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Youth and AIDS – A Study of Attitudes, Knowledge, Behavior and Risks in the Post-War Croatia

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A B S T R A C T

According to the latest reports, the Eastern Europe currently exhibits the greatest relative increase in the number of newly registered HIV infections in the world. At the same time, Central Europe remains relatively spared from the epidemic, with reported rates significantly lower than those in both Eastern and Western Europe. Croatia geographically affiliates to Central Europe, but it has two specific potential risk factors in comparison to neighboring countries: recent War events and a summer season when immigration of large number of tourists from Central and Eastern Europe is expected. Therefore, it is critical to examine AIDS attitudes in young people, increase their knowledge, monitor their behavior and warn on risks in order to prevent larger spread of epidemics from Eastern Europe to Croatia. In this study, we report on a large related survey and education program among 17-year-old high school pupils that was conducted in years immediately following the War (1996–1999).

Key words: *AIDS, youth, risks, attitudes, Croatia*

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Introduction

According to the latest reports, the Eastern Europe currently exhibits the greatest relative increase in the number of newly registered HIV infections in the world[1–3]. At the same time, Central Europe remains relatively spared from the epidemic, with reported rates significantly lower than those in both Eastern and Western Europe[4–6]. In the Eastern Europe, the number of newly diagnosed HIV infections increased from 233 cases in 1994 to nearly 100,000 reported in 2001, representing 348.8 cases per million population[5]. The corresponding figure in western Europe is much lower, 22.8 cases per million population. In Central Europe the situation is even better, with less than 6 cases per million per year[5]. The countries worst hit, with rates over 100 cases per million population, were Estonia, Latvia, the Russian Federation and Ukraine. The majority of these infections were diagnosed among intravenous drug users (89%), males (78%) and young people (82% under 30 years)[5,7,8].

Although situation is worsening for much of the region, there are very few quality epidemiological surveillance and risk reduction programs in the region that aim to control the epidemics[9–12]. Thus, any information on the dynamics from the region during this period of spread of the epidemic is useful. In Croatia, the country that geographically affiliates to Central Europe, HIV/AIDS is still uncommon[13,14]. In the period from 1986 to 2000, 171 patients with AIDS have been reported yielding the incidence of about 4 cases per million population[13]. However, our country has two specific potential risk factors in comparison to neighboring countries: recent war events and summer season when immigration of large number of tourists from Central and Eastern Europe is expected. Therefore, it is critical to examine AIDS attitudes in young people, increase their knowledge, monitor their behaviour and warn on risks in order to prevent larger spread of epidemics from Eastern Europe to Croatia[15–17]. In this study, we report on a large related survey and education program among 17 year-old high school pupils that was conducted in years immediately following the War (1996–1999) as a part of multinational investigation in six countries of Central and Eastern Europe[18].

Examinees and Methods

Background

The research project »Youth and AIDS« began in 1996 as a multinational effort of six countries of Central and Eastern Europe and it was partly supported by the Open Society Institute. Its primary objective was to evaluate knowledge, attitudes and behaviors regarding AIDS among youth in this region. The investigation was designed as a simultaneous and coordinated survey among 17-year old high -school students in Bulgaria, Croatia, Czech Republic, Poland, Slovakia and Slovenia. In each country, a sample of 1,000 high-school students from several cities was taken (big cities being the good predictor of future social trends). A detailed questionnaire was standardized among 6 countries and passed on to students who filled it anonymously. The results in each country were summarized in National Report in 1999[18].

Sample design

The sample size was agreed to be about 1,000 examinees in each country. They needed to be chosen from high school 3rd-grade students. According to the Ministry of Education and Culture of the Republic of Croatia, Zagreb and its surroundings harbor six types of high schools. Those are seventeen general gymnasiums, thirty-seven specialized high schools, four private gymnasiums, one high school

for handicapped children, four high schools for musicians and/or artists and three suburban high schools that are combination of general gymnasium and specialized high schools. To obtain standardized approach in all 6 countries, several high schools had to be excluded from the sampling procedure.

The number of students per class is approximately 30 in first two types of high schools, as suggested by law. Those schools were suitable for the study. Among specialized high schools, two Catholic high schools were excluded as a number of questions would be considered inappropriate. Among four new private gymnasiums, two did not have the 3rd grade yet or the number of students was too small to be regarded as a »class«. Due to the latter reason, all four high schools for musicians and/or artists were also excluded from the study. From apparent reasons, we decided to also exclude high school for handicapped children. We were left with 52 high schools – 17 gymnasiums and 35 specialized schools.

The 3rd grade population of general gymnasiums in Zagreb in 1996 was 3,494 students (28.3%), while the 3rd grade population of specialized high schools was 8,853 students (71.7%). This yielded 283 students to be recruited from gymnasiums, and 717 from specialized high schools. Those numbers, divided by 30 (average class size), equaled to 9 gymnasium classes and 24 specialized high school classes. Among gymnasiums there were 100 classes (35 students per class on average), and we needed to select 9 of them (sampling fraction of 9/100 or approximately 1 in 11, see Table 1). Similarly, among specialized high schools there were 277 classes (32 students per class on average), and we needed to select 24 of them. Sampling fraction was therefore 24/277 or approximately 1 in 11.5 (see Table 2).

TABLE 1
GYMNASIUM CLASSES SELECTED FOR THE SAMPLE

Gymnasium	Classes										
Gymnasium I	a	b	c	d							
Gymnasium II	a	b	c	d	e	f	g	h			
Gymnasium III	a	b	c	d	e	f	g	h			
Gymnasium IV	a	b	c	d							
Gymnasium V	a	b	c	d	e	f					
Old Town Gymnasium	a	b	c	d	e	f	g				
Gymnasium VII	a	b	c	d	e	f					
Gymnasium »T. Brezovački«	a	b	c	d	e						
Gymnasium IX	a	b	c	d	e						
Gymnasium X	a	b	c	d	e	f	g	h	i	j	k
Gymnasium XI	a	b	c	d							
Gymnasium XII	a	b	c	d							
Gymnasium XIII	a	b	c	d							
Classic gymnasium	a	b	c	d							
Gymnasium XV	a	b	c	d	e	f	g	h	i	j	k
Gymnasium XVI	a	b	c	d	e						
Gymnasium XVII	a	b	c	d							

TABLE 2
SPECIALIZED HIGH SCHOOL CLASSES SELECTED FOR THE SAMPLE

Specialized high school for:	Classes											
Technics I	a	b	c	d	e	f	g	h	i	j	k	
Technics »Ruđer Bošković«	a	b	c	d	e	f	g	h	i	j	k	l
Technics – construction	a	b	c	d	e	f	g					
Technics – geodesy	a	b										
Technics – engineering I	a	b	c	d								
Technics – engineering II	a	b	c									
Technics – electronics	a	b	c	d	e	f	g					
Technics – electric engineering	a	b	c	d	e							
Industrial engineering	a	b	c	d	e	f	g	h	i			
Handicraft – personal services	a	b	c	d	e	f	g	h	i	j	k	l
	m	n										
Handicraft – electric engineering	a	b	c	d	e	f	g	h	i	j	k	l
	m	n	o	p	r	s	t					
Handicraft – industry	a	b	c	d	e	f						
Installations	a	b	c	d	e							
Carpenters	a	b	c	d	e	f	g	h				
Agriculture	a	b	c	d	e	f	g					
Communications	a	b	c	d	e	f						
Road traffic	a	b	c	d	e	f	g	h	i			
Railroad traffic	a	b	c	d	e	f	g	h				
Chemistry and geology	a	b	c	d	e	f	g	h				
Food technology	a	b	c	d	e	f	g					
Graphic design	a	b	c	d	e	f	g	h	i			
Sports	a	b										
Economy I	a	b	c	d	e	f	g	h				
Economy II	a	b	c	d	e	f						
Economy III	a	b	c	d	e	f	g	h	i	j		
Trade	a	b	c	d	e	f	g	h	i	j	k	l
	m	n	o	p	r	s	t	u	v	z		
Textile design	a	b	c	d	e	f	g	h	i	j	k	l
	m											
Fine arts and design	a	b	c	d	e							
Tourism	a	b	c	d	e	f	g	h	i	j	k	l
	m	n	o	p	r	s						
Administration and bureau	a	b	c	d	e	f	g	h				
Veterinary science	a	b	c									
Nurses I	a	b	c	d								
Nurses II	a	b	c	d								
Nurses III	a	b										
Health care	a	b	c	d	e	f						

The survey, undertaken by a number of surveyors from the Institute for Anthropological research, the School of Public Health and the staff from several general hospitals and public health institutes in Croatia, took place between 1996 and 1998.

Methods of data analysis

After the completion of questionnaires, the data were entered into specifically designed computer database file. After transcription, the database was transferred into SPSS statistical software package, where results were evaluated. The evaluation consisted mainly of descriptive statistics (frequencies, mean values, maximums and minimums (range) and standard deviations) for certain analyzed variables. When the impact of certain variable on other variables was of special interest, cross-tabulations of variables were performed. In all cases, the significance of difference between the distribution of variables was estimated using Fisher's chi-square test or Student's t-test for independent samples.

Results

Basic information

Due to missed attendance of some students at the day of the survey in their class, the final Croatian sample consisted of 955 examinees aged 16–18 (the large majority being 17 years of age). Male students formed 42.4% of the total sample, and females the remaining 57.6%. Father's and mother's education degree included some college education in 58% and 48%, respectively. Elementary school or lower was recorded in 12% and 14%, respectively. A total of 62% of examinees attended church on regular basis, while nearly 70% felt religious. The large majority of pupils lived with parents (88%). About 70% attended 4-year vocational schools and 30% 4-year gymnasiums.

Attitudes

Males were significantly more frequently allowed to have a partner stay overnight, especially in 4-year vocational school (Table 3). Significantly more males in both types of school would have liked to have a partner stay. Females were more likely to have to ask parents to go out. They also had to tell parents who are they going with or return home at fixed hours more frequently than their male counterparts (Table 4). Expectedly, their parents seemed to be more liberal in towns than in suburbs or villages.

Table 5 reveals the respondents' opinion on who should cover the expenses for treatment of certain groups of HIV-infected persons by gender, which is a proxy for assigned guilt. For homosexual men, most of the students believe that they and their families should cover expenses. However, promiscuous men and women fare even worse on that question. Female

TABLE 3
EXPERIENCE AND ATTITUDE TOWARDS HAVING A PARTNER STAY OVERNIGHT BY TYPE OF SCHOOL AND GENDER

	4-year vocational school		4-year gymnasiums	
	Males	Females	Males	Females
Allowed to have a partner stay	63.5%	10.1%	44.7%	12.6%
Have had a partner stay	27.0%	18.2%	24.1%	13.7%
Wish to have a partner stay	70.0%	53.3%	84.7%	67.8%

TABLE 4
FREEDOM TO GO OUT BY PLACE OF RESIDENCE AND GENDER

	Towns		Suburbs		Villages	
	Males	Females	Males	Females	Males	Females
Must ask parents to go out	53.8%	69.6%	67.6%	81.2%	63.3%	78.9%
Must tell parents who are they going with	35.9%	66.0%	45.2%	76.1%	44.8%	74.2%
Must return home at fixed hours						
– on week days	57.4%	72.7%	69.2%	85.3%	64.3%	79.2%
– on weekends	37.2%	69.1%	39.1%	67.3%	38.1%	67.8%

TABLE 5
RESPONDENTS' OPINION ON WHO SHOULD COVER EXPENSES ON TREATMENT OF CERTAIN GROUPS OF HIV-INFECTED PERSONS BY GENDER

	They and their families		The government		Charity organisations	
	Males	Females	Males	Females	Males	Females
Drug users	46.7%	50.1%	34.3%	30.6%	19.0%	19.3%
Homosexual men	62.0%	60.3%	29.5%	24.2%	8.5%	15.5%
Hemophiliacs	16.1%	12.0%	72.0%	70.6%	11.9%	17.4%
Promiscuous men	72.3%	77.1%	26.3%	14.8%	1.4%	8.1%
Female prostitutes	56.4%	58.2%	29.4%	25.1%	14.2%	16.7%
Promiscuous females	70.1%	76.1%	22.4%	18.6%	7.5%	5.3%
Children of infected mothers	8.4%	13.5%	79.0%	76.4%	12.6%	10.1%
Female prostitutes' clients	74.1%	79.6%	18.3%	15.2%	7.6%	5.2%
Partners of infected persons	43.4%	54.1%	38.9%	33.3%	17.7%	12.6%

prostitutes are considered »better« than the homosexual men. The students showed most compassion for children whose mothers were infected and for hemophiliacs. It appears that the general determination of students' compassion and understanding towards is related to age and place in society – someone who could be of their own age, such as drug users, fares better than someone adult. Very low percentage of students chose charity organizations as the source of payment, possibly due to their own disillusionment in the efficacy of such organizations during the War period in Croatia.

Knowledge

Table 6 shows the recognition of correct answers for a number of proposed AIDS-related statements among the examinees. The overwhelming majority of the students recognize that *one can be infected by HIV without looking ill* and that *one can be infected with HIV for years before becoming ill*.

Behavior

Table 7 shows dating and sexual experience by gender. Over 90% of the examinees have already kissed and about 90% have been in love. Sex-related differ-

TABLE 6
RESPONDENTS WHO AGREED WITH CERTAIN HIV AND AIDS-RELATED STATEMENTS

	Males	Females
One can be infected by HIV and do not look ill	96.0%	96.7%
One can be infected with HIV for years before becoming ill	97.4%	97.6%
AIDS cannot be cured	70.1%	82.3%
One can have a positive HIV test and not have AIDS	84.1%	82.5%
Infection with HIV can be ascertained immediately	33.5%	29.6%

TABLE 7
DATING AND SEXUAL EXPERIENCE AND GENDER

Sexual experience	Males		Females	
	%	Mean age (years)	%	Mean age (years)
I have already kissed	91.3%	12.8	90.5%	13.7
I have been in love	89.6%	13.2	93.0%	13.9
I have had a date	92.6%	13.0	94.4%	14.2
I have had a steady partner	66.3%	13.4	74.7%	14.8
I have petted with a partner of opposite sex	52.6%	14.3	56.3%	15.5
I have petted with a partner of same sex	4.8%	14.5	22.3%	14.6
I have had sexual intercourse	27.1%	15.1	25.3%	15.9
I have already menstruated	---	---	99.4%	12.75

ences were noted in slightly more females having had a steady partner, and as many as 22.3% females petting with a partner of same sex in comparison to 4.8% males.

Table 8 shows that 40% of males and almost as many females with a steady partner have also kissed with someone else. About 7% of males and 4% of females had sex with someone else, and it was usually an isolated event.

Table 9 shows the locations of first sexual intercourse among experienced responders by gender. Among males, the most frequent location was own home

TABLE 8
PROPORTION OF RESPONDENTS WHO WERE UNFAITHFUL TO THEIR STEADY PARTNER BY KISSING, PETTING OR HAVING SEXUAL INTERCOURSE WITH ONE OR MORE OTHER PARTNERS

	Males (yes answer)				Females (yes answer)			
	With how many partners?				With how many partners?			
	%	One	Two	More	%	One	Two	More
Kissing	40.2%	33%	36%	31%	37.6%	66%	17%	17%
Petting	12.3%	52%	21%	27%	15.1%	67%	14%	19%
Intercourse	6.5%	61%	19%	20%	3.8%	63%	19%	18%

TABLE 9
LOCATION OF FIRST SEXUAL INTERCOURSE BY GENDER

	Males	Females
At my home	35.1%	17.5%
At partner's home	29.1%	45.3%
At friend's place	18.6%	14.8%
Outside	31.2%	17.6%
In a car	3.2%	8.3%
Elsewhere	13.2%	13.6%

(35.1%), followed by *outside* (31.2%) and partner's home (29.1%). Among females, the most common location was partner's home (45.3%).

Table 10 reveals the circumstances of first sexual intercourse by sexual experience and gender. In comparison to their female counterparts, experienced males claimed more frequently that they were very excited and that it was nice for both of partners; they less frequently planned the intercourse ahead and less frequently feared pregnancy. Sexually inexperienced responders were much more likely to expect planning the first intercourse ahead, taking time and being very excited, and less likely to expect smoking cigarettes, being drunk or taking tablets in comparison to the actual experiences of their peers.

Table 11 shows similar results as the previous table. Among the reasons for having first sexual intercourse, the element of mutual love is less pronounced among experienced responders, while the element of *wanting to get over with it* was more pronounced.

Table 12 shows the use of contraception among the examinees according to gender and sexual experience. Although 22% inexperienced males and 42% inexperienced females plan to use hormonal contraception during their first intercourse, less than 5% of experienced students did so at the time of their first in-

TABLE 10
CIRCUMSTANCES OF FIRST SEXUAL INTERCOURSE BY SEXUAL EXPERIENCE AND GENDER

Circumstances of first sexual intercourse	Sexually experienced responders		Sexually inexperienced responders	
	Males	Females	Males	Females
We planned it ahead	32.4%	41.0%	59.6%	54.2%
It happened unexpectedly	64.3%	54.7%	50.3%	46.2%
We were afraid of doing wrong	30.6%	36.0%	30.3%	48.6%
We smoked cigarettes	46.2%	36.6%	10.1%	7.6%
We drank alcohol	36.5%	18.3%	23.1%	16.4%
We were drunk	13.2%	11.6%	3.2%	0.6%
We smoked hashish	8.0%	8.2%	3.4%	3.0%
We took some tablets	3.0%	3.2%	0.3%	2.4%
We took our time	58.2%	54.3%	93.2%	96.5%
We were very excited	80.6%	63.1%	98.6%	94.3%
It was nice for both of us	89.1%	71.6%	97.5%	99.2%
We were in love	75.3%	65.9%	96.3%	100.0%
We were not very close	3.6%	2.4%	4.3%	0.6%
We were afraid of interruptions	20.8%	29.0%	20.3%	21.6%
We feared pregnancy	30.3%	48.3%	40.2%	47.3%

TABLE 11
REASONS FOR HAVING FIRST SEXUAL INTERCOURSE BY SEXUAL EXPERIENCE AND GENDER

Reasons for having first sexual intercourse	Sexually experienced responders		Sexually inexperienced responders	
	Males	Females	Males	Females
I loved my partner	39.6%	49.3%	57.3%	71.5%
I wished for it very much	72.3%	62.8%	80.6%	85.2%
It just happened	23.1%	21.7%	18.5%	19.5%
I was curious	23.6%	35.0%	16.3%	11.7%
My partner wanted it very much	38.2%	30.1%	34.2%	44.3%
I wanted to get over with it	24.2%	20.9%	9.4%	5.8%
I was just the right age for it	9.1%	5.2%	8.5%	11.3%
My friends have done it too	6.3%	1.8%	3.8%	3.2%
I wanted to become a real man/women	7.3%	5.1%	4.6%	3.6%
I was under influence of drugs/alcohol	6.2%	3.0%	2.8%	1.8%
My partner would have left me	0.0%	0.0%	0.5%	0.9%
Partner forced me	0.0%	0.0%	1.0%	1.0%

TABLE 12
CONTRACEPTIVE USE BY GENDER AND SEXUAL EXPERIENCE

Contraceptives used	Sexually experienced responders						Sexually inexperienced respondents	
	First intercourse		Last intercourse		At least once		Hypothetical first intercourse	
	Males	Females	Males	Females	Males	Females	Males	Females
Hormonal pills	4.8%	4.2%	4.0%	10.5%	8.6%	14.4%	22.3%	42.1%
Condom	70.8%	70.4%	73.2%	62.0%	87.9%	81.8%	86.5%	92.3%
Foam, gel, cream	3.9%	3.5%	1.5%	2.3%	3.1%	2.7%	7.0%	5.1%
Washing sponge, rinsing	0.6%	0.2%	22.1%	21.5%	0.0%	0.0%	1.4%	0.9%
Diaphragm	7.5%	11.3%	8.1%	12.4%	9.3%	15.6%	28.6%	16.4%
Coil	3.2%	3.2%	8.9%	17.1%	16.3%	26.6%	8.5%	6.8%
Calendar method	0.0%	0.0%	0.0%	0.0%	2.0%	1.8%	0.5%	0.1%
Coitus interruptus	5.0%	9.0%	9.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other devices	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%

tercourse. However, there is a very optimistic result regarding the use of condoms: about 90% of inexperienced males and females plan to use it, while as many as 71% males and 65% females have used it at the time of first intercourse.

Risks

Table 13 shows the examinees' assessment of the level of HIV transmission risk involved in several proposed situations. Almost all of them are certain about high risk of sharing a needle with a

TABLE 13
ASSESSMENT OF THE LEVEL OF HIV TRANSMISSION RISK INVOLVED IN THE FOLLOWING SITUATIONS

	High risk		Low risk		Practically no risk	
	Males	Females	Males	Females	Males	Females
Sharing needles with a HIV-positive drug user	96.0%	97.8%	2.3%	1.3%	1.7%	0.9%
Intercourse with infected person without using a condom	96.0%	97.0%	2.1%	2.1%	1.9%	0.9%
Bandaging bleeding wounds of a HIV-infected person	32.3%	37.4%	46.3%	42.8%	21.4%	19.8%
Petting with an infected partner	21.2%	26.8%	44.0%	45.3%	34.8%	27.9%
Looking after a person with AIDS	8.9%	12.1%	48.9%	48.1%	42.2%	39.8%
Seeing a dentist who has seen an infected patient before	24.3%	28.1%	46.0%	50.2%	29.7%	21.7%
Sexual intercourse with an infected partner using a condom	24.0%	24.6%	65.1%	65.9%	10.9%	9.5%
Living with an infected family member for a longer period of time	15.0%	15.8%	46.3%	42.0%	38.7%	42.2%
Passionate French kiss with infected partner	10.0%	10.4%	48.7%	51.2%	41.3%	38.4%
Sharing a glass with HIV-infected person	6.5%	6.3%	37.9%	33.8%	55.6%	59.9%
Swimming in the same pool with HIV-infected person	10.0%	11.1%	46.0%	44.1%	44.0%	44.8%

HIV-positive user and having a sexual intercourse with infected person without using a condom. However, the congruence of the answers is lost regarding the situation of bandaging bleeding wounds, petting with or looking after an infected person. The answers to the remaining questions also imply that there are still many controversies in opinions on risk situations regarding AIDS transmission.

Discussion

The Croatian national study »Youth and AIDS« gathered valuable insights into knowledge, attitudes, behaviors and risk exposure among post-war Zagreb high-school students with respect to AIDS. The investigated cohort of 955 students represents a group who were only 8–15 years of age at the time of the fiercest clashes during the war in Croatia (1991–1995). This group was, therefore, exposed to highly unusual environment during a delicate period of their psychosexual and social development. As the war period occurred during the years of increasing social activities of theirs, it is presumed that opportunities for their social interaction during that time were limited. We presume that they were more likely to be forced to stay at home during the war times in comparison to their peers in other countries of Central and Eastern Europe. Also, they were less likely to go to summer holidays where many of the

first-time romances take place. This is not necessarily unfavorable in terms of health education and prevention[19,20]. Some of those conditions should logically lead to delayed first sexual intercourse, while increased attention to the media during the war led to better exposure to public health information.

This study confirmed a number of those hypotheses. As many as 96% of high school students live with their parents or a single mother and 69% feel religious. The war setting might have added to their accelerated psychological development, sense of seriousness and responsibility. Those hypotheses were partly confirmed in the section of the study investigating their attitudes. One third of them believed that people of their age, seventeen, should not have sex yet. Almost 80% opposed that there is basically nothing wrong with cheating on the partner. Almost 90% believed that they should insist on a condom when having sex. Rejecting sex was not difficult to 80% of examinees, and 72% opposed that alcohol and drugs make sex better. As many as 97% knew where to buy condoms, and 90% knew how to properly use them. We found these results encouraging.

Health education authorities did fairly well on improving knowledge by education efforts on the national radio, TV and newspaper and at the local (high-school) level. As many as 98% of the examinees recognized that person can be infected years before the onset of the disease, while 97% recognized the high risk of having sex or sharing a needle with infected partner – two main routes of AIDS transmission in younger age population in the region. The results of this study showed that the investigated students possessed a broad knowledge on the topics related to AIDS. Most of them take this problem very seriously when having a relationship with colleagues of opposite sex. The majority of the students are aware of risky behavior that may lead to infection and of the main hazards. Most of the students share very liberal attitudes regarding dating, having sex, going out, tolerance and cooperation with their colleagues in general, but there is a notable discrepancy in comparison to their parents, especially mothers. The majority of the students would be willing to help and stand for an infected colleague, but their parents are far more conservative regarding that topic.

Since the collapse of the iron curtain, the Eastern Europe has been faced with an explosive HIV epidemic while Central Europe was spared to date. The main driving force of the epidemic was the increase in intravenous drug users in the situation of socio-economic deterioration. Currently, risk reduction programs barely cover 10% of the intravenous drug user population in these countries. Thus, to contain this epidemic, it is vital to increase the coverage of these programs and also to improve measures to prevent further HIV spread in Central European countries[5,6,16,17]. This study made one of first steps in that direction, as large-scale heterosexual transmission in young people represents a major risk in this region. The outcome of the programs will depend on the nature and extent of contacts between high risk populations and the general population of Croatia, which is critical during summer tourist season. Comparing all available epidemiological data on HIV/AIDS at the wider European level is therefore essential for a better understanding of the trends of the epidemic. It should also help evaluating the impact of prevention activities[5,14].

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MLADEŽ I AIDS: ISPITIVANJE STAVOVA, ZNANJA, PONAŠANJA I RIZIKA U POSLIJERATNOJ HRVATSKOJ

SAŽETAK

Prema najnovijim izvješćima, istočna Europa je područje koje trenutno bilježi najveći relativan porast broja novoregistriranih HIV infekcija u svijetu. U isto vrijeme, središnja Europa ostaje relativno pošteđena od epidemije, a stope incidencije su značajno niže od onih u istočnoj i zapadnoj Europi. Hrvatska zemljopisnim položajem gravitira središnjoj Europi, no ima dva specifična potencijalna čimbenika rizika u usporedbi sa susjednim zemljama: nedavna ratna zbivanja, te ljetnu sezonu u kojoj se očekuje dolazak većeg broja turista iz područja srednje i istočne Europe. Stoga je od iznimne važnosti ispitati stavove o AIDS-u u mladih ljudi, povećati njihova znanja, promatrati njihova ponašanja i upozoriti ih na rizike kako bi se spriječilo širenje epidemije većih razmjera iz istočne Europe u Hrvatsku. U ovom radu izvješćujemo o rezultatima velike ankete i edukacijskog programa među 17-godišnjim učenicima srednjih škola koja je provedena u godinama neposredno nakon rata (1996.–1999.).