



Tervise Arengu Instituut
National Institute for Health Development

HIV/AIDS-RELATED KNOWLEDGE, ATTITUDES AND BEHAVIOUR OF YOUNG PEOPLE IN ESTONIA

Brief survey report

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Tallinn 2005

Introduction

The survey "HIV/AIDS-related knowledge, attitudes and behaviour of young people in Estonia" was performed for the second time in 2005. The survey was organised by the National Institute for Health Development. The survey was carried out in the framework and with the financing of the foundation's *Global Fund to Fight AIDS, Tuberculosis and Malaria* programme in Estonia. Data was collected for the first time in 2003.

The main objective of the survey is to get an overview of the HIV/AIDS-related knowledge, ideas, attitudes and the level of sexual risk behaviour. In addition, the background information includes data about the lifestyle of young people, like about using addictive substances. The gathered data help to plan and develop preventive activities directed to young people and estimate the impact of these activities to the target group.

The survey was conducted in the age group of 10 to 29 years of age. In Estonia, the HIV-statistics indicates that the largest group of infected people is still the age group of 15-24. In addition to this age group, the aim was to examine younger and older inhabitants of Estonia, as in the younger group (10-14) timely preventive activities are necessary and the share of new cases of infection in the older age group (25-29) is increasing year by year.

The initial inquiry in 2003 may be considered as a pilot survey and in 2005 the form of several questions was changed. This aspect complicates the comparison of some indicators. This shortfall has been pointed out separately when analysing respective questions.

1. OVERVIEW OF PERFORMING THE SURVEY

Comprising the sample

The survey was performed among the 10 to 29-year old inhabitants of Estonia. The population included all young people of 10-29 years of age, living in Estonia. As regards 10-18-year-olds the sample was formed of schoolkids of grades 4 to 12 and as regards 19-29-year-olds, of the people who are registered in the Population Register. According to the data of the Ministry of Education and Science, in the academic year of 2004/2005 the total number of students in grades 4 to 12 was 145 387. According to the Statistical Office, on January 1, 2003 the number of 19-29 year olds living in Estonia was 212 630.

A separate sample was formed for each set. Estonia was divided into three regions for researching both samples. The regions were: Harjumaa, Ida-Virumaa and the rest of Estonia.

The age group of 10-18 was divided into two for the purposes of comprising the sample: 10-13-year-olds (grades 4 to 6) and 14-18-year-olds (grades 7 to 12). Both age groups were divided into three regions: Harjumaa, Ida-Virumaa and the rest of Estonia. Schools were divided into three – Estonian-speaking urban schools, Russian-speaking urban schools and schools in rural areas – in all regions. Thus 24 layers were comprised. A simple random sample was comprised by classes. A 20% loss (due to absence, unsuitability because of age) was taken into account while calculating the size of the sample. The total size of the sample was 5 929 young people in the age group of 10-18, which makes up for 4.1% of the total sample.

In each region, 19-29-year-olds were divided into two: 19-24- and 25-29-year-olds. Thus we got 6 layers. A simple random sampling was performed in each layer. In order to receive a sufficient amount of data necessary for the analysis, the rate of responding in different regions during the previous inquiry (2003) was taken into account (Harjumaa 60%, Ida-Virumaa 39.5% and 35% in the other parts of Estonia). The total size of the sample was 7 302 people of 19-29-or 3.4% of the population. The desired amount of returned questionnaires is 3 100 (1.5% of the population).

Performing the inquiry

Separate questionnaires were compiled for three age groups:

- 10-13-year-olds;
- 14-18-year-olds;
- 19-29-year-olds.

Specifying questions about sex life were not included in the questionnaire of 10-13 year olds (which were included in the questionnaires of 14-18 and 19-29 year olds). The questionnaire for 19-29 year olds did not include questions related to school and the questions about the use of contraceptives were added. The latter data was collected for the Finnish organisation *Sosiaali- ja terveystieteiden tutkimus- ja kehittämiskeskus* (STAKES), which had developed the questions related to the given topic. The data collected for STAKES shall not be analysed in the framework of this report.

As regards 10-18-year-olds, the inquiry was performed during one lesson while visiting schools. The questioning was conducted by questioners employed by the National Institute for Health Development. Questionnaires for the students who were absent were left with the teacher. These young people completed the questionnaire later independently and returned the questionnaire by mail. 19-29-year-olds were questioned by mail.

The data collecting period was from March to June 2005.

Rate of responding

1 900 completed questionnaires were collected from the students of grades 4 to 6 (10-13-year-olds) (including 71 questionnaires from students who were absent); out of these 1 848 questionnaires were suitable for analysis (incl 62 from the students who were absent). As regards the students of grades 7 to 12 (14-18-year-olds) 3 522 questionnaires were collected (incl 180 questionnaires from those who were absent). The number of questionnaires suitable for analysis was 3 013 (incl 146 from the students who were absent). The total number of questionnaires suitable for analysis was 4 861 or 82% of the initial sample (102.5% of the desired sample). Deducting the students who were absent, 4 653 questionnaires or 78.5% of the initial sample were suitable for analysis (98.1% of the desired sample).

As regards 19-29-year-olds, 3 025 people returned the questionnaire. 3 015 questionnaires were suitable for analysis, comprising 41.3% of the issued questionnaires and 97.3% of the desired sample. The applied rate of responding¹ was 42.5%.

The reasons for dropping out from the analysis were unsuitability due to age, insufficient completion of the questionnaire or completion of the questionnaire by an unsuitable person.

Analysis of data

Mostly, the data are analysed on the basis of gender, age, nationality, region and the place of residence. In the case of 19-29-year-olds, also the level of education and social status have been taken into consideration. If major differences in these indicators did not occur among the respondents, these were not been mentioned in the report.

In the analysis of data, the respondents have been divided into three main age groups: 10-13-, 14-18- and 19-29-year-olds. In the case of major differences, the division into five groups has been used, where the two older age groups have again been divided into two.

The used division into five goes as follows:

- 10-13-year-olds;
- 14-15-year-olds;
- 16-18-year-olds;
- 19-24-year-olds;
- 25-29-year-olds.

Considering that the largest risk group as regards infection with HIV is 15-24 year olds, the crucial data shall also be pointed out separately for this age group.

In order to find nation-specific tendencies, the respondents have been divided into two groups: Estonians and non-Estonians. The group of non-Estonians includes both Russians and representatives of other nations as the share of young people other than Estonians or Russians in the sample is very small – 2.6%.

In order to find education-specific tendencies among 19-29-year-olds, the respondents have been divided into three levels:

- 1. level – basic education or less, is obtaining secondary education;

¹ While calculating the applied rate of responding only those who could answer, i.e. received the questionnaire have been counted. People who were not in Estonia, were in the army or in prison during the interviewing period, whose address was wrong or whose state of health did not enable them to respond, were included among the people who could not answer. The total number of those who did not answer due to these reasons was 200.

- 2. level – secondary education, vocational secondary education completed or in the process of being completed;
- 3. level – higher education, completed or being obtained.

On the basis of the type of settlement, the respondents have been divided into two: urban and rural areas (small town, village).

In order to provide regional data the respondents have been divided into three:

- Harjumaa – the county having the largest population and compared to the other regions the largest proportion of HIV-positive people;
- Ida-Virumaa – compared to other regions the largest proportion of HIV-positives;
- The rest of Estonia – all other counties of Estonia.

An analysis was made in the above-described five age groups in order to inspect the representativeness of the data (or to examine the correspondence of the sample to the population).

As regards schoolchildren, an additional analysis was made in separate groups: those who answered together in the class and those who answered together in the class plus those who were absent. Data was checked on the basis of gender, nationality, place of residence and region.

As regards students in the age groups of 10-13- and 14-15-year-olds, it appeared that if those students were taken into consideration who filled in the questionnaire in the class the sample was representative as regards gender and region,. When those students who were absent, filled in and sent the questionnaire later, the data lost its representativeness as regards gender. In the remaining age groups (16-18-, 19-24- and 25-29-year-olds) data was not representative as regards any indicators.

Considering the above, the report only reflects those respondents among schoolchildren, who filled in the questionnaire together in the classroom; those who were absent and answered later shall be left out of the analysis. Data was weighed for the further analysis. As regards 10-13- and 14-15-year-olds, the distribution of the population as regards place of residence and region was considered, in the three older age groups the distribution of the population as regards gender, nationality, place of residence and region was taken into consideration while weighing the data. The data about the population was taken from the home page of the Estonian Statistical Office (www.stat.ee).

The statistical data processing packet SPSS 10.1 has been used for analysing the data. The distribution of features, given in the frequency tables and the average indicator (characterizing the general level of a feature) shall be used for describing the data. Common shares of various features have been described by means of cross tables. χ^2 (hii-squared) shall be used for assessing differences between the opinions of different groups and the t-test and ANOVA LSD test have been used for assessing the average ratings. A difference shall be considered material, if the materiality level shall be $\alpha \leq 0,05$. The materiality and strength of the link between two features has been inspected by means of Spearman's rank correlation coefficient ρ (rho) and Cramer's V-coefficient.

2. SOCIAL-DEMOGRAPHIC DATA OF THE SAMPLE

The following tables describe the social-demographic data of the sample: gender, age, nationality, education, and social status, place of residence as regards the type of settlement (urban or rural area) and place of residence as regards the region.

Table 1: Respondents as regards gender and age.

Age group	male		female		TOTAL		gender unspecified
	n	%	n	%	n	% in the total sample	n
10-13	874	49.3	899	50.7	1773	100	13
14-18	1260	44.1	1597	55.9	2857	100	10
– incl 14-15	630	48.6	667	51.4	1297		4
– incl 16-18	630	40.4	930	59.6	1560		6
19-29	1209	40.5	1778	59.5	2987	100	28
– incl 19-24	628	39.7	954	60.3	1582		6
– incl 25-29	577	41.2	823	58.8	1400		19
- incl age unspecified	4		1		5		3
KOKKU	3343	43.9	4274	56.1	7617	100	51

Table 2: Nationality of respondents as regards age groups

Age groups	Estonians		Russians		Other nationalities		TOTAL		nationality unspecified
	n	%	n	%	n	%	n	%	n
10-13	1448	81.6	293	16.5	34	1.9	1775	100	11
14-18	2257	79.0	530	18.5	71	2.5	2858	100	9
– incl 14-15	987	76.2	273	21.1	35	2.7	1295		6
– incl 16-18	1270	81.3	257	16.4	36	2.3	1563		3
19-29	1813	60.5	1089	36.4	94	3.1	2996	100	19
– incl 19-24	946	59.8	585	37.0	51	3.2	1582		6
– incl 25-29	866	61.4	502	35.6	43	3.0	1411		8
- incl age unspecified	1		2				3		5
KOKKU	5518	72.3	1912	25.1	199	2.6	7629	100	34

As regards 10-13- and 14-18-year-olds their level of education shall be considered to be equal in the further analysis as all respondents go to school. 10-13-year-olds attend grades 4 to 6 (i.e. obtain the basic education) and 14-18-year-olds attend grades 7 to 12 (i.e. obtain either basic or secondary education). In the older group of schoolkids the students having basic and secondary education are not analysed separately as the level of education is strongly related to age and the differences in the level of education become apparent when data is analysed by more precise age groups: 14-15 and 16-18 year olds. In the case of 19-29-year-olds, the level of education shall be pointed out on the basis of the highest obtained education.

Table 3: Education of 19-29-year old respondents. Different age groups compared

Education	19-24		25-29		TOTAL		age unspecified
	n	%	n	%	n	%	
Level 1	279	17.7	219	15.5	498	16.6	
- incl completed basic education or lower	163	10,3	185	13,1	348	11,6	
- incl obtaining secondary education	116	7.4	34	2.4	150	5.0	
Level 2	623	39.5	689	48.7	1312	43.9	3
- incl completed secondary education	194	12.3	189	13.4	383	12.8	
- incl obtaining vocational education	149	9.4	22	1.5	171	5.7	
- incl completed vocational education	280	17.8	478	33.8	758	25.3	
Level 3	676	42.8	506	35.8	1182	35.5	1
- incl obtaining higher education	575	36.4	144	10.2	719	24.0	
- incl completed higher education	101	6.4	362	25.6	463	15.5	
TOTAL	1578	100.0	1414	100.0	2992	100.0	
Level of education not specified	10		5		23		4

Social status can be pointed out for 98% (n=2945) of the respondents in the age group of 19-29.

Table 4: Social status of the respondents in the age group 19-29. Separate age groups compared.

Social status	19-24		25-29		TOTAL		age unspecified
	n	%	n	%	n	%	
Working	425	27.4	880	63.0	1305	44.3	2
working/student, university of post-graduate student	232	15.0	124	8.9	356	12.1	1
student, university of post-graduate student	603	39.0	45	3.2	648	22.0	1
unemployed	103	6.7	91	6.5	194	6.6	2
Economically inactive	166	10.7	243	17.4	409	13.9	
Other	19	1.2	14	1.0	33	1.1	
TOTAL	1548	100	1397	100	2945	100	
Status unspecified	40		22		70		2

Table 5: Division of respondents by places of residence in different age groups.

Age group	town		Rural area		TOTAL		place of residence unspecified
	n	%	n	%	n	%	
10-13	1069	60.1	709	39.9	1778	100	8
14-18	1675	58.5	1188	41.5	2863	100	4
- incl 14-15	765	59.0	532	41.0	1297		4
- incl 16-18	910	58.1	656	41.9	1566		0
19-29	2405	80.2	595	19.8	3000	100	15
- incl 19-24	1292	81.8	288	18.2	1580		8
- incl 25-29	1109	78.4	305	21.6	1414		5
Incl age unspecified	4		2		6		2
TOTAL	5149	67.4	2492	32.6	7641	100	27

Table 6: Division of respondents into age groups in different regions.

Age group	Harjumaa		Ida-Virumaa		The rest of Estonia		TOTAL		region unspecified
	n	%	n	%	n	%	n	%	n
10-13	653	36.5	203	11.4	930	52.1	1786	100	0
14-18	992	34.6	283	9.9	1592	55.5	2867	100	0
- incl 14-15	445	34.2	174	13.4	682	52.4	1301		0
- incl 16-18	547	34.9	109	7.0	910	58.1	1566		0
19-29	937	31,4	834	28,0	1211	40,6	2982	100	33
- incl 19-24	516	32.8	406	25.8	649	41.3	1571		17
- incl 25-29	419	29.8	427	30.4	559	39.8	1405		14
- incl age unspecified	2		1		3		6		2
KOKKU	2582	33.8	1320	17.3	3733	48.9	7635	100	33

3. LIFESTYLE

Cohabitation

- Approximately three quarters of 10-13 year olds and 2/3 of older schoolkids live with both parents.
- Compared to 19-24-year-olds those in the age group of 25-29 are more often living with a permanent partner and have less occasional partners. Less than one fifth of young adults have had an occasional partner during the last four weeks: women in the age group 25-29 have had the least occasional sex partners (3%) and men in the age group 19-24 have had the most occasional sex partners (18%).

Smoking

- With the increase in age the share of those schoolkids who have smoked a cigarette at least once grows fast: 1/3 of 10-13-year-olds, 2/3s of 14-15-year-olds and three quarters of the age group 16-18.
- The percentage of those who did not smoke a single time in the month preceding the survey falls with age and the proportion of everyday smokers grows. 93% of 10-13-year-olds, 69% of 14-15-year-olds, 61% of 16-18 year olds and 53% of young adults never smoked. The share of everyday smokers was respectively 1%, 14%, 20% and 34%.

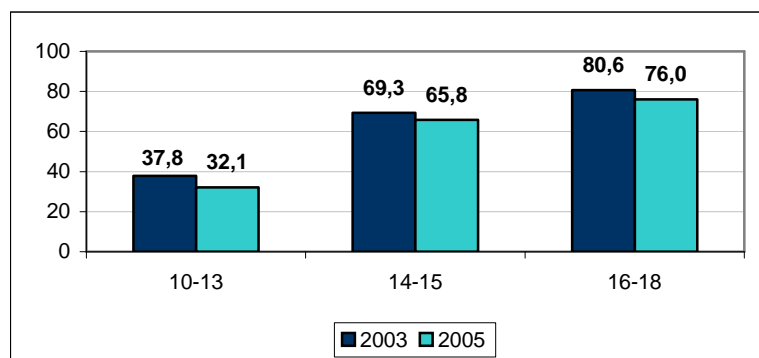


Chart 1: The proportion of 10-18 year old young people who have smoked at least once. Different age groups, 2003, 2005 (%)

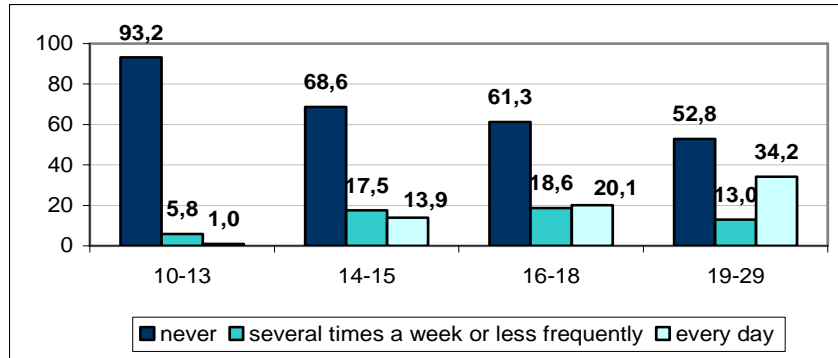


Chart 2: Frequency of smoking in age groups during the past 4 weeks (%)

Consumption of alcohol

- 58% of 10-13-year old schoolchildren have tried alcohol at least once in their life and more than one tenth (14%) have been drunk. As regards older schoolkids, the overwhelming majority has consumed alcohol at least once. The proportion of those young people who have been drunk at least once grows fast with age, being 57% for 14-15-year-olds and 78% for 16-18 year olds.
- During the past four weeks 14% of 10-13 year olds, a half of 14-15 year olds and three quarters of 16-18 year old schoolkids have consumed alcohol. As regards young adults (19-29-year-olds), more than 80% have consumed alcohol in the previous month.
- During the month preceding the survey 5% of the 10-13 year olds were drunk, one third of 14-15 year olds and more than a half in the remaining age groups.
- Compared to the data of 2003, a little bit younger children first try alcohol. Young people have started to consume alcohol in a more frequent and intensive manner. The only exception is the age group 10-13, as the frequency of consuming alcohol in this age group has decreased a little.

Table 7: The frequency of consuming alcohol over the past 4 weeks (%)

Age group	never		less than once a week		once a week or more frequently	
	2003	2005	2003	2005	2003	2005
10-13	86.7	86.4	10.1	13.6	3.2	0.0
14-15	48.5	49.9	35.1	28.4	16.4	21.7
16-18	31.2	25.8	41.8	38.8	27.0	35.4
19-24	21.9	16.5	47.6	38.3	30.5	45.2
25-29	23.3	17.9	47.0	40.0	29.6	42.2

Consumption of drugs

- Among the respondents 2% of 10-13 year old children have at least once in their life consumed drugs. Also, 2% have been offered drugs during the month preceding the survey. The share of 10-13 year old children who know people who consume drugs is less than one third.
- As regards the other age groups, 19-26% of young people in the other age groups (14-18 and 19-29) know people who have tried or consume drugs by injecting; 43-67% knows people who consume drugs in another way.
- As regards the oldest age group (25-29), drugs have been offered to 6%. In other age groups the given indicator exceeds one tenth and is highest among the people between 16 and 18 years of age – 16%.
- 14% of 14-15-year old young people have at least once in their life tried drugs, 29% of 16-18 year olds, 42% of 19-24 year olds and 36% of 25-29 year olds. Repeated drug consumers are: 7% of 14-15-year-olds and 15-21% of young people in the other age groups (see Chart 2).

- The circulation of drugs in the circle of acquaintances of young people is more extensive than two years ago. The proportion of respondents who know people who have tried or consume drugs in any other manner than by injecting has increased in each age group. The share of young people who have been offered drugs during the month preceding the survey has increased in all age groups. Compared to the year 2003, first trying or repeated consumption of drugs has somewhat increased among young adults (19-29-year-olds).

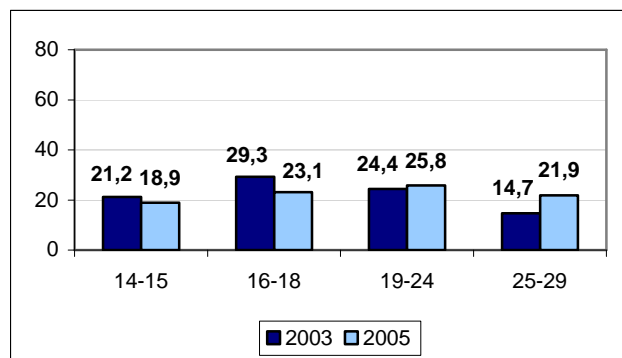


Chart 3: Young people who know people who have tried or consume drugs by injecting. Different age groups 2003, 2005 (%)

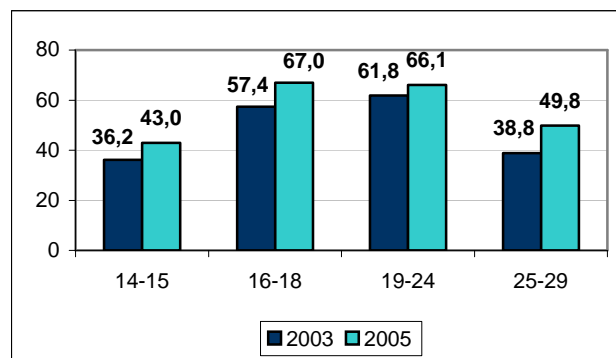


Chart 4: Young people who know people who have tried or consume drugs in another manner. Different age groups 2003, 2005 (%)

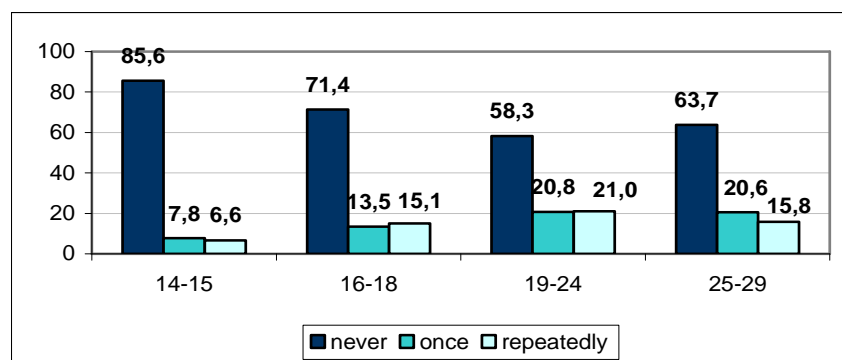


Chart 5: Consumption of drugs in their lifetime by age groups (%)

4. HIV- AND AIDS-RELATED KNOWLEDGE

HIV transmission

- As regards the ways HIV spreads, also in 2005 people mostly know that the use of one syringe may bring along catching HIV. More than 95% of 14-18- and 19-29-year-olds know it and almost 90% of 10 to 13 year olds.
- Like in 2003, the number of those young people who know that HIV does not spread by mosquito bites is the smallest – less than a half in all age groups.
- Considering all five questions about knowledge, 7% of 10-13-year-olds gave correct answers to all questions, 23% of 14-15-year-olds, 40% of 16-18-year-olds and 34% of young people in the oldest age group. The question about the mosquito bite is the major factor influencing the indicator. If we leave this question out of the indicator, the level of correct answers will rise 2 or 3 times in all age groups.

- Compared to the year 2003, the indicator of the level of knowledge has increased in the two older age groups, however we have to keep in mind that the presentation of two knowledge questions was somewhat changed in 2005.
- The question about the opportunities for reducing the risk of transferring the virus from mother to child was asked from 14-29-year-olds. The Caesarean section as a preventive method is the least known to young people. As regards two other statements, one third of young people gave correct answers. Less than one tenth of young people were able to respond correctly to all three questions.
- Somewhat less than one fifth of all respondents (both 14-18- and 19-29-year-olds) think that there is nothing to be done for reducing the risk of transferring the HIV from mother to child and one third or more respondents do not have an opinion in this issue.
- Compared to the year 2003, the level of knowledge about the transfer of the infection from mother to child among 14-18-year-olds is even lower and on the same level as regards 19-29-year-olds.

Table 8: The percentage (%) of respondents who answered correctly to the question about the ways HIV spreads in age groups (%)

Question	10-13		14-18		19-29	
	2003	2005	2003	2005	2003	2005
1) 2003: Can a person protect him/herself from catching HIV by using a condom at each and every sexual intercourse? (<i>affirmative answer</i>)	52.2		71.7		75.2	
1) 2005: Is it possible to reduce the risk of catching HIV by using a condom at each and every sexual intercourse? (<i>affirmative answer</i>)		64.4		92.1		95.4
2) 2003: Can a person protect him/herself from catching HIV by having sexual intercourse only with a single, uninfected partner? (<i>affirmative answer</i>)	34.1		58.9		75.5	
2) 2005: Is it possible to reduce the risk of catching HIV by having sexual intercourse with only a single partner, who is uninfected and faithful to you? (<i>affirmative answer</i>)		41.2		81.8		92.4
3) Can a person catch HIV by injecting with a syringe used by someone else before? (<i>affirmative answer</i>)	80.5	87.9	94.7	95.6	97.8	98.6
4) Can a person catch HIV by a mosquito bite? (<i>negative answer</i>)	27.9	31.8	29.5	45.6	37.0	40.4
5) Can a person who looks healthy be infected with HIV? (<i>affirmative answer</i>)	50.2	55.6	80.8	82.2	88.5	88.1
Correct answer to all 5 questions	5.0	7.1	12.8	32.4	23.1	34.1

Table 9: Correct knowledge about reducing the risk of the transfer of infection from mother to child.
Age groups compared (%)

Statement	14-18		19-29	
	2003	2005	2003	2005
Timely administration of medication (affirmative answer)	35.6	30.1	31.3	34.3
Caesarean section (affirmative answer)	15.5	15.9	24.6	24.5
No breast feeding (affirmative answer)	36.1	40.2	32.5	34.7
Correct answer to all 3 questions	6.0	3.9	9.0	9.4

Methods of avoiding STIs

- The majority of young people know that a condom helps to avoid catching venereal diseases. But they know much less that anti-baby pills, disrupted intercourse and intrauterine device do not prevent catching STIs.
- One fourth of 10 to 13 year olds are able to answer correctly about all given methods for avoiding STIs. One third of 14-18-year old schoolkids answers correctly to all questions and three quarters of young people in the age group of 19 to 29.
- Compared to 2003, the level of knowledge has increased in all age groups with the exception of 14 and 15 year olds.
- In all age groups those young people who have the correct knowledge of the ways HIV spreads also know the most about avoiding STIs. In almost all age groups (with the exception of 14 to 15-year-olds) those who know the ways HIV spreads also know more than others about the methods of reducing the risk of transferring the infection from mother to child.

Table 10: Correct knowledge about the methods of preventing STIs; in age groups 2003, 2005 (%)

Statement	10-13		14-18		19-29	
	2003	2005	2003	2005	2003	2005
Condom (affirmative answer)	71.7	74.7	93.1	96.9	97.3	98.2
Not having sex (affirmative answer)	45.7	57.9	-	-	-	-
Anti-baby pills (negative answer)	31.9	38.9	62.1	78.2	86.7	92.7
Disrupted intercourse (negative answer)	-	-	50.3	49.4	82.2	86.3
Intrauterine device (negative answer)	-	-	40.7	48.9	80.6	86.2
Correct answer to all statements	17.0	24.1	25.4	31.5	66.1	74.5

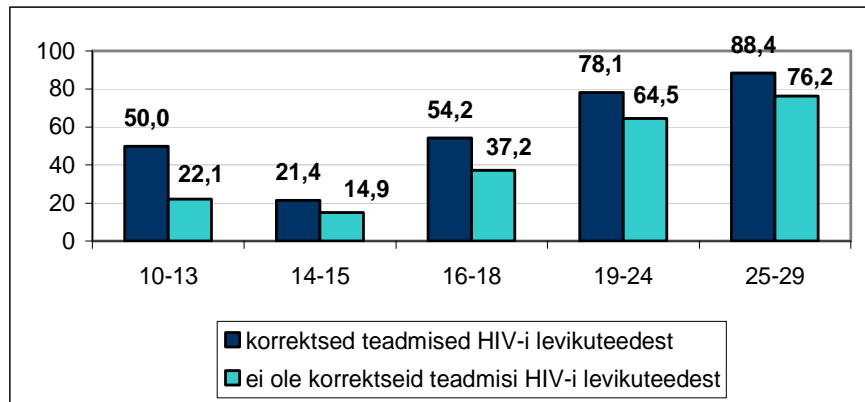


Chart 6: Correct knowledge of the methods of avoiding STIs in connection with the knowledge of the ways HIV spreads; in age groups (%)

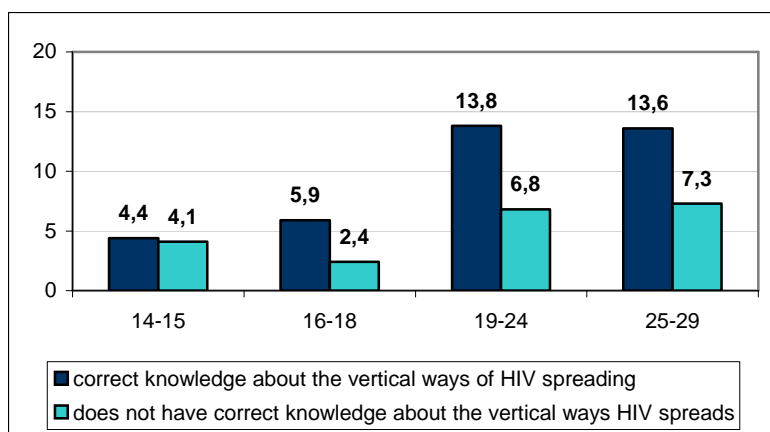


Chart 7: Correct knowledge of the ways HIV spreads in connection with knowledge of reducing the risk of vertical spread of HIV; in age groups (%)

The possibilities of taking the HIV test

- Most of all, young people know that the HIV test can be taken at AIDS Counselling Cabinets and at a special doctor – more than a half of the respondents mention this possibility.
- Compared to the years 2003, the number of people among 14-18- and 19-29-year-olds, who are aware of the testing possibilities at AIDS Counselling Cabinets and Counselling Centres for Young People, has fallen. The knowledge about the possibilities of testing at a special doctor has increased in the same age group.
- The amount of those who have taken the HIV test is similar to 2003. The percentage of those who have taken a test at least once in their life is as follows: 4% of 14-18-year-olds, 23% of 19-24-year-olds and 37% of 25-29-year old young people. One third of those 19-29-year-olds who had taken the test had done it within the past year.
- 10-16% of the young people say that they have been in situations when they would have liked to take the HIV test but they have not managed to take it. The most frequent reasons for such behaviour have been the lack of time or unawareness of the places where to take the test.
- Compared to the year 2003 the number of those who have taken the HIV test within the past year in the age group of 19 to 29 has increased threefold. The amount of young people in the age group of 14-18- and 19-29, who claim that despite of the desire to take the test they have ended up not taking the test, has increased a little.

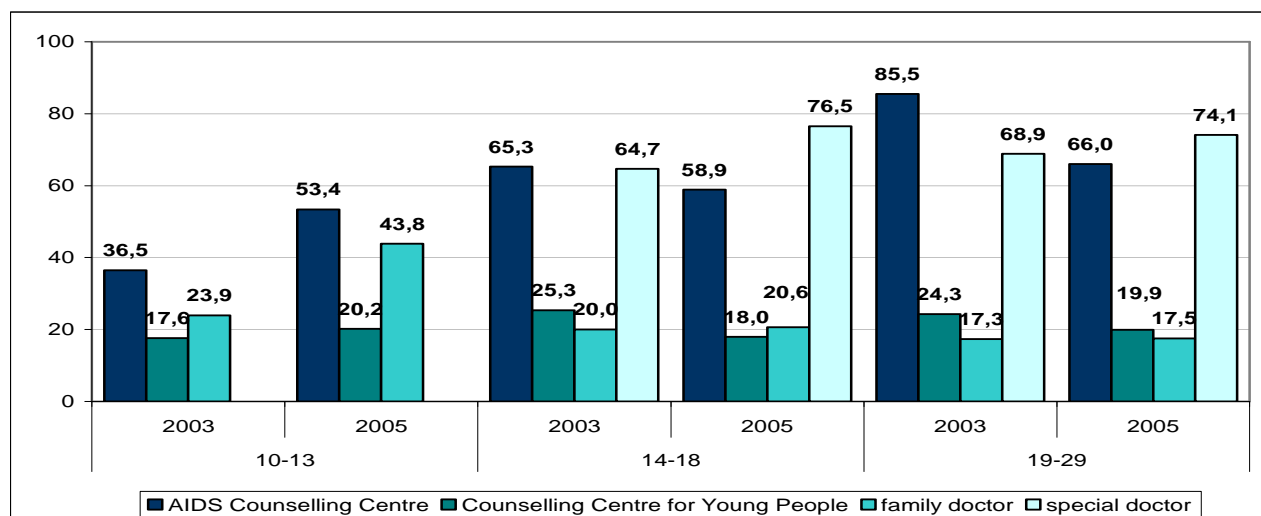


Chart 8: Knowledge about the place to take HIV test; in age groups 2003, 2005(%)

Obtaining information

- Like during the previous survey, 10 to 18 year old schoolkids say that the topics related to the hazards of drugs and puberty were handled more profoundly at school. STIs, HIV/AIDS and the need to use the condom are still the least handled topics among 10-13-year-olds. According to 14-18-year-olds, a little attention has been paid to such issues as STIs, relations between men and women and refusing drugs.
- Compared to 2003, young people in both age groups find that the issue of HIV/AIDS has been handled more profoundly. When comparing the two years, positive changes have also taken place in several other fields.
- The analysis of data proved that those young people who have correct knowledge about the ways HIV spreads and the methods of preventing STIs think that the topics, which were handled in classes more profoundly are HIV/AIDS, venereal diseases and the need to use the condom.
- Schoolkids would like to obtain information about HIV/AIDS mostly in classes, but also from the Internet and AIDS Counselling Cabinet. As regards young adults, the preferred information channels, in addition to the Internet, are television, newspapers and magazines.
- More than a half of schoolkids have discussed the topic of HIV/AIDS with their friends; less young people (but also more than a half) have discussed these topics with their parents and teacher. However, young people say that the discussions as a rule are not very thorough.

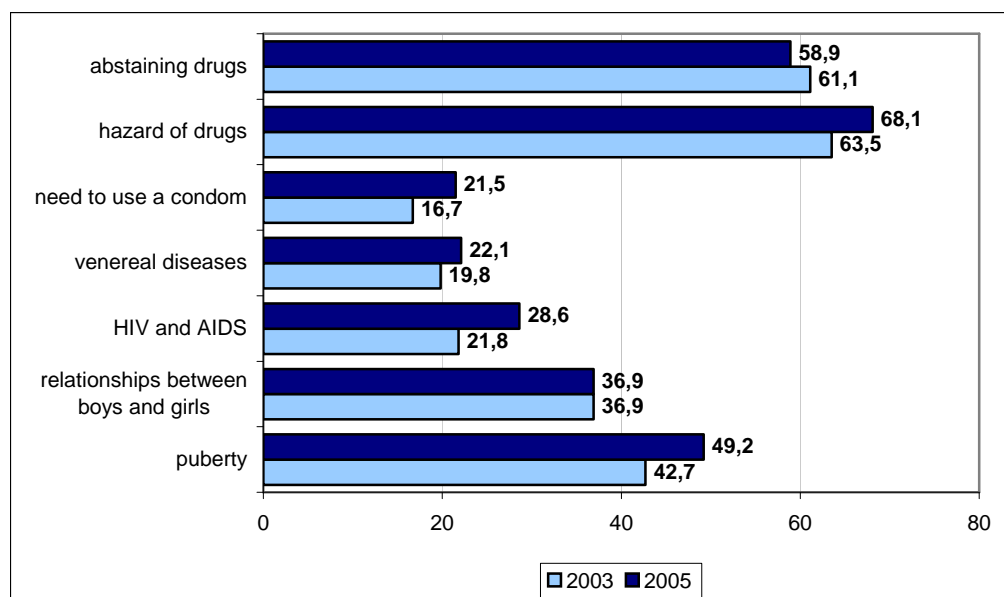


Chart 9: 10-13-year-old schoolkids who find that given subjects were handled profoundly at school 2003, 2005 (%)

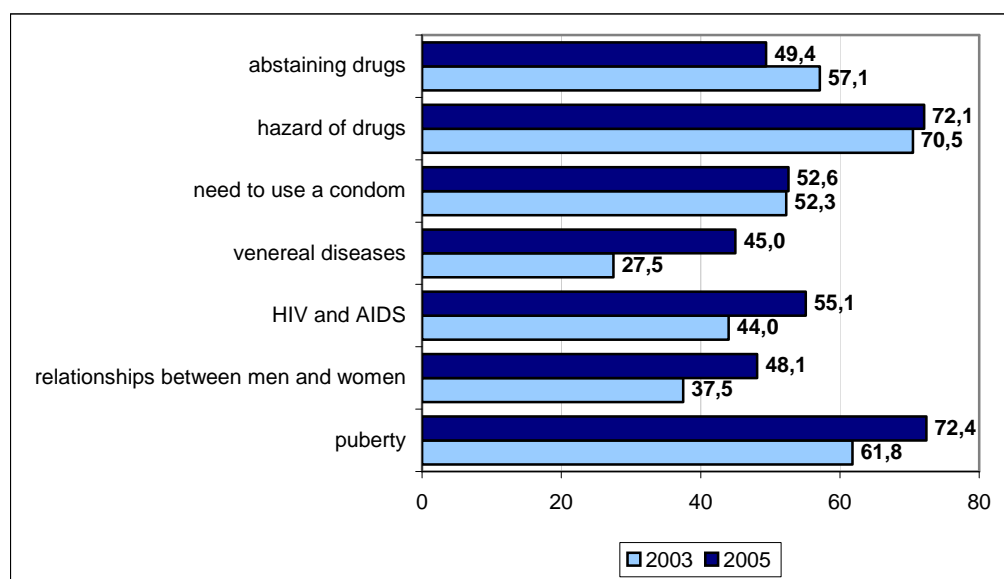


Chart 10: 14-18-year-old schoolkids who find that given subjects were handled profoundly at school 2003, 2005 (%)

In the group of **15-24-year-olds**, which was treated separately, the indicators of knowledge are as follows:

- Correct knowledge of HIV transmission – 36% (2003: 18%, a positive change has occurred).
- Correct knowledge of the opportunities of reducing the risk of vertical spread of HIV – 6% (2003: 7%, the change is statistically insignificant).
- Correct knowledge about the methods of avoiding STIs – 51% (2003: 44%, a positive change has occurred).

5. CONCEPTIONS AND BELIEFS RELATED TO CATCHING HIV

Beliefs about the spread of HIV in everyday contacts

- Like in 2003, the most widespread misconception among young people is that HIV can be caught by using the same dishes or toilet with the infected person. Besides, the idea that HIV can be caught when swimming in a pool with an HIV-positive person is equally widespread among 10-13 year old young people. The least amount of young people thinks that it is possible to get the infection by hugging an HIV-positive person.
- According to the consolidated indicator, 9% of 10-13-year-olds, 27% 14-15-year olds, 45% 16-18-year-olds and 46% of young adults (19-29) do not have misconceptions about the spread of HIV in everyday contacts.
- Compared to 2003, the number of young people who do not have misconceptions has increased among 14-15 and 16-18 year olds (data about 10-13-year-olds is on the same level as in 2003).
- Much more of those young people who have correct knowledge of HIV transmission, also know that it is impossible to catch HIV in everyday contacts (e.g. using the same eating dishes, toilet and swimming-pool or hugging an HIV-positive person).

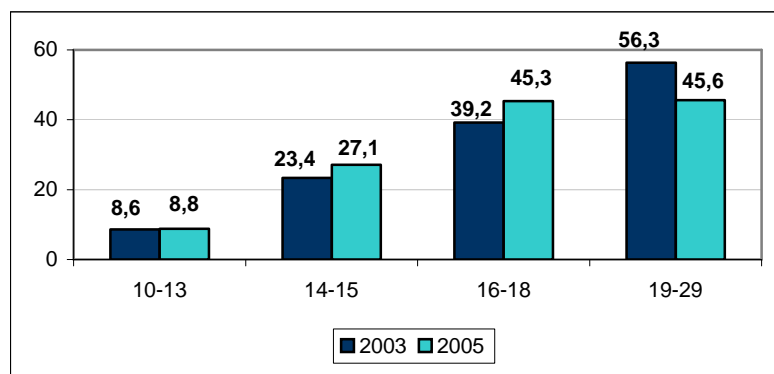


Chart 11: Young people who do not have misconceptions about the spreading of HIV in everyday contacts; in age groups 2003, 2005 (%)

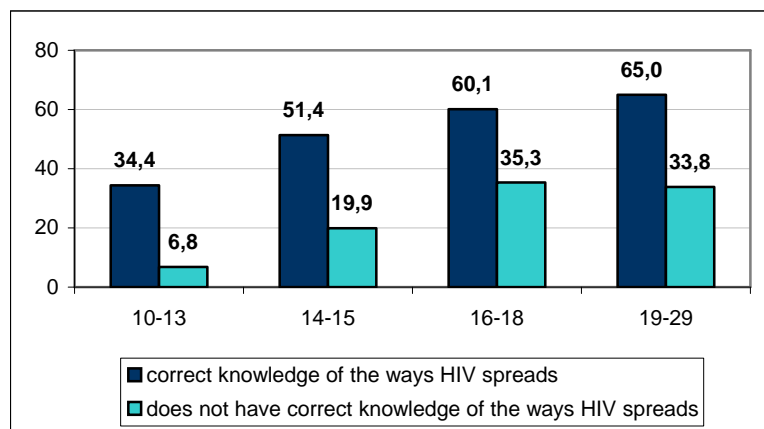


Chart 12: Young people who do not have misconceptions about the spreading of HIV in everyday contacts compared to the level of correct knowledge of HIV transmission; in age groups (%)

Attitude to PLWHA

- The largest group of young people is of the opinion that they would not end communication with an acquaintance when learning that he/she has caught HIV. However, the least amount agrees that an infected teacher might continue his/her work at school or who would not stop buying food products from a shop where the shop assistant had caught HIV. The amount of those who would agree to eat at the same table with an HIV-positive is smallest among 10-13-year-olds.
- The share of respondents who answered tolerantly to all five statements about their attitude to PLWHA is as follows: 8% of 10-13-year-olds, 25% of 14-15-year-olds and 37% of 16-18 and 19-29 year olds.
- Compared to the previous survey, the level of tolerance has increased in all age groups.
- Those young people who have correct knowledge of HIV transmission and who do not have infection-related misconceptions are much more tolerant to PLWHA.

Table 11: Young people who are ready for contacts with PLWHA, in age groups 2003, 2005 (%).

Statement	10-13		14-15		16-18		19-29	
	2003	2005	2003	2005	2003	2005	2003	2005
1) I would agree to eat at the same table with an HIV-infected person (<i>agreed</i>)	17.8	25.9	44.7	53.7	58.9	69.2	70.4	73.7
2) I would agree to work/study in the same collective/class with an HIV-infected person (<i>agreed</i>)	17.1	38.3	34.9	62.2	49.3	75.7	72.2	68.4
3) A teacher, who has caught HIV may continue to work at school (<i>agreed</i>)	18.8	25.2	35.2	45.0	46.2	59.2	62.3	57.9
4) I would stop buying food products from a shop where the shop assistant is HIV-infected (<i>not agreed</i>)	36.9	31.4	46.3	51.6	47.7	60.7	49.5	59.8
5) I would finish a relationship with a friend or acquaintance, learning that he/she has caught HIV (<i>not agreed</i>)	56.0	56.9	74.6	81.4	81.1	89.2	85.7	87.5
Answered tolerantly to all 5 statements	5.5	8.1	13.6	24.8	20.9	37.0	32.8	36.6

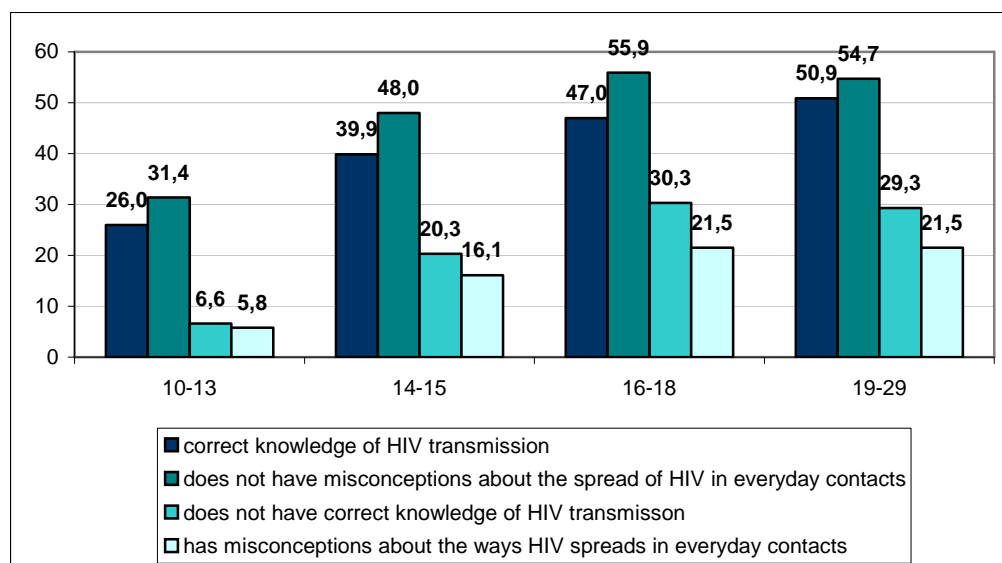


Chart 13: The level of tolerance in relation with the knowledge of HIV transmission and understanding the spread of HIV in everyday contacts; in age groups (%)

HIV-related beliefs

- Approximately a half of all respondents in all age groups find that an HIV-infected person is to be blamed for catching the infection. About a quarter to one third think that the life of an infected person is meaningless.
- In general, most of those young people who have correct knowledge of HIV transmission, who do not have misconceptions and whose attitude to PLWHA is tolerant do not think that the beliefs about HIV, given in the questionnaire, are true. It can be observed most clearly in connection with the tolerance indicator.

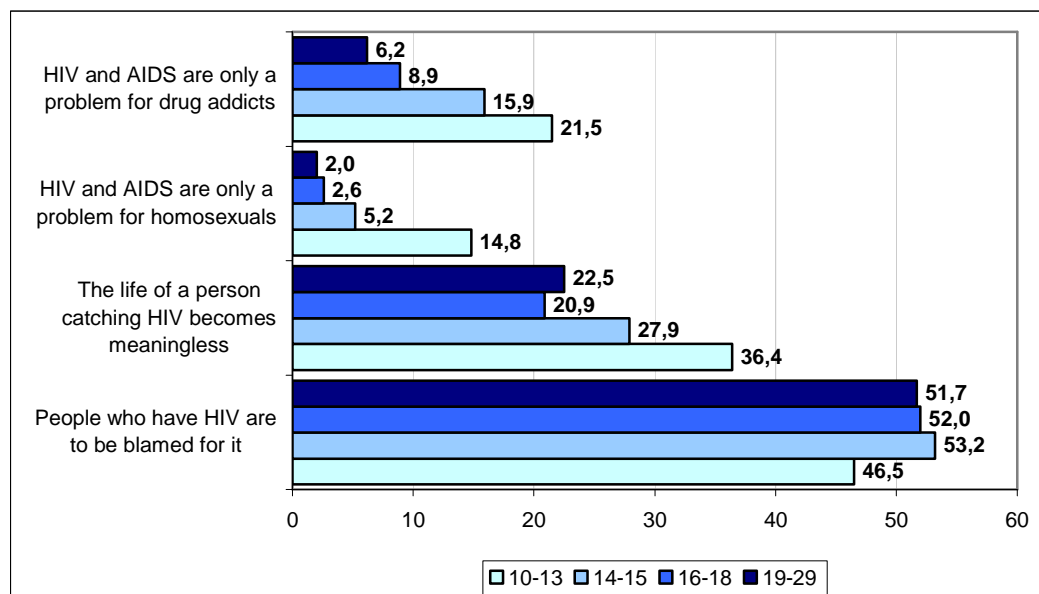


Chart 14: beliefs about HIV and AIDS in age groups (%)

In the separate group of **15-24-year-olds** the indicators are as follows:

- Correct understanding about the probable spread of HIV in everyday contacts – 42% (2003: 43%, no change has occurred).
- Tolerant attitude to PLWHA – 35% (2003: 25%, a positive change has occurred).

6. SEXUAL RELATIONS AND CONDOM USE

- In general, young people have positive attitudes about the use of a condom. The majority of respondents do not agree to the statements: “I do not believe that HIV and venereal diseases are so wide spread in Estonia that everybody should use a condom“ and “I feel embarrassed when I have to discuss the use of a condom with my partner“. More than three quarters in the age group of 16-18 and 19-29 do not agree to these statement and a little less than 70% in the age group 14-15 do not agree.
- One fifth of the young people claim of having been in a situation in the past year when it has not been possible to get a condom, despite of the need and therefore they have not used a condom for an intercourse.
- 14% of 10-13-year old children have bought condoms, mostly out of curiosity or for fun. 15% of 10-13-year-olds claim that they have bought condoms with the aim of having sex.

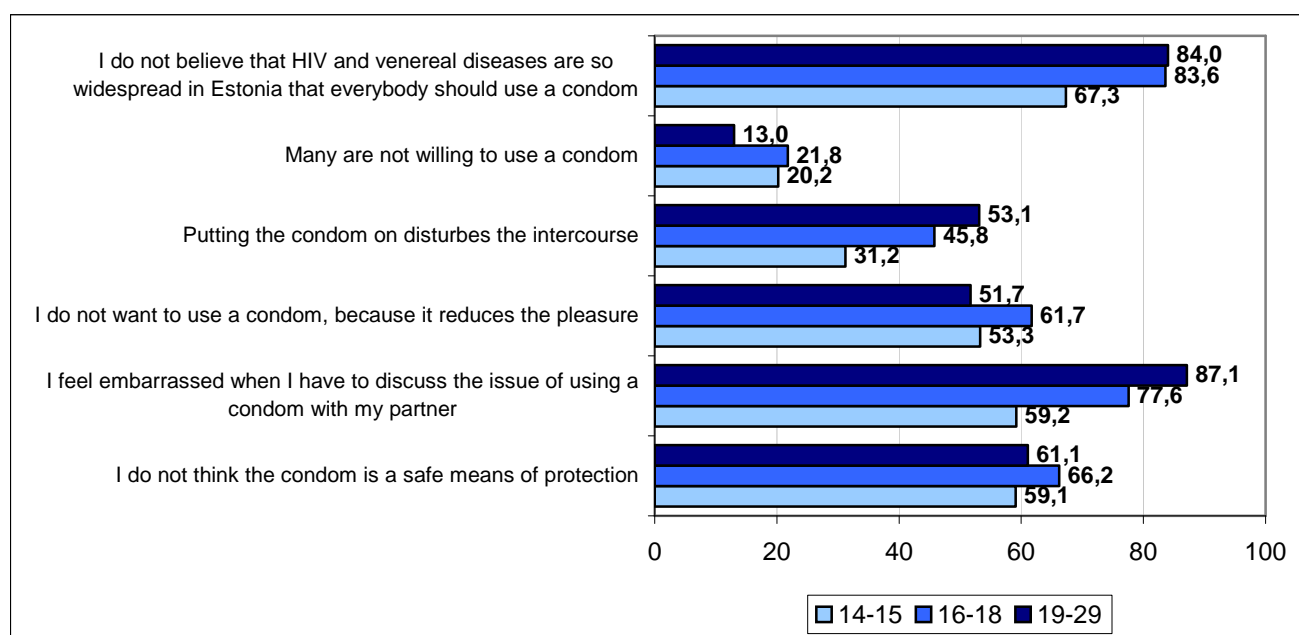


Chart 15: Young people who do not agree to the reasons of not using a condom, in age groups (%)

Sexual partners

- One fifth of 14-15-year old young people have experienced a sexual intercourse and almost a half of 16 to 18 year olds. As regards 19-24-year-olds, 12% of them and a couple of percent of people in the oldest age group have never had an intercourse. The indicator was the same in 2003 as well.
- The average age of young people during their first sexual intercourse has been: 13.9 for 14-15-year-olds, 15.3 for 16-18-year-olds, 16.8 for 19-24-year-olds and 17.5 for 25-29-year-olds.
- About 40% of 14-15- and 16-18-year-olds have had at least two sexual partners during the previous 12 months. The same indicator is one third for 19-24-year-olds and one fourth for 25-29-year-olds. So, the older the respondents, the more they have had an intercourse with only one partner.
- Compared to the year 2003, the amount of young people with several sexual partners in the age groups 16-18 and 19-24 has statistically considerably decreased.
- As regards occasional partners of those young people who have experienced intercourse, the percentage of those who have had occasional sex, in age groups is as follows: 47% of 14-15-year-olds, 40% of 16-18-year-olds, 30% of 19-24-year-olds and 20% of 25-29-year-olds. Each next age group has one tenth less of occasional sex partners than the previous one.

- Compared to the year 2003, the number of young people who had occasional sex has increased considerably in all age groups (with the exception of 16-18). However, we have to keep in mind that in 2003 the question was asked somewhat differently than in 2005, so the results of the two years cannot be compared properly.

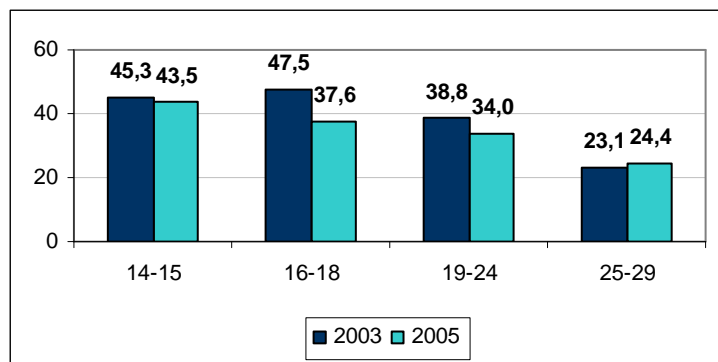


Chart 16: Young people who have had more than one sexual partner during the past 12 months; in age groups 2003, 2005 (% of those who have had an intercourse)

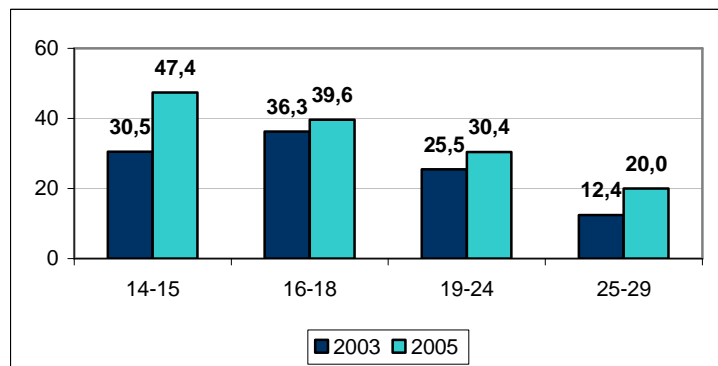


Chart 17: Young people who have had occasional sexual partners during the last 12 months; in age groups 2003, 2005 (% of those who have had an intercourse)

Use of condom

- The age group of 16-18 year old schoolkids included the most of those who used a condom during their first intercourse – 72%. The percentage of such respondents in the groups of 14-15- and 19-24-year-olds was respectively 62% and 57%, and 38% for the age group of 25-29.
- Compared to the year 2003, the number of young people who have used a condom during their first intercourse has increased in three age groups. The given indicator in the age group of 14-15-year old has remained the same.
- When we look at the past 12 months, the number of young people who have always used a condom is the largest among 16-18-year-olds – 61% with an occasional partner and 45% with a permanent partner. Among 14-15-year-olds, the percentage of those who always use a condom is 47% in the case of an occasional partner and 42% in the case of a permanent partner. Not many young adults (19-29) always use a condom with the permanent partner. In older age groups, young people have more stable relationships and fewer partners. However, the percentage of those 19 to 29 year olds who always use a condom with an occasional partner was also smaller – 41% in the age group of 19-24 and only one third in the age group of 24-29.
- When comparing the two years of survey, the number of those who always use a condom with an occasional sexual partner has increased among 16-18 year olds. The change in this indicator has been negative in other age groups. However, the form of the question about an occasional partner has been changed, hence the results of the two years cannot be compared properly.

- 19-29-year-olds were asked about condom use in the case of various ways of having sex. A condom is used the most in the case of vaginal intercourse and the least in the case of oral sex. More than 80% of 19- to 29-year-olds had never used a condom during oral sex, 70% during anal sex and a little more than one third during vaginal sex in the past year. For this analysis, permanent and occasional partners were handled together.
- The share of those who had used a condom during their last intercourse considerably exceeds the number of those who use a condom regularly. Again, the number of those who had used a condom during their last intercourse was largest among 16-18-year-olds – more than 83%. In the remaining age groups the indicator is 55-64%.
- In the past year, 4% of 19-29- year old people have had an intercourse with a partner who got paid for sex either money or in any other form. 84% of them used a condom every time and 91% used a condom during their last intercourse with a partner whom they paid.

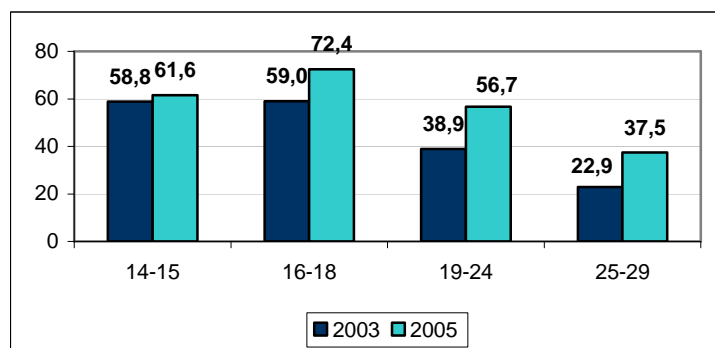


Chart 18: Those who used a condom during their first intercourse; in age groups 2003, 2005 (%)

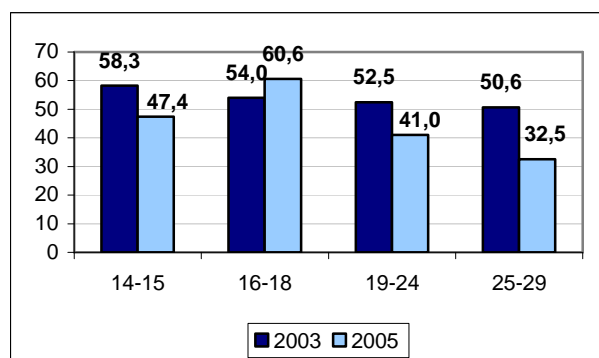


Chart 19: Those who always used a condom during an intercourse with an occasional partner over the past 12 months; in age groups 2003, 2005 (% of those who had occasional sex)

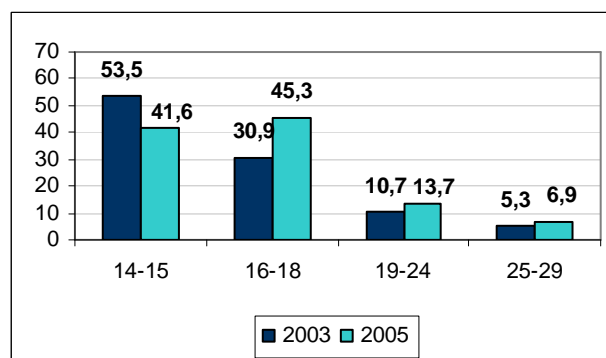


Chart 20: Those who always used a condom during an intercourse with a permanent partner over the past 12 months; in age groups 2003, 2005 (% of those who had sex with a permanent partner)

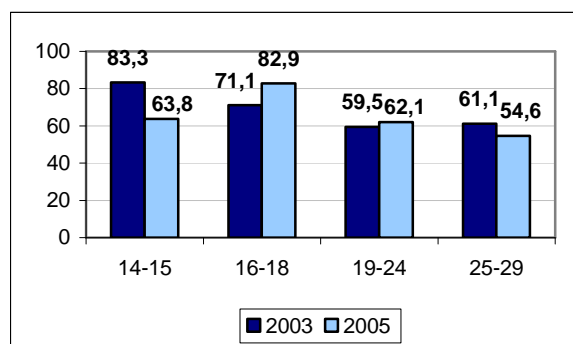


Chart 21: Those who used a condom during their last intercourse with an occasional sex partner, in age groups 2003, 2005 (% of those who had occasional sex)

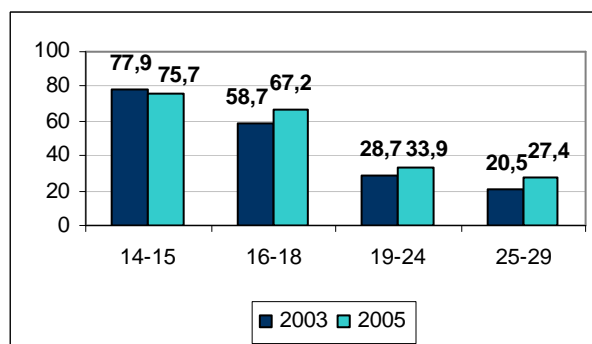


Chart 22: Those who used a condom during their last intercourse with a permanent partner; in age groups 2003, 2005 (% of those who had sex with a permanent partner)

In the separate group of **15-24-year-olds**, the indicators regarding sexual partners and a condom are as follows:

- Have had intercourse – 59% (2003: 61%, change is not statistically remarkable).
- Average age when having the first intercourse – 16.1 years (this indicator was the same in 2003).
- Had more than one sexual partner during the past 12 months – 32% (2003: 38%, the change is positive).
- Had occasional sexual partners during the past 12 months – 35% (2003: 29%, a negative change has occurred).
- Used a condom during their first intercourse – 62% (2003: 46%, a positive change had occurred).
- Used a condom during each case of occasional sex during the past 12 months - 48% (2003: 47%, the change is not statistically significant).
- Used a condom during the last sexual intercourse with an occasional partner – 69% (2003: 65%, the change is not statistically remarkable).

7. RISK GROUPS

The levels of different sexual risk behaviour of young people shall be described in the following chapter. For that purpose the score of sexual risk behaviour was calculated on the basis of the following components:

- The number of sexual partners in the past year (0 = 1 sexual partner; 1= two or more sexual partners);
- The use of a condom during sexual intercourse with an occasional sex partner in the past 12 months (0 = used a condom every time; 1 = did not use a condom);
- The use of a condom during the last sexual intercourse with an occasional sex partner (0 = used a condom, 1 = did not use a condom).

After adding up the three components sexual risk behaviour score of 0 to 3 was obtained. The higher the score, the more risk components it contains.

On the basis of the given indicators the examined young people were divided into three risk groups:

1. 0-risk level group – young people who have never had an intercourse or whose general score is 0;

2. low risk level group – young people whose score of sexual risk behaviour is 1;
3. high risk level group – young people whose score of sexual risk behaviour is 2-3.

The levels of sexual risk behaviour shall be analysed on the basis of data about young people between 14 and 29 years of age. 10-13- yearolds were not asked about sex life.

- The major part of young people belongs to the 0-risk level group, i.e. they have not had a sexual intercourse or they have not behaved in a risky manner in sexual relationships. In two younger age groups the proportion of such young people is 87% (14-15-year-olds) and 80% (16-18-year-olds), among young adults (19-24 and 25-29) approximately 2/3 of respondents belong to this risk group.
- Compared to the year 2003, the amount of 0-level risk level group has decreased by a couple of percent among 14-15- and 25-29-year-olds and increased by a couple of per cent among 16-18- and 19-24-year-olds.
- The proportion of low risk sexual behaviour (score 1) is lowest among 14-15-year-olds – 9%. The same indicator for 16-18-year-olds is 14%, for 19-24-year-olds 20% and 18% for the oldest age group.
- The proportion of young people with high risk behaviour (score 2-3) is 5-6% in two younger age groups and 15% in two older age groups. The share of people with high risk behaviour in the groups of 14-15-, 16-18- and 19-24 year olds is smaller than respondents who have low risk behaviour; as regards 25-29-year-olds the proportion of low and high risk behaviour is almost equal.
- Compared to the previous survey, the share of people with high risk behaviour has fallen by a couple of per cent among 16-18-year-olds, and risen in the same amount in the group of 19 to 24-year-olds. As regards the age group 25-29, the share of people having high risk behaviour has risen 8%. However, the data of two surveys is hard to compare (because the form of the question about an occasional partner has been changed).
- Compared to girls, the level of risk behaviour of young men is higher in all age groups (excl. 16-18 year olds), because there are less people with 0-risk level among young men.
- As regards schoolchildren, the level of risk behaviour is higher among non-Estonians. Among 14-15-year old non-Estonians, the number of those belonging to the high-risk group is the biggest and among 16-18-year-olds the number of young people in 0-level risk group is the smallest and there are more respondents who belong to the low risk group.
- The consolidated indicator of risk behaviour is higher in the case of schoolkids in Harju County compared to East-Viru County and the region “other parts Estonia”. Among both 14-15- and 16-18- year olds there are less young people in 0-risk level group and the highest number of young people having risky behaviour.
- The knowledge of HIV transmission; the methods of avoiding STIs and transferring of HIV from mother to child were similar in the case of young people in various risk groups. Only in the age group of 16-18 a tendency could be observed: the higher the risk behaviour, the better the knowledge of young people.
- Young people in various age and risk groups have similar concepts about the spreading of HIV in everyday contacts.
- Among 16-18-year-olds, young people with no-risk behaviour are more tolerant to PLWHA than young people in the higher level risk groups.
- Young people who behave in a more risky manner in their sex life tend to smoke, drink and consume drugs more frequently than young people with lower-risk behaviour. This is true for all age groups.

Table 12: Dividing young people into risk groups; in age groups 2003, 2005 (%)

Age groups	0-risk		Low risk		High risk	
	2003	2005	2003	2005	2003	2005
14-15	90.7	86.5	6.4	8.8	2.9	4.7
16-18	77.4	79.7	14.2	14.4	8.4	5.9
19-24	62.8	65.1	24.8	19.7	12.4	15.2
25-29	73.4	67.7	19.2	17.6	7.4	14.7

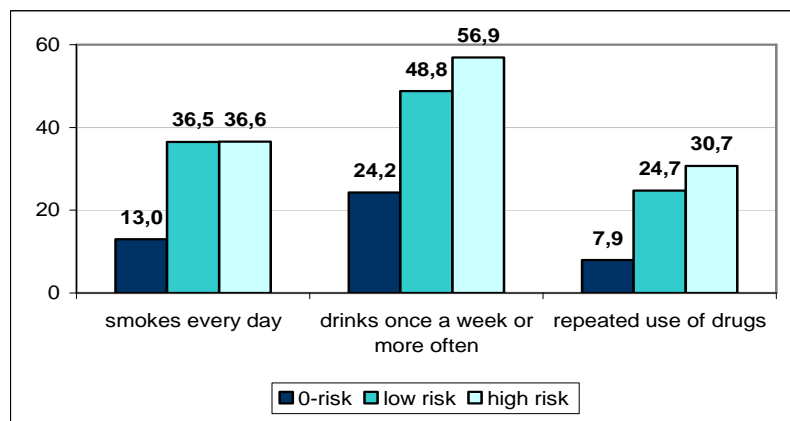


Chart 23: The use of various addictive substances among 14-18-year-olds. Different risk groups compared (%)

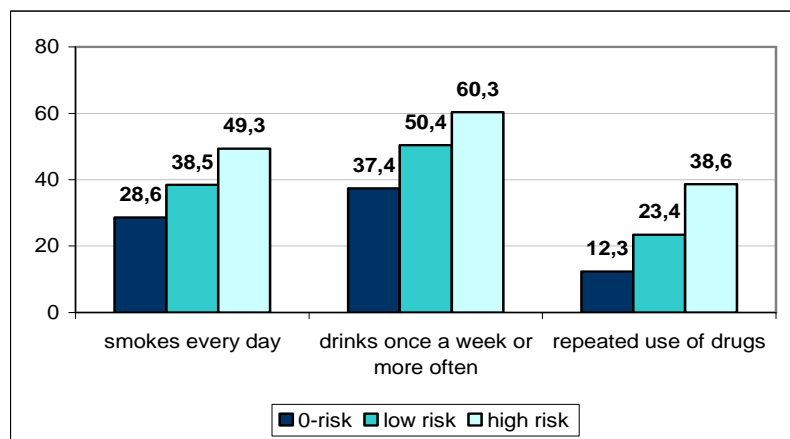


Chart 24: The use of various addictive substances among 19-29-year-olds. Different risk groups compared (%)

SUMMARY

The survey "HIV/AIDS-related knowledge, attitudes and behaviour of young people in Estonia" was performed for the second time in 2005. Data has been collected in the period between March and June 2005 by means of visiting schools and mailing questionnaires. The analysis uses data collected from 7 668 10-29-year old young people all over Estonia.

The survey of 2003 can be considered a pilot survey of handling this topic so extensively. The form of several questions has been changed in the 2005 survey, which makes it difficult to compare some indicators of the two years.

Addictive substances

The share of those young people who have smoked at least once and smoke regularly, who have consumed alcohol or been drunk and who have tried narcotic drugs at least once grows fast with age.

One third of 10-13-year-olds, two thirds of 14-15-year-olds and three quarters of 16-18-year-olds have smoked at least once in their life. The share of regularly smoking young people is as follows: 1% of 10-13-year-olds, more than one tenth of 14-15-year-olds, one fifth of 16-18-year-olds and a third of 19-29-year-olds. Compared to 2003, the data related to smoking has not changed considerably.

More than one tenth of 10-13-year-olds have consumed alcohol during the month preceding the survey and less than one tenth have been drunk. As regards older schoolkids a half of 14-15 year old respondents and three quarters of 16-18 year old respondents have consumed alcohol during the preceding 4 weeks. As regards young adults (19-29), the proportion of such people remarkably exceeds three quarters. In the past month a half of 14-15-year-olds and more than a half in other age groups have been drunk.

Compared to 2003, schoolkids have started trying alcohol at a somewhat younger age. The consumption of alcohol has become more frequent and intensive among young people (with the exception of the age group 10-13). The given data shows that extensive alcohol consuming among young people is a major problem and needs more attention. In the context of HIV-infection and venereal diseases the consumption of alcohol weakens the alertness as regards avoiding sexual risk behaviour.

A couple of per cent of 10-13-year-olds have tried narcotic drugs at least once in their life. The same indicator among 14-15-year-olds is more than one tenth, more than one fourth of 16-18-year-olds and around forty percent of 19-29-year-olds. Less than one tenth of 14-15-year-olds and almost one fifth of other age groups have consumed drugs regularly. Compared to 2003, trying drugs or using them regularly has somewhat increased among young adults (19-29-year-olds). The circulation of drugs in the company of young people has increased compared to the time two years ago – they know more people who have tried or consume drugs and they have been offered drugs more often. Young people whose friends or acquaintances have tried or consume drugs or who have been offered drugs also tend to consume drugs more often. Thus, it is necessary to teach young people how to refuse drugs.

Knowledge

Like in 2003, most of the young people know that using one and the same syringe may cause catching HIV and the least amount of young people do not know that HIV does not spread through mosquitoes. Less than one tenth of 10-13 year olds, one fourth of 14-15-year-olds, forty per cent of

16-18 year olds and one third of young adults are able to give a correct answer to all five questions on HIV transmission. The question about the mosquito bite is the main factor influencing the low level of the indicator. If we do not take this question into account, the level of correct answers among 14-15-year old respondents is more than a half and three quarters in the groups of 16-18 and 19-29. As regards 10-13-year-olds, one fifth of children are able to respond correctly, if the indicator has been calculated without the mosquito bite question. The form of the two questions has been changed in 2005, compared to 2003; hence it is complicated to compare the indicators of the two years.

The presented data proves that by now the knowledge about the connection between HIV and drug addiction as well as the hazard of injecting drugs when people share the syringe has become very widespread among young people. Therefore, today, it is essential to inform young people that there is a real threat to catch HIV even when you do not consume drugs, but do not observe the principles of safe sex in your sexual relationships. However, many young people know that the condom helps to reduce the risk of getting the infection. Still, it does not mean that young people feel that they personally are threatened by the HIV infection or STIs.

A small amount of 14-29-year old young people know the methods of reducing the risk of transferring HIV from mother to child. The maximum of young people who are able to give correct responses to the given statements is one third. Less than one tenth of young people were able to answer correctly to all three statements related to the vertical transmission of HIV. Somewhat less than one fifth of all respondents (both 14-18- and 19-29-year-olds) are of an incorrect opinion that nothing can be done for reducing the risk of transferring HIV from mother to child. When comparing two surveys, in 2005 the level of knowledge about the transfer of HIV from mother to child (correct answers to all questions) among 14-18-year-olds is even lower than in 2003; as regards the group of young adults, the level of knowledge is similar to that in 2003. Low level of knowledge in this field refers to the fact that this specific topic has not been discussed among young people that much and is complicated to understand for schoolkids.

A very large majority of young people knows that the condom helps to avoid contracting STIs. One third of 10-13-year old respondents are able to give correct answers about all methods of avoiding STIs. The number of such respondents among 14-18-year-olds was one third and three quarters among 19-29-year-olds. Compared to the year 2003, the level of knowledge has risen in almost all age groups (with the exception of 14-15-year-olds).

Young people mostly know that HIV test can be taken at AIDS Counselling Cabinets and at special doctors. The share of young people who have taken the HIV test is similar to the one in 2003. 4% of 14-18-year-olds, a quarter of 19-24-year-olds and more than one third of 25-29-year-olds have taken the HIV test at least once in their life. One third of those 19-29-year-olds who have taken the test, have done it in the past 12 months.

Similarly to the previous survey, young people say that the topics related to the hazards of narcotic substances and puberty have been handled more thoroughly in classes. As regards 10-13-year-olds, again, the least handled topics are STIs, HIV/AIDS and the need to use the condom. According to the estimate of 14-18-year-olds, less attention has been paid to the following topics: STIs, relationships between men and women and how to refuse drugs.

The significance of school in forwarding HIV/AIDS-related topics and increasing the students knowledge in these areas is characterized by the fact that those young people who have correct knowledge of HIV transmission and how to avoid STIs say that the following topics were handled more thoroughly in classes: HIV/AIDS, venereal diseases and the need to use a condom. And

young people are willing to obtain information about this field first and foremost from school. The Internet, which is an excellent opportunity to provide information to young people who are not engaged in studies, has been mentioned as an essential channel of information by all five age groups.

Concepts and beliefs

Like in 2003, the most widespread misconception among young people is that it is possible to catch HIV when using the same dishes or toilet with the HIV-infected person. According to the consolidated indicator, approximately one third of 10-13-year-olds, more than one fourth of 14-15 year olds and more than forty per cent of young people in other age groups do not have misconceptions about the spreading of HIV in everyday contacts. Compared to the year 2003, the amount of young people not having misconceptions has increased among 14-15- and 16-18-year old respondents, but among 19-29-year old young people the occurred change is negative.

The largest group of young people is of the opinion that they would not end communication with an acquaintance when learning that he/she has caught HIV. However, the least amount agrees that an infected teacher could continue his/her work at school or would not stop buying food products from a shop where the shop assistant had caught HIV. Less than one tenth of 10-13-year-olds have answered tolerantly to all five statements related to having contacts with PLWHA, a quarter of 14-15-year-olds and more than a third of 16-18 and 19-29 year olds. The tolerance indicator has increased in all age groups in comparison with the previous survey.

Tolerant attitude towards PLWHA is highest among those young people who do not have misconceptions of getting the infection. Therefore, in addition to informing young people of HIV transmission, they should also be informed of how HIV does not spread.

Sexual partners

One fifth of 14-15-year old young people have experienced a sexual intercourse and a half of 16-18 year olds. As regards 19-24-year-olds, a little more than one tenth has never had an intercourse and in the oldest group the share of those who have never had an intercourse is a couple of per cent. This indicator was the same in 2003.

As regards those 14-15- and 16-18-year old young people who have had an intercourse, approximately forty per cent have had at least two partners during the past 12 months. The amount of such young people among 19-24-year-olds is one third and among 25-29-year-olds one fourth. Compared to the year 2003, the amount of young people having several partners has fallen statistically considerably in the age groups 16-18 and 19-24.

During the last 12 months almost half of 14-15-year-olds who have had an intercourse have had occasional sexual partners. The share of those having occasional sex partners decreases by a tenth in each following age group. The form of the question about occasional sex partners was changed in the 2005 questionnaire; therefore, it is complicated to compare the two surveys.

Condom use

The biggest share of young people who used a condom during their first sexual intercourse was among 16-18 year old schoolkids – almost three quarters. This indicator is more than a half also in the groups of 14-15- and 19-24-year-olds. As regards 25-29-year old young people, the amount of those who used a condom during their first intercourse is a little more than one third. Compared to the previous survey, the number of those who used a condom during their first intercourse has increased in all age groups (with the exception of 14-15-year-olds).

The amount of those who during the last 12 months always used a condom with an occasional sexual partner was the largest among 16-18-year-olds – approximately sixty per cent. Approximately a half of 14-15-year-olds, forty per cent of 19-24-year-olds and only a third of 25-29-year-olds have always done it. The form of asking about occasional sex partners was changed in 2005 compared to 2003.

In the past year, 4% of 19-29-year-olds have had a sexual intercourse with a partner who got paid in money or in any other form for sex. More than eighty percent of them always used a condom.

The data, given in the paragraphs above, shows clearly how important it is to start teaching about sexual relations, safe sex, STIs and HIV/AIDS already some time before the age of puberty. Every fifth of 14-15-year-olds has had an intercourse and every second of the older schoolkids, a major part of schoolkids have several partners and occasional partners, a remarkable amount of young people does not always use a condom nor did it during their first intercourse. Information, which is presented in an open manner and gives young people food for thinking about the probable threats and positive solutions for avoiding risk behaviour, needs to reach young people already before they have their first intercourse. Certainly, such information also needs to be given to those who have already started their sex life.

Risk groups

The largest proportion of young people belongs to the 0-risk group of sexual behaviour, i.e. people who have not had an intercourse or who have not behaved in a risky manner in sexual relationships. The share of such people in two younger age groups (14-15 and 16-18) is eighty per cent and more and 2/3 among adult respondents (19-29). The highest level of risk behaviour (score 2-3) was observed in two younger age groups – less than one tenth and in the two older age groups – more than one tenth.

The following paragraph summarizes the differences occurring in the data due to different social-demographic indicators.

Age-related differences

- The amount of young people who have tried addictive substances or had an intercourse grows rapidly with age.
- The older the respondent, the higher the level of knowledge about the methods of avoiding STIs and the more of them have taken HIV test.
- The older the respondents, the more among them have had only one sexual partner during the past year. In each following age group the number of those who have had occasional sex partners during the last year decreases considerably compared to the previous group.
- Among 10-18-year-olds, i.e. schoolkids, the following indicators increase with age:
 - The amount of young people who have correct knowledge of HIV transmission,
 - The amount of young people who do not have misconceptions of the ways HIV spreads in everyday contacts;
 - The amount of young people who have a tolerant attitude to PLWHA.

The age group of 16-18 deserves to be pointed out separately, because several indicators are the most positive in this age group. The amount of those who have correct knowledge of HIV transmission is the largest among 16-18-year-olds. Also, the number of those who use a condom is highest in this group. The use of a condom is highest both in the case of the first intercourse as well as with occasional sex partners during the last 12 months. As regards risk groups, the number of those belonging to the 0-level risk group is the highest among 16-18 year olds.

However, a more risky sexual behaviour can be observed among older adults i.e. in the age group of 25 to 29. In this age group, the number of those who used a condom in the case of their first intercourse and who always did it in the case of having occasional sex is smaller. The proportion of 0-level risk behaviour is lower in this age group and the number of young people with more risky sexual behaviour is higher than among schoolkids.

Obviously, most of the preventive activities, directed to young people have reached the age group 16-18, as they also fit in the framework of the most threatened age group – 15-24-year-olds. At the same time, they are more available for preventive work than the age group of 19-24-year-olds, which also fits in the said framework. It is much more difficult to include young people who have left comprehensive school, in purposeful preventive work; also, it is more complicated to change the behavioural patterns of young adults.

Gender-related differences

- Young men consume alcohol more often than girls. Also, more of them have tried or consume drugs repeatedly.
- In all or almost all age groups girls have better knowledge of avoiding STIs, reducing the risk of vertical spreading of HIV, the places of taking HIV test and less misconceptions about the spread of HIV through everyday contacts.
- More girls have a tolerant attitude to PLWHA and less HIV/AIDS-related beliefs.
- Girls have fewer occasional sex partners. In most of the age groups (excl. 25-29-year-olds) there are fewer of those who have had more than one sex partner in the previous year.
- As regards 14-18-year old young men, more respondents use a condom than girls in the same age group. This is true for sexual behaviour during the past 12 months as well as for the last intercourse with an occasional partner.
- Compared to girls, the level of risk behaviour of young men is higher in almost all age groups (excl 16-18-year-old), because there are fewer 0-score respondents among young men. The risk score is highest among 19-29-year old men.

The previous survey showed the same tendency among 14-18-year-olds – girls had better knowledge, but more boys always used the condom. This indicator still refers to the need to pay more attention to gender-specific approach to forwarding topics related to sexuality and risk behaviour as most probably boys and girls have different reasons for not using the condom.

Nationality-related differences

- The amount of Estonians having correct knowledge of HIV transmission is higher than the one of other nationalities (excl. 19-24-year-olds). Estonians also have better knowledge about the methods of avoiding STIs and in most of the age groups (excl. 16-18) Estonians have less misconceptions about the spreading of HIV in everyday contacts.
- In all age groups the share of Estonians who have a tolerant attitude to PLWHA is considerably higher than the share of non-Estonians.

As regards condom use, differences between nations are not so clearly seen.

Region-related differences

- The knowledge about avoiding STIs and the amount of young people who do not have misconceptions in all age groups (excl 16-18) in East-Viru County is considerably lower than in other regions (Harju County and “other parts of Estonia”). Also, HIV/AIDS-related beliefs are more widespread.
- The level of tolerance to PLWHA is much lower in East-Viru County than in other regions.

- There are also some differences regarding young people in Harju County. In most of the age groups (excl. 19-24-year-olds) there are more young people in Harju County, who have tried drugs at least once.
- Among schoolkids (14-18-year-olds) there are fewer respondents in 0-risk group and more young people with high risk behaviour.

As regards condom use, differences between regions cannot be pointed out so glearly.

Differences related to the type of settlement

- In several age groups (16-18-, 25-29-year olds) urban young people consume more alcohol than their peers in rural areas and more young people have had encounters with drugs.
- Young urban adults (19-29-year-olds) have better knowledge of HIV transmission than their rural peers.
- In most of the age groups (excl. 16-18-year olds) there are more urban young people who have had more than one sexual partner in the past year.

As regards condom use, no differences can be pointed out on the basis of the type of settlement.

Education-related differences

- The share of young people who have correct knowledge of HIV transmission, the methods of reducing the risk of vertical spreading of HIV and avoiding STIs is bigger among 19-29-year old young people who have higher education. Also, more young people having higher education do not have misconceptions about the spreading of HIV through everyday contacts or HIV/AIDS-related beliefs.
- 19-29-year old young people who have higher education have a significantly more tolerant attitude to HIV-positives.

As regards condom use, differences on the basis of education are not so gleary seen.

Differences related to social status

- 19-29-year old young people who study have the best knowledge of HIV transmission. Also, most of them do not have misconceptions about the ways HIV spreads through everyday contacts and are tolerant to PLWHA.
- Compared to other groups, the unemployed have less knowledge of avoiding STIs than other status groups.

Again, differences cannot be glearly pointed out in the use of condom here.

Despite the fact that non-Estonians, young people in East-Viru County, less educated young people or those who are not studying (the last two concern 19-29-year-olds) have less knowledge about several topics, this is not expressed in the habits of using the condom. As regards condom use, more defined subgroups can be pointed out on the basis of age and gender. Even then, the analysis (as mentioned before) shows that:

- although 19-29-year-olds have better knowledge than schoolkids, their behaviour in sexual relations is riskier;
- although girls have better knowledge than boys, more schoolboys than girls use a condom.

Such tendencies again prove the fact which is known to the people engaged in preventive work that risk behaviour would not automatically decrease as a result of distributing information and increasing knowledge. Increasing the social skills of young people and motivating them for risk-free behaviour is a major component. In the case of schoolkids, this should be done as an integral and meaningful whole through all stages of school.

Relations between different indicators

1. In all age groups those who have correct knowledge of HIV transmission also have correct knowledge about the methods of avoiding STIs. In almost all age groups (excl. 14-15), the

similar relation can be observed comparing the knowledge about the ways HIV spreads to the knowledge of reducing the risk of transferring the infection from mother to the child.

2. Those young people who have correct knowledge of HIV transmission and methods of avoiding STIs say that the following topics have been thoroughly handled in class: HIV/AIDS, venereal diseases and the need to use a condom.
3. Among those young people who have correct knowledge of HIV transmission are also much more those who know that HIV does not spread through everyday contacts (e.g. using the same eating dishes, toilet or swimming pool and hugging).
4. Those young people who have correct knowledge of HIV transmission and who have no misconceptions about the spread of the infection have in general a more tolerant attitude to PLWHA.
5. In general, fewer young people, who have correct knowledge of HIV transmission and no misconceptions and who have a tolerant attitude to HIV-positives, think that the beliefs related to HIV/AIDS are true.
6. Those young people whose sexual behaviour is riskier tend to drink, smoke and consume drugs more often than young people with lower level or risky sexual behaviour.

In a nutshell, a voluminous data-set, containing essential topics has been completed during two years (survey in 2003 and 2005). This data-set provides excellent opportunities to plan and develop the preventive work in the field of HIV/AIDS and to assess the efficiency of interventions.