REPORT 1: HEALTH - ROMANIA

This report is based on the discussions of three focus groups and on responses to four individual interviews focusing on health risks and health promotion among young Romanians. This report is a copy-edited version of material provided to the UNICEF Innocenti Research Centre by Oxford Research International. The views expressed are the views of the young people who took part in these discussions. All those participating did so on a confidential basis and all names have been changed.

About the Focus Groups

The discussions were conducted in Iasi, a Romanian city with around 400,000 inhabitants on 4 November 1999 (Focus Groups One and Two), and 5 November 1999 (Focus Group Three) at the Centre for Romanian Studies, Bd. Independentei 4, RO-6600 Iasi. **Focus Group One** consisted of eight girls aged between 15 and 18 (FG1), selected from four different secondary schools in Iasi. **Focus Group Two** (FG2) consisted of eight boys between the ages of 15 and 18, also recruited from the four secondary schools. **Focus Group Three** (FG3) consisted of eight young people of both sexes aged between 18 and 24. This group included non-students as well as students from various academic disciplines. The facilitators structured the discussions as suggested in the *discussion guidelines on health*.

**Focus Group One (FG1)**

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<tr>
<th>Location:</th>
<th>Centre for Romanian Studies, Bd. Independentei 4, 6600 Iasi, Romania</th>
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<tbody>
<tr>
<td>Date of focus group:</td>
<td>4 November 1999</td>
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<tr>
<td>Details on selection of participants:</td>
<td>The participants were girls aged between 15 and 18 years, selected through individual discussions at four secondary schools in Iasi</td>
</tr>
</tbody>
</table>
| Participants (name, age, gender) | Petronela, 18, F  
Gianina, 16, F  
Maracica, 16, F  
Diana, 17, F  
Cerasela, 16, F  
Smaranda, 16, F  
Claudia, 16, F  
Oana, 17, F |
| Start time: | 1:00 pm |
| End time: | 2:50 pm |
| Comments from the facilitator on group dynamics: | Relaxed discussion; friendly atmosphere.  
Discussion leader: Cristina  
Particularly talkative: Gianina  
Rather discreet: Diana |
| Problems encountered: | No problems at all; smooth and easy discussion |
### Focus Group Two (FG2)

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<tr>
<td>Date of focus group:</td>
<td>4 November 1999</td>
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<tr>
<td>Details on selection of participants:</td>
<td>The participants were boys aged between 15 and 18 years selected through individual discussions at four secondary schools in Iasi</td>
</tr>
</tbody>
</table>
| Participants (name, age, gender) | Bogdan, 16, M  
Augustin, 16, M  
Gelu, 16, M  
Ilie, 16, M  
Trajan, 17, M  
Gabriel, 17, M  
Cristian, 16, M  
Gica, 16, M |
| Start time:        | 4:00 pm                                                             |
| End time:          | 5:45 pm                                                             |
| Comments from the facilitator on group dynamics: | Friendly discussion; some mutual jokes among the participants; participative atmosphere  
Discussion leaders: Gabriel and Augustin |
| Problems encountered: | Q2 and Q4 asking about safe sex practices were met with uneasiness |

### Focus Group Three (FG3)

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<th>Centre for Romanian Studies, Bd. Independentei 4, 6600 Iasi, Romania</th>
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<tr>
<td>Date of focus group:</td>
<td>5 November 1999</td>
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<tr>
<td>Details on selection of participants:</td>
<td>Participants were unmarried young people of both sexes between 18 and 24 years of age with no children. They were selected through individual discussions conducted at the University “Al. I. Cuza” and the Polytechnic Institute. The two non-student participants Andrei (interviewed individually) and Carla, were selected on the street.</td>
</tr>
</tbody>
</table>
| Participants (name, age, gender) | Stefan, 20, M  
Carla, 24, F  
Dorinel, 22, M  
Petre, 24, M  
Tuca, 22 F  
Daniela, 23, F  
Paraschiva, 22, F  
Laurentiu, 20, M |
| Start time:        | 3:00 pm                                                             |
| End time:          | 4:50 pm                                                             |
| Comments from the facilitator on group dynamics: | Slightly tense start to the discussion, partly because of very different individual temperaments. Dorinel, for example, was very direct, even abrupt. Most girls were more reserved, even discreet (Daniela).  
Discussion leaders: Stefan and Tuca  
Most talkative: Dorinel |
| Problems encountered: | There were no particular problems. Dorinel asked for a more precise theoretical frame in discussing about 'good health'. The issue of safe sex seemed to be rather sensitive, partly because of the mixed composition of the group. |
About the individual interviews

Individual interviews were also carried out with the following people:

- Andrei, aged 24, male, treated for a sexually-transmitted disease (STD)
- Stefan, aged 19, male, a drug user
- Mihai, late 40s, male, a Doctor specializing in the treatment of STDs
- Angela, early 30s, female, an English teacher in a secondary school
A summary of responses from the Focus Groups

This report reflects the order in which topics were discussed, following the discussion guidelines on this subject.

Q2: What is ‘good health’ to you, what exactly does it mean to you?

The participants defined two major ideas concerning ‘good health’. First: a positive definition. Participants emphasized the physical ability to turn their ideas into reality. Themes frequently mentioned included autonomy of the body and the ability to carry out physical tasks without much pain and effort as well as the need to be in good shape. Second, however, there was a more negative definition focused on treatment and fear, i.e. on treatment of illnesses as well as the relationship between doctor and patient. In this context the participants express a range of reservations and anxieties regarding medical institutions.

Typical comments illustrating the more positive definition included:

- ‘Being healthy means being in good shape’ (Smaranda, FG1)
- ‘The body should not present an obstacle to the brain’ (Ilie, FG2)
- ‘Healthy lungs, strong heart, active brain’… (Augustin, FG2)
- ‘Being healthy means not feeling sick, being in good psychological form’ (Bogdan, FG2)
- ‘… keeping ‘your head above water’…’ (Laurentiu, FG3)
- ‘Good health lets you physically do what you want’ (Dorinel, FG3)

Quotes illustrating the more negative viewpoint included:

- ‘Good health means that you have no business with the doctor, no need for medication’ (Cerasela, FG1)
- ‘… never to have to go to hospital’ (Trajan, FG2)
- ‘… never to really need a doctor’ (Petre, FG3)

There was broad agreement between the groups on both types of definition. However, FG3 participants provided more general answers:

- ‘You are in good health when you can afford not to think about good health…’ (Stefan, FG3)

Dorinel, FG3, asked the moderator to be more precise on the definition of ‘good health’.

There was noticeable agreement between the FG3 participants, with all of them agreeing with the statement that the primary condition for good health is:

- ‘… moderation, that is avoidance of excesses’ (FG3)

However, Laurentiu, FG3, gave the notion of excess a very negative twist:

- ‘… not to get on the threshold of suicide’ (Laurentiu, FG3)
On the other hand, Dorinel, FG3, saw physical excess as sometimes desirable:

- ‘… being able to go to a three days drinking party, to run 10 km, to dance in the rain…’ (Dorinel, FG3)

The answers to questions Q3 and Q4 are closely related:

**Q3: How important is being healthy to you?**

**Q4: What do you do to keep healthy?**

All participants considered good health to be essential for achievement in life. But their attitudes to health differed, varying according to disposition and/or educational background rather than demographic variables such as gender or age.

Tuca, FG3, admitted that she didn't go to any lengths to keep healthy. Lack of money and her busy schedule do not support a healthy lifestyle. Dorinel, FG3, does not make any effort to maintain a healthy lifestyle, and feels that this lack of attention is quite natural for a person of his age. Petre, FG3, does not bother about staying healthy, while Petronela, FG1, thinks it is enough to wear warm clothes in the cold weather. Cerasela, FG1, said she paid no special attention to health.

FG2 - the young men's group - appeared to have a more proactive attitude towards health, with all participants taking part in sports activities.

Participants did not mention safe sex as part of the discussion on good health. Once the question was raised by the moderator the issue was met with unease in all focus groups. At first participants seemed to interpret the question to be directed at their own sex lives:

- ‘Oh God, it’s too early to have sex at our age…’ (Gianina, FG1)
- ‘I think it's still too early for sex’ (Gelu, FG2)
- ‘I prefer not to talk about this’ (Tuca, FG3)

On the other hand, all participants admitted that the idea of safe sex was, at least in theory, of importance. FG1 participants thought that using condoms is very important both as a protection against STDs and accidental pregnancy. FG2 participants also thought that safe sex was important, but several of them doubted the reliability of condoms. These participants believe that having a reliable partner is the best protection. The discussion digressed into an argument between Ilie and Trajan about the efficiency of birth control pills. FG3 participants also perceived the practice of safe sex as important and also doubted the reliability of condoms. They too thought that the safest practice is to stay with a reliable partner.

Relevant quotes include:

- ‘Using condoms is very important!’ (Oana, FG1)
- ‘Safe sex is essential. But it depends on the partner…’ (Cristian, FG2)
- ‘I don’t think condoms are quite safe’ (Ilie, FG2)
- ‘Condoms are not fully reliable. The most important thing is that you know your partner very well’ (Laurentiu, FG3)
Additional insights were gained from the individual interview with Andrei, 24, who had been treated for STD. He said that his male peers use condoms only for intercourse with a new partner. One reason is that they consider condoms to reduce sexual satisfaction, another is the attitude of female peers towards the use of condoms. Girls, Andrei claimed, see faithfulness as the most important method of practising safe sex and mistrust the reliability of condoms. Moreover, he maintained that they feel offended by males who initiate condom use, taking it as a sign of suspicion.

Here are some relevant quotes:

- ‘Girls mistrust condoms. Moreover, they feel offended if their boyfriend uses condoms, as if he doubted their good health…’
- ‘They prefer to use the calendar method for contraception’

Andrei’s views regarding the use of condoms contradict the views expressed in FG1.

On the issue of health checks there was a difference between aspirations and realization. While all participants agreed that going to the doctor at regular intervals is indeed a good idea, only a few follow this practice as a preventive measure. Cerasela, FG1, for example, only goes to the doctor when it becomes necessary. As far as preventive strategies are concerned Gabriel, FG2, and Dorinel, FG3, pointed out that health education for young people is inadequate – an insufficient incentive for regular health checks.

The topic of diet revealed some diversity of opinion. Most participants agreed that healthy food is important. However, they blamed a lack of money and time for not maintaining a healthy diet.

Gabriel, FG2, claimed that:

- ‘In Romania one can only rely on a ‘heavy diet’. People got used to simply filling their stomachs [probably as a result of the Ceaucescu era - facilitator]’ (Gabriel, FG2)

There are exceptions: Carla, FG3, spoke of ‘dead food’ and ‘living food’. Carla’s diet is influenced by a broader outlook, which also - she claimed - determines her entire behaviour. She thinks she can always improve her diet by making better use of the resources at her disposal:

- ‘I’d never swap an apple for a sweetie’ (Carla, FG3)

Ilie, FG2, is a vegetarian. He believes that maintaining mental control over his body is important and insists that being healthy helps him to achieve this.

Most participants were non-smokers, but, surprisingly, even those who smoke expressed negative opinions about smoking. On the other hand, moderate consumption of alcohol seemed to be acceptable to all participants.

Drugs were viewed as exotic by most participants. Reasons for this included the high market prices for drugs as well as their limited availability. Stefan, a drug addict who was individually interviewed, said:

- ‘They [drugs] are very expensive. You have to pay 150.000 Lei for a tiny amount [of heroin]’
Participants agreed that the media tell them about the dangers associated drug use. As an anecdote, Ilie, FG2 told the story when he tried marijuana on holiday, but got dizzy and was humiliated by his peers.

On the topic of avoiding accidents and violence, participants focused primarily on the issue of violence. This uncovered a fundamental disagreement between the males and females. First, there was a difference in opinion regarding the definition of violence. The young men seemed to believe that violence was purely physical, while the young women distinguished between physical and verbal violence in their definition. As an example the young women said they avoid physical violence, but conceded that it was not always possible to avoid verbal aggression. Young men perceived violence in terms of pride, insisting that certain situations require immediate responses regardless of the health consequences. Young women in FG1 blamed male behaviour for incidents of physical violence.

Typical comments on this issue included:

- ‘Sometimes one cannot avoid verbal violence, no matter how hard one tries’ (Tuca, FG3)
- ‘Sometimes it’s unavoidable to react violently’ (Augustin, FG2)
- ‘I simply don’t accept humiliation!’ (Trajan, FG2)
- ‘Faint-hearted people give up more easily’… (Bogdan, FG2)
- ‘Boys are the ones who engage in such conflicts’ (Claudia, FG1)

**Q5: In sum, what do you think are the most important things for keeping up a healthy life?**

Most participants stressed the importance of personal hygiene, physical exercise, and healthy food. Sufficient sleep and wearing adequate clothing were also seen as important.

On a less encouraging note preventive visits to the doctor are not at all common. In fact, participants said they only go to the doctor when health problems become serious.

**Q6: Do you think that there are enough health facilities in your area?**

There was broad agreement on health services. First, there was an overall feeling of mistrust of health service workers. Discussants insisted that most nurses and doctors are unfriendly, indifferent, and even “corrupt”. There also seemed to be a serious lack of information regarding the family doctors recently introduced into the Romanian health system. The same problem seemed to apply to social workers. Social workers and their function seemed to be virtually unknown.

- ‘I haven’t yet understood the system of the family doctor’ (Gianina, FG1)
- ‘I haven’t seen him [the family doctor] yet!’ (Oana, FG1)
- ‘What is a social worker?’ (Ilie, FG2). ‘A person people ask for advice!’ (Bogdan, FG2). ‘A guy dealing with poor or disabled people, or with difficult families…’ (Gica, FG2)
- ‘They [nurses, doctors, etc.] are all about money…’ (Oana, FG1)
- ‘You simply have to pay a bribe! For a straightforward appendicitis operation I was told “If you don’t pay, I won’t operate on you!”’ (Paraschiva, FG3)
• ‘I had bad experiences with doctors, so I don’t trust them any more. I prefer natural medicine’ (Paraschiva, FG3)

According to the participants, access to health services seemed to depend on personal links and favours rather than on a universal health system. What people know about the system was regarded as less important than whom they know within it. A major problem was cited in the area of STD therapy where treatment no longer is free of charge. Friendly and competent examination and treatment seemed to be available only to those who enjoy ‘good connections’. For others, treatment costs money. Even for those who can pay, claimed the participants, finding the services of a committed and competent doctor is a matter of luck.

Illustrative comments included:

• ‘My father is a doctor and my mother is a nurse, so I resolve my health problems within the family’ (Diana, FG1)
• ‘I haven’t met my family doctor…’ (Laurentiu, FG3)
• ‘My mother is a pharmacist…’ (Gica, FG2)
• ‘I have relatives who are doctors. I go to them when I have health troubles’ (Claudia, FG1)
• ‘I was lucky to get a young family doctor, very serious, very competent’ (Gabriel, FG2)

Secondly, in terms of polyclinics, clinics, hospitals, etc., the image of the public health sector is also unfavourable. All participants criticized what they saw as incompetent management and substandard equipment.

• ‘You have to queue for hours while they are reading the newspaper’ (Gianina, FG1)
• ‘The bureaucracy in the students’ polyclinic is killing me. You can die before seeing a doctor’ (Tuca, FG3)
• ‘We have to queue a few hours for a check-up of 10 minutes…’ (Claudia, FG1)
• ‘I had to wait half a day for a check-up. Afterwards I started taking penicillin myself in order to cure a dental infection, just to avoid further queuing’ (Petronela, FG1)
• ‘Hospitals are in a disastrous condition… And it is a miracle that they can still function’ (Ilie, FG2)
• ‘Nurses in hospitals prefer drinking their coffee in peace and quiet rather than helping you promptly’ (Cerasela, FG1)

Participants agreed that the only way to get decent medical treatment was by investing private funds, often in the private clinics that have flourished in Romania in the last decade. Doctors often work in both public and private clinics and patients are moved between them.

• ‘If you have a serious problem, you go to a private practice’ (Cerasela, FG1)
• ‘When the situation is bad, one should go to a private clinic’ (Gabriel, FG2)
• ‘Good doctors and effective techniques can only be found in private polyclinics’ (Gelu, FG2)
• ‘Since one has to pay anyway, I prefer to pay a private doctor’ (Trajan, FG2)
• ‘The equipment in the private sector is very good. But access is expensive, so that not everyone can afford it’ (Laurentiu, FG3)
• ‘The doctor told me “I don’t have what I need for you here, but do come to my private practice…”’ (Daniela, FG3)
While criticisms focused on the availability and quality of the treatment as well as the financial implications, there seemed to be general agreement on the number and distribution of medical facilities.

Q7: Do you use them?
Q8: Why do you use them?
Q9: Why do you not use them?

The issues raised in Q7 to Q9 had already been discussed in the responses to various other questions. As argued previously, participants said they keep the number of visits to the doctor to a minimum. The main reasons can be summarized once again as follows:

- Unfriendly atmosphere
- Mistrust in the competence of medical staff
- Poor technical equipment
- Lack of proper medication
- Necessity to pay money for decent medical services

Relevant comments included:

- ‘I once had to suffer a lot because of a very painful injection’ (Trajan, FG2)
- ‘There is a general lack of sensitivity on their part…’ (Augustin, FG2)
- ‘It takes ages for a nurse to fill out your medical forms’ (Dorinel, FG3)
- ‘Everything is very expensive’ (Gabriel, FG2)
- ‘The equipment is outdated’ (Bogdan, FG2)
- ‘The medication is too expensive!’ (Gianina, FG1)

There is, however, no general concern about confidentiality. Exceptions are made when it comes to strictly personal infections such as STDs. There are suspicions, for example, that informing parents about a young patient's disease could be seen as more important than maintaining patient confidentiality. Andrei, a former STD patient who was individually interviewed, said:

- ‘I’ve heard about doctors with old-fashioned views who think that it is better for the parents to find out [about their children suffering from STD]’

In addition, Andrei complained about the insensitive, even brutal way in which some STD doctors treat their patients. His girlfriend, who was also infected, needed to see a psychiatrist after experiencing traumatic STD therapy. Andrei suggested, therefore, that STD clinics should pay more attention to the psychological needs of their patients. There was little suggestion that STD doctors had much sympathy for their patients:

- ‘The atmosphere in the clinic is uncaring. You should feel protected, like at home…’

Andrei’s comments suggest that current practice is out of step with patients' needs. In an individual interview Mihai, a Doctor and STD specialist, explained that the main therapeutic focus should be on the actual treatment of STD:

- ‘Nothing else is needed apart from the medical treatment [of STD]. Every patient attending this clinic receives some form of sexual education: on contraception, about avoiding risks, etc.’
The professional experience of each STD doctor can determine how well he can talk to the patient and to what extent he can minimize his/her embarrassment.

Regarding general medical practice, several cases of professional incompetence were cited. Maracica (FG1) described one example. She spoke of an appendicitis operation where the surgeon had forgotten a swab of cotton wool inside the patient.

Participants did not find variance in the competence levels of different generations of medical staff. The main reservations seemed to exist in the delicate health issues, in situations where confidentiality is required or where a common language between doctor and patient is necessary. Andrei made particular mention of the importance of having such a language.

Regarding the high costs of certain treatments, it is noticeable that the treatment of STDs is no longer subsidized by the state. The STD specialist complained about this.

Q10: Young people with some diseases such as gonorrhoea or syphilis may not seek professional medical help; why do they think this happens?

FG1 and FG2 participants felt that social stigma could be the main reason for young people not seeking professional medical help. Another reason mentioned was the fear that the STD doctor might not respect patient confidentiality. On the other hand, Oana, FG1, doubted that there could be any reason for the doctor to speak to anyone else. She was clearly unaware that STD doctors are obliged to notify the police each time a new patient registers. FG3 participants doubted that STD patients would hesitate to go to the doctor. For those who hesitate the central reason appeared to be inadequate information. Stigma and shame seemed more peripheral.

Q11: All in all, what is most important in terms of access to medical services?

Summarising the views discussed above, the three main factors were:

- Financial resources
- Less bureaucratic organization and more reasonable distribution of healthcare facilities
- More welcoming medical workers

Q12: Which people or organization(s) influence you in your views on your health?

Different age groups gave different answers. Participants in FG1 and FG2 ranked parents ahead of schools in terms of providing education on hygiene and a good diet. In spite of the prominence of parental advice, they agreed that schools should teach more on healthy living:

- ‘We only had one class on this topic - about the dangers of smoking’ (Gianina, FG1)
- ‘It is not at all common to speak to school nurses and doctors about such topics’ (Smaranda, FG 1)

FG3 participants placed more emphasis on the role of the media. They doubted parents’ ability to give appropriate advice, believing that parents’ attitudes seemed to be out of step with those of young people. Some feared that the discovery of something as delicate as an accidental pregnancy or STD could well mean serious trouble at home.
Relevant comments included:

- ‘Some parents have antiquated views about sexuality’ (Dorinel, FG3)
- ‘At our age, it is normal that parents don’t understand us’ (Petre, FG3)

FG1 participants provided some similar views when discussing more delicate health issues:

- ‘I could never talk to my mother about such a thing. I’d rather take advice from a good friend’ (Diana, FG1)

The individual interviews with the secondary school teacher as well as with the STD specialist revealed disagreement about the role schools play in the sex education of young people. An English teacher, Angela, thought that schools should be praised for advising youngsters on the prevention of STDs and unwanted pregnancies (individual interview). She blamed parents for not matching this effort.

On the other hand, STD Specialist Mihai thought that sexual education in schools produced no noticeable results. He also suspected that there is a lack of education within the home. However, he stressed that the attitudes of many parents towards sex differed from those of their children.

Relevant quotes include:

- ‘I guess pupils can find out a lot of things in school. But there is a lack education in the home… few young people actually go and read up on these things’ (Angela)
- ‘In school, young people should be taught about the existence of STDs and about methods of prevention. But such advice produces no evident result. The same goes for education in the home. There is a legacy of the prudery from the communist period’ (Mihai)

Participants in the Focus Groups were unaware of any government campaigns. Most agreed that the government could, for example, run low-budget campaigns promoting the use of condoms.

There was general praise for NGOs devoted to free family planning, contraception, and cases of STD. Some people were aware of ‘SEX’, an Iasi-based NGO.

**Q14A: What do you think schools, families, health services or the government can do to better help young people with their health?**

FG1 and FG2 participants expected more from schools in terms of increasing the number of classes devoted to healthy living. Participants argued that the role of the government was to take the lead in public health policy, and, for example, increase the range of treatment available free of charge.

- ‘Nowadays one can find good medication everywhere, but patients have to pay a lot for it. The government should provide hospitals with free medicines’ (Cerasela, FG1)

**Q14B: And what do you think you can do?**
In general discussants seemed despondent about the current state of the health care system in Romania. Moreover, they did not expect any major improvements in the near future. Strategies dealing with current shortcomings were mostly limited to ego-centric measures: everyone has to take care of him/herself. But healthcare appeared as only one aspect in a general sense of disappointment and disenfranchisement. Many considered leaving Romania at the first opportunity and instead of discussing improvements they themselves could offer, participants soon began discussing political issues.

Typical comments included:

- ‘There is nothing we can do. I cannot yet take care of myself’. (Laurentiu, FG3)
- ‘We need a ‘strong hand’, capable of sorting out this mess. I am honestly considering leaving this country’ (Dorinel, FG3)
- ‘Those who govern have too much money to seriously care about public health’ (Gabriel, FG2)
- ‘There is no culture of volunteering in Romania. I’m sure things could only improve if people were more supportive of each other. This is an issue of solidarity, of better communication, and of information. Schools should do better in this respect’. (Stefan, FG3)
Responses to individual interviews

1. Andrei, aged 24, male, treated for a sexually-transmitted disease (STD)

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<tr>
<td>Date of interview:</td>
<td>10 November 1999</td>
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<tr>
<td>Interviewee (name, age, gender)</td>
<td>Andrei, 24, M</td>
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<td>Start time:</td>
<td>2:30 pm</td>
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<td>End time:</td>
<td>3:10 pm</td>
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<td>Comments from the facilitator:</td>
<td>Andrei made some recommendations about how to make STD clinics more friendly. It is worth contrasting his points to the remarks of Mihai, the STD doctor (individual interview number 3). His own experience, and especially the experience of his girlfriend with STD doctors, made him aware of the psychological aspects of the STD treatment. Such aspects are often neglected by STD specialists. The way he presents girls’ attitudes to the use of condoms (showing girls as hostile to their use) should be treated with caution.</td>
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Q1. Who did you tell first when you discovered you had a STD?

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<th>Relatives</th>
<th>Other – please specify</th>
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<td>I didn’t speak to anybody. I looked in the newspaper for information about a STD doctor</td>
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Q2. Were they helpful?

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<th>Not helpful</th>
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Further comment: The information was very helpful

Q3. Did you feel alone with your problem?

I didn’t feel very scared. After all my disease (herpes) was not that bad.

Q4. Where did you go for tests? And for medical advice?

Tests: To the private polyclinic in Copou, Iasi

Med. Advice: To the Polyclinic Nr. 1.
Q5. Was it easy to find out where to go for this, or did it take a long time to find out?

<table>
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<th>Easy</th>
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<td>Not easy</td>
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<tr>
<td>Other</td>
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Further comment: It was easy. I previously had some problems with the skin, so I already knew where to go.

Q6. Where did you get the information on the clinic from?

About the tests? From a local newspaper

Q7. How were you treated at the clinic? (With sympathy, understanding; coolness, or impolitely, or even as if you were some kind of ‘criminal’?)

<table>
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<td>Politely but coolly</td>
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<tr>
<td>Impolitely</td>
<td></td>
</tr>
<tr>
<td>Some kind of ‘criminal’</td>
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Q8. I would like to ask you about what you think needs to be improved in the clinic to make it a friendlier place for young people like yourselves. Could you list three main problems in order of importance?

1. The doctors should inspire more confidence. A smile and a few words of support are very important.

2. The doctors should treat the patients very gently during check-ups.

3. The atmosphere in the clinic is uncaring. You should feel protected, like at home…

Q9. Could you make some suggestions how to make the clinic more attractive or useful for youth? Please try to suggest three improvements in order of priority.

1. The medical workers should be younger. There is at present a problem of communication with older doctors.

2. Better facilities should be set up.

3. Confidentiality should be more respected. Patient confidentiality is badly affected by the fact that I have to queue in presence of many other people.

Q10. Do you think the information you give at the clinic is treated confidentially? For example, if you do not want your parents to know that you have syphilis, is this respected?

Yes
<table>
<thead>
<tr>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Not always – please specify</td>
</tr>
<tr>
<td>Other – please specify</td>
</tr>
</tbody>
</table>

Q11. What information do they ask for?

| Name | ✓ |
| Address | ✓ |
| Parents’ names | ✓ |
| Telephone number | ✓ |
| Other – please specify |

Q12. How would you describe the standard of medical care offered there?

| Very good |
| Good | ✓ |
| Bad | ✓ |
| Very bad |

Further comment: My girlfriend was treated brutally from a psychological viewpoint. Afterwards she needed to see a psychiatrist. Besides, even in terms of the STD treatment, I was first treated at a private clinic where I was prescribed an inadequate medication. I had to change doctor.

Q13. How would you describe the building and the rooms of the clinic?

(INTERVIEWER READS OUT POSSIBLE ANSWERS AND PUTS TICK IF RESPONDENT SAYS YES)

| In good repair | In bad repair |
| Clean | ✓ |
| Dirty |
| Pleasant to be in | ✓ |
| Unpleasant to be in |

Further comment: It is clean, but unpleasant. Unfriendly atmosphere!

Q14. Were you aware of the risk of becoming infected with a STD?

| Yes | ✓ |
| No |

Q15. Were you aware of how to avoid the risk of infection?
Q16. Do you think that you would have been more careful if you had had more information on the risks you were taking in having unprotected sex? Or was information not a problem – you just thought you could take the risk.

INTERVIEWER READS OUT THE POSSIBLE ANSWERS:

| I would have been more careful if I had had more information | ✓ |
| Information was not the problem – I took risks consciously | ✓ |
| Other – please specify | |

Q17. Was there actually any information available to you on the risks of contracting STDs? For example through your school, the television, etc.? Or did your parents or your friends talk to you about these types of risks?

INTERVIEWER READS OUT POSSIBLE ANSWERS

| Through school | On television, but not only. On all media, like radio, newspapers, magazines, etc. |
| On television | ✓ |
| Parents talked about them | Not at all |
| Through friends | ✓ A little |
| Other – please specify | |

Q18. Suppose that a young person like you really wanted to be careful and not to take risks. Is it easy to buy condoms?

Yes, you can buy them in every drugstore.

Q20. If condoms are available, are they expensive? Can young people afford them?

No, they are not. They are affordable. But I still feel ashamed of the pharmacist and of those standing in the queue…

Q21. What is the attitude of your friends to using condoms?

They use condoms when they date a new partner.

Q22. What do young people think about buying and using condoms?

They think that using condoms reduces pleasure.
Q23. Do your male friends and female friends have different attitudes to using condoms? Can you describe briefly any differences?

*Girls mistrust condoms. Moreover, they feel offended if the boyfriend uses condoms, as if he doubted their good health... They prefer to use the calendar method for contraception.*

Q24. Do you get any kind of counselling about health or education? If you do, please specify what type of help and from whom.

*No. I know about an NGO called ‘SEX’, but I don’t know any details. But I heard they offer free and competent assistance.*

Q25. Which, if any, organization or institution helps you apart from the clinic?

*Skipped*

Q26. In what way?

*Skipped*

Q27. If not, do you think that you need any kind of help or counseling? Please specify.

*Well, there is always room for more knowledge, but it depends on the time available.*

Q28. Who helps you most now?

*My girlfriend. She still visits the STD doctor. It’s all my fault, I was unfaithful to her...*

Q29. Who can you talk to about your health problem?

*I go directly to the specialist doctor, but only in the acute phase.*

Q30. Do you think young people could help other young people to avoid such diseases?

*Of course they can. They should talk to each other about their problems.*

Q31. Why?

*Because everybody should pay attention to this kind of experiences. But, of course, truly intimate problems can only be discussed within a very small circle.*

Thank you very much.
2. Stefan, aged 19, male, a drug user

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<thead>
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<tbody>
<tr>
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<td>13 November 1999</td>
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<tr>
<td>Interviewee (name,</td>
<td>Stefan, 19, M</td>
</tr>
<tr>
<td>age, gender)</td>
<td></td>
</tr>
<tr>
<td>Start time:</td>
<td>4:00 pm</td>
</tr>
<tr>
<td>End time:</td>
<td>4:30 pm</td>
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<tr>
<td>Comments from the</td>
<td>Stefan is an intelligent person</td>
</tr>
<tr>
<td>facilitator:</td>
<td>who gives concise answers. He</td>
</tr>
<tr>
<td></td>
<td>does not feel ashamed for his</td>
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<tr>
<td></td>
<td>situation. He worked for a while</td>
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<tr>
<td></td>
<td>as assistant mechanic. He was</td>
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<tr>
<td></td>
<td>fired when his boss found out</td>
</tr>
<tr>
<td></td>
<td>that Stefan was a drug addict. He</td>
</tr>
<tr>
<td></td>
<td>is currently looking for a new</td>
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<tr>
<td></td>
<td>job. In the past he had friends</td>
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<tr>
<td></td>
<td>who did not use drugs, but his</td>
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<tr>
<td></td>
<td>present peer circle consists only</td>
</tr>
<tr>
<td></td>
<td>of drug users.</td>
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</tbody>
</table>

Q1. Who knows that you are using drugs?

<table>
<thead>
<tr>
<th>Nobody</th>
<th>Friends</th>
<th>Parents</th>
<th>Relatives</th>
<th>Doctors</th>
<th>Other –please specify</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✓</td>
<td></td>
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</table>

Q2. What kind of drugs did you try out?

Heroin

Q3. Which is the one you use currently?

*I still take heroin daily*

Q4. Did you ever try to quit?

Yes

Q5. Do you know of people and places from which you can get some help if you would like to quit using drugs?

People: *The doctors*

Places: *The clinic*

Q6. Did you ever go to a specialized clinic for treatment?

Yes ✓
Q7. Was it an easy decision to go there?

<table>
<thead>
<tr>
<th>Easy</th>
<th>Not easy</th>
<th>Other, please specify</th>
</tr>
</thead>
</table>

Further comments: *It was a very difficult decision.*

Q8. Why?

*Because I was sure nobody could help me anymore.*

Q9. From where did you get the information on the clinic?

*My mother insisted we should go. She told me everything about the clinic.*

Q10. How were you treated at the clinic?

*Alright…*

Q11. Were you treated...

| With sympathy | Politely but coolly | Impolitely | Like some kind of ‘criminal’ |

Further comments: *‘Politely but coolly’ is the best description. I used to get the medication and that was all.*

Q12. I would like to ask you about what you think needs to be improved in the clinic to make it a friendlier place for young people like yourselves. Could you list – in order of importance - three issues that should be addressed?

1. *More walks in fresh air*

2. *Treatment at home*

3. *Fewer patients in the same room*

Q13. Could you make some suggestions how to make the clinic more attractive or useful for youths? Please try to suggest three improvements in order of priority.
I have no suggestions

Q14. Do you think the information you give at the clinic treated confidentially? For example, if you do not want your parents to know that you are using drugs, is this respected?

| Yes | ☑ |
| No | |
| Not always – please specify | |

Further comments: I suppose so

Q15. What information do they ask for?

| Name | ☑ |
| Address | ☑ |
| Parents’ names | ☑ |
| Telephone number | ☑ |
| Other – please specify | They asked me to be obedient, in my own interest… |

Q16. How would you describe the standard of treatment offered there?

| Very good | |
| Good | ☑ |
| Bad | |
| Very bad | |
| Other – please specify | |

Q17. How would you describe the building and the rooms of the clinic?

[INTERVIEWER READS OUT ANSWERS - PUTS TICK IF RESPONDENT SAYS YES]

| In good repair | In bad repair |
| Clean | ☑ | Dirty |
| Pleasant to be in | Unpleasant to be in |

Further comment: Clean, but too isolated

Q18. Could you list what health risk people face when using drugs? (Make reference also to the way drugs are used.)

I was in a coma – almost dead!
Q19. From where do you have information on the risks of using drugs?

*From friends and from my mother*

INTERVIEWER READS OUT AND CHECKS POSSIBLE ANSWERS (IF NOT MENTIONED ABOVE)

<table>
<thead>
<tr>
<th>Through school</th>
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<tbody>
<tr>
<td>On television</td>
</tr>
<tr>
<td>Parents talked about them ☑</td>
</tr>
<tr>
<td>Through friends ☑</td>
</tr>
<tr>
<td>Other – please specify</td>
</tr>
</tbody>
</table>

Q20. Is it easy to buy drugs?

*No, it’s not easy at all.*

Q21. In most of the cases where do young people get their drug from?

*Through good personal connections*

Q22 Remember your first contact with drugs. Where was it? At school, at a party, in the street, or somewhere else?

<table>
<thead>
<tr>
<th>At school</th>
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<tbody>
<tr>
<td>At a party</td>
</tr>
<tr>
<td>In the street ☑</td>
</tr>
<tr>
<td>Somewhere else, please specify</td>
</tr>
</tbody>
</table>

Further comment: *In the street, in the entrance area of a block of flats*

Q23 Your first contact with drugs. Did someone offer them or were you looking for them?

*Nobody tried to persuade me, it was sheer curiosity*

Q24 What are your main reasons for using drugs?

*After the first doses I felt the need to take more drugs. I had a sensation of pain in my bones which could only be alleviated by drugs.*

Q25. Are drugs expensive? How do you get the money to buy drugs?

*Oh yes, they are very expensive. You have to pay 150,000 Lei for a tiny amount. I used to steal money from my parents to buy drugs. Once I borrowed money from a friend, but I had serious troubles in paying it back...*
Q26. What is the opinion of your friends to using drugs?

_They laugh at me._

Q27. Do your male friends and female friends have different attitudes to using drugs? Can you describe briefly any differences?

_Girls and boys have the same attitude. They treat me with contempt and keep laughing at me._

Q28. Do you get any kind of counseling – help in coping with drugs?

<table>
<thead>
<tr>
<th>Yes</th>
<th>✅</th>
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INTERVIEWER GOES TO Q29, SKIPS Q30, AND GOES TO Q31

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<thead>
<tr>
<th>No</th>
</tr>
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</table>

INTERVIEWER SKIPS Q29 AND GOES TO Q30

Q29. Please specify what type of help and from whom.

_From my family. They help me continue the treatment I started at the clinic._

Q30. If not, do you think that you need any kind of help or counseling? Please specify.

_Skipped_

Q31. Whom would you turn to if things were getting worse (you were getting more sick)?

_I'd go to the clinic at once._

Q32. Do you think young people could help other young people to avoid using drugs?

_Yes. I'm sure my experience would be useful for other young drug addicts._

Q33. Why?

_Because I know what I've been through, so that I'm in the best position to explain to them how it goes._

Thank you very much.
3. Mihai, late 40s, male, a Doctor specializing in the treatment of STDs

<table>
<thead>
<tr>
<th>Location:</th>
<th>Polyclinic no. 1, Practice of Dermato-Venereology, Iasi, Romania</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of interview:</td>
<td>11 November 1999</td>
</tr>
<tr>
<td>Interviewee (name, age, gender)</td>
<td>Mihai, late 40s, M</td>
</tr>
<tr>
<td>Start time:</td>
<td>3:00pm</td>
</tr>
<tr>
<td>End time:</td>
<td>3:30 pm</td>
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</tbody>
</table>
| Comments from the facilitator: | It is worth comparing the view of the interviewed, a STD specialist, with those of the young STD patient (individual interview number 1). While the former sees no need for any other special treatment for STD patients, the latter focused on the psychological aspects of STD treatments: the need for discretion, for a friendly conversation with the doctor, for confidentiality. Discretion cannot be secured as long as patients have to queue in a public polyclinic in front of the door of the STD practice. Very often the conversations with medical workers are cold and indifferent, and confidentiality is broken as the STD doctor has to notify the police about the patient's registration. Moreover, there are cases in which STD doctors consider that informing the parents of their young patient is more important than confidentiality.

Secondly, with respect to sexual education, it is interesting to contrast the claims of the interviewee with those of the teacher (individual interview number 4). The teacher asserted that the school is undoubtedly the main source of information for young people. She blamed parents for non-cooperation and indifference regarding these delicate educational issues. In his turn, the STD doctor saw no appreciable effects of sexual education in secondary schools. |

Q1. How long have you been working in this clinic?

*For four years.*

Q2. Can you please briefly describe your job?

*I am a specialist doctor in dermato-venereological diseases.*

Q3. We are particularly interested in the health problems of young people, in particular those with STDs. We know from the statistics that there has been an increase in the number of cases of young people (up to 24 years) with STDs. Could you list briefly what you consider to be three main reasons for this increase?


2. *Very low life standard. Note that STD treatments are not any more free of charge.*

3. *Lack of information*

Q4. Do you think that young people find it easy to turn to your clinic, or is there a tendency to put a visit off as long as possible? If so, why?
I don’t think we can generalize. Some do come here immediately after the first symptoms. There are also cases of stubborn young people brought here by other people. As a rule, the more educated the patient is, the more responsible he/she is. We do encounter special problems with youngsters coming from difficult families.

Paradoxically, most cases occur in urban areas. People living in rural areas are more conscientious.

Q5. Can you briefly describe the procedure a young people goes through to get treatment here? For example, does he/she come here directly, or does he/she have to be referred by another clinic, doctor?

Most of the times, they do come directly here. When they are referred, family doctors do this.

Q6. From the point of view of the young person (not necessarily from the point of view of you as medical workers), do you think that this procedure is the best, or could be improved? If so, how?

The procedure is an old one and I think it’s good. Our clinic is very efficient as we take our job very seriously.

Q7. What are the main difficulties your clinic faces in providing care for these young people? Can you list three main problems?

1. Patient should have access to treatments free of charge.
2. We lack the means to constrain those who refuse to cooperate.
3. There isn’t enough information on the dangers of STDs.

Q8. What do you think could be done to improve the services offered to young people in the clinic? List three possible improvements (in order of priority):

The same three answers [as above].

Q9. Do you think there are any major ways these types of health services for young people could be made more friendly or attractive? What do you think could be done?

It’s up to the professionalism STD doctors. The professional experience of each STD doctor can determine how well he can talk to the patient and to what extent he can minimise his/her embarrassment.

Q10. Apart from the medical treatment are there any other kinds of help and support offered to the young people treated by you for STDs?
Nothing else is needed apart from the medical treatment. Every patient attending this clinic receives some form of sexual education: on contraception, about avoiding risks, etc.

[questions Q11 – Q13 were skipped because of the negative answer to Q10]

Q11. Is this help or support taken up by the young people?

IF RESPONDENT ANSWERS YES, INTERVIEWER GOES TO Q12, SKIPS Q13, GOES TO Q14

IF RESPONDENT ANSWERS NO, INTERVIEWER SKIPS Q12 AND GOES TO Q13.

Q12. If yes why?

Q13. If not, why not?

Q14. Apart from the services currently provided at your clinic, what type of support do you think these young people most need?

They definitely need prevention. And this is, once again, a matter of education. In school, young people should be taught about the existence of STDs and about methods of prevention. But such advice produces no evident result. The same goes for education in the home. There is a legacy of the prudery from the communist period.

Q15. You are dealing with young people who are already infected. Is there any preventive work done to make young people aware of the risks involved in unprotected sex?
- By your clinic
- In collaboration with your clinic
- Independently of you clinic – by other institutions, state or non-state, schools
- Others – please specify

I said, the clinic offers information, education, and prophylaxes. Apart from our specialised clinic, there is a police department which co-operates with us in order to identify potentially infected people. Then there are several NGOs which work independently from us.

Q16. How effective do you think this work is in reaching young people and how could it be improved?

Skipped

Q17. Do you think that non-governmental organizations or youth groups could do more and could reach people more effectively?

NGOs have better access to young people. They can play a very important educational and preventative role. Unfortunately, there is no connection between their activity and the one of state institutions.
Q18. In your view in what way could the government improve the awareness of young people about health risks?

*First, I think the government should keep the treatment of STDs free of charge. I think we are now in a period of confusion, as we are witnessing the reform of the medical system with the establishment of private health insurance. On the other hand, we should understand that the government suffers severe budgetary constrains, as the whole Romanian economy is in bad shape…*

Q19. In your view in what ways could the government facilitate healthy lifestyles and safe sex practices of young people?

*There is a great need for well-qualified people in order to do this. I'm sure the reform will bring positive changes.*

Thank you very much.
Angela, early 30s, female, an English teacher in a secondary school

<table>
<thead>
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<th>Location:</th>
<th>Centre for Romanian Studies, Bd. Independentei 4, 6600 Iasi, Romania</th>
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<td>9 November 1999</td>
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<tr>
<td>Interviewee (name, age, gender)</td>
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<td>2:00pm</td>
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<td>End time:</td>
<td>2:40 pm</td>
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<tr>
<td>Comments from the facilitator:</td>
<td>Angela said that teachers do everything they can to instruct pupils with respect to healthy lifestyles. She blamed parents for taking too little time to face the more delicate problems of their children. Meanwhile, in her opinion, the doctors do not do enough to encourage preventive check-ups among youngsters. These claims should be compared to those of the STD doctor who asserted that the school does nothing significant in terms of providing youngsters with the required skills for a healthy life (see individual interview number 3). Secondly, she asked for an increase in the means to force pupils to gather more information. At the same time, she advocated a more rigorous control of pupils at the school entrance, in order to prevent the smuggling in of tobacco, alcohol and/or drugs. However, the interviewee accepted that part of the inefficiency of the communication between teachers and pupils could depend on the old-fashioned language and mentalities of some teachers. Finally, the teacher obviously didn’t understand Q13, since she defined the NGOs as “organizations that control medical practices and develop public health programmes…”</td>
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</table>

Q1. How long have you been working in this school?

For two years.

Q2. Can you please briefly describe your job and responsibilities?

I teach English to ten different classes of all ages.

Q3. We are particularly interested in the health problems of young people. We know from the statistics that there has been an increase in the number of cases of young people with drug addiction and sexually transmitted diseases (STDs). Could you list briefly what you consider to be the three main reasons for this increase?

1. Uncontrolled sexuality, that is unprotected sex with occasional partners
2. With respect to drug addiction, the dominant role of peer groups
3. Poor education at home

Q4. Do you agree that these health risks are the most threatening for young people?

Yes, but they are not the only ones.
Q5. Other than STD and drugs, what other health problems do young people face in your view?

*Excesses in consuming tobacco and alcohol. Pupils should be checked when they enter the school.*

Q6. Do you think the school provides young people the necessary skills to avoid the diseases we have been talking about?

*I guess pupils can find out a lot of things in school. But there is a lack of education in the home. And few young people actually go and read up on these things.*

Q7. Could you list actually in what ways does the school provide life-skills to young people? (May be broader than just health)

*There have been discussions in our secondary school about opening a practice for sex related matters, but for the time being it's only a wish. There are classes on sexual education, but I admit they don't take place often enough – one a month or even once a term. Finally, there are biology classes. The problem is that pupils do not take such discussions seriously. It's true, there might be a problem of communication here…*

Q8. In what ways the provision of such information could be improved? Can you list three of the main ways?

1. *Teachers needs means of forcing pupils to learn*
2. *The number of classes on such topic should be increased*
3. *Communication patterns should also be revised – more relaxed, but still compulsory.*

Q9. What could be done to improve the understanding of the importance of healthy lifestyles of youth? List three possible ways of improvement in the outreach of health education (in order of priority):

1. *Promoting a broader and more vivid idea of health*
2. *Developing adequate mass media*
3. *Improving communication among pupils, teachers, and parents. Definitely, parents are responsible for the huge lack of communication.*

Q10. Do you think young people have problems in getting access to preventive and curative health services outside the school?
Preventive: Young people are not used to going for preventive check-ups. And this wouldn’t be easy either, given the low accessibility of our health care system.

Curative: The same is true for curative health services. People who go there do not have any other choice.

Q11. Do you think there are any ways health services outside the school could be Made more friendly or attractive for young people? List three possible ways of improvement in the outreach of health education (in order of priority):

1. Money – you cannot visit the doctor without paying him.

2. We need a culture of prevention. Doctors themselves should do more to encourage preventive check ups.

Q12. Do you think young people receive enough information and support from parents as regards healthy lifestyles?

Some pupils have very severe parents. These parents refuse to accept the idea that their children could have problems related to their sexual life. Anyway, parents are too busy with daily life problems …

Q13. Do you think that non-governmental organizations or youth groups do more and could reach young people more effectively than teachers or doctors.

I guess so. These are organizations that in virtue of their statutes control medical practices and develop public health programmes…

Q14. In what ways could the government improve awareness of young people about health risks?

The basic problem is the very small budget allocated to the health sector. The government should increase this budget.

Q15. In what ways could the government better facilitate healthy lifestyles and safe sex practices of young people?

First, it could enlarge the spectrum of publications on the theme of health. School libraries should be provided with such publications.

Secondly, it should initiate advertising campaigns. For the use of condoms, for instance.

Thank you very much.