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**Demographic, Social and Reproductive Health Survey
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Executive Summary

The Third Demographic, Social and Reproductive Health Survey in Kosovo

In response to the need for current economic, social, and demographic data to help in the reconstruction and development of Kosovo following the end of conflict in 1999, the first Kosovo-wide household-based *Demographic, Socioeconomic and Reproductive Health Survey* was conducted from November 1999 to February 2000. A second Kosovo Demographic, Social and Reproductive Health Survey was conducted in July of 2003 to provide updated information and collect information on some additional topics. We abbreviate these as the Kosovo Demographic and Health Survey – KDHS.

Given that many changes have occurred within Kosovo since 2003, together with the belief that official vital statistics are underreported, relevant stakeholders felt the need for a third KDHS, to provide up-to-date information on the topics covered in the first two surveys as well as on some new topics. The overall aim of the 2009 survey was to obtain up-to-date information on the demographic, socio-economic, and reproductive health situation in Kosovo, to enable relevant stakeholders to develop policies and services that would respond appropriately to the prevailing circumstances within the country. The data were collected between 23 November and 16 December 2009. The main findings are reported herein.

The questionnaires for the 2009 KDHS were designed to retain the key questions asked in 1999-2000 and 2003. Questions regarding HIV/AIDS knowledge and attitudes were simplified and asked to both men and women aged 15 years and above (in the 2003 KDHS, questions about HIV/AIDS were only asked of women aged 15-49); questions were added about whether the woman ever had a pregnancy that ended in an outcome other than a live birth and regarding attitudes about domestic violence.

The sample for the 2009 KDHS was taken as a stratified sample with probability of selection proportional to size – i.e., proportional to the number of households in each enumeration area (EA) in the sampling frame. Interviews were conducted with 3,992 households in 500 EAs; data were collected on 23,695 resident members of these households (and some information on émigré household members was collected from heads of the sampled households). Non-response was very small (0.2%) and will not affect the representativeness of the data.

Demographic and Socioeconomic Findings

Rural-Urban Residence, Religion, and Ethnicity

Nearly two-thirds (63.2%) of the individuals in the sample reside in rural areas. The overwhelming majority (94.7%) of respondents are of the Muslim religion, with Orthodox (3.9%) being the majority of the remainder.

The vast majority (92.4%) of the surveyed population is of the Albanian ethnicity, 3.9% are Serbian, and 1.1% are Bosnian. The remaining 2.6% are distributed across other minorities.

Age Distribution

Twenty-eight percent of the population is younger than age 15, while nearly two-thirds (65%) were of working age (ages 15-64). People age 65 and older represent seven percent of the total household population. (By contrast, this older age group accounts for 16 percent of the population for Europe as a whole.)

Comparison of the age structure of the population in 2009 to that in 2003 reveals that the proportion under age 15 decreased by five percentage points (from 33.1% to 28.2%), whereas the population aged 15-64 is larger in 2009 than in 2003 (64.8% versus 60.5%), and the population age 65 and older also increased (from 6.4% to 7.0%). These trends imply population aging; this may be due to decreases in fertility rates and in age-specific mortality rates, though age-selective emigration may also have played a role.

Marital Status

Three fifths of people aged 15 years and above reported to be married, with very little difference between men and women. Divorce in Kosovo is rare, with only 0.2 percent of women aged 15 and older and less than 0.1 percent of men of these ages reported to be divorced. Thirty-seven percent of men and 29 percent of women aged 15 or older reported to be single (never married). Nearly 6 percent of the respondents aged 15 or older are widowed, with the percentages much higher for women (9.5%) than for men (2.3%).

There are relatively few differences between urban and rural areas in the distribution of marital status. The main ones are that for both sexes, at the younger ages urban people are more likely to be single than rural people, and relatively more people live together without being married in rural areas than in urban areas; also there are relatively more widowed women in urban areas than in rural areas. With respect to people living together, although the percentages are low, it should be noted the fact that these couples may be actually married according to tradition but did not yet formalised officially their marriage, particularly in rural areas, therefore this may be the reason for the relatively higher percentage of people living together in rural areas.

The percentages of women aged 15-19 and men aged 15-24 who are married are low. By ages 20-29 females are much more likely to be married than males of the same age (18% versus 10%), reflecting that women marry at younger ages than men. After age 40, women are less likely to be married than men, and the sex differences are particularly large at the older ages. This reflects the larger number of women who are widows who didn't remarry.

Education, School Attendance, and Literacy

Urban respondents have attained a higher level of education than rural, and men have more education than women in both areas. There has been a significant improvement in the proportion of the population receiving more than primary school education, particularly for the female population. However, the percentages with university education are positively related to age (until age 59 for men and age 54 for women). This may reflect selective emigration of highly educated young people or that opportunities for young Kosovars to get university education were impeded by the conflict during the 1990s.

Both Albanians and Serbs have higher levels of education than other ethnicities, though the sample sizes of ethnic groups other than Albanian are small.

In both the 2009 and 2003 surveys, males attended university in greater proportion than women across age groups 25-49, but the male advantage is smaller at the younger ages, and for 20-24 year olds, women are *more* likely to have a university of education than men. For each age group, the percentages with university of education are higher in 2009 than in 2003. People in this age range, even those in their 40s, appear to have gotten university education between 2003 and 2009. A non-negligible percentage of people aged 25-34 were in school in 2009, especially in urban areas.

Levels of school attendance are high at younger ages, especially at ages 10-14, for which 98 percent are in school. The school attendance rates increased between 2003 and 2009 for all age groups between 5 and 29.

Both males and females in rural areas who are age 15 or older attend school at a lower rate than their urban counterparts. The school attendance gap between rural and urban residents progressively widens in relative amounts as age increases. The urban-rural gap at older ages probably reflects the scarcity of higher educational opportunities in rural areas. In both urban and rural areas, among those aged 5-14, females are slightly more likely to be enrolled in school than males, but at older age groups males are more likely to be in school than females.

Literacy continues to be a gender and age issue in Kosovo. Females are more than two times as likely to be illiterate as males (7.5% versus 3.3% in urban areas, and 11.3% versus 5.5% in rural areas). Illiteracy is highly correlated with age. The level of illiteracy is very low at ages between 15 and 34 -- less than 2 percent -- and is particularly low (0.4%) among males of this age group. However, the illiteracy rate increases considerably with age; 56 percent of females and 25 percent of males aged 65 and older are not able to read and write in any language. Overall, the illiteracy rate is lower in urban areas (5.4%) than in rural areas (8.4%). However, there are differences in trends for men and women in both areas. For women, illiteracy decreased monotonically over time (from 1999 to 2003 to 2009) in rural areas and between 2003 and 2009 in urban areas, whereas it *increased* over time in both areas for men. The pattern for women probably reflects the improvements over time in the status and education of women, whereas the pattern for men may reflect population aging or selective emigration of literate men.

Household Structure

Kosovo households continue to be traditionally large. Moreover, households are often comprised of extended family members spanning several generations, especially in rural areas. The 2009 KDHS data show that the overwhelming majority (83%) of households had four or more members. Over 53 percent had between four and six members, and 30 percent had seven or more members. The vast majority (73%) of households is comprised of a single family, but there is a considerable proportion (27%) of households where two or more families are living together. Households are larger in rural areas, where nearly 40 percent have seven or more family members, compared to 22 percent in urban areas. Average household size is 6.4 people in rural areas compared to 5.2 in urban areas. Household size has decreased since 2003. The average household size in Kosovo in 2009 is 5.9 persons, whereas it was 6.4 in 2003.

There has been a decrease since 2003 in the number of households that consist of more than one family. In 2003, 31.1 percent of households were comprised of two or more families; by 2009 this had declined to 26.7 percent.

The vast majority (nearly 92%) of household heads are male. Most (70%) female household heads are widows, compared to 4 percent of male heads.

Housing

The vast majority (90%) of the respondents were living in houses described as single dwellings characterized by having a single entrance. Nearly 16 percent of urban and around 4 percent of rural respondents were living in housing units that were part of multiple dwellings or apartments. Living in multiple-dwelling units was more common in 2003, when 28 percent of urban and 6 percent of rural respondents were living in such housing units.

Altogether, 96.4 percent of households reported that they owned the house or apartment they occupied, 2.3 percent said they were tenants, and 1.3 percent said that they lived in the house or

apartment under some other arrangement. More rural dwellers own their houses or apartments than urban dwellers (98.9% versus 93.0%).

Almost all households in Kosovo have electricity (99.5%). Over three fifths (62%) have access to piped water. However, there are very large differences between urban and rural areas. Households in urban areas are nearly twice as likely to have piped water (86%) as those in rural areas (45%). Urban households are also more advanced than rural households with respect to other facilities, in particular central heating (16% of urban households vs. 3.0% of rural households). Nearly all households have an inside toilet, with urban households being somewhat more likely (98.5%) than rural (94.2%).

For the country as a whole, access to piped water increased by 10 percentage points between 2003 and 2009 (from 52% to 62%). Although usage of open wells for drinking water in rural areas decreased notably, from 27.4 percent in 2003 to 17.6 percent in 2009, even in 2009 still open wells and surface water bore significant health risks for over one-sixth of rural households.

Between 2003 and 2009 there were small improvements in urban areas in the prevalence of inside toilets and inside baths and showers. The improvement was particularly large in rural areas. Between 2003 and 2009 the proportion of households with inside toilet has increased from 70.9 percent to 94.2 percent, and the proportion of households with inside bath/shower, increased from 51.4 percent to 82.9 percent.

Socioeconomic Status: Possession of Durable Goods and Income

The data show high ownership rates for televisions and radios in both urban and rural areas. Almost all households (94%) in both urban and rural areas reported that they have a mobile phone, and nearly a third (31%) of households owns landline telephone, though such phones are much more common in urban areas (50%) than in rural areas (18%). More than half (55%) of all households have a computer, though urban households are considerably more likely to have one (68%) than rural households (46%). Household ownership of transportation means is fairly well balanced between urban and rural areas, with nearly 62.9 percent of urban households and 65.6 percent of rural households owning a car, van, or truck.

There has been substantial improvement in the possession of all of these durable goods since 2003. The largest increases are seen for computers and mobile phones. The ownership of a computer increased nearly six-fold, from 9 percent in 2003 to 55 percent in 2009; increases were large in both urban areas and rural areas. Ownership of mobile phones nearly doubled between 2003 and 2009, increasing by nearly 50 percentage points overall; in rural areas it increased from 9 to 46 percent and in urban areas from 18 to 68 percent.

Possession of landline telephones increased overall between 2003 and 2009, from 27 to 31 percent, but this is entirely due to the increased access in rural areas, from 11 to 18 percent; in urban areas there was a *decrease* in possession of landline telephones, from 61 to 50 percent, most likely due to the greater reliance on mobile phones.

Nearly two thirds (63%) of all households in the 2009 KDHS sample reported that they earned 300 Euros or less monthly, 17.5 percent earned 301 to 400, 14.0 percent earned 401 to 800, and 4.7 percent earned more than that. People in rural areas were more likely to have monthly incomes of 300 Euros or less (66.0%) than those urban areas (58.5%), while the proportion of households earning 400 Euros or more monthly is higher in urban areas (22.3% versus 16.0%). There was considerable improvement in income over the six-year period between the 2003 and

2009 surveys. For example, in 2009 the proportion of households making over 300 Euros per month is almost twice that in 2003 (36.2% versus 19.2%).

Fertility

The 2009 KDHS data imply a crude birth rate (CBR) for the 12 months before the survey of 15.7 births per 1,000 population. This is identical to the CBR reported in Vital Statistics for Kosovo for 2009.

One-third of the births that occurred during the 12 months before the 2009 KDHS were to women aged 25-29 at the time. The age-specific fertility rate (ASFR) is highest for this age group; ASFRs are also high in 2009 for the two age groups either side of this one, i.e., 20-24 and 30-34, but are low for all other age groups; the same pattern was seen in 2003. ASFRs were substantially lower in 2009 than 2003 for women between the ages of 20 and 39.

The 2009 KDHS data imply a total fertility rate (TFR) of 2.03 children per woman for the 12 months before the survey. The TFR estimated from the 2003 KDHS survey for the year before that survey was nearly one child higher -- 2.98.

ASFRs are higher for rural women than for urban women at ages 20-24 (more than 50% higher) and ages 35-39 (100% higher), whereas they are higher for urban women for ages 25-29 (by 20%) and 40-49 (though the levels are low for both areas at these ages). Thus, fertility is much more concentrated for urban women at ages 25-29, whereas rural women spread their childbearing more evenly over the ages 20-34 and have slightly more children in total: the TFR for rural women is 2.1 children per woman compared to 1.9 for urban women.

Data from the KDHS retrospective birth histories can be used to look at fertility in the recent past. They show how a considerable decline in the TFR over the period 2002-2009, from 2.9 children per woman in 2002 to 2.0 in 2009 – a decline of nearly one child per woman. Data from the 2003 KDHS estimated a TFR of 3.0 for the period July 2002 - July 2003, which is remarkably similar to the 2.9 that we estimate from the 2009 data for the calendar year of 2002. The downward trend in fertility rates estimated from the 2009 KDHS data and the similarity of the estimates for 2002-2003 from the 2009 and 2003 KDHS surveys suggest that the 2009 KDHS does not (seriously) underreport births. Even though the TFR estimated for 2009 is low (and may be an underestimate, for example, if women under-reported the births of children who subsequently died), it appears that there has been a substantial decline in fertility in Kosovo over the past decade. The relatively small number of very young people in the population and lower numbers of children ever born to women over the age of 24 in 2009 than in 2003 also suggests that there has been a considerable decline in fertility in Kosovo.

The 2009 KDHS survey asked women aged 15-49 whether they were pregnant at the time of the interview. In total, 3.9 percent of women reported that they were pregnant, and another 0.8 percent weren't sure. Women age 25-29 are the most likely to be pregnant, but the percentage who are pregnant or not sure is actually slightly higher for women age 20-24 (8.7 % for 20-24, 8.6% for 25-29), indicating that many of these women will soon be having children as well. Nearly two thirds (64%) of the women who were pregnant said that they wanted to become pregnant at the time they did. Ten percent said that would have preferred to wait till later, while 3 percent said that the pregnancy was not intended at all. However, nearly one quarter (23%) of the women who responded to this question did not give a definite answer.

One fifth of women who were ever pregnant report ever having had a miscarriage, 7.9 percent

report that they have had an abortion, and 2.5 percent report having had a stillbirth. For each outcome, the percentages generally increase with age. Of women aged 45-49, nearly as quarter (23.9%) reported having had a miscarriage, 10.3 percent reported having had an induced abortion, and 4.4 percent reported that they had a stillbirth. The percentage reporting that they had an abortion is even higher (11.6%) for women aged 40-44. More women in urban areas report having had abortions than those in rural areas. This probably reflects their desires for smaller families, because of the higher cost of raising children in urban areas. Single women who have ever been pregnant are more likely to report having had an abortion (12.9%) than currently married women who have ever been pregnant (8.1%).

Family Planning - Contraception

Nearly all (95.3%) women aged 15-49 reported to know about at least one contraceptive method, and virtually as many (94.9%) had heard of at least one modern contraceptive method. The figures are somewhat higher for currently married women (98.4% and 95.9%) than for single (never-married) women (91.3% and 83.9%), but the level of knowledge by single women is impressive nonetheless. Of all methods, the pill is the one known by the most women, while foam/gel is the least known. Both married women and single women knew about more than six methods on average.

There was an increase of knowledge about all contraceptive methods between 2003 and 2009, particularly for the modern methods of injectables, condoms, and female and male sterilization, but also for traditional methods. The level of knowledge about the contraceptive methods increases progressively with the level of the woman's education.

Most women are not aware of the contraceptive effect of breastfeeding. More than a third (36%) of women have no knowledge about the effect of breastfeeding on the likelihood of becoming pregnant, and 43 percent of women stated that the chances of women becoming pregnant are not lowered if they breastfeed. Married women are considerably more knowledgeable about the contraceptive effect of breastfeeding than single women (29% versus 10%). Women's education level has little relationship with the level of their knowledge about contraceptive effect of breastfeeding.

Of all women aged 15-49 years, 42 percent ever used a method of contraception. However, only 17 percent ever used a modern method of contraception (the condom being the one most often used), whereas 39 percent had ever used a traditional method, mainly withdrawal. More than two thirds (69%) of currently married women have ever used a method of contraception (28% ever used a modern contraceptive and 65% ever used a traditional method), compared to only 3 percent of single women. This result is to be expected given the fact that nearly half (48%) of single women are ages 15-19 years and may not be sexually active.

Of the ethnic groups, Turkish and Serbian women have the highest rates of ever use of contraception. Serbian and Gorani women are the most likely to have used modern methods and are also the most likely to have used traditional methods. Bosnian and Ashkali women have low rates of ever use of both modern and traditional methods.

There is a positive correlation between the education and ever use of a modern method of contraception, but ever use of withdrawal (and of traditional methods as a group) is inversely related to the woman's education level.

Current use (at the time of the 2009 survey) of modern methods was low. Only 15 percent of

married women of reproductive age were using a modern method of contraception at the time of the 2009 KDHS; IUD and male condom are the most commonly used modern methods. Forty-four percent of married women of reproductive age were using a traditional method of contraception at the time of the 2009 survey; the vast majority of these practiced withdrawal, which is, by far, the most widely used specific method for all population subgroups we consider. Over two fifths (41%) of married women of reproductive age were not using any method of contraception at the time of the 2009 KDHS.

Use of any method of contraception and use of modern methods increases with age through the age group 40-44 and then is somewhat lower for women aged 45-49. Use of modern methods peaks at ages 35-39 (at 17.3%) and then decreases with age thereafter. The lower contraceptive use rates for the oldest women considered here reflects the fact that many older women think that they cannot become pregnant. Use of both modern and traditional methods of contraception is highest for women who were married at the time of the 2009 survey and lowest for women who were single or widows at the time. Two fifths of cohabiting women use contraception.

Turkish women have the highest rate of contraceptive use (73.3%) and have a particularly high rate of use of modern methods (30.0%, which is twice the percentage for all married and cohabiting women), while Ashkali women have the lowest rate of contraceptive use (37.1%) and a very low rate of use of modern methods (2.9%). Married and cohabiting women with no education are the least likely to use contraception (both modern and traditional methods), while those with at least lower secondary education are the most likely. The rate of use of traditional methods varies remarkably little with education.

Use of pills and IUDs and rhythm were each *lower* in 2009 than in 2003 or 1999-2000. In 2009, 15.1 percent of married women of reproductive age were using a modern method of contraception, compared to 22.6% in 2003. The decline in the use of modern methods of contraception may reflect the fact that there is now less donor involvement in reproductive health in Kosovo than there was in 2003. By 2009 more couples were using condoms and withdrawal than in 2003 or 1999-2000, suggesting that they had substituted these methods for the now-more-costly modern methods they used in 1999 and 2003. Nonetheless, it is important to note that in 1999, 2003, and 2009, withdrawal was overwhelmingly the main method of contraception used in Kosovo.

Most users of modern methods of contraception learned about their method from hospitals; this is especially true for IUDs. Most users of traditional methods learned about them from friends and relatives; this is especially true for withdrawal. Mass media is the source of information for around a quarter of users of the rhythm method.

Very few (3.2%) of respondents replied that they had been visited by someone who talked to them about family planning. Rural women were nearly twice as likely to have been visited (3.9%) as urban women (1.9%). This is consistent with the fact that family planning outreach activities in Kosovo focus on rural areas. Of the ethnic groups, Gorani were the most likely to have been visited (6.9%), while Serbian and Bosnian women (1.0% and 1.6% respectively) were the least likely to have been visited. The likelihood of being visited is inversely related to the woman's education. Of those who received information about family planning during the 12 months before the 2009 KDHS, the main contacts were with family doctors (38%) and NGOs (29%).

Most women replied that decisions about contraception are mainly a joint decision. The likelihood that the decision about contraception is made only by the woman's husband or partner increases with age; women in their forties were twice as likely to report that this is the case as

were women in their late teens and early twenties. The likelihood of saying that the decision about contraception is the husband's/partner's is inversely related to education; this may reflect age differences (or vice versa) because younger women are more likely to be educated.

The pill is the method with the most reports of side effects (11.4%) followed by the IUD (5.0%). These are also the methods for which women are most likely to have been told by health workers about problems or side effects they might have.

Mortality

The question about household deaths in the 12 months before the survey elicited responses that a total of 132 people had died. This implies a crude death rate (CDR) of 5.6 deaths per thousand people, which is slightly higher than the CDR of 5.4 per thousand found in the 2003 KDHS. The slight increase between 2003 and 2009 may reflect the aging of the population. Given empirical knowledge available on omissions of deaths from answers to a question about mortality in household surveys, the true CDR is most likely somewhat higher, though it is noteworthy that the CDR of 5.6 we estimate for the 12 months before the 2009 KDHS is considerably higher than the CDR of 3.2 for 2009 in official Kosovo Vital Statistics. The difference between the crude birth and death rates implied by the 2009 KDHS indicate a rate of natural increase of 10.1 per 1,000, or 1.01% per year.

The distribution of the ages at which household members died is as expected from data on other countries and suggests that the distribution of deaths by age in all likelihood reflects ages at death quite accurately, even if there are some omissions. Deaths are concentrated in the first year of life (which suggests that there isn't large underreporting of infant deaths), are small in number thereafter until the age of 40, and then increase with age thereafter, especially beginning with age 50. The vast majority (76%) of household deaths occurred to people aged 60 years and above, with the age group 80 and older alone accounting for over one fifth of all household deaths.

The 2009 KDHS data imply for the period 2005-2009 an infant mortality rate (IMR) of 9.5 infant deaths per 1000 live births and an under-five mortality rate of 11.2 deaths under age 5 per 1,000 live births. The IMR of 9.5 that we find for the period 2005-2009 is remarkably similar to the IMRs reported in Kosovo Vital Statistics for these five years.

The 2009 KDSH data imply that there was a steady decline in infant and child mortality rates from the 1980s (the IMR is estimated to be 70 in the early 1980s) to the 1990s to the 2000s. This pattern suggests that there was not extensive disproportionate underreporting of deaths (and births) in past. Nonetheless, the infant mortality rates for recent years (e.g., 9.5 infant deaths per 1,000 live births for 2005-2009) are lower than most people expect, suggesting that there may be underreporting of the deaths (and births) of children who died. According to hospital statistics, the perinatal mortality rate for 2009 is estimated to be 19.3 perinatal deaths (stillbirths plus deaths during the first week of life) per 1,000 live births.

The research team did not attempt to directly compare the 2009 KDHS data on IMR and U5MR with those estimated from the 2003 KDHS data, as neither the methods for the calculation of infant and under-five mortality rates nor the period of time to which the data refer are specified in the 2003 KDHS report.

However, 'based on the number of dead children reported by mothers', the 2003 KDHS reports

an infant mortality rate of 23.7 and an under-five mortality rate of 42 per 1,000 live births.¹ When we consider all years since 1980, we calculate from the data in the 2009 KDHS an infant mortality rate of 23.0-23.1, which is remarkably similar to that found in the 2003 KDHS. However, we find under-5 mortality rate of 25.6-25.7, which is much lower than the rate of 42 found in the 2003 KDHS. This suggests that the 2009 KDHS may have particularly missed deaths to children that occurred after they were age 1.

In addition, and with reference to sampling and non-sampling errors, the 2003 KDHS also reports an adjusted infant mortality rate of 49 per 1,000 live births and an adjusted under-five mortality rate of 69 per 1,000 live births.² No adjusted infant mortality and under-five rates were calculated for the 2009 KDHS.

Knowledge and Attitudes About HIV/AIDS Prevention

The 2009 KDHS included questions to assess knowledge and attitudes about HIV/AIDS from all respondents, both male and female, ages 15 and older. The 2003 KDHS asked some of the same questions, but only of females aged 15-49. Overall, the level of awareness about HIV/AIDS is high. Of those ages 15 and older, nearly 90 percent of males and more than 80 percent of females have heard of HIV/AIDS

Knowledge about HIV/AIDS varies considerably with age. Over 90 percent of men under age 50 and of women under age 40 have heard of HIV/AIDS, but less than 50 percent of men aged 70 or older or women aged 65 or older have heard of it. After age 24, women are less knowledgeable than men across all other ages, with considerable expansion of the sex gap after the age 44. The level of knowledge was slightly higher in 2009 than in 2003 for women ages 15-44.

In the 2009 survey, 75 percent of men and 71 percent of women, age 15 years and older knew that the risk of contracting HIV/AIDS is reduced if they abstain from sexual relationships. Even more (81% of men and 77% of women) were aware of risk reduction by using condoms. Like the data on whether people have heard of HIV/AIDS, the level of knowledge about prevention by abstaining from sex and using condoms decreases with the age, particularly in the female population. Males are more knowledgeable than females about both prevention methods, except for people ages 15-19, for whom the level of knowledge is virtually the same for the two sexes. There have been noteworthy increases since 2003 in the knowledge of women ages 15-49 about ways of reducing the risk of contracting HIV/AIDS, particularly a significant increase in awareness about the role of abstinence in HIV/AIDS prevention.

The 2009 KDHS also asked all male and female respondents ages 15 and older “Would you buy fresh vegetables from a vendor if you knew that this person has HIV/AIDS?” (This question was not asked in the 2003 survey.) Altogether, only two fifths of men and one third of women aged 15 and older said that they were willing to buy fresh vegetables from a person infected with HIV/AIDS.

For both men and women, people living in urban areas are more likely to have heard of HIV/AIDS than those in rural areas. There was a modest improvement between 2003 and 2009 in knowledge in rural areas (from 86.6% to 88.2%), but a minor decline of knowledge over this

¹ It appears that those rates refer to all births and infant and child deaths reported in the birth history in the 2003 KDHS and not just those in the years immediately before the survey.

² Considering a risk of underreporting of births and deaths reported for many years before the survey, the 2003 KDHS report considers the adjusted rates ‘more realistic than the rates based on the observed data’. However, the 2003 report emphasizes that the ‘real level of mortality probably lies somewhere in between the reported and adjusted rates’.

period in urban areas (from 96.8% to 94.4%).

There have been dramatic increases in knowledge of the preventive role of abstinence over this six-year period in both urban and rural areas: from 17 percent to 77 percent in urban areas and from 19 percent to 75 percent compared to in rural areas. There was also an increase, though not as large, in knowledge about the preventive role of condoms.

Single people, both male and female, are better informed than married people about HIV/AIDS and its prevention, as well as about the modes of contracting HIV/AIDS. The differences by marital status most likely reflect the younger ages of single people.

The percentages who have heard of HIV/AIDS vary by ethnicity and sex. Of subgroups with at least 25 observations, Gorani are the most likely to have heard of the disease (98% for men, 87% for women). However, only around 60 percent of Bosnian, Turk, Roma, and Ashkali women have heard of HIV/AIDS. Albanian men and women and Bosnian and Turkish men are the most knowledgeable about the preventive role of condoms and abstinence. Knowledge is considerably lower for Serbians and Ashkali, both males and females. Gorani men and women show a high level of knowledge about the preventive role of condoms but are much less knowledgeable about the preventive role of abstinence. Bosnian and Turkish women and especially Roma women have a low level of awareness of the preventive role of abstinence. Only 29 percent of Roma women responded that they thought the risk of HIV/AIDS could be reduced by abstinence.

Awareness about HIV/AIDS is strongly related to the level of education. Over 85 percent of those with at least lower secondary schooling have heard of HIV/AIDS, and virtually everyone with higher secondary or university education has. However, only around 60 percent of those with primary education and a very low 30 percent of those with no education report that they've heard about the disease. There are very few gender differences for each of the education groups. The lower awareness for women that we see for the population as a whole is due to their lower levels of education.

As with knowing about HIV/AIDS, the level of positive recognition of the role of condoms and abstinence in reducing the risk of HIV/AIDS infection increases with the level of education. For the more educated groups, as we have seen for the population as a whole and other subgroups, people are somewhat less likely to reply that abstinence can reduce the risk of HIV/AIDS than to reply that condom use can. Similarly, people with no or little education are the least likely to buy vegetables from an infected vendor, and those with the most education are the most likely, though even for the most educated group the percentage is only 60 percent for this indicator.

Migration

Altogether, 6.4 percent of 2009 KDHS survey respondents are lifetime migrants (i.e., lived in a different region [or country] at the time of the 2009 KDHS from where they were born). Prishtina is the region with the highest in-migration. Nearly 11 percent of respondents now living in the Prishtina region stated that they were born in other regions of Kosovo (or abroad). On net, the population of Prishtina region is 7.7 percent larger because of net internal lifetime migration. Peja region has the next highest rates of migration, with lifetime net in-migration of 6.7 percent. The regions of Gjakova and Mitrovica have suffered relatively large losses of lifetime migrants over the years, on net losing 6.4 percent and 5.2 percent, respectively, of the people born there (who are still alive and still in Kosovo) to net out-migration to other regions of Kosovo. This is not surprising given the very poor economic prospects in these two regions, as well as the political

and security issues in Mitrovica. There has been relatively little internal geographic mobility recently; less than one percent (0.7%) of all survey respondents were in 2009 living in a different region (or country) than the one where they lived five years earlier.

The report on the 2003 KDHS noted that over 8 percent of respondents (i.e., people who were resident in Kosovo in 2003) had been living abroad five years before that survey (i.e., in 1998). Forty-seven percent of these returnees had been in Germany, 18 percent in Switzerland, and eight percent in Serbia-Montenegro. The situation had changed drastically by 2009, when only 0.16 percent of respondents had been abroad five years earlier, and Germany and Switzerland were no longer the main countries from which these people returned.

Nonetheless, there are still many Kosovars who live abroad. Household heads reported a total of 4,061 family members who were abroad. This is 17.1 percent the size of the total household population represented in the survey sample. Subject to imitations noted in the report, this suggests that the population of Kosovo would be about one sixth larger had these people not left Kosovo, or if they all were to return. More than one fourth (27.0%) of these left between 2005 and 2009, and 22 percent each left in each of the two five-year periods before that. The year 1999 had the highest emigration, but the numbers have continuously been quite high since the early 1990s. Keep in mind that these data refer to family members who are still abroad – they do not include people who have returned to Kosovo.

Well over half (57.5%) of family members abroad are males. The population abroad is more likely to be of working age and less likely to be age 65 or older than the resident population. This is particularly true for males; of those for ages can be computed, 74.4% of men abroad were ages 15-64 in 2009, compared to 64.4 percent of men in the resident population. Germany hosted the highest proportion (38%) of family members abroad, followed by Switzerland (with nearly 16%). Similar patterns were seen in the 2003 KDHS.

Attitudes About Domestic Violence

The 2009 KDHS asked of all respondents aged 15 and older if a husband was justified (or has the right) to strike or to beat his wife/partner if she goes out without permission, does not care about the children, quarrels, refuses sexual relations, or burns the cooking. The respondent gave answers of Yes or No for each of the five situations.

Nearly 13 percent of the total population aged 15 years and older feel that domestic violence is justified in at least one of the situations listed above. For both male and female respondents, going out without permission and not caring for the children are the situations that respondents most felt most justify domestic violence (for 8.7% and 8.6% of males and for 12.1% and 12.4% of females). Quarrels ranks next (with 4.6% of males and 6.1% of females feeling that this is an acceptable reason for domestic violence), followed by refusing to have sex (2.8% for males and 3.3% for females) and, finally, burning the cooking (1.7% for males and 2.3% for females). For every one of the five situations, women are more likely than men to say that they feel that domestic violence is justified. Further exploration is required to determine if this gender difference in attitudes about domestic violence reflects the real situation or maybe is due to men not being completely frank in their responses.

For both males and females, the percentages of respondents who feel that domestic violence is justified if any of the five situations occurs increase with age, from around 5 to 7 percent of the population ages 15-24 compared to 16 and 18 percent of those ages 40-64 and 28 to 35 percent of

those ages 65-84 years. The sex difference seen for the total sample is seen for all age groups except the youngest one (ages 15-19 years) and the oldest ones (age 80 or older); for all other age groups a higher proportion of women than men report that they feel domestic violence is justified.

Rural residents, both women and men, are more likely than those living in urban areas to feel that domestic violence is justified if any of the five situations takes place (13% for rural men compared to 8% for urban men; 18% for rural women compared to 10% for urban).

Married women are the most likely to feel that domestic violence is justified in at least one of the five situations (17.8%), whereas single women are the least likely to (5.2%). These differences probably mainly reflect the age differences just mentioned, since single women are younger than married women.

Of the ethnic groups, Serbians (especially Serbian women) are the least likely to feel domestic violence is justified, whereas Turkish, Roma, and Ashkali women have above-average rates of approval, and Ashkali men (32%) are very likely to feel domestic violence is justified. Serbian, Bosnian, Turkish, Roma, and Gorani men have below-average rates of approval.

For both men and women, approval of domestic violence is inversely related to educational attainment. Thirty percent of women and 24 percent of men with no education feel domestic violence is justified, whereas of those with university education only 3.9 percent of men and 3.5 percent of women feel that way.

Implications

The final chapter of the report summarizes the conclusions of the analyses and notes the following policy implications:

Policy efforts to improve well-being should make sure that they do not have an urban bias and that they take into account the particular needs of the rural population.

Efforts should be made to increase the use of effective methods of contraception. Nearly all women in Kosovo know about methods of contraception, so knowledge is not the barrier.

Older women who are not using contraception because they think they cannot become pregnant risk unintended pregnancies. Particular attention should be given to encouraging contraceptive use among such women.

Education campaigns should target groups with low levels of knowledge about HIV/AIDS and how it is transmitted, for example, by making sure materials are translated into the languages of ethnic groups with low levels of knowledge.

Outreach efforts should make particular efforts to communicate to groups most likely to feel that domestic violence is justified (older men and women; rural women; Ashkali men and women; Bosnian, Turkish, and Roma women; and less educated people of both sexes).

The report notes the following implications for future research and data collection:

More research should be done to understand fertility differences among subgroups of the Kosovo population, for example how total fertility rates differ by women's level of education.

Efforts should be made to understand why women are not using more effective methods of contraception.

Data should be collected on the education and skills of Kosovars abroad so that more can be known about the true extent of the loss of human capital (brain drain). It also would be good to know the extent to which émigrés send remittances back to Kosovo and hence are providing support for the economy.

Efforts should be made to assess whether men really are less likely than women to think that domestic violence is justified or whether they are just less likely to admit it.

In future data collection, stronger efforts should be made to make sure all questions are answered by all eligible respondents. Interviewers need to be better trained and supervised, and there need to be more quality checks in the field, while there is still the opportunity to go back to households to clarify apparent inconsistencies.

Small sample sizes precluded our ability to estimate reliable statistics for small population subgroups, such as minority ethnic groups. Future data collection efforts should oversample minority groups of interest so that there can be more reliable data on them.

1 Introduction

1.1 Need for a Third Demographic, Social and Reproductive Health Survey in Kosovo

Following the end of conflict in 1999, there was a critical need for current economic, social and demographic data to help in the reconstruction and development of Kosovo. In response to this need, UNFPA in partnership with the International Organisation for Migration (IOM) and the Statistical Office of Kosovo (SOK), with funding from the Canadian Government, conducted the first Kosovo-wide household-based *Demographic, Socioeconomic and Reproductive Health Survey* from November 1999 to February 2000.

The 1999-2000 survey provided the first reliable snapshot of the demographic and health situation in Kosovo. Despite some problems in the design and the fact that the survey was conducted during difficult times, it produced some valuable results. For example, fertility and mortality rates were found to be higher in Kosovo in the years before the survey than in other countries in Europe, and this resulted in a population distribution in which one-third of the population was under 15 years of age and one-half under 25 years of age. This contrasted markedly from the situation in most European populations, where aging is now a critical issue, as the proportion over age 60 is growing rapidly in response to low birth rates and increasing life expectancy. Data from the 1999-2000 survey also showed that a fairly large number of Kosovars of working age were outside of Kosovo at the time of the survey, and their remittances were making a valuable contribution to the local economy. The report on the 1999-2000 survey also showed inequality between males and females in education, and that less than 10 percent of couples of reproductive ages were using modern contraceptives.

However, some of the results from the 1999-2000 survey were of unknown accuracy, given the difficult circumstances of the survey. Thus, apart from the opportunity to include new topics, it was thought that a new survey would provide more accurate results. In October 2002, the World Bank recommended a full health and demographic survey.³ There was also a widely recognised need for a full population census, because there has been no reliable census in Kosovo since 1981. The law for a new census was signed in December 2004, but for a number of reasons -- logistical, technical and financial -- it was not possible to conduct a full census at that time. (It is currently planned that the census will be conducted in April 2011.) Therefore, with UNFPA acting as the executing agency and financial support from the Swedish Government (SIDA), the 2003 Kosovo Demographic, Social and Reproductive Health Survey was conducted in July of that year.

The results from the 2003 Kosovo Demographic, Social and Reproductive Health Survey (which we abbreviate to the Kosovo Demographic and Health Survey -- KDHS) revealed that more than a half (55%) of population belonged to age group 15-59 years, and nearly one-third (32%) were children under age of 15. These findings are almost identical to those in the 1999-2000 survey, where children under 15 were 31.5 percent, while proportion of population of age 15-59 was 60 percent. Illiteracy varied by gender and location. Eight percent of population aged 15 years and above was illiterate, with females being almost four times more likely to be illiterate than males (12.5% versus 3.4%). People living in rural areas were more likely to be illiterate than those in urban areas (8.7% versus 6.5%).

³ Public Expenditure Priorities Report for Kosovo, World Bank, Report No. 24880-KOS, October, 2002, p.57, available at <http://www.worldbank.org/>, accessed on December 27, 2010.

The Crude Birth Rate (CBR) for 2003 was estimated to be 20 live births per thousand population, and the Total Fertility Rate (TFR) was estimated to be 3.0 children per woman, which was higher than the TFR of 2.6 estimated from the 1999-2000 survey.

The 2003 KDHS data led to an estimate of an infant mortality rate of 23.7 per 1000 live births (based on the number of dead children reported by mothers), bearing a risk of underreporting of births and deaths reported for many years before the 2003. However, the report on that survey did not specify the time period to which this estimate refers.⁴

It has long been acknowledged that men play an important role in the realization of reproductive goals. In this respect a major gap in knowledge existed concerning men's use, attitude towards and knowledge of contraception in Kosovo. In the 2003 KDHS, over 15 percent of all women reported that using contraception was solely their husband's or partner's decision, and 81.1 percent of married women reported that they discussed family planning with their partner or husband. These results suggest that men play a major role in contraceptive decision-making in Kosovo.

The 2003 survey did not address the issue of abortion, but the report on the 1999 survey reported an induced abortion ratio of 4.8 abortions per 1,000 live births, and noted that abortions had undoubtedly been underreported in the survey. Induced abortion in Kosovo is legal up to 10 weeks; however, there is much speculation that many abortions are carried out illegally after 10 weeks, and that many women may have had multiple abortions. Since there has been no further research carried out on the issue of induced abortion since 1999-2000, there is no evidence to either support or dismiss these speculations. It is widely known that the practice of induced abortion can adversely affect a woman's health, reduce her chances of further childbearing, and contribute to maternal and perinatal mortality. Thus it is important that there be current information on induced abortion to investigate the above speculations.

In the absence of other data, the results from the 2003 survey have continued to be used as a basis for policy formulation and programming within relevant ministries, NGOs, multilateral, and bilateral agencies. Some of the information is clearly still pertinent, such as the large numbers of young people who need education and job opportunities. The Ministry of Health and the donor community are aware of the desire for smaller families and understand the urgent need for increased contraceptive choices for individuals and couples. Whatever is happening with the fertility of women, there is concern that births may continue to increase as the large numbers of Kosovar adolescents enter the reproductive ages.

Given the above, the rapid changes within Kosovo, the lack of current data, and the belief that official vital statistics are underreported, the relevant stakeholders felt the need for a third Demographic, Social and Reproductive Health Survey, to provide up-to-date information on the topics covered in the first two surveys. SOK consulted with the UNFPA and UNICEF offices in Kosovo, and agreed on an action plan for the implementation of a 2009 KDHS by the Department of Population Statistics of the SOK. Preparations for the third KDHS began in September 2009, and the survey was fielded in December 2009. The main findings are reported herein.

⁴ As noted in Chapter 5 of this report, based on our analyses of the 2009 data, we believe that the estimate in the 2003 report refers to all births and infant deaths reported in the birth history in the 2003 KDHS (these births and deaths could have occurred over a period of 35 years before the survey) rather than to a period around the time when the survey was fielded.

1.2 Aim and Objectives

The overall aim of the 2009 survey was to obtain up-to-date information on the demographic, socio-economic, and reproductive health situation in Kosovo, to enable relevant stakeholders to develop policies and services that would respond appropriately to the prevailing circumstances within the country.

The specific objectives include:

- To provide reliable, relevant, and recent statistical data related to demographic, socio-economic, and reproductive health topics;
- To analyze trends over time in key socioeconomic, demographic, and health indicators through comparison of current findings with those from the 2003 KDHS (and the 1999-2000 survey, where possible);
- To strengthen the capacities of the Statistical Office of Kosovo.

1.3 Survey Design

1.3.1 The Sample

The lack of recent census data resulted in difficulties establishing a reliable sample frame. The essential requirement was that the sample frame cover the entire Kosovo territory. In order to avoid potential mistakes that would result in sampling errors, particular attention was placed on strict adherence to the sampling procedures and ensuring that the identification process of selected households in the field was adequately controlled.

The sampling frame consisted of a list of 4,953 Enumeration Areas (EAs). The list of EAs was drawn from recently-updated EAs. (Around 1,000 EAs were updated by SOK in 2008, and about 3,500 were updated in 2009.) The sample for the 2009 KDHS was taken as a stratified sample with Probability of Selection Proportional to Size (PPS) – i.e., proportional to the number of households in each EA in the frame. The EAs were stratified according to region (7), ethnicity (non-Serb/Serb), and urban/rural. Five hundred EAs were selected, and then households in these selected EAs were listed; a second-stage sample of eight households was then taken from the list for each selected EA, each with equal probability of selection.⁵ Thus the target sample size was 4,000 households.

⁵ The probability of selection for the sample households can be expressed as follows:

$$p_{hi} = \frac{n_h}{N_h} \times \frac{n'_h \times M'_{hi}}{\sum_{i=1}^{n_h} M'_{hi}} \times \frac{m_{hi}}{M'_{hi}}$$

p_{hi} = overall probability of selection for a sample household in the i -th sample EA in stratum h , selected from the sampling frame of EAs for the survey

n_h = number of sample EAs selected in stratum h

M_{hi} = estimated number of households in the i -th sample EA in stratum h from the frame of SOK EAs, used for the selection of the master sample of EAs with PPS

M_h = total estimated number of households (cumulated measure of size) for stratum h from the frame of EAs

n'_h = number of sample EAs selected in stratum h for the survey

m_{hi} = number of sample households selected from the updated listing in the i -th sample EA in stratum h for a particular survey; $m_{hi} = 8$ for this survey

M'_{hi} = total number of households in the updated listing for the i -th sample EA in stratum h

The total number of households interviewed was 3,992, covering 314 settlements⁶ and 500 enumeration areas. Non-response was very small (0.2%) and will not affect the representativeness of the data.

If the sample frame is incomplete, weights derived from it would mainly affect absolute numbers; averages and percentage estimates are less affected and are the statistics on which we focus in this report.

1.3.2 The Questionnaire

In order to ensure a proper foundation for comparison and measurement of trends, the survey questionnaires for the 2009 KDHS were designed to retain the key questions asked in 1999-2000 and 2003. Moreover, the general structure of the questionnaire is similar to the first and second rounds, containing a control page, a household component, and an individual component. As in the previous surveys, the general part of the individual questionnaire is completed for all household members.

Some changes, however, were made. For example, questions related to employment were removed, because the Department of Social Statistics within the SOK was planning to conduct a survey, with a sample size similar to the 2009 KDHS, addressing issues concerning the employment and the census would soon collect information on this topic for the entire population.

In addition, following suggestions from the workshop held in October 2009 with representatives of SOK, UNFPA, UNICEF, the National Institute of Public Health, and the Ministry of Health, and following a review of the questionnaire used for the Demographic and Health Survey⁷ recently fielded in Albania, the questionnaires for the 2009 KDHS were modified further. In this context, questions regarding HIV/AIDS knowledge and attitudes were simplified and asked to both men and women aged 15 years and above (in the 2003 KDHS, questions about HIV/AIDS were only asked of women aged 15-49); questions were added about whether the woman ever had a pregnancy that ended in an outcome other than a live birth and regarding attitudes about domestic violence. Questions about the preference for the number and sex of children were deleted. The full questionnaire used in the 2009 KDHS is in the Appendix.

1.3.3 Data Collection

The data collection was carried out by total of 52 interviewers who were hired by the contractor STATGIS. SOK staff delivered a three-day intensive training for the interviewers and supervisors (one day for the supervisors and two days for the interviewers). In addition, detailed survey guidelines were produced to be used by the interviewers during the field work. The data were collected between 23 November and 16 December 2009. Different from the survey in 2003, where supervision of data collection process was under the responsibility of SOK, for the 2009

The corresponding weight (inverse of the probability of selection) for each EA and stratum is:

$$W_{hi} = \frac{N_h \times \sum_{i=1}^{n_h} M'_{hi}}{n_h \times n'_h \times m_{hi}}$$

⁶ A settlement is defined as a quarter within the city or village where people live.

⁷ “Since 1984, the MEASURE DHS (Demographic and Health Surveys) project has provided technical assistance to more than 240 surveys in over 85 countries, advancing global understanding of health and population trends in developing countries. DHS has earned a worldwide reputation for collecting and disseminating accurate, nationally representative data on fertility, family planning, maternal and child health, gender, HIV/AIDS, malaria, and nutrition.” (<http://www.measuredhs.com/aboutdhs/>; accessed December 12, 2010).

KDHS, supervision responsibility laid with the contractor. SOK staff monitored the field work and checked the completed questionnaires periodically.

Interviews were conducted with 3,992 households in 500 Enumeration Areas (EAs); data were collected on 23,695 resident members of these households (and some information on émigré household members was collected from heads of the sampled households).

1.3.4 Data Analysis

Manual checking of the forms was carried out by STATGIS personnel immediately upon completion of the fieldwork and in case of serious errors the contractor contacted SOK staff. Forms were checked and coded by the contractor staff and then sent to the SOK office in Prishtina. The SOK staff responsible for the survey randomly checked the data of one EA from each region. The SOK management and the contractor staff were given feedback by the Department of Population Statistics on the quality of data collected and on the need for editing the survey material. Different from the KDHSes in 1999 and 2003, where the data processing system was designed using MS ACCESS, for the 2009 KDHS the X-Pro ACCESS system was used to process the data. For data analysis and tabulation, data were transferred into SPSS.

The initial findings tabulated by SOK staff were presented to UNFPA and UNICEF representatives in August 2010. This report presents key findings of analyses of the survey data.

1.3.5 Limitations

Given the difficulties associated with the lack of a current population frame and consequently some questions about whether the sample weights can be used to aggregate up to national totals, the findings of this survey are presented mainly in relative numbers (rates and percentages). Furthermore, the numbers of observations for some subgroups are small and hence estimates for them may not be very reliable. We do not present percentages that would be based on a denominator of less than 25 observations.

We have tried whenever possible to compare results from the 2009 survey to those from the 2003 and 1999-2000 surveys. However, we did not have access to the raw data from those earlier surveys (which, for example, would have enabled us to calculate statistics for different age groups than those considered in the reports on those surveys), and hence make our comparisons to the statistics presented in the reports on those surveys.

2 Demographic and Socioeconomic Findings

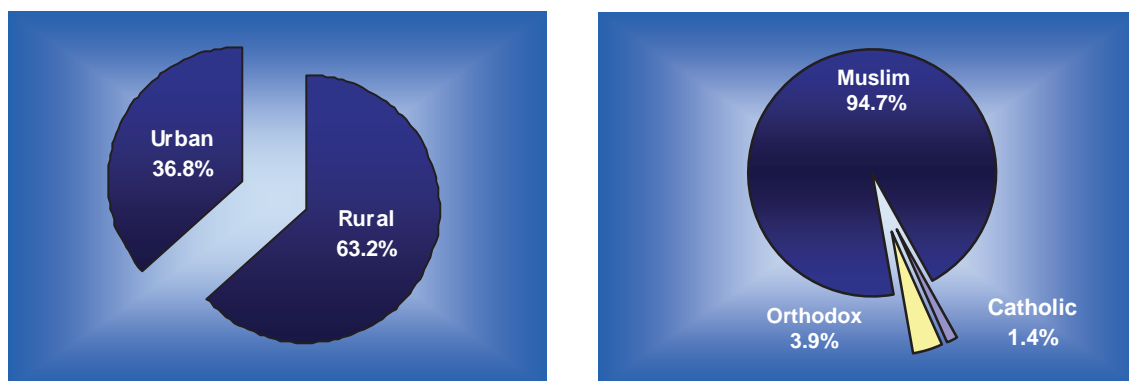
This chapter provides a summary of findings regarding the demographic and socio-economic characteristics of the 3,992 households and 23,695 individuals in them that comprise the sample for the 2009 KDHS, including residency, religion, ethnicity, age, sex, marital status, education, and household structure, housing characteristics, and socioeconomic status.

2.1 Population by Residency, Religion, Ethnicity, Age, and Sex

2.1.1 Residency, Religion, and Ethnicity

Nearly two-thirds (63.2%) of the individuals in the sample reside in rural areas. The overwhelming majority (94.7%) of respondents are of the Muslim religion, with Orthodox (3.9%) being the majority of the remainder (see Fig. 2.1).

Figure 2.1 Percentage Distribution of the Total Household Population by Residence and Religion, Kosovo 2009



The vast majority (92.4%) of the surveyed population belongs to the Albanian ethnicity, 3.9% are Serbian, and 1.1% are Bosnian. The remaining 2.6% are distributed across other minorities, as seen in Table 2.1 below. Ethnic distributions are virtually the same for females and males.

Table 2.1 Distribution of Individuals in the Survey Sample, by Ethnicity, Kosovo 2009

Ethnicity	Male		Female		Total	
	n	%	n	%	n	%
Albanian	10,947	92.2	10,936	92.6	21,883	92.4
Serb	488	4.1	445	3.8	933	3.9
Bosnian	122	1.0	144	1.2	266	1.1
Turkish	102	0.9	80	0.7	182	0.8
Roma	35	0.3	30	0.3	65	0.3
Ashkali	95	0.8	106	0.9	201	0.8
Egyptian	16	0.1	11	0.1	27	0.1
Gorani	68	0.6	56	0.5	124	0.5
Other	3	0.03	6	0.1	9	0.04
Prefer to not answer	3	0.03	2	0.02	5	0.02
Total	11,879	100.00	11,816	100.00	23,695	100.00

2.1.2 Age, Sex, and Residency

Half of the total survey sample (50.1%) is male. Similar to the 2003 survey, distribution of population by sex is virtually the same in both urban and rural areas – 50.1% male and 49.9% female in urban areas and 50.2% male and 49.8% female in rural areas. Detailed information on the demographic characteristics of members of the households in the sample, according to the five-year age groups, rural-urban residence, and sex, is presented in Table 2.2 below.

Table 2.2 Percentage Distribution of Individuals in the Survey Sample, by Age, Sex, and Urban-Rural Residence, Kosovo 2009

Age groups	Urban			Rural			Total			Total Number
	Male	Female	Total	Male	Female	Total	Male	Female	Total	
0-4	8.0	6.9	7.4	8.7	7.6	8.8	8.5	7.3	7.9	1,877
5-9	9.8	8.7	9.2	10.5	10.9	10.7	10.2	10.1	10.2	2,407
10-14	9.4	9.4	9.4	10.9	10.1	10.5	10.4	9.8	10.1	2,394
15-19	10.2	9.5	9.9	10.6	10.9	10.8	10.4	10.4	10.4	2,470
20-24	10.0	8.7	9.4	9.9	8.7	9.3	9.9	8.7	9.3	2,209
25-29	7.6	7.9	7.8	8.1	7.7	7.9	7.9	7.8	7.9	1,861
30-34	7.3	7.7	7.5	6.9	7.4	7.2	7.1	7.5	7.3	1,729
35-39	5.8	7.3	6.6	6.2	6.7	6.5	6.1	6.9	6.5	1,543
40-44	5.7	6.3	6.0	5.5	6.0	5.7	5.5	6.1	5.8	1,380
45-49	5.8	6.4	6.1	4.9	5.3	5.1	5.2	5.7	5.4	1,290
50-54	5.3	5.3	5.3	4.5	4.2	4.4	4.8	4.6	4.7	1,117
55-59	5.2	5.2	5.2	3.9	3.9	3.9	4.4	4.4	4.4	1,037
60-64	3.4	3.2	3.3	2.8	3.3	3.1	3.0	3.3	3.2	748
65-69	2.8	2.8	2.8	2.6	2.4	2.5	2.7	2.6	2.6	621
70-74	1.7	1.9	1.8	2.1	2.0	1.9	1.9	2.0	2.0	464
75-79	1.4	1.7	1.5	1.2	1.7	1.3	1.3	1.6	1.5	344
80-84	0.4	0.6	0.5	0.5	0.7	0.4	0.4	0.6	0.5	120
85+	0.2	0.5	0.3	0.2	0.5	0.2	0.2	0.5	0.4	84
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	23,695

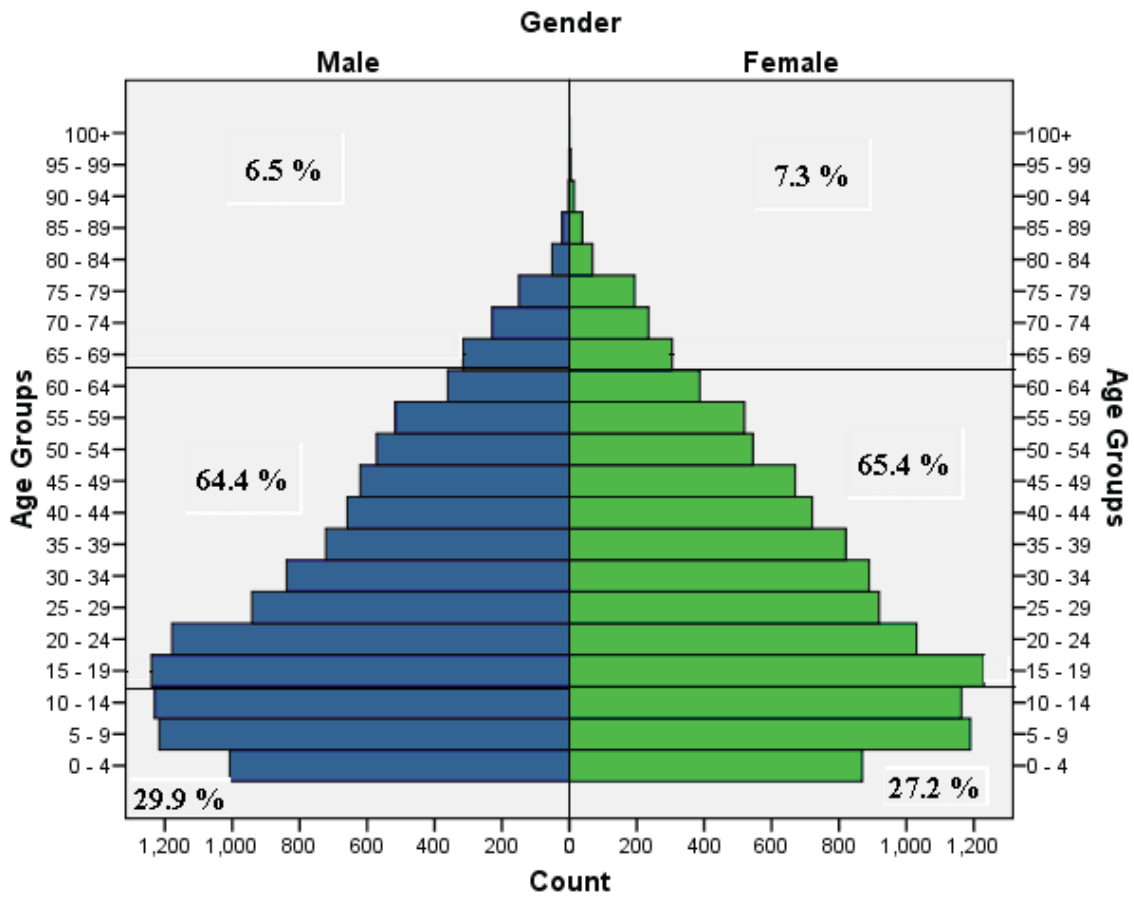
The information in Table 2.2 is summarized in Figures 2.2 and 2.3, which plot the age-sex structure of the individuals in the sampled households for the total sample, and separately for urban and rural areas. These are presented as population “pyramids,” which show the number of males (on the left) and females (on the right) in each five-year age group. These diagrams are called “pyramids” because in societies with high fertility rates each younger age group is larger than the one older than it, leading to an age-sex structure that is triangular in shape, widest at the bottom.

Twenty-eight percent of the population is younger than age 15, while nearly two-thirds (65%) belong to the 15-64 age group, which is known as the economically active, or working-age, population. People age 65 and older represent only seven percent of the total household population. (By contrast, this group accounts for 16 percent of the population for Europe as a whole.⁸)

The large proportion of the population below age 15 may be due large numbers of births in the recent past or to emigration of persons in the working ages. The proportion of children under age 15 is somewhat higher in the rural areas (30%) than in urban areas (26%), and in both areas the number of boys exceeds the number of girls by about two percentage points.

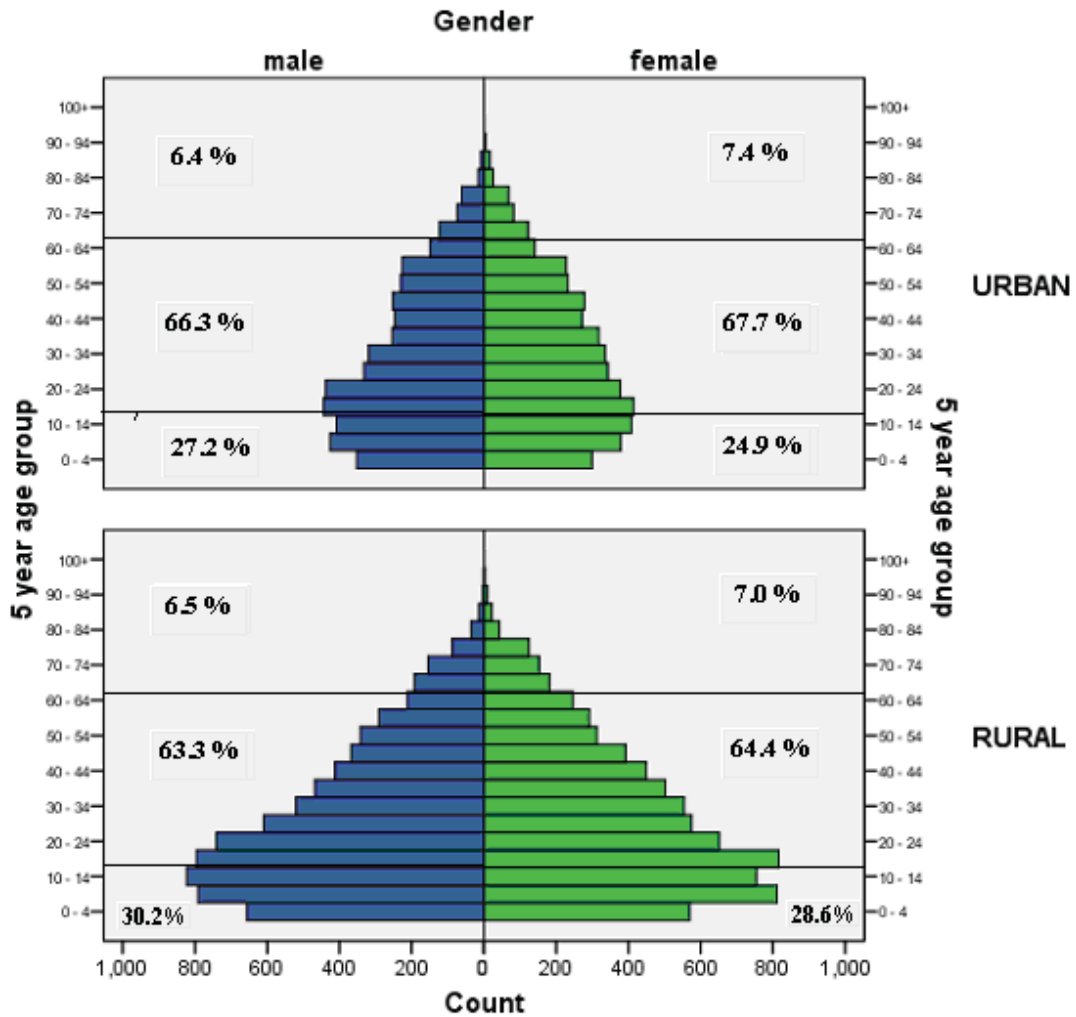
⁸ Population Reference Bureau, *2010 World Population Data Sheet*, http://www.prb.org/pdf10/10wpds_eng.pdf; accessed December 6, 2010.

Figure 2.2 Population Pyramid, Kosovo 2009



The near-triangular shapes of the population pyramids demonstrate that the Kosovo population overall is young. However, there is narrowing at the bases of the pyramids. The bases of the pyramids represent recent births. The declining widths of the bars at the bases of the pyramids illustrate that the numbers of births in Kosovo have been decreasing. This issue will be further explored in Chapter 3. Except for males in rural areas, the largest age group is 15-19 years old.

Figure 2.3 Population Pyramids, by Urban-Rural Residence, Kosovo 2009



Contrary to those under age 15, relatively more females than males are in the 15-64 age group, particularly in urban areas. This may be due to the higher emigration rates of men than women. In addition, in urban areas the percentage of the population that is ages 15-64 is larger (67%) than in rural areas (64%); this may be due to internal migration of people from rural to urban areas, because of better opportunities for education and employment in the cities. Similarly, relatively more females than males are age 65 or older; the difference is about one percentage point. This may also be a result of larger emigration of males, though it probably also reflects the fact that throughout the world (except in areas with high rates of maternal mortality or very strong son preference that leads to female infanticide and preferential treatment of boys) males have higher mortality rates at all ages than females. (E.g., males are more prone to engage in risky behaviour and to have unhealthy life styles, e.g., smoking, drinking, and accidents.)

It is noteworthy that the number of women in reproductive years is still large and will thus contribute to the number of births in the future, even though, as we will see ahead, women in Kosovo are having fewer children than before.

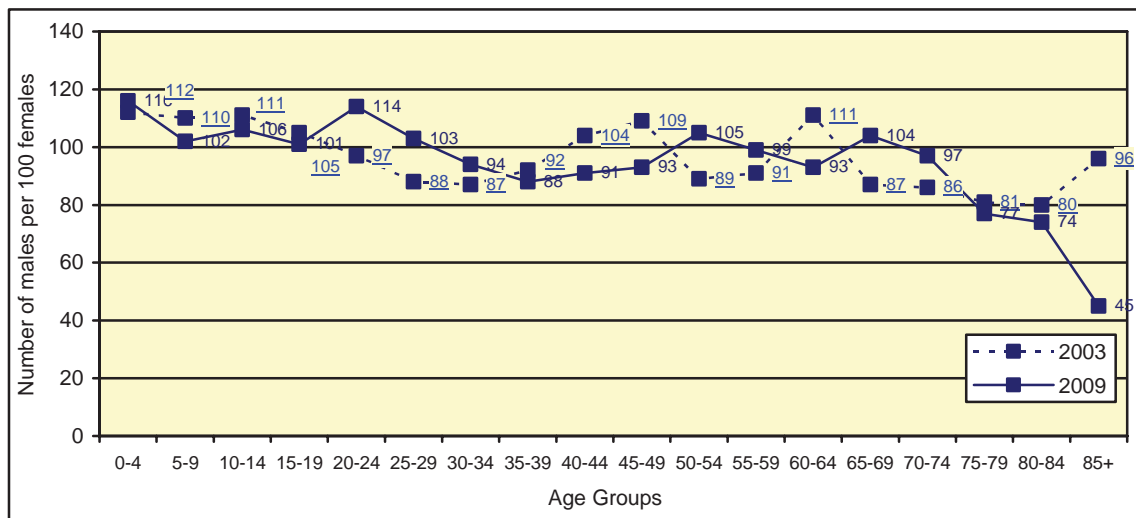
Comparison of the age structure of the population in 2009 to that in 2003 (in the KDHS fielded in

that year) reveals some notable changes in the age structure of the population during the six years between the surveys. The proportion under age 15 decreased by five percentage points (from 33.1% to 28.2%), whereas the population aged 15-64 is larger in 2009 than in 2003 (64.8% versus 60.5%), and the population age 65 and older also increased (from 6.4% to 7.0%). These trends imply population aging; this may be due to decreases in fertility rates and in age-specific mortality rates, though age-selective emigration may also have played a role.

2.1.3 Sex Ratios

As noted above, just over half (50.1%) of the individuals in our sample are males. This is higher than is typical in most populations. Figure 2.1.4 shows how sex ratios (number of males in an age group per hundred females of those ages) vary by age in the 2009 survey and in the 2003 survey. While in most of the societies, sex ratios at birth vary between 103 and 105 male births for every 100 female births, in Kosovo the sex ratio in 2009 for the age group of 0-4 years is very high (116) and then it drops considerably, to between 102 and 103, for ages 5-19. Vital Statistics in 2009 also reported a high sex ratio at birth -- 109 male births per 100 female births. Sex ratios of this level suggest that births of girls may be underreported, that girls experience disproportional deaths during the pregnancy, infancy or childhood, or some combination of these. The decrease in the sex ratio after age 5 at least in part reflects the fact noted earlier that males have higher mortality rates at all ages than females. In the 2003 KDHS, the sex ratio was consistently high for ages 0-19 years, ranging between 107 and 109.

Figure 2.4 Sex Ratios by Age Group, Kosovo 2003 and 2009



While results from the 2003 KDHS indicated that there were more women than men of ages 20-29, with a quite erratic pattern of sex ratio after the age of 40, the 2009 survey reveals that women are in greater number than men starting from the age 30, with the exception of age groups 50-54 and 65-69, where the number of men exceeds the number of women. Sex-selective emigration might be the reason for the sex ratios in these age groups. In the 2009 data, the sex ratio diminishes significantly in the elderly population after the age of 74, most likely due to the higher mortality of males.

2.2 Marital Status

Three fifths of people aged 15 years and above reported to be married, with very little difference between men (59.5%) and women (60.0%). Divorce in Kosovo is rare, with only 0.2 percent of women aged 15 and older and less than 0.1 percent of men of these ages reported to be divorced. Thirty-seven percent of men and 29 percent of women aged 15 or older reported to be single (never married). Nearly 6 percent of the respondents aged 15 or older are widowed, with the percentages much higher for women (9.5%) than for men (2.3%). The higher percentage for women reflects the facts that, at each age, men have higher mortality rates than women; that women marry at younger ages than men, which accentuates the difference in their mortality risks; and that men who are widowed are more likely to remarry than women who are widowed. This probably reflects the tradition that Albanian women don't get remarried after the death of their husbands, regardless of their age, but instead are dedicated completely to raising the children and running the household. This phenomenon doesn't pertain to men in Kosovo, and therefore the proportion of widowed males is much smaller than it is for females. Similar patterns are seen in many other countries.

There are relatively few differences between urban and rural areas in the distribution of marital status (Table 2.3). The main ones are that there are relatively more widowed women in urban areas than in rural areas, and for both sexes there are relatively more people who live together without being married in rural areas than in urban areas. With respect to people living together, although the percentages are low, it should be noted the fact that these couples may be actually married according to tradition but did not yet formalised officially their marriage, particularly in rural areas, therefore this may be the reason for the relatively higher percentage of people living together in rural areas. It is interesting that men in urban areas are more likely to be married than those in rural areas, whereas the opposite is true for women.

Table 2.3 Percentage Distribution of Men and Women of Age 15 Years and Older by Marital Status, According to Urban-Rural Residence, Kosovo 2009 (n=17,016)

Marital status	Urban		Rural		Total		
	Male	Female	Male	Female	Male	Female	Total
Single	36.7	29.3	37.3	29.0	37.1	29.1	33.1
Married	60.2	59.1	59.1	60.6	59.5	60.0	59.8
Live together	0.5	0.7	1.1	1.2	0.9	1.0	1.0
Divorced	0.1	0.2	0.0	0.1	0.0	0.2	0.1
Separated	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Widowed	2.3	10.4	2.2	8.9	2.3	9.5	5.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Figure 2.5 shows how the percentages who were married at the time of the 2009 KDHS vary with age, sex, and area of residence. Noteworthy are the low percentages of women aged 15-19 and men aged 15-24 who are married. By ages 20-24 and 25-29, females are much more likely to be married than males of the same age, reflecting the fact that women marry at younger ages than men. For example, women ages 20-24, are around three times more likely to be married than men of those ages (30.2% vs. 11.0% for urban areas; 36.2% vs. 11.3% for rural areas). Similar differences, though not as large in relative terms, are seen for ages 25-29. After age 40, however, women are less likely to be married than men, and the sex differences are particularly large at the older ages. This reflects the larger number of women who are widows who didn't remarry, as noted earlier.

Figure 2.5 Percentages Currently Married, by Age, Sex, and Urban-Rural Residence, Kosovo 2009

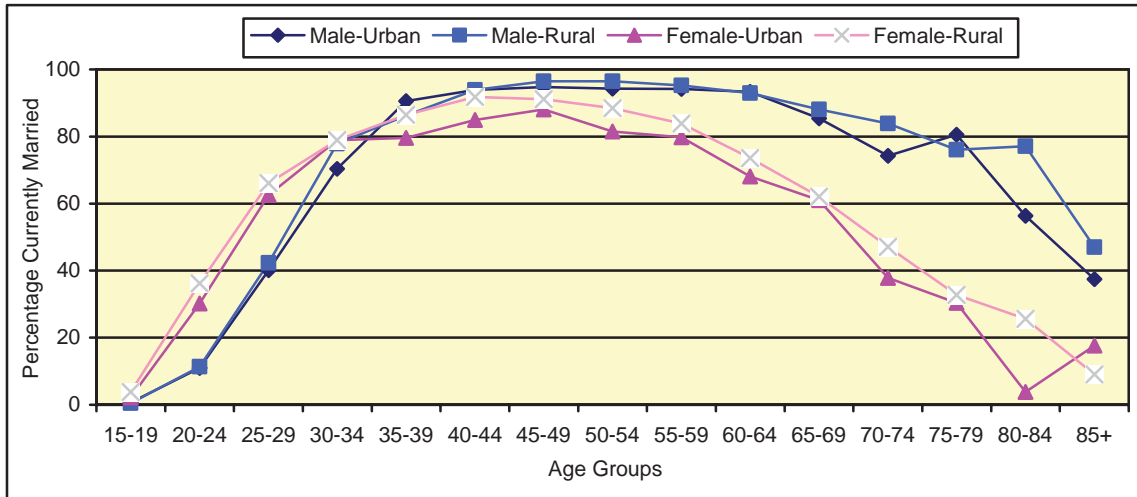
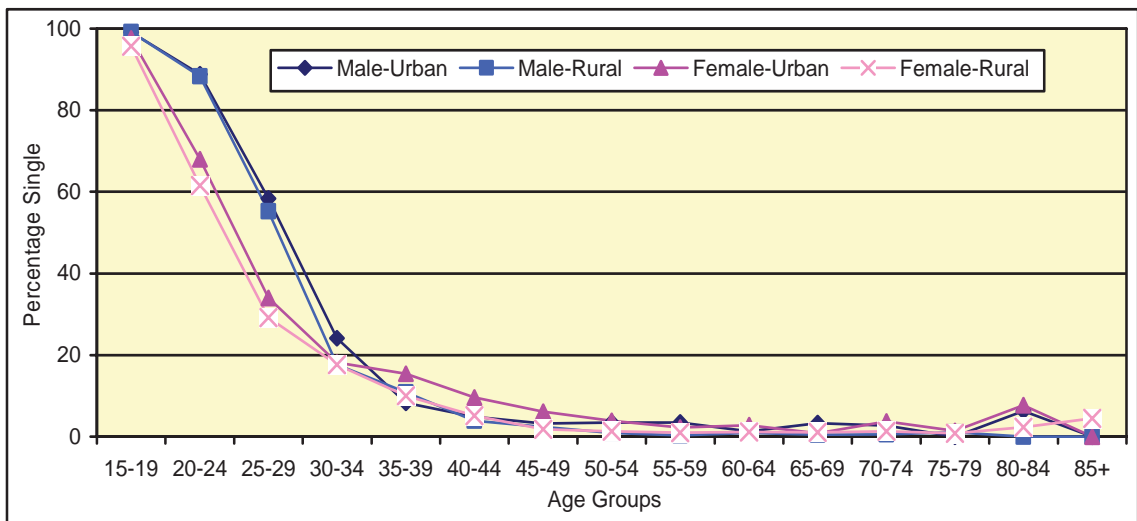


Figure 2.6 clearly illustrates that the proportion of people who are single (never married) declines sharply with age, especially for women. At the younger ages, for both sexes urban people are more likely to be single than rural people. (This is consistent with the higher percentages of young people who are married in rural areas than urban areas that is shown in Figure 2.5, and occurs because rural women and men marry at younger ages than those in urban areas.) Beyond age 50, the proportions of the population that have never married are negligible, for both women and men.⁹

Figure 2.6 Percentage Single (Never Married), by Age, Sex, and Urban-Rural Residence, Kosovo 2009



⁹ There is an odd aberration for 80-84 year olds of both sexes in urban areas. These are people who would have been ages 15-19 in 1944 and perhaps had their marriage prospects derailed by World War II.

2.3 Education

2.3.1 Level of Education Completed

Table 2.4 shows the distributions of educational attainment for the 12 categories of education recorded in the 2009 KDHS and five aggregated categories that we will use in the remainder of this report.

As expected, urban respondents have attained a higher level of education than rural; 14 percent of urban males and 9 percent of urban females have university education compared to 7 percent of rural males and 2 percent of rural women. Men have more education than women in both areas, and clearly urban women are more educated than rural.

Table 2.4 Percentage Distribution of the Survey Sample Aged 5 or Older, by Highest Level of Education Completed, Sex, and Urban-Rural Residence, Kosovo 2009

Characteristics	Urban			Rural			Total			Total Number
	Male	Female	Total	Male	Female	Total	Male	Female	Total	
Detailed and Aggregated Education										
No formal education	4.0	8.0	6.0	4.8	9.6	7.2	4.5	9.0	6.7	1,465
No level of education completed	11.2	11.6	11.4	12.6	13.2	12.9	12.1	12.6	12.3	2,676
No education	15.2	19.6	17.4	17.3	22.8	20.1	16.6	21.6	19	4,141
Primary - 4 grades	4.2	7.9	6.0	6.3	12.3	9.3	5.5	10.7	8.1	1,762
Primary - 5 grades	7.3	7.2	7.2	8.2	8.4	8.3	7.9	8.0	7.9	1,717
Primary	11.5	15.1	13.2	14.4	20.8	17.6	13.4	18.7	16	3,479
Lower secondary - 8 years	11.2	19.5	15.3	17.2	29.2	23.2	15.0	25.6	20.3	4,414
Lower secondary - 9 years	8.1	7.0	7.6	8.4	9.2	8.8	8.3	8.4	8.3	1,811
Secondary - Lower	19.3	26.4	22.9	25.7	38.4	32	23.3	34	28.6	6,225
High secondary - 12 years	34.7	25.8	30.3	31.1	12.2	21.6	32.4	17.3	24.8	5,394
High secondary - 13 years	5.7	4.5	5.1	5.0	3.8	4.4	5.3	4.0	4.6	1,010
Secondary - Higher	40.5	30.3	35.4	36.1	16.0	26	37.7	21.3	29.4	6,404
University - 2 years	3.8	2.6	3.2	2.6	0.7	1.6	3.1	1.4	2.2	482
University	9.2	5.7	7.4	3.7	1.3	2.5	5.7	2.9	4.3	942
Post-Graduate	0.5	0.2	0.4	0.1	0.1	0.1	0.3	0.1	0.2	42
PhD	-	-	-	-	-	-	-	-	-	7
University	13.6	8.6	11.1	6.5	2.1	4.2	9.1	4.4	6.7	1,473
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	21,722

Note: - means samples size < 25

Table 2.5 below shows the educational levels of female and male respondents by age group, residence, and ethnicity. There has been a significant improvement in the proportion of the population receiving more than primary school education, particularly for the female population. For example, of those ages 60-64 at the time of the 2009 KDHS survey, only 33.0 percent of males and 7.5 percent of females had completed higher secondary education. This compares to 73.8 percent of males and 60.9 percent of women who were age 20-24 years at the time of 2009 KDHS survey. Overall, 10.6 percent (14.2% of males and 7.1% of females) of people age 20 and older have completed university education. However, the percentage with this high level of education seems to be positively related to age (until age 59 for men and age 54 for women). For example, between 20 and 25 percent of males ages 45-59 have completed university education. This may reflect selective emigration of highly educated young people or that

opportunities for young Kosovars to get university education were impeded by the conflict during the 1990s.

With respect to ethnicity, both Albanians and Serbs have higher levels of education than other ethnicities, though the sample sizes of ethnic groups other than Albanian are small.

Table 2.5 Percentage Distribution of the Survey Sample Aged 5 and Older, by Highest Level of Education Completed, According to Age, Sex, Urban-Rural Residence, and Ethnicity, Kosovo 2009

Characteristic	Male						Female					
	No Schooling	Primary	Lower Secondary	Higher Secondary	University	Number of Males	No Schooling	Primary Lower	Lower Secondary	Higher Secondary	University	Number of Females
Age												
5-9	97.8	2.2	0.0	0.0	0.0	1,217	96.1	3.9	0.0	0.1	0.0	1,190
10-14	24.4	66.9	8.0	0.6	0.1	1,231	23.2	69.4	7.3	0.1	0.0	1,162
15-19	2.1	9.4	68.4	20.0	0.2	1,215	2.2	8.8	70.8	17.9	0.2	1,210
20-24	1.3	1.5	16.6	73.8	6.7	1,166	1.2	2.5	28.4	60.9	7.0	1,027
25-29	1.1	1.2	20.6	61.8	15.4	936	2.5	4.9	39.9	41.4	11.3	918
30-34	1.2	1.7	26.8	60.4	9.9	835	3.3	5.0	51.6	32.4	7.7	883
35-39	1.4	2.2	24.7	61.1	10.7	722	4.5	7.7	53.6	27.6	6.6	816
40-44	1.2	2.0	20.5	63.8	12.5	657	4.7	7.8	53.3	27.1	7.1	720
45-49	1.5	1.5	18.4	58.4	20.2	618	7.0	13.6	44.1	27.4	7.8	667
50-54	2.4	6.5	20.8	46.7	23.6	572	10.8	25.5	37.6	19.1	7.0	545
55-59	2.7	9.7	25.7	37.1	24.8	517	12.7	36.3	34.4	12.5	4.0	520
60-64	5.3	16.3	31.0	33.0	14.4	361	20.7	47.0	20.7	7.5	4.1	387
65+	21.1	32.6	24.7	11.4	10.1	772	61.4	28.2	7.9	1.5	1.0	859
Total	16.5	13.3	23.3	37.7	9.1	10,819	21.6	18.7	34.0	21.3	4.5	10,904
Residence												
Urban	15.2	11.5	19.3	40.5	13.6	3,999	19.6	15.1	26.4	30.3	8.6	4,035
Rural	17.3	14.4	25.7	36.1	6.5	6,820	22.8	20.8	38.4	16.0	2.1	6,868
Ethnicity												
Albanian	16.6	13.4	23.5	37.3	9.2	9,939	21.4	18.8	34.6	20.6	4.5	10,073
Serbian	10.9	10.3	16.8	51.3	10.7	458	16.7	14.6	16.5	48.2	4.1	419
Bosnian	19.1	7.8	25.2	38.3	9.6	115	26.3	15.3	45.3	10.9	2.2	137
Turkish	17.5	11.3	29.9	33.0	8.2	97	19.2	13.7	34.2	21.9	11.0	73
Roma	35.5	29.0	19.4	16.1	0.0	31	48.1	22.2	25.9	3.7	0.0	27
Ashkali	24.4	30.0	32.2	12.2	1.1	90	50.0	28.0	22.0	0.0	0.0	100
Egyptian	-	-	-	-	-	11	-	-	-	-	-	16
Gorani	11.9	16.4	14.9	52.2	4.5	67	19.6	19.6	39.3	21.4	0.0	56
Other	-	-	-	-	-	10	-	-	-	-	-	5

Note: - means samples size < 25

Figure 2.7 Percentages with University Education, by Age and Sex, Kosovo 2003 and 2009

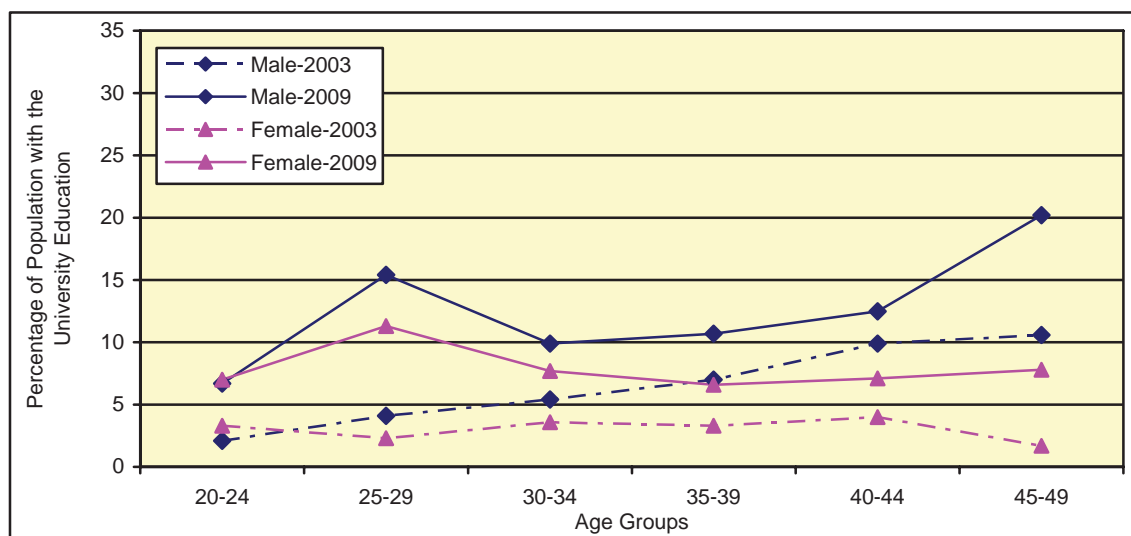


Figure 2.7 shows the pattern noted earlier -- that in both 2009 and 2003 older males were more likely to have a university education than younger males. As noted there, this may reflect emigration of educated young men or that the younger men were not able to go to university because of the 1990-1999 conflict. This pattern with age is not seen to the same extent for women because women were unlikely to go to university in the past, though it is noteworthy that women in their 40s are nearly as likely to have a university education as those in their 20s.

In both the 2009 and 2003 surveys, males have attended university in greater proportion than women across age groups 25-49, but the male advantage is smaller at the younger ages, and for 20-24 year olds, women are *more* likely to have a university of education than men. For each age group, the percentages with university of education are higher in 2009 than in 2003. People who were of a particular age in 2009 were six years younger in 2003. However, the 2009 data always show higher percentages for each age group than the 2003 data showed for the next younger age group. These differences could be due to three possibilities: (1) people in this age range, even those in their 40s, may have gotten university education between 2003 and 2009 (data presented below provide some support for this conjecture); (2) there may have been net immigration (perhaps the return of Kosovars who had left) between 2003 and 2009 of university-educated people; or (3) the 2003 and 2009 data may not be as comparable as planned; the educational categories are not identical in the two surveys.¹⁰

2.3.2 School Attendance

Information on the current levels of school attendance by age and sex provides a good picture of the effectiveness of current education policies and what the educational characteristics of the

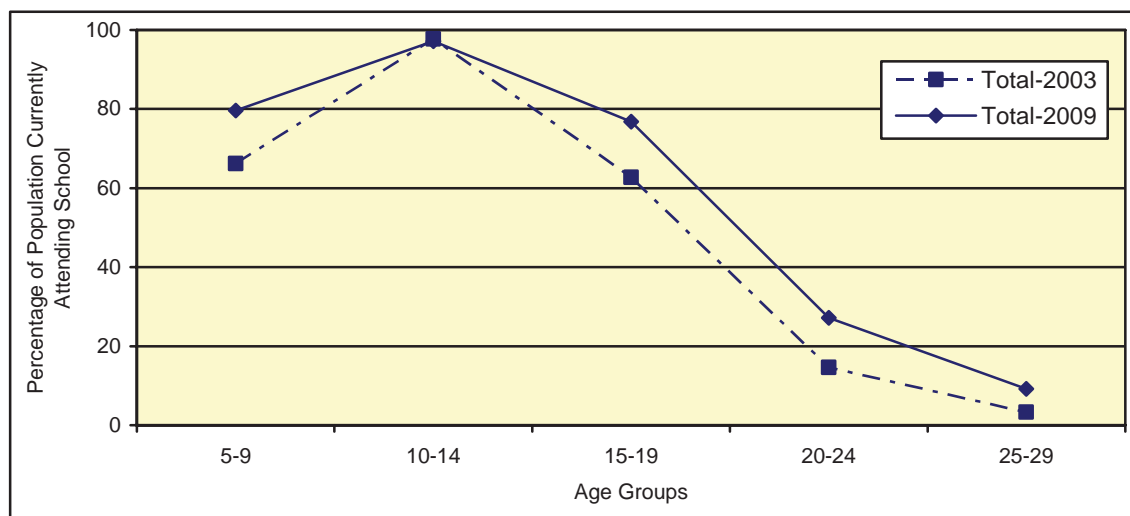
¹⁰ For example, the 2009 KDHS had 12 categories for education (shown in Table 2.4) and distinguished whether the person completed lower or upper secondary under the old or the new system, whereas the 2003 survey did not make this distinction and had nine categories of education.

population will be in the future. As Table 2.6 displays, school participation rates are high, especially at ages 10-14, where they reach 98 percent of the people of these ages. The lower rate (80%) at ages 5-9 can be explained by the late starting age for some pupils, though it is noticeably higher than the 66 percent in the 2003 survey (see Figure 2.8). The school attendance rate for people aged 15-19 also increased between 2003 and 2009, from 63 percent to 77 percent. School attendance rates have also increased for other age groups. The non-negligible percentages of people aged 25-34 who are in school, especially in urban areas, is consistent with the conjecture above regarding the reason why the 2009 survey shows higher levels of university education even at older ages than were seen in 2003.

Table 2.6 Percentages of Persons Aged 5-34 Currently Attending School, by Age, Sex, and Urban-Rural Residence, Kosovo 2009

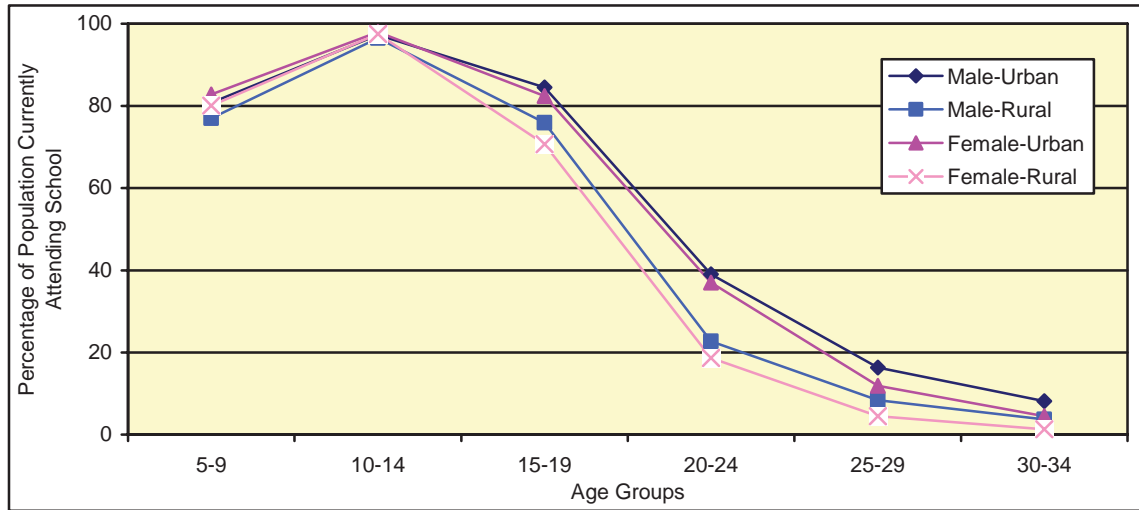
Age groups	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
5-9	80.8	82.8	81.7	77.0	80.1	78.6	78.3	81.0	79.6
10-14	97.3	98.0	97.7	96.5	97.5	97.0	96.8	97.7	97.2
15-19	84.5	82.4	83.4	75.9	70.7	73.3	79.0	74.6	76.8
20-24	39.0	37.0	38.1	22.7	18.7	20.8	28.8	25.4	27.2
25-29	16.3	11.9	14.1	8.4	4.5	6.5	11.1	7.3	9.2
30-34	8.2	4.5	6.3	3.7	1.3	2.4	5.4	2.5	3.9

Figure 2.8 Percentages of Persons Attending School in 2003 and 2009, by Age



There are evident differences between the attendance rates of rural and urban residents as well as between males and females. Generally speaking, both males and females in rural areas who are age 15 or older attend school at a lower rate than their urban counterparts. The school attendance gap between rural and urban residents progressively widens in relative amounts as age increases. The urban-rural gap at older ages probably reflects the scarcity of higher educational opportunities in rural areas.

Figure 2.9 Percentages of Persons Currently Attending School, by Age, Sex, and Urban-Rural Residence, Kosovo 2009

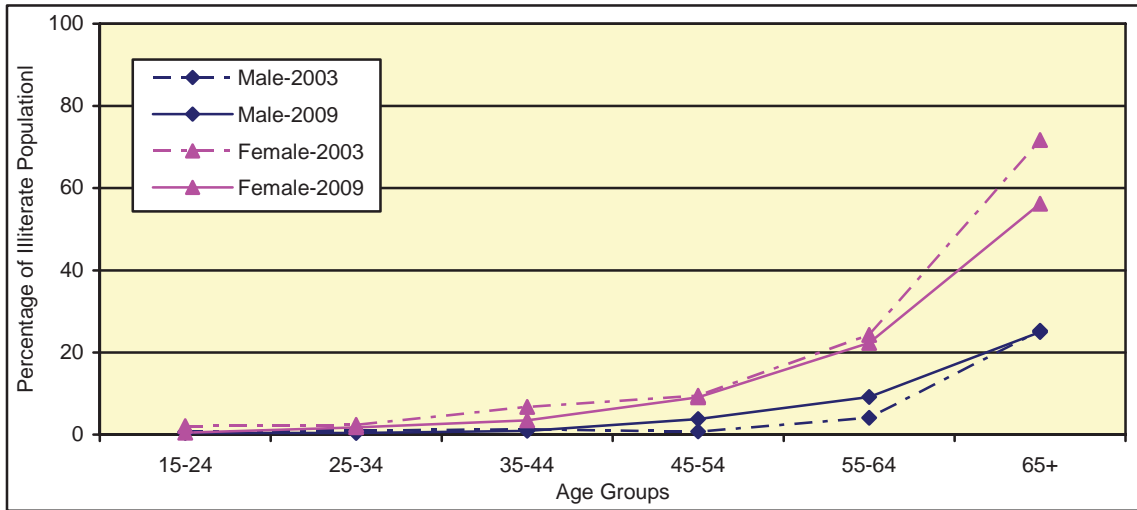


In both urban and rural areas, among those aged 5-14, females are slightly more likely to be enrolled in school than males, but at older age groups males are more likely to be in school than females.

2.3.3 Literacy

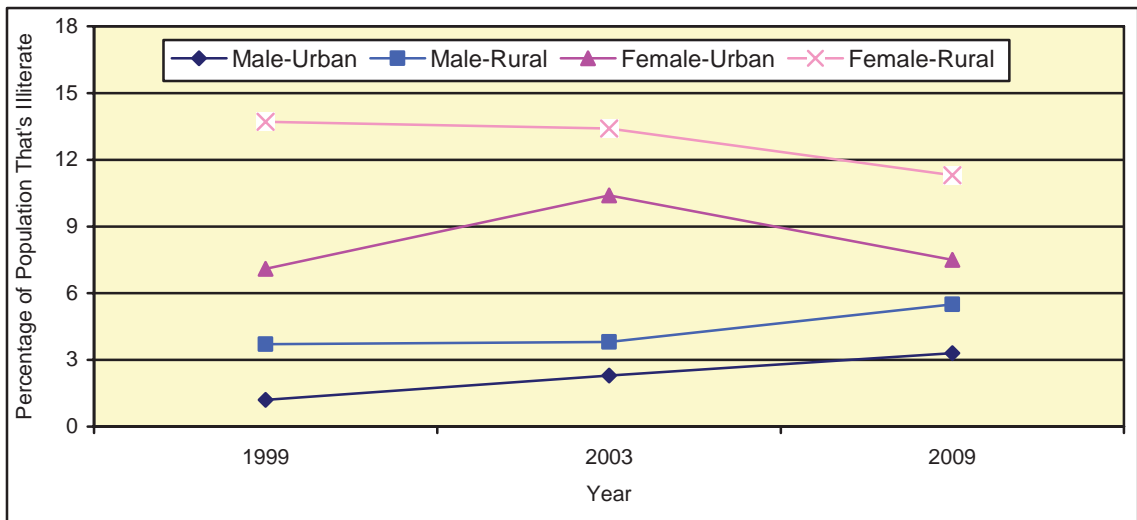
Literacy continues to be a gender and age issue in Kosovo. Overall, seven percent of people aged 15 years and above are unable to read and write in any language. Compared to 2003, there is a very small illiteracy reduction of less than one percentage point. Figure 2.10 shows clear differences between the sexes for all age groups, especially older ones, in both urban and rural areas, with females overall being more than two times as likely to be illiterate as males (7.5% versus 3.3% in urban areas, and 11.3% versus 5.5% in rural areas). Furthermore, illiteracy is highly correlated with age. The level of illiteracy is very low at ages between 15 and 34 -- less than 2 percent -- and is particularly low (0.4%) among males of this age group. However, at older ages, the illiteracy rate increases considerably, with 22 percent of females and 9 percent of males aged 55-64 being illiterate, and 56 percent of females and 25 percent of males aged 65 and older not being able to read and write in any language.

Figure 2.10 Percentage of Persons 15 Years and Older Who Are Illiterate, by Age and Sex, Kosovo 2003 and 2009



Differences also exist according to urban-rural residence; overall, the illiteracy rate is lower in urban areas (5.4%) than in rural areas (8.4%). However, there are differences in trends for men and women in both areas. For women, illiteracy decreased monotonically over time (from 1999 to 2003 to 2009) in rural areas and between 2003 and 2009 in urban areas, whereas it has *increased* monotonically over time in both areas for men. The pattern for women probably reflects the improvements over time in the status and education of women, whereas the pattern for men may reflect population aging or selective emigration of literate men.

Figure 2.11 Percentage of Persons 15 Years and Older Who Are Illiterate, by Sex and Urban-Rural Residence, Kosovo 1999, 2003, and 2009



2.4 Structure of Households

2.4.1 Household Size

As in the earlier KDHSes, in the 2009 KDHS a household was defined as “a community of persons who live together and eat together and share their incomes.” The survey question specifically asked “We would like to ask for the names of persons who usually live in your family, who are present and who are absent for less than 12 months.” A household comprises one or more families and can also have members who do not belong to any of the families in the household.¹¹

Table 2.7 Percentage Distribution of Households by Household Size, According to Urban-Rural Residence, Kosovo 2009

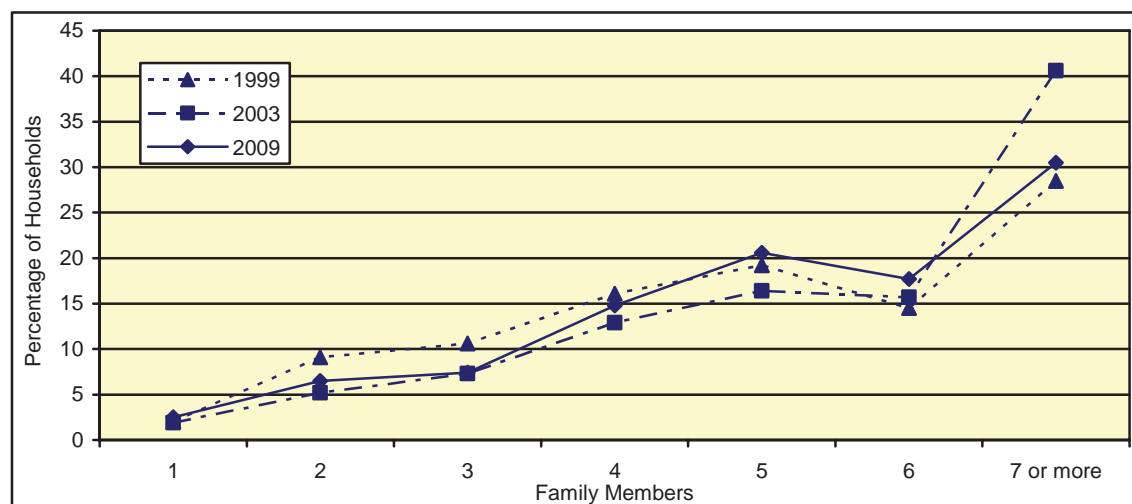
Number of household members	Urban	Rural	Total
1	3.0	2.0	2.5
2	7.4	5.7	6.5
3	9.1	5.7	7.4
4	17.7	11.9	14.8
5	23.5	17.8	20.6
6	17.6	17.7	17.7
7 or more	21.7	39.3	30.5
Total	100.0	100.0	100.0
n	1,658	2,334	3,992
Average number of household members	5.2	6.4	5.9

Kosovo households continue to be traditionally large. Moreover, households are often comprised of extended family members spanning several generations, especially in rural areas. The 2009 KDHS data show that the overwhelming majority (83%) of households had 4 or more members. Over 53 percent had between 4 and 6 members, and 30 percent had 7 or more members. The proportion of households with 1 to 3 members is relatively small -- only 16 percent. As expected, survey results have confirmed much larger households in rural areas, where nearly 40 percent have seven or more family members, compared to 22 percent in urban areas. Average household size is 6.4 people in rural areas compared to 5.2 in urban areas.

However, household size has decreased since the 2003 survey. The average household size in Kosovo in 2009 is 5.9 persons, whereas it was 6.4 in 2003. The percentage of households with seven or more members decreased by almost 10 percentage points (see Figure 2.12). Average household size was smaller – 5.6 persons per household -- in the 1999-2000 KDHS, perhaps because so many families had members who were living abroad then.

¹¹ A person living alone would be considered to be a single-person household. The interviewers’ instructions noted “You may also find households where unrelated persons live together.”

Figure 2.12 Percentage Distribution of Households by Household Size, Kosovo 1999, 2003 and 2009



Furthermore, although the vast majority (73%) of households is comprised of a single family, there is a considerable proportion (27%) of households where two or more families are living together. Table 2.8 provides more information on number of families per household in rural and urban areas. As expected, rural households on average encompass more families than urban households. Thirty-one percent of rural households contain more than one family compared to 22 percent in urban areas.

Table 2.8 Percentage Distribution of Households by Number of Families in the Household, According to Urban-Rural Residence, Kosovo 2009 (n=3,992)

Number of families	Urban	Rural	Total
1	77.6	68.9	73.3
2	18.7	22.9	20.8
3	3.0	6.2	4.6
4 ore more	0.7	1.9	1.3
Total	100.0	100.0	100.0

There has been a decrease since 2003 in the number of households that consist of more than one family. In 2003, 31.1 percent of households were comprised of two or more families; by 2009 this had declined to 26.7 percent.

2.4.2 Heads of Household

In the KDHS surveys the head of the household was the person considered to be the “head” by the other household members. In general, the person acknowledged as a head of household was the principal wage earner, but not always. Of the total household heads, the vast majority (nearly 92%) are male. In this context there is a minor decline of around 1 percentage point compared to the KDHS in 2003, when males constituted over 93 percent of all household heads.

Table 2.9 shows the marital status of household heads by gender and urban-rural residence. We see that 92.4 percent of male household heads are married, while married women account for only 17.8 percent of all female household heads. Furthermore, female household heads are single in greater proportion than males (4.5% single female versus 2.7% single male). The most striking difference is the enormous sex disparity for people who have been widowed. Seventy percent of female household heads are widows, compared to four percent of male heads. As we saw earlier, women are much more likely to be widows than men are to be widowers. Female heads of households who are widowed are more prevalent in urban areas (80%) than in rural areas (70%).

Table 2.9 Percentage Distribution of Households by the Marital Status of the Household Head, According to Sex and Urban-Rural Residence, Kosovo 2009

Marital status	Urban		Rural		Total		
	Male	Female	Male	Female	Male	Female	Total
Single	2.6	5.5	2.8	2.9	2.7	4.5	2.9
Married	92.7	12.9	92.3	25.0	92.4	17.8	86.1
Live together	0.7	0.0	0.5	0.0	0.6	0.0	0.5
Divorced	0.1	0.5	0.1	1.5	0.1	0.9	0.2
Separated	0.2	1.0	0.1	0.7	0.2	0.9	0.2
Widowed	3.7	80.1	4.1	69.9	4.0	76.0	10.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
n	1,457	201	2,198	136	3,655	337	3,992

Similar to the 2003 KDHS, the 2009 KDHS data show no major differences in the marital status distributions between urban and rural male household heads. For females, however, there are several notable differences. In rural areas, in 2009 the proportion of female heads who are married was much lower (25%) than it is in 2003 (39%), while the percentage of rural female heads who are widowed is higher in 2009 (69.9%) than in 2003 (56.3%). The percentage of female heads who are widowed also increased in urban areas, but not to the same extent (80.1% in 2009 versus 77.0% in 2003 in urban areas). These widow-headed households in both areas are likely to be among the most economically vulnerable, suggesting the need for further investigation.

2.5 Housing

Table 2.10 presents information on the types of buildings where respondents were living and the tenure status of those buildings. The vast majority (90%) of the respondents were living in houses described as single dwellings characterized by having a single entrance. Nearly 16 percent of urban and around 4 percent of rural respondents were living in housing units that were part of multiple dwellings or apartments. Living in multiple-dwelling units was more common in 2003, when 28 percent of urban and 6 percent of rural respondents were living in such housing units. In 2009 more than 99 percent of households lived in houses or apartments referred to as conventional housing. The percentage of housing units described as collective buildings was 1.3 percent in urban areas, while in rural areas this percentage was negligible (0.1%).

Table 2.10 Percentage Distribution of Housing by Type and Status of Tenure, According Urban-Rural Residence, Kosovo 2009 (n=3,992)

Characteristic	Urban	Rural	Total
Type of building			
Single dwelling unit	82.5	95.3	90.0
Two dwelling units	5.6	3.3	4.4
Three or more dwelling units	10.3	0.9	4.8
Absent	1.3	0.4	0.8
Total	100.0	100.0	100.0
Type of living quarters			
House or Apartment	98.6	99.9	99.3
Non-Conventional ¹²	0.1	0.0	0.1
Collective ¹³	1.3	0.1	0.6
Total	100.0	100.0	100.0
Tenure status			
Owner	93.0	98.9	96.4
Tenant	4.7	0.6	2.3
Other	2.3	0.5	1.3
Total	100.0	100.0	100.0

Altogether, 96.4 percent of households reported that they owned the house or apartment they occupied, 2.3 percent said they were tenants, and 1.3 percent said that they lived in the house or apartment under some other arrangement. More rural dwellers own their houses or apartments than urban dwellers (98.9% versus 93.0%). The proportion who are owners increased slightly since 2003 (when it was 95.1% for the population as a whole, 89.6% in urban areas, and 97.7% in rural areas).

To obtain information about housing conditions, a list of specific facilities was read to each respondent to the Household Questionnaire, and they were asked whether their living quarters included each of those. Table 2.11, below, summarizes major housing characteristics by urban-rural residence.

¹² Examples of non-conventional living buildings are shops or shelters.

¹³ Examples of collective living buildings are labor compounds or barracks.

Table 2.11 Percentages of Households with Particular Household Facilities, According to Urban-Rural Residence, Kosovo 2009

Characteristic	Urban	Rural	Total
Electricity	99.6	99.4	99.5
Source of drinking water			
Piped water inside building	86.0	45.0	62.0
Piped water outside building	9.2	7.5	8.2
Public tap	0.1	1.5	0.9
Water from open well	1.6	17.6	11.0
Water from covered well	2.7	26.6	16.7
Surface water from spring/river/pond	0.1	1.5	0.9
Rain water	0.0	0.1	0.1
Tanker/truck	0.0	0.0	0.0
Other	0.3	0.2	0.3
Central heating	16.2	3.0	8.4
Inside toilet	98.5	94.2	96.2
Inside bath or shower	93.9	82.9	87.4
N	1,658	2,334	3,992

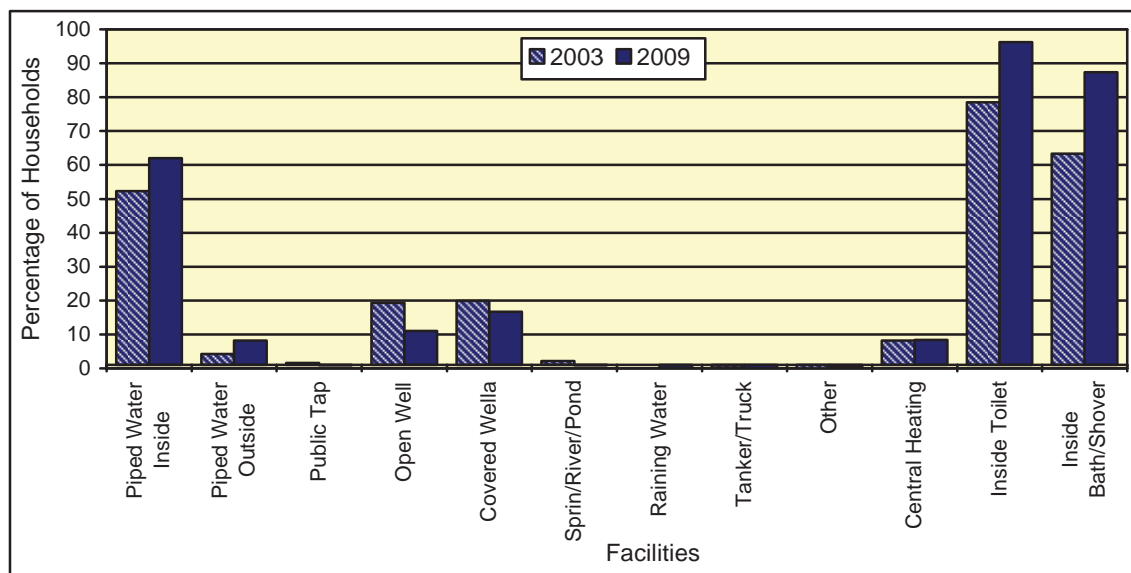
Almost all households in Kosovo have electricity (99.5%).

Access to clean drinking water is essential for public health reasons. In this context, the survey inquired from each household about the main source of drinking water. On the whole, over three fifths (62%) of households have access to piped water, which is considered safe for drinking. However, there are very large differences between urban and rural areas. Households in urban areas are nearly twice as likely to have piped water (86%) as those in rural areas (45%).

Urban households are also more advanced than rural households with respect to other facilities, in particular central heating; 16.2 percent of urban households have central heating compared to only 3.0% of rural households. Urban households are also more likely than rural ones to have an inside bath/shower (93.9% vs. 82.9%). Nearly all households have an inside toilet, with urban households being somewhat more likely (98.5%) than rural (94.2%).

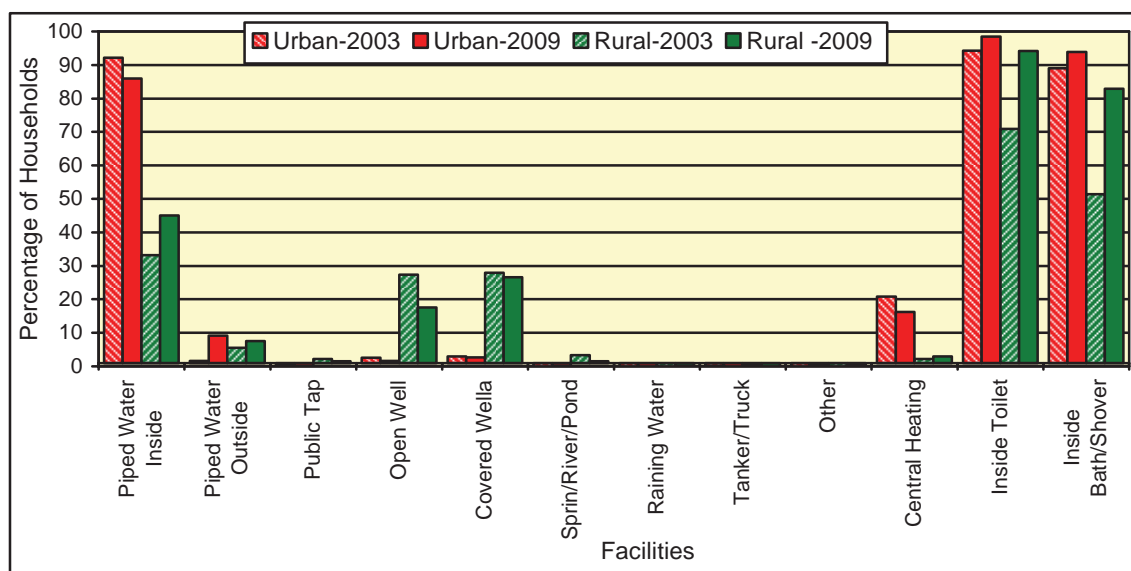
Figure 2.13 shows that the prevalence of these facilities is in all greater in 2009 than in 2003. For the country as a whole, access to piped water increased by 10 percentage points between 2003 and 2009 (from 52% to 62%). Nearly half (44%) of rural households depend on other sources of drinking water, such as open and closed wells (18% and 26%, respectively). Although usage of open wells for drinking water in rural areas decreased notably, from 27.4 percent in 2003 to 17.6 percent in 2009, even in 2009 still open wells and surface water bore significant health risks for over one-sixth of rural households.

Figure 2.13 Percentages of Households With Particular Household Facilities, Kosovo 2003 and 2009



When we compare the 2009 and 2003 KDHS data separately for urban and rural areas (Figure 2.14), we see small improvements in urban areas in the prevalence of inside toilets (98.5% in 2009, 94.3% in 2003) and inside baths and showers (93.9% in 2009, 89.0% in 2003), but a decrease in the prevalence of central heating (16.2% in 2009, 20.8% in 2003). The improvement was much greater in rural areas. Between 2003 and 2009 the proportion of households with inside toilet has increased from 70.9 percent to 94.2 percent, and the proportion of households with inside bath/shower, increased from 51.4 percent to 82.9 percent. (The prevalence of central heating also increased, from 2.2 percent to 3.0 percent, in rural areas over this period.)

Figure 2.14 Percentages of Households With Particular Household Facilities, by Urban-Rural Residence, Kosovo 2003 and 2009



2.6 Socioeconomic Status

2.6.1 Durable Goods

The possession of durable goods can be used as a proxy indicator of the socioeconomic status of households. Table 2.12 shows the percentages of households that have various durable goods, for the sample as a whole and separately for urban and rural areas.

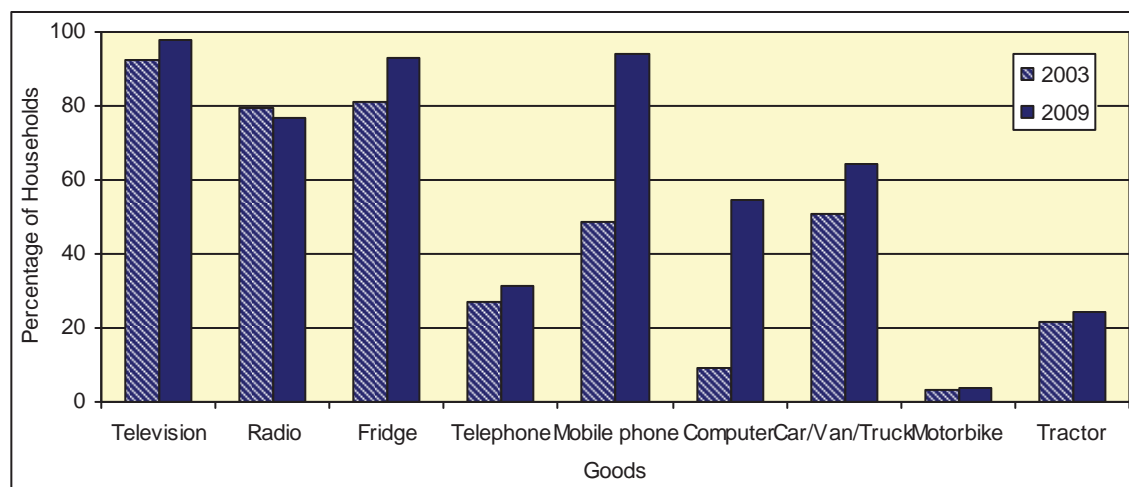
Table 2.12 Percentages of Households That Possess Various Durable Goods, by Urban-Rural Residence, Kosovo 2009

Durable Consumer Good	Urban	Rural	Total
Television	98.2	97.9	98.0
Radio	77.7	76.4	77.0
Fridge	95.4	91.2	92.9
Landline telephone	49.6	18.2	31.2
Mobile phone	94.1	93.9	94.0
Computer	67.7	45.7	54.8
Car/van/truck	62.9	65.6	64.5
Motorbike	3.5	4.3	4.0
Tractor	5.1	37.7	24.1
N	1,658	2,334	3,992

We see high ownership rates for televisions and radios in both urban and rural areas, assuring that most households have access to at least one of these forms of media. Almost all households (94%) in both urban and rural areas reported that they have a mobile phone, and nearly a third (31%) of households owns landline telephone, though such phones are much more common in urban areas (49.6%) than in rural areas (18.2%). More than half (54.8%) of all households have a computer, though urban households are considerably more likely to have one (67.7%) than rural households (45.7%). Household ownership of transportation means is fairly well balanced between urban and rural areas, with nearly 62.9 percent of urban households and 65.6 percent of rural households owning a car, van, or truck, and 3.5 percent and 4.3 percent, respectively, owning a motorbike. For obvious reasons, ownership of tractors is far higher in rural areas, where 37.7 percent of households have one.

There has been substantial improvement in the possession of all of these durable goods since 2003 (Figure 2.15). The largest increases are seen for computers and mobile phones. The ownership of a computer increased nearly six-fold, from 9.3 percent in 2003 to 54.8 percent in 2009; increases were large in both urban areas (from 18.0% in 2003 to 67.7% in 2009) and rural areas (from 5.1% to 45.7%). Ownership of mobile phones nearly doubled between 2003 and 2009, increasing by nearly 50 percentage points overall; in rural areas it increased from 9 to 46 percent and in urban areas from 18 to 68 percent.

Figure 2.15 Percentages of Households that Possess Various Durable Goods, Kosovo 2003 and 2009



Possession of landline telephones increased overall between 2003 and 2009, from 27 to 31 percent, but this is entirely due to the increased access in rural areas, from 11 to 18 percent; in urban areas there was a *decrease* in possession of landline telephones, from 61 to 50 percent, most likely due to the greater reliance on mobile phones. Another feature worth noting is that rural households were more likely to own a tractor in 2009 than in 2003 (38% versus 30%).

2.6.2 Income

Information on household income helps identify the most vulnerable households in Kosovo. Like the 2003 survey, the KDHS 2009 asked the household head to report on the total of all sources of household income; answers were recorded in the categories seen in Table 2.13. We acknowledge that responses to this question may not represent the real situation due to the likelihood of under-reporting. Table 2.13 shows the distribution of households across these income categories, for the total sample and separately for urban and rural areas. Figure 2.16 shows the urban and rural data graphically.

Table 2.13 Percentage Distribution of Households by Total Monthly Household Income, According to Urban-Rural Residence, Kosovo 2009

Euros/month	Urban	Rural	Total
0 - 100	13.8	18.0	16.2
101 - 200	18.8	21.9	20.6
201 - 300	25.9	26.1	26.1
301 - 400	18.4	16.9	17.5
401 - 800	16.3	12.3	14.0
801 - 1600	5.0	3.4	4.1
1600 and above	1.0	0.3	0.6
No Answer	0.8	1.0	1.0
Total	100.0	100.0	100.0
n	1,658	2,334	3,992

Nearly two thirds (63%) of all households in the 2009 KDHS sample reported that they earned 300 Euros or less monthly, 17.5 percent earned 301 to 400, 14.0 percent earned 401 to 800, and 4.7% earned more than that. People in rural areas were more likely to have monthly incomes of 300 Euros or less (66.0%) than those urban areas (58.5%), while the proportion of households earning 400 Euros or more monthly is higher in urban areas (22.3% versus 16.0%)

Figure 2.16 Percentage Distribution of Households by Total Monthly Household Income, According to Urban-Rural Residence, Kosovo 2009

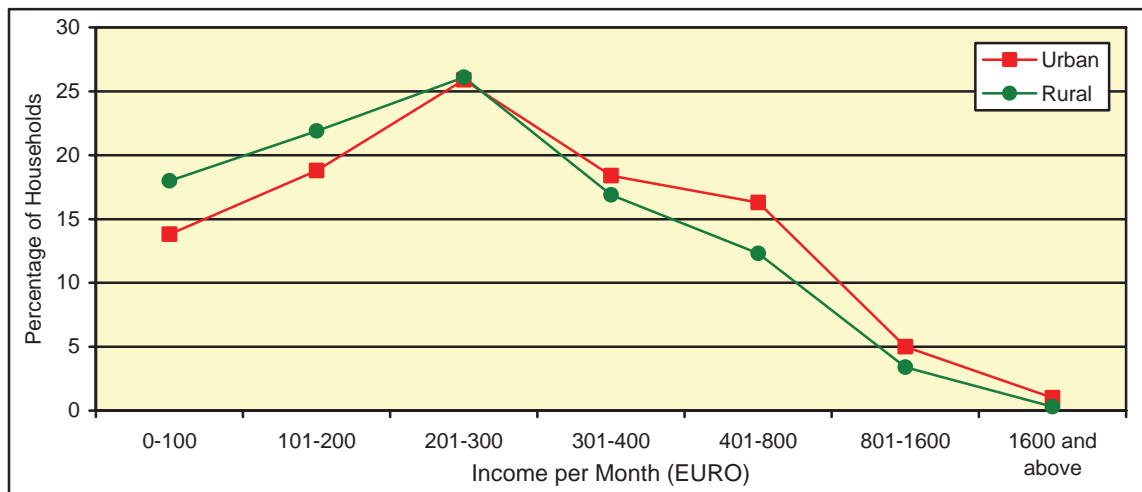
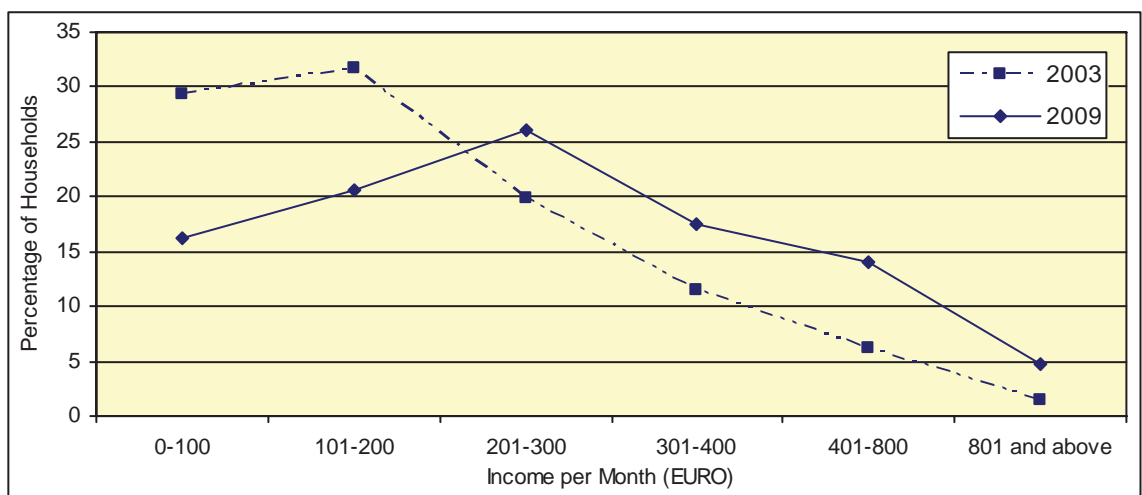


Figure 2.17 compares the income distribution in 2009 with that in 2003.¹⁴ It shows considerable improvement over this six-year period. For example, in 2009 the proportion of households making over 300 Euros per month is almost twice that in 2003 (36.2% versus 19.2%).

Figure 2.17 Percentage Distribution of Households by Total Monthly Household Income, Kosovo 2003 and 2009



¹⁴ The highest category in the report on the 2003 KDHS was 801 or more.

3 Fertility

As in the 2003 KDHS, in the 2009 KDHS all women of reproductive age (15-49) were asked to give a complete birth history. Each woman was first asked whether she had ever had a live birth, even if the baby subsequently died. (A live birth is defined as the birth of an infant showing any signs of life immediately after the delivery, irrespective of the duration of pregnancy.) If she had had at least one live birth, she was then asked about each of her live births, starting with the first one. For each birth, information was collected on the sex of the child, the child's date of birth, survival status, and date at death (for deceased children). From this information, it is possible to estimate current fertility levels, trends over time in fertility rates, and also the number of children ever born to women (as well as infant and child mortality, which is discussed in Chapter 5). It is widely recognized that birth histories, such as those in the KDHS surveys, may under-report births, especially births of children who have died or births that occurred many years before the survey. This could lead to underestimates of fertility and of infant and child mortality, particularly in the past (and could hence understate the extent of decreases over time in these indicators).

3.1 Crude Birth Rate

The birth histories in the 2009 KDHS reported a total of 9,896 births to female respondents age 15-49 at the time of the survey, of which 370 occurred in the 12 months before the survey. From this we can calculate the crude birth rate (CBR) for the 12 months before the survey. The CBR for a 12-month period is defined as the number of births during that period, divided by the population the middle of that 12-month period, and multiplied by 1,000.¹⁵ The 2009 KDHS data imply a CBR of 15.7 births per 1,000 population. Vital Statistics for Kosovo for 2009 also reported a CBR of 15.7. The U.S. Census Bureau estimates a CBR for Kosovo of 19 births per 1,000 population, and the Population Reference Bureau estimates Kosovo's CBR as 21. However, it is not clear what information these estimates are based on.¹⁶ It is possible that these organizations have underestimated the extent to which fertility has declined in Kosovo; data presented later in this chapter suggest a substantial decline in fertility in Kosovo in recent years.¹⁷

3.2 Age-Specific Fertility Rates and Total Fertility Rates

The age-specific fertility rate (ASFR) for a particular age group is the number of births to women of those ages per 1,000 women in that age group. We have calculated the ASFR for a particular age group for the 12 month before the survey by dividing the number of births to women in that age group during the period 12 months preceding the survey by the number of years lived by women in that age interval during the same 12-month period and multiplying by 1,000.¹⁸ The

¹⁵ We estimate the mid-year population for our calculation as the number of individuals in the sample at the time of the survey plus half the number of deaths that occurred in the 12 months before the survey (because about half of the people who died in the past year were alive 6 months earlier) less half of the births that occurred in the 12 months before the survey (because about half of the people who were born the 12 months before the survey weren't yet in existence 6 months before the survey).

¹⁶ The U.S. Census Bureau's website says that its estimates for fertility derive from data on registered births by age of mother from SOK Vital Statistics for 2006.

¹⁷ We will be sharing this report with the U.S. Census Bureau and the Population Reference Bureau so that they can take results from the 2009 KDHS into account when they update their estimates for Kosovo.

¹⁸ If a woman moved from one five-year age group to another during the 12-month period, she is treated as living one half a year in each age group. For example, a woman who is age 20 at the time of the survey, was age 19 twelve months earlier; she contribute a half year to the total number of women-years for ages 15-19 and a half year to the total number of women-years for the 20-24 age group. To estimate the number of women-years, we put each woman in the age

total fertility rate (TFR) is then calculated by adding the ASFRs across age groups, multiplying the total by five (since five-year age groups are considered), and then dividing by 1,000. The TFR for a particular year is interpreted as the average number of children that would be born to a woman during her lifetime if at each age she were to experience the ASFRs in that year. An important property of the TFR is that it is not affected by the age distribution of the population.

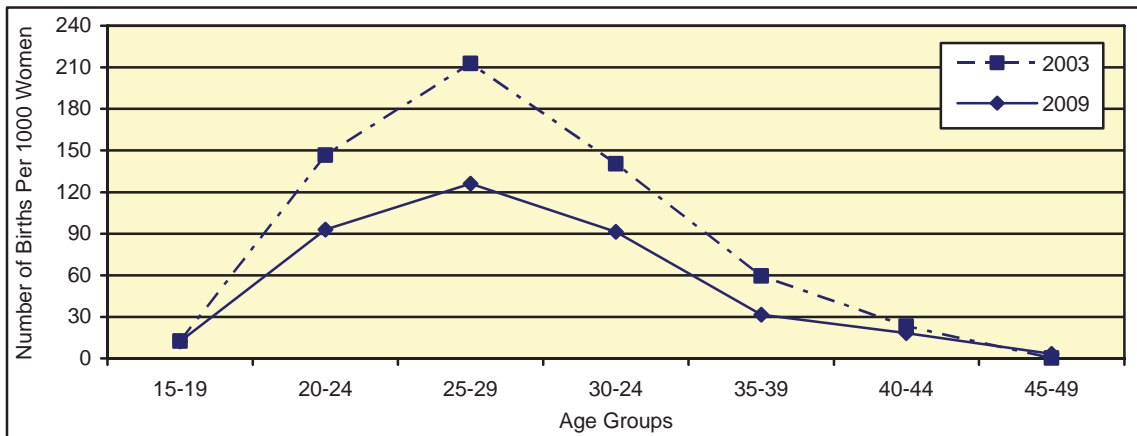
Table 3.1 below shows the numbers of women-years, numbers of births, and age-specific fertility rates for five-year age groups for the 12 months before the 2009 KDHS Survey (November 24, 2008-November 23, 2009), and the total fertility rate that these imply; it also shows ASFRs and the TFR from the 2003 KDHS. Figure 3.1 graphs the ASFRs for 2003 and 2009. Table 3.1 shows that one-third of the births that occurred during the 12 months before the 2009 KDHS were to women aged 25-29 at the time, and that this age group has the highest age-specific fertility rate (ASFR). Women 25-29 also had the highest ASFR in 2003. ASFRs are also high in 2009 for the two age groups either side of this one, i.e., 20-24 and 30-34, but are low for all other age groups; the same pattern was seen in 2003. ASFRs were substantially higher in 2003 than 2009 for women between the ages of 20 and 39.

Table 3.1 Number of Births by Women’s Age, Age-Specific Fertility Rates, and Total Fertility Rate for the 12 Months Before the 2009 KDHS and the 12 Months Before the 2003 KDHS

Age Group	2009 KDHS			2003 KDHS
	Number of Women-Years	Number of Births to Women of these Ages	Age-Specific Fertility Rate	Age-Specific Fertility Rate
15-19	1,214	12	9.9	12.5
20-24	1,013	96	94.8	146.7
25-29	903	125	138.4	212.9
30-34	888	93	104.7	140.4
35-39	805	28	34.8	59.4
40-44	725	12	16.6	23.4
245-49	647	4	6.2	0.3
Total Number of Births		370	Total Fertility Rate	
Total Fertility Rate			2.03	2.98

group for the age that she was at the midpoint of the 12-month period under consideration – May 23, 2009. If she gave birth, that birth counts toward the number of births for the age group that includes her age at the time she gave birth.

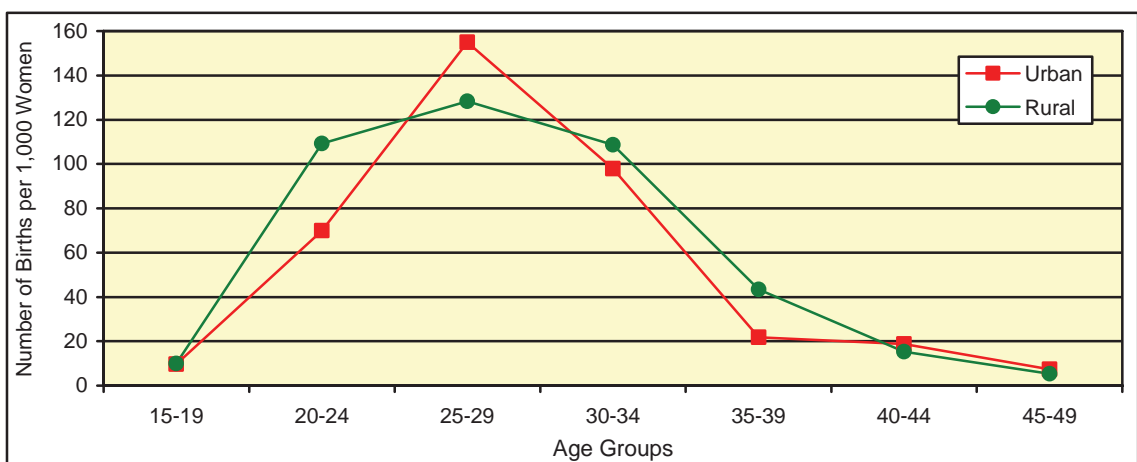
Figure 3.1 Age-Specific Fertility Rates, 2003 and 2009



The data in Table 3.1 imply a total fertility rate of 2.03 children per woman, which is just below replacement-level fertility. The replacement-level total fertility rate, which is generally taken to be 2.1 children per woman (the extra 0.1 is to account for children who don't survive to reproduce), is the TFR at which each couple just replaces itself. In the long run, with no net immigration or emigration, a replacement-level fertility rate will lead to a stabilization of population size. The TFR estimated from the 2003 KDHS survey for the year before that survey was 2.98 – nearly one child higher than the TFR estimated for the year before the 2009 KDHS.

Figure 3.2 shows age-specific fertility rates for the 12 months before the 2009 KDHS separately for urban and rural areas. ASFRs are higher for rural women than for urban women at ages 20-24 (more than 50% higher) and ages 35-39 (100% higher), whereas they are higher for urban women for ages 25-29 (by 20%) and 40-49 (though the levels are low for both areas at these ages). Thus, fertility is much more concentrated for urban women at ages 25-29, whereas rural women spread their childbearing more evenly over the ages 20-34 and have slightly more children in total: the TFR for rural women is 2.1 children per woman compared to 1.9 for urban women.

Figure 3.2 Age-Specific Fertility Rates, for Urban and Rural Women, Kosovo (November 24, 2008-November 23, 2009)

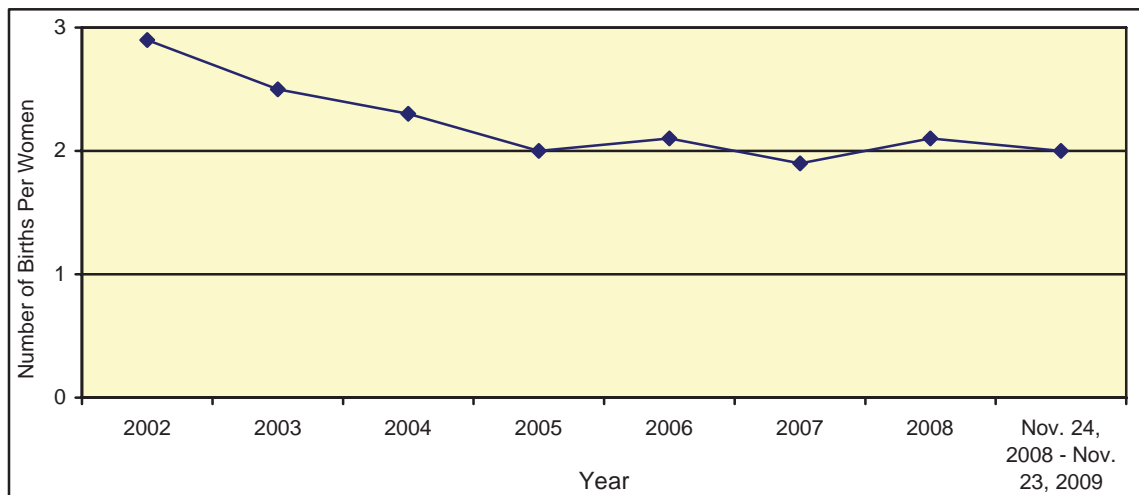


Data from the retrospective birth histories can also be used to look at fertility in past, though for earlier years they will not include births to the oldest women in those years. Since the oldest woman interviewed in 2009 was 49, in 2002 the oldest woman in the 2009 KDHS sample was age 42. However, as we see above, the ASFR is quite low at these older ages. Table 3.2 and Figure 3.2 below show the total fertility rates that the 2009 KDHS data imply for the years between 2002 and 2009.

Table 3.2 Total Fertility Rates Implied by the 2009 KDHS for 2002-2009

<i>Year</i>	<i>TFR</i>
Nov. 24, 2008 – Nov. 23, 2009	2.0
2008	2.1
2007	1.9
2006	2.1
2005	2.0
2004	2.3
2003	2.5
2002	2.9

Figure 3.3 Total Fertility Rates for 2002-2009 Implied by the 2009 KDHS



The data show a considerable decline in the TFR over this period, from 2.9 children per woman in 2002 to 2.0 in 2009 – a decline of nearly one child per woman. The largest decline occurred between 2002 and 2005; the TFR has been fairly steady since then (1.9-2.1). As seen in Table 3.1, data from the 2003 KDHS estimated a TFR of 3.0 for the period July 2002 - July 2003, which is remarkably similar to the 2.9 that we estimate from the 2009 data for the calendar year of 2002, especially considering that the TFRs shown in Table 3.2 for 2002 and 2003 are underestimates of fertility in those years because they do not include the experience of women who were in their mid to late 40s in those years (because such women would be over age 49 in 2009 and hence not asked the birth history questions in the 2009 KDHS).

The downward trend in fertility rates estimated from the 2009 KDHS data and the similarity of the estimates for 2002-2003 from the 2009 and 2003 KDHS surveys suggest that the 2009 KDHS does not (seriously) underreport births. Even though the TFR estimated for 2009 is low (and may be an underestimate, for example, if women under-reported the births of children who subsequently died), it appears that there has been a substantial decline in fertility in Kosovo over the past decade. The population pyramids shown in Chapter 2 also suggest that there has been a considerable decline in fertility in Kosovo.

3.3 Children Ever Born

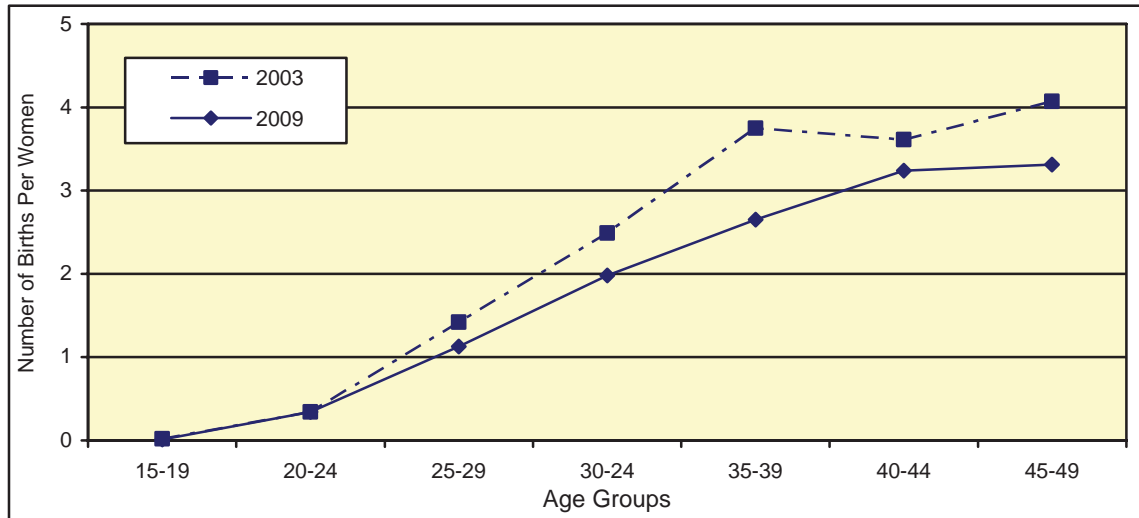
Another perspective on current fertility and fertility in the past can be gotten by looking at the numbers of children ever born (CEB) to different age groups of women, by their ages at the time of the survey. Table 3.3 and Figure 3.4 show such data for the 2009 KDHS and compare them to data on CEB from the 2003 KDHS.

Table 3.3 Children Ever Born by Woman's Age, 2009 and 2003

Woman's Age at the Time of the KDHS Survey	2009 KDHS			2003 KDHS
	No. women	No. births	CEB in 2009	CEB in 2003
15-19	1,230	16	0.01	0.02
20-24	1,030	354	0.34	0.34
25-29	919	1,034	1.13	1.41
30-34	890	1,760	1.98	2.49
35-39	821	2,179	2.66	3.75
40-44	721	2,334	3.24	3.61
45-49	670	2,219	3.31	4.07
Total	6,281	9,896	1.58	(Not reported)

These data show similar, very low, numbers of CEB in 2003 and 2009 for women under the age of 25. Beyond that age for each age group the number of CEB is considerably smaller in 2009 than in the 2003 – another indication that there was a substantial decline in fertility in Kosovo between 2002 and 2009.

Figure 3.4 Children Ever Born by Women’s Age, 2003 and 2009



3.4 Women Pregnant at the Time of the 2009 KDHS

The 2009 KDHS survey asked women aged 15-49 whether they were pregnant at the time of the interview. In total, 3.9 percent (243) of women reported that they were pregnant, and another 0.8 percent (58) weren’t sure. Consistent with the age patterns seen above, women age 25-29 are the most likely to be pregnant, but the percentage who are pregnant or not sure is actually slightly higher for women age 20-24 (8.7 % for 20-24, 8.6% for 25-29), indicating that many of these women will soon be having children as well.

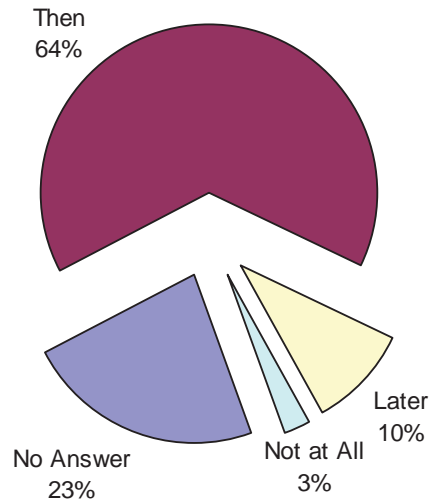
Table 3.4 Percentages of Women Pregnant (or Not Sure) at the Time of the 2009 KDHS, According to Age

Characteristics	Are you currently pregnant?		Number of women
	YES	Not sure	
Age			
15 - 19	0.8	0.8	1,195
20 - 24	7.2	1.5	1,022
25 - 29	7.9	0.7	908
30 - 34	5.5	1.2	888
35 - 39	3.3	0.5	819
40 - 44	1.1	0.7	718
45 - 49	0.6	1.1	662
Total	3.9	0.8	6,212

The women who reported that they were pregnant were asked whether the pregnancy was intended: “At the time you became pregnant, did you want to come pregnant then, later, or not at all?” Figure 3.5 shows the responses. Nearly two thirds (64%) of the women who were asked this question replied that they wanted to become pregnant at the time they did. Ten percent said that would have preferred to wait till later, while three percent said that the pregnancy was not

intended at all. Nearly one quarter (23%) of the women who responded to this question did not give a definite answer.

Figure 3.5 Percentage Distribution of All Women Pregnant at the Time of the 2009 KDHS, by Whether Pregnancy Was Planned (n=243)



3.5 Experiences with Pregnancy Outcomes Other Than Live Births

All women ages 15-49 were asked whether they ever had a pregnancy that ended with a spontaneous failure (miscarriage), abortion on request, or a child born dead (stillbirth). In Table 3.5 we show the number of women who responded affirmatively to each of these questions as a percentage of all women who ever were pregnant, which we estimate as those who reported at least one live birth in the birth history plus any additional women who reported ever having a miscarriage, abortion, or stillbirth.

Table 3.5 Percentages of Women Who've Ever Been Pregnant Who Have Ever Had a Miscarriage, Induced Abortion, or Stillbirth, According to Age, Urban-Rural Residence, Ethnicity, and Education Level, Kosovo 2009

Characteristics	Miscarriage	Abortion on Request	Child Born Dead	Number of Women
Age				
15 - 19	-	-	-	17
20 - 24	10.9	2.0	1.6	248
25 - 29	16.1	4.8	1.5	523
30 - 34	21.2	5.8	1.3	684
35 - 39	22.3	9.0	2.2	691
40 - 44	20.5	11.6	3.5	653
45 - 49	23.9	10.3	4.4	595
Total	20.1	7.9	2.5	3,411
Residence				
Urban	20.3	9.5	2.0	1,279
Rural	20.1	6.9	2.9	2,131
Marital Status				
Married	20.2	8.1	2.5	3,216
Single	12.9	12.9	12.9	31
Living together	22.8	5.3	0.0	57
Divorced	-	-	-	6
Separated	-	-	-	13
Widowed	19.3	2.3	3.4	88
Ethnicity				
Albanian	20.5	7.9	2.5	3,144
Serbian	11.9	7.4	0.0	135
Bosnian	10.0	10.0	2.5	40
Turkish	18.5	11.1	7.4	27
Roma	-	-	-	12
Ashkali	42.4	6.1	6.1	33
Egyptian	-	-	-	3
Gorani	-	-	-	15
Other	-	-	-	1
Education				
No education	26.5	8.1	5.1	136
Primary	23.8	11.7	4.7	256
Lower secondary	21.2	8.4	3.0	1,760
Higher secondary	17.3	6.0	1.2	1,055
University	17.0	6.7	1.0	194

Note: - means sample size < 25

Although it might be suspected that women would be reluctant to report such outcomes, particularly induced abortions, the data reveal surprisingly high levels for all three outcomes. For the total sample, 20.1 percent of women who were ever pregnant report ever having had a miscarriage, 7.9 percent report that they have had an abortion, and 2.5 percent report having had a stillbirth¹⁹. For each outcome, the percentages generally increase with age. This is undoubtedly because older women have had more pregnancies over which to experience one of these

¹⁹ It is possible that some women who had induced abortions were reluctant to report them as such and instead reported them as miscarriages. This would lead to an overestimate of the percentage of women who ever had a miscarriage and an underestimate of the percentage who ever had an abortion. There are speculations of a high rate of induced abortion in Kosovo due to poor family planning, and indeed the next chapter shows low rates of current use and ever use of effective, modern methods of contraception

outcomes. Of women aged 45-49, nearly a quarter (23.9%) reported having had a miscarriage, 10.3 percent reported having had an induced abortion, and 4.4 percent reported that they had a stillbirth. The percentage reporting that they had an abortion is even higher (11.6%) for women aged 40-44.

More women in urban areas report having had abortions than those in rural areas. This probably reflects their desires for smaller families, because of the higher cost of raising children in urban areas. Single women who have ever been pregnant are more likely to report having had an abortion (12.9%) than currently married women who have ever been pregnant (8.1%). (Single women are also more likely to have had a stillbirth than married women (12.9% vs. 2.5%), though it is important to keep in mind that the number of single women who've ever been pregnant is small [31].) Ashkali women have a high likelihood of having had a miscarriage (42.4%), while no Serbian women report having had a stillbirth. The likelihoods of having experienced a miscarriage or stillbirth are inversely related to the women's level of education; for example, 26.5 percent of uneducated women report having had a miscarriage, compared to 17.0 percent for women with university education. These patterns may reflect the fact that educated women have fewer children (and hence are likely to have had fewer pregnancies). Women with primary education were the most likely to have had an abortion (11.7%).

4 Family Planning - Contraception

Questions about contraception were asked to all women aged 15-49. The topics addressed include knowledge about contraceptive methods, ever use and current use of methods, mode of information about contraception, decision-making on contraception, and experience of side effects.

4.1 Knowledge About Contraceptive Methods

To obtain data on knowledge and use of contraception, interviewers read a list of ten contraceptive methods and asked respondents whether or not they had heard about each method. The contraceptive methods mentioned included both modern and traditional methods. The modern methods asked about were the pill, the IUD, injectables, male and female sterilisation, the diaphragm, foam/gel, and the male condom. The traditional methods included rhythm method/periodic abstinence, and withdrawal. In addition to these methods, the interviewer recorded in the questionnaire any other methods mentioned spontaneously by the respondents.

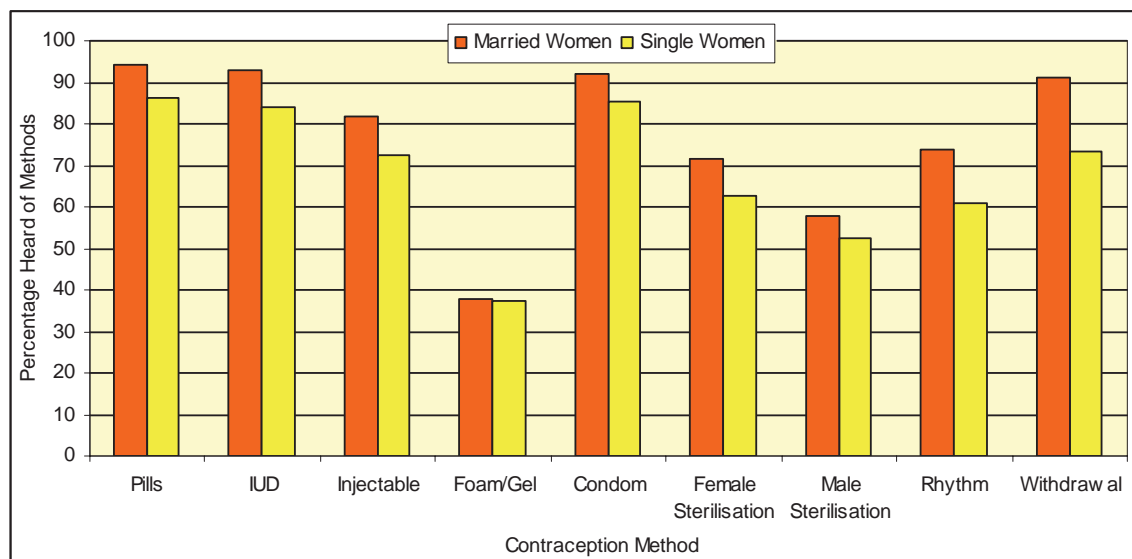
Of all 6,281 women aged 15-49 years, nearly all (95.3%) reported to know about at least one contraceptive method, and virtually as many (94.9%) had heard of at least one modern contraceptive method. The figures are somewhat higher for currently married women (98.4% and 95.9%) than for single (never-married) women (91.3% and 83.9%), but the level of knowledge by single women is impressive nonetheless. Of all methods, the pill is the one known by the most women, while foam/gel is the least known. Both married women and single women knew about more than six methods on average.

Table 4.1 Percentages of All Women, Currently Married Women, and Single Women Who Have Heard About Various Contraceptive Methods, Kosovo 2009

Contraceptive Method	All Women	Currently Married Women	Single Women
Any method	95.3	98.4	91.3
Any modern method	94.9	95.9	83.9
Pill	91.1	94.3	86.1
IUD	89.5	93.0	83.8
Injection	77.9	82.0	72.3
Foam/gel	37.4	37.8	37.4
Condom	89.2	92.1	85.2
Female Sterilization	67.6	71.5	62.5
Male Sterilization	55.3	57.6	52.6
Any traditional method	85.9	93.1	75.5
Rhythm	68.3	73.8	60.8
Withdrawal	84.1	91.3	73.4
Any other method	3.8	3.7	3.9
Mean number of methods known	6.6	6.9	6.2
Number of women	6,281	3,619	2,459

Currently married women are more likely than single women to have heard of each specific contraceptive method, except foam/gel, for which there is a low level of knowledge for both groups (Table 4.1 and Figure 4.1). The differences between the two marital status groups are largest for the traditional methods of rhythm and withdrawal.

Figure 4.1 Percentages of Women Who Have Heard About Particular Contraceptive Methods, for Currently Married and Single Women, Kosovo 2009



There has been an increase of knowledge about all contraceptive methods compared to 2003, particularly for the modern methods of injectables, condoms, and female and male sterilization, but also for the traditional methods (Figure 4.2).

Figure 4.2 Percentages of Women Aged 15-49 Who Know Specific Contraceptive Methods, Kosovo 2003 and 2009

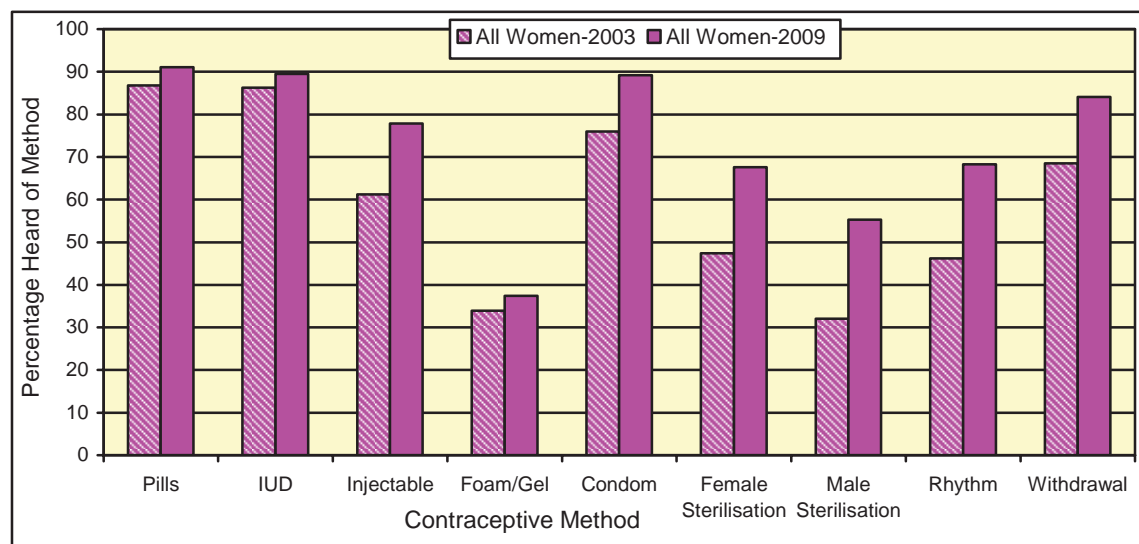


Table 4.2 shows the percentage of all women, currently married women, and single women who know at least one method of contraception, by background characteristics. Knowledge of any method and of modern methods is practically universal across all age groups, excluding the youngest age groups of single women, who are the least knowledgeable about modern methods.

Differences between urban and rural women in knowledge about contraception are negligible for all women and for currently married women. However, among single women, urban residents are more likely to have heard about any method and modern contraception method than their rural counterparts. Small sample sizes of ethnicities other than Albanian do not allow meaningful discussion of differences among various ethnic groups. The level of knowledge about the contraceptive methods increases progressively with the level of the woman's education.

Table 4.2 Percentages of Women Aged 15-49 Years Who Know about Contraception Methods, by Marital Status, Age, Residence, Ethnicity and Education Level, Kosovo 2009

Characteristics	ALL WOMEN			MARRIED			SINGLE		
	Knows any method	Knows any modern method	Number of women	Knows any method	Knows any modern method	Number of women	Knows any method	Knows any modern method	Number of women
Age									
15 - 19	93.1	88.8	1,230	100.0	97.5	40	89.1	74.5	1,185
20 - 24	92.2	95.0	1,030	99.4	98.9	350	93.2	73.0	658
25 - 29	97.3	96.7	919	98.8	95.8	595	95.1	90.7	285
30 - 34	97.5	97.4	890	99.3	97.2	702	92.5	90.0	159
35 - 39	98.1	97.8	821	99.0	97.2	687	91.9	93.4	99
40 - 44	97.5	96.7	721	98.0	93.6	643	91.8	95.5	49
45 - 49	97.3	95.2	670	96.2	92.6	602	95.8	97.1	24
Total	95.3	94.9	6,281	98.4	95.9	3,619	91.3	83.9	2,459
Residence									
Urban	96.6	96.2	2,339	97.9	96.6	1,304	94.6	91.7	931
Rural	94.9	94.2	3,940	98.7	96.1	2,257	88.7	77.7	1,528
Ethnicity									
Albanian	95.6	95.1	5,844	97.4	88.3	3,256	92.8	86.9	2,318
Serbian	96.7	95.2	210	99.3	99.1	138	92.2	95.3	64
Bosnian	94.0	94.0	67	97.6	99.4	40	-	-	20
Turkish	92.5	92.5	40	-	-	20	-	-	10
Roma	-	-	19	-	-	7	-	-	7
Ashkali	89.8	89.8	59	100.0	97.2	35	-	-	23
Egyptian	-	-	8	-	-	4	-	-	4
Gorani	96.7	93.3	30	-	-	18	-	-	11
Other	-	-	3	-	-	1	-	-	2
Education									
No education	82.8	81.8	209	92.9	91.5	141	55.2	55.2	58
Primary	91.0	90.5	431	96.3	95.6	271	81.4	81.4	145
Lower secondary	94.9	94.5	3,086	98.5	98.0	1,809	89.1	88.7	1,170
Higher secondary	97.5	97.1	2,111	99.2	98.6	1,152	95.5	95.3	898
University	99.0	99.0	404	99.6	99.6	232	98.2	98.2	163

Note: - means sample size < 25

4.2 Knowledge of the Contraceptive Effect of Breastfeeding

The survey included a question to assess whether women were aware of the contraceptive effect of breastfeeding, which is sometimes known as the Lactation Amenorrhea Method (LAM). Respondents were asked "Do you think the chances a woman will become pregnant are lowered if she breastfeeds?" The possible responses were Yes, No, and Don't Know. Table 4.3 shows the responses.

Table 4.3 Percentages of Women Who Know About the Contraceptive Effect of Breastfeeding (Lactation Amenorrhea Method [LAM]), According to Age, Residence, Marital Status, Ethnicity and Education, Kosovo 2009

Characteristic	YES	DON'T KNOW	Number of Women
Age			
15 - 19	8.8	63.2	1,184
20 - 24	15.6	47.1	1,018
25 - 29	24.0	32.6	906
30 - 34	28.5	23.3	885
35 - 39	25.8	24.7	817
40 - 44	26.4	19.5	717
45 - 49	28.5	19.7	659
Total	21.3	35.6	6,186
Residence			
Urban	19.2	32.8	2,293
Rural	22.6	37.2	3,892
Marital Status			
Married	28.6	19.6	3,600
Single	9.5	60.5	2,385
Ethnicity			
Albanian	21.7	35.6	5,758
Serbian	7.8	26.3	205
Bosnian	28.1	39.1	64
Turkish	30.0	32.5	40
Roma	-	-	19
Ashkali	11.9	49.2	59
Egyptian	-	-	7
Gorani	40.0	56.7	30
Other	-	-	3
Education			
No education	24.5	34.8	204
Primary	22.6	36.5	416
Lower secondary	22.9	37.2	3,048
Higher secondary	18.6	34.0	2,080
University	22.2	27.4	401

More than a third (36%) of women have no knowledge about the effect of breastfeeding on the likelihood of becoming pregnant, and 43 percent of women stated that the chances of women to become pregnant are not lowered if they breastfeed. Compared to KHSD in 2003, the proportion of women who think that breastfeeding lowers the chances of women to become pregnant has decreased slightly (from 23% to 21%). The level of knowledge about contraceptive effect of breastfeeding increases with the women's age. The urban/Rural difference is small (19% versus 23%), and, expectedly, married women are considerably more knowledgeable about LAM than single women (29% versus 10%). Women's education level has little relationship with the level of their knowledge about contraceptive effect of breastfeeding.

4.3 Ever Use Contraception

Of all women aged 15-49 years (n=6,281), 42 percent ever used a method of contraception (Table 4.4). However, only 17 percent ever used a modern method of contraception (the condom being the one most often used), whereas 39 percent had ever used a traditional method, mainly

withdrawal.²⁰ The proportion of women who ever used each contraceptive method generally increases with the age.

Table 4.4 Percentages of Women Aged 15-49 Years Who Have Ever Used Contraceptive Methods, by Specific Method, According to Age, Residence, Marital Status, Ethnicity, and Education, Kosovo 2009

Characteristics	Modern Method									Traditional method			Number of Women
	Any method	Any modern method	Pill	IUD	Injectable	Foam/Gel	Condom	Female Sterilization	Male Sterilization	Any Traditional	Rhythm	Withdrawal	
ALL WOMEN													
Age													
15 - 19	3.5	1.7	0.3	0.1	0.1	0.7	0.9	0.1	0.0	2.8	0.8	2.0	1,230
20 - 24	19.7	7.5	1.2	0.8	0.4	0.8	5.5	0.2	0.2	18.8	3.3	15.5	1,030
25 - 29	44.7	18.6	5.7	3.5	1.0	1.8	12.1	0.7	0.1	43.2	8.6	34.6	919
30 - 34	58.9	21.6	4.9	6.5	1.2	0.9	11.2	1.5	0.1	54.7	8.8	46.0	890
35 - 39	64.8	27.5	5.4	8.6	1.7	1.6	15.0	1.5	0.1	58.6	10.0	48.6	821
40 - 44	68.9	26.5	5.7	11.2	1.0	0.6	10.8	2.2	0.0	64.2	10.4	53.8	721
45 - 49	64.9	29.0	7.3	12.4	1.8	1.5	11.0	3.4	0.3	58.1	11.0	47.0	670
Total	42.1	17.1	3.9	5.3	0.9	1.1	8.8	1.2	0.1	38.9	6.9	32.1	6,281
Residence													
Urban	44.0	19.0	4.6	5.5	0.6	0.6	10.5	1.2	0.2	39.3	6.3	33.0	2,339
Rural	41.0	15.9	3.5	5.2	1.1	1.4	7.8	1.1	0.1	38.7	7.2	31.5	3,940
Marital Status													
Married	69.2	27.8	6.5	8.9	1.6	1.5	14.4	1.9	0.2	64.6	11.3	53.3	3,619
Single	3.1	2.0	0.2	0.2	0.0	0.5	1.1	0.2	0.0	2.1	0.7	1.5	2,459
Ethnicity													
Albanian	41.5	16.5	3.7	5.5	0.9	1.1	8.1	1.2	0.1	38.4	6.5	31.8	5,844
Serbian	55.2	31.4	11.9	3.3	1.0	1.4	23.8	0.5	0.0	53.8	20.5	33.3	210
Bosnian	40.3	10.4	1.5	1.5	1.5	0.0	4.5	3.0	0.0	34.3	1.5	32.8	67
Turkish	60.0	27.5	5.0	10.0	0.0	0.0	12.5	0.0	0.0	45.0	2.5	42.5	40
Roma	-	-	-	-	-	-	-	-	-	-	-	-	19
Ashkali	37.3	8.5	0.0	0.0	0.0	0.0	6.8	1.7	0.0	35.6	1.7	33.9	59
Egyptian	-	-	-	-	-	-	-	-	-	-	-	-	8
Gorani	56.7	46.7	0.0	0.0	3.3	3.3	46.7	0.0	0.0	53.3	10.0	43.3	30
Other	-	-	-	-	-	-	-	-	-	-	-	-	3
Education													
No education	45.5	14.8	2.9	5.3	0.5	0.5	5.7	1.9	0.0	41.6	5.7	35.9	209
Primary	42.9	16.2	3.7	4.9	0.2	0.9	6.3	2.1	0.2	39.4	5.8	33.6	431
Lower secondary	42.7	16.2	4.0	6.4	1.3	1.3	7.0	1.3	0.1	39.8	7.1	32.7	3,086
Higher secondary	41.0	17.8	3.5	4.1	0.6	1.0	11.5	0.7	0.1	38.4	7.2	31.2	2,111
University	42.6	21.0	5.4	3.7	1.0	0.2	13.6	1.5	0.2	36.1	5.7	30.4	404

Note: - means sample size < 25

²⁰ We are unable to compare the levels of ever use of contraception to those from the 1999-2000 and 2003 KDHS surveys. The 1999-2000 report does not present data on ever use. Table 6.3 of the report on the 2003 survey says that 48.6 percent of women of reproductive age ever used contraception, but the percentage that ever used traditional methods exceeds this (57.7%) and together with the percentage who ever used modern methods they add to 100%. It appears that that table is showing the distribution of methods used by ever-users (but does not allow for the fact that some women may have used more than one method in their lifetimes).

The differences between urban and rural women are relatively small. Forty-four percent of urban women have ever used a modern contraceptives compared to 41 percent of rural women. Not surprisingly, the differences are larger by marital status. More than two thirds (69%) of currently married women have ever used a method of contraception (28% ever used a modern contraceptive and 65% ever used a traditional method) compared to only 3 percent of single women. This result is to be expected given the fact that nearly half (48%) of single women are ages 15-19 years and may not be sexually active.

Of the ethnic groups, Turkish and Serbian women have the highest rates of ever use of contraception. Serbian and Gorani women are the most likely to have used modern methods and the most likely to have used traditional methods. It appears that women in these groups have used both of these types of methods some time during their reproductive careers. Bosnian and Ashkali women have low rates of ever use of both modern and traditional methods. The reader should keep in mind, however, that the sample sizes are quite small for some ethnic groups and the statistics on them are thus subject to considerable sampling error.

Compared to their less educated peers, more educated women are more likely to have used a modern method of contraception and less likely to have used traditional methods. There is a positive correlation between the education and ever use of a modern method of contraception, but ever use of withdrawal (and of traditional methods as a group) is inversely related to the woman's education level.

4.4 Current Use of Contraception

Each female respondent of reproductive age was asked if she was currently using any method of contraception and, if so, which one. Figure 4.3 and Table 4.5 summarize the main patterns for married women aged 15-49. The figure shows that use of modern methods is relatively low. Only 15 percent of married women of reproductive age were using a modern method of contraception at the time of the 2009 KDHS. Table 4.5 shows that the IUD and male condom are the most commonly used modern methods. Forty-four percent of married women of reproductive age were using a traditional method of contraception at the time of the 2009 KDHS; the vast majority of these practiced withdrawal, which is, by far, the most widely used specific method for all population subgroups we consider. Over two fifths (41%) of married women of reproductive age were not using any method of contraception at the time of the 2009 KDHS. Below we present data on their reasons for not using contraception

Figure 4.3 Percentages of Married Women Aged 15-49 Years Currently Using Contraception, by Method Type, Kosovo 2009

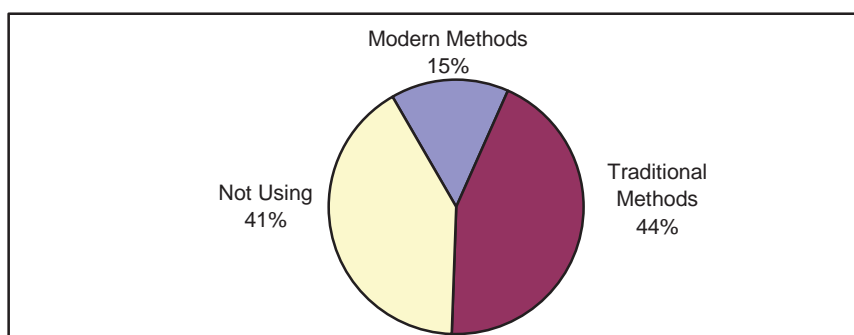


Table 4.5 Percentage of Women by Contraceptive Method Used at the Time of the 2009 KHDS, According to Age, Residence, Marital Status, Ethnicity and Education, Kosovo 2009

Characteristics	Modern Method									Traditional method				Number of women
	Any method	Any modern method	Pill	IUD	Injectable	Foam/Gel	Condom	Female Sterilization	Male Sterilization	Any traditional method	Rhythm	Withdrawal	Other method	
ALL WOMEN														
Age														
15 - 19	1.5	0.3	0.2	0.1	0.0	0.0	0.1	0.0	0.0	1.2	0.0	1.2	0.0	1,230
20 - 24	14.2	2.3	0.4	0.1	0.1	0.0	1.7	0.0	0.0	11.8	0.7	11.1	0.7	1,030
25 - 29	34.9	9.7	2.2	1.7	0.2	0.0	5.5	0.0	0.0	25.2	0.9	24.3	0.3	919
30 - 34	50.2	12.7	2.5	5.3	0.2	0.0	4.3	0.3	0.1	37.5	0.7	36.7	0.2	890
35 - 39	57.9	17.3	3.3	5.7	0.7	0.2	6.8	0.5	0.0	40.6	0.6	40.0	0.0	821
40 - 44	62.0	15.3	2.1	8.0	0.0	0.1	3.9	1.1	0.0	46.7	2.2	44.5	0.0	721
45 - 49	52.7	14.0	1.9	7.2	0.1	0.0	3.4	1.3	0.0	38.7	1.0	37.6	0.0	670
Total	35.2	9.2	1.6	3.5	0.2	0.0	3.4	0.4	0.0	26.0	0.8	25.2	0.0	6,281
Marital Status														
Married	58.8	15.1	2.7	5.8	0.3	0.1	5.5	0.7	0.0	43.7	1.3	42.3	0.1	3,619
Single	1.9	0.9	0.1	0.2	0.0	0.0	0.6	0.0	0.0	0.9	0.0	0.9	0.0	2,459
Live together	40.7	7.4	3.7	3.7	0.0	0.0	0.0	0.0	0.0	33.3	1.2	32.1	0.0	81
Divorced	-	-	-	-	-	-	-	-	-	-	-	-	-	14
Separated	-	-	-	-	-	-	-	-	-	-	-	-	-	15
Widowed	2.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.2	0.0	2.2	0.0	93
MARRIED AND COHABITING WOMEN														
Residence														
Urban	65.7	19.3	3.0	6.6	0.4	0.0	8.0	1.2	0.1	46.4	0.9	45.5	0	1,346
Rural	56.1	13.4	2.7	5.3	0.3	0.1	4.0	1.0	0.0	42.4	1.6	40.8	0.2	2,326
Total	59.6	15.6	2.8	5.8	0.3	0.1	5.4	1.1	0.0	43.8	1.3	42.5	0.1	3,672
Ethnicity										0				
Albanian	59.8	15.4	2.7	6.0	0.3	0.1	5.2	1.1	0.0	44.2	0.8	43.4	0.1	3,393
Serbian	56.9	18.2	5.8	2.9	0.7	0.0	8.8	0.0	0.0	38.7	15.3	23.4	0	137
Bosnian	57.7	17.2	0.0	0.0	2.4	0.0	7.1	7.7	0.0	40.5	0	40.5	0	42
Turkish	73.3	30.0	6.7	13.3	0.0	0.0	10.0	0.0	0.0	43.3	0	43.3	0	30
Roma	-	-	-	-	-	-	-	-	-	-	-	-	-	12
Ashkali	37.1	2.9	0.0	0.0	0.0	0.0	2.9	0.0	0.0	-	0	34.3	0	35
Egyptian	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Gorani	-	-	-	-	-	-	-	-	-	-	-	-	-	19
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Education														
No education	54.8	12.4	0.7	6.9	0.0	0.0	3.5	1.3	0.0	42.4	0.7	41.7	0	144
Primary	57.7	13.7	3.7	4.8	0.0	0.0	3.3	1.9	0.0	43.4	0.4	43	0.6	272
Lower secondary	60.5	16.2	3.2	6.7	0.5	0.1	4.6	1.1	0.1	44.1	0.9	43.2	0.2	1,841
Higher secondary	59.2	15.2	1.8	4.8	0.3	0.1	7.3	1.0	0.0	44	2.4	41.6	0	1,170
University	60.4	16.2	4.3	4.3	0.0	0.0	6.9	0.7	0.0	44.2	0.9	43.3	0	233

Note: - means sample size < 25

Table 4.5 presents data on the specific methods of contraception used at the time of the 2009 KDHS for all women of reproductive age and for various subgroups. Use of any method of contraception and use of modern methods increases with age through the age group 40-44 and

then is somewhat lower for women aged 45-49. Use of modern methods peaks at ages 35-39 (at 17.3%) and then decreases with age thereafter. At the younger ages these patterns reflect the fact, we saw earlier, that younger women are less likely to be married and that married women are more likely to use contraception. Use of both modern and traditional methods of contraception is highest for women who were married at the time of the 2009 survey and lowest for women who were single or widows at the time. Two fifths (40.7%) of cohabiting women use contraception. The lower contraceptive use rates for the oldest women considered here reflect the fact that many older women think that they cannot become pregnant (see Table 4.11 ahead).

The remainder of Table 4.5 only considers women who were married or cohabiting at the time of the 2009 KDHS. It shows that use of both modern and traditional methods of contraception was higher in urban areas than in rural areas. The relative difference is largest for modern methods (19.3% for urban women vs. 13.4% for rural women). Of the ethnic groups with at least 25 observations on married or cohabiting women, Turkish women have the highest rate of contraceptive use (73.3%) and have a particularly high rate of use of modern methods (30.0%), which is twice the percentage for all married and cohabiting women), while Ashkali women have the lowest rate of contraceptive use (37.1%) and a very low rate of use of modern methods (2.9%). Married and cohabiting women with no education are the least likely to use contraception (both modern and traditional methods), while those with at least lower secondary education are the most likely; there is more difference for modern methods (12.4% for primary vs. 16.2% for those with lower secondary or university). The rate of use of traditional methods varies remarkably little with education.

Figure 4.4 compares the percentages of married women using particular methods of contraception in 1999-2000, 2003, and 2009 for methods each used by at least one percent of married women of reproductive age in 2009. It shows that the use of pills and IUDs (and rhythm) were each *lower* in 2009 than in 2003 or 1999-2000. In 2009, 15.1 percent of married women of reproductive age were using a modern method of contraception, compared to 22.6% in 2003. (A comparable figure is not reported in the report on the 1999-2000 KDHS.) This decline in the use of modern methods of contraception may reflect the fact that between June 1999 and 2005 there were many international NGOs operating in Kosovo in the field of reproductive health. Consequently, there were many contraception promotion and awareness-raising campaigns, and modern contraceptive methods were widely distributed for free. There is now less donor involvement in reproductive health in Kosovo than there was in 2003. By 2009 more couples were using condoms and withdrawal than in 2003 or 1999-2000, suggesting that they had substituted these methods, which are familiar and easier to obtain and use, for the “higher-maintenance,” now-more-costly modern methods they used in 1999 and 2003. Nonetheless, it is important to note that in 1999, 2003, and 2009, withdrawal was overwhelmingly the main method of contraception used in Kosovo.

Figure 4.4 Percentages of Married Women Aged 15-49 Years Currently Using Contraception, by Specific Methods, Kosovo 1999, 2003 and 2009



4.5 Source of Information About Contraception

Women who reported that they were using a method of contraception were asked where they learned about the method they were currently using. Most users of modern methods learned about their method from hospitals; this is especially true for IUDs. Friends and relatives are the source of information for nearly twenty percent of pill users and nearly thirty percent of those using condoms. Most users of traditional methods learned about them from friends and relatives; this is especially true for withdrawal. Mass media is the source of information for around a quarter of users of the rhythm method.

Table 4.6 Percentage Distribution of Women Currently Using Contraception by Source of Learning about the Method Used, According to Contraception Method, Kosovo 2009

Method	LEARNED FROM														Number of Women
	Public Health Sector					Private health Sector					Other Sources				
	Hospital	Family Medicine Centre	Ambulance	Women's Centre	Other	Private Hospital	Private Ordinance	Private Pharmacy	Other	NGOs	Religious Institutions	Relatives / Friends	Store/Kiosk / Stand	Mass Media	
Modern Methods	36.6	11.0	4.9	3.5	0.7	2.4	9.1	4.4	1.3	0.2	0.0	17.7	2.9	5.3	547
Pill	36.8	13.7	6.3	4.2	0.0	3.2	11.6	4.2	0.0	0.0	0.0	18.9	0.0	1.1	95
IUD	57.8	7.3	4.4	1.9	0.0	3.4	15.5	0.0	0.0	0.0	0.0	7.8	0.0	1.9	206
Injection	-	-	-	-	-	-	-	-	-	-	-	-	-	-	12
Foam, jell	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Condom	9.7	14.0	5.8	4.8	1.9	1.0	1.9	9.2	2.9	0.5	0.0	29.0	7.7	11.6	207
Female sterilization	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23
Male sterilization	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Traditional Methods	2.9	3.5	1.1	0.8	0.6	0.4	0.9	0.1	2.5	0.6	0.1	81.9	0.3	4.6	1,585
Rhythm	12.8	0.0	8.5	2.1	0.0	2.1	4.3	0.0	2.1	0.0	0.0	40.4	2.1	25.5	47
Withdrawal	2.6	3.6	0.8	0.7	0.7	0.3	0.8	0.1	2.5	0.6	0.1	83.2	0.2	3.9	1,538
Any Method	11.6	5.4	2.1	1.5	0.7	0.8	3.1	1.2	2.3	0.5	0.0	65.7	0.9	4.8	2,132

Note: - means sample size < 25

Respondents were also asked whether they had been visited in the 12 months before the survey by any person who talked to them about family planning and, if so, whom.²¹ Table 4.7 shows the results. Only 3.2 percent of all respondents who answered this question replied that they had been visited by someone who talked to them about family planning. Rural women were nearly twice as likely to have been visited (3.9%) as urban women (1.9%). This is consistent with the fact that family planning outreach activities in Kosovo focus on rural areas. Of the ethnic groups, Gorani were the most likely to have been visited (6.9%), while Serbian and Bosnian women (1.0% and 1.6% respectively) were the least likely to have been visited. The likelihood of being visited is inversely related to the woman's education.

Of those who received information about family planning during the 12 months before the 2009 KDHS, the main contacts were with family doctors (37.8%) and NGOs (29.1%). Urban women were more likely than rural women to get family planning information from community nurses and family doctors, whereas rural women were more likely than urban women to get their information from social workers, NGOs, and religious institutions. Nonetheless, both urban and rural women were both most likely to get information about family planning from family doctors, followed by NGOs. Married women were most likely to get family planning information from family doctors, whereas over half (53.1%) of single women got their information from NGOs and nearly a sixth (16.3%) got information from religious institutions. Subsample sizes are too small to make comparisons across ethnic subgroups and all education subgroups. We do see that women with higher secondary education were more likely than those with lower secondary to get

²¹ The question asked the respondent whether she had been *visited* by someone who talked to her about family planning. It is possible that the respondent would not answer affirmatively if she was the one who initiated the contact.

their information from community nurses and family doctors and relatively less likely to get it from social workers, NGOs, and religious institutions. These differences by education may account for the urban-rural differences noted above.

Table 4.7 Percentages of Women Who Received Information About Family Planning During the Last 12 Months before the 2009 KDHS, by Source of Information, According to Age, Residence, Marital Status, Ethnicity, and Education Level, Kosovo 2009

Characteristics	In the last 12 months have you been visited by any person who has talked to you about family planning?		If Yes, by whom						Number of Women
	YES	Number of Women	Community nurse/patronage	Family doctor	Social worker	NGO	Religious institution	Other	
Age									
15 - 19	2.5	1,161	3.4	24.1	6.9	51.7	13.8	0.0	29
20 - 24	2.8	1,004	7.1	28.6	10.7	35.7	14.3	3.6	28
25 - 29	3.9	899	5.7	40.0	5.7	31.4	14.3	2.9	35
30 - 34	4.3	877	18.4	42.1	2.6	26.3	5.3	5.3	38
35 - 39	3.3	813	14.8	48.1	11.1	11.1	7.4	7.4	27
40 - 44	2.7	716	-	-	-	-	-	-	19
45 - 49	3.0	657	-	-	-	-	-	-	20
Total	3.2	6,127	10.2	37.8	8.2	29.1	10.2	4.6	196
Residence									
Urban	1.9	2,275	18.2	50.0	4.5	25.0	0.0	2.3	44
Rural	3.9	3,851	7.9	34.2	9.2	30.3	13.2	5.3	152
Marital Status									
Married	4.1	3,586	12.3	45.9	7.5	21.2	8.2	4.8	146
Single	2.1	2,341	4.1	14.3	10.2	53.1	16.3	2.0	49
Ethnicity									
Albanian	3.2	5,703	9.8	35.9	8.7	31.0	10.9	3.8	184
Serbian	1.0	203	-	-	-	-	-	-	2
Bosnian	1.6	64	-	-	-	-	-	-	1
Turkish	5.0	40	-	-	-	-	-	-	2
Roma	-	19	-	-	-	-	-	-	2
Ashkali	5.1	59	-	-	-	-	-	-	3
Egyptian	-	6	-	-	-	-	-	-	0
Gorani	6.9	29	-	-	-	-	-	-	2
Other	-	3	-	-	-	-	-	-	0
Education									
No education	4.0	202	-	-	-	-	-	-	8
Primary	3.6	414	-	-	-	-	-	-	15
Lower secondary	3.7	3,016	8.1	30.6	9.0	34.2	14.4	3.6	111
Higher secondary	2.5	2,063	13.5	42.3	5.8	25.0	7.7	5.8	52
University	2.3	398	-	-	-	-	-	-	9

Note: - means sample size < 25

4.6 Decision-Making About Contraceptive Use

The survey asked all women of reproductive age whether they thought using contraception was mainly a personal decision, mainly the decision of the husband/partner, or mainly a joint decision. The question was asked of all women, but only 3,315 of 6,281 women of reproductive age

answered it. Table 4.8 below shows how the responses vary by age, urban/rural residence, marital status, ethnicity, and education.

Table 4.8 Percentage Distribution of Women Using Contraception, by Decision-Making, According to Age, Residence, Marital Status, Ethnicity and Education Level, Kosovo 2009

Characteristics	Personal	Husband's / Partner's	Joint	Other	Number of women
Age					
15 - 19	10.0	3.4	85.6	1.1	951
20 - 24	7.2	2.7	89.9	0.1	704
25 - 29	7.6	5.6	86.8	0.0	486
30 - 34	8.0	6.7	84.7	0.5	373
35 - 39	6.3	6.3	86.8	0.7	302
40 - 44	5.7	6.6	86.8	0.9	228
45 - 49	7.4	7.4	85.2	0.0	271
Total	8.0	4.7	86.8	0.5	3,315
Residence					
Urban	6.3	4.2	88.8	0.7	1,212
Rural	9.0	5.0	85.6	0.4	2,103
Marital Status					
Married	5.4	6.3	88.2	0.2	1,259
Single	9.8	3.8	85.6	0.8	1,925
Ethnicity					
Albanian	7.6	4.6	87.3	0.4	3,128
Serbian	18.0	7.0	74.0	1.0	100
Bosnian	11.5	3.8	84.6	0.0	26
Turkish	-	-	-	-	6
Roma	-	-	-	-	8
Ashkali	5.7	5.7	82.9	5.7	35
Egyptian	-	-	-	-	4
Gorani	-	-	-	-	6
Other	-	-	-	-	2
Education					
No education	6.5	11.2	80.4	1.9	107
Primary	9.0	5.0	85.5	0.5	221
Lower secondary	7.3	4.8	87.3	0.6	1,613
Higher secondary	9.3	4.4	86.2	0.1	1,139
University	5.9	2.7	90.0	1.4	219

Note: - means sample size < 25

For all subgroups considered, women are most likely to reply that decisions about contraception are mainly a joint decision. The likelihood of giving this answer does not vary much with age, but it increases with women's educational attainment; 90 percent of women with university education gave this response, compared to 80 percent for women with no education. Serbian women are least likely to give this response (74%), but, even for them, it is the response given by the majority of respondents. The likelihood that the decision about contraception is made only by the woman's husband or partner increases with age. Women in their forties are about twice as likely to report that this is the case as are women in their late teens and early twenties. Married women are more likely than single women to report that the decision was their husband's/partner's decision (6.3% vs. 3.8%), whereas single women are more likely than married women to say that

the decision is a personal one (9.8% vs. 5.4%). These differences by marital status may explain the differences by age, or vice versa, since older women are more likely to be married. The likelihood of saying that the decision about contraception is the husband's/partner's is inversely related to education; 11.2 percent of women with no education gave this response, compared to 2.7 percent of women with university education. This also may reflect age differences (or vice versa) because younger women are more likely to be educated.

4.7 Contraceptive Side Effects

Women using contraception at the time of the survey were asked if they had had any problems with side effects with their current method and, if they did, whether they had ever been told about them or what to do about them. The responses are shown in Table 4.9, by the contraceptive method used at the time of the survey. Because of the small numbers of users of many methods, we are only able to look at five specific methods. Of the specific methods we consider in Table 4.9, the pill is the method with the most reports of side effects (11.4%) followed by the IUD (5.0%). These are also the methods for which women are most likely to have been told by health workers about problems or side effects they might have

Table 4.9 Percentages of Women Who Experienced Contraceptive Problems/Side Effects with Their Current Method of Contraception, By Current Contraceptive Method Used, Kosovo 2009

Contraceptive Method Currently Used	Have you ever had problems or side effects with the current method?	Have you ever been told by health workers about problems or side effects you might have?	Have you been told what to do if you have problems?	Number of Women
	YES	YES	YES	
Modern Methods				
Pill	11.4	10.5	9.5	105
IUD	5.0	4.1	3.7	219
Injection	-	-	-	12
Foam, jell	-	-	-	3
Condom	1.9	1.9	1.9	210
Female Sterilization	-	-	-	24
Male Sterilization	-	-	-	1
Traditional Methods				
Rhythm	0.0	0.0	0.0	50
Withdrawal	1.5	1.1	1.1	1,577
Any Method	2.4	2.0	1.8	2,201

4.8 Reasons for Not Using Contraception

Women who were not using contraception at the time of the survey were asked the reason. For single women, the overwhelming reason (given by 98.6% of all non-users) was that they were not in a sexual relationship; the vast majority of divorced and widowed women also gave this reason. Over a quarter (26.6%) of currently married women not using contraception said that the reason was that they wanted to have children. Another 20.2 percent said that they couldn't become pregnant, and a similar percentage (19.8%) cited health reasons; 16.0 percent were already

pregnant, and 11.3 percent said that they were not using contraception because they were breastfeeding. For cohabiting women, even higher percentages cited being pregnant, wanting to be pregnant, or breastfeeding as their reasons for not using contraception, while relatively few cited not being able to become pregnant or health reasons compared to married women. This is most likely because cohabiting women are younger than married women.²² Virtually no women (0.1%) cited religious reasons for non-use.

Table 4.10 Percentage Distribution of Women Not Using Contraceptives by the Reason For Not Using, According to Marital Status, Kosovo 2009

	REASON							Number of women
	No sexual relationship	Cannot become pregnant	Pregnant	Want to have children	Health reasons	Religious reasons	Breastfeeding child	
Marital status								
Single	98.6	0.7	0.2	0.1	0.3	0.0	0.0	2,263
Married	5.9	20.2	16.0	26.6	19.8	0.1	11.3	1,393
Living together	4.3	4.3	27.7	38.3	6.4	0.0	19.1	47
Divorced	-	-	-	-	-	-	-	13
Separated	-	-	-	-	-	-	-	14
Widowed	94.3	4.6	0.0	0.0	1.1	0.0	0.0	87
Total	63.5	7.9	6.6	10.2	7.5	0.1	4.4	3,817

Note: - means sample size < 25

Table 4.11 shows how reasons for not using contraception vary by age, urban/rural residence, ethnicity, and education for women not using contraception who were married or cohabiting at the time of the survey. Wanting to have children is the main reason for non-use for those ages 15-19. The likelihood of giving this answer decreases as the age of the women increases, whereas the likelihood citing an inability of becoming pregnant and health reasons increases with age. Being pregnant and breastfeeding are other reasons often given by women under age 35.

Health reasons and thinking that they cannot become pregnant are given more often by Serbian women than Albanian women and by women with less education. These groups may be older, and these ethnic and educational differences may mainly reflect the age differences just discussed. There are relatively few differences between urban and rural women, and the ones there are may also mainly reflect age differences between these two groups.

²² The average age of all women who were cohabiting at the time of the 2009 KDHS was 31 whereas the average age of all women who were married was 43. Sixty-two percent of cohabiting women were under age 30, compared to only 20 percent of married women.

Table 4.11 Percentage Distribution of Married and Cohabiting Women Not Using Contraception by the Reason for Not Using, According to Age, Residence, Ethnicity, and Education, Kosovo 2009

Age	REASON							Number of women
	No sexual relationship	Cannot become pregnant	Pregnant	Want to have children	Heath reasons	Religious reasons	Breastfeeding child	
15 - 19	3.0	0.0	21.2	69.7	0.0	0.0	6.1	33
20 - 24	6.4	5.9	32.3	33.6	3.2	0.0	18.6	220
25 - 29	5.3	11.3	23.5	35.4	6.6	0.3	17.5	302
30 - 34	6.1	15.3	17.6	32.4	10.3	0.4	17.9	262
35 - 39	3.4	21.6	14.2	25.0	27.0	0.0	8.8	204
40 - 44	5.8	33.3	3.2	12.7	41.8	0.0	3.2	189
45 - 49	8.0	40.2	1.3	10.3	40.2	0.0	0.0	224
Total	5.8	19.8	16.2	27.0	19.4	0.1	11.6	1,434
Residence								
Urban	3.7	19.3	18.8	31.0	19.0	0.0	8.3	436
Rural	6.7	20.0	15.1	25.3	19.5	0.2	13.1	998
Ethnicity								
Albanian	6.1	19.7	16.1	27.0	19.2	0.2	11.8	1,321
Serbian	0.0	28.1	10.5	24.6	29.8	0.0	7.0	57
Bosnian	-	-	-	-	-	-	-	18
Turkish	-	-	-	-	-	-	-	7
Roma	-	-	-	-	-	-	-	4
Ashkali	-	-	-	-	-	-	-	22
Egyptian	-	-	-	-	-	-	-	1
Gorani	-	-	-	-	-	-	-	4
Other	-	-	-	-	-	-	-	0
Education								
No education	4.7	23.4	10.9	21.9	35.9	0.0	3.1	64
Primary	9.7	23.0	10.6	25.7	25.7	0.0	5.3	113
Lower secondary	7.3	21.3	13.4	24.9	19.1	0.1	13.9	703
Higher secondary	3.2	16.5	21.6	29.4	17.1	0.2	11.9	462
University	2.3	19.3	22.7	36.4	13.6	0.0	5.7	88

Note: -mean samples size < 25

5 Mortality

This section summarises information obtained from the survey with respect to infant, child, and adult mortality. Mortality data are useful to agencies providing health services because they identify population subgroups that have a higher risk of dying.

Data on mortality were collected in the KDHS in two ways. Each household head was asked in the Household Questionnaire to provide details of all deaths that occurred to members of the household during the 12 months prior to the survey. The sex, date of birth, and date of death were recorded for each deceased person.²³ From this information, we have calculated the age at death for each household member who died. Because people are often reluctant to talk about death, questions of this kind may not capture all cases. Additionally, deaths in single-person households and deaths that occurred in households that subsequently emigrated will be omitted altogether. Such underreporting most likely results in underestimates of mortality rates.

The other source of information on mortality in the 2009 KDHS is from reproductive birth histories that were administered to each woman aged 15-49 at the time of the survey as part of the KDHS Individual Questionnaire. As noted in Chapter 3, these histories listed all of each woman's live births, and, for each, the woman was asked the date of the child's birth (day, month, and year); the sex of the child; whether the child was still alive; and, if not, the date when the child died (day, month, and year). From this information we have calculated the age at death for each child who died. An infant death is defined as a death of a live-born child less than one year of age, and a child death as one before age 5. Mortality estimates for specific periods of time preceding the survey have been calculated from this information. Because the oldest woman administered the birth history was 49 at the time of the survey, in 2009, our estimates of infant mortality rates in the past will not include the experiences of older mothers in those earlier years. (For example, if we look at the year 1999, 10 years before the KDHS survey was fielded, the oldest women who responded to the birth history the 2009 KDHS were 39 years old in 1999, and they were 29 years old in 1989, etc. Hence, an infant mortality estimate for 1989 would be based on mothers who were under the age of 30 in that year.) Furthermore, relying on retrospective reports of women alive and in Kosovo at the time of the survey will miss any infant and child deaths that occurred to mothers who have since died or emigrated. Since the children of mothers who died are more likely to have died themselves, this will lead to an underestimate of infant and child mortality.

The accuracy of mortality estimates depends on the completeness and accuracy with which births and deaths are reported and recorded. Typically in retrospective surveys there is a chance that women will underreport both the births and deaths of children who do not survive. Underreporting of deceased children is usually most severe for deaths that occur in early infancy (i.e., in the neonatal period) and for those that occurred many years before the survey. Underreporting of deaths that occurred longer ago could, everything else the same, lead to a

²³ The questionnaire attempted to identify pregnancy-related deaths ("maternal" deaths) if the person who died was female, by asking whether she died while pregnant, while giving birth, or within 42 days of giving birth. However, some of the interviewers only put an X in box in the column indicating that the decedent was female instead of recording these codes (see Question B8 in the Household Questionnaires in the Appendix), and this precludes our ability to say anything about maternal mortality in this report. This was an unfortunate flaw in the questionnaire design that should be corrected in future surveys that draw on the 2009 KDHS questionnaire. However, it is worth noting that household surveys with relatively small samples, such as the KDHS, are not the most appropriate way for assessing the incidence of a rare event like maternal mortality.

relatively more positive trend in infant mortality (i.e., relatively lower rates for the past than more recent years) than is actually the case.

Despite these shortcomings, questions included in the survey concerning mortality should still provide some useful information.

5.1 Household Deaths in the 12 Months before the 2009 KDHS

The question about household deaths in the 12 months before the survey elicited responses that a total of 132 people had died. From this, we can calculate the crude death rate (CDR), which is the annual number of deaths per thousand mid-year population. For our purposes, the denominator is defined as the estimated population a half year before the survey.²⁴ The CDR calculated from the 2009 KDHS data on deaths during the 12-month period preceding the survey is 5.6 deaths per thousand people, which is slightly higher than the CDR of 5.4 per thousand found in the 2003 KDHS. The slight increase between 2003 and 2009 may reflect the aging of the population noted earlier. The CDR is very sensitive to the age composition of the population. Even if age-specific mortality rates do not change over time, the CDR will increase if the population becomes older, because, after about age 15, older people are more likely to die (i.e., have higher age-specific mortality rates) than younger people. (This is why the CDR is a *crude* measure.) Given empirical knowledge available on omissions of deaths from answers to a question about mortality in household surveys, the true CDR is most likely somewhat higher, though it is noteworthy that the CDR of 5.6 we estimate for the 12 months before the 2009 KDHS is considerably higher than the CDR of 3.2 for 2009 in official Kosovo Vital Statistics. The U.S. Census Bureau's International Data Base²⁵ and the Population Reference Bureau's World Population Data Sheet²⁶ each estimate a CDR of 7 for Kosovo in 2009. As will be seen below, it appears that the 2009 KDHS data may disproportionately be missing deaths of children that occurred after age 1.

When we subtract the crude death rate of 5.6 deaths per 1,000 population from the crude birth rate presented earlier (15.7 births per 1,000), we calculate the rate of natural increase of 10.1 per 1,000, or 1.01% per year.

Table 5.1 below shows the distribution of the ages at which household members died. The age pattern is what is expected from data on other countries and suggests that the distribution of deaths by age in all likelihood reflects ages at death quite accurately, even if there are some omissions. Deaths are concentrated in the first year of life (which suggests that there isn't large underreporting of infant deaths), are small in number thereafter until the age of 40, and then increase with age thereafter, especially beginning with age 50. The vast majority (75.8%) of household deaths occurred to people aged 60 years and above, with the age group 80 and older alone accounting for over one fifth (22%) of all household deaths. The nine age groups under age 40 account for only 9.3 percent of all household deaths, whereas the nine age groups 40 and older account for 90.7 percent.

²⁴ As for the crude birth rate, the estimated mid-year population is the population at the time of the survey plus half of the deaths that occurred in the 12 months before the survey less half of the births that occurred in the 12 months before the survey.

²⁵ <http://www.census.gov/ipc/www/idb/country.php>; accessed December 9, 2010.

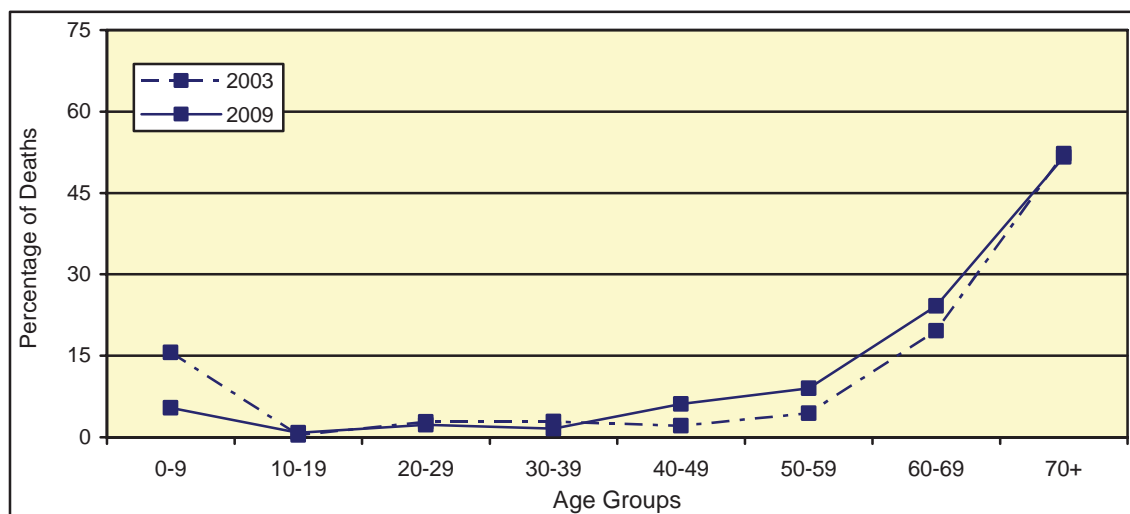
²⁶ http://prb.org/pdf10/10wpds_eng.pdf; accessed December 9, 2010.

Table 5.1 Percentage Distribution of the Household Deaths that Occurred in the 12 Months Before the 2009 KDHS, by Age-Group (n=132)

Age Group	% of All Deaths	Age Group	% of All Deaths
0	3.8	40-44	3.8
1-4	0.8	45-49	2.3
5-9	0.8	50-54	4.5
10-14	0.0	55-59	4.5
15-19	0.8	60-64	10.6
20-24	1.5	65-69	13.6
25-29	0.8	70-74	16.7
30-34	0.8	75-79	12.9
35-39	0.8	80 +	22.0
Total	9.3		90.7

Figure 5.1 below shows this information for 2009 graphically and compares it to data from the 2003 KDHS. (Some age groups have been combined to match the way the 2003 data were reported.) The figure shows that a much lower percentage of all deaths occurred at ages 0-9 (5.4%) in 2009 than in 2003 (when such deaths were 15.6% of all deaths). As a result, relatively more deaths in 2009 occurred at ages 40-69.

Figure 5.1 Percentage Distribution of Household Deaths During the 12 Months Before the Survey, by Age at Death, Kosovo 2003 and 2009



The percentages of deaths that occurred at particular ages may reflect either age-specific mortality rates for those ages or the numbers of people in those age groups. In Table 5.2 and Figure 5.2 below we show the age-specific death rates (ASDRs), by sex, for ages one and older implied by the 2009 KHDS data.²⁷ (Infant mortality rates are discussed in the next subsection.) The data show a pattern similar to that seen above, with the highest death rates at the oldest ages.

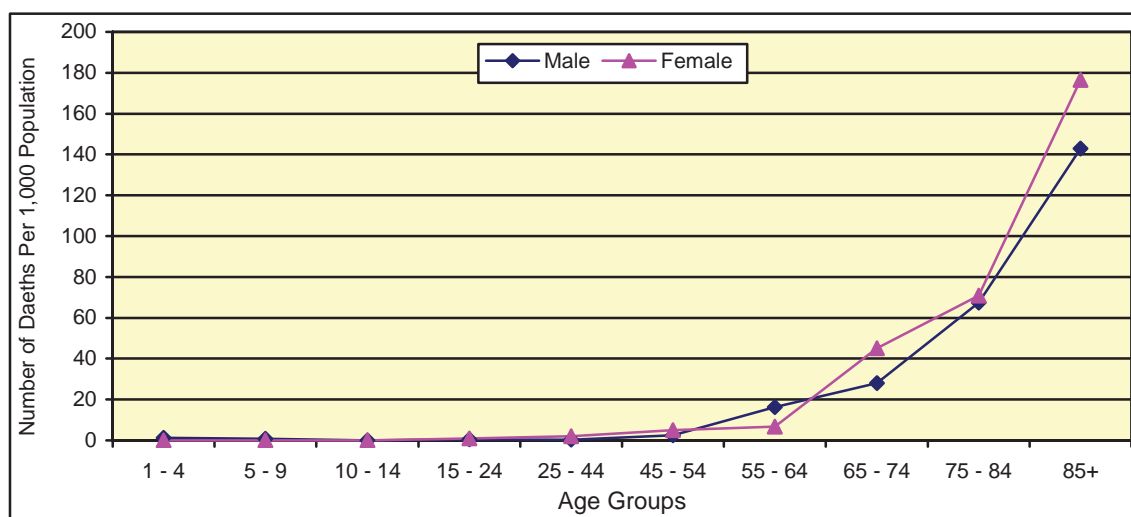
²⁷ Each age-specific death rate (ASDR) is calculated by dividing the number of deaths at a particular age by the sum of the number of people of that age six months before the survey plus the number of deaths at that age, and then multiplying the ratio by 1,000. ASDRs were not presented in the report on the 2003 KDHS, so comparisons to 2003 are not possible for this indicator.

Unlike the patterns seen in many countries, however, ASDRs are often higher for women than for men. (Of the 132 deaths reported to have occurred in the 12 months before the survey, 54 were to men and 78 were to women.²⁸) The higher ASDRs for women than men at ages 15-54 could reflect maternal mortality, but we also see higher death rates for women at ages 65 and older.

Table 5.2 Age Specific Death Rates (ASDR) of Persons Age One or Older, by Sex, Kosovo 2009

Age Group	Males			Females			Total		
	n	Deaths	ASDR	n	Deaths	ASDR	n	Deaths	ASDR
1 - 4	796	1	1.3	691	0	0.0	1,487	1	0.7
5 - 9	1,229	1	0.8	1,217	0	0.0	2,446	1	0.4
10 - 14	1,243	0	0.0	1,171	0	0.0	2,414	0	0.0
15 - 24	2,396	1	0.4	2,227	2	0.9	4,623	3	0.6
25 - 44	3,111	1	0.3	3,321	7	2.1	6,432	8	1.2
45 - 54	1,193	3	2.5	1,199	6	5.0	2,392	9	3.7
55 - 64	851	14	16.2	879	6	6.8	1,730	20	11.4
65 - 74	521	15	28.0	531	25	45.0	1,052	40	36.6
75 - 84	180	13	67.4	236	18	70.9	416	31	69.4
85+	24	4	142.9	56	12	176.5	80	16	166.7

Figure 5.2 Age Specific Death Rates (ASDR) of Persons Age One or Older, by Sex, Kosovo 2009



²⁸ The Kosovo Vital Statistics currently on the internet, which are for 2007, show more male deaths than female deaths. Of 6,681 registered cases of death in that year, 57.9% were male and 42.1% were female (http://esk.rks-gov.net/eng/index.php?option=com_content&view=article&id=52&Itemid=43; accessed February 7, 2011).

5.2 Infant and Child Mortality

The data in this section come from the birth histories collected as part of the 2009 KDHS Individual Questionnaire. A total of 9,896 births were reported in the birth histories. Of these live births, 288 children (2.91% of all live births) died; 120 of these died in their first month of life and another 108 died before their first birthday, for a total of 228 infant deaths (2.30% of all live births). Another 26 children died between their first birthday and before their fifth birthday, for a total of 254 deaths under the age of 5 (2.57% of all live births). Thirteen of the children born to women aged 15-49 in the 2009 KDHS sample were age 5 or older when they died. Date of death was not reported for 21 cases (7.3% of all live births), so age at death cannot be calculated for them. Keep in mind when looking at Table 5.3 that children born in recent years are not “eligible” to die at older ages. Hence, these data will be somewhat biased toward deaths at younger ages for this reason. Nonetheless, the data do show that most deaths occurred at very young ages, which is the age pattern that is expected. In this section we focus on infant deaths (deaths before the child’s first birthday) and under-five deaths (before the child’s fifth birthday; under-five deaths include infant deaths).

Table 5.3 Distribution of All Child Deaths Reported in the 2009 KDHS Birth Histories, by the Age of the Child When He or She Died

Age Group	N	%
< 1 month	120	41.7
1-11 months	108	37.5
1-4 years	26	9.0
5-9 years	6	2.1
>= 10 years	7	2.4
Age at death is missing	21	7.3
Total	288	100.0

With such data, infant (or under-five) mortality rates can be calculated in one of two ways. The first is the ratio of the number of infant (or under-five) deaths during a specified period of time divided by the number of live births during that same period of time. This is the way infant (and under-five) mortality rates are calculated in Vital Statistics. However, for such a measure, the numerators and denominators refer to somewhat different groups. Not all children who die during a specified period of time were born during that same period of time. (For example, a child who dies at age 2 in the year 2009 was born in the year 2007.) The other measure is a life-table-type measure, which takes a group of children all born during a particular period of time and then sees how many of them die before their first (or fifth) birthday. The advantage of this second measure is that it is a true probability measure. Its disadvantage is that to allow all infants that “opportunity” to die before their first (or fifth) birthday, we have to consider babies born at least 12 months (or 5 years) before the survey, since those born less than 12 months before the survey will or could not all be 12-months old by the time the survey is fielded (and those born less than 5 years before the survey will or could not all be age 5 by the time the survey is fielded.) We report both measures here (Table 5.4).

Table 5.4 Infant and Under-Five Mortality Rates, by Calendar Year Groups

Year	Number of births in these years	Number of these children who died before age 1	Number of these children who died between ages 1 and 4	% who died before age 1	% who died before age 5	Number of children who died in these years and were < age 1 when they died	Number of children who died in these years and were age 1-4 when they died	Infant mortality rate	Under-5 mortality rate
2005-2009	1,784	17	1	9.5	-----	17	3	9.5	11.2
2000-2004	2,327	32	6	13.8	16.3	33	4	14.2	15.9
1995-1999	2,169	34	2	15.7	16.6	33	3	15.2	16.6
1990-1994	1,982	68	6	34.3	37.3	68	8	34.3	38.3
1985-1989	1,202	48	8	39.9	46.6	50	6	41.6	46.6
1980-1984	387	28	2	72.4	77.5	27	1	69.8	72.4
Total 1980-2009	9,851	227	25	23.0	25.6	228	25	23.1	25.7

The 2009 KDHS data show for the period 2005-2009 an infant mortality rate (IMR) of 9.5 per 1000 live births and an under-five mortality rate of 11.2 per 1,000 live births. The IMR of 9.5 that we find for the period 2005-2009 is remarkably similar to the IMRs ranging between 8.4 (2009) and 12.0 (2006) reported in Kosovo Vital Statistics for these five years. (The unweighted average of the rates reported in Vital Statistics for these five years is 10.2.)

The research team did not attempt to directly compare the 2009 KDHS data on IMR and U5MR with those estimated from the 2003 KDHS data, as neither the methods for the calculation of infant and under-five mortality rates nor the period of time to which the data refer are specified in the 2003 KDHS report.

However, ‘based on the number of dead children reported by mothers’, the 2003 KDHS reports an infant mortality rate of 23.7 and an under-five mortality rate of 42 per 1,000 live births.²⁹

When we consider all years since 1980, we calculate from the data in the 2009 KDHS an infant mortality rate of 23.0-23.1, which is remarkably similar to that found in the 2003 KDHS. However, we find under-5 mortality rate of 25.6-25.7, which is much lower than the rate of 42 found in the 2003 KDHS. This suggests that the 2009 KDHS may have particularly missed deaths to children that occurred after they were age 1.

In addition, and with reference to sampling and non-sampling errors, the 2003 KDHS also reports an adjusted infant mortality rate of 49 per 1,000 live births and an adjusted under-five mortality rate of 69 per 1,000 live births.³⁰ No adjusted infant mortality and under-five rates were calculated for the 2009 KDHS.

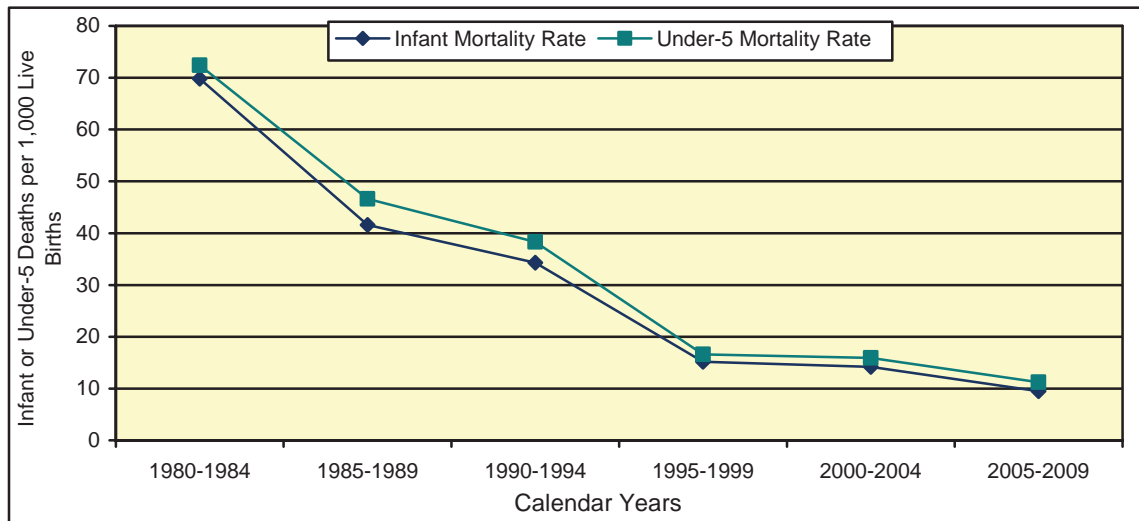
Table 5.4 and Figure 5.3 show a steady decline in infant and child mortality rates from the 1980s to the 1990s to the 2000s. This pattern suggests that there was not extensive disproportionate underreporting of deaths (and births) in past. Nonetheless, the infant mortality rates for recent years (e.g., 9.5 infant deaths per 1,000 live births for 2005-2009) are lower than most people

²⁹ It appears that those rates refer to all births and infant and child deaths reported in the birth history in the 2003 KDHS and not just those in the years immediately before the survey.

³⁰ Considering a risk of underreporting of births and deaths reported for many years before the survey, the 2003 KDHS report considers the adjusted rates ‘more realistic than the rates based on the observed data’. However, the 2003 report emphasizes that the ‘real level of mortality probably lies somewhere in between the reported and adjusted rates’.

expect,³¹ suggesting that there may be underreporting of the deaths (and births) of children who died. According to hospital statistics, the perinatal mortality rate for 2009 is estimated to be 19.3 perinatal deaths (stillbirths plus deaths during the first week of life) per 1,000 live births. It should be noted that in Kosovo the vast majority of babies (over 90%) are born in hospitals.³²

Figure 5.3 Infant and Under-Five Mortality Rates, by Calendar Years



When we calculate infant mortality rates separately for urban and rural areas, we see fairly small differences. For the period 1980-2009, we find an IMR of 21.4 infant deaths per 1,000 live births in urban areas and 24.2 in rural areas. When we look at the period 2005-2009, we find a slightly higher IMR in urban areas (9.7) than in rural areas (9.4).

³¹ The Population Reference Bureau estimates the infant mortality rate (IMR) for Kosovo in 2009 to be 33 infant deaths per 1,000 live births (http://www.prb.org/pdf10/10wpds_eng.pdf). The U.S. Census Bureau estimates the IMR to be 44 infant deaths per 1,000 live births and the under-five mortality rate to be 55 deaths under age 5 per 1,000 live births. The U.S. Census Bureau website says that its mortality estimates are based on reports of registered deaths by age and sex from Vital Statistics for Kosovo for 2006, adjusted for underreporting. Hence, they are not based on information as up to date as the 2009 KDHS. We will be sharing this report with these agencies.

³² Perinatal Situation in Kosovo for 2000 – 2009, Ministry of Health of Kosovo, May 2010.

6 Knowledge and Attitudes About HIV/AIDS Prevention

According to available data and the classification system of the United Nations Programme on AIDS (UNAIDS), Kosovo is categorised within states with a low rate of HIV epidemic, with a rate of HIV infection of less than 1 percent among the general population and less than 5 percent among high-risk groups. Official reports from relevant Kosovo institutions show that only 74 cases with HIV/AIDS were reported between 1986 and 2008, of which 28 are now deceased.³³ However, the current situation in Kosovo with respect to the HIV/AIDS epidemic remains rather uncertain, due to the underreporting and insufficiency of programmes for HIV prevention among high-risk populations. Moreover, the level of risk behaviours among subpopulations with high risk for HIV infection is increasing.³⁴ The 2009 KDHS included questions to assess knowledge and attitudes about HIV/AIDS from all respondents, both male and female, ages 15 and older. The 2003 KDHS asked some of the same questions, but only of females aged 15-49. Table 6.1 below shows the tabulations of the data on knowledge and attitudes about HIV/AIDS from the 2009 KDHS. Much of this information is shown graphically later in this section, sometimes for women aged 15-49, for comparison with data from the 2003 KDHS.

Overall, the level of awareness about HIV/AIDS is high (Table 6.1). Of those ages 15 and older, nearly 90 percent of males and more than 80 percent of females have heard of HIV/AIDS

³³Kosovo Strategic Plan for HIV/AIDS, 2009-2013, Ministry of Health of Kosovo, Kosovo AIDS Committee, June, 2009.

³⁴Ibid.

Table 6.1 Percentages of the Survey Population Age 15 Years and Older Regarding Knowledge and Attitudes About HIV/AIDS and Its Prevention, by Sex, Age, Residence, Marital Status, Ethnicity, and Education, Kosovo 2009

PERCENTAGE OF POPULATION WHO RESPONDED AFFIRMATIVELY TO THE STATEMENTS BELOW:

Characteristics	Heard of HIV/AIDS		The risk of contracting HIV/AIDS is reduced by abstaining from sex		The risk of contracting HIV/AIDS is reduced by using condoms		I would buy fresh vegetables from a person with HIV/AIDS		Total Number	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Age										
15 - 19	92.3	95.1	73.5	73.7	79.5	79.7	46.9	50.7	1,240	1,230
20 - 24	95.0	96.4	78.7	78.6	86.0	83.0	54.3	51.8	1,179	1,030
25 - 29	95.2	93.3	80.8	76.5	87.2	83.4	52.3	44.0	942	919
30 - 34	94.4	91.3	77.2	73.3	85.7	80.6	41.7	38.1	839	890
35 - 39	93.9	91.2	76.8	73.9	84.0	80.6	43.9	31.3	722	821
40 - 44	93.8	88.1	77.1	67.8	82.6	74.1	38.2	29.4	659	721
45 - 49	92.7	84.0	73.0	68.1	77.9	74.7	37.6	26.0	620	670
50 - 54	89.7	76.9	77.1	63.1	80.6	68.2	34.3	22.8	572	545
55 - 59	88.0	68.3	72.1	61.1	78.0	65.4	32.7	19.2	517	520
60 - 64	79.5	58.1	62.6	55.7	67.5	62.3	24.7	12.9	361	387
65 - 69	66.8	43.0	57.0	47.1	56.5	50.7	16.1	8.2	316	305
70 - 74	49.3	27.2	49.1	34.8	49.1	34.8	7.4	4.7	229	235
75 - 79	46.0	16.0	45.1	40.0	43.7	40.0	8.0	3.1	150	194
80 - 84	25.5	7.2	50.0	14.3	50.0	14.3	9.8	0.0	51	69
85 +	27.3	10.3	42.9	50.0	42.9	50.0	13.6	0.0	26	58
Total	88.9	81.6	74.7	70.8	80.6	76.7	40.5	33.3	8,423	8,594
Residence										
Urban	93.2	87.6	75.8	73.1	82.8	81.0	48.1	42.2	3,174	3,265
Rural	86.4	78.0	73.9	69.2	79.1	73.7	35.9	27.8	5,249	5,329
Marital Status										
Currently married	88.2	82.1	75.4	70.9	80.3	75.5	36.1	28.4	4,974	5,119
Single (never married)	94.0	94.9	77.6	76.5	84.8	82.4	50.7	51.5	3,083	2,484
Ethnicity										
Albanian	89.2	82.3	76.2	72.4	82.0	78.3	42.2	34.7	7,703	7,885
Serbian	86.5	80.9	50.3	51.2	52.7	47.8	25.1	22.4	386	366
Bosnian	88.8	59.0	80.0	55.1	87.5	66.7	20.2	12.0	89	117
Turkish	82.5	65.0	74.6	43.6	82.1	79.5	25.0	21.7	80	60
Roma	-	61.5	-	29.4	-	58.8	-	3.8	20	26
Ashkali	82.6	65.3	50.9	44.9	54.4	46.9	14.5	6.7	69	75
Egyptian	-	-	-	-	-	-	-	-	14	10
Gorani	98.2	87.2	62.5	53.7	92.9	90.2	14.0	6.4	57	47
Other	-	-	-	-	-	-	-	-	5	8
Education										
No education	32.0	28.4	52.4	32.8	54.4	41.0	10.1	3.9	297	941
Primary	58.0	60.3	51.7	57.1	57.0	61.0	13.7	13.1	593	1,183
Lower secondary	86.7	89.2	70.9	70.1	76.0	76.4	33.0	31.5	2,424	3,618
Higher secondary	96.7	98.7	77.7	77.7	83.9	84.3	46.6	51.3	4,073	2,322
University	98.8	99.0	81.8	83.7	88.1	89.1	59.9	66.6	984	488

Note: - means sample size < 25

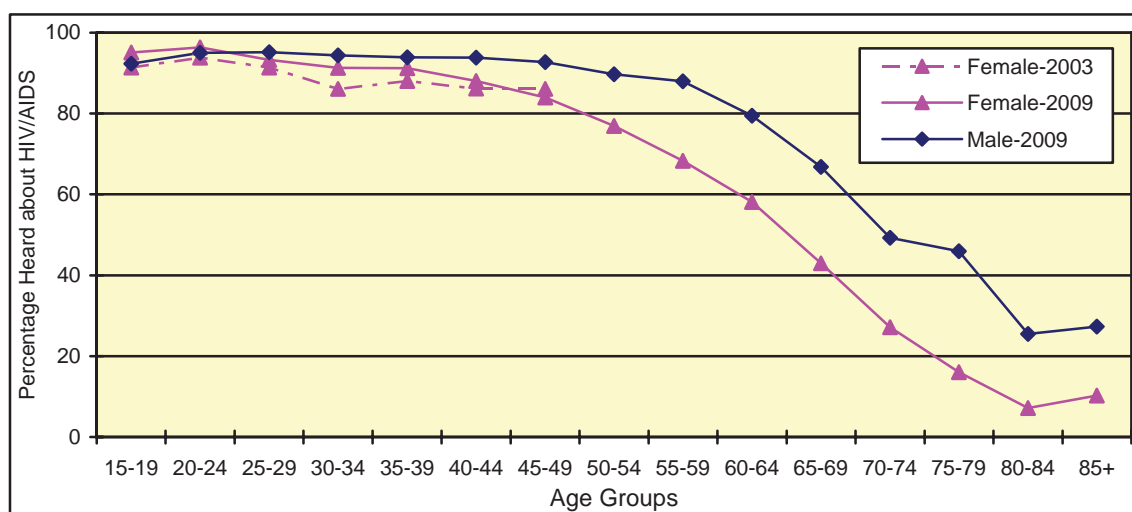
6.1 Differences by Age and Sex

Knowledge about HIV/AIDS varies considerably with age. There is a considerable decline in knowledge as age increases, particularly after age 59 for men and after age 49 for women. (See

Figure 6.1.) Over 90 percent of men under age 50 and of women under age 40 have heard of HIV/AIDS, but less than 50 percent of men aged 70 or older or women aged 65 or older have heard of it. After age 24, women are less knowledgeable than men across all other ages, with considerable expansion of the sex gap after the age 44.

Figure 6.1 compares the age patterns of knowledge about AIDS/HIV seen in the 2009 KDHS with that in the 2003 KDHS (which only asked about this of women of age 15-49). It shows a slightly higher level of knowledge in 2009 than in 2003 for women ages 15-44.

Figure 6.1 Percentages of People Who Have Heard of HIV/AIDS, According to Age and Sex, Kosovo 2003 and 2009



The survey asked respondents’ opinions about situations that might reduce or increase the risk of contracting HIV/AIDS. Table 6.1 shows for 2009 for all respondents aged 15 and older and Figure 6.2 shows for those ages 15-49 from both the 2003 and 2009 surveys the results for the following two questions:

- Are the risks of contracting the HIV/AIDS virus reduced by:
- Abstinence (not having any sexual relations)?
 - Use of condoms?

In the 2009 survey, 74.7 percent of men and 70.8 percent of women, age 15 years and older know that the risk of contracting HIV/AIDS is reduced if they abstain from sexual relationships. Even more (80.6% of men and 76.7% of women) are aware of risk reduction by using condoms.

Figure 6.2 and 6.3 shows how the answers to these questions differ by age for males and females in the 2009 KDHS and for females age 15-49 in the 2003 KDHS. Like the data on whether people have heard of HIV/AIDS, the level of knowledge about prevention by abstaining from sex and using condoms decreases with the age, particularly in the female population. Males are more knowledgeable than females about both prevention methods, except for people ages 15-19, for whom the level of knowledge is virtually the same for the two sexes. There have been noteworthy increases since 2003 in the knowledge of women ages 15-49 about ways of reducing the risk of contracting HIV/AIDS, particularly a significant increase in awareness about the role of

abstinence in HIV/AIDS prevention.³⁵

Figure 6.2 Percentages of the Survey Population Age 15 Years and Older Who Think That Abstinence Can Reduce the Risk of Contracting HIV/AIDS, by Age and Sex, Kosovo 2003 and 2009

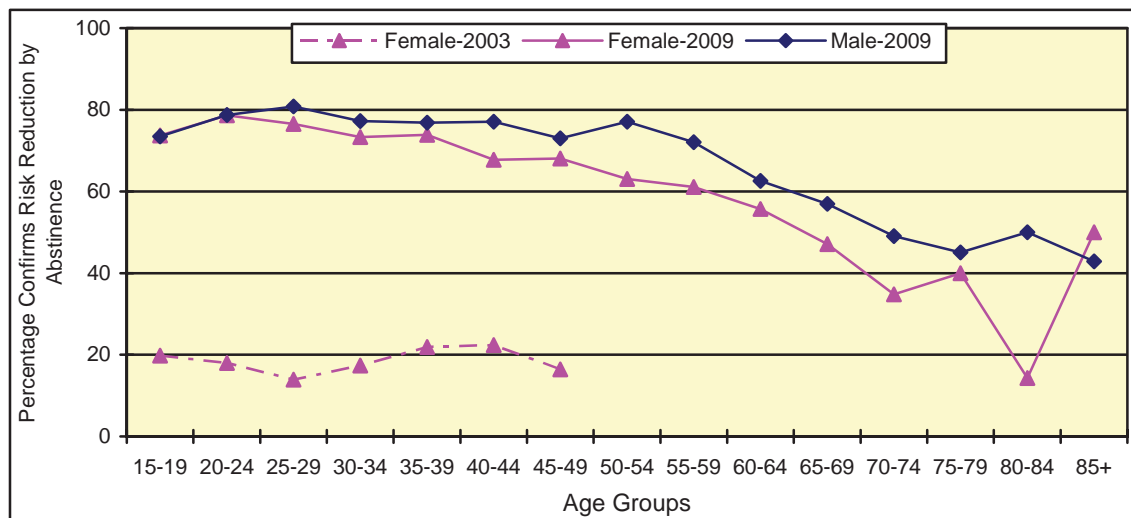
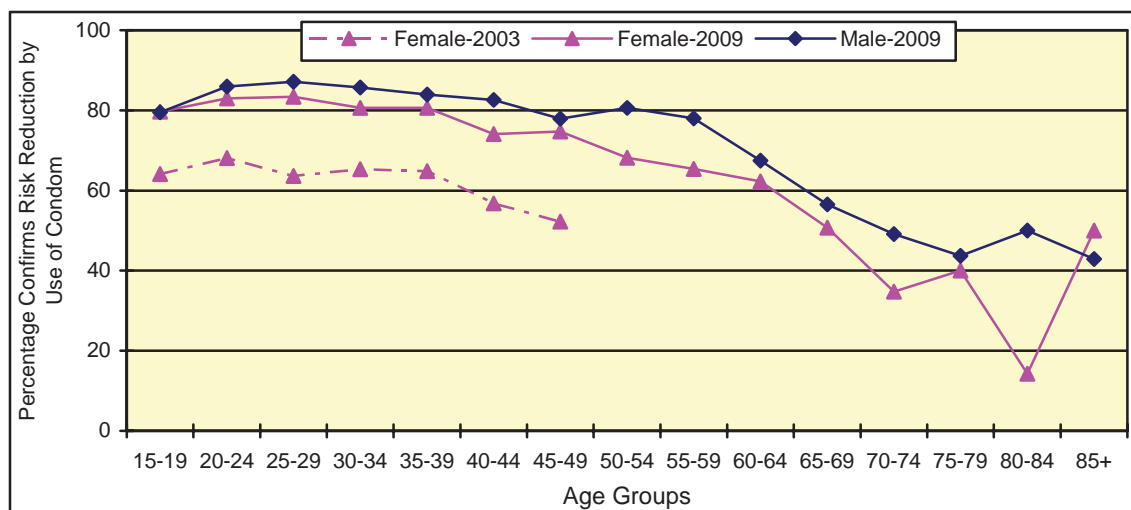


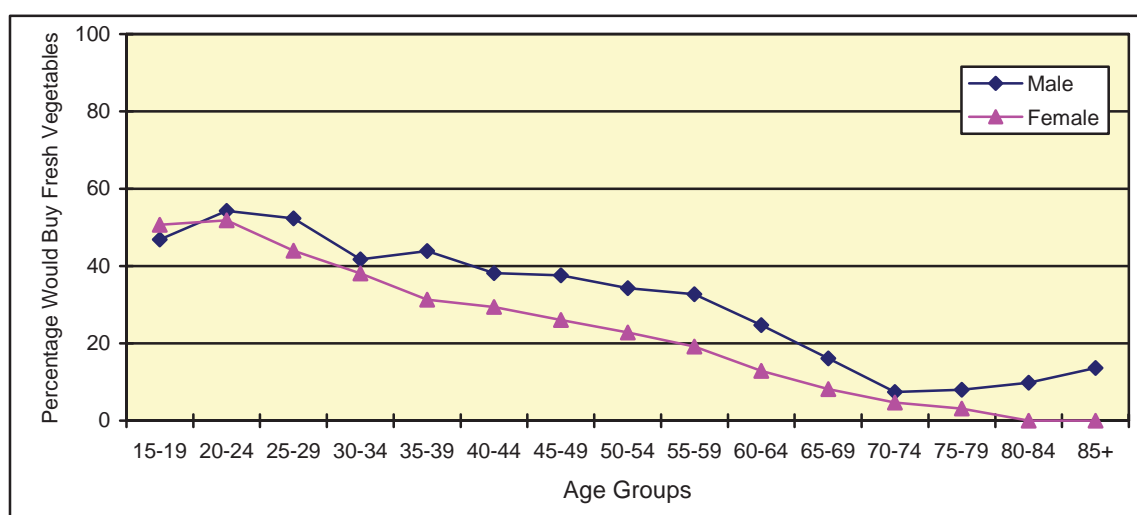
Figure 6.3 Percentages of the Survey Population Age 15 Years and Older Who Think That Condom Use Can Reduce the Risk of Contracting HIV/AIDS, by Age and Sex, Kosovo 2003 and 2009



³⁵ The questions about knowledge about the preventive role of condoms and abstinence were asked in a different way in the 2003 KDHS. Respondents were first asked “Is there anything a person can do to avoid getting AIDS?” If the respondent said Yes, she was then asked “What can a person do to avoid AIDS?” There were a number of possible answers, including “Abstain from sex” and “Use condoms.” It is not clear from the 2003 KDHS questionnaire whether the possible answers were prompted or not, but it is clear that in 2003 women were much more aware that condoms could reduce the risk of AIDS than they were aware that abstinence could.

The 2009 KDHS also asked all male and female respondents ages 15 and older “Would you buy fresh vegetables from a vendor if you knew that this person has HIV/AIDS?” (This question was not asked in the 2003 survey.) Altogether, only two fifths (40.5%) of men and one third (33.3%) of women aged 15 and older said that they were willing to buy fresh vegetables from a person infected with HIV/AIDS. Men aged 15-39 and women aged 15-29 are more likely (at least 44%) to say that they would do this than are older people. Beyond the age of 29 for women and 39 for men, the proportions responding affirmatively diminish progressively (except for the oldest groups of men). Moreover, Figure 6.4 shows that beyond age 19 the female population is more reluctant to buy fresh vegetables from an HIV-infected person than men of the same ages.

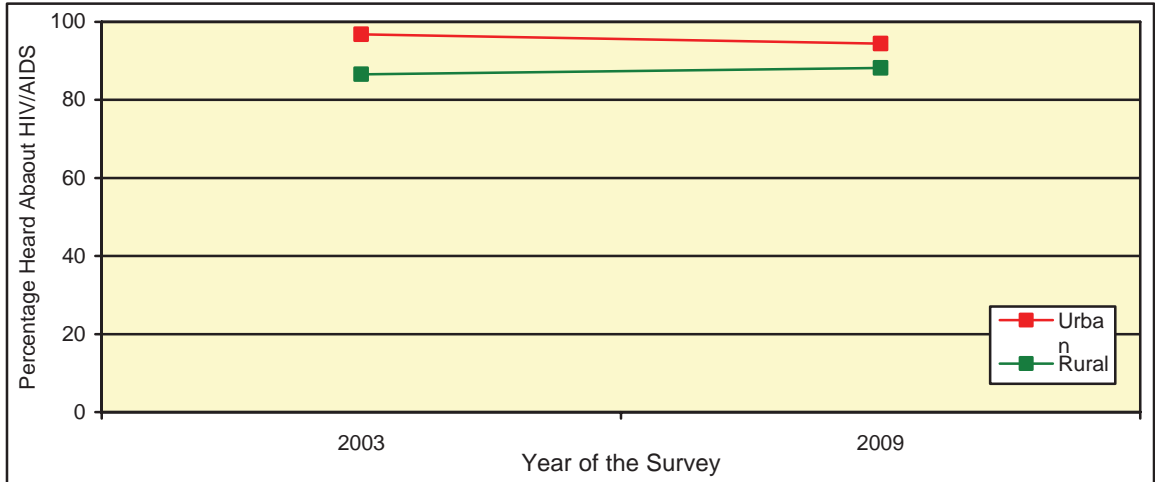
Figure 6.4 Percentages of Survey Respondents Age 15 and Older Who Would Buy Fresh Vegetables from a Vendor Infected with HIV/AIDS, By Age and Sex, Kosovo 2009



6.2 Urban/Rural Differences

For both men and women, people living in urban areas are more likely to have heard of HIV/AIDS than those in rural areas (for men 93.2% vs. 86.4%; for women 87.6% vs. 78.0%) (Table 6.1). Figure 6.5 compares data from the 2009 KDHS to those from the 2003 survey, to assess changes over time for women aged 15-49 (The 2003 survey only asked questions about HIV/AIDS for women in that age group.) There was a modest improvement between 2003 and 2009 in knowledge in rural areas (from 86.6% to 88.2%), but a minor decline of knowledge over this period in urban areas (from 96.8% to 94.4%).

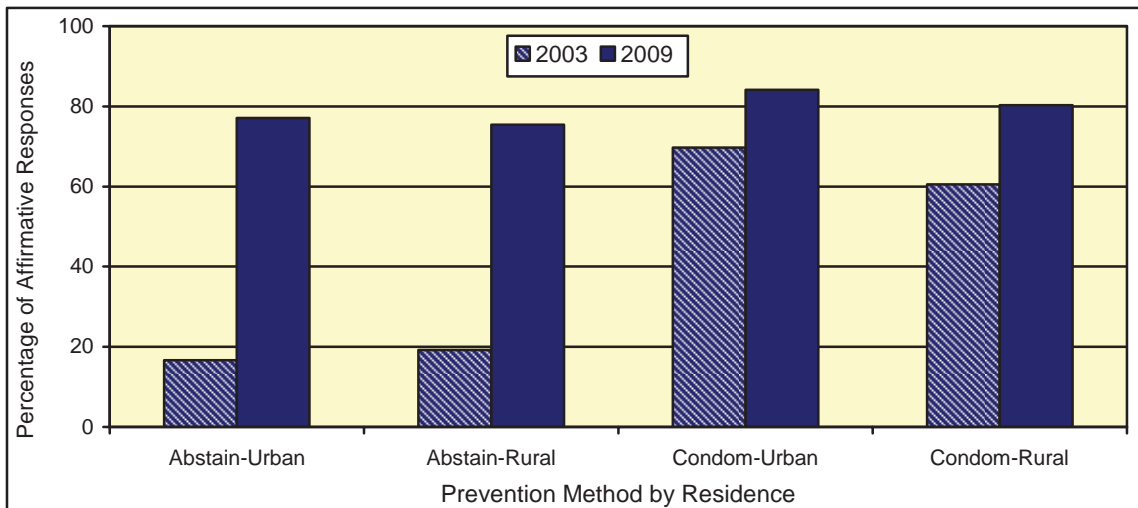
Figure 6.5 Percentages of Women Age 15-49 Who Have Heard of HIV/AIDS, by Residence, Kosovo 2003 and 2009



The levels of knowledge about abstinence from sex and use of condoms as preventive measures are higher in urban areas than in rural areas, though the differences between areas are fairly small, except for women regarding condoms, for whom the rural-urban difference is 7.3 percentage points (Table 6.1).

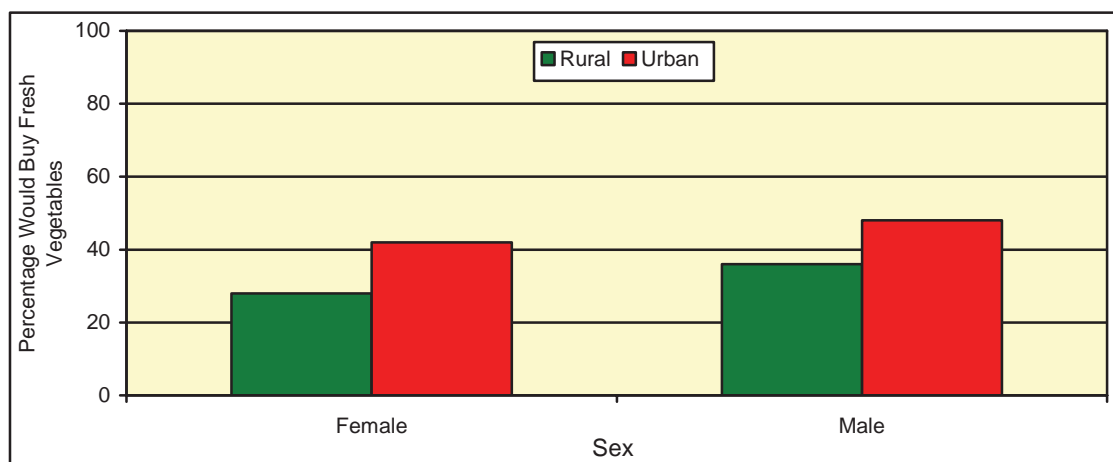
Figure 6.6 compares knowledge of these methods of prevention among women ages 15-49 in 2003 and 2009. There have been dramatic increases in knowledge of the preventive role of abstinence over this six-year period in both urban and rural areas: from 17 percent to 77 percent in urban areas and from 19 percent to 75 percent compared to in rural areas. There was also an increase, though not as large, in knowledge about the preventive role of condoms.

Figure 6.6 Percentages of Women Ages 15-49 Who Think That Condom Use and Abstinence Can Reduce the Risk of Contracting HIV/AIDS, By Urban/Rural Residence, Kosovo 2003 and 2009



Similarly, respondents living in rural areas, particularly women, are less willing to buy fresh vegetables from an infected person than those in urban areas (28% for rural versus 42% for urban for women, and 36% versus 48% for men); see Figure 6.7.

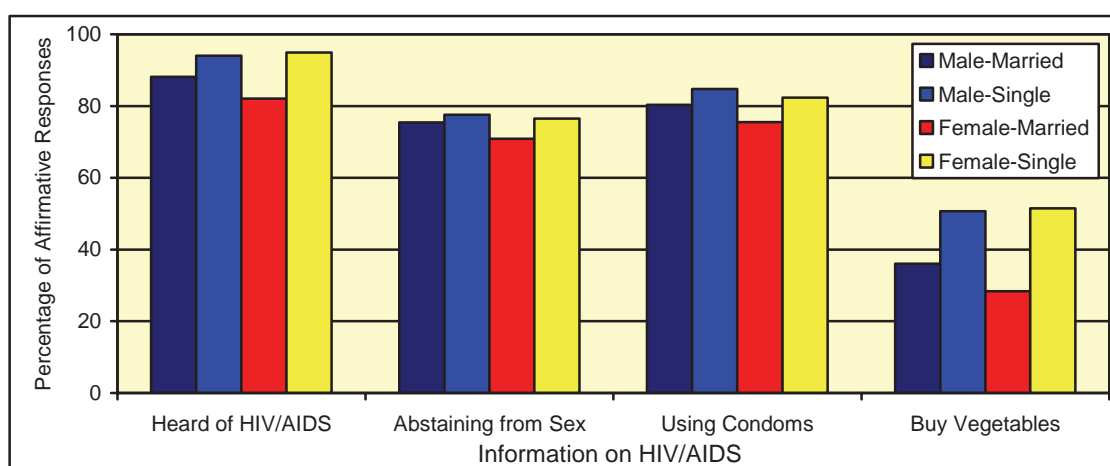
Figure 6.7 Percentages of Survey Respondents Age 15 and Older Who Would Buy Fresh Vegetables from a Vendor Infected with HIV/AIDS, by Residence and Sex, Kosovo 2009



6.3 Differences Between Married and Single People

In terms of marital status, Figure 6.8 below demonstrates clearly that single people, both male and female, are better informed than married people about HIV/AIDS and its prevention, as well as about the modes of contracting HIV/AIDS. For example, 51 percent of single males and 52 percent of single females are willing to buy fresh vegetables from an HIV-infected person, compared to 36 percent and 28 percent, respectively, for married people. The differences by marital status most likely reflect the younger ages of single people.

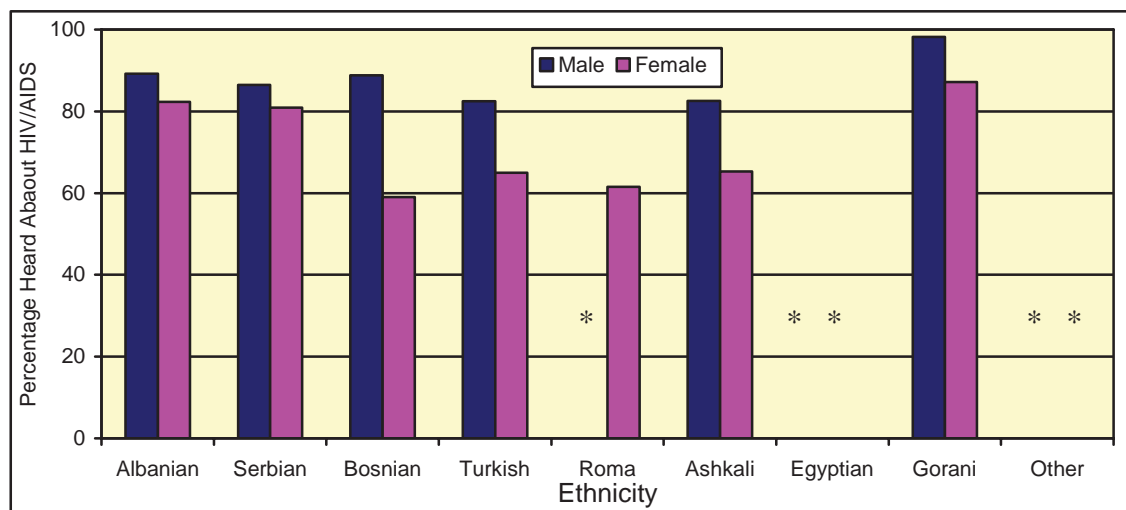
Figure 6.8 Percentages of Survey Respondents Age 15 Years and Older by Knowledge about HIV/AIDS, According to Sex and Marital Status, Kosovo 2009



6.4 Ethnic Differences

The percentages who have heard of HIV/AIDS vary by ethnicity and sex for subgroups with at least 25 observations (Figure 6.9). For men, the percentages exceed 80 percent for all groups shown. For both sexes, Gorani are the most likely to have heard of the disease (98.2 percent for men, 87.2 percent for women). There are low levels of knowledge among females in some ethnic groups, which are a cause for concern, particularly Bosnians, Turks, Roma, and Ashkali; only around 60 percent of women in these ethnic groups have heard of HIV/AIDS.

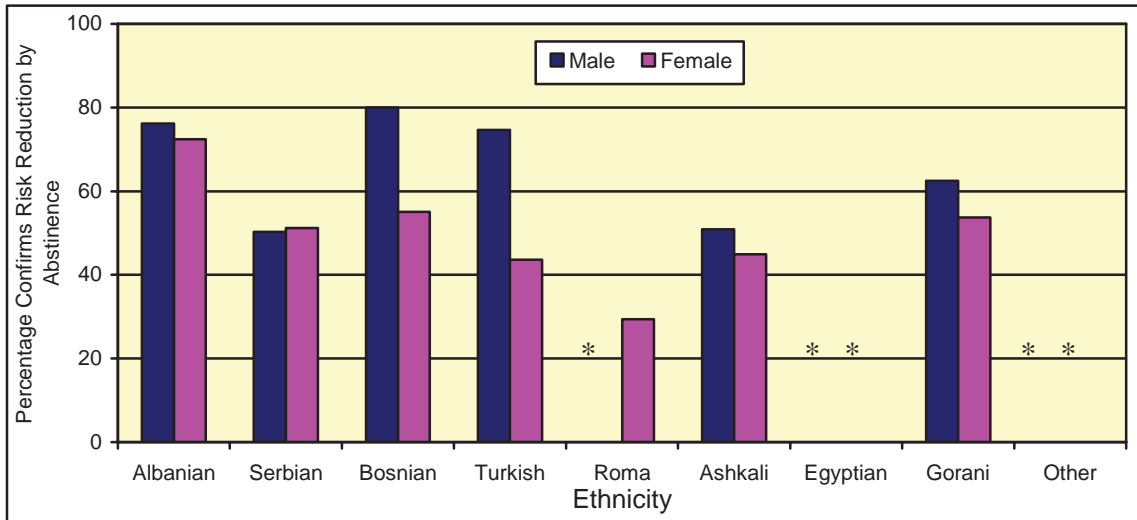
Figure 6.9 Percentages of Survey Respondents Age 15 Years and Older Who Have Heard of HIV/AIDS, by Ethnicity, Kosovo 2009



Note: * means percentage not reported because sample size is < 25.

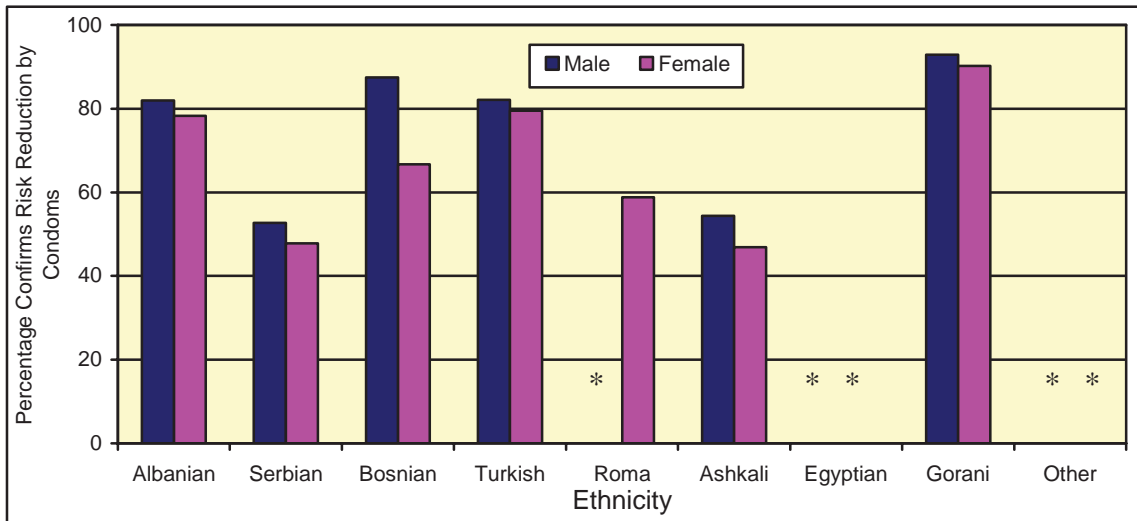
Figures 6.10 and 6.11 show differences by ethnicity in knowledge about methods of reducing the risk of HIV/AIDS. Albanian men and women and Bosnian and Turkish men are the most knowledgeable about the preventive role of condoms and abstinence. Knowledge is considerably lower for Serbians and Ashkali, both males and females. Gorani men and women show a high level of knowledge about the preventive role of condoms but are much less knowledgeable about the preventive role of abstinence. Bosnian and Turkish women and especially Roma women have a low level of awareness of the preventive role of abstinence. Only 29.4 percent of Roma women responded that they thought the risk of HIV/AIDS could be reduced by abstinence.

Figure 6.10 Percentages of Respondents Ages 15 and Older Who Think That Abstinence Can Reduce the Risk of Contracting HIV/AIDS, by Ethnicity and Sex, Kosovo 2009



Note: * means percentage not reported because sample size is < 25.

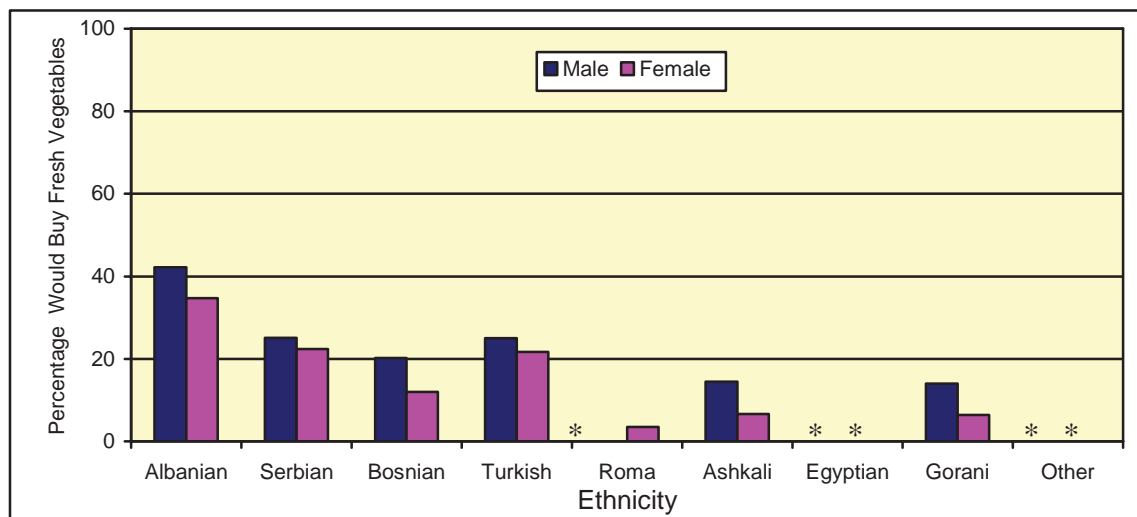
Figure 6.11 Percentages of Respondents Ages 15 and Older Who Think That Condom Use Can Reduce the Risk of Contracting HIV/AIDS, by Ethnicity and Sex, Kosovo 2009



Note: * means percentage not reported because sample size is < 25.

When we look at the question regarding buying fresh vegetables from an infected vendor (Figure 6.12), we see that Albanian men and women (42% and 35%) are the most likely to buy vegetables from an infected vendor, whereas Roma females are the least likely to (only 4% would buy), followed by Ashkali women and men (7% and 15%), Gorani women and men (6% and 14%), and Bosnian women (12%). The percentages for Serbian and Turkish ethnicities range between 20 and 25 percent.

Figure 6.12 Percentages of Survey Respondents Age 15 and Older Who Would Buy Fresh Vegetables from a Vendor Infected with HIV/AIDS, By Ethnicity and Sex, Kosovo 2009

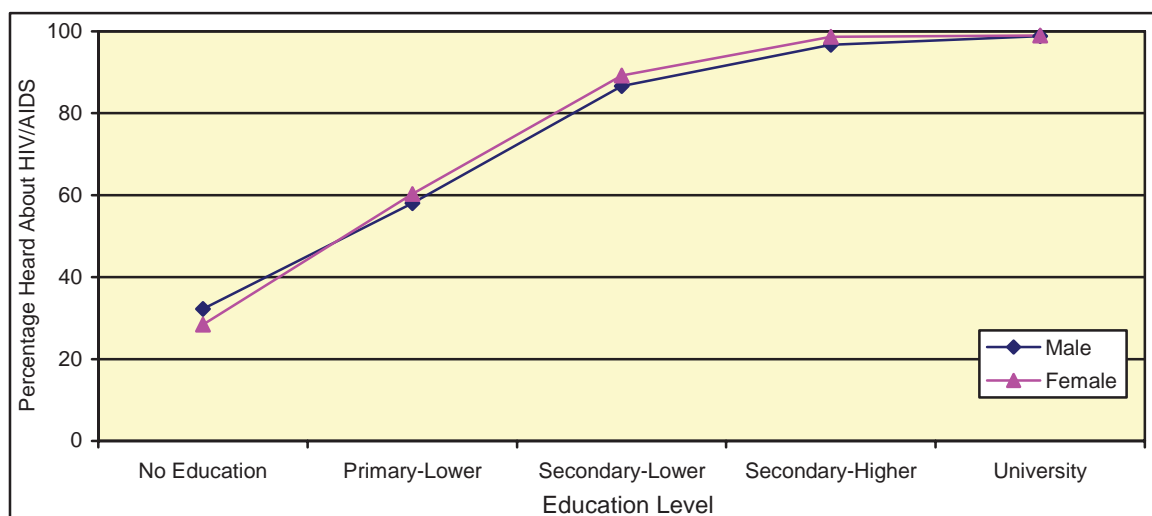


Note: * means percentage not reported because sample size is < 25.

6.5 Educational Differences

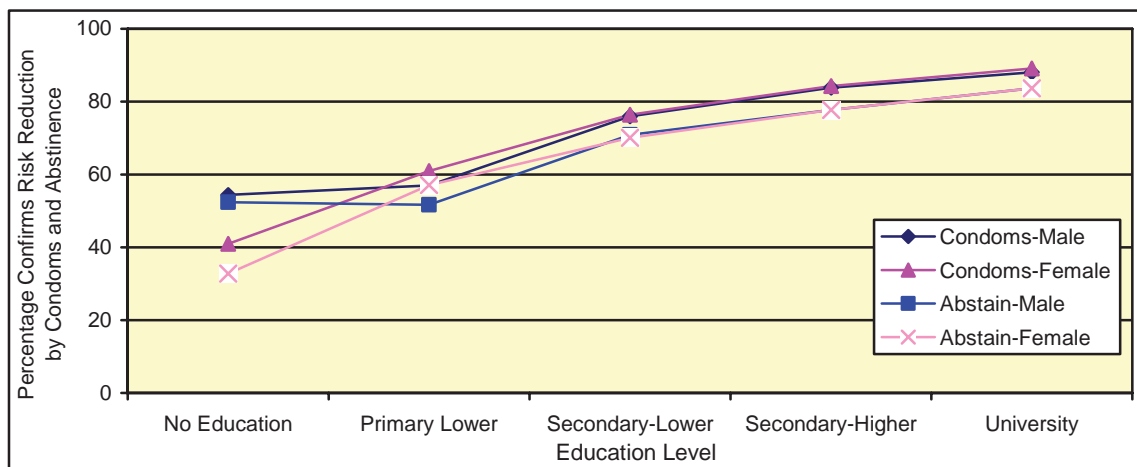
Awareness about HIV/AIDS is strongly related to the level of education (Figure 6.13). Over 85 percent of those with at least lower secondary schooling have heard of HIV/AIDS, and virtually everyone with higher secondary or university education has. However, only around 60 percent of those with primary education and a very low 30 percent of those with no education report that they've heard about the disease. There are very few gender differences for each of the education groups. The lower awareness for women that we see for the population as a whole is due to their lower levels of education.

Figure 6.13 Percentages of Respondents Ages 15 or Older Who Have Heard of HIV/AIDS, by Sex and Level of Education Completed, Kosovo 2009



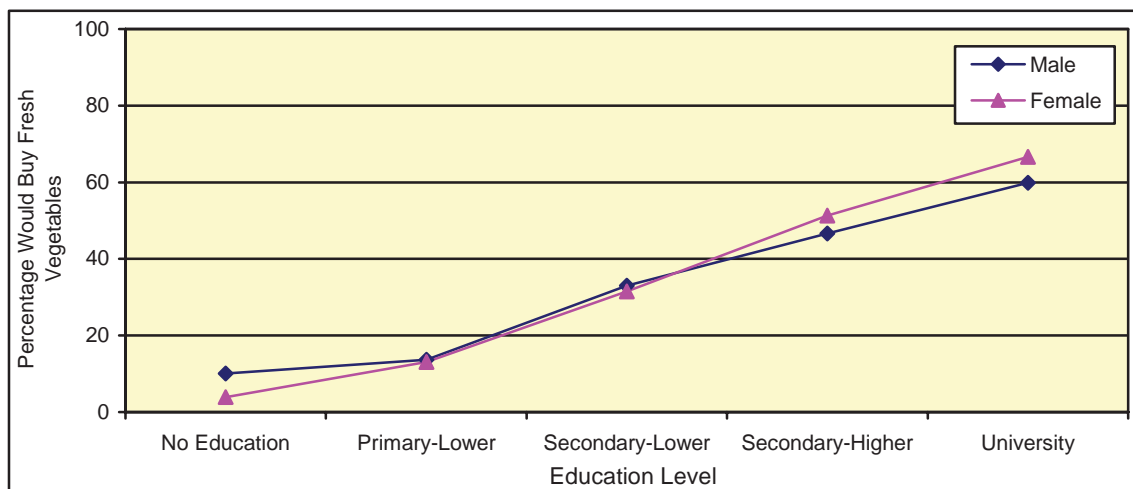
As with knowing about HIV/AIDS, the level of positive recognition of the role of condoms and abstinence in reducing the risk of HIV/AIDS infection increases with the level of education. For the more educated groups, as we have seen for the population as a whole and other subgroups, people are somewhat less likely to reply that abstinence can reduce the risk of HIV/AIDS than to reply that condom use can.

Figure 6.14 Percentages of Respondents Ages 15 and Older Who Think That Condom Use and Abstinence Can Reduce the Risk of Contracting HIV/AIDS, by Sex and Level of Education Completed, Kosovo 2009



Similarly, people with no or little education are the least likely to buy vegetables from an infected vendor, and those with the most education are the most likely, though even for the most educated group the percentage is only 60 percent for this indicator.

Figure 6.15 Percentages of Survey Respondents Age 15 and Older Who Would Buy Fresh Vegetables from a Vendor Infected with HIV/AIDS, By Education and Sex, Kosovo 2009



7 Migration

This chapter presents information collected from the survey concerning aspects of population migration. In the Kosovo context, migration is important for at least three reasons: firstly, there has been no reliable census in the last 30 years (since 1981), so there is very little information about recent migration; secondly, Kosovo is characterized by a large number of emigrants, i.e., people now living abroad; and last but not least, there has been a major internal movement of the Kosovo population, mainly from rural toward urban areas, since conflict cessation in 1999.

While the concepts of births or deaths are readily understood and their measurement is clear, migration has to be specifically defined in each context it is used. Migration involves space, time, and direction. It must be defined at a particular level of geography (e.g., municipality, region, or country) and for a particular period of time (e.g., since a year earlier, since five years earlier, or since birth). Furthermore, we can look at *in*-migration, the number of people moving into a place, or *out*-migration, the number of people leaving a place, and we can look at flows, in each direction, between a particular pair of places.

The 2009 KDHS asked all respondents to the Individual Questionnaire whether they were born in a different municipality than the one where they lived at the time of the survey. If they did, they were asked about the municipality, region, and country of their birth. From this information, lifetime (i.e., since-birth) migration rates can be defined at the municipality, regional, and international levels, and information on these is reported below. For lifetime migration, we compare where the person lives at the time of the 2009 KDHS survey to the place where they were born. If those places differ, the person is considered a lifetime migrant from their place of birth to their current place of residence. Intervening moves are not captured, and people who left their place of birth but had returned to it by the time of the survey are not considered migrants at all. One of the drawbacks of using data on lifetime migration is that the timing of migration is very imprecise; the move could have occurred any time between birth and the time of the survey.

The 2009 KDHS also asked respondents where they lived one year before the survey and five years before survey, and responses were recorded at the same three levels of geography. Below we look at in- and out-migration rates during the five years before the survey. Very few (43) people moved during the year before the survey, so we do not present data on migration over that one-year period. We do present data on migration over the five years before the survey. The issues regarding return and repeat (multiple) migration noted above for lifetime migration also arise, though to a lesser degree, for migration measured over a five-year period. The question about where people lived five years ago was only asked of persons who were aged five years and older at the time of the survey, so data on five-year migration apply only to them.

The measures of migration just described refer to people who were living in Kosovo at the time of the 2009 KHDS. Migration out of the country (emigration) will not be captured by these measures. To collect information about emigration, household heads were asked (in the Household Questionnaire) about all family members who were abroad at the time of the survey and had lived abroad for more than 12 months. Such persons were listed and information was collected on their current location, their gender, their year of birth, and the date of their departure from Kosovo. This enables us to see, for example, the main countries in which Kosovar émigrés now live. There are several potential problems in using the answers to such questions to make inferences about the extent of emigration from Kosovo: (1) The question asked about “family members” who “used to be members of the family” who are abroad and did not specify that they

were (and would be if they hadn't left) members of this *household*. Hence, it is possible that more than one household could report about the same family member. (2) The question asked only about family members who had been abroad for more than 12 months. Hence, those who emigrated more recently would not be included. (3) Entire families that emigrated will be missed because there was no one left behind in Kosovo to report about them in the survey. The first issue could lead to an over-estimate of the number of emigrants, but the last two could lead to an under-estimate. The third factor is likely to be the most important, and hence it is likely that the numbers presented below under-estimate the extent of emigration from Kosovo.

7.1 Internal Migration

7.1.1 Lifetime Internal Migration

Table 7.1 shows the percentages of persons who moved into or out of each of the seven regions of Kosovo during their lifetimes; for each percentage for each region, the denominator is the number of people in the survey sample who were born in the region (including those no longer living in it but living elsewhere in Kosovo). The final column of the table shows net migration (in-migration less out-migration), making it possible to see which regions have gained or lost population from the process of lifetime internal migration. The table also shows the percentage of all respondents to the 2009 KDHS who were born abroad – 1.7 percent. Altogether, 6.4 percent of 2009 KDHS survey respondents are lifetime migrants (i.e., lived in a different region [or country] at the time of the 2009 KDHS from where they were born).

Table 7.1 Lifetime In- and Out-Migration Rates (%) by Region, Kosovo 2009

Region of birth	In-migrants	Out-migrants	Net-migrants
Ferizaji	6.8	5.0	1.8
Gjakova	1.3	7.7	-6.4
Gjilani	7.7	6.0	1.7
Mitrovica	2.4	7.6	-5.2
Peja	9.4	2.7	6.7
Prizreni	3.3	3.4	-0.1
Prishtina	10.5	2.8	7.7
Abroad	1.7		

Prishtina is the region with the highest in-migration. Nearly 11 percent of respondents now living in the Prishtina region stated that they were born in other regions of Kosovo (or abroad). However, around 3 percent of respondents born in Prishtina region now live in a different region of Kosovo. On net, the population of Prishtina region is 7.7 percent larger because of net internal lifetime migration. Peja region has the next highest rates of migration, with lifetime net in-migration of 6.7 percent. The regions of Gjakova and Mitrovica have suffered relatively large losses of lifetime migrants over the years, on net losing 6.4 percent and 5.2 percent, respectively, of the people born there (who are still alive and still in Kosovo) to net out-migration to other regions of Kosovo. This is not surprising given the very poor economic prospects in these two regions, as well as the political and security issues in Mitrovica.

In terms of municipalities (data not shown), Fushe Kosova municipality has the highest percentage of net in-migrants, estimated at nearly 27 percent (41% in-migrants versus 14% out-migrants), followed by the Prishtina municipality with nearly 19 percent of net in-migrants (27%

in-migrants versus 8% out-migrants). It is worth noting that for both of these municipalities, a considerable proportion of in-migrants originated from Podujeva municipality (17% in Fushe Kosova and 28% in Prishtina). The municipalities of Obiliq and Kamenica, with net out-migration of 20 percent, and Podujeva, Shtime, and Skenderaj, all three with nearly 18 percent net out-migration, account for the greatest outflows of lifetime migrants. Overall, 11 percent of survey respondents are lifetime migrants at the municipality level (i.e., live in a different municipality from where they were born).

7.1.2 2004-2009 Internal Migration

Table 7.2 presents data on internal inter-regional migration over the five-year period between 2004 and 2009. The patterns are quite similar to those shown above for lifetime migration (which, of course, includes moves made in the five years before the survey as well as earlier moves). The region experiencing the highest level of in-migration is Prishtina region, with nearly 1.2 percent of its 2009 population being people who lived in another region of Kosovo five years earlier. Next to Prishtina, the region with the next-highest percentage of in-migrants is Peja, with 1.1 percent. Out-migrants mostly originate from Mitrovica (1.1%) and Gjakova (0.9%). Net migration, the difference between in and out-migration, reflects these movements. The largest net gain during the five year period was in Prishtina region (0.9%), while the Mitrovica region experienced the greatest net loss (0.9%). The table also shows the percentage of all respondents to the 2009 KDHS who were living abroad five years before the survey – 0.2 percent; they are discussed in more detail below. Altogether, less than one percent (0.7) of all survey respondents were in 2009 living in a different region (or country) than the one where they lived five years earlier.

Table 7.2 2004-2009 Inter-Regional In- and Out-Migration Rates for Persons Aged Five and Older, by Region, Kosovo 2009

Region of residence in 2004	In-migrants	Out-migrants	Net-migrants
Ferizaji	0.4	0.8	-0.4
Gjakova	0.5	0.9	-0.4
Gjilani	0.4	0.2	0.2
Mitrovica	0.2	1.1	-0.9
Peja	1.1	0.4	0.7
Prizreni	0.6	0.4	0.2
Prishtina	1.2	0.3	0.9
Abroad	0.2		

7.2 Emigration

7.2.1 Emigrants Returning from Abroad

When respondents to the 2009 KDHS aged five years and older were asked where they were living in 2004, 37 (0.16%) replied that they were living abroad then. Table 7.3 shows the countries where they lived in 2004. Ten (27%) of these 37 returnees to Kosovo were living in Serbia in 2004. Five people, each, returned from Croatia, Germany, and Switzerland and four from Austria.

Table 7.3 Distribution of Returning Residents, by Country of Residence Five Years Before the 2009 KDHS

Country	Total Number	Percentage
Albania	2	5.4
Austria	4	10.8
Croatia	5	13.5
Germany	5	13.5
Macedonia	2	5.4
Serbia	10	27.0
Switzerland	5	13.5
United Kingdom	1	2.7
USA	2	5.4
Not specified	1	2.7
Total	37	100.0

The report on the 2003 KDHS reported that over 8 percent of respondents to that survey (i.e., people who were resident in Kosovo in 2003) had been living abroad five years before that survey (i.e., in 1998).³⁶ Forty-seven percent of these returnees had been in Germany, 18 percent in Switzerland, and 8 percent in Serbia-Montenegro. Clearly the situation had changed drastically by 2009, when only 0.16 percent of respondents had been abroad five years earlier, and Germany and Switzerland were no longer the main countries from which these people returned.

7.3 Family Members Living Abroad

However, there are still many Kosovars who live abroad. As mentioned above, some information about these was collected by asking the household heads who responded to the 2009 KDHS about family members who were abroad. The potential limitations of this approach were noted above.

Household heads reported a total of 4,061 family members who were abroad. This is 17.1 percent the size of the total household population represented in the survey sample. Subject to the imitations noted earlier, this suggests that the population of Kosovo would be about one sixth larger had these people not left Kosovo, or if they all were to return.³⁷

Table 7.4 below shows the distribution of the dates when these people left Kosovo. More than one fourth (27.0%) left between 2005 and 2009, and 22 percent each left in each of the two five-year periods before that.

³⁶ The report on the 2003 KDHS weighted the data to estimate the *numbers* of returnees. We have not done this here because we do not have enough confidence in the sampling weights to believe that such an exercise would yield valid estimates.

³⁷ It is difficult to compare this number to the earlier KDHSes because the reports on those surveys didn't report percentages but instead applied weights to estimate the total number of family members living abroad. The report on the 1999-2000 survey estimated that there were approximately 225,000 Kosovars living abroad; the report on the 2003 survey estimated that this number had decreased to 168,900.

Table 7.4 Percentages of Household Members Who Live Abroad, by Year Left

Year Left	Frequency	Percent
Missing	309	7.6
Before 1990	211	5.2
1990-1994	646	15.9
1995-1999	901	22.2
2000-2004	894	22.0
2005-2009	1,100	27.1
Total	4,061	100.0

At least 20 household members left for abroad in each year since 1987. Figure 7.1 shows the distribution of the dates when emigrants between 1987 and 2009 left; for each percentage the numerator is the number of people who left in that year and the denominator is the total number of household members who left Kosovo between 1987 and 2009 (3,655). The figure shows that the year 1999 had the highest emigration, but the numbers have continuously been quite high since the early 1990s. Keep in mind that these data refer to family members who are still abroad – they do not include people who have returned to Kosovo – and also that the survey was fielded before the end of 2009, so there may have been more household members who left the country by the time that year ended.

Figure 7.1 Percentages of All Emigrants Since 1987, by Year Left Kosovo (n=3,655)

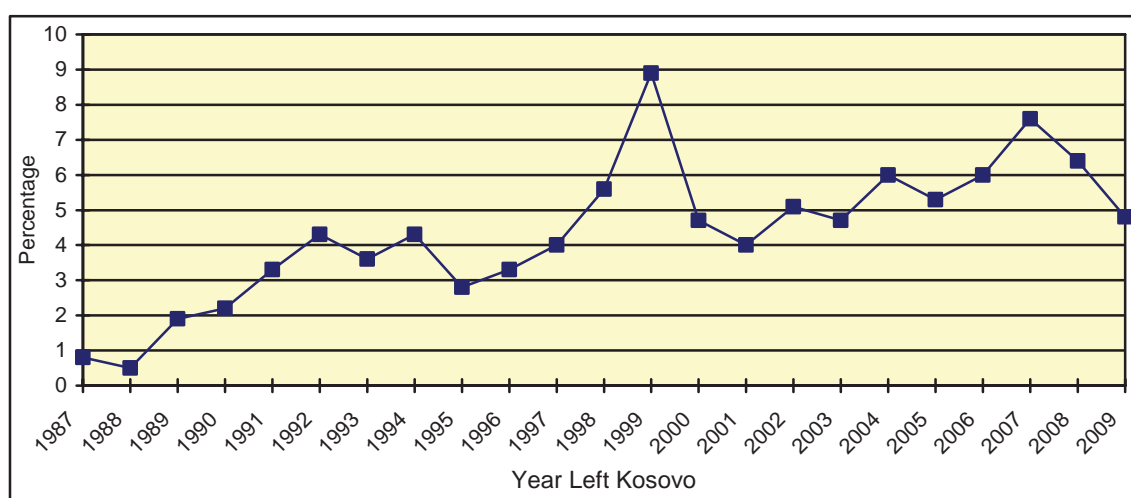


Table 7.5 shows the distribution of family members abroad by sex and their ages in 2009. Well over half (57.5%) of family members abroad are males. Of absent family members for whom year of birth was reported (and hence age can be calculated), 29 percent were under age 15 in 2009, 70.5 percent were of working age (15-64), and 0.5 percent were age 65 or older. This compares to the 28 percent, 65 percent, and 7 percent respectively that we saw earlier for the 2009 resident population of Kosovo. Thus the population abroad is more likely to be of working age and less likely to be age 65 or older than the resident population.³⁸ This is particularly true for males: of

³⁸ In addition to asking for the year of birth of each family member abroad, the survey also asked their dates of departure (which was recorded as day, month, and year). From these two dates, it should be possible to compute the age

those for whom age can be computed, 74.4% of men abroad were ages 15-64 in 2009, compared to 64.4 percent of men in the resident population.

Table 7.5 Percentage Distribution of Family Members Abroad by Their Age in 2009, According to Sex

Age in 2009	Male		Female		Total	
	N	%	N	%	N	%
Missing	146	6.2	163	9.5	309	7.6
< 1	39	1.7	40	2.3	79	1.9
1-4	182	7.8	179	10.4	361	8.9
5-9	194	8.3	189	11.0	383	9.4
10-14	121	5.2	144	8.4	265	6.5
15-19	105	4.5	95	5.5	200	4.9
20-24	206	8.8	150	8.7	356	8.8
25-29	325	13.9	240	13.9	565	13.9
30-34	350	15.0	205	11.9	555	13.7
35-39	290	12.4	146	8.5	436	10.7
40-44	186	8.0	79	4.6	265	6.5
45-49	100	4.3	42	2.4	142	3.5
50-54	33	1.4	18	1.0	51	1.3
55-59	25	1.1	18	1.0	43	1.1
60-64	17	0.7	11	0.6	28	0.7
65-69	10	0.4	2	0.1	12	0.3
70-74	6	0.3	2	0.1	8	0.2
75-79	0	0.0	1	0.1	1	0.0
80+	2	0.1	0	0.0	2	0.0
Total	2,337	100	1,724	100	4,061	100

when each absent family member left Kosovo. However, for 1,093 (out of 4,061) cases the year of departure is the same as the year of birth. This would mean that these people were less than a year old when they left Kosovo, which doesn't seem plausible, especially considering that each of these emigrants was likely to be accompanied by one or two parents and probably also some siblings. Hence, we do not report data on age left Kosovo here. We do not know whether the error is in the year of birth or year left Kosovo, and hence the data in Tables 7.4 and 7.5 and Figure 7.1 should be interpreted with caution.

Table 7.6 shows the countries in which absent family members were residing at the time of the 2009 KDHS. Germany hosts the highest proportion (38%) of family members abroad, followed by Switzerland (with nearly 16%). Similar patterns were seen in the 2003 KDHS (47% were in Germany and 18% were in Switzerland).

Table 7.6 Percentage Distribution of Family Members Abroad, by Country Where They Lived in 2009

Country	Total Number	Percentage
Albania	13	0.3
Austria	243	6.0
Belgium	34	0.8
Bosnia & Herzegovina	16	0.4
Canada	34	0.8
Croatia	18	0.4
Denmark	13	0.3
Finland	20	0.5
France	109	2.7
Germany	1,545	38.0
Holland	47	1.2
Italy	342	8.4
Macedonia	7	0.2
Montenegro	4	0.1
Norway	86	2.1
Serbia	81	2.0
Slovenia	106	2.6
Sweden	206	5.1
Switzerland	638	15.7
Turkey	4	0.1
United Kingdom	185	4.6
USA	149	3.7
Country not specified	95	2.3
No Answer	61	1.7
Total	4,061	100.0

8 Attitudes About Domestic Violence

Domestic violence overall and violence against women in particular are global and pandemic phenomena, as well as the most widespread occurrence of human rights violations and a cause of death among women. According to global statistics, worldwide every third woman has experienced some form of violence (physical, mental, emotional), and about fifty-five percent of cases of violence are not reported.³⁹ Domestic violence remains among the most pervasive forms of violence against women and girls in Kosovo. A Kosovo-wide household survey, “*Security Begins at Home*,” by the Agency for Gender Equality in the Prime Minister’s Office and the Kosovo Women’s Network (2008) found that approximately 43 percent of Kosovars (women and men) had suffered domestic violence in their lifetimes. In 2008 the overall number of women who reported cases of violence to the police was 1,073, and in 90 percent of the cases the perpetrator was a man.⁴⁰

Given the above, this 2009 KDHS included five questions, which were asked of all respondents aged 15 and older, in order to assess the attitudes of female and male respondents about domestic violence. The questions were as follows:

Sometimes the husband is bothered or angry with things done by his wife. In your opinion, is a husband justified (or has the right) to strike or to beat his wife/partner if she:

1. goes out without permission?
2. does not care about the children?
3. quarrels?
4. refuses sexual relations?
5. burns the cooking?

The respondent gave answers of Yes or No for each of the five situations listed.

We show data for the answers for each of these five situations for the total sample, and for it and some subgroups we also show a summary indicator of whether respondents thought domestic violence was justified in *any* of the five situations (i.e., if the respondent answered Yes to at least one of the questions).

Nearly 13 percent of the total population aged 15 years and older feel that domestic violence is justified in at least one of the situations listed above. Table 8.1 shows that, for both male and female respondents, going out without permission and not caring for the children are the situations that they feel most justify domestic violence (for 8.7% and 8.6% of males and for 12.1% and 12.4% of females). Quarrels ranks next (with 4.6% of males and 6.1% of females feeling that this is an acceptable reason for domestic violence), followed by refusing to have sex (2.8% for males and 3.3% for females) and, finally, burning the cooking (1.7% for males and 2.3% for females). As can be seen, for every one of the five situations, women are more likely than men to say that they feel that domestic violence is justified. Further exploration is required to determine if this gender difference in attitudes about domestic violence reflects the real situation or maybe is due to men not being completely frank in their responses.

³⁹ “Debate Addressing Domestic Violence in Kosovo (under SCR 1244) Opens the 16 Days of Activism to End Violence Against Women,” 25 November 2009, available at <http://www.saynotoviolence.org/join-say-no/debate-addressing-domestic-violence-kosovo-opens-16-days-activism-end-violence-against-w>; accessed on February 19, 2011.

⁴⁰ “Security Begins at Home,” Research to Inform the First National Strategy, and Action Plan against Domestic Violence in Kosovo, Prishtina, Kosovo, 2008.

Table 8.1 Percentages of Respondents Age 15 and Older Who Approved of Domestic Violence, by Sex, Age, Urban-Rural Residence, Marital Status, Ethnicity, and Education, Kosovo 2009

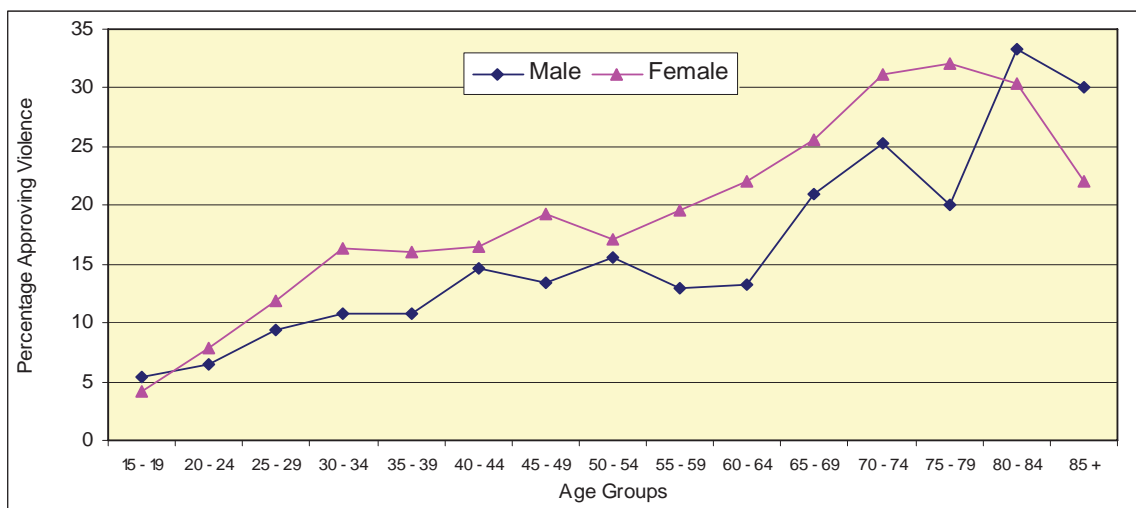
Characteristics	THE HUSBAND HAS THE RIGHT TO BEAT OR STRIKE HIS WIFE IF SHE:										Justified in Any of the Five Situations		Number		
	Goes Out Without Permission		Does Not Care About the Children		Quarrels		Refuses Sexual Intercourse		Burns Cooking		Male	Female	Male	Female	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female					
Age															
15 - 19	3.6	2.4	3.9	3.3	2.2	1.4	1.7	1.2	1.3	0.9	5.4	4.2	1,240	1,230	
20 - 24	4.6	5.4	4.1	5.6	2.4	2.7	2.6	2.3	1.0	1.5	6.5	7.8	1,179	1,030	
25 - 29	7.7	8.8	6.5	9.4	4.0	4.7	2.4	1.7	1.5	0.9	9.4	11.0	942	919	
30 - 34	7.9	12.0	7.4	12.9	4.5	6.0	3.1	1.9	1.8	1.9	10.8	16.4	839	890	
35 - 39	7.5	13.2	7.9	13.5	3.9	6.8	1.8	4.1	1.1	2.3	10.8	16.1	722	821	
40 - 44	10.8	12.5	11.1	12.5	4.7	5.0	2.1	2.8	1.5	1.4	14.6	16.5	659	721	
45 - 49	10.5	15.8	11.3	14.6	6.0	6.0	4.2	3.0	1.9	1.2	13.4	19.3	620	670	
50 - 54	13.1	14.9	12.8	15.0	5.8	7.9	3.0	4.4	2.3	2.8	15.6	17.1	572	545	
55 - 59	9.5	16.0	8.9	16.9	4.8	8.8	3.1	4.6	1.5	3.5	13.0	19.6	517	520	
60 - 64	10.0	18.9	10.2	18.1	5.0	9.6	3.6	4.4	1.1	3.4	13.3	22.0	361	387	
65 - 69	16.8	21.3	18.4	22.0	11.4	9.8	4.4	5.6	3.2	4.6	20.9	25.6	316	305	
70 - 74	19.2	28.5	20.5	28.5	9.6	19.6	6.1	8.9	3.5	7.7	25.3	31.1	229	235	
75 - 79	16.0	30.4	14.7	30.4	9.3	16.0	2.7	8.8	3.3	7.7	20.0	32.0	150	194	
80 - 84	31.4	24.6	31.4	27.5	19.6	20.3	5.9	15.9	11.8	14.5	33.3	30.4	51	69	
85 +	26.9	25.9	23.1	29.3	3.8	12.1	3.8	8.6	3.8	5.2	30.0	22.1	26	58	
Total	8.7	12.1	8.6	12.4	4.6	6.1	2.8	3.3	1.7	2.3	11.4	15.0	8,423	8,594	
Residence															
Urban	6.2	7.2	6.1	8.3	3.6	3.6	2.3	2.0	1.2	1.4	8.4	10.2	3,174	3,264	
Rural	10.2	14.9	10.1	14.9	5.2	7.7	3.1	4.1	2.0	2.8	13.3	17.9	5,249	5,329	
Marital Status															
Married	4.8	3.2	4.6	4.0	2.7	1.7	2.1	1.4	1.2	1.0	14.0	17.8	5,015	5,159	
Single	10.7	14.3	10.8	14.6	5.6	6.9	3.2	3.5	1.8	2.3	6.7	5.2	3,124	2,501	
Ethnicity															
Albanian	9.0	12.5	9.0	12.8	4.8	6.3	2.9	3.3	1.7	2.3	11.9	15.6	7,703	7,885	
Serbian	9	1.1	1.6	1.1	0.0	1.1	0.3	1.4	0.3	1.4	4.4	1.9	386	366	
Bosnian	1.1	15.4	1.1	14.5	0.0	8.5	0.0	2.6	0.0	1.7	1.1	16.2	89	117	
Turkish	6.3	20.0	3.8	20.0	2.5	16.7	2.5	8.3	3.8	8.3	6.3	21.7	80	60	
Roma	-	19.2	-	19.2	-	7.7	-	7.7	-	3.8	-	19.2	20	26	
Ashkali	27.5	17.3	27.5	18.7	18.8	8.0	13.0	10.7	4.3	4.0	31.9	18.7	69	75	
Egyptian	-	-	-	-	-	-	-	-	-	-	-	-	14	10	
Gorani	0.0	0.0	3.5	0.0	3.5	0.0	0.0	0.0	0.0	0.0	3.5	0.0	57	47	
Other	-	-	-	-	-	-	-	-	-	-	-	-	3	6	
Education															
No education	17.7	22.7	18.7	23.0	12.9	14.5	6.6	7.2	6.2	5.5	23.9	29.5	297	941	
Primary	14.9	15.7	13.3	16.0	8.6	7.4	4.6	3.8	2.1	3.2	23.9	25.6	593	1,183	
Lower secondary	8.5	8.6	8.2	9.3	4.6	4.3	3.0	2.2	1.8	1.5	12.7	15.0	2,424	3,618	
Higher secondary	6.3	3.4	6.4	3.8	3.3	1.9	2.3	1.8	1.4	1.0	9.9	6.4	4,073	2,322	
University	2.6	2.6	2.8	7.1	0.6	1.0	0.6	1.1	0.0	0.5	3.9	3.5	984	488	

Note: - means percentage not reported because sample size is < 25.

For both males and females, the percentages of respondents who feel that domestic violence is justified if any of the five situations occurs increase with age; around five to seven percent of the population ages 15-24 and 10 to 14 percent of that ages 25-39 feel that domestic violence is justified in at least one of the five situations mentioned in the survey, compared to 16 and 18 percent of those ages 40-64 and 28 to 35 percent of those ages 65-84 years.

The sex difference seen for the total sample is seen for all age groups except the youngest one (ages 15-19 years) and the oldest ones (age 80 or older); for all other age groups a higher proportion of women than men report that they feel domestic violence is justified. As Figure 8.1 illustrates, the gap between women and men (ranging between 2 and 15 percentage points) widens with age, up to ages 75-79.

Figure 8.1 Percentages of Respondents Age 15 and Older Who Approved of Domestic Violence (Summarised Indicator), by Sex and Age, Kosovo 2009



As illustrated in Figure 8.2, rural residents, both women and men, are more likely than those living in urban areas to feel that domestic violence is justified if any of the five situations takes place (13% for rural men compared to 8% for urban men; 18% for rural women compared to 10% for urban).

Figure 8.2 Percentages of Respondents Age 15 and Older Who Approved of Domestic Violence (Summarised Indicator), by Sex and Urban-Rural Residence, Kosovo 2009

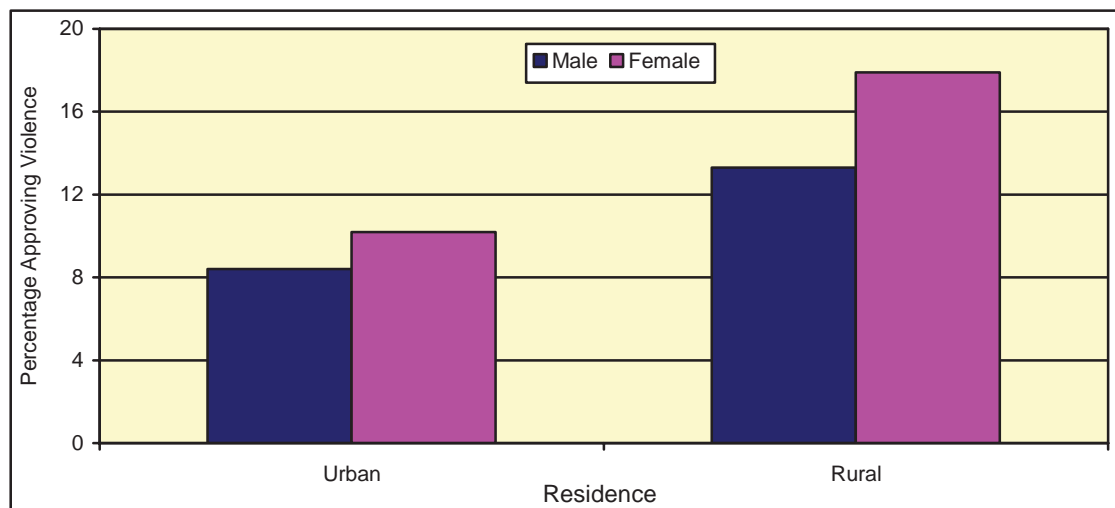
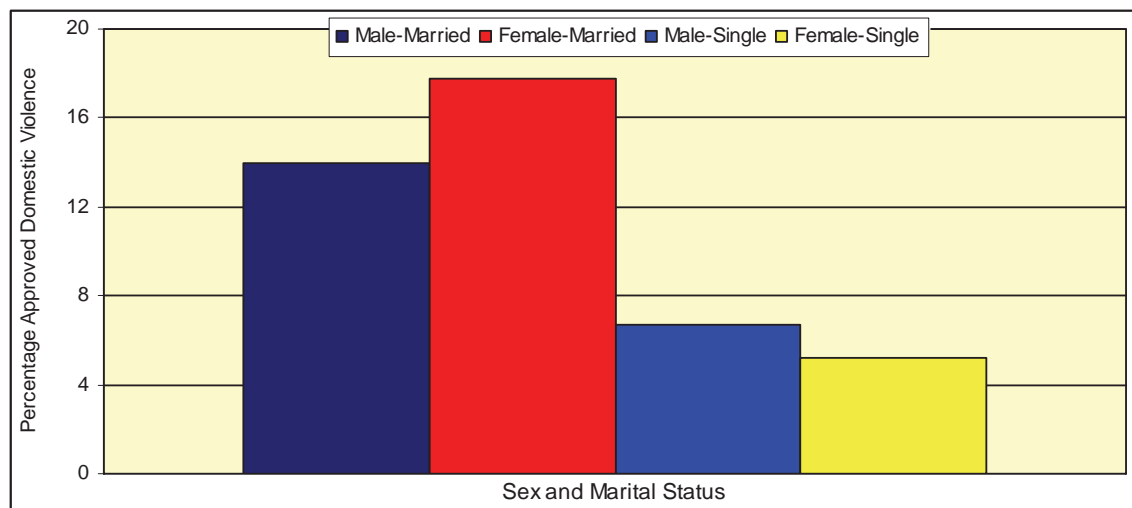


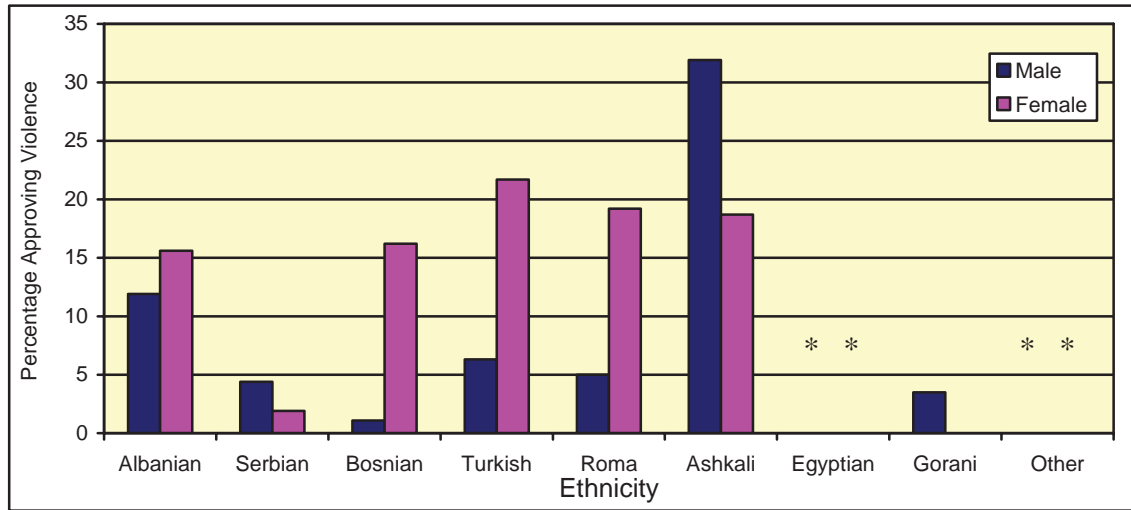
Figure 8.3 shows that married women are the most likely to approve of domestic violence (17.8% feel it is justified in at least one of the five situations), whereas single women are the least likely to (5.2%). These differences probably mainly reflect the age differences shown earlier, since single women are younger than married women.

Figure 8.3 Percentages of Respondents Age 15 and Older Who Approved of Domestic Violence (Summarised Indicator), by Sex and Marital Status, Kosovo 2009



Of the ethnic groups, Serbians (especially Serbian women) are the least likely to feel domestic violence is justified, whereas Turkish, Roma, and Ashkali women have above-average rates of approval, and Ashkali men (32%) are very likely to feel domestic violence is justified (Figure 8.4). Serbian, Bosnian, Turkish, Roma, and Gorani men have below-average rates of approval.

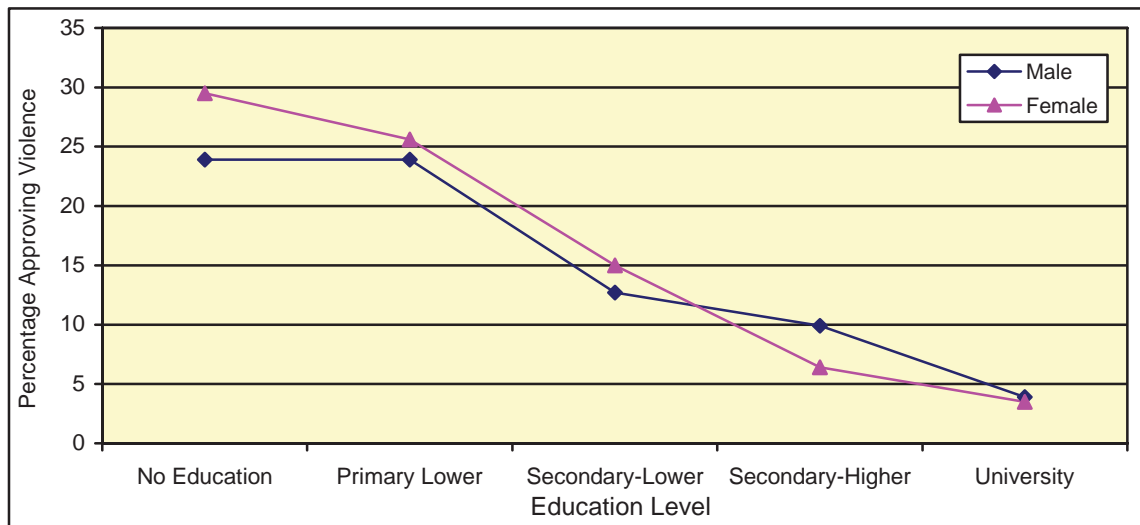
Figure 8.4 Percentages of Respondents Age 15 and Older Who Approved of Domestic Violence (Summarised Indicator), by Sex and Ethnicity, Kosovo 2009



Note: * means percentage not reported because sample size is < 25.

For both men and women, approval of domestic violence is inversely related to educational attainment. Thirty percent of women and 24 percent of men with no education feel domestic violence is justified, whereas of those with university education only 3.9 percent of men and 3.5 percent of women feel that way.

Figure 8.5 Percentages of Respondents Age 15 and Older Who Approved of Domestic Violence (Summarised Indicator), by Sex and Education, Kosovo 2009



9 Conclusions and Recommendations

9.1 Main Findings and Their Implications for Policy and for Further Research

9.1.1 Socioeconomic and Demographic Indicators

The data from the 2009 KDHS reveal that *on many dimensions, people were better off in 2009 than they were in 2003*:

There have been considerable improvements since 2003 in housing facilities, especially in rural areas.

There have been increases in the ownership of durable goods, with tremendous increases in the numbers of households with computers and mobile phones.

There have been improvements in income.

The population of Kosovo is relatively young: 28% of the individuals in the 2009 KDHS sample were younger than age 15 years, while nearly two-thirds (65%) are of working age (15-64). People age 65 and older represent only seven percent of the total household population. (By contrast, this group accounts for 16 percent of the population for Europe as a whole.)

However, the population of Kosovo is aging. The population in 2009 is “older” that it was in 2003, when 32 percent were under age 15 and 6 percent were age 65 or older. The percentage of working age was considerably larger in 2009 than it was in 2003 (65% versus 60%).

The educational outlook for the country is improving. In 2009 nearly all children ages 10-14 were enrolled in school, and over three quarters of 15-19 year olds were as well. The percentages currently enrolled in school in 2009 are higher at all ages between 5 and 29 than they were in 2003.

There continue to be educational differences between urban and rural areas and between men and women, but gender gaps are closing. For example, 84 percent urban males aged 15-19 year were enrolled in school, compared to 71 percent of rural females. Similar gender and urban-rural differences are seen for measures of educational attainment, but the data reveal that the gender gaps have closed at the youngest ages.

Younger people are less likely to have a university education than some of their older peers. This may be due to selective emigration of the most educated and/or to the disruption of studies during the conflict. It is noteworthy that a number of adults were enrolled in school in 2009.

Open wells and surface water bear significant health risks for many rural households, though it is important to note that usage of open wells for drinking water in rural areas decreased notably, from 27.4 percent in 2003 to 17.6 percent in 2009.

Rural people fare worse than urban ones on many indicators – e.g., income, literacy and education, housing quality, use of modern methods of contraception, knowledge about HIV/AIDS, and acceptance of domestic violence.

Policy implication: Policy efforts to improve well-being should make sure that they do not have an urban bias and that they take into account the particular needs of the rural population.

9.1.2 Fertility and Family Planning

Fertility rates have fallen. The data reveal considerable declines in fertility from earlier years and imply that the current total fertility rate (TFR) is around 2.0 children per woman. While this TFR may seem lower than expected, it is noteworthy that the retrospective data imply that fertility rates were considerably higher in the past (e.g., 2.9 in 2002), suggesting that there wasn't extensive underreporting of births in the past. The relatively small numbers of household members under age 15 are also consistent with there being recent declines in fertility.

*The low total fertility rate that we estimate for Kosovo is still higher than those estimated for the neighbouring countries of Albania (1.5 -1.85 children per woman) and Macedonia (1.5-1.6), further suggesting that the 2.0 we estimate for Kosovo is not implausibly low.*⁴¹

Implication for further research: More research should be done to understand fertility differences among subgroups of the Kosovo population, for example how total fertility rates differ by women's level of education.

Nearly all women know about methods of contraception, including effective, modern methods. However, rates of ever use and current use of effective, modern methods are very low, and use of pills and IUDs and rhythm were each lower in 2009 than in 2003 or 1999-2000. The decline in the use of modern methods of contraception may reflect the fact that there is now less donor involvement in reproductive health in Kosovo than there was in 2003. In 2009 more couples were using condoms and withdrawal than in 2003 or 1999-2000, suggesting that they had substituted these methods for the now-more-costly modern methods they used in 1999 and 2003. Nonetheless, it is important to note that *in 1999, 2003, and 2009, withdrawal was overwhelmingly the main method of contraception used in Kosovo.*

A number of women have experienced a pregnancy outcome other than a live birth. Twenty percent of all female respondents of reproductive age who've ever been pregnant (and 23.9% of those aged 40-44) said that they had had a miscarriage, 7.9 percent (and 10.3% of those aged 40-44) said that they had had an induced abortion, and 2.5 percent (and 4.4% of those aged 40-44) had had a stillbirth.

⁴¹ **Total Fertility Rates for Kosovo, Albania, and Macedonia**

Data source	Year	Kosovo	Albania	Macedonia
KDHS	2009	2.0	--	--
U.S. Census Bureau (1)	2009	2.3	1.5	1.6
Population Reference Bureau (2)	2010	2.5	1.6	1.5
United Nations (3)	2010	--	1.85	--

(1) <http://www.census.gov/ipc/www/idb/country.php>: accessed February 25, 2011.

(2) http://prb.org/pdf10/10wpds_eng.pdf; accessed February 25, 2011.

(3) <http://esa.un.org/unpp/p2k0data.asp>; accessed February 25, 2011.

Note that other sources estimate a higher TFR than we do. We suspect that the agencies making these estimates may not realize how much fertility has declined in Kosovo.

The low (and decreasing) rate of use of effective methods of contraception and the reliance of Kosovar women on the relatively ineffective method of withdrawal are causes for concern. Kosovar women are having (and presumably want to have) small families. However, their contraceptive use patterns and method choices are not consistent with these desires, and they risk having unintended pregnancies that they may choose to abort. Even though the percentage of women who said that they ever had an abortion is relatively high, it's likely that the true incidence is even higher, given the possibility that women may underreport abortions or may misreport induced abortions as miscarriages.

Policy implication: Efforts should be made to increase the use of effective methods of contraception. Nearly all women in Kosovo know about methods of contraception, so knowledge is not the barrier.

Implication for further research: Efforts should be made to understand why women are not using more effective methods of contraception.

Use of any method of contraception and use of modern methods increases with age through the age group 40-44 and then is somewhat lower for women aged 45-49. Use of modern methods peaks at ages 35-39 (at 17.3%) and then decreases with age thereafter. One reason for this pattern is that many older women think that they cannot become pregnant.

Policy implication: Older women who are not using contraception because they think they cannot become pregnant risk unintended pregnancies. Particular attention should be given to encouraging contraceptive use among such women.

9.1.3 Mortality

The data estimate that *the current level of the infant mortality that is quite low* – about 9.5 infant deaths per 1,000 live births over the five years preceding the survey. It is possible that infant and child deaths were under-reported in the survey,⁴² but it is noteworthy that the retrospective data show that *infant mortality rates were considerably higher in the past* – around 70 infant deaths per 1,000 live births in the early 1980s. This suggests that there have been substantial declines in infant mortality in Kosovo.

⁴² The IMR that we estimate for Kosovo is around the level in Macedonia and lower than that in Albania. It is also much lower than other estimates for Kosovo, suggesting that the KDHS underestimates the IMR, though it is possible that the other agencies have underestimated the extent of IMR decline in Kosovo.

Infant Mortality Rates for Kosovo, Albania, and Macedonia

Data source	Year	Kosovo	Albania	Macedonia
KDHS	2009	9.5	--	--
U.S. Census Bureau (1)	2009	33	18	11
Population Reference Bureau (2)	2010	45	14	9
United Nations (3)	2010	--	14.2	--

(1) <http://www.census.gov/ipc/www/idb/country.php>; accessed February 25, 2011.

(2) http://prb.org/pdf10/10wpds_eng.pdf; accessed February 25, 2011.

(3) <http://esa.un.org/unpp/p2k0data.asp>; accessed February 25, 2011.

9.1.4 Knowledge about HIV/AIDS

The high levels of knowledge about HIV/AIDS for the population as a whole and for younger people in particular are encouraging. Respondents were more knowledgeable about the preventive role of condoms than that of abstinence.

There have been great improvements since 2003 in knowledge about HIV/AIDS, especially in awareness about the preventive role of abstinence, which was quite low in 2003.

Nonetheless, there are some population subgroups that have low levels of knowledge about HIV/AIDS and how it is transmitted. For example, knowledge is considerably lower for Serbians and Ashkali. Gorani show a high level of knowledge about the preventive role of condoms but are much less knowledgeable about the preventive role of abstinence. Bosnian and Turkish women and especially Roma women have a low level of awareness of the preventive role of abstinence. Only 29.4 percent of Roma women responded that they thought the risk of HIV/AIDS could be reduced by abstinence.

Policy implication: Education campaigns should target these groups, for example, by making sure materials are translated into the languages of ethnic groups with low levels of knowledge.

9.1.5 Migration

The data reveal modest levels of internal migration; 6.4 percent of respondents live in one of seven regions of Kosovo that is different from the one in which they were born, but less than 1 percent lived in a different region in 2009 from the one where they lived in five years earlier.

Many Kosovars still live abroad. Heads of the households in the 2009 KDHS reported a total of 4,061 family members who were abroad. Germany and Switzerland are the main countries in which émigrés live. The number of family members abroad is 17 percent the size of the total household population represented in the survey sample. Subject to qualifications noted in the report, this suggests that the population of Kosovo would be about one sixth larger had these people not left Kosovo, or if they all were to return. With so much emigration, it is possible that some of the seemingly-low estimates of the size of the resident population of Kosovo are correct.

Seventy percent of family members abroad are of working age (15-64). This is a large loss of potential labour force for the country.

The amount of return migration from abroad was much lower for the 2004-09 period asked about in the 2009 KDHS than it was for the 1998-2003 period asked about in 2003 KDHS. The report on the 2003 KDHS reported that over 8 percent of respondents to that survey (i.e., people who were resident in Kosovo in 2003) had been living abroad five years before that survey (i.e., in 1998). The situation had changed drastically by 2009, when only 0.16 percent of respondents had been abroad five years earlier. Hence it appears that many of the people who emigrated who are likely to return have done so, though there remains a large population of Kosovars living abroad who *could* return.

Implication for further research: Data should be collected on the education and skills of Kosovars abroad so that more can be known about the true extent of the

loss of human capital (brain drain). It also would be good to know the extent to which émigrés send remittances back to Kosovo and hence are providing support for the economy.

9.1.6 Attitudes about Domestic Violence

One eighth of people aged 15 and older feel that domestic violence is justified. Female respondents are more likely to report that they think that domestic violence is justified than are male respondents. Approval of domestic violence increases with age and is greater for people in rural areas and those with less education. Going out without permission and not caring about the children are the situations that respondents feel most justify domestic violence. Serbs and Gorani are the least likely of the ethnic groups to feel that domestic violence is justified.

Policy implication: Outreach efforts should make particular efforts to communicate to groups most likely to feel that domestic violence is justified (older men and women; rural women; Ashkali men and women; Bosnian, Turkish, and Roma women; and less educated people of both sexes).

Implication for further research: Efforts should be made to assess whether men really are less likely than women to think that domestic violence is justified or whether they are just less likely to admit it.

9.2 Implications for a Future Data Collection and for Further Research

The data collected in the 2009 KDHS generally appear to be of reasonably high quality. Non-response to the survey was very low, so the sample should be representative of the population of Kosovo. Item non-response is low for most items, but there are some questions that many eligible respondents did not answer. In future data collection, stronger efforts should be made to make sure all questions are answered by all eligible respondents. If respondents are not able to answer with the precision requested, other ways should be found to collect some relevant information from them. E.g., if respondents cannot give the exact dates of birth and death for deceased family members, they could be asked about the age at death. If they are not able to report the exact dates of birth and departure of a family member living abroad, they could be asked how old the person was when he or she left.

In addition, there are some inconsistencies in the data that have precluded analyses we would have liked to have done. For example, year of birth and year of departure were reported to be the same for an implausibly large percentage of family members abroad, precluding our ability to look at how old people were when they left Kosovo (and raising concerns about the quality of the data we do report on émigrés' ages in 2009 and the dates they left Kosovo). As another example, we had wanted to look at the intervals between births (because other research has shown deleterious effects for children born before and after very short inter-birth intervals), but the data implied a number of interval durations that were implausibly short or implausibly long. Interviewers need to be better trained and supervised about such matters, and there need to be more quality checks in the field, while there is still the opportunity to go back to households to clarify apparent inconsistencies.

Although a survey such as the KDHS is not the best vehicle for collecting data about maternal mortality (because of the relatively small sample size for collecting information about such a rare event), the part of the 2009 KDHS questionnaire designed to collect such information was particularly flawed and needs to be changed for future data collection.

In addition, future data collection should make an effort to collect additional information on some of the topics noted above.

Small sample sizes precluded our ability to estimate reliable statistics for small population subgroups, such as minority ethnic groups. Future data collection efforts should oversample minority groups of interest so that there can be more reliable data on them.

Many of the characteristics that we have considered in this report (e.g., sex, age, marital status, education, and rural-urban residence) are correlated with one another, making it difficult to assess their independent effects. For example, the lower awareness of HIV/AIDS by women compared to men appears to be due to the fact that women are less highly educated than men. Multivariate analyses would help illuminate which variables are most important.

Glossary

ASDR	Age Specific Death Rate
ASFR	Age Specific Fertility Rate
CBR	Crude Birth Rate
CDR	Crude Death Rate
CEB	Children Ever Born
DHS	Demographic and Health Survey
EA	Enumeration Area
HIV/ AIDS	Human Immune Deficiency Virus/Acquired Immune Deficiency Syndrome
IMR	Infant Mortality Rate
IOM	International Organization for Migration
IUD	Intra-Uterine Device
KHDS	Kosovo Demographic and Health Survey
LAM	Lactation Amenorrhea Method
NGO	Non Governmental Organisation
PPS	Probability of Selection Proportional to Size
SIDA	Sweden International Development Agency
SOK	Statistical Office of Kosovo
SPSS	Statistical Programme for Social Sciences
TFR	Total Fertility Rate
UNAIDS	United Nation AIDS Programme
UNFPA	United Nation Fund for Population Activities
UNICEF	United Nation Children's Fund
US	United States
WB	World Bank

Appendix A

Household and Individual Questionnaires Used in the 2009 Kosovo Demographic and Health Survey



Republika e Kosovës
 Republika Kosova-Republic of Kosovo
 Qeveria - Vlada - Government

Data are confidential and serve only for statistical purpose.

Ministria e Administratës Publike - Ministarstvo Javnih Administracija - Ministry of Public Administration

**DEMOGRAPHIC SOCIO-ECONOMIC AND REPRODUCTIVE
 HEALTH SURVEY, 2009**

QUESTIONNAIRE FOR HOUSEHOLD

IDENTIFICATION OF HOUSEHOLD

A1. MUNICIPALITY _____

A2. SETTLEMENT _____

A3. ENUMERATION AREA _____

A3a. CODE OF CONSTRUCTED OBJECT FROM THE MAP _____

A4. NUMBER OF HOUSEHOLD _____

Name of head of household _____

A5. Number of visits made by the interviewer (check the number of visits)

Visit	first	second	third
Date of visit	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> day month year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> day month year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> day month year
Time of visit	<input type="text"/> <input type="text"/> clock minute	<input type="text"/> <input type="text"/> clock minute	<input type="text"/> <input type="text"/> clock minute

DATA FOR THE HOUSEHOLD

A6. Is the household questionnaire completed?

1 Yes if Yes, go to A8 2 No if No, continue

A7. What is the reason for noncompletion of the questionnaire?

1 Absent household (no one at home)

2 Unable to answer (sick, very old)

3 Refused

4 Not occupied dwelling

5 Destroyed dwelling

6 Other _____
specify

A8. Duration of interview

clock minute

1. Name of enumerator _____
Signature

2. Name of controller _____

3. Name of supervisor _____

DEMOGRAPHIC SOCIO-ECONOMIC AND REPRODUCTIVE HEALTH SURVEY, 2009
QUESTIONNAIRE FOR HOUSEHOLD

We would like to ask for names of persons who usually live in your family, who are present and who are absent less than 12 months.

Table 1. LIST OF HOUSEHOLD FAMILY MEMBERS

B1 Ordinal No.	B2 Name and surname of the person who usually live in your family	B3 Relation to head of household		B4 Ordinal number of household in family economy	B5 Presence			
		use the code-list attached to the questionnaire			present	temporarily absent less than 12 months	Municipality / State	
		relation	code				enter the name of the Municipality / State and the code in the column	
		1	2		1 = Yes	2 = No	name	code
01		Head of household	<input type="text"/>	<input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	<input type="text"/>	
02			<input type="text"/>	<input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	<input type="text"/>	
03			<input type="text"/>	<input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	<input type="text"/>	
04			<input type="text"/>	<input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	<input type="text"/>	
05			<input type="text"/>	<input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	<input type="text"/>	
06			<input type="text"/>	<input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	<input type="text"/>	
07			<input type="text"/>	<input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	<input type="text"/>	
08			<input type="text"/>	<input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	<input type="text"/>	
09			<input type="text"/>	<input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	<input type="text"/>	
10			<input type="text"/>	<input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	<input type="text"/>	
11			<input type="text"/>	<input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	<input type="text"/>	
12			<input type="text"/>	<input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	<input type="text"/>	
13			<input type="text"/>	<input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	<input type="text"/>	
14			<input type="text"/>	<input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	<input type="text"/>	
15			<input type="text"/>	<input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	<input type="text"/>	
Total			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

If there are more than 15 people, use another form

See: Definition of Household

Household - Is the family community or other community of people who claim to live together and spend together the assets for living, and at the same time joining their assets in a smaller size or larger. We have a one-member household (only one member) and many-member household (with 2 or more members). With **family** it is understood the spouse (husband and wife) without children, spouse with unmarried children, or one of the spouses with unmarried children.

Codes for the relation with head of household:

- | | |
|----------------------------------|--|
| 01. Head of household | 11. Uncle / Aunt |
| 02. Spouse (wife, husband) | 12. Other cousin |
| 03. Son / Daughter | 13. Other that are not family related |
| 04. Father / Mother | 14. Sister's husband |
| 05. Mother in law/ Father in law | 15. Brother / Sister in law |
| 06. Nephew / niece | 16. The son of brother / sister's son |
| 07. Groom / Bride | 17. The daughter's brother / sister's daughter |
| 08. Grandfather / grandmother | 18. Stepmother / stepfather |
| 09. Brother / sister | 19. Stepson / stepdaughter |
| 10. Uncle / Aunt | 20. Partner (male and/or female) (cohabiting) |

DEMOGRAPHIC SOCIO-ECONOMIC AND REPRODUCTIVE HEALTH SURVEY, 2009
QUESTIONNAIRE FOR HOUSEHOLD

Table 2. DEATHS THAT OCCURRED DURING THE LAST 12 MONTHS
November 2008 - November 2009

B6 Ordinal No.	B7 Name and surname of the person who died	B8 Code of the family	B8 Death		B9 Date of birth			B10 Date of death		
			Gender		day	month	year	day	month	year
			Male	Female (take the code from the box list)						
1	2	3	4	5	6	7	8	9	10	11
01		<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02		<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03		<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04		<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05		<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CODES FOR DEATH OF WOMEN	
Pregnant	1
During birth	2
Within 42 days after birth	3
Other	4

MIGRATION

NOW WE HAVE SOME QUESTIONS ABOUT MIGRATION

B11. Can you tell me if any of your family members is abroad now and has lived abroad for more than 12 months.

1 Yes
if Yes, check in Table 3

2 No
If No, go to B18

Table 3. List of family members who are absent more than 12 months

B12 Ordinal No.	B13 Name of person	B14 Gender		B15 Year of birth	B16 Date of departure			B17 Where is he / she	
		Male	Female		day	month	year	Municipality / State	
				name				code	
1	2	3	4	5	6	7	8	9	10
01		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more than 10 persons, use another form

DEMOGRAPHIC SOCIO-ECONOMIC AND REPRODUCTIVE HEALTH SURVEY, 2009
QUESTIONNAIRE FOR HOUSEHOLD

B18. What is the type of building?

1 Building with one residential unit

2 Building with two residential units

3 Building with three or more residential units

B19. What is the type of dwelling?

1 House or flat (conventional)

2 Non-conventional

3 Collective residential building

B20. What is the status of ownership?

1 Owner

2 Rented

3 Other

B21. What is the type of ownership?

1 Private

2 Other

B22. What is the number of rooms?

B23. Does the dwelling have?	<u>Yes</u>	<u>No</u>
Kitchen	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Internal bathroom	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Bathtub or internal shower	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Electricity	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Central heating	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Black-water sewer	1 <input type="checkbox"/>	2 <input type="checkbox"/>

B24. What is the main source of drinking water in your family?

1 Water from the water-supply (pipes inside the dwelling)

2 Water from the water-supply (pipes in the garden/plot)

3 Public tap (public water source)

4 Water from open well

5 Water from the covered well

6 Water surface of the ravine/river/pool

7 Rain water

8 Tanker truck

9 Other _____
specify

B25. Does your family household have?

1 Motorcycle

2 Car, van, truck

3 Tractor

4 Radio

5 Television

6 Computer

7 Fixed phone, static phone

8 Mobile phone, cell phone

9 Refrigerator

10 None of those listed above

B26. Can you calculate the monthly income in Euros?
(of your family household - incomes from all sources)

1 0 - 100

2 101 - 200

3 201 - 300

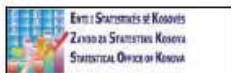
4 301 - 400

5 401 - 800

6 801 - 1600

7 1601 and more

Room - is the apartment unit for living space, separated from the other rooms by stable walls (from floor to ceiling or roof), with a height of at least 2m above the ground and of sufficient size to occupy an adult bed at least 4m².



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DEMOGRAPHIC SOCIO-ECONOMIC AND REPRODUCTIVE HEALTH SURVEY, 2009

INDIVIDUAL QUESTIONNAIRE

Municipality

Settlement

Enumeration Area

Code of the constructed object from the map

Number of household respondents

No. of person from the list of family members

Duration of residence

C7. What is the month and year of your arrival in this settlement?

month year

C1. Name

C2. Gender 1 M 2 F

C3. Date of birth

day month year

FOR INFANTS OF AGE 0, THE INTERVIEW IS COMPLETED

C8. Where did you live 1 year ago?
 23 November 2008

Same municipality 1 Yes 2 No
 if Yes, go to C10 if No, continue

Other municipality (specify)

Other country/state (specify)

C4. Permanent residence of your mother when you were born

Same municipality 1 Yes 2 No
 if Yes, go to C5 if No, continue

Other municipality specify

Other contry/state specify

C9. What was your reason for moving?

Economic 1

Education 2

Family 3

Return to home 4

Health 5

Other specify 6

C5. Marital status

1 Single

2 Married year of marriage

3 Cohabiting

4 Divorced

5 Seaprated

6 Widow

FOR CHILDREN OF AGE 1 - 4, THE INTERVIEW IS COMPLETED

C10. Where did you live 5 years ago?
 23 November 2004

Same municipality 1 Yes 2 No
 if, Yes go to C11 if, No continue

Other municipality (specify)

Other country/state (specify)

C6. National affiliation

1 Albanian

2 Serb

3 Bosnian

4 Turk

5 Roma

6 Ashkali

7 Egyptian

8 Gorani

9 Other specify

10 I prefer not to answer

C6a. What is your religious belief

1 Islam

2 Catholic

3 Orthodox

4 Other specify

5 I prefer not to answer

DEMOGRAPHIC SOCIO-ECONOMIC AND REPRODUCTIVE HEALTH SURVEY, 2009
INDIVIDUAL QUESTIONNAIRE

C11. Are you attending school?

- 1 Yes 2 No
if Yes, continue if No, go to C14

C12. What is the highest level of education you are attending?

- 1 Primary (grade 1 to 5)
2 Lower secondary (grade 6 to 9)
3 Upper secondary (grade 10 to 13)
4 College / University
5 Post-graduate (masters)
6 PhD

C13. Where do you go to school?

- 1 In the permanent residence
2 In another place in Kosovo
3 Outside Kosovo

C14. What is the highest level of education you completed?

- 1 No formal education
2 There is no level of education completed
3 Primary (completed 4 grades - old system)
4 Primary (completed 5 grades - new system)
5 Lower secondary (completed 8 grades, old system)
6 Lower secondary (completed 9 grades, new system)
7 Upper secondary (completed 12 grades, old system)
8 Upper secondary (completed 13 grades, new system)
9 Post-secondary not tertiary education
10 Faculty
11 Post-graduate (masters)
12 PhD

C15. How many years of education you have completed?

FOR CHILDREN 5 - 14 YEARS OLD, THE INTERVIEW IS COMPLETED

C16. Can you write or read in any language?

- 1 Yes 2 No

Now we will talk about something else

C17. Have you heard of a disease called HIV AIDS?

- 1 Yes if Yes, continue
2 No if No, go to C19

C20. Now I want your opinion on a question as below.

Sometimes a man is bothered or angry with things his wife/partner has done. In your opinion, is a man justified (or has the right) to strike or to beat his wife/partner if she:

1. Goes out without permission 1 Yes 2 No 3 Don't know
2. Doesn't care about the children 1 Yes 2 No 3 Don't know
3. Quarrels 1 Yes 2 No 3 Don't know
4. Refuses sexual relations 1 Yes 2 No 3 Don't know
5. Burns the cooking 1 Yes 2 No 3 Don't know

FOR ALL MEN AND FOR WOMEN 50 OR OLDER, THE INTERVIEW IS COMPLETED

C18. Are the risks of contacting HIV AIDS reduced by

1. Abstinence (not having any sexual relations)?

- 1 Yes 2 No 3 Don't know

2. Use of condoms?

- 1 Yes 2 No 3 Don't know

C19. Would you buy fresh vegetables from a vendor if you knew that this person has HIV AIDS?

- 1 Yes 2 No 3 Don't know

QUESTIONS ONLY FOR WOMEN OF AGE (15 - 49)

C21. Are you pregnant now?

- 1 Yes 2 No 3 Not sure
if No, or Not Sure, go to C24

C22. In which month of pregnancy are you?
Record the number of months

C23. At the time you became pregnant, did you want to become pregnant:

- 1 Then? 2 Later? 3 Not at all?

C24. Have you ever had a pregnancy that ended with:

1. Spontaneous failure (miscarriage) 1 Yes 2 No
2. Abortion on request? 1 Yes 2 No
3. Child born dead (stillbirth)? 1 Yes 2 No

DEMOGRAPHIC SOCIO-ECONOMIC AND REPRODUCTIVE HEALTH SURVEY, 2009
INDIVIDUAL QUESTIONNAIRE

Questions for women of age (15 - 49)

Knowledge about contraception and use

C25 Code of method	Methods to prevent pregnancy		C26 Have you heard of methods?		C27 Have you used the method?	
	contraceptive mean	use	YES = 1	NO = 2	YES = 1	NO = 2
1	Tablets (pills)	Woman uses pills every day	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2	IUD / Spiral	The woman has loop or spiral within it, placed by a doctor or nurse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3	INJECTIONS	Woman gets injections from doctor or nurse which prevents her from becoming pregnant for several months	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4	FOAM / GEL	Wife places in her before sexual relations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
5	CONDOMS	Men put a rubber sheath during sexual relations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
6	TEMPO / ABSTINENCE	The couple can avoid sexual relations during the month when a woman is fertile	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
7	WITHDRAWAL	Man pulls out before ejaculation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
8	FEMALE STERILIZATION	Woman had operation to avoid further pregnancies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
9	MALE STERILIZATION	Man had operation to avoid the possibility to have more children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
10	Other method (specify)		1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

C28. Do you currently use any method of contraception? 1 Yes 2 No
if Yes, continue if No, go to C31

C29. If Yes, which one?
code of method

C30. Where did you learn about the method you are currently using?

<p>Public health sector _____</p> <p>1. <input type="checkbox"/> Hospital</p> <p>2. <input type="checkbox"/> Family medical center</p> <p>3. <input type="checkbox"/> Ambulance</p> <p>4. <input type="checkbox"/> Center for women's welfare</p> <p>5. <input type="checkbox"/> Other _____ specify</p>	<p>Other sources _____</p> <p>1. <input type="checkbox"/> Non-governmental organizations</p> <p>2. <input type="checkbox"/> Religious Institutions</p> <p>3. <input type="checkbox"/> Relatives / friends</p> <p>4. <input type="checkbox"/> Store / kiosk / stand</p> <p>5. <input type="checkbox"/> Mass media</p>
<p>Private medical sector _____</p> <p>1. <input type="checkbox"/> Private hospital</p> <p>2. <input type="checkbox"/> Private ordinance</p> <p>3. <input type="checkbox"/> Private pharmacy</p> <p>4. <input type="checkbox"/> Other _____ specify</p>	

DEMOGRAPHIC SOCIO-ECONOMIC AND REPRODUCTIVE HEALTH SURVEY, 2009
INDIVIDUAL QUESTIONNAIRE

C31. If No, are you in one of the situations?

1. No (sexual) relationship
2. Cannot become pregnant
3. Currently pregnant
4. Want children
5. Health reasons
6. Religious reasons
7. I am currently breastfeeding

C32. Have you ever had problems or side effects with you current method of contraception?

- 1 Yes 2 No
if Yes, continue if No, go to C36

C33. Have you ever been told by health workers about problems or possible side effects you might have?

- 1 Yes 2 No
if Yes, continue if No, go to C36

C34. Have you been told what to do if you have problems?

- 1 Yes 2 No

C35. Can you say that using contraception is mainly:

- 1 A personal decision?
- 2 The decision of the husband / partner?
- 3 A joint decision of the man and woman?
- 4 Other _____
specify

C36. In the last 12 months, have you been visited by any person who has talked to you about family planning?

- 1 Yes 2 No if No, go to C38

C37. Who was that person?

- 1 Community nurse / patronage
- 2 Family doctor
- 3 Social worker
- 4 Representative of an NGO
- 5 Representative of a religious institution
- 6 Other _____
specify

C38. Do you think that the chances a woman will become pregnant are lowered if she breastfeeds?

- 1 Yes 2 No 3 Don't know

DEMOGRAPHIC SOCIO-ECONOMIC AND REPRODUCTIVE HEALTH SURVEY, 2009
INDIVIDUAL QUESTIONNAIRE

QUESTIONS FOR WOMEN

LIVE BIRTHS

C39. Have you given birth to any child born during your life, even if the child has died?	1 <input type="checkbox"/> Yes if yes, continue	2 <input type="checkbox"/> No if No, go to C47
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Now I want to record the names of all live births you have had, regardless of whether they are still alive or not, starting with the first.

ENTER NAMES OF ALL LIVE BIRTHS IN C41. ENTER TWINS AND TRIPLETS IN SEPARATE ROWS.
(IF THERE ARE MORE THAN 12 BIRTHS, USE ANOTHER QUESTIONNAIRE, STARTING ON THE SECOND ROW)

C40	C41	C42		C43			C44		C45			C46	
Ordinal No.	Name of the first / other child	Gender		Date of birth			Is child still alive?		What was her / his age of death?			Is there any live birth in between	
		boy	girl	day	month	year	YES = 1	NO = 2	day	month	year	YES = 1	NO = 2
1	2	3	4	5	6	7	8	9	10	11	12	13	14
01		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>
02		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>
03		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>
04		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>
05		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>
06		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>
07		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>
08		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>
09		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>
10		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>
11		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>
12		1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>

C47. Who gave the data for this survey:

Ordinal number from the household list
 Relation with the head of household

