KOSOVO

2006 BEHAVIORAL AND BIOLOGICAL SURVEILLANCE STUDY

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT

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The first-ever HIV behavioral and biological surveillance study in Kosovo was implemented with the financial support from the U.S. Agency for International Development (USAID) Kosovo and UNAIDS Programme Acceleration Funds managed by the UN Theme Group (UNTG) on HIV/AIDS in Kosovo. A survey working group (SWG), consisting of members of the Ministry of Health, USAID, UNTG, Kosovo Institute of Public Health (IPH), Family Health International (FHI), and Index Kosova, was formed to design and oversee the implementation of the study activities. Index Kosova, the selected local partner of FHI in Kosovo, managed and implemented the study, with the professional and infrastructural assistance of the IPH and with the technical assistance of FHI. IPH facilitated the biological portion of the study by making its serological laboratory of the department of microbiology available. Three nongovernmental organizations (NGOs) in Kosovo facilitated the implementation and provided infrastructural assistance to the research: Labyrinth – Prishtinë/Pristina, ABC123 – Prizren/Prizren, and Center for Social Group Development (CSGD) – Prishtinë/Pristina.

GLOSSARY OF ACRONYMS

Bio-BSS	HIV Behavioral and Biological Surveillance Study
CSGD	Center for Social Group Development
CSW	Commercial sex worker
FHI	Family Health International
HIV	Human immunodeficiency virus
IDU	Injection drug user
IPH	Kosovo Institute of Public Health
MSM	Men who have sex with men
NGO	Nongovernmental organization
RDS	Respondent-driven sampling
STI	Sexually transmitted infection
SWG	Survey working group
UNTG	United Nations Theme Group
USAID	U.S. Agency for International Development

TABLE OF CONTENTS

Executive Summary……. **6**
Results …… **7**
Recommendations ……. **10**
Appendix: *Kosovo HIV/STI Behavioral and Biological Surveillance*, 2006 …… **11**

EXECUTIVE SUMMARY

This report presents findings from the first HIV behavioral and biological surveillance study (Bio-BSS) conducted in Kosovo. Data collection for this survey took place between February and July 2006, with injection drug users (IDUs), commercial sex workers (CSW) and men who have sex with men (MSM). Study sites were located in three municipalities of Kosovo: Prishtinë/Pristina, Prizren/Prizren, and Ferizaj/Urosevac. This research was approved by the ethics committee of the Medical Academy of Kosovo and Family Health International's Protection of Human Subjects Committee.

The main goal of the first round of the Bio-BSS was to increase and strengthen the existing national surveillance system with the initiation of a second generation of HIV surveillance. The specific objectives of the Bio-BSS in Kosovo were the following:

- Conduct a behavioral and biological surveillance that will provide baseline prevalence data and behavioral data for populations at increased risk of exposure to HIV who may influence the HIV epidemic in Kosovo;
- Create human capacity needed to establish and maintain the above mentioned surveillance system;
- Provide information to help guide program planning;
- Obtain data in a standardized format that will enable comparison with other behavioral surveillance studies carried out in Kosovo as well as other countries; and
- Collect biological data—including HIV tests and specific STI data such as syphilis, gonorrhea, chlamydia, trichomonas vaginalis, and hepatitis B and C—from the target populations.

Respondent-driven sampling was used to recruit 200 IDU and 69 MSM respondents, while convenience sampling was used to recruit 157 CSW. Respondent-driven sampling software was used to generate population estimates and confidence intervals to describe the larger network of IDU and MSM. Each participant completed a behavioral survey followed by a biological exam.

RESULTS

The Bio-BSS findings provide valuable data regarding the presence of STI/HIV and risk behaviors among populations at increased risk of exposure to HIV in Kosovo. Across groups, there were no HIV and syphilis cases found. Large percentages of each target population, however, tested positive for chlamydia (IgG) (Respondent-driven sampling (RDS) estimates are 35 percent for IDU and 27 percent for MSM; sample proportion for CSW are 45 percent). Testing positive for chlamydia IgG may reflect a chlamydia infection that was not treated properly, not treated at all, and/or repeat infections. These findings provide valuable insights into the potential STI risks these populations confront.

Regarding blood-borne infection, an estimated 13 percent of IDU had hepatitis C, indicating a potential pathway for HIV infection. This rate is more than ten times higher than the average rate of hepatitis C found among the 70,438 blood donors in Kosovo from 2000 through 2003 (0.29 percent) (Blood Transfusion Service of Kosovo, 2006). One in every five IDU also had hepatitis B, a percentage similar to the CSW data (18 percent) and MSM RDS data (15 percent). These Bio-BSS hepatitis B rates were at least four times greater than the average four percent of 70,438 blood donors found with hepatitis B between 2000 and 20003. Such high rates justified the need to strengthen STI prevention, including vaccination, rehabilitation for IDU and other prevention programs as appropriate, as well as treatment and care among these populations at increased risk of exposure to HIV.

Augmenting the HIV/STI data is the rich information provided by the behavioral data. Behavioral data can elucidate the specific behaviors and knowledge that programs and policies need to focus on in order to maintain low HIV prevalence. Overall, knowledge about HIV across the three Bio-BSS groups followed a similar pattern, with the majority knowing that using condoms correctly during every act of sex may protect someone from HIV infection (IDU=90 percent; MSM=86 percent, and CSW=74 percent). Knowledge, however, has not always translated into behavior. The percentages of IDU and CSW using condoms consistently remained low (38 percent of IDU with non-regular partners in the past 12 months and 15 percent of CSW with paying partners in the past 30 days). MSM also rarely used condoms consistently in the previous six months with their non-paying partners (6 percent). In addition, knowledge about other preventative behaviors, such as abstinence or having one faithful uninfected partner, was less common among the Bio-BSS groups.

The relationship among HIV testing, knowledge, and behaviors is another area that warrants examination as many IDU, MSM, and CSW have undergone HIV testing (IDU=41 percent; MSM=31 percent, and CSW=40 percent). HIV voluntary counseling and testing has been available at select sites in Kosovo since 2003. In general, however, clinics in Kosovo do not consistently provide counseling with testing, representing a missed opportunity for engaging clients in personalized risk assessment and risk reduction discussions. In addition, the Bio-BSS questionnaires did not collect data on where respondents had undergone HIV testing or the kinds of counseling they had received. Despite this limitation, data on HIV-related misconceptions collected during the Bio-BSS may inform the development of material and counseling messages for members of these target populations.

Similarities also exist across the Bio-BSS target groups in terms of stigma indicators. More than 70 percent of IDU, MSM, and CSW were not willing to share a meal with an HIV positive

person. Around half of target group members also believe that an HIV positive teacher who is not sick should not be allowed to continue teaching school. Despite these viewpoints, the majority of IDU, MSM, and CSW were willing to care for an HIV positive relative in the household.

A more detailed discussion of the specific behavioral and biological risks for each of the Bio-BSS target groups follows.

Injection Drug Users

The majority of IDU from Pristina and Prizren started injecting drugs before the age of 24, with one in five having injected before the age of 19. Heroin was the most common drug injected and one third of IDU injected several times a week or more. Injecting drug use behaviors, such as sharing needles and injecting equipment, place IDU at increased risk for HIV transmission. An estimated 90 percent of IDU recognize this risk by agreeing that a person can get HIV by injecting with a used needle and more than 95 percent know they can access clean needles (mainly at pharmacies and shops). About 12 percent of IDU, however, injected with a used needle during the last injection. Over time, this percentage more than doubled, with one quarter of IDU having shared a needle with someone in the past one month. None of the IDU cleaned their used needles with bleach. Other risky injecting practices included sharing drug equipment (i.e. cookers, vials, containers) and drawing drugs from communal containers. At the time of the Bio-BSS, only an estimated 13 percent of IDU were currently receiving treatment for drug use, with the majority having never accessed any kind of drug-use treatment (59 percent).

In terms of sexual risk behaviors, multiple partners and low rates of condom use were frequent. More than half of sexually active IDU have had two or more sex partners during the past year. During that time frame, only an estimated four percent of IDU used condoms consistently with regular sex partners and 38 percent with non-regular sex partners. Commercial sex activity, however, was infrequent among IDU, with only eight percent of the study sample reporting having sex with a commercial partner, a proportion too small to generate RDS population estimates.

These behavioral risks, coupled with high rates of hepatitis C and chlamydia IgG, illustrate the vulnerability of IDU to HIV. While HIV was not found among IDU, the injection and sexual behavioral risks among this population warrant immediate attention. Enhancing these risks was the lack of harm reduction programs and drug and STI treatment programs among IDU. Overall, IDU have been recognized as a vulnerable group in the HIV/AIDS strategy for Kosovo and the results of the Bio-BSS provide critical information to inform strategies to reach this population with HIV and STI prevention and care programs.

Commercial Sex Workers

The Bio-BSS is the first HIV/STI second generation surveillance activity to collect data among CSW in the region. CSW represent a population at increased risk for exposure to HIV that does not have the kinds of networking characteristics or NGO representation that other groups have in Kosovo. As such, reaching these women poses many challenges. The Bio-BSS results provide valuable insights into the behavioral and biological risks these women face.

Overall, the majority of women interviewed during the Bio-BSS were nationals of other countries, and more than half currently support someone other than themselves, such as children

or parents. The majority also earn money through work other than sex work, mainly as waitresses.

In terms of sexual activity, 10 percent of CSW first had sex before the age of 15, and one quarter first received money for sex before the age of 19. During the previous seven days, CSW had on average about three sex partners (including paying and non-paying partners, n=119). At last sex, approximately one-third of CSW used a condom with a paying partner, while half that percentage reported consistent condom use with paying partners in the past 30 days. Condom use occurred even less frequently among the 115 respondents who answered questions about their non-paying sex partners. One in four used a condom during last sex with a non-paying partner; with 13 percent reporting consistent condom use in the past year with non-paying partners. In addition, 16 percent were forced to have sex in the past 12 months. Other risk behaviors were less frequent. For instance, few CSW reported injecting drugs in the past 12 months (1.3 percent), although 17 percent reported drinking alcohol daily during the past four weeks.

Compounding these behavioral risks are the STI rates. Almost half of CSW were found with chlamydia IgG and 28 percent with trichomoniasis. hepatitis B was also common (18 percent). These high STI prevalence rates among CSW respondents provide clear evidence for supporting, developing, and testing strategies for reaching CSW with STI testing and treatment. Such efforts will reduce STI morbidity and reduce the risk of HIV transmission in this population. Facilitating access to care will also provide an opportunity to reach women with behavior change messages and materials.

Men Who Have Sex with Men

An estimated one in four MSM have chlamydia IgG antibodies and about one in six have hepatitis B. None of the MSM, however, were estimated to have HIV or syphilis. The challenge in Kosovo is to maintain low HIV prevalence by addressing the sexual behaviors that pose the greatest HIV and STI risks for MSM. Sixty-two percent of MSM have had sex with a man in the previous six months. Among these sexually active men, 92 percent had anal sex, the majority of whom had multiple anal sex partners (87 percent) and did not use condoms consistently (less than six percent with non-paying partners). Around 30 percent of MSM use lubricants. Among lubricant users, however, a quarter used oil-based lubricants that could render condoms ineffective. In addition, among MSM who have had anal sex, nine percent had been forced to have sex during the past year.

In addition to sex with men, almost three out of every four MSM have had sex with a female partner (73 percent) and an estimated 16 percent of MSM were living with a female sex partner. Unfortunately, the number of MSM respondents who reported having sex with a female in the preceding six months was too small to generate a population estimate for the larger network of MSM (n=33). However, an estimated 63 percent of MSM did not use condoms consistently with their female partners during that timeframe.

Overall, the greatest risk factors for MSM acquiring and transmitting HIV include multiple partnerships, low condom use, and having sex with both males and females. With 16 percent of MSM living with a female sex partner, MSM groups may act as a bridge between MSM and female populations for sexually transmitted infections, including HIV. In addition, 15 percent drink alcohol daily, a potential determinant for risky sexual behaviors that should be investigated in more detail.

RECOMMENDATIONS

These data highlight the need for Kosovo to focus on the behavioral risks associated with HIV transmission and to strengthen STI prevention, treatment, and care. These kinds of data are critical to guide national policy and programs addressing HIV/STI among hidden groups. Examples of key recommendations based on the study findings include the following:

- Establish a permanent surveillance working group within the National AIDS Program, based on a multisectoral approach, that will oversee the design and implementation of future Bio-BSS activities needed to establish trends in behaviors and infection prevalence;
- Continue to collaborate with NGOs and support, thorough technical and financial assistance, their capacity to conduct prevention programs;
- Develop a hepatitis C prevention and treatment strategy targeting IDU;
- Address injecting behaviors that pose risks for IDU;
- Develop STI/HIV prevention materials in appropriate languages for CSW;
- Design and implement interventions with healthcare providers to address stigma and discrimination and to ensure a standard of care for MSM; and
- Strengthen national STI/HIV service delivery and reporting mechanisms.

HIV/STI Behavioral and Biological Surveillance 2006

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In this report, "Kosovo" refers to the United Nations administered territory according to United Nations Security Council Resolution 1244.

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TABLE OF CONTENTS

SURVEY WORKING GROUP MEMBERS AND KEY BIO-BSS PARTNERS **3**
BIO-BSS STAFF **4**
TABLE OF CONTENTS **5**
ABBREVIATIONS AND ACRONYMS **7**
ACKNOWLEDGEMENTS **8**
FOREWORD **9**
EXECUTIVE SUMMARY **10**

INTRODUCTION **12**
OVERVIEW OF THE KOSOVO BEHAVIORAL AND BIOLOGICAL SURVEILLANCE STUDY 12
BACKGROUND INFORMATION 13
HIV/AIDS/STI IN KOSOVO 14
BIO-BSS WORLDWIDE BACKGROUND AND REGIONAL CONTEXT 17

BSS METHODOLOGY **19**
SAMPLE DESIGN 19
SAMPLE SIZE 19
SAMPLING OF TARGET GROUPS 20
DATA COLLECTION PROCEDURES 21
SURVEY INSTRUMENTS AND FIELD DOCUMENTS 22
DATA PROCESSING AND ANALYSIS 22
STUDY LIMITATIONS **23**

RESULTS **24**
1. INJECTING DRUG USERS 24
1.1 Socio-Demographic Characteristics *24*
1.2 Alcohol Consumption *25*
1.3 Drug Use *25*
1.4 Sexual Behaviors *28*
1.5 Condom Knowledge *30*
1.6 STI Knowledge and Symptoms *31*
1.7 HIV Knowledge *31*
1.8 HIV Testing *32*
1.9 Stigma and Discrimination *32*
1.10 Biological Data *33*
1.11 Network Size and Recruitment Information *34*

2. COMMERCIAL SEX WORKERS 37
2.1 Socio-Demographic Characteristics *37*
2.2 Alcohol Consumption and drug use *38*
2.3 Sexual behaviors *38*
2.5 Forced sex *39*
2.4 Condom Knowledge *39*
2.6 STI Knowledge and Symptoms *39*
2.7 HIV Knowledge *39*
2.8 HIV Testing *40*
2.8 Stigma and Discrimination *40*
2.9 Biological Data *41*

3. MEN WHO HAVE SEX WITH MEN 42
3.1 Socio-Demographic Characteristics *42*
3.2 Alcohol Consumption and drug use *43*
3.3 Sexual Behaviors *43*
3.4 Female partners *44*
3.5 Forced Sex *44*
3.6 Condom Knowledge *44*
3.7 Lubricants Use *44*
3.8 STI Knowledge and Symptoms *44*
3.9 HIV Knowledge *45*
3.10 HIV testing *46*
3.11 Stigma and discrimination *46*
3.12 Biological Data *47*
3.13 Network Size and Recruitment Information *48*

DISCUSSION **50**
INJECTING DRUG USERS 51
COMMERCIAL SEX WORKERS 52
MEN WHO HAVE SEX WITH MEN 52

RECOMMENDATIONS **54**
INJECTING DRUG USERS 54
COMMERCIAL SEX WORKERS 55
MEN WHO HAVE SEX WITH MEN 55

ANNEX I – DATA TABLES **56**

ANNEX II – QUESTIONNAIRES **87**

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Treatment
ARV	Antiretroviral
Bio-BSS	Behavioral and Biological Surveillance Study
CSW	Commercial Sex Worker
CI	Confidence Interval
EIA	Enzyme-Immunoassay Antibodies Test
ELISA	Enzyme-Linked Immunosorbant Assay
FHI	Family Health International
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
ID	Identification Number
IDU	Injecting Drug User
IEC	Information, Education, and Communications
IPH	Institute of Public Health
MOH	Ministry of Health
MSM	Men Who Have Sex with Men
MTCT	Mother-to-Child Transmission
N	Number
NAP	National AIDS Program
NGO	Non-Governmental Organization
PCR	Polymerase Chain Reaction
PHSC	Protection of Human Subjects
PI	Principal Investigator
PISG	Provisional Institutions of Self Government
PLWHA	People Living with HIV/AIDS
RAR	Rapid Assessment and Response
RDS	Respondent-Driven Sampling
RHS	Reproductive Health Survey
RPR	Rapid Plasma Reagent
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SWG	Survey Working Group
TWG	Technical Working Group
UNAIDS	United Nations Joint Programme on AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNTG	United Nations Theme Group
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

ACKNOWLEDGEMENTS

HIV/AIDS is spreading at a faster rate in parts of Central and Eastern Europe and the Commonwealth of Independent States than anywhere else in the world. Although Kosovo is an area of low prevalence, the situation can change drastically given the conditions which are present: high levels of poverty and unemployment, a breakdown of the social safety net and provision of basic health and social services, increased levels of high risk behaviors, changes in sexual behavior and norms, the largest youth population in Europe and significant levels of migration both from and to Kosovo. This deadly virus does not recognize political boundaries and it is essential that all sectors of society remain vigilant and proactive.

This report is the first HIV Behavioral and Biological Study conducted in Kosovo and will be an essential reference for subsequent preventative programmes and continual research. It is the hope of all of us involved in this project and the UN Kosovo Team that through the use of evidence-based interventions, we can halt the spread of HIV/AIDS and protect all citizens of Kosovo from this scourge.

On behalf of the survey working group and the research study team, we would like to acknowledge and thank the following agencies and individuals:

United States Agency for International Development (USAID) for the financial support needed to conduct this important research and the grant manager Dr. Urim Ahmeti.

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The National Institute for Public Health (NIPH) in Kosovo and the commitment of. Prof. Dr Isuf Dedushaj, former Director of NIPH, and Prof. Dr Naser Ramadani, current Director of NIPH. Also, we express gratitude to Prof. Assoc. Dr. Gjyle Mulliqi – Osmani, Chair of the Department of Microbiology - NIPH, Dr. Arsim Kurti, and other department staff for overseeing the laboratory component of the study.

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Special acknowledgments for their coordination and technical expertise provided throughout the study goes to Dr. Edona Deva (Ministry of Health), Dr Luljeta Gashi (NIPH) and to Dr Xhevat Jakupi (Kosovo UNTG on AIDS).

Mr. Robert Fuderich, Head of UNICEF
Chair of the Kosovo UN Theme Group on HIV/AIDS

FOREWORD

A functioning biological and behavioral Surveillance System in Kosovo is both a main objective of the National Strategy for HIV/AIDS Prevention and a high priority within the strategic plan.

The existing information on the HIV/AIDS epidemic in Kosovo is insufficient. There is limited or no information regarding transmission and behavioral risk factors, particularly among groups with increased risk of exposure to HIV. The specific groups with increased risk of exposure include Injecting Drug Users (IDUs), Commercial Sex Workers (CSWs) and Men who have Sex with Men (MSM). There is a potential for a substantial increase in the HIV rates within these groups, and subsequently the spread of HIV to the general population.

Therefore, there is a great need for a survey to determine the HIV rate and trends in risky behaviors among groups at higher risk.

Strengthening the behavioral and biological surveillance system, through monitoring trends and changes in prevalence, is critical in our effort to curb HIV and sexually transmitted infections. The surveillance system provides information essential to the reduction of stigma and discrimination for individuals belonging to groups at increased risk. Data will also inform efforts to provide easy access to health care services for these groups.

This study, the first of its kind ever conducted in Kosovo, supports the objectives of the HIV/AIDS Prevention Strategy; it creates a solid foundation and a new perspective for future studies.

Lastly, I wish to thank individuals and organizations for their contribution in this important endeavor. The Bio-BSS in Kosovo represents a collaboration between the National Institute of Public Health of Kosova, USAID, FHI, UNTG on HIV/AIDS in Kosovo, HIV/AIDS Office within Ministry of Health and Index Kosova.

Prof. Dr Naser Ramadani
Director, National Institute of Public Health of Kosova

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- Create human capacity needed to establish and maintain the above mentioned surveillance system;
- Provide information to help guide program planning;
- Obtain data in a standardized format that will enable comparison with other behavioral surveillance studies carried out in Kosovo as well as other countries; and
- Collect biological data including HIV tests and specific STI data such as Syphilis, gonorrhea, Chlamydia, Trichomonas vaginalis, and Hepatitis B and C from the target populations.

Respondent-driven sampling was used to recruit 200 IDU and 69 MSM respondents, while convenience sampling was used to recruit 157 CSW. Respondent-driven sampling software was utilized to generate population estimates and confidence intervals to describe the larger network of IDU and MSM. Each participant completed a behavioral survey followed by a biological exam. Key findings include:

- Knowledge about HIV prevention behaviors were high (e.g. 90 percent of IDU, 86 percent of MSM and 74 of CSW agreed that using condoms correctly during every sex act may protect against HIV);
- Knowledge rarely translated into behavior with low percentages of respondents using condoms consistently: 38 percent of IDU with non-regular partners in the past 12 months; 15 percent of CSW with paying partners in the past 30 days; and 6 percent of MSM with non-paying partners in the past 6 months;
- None of the study participants were found to have HIV or Syphilis;
- Large percentages of IDU (35 percent), MSM (27 percent) and CSW (45 percent) tested positive for Chlamydia IgG;
- One in five IDU are estimated to have Hepatitis B, a similar percentage to CSW (18 percent) and MSM (15 percent);
- 13 percent of IDU are estimated to have Hepatitis C.

These data highlight the need for Kosovo to focus on the behavioral risks associated with HIV transmission and to strengthen STI prevention, treatment and care. These kinds of data are critical to guide national policy and programs addressing HIV/STI among hidden groups. Examples of key recommendations based on the study findings include:

- Establish a permanent surveillance working group within the National AIDS Program, based on a multi-sectoral approach, that will oversee the design and implementation of future Bio-BSS activities needed to establish trends in behaviors and infection prevalence;
- Continue to collaborate with NGO's and support, thorough technical and financial assistance, their capacity to conduct prevention programs;
- Develop a Hepatitis C prevention and treatment strategy, targeting IDU;
- Address injecting behaviors that pose risks for IDU;
- Develop STI/HIV prevention materials in appropriate languages for CSW;
- Design and implement interventions with health care providers to address stigma and discrimination and to ensure a standard of care for MSM; and
- Strengthen national STI/HIV service delivery and reporting mechanisms.

INTRODUCTION

Overview of the Kosovo Behavioral and Biological Surveillance Study

This report presents findings from the first HIV Behavioral and Biological Surveillance Study (Bio-BSS) conducted in Kosovo between February and July 2006. Data collection for this survey took place among the following populations identified in the Kosovar Strategy for HIV/AIDS Prevention (2004-2008): injecting drug users (IDU), commercial sex workers (CSW) and men who have sex with men (MSM). Study sites were located in three municipalities of Kosovo: Prishtinë/Pristina, Prizren/Prizren and Ferizaj/Urosevac.

The Bio-BSS was implemented with the financial support from the United States Agency for International Development (USAID) Kosovo and the UNAIDS Programme Acceleration Funds managed by the UN Theme Group (UNTG) on HIV/AIDS in Kosovo. A Survey Working Group (SWG), consisting of members of the Ministry of Health, USAID, UNTG, Kosovo Institute of Public Health (IPH), Family Health International (FHI) and Index Kosova, was formed to design and oversee the implementation of the study activities. Index Kosova, the selected local partner of FHI in Kosovo, managed and implemented the study, with the professional and infrastructural assistance of the IPH and with the technical assistance of FHI. IPH facilitated the biological portion of the study by making its serological laboratory of the Department of Microbiology available. Three non-government organizations (NGO) in Kosovo facilitated the implementation and provided infrastructural assistance to the research: Labyrinth – Prishtinë/Pristina, ABC123 – Prizren/Prizren and Center for Social Group Development (CSGD) – Prishtinë/Pristina.

The main goal of the first round of the Bio-BSS was to increase and strengthen the existing national surveillance system with the initiation of a second generation of HIV surveillance. Second generation surveillance conducted in low-level epidemic settings focus on risk-related behaviors and infections in groups at increased risk of exposure to HIV. It has been proven that regular behavioral surveys can capture trends in behavioral change which may help guide intervention programs. These data may also give an indication of how well the combined effects of HIV interventions are working by assessing changes in behaviors and HIV prevalence.

Based on existing information collected and reported by Kosovo AIDS Committee, HIV/AIDS Office at the Ministry of Health, KIPH, Population Services International (PSI), and the Voluntary Counseling and Testing centers (VCT), the SWG identified three populations at increased risk of exposure to HIV in Kosovo: injecting drug users (IDU), commercial sex workers (CSW) and men who have sex with men (MSM). These groups were defined as follows:

- IDU – any person who currently injects substances for non-medicinal purposes into their bodies;
- CSW – any woman who exchanges money or other items of monetary worth (such as drugs) for sexual favors in bars, brothels, on the street or from a home;

- MSM – any male who has engaged in sexual activities with other men in the past 1 year.

The specific objectives of the Bio-BSS in Kosovo were to:

- Conduct a behavioral and biological surveillance that will provide baseline prevalence data and behavioral data for populations at increased risk of exposure to HIV that may influence the HIV epidemic in Kosovo;
- Create human capacity needed to establish and maintain the above mentioned surveillance system;
- Provide information to help guide program planning;
- Obtain data in a standardized format that will enable comparison with other behavioral surveillance studies carried out in Kosovo as well as other countries; and
- Collect biological data including HIV tests and specific STI data such as Syphilis, gonorrhea, Chlamydia, Trichomonas Vaginalis, and Hepatitis B and C from the target populations.

This report presents analyzed data from the Kosovo Bio-BSS, firstly by introducing a local, regional and worldwide context of Bio-BSS projects and by presenting a background of HIV/AIDS and STIs in Kosovo. Secondly, data is presented for each target group on the following topics: background characteristics, alcohol and drug use, sexual behavior and condom use, knowledge, opinions and attitudes on HIV/AIDS and STIs, stigma and discrimination, biological data, as well as other relevant issues specific to each of the target groups in the study. Thirdly, the report provides recommendations for decision-makers and program planners for future HIV prevention and care programs.

Background Information

Kosovo is located in South Eastern Europe and has witnessed political unrest and military intervention during the past 15 years. As one of the least developed regions in the former Yugoslavia, Kosovo has gone through a period of repression and armed conflict from 1990 through 1999. Since June 1999, after NATO's intervention and bombing, Kosovo has been a protectorate of the United Nations (under UN Resolution 1244) and an UN administered territory through an interim mission called United Nations Mission in Kosovo (UNMIK). Kosovo has held assembly and municipality elections twice since 1999, electing its President, Assembly and Provisional Institutions of Self-Government. Negotiations for the definition of the final political status of Kosovo are still ongoing, with the aim of successfully completing negotiations in December 2007.

Kosovo is a territory of 10,887 km², with approximately 2,382,000 inhabitants. Based on data from the Statistical Office of Kosovo, Kosovo's population is young, with 35% of the population age 15 or younger; 57% age 25 or younger, and an average age of 27.1. Only 8% of the population is age 60 or older. Kosovo has approximately 35,000 newborns per year and most likely one of the highest rate of neonatal, infant and

maternal mortality and morbidity in Europe[1]. Life expectancy at birth is 68.8 years (67.8 for male and 69.9 for female), with differences between ethnic communities: whereas life expectancy for Kosovo Serbs is over 70 years, it is below 60 years for the RAE (Roma, Ashkali, Egyptian) community[2].

About half of people in Kosovo are unemployed (50%) and live in rural areas (55%). Many Kosovar Albanians are restricted from traveling to other countries due to difficulties getting travel visas. The population consists mainly of Kosovo Albanian (predominately Muslim although mostly secular 88%), as well as Kosovo Serbian (7%), and other nationalities (Kosovo Bosnian Moslems 3%; Kosovo Roma 1.8%; Kosovo Turkish 0.8%; and other minority groups 0.4%). Kosovo has a high literacy rate, 98% for men and 90% for women and the majority of youth are enrolled in primary school. Seven years after the war ended, social, medical, educational and other services are returning to normalcy but the difficult years and the war have left Kosovo potentially vulnerable. A World Bank Kosovo Poverty Assessment Report, published in 2005, revealed that 49% of the population is poor and 15% live in extreme poverty.[3] Many families rely on extended family (Diaspora) living and working abroad to send money back to Kosovo. GDP per capita is 848 euro per annum[4] (International Monetary Fund, March 2004).

Kosovo has a well-educated and motivated population but due to the lack of formal education and employment opportunities for Kosovo Albanians during the 1990's, there is a gap in institutional organizations and management. Social, cultural and also behavioral changes after 1999 have been very pronounced in urban areas and less so in rural parts. Dynamism and communication have increased the discussion of issues that for a long time were treated as 'taboo' topics. At the same time religion exerts considerable influence in some parts of the population, especially concerning family planning and behaviors based on inherited traditions or modified behaviors under the influence of new conditions and circumstances. Gender equality as a component of present changes in Kosovo is taking new dimensions, aiming at putting women in an equal position as men in all areas of social life. This equality has not been reached in all environments which may have had health consequences.

HIV/AIDS/STI in Kosovo

Based on limited data and the UNAIDS classification system, Kosovo is categorized as having a low HIV epidemic. However Kosovo occupies a region in Eastern Europe characterized by one of the fastest-growing HIV epidemics in the world. The situation regarding STI, HIV and AIDS in Kosovo is uncertain due to a lack of reporting, accurate information, and prevention programs. The increase of risk factors confronting people living in Kosovo, including the changing economic and social situation, suggests the need for strengthening STI/HIV surveillance, prevention, and control efforts. In addition, accurate data about the number and types of sexually transmitted infections (STI) in Kosovo are not available. Many Kosovars are treated for

[1] Statistical Office of Kosova, Kosovo Institute of Public Health, 2003
[2] Human Development Report. UNDP – Kosovo, 2004
[3] World Bank Kosovo Poverty Assessment Report, 2005
[4] International Monetary Fund, March 2004

STI in the private health care system and there is no reliable system for public or private sector reporting. A Health Information System (HIS) is being put in place with support from the European Agency for Reconstruction (EAR), but is still in its early stages. Occasional data from programs working with sex workers and trafficked women suggest a very high prevalence of STI among these women, primarily non-ulcerative.
From 1986 to the end of 2005, 69 HIV and AIDS cases have been registered with the Department of Epidemiology at National Institute of Public Health. The number of reported people living with HIV and AIDS has increased in recent years, from 0 to 4 cases annually in 1999. Thirty-seven HIV/AIDS cases and 4 AIDS related deaths were reported in 2000-2004; HIV positive cases were reported for the first time in 2002 among outpatients at the Blood Transfusion Center. The majority (59%) of HIV/AIDS cases have been male, with most between the ages of 30 and 39. Existing surveillance system for HIV/AIDS includes data from health services, blood donation system and VCT centers.[5]

HIV and AIDS patients have access to treatment and care at the Department for Infectious Diseases at the University Clinical Centre. Since March 2005 antiretroviral treatment has been available for all clinically eligible patients. Doctors responsible for the treatment of people living with HIV and AIDS have received training on HIV treatment in the U.S. and France, at Dartmouth Medical Hitchcock Centre and European AIDS Clinical Society.[6]

Voluntary Counseling and Testing (VCT) has been available since 2003 through three facilities in the capital city of Prishtina, one in the city of Ferizaj (where there is a high concentration of sex workers) and one in Mitrovica (North) serving the northern K-Serbian and other minority populations at a Student Centre. To date, approximately 2500 people have utilized the testing and counseling services at the sites, the majority of whom have been males, approximately half under the age of 26, and four have tested HIV positive.[7]

Although HIV prevalence is low, Kosovo has particular elements that may lead to a rapid spread of the epidemic if not addressed in the early stages. As an economically underdeveloped country with the highest rates of unemployment in the Balkans, and with only vague opportunities for progress, young people age 18 and older face particular challenges that may increase their exposure and vulnerability to HIV. Essentially, Kosovo has a large young population affected by high rates of unemployment (over 50%), in an environment characterized by poverty; recent and rapid social changes; increase of drug use (up to 0.3% of the total population); a thriving sex industry connected with human trafficking and organized crime; a highly stigmatized MSM population; high mobility of Kosovars to and from Europe and Balkan countries with higher HIV prevalence rates; and a large international community, estimated at approximately 40,000 development, government, and military personnel, including many unaccompanied workers.

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[5] National Institute of Public Health HIV/AIDS/STI Unit, Department of Epidemiology, 2006.
[6] Infectious Disease Clinic, HIV/AIDS/STI Unit, UCCK, 2006
[7] Voluntary counselling and testing programme, HIV/AIDS office, Ministry of Health Kosovo, 2006

A Knowledge, Attitudes, Practices and Behaviours (KAPB) household survey among 1005 young people aged 15-25 conducted by Population Services International in 2003 found that youth have a very low perception of risk: 60% of respondents did not perceive themselves at risk. Furthermore, 43% have had sex of whom 12% had sex before the age of 16 (youngest age of sexual encounter 13); 33% changed partners; 63% used a condom with non-regular partners; 6.5% have been with a commercial sex partner; 6.1% have been given money or gifts for sex; 2% had injected drugs and 7.5% have sexual partners who also injected drugs.[8]

In terms of drug use, WHO and UNICEF conducted a Rapid Assessment and Response study and estimated that there are approximately 3,500 drug users in Kosovo who are primarily young people under the age of 25 (2001).[9] Furthermore, the RAR study shows that conditions for an increase of drug use among young people exist; that drugs of all types, including heroin, are available in Kosovo; that among young people attending school, levels of drug use are comparable with most European Union (EU) countries and that the levels of heroin use among young adults are slightly higher than in many EU countries. Levels of syringe sharing, and associated risks of HIV and Hepatitis B and C infection are particularly high among injectors. The VCT at IDU friendly sites estimates that 26% of drug users are HCV positive and 20% HBV positive (data collected from the beginning of 2005 for 10 months by the NGO Labryrinth that provides services to drug users). To worsen the situation, there are no harm reduction services available in Kosovo due to the lack of local capacities to provide the services, coupled with strong opposition from individuals inside the government.

MSM represent another stigmatized and often hidden population in Kosovo. A study by the NGO "Center for Social Group Development" (CSDG) working with the MSM community found that MSM have the potential to serve as a bridging population.[10] Condom use is very low among the community, while having multiple partners of both genders was common.

Kosovo is also a major route for female sex worker trafficking. The trafficked females (estimated at 1500 – 2000) are mainly from the Eastern European countries with higher HIV prevalence, while most of their clients are local Kosovars, thus serving as bridging population.[11]

Most HIV infections in Kosovo are related to Kosovo migrant workers or to those who have lived in Western European countries. This population group consists of approximately 15 percent of the Kosovo population and still remains an important income source for Kosovo. An IOM study found that Kosovo migrant workers are mainly males, at a sexually active age, and only 10% using condoms regularly.[12] As Kosovo's political status is resolved, there is an expectation of large numbers of

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[8] Knowledge, attitudes, practices and behavior among young people (15-25), Population Services International, 2003.

[9] Rapid assessment and response study, World Health Organization and UNICEF, 2001.

[10] Knowledge, attitudes, practices and behavior among MSM, Center for Social Group Development, 2005

[11] IOM, Second annual report on victims of trafficking in South Eastern Europe, 2005.

[12] IOM/NIPH KAP survey with Kosovars living abroad, 2004

Kosovars who live outside of Kosovo to return either through voluntary or forced migration. This situation could increase the risk for HIV/STI infections.

The Kosovo government is focused on improving minority rights in Kosovo, with particular emphasis to freedom of movement and access to public services. The Roma, Ashkalija and Egyptian (RAE) community have the lowest literacy rate in Kosovo and the majority of the RAE youth do not attend school. Very few RAE are employed and the community has a limited awareness of HIV and other STIs. Additionally, a significant percentage of the RAE community is internally displaced within Kosovo. [13]

People living with HIV/AIDS (PLWHA) and those affected by HIV and AIDS are highly stigmatized in the society. Due to possible rejection from the community, the majority of PLWHA do not reveal their status, even to close family members and friends.

Bio-BSS Worldwide Background and Regional Context

To respond promptly and effectively to the HIV/AIDS pandemic, National programs need complete and reliable information about the attitudes, beliefs and practices of communities at risk, particularly about sexual and drug-taking behaviors than can spread HIV (FHI, 2000 BSS: guidelines for repeated behavioral surveys in populations at risk of HIV). Monitoring changes over time in these behaviors and attitudes is essential for designing and implementing appropriate HIV prevention and care programs.

In many countries, sentinel clinic surveillance is the most common method of monitoring HIV prevalence. Sentinel surveillance, however, is less useful for monitoring trends among hard to reach groups and in countries with low HIV prevalence rates. In addition, clinic-based surveillance cannot usually indicate whether prevention efforts are having desired effects on near-term behavior change, as the chronic nature of HIV means the prevalence rates change very slowly in response to population-level behavior change.

Repeated behavioral surveys, on the other hand, can fairly accurately reflect trends in high-risk behavior; e.g. reduced number of sexual partners and increased condom use. Repeated behavioral survey designs that measure and track trends in populations at increased risk of exposure to HIV are known as behavioral surveillance surveys (BSS). The BSS is a critical component of a second generation of surveillance that tailors surveillance systems according to a county's HIV epidemic and focuses data collection on HIV/STI infections and behaviors among populations at greater risk (UNAIDS/WHO, Second generation surveillance for HIV). The BSS is especially suitable in settings where prevalence is believed to be low and populations at increased risk tend to be hidden and therefore not captured by traditional surveillance activities and behavioral studies. The BSS has also been shown to be an important component of national monitoring systems as they cost-effectively focus on populations whose behaviors greatly influence the course of the HIV epidemic. Information produced by the BSS can guide intervention programs by giving program

[13] Human Development Report. UNDP – Kosovo, 2004

planners a clearer picture of risk behaviors in the population and provide indications of how well combined effects of various interventions are working.

The analytical value of BSS data is greatly enhanced by the collection of individual-level data on HIV and STI infections, including acute infections such as Chlamydia and gonorrhea and blood-born chronic infections such as Syphilis and Hepatitis B and C. The combination of behavioral and biological data (Bio-BSS) can provide those responsible for national public health programs with a comprehensive understanding of behavior-disease dynamics.

Since 1999, Family Health International (FHI) has worked with national and local entities to conduct the BSS in 37 countries. These behavioral surveillance surveys have focused on a variety of populations in concentrated and generalized epidemics. Most recently, FHI has conducted respondent driven sampling as a new technique for generating probability samples among hidden populations, such as injecting drug users and men who have sex with men, whose behaviors are critical for understanding HIV epidemiology. The successful development of BSS systems in so many countries, and the testing of new methodologies for reaching hidden populations, has required the active leadership of key government, non-government and donor/international organizations.

In Eastern Europe, FHI has been collaborating with the Ministry of Health, NGOs and international organizations to conduct the first behavioral and biological survey in Kosovo. The process of designing and implementing the research has strengthened the capacity of key stakeholders to conduct surveillance activities in Kosovo and the findings will inform the Kosovar HIV/AIDS Strategy. By utilizing standardized questionnaires and methodologies, Kosovo is also contributing valuable information for understanding and responding to the HIV epidemic in the region. In Albania, for instance, FHI collaborated with the Ministry of Health, NGOs and international organizations to conduct a Bio-BSS in Tirana that utilized the same methodologies and questionnaires as Kosovo. Data in Tirana was collected in 2005 from 1,683 participants representing injecting drug users, men who have sex with men, and members of the Roma community. The data generated from the Bio-BSS has facilitated a better understand of the current prevalence of HIV/STI in these groups, as well as of the sexual and drug using behaviors that may place certain communities at risk for HIV infection (Albania Behavioral and Biological Surveillance Study Report, 2006). Because similar methodologies among IDU and MSM were used in Albania and Kosovo, the data provides valuable information on HIV and risk behaviors among these populations in the region.

BSS METHODOLOGY

Sample Design

Two sampling methods were used in the Bio-BSS conducted in Kosovo: 1) respondent-driven sampling (RDS) and 2) convenience sampling. RDS was used to recruit IDU and MSM respondents. RDS is a modified form of snowball sampling that allows researchers to recruit highly stigmatized groups who do not congregate in known locations. RDS not only provides a probability method for achieving a desired sample size, but also allows the study team to identify the network characteristics of groups. This type of sampling allows more in-depth analysis using specific RDS software and sample networking information in order to make inferences about the characteristics of the larger networks of IDU and MSM. IDU were recruited from Prishtinë/Pristina and Prizren/Prizren, while MSM were recruited from Prishtinë/Pristina only.

Convenience sampling methods were used to reach the CSW population in Prizren/Prizren and Ferizaj/Urosevac. This method was selected after formative research revealed that CSW are more restricted in movement and are not networked in a way that would allow for respondent driven sampling.

This research was approved by ethics committee of the Medical Academy of Kosovo and Family Health International's Protection of Human Subjects Committee.

Sample Size

The sample sizes were calculated to detect a change of 15 percentage points for several indicators for each target population over time. The initial values for the variables were estimated to be 50 percent (this being the most conservative estimate possible that would generate the largest sample size because little was known about the current risk behaviors of these target groups). The chain referral mechanism employed through the RDS techniques reduced the need for a design effect as large as typically utilized in cluster samples. A design effect of 1.3 was used for IDU and MSM populations. A design effect of 2.0 was used for the calculation of the sample size for the CSW population. The level of precision was set at 0.05 with a power of 0.80. Sample sizes were increased by 15 percent in order to take into account the estimated non-response rate. The projected and the achieved sample sizes, by study location are presented in the following table.

Table 1. Sample size, projected and achieved, by population and location

	Location	Calculated Sample Size	Achieved Sample Size	Total Achieved Sample Size
IDU	Prishtinë/Pristina	200	129	200
	Prizren/Prizren		71	
CSW	Ferizaj/Urosevac	200	97	157
	Prizren/Prizren		60	
	Prishtinë/Pristina		0	
MSM	Prishtinë/Pristina	200	69	69
Total		600	426	426

Sampling of Target Groups

Injecting Drug Users and Men who have Sex with Men

NGOs who work with IDU and MSM were first identified and invited to participate. The participation of such NGOs is critical for reaching and involving members of stigmatized groups. These NGOs selected 5 to 10 initial respondents who served as *seeds* for the Bio-BSS. These *seeds* were the first persons of the target group to be contacted. At the designated study locations the seeds completed the behavioral and biological portions of the survey. Once they completed all parts of the study they were given their incentive for participation. Seeds were then given three (3) coupons to recruit 3 additional peers to participate in the Bio-BSS project. By limiting the number of coupons provided to recruiters, the study team ensured that a broad array of subjects would have an opportunity to recruit participants. This process also prevented the emergence of semi-professional recruiters or potential conflict over recruitment rights. Each recruiter received an additional incentive for each of the three peers they recruited who completed the interview. The recruitment incentive was a smaller amount than the initial incentive given to the individual for their participation in the study.

In order to ensure that authentic MSM and IDU were recruited and not just individuals wanting compensation, study staff verified that potential participants belonged to the target group. For example, with IDU, this verification procedure included a preliminary informal discussion regarding the street names of drugs and prices, familiarity with drug preparation and injection techniques and finally visual inspection for recent track marks.

Commercial Sex Workers

Prior to initiating the surveillance survey among CSW, study team members conducted qualitative interviews with 10 key informants to assess the best means for reaching CSW and their pimps, as well as how to design a questionnaire that obtained the information desired. Three in-depth interviews were conducted with officials and doctors in Prishtina and one with a doctor in Prizren. In Ferizaj, the qualitative team interviewed two pimps/managers/bar owners, two waitresses in bars/brothels, one official, and one taxi driver. Some information was also gathered from informal discussion with a pimp in Prishtina.

The data collected through this qualitative assessment helped to contextualize the Bio-BSS questions and assess sampling strategies. Based on these assessment findings, the Bio-BSS team worked with private gynecologists who provided access sites for reaching CSW. These doctors had facilitated an earlier program implemented by the United Methodist Church to reach CSW with STI treatment. With the sites established, a convenience sampling approach was utilized to recruit women.

Data Collection Procedures

The data collection procedures, which took place between February and July 2006, were consistent across all study sites and were divided into behavioral and biological components. A coupon manager for the IDU and MSM sites, and an interviewer for the CSW sites, greeted respondents upon arrival and screened them for eligibility. Afterwards, in a private setting, the interviewer conducted the informed consent process and all participants were invited to sign consent forms. After obtaining consent, the interviewer conducted the behavioral interview, after which the respondent underwent pre-test counseling and an HIV rapid test by the VCT counselor. The biological portion of the study, completed by a medical doctor (gynecologist in the case of CSW), comprised of the following: physical exam, collection of biological specimens, and symptomatic treatment of STI's. After the physical exam, post-test counseling was provided, together with the results of the HIV rapid test. At the end, subjects received their incentive and in the case of IDU and MSM they also received instructions for recruiting peers. Respondents were provided a time and location for pick-up of STI laboratory results.

Two commercially available rapid HIV tests were used to initially test all participants for HIV (Unigold and Capillus). These tests are noted for their high sensitivity and, therefore, a negative result was considered a true negative. ELISA (enzyme-linked immunosorbant assay - Determine) was conducted at the Microbiology Department of the Institute for Public Health for indeterminate or positive rapid test results. Western blot was also available for any positive samples. All participants were told where and when to obtain their laboratory HIV and STI confirmatory results. All participants who had a reactive test were referred for further treatment and care at the Infectious Disease Hospital at the University Clinical Center. Participants were also able to receive treatment for various STI symptoms, and for confirmed Chlamydia and Trichomoniasis, at the study sites according to the protocol.

Table 2. Summary of testing by population

	Test	Biological Sample	MSM	CSW	IDU
HIV	Rapid test/Unigold and Capillus ELISA (Determine Human) Western Blot (Genelab Diagnostics HIV type 1 & 2)	Finger stick for rapid test and venous blood for confirmatory	X	X	X
Syphilis	RPR (rapid plasma reagin test (Human)	Venous blood	X	X	X
Gonorrhea	Gram stain	Swab (vaginal or urethral)	X	X	X
Trichamoniasis	Giemsa stain	Swab (vaginal or anal)		X	
Chlamydia	IgG and IgM ELISA/ (Nubenco Diagnostics)	Venous blood	X	X	X
Hepatitis B	HBsAG ELISA (Nubenco Diagnostics)	Venous blood	X	X	X
Hepatitis C	Anti -HCV - ELISA (Nubenco Diagnostics)	Venous blood	X	X	X

Study participation lasted between one and one and a half hour on average. Participation in the study was voluntary. Participants were reimbursed for their time and travel costs (a phone card equivalent to 10 Euros for IDU in Prishtinë/Pristina, 10 Euros in cash for IDU in Prizren/Prizren and MSM in in Prishtinë/Pristina, and cosmetics for CSW). The management team observed, monitored and ensured that all study procedures and staff were complying with the ethical requirements of the study.

Survey Instruments and Field Documents

The main instrument of this study was the behavioral questionnaire, which is a standardized behavioral questionnaire provided by FHI, and which was revised and modified in order to fit with the local context for the Kosovo Bio-BSS groups: IDU, CSW and MSM. The IDU and MSM questionnaires were revised based on pre-test interviews conducted prior to the Bio-BSS implementation. The CSW study instruments were refined based on information collected during the qualitative phase. The questionnaires used in the study can be found in the annexes of this report. In addition, as part of the RDS methodology, IDU and MSM were also asked other valuable and relevant information about their network size and recruiting patterns that complement the behavioral interview and biological tests.

Data Processing and Analysis

Index Kosova managed the data entry and cleaning processes in Index Kosova offices. Envelopes with completed questionnaires and other field documents were transported at least once a week to Index Kosova, whereas the biological specimens were transported with similar frequency (sometimes more often, if needed) to IPH for further analysis. Laboratory data forms were collected only at the end of the fieldwork from the IPH lab and transported to Index Kosova offices for data entry. Around 20 percent of questionnaires and field documents were entered twice to maximize accuracy. Data were entered into SPSS/PC+ Data Entry II, and the final data sets were validated in SPSS for Windows version 13 software. The data from laboratory forms were first entered into the IPH database during the fieldwork, which was then checked and validated against the same data entered in Index Kosova after the fieldwork.

Data sets for IDU and MSM were exported to a special software program designed for RDS data analysis, called RDS Analysis Tool version 5.4.0. The RDS software generates population proportion estimates and confidence intervals. This software allows estimates to be calculated from the study sample's network information to characterize the broader network of IDU in Prishtinë/Pristina and Prizren/Prizren and MSM in Prishtinë/Pristina. In this report the data tables for MSM and IDU contain both the sample proportions as well as the population estimates. In the text, the report focuses primarily on population estimates. In cases where the sample size was small and RDS was unable to generate population estimates, relevant sample data will be discussed.

STUDY LIMITATIONS

There are limitations to the Bio-BSS data that warrant consideration. For example, the CSW sample was recruited through convenience sampling. While data from this group provides important insight into HIV/STI and behavioral risks CSW face, the generalizability of the data is limited, as those who participated in the Bio-BSS may differ somehow from the CSW who did not.

Enrolling CSW and MSM participants in the research also proved challenging. Several methods were employed to engage CSW in the Bio-BSS. In Prishtinë/Pristina, study team members informally advertised the CSW site among contacts made with pimps during the qualitative formative investigation. When these contacts did not generate participants the study team attempted to make new contacts. After 3 months without any participants enrolled, the study team closed the site in Prishtinë/Pristina. One of the reasons CSW did not participate may have been due to a delay in the study start-up. After informing pimps about the study the research was delayed for technical reasons, potentially causing the pimps to lose trust in the study team members. In addition, while 157 CSW participated in the research, the number who answered questions around commercial sex activity varied greatly. In addition, only 92 of the 157 women agreed to provide vaginal swabs for STI testing and 92 swabs were taken and tested for Gonorrhea and 75 for Trichomoniasis. This variation in the response rate needs to be taken into consideration when analyzing the study findings.

The desired sample size for MSM was also not reached. Potential reasons for low participation by MSM may be the incentives were not enough to attract potential respondents, especially those who live outside of Prishtinë/Pristina. Also some recruiters reported that potential respondents declined to attend the study site because they did not wish to provide a urethral swab sample for STI testing.

In terms of STI testing, gram stain sensitivity for N. Gonorrhea among women using vaginal swabs is low, and therefore there is a possibility of under-identification of N. Gonorrhea cases among female IDU and CSW participants. In addition, the serological test for Chlamydia cannot always distinguish between c. Trachomatis infections transmitted sexually or other Chlamydia infections. Given that the participants in the Bio-BSS were members of groups who are at increased risk for exposure to HIV, however, the Chlamydia results provide valuable insights into the potential STI risks these populations confront. Overall, laboratory quality assurance measures for the study followed National Guidelines; however, repeat testing for STI was not available except for positive HIV test results.

RESULTS

1. Injecting Drug Users

Two-hundred injecting drug users (IDU) participated in the Bio-BSS from study sites located in two municipalities of Kosovo: Prishtinë/Pristina (129 respondents) and Prizren/Prizren (71 respondents).

1.1 Socio-Demographic Characteristics

Population estimates reveal that IDU are predominantly male and identify as Kosovan Albanians (92 percent) and Muslim (94 percent). All IDU have attended school, with two out of three having completed a secondary education and close to one third have completed a primary education. Almost half are between 18-24 years old, and the majority live in Prizren/Prizren (48 percent) or Prishtinë/Pristina (34 percent), where the study sites were located.

Table 3. Sex, age and education of IDU in Kosovo

	Sample %	Estimated population proportion % (95% CI)
Sex		
	N=200	
Male	93.5	91.2 (86.4-95.9)
Female	6.5	8.7 (4.0-13.6)
Age		
	N=200	
Mean (Median)	26.17 (25.00)	
18-24	46.5	48.4 (35.9-61.9)
≥25	53.5	51.5 (38.0-64.1)
Education		
Have ever attended school	100 (n=200)	100
Highest education completed	N=198	
Primary School	26.3	28.6 (20.1-38.8)
Secondary School	67.7	67.3 (57.5-75.9)
Higher	6.1	4.0 (1.6-6.8)

Around 44 percent of IDU are unemployed and 17 percent are students. The remaining 40 percent are engaged in work, mainly as skilled workers or as owners of businesses. Almost one-third (28 percent) have traveled away from home for more than one month in the past year.

In terms of marriage and relationships, population estimates show that 37 percent of IDU have been married, the majority of whom were 18 years of age or older when they first married (76 percent). Around 30 percent remain married and currently live with their spouse.

1.2 Alcohol Consumption

During a 4 week time frame, an estimated 8 percent of IDU consume alcohol daily, while 36 percent have alcohol at least once a week. More than half of IDU, however, drink alcohol less than once a week or never.

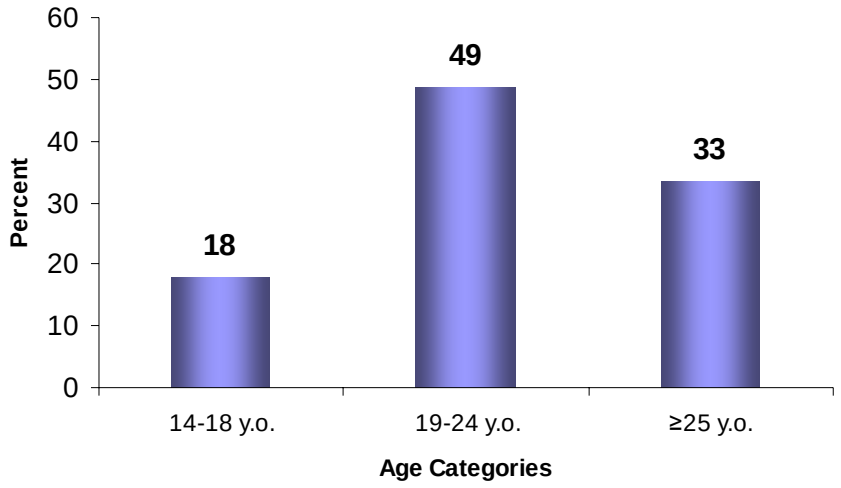
1.3 Drug Use

Duration of drug use and age of initiation

Half of IDU have used illicit drugs for more than five years. Only 10 percent of IDU, however, have been injecting drugs for that length of time. The majority (90 percent) have been injecting for five years or less, with an estimated 45 percent having injected drugs for less than 12 months.

Two out of every three IDU started injecting before the age of 24, with an estimated 17 percent having first injected between the ages of 14 to 18.

Figure 1: Age at first drug Injection (RDS population estimates)



Type and frequency of drug use

The most frequently non-injected drugs used in the past month were marijuana/cannabis (64 percent), heroin (not in combination with cocaine) (63 percent), Benzodiazepin (Bensedin) (47 percent), Methadone (Heptanon) (37 percent) and Trodon (Tramadol) (29 percent).

Around 10 percent of IDU injected drugs daily during the past month, with 6 percent injecting 2 or more times per day. One in four also injected 2-6 times a week (24 percent), while the remaining percentage injected drugs less than once a week. The most frequently injected drugs in the past month were heroin (not in combination with cocaine) (85 percent) and Methadone (16 percent).

Needle and injection equipment sharing behaviors

At last injection, an estimated 12 percent of IDU injected with a needle or syringe that had previously been used by someone else. More than double that percentage (26 percent) of IDU had shared a needle with someone in the past month, of whom 71 percent had shared with two or more people.

Table 4. Needle sharing behavior

	Sample %	Estimated population proportion % (95% CI)
Injected with used needle at last drug injection	n=198	
	13.0	12.1 (6.7-18.3)
Shared a needle in the last one month	n=200	
	29.0	26.0 (19.0-33.6)
Number of people with whom respondents shared needles in past one month	n=57	
1	38.6	28.8 (7.9-48.4)
>2	61.4	71.1 (51.6-92.1)

Half of IDU who shared needles in the past month also cleaned those needles every time (56 percent), although never with bleach. The main cleaning agents used were cold water (62 percent) and hot water (19 percent).

In addition to sharing needles, population estimates show that in the past month almost one out of every four IDU (23 percent) had lent or rented a needle that they had already used. Other risky injecting practices varied. For instance, few IDU used pre-filled syringes (that was filled without their witnessing it; 6 percent) or used a syringe after someone else has squirted drugs into it from his/her used syringe (frontloading, back loading, splitting; 13 percent). Around half of IDU however, have shared injecting drug use equipment (i.e. cookers, vials, containers) and have drawn drug solution from a common container shared by others.

Table 5. Drug use instruments and equipment

	Sample %	Estimated population proportion % (95% CI)
Frequency of lending, selling, renting used needles in last 1 month	n=198	
Every time/ Almost all of the time	6.5	7.1 (3.3-12.7)
Some of the time	22.7	16.1 (12.3-22.5)
Never	70.7	76.6 (68.3-81.6)
Used pre-filled syringe[14] in last 1 month	n=200	
	6.0	5.9 (3.0-9.4)
Frequency of backloading, frontloading, or splitting[15] in last 1 month	n=200	
Every time/almost every time	2.5	1.0 (.1-2.1)
Sometimes	15.5	12.4 (7.5-17.4)
Never	82.0	86.5 (81.4-917)
Frequency of sharing injection equipment[16] in last 1 month	n=199	
Every time	12.6	9.5 (6.1-14.7)
Almost every time	15.1	13.0 (8.3-18.0)
Sometimes	28.1	23.8 (19.5-30.8)
Never	44.2	53.5 (43.9-59.6)
Frequency of drawing drugs from communal container in last 1 month	n=198	
Every time	17.7	13.7 (8.5-19.6)
Almost every time	20.2	18.5 (12.4-25.7)
Sometimes	25.3	20.9 (16.0-26.4)
Never	36.9	46.7 (37.5-54.9)

Access to new/unused needles

The majority of IDU (91 percent) are able to obtain new, unused needles and syringes when they need them and 98 percent know of a person or place from which to obtain new needles. The most common sources known for new, unused needles and syringes are pharmacists/chemists (86 percent), friends (10 percent), hospitals (8 percent) and health workers (3 percent).

Drug Treatment

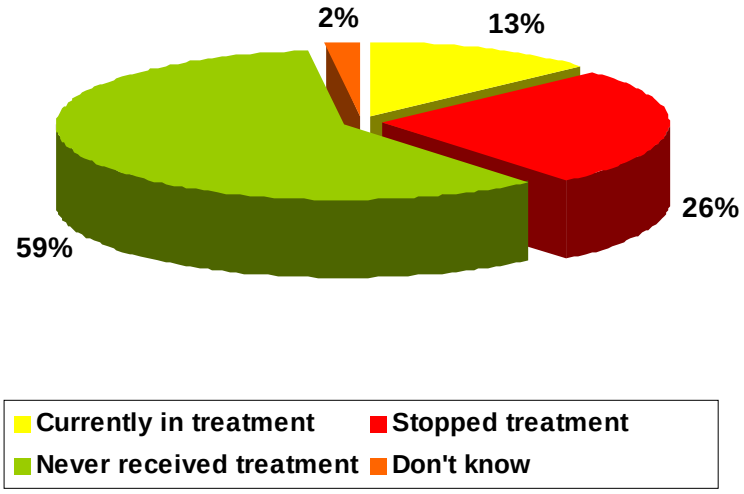
The majority of IDU have never received treatment for drug use (59 percent) and only 13 percent are currently receiving treatment. The remaining quarter have received some kind of treatment in the past but are no longer accessing treatment. The most frequent treatments received included: detoxification with Methadone (18 percent), detoxification with other drugs (21 percent) and residential rehabilitation (34 percent).

[14] **Pre-filled syringe** refers to a syringe that was filled without the respondent witnessing it.

[15] **Backloading, frontloading and splitting of drugs** refer to a syringe that was filled by someone else squirting drugs into it from his/her used syringe.

[16] **Sharing of injection equipment** refers to sharing of cookers, vials, containers, cotton, filters, or rinse water.

Figure 2: Drug Treatment (RDS Population Estimates)



1.4 Sexual Behaviors

An estimated 98 percent of IDU have had sexual intercourse. Fourteen percent of IDU first had sex by the age of 14, and three-quarters by the age of 18. The majority of IDU (89 percent) have also had sexual intercourse in the past 12 months, half of whom have had sex with 2 or more partners during that time. During the year, more than half of IDU had sex with a regular partner (spouse or live-in sexual partner, 58 percent) or a non-regular partner (not married to and never lived with and not commercial partner, 63 percent). Only 5 percent of IDU have commercial sexual partners (partners with whom they bought or sold sex in exchange for money or drugs). None of the male IDU reported having sex with a male partner during that time.

Table 6. Number of sex partners by type of partner

	Sample %	Estimated population proportion % (95% CI)
Ever had sex[17]	n=200	
	99.5	98.4 (95.0-98.5)
Age at first sex	n=192	
Median (mean)	16.00 (16.40)	
≤ 14	14.1	14.0 (6.3-14.9)
15-18	76.0	74.1 (70.2-83.2)
≥19	9.9	11.8 (7.5-18.0)
Had sex in the last 12 months	n=199	
	90.9	89.4 (83.7-94.7)
Number of different sex partners in last 12 months	n=180	
Median (mean)	2.0 (2.5)	
1	41.6	50.2 (41.6-60.0)
2-4	48.8	41.8 (33.2-50.5)
≥ 5	9.4	7.8 (3.0-13.1)
Number of regular partners in last 12 months	n=181	
0	49.7	41.9 (34.0-52.3)
1	48.6	56.2 (45.7-64-6)
≥ 2	1.7	1.7 (0.1-4.0)
Number of non-regular, non-commercial partners in last 12 months	n=180	
0	31.7	37.4 (28.1-47.0)
1	26.1	25.1 (18.3-33.5)
2-4	34.4	32.9 (24.4-41.1)
≥5	7.8	4.4 (1.9-7.5)
Number of commercial sex partners in last 12 months	n=181	
0	91.7	94.9 (91.3-97.9)
≥ 1 partners	8.3	5.0 (2.0-8.6)

Regular Partners

Population estimates show that more than half (58 percent) of all sexually active IDU in the past 12 months have had sex with a regular partner. Only 18 percent of IDU, however, used a condom the last time they had sex with a regular partner. Slightly more than half of the IDU who used condoms at last sex had suggested themselves that they use protection (54 percent). The most frequent reasons for not using a condom at that time were "didn't think it was necessary" (52 percent) and "don't like them" (19 percent). Even fewer IDU used condoms consistently with all regular partners over the past year (4 percent).

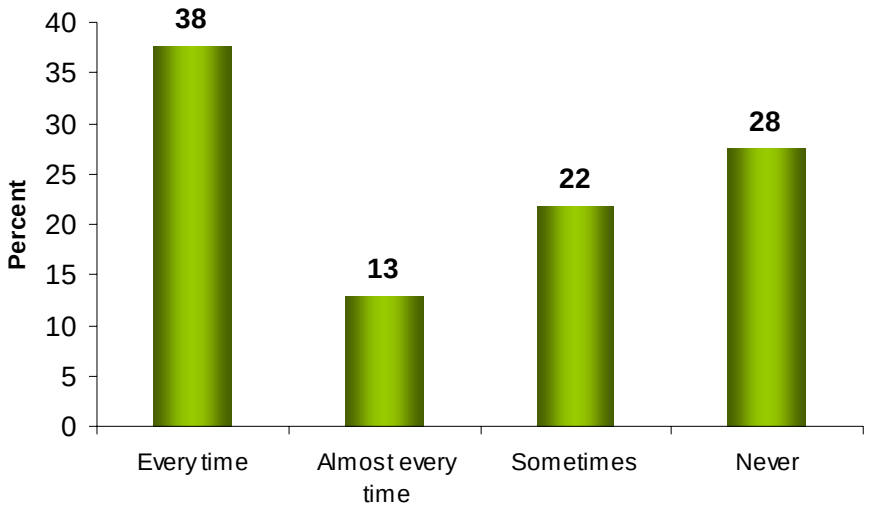
Non-regular Partners

Close to two thirds (63 percent) of all sexually active IDU have had sex with non-regular sex partner during the last 12 months, of whom 37 percent had multiple non-regular sex partners. At last sex, half of IDU had used a condom with these partners.

[17] **Sexual intercourse** is defined as vaginal or anal sex.

As with regular partners, the majority of IDU who used condoms at last sex had suggested themselves that they use protection (73 percent). Among the majority who did not use condoms, the most frequent reasons given were "didn't think it was necessary" (64 percent) and "didn't think of it" (26 percent). In terms of consistent condom use, 38 percent of IDU used condoms consistently with non-regular partners in the last 12 months, while 28% never used condoms during that time period.

Figure 3: Condom use with non-regular partner in past 12 months (RDS Population estimates)



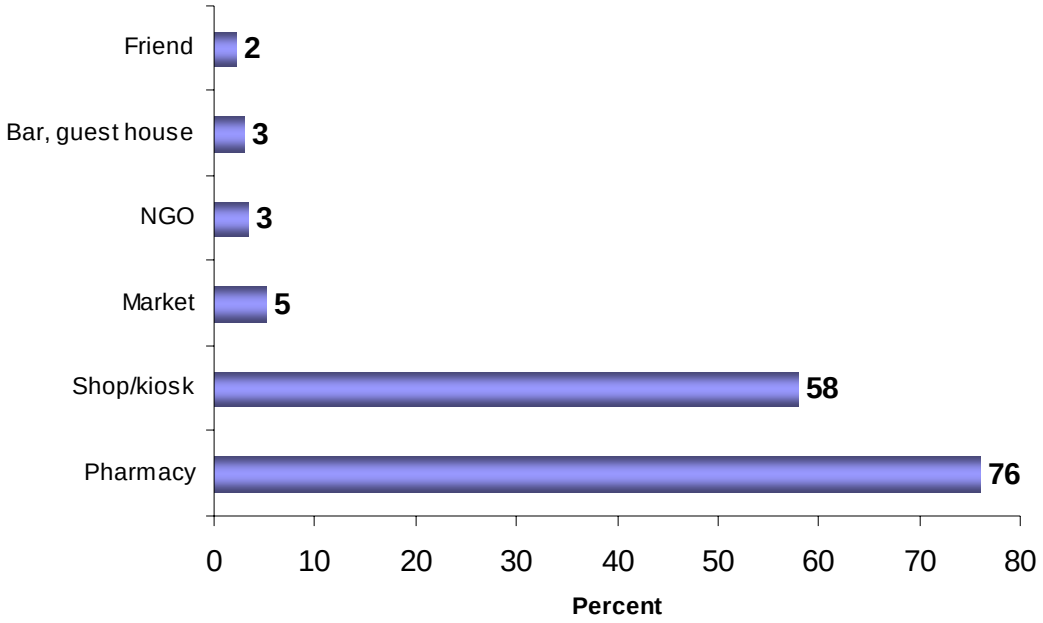
Commercial Partners

Only an estimated 5 percent of IDU have had sex with a commercial partner in the last 12 months. The actual number of IDU who reported having sex with a commercial partner was too small for RDS to generate population estimates around behaviors with commercial partners. The sample data, however, showed that none of the IDU sold sex but rather had purchased sex in exchange for money or drugs. In addition, out of the 15 IDU who had sex with commercial partners, only 7 had done so in the past one month. In terms of condoms, 12 respondents reported use during last sex and 11 reported consistent condom use during the past year with commercial sex partners.

1.5 Condom Knowledge

Although condom use is relatively low among IDU, knowledge is high with 98 percent knowing of places or persons from which they can obtain condoms. The most frequently know places were pharmacies (76 percent) and shops/kiosks (59 percent).

Figure 4: Places where IDU know condoms may be obtained (RDS Population Estimates)



1.6 STI Knowledge and Symptoms

The majority of IDU have heard of infections transmitted through sexual intercourse (STI). However, few know specific female or male STI symptoms (less than 5 percent and 8 percent respectively). The most frequently known STI symptoms for females were genital discharge and itching, whereas the most well-known male STI symptom was burning pain on urination.

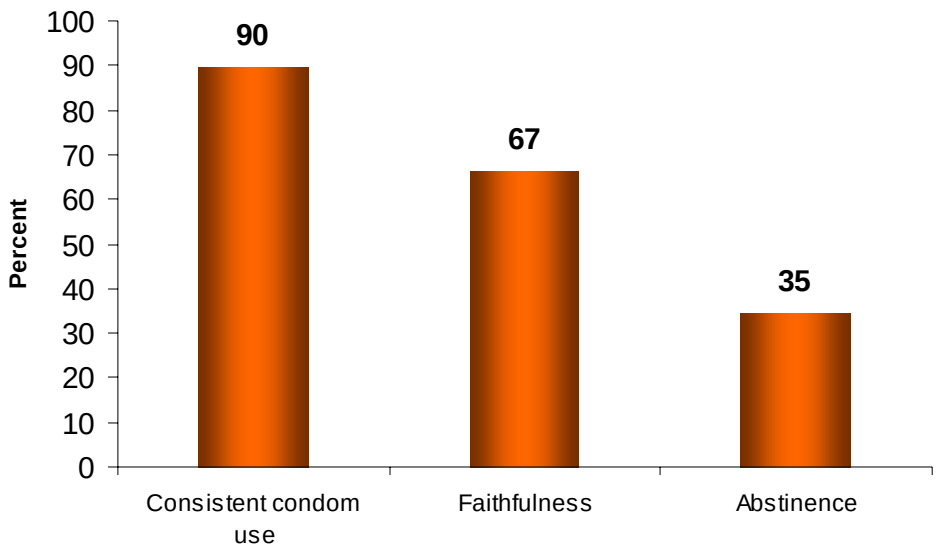
In terms of actual infections among IDU, the percentage of respondents reporting having an STI was too small to generate population estimates. Overall almost 5 percent of respondents had a genital discharge during the last 12 months and only 1 percent had had genital ulcer/sore in the same period.

1.7 HIV Knowledge

Almost 100 percent of IDU have heard of HIV or AIDS and an estimated 12 percent know of someone who is living with HIV or who died of AIDS.

In terms of knowledge indicators, 90 percent of IDU know that a person may protect themselves from HIV by using a condom every time they have sex. Less IDU, however, know that having one uninfected faithful sexual partner (67 percent) or abstaining from sexual intercourse (35 percent) may protect a person from HIV.

Figure 5: Knowledge of HIV prevention methods (RDS Population Estimates)



Regarding transmission knowledge, the majority of IDU (90 percent) know that a person can get HIV by injecting with a needle that was already used by someone else. Only half of IDU, however, believe that people who inject drugs can protect themselves from HIV by switching to non-injecting drugs. In addition the majority of IDU (74 percent) know that a pregnant woman infected with HIV can transmit the virus to her unborn child, and 60 percent believe that this can be done through breastfeeding. Overall, so few IDU respondents believed that taking ARV medication could reduce mother-to-child transmission (20 percent among the study sample), that it was not possible to generate population estimates for this variable.

In terms of misconceptions, only one-fifth of IDU correctly believe that mosquito bites cannot transmit HIV and only 38 percent believe that a person can not get infected with HIV by sharing utensils with someone living with the virus.

1.8 HIV Testing

Two-thirds of IDU know that confidential HIV testing is available in Kosovo and 41 percent have taken an HIV test. The majority of tested IDU have done so voluntarily and almost all have learned their HIV status. Among tested IDU, 44 percent tested within the past year, with 35 percent having tested between 1-2 years and the rest more than two years ago.

1.9 Stigma and Discrimination

Results of the stigma and discrimination measures asked of IDU during the Bio-BSS varied. Three out of every four IDU are not willing to share a meal with HIV infected persons and believe that an HIV-positive health worker should not continue working with patients even if he/she is not sick. The majority are also unwilling to buy food from a shopkeeper who is living with HIV (65 percent).

Table 7. Stigma and Discrimination

	Sample %	Estimated population proportion % (95% CI)
	n=198	
Willingness to share a meal with HIV positive person (No/Don't know)	72.7	76.5 (70.0-83.0)
Willingness to care for HIV positive male relative in the household (No)	31.3	29.4 (22.3-37.1)
Willingness to care for HIV positive female relative in the household (No)	34.8	32.4 (24.6-39.3)
	n=199	
HIV positive teacher who is not sick should be allowed to continue teaching in school (No)	42.7	48.7 (39.6-58.9)
HIV positive student who is not sick should be allowed to continue attending school (No)	32.2	33.1 (26.1-41.2)
HIV positive health worker is not sick should be allowed to continue working with patients (No)	74.3	72.7 (63.9-81.0)
	n=198	
Willingness to buy food from HIV positive shopkeeper/food seller (No)	64.3	64.8 (56.6-72.8)
Want to keep it a secret if family member HIV infected (Yes)	59.5	65.4 (57.6-73.1)

However, IDU seem to show lower levels of stigma and discrimination in other situations. For instance, they seem to be much more willing to care for a male or female relative with HIV in their household. The majority also believes that an HIV-positive student or teacher who is not sick should be allowed to continue school or teaching respectively. More than two-thirds, however, also would want to keep a family member's HIV status a secret.

1.10 Biological Data

Altogether 200 IDU underwent the rapid HIV test and 199 blood samples were collected (one participant had collapsed veins preventing blood being drawn). Overall, none of the IDU respondents tested positive for HIV, Syphilis or Gonorrhea. However, 13 percent of this population is estimated to be infected with Hepatitis C, a blood-borne infection with the same route of transmission as HIV, while one fifth have Hepatitis B.

In terms of Chlamydia, 35 percent of IDU have Chlamydia IgG antibodies, which indicates chronic, older infections. Only 0.5 percent, however, tested positive for Chlamydia Trachomatis IgM antibodies which indicate a more recent infection. The sample proportion with positive IgM was too small to generate an RDS population estimate.

Table 8. Biological data among IDU

	Sample %	Estimated Population Proportion % (95% CI)
	n=200	
HIV	0.0	--
	n=199	
Syphilis	0.0	--
	n=197	
Gonorrhea	0.0	--
	n=199	
Hepatitis B (HBsAg)	14.6	20.1 (12.2-29.5)
Hepatitis C	18.1	12.5 (8.0-17.7)
	n=171	
Chlamydiae IgG	35.7 (IgG)	34.5 (25.3-44.4)
	n=196	
Chlamydiae IgM	0.5 (IgM)	NC

* Of the 199 samples 14% were indeterminate for Chlamydiae IgG, and 1.5 percent for Chlamydiae IgM. In order to generate the estimated population proportions, indeterminate results were not included in the above table.

1.11 Network Size and Recruitment Information

IDU Networks

Respondent driven sampling generates data on network characteristics that allow for analysis of the adjusted network sizes and of the recruitment patterns of IDU in Prishtina/Prizren. Adjusted network sizes based on certain variables, such as sex or age, can inform program designers and implementers of the kinds of IDU that are connected to larger groups of IDU in the area. For instance, based on the Kosovo Bio-BSS data, male IDU have a larger network size than their female counterparts. IDU network sizes also appear to increase with the number of years an IDU has been injecting drugs. While there is no real difference in adjusted network size based on age, IDU who have completed a higher education also have larger network sizes than IDU who have completed only primary or secondary school.

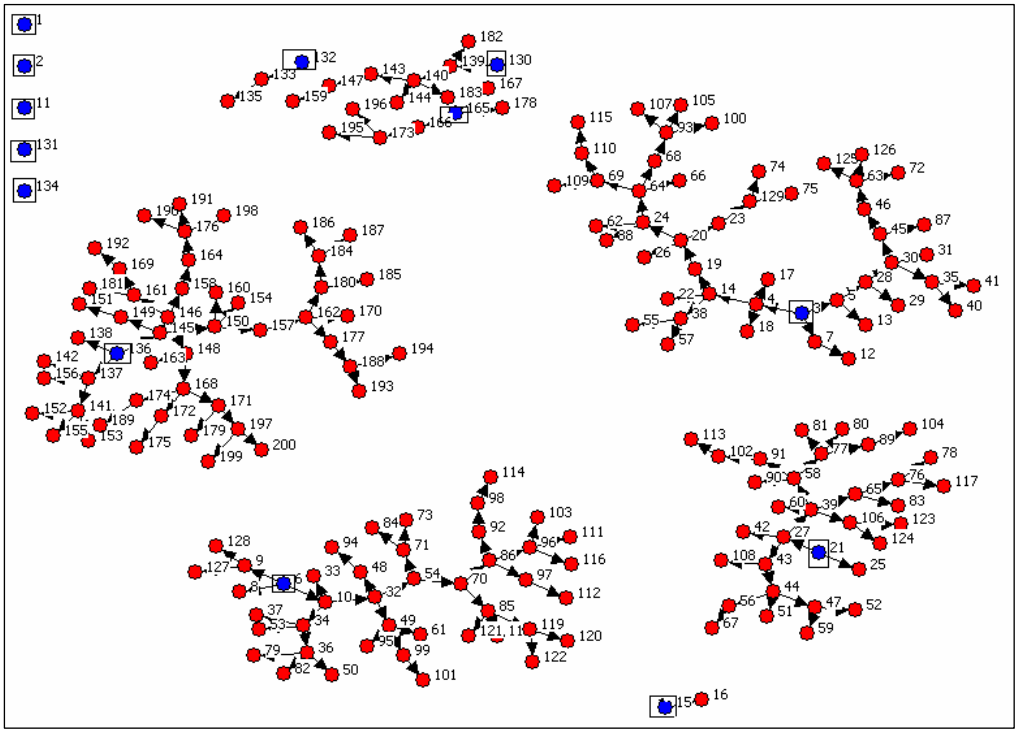
Table 9. IDU Adjusted Network Size

	RDS Adjusted Network Size
Sex (n=200)	
Male	9.0
Female	6.7
Age (n=200)	
18-24 years	8.6
25+ years	9.0
Length of time injecting (n=195)	
Less than 1 year	6.5
1-5 years	9.7
More than 5 years	15.4
Education (n=198)	
Primary	8.2
Secondary	8.8
Higher	13.6

Recruitment of IDU

The following diagram depicts the recruiting patterns of IDU. The circles encased in squares represent seeds – the original IDU recruited and interviewed. The other circles represent the IDU recruited by seeds and the referral chains.

Figure 6: IDU recruitment pattern



In order to provide information on recruiting patterns among study participants and in order to determine similarities and differences between recruiters and their recruits, a measure of self-affiliation bias called homophily (H) was calculated. If homophily is equal to one (H=1), then all network ties are formed within a group (i.e. males only recruit males). If homophily is equal to zero (H=0), then all network ties are formed randomly (males recruit females and males). If homophily is equal to negative one (H=-1), then all network ties are formed out of a group, referred to as heterophily (i.e. all males only recruit females). Acceptable homophily scores range between -0.3 and +0.3.

Although more males than females were recruited (only 6.5 percent of the sample were females), homophily scores are higher among males (+0.30) than females (+0.06), indicating that males tended to recruit slightly more males than females, while females tended to recruit both males and females. However, both levels are within the acceptable range, reflecting a random selection of participants. The same can be concluded about the homophily for IDU who have been injecting for less than one year, 1-5 years and more than 5 years, with homophily measures that are within the acceptable range (0.16, 0.16 and 0.15 respectively). Similar levels of homophily are found among different levels of education of IDU participants. In terms of age, the homophily score is higher than the acceptable range (0.48 for IDU aged 18-24 years and 0.51 for IDU aged 25+ years), indicating that both groups were more likely to recruit within their own peers or age groups.

2. Commercial Sex Workers

One hundred and fifty-seven female commercial sex workers (CSW) participated in the Bio-BSS from two municipalities of Kosovo: Ferizaj/Urosevac (97 respondents) and Prizren/Prizren (60 respondents).

2.1 Socio-Demographic Characteristics

The average age of CSW participants was 25 years, with a median age of 28. Ninety-five percent had attended school with 42 percent having completed a primary education and almost half having completed a secondary education. In terms of religion, the majority of respondents were Orthodox Christian or Muslim. In addition, the majority of CSW were nationals of other countries including Bulgaria (34 percent), Albania (28 percent), Moldova (16 percent) and Ukraine (9 percent).

Table 10. Commercial Sex Workers – Background Characteristics

	Sample %
Age	n=157
Mean	30.2
Median	28.0
≤24	31.2
≥25	68.8
Highest education completed	n=148
Primary School	41.9
Secondary School	47.3
Higher	10.8
Religion	n=155
Muslim	28.4
Catholic	10.3
Orthodox Christian	60.0
Other/No religion	1.2

Fifty-seven percent of CSW have been married, half of whom were married by the age of 18. At the time of the interview 12 percent of respondents were currently married, with the majority (53 percent) unmarried and living with a sex partner. Sixty-four percent of women also had children, parents or other dependents that they were supporting (average number of dependents is 3).

Table 11. Current marital status

	Sample (n=151) %
Currently married, living with spouse	7.9
Currently married, living with other sex partner	2.6
Currently married, not living with spouse/other sex partner	2.0
Not married, living with sex partner	53.0
Not married, not living with sex partner	34.4

On average, CSW first had sex at the age of 17 and first received money for sex at the age of 23 (mode=20). One quarter of females, however, had received money for sex by the age of 18. Prior to living in their current community, around 40 percent of

respondents had worked as sex workers in other cities and countries. Sixty percent though had not engaged in sex work prior to living in their current community.

Almost four out every five respondents reported earning money through employment not related to sex work, mainly as waitresses (79 percent) or as bartenders (19 percent).

2.2 Alcohol Consumption and drug use

Around 17 percent of CSW had consumed alcohol 'everyday' during the four weeks prior to the interview, with more than one half of CSW (55 percent) having had alcohol 'at least once a week' during that time frame.

Table 12. Frequency of Alcohol Usage

	Sample (n=157) %
Every Day	17.2
At least once a week	54.8
Less than once a week or never	26.8

In terms of ever having used drugs, 'Ecstasy' (5 percent), marijuana, (5 percent) and Methadone and Benzodiazepine (4 percent) were most frequently mentioned although by 5 percent of respondents or less. Only 1.3 percent of respondents had injected drugs during the 12 months prior to the interview.

2.3 Sexual behaviors

Respondents (n=119) had on average 3 sex partners in the seven days preceding the interview (paying and non-paying). On the last day of work, 28 percent of the 99 CSW who responded to the question had two or more clients. As far as payment is concerned there was not a fixed price for sexual services. Around 45 percent of CSW did not receive any money from their last client, while the majority who did receive money received between €50 to €60. The questionnaire did not contain questions about non-monetary payment for sexual services.

Table 13. Amount of money received the last time with a client

	Sample (n=74) %
€0	44.6
€20 – €30	19
€34 – €45	10.9
€50 – €60	23.1

While knowledge about condoms was very high among CSW in general (95 percent), only 35 percent had used a condom the last time they had sex with a client. The most frequent reasons given for not using a condom with a paying partner was 'do not like them' (44 percent) and 'did not think it was necessary' (22 percent). Even fewer CSW, only 15 percent, reported using condoms every time with all of their clients in the last 30 days; while 38 percent reporting never using condoms during that time period.

Seventy-three percent of 147 respondents had sex with non-paying partners during the seven days prior to the interview, of whom only one-quarter had used a condom at last sex. The reason for not using a condom remains the same as with paying clients and includes 'do not like them' (40 percent) and 'did not think it was necessary' (26 percent). In addition, 24 percent said they did not use condoms at last sex because they used other forms of contraceptives. Few CSW consistently used condoms with their non-paying partners over the last 12 months (13 percent) and 45 percent reported never using a condom with non-paying partners during that time frame.

2.5 Forced sex

Survey results indicate that 16 percent of CSW respondents were forced to have sex against their will within the last 12 months.

2.4 Condom Knowledge

As noted above, awareness about condoms was very high among CSW with 92 percent knowing where to obtain condoms. The most frequently known place for obtaining condoms was the pharmacy (95 percent), followed by shops/kiosks (35 percent), supermarkets (22 percent), hospitals (14 percent) and pimps (10 percent).

2.6 STI Knowledge and Symptoms

Seventy-six percent of CSW have heard about infections that can be transmitted through sexual intercourse. The most frequently mentioned STI symptoms that occur among women were abdominal pain (41 percent), genital discharge (32 percent) and foul smelling discharge (22 percent). Male STI symptoms most often mentioned by respondents were genital discharge (21 percent) and pain during sexual intercourse (17 percent).

Fifteen percent (n=24) of CSW had genital discharge and 2 percent had genital ulcer/sores within the last 12 months. As far as treatment of STI symptoms is concerned, among the 24 respondents who had a genital discharge or ulcer,17 sought help advice/medicine from government clinics or hospital and 15 respondents sought help from private clinics or hospitals. Half of the CSW also used condoms when having sexual intercourse during the time they were experiencing the STI symptoms. Almost all 24 respondents sought advice for the genital discharge/ulcer from a health worker mainly within a week, received prescription for medicines and obtained the medicine prescribed.

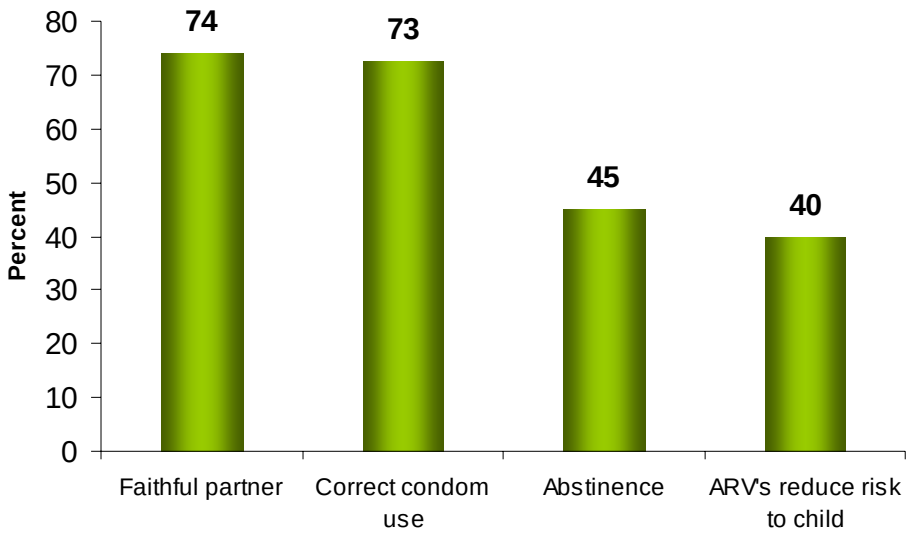
2.7 HIV Knowledge

Almost 90 percent of respondents have heard about HIV/AIDS, of whom around 7 percent have a close relative or friend who is either infected with HIV or has died of AIDS.

In terms of knowledge indicators, the majority of CSW agreed that a person can get HIV by injecting with a used needle (96 percent), that a pregnant woman may transmit the virus to her unborn child (80 percent), and that a healthy person can be infected

with HIV (75 percent). Around 74 percent of CSW also knew that having one uninfected faithful partner or that correct and consistent condom use may protect against HIV. Fewer CSW however, agreed that a person may protect themselves from HIV by abstaining from sex (45 percent). Also, few CSW understood that mosquitoes cannot transmit the virus (32 percent) or that sharing utensils with someone living with HIV is not a risk for transmission (33 percent).

Figure 7: HIV transmission beliefs



2.8 HIV Testing

Less than half of the respondents have undergone an HIV test (40 percent). Of the tested respondents, the majority did so voluntarily (86 percent) within the last two years (56 percent). The majority of tested respondents learned their test result (90 percent).

2.8 Stigma and Discrimination

Three out of every four CSW were not willing to share a meal with an HIV positive person (75 percent) and the majority was not willing to buy food from an HIV positive shopkeeper (61 percent). On the other hand the majority of respondents said they would be willing to care for an HIV positive male or female relative in the household (only 45 and 35 percent would refuse respectively). Also, fewer respondents felt that an HIV positive teacher should not be allowed to teach (41 percent) or that a student living with HIV should not attend school (28 percent).

Table 14. Stigma and Discrimination

	Sample %
Willingness to share a meal with HIV positive person (No)	n=155
	74.8
Willingness to care for HIV positive male relative in the household (No)	n=152
	44.7
Willingness to care for HIV positive female relative in the household (No)	n=153
	35.3
HIV positive teacher who is not sick should be allowed to continue teaching in school (No)	n=156
	41.0
HIV positive student who is not sick should be allowed to continue attending school (No)	n=149
	27.5
HIV positive health worker is not sick should be allowed to continue working with patients (No)	n=156
	51.9
Willingness to buy food from HIV positive shopkeeper/food seller (No)	n=153
	61.4
Want to keep it a secret if family member HIV infected (Yes)	n=157
	47.1

2.9 Biological Data

All 157 CSW respondents underwent a rapid HIV test and 153 agreed to give blood during the biological portion of the study. Only 92 vaginal/cervical swabs were collected for Gonorrhea and 75 for Trichomoniasis. None of the blood samples collected tested positive for HIV and Syphilis. Almost one-fifth (18%) of CSW tested positive for Hepatitis B (surface antigen) and 3% for Hepatitis C. Almost half tested positive (45%) for Chlamydia IgG antibodies, while 2 percent tested positive for Chlamydia IgM. Among CSW who agreed to vaginal swab, the rate of Trichomonas vaginalis was 28% (nearly one-third) and 2% for Neisseria gonorrhoeae.

Table 15. Biological Data Among CSW

	Sample %
	n=157
HIV	0.0
	n=153
Syphilis	0.0
Hepatitis B (HBsAg)	18.3
Hepatitis C	3.3
Chlamydia IgG	45.2
Chlamydia IgM	2.0
	n=75
Trichomoniasis	28.0
	n=92
Gonorrhea	2.2

*9.6 percent were indeterminate for Chlamydia IgG and 2.5 percent for Chlamydia IgM antibodies

3. Men who have Sex with Men

Sixty-nine men who have sex with men (MSM) participated in the Bio-BSS in Prishtinë/Pristina.

3.1 Socio-Demographic Characteristics

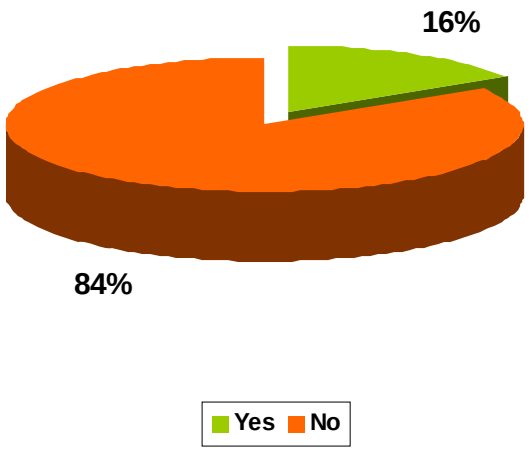
Population estimates reveal that 60 percent of MSM in Prishtinë/Pristina are between the ages of 18-24 years and more than 90 percent have attended school. Out of those who have attended school, one-third completed a higher level of education beyond secondary school. In addition, an estimated one in every five MSM are currently students, while around 40 percent are employed and 40 percent are unemployed. The majority of MSM identify themselves as Muslim (91 percent) and Kosovan Albanian (72 percent). One fifth of MSM have been way from home for more than one month in the past year.

Table 16. Socio-demographics

	Sample %	Estimated population proportion % (95% CI)
Age	n=69	
Mean (Median)	24.78 (24.0)	
≤24	53.6	60.3 (42.6-76.8)
≥25	46.4	39.6 (23.2-57.4)
Have ever attended school (yes)	92.8	91 (90.0-98.9)
Highest education completed	n=64	
Primary School	23.4	25.7 (11.0-52.8)
Secondary School	51.6	42.6 (25.9-60.3)
Higher	25.0	31.5 (2.1-54.8)
Religion	n=69	
Muslim	95.7	91.1 (89.0-99.4)
Other/No religion	4.3	8.8 (0.005-11.0)
Spent one month or more away from home in past year	26.1	21.1 (10.0-37.2)
Current occupation	n=69	
Student	7.4	19.5 (1.0-37.5)
Employed	52.2	41.3 (26.3-60.9)
Unemployed	40.2	39.1 (23.9-56.7)
Ethnic Group	n=69	
Kosovan Albanian	72.5	72.2 (50.0-88.8)
Other	27.5	27.7 (11.1-50.0)

In terms of marriage, almost one in every four MSM (23 percent) have ever been married to a woman. In addition, an estimated 16 percent are currently married or living with a female sex partner.

Figure 8: Female sex partner (RDS population estimates)



3.2 Alcohol Consumption and drug use

Around 15 percent of MSM consumed an alcoholic drink every day in the last one month. The majority, however, had drinks with alcohol less than once a week or never (73 percent).

Drug use was not commonly reported. An estimated 10 percent of MSM have tried cocaine or marijuana. The percentage of respondents who reported having ever tried other drugs, such as heroin, ecstacy, benzodiazepine and trodon, were so few that population estimates could not be generated. None of the respondents had injected drugs in the year preceding the survey.

3.3 Sexual Behaviors

An estimated 62 percent of MSM have had sexual contact or intercourse with another man in the previous six months. The remainder of this section presents data on MSM sexual behaviors by type of sex (oral or anal) and by type of partner (commercial or non-commercial partner, male or female).

Oral Sex with men

During the six months preceding the survey, an estimated 82 percent of sexually active MSM have engaged in oral sex with a man. The majority of these men had two or more partners (78 percent) during that time frame. At last oral sex, more than half of MSM are estimated to have used a condom (57 percent). Only 15 percent, however, have used condoms consistently during oral sex in the past six months.

Anal Sex with men

More than 90 percent of MSM have had anal sex with a male partner in the 6 months, the majority of whom had anal sex with two or more sex partners during that time frame (87 percent).

Commercial sex partners

Only 3 MSM respondents reported having exchanged anal sex for money with a male partner in the previous six months. The number is too small to generate RDS estimates of the prevalence of commercial sex activity among MSM in Prishtinë/Pristina.

Non-commercial sex partners

Eighty percent of MSM had anal sex with other non-paying male partners within the last six months, the majority of whom had two or more such partners during that time frame. At last anal sex with a non-paying partner, more than half used a condom. For the 44 percent who did not use a condom, the most frequent reasons given were "not available", "didn't like them" and "didn't think it was necessary". Two-thirds of MSM did not use condoms consistently during anal sex in the previous six months. In addition, about half of MSM have never discussed HIV/AIDS/STDs with these partners.

3.4 Female partners

Almost three out of every four MSM are estimated to have had sex with a female (73 percent). While the sample size is too small to generate population estimates (n=33), sample data revealed that among men who have ever had female partners, the majority have had sex with females within the previous six months. In addition, an estimated 63 percent of MSM did not use condoms consistently when having sex with female partners during that same time frame.

3.5 Forced Sex

An estimated nine percent of MSM who have had anal sex in the past six months were forced to have sex in the past year.

3.6 Condom Knowledge

All MSM have either used or have heard of condoms and almost all (97 percent), are aware of places where they may obtain them. The most frequently mentioned places for obtaining condoms were pharmacies (80 percent) and shops (55 percent).

3.7 Lubricants Use

An estimated 30 percent of MSM use lubricants during anal intercourse with men, of whom 38 percent use aqualube. About one-quarter use oil-based lubricants, mainly Vaseline or hand lotion. Among those who do not use lubricants, "not liking them" is the most common reason given why. Only about half of MSM know where to obtain lubricants (61 percent) with pharmacies and shops being the best known locations.

3.8 STI Knowledge and Symptoms

The majority of MSM have heard of sexually transmitted diseases. Few MSM, though, were able to describe STI symptoms that women or men may experience (less than 5

percent). Even fewer have experienced an STI symptom, with only an estimated 2 percent of MSM having had genital discharge in the past 12 months. So few MSM from the study sample reported having an anal ulcer or sore, or an anal discharge, that RDS was not able to generate population estimates.

Table 17. Male and female STI symptoms described by MSM who have heard of STI

	Sample (n=69) %	Estimated population Proportion % (95% CI)
Has heard of STI	79.7	83.2 (69.9-92.4)
Knowledge of female STI symptoms	n=55	
Abdominal pain	0.0	0.0
Genital discharge	3.6	NC
Foul smelling discharge	3.6	0.7 (0.5-2.3)
Burning pain on urination	3.6	2.9 (0.4-2.3)
Genital ulcers/sores	3.6	NA (0.2-1.8)
Swelling in groin area	1.8	NC
Itching	7.3	4.8 (0.2-3.0)
Pain during sex	3.6	0.8 (0.1-2.3)
Others	7.3	NA (0.5-41.9)
Knowledge of male STI symptoms	n=55	
Genital discharge	14.5	3.2 (0.5-8.4)
Burning pain on urination	16.4	4.5 (0.2-3.0)
Genital ulcers/sores	3.6	NA (1.4-6.6)
Swelling in groin area	7.3	1.0 (0.1-3.0)
Can't retract foreskin	1.8	0.1 (0.1-0.5)
Ulcers/Sores on the anus	3.6	2.9 (0.8-7.0)
Anal discharge	3.6	1.1 (0.6-3.4)
Anal Pain	3.6	2.2 (0.1-6.3)
Pain during sex	0.0	0.0
Others	12.7	1.8 (0.2-2.8)

3.9 HIV Knowledge

The majority of MSM have heard of the HIV virus or the disease called AIDS, while almost 9 percent know someone who is infected or who has died of HIV/AIDS.

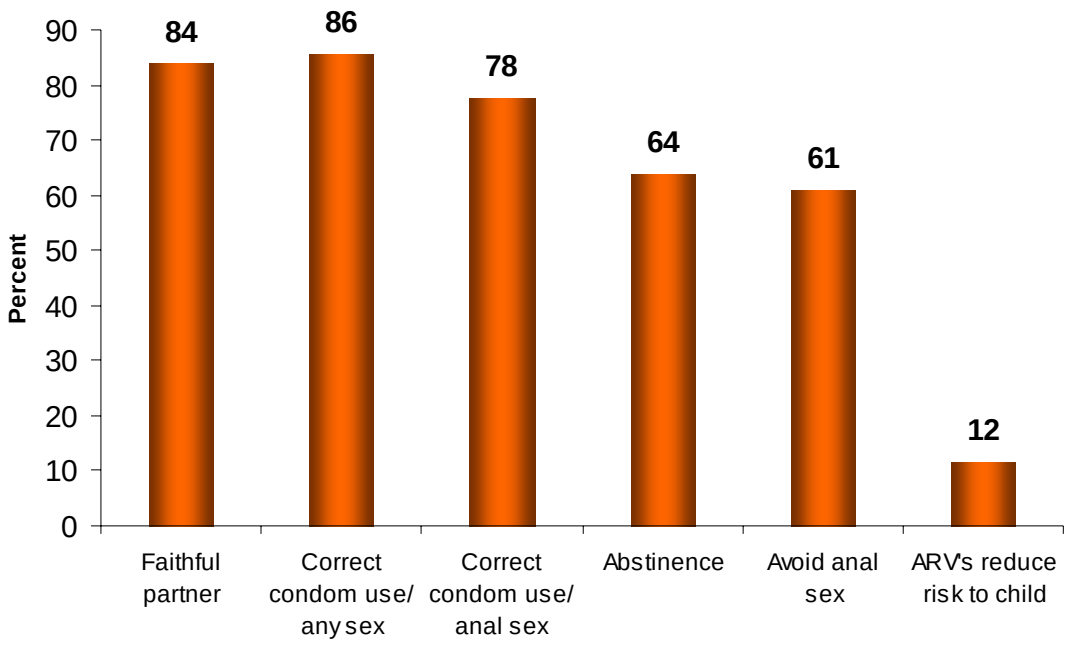
Table 18. HIV Knowledge

	Sample %	Estimated population Proportion % (95% CI)
Has heard of HIV/AIDS	n=69	
	94.2	95.3 (94.5-99.5)
Knows someone infected with HIV or died of AIDS	n=65	
	15.4	9.4 (3.4-19.5)
Has close friend/relative with HIV or died of AIDS	n=9	
	55.6	NC

Knowledge regarding HIV transmission and various means of protection varied. For instance, nearly all MSM recognized that sharing used needles is a risk for HIV infection (99 percent). Fewer, however, recognized condom use or abstinence as ways to protect oneself from becoming infected with the virus. In addition almost half of

MSM held common misperceptions that mosquito bites can transmit HIV (44 percent) or that HIV can be transmitted by sharing utensils with someone who is infected with HIV virus (47 percent).

Figure 9: HIV transmission beliefs (RDS Population Estimates)



3.10 HIV testing

Three out of every four MSM believe it is possible for someone to have a confidential test in Kosovo to find out if they are infected with HIV. About one-third of MSM have taken an HIV test, of whom the majority took it voluntarily within the past year. All MSM who have undergone HIV testing are estimated to have received their test results.

3.11 Stigma and discrimination

The majority of MSM would not be willing to share a meal with an infected person (70 percent). The majority also felt that health workers living with HIV should not be allowed to work with patients and HIV positive teachers should not be allowed to teach. About one in four said they would not be willing to care for a relative if ill with HIV in his house.

Table 19. Stigma and Discrimination

	Sample %	Estimated population proportion % (95% CI)
Willingness to share a meal with HIV positive person (No)	n=63	
	66.7	70.2 (50.5-89.1)
Willingness to care for HIV positive male relative in the household (No)	n=65	
	24.6	25.3 (11.9-41.0)
Willingness to care for HIV positive female relative in the household (No)	n=65	
	29.2	27.8 (13.2-47.1)
	n=68	
HIV positive teacher who is not sick should be allowed to continue teaching in school (No/Don't know)	57.4	59.4 (43.5-78.2)
HIV positive student who is not sick should be allowed to continue attending school (No/Don't know)	39.7	38.7 (20.2-59.1)
HIV positive health worker is not sick should be allowed to continue working with patients	29.4	32.2 (51.0-87.2)
Willingness to buy food from HIV positive shopkeeper/food seller (No/Don't know)	64.7	55.4 (39.4-74.3)
Want to keep it a secret if family member HIV infected (Yes)	n=67	
	56.7	56.4 (35.1-69.8)

3.12 Biological Data

None of the MSM respondents tested positive for HIV, Hepatitis C, Syphilis and Chlamydia IgM. An estimated 15 percent have Hepatitis B (surface antigen) and 27 percent have Chlamydia IgG antibodies. Around four percent of respondents tested positive for Gonorrhea, a number too small to generate a population estimate with RDS.

Table 20. Biological data among MSM

	Sample %	Estimated Population Proportion (95% CI)
	n=69	
HIV	0.0	-
Syphilis	0.0	-
Hepatitis C	0.0	-
Hepatitis B (HBsAg)	8.7	14.9 (3.8-28.3)
	n=63*	
Chlamydia IgG	38.1 (IgG)	26.8 (10.5-42.3)
	n=67	
Chlamydia IgM	0.0	-
Gonorrhea	4.5	NC

*8.7 percent were indeterminant for Chlamydia IgG and 2.9 percent for Chlamydia IgM antibodies. In order to generate the estimated population proportions, indeterminate results were not included in the above table.

3.13 Network Size and Recruitment Information

The calculated adjusted network sizes for the MSM population network reveal that MSM aged 25 years and older have slightly larger MSM network sizes compared to younger MSM. Adjusted average network size estimates also indicate that MSM with less education have larger personal network sizes - MSM who have completed primary education have a network size three times larger than MSM who have completed a higher education.

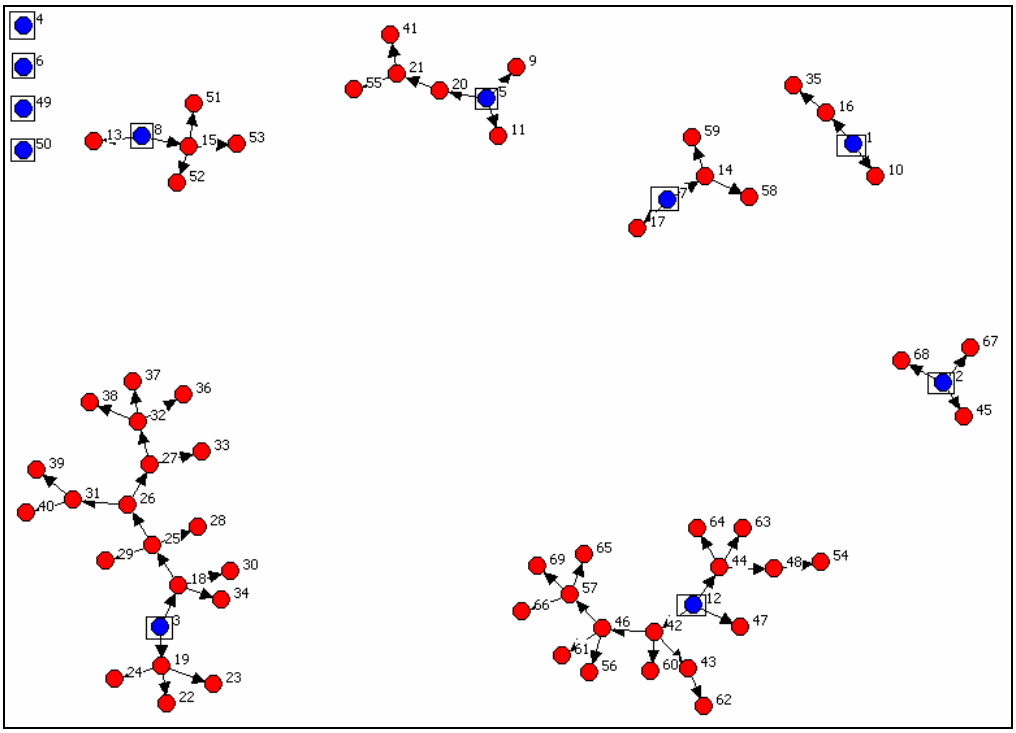
Table 21. MSM Adjusted Network Size

	Adjusted Network Size
Age	
18-24 years	7.4
25+ years	9.2
Education	
Primary	12.4
Secondary	10.1
Higher	4.0

Recruitment of MSM

The following diagram depicts the recruiting patterns of IDU. The circles encased in squares represent seeds – the original IDU recruited and interviewed. The other circles represent the IDU recruited by seeds and the referral chains.

Figure 10: MSM recruitment pattern



Homophily calculations for the MSM population produced acceptable scores for recruitment patterns by age (-0.1 for 18-24 years old, +0.1 for 25+ years old), indicating

that MSM of different age groups have recruited each other randomly. Homophily estimates examining recruitment patterns by educational level indicate that MSM with primary education were much more likely to recruit within their own group (H=+0.5). Homophily scores for MSM with secondary or higher education were within the acceptable range (+0.2 and +0.3 respectively), however indicating that both groups tended to recruit peers with the same level of education.

DISCUSSION

Overall, the Bio-BSS findings provide valuable data regarding the presence of STI/HIV and risk behaviors among populations at increased risk of exposure to HIV in Kosovo. Across groups, there were no HIV and Syphilis cases found. Large percentages of each target population, however, tested positive for Chlamydia (IgG) (RDS estimates are 35 percent for IDU and 27 percent for MSM; sample proportion for CSW are 45 percent). Testing positive for Chlamydia IgG may reflect a Chlamydia infection that was not treated properly, not treated at all and/or repeat infections. These findings provide valuable insights into the potential STI risks these populations confront.

Regarding blood-borne infection, an estimated 13 percent of IDU have Hepatitis C, indicating a potential pathway for HIV infection. This rate is more than ten times higher than the average rate of Hepatitis C found among the 70,438 blood donors in Kosovo from 2000 through 20003 (0.29 percent) (Blood Transfusion Service of Kosovo, 2006). One in every five IDU also has Hepatitis B, a percentage similar to the CSW data (18 percent) and MSM RDS data (15 percent). These Bio-BSS Hepatitis B rates are at least four times greater than the average 4 percent of 70,438 blood donors found with Hepatitis B between 2000 and 20003. Such high rates justify the need to strengthen STI prevention, including vaccination, rehabilitation for IDU and other prevention programs as appropriate, as well as treatment and care among these populations at increased risk of exposure to HIV.

Augmenting the HIV/STI data is the rich information provided by the behavioral data. Behavioral data can elucidate the specific behaviors and knowledge that programs and policies need to focus on in order to maintain low HIV prevalence. Overall, knowledge about HIV across the three Bio-BSS groups followed a similar pattern, with the majority knowing that using condoms correctly during every act of sex may protect someone from HIV infection (IDU=90 percent; MSM=86 percent and CSW=74 percent). Knowledge, however, has not always translated into behavior. The percentages of IDU and CSW using condoms consistently remained low (38 percent of IDU with non-regular partners in the past 12 months and 15 percent of CSW with paying partners in the past 30 days). MSM also rarely used condoms consistently in the previous six months with their non-paying partners (6 percent). In addition, knowledge about other preventative behaviors, such as abstinence, or having one faithful uninfected partner, was less well-known among the Bio-BSS groups.

The relationship among HIV testing, knowledge and behaviors is another area that warrants examination as many IDU, MSM and CSW have undergone HIV testing (IDU=41 percent; MSM=31 percent and CSW=40 percent). HIV voluntary counseling and testing has been available at select sites in Kosovo since 2003. In general, however, clinics in Kosovo do not consistently provide counseling with testing, representing a missed opportunity for engaging clients in personalized risk assessment and risk reduction discussions. In addition, the Bio-BSS questionnaires did not collect data on where respondents had undergone HIV testing or the kinds of counseling they had received. Despite this limitation, data on HIV-related misconceptions collected during the Bio-BSS may inform the development of material and counseling messages for members of these target population.

Similarities also exist across the Bio-BSS target groups in terms of stigma indicators. More than 70% of IDU, MSM and CSW are not willing to share a meal with an HIV positive person. Around half of target group members also believe that an HIV positive teacher who is not sick should not be allowed to continue teaching school. Despite these viewpoints, the majority of IDU, MSM and CSW are willing to care for an HIV positive relative in the household.

A more detailed discussion of the specific behavioral and biological risks for each of the Bio-BSS target groups follows.

Injecting Drug Users

The majority of IDU from Pristina and Prizren started injecting drugs before the age of 24, with one in five having injected before the age of 19. Heroine is the most common drug injected and one third of IDU inject several times a week or more. Injecting drug use behaviors, such as sharing needles and injecting equipment, place IDU at increased risk for HIV transmission. An estimated 90 percent of IDU recognize this risk by agreeing that a person can get HIV by injecting with a used needle and more than 95 percent know they can access clean needles (mainly at pharmacies and shops). About 12 percent of IDU, however, injected with a used needle during the last injection. Over time, this percentage more than doubled with one quarter of IDU having shared a needle with someone in the past one month. None of the IDU cleaned their used needles with bleach. Other risky injecting practices include sharing drug equipment (i.e. cookers, vials, containers) and drawing drugs from communal containers. Currently, only an estimated 13 percent of IDU are currently receiving treatment for drug use, with the majority having never accessed any kind of drug use treatment (59%).

In terms of sexual risk behaviors multiple partners and low rates of condom use were frequent. More than half of sexually active IDU have had 2 or more sex partners during the past year. During that time frame, only an estimated four percent of IDU used condoms consistently with regular sex partners and 38 percent with non-regular sex partners. Commercial sex activity, however, was infrequent among IDU with only 8 percent of the study sample reporting having sex with a commercial partner, a proportion too small to generate RDS population estimates.

These behavioral risks, coupled with high rates of Hepatitis C and Chlamydia IgG, illustrate the vulnerability of IDU to HIV. While HIV was not found among IDU, the injection and sexual behavioral risks among this population warrant immediate attention. Enhancing these risks is the lack of harm reduction programs and drug and STI treatment programs among IDU. Overall, IDU have been recognized as a vulnerable group in the HIV/AIDS strategy for Kosovo and the results of the Bio-BSS provide critical information to inform strategies to reach this population with HIV and STI prevention and care programs.

Commercial Sex workers

The Bio-BSS is the first HIV/STI second generation surveillance activity to collect data among CSW in the region. CSW represent a population at increased risk for exposure to HIV that does not have the kinds of networking characteristics or NGO representation that other groups have in Kosovo. As such, reaching these women poses many challenges and the Bio-BSS results provide valuable insights into the behavioral and biological risks these women face.

Overall, the majority of women interviewed during the Bio-BSS were nationals of other countries and more than half currently support someone other than themselves such as children or parents. The majority also earn money through work other than sex work, mainly as waitresses.

In terms of sexual activity, 10 percent of CSW first had sex before the age of 15, and one quarter first received money for sex before the age of 19. During the previous seven days, CSW had on average about 3 sex partners (including paying and non-paying partners n=119). At last sex, around one-third of CSW used a condom with a paying partner, while half that percentage reported consistent condom use with paying partners in the past 30 days. Condom use occurred even less frequently among the 115 respondents who answered questions about their non-paying sex partners. One in four used a condom during last sex with a non-paying partner; with 13 percent reporting consistent condom use in the past year with non-paying partners. In addition, 16 percent were forced to have sex in the past 12 months. Other risk behaviors were less frequent. For instance few CSW reported injecting drugs in the past 12 months (1.3 percent), although 17 percent reported drinking alcohol daily during the past four weeks.

Compounding these behavioral risks are the STI rates. Almost half of CSW were found with Chlamydia IgG and 28 percent with Trichomoniasis. Hepatitis B was also common (18 percent). These high STI prevalence rates among CSW respondents provide clear evidence for supporting, developing and testing strategies for reaching CSW with STI testing and treatment. Such efforts will reduce STI morbidity and reduce the risk of HIV transmission in this population. Facilitating access to care will also provide an opportunity for reaching women with behavior change messages and materials.

Men Who Have Sex with Men

An estimated one in four MSM have Chlamydia IgG antibodies and about one in six have Hepatitis B. None of the MSM, however, are estimated to have HIV or Syphilis. The challenge in Kosovo is to maintain low HIV prevalence by addressing the sexual behaviors that pose the greatest HIV and STI risks for MSM. Sixty-two percent of MSM have had sex with a man in the past 6 months. Among these sexually active men, 92 percent have had anal sex, the majority of whom had multiple anal sex partners (87 percent) and did not use condoms consistently (less than 6 percent with non-paying partners). Around 30 percent of MSM use lubricants. Among lubricant users, however, a quarter used oil-based lubricants that could render condoms

ineffective. In addition, among MSM who have had anal sex, 9 percent have been forced to have sex during the past year.

In addition to sex with men, almost three out ever four MSM have had sex with a female partner (73 percent) and an estimated 16 percent of MSM currently live with a female sex partner. Unfortunately, the number of MSM respondents who reported having sex with a female in the past 6 months was too small to generate a population estimate for the larger network of MSM (n=33). However, an estimated 63 percent of MSM did not use condoms consistently with their female partners during that time frame.

Overall, the greatest risk factors for MSM acquiring and transmitting HIV include multiple partnerships, low condom use and having sex with both males and females. With 16 percent of MSM living with a female sex partner, MSM groups may act as a bridge between MSM and female populations for sexually transmitted infections, including HIV. In addition, 15 percent drink alcohol daily, a potential determinant for risky sexual behaviors that should be investigated in more detail.

RECOMMENDATIONS

One of the primary objectives of conducting the first Bio-BSS activity in Kosovo was to establish a second generation surveillance system. By conducting the Bio-BSS study, the survey team enhanced the capacity of public health officials and researchers in Kosovo to design, implement and analyze future Bio-BSS activities. The results of this study also provide critical baseline measurements of key behavioral and biological indicators. This baseline data will serve as a comparison point for future follow-up Bio-BSS surveys, allowing the assessment of trends over time. As part of the planning process, the Survey Working Group makes the following recommendations for the next round of Bio-BSS in Kosovo.

- Establish a consistent Surveillance Working Group within the National AIDS Program, based on a multi-sectoral approach
- Develop the National Research Plan in accordance with the National HIV/AIDS Monitoring & Evaluation strategy framework
- Build sufficient local technical expertise within the public health system and non-governmental sector for conducting future Bio-BSS surveys, to ensure the Second Generation of Surveillance System is applicable to the Kosovo context
- Ensure national and international commitment for implementation of HIV/AIDS prevention interventions with emphasis on populations at increased risk to exposure by developing mechanisms for sustainable financing and human resource capacity building.
- Conduct the second round of the Bio-BSS in year 2008/9 among the populations identified in Kosovo's HIV/AIDS Prevention Strategy (2004-2008), in order to assess trends in key behavioral and biological indicators over time.
- Identify and utilize the most appropriate survey methodology to increase the geographical coverage of the Bio-BSS.
- Carry out more in-depth qualitative studies among populations at increased risk of exposure to HIV to better understand gaps in knowledge, beliefs and behaviors
- Design and implement behavior change programs targeting specific groups, to promote safe injecting practices and safe sex practices
- Support, through technical and financial assistance, the NGOs working with populations at increased risk of exposure to HIV to develop prevention programs, including peer education programs;
- Develop harm reduction programs tailored to each group specifically
- Develop a Hepatitis B vaccination program among IDU, CSW and MSM

In the following section specific recommendations pertaining to the groups that participated in the Bio-BSS are highlighted:

Injecting Drug Users

- Introduce harm reduction concept, with emphasis on needle exchange programs, by organizing advocacy activities (e.g. conferences and round-table discussions) with decision-makers and key stake-holders

- Establish a national coordinating body for drug prevention and treatment programs in order to enable a broader partnership between the governmental, non-governmental organizations and professional institutions and private sector.
- Develop policies on harm reduction services for IDU in Kosovo
- Develop human resources and technical capacities within public and nongovernmental sector for drug and infection prevention programs
- Build new and strengthen existing capacities within civil society to work with IDU.
- Initiate needle-exchange programs and substitution treatment therapy
- Increase governmental and international commitment and financial support for drug and infection prevention programs, in order to ensure comprehensive interventions and sustainability
- Develop a Hepatitis C prevention and treatment strategy for IDU
- Develop and support social rehabilitation programs/services that provide a comprehensive approach to drug use issues

Commercial Sex workers

- Develop capacities of the non-governmental and public sector organizations to establish and implement appropriate HIV/STI prevention programs for CSW
- Develop and implement appropriate user-friendly services for CSW based on best-practices in the region (e.g. voucher system for provision of STI services for the CSW implemented by UMCOR in year 2003)
- Incorporate HIV/STI data collected from prevention and intervention sites designed for CSW into the regular national reporting system of HIV/STI
- Increase capacities of the health staff, especially staff engaged in prevention programs with CSW, in STI diagnostics and treatment.
- Ensure and expand availability of condoms at the sites known for commercial sex work
- Develop information, education and communication (IEC) materials for STI/HIV/AIDS in appropriate languages for CSW and clients
- Develop IEC Campaign targeting CSW clients

Men Who Have Sex with Men

- Develop and implement cross-cutting interventions that address sexual behaviors and risks with same sex and heterosexual partners, including a behavior change communication (BCC) strategy that promotes consistent condom and lubricant-use
- Increase condom & lubricant availability within Kosovo
- Provide capacity-building support for MSM organizations to design HIV/STI prevention programs and to develop advocacy skills
- Design and implement interventions with healthcare providers to address issues such as homophobia, stigma and discrimination, to ensure a standard of care for MSM
- Implement a Hepatitis B vaccination program among MSM

ANNEX I – DATA TABLES

Injecting Drug Users (IDU)

TABLE 1: SOCIODEMOGRAPHIC CHARACTERISTICS

	Sample %	Estimated population proportion%(95%CI)
Sex		
	n=200	
Male	93.5	91.2 (86.4-95.9)
Female	6.5	8.7 (4.0-13.6)
Age		
Mean	26.17	
Median	25.00	
≤24	46.5	48.4 (35.9-61.9)
≥25	53.5	51.5 (38.0-64.1)
Have you ever attended school (yes)	100.0	100.0
Highest education completed		
	n=198	
Primary School	26.3	28.6 (20.1-38.8)
Secondary School	67.7	67.3 (57.5-75.9)
Higher	6.1	4.0 (1.6-6.8)
Religion		
	n=200	
Muslim	91.5	94.0 (86.5-97.9)
Catholic	3.0	1.2 (0.3-2.2)
Orthodox Christian	3.5	3.7 (0.2-11.2)
Other/No religion	2.0	0.9 (0.2-2.0)
Marital Status		
Ever married	35.5(n=71)	37.2 (27.0-47.8)
Age at first marriage		
< 18	9.9	23.8 (9.2-42.3)
≥18	90.1	76.1 (57.6-90.8)
Current marital status		
Married	28.1	29.9 (21.5-38.9)
Not Married	71.9	70.0 (61.0-78.4)
Municipality where respondents currently live		
	n=199	
Prishtina	42.2	33.6 (11.2-NA)
Prizren	35.7	47.5 (NA)
Other	22.1	18.7 (3.0-NA)
Years living in current town/city median (mean)	24.0 (22.9)	
Spent one month or more away from home in past year	33.5	28.1 (21.9-34.2)
Did not spend one month or more away from home in past year	66.5	71.8 (65.7-78.1)
Employment/occupation		
	n=196	
Unemployed	40.8	43.5 (35.3-51.8)
Employed	43.8	39.5 (30.7-48.4)
Student	15.3	16.9 (10.7-23.8)
Ethnic Group	n=196	
Kosovan Albanian	90.5	91.8 (83.3-96.2)
Kosovan Serb	3.0	3.1 (0.2-10.7)
Other	6.5	4.9 (2.6-7.6)

TABLE 2: ALCOHOL AND DRUG USE

	Sample %	Estimated population proportion% (95% CI)
Alcohol Use		
Frequency of alcohol use in last 4 weeks	n=198	
Every day	16.2	8.3 (4.8-13.9)
At least once a week	41.4	36.3 (28.5-43.9)
Less than once a week or never	42.4	55.2 (46.2-63.1)
Drug Use		
Duration of any illicit drug use	n=200	
1-5 years	45.0	49.8 (39.9.3-59.2)
> 5 years	55.0	50.1 (40.7-60.0)
Duration of injection drug use	n=195	
< 1 year	32.3	45.1 (35.8-53.8)
1-5 years	49.2	44.9 (36.6-53.4)
> 5 years	18.5	9.8 (6.1-14.4)
Age at first drug injection	n=185	
Median (Mean)	22.00(23.21)	
14-18	17.8	17.7 (12.9-28.6)
19-24	52.4	48.8 (37.0-56.5)
≥25	29.7	33.4 (21.1-44.8)
Drugs used during last month (injection and non-injection)	n=200	
Heroin	63.0	62.5 (53.7-70.9)
Cocaine	25.0	19.2 (13.7-25.6)
Heroin+cocaine	11.0	8.3 (4.1-13.3)
Crack	3.0	1.7 (0.5-3.1)
Trodon (Tramadol)	40.5	29.2 (22.6-37.7)
Methadone (Heptanon)	50.0	36.5 (29.9-46.7)
Amphetamine	5.5	3.9 (1.8-6.5)
Ecstasy	21.5	18.0 (11.1-25.9)
Benzodiazepin (Bensedin)	51.5	46.7 (39.3-55.6)
Antiparkinson (Artane, Akineton)	8.5	8.6 (4.8-13.4)
LSD	4.0	3.9 (1.6-6.6)
Marihuana, Canabis, etc.	66.5	64.4 (56.2-74.5)
Other	3.0	3.7 (1.3-6.3)
Injected drugs in last 1 month		
Frequency of drug injection in last 1 month	n=200	
Once a week or less	51.0	52.6 (44.1-61.0)
2-6 times a week	24.5	23.8 (16.7-33.0)
Once a day	7.0	4.6 (2.4-8.7)
2 or more times a day	7.5	6.0 (2.9-10.1)
Don't know/no response	10.0	12.8 (5.6-17.9)
Drugs injected in the last 1 month	n=200	
Heroin	83.9	84.5 (76.0-91.2)
Cocaine	3.5	2.2 (0.7-4.0)
Heroin+cocaine	3.5	2.5 (0.9-4.6)
Crack	0.0	--
Trodon (Tramadol)	5.5	3.9 (1.5-6.9)
Methadone (Heptanon)	15.5	8.7 (4.8-13.8)
Amphetamines	0.0	--
Ecstasy	0.0	--
Benzodiazepin (Bensedin)	3.5	NC
Antiparkinson (Artane, Akineton)	0.0	--
LSD	0.0	--
Marihuana, canabis, etc.	0.0	--

TABLE 3: NEEDLES SHARING BEHAVIORS

	Sample %	Estimated population proportion % (95% CI)
Injected with a used[18] needle at last drug injection	n=198	
	13.0	12.1 (6.6-18.4)
Frequency of injecting with a used needles during the past 1 month (asked only of respondents who injected with a used needle at last injection)		
	n=28	
Always	7.1	NC
Most times	21.4	NC
About half the time	14.3	NC
Occasionally	46.4	NC
Don't know	10.7	NC
Shared a needle in the last one month	n=200	
	29.0	26.0 (19.0-33.6)
Types of people with whom respondent shared needles within last 1 month	n=200	
Regular sex partner	0.5	0.2 (0.2-0.8)
Sex partner who respondent did not know	1.0	2.1 (0.9-4.6)
A friend	27.5	24.7 (17.3-32.1)
A dealer	1.0	NC
A professional injector	2.5	1.7 (0.3-3.7)
Someone in a shooting gallery	7.0	5.1 (1.8-9.4)
A prisoner	1.5	0.9 (0.2-2.3)
Other	0.5	NC
Number of people from whom respondent shared needles in last 1 month	n=57	
1	38.6	28.8 (7.9-48.4)
≥ 2	61.4	71.1 (51.6-92.1)
Frequency of cleaning used needles in last 1 month	n=57	
Every time	64.9	56.4 (35.8-79.1)
Not every time/never	35.0	43.5 (20.8-64.1)
Method of cleaning needles	n=54	
Cold water	61.1	62.4 (40.5-78.4)
Hot water	25.9	18.6 (2.8-48.2)
Other	13.0	18.8 (3.8-33.1)

[18] **Used needle** is a needle or syringe that had previously been used by someone else

TABLE 3: NEEDLE SHARING BEHAVIORS continued

	Sample %	Estimated population proportion % (95% CI)
Frequency of lending, selling, renting used needles in last 1 month		
	n=198	
Every time/ Almost all of the time	6.5	7.1 (3.3-12.7)
Some of the time	22.7	16.1 (12.3-22.5)
Never	70.7	76.6 (68.3-81.6)
Types of people to whom respondent lent, sold, rented used needles in last 1 month		
	N=60	
Regular sex partner	6.7	NC
Sex partner who respondent did not know	1.7	NC
A friend	91.5	95.0 (90.5-97.7)
A dealer	0	NC
Someone you did not know	1.7	NC
Someone in the street	1.7	NC
Respondent re-used his/her own syringe/work	6.7	NC
Other	3.3	NC
Using Pre-filled syringes		
	n=200	
Used pre-filled syringe[19] in last 1 month	6.0	5.9 (3.0-9.4)
Backloading, frontloading, or splitting,		
Frequency of backloading, frontloading, or splitting[20] in last 1 month	n=200	
Every time/almost every time	2.5	1.0 (.1-2.1)
Sometimes	15.5	12.4 (7.5-17.4)
Never	82.0	86.5 (81.4-917)
Sharing equipment		
Frequency of sharing injection equipment[21] in last 1 month	n=199	
Every time	12.6	9.5 (6.1-14.7)
Almost every time	15.1	13.0 (8.3-18.0)
Sometimes	28.1	23.8 (19.5-30.8)
Never	44.2	53.5 (43.9-59.6)
Frequency of drawing drugs from communal container in last 1 month	n=198	
Every time	17.7	13.7 (8.5-19.6)
Almost every time	20.2	18.5 (12.4-25.7)
Sometimes	25.3	20.9 (16.0-26.4)
Never	36.9	46.7 (37.5-54.9)

[19] **Pre-filled syringe** refers to a syringe that was filled without the respondent witnessing it.

[20] **Backloading, frontloading and splitting of drugs** refer to a syringe that was filled by someone else squirting drugs into it from his/her used syringe.

[21] **Sharing of injection equipment** refers to sharing of cookers, vials, containers, cotton, filters, or rinse water.

TABLE 4: USING NEW/UNUSED NEEDLES

	Sample %	Estimated population proportion % (95% CI)
	n=198	
Respondent knows of a person or place from which to obtain new, unused syringes	96.5	98.2 (96.4-99.5)
Respondent can obtain unused needles from:		
	n=193	
Pharmacist/chemist	93.3	85.6 (79.0-93.0)
Health worker	5.7	3.1 (1.0-5.1)
Hospital	13.0	7.5 (3.5-13.7)
Family/relatives	0.5	NC
Friends	5.7	10.3 (4.2-17.0)
Other drug users	1.0	0.5 (0.1-1.3)
Drug users/drug agency	0.0	--
Sexual partner	0.0	--
Drug dealer	0.0	--
Theft from legitimate source	0.0	--
Buy on streets	0.0	--
Other	1.0	NC
Frequency, in the past one month, of injecting with a needle that no-one else but the respondent had ever used		
	n=200	
Every time	50.5	51.8 (44.1-61.5)
Most of the time	21.5	19.7 (13.5-25.5)
Sometime	15.5	15.9 (9.8-22.8)
Never	12.5	12.4 (6.4-18.5)
Can obtain new unused needles when in need of them	87.8	90.7 (85.3-95.3)

TABLE 5: DRUG TREATMENT

	Sample %	Estimated population proportion % (95% CI)
Respondent has undergone treatment/received help because of drug use	n=200	
Currently undergoing treatment or receiving help	13.5	12.8 (7.9-17.1)
Was, but no longer is receiving treatment or help	25.5	25.6 (16.3-34.0)
Have never received treatment or help	58.5	59.5 (51.5-69.4)
No response	2.5	1.9 (0.6-3.8)
Kinds of treatment and help received	n=78	
Outpatient consultation	3.8	NC
Self-help groups	6.4	NC
Detoxification with methadone	28.2	18.4 (6.7-36.0)
Maintenance with methadone	7.7	13.7 (7.4-55.8)
Detoxification with other drugs	26.9	21.2 (8.7-41.5)
Detoxification with no drug	5.1	5.4 (1.4-13.7)
Residential Rehabilitation	23.1	34.2 (19.7-59.1)
Helped to quit cold turkey	3.8	NC
Forced to quit cold turkey	2.6	NC
Other	1.0	NC
Last treatment or help received	n=46	
1-6 months ago	43.5	NC
7-12 months ago	26.1	NC
$\geq$ 13 months ago	30.4	NC

TABLE 6: SEXUAL HISTORY, TYPES OF SEXUAL PARTNERS, AND CONDOM USE

	Sample %	Estimated population proportion % (95% CI)
Ever had sex[22]	n=200	
	99.5	98.4 (95.0-98.5)
Age at first sex	n=192	
Median (mean)	16.00 (16.40)	
≤14	14.1	14.0 (6.3-14.9)
15-18	76.0	74.1 (70.2-83.2)
≥19	9.9	11.8 (7.5-18.0)
Had sex in the last 12 months	n=199	
	90.9	89.4 (83.7-94.7)
Number of different sex partners in the last 12 months	n=180	
Median (mean)	2.00 (2.45)	
1	41.6	50.2 (41.6-60.0)
2-4	48.8	41.8 (33.2-50.5)
≥ 5	9.4	7.8 (3.0-13.1)
Regular partners: sex and condom use		
Had sex with regular partner during last 12 months	n=181	
	50.3	58.0 (47.7-65.8)
Number of regular partners in last 12 months	n=181	
0	49.7	41.9 (34.0-52.3)
1	48.6	56.2 (45.7-64-6)
≥ 2	1.7	1.7 (0.1-4.0)
Times that had sex with a regular partner during last 30 days	n=90	
0	4.4	NC
1-5	15.6	NC
6-10	35.6	NC
≥ 11	27.8	NC
Don't know	16.7	NC
Condom use at last sex with a regular partner	n=91	
	26.4	17.7 (6.3-28.3)
Respondent suggested condom use at last sex	62.5	53.8 (16.6-65.1)
Reasons for not using condoms at last sex with regular partner (n=66)		
Not available	9.1	4.3 (1.6-10.9)
Too expensive	0.0	--
Partner objected	1.5	NC
Don't like condoms	13.6	19.1 (12.2-43.5)
Used other contraception	9.1	5.9 (1.5-9.6)
Didn't think it necessary	54.5	52.4 (33.8-65.9)
Didn't think of it	18.2	7.9 (3.2-25.6)
Other	1.0	NC
Consistent (100%) condom use with regular partner among those who had sex with a regular partner in last 12 months	n=91	
	12.1	4.3 (1.1-16.7)

[22] **Sexual intercourse** is defined as vaginal or anal sex.

TABLE 6: SEXUAL HISTORY, TYPES OF SEXUAL PARTNERS, AND CONDOM USE cont.

Non-regular non-commercial sex partners: sex and condom use		
Had sex with non-regular, non-commercial partner during last 12 months	n=181	
	68.5	62.6 (53.2-71.9)
Number of non-regular, non-commercial partners in last 12 months	n=180	
0	31.7	37.4 (28.1-47.0)
1	26.1	25.1 (18.3-33.5)
2-4	34.4	32.9 (24.4-41.1)
≥5	7.8	4.4 (1.9-7.5)
Times that had sex with a non-regular partner during last 30 days	n=119	
0	35.3	38.6 (23.0-44.3)
1-2	19.3	10.4 (5.1-15.9)
2-5	18.5	15.7 (7.7-26.4)
≥ 6	13.4	16.9 (8.0-28.9)
Don't know	13.4	18.2 (12.0-32.8)
Frequency of condom use with non-regular, non-commercial regular partner in last 12 months	n=118	
Every time (100%)	38.1	37.6 (21.0-44.8)
Almost every time	17.7	12.9 (8.1-21.5)
Sometimes	19.4	21.7 (13.6-36.4)
Never	24.5	27.5 (15.7-41.0)
Condom use at last sex with a non-regular partner	n=119	
	51.3	45.1 (29.0-54.8)
Respondent suggested condom use during last sex	n=61	
	83.6	73.2 (25.6-89.5)
Reasons for not using condoms at last sex with non-regular, non-commercial partner		
	n=57	
Not available	21.1	14.2 (2.6-21.0)
Don't like condoms	26.3	16.1 (3.3-42.2)
Didn't think it necessary	43.9	63.8 (31.4-89.6)
Didn't think of it	10.5	25.8 (4.8-19.9)
Used other contraception	1.8	NC
Other	1.0	NC
Too expensive	0.0	--
Partner objected	0.0	--
Commercial sex partners: sex and condom use		
Had sex with commercial sex partner during last 12 months	n=181	
	8.3	5.0 (1.9-8.4)
Number of commercial sex partners in last 12 months	n=181	
0	91.7	94.9 (91.3-97.9)
≥ 1 partners	8.3	5.0 (2.0-8.6)
Partners to whom the respondent sold sex	n=15	
0	86.7	NC
Don't know	6.7	NC
No response	6.7	NC
Partners from whom the respondent bought sex	n=15	
1 partner	86.7	NC
2 partners	6.7	NC
3 partners	6.7	NC
Times that had sex with the recent commercial partner during the last month	n=15	

0	53.3	NC
1 partner	40.0	NC
2 partners	6.7	NC
Condom use at last sex with a commercial partner	n=15	
	80.0	NC
Respondent suggested condom use at last sex	n=12	
	83.3	NC
Reasons for not using condoms at last sex with commercial partner	n=3	
Not available	33.3	NC
Too expensive	0.0	NC
Partner objected	0.0	NC
Don't like condoms	33.3	NC
Used other contraception	0.0	NC
Didn't think it necessary	0.0	NC
Didn't think of it	0.0	NC
Other	0.0	NC
Condom use with commercial partner among those who had sex with a commercial partner in last 12 months	n=15	
Every time (100%)	73.3	NC
Almost every time	6.7	NC
Sometimes	6.7	NC
Never	13.3	NC

TABLE 7: KNOWLEDGE OF HIV/AIDS

	Sample %	**Estimated population proportion % (95% CI)**
Has heard of HIV/AIDS	n=200	
	99.5	NA (97.0-99.1)
Knows someone infected with HIV or died of AIDS	n=198	
	18.7	11.7 (7.6-16.4)
Has close friend/relative with HIV or died of AIDS	n=36	
	16.7	NC
	n=199	
Using condoms correctly during every sexual intercourse act can protect one from HIV infection	85.4	89.9 (85.9-93.5)
Having one uninfected faithful sex partner can protect one from HIV infection	70.4	66.5 (57.6-75.3)
Abstinence can prevent HIV infection	32.7	34.7 (26.9-41.8)
Injections with a used needle can transmit HIV	93.0	88.9 (82.3-94.6)
IDU can protect themselves from HIV by switching to non-injecting drugs	56.8	50.6 (43.6-59.4)
A pregnant woman infected with HIV or AIDS may transmit the virus to her unborn child	81.9	73.8 (65.5-81.5)
Taking medication (ARVs) can reduce risk of transmission from mother to unborn child	n=34	
	20.6	NC
A woman with HIV or AIDS can transmit the virus to her newborn child through breastfeeding	n=197	
	66.0	59.7 (52.0-68.7)
No incorrect beliefs (misconceptions) about AIDS transmission	n=199	
Knows mosquito cannot transmit	29.1	21.4 (15.1-27.6)
Knows sharing utensils with someone who is infected cannot transmit	37.2	38.4 (31.1-46.4)

TABLE 8: KNOWLEDGE AND USE OF CONDOMS

	Sample %	Estimated population proportion % (95% CI)
Male condom Use		
Condom used	n=200	
	43.0	43.5 (35.0-52.0)
Out of IDU who have not used a condom in the past 12 months with any sexual partner (n=56), those who have ever heard of condoms	35.7	46.5 (19.2-77.8)
Knew of a person or place from which to obtain condoms (asked of all respondents)	n=200	
	98.0	98.3 (96.2-99.0)
	n=197	
Shop/kiosk	58.9	57.9 (46.2-67.6)
Pharmacy	81.2	76.1 (68.7-85.2)
Market	5.6	5.2 (2.0-9.0)
Health clinic	3.0	1.1 (0.3-2.2)
Hospital	3.6	1.6 (0.6-2.9)
Family planning center	0.5	NC
Bar, guest house, hotel	3.6	3.0 (0.8-6.0)
Peer educator	0.0	--
Friend	2.5	2.1 (0.4-4.6)
NGO	5.1	3.3 (1.2-6.1)

TABLE 9: KNOWLEDGE AND EXPERIENCE OF STIs

	Sample %	Estimated population proportion % (95% CI)
Has heard of STI	n=200	
	95.5	95.1 (91.5-98.0)
Knowledge of female STI symptoms	n=191	
Abdominal pain	1.6	1.2 (0.3-2.6)
Genital discharge	4.2	3.4 (1.3-6.5)
Foul smelling discharge	1.0	NC
Burning pain on urination	2.6	3.4 (0.9-7.0)
Genital ulcers/sores	1.6	2.3 (0.1-5.6)
Swelling in groin area	1.6	0.7 (0.1-1.5)
Itching	4.2	2.6 (1.1-4.6)
Pain during sex	1.0	NC
Knowledge of male STI symptoms		
Genital discharge	3.7	2.4 (0.5-5.0)
Burning pain on urination	8.9	7.9 (3.6-13.2)
Genital ulcers/sores	2.1	2.6 (0.4-5.8)
Swelling in groin area	1.6	0.7 (0.1-1.6)
Pain during sex	2.6	2.1 (0.7-3.9)
Have had a genital discharge during the last 12 months	n=200	
	4.5	5.1(1.3-10.0)
Have had a genital ulcer/sore during the last 12 months	n=198	
	1.0	NC

TABLE 10: HIV COUNSELING AND TESTING

	Sample %	Estimated population proportion % (95% CI)
Knowledge about availability of confidential HIV testing in Kosovo	n=199	
	70.4	64.0 (53.8-70.7)
Respondents who have ever had an HIV test	n=197	
	44.2	40.7 (32.0-49.4)
Voluntarily took HIV test	n=86	
	94.2	93.8 (78.2-97.3)
Respondents who voluntarily received HIV test AND found out their test results	n=86	
	98.8	98.3 (97.0-1.0)
Time of last HIV test	n=84	
Within past 12 months	50.0	44.2 (23.9-73.0)
1-2 years ago	25.0	34.7 (19.2-61.3)
>2 years	25.0	21.0 (4.6-18.4)

TABLE 11: STIGMA AND DISCRIMINATION TOWARDS PEOPLE LIVING WITH HIV/AIDS

	Sample %	Estimated population proportion % (95% CI)
	n=198	
Willingness to share a meal with HIV positive person (No/Don't know)	72.7	76.5 (70.0-83.0)
Willingness to care for HIV positive male relative in the household (No)	31.3	29.4 (22.3-37.1)
Willingness to care for HIV positive female relative in the household (No)	34.8	32.4 (24.6-39.3)
	n=199	
HIV positive teacher who is not sick should be allowed to continue teaching in school (No)	42.7	48.7 (39.6-58.9)
HIV positive student who is not sick should be allowed to continue attending school (No)	32.2	33.1 (26.1-41.2)
HIV positive health worker is not sick should be allowed to continue working with patients (No)	74.3	72.7 (63.9-81.0)
	n=198	
Willingness to buy food from HIV positive shopkeeper/food seller (No)	64.3	64.8 (56.6-72.8)
Want to keep it a secret if family member HIV infected (Yes)	59.5	65.4 (57.6-73.1)

TABLE 12: BIOLOGICAL DATA

	Sample %	Estimated Population Proportion % (95% CI)
	n=200	
HIV	0.0	--
	n=199	
Syphilis	0.0	--
	n=197	
Gonorrhea	0.0	--
	n=199	
Hepatitis B (HBsAg)	14.6	20.1 (12.2-29.5)
Hepatitis C	18.1	12.5 (8.0-17.7)
	n=171	
Chlamydiae IgG	35.7 (IgG)	34.5 (25.3-44.4)
	n=196	
Chlamydiae IgM	0.5 (IgM)	NC

* Of the 199 samples 14% were indeterminate for Chlamydiae IgG, and 1.5 percent for Chlamydiae IgM. In order to generate the estimated population proportions, indeterminate results were not included in the above table.

Female Commercial Sex Workers (CSW)

TABLE 1: SOCIODEMOGRAPHIC CHARACTERISTICS

	Sample %
Age	n=157
Mean	30.17
Median	28.00
≤24	31.2
≥25	68.8
Ever attended school	
Yes	94.9
Highest education completed	n=148
Primary School	41.9
Secondary School	47.3
Higher	10.8
Religion	n=155
Muslim	28.4
Catholic	10.3
Orthodox Christian	60.0
Other/No religion	1.2
Nationality	n=155
Bulgarian	33.5
Albanian	27.7
Moldovan	15.5
Ukrainian	9.0
Russian	4.5
Other	9.6
Birthplace	n=156
Bulgaria	34.6
Albania	17.9
Moldova	16.0
Ukraine	10.3
Kosovo	9.8
Russia	3.8
Macedonia	3.2
Romania	2.6
Other	1.8
Time living in Current Town/City	n=156
Mean	3.19
Median	3.0
Other places worked as CSW prior to living in current community	n=156
Bulgaria	16.0
Kosovo	8.3
Nowhere	60.9
Other	14.7

TABLE 2: ALCOHOL AND DRUG USE

	Sample %
Alcohol Use	
Frequency of alcohol use in last 4 weeks	n=157
Every day	17.3
At least once a week	55.1
Less than once a week or never	26.9
Never	0.6
Drugs used during last month (injection and non-injection)	
Heroin	0.6
Cocaine	0.0
Heroin+cocaine	0.0
Crack	1.3
Trodon (Tramadol)	3.8
Methadone (Heptanon)	1.3
Amphetamine	0.6
Ecstasy	5.1
Benzodiazepin (Bensedin)	3.8
Antiparkinson (Artane, Akineton)	0.0
LSD	0.0
Marihuana, Canabis, etc.	4.5
Injected drugs in last 12 months	n=154
Yes	1.3

TABLE 3: MARRIAGE, FAMILY AND WORK

	Sample %
Ever been married	n=157
	56.7
Age at first got married	n=89
Median (mean)	18.93
≤ 18	49.4
>18	50.6
Current marital status	n=151
Currently married, living with spouse	7.9
Currently married, living with other sex partner	2.6
Currently married, not living with spouse/other sex partner	2.0
Not married, living with sex partner	53.0
Not married, not living with sex partner	34.4
Age when first received money for sex	n=114
Mean	23.36
Median	20.0
≤ 18	25.4
>18	74.6
Earn money doing work other than sex work	81.6
Earn money doing other work as	n=129
Waitress	79.1
Bartender	19.4
Salesperson	3.9
Cleaning	5.4
Other	13.2
Supporting someone (parents, children or others)	n=157
Yes	63.7
Number of people supporting	n=99
Mean	3.11
Median	3.0
Age first had sex	n=135
Mean	17.44
Median	17.0
> 14 years old	10.4
15-18 years old	62.2
19+ years old	27.4
Number of sexual partners in the last 7 days	n=98
Paying clients (mean n=98)	2.71
Non-paying partners (mean n=147)	0.80
Average number of sex partners (all kinds; n=119)	2.97

TABLE 4: SEXUAL HISTORY: Paying clients

Number of clients on the last day they worked	**n=99**
Mean	1.56
Median	1.0
Amount of money received on the last time they had sex with the client	**n=74**
€0	44.6
€20 – €30	19.0
€34 – €45	10.9
€50 – €60	23.1
>€60	2.8
Condom used last time	**n=157**
Yes	35.0
Condom use suggested by …	**n=63**
Myself	47.6
Partner	7.9
Joint decision	27.0
Reasons for not using condom	**n=90**
Not available	7.8
Too expensive	0.0
Partner objected	11.1
Don't like them	44.4
Used other contraceptive	20.0
Didn’t think it was necessary	22.2
Didn’t think of it	21.1
Don’t use it with regular clients	10.0
Other	1.1
Frequency of condom use with clients in the last 30 days	**n=157**
Every time	15.3
Almost every time	15.3
Sometimes	19.7
Never	38.2
Don’t know	3.8
No response	7.6

TABLE 5: SEXUAL HISTORY: Non - Paying partners

Number of sex. Intercourses within 30 days	n=76
Mean	11.37
Median	10.0
Condom used last time	n=115
Yes	23.5
Condom use suggested by …	n=32
Myself	37.5
Partner	6.3
Joint decision	43.8
Reasons for not using condom	n=80
Not available	6.3
Too expensive	0.0
Partner objected	7.5
Don't like them	40.0
Used other contraceptive	23.8
Didn't think it was necessary	26.3
Didn't think of it	21.3
Don't use it with regular partners	11.3
Other	1.3
Frequency of condom use with non-paying partners in the last 12 months	n=115
Every time	13.0
Almost every time	12.2
Sometimes	23.5
Never	45.2
Don't know	1.7
No response	4.3
Ever used condom with any sexual partner	n=89
Yes	56.2
Ever heard of condom (out of those who have never used a condom)	n=39
Yes	94.9
Know of a place or person from which condoms may be obtained	91.9
Places to obtain a condom	n=145
Shop/kiosk	35.2
Pharmacy	95.2
Super-market	22.1
Clinic	8.3
Hospital	13.8
Family planning center	5.5
Bar/guest house/hotel	7.6
Peer educator	1.4
Friend	7.6
NGO	2.8
Pimp	10.3

TABLE 6: KNOWLEDGE AND EXPERIENCE OF STIs

	Sample %
Has heard of STI	n=157
	76.4
Knowledge of female STI symptoms	n=121
Abdominal pain	40.5
Genital discharge	32.2
Foul smelling discharge	22.3
Burning pain on urination	10.7
Genital ulcers/sores	14.9
Swelling in groin area	5.0
Itching	20.7
Pain during sex	19.8
Others	4.1
Knowledge of male STI symptoms	n=121
Genital discharge	20.7
Burning pain on urination	7.4
Genital ulcers/sores	4.1
Swelling in groin area	0.8
Cant retract the foreskin	9.1
Ulcer/sore on the anus	5.0
Anal discharge	6.6
Anal pain	9.1
Pain during sex	17.4
Had a …during past 12 months	n=157
Genital discharge	15.3
Genital sore/ulcer	1.9

TABLE 7: KNOWLEDGE OF HIV/AIDS

	Sample %
Has heard of HIV/AIDS	n=141
	89.8
Has close friend/relative with HIV or died of AIDS (of those who have heard of HIV/AIDS)	n=133
	7.6
Using condoms correctly during every sexual intercourse act can protect one from HIV infection	n=138
	72.5
Having one uninfected faithful sex partner can protect one from HIV infection	73.9
Abstinence can prevent HIV infection	n=135
	45.2
Injections with a used needle can transmit HIV	n=141
	95.7
Healthy looking person can be infected with HIV	n=138
	76.8
A pregnant woman infected with HIV or AIDS may transmit the virus to her unborn child	n=141
	80.1
Taking medication (ARVs) can reduce risk of transmission from mother to unborn child	n=113
	39.8
A woman with HIV or AIDS can transmit the virus to her newborn child through breastfeeding	n=141
	69.5
No incorrect beliefs (misconceptions) about AIDS transmission	n=139
Knows mosquito cannot transmit	32.4
Knows sharing utensils with someone who is infected cannot transmit	33.1

TABLE 8: HIV Testing

	Sample %
It is possible for someone living in Kosovo to get a confidential test to find out if they are infected with HIV	n=139
	63.3
Had an HIV test	n=141
	40.4
Test voluntary or required	n=62
Voluntarily	92.9
Required	7.0
Found out the results of the tests	98.2
Most recent HIV test	n=62
Within the past year	27.4
Between 1-2 years	29.0
Between 2-4 years	11.3
More than 4 years ago	19.4

TABLE 9: Treatment seeking behavior

	Sample %
Had a genital discharge or ulcer in the last 12 months	n=157
	15.3
Did the following	n=24
Seek advice/medicine from a government clinic or hospital	70.8
Seek advice/medicine from a workplace clinic or hospital	33.3
Seek advice/medicine from a church or charity-run clinic or hospital	12.5
Seek advice/medicine from a private clinic or hospital	62.5
Seek advice/medicine from a private pharmacy	45.8
Seek advice/medicine from a traditional healer	12.5
Took medicine you had at home	37.5
Create/prepare medication at home	8.3
Tell your sexual partner about the discharge/ STD	37.5
Stop having sex when you had the symptoms	37.5
Use a condom when having sex during the time you had the symptoms	50.0
Did the following first	n=24
Seek advice/medicine from a government clinic or hospital	45.8
Seek advice/medicine from a workplace clinic or hospital	0.0
Seek advice/medicine from a church or charity-run clinic or hospital	0.0
Seek advice/medicine from a private clinic or hospital	20.8
Seek advice/medicine from a private pharmacy	8.3
Seek advice/medicine from a traditional healer	4.2
Took medicine you had at home	16.7
Create/prepare medication at home	0.0
Did the following the last time had a genital discharge/ulcer	
Tell your sexual partner about the discharge/ STD	37.5
Stop having sex when you had the symptoms	37.5
Use a condom when having sex during the time you had the symptoms	50.0
Obtained medicine from	n=24
Health worker in clinic/hospital	12.5
Pharmacy	95.8
Traditional healer	0.0
Friend or relative	8.3
“Took medicine I had at home”	0.0
Did not take any medicine	0.0
Made own medicine	4.2
Paid	n=21
Mean	16.38
Median	17.00
Sought advice from a health worker in a clinic or hospital after experiencing symptoms	n=23
1 week or less	43.5
Less than 1 month but more than 1 week n	21.7
One month or more	21.7
Don’t know	13.0
	n=23
Received prescription	73.9
Obtained all/some prescribed medicines	69.6
Took prescribed medicines	91.3

TABLE 10: STIGMA AND DISCRIMINATION TOWARDS PEOPLE LIVING WITH HIV/AIDS

	Sample %
Willingness to share a meal with HIV positive person (No)	n=155
	74.8
Willingness to care for HIV positive male relative in the household (No)	n=152
	44.7
Willingness to care for HIV positive female relative in the household (No)	n=153
	35.3
HIV positive teacher who is not sick should be allowed to continue teaching in school (No)	n=156
	41.0
HIV positive student who is not sick should be allowed to continue attending school (No)	n=149
	27.5
HIV positive health worker is not sick should be allowed to continue working with patients (No)	n=156
	51.9
Willingness to buy food from HIV positive shopkeeper/food seller (No)	n=153
	61.4
Want to keep it a secret if family member HIV infected (Yes)	n=157
	47.1
Been forced to have sex in the last 12 months	n=157
	15.9

TABLE 11: BIOLOGICAL DATA

	Sample %
	n=157
HIV	0.0
	n=153
Syphilis	0.0
Hepatitis B (HBsAg)	18.3
Hepatitis C	3.3
Chlamydia IgG	45.2
Chlamydia IgM	2.0
	n=75
Trichomoniasis	28.0
	n=92
Gonorrhea	2.2

*9.6 percent were indeterminate for Chlamydia IgG and 2.5 percent for Chlamydia IgM antibodies

Men who have sex with men (MSM)

TABLE 1: SOCIODEMOGRAPHIC CHARACTERISTICS

	Sample %	Estimated population proportion % (95% CI)
Age	n=69	
Mean	24.78	
Median	24.00	
≤24	53.6	60.3 (42.6-76.8)
≥25	46.4	39.6 (23.2-57.4)
Have ever attended school (yes)	92.8	91 (90.0-98.9)
Highest education completed		
	n=64	
Primary School	23.4	25.7 (11.0-52.8)
Secondary School	51.6	42.6 (25.9-60.3)
Higher	25.0	31.5 (2.1-54.8)
Religion	n=69	
Muslim	95.7	91.1 (89.0-99.4)
Other/No religion	4.3	8.8 (0.005-11.0)
Marital Status		
Ever married to a woman	21.7	23.2 (8.0-39.2)
Current marital status		
Married to a woman	18.8	15.8 (3.3-30.3)
Not Married	81.2	84.1 (69.6-96.6)
Municipality where currently live	n=67	
Prishtina	26.9	32.4 (22.9-64.0)
Fushë Kosova	26.9	12.4 (0.7-53.8)
Other	46.3	55.0 (24.1-72.9)
Years living in current town/city	n=68	
median (mean)	19.00 (18.77)	
Spent one month or more away from home in past year	26.1	21.1 (10.0-37.2)
Did not spend one more or more away from home in past year	73.9	78.8 (62.7-89.9)
Respondents current occupation	n=69	
Student	7.4	19.5 (1.0-37.5)
Employed	52.2	41.3 (26.3-60.9)
Unemployed	40.2	39.1 (23.9-56.7)
Ethnic Group	n=69	
Kosovan Albanian	72.5	72.2 (50.0-88.8)
Other	27.5	27.7 (11.1-50.0)

TABLE 2: ALCOHOL AND DRUG USE

	Sample %	Estimated population proportion % (95% CI)
Alcohol Use		
Frequency of alcohol use in last one month	n=68	
Everyday	8.8	14.5 (1.9-22.9)
At least once a week	19.1	12.2 (6.5-25.8)
Less than once a week or never	72.0	732 (58.5-88.5)
Drugs tried by the respondent	n=69	
Cocaine	5.8	9.6 (1.3-22.1)
Heroin	2.9	NC
Heroin+cocaine	1.4	NC
Marihuana, Canabis, etc.	13.0	9.2 (4.0-16.4)
Ecstasy	2.9	NC
Benzodiazepin (Bensedin)	1.4	NC
Trodon (Tramadol)	1.4	NC
Other	1.4	NC
Crack	0.0	--
Methadone (Heptanon)	0.0	--
Amphetamine	0.0	--
Antiparkinson (Artane, Akineton)	0.0	--
LSD	0.0	--
Injected drugs in last 12 month	0.0	--

TABLE 3: SEXUAL HISTORY, NUMBERS AND TYPES OF SEXUAL PARTNERS

	Sample %	Estimated population proportion % (95% CI)
Had sex with another man in the past 6 months	85.3 (n=68)	62.4 (52.4-83.8)
Had oral sex with a man in the past 6 months	n=58	
	89.7	82.4 (64.2-97.3)
Number of oral sex partners in the past six months	n=52	
1	23.1	22.3 (9.4-50.9)
≥ 2	76.9	77.6 (49.2-90.5)
Condom used in the last oral sex	n=53	
	45.3	56.6 (32.5-66.1)
Frequency of condom use with oral sex during the past 6 months	n=53	
Every time	26.4	15.2 (4.7-36.9)
Almost every time	11.3	25.9 (.3-31.1)
Sometimes	24.5	23.0 (12.6-42.3)
Never	37.7	35.8 (27.1-54.8)
	n=52	
Ejaculated on another man's mouth or vice-versa	34.6	19.4 (10.3-36.5)
Had anal sex with a man in the past 6 months	n=59	
	93.2	91.8 (81.3-99.3)
Number of anal sex partners with in the past 6 months:	n=59	
Total		
0	6.7	7.7 (0.5-18.4)
1	11.8	4.8 (1.3-12.5)
≥ 2	81.3	87.3 (73.5-95.6)
When insertive partner		
0	45.8	34.6 (16.4-52.3)
1	22.0	11.0 (2.7-26.0)
≥ 2	32.2	54.3 (30.4-76.6)
When receptive partner		
0	35.6	43.1 (31.1-67.3)
1	16.9	21.2 (3.5-36.1)
≥ 2	47.5	35.5 (12.9-56.8)
Number of commercial sex partners	n=55	
0	94.5	NC
≥ 2	5.5	NC
Number of other partners		
0	3.6	NC
1	12.7	5.3 (0.6-13.1)
≥ 2	83.6	79.0 (68.7-95.4)
Forced to have sex during the past 12 months	n=54	
	22.2	9.4 (2.2-22.6)

TABLE 4: SEXUAL HISTORY, NUMBERS AND TYPES OF SEXUAL PARTNERS cont.

	Sample %	Estimated population proportion % (95% CI)
Had anal sex with a commercial partner during past 6 months	n=55	
	5.5	NC
Times that had anal sex with commercial partner during the past 30 days	n=3	
2	33.3	NC
3	33.3	NC
5	33.3	NC
Condom used at last anal sex with a commercial partner	66.7	NC
Reasons for not using condoms at last anal sex with a commercial partner	n=1	
Not available	100	NC
Too expensive	100	NC
Frequency of condom use with a commercial partner in last 6 months	n=3	
Almost every time	33.3	NC
Sometimes	33.3	NC
Never	33.3	NC
Ever discussed HIV, AIDS, or STDs with a commercial partner (Yes, some)	33.3	NC
Had anal sex with other partners during past 6 months	n=55	
	94.5	80.2 (76.1-99.9)
Times that had anal sex with non-paying partner during the past 30 days	n=52	
0	21.2	21.4 (4.5-50.2)
1-2	38.5	34.9 (15.4-65.9)
≥ 3	40.4	43.6 (14.9-63.1)
Condom used at last anal sex with a non-paying partner	n=52	
	48.1	56.1 (19.3-87.0)
Reasons for not using condoms at last sex with non-paying partner	n=27	
Not available	25.9	NC
Too expensive	0.0	--
Partner objected	7.4	NC
Don't like condoms	25.9	34.7 (3.3-40.7)
Didn't think it necessary	33.3	3.2 (1.0-14.3)
Didn't think of it	3.7	NC
Other	14.8	25.7 (14.9-64.2)
Frequency of condom use with a non-paying partner in last 6 months	n=52	
Every time	30.8	6.3 (3.6-17.3)
Almost every time	17.3	16.0 (3.2-3.28)
Sometimes	28.8	64.3 (36.5-74.4)
Never	23.1	13.4 (6.1-33.8)
	n=51	
Ever discussed HIV, AIDS, or STDs with a non-paying partner	58.8	46.0 (5.8-65.1)
Ever had sex with a woman	n=59	

	55.9	72.7 (56.4-89.3)
Number of female partners during last 6 months	n=33	
0	9.1	NC
1	45.5	NC
≥ 2	45.5	NC
	n=30	
Condom used at last sex with a female	43.3	NC
Frequency of condom use with a female partner in last 6 months		
Every time	26.7	36.6 (0.0-63.0)
Not every time (almost every time/sometimes / never)	73.3	63.4 (37.2-1.0)

TABLE 5: Condoms, lubricants

	Sample %	Estimated population proportion% (95% CI)
Condoms use reported	74.6 (n=59)	83.4 (69.0-93.9)
	n=15	
Ever used a condom during sex (by those who had not reported condom use during the previous 6 months)	73.3	64.8 (21.4-36.4)
Ever heard of condoms (by those who had not reported condom use during the previous six months)	1.0	NC
	n=59	
Knew of a person or place from which to obtain condoms	96.6	97.2 (96.3-99.9)
	n=57	
Shop/kiosk	50.9	55.2 (28.8-83.4)
Pharmacy	64.9	80.4 (67.3-93.8)
Friend	10.5	11.3 (2.8-25.0)
NGO	28.1	8.4 (18.9-57.7)
Other	5.3	1.6 (1.0-5.4)
Market	3.5	NC
Health clinic	1.8	NC
Bar, guest house, hotel	1.8	NC
Peer educator	3.5	NC
Hospital	0.0	--
Family planning center	0.0	--
	n=58	
Uses lubricants during anal intercourse with men	58.6	29.7 (15.7-45.9)
Kinds of lubricants used commonly:	n=34	
Aqualube	47.1	37.9 (9.1-51.7)
Oil-based lubricants (Vaseline, hand lotion, baby oil, butter, cooking oil, shampoo/soap)	38.2	26.3 (0-86.4)
Vaginal gel	5.9	NC
Saliva	14.7	NC
Reasons for not using lubricants	n=24	
Partner objects	0.0	--
Afraid to use it	0.0	--
Can't get it	12.5	NC
Don't like lubricants	29.2	71.9 (67.9-95.4)
Other	12.5	NC
Frequency of lubricant use during the past 6 months	n=33	
Every time/Almost every time	57.6	76.5 (27.2-93.0)
Sometimes/Never	42.4	23.4 (8.1-76.8)
Knew of a place or person from which to obtain lubricant	61.0 (n=59)	50.5 (33.0-70.7)
	n=36	
Shop/kiosk	30.6	14.7 (5.8-48.8)
Pharmacy	16.7	28.5 (6.8-70.1)
Friend	16.7	8.0 (3.8-14.7)
Market	2.8	NC
NGO	47.2	NC
Other	5.6	NC
Health clinic	0.0	--
Hospital	0.0	--
Family planning center	0.0	--
Bar, guest house, hotel	0.0	--
Peer educator	0.0	--

TABLE 6: KNOWLEDGE AND EXPERIENCE OF STIs

	Sample %	Estimated population proportion % (95% CI)
Has heard of STI	79.7	83.2 (69.9-92.4)
Knowledge of female STI symptoms	n=55	
Abdominal pain	0.0	--
Genital discharge	3.6	NC
Foul smelling discharge	3.6	NC
Burning pain on urination	3.6	NC
Genital ulcers/sores	3.6	NC
Swelling in groin area	1.8	NC
Itching	7.3	4.8 (0.2-3.0)
Pain during sex	3.6	NC
Other	7.3	32.7 (0.3-41.6)
Knowledge of male STI symptoms	n=55	
Genital discharge	14.5	3.2 (0.5-8.4)
Burning pain on urination	16.4	4.5 (0.2-3.0)
Genital ulcers/sores	3.6	NC
Swelling in groin area	7.3	NC
Can't retract foreskin	1.8	NC
Ulcers/Sores on the anus	3.6	NC
Anal discharge	3.6	NC
Anal Pain	3.6	NC
Pain during sex	0.0	--
Other	12.7	NC
	n=69	
Have had a genital discharge during the past 12 months	4.3	1.7 (0.1-4.0)
Have had a genital ulcer during the past 12 months	1.4	NC
Have had an anal ulcer/sore during the past 12 months	2.9	NC
Have had an anal discharge during the past 12 months	1.4	NC

TABLE 7: KNOWLEDGE OF HIV/AIDS

	Sample %	Estimated population proportion % (95% CI)
Has heard of HIV/AIDS	n=69	
	94.2	95.3 (94.5-99.5)
Knows someone infected with HIV or died of AIDS	n=65	
	15.4	9.4 (3.4-19.5)
Has close friend/relative with HIV or died of AIDS	n=9	
	55.6	NC
Using condoms correctly during every sexual intercourse act can protect one from HIV infection	n=64	
	87.5	85.5 (74.9-95.1)
Avoiding anal sex can prevent HIV infection	n=64	
	50.0	61.1 (39.5-79.6)
	n=65	
Using condoms correctly during every anal sex can protect one from HIV infection	78.5	77.7 (62.6-91.4)
Having one uninfected faithful sex partner can protect one from infection	83.1	83.7 (70.0-94.2)
Abstaining sexual intercourses can prevent HIV infection	61.5	64.0 (47.2-79.5)
Injecting with a used needle can transmit HIV	96.9	99.1 (97.5-99.8)
A healthy-looking person can be infected with HIV	89.2	86.4 (72.8-98.5)
A pregnant woman infected with HIV or AIDS may transmit the virus to her unborn child	90.8	86.3 (67.3-98.0)
A woman with HIV or AIDS can transmit the virus to her newborn child through breastfeeding	70.3	70.1 (50.9-87.0)
Taking medication (ARVs) can reduce risk of transmission from mother to unborn child	n=59	
	16.9	11.5 (2.9-22.7)
No incorrect beliefs (misconceptions) about AIDS transmission	n=65	
Knows mosquito cannot transmit	53.8	56.3 (39.0-72.8)
Knows sharing utensils with someone who is infected cannot transmit	46.2	52.7 (29.7-67.3)

TABLE 8: HIV COUNSELING AND TESTING

	Sample %	Estimated population proportion % (95% CI)
Knowledge about availability of confidential HIV testing in Kosovo	n=63	
	92.1	73.7 (59.0-96.2)
Respondents who have ever had an HIV test	n=65	
	30.8	30.9 (13.1-52.5)
	n=20	
Voluntarily took HIV test	95.0	NC
Respondents who voluntarily received HIV test AND found out their test results	100	100
Time of last HIV test		
Within past 12 months	85.0	NC
> 1 year ago	15.0	NC

TABLE 9: STI TREATMENT SEEKING BEHAVIORS

	Sample %	Estimated population proportion % (95% CI)
Had genital discharge or ulcer in last 12 months	n=69	
	5.8	1.8 (0.3-4.3)
Last time that had a genital discharge or ulcer/sore the respondent:	n=4	
Sought advice/medicine from a government clinic or hospital	25.0	NC
Sought advice/medicine from a workplace clinic or hospital	25.0	NC
Sought advice/medicine from a church or charity-run clinic or hospital	0.0	--
Sought advice/medicine from a private clinic or hospital	25.0	NC
Sought advice/medicine from a private pharmacy	50.0	NC
Sought advice/medicine from a traditional healer	0.0	NC
Took medicine that had at home	25.0	NC
Told the sexual partner about the discharge/ STD	75.0	NC
Stopped having sex when noticed the symptoms	75.0	NC
Used a condom when having sex during the time that had the symptoms	25.0	NC
Things done first:	n=4	
Sought advice/medicine from a private clinic or hospital	25.0	NC
Sought advice/medicine from a private pharmacy	25.0	NC
Other	50.0	NC
The medicine taken for the last episode of symptoms were obtained from:	n=4	
Health worker in clinic/hospital	0.0	--
Pharmacy	50.0	NC
Traditional healer	0.0	--
Friend or relative	0.0	--
Took medicine that had at home	0.0	--
Did not take any medicine	50.0	NC
Money paid for the medicine	n=2	
5	50.0	NC
12	50.0	NC
	n=4	
Sought advice from a health worker in clinic or hospital	25.0	NC
Period after experiencing first symptoms till seeking advice	n=1	
≤ 1 week	1.0	NC
	n=1	
Received a prescription for medicine	1.0	NC
Obtained the medicine prescribed	1.0	NC
Took all the medicine prescribed	1.0	NC
Had anal discharge/ulcer during the in last 12 months	2.9	NC
Last time that had an anal discharge or ulcer/sore the respondent:	n=2	
Sought advice/medicine from a government clinic or hospital	50.0	NC
Sought advice/medicine from a workplace clinic or hospital	0.0	--

Sought advice/medicine from a church or charity-run clinic or hospital	0.0	--
Sought advice/medicine from a private clinic or hospital	50.0	NC
Sought advice/medicine from a private pharmacy	100	NC
Sought advice/medicine from a traditional healer	50.0	NC
Took medicine that had at home	0.0	--
Told the sexual partner about the discharge/ STD	100	NC
Stopped having sex when noticed the symptoms	50.0	NC
Used a condom when having sex during the time that had the symptoms	0.0	--
Things done first:	n=2	
Sought advice/medicine from a government clinic or hospital	50.0	NC
Sought advice/medicine from a private pharmacy	50.0	NC
The medicine taken for the last episode of symptoms were obtained from:	n=2	
Health worker in clinic/hospital	0.0	--
Pharmacy	50.0	NC
Traditional healer	0.0	--
Friend or relative	0.0	--
Took medicine that had at home	0.0	--
Did not take any medicine	50.0	NC
	n=2	
Sought advice from a health worker in clinic or hospital	50.0	NC
Period after experiencing first symptoms till seeking advice	n=1	
≤ 1 week	1.0	NC

TABLE 10: STIGMA AND DISCRIMINATION TOWARDS PEOPLE LIVING WITH HIV/AIDS

	Sample %	Estimated population proportion% (95% CI)
Willingness to share a meal with HIV positive person (No)	n=63	
	66.7	70.2 (50.5-89.1)
Willingness to care for HIV positive male relative in the household (No)	n=65	
	24.6	25.3 (11.9-41.0)
Willingness to care for HIV positive female relative in the household (No)	n=65	
	29.2	27.8 (13.2-47.1)
	n=68	
HIV positive teacher who is not sick should be allowed to continue teaching in school (No/Don't know)	57.4	59.4 (43.5-78.2)
HIV positive student who is not sick should be allowed to continue attending school (No/Don't know)	39.7	38.7 (20.2-59.1)
HIV positive health worker is not sick should be allowed to continue working with patients	29.4	32.2 (51.0-87.2)
Willingness to buy food from HIV positive shopkeeper/food seller (No/Don't know)	64.7	55.4 (39.4-74.3)
Want to keep it a secret if family member HIV infected (Yes)	n=67	
	56.7	56.4 (35.1-69.8)

TABLE 11: BIOLOGICAL DATA

	Sample %	Estimated Population Proportion (95% CI)
	n=69	
HIV	0.0	-
Syphilis	0.0	-
Hepatitis C	0.0	-
Hepatitis B (HBsAg)	8.7	14.9 (3.8-28.3)
	n=67*	
Chlamydia IgG	38.1	26.8 (10.5-42.3)
Chlamydia IgM	0.0	
	n=67	
Gonorrhea	4.5	NC

ANNEX II – QUESTIONNAIRES

HIV/AIDS/STD BEHAVIORAL SURVEILLANCE SURVEY FOR USE WITH INJECTING DRUG USERS (IDUs)

KOSOVO, 2006

001 QUESTIONNAIRE IDENTIFICATION NUMBER |___|___|___|

002 CITY: 1. PRISHTINA 2. PRIZREN

Introduction: "My name is … I'm working for Index Kosova, local research company, and the implementing partner with Family Health International from United States. We're interviewing people here in [PRISHTINA/PRIZREN] in order to find out about people's attitudes, behavior, their sexual practices, as well as their knowledge on HIV/AIDS and STI's. Have you been interviewed in the past few weeks [or other appropriate time period] for this study? **IF THE RESPONDENT HAS BEEN INTERVIEWED BEFORE DURING THIS ROUND OF BSS, DO NOT INTERVIEW THIS PERSON AGAIN.** Tell them you cannot interview them a second time, thank them, and end the interview. If they have not been interviewed before, then verify that the respondent is an injecting drug user:

Result of Interview	

Result codes: 1 – Completed; 2 – Partially completed, 3 – Refused; 4 – Other.

005 INTERVIEWER CODE [___|___|___|___] Name_____

006 DATE INTERVIEW: |___| (date) |___| (month) |_____| (year)

CHECKED BY SUPERVISOR: Signature _____ Date _____

Section 1: Background characteristics

No.	Questions and filters	Coding categories	Skip to
Q101	RECORD SEX OF THE RESPONDENT	MALE 1 FEMALE 2	
Q102	How old were you at your last birthday?	AGE IN COMPLETED YEARS [__|__] DON'T KNOW 88 **NO RESPONSE 99**	
Q103	Have you ever attended school?	YES 1 NO 2 NO RESPONSE 9	**→ Q105**
Q104	What is the highest level of school you completed: primary, secondary or higher? **CIRCLE ONE**	PRIMARY 1 SECONDARY 2 HIGHER 3 NO RESPONSE 9	
Q105	What is your current occupation?	OWNER OF OWN BUSINESS 1 MANAGER OF ENTERPRISE 2 MANAGER OF DIVISION OR DEPARTMENT 3 PROFESSIONAL 4 WHITE COLLAR WORKER/OFFICER EMPLOYEE 5 CLERICAL-LEVEL OFFICE WORKER 6 FOREMAN, TECHNICIAN 7 SKILLED WORKER 8 SEMI-SKILLED WORKER 9 UNSKILLED WORKER 10 SECURITY SPHERE 11 CIVIL SERVANTS (TEACHERS, ETC.) 12 FARMER, FISHERMAN 13 LANDLESS AGRICULTURAL LABOURER 14 HOUSEWIFE 20 STUDENT 21 PENSIONER/DISABLED 22 UNEMPLOYED, LOOKING FOR WORK 23 UNEMPLOYED, NOT LOOKING FOR WORK 24 DON'T KNOW 88 NO RESPONSE 99	
Q105a	In which municipality do you currently live?	(write down response) _____ NO RESPONSE 99	
Q106	How long have you lived here in this town/city?	NUMBER OF YEARS [__|__] RECORD 00 IF LESS THAN 1 YEAR DON'T KNOW 88 NO RESPONSE 99	
Q107	In the last 12 months have you been away from your home for more than one month altogether?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q108	What religion are you? **CIRCLE ONE**	MUSLIM 1 CATHOLIC 2 ORTHODOX 3 OTHER _____ 4 NO RELIGION 0 NO RESPONSE 9	
Q109	To which ethnic group do you belong? **CIRCLE ONE**	KOSOVAN ALBANIAN 1 KOSOVAN SERB 2 OTHER (SPECIFY) _____ 3 MIXED ETHNICITY 0 NO RESPONSE 9	

Q110	During the past one month how often have you had drinks containing alcohol? Would you say ……**READ OUT** **CIRCLE ONE**	EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK / NEVER 3 DON'T KNOW 8 NO RESPONSE 9	

Section 2: Drug use

No.	Questions and filters	Coding categories	Skip to
Q201	How long have you been using illegal/non-medical/addictive drugs?	NUMBER OF YEARS [__|__] NUMBER OF MONTHS [__|__] RECORD 00 IF LESS THAN 1 MONTH DON'T KNOW 88 NO RESPONSE 99	
Q202	How long have you been *injecting* drugs?	NUMBER OF YEARS [__|__] NUMBER OF MONTHS [__|__] RECORD 00 IF LESS THAN 1 MONTH DON'T KNOW 88 NO RESPONSE 99	
Q203	How old were you when you first injected illegal/non-medical drugs? (Includes self-injection or injection by another).	AGE IN COMPLETED YEARS [__|__] DON'T KNOW 88 **NO RESPONSE 99** ESTIMATE BEST ANSWER	

Q204	Which of the following types of drugs have you used in the past one month and which were injected? **READ LIST. MULTIPLE ANSWERS POSSIBLE.**	1. Used in last month				2. Injected in last month				
		YES	NO	DK	NR	YES	NO	DK	NR	
	a) Heroin (not in combination with cocaine)	1	2	3	4	1	2	3	4	
	b) Cocaine (not in combination with heroin)	1	2	3	4	1	2	3	4	
	c) Heroin and cocaine together	1	2	3	4	1	2	3	4	
	d) Crack	1	2	3	4	1	2	3	4	
	e) Trodon (Tramadol)	1	2	3	4	1	2	3	4	
	f) Methadone (Heptanon)	1	2	3	4	1	2	3	4	
	g) Amphetamines	1	2	3	4	1	2	3	4	
	h) Ecstasy	1	2	3	4	1	2	3	4	
	i) Benzodiazepin (Bensedin)j)	1	2	3	4	1	2	3	4	
	Antiparkinson (Artane, Akineton)	1	2	3	4	1	2	3	4	
	k) LSD									
	l) Marihuana, canabis, etc.									
	m) Anything else? _____									

Q205	During the past one month how often would you say you injected drugs?	ONLY ONCE 1 2-3 TIMES 2 ABOUT ONCE A WEEK 3 2-3 TIMES A WEEK 4 4-6 TIMES A WEEK 5 ABOUT ONCE A DAY 6 2-3 TIMES A DAY 7 4 OR MORE TIMES/DAY 8 DON'T KNOW 88 NO RESPONSE 99	

Section 3: Needle and sharing behaviors

In the next section, I would like to ask you a few questions about injecting yourself or being injected by someone else. I am interested in the times you have injected with needles or syringes that had previously been used. Later, I will ask you about the times you let other people use needles and syringes after you had used them.

No.	Questions and filters	Coding categories	Skip to
Q301	Think about the last time you injected drugs. Did you use a needle or syringe that had previously been used by someone else?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	**→ Q303**
Q302	Think about the times you have injected drugs during the past one month. How often was it with a needle or syringe that had previously been used by someone else?	ALWAYS 1 MOST TIMES 2 ABOUT HALF THE TIME 3 OCCASIONALLY 4 NEVER 5 DON'T KNOW 8 NO RESPONSE 9	
Q303	In the past one month, did you ever share needles and syringes with any of the following: READ OUT LIST. **MULTIPLE ANSWERS POSSIBLE.**	YES NO DK NR a) Your usual sexual partner 1 2 3 4 b) A sexual partner who you did not know 1 2 3 4 c) A friend 1 2 3 4 d) A dealer 1 2 3 4 e) A professional injector 1 2 3 4 f) Someone in a shooting gallery 1 2 3 4 g) A fellow prisoner 1 2 3 4 h) Other_____ 1 2 3 4	**IF "NO" TO ALL →Q307**

Q304	With how many different injecting partners did you share needles or syringes in the past one month?	NUMBER OF PEOPLE [__|__] DON'T KNOW 88 NO RESPONSE 99	
Q305	In the past one month, when you injected with needles or syringes that had previously been used, how often did you clean them first?	EVERY TIME 1 ALMOST EVERY TIME 2 SOMETIMES 3 NEVER 4 DON'T KNOW 8 NO RESPONSE 9	→ **Q307**
Q306	**(IF CLEANED)** How did you usually clean them? **DO NOT READ OUT LIST**	COLD WATER 1 HOT WATER 2 BOILING 3 BLEACH 4 ALCOHOL 5 OTHER_____ 6 DON'T KNOW 8 NO RESPONSE 9	
Q307	When you injected in the past one month, how often was it with a needle that *no one* else had ever used other than yourself?	EVERY TIME 1 ALMOST EVERY TIME 2 SOMETIMES 3 NEVER 4 DON'T KNOW 8 NO RESPONSE 9	
Q308	In the past one month, how often did you give, lend or rent a needle or syringe to someone else, after you had already used it?	EVERY TIME 1 ALMOST EVERY TIME 2 SOMETIMES 3 NEVER 4 DON'T KNOW 8 NO RESPONSE 9	→ **Q310a**
Q309	In the past one month, when you gave, lent or rented a used needle and/or a syringe, was it ever to a: READ OUT LIST. **MULTIPLE ANSWERS POSSIBLE.**	YES NO DK NR 1 2 3 4 a) Your usual sexual partner 1 2 3 4 b) A sexual partner who you did not know 1 2 3 4 c) A friend 1 2 3 4 d) A dealer 1 2 3 4 e) Someone you did not know 1 2 3 4 f) Somewhere in the street 1 2 3 4 g) Re-use of your own works 1 2 3 4 h) Other_____	
Q310A	Can you obtain new, unused needles and syringes when you need them?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	

Q310B	Do you know of any person or place from which you can obtain new, unused needles and syringes?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	→**Q311**
Q310C	Where can you obtain *new, unused* needles and syringes? DO *NOT* READ OUT LIST. **MULTIPLE ANSWERS POSSIBLE.** PROBE ONLY WITH "ANYWHERE ELSE?" a) Pharmacist/chemist b) Health worker c) Hospital d) Drug worker/drug agency e) Family/relatives f) Sexual partner g) Friends h) Other drug users i) Drug dealer j) Theft from legitimate source k) Buy on streets l) Other_____	YES NO 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
Q311	In the past one month, did you ever inject with a pre-filled syringe (by that I mean a syringe that was filled without your witnessing it)?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q312	In the past one month, how often did you inject drugs using a syringe after someone else had squirted drugs into it from his/her used syringe (frontloading/back loading/splitting)?	EVERY TIME 1 ALMOST EVERY TIME 2 SOMETIMES 3 NEVER 4 DON'T KNOW 8 NO RESPONSE 9	
Q313	In the past one month, when you injected drugs, how often did you share a cooker/vial/container, cotton/filter, or rinse water?	EVERY TIME 1 ALMOST EVERY TIME 2 SOMETIMES 3 NEVER 4 DON'T KNOW 8 NO RESPONSE 9	
Q314	In the past one month, how often did you draw up your drug solution from a common container shared by others?	EVERY TIME 1 ALMOST EVERY TIME 2 SOMETIMES 3 NEVER 4 DON'T KNOW 8 NO RESPONSE 9	

Q315	Are you currently under treatment (or receiving help) or have you ever received treatment (or help) because of your drug use?	CURRENTLY UNDER TREATMENT 1 WAS IN TREATMENT BUT NOT NOW 2 HAVE NEVER RECEIVED TREATMENT 3 NO RESPONSE 9	**→Q317** **→Q401** **→Q401**
Q316	How many months ago did you last receive treatment or help for your drug use?	NUMBER OF MONTHS [__|__] RECORD 00 IF LESS THAN 1 MONTH DON'T KNOW 88 NO RESPONSE 99	
Q317	What kind of treatment or help have you received? **DO NOT READ OUT THE RESPONSES** **PROBE by asking "Are there any other kinds of treatment that you've received?"** **MULTIPLE ANSWERS POSSIBLE**	YES NO a) Outpatient counseling 1 2 b) Self-help groups 1 2 c) Detoxification w/methadone 1 2 d) Maintenance w/methadone 1 2 e) Detoxification w/other drugs 1 2 f) Detoxification with no drug 1 2 g) Residential rehabilitation 1 2 h) Helped to quit *cold turkey* 1 2 i) Forced to quit *cold turkey* 1 2 j) Other _____ 1 2 NO RESPONE 1	

Section 4: Marriage and live-in partnerships

No.	Questions and filters	Coding categories	Skip to
Q401	Have you *ever* been married?	YES 1 NO 2 NO RESPONSE 9	 **→Q403** **→Q403**
Q402	How old were you when you first married?	Age in years [__|__] DON'T KNOW 88 NO RESPONSE 99	
Q403	Are you *currently* married or living with a partner with whom you have a sexual relationship?	CURRENTLY MARRIED, LIVING WITH SPOUSE 1 CURRENTLY MARRIED, LIVING WITH OTHER SEXUAL PARTNER 2 CURRENTLY MARRIED, NOT LIVING WITH SPOUSE OR ANY OTHER SEXUAL PARTNER 3 NOT MARRIED, LIVING WITH SEXUAL PARTNER 4 NOT MARRIED, NOT LIVING WITH SEXUAL PARTNER 5 NO RESPONSE 9	

Section 5: Sexual history: numbers and types of partners

No.	Questions and filters	Coding categories	Skip to
Q501	Have you *ever* had sexual intercourse? [For the purposes of this survey, "sexual intercourse," is defined as vaginal or anal sex.]	YES 1 NO 2 NO RESPONSE 9	→**Q903**
Q502	At what age did you first have sexual intercourse?	AGE IN YEARS [__|__] DON'T KNOW 88 NO RESPONSE 99	
Q503	Have you had sexual intercourse in the last 12 months?	YES 1 NO 2 NO RESPONSE 9	→**Q902**
Q504	*For WOMEN:* Think about the *male* sexual partners you've had in the last 12 months. *For MEN:* Think about the *female* sexual partners you've had in the last 12 months. A) In total, how many different sexual partners have you had in the last 12 months? Among these partners that you have had in the last 12 months, how many were: - B) Your spouse(s) or live-in sexual partners ***("regular" partners)*** - C) ***"Commercial"*** (partners with whom you bought or sold sex in exchange for money or drugs) - D) Sexual partners you that you are not married to and have never lived with and did not have sex in exchange for money ***("non-regular" partners)*** –DO NOT INCLUDE CURRENT SPOUSE(S) OR LIVE-IN SEXUAL PARTNERS)	**A) TOTAL** [__|__] DON'T KNOW 88 NO RESPONSE 99 **B) REGULAR** [__|__] DON'T KNOW 88 NO RESPONSE 99 **C) COMMERCIAL** [__|__] DON'T KNOW 88 NO RESPONSE 99 **D) NON-REGULAR** [__|__] DON'T KNOW 88 NO RESPONSE 99	
Q505	**(Ask of men):** – A) We've just talked about your female sexual partners. Have you ever had any male sexual partners? – B) Have you had sexual intercourse with any of your male partners in the last 12 months? (sexual intercourse defined as	YES 1 NO 2 NO RESPONSE 9 YES 1 NO 2 NO RESPONSE 9	→**Q601** →**Q601**

	penetrative anal sex – C) With how many different male partners have you had anal intercourse in the last 12 months?	**Male partners** [__|__] DON'T KNOW 88 NO RESPONSE 99	

Section 6: Sexual history: regular partners

No.	Questions and Filters	Coding categories	Skip to
Q601	**FILTER: CHECK Q504B** HAD SEX WITH REGULAR PARTNER DURING LAST 12 MONTHS …. [_1_] ↓	DID NOT HAVE SEX WITH REGULAR PARTNER DURING LAST 12 MONTHS [_2_] →	**→Q701**
Q602	Think about your most recent regular sexual partner. How many times did you have sexual intercourse with this person over the last 30 days? **[REGULAR PARTNER INCLUDES SPOUSE OR LIVE-IN SEXUAL PARTNER]**	Number of times |__|__| DON'T KNOW 88 NO RESPONSE 99	
Q603	The last time you had sex with a regular partner, did you and your partner use a condom?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	 **→Q605** **→Q606**
Q604	Who suggested using a condom that time? **CIRCLE ONE**	MYSELF 1 MY PARTNER 2 JOINT DECISION 3 DON'T KNOW 8 NO RESPONSE 9	**→Q606** **→Q606** **→Q606** **→Q606**
Q605	Why didn't you and your partner use a condom that time? **CIRCLE ALL ANSWERS MENTIONED**	Y N a) Not available 1 2 b) Too expensive 1 2 c) Partner objected 1 2 d) Don't like them 1 2 e) Used other contraceptive 1 2 f) Didn't think it was necessary 1 2 g) Didn't think of it 1 2 h) 1 2 Other_____ 1 i) DON'T KNOW 1 j) NO RESPONSE	
Q606	With what frequency did you and all of your *regular* partner(s) use a condom during the last 12 months?	EVERY TIME 1 ALMOST EVERY TIME 2 SOMETIMES 3 NEVER 4 DON'T KNOW 8 NO RESPONSE 9	

Section 7: Sexual history: commercial partners

No.	Questions and Filters	Coding categories	Skip to
Q701	**FILTER: CHECK Q504C** HAD SEXUAL INTERCOURSE WITH A COMMERCIAL PARTNER IN LAST 12 MONTHS…[_1_] ↓	HAS *NOT* HAD SEXUAL INTERCOURSE WITH A COMMERCIAL PARTNER IN LAST 12 MONTHS…. [_2_] →	**→Q801**
Q702	Think about the commercial partners you have had in the past one month. In total, how many were: - A) Partners to whom you **sold** sex in exchange for money or drugs - B) Partners from whom you **bought** sex in exchange for money or drugs	**A. SOLD** [__|__ DON'T KNOW]88 NO RESPONSE 99 **B. BOUGHT** [__|__ DON'T KNOW]88 NO RESPONSE 99	
Q703	Think about your most recent commercial sexual partner. How many times did you have sexual intercourse with this person in the past one month?	Number of times |__|__| DON'T KNOW 88 NO RESPONSE 99	
Q704	The last time you had sex with a commercial partner, did you and your partner use a condom?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	 **→Q706** **→Q707**
Q705	Who suggested condom use that time? **CIRCLE ONE**	Myself 1 My partner 2 Joint decision 3 DON'T KNOW 8 NO RESPONSE 9	**→Q707** **→Q707** **→Q707** **→Q707**
Q706	Why didn't you and your partner use a condom that time? **ADD OTHER LOCALLY APPROPRIATE CATEGORIES AFTER PRE-TESTING** **CIRCLE ALL ANSWERS MENTIONED**	Y N a) Not available 1 2 b) Too expensive 1 2 c) Partner objected 1 2 d) Don't like them 1 2 e) Used other contraceptive 1 2 f) Didn't think it was necessary 1 2 g) Didn't think of it 1 2 h) Other_____ 1 2 i) DON'T KNOW 1 j) NO RESPONSE 1	
Q707	With what frequency did you and your all of *commercial* partner(s) use a condom during the last 12 months?	EVERY TIME 1 ALMOST EVERY TIME 2 SOMETIMES 3 NEVER 4 DON'T KNOW 8 NO RESPONSE 9	

Section 8: Sexual history: non-regular non-paying sexual partners

No.	Questions and Filters	Coding categories		Skip to
Q801	**FILTER: CHECK Q504D** HAD NON-REGULAR NON-COMMERCIAL SEX PARTNER DURING LAST 12 MONTHS……[_1_] ↓	DID NOT HAVE NON-REGULAR NON-COMMERCIAL SEX PARTNER DURING LAST 12 MONTHS	[_2_] →	**→Q901**
Q802	Think about your most recent non-regular sexual partner. How many times did you have sexual intercourse with this person over the last 30 days?	Number of times DON'T KNOW NO RESPONSE	|__|__| 88 99	
Q803	The last time you had sex with a non-regular partner, did you and your partner use a condom?	YES NO DON'T KNOW NO RESPONSE	1 2 8 9	 **→Q805** **→Q806**
Q804	Who suggested condom use that time? **CIRCLE ONE**	MYSELF MY PARTNER JOINT DECISION DON'T KNOW NO RESPONSE	1 2 3 8 9	**→Q806** **→Q806** **→Q806** **→Q806**
Q805	Why didn't you and your partner use a condom that time? **ADD OTHER LOCALLY APPROPRIATE CATEGORIES AFTER PRE-TESTING** **CIRCLE ALL ANSWERS MENTIONED**	a) Not available b) Too expensive c) Partner objected d) Don't like them e) Used other contraceptive f) Didn't think it was necessary g) Didn't think of it h) Other_____ i) DON'T KNOW j) NO RESPONSE	Y N 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 1	
Q806	With what frequency did you and all of your *non-regular* partner(s) use a condom during the last 12 months?	EVERY TIME ALMOST EVERY TIME SOMETIMES NEVER DON'T KNOW NO RESPONSE	1 2 3 4 8 9	

Section 9: Condoms

No.	Questions and Filters	Coding categories	Skip to
Q901	**FILTER: SEE Q603, 606,704, 707, 803, 806** **CONDOMS NOT USED**……[_1_] ↓	**CONDOMS USED** [_2_]→	**→Q904**
Q902	Have you and a sexual partner *ever* used a condom? (The respondent may not have used a condom with partners in sections 6-8, but may have used a condom at some other time in the past.)	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	**→Q904**
Q903	Have you ever *heard of* a condom?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	**→Q1001**
Q904	Do you know of any place or person from which you can obtain condoms?	YES 1 NO 2 NO RESPONSE 9	**→Q1001**
Q905	Which places or persons do you know where you can obtain condoms? **PROBE AND RECORD *ALL* ANSWERS** Any others?	Y N a) Shop/kiosk 1 2 b) Pharmacy 1 2 c) Super-market 1 2 d) Clinic 1 2 e) Hospital 1 2 f) Family planning center 1 2 g) Bar/guest house/hotel 1 2 h) Peer educator/outreach 1 2 worker 1 2 i) Friend 1 2 j) NGO 1 2 k) OTHER_____ 1 l) NO RESPONSE	

Section 10: STI's

No.	Questions and filters	Coding categories	Skip to
Q1001	Have you ever heard of infections that can be transmitted through sexual intercourse?	YES 1 NO 2 NO RESPONSE 9	**→Q1004**
Q1002	Can you describe any symptoms of STDs in women? ….. Any others? **DO *NOT* READ OUT THE SYMPTOMS** **CIRCLE 1 FOR ALL MENTIONED.** **CIRCLE 2 FOR ALL *NOT* MENTIONED.** **MORE THAN ONE ANSWER IS POSSIBLE.**	Yes No a) ABDOMINAL PAIN 1 2 b) GENITAL DISCHARGE 1 2 c) FOUL SMELLING DISCHARGE 1 2 d) BURNING PAIN ON URINATION 1 2 e) GENITAL ULCERS/SORES 1 2 f) SWELLINGS IN GROIN AREA 1 2 g) ITCHING 1 2 h) PAIN DURING SEXUAL INTERC. 1 2 i) OTHER _____ 1 2 j) NO RESPONSE 1	
Q1003	Can you describe any symptoms of STDs in men? ….. Any others? **DO *NOT* READ OUT THE SYMPTOMS** CIRCLE 1 FOR ALL MENTIONED. **CIRCLE 2 FOR ALL *NOT* MENTIONED.** **MORE THAN ONE ANSWER IS POSSIBLE.**	Yes No a) GENITAL DISCHARGE 1 2 b) BURNING PAIN ON URINATION 1 2 c) GENITAL ULCERS/SORES 1 2 d) SWELLINGS IN GROIN AREA 1 2 e) PAIN DURING SEXUAL INTERC. 1 2 f) OTHER _____ 1 2 g) NO RESPONSE 1	
Q1004	Have you had a genital **discharge** during the last 12 months?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1005	Have you had a genital **ulcer**/sore during the last 12 months?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	

Section 11: Knowledge, opinions, and attitudes

No.	Questions and filters	Coding categories	Skip to
Q1101	Have you ever heard of HIV or the disease called AIDS?	YES 1 NO 2 NO RESPONSE 9	 **→Q1201**
Q1102a	Do you know anyone who is infected with HIV or who has died of AIDS?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	 **→Q1103** **→Q1103**
Q1102b	Do you have a close relative or close friend who is infected with HIV or has died of AIDS?	YES, A CLOSE RELATIVE 1 YES, A CLOSE FRIEND 2 NO 3 NO RESPONSE 9	
Q1103	Can people protect themselves from HIV, the virus that causes AIDS, by using a condom correctly every time they have sex?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1104	Can a person get HIV, from mosquito bites?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1105	Can people protect themselves from HIV, by having one uninfected faithful sex partner?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1106	Can people protect themselves from HIV, by abstaining from sexual intercourse?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1107	Can a person get HIV by using the same utensils with someone who is infected?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1108	Can a person get HIV, by getting injections with a needle that was already used by someone else?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	

Section 11: Knowledge, opinions, and attitudes (continued)

No.	Questions and filters	Coding categories	Skip to
Q1109	Can people who inject drugs protect themselves from HIV, the virus that causes AIDS, by switching to non-injecting drugs?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1110	Can a pregnant woman infected with HIV transmit the virus to her unborn child?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	 **→Q1112** **→Q1112**
Q1111	What can a pregnant woman do to reduce the risk of transmission of HIV to her unborn child? **DO NOT READ LIST** **CIRCLE ALL THAT ARE MENTIONED.**	Yes No a) TAKE MEDICATION (Antiretroviral) 1 2 b) OTHER_____ 1 2 c) DON'T KNOW 1 d) NO RESPONSE 1	
Q1112	Can a woman with HIV transmit the virus to her newborn child through breastfeeding?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1113	Is it possible in Kosovo for someone to get a confidential test to find out if they are infected with HIV? (By confidential, I mean that no one will know the result if you don't want them to know it.)	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1114	I don't want to know the result, but have *you* ever had an HIV test?	YES 1 NO 2 NO RESPONSE 9	 **→Q1201**
Q1115	Did you voluntarily undergo the HIV test, or were you required to have the test?	VOLUNTARY 1 REQUIRED 2 NO RESPONSE 9	
Q1116	Please do not tell me the result, but did you find out the result of your test?	YES 1 NO 2 NO RESPONSE 9	
Q1117	When did you have your most recent HIV test?	WITHIN THE PAST YEAR 1 BETWEEN 1-2 YEARS 2 BETWEEN 2-4 YEARS 3 MORE THAN 4 YEARS AGO 4 DON'T KNOW 8 NO RESPONSE 9	

Section 12: Stigma and Discrimination

No.	Questions and filters	Coding categories	Skip to
Q1201	Would you be willing to share a meal with a person you knew had HIV or AIDS?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1202	If a male relative of yours became ill With HIV, the virus that causes AIDS, would you be willing to care for him in your household?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1203	If a student has HIV but is not sick, should he or she be allowed to continue attending school?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1204	If a female relative of yours became ill With HIV, the virus that causes AIDS, would you be willing to care for him in your household?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1205	If a teacher has HIV but is not sick, should he or she be allowed to continue teaching in school?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1206	If a health worker has HIV but is not sick, should he or she be allowed to continue working with patients in healthcare?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1207	If you knew a shopkeeper or food seller had HIV, would you buy food from them?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1208	If a member of your family became ill with HIV, the virus that causes AIDS, would you want it to remain secret?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	

That is the end of our questionnaire. Thank you very much for taking time to answer these questions. We appreciate your help.

HIV/AIDS/STD BEHAVIORAL SURVEILLANCE SURVEY FOR USE WITH COMMERCIAL SEX WORKERS (CSW)

KOSOVO, 2006

001 QUESTIONNAIRE IDENTIFICATION NUMBER |___|___|___|

002 CITY: 1. PRISHTINA 2. PRIZREN 3. FERIZAJ

Introduction: "My name is… I'm working for Index Kosova, local research company, and the implementing partner with Family Health International from United States. We're interviewing people here in [PRISHTINA, PRIZREN, FERIZAJ] in order to find out about people's attitudes, behavior, their sexual practices, as well as their knowledge on HIV/AIDS and STD. Have you been interviewed in the past few weeks [or other appropriate time period] for this study? **IF THE RESPONDENT HAS BEEN INTERVIEWED BEFORE DURING THIS ROUND OF BSS, DO NOT INTERVIEW THIS PERSON AGAIN.** Tell them you cannot interview them a second time, thank them, and end the interview. If they have not been interviewed before, continue:

Result of Interview	

Result codes: 1 – Completed; 2 – Partially completed, 3 – Refused; 4 – Other.

005 INTERVIEWER CODE [___|___|___|___] Name_____

006 DATE INTERVIEW: |___| (date) |___| (month) |_____| (year)

CHECKED BY SUPERVISOR: Signature _____ Date _____

Section 1: Background characteristics

No.	Questions and filters	Coding categories	Skip to
Q101	How old were you at your last birthday?	AGE IN COMPLETED YEARS [__|__] DON'T KNOW 88 **NO RESPONSE 99**	
Q102	Have you ever attended school?	YES 1 NO 2 NO RESPONSE 9	**→ Q104**
Q103	What is the highest level of school you completed: primary, secondary or higher? **CIRCLE ONE**	PRIMARY 1 SECONDARY 2 HIGHER 3 NO RESPONSE 9	
Q104	How long have you lived here in this town/city?	NUMBER OF YEARS [__|__] RECORD 00 IF LESS THAN 1 YEAR DON'T KNOW 88 NO RESPONSE 99	
Q105	Where else did you do this type of work before coming to this community?	(write down response) _____ Never worked in the other place before 88 NO RESPONE 99	
Q106	Where were you born?	(write down response) _____ DON'T KNOW 88 NO RESPONE 99	
Q107	What religion are you? **CIRCLE ONE**	MUSLIM 1 CATHOLIC 2 ORTHODOX 3 OTHER 4 NO RELIGION 0 NO RESPONSE 9	
Q108	What is your nationality? CIRCLE ONE.	(write down response) _____ NO RESPONSE 9	
Q109	During the last 4 weeks how often have you had drinks containing alcohol? Would you say **.....READ OUT** **CIRCLE ONE**	EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK OR NEVER 3 DON'T KNOW 8 NO RESPONSE 9	

Q110	Some people have tried a range of different types of drugs. Which of the following, if any, have you tried? **READ LIST**	YES	NO	DK	NR	
	a) Heroin (not in combination with cocaine)	1	2	8	9	
	b) Cocaine (not in combination with heroin)	1	2	8	9	
	c) Heroin and cocaine together	1	2	8	9	
	d) Crack	1	2	8	9	
	e) Trodon (Tramadol)	1	2	8	9	
	f) Methadone (Heptanon)	1	2	8	9	
	g) Amphetamines	1	2	8	9	
	h) Ecstasy	1	2	8	9	
	i) Benzodiazepin (Bensedin)	1	2	8	9	
	j) Antiparkinson (Artane, Akineton)	1	2	8	9	
	k) LSD	1	2	8	9	
	l) Marihuana, cannabis, etc.					
	m) Anything else? _____					
Q111	Some people have tried injecting drugs using a syringe. Have you injected drugs in the last 12 months? **DRUGS INJECTED FOR MEDICAL PURPOSES OR TREATMENT OF AN ILLNESS DO NOT COUNT**	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9				

Section 2 Marriage, family, work

No.	Questions and filters	Coding categories	Skip to
Q201	Have you *ever* been married?	YES 1 NO 2 NO RESPONSE 3	 **→Q203** **→Q203**
Q202	How old were you when you first married?	Age in years [__|__] DON'T KNOW 88 NO RESPONSE 99	
Q203	Are you *currently* married or living with a sexual partner?	CURRENTLY MARRIED, LIVING WITH SPOUSE 1 CURRENTLY MARRIED, LIVING WITH OTHER SEXUAL PARTNER 2 CURRENTLY MARRIED, NOT LIVING WITH SPOUSE OR ANY OTHER SEXUAL PARTNER 3 NOT MARRIED, LIVING WITH SEXUAL PARTNER 4 NOT MARRIED, NOT LIVING WITH SEXUAL PARTNER 5 NO RESPONSE 9	

Q204	At what age did you first receive money for this type of work? **EXPLAIN IF NECESSARY** (…by this type of work I mean sex work)	AGE IN YEARS [__|__] DON'T KNOW 88 NO RESPONSE 99	
Q205	Do you earn money doing work other than sex work?	YES 1 NO 2 NO RESPONSE 9	**→Q207**
Q206	What is this other work? **MULTIPLE ANSWERS POSSIBLE**	YES NO DK NR a) Waitress 1 2 8 9 b) Bartender 1 2 8 9 b) Sales person 1 2 8 9 c) Cleaning 1 2 8 9 d) Other _____ 1 2 8 9	
Q207	Are you supporting anyone (children, parents or others) now?	YES 1 NO 2 NO RESPONSE 9	**→Q301**
Q208	How many people are you supporting now?	NUMBER OF PEOPLE [__|__] DON'T KNOW 88 NO RESPONSE 99	

Section 3 Sexual history: numbers and types of partners

No.	Questions and filters	Coding categories	Skip to
Q301	Now I'd like to ask you some questions about your sexual partners… At what age did you first have sex?	AGE IN YEARS [__|__] DON'T REMEMBER 88 NO RESPONSE 99	
Q302	Among all of your partners in the last seven days (one week), how many were: - A) PAYING CLIENTS: How many were partners who you had sex with in exchange for money? - B) NON-PAYING PARTNERS: Partners you have sex with who do not give you money in exchange for sex (INCLUDE SPOUSE AND LIVE-IN SEXUAL PARTNERS)	**A. PAYING CLIENTS** [__|__] DON'T KNOW 88 NO RESPONSE 99 **B. NON-PAYING PARTNERS** [__|__] DON'T KNOW 88 NO RESPONSE 99	
Q303	With how many *different* sexual partners in total have you had sex during the last seven days (one week)? INCLUDE SPOUSE(S), AND LIVE-IN SEXUAL PARTNERS **NOTE: CHECK TOTAL NUMBERS OF PARTNERS IN Q302 AND Q303 TO MAKE SURE THE NUMBERS MATCH.**	NUMBER IN LAST 7 DAYS [__|__] DON'T KNOW 88 NO RESPONSE 99	

Section 4: Sexual history: paying clients

No.	Questions and Filters	Coding categories		Skip to
Q401	On the last ***day*** you worked, how many clients did you have?	Number of clients DON'T KNOW NO RESPONSE	|__|__| 88 99	
Q402	The last time you had sex with a client, how much money did you receive?	EUR DON'T KNOW NO RESPONSE	☐☐☐ 88 99	
Q403	The last time you had sex with a client, did you and your client use a condom?	YES NO DON'T KNOW NO RESPONSE	1 2 8 9	 **→Q405** **→Q406**
Q404	Who suggested condom use that time? **CIRCLE ONE**	Myself My partner Joint decision DON'T KNOW NO RESPONSE	1 2 3 8 9	**→Q406** **→Q406** **→Q406** **→Q406**
Q405	Why didn't you and your client use a condom that time? **CIRCLE ALL ANSWERS MENTIONED**		Y N	
		a) Not available	1 2	
		b) Too expensive	1 2	
		c) Partner objected	1 2	
		d) Don't like them	1 2	
		e) Used other contraceptive	1 2	
		f) Didn't think it was necessary	1 2	
		g) Didn't think of it	1 2	
		h) Don't use it with regular clients	1 2	
		i) Other_____	1 2	
		j) DON'T KNOW	1	
		k) NO RESPONSE	1	
Q406	With what frequency did you and all of your clients use condoms over the last 30 days?	EVERY TIME ALMOST EVERY TIME SOMETIMES NEVER DON'T KNOW NO RESPONSE	1 2 3 4 8 9	

Section 5 Sexual history: non-paying partners

No.	Questions and Filters	Coding categories	Skip to
Q501	**FILTER: CHECK Q302** HAS NON-PAYING PARTNER [_1_] ↓	HAS NO NON-PAYING PARTNER [_2_] →	**→Q601**
Q502	Think about your most recent non-paying sexual partner. How many times did you have sexual intercourse with this person over the past 30 days?	Number of times |__|__| DON'T KNOW 88 NO RESPONSE 99	
Q503	The last time you had sex with a NON-PAYING partner, did you and your partner use a condom?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	 **→Q505** **→Q506**
Q504	Who suggested condom use that time? **CIRCLE ONE**	Myself 1 My partner 2 Joint decision 3 DON'T KNOW 8 NO RESPONSE 9	**→Q506** **→Q506** **→Q506** **→Q506**
Q505	Why didn't you and your partner use a condom that time? **CIRCLE ALL ANSWERS MENTIONED.**	Y N a) Not available 1 2 b) Too expensive 1 2 c) Partner objected 1 2 d) Don't like them 1 2 e) Used other contraceptive 1 2 f) Didn't think it was necessary 1 2 g) Didn't think of it 1 2 h) Don't use it with regular partner 1 2 i) Other_____ 1 j) DON'T KNOW 1 k) NO RESPONSE	
Q506	With what *frequency* did you and all of your non-paying partner(s) use a condom over the last 12 months?	EVERY TIME 1 ALMOST EVERY TIME 2 SOMETIMES 3 NEVER 4 DON'T KNOW 8 NO RESPONSE 9	

Section 6: Condoms

No.	Questions and Filters	Coding categories	Skip to
Q601	**FILTER: SEE Q403, Q406, Q503, Q506** **CONDOMS NOT USED……[_1_]** ↓	**CONDOMS USED** [_2_]→	**→Q604**
Q602	Have you and *any* sexual partner *ever* used a condom? (The respondent may not have used a condom with partners in sections 4-5, but may have used a condom at some other time in the past.)	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	**→Q604**
Q603	Have you ever *heard of* a condom? (I mean a rubber object that a man puts on his penis before sex.)	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	 **→Q701** **→Q701**
Q604	Do you know of any place or person from which you can obtain condoms?	YES 1 NO 2 NO RESPONSE 9	**→Q701**
Q605	Which places or persons do you know where you can obtain condoms? PROBE AND RECORD ***ALL*** ANSWERS Any others?	Yes No a) Shop/kiosk 1 2 b) Pharmacy 1 2 c) Super-market 1 2 d) Clinic 1 2 e) Hospital 1 2 f) Family planning center 1 2 g) Bar/guest house/hotel 1 2 h) Peer educator 1 2 i) Friend 1 2 j) NGO 1 2 k) Pimp 1 2 l) OTHER_____ 1 2 m) NO RESPONSE 1	

Section 7: STI's

No.	Questions and filters	Coding categories	Skip to
Q701	Have you ever heard of infections that can be transmitted through sexual intercourse?	YES 1 NO 2 NO RESPONSE 9	**→Q704**
Q702	Can you describe any symptoms of STDs in women? ….. Any others? **DO *NOT* READ OUT THE SYMPTOMS** **CIRCLE 1 FOR ALL MENTIONED.** **CIRCLE 2 FOR ALL *NOT* MENTIONED.** MORE THAN ONE ANSWER IS POSSIBLE.	Yes No a) ABDOMINAL PAIN 1 2 b) GENITAL DISCHARGE 1 2 c) FOUL SMELLING DISCHARGE 1 2 d) BURNING PAIN ON URINATION 1 2 e) GENITAL ULCERS/SORES 1 2 f) SWELLINGS IN GROIN AREA 1 2 g) ITCHING 1 2 h) PAIN DURING SEXUAL INTERC. 1 2 i) OTHER _____ 1 2 j) NO RESPONSE 1	
Q703	Can you describe any symptoms of STDs in men? ….. Any others? **DO *NOT* READ OUT THE SYMPTOMS** **CIRCLE 1 FOR ALL MENTIONED.** **CIRCLE 2 FOR ALL *NOT* MENTIONED.** **MORE THAN ONE ANSWER IS POSSIBLE.**	Yes No a) GENITAL DISCHARGE 1 2 b) BURNING PAIN ON URINATION 1 2 c) GENITAL ULCERS/SORES 1 2 d) SWELLINGS IN GROIN AREA 1 2 e) CAN'T RETRACT FORESKIN 1 2 f) ULCERS/SORES ON THE ANUS 1 2 g) ANAL DISCHARGE 1 2 h) ANAL PAIN 1 2 i) PAIN DURING SEXUAL INTERC. 1 2 g) OTHER _____ 1 h) NO RESPONSE 1	
Q704	Have you had a genital **discharge** during the past 12 months?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q705	Have you had a genital **ulcer**/sore during the past 12 months?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	

Section 8: Knowledge, opinions, and attitudes

No.	Questions and filters	Coding categories	Skip to
Q801	Have you ever heard of HIV or the disease called AIDS?	YES 1 NO 2 NO RESPONSE 9	**→Q901**
Q802	Do you have a close relative or close friend who is infected with HIV or has died of AIDS?	YES, A CLOSE RELATIVE 1 YES, A CLOSE FRIEND 2 NO 3 NO RESPONSE 9	
Q803	Can people protect themselves from HIV the virus that causes AIDS by using a condom correctly every time they have sex?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q804	Can a person get the HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q805	Can people protect themselves from the HIV by having one uninfected faithful sex partner?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q806	Can people protect themselves from the HIV virus by abstaining from sexual intercourse?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q807	Can a person get HIV by using the same utensils with someone who is infected?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q808	Can a person get HIV by getting injections with a needle that was already used by someone else?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q809	Do you think that a healthy-looking person can be infected with HIV, the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q810	Can a pregnant woman infected with HIV or AIDS transmit the virus to her unborn child?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	 **→Q812** **→Q812**

Q811	What can a pregnant woman do to reduce the risk of transmission of HIV to her unborn child? **DO NOT READ LIST** **CIRCLE ALL THAT ARE MENTIONED.**	Yes No a) TAKE MEDICATION (Antiretroviral) 1 2 b) OTHER_____ 1 2 c) DON'T KNOW 1 d) NO RESPONSE 1	
Q812	Can a woman with HIV or AIDS transmit the virus to her newborn child through breastfeeding?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q813	Is it possible in Kosovo for someone to get a confidential test to find out if they are infected with HIV? By confidential, I mean that no one will know the result if you don't want them to know it.	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q814	I don't want to know the result, but have *you* ever had an HIV test?	YES 1 NO 2 NO RESPONSE 9	**→Q901**
Q815	Did you voluntarily undergo the HIV test, or were you required to have the test?	Voluntary 1 Required 2 NO RESPONSE 9	
Q816	Please do not tell me the result, but did you find out the result of your test?	YES 1 NO 2 NO RESPONSE 9	
Q817	When did you have your most recent HIV test?	WITHIN THE PAST YEAR 1 BETWEEN 1-2 YEARS 2 BETWEEN 2-4 YEARS 3 MORE THAN 4 YEARS AGO 4 DON'T KNOW 8 NO RESPONSE 9	

Section 9 STI Treatment seeking behaviors

No.	Questions and filters	Coding categories				Skip to
Q901	**FILTER: CHECK Q704 AND Q705** HAD GENITAL DISCHARGE [_2_]→ AND/OR GENITAL ULCER……[_1_] IN LAST 12 MONTHS ↓	NO DISCHARGE OR ULCER IN LAST 12 MONTHS				**→Q1001**
Q902	Did you do any of the following the last time you had a genital ulcer/sore or genital discharge: READ OUT. MORE THAN ONE ANSWER IS POSSIBLE.	YES	NO	DK	NR	
	a. Seek advice/medicine from a government clinic or hospital?	1	2	8	9	
	b. Seek advice/medicine from a workplace clinic or hospital?	1	2	8	9	
	c. Seek advice/medicine from a church or charity-run clinic or hospital?	1	2	8	9	
	d. Seek advice/medicine from a private clinic or hospital?	1	2	8	9	
	e. Seek advice/medicine from a private pharmacy?	1	2	8	9	
	f. Seek advice/medicine from a traditional healer?	1	2	8	9	
	g. Took medicine you had at home?	1	2	8	9	
	h. Create/prepare medication at home?	1	2	8	9	
	i. Tell your sexual partner about the discharge/ STD?	1	2	8	9	
	j. Stop having sex when you had the symptoms?	1	2	8	9	
	k. Use a condom when having sex during the time you had the symptoms?	1	2	8	9	

No.	Questions and filters	Coding categories			Skip to
Q903	Which of these things did you do FIRST? ONLY ONE ANSWER IS POSSIBLE.	SEEK ADVICE/MEDICINE FROM A GOVERNMENT CLINIC OR HOSPITAL?	1		
		SEEK ADVICE/MEDICINE FROM A WORKPLACE CLINIC OR HOSPITAL?	2		
		SEEK ADVICE/MEDICINE FROM A CHURCH OR CHARITY-RUN CLINIC OR HOSPITAL?	3		
		SEEK ADVICE/MEDICINE FROM A PRIVATE CLINIC OR HOSPITAL?	4		
		SEEK ADVICE/MEDICINE FROM A PRIVATE PHARMACY?	5		
		SEEK ADVICE/MEDICINE FROM A TRADITIONAL HEALER?	6		
		TOOK MEDICINE YOU HAD AT HOME?	7		
		TOOK MEDICINE I PREPARED AT HOME	8		
		OTHER_____	9		
		DON'T REMEMBER	88		
		NO RESPONSE	99		
Q904	If you took medicine for the last episode of symptoms, from where did you obtain the medicine? **DO NOT READ OUT. CIRCLE ALL THAT APPLY.**		Yes	No	
		a) Health worker in clinic/hospital	1	2	
		b) Pharmacy	1	2	
		c) Traditional healer	1	2	
		d) Friend or relative	1	2	
		e) "Took medicine I had at home"	1	2	
		f) Did not take any medicine	1	2	
		g) made own medicine	1	2	
		h) DON'T REMEMBER	1		
		i) NO RESPONSE	1		
Q905	How much did you pay for the medicine you took?	[___|___|___] EUR			

No.	Questions and filters	Coding categories	Skip to
Q906	**FILTER: SEE Q902**: Sought advice from a health worker in clinic or hospital : [_1_] Yes ↓	No [_2_]→	→**Q1001**
Q907	How long after first experiencing symptoms did you seek advice from a health worker in a clinic or hospital?	1 WEEK OR LESS 1 LESS THAN 1 MONTH BUT MORE THAN 1 WEEK 2 ONE MONTH OR MORE 3 DON'T KNOW 8 NO RESPONSE 9	
Q908	Did you receive a prescription for medicine?	YES 1 NO 2 DON'T REMEMBER 8 NO RESPONSE 9	
Q909	Did you obtain the medicine prescribed?	YES, I OBTAINED ALL OF IT 1 I OBTAINED SOME, NOT ALL 2 I DID NOT OBTAIN THE MEDICINE 3 DON'T REMEMBER 8 NO RESPONSE 9	
Q910	Did you take all of the medicine prescribed?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	→**Q1001**
Q911	If not, why did you not take all of the medicine prescribed? **CIRCLE ALL THAT APPLY.**	YES NO a) Cause nausea 1 2 b) It was difficult 1 2 c) Long period 1 2 d) Could not drink alcohol 1 2 e) Got better 1 2 f) Could not take it 1 2 g) Did not want to 1 2 h) Lost medication/prescription 1 2 i) Side effects 1 2 j) Forgot to take them 1 2 k) Did not want others to find out I was taking medication 1 2 l) DON'T REMEMBER 1 m) NO RESPONSE 1	

Section 10 Stigma and Discrimination

No.	Questions and filters	Coding categories	Skip to
Q1001	Would you be willing to share a meal with a person you knew had HIV or AIDS?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1002	If a male relative of yours became ill With HIV, the virus that causes AIDS, would you be willing to care for him in your household?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1003	If a student has HIV but is not sick, should he or she be allowed to continue attending school?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1004	If a female relative of yours became ill With HIV, the virus that causes AIDS, would you be willing to care for him in your household?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1005	If a teacher has HIV but is not sick, should he or she be allowed to continue teaching in school?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1006	If a health worker has HIV but is not sick, should he or she be allowed to continue working with patients in healthcare?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1007	If you knew a shopkeeper or food seller had HIV, would you buy food from them?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1008	If a member of your family became ill with HIV, the virus that causes AIDS, would you want it to remain secret?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	

Q1009	During the past 12 months, did any of your sexual partner(s) force you to have sex with them even though you did not want to have sex?	YES 1 NO 2 NO RESPONSE 9	

That is the end of our questionnaire. Thank you very much for taking time to answer these questions. We appreciate your help.

HIV/AIDS/STD BEHAVIORAL SURVEILLANCE SURVEY FOR USE WITH MEN WHO HAVE SEX WITH MEN (MSM)

KOSOVO, 2006

001 QUESTIONNAIRE IDENTIFICATION NUMBER |___|___|___|

002 CITY: 1. PRISHTINA

Introduction: "My name is… I'm working for Index Kosova, local research company, and the implementing partner with Family Health International from United States. We're interviewing people here in [PRISHTINA] in order to find out about people's attitudes, behavior, their sexual practices, as well as their knowledge on HIV/AIDS and STD. Have you been interviewed in the past few weeks [or other appropriate time period] for this study? **IF THE RESPONDENT HAS BEEN INTERVIEWED BEFORE DURING THIS ROUND OF BSS , DO NOT INTERVIEW THIS PERSON AGAIN.** Tell them you cannot interview them a second time, thank them, and end the interview. If they have not been interviewed before, continue:

Result of Interview	

Result codes: 1 – Completed; 2 – Partially completed, 3 – Refused; 4 – Other.

005 INTERVIEWER CODE [___|___|___|___] Name_____

006 DATE INTERVIEW: |___| (date) |___| (month) |_____| (year)

CHECKED BY SUPERVISOR: Signature _____ Date _____

Section 1: Background characteristics

No.	Questions and filters	Coding categories	Skip to
Q101	How old were you at your last birthday?	AGE IN COMPLETED YEARS [__|__] DON'T KNOW 88 **NO RESPONSE 99**	
Q102	Have you ever attended school?	YES 1 NO 2 NO RESPONSE 9	→ **Q104**
Q103	What is the highest level of school you completed: primary, secondary or higher? **CIRCLE ONE**	PRIMARY 1 SECONDARY 2 HIGHER 3 NO RESPONSE 9	
Q104	What is your current occupation?	OWNER OF OWN BUSINESS 1 MANAGER OF ENTERPRISE 2 MANAGER OF DIVISION OR DEPARTMENT 3 PROFESSIONAL 4 WHITE COLLAR WORKER/OFFICER EMPLOYEE 5 CLERICAL-LEVEL OFFICE WORKER 6 FOREMAN, TECHNICIAN 7 SKILLED WORKER 8 SEMI-SKILLED WORKER 9 UNSKILLED WORKER 10 SECURITY SPHERE 11 CIVIL SERVANTS (TEACHERS, ETC.) 12 FARMER, FISHERMAN 13 LANDLESS AGRICULTURAL LABOURER 14 HOUSEWIFE 20 STUDENT 21 PENSIONER/DISABLED 22 UNEMPLOYED, LOOKING FOR WORK 23 UNEMPLOYED, NOT LOOKING FOR WORK 24 DON'T KNOW 88 NO RESPONSE 99	
Q104a	In which municipality do you currently live?	(write down response) _____ NO RESPONSE 99	
Q105	How long have you lived here in this town/city?	NUMBER OF YEARS [__|__] RECORD 00 IF LESS THAN 1 YEAR DON'T KNOW 88 NO RESPONSE 99	
Q106	In the last 12 months have you been away from your home for more than one month altogether?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q107	What religion are you? **CIRCLE ONE**	MUSLIM 1 CATHOLIC 2 ORTHODOX 3 OTHER _____ 4 NO RELIGION 0 NO RESPONSE 9	
Q108	To which ethnic group do you belong? **CIRCLE ONE**	KOSOVAN ALBANIAN 1 KOSOVAN SERB 2 OTHER (SPECIFY) _____ 3 MIXED ETHNICITY 0 NO RESPONSE 9	

Q109	During the past one month how often have you had drinks containing alcohol? Would you say ……**READ OUT** **CIRCLE ONE**	EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK / NEVER 3 DON'T KNOW 8 NO RESPONSE 9	

Q110	Some people have tried a range of different types of drugs. Which of the following, if any, have you tried? **READ LIST**	YES	NO	DK	NR	
	a) Heroin (not in combination with cocaine)	1	2	8	9	
	b) Cocaine (not in combination with heroin)	1	2	8	9	
	c) Heroin and cocaine together	1	2	8	9	
	d) Crack	1	2	8	9	
	e) Trodon (Tramadol)	1	2	8	9	
	f) Methadone (Heptanon)	1	2	8	9	
	g) Amphetamines	1	2	8	9	
	h) Ecstasy	1	2	8	9	
	i) Benzodiazepin (Bensedin)	1	2	8	9	
	j) Antiparkinson (Artane, Akineton)	1	2	8	9	
	k) LSD	1	2	8	9	
	l) Marihuana, cannabis, etc.					
	m) Anything else? _____					
Q111	Some people have tried injecting drugs using a syringe. Have you injected drugs in the last 12 months? **DRUGS INJECTED FOR MEDICAL PURPOSES OR TREATMENT OF AN ILLNESS DO NOT COUNT**	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9				

Section 2: Marriage and partnerships

No.	Questions and filters	Coding categories	Skip to
Q201	Have you *ever* been married to a woman?	YES 1 NO 2 NO RESPONSE 9	
Q202	Are you *currently* married or living with a female sexual partner?	CURRENTLY MARRIED, LIVING WITH FEMALE SPOUSE 1 CURRENTLY MARRIED, LIVING WITH OTHER FEMALE SEXUAL PARTNER 2 CURRENTLY MARRIED, NOT LIVING WITH SPOUSE OR ANY OTHER FEMALE SEXUAL PARTNER 3 NOT MARRIED, LIVING WITH MALE/FEMALE SEXUAL PARTNER 4 NOT MARRIED, NOT LIVING WITH ANY SEXUAL PARTNER 5 NO RESPONSE 9	
Q203	In the past six months, have you had any sexual contact or intercourse with another man **EXPLAIN IF NECESSARY** (…that is, have you done any of the following: oral sex, anal sex, or have you touched the penis of another man, or had another man touch your penis for sexual arousal?)	YES 1 NO 2 NO RESPONSE 9	→**Q801**

Section 3: Sexual history: numbers and types of partners

No.	Questions and filters	Coding categories	Skip to
Q301	I would now like to ask you several questions about different kinds of sex with men. In the past six months, have you had oral sex with a man? **EXPLAIN IF NECESSARY** (…that is, where another man has put his penis in your mouth or you have put your penis in his mouth?)	YES 1 NO 2 NO RESPONSE 9	**→Q306**
Q302	Think about how many different partners you have had oral sex with in the past six months. **READ OUT:** Please take time to think about your answer to this question so that we can get the most accurate information possible. Remember this information is strictly confidential.	NUMBER IN THE PAST SIX MONTHS [__|__|__] DON'T KNOW 88 NO RESPONSE 99	
Q303	The last time you had oral sex, did you or your partner use a condom?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q304	With what frequency did you or your partners use a condom with oral sex during the past 6 months?	EVERY TIME 1 ALMOST EVERY TIMES 2 SOMETIMES 3 NEVER 4 DON'T KNOW 8 NO RESPONSE 9	
Q305	In the past six months, did you ejaculate in another man's mouth or did a man ejaculate in your mouth?	YES 1 NO 2 DON'T REMEMBER 8 NO RESPONSE 9	

No.	Questions and filters	Coding categories	Skip to
Q306	Now please think about how many different men you have had anal sex with, that is, both the number where you have been the insertive (active) partner and the number where you have been the receptive (passive) partner in the past six months. **READ OUT:** Please take time to think about your answer to this question so that we can get the most accurate information possible. Remember this information is strictly confidential. a) How many men have you had anal sex with in the past six months where you were the insertive (active) partner? b) And how many where you were the receptive (passive) partner?	a) NUMBER WHERE INSERTIVE [__|__|__] DON'T KNOW 888 NO RESPONSE 999 b) NUMBER WHERE RECEPTIVE [__|__|__] DON'T KNOW 888 NO RESPONSE 999 TOTAL [__|__|__] IF NONE	→**Q601**
Q307	Of all these partners, how many were: - *A)* ***"Commercial"*** (partners with whom you had sex in exchange for money?) - B) Other Partners **NOTE: CHECK TOTAL NUMBERS OF PARTNERS IN Q306 TO MAKE SURE THE NUMBERS MATCH.**	**A. COMMERCIAL** [__|__|__] DON'T KNOW 888 NO RESPONSE 999 **B. OTHER** [__|__|__] DON'T KNOW 888 NO RESPONSE 999 TOTAL [__|__|__]	
Q308	During the past year, did any of your sexual partner(s) force you to have sex with them even though you did not want to have sex?	YES 1 NO 2 NO RESPONSE 9	

Section 4: Sexual history: commercial partners

No.	Questions and Filters	Coding categories		Skip to
Q401	**FILTER: CHECK Q307** HAS ANAL SEX WITH COMMERCIAL PARTNER DURING PAST 6 MONTHS …. [_1_] ↓	DID NOT HAVE ANAL SEX WITH COMMERCIAL PARTNER DURING PAST 6 MONTHS	[_2_] →	**→Q501**
Q402	Think about your most recent sex partner whom you exchanged money for sex. How many times did you have anal sex with your *last* commercial partner during the past 30 days?	Number of times DON'T KNOW NO RESPONSE	|__|__| 88 99	
Q403	The last time you had anal sex with this partner, was a condom used?	YES NO DON'T REMEMBER NO RESPONSE	1 2 8 9	**→Q405** **→Q405** **→Q405**
Q404	Why didn't you use a condom that time? **CIRCLE ALL ANSWERS MENTIONED**		Y N	
		a) Not available	1 2	
		b) Too expensive	1 2	
		c) Partner objected	1 2	
		d) Don't like them	1 2	
		e) Didn't think it was necessary	1 2	
		f) Didn't think of it	1 2	
		g) Other_____	1 2	
		h) DON'T KNOW	1	
		i) NO RESPONSE	1	
Q405	With what *frequency* did you use a condom with your commercial partner(s) during the past 6 months?	EVERY TIME ALMOST EVERY TIME SOMETIMES NEVER DON'T KNOW NO RESPONSE	1 2 3 4 8 9	
Q406	Have you ever discussed HIV, AIDS or STDs with any of your *commercial* partners?	YES, ALL YES, SOME NO, NONE DON'T KNOW NO RESPONSE	1 2 3 8 9	

Section 5 : Sexual history: other non-regular partners

No.	Questions and Filters	Coding categories		Skip to
Q501	**FILTER: CHECK Q307** HAD ANAL SEX WITH OTHER PARTNERS DURING PAST 6 MONTHS …. [_1_] ↓	DID NOT HAVE ANAL SEX WITH OTHER PARTNERS DURING PAST 6 MONTHS	[_2_] →	**→Q601**
Q502	How many times did you have anal sex with your *last* non-paying partner during the past 30 days?	Number of times DON'T KNOW NO RESPONSE	|__|__| 98 99	
Q503	The last time you had anal sex with this non-paying partner, was a condom used?	YES NO DON'T KNOW NO RESPONSE	1 2 8 9	**→Q505** **→Q505** **→Q505**
Q504	Why didn't you use a condom that time? **CIRCLE ALL ANSWERS MENTIONED**		Y N a) Not available 1 2 b) Too expensive 1 2 c) Partner objected 1 2 d) Don't like them 1 2 e) Didn't think it was 1 2 necessary 1 2 f) Didn't think of it 1 2 g) Other_____ 1 h) DON'T KNOW 1 i) NO RESPONSE	
Q505	With what *frequency* did you use a condom with your non-paying partner(s) during the past 6 months?	EVERY TIME ALMOST EVERY TIME SOMETIMES NEVER DON'T KNOW NO RESPONSE	1 2 3 4 8 9	
Q506	Have you ever discussed HIV, AIDS or STDs with any of your non-paying partners?	YES, ALL YES, SOME NO, NONE DON'T KNOW NO RESPONSE	1 2 3 8 9	

Section 6: Sexual history: sex with females

No.	Questions and Filters	Coding categories		Skip to
Q 601	Now I have some questions related to your sexual experiences with females. Have you ever had sexual intercourse with a woman?	YES NO DON'T KNOW NO RESPONSE	1 2 8 9	 **→Q701** **→Q701** **→Q701**
Q602	How many women have you had sexual intercourse with during the past 6 months?	NUMBER OF FEMALE PARNERS IN THE PAST 6 MONTHS DON'T KNOW NO RESPONSE IF NONE	**[__|__]** 98 99	 **→Q701**
Q603	Think about the last time you had sex with a female partner during the past 6 months, was a condom used?	YES NO DON'T REMEMBER NO RESPONSE	1 2 8 9	
Q604	With what frequency did you use a condom with all of your *female* partners in the past 6 months?	EVERY TIME ALMOST EVERY TIME SOMETIMES NEVER DON'T KNOW NO RESPONSE	1 2 3 4 8 9	

Section 7: Condoms, lubricants

No.	Questions and Filters	Coding categories		Skip to
Q701	**FILTER: SEE Q403, Q405, Q503, Q505, Q603, Q604** **CONDOMS NOT USED……[_1_]** ↓	**CONDOMS USED**	[_2_]→	**→Q704**
Q702	Have you *ever used* a condom during sex? (Show picture or sample of one.) (The respondent may not have used a condom with partners in sections 4-6, but may have used a condom at some other time in the past.)	YES NO DON'T KNOW NO RESPONSE	1 2 8 9	**→Q704**
Q703	Have you ever *heard of* a condom? **(Show picture or sample of one.)** (I mean a rubber object that a man puts on his penis before sex.)	YES NO DON'T KNOW NO RESPONSE	1 2 8 9	 **→Q706** **→Q706**
Q704	Do you know of any place or person from which you can obtain condoms?	YES NO NO RESPONSE	1 2 9	 **→Q706**
Q705	Which places or persons do you know where you can obtain condoms? **PROBE AND RECORD *ALL* ANSWERS** Any others?		Yes No a) Shop/kiosk 2 2 b) Pharmacy 2 2 c) Super-market 2 2 d) Clinic 2 2 e) Hospital 2 2 f) Family planning center 2 2 g) Bar/guest house/hotel 2 2 h) Peer educator 2 2 i) Friend 2 2 j) NGO 1 2 k) OTHER_____ 1 2 l) DON'T KNOW 1 m) NO RESPONSE 1	
Q706	Now I would like to ask you some questions about the use of lubricants during sexual intercourse with men. Do you use lubricants during anal intercourse with men?	NO ANAL SEX WITH MEN YES NO DON'T KNOW NO RESPONSE	1 2 3 8 9	**→Q710** **→Q708** **→Q708** **→Q708**
Q707	Which lubricants do you commonly use? **PROBE AND RECORD *ALL* ANSWERS**		Yes No a) AQUALUBE 1 2 b) VASELINE 1 2 c) HAND LOTION 1 2 d) VAGINAL GEL 1 2 e) BABY OIL 1 2 f) BUTTER 1 2 g) COOKING OIL 1 2 h) SALIVA 1 2	 **→Q709** **→Q709** **→Q709** **→Q709** **→Q709** **→Q709** **→Q709** **→Q709**

		i) SHAMPOO, SOAP	1 2	→**Q709**
		j) OTHER_____	1 2	→**Q709**
		k) DON'T KNOW	1	→**Q709**
		l) NO RESPONSE	1	→**Q709**
Q708	Why do you not use lubricants?		Yes No	
		a) PARTNER OBJECTS	1 2	→**Q710**
		b) AFRAID TO USE IT	1 2	→**Q710**
		c) CAN'T GET IT	1 2	→**Q710**
		d) DON'T LIKE	1 2	→**Q710**
		LUBRICANTS	1 2	→**Q710**
		e) OTHER_____	1	→**Q710**
		f) DON'T KNOW	1	→**Q710**
		g) NO RESPONSE		
Q709	How often have you use lubricants during the past six months? Have you use lubricants…**READ OUT**	EVERY TIME	1	
		ALMOST EVERY TIME	2	
		SOMETIMES	3	
		NEVER	4	
		DON'T KNOW	8	
		NO RESPONSE	9	
Q710	Do you know any place or person where you can obtain lubricants?	YES	1	
		NO	2	→**Q801**
		NO RESPONSE	9	
Q711	Which places or persons do you know where you can obtain lubricants? **DO NOT READ OUT. PROBE AND RECORD *ALL* ANSWERS**		Yes No	
		a) Shop	1 2	
		b) Pharmacy	1 2	
		c) Market	1 2	
		d) Clinic	1 2	
		e) Hospital	1 2	
		f) Family planning center	1 2	
		g) Bar/guest house/hotel	1 2	
		h) Peer educator	1 2	
		i) Friend	1 2	
		j) NGO	1 2	
		k) OTHER_____	1 2	
		l) DON'T KNOW	1	
		m) NO RESPONSE	1	

Section 8: STI's

No.	Questions and filters	Coding categories	Skip to
Q801	Have you ever heard of diseases that can be transmitted through sexual intercourse?	YES 1 NO 2 NO RESPONSE 9	**→Q804**
Q802	Can you describe any symptoms of STI's in women? ….. Any others? **CIRCLE 1 FOR ALL MENTIONED.** **CIRCLE 2 FOR ALL *NOT* MENTIONED.** **MORE THAN ONE ANSWER IS POSSIBLE.** **DO *NOT* READ OUT THE SYMPTOMS**	Yes No a) ABDOMINAL PAIN 1 2 b) GENITAL DISCHARGE 1 2 c) FOUL SMELLING DISCHARGE 1 2 d) BURNING PAIN ON URINATION 1 2 e) GENITAL ULCERS/SORES 1 2 f) SWELLINGS IN GROIN AREA 1 2 g) ITCHING 1 2 h) PAIN DURING SEXUAL INTERC. 1 2 i) OTHER _____ 1 2 j) NO RESPONSE 1	
Q803	Can you describe any symptoms of STDs in men? ….. Any others? **CIRCLE 1 FOR ALL MENTIONED.** **CIRCLE 2 FOR ALL *NOT* MENTIONED.** **MORE THAN ONE ANSWER IS POSSIBLE.** **DO *NOT* READ OUT THE SYMPTOMS**	Yes No a) GENITAL DISCHARGE 1 2 b) BURNING PAIN ON URINATION 1 2 c) GENITAL ULCERS/SORES 1 2 d) SWELLINGS IN GROIN AREA 1 2 e) CAN'T RETRACT FORESKIN 1 2 f) ULCERS/SORES ON THE ANUS 1 2 g) ANAL DISCHARGE 1 2 h) ANAL PAIN 1 2 i) PAIN DURING SEXUAL INTERC. 1 2 g) OTHER _____ _____ 1 h) NO RESPONSE 1	
Q804	Have you had a genital **discharge** during the past 12 months?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q805	Have you had a genital **ulcer** during the past 12 months?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q806	Have you had an anal ulcer or sore during the past 12 months?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	

Q807	Have you had an anal discharge during the past 12 months?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	

Section 9 Knowledge, opinions, and attitudes towards HIV/AIDS

No.	Questions and filters	Coding categories	Skip to
Q901	Have you ever heard of HIV or the disease called AIDS?	YES 1 NO 2 NO RESPONSE 9	**→Q1001**
Q902a	Do you know anyone who is infected with HIV or who has died of AIDS?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	**→Q903** **→Q903**
Q902b	Do you have a close relative or close friend who is infected with HIV or has died of AIDS?	YES, A CLOSE RELATIVE 1 YES, A CLOSE FRIEND 2 NO 3 NO RESPONSE 9	
Q903	Can people protect themselves from the HIV the virus that causes AIDS by using a condom correctly every time they have sex?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q903A	Can people protect themselves from HIV by avoiding anal sex?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q903B	Can people protect themselves from HIV by using a condom correctly every time they have anal sex?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q904	Can a person get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q905	Can people protect themselves from HIV by having one uninfected faithful sex partner?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q906	Can people protect themselves from HIV by abstaining from sexual intercourse?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q907	Can a person get HIV by using the same utensils with someone who is infected?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	

Q908	Can a person get HIV by getting injections with a needle that was already used by someone else?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q909	Do you think that a healthy-looking person can be infected with HIV, the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	

No.	Questions and filters	Coding categories	Skip to
Q910	Can a pregnant woman infected with HIV or AIDS transmit the virus to her unborn child?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	 **→Q912** **→Q912**
Q911	What can a pregnant woman do to reduce the risk of transmission of HIV to her unborn child? **DO NOT READ LIST** **CIRCLE ALL THAT ARE MENTIONED.**	Yes No a) TAKE MEDICATION (Antiretroviral) 1 2 b) OTHER_____ 1 2 c) DON'T KNOW 1 d) NO RESPONSE 1	
Q912	Can a woman with HIV or AIDS transmit the virus to her newborn child through breastfeeding?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q913	Is it possible in Kosovo for someone to get a confidential test to find out if they are infected with HIV? By confidential, I mean that no one will know the result if you don't want them to know it.	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q914	I don't want to know the result, but have *you* ever had an HIV test?	YES 1 NO 2 NO RESPONSE 9	 **→ Q1001**
Q915	Did you voluntarily undergo the HIV test, or were you required to have the test?	VOLUNTARY 1 REQUIRED 2 NO RESPONSE 9	
Q916	Please do not tell me the result, but did you find out the result of your test?	YES 1 NO 2 NO RESPONSE 9	
Q917	When did you have your most recent HIV test?	WITHIN THE PAST YEAR 1 BETWEEN 1-2 YEARS 2 BETWEEN 2-4 YEARS 3 MORE THAN 4 YEARS AGO 4 DON'T KNOW 8 NO RESPONSE 9	

Sect
ion 10 STI Treatment seeking behaviors

No.	Questions and filters	Coding categories				Skip to
Q1001	**FILTER: CHECK Q804 AND Q805** HAD GENITAL DISCHARGE AND/OR GENITAL ULCER……[_1_] IN LAST 12 MONTHS ↓ NO DISCHARGE OR ULCER IN LAST 12 MONTHS [_2_]→					**→Q1101**
Q1002	Did you do any of the following the last time you had a genital ulcer/sore or genital discharge: READ OUT. MORE THAN ONE ANSWER IS POSSIBLE.	YES	NO	DK	NR	
	l. Seek advice/medicine from a government clinic or hospital?	1	2	8	9	
	m. Seek advice/medicine from a workplace clinic or hospital?	1	2	8	9	
	n. Seek advice/medicine from a church or charity-run clinic or hospital?	1	2	8	9	
	o. Seek advice/medicine from a private clinic or hospital?	1	2	8	9	
	p. Seek advice/medicine from a private pharmacy?	1	2	8	9	
	q. Seek advice/medicine from a traditional healer?	1	2	8	9	
	r. Took medicine you had at home?	1	2	8	9	
	s. Tell your sexual partner about the discharge/ STD?	1	2	8	9	
	t. Stop having sex when you had the symptoms?	1	2	8	9	
	u. Use a condom when having sex during the time you had the symptoms?	1	2	8	9	

No.	Questions and filters	Coding categories	Skip to
Q1003	Which of these things did you do FIRST? ONLY ONE ANSWER IS POSSIBLE.	SEEK ADVICE/MEDICINE FROM A GOVERNMENT CLINIC OR HOSPITAL? 1 SEEK ADVICE/MEDICINE FROM A WORKPLACE CLINIC OR HOSPITAL? 2 SEEK ADVICE/MEDICINE FROM A CHURCH OR CHARITY-RUN CLINIC OR HOSPITAL? 3 SEEK ADVICE/MEDICINE FROM A PRIVATE CLINIC OR HOSPITAL? 4 SEEK ADVICE/MEDICINE FROM A PRIVATE PHARMACY? 5 SEEK ADVICE/MEDICINE FROM A TRADITIONAL HEALER? 6 TOOK MEDICINE YOU HAD AT HOME? 7 OTHER_____ 8 DON'T REMEMBER 88 NO RESPONSE 99	
Q1004	If you took medicine for the last episode of symptoms, from where did you obtain the medicine? **DO NOT READ OUT. CIRCLE ALL THAT APPLY.**	Yes No a) Health worker in clinic/hospital 1 2 b) Pharmacy 1 2 c) Traditional healer 1 2 d) Friend or relative 1 2 e) "Took medicine I had at home" 1 2 f) Did not take any medicine 1 2 g) DON'T REMEMBER 1 2 h) NO RESPONSE 1 2	
Q1005	How much did you pay for the medicine you took?	[___|___|___] EUR	

No.	Questions and filters	Coding categories		Skip to
Q1006	**FILTER: SEE Q1002**: Sought advice from a health worker in clinic or hospital : [_1_] Yes ↓		No [_2_]→	**→Q1101**
Q1007	How long after first experiencing symptoms did you seek advice from a health worker in a clinic or hospital?	1 WEEK OR LESS LESS THAN 1 MONTH BUT MORE THAN 1 WEEK ONE MONTH OR MORE DON'T KNOW NO RESPONSE	1 2 3 8 9	
Q1008	Did you receive a prescription for medicine?	YES NO DON'T REMEMBER NO RESPONSE	1 2 8 9	
Q1009	Did you obtain the medicine prescribed?	YES, I OBTAINED ALL OF IT I OBTAINED SOME, NOT ALL I DID NOT OBTAIN THE MEDICINE DON'T REMEMBER NO RESPONSE	1 2 3 8 9	
Q1010	Did you take all of the medicine prescribed?	YES NO DON'T KNOW NO RESPONSE	1 2 8 9	**→Q1101**
Q1011	If not, why did you not take all of the medicine prescribed? **CIRCLE ALL THAT APPLY.**		YES NO a) Cause nausea 1 2 b) It was difficult 1 2 c) Long period 1 2 d) Could not drink alcohol 1 2 e) Got better 1 2 f) Could not take it 1 2 g) Did not want to 1 2 h) Lost medication/prescription 1 2 i) Side effects 1 2 j) Forgot to take them 1 2 k) Did not want others to find out I was taking medication 1 2 l) DON'T REMEMBER 1 m) NO RESPONSE 1	

Section 11 STI Treatment seeking behaviors for anal discharge and/or ulcers

No.	Questions and filters	Coding categories				Skip to
Q1101	**FILTER: CHECK Q806 AND Q807** HAD ANAL DISCHARGE AND/OR ANAL ULCER……[_1_] IN LAST 12 MONTHS ↓	NO DISCHARGE OR ULCER [_2_]→ IN LAST 12 MONTHS				**→Q1201**
Q1102	Did you do any of the following the last time you had an anal ulcer/sore or anal discharge: READ OUT. MORE THAN ONE ANSWER IS POSSIBLE.	YES	NO	DK	NR	
	a. Seek advice/medicine from a government clinic or hospital?	1	2	8	9	
	b. Seek advice/medicine from a workplace clinic or hospital?	1	2	8	9	
	c. Seek advice/medicine from a church or charity-run clinic or hospital?	1	2	8	9	
	d. Seek advice/medicine from a private clinic or hospital?	1	2	8	9	
	e. Seek advice/medicine from a private pharmacy?	1	2	8	9	
	f. Seek advice/medicine from a traditional healer?	1	2	8	9	
	g. Took medicine you had at home?	1	2	8	9	
	h. Tell your sexual partner about the discharge/ STD?	1	2	8	9	
	i. Stop having sex when you had the symptoms?	1	2	8	9	
	j. Use a condom when having sex during the time you had the symptoms?	1	2	8	9	

No.	Questions and filters	Coding categories	Skip to
Q1103	Which of these things did you do FIRST? ONLY ONE ANSWER IS POSSIBLE. READ OUT	SEEK ADVICE/MEDICINE FROM A GOVERNMENT CLINIC OR HOSPITAL? 1 SEEK ADVICE/MEDICINE FROM A WORKPLACE CLINIC OR HOSPITAL? 2 SEEK ADVICE/MEDICINE FROM A CHURCH OR CHARITY-RUN CLINIC OR HOSPITAL? 3 SEEK ADVICE/MEDICINE FROM A PRIVATE CLINIC OR HOSPITAL? 4 SEEK ADVICE/MEDICINE FROM A PRIVATE PHARMACY? 5 SEEK ADVICE/MEDICINE FROM A TRADITIONAL HEALER? 6 TOOK MEDICINE YOU HAD AT HOME? 7 OTHER_____ 8 DON'T REMEMBER 88 NO RESPONSE 99	
Q1104	If you took medicine for the last episode of symptoms, from where did you obtain the medicine? **DO NOT READ OUT. CIRCLE ALL THAT APPLY.**	YES NO a) Health worker in clinic/hospital 1 2 b) Pharmacy 1 2 c) Traditional healer 1 2 d) Friend or relative 1 2 e) "Took medicine I had at home" 1 2 f) Did not take any medicine 1 2 g) DON'T REMEMBER 1 h) NO RESPONSE 1	
Q1105	How much did you pay for the medicine you took?	[___|___|___] EUR	

No.	Questions and filters	Coding categories	Skip to
Q1106	**FILTER: SEE Q1102**: Sought advice from a health worker in clinic or hospital : [_1_] Yes ↓	No [_2_]→	**→Q1201**
Q1107	How long after first experiencing symptoms did you seek advice from a health worker in a clinic or hospital?	1 WEEK OR LESS 1 LESS THAN 1 MONTH BUT MORE THAN 1 WEEK 2 ONE MONTH OR MORE 3 DON'T KNOW 8 NO RESPONSE 9	
Q1108	Did you receive a prescription for medicine?	YES 1 NO 2 DON'T REMEMBER 8 NO RESPONSE 9	
Q1109	Did you obtain the medicine prescribed?	YES, I OBTAINED ALL OF IT 1 I OBTAINED SOME, NOT ALL 2 I DID NOT OBTAIN THE MEDICINE 3 DON'T REMEMBER 8 NO RESPONSE 9	
Q1110	Did you take all of the medicine prescribed?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1111	If not, why did you not take all of the medicine prescribed? **CIRCLE ALL THAT APPLY.**	YES NO a) Cause nausea 1 2 b) It was difficult 1 2 c) Long period 1 2 d) Could not drink alcohol 1 2 e) Got better 1 2 f) Could not take it 1 2 g) Did not want to 1 2 h) Lost medication/prescription 1 2 i) Side effects 1 2 j) Forgot to take them 1 2 k) Did not want others to find out I was taking medication 1 2 l) DON'T REMEMBER 1 m) NO RESPONSE 1	

Section 12 Stigma and Discrimination

No.	Questions and filters	Coding categories	Skip to
Q1201	Would you be willing to share a meal with a person you knew had HIV or AIDS?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1202	If a male relative of yours became ill With HIV, the virus that causes AIDS, would you be willing to care for him in your household?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1203	If a student has HIV but is not sick, should he or she be allowed to continue attending school?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1204	If a female relative of yours became ill With HIV, the virus that causes AIDS, would you be willing to care for him in your household?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1205	If a teacher has HIV but is not sick, should he or she be allowed to continue teaching in school?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1206	If a health worker has HIV but is not sick, should he or she be allowed to continue working with patients in healthcare?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1207	If you knew a shopkeeper or food seller had HIV, would you buy food from them?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	
Q1208	If a member of your family became ill with HIV, the virus that causes AIDS, would you want it to remain secret?	YES 1 NO 2 DON'T KNOW 8 NO RESPONSE 9	

That is the end of our questionnaire. Thank you very much for taking time to answer these questions. We appreciate your help.