the country (35%), in the north (38%) and in the south (42%).

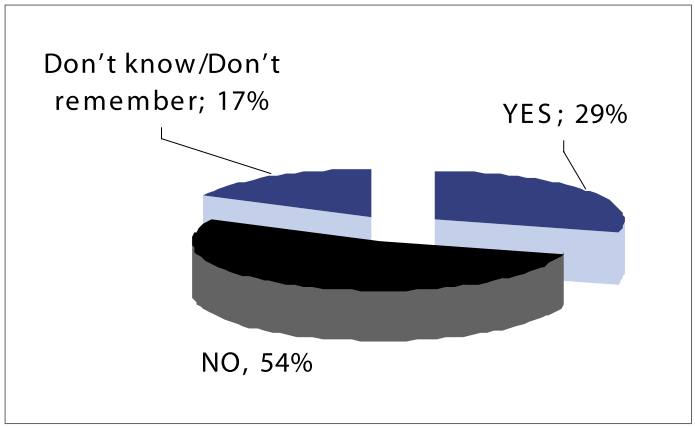
3.3. Behavior in every day situations and in non-medical establishments. This includes the respondents' behavior at home and during procedures performed in non-medical institutions ,that can imply direct contact with blood such as manicures, pedicures or tattoos. The survey revealed that only 20% of respondents had had manicures and pedicures and 80% had never used those services. Of those who had, 7% were sure their specialists took the necessary care and observed hygiene and sterilization rules so they did not have to insist on it, 5% had asked for sterilized instruments and 8% said they did not pay attention and did not ask to have the instruments sterilized (Figure 29).

Figure 29. At Your Last Manicure/Pedicure, Did You Ask for Sterilized Instruments?



3.4. Vaccination against hepatitis B. Vaccination against viral hepatitis B is a sure and safe method to prevent infection. In 1995, Moldova introduced compulsory vaccination for infants at birth. Consequently, the incidence of hepatitis B has declined during the past 15 years. Seeking a hepatitis B vaccination on one's own initiative is a demonstration of the level of awareness concerning the risks of hepatitis B and is an expression of a person's attitude toward his/her own health. The survey revealed that 29% of respondents who had heard about hepatitis B had been vaccinated, 17% did not remember if they had been and 54% stated they had not been vaccinated (Figure 30).

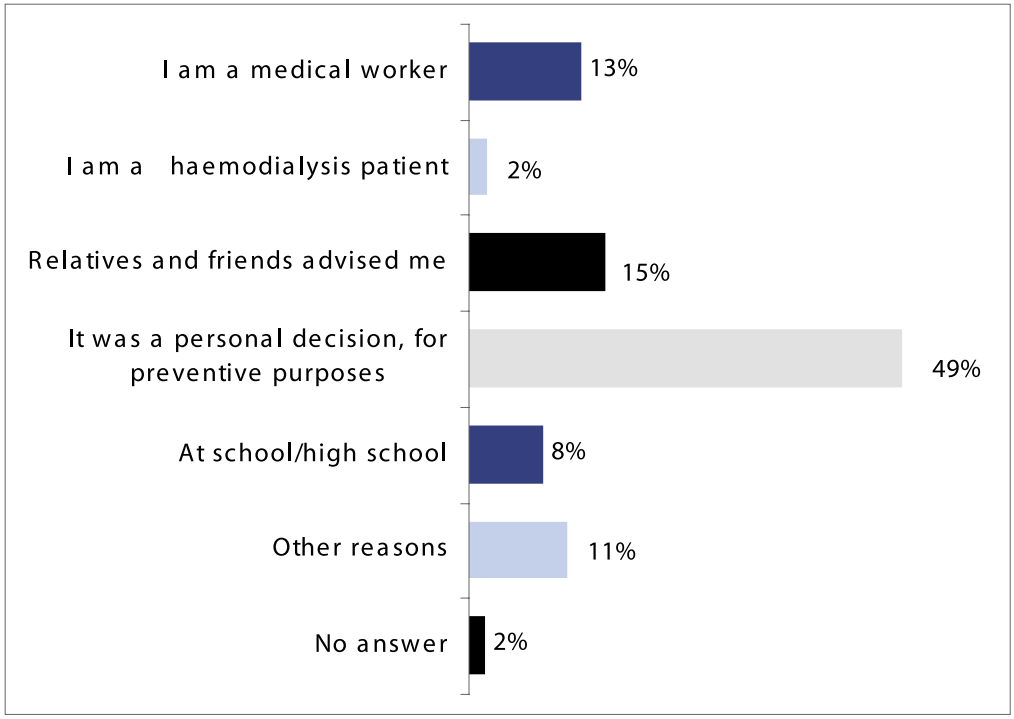
Figure 30. Are You Vaccinated against Hepatitis B?



The percentage of vaccinated people was higher in urban areas (34% compared with 25% in rural areas) and in the age groups 15–19 (42%) and 30–39 (36%). The percentage of non-vaccinated persons was higher in the age groups 25–29 (59%) and 40+.

Respondents got vaccinated for various reasons. For 49% of them it was a personal decision as a precaution, 15% were vaccinated following their relatives' or friends' advice, 13% because they were medical workers, 8% were vaccinated at school/high school, 2% were haemodialysis patients and 11% had other reasons (Figure 31). The majority of respondents who said it was a personal decision were residents of rural areas (51%); persons in the age groups 20–24 (67%), 30–39 (58%) and 40–49 (60%) and residents of Bălți (65%).

Figure 31. What Was Your Reason for Getting a Hepatitis B Vaccination?



The majority of respondents were vaccinated at the local Center for Family Doctors (55%), 28% were vaccinated at school or the work place, 8% at the local Centre for Preventive Medicine and 7% were vaccinated in other places.

The survey has also revealed the reasons for not getting vaccinated. A total of 41% of those who had heard about hepatitis B and knew about the existence of a vaccine, did not have a good explanation as to why they hadn't been vaccinated, 26% said they did not know where they could get one, 13% said it was too expensive ,9% did not have time, 7% thought they did not need one, 5% did not believe the vaccine could protect them against hepatitis B and 4% said nobody had told them to get vaccinated. The number of respondents who did not know where they could be vaccinated was higher in central region (41%) and in the 25–29 age group (39%). A total of 24% of students stated that the vaccine was too expensive for them. The percentage of respondents who had not been vaccinated because of a lack of time was also higher in the 25–29 age group (22%).

SUMMARY

Sexual behavior

- The overwhelming majority of respondents had had sexual relationships. Of those, 8% reported having more than one sexual partner over the past 12 months. The number of those with multiple sexual partners dropped over shorter time periods. Thus, 8% of respondents reported having multiple sexual partners over the past 12 months, 6% over the past 6 months and 3% in the past month.

- The percentage of those with multiple sexual partners was higher among persons in the 15–29 age group and unmarried persons.

- More than half of the people interviewed reported they had used condoms during sexual intercourse. The percentage of respondents who had ever used condoms varied with the respondents' age: it was higher among persons under 29 years and dropped as the age of the respondent increased (71% in the 15–19 age group and 16% in the 60+ age group). This can be explained by the fact that in Moldova there was no culture of condom use before the 1990s and it was shameful to talk about sex and condoms. After schools introduced a new subject called Education for Health and following the implementation of projects aimed at preventing STDs, the topic of condom use was no longer a taboo particularly among younger generations.

- Only 10% of respondents who had ever used condoms had used them consistently during all sexual contacts over the past 12 months, 20% did not use condoms at all and 32% used them only sometimes.

- The survey revealed that a fairly large number of respondents with multiple sexual partners knew about condoms as a preventive method against STDs, HIV and viral hepatitis. Still, the percentage of those who reported always using a condom during sexual intercourse was quite low because they were unwilling to use them, they did not think it was necessary or they did not have a condom at hand.

Behavior in medical institutions

- In the past two years, respondents were frequently exposed to risks in medical institutions. If infection control rules were not properly implemented, this could have led to infection with hepatitis B/C.

- Respondents thought that a significant number of doctors did take the necessary care and observed the general rules concerning proper hygiene and sterile procedures needed to prevent patient infections. This was the opinion of 45% of respondents who had visited a dentist recently and of 38% of respondents who had recently visited a health professional.

- Overall, respondents stated they were mindful of correct sterile procedures in doctors' offices during medical procedures. Still, a fairly large number (40%) did not take note of or request correct sterile conditions (disposable gloves/sterile instruments) when they last saw a dentist or health professional.

- The percentage of respondents less vigilant about the behavior of medical personnel in medical institutions was higher among men, rural inhabitants, the age groups 15–19 and 50+ and persons with lower levels of education.

- One third of respondents who had heard about a vaccine against hepatitis B had been vaccinated. Of those, about 50% personally decided to get vaccinated as a precaution. Two thirds of respondents who had not been vaccinated could not give a reason why or did not know where they could get a vaccination or thought the vaccine was too expensive.

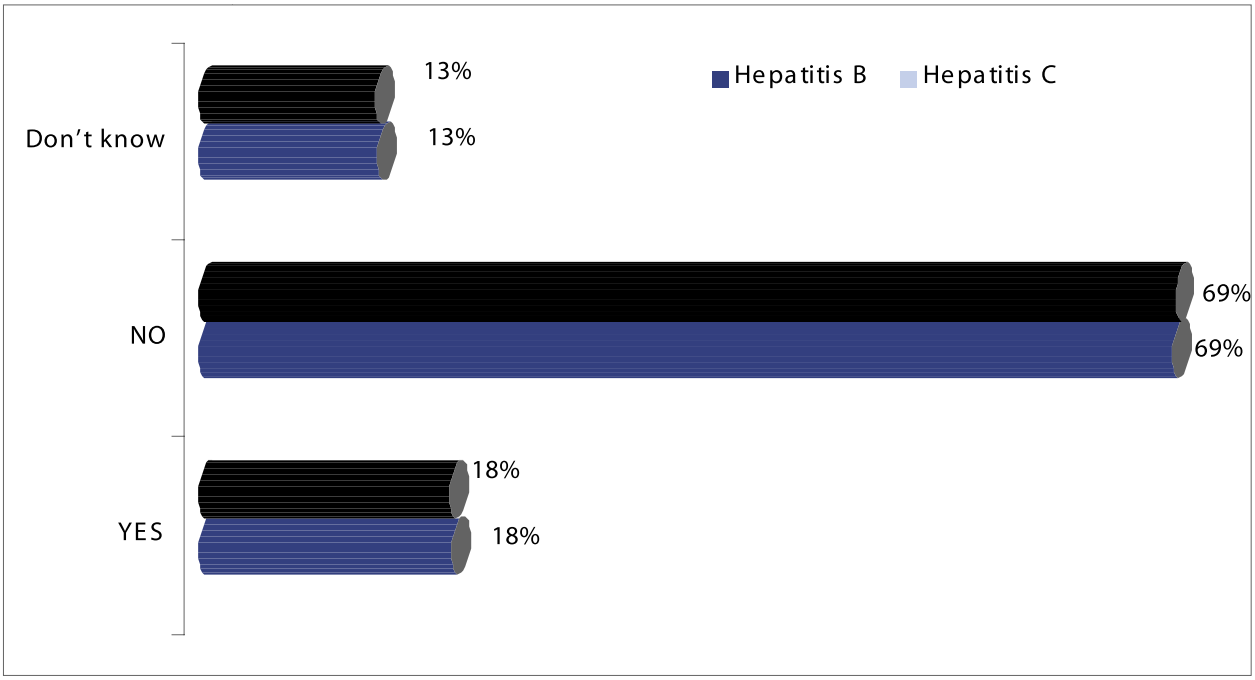
Behavior in non-medical establishments

- In all, 80% of respondents had never gone out for a pedicure or manicure. Half of those who had stated that their specialist took the necessary care and sterilized the equipment or that they personally insisted on it. As with medical procedures, about 40% of respondents did not pay much attention to their specialist's behavior and the sterile condition of instruments.

CHAPTER 4.
PUBLIC ATTITUDES TOWARD PERSONS INFECTED WITH VIRAL HEPATITIS B AND C

4.1. Respondents' general attitudes toward persons infected with viral hepatitis. Overall, respondents did not have a negative attitude toward viral hepatitis patients as 69% did not think that infection with hepatitis B or C was shameful. Only 18% thought it was shameful and 13% did not know (Figure 32). The percentage of those who considered it shameful to be infected with hepatitis B was higher among persons in the 15–19 age group (23%) and in the south (27%). The percentage of those who considered it shameful to be infected with hepatitis C was higher among persons in the 25–29 age group (24%) and in the south (26%).

Figure 32. Do You Think it is Shameful to be Infected with Hepatitis B/C?



Of the people interviewed, 61% stated they would not keep it a secret if members of their families were infected with hepatitis B or C while 22% would keep it a secret and 17% stated it was difficult to answer. The percentage of those who would keep it a secret was higher in the age groups 15–19 (33%) and 20-24 (32%), among unmarried persons (32%), residents of Chișinău (27%), and people from the south (28%).

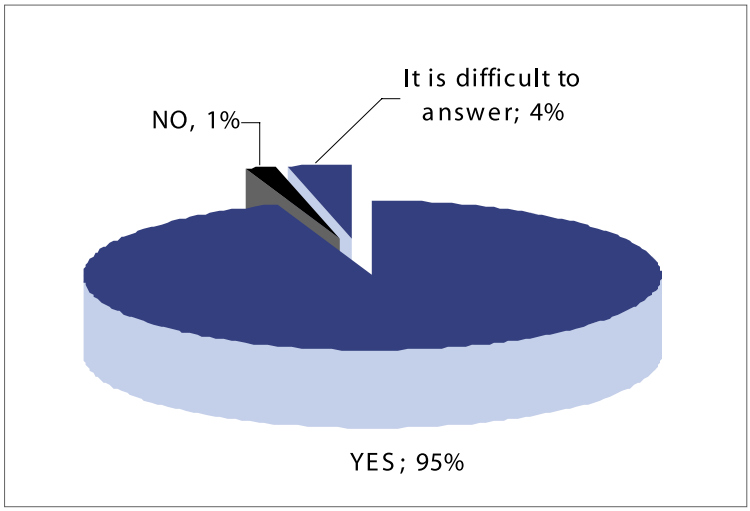
As far as respondents themselves were concerned, 79% of them stated they would tell the doctor if they were infected with viral hepatitis, 49% would tell their spouses or steady sexual partner, 35% would tell their parents, 10% would tell a friend, 6% would tell a colleague, 3% wouldn't tell anybody and 3% would tell their children. Respondents in the 15–19 age group would be more inclined to tell

their parents first (79%) then the doctor (72%). Respondents in the 20–24 age group would tell the doctor first (79%) then their parents (60%) or spouses/steady sexual partners (34%). Respondents in the 25+ age groups were more likely to tell a doctor first, then their spouses/sexual partners and then their parents.

4.2. Acceptance of persons infected with viral hepatitis. When asked "Do you know of someone with hepatitis B or C?" 32% stated they knew persons infected with viral hepatitis B, 21% knew persons infected with hepatitis C and 10% indicated they knew of persons with B and of persons with C. The percentage of those who indicated they knew persons with hepatitis B/C was higher in Bălți and Chișinău. In Bălți, 41% of respondents indicated they knew persons with hepatitis B and 42% with hepatitis C. In Chișinău, 39% of respondents indicated they knew persons infected with hepatitis B and 24% with C.

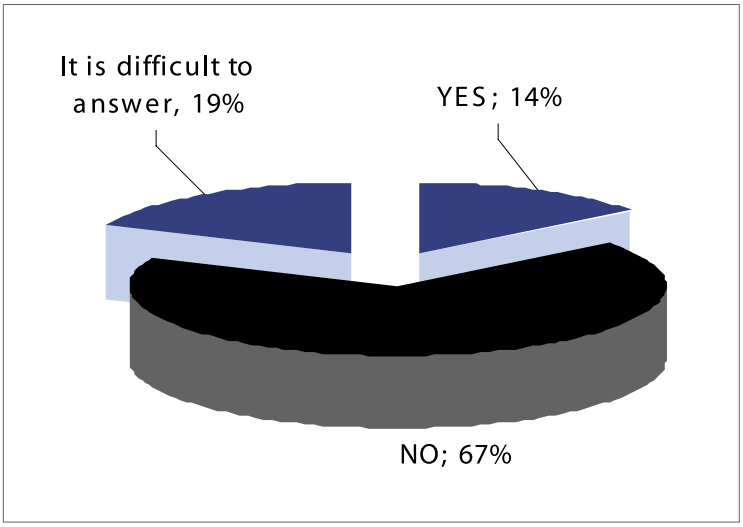
The survey revealed that respondents would generally take care of a family member if he/she were infected with viral hepatitis as this attitude was characteristic of 95% of respondents while only 5% stated they would not take care of an infected family member or that it was difficult to answer (Figure 33).

Figure 33. If Someone in Your Family Were Infected with Hepatitis B/C, Would You Take Care of Him/Her?



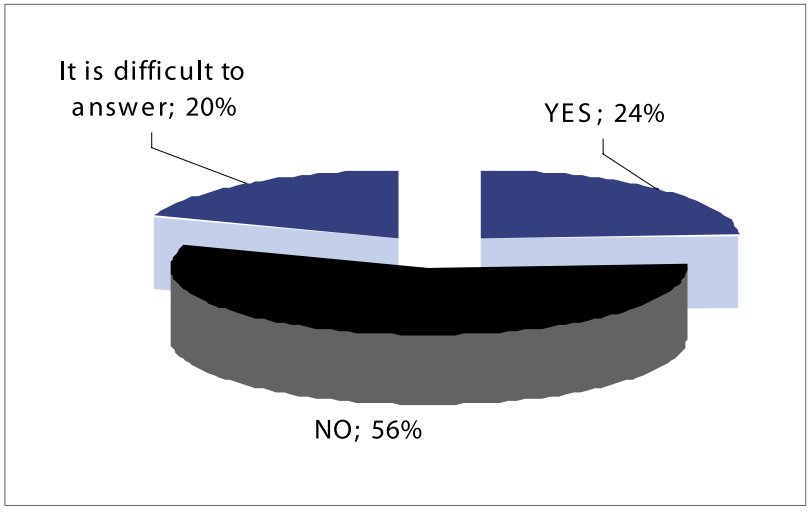
On the other hand, only 14% indicated they would buy food products from a person infected with hepatitis B/C, 19% stated that it was a difficult question to answer and 67% said they would not buy food products from a vendor who was known to be infected (Figure 34). Of those who would not, the percentage was higher in rural areas (75% compared with 59% in urban areas), in the age groups 20–24 (75%) and 60–65 (74%), in the central region of the country (76%) and in the north (74%). Most of those who found the question difficult to answer were in the age groups 15–19 (24%) and 40–49 (23%).

Figure 34. Would You Buy Food Products from a Vendor You Know is Infected with Hepatitis B/C?



Only 24% of respondents said that a teacher infected with viral hepatitis could work at school. More than 50% of respondents thought that a teacher with viral hepatitis could not and 20% said it was difficult to answer (Figure 35). The percentage of those who said no was higher in rural areas (61%), in the central region (62%),and in the North (61%).

Figure 35. In Your Opinion, Can a Teacher Infected with Hepatitis B/C Work at School?



To assess the overall acceptance of persons infected with viral hepatitis, a summary indicator was developed, including the number of persons who agreed with the following four statements.

a) I'm ready to take care of a family member infected with viral hepatitis;

b) I would not keep it a secret if a family member were infected with viral hepatitis;

c) I would buy food products from a vendor infected with viral hepatitis B and/or C;

d) I think that a teacher infected with hepatitis B and/or C can continue working in school.

We thereby established that the overall acceptance of persons infected with viral hepatitis was quite low at only 7% (Table 11).

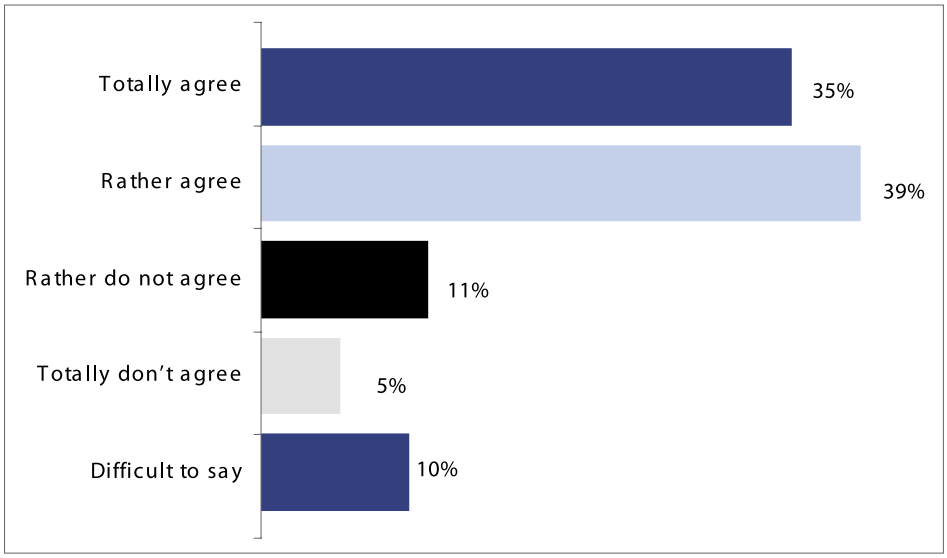
Table 11. Acceptance of persons infected with viral hepatitis (%)

	Total	Residence		Age groups							Education			
Sample: *945 respondents who have heard about Hepatitis B/ C* *70 respondents answered affirmatively to all 4 questions 43.2, 44.1, 45.1 and 46.1*		Urban	Rural	15-19 years	20-24 years	25-29 years	30-39 years	40-49 years	50-59 years	60-65 years	Secondary incomplete/ primary	Secondary complete	Vocational	Higher
Nr.	**70**	**49**	**21**	**4**	**5**	**8**	**16**	**16**	**18**	**3**	**6**	**11**	**13**	**40**
70 / 945x 100%= 7%	**7%**	11	4	3	5	9	10	9	10	4	3	5	7	13

Acceptance of persons infected with viral hepatitis is not gender dependent, but persons from urban areas are more tolerant than those from rural areas. The degree of tolerance increases with the level of education (3% among respondents with primary/incomplete secondary educations and 13% among respondents with higher educations). More tolerant people were in Bălți (17%) and Chișinău (12%); less tolerant people were in the north (2%), center (3%) and south (5%).

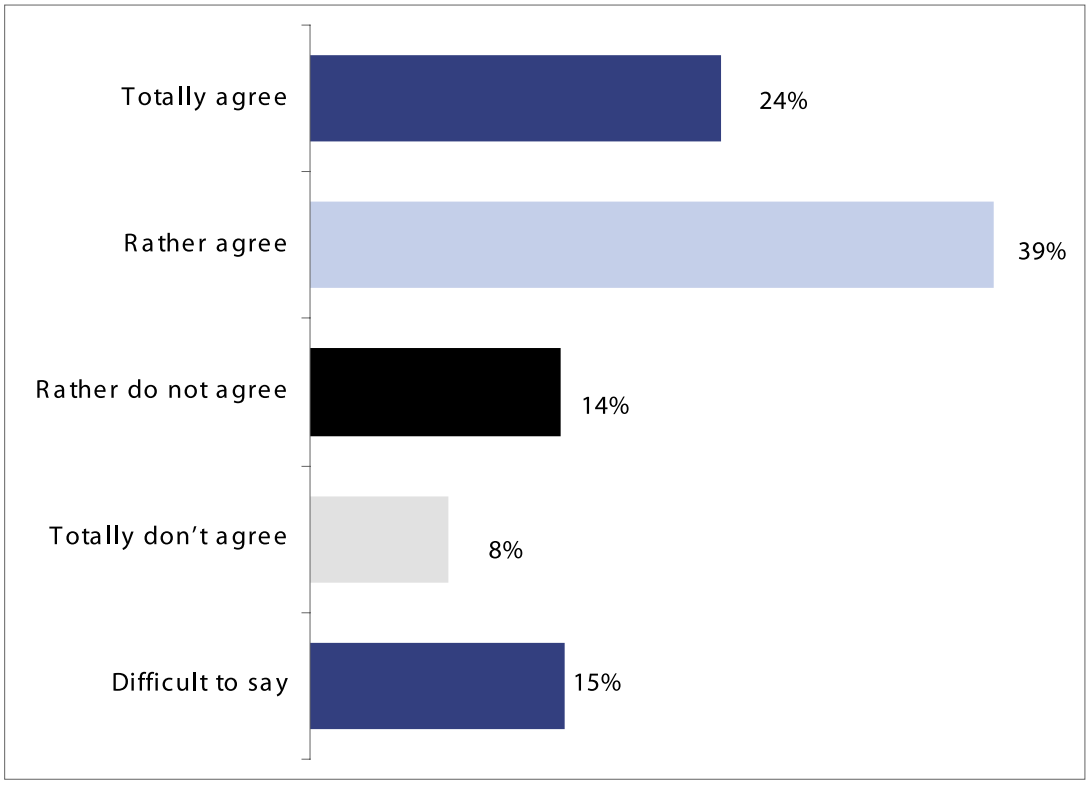
4.3. Respondents' awareness about the risk of being infected with hepatitis B/C. The survey revealed that many people were aware of the personal risk of being infected with viral hepatitis as 79% of respondents agreed completely or tended to agree that anyone could be infected with B or C. The overwhelming majority of respondents associated the risk of infection with blood donation/transfusion, surgical interventions, injected drug use and sexual contacts with multiple partners as 74% of respondents agreed completely or tended to agree with the statement that a person infected with hepatitis B/C was probably a blood donor or had received a blood transfusion (Figure 36). The percentage of respondents who shared this opinion was higher in urban areas (79%), in the age groups 25–29 (79%),and 50–59 (80%), in Chișinău (80%), and in Bălți (90%).

Figure 36. How Strongly do You Agree that a Person Infected with Viral Hepatitis was Probably a Blood Donor or Had Received a Blood Transfusion?



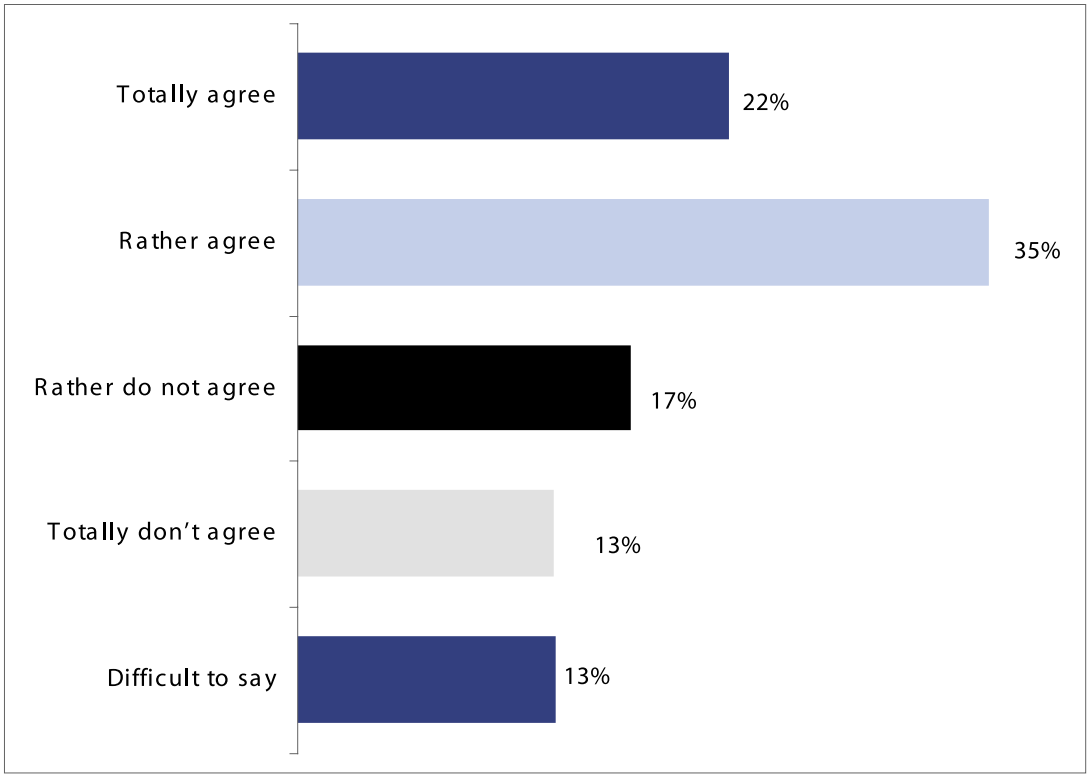
In all, 63% of respondents agreed completely or tended to agree with the statement that a person infected with viral hepatitis had probably undergone several surgical operations (Figure 37).

Figure 37. How Strongly Do You Agree that a Person Infected with Viral Hepatitis Had Probably Undergone Several Surgical Operations?



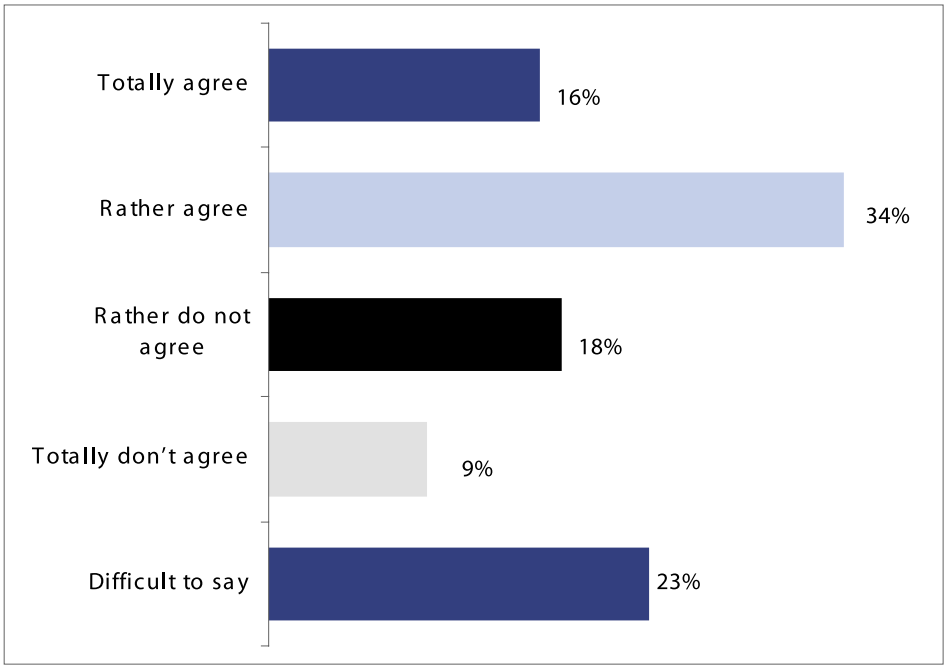
In addition, 57% of respondents agreed completely or tended to agree with the statement that a person infected with viral hepatitis probably injected drugs (Figure 38). The percentage of respondents who shared this opinion was higher in urban areas (65%) especially in the big cities of Bălți (74%) and Chișinău (67%).

Figure 38. How Strongly Do You Agree that a Person Infected with Viral Hepatitis Injected Drugs?



A total of 50% agreed completely or tended to agree with the statement that a person infected with viral hepatitis probably had had multiple sexual partners (Figure 39). The percentage of respondents who shared this opinion was higher in urban areas (56%), in the 25–29 age group (64%) and in Chișinău (64%).

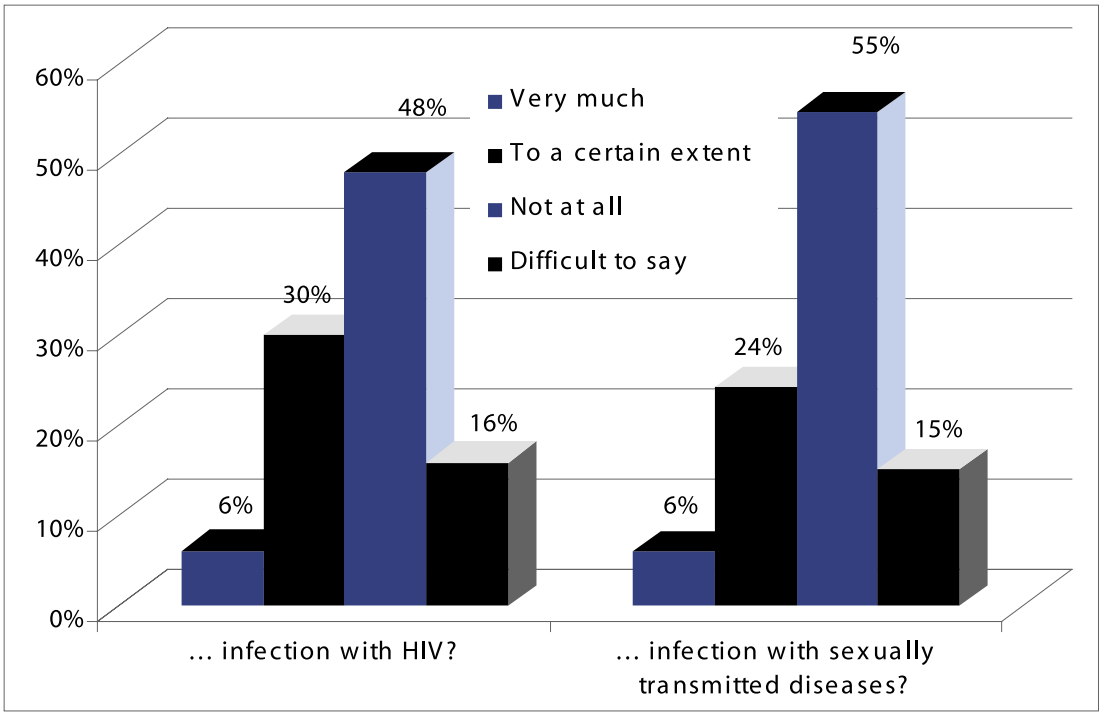
Figure 39. How Strongly Do You Agree that a Person Infected with Viral Hepatitis Probably Had Multiple Sexual Partners?



4.4. Assessing the personal risk of being infected with HIV,STDs and viral hepatitis. When asked to assess the extent to which they personally were exposed to the risk of being infected with HIV, 48% of respondents stated they were not exposed at all, 30% said to a certain extent, 6% said very exposed and 16% said it was difficult to say. The percentage of respondents who said they were exposed "very much" or "to a certain extent" was higher among men (42%) and persons in the 20–24 age group (44%). One can note a strong correlation between the answers provided and the educational level of the respondents, i.e. the more educated the respondents were, the more they realized the risks of being infected with HIV (27% of persons with primary/incomplete secondary educations and 41% of persons with higher educations). In terms of the number of sexual partners, respondents with multiple partners were more aware of the risk of infection with HIV as 54% of them stated they were very much or *to* a certain extent at risk, and only 33% believed they were not exposed to any risk (Figure 40).

Regarding STDs, more than 50% of respondents stated they were not exposed to any risk, 24% thought they were exposed to a certain extent and 6% said they were very exposed. The share of respondents who thought they were very exposed or exposed to a certain extent was higher among people aged between 15 and 19 years (34%), the 20–24 age group (44%), the 25/29 age group (37%), unmarried persons (37%) and persons with multiple sexual partners (54%).

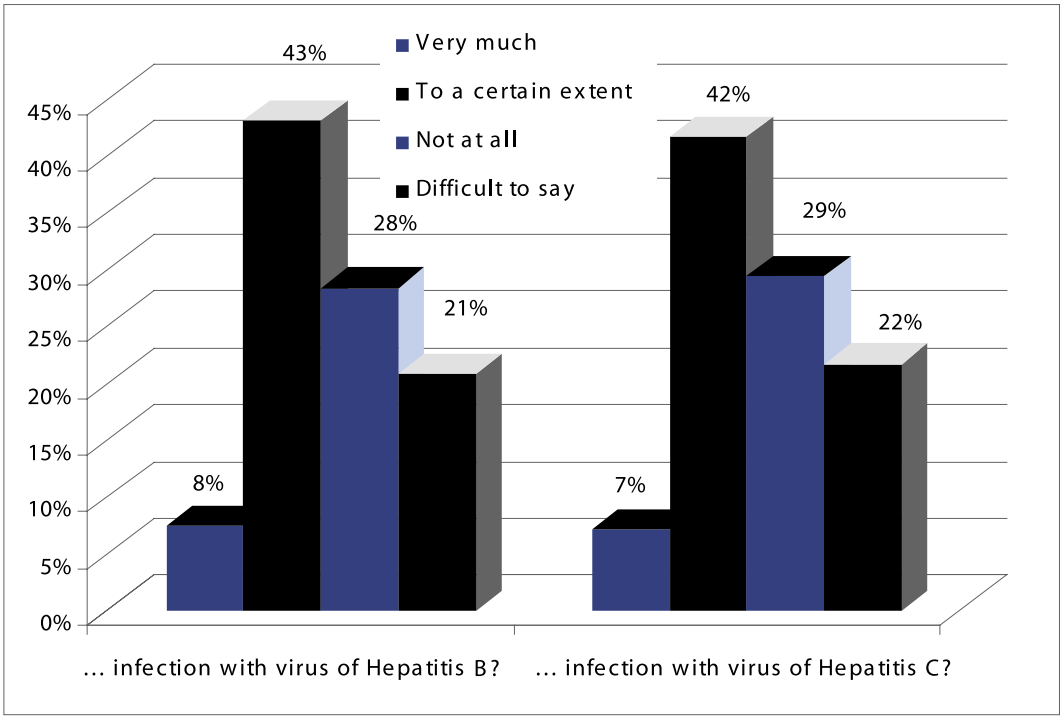
Figure 40. Exposure to HIV and Sexually Transmitted Diseases



The share of those who thought they were very exposed or exposed to a certain extent to the risk of being infected with viral hepatitis was higher than that for either HIV or STDs. Only 28% of respondents stated they were not exposed at all to the risk of being infected with hepatitis B; 43% believed they were exposed to a certain extent, 8% thought they were very exposed and 21% said it was difficult to answer. The situation is similar for hepatitis C as 29% mentioned they were not exposed at all, 42% said they were exposed to a certain extent, 7% were very exposed and 22% stated it was difficult to answer (Figure 41). The share of respondents who thought they were very exposed or exposed to a certain extent was higher in the municipality of Bălți (60% for hepatitis B and 62% for hepatitis C) and among those with higher educations (55% compared with 41% with

lower levels for B and 54% and 41% for C). As with HIV and STDs, this can be explained by the greater awareness among better educated people.

Figure 41. Exposure to the Risk of Infection with Hepatitis B/C



The survey revealed a small difference in levels of awareness about the risks associated with viral hepatitis and the number of sexual partners. Only 50% of persons with multiple sexual partners realized they were at a high risk or at risk to a certain extent of being infected with hepatitis B; 28% believed they were not at risk at all and 20% found it difficult to respond. In all, 47% of respondents with multiple sexual partners (54% of those with one sexual partner) believed they were at great risk or at risk to a certain extent of being infected with hepatitis C while 31% thought they weren't at risk at all and 22% found it difficult to respond.

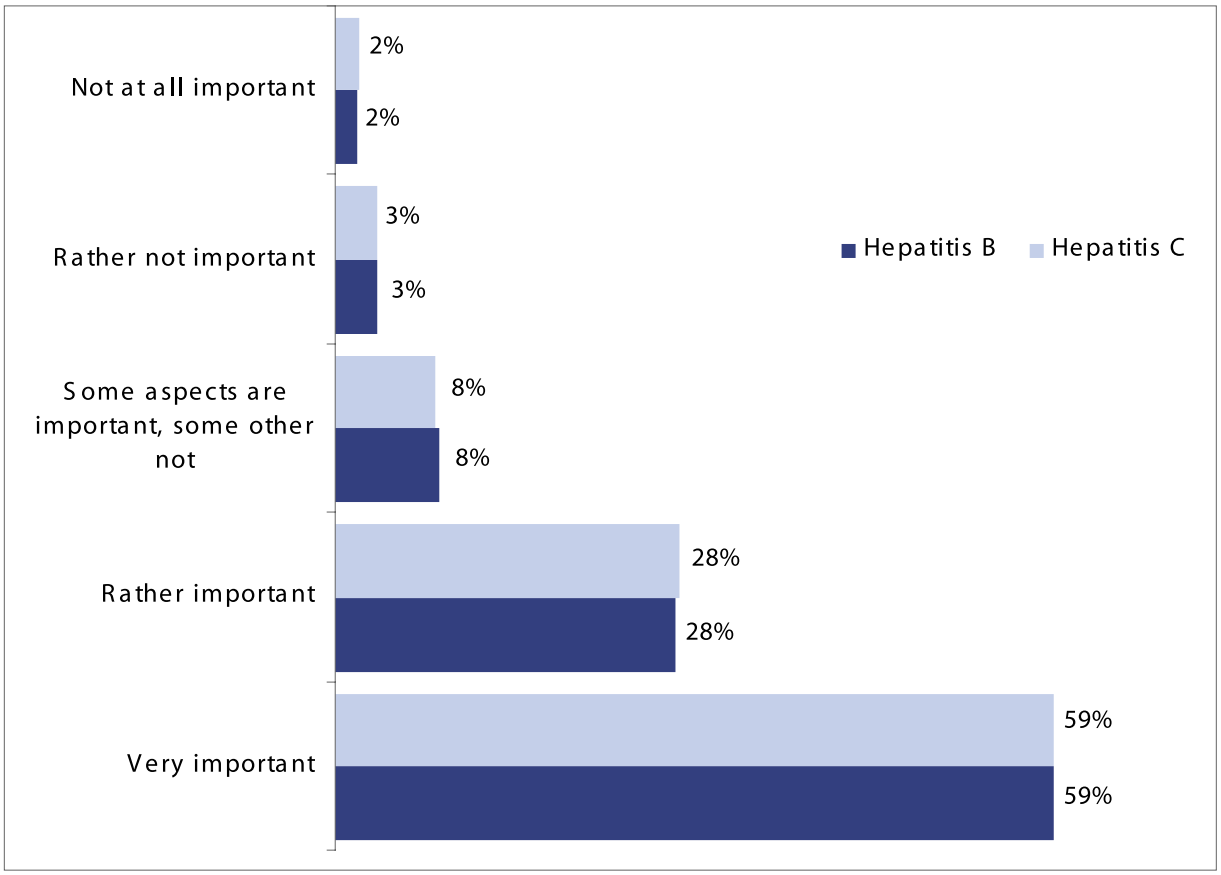
SUMMARY

- Overall, people do not have a negative attitude toward persons infected with viral hepatitis. Most of them thought that hepatitis is not a shameful disease and that it's not necessary to keep it a secret if a member of the family is infected. Also, the majority of respondents were ready to tell their parents, doctors and partners about having the infection.
- Most respondents were willing to take care of a family member infected with hepatitis B/C. This could be explained by the strong family bonds and supportive attitudes toward ill family members. At the same time, the survey has revealed a low level of acceptance of persons (not relatives) infected with viral hepatitis. Only 14% would buy food products from a shop assistant known to have it, and only 24% believed that a teacher with hepatitis could continue working in school. The integrated acceptance indicator was 7%.
- Most respondents associated viral hepatitis infections with a) blood donation/transfusion, b) surgical operations, c) injecting drugs and d) multiple sexual partners.
- More respondents were aware of their risk of being infected with viral hepatitis B and C than with other STDs and HIV. Still, there were many respondents who thought they were not at risk or who could not assess their personal risk of being infected with viral hepatitis.

CHAPTER 5.
THE NEEDS OF THE PUBLIC FOR INFORMATION CONCERNING VIRAL HEPATITIS

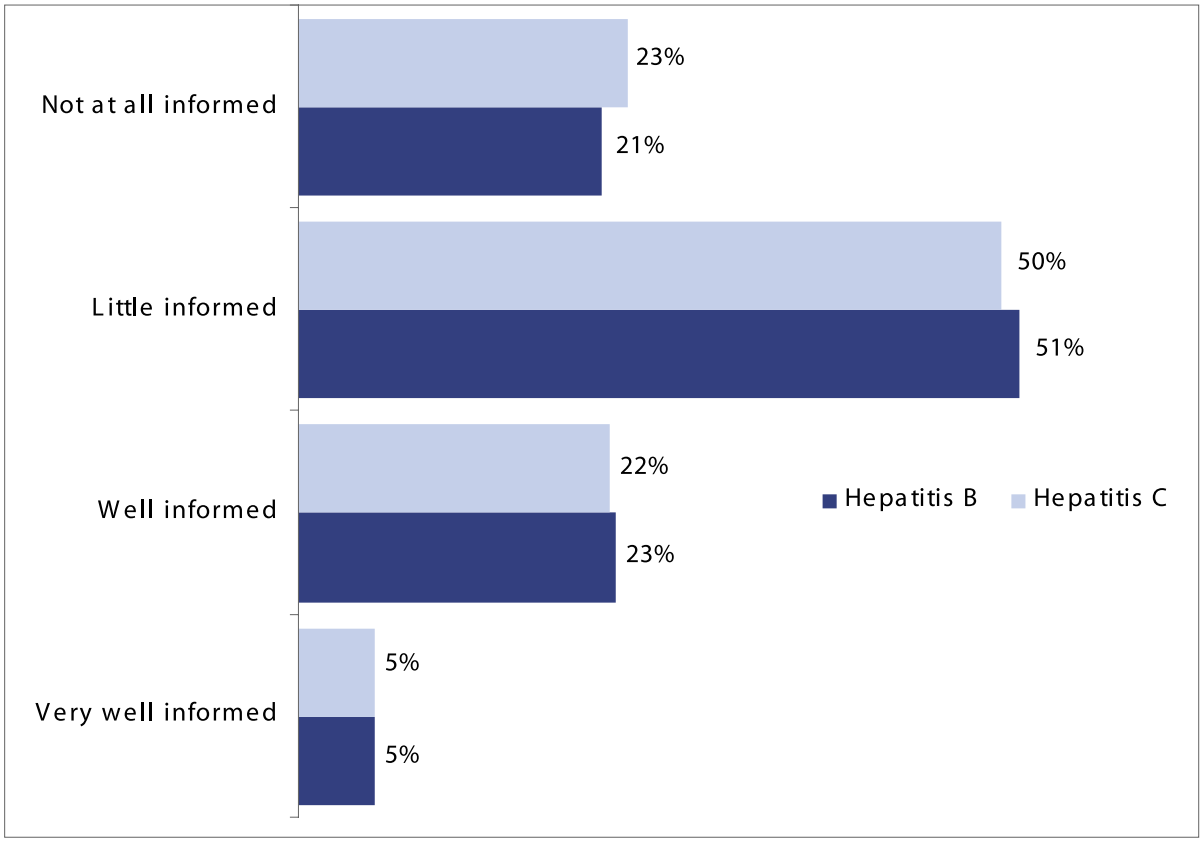
5.1. How important is information about viral hepatitis and how well informed are people about the subject? More than half the respondents thought it was very important to be informed about hepatitis B and C, 28% thought it was fairly important to be informed, 8% thought that some aspects were important while others were not and 5% thought it was rather unimportant or of no importance at all (Figure 42). The importance that people attached to information varied by sex, age, residence and education. The share of those who thought that information about hepatitis B and C was very important was higher among women (63%); rural residents (61%) and in the age groups 15–19 (65%), 20–24 (61%), and 25–29 (63%). The percentage increased with the level of education (56% for primary/incomplete secondary educations vs. 66% for those with higher educations). More people from the north (62%) and from the center (66%) also thought it was very important.

Figure 42. How Important Is It To Be Informed about Hepatitis B and C?



Although the majority of respondents thought it was very important or rather important to be informed about hepatitis B and C, more than 70% considered themselves not well informed or not informed at all about either one (Figure 43).

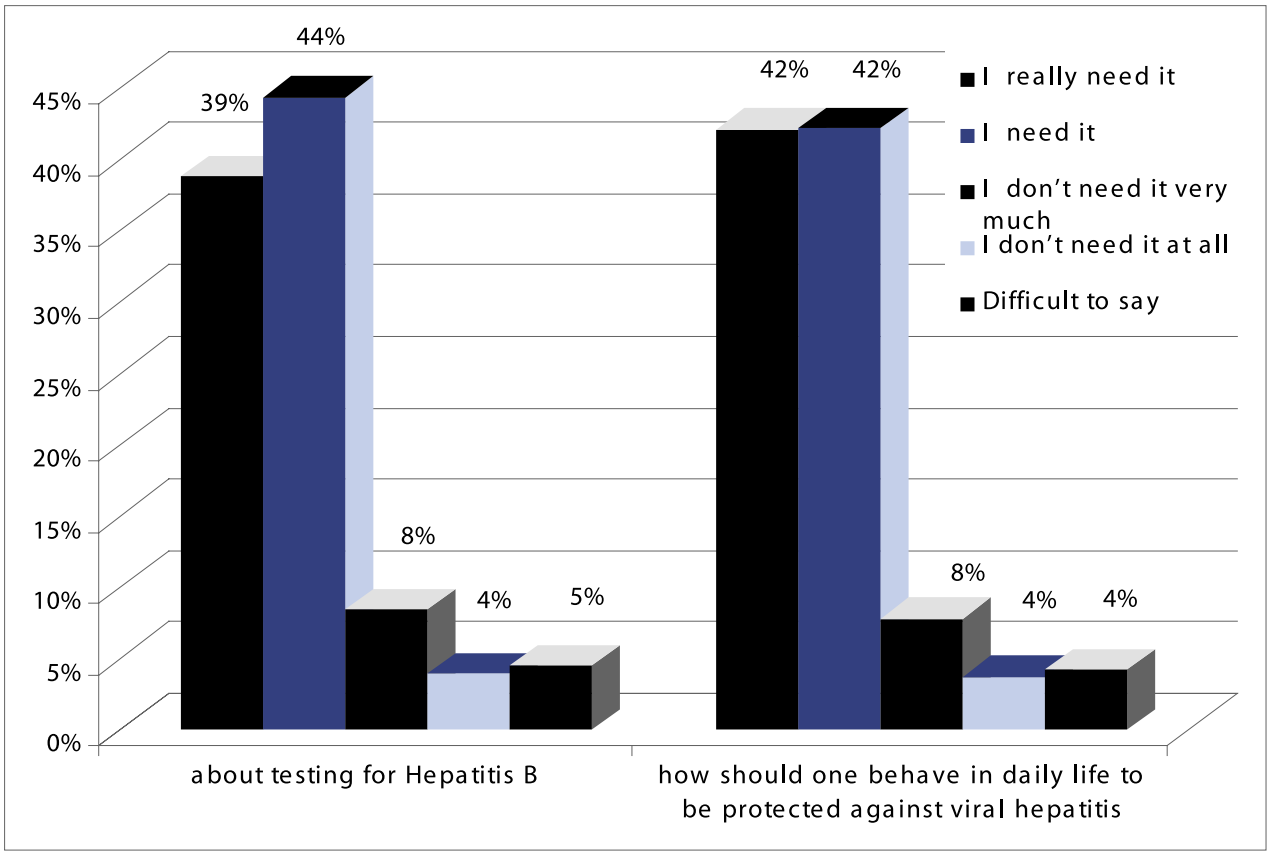
Figure 43. In Your Opinion, How Well Informed are you about Hepatitis B/C?



Only 28% of respondents in case of hepatitis B and 27% in case of hepatitis C stated they were very well or well informed about viral hepatitis. The share of respondents who considered themselves not informed at all or slightly informed about hepatitis B was higher in rural areas (77%), in the age groups 15–19 (77%) and 60–65 (78%), among unmarried persons (77%), persons with primary/incomplete secondary educations (79%), persons with completed secondary educations (77%), respondents in the north (77%) and those in the south (84%). The least informed about hepatitis C were persons from rural areas (77%), persons in the age groups 15–19 (78%) and 60–65 (77%), unmarried persons (78%), persons with primary/incomplete secondary educations (79%), persons with completed secondary educations (77%), respondents in the north (77%) and those in the south (84%).

5.2. Respondents' specific information needs. When asked to what extent they needed information about various aspects of viral hepatitis, 83% of respondents said they needed or really needed it about testing for hepatitis B (Figure 44). The percentage was higher in rural areas (93%), in the age groups 15–19 (90%) and 20–24 (88%), among unmarried persons (88%) and among persons with higher educations (89%). Eighty-four percent also stated that they needed or really needed information about how one should behave in daily life to be protected against hepatitis B/C (Figure 44). The share of respondents who wanted this information was higher among the 15–19 age group (92%).

Figure 44. How Much Do You Need Information about Testing for Hepatitis B and about Avoiding Viral Hepatitis

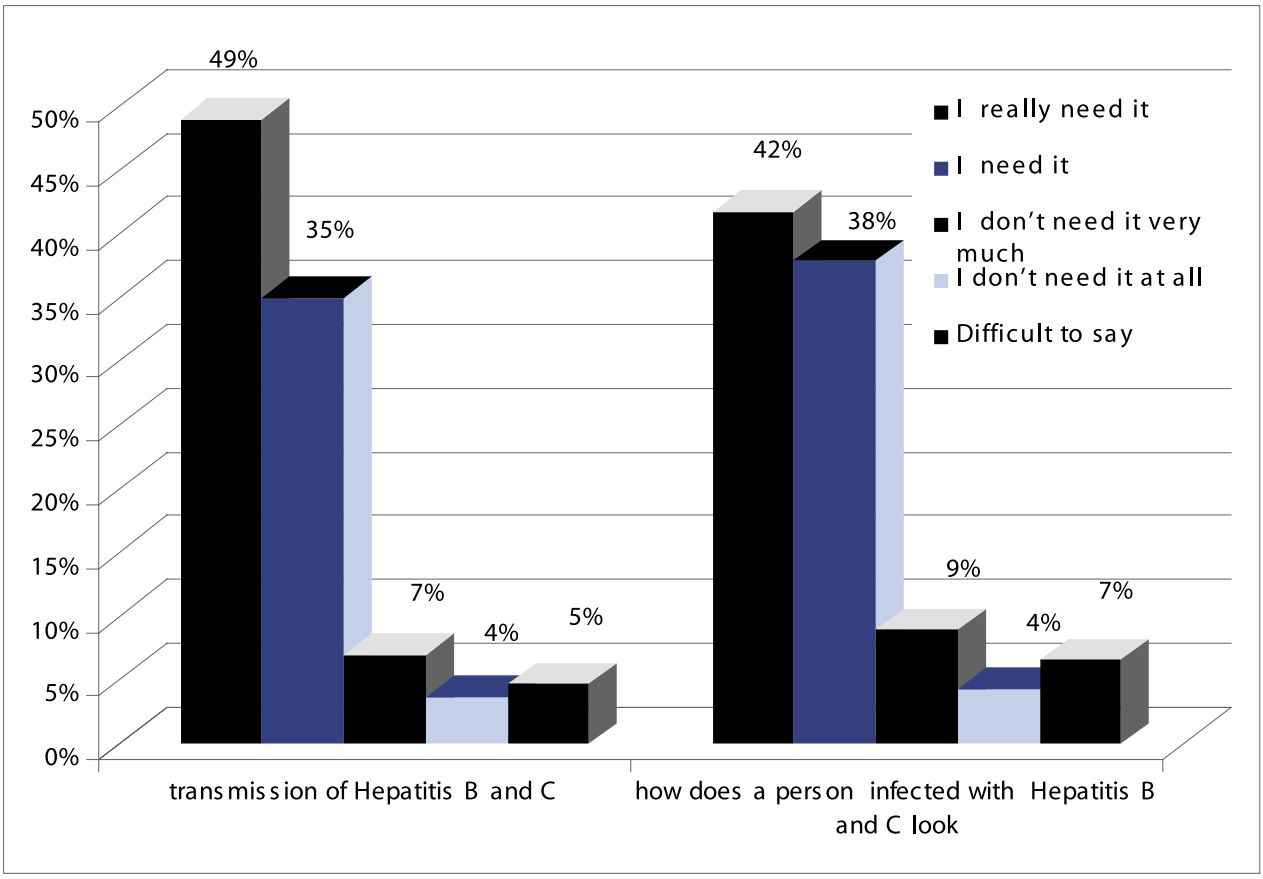


A further 80% of respondents said they needed or really need information about how they should behave toward persons infected with viral hepatitis to prevent their social exclusion. The share of respondents who would like to get more information on this issue was higher in the age groups 15–24 (86%) and 25–29 (84%).

In all, 84% of respondents believed they needed or really needed information about the transmission of hepatitis B and C (Figure 45). The share of respondents who needed that information was larger among the 15–19 age group (95%), unmarried persons (88%), and divorced persons (90%).

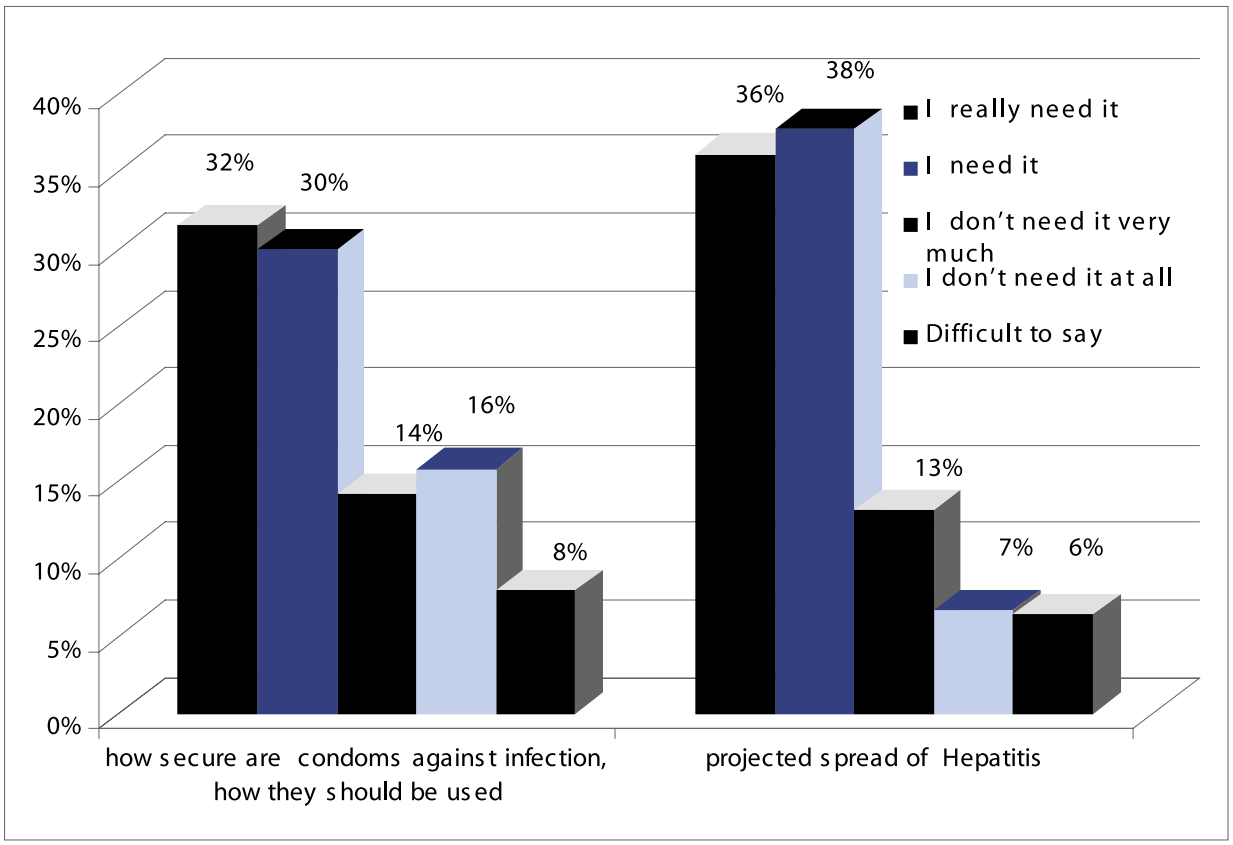
Also, 80% mentioned they needed or really needed information about how a person infected with hepatitis B and/or C looked (Figure 45). The share of respondents who needed it was larger among the age groups 15–24 (87%), and 25–29 (84%) and among unmarried persons (84%).

Figure 45. How Much Do You Need Information about the Transmission of Viral Hepatitis and How Infected Persons Look?



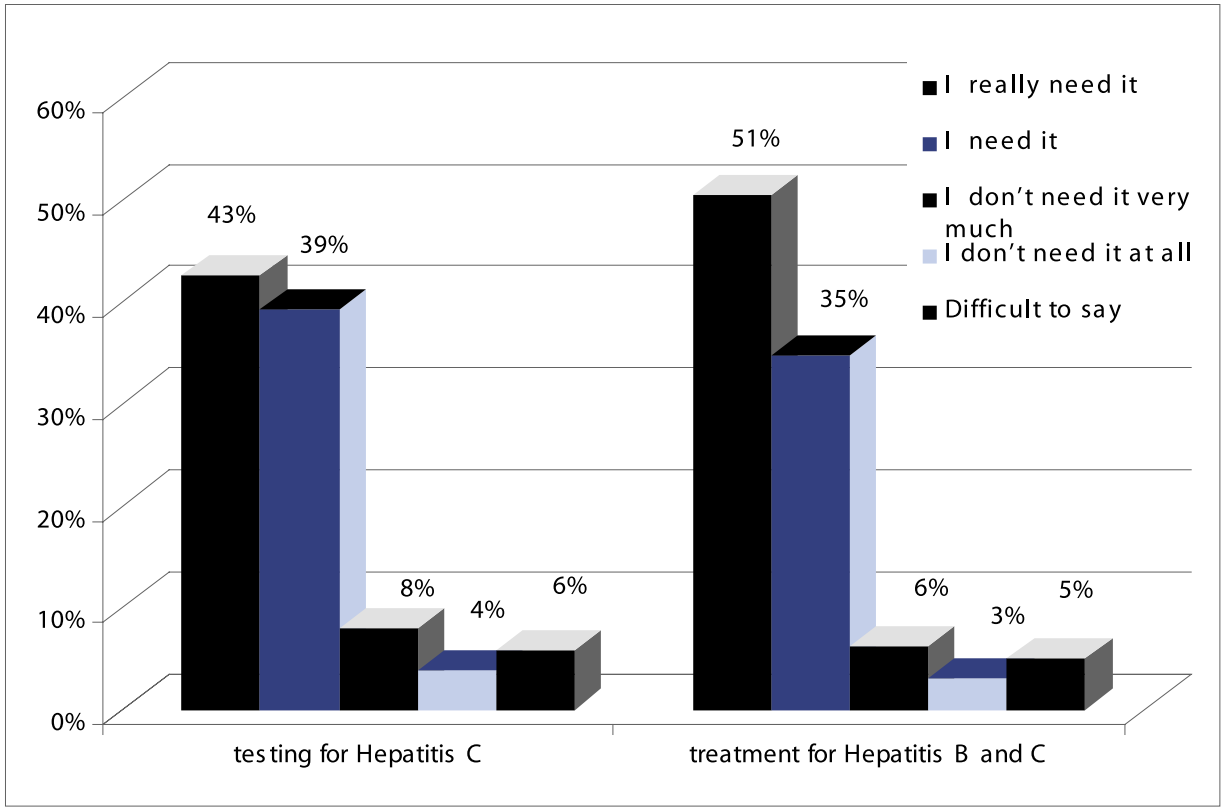
In all, 62% of respondents mentioned they needed or really needed information about how effective condoms are in protecting against viral hepatitis and how they should be used (Figure 46). This percentage varied with the age of respondents. The number was higher in the age groups 15–19 (78%), 20–24 (77%) and 25–29 (75%), but it was only 44% among respondents in the 60–65 age group. A total of 74% indicated they needed or really needed information about the projected spread of hepatitis in the future (Figure 46). The number of respondents who needed information on this issue was higher among persons in the age groups 15–19 (81%), 20–24 age (84%) and 25–29 (78%); among unmarried persons (79%) and among persons with higher educations (79%).

Figure 46. How Much Do You Need Information about Condom Use to Avoid Viral Hepatitis and the Projected Spread of the Disease?



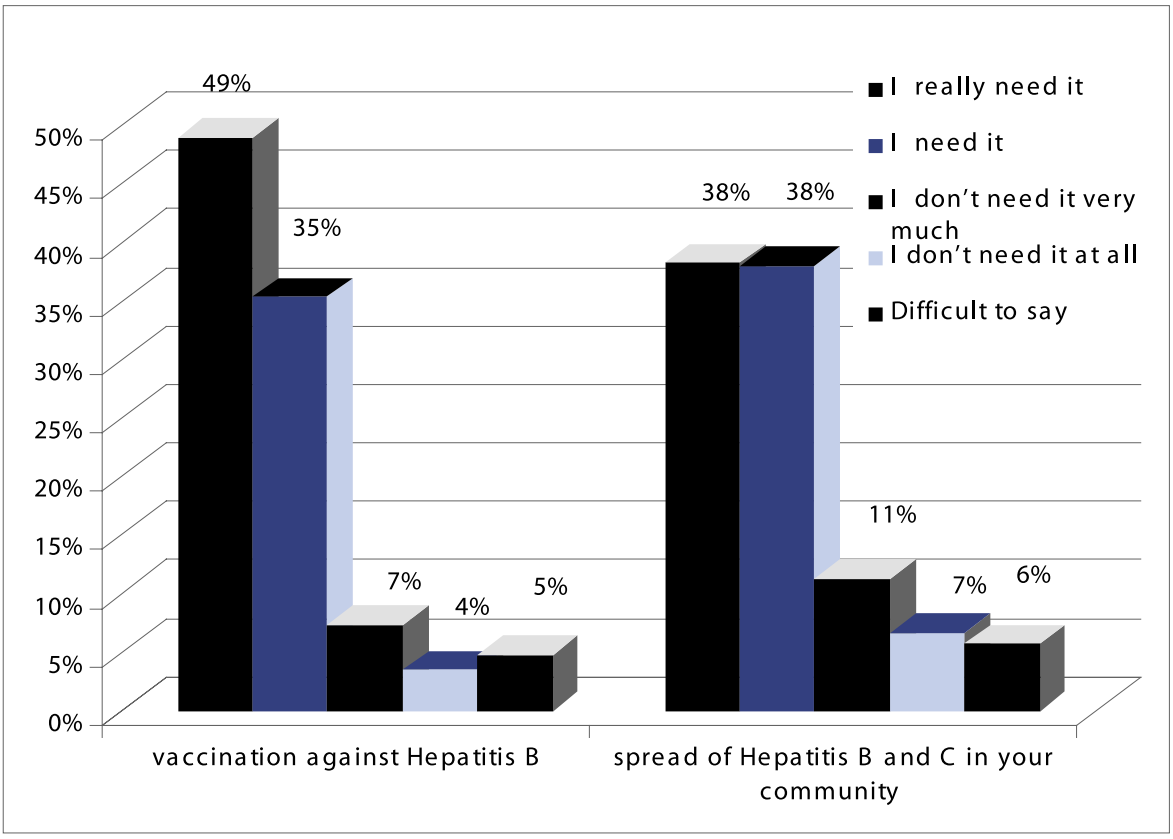
When asked about their information needs on hepatitis C, 82% of respondents said they needed or really needed information about testing (Figure 47). The number was higher in rural areas (92%), in the 15–24 age group (89%) and among persons with higher educations (86%). A total of 86% of respondents indicated they needed or really needed information about the treatment of hepatitis B and C (Figure 47). The share was higher among persons in the age groups 15–19 (89%), 20–24 (88%) and 25–29 (91%); among unmarried persons (88%) and persons with higher educations (89%).

Figure 47. How Much Do You Need Information about Testing for Hepatitis C and Treatment for B/C?



In all, 84% of respondents needed or really needed information about the vaccination against hepatitis B (Figure 48). Most were in age groups 15–19 (90%), 20–24 (88%), and 25–29 (89%) and among persons with higher educations (88%). A total of 76% needed or really needed information about the spread of viral hepatitis in their communities (Figure 48). The share was higher among people in the 15–29 age group (82–84%).

Figure 48. How Much Do You Need Information about the Hepatitis B Vaccine and the Spread of Viral Hepatitis in your Community?



SUMMARY

- Although the majority of respondents thought it was very important or rather important to be informed about hepatitis B and C, more than 70% of them said they were not very well informed or not at all informed about either.

- The need for information about viral hepatitis among the respondents was quite high. More than 80% were interested in getting information on the vaccination against hepatitis B, testing for hepatitis B and C, treatment for viral hepatitis, the transmission of viral hepatitis and behavior that protects against getting infected with viral hepatitis.

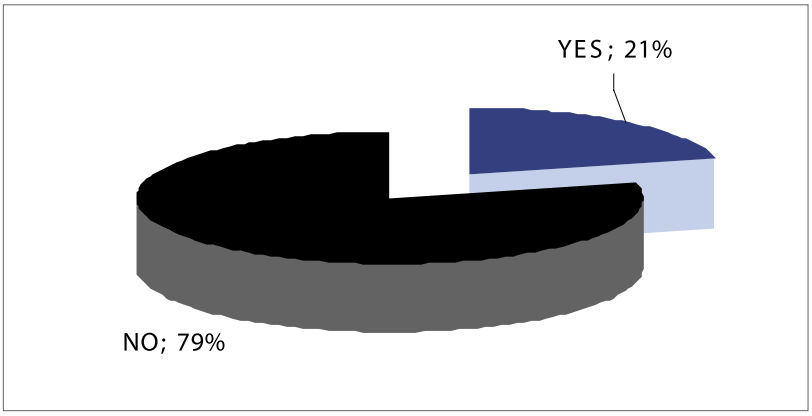
- The share of respondents who really needed information about viral hepatitis was higher in the 15-29 age group and among unmarried persons.

- The survey has revealed that a respondent's educational level had a great impact on how well he /she was informed: the lower the educational level, the lower the level of information about viral hepatitis. At the same time, the groups with a low level of education and information were not fully aware of their informational needs about viral hepatitis and vice versa. Respondents with higher educations displayed higher informational needs compared with respondents with primary/incomplete secondary or completed secondary educations.

CHAPTER 6.
SOURCES OF PUBLIC INFORMATION ON VIRAL HEPATITIS B AND C

6.1. Sources of information about viral hepatitis. In all, 79% of respondents said no one had spoken to them about viral hepatitis in the past 12 months (Figure 49). The share of respondents who had been spoken to about the issue was higher among persons in the 15–19 age group (30%).

Figure 49. Has Anyone Spoken to You about Hepatitis B and C in the Last 12 Months?

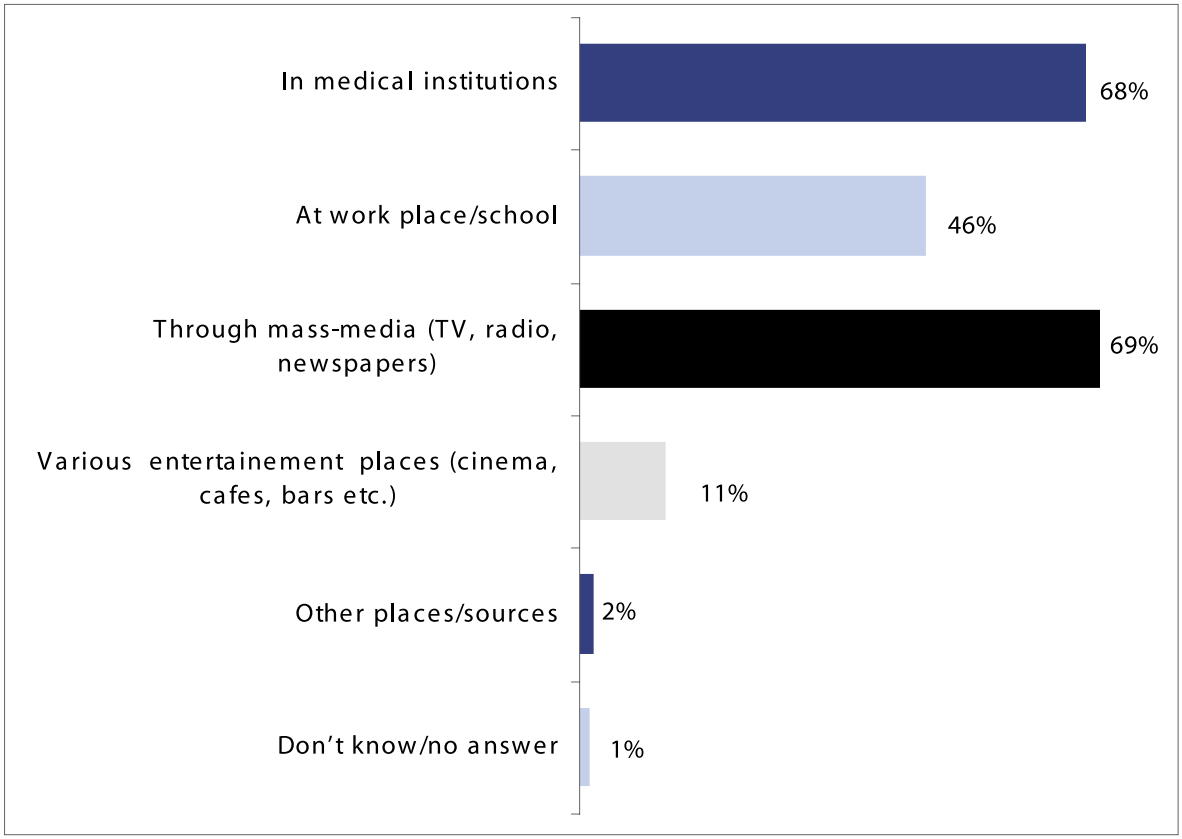


When asked who had spoken to them, 42% said it was the doctor, 32% said co-workers/classmates, 23% listed parents or other relatives, 19% said medical assistants, 14% friends, 5% cited school teachers and 3% said someone else.

Over the past 6 months, only 1/3 of respondents said they had heard information about viral hepatitis while 66% had not heard any. Respondents heard information from various sources. For 66% of them it was from TV, 37% from leaflets or posters, 36% from the radio, 23% in newspapers, 4% on the Internet, 4% in school, 6% from other sources.

In all, 69% of respondents believed it would be more convenient for people to be informed about hepatitis B and C through the mass media, 68% said in health care institutions, 46% said at the work place/school, 11% said in places for entertainment and 3% listed other places or did not reply (Figure 50). Urban residents (76%), people in the 25–29 age group (74%) and respondents with higher educations (80%) would like to get more information through the media. Rural inhabitants (72%) preferred to get information in medical institutions. Persons in the age groups 15–19 (52%) and 30–49 (49%), unmarried persons (51%) and persons with higher educations (53%) would like to receive more information at their workplaces or schools.

Figure 50. Where Would it be More Convenient for People to get Information about Hepatitis B and C?

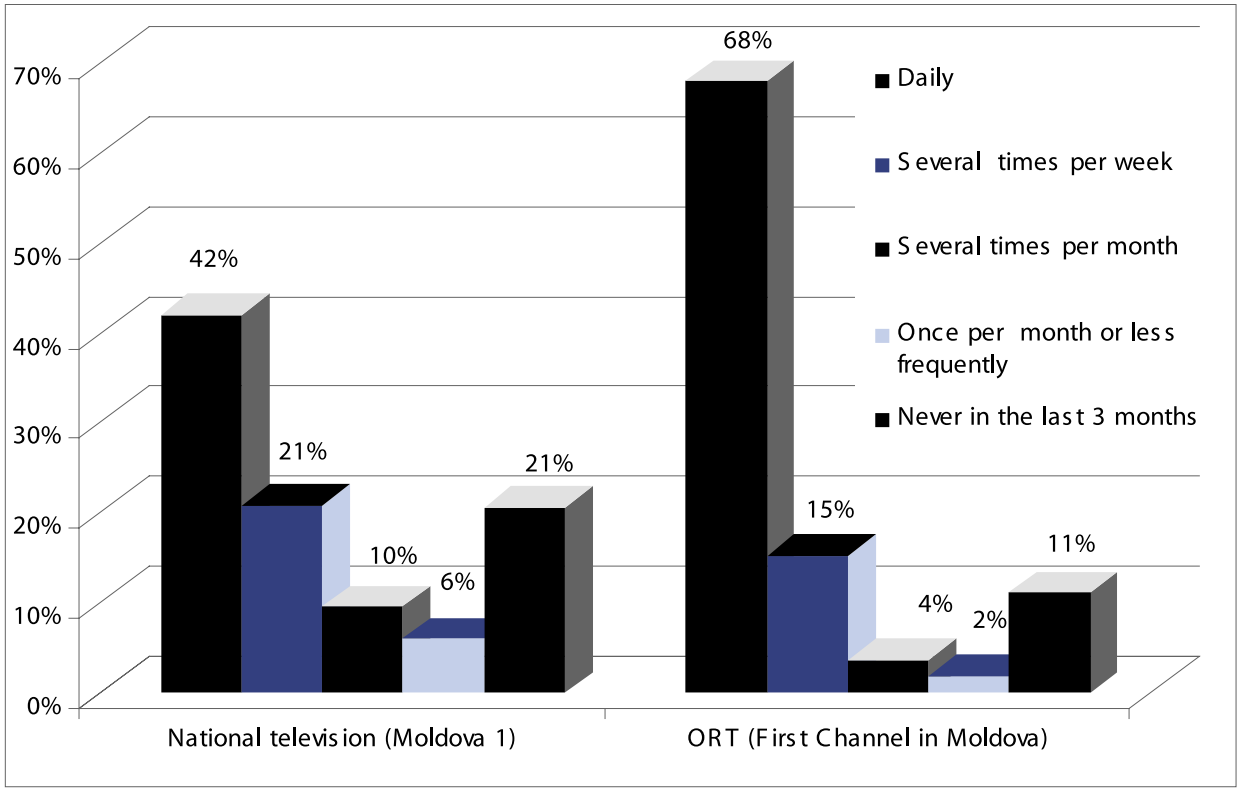


6.2. Using mass media. Respondents' contacts with the TV, radio and printed media were of particular interest for this survey. It is very important to determine how often respondents have contact with the media in order to establish their most popular channels of communication so they can be used to distribute information about viral hepatitis and other social issues more efficiently. The TV channels, radio channels and newspapers included in the survey had been selected in previous studies focusing on mass media as the most popular channels and papers. Respondents also had the possibility to mention additional radio and TV stations and newspapers.

The following TV stations were included: TVM, ORT Moldova, PRO TV, NIT, TV7, MUZ TV, CTC, Romania 1 and a local station. . The radio stations included were Radio Moldova, Radio Noroc, Russkoe Radio, Avto Radio, HIT FM, Kiss FM, Radio Sanatatea, Antena C and a local station. . The newspapers were *Komsomolskaya pravda, Săptămîna, Flux, Jurnal de Chişinău* and a local newspaper.

Frequency of TV watching. The survey revealed that ORT (Channel 1 for Moldova) is the most popular TV channel in Moldova as 68% of respondents watched this channel daily and only 11% hadn't watched it over the past three months (Figure 51). The share of respondents who watched ORT daily was larger in the age groups 25–29 (73%), 40–49 (75%) and 50–59 (73%). Most respondents who watched ORT daily were people with college/technical educations (74%) or higher educations (71%). Watching frequency did not vary much (or at all) with the sex and residence of respondents. ORT has a large daily audience in all regions of the country though it is larger in Bălți (79%) and Chișinău (72%).

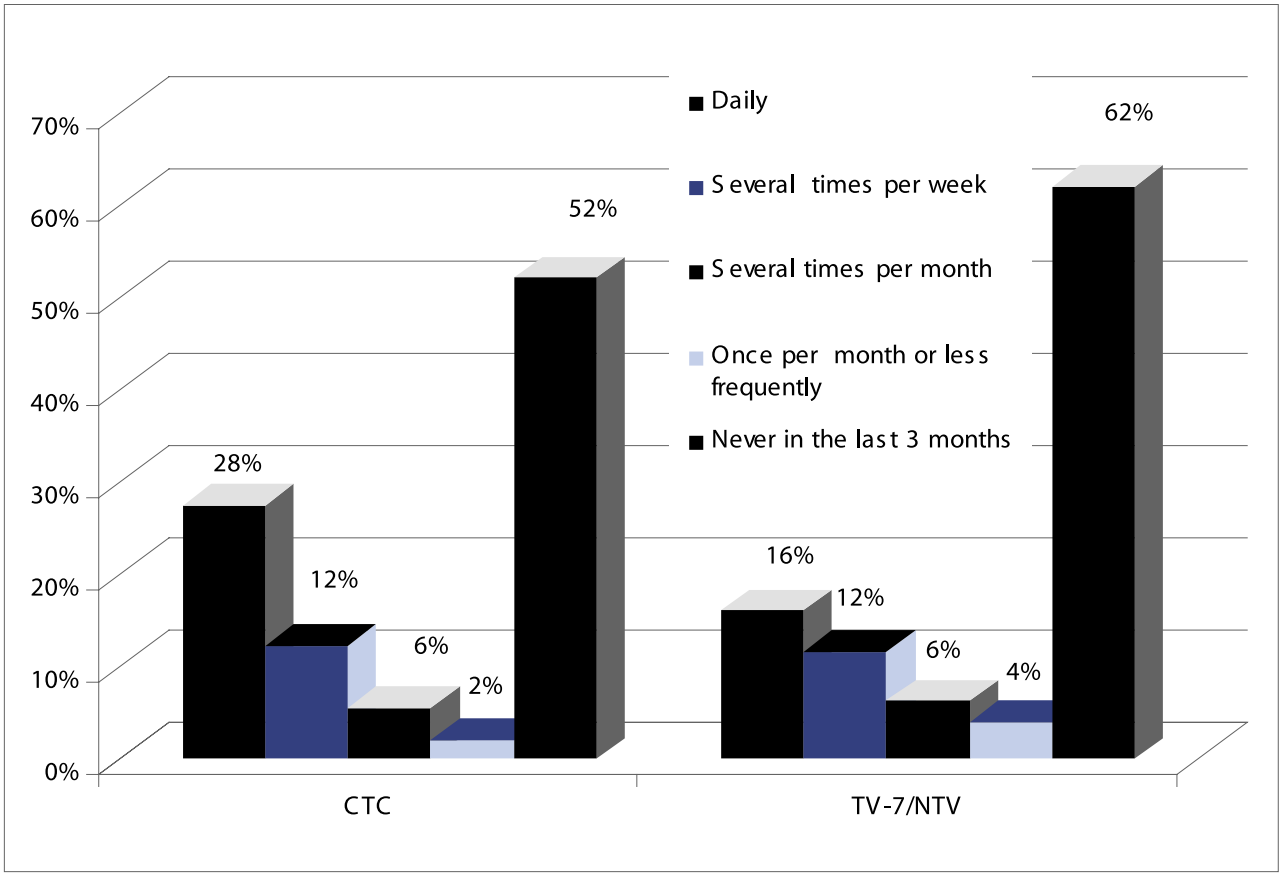
Figure 51. How often Do You Watch TV Channels Moldova 1 and ORT?



TVM (Moldova 1) is the second most popular channel among respondents with a daily audience of 42 and with only 21% who had not watched it at all over the past three months (Figure 51). The share of respondents who watched this channel daily was higher in rural areas (51%), in the age groups 40–49 (51%), and 50–59 (55%), among married persons (50%) and among persons with college/technical educations (49%). As with ORT, this channel can be watched in all regions. The share of respondents who watched Moldova 1 was smaller in Chișinău and Bălți and largerin the center (49%) and in the north (47%).

CTC is another popular TV channel, with a daily audience ranking third after ORT and TVM at 28% (Figure 52) though 52% had not watched this channel at all during the past three months. The share of respondents who watched this channel daily was higher in urban areas (35%), in the 15–24 age group (38 -39%), among unmarried persons (37%), those with higher education (32%), in the municipality of Chișinău (44%) and in Bălți (51%).

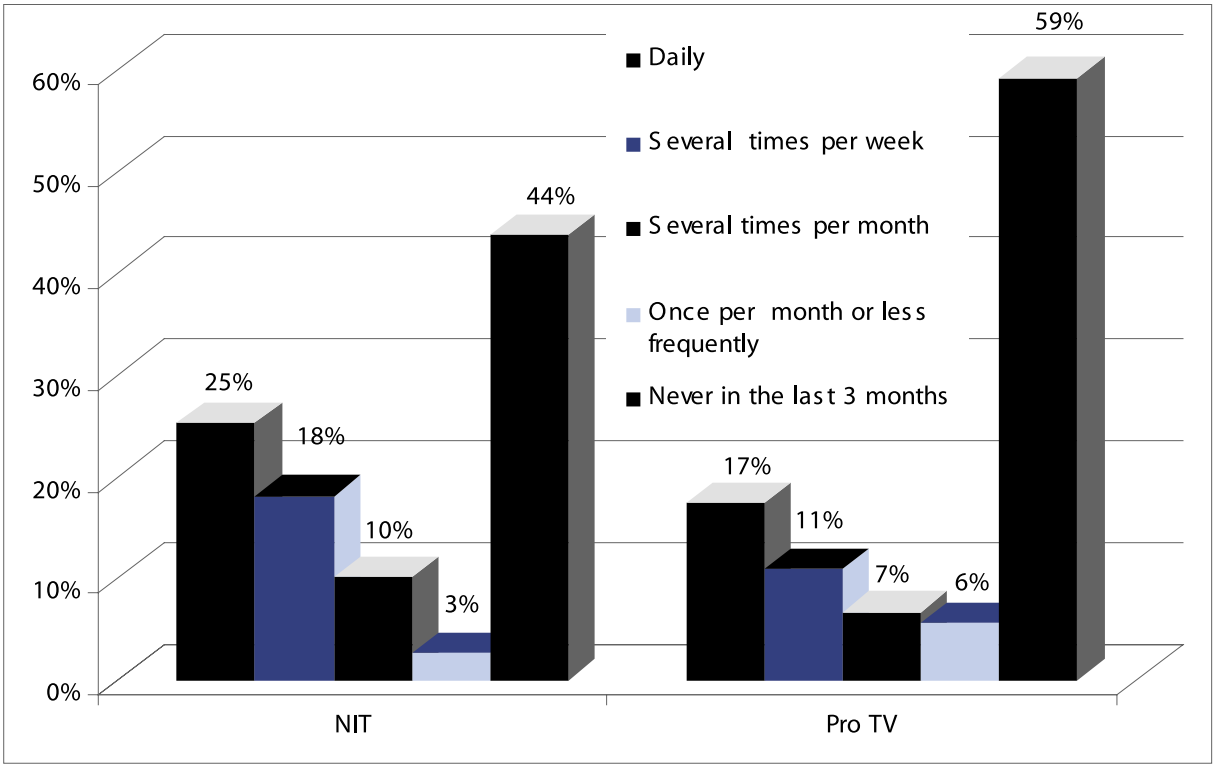
Figure 52. How Often Do You Watch TV Channels CTC and TV-7/NTV?



TV7/NTV was watched daily by 16% of respondents, and 62% had never watched it during the past three months (Figure 52). The share of respondents who watched this channel daily was larger in urban areas (27%), in the 25–29 age group (30%), among people with higher educations (24%) and in the municipality of Chișinău (40%).

NIT was watched daily by 25% of respondents, and 44% had never watched it during the past three months (Figure 53). The share of daily watchers was larger in urban areas (30%), in the 25–29 age group (35%), among persons with higher educations (31%) and in the municipality of Chișinău (45%).

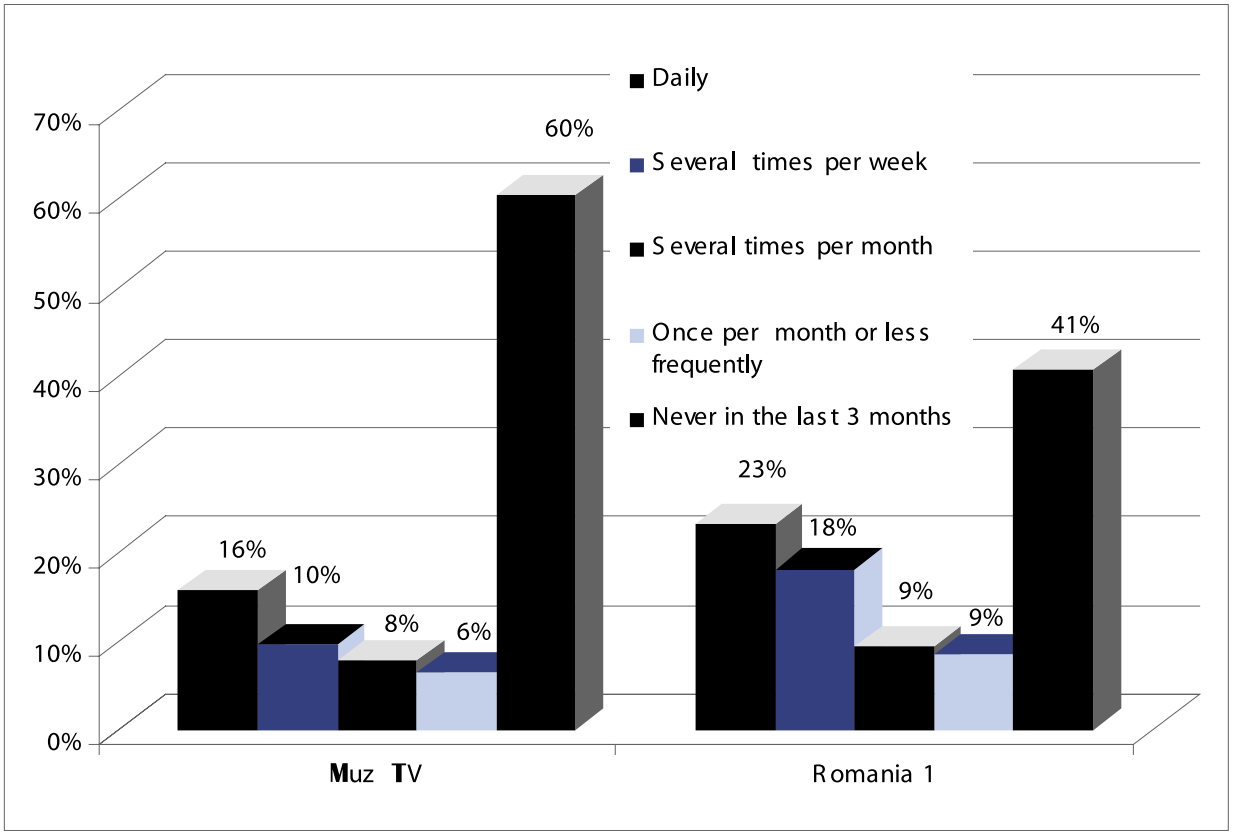
Figure 53. How Often Do You Watch TV Channels NIT and Pro TV?



PRO TV was watched daily by 17% of respondents and 59% had not watched it during the past three months (Figure 53). The share of daily watchers was higher in urban areas (23%), among women (20%), in the 15–29 age group (24–26%), among unmarried persons (24%), and in the municipality of Chișinău (36%).

Muz TV was watched daily by 16% of respondents and 60% had not watched it during the past three months (Figure 54). The share of respondents who watched this channel daily was larger in urban areas (20%); in the age groups 15–19 (38%), 20–24 (30%) and 25–29 (26%); among unmarried persons (34%), in the municipality of Chișinău (21%) and in Bălți (26%).

Figure 54. How Often Do You Watch TV Channels Muz TV and Romania 1?



Romania 1 was watched daily by 23% of respondents and 41% had not watched this channel during the past three months. The share of respondents who watched this television channel was larger in rural areas (30%), in the 50–59 age group (30%), in the north (32%) and in the center (27%).

Considering the respondents' TV watching patterns, we can state the following.

- In terms of their popularity (daily watching), TV channels ranked as follows:
  1. ORT (68%)
  2. TVM (42%)
  3. CTC (28%)
  4. NIT (25%)
  5. Romania 1 (23%)
  6. PRO TV (17%)
  7. Muz TV, TV 7 (16%)

This rating depends on the coverage of the TV channel: ORT and TVM have national coverage and thus have larger daily audiences.

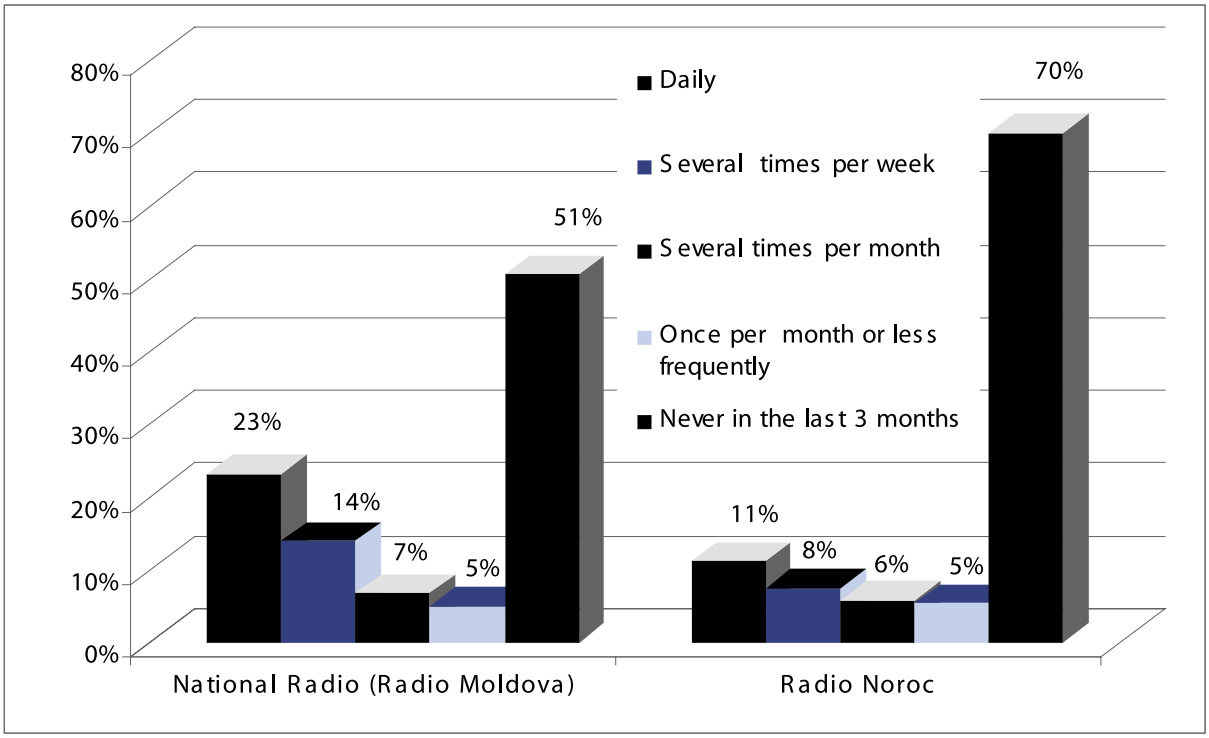
- In terms of age groups, daily watching is as follows:
  a) 15–24 years old watch ORT, CTC, MUZ TV;

b) 25–29 years old watch ORT, NIT, TVM;
c) 30–49 years old watch ORT, TVM, CTC;
d) persons over 50 watch ORT, TVM, Romania 1.

- In terms of gender, daily watching is as follows:
  a) men watch ORT, TVM, CTC, NIT;
  b) women watch ORT, TVM, Romania 1, and CTC.
- In terms of residence, daily watching is as follows:
  a) urban people watch ORT, CTC, NIT;
  b) rural people watch ORT, TVM, Romania 1.
- In terms of zone/region, ORT and TVM have the largest coverage and the largest daily audiences in all regions. In Chișinău, most respondents daily watch ORT (72%), NIT (45%), CTC (44%) and TV7 (40%). In Bălți most respondents daily watch ORT (79%), CTC (50%) and TVM (37%).

Frequency of radio listening. The survey revealed that 23% of respondents listened daily to the national radio (Radio Moldova); 14% listened to it several times per week, 7% several times a month, 5% once a month or less frequently and 51% had not listened at all to this radio station during the past three months (Figure 55). Radio Moldova is mostly popular with respondents from the central region (36%). The number of respondents who listened daily was smaller in Bălți (6%) and Chișinău (13%). Gender did not influence the frequency of listening. In terms of residence, the share of respondents who listened daily was two times higher in rural areas. Also, the share of respondents who listened daily increased with the age of respondents (7% in the 15–19 age group vs. 38% in the 60–65 age group). In terms of educational level, the share of respondents who listened daily was larger among respondents with a lower level of education (primary/incomplete secondary).

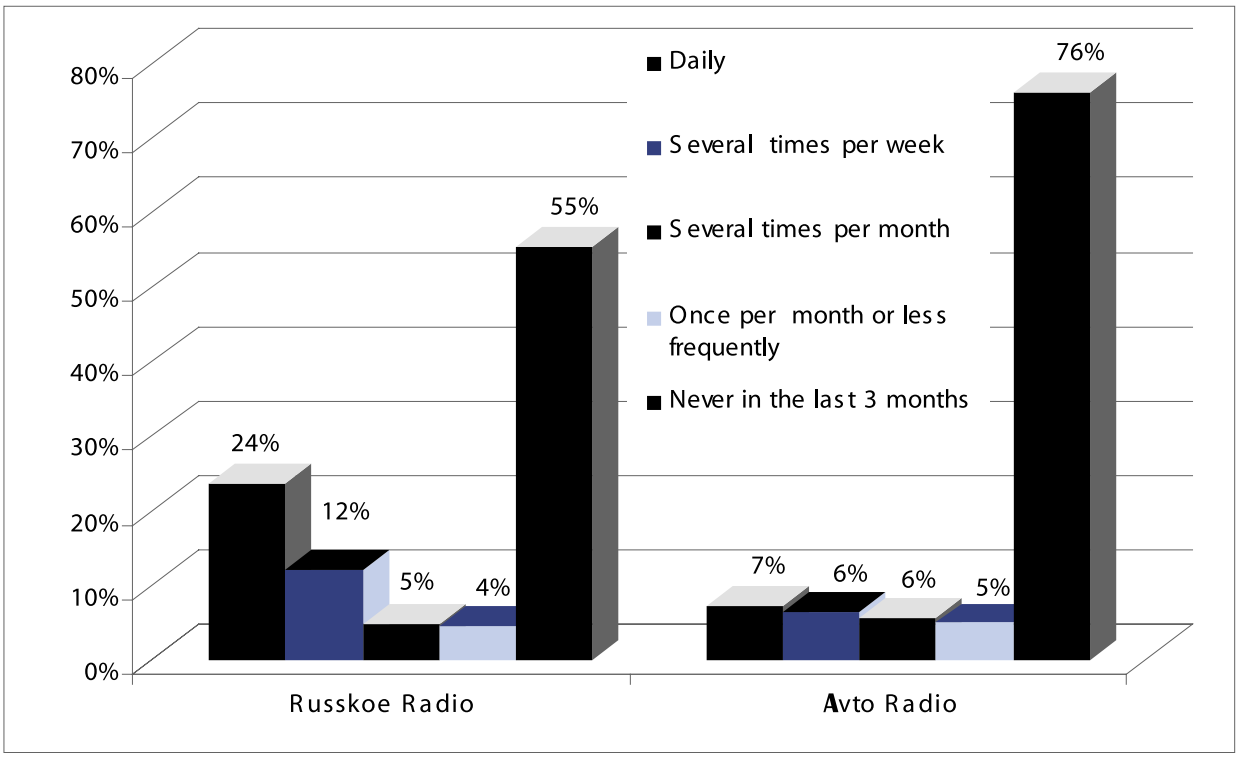
Figure 55. How Often Do You Listen to Radio Stations Radio Moldova and Radio Noroc?



Radio Noroc was heard daily by 11% of respondents and 70% had not listened to this radio station at all during the past 3 months (Figure 55). This listening pattern did not vary with gender, residence or the educational level of respondents. Persons in the 15–19 age group, however, listened to this radio station less frequently (7%). Radio Noroc has a larger daily audience in Chişinău (14%) and the central region (15%) and a smaller audience in Bălţi (7%) and in the south (4%).

Russkoe Radio is even more popular than the national radio with a daily audience of 24% of respondents though 55% had not listened to it during the past three months (Figure 56). In terms of gender, more men listened (26%) on a daily basis than women, and the station was also more popular in urban areas. The share of respondents who listened daily was larger in the 20–49 age group (24–33%), in persons with higher educations (27%), in Chişinău (35%), in Bălţi (31%) and in the central region (25%).

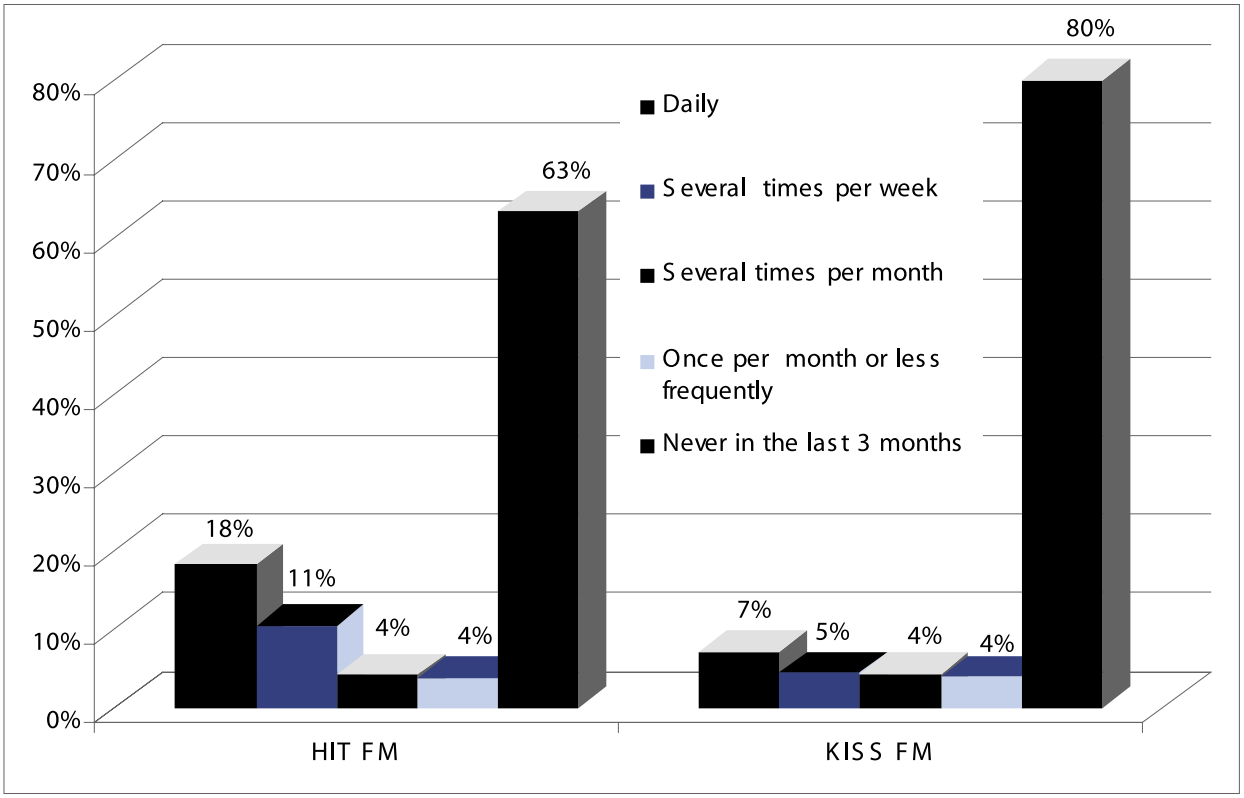
Figure 56. How Often Do You Listen to the Stations Russkoe Radio and Avto Radio?



Avto Radio was listened to daily by 7% of respondents, and 76% had not listened to it at all during the past three months (Figure 56). Avto Radio has a larger daily audience among men (10%), people from urban areas (10%), persons in the 20–29 age group (about 11%), persons from Bălţi (20%) and those from Chişinău (12%). Educational level did not influence the listening pattern for this station.

HIT FM radio station had a daily audience of 18% of respondents though 63% had not listened at all to this radio station during the past three months (Figure 57). It was more popular with urban residents (21%) and persons in the 15–29 age group. The share of those who listened to this radio station was only 2% in the 60–65 age group. This radio station has a larger daily audience among persons with complete secondary educations (23%), persons from Bălţi (32%) and those from Chişinău and the southern region (20%).

Figure 57. How Often Do You Listen to Stations HIT FM and Kiss FM?

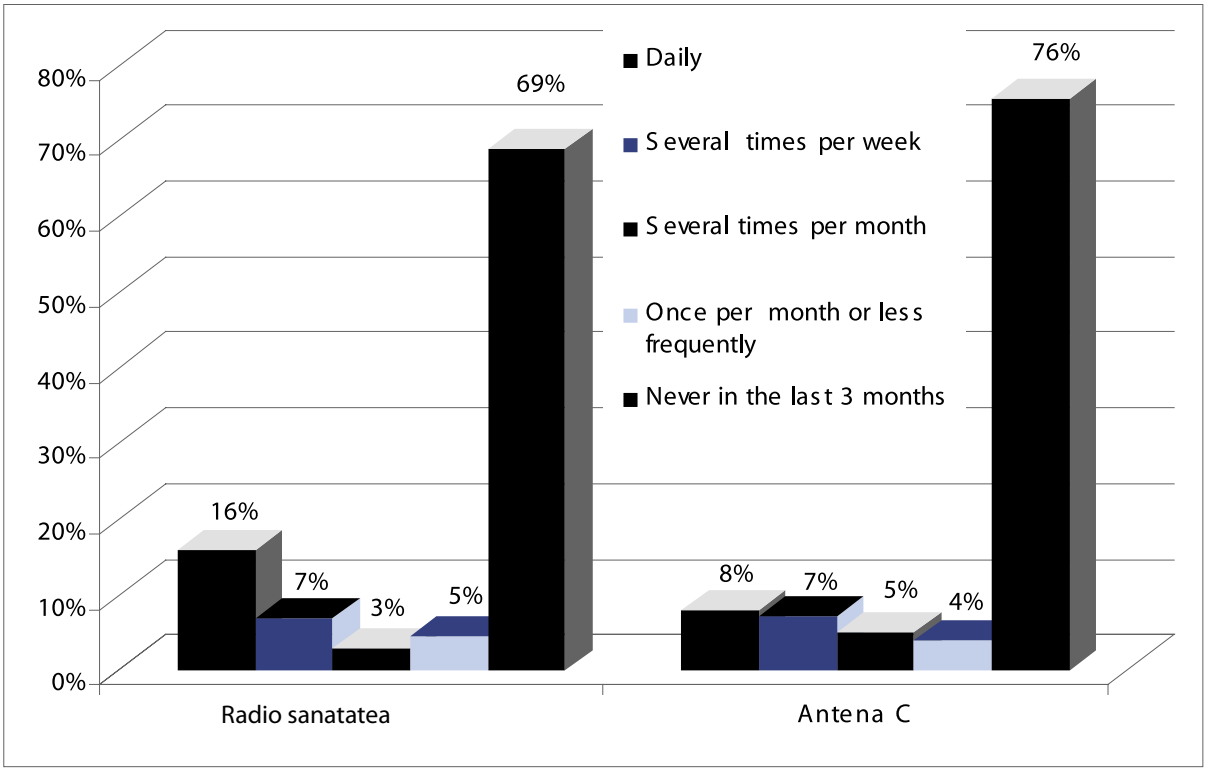


Kiss FM was listened to daily by 7% of respondents, and 80% had not listened during the past three months (Figure 57). The listening pattern for this radio station varied only with the age of respondents. The share of respondents who listened daily was larger in the age groups 15–19 (19%), 20–24 (19%) and 25–29 age group (10%) and in Chișinău (12%).

Radio Sanatatea was listened to daily by 16% of respondents and 69% had not listened to this station during the past three months (Figure 58). The share of respondents who listened to this radio station was larger among women (18%), persons from rural areas (19%), persons in the 60–65 age group (24%), persons with complete secondary educations (19%), and in the north (28%).

Antena C was daily listened to by 8% of respondents and not at all in the last three months by 76% (Figure 58). The listening pattern for this radio station did not vary with gender or place of residence; however, it was more popular among persons aged 50–59 years old (10%) and residents of the central zone (14%).

Figure 58. How Often Do You Listen to Stations Radio Sanatatea and Antena C?



Considering the respondents' radio listening patterns, the following conclusions could be drawn:

- Overall, radio has a much smaller audience than TV. The survey revealed that over 50% of respondents had not listened to the radio during the past three months.

- In terms of their daily audience, radio stations rank as follows: Russkoe Radio (24%), Radio Moldova (23%), HIT FM (18%) and Radio Sanatatea (16%).

- Radio listening is dependent on gender, place of residence, age and educational level of respondents. Men, for instance, tend to listen daily to the following radio stations: Russkoe Radio (26%), Radio Moldova (23%), and HIT FM (20%). Women on the other hand, tend to listen daily to Radio Moldova (23%), Russkoe Radio (21%), Radio Sanatatea (18%).

- In terms of residence, respondents from urban areas listen daily more to Russkoe Radio (29%), HIT FM (21%) and Radio Sanatatea (12%). People from rural areas listen more to Radio Moldova (29%), Russkoe Radio (20%) and HIT FM (17%).

- As to age groups, the 15–19 age group listened daily to HIT FM (36%), Russkoe Radio (23%) and Kiss FM (19%). People aged 20–24 years listened daily to HIT FM (34%), Russkoe Radio (33%) and Kiss FM (19%). People aged 25–29 years listened daily to HIT FM (29%), Russkoe Radio (26%) and Radio Sanatatea (17%). Persons in the 30–39 age group tended to listen more to Russkoe Radio (29%), Radio Moldova (24%) and HIT FM (20%) while persons in the 40–49 age group tended to listen more to Radio Moldova (27%), Russkoe Radio (24%) and Radio Sanatatea (17%). Persons in the 50–59 age group listened daily

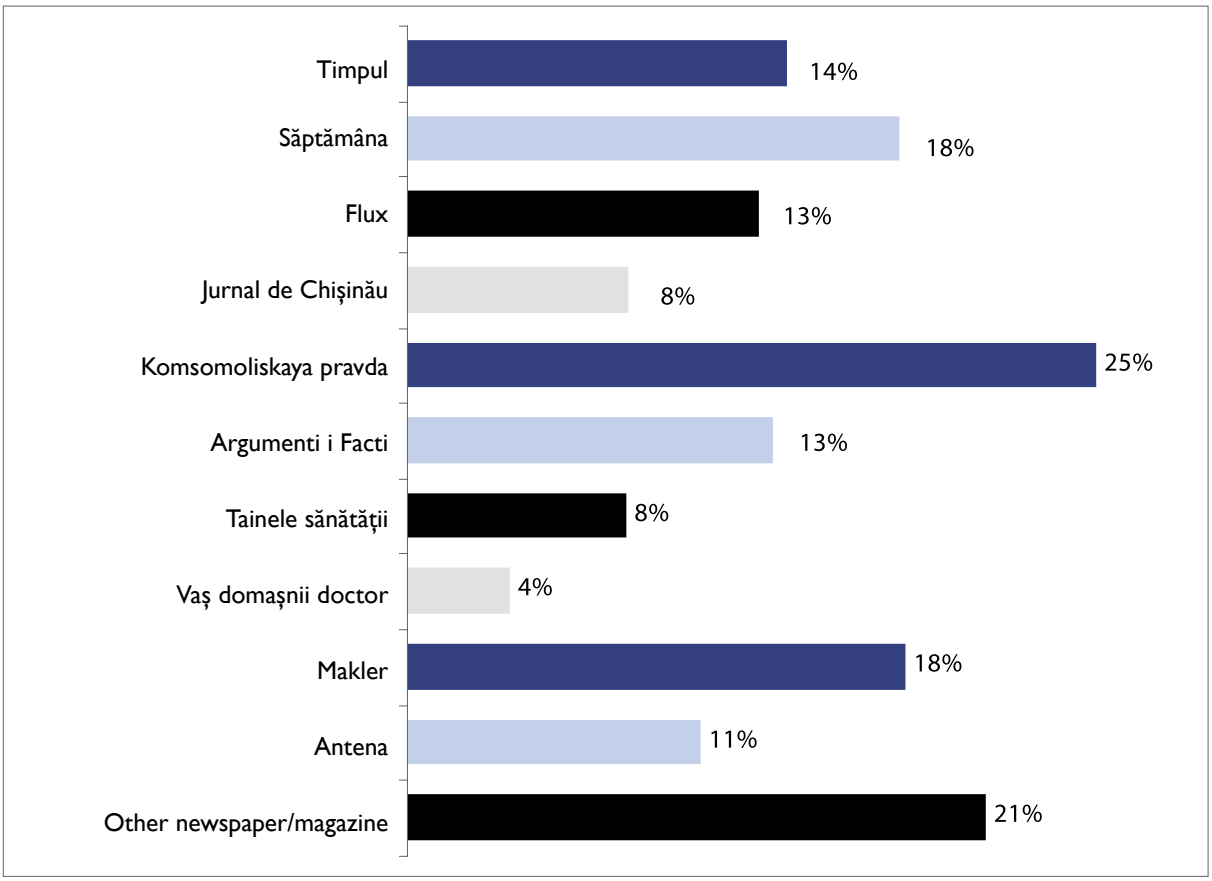
more to Radio Moldova (35%), Russkoe Radio (20%) and Radio Sanatatea (14%) while persons in the 60–65 age group listened daily more to the Radio Moldova (38%) and Radio Sanatatea (24%)

- In terms of zone/region, residents of Chişinău tended to listen more to Russkoe Radio (35%), HIT FM (20%) and Radio Sanatatea (16%). Residents of Bălţi listened more on a daily basis to HIT FM (32%), Russkoe Radio (31%) and Avto radio (20%). People from the northern region listened daily more to Radio Moldova (20%), HIT FM (20%) and Russkoe Radio (18%). Respondents from the central region listen daily more to Radio Moldova (36%), Russkoe Radio (25%) and Radio Sanatatea (16%). People in the south listened more to Radio Moldova (23%), HIT FM (21%) and Russkoe Radio (16%).

Reading patterns. The survey revealed that respondents read much less than they listen to the radio and watch TV as 28% of respondents said they did not read any newspapers or magazines; 15% read *Komsomolskaya Pravda*, 9% read *Saptamina*, 7% read *Makler*, 6% read *Flux* and *Timpul*, 4% read *Argumenti i facti* and *Antena*, 3% read *Health Secrets* (*Tainele Sanatatii*) and *Jurnal de Chişinău* and 1% read *Vas domasnii doctor* (*Your Home Doctor*). In addition, 11% of respondents said they preferred other newspapers and magazines.

The aggregate answer for the three options together (the newspaper you read first, second and third), showed that 25% preferred to read the newspaper *Komsomolskaya Pravda*, 18% preferred *Makler* and *Saptamina*, 14% chose *Timpul*, 13% *Flux* and *Argumenti i facti*, 11% selected *Antena*, 8% *Tainele Sanatatii* and *Jurnal de Chişinău* and 4% *Vas domasnii doctor* (Figure 59).

Figure 59. What Newspapers Do You Read Most Often? (Answer is an aggregate of three choices)



Reading patterns depend on gender, place of residence, age and education. The survey showed that *Komsomolskaya Pravda* is popular with all groups. The share of respondents who frequently read the newspaper was higher among urban residents (36%) and among persons in the 25–59 age group (26–30%). The popularity of this newspaper increased with the educational level of respondents (16% among persons with primary/incomplete secondary educations and 36% in the group of respondents with higher educations) (Table 12).

Table 12. Newspaper Reading by Age and Education (%)

	Total	Age groups							Education level			
		15-19 years	20-24 years	25-29 years	30-39 years	40-49 years	50-59 years	60-65 years	Incomplete general education/ primary	Complete general education complete	Medium specialized education	Higher education
No.	**1300**	**179**	**139**	**110**	**217**	**262**	**278**	**115**	**334**	**344**	**263**	**359**
Timpul	**14%**	9	17	21	13	13	16	8	11	11	13	20
Saptamana	**18%**	25	25	21	19	17	11	10	18	18	16	19
Flux	**13%**	16	11	18	12	11	14	9	10	13	10	17
Jurnal de Chişinău	**8%**	10	14	13	8	7	4	2	6	10	6	10
Komsomoliskaya pravda	**25%**	13	22	30	29	28	26	24	16	22	25	36
Argumenti i Facti	**13%**	3	12	15	14	15	18	15	8	10	11	24
Tainele ssnatatii	**8%**	9	6	7	61	7	12	5	7	6	6	12
Vas domasnii doctor	**4%**	2	3	3	3	5	5	4	4	3	5	4
Makler	**18%**	21	25	23	20	15	15	10	12	21	19	21
Antena	**11%**	13	10	24	12	7	8	4	8	11	10	13
Other newspapers/ journals	**21%**	21	10	11	24	22	25	25	17	21	18	27

In terms of the zone/region, *Komsomolskaya Pravda* was preferred by respondents from Chişinău (45%) and Bălţi (31%).

The second most popular newspaper among respondents was *Saptamina*. Readers of this newspaper were mainly women (23% vs. 12% men), persons from rural areas (22% vs. 12% in urban areas), persons in the 15–29 age group (21–25%), respondents from the north (25%), center (19%) and south (20%).

The third most popular newspaper is *Timpul* (14%). It is mostly read by persons in the 25–29 age group (21%), respondents with a higher level of education (11%) respondents with primary/ incomplete secondary educations (20%) and persons from the north (16%) and south (15%).

The other newspapers included in the survey had a small number of readers and therefore were not analyzed further.

SUMMARY

- The survey revealed that 2/3 of the population had not heard any information about viral hepatitis in the past 6 months. The main sources of information for 1/3 of population were the TV (66%), brochures/ posters (37%), radio (36%) and printed media (23%).

- In all, 69% of all respondents preferred to be informed about viral hepatitis through mass media, 68% in health care institutions and 46% at school/work place.

- The survey also revealed that TV was the most popular media with respondents, followed by radio and newspapers.

- In terms of their popularity, TV channels ranked as follows: ORT (68%), TVM (42%), CTC (28%), NIT (25%), Romania 1 (23%), PRO TV (17%), Muz TV, TV 7 (16%). ORT and TVM have national coverage.

- The most popular radio stations (as measured by daily audience size) are Russkoe Radio (24%), Radio Moldova (23%), HIT FM (18%) and Radio Sanatatea (16%).

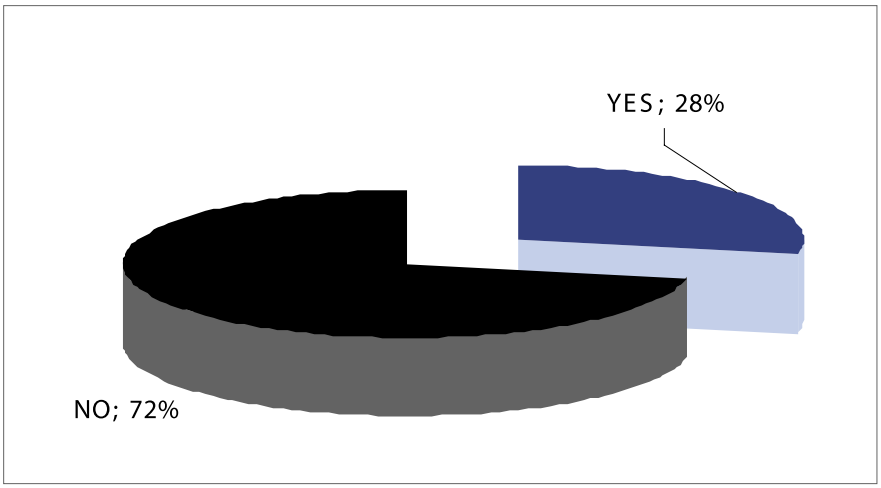
- The most popular newspapers are *Komsomolskaya Pravda*, *Saptamina* and *Timpul*.

CHAPTER 7.
VOLUNTARY COUNSELLING AND TESTING

One of the key objectives of the survey was to find out people's knowledge, attitudes and behaviors with regard to VCT for HIV and hepatitis B and C.

6.1. Testing and counseling for HIV. In all, 28% of respondents said they had taken a test for HIV while 72% had never been tested (Figure 60).

Figure 60. Have You Ever been Tested for HIV?



The percentage of those who had been tested varied depending on gender, place of residence, age group, marital status and education. The percentage of persons tested was higher among women (31% vs. 25% of men), among persons from urban areas (34% vs. 24% in rural areas) and in the age groups 20–24 (35%), 25–29 (42%) and 30–39 (42%). The percentage of those tested increased as level of education increased (16% among persons with primary/incomplete secondary educations vs. 40% for persons with higher educations) (Table 13).

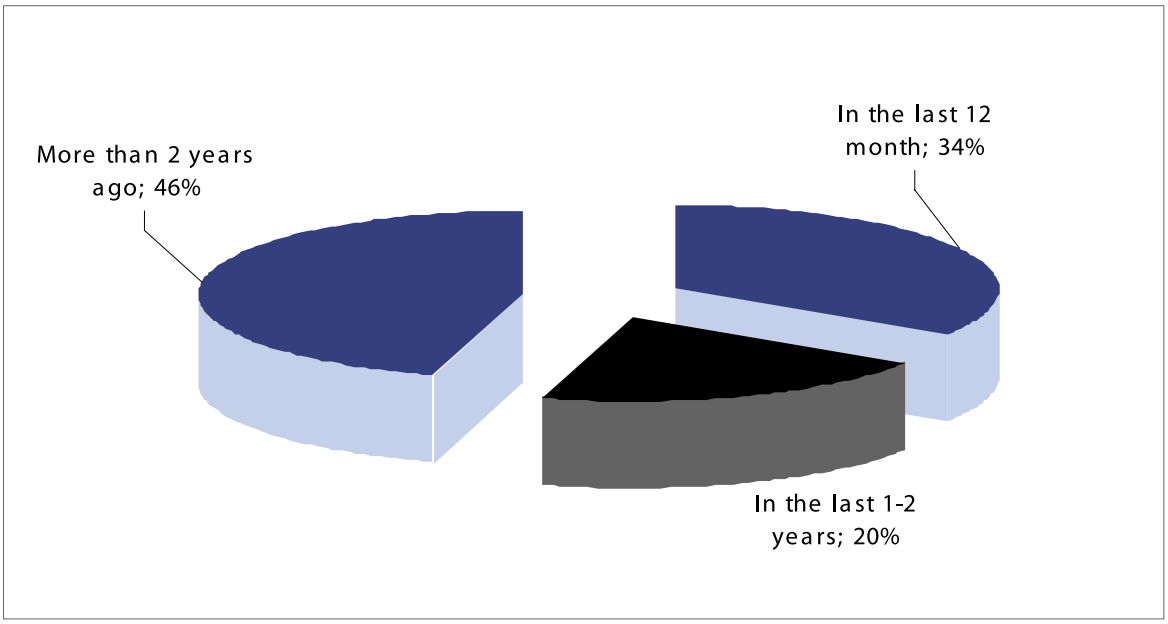
Table 13. Respondents Tested for HIV by Gender and Residence

	Total	Gender		Type of residence	
Have you ever been tested for HIV?		Male	Female	Urban	Rural
Number	**1300**	**600**	**700**	**531**	**769**
YES	**28%**	25	31	34	24
NO	**72%**	75	69	66	76

The percentage of respondents who had been tested for HIV was higher in Chişinău (40%) and in Bălţi (43%) and was lower in the south (15%). Also, in terms of occupation, the percentage of those tested was higher among people employed in the public sector (41%), managers (53%), medical staff (52%), housekeepers and women on maternity leave (39%), and lower among students, school children (17%) and unemployed persons (23%).

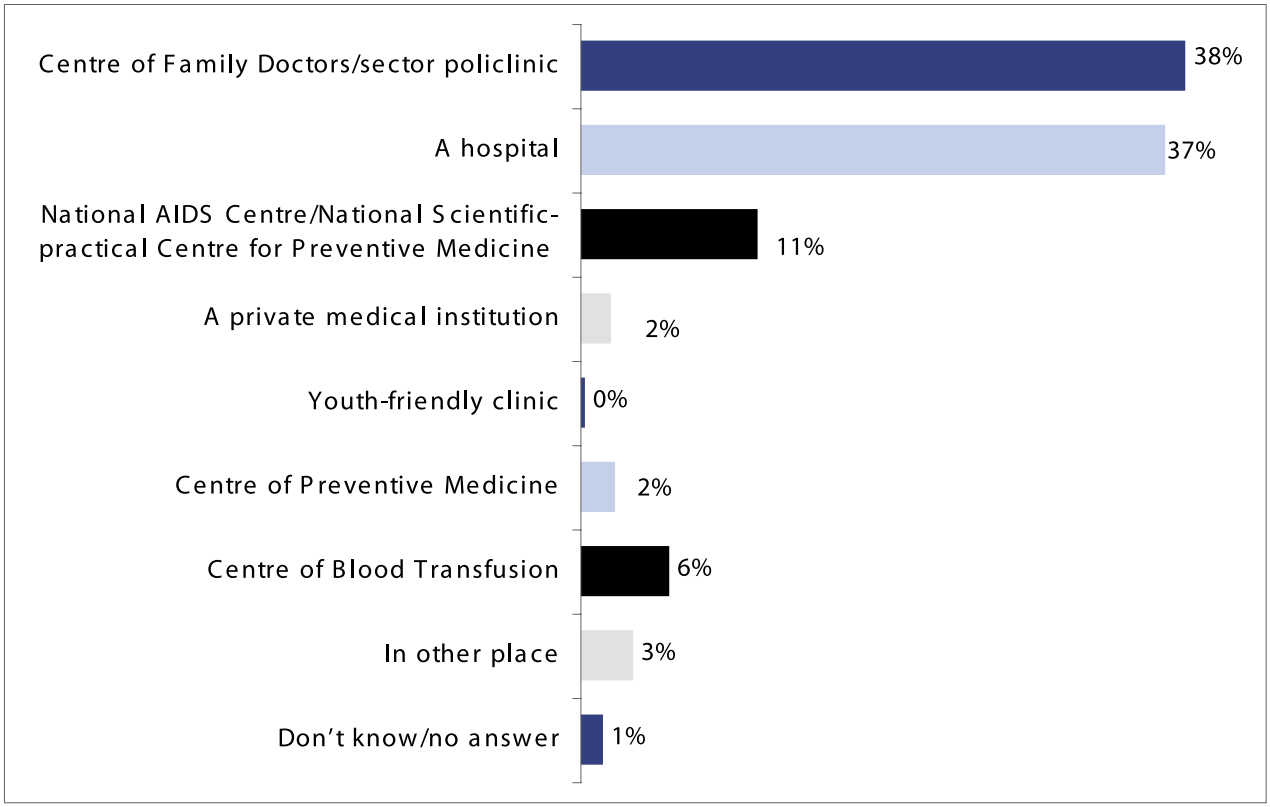
Of those tested, 46% had been tested more than two years ago, 20% in the past two years, and 34% during the past 12 months (Figure 61).

Figure 61. When Were You Last Tested for HIV?



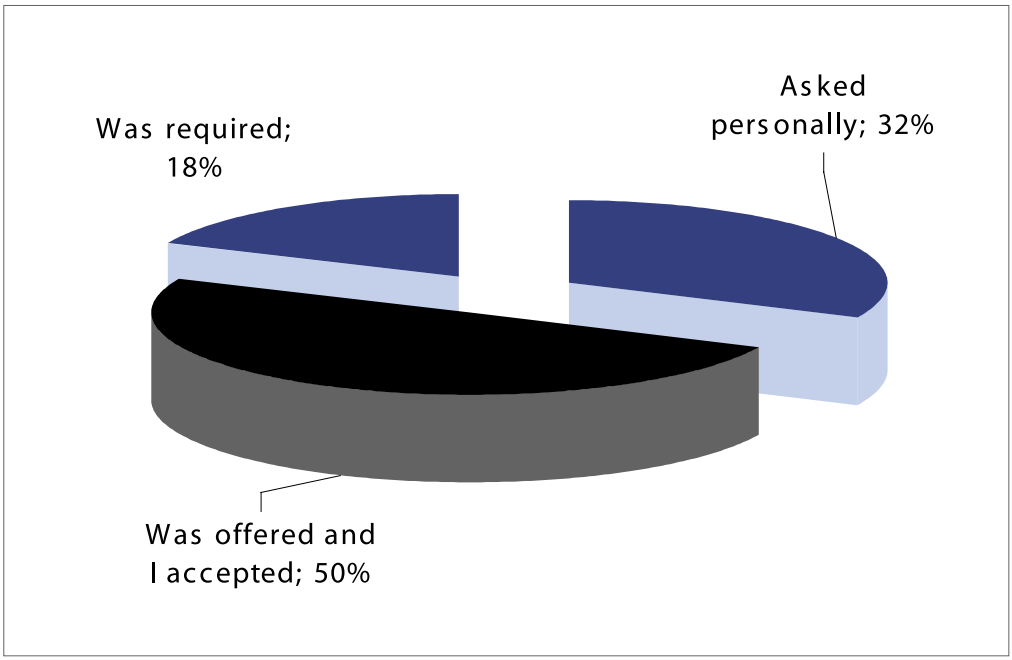
The majority had been tested at the local Center for Family Doctors/sector policlinic and hospital (75%), while 11% respondent had been tested at the National AIDS Center (NAC) or the National Scientific and Practical Center for Preventive Medicine (NSPCPM). The percentage of those who were tested at the Blood Transfusion Center, at centers for preventive medicine, private medical institutions and youth-friendly clinics was relatively small (Figure 62).

Figure 62. Where Were You Tested for HIV?



Reasons for taking the HIV test. Half the respondents took the test because it was offered to them and they accepted it; 32% asked for the test personally and 18% indicated they were required to take the HIV test (Figure 63).

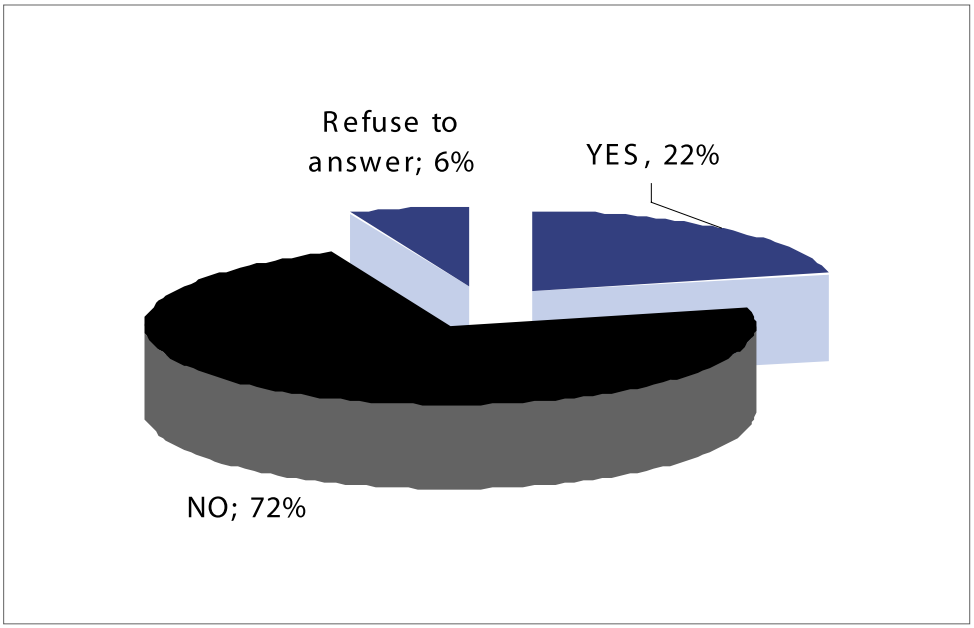
Figure 63. Why Did You Take the HIV Test?



The percentage of respondents who requested the test personally was higher in the 15–19 age group (45%). The percentage of respondents who said they were required to take the test was higher among rural persons (22% vs. 15% in urban areas), employees of the educational sector (30%), medical staff (31%) and laborers (26%). In Moldova, testing is mandatory for health professionals who come in direct contact with blood, for pregnant women and for people for whom doctors prescribe it. According to the 2007 Law on HIV/AIDS Prevention, HIV tests are mandatory for donators of blood or organs for transplants and at the request of courts.

When asked whether they had signed any document confirming their consent to be tested, 20% answered affirmatively, 72% negatively and 6% refused to answer (Figure 64).

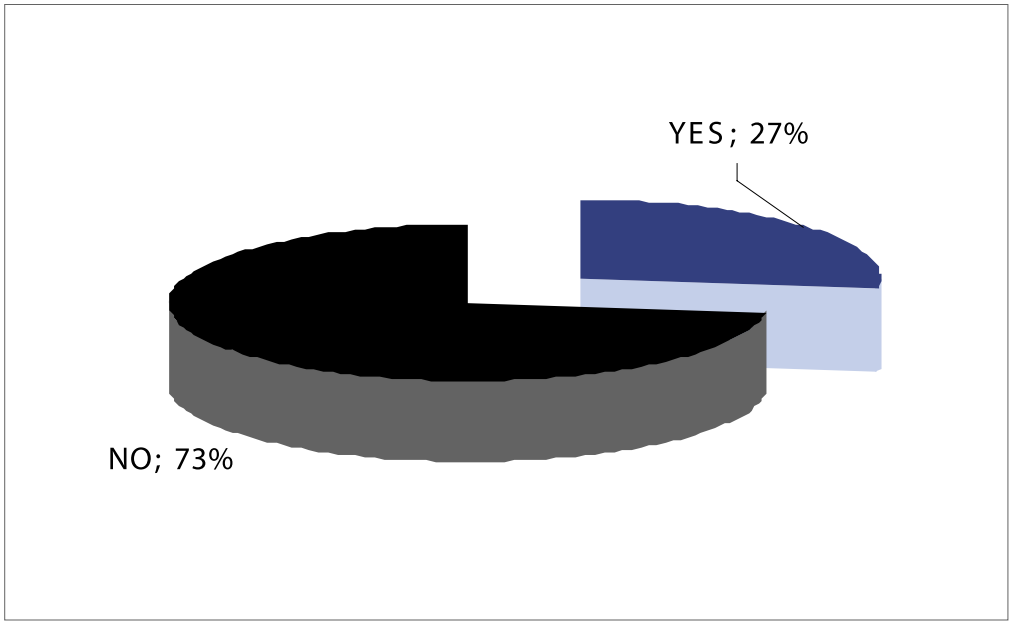
Figure 64. Did you Sign any Document Confirming your Consent to be Tested for HIV?



The relatively small percentage of written consents can be explained by the fact that prior to the approval in 2007 of the Law on HIV/AIDS Prevention, no written consent was required. As a rule, only pregnant women provided consent in writing.

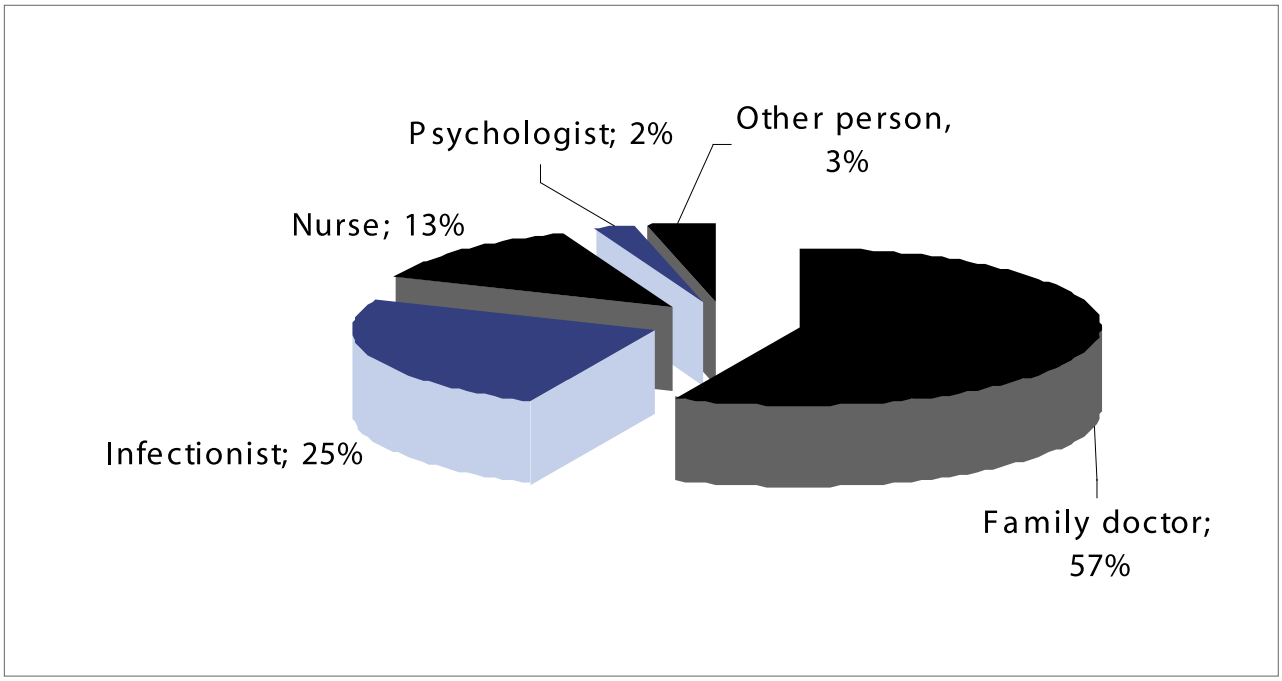
Pre-test counseling. A total of 73% of those who had been tested for HIV said that nobody had talked to them before the test while 27% stated they had talked to someone (Figure 65). The percentage of those not counseled before the test was higher among rural people (80% vs. 66% in urban areas). The percentage of respondents counseled was also higher in Bălți (49%).

Figure 65. Did Anybody Talk to you Before the HIV Test?



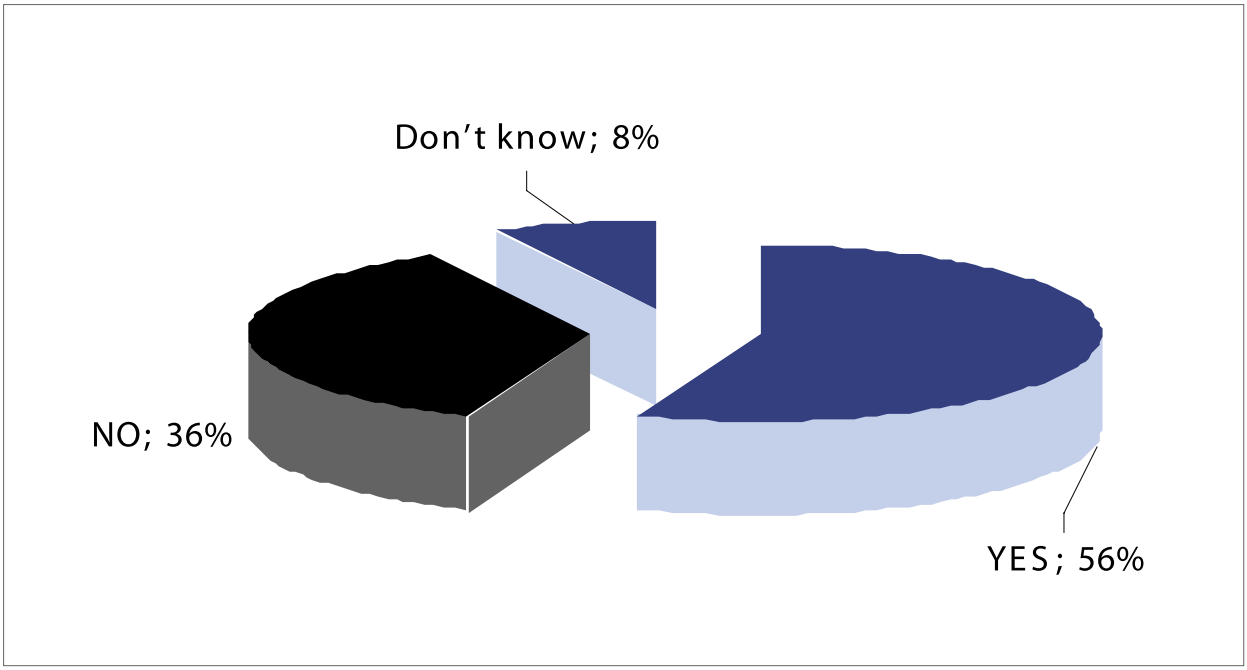
Of those who received pre-test counseling, over 50% had talked with their family doctor, 25% talked with the infectious disease doctor, 13% had talked with the nurse, 3% had talked with another person and 2% with the psychologist (Figure 66).

Figure 66. Who Talked to You Before the Test?



When asked about the topic they discussed, 68% said they talked about the testing procedure, 59% talked about communicating test results, 57% discussed personal risks of getting HIV, 55% talked about the confidentiality of results and their implications, 50% about testing being anonymous, and 48% about opportunities for treatment and care. In all, 56% indicated that the pre-test discussion took place in a room separate from other people and medical staff, 36% said the room was not separate and 8% stated they did not know (Figure 67).

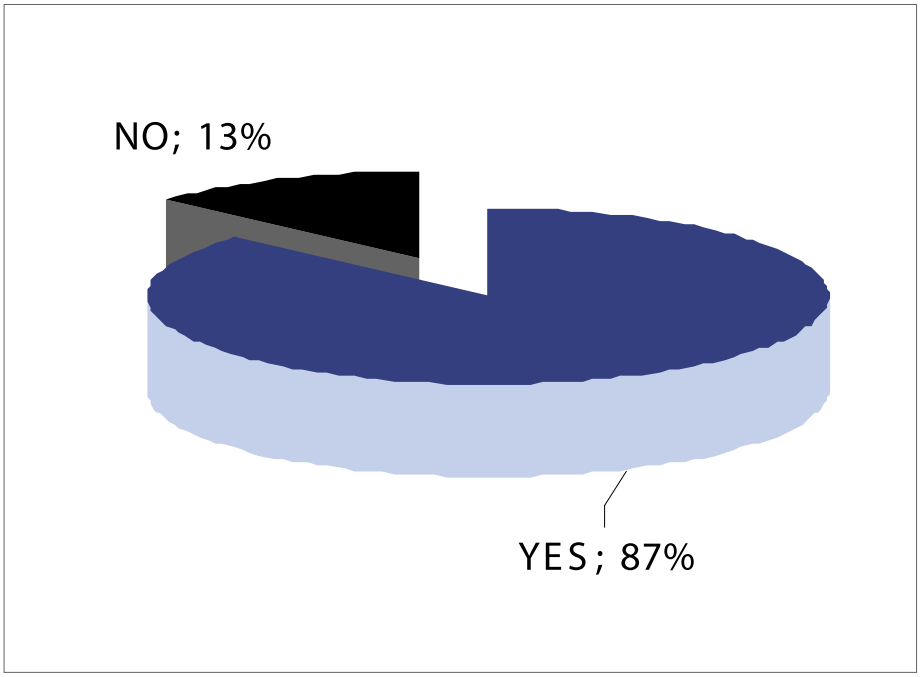
Figure 67. Did the Pre-test Discussion Take Place in a Room Separate from Other People and Medical Staff?



The percentage of respondents who said that the pre-test discussion had not taken place in a separate room was higher in the north (69%) and south (40%).

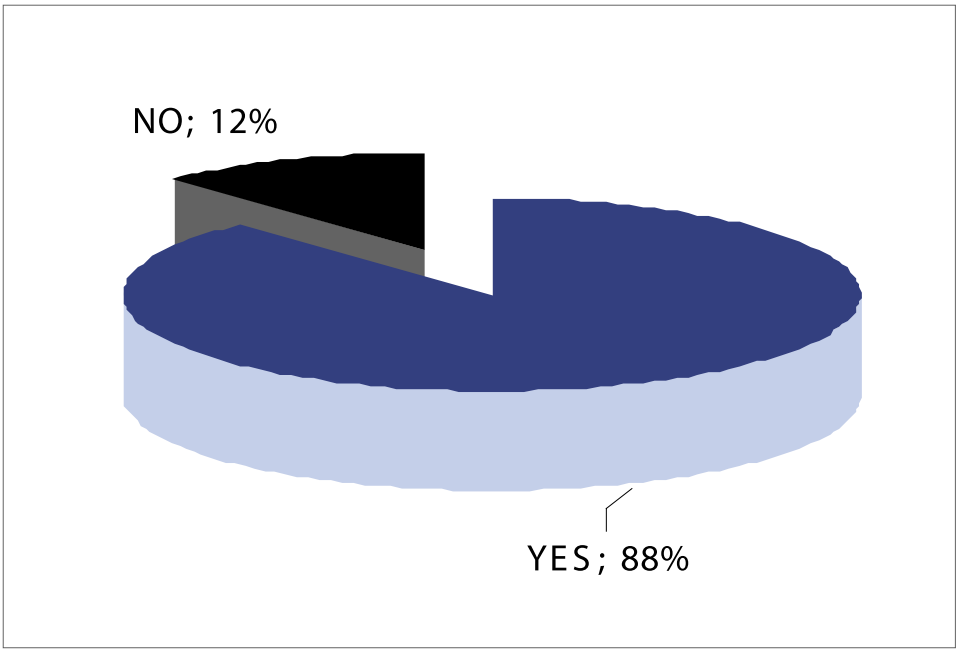
Of those who had been tested, 87% said they knew the results; 13% didn't. The percentage of those who did not know the result was higher among rural people (22%), among persons with incomplete secondary educations (21%) and in the central region of the country (29%).

Figure 68. Do You Know Your HIV Test Results?



Of those who found out the results, 88% said it was communicated to them personally (Figure 69). The percentage of respondents whose results were not communicated to them personally was higher in the 15–19 age group (40%).

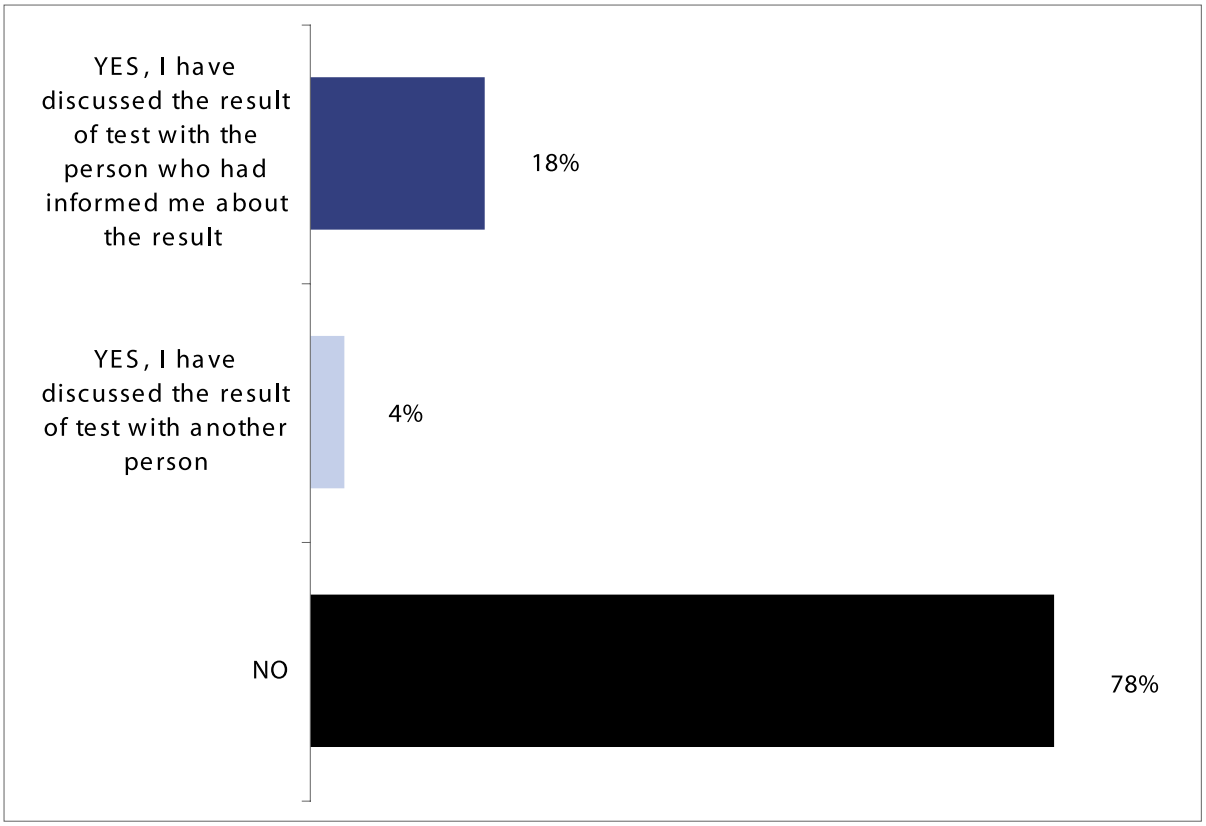
Figure 69. Was Your Test Result Communicated to You Personally?



When asked who gave them their results, 39% stated their family doctor had, 31% said the nurse, 12%did not remember, 12% said an employee from NAC/the National Scientific and Practical Center for Preventive Medicine, 6% cited another person.

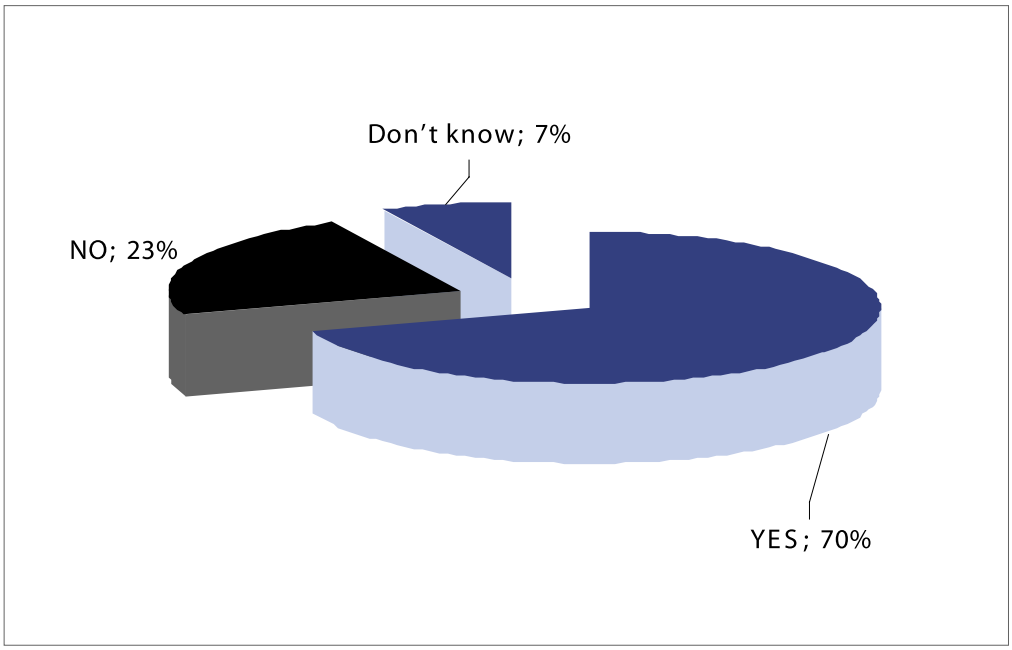
Post-test counseling. Regardiing post-test counseling, only 22% of those who had been tested said that someone talked to them after getting their results and 78% stated that nobody had done so (Figure 70).

Figure 70. Did Anyone Talk to you about the Results of Your Test?



The percentage of respondents who had not received post-test counseling was higher in Chișinău (86%) and in the southern region (84%). Of those who had discussed their test results, 70% said that the discussion had taken place in a room separate from other people and medical staff, 23% said it had not taken place in a separate room and 7% did not remember.

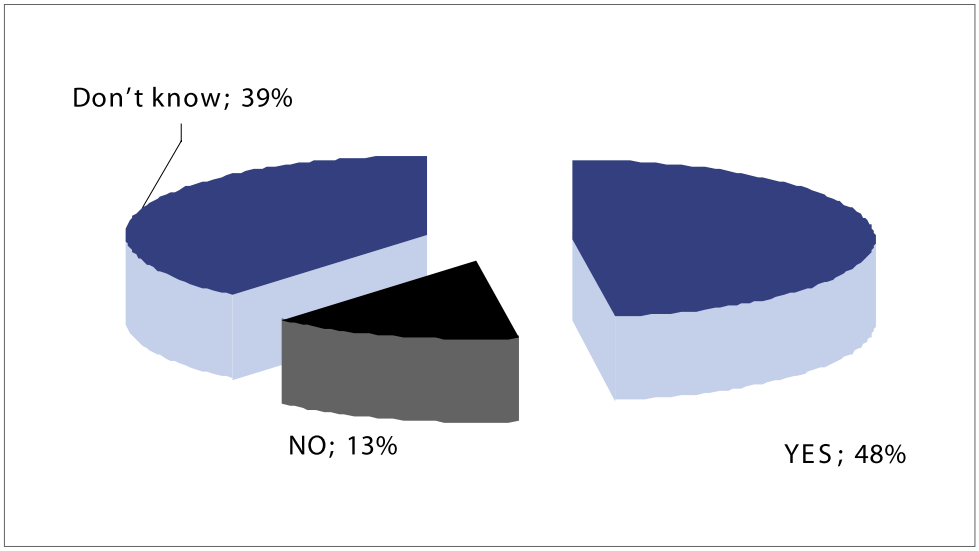
Figure 71. Did Your Post-test Discussion Take Place in a Room Separate from Other People and Medical Staff?



The percentage of respondents who stated that their post-test discussions had not taken place in a separate room was higher in Bălți (31%), in the south (36%) and in the north (28%). Respondents who received post-test counseling indicated it covered the following topics: significance/meaning of results (76%), prophylactic measures (65%) and opportunities for treatment and care (56%).

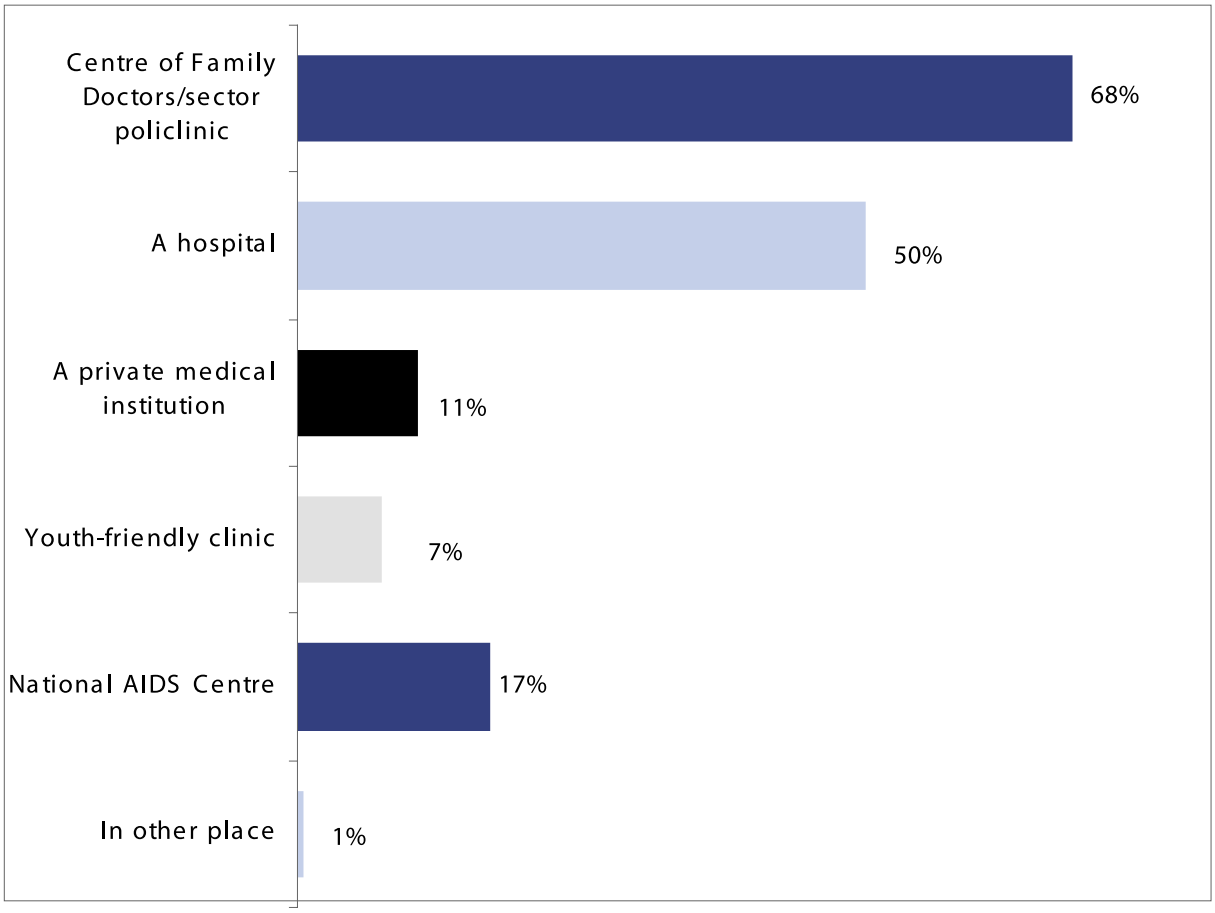
Respondents' awareness about HIV test services. Regarding awareness of the opportunity to take an HIV test in a place close to their residences, only 48% of them knew about it, and 52% stated they did not know or that there was no opportunity to take the test locally (Figure 72). There is a need, therefore, to promote these services. The percentage of respondents not aware of the availability of HIV testing services was higher in rural areas (61%) and in the age groups 15–19 (56%) and 60–65 (66%). The percentage of those not aware of the existence of such services in their communities/districts decreased as the educational level increased (60% among persons with incomplete secondary or primary educations vs. 40% among those with higher educations).

Figure 72. Is It Possible to Get an HIV Test in your Community (District)?



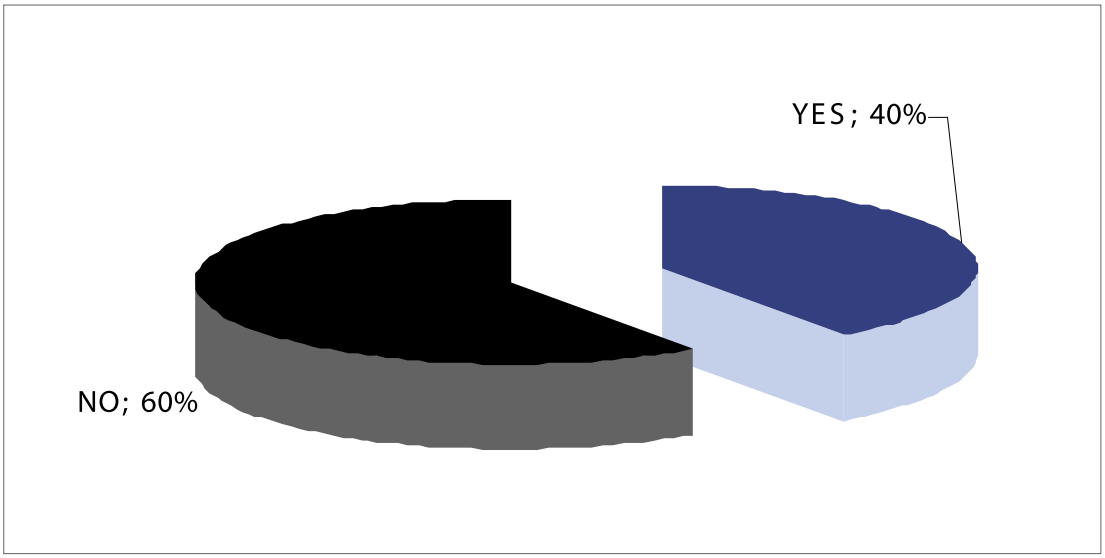
Those who mentioned that it was possible to get an HIV test in their districts or communities for the most part stated that testing could be done at the Family Doctor's Center (68%), in the hospital (50%), at the NAC (17%), in private medical institutions (11%) or at youth-friendly clinics (7%).

Figure 73. Where Is It Possible to Take an HIV Test?



Attitude toward HIV testing. A number of questions dealt with the respondents' willingness to take an HIV test. The survey revealed that a relatively large number of people wanted the test as 40% stated they would like to take it /repeat it while 60% said they would rather not take it (Figure 74).

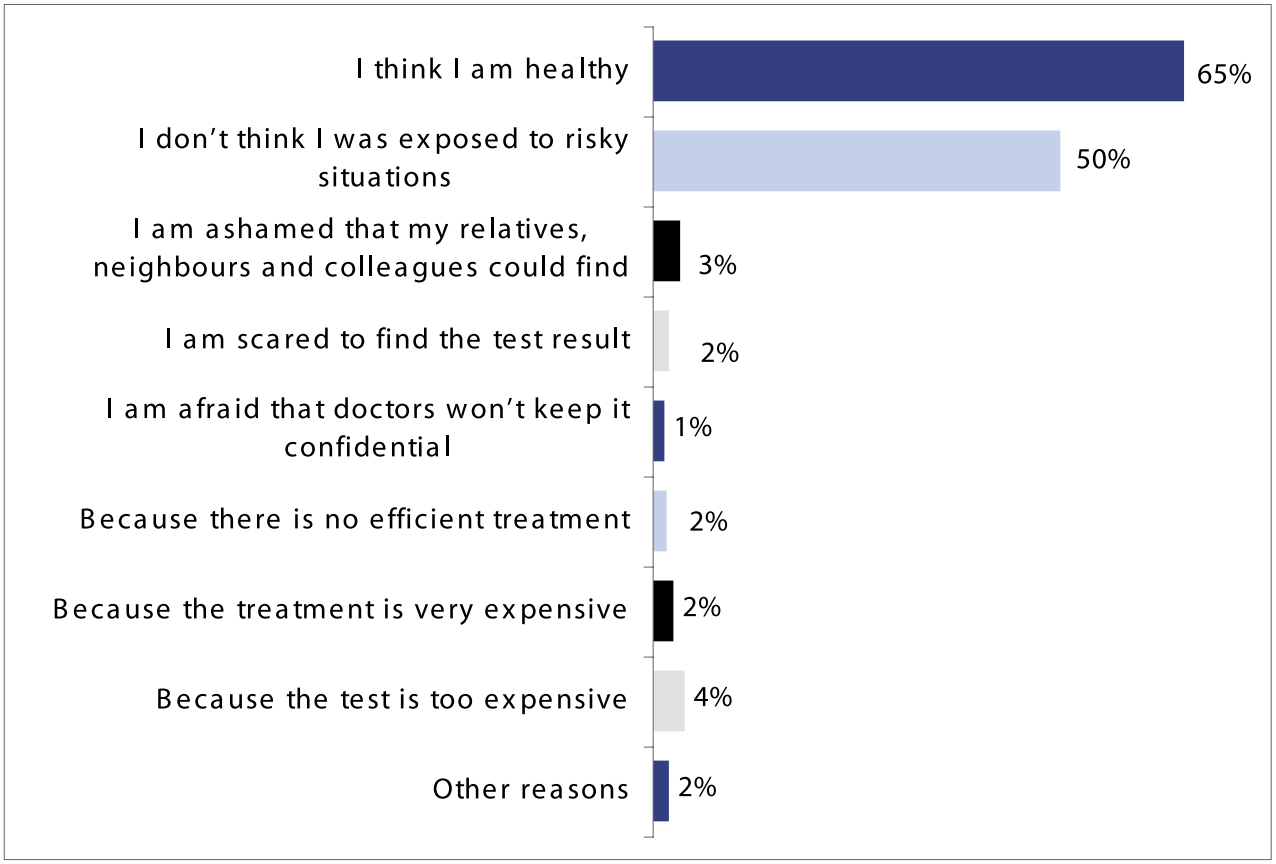
Figure 74. Would You Like to Take/Repeat the Test for HIV?



The percentage of respondents who would like to take the HIV test varied with their residence, age and civil status. Persons from rural areas were more willing (46%) as were those in the 15–39 age group (44–56%) and unmarried persons (49%). The percentage of respondents who would like the test was higher in the south (44%) and in the center (49%).

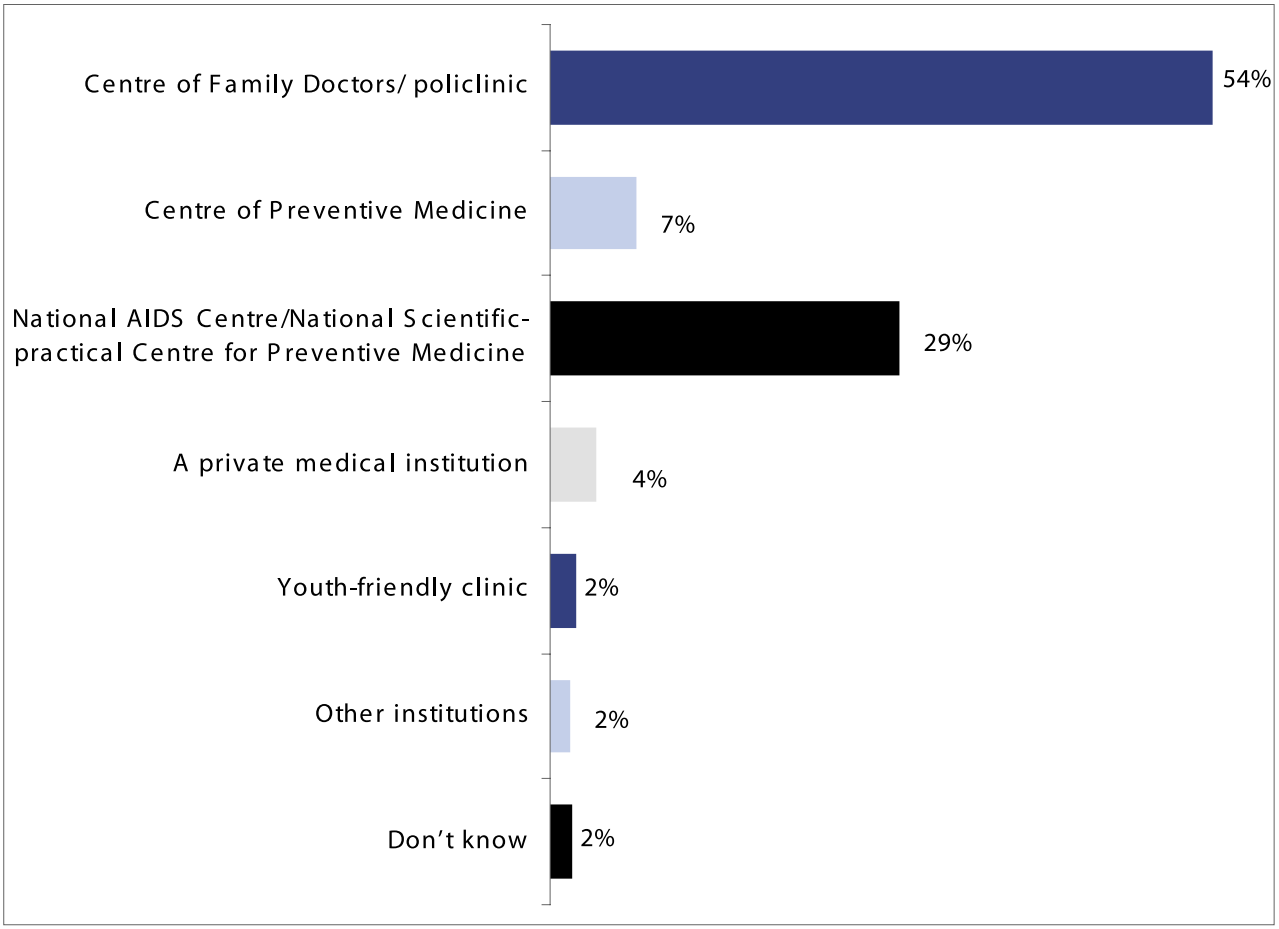
People who did not want to be tested for HIV gave different reasons why. Most of them were convinced they were healthy (65%) and had not been exposed to the risk of being infected (50%) (Figure 75). This confirms again the hypothesis that the general public is not aware of or is poorly informed about the risk of being infected with HIV.

Figure 75. Why Do You Not Want to Take the Test for HIV?



The majority of those willing to take the HIV test said they would prefer to be tested at a Family Doctor's Center (54%) and at NAC/ NSPCPM (29%) (Figure 76).

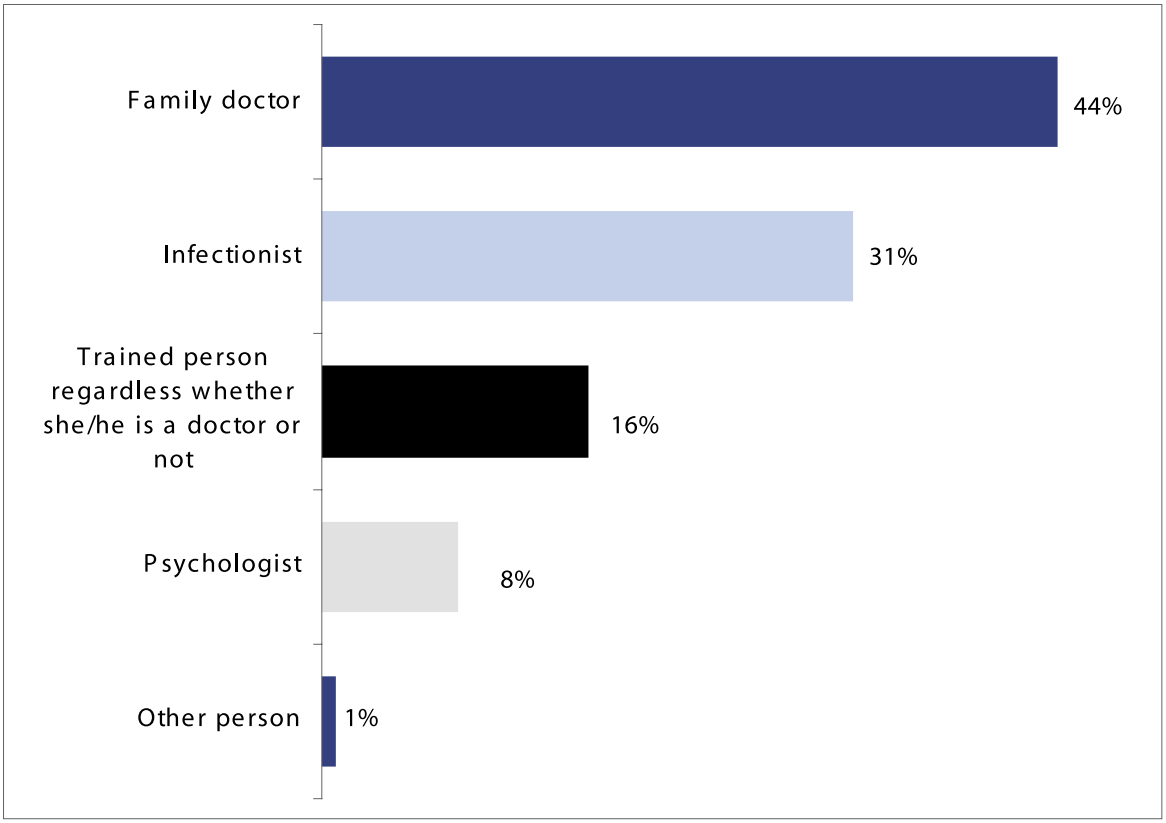
Figure 76. Where Would you Prefer to Take the HIV Test?



In all, 52% of respondents who wanted to take the HIV test said they would like someone to talk to them before and after the test, 23% did not want anyone to talk to them and 24% did not know. This shows that people understand very little about the importance of counseling.

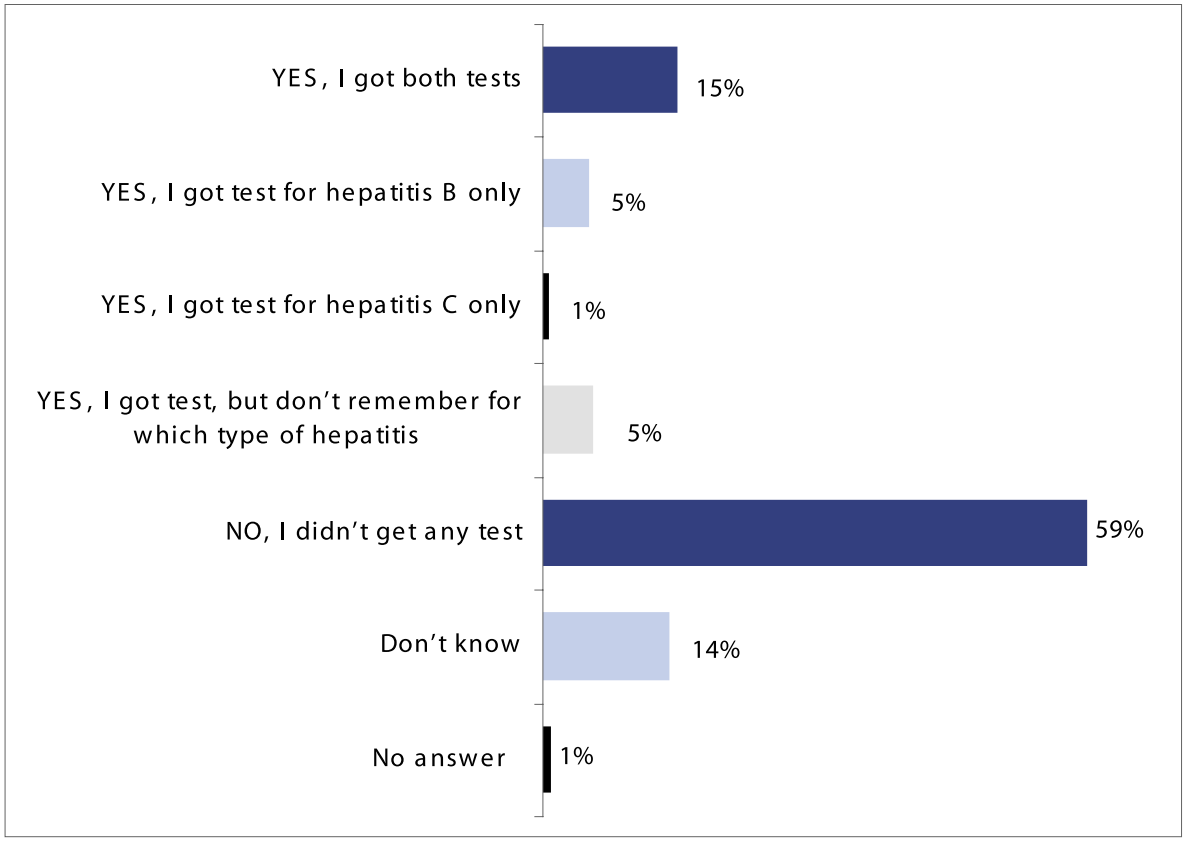
Of those who wanted someone to talk to them, 44% would prefer to talk with the family doctor, 31% with an infectious disease doctor, 16% with a trained person regardless of whether he/she was a physician and 8% would prefer to talk with a psychologist (Figure 77).

Figure 77. Who Would You Like to Talk to Before and After the HIV Test?



7.2. Testing for Viral Hepatitis. A total of 15% of respondents said they had been tested for hepatitis B and C, 5% had taken the test only for hepatitis B and less than 1% had for hepatitis C. Another 5% said they had been tested for viral hepatitis, but they did not recall the type, 59% had not been tested at all, and 14% did not know (Figure 78).

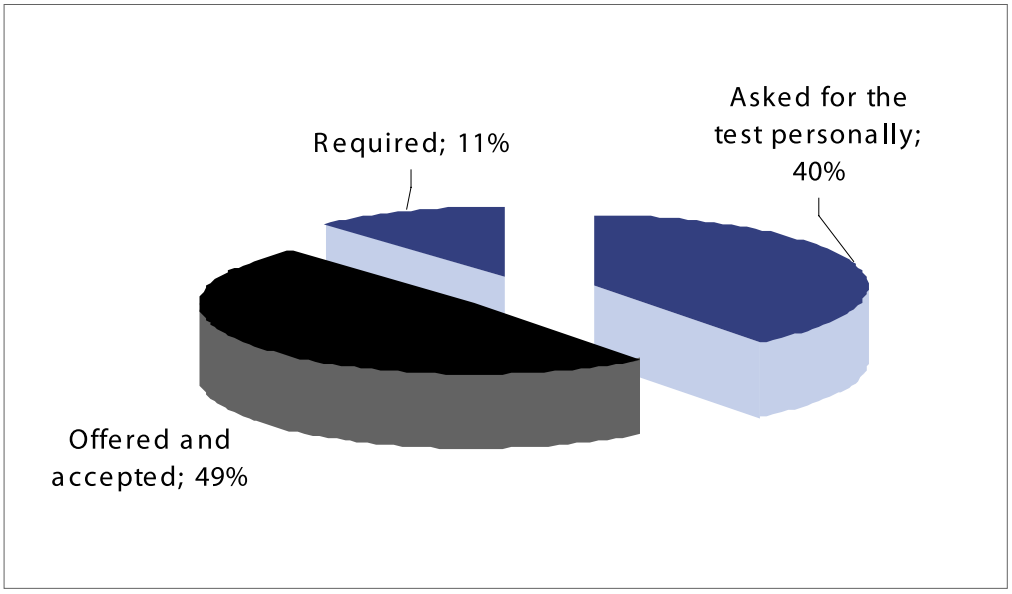
Figure 78. Have You Ever Been Tested for B/C?



The percentage of respondents who had taken both tests was higher in urban areas (20% vs. 10% in rural areas) and in the age groups 30–39 (19%) and 50–65 (18%). The percentage of respondents who had taken both tests also varied with their educational levels (11% among those with primary/ incomplete secondary education vs. 20% among people with higher education) and was higher in Bălți (24%) and Chișinău (21%).

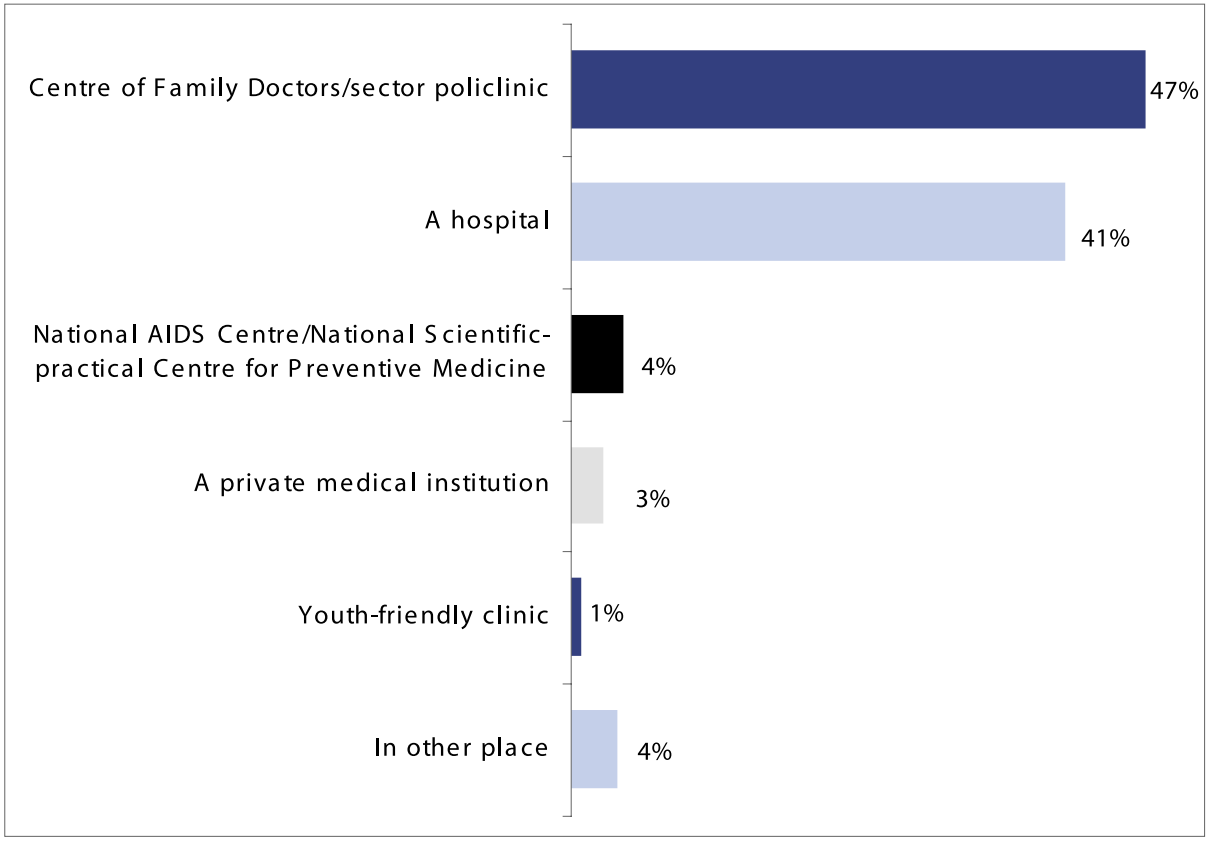
In all, 54% of respondents had taken the tests for hepatitis B and C more than two years ago, 18% had done so during the past two years and 29% during the past 12 months. When asked why they had taken the test, 40% had personally asked for it, 49% had been offered the test and accepted it and 11% were required to take it (Figure 79). The percentage of those who personally requested the test was higher among women (43%) and in the age groups 40–49 (52%) and 50–59 (48%). The percentage of those who were required to take the test was higher among men (14%) and in the age groups 15–19 (20%) and 25–29 (19%).

Figure 79. Why Were You Last Tested for Viral Hepatitis?



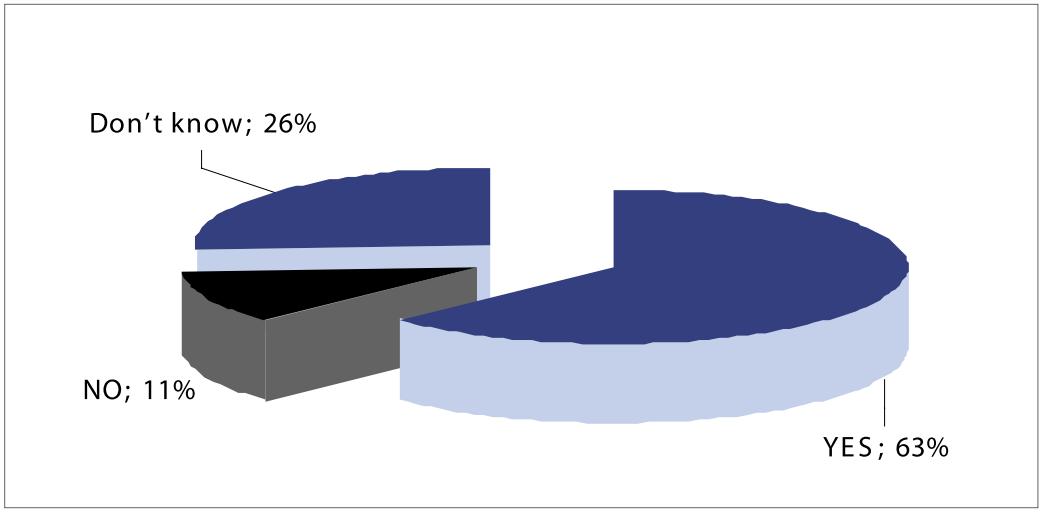
When asked where they were tested for viral hepatitis, 88% of respondents said at a Family Doctor's Centers or in the hospital, 4% at NAC/NSPCPM, 4% in other places and 3% in a private medical institution (Figure 80).

Figure 80. Where Were You Tested for Viral Hepatitis?



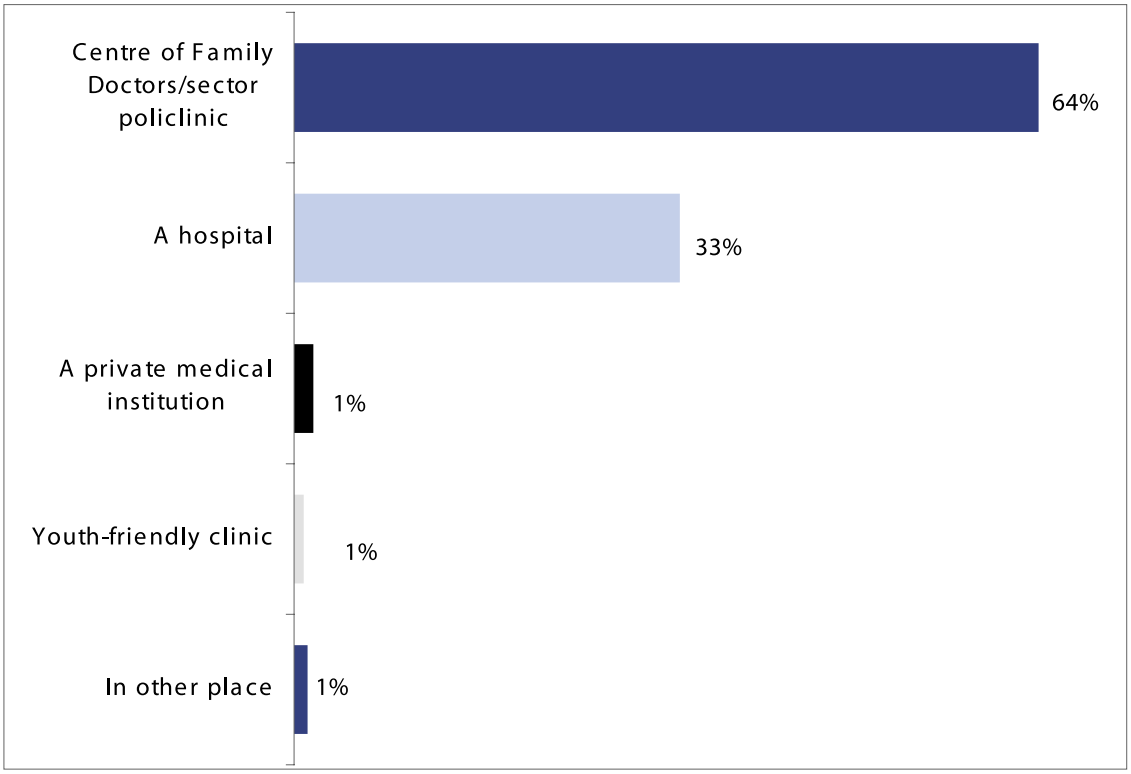
When asked if it were possible to take the test in their communities, 63% of respondents said it was 11% said it wasn't and 26% did not know (Figure 81). The percentage of respondents who did not know was higher in rural areas (30%), in the age groups15–19 (33%) and 60–65 (41%), among persons with incomplete secondary education/primary educations (33%), among persons from the north (33%) and among students and schoolchildren (32%).

Figure 81. Is It Possible to Test for Viral Hepatitis in Your Community (District)?



Of those who knew about the possibility to take a test for viral hepatitis in their communities, 97% said they could be tested at the Family Doctor's Centers or in the hospital (Figure 82).

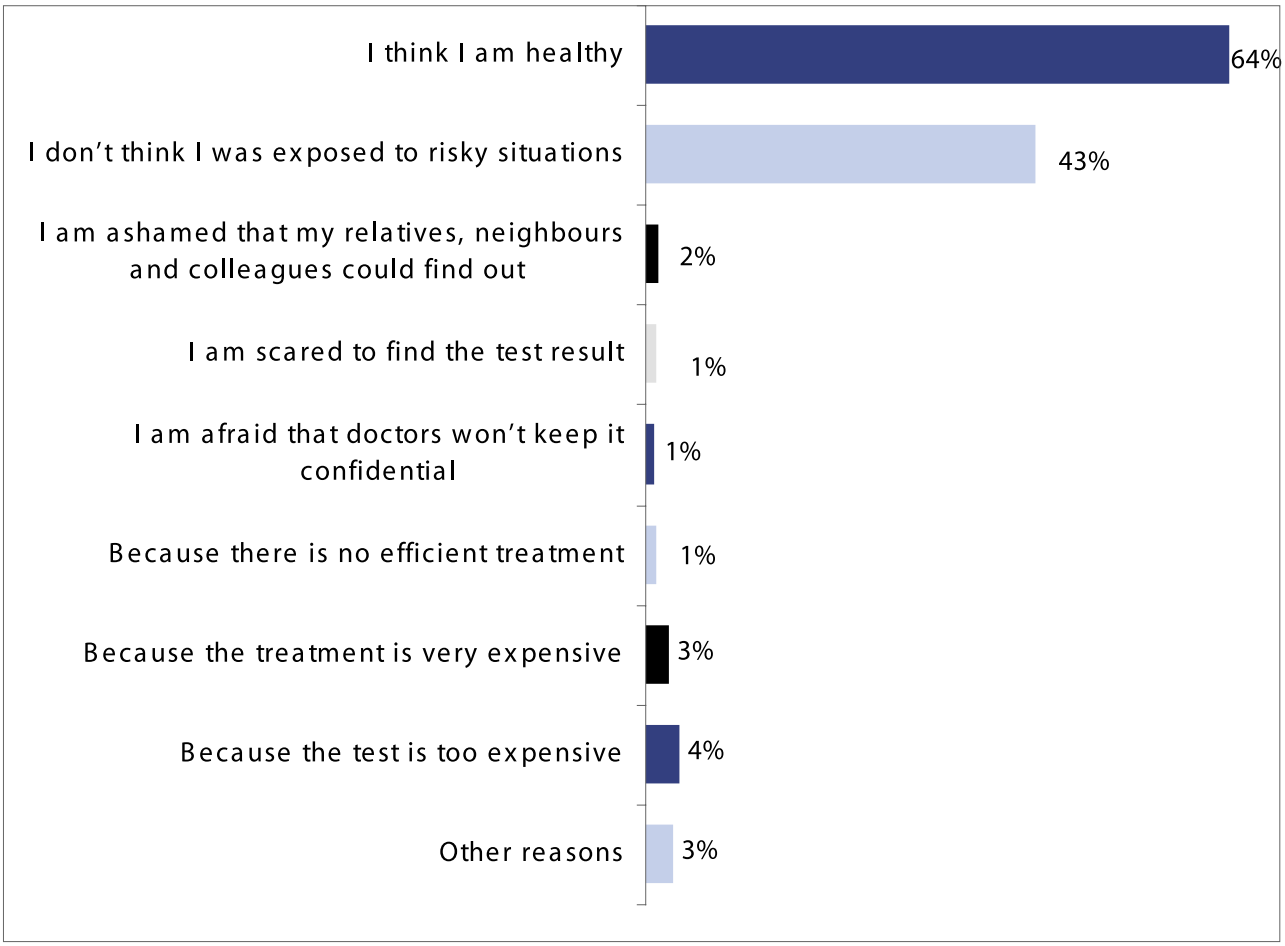
Figure 82. Where Can You Take the Test for Hepatitis B/C?



A total of 61% of respondents stated they would like to be tested for viral hepatitis while 39% would not. The percentage of respondents willing to be tested for viral hepatitis was higher in rural areas (70%), in the age groups 30–39 (73%) and 15–19 (64%), among residents of the central region (75%) and among persons from the south (71%).

Those who did not want to take the test gave different reasons: 64% thought they were absolutely healthy, 43% did not think they were exposed to risky situations, 4% said the test was too expensive and 3% said the treatment was too expensive (Figure 83) .

Figure 83. What are the reasons you do not want to be tested for viral hepatitis?



When asked about taking the test and where they would prefer to take it, 60% said they would rather take it at the Family Doctor's Center, 15% at NAC/NSPCPM, 14% -at regional Centers for Preventive Medicine, 5% in private medical institutions and 2% at youth-friendly clinics.

SUMMARY

- In all, 28% respondents had taken the test for HIV, 15% for hepatitis B and C,, 5% hepatitis B only, and <1% - for hepatitis C only. During the last 12 months, about 10% of respondents had taken the HIV test, and about 7% had taken at least one hepatitis test.

- A total of 32% of persons had been tested for HIV, and 40% of those tested for viral hepatitis had personally requested the test.

- The majority of respondents who had been tested for HIV and viral hepatitis B and C had been tested at Family Doctor's Centers or hospitals.

- Only 22% of persons tested for HIV said that they had received pre- and/or post-test counseling.

- Pre-test counseling was provided mostly by the family physician and the infectious disease doctor. Post-test counseling was provided by the family physician and the nurse in most of the cases.

- In all, 56% of persons who were counseled stated that pre-test counseling took place in a room separate from other people and other medical personnel.

- A total of 70% of those counseled said that post-test counseling took place in such a room.

- When asked if they would like to be tested or to repeat the test, 40% said yes for HIV and 61% said yes for viral hepatitis. Only half of those willing to take the HIV test would like to be counseled.

- Those who did not want to be tested for HIV/viral hepatitis stated they were absolutely healthy or did not think they had been exposed to risky situations in which they could be infected.

- Only 48% of respondents were aware that the HIV test (63% for the hepatitis test) was available in their communities.

ANNEXES

ANNEX 1

USAID Preventing HIV/AIDS and Hepatitis B and C Project

Questionnaire
Population knowledge, attitudes and experiences regarding Hepatitis B and C and voluntary counseling and testing for HIV and Viral Hepatitis

Introduction

Hello, my name is ..... I represent (name of organization). We are caring out a sociological research in (name of geographic zone) aiming at identification of general population knowledge, attitudes and experiences in the field of viral hepatitis and HIV/Aids and Virus hepatitis voluntary testing and counseling.

You have been selected for the research by chance. Taking into consideration the importance of the research for the country we kindly ask you to respond consecutively to all the questions in the questionnaire. Some of the question are of personal character, but your answers are not going to be disclosed to anybody. The information you supply us with will help us to learn more about community population behavior, judgments and experiences.

Started at

_____

Finished at : _____

Date: _____

Chisinau -2007

I. SOCIAL-DEMOGRAFIC INFORMATION

1. Gender of the respondent (tic without asking)

1. Masculine 2. Feminine

2. How old are you (full years)?

1.	15- 19 years	4.	30-39 years	6.	50-59 years
2.	20-24 years	5.	40- 49 years years	7.	60-65 years
3.	25-29 years				

3. Marital Status?

1. Not married
2. Married (including non officially registered)
3. Divorced
4. Widow/Widower

4. What is your education?

1. Uneducated
2. Primary education (1-4 grades)
3. Incomplete secondary (9 grades)
4. General secondary school/High School
5. VET school
6. College
7. Not finished higher education/ higher education

5. What is your occupation?

1. Worker
2. Public servant /employed in the public sector
3. Manager
4. Self employed
5. Employed in education
6. Medical worker
7. Farmer (farming my own land)
8. Unemployed
9. Student/ pupil
10. House wife/I am in a child care leave
11. Pensioner /unemployed because of disability
12. Other (what specially?) _____

_____

6. You posses in your household the following goods (name only those that are functioning)

1. Running water (water pipe supply)	7. Washing machine
2. TV set	8. Wireless
3. Natural gas	9. Refrigerator/Freezer
4. Car	10. Tape recorder/video recorder
5. Telephone	11. Computer
6. Mobile Telephone	12. Video camera

7. Place of residence

1. Urban 2. Rural

Interviewer ! QUESTIONS 8 AND 9 HAVE TO BE FILLED IN BY YOU

8. Locality/Community _____

9. District _____

II. KNOWLEDGE

10. Have you heard about viral hepatitis B and C?

Attention for the interviewer! Read the question and the answer variants for each of the positions bellow. Every line should be filled in with an answer.

		Yes	No
1	Hepatitis B	1	2
2	Hepatitis C	1	2

INTERVIEWER ! IF THE RESPONDENT HASN"T HEARD ABOUT HEPATITES B AND C THEN ALL THE SUBSEQUENT QUESTIONS REGARDING HEPATITES B AND C DON'T REFER TO THE RESPONDENT AND IN THIS CACE YOU SHOULD PROCEED TO CHAPTER III, PAGE 5

IF THE RESPON DENT HAS HEARD ABOUT THE HEPATITES A OR C THEN YOU SHOULD FURTHER ASK QUESTIONS REGARDING ONLY THE TYPE OF HEPATITES HE/SHE HAS HEARD ABOUT.

11. Do you find hepatitis B and C to be a serious health problem in your community?

		It is a big problem	It is a problem to some extend	It is not a problem	Don't know
1	Hepatitis B	1	2	3	4
2	Hepatitis C	1	2	3	4

12. What do you think , are hepatitis B and C infectious diseases that can be transmitted from person to person?

Attention for the Interviewer! Read the questions and the variants of the answers for each point bellow. Each line should contain an answer.

		Yes	No	Don't know
1	Hepatitis B	1	2	3
2	Hepatitis C	1	2	3

13. What do you think, is it possible to get infected with hepatitis B and C from a person who has no any symptoms and seems to be absolutely healthy?

1. Yes 2. No 3. Don't know

13. What are , in your opinion, the symptoms/ signs of Hepatitis B and C?

		Yes	No	Don't know
1	Tiredness	1	2	3
2	Lack of appetite	1	2	3
3	Nausea and vomiting	1	2	3
4	Belly pains	1	2	3
5	Intensively colored urine	1	2	3
6	**Discolored faecals**	1	2	3
7	Yellow skin and eyes	1	2	3
8	Pains bellow the right ribs	1	2	3
9	Others (Name) _____	1	2	3

14. B and C hepatitis can be transmitted by the following..?

INTERVIEWER! REPEAT THE GENERAL QUESTION PERMANENTLY AFTER EACH 3-4 SUBQUESTIONS.

		Yes	No	Don't know
1	… unprotected sex	1	2	3
2	…sharing use of kitchen utensils	1	2	3
3	…from mother to fetus (during pregnancy and delivery)	1	2	3
4	… handshaking	1	2	3
5	… contaminated blood transfusion	1	2	3
6	… kiss	1	2	3
7	…use of non sterile medical instruments and needles	1	2	3
8	…breast milk	1	2	3
9	…sharing usage of shaving blade ,manicure scissors, tooth brash	1	2	3
10	…acupuncture, tattoo, piercing	1	2	3
11	… coughs	1	2	3
12	…during teeth healing operations	1	2	3
13	…the use of the same siring for injection	1	2	3
14	… contact with sweat	1	2	3
15	… usage of public toilets (WC)	1	2	3
16	… contact with blood of an infected person	1	2	3
17	….. other (name) _____	1	2	3

15. How big is the risk of a person to get infected with hepatitis B and C in your opinion if ....?:

FLASH CARD I

INTERVIEWER! REPEAT THE GENERAL QUESTION PERMANENTLY AFTER EACH 3-4 SUBQUESTIONS.

		Very big	To a certain extend	Not at all	Difficult to answer
1	… if he/she drinks from a glass from which a person infected with hepatitis B and C virus has already drunk	1	2	3	4
2	… if he/she injects drugs with a needle that has already been used by a person infected with hepatitis B and C virus	1	2	3	4
3	… if he/she works in an office where an infected person with hepatitis B and C virus works	1	2	3	4
4	… if he /she dines in a restaurant where one of the clients is infected with hepatitis B and C virus	1	2	3	4
5	... being medically treated in a hospital where one of the patients is infected with hepatitis B and C virus	1	2	3	4
6	… if he/she has sexual contacts with many partners and uses a condom all the time	1	2	3	4

17. What do you think, can the viral hepatitis B and C be cured totally, partially, or can not be cured?

1. totally
2. partially
3. can not be cured
4. don't know

18. What in your opinion can be the consequences of getting infected with Hepatitis B or C virus?

		Yes	No	Don't know
1	Hepatic cirrhosis	1	2	3
2	Liver cancer	1	2	3
3	Chronic Hepatitis	1	2	3
4	Disability	1	2	3
5	Hepatitis B and C positive for life	1	2	3
6	Death	1	2	3
7	Others (name) _____	1	2	3

19. What factors can worsen the situation of a person infected with hepatitis B and C?

		Yes	No	Don't know
1	Extensive and frequent alcohol consumption	1	2	3
2	Non observance of an healthy eating regime	1	2	3
3	Other maladies at the same time (as HIV/AIDS, tuberculosis, herpes)	1	2	3
4	Other factors (name) _____	1	2	3

III BEHAVIOR

Now we will ask a set of questions about your private life. This is a delicate subject. The honesty and accuracy of your answers matters a lot. We highly appreciate your understanding.

20. Have you ever had sexual intercourse?

1. Yes
2. No ► **29**
3. I refuse to answer ► **29**

21. How many sexual partners did you have during the last 12 months? Read the variants below!

1. Not a single one ► **24**
2. One
3. More than one
4. I refuse to answer

22. How many sexual partners did you have during the last 6 months? Read the variants below!

1. Not a single one ► **24**
2. One
3. More than one
4. I refuse to answer

23. How many sexual partners did you have during the last month? Read the variants below!

1. Not a single one
2. One
3. More than one
4. I refuse to answer

24. Did you ever use a condom during sexual intercourse?

1. Yes
2. No ► **28**
3. I refuse to answer

25. How often did you use a condom during sexual intercourse during the last 12 months? FLASHCARD 2

1. Always
2. Almost always
3. Sometimes
4. Never
5. In the last 12 months I did not have sexual intercourse ► **27**
6. I refuse to answer

26. How often did you use a condom during sexual intercourse during the last 6 months? FLASH CARD 2

1. Always
2. Almost always
3. Sometimes
4. Never
5. In the last 6 months I did not have any sexual intercourse
6. I refuse to answer

27. Did you use a condom during the last sexual intercourse?

1. Yes ► **29**
2. No
3. I refuse to answer ► **29**

28. If NO, what was the reason? FLASHCARD 3

1. I did not have a Condom with me
2. I did not want to use a Condom because I don't like it
3. My partner was against it
4. Condoms are too expensive and I can't afford buying one
5. I use other type of birth control methods
6. I don't think it is necessary
7. I don't know why
8. Another reason (specify) _____

29. What do you think, using a condom is ... (CONTINUE THE PHRASES FROM THE TABLE)

		Yes	No	I don't know
1	Protects against sexually transmitted illnesses	1	2	3
2	Protects against HIV virus (the virus that causes AIDS)	1	2	3
3	Protects against Hepatitis B	1	2	3
4	Protects against Hepatitis C	1	2	3

30. Do you agree with the following statements ?

		I agree	I don't agree	It is difficult to answer
1	It is not comfortable to talk with your sexual partners about using a condom	1	2	3
2	The majority of the people who are my age use condoms	1	2	3
3	If a man is to get infected with HIV, hepatitis, sexually transmitted illnesses a condom will not help	1	2	3
4	Buying a condom will intimidate me	1	2	3
5	I would feel embarrassed if my friends noticed that I had a condom	1	2	3
6	I think that the persons who don't use a condom during sexual intercourse have an irresponsible attitude towards their health	1	2	3

31. We ask you to answer to the following questions:

		Yes	No	I don't know
1	Did you receive a blood transfusion during the last 2 years?	1	2	3
2	Did you go to a dentist in the last 2 years ?	1	2	3
3	Did you have a surgery during the last 2 years?	1	2	3
4	Did you stay in a hospital in the last 2 years?	1	2	3
5	Are you a dialysis patient (cleaning through artificial kidneys)	1	2	3
6	Did you ever stay in jail?	1	2	3
7	Are you working or did you work in the health care field or dentist field having frequent contact with human blood?	1	2	3
8	Have you been administered injections in veins or muscles during the last two years?	1	2	3
9	Have you ever did acupuncture, piercing or tattoos?	1	2	2

32. When going to the doctor, are you paying attention if he/she uses single usage gloves for the medical procedures ?

1. Yes, every time
2. Sometimes
3. No

33. The last time when you went to the doctor (any doctor) did you ask him/her to use single usage gloves for medical procedures ?

1. Yes
2. No
3. It was not necessary, because the doctor took care of it

34. The last time when you went to a dentist, did you ask him/her to use single usage gloves or sterile ones?

1. Yes
2. No
3. It was not necessary, because the doctor took care of it

35. The last time you had a manicure and pedicure done, did you ask for the instruments to be disinfected?

1. Yes
2. No
3. It was not necessary, because the specialist took care of it
4. I don't do my manicure or pedicure in a beauty saloon

36. Is there a vaccination against Hepatitis B?

1. Yes
2. No ► **42**
3. I don't know ► **2**

37. Where from did you find out about this vaccination? (*multiple answer*)

1. From relatives, friends, colleagues
2. From doctors
3. From mass –media (newspapers, radio, TV)
4. From schools and universities
5. Other sources (specify) _____
6. I don't remember

38. Where you vaccinated against Hepatitis B?

1. Yes
2. No ► **41**
3. I don't know/ I don't remember ► **41**

39. If Yes, what was your motivation to get vaccinated against Hepatitis B?

1. I am a medical worker
2. I am a dialysis patient
3. My relatives and friends advised me
4. I decided myself due to preventive reasons
5. Other reason_____

40. Where were you vaccinated ? ► 42

1. At the Center of Family Doctors/ Health care center /Office of Family Doctors
2. At the center for Preventive Medicine
3. At the working place
4. At school/education institution
5. Other_____

41. If not then, what was the reason of not being vaccinated ? *(multiple choice answer)*
FLASH CARD 4

1. I didn't know where to get vaccinated
2. The vaccine is too expensive for me
3. I don't think that the vaccine can protect me against hepatitis B
4. I didn't have time
5. It is difficult to answer
6. Other (specify) _____

IV. ATTITUDE TO PEOPLE INFECTED WITH HEPATITIS B AND C VIRUS

42. Do you find it a shame being infected with hepatitis B and C virus?

		Yes	No	Don't know
1.	Hepatitis B	1	2	3
2.	Hepatitis C	1	2	3

43. Will you keep a secret about somebody in your family who is infected with hepatitis B and C virus ?

1. Yes
2. No
3. It's difficult for me to answer

44. If anybody in your family were ill with hepatitis B and C will you take care of him/ her?

1. Yes
2 .No
3. It's difficult for me to answer

45. Will you buy food products from a shop assistant whom you know to be infected with hepatitis B and /or C?

1. Yes
2 .No
3. It's difficult for me to answer

46. What do you think , can a teacher work in a school if he /she is infected by hepatitis B and C virus?

1. Yes
2 .No
3. It's difficult for me to answer

47. What do you think, can a person who looks absolutely healthy and doesn't differ from others be infected with hepatitis B and C virus?

1. Yes
2 .No
3. It's difficult for me to answer

48. Do you know anybody who is infected with viral hepatitis B and/or C virus?

		Yes	No
1	Hepatitis B	1	2
2	Hepatitis C	1	2
3	Both at the same time	1	2

49. To what extend do you agree or disagree with the following statements?

FLASH CARD 5

	Do you agree that …	Fully agree	More likely to agree	More likely to disagree	Fully disagree	Difficult to answer
1	…a person who is infected with hepatitis B and/or C virus is probably using injectable /intravenous drugs	1	2	3	4	5
2	… a person who is infected with hepatitis B and/or C virus has had one or more surgeries	1	2	3	4	5
3	… a person who is infected with hepatitis B and/or C virus probably has had or is having many sexual partners	1	2	3	4	5
4	… a person who is infected with hepatitis B and/or C virus has probably been a blood donor or has probably had a blood transfusion	1	2	3	4	5
5	… any person can get infected with hepatitis B and /or C virus	1	2	3	4	5

50. What do you think , to what extend have you personally been/are exposed to the risk of getting infected with ... :

		To a big extend	To a certain extend	Not at all	Difficult to answer
1	HIV	1	2	3	4
2	Sexually transmitted diseases	1	2	3	4
3	Hepatitis B virus	1	2	3	4
4	Hepatitis C virus	1	2	3	4

51. If you personally were infected with hepatitis B and/or C virus whom will you tell about it? (multiple choice answer)

FLASH CARD 6

1. I would not say anybody
2. Husband/wife permanent sexual partner
3. To a colleague
4. To a friend/friends
5. Parents
6. To a doctor
7. Other persons (name) _____
8. I don't know

V. INFORMATION NEEDS AND WAYS TO OBTAIN INFORMATION

OPERATOR! CHAPTER V ADDRESSES ALL THE RESPONDENTS NO MATTER WHETHER THEY HAVE OR NOT HEARD ABOUT HEPATITIS B OR C

52. What do you think, how important it is for you to be informed about hepatitis B and C

FLASH CARD 7

		Very important	More or less important	Some aspects are important others are not	Not very important	Not important at all
1	Hepatitis B	1	2	3	4	5
2	Hepatitis C	1	2	3	4	5

53. To what extend do you consider yourself informed about Hepatitis B and C ?

		Very well informed	Well informed	Not very much informed	Not informed at all
1	Hepatitis B	1	2	3	4
2	Hepatitis C	1	2	3	4

54. To what extend do you need information about each topic mentioned bellow :

FLASH CARD 8

	INTERVIEWER! REPEAT THE GENERAL QUESTION PERMANENTLY AFTER EACH 3-4 SUBQUESTIONS. **To what extend do you need the information …**	I need the information very much	I need the information more or less	I don't need the information very much	I don't need the information at all	Difficult to answer
1	… about testing for hepatitis B (what does the test mean, how much does it cost, where can it be taken, how much time is needed)	1	2	3	4	5
2	… about how should you behavior in every day life in order to protect yourself against Hepatitis B and/or C virus infection	1	2	3	4	5
3	… about what should your behavior and attitude be towards the people infected with hepatitis B and C virus in everyday life in order that he/she doesn't feel isolated from the society	1	2	3	4	5
4	… about how hepatitis B and C is transmitted	1	2	3	4	5
5	… about how a person who is infected with hepatitis B and C looks like	1	2	3	4	5
6	… about how safe the condoms are against getting infected, how should they be used	1	2	3	4	5
7	… about the forecast of hepatitis spreading in the future	1	2	3	4	5
8	… about hepatitis C testing (what does the test mean, how much does it cost, where can it be taken, how much time is needed)	1	2	3	4	5
9	… about hepatitis B and C treatment	1	2	3	4	5
10	… about vaccination against hepatitis B (what does the vaccine against hepatitis B mean, how much does it cost, where can it be made)	1	2	3	4	5
11	… About epidemiologic situation of hepatitis B and C in your community.	1	2	3	4	5
12	Other (name)	1	2	3	4	5

55. Has anybody spoken to you about viral hepatitis B and C in the last 12 months?

1. Yes
2. No ► **57**

56. If "Yes", who? (Multiple choice answer)
FLASH CARD 9

1. Family doctor (in the district)
2. Family medical nurse (in the district)
3. Colleague (at work, classmate)
4. Parents, somebody from the relatives
5. Friend
6. Somebody else (name) _____

57. Have you heard (read) any information about hepatitis B and C in the last 6 months?

1. Yes
2. No ► **59**

58. If "Yes ", from what sources? *(Multiple choice answer)*

1. Television
2. Radio
3. Newspapers
4. Brochures, posters etc.
5. Internet
6. Other (name) _____

59. What do you think, where is it more convenient for people to get informed about hepatitis B and C? *(Multiple choice answer)*
FLASH CARD 10

1. in medical institutions
2. at the place of work/study
3. through mass-media (television, newspapers, radio)
4. in entertainment places (cinema, cafés, bars etc.)
5. Others (name) _____

60. How often do you what the following TV channels?
FLASH CARD 11

		Every day	Several times a week	Several times a month	Once a month or even less	Never in the last 3 month
1	National Television (Moldova 1)	1	2	3	4	5
2	ORT (First 1 Channel in Moldova)	1	2	3	4	5
3	NIT	1	2	3	4	5
4	Pro TV	1	2	3	4	5
5	Us TV	1	2	3	4	5
6	Romania 1	1	2	3	4	5
7	CTC	1	2	3	4	5
8	TV-7/NTV	1	2	3	4	5
9	Local television ____	1	2	3	4	5
10	Others _____	1	2	3	4	5

61. How often do you listen to the following radio channels?
FLASH CARD 11

		Every day	Several times a week	Several times a month	Once a month or even less	Never in the last 3 months
1	National radio (Radio Moldova)	1	2	3	4	5
2	Radio Norco	1	2	3	4	5
3	Roscoe Radio	1	2	3	4	5
4	Veto Radio	1	2	3	4	5
5	HIT FM	1	2	3	4	5
6	KISS FM	1	2	3	4	5
7	Radio Sănătatea (Health)	1	2	3	4	5
8	Antena C	1	2	3	4	5
9	Local radio station _____	1	2	3	4	5
10	Others _____	1	2	3	4	5

62. What newspapers and magazines do you read most often ? Name three from the list that you read in the "first" place, "second" place, and in the "third " place . Indicate not more than one opinion in a colon.
FLASH CARD 12

		In the first place	In the second place	In the third place
1	Timpul	1	1	1
2	Săptămâna	2	2	2
3	Flux	3	3	3
4	Jurnal de Chişinău	4	4	4
5	Comsomoliskaya pravda	5	5	5
6	Argumenti i Facti	6	6	6
7	Tainele sănătăţii	7	7	7
8	Vaş domaşnii doctor	8	8	8
9	Makler	9	9	9
10	Antena	10	10	10
11	Local newspaper _____ _____	11	11	11
12	Others _____	12	12	12

VI. TESTING AND COUNCELING

We are not interested in the results of your test in case you had done a test but only in the testing process and the testing method. That is why we ask you to answer sincerely the following questions. .

63. Have you ever taken an HIV test (analysis) ?

1. Yes 2. No ► **79**

64. When have you taken the HIV test the last time ?

1. In the last 12 months 2. In the last 1-2 years 3. More than 2 years ago

65. When you last did the HIV test, have you required it, was it suggested to you and you accepted it or have you been forced to take it ?

1. I have required it personally 2. It was suggested and I accepted it 3. I was forced

66. Have you signed any document where you confirmed you agreement to be HIV tested?

1. Yes 2. No 3. I refuse to answer

67. Where have you been tested ?
FLASH CARD 13

1. At the Family Doctors center / district policlinics
2. At the hospital
3. At the National AIDS Center/ National Scientific and practice Center of Preventive Medicine
4. Private medical institution
5. Youth Friendly Clinic
6. Center for Preventive Medicine
7. Center for Blood Transfusion
8. In another place (specify) _____

68. Has anybody talked to you before taking the HIV test?

1. Yes 2. No ► **72**

69. Who talked to you before the test?

1. Family doctor
2. Infectionist doctor
3. Medical nurse
4. Psychologist I
5. another person (specify) _____

70. What did they talk to you about ?

		Yes	No	Don't remember
1	Testing procedure	1	2	3
2	Testing anonymity	1	2	3
3	Result announcement procedure	1	2	3
4	Results confidentiality	1	2	3
5	Result significance	1	2	3
6	Possibilities of care and treatment in case of necessity	1	2	3
7	Personal risk of getting infected with HIV	1	2	3
8	Other things (specify) _____			

71. Has the pre test discussion been conducted in an isolated from other people and medical staff place?

1. Yes 2. No 3. Don't know

72. We don't want to know the result, but you, do you know the result of your HIV test?

1. Yes 2. No ► **79**

73. Has the result of the test been told you personally ?

1. Yes 2. No

74. Who has informed you about the HIV test result?

1. Family doctor
2. Medical Nurse
3. A worker from National AIDS Center / Scientific Practical National Center of Preventive Medicine
4. Another person (specify) _____
5. Don't remember

75. When you were informed about the HIV test results, has anybody discussed with you after the test about the test results?

1. Yes , I have discussed the results of the test with the person who informed me about the results ► **77**
2. Yes, I have discussed the test results with another person .
3. No ► **79**

76. Who has discussed with you after the test about the test results ?

1.. Family doctor
2. Medical Nurse
3. A worker from National AIDS Center / Scientific Practical National Center of Preventive Medicine
4. Another person (specify) _____

77. Has the discussion, after you have been informed about the results of the test, been conducted in an isolated from other people and medical staff place ?

1. Yes 2. No 3. Don't know

78. Have you discussed about the following during the discussion ?

		Yes	No
1	Results significance	1	2
2	Preventive measures	1	2
3	Care and treatment possibilities	1	2

79. Is it possible to get HIV tested in your community, (district) ?

1. Yes 2. No ► **81** 3. Don't know ► **81**

80. If "Yes" where can the test be made ? (multiple choice answer)

1. At the Family Doctors center / policlinics
2. At the hospital
3. Private medical institution
4. Youth Friendly Clinic
5. At the National AIDS Center/.
6. In another place (specify)

81. Would you like to get HIV tested / to repeat the test ?

1. Yes ► **83** 2. No

82. If you don't want to get HIV tested , what are the reasons *(multiple choice answer)*
FLASH CARD 14 1. I think that I am healthy

2. I don't think that I have been in infection risks situations
3. I am ashamed that relatives, neighbors and colleagues may find out that I have had a test
4. I am afraid of the result
5. I am afraid that the doctors will nor keep the fact confidential
6. Because there is no efficient treatment
7. Because the treatment is very expensive
8. The test is too expensive
9. Other reasons (specify) _____

83. In case you would decide to get HIV tested /repeat the test, where would you prefer to get tested ?
FLASH CARD 15

1. At the Family Doctors center / policlinics
2. Center for Preventive Medicine
3. At the National AIDS Center/ National Scientific and practice Center of Preventive Medicine
4. Private medical institution
5. Youth Friendly Clinic
6. Other institutions _____

84. If you were to get HIV tested would you like somebody to talk to you before and after the test ?

1. Yes 2. No ► **86** 3. Don't know ► **86**

85. Who would you like to discuss with you ?

1. Family doctor
2. Infectionist doctor
3. A trained person no matter whether she/he is a doctor or not
4. A psychologist
5. Somebody else _____

VII. VIRAL HEPATITIS B AND C TESTING

Now we will ask you several questions regarding viral hepatitis B and C testing .We are not interested in the test results , in the case you did the test, but only in the testing process and methodology.

86. Have you ever been tested for viral hepatitis B and C ?

1. Yes, I have done both tests
2. Yes, I have done the test only for the viral hepatitis B
3. Yes, I have done the test only for the viral hepatitis C
4. Yes, I have done the test , but I don't remember for what type of hepatitis
5. No, I haven't done any test for hepatitis – ► **90**
6. Don't know - ► **90**
7. I don't want to answer - ► **90**

87. When have last been tested for viral hepatitis B and C ?

1. In the last 12 months 2. In the last 1-2 years 3. More than 2 years ago

88. When you last did the viral hepatitis B and C test, have you required it, was it suggested to you and you accepted it or have you been forced to take it ?

1. I have required it personally 2. It was suggested and I accepted it 3. I was forced

89. Where have you been tested for hepatitis B and C ?
FLASH CARD 16

1. At the Family Doctors center / district policlinics
2. At the hospital
3. At the National AIDS Center/ National Scientific and Practical Center of Preventive Medicine
4. Private medical institution
5. Youth Friendly Clinic
6. In another place (specify) _____

90. Is it possible to get viral hepatitis B and C tested in your community/district?

1. Yes 2. No ► **92** 3. Don't know ► **92**

91. If "Yes" where can the test for hepatitis B nad C be made ?

1. At the Family Doctors center / district policlinics
2. At the hospital
3. Private medical institution
4 Youth Friendly Clinic
5. In another place (specify) _____

92. Would you like to get viral hepatitis B and C tested / to repeat the test ?

1. Yes ► **94** 2. No

93. If you don't want to get tested for viral hepatitis B and C , what are the reasons *(multiple choice answer)*
FLASH CARD 17

1. I think that I am healthy
2. I don't think that I have been in infection risks situations
3. I am ashamed that relatives, neighbors and colleagues may find out that I have had a test
4. I am afraid of the result
5. I am afraid that the doctors will not keep the fact confidential
6. Because there is no efficient treatment
7. Because the treatment is very expensive
8. The test is too expensive
9. Other reasons (specify) _____

94. In case you would decide to get tested for viral hepatitis B and C /repeat the test, where would you prefer to get tested ?
FLASH CARD 18

1. At the Family Doctors center / district policlinics
2. Centers for Preventive Medicine
3. At the National AIDS Center/ National Scientific and Practical Center of Preventive Medicine
4. Private medical institution
5. Youth Friendly Clinic
6. Other institutions _____

INTERVIEWER ! THANK THE RESPONDENT FOR HIS CONTRIBUTION TO THE SURVEY AND GIVE HIM/ HER THE FLYER WITH CIVIS CENTER CONTACT INFORMATION.

ANNEX 2

Indicators used in the research

To assess the knowledge of the general population related to hepatitis B and C the following indicators were used.

- General awareness/knowledge about hepatitis B and C
- Knowledge about the symptoms of viral hepatitis
- Knowing about how viral hepatitis is transmitted
- Understanding the risk of being infected with viral hepatitis in certain conditions
- Knowledge about the cure for viral hepatitis
- Knowing about risk factors which can worsen the condition of a person infected with viral hepatitis
- Knowing about the consequences /implications of infection with viral hepatitis
- Knowing about means of protection against the infection through sexual contact
- Respondents' awareness about the existence of a vaccine against viral hepatitis B
- Sources of information on the existence of a vaccine against viral hepatitis B
- Respondents' opinion on the level of risk of infection with viral hepatitis to which they are/have been exposed to.

People's behavior to prevent infection with viral hepatitis or to reduce the risk of getting the disease was measured based on the following indicators.

1. Sexual activity
   - Number of sexual partners during the past 12 months
   - Number of sexual partners during the past 6 months
   - Number of sexual partners during the past month
   - Overall use of condoms during sexual contacts
   - Frequency of condom use over the past 12 months
   - Frequency of condom use over the past 6 months
   - Condom use during the last sexual contact

2. Behavior in medical institutions
   - How mindful are patients to the use by doctors of disposable gloves
   - How much attention patients paid during their last visit to the dentist, concerning the use of disposable or sterile medical instruments, or how much they insisted upon it
   - How much attention patients paid during their last visit to the doctor (any doctor), concerning the doctor's use of disposable medical gloves
   - Number of patients exposed to situations with risk of infection,
   - Number of patients vaccinated against hepatitis B
   - Reasons for vaccination
   - Reason for not getting the vaccination

3. Behavior in non-medical institutions

- How much attention clients paid to and how insistent they were on the use of sterilized instruments by the personnel of manicure/pedicure parlors

People's attitudes towards condom use and persons infected with viral hepatitis were assessed based on the following indicators.

- Attitude toward condom use
- Attitude toward other persons infected with viral hepatitis
- Attitude toward a relative infected with viral hepatitis
- Public attitude and misconceptions/myths about persons infected with viral hepatitis

Information needs about viral hepatitis and sources of public information were identified on the basis of the following indicators.

- Importance of information about hepatitis B and C
- How well respondents are informed about viral hepatitis B and C
- Information needs about various aspects of viral hepatitis
- Sources of information about viral hepatitis B and C
- Frequency of watching TV
- Frequency of listening to radio
- Frequency of reading newspapers

Knowledge, attitudes and practices concerning HIV, voluntary counseling and testing were assessed based on the following indicators.

- Number of persons tested for HIV
- Motivation for taking the HIV test
- Number of persons who confirmed in writing their consent to the HIV test
- Institution where the test was performed
- Number of persons who received pre-test counseling
- Who provided pre-test counseling
- Issues discussed during pre-test counseling
- How secluded was the room where HIV test was taken
- Number of persons who know the results of their HIV tests
- Who informed persons about their HIV test result
- Number of persons who received post-test counseling
- How secluded was the room where post-test counseling took place
- Issues discussed during HIV post-test counseling
- Access to counseling and testing services
- Number of persons willing to take the HIV test
- Reasons for refusing to take the HIV test
- Respondents' preferences concerning the institution for taking the HIV test
- Number of persons willing to receive pre-test and post-test counseling
- Respondents' preferences concerning the persons providing counseling

Knowledge, attitudes and practices concerning viral hepatitis counseling and testing were assessed on the basis of the following indicators.

- Number of persons tested for hepatitis B
- Number of persons tested for hepatitis C
- Number of persons tested for hepatitis B and hepatitis C
- Motivation for taking the test for viral hepatitis
- Institution where the tests for viral hepatitis were made
- Access to testing for viral hepatitis
- Number of persons willing to take the test for viral hepatitis
- Reasons for refusing to take the test for viral hepatitis
- Respondents' preferences concerning the institution for making the test for viral hepatitis

Social-demographic characteristics of respondents were examined on the basis of the following indicators

- Gender
- Age
- Civil status
- Education
- Occupation
- Place of residence.

USAID Preventing HIV/AIDS and Hepatitis B and C Project

Contact Information:

Bld. Stefan cel Mare 202 8th Floor
Chisinau MD – 2004
Republic of Moldova

Tel.: (+ 373 22) 75 55 36
Fax: (+ 373 22) 75 55 10
E-mail: office@phh.md