

## **THE IMPACTS OF HIV AIDS ON FAMILIES AND COMMUNITIES IN ALBANIA**

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### **Abstract:**

Since HIV was first identified in 1983, over 65 million people have been infected, of whom 25 million have died. In the past 20 years HIV/AIDS has become an increasing global phenomenon. In countries hard hit by the pandemic, morbidity and mortality have risen and are expected to continue to rise. The implications of rising morbidity and mortality are not only that HIV/AIDS is changing the demographic structure of the household but also that it is taking a heavy toll on the socio-economic well-being of households and communities. These socio-economic effects are largely borne by individuals, households, and communities with little, if any, support from the technology change community and policy maker.

This paper will discuss the ways in which HIV/AIDS could potentially devastate governments, economies, relationships between younger and older population and the other parts of society. It will also identify political and social challenges faced by the global effort fighting the HIV/AIDS epidemic.

The study made use of secondary data sources, supplemented by survey of a selected group of Albanians who are engaged in AIDS’ research and relief issues. Findings revealed that AIDS has had a major impact on the relationships between the younger and older populations in the affected areas in Albania. It has considerably increased the caregiving responsibilities and challenges faced by the older population at the time when they are supposed to be receiving care. AIDS caregivers face discrimination as a result of the stigma attached to the disease. Governmental policies and programs have not been adequate in addressing the intergenerational challenges that arise as a result of the disease. Recommendations are made as a way to tackle the challenges.

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**Keywords:** Hiv/Aids, youth, women

## **Introduction**

Since its discovery back in 1983, more than 65 million people have been identified, 25 million of which have died. In the past 20 years HIV/Aids has become an ever growing phenomenon in the world. In the countries affected by this pandemic, the morbidity and the mortality have grown rapidly ever since. The implications of the morbidity and the mortality that HIV/AIDS is growing, not only is it changing the demographic structure of the family, but is also taking a huge toll for the families and communities in the socio-economical aspect.

Such negative socio-economical effects despite their ever increasing consequences are being supported by the latest breakthroughs in technology and by the drafting of national and international strategies.

In this paper, we will be discussing the way in which HIV-Aids could jeopardize governments, economies, and relationships among youths, the elderly and the rest of the society. In this article we will also identify the political and social challenges in dealing as well as in the fight against HIV-Aids.

The research can make use of secondary data, and can be supplemented by various surveys held in Albanian on AIDS.

The findings of the research reveal that HIV/AIDS has got a major impact on the relationships between the youth and the elderly in the affected areas in Albania. This has potentially increased the responsibility among the caretakers of the elderly and the prevention of the discrimination in cases of the stigmatization.

## **Albania in general terms?**

Albania is situated in the Southeastern Europe and in the western part of the Balkan Peninsula. The country is confined in the North East with the Republic of Kosovo, actually under the administration of the UNO, and in the North and North West with the Republic of Montenegro, in the East with the ex Yugoslavian Republic of Macedonia and in the South East with Greece. In the west part, it is washed by Adriatic and Ionian seas.

Albania is a Parliamentary Republic, where the Government is elected by the party holding the majority in the Parliament of Albania. The country is divided in 36 town districts and 12 prefectures, 309 communes and 65 municipalities. Since the fall of communism in 1991-1992, the transitional phase from a centralized economy into a more developed economy of free markets brought by political, social and economical change in the country. During 1993 the country witnessed a massive wave of emigration, mainly towards its neighbor countries like Greece and Italy, the geographic position of which made them a

natural destination for the economical emigrants fleeing Albania. During 1990-2005, the number of emigrants is estimated to vary from 300.000 to 600.000.

During the last 12 years Albania went through various political and social changes. After a transitional period, interrupted times and again by social crisis such as the one that took place in 1991-1992 and 1997 (the collapse of the Ponzy schemes or financial bubbles) and the Kosovo humanitarian crisis in 1999, Albania now is a country undergoing major economical and structural change. The country's economy is shifting from a centralized and centrally planned economical system to a free market economy; many sensitive issues such as the privatization, land property, and proper doing-business rules, remain to this day, unsolved.

The country has made slow but stable economical progress; however, 30% of the population lives under the acknowledged minimum level of poverty, mainly living in the rural areas according to (UNICEF-Albania, 2000a). The official level of unemployment is 16%, whereas two thirds of the employees work in the agricultural field. The money sent by the emigrants from abroad to their families (the remittance), remain a very important source of income for the people living in the country, as is the foreign aid and/or financial assistance). Albania is a country of under-averaged incomes and with a Gross Domestic Product per capita of US\$1,380. However, the country faces many challenges as it remains one of the poorest countries of Europe. The country's odds for growth are good, especially in agriculture, farming, fishing, forests industry, tourism, mineral industry and manufacturing. Recently, the Albanian government has prepared a new strategy for the Elimination of Poverty and Economic and Social Development. Negotiations up to now have been focused on the political issues. The social development policies are rather limited due to the poor economical situation. The programmes on development, employment, social welfare, and social assistance for vulnerable groups of the population are assessed to be insufficient. Furthermore, there is a lack of financial support for the intervention programmes in such population groups, including the health care education, sensitizing and educating such groups on changes of attitudes and behavior, despite the efforts made by the government and non-governmental organizations. Recently, it has been adopted the Strategy for National Economical and Social Development, the main goal of this strategy is the reduction of poverty and the economical and social development of the country. The strategy gives an important role to the efforts made towards the prevention and the control of HIV/AIDS in Albania. The Albanian government has also signed the Declaration of the Millennium where there is stipulated the engagement to reach the Goals of Development of the Millennium.

### **What is HIV/Aids**

It's a severe condition, a life-threatening illness, identified for the first time in 1981. According to the WHO data from 1981 to 1999, an estimation of 33.5 million people have been reported as infected from HIV virus and up to the present, about 25 million people have already died. Due to the advices and information given to the public, on the ways in which this disease spreads, it seems as if the first burst and the spread of the disease has been curbed to some extent (especially in those countries where this propaganda is more organized). However, the disease keeps spreading menacing everywhere in the world, especially in many countries of Africa, Asia and Eastern Europe. Everyday more than 16 thousand people get infected by the disease. By the end of 2004 the WHO estimated that the number of people infected by HIV-Aids is 39.4 million individuals and during this year 3 million people have died of AIDS.

The cause of the disease is a virus parasite which dwells within the immune cells of the human body. This virus attacks these cells by destroying them. So the organism of the infected person, (during the years) remains with a depleted/destroyed immune system. An organism having no immune system is attacked by many types of bacteria, viruses, molds, and parasites without the capacity to be protected. These molds weaken the organism gradually, by steering it towards the inevitable death.

During 2006, more than 30 other types of infections have been discovered, with case studies in family members, i.e., with the infected man, woman and children.

As for the pandemic nature of the disease, the level of risk and mortality of this disease is high, Aids is compared to that of the plague.

By HIV infection we mean the cases infected with the virus, but still there are no symptoms of the disease, while Aids, is the case when the immune system is destroyed and the first symptoms of the disease are observed.

The HIV infection is spread, through sexual contact (homo-hetero-bisexual), parenteral (infected blood, surgical instruments), and vertical (mother-child).

### **Methods of HIV-Aids control**

If the prevention is the best means to save people's lives compared to the medical treatment, then the preventing measures are addressed as the following:

1. In the public and school education, there has to be a greater emphasis on the fact that the sexual relationships with multiple partners and the use of drugs increase tremendously the risk of HIV infection. The youth, other students have to be provided

with the necessary means of prevention, which will avoid such risks and will lessen them to their minimum.

2. The only safe way to avoid sexual infections is to avoiding uncontrolled sexual relationships, or it is better to have sexual relations with only one partner, monogamy type of relationship, with one safe uninfected person. In other cases the use of condom that has to be used appropriately (for each and every case of sexual relationships).
3. The use of disposable syringes reduces the possibility of infections especially among drug users.
4. The serological anonymous and confidential tests for HIV, have to be offered in all cases with SST, with tuberculosis and especially in the case of drug users, and other heterosexuals.
5. In some places, where the HIV is very widespread, all pregnant women are tested for HIV and in the case of positive results are treated with AZT since in the early stages of pregnancy.
6. It has been stipulated by law the testing of blood donors, of the organs, cells, sperm, breast milk, bone marrow that are being donated. All these donors are obliged to undergo the HIV test. As a rule, the sperm, the breast milk and the marrow, are kept under freezing conditions for 3-6 months and the donors are re-checked, before the use of the donated material.
7. The doctors have to be really correct when determining the needs for a blood transfusion, plasma transfusion etc.
8. Only the coagulation factors of the blood can be treated with the heat and this is all is needed to kill the HIV virus.
9. The medical personnel is to use rubber gloves, when working with blood productions, as well as protective glasses. For every drop of blood that falls in the skin of a personnel member, it has to be washed away with a soap and running water, as urgently as possible.
10. The WHO recommends immunizing the children bearers of asymptomatic positive HIV, vaccines against measles, rubella, parotidities, against hepatitis B, pneumococcal infections, but not against tuberculosis with B.C.G and poliomyelitis Sabin type, or Solk type.

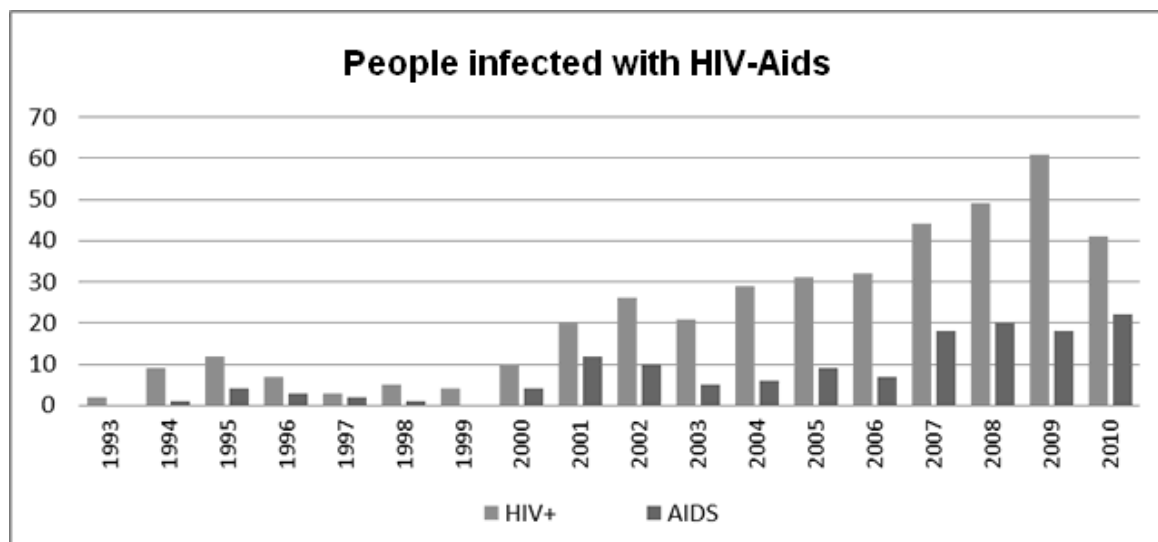


Figure 1 People infected with Hiv/Aids

### Health care organization in Albania

The relatively high life-expectancy is estimated at 75 years and is a result of the Mediterranean lifestyle, even though the incidence of accidents has increased these recent years. The ever decreasing neo-natal mortality rates since 1992, varies from 12.2 to 20 deaths per 1,000 neo-natals, who are given birth alive, and compared with EU countries, the rates remain high. The maternal mortality is 15 deaths per 100,000 births, is one of the highest in Europe, even though the quality of the women's health and prenatal health care services is improving. Albania is experiencing an epidemiological transition, the cardio-vascular diseases, the chronic pulmonary disease, the cancerous diseases and accidents are some of the main causes of death.

Mortality caused by cardio-vascular diseases has increased from 36.6% in 1994 to 45% in 1998. Meanwhile, the infectious diseases remain one of the most important to care of. Albania inherited a primary health care system similar to the Semashko one, but after the 90-ies it was reorganized and more autonomy was given to the town districts. The Primary Health Care system offers more than just services, however, the growing demands exceed what this system has to offer and the hospitals do the most of the work. According to a survey held in 2000, only 45% of the rural population reported that they were registered with a family doctor and 39% of them had no drug-stores in the vicinity. A reform in the Primary Health Care commenced in 1993 allowed the establishment of health insurances. The Institute of Primary Health Care Insurance actually meets the expenses of the general practitioners and family doctors salaries, who carry out a variety of health care duties.

The classical public health services are included in the Primary Health Care Service and a new model that of the Regional Health Authority is being implemented in the district of Tirana.

The National Institute of Public Health is undergoing major changes which aim at the reinforcement of the prevention programmes by giving special priority to the education and the promotion of the health *per se*, as well as to other training activities. Also, the Strategy for the Promotion of Health and Public Health has been approved, which focuses on the importance of the multi-departmental equality (egalitarian), solidarity and responsibility for the improvement of the health service. During 2003, it was published a strategy document on the reforms in the health care system in Albania. This document provides the reinforcement of the coordinating role of the Ministry of Health, revising the institutional map of the public health sector, expanding the autonomy in the use of the resources, boosting the managerial capacities with a focus on the development of the primary health care service and increasing the service quality and access in the public health services. The decentralization process provides more competencies to the local authorities, including several health care services.

#### **What is the situation of HIV/Aids in Albania?**

Albania is considered a country with a low prevalence of HIV infection. Since the beginning of 1990, when Albania emerged from decades of forced isolation, abundant information indicates that risky behaviors relating to HIV are increasing, especially among the youth and populations characterized by high levels of mobility. This is another reason to think that the potential danger for the spread of the HIV infection is there, especially among users of injectable drugs (UID) who share their syringes and other equipments with other persons, and also the risk remains high for the persons who have unprotected sexual relationships with multiple sexual partners. The first case with HIV infection in Albania was diagnosed as of May 1993 through e routine check for HIV infection, for the bank of blood.

From this moment up to 2000, nearly 5-10 persons infected with HIV virus and 1-4 cases with AIDS have been discovered every year through lab test programmes and passive clinical examinations. Up until the end of November 2003, in Albanian are reported 117 cases of persons infected with HIV/AIDS. Forty two (42) of them have manifested AIDS and 37 of the latter have died. Despite of the number of persons diagnosed with HIV/AIDS Albania can be considered a country with a low rate of HIV/AIDS, it is observed however, a growing tendency in the last three years. Starting from the year 2000, 75 new cases have been diagnosed with HIV/AIDS, a number which makes for two thirds of the total reported until November 2003. The sexual transmittion is dominant among the ways of infection with HIV at

almost 90% of the cases. Another feature for Albania is that 70% of the cases with HIV/AIDS in Albania are believed to have gotten the infection abroad. There is a tendency for the epidemic to spread towards more women during the recent years, whereas the number of the women infected with the HIV is increasing progressively.

The number of reported cases with HIV/AIDS is small but even though the real number of cases in Albania is thought to be much a greater number than the reported figures, still the prevalence and number of evaluated studies made on persons living with HIV/AIDS is still relatively low. Based on the data of HIV infection in the blood donors and the populations high in mobility, that together make 10.000 to 40.000 persons every year since 1993, we can come to the conclusion that the prevalence of HIV in Albania is less than 1 per 1000 in the population of 15-49 year olds. The total number of persons 15-49 years old is almost 1.5 million and the level of prevalence is 0.1% would imply a total of 1500 persons infected with HIV. Although, the assessment of the actual prevalence number of infected persons with HIV in Albania cannot be accurate due to the limited data, a good assessment in congruence with the available data would be several hundred, maybe something less than 1000 cases.

On basis of the lowest level of this evaluation, the number of clinical cases with Aids and the deaths that can be expected every year in Albania for the next 5 years will approximately be 20-30. Until the end of 2003, despite the fact that HIV infection has prevailed in te drug users and the victims of trafficking, still there is no data on any epidemic (stable or extended) transmittion of the disease, that has taken or is taking place in Albania. The epidemic or extended heterosexual transmission of the HIV virus, has not taken place yet, but however a more detailed information needs to be collected on the prevalence and the swift way of changing from healthy to potentially risky heterosexual attitudes, in order to better assess the implications of such a highly risky behavior (unprotected sex with multiple sexual partners and/or the exchange of the injection tackles) for his/her regular partner, besides the cases with HIV acquired abroad, seems to be the main way of sexual transmittion of HIV in Albania. There are no sufficient data to support the fact of transferring the infection to the males that perform sexual intercourse with other males, but a few existing facts indicate that several MSM in Albania have got the virus abroad.

The routine HIV check-ups, made on the volunteer and against payment, commenced in Albania in the 1990. However several donors during their “window” period of infection might have infected several persons that have undergone blood transfusion in Albania during the last decade. As a result of the coerced isolation of Albania, from the ex-communist regime

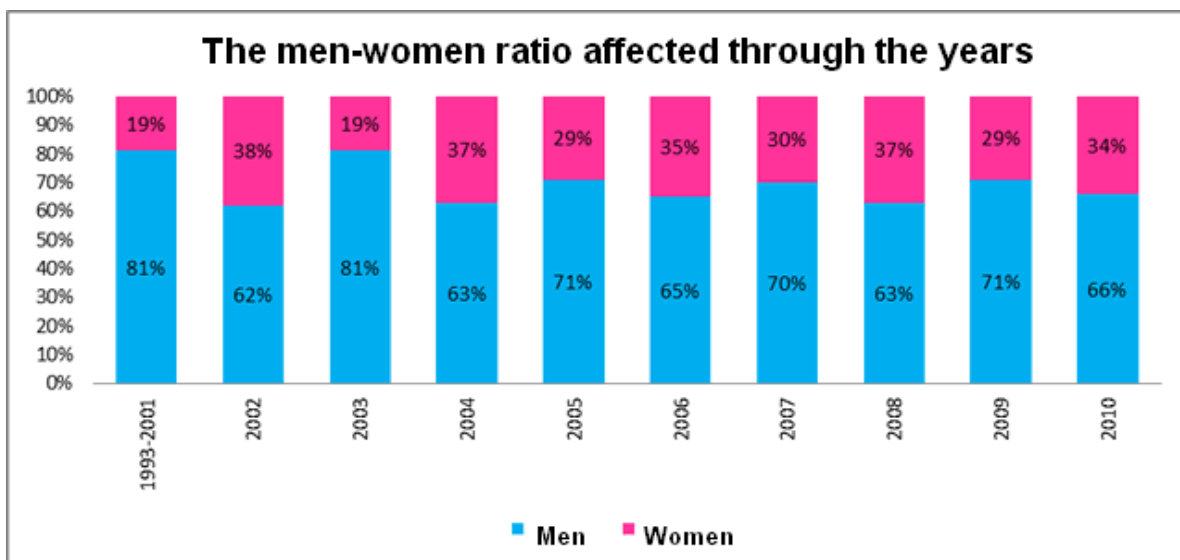


until the beginning of the 1990-ies, the blood products infected with HIV virus that was spread worldwide since the beginning of the 1980-ies did not manage to get into our country.

**How does HIV/AIDS affect the Albanian population?**

In order to maintain a low prevalence for the infection of HIV in Albania, there has been a great number of factors which have influenced and they are given in the following:

1. The HIV was delayed in entering our country and it only did, in 1990. This has been documented on the basis of a number of epidemiological studies, as the country was isolated by the totalitarian communist system.
2. The socio-cultural factors which prohibit early sex and sex before marriage, sex with multiple partners, even requiring young females not to loose their virginity until the day of their marriage. This phenomena was a norm especially in the remote and rural areas of our country.
3. In our country, drugs and prostitution were unknown and prohibited until the arrival of the free democratic society.
4. The introduction of disposable and pre-packed sterilized syringes in the beginning of democratic times for Albania has greatly reduced the dangers of HIV/AIDS infection.
5. The control and measures taken for the blood safety starting from the donor to its transfusion.
6. Drafting national policies in accordance with the epidemiological situation and the recommendations of international organisms (WHO/GPA and UNAIDS)



Picture 2 Men-women ratio

**a. The youth**

Given that Albania has the youngest population in Europe, it runs the risk of the spread of HIV infection at higher rates, especially in the presence of many social, economical and cultural factors which make youngsters vulnerable to HIV/AIDS. Among such factors can be mentioned:

1. Lack of access to sufficient information.
2. Lack of appropriate sexual education including the health care knowledge in relation to sex.
3. Lack of various services for the youth especially in the rural areas.
4. The increase of the number of youngsters in a vulnerable age (16-24) who drop out of school, the number of those who emigrate and the change of the sexual norms are all factors that add up to the above mentioned ones and increase the vulnerability of the youth towards HIV/AIDS in Albania.
5. According to the epidemiological data on the reported cases with HIV, about 70% of cases with HIV infection belong to the group that is up to 34 years of age. Also, during the last year, it is observed an increasing tendency in the number of HIV cases in the group of 15-24 years of age.
6. The last RAR research, reported that the majority of youngsters used to get their information about HIV/AIDS and IST, from the media, while such information is not provided as it should by the school, the parents and other stakeholding institutions. The research outlines a high level of risky sexual behaviours such as, sex without the use of condoms, sexual relationships with multiple partners, being more obvious in the groups of youngsters with a high vulnerability such as emigrant youngsters, especially those seasonal emigrants, school drop outs, and drug users. Data retrieved from another research show that 59% of youngsters have witnessed domestic violence and 50% of them have little information concerning HIV/AIDS.
7. From 600,000 persons leaving Albania, 70% of them are men of 16-30 years old. The National Strategy for the Youth addresses specific problems that the country is going through and provides intervention in which the youngsters can be involved in the process of drafting as well as in their implementation.

**b. Women and gender related issues.**

Women are more affected by this infection; this is due to biological, economical, social and cultural reasons.

Albanian women reflect a low level of participation in the decision-making processes. During the transition years, the phenomenon of domestic violence has ever worsened, especially in the rural areas. This problem is mainly characterized by the “silence”, it remains within the household walls and it is rarely denounced. The majority of women work in the agricultural field and/or in the public sector, sectors that are low in salaries and social status.

Women are often economically dependent on men, as in the majority of cases they are unemployed and uncovered by social securities. The privatization process favoured disproportionally men to women; for women living in rural areas or several urban areas, obtaining financial credit from the banks is a strenuous endeavor. Burdens related to gender as well as the lack of power to negotiate for women eventually hurdles the use of condom. Prostitution, is one of the trafficking forms of the human beings, combined with the low level of condom usage by the commercial sex workers, it remains a potential threat for the spread of HIV/AIDS.

Among the categories of women which are highly affected, besides the women who are victims of trafficking, there are: emigrant wives, as well as women and young women living in the rural and urban areas. The tradition of a male dominated family is back, and this exposes women to greater abuse and confines their power to control their reproductive lives through the use of contraceptive methods. Given that health care services are mainly focused on the cure and treatment of sexually transmitted diseases bear the stigma which impedes them from accessing such services. The norms encourage the perseverance of virginity of the young women, which is still another hindrance in the treatment of sexually transmitted diseases and in the search for more relevant information, as part of these women try to avoid being identified as socially active. The burden of the health care for the other family members affected by HIV, very often, if not always falls on women. Furthermore, orphan women are obliged to abandon school much more often than their brothers (male counterparts).

In Albania as in many other countries, HIV is seen as a sign of social depravity. Therefore, the gender norms affect in the way they are perceived by male and female affected by HIV, where women are stigmatized more than men (UNAIDS, 1998). Women reflect a low level of knowledge on HIV/AIDS and IST, as well as a poorer health culture in general and specifically in the context of the reproductive health. The level of information and the prevention manners of HIV/AIDS are low. According to the MICS research as of 2000, 40% of the women were unaware of any effective method for the prevention of the HIV infection and 77% of them did not know where they could get a HIV test. The level of awareness on the sexually transmitted diseases is still low.

**c. *Population mobility (demographical changes)***

Albania is considered as the country with the highest level of population mobility both inside the country and abroad. The illegal Albanian emigrants, who very often emigrate as seasonal workers, prefer to avoid the health care structure as many of them fear deportation or other illegal actions if their status is revealed. Existing data for the Albanian emigrants are incomplete and very often false, due to the irregular nature of their moves, as well as due to the fact that they become unreachable. According to some statistics of the Ministry of Employment and Social Issues, about 800,000 Albanians live outside their country's territory.

But being on the move does not imply that one runs the risk of getting HIV/AIDS: however, it is the various situations and the risky behaviors that these people go through during their migration, which increases their vulnerability and risk towards HIV/AIDS. Around 70% of the cases reported with HIV in Albania result to have been infected abroad. The majority of them are young males of the age of 20-40 who have temporarily worked and lived in such countries as Greece or Italy. The urban population is growing rapidly as a result of inner migration; meanwhile the health care services and the social services are to cope with such a growth. Many of the migrants within the country have built temporary houses in the outskirts of the cities and their life standards are rather low.

Albanian emigrants often undergo discrimination, xenophobia and exploitation and are provided with little or no legal or social protection. The majority of them, being away from their families, wives or partners have had unprotected sexual intercourse with more than one partner. The level of condom usage is very low and one third of them have had sexual relationships under the effect of drugs. The majority of youngsters are on the move and when interviewed they report for a high usage of injected drugs.

**d. *Usage of injected drugs***

Users of injected drugs seem a group highly at risk, which make them a top priority category. The phenomena of drug use have obviously increased especially during the transitional period years. The number of drug users is increasing especially among youngsters, who in most of the cases come from families with poor economical incomes. Also it is observed a rise in the drug use among youngsters of the Roma community. Today there are estimated to be 30,000 drug users countrywide, but this figure includes the users of the so-called "light" drugs. The Center of Toxicology in the Military University Hospital Center refers that during 2002, has treated 1.260 cases of persons who use injected drugs, and this group reached 68% of the cases treated in this center. Various studies show that the use of

heroin and the drug injections of have been increasing in such town districts as Tirana and Shkodra, where 64% of them use injections.

The phenomenon of exchanging syringes is common among the two thirds of the drug users. The disinfection is out of question and the drug users do not see any potential danger in the syringe exchange. According to the same research, the drug users demonstrate a high level of risky behaviors, such as sexual relationships with multiple partners and a low level of condom use. According to the data of Public Health Institute it is observed a high level of Hepatitis C among the drug users. The level of knowledge and awareness on HIV/AIDS and STI (Sexually Transmitted Infections) is very low, especially in Shkoder, which indicates the need to implement programmes for the lessening of the damages outside Tirana.

***e. On Prostitution***

In Albania paid sex is prohibited by law. For persons who practice the work of sex the Penal Code provides punishments varying from a simple penalty up to three years of imprisonment. Before the 1990 this law was implemented rather rigorously and it can be said that the work of sex almost did not exist during the communist period. After the 1990, there took place a lot of changes such as:

1. Drastic socio-economical changes followed the collapse of the communist regime. A great number of families were left without the necessary means (in some cases facing extreme poverty). The most affected strata was the population living in the rural areas, families migrated from the rural areas towards those urban areas and several ethnic minorities (the Roma and the Evgjit community). Many young girls of these groups of population either were made subject of trafficking (*See below*), or practiced the work of sex within the country or abroad, as the only possible way to earn a living.
2. A great number of Albanian girls have been trafficked in various countries (at the beginning in Greece and Italy and later on in the Benelux and the UK) and they were exploited as sex commercial workers. There are no accurate data on their number, but according to official records 5000 young Albanian women are exploited as sex commercial workers. Meanwhile, non-governmental organizations give a disproportionally higher figure of 30,000.
3. Girls from other countries of Eastern Europe (such as Romania, Moldova, Ukraine, Bulgaria etc.) at the beginning have been trafficked in Albania to other destinations in the above mentioned countries of trafficking for the Albanian girls.

As a result the work of sex entered was being practiced and was made more visible in Albania. There are no studies that make possible an accurate evaluation of the number

of these commercial sex workers in the country, but according to the press sources they can be divided as follows:

1. Albanian girls and those foreign ones who are exploited in Albania before being trafficked abroad – no efforts have been made to evaluate their number. Before being exploited they are subject to wild sexual violence. Many press articles have denounced the abuse and inhumane treatment of this category of sex workers.
2. The commercial sex workers come from such social strata in need (mainly from the Roma and Egyptian population) also known as “street prostitutes” – they can be seen down the streets of Tirana by offering their service near the center of the city, in the main streets and in the National Park area. According to the Homosexual and Lesbian Association of Albania there are also males who belong to the Roma community and Egyptian community that practice the work of sex.
3. The “luxurious” commercial sex workers who offer their services in hotels and motels of Tirana and other big cities of Albania. According to press reports they are mainly students (according to an article of the written press there are about 300 female university students who practices the work of sex), girls from the rural areas and girls coming from different town districts in Tirana, and from other cities and commercial sex workers who have returned from other countries. Payments and services offered by this category of commercial sex workers vary from 30 to some hundreds of Euros.
4. Sex workers in the public houses – these are often found in private apartments that are used for the work of sex. They work in secrecy and many pres article mention having discovered such houses and the arresting the commercial sex workers by the police. During 2002-2003, according to press, such public houses have been discovered in Tirana and Korca. The payments for the offered services by this category of commercial sex workers vary from 1,500 to several thousand Lek.

Data retrieved from a research indicate a low level of awareness on the HIV/AIDS infection and on the use of condom among workers of sex. Such a fact is alarming if we consider the great number of sexual partners that they have. Only 4 cases with HIV infection have been discovered among the commercial sex workers. The same study showed a good level of perception of the risk but still a low level of the demand for health care by the commercial sex workers. The National Strategy against Trafficking and the policies of governmental organs and non-governmental organizations treat the above mention problem through the implementation of a various number of interventions.

***f. On Homosexuals***

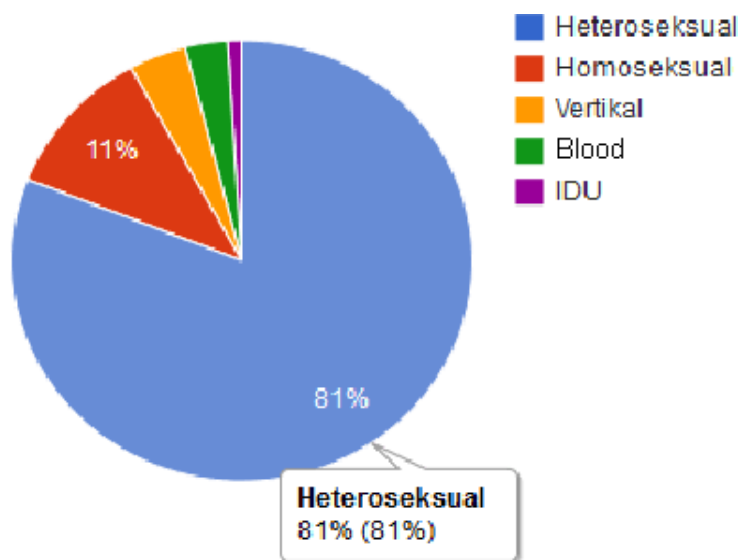
Little is known on the sex among men, including such sexual practices in Albania. Although stigmatized, there is a homosexual community in Albania, which is trying to get organized. The risky behaviors of this group are reflected in the number of cases with HIV/AIDS, where around 25% of the males infected with HIV/AIDS are homosexual or bisexual. Fewer data exist and those in the form of anecdotes mention a low level of condom use among male performing sexual intercourse with other men. The lack of knowledge and the practice of safe sexual behaviors are associated with the lack of friendly services for males who want to perform sex with other males. Also such men have difficulty in providing appropriate condoms and lubricants needed for anal sex. The stigma and very often the discrimination are a hindrance for this community to make use of the existing service and to get organized. The silence, the stigma, the disavowals and the taboos are dominating concepts to bear in mind, in order to decode such entanglements and to understand why the existing interventions are insufficient.

The work of sex has served as a means of survival for many Albanian males who have emigrated. Many of them confess to have learned about homosexuality while living abroad. The confusion that exists on sex issues among men is related to the fact that this kind of sex, often happens in the context of illegal emigration in the western countries. The perception of a small danger from HIV/AIDS is rather common among homosexual males in Albania. Active partners do not consider themselves as in danger of HIV/AIDS and IST.

As it is mention by UNAIDS, too, among Mediterranean societies, such as the Albanian one is, where marriage is highly encouraged by the family and the society, sex between men is very often concealed. In Albania there are two organizations which deal with the education and information as well as with the distribution of condoms and lubricants, but their activity is still limited. In 1999 the distribution of leaflets and condoms in the city of Vlora met the belligerence of the local people there, as they considered such an activity, inappropriate.

The distribution of materials to inform-educate-communicate for the prevention of HIV/AIDS for the homosexuals is very difficult to be accepted and to reach the right target group, as homosexuals remain part of the Albanian society, where the majority of them do not even consider or accept themselves as homosexuals. Those males who have active sexual relationships with other males are not considered as homosexuals, but more of an “alpha male/macho man” and have sexual relationships with women, too. If people are found with a leaflet pertaining to the homosexual male they can be subject to scandal and discrimination

and this way they are refrained from taking/retaining/reading of the materials. According to some experts, a general brochure handy for everyone to see would be more appropriate than merely addressing to the homosexual males or as a special publication. In Albania, being a homosexual is a clear drama, both for the homosexual individuals and for their families.



Picture 3 The spread according to the affected populations.

***Patients suffering from sexually transmitted diseases***

Data supplied by various studies reveal an increase in the number of STI (Sexually Transmitted Infections) cases in Albania, even though the under reporting of these cases is obvious. After the disappearance of cases with syphilis since 1972 until 1995, in Albania there have been diagnosed and reported about 132 cases with primary and secondary syphilis is from the year 1995 to 2002. Several studies carried out recently by the Institute of Health Care, show the presence of other sexually transmitted diseases. Gonorrhoea, infections caused by *Camydia* and *Trichomonas vaginalis* result to be more present in a large percentage, always higher than 10%. It is more important to mention the growing tendency of HSV2 infections.

About 13.2% of 369 youngsters tested for viral B hepatitis (age group of 19-21) resulted positive for HbsAg. Also, during 2002, 6.78% of blood donors resulted positive to HbsAg. In a study carried out by the Institute of Public Health there resulted that about 4.5% of the patients suffering from syphilis are positive to HIV and that 11% of the persons with HIV/AIDS are positive to syphilis. These statistics shed light on the important role of the IST-ies in the spread of HIV/AIDS as well as the need to take preventive measures for the spread of these infections.



According to the RAR study, almost all the commercial sex workers who were interviewed report syndromes of sexually transmitted diseases, but they have not asked for any medication or treatment. Stigma concerning the STI (Sexually Transmitted Infections) often impedes women, youngsters or males to ask for medical assistance or health care. Before the 1990 the STI were a taboo, and the programmes of eradicating syphilis and keeping gonorrhoea under control reveal serious repercussions in the direction of violating the human rights, and under-reporting were frequent due to the fear of discrimination etc. After 1949, a program on the control of syphilis in Albania was implemented, which comprised a massive disinfection (over 100, 000 disinfected persons a year), disclosure of the partner and obligatory treatment for the diagnosed patients. Such a program led to the reduction of the annual incidence of syphilis from more than 1000 persons (during the period of 1949-55) to 0 in 1972, by retaining the “zero incidence” up until 1995. On the other hand, the actual system of treatment of STI through disinfections of STI has resulted ineffective. Efforts are being made for the reporting and treatment of STI (Sexually Transmitted Infections) in the Primary Health Care system.

#### ***On Prisoners***

The health care service in prisons in Albania is considered rather consolidated through the medical service offered by doctors, nurses and dentists of the prison hospitals. Also along with the medical service, it is also offered an educational service through the individual and team work offered by a social worker and a teacher. The epidemiological situation of HIV and STI in prisons is not clear. Up to now, none of the reported cases with HIV and STI infected persons, results to have been detained in any of the Albanian prisons. According to the data of a study named KABP carried out in 3 prisons of Albania, the detainees have scarce knowledge and often incorrect knowledge of the ways of transmission and of the preventive measures. The program of lessening the damages has been implemented in 4 Albanian prisons by a non-governmental organization. This program consisted of: sensitizing and training of the prison personnel, informing and educating the detainees, provision and distribution of condoms.

#### ***g. On Roma population***

The low level and the perception of danger towards HIV/AIDS is frequent in the Roma population. This is linked to the high percentage of school abandonment by Roma children and youngsters, and it is also related to the causes that are met in other groups of population. The low level of safe sexual behavior is connected with the lack of knowledge and information. The main sources of information HIV/AIDS/IST, also for the other target groups

at risk, remain the media their peers, while the school and family are considered less important source. Relatively speaking, Roma youngsters represent a sexually active group (about two thirds of the interviewees in the RAR study have had sexual relationships). The performance of the first sexual acts at a relatively early age (16 years old) is a fact that supports the above mentioned assumptions.

On the other hand, it has to be mentioned that almost half of those involved in a sexual relationship, have had two or more sexual partners during the last year. The level is relatively high in risky sexual behaviors and it is in contrast with the low level of safe sexual behaviors, such as the use of condom. According to the RAR study, almost half of the persons who have had sexual relationships in the past, have done so for money, in exchange for drugs, or other favors of the kind, which is another proof that their low socio-economical level, inflicts risky sexual behaviors among them. Another supporting fact is that two thirds of the interviewees were illiterate, which has to be taken into consideration during the drafting of such interventions aiming the prevention of HIV in this community. The Roma youngsters start to use drugs since a relatively early age (16 years old), where cannabis sativa is the most common. None of the interviewees has used injectable drugs. However, one has to be cautious not to generalize such cases mistakenly for the whole Roma community, considering the rather restricted number of the RAR survey sampling and the difficulties in finding an IDU (Injective Drug User) in the Roma community. About one fourth of the drug users among the Roma community, report to have had sexual relationships under the effect of drugs, which increases the level of risky behaviors in this sub-group.

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