



International Labour
Organization



**Knowledge, Attitudes and Practices Survey on HIV/AIDS
among people involved in labour relations
in the Republic of Moldova**

Survey Final Report

International Labour Organization

Chisinau-2008

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INTRODUCTION

The Government of the Republic of Moldova undertakes HIV prevention measures, recognizing HIV/AIDS as a public health priority issue. Examples of such actions are the adoption of a new Law on HIV/AIDS prevention in 2007, launch of voluntary counseling and HIV and Hepatitis testing centers, several national awareness raising media campaigns supported by foreign donors, ensuring the access of people affected by AIDS to free antiretroviral treatment and others.

Nevertheless, according to the data from the National Scientific-Practical Center of Preventive Medicine, HIV/AIDS continues to spread in Moldova. Hence, in 2007 there were registered 731 new cases of HIV infection or 113 cases more than in 2006. HIV incidence was 98.37 per 100.000 population. In 2007 there were registered 214 new cases of people who developed AIDS. A total of 528 persons developed AIDS since 1987 till 2007. HIV infection continues to affect the reproductive and active population of Moldova. Therefore, according to the same source, the HIV incidence among people aged 15-24 increased in 2007, rising from 13.31 to 14.34 per 100.000 inhabitants.

Regretfully, these trends seriously affect a large number of qualified employees, leading to their exclusion, a decrease in living standards, as well as to an economic growth slowdown.

The International Labour Organization (ILO) is concerned about the effects HIV/AIDS could have on Moldova's workforce, labour market, and emphasizes the importance of tackling HIV/AIDS issue and the world of work, including action at community and enterprise levels. In this context, ILO promotes implementation of HIV/AIDS workplace policies and programmes in Moldova since 2006. Legal background in Moldova in what regards HIV and labour relations has been assessed by a compatibility study of Moldovan legislation on HIV/AIDS as opposed to international legislation and recommendations. The study identified legislation imperfections and provided stakeholders with recommendations for adjusting legal provisions to international standards.

Since laws alone cannot reduce the effects HIV/AIDS has on society and economic growth, there is a need to strengthen local capacities of world of work actors to tackle the issue at their workplaces. Several initiatives on designing, implementing HIV prevention activities take place in Moldova, including education of employees concerning HIV/AIDS, promotion of zero tolerance towards PLHIV discrimination; guaranteeing PLHIV rights at the workplace concerning employment, career promotion, salaries, etc.

The International Labour Organization in Moldova initiated and delivered the current Knowledge, Attitudes and Practices (KAP) Survey on HIV/AIDS among people involved in labour relations, in June – September 2008. So far, no other actors conducted researches of this kind in Moldova, thus there was no available data to describe knowledge, attitudes and practices in this field at the national level.

ILO contracted a research team to design the survey methodology, tools and final survey report, under the guidance of the ILO Headquarters office experts.

ACRONYMS

- AIDS** – Acquired Immuno-Deficiency Syndrome
- ART** – Antiretroviral treatment
- HIV** – Human Immuno-Deficiency Virus
- ILO** – International Labour Organization
- UNGASS** – Declaration of Commitment of the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS
- PLHIV** – People living with HIV
- VCT** – Voluntary Counseling and Testing
- KAP** – Knowledge, Attitudes and Practices



OBJECTIVES AND METHODOLOGY

Objectives of the research

The main objectives of the research were the following:

1. *Assessment of employees' level of awareness regarding HIV and AIDS.* For this purpose the following aspects have been analyzed:
 - ▶ The level of knowledge of the employees regarding HIV;
 - ▶ Trusted sources of information regarding HIV;
 - ▶ The employees' level of knowledge about HIV ways of transmission;
 - ▶ The employees' level of knowledge about HIV prevention measures.
2. *Identification of the employees' attitudes towards HIV protection measures.*
3. *Identification of the employers' and employees' attitude towards people living with HIV.* For this purpose the following aspects have been analyzed:
 - ▶ The employees' attitude towards HIV positive family members;
 - ▶ The employees' attitude towards the HIV positive work colleagues;
 - ▶ The employees' attitude towards HIV positive persons unknown people;
 - ▶ The employees' opinion about the employers' attitude towards HIV positive employees.
4. *Identification of access to VCT services among employees.* For this purpose the following aspects have been studied:
 - ▶ The rate of employees that took the HIV test, including on their own initiative;
 - ▶ The rate of employees that took the HIV test and benefited from pre-test counseling services;
 - ▶ The rate of employees that took the HIV test and benefited from post-test counseling services;
 - ▶ The rate of employees that would like to take the HIV test;
 - ▶ The employees' refusal reasons to take the HIV test.
5. *Assessment of occupational safety and health environment at the workplace.* For this purpose the following aspects have been analyzed:
 - ▶ The rate of employees which feel safe at the workplace;
 - ▶ The level of awareness on rights regarding occupational safety and health at work;
 - ▶ The rate of employees which are aware that the employer's responsibility for ensuring occupational safety and health measures;
 - ▶ The rate of employees who were trained about the occupational safety and health at the enterprise.
6. *Assessment of the enterprise's policy regarding HIV by its employees.* For this purpose the following aspects have been analyzed:
 - ▶ The level of employee's awareness about the rights of people living with HIV in the world of work;
 - ▶ The rate of respondents who consider their company administration is aware of the HIV/AIDS problem the in Republic of Moldova;
 - ▶ The rate of respondents who consider it is important their company has a workplace policy on HIV/AIDS;
 - ▶ The rate of employees who consider that their company has a workplace policy on HIV/AIDS;
 - ▶ The employees level of awareness regarding the content of company's workplace policy on HIV/AIDS;
 - ▶ The rate of employees who received education on HIV/AIDS at the workplace during the last six months;
 - ▶ The rate of employees who consider having access to the information at their workplace about available VCT services in the community;
 - ▶ The rate of employees who consider their employers are involved in financing (sponsoring) HIV prophylaxis activities;
 - ▶ The rate of employees who consider their employer respects the rights of HIV positive people at the workplace;
 - ▶ The employees' level of satisfaction about their company's workplace policy on HIV/AIDS.

7. *Identification of sexual behavior practices and risks associated with the possibility of contracting HIV.* For this purpose the following aspects have been analyzed:

- ▶ The rate of employees having sexual intercourses;
- ▶ The rate of employees having more than one sexual partners within the last 12 months;
- ▶ The regularity of condom use by employees within the last 12 months;
- ▶ The rate of employees who used a condom at their last sexual intercourse;
- ▶ The reasons of refusing the use of a condom during sexual intercourses.

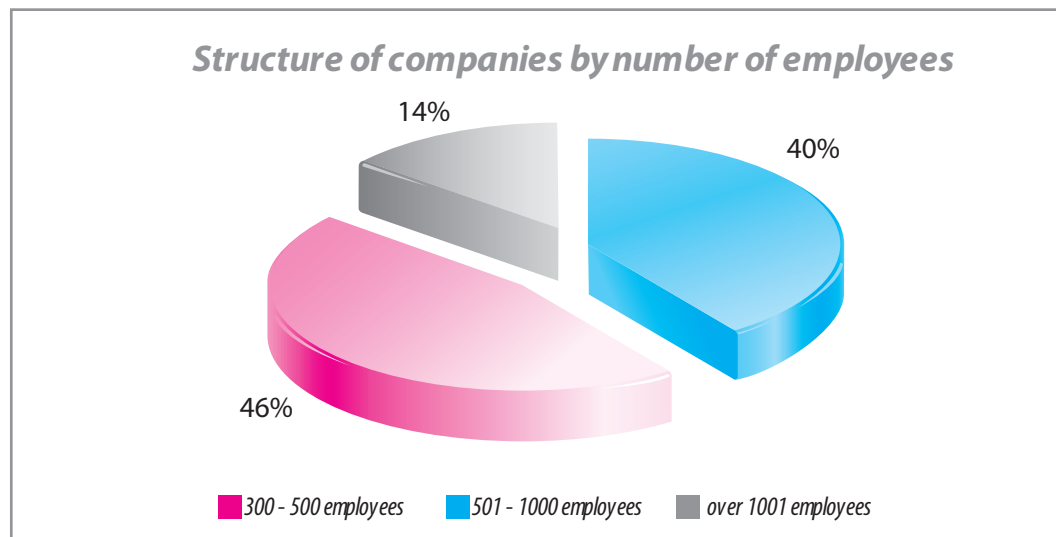
8. *Recommend activities which could promote workplace policies on HIV/AIDS among world of work partners from the Republic of Moldova.*

Research methodology

Research sample design. Total sample size was 1217 people - employees of Moldovan enterprises, having more than 17 years old. The sample is layered, probable, and two-staged.

Sample selection was conducted in 2 stages, the initial stage selected the companies taking part in the research, main criteria for enterprises selection was the number of employees. The list of companies has been divided into 3 groups: 300-500 employees; 501-1000 employees and the third group – companies with more than 1001 employees. The sample was determined according to a statistical step from the list of companies. A number of companies have been selected from each group.

Figure 1

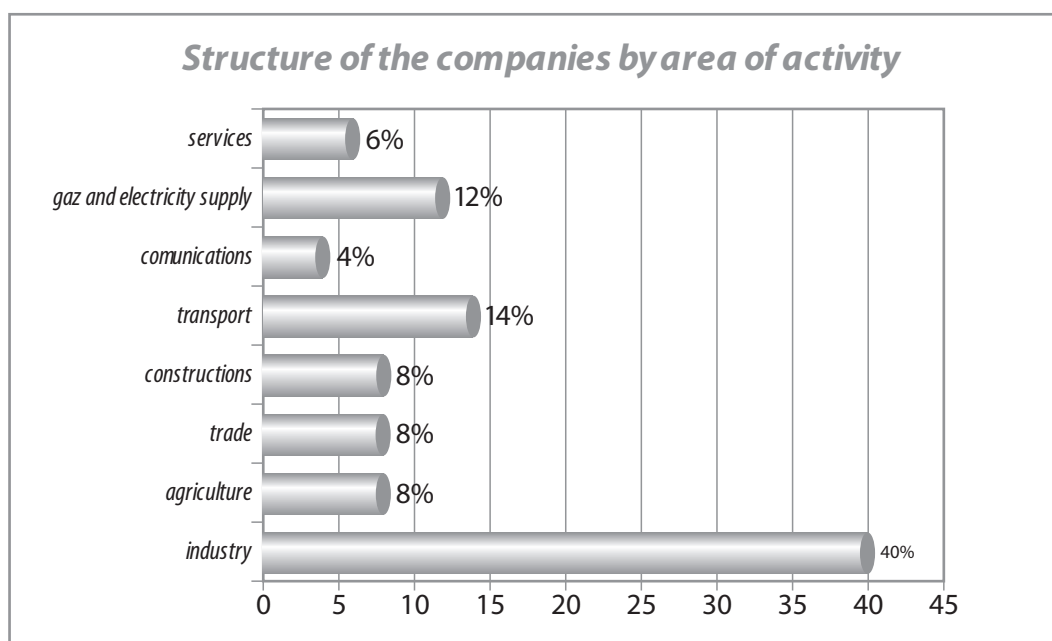


The second stage selected the respondents according to the systematic sample method from the complete lists of employees presented by companies at research agency's request. Complete lists of employees were arranged in alphabetical order to avoid systematical errors.

The following figure shows the division of enterprises involved in survey sample by sectors of activity. Representative sample: the sample is representative among enterprises with more than 300 employees with maximum margin of error of $\pm 3\%$.



Figure 2



Pre-testing of the questionnaire. The questionnaire was pre-tested in three different companies by size and included 30 respondents. As a result of pre-testing, the research company decided the research instrument is accessible to respondents, easy to use by operators and does not require changes.

Statistical data analysis included data regarding on following variables: residence, sex, age, level of education, work position, length of service, enterprise's size. At the same time, the company calculated the following indicators according to UNGASS Report requirements (please see *Annex 2*).

Ethic code of conduct applied during field work. Taking into consideration survey subject, the research agency conducting field work has taken notice of the following ethical rules:

- ▶ Obtain the respondent's approval to participate in the research;
- ▶ Explain the benefits of taking part in the research;
- ▶ Ensure confidentiality of the information and anonymity of respondents.

SUMMARY

Knowledge on HIV/AIDS

Overall, an absolute majority of the interviewed employees heard about HIV and AIDS.

More than 90% of respondents know the basic HIV ways of transmission, among which: unprotected sexual intercourse, from mother to child, infected blood and only 60% of those interviewed know HIV can be transmitted through breast milk.

Although more than 70% of respondents have denied the misconceptions about HIV ways of transmission, there is a large number of employees having showed erroneous understanding of this subject. UNGASS integrated indicator on HIV knowledge is only 49%.

More than 90% of respondents know the risk of contracting HIV could be reduced if condom is used during each sexual intercourse, maintaining a relation with only one uninfected sexual partner and always using sterile injecting equipment. At the same time, only 41% of respondents know that a pregnant woman can prevent her unborn child from becoming infected with HIV by taking ARV treatment during pregnancy.

Sexual behavior

Although the number of respondents having multiple sexual partners during the last 12 months is relatively small (16%), it grows to 27% among the age group of 17-29 years old.

Although the majority of respondents have access to condoms and accept using it, only 15% reported using a condom every time during sexual intercourses over the past 12 months.

39% of persons with multiple sexual partners stated they did not use condoms during their last sexual intercourse.

Attitudes towards People Living with HIV

Every second respondent considers it is a shame to be HIV positive, and two thirds of those interviewed would keep in secret the fact that someone from their family was HIV positive.

Overall, more than 90% of respondents mentioned they would take care of family members affected by AIDS, in the meantime showed discriminatory attitude towards other HIV positive people. The integrated acceptance indicator among employees amounts to 9% (based on the number of persons who agreed with the following four statements: a) would not keep in secret the fact that someone from his family is HIV positive, b) would take care of a family member affected by AIDS, c) would buy goods in a store where an HIV positive vendor works and d) would accept an HIV positive teacher working at school).

Voluntary Counseling and Testing

Although 2/3 of the employees mentioned they have necessary facilities to pass the HIV test in their town/city, only 28% took the test in the past 12 months.



35% of employees had taken the HIV test following their own wish, 23% - following a doctor's request, 5% - following someone's advice and 34% - following an employer's request (which comes in contradiction with the national legislation).

Only 28% of people, who had taken the test, signed a document confirming his/her consent to the test.

26% of those respondents, who took the HIV test, were pretest counseled and 17% were counseled following the test. The UNGASS indicator for the rate of employees who took HIV test and benefited of pre and post counseling is only 3%.

More than 40% of respondents stated they would like to take or repeatedly take the HIV test.

Workplace policies on HIV/AIDS

59% of the employees stated they feel well and very well protected of possible risks at the workplace (occupational accidents and diseases, etc.)

65% of those interviewed consider themselves well and very well informed about the rights regarding occupational health and safety (OHS) at work.

78% of employees consider they are informed to some extent or not informed at all about the rights of HIV positive people in the world of work.

Although more than 80% of employees consider that an HIV/AIDS workplace policy is much needed in their company or to some extent necessary, only 21% of respondents stated their company has an HIV/AIDS workplace policy.

75% of those people considering their enterprise has an HIV workplace policy, believe they are informed to a certain extent or not informed at all in relation to the policy content.

96% of those interviewed mentioned during the past 6 months they did not receive any HIV/AIDS education at their workplace.

Over 80% of those interviewed mentioned it is not possible or not really possible to get any information at their workplace, about services providing HIV voluntary counseling and testing, HIV care and support services available in the community.

84% of respondents consider their company administration doesn't involve at all or they did not know if it involves financing of HIV prevention activities.

The level of employees' knowledge about the employers' attitude towards HIV positive people is quite low. Thus, more than 40% of respondents do not know if their company violates the rights of HIV positive people during employment process; do not know if their company can offer working conditions appropriate to health condition of HIV positive people, if their employer has the same attitude towards HIV positive people as towards other people, if their company provides the necessary conditions to ensure non discrimination of HIV positive people at the workplace. Only 25% of those interviewed are convinced their company ensures confidentiality of employee's medical records, including HIV positive people ones.

Only 18% of interviewed employees are satisfied with the policy (measures) their company undertakes on HIV/AIDS. 64% of respondents are satisfied to some extent or are not satisfied at all and 18% did not offer any answer.

Chapter 1. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Socio-demographic characteristics of respondents corresponds the ones of employees working for companies with more than 300 employees from the Republic of Moldova. Gender distribution of respondents is the following: 49% -men and 51% - women. Of the total number of the national sample, 73% are urban residents and 27% - rural residents.

As per age group, the classification is the following:

- ▶ 17-29 years old – 32%
- ▶ 30-39 years old – 22%
- ▶ 40-49 years old – 25%;
- ▶ Over 50 years old – 21%.

As per level of education, the interviewed employees are divided in following groups:

- ▶ Primary/secondary incomplete education – 8%;
- ▶ Gymnasium/high school education – 36%;
- ▶ Vocational school education/college – 26%;
- ▶ Incomplete Higher / Higher education - 30%.

By position at the enterprise distribution is the following: 61% - workers, 32% - managers/specialists and 6% - other functions.

By length of service at the enterprises, the respondents are classified by working:

- ▶ Less than a year – 15%;
- ▶ 1-2 years – 16%;
- ▶ 3-5 years – 22%;
- ▶ 6-10 years – 18%;
- ▶ Over 10 years – 29%.

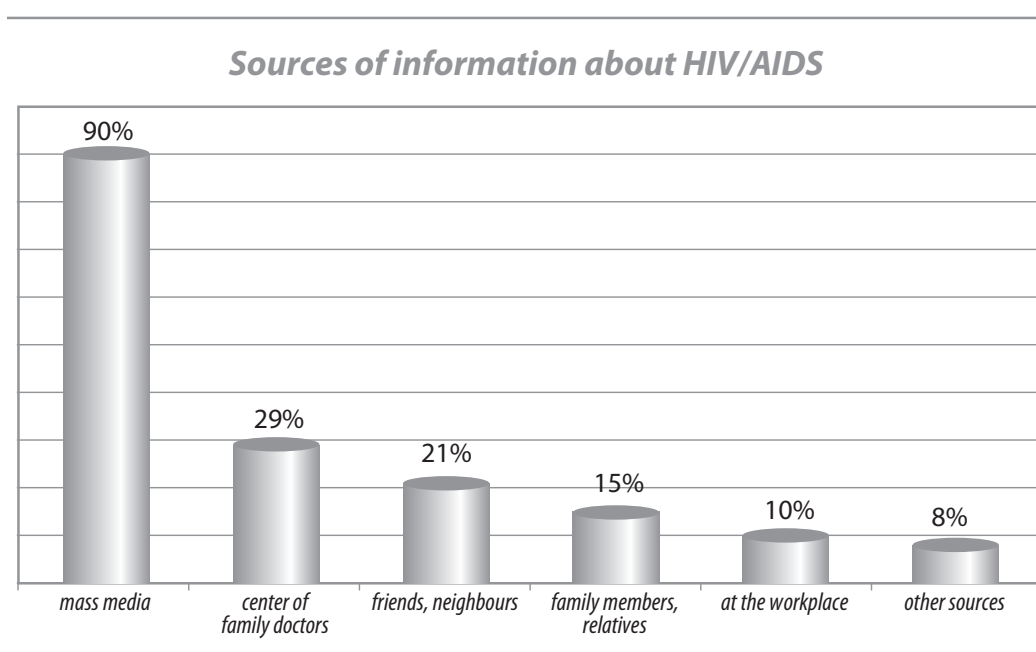


Chapter 2. KNOWLEDGE ON HIV/AIDS

General knowledge on HIV/AIDS. According to the research results, the majority of people involved in labour relations (99%) heard of HIV/AIDS. There is a small difference of answers among respondents of different age, education, sex and residence – up to 3%.

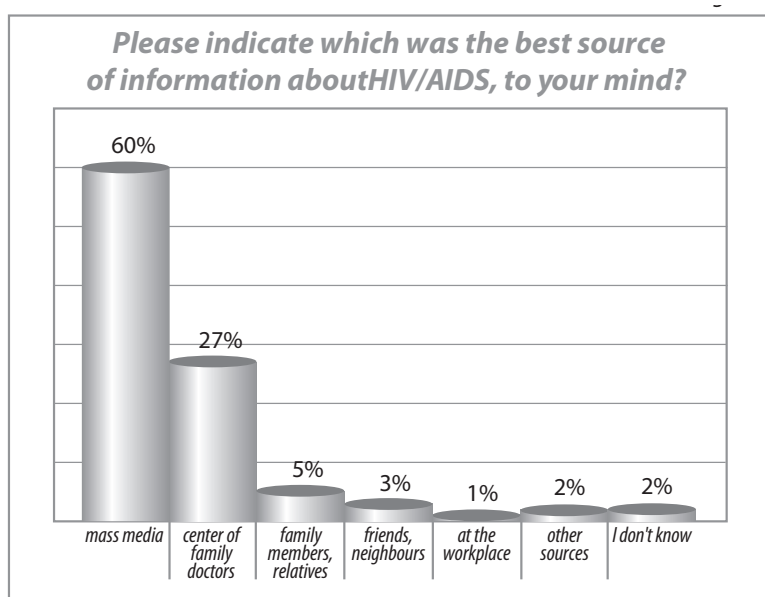
The sources of information are different: mass media (90%), family doctors centre (29%), friends/neighbors (21%) and relatives/family members (15%). Only 10% mentioned they heard about this infection at their workplace (see Figure 3).

Figure 3



The sources of information the respondents mostly trust are: mass media (60%) and family doctors centre (27%), as seen in Figure 4.

Figure 4

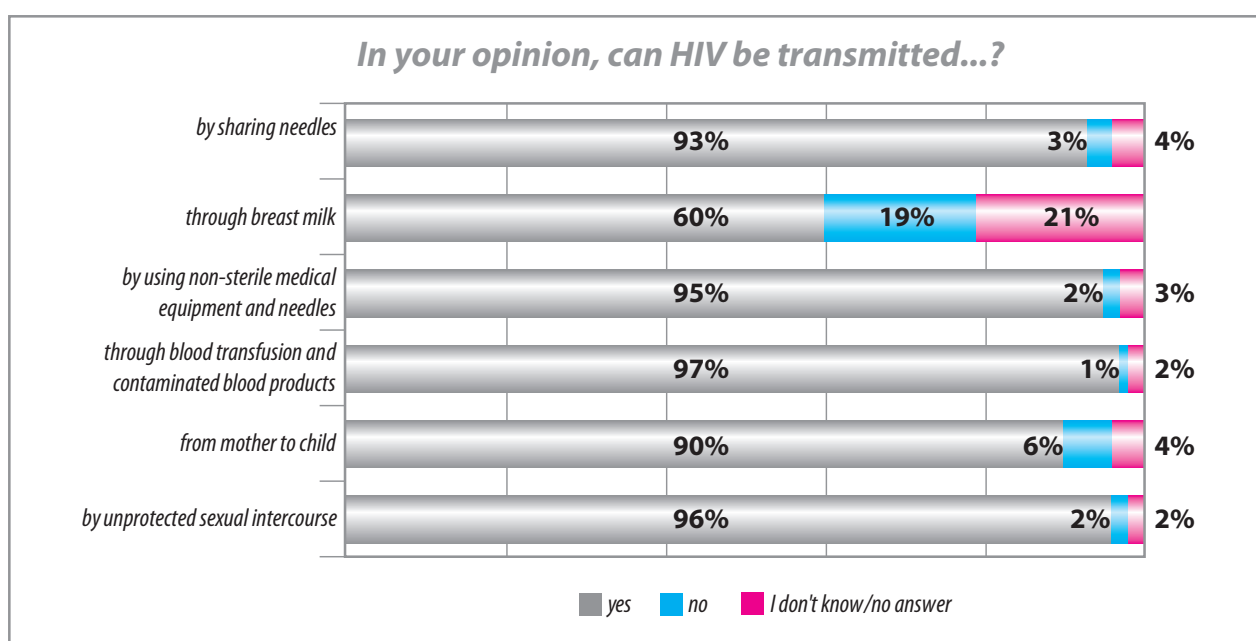


Level of incorrect knowledge varies depending on education, age and respondent's residence area. Therefore, the rate of respondents who trust mass media grows once the age grows (50% is noticed among the 17-29 years age group and it reaches 67% in the 50+ age group) and once the level of education increases (from 46% - among those respondents with primary/secondary incomplete education up to 62% - among those with university education level). It also depends on the residence area, the rate of persons from urban areas who trust mass media is higher than the rate of respondents from rural areas (for comparison, 65% - urban and 46% - rural).

Centre of family doctors is most trusted by respondents with primary/secondary incomplete education (31%), persons of 17-29 years old (33%) and from rural areas (38%).

Knowledge on HIV ways of transmission. The research highlighted the fact that the majority of employees are familiar with HIV ways of transmission. More than 90% of the respondents know HIV can be transmitted through sharing needles, use of non sterile medical equipment, blood transfusion or infected blood products, from mother to child during birth, through unprotected sexual intercourse. 2/3 of the respondents know HIV can be transmitted through breastfeeding (see Figure 5).

Figure 5



More than 70% of the respondents know HIV is not transmitted through using common dishes, by coughing, sharing one toilet, shaking hands, and contact with sweat. 63% know HIV is not transmitted through kisses (see Figure 6).

However, the research reveals there is still a big number of respondents who have incorrect knowledge about the ways HIV is transmitted. Thus, 37% of respondents consider HIV can be or are unsure it can be transmitted through a kiss, every third respondent mentioned HIV can be transmitted or does not know if it can be transmitted through use of common dishes, every forth – through coughing, contact with sweat and sharing one toilet, 14% - through hand shake.

Level of incorrect knowledge varies depending on education and age of respondent. The survey revealed a trend: the percentage of respondents who have incorrect knowledge about HIV ways of transmission increases as the

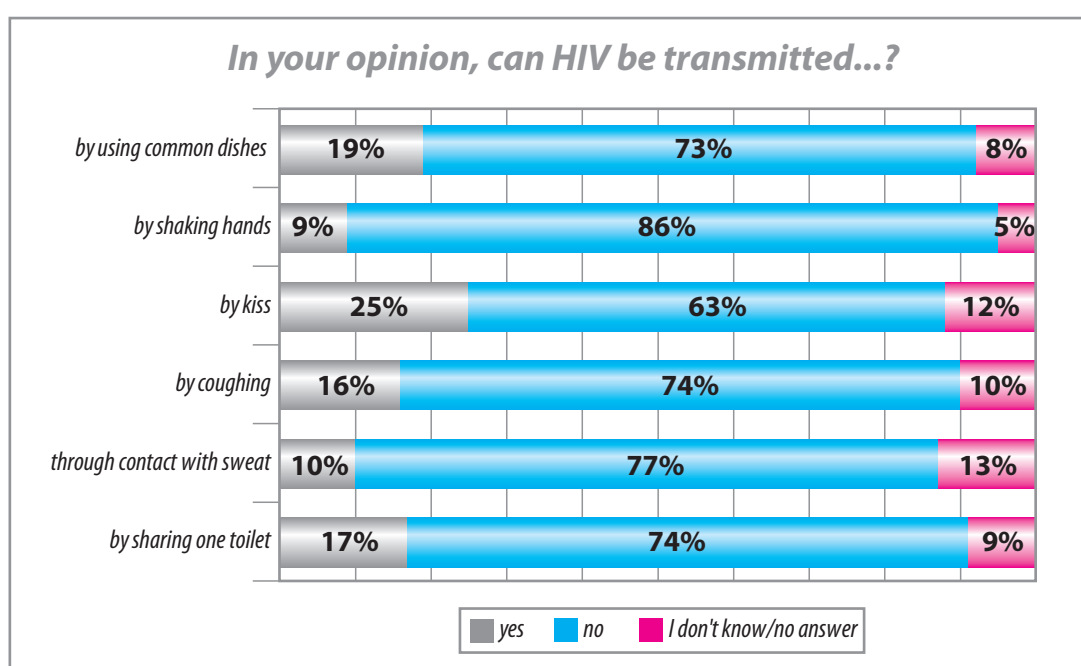


level of education decreases and age increases. Thus, percentage of respondents who know HIV can be transmitted or are unsure if it can be transmitted through use of common dishes, is higher among persons with primary education or secondary incomplete education (41%) and individuals that are 50+ years old (32%).

Share of respondents who think HIV can be transmitted or do not know if it can be transmitted through sharing a toilet is higher among individuals with primary education, secondary incomplete education (28%) and those older than 50 years (37%).

Percentage of respondents who consider HIV can be transmitted through contact with sweat is higher among respondents with primary education, secondary incomplete education (29%) and those older than 50 years (34%).

Figure 6

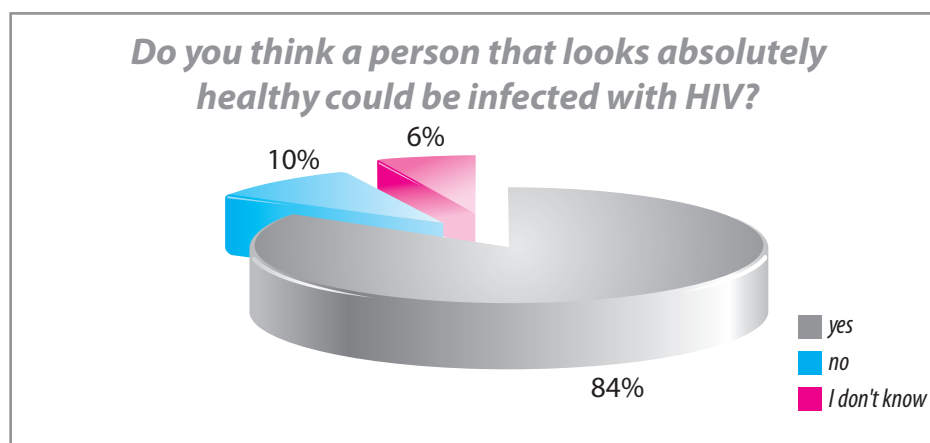


Share of individuals who mentioned HIV can be transmitted or do not know if it can be transmitted through handshake is, as well, bigger among respondents with primary education, secondary incomplete education (23%) and individuals over 50 years old (22%).

Percentage of respondents considering HIV can be transmitted or are not sure if it can be transmitted through a kiss is the highest among those with primary education, secondary incomplete education (43%) and individuals that are over 50 years old (56%).

Knowledge about HIV infection asymptomatic characteristics. 84% of the respondents are aware that HIV infection is asymptomatic and that a person who looks absolutely healthy can be HIV positive. 16% of respondents consider they cannot become infected with HIV from a person looking absolutely healthy or do not know if they can be infected in this way (see Figure 7).

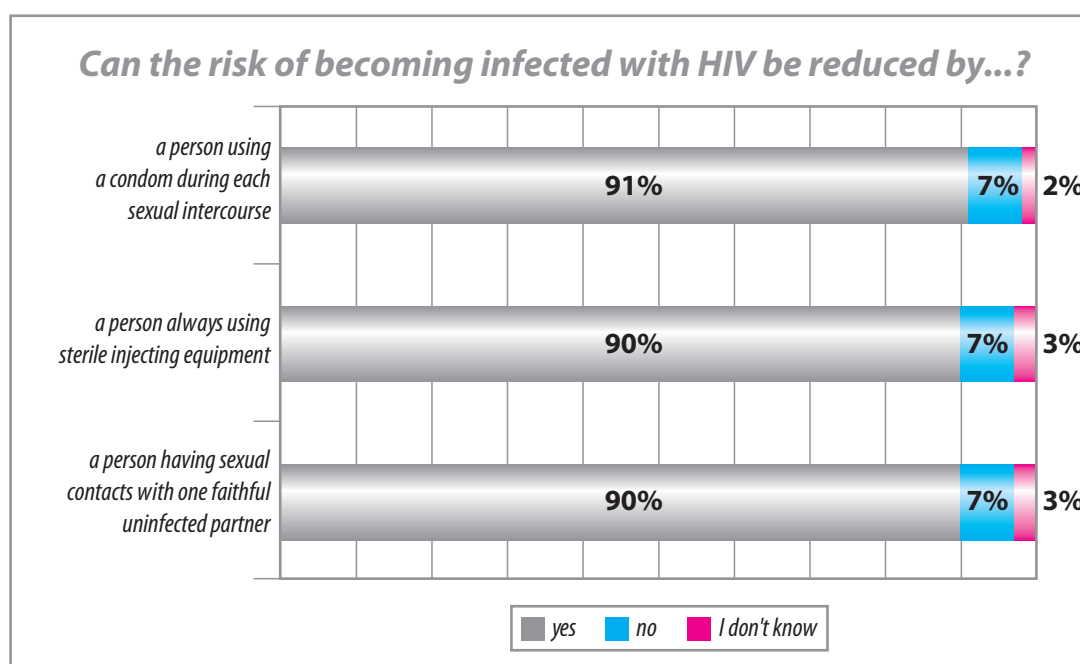
Figure 7



Percentage of respondents varies depending on the level of education, age and residence. Thus, percentage of respondents who are aware HIV infection is asymptomatic is higher among those with university degrees or post-graduate studies (89%) and among persons from urban areas (87%); it is lower among those with primary education/ secondary incomplete education (75%) and those from rural areas (76%).

Knowledge about minimizing the risks of contracting HIV infection. As in the case with HIV ways of transmission, the majority of employees (90%) know the risks of being infected with HIV can be minimized if a person is using condoms during each sexual contact, if the person has sexual contacts with one and the same uninfected partner and if the person is always using sterile injecting equipment (see Figure 8). The level of knowledge about ways of minimizing risks of infection is not seriously varying among age, residence and level of education groups.

Figure 8

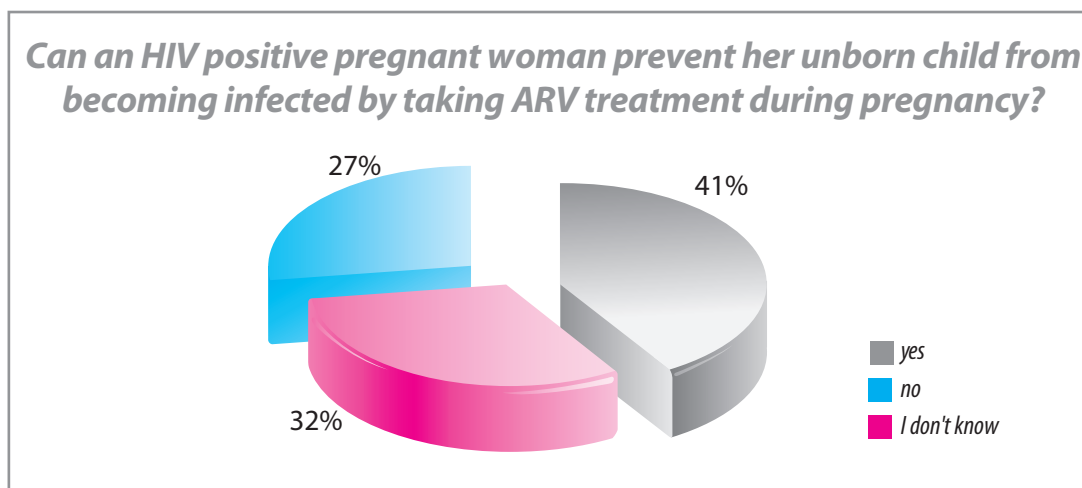


At the same time, the research shows a high rate of respondents who do not know about the efficiency of antiretroviral treatment in preventing unborn children contract HIV from their HIV positive mothers. Only 41% of respondents know



that a pregnant woman can prevent her unborn child from becoming infected with HIV by taking ARV treatment during pregnancy, and more than a half of respondents consider this cannot prevent it or do not know if it can prevent the infection (see Figure 9).

Figure 9



The integrated indicator of correct knowledge on HIV ways of transmission. The integrated indicator of correct knowledge on HIV ways of transmission was calculated in conformity with UNGASS requirements for 2008, based on the number of individuals that agreed the risk of HIV infection can be reduced if one has sexual contacts with only one uninfected partner that has no other partners and if a person is using condoms during each sexual contact and are disagreeing with two misconceptions: that a person can be infected with HIV through sharing one toilet and use of same dishes.

As a result of data integration we concluded that the integrated indicator of correct knowledge on HIV ways of transmission among employees is 49%. If we compare this indicator with the 2005 indicator, which was calculated for the country general population (28%), we can observe an increase in the level of knowledge of approx. 1.75 times, a trend which is positively affected by the implementation of efficient communication campaigns in the field of HIV prevention in Moldova during last years. We should also remark, our current survey covered in 73% of cases exclusively representatives of urban population and this could have influenced the increased level of knowledge. Often, urban population has increased access to information in comparison to rural.

On the other hand, more than a half of the employees do not have correct knowledge about the ways HIV can be transmitted. We could conclude this indicator is quite low and it is recommended additional measures are undertaken in terms of enhancing knowledge of the employed population from Moldova in relation to HIV infection. The integrated indicator of correct knowledge on HIV ways of transmission is varying depending on residence area; age and education (see Table 1).

Table 1. The integrated indicator of correct knowledge on HIV ways of transmission depending on residence area, age and education

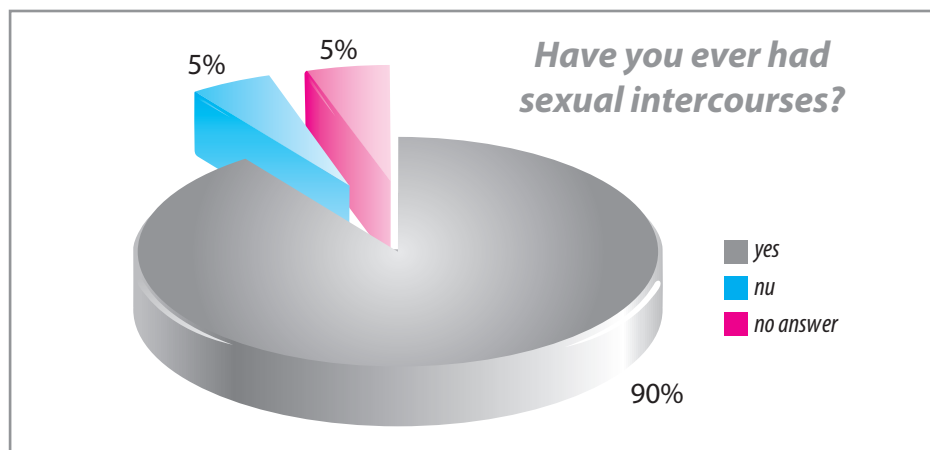
Total	Urban	Rural	Primary/ secondary incomplete	Gymnasium/vo- cational school	College	University degree	17-29	30-39	40-49	50+
49%	52%	41%	33%	45%	49%	58%	58%	57%	49%	29%

As noticed above, the integrated indicator of correct knowledge is increasing with a higher level of education (from 33% in groups with primary and secondary incomplete studies to 58% in groups with university degrees) and with a decrease in age (from 29% in groups of those with the age of over 50 years to 58% in groups of individuals of 17-19 years old). Residence area changes the integrated indicator of correct knowledge about HIV as follows: it is higher in urban areas (52%) and is lower in the rural areas (41%).

Chapter 3. SEXUAL BEHAVIOR OF EMPLOYEES

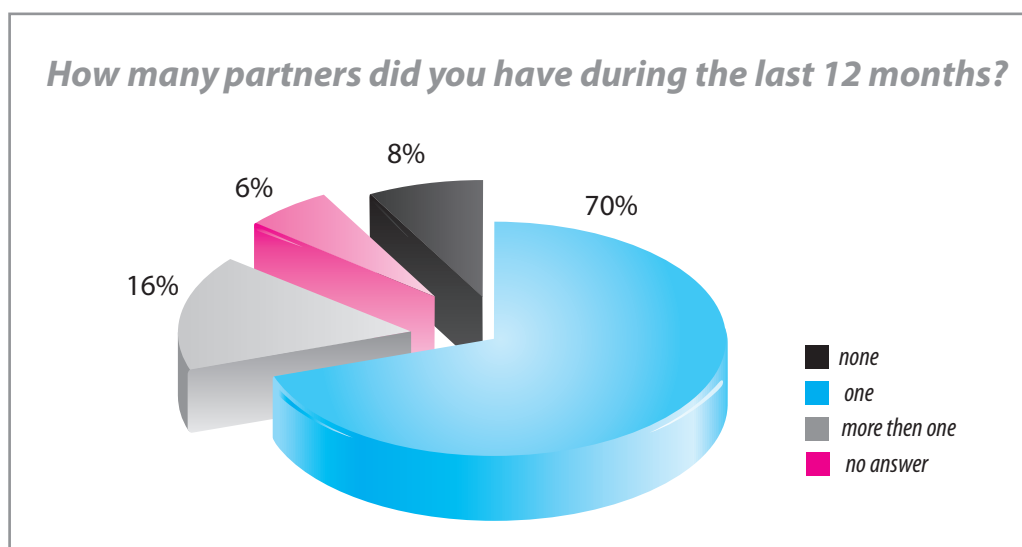
Sexual practices. Research results showed 90% of respondents had sexual intercourses, 5% never had sexual intercourses and 5% did not want to answer (see Figure 10).

Figure 10



From the total number of respondents who previously had sexual intercourses, 70% had only one sexual partner over the last 12 months, 16% had more than one partner, 8% had no sexual partners and 6% did not want to answer (see Figure 11).

Figure 11



The rate of persons that had multiple sexual partners varies depending on gender and age. Thus, depending on gender, percentage of men who had multiple sexual partners within the last twelve months is higher than among women (for comparison: 26% men and 6% women). Depending on age, rate of persons that had sexual intercourses with multiple partners is higher in the 17 – 29 age group (27%).

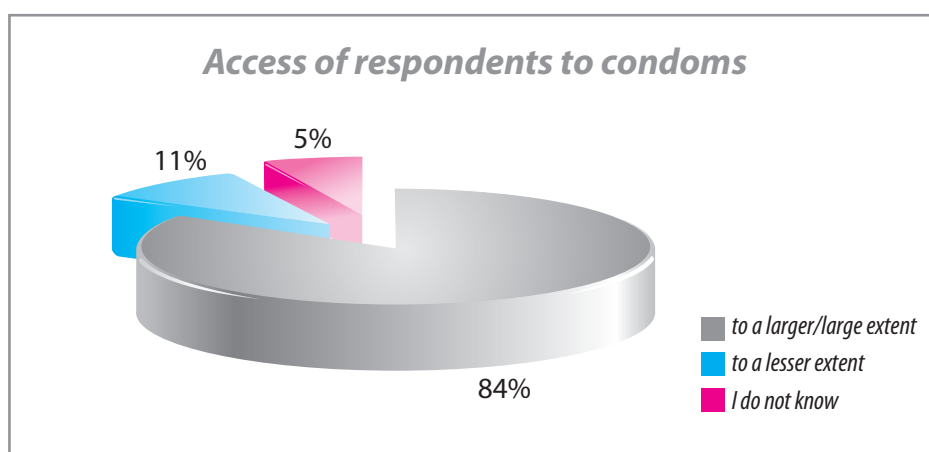


Table 2. Number of sexual partners within the last 12 months depending on age and gender

	total	17-19	30-39	40-49	50+	Male	Female
No partner	8%	5%	5%	7	17	5%	11%
One	70%	61%	70%	79	72	64%	77%
More than one	16%	27%	17%	11	9	26%	6%
No response	6%	6%	8%	4	2	5%	6%

Attitudes and practices in using condoms. The results of the research showed the majority of respondents (84%) had access to condoms to a larger or lesser extent. Only 11% of the respondents mentioned a low or lacking access to condoms with 5% of respondents refusing to answer (see Figure 12).

Figure 12

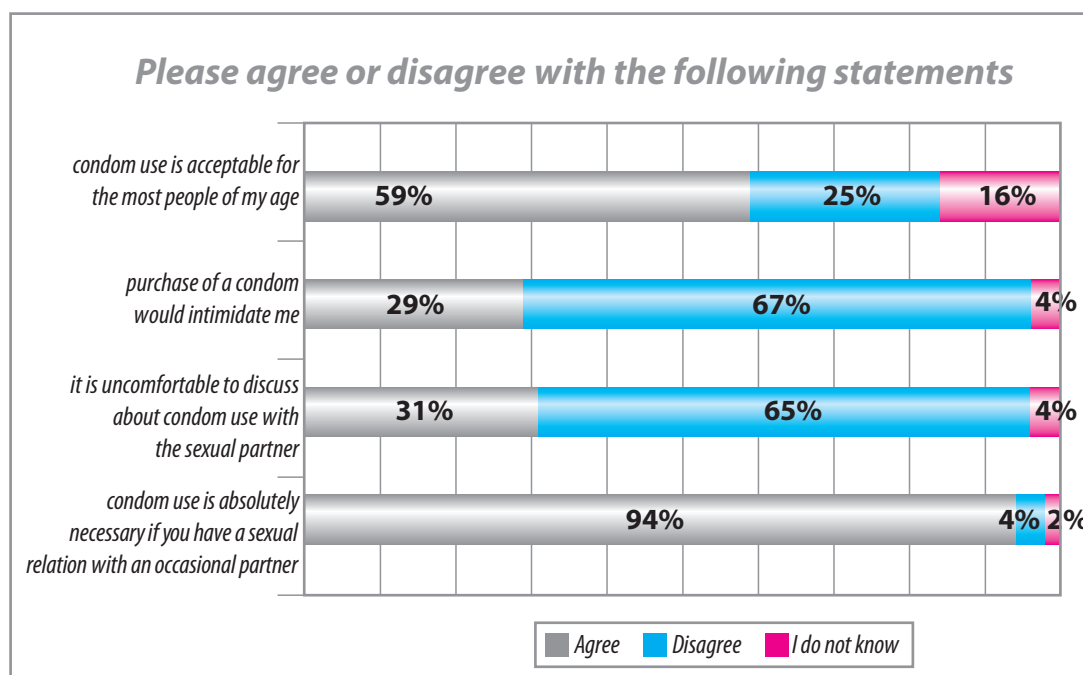


Answers to this question are not varying or vary slightly depending on the gender, age and residence area.

With reference to attitudes towards using condoms, the majority (94%) consider condoms use is absolutely necessary during sexual intercourses with occasional partners and only 4% disagree with this statement and 2% refused to answer (see Figure 13).

59% of employees consider condom use is acceptable for the majority of people of their age, 25% disagree with this statement and 16% did not answer (see Figure 13). Answers vary depending on the age and respondent's residence area. Thus, the percentage of respondents who agreed that usage of condoms is acceptable for a majority of people of their age increases with a decrease in the age of the respondents from 30% among those older than 50 years to 85% in the 17-29 age group. Depending on residence area, the percentage of respondents that agreed with the above statement is higher in urban areas (for comparison 61% in urban and 52% in rural areas).

Figure 13



2/3 of the respondents consider buying a condom would not intimidate them and that it is not shameful to discuss with the sexual partner about the use of condoms. At the same time, every third respondent mentioned the purchase of a condom would intimidate him/her.

As the research highlights, the percentage of respondents that would be intimidated to buy a condom is increasing with their age (from 23% among 17-29 age group to 44% in groups of 50+ years old) and with the decrease of the level of education (from 22% in groups of respondents with university and post-university degrees to 39% in the group of respondents with primary and secondary incomplete education) (see Table 3).

Table 3. Please agree or disagree with the following statement: „Purchase of a condom would intimidate me”

	Total	17-29	30-39	40-49	50+	Primary/ secondary incomplete	Gymnasium/ vocational school	College	Higher
Agree	29%	23%	18%	31%	44%	39%	31 %	29%	22%
Disagree	66%	73%	77%	64%	48%	53%	63%	67%	73%
No answer	5%	4%	5%	6%	8%	8%	6%	4%	5%

Depending on residence area, percentage of respondents that would be intimidated to buy a condom is higher in rural than urban areas (for comparison 56% and 69%).

31% of respondents agreed that it is uncomfortable to discuss with their sexual partner about condom use. Percentage of such respondents is higher among women (33%), in rural environment (41%) and in the group of those with primary or general incomplete studies (39%) (see Table 4).

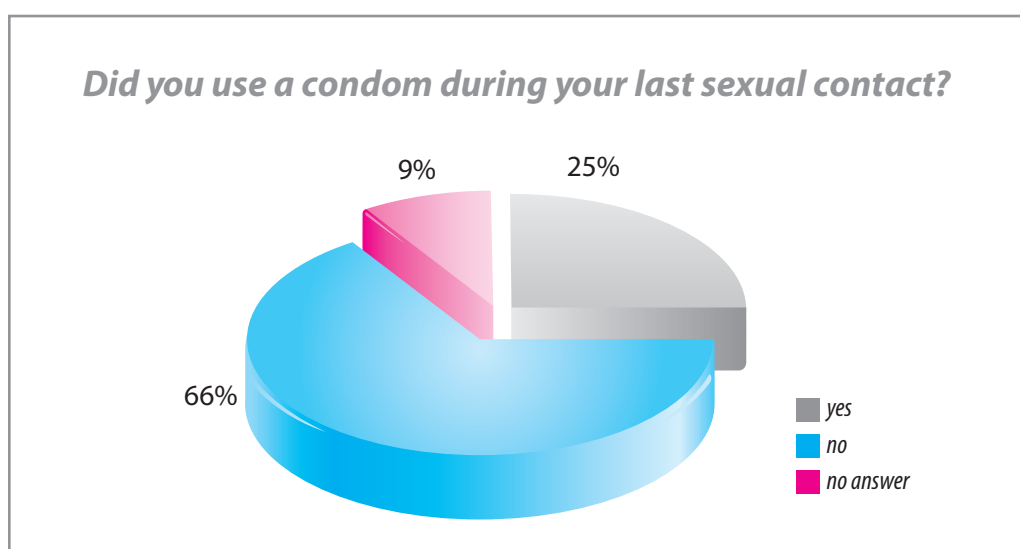


Table 4. Please agree or disagree with the following statement: „It is uncomfortable to discuss about condom use with the sexual partner”

	Total	Men	Women	Urban	Rural	primary/secondary incomplete	gymnasium/vocational school	College	University/post university
Agree	31%	29%	33%	27%	41%	39%	31 %	29%	22%
Disagree	65%	68%	62%	69%	55%	53%	63%	67%	73%
No answer	4%	3%	5%	4%	5%	4%	1%	3%	2%

However, despite the fact that access to condoms is high, as well is the number of respondents who accept condoms use, every second respondent mentioned he/she did not use a condom at all, during last sexual intercourse, during the last 12 months. Every fourth respondent stated he/she used a condom some of the times, 15% used it during every sexual intercourse, 3% did not have sexual contacts and 6% did not answer this question (see Figure 14).

Figure 14

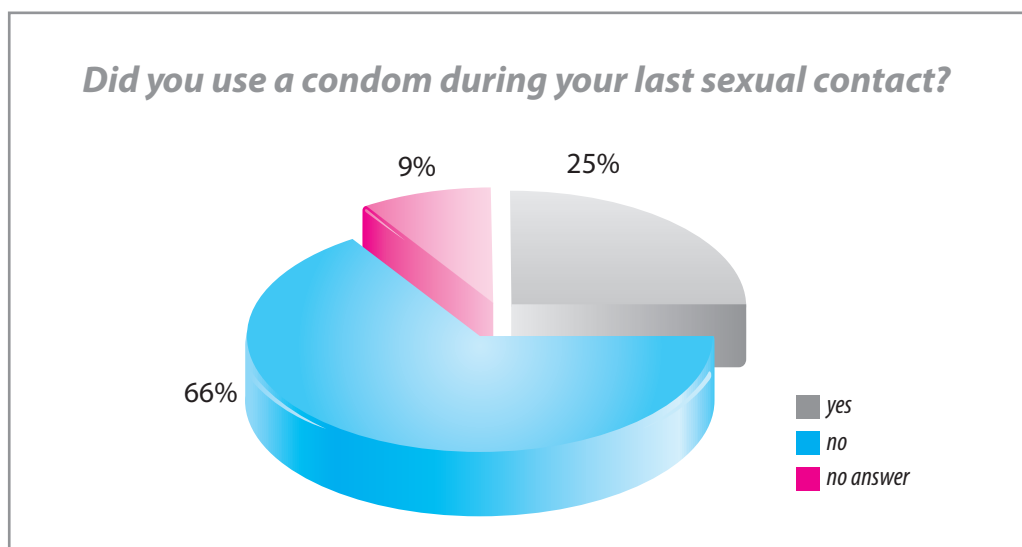


Depending on the age, the percentage of respondents that always used a condom during the last 12 months is higher in 17-29 years age group (36%). Along with age increase, the percentage of respondents that always used a condom is decreasing to 2% in the 50+ age group.

The share of respondents who did not use a condom at all is higher in age groups over 40 years (40-49 age group – 60%, 50+ years – 77%).

As regards the question on condom use during the last sexual intercourse, 66% of respondents said they did not use it, 9% did not want to answer and only every fourth gave a positive answer (see Figure 15).

Figure 15



Percentage of those who used a condom during the last sexual intercourse is higher in the age group of 17-29 years (49%). Together with an increase of age, the percentage of those who used a condom during the last sexual intercourse is decreasing to 7% in the 50+ age group.

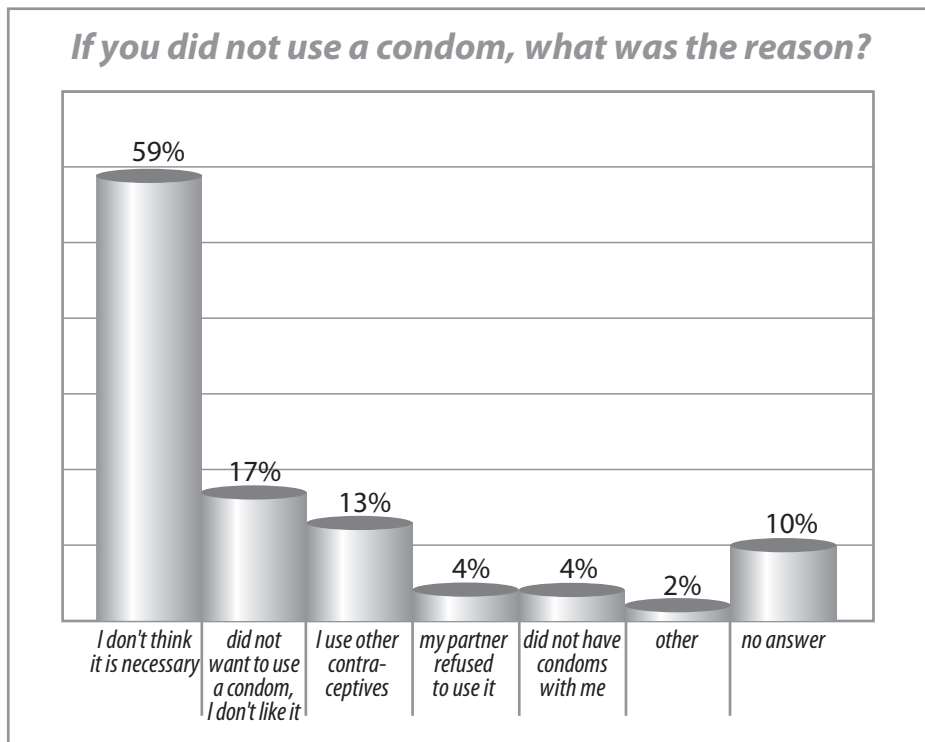
The research highlighted the fact that 39% of individuals who had multiple sexual partners during the last 12 months did not use a condom during their last sexual intercourse. Though, the percentage of those respondents with multiple sexual partners who did not use condoms during the last sexual intercourse is lower than among the general population, we have to take into account that they are more frequently under risk of infection than other groups of people. Percentage of respondents that had multiple sexual partners and during the last sexual contact did not use a condom is higher among individuals from rural areas (44%), people with primary or secondary incomplete education (52%) and people with university degrees (46%).

Depending on age, together with the increase in age, the percentage of individuals that had more than one sexual partner and did not use a condom is increasing from 24% in the 17-29 years age group to 46% in the 30-39 years age group and 57% in the 40-49 years age group.



Answering the question on the reasons of not using a condom during the last sexual intercourse, more than 50% of the respondents answered they do not think it is necessary and 17% said they do not want to use condoms as they do not like it, showing a careless attitude as regards their own health (see Figure 16).

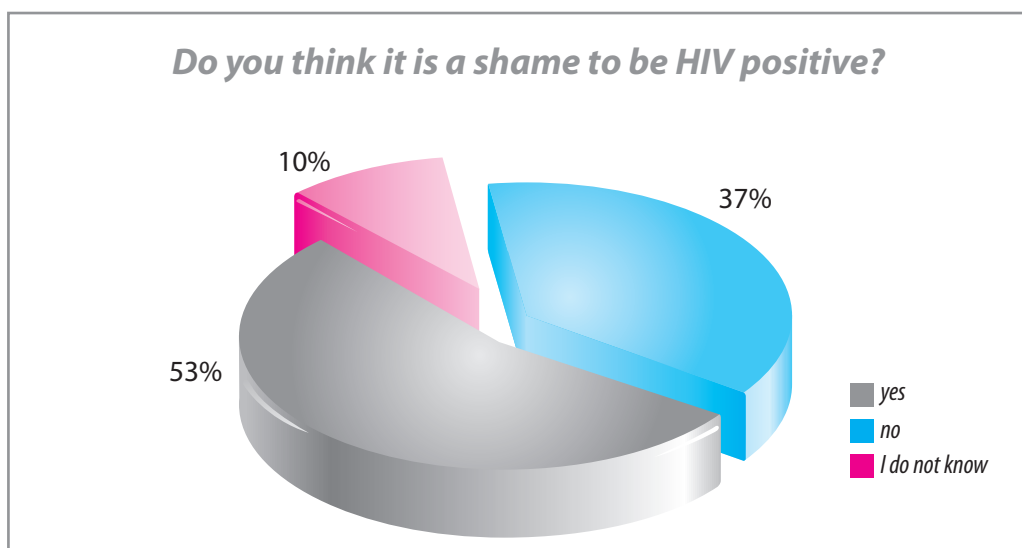
Figure 16



Chapter 4. ATTITUDES TOWARDS PLHIV

Every second respondent considers it is a shame to be HIV positive, 37% consider it is not shameful and 10% did not have an opinion (see Figure 17).

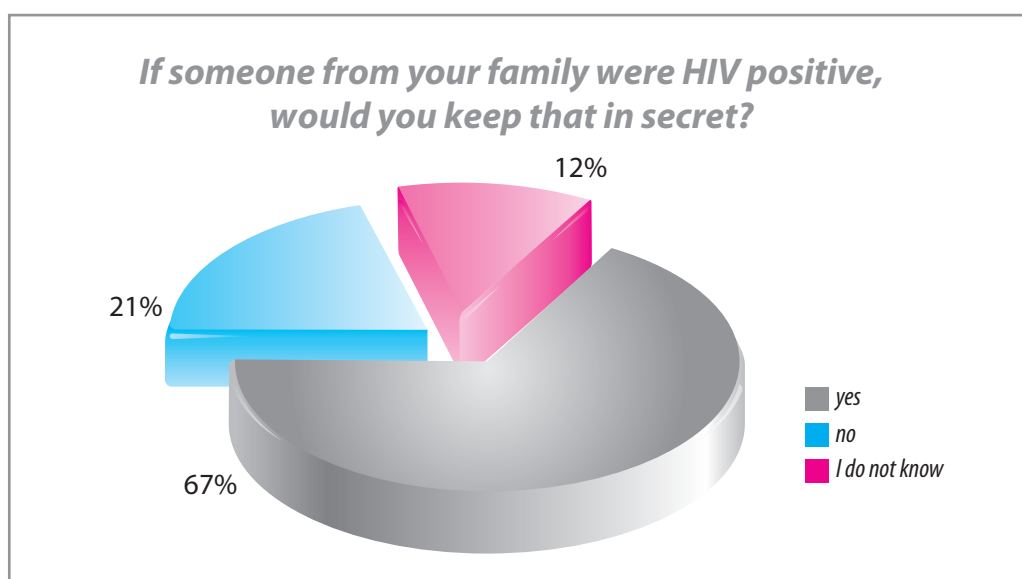
Figure 17



Percentage of respondents who consider it is a shame to be HIV positive is higher in rural areas (60%) and in 40+ age group (between 55% and 67%).

2/3 of those interviewed mentioned they would keep in secret if someone from their family were HIV positive, 21% answered that they would not keep it in secret and 12% did not answer (see Figure 18).

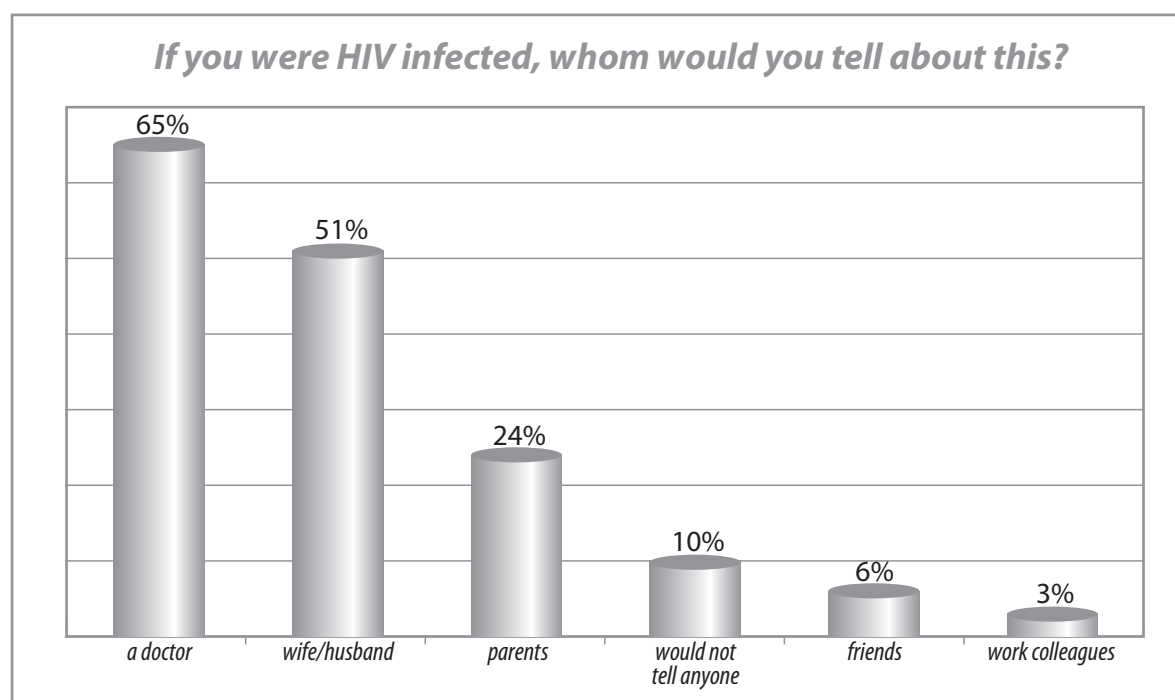
Figure 18





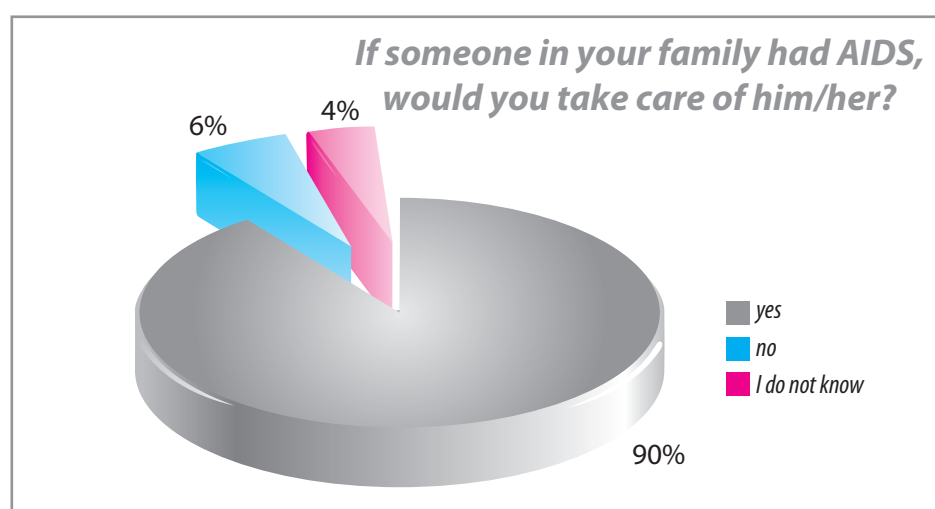
10% of respondents said they would not tell anyone about their HIV infection, 65% answered they would tell it to their doctor, 51% to husband/wife, 24% - parents, 6% - friends and 3% to colleagues at work (see Figure 19).

Figure 19



Despite the fact that a large number of respondents mentioned they would keep in secret if someone from their family was HIV positive, the majority (90%) stated they would take care of a relative affected by AIDS, 6% told they would not take care and 4% did not answer (see Figure 20).

Figure 20



With reference to the attitude towards HIV positive colleagues, research data shows more than 2/3 of respondents would not work or don't know if they would like to work with an HIV positive colleague in the same office or share the same room.

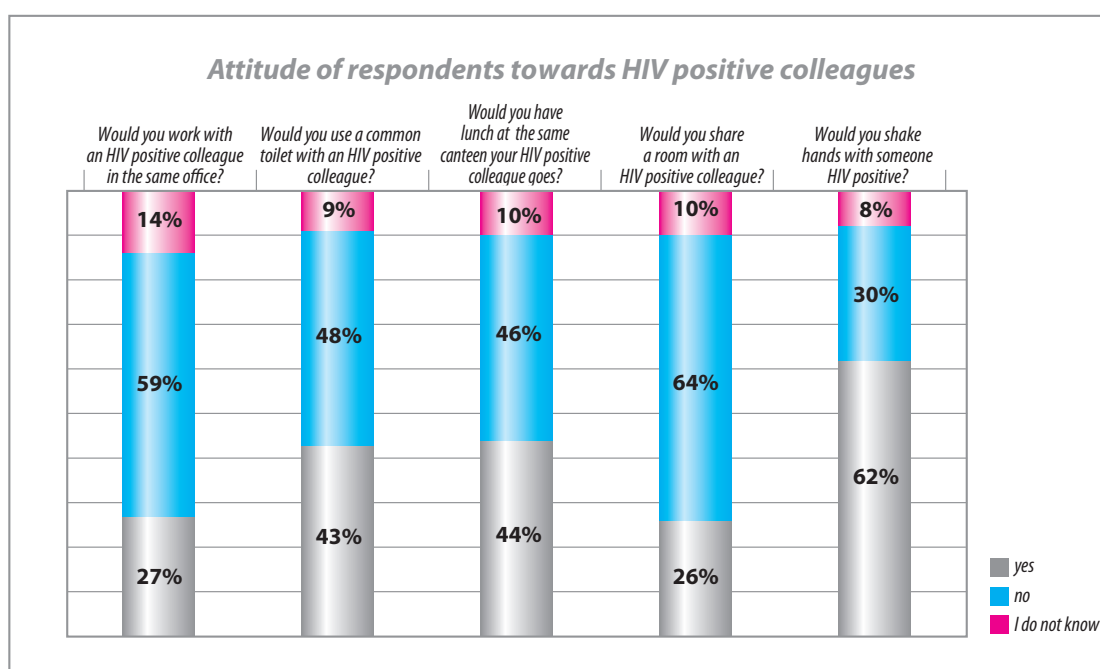
More than 50% of respondents would not like or do not know if they would like sharing a toilet with an HIV positive colleague and eat at the same canteen where an HIV positive person usually goes.

38% of respondents would not like or do not know if they would like to shake hands with HIV positive colleagues (see Figure 21).

Answers vary depending on gender, age, residence area. In this way, percentage of respondents that would not like or do not know if they would like to share a room with an HIV positive colleague is higher among women (76% versus 70% men), in rural areas (79% versus 71% urban) and in 50+ age group (80%).

Share of respondents that would agree or do not know if they would agree to take lunch at the same canteen with an HIV positive colleague is higher among women (58% versus 52%), in rural areas (65% versus 51% urban areas), in 50+ age group (65%).

Figure 21



Percentage of respondents that would not share or did not know if they would share a toilet with an HIV positive colleague is higher among women (61% versus 52%), in rural areas (65% versus 53%) and in the 50+ age group (67%).

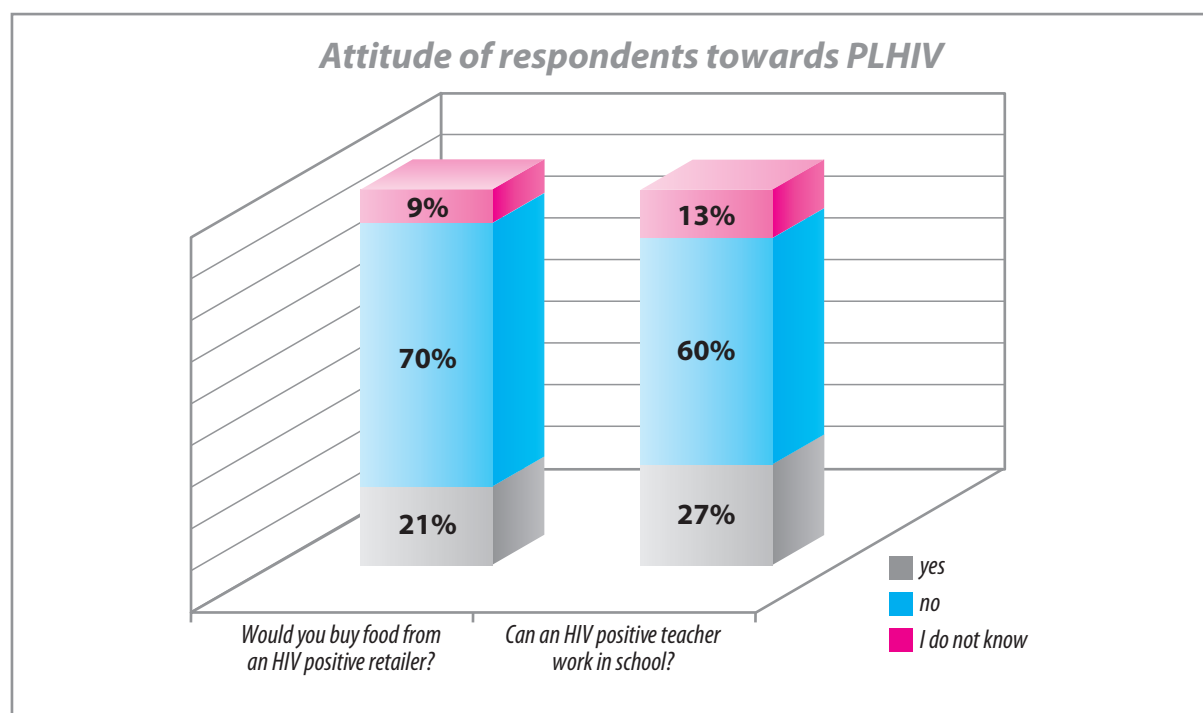
The rate of persons who would not work or don't know if they would work with an HIV positive colleague in the same office is higher among women (74% versus 68%), rural respondents (81% versus 67%), and among people aged over 50 (83%).

The percentage of respondents that would not shake hands with an HIV positive colleague is higher among women (40% against 34%), in rural areas (50% against 32%) and among individuals in the 50+ age group (48%).



Along the attitude towards HIV positive family members or colleagues, the research also provides data on attitudes of the employees towards non-relatives, such as a retailer of food products or a teacher at school. As a result, the attitude of the employees towards HIV positive strangers is even more reluctant. Thus, around 79% of the respondents would not buy or do not know if they would buy food from an HIV positive retailer and 73% consider that an HIV positive teacher can not work in school (see Figure 22).

Figure 22



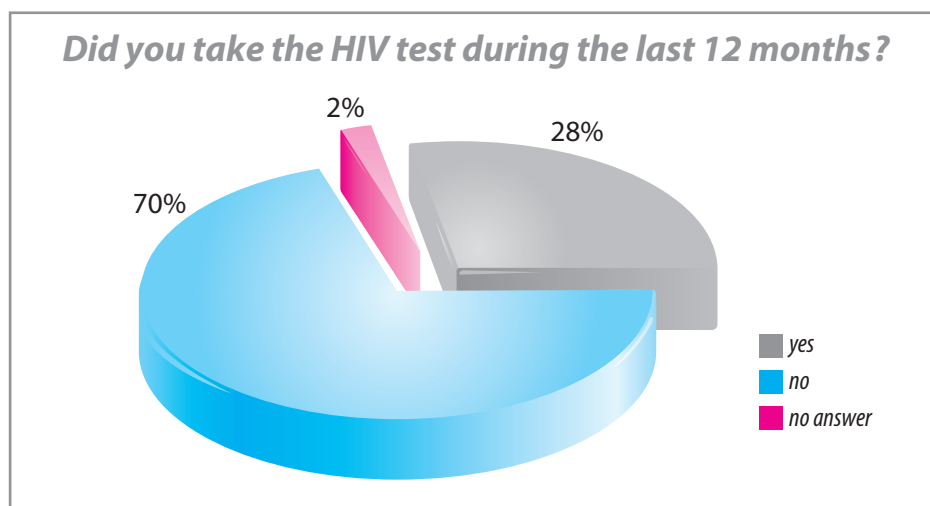
In order to determine the degree of acceptance of PLHIV, an acceptance indicator has been elaborated which includes the number of individuals who a) would not keep in secret if someone in the family would be HIV positive; b) would take care of a relative that has AIDS; c) would buy products from an HIV positive retailer; d) would accept an HIV professor to work in school.

As a result the acceptance indicator of HIV positive persons is very low, it makes 9%. This means that only 9% of all employees have a tolerant attitude towards PLHIV and that the level of stigma and discrimination among employees is extremely high. The indicator varies depending on residence area, age and education. Hence, it is lower in rural areas (7%), among people with general/professional studies (6%) and in the 50+ age group (5%).

Chapter 5. VOLUNTARY COUNSELING AND TESTING

The research highlighted that during the last 12 months only 28% of the employees took the HIV test (see Figure 23).

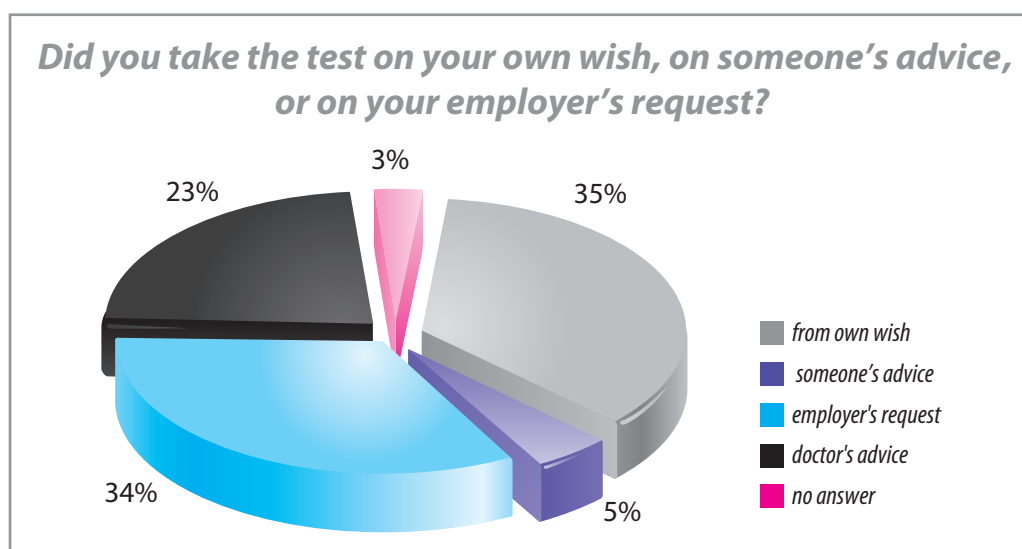
Figure 23



35% of employees took the test on their own wish, 23% - on doctor's advice, 34% - on employer's request (which comes in contradiction with the national legislation in force), 5% on someone's else advice and 3% did not offer any answer.

The percentage of those who received VCT is higher among men (41%), respondents from cities (41%), people with university/post-university studies (45%), among individuals of 17-29 years old (45%) and employees of enterprises with less than 500 employees (41%).

Figure 24



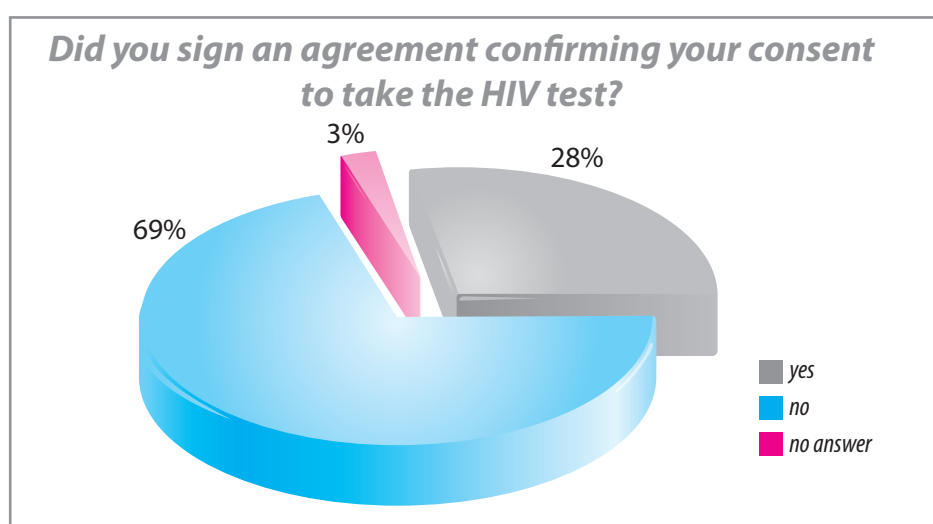


The percentage of respondents that took the test on employer's request is higher among workers with no administrative responsibilities (44%), people with secondary and vocational education (48%), those with work experience of less than a year (46%), employees of large enterprises with more than 1000 employees (58%) and individuals from rural areas (43%).

According to current legislation provisions, individuals taking the HIV test have to give their signed consent to this, benefiting of pre and post-test counseling.

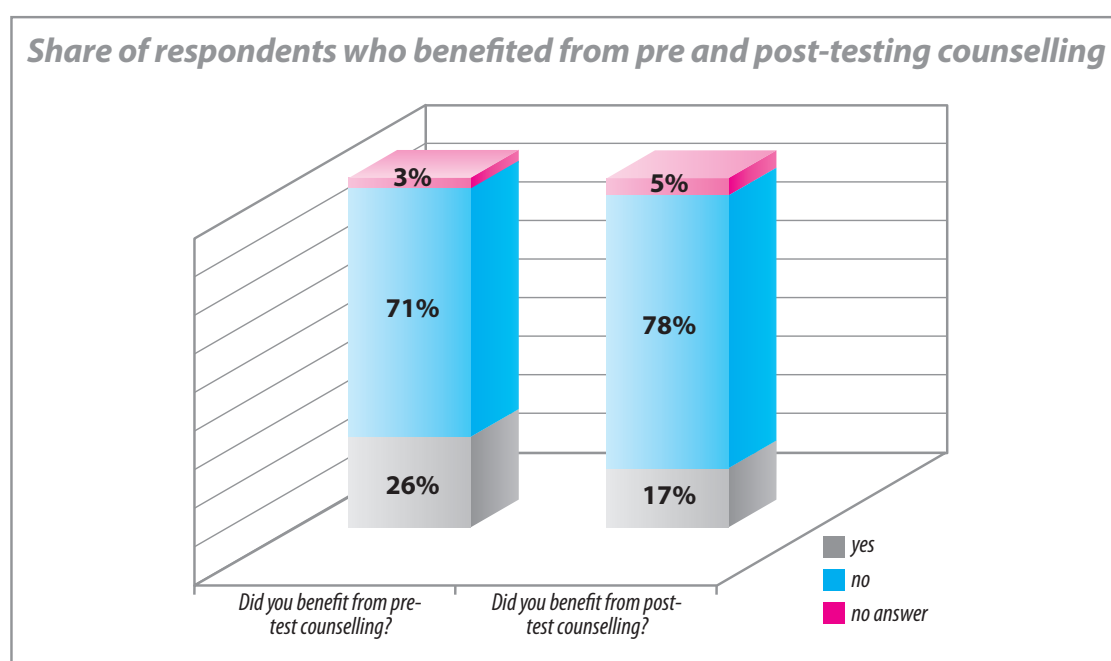
The research showed only 28% of those who took the test gave their written consent to the test, 69% did not sign anything and 3% did not answer (see Figure 25).

Figure 25



More than 2/3 of those tested did not benefit from pre and post-testing counseling. Only 26% of the employees mentioned they went through a pre-test counseling procedure and 17% had post-test counseling (see Figure 26).

Figure 26



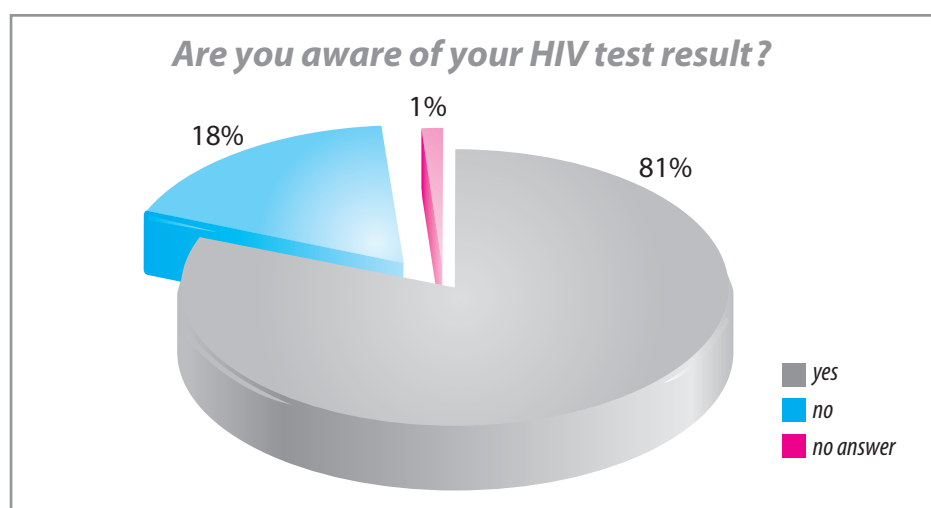
It should be mentioned the percentage of respondents who benefited from pre-test counseling is higher among men (38%), those with primary/incomplete general level of education (42%), people from the urban areas (30%).

The percentage of those who benefited from post-test counseling is higher among men (20% versus 13%), people with primary/ incomplete general education (24%).

As a result of data analysis there was elaborated an integrated indicator in conformity with the UNGASS requirements to define the share of the employees who took the HIV test and benefited from pre and post-test counseling. As a result of calculation of this indicator we established that the percentage of those who took the HIV test and benefited from pre and post-test counseling is very low and constitutes only 3%. Depending on education level, the indicator is higher among respondents with primary/secondary incomplete studies (8%).

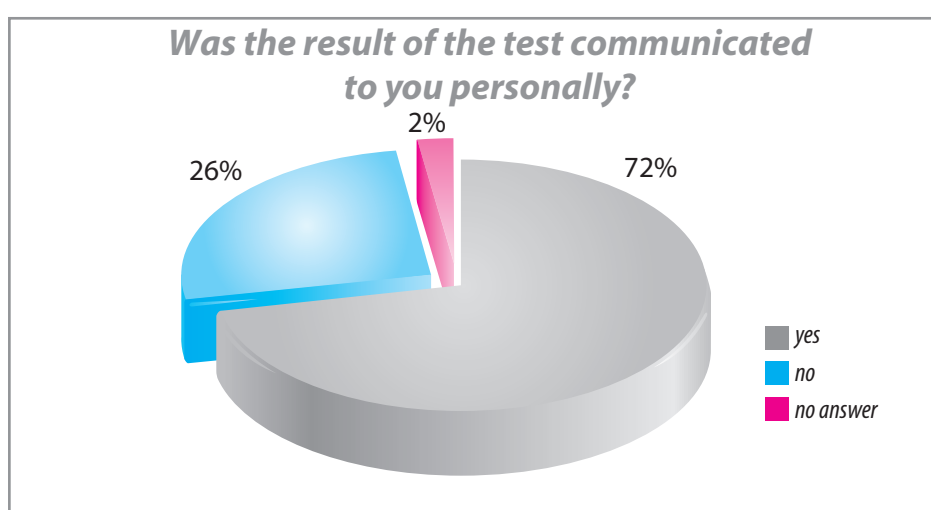
81% of those who took the HIV test know its result, 18% do not know and 1% did not answer the question (see Figure 27). The percentage of respondents who do not know the results of the HIV test is higher among workers with no administrative responsibilities (20%), people with primary/secondary incomplete studies (24%), those from rural areas (29%).

Figure 27



In the case of 72% of respondents, the results of the HIV test were communicated to them personally. 26% mentioned that the result of the test was not communicated to them personally and 2% did not answer the question (see Figure 28).

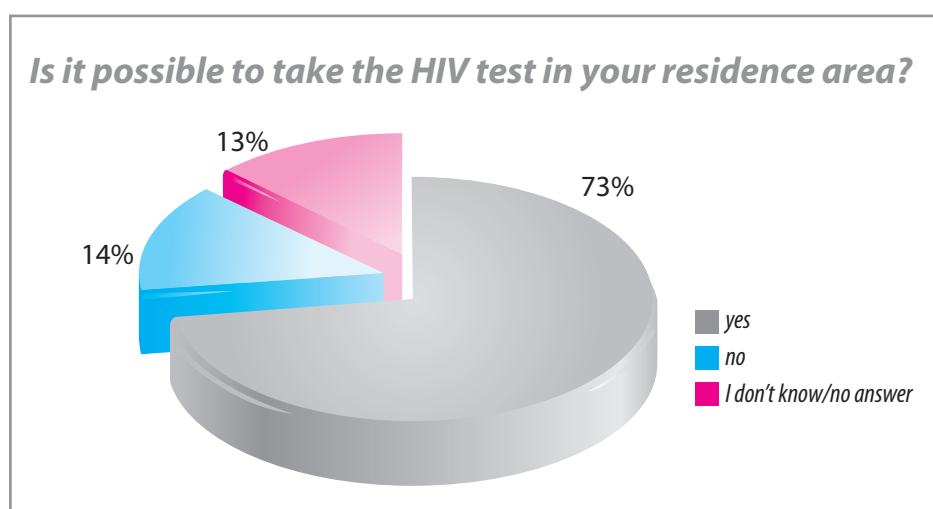
Figure 28





2/3 of the respondents mentioned in their residence area there are facilities to take the HIV test. 14% mentioned that there are no such possibilities and 13% do not know if such facilities exist (see Figure 29).

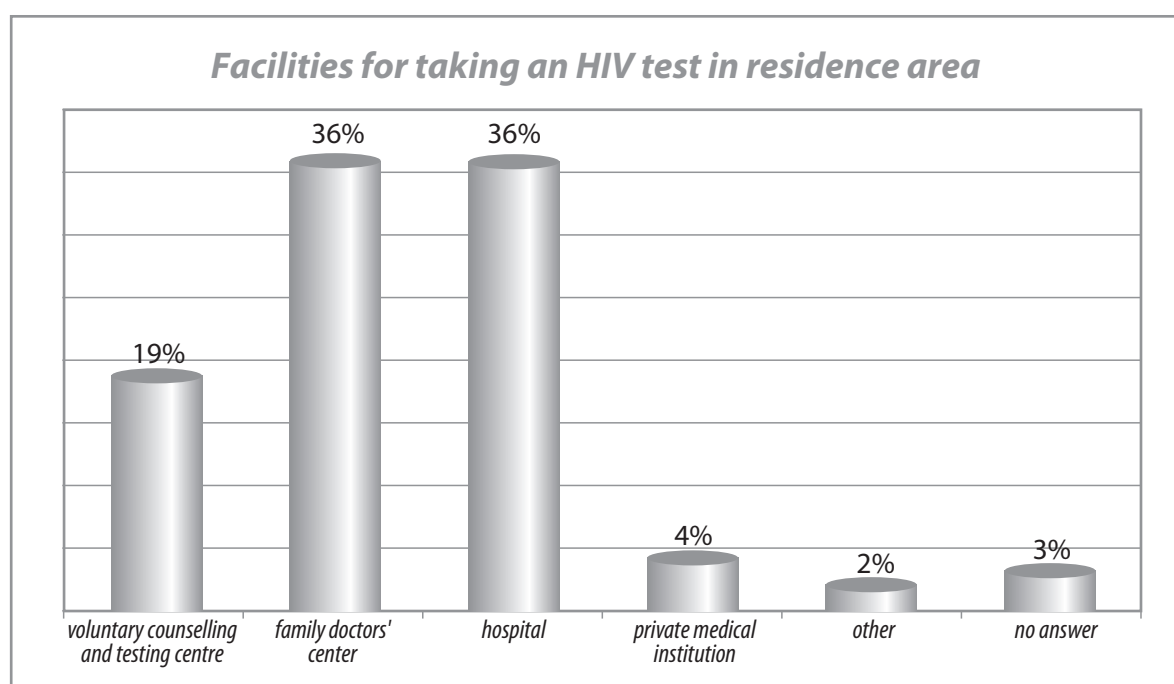
Figure 29



Percentage of respondents who mentioned there are no facilities for taking the HIV test is higher in the rural areas (43%) than in the urban areas (2%).

Asked to specify what kind of facilities for taking the HIV test are in respondent's residence area, 36% of the employees answered - the center of family doctors, 36% - the hospital, 19% - voluntary counseling and testing center, 4% - private medical institution, 2% - other and 3% did not offer an answer (see Figure 30).

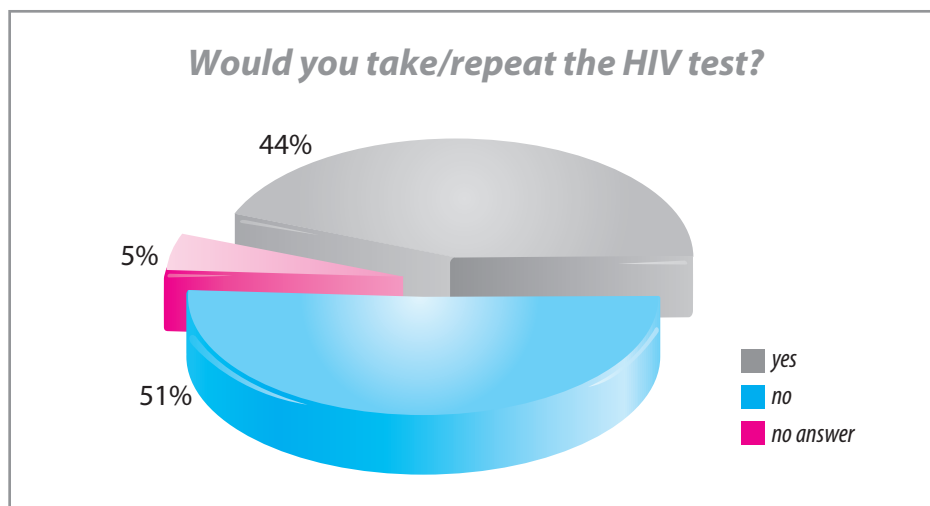
Figure 30



With reference to respondents that do not have facilities for taking the HIV test in their residence area, 30% mentioned they have to travel more than 30 km to take the test, 17% - a distance of 11-20 km, 16% a distance of 6-10 km and 4% up to 2 km. Every third respondent did not know what distance he/she has to travel to take the HIV test.

44% of the respondents would like to repeat the HIV test, 51% would not like and 5% did not answer this question (see Figure 31).

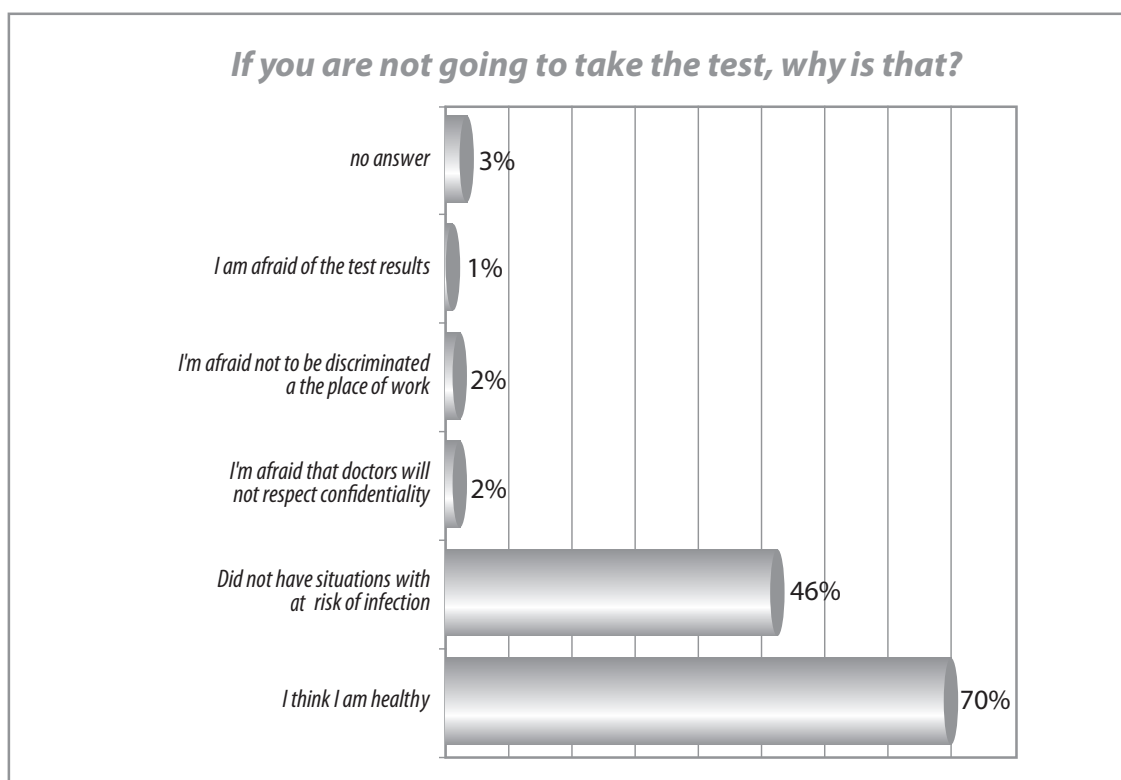
Figure 31



The percentage of respondents who would not take the HIV test is higher among workers (55%), individuals with secondary/professional studies (57%), and people working at enterprises with more than 1000 employees (71%).

The majority of respondents who would not take the HIV test motivated their answers as follows: I think I am healthy (70%), did not have risk situations (46%), which in fact, mean a lack of information regarding the risks of infection (see Figure 32).

Figure 32

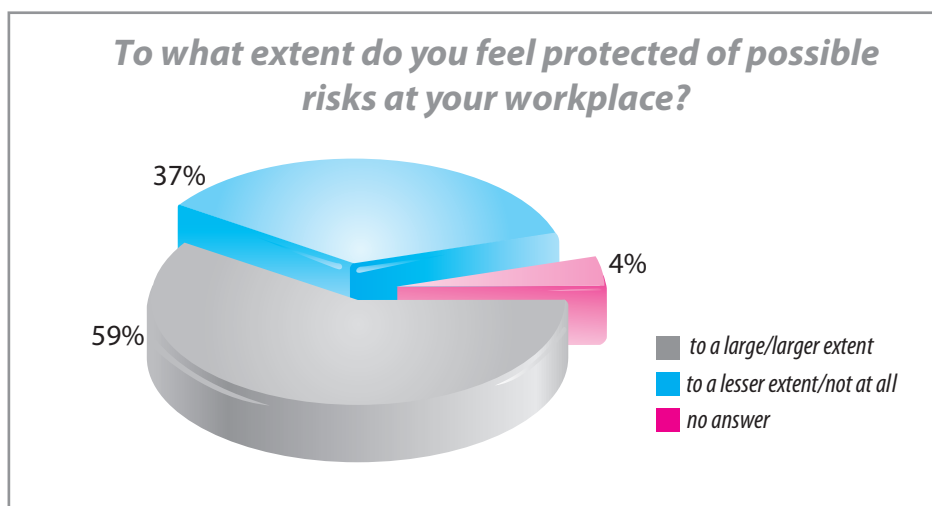




Chapter 6. WORKPLACE POLICIES ON HIV/AIDS

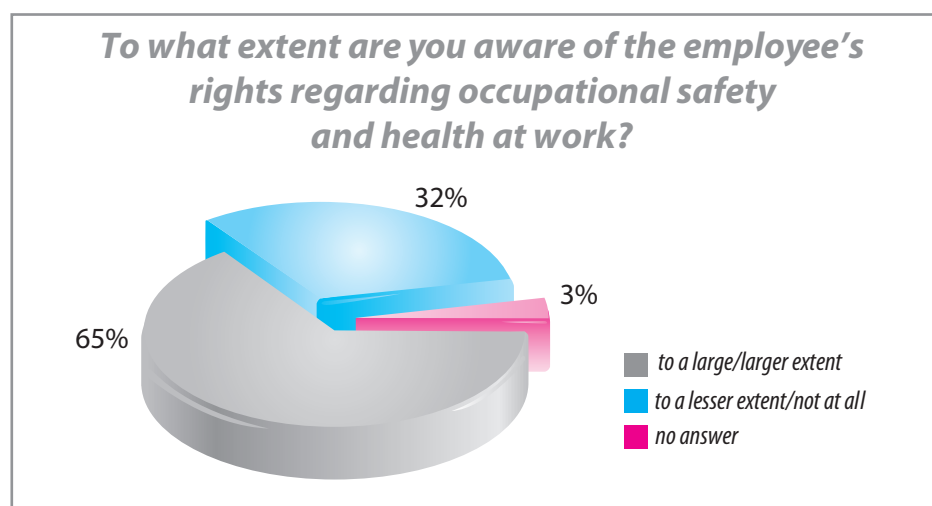
Safety and health at the workplace. 59% of the employees stated they feel well and very well protected of possible risks at the workplace (occupational accidents and diseases, etc.). 37% of respondents said they feel less protected or do not feel protected at all at their workplace and 4% did not answer (see Figure 33). The percentage of respondents who feel less protected or unprotected is higher in rural areas than in urban areas (45% versus 34%).

Figure 33



65% of employees consider themselves well informed or very well informed about their rights in the field of occupational safety and health, every third employee mentioned he/she feels less informed or not informed at all and 3% did not answer (see Figure 34).

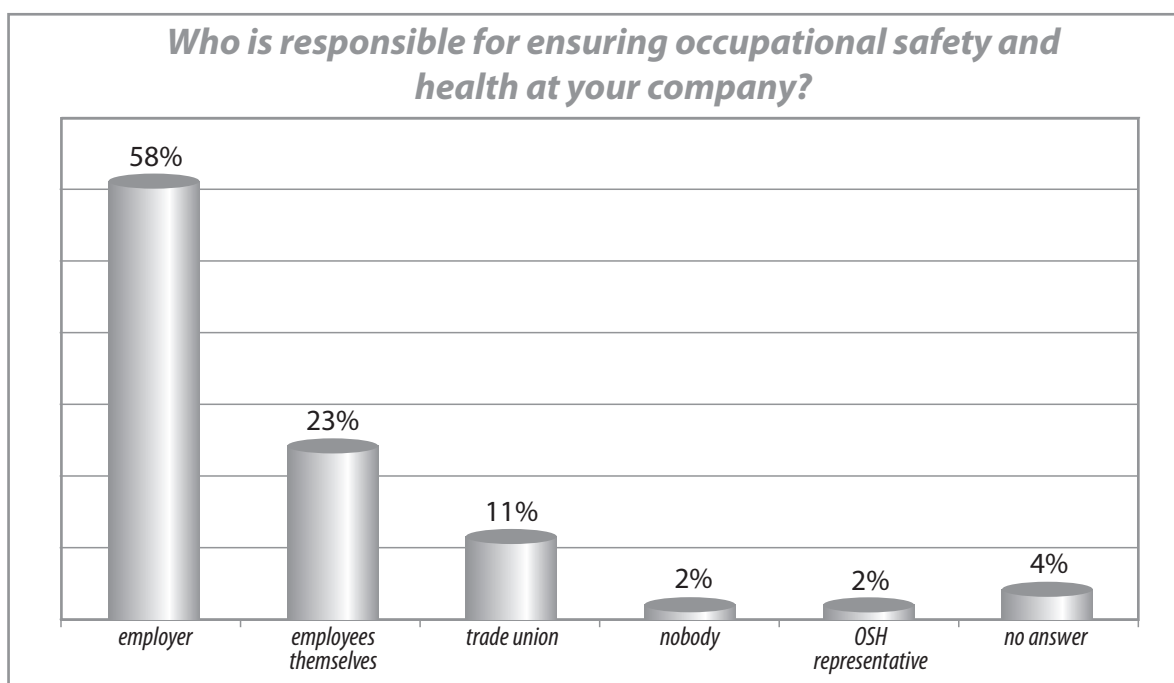
Figure 34



Percentage of respondents who feel less informed or not informed at all about their rights in the field of occupational safety and health is higher among workers (36%), employees working less than a year (35%) and between 6-10 years (37%), employees of large companies with more than 1000 employees (35%) and persons from rural areas (38%).

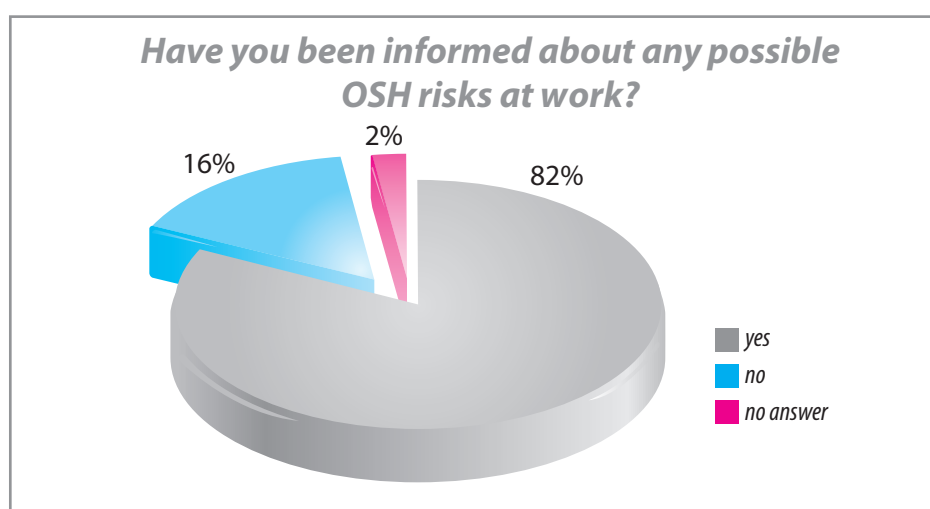
As regards the person in charge of occupational safety and health issues at the enterprise, 58% of the respondents consider it is the employer who should be in charge, 23% - the employees themselves, 11% - the trade union, 2% - nobody, 2% - the occupational health and safety representative and 4% did not answer (see Figure 35).

Figure 35



82% of respondents mentioned they have been informed about the range of occupational safety and health risks at their workplace. 16% said they were not informed and 2% did not offer any answers (see Figure 36). Percentage of respondents who were not informed is higher among persons of 17-29 years old (20%), employees working for less than a year (23%), 1-2 years (23%), employees of companies with less than 500 employees (19%).

Figure 36



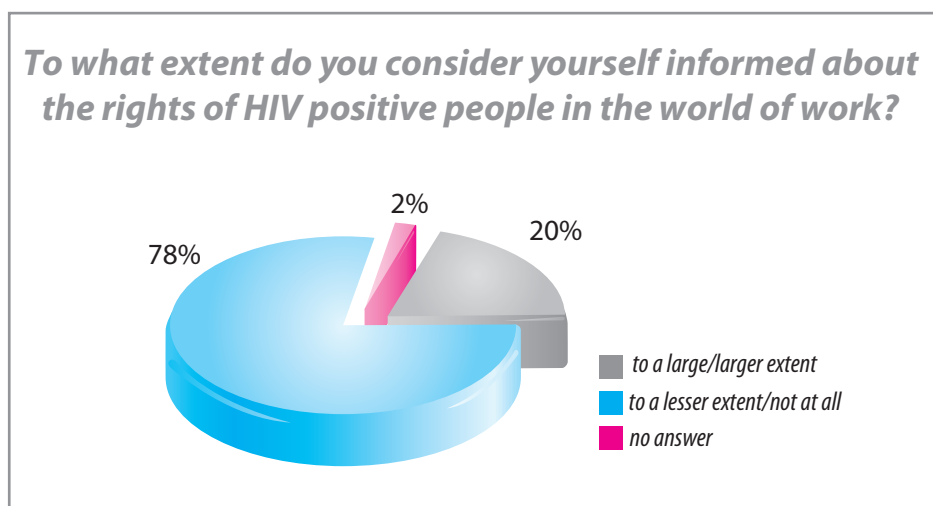
The person who informed the respondents about OSH issues are: 82% - occupational safety and health representative, 10% - their immediate manager/employer, 5% - medical workers, 2% - trade union representatives, 1% - colleagues/co-workers.



The employee's knowledge about the rights of the HIV positive people in the world of work. According to the research results, more than 2/3 of the employees consider themselves less informed or not informed at all about the rights of HIV positive people at the workplace. Only every fifth respondent mentioned they are well informed or very well informed about the rights of HIV positive people and 2% did not answer (see Figure 37).

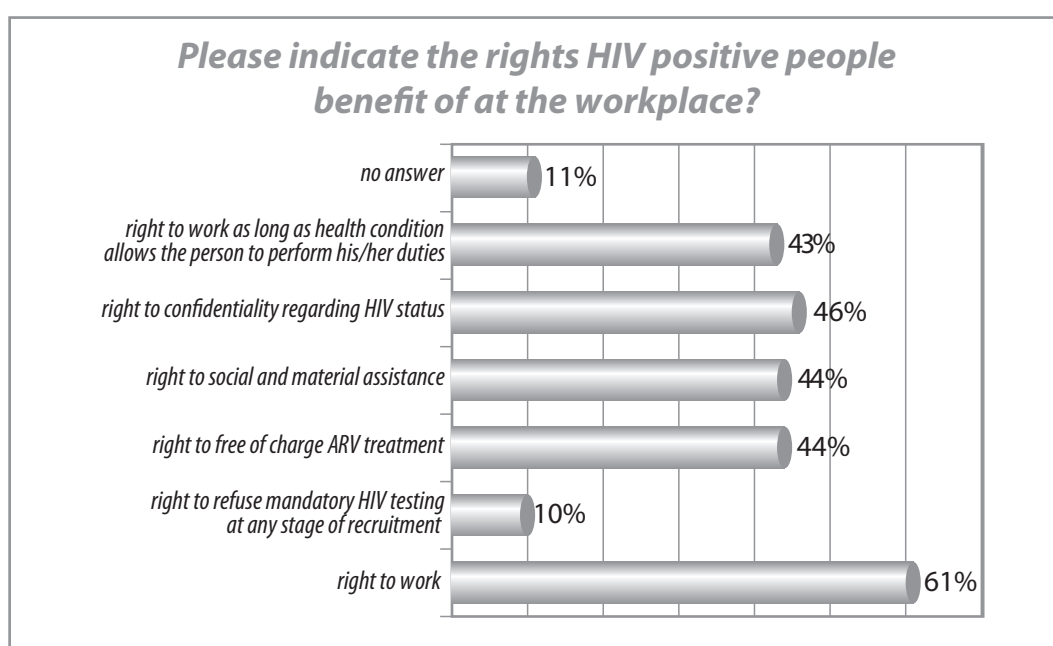
The percentage of respondents considering themselves less informed or not informed at all about the rights of HIV positive people is higher among employees with work experience of 6-10 years (80%) and more than 10 years (82%), as well as among persons from rural areas (82%).

Figure 37



Respondents were also asked to list several rights HIV positive people have at the workplace. Results showed only 61% of employees are informed HIV positive people have the right to work, 40% know PLHIV have the right to free of charge ARV treatment in Moldova, the right to confidentiality regarding HIV status, the right to work as long as health condition allows to perform the duties. Only 10% of the employees know they have the right to refuse mandatory HIV testing at any stage of recruitment (see Figure 38).

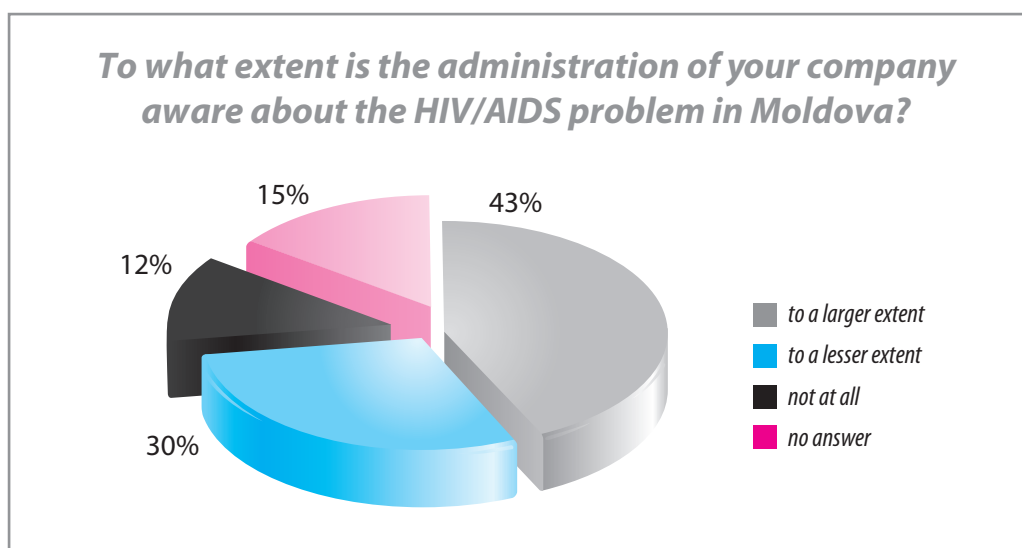
Figure 38



Workplace policies on HIV/AIDS. Around 43% of respondents consider their company administration is well aware of the HIV/AIDS problem in the Republic of Moldova. 42% mentioned it is less aware or not aware at all about HIV/AIDS issues in the country and 15% did not answer (see Figure 39).

The rate of respondents who think their administration is less aware or not aware at all about HIV/AIDS issues in Moldova is higher at enterprises that have less than 500 employees (47%).

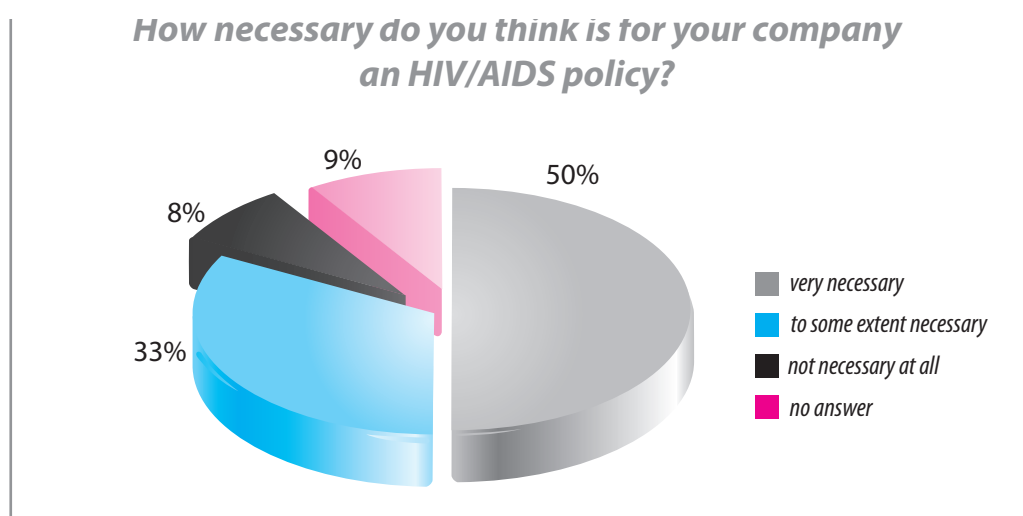
Figure 39



Every second respondent considers it is very necessary for their company to have a policy on HIV/AIDS, every third respondent mentioned it is to some extent important to have one and only 8% said it is not important at all, 9% did not answer this question (see Figure 40).

The percentage of respondents who consider it is very necessary for their company to have a policy on HIV/AIDS is higher among employees of large companies with more than 1000 employees (64%).

Figure 40

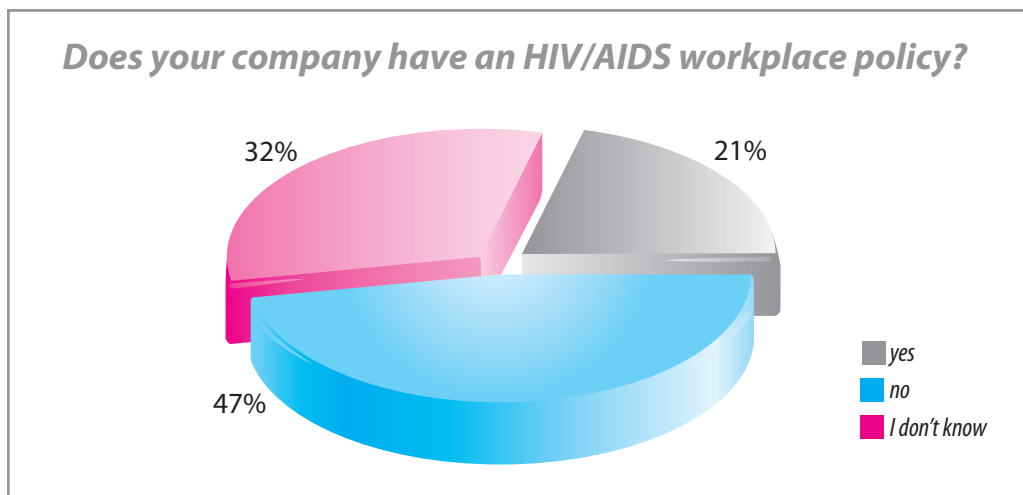




Despite the fact that 80% of respondents mentioned it is extremely important or to some extent important to have a policy on HIV/AIDS (a set of measures) at their company, only 21% consider their company has such a policy in place. 47% mentioned their company has no such policy and 32% did not know if their company has such a policy (see Figure 41).

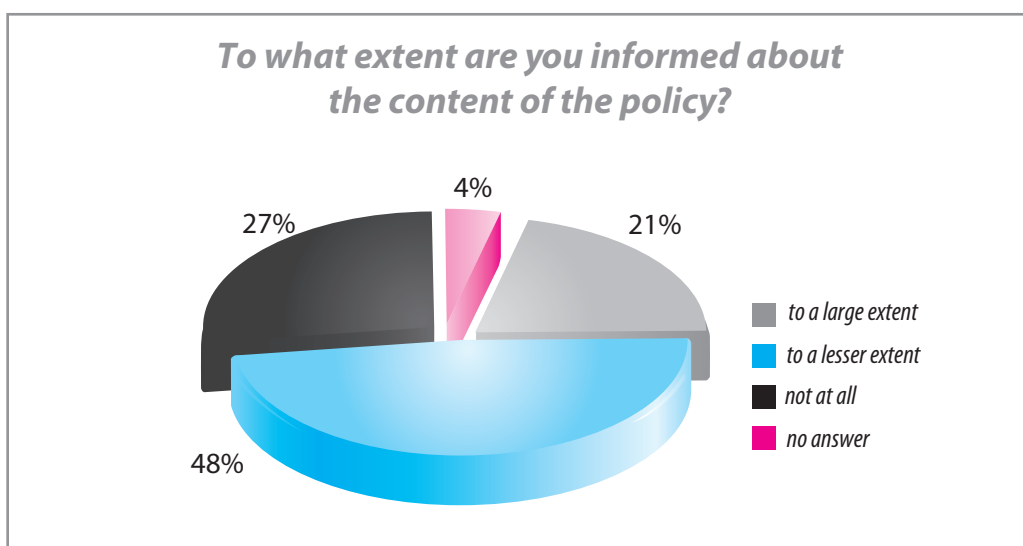
Percentage of respondents who mentioned their enterprise has a policy on HIV/AIDS is higher among those working in companies with more than 1000 employees (30%).

Figure 41



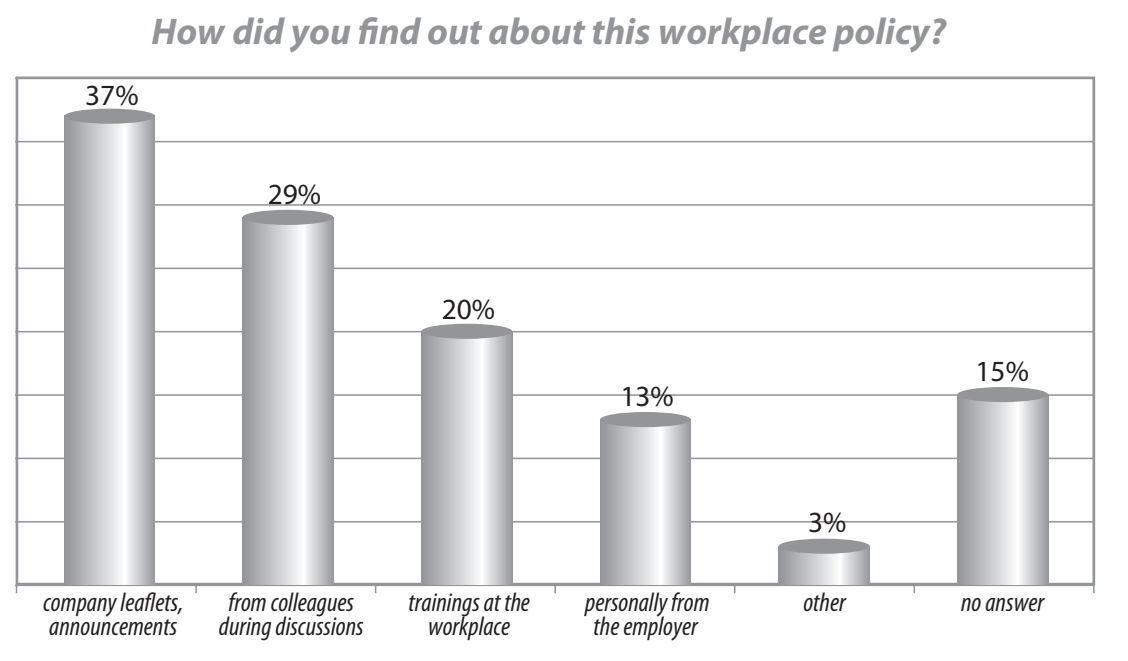
From the number of respondents stating their enterprise has an HIV/AIDS workplace policy, only 21% of respondents are informed to a large extent about its content. 75% answered they are less informed or not informed at all, and 4% - offered no answer (Figure 42).

Figure 42



The sources of information on the policy on HIV/AIDS at the workplace are different, mainly leaflets, announcements in the company (37%), colleagues (29%), seminars at the workplace (20%) (see Figure 43).

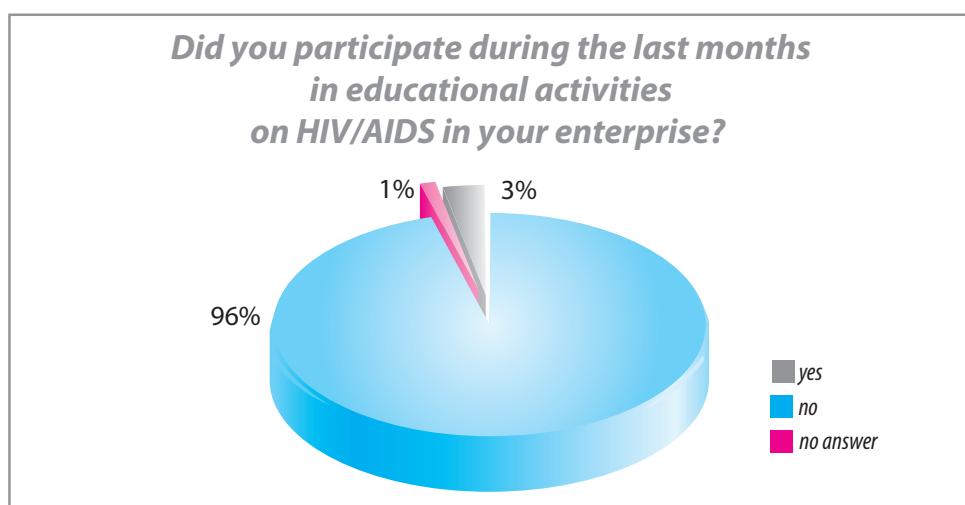
Figure 43



In what concerns the components included in the HIV/AIDS policy, 44% of those respondents who consider their company has a policy on HIV mentioned it included education on HIV prevention (seminars, lessons), 25% of respondents think it also includes nondiscrimination of HIV positive colleagues, 23% - insurance of confidentiality regarding the state of health of the employees, including HIV status, 22% - distribution of information about the community services that offer support services to HIV positive people, 13% - no job termination for HIV positive people, 7% - no mandatory HIV testing for new employees, 5% - support in training HIV positive persons, if necessary. 19% did not know or did not have an answer to this question.

Despite the fact 21% of respondents mentioned their enterprise has a policy (a set of measures) on HIV, 96% of those interviewed mentioned that during the past 6 months did not receive any HIV/AIDS education at their workplace. 3% said they participated at some events and 1% did not offer any answer (see Figure 44).

Figure 44

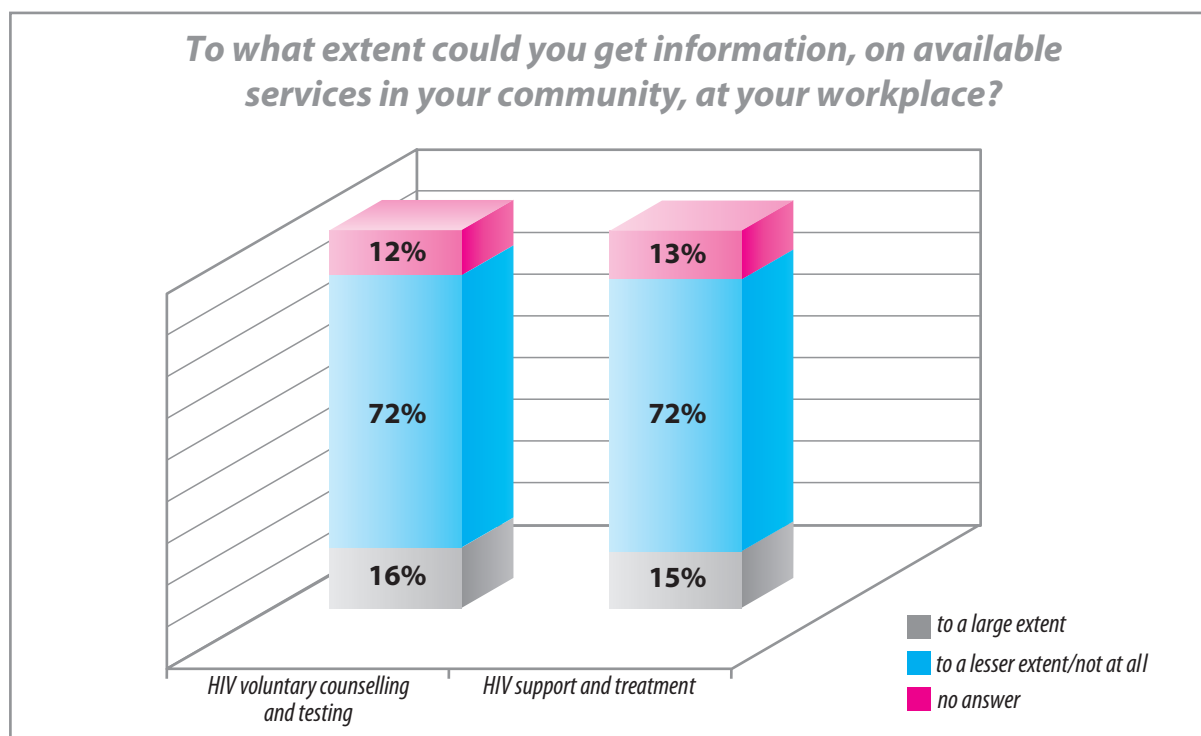


Over 80% of those interviewed mentioned it is not possible or not really possible to get informed at their workplace about available services in the community providing HIV voluntary counseling and testing, and HIV care and support services.



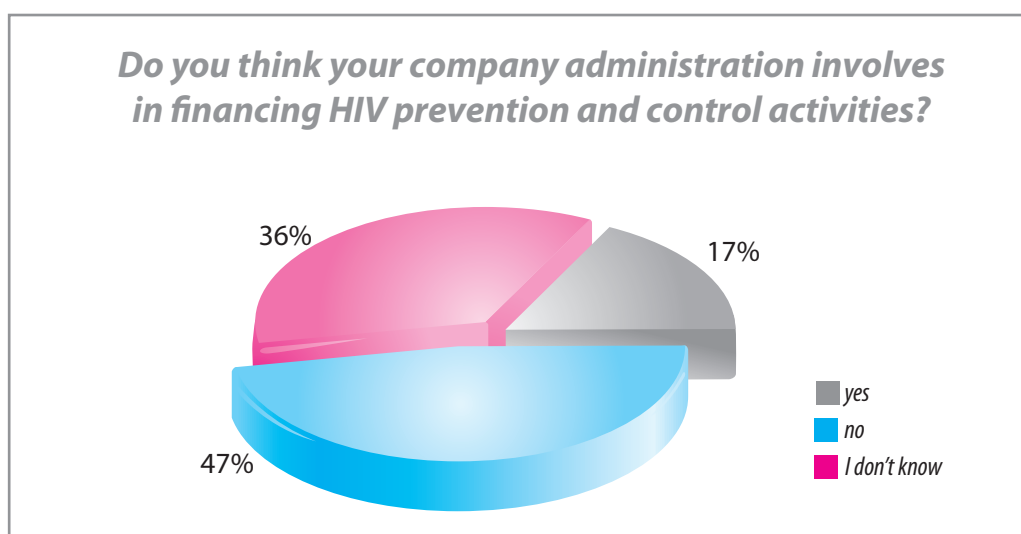
Only 16% in the case of HIV voluntary counseling and testing services and 15% in the case of support and HIV treatment services indicated that they can obtain this information to a greater extent from the company they are working for (see Figure 45).

Figure 45



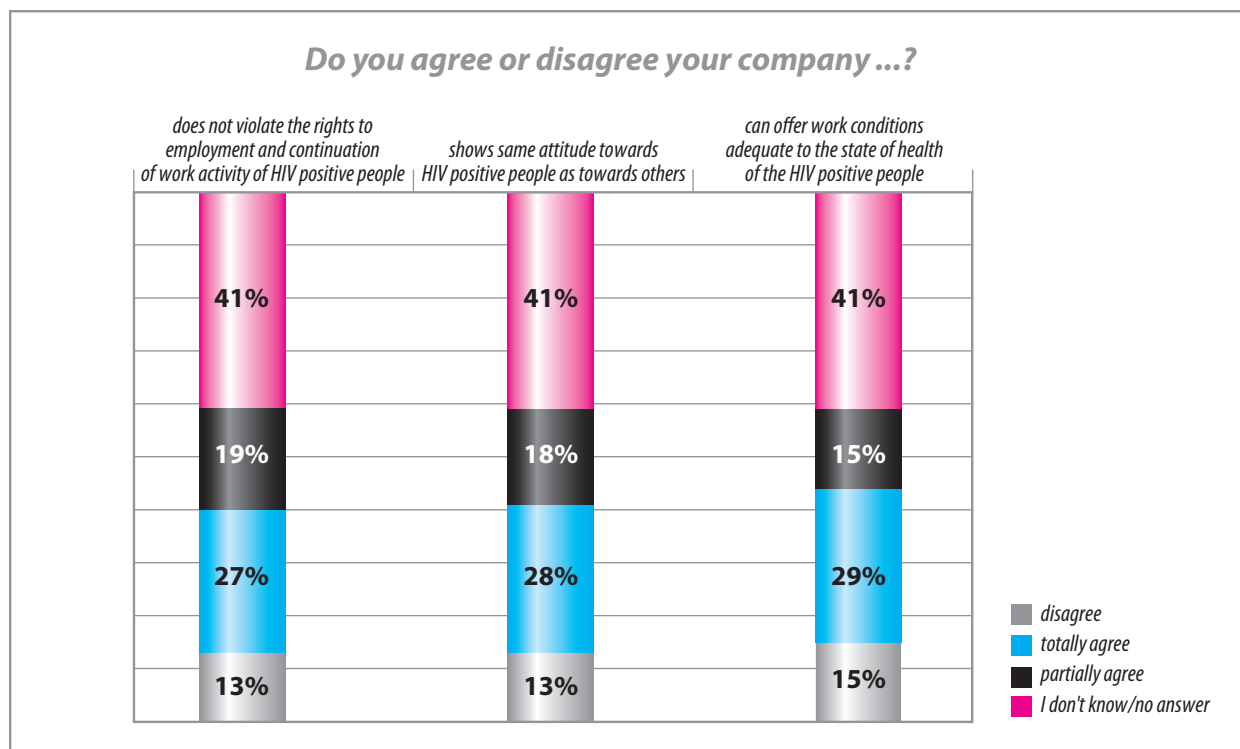
84% of the respondents consider their company administration is not involved at all or don't know if it is involved in financing HIV prevention and control activities. Only 17% of the respondents indicated that the administration of their enterprise is financially supporting HIV prevention and control activities (see Figure 46).

Figure 46



27% of respondents totally agreed their company is not violating rights of HIV positive people at all stages of recruitment, 19% partially agreed, 13% totally disagreed and more than 40% did not know or did not answer (see Figure 47).

Figure 47



28% of respondents consider company administration has the same attitude towards HIV positive people as towards other people, 18% partially agreed with this statement, 13% totally disagreed and more than 40% did not offer an answer (see Figure 47).

29% of the respondents consider their company can offer working conditions appropriate to PLHIV health condition, only 15% partially agreed with the statement, 15% totally disagreed and 41% did not know.

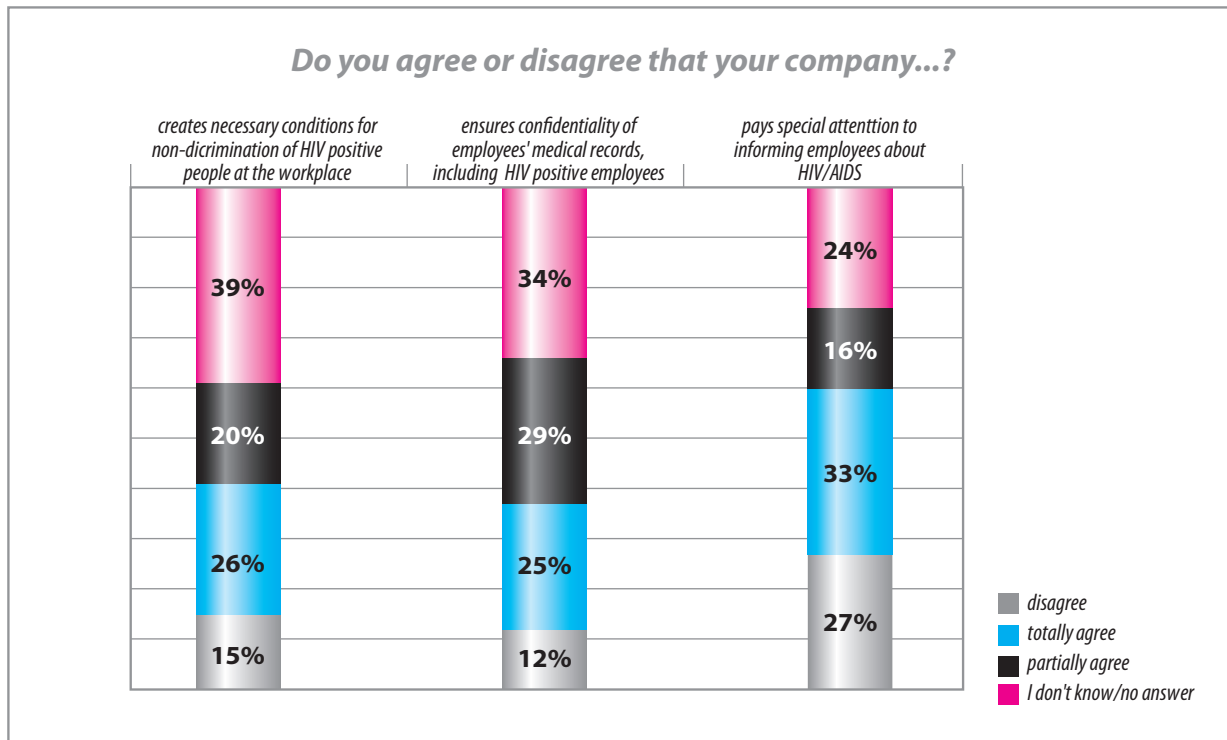
33% of the employees think their company pays special attention to informing the employees on HIV/AIDS, 16% partially agreed with this, 27% totally disagreed and 24% did not know or did not answer (see Figure 48).

Every forth respondent considers their enterprise creates necessary conditions for non-discrimination of PLHIV, 20% partially agreed with this statement, 20% totally disagreed and 39% did not know or did not answer (see Figure 48).

25% of respondents consider the company they are working for ensures the confidentiality of employees medical records, including of HIV positive people, 29% only partially agreed with the statement, 12% totally disagreed and 34% did not know or did not answer (see Figure 48).

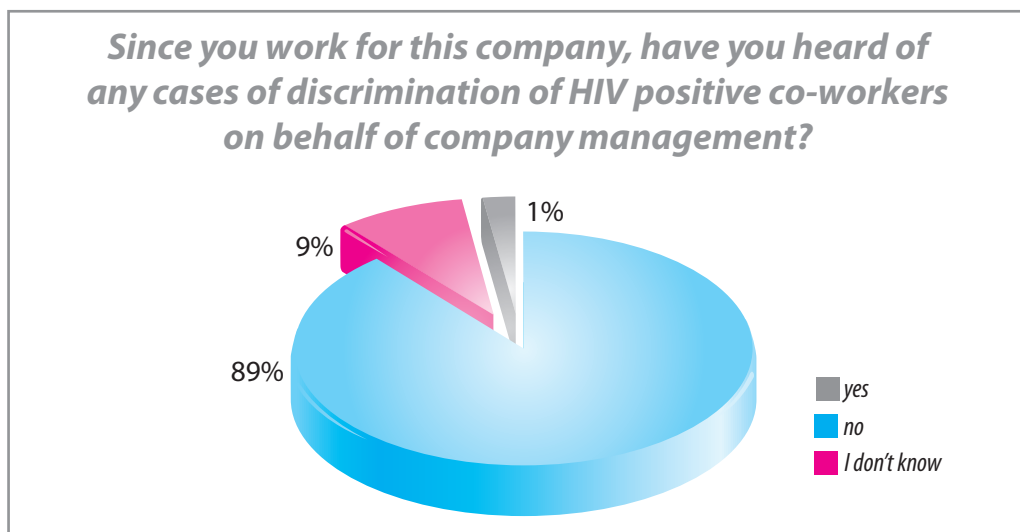


Figure 48



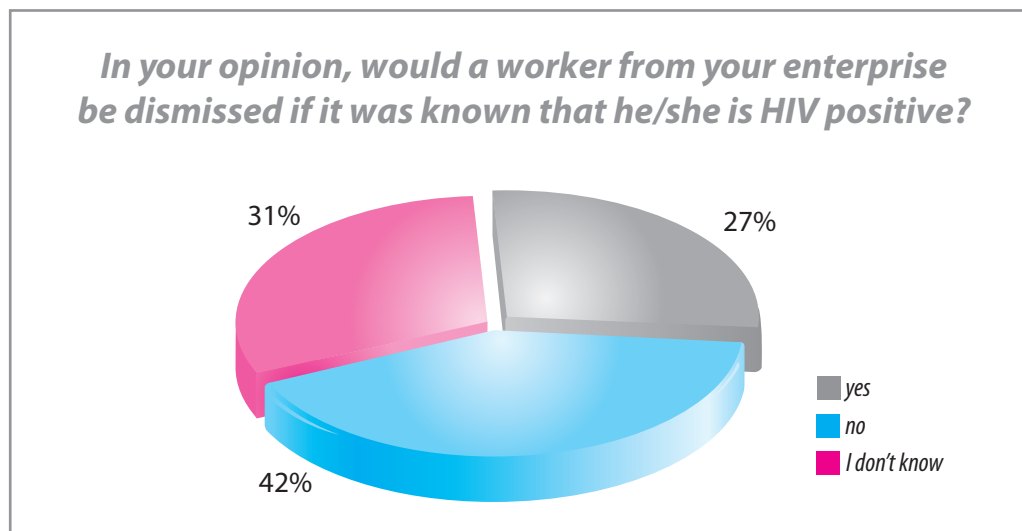
89% of respondents did not hear about any cases of discrimination of an HIV positive colleague since they work in the company, 9% did not know and only 2% heard about such a case (see Figure 49).

Figure 49



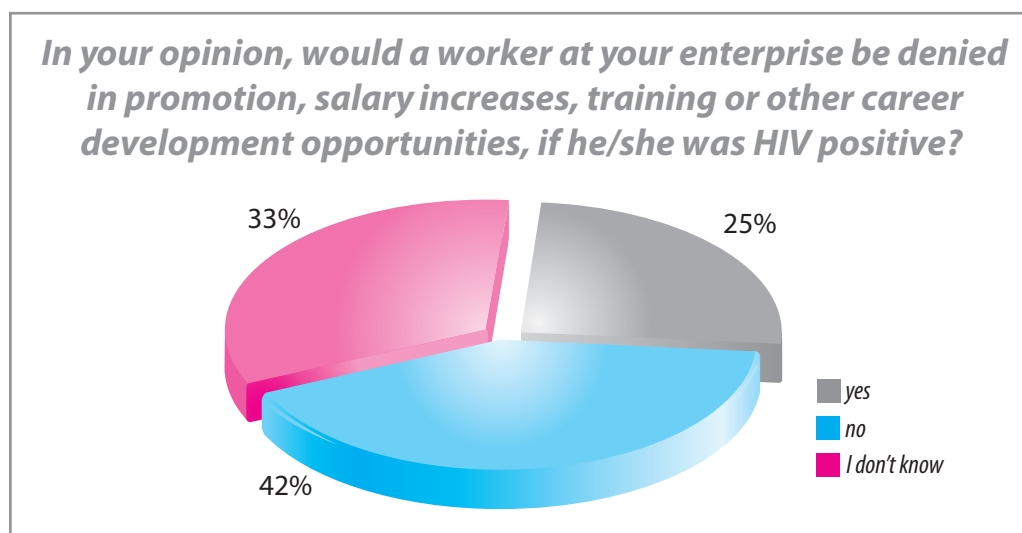
42% of respondents consider an HIV positive worker with open status would not be dismissed from their enterprises, 27% consider he/she would be dismissed and every third respondent did not know (see Figure 50).

Figure 50



42% of respondents consider there would be no barriers in job promotions, salary increases or access to training for HIV positive employees at their enterprise. 25% think there would be such barriers and 33 % did not know (see Figure 51).

Figure 51



Despite the fact some respondents believe their company's representatives are tolerant towards HIV positive people, the research highlighted the fact that only 18% of respondents are satisfied with the policy (set of measures) the enterprise undertakes in relation to HIV/AIDS. 64% of the respondents are less satisfied and 18% did not answer.



CONCLUSIONS AND RECOMMENDATIONS

As a result of data analysis within current sociological research among employed population the following conclusions and trends have been identified as most important:

The level of knowledge about basic HIV ways of transmission among employees is relatively high. At the same time a large number of employees have incorrect knowledge about some of HIV ways of transmission. Integrated UN-GASS indicator on correct knowledge of HIV transmission is only 49%. This figure is reduced in rural areas, among respondents with basic education and among population aged 50 years old.

The percentage of employees with a risky sexual behavior is relatively low. Thus, only 16% of employees mentioned having multiple sexual partners. At the same time, the research highlighted the percentage of respondents with risky sexual behavior mainly in the 17-29 years age group. Although the majority of those interviewed have access to condoms, the percentage of persons that used a condom during all sexual intercourses over the past 12 months is very low, constituting 15%. 39% of persons with multiple sexual partners mentioned not using condoms during their last sexual intercourse.

The level of stigma and discrimination of HIV positive people among employees is very high. Only 9% of respondents mentioned they would not keep in secret if a relative would become HIV positive, would take care of a relative having AIDS, would buy products from an HIV positive seller or would accept an HIV positive teacher to continue working in school. The level of stigma and discrimination of HIV positive people is higher among rural respondents and people in the 50+ age group.

Despite the fact that in majority of areas where respondents live, there are facilities for HIV testing, only 28% of the respondents mentioned they passed the HIV test during the last 12 months. More than 1/3 of these took the HIV test following the employer's insistence, 2/3 did not sign an agreement to pass the HIV test and only 3% benefited from pre and post-test counseling. This data comes in contradiction with the Law on HIV/AIDS prevention and control provisions.

About 2/3 of the employees know to a larger extent their rights in terms of occupational safety and health, consider themselves protected to a large extent from various risks (accidents, professional diseases etc.) at the workplace.

At the same time, the research shows that 78% of those interviewed are informed to some extent or not informed at all about the rights of HIV positive people in the world of work. In this context, we mention that only 61% of employees know HIV positive people have the right to work, 40% know HIV positive employees have the right to free of charge ARV treatment, as well to confidentiality regarding HIV status, to work as long as health condition allows the person to perform his/her duties. Only 10% of employees know that they can refuse mandatory HIV testing at any stage of their activity, including at recruitment.

Although the majority of respondents consider an HIV/AIDS workplace policy for their company is very necessary, only 21% of respondents mentioned their company has an HIV/AIDS workplace policy or a set of measures related to this subject. This policy or set of measures is reduced to irregular trainings or distribution of information materials about HIV/AIDS, a situation confirmed by the fact that only 21% from those who mentioned that their company has a policy are considering themselves informed to a large extent with the contents of this policy and 19% could not indicate what did this policy or set of measures include.

Over the past 6 months there have not been organized any HIV/AIDS educational activities at companies included in the research. Thus, 96% of the interviewed employees mentioned during the past 6 months they did not receive any HIV/AIDS education at their workplace. As well, in the majority of enterprises employees do not have access or have limited access to information on HIV voluntary counseling and testing and on HIV support and treatment services existent in their community.

CONCLUSIONS AND RECOMMENDATIONS

More than 80% of employees consider their company administration doesn't involve at all or don't know if it is involved in financing HIV prevention and control activities. The level of employees' knowledge about the employer's attitude towards HIV positive people is very low. Thus, more than 40% of respondents do not know if at their enterprise there are cases of violations of rights of PLHIV at employment and continuing their work activities, do not know if their company can offer appropriate work conditions taking into consideration PLHIV health condition, if the employer has the same attitude towards HIV positive people as towards others etc. Only every fourth respondent is sure that the company he/she is working for is guaranteeing the confidentiality of the information regarding medical employee's records, including of HIV positive workers.

Respondents are not very satisfied with the HIV workplace policy at their enterprises, thus, only 18% mentioned they were satisfied to a large extent with it, 64% mentioned they are satisfied to a lesser extent or not satisfied at all, and 18% could not offer an answer.

In this context, the following measures should be promoted as action both at national, sectoral and unit level:

- ▶ Elaborate jointly with representatives of the employees HIV/AIDS policies at the workplace, which would focus on: a) informing the employees about the HIV/AIDS issue and ways of prevention of the infection; b) promotion and respect of rights of HIV positive employees; c) informing all employees about their rights in case of HIV infection; d) guarantee access of all employees to information on community services on HIV voluntary counseling and testing, ART and support of HIV positive persons; e) creation of necessary conditions at the workplace to prevent discrimination of HIV positive people; f) ensure confidentiality of data regarding the state of health of the employees, including HIV positive ones.
- ▶ Inform all employees about the existence and contents of the company's policy on HIV/AIDS.
- ▶ Organization of training activities for employees focusing on HIV ways of transmission, protection measures that can be applied by employees to prevent the HIV infection and about the ART.
- ▶ Facilitation of employees' access, including through support from donors, to condoms free of charge.
- ▶ Placing, in an accessible place, information regarding community services that can be accessed by the employees in case of necessity of HIV testing, voluntary counseling and testing, benefiting of ART etc. with clear contact information.
- ▶ Promotion of HIV voluntary counseling and testing among employees through explanation of benefits of these and ensuring employees' access to information about such services;
- ▶ Tackle PLHIV rights and responsibilities during education activities at the workplace.
- ▶ Organization of information campaigns focused on prevention of stigma and discrimination of HIV positive people at the workplace.
- ▶ Creation of necessary conditions for ensuring confidentiality of the information about the employees medical records, including HIV positive people and non discrimination of HIV positive people at the workplace.
- ▶ Promote design and implementation of HIV/AIDS workplace policies at enterprise level.
- ▶ Strengthen management capacities in designing and implementing HIV/AIDS workplace policies.
- ▶ Offer information and technical support to private/public sector in terms of elaborating policies.



- ▶ Offer support to companies' administration in elaborating a monitoring and evaluation mechanism of HIV/AIDS workplace policies implementation in unit/sectoral levels.
- ▶ Offer support to enterprises management organizing educational events for the employees in the field of HIV/AIDS transmission, methods of protection and prevention, ART, HIV voluntary counseling and testing, community services offering support to HIV positive people, rights of HIV positive employees at the workplace etc.

APPENDICES

Appendix I.

Questionnaire

On Assessment of Knowledge, Attitudes and Practices of Employed population about HIV/AIDS

Introduction

Hello, my name is ... and I represent (name of the organization). We are assisting the International Labour Organization (ILO) in Moldova to perform a sociology research to determine the knowledge, attitudes and practices of the employed population regarding HIV and AIDS. The information from this interview will be used by the ILO to develop and monitor a program designed to assist the workers to protect themselves against HIV/AIDS, with help from their employer and people who work there. You have been selected for the questionnaire randomly from a list of all the workers at this enterprise.

The questionnaire includes some personal questions about your knowledge and attitude towards HIV and AIDS and about your sexual behavior. We would like to assure you that your answers are completely confidential and will not be reported anywhere. You do not have to answer any questions that you do not want to answer. However, your sincere answers to these questions are very important for a better developing of this workplace program. We would greatly appreciate your help by taking part in this interview. The interview will take about 30 minutes. Would you be willing to participate?

Signature of interviewer certifying that informed consent has been given verbally by respondent.

Start at: _____

End at: _____

Date: _____



1. Socio-Demographic Information

101.	Sex of the respondent	Male	49.4%	
		Female	50.6%	
102.	How old were you on your last birthday?	Age (in completed years)		
		Don't Know / No response		
		15-19 years	3.8%	
		20-24 years	14.7%	
		25-29 years	13.0%	
		30-34 years	10.3%	
		35-39 years	11.3%	
		40-44 years	10.8%	
		45-49 years	14.8%	
		50-54 years	11.1%	
		55-59 years	7.8%	
		Over 60 years old	2.5%	
103.	Your marital status?	Single	25.0%	
		Married (incl. unregistered officially)	66.5%	
		Divorced	5.8%	
		Widow/er	2.1%	
		No response	0.7%	
104.	What education do you have?	No education	0.7%	
		Primary	0.9%	
		Secondary incomplete	6.6%	
		Gymnasium/high school	21.0%	
		Vocational school	14.8%	
		College	25.7%	
		Higher / Postgraduate	29.7%	
		No response	0.7%	
105.	What is your position at work?	Worker	60.5%	
		Manager/specialist	29.3%	
		Engineer	2.5%	
		Other	6.6%	
		No response	1.1%	
106.	How long have you been working here?	Less than a year	14.5%	
		1-2 years	15.5%	
		2-5 years	22.3%	
		6-10 years	18.2%	
		Over 10 years	29.0%	
		No response	0.5%	

107.	Is someone from your household working abroad?	Yes	24.2%	→ 108
		No	75.4%	→110
		No response	0.3%	
108.	If yes, who?	Spouse	19.0%	
		Son / daughter	26.1%	
		Mother / father	30.8%	
		Other (specify)	23.7%	
		No response	0.3%	
109.	What country is your relative working in?	Name the country _____		
		Don't know	88%	
		No response	99%	
		Russia	38.0%	
		Italy	25.1%	
		Turkey	5.1%	
		Czech Republic	3.1%	
		France	3.1%	
		Ukraine	3.7%	
		USA	3.0%	
		Portugal	1.7%	
		Cyprus	1.7%	
		United Kingdom	1.7%	
		Spain	1.4%	
		Greece	1.0%	
		Germany	1.0%	
		Israel	1.0%	
		Other countries above %	4.5%	
		No response	4.7%	
110.	Residence	Urban	73.1%	
		Rural	26.9%	

Interviewer! Fill our by yourself Q 111, 112, 113

111.	Enterprise	
112.	Type of enterprise ownership	
113.	Town/City	
114.	Region	



II. HIV/AIDS Knowledge and attitudes

We will further discuss about your knowledge and attitudes towards HIV/AIDS.

201.	Have you ever heard of HIV/AIDS?	Yes	98.8%	→ 202
		No	1.2%	→ 204
202.	If yes, from what sources have you heard about HIV/AIDS? Interviewer: check appropriate boxes	Mass media	52.6%	
		Family doctors centre	16.6%	
		At the workplace	5.6%	
		Friends/neighbors	12.0%	
		Family members	8.6%	
		Other (specify) _____	4.6%	
203.	Please indicate which was the best source of information about HIV/AIDS, to your mind? Interviewer: Check one box	Mass media	59.6%	
		Family doctors centre	26.8%	
		At the workplace	0.8%	
		Friends/neighbors	2.8%	
		Family members	5.5%	
		Other (specify)	1.7%	
		Don't know	2.3%	
		No response	0.4%	
Further we will discuss about the HIV ways of transmission				
204.	How do you think, can a person become HIV infected by practicing unprotected sex?	Yes	96.4%	
		No	2.1%	
		Don't know	1.3%	
		No response	0.2%	
205.	Can HIV be transmitted by using common dishes?	Yes	18.8%	
		No	73.0%	
		Don't know	8.0%	
		No response	0.2%	
206.	Can HIV be transmitted from mother to child (during pregnancy or birth)?	Yes	89.9%	
		No	5.6%	
		Don't know	4.0%	
		No response	0.5%	
207.	Can HIV be transmitted by shaking hands?	Yes	8.9%	
		No	85.9%	
		Don't know	4.8%	
		No response	0.5%	
208.	Can HIV be transmitted through blood transfusion or infected blood products?	Yes	96.7%	
		No	1.5%	
		Don't know	1.6%	
		No response	0.2%	

209.	Can HIV be transmitted by kiss?	Yes	25.3%	
		No	63.4%	
		Don't know	10.4%	
		No response	0.8%	
210.	Can HIV be transmitted by using non sterile needles or other non sterile medical equipment?	Yes	94.7%	
		No	1.9%	
		Don't know	2.5%	
		No response	0.8%	
211.	Can HIV be transmitted through breast milk?	Yes	59.8%	
		No	19.3%	
		Don't know	18.2%	
		No response	2.6%	
212.	Can HIV be transmitted by coughing?	Yes	16.1%	
		No	74.2%	
		Don't know	9.0%	
		No response	0.7%	
213.	Can HIV be transmitted by sharing needles?	Yes	93.3%	
		No	3.2%	
		Don't know	2.6%	
		No response	0.9%	
214.	Can HIV be contracted through sweat?	Yes	9.8%	
		No	77.3%	
		Don't know	11.6%	
		No response	1.3%	
215.	Can HIV be transmitted by sharing one toilet?	Yes	17.1%	
		No	74.2%	
		Don't know	8.1%	
		No response	0.7%	
216.	Do you think a person that looks absolutely healthy could be infected with HIV?	Yes	84.0%	
		No	9.6%	
		Don't know	5.7%	
		No response	0.7%	
The next set of questions is about the possible measures of protection against HIV infection				
217.	Can a person reduce the risk of becoming infected with HIV by having one faithful sexual partner who is not infected with HIV?	Yes	89.6%	
		No	6.7%	
		Don't know	3.5%	
		No response	0.2%	
218.	Can a person reduce the risk of becoming infected with HIV by always using sterilized injecting equipment?	Yes	89.6%	
		No	7.0%	
		Don't know	2.7%	
		No response	0.7%	



219.	In your opinion, can a person reduce the chance of becoming infected by using condoms during sexual intercourse?	Yes	90.6%	
		No	6.7%	
		Don't know	2.2%	
		No response	0.4%	
220.	Please indicate to what extent do you have access to condoms (you can buy them whenever you need)	To a larger extent	45.4%	
		To large extent	38.5%	
		To lesser extent	7.3%	
		Low access/not at all	3.7%	
		Don't know	2.9%	
		No response	2.2%	
221.	Can an HIV positive pregnant woman prevent her unborn child from becoming infected by taking ARV treatment during pregnancy?	Yes	40.7%	
		No	26.5%	
		Don't know	30.6%	
		No response	2.2%	
222.	In your opinion, can a person become infected with HIV by having unprotected sex with someone who looks absolutely healthy?	Yes	84.0%	
		No	7.8%	
		Don't know	6.4%	
		No response	1.8%	
<i>The next questions ask you about how you feel about condoms. Please state your agreement or disagreement on the following statements.</i>				
223.	Condom use is absolutely necessary if you have a sexual relation with an occasional partner.	Agree	93.6%	
		Disagree	4.0%	
		Don't know	1.4%	
		No response	1.0%	
224.	It is uncomfortable to discuss about condom use with the sexual partner.	Agree	30.5%	
		Disagree	65.0%	
		Don't know	3.2%	
		No response	1.3%	
225.	Purchase of a condom would intimidate me.	Agree	28.5%	
		Disagree	65.9%	
		Don't know	3.9%	
		No response	1.7%	
226.	Condom use is acceptable for the most people of my age.	Agree	58.7%	
		Disagree	25.4%	
		Don't know	13.1%	
		No response	2.9%	

<i>The next set of questions refers to your attitude towards people living with HIV</i>				
227.	Some people consider that it is a shame to be HIV positive, others think that HIV is a disease like any other and this is not a shame at all. What is your opinion?	It is a shame	58.7%	
		It is not a shame	25.4%	
		Don't know	13.1%	
		No response	2.9%	
228.	If someone from your family were HIV infected, would you keep that in secret?	Don't know	67.3%	
		Yes	21.0%	
		No	9.5%	
		No response	2.1%	
229.	If someone from your family had AIDS, would you take care of him/her?	Yes	90.0%	
		No	6.2%	
		Don't know	3.6%	
		No response	0.2%	
230.	If you were HIV infected, whom would you tell about this? (several answers are possible)	I would not tell anybody	6.0%	
		Spouse	31.5%	
		Co- workers	1.9%	
		Friends	3.5%	
		Parents	14.9%	
		Doctor	39.8%	
		Other	0.7%	
		Don't know	1.5%	
		No response	0.3%	
231.	Would you work with an HIV positive colleague in the same office?	Yes	27.3%	
		No	58.7%	
		Don't know	12.2%	
		No response	1.8%	
232.	Would you use a common toilet with an HIV positive colleague?	Yes	42.7%	
		No	47.6%	
		Don't know	8.5%	
		No response	1.2%	
233.	Would you have lunch at the same canteen your HIV positive colleague goes?	Yes	44.1%	
		No	46.1%	
		Don't know	8.8%	
		No response	1.0%	
234.	Would you share a room with someone HIV positive?	Yes	25.6%	
		No	63.5%	
		Don't know	9.8%	
		No response	1.2%	



235.	Would you shake hands with someone HIV positive?	Yes	62.2%	
		No	30.1%	
		Don't know	6.5%	
		No response	1.2%	
236.	Would you buy food from an HIV positive retailer?	Yes	20.9%	
		No	69.8%	
		Don't know	8.2%	
		No response	1.1%	
237.	Do you think an HIV positive teacher should work in school?	Yes	27.0%	
		No	60.1%	
		Don't know	12.0%	
		No response	1.0%	
<i>The next set of questions is about your employer's attitude towards people living with HIV</i>				
238.	In your opinion, would a worker from your enterprise be dismissed if it was known that he/she is HIV positive?	Yes	26.7%	
		No	41.9%	
		Don't know	29.3%	
		No response	2.1%	
239.	In your opinion, would a worker at your enterprise be denied in promotion, salary increases, training or other career development opportunities, if he/she was HIV positive?	Yes	24.7%	
		No	41.7%	
		Don't know	31.3%	
		No response	2.4%	
240.	Since you work for this company, have you heard of any cases of discrimination of HIV positive co-workers on behalf of company management?	Yes	2.3%	
		No	89.0%	
		Don't know	7.4%	
		No response	1.3%	

III. HIV Voluntary Counseling and Testing				
<i>The next set of questions will refer to HIV Voluntary Counseling and Testing (VCT)</i>				
301.	Did you take the HIV test during the last 12 months?	Yes	28.0%	→ 302
		No	69.8%	→ 308
		No response	2.1%	
302.	Did you take the test on your own wish, on someone's advice, or on your employer's request?	On my own wish	35.2%	
		On someone's advice	5.0%	
		On employer's request	33.7%	
		On doctor's request	22.6%	
		No response	3.5%	
303.	Did you sign an agreement confirming your consent to take the HIV test?	Yes	28.2%	
		No	69.2%	
		No response	2.6%	
304.	Before testing did you benefit from the pre-test counseling (did someone talk to you about the HIV test)?	Yes	26.4%	
		No	70.7%	
		No response	2.9%	
305.	We are not interested in the result, but are you aware of your HIV test result?	Yes	80.9%	
		No	17.6%	
		No response	1.5%	
306.	Have you been informed on test results in person?	Yes	72.4%	
		No	25.8%	
		No response	1.8%	
307.	After taking the HIV test, did you benefit of post-test counseling (did someone talk to you about the result of the test)?	Yes	17.0%	
		No	78.3%	
		No response	4.7%	
308.	Would you take the HIV test/repeat the HIV test?	Yes	43.7%	→ 310
		No	51.4%	→ 309
		No response	4.9%	
309.	If you are not going to take the test, why is that? (several answers are possible)	I think I am healthy	55.9%	
		I did not have risk situations	37.2%	
		I am afraid I will be discriminated at the workplace	1.3%	
		I am afraid of the test results	0.8%	
		I am afraid that the doctors will not keep confidentiality	1.8%	
		Other _____	0.5%	
		No response	2.6%	



310.	Is it possible to take the HIV test in your town/city?	Yes	72.8%	→ 311
		No	13.5%	→ 312
		Don't know	13.3%	
		No response	0.4%	
311.	If yes, where can you take the HIV test?	Voluntary counseling and testing centre	19.2%	
		Family doctors centre	35.9%	
		Hospital	36.1%	
		Private medical institution	4.1%	
		Other _____	1.5%	
		Don't know	2.7%	
		No response	0.6%	
312.	If it is not possible to take the test in your town/city, indicate how far you need to go to benefit of this service?	Up to 5 km	4.2%	
		6-10 km	15.7%	
		11-20 km	16.9%	
		More than 20 km	29.9%	
		Don't know	31.1%	
		No response	2.1%	

IV. Occupational Safety and Health. Workplace policy on HIV/AIDS

Further we will discuss about the occupational safety and health, including HIV/AIDS policy of your company

401.	Please indicate to what extent do you feel protected of possible risks at your workplace (occupational accidents and diseases)	Very well protected	11.0%	
		Well protected	48.4%	
		To some extent protected	30.5%	
		Not protected	6.3%	
		No response	3.8%	
402.	To what extent are you aware of the employer's and employee's rights regarding occupational safety and health at work?	Very well aware	12.4%	
		Well aware	52.8%	
		To some extent aware	27.9%	
		Not aware	3.9%	
		No response	3.0%	
403.	Who, in your opinion, is responsible for ensuring occupational safety and health at your company?	Employer	57.8%	
		Trade Union	10.8%	
		Employees themselves	22.6%	
		Nobody	2.4%	
		OSH representative	1.6%	
		Don't know	2.7%	
		No response	2.0%	
404.	Have you been informed about any possible occupational safety and health risks at work?	Yes	81.9%	→ 406
		No	15.8%	
		No response	2.3%	
405.	If yes, who has informed you?	Trade Union representative	2.2%	
		OSH representative	81.8%	
		Medical workers	4.9%	
		My employer	10.0%	
		Co-worker	1.1%	
406.	To what extent do you consider yourself informed about the rights of HIV positive people in the world of work?	Very well informed	3.1%	
		Well informed	17.0%	
		To some extent informed	32.9%	
		Not informed	45.1%	→ 408
		No response	1.8%	



407.	If you are informed, please indicate the rights HIV positive people benefit of at the workplace? Interviewer: please check boxes mentioned by respondent in table from the right <i>Several answers are possible</i>	Right to work	23.7%	
		Right to refuse mandatory HIV testing at any stage of recruitment	3.8%	
		Right to free of charge ARV treatment	16.9%	
		Right to social and material assistance	16.9%	
		Right to confidentiality regarding HIV status	17.7%	
		Right to work as long as health condition allows the person to perform his/her duties	16.6%	
		Don't know	1.8%	
		No response	2.5%	
408.	To what extent do you think your company administration is aware of HIV/AIDS problem in Republic of Moldova?	To a larger extent	43.1%	
		To a lesser extent	29.8%	
		Not at all	12.4%	
		No response	14.6%	
409.	How necessary do you think is an HIV/AIDS workplace policy for your company?	Very necessary	49.8%	
		To some extent necessary	32.6%	
		Not at all necessary	7.5%	
		Don't know	7.7%	
		No response	2.4%	
410.	Does your company have an HIV/AIDS workplace policy?	Yes	20.9%	→ 411
		No	47.3%	→ 414
		Don't know	27.2%	
		No response	4.6%	
411.	If yes, how informed are you about the content of this workplace policy? <i>Several answers. Check boxes mentioned by respondent.</i>	Very informed	21.3%	
		Informed to a certain extent	47.6%	
		Not informed	27.2%	→ 414
		No response	3.9%	
412.	How did you find out about this workplace policy? <i>Several answers. Check boxes mentioned by respondent.</i>	Trainings at the workplace	21.7%	
		Personally from employer	13.0%	
		From colleagues during discussions	21.7%	
		Leaflets, company's announcements	39.1%	
		Other (specify)	3.4%	
		No response	1.0%	

413.	What are the components of the HIV/AIDS workplace policy in your company? Several answers. Check boxes mentioned by respondent.	Education on HIV prevention (training, seminars, lectures)	24.7%	
		Distribution of information about the community services that offer support services to HIV positive people	11.3%	
		Non discrimination of HIV positive people	14.4%	
		No mandatory HIV testing for new employees	4.1%	
		Confidentiality of medical records of the employees	13.9%	
		Healthy work environment	19.3%	
		No job termination for HIV positive people	7.2%	
		Support in training HIV positive people for a new profession, if necessary	2.8%	
		Don't know	1.8%	
		No response	0.3%	
414.	During the past 6 months have you received any HIV/AIDS education, such as a training course on HIV/AIDS at your workplace?	Yes	3.4%	
		No	95.6%	
		No response	1.0%	
415.	Is it possible for you to get informed at your workplace about available services in the community providing HIV voluntary counseling and testing?	It is possible	16.4%	
		Not really possible	52.3%	
		Not possible	20.0%	
		No response	11.3%	
416.	Is it possible for you to get informed at your workplace on HIV care and support services, including AIDS treatment in your community?	It is possible	14.6%	
		Not really possible	49.7%	
		Not possible	22.1%	
		No response	13.6%	
417.	Do you think your company administration involves in financing HIV prevention and control activities?	Yes	16.8%	
		No	47.2%	
		Don't know	30.4%	
		No response	5.7%	
Further please state whether you agree or disagree with the following statements about the company you work for				
418	The company doesn't infringe the rights of HIV positive people during employment process, and recognizes that HIV positive employees can continue working as long as their health allows them	Totally disagree	13.1%	
		Partially agree	27.4%	
		Totally agree	18.8%	
		Don't know	36.9%	
		No response	3.8%	



419	The company has the same attitude towards HIV positive people as towards other people, as long as they fulfill their duties	Totally disagree	13.2%	
		Partially agree	28.0%	
		Totally agree	17.7%	
		Don't know	38.0%	
		No response	3.0%	
420	The company can offer working conditions appropriate to their health condition to HIV positive people	Totally disagree	15.3%	
		Partially agree	28.7%	
		Totally agree	15.3%	
		Don't know	37.2%	
		No response	3.5%	
421	The company provides the necessary conditions to ensure non discrimination of HIV positive people at the work-place	Totally disagree	15.0%	
		Partially agree	26.0%	
		Totally agree	20.0%	
		Don't know	35.4%	
		No response	3.7%	
422	Company ensures confidentiality of the medical records of its employees, including HIV positive people	Totally disagree	12.2%	
		Partially agree	25.0%	
		Totally agree	29.2%	
		Don't know	29.6%	
		No response	4.0%	
423	The company pays a special attention to informing its employees about HIV/AIDS issue	Totally disagree	26.5%	
		Partially agree	32.9%	
		Totally agree	16.2%	
		Don't know	21.2%	
		No response	3.2%	
424.	To what extent are you satisfied by the company's work-place policy on HIV/AIDS?	Very satisfied	17.5%	
		To some extent satisfied	44.1%	
		Not at all satisfied	19.6%	
		No response	0.5%	

V. Sexual Behaviour				
<i>The next set of questions is about a rather personal subject, your sexual behavior. We recognize that this part of the questionnaire is difficult to talk about. Even so, we ask you to answer honestly; due to the fact that we will not reveal your answers and will use them only to design new educational programmes.</i>				
501.	Have you ever had sexual intercourses?	Yes	90.2%	→ 502 end of questions
		No	4.7%	→ end of questions
		Refuse to answer	5.1%	
502	How many sexual partners have you had within the last 12 months?	None	7.9%	
		One	69.9%	
		More than one	16.4%	
		No response	5.7%	
503	How often have you used condoms within the last 12 months?	At every sexual intercourse	14.8%	
		Sometimes	25.0%	
		Never	50.4%	
		I haven't had a sexual intercourse in the last 12 months	3.4%	
		Refuse to answer	6.4%	
504.	Did you use condom at your last sexual intercourse?	Yes	25.3%	→ end of questions
		No	66.0%	
		Refuse to answer	8.7%	→ 505
505.	If you did not use condom, why didn't you? Several answers. Check boxes mentioned by respondent.	Didn't have a condom with me	3.6%	
		I didn't want to use a condom, don't like it	15.0%	
		Partner refused to use it	3.9%	
		Condoms are expensive and I can't afford to buy them	1.1%	
		I use other contraceptives	11.3%	
		I don't think it is necessary	53.3%	
		Other (specify)	2.3%	
		Don't know	0.3%	
		No response	8.6%	
		We want to have children	0.3%	
		I trust my partner	0.2%	

INTERVIEWER! THANK THE RESPONDENT FOR TAKING PART IN THE QUESTIONNAIRE AND OFFER THEM THE FLYER WITH CONTACT DETAILS OF THE RESEARCH AGENCY.



UNGASS indicators

1.	The correct level of knowledge about HIV ways of transmission	% of people who answered correctly to the next 5 questions: 1. Can a person reduce the risk of becoming infected with HIV by having one faithful sexual partner who is not infected with HIV? 2. In your opinion, can a person reduce the chance of becoming infected by using condoms during sexual intercourse? 3. Do you think a person that looks absolutely healthy could be infected with HIV? 4. Can HIV be transmitted by sharing one toilet? 5. Can HIV be transmitted by using common dishes?
2.	The level of stigma and discrimination	% of people who gave an affirmative answer to the following 4 questions: 1. If someone from your family was HIV infected, would you keep that in secret? 2. If someone from your family had AIDS, would you take care of him/her? 3. Would you buy food from an HIV positive retailer? 4. Do you think an HIV positive teacher should work in school?
3.	The rate of workers that took the HIV test and benefited of pre-test and post-test counseling	% of people who gave a positive answer to the following 3 questions: 1. Did you take the HIV test during the last 12 months? 2. Before testing did you benefit from the pre-test counseling? 3. Before testing did you benefit from the post-test counseling?
4.	The rate of people who had more than one sexual partner during the last 12 month and did not use a condom at their last sexual intercourse	% of people who had more than one sexual partner during the last 12 month and did not use a condom at their last sexual intercourse

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