



**STATISTICAL ANALYSIS OF PEOPLE TESTED ON HIV/AIDS  
IN LEZHA DISTRICT, ALBANIA ON 2015: THE NEED TO  
CHANGE THE POLICIES IN ORDER TO INCREASE  
THE NUMBER OF PEOPLE TESTED<sup>i</sup>**

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**Abstract:**

HIV infection and AIDS disease have a strong cultural and economic impact on the whole society. Also, it has a great effect in the emotional state of the tested individuals and people around them. The work with HIV/AIDS started since 2007 with the initiative of the Global Funding establishing Volunteer Confidential Counseling and Testing Centers being installed within Regional Health Directorates in 12 districts of Albania. The centers were founded due to the considerable need to ensure social support to reduce social isolation for these individuals, to raise awareness of the target groups about the importance of being informed, counseling and testing. Of course, the access to this kind of service is associated with stigmatization, especially in small districts, therefore making the anonymity a big issue. Frequently, stigmatization has influenced the way that help is offered in VCCT Center. Social issues of homophobia, racism and sexism usually have been amplified more when it comes to this category. Hence, in this study I aim to give a clear view of the situation in Lezha District regarding the individual who is tested for HIV/AIDS in certain centers, giving a statistical analysis of the distribution according to the gender (F/M), education (no education, elementary, secondary, high, university), employment (employed or not), civic status (married, single), reason for testing (volunteer, recommended, diagnosed with IST, pregnant, HIV-positive partner), transmission (sexually transmitted,

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intravenous or blood transfusion), psychological symptoms (stress, anxiety, forgetting, fatigue, emotional sensitivity) associating the client when approaching the service. What remains an issue is the factual increase in the number of tests, not only in Lezha district, but also at national level because the purpose of VCCT Center is to increase the response to HIV/AIDS at the national level, to maintain a low prevalence in Albania and to prevent the risk of its transmission in the future. Of course, to increase the number of tests a change in the policy is needed in the way the services are given, to which target groups these services are given, the level of inter-institutional cooperation, which so far is considered low and also confidentiality issues of reporting in case of HIV/positive results. Reporting issues are still a serious problem in the field, different from what is available in literature, since in the field it is offered a clearer view of what is really happening. Therefore, in this study, I aim to give a tangible reality of the way these services are offered and the real issues encountered in the direct work with these target groups.

**Keywords:** statistical analysis, HIV, AIDS, social policies

### 1. Purpose

Statistical analysis of data on the number of people tested for HIV-Aids in the VCCT Centre (Voluntary Counseling and Confidential Testing), in Lezha during 2015 and the identification of the main problems faced during the assistance process.

### 2. Objectives

- Identifying the number of examinees, based on gender, education, employment, the reasons of testing, virus ways of transmission and symptoms that accompany patients during the assistance process.
- Identifying the needs for policy change to increase the number of tests.
- Identifying problems in reporting seropositive cases.

### 3. Research Questions

From direct experience with patients tested for HIV-Aids, many problems that affect the way the assistance is provided are found, where reporting issues often raise major ethical dilemmas. Stigmatization remains an even greater problem by raising barriers which often discourage patients to get the service from the VCCT Centre. Influenced by this situation, the research questions which also conducted the study consisted of:

- Does the stigmatization influence the demotivation of patients to get the service from the VCCT Centre?
- How much do the patients reporting issue affect the low number of tests?
- Or the current policies are not well organized to provide a good service within the professional and ethical framework?

#### 4. Hypothesis

Stigmatization and current policies on testing people for HIV-Aids bring a not considerable number of testing for a certain period of time.

#### 5. Methodology

##### 5.1 Research used method

The methods used for compiling the study include review and analysis of secondary sources and completing standard questionnaires, a study based on face to face interviews of 79 people at the VCCT Centre (For the period January - September) 2015. For this study, the quantitative method (data analysis) as well as the qualitative (questionnaire) was selected. Both methodologies are alternated because the purpose of this study was the quantification and analysis of the data.

##### 5.2 The selected sample

Subject of the sample are all patients who came to the VCCT Centre to get information, counseling, testing or full service by undergoing a voluntary counseling process.

No.	Who?	How much?	Where?
1.	Volunteer	42	The VCCT Centre
2.	Recommended	12	The VCCT Centre
3.	Pregnant women	25	The VCCT Centre

##### 5.3 Compiling research instruments

Individual questionnaire (individual standard encrypted patient file), is made in such a way as to include information on: patient code (note that patients are not obliged to provide their name by maintaining the anonymity, usually these patients are coded with their year of birth or their age, i.e. 1986 or 2929), sex (M / F), education (Free-education, elementary, secondary, college, university), employment (employed or not), marital status (Married / Single), the testing reason (voluntary, recommended, diagnosed with IST, pregnancy, partner with HIV), the path of transmission (through

sexual intercourse, intravenous or blood transfusion) and psychological symptoms (stress, anxiety, distraction, tiredness, emotional overload) that accompany the patient while obtaining the service).

## 6. Data Analysis

Analysis was predicted to be the type of a descriptive analysis after the data is quantified; now the purpose is the description. The data was studied with a simple method of analyzing each section in detail to see more closely the main points of the questionnaire as: See (*Diagram no. 1*). The study intended to focus on interviewing people who are tested just for HIV, because the VCCT Centre also offers testing for other sexually transmitted diseases such as: HBsAg (hepatitis B), HCV (Hepatitis C), Syphilis and Chlamydia. The total number of consultants only for HIV - Aids reached 79 for the time span January - September 2015.

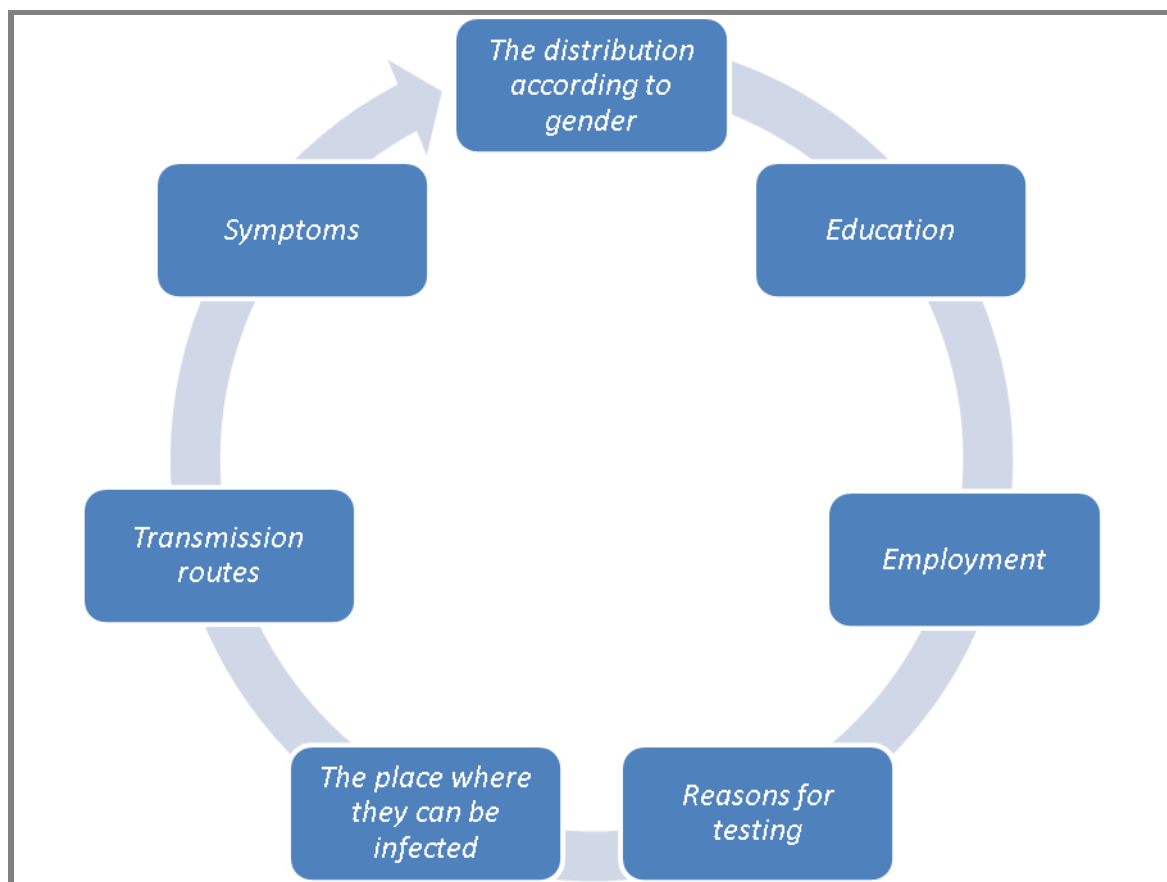


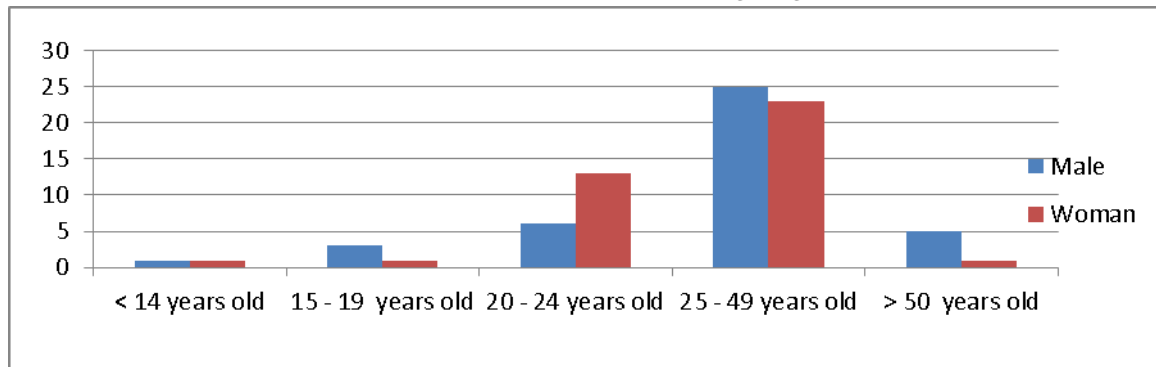
Diagram 1

## 6. Descriptive Analysis of the Questionnaire

### a. The distribution according to gender

From chart No. 1, we notice that the most tested is the age group 20-49 years old. While the highest number of tested women is that of pregnant women.

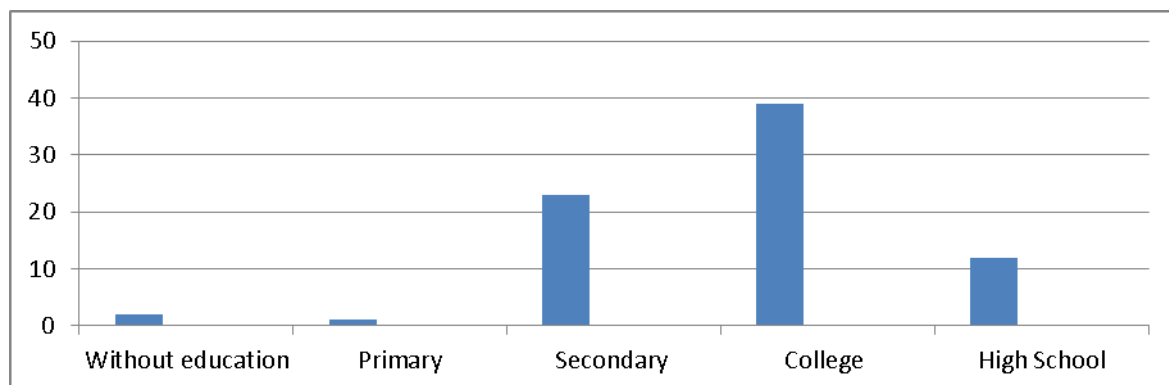
**Chart 1: The distribution according to gender**



### b. Teaching / Education

The data reports that the largest number of test is from secondary schools and college. While the highest number of people with university are nurses who take the exam to be employed at the Regional Hospital of Lezha.

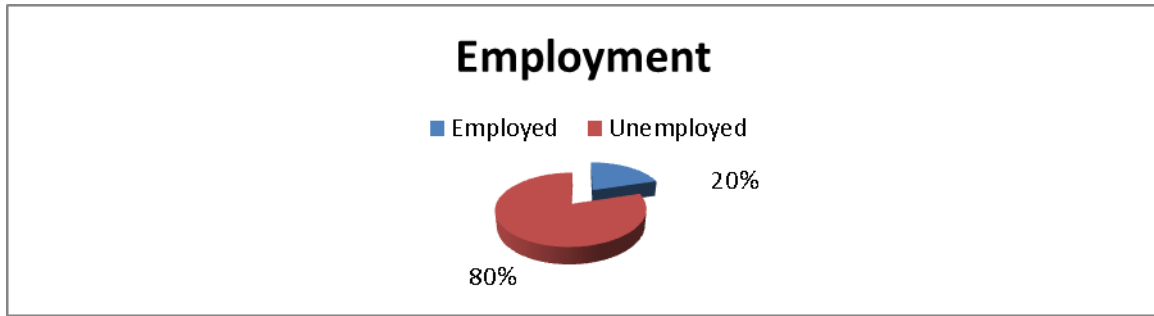
**Chart 2: Education**



### c. Employment

The data reports that 20% of the patients are employed and 80% are unemployed. In the category of employees professions such as nurses, workers, waiters, drivers, teachers, private business managers etc. are involved, economists and immigrants who occupy the highest number of examinees.

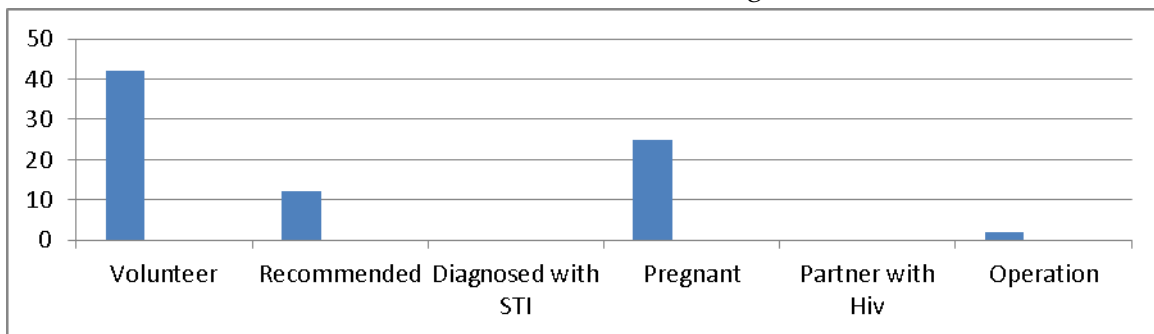
**Chart 3: Employment**



*d. Reasons for testing*

VCCT Centre is available to all individuals who come to get the assistance needed. Since it is a voluntary counseling center, consequently the majority of examinees are volunteers who were tested initiatively. In the tests, a small percentage of pregnant women is involved and people recommended by medical specialists from different fields.

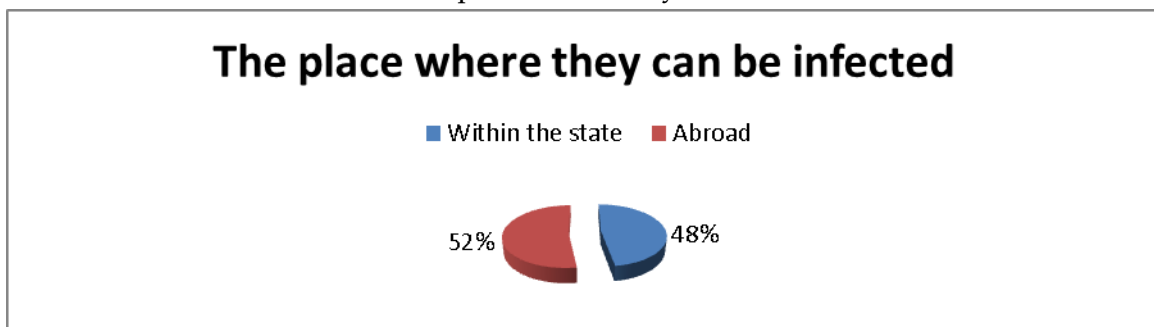
**Chart 4: Reasons for testing**



*e. The place where they can be infected*

From the data at the VCCT Centre, it is reported that 52% of those tested are thought, to be infected within the state while 48% abroad. Places they think they were affected are reported to be Italy, Greece, the Netherlands, and Belgium etc...

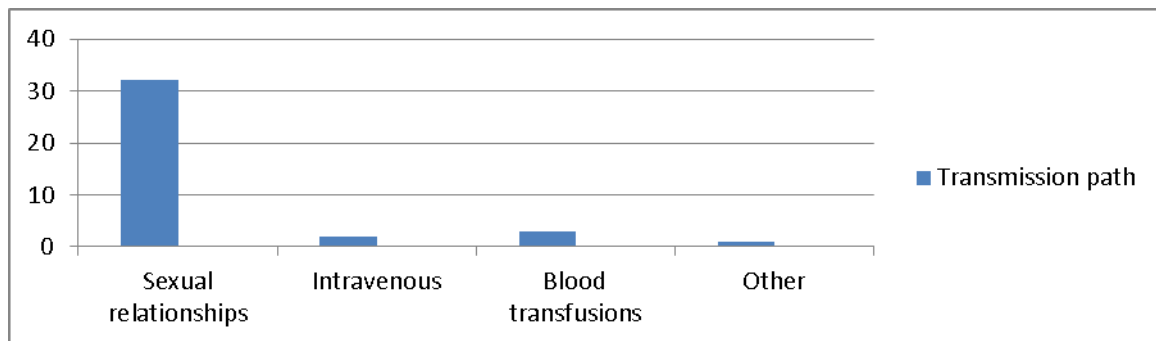
**Chart 5: The place where they can be infected**



*f. Transmission routes*

The most common ways of transmission are sexual relationships, continuing then the transmission through blood and intravenous route (sharing needles). Of course, these are forms thought by the patients on how they got the virus, regardless of all these cases are reported to be seronegative. According to the data it is reported that these patients are involved in more than 1 (one) sexual relationship or at least in a causal relationship with unknown partners.

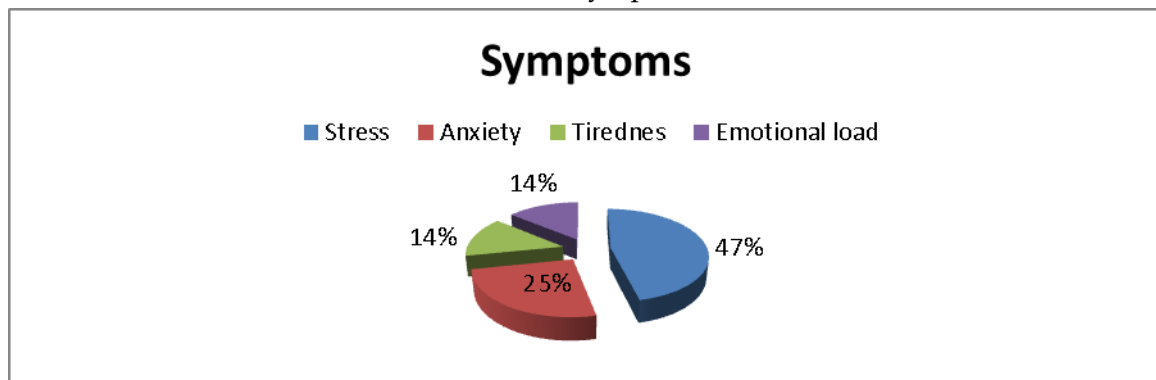
**Chart 6: Transmission routes**



*g. Symptoms*

The most common symptoms that accompany patients while receiving the service are: stress, anxiety, tiredness and emotional load. Frequently, these emotionally charged customers must be convinced to take part in the consultation process and then undergo the testing process. The consultation process certainly helps patients to surpass these symptoms in order to get voluntary involved then into this process. In general, all sessions have proved to be effective.

**Chart 7: Symptoms**



## 7. Results and Discussion

Because Lezha district is a relatively small country stigmatization happens to be a serious problem for all people who want to be diagnosed for HIV at the VCCT Centre. But this problem in somehow is smoothed and surpassed thanks to awareness campaigns undertaken in the community and in the schools of Lezha district from the staff of VCCT Centre in collaboration with the Promotion Office of Health Education, in Lezha district. What is noticed during the first 6 years of the creation of this centre is the Zero number of seropositive cases of HIV - AIDS.

It is thought that the main factor is related to the credibility (reliability) that individual have for the private clinics on matters of anonymity, because in a private clinic there is no counseling, no personal data and the patient is just tested and so he leaves strictly maintaining the anonymity. Another possible factor is related to whether people are suspicious or certain of being carriers of HIV positive, this because what is noticed is that at the VCCT Centre have come more people who have been hesitating about the fact whether they are HIV carriers or not.

While another category of people who have been almost sure about being carriers this virus have approached to the other VCCT Centers in the districts or to a more specialized service in Tirana. This is because at the VCCT Centre a considerable number of people, even though seronegative, are reported to be from other districts such as Shkodra, Malesia e Madhe, Puka, Mirdita, Lac etc Only in 2013 we report 2 cases of HIV positive recommended by the Regional Hospital Lezha, pathology ward. These persons are reported to be aged 45- 47, male gender. The latter have consulted for further diagnostic laboratory centers in Tirana district by taking a more specialized service. Because of the increasing number of diagnosed HIV-positive in advanced stages several recommendations can be submitted on changing the policies that are seen as necessary to increase the number of people tested and in order to diagnose them in time.

**First:** *Analysis of HIV becomes part of the protocol of some health units*

- *Maternity and the Woman Centre* in the woman testing on IST within the first trimester of pregnancy. This means Antiviral treatment of seropositive mothers during pregnancy.
- *Lezha Regional Hospital and Maternity (Obstetrics and Gynecology)* in testing each pre-operator person. Since Lezha district has a considerable number of people who perform a scheduled surgery, such an approach will give a guarantee for the life of the patient, the medical team who performs the



operation and the life of the child if it comes to surgical intervention to the pregnant women.

**Second:** *HIV testing of every health employee*

Medical staff is in constant contact with individuals who face various diseases, especially the Pathology ward, Infective, Surgery and Emergency too, and as a result they are the more risked to get infected with HIV-Aids. That is why; testing for HIV at least 1 time in 3 years will be an assurance to the medical staff as well as to patients who receive medical assistance in these wards.

**Third:** *A more consolidated Cooperation between the VCCT Centre and the Regional Hospital in Lezha*

Of course that the Regional Hospital plays a cooperative and empowering role in the recommendation and reference of these people, but this cooperation has been at lower levels as a result of informal connections that they have with private clinics. This leads us to the conclusion and confirmation of the raised hypothesis that: "*Stigmatization and current policies on testing people for HIV-Aids bring a non-considerable number of testing for a certain period of time*"

## 8. Reporting Issues for Seropositive Patients

For the seropositive patients there is still no legal and ethical clarity regarding the way and way they are reported. This is a big ethical dilemma for the VCCT Centre and controversial because it happens that in preserving the issue of anonymity more than three individuals are included (the doctor, the social worker and the laboratory technician) who take care of the testing procedures, but this information often passes to third parties such as: family doctors, infection doctors, epidemiologist doctors including here information obtained by doctors' nurses, epidemiologists' assistants. So we have a wide range of health staff that put confidentiality in danger. If the report system within the family system and the health system is related to the patient's interests and can be ethically justified, report to partners that risks being infected still remain a controversial ethical issue. In the method of consultation there are different perceptions of the obligation to break confidentiality in order to protect the patients' partners but the obligation that the counselor has to inform and protect third parties that have relationships with HIV carrier patients is upon any ethical principle.

The responsibility to report seropositive cases and to take care of partners is greater than the responsibility to remain confidential in counseling. In cases of children

infected with HIV-Aids in no way confidentiality is broken. The right to privacy in the case of children takes another form. Children with HIV-AIDS who go to institutions as: nursery, kindergarten, schools have the legitimate right not to be excluded or discriminated due to their infection. In these cases, parents inform by their own will educators or teachers but the other parents or children are not informed.

## **Conclusions**

1. The most tested are reported to be the age group 20-49 years old. Regarding the ratio female / male, from the data it is reported that men undergo the highest number of tests.
2. The majority of people with university studies are nurses who are tested to get employed at the Regional Hospital in Lezha.
3. The data reports that 20% of tested patients are employed and 80% are unemployed
4. Since it is a voluntary counseling center, consequently the highest majority of examinees are volunteers who were tested initiatively. In the tests, a small percentage of pregnant women is involved and people recommended by medical specialists from different fields.
5. From the data at the VCCT Centre it is reported that 52% of those tested are thought, to be infected within the state while 48% abroad. Places they think they were affected are reported to be Italy, Greece, the Netherlands, Belgium etc..
6. The most common ways of transmission are sexual relationships, continuing then the transmission through blood and intravenous route.
7. The most common symptoms that accompany patients while receiving the service are: stress, anxiety, tiredness and emotional load.

## **9. Recommendations**

1. Creation / Function of a supportive and collaborative network focused on young people. Advocacy meetings / collaboration.
2. Providers of services of all levels will offer qualitative services to the entire community.
3. Expansion and improvement of counselling service at schools. Distribution of condoms to young people through several delivery points of services
4. Decrease of stigma and prejudice against HIV / AIDS in the community. Meetings with women in the factory of fish, shoes, meetings with boards and

parents in schools, meetings with teachers, meetings with farmers and workers in private businesses, meetings with believers in different religious institutions, meeting with the Gypsy people, awareness activities in the whole community.

5. Policies to contribute in offering and improving the services. Creating young health teachers' networks, through the creation of health clubs in schools, establishing and training new volunteers in institutions and organizations, as well as evaluating the needs of young people for information / education / services through discussions in groups or questionnaires.

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