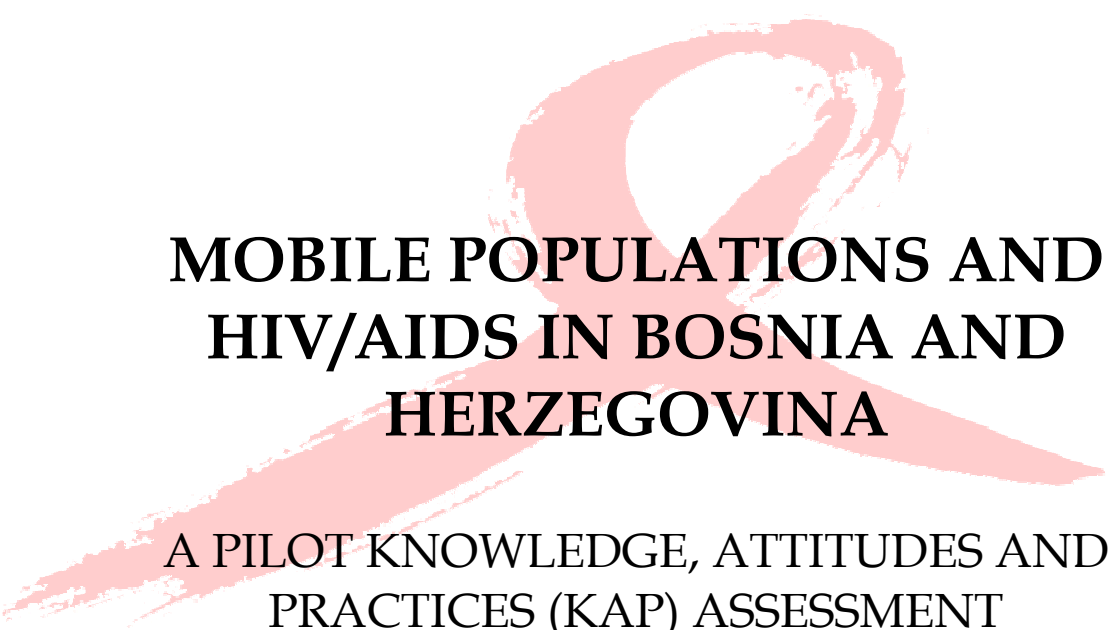




IOM International Organization for Migration



**MOBILE POPULATIONS AND
HIV/AIDS IN BOSNIA AND
HERZEGOVINA**

**A PILOT KNOWLEDGE, ATTITUDES AND
PRACTICES (KAP) ASSESSMENT**

JUNE 2006

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This research was produced within the framework of the IOM 2006 project 'HIV/AIDS National Capacity Building and Awareness Raising Activities in Bosnia and Herzegovina'. The project was funded by the Development Cooperation Ireland and activities were implemented by IOM Sarajevo, in close cooperation with the Ministries of Health in the Republika Srpska and the Federation of BiH, and international and national organizations in BiH.

The project aimed to assist mobile populations in BiH by decreasing their vulnerability to HIV/AIDS, and thus to support the implementation of the National HIV/AIDS Strategy 2004-2009 in BiH. Through conducting preliminary social research, the project was able to assess the knowledge, attitudes and practices (KAP) of targeted migrant groups. The pilot KAP research aimed to highlight issues within mobile groups for future awareness-raising or preventative attention regarding HIV/AIDS. As this analysis was of a preliminary nature, IOM recommends strongly that this research be followed by further, group-specific researches.

Through the project 'HIV/AIDS National Capacity Building and Awareness Raising Activities in Bosnia and Herzegovina' IOM Sarajevo also conducted an analysis of mass media outputs in BiH during 2005 in order to assess reporting on HIV/AIDS. This analysis aimed to provide an overview of the presentation of HIV/AIDS in the BiH media during 2005, in order to highlight key areas for future improvement.

Additionally, IOM facilitated two trainings which aimed to build the capacity of local NGOs and the media to address HIV/AIDS issues among mobile populations. Through the trainings, issues of HIV/AIDS, mobility and media presentation were explored with relevant actors, building awareness and cooperation.

With thanks to IOM Rome for input and support.

RESEARCH BACKGROUND

HIV/AIDS and Mobile Populations

It is increasingly understood that, globally, migrants are more likely to be exposed to the risk factors associated with HIV/AIDS than stationary populationsⁱ. Many specific reasons may contribute to this increased vulnerability including stigmatization and social exclusion, cross cultural differences, difficult living conditions and limited access to health services. Furthermore, migrant populations may live on the fringes of society, making them hard to reach with general or targeted preventative activities.

The transitory nature of migrant lifestyles may also facilitate the spread of infection. Mobile populations who are already living with HIV/AIDS may bring the disease into new communities. Additionally, migrants may unknowingly become infected with HIV whilst in transit and return home with the disease.

It is important to distinguish between the varying circumstances and behaviour of different mobile groups, as not all may be at increased risk of HIV infectionⁱⁱ. The situation and behaviour of some groups in particular may lead to their increased vulnerability to HIV infection. Wide-ranging studies indicate the particular potential risks for mobile groups such as internally displaced persons (IDPs)ⁱⁱⁱ, trafficked human beings (THB)^{iv}, international transport workers^v, labour/economic migrants and international peacekeepers or humanitarian workers^{vi}.

HIV/AIDS in Bosnia and Herzegovina (BiH)

It is essential to contextualize the situation regarding migrant populations and HIV/AIDS in Bosnia and Herzegovina within the national framework for data-collection, preventative and care-related activities.

Today, UNAIDS's Report on the Global AIDS Epidemic points to Eastern Europe as an area where the HIV/AIDS epidemic is growing at an "alarming speed"^{vii}. Compared to the rest of the world, the overall prevalence of HIV/AIDS in the countries of SEE is still low. However, the real number of people infected with HIV is unknown as cultural and social prejudices continue to prevent people from seeking testing and counseling.

Additionally, the collapse of the former Yugoslavia and armed-conflict in the region resulted in the economic and social conditions that could rapidly cause an escalation in the prevalence of the disease. These environmental and behavioral risk factors include poverty, migration, imprisonment, social exclusion, discrimination on the basis of ethnic, sexual, and other criteria, increased numbers of injecting drug users (IDU), and the flourishing commercial sex industry^{viii}.

Bosnia and Herzegovina displays many of the trends that exist in SEE: relatively low HIV prevalence, a high number of risk factors associated with the epidemic and a large migrant community. Although the number of reported HIV/AIDS cases is relatively low, many risk factors are present in BiH. The post-war transition and poor economic conditions make the entire population, especially youth, more likely to engage in high-risk behaviour such as injection drug use. BiH has a high number of IDUs and an active commercial sex industry.

Additionally, Men who have sex with Men (MSM) are severely stigmatized, which deters this at-risk group from seeking health information, testing and treatment. Finally, there is generally a low level of knowledge regarding HIV/AIDS and its transmission^{ix}. All these conditions combine to place BiH at a generally high level of vulnerability to the HIV/AIDS epidemic.

According to data provided to IOM by the Ministries of Health of the Republika Srpska and the Federation of BiH, 116 HIV infection cases were registered across BiH, from the beginning of 1998 until the end of 2005. 84 of these cases were AIDS cases. In 2005, 15 new cases of HIV were registered. However, these figures are likely underestimates of the real HIV/AIDS situation. UNAIDS estimated in 2004 that in reality 900 adults and children are probably living with HIV/AIDS in BiH (approximately 0.1% of the population), with a high estimate at 1800 individuals^x.

Despite the fact that BiH is considered to be located in a region with the risk of a growing epidemic of HIV/AIDS, no comprehensive national level research has been completed regarding basic knowledge, attitudes and practices of the general population regarding HIV/AIDS. Without such research there is no baseline data against which to compare more targeted researches such as those carried out by UNICEF with 'Young People Selling Sex' under the programme 'The Right to Know' in BiH.

HIV/AIDS and Mobile Populations in Bosnia and Herzegovina (BiH)

Exacerbated by the 1992-5 armed conflict, BiH contains a high number of mobile groups, some of which may be particularly vulnerable to HIV/AIDS infection. Approximately half of BiH's total population were forcibly displaced from their homes during the war in BiH, resulting in 2.2 million BiH refugees or internally displaced peoples (IDPs). According to

UNHCR, from the beginning of 1996 until the end of 2005, a total of 1,011,830 people had returned to their pre-war homes in BiH^{xi}. UNHCR considered that up until 2004, just under half of recorded returns were 'minority returns'; where people return as minorities despite the pre-war demographic make-up of the country^{xii}. Returnees in BiH, particularly minority returns, can face very specific problems of social exclusion and limited access to health care.

Because of the illegal nature of human trafficking and irregular migration, it is difficult to collect statistics on these groups. However, since 1999, IOM has assisted over 800 Victims of Trafficking (VoTs) and over 1000 irregular migrants; moreover the numbers of such migrants have increased steadily since the beginning of these assistance programmes. Irregular mobile groups may come from countries with high prevalence of HIV/AIDS or be exposed to numerous risk factors, such as poor living conditions and poverty.

Migrant communities in BiH also include a large number of international workers, including 7000 international peacekeeping troops.

Of concern to organizations dealing with HIV/AIDS issues is the limited number of preventative or treatment oriented activities which are able to specifically target mobile populations in BiH. Before such groups can be targeted, knowledge about their vulnerability, knowledge, attitudes and behaviour is needed in order to assess and correctly design preventative and responsive activities.

IOM HIV/AIDS Research among Mobile Populations in BiH

Methodology

The IOM KAP research focused primarily on targeted mobile populations in BiH: the Roma, International Transport Drivers (for truck and bus companies), refugees, Internally Displaced Persons (IDPs) and returnees in BiH. Preliminary samples were also taken from humanitarian/development workers, irregular migrants and victims of abuse and trafficking, as these groups are much smaller and more difficult to target.

As this research intended to provide initial, baseline data on a range of groups as a basis for further, intensive research, samples must not be considered necessarily representative of target groups.

In order to ensure consistency and enable comparison between groups, one 3-page, anonymous questionnaire was devised which could be used among all target groups in order to gain basic data^{xiii}. Key UNAIDS Guidelines on the Construction of Core Indicators for HIV/AIDS research were used in compilation of the questionnaire in order to ensure compatibility of research with international criteria^{xiv}.

The questionnaire was reviewed by the HIV/AIDS Coordinators in the Health Ministries of the Republika Srpska and Federation of BiH, as well as by organizations working directly with target groups. A 'test-run' of the questionnaire among visitors to the IOM Medical Department prior to the main data collection provoked alterations to the text and formatting prior to wider distribution. The questionnaire was translated into English, Bosnian, Albanian, Russian and Romanian, in order to be accessible by the key nationalities anticipated to be involved in the research.

All questionnaires were distributed through the cooperation of key international and non-governmental organizations working with the target groups. A standard briefing sheet entitled 'Guidelines for Questionnaire Distribution' was produced, outlining the aims and methodology of the research^{xv}. The Guidelines were adapted for each group and distributed, along with a verbal briefing by IOM where possible, to all cooperating agencies in order to ensure that the standards of the research were maintained.

Initial demographic criteria for questionnaire distribution were:

- Where appropriate, to attain an equal number of male and female respondents
- To target individuals between 18 and 65 years of age

This research was compiled on the basis of data gathered from questionnaires. Key findings from each group have been identified and summarized at the beginning of each group section.

Methodological Challenges

- As this research faced tight time constraints regarding design, development and data collection from target groups, some of the samples are necessarily small. All samples must be taken as examples, rather than representative of the wider group.
- Due to time constraints and in order to gather basic baseline data, the same questionnaire was used for all groups – in follow-up research a questionnaire should be adapted for each group, in order to establish a more detailed demographic profile and explore issues specific to each group.
- Despite the ‘test run’, some questions caused confusion among some respondents. For example, although many people answered that they had not previously heard of HIV/AIDS, some then continued by saying that they had received information on HIV/AIDS. In order to avoid confusion in analysis, answers to Question 2 (have you ever received information on HIV/AIDS?) were omitted in the analysis, as it was considered that Question 3 (‘If you have received information on HIV/AIDS, where was it from?’) provides an adequate indicator of how far information has been received.
- Some slight modifications to the demographic target group criteria were necessarily made. Among some groups it was not possible to gain an equal number of men and women, due to the demographic breakdown of target populations. Additionally, although the intended age bracket was originally 18 - 65, a small number of questionnaires were distributed to sexually active 15 - 17 year olds. Due to the limited size of overall samples, these responses were included in the final analysis.
- Due to the short timeframe and limited scope of the research, it was not possible to sample a ‘control group’ that would be representative of a cross-section of society in BiH, in order to compare findings from target groups against national norms.

Key Overall Findings

As was anticipated, this research revealed significant differences in the knowledge, attitudes and practices of each target group regarding HIV/AIDS. Although none of the risk groups which were targeted through the research contained a majority which considered themselves to be 'at risk', the low level of general knowledge about HIV/AIDS among some groups indicates the potential for risk behaviour.

The wide need for more information regarding where HIV testing facilities in BiH was revealed, as the majority of participants in all groups, excepting 'victims of abuse and trafficking', did not know where an HIV test could be taken.

On the basis of the research findings, the following mobile groups can be identified as potentially at an increased vulnerability to HIV infection^{xvi}:

- **Roma**
- **International Transport Drivers**
- **Refugees / Asylum Seekers**
- **Irregular Migrants**

The above groups demonstrated particular potential risk on the basis of a significantly low knowledge of some or all of the basic details of HIV/AIDS and HIV infection routes. In particular, responses to two basic UNAIDS key indicators regarding mosquito bites and sharing a meal with an infected person as possible means of HIV transmission indicated low level of knowledge. Additionally, negative attitudes towards those living with HIV were indicated through responses to questions regarding an infected friend, or the sharing of toilet facilities with an infected person, among all groups apart from international humanitarian / development workers.

Roma

Among the Roma participants who were surveyed, it was found that respondents were better informed about HIV/AIDS than was anticipated. However, although the majority had heard of HIV/AIDS and could identify key features of the disease, there remained a low level of knowledge regarding some possible routes of transmission. For example, just 34.5% participants stated that it is not possible to catch HIV from sharing a meal with an infected person, and even fewer (31.8%) were able to clearly state that HIV cannot be transmitted through mosquito bites.

Although 76.8% Roma respondents felt that they weren't at risk of HIV infection, just 20.9% respondents stated that they had previously used a condom. The research indicated the potential risk of infection among this group, especially as just 6% respondents had previously taken an HIV test, and well over half (58.%) had no idea where an HIV test could be taken in BiH. On the basis of these findings, it was concluded that Roma may be at risk of HIV infection, both on the basis of poor knowledge about HIV and due to low ability to access healthcare services.

Additionally, a high number of Roma respondents (80%) would not share a toilet with an HIV infected person. This indicates the potential for stigmatization of infected persons within targeted Roma communities, despite the fact that 21.8% respondents said that they already knew someone living with HIV/AIDS.

International Transport Drivers

Answers given by international transport drivers targeted by this social research demonstrated that they may also be an at-risk category. 89.8% had previously heard of HIV/AIDS, but knowledge of HIV transmission routes was low, especially

regarding kissing an infected person (just 28.9% correctly indicated that HIV could not be transmitted this way), sharing a meal with an infected person (just 39.8% were aware this wasn't possible) and mosquito bites (29.7% knew this was not a possible route of infection). Furthermore, just over three quarters of respondents correctly indicated that a condom will protect against HIV infection, leaving a significant number who did not state the effect of a condom.

A high level of stigma towards HIV positive people was indicated among this group – over half (53.9%) would avoid physical contact with an HIV positive friend, and 70.3% wouldn't use the same toilet. A high number – just under a third of respondents (29.7%) – had had sexual relations with more than one person during the past year. 69% participants indicated that they had used a condom before, but 60.9% had not used a condom the last time they had had sexual intercourse.

Although over a third of international transport drivers indicated that they would like to be tested for HIV, only 27.3% respondents knew where they could take an HIV test in Bosnia and Herzegovina. The results of the research among this group indicate inadequacies both in awareness of HIV/AIDS facts and knowledge about possible related medical facilities.

Refugees/Asylum Seekers

Just 82.9% of refugees and asylum seekers targeted in UNHCR camps had previously heard of HIV/AIDS. Additionally, knowledge about HIV/AIDS was erratic – for example, just under one third (29.5%) of respondents was aware that HIV/AIDS is not a heart or vascular problem. There was also a low awareness of possible HIV transmission routes, indicated by just 36.2% correctly marking that HIV cannot be transmitted by drinking dirty water, and just 14.3% who correctly answered that kissing an infected person does not present a risk of becoming infected with HIV.

Although reported monogamy / sexual abstinence levels were high among respondents (just 4.8% had had sexual relations with more than one person during the past year), over half (56.2%) of the respondents from this group had never previously used a condom.

Very few (4.8%) of refugees/asylum seekers who were reached for the research had previously taken an HIV test, and 62.9% indicated that they didn't know where they could take an HIV test in BiH. This indicates a need for further targeted information about HIV/AIDS transmission and facilities in BiH.

Irregular Migrants

Fewer than three quarters (66.7%) of the sample of irregular migrants indicated that they had previously heard of HIV/AIDS. A low level of knowledge about the disease within this group was further demonstrated by their low knowledge of HIV transmission routes. Just 23.3% of participants were aware that drinking dirty water could not lead to HIV infection, and it was found that 66.7% of irregular migrants thought that kissing an HIV positive person may result in transmission of the disease.

There were no strong indicators of risk behaviour in this group, as 73.3% reported to have previously used a condom and just 3.3% had had sexual intercourse with more than one person during the past year. Although almost half (46.3%) of irregular migrants under this research would like to have an HIV test, over three quarters (83.3%) didn't know where the test could be taken in BiH.

These findings may demonstrate the need for more targeted information for this group, as their high mobility may put them in risk situations.

Recommendations

a) Research

- KAP research must be carried out with the general population in BiH, regarding general knowledge, perceptions and behaviour in society related to HIV/AIDS. As yet, no general KAP survey regarding HIV/AIDS has been carried out with the general population. Such data would provide a basis for comparison, enabling the findings from specific target groups to be compared against normative standards of knowledge, awareness and practices regarding HIV/AIDS in BiH.
- Further Targeted Research on Risk Groups identified under this research: in particular, **the Roma, international transport drivers, refugees / asylum seekers and irregular migrants** must be further researched. Samples gathered by this pilot study were small, but indicate the need for further investigation into knowledge and behaviour.
- Further Targeted Research on Potential Risk Groups, in particular: research must be carried out among **returnees / IDPs** and **victims of trafficking**. Although these groups could not be effectively targeted through this pilot research, they are suspected to be vulnerable.

b) Activities

- On the basis of gaps in public knowledge to be identified through general KAP research, public information materials must be designed to target common misunderstandings and decrease risk behaviour.
- Targeted Preventative Activities, working with national and entity-level authorities, in alignment with the National HIV/AIDS Strategy for BiH and based on this baseline research,

must be implemented as soon as possible. Activities should include:

- HIV/AIDS campaigns at local level with **Roma** populations, including dissemination of informative and preventative materials. Capacity building of local organizations should take place, in order to enable awareness-raising of HIV risks and HIV testing facilities accessible for local communities.
- Basic HIV/AIDS information campaigns within transport companies through employers, employers associations and trade unions, targeting **international transport drivers**. Activities should, include the dissemination of informative and preventative materials and facilitating awareness of HIV testing.
- Basic HIV/AIDS information campaigns, following those initiated by UNHCR in order to target **refugees and asylum seekers living within reception centres** in BiH.
- Capacity building through training of NGOs dealing with **victims of trafficking (VoT)**, in order to better enable NGOs to distribute information about HIV risks and advise on accessible testing facilities.
- Working with international organizations and NGOs in Kosovo (main country of origin for **irregular migrants** to BiH) to distribute information on HIV prior to possible travel to BiH. This could be facilitated through IOM's Migrant Service Centre which operates in Pristina with a high client rate.

Roma

Population Brief

The Roma in BiH are considered one of the most significant, and most highly disadvantaged, minority groups living in BiH. Estimates of their numbers by international and local organizations range from 10,000 to 120,000^{xxxii}. Compounded by the lack of civil registration for many Roma in BiH, it is difficult both to determine the scale of the population and to access this 'ethnic' group with targeted activities.

According to national statistics, the Roma has the highest death rate, and lowest life expectancy, of any 'ethnic' group in BiH^{xxxiii}. This can be attributed to many factors: it has been acknowledged by the BiH Government that the Roma population in BiH experiences a high level of endemic discrimination in many areas of society^{xxxiv}. Many Roma do not have access to standard health care facilities, as they do not possess health insurance or health care cards. Furthermore, it is recognized that targeted health education is needed among Roma groups, in order to raise awareness and understanding of disease^{xxxv}.

Methodology

Roma communities both in and outside Sarajevo were targeted for the pilot research using the IOM KAP questionnaire. The questionnaire was distributed among seven Roma settlements, and a total of 220 completed questionnaires were received.

Two strategies were adopted in order to target a sample from a range of Roma communities: Firstly, with the coordination of WorldVision, four Roma NGOs from communities outside Sarajevo assisted the research. Three NGOs from the Federation of BiH agreed to assist: 'Omladinska romska inicijativa' from Kakanj; 'Romano Centro' from Zenica, and

'Budi mi prijatelj' from Visoko. One NGO from the Republika Srpska assisted: 'Savez Roma RS', from Bosanska Gradiska. Each NGO was given a detailed briefing, and distributed 40 questionnaires among Roma men and women aged between 15 and 65 years of age living within their communities. A total of 160 completed questionnaires (72.8% of the total) were received from communities outside Sarajevo.

Secondly, a further three communities in Sarajevo were directly targeted by IOM, through contacts within Roma communities in Vraca, Ciglane and Dobrinja. 60 completed questionnaires (27.2% of the total) were thus received from communities in the Sarajevo area. Many participants had a low level of literacy, and participants were supported by an IOM representative in order to complete the questionnaire.

Communities Targeted			
	Community	Number	Percentage (%)
Communities Inside Sarajevo	Ciglane	30	13.6
	Dobrinja	21	9.5
	Vraca	9	4.1
Communities Outside Sarajevo	Zenica	42	19.1
	Bosanska Gradiska	41	18.6
	Kakanj	40	18.3
	Visoko	37	16.8
	Total	220	100

The results from all communities were combined for the analysis in order to give a broad overview of the Roma.

Socio-Demographic Breakdown

220 participants in total from seven Roma communities completed a KAP questionnaire.

The gender balance of Roma participants was almost equal, with 48.6% female and 47.7% male.

Gender		
Gender	Number	Percentage (%)
Female	107	48.6
Male	105	47.7
No answer	8	3.6
Total	220	100

Respondents were fairly evenly spread throughout the age groups and 79.1% were aged between 15-45 years of age.

Age		
Age	Number	Percentage (%)
15-25	74	33.5
26-35	51	23.2
36-45	49	22.3
46-55	33	15
56+	12	5.5
No answer	1	0.5
Total	220	100

The majority, 94.5%, identified themselves as citizens of BiH, followed by 3.2% from Serbia and Montenegro and small numbers from Kosovo Province, FYROM and Croatia.

Citizenship		
Country / Province	Number	Percentage (%)
BiH	208	94.4
SCG	7	3.2
Kosovo Province	2	0.9
FYROM	1	0.5
Croatia	1	0.5
No answer	1	0.5
Total	220	100

The majority of Roma respondents (67.3%) indicated that they were married, followed by 20.9% who were single.

Marital Status		
Status	Number	Percentage (%)
Married	148	67.3
Single	46	20.9
Divorced	8	3.6
Long-Term Relationship	7	3.2
Widow/er	6	2.7
No answer	5	2.3
Total	220	100

Education levels of the Roma sample were relatively low - 17.7% had received no education at all, whilst a further 44.5% indicated that they had left school following completion of primary education. 33.2% had received education up to secondary level, and 1.4% had been to university at graduate or post-graduate levels.

Level of Education		
Level	Number	Percentage (%)
Primary education	98	44.5
Secondary education	73	33.2
No education	39	17.7
University	2	0.9
Post-graduate	1	0.5
No answer	7	3.2
Total	220	100

The majority of respondents (67.7%) were unemployed. This was followed by those who identified themselves as employed in the private sector (9.1%) or retired (8.2%).

Employment Status		
Status	Number	Percentage (%)
Unemployed	149	67.8
Private sector	20	9.1
Retired	18	8.2
Public sector	8	3.6
Agriculture	8	3.6
Other	10	4.5
No answer	7	3.2
Total	220	100

Results

Key Findings

- Roma participants were better informed about HIV/AIDS than was anticipated. The majority (96.9%) had heard of HIV/AIDS and could identify key features of HIV.
- There was a low level of knowledge about some potential transmission routes, for example, just 34.5% were aware that sharing a meal doesn't carry a risk of transmission and 31.8% correctly indicated that HIV cannot be transmitted through mosquito bites.
- Roma participants expressed some level of stigma attached to people living with HIV/AIDS, including 80% who would not share a toilet with an infected person.
- Over a fifth of Roma respondents (21.8%) said that they knew someone living with HIV.
- 20.9% respondents stated that they had used a condom before, although 33.6% said that they had used a condom during previous sexual intercourse^{xxxvi}.
- Over three quarters of Roma participants, 76.8%, felt they were not at risk of HIV infection.
- Just 6% respondents had previously taken an HIV test.
- 58.6% did not know where they could have a HIV test in BiH.

Full Findings

Basic Knowledge about HIV/AIDS

Almost all Roma participants (95.9%) had previously heard of HIV/AIDS, leaving just 3.6% who had not. 75% Roma respondents

correctly identified that HIV/AIDS is a growing problem in 'this part of Europe'.

Of those participants who had previously received information on HIV/AIDS, the vast majority of participants had received information within BiH, rather than abroad; many participants had received information from multiple sources within BiH. 80.5% of all participants had received information on HIV/AIDS in BiH through the television (%), followed by newspapers (48.2% of total participants) and radio (46.8%), and other sources. The majority of respondents who had received information from abroad had received it through sources including the television (5% of total participants), newspapers (3.6%) and radio (2.3%).

71.4% respondents correctly identified that HIV is a **virus**. However, 40.9% Roma participants incorrectly indicated that HIV/AIDS is a **bacteria** and almost a further quarter (24.1%) respondents indicated that they did not know whether it is a bacteria or not. Over half (50.9%) participants were aware that HIV/AIDS is not a **heart/vascular problem**; however, 28.2% thought that HIV/AIDS is a heart/vascular problem, and 15.9% indicated that they didn't know whether it is or not

62.3% respondents correctly indicated that HIV/AIDS **cannot be cured**; 14.1% respondents thought that it can be cured, and 18% didn't know.

HIV Transmission Routes

56.4% Roma participants correctly indicated that you cannot become infected with HIV from **hugging or shaking hands** with an infected person - 21.4% thought you can become infected this way, 12.3% didn't know and 10% didn't answer. 55.5% correctly indicated that you cannot become infected with HIV from **drinking dirty water**; 17.3% indicated that this is possible, 15% didn't know, and 12.3% didn't offer an answer. Over a third of respondents (36.4%)

thought that you can become infected with HIV by **sharing a meal** with an infected person. 34.5% correctly answered that this is not possible, and 19.5% didn't know whether it was or not. Almost half, 48.6%, incorrectly indicated that you can become infected with HIV through **kissing** someone with HIV/AIDS, whereas 30% answered that you cannot, and 11.8% didn't know.

Knowledge regarding the **use of condoms** in protection against HIV infection was high: 89.5% participants correctly indicated that having sexual intercourse without a condom can lead to HIV infection, and just 5.5% thought that you are not at risk of infection through unprotected sexual intercourse. The majority, 66.4%, of participants were aware that the use of a condom during sexual intercourse would prevent both HIV infection and pregnancy. However, 15.9% respondents thought that, although a condom could protect against pregnancy, it would not protect against HIV infection.

74.5% correctly indicated that a mother carrying HIV can transmit the virus to a child *in utero*, and 80% indicated that HIV can be transmitted through **surgical needles** containing infected blood. 74.5% were aware that you can become infected with HIV through **drug injection**, as opposed to 20.9% who thought that you cannot become infected through drug injection.

In terms of the possibility of becoming infected through **mosquito bites**^{xxxvii}, there were varied responses – 35.9% felt that it is possible to become infected with HIV through mosquito bites, whereas 31.8% indicated that it is not. 20.5% didn't know if this is a possible infection route.

Attitudes towards People Living with HIV/AIDS

Over a fifth (21.8%) people said that they **knew a person living with HIV/AIDS**. 72.3% said that they did not know any infected people.

Participants were asked how they would respond if they found out that a friend of theirs was infected with HIV. 36.4% indicated that they would offer **support and sympathy** to a friend who was living with HIV/AIDS, and feel sorry for them; 26.4% said that, although they would offer support, they would consider that their friend deserved the disease for some reason. 27.7% would continue to be friends but avoid physical contact, and 7.3% indicated that they would avoid an infected friend totally.

80% respondents indicated that they would not **use the same toilet** as a person with HIV/AIDS, and 16.8% stated that they would use the same toilet.

60.5% correctly indicated that a **healthy looking person** can have HIV/AIDS, followed by 20.9% who indicated that they did not know if this is possible, and 13.6% who indicated that a healthy-looking person cannot have HIV/AIDS.

Risk Behaviour and Testing

The majority (64.5%) of respondents indicated that they had had **sexual relations** only with their regular sexual partner in the past year. 16.8% had had sexual relations with more than one sexual partner and 15% had had no sexual relations at all during the past year.

74.5% respondents were aware that the risk of HIV infection could be reduced through a **monogamous relationship** with an uninfected partner. 20.5% felt that the risk of infection would not be reduced this way.

The majority of participants (59.1%) failed to indicate whether or not they had ever **used a condom**. 20.9% stated that they had used a condom at some point in their life, and 20% indicated that they had never used a condom. 33.6% of total respondents said that they had **used a condom the last time they had had sexual intercourse**, whereas 60.9% stated that they had not used a condom on this occasion.

60% respondents indicated that they would use condoms if they could obtain them **free of charge**, in contrast to 31.4% who said that they would not use them even if they were free.

Over three quarters of respondents (76.8%) thought that they were **not at risk** of HIV infection; 16.4% respondents perceived themselves as being at risk. 6% participants had **taken an HIV test**, and 88.6% had never taken an HIV test. Almost a quarter of respondents (24.1%) indicated that they **would like to have an HIV test**, but 69.5% said that they would not.

The majority of respondents, 58.6%, indicated that they **did not know where they could be tested for HIV** in BiH, as opposed to 39.1% who said that they knew where they could have an HIV test in BiH.

International Transport Drivers

Population Brief

Bosnia and Herzegovina is a country of origin, destination and transit for international trade, and thus hosts a large number of international transport companies, involved in transportation of goods and/or people across Europe. There are 132 freight companies officially listed by the Foreign Trade Chamber of Bosnia and Herzegovina^{xxxviii}, in addition to 238 passenger transportation companies^{xxxix}. This indicates a potentially high number of international transport drivers based in BiH.

The possibility of risk behaviour within this group in relation to HIV/AIDS is relatively high, indicated by international researches with international transport drivers: consistent travel and regular periods of absence from regular sexual partners may increase the chances of risk behaviour, including sexual intercourse with commercial sex workers^{xl}. However, no specific research regarding the HIV/AIDS knowledge, awareness and behaviour has previously been conducted with this group in BiH.

Two recent surveys carried out by the IOM in Croatia with migrant workers^{xli}, including truck drivers, concluded that risk behaviour has reduced among this group in Croatia in response to an increased awareness of the risk of HIV infection^{xlii}. Surveys in Croatia identified areas in which drivers' knowledge remained low, including how and where they could receive anonymous HIV tests.

Methodology

128 international transport drivers based in Bosnia and Herzegovina completed questionnaires for the survey. The drivers who participated worked within bus and truck companies based in BiH (including Sarajevo, Zenica, Kakanj, Visoko, Zepce and Tesanj), and were targeted through contacts with their companies, with the assistance of the Foreign Trade Chamber of BiH. Key contacts within all companies targeted were briefed on the aims and methodology of the survey, and agreed to assist the research through the regulated distribution of questionnaires among their international drivers. Completed questionnaires were then collected and returned to IOM Sarajevo for analysis.

Socio-Demographic Details

138 participants initially took part in the survey. 128 respondents were male (92.8%), and 10 were female (7.2%)^{xliii}. Almost all (98.4%) participants stated their citizenship of BiH.

Gender		
Gender	Number	Percentage (%)
Male	128	92.8
Female	10	7.2
Total	138	100

In terms of age-range of participants, 30.5% respondents were aged between 26 and 35 years old, 27.3% was aged between 36 and 45, and a further 27.3% was aged between 46 and 55 years of age.

Age		
Age	Number	Percentage (%)
15-25	4	3.1
26-35	39	30.5
36-45	35	27.3
46-55	35	27.3
56+	12	9.4
No answer	3	2.3
Total	128	100

The majority (75.8%) of respondents were married, and 12.5% indicated their marital status as 'divorced'. 7% participants indicated that they were single.

Marital Status		
Status	Number	Percentage (%)
Married	97	75.8
Divorced	16	12.5
Single	9	7
Widow/er	3	2.3
Long-Term Relationship	2	1.6
No answer	1	0.8
Total	128	100

In terms of education and employment, the majority (71.9%) had completed secondary education. A further 14.8% had finished their education following

primary education, and 10.2% drivers indicated that they had received no education. 3.1% had completed graduate/post-graduate studies at university.

Level of Education		
Level	Number	Percentage (%)
No education	13	10.2
Primary education	19	14.8
Secondary education	92	71.9
University	3	2.3
Post-graduate	1	0.8
Total	128	100

78.9% indicated that their work was within the private sector; a further 14.8% indicated that their work fell into the public sector.

Employment Status		
Status	Number	Percentage (%)
Private sector	101	78.9
Public sector	19	14.8
Agriculture	3	2.3
Unemployed	2	1.6
Retired	2	1.6
Other	1	0.8
Total	128	100

Results

Key Findings

- 89.8% International Transport Drivers who were reached through the research had previously heard of HIV/AIDS.
- 79.9% respondents from this group correctly identified that HIV is a virus; however, under half (46.9%) correctly identified that HIV is not a bacteria.
- Knowledge of HIV transmission routes amongst International Drivers was relatively low, including whether hugging, shaking hands with, sharing a meal with or kissing an HIV positive person could transmit the infection.
- 75.8% respondents correctly identified that sexual relations without the use of a condom could lead to infection.
- 53.9% Drivers would avoid physical contact with a friend who was HIV positive, and 70.3% would not use the same toilet as them.
- The majority (69%) of International Transport Drivers in the research had previously used a condom.
- Just under a third (29.7%) of respondents had had sexual relations with more than one person during the past year.
- Over a third (35.9%) International Transport Drivers would like to be tested for HIV; however, only 27.3% of participants in this research group knew where they could take an HIV test in BiH.

Full Findings

Basic Knowledge about HIV/AIDS

89.8% respondents had previously heard of HIV/AIDS, 6.3% had not previously heard

of HIV/AIDS, and 3.9% did not indicate whether they had or not.

The majority of participants who had previously **received information on HIV/AIDS** within BiH indicated multiple sources of such information. The most common source of information about HIV/AIDS within BiH was the **television** (76.6% of total respondents), followed by the **radio** (59.4%) and **newspapers** (58.6%). Interpersonal relationships were also significant sources of information about HIV/AIDS, as respondents indicated they had received information from health workers (14.8%), religious leaders/communities (13.3%) and friends or relatives (14.1%). 7.8% said that they had received information through public information campaigns.

A small number of respondents had received information about HIV/AIDS from **sources abroad**. The biggest source of information abroad was the television, indicated by 10.9% of total respondents. A further 6.3% had received information abroad from the radio, or from newspapers (5%).

68% international transport drivers respondents correctly indicated that HIV/AIDS is a **growing problem** in 'this part of Europe'. 17.2% indicated that they didn't know whether it is or not.

79.9% participants were aware that HIV is a **virus**; 7% indicated that HIV is not a virus, and 9.4% said that they did not know whether it is or not. However, less than half of respondents (46.9%) correctly indicated that HIV/AIDS is not a **bacteria**; 28.1% thought that it was a bacteria and 16.4% didn't know if it was or not. Similarly, less than half of participants (46.1%) correctly indicated that HIV/AIDS is not a **heart/vascular problem**. 24.2% indicated

that HIV/AIDS is a heart/vascular problem, and 21.9% didn't know.

Over half (54.7%) of respondents were aware that HIV/AIDS **cannot be cured**, leaving 17.2% who thought that it could be cured, and 24.5% who indicated that they did not know whether HIV/AIDS can be cured or not.

HIV Transmission Routes

Basic knowledge of HIV transmission routes was relatively low. Just over half (56.3%) respondents correctly indicated that you cannot become infected with HIV if you **hug or shake hands** with an infected individual; 10% thought that this is a possible transmission route of HIV and a fifth (20.3%) indicated that they didn't know. 38.3% respondents thought that HIV could be transmitted by **kissing** someone infected with HIV, whereas 28.9% correctly indicated that it could not. A further 21.1% did not know, and 11.7% did not answer the question.

Again, over half of the participants (54.7%) correctly identified that it is not possible to become infected with HIV through **drinking dirty water**. 7% thought that this is possible, but 22.7% didn't know. Well under half of participants (39.8%) correctly indicated that it is not possible to become infected with HIV through **sharing a meal** with an infected person, whereas 26.6% indicated that this is a possible infection route and 19.5% didn't know whether it was or not.

However, over three quarters of respondents (75.8%) correctly identified that having sexual intercourse without a **condom** could lead to HIV infection; 12.5% said that they did not know whether this is possible or not. 61.7% respondents correctly answered that the use of condoms during sexual intercourse will protect against pregnancy and HIV infection. A further 13.3% thought that, although a condom would protect against pregnancy, it would not protect against HIV infection.

58.6% respondents correctly indicated that HIV can be transmitted from a mother to an **unborn child**; 11.7% thought that this is not possible, 18.8% stated that they did not know the answer and 10.9% did not indicate whether infection can occur in this way or not. 65.6% respondents identified that a person can become infected with HIV through the use of **surgical needles** containing infected blood; a further 18.8% said that they did not know whether this was possible. 76.6% correctly identified that HIV/AIDS could be transmitted through **drug injection**, whereas 16.4% indicated that this is not a possible HIV transmission route.

32.8% participants thought that it was possible to become infected with HIV through **mosquito bites**, and 29.7% thought that an individual could not become infected this way. 24.2% did not know whether this is possible or not, and 13.3% failed to indicate whether they thought mosquito bites are a possible transmission route for HIV.

Attitudes towards People Living with HIV/AIDS

The majority, 78.9%, indicated that they did not **know anybody living with HIV/AIDS**, whilst 7.8% respondents indicated that they did know an infected person.

The majority of participants (53.9%) said that, were they to find out that **a friend of theirs was infected with HIV/AIDS**, they would continue to be friends whilst avoiding physical contact. 20.3% stated that they would offer such a friend sympathy and support and feel sorry for them, whilst 14.1% felt that, whilst giving them support, they would consider that their friend deserved the infection for some reason. 70.3% would not **use the same toilet** as a person with HIV/AIDS, whilst 25% said that they would.

64.8% respondents indicated that a **healthy-looking person** can have HIV/AIDS. Again, a high percentage (19.5%) indicated that

they did not know whether this is possible, and 12.5% said that it is not possible for a person to look healthy and still have HIV/AIDS.

Risk Behaviour and Testing

69% respondents had **used a condom** at some point in their life, and 26.6% had never used a condom. 28.9% had **used a condom the last time they had had sex**, whereas 60.9% had not and 10% did not indicate whether they had or not. 50.8% indicated that they would use condoms if they could receive them for free, and 40.6% said that they would not use condoms even if they were free.

In the past year, 59.4% respondents had had sexual relations only with their **regular partner**. 29.7% had had sexual relations with more than one partner, 4.7% had had no sexual relations, and 6.3% did not answer the question.

66.4% participants correctly indicated that the risk of HIV/AIDS infection can be reduced by having sexual intercourse with just **one, faithful and uninfected partner**. 21.9% thought that this would not reduce the risk of HIV/AIDS infection, and 11.7% did not answer the question.

The majority of respondents (68.8%) indicated that they did not feel themselves to be **at risk** of HIV infection, as opposed to 22.7% who indicated that they did feel themselves to be at risk. 18% participants had previously taken an **HIV test**. 56.3% participants indicated that they would not like to have an HIV test, and 35.9% respondents indicated that they would like to be tested for HIV. However, the majority (64.8%) indicated that they did not know where they could take an HIV test in BiH, as opposed to 27.3% respondents who knew where they could take an HIV test in BiH.

Refugees & Asylum Seekers

Population Brief

At the end of November 2005, UNHCR reported that there were 10,591 registered refugees in BiH, including 7,471 Croatian Serbs from Croatia residing in the Republika Srpska, and 3,108 Kosovars from SCG residing in the Federation. Additionally, 288 asylum seekers were noted to be residing in BiH as of 30th November 2005^{xliv}.

Although the majority of refugees in BiH live in private accommodation, the most vulnerable are housed within one of three Reception Centres in operation in the Federation of BiH, which provide accommodation for refugees, asylum seekers, and holders of Temporary Admittance on the basis of humanitarian need: the Asylum Centre in Sarajevo (Rakovica), and Reception Centres at Mostar (Salakovac) and Bosanski Petrovac (Gorincani). Although Rakovica is officially an Asylum Reception Centre, it also currently hosts refugees and residents holding Temporary Admittance Status^{xlv}.

In terms of healthcare, national legislation adopted by BiH indicates the provisions that must be made for refugees and asylum seekers. An alien holding refugee status must have access to health care under the same conditions as citizens of BiH^{xlvi}. Asylum seekers residing in BiH should be provided with access to primary health care on a needs basis^{xlvii}. Health services to all camp residents, whether refugees, asylum seekers or those with Temporary Admittance on the basis of humanitarian need are facilitated by UNHCR, including health awareness raising campaigns.

Methodology

In order to target refugees and asylum seekers in BiH, IOM cooperated with UNHCR in Sarajevo and Inicijativa Zena BiH. Through their assistance, questionnaires were distributed within the UNHCR Asylum Centre in Sarajevo (Rakovica), and Reception Centres at Mostar (Salakovac) and Bosanski Petrovac (Gorincani)^{xlviii}. One social worker working within each of the three centres was briefed on the aims and methodology of the research, and instructed to follow guidelines in the distribution of questionnaires among consenting individuals between 18 and 65 years of age. 20 questionnaires were distributed in Rakovica, 40 in Salakovac and 40 in Gorincani, in proportion with the overall population of the camps. Once completed, the questionnaires were returned to IOM Sarajevo for analysis.

Socio-Demographic Details

105 refugees/asylum seekers from within the three targeted camps completed questionnaires. There was an almost equal number of men (49.5%) and women (50.5%).

Gender		
Gender	Number	Percentage (%)
Female	53	50.5
Male	52	49.5
Total	105	100

In terms of citizenship, 85.7% participants were from Serbia and Montenegro, and a further 5.7% indicated their citizenship of the Province of Kosovo. Participants additionally held citizenship from FYROM, BiH and Croatia.

Citizenship		
Country / Province	Number	Percentage (%)
SCG	90	85.7
Kosovo Province	6	5.7
BiH	4	3.8
FYROM	3	2.9
Croatia	1	0.9
No answer	1	0.9
Total	105	100

The age range of respondents was most concentrated among participants between 26-35 (34.3%) and 36-45 (32.4%).

Age		
Age	Number	Percentage (%)
15-25	19	18.1
26-35	36	34.3
36-45	34	32.4
46-55	13	12.2
56+	2	1.9
No answer	1	0.9
Total	105	100

Lower percentages of participants were aged between 15-25 (19%), and 46-55 (12.2%). 72% participants were married, 13.3% were single and 9.5% were in a long term relationship.

Marital Status		
Status	Number	Percentage (%)
Married	72	68.6
Single	14	13.3
Long-Term Relationship	10	9.5
Divorced	5	4.8
Widow/er	3	2.9
No answer	1	0.9
Total	105	100

In terms of education, the majority of participants within this group had either received no standard education at all (29.5%) or had finished their education after primary school (41%). 21% participants had completed secondary education and a further 2.9% had been educated at university.

Level of Education		
Level	Number	Percentage (%)
No education	31	29.5
Primary education	43	41
Secondary education	22	21
University	3	2.9
No answer	6	5.7
Total	105	100

The employment status indicated by participants reflected their circumstances as camp residents. 73.3% indicated that they were unemployed. 7.6% identified themselves as retired, whilst small numbers indicated their employment within the private and public sectors and agriculture.

Employment Status		
Status	Number	Percentage (%)
Unemployed	77	73.3
Retired	8	7.6
Private sector	3	2.9
Public sector	2	1.9
Agriculture	2	1.9
No answer	4	3.8
Total	105	100

Results

Key Findings

- 82.9% refugee/asylum seekers targeted in UNHCR camps had previously heard of HIV/AIDS.
- 67% respondents from this group correctly indicated that HIV is a virus, and just 29.5% respondents were aware that HIV/AIDS is not a heart or vascular problem.
- Refugees and asylum seekers indicated a low awareness of possible HIV transmission routes, including just 36.2% correctly indicating that HIV cannot be transmitted by drinking dirty water, and just 14.3% who were aware that kissing an infected person is not a risky activity.
- 85.7% respondents would not share a toilet with an HIV positive person.
- Over half (56.2%) of refugees/asylum seekers in this research group had never used a condom before.
- Just 4.8% respondents had had sexual relations with more than one person during the past year.
- 93.3% refugees/asylum seekers from the camps had never previously taken an HIV test.
- 62.9% respondents from this group didn't know where they could take an HIV test in BiH.

Full Findings

Basic Knowledge about HIV/AIDS

82.9% respondents indicated that they had **previously heard of HIV/AIDS**, whilst 16.2% indicated that they had not.

For those who had previously **received information on HIV/AIDS**, the majority indicated that they had received such information in BiH, and through multiple means. The primary medium was the **television** (65.7%), followed by the **radio** (39%) and **newspapers** (29.5%). Seminars in BiH had provided information to 28.6% of survey respondents, and 28.6% had received information from health workers. Very few participants indicated that they had received any information abroad on HIV/AIDS: 2.9% participants had received information abroad through the television, and 1.9% from radio and newspapers.

73.3% respondents correctly indicated that HIV/AIDS is a **growing problem** in 'this part of Europe' but 19% said that they did not know whether it is or not.

Answers to questions regarding the nature of HIV/AIDS indicated some confusion regarding the nature of the disease. 62.9% respondents correctly indicated that HIV is a **virus**, and 29.5% did not know whether or not it was a virus. Almost half of participants (43.8%) didn't know whether HIV/AIDS is a **bacteria** or not: 38.1% indicated that HIV/AIDS is a bacteria, and just 16.2% participants correctly identified that it is not. Under a third (29.5%) of respondents correctly indicated that HIV/AIDS is not a **heart or vascular problem**, whereas 23.8% thought that it is, and 38.1% did not know whether it is or not.

Almost three quarters (71.4%) correctly indicated that HIV/AIDS **cannot be cured**.

Transmission Routes

There were mixed responses regarding transmission routes for HIV: 37.1% participants indicated that you can become infected with HIV by **shaking hands with or hugging** an infected

person; an equal number (37.1%) indicated that you cannot become infected in this manner, 16.2% did not know whether this is possible or not. 61.9% thought that it is possible to become infected with HIV/AIDS through **kissing** someone infected with the disease, 14.3% thought that this isn't possible, and 14.3% didn't know.

There were also mixed responses to whether HIV could be transmitted through **drinking dirty water**: Just over a third of respondents (36.2%) correctly indicated that HIV cannot be transmitted through dirty water, 27.6% indicated that it could be, whereas 22.9% didn't know whether this was possible or not. 39% participants felt that **sharing a meal** with someone infected with HIV/AIDS presents a risk of infection. 24.8% felt that this is not a risky activity, and 29.7% didn't know whether it is or not.

72.4% participants correctly indicated that there is a risk of infection from **sexual intercourse without a condom**. Similarly, 73.3% indicated correctly that condoms would provide **protection against both pregnancy and HIV infection**. 14.3% indicated that they did not know what a condom would do.

Almost three quarters (73.3%) participants were aware that it is possible for HIV to be transmitted from a mother carrying HIV/AIDS to a child *in utero*; 18.1% did not know if this was possible or not. 80% participants were aware that HIV could be transmitted through a injection with a **surgical needle** containing infected blood, and 71.4% were aware that HIV/AIDS can be transmitted through general **drug injection** (27.6% thought that this wasn't possible).

Over a third (37.1%) of participants thought that it is possible to become infected with HIV/AIDS through a **mosquito bite**, 28.6% thought that this is

not possible, and 25.7% didn't know whether transmission of HIV in this manner is possible or not.

Attitudes towards People Living with HIV/AIDS

94.3% participants indicated that they did not **know anyone infected with HIV/AIDS**, and just 1.9% stated that they knew an infected person. When considering how they would treat a friend living with HIV/AIDS, responses were mixed: 34.3% indicated that they would offer them **support and sympathy** and feel sorry for them, 32.4% that they would continue to be friends whilst **avoiding physical contact**, and 19% answered that they would avoid such a friend altogether. The majority (85.7%) would not **share the same toilet** as a person with HIV/AIDS, as opposed to 11.4% who would.

67.6% demonstrated awareness that a **healthy-looking person** can have HIV/AIDS; a further 21% didn't know if a person can look healthy but still have HIV/AIDS.

Risk Behaviour and Testing

Almost three quarters (73.3%) of participants correctly identified that the risk of HIV/AIDS infection can be reduced by having sexual intercourse with only **one, faithful uninfected partner**. 18.1% thought that this would not reduce the risk of HIV/AIDS infection.

The majority of participants (56.2%) had never used a **condom**, as opposed to 41.9% participants who had. 77.1% participants had not used a condom the last time they had sexual intercourse, 14.3% indicated that they had used a condom during their most recent sexual intercourse, and 8.6% did not answer the question. Almost half (48.6%) of participants indicated that they would use condoms if they could receive them

free of charge and 44.8% indicated that they would not.

76.2% respondents indicated that they had had **sexual relations** only with their regular partner during the past year. 13.3% respondents indicated that they had had no sexual relations at all and 4.8% had had sexual relations with more than one partner.

82.9% participants from this group did not feel that they were **at risk** of HIV infection, but 14.3% felt that they were at risk. 93.3% respondents had never taken an **HIV test**, as opposed to 4.8% who had been tested for HIV. Less than half of respondents (41.9%) indicated that they would like to have an HIV test, and the majority, 55.2%, indicated that they would not like to have an HIV test. 34.4% respondents were aware where they could have an HIV test in BiH, but the majority, 62.9%, were unaware of where an HIV test could be taken in BiH.

Internally Displaced Persons & Returnees

Population Brief

The conflict in Bosnia and Herzegovina from 1992-5 caused a wide-ranging displacement of people from their homes and communities. Although 1.2 million people who were forcibly displaced from their homes fled the country to seek refuge abroad, it is estimated that approximately 1 million people moved elsewhere in BiH as Internally Displaced People (IDPs). By the end of 2005, 569,700 IDPs were recorded as having returned to their pre-war communities since the beginning of 1996^{xlix}. However, based on registration figures by the Ministry of Human Rights and Refugees, an estimated 180,000 IDPs remain in need of return-related assistance^l.

Both IDPs and returnees with recognized status, according to laws in both the Federation of BiH and the Republika Srpska, are entitled to a number of social benefits including healthcare^{li}. However, access to adequate healthcare facilities for both IDPs and returnees in Bosnia and Herzegovina is often challenged by political division and discriminatory treatment at local level^{lii}. According to the BiH Council of Ministers' Poverty Reduction Strategy Paper Sector Priorities for Health Care, "inequalities in access to and receipt of health care are particularly acute for returnees. for whom political and administrative barriers mean they are almost entirely without health care"^{liii}.

Methodology

IDPs and returnees were targeted through IOM's cooperation with UNHCR Regional Office in Banja Luka. UNHCR was thoroughly briefed on the distribution guidelines of the research; questionnaires were then distributed directly to the target groups through UNHCR Banja Luka, Serb Democratic Forum in Banja Luka dealing with displaced persons in BiH, and Vasa Prava, a national organization offering free legal aid to vulnerable groups, including IDPs and returnees.

Socio-Demographic Details

A total of 67 IDPs and returnees responded to the KAP questionnaire. 59.7% were male, and 40.3% female.

Gender		
Gender	Number	Percentage (%)
Male	40	59.7
Female	27	40.3
Total	67	100

Almost all respondents (86.6%) identified themselves as citizens of BiH, with additionally participants who identified themselves as citizens of Croatia (11.9%) and Serbia and Montenegro (1.5%).

Citizenship		
Country / Province	Number	Percentage (%)
BiH	58	86.6
Croatia	8	11.9
SCG	1	1.5
Total	67	100

The majority of participants were aged 26-35 (31.3%), 36-45 (28.4%) and 46-55 (28.4%).

Age		
Age	Number	Percentage (%)
15-25	4	6
26-35	21	31.3
36-45	19	28.4
46-55	19	28.4
56+	4	6
Total	67	100

Regarding the education of participants, almost half had completed secondary education (47.8%) and a further 29.9% studied at university. 20.9% had left school after completing primary education.

Level of Education		
Level	Number	Percentage (%)
No education	1	1.5
Primary education	14	20.9
Secondary education	32	47.8
University	20	29.9
Total	67	100

The majority of participants were employed: 32.8% in the private sector, 25.4% in the public sector, and 7.5% in agriculture. 28.4% respondents identified themselves as unemployed.

Employment Status		
Status	Number	Percentage (%)
Private sector	22	32.8
Unemployed	19	28.4
Public Sector	17	25.4
Agriculture	5	7.5
Retired	1	1.5
Other	2	3
No answer	1	1.5
Total	67	100

In terms of marital status, just over half of participants (50.7%) were married and 10.4% were in a long-term relationship. 26.9% were single, and 7.5% described their marital status as divorced.

Marital Status		
Status	Number	Percentage (%)
Married	34	50.7
Divorced	5	7.5
Single	18	26.9
Widow/er	3	4.5
Long-Term Relationship	7	10.4
Total	67	100

Results

Key Findings

- All IDP/Returnees targeted through the research had previously heard of HIV/AIDS.
- The majority (88.1%) of respondents from this group were aware that HIV is a virus.
- Knowledge of some HIV transmission routes was high, including 92.5% respondents who correctly indicated that unprotected sexual intercourse may lead to HIV infection). However, there were some misconceptions about transmission routes, for example, just 46.3% correctly identified that HIV cannot be transmitted through mosquito bites.
- 92.5% respondents were aware that sexual intercourse without a condom could lead to HIV infection.
- 17.9% knew someone living with HIV/AIDS.
- 68.7% would not share a toilet with someone with HIV/AIDS.
- Almost half, 43.3%, had had sexual relations with more than one partner during the past year.
- One fifth (20.9%) felt that they were at risk of HIV infection.
- Over half, 53.7%, didn't know where they could take an HIV test in BiH.

Full Findings

Basic Knowledge about HIV/AIDS:

All participants (100%) indicated that they had previously heard of HIV/AIDS.

Those who had previously **received information** on HIV/AIDS were asked to indicate how they had received this information: the majority indicated sources from within BiH. The vast majority (89.6%) said that the main medium for receiving information in BiH was through the **television**, followed by **newspapers** (65.7%), and **radio** (62.7%). 16.4% had received information from campaigns, and 16.4% indicated that they had received information from health workers. 20.9% received information from other information materials. Very few participants had received information from abroad. Those that had received information regarding HIV/AIDS abroad indicated the primary sources as the television (6%), the radio (3%) and newspapers (3%).

77.6% were aware that HIV/AIDS is a **growing problem** in 'this part of Europe' and 22.4% did not know if it is or not; no respondents indicated that HIV/AIDS is not a growing problem in 'this part of Europe'.

There was a high awareness that HIV is a **virus** – 88.1% answered correctly that it was, and although 11.9% respondents indicated that they didn't know if it is or not, no respondents thought that it is definitely not a virus. The majority of participants (65.7%) were aware that HIV/AIDS is not a **bacteria** – 23.5% did not know if it is or not, and 10.4% thought that HIV/AIDS is a bacteria. 74.6% respondents correctly indicated that HIV/AIDS is not a **heart/vascular problem**, 9% thought that it is, and 16.4% did not know whether it is or not.

62.7% respondents correctly identified that HIV/AIDS **cannot be cured**, 14.9% thought that it can be cured, and 20.9% didn't know whether it can or not.

HIV Transmission Routes

Knowledge of transmission routes was relatively high: the majority of respondents (82.1%) correctly indicated that you cannot become infected with HIV from **hugging or shaking hands** with an infected person – no respondents from this group indicated that this is definitely a possible transmission route, although 13.4% indicated that they were unsure whether it is or not. There were mixed responses regarding whether **kissing** someone with HIV/AIDS carries a risk of HIV transmission: 25.4% respondents thought that it does, 35.8% thought that it doesn't, and 34.3% did not know whether there is a risk of infection from kissing an infected person or not.

77.6% indicated that it is not possible to become infected with HIV from **drinking dirty water**, and the remainder (13.4%) was unsure whether or not this is possible. A slim majority of participants (52.2%) answered correctly that you could not become infected from **sharing a meal** with somebody living with HIV/AIDS. However, almost 40% (38.8%) IDP/returnee respondents did not know whether sharing a meal is a possible transmission route or not.

46.3% respondents identified correctly that there is no risk of HIV infection from **mosquito bites**, and an equal number (46.3%) did not know whether HIV can be transmitted in this manner or not. 83.6% correctly indicated that HIV can be transmitted from an infected mother to an **unborn child**. No respondents indicated that this is definitely not possible, but 13.4% indicated that they did not know whether HIV could be transmitted from mother to child *in utero*.

91% correctly indicated that using **surgical needles** containing infected blood carries a risk of HIV/AIDS transmission. 88.1% were aware that you can become infected with HIV through **drug injection**, whereas 11.9% thought

that this is not a possible transmission route.

92.5% respondents correctly indicated that having **sexual intercourse without a condom** could allow for the transmission of HIV. 80.6% respondents correctly answered that a condom would protect from pregnancy and from HIV infection. 10.4% indicated that, whilst a condom would protect against pregnancy, it would not prevent possible HIV infection. 6% did not know what a condom would do. Almost all (97%) of respondents correctly indicated that the risk of HIV infection can be reduced by having sexual intercourse with only one faithful and uninfected partner.

Attitudes towards People Living with HIV/AIDS

17.9% respondents indicated that they **knew someone living with HIV/AIDS**, and 80.6% respondents indicated that they did not know any infected people. Responses to those infected with HIV were varied. 28.4% indicated that they would offer **sympathy and support** to a friend living with HIV/AIDS and feel sorry for them. 26.9% indicated that they would offer support to such a friend, whilst also considering that they deserved the disease for some reason, 31.3% would continue to be friends with a person with HIV/AIDS, but **avoid physical contact** with them, and 11% would avoid them totally. 68.7% indicated that they would not **share a toilet** with a person who was HIV positive or had AIDS.

Just over half of respondents (55.2%) answered that it is possible for a **healthy-looking person** to have HIV/AIDS. However, 14.9% thought that this is not possible and 26.9% were unsure whether it is or not.

Risk Behaviour and Testing

In the past year, 43.3% respondents indicated that they had **had sexual**

relations with more than one partner. Just over half (52.2%) had had sexual relations only with their regular sexual partner, and 4.5% had had no sexual relations in the past year.

The majority of respondents (68.7%) had previously **used a condom**, whilst 26.9% had never used a condom before. 74.6% had not used a condom during the last time they had had sexual intercourse, and 19.4% had used a condom during their most recent sexual intercourse. Over half of participants (53.7%) indicated that they would **use condoms if they could obtain them for free**, but 40.3% indicated that they wouldn't use condoms under these circumstances.

74.6% respondents did not feel that they were **at risk of HIV infection**, as opposed to 20.9% who did feel that they were at risk of infection. 17.9% respondents indicated that they had **had an HIV test**, and 80.6% had never taken this HIV test. 49.3% respondents indicated that they would like to have an HIV test, as opposed to 47.8% who would not like to take this test. 44.8% knew where it was possible to have an HIV test in Bosnia and Herzegovina and 53.7% did not know where this test could be carried out in BiH.

International Humanitarian/Development Workers

Population Brief

There have been a high number of international humanitarian and development workers living and in BiH since the armed conflict from 1992-5. As donor support for foreign development workers has decreased, the international presence in the country has declined. However, a substantial number of international workers remain in BiH^{liv}.

The majority of international humanitarian and development workers in BiH come from countries within the EU, the USA or Australia. Such workers are generally employed within international non-governmental, intra-governmental, or diplomatic bodies, which have the capacity to provide in-house health-related information and support worker access to national or private healthcare services in BiH. It should be noted that it was anticipated that the level of HIV/AIDS awareness and avoidance of risk behaviour among this group would be relatively high.

Methodology

In order to target a sample of international humanitarian / development workers, questionnaires were distributed within a range of international organizations working within this field, and based in Sarajevo. Employees from the Organization for Security and Cooperation in Europe (OSCE), Office of the High Representative (OHR), United Nations Development Programme (UNDP), United Nations Volunteers (UNV), International Organization for Missing Persons (ICMP), European Union Police Mission in BiH (EUPM) and IOM were included in the survey.

In order to ensure the research was correctly carried out, the aims and methodology of the research were outlined to a contact person at each organization, who was also thoroughly briefed on ethical distribution of questionnaires to employees. Following completion of a sufficient number of questionnaires, they were collected by the IOM for analysis.

Socio-Demographic Details

The survey sampled a total of 50 persons working within international humanitarian and development organizations in Sarajevo. 70% participants were male and 14% were female.

Gender		
Gender	Number	Percentage (%)
Male	35	70
Female	14	28
No answer	1	2
Total	50	100

The highest number of respondents in any age bracket were between 26 and 35 (38%), followed by 36-45 year olds (28%).

Age		
Age	Number	Percentage (%)
15-25	5	10
26-35	19	38
36-45	14	28
46-55	6	12
56+	4	8
Total	50	100

42% respondents were married, 36% were single. 12% indicated that they were divorced.

Marital Status		
Status	Number	Percentage (%)
Married	21	42
Single	18	36
Divorced	6	12
Long-Term Relationship	4	8
No answer	1	2
Total	50	100

The citizenship of respondents was varied: the majority were from EU countries (62%), with the largest representations from the UK, Germany, and Spain. Other participants were from the USA (8%) and a range of other countries in Europe and across the world. 12% participants did not indicate their country of origin.

Citizenship
UK: 8, Germany: 5, USA: 4, Spain: 3, Norway: 2, Denmark: 2, Holland: 1, Macedonia: 1, Belgium: 1, Hungary: 1, Greece: 1, Turkey: 1, Czech Republic: 1, Slovakia: 1, Malta: 1, Finland: 1, Ireland: 1, Canada: 1, France: 1, Poland: 1, Italy: 1, Japan: 1, Austria: 1, Australia: 1, BiH: 1 No answer: 6

40% participants had graduated from university, whereas 44% had completed additional post-graduate qualifications. 16% had finished their education after secondary school.

Level of Education		
Level	Number	Percentage (%)
Secondary education	8	16
University	20	40
Post graduate	22	44
Total	50	100

74% participants indicated that they worked in the public sector, whereas 24% indicated 'other' (the primary reason being to state 'international organization')

Employment Status		
Status	Number	Percentage (%)
Public sector	37	74
Other	12	24
Private Sector	1	2
Total	50	100

Results

Key Findings

- **Almost all international humanitarian / development workers (98%) stated that they had previously heard of HIV/AIDS.**
- **Knowledge of HIV transmission routes and prevention methods among this group was generally high: for example, 100% participants correctly indicated that HIV can be transmitted through unprotected sexual intercourse.**
- **Knowledge about the protective nature of condoms was high among respondents.**
- **28% respondents knew an infected person.**
- **80% would use the same toilet as an infected person.**
- **Almost all (90%) participants did not feel that they were at risk of HIV infection.**
- **72% did not know where they could be tested for HIV in BiH.**

Full Findings

Basic Knowledge about HIV/AIDS

98% indicated that they had **previously heard of HIV and/or AIDS.**

The majority of respondents had received information abroad, and from multiple sources, including **television (92%), newspapers (82%), campaigns (66%), the radio (56%) and school or university (54%).** A smaller number of participants had received information on HIV/AIDS in BiH, from sources including **newspapers (30%), television (26%), radio**

(20%), other information materials (16%) and campaigns (16%).

86% thought that HIV/AIDS is a **growing problem in 'this part of Europe'**. 4% thought that it was not a growing problem 'in this part of Europe'.

There was a high level of correct responses to questions regarding the nature of HIV/AIDS. 98% correctly indicated that HIV is a **virus**, and 86% correctly indicated that HIV was not a **bacteria**; 6% did not know, and 6% did not answer. 98% respondents in this group correctly indicated that HIV/AIDS is not a **heart or vascular problem.**

80% respondents correctly identified that HIV/AIDS **cannot be cured**, although 18% thought that it could be cured. 100% were aware that a healthy looking person can have HIV/AIDS.

HIV Transmission Routes

In terms of transmission routes, 100% respondents were aware that you cannot become infected with HIV from **hugging or shaking hands** with an infected person. 96% indicated that you could not become infected from **drinking dirty water**. 94% participants indicated that **sharing a meal** with someone infected with HIV/AIDS does not carry a risk of infection. 76% respondents felt that HIV could not be transmitted through **mosquito bites** and 12% thought that HIV could be transmitted this way.

100% participants correctly identified that **sexual intercourse without a condom** carries a risk of infection. 40% thought that sexual intercourse with a condom still carried a risk, whereas 58% thought that there was no risk of infection through sexual intercourse with a condom. 90% indicated that a condom would protect from pregnancy and from

HIV infection. 10% thought that a condom would protect from pregnancy but not from HIV. 74% respondents thought that **kissing** someone infected with HIV did not carry a risk of infection, as opposed to 22% who thought that HIV could be transmitted in this way.

96% participants indicated correctly that a mother with HIV/AIDS can infect her **unborn child**. 98% were aware that using **surgical needles** containing infected blood can transmit the disease. 100% participants indicated that you could be infected with HIV/AIDS through **drug injection**. 94% indicated that the risk of HIV/AIDS infection can be reduced by having sexual intercourse with only **one, faithful uninfected partner**. 6% felt that this would not reduce the risk of HIV infection.

Attitudes towards People Living with HIV/AIDS

28% respondents **knew someone living with HIV/AIDS**, whereas 72% did not know anyone with the disease. 80% respondents felt that they would offer a friend who was infected with HIV support and sympathy and feel sorry for them. 8% would continue the friendship **avoiding physical contact**. 80% indicated that they would **use the same toilet** as a person with HIV/AIDS. 20% would not.

Risk Behaviour and Testing

In the past year, 62% respondents had had **sexual relations** only with their regular partner, whereas 32% had had sexual relations with more than one partner. 6% had had no sexual relations.

96% respondents had used a **condom** at some point during their life: 38% had

used a condom during the last time they had had sexual intercourse, and 60% indicated that they had not used a condom during their most recent sexual intercourse. 58% indicated that they would use condoms if they could get them for free, whereas 32% would not use condoms if they were free of charge.

90% participants did not feel that they were **at risk** of HIV infection, whereas 10% considered that they were at risk. 58% respondents had taken an **HIV test** at some point in their life, and 42% had never taken an HIV test. 42% international development/humanitarian workers indicated that they would like to take an HIV test, but the majority, 56%, would not like to be tested for HIV. 72% respondents from this group did not know where it was possible to have an HIV test in BiH, and 28% did know where they could take this test.

Victims of Abuse and Trafficking

Background

BiH is a known country of transit and destination for human trafficking and movement of people in and out of the country^{iv}. However, in addition to receiving victims of trafficking from abroad, BiH is increasingly itself a country of origin for trafficked individuals^{vi}. The purpose of such exploitation is often to force women into employment in the sex trade in BiH, where they are likely to be involved in high-risk behaviour, which may include unprotected sexual intercourse with a high number of partners. For victims of trafficking who are not receiving assistance, there is little opportunity to access healthcare information or services.

In Bosnia and Herzegovina, victims of trafficking, or of general physical or sexual abuse, may seek refuge in one of a number of shelters operated by the non-governmental sector and supported by the International Organisation for Migration and the Ministry for Security of BiH.

Methodology

In order to reach victims of abuse and trafficking in BiH, questionnaires and guidelines for distribution were sent to shelters for abused women, including Medica Zenica, La Strada, Zena BiH, International Forum of Solidarity and Lara. Anticipating a range of nationalities would be present within the shelters, questionnaires were provided in Bosnian, Romanian and Russian. Participating shelters were asked to distribute questionnaires among their current beneficiaries over a 6-week period^{vii}. Questionnaires from participating shelters were then sent to IOM for analysis.

Socio-Demographic Details

Out of a total of 32 respondents, 96.9% were female.

Gender		
Gender	Number	Percentage (%)
Female	31	96.9
Male	1	3.1
Total	32	100

43.8% were aged between 26 and 35 years of age, followed by 31.3% aged between 15 and 25 years of age.

Age		
Age	Number	Percentage (%)
15-25	10	31.3
26-35	14	43.8
36-45	5	15.6
46-55	2	6.2
56+	1	3.1
Total	32	100

The majority of respondents (59.4%) held the citizenship of Bosnia and Herzegovina, followed by Serbia and Montenegro (18.8%) and Romania (15.6%).

Citizenship		
Country / Province	Number	Percentage (%)
BiH	19	59.4
SCG	6	18.8
Romania	5	15.6
FYROM	1	3.1
No answer	1	3.1
Total	32	100

50% respondents indicated that they were single, and 31.3% were married. 12.5% were divorced.

Marital Status		
Status	Number	Percentage (%)
Single	16	50
Married	10	31.3
Divorced	4	12.5
Long-Term Relationship	1	3.1
Total	32	100

46.6% had finished their education at secondary level, and 31.3% had not received education beyond primary school. 15.6% participants had completed university education.

Level of Education		
Level	Number	Percentage (%)
No education	2	6.2
Primary education	10	31.3
Secondary education	15	46.9
University	5	15.6
Total	32	100

The majority (62.5%) indicated that they were unemployed. 18.8% said that they were employed in the public sector, and 15.6% indicated that they had another type of occupation.

Employment Status		
Status	Number	Percentage (%)
Unemployed	20	62.5
Public Sector	6	18.8
Other	5	15.6
Private Sector	1	3.1
Total	32	100

Results

Key Findings

- All respondents (100%) had heard of HIV/AIDS previous to the research.
- 90.6% respondents from this target group correctly identified HIV as a virus,
- Participant knowledge of HIV transmission routes indicated confusion on some areas: just 51.3% respondents were aware that HIV cannot be transmitted through sharing a meal with an infected person, and under half (40.6%) were aware that HIV cannot be transmitted through mosquito bites.
- A high percentage, 15.6%, said that they knew someone living with HIV/AIDS.
- 59.4% respondents would avoid physical contact with a friend who was HIV positive, and the same number would not share a toilet with an HIV positive person.
- 84.4% respondents would like to take an HIV test, and 71.9% said that they knew where this was possible in BiH.

Full Findings

Basic Knowledge about HIV/AIDS

All respondents (100%) targeted within shelters had **previously heard of HIV/AIDS**. Respondents indicated multiple means of receiving relevant information - the primary means in BiH was through the television (81.3%), followed by other sources including newspapers (68.8%), the radio (50%), school / university (31.3%), friends/relatives (28.1%) and other health workers (25%). In terms of receiving information abroad, numbers were much

lower: 15.6% had received information from television abroad, and 15.6% from newspapers, 6.3% from the internet. Other sources were indicated by small numbers of individuals.

In terms of the nature of HIV/AIDS, 90.6% correctly identified that HIV is a **virus**, and 6.3% indicated that they didn't know whether it is or not. 71.9% correctly indicated that HIV/AIDS is not a **bacteria**, and 18.8% said that they did not know whether it is a bacteria or not. 75% correctly answered that HIV/AIDS is not a **heart or vascular problem**. 12.5% did not know, and 9.4% didn't provide any indication of whether it was a heart/vascular problem.

The majority of respondents from this target group, 87.5%, correctly indicated that HIV/AIDS is a growing problem in 'this part of Europe'.

Three quarters of participants (75%) were aware that HIV/AIDS **cannot be cured** - 18.8% didn't know whether HIV/AIDS can be cured or not. 75% respondents answered that a healthy looking person can have HIV/AIDS.

Transmission Routes

In terms of transmission routes, 81.3% participants correctly indicated that you cannot become infected with HIV from **hugging or shaking hands** with an infected person; 9.4% didn't know whether this is possible or not, and 9.4% didn't answer the question. Whilst 50% respondents thought that **kissing** someone infected with HIV/AIDS could not lead to infection, 37.5% thought that this does carry a risk of transmission.

71.9% participants were also aware that you cannot become infected with HIV from **drinking dirty water**; 18.8% stated that they didn't know whether this was

possible or not. 53.1% respondents were aware that it wasn't possible for HIV/AIDS to be transmitted through **sharing a meal** with an infected person; 25% thought that HIV could be transmitted this way. 18.8% participants did not answer this question.

Almost a third (31.3%) of respondents indicated that HIV/AIDS could be transmitted through **mosquito bites**, but 40.6% thought that this isn't possible. 21.9% respondents indicated that they were not sure whether the infection can be passed on this way.

90.6% participants from this group were aware that a mother infected with HIV may pass on the infection to an **unborn child**. Similarly, almost all participants (96.9%) knew that using **surgical needles** containing infected blood could transmit the disease; 84.4% respondents were aware that you can be infected with HIV through **drug injection**, and 12.5% did not know that this was possible.

The vast majority of respondents (93.8%) were aware that sexual intercourse without a **condom** could lead to HIV infection. Over half of respondents (59.4%) further indicated that sexual intercourse with a condom carried no risk of HIV infection, but 12.5% thought that there was still a risk of infection. 84.4% participants correctly indicated that a condom would correctly protect from pregnancy and from HIV infection, and 9.4% did not know exactly what a condom would do.

Attitudes towards People Living with HIV/AIDS

15.6% of respondents said that they **knew someone with HIV/AIDS**, whereas 78.1% indicated that they did not know anyone carrying the disease. The majority of respondents, 59.4%, said that they would continue to be friends with someone who was HIV positive but would **avoid physical contact** with that

person. 21.9% would offer them support but consider that they deserved the disease for some reason. The majority, 59.4%, would not **use the same toilet** as a person with HIV/AIDS. 37.5% respondents would use the same toilet.

Risk Behaviour and Testing

81.3% correctly indicated that the risk of HIV/AIDS infection can be reduced by having sexual intercourse with only **one, faithful uninfected partner**. 9.4% thought that this would not reduce the risk of infection.

78.1% participants had **used a condom** during their life, leaving a remaining 21.9% who indicated that they had never used a condom. A quarter of respondents (25%) had used a condom during their most recent sexual intercourse, and 65.6% had not used a condom the last time they had had sex. 59.4% participants indicated that they would use condoms if they could receive them **free of charge**, and 28.1% indicated that they would not use condoms even if there was no cost.

In the past year, 50% participants indicated that they had had sexual intercourse only with their **regular partner**, whereas 40.6% had had intercourse with more than one partner, and 6.3% had had no sexual relations. 75% respondents did not feel that they were **at risk** of HIV/AIDS infection, and 18.8% felt that they might be at risk.

37.5% respondents had previously taken an **HIV test**, leaving the majority of participants in this target group (62.5%) who had not. However, 84.4% respondents indicated that they would like to have an HIV test; the remaining 15.6% did not think that they wanted to take an HIV test. Almost three quarters (71.9%) of participants knew where they could have an HIV test in BiH, and the remaining 28.1% indicated that they didn't know where they could be tested for HIV.

Irregular Migrants

Population Brief

Bosnia and Herzegovina is well-known as a country of destination and transit for irregular migrants, particularly those journeying from the post-conflict or transitional countries of the Western Balkans, Caucasus and South East Asia in order to enter the European Union^{lviii}. It is currently impossible to establish the exact number of irregular migrants traveling to or through BiH. The State Border Service of BiH recorded 655 irregular migrants during 2005 who were apprehended at the national border^{lix}, however, it is likely that many more irregular migrants traveled in and out of BiH undetected.

Irregular migrants in BiH who remain undetected do not have access to national social facilities, including health services. Various additional barriers may impede access to sources of HIV/AIDS related information or facilities for irregular migrants, including language problems, low awareness of risk behaviour and fear of possible deportation if authorities become aware of them^{lx}. Falling outside normal state systems, irregular migrants may engage in risk behaviour without targeted preventative or treatment-oriented support.

Methodology

Irregular migrants attempting to enter Bosnia and Herzegovina were targeted directly with the KAP questionnaire by IOM through the Assisted Voluntary Return Programmes. The KAP questionnaire was distributed in Bosnian and Albanian, based on figures indicating majority countries of origin of irregular migrants^{lxi}.

Socio-Demographic Details

There were a total of 30 participants in the survey who were irregular migrants. All respondents were male, and all identified their citizenship as from Kosovo.

Gender		
Gender	Number	Percentage (%)
Male	30	100
Total	30	100

Citizenship		
Country / Province	Number	Percentage (%)
Kosovo	30	100
Total	30	100

The sample was relatively young, with 50% aged between 15 and 25 years of age. A further 20% were aged between 26 and 35 years old.

Age		
Age	Number	Percentage (%)
15-25	15	50
26-35	6	20
36-45	5	16.7
No answer	4	13.3
Total	30	100

40% participants were married and 30% were single. 10% stated that they were widowers.

Marital Status		
Status	Number	Percentage (%)
Married	12	40
Single	9	30
No answer	3	10
Long-Term Relationship	2	6.7
Divorced	1	3.3
Total	30	100

50% of respondents had completed secondary education, and a further 10% had been to university. 36.7% had completed their education at primary level.

Level of Education		
Level	Number	Percentage (%)
No education	1	3.3
Primary education	11	36.7
Secondary education	15	50
University	3	10
Total	30	100

43.3% of those questioned indicated that they were unemployed. 26.7% stated that they worked in the private sector, whilst 20% were retired.

Employment Status		
Status	Number	Percentage (%)
Unemployed	13	43.3
Private Sector	8	26.7
Retired	6	20
Agriculture	1	3.3
Other	1	3.3
No answer	1	3.3
Total	30	100

Results

Key Findings

- Under three quarters of participants (66.7%) responded that they had previously heard of HIV/AIDS.
- Knowledge of HIV transmission routes was low for a number of participants: Just 23.3% participants were aware that drinking dirty water will not lead to HIV infection, and 66.7% thought that kissing an HIV positive person may result in transmission of the disease.
- However, 70% correctly identified condoms as a source of protection against HIV.
- Although 60% would offer an HIV positive friend sympathy and support, 80% would not share a toilet with an infected person.
- 73.3% had previously used a condom, and 83.3% had had sexual relations only with a regular partner in the past year.
- 46.3% would like to take an HIV test, but 83.3% did not know where it can be taken in BiH.

Full Findings

Basic Knowledge about HIV/AIDS

Under three quarters of respondents (66.7%) had previously **heard of HIV and / or AIDS**. 10% had not previously heard of HIV/AIDS, and 23.3% respondents did not indicate whether or not they had heard of it. Just over half, 56.7% of total respondents, had previously **received information** on HIV/AIDS in Bosnia and Herzegovina through the television, 13.3% from the radio, 13.3% from seminars, 10% from newspapers and 10% from schools and universities. Very few participants had received information

from abroad regarding HIV/AIDS: just 10% had received information abroad through the television, 6.7% through the radio in foreign countries, and 6.7% on the internet.

66.7% participants answered that HIV/AIDS is a **growing problem** in 'this part of Europe'. A further 16.7% said that they didn't know whether it is or not.

66.7% participants correctly identified that HIV is a **virus**; almost half, 46.7%, said that they didn't know whether HIV/AIDS is a **bacteria** or not, 23.3% correctly indicated that it is not a bacteria, but a further 23.3% indicated that they did not know whether it is or not. 40% participants didn't know whether HIV/AIDS is a **heart or vascular problem**. 26.7% thought that HIV/AIDS is a heart or vascular problem, and just 10% correctly indicated that it is not.

60% respondents correctly answered that HIV/AIDS **cannot be cured**. 13.3% thought that it can be, and 16.7% indicated that they did not know the answer to this question.

Transmission Routes

There were mixed responses regarding knowledge of HIV transmission routes. Under a quarter of respondents (23.3%) correctly indicated that **drinking dirty water** cannot pass on HIV infection from one person to another. 23.3% thought it is possible for HIV to be transmitted this way, 40% stated that they didn't know, and 13.3% failed to answer this question. Over half of participants (60%) thought that you could become infected with HIV through **sharing a meal** with an infected person. 23.3% said that they didn't know, and 10% said that this isn't possible.

66.7% respondents thought that **hugging or shaking hands** with an infected person can transmit the infection; 10% thought that this isn't possible, and 16.7% didn't indicate whether this is possible or not. Similarly, 66.7% participants thought that **kissing** someone infected with HIV could lead to infection; 20% said that they didn't know if this is possible, and just 10% were aware that this is not risk behaviour regarding HIV infection.

However, 70% respondents from this group correctly indicated that you can become infected with HIV from having sexual intercourse without a **condom**. 13.3% said that you could not, and 13.3% indicated that they didn't know whether this was possible or not. Similarly, 70% indicated that having sexual intercourse with a condom would not lead to HIV infection. 13.3% thought that it is possible to become infected with HIV even if a condom is used, and 13.3% indicated that they didn't know whether this is possible.

In terms of transmission through **mosquito bites**, 63.3% said that they didn't know whether HIV could be passed on this way and 16.7% didn't answer the question. Just 10% correctly indicated that mosquito bites cannot transmit HIV. Under half of participants (40%) were aware that a mother infected with HIV can pass the disease on to her **unborn child**. 40%, however, didn't know if this is a possible transmission route, and 10% respondents thought it is not possible for HIV to be transmitted to a child *in utero*.

Half of respondents from this target group (50%) correctly indicated that using **surgical needles** containing infected blood could transmit the disease. 40% indicated that they didn't know whether this is possible or not. Just over half of respondents (53.3%) were aware that you can be infected with HIV through **drug injection**. A third of

participants (33.3%) hadn't previously been aware that this was possible.

Attitudes towards People Living with HIV/AIDS

66.7% indicated that they didn't **know anyone** living with HIV/AIDS; 30% did not indicate whether or not they knew anyone living with HIV/AIDS. However, 60% indicated that they would offer a HIV-positive friend **sympathy and support** and feel sorry for them. 13.3% would continue to be friends with a friend living with HIV/AIDS, whilst avoiding physical contact. The majority, (80%), however, would not **use the same toilet** as a person with HIV/AIDS.

Over half (60%) of irregular migrant participants indicated that a **healthy looking** person can have HIV/AIDS. 16.7% people thought that healthy looking individuals cannot have HIV/AIDS, and 13.3% didn't know whether it was possible for someone to look healthy and also have HIV/AIDS.

Risk Behaviour and Testing

Over three quarters of participants (76.7%) correctly indicated that the risk of HIV infection can be reduced by having sexual intercourse with only **one, faithful uninfected partner**. 13.3% thought that this would not reduce the risk of HIV infection.

73.3% respondents had **used a condom** previously, and 23.3% had never used a condom before. Half of the respondents (50%) had used a condom the last time they had had sexual intercourse, leaving 43.3% who had not used a condom then. Over half of participants from this group (56.7%) indicated that they would use condoms if they could obtain them free of charge, but 40% felt that they would not use them under these circumstances. In the past year, the majority (83.3%) had had sexual relations only with their regular partner, 10% had had no sexual relations, and just 3.3% indicated that

they had had sexual relations with more than one person.

Most (86.7%) of respondents did not feel that they were **at risk** of HIV infection, 10% didn't answer this question and just one respondent (3.3%) indicated that he felt at risk of HIV infection. No respondents had previously **taken an HIV test**: however, 46.7% indicated that they would like to have an HIV test, and an equal number of respondents (46.7%) said that they would not like to have the test. The majority (83.3%) of participants indicated that they did not know where an HIV test could be taken in BiH.

ANNEX 1 – KAP QUESTIONNAIRE
HIV/AIDS Knowledge, Attitudes and Practices among Mobile Groups in BiH

This is an **anonymous questionnaire** and the answers you give to questions will be kept **confidential**. All information will be strictly used **only for research purposes** and not disclosed for any other reason. Our organization wishes to **protect your privacy**. **Do not write your name anywhere on this questionnaire.**

The aim of the research is to find out what you know about HIV/AIDS. There are 3 pages and 33 questions. Please answer all of the questions openly, according to your beliefs or personal behaviour.

Personal Information

- 1. Gender:** M F
- 2. Year of birth:** _____
- 3. Place of birth (town and country):** _____
- 4. Citizenship** _____
- 5. Current town/area of residence:** _____
- 6. Marital status:** a. Married b. Single c. Long-Term Relationship
d. Divorced e. Widow
- 7. Education completed:**
- a. None
 - b. Elementary school
 - c. High school
 - d. University
 - e. Post-graduate studies
- 8. Employment:**
- a. Private sector
 - b. Public sector
 - c. Agriculture
 - d. Retired
 - e. Unemployed
 - f. Other (please specify) _____
-

HIV/AIDS

- 9. Have you ever heard of HIV and/or AIDS?** Yes No
- 10. Have you ever received information on HIV and/or AIDS?** Yes No

11. If you have received information on HIV/AIDS, where was it from?

Please tick more than one source if necessary, indicating whether you received it in BiH or abroad.

Source of information	In BiH	Abroad
a. Television		
b. Radio		
c. Newspapers		
d. Other information materials		
e. School / university		
f. Campaigns		
g. Health workers		
h. Religious leader / community		
i. Friend or relatives		
j. Internet		
k. Others (please specify)		

12. Is HIV a bacteria? Yes No I don't know

13. Is HIV a virus? Yes No I don't know

14. Is HIV/AIDS a heart/vascular problem? Yes No I don't know

15. Is HIV/AIDS a growing problem in this part of Europe? Yes No I don't know

16. Can HIV/AIDS be cured? Yes No I don't know

17. Can a healthy-looking person have HIV? Yes No I don't know

18. Can you become infected with HIV/AIDS from:
For each question please indicate yes, no, or I don't know

a. Hugging or shaking hands with an infected person? Yes No I don't know

b. Drinking dirty water? Yes No I don't know

c. Having sexual intercourse without a condom? Yes No I don't know

d. Having sexual intercourse with a condom? Yes No I don't know

e. Sharing a meal with someone infected with HIV/AIDS? Yes No I don't know

f. Mosquito bites? Yes No I don't know

g. A mother infected with HIV/AIDS to an unborn child? Yes No I don't know

h. Kissing someone infected with HIV/AIDS? Yes No I don't know

i. Using surgical needles containing infected blood? Yes No I don't know

19. Do you know anyone infected with HIV or AIDS? Yes No

20. What would you do if you found out that a friend of yours was infected with HIV or AIDS?

*Please tick **only one** response.*

- a. Offer them support and sympathy and feel sorry for them
- b. Offer them support but consider that they deserve it for some reason
- c. Continue to be friends but avoid physical contact
- d. Avoid them

21. Would you use the same toilet (WC) as a person infected with HIV/AIDS?:

Yes No

22. What will a condom do?

*Please tick **only one** response.*

- a. Protect from pregnancy and from HIV/AIDS infection
- b. Protect from pregnancy but not from HIV/AIDS infection
- c. Spoil sexual pleasure for no reason

23. Can the risk of HIV infection be reduced by having sexual intercourse with only one faithful, uninfected partner?

Yes No

24. Have you ever used a condom?

Yes No

25. Did you use a condom the last time you had sex?

Yes No

26. Would you use condoms if you could get them for free?

Yes No

27. In the past year have you:

*Please tick **only one** response.*

- a. had sexual relations only with a regular partner
- b. had sexual relations with more than one partner
- c. had no sexual relations

28. Did you know that you can be infected with HIV/AIDS through drug injection?

Yes No

29. Do you know anyone who has used hard drugs (heroin, cocaine)?

Yes No

30. Do you feel you are at risk of HIV/AIDS infection?

Yes No

31. Have you ever had an HIV test?

Yes No

32. Would you like to have an HIV test?

Yes No

33. Do you know where you can have an HIV test in BiH?

Yes No

Thank you for your time and cooperation...

Now please fold the questionnaire up, place it into the white envelope and seal firmly before returning it to the person who gave it to you..

ANNEX 2 – SAMPLE GUIDELINES FOR QUESTIONNAIRE DISTRIBUTION

Thank you for agreeing to assist the IOM with our research into HIV/AIDS Knowledge, Attitudes and Practices among mobile groups in BiH. The following guidelines have been distributed to each organization taking part, as a control measure for the research:

Please distribute our questionnaire to all international workers between 18 and 65 years of age, working within your organisation.

When you approach someone to give them a questionnaire:

- First please ask them if they would help the IOM research by filling in the questionnaire. We require that all questionnaires are filled in **voluntarily**.
- Please make sure that each participant reads and understands the section at the top of the questionnaire:

*“This is an **anonymous questionnaire** and the answers you give to questions will be kept **confidential**. All information will be strictly used **only for research purposes** and not disclosed for any other reason. Our organization wishes to **protect your privacy**. **Do not write your name anywhere on this questionnaire.**”*

This tells participants that the information in the questionnaire will be kept private. The participants must not show anyone else the paper, receive any help in answering questions, or write their name or other personal information (e.g. address) anywhere on the questionnaire or envelope. The information will only be used for research.

*“The aim of the research is to find out what **you know** about HIV/AIDS. Please answer all questions **honestly**, according to your beliefs or personal behaviour.”*

Please also ensure that the participants understand that we want to know what **they** know about HIV/AIDS. They shouldn't be embarrassed, but answer honestly and openly. We would like to know the truth!

- Make sure that the following conditions for the participants are understood and followed: **Each participant must fill in the questionnaire individually**. Make sure they have a pen, a quiet corner, and know that they should not take more than 20 minutes to answer the questionnaire.
- If participants ask you to help them with the questionnaire, you must explain that you can't help. Then ask them to read the questions again and try to answer by themselves. They can indicate 'I don't know', if they aren't sure of the answer. **Please don't help participants – they must answer all questions by themselves.**
- You must not open any envelopes containing completed questionnaires, or ask participants about their answers. Please contact Ruth Grove-White at IOM when you have received all questionnaires, and keep them safe until they are picked up.
- Thank you very much for your assistance!

ENDNOTES

ⁱ Mobile groups can be identified as “people who move from one place to another, temporarily, seasonally or permanently for a host of voluntary and/or involuntary reasons” UNAIDS Technical Update February 2001 pg 3 http://data.unaids.org/Publications/IRC-pub02/JC513-PopMob-TU_en.pdf

ⁱⁱ Hoare-Knipe, Mary. ‘HIV/AIDS and Migration: Myths and Realities’ in ‘HIV/AIDS Prevention and Care among Mobile Groups in the Balkans: Insights from representatives of Governments International Organizations and Non-Governmental Organizations’ January 2002:144.

ⁱⁱⁱ As reported by the Inter-Agency Working Group on Reproductive Health in Refugee Situations, November 2004. www.rhrc.org/resources/iawg/

^{iv} World Health Organization, Study on the Health Implications of Trafficking of Women and Children.

^v http://siteresources.worldbank.org/INTTSR/Resources/462613-1135099994537/resistances_ch8.pdf

^{vi} UNAIDS Population Mobility and AIDS: UNAIDS Technical Update February 2001. Produced in collaboration with International Organization for Migration www.unaids.org

^{vii} UNAIDS. “Report on the Global AIDS Epidemic 2004,” preface. Available online: http://www.unaids.org/bangkok2004/GAR2004_html/GAR2004_00_en.htm

^{viii} UNDP. “HIV/AIDS in Eastern Europe and the Commonwealth of Independent States. Reversing the Epidemic: Facts and Policy Options.” 2004. Available Online: <http://www.undp.sk/hiv/>

^{ix} IOM and Cooperzione Italiana. *HIV/AIDS Prevention and Care Among Mobile Groups in the Balkans*. pgs: 41-42.

^x UNAIDS/WHO/UNICEF. “Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections”. Bosnia and Herzegovina 2004 update. http://data.unaids.org/Publications/Fact-Sheets01/Bosnia-Herzegovina_EN.pdf

^{xi} Returns Summary to Bosnia and Herzegovina from 01/01/1996 to 31/12/2005, UNHCR Sarajevo

^{xii} UNHCR Update on Conditions for Return to Bosnia and Herzegovina January 2005 www.unhcr.org/publications

^{xiii} Annex 1

^{xiv} United Nations General Assembly Special Session on HIV/AIDS, ‘Monitoring the Declaration of Commitment on HIV/AIDS: UNAIDS Guidelines on the Construction of Core Indicators’. July 2005:62 - 3. The five key recommended questions for establishing level of knowledge regarding HIV/AIDS among at-risk groups are:

1. Can having sex with only one faithful, uninfected partner reduce the risk of HIV transmission?
2. Can using condoms reduce the risk of HIV transmission?
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 a meal with someone who is infected?

All of the above questions were included in the KAP questionnaire.

^{xv} Annex 2

^{xvi} These conclusions are indicative only, not representative. There remains a strong possibility that Internally Displaced Persons/Returnees and Victims of Abuse and Trafficking are also potentially at-risk of HIV infection, although the results of this pilot research do not support this due to small sample size. As outlined in Recommendations, further specific KAP research on these groups must be carried out to establish potential vulnerability. International Humanitarian / Development workers could not be considered at risk on the basis of this research as their level of knowledge, attitudes and behaviour indicated otherwise.

^{xxxii} European Roma Rights Centre, Country Report, February 2004, 'The Non-Constituents: Rights Deprivation of Roma in Post-Genocide Bosnia and Herzegovina'. www.errc.org

^{xxxiii} Roma Strategy of Bosnia and Herzegovina, Ministry of Human Rights and Refugees, Sarajevo 2005: Section 4: Health Care

^{xxxiv} As outlined in the Roma Strategy of Bosnia and Herzegovina, Ministry of Human Rights and Refugees, Sarajevo 2005

^{xxxv} Roma Strategy of Bosnia and Herzegovina, Ministry of Human Rights and Refugees, Sarajevo 2005

^{xxxvi} A high number (59.1%) of respondents from this group, failed to indicate whether or not they had ever used a condom. This may have been for reasons of cultural sensitivity or misunderstanding of the questionnaire.

^{xxxvii} This is a key indicator suggested by UNAIDS in 'Monitoring the Declaration of Commitment on HIV/AIDS: UNAIDS Guidelines on the Construction of Core Indicators'. July 2005

^{xxxviii} According to the website of the Foreign Trade Chamber of Bosnia and Herzegovina June 2005
<http://www.komorabih.com/en/economybih/Teretni.xls>

^{xxxix} According to the website of the Foreign Trade Chamber of Bosnia and Herzegovina June 2005
<http://www.komorabih.com/en/economybih/Putnicki%20.xls>

^{xl} Extensive studies in India, Thailand, Zimbabwe and Kenya have concluded the correlation between high rates of HIV infection and sexual promiscuity among truck drivers. Long-distance truck drivers' sexual cultures and attempts to reduce HIV risk behaviour amongst them: a review of the African and Asian literature Jeff Marck Resistances to Behavioural Change to Reduce HIV/AIDS Infection, 1999, 91-100

^{xli} Aleksandar Stulhofer, 'Informiranost o HIV/AIDS-u, stavovi i seksualno ponasanje radnika migranata u republici hrvatskoj' 2004, International Organization for Migration (IOM) & Bacak, Valerio, and Soh, Damir, 'Truck Drivers in International Transport and HIV/AIDS in Croatia: A Qualitative Pilot Study', International Organization for Migration, December 2005

^{xlii} 60.6% migrant workers surveyed in Croatia in 2004 had changed their sexual behaviour due to the risk of HIV/AIDS infection, and 69.3% of these claimed to have ceased casual sexual activity Aleksandar Stulhofer, 'Informiranost o HIV/AIDS-u, stavovi i seksualno ponasanje radnika migranata u republici hrvatskoj' 2004:61

^{xliiii} Following careful consideration, female respondents were removed from the analysis within this research group, as it was considered that, according to dominant trends, it was unlikely that these respondents were international transport drivers. All further analysis and figures in this target group concern the 128 male research participants only.

^{xliv} UNHCR Representation in Bosnia and Herzegovina "Statistical Summary as of 30th November 2005", 31 December 2005

^{xlv} The Helsinki Committee for Human Rights in BiH noted that, although the Asylum Centre at Rakovica was supposed to function as a reception centre for asylum seekers by the end of November 2005, at this time its figures demonstrated that just 61 out of 133 residents in the camp were asylum seekers and the rest had either received TA on humanitarian grounds or refugee status.

Helsinki Committee for Human Rights: 'BiH Report on the Status of Human Rights in Bosnia and Herzegovina' (Analysis for the Period January – December 2005)
www.bh-hcr.org/Reports/reportHR2005.htm

^{xlvi} Law on Movement and Stay of Aliens and Asylum, Official Gazette of Bosnia and Herzegovina, no 29/03: 6 October 2003. Article 81

^{xlvii} Bylaw on Asylum in Bosnia and Herzegovina, Official Gazette of Bosnia and Herzegovina, no 26/04: 19 May 2004

^{xlviii} Although the majority of residents across the three camps are either refugees or asylum seekers, Rakovica also hosts those with Temporary Admittance on the basis of Humanitarian Need. They have also been included in this survey.

^{xliv} Returns Summary to Bosnia and Herzegovina from 01/01/1996 – 31/12/2005, UNHCR Sarajevo. www.unhcr.ba

^l Ministry of Human Rights and Refugees, Presentation by Mirsad Kebo, Minister for MHRR, Sarajevo 12 January 2006. [www.webaddress ??](http://www.webaddress??)

^{li} Law on Refugees from BiH and Displaced Persons in BiH (BiH OG, nos 23/99, 21/03 and 33/03). Additionally at entity level, this right is outlined in the Law on Displaced Persons and Returnees in the Federation of Bosnia and Herzegovina and Refugees from Bosnia and Herzegovina (FBiH Official Gazette, no. 15/05 of 16 March 2005) and the Law on Displaced Persons, Returnees and Refugees in the Republika Srpska (RS Official Gazette, no. 42/05 of 26 April 2005).

^{lii} United Nations Economic and Social Council Commission on Human Rights 62nd session, Item 14 (c) of the Provisional Agenda. Specific Groups and Individuals: Mass Exoduses and Displaced Persons Report of the Representative of the Secretary-General on the human rights of internally displaced persons, Walter Kälin Addendum Mission to Bosnia and Herzegovina

^{liii} Bosnia and Herzegovina Council of Ministers, Ministry of Foreign Trade and Economic Relations. *Poverty Reduction Strategy Paper in Bosnia and Herzegovina*. “Sector Priorities – Health Care,” paragraph 3.0. Available online: <http://www.bih.prsp.info/knjiga/ZA-WEB/english/index2.htm>

^{liv} The number of international humanitarian workers is currently unknown. Many foreign workers are not registered with state or Embassy bodies, and information regarding numbers with diplomatic status is kept confidential within the Ministry for Foreign Affairs of BiH.

^{lv} United States Department of State ‘Trafficking in Persons Report’ 2005, at www.state.gov/documents/organization/47255.pdf

^{lvi} ‘Second Annual Report on Victims of Trafficking in South Eastern Europe 2005’. Rebecca Surtees, Regional Clearing Point.. International Organization for Migration.

^{lvii} Through this research, questionnaires were distributed among all beneficiaries of targeted shelters; they were therefore completed by people who sought shelter refuge for a range of reasons including domestic abuse, trauma and sexual exploitation, as well as a small number of likely victims of trafficking.

^{lviii} ‘Irregular Transit Migration through BiH: Consultant’s Report to the International Organization for Migration, April 2001. Petar Kolakovic, Jonathan Martens, Lynelyn Long.

^{lix} State Border Service. State Border Service Annual Report for 2005

^{lx} World Health Organization, International Migration, Health and Human Rights, Health and Human Rights Publication Series, Issue No 4, December 2003 www.who.int/hhr/activities/en/intl_migration_hhr.pdf

^{lxi} ^{lxix} according to the internal data of the IOM Assisted Voluntary Returns Programme, Serbia and Montenegro (as was) and the Province of Kosovo are among the highest countries of origin for irregular migrants to BiH.