

**Rapid Assessment and Response on
HIV/AIDS Among Especially Vulnerable
Young People in Korca**

January 2002

RAR Team in Korca

No	NAME	BACKGROUND	INVOLVMENT	POSITION	LOCATION
1	Berti Skenderasi	Student in Economic Faculty/Tourism, Chairman of a Youth NGO, involved in youth projects.		Local Coordinator	Korca
2	Ardi Trebicka	Professor in Economic Faculty, a lot of experience in surveys, designing questionnaire, well known person in our community.	Collecting Existing Info, preparation of guides.	Field Worker	Korca
3	Jetona Myteveli	Professor in Nursery Faculty, experience like a trainer in HIV/AIDS workshops, roundtables, etc.	Collecting Existing Info, preparation of guides.	Field Worker	Korca
4	Orest Samsuri	Student in Economic Faculty. Volunteer in questionnaire designs, surveys, NGO Community services projects	Focus Groups, Interviews and questionnaire.	Field Worker	Pogradec
5	Romina Bardhushi	Student in Economic Faculty. Volunteer in questionnaire designs, surveys, NGO Community services projects.	Focus Groups, Interviews and questionnaire.	Field Worker	Pogradec
6	Majlinda Dacoli	Student in Economic Faculty. Volunteer in questionnaire designs, surveys, NGO Community services projects.	Focus Groups, Interviews and questionnaire.	Field Worker	Korca
7	Anxhelika Gjorgo	Student in Economic Faculty. Volunteer in questionnaire designs, surveys, NGO Community services projects.	Focus Groups, Interviews and questionnaire.	Field Worker	Pogradec
8	Jonida Loci	Student in Economic Faculty. Volunteer in questionnaire designs, surveys, NGO Community services projects.	Focus Groups, Interviews and questionnaire.	Field Worker	Korca
9	Koco Josifi	Student in Economic Faculty. Volunteer in questionnaire designs, surveys, NGO Community services projects.	Focus Groups, Interviews and questionnaire.	Field Worker	Korca

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ACKNOWLEDGEMENTS:

Different local organisms and institutions provided a large contribute to RAR process in Korca. Among others, we would like to thank:

The Civil Society Development Center and its Coordinator, Mr. Tomi Xhillari for the great support to RAR team of Korca, providing office space and center logistic. The Municipality of Korca and its Mayor, Mr. Gjergji Duro, the Municipality of Pogradec and its mayor Mrs. Mangalina Cano, the Municipality of Bilisht and its mayor Mr. Arben Graca. The District Border Police and its Director Col. Durim Beqiraj provided an extraordinary assistance. Different non-government organizations such Children Help Foundation, NEHEMIA Foundation Pogradec, the Youth Club "EQUILIBRIUM" should also be mentioned. We would like to thank the "ABC" Radio in Korca and its director Elona Stefanllari for the important contribute to the public relations program. We would also like to thank the Greek Consulate in Korca.

SECTION 1: INTRODUCTION

The transition from communism to democracy was accompanied by massive movements of population. This can be explained by the fact that people wanted to enjoy the life they had secretly seen on TV channels. Obviously this phenomenon was followed by several consequences and changes in the social and personal behaviors of Albanians especially among the young generation. Some of these behavioral changes included drug use, organized crime, prostitution and unprotected sex, all of which have health consequences. Actually, after 10 years, these trends are putting more and more threats to the community. The Korca region has a favorable geographic position for emigration because it is bounded by Greece and Macedonia. Emigration to Macedonia has been easier for the Macedonian minority living in the Prespa is, for three reasons: same nationality; geographic proximity; visa issuing facilities.

For the Albanian population, emigration was initially illegal, but after 1998, an agreement between Albania and Greece set up the basis to issue documents for most of the emigrants who were already in Greece. The opening of a Greek consulate in Korca was also an important element that affected the population movement in Korca. The same goes for Pogradec, where citizens heading to Macedonia were provided with a special document avoiding procedures at the custom office. Before 2000 population movement in Bilisht, especially of young people was important. Many young people from Bilisht served as “guides” to emigrants from other areas of Albania or traded cigarettes or narcotics (especially hashish), in near villages of Greece. In Korca region there are many young people studying abroad mainly in Greece, Italy, Romania, Bulgaria, Germany, etc.

There are several types of movements abroad: tourism (a phenomenon becoming more and more common); economic including seasonal work, studying (September-December-January-July are the months this movement reaches its peak) and finally medical reasons. Also present in the region are emigrants arriving from other districts (mainly from the north). They come to Korca and Bilisht to pass illegally to Greece. Following there is a table indicating number of Albanian emigrants and final countries of destination. The data are taken from the 2000 Albanian Human Development Report-UNDP:

Countries	Total number
Belgium	2500
France	2000
Germany	12000
Greece	500000
Italy	200000
Turkey	2000
Canada	5000
USA	12000
Total	735,500

The change of the system brought a change of the population mobility inside Albania (migration) that was followed by a series of consequences or changes in the infrastructure and urbanization of the resident centers. The Appendix clearly explains this phenomenon in a graphical way. Thus, there is a pyramidal-oriented movement, combined with network movements, that means the population from rural areas has the initial tendency to move toward urban zones that may be the closest city or the capital, the population from urban zones has the tendency to move toward the capital or emigrate while the population of the capital has the tendency to emigrate.

Data on HIV/AIDS infection in Albania

The number of cases diagnosed with HIV in years:

Year	1993	1994	1995	1996	1997	1998	1999	2000	2001	Total
Cases	2	9	12	7	3	5	4	10	19	71

The number of cases according to the tests:

Method/testing place	Cases
Blood donation	14 (19%)
Tested in clinic	34 (49%)
Volunteers	14 (19%)
Others	9 (13%)
Total	71

The number of cases according to the sex:

Sex	Cases
Males	58 (81%)
Females	13 (19%)
Total	71

The number of cases according to the transmission ways:

Transmission way	Cases
Sexual	46 (88%)
Blood transfusion	3 (6%)
Vertical	1 (2%)
Unknown	2 (4%)
Total	52

80% of the infected cases reported to have contracted the virus abroad.

From 71 cases, 23 (32%) developed AIDS, from which 14 died.

The number of cases according to age-groups (for 62 cases)

Age	< 2	15-19	20-24	25-29	30-34	35-39	40-44	45-49	> 50	Total
Cases	1	1	13 (21%)	16 (26%)	8 (13%)	15	2	2	4	62

SECTION 2: AIMS

The areas where RAR in Korca was implemented were Korca, Bilisht and Pogradec cities, as well as the custom areas of Kapshtica and Qaf-Thana. Mapping of some areas was also prepared. The work was mostly concentrated in custom areas and places where our target group would mostly hang out (bars, casinos, etc.). The main reason for selecting these cities was due to their proximity to neighboring countries and due to high mobility of the age-group 10-24 for different reasons such as economic, tourism, studies, etc.

Objectives of RAR in Korca were as follows:

- Assess and gather information on the existing interventions.
- Gather information related to the risk behaviors of the mobile population.
- Assess the level of knowledge and awareness on STI (sexually transmitted infections) and drug use.
- Develop interventions for the most acute problems by first assessing the existing ones.

SECTION 3: RAR PROCESSES IN KORCA

a) RAR team

The RAR team is mainly composed of young students of the average age 19-20 years and two professors of the University of Korca, one of them working at the Nursery Department and possessing a relatively large background on HIV/AIDS issues. The work was divided in order to avoid vacuums during RAR process. Initially, the existing information was collected, and this phase involved the local coordinator, two senior field workers, and some other field team members. The next phase has followed by fieldwork, which actively involved the other team members. It should be emphasized that during the fieldwork there were different obstacles and concerns, which were solved or reduced which contributed to the understanding of all team members. The team was repeatedly under the control of the national coordinator and UNICEF focal point who also provided great assistance to the work progress.

b) Training seminars

The national core team (the national coordinator and the four local coordinators) participated in the Regional Training Workshop in Neum, Bosnia Herzegovina, October 22 - 26, 2001. The seminar pointed starting of work for the core team and presented the areas of study and methodology for RAR implementation. A local teams training workshop was organized in Tirana in November 8-10, 2001 to train in fieldwork.

c) Community Advisory Board (CAB)

The setting up of CAB aimed to support the RAR process RAR team in Korca. Setting up CAB went through a number of stages: First identification of the potential representatives from institutions who could contribute to the RAR process. Second, the selection of CAB members included: the Directory of Border Police in Korca district, Korca Municipality Representatives, Korca Prefecture Representatives, Media ("ABC" Radio) and different local NGO-s. Third, contacts to present the RAR and its objectives. Fourth organization of frequent meetings.

Assistance strategies

One of the most important achievements of RAR in Korca was the creation of partnerships with different institutions, which showed willingness for a common intervention. The interests of Municipalities of Bilisht, Korca and Pogradec cities, the Directory of the Border Police for Korca District as well as different related NGO-s should be mentioned. RAR in Korca also inspired and increased the interest and sensibility of the community about the problem. This was noticed after the project was announced in the local media ("ABC" Radio). This is due to the fact that the program was the first in its kind to consider studied group and the risk behaviors related to population movement. The interest and support of the Prefecture of Korca and especially of the General Secretary of the Prefecture should also be considered.

d) Timeline of Activities

19-23 Nov. 2001	Collecting existing information, first CAB meeting.
26-30 Nov. 2001	Collecting existing information and its completion.
03-07 Dec. 2001	Completion of two focus groups and 20 interviews.
10-14 Dec. 2001	Interviews, 1 focus group, CAB meeting and questionnaires.
17-21 Dec. 2001	Questionnaires, 1 focus group, CAB meeting.
24-28 Dec. 2001	Interviews, 1 focus group, preparatory work for the report.

Although the timeline of activities was prepared during the local training seminar, it had flexibility depending on the problems or different obstacles especially encountered during the data collection.

e) Problems and successes

One of the main problems was associated with the collection of existing information. Many times, Korca RAR team requested by official letters to institutions information, which could not be offered. Taking also into account that the study itself was delicate as regard to the target group and issues discussed, there were problems encountered during interviews or focus groups because respondents felt shy to speak. Another problem was the delay in delivering funds to conduct the study, which sometimes impeded the work, without major barriers to its success. Another difficulty was related to the bad and cold weather that impeded the movements of the team members from time-to-time in Bilisht and Pogradec cities. Finally, the short time for the implementation of this program prevented the completion for some tasks.

One of the most important successes was the full support provided by different institutions in Korca city and especially by their officials. Although RAR program did not include public relations, they were fully completed, through news in local radios, distribution of IEC materials on World AIDS Day, followed by RAR presentation in Korca. It may also be said that the general awareness on HIV/AIDS was raised.

SECTION 4: METHODOLOGY

a) Data collection

1. Existing information

INSTITUTION/SOURCE	TYPE OF INFORMATION	LOCATION
Public Health Laboratory	Statistics on HIV & STD Drug users	Korca
Social Assistance Office, Municipality	Poverty level; families with social assistance	Korca, Pogradec, Bilisht
Directory of Police, Korca District/ANTIDRUGS	Cases of drug users	Korca, Pogradec, Bilisht
Directory of Police, Korca District/ Border Directory	Movement in the border zone of Gorica	Korca
Qaf-Thana Custom Office	Movement in Qaf-Thana custom zone	Pogradec
Family Planning Centers	Use of protective means No. of clients age 10-24 years	Korca
Greek Consulate	Emigration peak	Korca
NPF (Children Help Foundation)	No. of children emigrating and no. of children not emigrating	Korca
Materials and different publications		

2. Questionnaires

A working group was established during the Regional Training Seminar in Neum in order to develop a set of core survey questions. All participants agreed that each city would include these core survey questions in their questionnaires. The core survey questions were pilot tested in Sarajevo. Following, the questions were adapted to each target group. The team members and key informants mainly completed the questionnaires. Participants in focus groups completed some of the questionnaires. The local coordinator initially decided the number of questionnaires to be distributed. After the completion they were checked again, and the local coordinator took transferred the information to an activity grid / mega grid.

3. Focus Groups

Date	Locality	Place	No. of participants	Type
December 3, 2001	Bilisht	Kapshtica Custom	9	Emigrants
December 14, 2001	Bilisht	Secondary school	15	Students emigrating during summer season.
December 14, 2001	Bilisht	Bar	12	Students living abroad, guides, emigrants.
December 14, 2001	Pogradec	Youth Center	10	Students living abroad, emigrants, young people traveling to Macedonia as tourists.
December 19, 2001	Korca	RAR Office Korca	9	Students living abroad, emigrants, young people traveling to Macedonia and Greece as tourists.

4. Interviews with target group and interviews with Key Informants

The interviews were mainly completed by young people belonging to the target group. Other interviews were conducted to collect general information on health services, information on STI, risky behaviors. The interviews were conducted in Korca, Pogradec and Bilisht, in different places such as bars, casinos, custom areas, etc. The interviewers types are as follows: 1) Students; 2) Key informants, drug users/dealers, and guides; and 3) Policy makers, service providers and authorities. The data collected from the interviews were further combined, grouped and included in activity grids and then to mega grids.

5. Observations

There were two observations in total, in custom areas of Kapshtica and Qaf-Thana.

Date	Place	Duration	Reason
7/12/2001	Kapshtica Custom	2 hours	The main reason for the observation was due to the fact that this custom area registers the biggest movement flow during the day.
23/12/2001	Qaf-Thana Custom	2 hours	The reason for the observation was due to the coincidence with the returning date of students from Central and Eastern European countries (Bulgaria, Romania, etc.). Another reason was the proximity to places where young people hang out (nightclubs and brothels).

6. Mapping

Maps were prepared for both custom areas and the center of Bilisht city. Maps were always prepared for the areas where the target group would gather. It should be mentioned the fact that a number of legal and illegal emigrants hang around the center of Bilisht city where they may find guides, taxi to cross the border, to leave for Greece.

b) Sampling technique

RAR team used theoretical sampling for choosing target population, based on the affirmation that samples can still be theoretically representative of the population. The sampling technique used included: snowball, network, purposive.

c) Sample size

	Questionnaires*	Interviews	Focus Groups	Total
Target group	100	50	55	205
Service providers		2		2
Policy makers		3		3
TOTAL	100	55	55	210

* Each young recruited to participate in an interview or focus group did also complete a questionnaire.

d) Ethical considerations

All participants were assured that all questionnaires, interviews, focus groups and observations completed would remain confidential during the whole time. During the rapid assessment, an explanation on the study was given to each participants, thus he/she could make an informed decision about whether to participate in the study. To each person was given information on HIV/AIDS.

SECTION 5: DATA ANALYSIS

This section simply explains how the quantitative and qualitative data were analyzed. It is important to mention how data reliability was defined and what was done with missing data.

Data reliability: Data were verified through triangulation.

Missing values: Blanks on a questionnaire were left as such, even during data entry process.

Participant in the rapid assessment was a volunteer so, he/she could refuse to answer any questions at any time.

a) Quantitative data

Data collected from the questionnaires were inserted in software Epi Info version 6. One person appointed at IPH did data entry centrally. Analysis of quantitative data consisted in descriptive analysis such as calculation of frequency counts, averages and percentages.

b) Qualitative data

All team members during the fieldwork were supplied with the necessary means for an effective work (copies of different guides, note pads, pencils, folders with information on HIV/AIDS/STI). After completing questionnaires, interviews or focus groups, a meeting was held in RAR office to discuss the collected data and insert them in an activity grid. Although the Assessment Protocol was not specifically designed for the target population studied in the Korca region (e.g. risky behaviors or social-health consequences) deficiencies were reduced at maximum with the continuous advices from the National Coordinator. Through discussions with the senior team members, the data were further analyzed and inserted into a mega grid.

SECTION 6: FINDINGS

a) Core survey questions

Age group	Male	Female	Total
15-19	17	10	27 (29%)
20-24	49	18	67 (71%)
Total	66 (70%)	28 (30%)	94 (100%)

Drug use Behaviors (male and female)

- Drug use percentage.

Males	Females	Total
43 (81%)	10 (19%)	56% (53 people)

- Frequent and mean age when drug was used for the first time is 17 years.
- Places where drug is usually taken are indicated in the table.

Place of use	Number of cases	Percentage
Parks	26	31%
Bars, cafés, clubs	24	29%
House	15	18%
Street	11	13%
School	5	6%

- Table of the most used drugs during the last month.

Type of drug used	Number of cases	Percentage
1. Alcohol	47	50%
2. Cannabis	30	32%
3. Ecstasy	7	7%
4. Heroin	5	5%
5. Cocaine	4	4%

- Percentage of those using two or more drugs at the same time.

% of drug users	Total % of interviewers	Total # of cases	Males (cases)	Females (cases)
34%	19%	18	15	3

- Percentage of those having sexual relationships under drug effect.

% of drug users	Total % of interviewers	Total # of cases	Males (cases)	Females (cases)	Males (cases)	Females (cases)
50	27	26	20	6	77	6

- Percentage of those injecting drugs.

% of drug users	Total # of cases	Males (cases)	Females (cases)
13	7	6	1

- Mean and frequent age when drug was injected for the first time is 18 years.
- Percentage of those exchanging drug injection equipment is 14%, 1 person from 7 injecting drugs.

Sexual behaviors (male and female)

- Percentage of those having sexual intercourse.

Total % of interviewers	Total # of cases	Males (cases)	Female (cases)	Males (%)	Females (%)
90	84	60	24	71	29

- The mean and most frequent age for the first sexual intercourse is 17 years.
- The table shows the number of sexual partners during the last year:

	0-1	2-5	6-10	11-15	Total
Males	26 (62%)	30 (79%)	2	2	60
Females	16 (48%)	8 (21%)	-	-	24
Total	42 (50%)	38 (45%)	2	2	84 (100%)

- The average number of those that have “sometimes” or “never” used condoms during sexual relationships.

Frequency	Total % of interviewers	Total # of cases	Males (cases)	Female (cases)	Males (%)	Female s (%)
Sometimes	54	51	38	13	75	25
Never	28	27	17	10	63	37

- The table shows the reasons why they have “never” used condoms.

Reason for not using condoms	Total percentage of interviewers	Total number of cases
I don't like sex with condoms	44	47
I trust my partner	31	33
I feel embarrassed to buy them, I feel embarrassed to ask to my partner	8	-

- Percentage of those having sexual intercourse in exchange of money, drugs, etc.

Total % of interviewers	Total # of cases	Males (%)	Female (%)	Males (cases)	Females (cases)
18	17	94	6	16	1

Health Seeking Behaviors (male and female)

- Places where to get information on HIV or other Sexually Transmitted Diseases (STI).

Place	%	Cases
Media	46	74
Friends, peers	32	52
School	15	24
Family, social and health workers	3	5

- Percentage of those thinking to be at risk for HIV or other STI.

Total % of interviewers	Total # of cases	Males (cases)	Female (cases)	Males (%)	Females (%)
48	45	30	15	67	33

- Percentage of those ever tested for HIV/AIDS.

Test	Total % of interviewers	Total # of cases	Males (cases)	Female (cases)	Males (%)	Females (%)
HIV/AIDS	5	5	4	1	4	1
Hep B	7	7	4	3	4	3
Hep C	2	2	1	1	1	1

- Percentage of those having had a sexually transmitted infection during the last year is 1% that means one case.
- Percentage of those ever having a Sexually Transmitted Infection.

Total % of interviewers	Total # of cases	Males (cases)	Female (cases)	Males (%)	Females (%)
9	8	7	1	88	12

b) Additional Questions in the Questionnaire

Context:

- Mean age of emigration: 17 years old between 9-21 years old
- The table shows the reasons for moving abroad:

Reasons for leaving	Percentage
Economic	51
Tourism	30
Studies	20

- Percentage of those having a residence abroad is 90%

- Persons they live with:

Persons they live with	Percentage
Friends	47
Relatives	31
Family	12
Alone	8

- Level of education:

Level of education	Percentage
Secondary school	46
High school	46
Elementary school	7
No education	1

Risky and protective behaviors:

- Percentage of those having sexual relationships with sex workers

Total percentage	Total cases	Cases of people who had relationships with SW
40	86	34

- Sex frequency with sex workers:

Frequency	Percentage
Once	53
Sometimes	44
Frequently	3

- Percentage of those feeling at risk of drug use abroad: 48% (more 6% + less 48%)
- Analyzing the risk of using drugs abroad:

Risk of using drugs abroad	Percentage
Very	6
Little	48
None	46

Health behaviors and interventions:

- Percentage of those having sought medical assistance abroad for STI/HIV is 5%
- Places where this service is provided:

Place	Percentage	Cases
Hospital	60	3
Private clinic	20	1
Pharmacy	20	1

c) Qualitative Information

1. Context

Migration and movement:

The analysis of survey data indicates that the age of the mobile population range between 9 to 21 years of age, with a mean age of 17 years. From interviews and questionnaires the main reasons for leaving Albania are prospect of economic gains (51%), tourism and studying. The movement of the population (young people) through the border point in Korca region is linked to its geographical position. This movement not only includes young people from Korca but as well from other areas of Albania. Based on the reasons conditioning the movement, the types of movement are as follows:

1. Movement of young people with family and parents.
2. Movement of young people without family for economic reasons.
3. Movement of young people to study or training.
4. Movement of young people for tourism reasons.
5. Transit movement from Greece to Europe or USA (conditioned by the fact of they possess a Schengen visa issued by the Greek Consulate).

The population movement inside Albania and abroad reached its peak in 1997. The opening of the Greek Consulate in Korca in 1998 affected the movement of the region population. The delivery of documents for emigrants in Greece had an important effect on the population movement. The frequency of this community considerably increased and many young people living alone in Greece return frequently in Albania during holiday seasons. Another indicator is the seasonal movement of the population. There are two types of seasonal movements: during the summer for tourism and a movement related to the growing season. In addition to this, it is important to note that the composition of the urban population in Korca has changed with the arrival of considerable number of families from mountain areas. Korca University also attracts a number of young people from rural areas. These new inhabitants are confronted to different lifestyles and norms.

Life conditions:

Quality life, access to electricity and water supply, different public services (health, formal and informal education, media, etc.), the desire for an easier and colorful life also influence the emigration figures. While having a car ten years ago was unthinkable, many Albanians perceive it as a necessity. On the other hand, improvements of life conditions abroad are related to one's personal experience and adoption in the new country.

Political situation:

Another indicator of population movement is the political situation in the country. In 1997 the population movement reached its peak due to the lack of security in the country. We should also mention the massive expulsion operations that Greek government used to undertake repeatedly.

Education:

The education system influences population movement. Data from questionnaires indicate that 20% of the respondents study abroad. This due to many reasons: accesses to scholarships are easier; Western diplomas are recognized almost everywhere. It should be also mention that school is one of the main sources of information on HIV/AIDS and other relevant issues. Approximately 15% of respondents received information on HIV/AIDS and STI in school, although they say information was not adequate.

Media:

Media is the main source of information for young mobile population. 46% of the interviewees reported to have received information from the media through different programs. Interviews underlined the need for special programs in the local media, which would address issues related to HIV/AIDS and other STI.

2. Risky and Protective Behaviors**Knowledge and attitudes:**

The studied group was composed of three sub-groups:

- 1 – Young people emigrating for economic reasons with the prospect to stay for a period of time. The only information source comes from friends and media. During the last ten years young people have absorb Western lifestyle and know where and how to find drugs, a casual partner, or medical services in case of a STI.
- 2 – Young people moving for short periods following the seasons: Since their journey is short, or it may be their first time abroad, they are more likely to be exposed to risks. This group may include: young people traveling as tourists, young people working during summer holidays, young people in transit. Young people traveling abroad for tourism tend to leave their social norms of behaviors behind.
- 3 – Students who have access to information, but tend to engage in risk behaviors as regards to drug use or sexual relationships. Being far from their natural environment and parents attention for the first time might explain their risk and less protective behaviors.

Sexual risky behaviors:

The analysis of survey data indicates that the mean age of first intercourse is 17. The fact that 38% of them have had 2-5 partners during the last year makes us believe that their sexual behavior put them at a risk of contracting HIV/STI. As regards to condom use, 63% of interviewed males had never used them and 75% only used them occasionally. The findings clearly indicate that young people are at great risk for HIV/AIDS and other STI. The reported reasons for non-using condoms, showed that approximately 44% of respondents do not use them because they do not like sex with condoms and 31% trust their partners (always considering relationships with regular partners).

The risk of contracting a STI is higher for subjects who reported to have had sexual intercourse under drug effects (as drugs might inhibit protective behaviors such as using condoms). Young men are more exposed to this risk making more than two thirds of those who reported to have had intercourse under drug effects.

The experiences of young people frequenting brothels have influenced their behaviors regarding condom use (as condoms are obligatory in brothels abroad). For young people traveling abroad as tourists or working in tourist areas, or those studying abroad the greatest risk is related to their tendency of have unprotected sex with casual partners. Most of them find condoms in pharmacies, but condoms are more expensive abroad compared to the prices in Albanian pharmacies. When young people come back to Albania, they feel embarrassed to buy condoms in pharmacy.

Only 21% of young women have had 2-5 partners during the last year, but only 25% of females use condoms. Considering that physiologically women are more predisposed for STI, their unprotected behaviors put them at high risk of HIV/AIDS and STI. The percentage of young women who had sexual intercourses under drug effects is 6% from a total of 27% interviewees. This is related to the fact that drug use is less common among young women who participated in this study.

The health services for young people are limited to family planning centers and specialized services (gynecologist, dermatologists). Interviews with doctors working in those centers showed that young people do not like these services because they want to avoid public eyes and would prefer to go to youth counseling centers. Also many young people are not aware of existing services.

Drug use:

The table below presents the number of drug users in Korca district. Data was provided from AntiDrug Department, Police Directory of the District.

Cities	Total	Drug Type	No. of users
Korca	500		
		Hashish	400
		Cocaine	20
		Heroin	70
		Hashish chocolate	10
Pogradec	300		
		Hashish	260
		Cocaine	20
		Heroin	20
		Hashish chocolate	-
Devoll	400		
		Hashish	355
		Cocaine	-
		Heroin	25
		Hashish chocolate	20

As the table indicates, hashish is the most used drug. Referring to data from focus groups and interviews, the reasons for using this drug are as follows:

- 1- Easier to find
- 2- Less expensive compared to other drugs
- 3- “Considered” as a light drug, similar to the risks associated with tobacco.

The youth social environment conditions the drugs use. In Albania the reasons for drug use are unemployment, curiosity and the lack of entertaining places; while Albanians reported to use drug abroad because of stress or desire to be “trendy”. The places where drugs are mostly consumed are: parks, bars, clubs, and houses. Focus groups indicated that drugs are also used in casinos and during obligatory military service. Korca region is considered as one of the main areas of cannabis production for markets in Greek and other countries. The availability of hashish also stimulates a local market. Recently there have been evidences that cocaine and heroin are available on the market. These drugs are used mainly from rich families criminal networks. For security reasons RAR team did not include this group in the study.

3. Health and Social Consequences

It has been difficult to assess the social-health consequences of risk behaviors during this study due to the general lack of information. Illegal emigrants account for 3/5 of the emigrants, mainly located in Greece. Illegal emigrants do not have fixed residence and duration of their journey varies. Compared with legal emigrants, they do not have equal access to health services. In case of STI, they prefer to return to Albania because they cannot afford the cost of medical services. Drug use in this group is high. This might be explained by the fact that they tend to be more careless because they perceive that they have nothing to lose if they are caught by the police. Some illegal emigrant interviewed during the RAR (40-50%) reported to have a stable job and residence.

4. Interventions

Existing interventions and its perception from the target group:

Family planning center - Aims of this center are:

1. Raising awareness on reproductive health.
2. Providing services related to use of contraceptive means.
3. Preventing unwanted pregnancies.
4. Promoting contraceptive means.

Target group of this center is unlimited in age. Some young people frequent these services. However, many young people (from interviews with the center's doctors) feel shy to go to center. On the other side, only few respondents (average 1%) were aware of the existence of this service.

High school curricula: Young people perceive the information on HIV/AIDS/STI they get at school is insufficient compared to the complexity of HIV/AIDS and STI. Different NGOs such as "Aksion Plus", ASMA/PSI or local organizations such as Youth Club "Equilibrium", have concentrated their work (seminars, round table, etc.) to complement school curricula.

Infectious diseases Doctors: According to these specialists the target group has limited knowledge on where to find STI services. Discussions clearly showed that a very small number of their patients were between 18-22 years.

Public health laboratory: This laboratory performs tests on HIV/AIDS, Hepatitis B, C and syphilis. The tested persons are mainly blood donors whose blood sample is sent to the "Blood Conservation" Department, Korca Hospital, for analysis. The laboratory doctors say that the number of volunteer tests is very low, and that very few young people go for test voluntarily.

Meetings and round tables of NGO-s ("Aksion Plus", Youth Club "EQUILIBRIUM"): The work of these organizations mainly consists on raising awareness of young people through awareness campaigns, distribution of IEC materials, promotion of contraception means. Young people feel comfortable with the staff of these organizations. They consider their work as the primary source of information on HIV/AIDS/STI and substance abuse.

Lack of interventions:

- Lack of information regarding HIV/AIDS and other STI.
 - School
 - Media
 - Different places where the target is grouped (border points, bus stations, different hotels, etc.)
- Lack of information about existing health services (locations in Albania, Greece and Macedonia).
- Lack of a health-consulting center for young people (especially STI). This need is clearly indicated by RAR respondents. They would feel more comfortable to receive counseling and services on STI in centers specialized for young people.

It should be considered that the absence of interventions was highlighted during interviews or focus groups.

SECTION 7: DISCUSSION

One of the main findings of the study is the lack of sources of accurate information. This causes risk behaviors such as non-use of condoms, use of different drugs with social and health consequences mainly deriving from the low access to health services inside and outside Albania especially in case of illegal emigration. Illegal emigrants lack information on where to find health services and HIV/AIDS/STI information and are by far the most vulnerable to HIV/AIDS among young mobile population. The main results of the study identified:

1. Lack of general information among vulnerable young people.
2. Lack of consultative services for young people in Albania. It should be mentioned that most respondents perceive existing interventions as unsatisfactory. Young people prefer to get information directly through youth organizations at youth centers.
3. From the profile of study population, their risky behaviors, and social and health consequences, it can be clearly observed that:
 - a. Young population legally moving:
 - i. Tourists
 - ii. Students
 - iii. Seasonal workers
 - iv. Business
 - b. Young population illegally moving:
 - i. Seasonal workers
 - ii. Guides
 - iii. Drug dealers
 - iv. Cigarette dealers in close villages of Greece

As regards to the geographical characteristics of these profiles, it can be underlined that young mobile population originates from: 1) Young people living in Korca region; and 2) Young people arriving from other Albanian districts (mainly from North).

The most risky sexual or drug use behaviors associated with HIV/AIDS are observed both among illegal and legal emigrants. There are deficiencies regarding the context of the actual policies and programmes for mobile population. Emigrants do not find adequate information or consultancy on health issues. A place where this group is more grouped is the custom zone. At border points there is no doctor to offer quick services.

Some of the fields examined by RAR are:

HIV prevention programs:

These programs are mainly undertaken by different NGO-s involved in HIV and STI prevention. These NGO-s act in the framework of young people education and awareness through seminars, round tables, awareness campaigns, etc. Among these NGO-s “Aksion Plus”, ASMA/PSI and local NGO-s such as Youth Club “EQUILIBRIUM”, could be mentioned. According to respondents, school programs on substance abuse and sexual education are still inadequate even though they are given special hours in school curricula. There is a lack of accurate information; few classes address these subjects due to communication problems between professors and students. These problems are often associated with lack of teachers training.

HIV testing policies:

Although HIV/AIDS test is free and can be done in every city in Albania, it is still considered uncommon. Frequently, during focus groups or interviews, respondents had difficulties answering to the question “Have you ever been tested for HIV or other STI.” Referring to quantitative data of the questionnaire, during the last year only 5% of the interviewees have been tested for HIV, 7% for Hepatitis B and 2% for Hepatitis C. It should be mentioned that illegal emigrants in Greece had to undergo STI testing as part of the legalization process.

SECTION 8: PROPOSED RECOMMENDATIONS

Recommendations at individual level:

1. Development of IEC materials (folders, posters, etc.) with the assistance of different local and national organizations.
2. Location “mapping” of health services in local, national and international level. This intervention should be a priority and engage different local, national and international organizations.

Recommendations at city level:

1. Preparation and implementation of local radio program. The program should provide information on STI, direct or indirect consulting (through radio phone line or letters). Specialized doctors (infectionists, gynecologists and dermatologists) should facilitate the program.
2. Distribution of IEC materials in places where the target stays more, such as hotels, bus stations, schools, etc.
3. Delivery information boxes INFO/BOX in the border points of Korca district (Kapshtica, Qaf Thana). The boxes should contain informing materials on HIV/AIDS/STI, health services in Albania and abroad (Macedonia/Greece).
4. Set up youth network in the Prefecture of Korca. The network should offer information to the other young people. The information will consist in raising awareness about HIV/AIDS/STI substance abuse and existing health services. The composition of the network should include:
 - a. young people emigrating
 - b. young people studying abroad
 - c. students
 - d. secondary school students
 - e. former drug users.
5. Training network members to ensure knowledge on HIV/AIDS/STI and substance abuse.

Recommendations at country level:

1. Distribution of IEC materials in the biggest cities of Albania.
2. Broadcast of a publicity spot in national media aiming at raising awareness of young people and providing location of health services. The spot objective should be to provide information to young people moving or traveling in Albania and abroad.

SECTION 9: BIBLIOGRAPHY

Books

Irena Nikaj. 2001. Sociology.

SECTION 10: APPENDIX

Appendix I	Mega Grid Context Risky and protective behaviors Social and health consequences Interventions
Appendix II	General guide for interviews and focus groups Guide for interviews execution Guide for focus group execution
Appendix III	Example of an empty activity grid

APPENDIX I: MEGA GRID 1

<p>RAR Place: Korca Date: 15 November – 30 December 2001 Assessment area: CONTEXT</p>			
Area and Key Questions	Findings	Data source and validity	Links/Comments
Emigration reasons. Seasonal changes. Frequency.	Emigration reasons are mainly economic, and then study, tourism and medical to a lesser extent. As regards to seasonal trends emigrations follows the growing seasons (summer, fall), students (September and January) tourist (summer). The frequency varies from 3 times per week for those moving for tourism reasons to 1 time per month for students and seasonal workers.	Greek Consulate in Korca. Interview with the Director of Qaf-Thana border point. Interviews and questionnaires.	
Poverty level and unemployment among young people	The Municipality of Korca is registering the poverty level.		
Access to health services. Their reliability. Use of health services.	No young people has gone to health service abroad, except during legalization process for illegal emigrants. There is no health service specially designed for the students in Albania. The situation is more difficult for illegal emigrants. They have no access in health services abroad and if they need them, they should pay twice as much compared to normal tariffs. Respondents do not consider Albania health services as useful or reliable for different reasons. As mentioned above most of respondents have never used the health service in Albania or abroad except in some cases during legalization process for illegal emigrants.	Information from Focus Groups. Interviews and questionnaires.	Confidence in Albanian services (...very expensive and horrible quality, better pay 2-3 times more in Greece than here ... - words of an illegal emigrant in Greece).
Youth social environment. Most preferred activities.	The most favorite activities are concerts, sport competitions, and different language computer courses.	Study of the Youth Club "Equilibrium".	In a larger context these activities are appreciated because easy to access.
Young people employment. Most frequent types.	Young people are mainly employed in bars or restaurants, different shops, while as regards employment abroad there are many service jobs such as construction, pizzeria, painting, gas stations, etc.	Observations data.	

Area and Key Questions	Findings	Data source and validity	Links/Comments
Sources and level of information for young people.	Media and friends are the two main sources where the young people receive their information.	Data from focus groups and interviews.	
Different profiles of mobile population.	<p>The profile of tourists is mainly characterized by these parameters:</p> <ol style="list-style-type: none"> 1. Short journey. 2. Frequent bars and different expensive places where drugs may be available or potential sexual intercourse. 3. Large tendency to have a “trendy” behavior. <p>The profile of an emigrant traveling abroad for economic reasons:</p> <ol style="list-style-type: none"> 1. 1-6 month journey 2. Fixed daily routine (work, home, frequenting bars and different places) 3. Well informed regarding drug supply or sex workers 4. Regular frequency of sexual activity (mainly 1/week plus casual relationships in bars or discos). <p>The profile of a student:</p> <ol style="list-style-type: none"> 1. Is mainly considered as the group with less risky behaviors due to the fact that their financial sources come from family. If they need more money they work. 2. Full access in health services. 3. Mainly they do not frequent brothels, they are sexually active with their peers. <p><i>A short story ... “ ... That day two friends of mine came home and asked me to dress up because we were going to Velesht, 15 km from Tushemisht border point. In fact, it was not the first time I was going there, but anyway was concerned because there were no condoms in sale there. I asked my friends if they had been provided any and he answered with an ironic smile. Without too long I jumped in the car and after 30 minutes we reached the “Tales Place ” (the name most of young people use for Velesht). We entered in the bar and booked rooms, then had a coffee to choose with whom we would spend the night. At the bar 7 girls and a man- the “protector” were seated. We could not wait, so we came closer to those innocent creatures and decided about the “prices” with the protector. After that we started to drink alcohol and dance and then went to our rooms... I asked my partner if she had condoms and she answered with a smile ... you don’t need them ... under alcohol effect the night went on and I was concerned if maybe I had caught any disease. When I turned back to Pogradec I went to the laboratory for analyses. Fortunately I had nothing ... ”</i></p>	Interviews with key informants. Interviews with director of border points.	Lately, young people movements for tourism reasons have increased compared to 2 years ago, especially movements to Macedonia due to the special ID of Pogradec citizens.

MEGA GRID 2

RAR Place: Korca Date: 15 November – 30 December 2001 Assessment area: Social and health consequences			
Area and Key Questions	Findings	Data source and validity	Links/Comments
Prevalence of HIV/HepB/HepC/Tuberculosis			
Tendency of using different drugs or two drugs simultaneously	Referring to quantitative data of the questionnaire, there are a small number of users using 2 drugs simultaneously.	Interviews, qualitative data of questionnaires.	Since hashish use presents a “small” risk, young people are aware that the use of 2 drugs simultaneously is risky. In these cases the second drug was alcohol.
Influence of the social and physical environment on the risky or protective behaviors	<p>Use of condoms There are three kinds of situations:</p> <ol style="list-style-type: none"> 1. Young people who frequent brothels 2. Young people who have casual partners 3. Young people who have regular relationships with regular partners. <p>1) The young people are obliged to use condoms and not be under drug effects due to the law existence in brothels. 2) There is no clear determination to use condoms with these kinds of partners. Indistinctly 3 kinds of behaviors may be specified, first, the condom is used because respondents have asked for, second, the condom was not used because respondent paid more and third condoms were used because the partner asked for it, which happen in very rare occasions.3) In relationships with regular partners respondents do not use condoms for many reasons, such as: trust, embarrassed to ask the partner to use it, do not like sex with condoms.</p> <p>Drug use Some of the most used drugs are hashish (marihuana) and hashish chocolate. This because they are easier to find and less expensive. The main reasons for using drugs are curiosity, peer’s influence, stress, lack of entertainment places in the cities, unemployment, etc. Law enforcement directly or indirectly influences on drug use. Interviews also indicated that drug use starts during military service.</p>	Interviews, focus groups, qualitative data from the questionnaires.	The environmental changes strongly influence young people behavior. Abroad young people feel free for two reasons, first they are far from family tutelage and second and more important, they have their financial independence. Thus, they feel free to frequent different bars or discos, brothels, etc.
Sensibility toward risk.	Referring to qualitative data from questionnaires, focus groups and interviews, respondents feel at risk of STI because they lack adequate information. As regards to drug use, they feel at risk because of poor social and stressful environment.	Interviews, focus groups, qualitative data from the questionnaires.	One of the reasons for using drugs is stress. Meanwhile young people consider important to increase their knowledge level of information about STI in schools, media, magazines, etc.

MEGA GRID 3

RAR Place:	Korea
Date:	15 November – 30 December 2001
Assessment area:	Risky and protective behaviors

Area and Key Questions	Findings	Data source and validity	Links/Comments
<p>Drug use. Reasons for use: Place/ Situation Type</p>	<p>The most used drugs are alcohol, cannabis (hashish, hashish chocolate, marihuana) followed by other drugs such as ecstasy (more used by young people traveling abroad as tourists), heroin and cocaine.</p> <p>The places where drugs are used are mainly: streets, parks, party, casinos, and obligatory military service.</p> <p>Some of reasons for drug use are: stress, unemployment, lack of entertainment places, curiosity and feeling to be “trendy”.</p>	<p>Triangulation with focus groups, interviews and information from the anti-drug department.</p>	<p>Poor law enforcement against drug use has caused the daily increase of the phenomenon. Also, cannabis is easily accessible and affordable.</p>
<p>Condom use Reasons for not using Situations when used</p>	<p>There are three kinds of situations:</p> <ol style="list-style-type: none"> 1. Young people abroad: <ol style="list-style-type: none"> a. Young people have relationships in brothels abroad (condoms must be used in brothels) b. Young people have relationships with casual partners (bars, streets, beaches, etc.). In this situation, most respondents do not use condom (depending on <i>emotional situation</i>). 2. Young people in Albania who have relationships with regular partners and trust their partners or fell shy to ask it to the partner. 3. Tendency of having casual relationships with foreign partners is clearly observed (for young people working in tourist zones) 	<p>Triangulation with qualitative data of the questionnaire, focus groups, and interviews.</p>	<p>Regarding situations with casual partners, many respondents answered that they were mainly under alcohol or other drugs effect, due to the fact that this kinds of relationships mostly start in bars and discos where drug are easily accessible.</p>
<p>Sexual activity Casual partners and tendency of having relationships with them. Frequency</p>	<p>Young people tend to be sexually active while abroad because 1) They feel liberated from their environment of origin. 2) Relationships with casual foreign partners or sex workers are easier. This tendency is mainly observed among young people working in tourist areas in Greece, massively frequented by foreigners.</p>	<p>Triangulation with focus groups, interviews, qualitative and quantitative data of the questionnaire.</p>	

MEGA GRID 4

Existing interventions and their coverage

Type of interventions	Extension and locality	Objectives, activity and target	Data validity	Comments
Family planning centre.	Korca	Awareness on reproductive health. Consultancy on the use of contraceptive means. Prevention of unwanted pregnancies. Promotion of contraceptive means. The target is unlimited in age. A small part of the age-group 10-24 years frequents the centre services.	Interview with the doctor at the center.	The centre is more frequented by couples than by young people.
Scholar programs (curricula) in secondary schools.	A program addressing those issues was introduced in curriculum of all the schools in Korca after nineties.	Offering information to the students on these problems. Lack of strategies for the future in this field.	Outcomes of the existing information, interviews and focus groups.	The information is inadequate. Is developed in a small number of classes due to the teaching difficulties. The method is ineffective.
Infectious diseases doctors.	Korca (hospital and polyclinic).	Offering services to different patients. No defined target.	Existing information.	Young people mostly have no information on where to go for an examination or treatment by these doctors.
Public health laboratory.	Korca	Test for HIV/AIDS, Hepatitis B, C and syphilis. Target unspecified in age.	Interview with the responsible doctor in this institution.	Blood donors mainly do the test. The RAR respondents (most) do not know the existence of this laboratory.
Meetings and round tables of NGO "Aksion Plus".	Korca	Aware the young people on drug uses and STI risk. Offer adequate information to the young people on these diseases. The secondary school students and those not frequenting the schools was the organization target.	Existing information, interview with the chairman of the organization "Aksion Plus", Tirana, Genc Mucollari.	These activities are mainly organized although not frequently in high schools and University. According to the assessment the target group was satisfied with the information received and was interested to get more.

Needs and necessary sources for the intervention development

Type of necessary interventions	Reason	Necessary sources	Data validity	Comments
Preparation of informative materials.	Lack of information about risky behaviours.	Materials prepared by specialists, materials from different organizations such as "Aksion Plus" are useful.	The main outcome of the fieldwork was that young people lack information on HIV/AIDS and other STI.	These materials should contain information on HIV/AIDS, other STI and their prevention, drug use, mapping of the services in local, national and international level (Greece-Macedonia), phone numbers and names of hospitals and doctors directly linked to these services, etc. These materials should also be distributed in bus stations, hotels frequented by emigrants from other districts.
Program in the local radio.	Media is one of the main sources for young people in general.	A specialised doctor on STI. Different materials (see above).	Media is one of the main sources where young people may find the information.	The program should last approx. 1 hour. There should be phone calls on air, a mailbox for those unable to call, to express their problems through letters. Further, the doctor should give advices during programme. Emigrants from other districts who might be in Korca may follow the program.
Publicity spot in the national radio.	Taking into account that Korca is the location of many emigrants; they will have the chance of listening the spot during travel journey in Albania.	Media specialist to prepare the spot.	Media is one of the main sources where young people may find information.	The spot should be broadcasted on "Top Albania Radio" for a defined period of time depending on the intervention funds. This radio station can be captured in Border cities of Macedonia and Greece.
Placing info-boxes and posters in the border points of Kapshtica and Qaf-Thana.	The main movements mainly start from these border points.	1-2 persons should take care for the frequent supply of the boxes. Materials prepared by area specialists, materials by different organizations such as "Aksion Plus".	Information provided by interviews with the Border Director Police in the District of Korca.	The boxes should be placed in a visible place for emigrants.
Including information leaflet to a travel ticket.	Constitutes a large bus travelling contingent directed to Greece and Macedonia.	Materials prepared by area specialists, materials by different organizations such as "Aksion Plus", aiming the efficiency.	Informal observation.	It may be mentioned that illegal emigrants enter in Greece with false documents prepared by different persons in Korca or elsewhere.
Condom sale in the Albanian Duty Free Shop.	The emigrants frequently stop for buying things.	Partnership with organizations promoting condom use (Aksion Plus, NESMARK or ASMA/PSD). People dealing with leaflets supply for info-boxes may also supply condoms.	Young people have no place where to buy condoms or take information observations in two border points.	Taking into account that condoms are not used due to their high price in Greece or Macedonia, the intervention should consist in distributing affordable condoms.
Set up a consulting centre for young people in general and emigrants especially.	There is no centre offering information and consultations about STI and substance abuse. Furthermore, raising awareness about the problem will increase demand for detailed information on STI and services in this field.	Specialist doctors, peer educators, centres, etc.	Outcome from focus groups and interviews.	Creates a large interest, but in the same time needs for a detailed plan.

APPENDIX II: INTERVIEW GUIDE

Issues and questions

Emigration reasons

Economic, tourism, other

Type of behavior in Albania and abroad

Tendency for drug use.
Access in health services.

Use of different drugs, sexual behaviors

(Tendencies to have casual relationships with foreigners)

Influence of the social and physical environment

(Compare social and physical environments between countries)

Information

1. Information sources
2. Level, quality, quantity
3. Should be improved, where?

Condom use

1. Where do they find condoms? (Partner, pharmacy, friends, agency or automat)
2. Easiness to find condoms.

Drug use

1. Percentage of drug use among young people, why?
2. The most used drugs, why?
3. Does the social or physical environment influence? (Unemployment, lack of entertainment places, law enforcement, friends, etc.)

Context assessment Guide

Structural context at local and national level

Profile of the population changes: migration; dislocation; low education level; family composition; raise of divorces; natural catastrophes; life standard; food; electricity and water supply; immunization; religion influence; violation of human rights; legal problems; organized crime; drug and women trafficking; smuggling of arms.

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Questions

How do these factors influence life conditions (increase or decrease risk associated with HIV/AIDS)?

Geographic extension of diseases, influence of these diseases on the population.

Consider how these factors influence drug use or sexual behaviors.

(general description of drug use in Korca, types, extension, tendency).

Risky behaviors

Which are risky behaviors?

When and where do they appear?

Differences or distinctions among different social groups.

Key questions

Why do Albanian males use condoms: to prevent unwanted pregnancies; to prevent STI; or both?

Which factors increase or decrease the risks? (Brothels in Greece do not allow sex without condoms)

How do different social groups perceive risk behaviors?

The influence of authorities to solve the problems

Media influence.

Political and economic situation.

Legal framework and law enforcement.

Supposed possibilities of interventions

(Establishing a health center at the border)

(Establishing a counseling center at the border)

Efficient methods to achieve the above:

- Meetings
- Summaries
- Comparison of the existing information

Cultural and social context

What are the social and behavior norms and social factors influencing protective or risk behaviors.

Key elements

Drug use norms.

Sexual or cultural norms.

Practices of different groups.

Examples: Is casual sex common or not?; Is it common for a girl to have 2 partners at the same time?;

What places (brothel or club) influence on drug use and sex and how?; Where do young people have sex?

Key questions about social and cultural context

Which are the local norms for drug use?

How do they influence on mobile population?

How perception differ in different groups)

What is the norm for hashish use?

Is it common to use hashish in parties and is associated with casual sex)

Are young people using condoms or not?

Key elements defining the norms

What are opinions regarding virginity or when do they have sex for the first time?

What is the norm for pre-matrimonial sexual relationships?

Mono-polygamist relationships

Hetero/homosexual relationships

Pregnancy and condom use (different groups have different norms, for example condom is accepted in a casual relationship, but refused in a long-term relationship, marriage)

Condom use with sex workers

How do social environments influence on these norms

Type of sexual relationships (long-term or casual relationships)

Behavior types of the mobile population

Regarding drugs, sex.

Social environment.

Guide to execute a Focus Group

Issues to be discussed: Emigration reasons; Condom use.

Reasons for use/non use.

Situation when used (with which partners, when in general, etc.)

Why is condom used with casual partners?

Price influence.

Health services

How would you rate the quality services?

Differences in health services depending on the status (legal/illegal)

Drug use

Drug types.

Frequency

Is sex performed under drug effects?

* profiling the questions depending on the emigration reasons

APPENDIX III: Activity grid

Method used for data collection: _____

Realization place: _____

Participation: _____

Date: _____

Issues	Words, phrases, frequent themes	Memo