



# **IMPROVING HEALTH OF ROMA, ASHKALI AND EGYPTIAN COMMUNITIES IN FUSHË KOSOVË**

Funded by the Government of Luxemburg and executed by UNFPA,  
UNICEF and WHO in partnership with the Ministry of Health

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## Introduction

During the last three years, the Non-Governmental Organization “Health for All” (HFA) was supported by the United Nations Fund for Population Agency (UNFPA). In the meantime the “Health for All” has conducted a series of activities aimed at promotion of health education which were fully supported by the UNFPA. Within these activities, in 2008, 2009 and 2010 “Health for All” has conducted a research on “IMPROVEMENT OF HEALTH FOR ROMA, ASHKALI AND EGYPTIAN COMMUNITIES IN FUSHË KOSOVË”.

The goal of this research was to identify the problems and concerns of these communities with a special focus being paid on health problems. Through this research conducted continuously during three year-period, the “Health for All” has managed to present the level of health education within Roma, Ashkali and Egyptian communities. The research also enabled the identification of progress in key health education issues, encouraged by HFA through informal education, trainings and seminars.

However, this report is mainly based on the data of 2010 survey, as well as surveys conducted in 2008 and 2009.

The report contains a summary of results that came out from the questionnaire over health education and economic situation of Roma, Ashkali and Egyptian communities of Fushë Kosovë municipality. The report concludes with the HFA whole series of conclusions and recommendations that might be useful for improvement of existing situation. The NGO “Health for All” wishes to use this opportunity and thank the UNFPA Office in Kosovo for its pledged support and commitment during the last three years in furthering the dual cooperation.

## Project's Retrospective

Since 2008 to nowadays, the NGO “Health For All” has implemented one part of the joint program of UNFPA, WHO and UNICEF, funded by the Government of Luxemburg and named “**Improving Health of Women and Children in Kosovo**”. Since then, the HFA has carried out various activities aimed at improving health care within RAE communities of Fushë Kosovë municipality. These activities focused on awareness raising, mainly through lectures, trainings and seminars and centered around following:

- Family Planning
- Personal Hygiene and clean environment
- Sexually Transmitted Infections
- HIV/AIDS and
- Swine Flu

Awareness raising and importance of health protection within RAE community was the main objective of above mentioned activities, not ignoring unsatisfactory knowledge about health education that exists within in RAE community. In order to identify the problems and assess the needs for furthering health education, the HFA conducted a surveys with RAE families during 2008,2009 and 2010.

Part of this project were also the group visits of RAE women to the Main Family Medicine Center, specifically visits to the gynecologist. It is worth of mentioning that all lecture participants received a hygienic package that will slightly help them to overcome financial difficulties.

Marking of the World HIV/AIDS day was also part of the UNFPA project where numerous launched activities centered on awareness raising about this disease. Since 2010, with the UNFPA help, the HFA extended its activities in the villages of Magure and Gadime who hosted identical activities performed in Fushë Kosovë during 2008 and 2009.



## Methodology of Survey

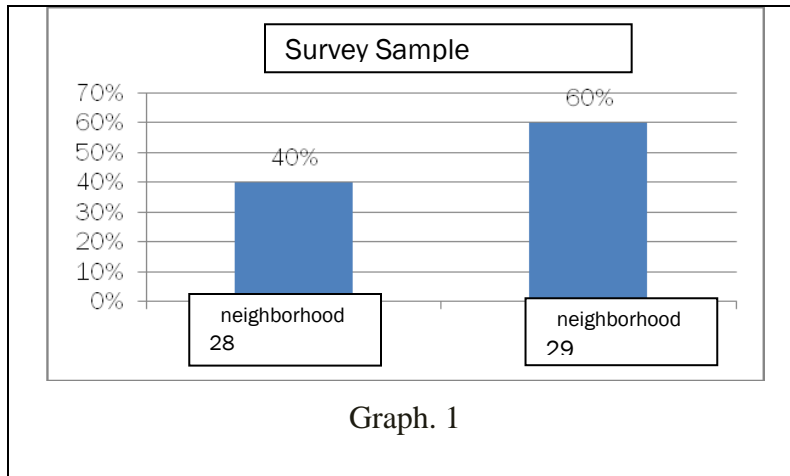
In order to present an accurate picture of trends and results of the project, the HFA has adopted a methodology of quantitative research – survey. The standardized questionnaire was the tool of the survey and was administered with the heads of RAE households. The questionnaire was designed to not exceed 15-minute timeframe and thus enable respondents a time-saving, proactive participation and delivery of honest responses. The questionnaire was divided into two parts, for both genders. The first part was designed for male respondents, while the second part, more “sensitive”, was designed for female respondents. In 2008, a specialized agency for research of public opinion has designed a methodology and model of this research, but also helped in preparation of Access data-base.

## Sample of Survey

In order to present an accurate field figures, the HFA has adopted a sample that represents RAE communities in Fushë Kosovë. During three-year continued research the number of surveyed families reached 490 (2008-140; 2009-250, extended in 4 neighbourhood-02, 08, 28 and 29; and 2010-100 families).

Both, the methodology of survey and questionnaire were designed identically in an effort to develop an accurate data-base. The respondents included heads of households (spouses), while data were analyzed separately for respective year, taking into account the different number of respondents and possibility of result-changes from year to year due to continued awareness raising carried out by HFA.

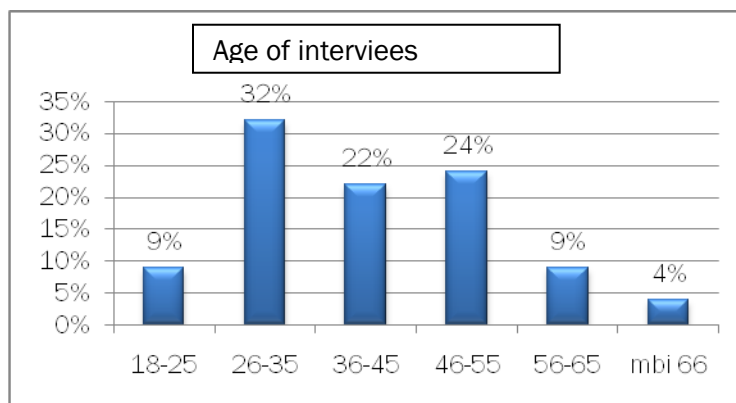
The graph below shows the number of performed surveys and neighbourhoods where surveys were carried out during 2010:



As can be seen from the graph above, out of 100 surveys with heads of households, 40% of them were conducted within the neighborhood number 28, while 60% within the neighborhood number 29. Other neighborhoods were surveyed in 2008 and 2009.

As mentioned earlier in the report, the questionnaire was divided into two parts, one for male and another for female respondents.

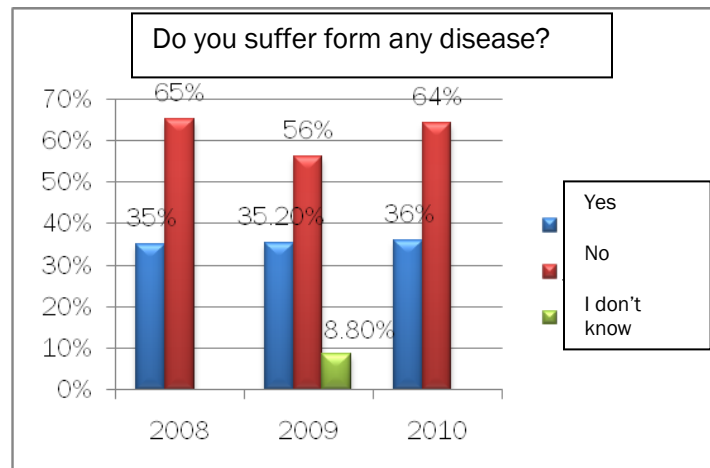
The age of surveyed respondents was different and is shown in the graph below.



In 2009 and 2010 the largest number of surveyed respondents belonged to 26-35 age-group (in 2009 was 31.6% while in 2010 this age-group was represented with 32%).

## Survey Result

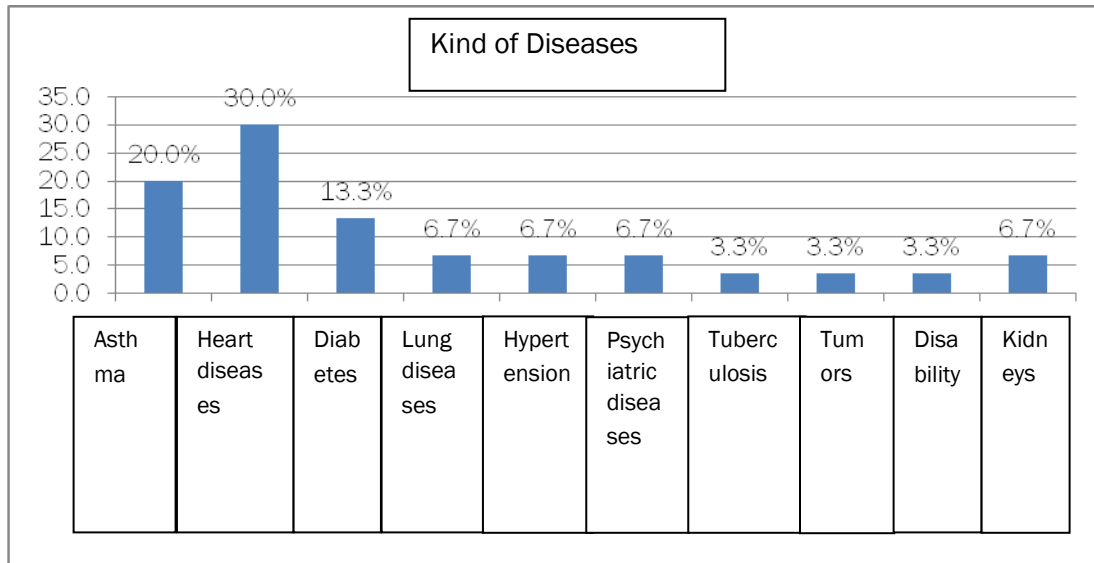
The interviewed respondents from RAE communities were initially asked whether they suffer from any kind of disease. Their responses in this question were presented in the graph below.



Graph .3

As can be seen from results presented in graph 3, in 2010, 36% of respondents stated that they do not suffer from any disease compare to 64% of respondents who admitted suffering from different diseases. Almost identical with 2010 are the results of other two years. The HFA concern centred around identification of top-common diseases among RAE community members.

As shown in graph 4 (see below), the heart diseases and asthma were the main concerns of RAE communities.

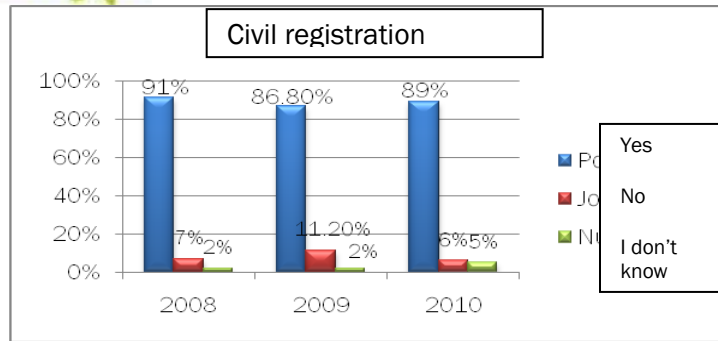


Graph. 4

## Civil Registration

In general, there is a good willingness within RAE community to register at the Civil Registry. This can be obviously seen from graph 5, while the overall majority of respondents who admitted their registration within civil registry for 2008 is 91%, compare to the lowest in 2009 with 86.80%. In 2010 there is an increase of respondent registration for 2.20%.





Graph 5.

The survey also enabled identification of reasons that led the members of RAE community to not register. The results of survey for 2010 are shown in the graph 6 (see below).



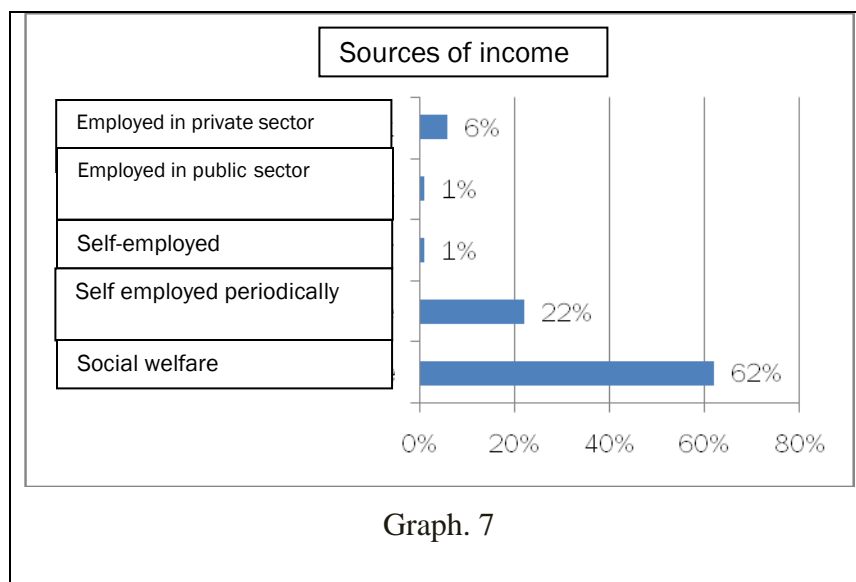
Graph. 6

As the graph above shows, 50% of respondents interviewed in 2010 mentioned their displacement as a reason for not registering, compare to 16.66% respondents who stated other reasons such as “lack of documents”, “we are still waiting” and “unknown reasons.” The main reason for not registering in 2008 was “lack of access” to the offices of civil registration”(40%) and “lack of information” (10%).

Other reasons for not registering appeared in 2009 survey; 17.64 respondents stated economic problems while 17.66% respondents stated the lack of personal documents.

### **Income Sources**

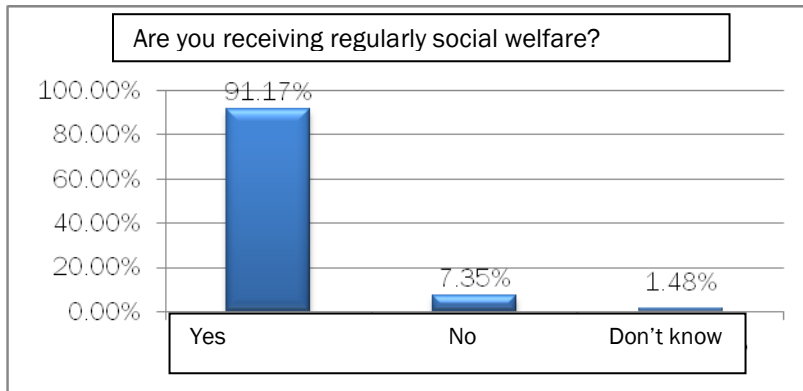
Since the end of the war, among main problems for members of RAE community is very high unemployment rate. In the last three years, the HFA has managed to identify the income sources for members of RAE community and the figures for 2010 are shown in the graph below:



As can be seen from above graph, the percentage of those who still receive social welfare is high (62%), while those who occasionally find jobs is 22%, self-employed 1%, employed within the public sector 1%, and in private sector 6%. If we refer to these figures, we can conclude that only 8% of interviewed respondents have permanent employment (employees of public and private sector and self-employed).

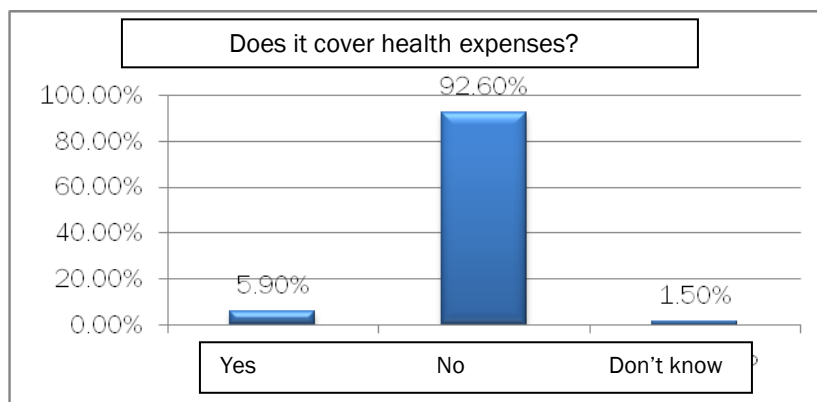
The percentage of those who benefited from social welfare in 2008 was almost identical with those in 2010(62%), while in 2009 was 56.4%.

The HFA was keen to determine whether social welfare beneficiaries receive support regularly or no. The analyzes of this question are presented in graph 8 (see below).



Graph. 8

As seen from above graph, 91.17% of interviewed respondents admitted receiving social welfare regularly, while 7.35% of other respondents admitted having difficulties with social welfare. In 2008, the percentage of regular recipient of social welfare was 88% compare to 10% of other respondents who stated opposite.

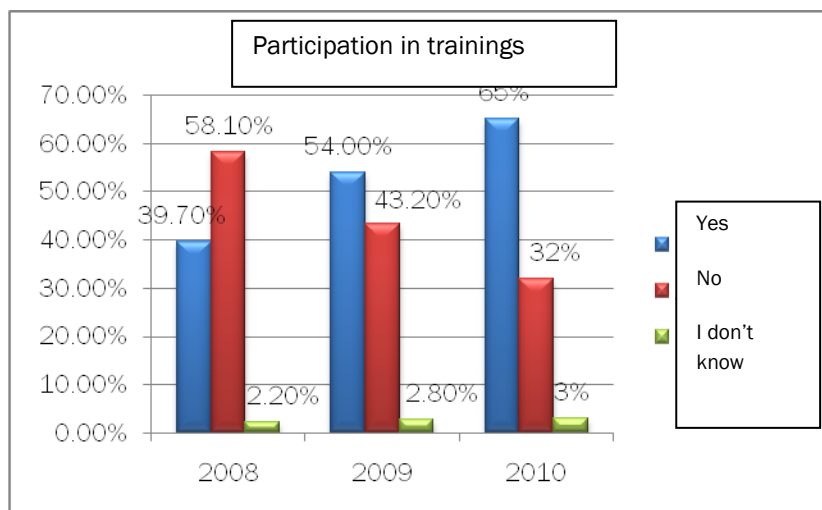


Graph. 9

On the other side, the graph number 9 gives a picture on ability of respondents to cover their health need expenses with income received from social welfare. Figures in the graph show that 92.60% of respondents admitted that income received from social welfare is not sufficient to cover their health needs. However, 5.90% of respondents claimed the opposite.

## Health Education

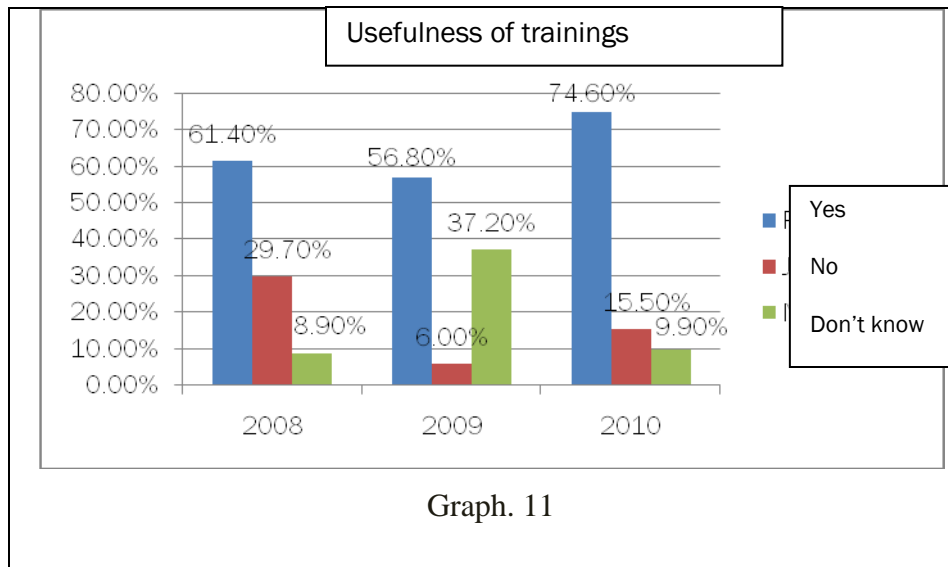
During the last three years, the HFA has offered health education through series of trainings and seminars by selecting topics of importance for members of RAE communities. Having on mind the fact that health education was one of the key objectives of this survey; all respondents were initially asked whether they participated at the trainings organized by HFA. The graph number 10 (see below) illustrates responses on this question.



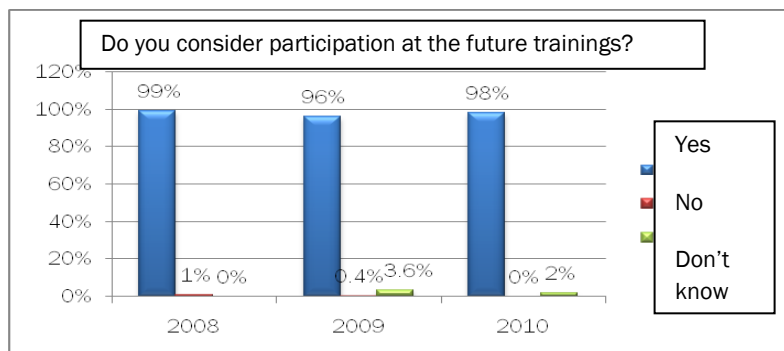
Graph. 10

As graph above illustrates, the trend of participation at the trainings from 2008 to 2010 increased for 25.3%, with 2010 marking the highest participation.

The HFA was also interested to know about satisfaction of respondents with attended trainings and whether they fulfilled their expectation and needs of Roma Ashkali and Egyptian community. The graph number 11 (see below) illustrates perceptions of the interviewees on the benefits of trainings organized by HFA.



As graph above illustrates, 74.6% of respondents who participated at the trainings organized by HFA branded them as very beneficial, compare to 15.50 of respondents who were not satisfied with trainings. The highest percentage of satisfying participants was in 2010.

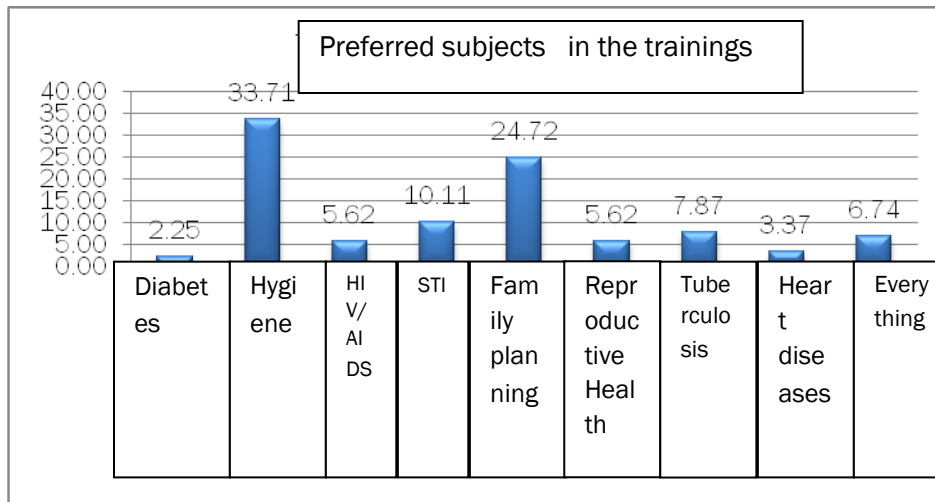


Nevertheless, the HFA was interested to know about readiness of training participants to re-attend similar trainings if organized in the future.

Graph number 12 (see above) illustrates high percentage of respondents (98%) who pledged their readiness to participate again in similar trainings, while only 2% of respondents expressed

reservations saying “they’re not sure if they will attend future trainings.” The highest percentage of those who admitted their readiness to participate in future trainings was noted in 2008 - 99%.

The HFA was interested to know more from RAE community respondents over their preferences on topics of discussion at the future eventual trainings.

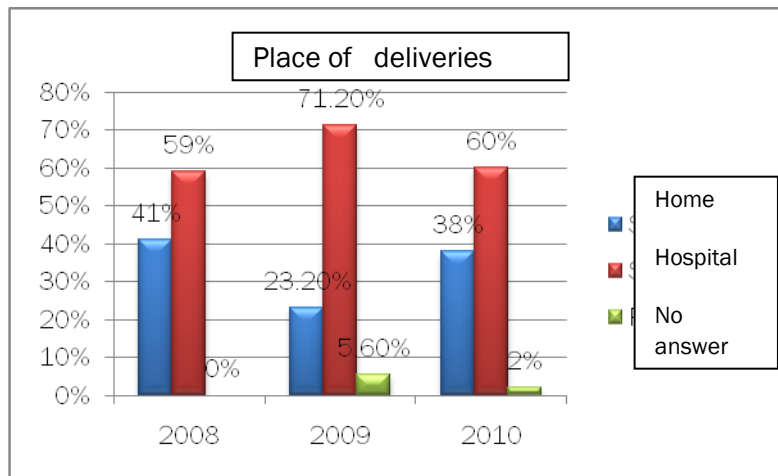


Graph. 13

Graph number 13 (see below) illustrates that the most preferred topics of discussion would be Hygiene (33.71%) and Family Planning (24.72%). Identical are the figures for 2008 where Hygiene(26.70%) and Family Planning(16.35%) dominate. While for 2009 the figures are not so clear since the issues like HIV/AIDS, IST and TBC jointly reach the figure of 32.4%, compare to other 29.2% of respondents who stated their preference to attend all topics related to health education.

## Family Planning

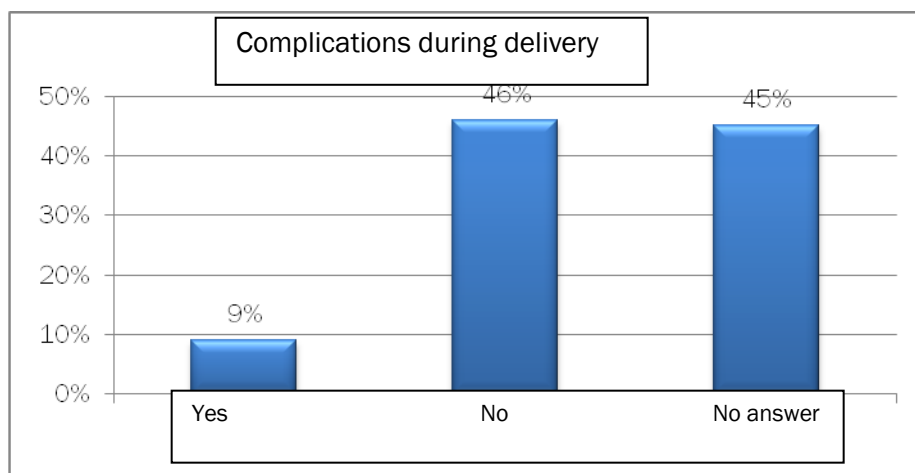
The respondents identified Family Planning as second most important topic for future HFA eventual trainings. Therefore, the HFA focused on getting more specified information over certain topics linked to family planning. Initially, the female respondents were asked whether they had their delivery at the hospital or at home. The graph 14 below show the figures for 2008, 2009, and 2010.



Graph. 14

Above graph illustrates the highest hospital delivery in 2009 with 71.20%, of the interviewed compare to lowest level in 2008 with only 59%.

The following question to women of RAE community was whether they had any complication during delivery, and the graph below illustrates their responses;



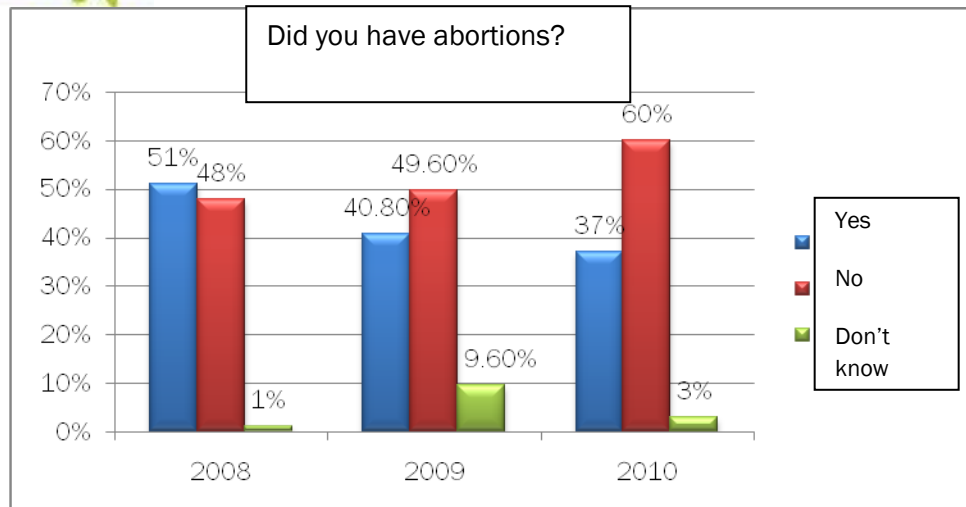
Graph. 15

9% of respondents admitted complications when delivery was done at home, 46% confirmed no complication whatsoever during delivery, while surprising high percentage of respondents, 45%, failed to respond on this question.

19% of respondents in 2008 admitted having complications during delivery compare to 81% of RAE women who said they did not experience any complication whatsoever.

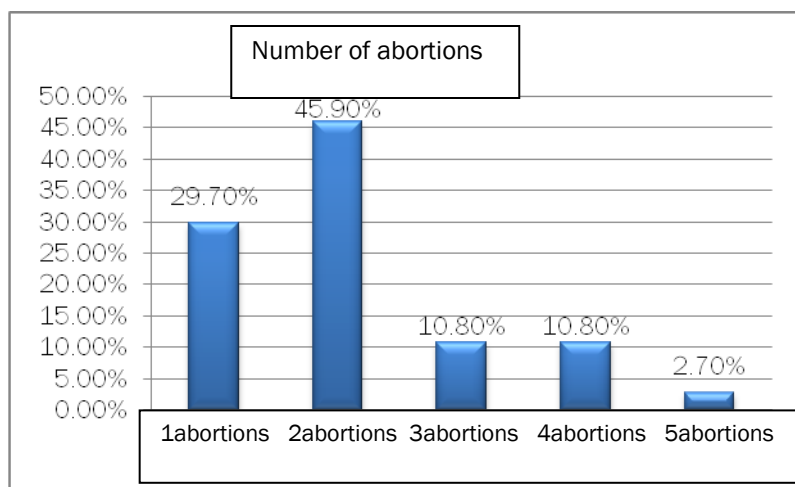
Abortion was another topic covered in the questionnaire. Out of 3 randomly/annually conducted surveys, appears a decrease of abortion from 2008 to 2010 for 14%, which in fact is a positive sign. However, the current figure of 37% of abortions is very concerning.





Graph. 16

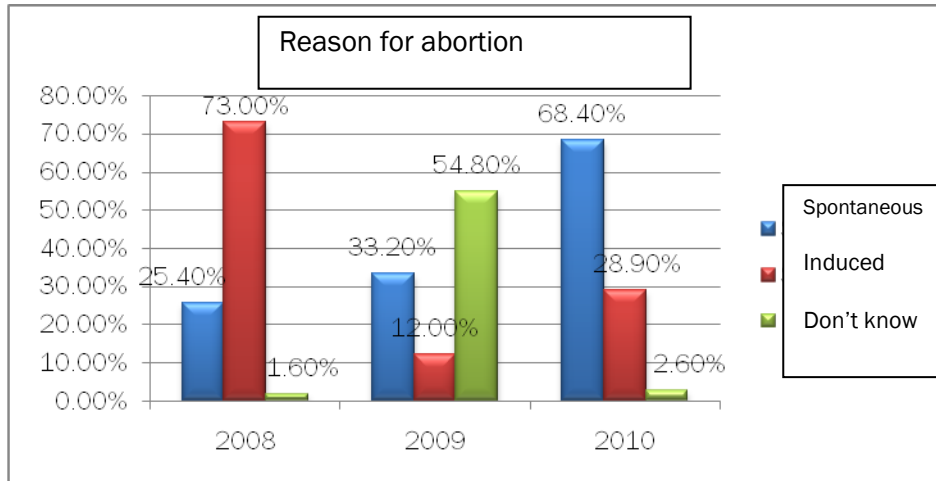
Through this survey, the HFA identified the number of respondents who admitted having abortion in the past.



Graph. 17

The graph above shows that 45.90% of respondents had 2 abortions, compare to 29.7% who admitted having just 1 abortion. Figures for 2009 show the prevalence of 1 abortion (20%), 2 abortions with 10.4% and 3 and over abortions with 13.20%. 56% of respondents failed to give any response. Such high number of abortions led to additional question such as what were the reasons for abortion? 68.40% of respondents responded on this question by admitting having spontaneous abortions, while 28.90% of respondents stated that

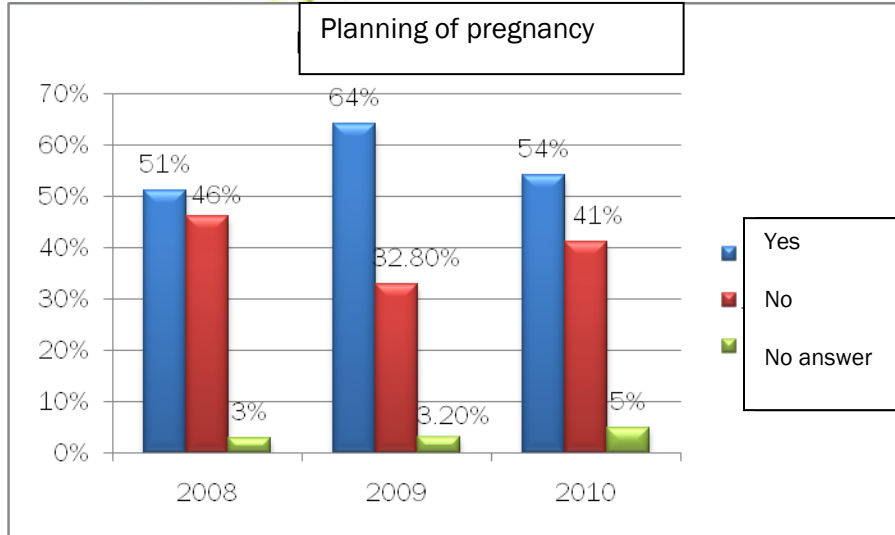
abortions were intentional. In 2008 the highest percentage of respondents, 73% stated that abortions were intentional.



Graph. 18

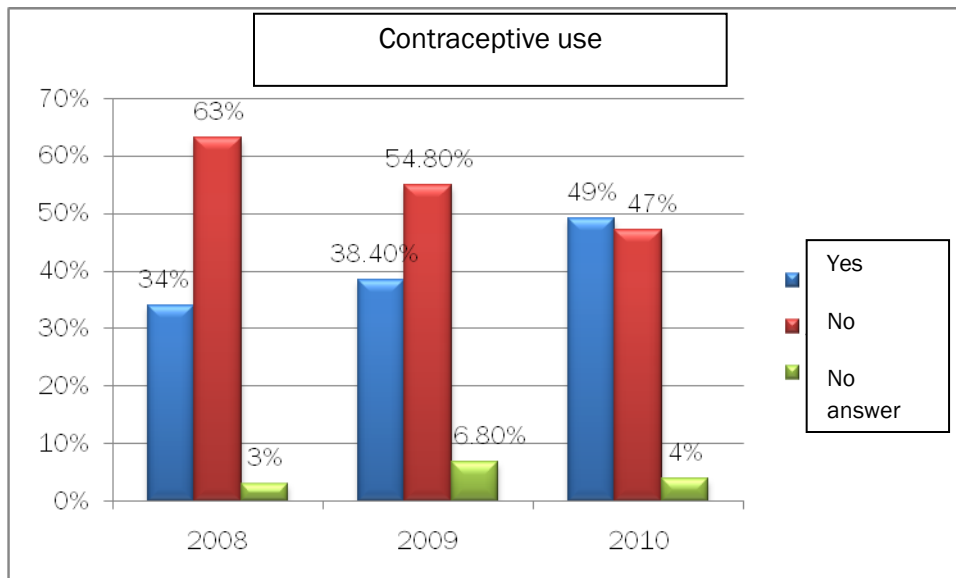
Another emerging question was whether RAE women plan (want) the pregnancy?

As shown in the graph below, the highest percentage of planned pregnancies are noted in 2009 where 64% of RAE women admitted planning their pregnancies. Figures for 2010 decrease showing that 54 % of respondents planned their pregnancies compare to 41 % who responded opposite.



Graph. 19

Since the figures of planned pregnancy are not very encouraging, the HFA following question centered on eventual use of contraception during sexual relationship. As the figures in the graph below illustrate, in 2010 only 49% of respondent admitted using various contraception methods, compare to 2009 figures at the level of 38% and 2008 with only 34%.

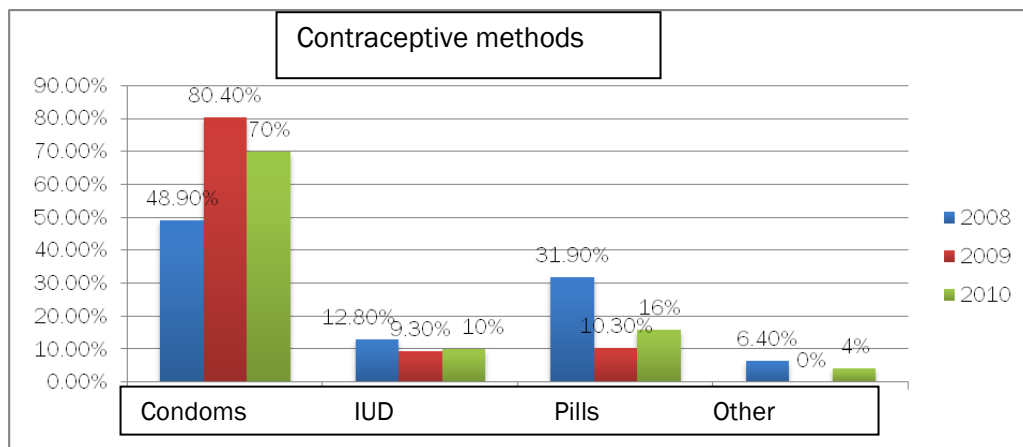


Graph. 20

Meanwhile, the graph number 21 (see below) illustrates an increase of use of preservatives. While in 2008 such use was at the level of 48.90%, in 2009 increased to 80.40%, with slight decrease in 2010 at the level of 70%.

However, the other contraception methods are very rarely used.

The following question centered around various kinds of contraception use. The graph number 21 (see below) illustrates responses;



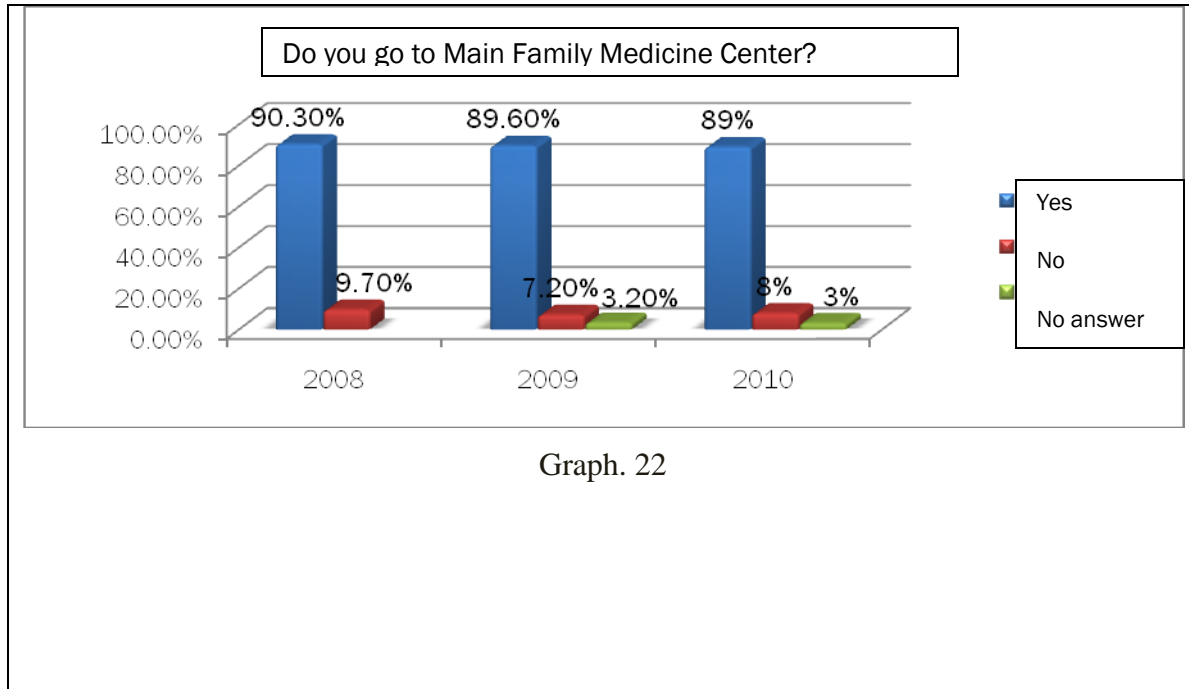
Graph. 21

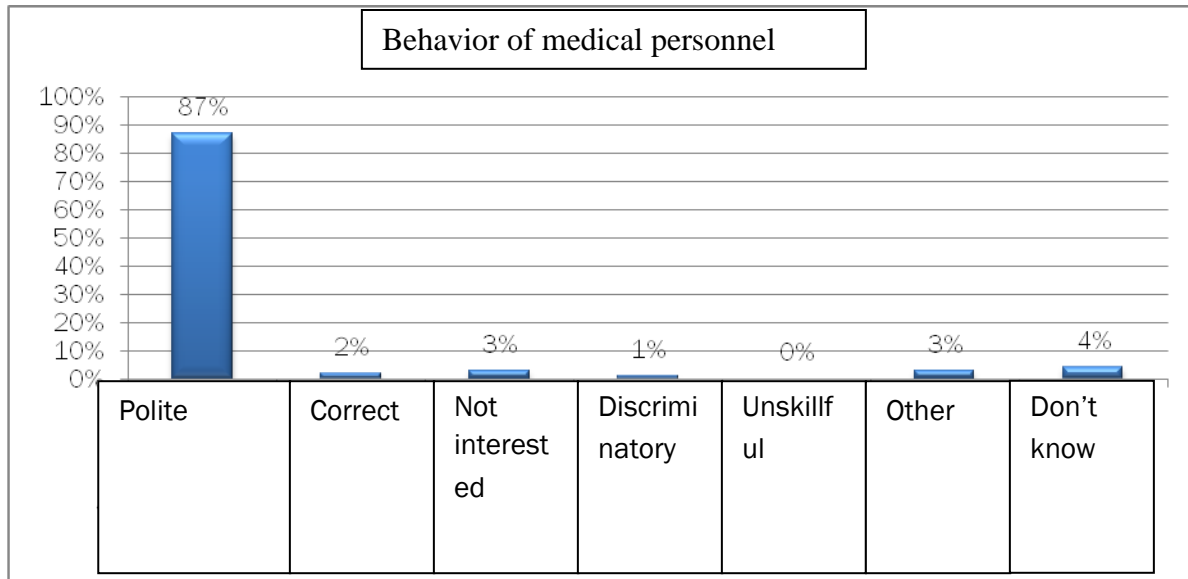
### Access to Health Care Institutions

Finally, the HFA was keen to know about accessibility of members of RAE communities to health care institutions and behavior of medical personnel toward members of RAE communities. As the graph below illustrates, high percentage of RAE respondents stated they regularly visit Health Care institutions in Fushë Kosovë. In 2008 - 90.30%; In 2009 - 89.60% and in 2010 - 89%.

Worrisome is the fact that in 2009, 6% of the interviewees declared that behaviour of health personnel is discriminatory.

In general, these are the main findings of the survey conducted in 2010, and their comparison with 2009 and 2008 findings..





Graph. 23

The graph 23 (see above) shows that 87% of respondents branded the behavior of medical personnel toward them as well-behaved, 2% branded their behavior as proper, and 3% branded them as not-interested. However, 1% of respondents branded their behavior as discriminatory. In 2008 was also noted high percentage of respondents who were satisfied with behavior of medical personnel ( well-behaved 89.40%, proper 2.30%). Changes were noticed in 2009 when only 64.8% of respondents branded the behavior as well-behaved, 14.8% said it was proper, and concerning fact remains increase to 6% of respondents who branded the behavior of medical personnel as discriminatory.

In general, those were the key statistics that came out from the 2010 survey and their comparison with the 2009 and 2008 data.

## Focus Groups

In order to have a better picture of health education needs and common concerns of members of RAE community in Fushë Kosovë municipality two focus groups were established, one focus group with male



and another with female respondents, both operating in full accordance with ethical and acceptable interviewing standards. In total were 16 respondents whose average age was 37.3 y.

In general, questions centered around topics discussed by HFA as well as trainings and surveys.

The outcome of analyzing the focus groups tells that only 6 participants suffer from various diseases, while all other participants admitted that some of their relatives do suffer from various diseases. The commonly mentioned diseases stated by the participants are hypertension and diabetes.

However, only one participant mentioned heart disease as his top concern, a disease that leads on the HFA survey.

Civil registration was another issue discussed with the focus groups, and all participants admitted being registered, and even went further saying all members of their families are also registered.

“Without registration we can not obtain any document, and without documents you can not travel anywhere. Therefore we all, including our family members are registered,” one of the male participant in the focus group was quoted as saying.

“I want to be known who am I and that I’m alive and belong to this community. Registration is obligatory,” - one of the female participant in the focus group was quoted saying.

In general, both male and female participants at the focus groups are aware of Civil registration’s importance and benefits, therefore all stated their readiness to respond positively to the upcoming registration in Kosovo.

The focus groups also identified the major concerns of RAE community, with unemployment leading the list. 7 from 16 participants admitted social welfare as their only source of survival although they branded it as insufficient, while 3 others live on low pensions they receive.

“Social welfare is my only source of survival. Although very low, we manage to survive somehow,”



stressed one of the female participant.

Men do have the responsibility to secure financial income for households of RAE community. Therefore, majority of them chose hardworking jobs in order to generate income.

“Every morning I walk out of my home in an effort to find a job. Sometime I’m successful sometime not. What can you do,” one of the male participants was quoted saying.

However, the generating income is not sufficient for majority of participants in the focus groups. Based on their statements, the average income per family of RAE community varies from 120 – 150 euro per month and this amount, as they stated, is insufficient compare to the needs of their multi-member families.

“We pray not to get sick, since if we do, we have no money to pay for medicaments,” stated 20 Year female participant.

“Every day we search for metallic items in the garbage containers and with the income we generate from their selling we try to secure our survival,” one female participant has quoted saying.

All participants who receive social welfare confirmed receiving them on regular bases and they have no objection whatsoever in this direction. However, according to them, the amount they receive is not sufficient to cover their health needs.

“I swear to God that the social welfare we receive is not sufficient to cover our health needs. The Money we recessive is not sufficient for food and let alone for medicaments,” says a 39 year participant.

However, the members of RAE community although acknowledged poor knowledge about health education, they have expressed their firm readiness and desire to expand their knowledge about health





issues. The participants of the focus groups were also engaged in training sessions, excluding 4 of them, and they all branded the HFA organized trainings as “very beneficial!”

“Yes, the HFA has performed many trainings for RAE community, specifically those on personal hygiene, which according to me were very useful and beneficial for us,” one of the male participant in the focus group was quoted saying.

“The HFA is the only organization that cares about well-being of our community. They’ve helped us a lot, taught us about family planning and to be honest, this is the first time I’ve heard about preservatives,” says one female participant of the focus groups.

All participants of the focus groups have pledged their readiness to participate in eventual future trainings organized under the auspices of HFA. Every training would bring new knowledge and will certainly contribute to improvement of health education and thus undoubtedly will be welcomed by members of RAE community.

However, the focus group participants do have their preferred topics. On top of their agenda are trainings that will focus on sexually transmitted diseases and family planning, followed by trainings on combating smoking and drugs, two phenomenon’s that seriously damage health of RAE community members in particular.

“Every topic aimed at improvement of health would be welcomed although I think that RAE community desperately need more awareness on reproductive health issues,” stated one male participant of the focus group.

During training sessions emerged the fact that elderly generation of the members of RAE community has neglected the importance of family planning, in fact they even admitted of not hearing about concept of “family planning.”



“We laid our hope on God’s will”, says one of the male participant of the focus groups. Such view is fully opposed by new generation, youth in particular, who stated their preference over family planning and every delivery/child be wanted.

Only 3 out of 16 participants in the focus groups admitted of consulting their spouses over newborns and their number. Others failed to do the same for various reasons.

Another concerning fact that emerged during the training session was high number of home-deliveries within RAE community. The members of elderly generation acknowledged lack of financial sources as the main reason for home-deliveries along with lack of awareness about safety and importance of hospital-delivery both for mothers and newborns. While new generation, youth, can not even imagine home-deliveries.

“I had home-delivery since I’ve waited too long and everything happened so quickly,” says 48 year female participant of the focus group.

“I’ve done all my deliveries at the hospital and that is the only convenient place. If something goes wrong during delivery the medical personnel can intervene immediately,” stated one female participant of the focus group.

All participants acknowledged lack of awareness about importance of hospital - delivery but also stressed that things have started to change for better.

“Nowadays nobody prefers home delivery as was the case earlier. Women go to hospital for care and delivery. In the past was different since we thought that it is the same whether you had your delivery at home or at the hospital,” says one female participant of the focus groups.

Luckily, nobody from the focus group participants experienced any difficulties during delivery although they admit some sort of complications when delivering at home. Meanwhile, only 2 participants from women focus group admitted having abortion at least once in their lifetime. While one of them stated she



aborted due to her health reasons, the other one said the abortion followed because of her poor financial conditions.

“The limited family budget could not cope with additional child therefore I decided for abortion although I’m aware that that was a mistake but I had no choice,” says the female participant.

Meanwhile, 4 male participants of the focus groups admitted that their wife’s carried out at least one abortion during their lifetime. Only one of them, per their confession, was spontaneous abortion, while other three were planed and carried out purely due to poor financial situation in the family.

The participants, however, admitted that abortions were more common in the past compare to nowadays when contraception methods are often practiced and thus unwanted pregnancies are being avoided.

However, all focus group participants stressed their determination toward planned/wanted pregnancy in the future.

“Yes, it is much better to plan it. When conditions are in place you can afford children but when they are not, when you don’t have enough to feed them, the pregnancy should be avoided by all means,” stressed one female participant of the focus groups.

“Naturally we plan our pregnancies and will do so in the future as well. I will discuss with my wife and jointly decide whether to have more children or not,” said male participant of the focus groups.

The knowledge of participants over contraception methods is satisfactory. They do care about contraception methods and freely talk about them and this issue is no longer taboo. Preservatives are almost the only contraceptive they use excluding one female participant who uses IUD. The participants noted “we heard about negative side-effects of contraception pills and therefore we don’t use them,” adding that preservatives are the most effective method against unwanted pregnancy.



“I regularly use preservatives and sometime get them for free. They are harmless and very useful for me and my wife since they protect us from unwanted pregnancy,” said focus group participant.

The participants of the focus groups stated they often visit family medicine center although not all of them are satisfied with services offered there. One female participant complained about sexual harassment while others talked about poor treatment by the medical personnel. As they said, medical personnel of family medicine centers often forces them to buy medicaments although they're offered free of charge..

“Their behavior is not good at all and this is a main reason why we decided to not visit this family medicine center,” says one female participant.

Conclusively, the focus group participants agree that the awareness of RAE community members over importance of health care has increased lately' something they attribute and are very grateful to HFA.

## Conclusions:

Upon analyzing of data from questionnaire and focus groups the HFA concludes the following:

- Percentage of respondents who admitted suffering from various diseases reach 36%, with heart diseases (30%) and Asthma (20%) being the most common diseases.
- The increase of 2.2% of RAE community members in civil registration has been noted in 2010 compare to 2009.
- The unemployment remains a top-leading concern of RAE community members who by large live on social welfare assistance and with limited number of jobs within public or private sector.
- Social welfare assistance is insufficient to cover health care needs of RAE community members.
- 65% of respondents admitted their participation within HFA organized trainings and 74.6% of them branded the trainings as very beneficial. 98% of respondents pledged their readiness to participate in future eventual trainings.



- The most preferred topics of future trainings are hygiene with 33.71% and family planning with 24.72%.
- The decrease of 11.20% of hospital delivery for women of RAE community in 2010 compare to 2009 is very concerning.
- 9% of interviewed women acknowledged complications during home delivery.
- Reduction of 2010 abortion rate compare to 2008 for 14% is positive sign although the current level of abortion (37%) is very worrying.
- 2/3 of respondents stated that their abortion was spontaneous compare to 1/3 who admitted intentional abortion.
- Cases of wanted pregnancy were highest in 2009 compare to decrease of 10% in 2010
- 2010 increase of 15% in use of contraception methods compare to 2008 is very encouraging sign.
- Use of preservative is the most commonly used contraception method.
- Majority of respondents admitted visiting Family Medicine Center in Fushë Kosovë.
- In general, there is a positive opinion of RAE community members over behavior of medical personnel toward them.