



Population Research Center
University of Groningen

**INDEX
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Gallup International*

Pregnancy and Family Planning in Kosovo

A Qualitative Study

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PREGNANCY AND FAMILY PLANNING IN KOSOVO
A QUALITATIVE STUDY

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LIST OF ACRONYMS AND ABBREVIATIONS

UNFPA	United Nations Population Fund
PRC	Population Research Centre
UNDP	United Nations Development Programme
KHDR	Kosovo Human Development Report
SRSG	Special Representative of the Secretary General
PPFA	Planned Parenthood Federation of America
NGO	Non Government Organization
IUD	Intra Uterine Device
K-Albanian	Kosovan Albanian
K-Serb	Kosovan Serb
K-RAE	Kosovan RAE





EXECUTIVE SUMMARY

This report describes perceptions and opinions, of both women and men, on abortion and contraceptive use in Kosovo's changing society. These perceptions and opinions are related to societal trends such as Kosovo's poor economic conditions but also modernization, the influence of the Diaspora which provides much needed financial support for families back home, changing opinions about premarital sex and other sexual behavior, the changing value of pregnancy and prenatal care provided in health services, and above all the changing position of women in society.

In order to delve deeper into the reasons for choosing abortion and opinions and perceptions about abortion in relationship to birth control, the research included a qualitative study where both Focus Group Discussions and in-depth interviews were conducted in rural and urban areas of Kosovo.

The focus group discussions and in-depth interviews reveal that abortion is quite common in Kosovo. Married and unmarried women indicate different perceptions, reasons and consequences of abortion.

Abortion is generally accepted if conducted because of health reasons, fetus abnormality and rape. Also, the general opinion among married women is that abortion is quite acceptable. Financial circumstance is the major issue driving



women to choose abortion (not being able to afford another child). Other issues are; becoming pregnant soon after the birth of a child, not wanting another child, preference for a son (gender selection) and the grandmother complex (being pregnant with a child and becoming a grandmother at the same time).

Abortions among unmarried women are “unmentionable”. Although opinions about premarital sex are changing, especially in Prishtina, opinions about women who become pregnant before marriage and their need for abortion, still reflect underlying traditional values (men need to marry virgins). Young men adhere to a double morality: they think premarital sex should exist, but they will not marry a woman who has been engaged in premarital sex.

The withdrawal method is the most popular and preferred birth control method. Unfortunately, women who are dependent on their husbands to make this method successful sometimes become pregnant because of their husband’s carelessness. Participants cited cases where husbands were negligent due to drunkenness. Participants also stressed the importance of mutual trust between husband and wife while using this method.

Women indicate that a major disadvantage of using modern contraceptives such as the pill, condom and IUD are perceived side effects of all these methods although there is an enormous lack of information on just what the real side effects are. Most women receive information on contraceptives from ‘hear-say’ - from friends, neighbors, relatives and not directly from professionals. Condoms are especially popular among young people. This is largely due to information campaigns on HIV-prevention (rather than on pregnancy prevention).

Recommendations to policy makers and interventionists focus on providing information so women can make informed choices and counseling for both abortion and contraceptives, increasing the quality of prenatal care, and providing sexuality education especially for young people.





INTRODUCTION: THE ABORTION STUDY IN KOSOVO

Reproductive and general health studies were conducted in Kosovo including issues in women's and men's health including abortion. UNFPA estimates (2000) show that for every 100 live births 4.8 abortions are performed. In 2002, UNFPA reported 5 abortions for every 100 live births. Both estimates are from data collected from the general hospital, not private clinics. Considering that a large number of abortions are performed in private clinics, these numbers are incomplete.

Neither of these studies covered the issue of abortion thoroughly. General societal attitudes about abortion were not documented, nor were the reasons, or consequences.

The present report aims at filling this gap, not only by collecting and presenting information on all these issues but also by formulating recommendations for both policy making and interventions in Kosovo.

This study on abortion was initiated by the United Nations Population Fund (UNFPA) in Kosovo. UNFPA/Kosovo was established in July 1999 as part of an emergency response programme with an overall goal to restore basic and safe conditions for women and their newborn babies. At present, UNFPA con-



tributes to capacity building in Reproductive Health for health service providers and the promotion of Reproductive Health among men, women and young people.

The study was implemented by the Population Research Centre (PRC) of the University of Groningen (The Netherlands) and Index Kosova joint venture with BBSS Gallup International (Kosovo), as a local implementing partner.

Surveys were not considered the right research method to study abortion as data collected may not be reliable or relevant given the sensitivity of the subject. The role of abortion in women's fertility and health, their motives for choosing abortion and insight into women's reproductive life in Kosovo are all issues that require more rapport and trust between researchers and respondents. Therefore, qualitative research methods were used to provide reliable and in-depth information on abortions.

Issues and objectives

The primary objective of the study was to consider:

Pregnancy histories: What are the pregnancy histories of women (pregnancy, miscarriage, abortion, still birth, live birth)? What antenatal care and services were accessed?

Unwanted pregnancies: What options do women think they have when they have an unwanted pregnancy? Why is their pregnancy unwanted? Were there any contraceptives used (traditional / modern)? What is their knowledge of contraceptives? When is abortion an option? (are they married, unmarried, parity, age, number of sons / daughters, health)?

How do women make **decisions**? What issues are considered? Which steps do they take? Where do they get their information?

Place and information: Where do women think they can get an abortion? Where (public / private)? How do the women think the procedure is conducted? Is any information provided about the services, the method, how it is done? Who provides this information? Are health services providing information, health workers or other women in the community?

Social context: Who do women consult? Where do they get information; with whom do they talk about it? Do women need permission, from whom? What is the influence of family-in-law, husband / patri-lineal society? Related to this:

Gender context: Do women make their own decisions, or are they dependent on others (see above)? What is the influence of status of women in

Kosovo society? Does gender preference play a role in abortion? Is the choice of abortion seen differently if the fetus is a boy or girl?

Cultural context of Kosovo: What cultural role do children have? Are there gender differences? What does abortion and contraceptives mean to women and to Kosovo society in general?

Methodology

In order to achieve these objectives, Index Kosova joint venture with BBSS Gallup International conducted 19 focus group discussions and 18 in-depth interviews. By using these methods we gathered general information by speaking to women using focus group discussions; and more in-depth information about abortion by interviewing women who had an abortion.

We conducted focus groups and in-depth interviews in Prishtina, Prizren and Mitrovica, among a Kosovan Albanian sub-sample, and Mitrovica and Caglavica among Serb sub-sample; The samples included both urban and rural women.

From 19 focus group discussions, 12 were conducted with Kosovan Albanian women, 4 with Kosovan Serb women, 2 with men (Prishtina and Prizren) and 1 group with gynecologists (Prishtina).

The random selection recruitment process for the focus group discussions was much easier than the convenient sampling recruitment for the in-depth interviews. Participants in focus groups, mainly women, spoke freely about abortion in general and told stories about their relatives and friends. However, they were hesitant when discussing their own personal experiences.

In-depth interviews were conducted with women who had abortions. Most of the respondents had to be searched house by house in particular areas by Index Kosova staff. In-depth interviews were divided amongst the different ethnic groups of women in Kosova. Among these interviews, 9 in-depth interviews with Kosovan Albanian women, 6 with Kosovan RAE women and 3 with Kosovan Serbs women.



This report

In Chapter 1 we describe the changing Kosovo society in order to fully understand abortion and contraceptive behavior in the economic, social, gender and cultural context of society. Briefly, we describe the economic situation and societal transitions that have taken place since the 1999 conflict; the changing position of women; the changing opinions about premarital sex and other sexual behavior; and changing perceptions about pregnancy and prenatal care.

Chapter 2, the core of this report, describes general perceptions about abortion, and perceived reasons and consequences, perceived methods and feelings and experiences, as indicated by the participants in both focus groups and in-depth interviews.

Chapter 3 describes related opinions about contraceptive use and highlights the overall predominance of the withdrawal method.

Chapter 4 summarizes the results and findings, and concludes with recommendations for both policy making and interventions in the field of abortion and contraceptive use.





CHAPTER 1 KOSOVO'S CHANGING SOCIETY

Kosovo is currently going through a transition that has changed and modified people's overall lives. Some people have adapted to these changes very well by adopting a European modernized lifestyle, while a vast majority continue living in a traditional way. Now a mixture of two extreme lifestyles exists in one culture and one location. In Prishtina and other large towns in Kosovo we find a modernization of all life values, style and rhythm of life. However, in smaller towns and in the rural areas in Kosovo there are places that have not yet been touched by modernization and remain characterized by the traditional way of life. The line between these two extremes is very thin. The question is: Does Kosovo society want to adhere to traditional ways or modernize?

MODERNIZATION AND POVERTY

The process of modernization in Kosovo started during 1970s–1980s, when industrialization and urbanization and formal education began. This process brought an end to the typical traditional life and large patriarchal families in Kosovo. During the 1990s, after Kosovo's autonomy was stripped away by the Milosevic regime, a large number of people immigrated to western countries (Germany, Switzerland, Scandinavia, etc). For many families who had low incomes or none at all and had strong family ties to family living abroad, the Diaspora became a source of income. Even today, after the 1999 conflict



and after the emergency rebuilding phase has ended, Kosovo is still facing poverty and poor economic conditions. According to the Kosovo Human Development Report (KHDR) 2004¹, the unemployment rate in 2004 was 44 percent of the total population (39 percent among males and 58 percent among females). According to the same report, 47 percent of the population lives in poverty (with \$2 a day per person), while 13 percent lives in extreme poverty (with \$1 a day per person). The Ministry of Labor and Social Welfare estimates that the unemployment rate for 2006 is 40 percent of the total working class. Further, according to KHDR 2004², the average household size in 2004 is 6.5 members per household, while the illiteracy rate is considered to be 6 percent (3 percent males and 9 percent females) and the average monthly income is very low (i.e. 136 Euro for men and 42 Euro for women). Kosovo has a young population, with 33 percent younger than 15 years.³

The above figures reveal that women have an unfavorable role in society. Although institutions and local and international NGO's attempted to improve the status of women in society, the numbers show that the gender disparity is still high. This influences women's decision making ability.

The Law on Gender Equality approved by the Kosovo Assembly and promulgated by the Special Representative of the Secretary General (SRSG) of the United Nations, is currently in effect in Kosovo. However, there is no way to evaluate how and when this law is being applied in institutions and public life in Kosovo. One good example of the application of a gender balance is among political parties and the Kosovo Assembly, where women fulfill a quota of 30 percent representation. However, if one closely observes a parliamentary session, one can notice that women's participation in the debate is rather low compared to men (counting the number of times that women speak during sessions). According to the Voice of Women Study⁴, women feel that men still have more rights and rights above women. Therefore, the Law on Gender Equality is not yet fully implemented in public life and public institutions.

Considering women's position in society, maternity leave is an issue in Kosovo. According to the Essential Labor Law in Kosovo⁵, a female employee is entitled to at least 12 weeks paid maternity leave upon the birth of a child. This leave is considered a working period and should be paid by the employer at a rate no less than two-thirds of the woman's earnings. This is mostly the case in the public sector. In the private sector these rules are not applied in many cases. If a woman is employed in the private sector and is married, getting pregnant may jeopardize her job. According to the Voice of

Women Study⁶, all women in Kosovo would prefer to have 12 months maternity leave. If a woman working in the public sector decides to go back to work after three months, and hires a babysitter, that would cost approximately close to the average salary from the Kosovo Consolidated Budget, which is 213 Euro⁷.

THE FAMILY

In Kosovo society, the structure and the function of the family was mainly determined by the “book of law” called “Kanuni i Lekë Dukagjinit” (“The Code of Lekë Dukagjini”). This book of law was respected by all members of the community, especially in rural areas, and those who did not respect these “rules” received a certain punishment. Most of Kosovo culture and mentality originates from these rules. Despite recent cultural changes, some aspects of the “book of law” remain or have been slightly adapted to today’s circumstances.

The patriarchal family is still present in Kosovo. The father or the oldest male in the family has a major role in all the decision making for everyone in the family. The man of the family still has the final word. It is almost impossible to confront or disobey him and still maintain a good relationship with him. Men usually provide the family with food and living necessities. The Voice of Women study⁸ found that although half of the women interviewed claimed that decisions about child rearing is shared by husband and wife, 50 percent overall agree that “it is good in marriage if men and women are equal, but best if men have the last word”.

The typical role of the mother is to provide love and care for her children and husband including cooking, cleaning and doing all the rest of the housework.⁹ According to the Voice of Women study¹⁰, 64 percent of women with 1-4 years of education “strongly agree” with the statement that “most housework is naturally the job of the women” while 28 percent of women with more than 13 years of education strongly agree with this statement. According to “Kanuni i Lekë Dukagjinit”, the man of the family has all the decision making rights and duties, the woman has a right “only to ask for food and clothes” from her husband¹¹. In many families, this still remains the law and the woman is treated like a servant of the family.

Keeping in mind the poor economic conditions that people are faced with today, most members of the family are engaged in finding a job. As a result,



some women are finding a job, especially in urban areas. Working women become providers of food and necessities for their family and are more respected because of their economic contribution. Families become financially dependent on working women which gives them a stronger voice in family matters. This is one of the reasons why the structure and the type of the family has changed from strictly patriarchal to a more modern family based on gender equality.

The awareness that children have rights is spreading due to education (the convention of on the rights of the child is included in school textbooks). According to a study done by UNICEF “Youth in Kosovo”¹², more than 50 percent of young people declared that their voices are heard “very much” in their families in major decision making. However, children’s rights are still being abused. On the street at any given time of day children are selling cigarettes, chewing gum and peanuts on the street. Though there is no known research, NGOs advocating mother’s and children’s rights, claim that there are many reported cases of violence and child abuse.

CHANGES IN WOMEN’S LIVES

Since the conflict in 1999, things have drastically changed in Kosovo. The typical big household with three brothers, all married with children who total about fifteen members, began to live with their spouses and children separately. As a result, women have a role to play in a smaller household and participate in the decision making.

The results of this study show that men began helping around the house, especially in special circumstances such as if his wife becomes pregnant, or occasional sickness of any member of the family. People started valuing their family differently and respecting their right to chose what is best for them.

Most of the participants believe that changes in society, especially the relationship between husband and wife has changed along with the awareness of the rights of women and using these rights to improve their life. The freedom of movement of women has changed as well. According to some participants women were not permitted to go out by themselves because “people would talk”. Now, more and more women feel free to go out, shop and do everything they need to do. Unfortunately this is not the case everywhere. There are still reported cases where a family does not allow a woman to go out by herself or because of the practice that women should be accompanied at all times, some

women don't feel comfortable or safe going out alone.

Participants in the study believe that technological development has made women's lives much easier in Kosovo. Living conditions were much more difficult in the past. Women were obliged to do the housework, go to work in the field, take care of children, wash and clean all by themselves. Until recently, especially in villages, there were no washing machines or water supply inside the house. Women had to do all the housework manually. Most participants claim that their life is much easier and better than their mother's was. Women now are more respected and are treated better than before, especially in rural areas.

RELATIONSHIPS

The lack of psychologists is not just a coincidence in Kosovo society. In Kosovo society community relations are very strong, everybody knows everybody, and everybody knows everyone's business, even intimate matters. People are very attached to each other and spend a lot of time together, mainly discussing their personal problems.

The study reveals that women mainly talk to their close friends, some talk to their mothers, while some share everything with their partner. Some find close friends who have similar problems. Everyday problems are discussed on a regular basis without hesitation, while intimate problems, such as with a partner, are not so easily shared with others.

Some women hesitate to share things with their mothers for different reasons. According to some participants, mothers can judge their behavior and action, or even can be hurt by their behavior. On the other hand, according to some participants, friends can sometimes betray you and reveal your secrets.

Husbands are considered to be the most reliable conversation partners. However, according to focus group participants, husbands are not always keen to listen to feelings and thoughts.

Sexual issues and topics are discussed while joking. When speaking in front of others about sex in the focus group, some participants felt uncomfortable. There were differences in urban and rural areas. Kosovan Serb women and women living in Prishtina were more open to conversations about sexuality than other women.



“Interviewer: Do you speak with anyone regarding sexual relationships?”

Respondent: Only when we joke around but not when speaking seriously.”

Female, 26-45, Prishtina, rural, K-Albanian (Group discussion)

Married women, other than Kosovan Serbs and women living in Prishtina were embarrassed when speaking about intimate sexual problems with someone other than their husband.

“Interviewer: Are personal relationships or intimate issues a topic you discuss with others?”

Respondent: Only with my husband ... It is embarrassing to talk with others about these things.”

Female, 15-45, Prizren, rural, K-Albanian (In-depth interview)

Although people in Kosovo are very close to each other, spend a lot of time together and share almost everything with each other, especially women, in most cases sexuality is something that people rarely or never talk about. Furthermore, there are no educational programs on television that teach sexuality education and therefore reach different groups of people.

OPINIONS ABOUT PREMARITAL SEX

In the new Kosovo after the conflict, there were changes in gender relations among the younger generation (i.e. especially the liberalization of sex and the practice of premarital sex among youth in urban areas). Physical beauty, image, fashion, liberal behaviors and personal satisfaction became dominating values in sexuality. Virginity, family origin and honor are values decreasing in importance according to participants in the study.

Opinions about premarital sex among participants strongly influenced opinions about abortions among non-married women, as described in Chapter 2.

A woman's virginity is considered by most of the participants to be the most important part of morality, dignity and a woman as a whole. In some areas, if the bride does not prove her virginity by displaying her sheets after her first night with her husband, she is sent back to her father for possible punishment. The marriage would end immediately.

Although dating has become very common and most people and even parents accept it, it is reported from focus groups that pre-marital sex is still 'prohibited'. Women fear the possibility of unfaithfulness on the part of their partners following pre-marital sex, worrying that men may leave and have sexual relationships with other women even if a woman gets pregnant.

"To this day premarital sex is not okay because men are acting like dogs. They cannot be trusted, because they get you pregnant and leave you to take care of the child on your own. Not knowing what to do or where to turn to, women get rid of their babies leaving them in the street."

Female, 26-45, Prishtina, urban, K-Albanian (Group discussion)

Although some participants claim that virginity is not such a big issue anymore, the majority of participants, especially in rural areas, claim that at least for men and their sons, virginity is still a key issue to be considered before marriage.

Fear of being abandoned by a boyfriend once he has fulfilled his sexual need is very present and widely spread. There may be a basis for such worry since even men admit that they would not marry a woman they had sex with if they were not already engaged.

"I would not marry a woman with whom I had premarital sex."

Male, 26-45, Prizren, rural, K-Albanian (Group discussion)

All men support premarital sex. Some feel that sex allows a complete understanding of a woman, others claim that premarital sex is a good experience. Paradoxically, men declare that they would not accept a woman who is not a virgin.

"I have heard that a man has sex with other women and says that I want a virgin girl. That is not all right."

Male, 15-25, Prishtina, urban, K-Albanian (Group discussion)

In rural areas especially, a woman's virginity is important. However, premarital sex, according to participants in the focus groups, has other consequences as well. In urban areas, unwanted pregnancy seems to be the most common fear and consequence of premarital sex.



“The mentality here in Kosovo does not allow us to keep a child, it does not matter even if one has all the best circumstances to raise not only one child but maybe two of them, or maybe one has also the support of the family still the society does not allow it, and you cannot raise a child all by yourself. They will give names to the child; they will call the child a bastard during his whole life. I have never heard of a woman, a student, who managed to raise a child without a husband.”

Female, 15-25, Prishtina, urban, K-Albanian (Group discussion)

Results of the focus groups reveal that another consequence of premarital sex is disease and infection.

“Normally, if you do not know how to control yourself, the consequences are so big, that you would forget that you have lost your virginity. There are various diseases that are spread. The other one is pregnancy, if he will not accept that child, then what is your position? Family will not accept it. It is different if you have done it willingly, but if a case would happen to you, there would be no one to tell, because nobody will understand you, they will say, leave it. There are big consequences if the issue goes till there.”

Female, 15-25, Mitrovica, rural, K-Albanian (Group discussion)

Strangely, most Kosovan Serb women and urban women from Prishtina who participated in the study thought that premarital sex is now very common and that it is natural to have a sexual relationship with someone you have been with for a time.

“It all depends on the person. If two young people love each other and feel they can be together for a lifetime, they can have intercourse even before marriage.”

Female, 15-25, Caglavica, rural, K-Serb (Group discussion)

However, women stressed the issue and importance of contraceptive use during premarital sex, in order to avoid unwanted consequences. They added the importance of physical and psychological maturity.

“I am not against premarital sex. The most and single important thing is for the female to be physically and psychologically mature. Nonetheless, contraceptives are important in this matter. I would

stress on the issue of protection against pregnancy and sexual diseases”

Female, 26-45, Caglavica, rural, K-Serb (Group discussion)

Generally Kosovan Serb women and urban women in Prishtina openly admitted that they have had premarital sex. Some were cohabiting with their partners, some other women thought this is shameful and bad.

SEXUAL ORIENTATIONS IN QUESTION

While opinions about premarital sex might have changed, particularly in urban areas, opinions about other sexual orientations did not. The results of the focus groups illustrate the unwillingness to accept homosexuality. In terms of accepting ‘new’ developments in the society, participants appeared quite conservative. A few participants were more open-minded, while the majority rejected the idea of standing close to homosexual men or women. Almost all participants in the focus groups thought that homosexuals especially are and will be rejected and discriminated by society. According to participants, our society is very small and conservative, and won’t accept changes that are not ‘normal’, or as they reported, ‘absurd’. Kosovo society, according to some participants, has enough burdens without these issues; acceptance would be too much for Kosovo society right now.

Participants feel that it is very difficult for homosexuals to live in Kosovo. Generally speaking, it is very difficult to survive even if one is seen as equal because Kosovo is rather small and provincial.

“If my neighbor was a homosexual - most likely we would distance ourselves and our children from him/her, however there are no such cases in Prizren.”

Female, 26-45, Prizren, urban, K-Albanian (Group discussion)

PERCEPTIONS ABOUT PREGNANCY AND PRENATAL CARE

Prenatal care is the care that women receive and provide for themselves during their pregnancy. Kosovo is a country where prenatal care is not at the same standard as in other countries, provided by governmental health services. This lack of emphasis on care during pregnancy for both women and the fetus has an impact on how pregnancy is perceived in society, and how this is linked to abortion, as described in Chapter 3.



Though some participants in the focus groups were not familiar with the expression “prenatal care”, all of them knew what it entailed. Results of the focus group show that all aspects of prenatal care, including medical services provided by doctors, family care for a pregnant woman and care of the mother herself have significantly improved. Even society’s attitude about the role and importance of women and pregnancy has changed. However, almost all of the participants agree that there is still space for improvement, especially in services provided and in the education of mothers during pregnancy.

Family Support

A pregnant woman is seen as fragile and everyone around her in the family is more caring. She also garners more respect. Women during pregnancy receive additional help from all members of the family, particularly the husband. Women are relieved of difficult housework (carrying heavy bags, climbing the stairs). Participants reported that stress was to be avoided when pregnant.

“Well, to tell you the truth, during my first pregnancy I was more careful, but also my husband and his family because I was very young at that time and I did not know what I could and couldn’t do. For example, when I climbed up somewhere they would tell me to come down because it is not safe for me to climb up there. But after one year, I got pregnant with my daughter, and since my son was only nine months old, everything was still fresh to me and I did not have problems during pregnancy neither, nor during labor. The family paid less attention to me then because there was no need, since then I learned things from my first pregnancy and I knew how to take care of myself.”

Female, 15-45, Mitrovica, urban, K-Albanian (In-depth interview)

Older women state that when they were pregnant, years ago, care from family members was less. They lived in very large families with their husbands’ brothers and their families, so there was a lot of work to do around the house. Women gave birth more often and housework had to be done whether women were pregnant or not. No one asked whether a pregnant woman was feeling good, or if she was able to work; things simply had to be done. However, almost all participants declared that pregnancy was always respected in Kosovo culture; the treatment by their families was always better when they were pregnant.

Following the conflict in 1999, gynecologists confirm that families, particularly husbands have taken greater interest in the care and health condition of pregnant women around them.

“Pregnant women are generally treated better within the family now.”

Gynecologist, Prishtina, urban, K-Albanian (Group discussion)

“When I worked in the Hospital of Gjakova I noticed an interesting thing: several husbands brought their wives to recover in the hospital for several weeks in order to grant a rest to them and told their family doctors to recommend it! These cases happen especially when there is a large family with many members and the woman cannot have rest because she has to work. In this way they have a rest they otherwise would not!”

Gynecologist, Prishtina, urban, K-Albanian (Group discussion)

Maternal Care

The results of the focus groups show that women are more aware of the importance of their pregnancy. It is different to be a pregnant woman now in Kosovo. Nutrition is one of the priorities that most women care about. Most of today’s pregnant women do not hesitate and nor do they feel ashamed to put their health and their baby’s health first. They feel free and know how to take care of themselves more than pregnant women did years ago.

“My mother worked even when she was pregnant. And current pregnant women say: I am pregnant, my baby needs to be healthy, that means I need to eat nicely, to get rest, not to strain myself. And the family around her is not allowed to annoy her, because everybody is afraid, God forbid if something happens, and they be guilty of that.”

Female, 15-25, Gracanica, rural, K-Serb (Group discussion)

Gynecologists claim that pregnant women are always on time for their regular check ups and they pay a lot of attention to what the doctor tells them. Gynecologists also note that women now are much more interested in the development and wellbeing of their fetus, compared to before.



Prenatal Services

According to gynecologists, services for prenatal care have improved both at the private and public level. However, in both facilities the lack of deeper explanation and counseling is evident. Doctors admit that they cannot fully dedicate themselves to a patient due to time constraints. In public facilities the doctor spends 5-10 minutes with a patient while outside the room there are 10 more women waiting to be examined.

According to some women, a lot of women go to Skopje, Macedonia for their check ups and deliveries. Doctors claim that the diagnosis is basically the same, but that the doctors there explain the process of baby's development in a more detailed manner. They even discuss the position of the baby. Doctors in Prishtina both in private and in public facilities simply do not have time. However, some gynecologists claim that women are not that interested in hearing advice about care during their pregnancy.

"It is also a matter of informing the woman of her situation. For instance a 37 year old pregnant woman was visited many times by a very good gynecologist in Kosovo. The gynecologist told the woman her pregnancy was proceeding well and that was it. Both the woman and I went to Skopje to visit a gynecologist there. I noticed the gynecologist was very patient with her. He explained to the woman everything she wanted to know including the position of the baby. He explained everything for about half an hour! This is what our doctors do not! They do not give as much information to their patients!"

Gynecologist, Prishtina, urban, K-Albanian (Group discussion)

"We give women information about pregnancy but few women are indeed interested. There is a very high percentage of women who ignore us while we give information! And this is the reason we retreat! I guess the lack of greater communication between the doctor and the patient happens because of our tradition! Usually older women rather not talk though we are available for them and willing to! There are a few of them however who are interested and ask for information!"

Gynecologist, Prishtina, urban, K-Albanian (Group discussion)

Women are satisfied with the services to some extent. Most of them believe that going to a public facility without knowing a doctor there, is a complete

disaster. It might happen that they have to wait for hours and in the end the doctor is not completely dedicated.

According to women in the focus groups, private facilities are preferred by women. The care is totally different in private facilities since one pays for a visit and the doctors pay more attention. The fee for regular check up is considered very expensive. With multiple visits needed during pregnancy, the cost can be out of reach for some.





CHAPTER 2 INDUCED ABORTION

Abortion has a long history in Kosovo. UNFPA estimates (2000) show that 4.8 abortions are performed in 100 live births. However, these estimates are considered low since the study was based on testimonial answers. In 2002, from data collected in hospitals (UNFPA) it appears that there were 5 abortions in 100 live births. However, this data is incomplete because it only represents cases from the general hospital. It is believed that a large number of undocumented abortions are performed in private clinics.

The law on abortion in Kosovo has not yet been approved by the Kosovo Assembly. However, abortion is legal in the Kosovo laws before the 1999 conflict (when Kosovo had no autonomy and Serb laws were in place). According to the Serbian Law on the Interruption of Pregnancy “abortion must be performed at the request of the woman, provided the pregnancy is less than 10 weeks duration. No written consent or waiting period is required; parental consent is required for minors under age 16.” According to the report on Health and Healthcare in Kosovo (Ministry of Health, 2004) there is undocumented reporting that private clinics perform abortions even later than 10 weeks of pregnancy.

Contraceptive use is ‘alarmingly’ low in Kosovo. According to UNFPA estimates (UNFPA, DHS- 2003), 35 percent of women in the reproductive years



use any contraception at all, 14.5 percent use any modern methods (mainly IUD 7 percent and the pill and condoms almost 3 percent). Traditional methods are more frequently used (21 percent), almost 20 percent use the withdrawal method. (see further Chapter 4).

PERCEPTIONS ON ABORTION: SOME DIFFERENTIALS

Abortion is perceived as something that is ‘underground’. Mostly abortion is perceived as a negative phenomenon, but sometimes as necessary and in some cases, inevitable.

Depending on the point of view, place of residence (region) and the age of women, opinions differed from woman to woman. Some women understood those who had an abortion while others categorically rejected the idea of abortion entirely.

It is important to consider what the reasons for an abortion are when trying to measure the level of acceptance of abortion. A termination of pregnancy because of health reasons, an abnormality of the fetus and in some cases even rape, are broadly accepted by the participants. However, some participants considered reasons for abortion and abortion itself as ‘nonsense’.

When comparing the study results about opinions on abortion, women from Prishtina are distinguished from all other places in the Albanian sub-sample. Women living in Prishtina believe that abortion should exist as an option, especially considering the poor financial situation. According to some of them, if abortion would not exist as an option then poverty would drastically increase. When imagining themselves in different circumstances, most of them agreed that abortion should exist as an option.

Women living in urban areas in general consider abortion normal when there is a valid reason to abort. Although they would not wish to have an abortion, they accept abortion as something that needs to be done.

“We belong to this society, and it is known that circumstances are not very good, that is why I would have an abortion. I am student, I don’t work and I don’t have the possibilities to take care of myself no less a child, then I would be facing a subject that would not be discussed, I would have no other solution.”

Female, 15-25, Prishtina, urban, K-Albanian (Group discussion)

While most women from Prishtina claimed that abortion is not a good thing to do but should be an option. Women living in other urban areas such as Prizren and Mitrovica in the Albanian sub-sample thought differently. Here, older women were mainly against abortion; however they believed that if there is good reason, women should be allowed to have an abortion. Surprisingly, the younger generations here are stronger in their opinion that abortion should not occur. According to them it is a crime.

“My mother thank God did not have any abortions otherwise I would have seen her maybe differently. There are a lot of criminals that have done a crime, we see them with a different eye, and they are in prison, while someone aborts seven children and stays at home, like everything is all right.”

Female, 15-25, Prizren, urban, K-Albanian (Group discussion)

Women living in urban areas did not hesitate to talk about their abortion experience, while rural women were more conservative. The situation is very similar also among Kosovan Serb women. They believe that abortion is a sin and it is a matter of morality if you abort, therefore, they hesitate discussing it, especially around women who know them. “Embarrassment” was also used to describe women who have had an abortion. Both among married and unmarried women, abortion is not something that women are usually open about. On the contrary, most of them hide the fact or are found to use defense mechanisms to justify their actions.

According to the focus group moderator’s observation, unconsciously, abortion is perceived differently for married and unmarried women. Some older women are more concerned about whether the woman who had an abortion is married or not. If the woman is married and had sex and got pregnant from her husband, abortion of the fetus is not considered such a big issue. However, if it happens to a young girl, that issue is considered to be taboo – everyone knows about it, but no one speaks about it easily.

From the religious aspect, for both Muslims and Christians abortion is strictly forbidden. Most of the participants describe abortion as a sin; above all everyone has his fate.

However, some claim, especially those who have had an abortion, that it is a bigger sin if you decide to keep the child and raise it in poverty. Some women claim that it is not a sin if you have an abortion before the third month of pregnancy, but after that, it is considered a sin. Some decide whether abortion is a



sin or not based on reasons for it.

“A woman that has an abortion only because she had had many girls, then that is not all right, because God gives you a child no matter if it is a boy or a girl”

Female, 15-45, Prizren, rural, K-RAE (In-depth interview)

REASONS FOR ABORTION – MEANS OF FAMILY PLANNING?

Participants were asked about what circumstances might drive a woman to terminate her pregnancy. From the results of both the focus groups and in-depth interviews participants distinguish between married and unmarried women.

Financial Reasons

According to KHDR 2004¹³ the unemployment rate in 2004 was 44 percent of the total population (39 percent among males and 58 percent among females); while the Ministry of Labor and Social Welfare estimated that the unemployment rate for 2006 was 40 percent of the total working class. As a result, abortion may be an easier choice than raising another child.

In the case of *married* women, financial circumstances and number of pregnancies were mentioned most commonly as reasons for having an abortion. Keeping in mind the average household size (2004) of 6.5 members per family¹⁴, and low household incomes, people indicated that it is cheaper to have an abortion than to raise another child.

The low cost of abortion contributes (from 60 € to 100 €, depending on whether it is conducted in a private or public clinic). People manage to find money for an abortion, either asking relatives or friends or spending their savings.

Financial conditions play an important role in abortion decisions.

“My brothers-in-law were all in foreign countries, and I was afraid that I would not be able to raise the child properly, or provide a good environment for my three children.”

Female, 15-45, Prishtina, rural, K-Albanian (In-depth interview)

“I had my abortion in 1997. I did it upon my own free will. At that

time we were in a war, and we were unemployed (my husband and me), thus the fear that I will not be able to raise the baby in a good environment made me choose an abortion...”

Female, 15-45, Prishtina, rural, K-Albanian (In-depth interview)

Grandmother Complex

Kosovo women, especially before, get married very young; most mothers are still fertile even when their eldest child is 25 years old. As a result, especially in rural areas a mother in-law and a new bride can be pregnant at the same time. Women claim that it is very inappropriate to have more babies when other children are married or ready to be married.

Sex Selection

The introduction of both ultrasound and amniocentesis has given parents the ability to choose the gender of the fetus before it is born. As a result, people have another chance to choose and decide whether they want to have a boy or a girl and subsequently abort if the gender is not desired.

In Kosovo tradition, boys have a more important role in the family according to the participants in the focus groups. Sons are the priority and the honor of the family. They are the inheritors of the family name and in most cases the whole family fortune is left to the son(s). Daughters are considered “outsiders”, since the girl will get married and be someone’s wife and not part of the family anymore. As brides are expected to give birth, after the second female child, members of the family usually start worrying whether they will have a son / grandson or nephew. There is pressure for a woman to deliver a boy. Given that she cannot make this happen on her own volition, she might be pushed to select the gender of the child by aborting female fetuses until she is pregnant with a boy. Women participating in focus groups gave many examples of sex selection. Gynecologists claim that the number of women who select the gender of the child is declining but admit that the practice exists and it is not rare. In most cases women are obliged to have an abortion if there is family pressure to have a boy.

Women themselves on the other hand, although they prefer a boy, show more sensitivity in these situations. Men and women, mostly from the younger generation are more tolerant to accept either a boy or girl in recent years. However, generally having a boy is very important.



“Well, this time I have a girl. I hope next time I will have a child (meaning a son)”

Male, Informal discussion

According to gynecologists, it is common that a woman has an abortion secretly, knowing that her husband won't allow another female child which might risk the woman's marriage and family.

'Spontaneous' Abortion

Although cautioned by in-laws or husbands, some women drink certain potions in order to terminate their pregnancy and then call it a 'spontaneous' abortion.

Too frequent and too many pregnancies

Too many pregnancies, close to each other, can be dangerous for the mother. In these cases, an abortion seems to be the main option. Frequent pregnancies or having enough children were common reasons for induced abortion among women.

“I terminated this pregnancy in agreement with my husband; we both agreed that the pregnancy was too soon, because my son was only 9 months old when I got pregnant for the second time So, I decided that this third pregnancy I have to terminate, because we did not want anymore children. We had bad living conditions, no one worked in the family, and I could not imagine having a third child”

Female, 15-45, Mitrovica, urban, K-Albanian (In-depth interview)

“Well, the main reason was because my third son was still very small, and before he would be one year old, I would have given birth to the other two, and then I would have three small babies to take care of. We would have to feed three children, and my husband was the only one with a salary ...”

Female, 15-45, Prishtina, rural, K-Albanian (In-depth interview)

“Interviewer: Why did you have an abortion?”

Respondent: We didn't want anymore children, but then again I got pregnant after the abortion...”

Female, 15-45, Prizren, rural, K-Albanian (In-depth interview)

In conclusion, the decision to terminate a pregnancy is often influenced by many factors. Frequently, being pregnant is linked to poor economic circumstances and sex selection is linked to problems in the family and pressure to have a boy.

Young age of the woman

The age of the couple, especially the woman is another reason for having an abortion. In this situation an abortion is normally initiated by the parents of the girl, who think that their child is too young and should not sacrifice herself by having a baby.

'The Ones we don't speak of'

The circumstances in which an un-wanted pregnancy occurs among *unmarried* women are totally different. If the man does not agree to marry the woman, the abortion must be done in secrecy and very fast so that no one knows about it. This is because of fear of gossip spreading quickly (see also Chapter 3). If people find out there can be a lot of consequences. That particular woman will always be remembered as 'she is the one who had an abortion' and the chances that she would get married would be very low. According to participants in the focus groups, such a woman will be seen differently and everybody, in some cases including her parents and family, will distance themselves from her. She would shame the family and her parents would hesitate to tell others who their daughter is.

Bearing in mind there is no support network for single mothers, raising a child alone is very difficult especially when they cannot rely on support from their own families. Most women and men who participated in the focus groups agreed that in cases when a man rejects raising his own baby, abortion should be considered by all means. This was the most frequent reason for an unmarried woman to have an abortion.

The local mentality is that children who are raised by only one parent, even in a good environment, are always excluded and discriminated by elders and peers. Women claimed that one of the reasons why an un-married woman should have an abortion is this discrimination. According to them, people tend to label and call these children with different names, such as 'bastard'.

Economic conditions appeared to be an obstacle to un-married women as



well. Poor living conditions are the second most frequent reason why women have abortions.

KNOWLEDGE ABOUT METHODS OF ABORTION

A variety of methods are used for induced termination of pregnancy. Initially, these methods can be divided into surgical means for inducing abortion (e.g. vacuum aspiration), chemical means (drugs) and traditional forms of abortion^{15,16}.

Generally, the study reveals that women are not aware of the medical methods of abortion, especially younger women who did not experience an abortion themselves. However, there were cases in which even women who had an abortion were not clear and sure how the medical procedure or method was conducted. The most frequent answer to the question regarding the knowledge of medical methods of abortion, was that women were referring to “cleaning” or “with metal instruments” such as scissors and forceps. The vacuum method was mentioned as well as one of the methods of abortion.

According to gynecologists, the instrumental method of abortion is the most common. New methods are being used as well, such as the hermetic method which is the most expensive. Private facilities started using the aspiratory method of abortion, which is the least painful and easiest to handle. The surgical method is also being used when abortion takes place later, after the 15th week of the pregnancy.

Emergency contraception pills effective within 72 hours after unprotected sexual intercourse are another method of termination. However, gynecologists state that the medical personnel lack information about these contraception pills.

Surprisingly, both women and men mainly spoke about traditional methods of abortion although they claimed that traditional methods are not used today. Jumping from stairways, running, carry heavy weights, kicking the abdomen were methods mentioned by both men and women. Drinking beer with bread yeast and sitting in a hot pot appear to be very fast methods to induce an abortion. Other methods mentioned were sitting in a hot bath tub for a couple of hours, drinking a special tea, swallowing pills such as painkillers or an overdose of contraceptive pills.

A very common method used in the past and also today is squeezing and pressing. Administered by old women who are 'specialized' in this stomach massage technique where the fetus is killed then separates from the mother and is miscarried. However, some think that sometimes even these methods don't work.

"A neighbor of mine was trying to carry heavy things just to abort, so she carried a refrigerator, sofa, but it didn't help."

Female, 15-45, Gracanica, rural, K-Serb (In-depth interview)

"...And there is the catch with 'andols', since they expand the blood veins, then the women take them in order to abort. On the first day you take one, then two, then three, and then four and when you have the fifth one then you allegedly abort."

Female, 15-25, Mitrovica, urban, K-Serb (Group discussion)

"To hell it can. I have tried it myself before I went to the doctor and nothing. You pour the beer in a mug and put bread yeast in it. You drink it and all the time you stand in front of the heater to get warm. My neighbor told me that."

Female, 26-45, Mitrovica, urban, K-Serb (Group discussion)

PERCEIVED CONSEQUENCES OF ABORTION

As in almost all surgical procedures, the most common surgical abortion methods have the potential risk of serious complications. These risks include: a perforated uterus, perforated bowels or bladder, septic shock, sterility, and death. The risk of complications increases with the progression of the pregnancy but is less than complications that may occur from carrying the pregnancy to term¹⁷. Although not proven yet, abortion may have more complicated long term side effects such as breast cancer. In addition, abortion may cause fetal pain and the abortion in some cases might influence mental health¹⁸.

Most women are aware of the consequences of an induced abortion, especially if the number of abortions is more than one. However, there were women who thought that abortion does not really have any side effects. And there were those that claimed that it is healthy to have an abortion from time to time, to get cleaned up.



Bleeding was listed as one of the most frequent consequences of abortion by women who had an abortion.

Women mentioned various consequences starting from back pain, eye aches, stomach ache, body ache during weather changes and bleeding to death. Cancer, heart problems, and other diseases were mentioned, but less often.

Gynecologists mainly referred to the psychological effects of an abortion. Depression frequently follows abortion. Women who had an abortion reported being depressed for some time, some felt traumatized, punishing themselves and regretting what they had done.

“I felt bad emotionally and physically. I felt weak; I could not see properly, my body trembled all the time. My children were still small and they asked to be fed and get dressed but I was not able to do anything. I felt very bad for three days in a row.”

Female, 26-45, Mitrovica, urban, K-Albanian (Group discussion)

“It is hard for me to talk about gynecologists (silence)...After my last abortion it is very hard for me even to go there.”

Female, 15-45, Mitrovica, urban, K-Serb (In-depth interview)

In Kosovo culture, the worst thing that can happen to a woman is sterility. One of the first and most important events after marriage is for the woman to become pregnant. Almost all men and women mentioned sterility as one of the major consequences of abortion, especially if it was her first pregnancy. Some interpreted sterility based on a religious interpretation – as punishment by God- while others saw infertility as a consequence of the abortion.

Gynecologists did not mention any of these side effects of abortion. They discussed whether sterility can be caused by abortion. According to them, infertility can result as following an infection after the abortion, not as a complication of the abortion itself.

FEELINGS ABOUT ABORTION

The study confirms the hesitation of Kosovan Albanian citizens to express feelings and emotions. Also, defense mechanism can be observed. The interviewer had to probe many times to get answers from the women regarding their feelings about abortion.

Mainly during the in-depth interviews, women rarely had emotional reactions. Probably because some time passed since they had an abortion or simply they felt like they did not do anything wrong, they did not feel guilty about their actions. In most cases, the reason to have an abortion was perceived to be far stronger than the action and feeling itself.

“Interviewer: How did you feel after the abortion both physically and emotionally?”

Respondent: I felt a bit tired and cold, but then when your strength comes back you forget about it.”

Female, 15-45, Prizren, urban, K-RAE (In-depth interview)

A mixture of feelings was expressed by women. Depending on the character and age of women, feelings were expressed differently. While some were satisfied and relieved, others mentioned that they regretted what they had done. Few even wish they could turn back the clock and change their actions. Women who participated in the focus groups thought that women who had an abortion don't think about it anymore. However, there are those who expressed some regret about abortion. Younger women expressed less regret than older women who felt badly even if their abortion occurred a couple of years ago.

“After first two abortions I felt normal, sometimes even satisfied because I got rid of the problem. I suffered only after my last abortion. I sometimes think about how old that child would be now... I can never forgive myself for not giving birth to my fourth child.”

Female, 15-45, Mitrovica, urban, K-Serb (In-depth interview)

TIMING FOR ABORTIONS

Scientifically, early term abortion is considered to be a simple procedure. When performed by professional doctors, pregnancy can be terminated as late as the 16th week.¹⁹

Gynecologists who participated in the focus group said that the timing of abortion should be within the first three months of gestation. After that, one can have an abortion only if the commission allows it, depending on the reason for the abortion.



According to the actual Law²⁰ in effect on Interruption of Pregnancy, “abortion must be performed at the request of the woman, provided the pregnancy is of less than 10 weeks duration. No written consent or waiting period is required; parental consent is required for minors under age 16.”

However, some anecdotal evidence indicates that some private clinics perform abortion even later. Women participating in focus groups tell about cases where their acquaintances or relatives had an abortion later than the third month. It was said that private facilities conduct abortions even in the fifth month or later, especially if the doctor is a relative or if one pays a large amount of money.

“I have heard of a case when a young woman had an abortion when she was in her fifth month of pregnancy, and I have heard that it is dangerous for the health of the mother if the abortion is carried out after the development of the child.”

Female, 15-25, Prishtina, urban, K-Albanian (Group discussion)

Women in general are aware of the time constraints of an abortion from family and friends. Keeping in mind that people tend to adapt rules in a manner that suits them best, some explain the timing of abortion as very important for the health of the mother: “the sooner is better” to reduce the possibility of complications during and after the abortion. Some others say that abortion should take place before the baby gets a soul, and after that it is a sin to abort. Most women who had an abortion, explain the timing in months and weeks while those rejecting the idea of abortion altogether refer to the sin which is committed if the baby gets a soul and then is aborted.

WHERE TO HAVE AN ABORTION (MARRIED VS. UNMARRIED)

The study results show that women prefer going to private over public facilities for a number of reasons. These reasons depend as well on whether a woman who is having an abortion is married or not. Married women mainly seek better services, higher hygiene level, best gynecologists and good treatment. Most of women participating in the study claim that public facilities can not offer these conditions and this is why most of them rather would go to private clinics to have an abortion. After all, they feel that the doctors’ behavior changes and it is better when you pay. Above all, participants claim that in private facilities you do not have to wait long in order to have an abortion while in public facilities you do. However, some women who had an abortion pre-

Box 1.

Interviewer: So you mentioned you had four abortions, is that right?

Respondent: Yes, I had four abortions.

Interviewer: So you had your abortions, after your seven children?

Respondent: Yes, I had all of them in a row. It's not good to do that; I know there are no mothers who like to have an abortion, but there isn't anything to be done about it, when you don't have the good living conditions.

Interviewer: When you found out about your four unwanted pregnancies what did you do? How did you decide to terminate your pregnancies? Who did you talk to?

Respondent: My mother in law who died two years ago, used to say that I didn't love her son since I didn't want anymore children, but I tried to convince her differently. I and my husband were in agreement.

Interviewer: Where did you have your abortions?

Respondent: At the hospital, but I had to pay for everything.

Interviewer: Who recommended you go there?

Respondent: Nobody, I went by myself.

Interviewer: How much did you pay?

Respondent: I don't know how much was it at that time, but for two of them I paid once 25 'and the other time 50.

Interviewer: What methods did the doctors use for abortion?

Respondent: I didn't feel anything, because they gave me an injection. And I didn't know anything until I woke up again and slowly started to rise.

Interviewer: Did you hear about any other methods used for abortion?

Respondent: I can tell you my first one I had after the war, they got me in the room, and took all the nurses out. Then they asked me about the name and I started to fear a little bit because I saw all those iron instruments, and they used some on me and then I began to feel numb and didn't feel anything. And then when I woke up it was all the same. But after a week then I had some pains.

Interviewer: Did the doctor give you any advice on how to prevent further pregnancies? Or did he tell you to go for visits?

Respondent: Yes. They told me that I should protect myself. And ever since I have used those pills I have had no problems.

Interviewer: How did you feel after the abortion?

Respondent: There was nothing to be done; it felt as if a problem was taken away.

Female, 15-45, Prishtina, rural, K-Albanian (In-depth interview)



viously and who participated in the study claim that they had an abortion in a public facility and that they are satisfied with the treatment and the conditions.

For unmarried women priorities change. Confidentiality is the priority when an unmarried woman seeks an abortion. According to gynecologists who participated in the study, confidentiality cannot be ensured in public facilities. Personal information of the patient is necessary and above all, one sees other patients as well. The chances for a patient to see someone they know are very high since all cities in Kosovo are rather small. As a result, unmarried women prefer to have an abortion in a private clinic or preferably outside their city or Kosovo. While Kosovan Albanian women mainly go to a different city, Kosovan Serbian women go outside Kosovo, mainly in Serbia.

“Single mothers go to abort in other cities in order to have privacy! For instance if the mother lives in Peja she goes to abort the child in Prizren or Gjakova and vice versa”.

Gynecologist, Prishtina, urban, K-Albanian (Group discussion)

“Because of criticism and gossip single women avoid having abortions in Institutions! There are few who do!”

Gynecologist, Prishtina, urban, K-Albanian (Group discussion)

“Unmarried girls go for abortions in Belgrade. So no one would know what they have done.”

Female, 15-25, Caglavica, rural, K-Serb (Group discussion)

“They go to Krusevac. It depends. It is important to hide it and so nobody finds out about it.”

Female, 15-25, Caglavica, rural, K-Serb (Group discussion)





CHAPTER 3 CONTRACEPTIVE KNOWLEDGE AND USE

The desk research of this study shows that there is no positive correlation between knowledge and usage of contraceptives. According to the Demographic, Social and Reproductive Health Study (2003), 97 percent of women have heard of at least one contraceptive method. Women mostly were aware of the pill and Intrauterine Device – IUD (90 percent). Another study among youth (Care International – Sexual and Reproductive “knowledge, attitude, beliefs and practices” research report for male and female youth target groups, 2005) shows that around 75 percent of youth have heard about condoms and only 27 percent actually uses contraceptive methods (81 percent of them use condoms).

Outcomes from the focus group discussions show a strong awareness of contraceptive methods, at least the IUD and pills. This knowledge is based on what participants heard from others, not on information that they received directly themselves, either from medical people or other professionals.

Women, however, do reveal a lack of information regarding the actual use and care of contraceptives. Among the Intrauterine Devices that are available on the Kosovo market are Intragal, Diargentum and Biocuprum. One of the most important requirements when using an IUD is to have a regular gynecological check up²¹. But, women’s practice toward visiting a doctor, particularly a



gynecologist is very rare. As found in a research study²² conducted by the Institute of Public Health of Kosovo, Department of Epidemiology, a small minority of Kosovo's population are in the habit of seeking health of going for routine check-ups. They sought professional care mainly when particular problems appeared, or heard from friends about characteristics and symptoms of illnesses.

Contraceptive methods provided by public health facilities however were not mentioned very frequently. Since women receive abortions in private facilities, contraceptive methods are not offered to them free of charge. However, those women who had abortions in public facilities were offered free contraceptives and some were offered an IUD. As for those who never had an abortion, women were not aware about free contraceptives after an abortion. Study results indicate that free contraceptives in public facilities are offered only to women who had an abortion, meaning that free contraceptives are offered to patients following an abortion rather than to prevent pregnancies.

Participants' noted the side effects of "contraceptive methods" and said the side effects were what prevented them from using them. Conclusive responses in almost every focus group was that "The best way is the natural way".

The initial hypothesis regarding contraceptive use was that women in urban areas are more aware of and also use more contraceptives. Apparently, this is not the case, as indicated by the focus groups. Older women, whether living in urban or rural areas, had similar responses. The older group of women in Kosovan Serb communities feels that contraceptive use is not the best way to prevent an unwanted pregnancy. Older women preferred the so called "withdrawal method" or the "rhythm" method.

Kosovan Serb women however, mention the risk of the withdrawal method and state that if the withdrawal method is the only method used in the relationship, there must be trust between partners. While Kosovan Serb women mainly put a burden on their husbands for the cause of unwanted pregnancy, Albanian women mainly blame themselves.

"In intercourse interruption (when using withdrawal method) you need to have a lot of confidence in your partner. That should be a strong and serious relationship, to trust the man will stop when it is the sweetest for him, so that he protects you."

Female, 15-25, Caglavica, rural, K-Serb (Group discussion)

Younger women had different opinions. Condoms were the primary means for protection. Most of the young women mentioned condoms as a contraceptive method. In some cases, pills were also used by young women.

Younger women were ambivalent about contraceptive use. Their opinions were not black and white. They tried to show both advantages and disadvantages of contraception. According to them condoms are more appropriate than other contraceptive methods, side effects are not consequential and they are more practical.

As for men, their preferences and opinions on contraceptive use and methods are totally different. Probably because of the difference in age and place of residence, the outcomes show two opposite extremes. While older men living in the rural area were less caring and less sensitive by thinking only about their own personal needs, the younger groups of men living in urban areas were more sensitive. Knowledge about contraceptives was higher among young men.

Young girls in general were less aware of contraceptive methods apart from Kosovan Serbs and women from Prishtina city. Being inexperienced they were not aware of contraceptive methods in general.

According to participants, education about contraceptives is very limited. The main source of information is from friends, especially among youth. Older women mainly learn about contraceptives in medical facilities, both private and public, as well as from doctors who suggest different types of contraceptives. Brochures, posters, and information on TV about contraceptives are very rare. Almost all participants shared the same opinion that more information should be available especially on TV where one can reach the majority of the population and in schools where one can specifically educate children about contraceptive methods and use in particular.

ABORTION, THEN CONTRACEPTIVES?

Women who had an abortion expected to be more careful in the future and learn from their mistakes. However, that is not the reality. Though some women regret aborting their child/children, regret seems to be only temporary. Guilty feelings disappear very quickly in most cases.

The majority of the women interviewed claimed that although they swore that



they would immediately start using contraceptives; only some of them started using them. Some stopped using them for a while, while others for different reasons continued with their own “old habits”.

Some women who had an abortion claimed that the reason why they continued with the “withdrawal” method is simply because they do not like using artificial means of contraception. They do not like either the pill or IUD or anything artificial.

Others simply could not find a proper contraceptive method because of side effects or because of the lack of pleasure that some methods cause. Some of the women neglected the issue for a while, stating that they didn’t have time.

Among those women, there were also those who immediately installed the IUD or decided to use other contraceptive means for prevention.

Box 2. A case of a woman who had an abortion

“After the abortion I bought an IUD. I paid 500 dinars (equivalent of around 6 Euro). But I did not put it in. I was planning to go to the same doctor and put an IUD, but may be the IUD is not valid anymore, I should check that.

Someone says use it, someone else says don’t, I am not sure whether it is healthy or not. I never used protection in my life. I heard about condoms and the pill but I never tried them. Children in the streets talk about it. Once my husband bought condoms and I asked him, what is that? “Get rid of them please, throw them away” I said. I could not try them. That was 7 or 8 years ago and I did not try them. I do not even know how they look like, some say are good for protection. None of my friends use the pill; I don’t even know what they look like. I would never try them. I heard about the IUD also, but it is sitting at home now.”

Female, 15-45, Gracanica, rural, K-Serb (In-depth interview)

INTRA UTERINE DEVICE (IUD)

Intra Uterine Device (IUD) is the most talked about contraceptive method by participants, especially older women. Though most of the women who participated in the focus groups did not use it personally, they learned about the IUD mainly from their friends, neighbors or relatives. The IUD is also perceived by the participants to be the safest contraceptive method, although not the easiest to use. The idea of putting an artificial object inside their body was frightening.

The IUD is also the contraceptive that is mostly recommended by gynecologists. According to them, women who do not wish to have anymore children should use the IUD.

According to Planned Parenthood Federation in America (PPFA)²³, the IUD has many advantages, it does not influence women's hormone level, is very appropriate in spontaneous sexual intercourse, improves women's sexual life, and it is possible to become pregnant quickly when the IUD is removed. Except for being the most popular method of prevention and considered the safest, neither gynecologists nor women mentioned these advantages of the IUD. Women mainly concentrated on the disadvantages of an IUD.

Participants claim that an IUD does not fit everyone. Depending on a woman's body, some women find the IUD to fit them best, while some had to remove it because of the side effects that the IUD caused.

According to Planned Parenthood Federation in America (PPFA)²⁴, a woman must see a clinician to find out whether she can use an IUD and the clinician should run some necessary tests. Also, not everyone can use an IUD¹⁷. None of the participants in the focus groups or women who were interviewed who used an IUD did mention that they had been examined in any way before putting the IUD.

Women mentioned different side effects of the IUD which were mainly related to health issues. Some found out that after putting the IUD they suffered from anemia, liver disease and had more bleeding than usual. Women mentioned that they were also limited in the things they carried and in other activities while using an IUD.

Participants reported other side effects of an IUD. Some women told about cases where women remained pregnant while wearing the IUD. Few women expressed their personal experience with an IUD.

“Yes, but I didn't know the it had moved, I had carried some flowers and some heavy things, and I noticed that I wasn't feeling good, there was some blood not as bleeding but as small pieces, I went to the doctor and he told me that I got pregnant above the IUD, and I had to take it off and get myself cleansed.”

Female, 26-45, Prishtina, rural, K-Albanian (Group discussion)



“I had an IUD three years after I had my third daughter. In the first month after insertion you feel pain. It hurts just like the pain that you get from a menstrual period. Every day you feel back pain and stomach ache. But after a month you do not feel any pain anymore. You get totally used to the IUD. It is important that while wearing an IUD you go for check-ups every six months. After three years I took out the IUD and continued birth control the natural way without any contraceptives.”

Female, 26-45, Caglavica, rural, K-Serb (Group discussion)

“I have had the IUD, but the worst thing happened. It started growing on my uterus and they had to take it out by an operation.”

Female, 26-45, Mitrovica, urban, K-Serb (Group discussion)

‘ANTI-PREGNANCY’ PILLS

Participants also mentioned the oral pill often, though in general the pill is not used very often. The pill is commonly referred to as ‘anti-pregnancy’ pill (*hapa kunder shtatzanis*). There is an association of the pill with drugs that one takes when sick. Also, participants mentioned the unnaturalness of putting chemicals in one’s body every day. A disadvantage of the pill is that one must take them every day with no exceptions.

Above all, according to the women, gaining weight is the worst and the most frequent side effect of the ‘anti-pregnancy’ pill. All women mentioned gaining weight as one of the most concerning problems of the birth control pill. Nervousness, anxiety, negative psychological impacts are other perceived side effects. Also, hormonal disorders were mentioned in some cases, which cause breast and stomach enlargement, as well as beard and moustache growth. Some women even mentioned that one cannot get pregnant immediately after stopping using the pill – it is difficult. However, there were also women who told cases which described the opposite: according to them the issue of becoming pregnant is more due to women’s organism rather than effects of pills.

Men in Prishtina describe the ‘anti-pregnancy’ pill as a sword with two blades. On one hand they protect very well, while on the other hand they have a lot of side effects.

Though not scientifically confirmed, some women claim that the birth control

pill has had a negative impact on the nervous system, can cause cancer, damage the forthcoming fetus, can create cysts and if used for a long time they can cause infertility.

As far as I am concerned, it is easier to abort than to take the pill. I heard a lot of things that happen to women who take the pill. Abortion is more natural than those chemicals that you take in your body. With the pill you endanger your whole health.

Female, 15-25, Mitrovica, urban, K-Serb (Group discussion)

‘Anti-pregnancy’ pills are used for other purposes as well. They are prescribed by doctors for the regulation of the menstrual cycle and hormonal regulation. Some women find them very effective while some others stop them immediately. Birth control pills are used to initiate abortion as well (see Chapter 4). Some women claimed that when they doubted whether they were pregnant, they used birth control pills in order to stimulate menstruation.

CONDOM USE

After the conflict in Kosovo in 1999, there were a series of awareness campaigns and commercials for condom use. December 1st is World Aids Day where specific attention is paid to condom use as a means to prevent AIDS. Commercials had an impact but the topic of condoms to prevent pregnancy was not promoted. Also, as the focus groups reveal, condom awareness programs are more focused on youth. Participants in the younger age groups mainly mentioned condoms as a mean for birth control and the protection from different diseases. The most appropriate protection for youth appears to be the condom.

Some married women, after trying a variety of options to protect themselves from unwanted pregnancy, indicated that condoms seem to suit them best. The advantage of condoms compared to other contraceptives is that they do not have to take drugs (birth control pills) and they do not need to have an IUD inserted by a doctor and feel uncomfortable with a foreign object inside their body.

The first reaction when asking younger groups about condoms was “Good solution, it has saved us”.

Younger men prefer condoms because condoms have fewer side effects while



other methods such as the pill and the IUD have negative side effects for women. On the other hand, older men living in rural areas - though aware of the side effects of the IUD and the pill preferred these two methods. They do not prefer condoms at all. Sexual intercourse with the condom was described as:

“Condoms resemble the conserved cucumber, which is not as tasty as a fresh one. But if they are cheap people can use them.”

Male, 26-45, Prizren, rural, K-Albanian (Group discussion)

“I agree! Using condoms is like having a bath with clothes on.”

Male, 26-45, Prizren, rural, K-Albanian (Group discussion)

Young men in Prishtina were very well informed about contraceptive use and side effects. Compared to girls of the same age, they knew much more about everything. In fact, they were the only ones to mention the morning-after pill that can be used 72 hours after sexual intercourse (Emergency Contraception).

Some of the disadvantages that women cited were: condoms can also tear during sexual intercourse and many women complained about the lack of pleasure with condoms. For some women condoms can be frustrating and can even destroy a relationship because of the lack of pleasure.

Box 3.

I tried using condoms, no joy. I have seen my husband dissatisfied with condoms. I thought about condoms and my conclusion is that even though they protect you from unwanted pregnancy or from different diseases, they destroy the relationship between partners. Where is the romance when the man picks the condom from his pocket and puts it on? That would destroy the whole thing to me. What else? IUD. I would not put it in ever. I have a feeling that I would feel it in my body all the time. So the withdrawal method remains the only contraception for me.

Female, 15-45, Mitrovica, urban, K-Serb (In-depth interview)

“STOP WHEN THE SWEETEST IS”: THE WITHDRAWAL METHOD

The withdrawal method (coitus interruptus) as a contraceptive method appears to be the most often used and most preferred among participants. Withdrawal is indicated by the following:

“my husband takes care for me”,
“the natural method”,
“traditional method”,
“nothing”,
“the conscious prevention”,
“stop when the sweetest is”

Most of women who participated in the focus groups and women who took part in in-depth interviews claim that they use this method. They are aware that this is not the safest method to use, however it is the one that suits them best. Since some women don't prefer to use any birth control pills or IUD or condoms, withdrawal remains the best option. Most of the women have switched to this method after trying a variety of other contraceptive methods while other women claim not to have tried other methods at all.

The decision to not use contraceptive methods is, according to women, mainly a man's decision or in rare cases a mutual decision. Mostly, the responsibility is left to men. According to women, sexual maturity is more than necessary when using the withdrawal method. One firstly has to trust the husband and he has to be sensitive enough to understand the woman's position. In some cases, women trust their husbands even more than the IUD, birth control pills or condoms.

“Well, this all depends on the partner, how careful the partner is. Some men don't care. I had an agreement with my husband and he knows how much I suffered, so afterwards he was always very careful.”

Female, 15-45, Prishtina, urban, K-Albanian (In-depth interview)

Unfortunately, in most cases this is just a best case scenario. In decision making about contraceptive use, depends only on the husband, whatever he likes. While, in the end he rarely takes the responsibility, especially when men are drunk and “unconscious”.



“I know of a marriage. They have four children, and she has had 15 abortions. She got pregnant every time because he was drunk. That’s a clear example of rape in the marriage”.

Female, 26-45, Mitrovica, urban, K-Serb (Group discussion)

It is written in books too. It is conscious prevention! Women cannot do it but men must be careful and not get the woman pregnant! If he is careful he might spare the woman! If the man is not drunk he might be very careful while having sex! I am not the only one to use this method! There are many women using the natural mean of contraception!

Female, 26-45, Mitrovica, rural, K-Albanian (Group discussion)

“Without the husband’s wish to protect, a woman cannot do much on her own”.

Female, 26-45, Prizren, rural, K-Albanian (Group discussion)

Gynecologists claim that though withdrawal is the most popular method, it is the most risky method. Withdrawal method offers only 30 percent-security, according to them.

The one and the only consequence of withdrawal method was an unwanted pregnancy. Although some women got pregnant previously by using this method, they continued to use it.

The withdrawal method is the overall favorite contraceptive method not because it is free but because it allows for the maximum amount of pleasure without the side effects of modern contraceptive methods.





CHAPTER 4 SUMMARY, CONCLUSION, DISCUSSION AND RECOMMENDATIONS

This study focuses on perceptions and opinions, of both women and men, on abortion and contraceptive use in the changing Kosovo society. Perceptions and opinions are related to societal trends such as the general poor economic conditions but also modernization, the impact of the Diaspora financially supporting families in Kosovo, changing opinions about premarital sex and other sexual behavior, the changing value of pregnancy and prenatal care provided in health services, and above all the changing position of women in society.

In order to delve deeper into the reasons for having an abortion and opinions and perceptions about abortion as birth control, the research comprises a qualitative study where both Focus Group Discussions and in-depth interviews were conducted. In the focus groups women related easily to abortion cases of their neighbors, sisters, friends, but not their own experiences. Discussing their own experiences about abortion during in-depth interviews was far more delicate and sensitive, but women told their stories to us in interviews lasting about 30 minutes.

Conducting the focus groups and in-depth interviews is an action, an intervention, rather than only research. By discussing abortion, sexuality, contraceptive use in the context of Kosovo society, the issues are brought up to the sur-



face, creating awareness and discussion among the participants.

Results of the focus groups and in-depth interviews have been fully transcribed and translated into English. The transcripts were analyzed according to the principles of grounded theory. The software package Atlas-TI was used for this.

The study, because of its qualitative nature, can only describe the opinions and perceptions of the different groups interviewed. These groups were selected on a representative basis of Kosovo's society. Results from focus groups and in-depth interviews, however, can never be quantified. Quantification of opinions and perceptions can only be done in a (nationally) representative survey. Taking the results of focus groups and in-depth interviews into account, would make such a survey grounded in Kosovo's society and locally informed.

Abortions

Abortion is prevalent in Kosovo with a clear distinction between married and unmarried women. Women indicate different perceptions, reasons and consequences for abortion.

Abortion is generally accepted, if it is conducted because of health reasons, abnormality of the fetus and rape. Also, the general opinion is that among married women abortion is quite acceptable. Women mention financial reasons, (not able to afford to raise another child), as a major reason for having an abortion. In addition, women indicate that when they became pregnant too soon after an earlier child birth, abortion was an option; and also when they became pregnant and did not want to have another child. This last reason, abortion being a method of family planning, is related to the overall use of the traditional withdrawal method. 'Older' married women have a reproductive regime consisting of marital sex, use of the withdrawal method and abortion. Women indicated (see later) that although they planned to use a modern method after an abortion, they often hesitated to actually use anything different.

Besides economic and family planning issues, other reasons for married women to have an abortion was the preference for a son (gender selection abortion), and the grandmother complex.

Abortions among unmarried women are the “ones we don’t speak off”. Although opinions about premarital sex (and sometimes also cohabitation) have changed, especially in Prishtina, opinions about women who become pregnant before marriage and their need for an abortion, still reflect underlying traditional values, (men want to marry virgins). Young men reflect the following double standard; premarital sexual relations should exist but they will not marry a woman who has had premarital sex.

The results of the focus groups among participants were unexpected in the cities of Prizren and Mitrovica, where especially younger women strongly indicated that they consider abortion to be a sin and it should not be allowed. Religious values seem to underlie these opinions. So while we see the trend of modernization on one hand, especially in Prishtina, we see a trend of religious conservatism on the other.

In general, women indicated that abortion is a sin; women who had an abortion indicate the pain, the bleeding and feelings of guilt. Some women felt traumatized, regretting what they had done. The belief that abortion causes infertility or sterility (the worst thing that can happen to women in Kosovo) strengthens the belief that abortion will be followed by ‘punishment’. Gynecologists indeed indicated that an induced abortion as such cannot lead to sterility, but infections during and after abortion could play such a role.

Participants who had an abortion themselves were not very informed about the method used for abortion. Several beliefs regarding traditional methods for abortion were mentioned though, among them sitting in a hot bath, drinking beer, and carrying heavy things.

Contraceptives

As indicated, withdrawal is mentioned to be the method of contraception that is most widely used. This is also confirmed by data from the Reproductive Health Survey (2003). The withdrawal method is the most popular and preferred birth control method although not 100 per cent effective. Unfortunately, women who are dependent on their husbands to make this method successful sometimes become pregnant because of their husband’s carelessness. Participants sited cases where husbands were negligent due to drunkenness. Participants also stressed the importance of mutual trust between husband and wife while using this method.



Women indicate that a major disadvantage of using modern contraceptives such as the pill, condom and IUD are perceived side effects. For example, the IUD is perceived to lead to anemia, liver disease and excess bleeding. Also, women indicated they did not like strange object inserted in their body. Birth control pills called 'the pill' by participants were thought to lead to weight gain, cause breast and stomach enlargement, and infertility. Participants thought that condoms reduced sexual pleasure and worried about tearing.

Most women receive information on contraceptives from 'hear-say', (i.e. from friends, neighbors, relatives and not directly from professionals).

Condoms are especially common among young people. They have learned about condoms from campaigns on HIV-prevention, not pregnancy prevention. Younger men living in the urban areas are more open to contraceptives than their male counterparts in the rural area. Among the urban men focus group, even Emergency Contraceptives were reported.

RECOMMENDATIONS

Abortion

Focus on *informed choice on abortion*; how is it done; the abortion law; but especially:

What are the methods used in clinics? Refer to the beliefs about traditional methods, as indicated in the research, and whether they work or not.

What are the real consequences: pain, bleeding, emotional reactions, health effects? How should patients deal with them?

Counseling after abortion, emotional consequences especially. An example: in Dutch abortion clinics (Stimezo) reading material is available that describes different reactions that women have after an abortion. Some will have feelings of guilt, some will only think “Fine, I got rid of the problem”, others might be afraid of becoming sterile, others might be worried about what their family would think and say. The message in this material is actually: whatever you feel, it is valid; it is your way of dealing with it. If reactions are severe and strong, then further counseling is needed. Such material would be easy to write, based on feelings of women indicated in the focus groups and in-depth interviews.

Provide and offer post-abortion *informed choice* about all available *contraceptives*, for all women who had an abortion. Explain real and perceived side effects. Target / profile: older couples who want to stop having children (IUD); younger women: preventing pregnancy by the pill, condoms, IUD.



The study indicates the severe consequences of being pregnant among unmarried women. Focus on *sexuality education* among young people especially; information about sexuality, pregnancy, consequences of pregnancy, use of contraceptives; abortions. Educate parents about the need for openness, what to do when daughters become pregnant.

Educate young men about the dual morality, of accepting pre-marital sex but not wanting to marry a woman who had premarital sex herself.

Participants themselves indicate the need to focus on:

sexuality education campaigns, especially for the young population on TV
sexuality education campaigns in schools especially

Emphasize at the same time (together with information on contraceptives) the need for quality of prenatal care, emphasizing the value of pregnancy and need for women and children to be healthy during pregnancy.

Target:

Married and unmarried women,

Married men: information on modern contraceptives as opposed to withdrawal method,

Young people: sexuality education

Pregnant women: women who will become pregnant; information on modern contraceptives as opposed to withdrawal method

Gynecologists' information about contraceptives, including Emergency Contraceptives, counseling.

Differentiate between regions in Kosovo; for example Prishtina: women already wanting to have abortion as an option; different in the rest of Kosovo.

To really target, one needs, however, quantification of the results (see below).

Contraceptive use

Provide and offer *informed choices* about all available contraceptives including real and perceived side effects. Target / profile: older couples who want to stop having children (IUD); younger women: pill, condoms, IUD. Especially youngsters: prevention pregnancy.

Professionals must provide up to date information about contraceptives, its advantages and disadvantages, in all media; side effects; perceived side effects: provide honest information. Now women only hear about contraceptives from 'hear-say'.

Quantification of the study results, to discover:

Which opinions and beliefs on abortion and contraceptive use are most prevalent, where, among whom?
Priority in targeting (which group to focus on first)



ANNEX 1 SAMPLING PLAN

Focus groups = 19 groups in total

Number of groups	Target population	Age	Ethnicity	Location	Residence
1 group	Gynecologists	N/A	Kosovan Albanian	Prishtina	Urban
2 groups	Men	15-25	Kosovan Albanian	Prishtina	Urban
		26-45	Kosovan Albanian	Prizren	Rural
12 groups	Women	15-25	Kosovan Albanian	Prishtina	Rural
		15-25	Kosovan Albanian	Prishtina	Urban
		15-25	Kosovan Albanian	Prizren	Rural
		15-25	Kosovan Albanian	Prizren	Urban
		15-25	Kosovan Albanian	Mitrovica	Rural
		15-25	Kosovan Albanian	Mitrovica	Urban
		26-45	Kosovan Albanian	Prishtina	Rural
		26-45	Kosovan Albanian	Prishtina	Urban
		26-45	Kosovan Albanian	Prizren	Rural
		26-45	Kosovan Albanian	Prizren	Urban
		26-45	Kosovan Albanian	Mitrovica	Rural
		26-45	Kosovan Albanian	Mitrovica	Urban
4 groups	Women	15-25	Kosovan Serb	Mitrovica	Urban
		15-25	Kosovan Serb	Caglavica	Rural
		26-45	Kosovan Serb	Caglavica	Rural
		26-45	Kosovan Serb	Mitrovica	Urban

In-depth Interviews = 18 interviews is total with women who experienced abortion

Number of interviews	Target population	Age	Ethnicity	Location	Residence
9 interviews	Women who experienced abortion	15-45	Kosovan Albanian	Prishtina	Urban
		15-45	Kosovan Albanian	Prizren	Urban
		15-45	Kosovan Albanian	Prishtina	Rural
		15-45	Kosovan Albanian	Prizren	Rural
		15-45	Kosovan Albanian	Prishtina	Urban
		15-45	Kosovan Albanian	Prizren	Urban
		15-45	Kosovan Albanian	Mitrovica	Rural
		15-45	Kosovan Albanian	Mitrovica	Urban
		15-45	Kosovan Albanian	Mitrovica	Rural
3 interviews		15-45	Kosovan Serb	Mitrovica	Urban
		15-45	Kosovan Serb	Gracanica	Rural
		15-45	Kosovan Serb	Mitrovica	Urban
6 interviews		15-45	Kosovan RAE	Prishtina	Rural
		15-45	Kosovan RAE	Prishtina	Urban
		15-45	Kosovan RAE	Prizren	Rural
		15-45	Kosovan RAE	Prizren	Urban
		15-45	Kosovan RAE	Mitrovica	Urban
		15-45	Kosovan RAE	Mitrovica	Rural



ANNEX 2 INSTRUMENTS USED IN THE STUDY

FOCUS GROUP DISCUSSION GUIDE (With Women) Moderator's Guide

ISSUES TO KEEP IN MIND

Health service context:

Gender + culture:

Abortion

Legal context

INTRODUCTION

Moderator's greeting and explanation of the study objectives:

Ground rules:

Speak freely and openly but only one person at a time

Assurance of confidentiality

Express honest opinions; just as interested in negative comments as positive ones

There are no right or wrong answers, just different points of view; feel free to share your views even if they may differ from what others have said

HEALTH CARE

1. Think about your visits to the doctor in the last three years, how often did you visit a doctor? When was your last visit to the doctor? What was the purpose of it?

Probe: Check whether the visit was symptomatic or just a regular check up.

Probe: For the attitude toward visiting a doctor?

Probe: Try to learn the women's general practice for visiting a doctor.

(Slowly try to warm up the participants to talk about their visit to the gynecologist).

2. When did you last visit a gynecologist? What was the purpose of that visit?

Probe: Check whether the visit was symptomatic or just a regular

check up.

3. Could you please tell me, where do women go for prenatal care? How often?

Probe for: Private Clinics? Hospitals?

4. How do you evaluate the medical services regarding prenatal care?

Probe: Hospitals? Private clinics?

5. In general, how do you evaluate the service received for prenatal care now compared to earlier?

Why? What is the difference?

Probe: Make distinction between services offered in the past years to nowadays.

PERSONAL RELATIONSHIPS/MARRIAGE

The next couple of topics are personal, but it is very important for me to understand your opinions about these things. I hope you will be as honest with me as you can. Whether or not you are married or having a relationship with someone, I'd like to know how you think about serious relationships and marriage.

6. Are relationships (either marriage or having a boyfriend/girlfriend) a topic you discuss with others (e.g., friends or family members)? For example, if you were having a problem with husband/wife, or boyfriend/girlfriend, is it something you would discuss with other people to seek advice/help?

7. Do you have people in your life with whom you can talk about intimate personal issues, like sexuality? (**Probe:** how comfortable is the topic? Is it embarrassing? Is it taboo? Is it "too personal"?) If you do have people to discuss with, who are they? If you don't have people to talk to, do you wish you did? Whom do you think you would feel comfortable with talking about issues related to sexuality?

8. Do you consider Kosovo a fairly open society in terms of its acceptance of a range of behaviors – or do you think people are more traditional and/or judgmental of different kinds of behaviors that don't fit within the norm?



9. In terms of sexuality, do you feel like it is OK for people to have sex before they get married? Why or why not? Is there risk? If so, what kind of risk?
10. Do you have any questions or concerns about sexuality? (Fear of disappointing partner/spouse? Concern about unplanned pregnancy? Wanting information about contraception/birth control? More general concerns about changing behaviors and values in the society? Etc.)

REPRODUCTION AND ABORTION

11. Some of you probably have children or you had opportunity to see a pregnant woman before, cousin, friend etc. In these cases who does what in the family? Is the woman more careful, how do the roles change? (Try to seek the answer for ‘importance of pregnancy in the family’ indirectly; what kind of family respect does that woman receive? Why?)
12. When is the best age for a woman to become a mother? What is the optimal number of children that a couple should have?
Probe: Number of boys, number of girls.
Probe: Pressure from husband/ parents in law.
13. Compared to previous years, can you make differences between now and then regarding the treatment that a woman receives from her family during her pregnancy?
Probe: How careful is she now compared to then?
Probe: How careful are husbands now compared to then regarding pregnancy?
Probe: How about other members of the family?
14. What if the pregnancy is unwanted? What possibilities do women have, when they have an unwanted pregnancy?
Probe: Is terminated pregnancy an option?
NOTE FOR THE MODERATOR: TRY TO PRESENT IT AS INFORMAL AS POSSIBLE BY SAYING: ‘WELL IT HAPPENS, LET’S DISCUSS IT OPENLY’:
15. When can someone terminate her pregnancy? E.g. married / unmarried, parity, age, number of sons / daughters, health?

16. When the pregnancy is unwanted? How does it come to that?
Probe: Awareness regarding contraception.
Probe: Try to find out their general idea of contraception.
17. Until what month of the pregnancy the woman can terminate her pregnancy?
Seek: for timing which months?
18. Could you please tell me, how do you define abortion?
 Get a general concept of abortion?
Probe: Check the difference between word usage of abortion and terminated pregnancy (if 'terminated pregnancy' sounds 'better' use it).
Probe: Good vs. bad thing.
Probe: Check the cultural view of abortion
Probe: Check the influence of religion regarding abortion
19. Who do you go to in case of abortion? Where do women usually refer when they seek an abortion? By whom are woman usually accompanied when they need and abortion?
20. Please think about someone who had an abortion previously? Don't tell me the name of that person but think about her:
 Whose decision was that? Was it hers, spouses/partner's, someone else's?
 What was her motive for aborting?
Seek: too young to carry a baby, sex selection, not married etc? Other reasons?
21. Can you describe a typical woman that seeks an abortion: physical characteristics, reasons, motives, married/single etc?
22. According to you, what are the most frequent reasons for abortion?
Probe for: Is the gender of the child a reason for abortion? Other?
23. Should a woman be allowed to abort her child? What if the pregnancy risks her life? Why?
24. If you were in situation when you think that you should have an abortion, would you prefer going to hospitals, private clinics or traditional abortion? Why?



25. Do you know any kind of method that is used for abortion? If yes, what are they? How are they performed?
If aware of any kind of method **Probe for:** Where did you get that information? (probe for: friend, relatives, medical person etc.)
26. Are you aware, is there any law regarding abortion in Kosovo? If not, should there be? When can an abortion be considered as legal? When illegal?
Probe: cultural perspective
Probe: religious perspective
27. What is the maximal number of abortions that woman is allowed to have?

CONTRACEPTIVES

28. What do you think about contraception? What methods of contraception do you know of?
Probe: Check the traditional methods and the modern ones.
Probe: Focus on withdrawal method of contraception. Check the participants' awareness regarding the 'prevention' that this method provides.
Probe: If not mentioned ask specifically about pills, condoms and IUD
29. Do you think these contraceptive methods have side effects?
30. For what purposes do you think the contraception should be used for mostly?
Probe: preventing from unwanted pregnancies, different diseases, menstrual regulation.
31. Where did you hear about contraception?
Probe: Friends, relatives, medical person etc.
32. Do you know where to find contraceptives if necessary? Do you know that they are provided free of charge?
33. Do you use any of them? Which one do you use mostly? (define whether they use modern or traditional ones mostly?). Why?
If used: Who suggests them mostly, you or your partner?
If not used: Why never used (**Probe:** too expensive, less pleasure,

shame etc.)

34. In general, do you think that women in Kosovo prefer abortion rather than prevent a pregnancy through use of contraceptives?
Probe for: easier? Less trouble? (Note: the posing of this question may differ depending on the group).

ACTIONS TO BE TAKEN

35. Can abortion be considered as ‘worrying issue’ in Kosovo? Do you think it is spread phenomenon?
36. Should abortion slow down? If yes, why? If not, why?
37. What actions, if any, should be taken to slow down the spread of Abortion? Who do you think should be responsible for undertaking these actions?

Probe: national government/authorities, local government/authorities, international NGOs, local NGOs, religious groups, etc.

38. How can they achieve that?

Probe: More education programs in the schools, more outreach to people who are most vulnerable – youth, more openness in society so that people can talk about issues related to acquiring abortion, etc.



Questionnaire for In-depth Interviews with women that experienced abortion

ISSUES TO KEEP IN MIND

Health service context:

Gender + culture:

Abortion

Legal context

INTRODUCTION

Interviewer's greeting and explanation of the study objectives

Ground rules

Speak freely and openly

Assurance of confidentiality: This study is completely confidential. Everything you say will be strictly held only for study purposes. Your identity will never be revealed and no one will be able to link your name with what you are going to tell me.

Express honest opinions; just as interested in negative comments as positive ones.

There are no right or wrong answers, just different points of view; feel free to share your views.

HEALTH CARE

1. Think about your visits to the doctor in the last three years, how often did you visit a doctor? When was your last visit to the doctor? What was the purpose of it?

Probe: Check whether the visit was symptomatic or just a regular check up.

Probe: For the attitude toward visiting a doctor?

Probe: Try to learn the women's general practice for visiting a doctor.

2. When did you last visit a gynecologist? What was the purpose of that visit?

Probe: Check whether the visit was symptomatic or just a regular check up.

3. How do you evaluate the medical services regarding prenatal care?

Probe: Hospitals? Private clinics?

4. In general, how do you evaluate the service received for prenatal care now compared to earlier?
Why? What is the difference?
Probe: Make distinction between services offered in the past years to now.

PERSONAL RELATIONSHIPS/MARRIAGE

5. Are relationships (either marriage or having a boyfriend/girlfriend) a topic you discuss with others (e.g., friends or family members)? For example, if you were having a problem with husband/wife, or boyfriend/girlfriend, is it something you would discuss with other people to seek advice/help?
6. Do you have people in your life with whom you can talk about intimate personal issues, like sexuality? (Probe: how comfortable is the topic? Is it embarrassing? Is it taboo? Is it “too personal”?) If you do have people to discuss with, who are they? If you don’t have people to talk to, do you wish you did? Whom do you think you would feel comfortable with, talking about issues related to sexuality?
7. Do you have any questions or concerns about sexual relationships? (Fear of disappointing partner/spouse? Concern about unplanned pregnancy? Wanting information about contraception/birth control? More general concerns about changing behaviors and values in the society? Etc.)

REPRODUCTION AND ABORTION

The next couple of questions are very personal, but it is very important for me to understand your experience in terminated pregnancy. I hope you will be as honest with me as you can. I will remind you once again that everything you say remains absolutely confidential, your name won't figure anywhere and no one will be able to link this conversation with you.

8. Are you married? Do you have any children? If yes how many? During your pregnancies, who does what in your family? Is the woman more careful, how do the roles change? (Try to seek the answer for ‘importance of pregnancy in the family’ indirectly; what kind of family



respect does that woman possess? Why?)

9. You said you had an abortion ... for which pregnancy did you have an abortion (first, second, other?); having children already (how many, boys and/or girls) or no children?

10. Why was this pregnancy terminated? Reasons in general for abortion, and especially this pregnancy?

Seek: too young to carry a baby, sex selection, not married etc? Other reasons?

11. At that time were you married or you were in relationship?

12. When you found out about unwanted pregnancy what did you do? How did you decide to terminate your pregnancy? Whom did you talk to? Whom did you consult? Who made the decision? What were the options to go or not to go? How did you feel? What did husband / parents/ parents-in-law say?

13. In your case, where did you have your abortion? Why there? Where did you get that information? What were the costs?

14. What kind of method did you use for abortion? If known what kind of method is that? How is that performed?
If aware of other methods, ask: what other methods do you know?
Probe for: Where did you get that information? (probe for: friend, relatives, medical person etc.)

15. How was the treatment in hospital (not too much)?

16. How did you feel after the abortion?

17. After the abortion, did you think of using contraceptives? Did you use any contraceptives? Which one? If not, why not? Which methods known, what side effects? Why used / not used?

18. Could you please tell me, how do you feel about abortion?

Get a general perception regarding abortion?

Probe: Check the difference between word usage of abortion and ter

minated pregnancy (if 'terminated pregnancy' sounds 'better' use it).
Probe: good vs. bad thing.
Probe: Check the cultural view of abortion
Probe: Check the influence of religion regarding abortion

19. Until what month of the pregnancy the woman can terminate her pregnancy? In what month of the pregnancy did you have an abortion?
Seek: for timing which months?

CONTRACEPTIVES

20. What do you think about contraception? What methods of contraception do you know of?
Probe: Check the traditional methods and the modern ones.
Probe: Focus on withdrawal method of contraception. Check the participants' awareness regarding the 'prevention' that this method provides.
Probe: If not mentioned ask specifically about pills, condoms and IUD
21. Do you think these contraceptive methods have side effects?
22. Where did you hear about contraception?
Probe: Friends, relatives, medical person etc.
23. Do you know where to find contraceptives if necessary? Do you know that they are provided free of charge?
24. Do you use any of them? Which one do you use mostly? (Define whether they use modern or traditional ones mostly?). Why?
If used: Who suggests them mostly, you or your partner?
If not used: Why never used (Probe: too expensive, less pleasure, shame etc.)
25. What do you think is better: abortion / contraceptives? Why?
What future ideas about having children / pregnancies?



FOCUS GROUP DISCUSSION GUIDE – Focus group with Gynecologists Moderator’s Guide

ISSUES TO KEEP IN MIND

Health service context:

Gender + culture:

Abortion

Legal context

INTRODUCTION

Moderator’s greeting and explanation of the study objectives:

Ground rules:

Speak freely and openly but only one person at a time

Assurance of confidentiality

Express honest opinions; just as interested in negative comments as positive ones

There are no right or wrong answers, just different points of view; feel free to share your views even if they may differ from what others have said

HEALTH CARE

1. Think about the visits of your patients. How often do women come (ask for regular patients)? When was your last visit to the doctor? What was the purpose of it?

Probe: Check whether the visit are symptomatic or just a regular check up.

Probe: For the women’s attitude toward visiting a doctor?

Probe: Try to learn the women’s general practice for visiting a doctor.

2. Could you please tell me, how often do women come for prenatal care?

Probe for: Private Clinics? Hospitals?

3. How do you evaluate the medical services regarding prenatal care? Where do they go most often? Private clinics or hospitals?

4. In general, how can we evaluate the service received for prenatal care now compared to earlier?
Why? What is the difference?
Probe: Make distinction between services offered in the past years to nowadays.

REPRODUCTION AND ABORTION

5. I am sure that most of you see pregnant women in you clinics/hospitals you work. How are women usually treated by their companions? Who are they mostly accompanied by?
6. When is the best age for a woman to become mother? What is the optimal number of children that a couple prefers to have?
Probe: Number of boys, number of girls.
Probe: Pressure from husband/ parents in law.
7. Compared to previous years, can we make differences between now and then regarding the treatment that a woman gets from her family during her pregnancy?
Probe: How careful is she now compared to then?
Probe: How careful are husbands now compared to then regarding pregnancy?
Probe: How about other members of the family?
8. What if the pregnancy is unwanted? What possibilities do women chose, when they have an unwanted pregnancy?
Probe: Is terminated pregnancy an option?
9. When is terminated pregnancy an option? E.g. married / unmarried, parity, age, number of sons / daughters, health?
10. When the pregnancy is unwanted? How does it come to that?
11. Until what month of the pregnancy the woman can terminate her pregnancy?
Seek: for timing which months?
12. Could you please tell me, how do you feel about abortion?
Get a general concept of abortion?



Probe: Check the difference between word usage of abortion and terminated pregnancy (if ‘terminated pregnancy’ sounds ‘better’ use it).

Probe: good vs. bad thing.

Probe: Check the cultural view of abortion

Probe: Check the influence of religion regarding abortion

13. Please think about someone who had an abortion previously? Don’t tell me the name of that person but think about her:

Whose decision was that? Was it hers, spouses/partner’s, someone else’s?

What was her motive for aborting?

Seek: too young to carry a baby, sex selection, not married etc? Other reasons?

14. Can you describe a typical woman that seeks an abortion: physical characteristics, reasons, motives, married/single etc?

Do younger or older women seek abortion more?

15. According to you, what are the most frequent reasons for abortion?

Probe for: Is the gender of the child a reason for abortion? Other?

Until what month of the pregnancy women can have an abortion? Are there cases when women seek for an abortion in latter months of pregnancy? Is that allowed? What would you do in that case?

16. Should a woman be allowed to abort her child? What if the pregnancy risks her life? Why?

17. According to our previous focus groups with women, they mostly prefer having an abortion in private clinics. What do you think are the main reasons for that?

18. What kind of methods do you use for abortion? How are they performed?

19. Are you aware, is there any law regarding abortion in Kosovo? If not, should there be? When can an abortion be considered as legal? When illegal?

Probe: cultural perspective

Probe: religious perspective

20. What is the maximal number of abortions that woman is allowed to have? (Note for moderator: this question is specifically related to the women's awareness regarding the number of abortions that a woman can physically handle).

PRE AND POST ABORTION COUNSELING

21. According to your opinion, do you think that doctors offer pre counseling to women who want to have an abortion? (seek for side effects, importance of the child, risks).

- 22 How about post counseling? Do doctors offer information to women who had an abortion regarding the contraceptives? How do women mostly react in these cases? (Interested/not interested)

How do women feel after the abortion? (Ask for both physical and emotional state, focus more on the feeling of women in this case)

CONTRACEPTIVES

23. What do you think about contraception? What methods of contraception are women mostly aware of?

Probe: Check the traditional methods and the modern ones.

Probe: Focus on withdrawal method of contraception. Check the participants' awareness regarding the 'prevention' that this method provides.

Probe: If not mentioned ask specifically about pills, condoms and IUD

24. Do you think these contraceptive methods have side effects?

25. Where do women mostly learn about these contraception methods?

Probe: Friends, relatives, medical person etc.

26. Are they aware of where to find contraceptives if necessary? Do they know that they are provided free of charge?



27. What do you think, do they use any of them? Which ones do you they mostly use? (Define whether they use modern or traditional ones mostly?). Why?
If used: Who suggests them mostly, you or your partner?
If not used: Why never used (**Probe:** too expensive, less pleasure, shame etc.)
28. In general, do you think that women in Kosovo prefer abortion rather than prevent a pregnancy through use of contraceptives?
Probe for: easier? Less trouble? (Note: the posing of this question may differ depending on the group).

ACTIONS TO BE TAKEN

29. Can abortion be considered as ‘worrying issue’ in Kosovo? Do you think it is spread phenomenon?
30. Should abortion slow down? If yes, why? If not, why?
31. What actions, if any, should be taken to slow down the spread of Abortion? Who do you think should be responsible for undertaking these actions?

Probe: national government/authorities, local government/authorities, international NGOs, local NGOs, religious groups, etc.
32. How can they achieve that?

Probe: More education programs in the schools, more outreach to people who are most vulnerable – youth, more openness in society so that people can talk about issues related to acquiring abortion, etc.

NOTES

1. Kosovo Human Development Report - 2004 (United Nations Development Program)
2. Kosovo Human Development Report - 2004 (United Nations Development Program)
3. Statistical Office of Kosovo
4. Voice Of Women Report - 2004 (United Nations Development Agencies)
5. UNMIK Regulation No. 2001/27
6. Voice Of Women Report - 2004 (United Nations Development Agencies)
7. International Monetary Fund, 2003
8. Voice of Women -report (December, 2004) - UN Development Agencies
9. Voice of Women -report (December, 2004) - UN Development Agencies
10. Voice of Women -report (December, 2004) - UN Development Agencies
11. Kanuni i Lekë Dukagjinit - rewritten by Shtjefën Konstantin Gjeçovi
12. UNICEF Kosovo - June 2004
13. Kosovo Human Development Report - 2004 (United Nations Development Program)
14. Kosovo Human Development Report - 2004 (United Nations Development Program)
15. http://en.wikipedia.org/wiki/Abortion#Induced_abortion
16. http://en.wikipedia.org/wiki/Abortion#Induced_abortion
17. http://en.wikipedia.org/wiki/Abortion#Health_effects
18. http://en.wikipedia.org/wiki/Abortion#Health_effects
19. http://en.wikipedia.org/wiki/Abortion#Forms_of_abortion
20. The law on abortion in Kosovo is not yet passed by the Kosovo Assembly. The current Law in function is still the Law used since before the conflict in 1999.
21. <http://www.plannedparenthood.org>
22. Reproductive Tract Infection/ Sexually Transmitted Infections in Kosova - National Institute of Public Health of Kosova Department of Epidemiology, 2003
23. <http://www.plannedparenthood.org>
24. <http://www.plannedparenthood.org>

