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WHAT ABOUT THE CURRENT STATUS OF MOST AT RISK ADOLESCENTS IN REPUBLIC OF MOLDOVA

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SUMMARY

Adolescence is one of the most fascinating and difficult stages of life. It is a period when adolescents take their responsibilities and taste independence for the first time. It is a chance to possibilities, but sometimes they can be in danger because of risk taking behaviours. Behaviours that put adolescents at greater risk of HIV infection include: multiple unprotected sexual partners; unprotected anal sex with multiple partners; injecting drugs with non-sterile equipment.

The purpose of this study is to identify what information is available about status of most at risk adolescents (MARA) living in Republic of Moldova on official websites (UNICEF, WHO, UNFPA).

General view confirm HIV epidemy between adolescents, less is known about adolescents who use drugs, men who have sex with men, comercial sex-wokers. The risky behavior is supported by smoking, drinking alcohol starting with childhood ages and untimely unprotected sexual activity. Different reports sometimes contains contradictive pictures, what could be related with some spontaneous activities with focus on MARA provided in the country.

The situation of most at risk adolescents in Moldova is still hidden, most of the data reflecting HIV epidemy. To highlight the situation new research as well as creation of the system for evaluation of MARA health needs is crucial.

Key words: adolescents, most at risk, Republic of Moldova

REZUMAT

CU PRIVIRE LA STATUTUL ADOLESCENŢILOR ÎN SITUAŢIE DE RISC DIN REPUBLICA MOLDOVA

Adolescenta este una dintre etapele cele mai fascinante și dificile ale vieții. Este o perioadă în care tinerii iau responsabilitățile care le revin și cunosc gustul independenței, pentru prima dată. Este un moment de posibilități, dar, de asemenea, de pericol. Tinerii cei mai vulnerabili cel mai puțin probabil cunosc riscurile sau cum să le evite. Comportamente care expun oamenii riscului mai mare de infectare cu HIV includ: multiple parteneriate sexuale neprotejate; sex anal neprotejat cu mai mulți parteneri; injectarea drogurilor cu echipament nesteril.

Scopul acestui studiu este de a identifica ce informații sunt disponibile cu privire la starea adolescenței în situație de risc sporit (ASRS) din Republica Moldova pe site-urile oficiale (UNICEF, OMS, UNFPA).

Există o serie de publicații despre ASRS în Moldova. Privirea de ansamblu confirmă HIV epidemie între adolescenți, mai puțin se știe despre adolescenți utilizatori de droguri, bărbații ce au relații sexuale cu alți bărbați, lucrătorii sexului comercial. Comportamentul riscant este susținut de fumat, de consumul de alcool începând cu vârsta de copilărie și cu începutul precoce al activității sexuale neprotejate. Diferite rapoarte conțin uneori descrieri contradictorii, ceea ce ar putea fi legat de unele activități spontane realizate în țară cu accent pe ASRS.

Poziția adolescenților în situație de risc sporit în Republica Moldova este încă ascunsă, cea mai mare parte a datelor reflectă epidemia HIV. Pentru a evidenția situația este crucială cercetarea nouă, precum și crearea sistemului de evaluare a nevoilor de sănătate ASRS.

Background

Investments in adolescents, a vital economic and social building block in most societies, are crucial in the developing world, where a rising proportion of the population is under the age of 24 (1). A focus on adolescence is central to the success of many public health agendas. The past 10 years have seen unprecedented commitments to global health and development, beginning in 2000 with the commitments in the United Nations Mil-

lennium Declaration that became known as the Millennium Development Goals (MDG) with their corresponding set of time-bound targets (2).

MDG aim to reduce child and maternal mortality and HIV/AIDS, and the more recent emphases on mental health, injuries, and non-communicable diseases. Greater attention to adolescence is needed within each of these public health domains if global health targets are to be met (3). *Reforms must aim to expand and grant equitable*

access to services for all, including adolescents engaging in risk behaviours who are currently excluded (4).

In 2013, there were an estimated 5 million people aged 10–24 years were living with HIV, and young people aged 15–24 years accounted for an estimated 35% of all new infections worldwide in people over 15 years of age (5). More than 2 million adolescents between the ages of 10 and 19 years are living with HIV, and many do not receive the care and support that they need to stay in good health and prevent transmission. Between 2005 and 2012, HIV-related deaths among adolescents increased by 50%, while the global number of HIV-related deaths fell by 30% (6).

Until recently, research on the links between most-at-risk adolescents and the spread of HIV in the region was limited. As a result of this, there was a little or no strong evidence to counter prejudice or guide policymakers on the outreach strategies for adolescents. Many vulnerable adolescents were ‘social ghosts’ on the fringes of society – neglected by policymakers and barely noted in HIV prevention schemes.

The most vulnerable adolescents are the least likely to know the health risks and how to avoid them, the least likely to have access to health services and the least likely to be adequately protected by policies and laws. These are annoying realities in the region where drug abuse and sex work were uncommon among adolescents and HIV was not epidemic just one generation ago. Very often, the response from policymakers, health services and the general public has been to exclude, blame and punish those at highest risk of HIV, instead of providing humane care and support (7).

Adolescence is one of the most fascinating and difficult stages of life. It is a period when young people take their responsibilities and taste independence for the first time. It is a time of possibilities, but also of danger. It is also at this crucial age when youth are extremely vulnerable that they might threaten their future by committing terrible mistakes (8).

Unfortunately, in the Republic of Moldova’s economic situation and the migration of many parents do not allow adolescents to grow up as they should. Many of them, left without parental care, must work hard and often get responsibility for taking care of the household and younger brothers and sisters. The majority of young people confront enormous emotional problems. Not having someone to talk to about the things that happen and not knowing who to turn to for good advice, many of them take the wrong path. Their vulnerability makes them a target for various dangers, for example HIV infection, substance and alcohol abuse, and conflict with the law (15, 16).

Material and methods

The purpose of this study is to identify the current status of most at risk adolescents (MARA) living in Republic of Moldova by searching some International agencies data and publications. The official websites of bellow men-

tioned organizations for the last 10 years – World Health Organisation (WHO), United Nations Children’s Fund (UNICEF), United Nations Population Fund (UNFPA) were searched by authors. Searching strategy included phrases “most at risk”, „most at risk adolescents”, „Republic of Moldova”, „most at risk adolescents and Moldova”. More then 25 papers found and studied.

Results and discussions

Almost one fifth (19%) of the population of the Republic of Moldova are teenagers (9), and children and young people comprising 28% or more than a quarter (9, 10). Official statistics and recent studies underline a complex range of problems that affect the general health and developmental potential of teenagers in the society.

HIV infection is spread most commonly among young people, with teenagers (11–19 years) constituting 6.5% of the number of HIV-infected people (10, 11).

Addictive behaviours of young people (psychoactive substance use, smoking, alcohol misuse) constitute a medico-social problem of increasing importance. Recent data indicate that half of young people started smoking before the age of 10 years. More than half of Moldovan adolescents (13–15-year-olds) have tried to smoke, and one seventh of them have remained smokers. These data show that the high rate of tobacco use among young people has not changed in recent years (10, 12, 13).

According to a National Scientific Applied Centre of Preventive Medicine survey, 30.1% of schoolchildren between 10 and 18 years consume alcohol (33.5% of boys and 27.3% of girls), including 3.3% who consume alcohol several times a week or daily, which means systematically (14).

An evaluation study of young people’s knowledge, attitudes and practices with regard to their health and development showed that 22.8% of young people (age range 10–24 years) indicated that they had had sexual relationships, with the average age of first contact at 16 years. (15). At the same time, only 8.3% of young people answered correctly all questions about ways of transmitting and preventing sexually transmitted infections and HIV (16).

There is very limited use of protection methods among young people: only one third of young people who had sexual relations used a condom at each sexual activity (10, 16). As a result, young people face serious problems such as sexually transmitted infections and unwanted pregnancies (10).

Behaviours that put young people at greater risk of HIV infection include: multiple unprotected sexual partnerships; unprotected anal sex with multiple partners; injecting drugs with non-sterile equipment (17).

The number of people infected with the HIV virus continues to rise in Moldova, and half of them are young people. This is because adolescents do not enough knowledge about prevention methods or even the transmission ways of STIs including HIV. They have limited access to youth-friendly services, to counselling and

voluntary testing, because of undeveloped outreach services. The situation is aggravated by the fact that Moldova lacks a culture of going to the doctor regularly for check-ups (18).

The HIV epidemic has grown rapidly in the Central and Eastern Europe/ Commonwealth of Independent States region, with the number of people living with HIV tripling between 2000 and 2009. HIV infection rates in many countries of the region are among the fastest growing in the world (19).

In these countries, the HIV epidemic is being driven by injecting drug use and risky sexual behaviour, and, increasingly, it is affecting most-at-risk and other vulnerable adolescents – those already excluded from society because of their poverty, ethnicity or family breakdown.

Authors found that in 2006 UNICEF launched ‘HIV Prevention among Most-at-Risk Adolescents in CEE/CIS’ initiative, in 2006. The goal of the program was to ensure the inclusion of these adolescents in their countries’ AIDS strategies and ensure their access to adequate prevention, health and social services. This strategy included 7 countries: Albania, Bosnia and Herzegovina (BiH), Moldova, Montenegro, Romania, Serbia, and Ukraine (20, 21, 22).

According to UNICEF publication in December 2008 in Moldova, the official number of people registered as infected with the HIV virus was 4,996. The real number of those infected is much higher. Half of the cases are young people between the ages of 20 and 29 years old. In 2012 the number of adults and children living with HIV in Republic of Moldova risen to 19.000 people (25).

Although there are signs of spread through heterosexual transmission into general population of the HIV epidemic in Moldova with growing number of females affected, the HIV epidemic is still concentrated among most-at-risk populations (MARPs), including, most significantly drug users, sex workers, men who have sex with men, and prisoners, and their sexual partner. As of the end of year 2008, IDU mode of HIV transmission accounted for 50% of cumulative cases, heterosexual mode for 47.3%, and vertical transmission for 1.3% and undetermined mode for 1.3% (26).

In recent years, the number of drug users has grown significantly and the users are growing younger each year. At the same time, programs that would prevent drug use among young people are utterly lacking, as are

alternatives for spending their free time (18).

According to the results of the HIV prevalence survey in 2007, an increase of the HIV prevalence was registered among most at risk population that are clients of harm reduction and prevention services (see graphic 1) (27), Graphic 1: The HIV prevalence among MARPs in 2007.

* IUD – Intravenous use of drugs

** FSWs - Female sex workers

*** MSM - Men who have sex with men

The HIV prevalence has shown different dynamics depending on the harm reduction project. Older harm reduction projects have shown a fluctuating HIV prevalence among their clients of 29.3% in 2001, 22.0% in 2004, and 24.8% in 2007, while newer projects have shown a steady dynamic of 17.9% in 2004 and 17.2% in 2007 (28, 29).

With every year that passes, more and more young people are being affected by HIV and AIDS, and they know very little about the disease. A study done by UNICEF among young people showed that only one person in eight knows how to protect from HIV, and can name ways of transmission of the infection and methods of protection (30).

Infractions committed by minors represent ten percent of the total number of infringements documented in Moldova. The majority of law violations are economic in nature. Most of the adolescents who break the law are boys who are 16-17 years old. Before being placed in detention, most have already abandoned school, been left without shelter, or run away from home. Many of them are also victims of abuse, parental neglect, or have simply been abandoned (18).

The key behavioral indicators have shown mixed results: in 2007, 97.3% IDUs used a clean syringe at last injection, compared to 91.3% in year 2004. Only 11 percent of adolescents who inject drugs said that they obtained sterile needles from harm reduction services, compared with 33 percent of older users in Moldova in 2008 according to UNICEF report (31). In the same time, condom use with casual sex partners has decreased from 92.7% in year 2004 to 83.7% in year 2007. In FSWs the condom use with commercial sex partners has increased from 86.5% in year 2004 to 94.3% in year 2007. Condom use by MSMs represented 48.1% in year 2007 compared to 59.0% in year 2004 (32).

Table 2. Condom usage according to sex partners (2004-2007)

Year of Survey	Condom use		
	Casual sex partners (%)	FSWs *(%)	MSM **(%)
2004	92.7	86.5	48.1
2007	83.7	94.3	59

* FSWs - Female sex workers

** MSM - Men who have sex with men

At the same time, while significant successes in changing injecting sharing behaviors have been registered among adult MARPs, the situation with most-at-

risk adolescents (MARA) is very different. In 2008 a baseline study on MARA knowledge and engagement in risky behaviors has been conducted. Only half of the

respondents stated always using sterile syringes during the last month. All respondents in the 12 – 14 age groups reported an indirect sharing of the injection equipment during the last month before the interview. IDUs aged 12 to 14 years reported extremely poor access to services, which makes them even more vulnerable to HIV. None of the respondents from this age group resorted to Harm Reduction Programmes for sterile syringes during the last 12 months. A very small number of MARA was reached by outreach services.

Obviously, there are legal and ethical obstacles in providing syringe exchange to age younger than 18 years old, but at the same time, they are engaging in higher risk behaviors compared to their older peers (33).

Conclusions

The situation of most at risk adolescents in Moldova is still hidden, most of the data reflecting HIV epidemic, sometimes reports contains contradictive pictures with decline of indicators in time. To highlight the situation new research as well as creation of the monitoring system for evaluation of MARA health is crucial in country level.

The policymakers should be taken responsibility of rapid increase HIV among most at risk young people in Moldova. Action plan must be prepared with different stakeholders and the government of Moldova should be leader in this urgent plan.

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