Measuring Stigma and Discrimination Towards Key populations at risk for HIV, and PLHIV

"Measuring Stigma and Discrimination Towards Key populations at risk for HIV, and PLHIV in Kosovo"

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The abovementioned PAG members participated in the processes of validation and sharing their perspectives regarding the findings and recommendations of this Survey.

Colophon

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1 The Program Advocacy Group (PAG) was established under the CCM to address high-level policy issues affecting access to care. With intention to mobilize related stakeholders and communities, PAG aims to influence on changing attitudes, actions, policies and laws for betterment of people affected by human rights violations and low access to essential HIV and TB services.

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List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
CCM	Country Coordinating Mechanism
CDF	Community Development Fund
CSGD	Center for Social Group Development
FSW	Female sex workers
HIV	Human Immunodeficiency Virus
KAPHA	Kosovo Association of People Living with HIV
KOPF	Kosovo Population Foundation
MSM	Men who have sex with men
PAG	Program Advocacy Group
PLHIV	People living with HIV
PWID	People who inject drugs
UNAIDS	The Joint United Nations Program on HIV/AIDS
WHO	World Health Organization

Background and the context

UNAIDS worldwide describes HIV/AIDS-related stigma "as a 'process of devaluation' of people either living with or associated with HIV/AIDS. This stigma often stems from the underlying stigmatization of sex and intravenous drug use – two of the primary routes of HIV infection.

Discrimination follows stigma and is the unfair and unjust treatment of an individual based on his or her real or perceived HIV status. Stigma and discrimination breach fundamental human rights and can occur at a number of different levels including political, economic, social, psychological and institutional.

When stigma exists people often prefer to ignore their real or possible HIV status. This can lead to the risk of faster disease progression for themselves and also to the risk of them spreading HIV to others."[2]

In low HIV prevalence countries as Kosovo, the HIV surveillance is focused on populations that are more at risk and exposed to HIV. As per UNAIDS standard definition, Kosovo has defined following key populations at risk for HIV: MSM, FSW, and PWID.

Unsafe sexual and drug-use related practices and behaviors contribute to the overall HIV burden. People with unsafe practices and behaviors are often more at risk to become infected than those that practice safe sex and safe injecting practices, regardless of the population they belong to. However, key populations at risk for HIV face many social and legal barriers when accessing prevention and treatment services, mostly due to the high level of stigma and discrimination. According to UNAIDS [3] worldwide, one in four people living with HIV have experienced discrimination in health-care settings and one in three women living with HIV have experienced at least one form of discrimination in health-care settings related to their sexual and reproductive health. When people living with, or at risk of, HIV are discriminated against in health-care settings, they go underground. This seriously undermines the ability to reach people with HIV testing, treatment, and prevention services. Stigma and discrimination is an affront to human rights and puts the lives of people living with HIV and key populations at risk for HIV in danger.

Therefore, it is important to monitor stigma and discrimination against key populations at risk for HIV and against PLHIV, as it may have an influence in trends of HIV epidemic.

Kosovo is among the countries with one of the lowest HIV prevalence among the general population and low prevalence among key populations at risk for HIV: men

[2] UNAIDS Fact Sheet, Joint United Nations Program on HIV/AIDS, 2003
[3] Ibid.

who have sex with men (MSM), people who inject drugs (PWID), and female sex workers (FSW). By the end of 2018, there have been 122 HIV cases registered in Kosovo[4]. Of those, 69 developed AIDS, and 46 died of AIDS-related diseases. The main mode of transmission was heterosexual, with 52%, while 18% of transmission was among MSM and only 2% among PWID. The mode of transmission was unknown for a quarter (26%) of HIV cases. It is possible that transmission as a result of men having sex with men is underreported, given the very high stigma around MSM: they may represent a proportion of those who report "heterosexual" sex, or the "unknown" category. In 2016, however, 11 new HIV cases were detected. The majority of registered HIV cases (70%) are male. The recent surveillance studies confirmed a low prevalence of HIV among key populations at risk for HIV, namely MSM.

This is the first study of a kind conducted in the country with the purpose of measuring stigma and discrimination towards key populations at risk for HIV and people living with HIV/AIDS in Kosovo.

The survey was commissioned to UBO Consulting in December 2018 on request of the NGO Integra, with the support of the CDF and the Ombudsperson Institution of Kosovo. The survey has been financially supported by the CDF through the Global Fund grant.

The survey was performed in several institutions across the Republic of Kosovo in health and rule-of-law settings, to determine whether stigma and discrimination existed towards key populations at risk for HIV and people living with HIV (PLHIV) and if so, to determine the levels of stigma and discrimination across several professions in these two fields. The key populations at risk for HIV include men who have sex with men, people who inject drugs and female sex workers.

The fieldwork was conducted from January to March 2019. It covered lawyers, judges, prosecutors, police investigators, professors at the faculties of law and social workers in the area of rule-of-law and doctors, nurses, other health workers (technical medical staff, pharmacists, dentists, etc.) and professors at departments of medicine in the area of medicine.

The findings of the survey were shared with the Program Advocacy Group (PAG) on its meeting of September 13, 2019. An absolute majority of the findings were validated in this meeting and the NGO Integra gave the members of PAG an opportunity to send written comments and/or feedback. Comments and interventions that were sent by PAG members regarding the findings and recommendations are incorporated.

The findings of the survey are reported below in details.

[4] Annual HIV/AIDS Report, National Institute of Public Health, Kosovo, 2018

Executive Summary

Stigma and discrimination are among the foremost barriers to access health, social and legal services. Therefore, it is important to establish a baseline and find out what undermines HIV prevention, treatment, and care efforts, what is the cause of fear to seek information and services to reduce the risk for infection, or enrollment into treatment and care.

The results of the survey show that the stigma and therefore discrimination towards the key populations at risk for HIV exists and is quite high among health hand rule-of-law professionals, in public sector. Within the contexts of their work above-mentioned professionals have had moderate levels of contact with key populations at risk for HIV and with PLHIV, some of them have also declared knowing a member of key populations at risk for HIV and/or PLHIV personally through friends or family ties. However, larger exposure and relations with key populations at risk for HIV and PLHIV were not completely effective in lowering stigma towards these populations, and almost every group of the sample has a certain level of stigma towards key populations at risk for HIV and PLHIV, in varying degrees.

Even though not completely stigma-free, the professionals from younger age-groups, in general, were slightly less likely to stigmatize and discriminate the members of key populations at risk for HIV through their work. Similarly, the professionals with higher levels of education compared to their other coworkers, were less likely to stigmatize and discriminate the members of key populations at risk for HIV. In like manner, professors of law and medicine were also less likely to stigmatize and discriminate the members of key populations at risk for HIV and PLHIV.

The professions that had the highest levels stigma were the police investigators, social workers, other health professionals, and nurses. On average, the members of these professions agreed with the negative statements about key populations at risk for HIV and PLHIV, more than the others.

Despite the fact that the majority of professionals from all fields declared that they were aware of legal obligations and regulations regarding service delivery to citizens, overall the survey showed that key populations at risk for HIV and PLHIV are widely stigmatized across all professions, and therefore are also discriminated.

Methodology

The survey adopted a quantitative methodology in order to measure the presence of stigma and discrimination of public professionals toward key populations. Within the context of quantitative methodology, the survey used a questionnaire as a measurement instrument. The questionnaire consisted of twenty-two questions, nine of which were demographic questions. The questionnaire included questions designed to measure behavior, opinions, perceptions, and knowledge of interviewed professionals.

Sampling Design

Measuring Stigma and Discrimination Towards Key populations at risk for HIV and PLHIV Survey questionnaire was implemented through face to face interviews.

Sample design was developed based on the sampling frame gathered. and calculated from the official records of the total number of workers of targeted professions.

Sample size calculations were conducted based on the following:

- The total number of doctors, nurses and other health personnel working in state institutions, as provided by the Ministry of Health and Ministry of Public Administration
- The total number of judges, prosecutors, police investigators and lawyers throughout Kosovo, as provided by the data from the Ministry of Justice, Kosova Judicial Council, State Prosecutors Office, Kosovo Police, and Kosovo Bar Association
- The total number of social workers, as provided by the data from the Ministry of Labor and Social Welfare
- The total number of law and medicine professors in official public and private universities of Kosovo.

Sample size and distribution were done in proportion to the total numbers of workers for every relevant municipality, in order to be representative of the total populations of the targeted institutions. The study has been conducted Kosovo-wide.

Consequently, representative estimates were derived for:

- Out of all following professions:
  - Rule of law
    - Lawyers
    - Judges
    - Prosecutors
    - Police Investigators
    - Professors at the faculties of law (educative workers on law/legal subjects)
    - Social workers
  - Health
    - Doctors
    - Nurses
    - Other health workers (laboratory technician, pharmacists, technical staff, dentists, etc.)
    - Professors at the medical faculties (educative workers on health subjects)
- In each of the seven regions of Kosovo
- Ethnic composition distribution levels for each municipality

Confidence level for all population estimates with a sample size *n* (714) is **95%**.

The margin of error for all population estimates with a sample size *n* (714) is **5%.**

Below is the overall demographic and regional distribution information of the final sample:

Table 1. Sample frame of the survey

Professions	Serbian speaking workers	Albanian speaking workers	Total
Doctors	9	86	95
Nurses	20	205	225
Other healthcare professionals	5	50	55
Medicine professors	2	15	17
Lawyers	11	95	106
Police Investigators	8	76	84
Prosecutors	2	19	21
Judges	4	38	42
Law professors	2	17	19
Social workers	5	45	50
Total	**68**	**646**	**714**

Questionnaire Design

The Measuring Stigma and Discrimination Towards Key populations at risk for HIV and PLHIV Survey used a comprehensive multi-topic survey instrument to estimate the institution workers' perceptions, attitudes, and knowledge regarding the possible stigma towards key populations at risk for HIV and people living with HIV and meet the other objectives of the survey. The questionnaire design drew on relevant international best practices[5][6][7] and from UBO Consulting's longstanding experience with the perception measurement instrument design, tailored to Kosovo's context, with a focus on linking with previous surveys in the country and improving existing and future methodologies.

Enumeration

The fieldwork process started on 15th of January, 2019 and was officially completed by the end of the day on 5th March, 2019. The response rate of the survey was calculated as 51%.

[5] Nyblade, L., Jain, A., Benkirane, M., Li, L., Lohiniva, A. L., McLean, R., … Thomas, W. (2013). A brief, standardized tool for measuring HIV-related stigma among health facility staff: results of field testing in China, Dominica, Egypt, Kenya, Puerto Rico and St. Christopher & Nevis. Journal of the International AIDS Society, 16(3 Suppl 2), 18718. doi:10.7448/IAS.16.3.18718

[6] Jain, A., D. Carr, and L. Nyblade. 2015. Measuring HIV Stigma and Discrimination Among Health Facility Staff: Standardized Brief Questionnaire User Guide. Washington, DC: Futures Group, Health Policy Project.

[7] People Living with HIV Stigma Index, 2018. UNAIDS, ICW Global, Global Network of People Living with HIV

Main Results

Key Demographics of the Survey Participants

Below is the key demographic composition of surveyed professionals for this study.

Table 2. Demographic distribution

Regional Composition	
Prishtina	40%
Mitrovica	15%
Prizren	14%
Peja	8%
Ferizaj	7%
Gjakova	8%
Gjilan	7%
Sex Distribution	
Male	51%
Female	49%
Educational Composition	
Primary school or less	0%
High school graduate	24%
University degree	47%
Master's or Doctorate degree	26%
Monthly income composition	
Less than 100€	0%
Between 100€ and 300€	2%
Between 300€ and 500€	24%
Between 500€ and 1,000€	34%
More than 1,000€	22%
Refuse to answer	19%
Ethnicity Distribution	
K-Albanian	88%
K-Serbian	10%
K-Bosnian	1%
K-Turk	1%
Religion	
Religious	64%
Non-religious	14%
Would rather not disclose	22%

Sector	
Health	54%
Rule of law	46%
Specified Professions	
Doctor	24%
Nurse	57%
Other health worker	15%
Professor of medicine	4%
Police investigator	24%
Judge	12%
Lawyer	35%
Prosecutor	7%
Social worker	16%
Professor of law	6%
Years of experience in the current job	
Mean	14
Minimum	1
Maximum	42
Age distribution of the sample	
18-24	4%
24-34	20%
35-44	31%
45-54	24%
55+	21%

Contact with key populations at risk for HIV

Participants of this survey were asked if they ever received training in following topics, which are the focus of this study. As displayed in the graph below, 37% of respondents received training in “infection control and universal precautions”, 35% received training in “HIV stigma discrimination”, 20% in “basic rights of key populations at risk for HIV” and another 15% received training in “key population stigma and discrimination”. On contrary to this, a large part of respondents (38%) did not receive training in any of the above-mentioned topics.

The disaggregation of data into fields reveals that the rule-of-law area is shown to be less trained in these topics where more than half (52%) of respondents of this field did not receive any of above listed trainings. In addition, a quarter of respondents from health areas did not receive training, as well. In general, it is noted that health workers who participated in the survey are mostly trained in “infection control and universal precautions” and in “HIV stigma and discrimination”, rather than trainings on legal rights of key populations and PLHIV.

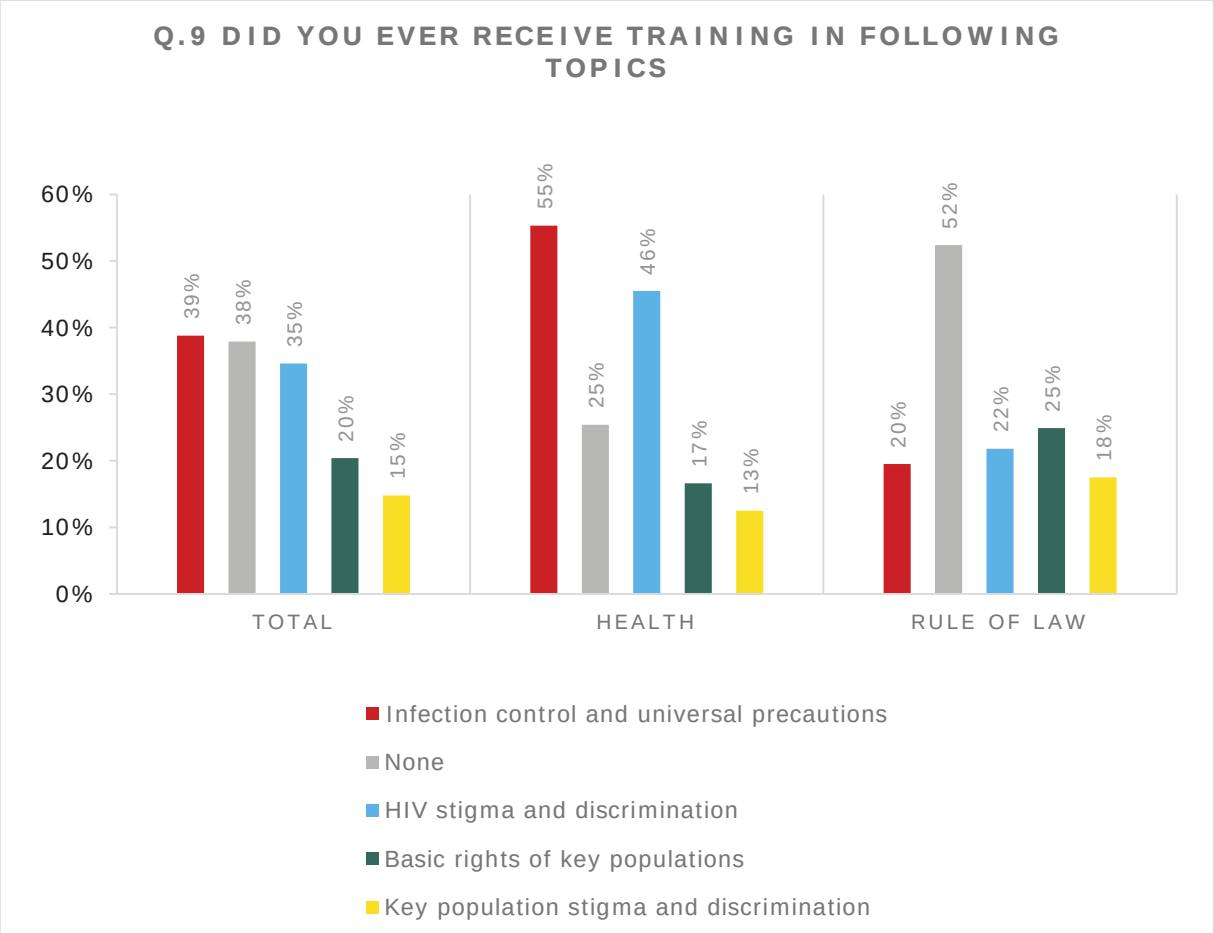

Figure 1. Training received in the listed topics, disaggregated based on fields

When asked if services were offered to persons from key populations at risk for HIV when seen in their work facilities in the past 12 months, more than half of respondents answered negatively. People who inject drugs are more often to be offered services from respondents (39%), followed by female sex workers (17%), people living with HIV (11%) and men who have sex with men (7%).

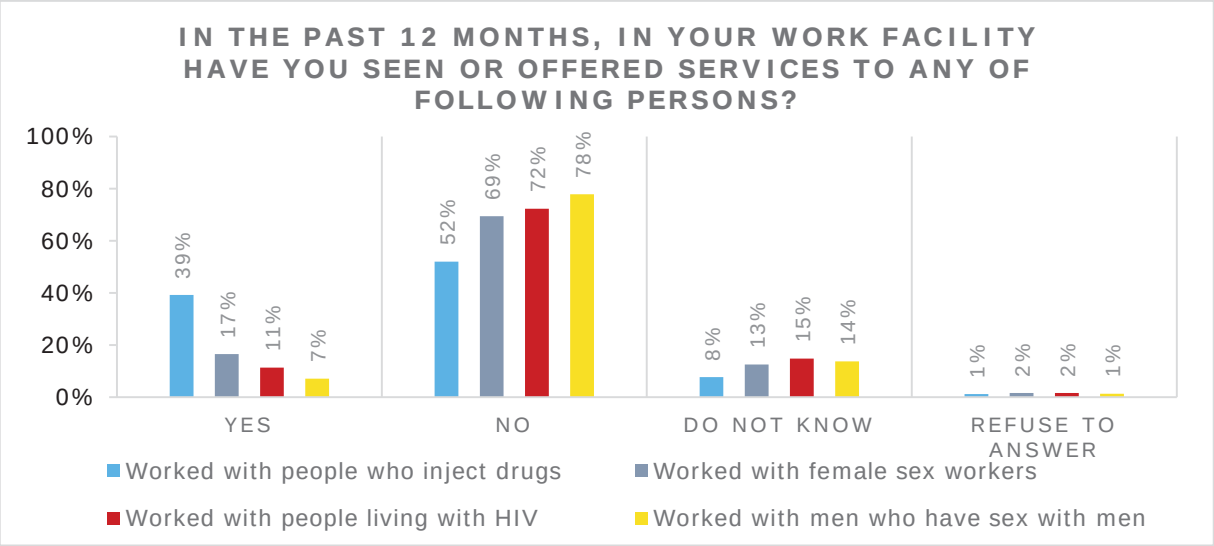

Figure 2. Q10) Services offered to following persons in the past 12 months

In comparison between health workers and workers in rule-of-law area, as seen in the graph below, respondents from the rule-of-law areas have had a higher chance to see or offer services to PWID (43%), FSW (21%) or MSM (9%). On the other hand, health workers have had the chance to see/offer services to people living with HIV in a slightly higher percentage (14%) than the participants of the survey from rule-of-law areas (8%).

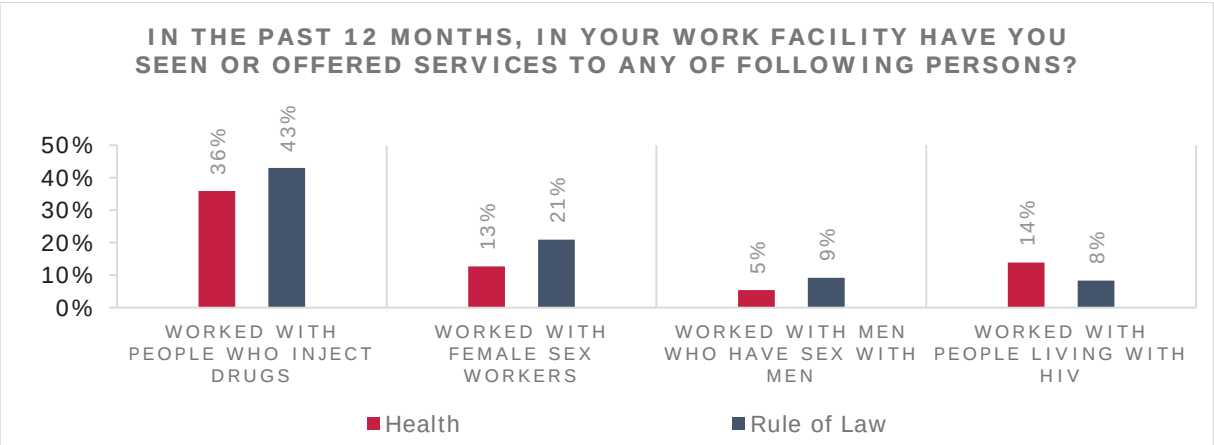

Figure 3. Q10) Services offered to following persons in the past 12 months, disaggregated based on fields

The graph below shows that a high proportion of respondents does not know a friend or family member who lives with HIV (77%), that is a female sex worker (78%), a man who has sex with men (79%) or a person who injects drugs (69%). It is notable that participants of this survey know more PWID (10%) compared to other key populations at risk for HIV or PLHIV.

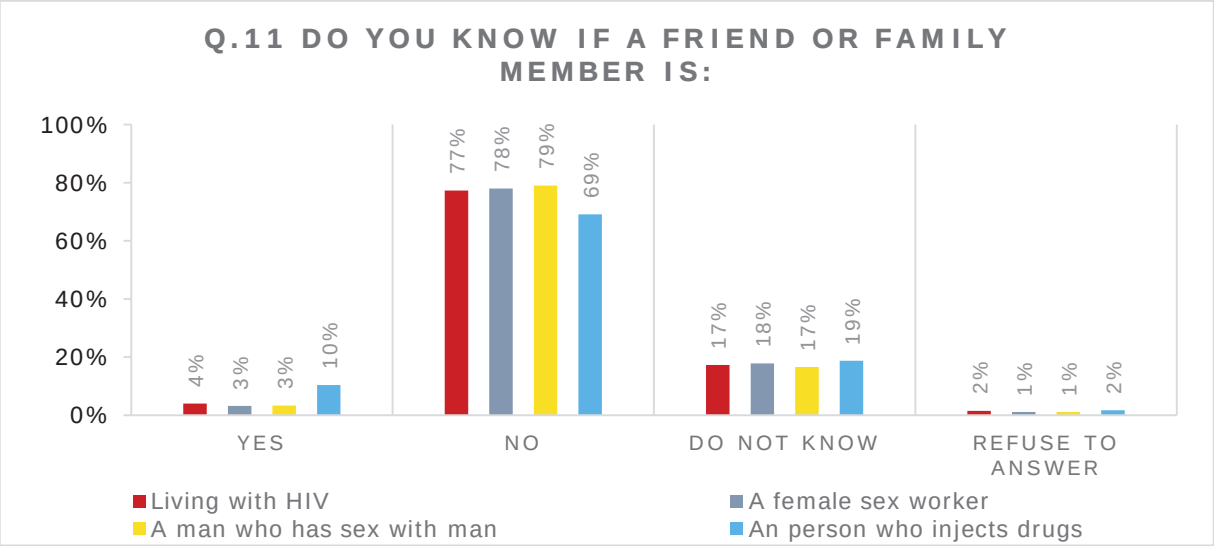

Figure 4. Q11) Familiarity with key populations at risk for HIV

Further disaggregation based on respondents' age-group shows that younger workers have higher tendency to disclose having friends or family members among these key populations at risk for HIV, than older workers who claim in very low percentages that they know members of these key populations at risk for HIV.

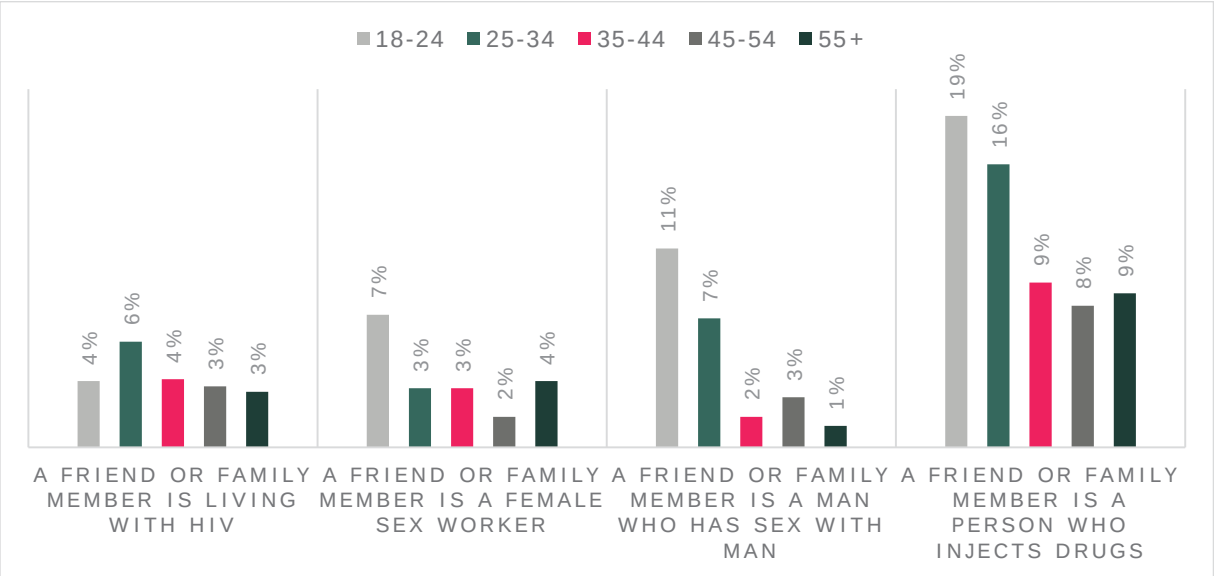

Figure 5. Q11) Familiarity with key populations at risk for HIV, disaggregated by age

Survey participants who declared that they do not know anyone from key populations at risk for HIV in their friends' or family circles were asked a follow-up question, whether they would befriend a person from a key population. The results of this question are shown in the graph below. It can be noted that nearly half (48%) of respondents claimed that they would not socialize with PWID, half of the participants (50%) declare that they would not socialize with men who have sex with men, slightly more than half (51%) would not socialize with female sex workers and 39% asserted that they would not socialize with a person living with HIV. Participants of the survey are reported to be a little more open to socializing or being friends with persons living with HIV (23%), comparing to other groups, which are the focus of this study.

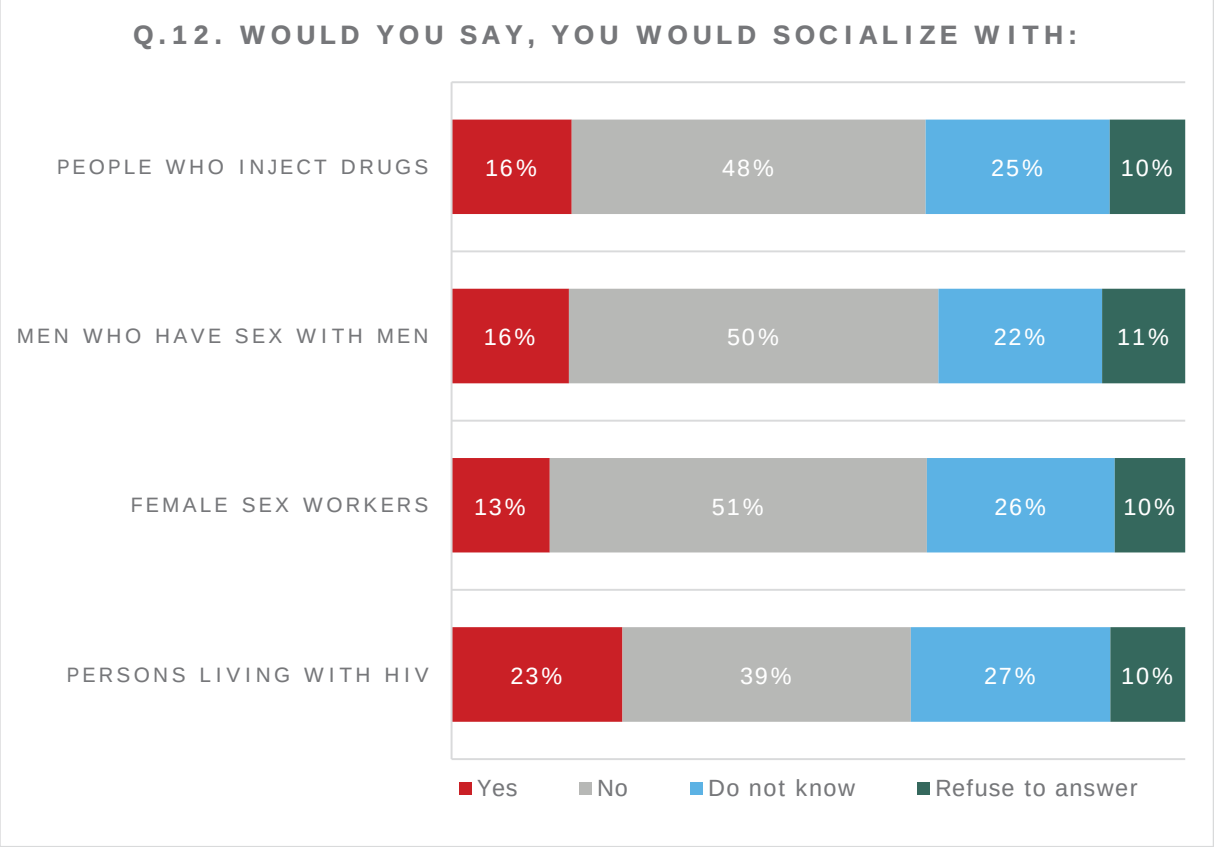

Figure 6. Willingness to befriend members from key populations at risk for HIV and PLHIV

Reviewing survey results further, the graph below illustrates differences of opinions for this question among two major fields the survey focused on. It can be seen that

persons living with HIV are more likely to socialize with both groups, whereas female sex workers and men who have sex with men are less likely to be socialized or befriended by both rule-of-law professionals and health professionals. However, the results show that while 21% of the rule-of-law workers say that they would socialize with or befriend a sex worker, 12% of the health workers say the same. Similarly, while one-fifth of the rule-of-law workers say they would socialize with or befriend an injection drug user, 14% of health workers declare the same opinion.

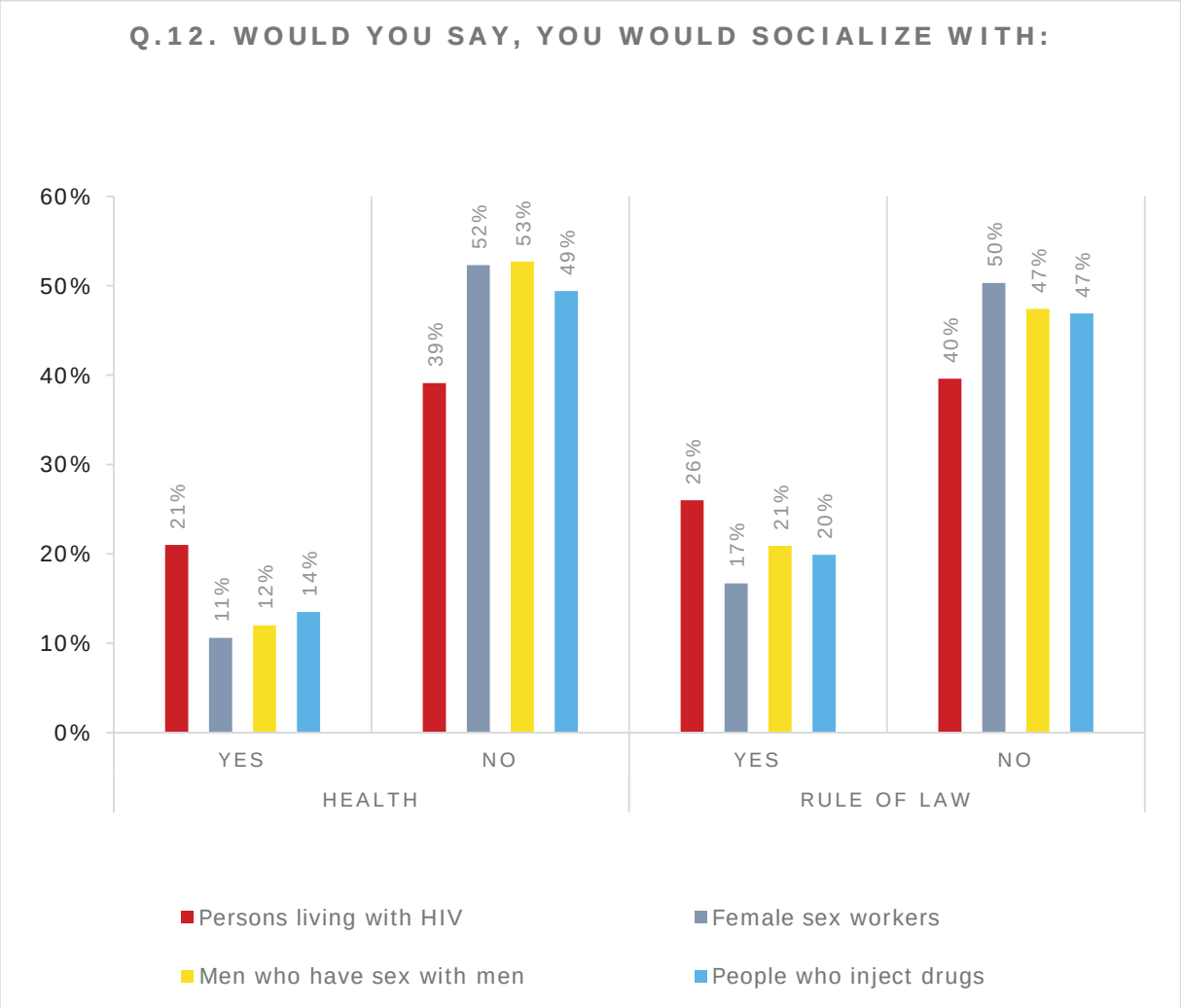

Figure 7. Willingness to befriend key populations at risk for HIV, disaggregated by fields of work

Further, disaggregation of the above-stated question based on religious views declared, shows that the number of non-religious people who would socialize with

these groups is more than twice higher than number of respondents with religious beliefs.

Slightly less than half of non-religious respondents would socialize with persons living with HIV, compared to one-fifth of religious respondents who would socialize with persons living with HIV. A similar situation is seen with other groups as well, with special emphasis in people who inject drugs, where 30% of non-religious participants would socialize with them, in comparison with 13% of religious respondents who declare the same.

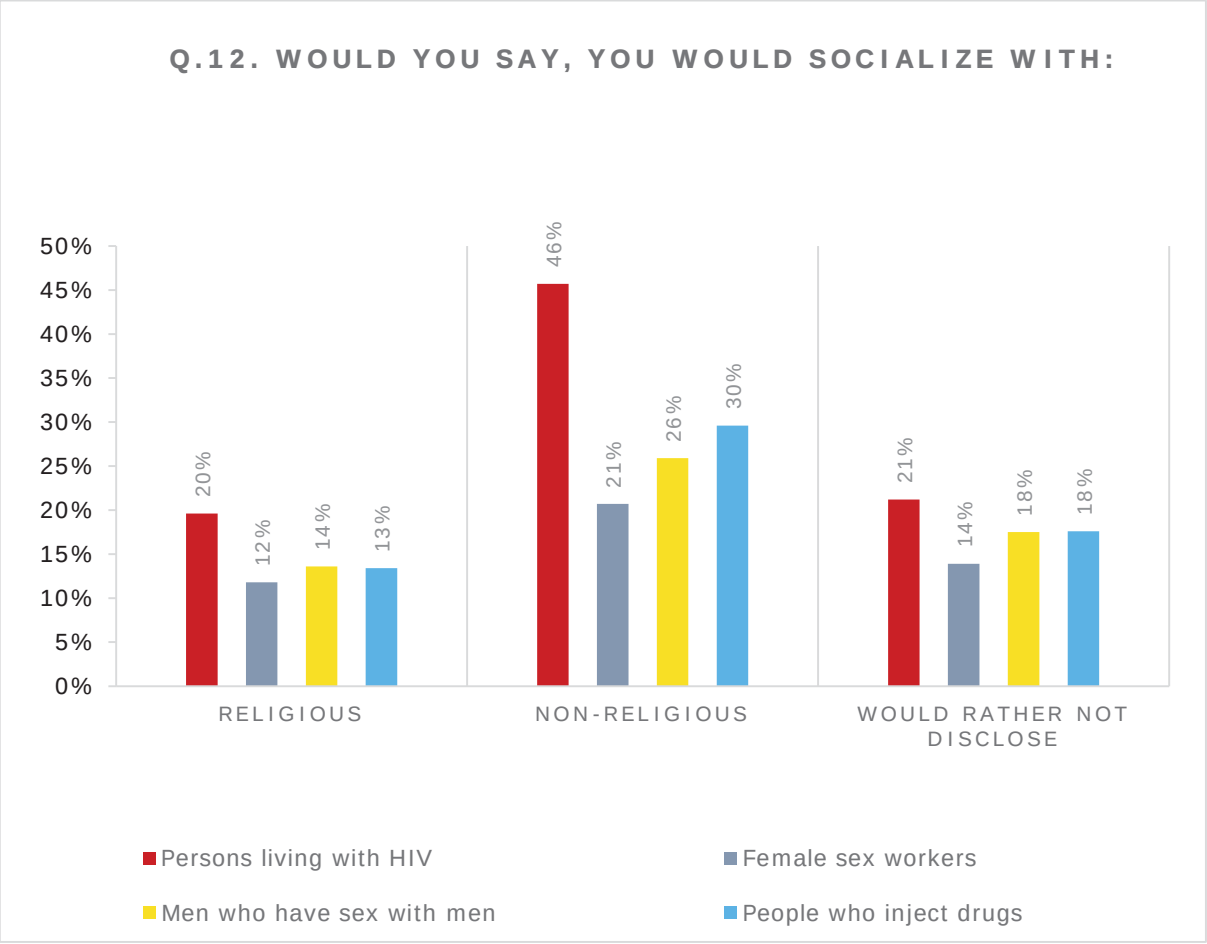

Figure 8. Willingness to befriend key populations at risk for HIV, disaggregated by declared religious beliefs

While the number of Kosovo Albanians who would socialize or be friends with persons living with HIV (26%), sex workers (15%), men who have sex with men (18%) and people who inject drugs (19%) is very low, for Kosovo Serbs, this number is even lower. Only three percent of Kosovo Serb respondents declare they would socialize with a person living with HIV, two percent would socialize with sex workers, two

percent reveal that they would socialize with men who have sex with men and none of Kosovo Serbs respondents replied that they would socialize with a person who injects drugs.

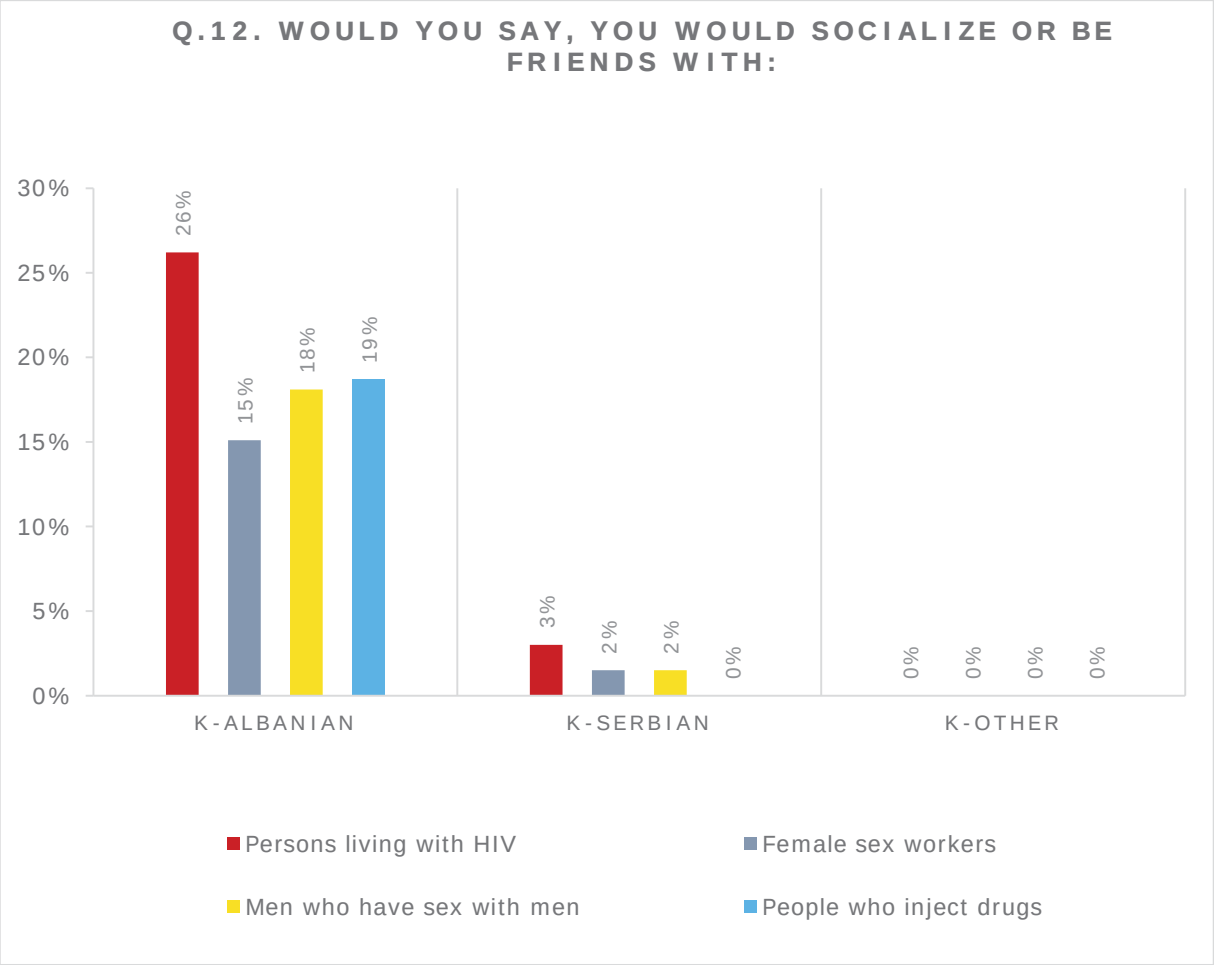

Figure 9. Willingness to befriend key populations at risk for HIV, disaggregated by ethnicity

Offering services to key populations at risk for HIV

This chapter focuses on the existing and potential attitudes and approach of the health workers and rule-of-law workers when they have to offer services to key populations at risk for HIV.

Survey participants who responded positively in having seen or offered services to one of key populations at risk for HIV in the last 12 months, were asked to share how they felt about meeting a person from the key population and/or PLHIV within the context of their work.

Slightly less than half of respondents (48%) declared they did not feel anything particularly different from other people they offered services, thirty percent said they felt bad for them, eight percent of the respondents felt particularly uncomfortable, and finally four percent felt they were not well equipped professionally, in order to serve them.

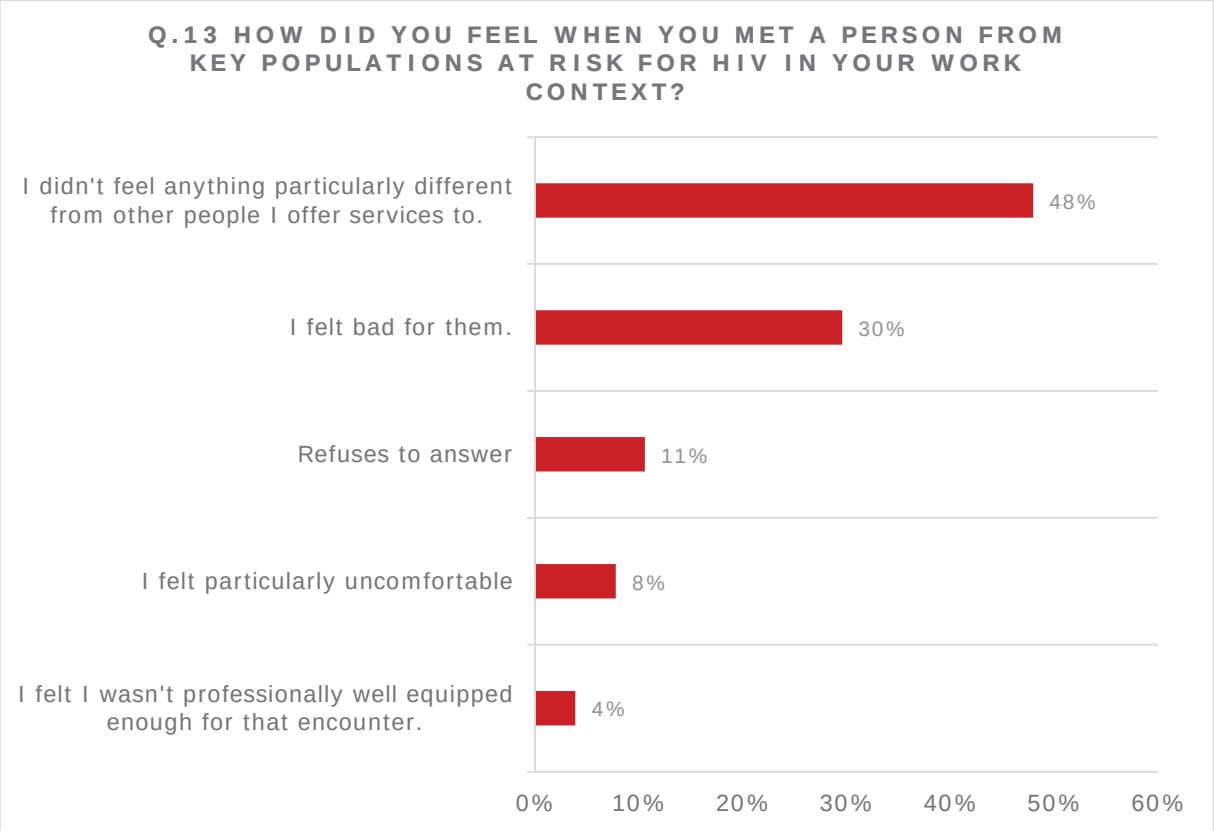

Figure 10. Q13) Feelings about meeting a person from key populations at risk for HIV

The graph below depicts the reaction of respondents when they had to offer services to key populations. A greater part of the respondents (82%) have offered required

services, while four percent delayed offering services to key populations at risk for HIV and PLHIV, two percent referred them to another colleague and finally, one percent of the total sample of professionals declared that they had preferred not to offer any services. Even though one percent might be considered a small percentage, the results show that there are public professionals within the health and rule-of-law fields who refuse to offer services because of their discriminative views regarding key populations at risk for HIV.

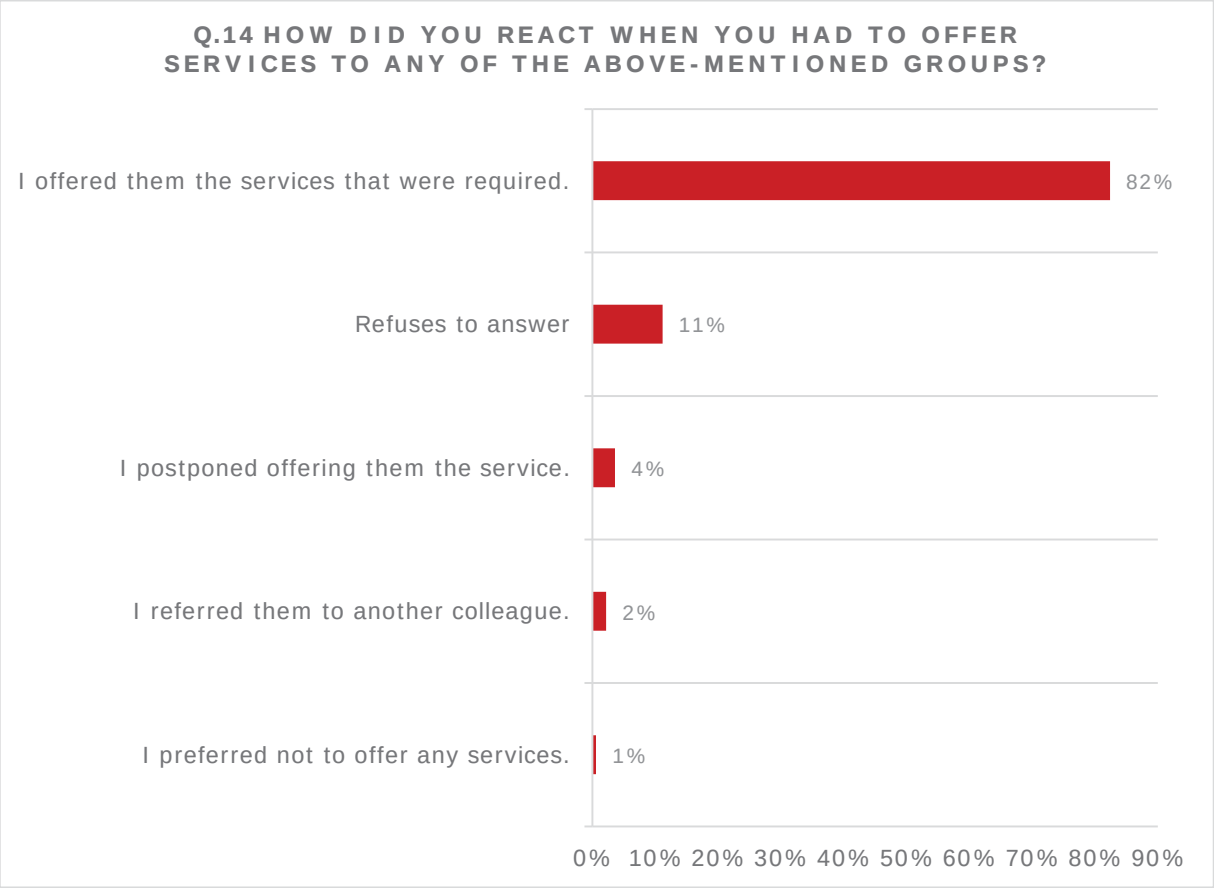

Figure 11. Q14) Respondents' reaction when they had to offer services to key populations at risk for HIV and PLHIV

In the following graph are presented statements about the respondents' point of view regarding offering services to these key population groups. The percentage of respondents who agree with discriminative statements is concerning. Roughly a quarter of survey participants claim that they would not mind disclosing one's status without consent, exactly a quarter of them state that they would share what they

know about key population members with their family or friends, while 39% point out that they would share personal information of key population members with their co-workers. Furthermore, almost one-fourth of respondents (24%) state they would feel worried when offering services to members of key populations at risk for HIV, while more than one fourth (27%) would feel unprepared to offer services to one of the persons from the above-mentioned groups.

The analysis of results indicates that one third of participants of this study would feel uncomfortable dealing with PWID at work, twenty-seven percent would feel uncomfortable to deal with LGBTQI members, eight percent would feel uncomfortable to have to offer services to persons living with HIV and twenty-eight percent would feel uncomfortable to offer services to female sex workers.

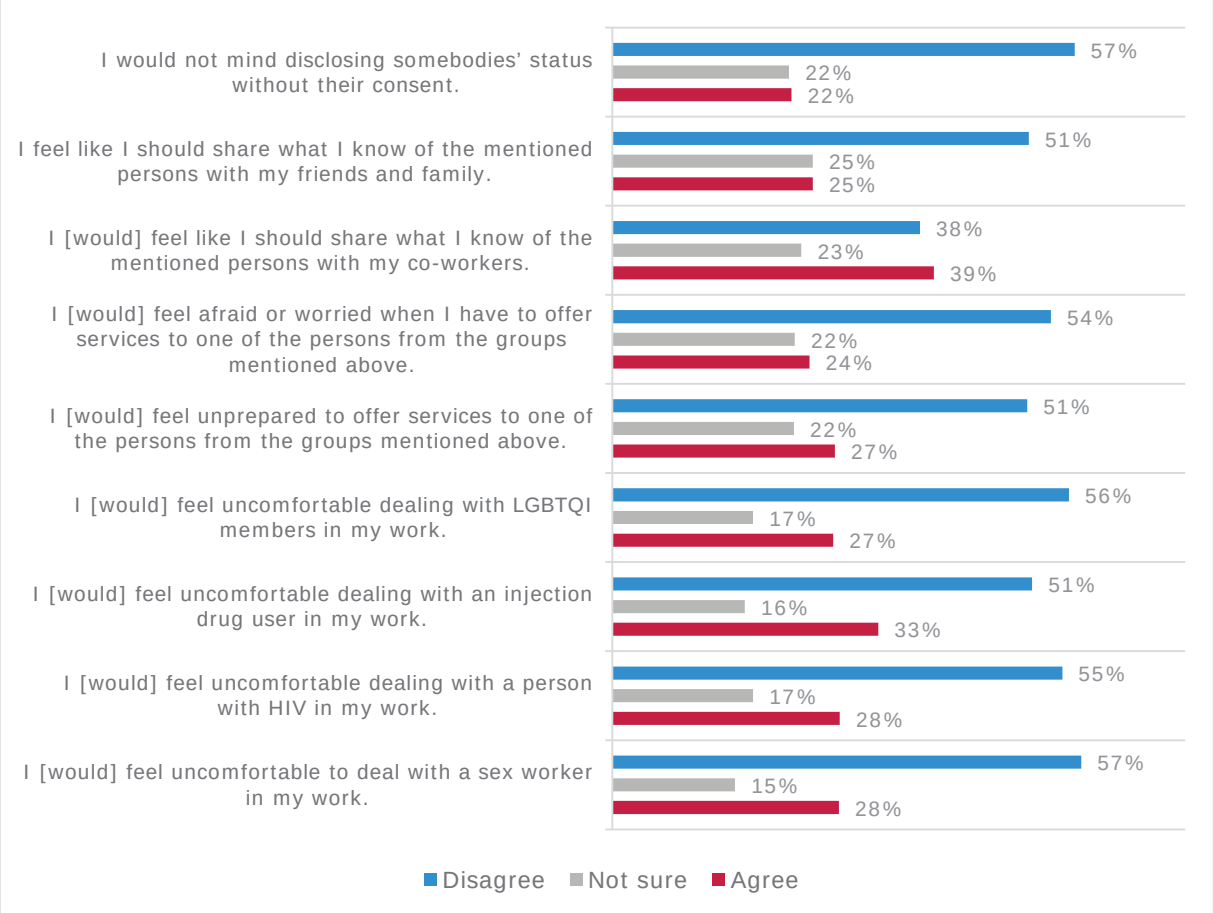

Figure 12. Q15) Do you agree or disagree with the following statements

Attitude and opinions of the workers while offering services to PLHIV

Medical procedures when dealing with infections certainly have their own rules of caution that the health professionals have to adhere to. However, when influenced by the general discourse that is discriminative towards key populations at risk for HIV

and PLHIV, people who offer services very often chose to implement additional unnecessary steps of caution. Bearing in mind that these steps are considered unnecessary by Universal Precautions [8] [9], the essential point of influence for such extra steps then becomes the prejudice and discrimination itself.

Considering this situation, the survey instrument designed a series of questions to measure the level of stigma deriving from this widely encountered actions.

All survey respondents (both rule-of-law workers and health workers) were asked to specify if they would be worried in case of encountering two of the listed situations. The answers allowed the practitioners to select the options saying they would not be worried; they would be a little worried and they would be worried. Additionally, they had the option to refuse to answer the question.

It can be observed in the graph below, that forty percent of practitioners from both fields said that they would not be worried if they touched the clothing of a person living with HIV. However, almost one-third of practitioners from both fields declared that they would be worried about such an instance. The right side of the graph illustrates the answers for the second statement, where fifty-eight percent of practitioners from both fields stated they would be worried in case they came into contact with the saliva of a person living with HIV.

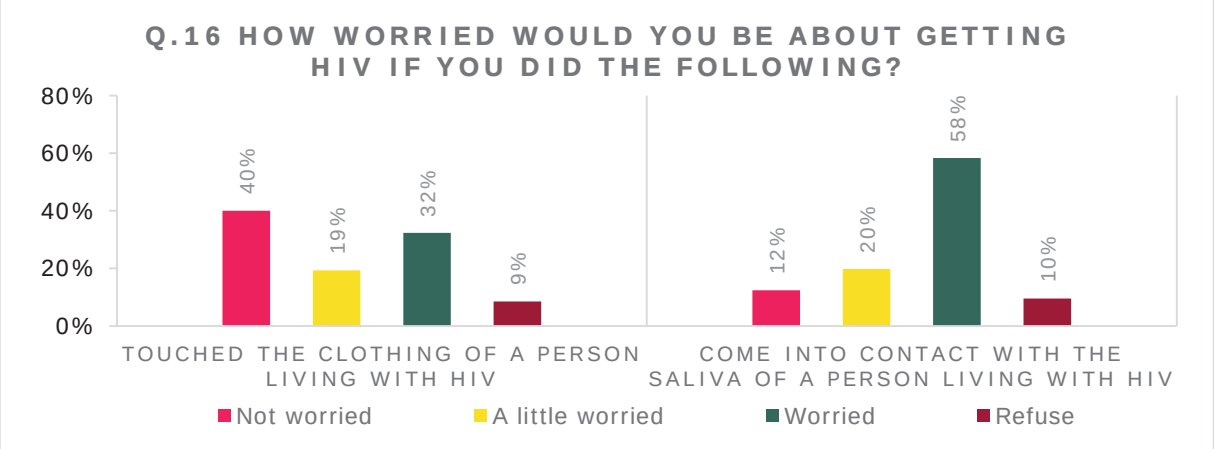

Figure 13. Q16) Levels of declared worry in encountering certain situations in the workplace regarding the key populations at risk for HIV (results for the whole sample population)

[8] Broussard IM, Kahwaji CI. Universal Precautions. [Updated 2019 Mar 16]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2019 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK470223/
[9] CDC. Universal precautions for prevention of transmission of human immunodeficiency virus, hepatitis B virus, and other bloodborne pathogens in health-care settings. MMWR Morb Mortal Wkly Rep 1988;37(24):377-82, 87–8.

Health workers had an additional three statements in this question. The graph below shows that more than half of the health workers would feel worried if they dressed or touched the wounds or if they drew blood of a person living with HIV.

Additionally, the graph demonstrates that while forty-two percent of health workers have declared that they would not feel worried if they had to measure the temperature of a patient living with HIV, in contrary, almost one-third of health workers said they would feel worried in such situation.

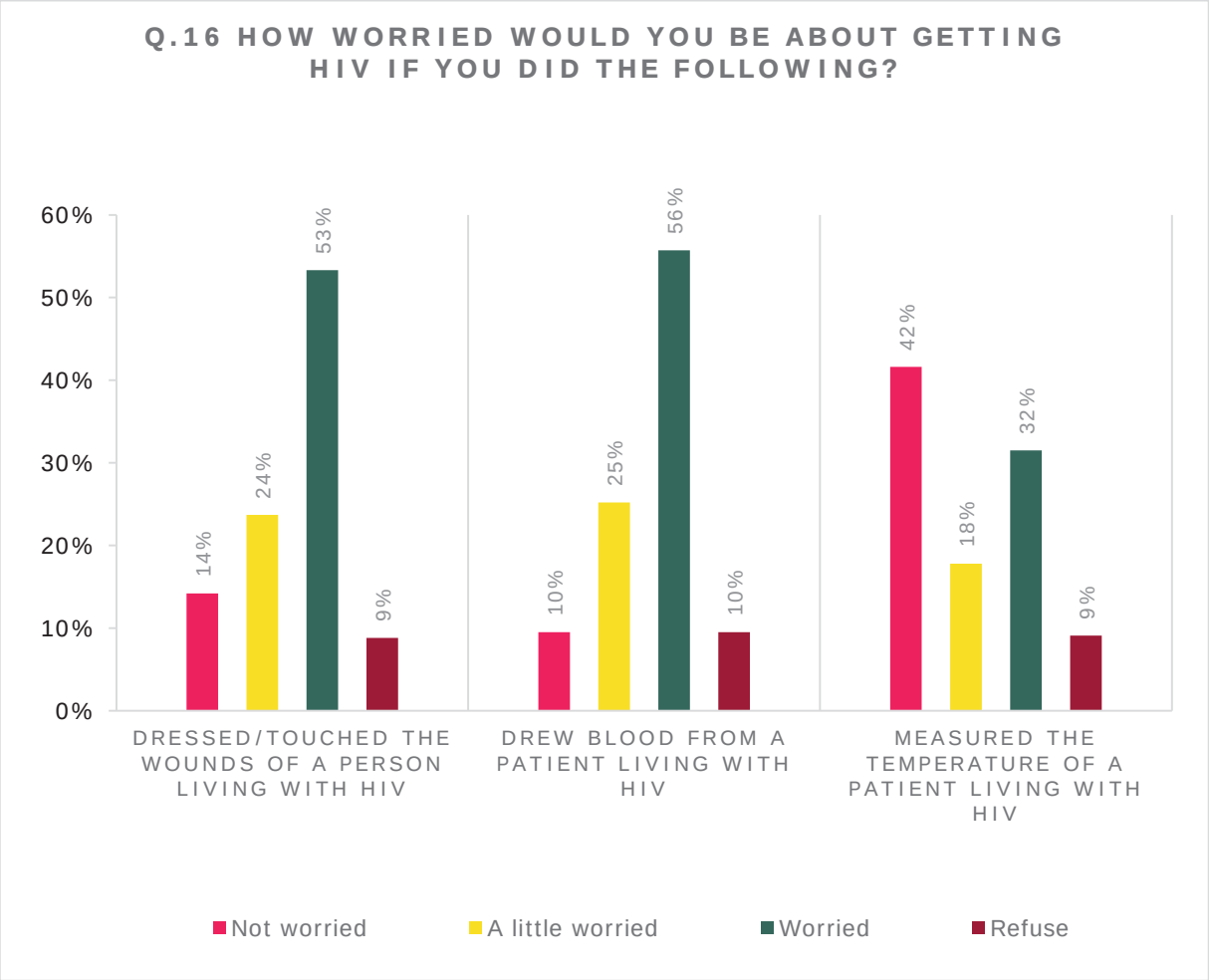

Figure 14.Q16) Levels of declared worry in encountering certain situations in the workplace regarding the key populations at risk for HIV (results for the health professionals only)

The overall assumption of this question was that health workers having the necessary knowledge and training would determine correctly the cases that should not provoke any worry. After collecting the general overview, the results were investigated further

to see if there were any differences among health practitioners regarding all five of the following statements.

The graph below exhibits the levels of "worry" in case of encountering the situation in the statement. It can be easily distinguished that professors of medicine have the lowest levels of "worry" in all five situations. On the other hand, other health practitioners such as dentists, lab technicians, medical clerks, medical technicians, etc. and nurses have declared the highest levels of worry in encountering such situations.

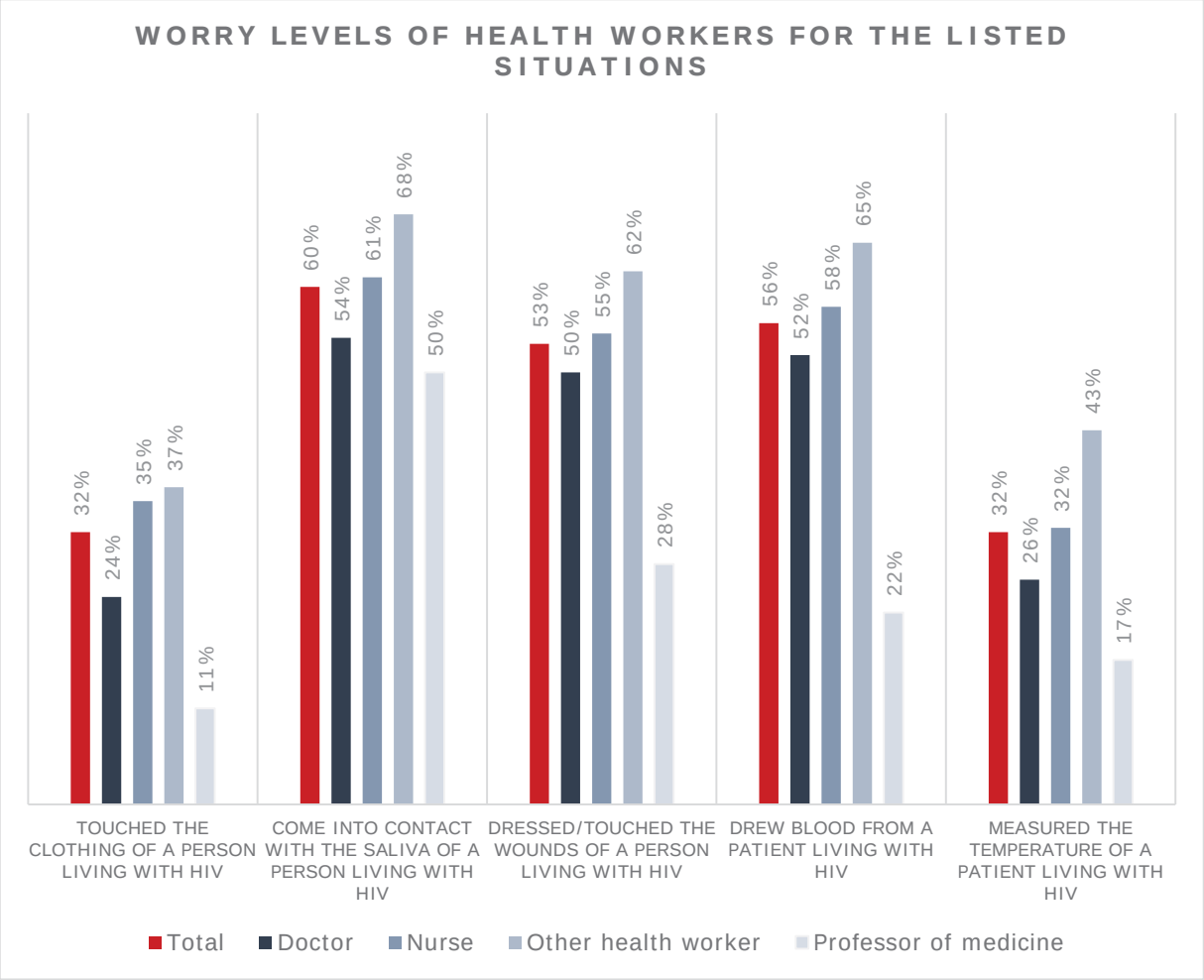

Figure 15. Q16) Levels of declared worry in encountering certain situations in the workplace regarding the key populations at risk for HIV (results for the health professionals disaggregated based on profession)

Similar to the previous question, the questionnaire listed two measures and asked both groups of practitioners whether one should use them or not when they would offer services to a member of the key populations at risk for HIV. More than half of the practitioners from both fields said that there was no need to avoid physical

contact, however, thirty percent were in the opinion that physical contact with a member of key populations at risk for HIV should be avoided. Secondly, sixty-one percent of workers from both groups stated that a pair of gloves or double gloves should be worn when offering services to members of key population, whereas only a quarter of them said there was no need for such a measure.

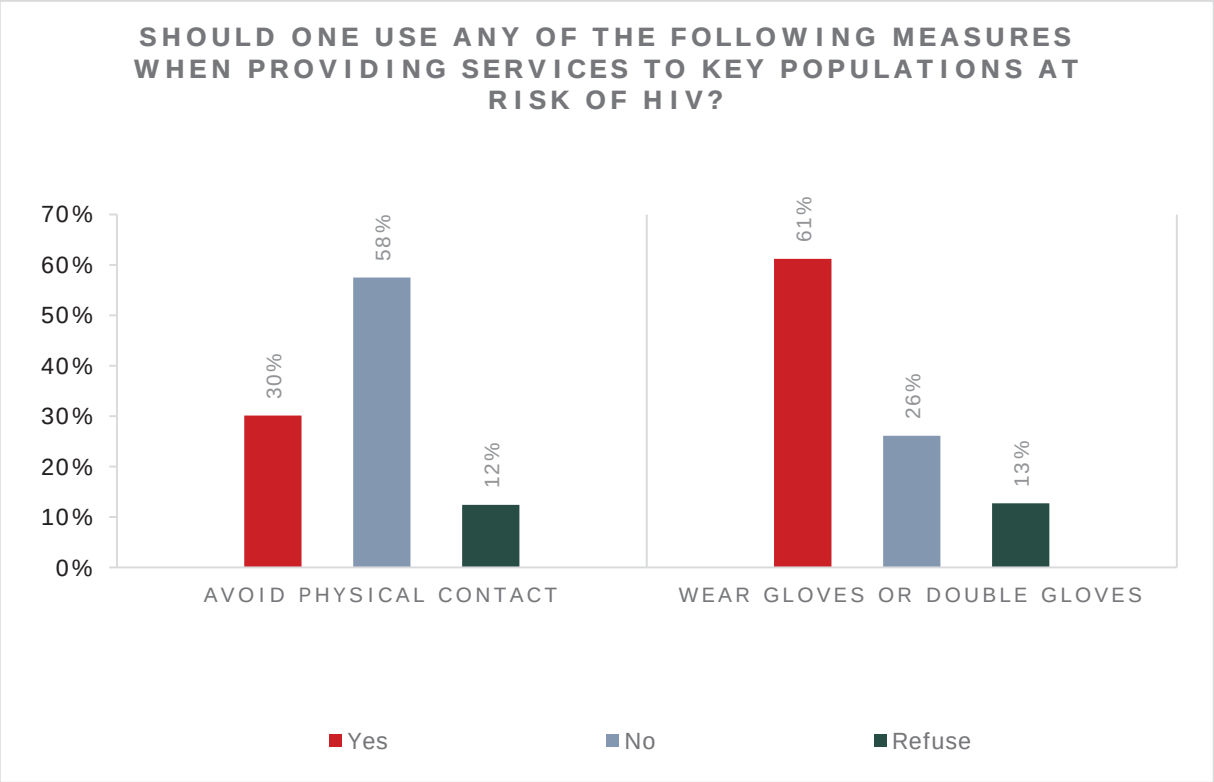

Figure 16. Q17) Opinion on using the listed measures when offering services to key populations at risk for HIV (results for the whole population)

The responses to the proposed statements were investigated further to identify the variance between two different groups of workers. The graph below displays the answers of the rule-of-law and health workers separately, who stated the suggested measures should be taken when providing services to a member of key populations. The results show that one in three rule-of-law workers are in the opinion that physical contact should be avoided when offering services to key populations at risk for HIV and twenty-eight percent of health workers think the same.

Secondly, considering that health workers are expected to and in general work with gloves on, seventy-seven percent of them said gloves or double gloves should be worn when offering services to key populations at risk for HIV. On the other hand, as high as 43% of rule-of-law the rule-of-law workers said that gloves or double gloves should be worn as a measure when offering services to key populations at risk for HIV.

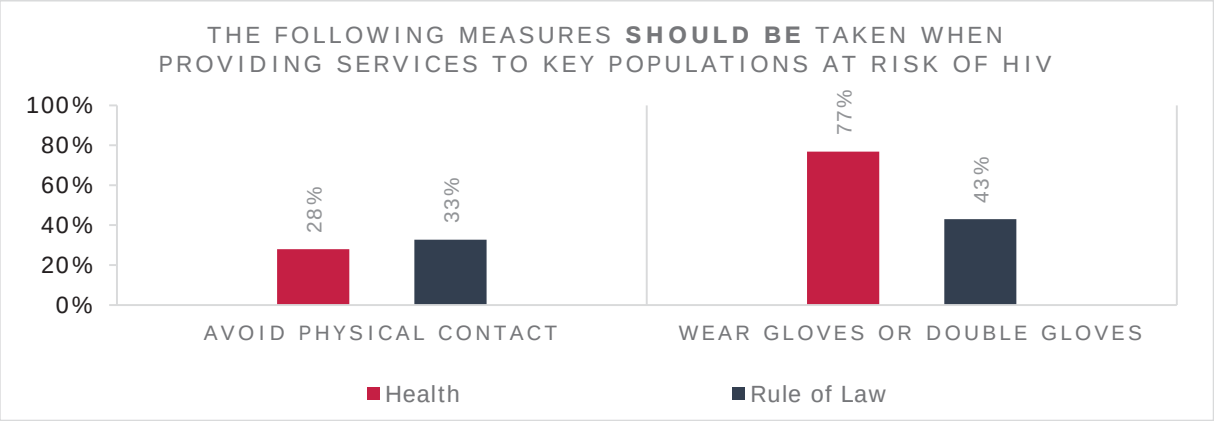

Figure 17. Percentages of health and rule-of-law workers that express that these measures should be taken while providing services to key populations at risk for HIV

Additionally, health workers were asked if they should follow three other measures when offering services to key populations at risk for HIV particularly. A high majority (82%) of the health workers say that gloves should be worn during all aspects of the patients care when offering services to key populations at risk for HIV. Three-quarters of the health workers said a specific infection control measure should be used while offering services to key populations at risk for HIV and as high as forty percent of them agree that a blood test without consent should be made of the person that they might suspect having HIV.

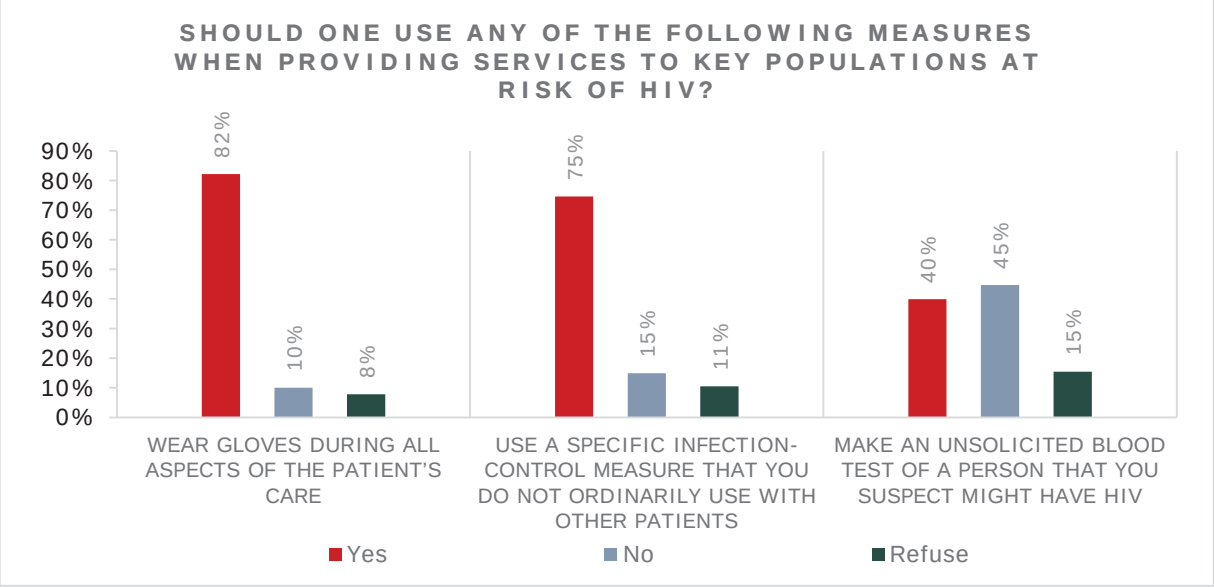

Figure 18. Q17) Opinion on using the listed measures when offering services to key populations at risk for HIV (results only for the health workers)

Cross-examining the results among different professions in the health area shows that professors of medicine agree less with the suggested measures as compared to the other groups.

It can be viewed in the graph below that the doctors, nurses and other health workers think that listed measures should be taken when offering services to key populations at risk for HIV, at higher rates.

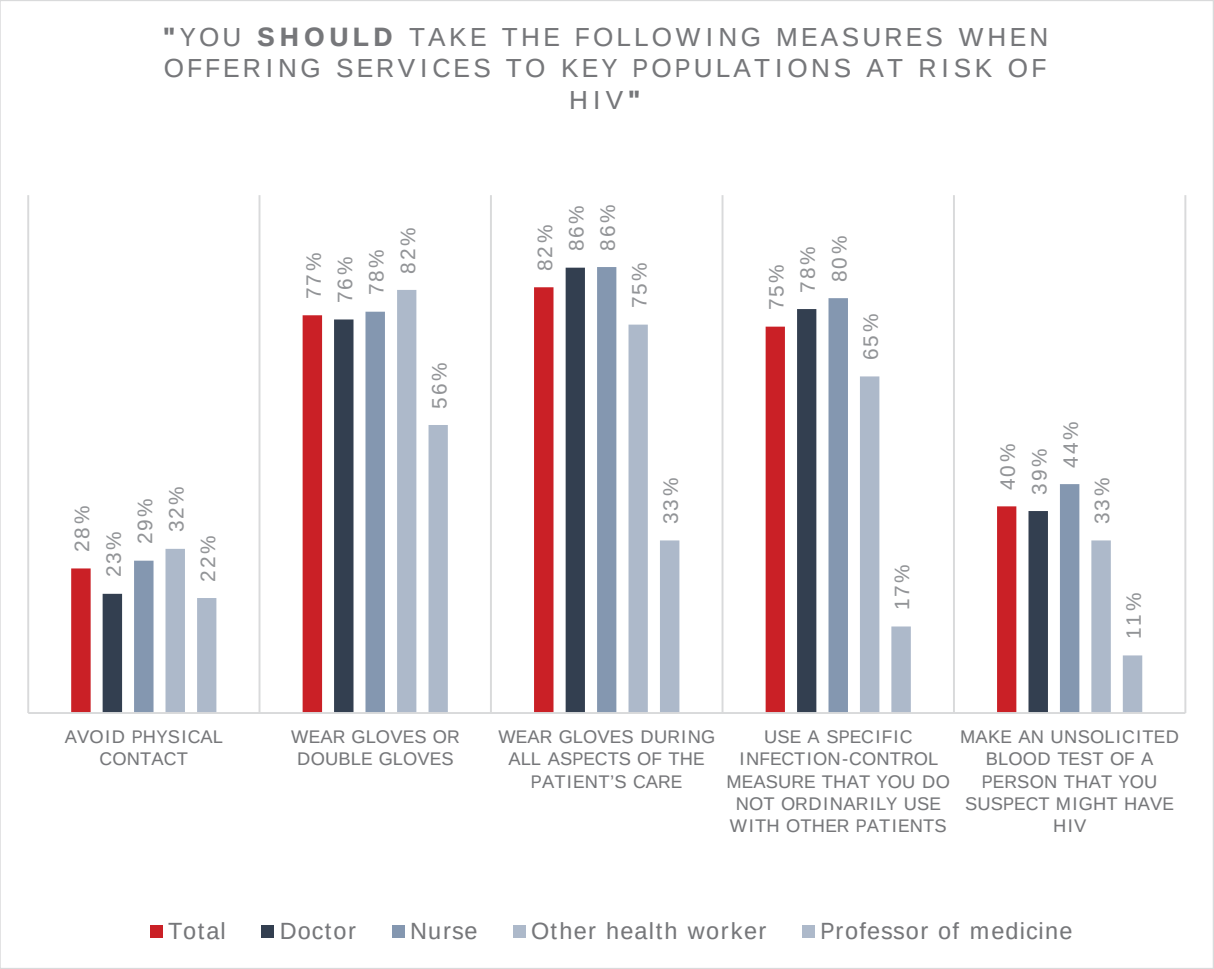

Figure 19. Percentages of health professions that express that these measures should be taken while providing services to key populations at risk for HIV

Measuring the stigmatizing opinions of professionals

This chapter details the perceptions and opinions towards key populations at risk for HIV rather than quantified attitudes. This is measured through offering a list of positive, neutral and negative statements to the respondents and asking them whether they agree or disagree with the statement.

The graph below shows four negative statements and three positive or neutral statements with the agreeing levels for all of them. Essentially, the high levels of agreement with the negative statements and the high levels of disagreement with the positive statements are indicators of stigma. In this case, large numbers of practitioners from both groups did not agree with the negative statements.

Nevertheless, the levels of stigma are also considered high. The graph below discloses the answers to all workers who participated in the survey. There was no statistically significant difference in the answers of health workers and rule-of-law workers for any of listed statements. It can be observed that twenty-six percent of respondents are in the opinion that LGBTQI members and men who have sex with men are overprotected by the government. Additionally, twenty-three percent of respondents say that they would be ashamed if someone in their family would have HIV, and the same number of participants think that people living with HIV are overprotected by the government. One in four of respondents think that people who inject drugs and sex workers are overprotected by the government.

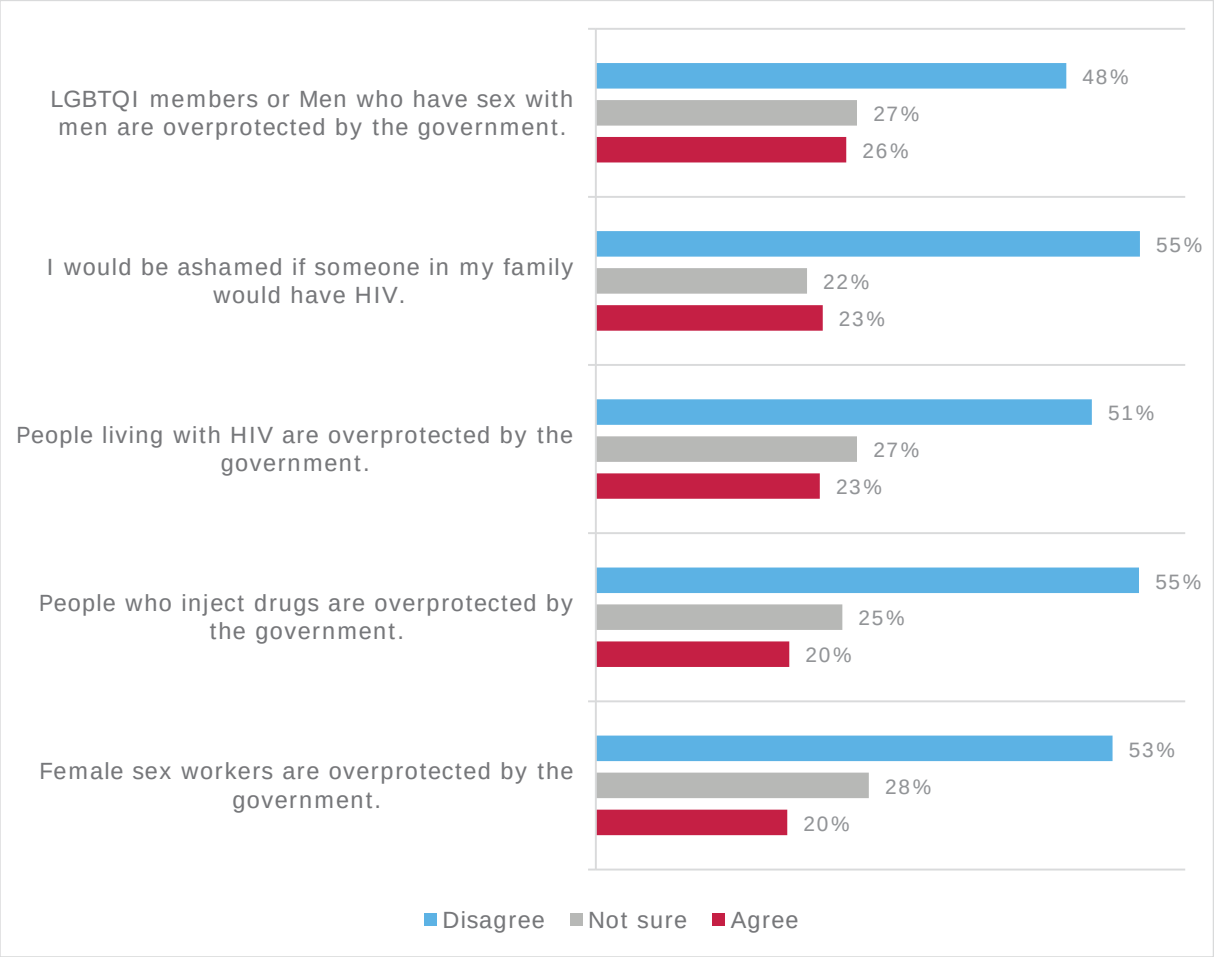

Figure 20. List of negative statements and levels of agreement with them among the entire survey population

The second graph below shows the agreement levels with neutral or positive statements shown to survey participants. The preponderance of respondents (83%)

agree that everyone should have equal access to health, education, security and other services that the state offers.

Moreover, seventy-eight percent of participants say that they understand other people's decisions and differences in life and respect that. Finally, slightly less than a quarter of participants declare being a victim of discrimination themselves, at some point in their lives.

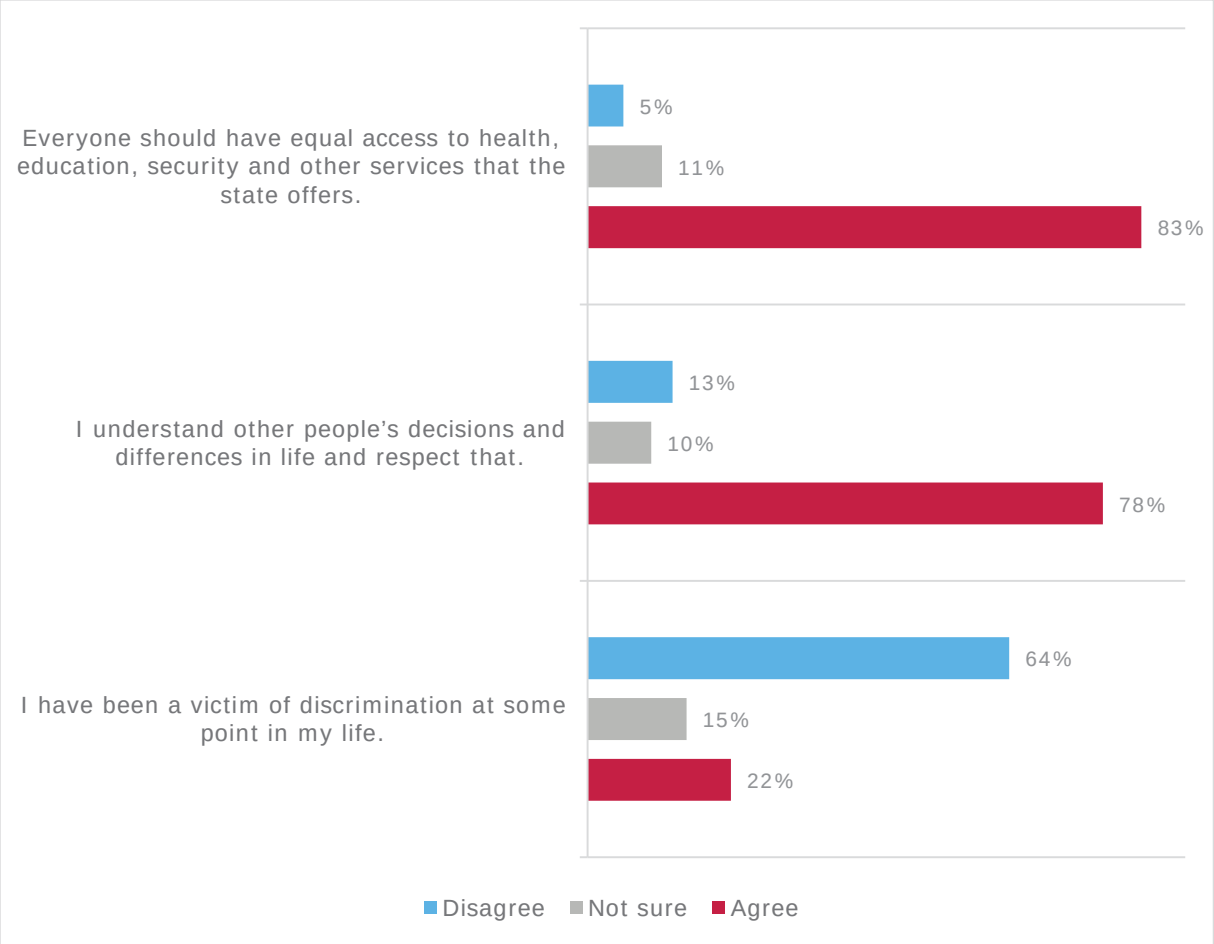

Figure 21. List of positive and neutral statements and levels of agreement with them for the entire survey population

The results were cross-examined to reveal the differences among various demographic groups. The graph below shows disaggregated outcomes based on four different age groups. The results show how much the age groups have agreed with the listed statements. As previously indicated, levels of agreeing with the negative statements are considered to indicate stigma and potential discrimination. Based on these, workers aged from 35 to 44 show consistently higher levels of agreeing with the negative statements as compared to other age groups. On the other hand, younger workers have lower levels of agreeing with the negative statements listed in the survey.

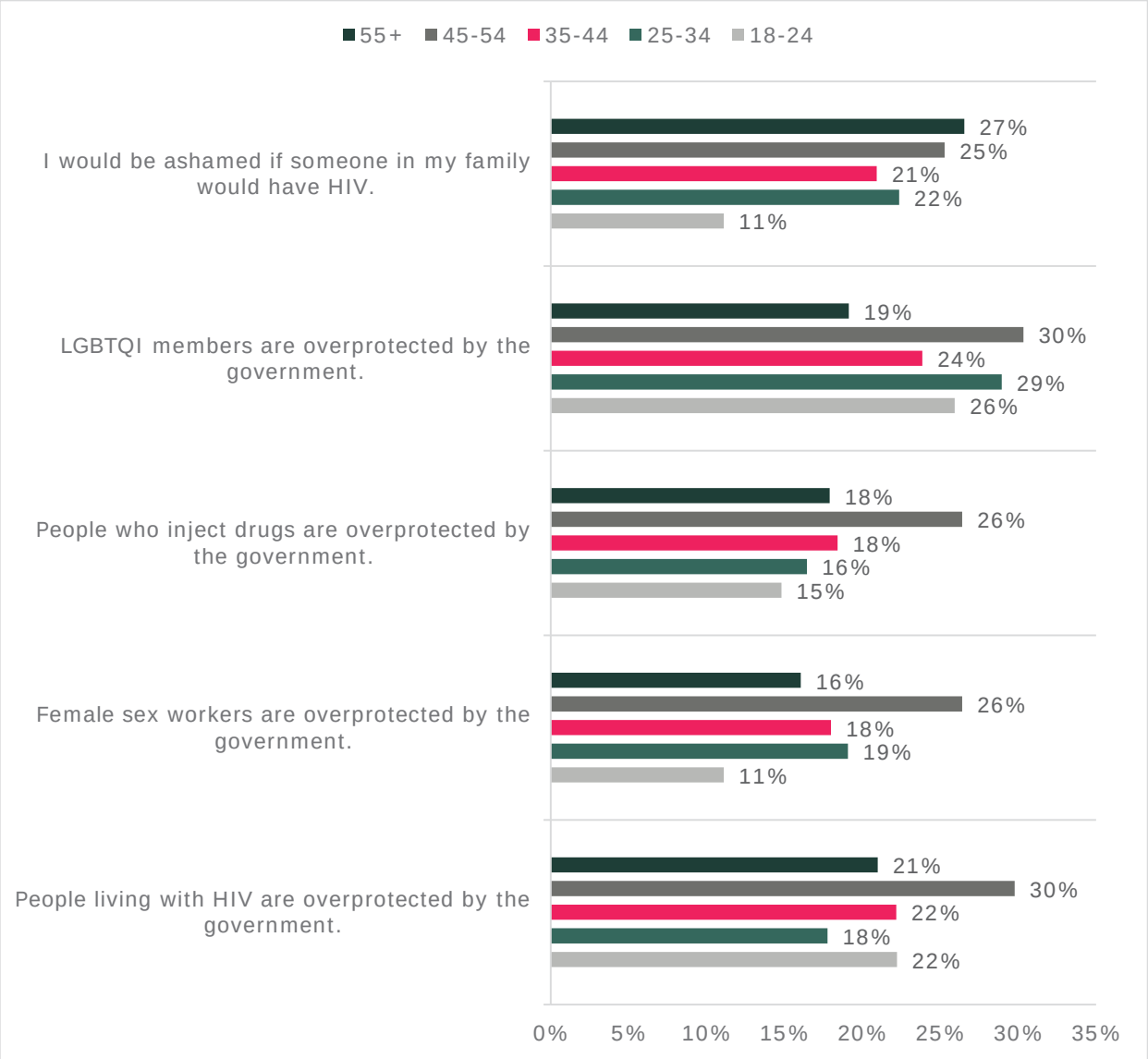

Figure 22. Levels of agreeing with the negative statements disaggregated based on age groups

The analysis of the results also showed differences among workers who have declared to be religious and those that have declared to be non-religious. The graph below discloses the results for the statements with statistically significant difference between these two groups, and shows only the levels of disagreement with the proposed statements. It can be recognized that the non-religious workers from both fields have higher levels of disagreement with the listed negative statements. Where in every instance, more than sixty percent of non-religious workers have disagreed with the proposed negative statements, whereas around fifty percent of the religious workers have disagreed with the same statements.

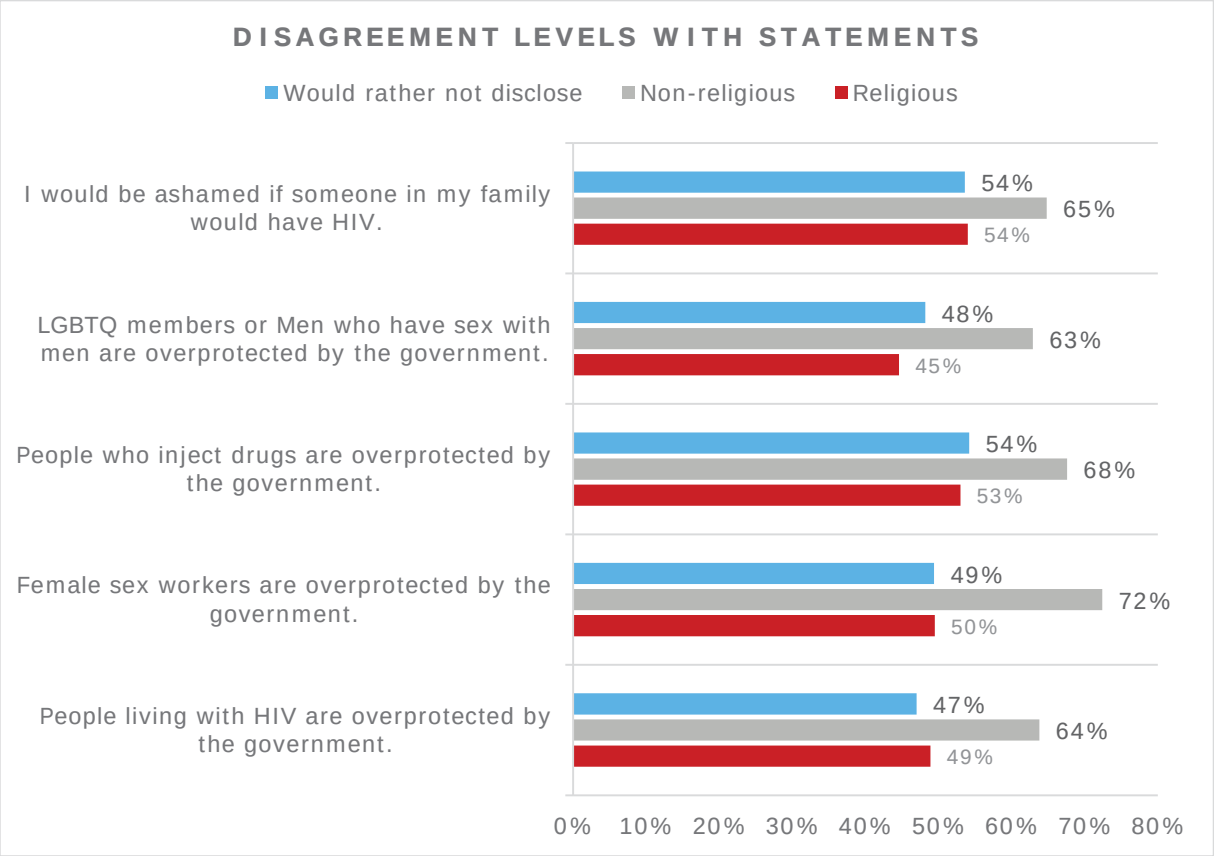

Figure 23. Levels of disagreeing with the negative statements, disaggregated based on declared religious views

The following question consisted of seventeen negative statements and four neutral or positive statements which were shown to the survey participants who were asked to provide the extent to which they agree with the proposed statements or disagree with them. Similarly, to the previous question, the agreement level with the negative statements indicates stigma and can potentially be reflected in discrimination towards key populations at risk for HIV. The graph below lists the negative statements and is arranged to start from the most agreed negative statement to the least agreed negative statement. It can be detected that thirty-nine percent of the surveyed

workers from both groups to some degree agree that most of the members of key populations at risk for HIV deserve what they get. Per contra, thirty-eight percent of the participants disagree with the statement. Additionally, thirty-nine percent of respondents agree that it is sex workers who spread HIV in the community; thirty-seven percent of the participants agree that members of the key populations at risk for HIV should not have children and thirty-five percent of them agree that men who have sex with men should not get married. Moreover, thirty-four percent of the participants agree that they would suggest pregnancy termination to any member of key populations at risk for HIV and twenty-nine percent of the participants agree that it would be better if members of these groups were sterilized. Furthermore, more than a quarter of interviewed workers think that people with HIV and people who inject drugs should not get married.

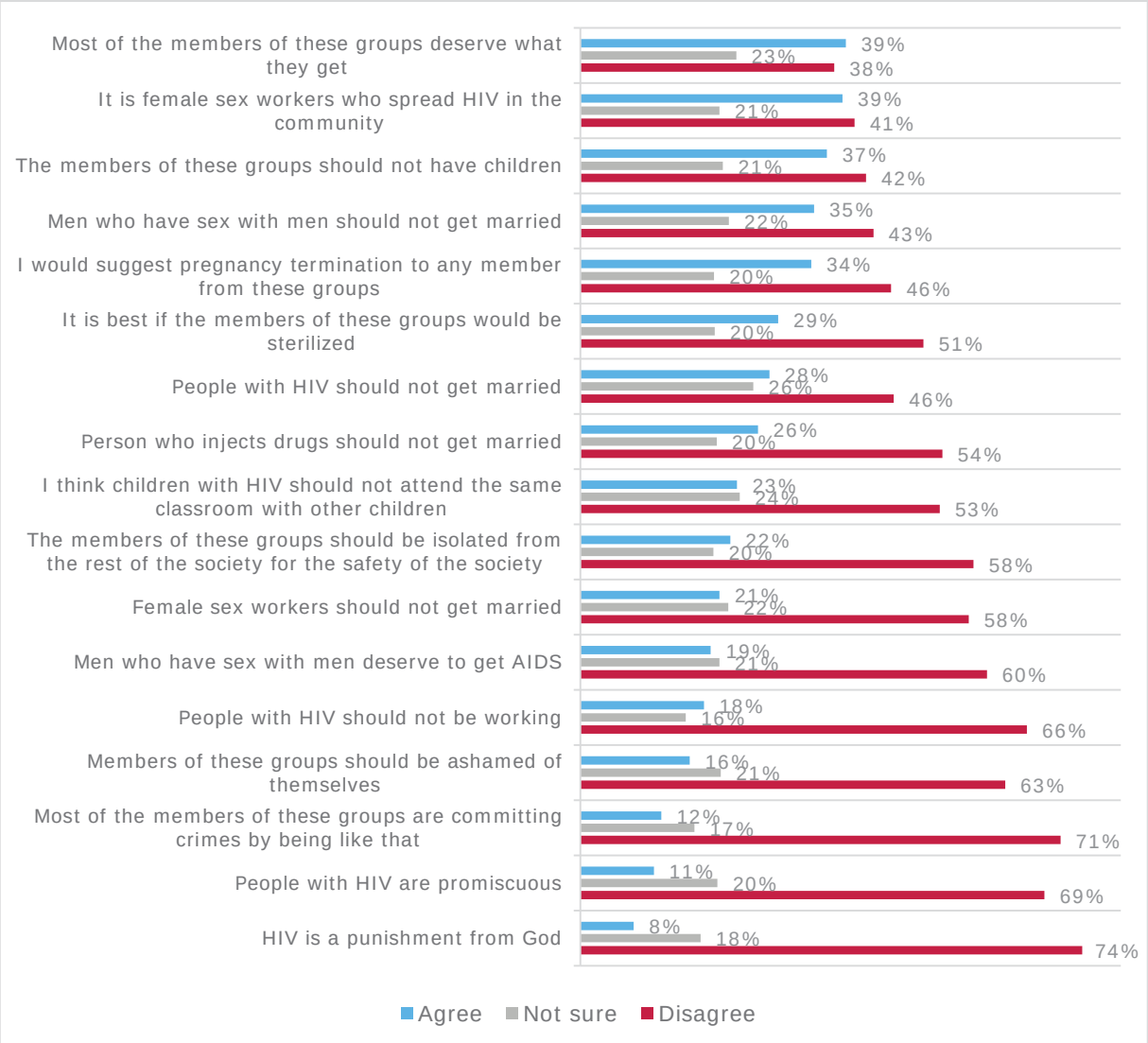

Figure 24. Levels of agreement and disagreement with the negative statements on key populations at risk for HIV and PLHIV

The graph below shows the agreement and disagreement levels of the neutral and positive statements in this theme. Within this context, the participant's levels of disagreeing with the statements might indicate the existence of stigma towards the key populations at risk for HIV and PLHIV. It can be observed that large majority of survey participants have agreed with the statements saying that they would be willing to receive training to increase their capacities in offering services to the key populations at risk for HIV and PLHIV. Furthermore, they have declared they are willing to provide additional support to the members of key populations at risk for HIV and PLHIV within their work and that they would advocate for the rights of the key populations at risk for HIV. However, more than ten percent of respondents have disagreed with the statements, indicating unwillingness to change the existing stigma and discrimination towards these groups.

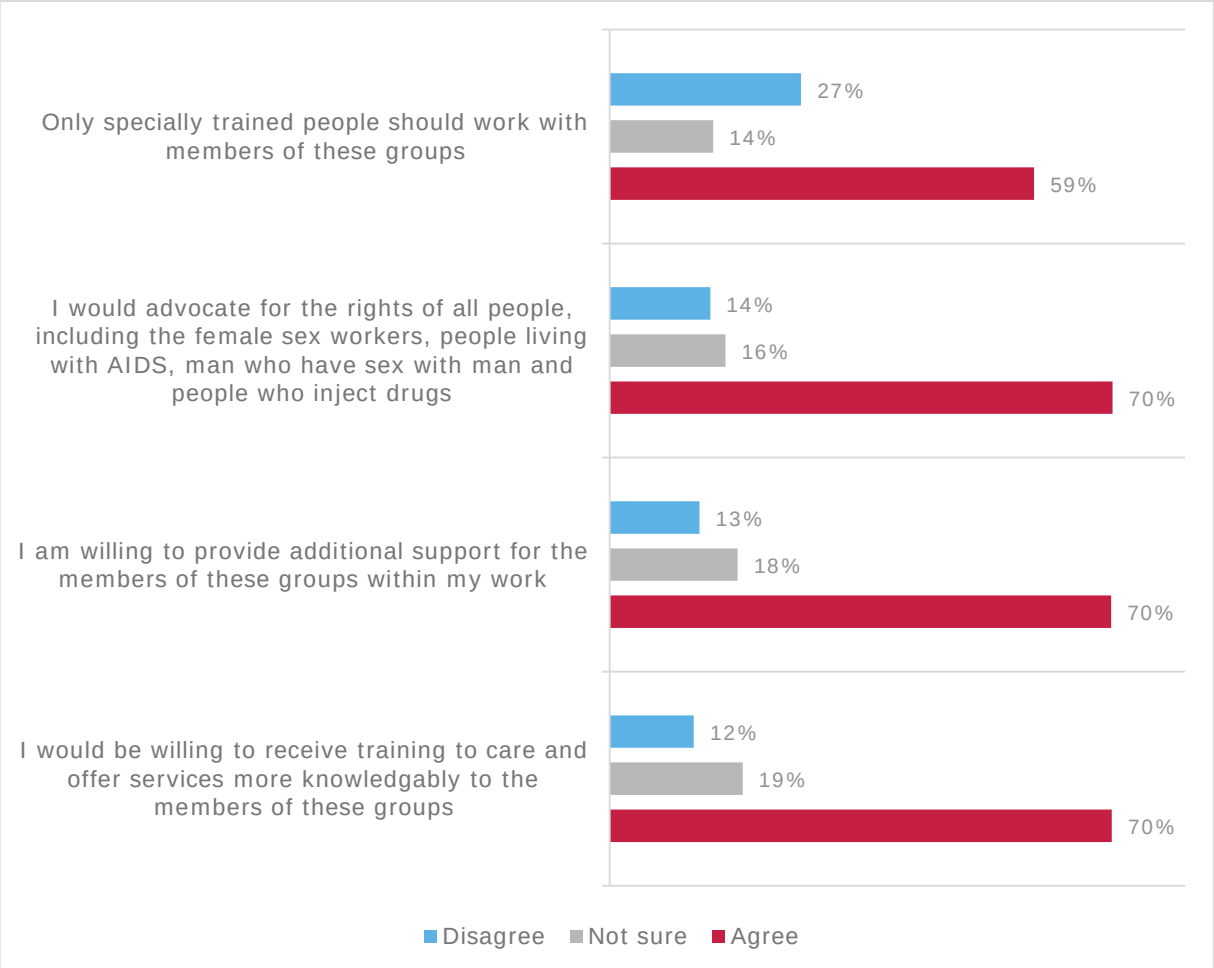

Figure 25. Levels of agreement and disagreement with the neutral and positive statements about key populations at risk for HIV and PLHIV

The disaggregation of results shows only one significant difference in opinion between health workers and the rule-of-law workers. In this instance, forty-four percent of the health workers agree with the statement saying that "it is sex workers who spread HIV in the community"; on the other hand thirty-three percent of rule-of-law the rule-of-law workers agree with the same statement. Additionally, male workers are more likely (23%) than female workers (14%) to think that people with HIV should not work.

Additional disaggregation of the results shows that the agreement levels of the negative statements between Kosovo Albanians and Kosovo Serbs show major differences. The graph below shows the levels of agreement of these two ethnic groups with all of negative statements. It can be perceived that in this instance, Kosovo Albanians have higher levels of agreement, therefore, indicators of stigma as compared to Kosovo Serbs.

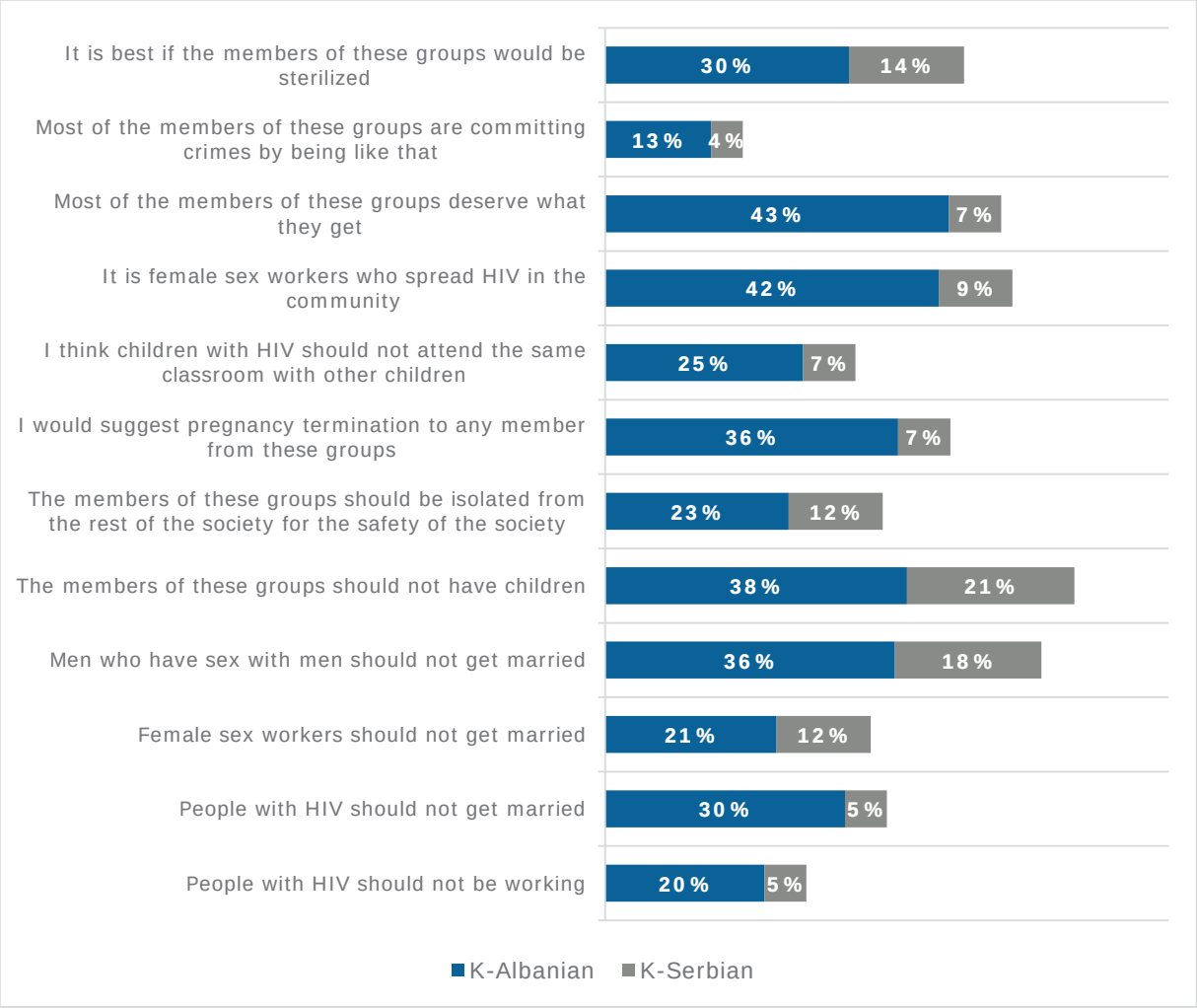

Figure 26. Levels of agreement with the negative statements, disaggregated based on ethnicity

In another level of scrutinizing the results, differences among the religious and non-religious workers of both fields have been analyzed and the graph below marks the levels of agreement of these demographics with listed negative statements. Noting that the levels of agreement are directly proportional to the indicators of stigma, the graph visualizes that with the exception of the statement "it is sex workers who spread HIV in the community" in all of negative statements non-religious workers have lower levels of agreement, albeit in some cases the non-religious workers also agree with the statements as common as quarter of the time.

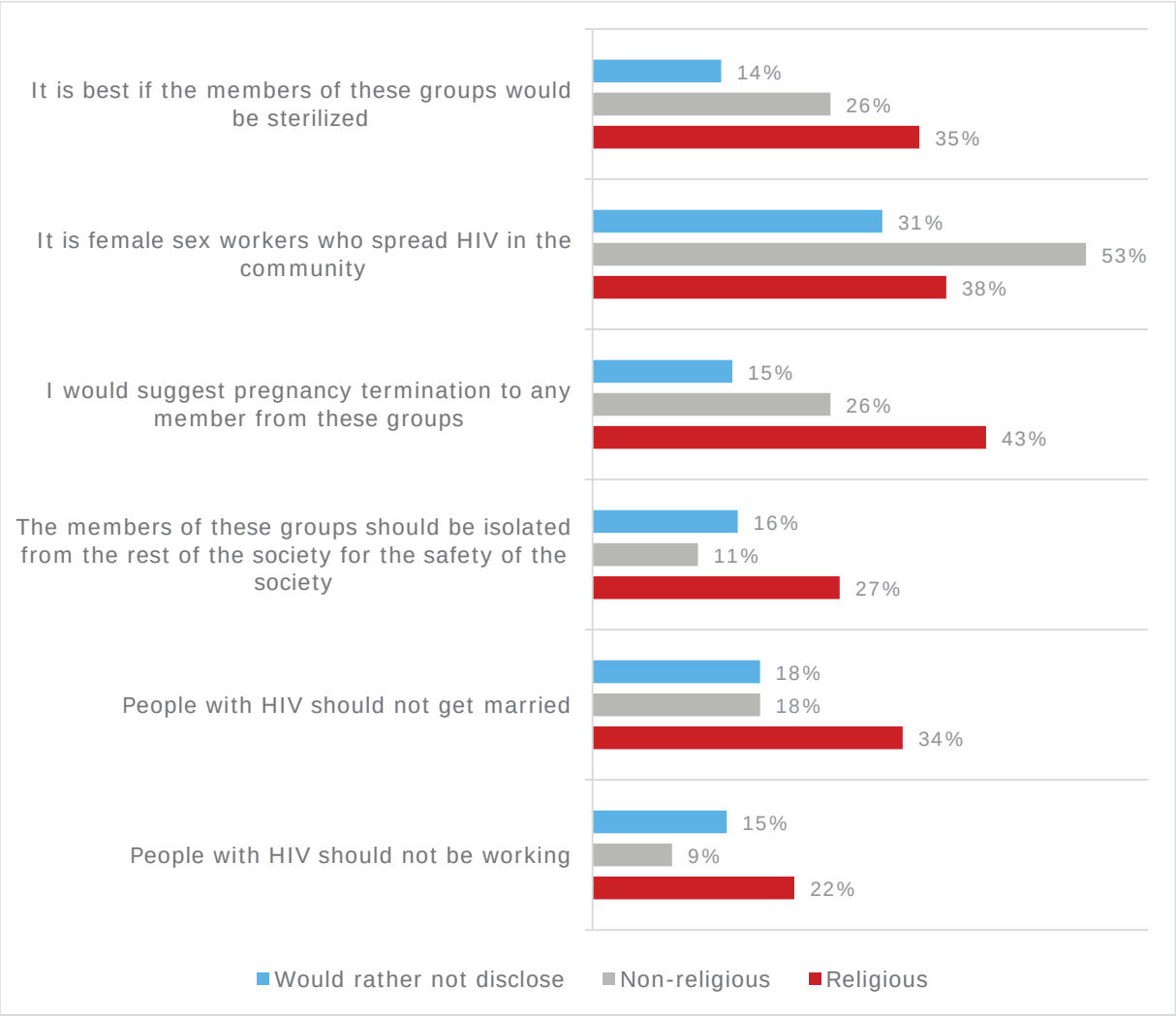

Figure 27. Levels of agreement with the negative statements, disaggregated based on declared religious beliefs

Quantifying stigma and discrimination

The survey used the valued answer method in order to quantify stigma among surveyed population. Essentially, the methodology utilized questions that had a list of statements which allowed the Likert scale[10][11] answers ranging from completely agree to completely disagree.

Briefly, if a person would disagree with a negative suggestion or statement about key populations at risk for HIV, they were coded as having less stigma and lower potential of discrimination. Therefore, the highest possible score, which is 4, means low levels of stigma and discrimination and the lowest possible score, which is 1, means very high levels of stigma.

After all responses in the database were scored with the method explained in detail in the Appendices, average values for different demographics and various questions were calculated.

Remembering that lower scores mean higher stigma, the results show that out of four (4=the least level of stigma and 1=the most level of stigma) the average stigma rate for the whole surevey sample was

- **2.92**

Ideally, lower levels of stigma would produce a score much closer to 4, however, the answers show that there is a considerable level of stigmatization of key populations at risk for HIV among health and rule-of-law workers in Kosovo.

Further analysis of results reveal that health workers have higher stigma scores than the rule-of-law workers. However, both of the groups still have quite a widespread stigma towards key populations at risk for HIV and PLHIV.

The graph below shows the scores of health and rule-of-law workers as two groups. The average stigma rate for health workers is calculated as 2.89 and for rule-of-law workers, at 2.98.

[10] Likert, Rensis (1932). "A Technique for the Measurement of Attitudes". Archives of Psychology. 140: 1–55.
[11] Allen, Elaine and Seaman, Christopher (2007). "Likert Scales and Data Analyses". Quality Progress. pp. 64–65.

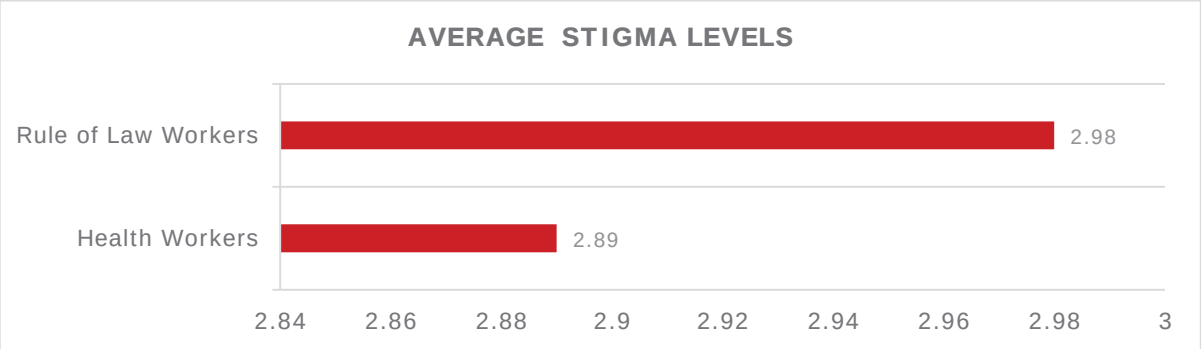

Figure 28. Average stigma levels for health and rule-of-law workers (including education workers who teach health and law subjects)

The two graphs below show in detail the average stigma scores for all listed professions in the sample. It can be immediately distinguished that the higher scores belong to university professors as compared to all other professions, with professors of medicine having the highest score among all groups in the sample. This could be interpreted as having the lowest level of stigma towards key populations at risk for HIV and PLHIV, and being less likely discriminatory towards key populations at risk for HIV and PLHIV.

The graph shows professions ranked from the lowest scores (high levels of stigma) to highest scores (low level of stigma). As it can be seen, police investigators on average have highest level of stigma towards the key populations at risk for HIV. Similarly, social workers, nurses and other health workers like medical technicians have higher levels of stigma than other professions. Nevertheless, it should also be recognized that in general, all professions have at least some level of stigma towards key populations at risk for HIV and PLHIV.

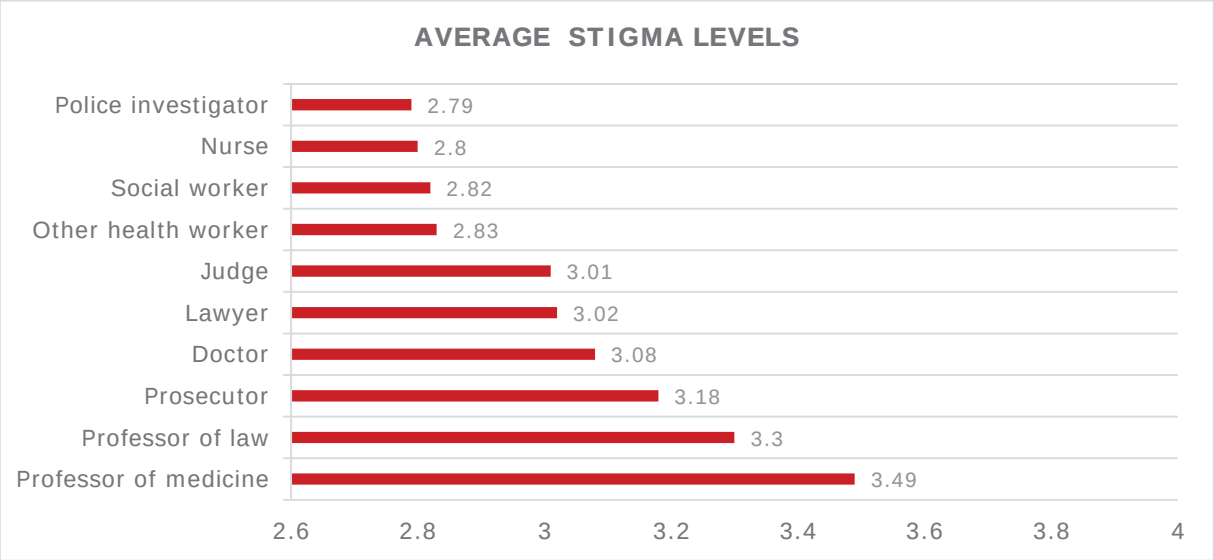

Figure 29. Average stigma level for all professions

Further analysis of data displayed the levels of stigma for several more groups of participants. The graphs below show the scores of disaggregated groups. As graph shows, survey participants are less likely to have stigma if they know someone from key populations at risk for HIV compared to the participants who do not know anyone belonging to key populations at risk for HIV. When inquired whether they knew someone from key population groups, participants who said "I do not know" or refused to answer the question, also were more likely to have stigma towards key populations at risk for HIV, almost as high as the group of participants who said they do not know any member of key population at risk for HIV.

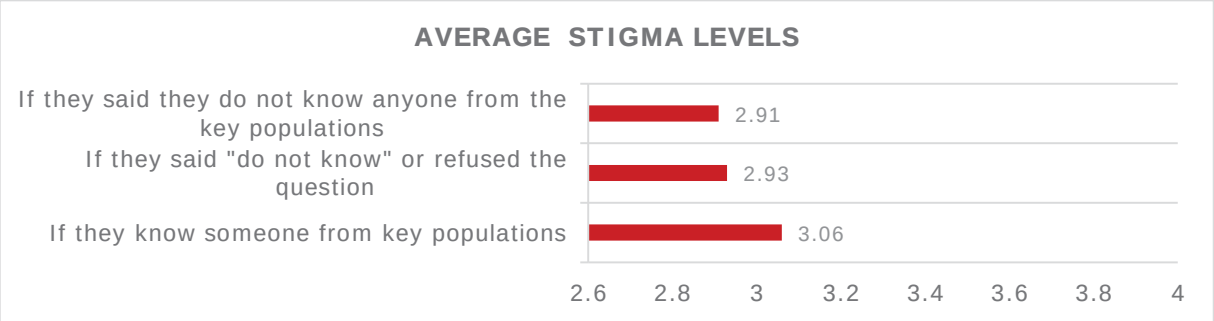

Figure 30. Average stigma levels for separated groups based on the question "Do you know anyone or have a family member from key populations at risk for HIV?"

The graph below depicts the average scores of two groups separated based on their answers to question number 12 (see: Appendices). The participants who said they did not have anyone among their friends or family, or they did not know if they did, or if they had refused to answer the question, were asked a follow-up question. In the case that they did not know someone from key populations personally, it probed into their willingness to befriend someone from the key populations. In this case, the participants who said that they would be friends with someone who's a member of key populations at risk for HIV, have shown much lower levels of stigma, than the participants who said that they would not be friends, did not know or refused to answer the question.

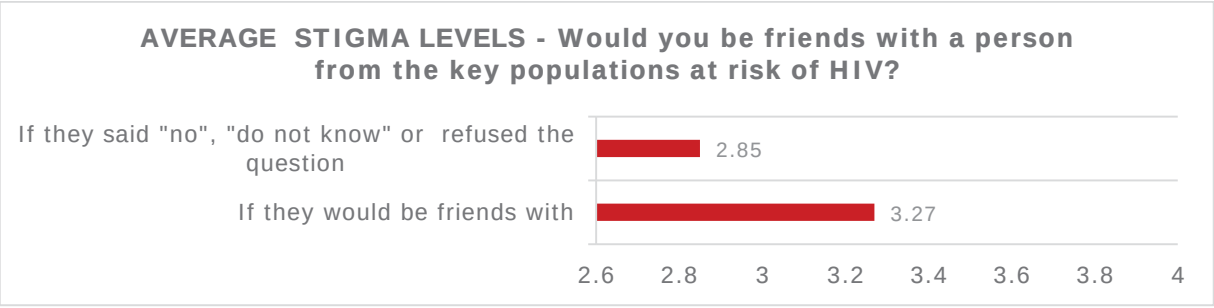

Figure 31. Average stigma levels variance between professionals who would socialize with key populations at risk for HIV and the professionals who would not socialize with them

The study found that the level of education of respondents from both groups was directly correlated with the lower levels of stigma. Meaning that the persons having higher education were less likely to have stigmatizing opinions about key populations at risk for HIV.

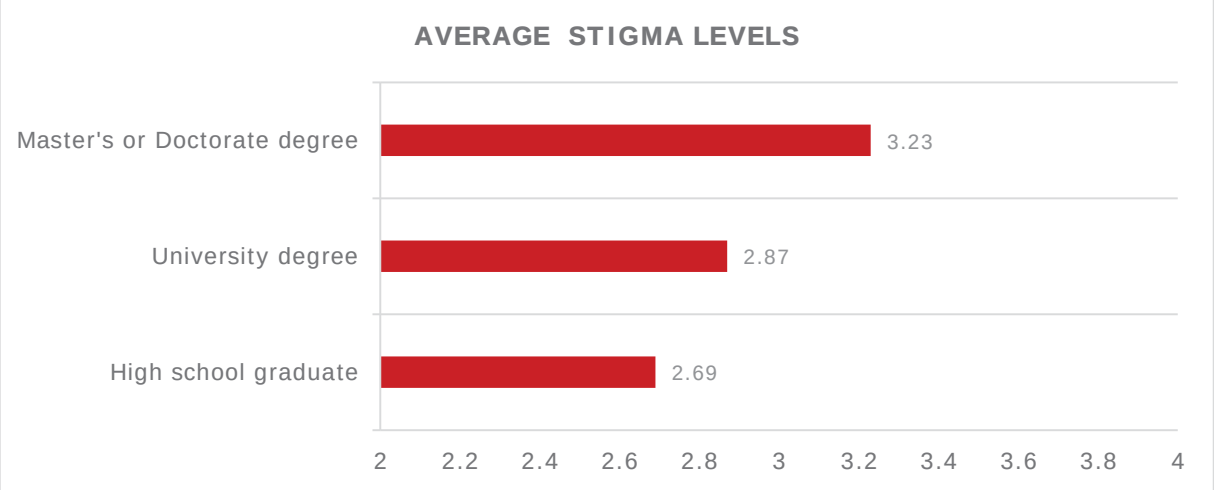

Figure 32. Average stigma levels based on levels of education

Additionally, the graph below shows that Peja, Gjilan, and Prishtina regions were slightly less likely to have stigma, whereas Ferizaj and Prizren regions were more likely to have stigma towards key populations at risk for HIV

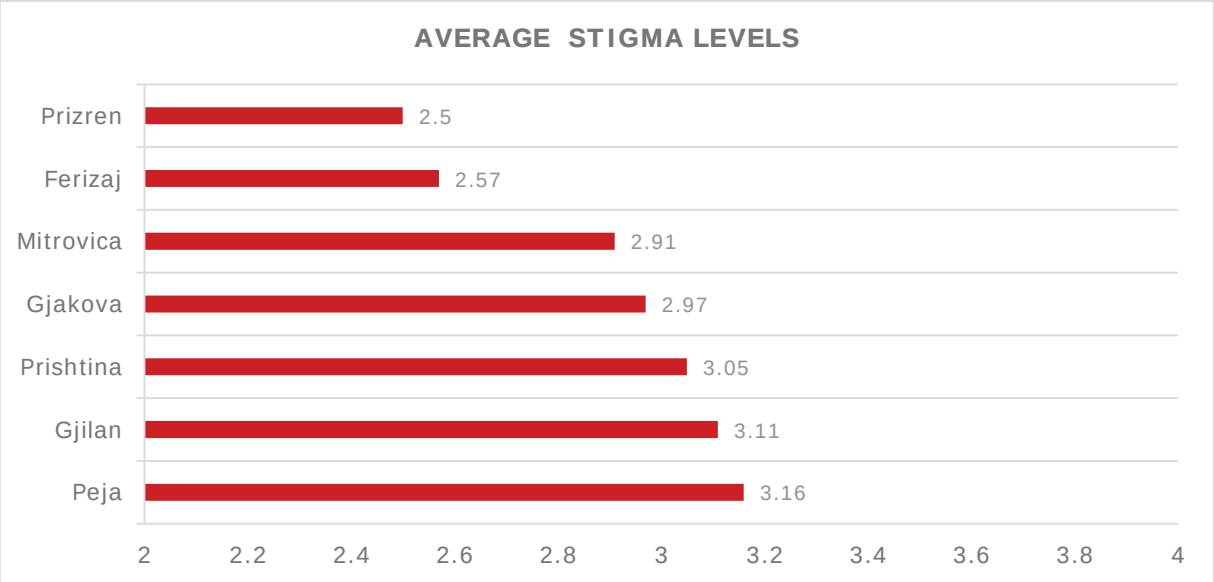

Figure 33. Average stigma levels based on regions

Finally, in this chapter, positive and neutral statements of question number 18 were utilized to create new group of data in order to analyze stigma scores. The question asked whether the participants agreed or disagreed with the following statements. The analysis found that the participants who said that they have been a victim of discrimination themselves, were slightly less likely to have stigma towards key populations at risk for HIV compared to the groups who have not been a victim of discrimination ever. Moreover, the participants who said they understand people's decisions and differences in life and respect that, were also less likely to have stigma towards key populations at risk for HIV compared to the participants who said they do not understand it and do not have such respect.

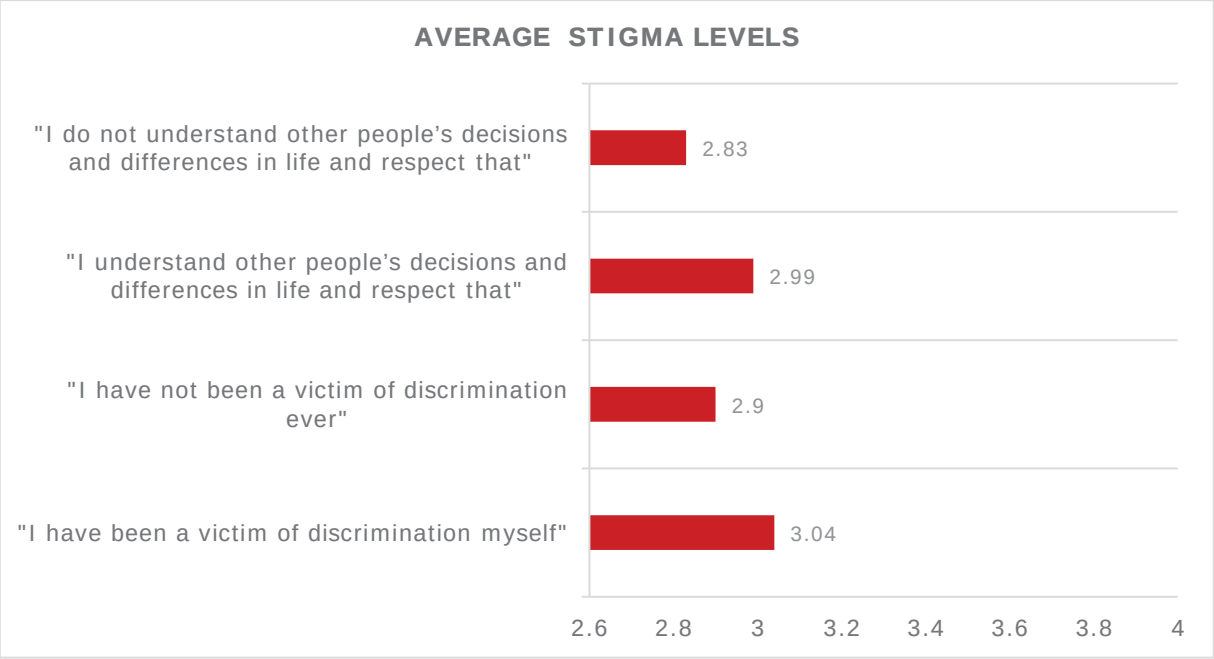

Figure 34. Average stigma levels based on the previously declared opinions

Awareness of legal obligations

The final part of the survey questionnaire focused on determining the knowledge levels of workers in both fields and the observed behavior of work colleagues at their workplaces regarding the provision of services to the key populations at risk for HIV.

The graph below presents the answers to the question asking whether the participants in both groups had observed the listed circumstances and instances in their workplaces. It can be seen that majority of participants have said that they have not observed listed instances in their workplaces and more than eight percent have refused to provide an answer to all three questions.

On the other hand, ten percent of interviewed workers have declared that in the past twelve months they have witnessed workers or colleagues talking badly about the members of the key population groups.

Additionally, six percent of practitioners from both fields have declared that they have observed workers providing poorer quality of care to the members of the key populations at risk for HIV. Finally, four percent of respondents have said that in the past 12 months they have observed workers in their work place showing unwillingness to offer service to members of the key populations.

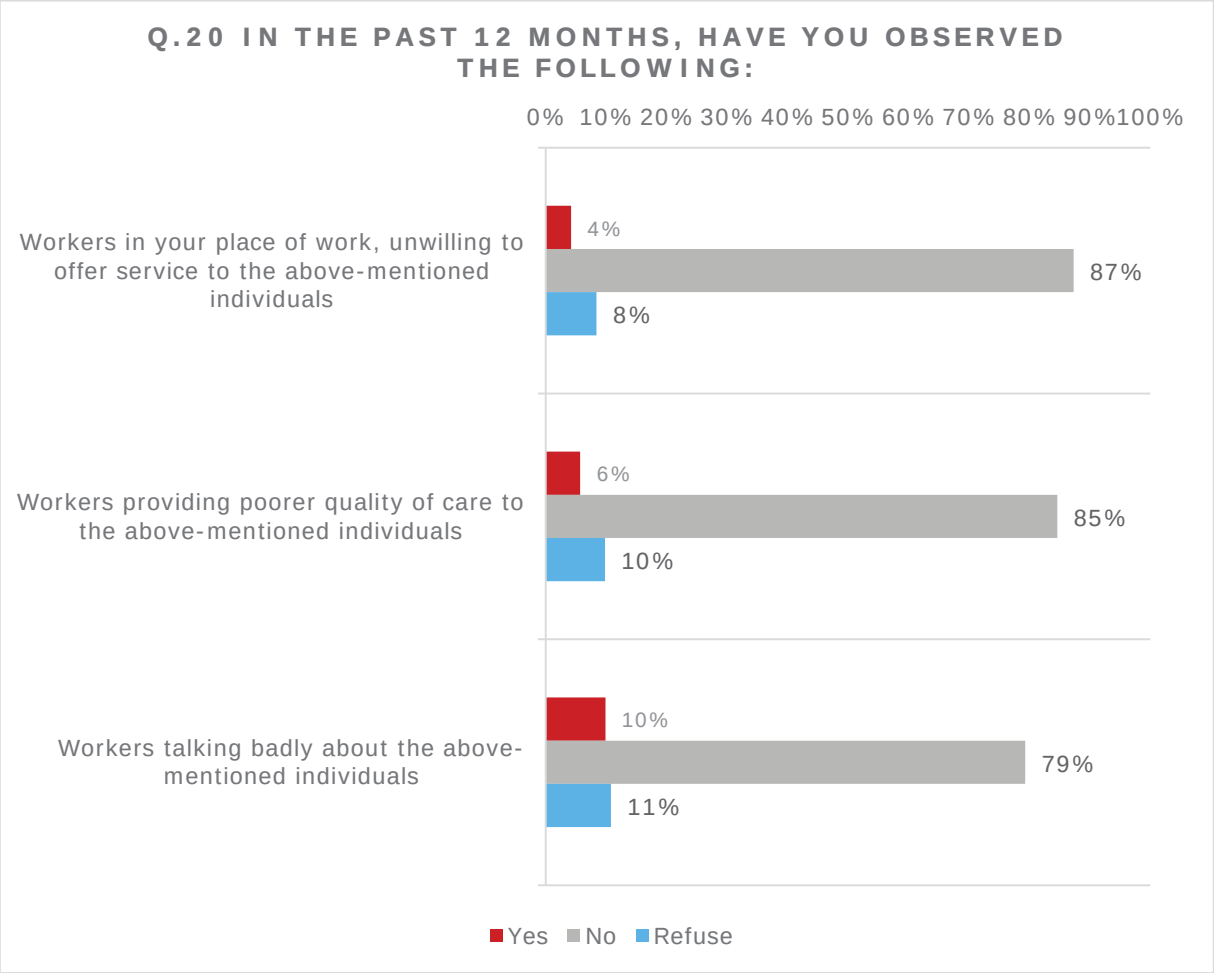

Figure 35. Reports on observing discriminatory behavior in workplaces

The analysis of results shows that there are certain differences between the four age groups of workers with regards to observing the listed behavior in their own workplaces. The graph depicts the four major age groups that have declared observing such behaviors in their work-places.

The results reveal that in all three listed cases, younger workers have higher levels of having witnessed such situations and declared them on the questionnaire whereas older workers have lower rates of reporting such behavior in the workplace.

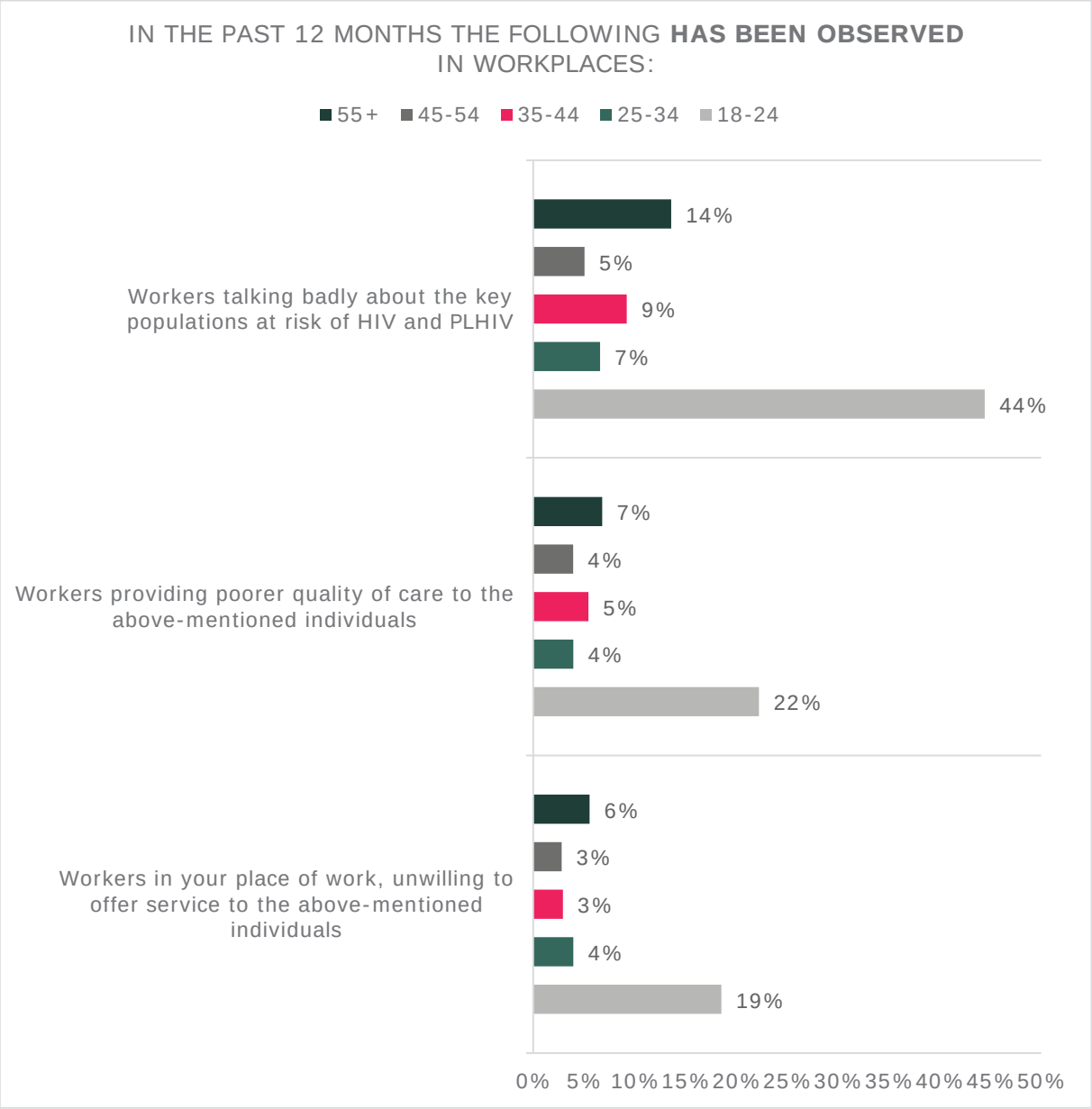

Figure 36. Reports on observing discriminatory behavior in workplaces based on age groups

The second question in this chapter focused on reporting the acceptable behavior in workplaces of the interviewed individuals in both fields. The following graph shows whether the participants said refusing services to key populations and PLHIV is acceptable in their workplaces or not. Instantly recognizable, the majority of participants have said that refusing services to key populations at risk for HIV and PLHIV is not acceptable in their workplace. However, four percent of the total sample of workers have said that refusing services to key populations is acceptable in their workplace. Finally, around nine percent of respondents have said that they do not know whether refusing services is or is not acceptable behavior in their workplace.

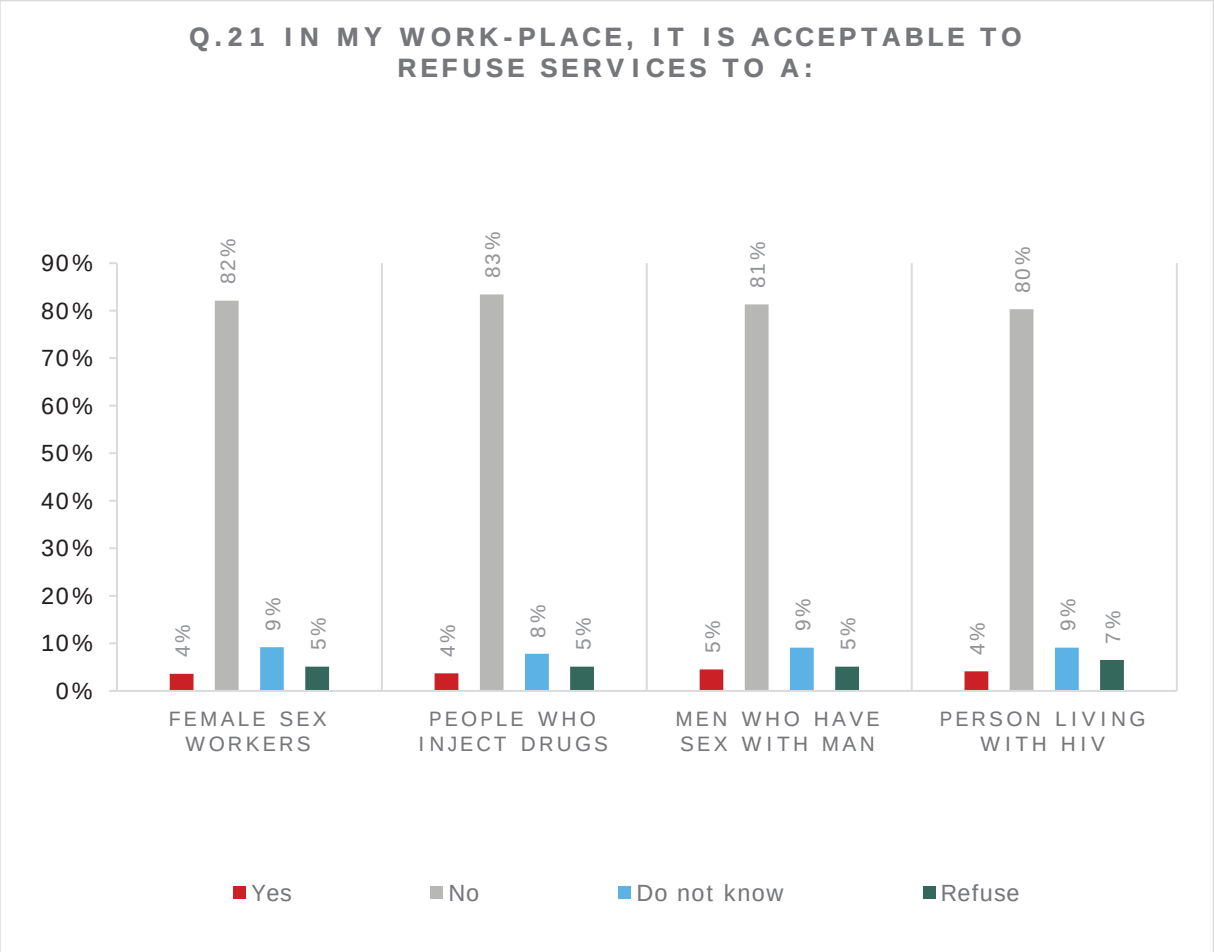

Figure 37. Reports on discriminatory behavior that is deemed acceptable in work culture

Finally, in this section, the participants were asked to declare levels of their knowledge and familiarity with the legal framework and work code regulating the provision of services to key populations at risk for HIV. The graph below shows that

sixty-eight percent of survey participants said that they are fully aware of legal responsibilities and consequences of their professional work on this matter. Another seventeen percent of participants said that they are somewhat aware of this. Nine percent of participants refused to answer the question and an additional six percent declared low or no levels of awareness on the legal framework regarding the provision of services in their workplaces.

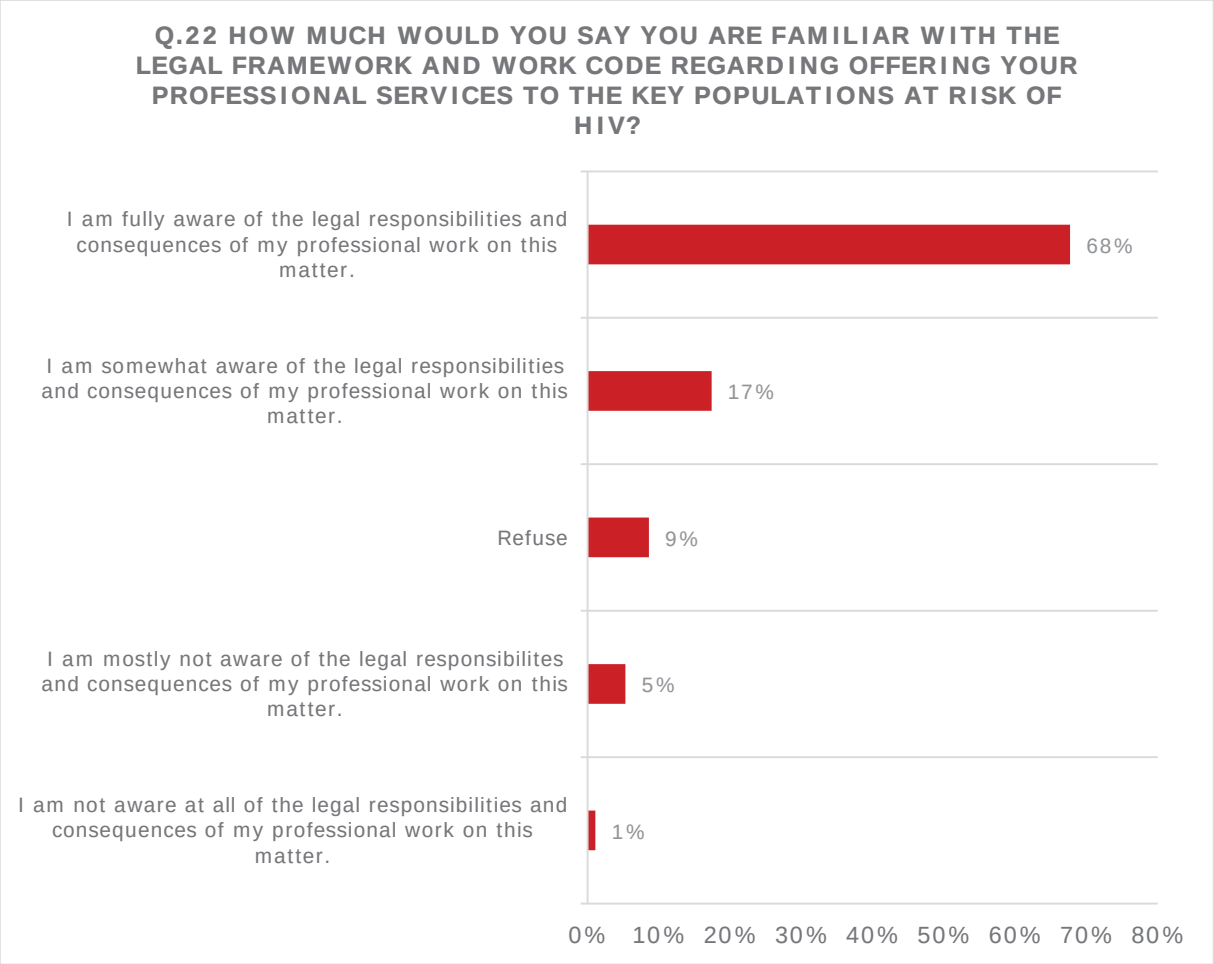

Figure 38. Reported levels of familiarity with legal regulations and obligations

Further analysis of results showed that there are significant differences in the answers of Kosovo Albanian and Kosovo Serbian workers. A high proportion of Kosovo Albanian workers (71%) declare that they are fully aware of their legal responsibility while thirty-five percent of Kosovo Serbian workers declare the same. Additionally,

thirty-six percent of Kosovo Serbian workers say that they are somewhat aware of the legal framework and fourteen percent refused to answer the question.

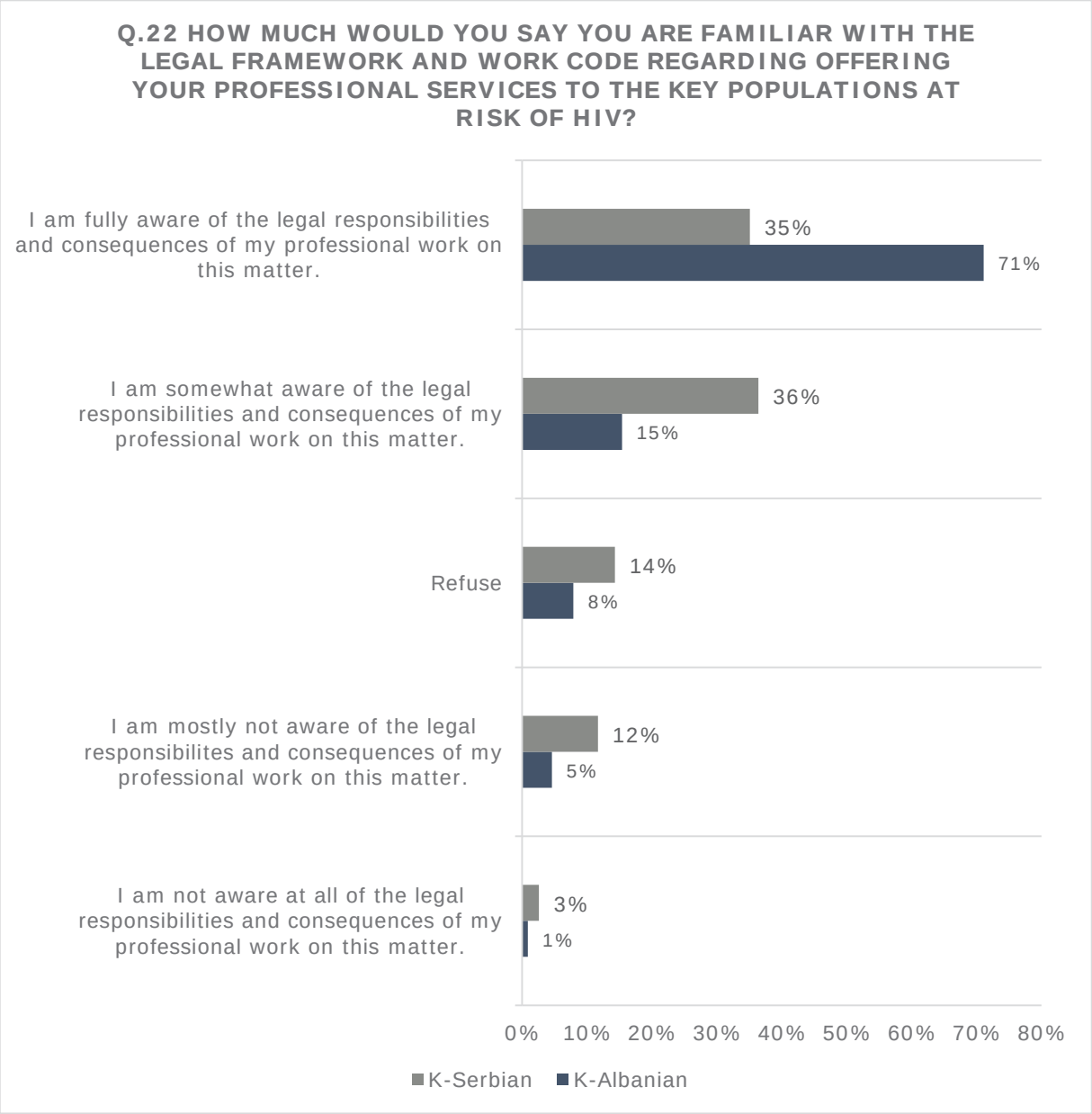

Figure 39. Reported levels of familiarity with legal regulations and obligations, disaggregated based on ethnicity

Key findings and recommendations

Key findings

Finding 1:

- … Concerning low levels of trainings received by respondents in health and rule-of-law sector.[12]

    a. In total, only 39% of respondents received trainings on *infection control and universal precautions,* with 55% in health sector and 20% in Rule-of-law (RoL).
    b. In total 38% of respondents received no training whatsoever with 25% in health and 52 percent in RoL sector,
    c. Around half of respondents from the health sector and only around 20% of RoL received training on *HIV stigma and discrimination.*
    d. A low number of respondents working in health (17%) received training on *basic rights of key populations.* In RoL only a quarter of respondents received training on this topic.
    e. A very low number from both sectors received training on key *population stigma and discrimination.* (18% in RoL and 13 % in health).

Finding 2:

- … While the RoL respondents claimed they provided more often services to PWID, MSM and FSW respondents working in health offered more services to persons living with HIV.[13]

Finding 3:

- … Respondents from both sectors, health, and rule of law, know very few friends or family from the following KPs: PLHIV, MSM, FSW. Respondents from both sectors know more (friends or family) of PWID.[14]
    - o This can be read as a stigma ranking among the KP where MSM, FSW, and PLHIV due to higher stigma tend to share less with their family and friends.
- … Respondents from both sectors, health, and rule of law, show very little will to socialize with FSW, MSM, and PWID. Respondents show little will to befriending PLHIV; only 23% of them, but still more than the will to befriend other KPs. [15]

[12] For details see page 8 of the Study.
[13] For details see page 9 of the Study.
[14] For details se page 10 to 13 of the Study
[15] For details see page 10 of the Study.

Finding 4:

- … Respondents from both sectors, health, and rule-of-law show very low tendencies to socialize with KPs. Respondents from both sectors tend to socialize the most (26% of RoL and 21% of health professionals) with PLHIV.
    - o Respondents in rule-of-law tend to socialize more with KPs than respondents working in health.
- … Religion seems to play an immense role in the responses about socialization with KPs.

Finding 5:

- … Slightly less than half of the respondents (48%) declared they did not feel particularly different from other people they offered services,
- … Almost one-third of respondents expressed compassion towards responding they felt bad for them, eight percent of the respondents felt particularly uncomfortable and finally four percent of them felt they were not well equipped professionally, in order to serve them.
- … About 12% of participants combined felt “particularly uncomfortable” or “not professionally well equipped enough for that encounter” when provided services to KP at risk for HIV or PLHIV.
- … On 7% of cases, respondents either postponed the services or referred them to their colleagues or did not provide the services to KP at risk for HIV and PLHIV.
- … However, most of the respondents (82%) declared they offer the required services. Four percent (4%) of them delayed offering services to KPs and PLHIV,
- … Two percent (2%) referred them to another colleague and finally, one percent (1%) of the total sample of respondents declared that they had preferred not to offer any services due to discriminative view regarding the KPs. 16

Finding 6:

- … Respondents agree with discriminative statements about the KP and felt uncomfortable dealing with members of KP, at a concerning level[17]
    - o Almost a quarter of respondents claim they would not mind disclosing one’s status without consent,
    - o Respondents tend to have fewer barriers sharing such status with their own families and friends (25% of professionals). While they tend to show even higher trend of sharing such status with people they work (39%).

[16] For details see page 15 and 16 of the Study.
[17] For details see page 17 of the Study.

Finding 7:

- Respondents from both sectors, health, and rule of law, tend to be extra cautious when dealing with PLHIV or persons at risk for HIV (findings below are directly related to stigma index):[18]
    - 32 % of respondents are worried to touch the clothes of a person living with HIV,
    - 58% of respondents are worried to come into contact with the saliva of a person living with HIV,
    - 53% of health respondents were worried to touch the wounds of a patient living with HIV,
    - 56% of health respondents were worried to draw blood from a patient living with HIV,
    - 32% of health respondents were worried to measure the temperature of a patient living with HIV,

Finding 8:

- Concerning percentage of respondents from both sectors, health, and rule of law, chose to avoid contact, instead of providing services to KP at risk for HIV, [19]; Health workers tend to take extra medical measures (unsolicited blood test included) when providing services KP at risk for HIV.
    - 30% of respondents from both sectors would avoid physical contact,
    - 61% of respondents from both sectors would wear gloves or double gloves,
    - Respondents from the rule-of-law have a slightly higher tendency to avoid physical contacts with KP at risk for HIV.

Finding 9:

- Around a quarter of respondents agreed with negative statements about KP at the part of the Study measuring perception of opinions[20]
    - Respondents between 35 and 44 years old show consistently higher levels of agreeing with negative statements compared to other age groups. Younger respondents have lower levels of agreeing with negative statements.
    - Fewer respondents with religious views disagreed with negative statements,
        - For instance: 8% of respondents believed that HIV is a punishment from God!

[18] For details see pages 18-20 of the Study.
[19] For details see page 22 of the Study.
[20] For details see page 24-29 of the Study.

- Of all respondents, over 70% agreed with positive statements at the part of the Study measuring perception of opinions.

Finding 10:

… Religious views influenced considerably the degree of agreement with negative statements.[21]

Finding 11:

… There is a considerable level of stigmatization of key population at risk for HIV among health and rule-of-law workers in Kosovo[22]
  - On a scale from 1 to 4 where 1 is very high level of stigma and 4 is least level of stigma,) respondents scored at 2.92. (2.89 for health workers and 2.98 for rule-of-law workers.
  - Stigma levels from highest to lowest according to respondents are as follow: Police investigators, nurses, social workers, other health workers, judges, lawyers, doctors, prosecutors, professors of law and professors of medicine.
  - Respondents who knew someone from KP had a lower level of stigma,
  - Respondents with a higher level of education showed lower levels of stigma,
  - Respondents from Prizren, Ferizaj, and Mitrovica showed higher levels of stigma,

Finding 12:

… Younger respondents were more willing to expose inappropriate scenes involving KP in the workplace than the older professionals[23]

Finding 13:

… A considerable high percentage of respondents (32%) are not fully aware of legal responsibilities and codes regulating their obligation to offer services to KP at risk for HIV[24]
  - 68% of respondents answered they were fully aware of all legal responsibilities and consequences on this issue.

[21] See page 31 of the Study for details.
[22] See page 32-34 of the Study for details.
[23] See page 38 of the Study for details.
[24] See page 40-41 of the Study for details.

Recommendations

	Recommendation	Responsible institutions for the implementation	Responsible institutions for overseeing the implementation
1.	Consider development of structured and targeted training programs based on identified needs and means to increase professional capacities: i. in understanding the comprehensive issues related to HIV prevention, treatment, and care; ii. on the legal and ethical obligations to provide non-discriminatory services to KP and PLHIV.	Professional associations; Chamber of Doctors; Chamber of Nurses; Bar Association; Judicial Council; Kosovo Academy for Public Safety; Academy of Justice;	MoH, Kosovo National Institute of Public Health (KNIPH). Ministry of Justice (MoJ); Ministry of Internal Affairs (M.I.A); Kosovo Doctors Chamber (KDC); Kosovo Nursing Chamber (KNC); Ombudsperson Institution (OI).
2.	Periodically assess the level of stigma and discrimination and the quality of services provided to KP and PLHIV.	External assessment: a research agency in collaboration with NGOs	Ombudsperson Institution (OI).
3.	More advocacy activities to better accept KPs and PLHIV in society, through: i. social communication for changing behaviors; ii. Organizing awareness meetings with employees from both sectors; *iii.* Meetings to exchange experiences (peer-to-peer) and community members.	Respective NGOs	Ombudsperson Institution (OI).

4.	Enhance the training program and raise awareness of personal data protection legislation and policies;	National Agency for Personal Data Protection, Professional associations; Chamber of Doctors, Chamber of Nurses; Bar Association, Judicial Council, Kosovo Academy for Public Safety; Academy of Justice;	MoH Ministry of Internal Affairs (M.I.A); Ombudsperson Institution (OI); Health institutions: personal data protection officials.
5.	Advocacy to include modules within programs of basic education and professional development for health workers on HIV transmission, prevention, and PEP and PrEP.	NGOs working in this field (HIV / AIDS prevention); Professional health associations; Chamber of Doctors; Chamber of Nurses;	KDCH, KNCH, and involvement of staff of the Faculty of Medicine.
6.	Institutions to enhance the trainings and policies on the secular nature of the state and public functions to decrease the role of the relegation in the social aspects of providing services.	Professional associations; Chamber of Doctors, Chamber of Nurses; Bar Association, Judicial Council, Kosovo Academy for Public Safety; Academy of Justice;	Ministry of Internal Affairs (MIA); Ombudsperson Institution (OI).

7.	More attention to respondents from Prizren, Ferizaj, and Mitrovica due to higher levels of stigma in given municipalities.	Regional Police stations; FMCs (Family Medicine Centers) and Regional Hospitals in the respective cities	NGOs in collaboration with Doctors Chamber (KDC) and Kosovo Nursing Chamber (KNC) and University Clinical Hospital Service of Kosovo (UCHSK) and Regional Hospitals. Ministry of Health (MoH); Ministry of Internal Affairs (M.I.A); Ombudsperson Institution (OI).

Appendices

Survey Questionnaire

Default Questions (Automatically filled through survey software)

D1. Interview Number: _____

D2. Date of the Interview : _____

D3. Region _____

[Codes: 1- Pristina, 2-Mitrovica, 3-Prizren, 4-Peja, 5-Ferizaj, 6-Gjakova, 7-Gjilan]

D4. 1. Urban 2. Rural

D5. NAME OF TOWN/VILLAGE _____

D6. Municipality Code _____

1. Prishtinë/Pristinad
2. South Mitrovica
3. Gjilan/Gnjilane
4. Peje/Pec
5. Prizren/Prizren
6. Gjakove/Djakovica
7. Podujeve/Podujevo
8. Vushtrri/Vucitrn
9. Skenderaj/Srbica
10. Leposaviq/Leposavic
11. Junik/Junik
12. Kllokot/Klokot
13. Partesh/Partes
14. Klinë/Klina
15. Istog/Istok
16. Deçan/Decani
17. Dragash/Dragash
18. Suharekë/Suva Reka
19. Rahovec/Orahovac
20. Viti/Vitina
21. Kamenicë/Kamenica
22. Lipjan/Lipljan
23. Shtime/Stimlje
24. Mamusha/Mamus
25. Ranillug/Ranilug
26. North Mitrovica
27. Ferizaj/Urosevac
28. Kaçanik/Kacanik
29. Fushë Kosovë/Kosovo Polje
30. Obiliq/Obilic
31. Novobërdë/Novo Brdo
32. Zubin Potok
33. Shtërpcë/Strpce
34. Zveçan/Zvecan
35. Gllogovc/Glogovac
36. Malishevë/Malisevo
37. Hani i Elezit/General Jankovic
38. Graçanica/Gračanica

Demographic Questions

Q.1 What is your sex?

a. Male
b. Female
c. Other

Q.2 Age __|__

Q.3 What is the highest level of education you have completed?

a. Primary school or less
b. High school graduate
c. University degree
d. Master's or Doctorate degree
e. Other: _____
f. Refuse

Q.4 What is your current job?

a. Medical doctor
b. Medical technician
c. Dentist
d. Dental technician/hygienist
e. Laboratory technician
f. Nurse
g. Medical records personnel
h. Pharmacist
i. Police officer
j. Administrative police officer
k. Legal clerk
l. Judge
m. Lawyer
n. Prosecutor
o. Social worker
p. Technician in rehabilitation service
q. Psychologist
r. Other (Please specify) _____

Q.5 How many years have you worked in your current job? __|__

[Note: If less than one chose 1]

Q.6 Which of the categories describe best the approximate monthly income in your household?

a. Less than 100€
b. Between 100€ and 300€
c. Between 300€ and 500€
d. Between 500€ and 1,000€
e. More than 1,000€
f. Other (Please specify) _____
g. Refuse

Q.7 What is your ethnicity?

a. Albanian
b. Serbian
c. Bosnian
d. Goran
e. Turk
f. Croat
g. Roma
h. Ashkali
i. Egyptian
j. Other (please specify)_____

Q.8 Do you consider yourself:

a. Religious
b. Non-religious
c. Would rather not disclose

Q.9 Did you ever receive training in the following topics: *[Check all that apply]*?

a. ☐HIV stigma and discrimination
b. ☐Infection control and universal precautions
c. ☐Basic rights of key populations at risk for HIV (sex workers, people who inject drugs, man who have sex with man, people living with HIV)
d. ☐Key population stigma and discrimination

Thematic Questions

Q.10 In the past 12 months, in your work facility have you seen or offered services to any of the following persons?

	Yes	No	Do not know	Refuse
Sex worker				
Person who injects drugs				
Men who have sex with men				
Person living with HIV				

Q.11 Do you know if a friend or family member is:

	Yes	No	Do not know	Refuse
Living with HIV				
Sex worker				
Men who has sex with men				
Person who injects drugs				

Q.12 *[Skip if any Q11=YES]* Would you say, you would socialize or be friends with:

	Yes	No	Do not know	Refuse
A person living with HIV				
Sex worker				
Men who has sex with men				
Person who injects drugs				

Q.13 *[Skip if Q10=NO]* How did you feel when you met a person from key populations at risk for HIV (sex worker, injecting drug user, people living with AIDS, men who have sex with men) in your work context?

a. I felt particularly uncomfortable.
b. I felt I wasn't professionally well equipped enough for that encounter.
c. I felt bad for them.
d. I didn't feel anything particularly different from other people I offer services to.
e. Does not apply
f. Refuses to answer

Q.14 *[Skip if Q10=NO]* How did you react when you had to offer services to any of the above-mentioned groups?

g. I preferred not to offer any services.
h. I referred them to another colleague.
i. I postponed offering them the service.
j. I offered them the services that were required.
k. Does not apply

l. Refuses to answer

Q.15 Can you please tell us if you agree or disagree with the following statements?

"If I was to come across in my work…	Strongly agree	Somewhat agree	Not sure	Somewhat disagree	Strongly disagree
I [would] feel uncomfortable to deal with a sex worker in my work.					
I [would] feel uncomfortable dealing with a person with HIV in my work.					
I [would] feel uncomfortable dealing with an injection drug user in my work.					
I [would] feel uncomfortable dealing with LGBTQI members in my work.					
I [would] feel unprepared to offer services to one of the persons from the groups mentioned above.					
I [would] feel afraid or worried when I have to offer services to one of the persons from the groups mentioned above.					
I [would] feel like I should share what I know of the mentioned persons with my co-workers.					
I feel like I should share what I know of the mentioned persons with my friends and family.					
I would not mind disclosing somebodies' status without their consent.					

Q.16 How worried would you be about getting HIV if you did the following?

	Not worried	A little worried	Worried	Very worried	Refuse	Not applicable

Touched the clothing of a person living with HIV						
Come into contact with the saliva of a person living with HIV						
Dressed/touched the wounds of a person living with HIV						
[For health workers only] Drew blood from a patient living with HIV						
[For health workers only] Measured the temperature of a patient living with HIV						

Q.17 Should one use any of the following measures when providing services for a sex worker, people who inject drugs, men who have sex with men, people living with HIV?

	Yes	No	Refuse
Avoid physical contact			
Wear gloves or double gloves			
[For health workers only] Wear gloves during all aspects of the patient's care			
[For health workers only] Use a specific infection-control measure that you do not ordinarily (Health) use with other patients			
[For health workers only] Make an unsolicited blood test of a person that you suspect might have HIV			

Q.18 Please tell us if you agree or disagree with the following statements:

	Strongly agree	Somewhat agree	Not sure	Somewhat disagree	Strongly disagree
I understand other people's decisions and differences in life and respect that.					
I have been a victim of discrimination at some point in my life.					
Everyone should have equal access to health, education, security and other services that the state offers.					
People living with HIV are overprotected by the government.					
Sex workers are overprotected by the government.					
People who inject drugs are overprotected by the government.					
(LGBTQ members) or/ Men who have sex with men are overprotected by the government.					
I would be ashamed if someone in my family would have HIV.					

Q.19 Can you please tell us if you agree or disagree with the following sentences?

	Strongly agree	Somewhat agree	Not sure	Somewhat disagree	Strongly disagree
People with HIV should not be working					
People with HIV should not get married					
Sex workers should not get married					

Person who injects drugs should not get married					
Men who have sex with men should not get married					
The members of these groups should not have children					
The members of these groups should be isolated from the rest of the society for the safety of society					
I would suggest pregnancy termination to any member from these groups					
I think children with HIV should not attend the same classroom with other children					
People with HIV are promiscuous					
Members of these groups should be ashamed of themselves					
Men who have sex with men deserve to get AIDS					
It is sex workers who spread HIV in the community					
Most of the members of these groups deserve what they get					
Most of the members of these groups are committing crimes by being like that					
HIV is a punishment from God					
It is best if the members of these groups would be sterilized					

Only specially trained people should work with members of these groups					
I would advocate for the rights of all people, including the sex workers, people living with AIDS, man who have sex with man and people who inject drugs					
I am willing to provide additional support for the members of these groups within my work					
I would be willing to receive training to care and offer services more knowledgeable to the members of these groups					

Q.20 In the past 12 months, have you observed the following:

	Yes	No	Refuse
Workers in your place of work, unwilling to offer service to the above-mentioned individuals			
Workers providing poorer quality of care to the above-mentioned individuals			
Workers talking badly about the above-mentioned individuals			

Q.21 In my work-place, it is acceptable to refuse services to a

	Yes	No	Do not know	Refuse
Sex worker				
People who inject drugs				
Men who have sex with man				
Person living with HIV				

Q.22 How much would you say you are familiar with the legal framework and work code regarding offering your professional services to the above-mentioned key populations at risk for HIV?

a. I am fully aware of the legal responsibilities and consequences of my professional work on this matter.
b. I am somewhat aware of the legal responsibilities and consequences of my professional work on this matter.

c. I am mostly not aware of the legal responsibilities and consequences of my professional work on this matter.
d. I am not aware of all of the legal responsibilities and consequences of my professional work on this matter.
e. Refuse

Detailed Methodological Information

The survey used the valued answer method in order to quantify the stigma among the surveyed population. Essentially, the methodology utilized the questions that had a list of statements which allowed the Likert scale answers ranging from completely agree to completely disagree. Namely, these were questions number 15, 18 and 19 in the questionnaire that can be found in the annex. The specific method steps are as below:

Initially, only the negative statements in these three questions were selected. These were:

For question number 15:

- I [would] feel uncomfortable to deal with a sex worker in my work.
- I [would] feel uncomfortable dealing with a person with HIV in my work.
- I [would] feel uncomfortable dealing with an injection drug user in my work.
- I [would] feel uncomfortable dealing with LGBTQI members in my work.
- I [would] feel afraid or worried when I have to offer services to one of the persons from the groups mentioned above.
- I [would] feel like I should share what I know of the mentioned persons with my co-workers.
- I feel like I should share what I know of the mentioned persons with my friends and family.
- I would not mind disclosing somebodies' status without their consent.

For question number 18:

- People living with HIV are overprotected by the government.
- Sex workers are overprotected by the government.
- People who inject drugs are overprotected by the government.
- (LGBTQ members) or/ Men who have sex with men are overprotected by the government.
- I would be ashamed if someone in my family would have HIV.

For question number 19:

- People with HIV should not be working
- People with HIV should not get married

- Sex workers should not get married
- Person who injects drugs should not get married
- Men who have sex with men should not get married
- The members of these groups should not have children
- The members of these groups should be isolated from the rest of the society for the safety of society
- I would suggest pregnancy termination to any member from these groups
- I think children with HIV should not attend the same classroom with other children
- People with HIV are promiscuous
- Members of these groups should be ashamed of themselves
- Men who have sex with men deserve to get AIDS
- It is sex workers who spread HIV in the community
- Most of the members of these groups deserve what they get
- Most of the members of these groups are committing crimes by being like that
- HIV is a punishment from God
- It is best if the members of these groups would be sterilized

The possible answers to these questions were the following:

- Completely agree
- Somewhat agree
- Do not know
- Somewhat disagree
- Completely disagree

In all of the abovementioned statements, the "do not know" option was coded out of the database and the other options were given a value. Since the statement was negative if the "completely agree" option were to be selected, it would get the score of 1, if "somewhat agree" option was selected it would be valued at 2; "somewhat disagree" was valued at 3 and "completely disagree" was valued the highest, at 4.

Briefly, if a person would disagree with the negative suggestion or statement about key populations at risk for HIV, they were coded as having less stigma and lower potential of discrimination. Therefore the highest possible score, which is 4, means low levels of stigma and discrimination and the lowest possible score, which is 1, means very high levels of stigma.

After the answers of every case in the database were valued with the method explained above, average values for different demographics and various questions were calculated.

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