KNOWLEDGE, ATTITUDES, PRACTICES AND BEHAVIOUR STUDY ON HIV/AIDS WITH YOUNG PEOPLE IN KOSOVO
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Kosovo
2008
Photographs of the youth presented in this study are part of the Youth Peer Network activities, supported by UNFPA and UNICEF
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The Knowledge, Attitudes, Practices and Behavior Study on HIV/AIDS among Young People support the HIV response interventions in Kosovo with particular emphasis on HIV prevention for young people. We acknowledge the work of PRISM Research, for their expertise in developing the tools, data collection, processing and reporting. We also acknowledge the support of the Survey Working Group consisting of members of the Kosovo AIDS Committee and the UN Kosovo Team: Mrs. Edona Deva – HIV/AIDS Officer at the Ministry of Health and Chair of the Kosovo AIDS Committee, Mrs. Luljeta Gashi – Head of the HIV/AIDS/STI Unit at the Department of Epidemiology, National Institute of Public Health of Kosovo, Mrs. Dafina Gexha Bunjaku – Monitor and Evaluation Officer, HIV/AIDS Office, Ministry of Health, Mr. Dren Rexha – Youth Officer, UNICEF, Mr. Xhevat Jakupi – HIV/AIDS Advisor, UNDC Office and Mr. Vigan Behluli - Team Leader, Prism Research.

This study was implemented by the UNDC Office and UNICEF with financial support from UNAIDS Programme Acceleration Funds and SIDA.
FOREWORD

Globally, young people are disproportionately affected by the HIV pandemic: about 40 per cent of new infections worldwide are among youth aged 15 to 24. Every 30 seconds another young person is infected, with young women being increasingly more vulnerable.

While Kosovo is facing low HIV/AIDS prevalence, there is a stringent need to implement preventive programmes and measures to address the needs of the population and with specific focus on the vulnerable groups.

Kosovo has one of the youngest populations in Europe, with 50 per cent under the age of 25 years and 40 per cent under 18 years of age. Previous studies show that population is poorly informed on rights and life skills, including risks from unprotected sex, drugs, alcohol, tobacco, which increase vulnerability to STIs and HIV/AIDS.

This study presents collected information on Knowledge, Attitudes, Practices and Behaviours (KAPB) of Kosovo Young People with regard to HIV/AIDS and related issues. Survey targeted Kosovo youth (15 to 24 years of age). Data from this report provide necessary information for developing appropriate HIV prevention strategies among young Kosovans, with full consideration for the political and cultural barriers that prevent information and services from reaching young men and women.

The UN agencies in Kosovo made significant efforts to support the responsible institutions in Kosovo in tailoring and implementing activities that aim at increasing knowledge on HIV/AIDS prevention and safe behaviours among young people in Kosovo. We trust that data provided by this study will guide our further efforts in developing appropriate HIV prevention strategies for young people within the context of the forthcoming Kosovo Strategy on AIDS.

Youth has the power to change. If provided with appropriate information and life skills, youth friendly services and a safe and supportive environment, young people can learn to protect themselves. Youth can raise awareness on protection measures among their peers, their friends, their families and communities; they can raise funds, volunteer and join the fight against stigma and discrimination. If Kosovan youth is well informed on HIV risks and prevention, they are empowered and less vulnerable. Let's work together to support youth on this vital issue!

Sincerely,

Doina BOLOGA
Chief of Operations UNFPA Office in Kosovo
Chairperson of UN Theme Group on AIDS
## LIST OF ABBREVIATIONS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussions</td>
</tr>
<tr>
<td>F2F</td>
<td>Face-to-face Method</td>
</tr>
<tr>
<td>HBV</td>
<td>Hepatitis B Virus</td>
</tr>
<tr>
<td>HCV</td>
<td>Hepatitis C Virus</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>IDU</td>
<td>Injection drug user</td>
</tr>
<tr>
<td>KAP</td>
<td>Knowledge, Attitude and Practices</td>
</tr>
<tr>
<td>KAPB</td>
<td>Knowledge, Attitudes, Practices and Behavior</td>
</tr>
<tr>
<td>M</td>
<td>Mean</td>
</tr>
<tr>
<td>MCYS</td>
<td>Ministry of Culture, Youth and Sports</td>
</tr>
<tr>
<td>MEST</td>
<td>Ministry of Education, Science and Technology</td>
</tr>
<tr>
<td>MSM</td>
<td>Men who have sex with men</td>
</tr>
<tr>
<td>N</td>
<td>Number</td>
</tr>
<tr>
<td>NIPHK</td>
<td>National Institute of Public Health of Kosovo</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
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<tr>
<td>PSI</td>
<td>Population Service International</td>
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<tr>
<td>PLHIV</td>
<td>People living with HIV</td>
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<tr>
<td>RAE</td>
<td>Roma, Ashkali and Egyptian</td>
</tr>
<tr>
<td>RAR</td>
<td>Rapid Assessment and Response</td>
</tr>
<tr>
<td>SA</td>
<td>Self-administered Method</td>
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<tr>
<td>SIDA</td>
<td>Swedish International Development Agency</td>
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<tr>
<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>UCC</td>
<td>University Clinic Center</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<tr>
<td>UNDC</td>
<td>United Nations Development Coordinator</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNGASS</td>
<td>United Nations General Assembly Special Session</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<tr>
<td>UNMIK</td>
<td>United Nations Mission in Kosovo</td>
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<tr>
<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
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<td>WHO</td>
<td>World Health Organization</td>
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1. EXECUTIVE SUMMARY

AIDS (acquired immune deficiency syndrome) is an infectious disease caused by the human immunodeficiency virus (HIV). It is one of the most dangerous and non-curable diseases in modern society. Kosovo has low number of HIV registered cases and the most endangered categories regarding HIV/AIDS are men who have sex with men (MSM), drug users and sex workers, but authorised institutions recognized importance of preventing the spread of HIV among young Kosovans and has placed this population group at the forefront of the Kosovo HIV/AIDS Prevention Strategy. Reasons for this are related to risk youth is faced with, especially in the area of sexual behavior and drug use. Limited knowledge and awareness of HIV and other sexually transmitted infections is a major risk factor.

Following priorities of the Kosovo HIV/AIDS Strategy 2004-2008, the Joint UN Team on AIDS decided to develop and conduct a study that aims to collect information on Knowledge, Attitudes, Practices and Behavior (KAPB) of Kosovo Young People in regard to HIV/AIDS and related issues. Survey target group was Kosovo youth (15 to 24 years of age). The aim of the study was to provide information necessary for developing appropriate HIV prevention strategies among young Kosovans.

Using quantitative (opinion poll) and qualitative (focus groups) methods, the survey results show that high percentage of young Kosovans have heard about the term HIV/AIDS. Number of youth who have heard about this term is at a high level, with 90% of youth have heard about HIV/AIDS. However, less than half were aware of the difference between these two terms and one fifth believes that AIDS can be cured. Information about HIV/AIDS is accessible to the majority of young Kosovars. One half of them think that HIV/AIDS is a serious problem in their community and 22% think they are at moderate and high risk of HIV infection and main reasons for this opinion is because they do not use a condom every time they have sexual intercourse or that they might get/have gotten infected when they receive(d) a blood transfusion, or because of having had sexual intercourse with more than one partner. Results also show that only a small percentage of respondents had been tested for HIV over the past 12 months and that the testing has not became a common practice in Kosovo.

Percentage of young woman and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission reflects a low level of knowledge – only 18% of males and 17% of females; 16% of youth aged from 15 to 19 years; and 20% of those aged 20 to 24 years correctly answered all five questions for the indicator of knowledge of HIV prevention. Young Kosovo males were more likely than females to know the two main ways of preventing the sexual transmission of HIV: having sexual intercourse with only one faithful uninfected partner, and by using a condom every time they have sex. On the other hand, females were more likely to know that healthy-looking persons can have HIV, and they reject major misconceptions about HIV transmission: that a person can get HIV from mosquito bites or by sharing food with a person living with HIV/AIDS. However, a composite indicator shows that the difference in the level of knowledge about HIV prevention between males and females is not statistically significant. The difference in the level of knowledge about HIV prevention between youth from two different age groups (from 15 to 19 years, and from 20 to 24 years) was also not statistically significant, neither on composite indicator nor on specific questions.

When it comes to sexually transmitted infections (STI), only 30% of young people have heard of other sexually transmitted infections and most knew of Hepatitis B and Syphilis and 65% of them know that STI can be cured.
One-third of young Kosovans report having had sexual intercourse. The average age for first sexual intercourse was 18 years; while 5% of sexually active respondents report having first had sexual intercourse before turning 15 years. These respondents were more likely to be males and aged under than 19-years. Respondents who report having first had sexual intercourse prior to age 15 years had less knowledge about HIV prevention than do respondents who were older at the time of first sexual intercourse. These younger respondents (who have had sexual intercourse at the age younger than 15 years old) were also less likely to know that the risk from HIV can be reduced by using a condom during every sexual intercourse.

Over a half of sexually active young people reported having used a condom the last time they had sexual intercourse, 40% of stated that they always used a condom and another 30% that they sometimes use it. The most frequently cited reasons for condom-use included preventing unwanted pregnancies, but also protection from HIV/AIDS. Among the respondents who report irregular condom-use, 38% were aware that it exposed them to risk from HIV infection.

Policy recommendations were designed according to the survey results. The recommendations were aimed at developing prevention strategy, including activities related mainly to high-quality, continuous educational program (inside and outside school, especially through TV programs and peer education) aiming to increase knowledge and establish HIV safe behaviors among youth in Kosovo.
2. INTRODUCTION

In response to and based on the needs of the Kosovo AIDS Committee comprised of Kosovo institutions and civil society organizations, the Joint UN Team on AIDS decided to develop and conduct a study that aims to collect information on knowledge, attitudes, practices and behavior of young people in Kosovo with regard to HIV/AIDS and related issues. Data obtained in the study will provide insights to key stakeholders involved in developing appropriate HIV prevention strategies among Kosovo young people.

Two members of the Joint Team, the Office of UN Development Coordinator (using UNAIDS Programme Acceleration Funds) and the United Nations Children’s Fund in Kosovo agreed to co-share activity implementation costs. A Memorandum of Understanding between UNICEF and the UNDP Office in Kosovo (as administrator of UNAIDS funds) was signed on September 28th, 2007.

At the end of 2007 and early 2008, Prism Research was commissioned to conduct the study entitled “Knowledge, Attitudes, Practices and Behavior Study (KAPB) on HIV/AIDS with Young People in Kosovo.”

A survey working group was established and met frequently in the capacity of the coordination body during all phases of the study implementation. The group consisted of members of the Kosovo AIDS Committee and Joint UN Team on AIDS, namely:

- Mrs. Edona Deva – HIV/AIDS Officer at the Ministry of Health and Chair of the Kosovo AIDS Committee;
- Mrs. Luljeta Gashi – Head of the HIV/AIDS/STI Unit at the Department of Epidemiology, National Institute of Public Health of Kosovo;
- Mrs. Dafina Gexha Bunjaku – M&E Officer, HIV/AIDS Office, Ministry of Health;
- Mr. Dren Rexha – Youth Officer, UNICEF;
- Mr. Xhevat Jakupi – HIV/AIDS Advisor, UN Development Coordinator Office;
- Mr. Vigan Behluli – Team Leader, Prism Research.

The study was conducted using both quantitative (KAPB targeted survey) and qualitative (focus groups) research methods. The opinion poll survey was implemented from February to March 2008, and focus groups discussions were conducted in May 2008.

2.1. HIV/AIDS/STI IN KOSOVO

Based on the UNAIDS classification system Kosovo is categorized as having a low HIV epidemic. However, Kosovo is located in a region in Eastern Europe characterized by one of the fastest-growing HIV epidemics in the world. The situation regarding sexually transmitted infection (STI), HIV and AIDS in Kosovo is not very clear due to the lack of reporting, accurate information, and limited prevention programs. The increase in risk factors facing the Kosovo population, including the changing economic and social situation, suggests the need for strengthening STI/HIV surveillance, prevention, and control efforts. Accurate data
about the number and types of STI in Kosovo are not available. Many Kosovans are treated for STI in the private health care system and there is no reliable system for public or private sector reporting. Occasional data from programs working with sex workers and trafficked women suggest a very high prevalence of STI among these women, primarily non-ulcerative.¹

From 1986 to the end of 2007, 70 HIV and AIDS cases have been registered within the Department of Epidemiology at the National Institute of Public Health of Kosovo. The number of people reported as living with HIV and AIDS has increased in recent years, comparing to the period prior to the year 1999. Forty-six HIV/AIDS cases and 6 AIDS related deaths were reported during the years 2000-2007. HIV positive cases were reported among outpatients at the Blood Transfusion Centre for the first time in 2002. The majority (61%) 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, the blood donation system and Voluntary Counselling and Testing (VCT) centres.²

The antiretroviral treatment for HIV and AIDS patients is available since March 2005, at the Ministry of Health costs, through six trained health professionals at the Clinic for Infectious Diseases at the University Clinical Centre of Kosovo.³

Voluntary Counselling and Testing (VCT) has been available since 2003 through four facilities in the capital city of Prishtinë/Pristina, one in the city of Ferizaj/Uroševac (where there is a high concentration of sex workers), and one in Mitrovicë/Mitrovica at a Student Polyclinic. To date, approximately 3000 people have utilized the testing and counselling services at the sites, the majority of whom have been males, approximately half under the age of 26, and four have tested HIV positive.⁴ Kosovo is economically underdeveloped with the highest rates of unemployment in the Balkans, and with only vague opportunities for progress, hence young people age 18 and older face particular challenges that may increase their exposure and vulnerability to HIV.⁵

In terms of drug use, WHO and UNICEF conducted a Rapid Assessment and Response (RAR) study and estimated that there are approximately 3,500 drug users in Kosovo who are primarily young people under

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¹ Kosovo HIV/STI Behavioural and Biological Surveillance, 2006.
³ Infectious Disease Clinic, HIV/AIDS/STI Unit, University Clinic Center Kosovo, 2006.
⁵ Kosovo HIV/STI Behavioural and Biological Surveillance, 2006.
the age of 25 (2001). 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.6

The VCT and Injecting Drug Users (IDU) friendly sites estimates that 25% of drug users are Hepatitis C Virus (HCV) positive and 18% Hepatitis B Virus (HBV) positive.7 A compounding problem is that 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.

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 Kosovans, thus serving as a bridging population.8

Some of HIV infections in Kosovo to date are related to Kosovo migrant workers or to those who have lived in Western European countries. This population group consists of approximately 15% of the Kosovo population and continues to be an important income source for Kosovo through remittances. An IOM study found that Kosovo migrant workers are mainly males, at a sexually active age, and only 10% using condoms regularly.9 As Kosovo’s political status for most of the Western European countries is resolved, there is an expectation that large numbers of Kosovans who live outside of Kosovo will return either through voluntary or forced repatriation. This situation could increase the risk for HIV/STI infections.

People living with HIV (PLHIV) and those affected by HIV and AIDS are highly stigmatized in the society. Due to possible rejection by the community, the majority of PLHIV do not reveal their status, even to close family members and friends.10

2.2. YOUTH IN KOSOVO

Young Kosovans now face a world of rapid change. Social changes are having a direct impact on their attitudes and behavior, especially in the area of sexual behavior and drug use. The age of sexual debut is declining rapidly among youth, as well as initiation of drug use. The situation of high unemployment, especially among youth, has resulted in labour migration towards Western European countries. Unemployed young people mainly go abroad alone and without their partners, which increases their vulnerability to HIV infection. Limited knowledge and awareness of HIV and other STIs is a major risk factor. The Kosovo HIV/AIDS Prevention Strategy has acknowledged the importance of preventing the spread of HIV among young Kosovans and has placed this population group at the forefront of the strategy (and, recently, the Universal Access process).

Upon registering first cases of HIV infections in Kosovo, activities pertaining to raising the level of information and knowledge about HIV/AIDS among youth in Kosovo has commenced, in particular through schools and with the support of various organizations, such as SOROS Foundation and Kosovo’s Red Cross. After the year 1999, activities in health promotion and education for prevention from HIV/AIDS has been implemented by the Health Education Unit of the National Institute of Public Health of Kosovo, in cooperation and close support of different organizations, both governmental and nongovernmental, such as WHO, UNICEF, World Vision International, International Rescue Committee, Mercy Corps International, etc. as well as some local NGO’s. Whilst employing the method peer-to-peer, which was very well accepted by the youth,
thousands of youth were included each year in all Kosovo regions and in all structures of the society, including Kosovo Protection Corps, Kosovo Police Service, people with special needs and minorities.

First of December – World AIDS Day – has been particularly emphasized with different activities which offered raising awareness among youth and understanding of HIV/AIDS as an illness which currently Kosovo is facing as well.

2.3. KAP AND OTHER SURVEYS

A knowledge, attitudes and practices (KAP) study was conducted by NIPHK with the support of WHO in 2000 among 209 high school students in 30 Kosovo secondary schools. The study revealed that among youth aged 14-19 years, knowledge of HIV and STIs was low and people living with HIV (PLHIV) were highly stigmatized.

Results from Population Service International (PSI) KAP household survey in 2001 of a representative sample of the Kosovo population aged over 14 years (1,138 males and 1,138 females, including 400 Kosovo Serbs, mean age of 30 years), showed that awareness of HIV/AIDS was not high, although knowledge of the modes of HIV/AIDS transmission was higher than knowledge of the correct forms of protection against the infection. Few Kosovans thought they were at high risk of HIV infection.11

A KAP Survey conducted by the National Institute for Public Health of Kosovo in 2002 among 537 teenagers from secondary schools in all major cities of Kosovo had similar findings. However, a PSI KAP household survey in 2003 conducted on a representative sample of Kosovo youth aged 15 to 25 years (529 males and 476 females) indicated that young people had by then gained considerably more knowledge about HIV/AIDS and its prevention as a result of the various campaigns.12 This study found that youth have a very low perception of risk. 60% of respondents did not perceive themselves at risk, while 43% have had sexual intercourse, and of these 12% had sexual intercourse before the age of 16 (youngest reported age of sexual intercourse was 13 years); 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 of these 7.5% had sexual partners who also injected drugs.13

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3. OVERALL OBJECTIVES

The objective of the Kosovo UN Joint Team on AIDS is to collect and analyze data with regard to knowledge, attitudes and behavior of young Kosovans (age 15–24) on HIV/AIDS, sexually transmitted infections and related issues. Special focus is given to sexual risk behaviors, the scope and frequency of the symptoms coming from sexually transmitted infections and their relation with sexual knowledge, behavior and attitudes.

An important aspect of the KAPB study is to obtain baseline information for a number of youth related indicators as part of the UNGASS Declaration on AIDS and Monitoring and Evaluation Framework of the Kosovo AIDS Committee.

Based on the results gained from the KAPB study, conclusions and recommendations will be drafted and used as a basis for development of the HIV prevention strategies for young Kosovans.
METHODOLOGY
4. METHODOLOGY

For the purpose of the KAPB Study, the following methodological approaches were used:

1. Quantitative Survey Research (a poll on a sample of Kosovo youth)
2. Qualitative Survey Research (focus groups with female and male participants)

The poll was conducted on a representative sample of 1,299 of young Kosovans, after which focus groups were organized – eighteen groups in seven regions. Research survey was conducted from February to May 2008.

4.1. QUANTITATIVE SURVEY RESEARCH

Method of interviewing

The opinion poll was conducted using face-to-face interviews. The questionnaire contained both open-ended and closed questions. Interviewers read aloud the questions and possible (coded) answers from the questionnaire, or gave “show cards” of the coded responses to the respondent. In the case of open ended questions, the interviewers only read the question. The interviewers held a copy of the questionnaire where they recorded the answers throughout the interview.

Due to the sensitive nature of the final set of questions, prior to administration of this section respondents were given the choice to either continue to answer in the same manner (with interviewer administration), or to self-administer the remaining questions and mark responses on the interview form themselves. Only a small percentage of respondents (9%) opted for the self-administered questionnaire, while 91% chose to continue the interview with the help of the interviewer. Respondents who opted for the self-administered questionnaire enclosed the completed interview forms in envelopes which interviewers submitted to the coordinators unopened.

Questionnaire

Prism Research developed the questionnaire in close consultation with the Survey Working Group. Once the questionnaire was completed, it was translated into the local languages – Albanian and Serbian. The questionnaire contained demographic information about respondents (information about sex, age, educational level, ethnicity, religion, employment, marital status, etc.) and four sections of questions:

- Respondents knowledge about HIV/AIDS;
- Attitudes and beliefs;

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14 Prism Research, in accordance with ESOMAR and AAPOR rules and regulations is obliged to protect the anonymity of respondents. All questions/variables that contain any type of information about the identity of respondents are removed from the report and the final database.

15 A sample of the Survey Questionnaire is given in Annex IV.
- Respondent knowledge about STI;
- Sexual behavior and attitudes towards condoms.

**Target Population**

The target population for this research was youth aged 15 to 24 years. The sample was drawn from a random selection of households. Within selected households respondents were household members aged 15 to 24 years randomly selected according to the “Last Birthday” technique.

**Sampling**

A three-phase stratified random sample was designed for the purposes of this study. Demographic characteristics of the sample are provided in Table 1.

1. Initially, the total sample size was defined (number of respondents to be interviewed) – N=1300 interviews, 900 K-Albanians\(^\text{16}\), 200 K-Serbs, and 200 other minorities. The sample was divided into sampling blocks of 5 interviews per sampling block (for the sample size of 1300 respondents there are 260 sampling blocks).
2. Each Kosovo region was allocated a proportional number of questionnaires based on the estimates of the population living in each region.
3. In each of the regions interviews were conducted in all municipalities\(^\text{17}\). The number of interviews conducted was proportional to the population size of the municipality within the region.

In order to facilitate comparison of results between the young respondents of different ethnic backgrounds, a disproportional sample with under-representation of the K-Albanian population and over-representation of K-Serb population and other minority groups (compared to the actual distribution of the different ethnic communities in Kosovo) was designed. The overall estimates for Kosovo (total results) were calculated using weighting for the shares of specific ethnic groups to bring them in line with population data of the Statistical Office of Kosovo.

**Table 1. Demographic characteristics of the sample**

<table>
<thead>
<tr>
<th>AREA</th>
<th>Frequency</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>Albanian majority area</td>
<td>1045</td>
<td>80.4%</td>
</tr>
<tr>
<td>Serb majority area</td>
<td>254</td>
<td>19.6%</td>
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<tr>
<th>SETTLEMENT TYPE</th>
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<th>Percent</th>
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<tr>
<td>Urban</td>
<td>750</td>
<td>57.7%</td>
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<tr>
<td>Rural</td>
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<tr>
<th>GENDER</th>
<th>Frequency</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Male</td>
<td>655</td>
<td>50.4%</td>
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<tr>
<td>Female</td>
<td>644</td>
<td>49.6%</td>
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<th>AGE IN YEARS</th>
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<tr>
<td>15-19</td>
<td>713</td>
<td>54.9%</td>
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<tr>
<td>20-24</td>
<td>586</td>
<td>45.1%</td>
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<tr>
<th>EMPLOYMENT STATUS</th>
<th>Frequency</th>
<th>Percent</th>
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<tr>
<td>15-18</td>
<td>45</td>
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<td>19-21</td>
<td>66</td>
<td>19.2%</td>
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<tr>
<td>22-24</td>
<td>107</td>
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<th>COMPLETED EDUCATION</th>
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<tbody>
<tr>
<td>None</td>
<td>46</td>
<td>3.5%</td>
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<tr>
<td>Lower primary</td>
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<td>Higher primary</td>
<td>661</td>
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<td>Secondary</td>
<td>462</td>
<td>35.6%</td>
</tr>
<tr>
<td>College</td>
<td>33</td>
<td>2.5%</td>
</tr>
<tr>
<td>University</td>
<td>21</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ETHNICITY</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albanian</td>
<td>901</td>
<td>69.4%</td>
</tr>
<tr>
<td>Serb</td>
<td>194</td>
<td>14.9%</td>
</tr>
<tr>
<td>Turk</td>
<td>25</td>
<td>1.9%</td>
</tr>
<tr>
<td>Roma</td>
<td>61</td>
<td>4.7%</td>
</tr>
<tr>
<td>Ashkali</td>
<td>68</td>
<td>5.2%</td>
</tr>
<tr>
<td>Bosnian/muslim(^\text{18})</td>
<td>37</td>
<td>2.8%</td>
</tr>
<tr>
<td>Others</td>
<td>11</td>
<td>0.8%</td>
</tr>
<tr>
<td>DK/DWA(^\text{19})</td>
<td>2</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

\(^{16}\) Term “K-Albanian” and “K-Serb” throughout the report refer to Kosovans of those respective ethnic groups.

\(^{17}\) A map of Kosovo presenting which municipalities are included in which geographical areas (Ferizaj/Uroševac, Prizren/Prizren, Gjakovë/Dakovica, Gjilan/Gnjilane, Mitrovicë/Mitrovica, Pejë/Peć, Prishtinë/Priština) is given in Annex I.

\(^{18}\) Terms Bosnian/Muslim present respondents’ self-determination toward their ethnic belonging.

\(^{19}\) Do not know/Do not wish to answer.
Recruitment and organization of the fieldwork

The field team for this research included two field managers, five coordinators, 35 interviewers in the Albanian-ethnic majority areas and nine in the Serb-ethnic majority areas, six field controllers and one telephone controller. All interviewers worked in pairs, so female interviewers interviewed females, and male interviewers interviewed males. Interviewers were selected based on skills, previous experience, age, gender and regional origin. The field manager for the Albanian part of the sample was based in the Prism Research office in Prishtinë/Priština. The field manager for the Serb part of the sample was based in Zubin Potok.

The coordinators and interviewers participated in a half-day training session that covered the detailed sampling procedures, interviewing, question-by-question analyses and a role play exercise, and each interviewer then had to conduct at least one interview with or without the supervision of a coordinator. The work of interviewers was controlled in two ways. Once the survey was completed, the controllers started with a field work check on the basis of information provided in the contact and control sheets to check if the interviewer followed the rules of sampling, as well as his/her approach and behavior during the interview. During the implementation of the field work regional coordinators checked each completed questionnaire prior to submission for data entry to minimize the likelihood of incorrectly completed questionnaires or systematic interviewer errors going unchecked. In addition, the chief data gathering coordinator conducted some controls by phone from the Prism Research central office in Prishtinë/Priština.

During the implementation of the opinion poll, interviewers did not encounter any major problems in terms of the willingness of the population to participate, especially once respondents were briefed about the purpose of the poll. The overall response rate (the percentage of respondents who completed the survey out of the total number of contacted potential or available respondents) stands at 79.5%.

Table 2 contains information from the contact sheets related to the outcome of contact achieved by the interviewers with the respondents.

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Interview completed</td>
<td>1299</td>
<td>79.5</td>
</tr>
<tr>
<td>2 – Household-level refusal, interview refused by the person who opened the door</td>
<td>115</td>
<td>7.0</td>
</tr>
<tr>
<td>3 – Refusal by the household member selected for the interview</td>
<td>41</td>
<td>2.5</td>
</tr>
<tr>
<td>4 – Nobody answers the doorbell or knocking</td>
<td>54</td>
<td>3.3</td>
</tr>
<tr>
<td>5 – Interviewer makes two visits but fails to find at home the household member selected for the interview</td>
<td>46</td>
<td>2.8</td>
</tr>
<tr>
<td>6 – Household not eligible</td>
<td>39</td>
<td>2.3</td>
</tr>
<tr>
<td>7 – Business facility, restaurant/bar, a government organization or agency</td>
<td>23</td>
<td>1.4</td>
</tr>
<tr>
<td>8 – Nobody living at the address</td>
<td>16</td>
<td>1.0</td>
</tr>
<tr>
<td>Total</td>
<td>1633</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Data input and cleaning

Data entry was conducted by trained operators who used a special data entry program. Data processing preparation and control was conducted using the Statistical Package for Social Sciences (SPSS) software program.

4.2. QUALITATIVE SURVEY RESEARCH

The qualitative part of the survey consisted of 18 focus group discussions the details of which are provided in Table 3.

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20 Given that control found that selection procedures were not respected in the selection of one respondent, this questionnaire was excluded from further data processing thus the total number of questionnaires in the database is 1299.

21 The term respondents for the purpose of this report covers polled youth, while in cases where results from the FGDs are cited the term participant is used.
Each focus group included between 8 and 11 participants. In selecting the participants, recruiters used a specially designed screening questionnaire. This questionnaire consisted of several elimatory questions and respondents that answered positively to given criteria were invited to participate in the focus groups.

Focus group discussions were moderated by four (4) well trained and experienced moderators using Guidelines for Focus Group Discussions. Two moderators conducted the FGDs in Albanian, and two in the Serbian language. The FGD with the RAE female population was moderated in the Albanian language, whereas with RAE male population in Serbian language. A male moderated FGDs with male participants, and a female moderated FGDs with female participants.

The duration of the focus group discussions was generally between 60 and 90 minutes, with the exception of the FGD with RAE male participants that lasted about 30 minutes. The brevity of this discussion was due to the low level of information about the topic, very low educational level of participants and difficulty in speaking about the discussed issues in the Serbian language. The FGDs were conducted in conference rooms of local hotels, motels and restaurants. Participation in discussions was voluntary. Participants received a small honorarium in recognition of the time and effort given and were reimbursed for travel expenses.

Discussions were audio recorded. These recordings were transcribed by professional typists and translated in English language. These transcripts, together with moderators’ observations and notes served as the basis for quantitative analysis of the topic in this report.

### 4.3. STUDY LIMITATIONS

This study is subject to several limitations that are mainly related to sensitivity of the issues raised. The first limitation was unwillingness of potential respondents to participate in the survey resulting in a somewhat lower response rate compared to surveys on less sensitive issues. The refusal rate was 7% at the household-level, meaning the interview was refused by the person who opened the door, and a further 2.5% refusal by the household member selected for the interview.

Due to the particularly intimate nature of some survey questions in the sexual behavior and attitudes to condoms section, respondents were given the choice of self-administering this section of the questionnaire. 9% of respondents chose to self-administer this section. Survey results indicate that respondents who self-administered this section stated more often than others that they have had sexual intercourse, and that they have a steady sexual partner. This suggests that this approach was reasonable. However, more of the respondents who self-administered these questions answered “don’t know/don’t want to answer”, which speaks in favour of face to face interviewer administration method. It is arguable which of these methods is more appropriate in this kind of research. 22

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22 For additional information about differences in results between respondents who self-administered the last section of the questionnaire and those where the section was interviewer administered see Annex II
A third methodological limitation faced relates to the qualitative part of the study, namely the focus groups discussions. Given the nature of the content of the Discussion Guide, we decided to conduct gender homogeneous FGDs toward evoking greater openness among participants. This group dynamics would have been different if the group structure was gender mixed.

The FGD with male RAE participants was conducted in the Serbian language due to the lack of Roma language speaking moderator. Participants had attended elementary school in Serbian and were capable of communicating in this language, however FGD dynamics and productivity would likely have been better if conducted in their mother tongue.
5. RESULTS

5.1. KNOWLEDGE OF HIV/AIDS

5.1.1. Awareness on HIV/AIDS among young people

Although the large majority of young Kosovans (90%) have heard of HIV or AIDS, the fact that 10% of respondents are not familiar with these two terms is a matter of concern (see Graph 2).

Categories that are more likely not to have heard of HIV or AIDS are young people aged under 18 years; those with lower educational levels (primary school or less); those of Roma, Ashkali or Turkish ethnicity; those living in the Mitrovicë/Mitrovica region; and those who never read newspapers; as well as those who do not watch television regularly.²³

5.1.2. Recent sources of information about HIV/AIDS

Over a third of respondents who have heard of HIV/AIDS (38%) had obtained information during the past month (they were more likely to be aged 20 to 24 years, of Bosnian/Muslim ethnicity, followed by K-Albanians and K-Serbs, as well as respondents who read newspapers more frequently). Most of them received relevant information from public information sources - primarily television, and less frequently radio and newspapers. Beside these sources, Internet is a common source of information on this subject, as are schools.

Respondents aged less than 18 years (34%) and those who are currently attending secondary school (25%) were more likely to have received information about HIV/AIDS in school. The percentage of those who received such information from their university faculties is lower. Young people from Prizren and Ferizaj/Uroševac regions were most likely, and those from Gjakovë/Dakovica and Mitrovicë/Mitrovica regions were least likely to have received such information in school.

Friends or relatives were a source of information about HIV/AIDS for 16% of surveyed young people; while 11% of participants had seen/read HIV or AIDS leaflets. Young people who live in urban areas were more likely to have seen HIV/AIDS leaflets than were those from rural areas. Young people from the Pejë/Peć region were the most, and those from Prishtinë/Priština region the least likely to have learned

²³ It should be noted that only statistically significant differences between comparing variables are mentioned, where the statistically significant difference implies a difference with which the probability of its having been obtained accidentally is equal or less than 5%, i.e. if p ≤ 0.05. If a difference with a higher probability is mentioned in the report, it is accompanied by a corresponding note.
about HIV/AIDS from leaflets. Respondents were less likely to have used other sources of information (see Graph 3).

In talking about having heard about HIV/AIDS focus group participants were generally only able to make some brief remarks about the disease where they showed basic knowledge (mostly about sources of information, nature of the disease and its transmission).

The majority of participants first obtained information about HIV/AIDS in school (both primary and secondary); mostly in biology classes, but also from non-governmental organizations that visited schools and provided organized lectures on the topic. Some young people received their first information about HIV/AIDS from the media, mostly from TV documentaries and movies, while others heard about HIV/AIDS from their peers or somewhat older friends and family members. In the latter case, respondents did not get detailed information about HIV/AIDS, but rather obtained it at a later stage from other sources – again, most frequently in school.

Graph 3. From what source did you receive this information about HIV/AIDS?  

<table>
<thead>
<tr>
<th>Source of Information</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace</td>
<td>1</td>
</tr>
<tr>
<td>Doctors/Nurses</td>
<td>2</td>
</tr>
<tr>
<td>Promotion groups</td>
<td>4</td>
</tr>
<tr>
<td>Leaflets</td>
<td>11</td>
</tr>
<tr>
<td>Friends or relatives</td>
<td>15</td>
</tr>
<tr>
<td>Newspapers</td>
<td>18</td>
</tr>
<tr>
<td>In school</td>
<td>19</td>
</tr>
<tr>
<td>Radio</td>
<td>20</td>
</tr>
<tr>
<td>Internet</td>
<td>38</td>
</tr>
<tr>
<td>Television</td>
<td>78</td>
</tr>
</tbody>
</table>

It is a contagious disease and I heard that it really harms the immune system and completely ruins it. The person cannot protect himself from any other illness and so his health his ruined gradually, until the person dies. (Albanian male from Ferizaj/Uroševac, 18 years, high school student)

HIV/AIDS or the disease of AIDS is caused by the HIV virus and it is a contagious disease. It is usually spread through various sexual contacts, but also through coming into contact with people’s saliva. It can also spread through various lesions which have not cured completely. It is one of the most life-threatening diseases for which there is still no cure. It is one of the biggest problems of social globalization. (Albanian male from Prizren, 18 years, a student)

I heard about it when I was in primary school, when I was in fifth or sixth grade. It was organized by the school as a part of biology classes. (Albanian male from Pejë/Peć, 20 years, a student)

10 years ago there was a presentation in school held by some organization from Belgrade. (Serbian male from Mitrovicë/Mitrovica, 21 years, a student)

From lectures delivered at school, I have learned about it in more detail from movies, especially from the movie "Philadelphia", which is based on a true story. (Albanian female from Prishtinë/Priština, 22 years, a sociologist)

I have heard of it and we learned a little about it, that AIDS can harm people. (RAE male from Mitrovicë/Mitrovica, 16 years)

The first time I heard about it was when I was in ninth grade and I already knew its meaning. I have also asked my father because I am more in contact with him than with my mum. We even had some guests then and when I asked my father he felt embarrassed and said that he will tell me about it later. He then told me that it is a disease, but didn’t give me much details, and after a while, after hearing about it on TV and discussing it with my friends I have gradually come to understand the approximate meaning of it. (Albanian female from Mitrovicë/Mitrovica, 19 years, a student)

I think that is was from a family member, that is, when I was younger. Then later I understood it better from my professor. (Albanian male from Mitrovicë/Mitrovica, 21 years, a student)

I heard about AIDS when I was really young, but I find out more about it when I was in school. (Serbian female from Mitrovica, 20 years, a student)
Only a smaller number of participants describe themselves as not having sufficient knowledge about HIV/AIDS, or that their understanding is based on limited and isolated pieces of information where they have an idea of the “concept” and simply include HIV/AIDS among “deadly” infectious diseases rather than having systematic, full and reliable knowledge about symptoms, transmission and protection from HIV/AIDS. There are some respondents that do not even have basic knowledge about what HIV/AIDS might stand for or they have never even heard of it.

About a fifth (22%) of respondents report having talked to someone about HIV/AIDS in the month prior to the survey interviews. Young people living in the Pejë/Peć region have talked most often about HIV/AIDS in that period, and most of these with friends, only a few have talked with their partners, and only one in ten with their family members. During the past month, very few young people have talked about HIV/AIDS with somebody else (see Graph 4).26

Young men who participated in focus group discussions were more likely than young women to report that HIV/AIDS is still a taboo topic in Kosovo. They consider that the reason for this is the patriarchal character and nature of the mentality of Kosovo society. HIV/AIDS and “other sex-related” topics are most likely to be discussed with peers (friends or close relatives) and even such discussions on HIV/AIDS are in a joking manner. Young women are most likely to discuss this topic only with their female friends. Some participants of different ages, education levels, sexes and ethnicity feel that such discussions among friends were embarrassing.

Regarding discussion of HIV/AIDS with family members, respondents largely consider that they can only talk about the disease in general terms as more detailed discussion would be shameful. Most were likely to discuss the topic with fathers, followed in frequency by those who discuss it with siblings. Only a few young women reported having talked with their mothers about the disease. Talk about HIV/AIDS in the family circle is usually triggered by related media programs. This indicates that young people need a socially acceptable trigger to initiate discussion about HIV/AIDS with members of their family.

Graph 4. Who did you talk to about HIV/AIDS during the last month?

<table>
<thead>
<tr>
<th>Type of Person</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious person</td>
<td>0%</td>
</tr>
<tr>
<td>Health care worker</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
<tr>
<td>Family</td>
<td>10%</td>
</tr>
<tr>
<td>Partner</td>
<td>26%</td>
</tr>
<tr>
<td>Friend</td>
<td>70%</td>
</tr>
</tbody>
</table>

26 Responses to the question about who would be the first person they would talk to if they had a sexual problem follow the same trend: most respondents chose friends (33%), followed by those who chose partner (28%), parents (20%) and siblings (9%).
The lack of knowledge of older family members and the resulting prejudices further limits opportunities for discussion about HIV/AIDS. Therefore, some young people still perceive HIV/AIDS as a “shameful” disease contracted by the sexually promiscuous, drug addicts, homosexuals and persons who do not take sufficient care of their personal hygiene. Attempting to overcome this situation, some respondents – mostly males, those considered “more mature” and more-educated – had made efforts to inform members of their family about the disease or initiated discussion about it.

A small number of male participants of K-Albanian ethnicity reported having talked about HIV/AIDS with their religious leaders and in this way getting information that contradicts what they had previously heard from other sources and were more likely to believe.

I think emancipation of Kosovo society has an important role in this. A lot of topics were taboo so our parents and also teachers avoided discussing them. A concrete example from when I was in high school. When we were about to have cover topics like this, the biology professor would avoid them and pass on to other topics. We and our society are still not fully emancipated. For the professor it was like it was a taboo subject, something to be ashamed of. He felt embarrassed to about this in front of students, and the same thing happens in the family as well. Parents don’t talk about this topic with the family. (Albanian male from Mitrovicë/Mitrovica, 22 years, a lawyer)

We don’t mention this with our friends because of our mentality. (Albanian male from Gjilan/Gnjilane, 20 years, a student)

I talk about this topic, but given the low level of our mentality, if you talk to a friend about it, they will misunderstand you. I only talk with my female friends, because when all our friends get together it is like a taboo subject. Our male friends usually joke about it, so when we females are together then we talk seriously about this issue. (Albanian female from Mitrovicë/Mitrovica, a student)

I talk to my friends about it, but it is more as joke rather than something serious. (Albanian male from Ferizaj/Uroševac, 17 years)

Mainly with friends! (Serbian male from Mitrovicë/Mitrovica, 20 years, student)

No (I don’t talk about HIV/AIDS with anybody). I am embarrassed. (RAE male from Mitrovicë/Mitrovica, 16 years)

I don’t talk about it. (Albanian female from Prizren, 18 years)

No, with nobody. (Serbian female from Mitrovicë/Mitrovica, 24 years, student)

Considering the existing family structure in Kosovo, which is still patriarchal and not at all modern... the topic is not present in the Kosovar families. (Albanian female from Mitrovicë/Mitrovica, 24 years)

I think that there is little discussion going on about it in Kosovo families, because as soon as this disease is mentioned people think of sexual relationships. (Albanian male from Ferizaj/Uroševac, 17 years)

With my family I can only talk about it as a phenomenon, but not in details... (Albanian female from Prishtinë/Priština, 22, a sociologist)

Maybe parents don’t have much knowledge about it. (Albanian female from Ferizaj/Uroševac, 21 years, a student)

I do talk about it with my family (...) whenever a case appears on television or something similar. (Albanian female from Gjilan/Gnjilane, 18 years)

When there was something on TV about this disease, my father advised me to be cautious about it, because he said I am young now and may not know, but when I reach his age I may regret it. (Albanian male from Ferizaj/Uroševac, 18 years)

I was present when an imam spoke about it. He explained it more within topics on extramarital sexual relationships in terms of diseases that come as a consequence of it, not just about AIDS. (Albanian male from Prishtinë/Priština, 20 years, a student)

As far as I know, some people have heard about AIDS in the mosques for the first time in their lives from the imam’s preaching. (Albanian male from Mitrovicë/Mitrovica)

I had a debate with an imam. He said that when people were more religious there was no such disease, because the religion forbids people to have sex with more than one woman. When young people started to deviate from religion this disease started to be spread more. (Albanian male from Gjilan/Gnjilane, 18 years, high school students)
5.1.3. Accessibility of information about HIV/AIDS

Survey findings show that most young people (70%) think that information about HIV/AIDS is easily accessible, while nearly a quarter of respondents (22%) think that it is difficult for young people to access such information (the latter opinion is more common among respondents aged under 18 years, without formal education, of non-Serb ethnicity, those who live in the Mitrovicë/Mitrovica region or who are less likely to read newspapers or listen to the radio). It is encouraging that only 1% of the young Kosovans believe that it is impossible to access information about HIV/AIDS.

The majority of participants last received information about HIV/AIDS on or around December 1 (International HIV/AIDS Day) and most in school, from television, or from non-government organizations through special brochures. A significant number of participants stated that such information should be provided on continuous basis and not only intensively during specific season.

Most other examples of television programming where young people obtained information about HIV/AIDS were about personal testimonies of infected persons, but also examples of “other” campaigns (e.g. drug awareness that were not directly aimed at increasing HIV/AIDS awareness). In the case of personal testimonies, it is unclear to what extent such information contributes to the knowledge of young people about HIV/AIDS, and how much to further stigmatization of people living with HIV/AIDS and disease in general.

Participants stated that they receive more or less detailed lessons on HIV/AIDS in school. Some positive examples were mentioned of professors dedicating a lesson to HIV/AIDS at the request of pupils or students giving lectures about this topic.

A smaller number of participants last received information about HIV/AIDS at their local
A friend of mine held a lecture about it in the school and distributed a lot of information. (Albanian female from Gji拉升/Gnjilane, 18 years, a high school student)

I have heard many things. In the Student Health Clinics there is counselling for HIV/AIDS, and there are various organizations from Mitrovica and Novi Sad, etc. (Serbian female from Mitrovică/Mitrovica, 22 years, student)

There was also an organization that came to Ferizaj called ‘Youth Alternative’ or something, and you could get information from there. They also held some activities on this disease and they passed their knowledge on to young people in Ferizaj. (Albanian male from Ferizaj/Uroševac, 19 years, student)

I don’t remember when the last time I heard about this disease was. (REA female from Fushê Kosovë/Kosovo Polje, 17 years)

I haven’t heard anything about AIDS recently. (Serbian female from Mitrovică/Mitrovica, 22 years, a student)

community health clinics or counselling centres, or from NGOs, and some could not recall the last time they heard about HIV/AIDS.

5.1.4. Most suitable way to inform young people about HIV/AIDS

Participants were unsure about what would be the best way to disseminate HIV/AIDS information to the young people and found positives and negatives in each suggested method. School-based HIV/AIDS education was mentioned the most frequently, however participants expressed concern that HIV/AIDS education content could come down to being a formality as some professors are too embarrassed to talk about the subject, but also because pupils would try to hide their embarrassment by not taking such lessons seriously. Participants stressed the need for teacher training and for emphasizing the importance of this subject by expanding the HIV/AIDS curriculum.

In addition to it becoming a course or part of some class, some NGOs that deal with informing citizens on HIV could organise more frequent meetings in each part of (Kosovo, not only in Prishtinë), so that people from villages are informed as well. (Albanian male from Prishtinë/Priština, 18 years, a high school student)

Not through the approach where people come once and then no one else comes for a long time to discuss these things. There should be a lot of these qualified people who would deliver a greater number of these trainings and these people could explain to us. We are now just debating, but I would like to have such people that can teach us. (Albanian female from Mitrovică/Mitrovica, 20 years)

I think that it would be good if I learn it from somebody like you, someone who knows about it. (RAE female from Fushê Kosovë/Kosovo Polje, 16 years)

I think that focus groups like this one could be used to educate youth because they are interactive and keep youth focused on the issue. (Serbian male from Mitrovică/Mitrovica, 20, a student years)

In my opinion the best way for youths to easily hear about HIV/AIDS is television and radio. Also use the places they hang around most by having brochures and leaflets about HIV/AIDS disseminated in those places. (Albanian female from Gji拉升/Gnjilane, 18 years, a student)

For example, an organisation opens a Web site on AIDS, and not only AIDS but they can include other diseases as well, so that there is more information on them. I think that there should be someone coming to our school from an organisation, just like you did. (Albanian female from Prizren, 18 years)

There should be a comprehensive campaign conducted, one that would inform the whole of society. This could be done by different organizations as well as government institutions. (Albanian male from Mitrovică/Mitrovica)

Seminars, panel discussions, leaflets, different TV shows, radio, etc. (Serbian female from Mitrovică/Mitrovica, 22 years, a student)

Better information could be given through informative campaigns in the media, information in schools, but also general awareness - raising through families. This is something that we lack, as children are little educated by the family on the issue of HIV/AIDS. (Albanian male from Mitrovică/Mitrovica, 22 years, a lawyer)

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Participants also hoped that related television programs could encourage discussion about HIV/AIDS between parents and their children. Some participants consider that the best way to inform youth about this topic was through continuous work of non-governmental organizations. The general conclusion was that it would be best to use various sources in order to provide unhindered access to precise, detailed and reliable information about HIV/AIDS.

5.1.5. Assessment of gravity of the HIV/AIDS problem

Only 14% of respondents believed that AIDS was not a problem in their community compared to a quarter who believed that this was somewhat of a problem, and over a half (55%) who believed that it was a serious problem in their community (see Graph 5).

Those more likely to believe that their community has a serious problem with AIDS were younger respondents, respondents of K-Albanian ethnicity, respondents who live in Gjilan/Gnjilane, Prizren, Gjakovë/Dakovica and Prishtinë/Pristina regions, those who read newspapers at least occasionally, and who listen to the radio. Women were more likely than men to believe that AIDS is somewhat of a problem in their community (while men were more likely to respond “do not know/refuses to answer”). Respondents living in the Kosovo Serb majority area, those from Mitrovicë/Mitrovica region, those with no formal education, and those of Kosovo Serb, RAE or Bosnian ethnicity, as well as respondents who never read newspapers, who sometimes or never listen to the radio and who never watch TV were more likely to believe that their community does not have a problem with AIDS.

Most focus group participants believe that HIV/AIDS is a serious problem in their community. Participants believe that this problem is further complicated by the lack of accurate information but also lack of institutional care for infected individuals. They warn that Kosovo is small in which disease can spread very quickly if preventive measures are not undertaken. Several said that this disease emerged as a problem in Kosovo only after the arrival of international community representatives, that is, foreigners in general.
There were some participants who believed that HIV/AIDS currently does not represent a problem in their community, but that this could change in the future. Some of them rejected the possibility of a significant spread of the disease, while others said that their community was not in danger from it because its members did not practice risk behaviors.

A very small percentage of young people from Kosovo (4%) know a person living with HIV or who has died of AIDS, so that this variable had a very limited influence on assessment of AIDS as a problem in their community. The same number of youth who personally know of people living with HIV, and those who do not personally know of people living with HIV or having died of AIDS believed that their community had a serious problem with AIDS. However, respondents without any personal experience with HIV/AIDS were more likely to believe that their community does not have a problem with HIV/AIDS.

I would not say that it is a great problem as long as there is not much discussion going on about this disease, but it is taboo subject so people don’t tell. The real number may be even greater because people don’t take tests to see if they are HIV infected. Here only when something bursts is it considered a problem. (Albanian female from Prishtina/Priština, 22 years, a student)

Not yet, but it can be a problem in the future. (Serbian male from Mitrovica/Mitrovica, 22 years, a student)

I also don’t think that it can spread to a really large extent. For example, there are a very small number of deaths in Kosovo that occurred as a result of this disease. (Albanian male from Ferizaj/Uroševac, 17 years)

I haven’t heard that in Pejë there are cases of infection by this virus therefore I don’t believe that Pejë is endangered by this virus. (Albanian male from Pejë/Peć, 23 years)

Specifically in this town it is not a problem. We do not have a centre for assistance to infected persons which could help them with re-socialization. However, knowing how conservative this community is, I am not sure if they would welcome such an institution. (Serbian male from Mitrovica/Mitrovica, 20 years, a student)

5.1.6. Personal risk of HIV infection

Half of respondents believe that they face no risk of contracting HIV/AIDS. A quarter believes that they are at little risk (23%) or they are at moderate or high risk (22%) of being infected with the HIV (see Graph 6).
For the purpose of further analyses, respondents were divided in two groups. The first group included young people who believed that they face no risk and those who believed that they were at little risk of HIV infection, while the second included respondents who believed that they were at moderate or high risk of being infected with HIV. Results showed that the latter group included more men, K-Albanians, those living in the Prishtinë/Prishtina and Gjilan/Gnjilane regions, and people who live with partners but are not married. Also, members of this group were more likely to have had more than one sexual partner over the past 12 months and to engage in casual sexual intercourse (with people other than their regular partner).

The most common reason why young people believed that they were at (moderate or high) risk of HIV infection was not using condom every time they have sex (37%) (youth from Pejë/Peć region give this response more often than others). Besides, young people often believe that they could be infected due to blood transfusions/unsafe injections (28%) (response given more often by youth from Mitrovicë/Mitrovica region), or because of having sex with more than one sexual partner (22%) (response given more often by youth from Prishtinë/Prishtina region). One tenth of respondents believed they were at risk from HIV infection because of having been in contact with infected persons, while other responses were less frequent.

Young people who responded with something else believed that they were at risk from HIV infection because they “were not/might not be careful” (N=10), while other responses arise from lack of knowledge about the ways in which HIV is transmitted: “poor hygiene” (N=4), “because it is a virus” (N=3), “because I visited a dentist” (N=1), and “because it is possible to get infected by using the same plate used by a HIV infected person” (N=1) (see Graph 7).
Due to a small number of young people who believe that they were at risk from HIV infection (N=6) because they had used intravenous drugs, further statistical analysis is inappropriate. Despite the longing to perform analysis of the data regarding the group of youth that reported that inject drugs or have had sexual intercourse with a sex worker, this was not possible due to low number of such cases prevailing in the sample.

Most respondents who felt they were not at risk of HIV infection were not sexually active (56%). Others from this group believed that they were at little or no risk of HIV infection because they have only one partner who is faithful and because they were not in contact with infected persons, followed by those who trusted their partner, were not using services of sex workers and were always using condoms. Four percent of respondents in this group believed that HIV/AIDS was not present in Kosovo (see Graph 8).

Graph 8. Why do you think you are at little risk or no risk of contracting HIV?

The attitude that they are at little or no risk of contracting HIV because they are not sexually active is most common among youth in the Prizren region. More often than other respondents, youth from the Pejë/Peć region think they are not at risk because they have only one sexual partner who is faithful and they always use a condom during sexual intercourse with people they do not know very well. Both youth from Pejë/Peć and

I personally don’t feel endangered because I know how to protect myself and I know the consequences. However, it is worst for someone who is not well informed. (Albanian male from Ferizaj/Uroševac, 19 years, a student)

I don’t think I am at risk of HIV/AIDS because I have learned how to protect myself. I protect myself by using condoms, or if I have sex with someone and I know that that person is not HIV/AIDS infected, and then I have sex without a condom. (Albanian female from Gjakovë/Đakovica, a student)

Because I do not take drugs and I could not have contracted HIV from my mother. I am also not at risk from HIV because I am not promiscuous. (Serbian female from Mitrovicë/Mitrovica, 24 years, student)

Not at the moment, but you never know, because maybe someone in your circle of friends might be infected with the virus and not be aware of it. so sometimes I feel highly at risk. (Albanian female from Pejë/Peć, 20 years, a student)

Because I know a lot about HIV and AIDS, I am conscious of my decisions and my actions and I try not to practice risk behaviours and I do not socialize with people who might transmit HIV. (Serbian female from Mitrovicë/Mitrovica, 22 years, a student)

I don’t feel I am at risk at the moment. I am not aware that someone in my circle of friends has had any symptom or something about HIV/AIDS. If I knew a person who is infected with HIV/AIDS, then of course I would feel at risk. (Albanian female from Gjilan/Gnjilane, 18 years, a student)

I feel endangered because here in Kosovo hygiene is not at a good level at all and you can get it from anyone, any person, relationship, etc. (Albanian female from Ferizaj/Uroševac, 20 years, a student)
Mitrovicë/Mitrovica region, more often than others, state that they are not at risk from HIV because they do not go to sex workers and do not use intravenous drugs; while youth from Mitrovicë/Mitrovica and Gjakovë/Đakovica state that they are at little risk or no risk of contracting HIV because they always use condoms.

FGD participants were divided on this issue. Most participants who believed they were not at risk of contracting the virus explained that they have knowledge about HIV/AIDS and that they always use protection (condom) during sexual intercourse. However, some participants believed they were not at risk from (and in some cases, in a position to contract) HIV because they knew their friends well, cared for personal hygiene, etc.

Even those participants who are aware of other methods for contracting the disease sometimes voice unfounded and misguided opinions about ways of exposure to HIV infection (such as that African mosquitoes can transmit HIV, or that a person can be infected by using dirty toilet seats, glasses, sharing cigarettes, etc). Most answers indicate a very low level of knowledge about the ways of HIV transmission.

5.1.7. Assessing of the general knowledge about HIV/AIDS

Less than a half of respondents (47%) understand that there is a difference between HIV and AIDS (and they were more likely to be K-Albanians then K-Serbs, to be from the Albanian majority area, to be from Mitrovicë/Mitrovica and Gjakovë/Đakovica region, have university education, or to read newspapers and listen to the radio on a daily basis). A fifth of respondents (20%) believe that AIDS can be cured. If we add to this 12% of respondents who did not want/did not know to answer, we can conclude that a third of young Kosovans do not know that there is no cure for AIDS (these respondents were more likely to be from rural areas and to be of K-Albanian ethnicity).

Most respondents said that HIV can be avoided by using a condom every time I have sex (61%) or if both partners have no other partners (54%). A significantly smaller percentage of respondents chose sexual abstinence (29%) and avoiding injections with used needles (28%). About 14% of all respondents believed that...
HIV can be avoided by abstaining from casual sexual intercourse or by having fewer sexual partners (14% each). Some 3% of respondents believe that there is nothing one can do to avoid getting HIV. (see Graph 9).27

Young people from Gjakovë/Dakovica, Mitrovicë/Mitrovica and Ferizaj/Uroševac region are more then others likely to think that HIV/AIDS can be avoided by using a condom during every sexual encounter. Youth from the Gjakovë/Dakovica, Mitrovicë/Mitrovica and Pejë/Pejë regions mention more often than others that one of the ways to avoid getting HIV/AIDS is that both partners have no other partners.

Sexual abstinence as a way of prevention of getting HIV/AIDS is most often mentioned by youth from the Prishtinë/Priština region; while youth in the Mitrovicë/Mitrovica region mention avoiding injecting with used needles more often. Young people from the Prishtinë/Priština region are more likely than those from other regions to think that there is nothing a person can do to avoid HIV/AIDS.

Female focus group participants in Mitrovicë/Mitrovica, Ferizaj/Uroševac and Fushë Kosovë/Kosovo Polje believed that the best protection against HIV/AIDS included measures related to sexual intercourse and other forms of HIV contraction, including: increased parental supervision, improved knowledge, maintaining hygiene and avoiding contact with suspicious persons and strangers.

Graph 9. How can we avoid getting HIV/AIDS?

The best ways to protect are parents and family in general. Family plays a really big role in advising and controlling children in every aspect. In case there are no parents, a person needs to protect himself, and then he shouldn’t socialize with people he doesn’t know. He needs to know the people he hangs out with, talks to, etc. (Albanian female from Mitrovicë/Mitrovica, a student)

Firstly you know yourself and the people you socialize with. If you notice that someone has the first symptoms, you have to stay away from that person. You need to trust and know your friends. (Albanian female from Mitrovicë/Mitrovica, 20 years, a student)

Every family needs to educate its children on this subject and the consequences. (…) This would be the best way. You also need to look at your circle of friends and with whom you’re socializing. (Albanian female from Mitrovicë/Mitrovica, 20 years, a student)

27 Young people who chose “Something else” answer said that it was necessary to “be informed” (N=7), “visit doctor” (N=3) and “organize a public information campaign” (N=2). Some of the responses were of a general nature and assumed that one has to “be careful” (N=2), while some were due to misconceptions about HIV/AIDS: “pay more attention to hygiene” (N=2), “use medications” (N=2), “use clean things” (N=1) and “avoid persons who have AIDS” (N=1)
Kosovo Albanian girls from Prishtinë/Priština, Prizren and Gjilan/Gnjilane believed that condom use was the best protection against HIV. This opinion was shared by Kosovo Serb women from Mitrovicë/Mitrovica who also mentioned using sterile needles as a form of protection against HIV. In the opinion of males in FGDs, use of condoms reduces but does not eliminate the risk of contracting HIV.

Those youth that stated that avoiding sexual intercourse with persons they do not know well, and having fewer sexual partners was a way to avoid getting HIV/AIDS clearly do not differentiate between ways to avoid HIV infection and the ways to reduce the risk of it.

Nevertheless, 85% of respondents said that the risk of HIV infection can be reduced by always using condoms and by having sexual intercourse with only one uninfected partner. Similar opinions were voiced by young people gathered during focus group discussions, with some saying that having sex only with one partner is the best protection against HIV.

5.1.8. Forms of HIV/AIDS transmission

Survey results indicate a low level of knowledge among Kosovo youth about the ways of HIV transmission – only a small percentage of youth know that HIV cannot be transmitted by sharing food and toilet seats with persons living with HIV, or through mosquito bites. There was a higher percentage of correct answers relating to transmission of HIV from infected mother to child or from a healthy-looking person, as well as about the two primary ways of reducing the risk of sexual transmission of HIV. It is clear that there are certain widely held misconceptions about possible ways of HIV transmission leading to unfounded fears that limit joint daily activities with persons living with HIV and thus also encourage their social exclusion (see Graph 10).
Focus groups findings show that most participants know that the risk of HIV infection can be reduced by always using a condom during sex, and by having sex with only one uninfected partner who does not have other partners. Participants mostly know that the virus can be transmitted from mother to a child or by injecting with used needles.

Findings also indicate considerable uncertainty and misinformation about other forms of HIV transmission. Participants of different socio-demographic characteristics believed that HIV can be transmitted through the bite of (African) mosquitoes, or by sharing food, water, eating utensils, clothes, bed linen and other personal items with a person living with HIV/AIDS.

One of the main indicators in order to assess progress towards knowledge of the essential facts about HIV transmission is the one that measures the percentage of youth aged 15 to 24 years who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission, in fact those who give correct answers to the following five questions:

1. Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?
2. Can a person reduce the risk of getting HIV by using a condom every time they have sex?
3. Can a healthy-looking person have HIV?
4. Can a person get HIV from mosquito bites?
5. Can a person get HIV by sharing food with someone who is infected?28

According to the indicator results, knowledge of essential facts about HIV transmission is low – 17.7% of males and 17.3% of females, 15.5% of youth aged 15 to 19 years, and 19.8% of those aged 20 to 24 years gave correct answers to all five questions. A somewhat better situation is in Macedonia and Croatia, where 22%29 respectively 19.92%30 of youth was capable to identify five main misconceptions about HIV transmission. Back to Kosovo results, comparison between average results on this indicator again showed that there were no statistically significant differences between responses of males and females. Young people aged 20 to 24 years tend to have more knowledge than do those aged 15 to 19 years, although this difference was not statistically significant (see Table 4 and Table 4a).

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5.1.9. Availability of HIV testing

Less than half of young people (44%), more often those from urban areas, and those from the Gjilan/Gnjilane and Pejë/Peć regions, reported that HIV testing is available in their community and have said that it was possible to be tested for HIV infection in the public hospital and also in a private clinic (possibility more often reported by youth from Prishtinë/Priština region), or in the Voluntary Testing and Counselling Centre (VCT) (most likely to be mentioned by young people from Mitrovicë/Mitrovica and Gjakovë/Đakovica regions, or more precisely from the municipalities of Mitrovicë/Mitrovica and Rahovec/Orahovac). One third of respondents (32%) were resolute in their opinion that the HIV testing is not available, while another quarter (24%) indicated that they did not know if it is available or refused to answer (see Graph 11).

Most FGD participants confirmed that HIV testing was available in public and private health institutions (hospitals and laboratories). When talking about availability of HIV testing, participants also mentioned the Medical Faculty in Prishtinë/Priština, Blood Transfusion Centre and different non-governmental organizations.

Some of the respondents who were informed about availability of HIV testing also knew that it is provided free of charge, and some also added that confidentiality and even anonymity were guaranteed for those having HIV testing. While some FGD participants did not know about the availability of HIV testing in their community, others did not even know that testing was possible. Some participants even said that they first heard about the possibility of HIV testing during the focus group discussions.

31 Symbol (*) indicates a difference significant to the level of 5% (p ≤ 0.05), and symbol (**) indicates a difference significant to the level of 10% (p ≤ 0.1).
A very small percentage of respondents (4%) have had a HIV test over the past 12 months (in addition to 1% of them who did not know/refused to answer). A little over a half of these respondents had received the test results and has shared them with someone – usually with their partner or with a member of their family. However, notably nearly half of those young people who had not been tested for HIV over the past 12 months (47%) said they would be interested in being tested if the results were confidential.

The most commonly cited arguments in favour of HIV testing included: security, protection and curiosity. Young women were more likely than young men to say they would be tested for HIV if they had a sexual partner, which could indicate that most of them relate the risk of infection with sexual intercourse.

Respondents who were certain they had not been infected because they do not practice risk behaviors were most likely to be

Of these public institutions, I think that University Clinic Center practices it. (Albanian male from Prishtinë/Priština, 17 years, a high school student)

There is a lab ‘Biotikus’ that does HIV tests, among others. It is privately owned. (Albanian male from Prishtinë/Priština, a high school student)

At the office of the Medicine Faculty Dean – the door is coded and names are kept confidential, it is anonymous and free of charge. (Albanian female from Prishtinë/Priština, 21 years, a student)

It is even available in the child dispensary (RAE male from Mitrovicë/Mitrovica, 17 years)

It is a student polyclinic where it is possible to take the test from 8 a.m. to 2 p.m. and to get results within 15 or 20 minutes. They do not charge for testing. (Serbian female from Mitrovicë/Mitrovica, 22 years, student)

There is a humanitarian organisation, I don’t know if it is Red Cross or what, I don’t know the exact place. It is anonymous, maybe they use numbers. There is no need to show identity. It is free of charge. (Albanian female from Prizren, 18 years, a student)

I have heard that the test is free, but I don’t know exactly where the place is. (Albanian female from Gjiilan/Gnjilane, 18 years, a high school student)

I am not informed, and I think there is none. (Albanian male from Mitrovicë/Mitrovica, 22 years)

I don’t know that there is such place in Ferizaj. (Albanian male from Ferizaj/Uroševac, 19 years, a student)

No, there is no place where is possible to get HIV/AIDS testing, even in our surroundings. (Serbian male from Mitrovicë/Mitrovica, 22 years, a student)

I have never heard of any place where you can go and take the test. I would be interested to know. (Albanian female from Prizren, 18 years)

I was not informed about this HIV/AIDS testing. (Albanian male from Gjakovë/Djakovica)

I haven’t been informed about this up until now. (Albanian female from Gjilan/Gnjilane, 18 years)

If I could take the test I would reassure myself and know that I am not endangering anyone. (Albanian male from Prishtinë/Priština, 20 years, a student)

I did not take it, but I would very willingly take it, because I once received blood and you never know. (Albanian female from Prizren, 18 years)

I would take the test to see if I am positive or not. I think that people that have sexual relations should take the test. These people should be obliged to take the test. (Albanian male from Ferizaj/Uroševac, 18 years, a student)

I would, just to show to other people that it is not so scary, although I know results. (Serbian male from Mitrovicë/Mitrovica, 23 years, a student)

I never took the test, but of course I would get tested if I had doubts that my partner is seeing other women and so on. (Albanian female from Pejë/Peć, 20 years, a student)

Yes, even though I would be scared that I would discover that something is wrong with me. (Albanian female from Prishtinë/Priština, 21 years, a student)

It is first said that test result is anonymous, and then later on it does not appear to be such. I know a case that resulted positive after the test. He was promised to remain anonymous, but that verbal agreement was breached and later that person had problems. (Albanian male from Prishtinë/Priština, 20 years, a student)

I personally would not take the test, because I am not sick and I don’t see it as necessary. I don’t feel I have been at risk up until now. So far, I have had control over myself, meaning that I haven’t taken any extreme risks that would make me go and to such testing. (Albanian male from Mitrovicë/Mitrovica, 24 years)
against HIV testing. A common reason for being against HIV testing was fear that confidentiality of information about visits to a testing facility will not be protected. While participants believed that HIV testing is done by experts, some expressed doubt that the testing procedures in Kosovo were themselves risk free.

### 5.2. ATTITUDES AND BELIEFS

Most young Kosovans believe that the people living with HIV/AIDS would be taking care of themselves and others by visiting doctor, adhering to prescribed therapy (medicine), and by eating healthy food. The most frequently suggested way for the infected persons to take care of others was by regular use of condoms (whenever having sex) (see Graph 12).

**Graph 12. What can people who have HIV/AIDS do to take care of themselves and others?**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit doctor</td>
<td>44</td>
</tr>
<tr>
<td>Eat healthy food</td>
<td>39</td>
</tr>
<tr>
<td>Use condoms whenever having sex</td>
<td>39</td>
</tr>
<tr>
<td>Refrain from having sex</td>
<td>22</td>
</tr>
<tr>
<td>Get plenty of rest</td>
<td>22</td>
</tr>
<tr>
<td>Remain faithful to one partner</td>
<td>19</td>
</tr>
<tr>
<td>Not smoke</td>
<td>16</td>
</tr>
<tr>
<td>Keep a positive attitude</td>
<td>15</td>
</tr>
<tr>
<td>Not drink alcohol</td>
<td>14</td>
</tr>
<tr>
<td>Stay away from people who are sick</td>
<td>11</td>
</tr>
<tr>
<td>Get moderate exercise</td>
<td>11</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>

Respondents in the Mitrovica/Mitrovicë, Ferizaj/Uroševac and Prizren regions more frequently consider that persons living with HIV should visit a doctor as a way to take care of him/herself and others, while those from Ferizaj/Uroševac were more likely to mention using condoms whenever having sexual intercourse; medicine use by those from Mitrovica/Mitrovicë; while young people from Prishtinë/Priština, Gjakovë/Dakovica and Mitrovica/Mitrovicë are more likely to recommend eating healthy food. Sexual abstinence is more likely to be recommended by respondents from Pejë/Peć, while youth from rural areas, as well as those from Prishtinë/Priština, Gjakovë/Dakovica and Pejë/Peć region more often than others recommend getting plenty of rest. Youth from Gjilan/Gnjilane and Pejë/Peć region recommend both to remain faithful to one partner and
to avoid people who are sick, which is also more likely to be recommended by the rural population. Respondents from Mitrovicë/Mitrovica and Pejë/Peć region are more likely to recommend for persons living with HIV not to drink alcohol and smoke, as well as to keep a positive attitude; while youth from Prishtinë/Priština and Pejë/Peć region are more likely to recommend moderate exercise.

When talking about the ways which infected persons could help themselves and others, most respondents said they could visit a doctor and show prudence, that is, take care not to infect others. While it was understood that infected persons should not be isolated from society, they were still expected to limit their social contacts. A smaller number of female participants also mentioned that infected persons could help themselves if they maintained good hygiene, eat healthy food and exercised.

In regard to ways they could support persons living with HIV/AIDS, respondents were very likely to express agreement with all of the suggested responses with the greatest frequency of agreement being with helping persons living with AIDS to plan for the future to increase self confidence, and the lowest level with sharing meals with the family of a person living with HIV (which supports the earlier finding that a significant number of young people believe that HIV can be transmitted by sharing food with a person living with HIV/AIDS) (see Graph 13).

**Graph 13. In what ways can you support persons who have HIV/AIDS?**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharing meals with the family</td>
<td>72</td>
</tr>
<tr>
<td>Helping with farming or family business</td>
<td>72</td>
</tr>
<tr>
<td>Helping care for children/old people in family</td>
<td>79</td>
</tr>
<tr>
<td>Helping support the family</td>
<td>81</td>
</tr>
<tr>
<td>Not avoiding these friends/neighbors</td>
<td>82</td>
</tr>
<tr>
<td>Helping plan for the future to increase self confidence</td>
<td>86</td>
</tr>
</tbody>
</table>
Respondents from urban areas are more likely to answer that they do not know the ways in which they could support a person living with HIV/AIDS, while those from rural areas consider that they could help by assisting with children and elderly in the family, helping farming or family business and supporting the family. Still, respondents from rural areas are more likely than those from urban areas to state that they should not share meals with the family of a person living with HIV/AIDS.

Still, respondents from rural areas are more likely than those from urban areas to state that they should not share meals with the family of a person living with HIV/AIDS.

As for the ways in which they could support persons with HIV/AIDS, respondents were most likely to mention providing moral and financial support. The majority of respondents expressed tolerance for persons living with HIV stating that they would be willing to socialize with an infected person, but it would cause them some fear. Others said they would cut contact with infected persons out of fear of the disease. Participants who are aware of the ways HIV is transmitted were less likely to express fear of contact with infected persons because they knew that the virus can be transmitted only in certain ways and not through general social contact.

Results indicate that the majority of young people (82%) would be willing to accept a family member living with HIV/AIDS into their household and care for them (response more likely for youth from the Prizren and Gjakovë/Dakovica regions). It is indicative that more than half (56%) would prefer if others did not know of the nature of their relative’s disease/infection, (most likely response for respondents from the Gjakovë/Dakovica region). It would be thus wise to consider if the high expressed acceptance rate is due to changing attitudes about HIV/AIDS or to the traditionally strong sense of duty to sick family members.

The latter explanation is supported by the finding that social distance from other persons living with HIV is significantly higher. Only a third of young people (38%) (mainly those living in Mitrovicë/Mitrovica and Gjakovë/Dakovica region) would accept continued employment in a school of a HIV-infected teacher (who does not have contracted AIDS) or being in the same class with an infected person. An even lower percentage (25%) would be willing to buy food from an infected salesperson (most often respondents in the Mitrovicë/Mitrovica and Prishtinë/Priština regions).

5.3. KNOWLEDGE OF SEXUALLY TRANSMITTED INFECTIONS

Two thirds of young Kosovans (64%) have never heard of sexually transmitted infections (in addition to further 6% who replied do not know/do not want to answer). Of the 30% of respondents who have heard of STIs,
most of them were aware of Hepatitis B and Syphilis. These respondents were most likely to live in urban areas, be aged 22 to 24 years, have completed secondary school, be of K-Serb ethnicity, or be living in Ferizaj/Uroševec region. A significantly lower percentage of these respondents were aware of other infections (see Graph 14)\(^3^2\).

While the majority of respondents that are aware of STIs know that they can be cured (with the exception of HIV/AIDS) (mainly youth from 22 to 24 years and those of K-Serb ethnicity), 15% of them are resolute in their opinion that STIs are fatal, while a further 21% indicated that they did not know or refused to answer. Although these findings indicate an increase of awareness since previous surveys\(^3^3\), they still point to a low level of knowledge among Kosovo youth on this subject.

The STI that youth from the Gjilan/Gnjilane region are most familiar with is Chlamydia, while those from Ferizaj/Uroševec most often mention Genital Herpes and Gonorrhoea, while Syphilis is mostly mentioned by those from the Mitrovica/Mitrovica and Ferizaj/Uroševec regions, and youth from the Pejë/Peć region are most likely to mention Hepatitis B.

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Yes, I have heard of them but I don’t know their names. (RAE male from Mitrovica/Mitrovica, 18 years)

We heard about it during biology class, like syphilis and some other diseases that I can’t remember. They are transmitted through sexual relations from male to female or from female to male. (Albanian female from Prizren, 17 years, a high school student)

I know that they exist but I don’t know their names or symptoms because I have been focusing on HIV. NGOs and government have also focused more on HIV, while these others have been left aside. (Albanian male from Prishtina/Priština, a student)

AIDS, Herpes, Simplex, Syphilis, Gonorrhoea, Chlamydia, Human Papilloma Virus … Chlamydia is not immediately obvious, which is why regular medical check-ups are required. It is very risky, because it can lead to infertility in women. It affects the entire genital system. Human papilloma virus causes very persistent infections and is mostly transmitted from men to women. The virus can cause cervical cancer. They are mostly external and can be removed by laser therapy. There are also yeast infections – Gonorrhoea in women, Syphilis in men. Men can have it for 40 years without even noticing. (Serbian female from Mitrovica/Mitrovica, 21 years, a student)

I heard about them more or less. It has something to do with bacteria that are situated in the sexual organs. I think they are curable. (Albanian female from Pejë/Peć, 20 years, a student)

I can’t name any, but it is advisable that men take a shower each time they have sex because the sperm remains inside and it is a cause of infection. They usually occur because of lack of hygiene, but also because usually after the age of 19 females get a small infection but if they don’t treat it on time they will pass it on to the male. (Albanian female from Ferizaj/Uroševac, 23 years, an economist)

Yes, I have heard of them, but I don’t have as much information as I do about AIDS. I don’t know their names, but I know the ways they can occur. For example, it may happen that during sexual relations with more than one partner in a short time without taking a shower. Bodily fluids are exchanged from one body to the other and this is how infection occurs. I think that they are not life-threatening but are difficult to treat. (Albanian male from Prizren, a student)

I have never heard of such diseases, but I think that if someone has it and does not visit a doctor that it may be transformed into AIDS. (Albanian male from Gjakovë/Dakovica, 21 years, a student)

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32 Respondents that mentioned ‘Other’ STI were most likely to mention gonorrhea, while some mentioned tripper (as a separate STI). Also include the following answers: Escherichia coli, HPV, Pediculosis pubis, Condiloma, herpes and fungi.

33 2005 Prism Research survey for Care International
Focus groups showed that even some of those participants who reported knowing about STI were unable to talk about specific infections. Some mentioned Syphilis, Gonorrhoe, Chlamydia and Hepatitis. While most participants know or at least assume that these diseases can be cured, only very few had detailed knowledge about STI. This is especially true in regard to their knowledge about ways of STI transmission. Participants in several different discussion groups believed that men can contract STIs if they do not take a shower after sexual intercourse, or that uncured STIs can lead to AIDS.

5.3.1. Symptoms of STI

Regarding symptoms of sexually transmitted infections in men and women, young people believed that all symptoms were more common in women than in men, and also that painful and difficult urination, itching in the genital area and pain during sexual intercourse were the most common symptoms of STIs in both women and men (see Graph 15).

Respondents from rural areas are more likely than others to not consider painful urination, itching in the genital area, abdominal pain as symptoms of STI in women, and they also do not consider that pain during sexual intercourse and weight loss relate to STI both in man and woman.

Women more often then men consider that painful urination, vaginal discharge, itching in the genital area, genital sores and abdominal pain are not STI symptoms in women.

Youth from Ferizaj/Uroševac and Pejë/Peć regions are more likely to know that painful urination and blood in the urine might be symptoms of STI in women; while these same symptoms, in addition to penis discharge, are mentioned as symptoms of STI in men. Youth from the Ferizaj/Uroševac region are also more likely than others to mention that pain during sexual intercourse and impotence can be symptoms of STI in men. Youth from the Pejë/Peć region mention genital sores more often than others as a symptom of STI in women.

While many participants had no knowledge of STI symptoms, FGD findings confirmed that the level of knowledge about STI symptoms in women was higher among women than among men. FGD participants with knowledge about STI said that related symptoms were usually felt in the genital area and made specific mention of painful urination, pain during sexual intercourse, swelling and itching in the genital area, bleeding, and also change in appearance, headache and diarrhoea. Many female participants believed that women were more susceptible to STI than men, while some said that the risk of these infections was greater after reaching a certain age.
5.3.2. Presence of STI

A very small percentage of young people (2%) believe that they have contracted a STI over the past 12 months. Due to a small number of these respondents (N=9), it was not justifiable to conduct further statistical analyses of responses, but we can say that most had sought therapy (the last time they were infected), usually turning to the public hospital for help. In most such cases, their partner or partners have not taken the therapy.

Only some ethnic K-Albanian women gathered for focus group discussions talked about personal experiences with STI.

Other K-Albanian women were reluctant to talk about their experience with STI, but also about gynaecologist visits. All ethnic K-Serb women gathered for focus group discussions reported having visited gynaecologists, but did not specify if it was because of an infection or for regular control. All male participants, regardless of their ethnicity, reported not having experienced STI symptoms or visiting a doctor.

5.4. SEXUAL BEHAVIOUR AND ATTITUDES TOWARDS CONDOMS

Due to the sensitive nature of this group of questions, during interviews survey respondents were given the choice of either continuing to answer in the same manner (interviewer administered) or to answer the remaining questions by themselves. Only a small percentage of respondents (9%) opted for the self-administered questionnaire while 91% chose to continue the interview with the help of the interviewer. Respondents who opted for the self-administered questionnaire enclosed completed interview forms in envelopes which interviewers gave to coordinators unopened.

The first question was about respondents’ sexual experience and was phrased as follows: Have you ever had sexual intercourse? As illustrated in Graph 16, one third of young Kosovans have had sexual intercourse. The number of persons who have had sexual experience increases in correspondence to with respondent age (16% of young people aged 15 to 18 years have had sexual intercourse compared to 44% of young people aged 19 to 21 years, and 64% of those aged 22 to 24 years). Respondents with higher levels
of education were more likely to report having had sexual experience than were those with lower levels of education (27% of those with incomplete or complete primary school, compared to 29% of respondents with secondary education, and 59% of respondents with higher/university education). Also males were more likely to report having had sexual intercourse than were females (49% and 24% respectively). Urban youth and those from the Mitrovicë/Mitrovica and Pejë/Peć regions, and those of K-Serb ethnicity were more likely to report having had experienced sexual intercourse.

A relatively small number of FGD participants reported having sex with their long-standing boyfriends. Sexually active females were most likely to have agreed to have sexual intercourse for reasons of love and emotions. Focus group discussions confirmed that males had their first experience of sexual intercourse at a younger age than women (participants of RAE ethnicity reported having first sexual intercourse at an early stage of life, some as early as age 10). Most male participants refrained from talking about reasons why they decided to have sex. Most young people had not used a condom at the time of their first sexual intercourse.

Most sexually inexperienced young Kosovans (40%) said they did not feel ready to have sex. It is noteworthy that the second most frequently cited reason for abstaining from sex was fear of HIV/AIDS or some other sexually transmitted infection (34%). While this suggests growing youth awareness and care about STIs, it also indicates an insufficient awareness of possible forms of protection against HIV/AIDS and other STIs. Over a quarter (28%) of respondents expressed the belief that it was wrong to have sex before marriage. (See Graph 17).

Females were more likely than males to report not feeling ready to have sex, as were youth from the Gjakovë/Dakovica and Pejë/Peć regions. Younger and less educated respondents were more likely to abstain from sex out of fear from HIV/AIDS and other sexually transmitted infections. Females, respondents aged over 19 years, those with a lower level of education, and those in the Mitrovicë/Mitrovica region were more likely to express belief that it was wrong to have sex before marriage. Rural respondents more frequently stated that they do not have sex because
they feel too young, while those from the Mitrovicë/Mitrovica and Prishtinë/Priština regions are more afraid of getting pregnant.

The average age at first sexual intercourse in Kosovo is 18 years (M=18, SD=2.3, min=8, max=24)\(^{(34)}\). 5% of young Kosovans first had sexual intercourse aged younger than 15 years, and they were more likely to be boys than girls. These respondents are more likely to be aged less than 20 years (teenagers) than in the 20 to 24 years age category. Males were generally more likely than females to have had sexual intercourse at an earlier age. Teenagers were more likely than respondents aged over 20 years, and less

\(^{(34)}\) M stands for arithmetic mean – central value, SD stands for standard deviation – measure of dispersion, while min. and max. stand for the range of results, that is, the minimum and maximum values.
educated youth were more likely than those with more education to have had sexual intercourse at an earlier age.

Kosovo youth with complete or incomplete primary education, as well as those from the Gjilan/Gnjilane and Prizren regions are more likely than other categories of respondents to have had first sexual intercourse aged less than 15 years. Roma and Ashkali population respondents were the most likely to report having had first sexual intercourse aged less than 15 years, followed by young K-Albanians and K-Serbs35 (see Graph 18).

Respondents who became sexually active aged younger than 15 years have a lower level of knowledge about HIV prevention to a level of significance up to 10% – according to the given indicator, this category of respondents has an evidently lower result (23%) than youth who had first sexual intercourse at a later age (5%). (see Table 5)

In comparison to youth that had first sexual intercourse at younger than age 15 years, youth that had sexual intercourse at age over 15 years are more likely to know that if they use a condom every time they have sex that risk from HIV infection can be reduced, however this difference is not statistically significant.

The large majority of sexually experienced young people (86%) had been sexually active over the past twelve months. In that period most of these respondents (74%) had one sexual partner, followed by those who had two (17%), three (6%) and four or more partners (3%). Over the past 12 months, males (M=1.7, SD=1.5, min=1, max=15) tended to have more sexual partners than females (M=1.2, SD=1.2, min=1, max=12), while no statistically significant differences were found between other categories of respondents.

A little over a half of sexually active young people (55%) reported to have used condoms during their last sexual encounter (see Graph 19). The most commonly cited reasons for use of a condom were to avoid pregnancy (79%), followed by to be protected

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35 Since statistical significance is directly related to the size of (sub)sample, numerically bigger difference in the percentage of young REA respondents (N= 46) and those of K-Serb ethnicity (N=115) who have had sex younger than 15 years of age is not statistically significant, while the numerically smaller difference in percentage of K-Albanian young people (N=288) and those of K-Serb ethnicity is statistically significant.

36 Symbol (*) marks difference significant on the level of 5% (p ≤ 0.05), and symbol (**) marks difference significant on the level of 10% (p ≤ 0.1)
against HIV/AIDS (50%). A lower percentage of young people (19%) used condoms to protect themselves from sexually transmitted infections, and 15% did so at the request of their partner.

Just over four out of ten (43%) of sexually active young people had not used a condom when last having had sexual intercourse. These respondents were more likely to be females, have no formal education, be married and to never read newspapers. Young people who have never heard of HIV/AIDS and those who believe that AIDS can be cured were also more likely not to have used a condom during their last sexual intercourse. The most commonly cited reasons for not using a condom included I trust my partner, my partner does not like condoms, and I do not like condoms. The above reasons were followed in frequency by partner objects, while “objective” reasons (unavailability of condoms, not having one at hand, high price of condoms) and “justified” reasons (trying to get pregnant, cannot become pregnant, already pregnant, using another contraceptive) were less frequent (see Graph 20).

Results related to the frequency of condom use show that 40% of young people always use condoms, 38% sometimes use condoms and 20% never use them (see Graph 21). Women, respondents aged over 22 years, and those without formal education were more likely not to use condoms. The same is true for respondents who first had sexual intercourse before the age of 15 years, and those who were unaware that the risk of HIV/AIDS can be limited or removed by the use of a condom during every sexual intercourse. Consequently, only 38% of respondents believe that they are putting themselves at the risk of HIV infection by avoiding condoms or by using them only occasionally. On the other hand, 93% of the young people who always use a condom knew that by that they were reducing the risk of HIV infection.
Young people who had sexual intercourse with people other than their regular sexual partner over the past 12 months were more likely to use condoms with non-regular than with regular partners. However, nearly a half of these people used condoms only sometimes or never during sexual intercourse with non-regular partners (see Graph 22). This shows than only some of these young people are aware of the need for greater protection when engaging in “casual” sexual intercourse.

Findings confirm that some young people are not using condoms due to opposition of their partners given that over a third of young people said that they often (13%) or sometimes (24%) feel under pressure to have sex without a condom; and also that only 47% of young people consider that they can insist on condom use with their partner every time they have sex (these respondents were more likely to be men and aged over 19 years).

Focus groups also showed that the majority of sexually active females have not changed partners since their first sexual intercourse. Only a few females reported having had two sexual partners. A small number of sexually active females report using condoms during sex.

Focus group findings were similar to those from the survey, namely that the primary reason for condom use by women was prevention of unwanted pregnancy and not protection against diseases. Women who are not using condoms said it was because their partner dislikes it. Sexually active males in FGDs were more likely than females to have used condoms. In contrast to the women, they cited fear from STI as their primary reason for condom use in cases where they are not sure about their sexual partner’s health or when they do not know the partner well.
Yes, I use condoms. (RAE male from Mitrovicë/Mitrovica, 16 years)

I am sexually active and I use condom because of the risk of pregnancy but also a little bit because of HIV even though I am pretty sure that my partner is not infected with HIV. Even though she didn’t take the test but I trust her. (Albanian male from Prishtinë/Priština, 20 years, a student)

First of all, prevention because if you are sexually active, then it has to be safe but feeling with and without a condom cannot be compared. (Serbian male from Mitrovicë/Mitrovica, 21 years, a student)

I use it whenever I am with a new partner. (Serbian male from Mitrovicë/Mitrovica, 20 years, a student)

If I am afraid of the woman, or have doubts about her, naturally I use a condom. If I have doubts about her having HIV or other types of diseases, and against the pregnancy, as well (Albanian male from Mitrovicë/Mitrovica)

One is protected from diseases, from undesired pregnancy, but also from the partner herself. For example, if you have contact with someone you don’t know well, and you have a one night stand, then you should definitely and absolutely use a condom, especially in these circumstances. (Albanian male from Mitrovicë/Mitrovica, an architect)

Misconceptions about condom safety are a contributing factor to the limited use of condoms among Kosovo youth. 17% of young people believe that condoms are not safe (usually youth from Pejë/Péć region). Most of them said that condoms easily tear, followed by those who believed they offered no protection against disease. A further 18% of young people indicated they did not know or refused to talk about condom safety (see Graph 23).

FGD participants were divided in their opinion about protection offered by condoms. Most participants believed that condoms were not fully protective. Only few recognized the importance of condom use for protection against HIV, while others feared it might tear during sexual intercourse and thus doubted that it offers sufficient protection.

It is impossible to eliminate the whole risk, but it decreases it by a great percentage. It depends on the condom. (Albanian male from Prishtinë/Priština, a high school student)

I think that it is about 70% safe. (Albanian male from Mitrovicë/Mitrovica, 21 years, a student)

I think that condom eliminates the risk by 100% because disease cannot be transmitted to another person. (Albanian student from Gjakovë/Djakovica, 20 years, a student)

I saw on TV that it may break. (Albanian female from Mitrovicë/Mitrovica, 20 years, a student)

I don’t trust condoms because they can get damaged. (Albanian female from Pejë/Péć, 20 years, a student)

I think that it is the best protection until now as there is still nothing better. (Albanian female from Gjakovë/Djakovica, 19 years, a student)

I think they are safe, although there not 100% safe, but 99%. (Serbian female from Mitrovicë/Mitrovica, 24 years, a student)
The majority of ethnic K-Albanian FGD participants believed that condoms were not expensive as a 3 pieces pack costs 50 Euro cents, while ethnic K-Serb participants believed that condoms are expensive, particularly for persons who regularly have sexual intercourse. The reported price difference explains this as participants reported that the price of condoms was 130-160 dinars (about 2 Euros), which is significantly more than the price in the Albanian majority parts of Kosovo. The most frequently cited reason for not considering condoms to be expensive was the protection they offer.

Despite the fact that a quarter of young people (24%) (in addition to 9% of them who did not know/refused to answer) said that it was embarrassing to buy condoms (usually girls, those with less than secondary level education, as well as youth from the Prizren region).

Most know where condoms can be purchased and the majority of youth (88%) said that it was possible to buy condoms in pharmacies, while a third said that they could be bought at a kiosk or from a newspaper shop (31% each). A little over a tenth of respondents (13%), most often those from Mitrovicë/Mitrovica region, said that it was possible to get condoms from a vending machine, while fewer mentioned availability of condoms from certain institutions and non-governmental organizations (mostly young people living in Mitrovicë/Mitrovica and Pejë/Peć regions).

Some FGD participants, including more women than men, admitted feeling embarrassed about buying condoms in their community where everyone knows them. Reported reason for this was the mentality of Kosovans and their conservative attitude about sexual liberty. Despite rarely provoking any reaction by condom purchase, participants believed they would be looked down upon if it was known that they have (pre-marital) sex. Participants were most likely to purchase condoms from pharmacies, vending machines in bars, grocery stores and kiosks.

The last question in this section was about who should have the right to decide
about whether or not to use a condom. It is positive that most young Kosovans (77%) believe that the partners should jointly decide about it, even though 12% still believe that this decision should be made by the male and 5% that it should be made by the female partner. Opinions that it should be an individual decision are more often heard from respondents from the Prizren region. Women are more likely to think that it should be the woman's decision, while the men think that it is the man's decision.

FGD participants were also divided in their opinion about who should have the right to decide about condom use. Although some respondents believed that it should be a joint decision of partners, others consider that the decision should be made either by male or by female partner.

Participants who believed that the consequences of not using a condom are equally felt by both partners also believed that both partners should jointly decide about condom use. Most others said that women had the last say in this and believed that men were more likely not to use a condom unless their female partner insists on it.
SUMMARY OF FINDINGS
6. SUMMARY OF FINDINGS

- Awareness of HIV/AIDS among young Kosovans is at a high level with 90% that have heard about HIV/AIDS. However, less than half (47%) were aware of the difference between these two terms.

- The main source of information about HIV/AIDS for young Kosovans is television. 77% of those that have received information about HIV/AIDS had gotten it from television. Young Kosovans talk about HIV/AIDS most often with their friends. One in ten young people report having talked about this subject with members of their families, while focus group findings bring into question the quality (informative value) of these discussions. Participants report not being in a position to have an open discussion about HIV/AIDS with members of their family because HIV/AIDS and other sex-related issues are something of a taboo. In addition to HIV/AIDS being a taboo as a sex-related topic, there is also a prevalent strong prejudice about nature of this disease with the widespread opinion being that it is a “shameful disease” contracted by the sexually promiscuous, drug addicts, men who have sex with men and persons who do not take sufficient care of their (personal) hygiene.

- Information about HIV/AIDS is accessible to the majority of young Kosovans with 70% who consider that information about HIV/AIDS is easily accessible. Although 22% of respondents think that access to such information is still very difficult for young people, only 1% of young Kosovans believe that they cannot access such information. Focus group participants stressed the importance of information about this HIV/AIDS being provided continuously as they consider that currently the amount of information available varies during different seasons.

- Although a small number of young people (4%) personally know/knew a person living with HIV or who had died of AIDS, one half of young Kosovans think that AIDS is a serious problem in their community. According to focus group findings young people consider that Kosovo residents are not sufficiently informed about HIV/AIDS, that there is not adequate institutional care provided for infected persons, and that the actual number of persons living with HIV is probably significantly higher than the official figures (because infected persons and members of their families hide this information). Focus group participants expressed the concern that Kosovo is small where the spread of the disease could be rapid unless preventive measures are taken.

- A little over a tenth of young Kosovans think that they are at high risk of HIV infection and another 9% believe that they are at some risk. The most frequent personal risk factors identified by these respondents are that they do not use a condom every time they have sexual intercourse, or that they might get/have gotten infected when they receive(d) a blood transfusion, or because of having had sexual intercourse with more than one partner. While only 10% of these respondents think that they are at risk of infection through contact with an infected person, focus groups revealed that young people were often afraid that such contact will put them at risk from HIV.

- Results obtained for the HIV prevention knowledge indicator reflect a low level of knowledge – only 18% of males and 17% of females; 16% of youth aged from 15 to 19 years; and 20% of those aged 20 to 24 years correctly answered all five questions for this indicator. Young Kosovo males were more likely than females to know the two main ways of preventing the sexual transmission of HIV: having sexual intercourse with only one faithful uninfected partner, and by using a condom every
time they have sex. On the other hand, females were more likely to know that healthy-looking persons can have HIV, and they reject major misconceptions about HIV transmission: that a person can get HIV from mosquito bites or by sharing food with a person living with HIV/AIDS. However, a composite indicator shows that the difference in the level of knowledge about HIV prevention between males and females is not statistically significant. The difference in the level of knowledge about HIV prevention between youth from two different age groups (from 15 to 19 years, and from 20 to 24 years) was also not statistically significant, neither on composite indicator nor on specific questions.

- Although only 4% of respondents had been tested for HIV over the past 12 months, 44% of respondents knew that HIV testing was available in their community. Respondents were most likely to report that HIV testing was available in public hospitals, private clinics, but also at the Voluntary Testing and Counselling Centre (VCT). Nearly a half of respondents who had never been tested for HIV said that they would want to be tested if test results were confidential. Focus group findings also confirmed that confidentiality of HIV testing was important to young people. These findings proved that young people refrained from HIV testing out of fear of negative social reaction to their visit to a HIV testing facility, or fear that HIV testing results would not be confidential.

- Young people were the most likely to suggest that persons living with HIV/AIDS could protect themselves and others by visiting a doctor, always using a condom during sex, and by adhering to prescribed therapy. A third of young people (38%) would accept being in the same class with an infected person and a quarter of them (25%) would be willing to buy food from an infected salesperson. Focus groups participants acknowledge that people living with HIV/AIDS should not be socially excluded, but still expect them to limit their social contacts. Respondents who are better informed about possible ways of HIV transmission were likely to be less afraid of socializing with a person living with HIV.

- The percentage of young people who heard of HIV/AIDS (90%) was higher than the percentage of those who heard of other sexually-transmitted infections (30%). Focus group discussions also revealed that young people do not receive as much information about STI as they do about HIV/AIDS. Even those respondents that have heard about these other diseases (most knew of Hepatitis B and Syphilis) did not have full information. Still, between 32 and 65 percent of respondents recognize some STI symptoms in women and in men, and a very low percentage of respondents (2%) believe that they have recently had some STI. 65% of respondents know that STI can be cured.

- One-third of young Kosovans report having had sexual intercourse. Males and those over the age of 19 are more likely to report having had sexual intercourse. The average age for first sexual intercourse was 18; while 5% of sexually active respondents report having first had sexual intercourse before turning 15 years. These respondents were more likely to be males and aged under than 19-years. Respondents who report having first had sexual intercourse prior to age 15 years had less knowledge about HIV prevention than do respondents who were older at the time of first sexual intercourse. These younger respondents were also less likely to know that the risk of HIV can be reduced by using a condom during every sexual encounter.

- Just over a half of sexually active young people reported having used a condom the last time they had sexual intercourse (55%), 40% of stated that they always used a condom and another 30% that they sometimes use it. The most frequently cited reasons for condom-use included preventing unwanted pregnancies, but also protection from HIV/AIDS. The most commonly cited reasons for not using a condom included I trust my partner, and my partner and I do not like condoms. Among the respondents who report irregular condom-use, 38% were aware that it exposed them to risk from HIV infection. Confirmation of the low understanding of the need to use protection during sex is further reinforced by the finding that nearly a half of young people sometimes or never use condoms even when having sexual intercourse with casual partners. The opinion that condoms are not safe (held by 17% of respondents) is mainly based on the belief that they tear easily, and this is likely another reason for the low level of condom use.
• Despite the fact that 88% of young people know where to get condoms, a quarter of them admitted feeling embarrassed about buying them. Their explanation for this was that the mentality in Kosovo is narrow minded and that conservative views about sex prevail.

• Most young Kosovans (77%) believe that the decision to use condoms should be made jointly by sexual partners. Focus groups showed that this view was supported by participants who believe that the consequences of not using a condom would equally affect both partners. However, participants generally believed that a condom would not be used if the female partner does not insist on it.

• Female respondents were less likely than males to have ever had sexual intercourse, and similarly to have had sexual intercourse aged younger than 15 years. Females that have had sexual intercourse tended to have fewer sexual partners than sexually active males in past 12 months and tended to avoid casual sexual intercourse. Sexually active female respondents used condoms less often than did males. Female respondents are more likely to consider that they are not at risk of getting HIV/AIDS than are male respondents. Women also more likely than men to think that condoms are not safe, that they would be embarrassed to buy condoms, and they would be less interested in being tested even if test results were confidential.

• Young people aged 20 to 24 years were more likely to have general information about HIV/AIDS and other STIs than those less than 20 years of age. The 20 to 24 years age cohort are more likely to be aware of HIV/AIDS, more likely to consider that information about HIV/AIDS is easily accessible, and to know about HIV testing provided in their community, as well as to know that STIs can be cured. There are no significant differences between these two age cohorts in terms of knowledge about the main forms of HIV prevention, attitudes regarding HIV/AIDS, and on the behavioral level.
7. RECOMMENDATIONS

• The KAPB study (and particularly the results on the Indicator of knowledge about HIV prevention) shows that young Kosovans have incomplete knowledge about HIV/AIDS. While only few young people have little or no knowledge about HIV/AIDS, a large number rely on outdated, and even contradictory information and are not confident in their knowledge about HIV/AIDS. This is a clear indicator of the need for a high-quality continuous educational program (formal and informal education).

• Since television is the primary source of information about HIV/AIDS, it should be used as an additional tool for youth education. In addition, since most young people talk about this issue with their friends, this fact enforces the need to further advance the role and position of their peers as a source of information about HIV/AIDS.

• TV programs, including young peoples' testimonies, HIV/AIDS debates or quizzes are a possible way to provide direct (participants) and indirect (viewers) youth involvement with access to accurate, reliable and systematic information that they could accept as credible.

• Systematic incorporation of HIV and AIDS education through the school curriculum. Some focus group participants reported to have obtained information on HIV/AIDS through the education system (subject of biology), but this was reported to have occurred only in individual schools. Lessons or lectures on HIV and AIDS should be incorporated in school curricula and made compulsory.

• School curricula (especially through Health Promoting Schools) should incorporate lectures and lessons aimed at strengthening and expanding life skills based education of young people within Kosovo education system.

• A significant number of young people considered participation in group discussions as a form of education and stated preference for learning about HIV/AIDS in a similar forum (by talking with young, well informed persons who are interested in their opinions and experiences) indicates how school lessons about HIV/AIDS should be organized.

• If (age) structure of teaching staff and the typical pupil-teacher relationship are a barrier to the effectiveness of such methods of teaching (interactive, individualized and respectful of critical opinion) about HIV/AIDS, it would be necessary to establish teams of young people (members of NGOs) to give HIV/AIDS lessons instead of (or together with) teachers. Schools should be informed about these teams and it would beneficial if the Ministry of Education recommended organizing HIV/AIDS lessons with assistance from (specific) NGOs.

• Members of these teams should be provided with special training. In addition to learning more about HIV/AIDS, they should also be aware of the most common accurate and inaccurate information about HIV/AIDS held by young Kosovans and about related opinions, behaviors and practices of young people. Besides, they should be trained to improve their teaching methods and techniques so that lessons given on HIV/AIDS would not be structured as standard school lectures, but rather as an opportunity for exchange of opinions and information.

• In case there is a lack of implementation of the earlier mentioned activities, HIV/AIDS lessons should be prepared by pupils (in the form of seminar papers). When preparing their HIV/AIDS lessons pupils should
be advised to contact relevant NGOs. In this case, NGOs should not only be used as sources of information, but should also help pupils with methodology for investigating/presenting information on this issue.

- Since young people are the least confident in their knowledge about HIV transmission, school curricula and other teaching materials for HIV/AIDS should not only list specific ways of HIV transmission, but must also include information about specific misconceptions about the ways of HIV transmission (e.g. through sharing food and other items with person living with HIV, by mosquito bites, etc.). This would not only reduce stigma and social exclusion of people living with HIV/AIDS but it would also remove unjustified/unnecessary fears of young people helping them to focus on actual ways of protection against HIV infection.

- While this study (similar to previous research) shows that attitudes about HIV/AIDS correspond to the knowledge about the issue, it also indicates that young people often behave in contradiction to their knowledge and attitudes. Young people who know and believe that condom-use at every sexual intercourse offers protection against HIV/AIDS often engage in unprotected sexual intercourse. Reasons given to justify such behavior show that existing inconsistency between opinions, knowledge and behavior could be reduced if advantages of the “new generation” of condoms were being promoted, that is, if traditional opinions about how condoms are unsafe (often/easily tear) or that they limit sexual pleasure were challenged and also if young people, and particularly females, were encouraged to insist on condom use as a sign of responsibility for their own and for their partner’s health.

- Additional materials (e.g. brochures, leaflet, posters, etc.) should be distributed during school lessons or visibly placed in schools, counselling centres, health clinics and other locations where young people gather. In addition to basic information, these material should include addresses and contact details of the nongovernmental organizations (as well as existing Internet pages) that offer services and information about HIV/AIDS, as well as information about location and services of the Voluntarily Counseling and Testing centers. In this way, young people would be provided with continued access to information about HIV/AIDS that could increase their knowledge and might make them change their beliefs and behaviors.

- Since young people show less knowledge about STI than about HIV/AIDS, activities should also give some attention to STI. Although results of this study show that young Kosovans are aware that persons living with HIV/AIDS should contact a doctor, only few of them suggested similar action in case of STI symptoms. Activities related to STIs should be planned in a way to stress that medical treatment of both first/early and more developed symptoms of STI is essential. These issues raise the need to introduce health education course as mandatory within the formal education of the Kosovo’s educational institutions.

- Study results encourage piloting establishment of youth friendly health services, which would facilitate closer contact with the youth, providing them care and support in a friendly and relaxing environment.

- HIV prevention strategies for the young people outside of the official schooling system in Kosovo should be given special attention by HIV policy makers. These strategies should be tailored based on review of their needs and using “variety of wanted” channels of receiving information. This is due to fact that a significant of youth are outside of the schooling system in Kosovo and almost half of them unemployment.

- Results of the study emphasize the need for stronger collaboration between key institutions engaged in HIV prevention among youth in Kosovo, especially the Ministry of Education, Science and Technology, the Ministry of Culture, Youth and Sports, the Ministry of Health, the National Institute of Public Health of Kosovo, being also the primary responsible institutions for study recommendations, and non-governmental sector.
ANNEX II:
DIFFERENCES IN RESULTS BETWEEN RESPONDENTS
WHO SELF-ADMINISTRATED THE LAST SECTION OF THE
QUESTIONNAIRE AND THOSE WHERE THE SECTION WAS
INTERVIEWER ADMINISTERED

Q64: Greater number of respondents who self-administrated (SA) last section of questionnaire than of the respondents who answered with face to face method (F2F) reported having had sexual intercourse, but SA respondents were more likely to refuse answering the question.

Q65. SA sexually inexperienced respondents were more likely than F2F respondents to refuse talking about reasons for abstaining from sex.

Q.70.7 SA respondents were more likely to say that they have not used condom the last time they had sex because condoms are too expensive.

Q72. SA respondents were more likely to report occasional condom use, while F2F respondents were more likely to choose “always” or “never” answers.

Q76. SA respondents were more likely to refuse answering the question about whether they believe they can insist on condom use every time they have sexual intercourse.

Q77. SA respondents were more likely to report having regular sexual partner (including spouses).

Q82. SA respondents were more likely to give some other reasons for thinking that condoms are not always safe.

Q84.4 SA respondents were more likely to say that they (usually) buy/obtain condoms from NGOs.
### ANNEX III: ANALYSIS OF KEY INDICATORS

#### HIV/AIDS

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>TOTAL</th>
<th>Male</th>
<th>Female</th>
<th>Age 15 – 19</th>
<th>Age 20 – 24 K Albanians</th>
<th>K Serbs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of respondents that heard of HIV or AIDS(^1)</td>
<td>90%</td>
<td>90%</td>
<td>89%</td>
<td>88%</td>
<td>92%</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>Number of respondents who know the difference between HIV and AIDS?</td>
<td>47%</td>
<td>46%</td>
<td>47%</td>
<td>99%</td>
<td>99%</td>
<td>48%</td>
<td>30%</td>
</tr>
<tr>
<td>Number of respondents who know how we can avoid getting HIV/AIDS – Abstain from sex</td>
<td>29%</td>
<td>27%</td>
<td>31%</td>
<td>27%</td>
<td>32%</td>
<td>30%</td>
<td>16%</td>
</tr>
<tr>
<td>Number of respondents who know how we can avoid getting HIV/AIDS – Both partners have no other partners</td>
<td>54%</td>
<td>52%</td>
<td>56%</td>
<td>50%</td>
<td>59%</td>
<td>55%</td>
<td>34%</td>
</tr>
<tr>
<td>Number of respondents who know how we can avoid getting HIV/AIDS – Use a condom at every sex</td>
<td>61%</td>
<td>64%</td>
<td>57%</td>
<td>61%</td>
<td>60%</td>
<td>60%</td>
<td>79%</td>
</tr>
<tr>
<td>Number of respondents who know how we can avoid getting HIV/AIDS – Avoid injections with used needles</td>
<td>28%</td>
<td>31%</td>
<td>25%</td>
<td>25%</td>
<td>30%</td>
<td>27%</td>
<td>42%</td>
</tr>
<tr>
<td>Number of respondents who know how person can get infected with the HIV – by sharing food</td>
<td>42%</td>
<td>37%</td>
<td>47%</td>
<td>44%</td>
<td>40%</td>
<td>40%</td>
<td>76%</td>
</tr>
<tr>
<td>Number of respondents who know how person can get infected with the HIV – by sharing a toilet seat</td>
<td>35%</td>
<td>35%</td>
<td>34%</td>
<td>37%</td>
<td>31%</td>
<td>34%</td>
<td>45%</td>
</tr>
<tr>
<td>Number of respondents who know how person can get infected with the HIV – mosquito bites</td>
<td>38%</td>
<td>40%</td>
<td>35%</td>
<td>41%</td>
<td>44%</td>
<td>36%</td>
<td>64%</td>
</tr>
<tr>
<td>Number of respondents who know how person can get infected with the HIV – from a mother to child</td>
<td>76%</td>
<td>11%</td>
<td>7%</td>
<td>74%</td>
<td>79%</td>
<td>76%</td>
<td>88%</td>
</tr>
</tbody>
</table>

#### Sexually transmitted infection (STI)

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>TOTAL</th>
<th>Male</th>
<th>Female</th>
<th>Age 15 – 19</th>
<th>Age 20 – 24 K Albanians</th>
<th>K Serbs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of respondents who heard of sexually transmitted infections(^2)</td>
<td>30%</td>
<td>26%</td>
<td>34%</td>
<td>25%</td>
<td>37%</td>
<td>28%</td>
<td>81%</td>
</tr>
<tr>
<td>Number of respondents who can identify the signs and symptoms of a sexually transmitted infection in a man – Painful urination</td>
<td>60%</td>
<td>69%</td>
<td>53%</td>
<td>56%</td>
<td>63%</td>
<td>58%</td>
<td>72%</td>
</tr>
<tr>
<td>Number of respondents who can identify the signs and symptoms of a sexually transmitted infection in a man – Blood in urine</td>
<td>48%</td>
<td>55%</td>
<td>42%</td>
<td>44%</td>
<td>51%</td>
<td>43%</td>
<td>73%</td>
</tr>
<tr>
<td>Number of respondents who can identify the signs and symptoms of a sexually transmitted infection in a man – Penis discharge</td>
<td>44%</td>
<td>50%</td>
<td>39%</td>
<td>39%</td>
<td>48%</td>
<td>39%</td>
<td>71%</td>
</tr>
<tr>
<td>Number of respondents who can identify the signs and symptoms of a sexually transmitted infection in a man – Itching in genital area</td>
<td>53%</td>
<td>53%</td>
<td>53%</td>
<td>45%</td>
<td>60%</td>
<td>49%</td>
<td>75%</td>
</tr>
<tr>
<td>Number of respondents who can identify the signs and symptoms of a sexually transmitted infection in a man – Swellings in genital area</td>
<td>44%</td>
<td>50%</td>
<td>39%</td>
<td>36%</td>
<td>51%</td>
<td>40%</td>
<td>65%</td>
</tr>
<tr>
<td>Number of respondents who can identify the signs and symptoms of a sexually transmitted infection in a man – Sores on the genitals</td>
<td>44%</td>
<td>48%</td>
<td>42%</td>
<td>41%</td>
<td>48%</td>
<td>40%</td>
<td>73%</td>
</tr>
<tr>
<td>Number of respondents who can identify the signs and symptoms of a sexually transmitted infection in a man – Abdominal pain</td>
<td>41%</td>
<td>41%</td>
<td>42%</td>
<td>42%</td>
<td>40%</td>
<td>43%</td>
<td>32%</td>
</tr>
<tr>
<td>Number of respondents who can identify the signs and symptoms of a sexually transmitted infection in a man – Pain during intercourse</td>
<td>53%</td>
<td>54%</td>
<td>52%</td>
<td>49%</td>
<td>56%</td>
<td>50%</td>
<td>72%</td>
</tr>
</tbody>
</table>

---

1. All results presented below that are related to knowledge and attitude toward HIV/AIDS reflect the percentage of respondents who have heard of this illness.
2. All results presented below that are related the knowledge and attitude toward STI’s reflect the percentage of respondents who have heard of these infections.
<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>TOTAL</th>
<th>Male</th>
<th>Female</th>
<th>Age 15 – 19</th>
<th>Age 20 – 24</th>
<th>K Albanians</th>
<th>K Serbs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of respondents who can identify the signs and symptoms of a sexually transmitted infection in a man – Weight loss</td>
<td>42%</td>
<td>42%</td>
<td>42%</td>
<td>38%</td>
<td>45%</td>
<td>44%</td>
<td>32%</td>
<td>30%</td>
</tr>
<tr>
<td>Number of respondents who can identify the signs and symptoms of a sexually transmitted infection in a man – Failure to pass urine</td>
<td>53%</td>
<td>52%</td>
<td>53%</td>
<td>48%</td>
<td>57%</td>
<td>50%</td>
<td>69%</td>
<td>32%</td>
</tr>
<tr>
<td>Number of respondents who can identify the signs and symptoms of a sexually transmitted infection in a man – Impotence</td>
<td>32%</td>
<td>36%</td>
<td>29%</td>
<td>30%</td>
<td>34%</td>
<td>28%</td>
<td>58%</td>
<td>10%</td>
</tr>
<tr>
<td>Number of respondents who can identify the signs and symptoms of a sexually transmitted infection in a woman – Painful urination</td>
<td>65%</td>
<td>61%</td>
<td>69%</td>
<td>61%</td>
<td>69%</td>
<td>64%</td>
<td>75%</td>
<td>45%</td>
</tr>
<tr>
<td>Number of respondents who can identify the signs and symptoms of a sexually transmitted infection in a woman – Blood in urine</td>
<td>52%</td>
<td>48%</td>
<td>56%</td>
<td>51%</td>
<td>54%</td>
<td>49%</td>
<td>71%</td>
<td>51%</td>
</tr>
<tr>
<td>Number of respondents who can identify the signs and symptoms of a sexually transmitted infection in a woman – Vaginal discharge</td>
<td>53%</td>
<td>42%</td>
<td>60%</td>
<td>49%</td>
<td>56%</td>
<td>49%</td>
<td>75%</td>
<td>51%</td>
</tr>
<tr>
<td>Number of respondents who can identify the signs and symptoms of a sexually transmitted infection in a woman – Itching in genital area</td>
<td>57%</td>
<td>47%</td>
<td>65%</td>
<td>52%</td>
<td>62%</td>
<td>54%</td>
<td>76%</td>
<td>60%</td>
</tr>
<tr>
<td>Number of respondents who can identify the signs and symptoms of a sexually transmitted infection in a woman – Sores on the genitals</td>
<td>46%</td>
<td>39%</td>
<td>52%</td>
<td>42%</td>
<td>50%</td>
<td>43%</td>
<td>66%</td>
<td>51%</td>
</tr>
<tr>
<td>Number of respondents who can identify the signs and symptoms of a sexually transmitted infection in a woman – Abdominal pain</td>
<td>49%</td>
<td>42%</td>
<td>55%</td>
<td>48%</td>
<td>50%</td>
<td>53%</td>
<td>33%</td>
<td>30%</td>
</tr>
<tr>
<td>Number of respondents who can identify the signs and symptoms of a sexually transmitted infection in a woman – Pain during intercourse</td>
<td>55%</td>
<td>46%</td>
<td>62%</td>
<td>55%</td>
<td>55%</td>
<td>52%</td>
<td>75%</td>
<td>38%</td>
</tr>
<tr>
<td>Number of respondents who can identify the signs and symptoms of a sexually transmitted infection in a woman – Weight loss</td>
<td>48%</td>
<td>40%</td>
<td>55%</td>
<td>49%</td>
<td>48%</td>
<td>51%</td>
<td>32%</td>
<td>40%</td>
</tr>
<tr>
<td>Number of respondents who can identify the signs and symptoms of a sexually transmitted infection in a woman – Infertility</td>
<td>60%</td>
<td>51%</td>
<td>68%</td>
<td>64%</td>
<td>57%</td>
<td>60%</td>
<td>65%</td>
<td>34%</td>
</tr>
<tr>
<td>Number of respondents who think have had an STI during last 12 months</td>
<td>2%</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Number of respondents who seeked STI treatment</td>
<td>72%</td>
<td>47%</td>
<td>100%</td>
<td>21%</td>
<td>100%</td>
<td>60%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Number of respondents who mentioned where they obtained treatment - Pharmacy</td>
<td>25%</td>
<td>15%</td>
<td>30%</td>
<td>50%</td>
<td>22%</td>
<td>33%</td>
<td>12%</td>
<td>0%</td>
</tr>
<tr>
<td>Number of respondents who mentioned where they obtained treatment - Govt hospital/clinic</td>
<td>70%</td>
<td>85%</td>
<td>62%</td>
<td>50%</td>
<td>72%</td>
<td>67%</td>
<td>75%</td>
<td>0%</td>
</tr>
<tr>
<td>Number of respondents who mentioned where they obtained treatment – Private hospital/clinic</td>
<td>5%</td>
<td>0%</td>
<td>8%</td>
<td>0%</td>
<td>6%</td>
<td>0%</td>
<td>12%</td>
<td>0%</td>
</tr>
<tr>
<td>Number of respondents who's sexual partner also obtained treatment</td>
<td>35%</td>
<td>15%</td>
<td>46%</td>
<td>0%</td>
<td>40%</td>
<td>33%</td>
<td>38%</td>
<td>0%</td>
</tr>
<tr>
<td>Number of respondents who seek STI treatment</td>
<td>72%</td>
<td>47%</td>
<td>100%</td>
<td>21%</td>
<td>100%</td>
<td>60%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Sexual Behavior**

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>TOTAL</th>
<th>Male</th>
<th>Female</th>
<th>Age 15 – 19</th>
<th>Age 20 – 24</th>
<th>K Albanians</th>
<th>K Serbs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of respondents who use condom on regularly basis</td>
<td>39%</td>
<td>43%</td>
<td>32%</td>
<td>42%</td>
<td>38%</td>
<td>38%</td>
<td>54%</td>
<td>23%</td>
</tr>
<tr>
<td>Number of respondents who can insist on using condoms every time they have sex</td>
<td>47%</td>
<td>53%</td>
<td>41%</td>
<td>45%</td>
<td>50%</td>
<td>47%</td>
<td>57%</td>
<td>43%</td>
</tr>
</tbody>
</table>

3 Answers in this category related only to the group of respondents that are sexually active.
<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>TOTAL</th>
<th>Male</th>
<th>Female</th>
<th>Age 15 – 19</th>
<th>Age 20 – 24</th>
<th>K Albanians</th>
<th>K Serbs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of respondents who say that HIV/AIDS is serious problem in their community</td>
<td>55%</td>
<td>55%</td>
<td>55%</td>
<td>58%</td>
<td>51%</td>
<td>59%</td>
<td>7%</td>
<td>31%</td>
</tr>
<tr>
<td>Number of respondents who know where they can buy (obtain) condom – Hypermarket/supermarket</td>
<td>63%</td>
<td>31%</td>
<td>30%</td>
<td>28%</td>
<td>34%</td>
<td>63%</td>
<td>66%</td>
<td>62%</td>
</tr>
<tr>
<td>Number of respondents who know where they can buy (obtain) condom – Pharmacy</td>
<td>6%</td>
<td>90%</td>
<td>86%</td>
<td>88%</td>
<td>88%</td>
<td>5%</td>
<td>10%</td>
<td>13%</td>
</tr>
<tr>
<td>Number of respondents who know where they can buy (obtain) condom – Kiosk</td>
<td>62%</td>
<td>40%</td>
<td>24%</td>
<td>28%</td>
<td>36%</td>
<td>65%</td>
<td>32%</td>
<td>43%</td>
</tr>
<tr>
<td>Number of respondents who know where they can buy (obtain) condom – NGO</td>
<td>91%</td>
<td>4%</td>
<td>3%</td>
<td>2%</td>
<td>5%</td>
<td>91%</td>
<td>94%</td>
<td>76%</td>
</tr>
<tr>
<td>Number of respondents who know where they can buy (obtain) condom – Family Health Centers/Health Center/Ambulance</td>
<td>85%</td>
<td>5%</td>
<td>12%</td>
<td>8%</td>
<td>11%</td>
<td>85%</td>
<td>90%</td>
<td>76%</td>
</tr>
<tr>
<td>Number of respondents who know where they can buy (obtain) condom – Centers for Counseling and Volunteer Testing of HIV/AIDS</td>
<td>89%</td>
<td>4%</td>
<td>2%</td>
<td>4%</td>
<td>6%</td>
<td>89%</td>
<td>92%</td>
<td>76%</td>
</tr>
<tr>
<td>Number of respondents who know where they can get test for HIV/AIDS – Government hospital/clinic</td>
<td>65%</td>
<td>69%</td>
<td>60%</td>
<td>69%</td>
<td>60%</td>
<td>64%</td>
<td>62%</td>
<td>77%</td>
</tr>
<tr>
<td>Number of respondents who know where they can get test for HIV/AIDS – Private hospital/clinic</td>
<td>21%</td>
<td>21%</td>
<td>21%</td>
<td>17%</td>
<td>25%</td>
<td>22%</td>
<td>2%</td>
<td>14%</td>
</tr>
<tr>
<td>Number of respondents who know where they can get test for HIV/AIDS – VCT Center (Centers for Counseling and Volunteer Testing)</td>
<td>9%</td>
<td>7%</td>
<td>11%</td>
<td>10%</td>
<td>8%</td>
<td>8%</td>
<td>27%</td>
<td>8%</td>
</tr>
<tr>
<td>Number of respondents who know where they can get test for HIV/AIDS – Other</td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Number of respondents who got the results of the test for HIV/AIDS</td>
<td>59%</td>
<td>56%</td>
<td>66%</td>
<td>49%</td>
<td>65%</td>
<td>60%</td>
<td>46%</td>
<td>40%</td>
</tr>
<tr>
<td>Number of respondents who are interested in getting an HIV test, if they could receive the results confidentially</td>
<td>47%</td>
<td>53%</td>
<td>41%</td>
<td>45%</td>
<td>49%</td>
<td>47%</td>
<td>44%</td>
<td>33%</td>
</tr>
</tbody>
</table>

4 This percentage refers to the group of respondents who have taken the test.
ANNEX IV:
QUESTIONNAIRE AND GUIDE FOR DISCUSSION

Prism Research / Project KAPB / Questionnaire / Final

READ ALOUD TO RESPONDENT:
Introduction: Hello I am (use your name) …………………… working with United Nations Kosovo Team. We are here to interview young people in this settlement; we want to ask you some questions about knowledge, attitudes, practice and behaviour about people’s lives in order to enable us to prevent spread of HIV/AIDS infection. Therefore we really value your answers.
Confidentiality: I’m going to ask you some personal questions that some people find it difficult to answer. Please don’t be scared or worried, anything you say will be kept quite safe (confidential). We won’t let anybody know what you say. I will not write down your name and you will never be connected to the information you give me. You can refuse to answer any question that you don’t want to answer or you can end the interview at any time. However your honest answers to the questions will help us to better understand what people think, say and do about certain kinds of behaviors. We would greatly appreciate your time in responding to this survey. I believe this interview will only take 25 minutes. Are you willing to participate?

Do you have any questions for me? Can I start asking the questions now?

Q1. Record sex of the respondent? (Do not ask, mark only one response)
1. Male
2. Female

Q2. What day, month and year were you born? (Write down the date as mentioned by the respondent)

D D M M Y Y Y Y

Q3. How old were you at your last birthday? (Write down the number)

Write down the number of years:

Q4. What is the highest level of school you have completed? (Circle only one response)
1. None
2. Lower primary
3. Higher primary
4. Secondary
5. College
6. University

Do not read:
9. Do not know/Do not wish to answer

Q5. Do you know how to read a local language? (Circle only one response)
1. Yes
2. No

Do not read:
9. Do not know/Do not wish to answer

Q6. How many years of education did you complete in total? (Write down the number of years)

Write down the number of years:

Q7a. Are you currently attending school? (Circle only one response)
1. Yes
2. No

Do not read:
9. Do not know/Do not wish to answer

Q7b. What school (lessons) are you currently attending? (Circle only one response)
1. Regular school (inc. college and university)
2. Vocational classes
3. Language lessons
4. Other (Specify)

Do not read:
9. Do not know/Do not wish to answer

Q8. To which of the following ethnic groups do you consider yourself you belong to? (Mark only one answer)
1. Albanian
2. Serb
3. Turk
4. Roma
5. Ashkabli
6. Bosnian/Muslim
7. Something else (Specify)

Do not read:
9. Do not know/Do not wish to answer

Q9. What is your religion? (Mark only one answer)
1. Muslim
2. Catholic
3. Orthodox
4. None
5. Something else (Specify)

Do not read:
9. Do not know/Do not wish to answer

Q10. Are you employed? (Mark only one answer)
1. Yes
2. No

Do not read:
9. Do not know/Do not wish to answer

Q11. Are you currently working for? (Mark only one answer)
1. Public
2. Private
3. NGO
4. Something else (Specify)

Do not read:
9. Do not know/Do not wish to answer

Q12. Why are you not employed? Because you are …? (Mark only one answer)
1. Pupil
2. Student
3. Housewife
4. Person with a disability
5. Unemployed – looking for work
6. Unemployed – not looking for work
7. Something else (Specify)

Do not read:
9. Do not know/Do not wish to answer

Q13. What is your current matrimonial status? (Mark only one answer)
1. Single
2. Living in consensual union
3. Married
4. Divorced/Separated
5. Widow/Widower

Do not read:
9. Do not know/Do not wish to answer

Q14. Who do you live with? (Mark only one answer)
1. Parents
2. On your own
3. Sharing with other people
4. Close family (wife and/or children)
5. Something else (Specify)

Do not read:
9. Do not know/Do not wish to answer

CHECK THAT RESPONSES TO ALL QUESTIONS HAVE BEEN MARKED!
<table>
<thead>
<tr>
<th>Q27. How likely do you think it is that you yourself could contract HIV/AIDS? Would you say there is no risk, a small risk, a moderate risk or a high risk of getting HIV? (Circle only one response!)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No risk</td>
</tr>
<tr>
<td>2. Small risk</td>
</tr>
<tr>
<td>3. Moderate risk</td>
</tr>
<tr>
<td>4. High risk</td>
</tr>
<tr>
<td>Do not read:</td>
</tr>
<tr>
<td>Q28. Why do you think you are at risk of contracting HIV? (More than one answer possible)</td>
</tr>
<tr>
<td>1. Have many partners</td>
</tr>
<tr>
<td>2. Do not always use condoms</td>
</tr>
<tr>
<td>3. Have used intravenous drugs</td>
</tr>
<tr>
<td>4. Partner has other partners</td>
</tr>
<tr>
<td>5. Blood transfusions/unsafe injections</td>
</tr>
<tr>
<td>6. Have been with sex workers</td>
</tr>
<tr>
<td>7. Have been in contact with infected persons</td>
</tr>
<tr>
<td>8. Other? (Specify)</td>
</tr>
<tr>
<td>Do not read:</td>
</tr>
<tr>
<td>Q29. Why do you think you are at little risk or no risk of contracting HIV? (Do not read the answers, record what respondent claims! More than one answer possible)</td>
</tr>
<tr>
<td>1. Not sexually active</td>
</tr>
<tr>
<td>2. Have only one partner and he/she is faithful</td>
</tr>
<tr>
<td>3. Trust my partner</td>
</tr>
<tr>
<td>4. Always use condoms</td>
</tr>
<tr>
<td>5. Always use condoms with people, I don’t know very well</td>
</tr>
<tr>
<td>6. Do not use intravenous drugs</td>
</tr>
<tr>
<td>7. Do not go in sex workers</td>
</tr>
<tr>
<td>8. Have not been in contact with any infected persons</td>
</tr>
<tr>
<td>9. No HIV/AIDS in Kosovo</td>
</tr>
<tr>
<td>10. Other? (Specify)</td>
</tr>
<tr>
<td>Do not read:</td>
</tr>
<tr>
<td>Q30. How can we avoid getting HIV/AIDS? (More than one possible answer)</td>
</tr>
<tr>
<td>1. Abstain from sex</td>
</tr>
<tr>
<td>2. Both partners have no other partners</td>
</tr>
<tr>
<td>3. Use a condom at every sex</td>
</tr>
<tr>
<td>4. Have fewer partners</td>
</tr>
<tr>
<td>5. No casual sex</td>
</tr>
<tr>
<td>6. Avoid injections with used needles</td>
</tr>
<tr>
<td>7. Other? (Specify)</td>
</tr>
<tr>
<td>8. There is nothing a person can do to avoid getting HIV/AIDS</td>
</tr>
<tr>
<td>Do not read:</td>
</tr>
<tr>
<td>Q31. Do not know</td>
</tr>
<tr>
<td>99. Do not wish to answer</td>
</tr>
<tr>
<td>Q32. Can a person reduce the risk of getting HIV by using a condom every time they have sex? (Circle only one response!)</td>
</tr>
<tr>
<td>1. Yes</td>
</tr>
<tr>
<td>2. No</td>
</tr>
<tr>
<td>Do not read:</td>
</tr>
<tr>
<td>Do not read:</td>
</tr>
<tr>
<td>Do not read:</td>
</tr>
</tbody>
</table>
Q41. Where could they get this test? (More than one answer possible)
1. Government hospital/clinic 1
2. Private hospital/clinic 2
3. VCT Center (Centers for Volunteer Counseling and Testing) 3
4. Pharmacy 4
5. Family planning centre 5
6. Field worker 6
7. Mobile clinic 7
8. Other (Specify) 9

Do not read!
9. Do not know/Do not wish to answer 9

Q42. I don't want to know the results, but have you been tested for HIV in the last 12 months? (Circle only one response)
1. Yes 1
2. No 2

Do not read!
9. Do not know/Do not wish to answer 9

Q43. I don't want to know the results, but did you get the results of that test? (Circle only one response)
1. Yes 1
2. No 2

Do not read!
9. Do not know/Do not wish to answer 9

Q44. Did you tell anyone the results of the test? (Circle only one response)
1. Yes 1
2. No 2

Do not read!
9. Do not know/Do not wish to answer 9

Q45. Whom did you tell? (Circle only one response)
1. Partner 1
2. Family member(s) 2
3. Friends(s) 3
4. Healthworker 4
5. Other (Specify) 5

Do not read!
9. Do not know/Do not wish to answer 9

Q46. Would you be interested in getting an HIV test, if you could receive the results confidentially? (Circle only one response)
1. Yes 1
2. No 2

Do not read!
9. Do not know/Do not wish to answer 9

Q47. Is it possible to cure AIDS? (Circle only one response)
1. Yes 1
2. No 2

Do not read!
9. Do not know/Do not wish to answer 9

Section 3: Attitudes and beliefs

Q48. What can people who have HIV/AIDS do to take care for themselves and others? (More than one possible answer)
1. Eat healthy food 1
2. Get plenty of rest 1
3. Get moderate exercise 1
4. Use condoms whenever having sex 1
5. Refrain from having sex 1
6. Remain faithful to one partner 1
7. Stay away from people who are sick 1
8. Don't drink alcohol 1
9. No smoke 1
10. Keep a positive attitude 1
11. Medicine (pills) use 1
12. Visit doctor 1
13. Other (Specify) 1

Do not read!
9. Do not know/Do not wish to answer 9

Q49. In which ways you can support person who has HIV/AIDS? (Ask for each aspect individually - For each aspect write down one of the numbers)
1. Yes 1
2. No 2

Do not read!
9. Do not know/Do not wish to answer

ASPECT
1. Not avoiding these friends/neighbors
2. Helping care for children/old people in family
3. Helping with farming or family business
4. Helping support the family
5. Sharing meals with the family
6. Helping plan for the future to increase self confidence
7. Other (Specify)

Q50. If a relative of yours has the HIV/AIDS, would you be willing to care for them in your household? (Circle only one response)
1. Yes 1
2. No 2

Do not read!
9. Do not know/Do not wish to answer 9

Q51. If a teacher is infected with HIV but is not sick, should he or she be allowed to continue teaching in school? (Circle only one response)
1. Yes 1
2. No 2

Do not read!
9. Do not know/Do not wish to answer 9

Q52. If you know that a shopkeeper or food seller is infected with HIV, would you buy food from them? (Circle only one response)
1. Yes 1
2. No 2

Do not read!
9. Do not know/Do not wish to answer 9

Q53. If a member of your family gets infected with the HIV, would you want it to remain a secret? (Circle only one response)
1. Yes 1
2. No 2

Do not read!
9. Do not know/Do not wish to answer 9

Q54. Would you accept to attend the same class/group in school with a person that you know is infected with HIV? (Circle only one response)
1. Yes 1
2. No 2

Do not read!
9. Do not know/Do not wish to answer 9

Section 3: Respondent's Knowledge about STI

Q55. Have you ever heard of sexually transmitted infections? (Circle only one response)
1. Yes 1
2. No 2

Do not read!
9. Do not know/Do not wish to answer 9
Q56. Other than HIV/AIDS are sexually transmitted infections curable? (Circle only one response)
1. Yes 1
2. No 2
Do not read!
3. Have not heard of STIs 8
4. Do not know/Do not wish to answer 9

Q57. What STIs have you heard of? (Wait for response, do not read the following categories. Circle or write down what respondent mentions. More answers are possible.)
1. Chlamydia 1
2. Genital Herpes 1
3. Gonorrhoea 1
4. Syphilis 1
5. Hepatitis B 1
6. Other? (Specify) 1

7. Other? (Specify) 1

Do not read!
5. Do not know/Do not wish to answer 9

Q58. What are the signs and symptoms of a sexually transmitted infection in a woman? (Ask for each aspect individually. For each aspect write down one of the numbers)
1. Yes 1
2. No 2
Do not read!
3. Do not know/Do not wish to answer 9

<table>
<thead>
<tr>
<th>ASPECT</th>
<th>ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Painful urination</td>
<td></td>
</tr>
<tr>
<td>2. Blood in urine</td>
<td></td>
</tr>
<tr>
<td>3. Vaginal discharge</td>
<td></td>
</tr>
<tr>
<td>4. Itching in genital area</td>
<td></td>
</tr>
<tr>
<td>5. Swellings in genital area</td>
<td></td>
</tr>
<tr>
<td>6. Sores on the genitals</td>
<td></td>
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<tr>
<td>7. Abdominal pain</td>
<td></td>
</tr>
<tr>
<td>8. Pain during intercourse</td>
<td></td>
</tr>
<tr>
<td>9. Weight loss</td>
<td></td>
</tr>
<tr>
<td>10. Failure to pass urine</td>
<td></td>
</tr>
<tr>
<td>11. Impotence</td>
<td></td>
</tr>
<tr>
<td>12. Other? (Specify)</td>
<td></td>
</tr>
</tbody>
</table>

13. No symptoms

Q60. In the past 12 months do you think you have had an STI? (Circle only one response)
1. Yes 1
2. No 2
Do not read!
5. Do not know/Do not wish to answer 9

Q61. On the last occasion did you seek treatment? (Circle only one response)
1. Yes 1
2. No 2
Do not read!
5. Do not know/Do not wish to answer 9

Q62. Where did you obtain treatment? (Circle only one response)
1. Shop 1
2. Pharmacy 2
3. Govt/hospital/clinic 3
4. Private hospital/clinic 4
5. Traditional healer 5
6. Other? (Specify) 6

Do not read!
7. Have not been treated 7
9. Do not know/Do not wish to answer 9

Q63. Did your sexual partner (any of your partners) also obtain treatment? (Circle only one response)
1. Yes 1
2. No 2
Do not read!
9. Do not know/Do not wish to answer 9

Section 5: Sexual behaviour and attitudes towards condoms

Read aloud: I would like to ask you some personal questions. These questions are about sex in your life. I want to remind you that every answer you give will be kept quietly because we don’t record your name at all. If you prefer you can self-administer this section of the questionnaire. Would you like to fill in yourself this section of the questionnaire? Please tell me if you would prefer for us to continue in the same manner we reached this part, or if you would rather prefer to administer yourself. During this time, I can stay near you in case you need any further explanation about the content of the questions or the way you should fill in your answers. At the end, when you finish filling this section, you can place it into an envelope, which you can close and we will not open it until it reaches our main office. There we will place it together with the other questionnaires and all data shall be analyzed as a group.

Note to interviewer: Offer respondent the possibility to continue answering to the questions from the questionnaire as you have posed up until now, or for him/her to have the possibility to self-administer the following set of questions (Q64-Q80). Let respondent see the see what questions are there, and see what he/she prefers to continue. In case the respondent decides to self-administer this section of the questionnaire, inform him/her that after finishing question Q80 to inform you and the remaining questions you need to pose in a regular manner – you reading the questions and filling in the answers as described by the respondent. In addition, spend some time explaining to the respondent how they should administer the questionnaire, including how to apply filter questions.

S1. Respondent decided to:
1. Self-administer section 5. ▶Q81. 1
2. Preferred to continue the same ▶Q64. 2

CHECK THAT RESPONSES TO ALL QUESTIONS HAVE BEEN MARKED!
Q64. Have you ever had sexual intercourse? (Circle only one response)
1. Yes ➤ Q66 1
2. No ➤ Q68 2
Do not read: 9. Do not know/Do not wish to answer ➤ Q76 9

Q65. People may have mixed reasons for not having sexual intercourse. Can you please tell me your reasons? (More than one possible answer)
1. Do not feel ready to have sex ➤ Q76 1
2. Have not had the opportunity ➤ Q76 1
3. Sex before marriage is wrong ➤ Q76 1
4. Afraid of getting pregnant ➤ Q76 1
5. Afraid of getting HIV/AIDS or another STI ➤ Q76 1
6. I am/feel too young ➤ Q76 1
7. Other? (Specify) ➤ Q76 1

Do not read: 9. Do not know/Do not wish to answer ➤ Q76 9

Q66. How old were you the first time you had sexual intercourse? (Write down the number!)

Write down the number: ➤

Do not read: 99. Do not know/Do not wish to answer 99

Q67. Have you been sexually active in the past year? (Circle only one response)
1. Yes ➤ Q68 1
2. No ➤ Q70 2
Do not read: 9. Do not know/Do not wish to answer ➤ Q72 9

Q68. How many sexual partners have you had in the last 12 months? (Write down the number!)

Write down the number: ➤

Do not read: 99. Do not know/Do not wish to answer 99

Q69. The last time you had sex, did you or your partner use a condom? (Circle only one response)
1. Yes ➤ Q71 1
2. No ➤ Q70 2
Do not read: 9. Do not know/Do not wish to answer ➤ Q72 9

Q70. What is the reason or reasons that you did not use a condom the last time you had sex? (More than one possible answer)
1. Partner objected ➤ Q72 1
2. Partner doesn’t like condoms ➤ Q72 1
3. I don’t like condoms ➤ Q72 1
4. Trust partner ➤ Q72 1
5. Not needed – trying to get pregnant ➤ Q72 1
6. Not needed – using another contraceptive ➤ Q72 1
7. Too expensive ➤ Q72 1
8. Did not have one at hand ➤ Q72 1
9. Unavailable/could not obtain one ➤ Q72 1
10. Currently pregnant ➤ Q72 1
11. Cannot become pregnant ➤ Q72 1
12. Other? (Specify) ➤ Q72 1

Do not read: 99. Do not know/Do not wish to answer ➤ Q72 9

Q71. What is the reason you used a condom? (More than one possible answer)
1. Pregnancy prevention 1
2. STI prevention 1
3. HIV/AIDS prevention 1
4. My partner wanted to 1
5. Other? (Specify) 1

Do not read: 9. Do not know/Do not wish to answer 9

Q72. In general how often do you use condoms? Would you say it is always, sometimes or never? (Circle only one response)
1. Always ➤ Q74 1
2. Sometimes ➤ Q73 2
3. Never ➤ Q73 3
Do not read: 9. Do not know/Do not wish to answer ➤ Q75 9

Q73. If you use condoms inconsistently, do you think you will put yourself at risk for HIV infection? (Circle only one response)
1. Yes ➤ Q75 1
2. No ➤ Q75 2
Do not read: 9. Do not know/Do not wish to answer ➤ Q75 9

Q74. If you always use condoms with all your sexual partners, do you think you will decrease the risk for HIV infection? (Circle only one response)
1. Yes 1
2. No 2
Do not read: 9. Do not know/Do not wish to answer 9

Q75. Have you ever felt pressured into having sexual intercourse without using a condom? (If the answer is Yes, ask: "Has this happened often or occasionally?")
1. Yes, often 1
2. Yes, occasionally 2
3. No, never 3
Do not read: 9. Do not know/Do not wish to answer 9

Q76. Are you confident that you can insist on using condoms every time you have sex? (Circle only one response)
1. Yes 1
2. No 2
Do not read: 9. Do not know/Do not wish to answer 9

Q77. Do you have a steady sexual partner (including your husband/wife)? (Circle only one response)
1. Yes ➤ Q78 1
2. No ➤ Q81 2
Do not read: 9. Do not know/Do not wish to answer ➤ Q81 9

Q78. Do you use a condom with your sexual partner? (Circle only one response)
1. Always 1
2. Sometimes 2
3. Never 3
Do not read: 7. Did not have sexual intercourse 7
9. Do not know/Do not wish to answer 9
Q78. Other then you steady sexual partner have you had other sexual partners in the last 12 months? (Circle only one response)

1. Yes ▶ Q80 1
2. No ▶ Q81 2
Do not read: 9
9. Do not know/Do not wish to answer ▶ Q81 9

Q80. Do you use a condom with this partner? (Circle only one response)

1. Always 1
2. Sometimes 2
3. Never 3
Do not read: 9
9. Do not know/Do not wish to answer 9

Note: Pose the following questions to all respondents.

Q81. Do you think that condoms are safe? (Circle only one response)

1. Yes ▶ Q83 1
2. No ▶ Q83 2
Do not read: 9
9. Do not know/Do not wish to answer ▶ Q83 9

Q82. Why not? (More than one possible answer)

1. Break easily 1
2. Do not protect against disease 1
3. Other* (Specify) 1

Do not read: 9
9. Do not know/Do not wish to answer 9

Q83. Would you feel embarrassed buying condoms? (Circle only one response)

1. Yes 1
2. No 2
Do not read: 9
9. Do not know/Do not wish to answer 9

Q84. Where can you buy (obtain) condom? (More possible answers)

1. Supermarket/supermarket 1
2. Pharmacy 1
3. Kiosk 1
4. NGO 1
5. Family Health Centers/Health Center/Ambulance 1
6. Centers for Volunteer Counselling and Testing of HIV/AIDS 1
7. Condom vendor machine 1
8. Other* (Specify) 1

9. Other* (Specify) 1

Do not read: 9
9. Do not know/Do not wish to answer 9

Q85. Finally, when a man and woman have sexual intercourse whose decision should it usually be to use a condom? (Circle only one response)

1. The woman’s decision 1
2. The man’s decision 2
3. A joint decision 3
Do not read: 9
9. Do not know/Do not wish to answer 9

THAT WOULD BE ALL. THANK YOU FOR YOUR TIME AND COOPERATION.

CHECK THAT RESPONSES TO ALL QUESTIONS HAVE BEEN MARKED!
Guidelines for Focus Group Discussions

1. Introduction
   - Presentation of the Agency.
   - An overview of the goals of the survey.
   - Rules of communication among focus group participants – openness, frankness, resistance from imposing one's opinion on others, spontaneous engagement in the discussion, there are no wrong or correct answers.
   - Explanation about why the discussion is recorded.
   - Explanation of privacy and anonymity of participants.
   - A moderator and all focus group participants introduce themselves.

2. Knowledge and Attitudes about HIV/AIDS
   - Have you ever heard of HIV or AIDS? What is HIV or AIDS?
   - How can HIV be transmitted? (discus all ways of transition: many sexual partners, mosquito bites, sharing food, needle using, from a mother to child, sharing of the same toilet seat, etc.)
   - Is it possible to cure AIDS?
   - Is there any distinction between HIV and AIDS? If so, what is this distinction?
   - Can you remember when was the first time you have ever heard about HIV? (sources of information – family/parents, friends, newspaper, television, radio, school, organizations that promote protection from HIV/AIDS, medical workers, etc.)
   - Can you remember when was the last time you heard or have seen any information about the HIV or AIDS?
   - From was source did you receive this information? (sources of information – family/parents, friends, newspaper, television, radio, school, organizations that promote protection from HIV/AIDS, medical workers, etc.)
• What is the most suitable way for you and your peers to obtain information about HIV/AIDS? What sources of information would be the best to provide information to you and your peers in better and easier way?

• Do you talk to your friends, family or someone else (for example teachers in school) about HIV/AIDS?

• Do you think that HIV/AIDS is serious problem in your community/city? Do you personally know anyone living with HIV or who has died from AIDS?

• Do you think that you are at risk of contracting HIV/AIDS, e.g. is it possible to get HIV? If yes: Why do you think you are at risk of contracting HIV?

  If no: Why do you think that you are not at risk of contracting HIV?

• What do you think what is the best way to avoid getting HIV/AIDS?

• Do you think that one can reduce risk of getting HIV/AIDS by using condom?

• Is it possible in your community for someone to get a test to find out if they are infected with HIV? Where could they get this test? Is it free of charge?

• Have you ever been tested for HIV? Would you take the test?

  If yes: Why yes?

  If non: Why not?

• Has your partner ever taken the test? Have you ever asked your partner to take the test?

• What can people who have HIV/AIDS do to take care for themselves and other people from their surrounding?

• In which way can you support person who has HIV/AIDS? (what other people can do?)

• Would you support and take care about the infected person? (family member, friend, someone from your surrounding) How would you treat this person?

  If yes: In what way would you support that person?

  If not: Why not?

3. Knowledge and attitudes about STI

• Have you ever heard of sexually transmitted infections? What are STI?

• What STI have you heard of? What do you know about it?
UNKT – KAPB Survey

- What are signs/symptoms of STI? What are in a woman? What are in a man?
- Have you ever had STI symptoms? What about your partner? What happened? How did you feel? Have this experience influenced on your behavior?
- Did you visit a doctor? Did you obtain a treatment/medicine from a doctor? Did your sexual partner also obtain treatment?

4. Sexual behavior and attitudes towards condoms

- Have you ever had sexual intercourse? (What was your reason for not having sexual intercourse?)
- How old were you and your partner the first time you had sexual intercourse? What did you feel about him/her? Why did you decide to have sexual intercourse with that person?
- How would you describe your first sexual experience, positive or negative? Why?
- Have you used any contraception during the first sexual intercourse?
  **If yes:** What did you use? What was the reason you chose to use contraception?
  **If not:** Why did you not use contraception?
- Did you feel under pressure during your first sexual intercourse? Who made that pressure? In what way you were pressed?
- Are you sexually active? How many sexual partners you have?
- Do you use a condom?
  **If yes:** Why do you use condom? How often do you use it? Who purchase a condom?
  **If not:** Why don’t you use condom?
- Where can you buy condom?
- Do you think it is expensive?
- Would you feel embarrassed buying condoms in a store in your neighborhood?
- Do you think that condoms are safe? Why?
• Have you ever felt pressured into having sexual intercourse without using condom? How often this happens?
• Do you think you can insist on using condoms every time you have sexual intercourse?
• In your opinion, when man and woman have a sexual intercourse whose decides about using of condom? Who decides in your case?