



HIV/AIDS & Conscripts in Azerbaijan

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Abbreviations

AIDS – Acquired Immunodeficiency Syndrome
CCO - Central Conscription Office
CDC – Centers for Disease Control and Prevention
CSW – Commercial Sex Worker
DCO – District Conscription Office
FGD – Focus Group Discussion
HIV – Human Immunodeficiency Virus
ICD – International Classification of Mental & Behavioral Disorders
ICRC – International Committee of Red Cross
IDU – Injection Drug Users
IMC – International Medical Corp
IRD – International Relief and Development
MoH – Ministry of Health
MSM – Male who has Sex with Male
NGO – Non-Governmental Organization
OSI – Open Society Institute-Azerbaijan
PIU – Project Implementation Unit
PLHIV – People Living with HIV/AIDS
STI – Sexually Transmitted Infections
UNAIDS – The United Nations Theme Group on HIV/AIDS
UNICEF – United Nation Children’s Fund
UNODC – United Nations Office on Drugs and Crime
USAID – United States Agency for International Development

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Conscripts & HIV/AIDS in Azerbaijan

Conscripts (draftees) are persons enrolled for compulsory military service. As future military personnel, conscripts are among the most susceptible populations to HIV infection. They are mostly young, sexually active and unmarried, and their behavior seems to be governed rather by peer pressure than established social rules. *The vulnerability to HIV/AIDS in conscripts is reinforced by draft for military service*

The purpose of this research is to evaluate the risk factors associated with HIV infection in conscripts as well as to develop recommendations improving HIV prevention in this group. The issues of sexual activity, psychosocial distress and awareness on HIV/AIDS have been assessed in conscripts. The research determined the unsafe sexual behaviors and factors determining insufficient condom use in conscripts. Also psychosocial distress may increase probability of risky behavior.

The available information about HIV/AIDS include misbeliefs and false assumptions resulting in underestimated personal risk of HIV infection in conscripts. The sources of information about HIV/AIDS are electronic media (radio and television, newspapers, magazines and the Internet), communication with friends and teachers

On the basis of the research results the special recommendations to improve HIV/AIDS prevention in conscripts have been developed. These recommendations are addressed to international organizations, policy makers, health services which are involved in activities in the fields of HIV/AIDS and conscripts.

1. Introduction

1.1. The Objectives:

Conscripts (draftees) are persons enrolled for compulsory military service. As future military personnel, conscripts are among the most susceptible populations to HIV infection. They are mostly young, sexually active and unmarried, and their behavior seems to be governed rather by peer pressure than established social rules. According to the data from neighboring countries the number of conscripts unfit for military service due to HIV infection was dramatically increased for the past years¹. Moreover the risk of HIV infection associated with draft for military service is 2-3 times more than in the rest of population. At the same time there is no reliable information on HIV/AIDS in conscripts in Azerbaijan. HIV testing is available only when a conscript undergoes in-patient medical examination in the other cases HIV testing is not mandatory for conscripts. In addition Azerbaijan is not a member country of Civil-Military Alliance to Combat HIV and AIDS- the organization to monitor HIV epidemic among military personnel. That is why this study is a first research to clarify the situation related to conscripts and HIV/AIDS

Objectives:

1. Analyze the existing policies related to HIV/AIDS and military service
2. To assess the risk factors of HIV infection in conscripts
3. To assess psychosocial problems that may reinforce HIV/AIDS associated risk behaviors
4. To evaluate conscripts' awareness on HIV/AIDS
5. To provide recommendations on HIV prevention in conscripts

Methods

The *subjects* of the study were 308 young males at the age of 17-25 registered in conscription office at their residence. Taking into account age differences as well as the differences related to residency and level of education the research included the final-year school students living in Baku and other regions of the country and final-year university students studying in Baku State University and “Khazar” University. The young people who already had done military service and persons exempted from military service due to health problems were excluded from the study.

This study was designed as a qualitative research. The following methods were used:

- Desk review - gathering and analyzing the documents on policies, legislation, and reports related to HIV/AIDS and draft for military service
- Survey among conscripts was carried out through a questionnaire that was completed by the conscripts themselves. The questionnaire included information on social and demographic data, sexual behavior practices, STI-related problems, and use of injecting drugs.

- Interviews with 10 experts representing the specialists working in CME (Commission for Medical Examination) of conscription office, as well as STI/HIV, mental health and narcological facilities (see Annex 1)
- Focus group discussions with conscripts to get qualitative information on risky behaviors associated with HIV infection (see Annex 2)

Table 1. Characteristic of Conscripts Participated in the Survey

| Variables | Number of Conscripts - (%) |
|-------------------------------|-----------------------------------|
| Residential Area | |
| urban | 196 – 63.6% |
| rural | 112 – 36.3% |
| Age | |
| <18 | 133 – 43.1% |
| 18-20 | 83 – 27% |
| >20 | 92 – 29.9% |
| Education | |
| final-year school student | 216 – 70.1% |
| final-year university student | 92 – 29.9% |

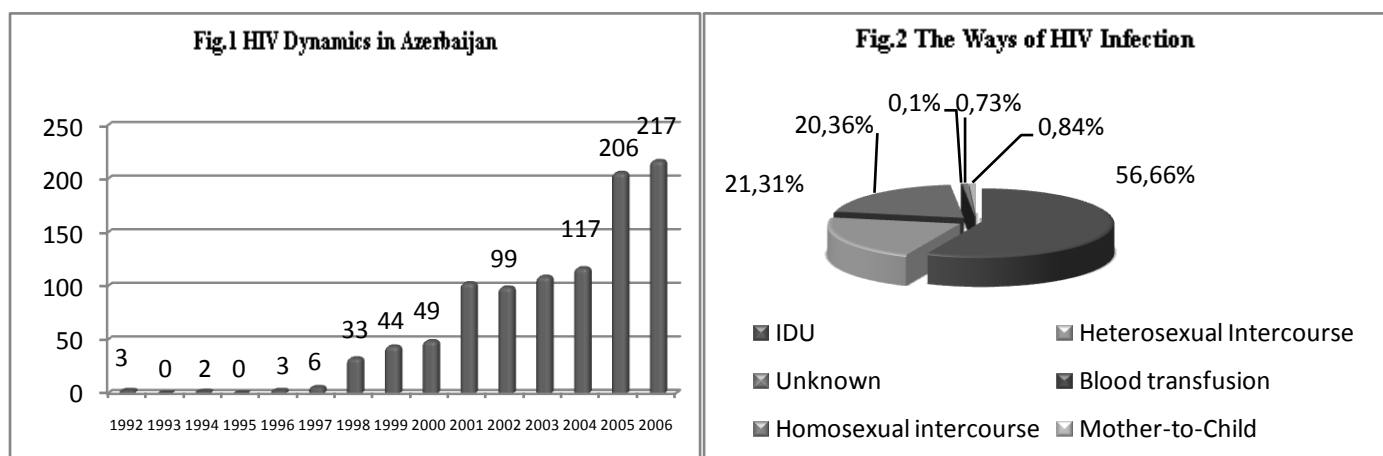
All the research participants received informational materials and incentives with HIV/AIDS symbolic only after the interviews. Thus this information could not affect the respondents' answers related to HIV/AIDS awareness.

2. Background

The history of fighting against AIDS in Azerbaijan has been going on for more than two decades, and it began when Azerbaijan was a part of the Soviet Union. The first control of HIV-infection in Azerbaijan Republic has been carried out since 1987. The first case of HIV-infection in Azerbaijan was detected in a citizen of Uganda, and in 1992 in a citizen of Azerbaijan. Like in the other post-Soviet countries a tendency of growing HIV-infected people is observed in Azerbaijan in the past years².

According to official statistics at the end of June 2007, total HIV-infected people in Azerbaijan were 1115 people or 12.6 per 100 000 population³. However, UNAIDS experts estimate rates of HIV-infected people can be as much as three or even five times greater⁴. Insufficient identification of HIV prevalence is related to certain reasons preventing people to apply for counselling and testing. Injecting drug use as the dominant mode of HIV transmission caused 56.7% of cases of infection⁵. The number of opiate users is estimated by UNODC to be around 0.2% of the adult population, of which 50-60% inject heroin. The most affected group is the so-called 'street IDUs', a group that remains outside the focus of national HIV prevention and care efforts. Prevalence in this group is 12 times higher than among IDUs registered at narcological dispensaries in Baku (24% and 2% respectively). The second most common mode of HIV transmission is heterosexual intercourse (21.3% of cases) correlating with obvious increase of the sex industry in Azerbaijan. HIV prevalence among female sex workers is around 8.5%. In addition the rate among street-based sex workers in Baku city was nearly twice as high (11%) as prevalence for sex workers working in cafés, bars, saunas or bath houses (6%)The overlap between sex work and drug use as well as unprotected sex amongst majority of IDU's were reported in January 2004⁶.

Simultaneously, there is a significant growth of HIV incidence rates from 100 in 2001 up to 217 in 2006³. Presently, 200 people living at AIDS stage are registered in the National AIDS Center while the number of people that have already died from HIV/AIDS is 175³.



The first governmental response on a threat of an HIV epidemic in the country resulted in the establishment of the National AIDS Center in 1989 to carry out the following activities: Conducting epidemiological surveillance, testing, and registration, ensuring the safety of donated blood and blood products, and providing medical, psychological, social, and legal services to PLHIV. Currently the National AIDS Center's twelve regional branches with diagnostic laboratories operate throughout the country. On April 16, 1996 the parliament adopted the Law of the Republic of Azerbaijan on "Prevention of AIDS disease, caused by HIV infection, and fight on its spread". In line with the Law, the first National Strategic Plan for Prevention and Control of HIV/AIDS was launched in 1997, which was followed by the current National Strategic Plan for 2002-2006. According to these documents governmental bodies including Ministry of Health, Ministry of Education, Ministry of Youth and Sport, Ministry of Justice, and the Ministry of Labor and Social Welfare, had to participate actively in countering HIV epidemic.

Along with the governmental efforts, the principal role in countering HIV/AIDS belongs to the Global Fund to Fight against AIDS, Tuberculosis and Malaria. The Global Fund grant supports the National Strategic Plan through: scaling up HIV/AIDS and sexually transmitted infection prevention programs for the most vulnerable groups; strengthening treatment, support and care for those affected; and using a multi-sectoral approach to strengthen the institutional capacity of Azerbaijan to respond more effectively to HIV/AIDS. In addition various international organizations (UNICEF, IRD, USAID, IMC, ICRC, OSI-Azerbaijan) implemented a number of activities including an assessment of the HIV situation, development behavior change communication strategy, advocating for universal access to care, strengthening services, providing trainings, and publications and sponsoring local NGO. In recent years, at least 25 local NGOs have been involved in fighting against HIV/AIDS. Some of them work directly with PLHIV or vulnerable groups at high risk of HIV infection. The other NGOs participate in public awareness campaigns, conduct trainings, research, and publications.

The public attitude towards HIV infection is closely tied with social and cultural norms, traditions, beliefs, and behavioral stereotypes. Azerbaijani society can be described as more family than individually oriented, and group values are more appreciated than individual ones. In general, it is rather traditional, with close interdependent relationships and conventional opinions on various behavioral norms. These opinions create serious difficulties for people who deviate from the accepted 'norms' such as IDUs, CSWs, MSM. In an attempt to avoid becoming outcasts, these groups tend to adopt double lives and hide certain aspects of their private life, even from their closest people. Culturally approved abstinence from premarital sexual relationships among young girls, as well as a strict prohibition of female substance abuse, may contribute in much greater number of HIV-infected men (84%). Among widespread stereotypes associated with HIV infection, the most common are non-acceptance of negotiations over safe sex, consideration of condom use as a sign of distrust rather than

concern about health, and prerogative of men to make a decision about safe sex⁷. Thus unprotected sex is not only considered normal between regular partners, but also plasticized by 50% of men in casual sexual intercourse. At the same time the survey conducted by the Caucasus Research Resource Center-Azerbaijan demonstrated a sufficient level of general public awareness about HIV⁸. The overwhelming majority of respondents (95%) knew that HIV can be transmitted through blood and other body fluids, those risk factors include unprotected sex (93%) and syringe sharing (80%). In comparison with the situation in the capital, the level of HIV awareness in the regions, especially in rural areas, is lower, which can be at least partly attributed to limited access to information as well as to stronger psychological barriers and traditional taboos associated with this topic⁹. Although the general population is aware of the illness, the majority (60.9%) do not acknowledge a personal risk of HIV infection or practice preventive healthy life skills. Furthermore the majority of people remain indifferent to the topic. In the opinion of the general public, HIV/AIDS is a problem that is much more significant for other countries, while in Azerbaijan there are more ‘serious’ problems such as refugees, poverty, unemployment, poor education, inequity.

2.2. The Draft Regulations and HIV-related Practice in Azerbaijan

The Law # 166 “Fundamentals on Draft for Military Service” adopted on June 10, 1992 is the essential document regulating the issues related to conscripts. The Law underwent 11 amendments and the last one was made 10 years after its adoption. According to the Law the universal conscription has been implemented in Azerbaijan and each healthy man at the age of 18 is liable for active military service for the period up to 18 months. Military draft is held four times in a year on the strength of the presidential decree.

The Law provides possibilities for draft deferment in the cases related to family issues, health problems, employment and education. For instance people continuing education at vocational school or university are provided with draft deferment. Thus the conscripts may be the persons at the age of 18 who have been just completed secondary school or older people (up to the age of 35) provided with draft deferment by one means or another.

The registration of conscripts is carried out by DCO and a conscript beginning from 16 every year has to undergo recurring muster in DCO.

The registration in DCO also provides medical examination to assess a conscript’s physical fitness for military service. A DCO medical examination board includes general practitioners, surgeon neurologist, psychiatrist, ophthalmologist, otolaryngologist, and dentist. In the case of detection of health problems limiting conscript’s ability for military service a conscript may be sent for further in-patient examination provided by specialized medical facilities listed in the order of the MoH. Persons unfitted for military service due to medical conditions get draft deferment for the period up to three

years. After this period depending on health status a conscript may be either called up for military service or struck off the military register or provided with following draft deferment.

In addition health problems in conscripts may be revealed by the medical examination board of CCO. Lastly, health problems may be detected in conscripts when they are quarantined during several weeks before attestation. In this case a conscript will be sent back to CCO and referred to additional medical assessment. After attestation a conscript is recognized as a military servant and his health problems will be assessed or treated in military hospital.

The rules of medical examination, list of diseases preventing military service and lists of physicians participating in conscripts' examination are regulated by the orders of the Ministry of Defense.

PLHIV registered in the National AIDS Center are not drafted for military service. At the same time conscripts suffering STI are considered as temporarily unfitted and compulsory referred to STI services. After recovery they are drafted again.

The issues of addressed to draft of conscripts who use drugs seems to be uncertain. On the one hand people with drug addiction or people with personality changes due to drug use are recognized as unfit for military service. On the other hand a history of episodic drug use allows military service. At the same time for particular reasons medical examination boards try to prevent drug users' admission to military services. With this regard the later are referred to military-psychiatric examination and in most cases they are diagnosed as psychopaths (affective or dissocial personality disorder) unfit for military service.

The same uncertainty is related to draft of MSM. In previous years homosexuality was recognized as psychiatric disorder and MSM were not called up for military service. However the approach has been changed in 1997 after implementation of the ICD-10 which excluded homosexuality from the list of diagnostic categories. As it is in the case of drug use medical examination boards try to limit access of MSM to military service. The conscripts identifying themselves as MSM are referred to military-psychiatric examination and the diagnoses of borderline or hysteric personality may be established in these cases.

Despite the attempts to put a 'filter' preventing access to military service for drug addicts and MSM, this approach is not always effective because the most of conscripts tends not to disclose a history of drug use or sexual experience with a male partner.

3. Risky Behaviors Associated with HIV/AIDS in Conscripts

3.1. Sexual Activity in Conscripts

The data obtained through the survey demonstrated 2/3 of the conscripts had sexual experience. This finding correlated with a place of conscripts' residency. 75% of conscripts living in Baku at the age of 17-18 have had premarital sexual relations while only 43 % of their counterparts living in rural area revealed early sexual experience. This difference is caused obviously by more developed sex industry in the capital city.

Regular sexual activity is associated with the age of conscripts. 46 conscripts from university students group informed about regular sexual relations (no less than one intercourse per week). 109 conscripts at the age of 18 indicated irregular sex (less than one intercourse per month).

Table 2 Sexual activity in Conscripts

| Variables | Number of Conscripts (%) |
|--------------------------|--------------------------|
| Sexual experience | 201 65% |
| Sexual debut <18 лет | 165 54% |
| Regular sexual activity | 106 34% |
| Fixed partners | 61 20% |
| Multiple sexual partners | 132 43% |
| Regular condom use | 71 23% |

The factors influencing sexual activity in conscripts were discussed in FG. In addition to the factors of age and residency, the FGD participants indicated an important role of friends. *"If a conscript have older friends they will bring him over to stag-party"* M. 17, *"Friends can provide a conscript with address or phone number of a girls for easy dig"* S. 18.

Financial well-being is also a significant factor promoting sexual activity in conscripts. *"even a conscript has free sex with his girlfriend he should have some money to go to restaurant or other entertaining places"* A 22. According to FG participants' opinion such personal characteristics as cheerfulness, audacity, and hazard-seeking facilitates sexual activity in conscripts. At the same time observed in recent years increase of religiosity in young people may prevent them from sexual activity. *"The faithful must not have premarital sex"* N. 18

All FGD participants agree in opinion that upcoming draft and expected long-term abstinence from sex at military service is the strongest factor encouraging sexual activity of conscripts. *"Everybody knows that soldiers are deprived of pleasure...So a conscript has to taste everything before deprivation of sex at military service"* M 17.

3.2. Sexual Partners

Although some of conscripts at the age of 20 and above might have got fixed partners, the most of their sexual partners were paid and casual. As development of illegal sex industry allows them to have multiple partners, 132 conscripts indicated their sexual intercourse with more than three paid partners for the last year. In the conscripts opinion sex with multiple partners or frequent changes of partners seem to be prestigious because their relationship to machismo. The most popular places to find sexual partners are bars, discos, and streets. Typical paid partners are 3-5 years older than conscripts. The conscripts tend to avoid the partners of the same age. *“If she is underage you can end up in jail”* A 22 *“Women are preferable because they are more experienced”* S 18. Usually, conscripts have sex with less expensive CSW. Yet the conscripts often share the same sexual partners or have group intercourse. Almost always sexual activity of conscripts is accompanied with alcohol drinking.

3.3. Condoms Use in Conscripts

Although all of respondents were aware about HIV preventive function of condom, only 71 respondents reported about regular condom use. The patterns of protected sexual behavior are associated with older age and higher educational level.

The reasons of insufficient use of condoms as they have been indicated by FGD participants are presented in the Table 3:

Table 3 Reasons for condom disuse

| Reason | Explanation |
|---|---|
| Misconception | condom use leads to lack of pleasure due to reduction of orgasmic senses |
| Underestimation of personal risk of STI/HIV | “One-time sexual intercourse is not dangerous”, “It will not happen to me” |
| Unplanned sex | Fortuitous sexual intercourse with casual partner, inaccessibility to get condoms (car, dacha, summer resort, etc.) |
| Poor insight | Decreased ability to understand and control own behavior because of alcohol/drug intoxication |
| Confidence in partner | “She has sex with me only”, “she has good appearance and looks healthy” etc. |
| Inability to negotiate on safe sex | Lack of communication skills in young conscripts that impede negotiation on condom use |
| Taboos related to sexual behavior | Fear that a parent may find condoms, shame related to purchase of condoms in drugstore |

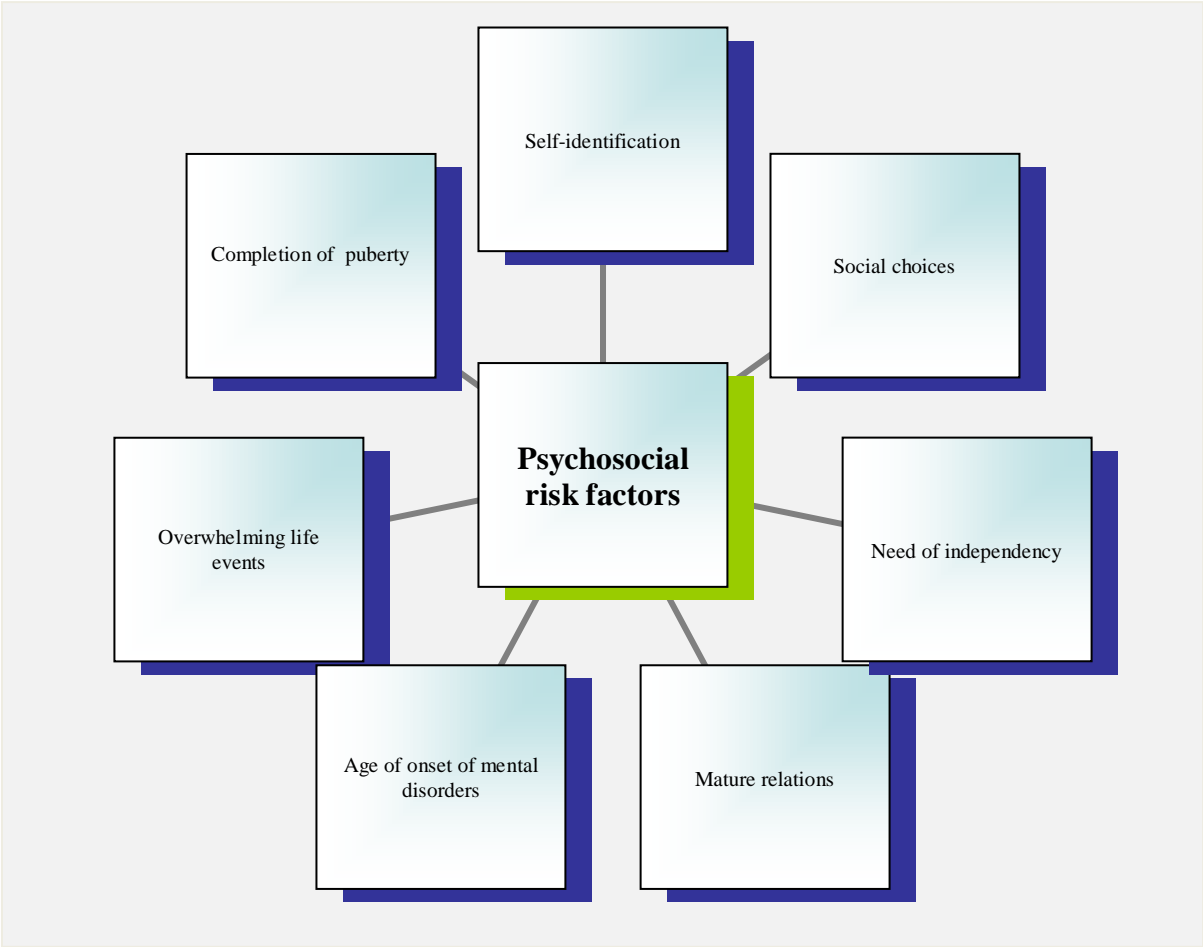
4. Psychosocial Issues Associated with HIV Infection in Conscripts

4.1. Psychosocial Problems

Conscripts have a stressful life. The upcoming draft for military service in itself evokes emotions such as anxiety, fear of future, frustration of separation from home and friends and so on. Conscripts may be also exposed to external stressors such as problems with their primary support group, failure of romantic relationships, problems with social environment and financial problems.

In order to understand conscripts' susceptibility to emotional distress one needs to consider the complex of psychosocial factors that increases probability of risky behavior.

Fig No 3 Psychosocial Factors in Conscripts



The vulnerability to stress in conscripts can be seen as a consequence of the interaction between biological (endocrine changes), psychological (developmental changes), social (school graduation), and cultural (conformity with conventional norms) factors. These factors in combination with overwhelming personal life events and expectation of 18-month military service often provoke high risky behaviors.

4.2. Illicit Drug Use

According to respondents drug use is not common in the conscripts at age of 18 but as the age of conscripts increases the probability of drug use also increases. The FGD among university students pointed out that 10-15% of conscripts may be considered as drug users. In their opinion a place of conscript's residency plays very important role in further drug use. "There is plenty of drug users in some areas in Baku and suburbs" M 22, "The situation with drugs is worse in the regions bordering with Iran...Some youngsters start to use drug at 14-15" K 23. The other important factor is a "circle of friends" "*Often addicts involve young guys in drug use...Because military service is perceived as some kind of a threshold they induce conscripts 'to taste' everything including drugs*" M 22

Cannabis and medicines are the substances frequently used by conscripts while the onset of injecting drug use is associated with older age. The experts participating in medical examination in DCO found out that parents of the conscripts who used drugs insisted on necessity of military service for their sons. "*They guess that military service promotes cessation of drug use and brakes away from their environment*".

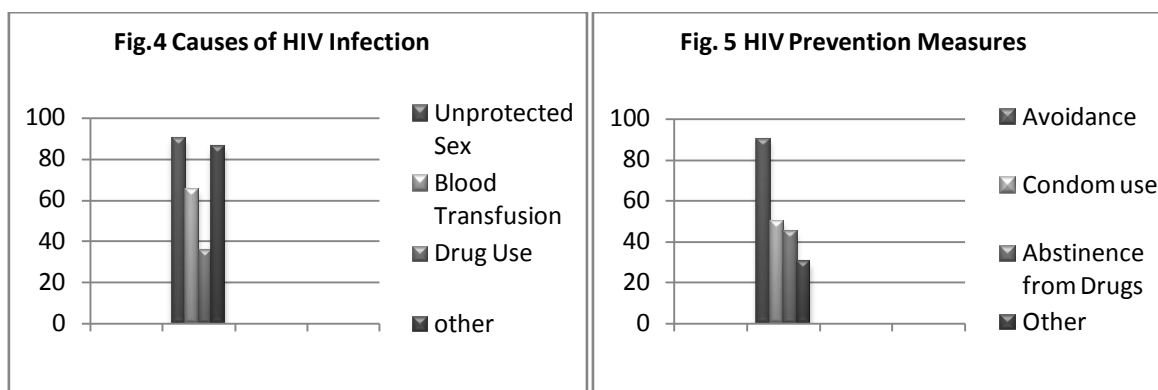
5. HIV/AIDS Awareness in Conscripts

5.1. The Level of Awareness on HIV/AIDS in Conscripts

72% of interviewed conscripts were informed about HIV/AIDS. 49% know that HIV/AIDS is a viral (infectious) disease transmitted through blood. Among causes of HIV infection some of them indicated unprotected sex, blood transfusion, and drug use while the others indicated, “dirty hands”, “use of household goods”, “kisses”, “injured extremities”. Most of respondents agree that HIV/AIDS may affect both men and women. “The illness has a latent course and cannot be detected for many years” F 17. Some of respondents told that “HIV/AIDS is untreatable illness”.

Among the methods of HIV prevention the conscripts proposed avoidance of PLHIV and coercive measures towards them. At the same time a half of respondents indicated a necessity of condom use and abstinence from narcotics.

Personal risk of HIV infection was estimated as very low because “HIV/AIDS is not spread in Azerbaijan” and “HIV is an illness of drug addicts and gays and it is not my case”



5.2. Sources of Information about HIV/AIDS

The sources from which used by conscripts to get information about HIV/AIDS include TV-casts, newspapers and magazines, information from friends and teachers.

The most popular TV programs for conscripts are ‘Ich Kheber’, ‘Tulkun Messeli’ (ANS), ‘Yeni Ulduz’, ‘Chal Chagir’ and ‘ATV Magazine’ (ATV) and the radio broadcast 106 FM.

Some of FGD participants indicated their interest to the series of TV-casts related to HIV/AIDS while the other noticed that this topic was indifferent for them.

The answers to the question “**what should be done to increase knowledge on HIV/AIDS in conscripts?**” included:

- Distribution of printing materials among conscripts in DCO
- Presentation of HIV/AIDS-related material in the TV-casts devoted to military service
- Placement of posters and banners
- Free access to condoms
- Open discussion of HIV-related issues

6. Conclusions and Recommendations

6.1 Conclusions

1. Conscripts are vulnerable group for HIV infection which is not covered directly by preventive measures
2. Combination of various biological, psychological, social and cultural factors is responsible for risky behavior in conscripts
3. The risky behavior is correlated with the age, place of residency and educational level of conscripts
4. HIV/AIDS-related sexual behavior in conscripts include unprotected sex, sex with paid partners, sex with multiple partners, alcohol use accompanying sexual intercourse
5. Irregular condoms use by conscripts is related to misconceptions about safe sex, underestimated personal risk of infection, poor insight, unplanned sex, shame of purchasing condoms and inability to negotiate with sexual partner
6. Injecting drug use is not common for male population at the age of 18 but in older group of conscripts it may be in occurrence
7. Sources of information about HIV/AIDS used by conscripts include mass media (radio, television, newspapers and the Internet), communication with friends and teachers

6.2 Recommendations

For international organizations

- Negotiations with governmental organizations to include the issues on HIV prevention in conscripts into the list of priority areas of the activities implemented at country level
- Development of evaluation criteria (targets and indicators) for the activities to reduce risk of HIV infection in conscripts
- Cooperation with governmental organizations dealing with conscripts' issues

For policy makers

- Development of necessary programmes to prevent HIV infection in conscripts and encouragement of multisectoral cooperation in this field
- Planning various activities in the reduction of drug use and promotion reproductive health

For National and local AIDS services

- Increase of attention towards conscripts
- Development of youth friendly services
- Conducting regular HIV awareness campaigns among conscripts
- Implementation of evidence-based research to assess HIV-related issues among conscripts

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ANNEXES

List of Key Informants

| | |
|-------------------------|--|
| 1. Esmer Hajjiyeva | Director, Expert Center on MH & HIV/AIDS |
| 2. Araz Manucheri-Lalei | Medical University, Expert of UNODC |
| 3. Fuad Mammedli | Virologist, National AIDS Center |
| 4. Murad Sultanov | Member of Military Medical Examination Board DCO |
| 5. Narmina Askerova | Member of Military Medical Examination Board CCO |
| 6. Valid Mirkasimov | Member of Military Medical Examination Board CCO |
| 7. Rashad Seyidaliev | Narcologist, Soumqait-city Narcological Dispensary |
| 8. Rena Safarova | STI specialist |
| 9. Kerimova Naila | ICRC Representative in Ganja |
| 10. Irada Ibragimli | Member of the Commission on Psychiatric Assessment |

Questionnaire

1. Age _____
 2. Place of residency urban rural
 3. Education school university
 4. Previous sexual experience Yes No
- If the answer on question four Yes:
5. Age of sexual activity debute before 17 after 17
 6. Regular sexual activity no less than once a wek no less than once a month
 less than once a month other _____
 7. Partners
 fixed partner multiple partners (more than three in last year)
 8. Paid partners Yes No
 9. Condom use always often sometimes never
 10. Reasons for irregular condom use _____
 11. Psychosocial problems _____
 12. Previous drug use Yes No
 13. Discribe what HIV/AIDS is _____
 14. Indicate the cause of HIV/AIDS _____
 15. Indicate the methods of HIV/AIDS prevention _____

Questions for Focus Group Discussion

1. Introduction
2. What do conscripts know about HIV/AIDS?
3. Where do they get information about HIV/AIDS?
4. What are the preferable sources of information used by conscripts?
5. What could you tell about sexual activity in conscripts?
6. What could you tell about sexual partners of conscripts?
7. What do you know about condoms use in conscripts?
8. What could you tell about psychosocial problems of conscripts?
9. What could you tell about drug use in conscripts ?
10. What should be done to increase knowledge on HIV/AIDS in conscripts?

FGD Information

| FG # | FG 1 | FG 2 | FG 3 |
|--|---|--------------------------------------|-----------------------------|
| Date | Dec. 4, 2007 | Dec 15, 2007 | Dec. 12, 2007 |
| Time | 12.00-13.00 | 14.00-15.30 | 11.00-12.00 |
| Place | School # 31 | 'Khazar' University | School # 4 |
| Participants | 8 final-year schoolboys | 9 final-year university students | 10 final-year schoolboys |
| Group Dynamics | High level of interest Severe emotional reaction | High level of participation | High level of participation |
| Disturbances/ Interruptions | None | Cell phones calls interrupted FGD | None |
| General Impression | Positive | Positive | Positive |