

# HEALTH LITERACY REPORT

AIDS&Mobility Europe 2008–2011



Associated partners:



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# Health Literacy Report

AIDS&Mobility Europe 2008–2011

Series of publications

# AIDS&Mobility Europe 2008–2011

Volume 2

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The project AIDS&Mobility Europe was co-funded by the Executive Agency for Health and Consumers (EAHC) at the European Commission, and involved seven main European partner organizations working alongside the Ethno-Medical Centre in Hannover as coordinator. The project started in 2008 and finished in 2011. The main aim of the AIDS&Mobility Europe project is to reduce HIV vulnerability of migrant and mobile populations in Europe, through the development, implementation and promotion of appropriate policies and measures within a European wide network of experts. Mobility stands for migration in all its diversity: from travellers and immigrant communities to asylum seekers and refugees. For the purpose of the project, the definition of migrant is based on language barriers in access to health services as a result of belonging to a population minority (mostly ethnic groups). The main objective of the network is to build the capacity of migrant communities to engage with and embrace prevention topics related to HIV, STIs, Hepatitis, Harm Reduction and Reproductive Health.

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**AIDS&Mobility Europe 2008–2011**

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## Chapter 1:

# Introduction

The project AIDS&Mobility Europe 2007–2010 was implemented during the period July 2008–July 2011, under the overall coordination of the Ethno-Medical Centre (EMZ) based in Hannover, Germany.

The associated partners were AIDS-Fondet (Denmark), AIDS-i Tugikeskus (Estonia), (Germany), European AIDS Treatment Group (EATG, Germany), International Organisation for Migration (IOM, Brussels), Naz Project London (UK), the National Institute for Health Migration and Poverty (NIHMP, Italy), and Yeniden (Turkey).

The main purpose of the project was to reduce HIV vulnerability of migrant and mobile populations in Europe, mainly by improving health literacy<sup>1</sup> and HIV awareness through the involvement of young migrants in the health promotion among their own communities.

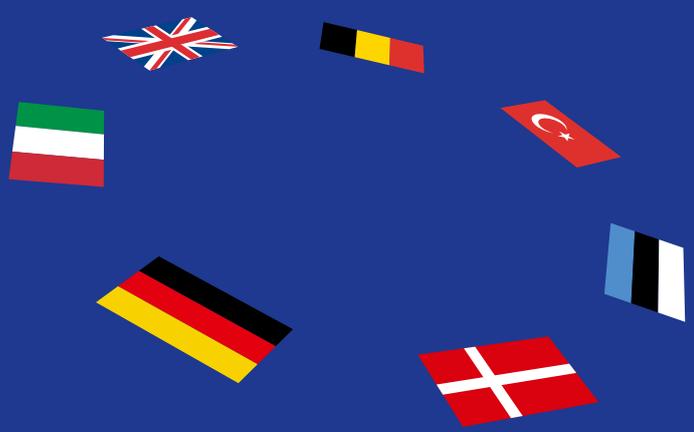
The specific objectives of the project were the following:

- To **develop an innovative health education model** for migrants and ethnic minorities.
- To **implement structured transcultural mediator training and to conduct educational group sessions** on HIV/AIDS.
- To **strengthen the existing network structures for HIV prevention among migrants.**
- To **evaluate performance and outcomes.**
- To **disseminate the results** and communicate them widely.
- To **design adequate strategies to assure the continuity of the approach.**
- To **influence European and national policy making.**

A set of learning activities was carried out following an agreed and standardised methodology and guidance. The training and learning activities were implemented in Tallinn (Estonia), Istanbul (Turkey), Rome (Italy), Hannover (Germany), Copenhagen (Denmark) and London (United Kingdom).

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1 Health literacy is defined as “the degree to which individuals can obtain, process, and understand the basic health information and services they need to make appropriate health decision” (source: Institute of Medicine of the National Academies. “Health Literacy: A Prescription to End Confusion”. © 2004 by the National Academy of Science)



In each site, a group of transcultural mediators was trained and certified to inform their communities in their own language(s) about HIV prevention. Subsequently, each trained mediator run Community Group Sessions (CGSs) to disseminate information on HIV in his/her community, where a minimum of 20 participants were reached for each session.

The training activities were based on the transcultural health mediator approach, ("MiMi" – Migrants with Migrants) developed by migrants at the EMZ in Germany.

The project envisaged the realisation of a community-based research involving all partners in the collection of information on health literacy, knowledge, attitudes and practices of the migrants participating in the learning activities, on the approach of migrant groups to health care services and on the ways in which these can be improved. Aim of this research is to identify the main gaps in the information and awareness about HIV and the services related among migrant groups in order to guide the development of further training activities and projects.

## Chapter 2:

# Methods

In the 6 project sites, data on HIV/AIDS-related knowledge, attitudes and behaviours of migrants were gathered, both before the beginning of the training course for transcultural mediators and before starting the CGSs for migrant communities.

Data were gathered by means of a bilingual structured questionnaire. For the mediators' training sessions, the questionnaires were translated in English and in the official language of the country where the courses took place (Italian, German, Danish, Estonian, Turkish).

For the community sessions, questionnaires were translated in English and in a total of 15 languages (Albanian, Arabic, Danish, Farsi, French, German, Italian, Kurdish, Portuguese, Romanian, Russian, Somali, Spanish, Turkish, Urdu) in order to administer them to participants in their mother tongue. All questionnaires included an English translation to facilitate subsequent data entry and analysis.

The questions included in the two questionnaires (for mediators and community sessions) were slightly different (see Annex I and Annex II).

Two versions of the questionnaire for transcultural mediators were adopted across the sites. Rome and London decided to adopt a reduced version, where some questions were excluded, and some others differed in the formulation (see Annex I). This posed some limitations to data analysis, as some adjustments were needed to make the two versions uniform and led to the loss of some information collected.

With the assistance of experts expressly recruited, a protocol for data collection and data entry was developed in the Hannover Centre and guidelines were prepared for transferring data from the project sites to Hannover, where data were entered into a purpose-built data base.

Data sets to be processed and analyzed were then sent to the NIHMP where a descriptive analysis of the collected information was performed. As regards the questionnaires collected in the CGSs, data were analyzed by gender, age group, region of birth and training site, with the aim to describe possible differences in the responses provided. No statistical analysis to determine the significance of the results was performed at this stage.



## Socio-demographic information

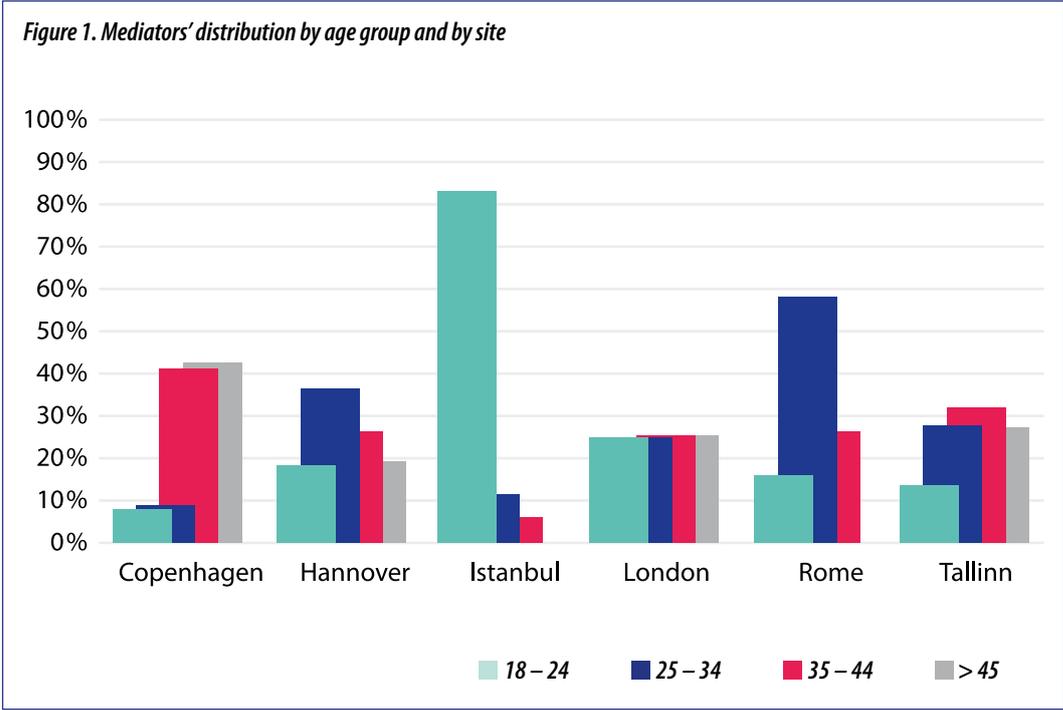
Data were collected from 103 of the 116 mediators attending the training courses held in the 6 project sites, as per Table 1.

The median age of mediators trained was 31 years, with some differences across the training sites: in Istanbul over 80% of participants was younger than 24 years, while in other sites (i.e. Rome and London) the average age of the group was higher (Fig 1).

Women represented 56.4% of the total mediators trained. Also in the gender distribution there were some differences across the project sites, with Tallinn showing a higher proportion of females. The explanation

**Table 1. Number of mediators answering a questionnaire by site**

Copenhagen	12
Hannover	13
Istanbul	20
London	11
Rome	23
Tallinn	24
<b>Total</b>	<b>103</b>

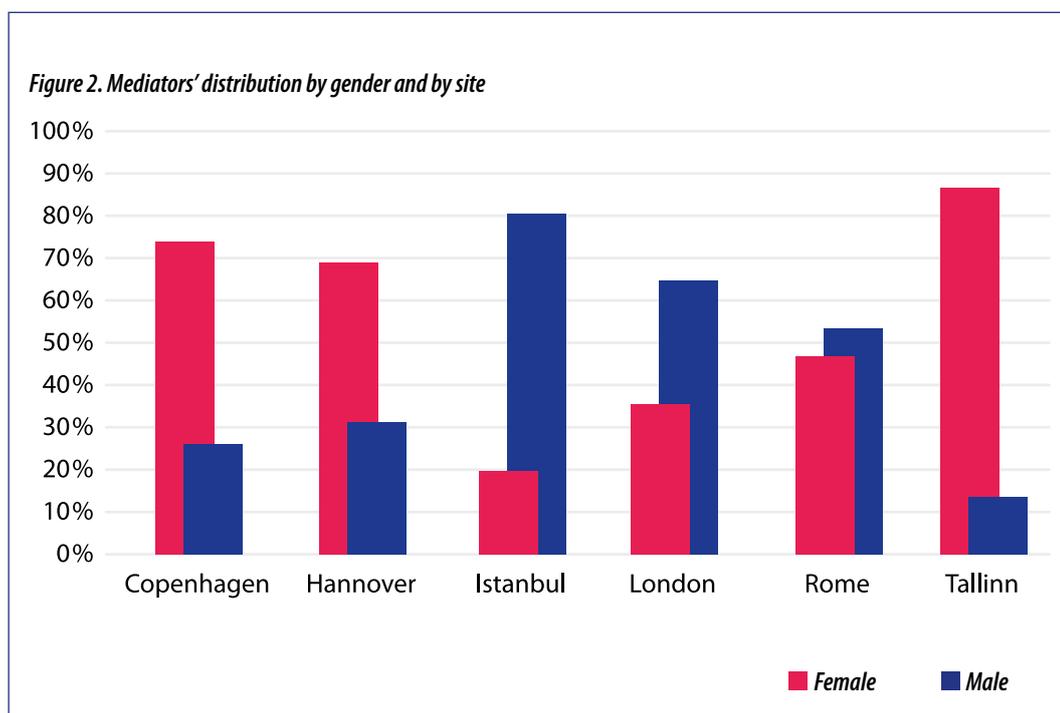


provided by the Estonian partner is that, in general, in Estonia women seem to be more prone to social work than men (Fig 2).

The majority of mediators trained had an education level corresponding to 10 or more school years (Table 2).

A half of the mediators trained was single (50.5%) and another fairly large proportion was married (35.4%). 10.1% was divorced, and the remaining 4.0% widowed.

Over 40% was employed, and nearly 65% of them stated that their income was enough to live. However, reported levels of income differed across the sites: in Rome, for in-



**Table 2. Mediators' education level**

Years of school	Percentage
More than 10	50.5
Exactly 10	41.4
Less than 6	3.0
Between 6 and 9	3.0
No schooling	1.0

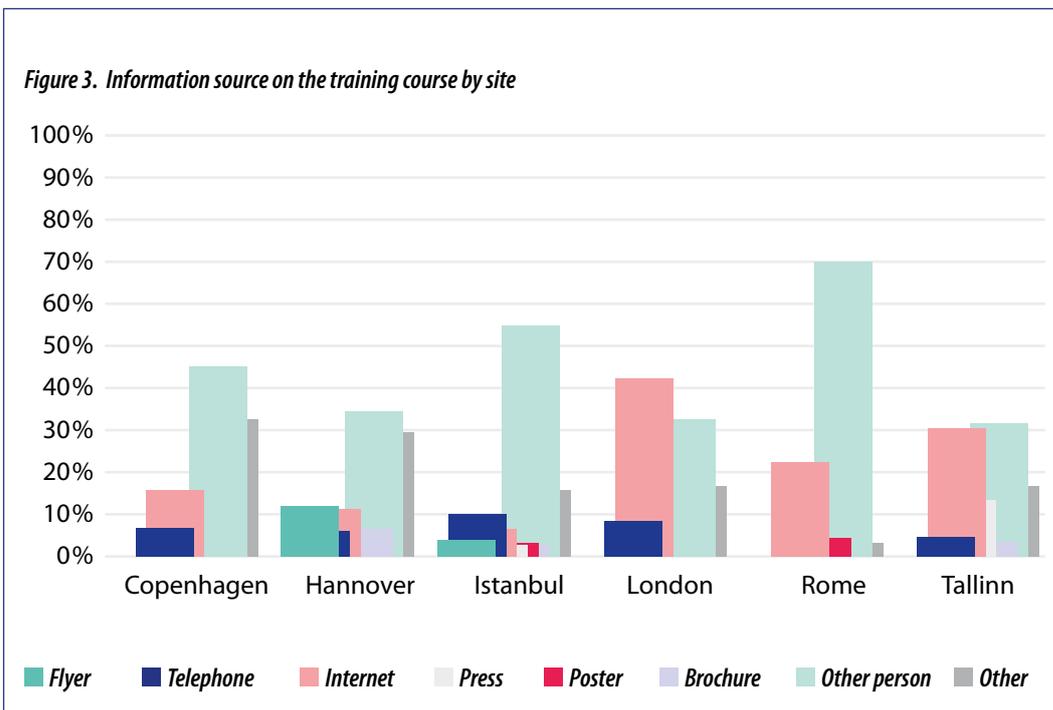
stance, most people responded that their income was not enough. In the same site, at the time of the training course, the highest rate of mediators seeking for a job was also reported (14.3%).

## Information on the event

Interpersonal communications (either direct or by telephone) represented the main source of information concerning the training course and the selection process, as respectively 38.8% and 6.8% of mediators were reached by these means. Internet also proved to be a very effective way for disseminating information on the project, representing the source of information for 26.2% of people. On the contrary, printed materials such as posters and leaflets, designed for the project, did not seem to play a significant role in attracting migrants to get involved in the course.

## Motivation to attend the course

When mediators were asked about the reasons that prompted them to take part in the training course (more than one answer could be provided) their personal interest and the purpose of informing other people were those more often indicated. A small rate reported that motivation arose from the fact that either themselves or a close person were affected by HIV. It is interesting to note that a fairly high rate of mediators (46.6%) considered the course as important for their professional development (Table 3).



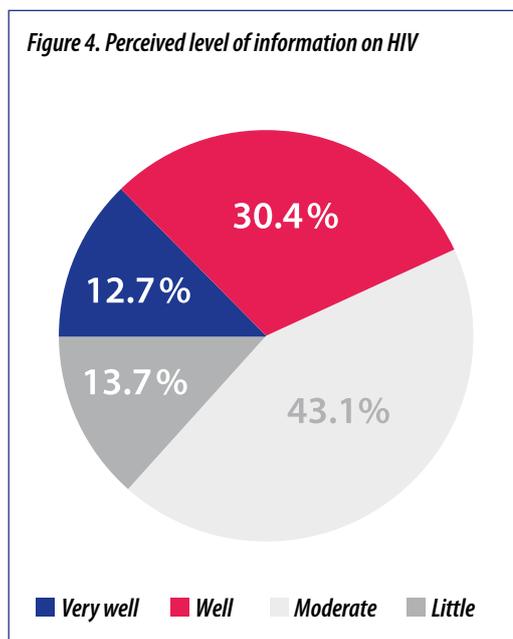
Even in this regard, however, there are some differences across the sites in the ways mediators were reached; in Hannover, for instance, flyers reached more than 10% of mediators (Fig.3).

**Table 3. Motivation of the mediators to attend the training course**

Years of school	Percentage (positive)
I am interested in these topics.	50.5
It is important for my professional development.	46.6
I would like to inform other people about these topics.	51.5
I am personally affected.	3.9
A close person is affected.	4.9
I would like to help affected persons.	31.1
I believe that information and education can help on HIV prevention	46.4

### Previous knowledge and/or experience with HIV

Before attending the training course, 85.4% of mediators already considered themselves as being from moderately to very well informed about HIV, as shown in Fig. 4.



Mediators were also asked if they considered themselves well informed about the subjects treated during the course. Table 4 shows the rate of people who indicated feeling well informed on the different topics covered.

Also before the course, most of them reported having good information on the basic elements related to HIV and AIDS and, as regards other topics such as hepatitis, harm reduction, and even support systems and services, they were known by nearly 1/3 of the trainees. Information on living with HIV appears to be low, which highlights the importance of including in a training course issues related to stigma and discrimination.

Mediators were also asked in which way they had previously dealt with issues related to HIV/AIDS and/or drug addiction.

<sup>1</sup> Question differing in the 2 versions of the questionnaire, see Annex I

**Table 4. Rate of mediators feeling well informed about the topics covered by the course<sup>1</sup>**

Topic	% (positive)
AIDS and migration	45.6
Basic knowledge of HIV/AIDS	64.0
Basic knowledge of hepatitis	36.0
Support systems and services	32.6
Living with HIV/AIDS	29.9
Family planning and sexual health	49.0
Basic knowledge of harm reduction	35.7

Most of them had no previous experience with these topics and/or felt the need to improve their knowledge. This data contrasts with the fact that 85.4% of mediators stated

they felt informed on HIV when they were asked about it. 35.3% had already attended a seminar on HIV, and 17.6% had read up on it (Table 5).

**Table 5. Rate of mediators having previously dealt with HIV/AIDS or drug addiction<sup>1</sup>**

		Percentage (positive)
<i>I attended a seminar dealing with ...</i>	the subject HIV/AIDS	35.3
	the subject drug addiction	14.7
<i>I read up (press, brochures, own experience) ...</i>	on HIV/AIDS	17.6
	on drug addiction	17.6
<i>I do not know much about the subjects but intend to improve my knowledge ...</i>	of HIV/AIDS	44.1
	of drug addiction	38.2
<i>I have not yet occupied myself with ...</i>	the subject HIV/AIDS	17.6
	the subject drug addiction	23.5

## Knowledge of HIV/AIDS-related services

Mediators were also asked about their knowledge on HIV-related services, and showed a very high degree of awareness about the services available (table 6).

## Knowledge on HIV/AIDS

A high rate of mediators (84.1%) correctly stated that condoms protect from HIV infection (Fig. 6).

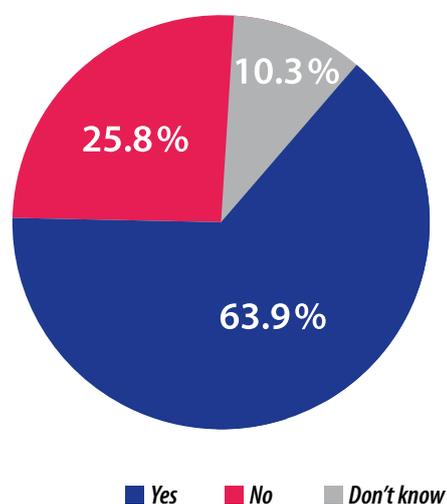
**Table 6. Knowledge of HIV/AIDS services <sup>1</sup>**

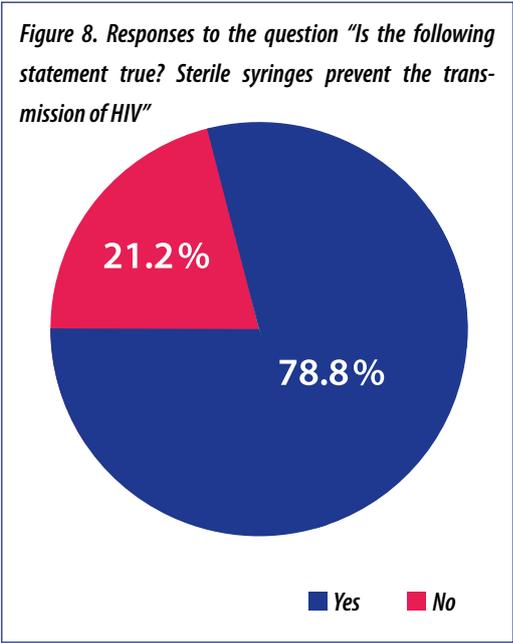
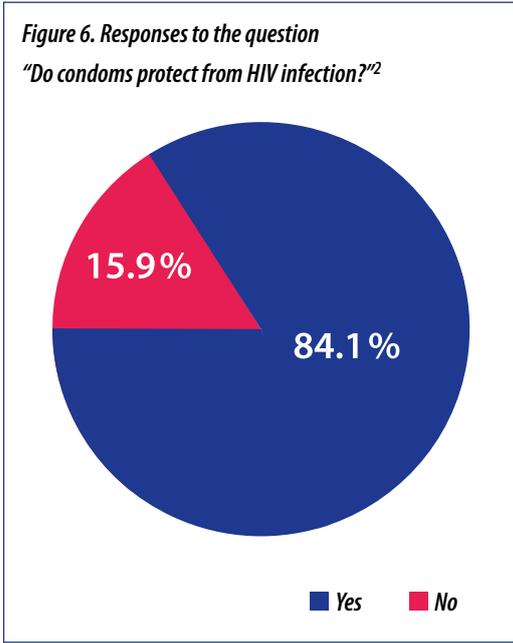
	Yes	No
AIDS-service organizations	99.0%	1.0%
Medical institutions	96.7%	3.3%
Public HIV testing facilities	96.9%	3.1%
Health centres	95.8%	4.2%
Drug addiction clinics	90.2%	9.8%
Migrant's offices	96.7%	3.3%

Comparing these results with the data showed in Table 4, it seems that mediators had a good knowledge of the services related to migration, health and HIV, but a low level of knowledge about support systems and services. A slightly lower level of information was registered about drug addiction clinics. With regards to the option "patient association", it is likely that the wording and/or the translations did not make it clear this was meant to be a general association of health care service users, or an organisation of people living with HIV (PLHIV).

2/3 of mediators knew that the local health care system can provide free, anonymous and voluntary HIV tests (Fig. 5).

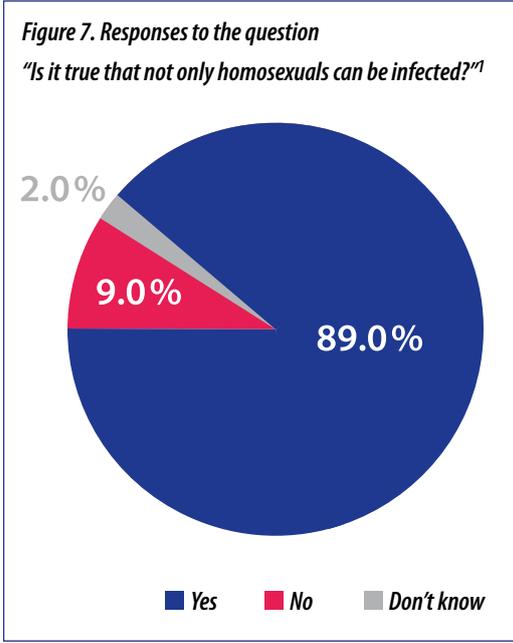
**Figure 5. Responses to the question "Is the following statement true? The (local) health care system provides free, anonymous and voluntary HIV tests"**





Most mediators (89.0%) correctly answered that not only homosexuals can be infected with HIV, while a 9.0% believed this was not true. A larger rate of people responding that only homosexuals can be infected with HIV was observed in Hannover (23.1%) compared to the other training sites (Fig. 7).

In order to assess the level of knowledge on HIV transmission and prevention, the trainees were also asked if sterile syringes can prevent HIV transmission. 82.8% of them knew that sterile syringes can actually prevent HIV spreading (Fig. 8).

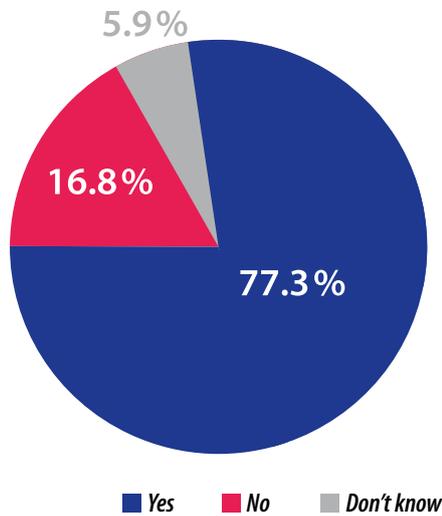


There still was a 16.8% of the group who thought that HIV could be transmitted through kisses and caresses and a 5.9% who did not know (Fig. 9). High rates of wrong answers were observed in Rome (36.46%) and London (27.7%) (Fig. 9).

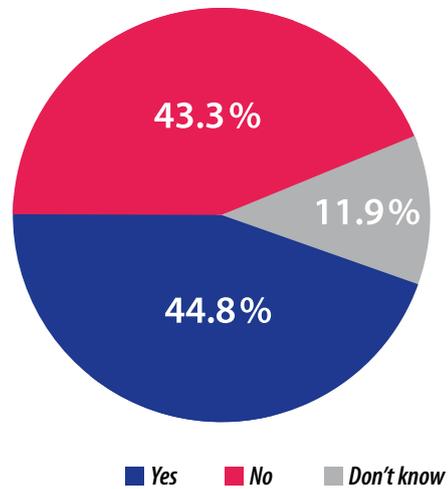
Nearly 1/3 of mediators were not aware of the difference between HIV and AIDS (Fig. 10), and less than a half of them (43.3%) thought that HIV infection can be treated (Fig. 11). With regards to this question, it is important to point out that the translation of the word "treated" may have influenced the responses provided by mediators at-

1 Question differing in the 2 versions of the questionnaire, see Annex I  
 2 Question not included in Rome and London's questionnaire

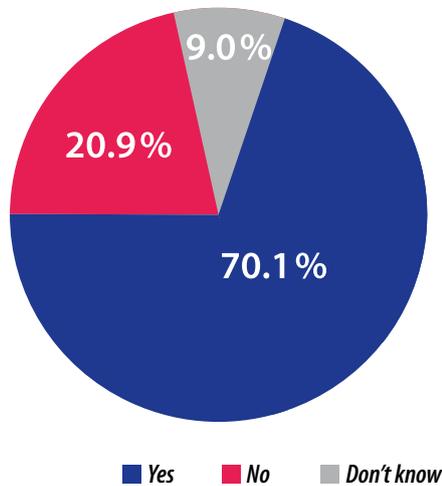
**Figure 9. Responses to the question "Is HIV transmitted through kisses and caresses?"<sup>1</sup>**



**Figure 11. Responses to the question "Can HIV infection be treated?"<sup>1</sup>**



**Figure 10. Responses to the question "Is there a difference between HIV serostatus and AIDS status?"<sup>2</sup>**



with a word simply meaning "treatment", without necessarily implying the possibility to eradicate/cure the infection, does not allow a proper analysis of the responses provided.

## Behaviour related to HIV prevention

Out of the total mediators, 67.9% declared having a condom with them or at home at the moment to fill in the questionnaire, but only 33.3% had used a condom during their last intercourse (Fig. 12). The rate of condom use showed some marked differences across sites.

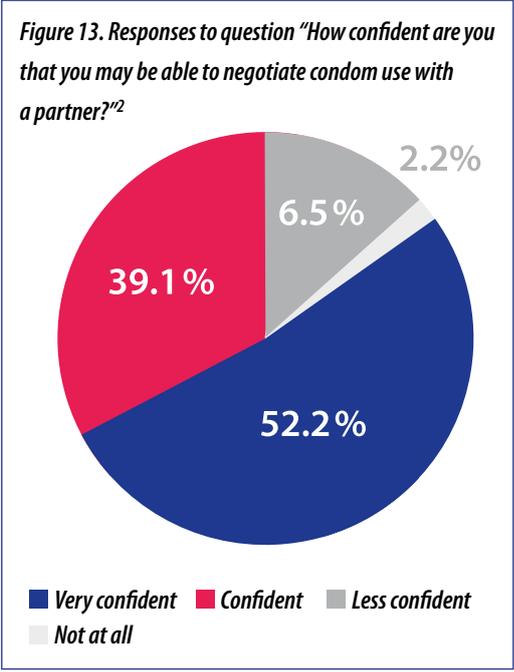
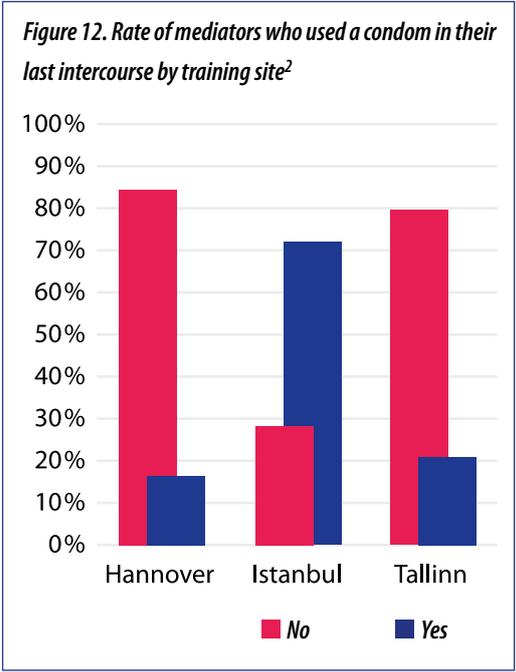
The rate of people stating that they would use a condom in the future with a new partner is quite high (70.4%).

When asked if they feel confident to be able to negotiate condom use with their partner, the large majority of respondents answered

tending the training. The fact that "treated" may have been translated in some languages with a word indicating that HIV infection can be "cured" or "healed", while in others

1 Question differing in the 2 versions of the questionnaire, see Annex I

2 Question not included in Rome and London's questionnaire

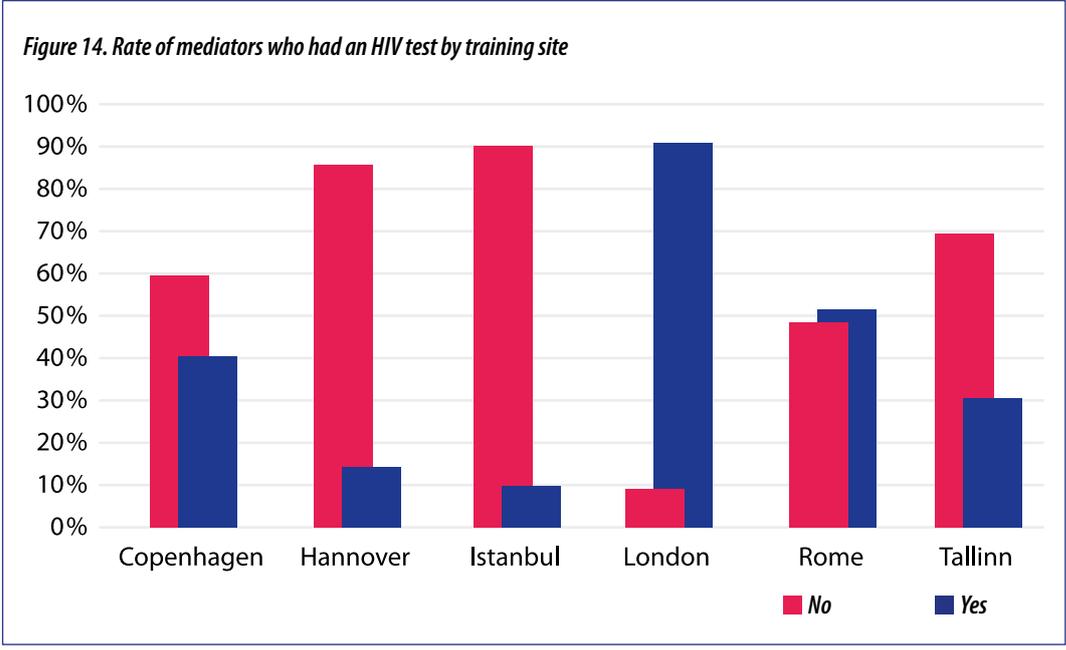


that they felt very confident or confident about it (Fig. 13).

13.0% reported having had concurrent sexual partners in the past 12 months, and 3.3% having paid for sex in the same period. This is indicative of the presence of risky sexual behaviours among the trainees.

37.8% of mediators trained took an HIV test before the course. The rate of people having undergone an HIV test differed across sites, as shown in Figure 14.

In London, over 90% of mediators had taken an HIV test, whereas the percentage was 10.5% and 15.4% respectively in Istanbul and in Hannover. Further investigation



would be needed to determine whether these results are actually related to differences in access to HIV testing facilities across sites.

## Attitude towards HIV

Trainees were asked with whom they could imagine to talk about HIV/AIDS without having the impression of feeling uncomfortable (Table 7).

Partners, friends and health professionals would be the easiest interlocutors to discuss HIV/AIDS issues, while parents – in particular fathers –, colleagues and ministers of cult are figures with whom it would be uncomfortable to discuss such topics. These answers denote a level of stigma and fear of being judged associated to HIV, particularly in some settings.

A similar question was posed to inquire where mediators would turn to should they have any questions regarding HIV/AIDS (Table 8).

In this case, friends would play a less important role, while health professionals are the main source of information. A very high rate responded that they would turn to the Internet, showing the high potential of this kind of media in delivering information.

Out of the total respondents, 36.8% knew someone living with HIV or AIDS.

Mediators were asked whether they found it difficult to talk about safer sex in their part-

**Table 7. Responses to question “With whom could you imagine to talk about HIV/AIDS without having the impression of feeling uncomfortable”<sup>1</sup>**

	Yes	No
In my partnership	82.2	17.8
With my father	33.0	67.0
With my mother	45.5	54.5
With my siblings	63.0	37.0
In my circle of friends	78.8	21.2
In an association	55.1	44.9
In my working environment	50.5	49.5
With a doctor	73.7	26.3
With a nurse	80.3	19.7
With a social worker	64.2	35.8
With a Minister of cult	49.2	50.8
With internet-based service	58.2	41.8

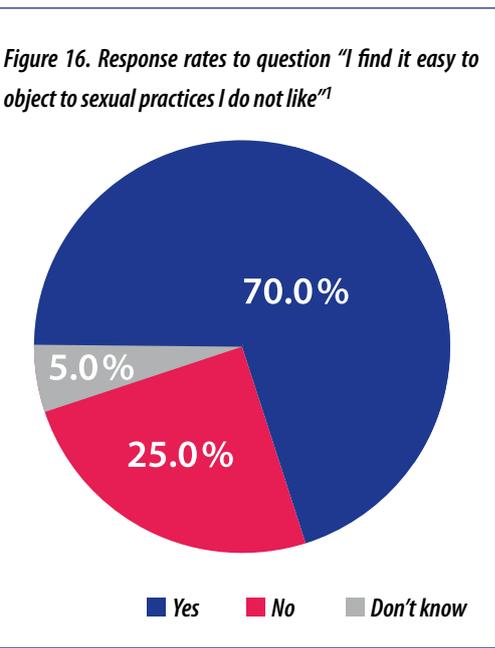
nership and to object to sexual practices they do not like (Fig. 15 and 16). Most of them expressed a good capacity to negotiate decisions concerning sex, even though a relatively high rate (25%) answered they did not find it easy to negotiate sexual practices they do not like.

<sup>1</sup> Question differing in the 2 versions of the questionnaire, see Annex I

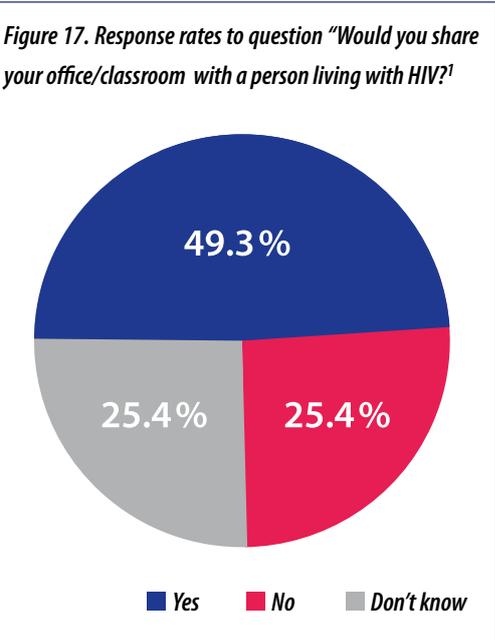
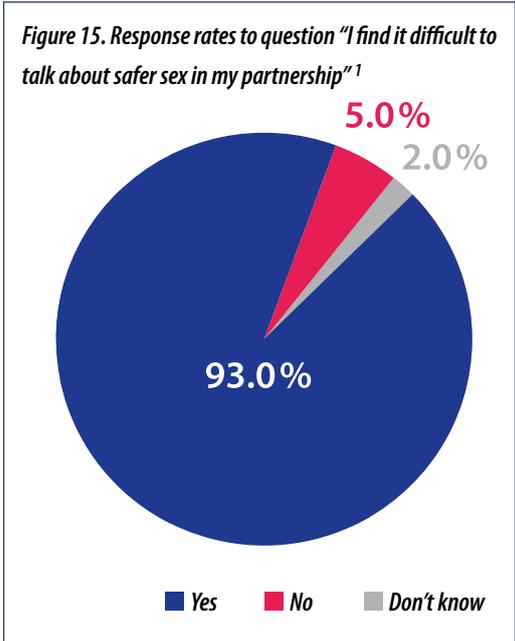
**Table 8. Responses to question "Who do you turn to when you have questions concerning HIV/AIDS?"<sup>1</sup>**

	<b>% (positive)</b>
Family	60.2
Friends	57.6
Doctor	91.6
Advice	75.0
Religion	34.5
Hospital	82.6
Media	56.8
Internet	87.9

More than a half of respondents would not share their office or classroom with a per-



son living with HIV (PLHIV), or was not sure about it (Fig. 17). These findings, along with other data displayed above, point out the persistence of a stigma against HIV and of misconceptions regarding the transmission modes of the virus, in addition to low awareness of people about their lack of knowledge on the topic.



## Chapter 4:

# Results – Community group sessions

## Socio-demographic information

The total number of migrants who participated in the Community Group Sessions (CGSs) held in the 6 project sites was 3,260. The data reported below were collected from 2,081 people who accepted to answer the questionnaire, as shown below in Table 9.

Out of 2,029 participants who reported their gender, 49.5% (1,004) were males, 49.6% females (1,007), and 0.89% (18) transgender. Of the latter group, 14 people attended a CGS session in Rome.

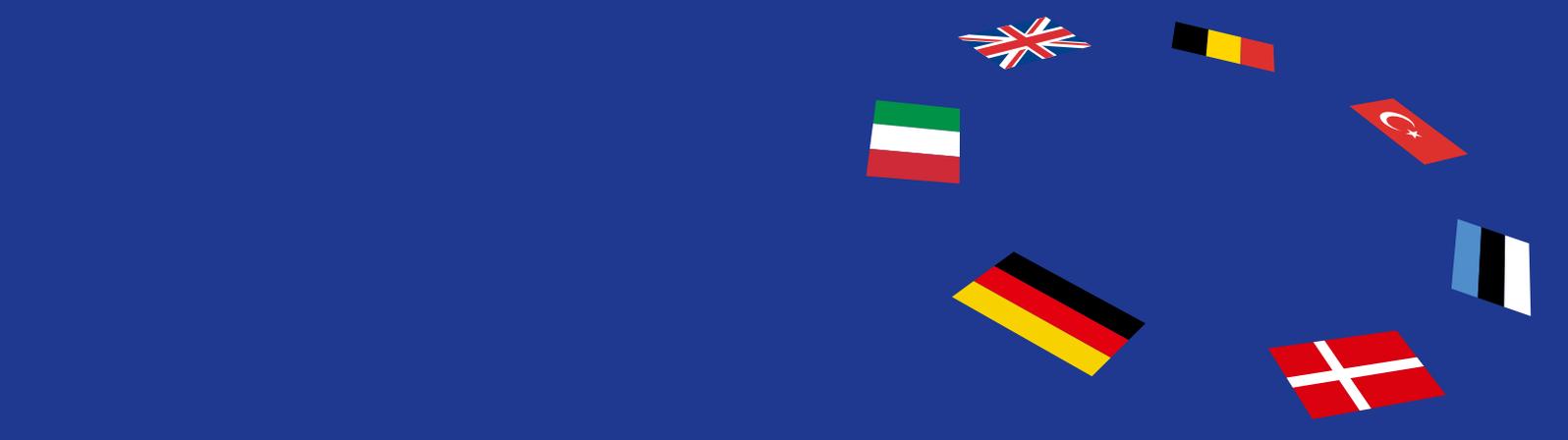
53.8% of participants in the CGSs were aged 16–25, which is the main target group indicated in the project. Table 10 reports the

**Table 9. Number of migrants answering the questionnaire by training site**

Copenhagen	30
Hannover	842
Istanbul	316
London	220
Rome	334
Tallinn	339
<b>Total</b>	<b>2081</b>

**Table 10. Number of migrants answering the questionnaire by age group and site**

Site/Age group	<15	16–25	26–35	36–45	46–55	56–65	>65
Hannover	12.3%	50.8%	18.2%	12.7%	2.9%	2.2%	1.0%
Istanbul	0.0%	74.7%	18.4%	5.7%	1.3%	0.0%	0.0%
Kopenhagen	0.0%	60.0%	26.7%	3.3%	10.0%	0.0%	0.0%
London	0.0%	35.1%	28.7%	21.8%	8.5%	5.3%	0.5%
Rome	0.6%	40.3%	39.6%	15.0%	3.8%	0.6%	0.0%
Tallinn	4.8%	81.1%	6.6%	3.6%	3.3%	0.6%	0.0%
<b>Total</b>	<b>5.8%</b>	<b>56.7%</b>	<b>20.8%</b>	<b>11.1%</b>	<b>3.5%</b>	<b>1.6%</b>	<b>0.5%</b>

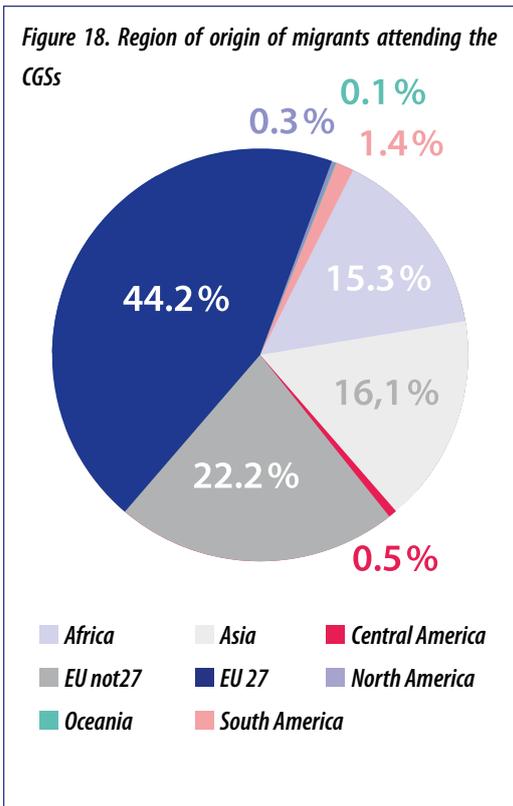
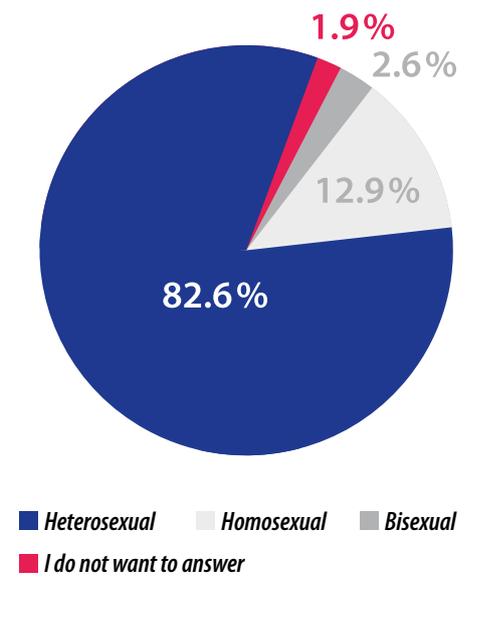


age distribution of participants in the different sites.

Over 40% of participants were born in a EU country, and nearly a half of them was born in Germany. Out of the latter group, 99% participated in the sessions held by the EMZ, which indicates that most of the participants in Hannover's GCSs were second-generation migrants. People from European non-EU27 countries accounted for the 20.4% of participants, mostly coming from Turkey (53.2%), Russia (22.8%) and Albania (9.6%).

14.8% of participants were Asian, most of them from Central Asia countries. Out of

**Figure 19. Sexual orientation of migrants attending the CGSs**

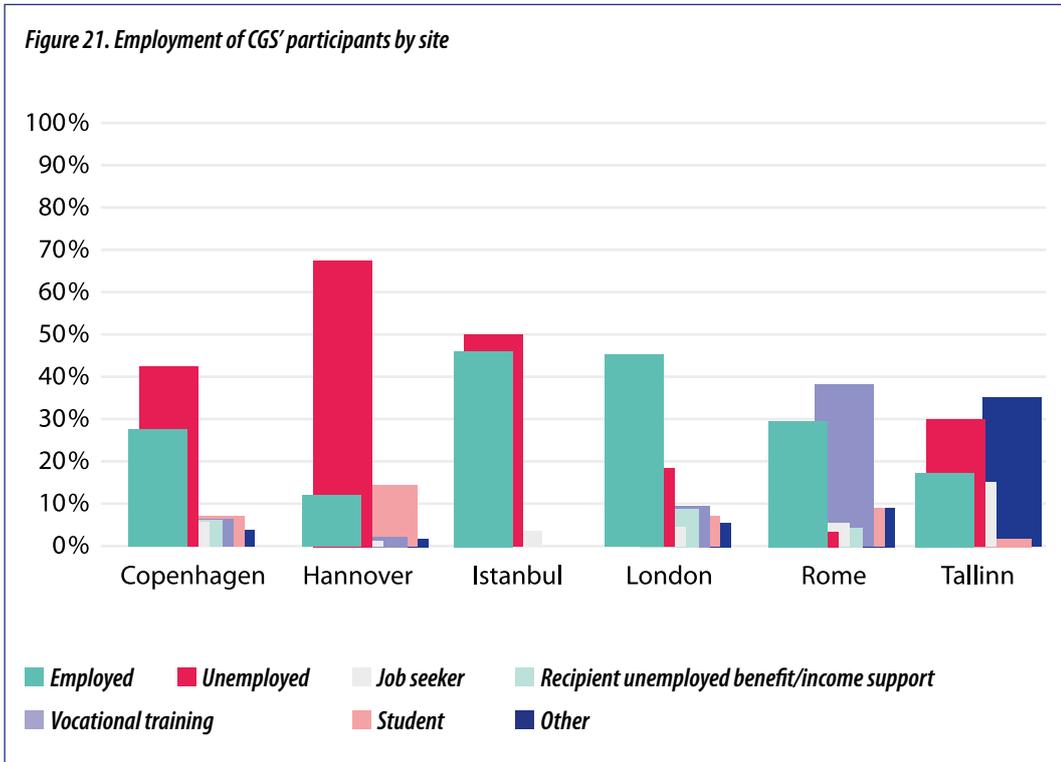
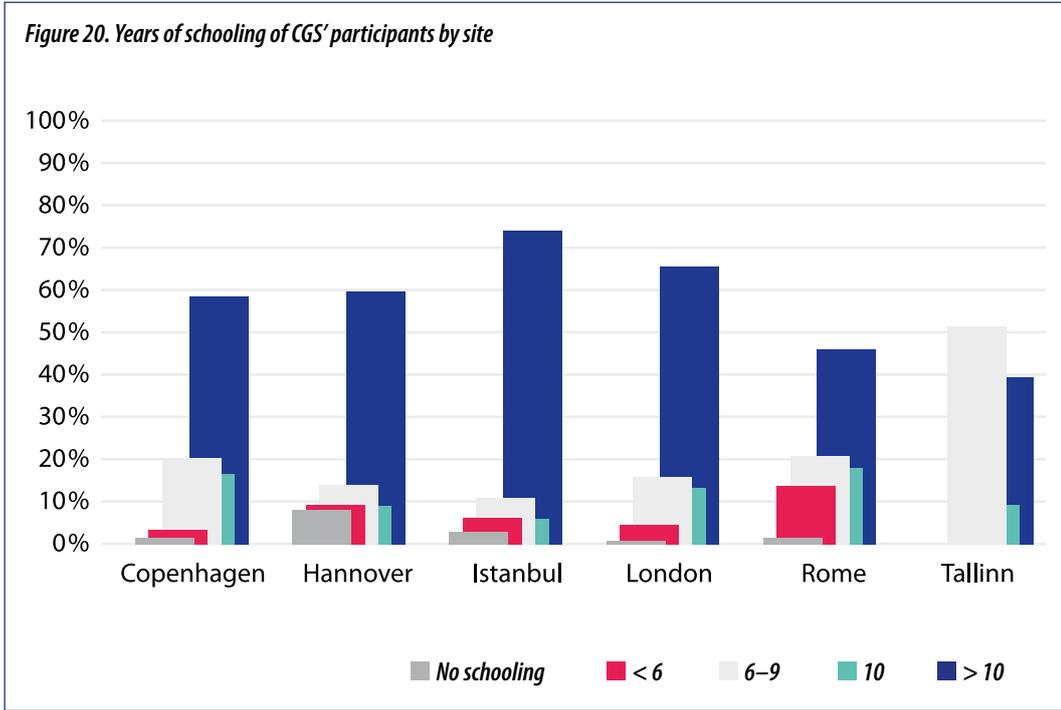


them, 27.2% were from Afghanistan, 12.0% from Iran, 10.7% from Turkmenistan, 9.1% from Pakistan).

15.3% came from Africa, most of them from Nigeria (18.2%) and from other sub-Saharan Africa countries (Somalia, Kenya, Congo, Ivory Coast, among others) (Fig.18).

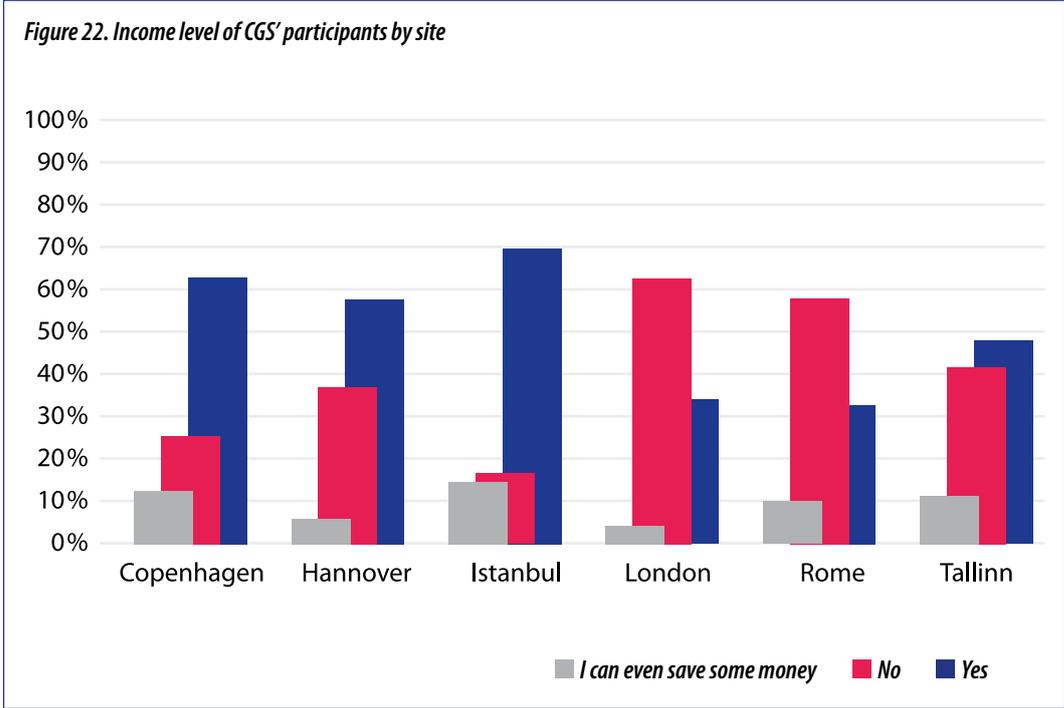
Only 27 participants came from South America, of whom 24 were from Brazil. One person came from Oceania (Fiji), 7 from Central America and 4 from North America.

The majority of participants in the CGSs were heterosexual (82.6%), and only a small number declared to be either homo or bisexual. It is important to note that, besides a number of people who chose not to answer this question (over 9% of the total), 12.9%



specifically indicated that they did not want to answer this question, suggesting that it may have been perceived as intrusive by a significant part of the participants (Fig.19).

Most of participants (64.7%) were single and 30.1% were married or living with a partner. A small part was either divorced or widowed.



Over 50% of the total participants reported having studied for longer than 10 years, denoting a relatively high level of education. However, there are some differences across the training sites in the educational level of participants, as shown below in Fig. 20.

Differences across centres were also reported as regards the current occupation of participants and their income level. These variations may partially reflect a difference in the general socio-economic situation of migrant communities living in the selected training sites, but it could also be due to different methods of selection of CGS' beneficiaries.

In this regard, Istanbul shows a larger share of students compared to other sites, which reflects the fact that most of CGSs were actually conducted at the University. On the contrary, in Rome very few participants in the CGSs were students, while most of them were unemployed or seeking for a job. Co-

penhagen and London show a higher rate of employed migrants (Fig. 21).

As regards the economic situation, a larger rate of people in London and Rome declared that their income is not enough to live (61.7% and 57.3% respectively), while more than 50% of the total participants considered it sufficient (Fig.22).

### Information on the event

The data collected suggest that the main source of information on the CGSs were interpersonal communications: 49.5% of participants indicated "a third person" as the source of information on the event, and 14.9% a "telephone" call (which can also be considered as a form of communication with a third person). Communication with "a third person" was the source of information for over 50% of migrants falling in the age ranges 16–25 and 26–34.

The Internet has also shown to be an important means to disseminate information on the events, indicated by 6.5% of respondents as the way they heard about the initiative. Within the category “other”, a high number of people indicated having heard about the event at school (approximately 10% of participants). Flyers and posters produced within the project to disseminate information on the community sessions reached respectively 4.6% and 2.6% of participants (Fig.23).

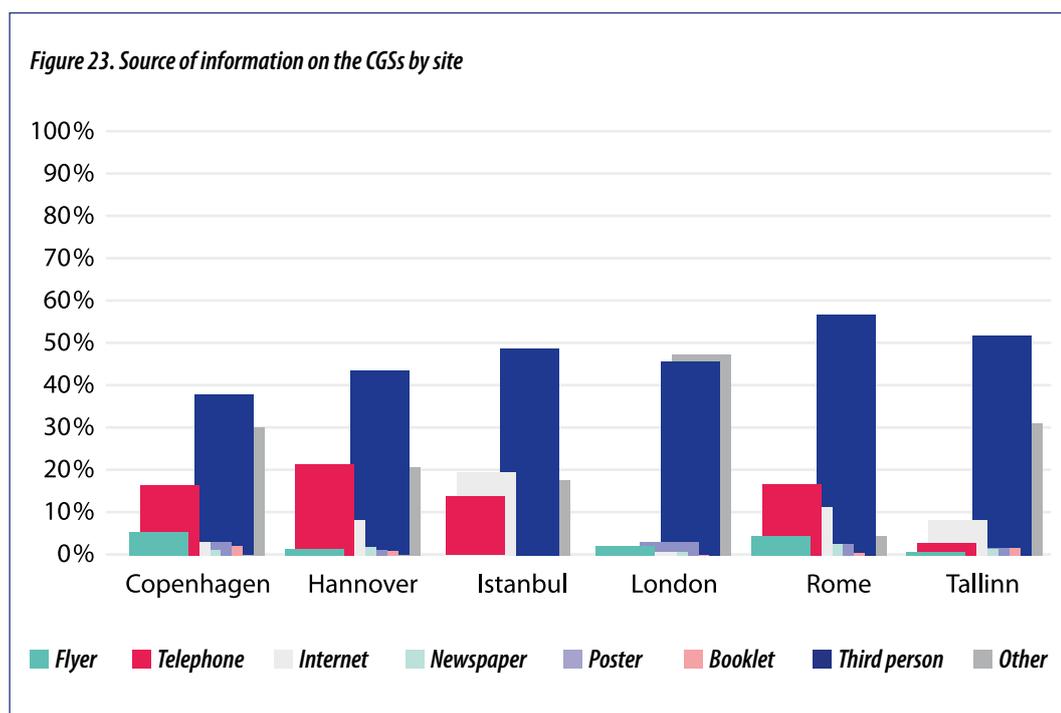
In Hannover, flyers, posters and booklets seem to have represented a more significant source of information than in other centres, having been reported respectively by 7.1%, 4.0% and 2.6% of respondents. The fact that the methodology had already been widely used in this site may explain its larger success in reaching migrants. In Rome as well flyers have reached a large part of participants (5.8%).

## Motivation to take part in the event

Out of the 1,927 persons who indicated the reason why they took part in the event, nearly a half (48.3%) responded to be interested in the topics. A relatively high rate of participants believed that information and education can help in HIV prevention (28.0%). This rate was higher in people coming from Africa (37.0%) and Asia 32.0%. 20% participated with the purpose of informing other people about these topics, and 6.7% of participants responded to be personally affected (Fig.24).

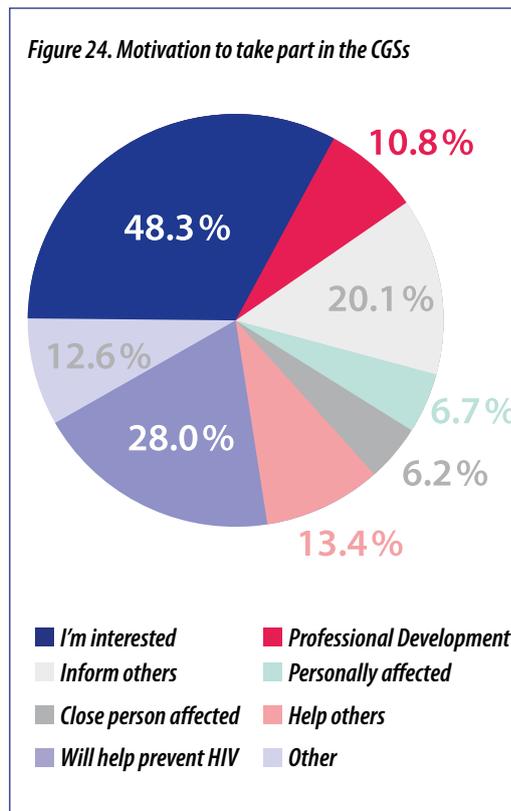
## Previous knowledge and/or experience with HIV

Before attending the community session, 66.7% of respondents considered themselves very well/well informed on HIV (19.1%/47.6%). Only a small part (3.5%) felt they were not informed at all about the

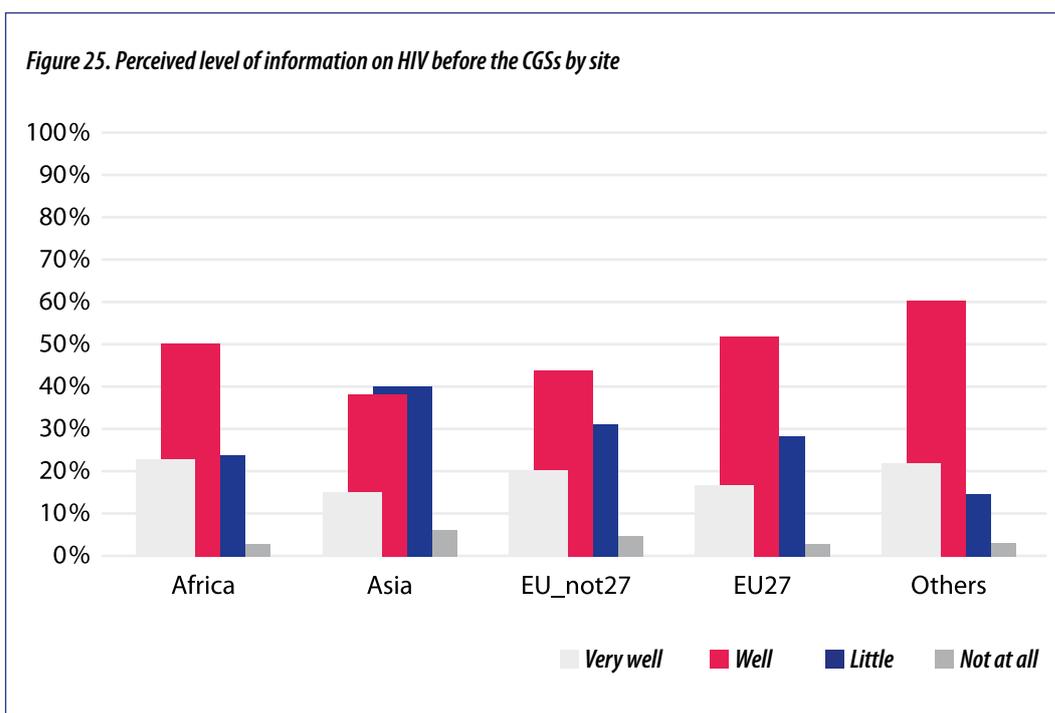


topic. A larger rate of Asian people declared having little or no information about HIV (46.3% of the total) compared with other participants (Fig. 25).

Nearly 60% of participants declared not having previous experience with HIV-related subjects. It is interesting to note that the age group <15 shows a much higher number of people indicating to have already dealt with HIV (79.8%). One possible explanation of this result is that information on HIV was included in school curricula or extra-curricular activities. Similarly, the group of EU27 nationals shows a larger rate of positive responses to the question (50.6%), suggesting a difference between first and second-generation migrants in accessing information on HIV. On the other side, non-EU27 European nationals have a higher rate of people reporting no previous experience with these topics (75.3%).



A higher number of males compared to females had previous experience with the subject (54.1% vs. 44.4%).



## Knowledge of HIV/AIDS-related services

Participants were asked about their knowledge of the health care and other services connected with HIV/AIDS, including AIDS-service organisations, medical institutions, public HIV testing facilities, health centres,

drug addiction clinics, migrants' and patients' associations.

Table 11 summarises the results, which still show a relatively high rate of migrants declaring to have never heard about HIV-services:

**Table 11. Rate of knowledge on HIV-related services by site**

	Hannover	Istanbul	Copenhagen	London	Rome	Tallinn	Total
<i>AIDS-service organizations</i>							
<b>Yes</b>	58.8%	71.9%	84.6%	79.0%	69.8%	78.0%	<b>67.5%</b>
<b>No</b>	41.2%	28.1%	15.4%	21.0%	30.2%	22.0%	<b>32.5%</b>
<i>Medical Institutions</i>							
<b>Yes</b>	72.4%	85.1%	91.7%	95.2%	73.8%	89.0%	<b>79.5%</b>
<b>No</b>	27.6%	14.9%	8.3%	4.8%	26.2%	11.0%	<b>20.5%</b>
<i>Public HIV testing facilities</i>							
<b>Yes</b>	58.7%	73.0%	85.2%	79.8%	69.4%	76.3%	<b>67.3%</b>
<b>No</b>	41.3%	27.0%	14.8%	20.2%	30.6%	23.7%	<b>32.7%</b>
<i>Health centres</i>							
<b>Yes</b>	72.8%	83.8%	93.1%	94.7%	72.4%	69.4%	<b>76.3%</b>
<b>No</b>	27.2%	16.2%	6.9%	5.3%	27.6%	30.6%	<b>23.7%</b>
<i>Drug addiction clinics</i>							
<b>Yes</b>	71.5%	66.9%	59.1%	71.3%	53.1%	75.3%	<b>68.2%</b>
<b>No</b>	28.5%	33.1%	40.9%	28.7%	46.9%	24.7%	<b>31.8%</b>
<i>Migrant's associations</i>							
<b>Yes</b>	58.9%	49.5%	60.0%	54.7%	64.3%	25.4%	<b>52.7%</b>
<b>No</b>	41.1%	50.5%	40.0%	45.3%	35.7%	74.6%	<b>47.3%</b>
<i>Patients' associations</i>							
<b>Yes</b>	46.2%	50.2%	62.5%	52.2%	28.8%	30.3%	<b>41.9%</b>
<b>No</b>	53.8%	49.8%	37.5%	47.8%	71.2%	69.7%	<b>58.1%</b>

A high rate of people indicated that they had never heard about an AIDS patients' association (47.3%), or of a migrants' association dealing with HIV/AIDS issues (58.1%). The latter is probably due to real lack of associations including HIV prevention in their activities.

It is particularly important to note that nearly 1/3 of respondents (32.7%) had never heard about a public HIV testing facility and this means that they did not know where to refer to investigate about their HIV status before attending the CGS. In Hannover, the rate of people who did not know about public HIV testing facilities was higher than in other sites (41.3%).

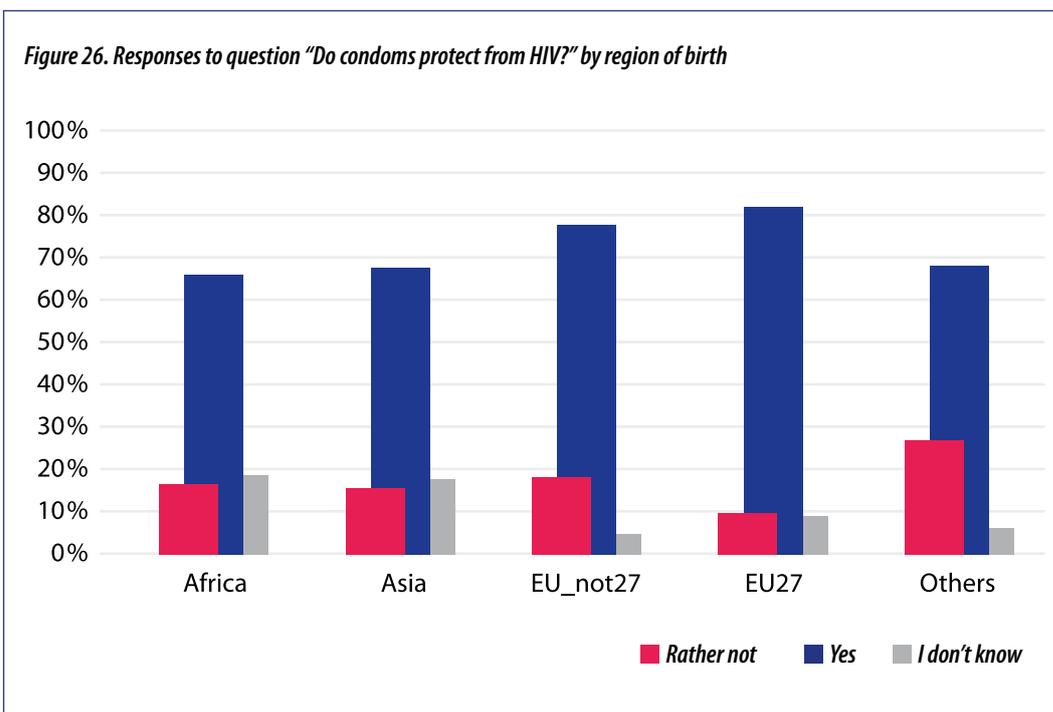
People from Africa seem to be more informed as regards HIV testing facilities (80.3% of respondents knew a public testing centre). On the contrary, the higher rate of lack of knowledge on HIV testing facilities was observed in the Europe non-EU27 group (38.5%).

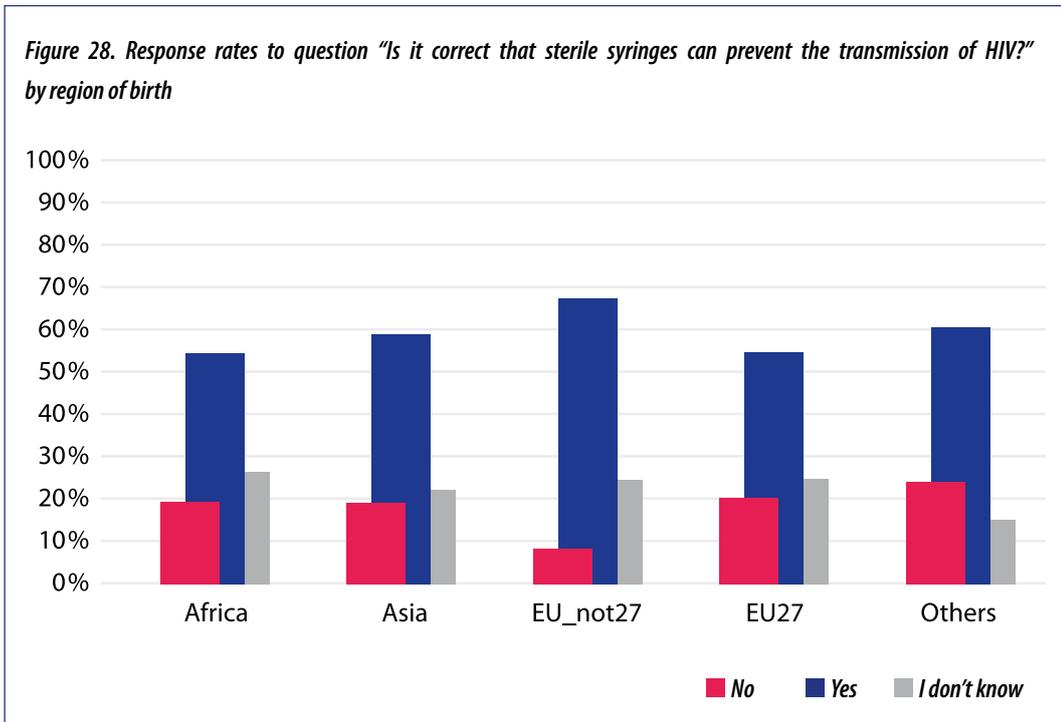
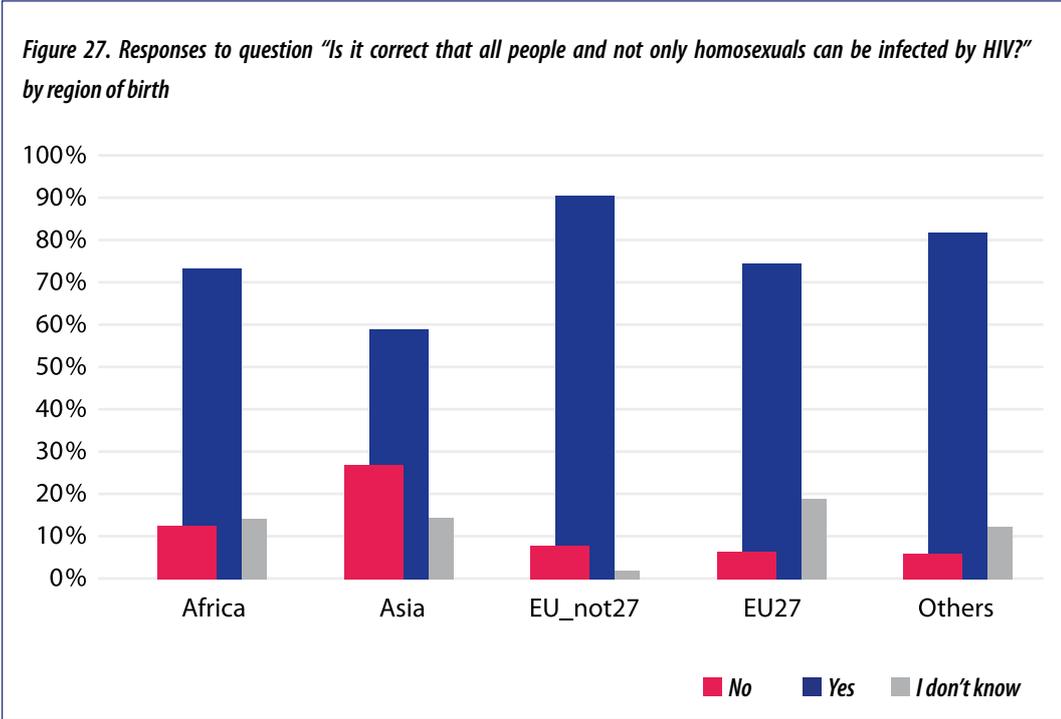
## Knowledge on HIV/AIDS

75.4% of respondents correctly affirmed that condoms protect from HIV infection. The rate is lower among people from Africa, 16.3% of whom reported that condoms do not protect from HIV and 17.6% answered they did not know. Similarly, 15.4% of Asian respondents believed that condoms did not protect from HIV and 17.1% did not know the answer (Fig.26).

People in the age group <15 showed the highest rate of knowledge regarding HIV prevention with condoms (89.3%). As already discussed before, one possible explanation may be that educational activities performed in schools may have contributed to a higher degree of knowledge in this age group.

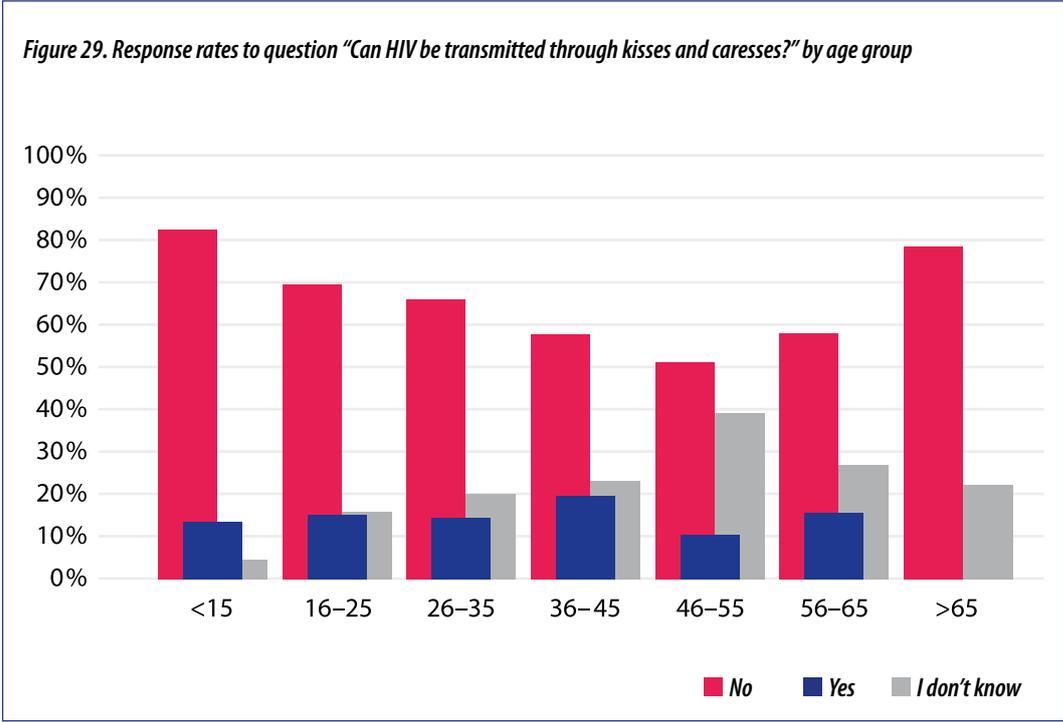
When asked if it is correct that all people and not only homosexuals can be infected by HIV, 11.3% responded that this is not correct and 14.8% did not know. There seem to





be a higher level of misconceptions among people coming from Asia, 27.4% of whom believed that only homosexuals can be infected by HIV (Fig. 27).

Lack of information and awareness on HIV modes of transmission and prevention among migrants is also indicated in the responses provided to the question "Is it correct that sterile syringes can prevent the transmission of HIV?" Only 58.3% of re-

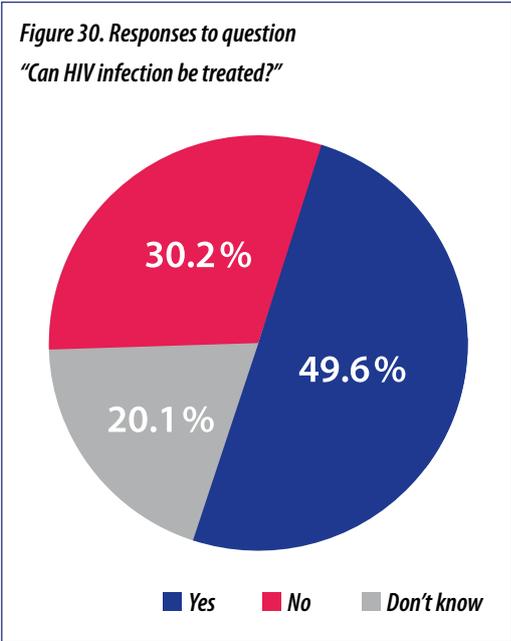


spondents correctly indicated that the use of sterile syringes can prevent the transmission of the virus, while according to 17.3% of them this is not true, and 24.4% did not know. It is interesting to note that there is a higher level of awareness concerning the use of sterile syringes in people from European non-EU27 countries where injecting drug represents the main transmission mode for HIV. On the other hand, there seem to be a higher level of disinformation among the young: 20.1% of people aged 16–25 responded that sterile syringes cannot prevent HIV, and 26.0% did not know the answer (Fig. 28).

Moreover, 14.7% of respondents believed that HIV can be transmitted through kisses and caresses, and 18.9% did not know (Fig.29). Young people seem to have a higher level of awareness as regards this point.

To the question if HIV infection can be treated, 49.6% of participants answered that it cannot, 30.2% that it can, while the remain-

ing 20.1% did not know (Fig. 30). As previously stated, the translation of the word “treated” may have influenced the responses provided by migrants attending the CGSs.



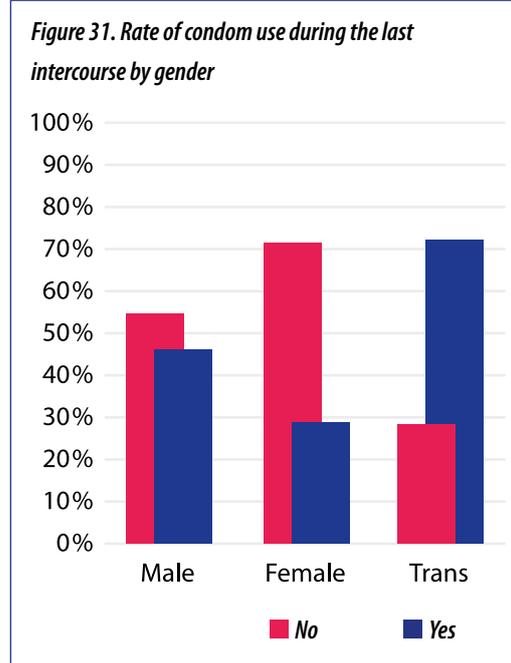
## Behaviour related to HIV prevention

61.3% of respondents did not have a condom at home/with them at the moment of the CGSs.

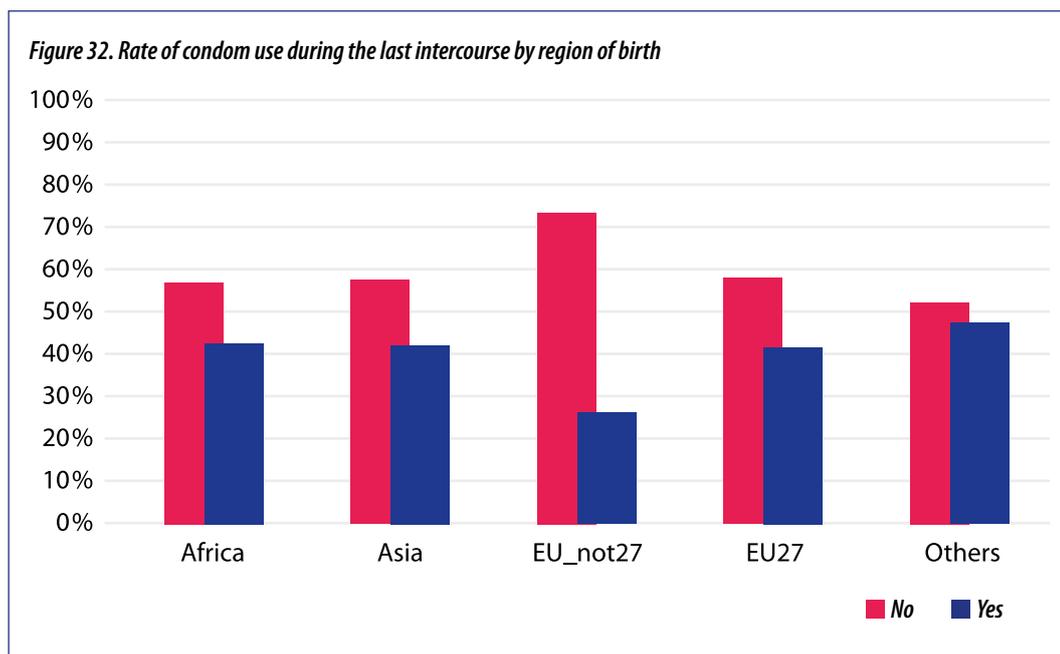
Among females the rate is higher (70.2%) than for males (53.3%), while 83.3% of transgender participants declared having a condom with them.

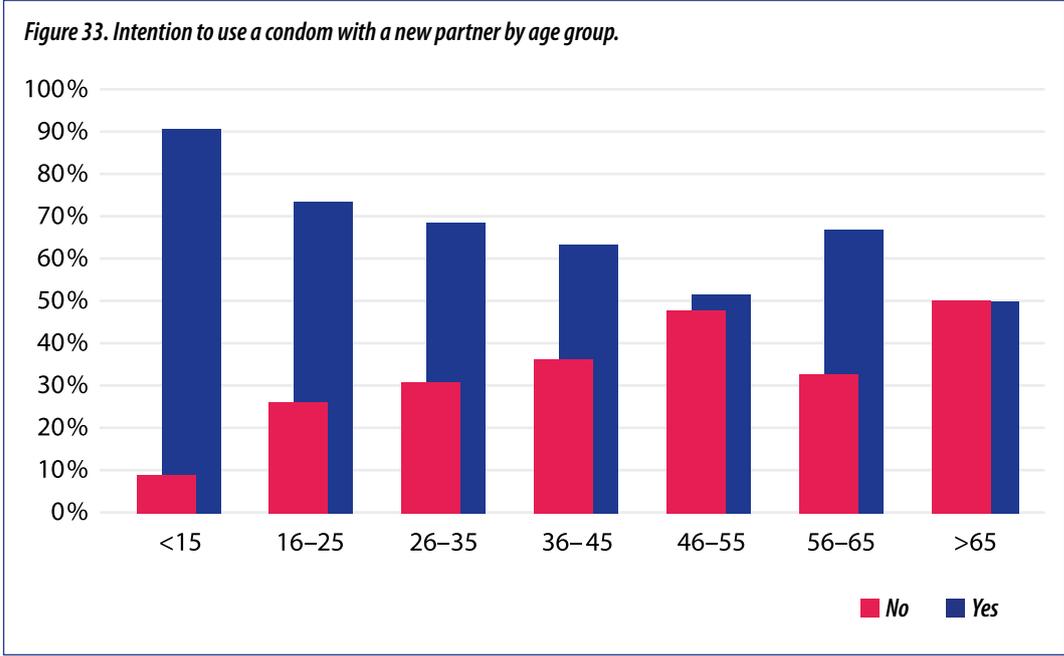
62.2% did not use a condom during the last sexual intercourse. There are differences across genders in condom use, as 45.9% of males declared having used a condom during the last intercourse vs. 28.6% women and 72.2% transgenders (Fig. 31).

Condom use appears to be slightly higher among young people (<35 years), with the highest rates in the age group 16–25 (42.6%). When investigating regional variations, condom use resulted particularly low in people from non-EU27 countries (25.7%) (Fig. 32).



74.5% of respondents indicated that they feel comfortable to negotiate condom use with their partner. Unlike what expected, there are no significant differences across genders in the responses, while a higher rate of older participants (in particular >46) indicated they do not feel comfortable at all in negotiating condom use, as well as peo-



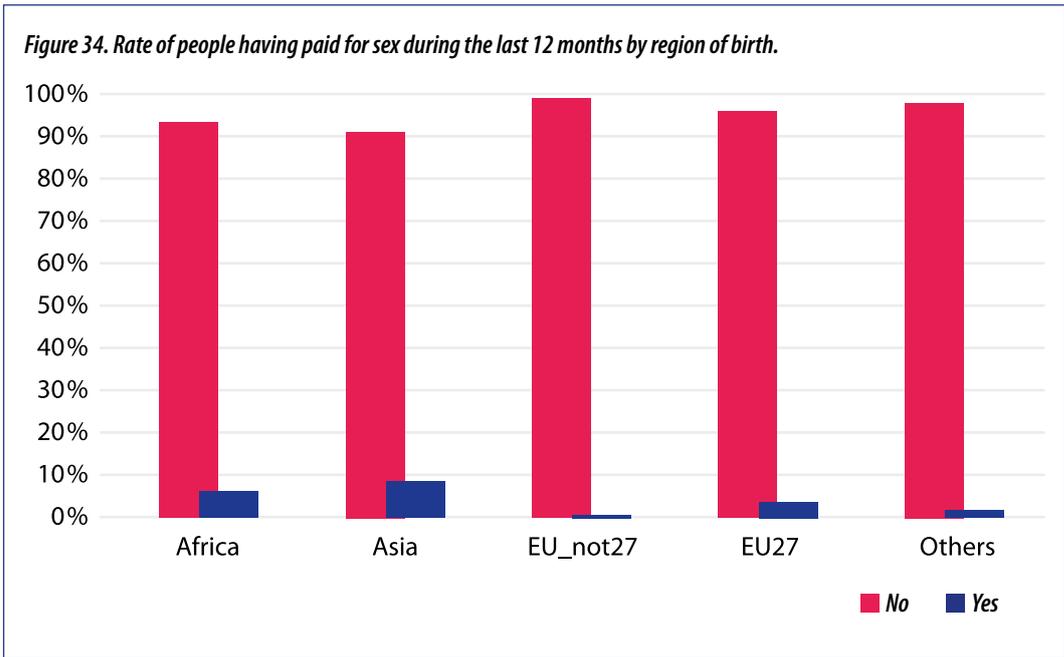


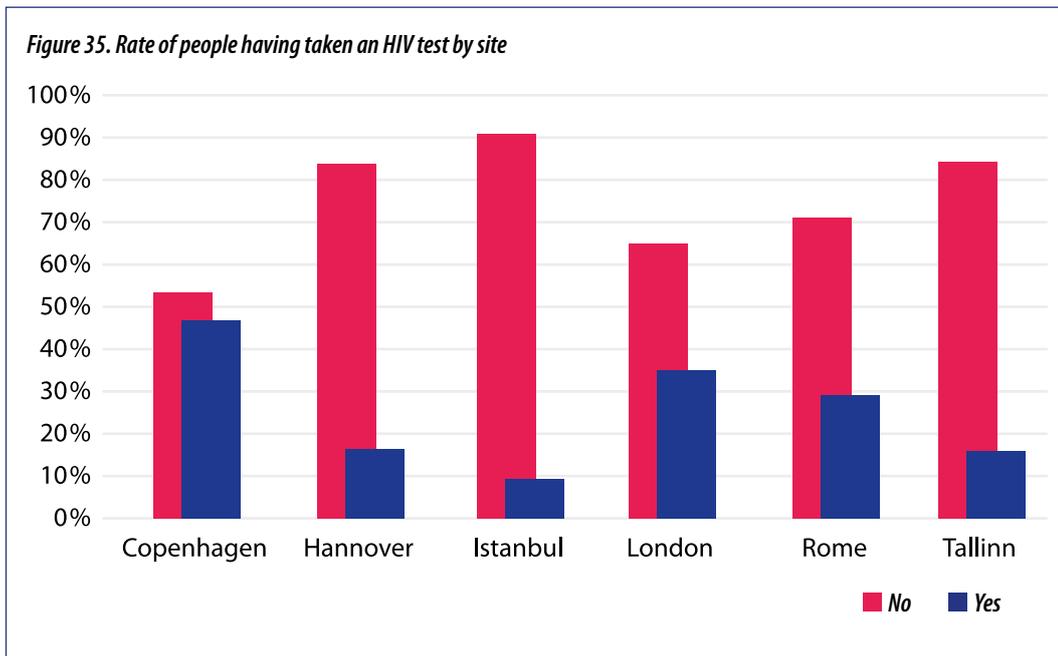
ple coming from European non-EU27 countries.

positive intent to use the condom with a new partner (Fig. 33).

When asked about their intention to use a condom with a new partner in the future, 70.7% of people responded positively. A larger number of young people, in particular those aged under 15 (90.8%), showed a

Participants were asked if they had paid for sex in the last 12 months, and only 5.5% gave a positive answer (Fig.34). The rate of people who paid for sex was higher among Asians (9.6%) and in the age group 26–35 (7.2%).





Rates are also high among CGS participants in Istanbul (7.3%) and Rome (8.0%). 16.7% of transgenders indicated having paid for sex in the last 12 months. It is interesting to note that also 2.5% of women reported having paid for sex.

80.2% of participants declared not to have difficulties in objecting to sexual practices they do not like. The number of people who find it difficult, or very difficult, is higher among Asians than in the rest of the regional groups (32.3% vs. 19.7% average). Cultural factors can possibly explain this difference.

Similarly, compared with the average, a higher rate of people attending the CGSs in Istanbul (30.6%) reported facing difficulties in this sense.

The rate of participants who had undergone an HIV test is very low, 19.8%.

The rate is even lower among people who attended the CGSs in Istanbul (9.3%), while

it is much higher in Copenhagen (46.0%). This may suggest some differences in the access to HIV testing facilities across the different sites, although this conclusion would need further evidence to be confirmed (Fig. 35).

HIV testing rates are higher among Africans (34.6%), people from South America (51.8%) and transgender participants (50.0%), suggesting higher awareness among these communities. HIV testing rates are higher in people aged between 26–56 compared to other age groups. This data would support the need to promote HIV testing in younger age groups.

## Attitude towards HIV

Participants in the CGSs were asked if they felt comfortable about the idea of discussing HIV and AIDS-related issues with some key persons in their lives. Similarly to what observed among mediators, migrants do not feel comfortable to discuss HIV with their

parents, particularly with their father, in their working environment and with ministers of religion. These findings would suggest that migrants still perceive a high level of stigma and discrimination associated to HIV, particularly in some environments (family, work, religion). On the other hand, there seem to be a good level of confidence in health professionals. Also friends and partners are people with whom migrants feel comfortable to discuss such issues, supporting the fact that peer education can actually play an impor-

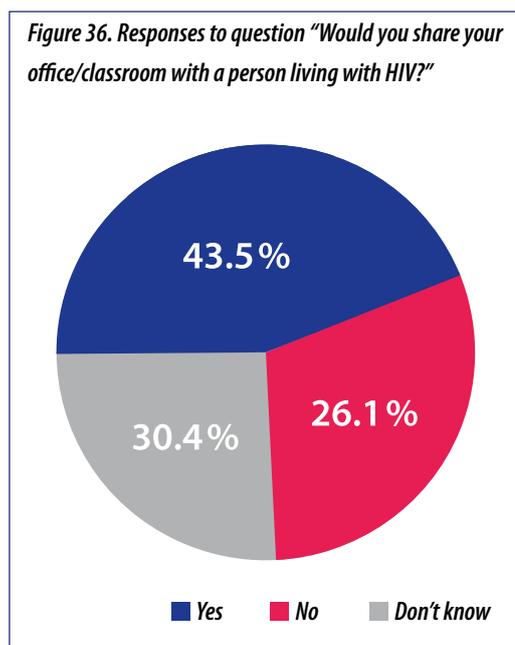
tant role in spreading knowledge and information in migrant communities (Table 12).

Only 21.3% of respondents knew a person living with HIV or AIDS. The rate is higher among Africans (35.3%) and among the few participants from South America (51.8%). This may reflect the prevalence of HIV in the countries of origin of the participants in the CGSs.

**Table 12. Responses to question “Where would you imagine talking about HIV/AIDS without feeling uncomfortable?”**

	Very well	Well	Little	Not at all
Partnership	49.9%	28.4%	12.8%	9.0%
Father	14.2%	17.6%	24.6%	43.6%
Mother	22.2%	23.4%	24.1%	30.3%
Siblings	28.5%	26.2%	21.5%	23.8%
Friends	44.7%	29.8%	15.1%	10.5%
Association	20.9%	19.5%	21.5%	38.0%
Working environment	17.3%	18.5%	22.5%	41.6%
Doctor	50.1%	30.7%	12.3%	6.9%
Nurse	39.1%	31.3%	17.4%	12.2%
Social worker	27.2%	26.5%	22.1%	24.1%
Minister of religion	21.0%	17.9%	19.3%	41.8%
Internet-based service	30.0%	21.1%	14.7%	34.2%

When asked if they would share their office or classroom with a person living with HIV, less than a half of participants said they would (43.5%). 26.1% of respondents answered they would not share it, while another 30.4% did not know (Fig.36).



This data would suggest that discrimination against people living with HIV is still high among migrant communities, as well as misconceptions regarding the possibility of being infected just by sharing a common space with HIV positive people. Rates of people who had doubts or were against the possibility of sharing the room with people living with HIV were higher among Asian and non-EU European nationals, and in older people (>46).

### Post session satisfaction

A very high rate of participants in the CGSs was satisfied with the event (93.6%), with slight differences across the sites. In Rome a higher rate of participants was not content compared with other sites (9.5%, including

both "less content" and "not content at all" answers) (Table 13).

When asked if their expectations concerning the event were met, 91.4% of respondents answered positively. Lower satisfaction rates were reported in Hannover and Rome, where 10.6% and 10.5% of people respectively indicated that their expectations were not met (Table 14).

69.8% of respondents felt they did not learn anything new during the information event (including both "rather not" and "not at all" answers). Response rates across sites were not very different, suggesting that the general impression concerning the event was similar in all places (Table 15).

The answers provided seem to reflect the fact that participants considered to have a good knowledge about HIV even before the informative sessions. However, this impression is contradicted by the post-session results indicating significant misconceptions regarding HIV transmission modes and prevention methods, which entails the need to foster knowledge on HIV in migrant communities.

### Effect on attitudes and behaviours

After the information session, 69.1% of respondents declared their intention to reconsider their attitude towards HIV/AIDS.

When considering this resolution, compared with the negative attitude towards HIV prior to the event, as shown by the responses provided to the question "Would you share your office or classroom with a

**Table 13. Responses to question “How content are you with the event” by site**

	Hannover	Istanbul	Copenhagen	London	Rome	Tallinn	Total
<b>Very content</b>	37.4%	41.6%	78.3%	48.9%	45.8%	43.6%	42.0%
<b>Content</b>	55.7%	53.5%	21.7%	47.7%	44.6%	50.9%	51.6%
<b>Less content</b>	5.4%	4.0%	0.0%	2.8%	7.1%	3.9%	4.9%
<b>Not at all</b>	1.5%	1.0%	0.0%	0.6%	2.5%	1.5%	1.5%

**Table 14. Responses to question “Have your expectations been met?”**

	Hannover	Istanbul	Copenhagen	London	Rome	Tallinn	Total
<b>Completely</b>	36.8%	37.7%	77.3%	50.3%	44.6%	58.7%	43.6%
<b>Predominantly</b>	52.7%	55.2%	13.6%	41.4%	44.9%	38.0%	47.8%
<b>Rather not</b>	8.9%	5.7%	4.5%	5.9%	7.4%	2.4%	6.7%
<b>Not at all</b>	1.7%	1.3%	4.5%	2.4%	3.1%	0.9%	1.8%

**Table 15. Responses to question “Did you learn anything new in the event?”**

	Hannover	Istanbul	Copenhagen	London	Rome	Tallinn	Total
<b>Yes</b>	7.2%	5.6%	8.7%	8.3%	4.6%	7.3%	6.6%
<b>A little</b>	24.9%	19.1%	17.4%	19.6%	20.5%	30.0%	23.6%
<b>Rather not</b>	49.6%	52.8%	30.4%	36.3%	44.0%	46.7%	47.3%
<b>Not</b>	18.4%	22.4%	43.5%	35.7%	30.9%	16.1%	22.5%

person living with HIV”, we are allowed to record at least a plus point. Indeed, 75.1% of those who stated they would not share their office/classroom with a PLHIV indicated that they would reconsider their attitude (responding “yes” or “a little”), as showed in Table 16. Similarly, 72.6% of those who answered not knowing if they would have shared a space with PLHIV indicated the intention to change their attitude (Table 16). This result suggests a positive influence of the informative sessions on the attitude towards HIV infection and PLHIVs.

After the informative event, 79.2% of respondents affirmed their intention to use a condom with a new partner in the future. The highest rates of those stating that they would not use a condom with a new partner in the future are observed among people from European non-EU27 countries and in the older age groups (>36), suggesting that these groups may be more reluctant to behaviour changes.

51.2% of those who, before the event, answered they would rather not use a con-

**Table 16. Pre-post event answers to questions**

Would you share your office/classroom with a PLHIV?	I have to reconsider my attitude towards HIV/AIDS			
	Yes	A little	Rather not	No
Yes	33.8%	28.3%	21.6%	16.3%
Rather not	45.5%	29.6%	15.5%	9.4%
Don't know	38.8%	33.8%	16.4%	11.0%
<b>Total</b>	<b>38.4%</b>	<b>30.3%</b>	<b>18.4%</b>	<b>12.9%</b>

**Table 17. Intention to use a condom with a new partner before and after the event**

Condom with new partner BEFORE	Condom with new partner AFTER		
	Yes	Rather not	Not
Yes	92.8%	5.9%	1.3%
Rather not	51.2%	38.5%	10.2%
Not	37.5%	30.4%	32.1%
<b>Total</b>	<b>80.0%</b>	<b>14.0%</b>	<b>6.0%</b>

**Table 18. % increase in the intention to use a condom with a new partner by site**

Site	% increase
Hannover	2.9%
Istanbul	16.3%
Copenhagen	2.3%
London	4.6%
Rome	15.5%
Tallinn	8.4%

dom with a new partner and 37.5% of those who responded that they would not use it changed their idea after the informative session. This result suggests a positive effect of the informative sessions on the intention to use condoms. However, it is also important to note that, even after attending the ses-

sion, 3.1% of respondents still indicated that they would not use a condom with a new partner in the future (Table 17). The rate is particularly high in older aged groups. 100% of those aged >65 indicated that they would rather not/would not use a condom with a new partner in the future. This result may suggest a different attitude of older migrants towards condom use compared with the younger generations.

Increased intention to use a condom with a new partner in the future was more remarkable among women and transgenders than in men (respectively 10.6%, 10.1% and 6.4%). If observing the changes in the intention to use condoms in the future across sites, the higher increase was reported in Istanbul and Rome compared to other centres (Table 18).

Similarly to what described above, 71.0% of people who indicated they did not use a condom during the last sexual intercourse declared their intent to use a condom with a new partner in the future after the CGSs (Table 19).

**Table 19. Use of condom last time vs. intention to use a condom with a new partner (after the event)**

Condom last time	Condom with a new partner-AFTER		
	Yes	Rather not	Not
Yes	90.7%	7.6%	1.7%
No	71.1%	19.5%	9.4%
<b>Total</b>	<b>78.9%</b>	<b>14.8%</b>	<b>6.3%</b>

## Conclusions

The data on health literacy collected during the training activities of the AIDS&Mobility project can provide an initial indication of the knowledge, attitudes and behaviours related to HIV among migrant communities living in Europe. However, the results of this analysis cannot be considered as conclusive as data were collected from the non-representative group of migrants attending the training and information activities conducted within the project, a non-probative sample of the general migrant population living in the project sites.

Mediators seem to have a better level of knowledge than participants in the CGSs. The option of choosing socially active people, with a good standard of integration in the host country, probably led to selecting people with a higher level of awareness about HIV and HIV-related services. Therefore, the two data sets concerning mediators and participants in the CGSs are not comparable and cannot be merged for a common analysis. Furthermore, the use of two versions of the questionnaire for the mediators across sites posed some challenges in data analysis, as some questions differed in phrasing and/or answer options, thus leading to loss of accuracy in the data analysis concerning the mediator

It is interesting to stress that nearly a half of mediators indicated their participating in the training as due to the purpose of professional development, even though the activities implemented within the project did not represent a form of vocational training. This may suggest the possibility/option of devising in future some courses aiming at personal know-how update and vocational training. It may also be instrumental to assess how the trained mediators have used, or are still using, in their work the knowledge and competencies acquired during the course.

Despite a higher level of knowledge, also in the mediators' group it was possible to observe the persistence of some misconceptions regarding HIV modes of transmission and prevention (nearly a 15–20% rate of wrong answers, depending on the question considered). Condom use is low (33.3%), even though the intention to use it is high. Only 37.8% had taken an HIV test, with difference across sites.



The level of misconceptions regarding HIV transmission and prevention among migrants attending the CGSs was slightly higher than what observed among mediators, as the rate of right answers provided was generally lower. Also scarce appeared to be information about the services available. It is particularly striking that nearly 1/3 of migrants attending the CGS did not know of HIV public testing facilities, and that only 19% of them had taken an HIV test before. This evidences the need to increase their information on the existing health services and on their rights to access them.

In both groups, mediators and CGS' participants, a high level of stigma regarding HIV was observed (less than a half of them would share their office or classroom with someone living with HIV). For both groups, there still is a taboo on discussing HIV, particularly with some persons who may be perceived as particularly "judgemental" (i.e. parents and ministers of cult). Migrants do not feel comfortable to discuss HIV in the workplace, which suggests that people may fear discrimination in this particular environment. Friends and partners, on the other hand, seem to create a comfortable environment to discuss issues related to HIV and AIDS. These conclusions may support the potential of peer education, particularly among members of the same group (same age, social circle), in increasing knowledge and awareness on HIV.

The answers given to the questions posed after the CGSs provided good indicators of the education activities efficacy in changing attitudes towards HIV and on the intention to adopt safer behaviours in the future (use of condom). A richer set of questions would allow a better basis for assessing the effectiveness of the courses. Also included might have been some methods to measure the impact of the activities on the subsequent behaviour of the recipients. Further research will be needed in this sense.

The data show differences across generations in terms of knowledge, attitudes and behaviours related to HIV. In the future, it could be useful to differentiate between the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> generation of migrants in the analysis of health literacy and efficacy of the training and education activities.

Annex I:

# Mediators' training questionnaire



Co-funded by the  
European Union under the  
Program of Community  
Action in the Field of  
Public Health 2003-2008

**Ethno-  
Medizinisches  
Zentrum e.v.**



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## Preliminary information about questionnaire

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The 'AIDS&Mobility Europe' Project is co-funded by the European Union under the Program of Community Action in the Field of Public Health. The project is run by the Ethno- Medical Center (EMZ) and carried out in cooperation with local project partners in six European countries.

With your support we would like to evaluate and continue to develop this project. With the insights gained, which means with your experiences and knowledge, we would like to develop and implement new strategies of intercultural health promotion.

For this we require your cooperation. We would therefore request you to fill in this questionnaire, so that you can contribute to improving future events.

Filling in the questionnaire is voluntary. Please express your very own personal opinion.

This survey is conducted anonymously, therefore nobody will know what exactly you answered.

Thank you for your trust and your cooperation.

Yours sincerely,

Ramazan Salman

(Executive Managing Director Ethno-Medical  
Centre, A&M project leader)

**1. How did you hear about this event?**  
(Multiple answers possible)

- 1  Flyer
- 2  Telephone
- 3  Internet
- 4  Newspaper/press
- 5  Posters
- 6  Brochures
- 7  Informed by others
- 8 Other sources: \_\_\_\_\_

**2. Why are you taking part in this event?**

- 1  I am interested in these topics.
- 2  It is important for my professional development.
- 3  I would like to inform other people about these topics.
- 4  I am personally affected.
- 5  A close person is affected.
- 6  I would like to help affected persons.
- 7  I believe that information and education can help for HIV prevention
- 8 Sonstiger Grund: \_\_\_\_\_

**3. How well (in your personal opinion) are you informed about HIV/ AIDS?**

- 1  very well 2  well 3  little 4  not at all

**4. Have you already occupied yourself with the subjects of HIV/ AIDS and/or drug addiction?**

- 1  yes 2  no

**5. Please, write in a few words about your experiences with HIV/ AIDS and drug addiction.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. Which facilities connected to the subject HIV/ AIDS do you already know?**  
(Please tick one box per line)

	I know very well	I know well	I know about	I never heard about
AIDS-service organizations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

2

medical institutions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Public HIV testing facilities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Health centres	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
drug addiction clinics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
migrant's offices	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
patients' association	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Others: \_\_\_\_\_

**7. How well do you feel informed about the following topics?**  
(Please tick one box per line)

	I know very well	I know well	I know about	I never heard about
AIDS and migration	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Basic knowledge of HIV/AIDS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Basic knowledge of Hepatitis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Support systems and services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Living with HIV/AIDS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Family planning and sexual health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Basic knowledge of harm reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**8. Which methods do you know for HIV prevention?**

\_\_\_\_\_  
 \_\_\_\_\_

**9. Do condoms protect from HIV infection?**

- 1  yes, definitely 2  (rather) not 3  I do not know.

**10. Do you have a condom with you/at home right now?**

- 1  yes 2  no

**11. Have you used a condom during your last sexual intercourse?**

- 1  yes 2  no

**12. How confident are you that you may be able to negotiate condom use with a partner?**

- 1  very confident 2  confident 3  less confident 4  not at all 5  no partner

3

**13. I think I will use a condom in future if I have a new partner.**

- 1  yes, definitely 2  (rather) not 3  I do not know.

**14. How many sexual partners did you have in the past 12 months?**

Number of partners:

**15. Were some of these concurrent partners?**

- 1  yes 2  no

**16. Have you paid for sex in the last 12 months?**

- 1  yes 2  no

4

**17. With whom could you imagine to talk about HIV/ AIDS without having the impression of feeling uncomfortable?**  
(Please tick one box per line)

	very well	well	Little	not at all
in my partnership	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
with my father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
with my mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
with my siblings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
in my circle of friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
in a club	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
in my business environment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
with a doctor	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
with a nurse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
with a social worker	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
with a Minister of cult (e.g. priest, imam)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
with internet-based service	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**18. Who do you turn to when you have questions concerning HIV/ AIDS?**  
(Please tick one box per line)

	very often	sometimes	rarely	never
family and relatives	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
neighbors, acquaintances or friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Doctor	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
advice centers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
religious facilities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Hospital	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I wait for reports in the media.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I look for information on the internet.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Others:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**19. Do you know someone being infected with HIV or suffering from AIDS?**

- 1  yes 2  no

**20. Would you share your office/classroom with a person living with HIV?**

- 1  yes, definitely 2  (rather) not 3  I do not know.

5

21. I find it difficult to talk about safer sex in my partnership.  
 1  very difficult 2  difficult 3  easy 4  very easy
22. I find it easy to object to sexual practices I do not like.  
 5  very difficult 6  difficult 7  easy 8  very easy
23. Is it correct that all people and not only homosexual individuals can be infected with HIV?  
 1  yes, definitely 2  (rather) not 3  I do not know.
24. Is the following statement true? Sterile syringes prevent the transmission of HIV.  
 1  yes, definitely 2  (rather) not 3  I do not know.
25. Is HIV transmitted through kisses and caresses?  
 1  yes, definitely 2  (rather) not 3  I do not know.
26. Is the following statement true? The German health care system provides free, anonymous and voluntary HIV tests.  
 1  yes, definitely 2  (rather) not 3  I do not know.
27. Is there a difference between HIV serostatus and AIDS status?  
 1  yes, definitely 2  (rather) not 3  I do not know.
28. Can HIV infection be treated?  
 1  yes, definitely 2  (rather) not 3  I do not know.
29. Have you ever taken an HIV antibody test?  
 1  Yes 2  No
30. Date of the last HIV test  
 Month | Year:   |

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B1 Mediator Form  
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31. Finally, we request you to note down some information about yourself. Please make a cross where appropriate or fill in the empty space.

age:  gender: 1  male  
2  female  
3  transmarital status: 1  single  
2  married or living with a partner  
3  widowed  
4  divorced

How many children do you have?

0  nonenumber:  

Persons in the household

1  I live alone in the apartment. I do not live alone in the apartment.↳ We are   ...persons in the apartment.Is your income enough to live on? 1  Ja.  
2  Nein  
3  Ich kann sogar noch etwas sparen.

Country of birth: \_\_\_\_\_

Ethnic/ national group: \_\_\_\_\_

Year of entering Germany: \_\_\_\_\_

Which languages do you speak? \_\_\_\_\_

Language skills in German:

1  very good 2  good 3  satisfactory 4  sufficient 5  none

Town of residence: \_\_\_\_\_

Postal code:     

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B1 Mediator Form  
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- Education and number of school years: 1  no schooling  
2  less than 6  
3  between 6 and 9  
4  exactly 10  
5  more than 10
- Highest vocational training: 1  no vocational training  
2  apprenticeship  
3  university degree  
4  doctoral level or professorship  
5 other kind of vocational training: \_\_\_\_\_
- Current occupation: 1  employed  
  number of hours per week  
2  pensioner  
3  vocational training  
4  recipient of unemployment benefit / income support  
5  job-seeker  
6  unemployed (e.g. housewife)  
7 Other, please specify: \_\_\_\_\_

8

B1 Mediator Form  
© aids&mobility europe

1. How content are you with the event in general?

Very content content less content not content at all  
1  2  3  4 

2. Have your personal expectations towards the event been met?

completely predominantly rather not not at all  
1  2  3  4 

3. Did you learn something during the information event?

very little little much very much  
1  2  3  4 

4. I have to reconsider my attitude towards HIV/ AIDS!

yes a little rather not no  
1  2  3  4 

5. I think I will use a condom in future if I have a new partner.

yes rather not no  
1  2  3 

6. Which aspects of the event did you particularly like?
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What did you not like at all?
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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B1 Mediator Form  
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Annex II:

# Mediators' training questionnaire adopted in Rome and London



Co-funded by the European Union under the Program of Community Action in the Field of Public Health 2003-2008

**Ethno-Medizinisches Zentrum e.V.**



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## **B1 mediator form (pre-training) English** **Information on the pre-training questionnaire** **for the course participants**

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The Project AIDS&Mobility Europe, which is co-funded by the European Union under the Program of Community Action in the Field of Public Health (2003-2008), and facilitated and coordinated by the Ethno-Medical Centre (EMZ) in Hanover, shall be evaluated by means of your support.

We would like to use the insights won, which should contain your experiences and your knowledge, in order to develop and implement new strategies in the fields of transcultural health and HIV/AIDS prevention. We intend to contribute to an improved health of people with migrant background within the European Union. Gaps in coverage shall be detected and existing knowledge deficits recorded. At the same time we intend to make health promoting strategies of migrant communities visible and usable.

To guarantee this, a questionnaire that asks for your knowledge, experiences and attitude has been developed. We are in need of your cooperation and commitment. We would therefore like to ask you to answer this questionnaire in order to contribute to a positive development of the situation mentioned above.

Participation at this survey is optional. Especially because of this it is important to point out again, that we depend on your cooperation in order to provide an effective transcultural HIV/AIDS prevention and health promotion.

Please give us your personal opinion. The survey is kept absolutely confidential, that means, that no person will find out about your answers.

We would like to thank you for your confidence and your commitment and will, as a matter of course, advise you of the insights won through this survey.

Kind regards,

(Executive Managing Director Ethno-Medical Centre, A&M project leader)

**1. How did you find out about this event?**

(Multiple answers possible)

- Flyer
- Telephone
- Internet
- Newspaper/press
- Posters
- Brochures
- Through a third party
- Miscellaneous:

**2. Why do you attend this event?**

- 1  I am interested in the topics.
- 2  It is important for my professional development.
- 3  I like to inform others about these topics.
- 4  I am personally affected.
- 5  A person close to me is affected.
- 6  I would like to help affected persons.
- 7  Other reason: .....

**3. How well (in your personal opinion) are you informed about HIV/AIDS?**

- 1  very well
- 2  well
- 3  moderate
- 4  little
- 5  not at all

**4. In which way did you occupy yourself with the subjects HIV/AIDS and/or drug addiction?**

- I attended a seminar dealing with ...
- 1  the subject HIV/AIDS
  - 2  the subject drug addiction
- I read up (press, brochures, own experience) ...
- 3  on HIV/AIDS
  - 4  on drug addiction
- I do not know much about the subjects but intend to improve my knowledge ...
- 5  of HIV/AIDS
  - 6  of drug addiction
- I have not yet occupied myself with ...
- 7  the subject HIV/AIDS
  - 8  the subject drug addiction

**5. Which facilities connected to the subject HIV/AIDS do you already know?**

(Please tick one box per line)

	I know very well	I know well	I know about	I heard about	I never heard about
AIDS-service organizations	<input type="checkbox"/>				
medical institutions	<input type="checkbox"/>				
public HIV screening test facilities	<input type="checkbox"/>				
family health centers	<input type="checkbox"/>				
drug treatment facilities	<input type="checkbox"/>				
migrant's offices	<input type="checkbox"/>				
Miscellaneous	_____				

**6. Do you find yourself well informed about the following topics?**

(Please tick one box per line)

	yes	no
AIDS and migration	<input type="checkbox"/>	<input type="checkbox"/>
Basic knowledge of HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
Basic knowledge of Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Support systems and services	<input type="checkbox"/>	<input type="checkbox"/>
Living with HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
Family planning and sexual health	<input type="checkbox"/>	<input type="checkbox"/>
Basic knowledge of harm reduction	<input type="checkbox"/>	<input type="checkbox"/>

**7. Which contraceptives do you know about?**

(Please write down the methods you know to prevent an unplanned pregnancy.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. Considering your personal environment: Where do you talk about the subject HIV/AIDS?**

- 1  in my partnership
- 2  with my father
- 3  with my mother
- 4  with my siblings
- 5  in my circle of friends
- 6  in a club
- 7  in my business environment
- 8  with a doctor
- 9  Miscellaneous: .....

**9. With whom could you imagine to talk about HIV/AIDS without having the impression of them feeling uncomfortable?**

- 1  in my partnership
- 2  with my father
- 3  with my mother
- 4  with my siblings
- 5  in my circle of friends
- 6  in a club
- 7  in my business environment
- 8  with a doctor
- 9  Miscellaneous: .....

**10. Whom do you approach when you have questions concerning HIV/AIDS?**

(Please tick one box per line)

	yes	no
family and relatives	<input type="checkbox"/>	<input type="checkbox"/>
neighbors, acquaintances or friends	<input type="checkbox"/>	<input type="checkbox"/>
doctor	<input type="checkbox"/>	<input type="checkbox"/>
information centers	<input type="checkbox"/>	<input type="checkbox"/>
religious facilities	<input type="checkbox"/>	<input type="checkbox"/>
hospital	<input type="checkbox"/>	<input type="checkbox"/>
I wait for reports in the media.	<input type="checkbox"/>	<input type="checkbox"/>

I read up on the subject on the internet.	<input type="checkbox"/>	<input type="checkbox"/>
I never had any questions concerning HIV/AIDS.	<input type="checkbox"/>	<input type="checkbox"/>

**11. Do you know someone being infected with HIV or being an AIDS patient?**

- 1  yes
- 2  no

**12. I find it difficult to talk about safer sex in my partnership.**

- 1  yes
- 2  no
- 3  I do not know.

**13. I find it easy to object to sexual practices I do not like.**

- 1  yes
- 2  no
- 3  I do not know.

**14. Is it correct that only homosexual persons can be infected with HIV?**

- 1  yes, definitely
- 2  yes, maybe
- 3  (rather) not
- 4  I do not know.

**15. Is the following statement true? Sterile syringes prevent the transmission of HIV?**

- 1  yes, definitely
- 2  yes, maybe
- 3  (rather) not
- 4  I do not know.

**16. Is it correct that HIV cannot be transmitted through kisses and caresses?**

- 1  yes, definitely
- 2  yes, maybe
- 3  (rather) not
- 4  I do not know.

**17. Is the following statement true? The British/ Italian health care system provides free, anonym and optional HIV screening tests.**

- 1  yes, definitely
- 2  yes, maybe
- 3  (rather) not
- 4  I do not know.

**18. Did you already make an HIV antibody screening test?**

- 1  yes
- 2  no

**Personal details**  
(Please fill out each line)

**Age:** \_\_\_\_\_ **Gender:**  male  female

**Marital status:**  single  married  widowed  divorced

**Number of children:**  none  one  two  three or more

**Country of birth:** \_\_\_\_\_ **Year of entry into Great Britain/ Italy:** \_\_\_\_\_

**Place of residence:** \_\_\_\_\_ **Postal code:** \_\_\_\_\_

**What is your occupational title**  
(e.g. architect or housewife)?  
\_\_\_\_\_

**Current occupation**  employed  student/apprentice  work-seeker  
 pensioner  not employed (e.g. housewife)

**Is your income adequate for living?**  yes  no  I can even save a bit.

**Number of school years**  
 less than 6  more than 10  
 between 6 and 9  no school education  
 exactly 10 **Other education:** \_\_\_\_\_

**Highest vocational education**  
 apprenticeship  professorship  
 university degree  no vocational education  
 graduation **Other education** \_\_\_\_\_

**English/ Italian language skills** very well well satisfactory sufficient none

**Which languages do you speak?**  
\_\_\_\_\_

## Annex III:

# Community Group Sessions questionnaire



Co-funded by the European Union under the Program of Community Action in the Field of Public Health 2003-2008

Ethno-Medizinisches Zentrum e.V.



Code No. of event/Ordnungszahl

### Preliminary information about questionnaire

The 'AIDS&Mobility Europe' Project is co-funded by the European Union under the Program of Community Action in the Field of Public Health (2003-2008). The project is run by the Ethno-Medical Center (EMZ) and carried out in cooperation with local project partners in six European countries.  
With your support we would like to evaluate and continue to develop this project.

With the insights gained, which means with your experiences and knowledge, we would like to develop and implement new strategies of intercultural health promotion.

For this we require your cooperation. We would therefore request you to fill in this questionnaire, so that you can contribute to improving future events.

Filling in the questionnaire is voluntary. Please express your very own personal opinion.

This survey is conducted anonymously, therefore nobody will know what exactly you answered.

Thank you for your trust and your cooperation.

Yours sincerely  
Mit freundlichen Grüßen

(Ramazan Salman  
Executive Managing Director, Director Ejecutivo  
Centro Etno-Médico  
A&M project leader, director del proyecto A&M)

### Información preliminar al cuestionario

El Proyecto 'AIDS&Mobility Europe' es co-financiado por la Unión Europea conforme al Programa de Comunity Action dentro del campo de la Salud Pública (2003-2008). El proyecto es dirigido por el Centro Etno-Médico (EMZ) y realizado en cooperación con compañeros del proyecto locales en seis países europeos.  
Con su apoyo nos gustaría evaluar y seguir desarrollando este proyecto.

Con la información obtenida, es decir, con sus experiencias y conocimientos, pretendemos desarrollar y poner en práctica nuevas estrategias para la promoción de salud intercultural.

Para esto requerimos su cooperación, solicitándole que rellene este cuestionario, y de modo contribuir a la mejora de futuros eventos.

Rellenar el cuestionario es voluntario. Por favor, exprese su propia opinión personal.

Esta revisión se realiza de forma anónima, por lo tanto nadie sabrá cuáles fueron exactamente sus respuestas.

Le agradecemos su confianza y su cooperación.

Yours sincerely  
Atentamente

Please answer the following questions before the information event. *Por favor, conteste a las siguientes preguntas antes del evento informativo.*

1. How did you hear about this event? (Multiple answers possible)  
 ¿Cómo se informó acerca de este evento? (posibles respuestas múltiples)
- 1  flyer  
 flyer
- 2  telephone  
 teléfono
- 3  internet  
 internet
- 4  newspaper/press  
 periódicos/Revistas
- 5  posters  
 carteles
- 6  brochures  
 folletos
- 7  informed by others  
 a través de terceros
- 8  other sources:  
 otras fuentes:
- 
2. Why are you taking part in this event?  
 ¿Por qué motivo participa en este evento?
- 1  I am interested in these topics.  
 Me interesan estos temas.
- 2  It is important for my professional development.  
 Es importante para mi carrera profesional.
- 3  I would like to inform other people about these topics.  
 Quiero informar a otras personas acerca de estos temas.
- 4  I am personally affected.  
 Estoy afectado personalmente.
- 5  A person close to me is affected.  
 Una persona allegada está afectada.
- 6  I would like to help affected persons.  
 Quiero ayudar a personas afectadas.
- 7  I believe that information and education can help in HIV prevention.  
 Creo que la información y la educación pueden ayudar a prevenir el HIV.
- 8  other reasons.....  
 Otras razones.....

2

C1 CGS Participant Form  
 © AIDS&Mobility Europe

3. How well (in your personal opinion) are you informed about HIV/AIDS?  
 ¿Cómo se considera usted mismo de informado acerca del VIH/SIDA?
- 1  very well  
 muy bien
- 2  well  
 bien
- 3  little  
 poco
- 4  not at all  
 nada

4. Do you already have experience with the subjects of HIV/AIDS and/or drug addiction?  
 ¿Tiene experiencia con temas relacionados con el VIH/SIDA o con la adicción a drogas?
- 1  yes  
 sí
- 2  no  
 no

5. Which facilities connected to the subject HIV/AIDS do you already know?  
 (Please tick one box per line)  
 ¿Qué instituciones relacionadas con el VIH/SIDA conoce usted?  
 (Marque por favor una casilla por línea)

	know very well la conozco muy bien (1)	know well la conozco bien (2)	know about la conozco (3)	never heard about la desconocía (4)
AIDS-service organizations Organizaciones de asistencia al SIDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
medical institutions instituciones médicas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
public HIV testing facilities instituciones públicas para la prueba de VIH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
health centres centros sanitarios	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drug addiction clinics clínicas para la adicción drogas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
migrants' associations asociaciones para inmigrantes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
patients' association organizaciones de pacientes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others otras				

6. Do condoms protect from HIV infection?  
 ¿Protegen los preservativos frente a la infección por VIH?
- 1  yes, definitely  
 sí, definitivamente
- 2  (rather) not  
 (más bien) no
- 3  I do not know.  
 No lo sé.

3

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7. Do you have a condom at home/ with you right now?  
 ¿Tiene un preservativo consigo / en su casa?
- 1  yes  
 sí
- 2  no  
 no

8. Have you used a condom during your last sexual intercourse?  
 ¿Usó un preservativo durante su último encuentro sexual?
- 1  yes  
 sí
- 2  no  
 no

9. How confident are you that you may be able to negotiate condom use with your partner?  
 ¿Cómo está usted de seguro de poder discutir el uso del preservativo con su compañero/a sexual?
- 1  very confident  
 muy seguro
- 2  confident  
 seguro
- 3  less confident  
 poco seguro
- 4  not at all  
 en absoluto
- 5  no partner  
 ningún/a compañero/a

10. I think I will use a condom in the future if I have a new partner.  
 Creo que en el futuro usaré un preservativo si tengo una nueva pareja.
- yes  
 sí
- rather not  
 más bien no
- no  
 no
- 1
- 2
- 3

11. How many sexual partners did you have in the past 12 months?  
 ¿Cuántos/as compañeros/as sexuales ha tenido en los últimos 12 meses?
- Number of partners/ número de parejas.....

12. Have you paid for sex in the last 12 months?  
 ¿Ha pagado para obtener sexo en los últimos 12 meses?
- 1  yes  
 sí
- 2  no  
 no

4

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13. Where would you imagine talking about HIV/AIDS without feeling uncomfortable?  
 ¿Dónde se puede usted imaginar poder hablar del VIH/SIDA sin sentirse incómodo?
- very well  
 muy bien (1)
- well  
 bien (2)
- little  
 poco (3)
- not at all  
 nada (4)

	very well muy bien (1)	well bien (2)	little poco (3)	not at all nada (4)
1 in my partnership con mi pareja	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 with my father con mi padre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 with my mother con mi madre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 with my siblings con mis hermanos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 in my circle of friends en mi círculo de amistades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 in a club en una asociación	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 in my business environment en mi entorno profesional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 with a doctor con un médico	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 with a nurse con una enfermera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 with a social worker con un asistente social	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 with a minister of religion (e.g. priest, imam) con un ministro religioso (p.ej. un sacerdote, un imam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 with internet-based service con un servicio de ayuda por internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Do you personally know someone being infected with HIV or suffering from AIDS?  
 ¿Conoce a alguna persona de la que usted sepa que está infectada por el VIH o enferma de SIDA?
- 1  yes  
 sí
- 2  no  
 no

15. Would you share your office/classroom with a person living with HIV?
- 1  yes, definitely  
 sí, seguro
- 2  (rather) not  
 (mas bien) no
- 3  I do not know.  
 No lo sé.

5

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16. I find it easy to object to sexual practices I do not like.  
 Me resulta fácil abstenerme de prácticas sexuales que no me agradan.

1  very easy muy fácil    2  easy fácil    3  difficult difícil    4  very difficult muy difícil

17. Is it correct that all people and not only homosexual individuals can be infected with HIV?  
 ¿Es cierto que todas las personas y no sólo los homosexuales pueden verse afectados por el VIH?

1  yes, definitely sí, seguro    2  (rather) not (más bien) no    3  I do not know. no lo sé.

18. Is it correct that sterile syringes can prevent the transmission of HIV?  
 ¿Es cierto que el uso de jeringuillas estériles puede prevenir la transmisión del VIH?

1  yes, definitely sí, seguro    2  (rather) not (más bien) no    3  I do not know. no lo sé.

19. Is HIV transmitted through kisses and caresses?  
 ¿Puede transmitirse el VIH a través de besos o caricias?

1  yes, definitely sí, seguro    2  (rather) not (más bien) no    3  I do not know. no lo sé.

20. Can HIV infection be treated?  
 ¿Existe un tratamiento para la infección por VIH?

1  yes, definitely sí, seguro    2  (rather) not (más bien) no    3  I do not know. no lo sé.

21. Have you ever taken an HIV antibody test?  
 ¿Se ha sometido usted alguna vez a la prueba de VIH?

1  yes sí    2  no no

22. Date of the last HIV test  
 Fecha de la última prueba de VIH

\_\_\_\_\_

Finally, we request you to note down some information about yourself.  
 Please make a cross were appropriate or fill in the empty space.  
 Para finalizar, queremos hacerle algunas preguntas personales.  
 Por favor, señale con una cruz la casilla apropiada o rellene el espacio.

23. age: \_\_\_\_\_  
 edad: \_\_\_\_\_

24. gender: 1  male masculino  
 género: 2  female femenino  
 3  Trans transexual

25. sexual orientation: 1  Heterosexual heterosexual  
 orientación sexual: 2  Homosexual homosexual  
 3  Bisexual bisexual  
 4  I do not want to answer this questions Prefiero no contestar esta pregunta

26. marital status: estado social:  
 single married or living with a partner widowed divorced  
 soltero/a casado o viviendo con una pareja fija viudo/a divorciado  
 1  2  3  4

27. How many children do you have?  
 ¿Cuántos hijos tiene?

none number of children:  
 ninguno número de hijos:  
 0

28. Is your income enough to live on?  
 ¿Son suficientes sus ingresos para vivir de ellos?

1  Yes sí  
 2  No no  
 3  I can even save some money Puedo incluso ahorrar algo

29. country of birth: país de nacimiento: \_\_\_\_\_

30. ethnic/national group grupo étnico/nacionalidad \_\_\_\_\_

31. year of entering Germany año de llegada a Alemania \_\_\_\_\_

32. Which languages do you speak? ¿Qué idiomas habla? \_\_\_\_\_

32. language skills in German dominio del alemán

very good good satisfactory sufficient none  
 muy buenos bueno satisfactorio suficiente ninguno  
 1  2  3  4  5

33. town of residence: lugar de residencia: \_\_\_\_\_

34. Education and number of school years: Formación y años de escolaridad:

1  no schooling sin formación escolar  
 2  less than 6 menos de 6  
 3  between 6 and 9 entre 6 y 9  
 4  exactly 10 exactamente 10  
 5  more than 10 más de 10

35. current occupation: situación laboral actual:

1  employed ejerciendo una profesión u oficio

number of hours per week número de horas laborales a la semana

2  Student estudiante  
 3  vocational training formación profesional  
 4  recipient of unemployment benefit / income support beneficiario de subsidio por desempleo o ayuda social  
 5  job-seeker en busca de empleo  
 6  unemployed (e.g. housewife) sin trabajo remunerado (p.ej. ama de casa)  
 7  Other otra

Please answer the following questions after the event.	Por favor, conteste a las siguientes preguntas una vez finalizado el evento:
--	--

1. How content are you with the event in general?  
 ¿Qué le ha parecido el evento en general? ¿Está satisfecho?

<b>very content</b> muy satisfecho	<b>content</b> satisfecho	<b>less content</b> poco satisfecho	<b>not content at all</b> nada satisfecho
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

2. Have your personal expectations towards the event been met?  
 ¿Ha visto realizadas sus expectativas acerca del evento?

<b>completely</b> completamente	<b>predominantly</b> mayormente	<b>rather not</b> poco	<b>not at all</b> en absoluto
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

3. Did you learn something new during the information event?  
 ¿Ha aprendido algo nuevo en el evento?

<b>very little</b> muy poco	<b>little</b> poco	<b>much</b> mucho	<b>very much</b> muchísimo
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

4. I have to reconsider my attitude towards HIV/AIDS!  
 ¿Debo de replantearme mi actitud respecto al VIH/SIDA!

<b>yes</b> sí	<b>a little</b> un poco	<b>rather not</b> más bien no	<b>no</b> no
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

5. I think I will use a condom in the future if I have a new partner.  
 Creo que en el futuro usaré un preservativo si practico sexo con una nueva pareja.

<b>yes</b> sí	<b>rather not</b> más bien no	<b>no</b> no
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

6. Which aspects of the event did you particularly like?  
 ¿Qué es lo que más le ha gustado del evento?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. What did you not like at all?  
 ¿Qué es lo que menos le ha gustado?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for your efforts on our behalf!**  
 ¡Muchas gracias por sus esfuerzos y su ayuda!



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More Information about the A&M project and other activities are available at:

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This report documents the achievements of the AIDS&Mobility Europe project 2008–2011. It also highlights the experience and learning the A&M project partners 2008–2011 have accumulated during the pilot implementation of the A&M transcultural mediator model in HIV prevention with migrants, ethnic minorities and mobile populations across six European project sites.



***We did not know that these people were willing to work with us:  
fluently bilingual, socially integrated and motivated immigrants and  
young people with a background in migration.***

*(Training Coordinator, Copenhagen)*

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