Demographic, social and reproductive health situation in Kosovo
Results of a household survey
July 2003

January 2005

![Sida logo]

Map of Kosovo

Serbia

Montenegro

Albania

Macedonia

Leposaviq

Zubin Potok

Zveçan

Mitrovicë

Vushtrri

Podujevë

Burim

Skenderaj

Obiliq

PRISHTINË

Pejë

Drenas

Kliñë

Fushë Kosovë

Kamënicë

Deçan

Lypjan

Malishevë

Gjilan

Ranovec

Shtimlje

Gjakovë

Therandë

Ferizaj

Viti

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1.2 Need for a Second Demographic, Social and Reproductive Health Survey

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

The 1999 Survey provided the first reliable snapshot of the situation. Despite problems in the design and enumeration of the survey, conducted during difficult times, it produced some valuable results. Among most European populations, for example, aging is now a critical issue, as the proportion over age 60 is growing rapidly in response to falling birth rates and lower mortality. The high mortality and fertility regimes in Kosovo in the years before the survey, in contrast, resulted in a population distribution in which one-third were under 15 years of age and one-half under 25 years of age. Population data from this survey also showed that a large number of Kosovars of working age were outside of Kosovo at the time of the survey, and remittances were making a valuable contribution to the local economy. The survey report highlighted the low degree of participation by women in the economy, the continuing inequality between males and females in education, and the financial dependency of most women, all findings that were later confirmed in studies conducted by the Ministry of Education and the World Bank. The survey results also showed that less than 10 percent of women and men of reproductive ages were using modern contraceptives.

In the absence of other data, the results from the 1999 survey continue to be used as a basis for policy formulation and programming within the relevant ministries, NGOs, multi-lateral, and bi-lateral agencies. Some of the information is clearly still pertinent, such as the large numbers of young people require education and job opportunities. The Ministry of Health and the donor community are aware of the desire for smaller families and understand the urgent need for increased contraceptive choices for individuals and couples. Whatever is happening to the fertility of women, there is concern that births will continue to increase as the large numbers of Kosovar adolescents enter the reproductive ages.

However, some of the results from 1999 are of unknown accuracy, given the difficult circumstances of the survey. Thus, apart from the opportunity to include new topics, it was also thought likely that a new survey would provide more accurate results.

In October 2002, the World Bank recommended[1] a full Health and Demographic Survey. There is, of course also a widely recognised need for a full population census, the law for the census was signed in December 2004 but for a number of reasons, logistical, technical and financial, it is not possible to conduct a full census before 2006. Therefore with UNFPA acting as the executing agency and financial support from the Swedish Government (SIDA) a survey entitled Kosovo Demographic, Social and Reproductive Health Survey was conducted in July 2003.

1.2 Objectives of Survey

Given the rapid changes that are occurring in Kosovo, the absence of current data that would be generated from a census, and the problems that exist in interpreting vital statistics known to be seriously under-reported, decision-makers became increasingly aware that there was a need for a second demographic and reproductive health survey. The survey was seen to serve a number of important purposes:

- It would provide reliable, relevant and current information required for the on-going development efforts in Kosovo;
- It would provide a basis for comparisons with the 1999 survey results, thus serving as a marker for the changes occurring over recent years;
- It would provide support for advocates for the conduct of a full population census and for strengthening the vital registration system;
- It would provide a mechanism for strengthening the technical capacity of the Statistical Office of Kosovo (SOK) and other stakeholders in demographic and health survey planning, fieldwork, analysis and data utilisation.

1.3 Survey Design

1.3.1 The sample

The sampling frame consisted of a list of about 3 200 Enumeration Areas (EA). The sample for the DHS was taken as a stratified πps sample with the probability of selection proportional to the number of households in each EA in the frame. The EAs were stratified according to region (7), ethnicity (non-Serb/Serb) and urban/rural. The households in the 400 EAs selected were listed and a second-stage sample of 8 households were taken from the list within each EA with equal probability of selection. Thus the planned sample size was 3 200 households.

The weights, w_I, were calculated as $w_i = (1/\pi_i) \times (N_i/8)$, where π_i is the probability that the i:th EA is included in the sample and N_i is the number of listed households within the i:th EA.

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[1] In its report *Public Expenditure Priorities Report for Kosovo*

Due to non-response only 7 households were interviewed in 8 enumeration areas. In these 8 EAs the weights were adjusted to compensate for the non-response. Thus the total number of households interviewed were 3,192, covering 196 settlements, 283 statistical areas and 400 enumeration areas. The non-response is very small and will not unduly affect the quality of the survey.

The absence of a census has created problems in the creation of an up-to-date sampling frame. The question is raised whether or not it is possible to obtain reliable estimates from a survey based on a frame of EAs with an incorrect number of households. The essential requirement is that the frame should cover the entire territory of Kosovo. The lack of knowledge about the true number of households within each EA in the frame should not cause any systematic error in the estimates as long as *the listing of the selected* EAs in the first stage is complete and without large errors. Given the potential for error, great care was taken to strictly follow sample selection procedures and to ensure that the identification of selected households in the field was properly controlled, with the result that sampling errors and related non-sampling errors would be minimal.

However, during initial field checking it was found that the listing of at least some EAs was incomplete. To correct the problem, the household listing was revised. Note that if the number of listed households is less than the true number of households the weights (raising factors) will be too small. Note further that if the number of households in the frame which is used as the measurement of size is error-free, then we can expect a smaller component of variation of the point estimate from the first stage sample. Conversely, when the number is incorrect the *variation* will increase. We hope that the number of households in the frame and the true number are approximately equal. If this is not the case then the estimates will still be unbiased as long as the listing of the selected EAs is correct, but the variance of the estimates will increase.

Incorrect weights will mainly effect absolute numbers; averages and percent estimates are much less affected. In view of the problems associated with the absence of a reliable population census framework, it is impossible to know the true extent of error in the weights. For this reason the findings in this report are presented mainly as percentage distributions.

1.3.2 The questionnaire

There were clear benefits in retaining the key questions asked in 1999, as this provides the basis for comparison and measurement of recent change. In addition to retaining most of the questions, the general structure of the questionnaire is also similar to the first round, containing a control page, a household component and an individual component. As in 1999, the general part of the individual questionnaire is asked to all household members. Some changes however were inevitable; questions on fertility and employment, for example, have changed to accord more closely with international practice. The questions on contraception and fertility are restricted to women aged 15-49, in the hope that the sharper focus on women of reproductive age will improve the quality of responses. For a similar reason, fertility questions are restricted to birth histories rather than the fuller pregnancy histories included in 1999.

Following extensive discussions with stakeholders, a number of new questions have been included, especially in the area of reproductive health, including knowledge of AIDS (for full questionnaire see annex).

1.3.3 Training and fieldwork

Field workers were trained for two days, from 6-7 July 2003. A detailed training manual was prepared, that served also as a reference book during the enumeration. The senior staff in the SOK conducted the training.

Fieldwork was conducted during three weeks in July 2003. Altogether 82 enumerators were used. Several levels of supervision were set up to ensure that high quality interviews were conducted. The survey used 14 supervisors, and quality control managers from the regional offices and from the SOK headquarters.

1.3.4 Data processing and analyses

Manual checking of the forms was undertaken in the regional offices immediately on completion of the fieldwork and the more serious errors were resolved in the field. Forms were sent to the SOK office in Pristina where the data were coded. Eleven data entry officers were trained and they were able to complete the data entry. Staff of the SOK prepared edit specifications and completed the edits by the end of November 2003. Initially, as in 1999, the data processing system was designed using MS ACCESS. This system was not thought to be sufficiently flexible to clean the data files or to generate tables. As a result the data were downloaded into SPSS files, better suited to complete the survey.

The initial findings tabulated by a consultant from UNFPA were presented in a national seminar in March 2004. This reports provides a more detailed tabulation and analyses of the survey results.

Chapter 2: Population, Housing and Households

This chapter provides a summary of the demographic and household characteristics of the household population, including age, sex, place of residence, structure of households and household facilities. Information collected on these characteristics is important in understanding and interpreting the findings of the survey.

2.1 Population by Age and Sex

The age and sex composition in a population results from past births, deaths and migration. It thus presents many clues to recent demographic behaviour as well as being important variables in the study of mortality, fertility and health. Table 2.1 presents the distribution of the household population by five-year age groups, according to urban-rural residence and sex. This information is used to construct the population pyramids shown in figure 2.1.

Table 2.1 Population by age, sex and residence

Percentage distribution of the population and observed number from the survey sample by five-year age groups, according to sex and residence, Kosovo 2003

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	9.9	9.0	9.4	11.5	10.6	11.0	11.5	10.6	11.0
5-9	10.5	9.7	10.1	11.3	10.3	10.8	11.3	10.3	10.8
10-14	10.7	10.2	10.4	11.7	10.8	11.3	11.7	10.8	11.3
15-19	9.7	9.6	9.6	10.8	9.8	10.3	10.8	9.8	10.3
20-24	9.9	9.2	9.5	9.3	9.9	9.6	9.3	9.9	9.6
25-29	7.9	8.8	8.4	7.7	9.1	8.4	7.7	9.1	8.4
30-34	6.4	8.0	7.2	6.2	6.9	6.6	6.2	6.9	6.6
35-39	6.2	6.1	6.2	5.7	6.8	6.3	5.7	6.8	6.3
40-44	6.0	6.2	6.1	6.5	5.4	5.9	6.5	5.4	5.9
45-49	5.2	5.3	5.3	4.3	4.1	4.2	4.3	4.1	4.2
50-54	4.8	4.8	4.8	3.5	3.7	3.6	3.5	3.7	3.6
55-59	4.0	4.6	4.3	2.9	2.7	2.8	2.9	2.7	2.8
60-64	3.5	2.2	2.8	2.4	3.1	2.7	2.4	3.1	2.7
65-69	2.2	2.4	2.3	2.4	3.0	2.7	2.4	3.0	2.7
70-74	1.5	2.0	1.8	2.0	1.8	1.9	2.0	1.8	1.9
75-79	0.7	1.1	0.9	1.1	1.0	1.0	1.1	1.0	1.0
80 –84	0.5	0.6	0.5	0.4	1.7	0.5	0.4	0.7	0.5
85+	0.2	0.3	0.3	0.4	0.3	0.3	0.4	0.3	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

The total household population in the survey was 18,603. More than half (55 percent) of the population is in the age group of 15-59 years; this age group is referred to as the economically active population. The proportion of people falling into this age group is

slightly higher in urban areas than in rural areas (57 versus 55 percent). Nearly a third (32 percent) of the population is a child under 15 years of age. The age structure of Kosovo is shown in figure 2.1.

Figure 2.1 **Population Pyramids**

Kosovo RURAL - 2003

Kosovo URBAN - 2003
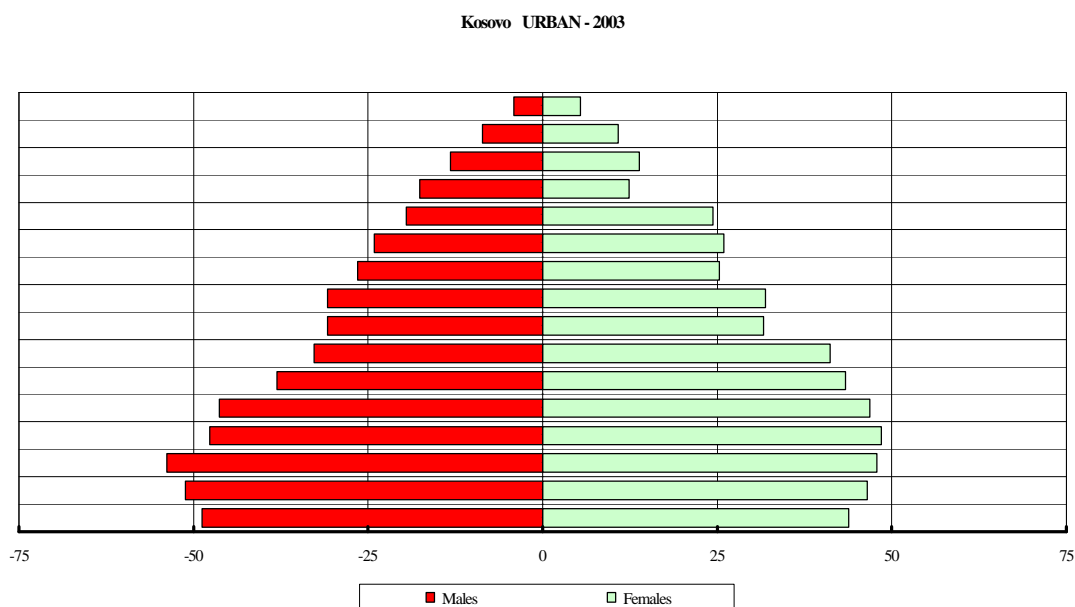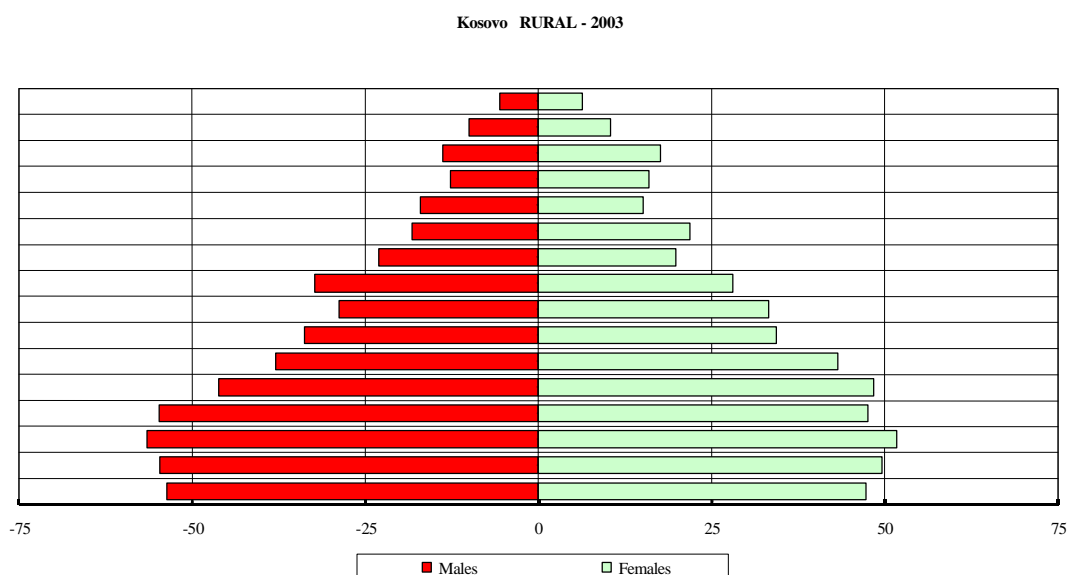
The large proportion of the population below 15 could be a function of the depletion of persons in the middle working ages, providing evidence that overseas migration has been heavy in recent years. This is supported by the large number of persons reported by household heads to be abroad at the time of the survey. The percentage of persons aged

60 and above is not large by European standards, but with declining mortality and fertility it is likely to increase over the next few decades.

The base of the pyramids represents recent fertility; in a typical pyramid, the base broadens out as the number of births increase each year. The declining widths of the bars at the base of the structure illustrate how fertility is in decline in Kosovo. This will be elaborated in chapter 4. The second feature of note is the narrowing of bars at ages 30-39, especially for males. Some of this narrowing could be to be the result of excess mortality during the hostilities, but the major reason is likely to be the age and sex selective emigration that has occurred in the past. Due to the methodological problems of measuring international migration, this is not a topic that is covered in detail by the survey. Nevertheless, some indication of persons abroad at the time of the survey is provided in chapter 8.

The relatively small numbers of women that have now reached 30-40 years old will produce fewer children than a normally distributed population. The number of women in their early reproductive years however is still significantly large and will thus contribute to increasing the number of births, regardless of the fact the women are having fewer children than before. In the long run, however, the consequences of reduced fertility over the past few years, will in turn assure that actual number of births will begin to decline.

Figure 2.2 presents the sex ratios taken from the results of the survey; sex ratios refer to the number of males in each age group per hundred females. The level and behaviour of sex ratios in Kosovo are worthy of comment. In most societies, sex ratios at birth vary between about 103 and 105 male births for every 100 female births. During the five years after birth, when mortality is relatively high, there is excess male mortality. In Kosovo however the sex ratios at ages 0-19 are consistently very high, ranging between 107 and 109. It could plausibly be argued that given what is known about preferences for sons in Kosovo female babies were under-reported. However, the way in which the survey of household populations are prepared and the way in which birth histories of women in the reproductive ages were carried out, the possibility of large selection biases are virtually excluded. While this phenomenon has been observed in statistics from other sources, notably from vital statistics, its occurrence in the survey must point to the need for further investigation.

The sex differentials that result from sex selective emigration have already been noted. Figure 2.2 displays quite clearly that there are more women than men in Kosovo between the ages of 20-40. In chapter 8 however we will see that the number of male and female absent household members in this age group, reported by household heads, is not sufficient enough to explain the prevailing sex ratios in these age groups. Figure 2.2 also presents quite an erratic sex ratio pattern after the age of 40. Further investigation is needed to uncover the causes of this pattern; one strong possibility may simply be due to misreporting of age.

Figure 2.2. Sex Ratio
Kosovo,2003
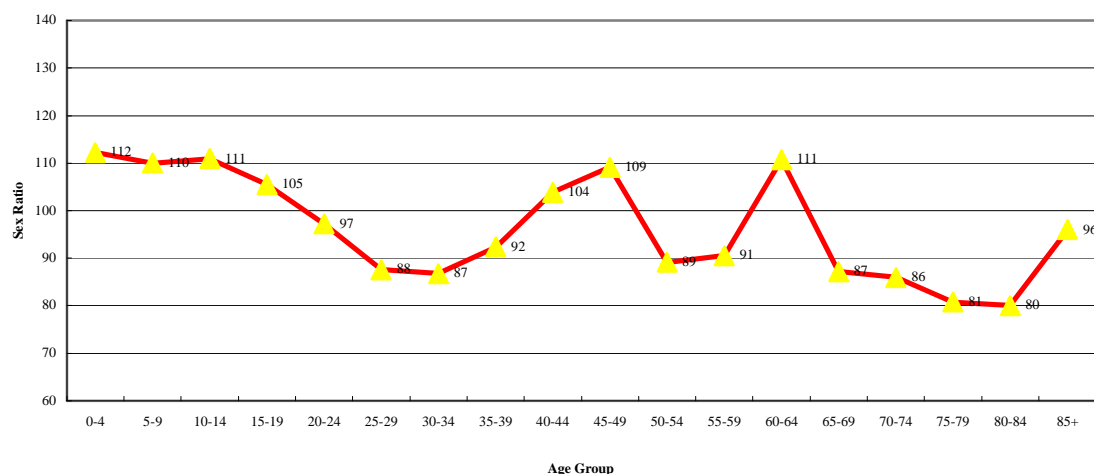
2.2 Structure of households

In the survey it was important to ensure that persons who were usually resident in Kosovo were assigned to only one household[2]. It was important, given the attachment that persons in Kosovo felt towards their family members abroad at the time of the survey, that the statistical definition of residential status at the time of the survey was clear.

Traditional Kosovar households are large. Table 2.2 presents the distribution of households by household size according to urban and rural residence.

Table 2.2 Household Composition Percentage distribution of households by household size according to urban-rural residence, Kosovo 2003			
Characteristic	Urban	Rural	Total
Number of usual members			
1	2.7	1.5	1.9
2	7.1	4.3	5.2
3	9.4	6.2	7.3
4	17.7	10.6	12.9
5	20.8	14.2	16.4

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[2] In the survey a household was defined as "a community of persons who live together and eat together and share their incomes. A household comprises one or more families and can also have members who do not belong to any of the families in the household. A person living alone should be considered to be a single person household. You may also find households where unrelated persons live together".

Table 2.2 Household Composition			
Percentage distribution of households by household size according to urban-rural residence, Kosovo 2003			
6	15.4	15.8	15.7
7 or more	26.8	47.3	40.6
Total	100	100	100
Number of families in household			
1	73.3	64.6	69.6
2	20.9	25.7	23.0
3	4.6	7.0	5.6
4 or more	1.2	2.8	1.8
Total	100	100	100

In Kosovo, households often consist of an extended family unit spanning several generations. As a result there are relatively few one-person households. More than 59 percent of households have at least 6 members. Rural households are larger than urban ones. 47 percent of urban households contain 7 or more members compared with 27 percent of rural households. The average household size in Kosovo is estimated to be 6.4 persons.

Not only are families large, but also households often consist of more than a single family. As can be seen in table 2.2, overall about 70 percent of households contain a single family. The remaining 30 percent of households contain 2 or more families; 23 percent with two and a little over 7 percent with 3 or more family. Rural households on average contain more families than do urban households. For example, in urban areas less than 5 percent of households consist of 3 or more families compared with 7 percent in rural areas.

2.3 Characteristics of head of household

The head of the household was the person considered to be 'head' by the other household members. The person selected was often, though not always, the principal wage earner. Table 2.3 presents the distribution of households by the sex of the head of the household for urban and rural residence. The majority of household heads are male, accounting for more than 93 percent of the total.

As table 2.3 shows 88 percent of household heads are currently married. The distributions by sex highlight marked differentials. More than 93 percent of male household heads are married. For females, in contrast, less than 28 percent are married. A higher proportion of female heads are single than is the case for males. But the most significant difference in the distributions is for widowers. More than 65 percent of female household heads are widows, compared to less than 4 percent of widowed male heads. This is clearly a result of sex-selective mortality.

For male household heads, differences between urban and rural residents are small. For females, however, there are important differences. The percentage of married female heads in urban areas is especially low, less than 13 percent. But the percentages for single, divorced and widowed are all higher than in rural areas. The percentage of widowed female heads is particularly high in urban areas at 77 percent. These widow-headed urban households are likely to be among the most vulnerable, suggesting the need for further research.

Table 2.3 Household heads by marital status, residence and sex
Percentage distribution of households by the marital status of the household head according to sex and urban-rural residence, Kosovo 2003

Characteristic	Urban		Rural		Total		
	Males	Females	Males	Females	Males	Females	Total
Marital status							
Single	3.7	6.9	2.1	4.8	2.6	5.7	2.8
Married	92.5	12.7	93.6	38.7	93.3	27.6	88.2
Divorced	0.2	3.4	0.4	0.2	0.3	1.6	0.4
Widowed	3.6	77.0	3.9	56.3	3.8	65.1	8.6
Total	100	100	100	100	100	100	100

2.4 Housing characteristics

The survey asked questions concerning the actual type of building respondents were living in and the tenure status of that building. This information is presented in table 2.4 Most of the respondents in the sample (86 percent) were living in houses described as single dwellings characterized by having a single entrance. Differences exist however between urban and rural areas; over 28 percent of urban housing units are multiple dwellings or apartments, compared with 6 percent of rural units. 98 percent of households live in houses or apartments referred to as conventional housing. In urban areas, more than 1 percent of housing units are described as collective quarters. No collective quarters are included in the rural sample.

Table 2.4 Type of Housing and Tenure Status by Residence
Percentage distribution of housing type and status of tenure according to sex and urban-rural residence, Kosovo 2003

Characteristic	Urban	Rural	Total
Type of Building			
Single Dwelling Unit	71.6	93.7	86.3
Two or more Dwelling Units	28.4	6.3	13.7
Total	100	100	100
Type of Living Quarters			
House or Apartment	97.9	98.3	98.2

Table 2.4 Type of Housing and Tenure Status by Residence			
Percentage distribution of housing type and status of tenure according to sex and urban-rural residence, Kosovo 2003			
Non Conventional[3]	0.9	1.7	1.4
Collective[4]	1.2	0	.4
Total	100	100	100
Tenure Status			
Owner	89.6	97.7	95.1
Tenant	3.6	0.4	1.4
Other	6.8	1.9	3.5
Total	100	100	100

The majority of houses and apartments are owned by the occupant. Overall 95 percent of households claim to own the house or apartment they occupy; 1.4 percent say they are tenants and 3.5 percent say they live in the house or apartment under some other arrangements. A higher number of rural dwellers claim to own their houses or apartments than urban dwellers. (98 percent versus 90 percent).

Respondents were asked to give specific information about the conditions of their households. A list was read out to each respondent and they were asked whether their living quarters included specific facilities. Table 2.5 presents major housing characteristics by urban-rural residence.

Almost all households in Kosovo have electricity (98 percent). One of the more important public health concerns is to ensure that households have access to portable drinking water. The survey inquired from each household about the main source of drinking water. For Kosovo, 52 percent of households have access to piped water, considered safe for drinking. The most striking feature however is the wide differences that exist between urban and rural areas. In the urban areas, more than 92 percent of households have access to piped water compared with 33 percent of rural households. More than half of the rural households depend on wells for their drinking water. 20 percent of rural households use water from a closed well or borehole, alarmingly the water source for just under a quarter of rural household is from an open well which may carry significant health risks.

For all other facilities, urban households have a large advantage over rural households. A majority of urban households claim to have an inside toilet, inside bath/shower and a kitchen. Over 20 percent of urban households have central heating; in rural households the corresponding figure is 2 percent.

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[3] Examples of non-conventional living quarters are shops or shelters
[4] Examples of collective living quarters are labour compounds or barracks

Table 2.5 Household facilities by residence			
Percentage distribution of households by household facilities according to urban-rural residence, Kosovo 2003			
Characteristic	Urban	Rural	Total
Electricity	99.3	96.8	97.6
Source of drinking water			
Piped water inside dwelling	92.2	33.2	52.3
Piped water outside dwelling	1.6	5.5	4.2
Public tap	0.4	2.2	1.6
Water from open well	2.6	27.4	19.3
Water from covered well or borehole	3.0	28.0	19.9
Surface water from spring/river/pond		3.3	2.2
Tanker/truck	0.1	0.2	0.2
Central heating	20.8	2.2	8.2
Inside Toilet	94.3	70.9	78.5
Inside Bath or Shower	89.0	51.4	63.3

2.5 Indicators of Poverty

The availability of durable goods may be taken as a proximate indicator of socioeconomic status. Table 2.6 shows the distribution of durable goods and modes of transportation among households. High ownership rates for of television and radio assure that most households have access to at least one of these forms of media. Almost half the households claim to have a mobile phone. Landline telephones are less widespread, with just 27 percent of households possessing one.   Computer access is almost certainly increasing, though saturation is still low, with 9 percent claiming ownership.

Household ownership of transport is fairly well balanced between urban and rural areas, with about half the number of households claiming to own a car, van, or truck; similar percentages of urban and rural households claim to own a motorbike (though the rate is far lower). For obvious reasons, ownership of tractors is far higher in rural areas, where more than 30 percent of households claim to possess one. Ownership of a telephone and computer are still very much luxuries in rural areas.

Table 2.6 Household ownership of assets by residence			
Percentage distribution of households possessing various durable goods according to urban-rural residence, Kosovo 2003			
Durable Consumer Good	Urban	Rural	Total
Television	96.8	90.1	92.3
Radio	84.8	77.0	79.5
Fridge	90.4	76.6	81.1
Telephone	60.7	10.5	26.8
Car/van/truck	53.1	49.5	50.7
Mobile phone	56.0	45.1	48.7
Computer	18.0	5.1	9.3
Tractor	3.8	30.2	21.7
Motorbike	3.4	3.5	3.5

The question on household income was asked in the survey in the knowledge that responses would understate true income levels. Nonetheless, the question was included on the basis that the distribution of households by income provides a very useful means of identifying the poorest and therefore most vulnerable households and household members in Kosovo. Even when taking into account some level of under-reporting, the large number of households reporting an income of less than 200 euros per month, as shown in table 2.7, is striking. The table also shows that urban incomes are higher than rural ones, though even in urban areas more than half of households claim to earn less than 200 euro per month.

Table 2.7 Household income by residence			
Percentage distribution of households by total household income, Kosovo 2003			
Euro	**Urban**	**Rural**	**Total**
0-100	24.0	31.8	29.3
101-200	28.4	33.2	31.7
201-300	25.3	17.1	19.8
301-400	12.8	10.9	11.5
401-800	7.6	5.6	6.2
801 and above	1.9	1.4	1.5
Total	100	100	100

Chapter 3: Background Characteristics of Surveyed Population

The purpose of this chapter is to provide a short demographic and socio-economic profile of the surveyed population. Information on the basic characteristics of women and men interviewed in the survey is essential for the interpretation of findings presented later in the report and can provide an approximate indication of the representativeness of the survey. This chapter will provide detailed information on marriage, education and employment in Kosovo.

3.1 Background Characteristics of Respondents

Table 3.1 presents the percent distribution of interviewed women and men age 15-59 by background characteristics including age group, marital status, place of residence, ethnicity and educational level.

The percentage of women in five-year age groups declines steadily after the age of 25. The percentage of women age 15-19 (16.3 percent) is more than three times the percentage of women age 55-59. A similar pattern of declining numbers with increasing age is seen for men.

Around 59 percent of men and women are married. Divorce in Kosovo is not common with less than half a percent of men and women reporting to be divorced. 34 percent of women and 43 percent of men have never been married.

The great majority of male and female respondents report that they are of Albanian ethnicity. For both men and women around 4 percent identify themselves as Serbian, however the observed numbers in the sample produce higher percentages than the weighted data. An additional 3 percent of men and women report they are of another ethnicity. This category, amongst others, includes Montenegro, Croat, Turkish, Bosniak, Roma and Goran; numbers in each of these categories however were too small to analyses individually.

All but 61 men and 257 women in the survey have attended school up to some level. Men however appear to have a higher level of education than women. 57 percent of men obtained some form of secondary school education compared to 26 percent of women.

Table 3.1 Background characteristics of respondents

Percent distribution and observed numbers in sample of men and women age 15-59 by age, residence, marital status, ethnicity and education, Kosovo 2003

Background characteristic	Number of women		Number of men		Total	
	Weighted percent	Observed Number	Weighted percent	Observed Number	Weighted percent	Observed Number
Age						
15-19	16.3	895	18.1	944	17.2	1839
20-24	16.3	884	16.3	861	16.3	1745
25-29	15.2	806	13.5	706	14.3	1512
30-34	12.1	711	10.8	617	11.5	1328
35-39	11.1	602	10.1	556	10.6	1158
40-44	9.4	563	11.0	585	10.2	1148
45-49	7.4	425	7.9	466	7.7	891
50-54	6.7	450	6.7	401	6.7	851
55-59	5.4	379	5.6	343	5.5	722
Total	100	5715	100	5479	100	11194
Marital Status						
Single	33.9	1868	42.6	2241	38.2	4109
Married	62.1	3590	56.6	3182	59.4	6772
Divorced	0.5	23	0.2	12	0.4	35
Widowed	3.5	229	0.5	39	2.0	268
Total	100	5710	100	5474	100	11184
Ethnicity						
Albanian	92.2	4938	92.2	4645	92.7	9583
Serbian	4.3	576	5.3	689	4.3	1265
Other	3.6	201	2.5	145	3.0	346
Total	100	5715	100	5479	100	11194
Education						
No schooling	5.4	257	1.2	61	3.3	318
Primary schooling[5]	66.0	3225	36.4	1726	51.5	4951
Secondary and high school[6]	26.3	2065	57.0	3316	41.3	5381
University or higher	2.3	165	5.4	369	3.8	534
Total	100	5712	100	5472	100	11184

[5] This level includes three response categories provided on the questionnaire: less than primary1-4, less than primary 5-7, and primary completed

[6] This level includes four response categories provided on the questionnaire: secondary 1-3, secondary 4 and more, gymnasium and high school

3.2 Marital Status

As in 1999, based on reported age at marriage, the survey yielded a mean age at first marriage of about 25 and 21 years for males and females respectively. However, slightly different results are obtained using a more complex method of calculating age at first marriage[7] that estimates the number of years each man or woman would spend single by age 50, if he or she were to experience current marriage rates. As table 3.2 shows, this method, ignoring the actual age distribution of the population, provides higher intrinsic ages at marriage for both men and women at 24 and 27 years respectively. The relatively high singulate mean age at marriage suggests some delays are occurring in first marriage and confirms continuing differences in the age at marriage of men and women. The survey data also reveals a slight increase in the number of persons remaining single for males and females, a trend that is consistent with patterns in other European countries.

Table 3.2 Singulate mean age at marriage

Singulate mean age at marriage by residence and sex, Kosovo 2003

Residence	Age at marriage	
	Men	Women
Urban	26.5	24.8
Rural	27.2	24.0
Total	27.0	24.2

On average, the ages at first marriage for urban and rural areas are very similar. However, the wider difference between age at marriage for males and females that prevails in the rural areas is of interest, possibly reflecting the relative lack of educational and employment opportunities available to women in the rural areas.

Figure 3.1 shows the distribution of married persons by age and sex; it is apparent that women marry earlier. At younger ages, the chart shows higher values for women than for men. The relative decline for women at older ages is not really a marriage effect at all, but results from excess mortality as age advances.
Partly as a result of this mortality effect, for both men and women, marriage rates increase until about age 35, at which age decline sets in for women, while rates continue to climb for men.

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[7] Based on a methodology referred to as the singulate mean age at marriage that effectively standardizes the population distribution, controlling for the young population of Kosovo and enabling comparisons to be made more easily over time and between countries.

**Figure 3.1: Distribution of the married population
by age and sex**
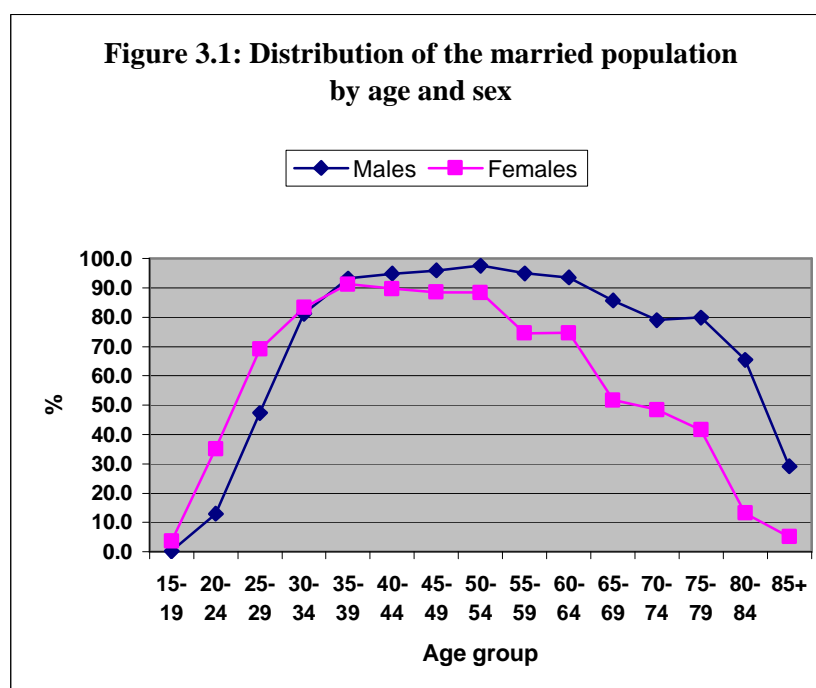
At the younger ages as shown in figure 3.2, the distribution of single persons is a mirror-image of the marriage distribution, showing in this case that females are less likely to remain single than their male counterparts. The advantage of this presentation is that it contains few mortality effects and thus demonstrates clearly how universal marriage actually is in Kosovo. For both women and men, the levels of never married are negligible beyond age 50.

**Figure 3.2: Distribution of single persons by
age and sex**
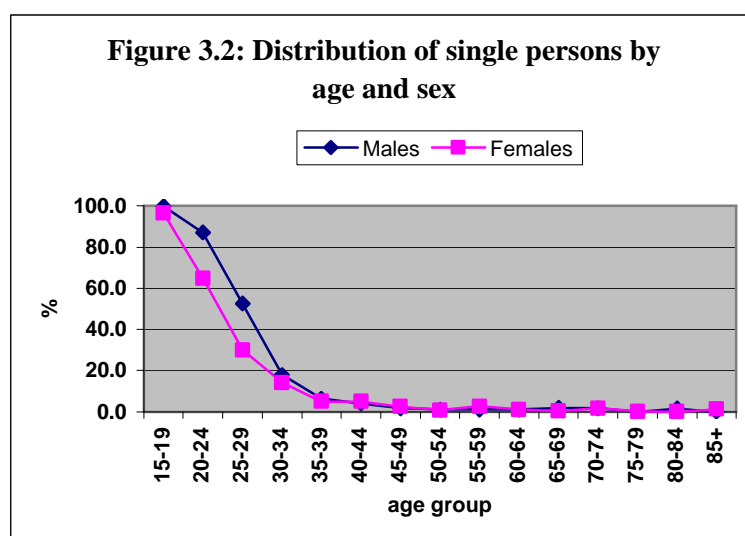
3.3 Educational Level of Respondents

Tables 3.2 and 3.3 show the educational level of female and male respondents by selected background characteristics and the average number of years schooling. Urban women have attained a higher level of education than rural women: two and a half times the number of urban women have attended secondary school education compared to their rural counterparts. Women in urban areas have an advantage of more than a year of education over women in rural areas. A promising sign is that educational level seems to be increasing with age and generation. By observing the oldest age group, it can be seen that around forty years ago only twenty percent of women were educated to beyond primary level. However, there appears to have been a steady improvement in the number of women receiving more than primary school education, and thirty-eight percent of women age 20-24 reported attending secondary school.

Table 3.3 Educational attainment by background characteristics: women
Percent distribution of women by highest level of schooling attended, and median number of years of schooling according to age, residence and ethnicity, Kosovo 2003

Background Characteristics	Highest level of schooling attended					Number of women	Mean years of schooling
	No Schooling	Primary	Secondary	University	Total		
Age							
20-24	3.3	55.7	37.7	3.3	100	884	9.7
25-29	0.8	72.0	24.9	2.3	100	806	9.0
30-34	5.7	62.7	28.0	3.6	100	711	9.2
35-39	6.1	65.7	24.9	3.3	100	602	9.0
40-44	9.4	57.8	28.8	4.0	100	563	9.1
45-49	8.6	69.7	20.0	1.7	100	425	8.1
Residence							
Urban	12.9	52.7	31.1	3.3	100	5285	8.7
Rural	15.5	71.2	12.4	0.9	100	4023	7.3
Ethnicity							
Albanian	14.5	67.0	16.9	1.6	100	8065	7.7
Serbian	13.7	43.4	40.7	2.2	100	930	9.1
Other	21.1	65.0	13.3	0.6	100	267	7.4

Although the differentials between men living in urban areas and men living in rural areas are less marked than as for women, on average male urban dwellers still remain in school one year longer than their equivalents in rural areas. Over the past twenty years or so, progress in achievement seems to have halted, reflecting itself in stable or falling percentages achieving secondary education.

Table 3.4 Educational attainment by background characteristics: men
  Percent distribution of men by highest level of schooling attended, and median number of years
  of schooling according to background characteristics, Kosovo 2003

Background Characteristics	Highest level of schooling attended					Number of Men	Median years of schooling
	No Schooling	Primary	Secondary	University	Total		
Age							
20-24	0.2	30.9	66.8	2.1	100	861	10.9
25-29	1.3	29.1	65.5	4.1	100	706	11.1
30-34	1.0	29.0	64.6	5.4	100	617	11.1
35-39	1.2	23.2	68.6	7.0	100	556	11.5
40-44	2.8	19.3	68.0	9.9	100	585	12.0
45-49	0.3	32.0	57.1	10.6	100	466	11.2
Residence							
Urban	6.3	42.2	44.5	7.0	100	5210	9.8
Rural	7.7	53.0	36.7	2.6	100	4085	8.9
Ethnicity							
Albanian	7.5	50.4	38.4	3.7	100	8007	9.1
Serbian	3.5	34.7	56.1	5.7	100	1035	10.3
Other	8.0	63.4	25.3	3.3	100	253	8.2

3.3.1 Current Education

Current school attendance by age and sex provides the most fundamental information
about the effectiveness of current education policies. As table 3.5 displays school
participation rates are high, especially at ages 10-14, where they reach 98 percent of the
population. The lower figure at ages 5-9 can be explained by the late starting age for
some pupils. The school participation rate at ages 15-19 falls from near universal
attendance at ages 10-14 to 63 percent.

Table 3.5 Persons currently attending school or university
Percentage distribution of persons currently attending school
by age-group and sex, Kosovo 2003

Age-group	Males	Females	Total
5-9	69.4	62.7	66.2
10-14	98.9	96.5	97.7
15-19	70.7	54.0	62.7
20-24	15.8	13.5	14.6
25-29	4.4	2.4	3.3

Sex differentials exist at all ages, with boys more likely to attend school or university than girls. Generally speaking the gender gap widens as education advances. At ages 5-14, boys enjoy an advantage over girls, but the differences are not wide. At ages 15-19, by contrast, boys enjoy almost 17-percentage points advantage over girls. At even higher levels of education expressed by the age group 25-29, though the numbers attending full time education are not high, the relative advantage of men over women is even greater, at 4.4 percent, attendance is more than 80 percent greater than the equivalent percentage for women.

Table 3.6 Persons currently attending school								
Percentage distribution by age-group, sex and residence, Kosovo 2003								
	Urban			Rural			Total		
Age-group	Males	Females	Total	Males	Females	Total	Males	Females	Total
5-9	64.9	66.9	65.9	71.0	61.1	66.3	69.4	62.7	66.2
10-14	98.1	96.8	97.4	99.1	96.5	97.8	98.9	96.5	97.7
15-19	73.0	68.4	70.7	69.9	48.5	59.8	70.7	54.0	62.7
20-24	19.6	20.8	20.2	14.2	10.9	12.5	15.8	13.5	14.6
25-29	5.5	7.8	6.7	4.0	0.4	2.0	4.4	2.4	3.3

Table 3.6 provides a more detailed look at school attendance taking into account place of residence. At ages 5-14, school participation by rural children is higher than for urban children, though the differences are too small to be statistically significant. As with gender, differences in favour of urban dwellers emerge as age and education advance. In percentage terms the gap between rural and urban residence progressively widens; in the age-group 25-29, urban dwellers are almost three times as likely to be in full time education as their rural counterparts. Of course, this does not necessarily reflect the relative likelihood of urban or rural residents pursuing further education. Some rural dwellers would move to urban areas to take advantage of opportunities offered, and in so doing, would swell the ranks of those living in urban areas attending university.

3.3.2 Literacy

In Kosovo, as with education, literacy is a gender and age issue. Defining illiteracy as those who are unable to read and write in any language, 8 percent of the population aged 15 years and above is illiterate. Table 3.7 shows very clear differences between the sexes, with females almost four times as likely as males to be illiterate (12.5 percent versus 3.4 percent). Differences also exist according to residence; urban illiterate rates being lower than for rural areas, these differences however are not as strong as for the differences between the sexes.

Table 3.7: Illiteracy rates by sex and residence			
Percentage of persons 15 years and above who are illiterate by residence and sex, Kosovo 2003			
Residence	**Males**	**Females**	**Total**
Urban	2.3	10.4	6.5
Rural	3.8	13.4	8.7
Total	**3.4**	**12.5**	**8.1**

The gender, and to a lesser extent residential, effects of illiteracy are compounded by age. The relatively healthy overall rate masks the most disadvantaged groups. Among those aged between 15-34, illiteracy is very low at less than 2 percent, but as table 3.8 shows, among young males it has almost disappeared. At older ages, illiteracy of women is clearly an important social and cultural issue given its wide prevalence. In the age-group 55-64, 24 percent of women are illiterate, compared with 4 percent of men. For ages 64 and above 72 percent of women, are illiterate, almost three times the rate for men.

Table 3.8: Illiteracy rates by sex and age			
Percentage of persons 15 years and above who are illiterate by sex and age, Kosovo 2003			
Age-group	**Males**	**Females**	**Total**
15-24	0.7	2.1	1.4
25-34	1.0	2.4	1.8
35-44	1.3	6.8	4.1
45-54	0.8	9.5	5.2
55-64	4.1	24.3	14.3
64+	25.3	71.7	49.9
Total	3.4	12.5	8.1

3.4 Employment

Respondents were asked a number of questions to determine their employment status at the time of the survey. Several concepts are involved in classifying the work activity status of persons of working age (between the ages of 15 and 64). The survey adopted a current approach to measurement, focusing on activities during the week preceding the survey. This approach identifies persons who worked in a job for an hour or more in the last week as employed. Those who did not actually work during the reference week were asked further about their activities. Persons who said they were looking for work are considered to be unemployed. The survey also identified a further category of respondents who could be considered to be unemployed to assist comparison with other surveys, however, these people, who are sometimes referred to as discouraged workers, have not generally been included as unemployed.

From the survey data it is possible to obtain a measure of the labour force. This includes both those who are employed and those who are unemployed, the current and potential workers. As shown in table 3.9 58 percent of the working age population is economically active or in the labour force. This percentage is referred to as the labour force participation rate.

Labour force participation varies for a number of reasons; the age, sex and geographic location of respondents are important factors that influence participation. For males, as can be seen in table 3.10 the labour force participation rate in 2003 was 76 percent compared with almost 40 percent for females. Differences also exist according to residence, although these differences are less pronounced than for sex. In 2003 urban participation is 62 percent compared with a rate of 56 percent for rural dwellers.

Table 3.9 Economic activity status Percent distribution of those aged 15-64 by employment status, Kosovo 2003	
Economic activity status	
The Labour force-	58
Employed	27
Unemployed	31
Not economically active population	42
Total of working age	**100**

When comparing the results from the 1999 survey it appears that the labour force participation rate has remained very steady. The rural and urban rates compare well suggesting little change on the basis of place of residence. Positive changes seem to have occurred in recent years towards greater gender equality. The male participation rate has fallen from 88 percent to its current level of 76 percent during the past four years. By contrast, the female rate has risen from 33 percent in 1999 to its current level of 40 percent

Table 3.10 Labour force participation rates Percent distribution of labour force participation by sex and residence, Kosovo 1999 and 2003		
Background characteristic	1999	2003
Sex		
Males	88.4	76.2
Female	33.2	39.9
Residence		
Rural	54.0	56.0
Urban	61.7	61.6

3.4.1 The employed population

The employed population covers those who worked in a job during the reference period, with or without pay. In the survey, 26.3 percent of persons aged 15 to 64 are classified as employed. However, table 3.11 shows that this average figure masks some wide variation, particularly between males and females. Thus overall, 45 percent of males of working age are employed compared with less than 9 percent of females. While the differentials are not as strong in the case of residence they are still evident. Among urban dwellers, 33 percent of those at working age are employed compared with less than 24 percent of rural dwellers.

Table 3.11 The employed population

Percent distribution of the employed population aged 15-64 by sex and residence, Kosovo 2003

Sex	Urban	Rural	Total
Male	50.7	42.5	44.8
Female	16.2	5.5	8.6
Total	33.0	23.6	26.3

Figure 3.3: Percent of males and females employed by age
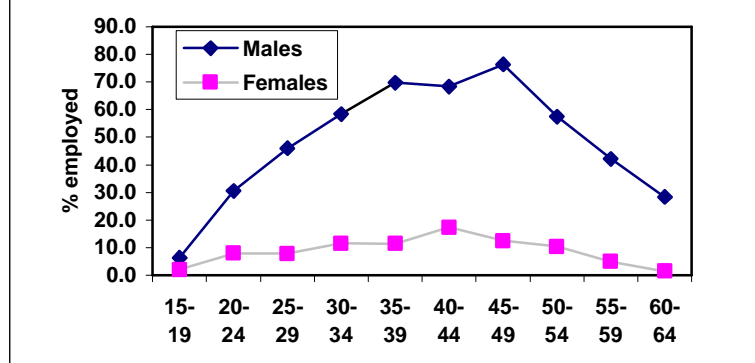
The age pattern of the employed population is clearly similar to that described in relation to the entire labour force. Though, as can be seen from the distributions charted in figure 3.3, the employment rates are far lower for females, in a similar fashion to males they begin low, rise to a peak at ages 30-50 and decline sharply as age advances. For the age-group 60-64, relative differentials are at their highest; a little over 1 percent of women are employed compared to more than 28 percent of males.

Employment according to educational background emphasizes the importance of education in the labour market. As figure 3.4 shows, with the exception of ages 15 to 24, when most of the better- educated people are still attending full time education, participation rates are always higher for those with secondary education than those with primary only, and higher still for those with a university education. Indeed, at ages 35-64, university graduates enjoy participation rates in excess of 80 percent, levels never attained by other groups. A feature of participation rates for the population with primary and secondary education, is their sharp decline after age 50, again in sharp contrast to the steady rates for the university educated population.

Figure 3.4: Employment by education and age
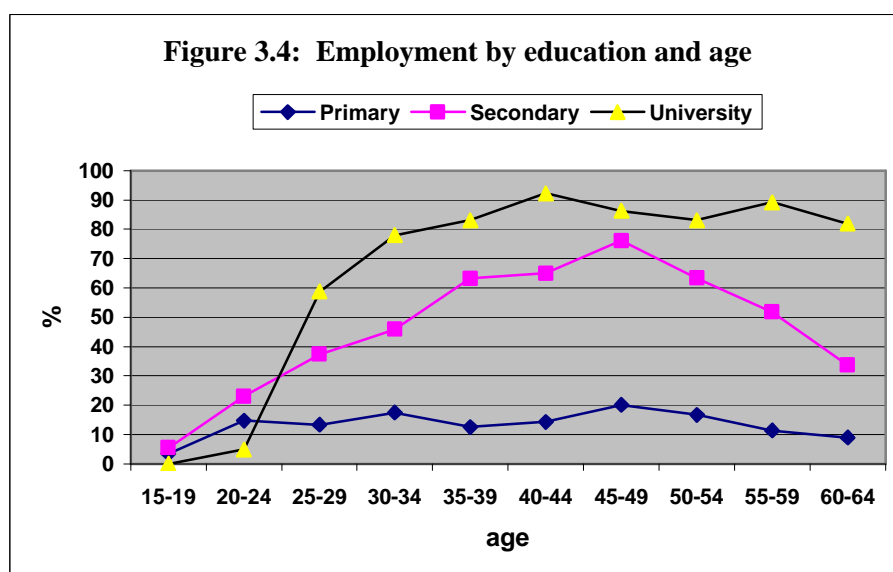
3.4.2 Occupation

All persons who worked in the past week were asked about their current occupation. Occupations were classified and grouped according to the International Standard Classification of Occupations and these are summarized in tables 3.12 and 3.13

Some of the characteristics of occupation structure are of particular interest. Despite the far lower participation of women in the labour force, those employed are more likely than men to be in the most senior and skilled jobs. Thus, overall, more than 31 percent of women describe themselves as legislators, senior officers, managers or professionals, more than twice the percentage for males. The predominance of men in the craft and related trade occupations and in the low skilled elementary occupations perhaps results from the difficulties women find in entering the less skilled occupations, creating the differentials in the age structure of employment that we observe. The low levels of participation by women overall is likely a further expression of the different job market for men and women.

Differences by rural and urban residence exist, but do not seem very surprising. The classification provided is skill based, and as expected the urban distribution exceeds the rural in the first five occupation groups, reflecting the relative absence of management, professional and administrative jobs in the rural sector. Equally unsurprising is that the distribution favours the rural sector in the last four occupations, ranked as less skilled, but also including the predominantly rural skilled agricultural workers.

Table 3.12 Occupation of women
Percent distribution of currently employed women by occupation according to background characteristics, Kosovo 2003

Background Characteristics	Occupations									Total
	Legislators/ senior officers/ managers	Professionals	Technicians/Associate professionals	Clerks	Sales and services	Skilled agriculture	Crafts	Plant and machine operators	Elementary	
Age										
15-19		9.8	35.3		52.1		2.7			100
20-24	3.4	11.9	33.0	10.4	18.2	16.6	3.5		3.0	100
25-29	1.9	24.1	19.0	6.9	28.2	10.4			9.5	100
30-34	1.7	36.2	12.2	5.5	24.3	2.2	11.0		6.8	100
35-39	4.6	26.1	22.2	11.0	20.7	2.3	10.5		2.5	100
40-44	1.3	25.9	26.5	11.4	25.3	1.3	4.1	1.4	2.8	100
45-49	7.2	41.3	24.7	6.4	13.8	0.2	1.6	1.1	3.7	100
50-54		39.1	13.7	12.5	13.2	9.1	5.2		7.3	100
55-59	3.2	56.7	16.5	8.0	12.2				3.4	100
Residence										
Urban	2.5	28.6	21.2	10.4	25.5	2.2	5.0	0.7	3.9	100
Rural	4.0	28.0	23.3	6.6	17.9	8.8	5.3		6.1	100
Ethnicity										
Albanian	3.6	28.7	21.7	8.1	21.1	6.2	5.9	0.4	4.4	100
Serbian	0.8	21.4	26.8	12.2	28.7	0.6	0.9		8.7	100
Other	2.1	42.8	17.6	9.4	19.8	1.7	4.8		2.0	100
Education										
No schooling	43.0	6.6			6.1	38.0			6.4	100
Primary	10.4	10.6	4.5	0.6	26.8	15.9	12.6	0.0	18.9	100
Secondary	0.3	25.2	27.7	10.7	24.8	3.0	4.8	0.5	2.9	100
University	3.9	68.1	15.4	7.8	4.7					100

Table 3.13 Occupation of men
Percent distribution of currently employed men by occupation according to background characteristics, Kosovo 2003

Background Characteristics	Legislators/ senior officers / managers	Professionals	Technicians/Associate professionals	Clerks	Sales and services	Skilled agriculture	Crafts	Plant and machine operators	Elementary	Total
Age										
15-19	1.1				27.5	18.4	32.7	17.1	3.2	100
20-24	0.2	3.2	2.2	2.0	34.8	18.0	32.8	2.0	4.9	100
25-29	3.3	9.8	5.1	1.6	31.5	7.9	30.4	0.6	9.7	100
30-34	1.4	11.0	5.8	2.9	20.5	14.6	33.5	5.0	5.2	100
35-39	0.7	9.1	7.5	6.1	22.8	11.3	30.1	2.0	10.3	100
40-44	2.8	16.1	6.6	4.4	20.5	12.8	22.3	3.9	10.6	100
45-49	2.2	11.8	9.8	8.7	14.4	6.7	29.4	5.7	11.3	100
50-54	2.3	23.6	7.0	6.0	11.5	17.8	22.3	1.2	8.3	100
55-59	2.3	22.2	6.9	4.6	13.6	13.2	17.0	5.3	14.9	100
60-64	0.1	22.5	12.4	5.4	14.5	15.4	16.5	1.0	12.2	100
Residence										100
Urban	2.4	13.7	8.9	5.9	29.3	4.3	24.9	3.2	7.4	100
Rural	1.5	11.7	5.1	3.7	18.2	16.7	29.7	3.4	9.9	
Ethnicity										
Albanian	1.8	12.0	6.2	4.6	22.5	13.3	27.4	3.1	9.1	100
Serbian	1.0	16.3	12.7	3.5	189.8	6.2	28.0	4.5	8.8	100
Other	2.3	13.6	2.6	1.3	13.2	3.6	46.3	9.2	7.7	100
Education										
No schooling		3.2			19.1	19.3	39.5		19.0	100
Primary	1.2	0.3	0.6	0.7	15.2	25.4	37.6	4.6	14.5	100
Secondary	0.9	10.3	8.3	5.5	27.9	8.4	27.7	3.2	7.8	100
University	9.1	60.5	11.3	9.1	4.9	0.5	3.4	0.9	0.3	100

Chapter 4: Fertility

All women of reproductive age (15-49) interviewed in the 2003 survey were asked to give a complete reproductive history. In collecting these histories, each women first was asked whether they had ever given birth even if the child had been born alive or not. After obtaining this aggregate data, an event-by-event pregnancy history was collected. Information was collected about the most recent completed pregnancy, then the next-to-last etc. For each birth information was collected on the sex of the child, date of birth, survival status, and age at death (for deceased children). From information collected in the reproductive histories, it is possible to estimate current fertility levels and trends and also parity i.e. number of children ever born to women.

Insights into the fertility desires in a population are important, both for predicting future fertility and for estimating the potential unmet need for family planning. This chapter also presents data from the survey that was collected on desired family size.

4.1 Current Fertility

The survey data is used to calculate several measures of fertility however the birth histories constructed in the survey are likely to under report the number of births occurring in the past year. The failure of surveys to attain full coverage of vital events is not unusual and many of the techniques developed to estimate fertility from survey data take account of what is known about typical patterns of reporting errors.

For Kosovo in 2003 the Crude birth rate (CBR) is believed to be around 20 per thousand of the population. The CBR is the annual number of births per 1000 of the population. This measure is calculated from the birth history data for the twelve-month period preceding the survey and the age and sex distribution of the household population.

Age-specific fertility rates (ASFRs) are expressed by the number of births to women of a given age interval per 1000 women in that age interval. In this survey, the ASFR is calculated by dividing the number of births to women in the age interval during the period 12 months preceding the survey by the number of years lived by women in that age interval during the same 12 month period. The total fertility rate (TFR) is then calculated by adding the current ASFRs, multiplying by five as five-year age groups are used, and then dividing by 1000. The TFR is interpreted as the average number of children that would be born to a women during her lifetime if she were to experience the currently observed ASFRs. An important property of the TFR is that it is not affected by the age distribution of the population.

As table 4.2 shows, if fertility in Kosovo were to remain constant at current levels, a woman would give birth to an average of 3.0 children in her lifetime. Fertility in urban areas is significantly lower to that in rural areas (2.5 versus 3.2 children)

Table 4.1 Current Fertility

Age-specific and cumulative fertility rates for the 12 months preceding the survey, by urban-rural residence, Kosovo 2003

	Residence		
	Urban	Rural	Total
Age			
15-19	0.02329	0.00760	0.01245
20-24	0.15340	0.14376	0.14671
25-29	0.14078	0.24382	0.21291
30-34	0.10432	0.15611	0.14040
35-39	0.05572	0.06056	0.05941
40-44	0.01167	0.03036	0.02338
45-49	0.00095	0.00000	0.00032
TFR	**2.5**	**3.2**	**3.0**

TFR: Total fertility rates expressed per women

Figure 4.1 Age Specific Fertility Rates for Women
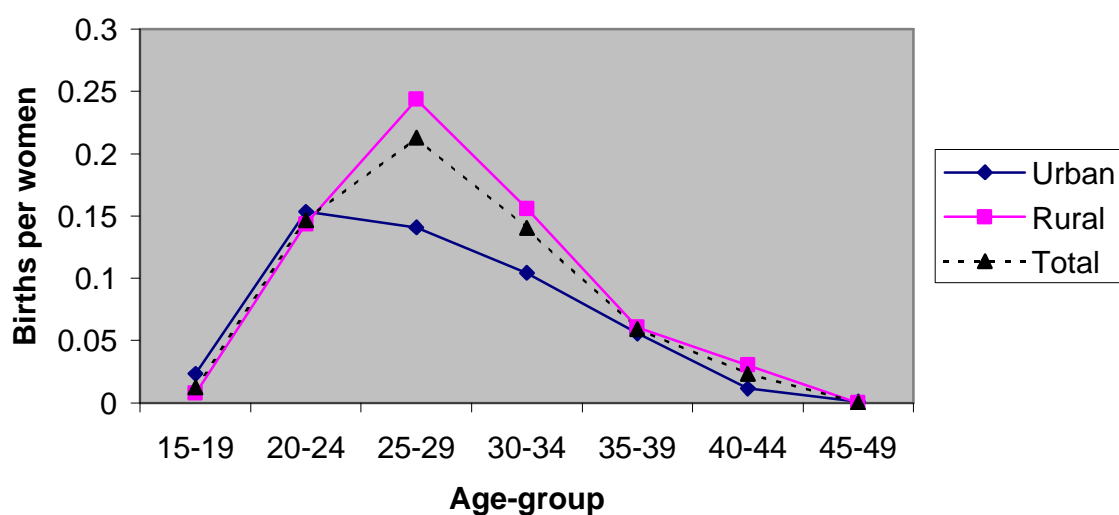
It is interesting to compare urban and rural areas as is done in figure 4.1: in the first two age groups, from 15 to 25, the behaviour seems to be very similar, even if fertility is slightly higher in urban areas and reaches its peak in the age group 20-24. After 25, the behaviours differ very much. In rural areas, fertility goes on increasing strongly and reaches a high peak between ages 25 and 29, then however it declines sharply but fertility at age 30-34 is still equal to fertility at ages 20-24. In urban areas, fertility starts to slowly decline after age 25 and reaches the same level as the rural areas in the age group 35-39.

The pattern of the age-specific fertility rates is typical of the effects of delayed marriage. The low fertility at ages 15-19 illustrates the large and rising proportion of women who remain single in that age group. The sharp decline in fertility at older ages reflects both declining fecundity and continuing use of family planning methods to avert childbirth. In the 1999 survey the TFR for 1998 was reported to be 2.7. While is not usual for fertility to increase several studies do purport that it is not uncommon for there to be an upsurge in fertility following a conflict situation[i].

4.2 Children Ever Born and Living

Fertility in the past can be understood when considering fertility of older women, i.e. of women aged 45-49, since their fertility can be considered completed. Table 4.2 presents the distribution of all women by mean number of children ever born by residence. The completed fertility of the cohort of women born between 1954 and 1958 averages 4.6 in rural areas and 3.3 in urban areas: these numbers correspond to very high levels of fertility.

Table 4.2 Children Ever born

Mean number of children ever born to women according to five-year age groups and residence, Kosovo 2003

Age group	Residence		
	Urban	Rural	Total
15-19	0.024	0.009	0.015
20-24	0.378	0.312	0.344
25-29	1.291	1.455	1.411
30-34	2.016	2.696	2.485
35-39	2.890	4.057	3.753
40-44	3.286	3.752	3.606
45-49	**3.143**	**4.550**	**4.070**

The fertility decline can be analysed by comparing the completed fertility to the present TFR. If there had been no change in fertility during the period prior to the survey, the current fertility indicator (TFR) and the cohort fertility indicator (mean number of children ever born to women aged 45-49) would be nearly identical. If fertility has declined, current fertility would be lower than cohort fertility, with larger differences indicating a more rapid decline. In table 4.3 these measures are compared and it is clear that current fertility is significantly lower than cohort fertility. This indirect evidence of

fertility decline is especially pronounced in rural areas, whose present TFR of 3.21 is 30% lower than the mean number of children ever born to rural women aged 45-49.

Table 4.3 Comparison of TFR and CEB

The total fertility rate and mean number of children ever born according to residence, Kosovo 2003

Age group	Urban	Rural	Total
CEB (women 45-49)	3.14	4.55	4.07
TFR	2.45	3.21	2.98

As was stated in the 1999 survey report, these fertility levels make Kosovo one of the most fertile regions in Europe. However the evidence presented in this chapter, which strongly indicates that fertility is falling, suggests that fertility in Kosovo could cease to be distinctive in time.

4.3 Fertility Preferences

In the survey women were asked to state what they considered the ideal family size to be. This information was obtained by asking the respondents two questions. Respondents who had no children were asked, "If you could choose exactly the number of children to have in your whole life, how many would that be?" For respondents who already had children, the question was, "If you could go back to the time when you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?" Responses to these questions are meant to be independent of the number of children that a respondent already has. However, there is typically a correlation between the actual number of children that respondents have and their reported ideal.

Table 4.4 shows that virtually all Kosovar women desire a family with several children. The mean number of children desired increases steadily as women age. It is also apparent that rural women want more children than do urban women. Thus, given the compounding effects of education and residence, it is young urban women who desire the smallest families and older rural women who desire the largest.

Table 4.4 Ideal number of children

Mean number of children desired by age and residence, Kosovo 2003

Age-group	Urban	Rural	Total
15-19	2.4	2.6	2.5

Table 4.4 Ideal number of children			
Mean number of children desired by age and residence, Kosovo 2003			
20-24	2.7	2.9	2.8
25-29	2.9	3.1	3.0
30-34	3.1	3.5	3.4
35-39	3.3	3.8	3.7
40-44	3.5	3.9	3.8
45-49	3.7	4.6	4.3
Total	3.0	3.3	3.2

The influence of education on ideal number of children is very clear and is shown in figure 4.2. At all education levels, urban women want fewer children than rural women. More striking, women with no schooling want the most children, on average more than 4. Women with secondary or higher education want the least, on average less than 3.

**Figure 4.2: Mean number of children desired by education and residence**
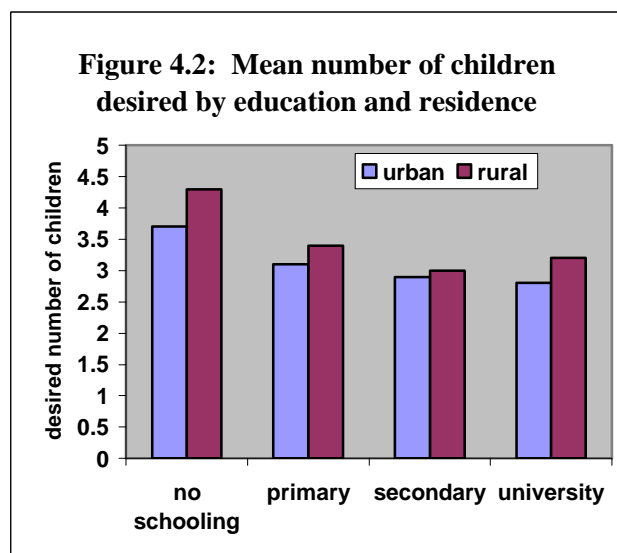
Asked about the number of boys and the number of girls they would like, respondents show a marked preference for sons. The mean ideal family reported by all respondents comprised 1.7 boys, 1.4 girls and 0.1 child where the respondent says the sex of the child does not matter. The choices show that on average women want 22 percent more boys than girls in their ideal families.

Table 4.5 Ideal number of children[8] and sex preference by age and residence
Kosovo 2003

| Age group	Urban		Rural		Total	
	Boys	Girls	Boys	Girls	Boys	Girls
15-19	1.2	1.0	1.4	1.2	1.3	1.1
20-24	1.4	1.2	1.5	1.2	1.5	1.2
25-29	1.5	1.3	1.7	1.3	1.7	1.3
30-34	1.6	1.4	1.9	1.5	1.8	1.5
35-39	1.7	1.5	2.0	1.6	2.0	1.6
40-44	1.8	1.6	2.1	1.7	2.0	1.7
45-49	1.9	1.6	2.4	2.1	2.3	1.9
Total	**1.6**	**1.3**	**1.8**	**1.4**	**1.7**	**1.4**

As table 4.5 makes clear, in Kosovo rural women want more children than urban women. Older women want more children than younger women and all women want more boys than girls.

The distribution of the percentage differences between the number of boys desired and the number of girls is most interesting. The observation that younger women have smaller sex preferences is consistent with the kinds of attitudinal changes observed in other chapters and is entirely expected. The decline in sex preferences after age 30, however, shown in figure 4.3, is a little surprising, given the lower educational attainments of the older women and what might be thought of as more traditional attitudes towards family formation. Why sex preferences are so strong between the ages of 25 and 35 and weaken thereafter is a question that requires more investigation.


Figure 4.3: Excess of desired boys over girls by age

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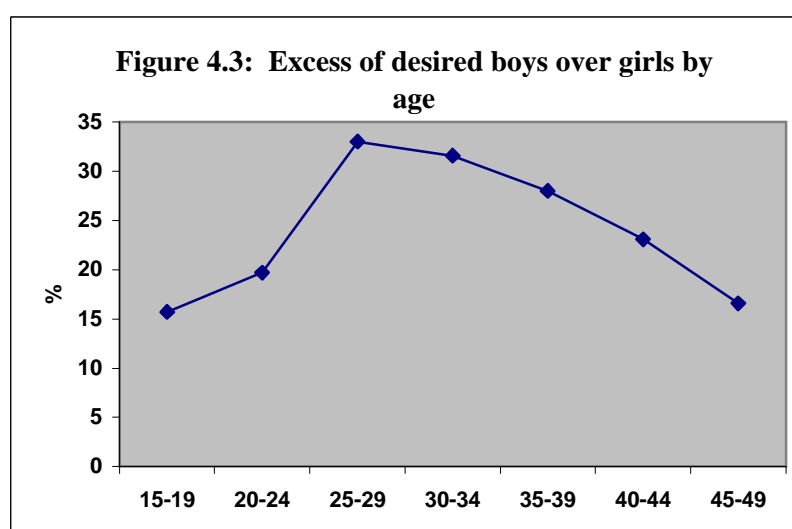
[8] For ease of presentation, the small percentage of cases where the respondent says sex does not matter have been excluded

The influence of education on sex preference is not as clear-cut as its influence on the ideal number of children. Figure 4.4 presents the excess desire for boys in a similar way to figure 4.3. Overall it does appear that education influences ideals about family size and composition. Yet women at all education levels up to and including secondary and high school show a roughly constant excess desire for boys, at above 20 percent. It is only university educated women who show a difference and that difference is very marked. University educated women show an excess desire for boys of 9 percent, less than half that for the other women.

Figure 4.4: Excess desire for boys over girls by education
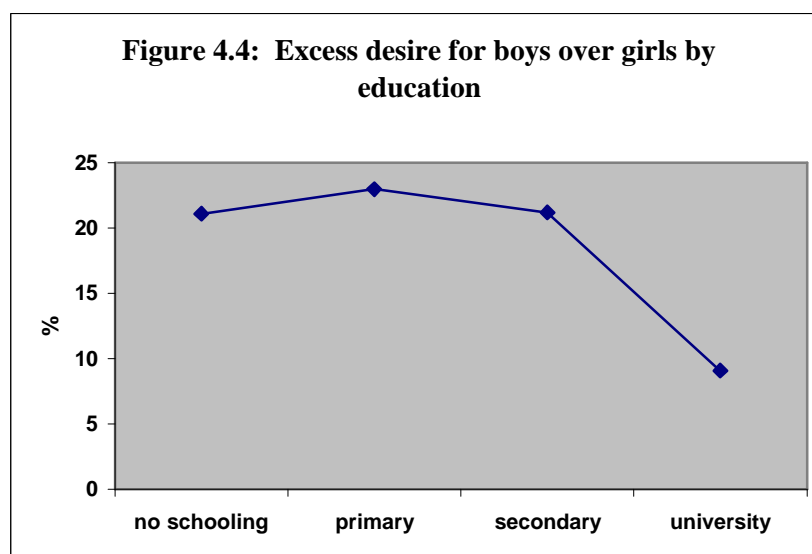
Respondents were asked whether their partners wanted the same number, fewer or more children than themselves. 91 percent of women say that their partners want the same number or that they do not know, while this is similar in both rural and urban areas, a higher percentage of rural women than urban women do not agree with their husbands. This is true both for those who say their husbands want fewer and for those that say their husbands want more. As figure 4.5 shows, where husbands and wives disagree, husbands are more likely to want more children than do their wives.

Figure 4.5: Women 15-49 who claim their husbands want a different number of children
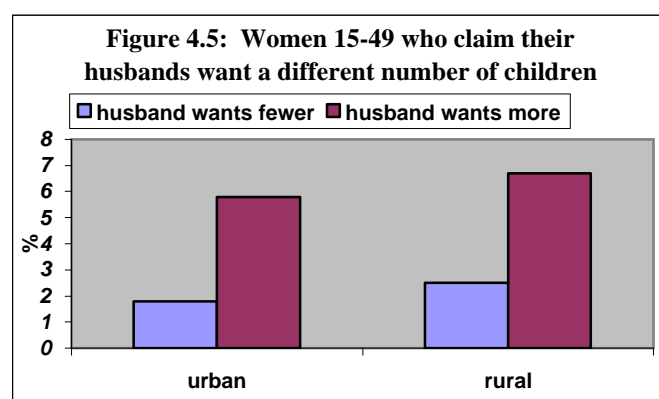
Chapter 5: Mortality

5.1 Background and Assessment of Data Quality

This chapter presents the information obtained from the survey on adult and infant mortality. Mortality differentials are useful to agencies providing health services because they identify population sub-groups in which the risk of dying is high. The quality of the collected data on mortality however is not as good as expected. Hence adjustments of collected data are necessary. The use of classic adjustment methods is made difficult however because of the uncertainty of the population in Kosovo: the assumption of past population stability can hardly be considered as applicable, because of recent massive migrations that have seriously modified the age and sex distribution. Many of the techniques employed in the chapter are somewhat technical, although the analysis is intended only to provide the most basic of rates.

Each household head was asked to provide details of all deaths occurring in the household during the 12 months prior to the survey. It is widely known that for many reasons people are often reluctant to talk about death and invariably questions of this kind do not capture all cases. Additionally, deaths in single person households and deaths that occur in households that subsequently emigrate are omitted altogether. Such underreporting inevitably results in underestimated mortality rates.

As noted in chapter 3, the questionnaire included a reproductive history in which questions were asked about the outcome of each birth. A live birth was defined as any birth, irrespective of the duration of pregnancy that, after separation of the infant from the mother showed any signs of life. An infant death was defined as a death of a live born child less than one year of age. For each live birth reported in the pregnancy history, questions were asked about the date of birth (month and year), sex, survivorship status, and current age (for surviving children) or age at death (for deceased children). Mortality estimates for specific periods preceding the survey were calculated from this information.

The accuracy of mortality estimates depends on the sampling variability of the estimates and on the completeness and accuracy with which births and deaths are reported and recorded (this is known as non-sampling error). Typically in retrospective surveys there is a chance that women will underreport both the birth and death of children who do not survive. Underreporting of deceased children is usually most severe for deaths that occur in early infancy (i.e. in the neonatal period). Underreporting of neonatal deaths results in an abnormally low ratio of neonatal mortality to infant mortality.

Despite these shortcomings, several of which may be overcome by the use of appropriate demographic methods, questions included in the survey concerning mortality can still provide some useful information.

5.2 Household deaths in the past 12 months

The crude death rate (CDR) represents the annual number of births per thousand of the population. This measure is calculated from the data for the twelve-month period preceding the survey and the age and sex distribution of the household population. From the data, the CDR is calculated to be 5.4 per thousand of the population. Given the empirical knowledge available on omissions of deaths from this question, the true CDR would certainly be at least 6 and probably closer to 7. The CDR confirms that currently the vital statistics system in Kosovo is not capturing all the cases of deaths in Kosovo.

If we use what we know about the CDR, CBR (20 per thousand) and therefore also the rate of natural increase[9] (14.6 per thousand) for selecting a model life table among the Princeton model life tables[ii], we find that they correspond to a very low mortality, irrespective of the region referred to. Life expectancy at birth can be estimated to be around 75 years.

Table 5.1 presents the distribution of household deaths by age at death. Even with omissions, the distribution of deaths by age in all likelihood reflects ages at death quite accurately. For example, table 5.1 illustrates the concentration of deaths in early life, the reduced mortality in the teenage years, the slowly increasing mortality in the early reproductive years through maternal mortality, war and accidents and then the sharply increasing mortality as age advances beyond fifty years.

Table 5.1 Deaths in past year Percent distribution of household deaths in the past year according to age, Kosovo 2003	
Age group	Deaths
0-9	15.6
10-19	0.4
20-29	2.8
30-39	2.9
40-49	2.1
50-59	4.4
60-69	19.6
70 and over	52.2
Total	100

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[9] Rate of natural increase = crude death rate – crude birth rate

5.3 Mortality estimation from children who have died

While the number of dead children reported by mothers is not large and reporting is subject to both sampling and non-sampling errors, from the reported data the following rates can be calculated:
- The infant mortality rate = 23.7 per 1000
- The child mortality rate (deaths under 5 years) = 42 per 1000

Referring to the Princeton model life tables (Eastern Region), such an infant mortality rate would correspond to a life expectancy superior to 70 years; and such a rate for infant death would correspond to a life expectancy of close to 67 years. These results confirm that mortality estimates derived from the observation of the number of deaths (of persons of all ages) that occurred during the last 12 months before the survey, is underestimated. Furthermore, the questionnaire itself introduced a bias: only women under age of 50 were interviewed about their fertility during the survey; hence for the retrospective analysis, births and deaths from women aged 50 or more at the time of the survey cannot be taken into account.

5.4 Survivorship of children ever born – adjusted rates

Using the observed data the proportion of children ever born who died would be zero among mothers under 20 years. This creates a major problem, since the method for estimating infant mortality from the proportion of deceased infants is based on this data. Furthermore the distribution of the proportion of children dead fluctuates too much from one age group to another as is shown in table 5.2. These proportions need to therefore be adjusted for underreporting before being used for calculating mortality rates.

Table 5.2 Proportion of children ever born who have died			
By age of mother and place of residence, Kosovo 2003			
Age of mother	**Urban**	**Rural**	**Together**
15-19	0	0	0
20-24	0,02233	0,03645	0,03081
25-29	0,03435	0,03050	0,03146
30-34	0,01627	0,06038	0,04920
35-39	0,03246	0,07752	0,06846
40-44	0,03623	0,06320	0,05552
45-49	0,04685	0,06249	0,05838

All the female respondents in the survey were asked to give a complete history of their births, including the sex, month and year of birth, survival status, and age at the time of

the survey or age at death for each live-born child. This information was used to calculate the proportion of children dead ever born by age of the mother.

The method consists in deducing the probability of dying between birth and the first birthday, between birth and the second birthday, between birth and the third birthday and between birth and the fifth birthday, from the proportion dead of children ever born from mothers aged respectively 15-19, 20-24, 25-29 and 30-34 years.

For achieving the appropriate conversion a set of conversion factors $a(x)$, $b(x)$, $c(x)$ are applied to two indicators of fertility precocity: ratio of the parity of women age between 15-19/20-24 years and then of the parity of women age between 20-24/25-29 years. The conversion factors are applied to the proportions dead as follows:

$$Q(i) = a(x)*[P15-19/P(20-24)] + b(x)*[P(20-24)/P(25-29)] + c(x)$$

Sets of conversion factors exist for each regional model life table of the Coale and Demeny model life tables[iii]; here we used the East Regional model life tables. Using the Coale and Trussel[iv] method and the Princeton model life tables-Eastern region[v] as a reference, the following probabilities of dying are found:

Table 5.3 Probability of dying

Probability of dying between birth and exact age of child and place of residence - (adjusted data), Kosovo 2003

Exact age i	Urban	Rural	Total
1	0,00000	0,00000	0,00000
2	0,02522	0,04236	0,03692
3	0,03645	0,03314	0,03390
5	0,01710	**0,06470**	**0,05238**
10	0,03464	0,08421	0,07391
15	0,03802	0,06748	0,05892
20	0,04870	0,06606	0,06134

The only one probability that seems to be plausible is the under-five mortality: $_5q_0$. However it seems to be underestimated (because of the very low level calculated for the urban areas). If we assume that $_5q_0 = 60$ per thousand then the life expectancy at birth is around 65 years. The value of $_5q_0$ for rural areas should be considered for further analysis.

After extrapolation, 35823 live births were reported to have occurred during the last 12 months before the survey, of which 1.171 died. Assuming that the distribution of infant deaths during the first year of life is two thirds and then one third in the second 12

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months-period, the total number of deaths before the first birthday becomes 1757, when they are produced by 35823 live births. The infant mortality rate is then estimated as:

$$_1q_0 = 49 \text{ per thousand}$$

The question on the number of reported deaths during the last 12 months before the survey gave a much smaller number: only 848 infant deaths were reported, to be compared to the above 1757; this leads to a very low "reporting rate" of only 48 percent. Assuming that this under-reporting has only affected children under 1, i.e. correcting only the deaths of children under 1 and not those of children aged 1-4, we calculate:

$$_5q_0 = 62 \text{ per thousand}$$

5.5 Conclusions on Mortality Estimates

The adjusted rates are believed to be more realistic than the rates produced by the observed data. Unfortunately these results present quite a bleak picture for Kosovo. It must be emphasised that these results are, at the moment, very tentative and not concrete and the real level of mortality probably lies somewhere in between the reported and adjusted rates. However with the possibility of such high infant mortality rates being present in Kosovo the need for further investigations are essential.

Chapter 6: Contraception

This chapter presents the survey results regarding various aspects of contraceptive knowledge and behaviour. Questions on contraception were asked to all women aged between 15-49 years. The topics addressed in this chapter include knowledge of contraceptive methods, use of methods in both the past and the present, places where contraception is obtained and experience of side effects.

6.1 Knowledge of contraception

To obtain data on knowledge and use of family planning, enumerators read out a list of ten family planning methods and asked respondents whether or not they had heard about each method. Contraceptive methods include both modern and traditional methods. Modern methods include the pill, the IUD, injectables, male and female sterilization, the diaphragm, foam, jell and the male condom. Traditional methods include the rhythm method/periodic abstinence and withdrawal. In addition to these methods the enumerator was able to record in the questionnaire any other methods mentioned spontaneously by the respondent.

As table 6.1 displays knowledge of contraception is nearly universal among Kosovar women, 97.5 percent had heard of at least one method. Knowledge is highest among currently married women (99 percent)

Table 6.1 Knowledge of contraceptive methods

Percentage of all women and of currently married women who know any contraceptive method, by specific methods, Kosovo 2003

Contraceptive Method	All Women	Currently married women
Any method	97.5	99.0
Any modern method		
Pill	86.8	89.5
IUD	86.3	89.5
Injection	61.2	65.7
Diaphragm	33.4	36.1
Foam, jell	33.9	36.8
Condom	76.0	76.0
Female sterilisation	47.4	52.3
Male sterilisation	32.0	33.9
Any traditional method		
Rhythm	46.2	51.8
Withdrawal	68.5	78.9
Any other method	5.3	5.1
Mean number of methods known	6.3	6.7

Regarding knowledge of specific methods 89.5 percent of currently married women had heard of both the pill and IUD. 76 percent had heard of the male condom, this is an increase of 17.7 percent since 2000 perhaps reflecting the efforts of condom social marketing that has been increasing in Kosovo. Withdrawal is the most widely known about traditional method (78.9 percent). On average Kosovar women know of 6 contraceptive methods.

Table 6.2 shows the percentage of currently married women who know of at least one method of contraception by background characteristics. With the exception of the youngest age group, knowledge of any method and of modern methods does not vary by age and is virtually universal. Residence differentials however are strong. Though the overall pattern is similar for all methods, urban women are more likely to have heard about them than their rural counterparts.

Table 6.2 Knowledge of contraceptive methods by background characteristics

Percent distribution of all women who know of contraception methods by age, residence, ethnicity and education, Kosovo 2003

Background characteristic	Knows any method	Knows any modern method	Number of women
Age			
15-19	92.8	90.8	797
20-24	97.7	97.0	817
25-29	99.0	97.8	769
30-34	98.3	96.2	688
35-39	98.5	97.6	592
40-44	99.1	98.7	394
45-49	98.2	96.2	553
Residence			
Urban	98.8	98.7	2 663
Rural	95.7	95.2	1 947
Ethnicity			
Albanian	96.0	95.6	4 033
Serbian	98.3	97.0	432
Other	97.6	95.9	145
Education			
No schooling	77.0	74.6	144
Primary schooling[10]	96.0	95.6	2 499
Secondary and high school[11]	98.9	98.7	1 823
University or higher	98.9	98.9	141

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[10] This level includes three response categories provided on the questionnaire: less than primary1-4, less than primary 5-7, and primary completed

[11] This level includes four response categories provided on the questionnaire: secondary 1-3, secondary 4 and more, gymnasium and high school

6.2 Ever use of Contraception

For each method that a respondent claimed to have heard about, she was then asked whether or not she had ever used that method. Results are presented in Table 6.3 for all women of reproductive age by five-year age groups.

Almost five in ten women have used a contraceptive method at some time in their life; 37 percent of all women reported that they were sexually inactive. More women have tried a traditional method of contraception than a modern method. The most common method is, by far, withdrawal. Ever use of withdrawal (48.9 percent) exceeds by a factor of four compared to ever use of the condom (12.2 percent).

Table 6.3 Ever use of contraception
Percentage of all women and of currently married women who have ever used any contraceptive method, by specific method and age, Kosovo 2003

Age	Any method	Modern method								Traditional Method			Other Method	Number of women
		Any modern method	Pill	IUD	Inject-ables	Co-ndom	Female Sterilisation	Diaphragm	Foam/Jelly	Any traditional methods	Periodic abstinence	Withdrawal		
ALL WOMEN														
15-19	5.3	33.1	9.3	17.4	0.0	14.5	4.1	0.0	0.0	66.8	6.7	46.7	1.2	714
20-24	17.4	32.3	4.2	6.6	1.3	17.3	0.5	1.9	2.6	67.6	9.1	56.1	0.3	804
25-29	44.7	39.4	8.3	12.4	1.6	13.3	1.3	1.2	1.9	60.5	7.7	52.3	0.0	758
30-34	66.3	43.2	7.1	15.6	0.9	13.6	0.5	2.3	3.3	56.7	10.3	46.4	0.0	677
35-39	81.7	42.0	9.8	17.0	0.3	10.8	3.0	0.6	0.6	58.0	9.1	48.9	0.0	588
40-44	84.0	46.6	8.9	19.0	1.6	11.9	2.6	1.2	1.1	53.2	7.8	45.9	0.0	548
45-49	73.2	42.3	10.2	17.5	0.1	9.0	2.9	1.2	1.0	57.4	7.5	50.1	0.2	391
Total	48.6	42.2	8.5	15.8	0.9	12.2	2.0	1.3	1.6	57.7	8.6	48.9	0.1	4 482

6.3 Current Use of Contraception

For all the methods women reported they had used at some time in their lifetime they were also asked if they were using that method now. Table 6.4 presents levels of current use of contraception for all women and for currently married women, 35 percent of women of reproductive age are currently using a method of contraception. Almost all users are currently married women. At younger ages the level of contraceptive use is low, reflecting the number of unmarried women in younger age groups and the general absence of family planning at early marriage durations.

		Modern method								Traditional Method				
Age	Any method	Any modern method	Pill	IUD	Inject-ables	Co-ndom	Female Sterilisation	Diaphragm	Foam/Jelly	Any traditional methos	Periodic abstinence	Withdrawal	Other Method	Number of women
ALL WOMEN														
15-19	1.7	0.8	0.7	0.0	0.0	0.1	0.0	0.0	0.0	1.0	0.1	0.9	0.0	714
20-24	12.3	3.2	0.3	0.9	0.2	1.4	0.0	0.2	0.2	9.1	0.2	8.9	0.0	804
25-29	34.8	12.0	1.9	5.1	0.7	3.5	0.4	0.1	0.3	22.7	0.6	22.1	0.1	758
30-34	44.8	20.7	4.2	11.4	0.1	3.9	0.3	0.3	0.5	24.0	1.3	22.7	0.0	677
35-39	64.1	28.7	5.7	15.7	1.1	3.5	2.1	0.0	0.6	35.4	1.8	33.6	0.0	588
40-44	56.2	26.3	5.2	13.8	0.8	5.0	0.9	0.4	0.2	29.8	1.4	28.4	0.0	548
45-49	53.8	19.7	4.9	9.3	0.8	1.1	2.5	0.6	0.5	33.9	1.2	32.7	0.0	391
Total	35.0	14.5	2.9	7.3	0.5	2.6	0.7	0.2	0.3	20.5	0.9	19.6	0.0	4 482
CURRENTLY MARRIED WOMEN														
15-19	33.9	10.4	7.8	0.0	0.0	2.6	0.0	0.0	0.0	23.6	1.6	22.0	0.0	41
20-24	32.2	8.4	0.9	2.4	0.6	3.5	0.0	0.5	0.5	23.7	0.6	23.1	0.0	315
25-29	47.7	16.0	1.9	7.2	0.9	4.8	0.6	0.1	0.5	31.6	0.9	30.7	0.2	536
30-34	52.3	24.1	4.9	13.3	0.1	4.5	0.3	0.4	0.6	28.1	1.6	26.5	0.0	551
35-39	69.9	31.4	6.2	17.2	1.2	3.9	2.3	0.0	0.6	38.6	2.0	36.6	0.0	535
40-44	62.1	29.2	5.8	15.3	0.9	5.5	1.0	0.5	0.2	33.0	1.6	31.4	0.0	482
45-49	58.5	21.5	5.4	10.2	0.8	1.2	2.7	0.6	0.6	37.0	1.4	35.6	0.0	347
Total	54.9	22.6	4.3	11.5	0.8	4.1	1.1	0.3	0.5	32.3	1.4	30.9	0.0	2 807

Table 6.4 Current use of contraception

Percentage of all women and of currently married women by contraceptive method currently used, according to age, Kosovo 2003

From the responses it is possible to obtain a Contraceptive Prevalence Rate (CPR)[12]. Overall 54.9 percent of currently married women are using one method of family planning, this is almost double of what the CPR was in 1999 (32.2 percent). This is a surprising result and it is unlikely that such behavior change has really occurred in the space of four years. Possible reasons for this discrepancy may be due to under reporting in the 1999 survey. 1999 was an exceptional time in Kosovo with many absent men which may have resulted in low levels of women reporting current contraception use. A survey conducted by CARE in 2003[vi] reported that 36 percent of all women were currently using a modern method of contraception; thus results from this survey indicate an even higher increment of contraceptive use by women of reproductive age compared to 1999. The CARE report suggests that this increase may be the result of reproductive health programmes undertaken by various agencies over the past few years.

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[12]   Percent of ever-married women currently using contraception to delay or prevent pregnancy

6.4 Contraceptive method mix

A method mix refers to the proportion of specific methods that current users are using. Thus taking married women currently using contraception as one whole group, figure 6.1 displays that thirty two percent of this group are using traditional methods; this my be a reflection of the level of unmet demand for modern methods of contraception.
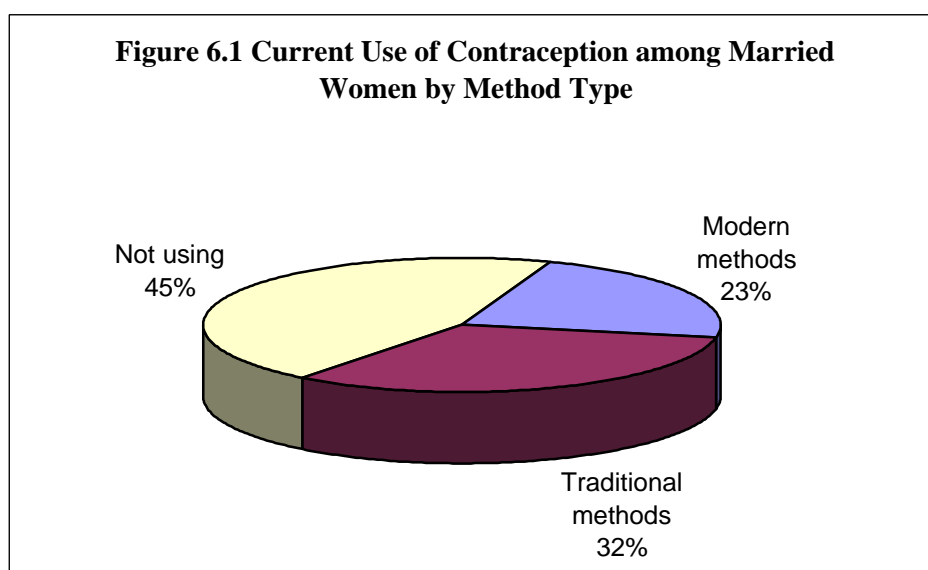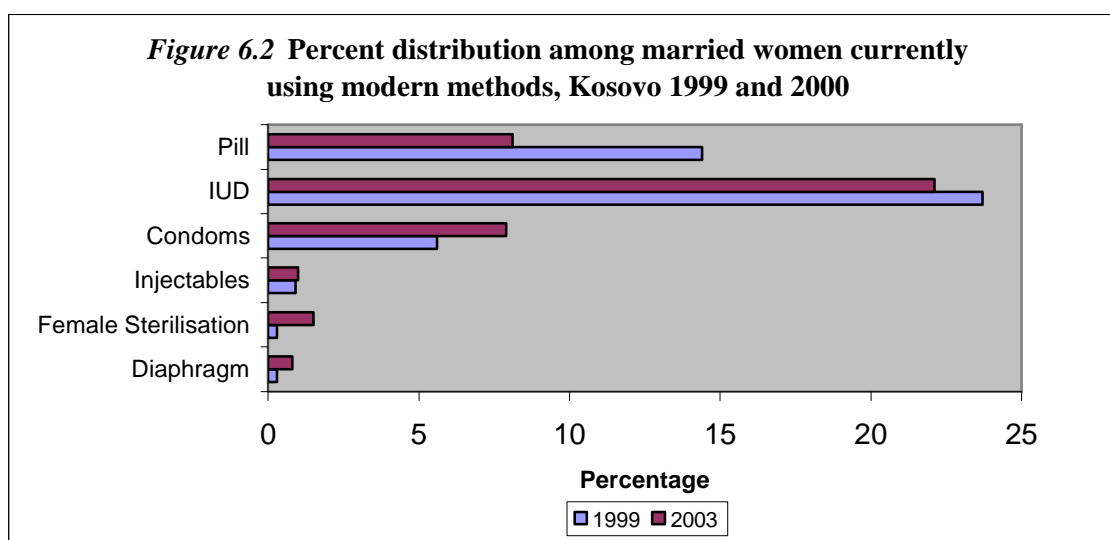
Figure 6.1 Current Use of Contraception among Married Women by Method Type

Figure 6.2 displays the method mix among all modern methods compared to results from the 1999 survey. Of all women using modern methods, the IUD receives 22.1 percent of the market share and is currently the highest used form of modern contraception used by married women. This is typical for ex-communist countries; under communist regimes the IUD has always been a heavily promoted form of contraception. Interestingly the percentage of married women using the pill has fallen by over 6 percent since 1999. Methods, which have increased their share of the market, are condoms and female sterilization.

Figure 6.2 **Percent distribution among married women currently using modern methods, Kosovo 1999 and 2000**

Pill
IUD
Condoms
Injectables
Female Sterilisation
Diaphragm

Percentage

□ 1999 ■ 2003

6.5 Current Use by Background Characteristics

Table 6.5 shows that levels of current contraceptive use among currently married women vary by background characteristics. The contraceptive prevalence rate in urban areas is higher than in rural areas (67 versus 50 percent). The pill is the only method that has a higher percentage of use in rural areas compared to urban ones. The effect of education on contraception is more striking. As figure 6.3 shows, at ages 15-19 where it was earlier noted that contraceptive prevalence remained relatively low, women with secondary or higher education are very much more likely to use contraception than those with primary or no education.

Figure 6.3: **Contraceptive prevalence by age group and education**

%

15-19   20-24   25-29   30-34   35-39   40-44   45-49

◆ Primary   ■ Secondary and higher

50
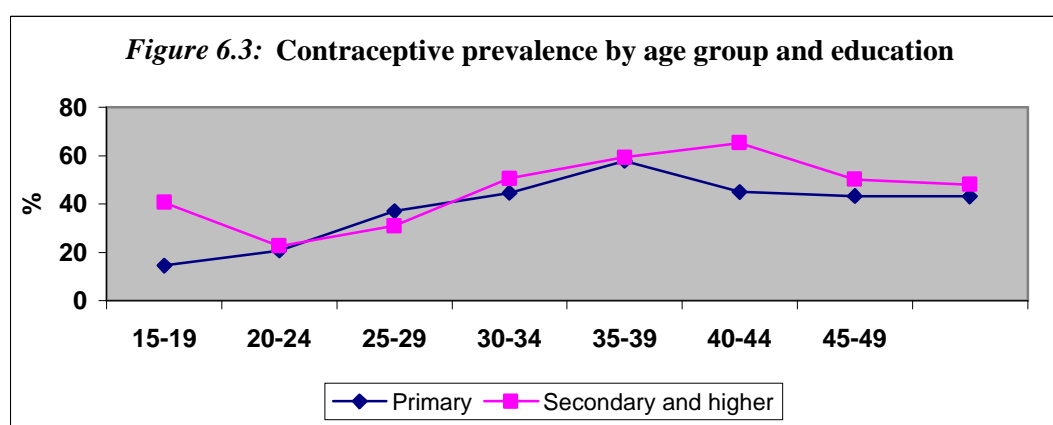
Table 6.5 Current use of contraception by background characteristics

Percent distribution of currently married women by contraceptive method currently used, according to residence, ethnicity and education, Kosovo 2003

Backgr-ound Charac-teristici-stics	Any method	Modern Methods								Traditional Method			Other Method	Not using a method	Number of women
		Any modern method	Pill	IUD	Inject-ables	Co-ndom	Female Sterilisation	Diaphragm	Foam/Jelly	Any traditional methods	Periodic abstinence	Withdrawal			
Residence															
Urban	66.8	45.4	6.4	21.1	7.0	8.0	1.2	0.9	0.8	60.9	4.2	56.7	0.0	33.2	1 453
Rural	50.2	41.8	9.0	21.1	1.7	6.4	2.3	0.4	0.9	58.1	1.6	56.5	0.0	49.8	1 099
Ethnicity															
Albanian	53.7	41.9	8.2	22.0	1.5	6.9	2.1	0.5	0.7	58.1	2.0	56.1	0.0	46.3	2 187
Serbian	62.5	37.6	2.7	18.1	0.0	11.0	0.0	2.2	3.6	62.2	6.8	55.4	0.3	37.5	285
Other	76.8	24.6	13.1	7.9	0.5	2.6	0.5	0.0	0.0	75.4	7.4	68.0	0.0	23.2	880
Education															
No schooling	41.3	36.5	12.3	23.4	0.0	0.0	0.8	0.0	0.0	63.5	1.6	61.9	0.0	58.7	93
Primary school.	55.5	39.7	9.1	21.4	0.9	5.5	1.7	0.4	0.7	60.3	2.0	58.3	0.0	46.5	1 466
Secondary & high school	57.2	45.4	6.4	19.1	2.6	12.0	2.9	1.0	1.4	54.3	3.8	50.5	0.3	42.8	807
Universit. & higher	66.4	44.7	2.5	22.3	5.9	6.9	6.3	0.0	0.8	49.3	2.5	46.8	0.0	33.6	185

6.6 Current Use by Women's Status

A woman's ability to use contraceptive methods to control her fertility is likely to be effected by her status and degree of empowerment. Who makes decisions concerning contraception in a partnership is one indicator of a woman's empowerment and whether she has full control of her own fertility. Understanding decision making in the home is also useful for policy makers for deciding who needs to be targeted in order to promote contraception. Women in the survey were asked whether using contraception was mainly their own decision, their husband's/partner's decision or a joint decision. As is shown in table 6.6 almost 80 percent of women reported that using contraception was a joint decision between them and their partner. Almost 20 percent of IUD users reported that it was their husband or partner who decided upon using this method. For all methods specified, a higher proportion of men made the decision about using contraception than women.
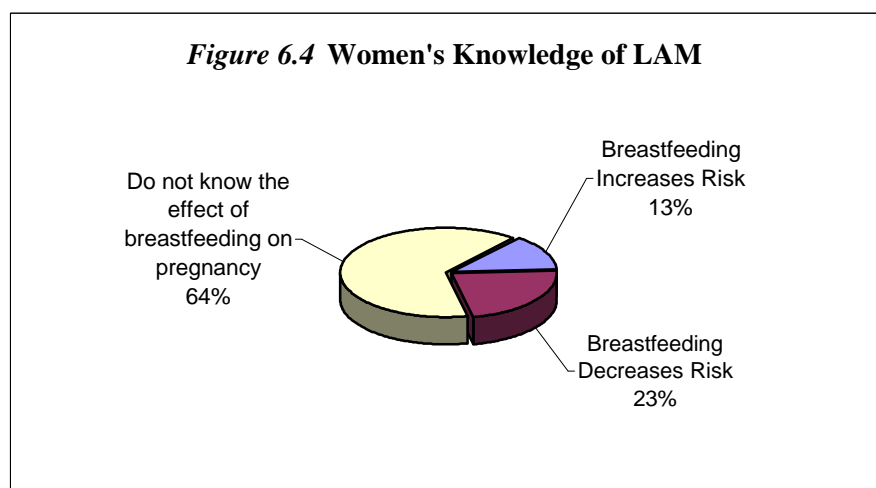
Table 6.6 Decision to use Contraception
Percent distribution of all women by contraceptive method currently used according to whose decision it is to use, Kosovo 2003

Decision it is to use contraception:	Method					
	All Methods	Pill	IUD	Condom	Withdrawal	Number of women
Women's own	5.3	6.7	6.9	8.7	3.3	104
Husband/Partner	15.4	11.9	19.6	7.3	15.2	223
Joint	79.4	81.4	73.5	84.0	81.5	1381
Total	100	100	100	100	100	1708

Table 6.7 Decision to use contraception by background characteristics
Percent distribution of all women using contraception according to whose decision it is to use by selected background characteristics, Kosovo 2003

Characteristic	Decision it is to use contraception				
	Women's own	Husbands/Partners	Joint	Total	Number of Women
Age					
15-19		19.4	80.6	100	15
20-24	7.4	12.5	80.1	100	111
25-29	5.3	17.1	77.6	100	273
30-34	4.8	13.0	82.2	100	345
35-39	5.0	16.3	78.8	100	390
40-44	5.2	16.2	78.6	100	351
45-49	5.8	14.6	79.6	100	223
Residence					
Urban	3.4	9.4	87.3	100	1022
Rural	6.2	18.4	75.4	100	686
Marital Status					
Single	59.8	24.3	15.9	100	31
Married	4.2	15.3	80.5	100	1674
Ethnicity					
Albanian	4.5	16.2	79.4	100	1434
Serbian	19.9	6.9	73.2	100	203
Other	4.1	10.0	85.9	100	71
Education					
No schooling	1.5	31.9	66.6	100	54
Primary school.	4.1	17.9	78.1	100	979
Secondary & high school	7.6	8.6	83.8	100	614
University	10.2	1.7	88.2	100	61

Table 6.7 shows the decision to use contraception by background characteristics. Decision making varies with residence, interestingly in rural areas almost double the number of women than in urban areas make their own decision about using contraception (3.4 percent versus 6.2 percent). However 18.4 percent of women living in rural areas reported that their husbands/partners made the decision about using contraception compared to 9.4 percent in urban areas. Almost 60 percent of single women reported that contraception use was their own decision. Finally education appears to have an effect on contraceptive decision-making, as level of education progresses so does the percentage of women who make their own decision about contraception and the number of women who make the decision jointly with their husband or partner.

6.7 Lactation Amenorrhea Method (LAM)

By feeding a new baby only with breast milk, a new mother can prevent pregnancy for up to six months if her period has not returned; this is often used as a form of contraception and is known as LAM. In order to know if Kosovar women are aware of LAM, all women in the survey were asked whether the chances of becoming pregnant were increased or decreased by breastfeeding. As figure 6.4 displays, 64 percent of women responded that they did not know about the effect of breastfeeding on pregnancy, and 13 percent of women actually think breastfeeding increases the risk of pregnancy. Therefore LAM is not commonly used in Kosovo to avert pregnancy.

Figure 6.4 **Women's Knowledge of LAM**

Do not know the effect of breastfeeding on pregnancy 64%

Breastfeeding Increases Risk 13%

Breastfeeding Decreases Risk 23%

6.8 Source of Contraception

Information on sources of modern contraceptives is useful for family planning managers and implementers. Women who reported they were currently using a modern method of contraception were asked where was the last time they obtained the method. The public

sector is the primary source of contraceptive supply in Kosovo as shown in table 6.8, 56 percent of modern method users received their method from within the public sector. Government health centers account for the supply of 37 percent of all modern contraceptives.

The private sector appears to meet some of the demand for contraception, and is claimed by 30 percent of respondents to be their current source. The principle source in the private sector is private doctors. When the source of supply for specific methods is examined there are some major differences. 43 percent of women using condoms obtain them from outside medical institutions, typically condoms are obtained from friends or relatives. Pharmacies play an important role in the supply of oral contraceptives, 22 percent of current pill users reported obtaining their last packets of pills in a pharmacy.

Table 6.8 Source of modern contraceptive methods					
Percent distribution of current users of modern contraceptive methods by most recent source of supply, according to specific methods, Kosovo 2003					
Source	Pill	IUD	Condom	All modern methods	Number of Women
Public Sector					
Government hospital	0.2	4.1	6.8	3.5	40
Government health center	43.6	43.9	10.0	37.2	363
Family planning clinic	7.1	9.3	12.1	11.5	86
Mobile clinic/fieldworker	2.3	5.0	5.1	4.1	108
Private sector					
Private hospital/clinic	3.8	10.5	3.0	7.3	94
Pharmacy	22.1	1.7	11.4	8.2	72
Private doctor	9.4	20.5	9.0	14.4	150
Other source					
Friend/Relative	9.6	4.8	38.8	12.4	31
Religious Institution	2.0	0.0	0.0	0.8	5
Shop	0.0	0.1	3.9	0.4	784
Total	**100.0**	**100.0**	**100.0**	**100.0**	**1 733**

6.9 Contraceptive side-effects

Experience of side effects and counseling can often be quite reflective of discontinuation rates. All women currently using a modern method of contraception were asked whether they had experienced any side effects. Women were then asked whether they had been informed by a health worker about possible side effects and were given advice as to what

to do if side effects were experienced. As is shown in table 3.5 almost twelve percent of women reported experience of contraceptive side effects. Over a quarter of all users had been informed about side effects and of this quarter nearly all had been told what to do if and when side effects present themselves.

Table 6.9 Experience of side effects Percentage of women using modern methods of contraception who experience side-effects, Kosovo 2003		
	Percentage of Current Users	Number of Women
Experienced side-effects with current method	11.7	1 733
Told by health worker about side-effects	26.4	1 727
If told about side-effects were also told what to do if experiencing side-effects	94.5	300

Chapter 7: Reproductive and Sexual Health Issues

In 2003 some questions related to the broader issue of reproductive health were asked that had not been asked in the 1999 survey. This chapter describes where women obtain knowledge about family planning and with whom they discuss family planning with. It also includes information on visits to health facilities by female respondents for themselves or for their children. Finally a few questions were asked to all women aged 15-49 to ascertain their attitudes and knowledge towards the avoidance of AIDS.

7.1 Family Planning

Table 7.1 shows the percent age of women of reproductive age who were visited by fieldworkers who talked with them about the family planning. The number of women who had been visited is extremely low at 3.5 percent. Of married women, 4.3 percent had been visited and women living in urban areas were slightly more likely to be visited by a fieldworker compared to women living in rural areas.

Table 7.1 Discussion of Family Planning

Percent distribution of women who in the last 12 months have discussed family planning, Kosovo 2003

Have discussed family planning in last 12 months:	All Women	Married Women	Urban	Rural	Number of Women
With a field worker	3.5	4.3	4.1	3.2	4503
With friends, neighbours or relatives	33.9	47.3	40.2	31.6	4499

Almost 40 percent of women reported discussing family planning with friends, neighbours or relatives. Once again urban women are more likely to discuss this topic with friends, neighbours or relatives than rural women (40.2 versus 31.6 percent). Women who had discussed family planning with a non-medical person were asked to state who this person was, figure 7.1 displays that 81.8 percent of women who have discussed family planning have done so with their husbands or partners. This indicates the importance of raising awareness and knowledge of family planning amongst men as well as women.

Figure 7.1 Persons (non-medical) with whom women discuss family planning with

Person	Percentage
Husband /Partner	81.8
Mother	6.6
Friends / neighbours	4.7
Sister (s)	3.7
Father	2.2
Other family members	1.0

Percentage
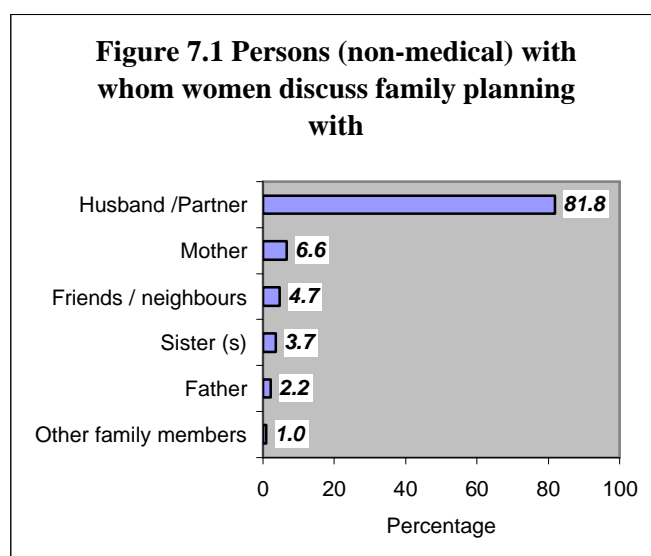
7.2 Health Visits

Primary health care services in Kosovo are provided by a number of institutions such as clinics and hospitals. The structure of the Primary Health Care System consists of one main family health center for each municipality, 30 in total, and around them are satellite family centers of which there are approximately 350 in all Kosovo.

As is shown in table 7.2, 47 percent of all women reported visiting a health facility for either their selves or their children in the last 12 months. Visits to health facilities show considerable variation by age and residence. Urban dwellers are more likely to visit a health facility than rural dwellers. Women over 25 are more likely to visit health facilities than younger women, which is likely to be due to younger women not yet having children.

There also appears to be a relationship between education and visits to health facilities. With each increase in educational level there is a corresponding increase in the proportion of women who reported visiting a health facility. To be in a position to explain key associations statistically, a future health survey should cover other aspects of health facilities including services offered and client satisfaction, access to those services and people's perceptions of well-being.

Table 7.2 Health Visits		
Percent distribution of women who have visited a health facility by background characteristics, Kosovo 2003		
Background characteristic	Have visited a health facility	Number of women
All Women	47.4	4505
Age		
15-19	20.9	725
20-24	39.1	808
25-29	55.8	764
30-34	61.1	681
35-39	56.3	590
40-44	54.1	549
45-49	51.4	388
Residence		
Urban	54.9	2605
Rural	44.5	1900
Ethnicity		
Albanian	46.3	3934
Serbian	69.5	427
Other	75.8	144
Education		
No schooling	46.1	139
Primary schooling	46.8	2425
Secondary and high school	49.0	1798
University or higher	56.1	141

7.3 Reproductive health information from other sources

Although the survey did not ask questions on many aspects of reproductive health, there are some other sources of data where some more information on this topic can be found. The newly reactivated vital statistic system in Kosovo for instance recorded that in 2003[vii], 84 percent of all births occurred in a hospital/maternity. For all births where birth weight was recorded 6.5 percent weighed less than 2.5 kilograms which is classified as low birth weight. A report conducted by UNICEF in 2003 entitled 'Promoting Effective Perinatal Care in Kosovo'[viii] stated that in 2002 around 10 percent of hospitalized deliveries were by caesarian section. The report also claimed that, at present, the number of women receiving antenatal care is low. Another report focused just on antenatal care in Kosovo, stated that the quality of care during antenatal visits can be considered as poor

with only one third of surveyed women receiving advice on normal pregnancy, nutrition, possible complications during pregnancy and breastfeeding[ix].

7.4 HIV/AIDS in Kosovo

Within the region of Eastern Europe and Central Asia, the United Nations Programme on AIDS (UNAIDS) estimated that at the end of 2003 there were 1.3 million people living with HIV[x]. HIV/AIDS is a pandemic however which varies greatly between areas even within the same region, currently, according to the UNAIDS rating system, Kosovo is considered to have a low level epidemic with a prevalence rate of less than 0.1percent. The first case of AIDS was reported in 1986, since then there have only been a further 58 registered cases of HIV/AIDS in Kosovo[xi]. The mode of transmission is mostly reported to be through heterosexual sex. It can be said however that the number of people still alive and living with HIV/AIDS remains largely unknown in Kosovo.

7.5 Knowledge of HIV/AIDS and methods of HIV prevention

Information was collected from women of reproductive age on whether they had heard of an illness called AIDS and if they believed there was a way to avoid it. Table 7.3 shows the percentage of women who have heard of AIDS by background characteristics. Nearly 9 in 10 women of all background characteristics have heard of AIDS with the exception of women who have never been to school. 13.4 percent of rural women claimed not to know about AIDS compared to 3.6 percent of urban women and young women, that is, those under 30 are more likely to have heard of AIDS than their elders.

To evaluate the level of knowledge about HIV/AIDS, respondents who had heard of the infection were asked whether there is anything a person can do to avoid getting infected with the virus that causes AIDS. The data in table 7.3 shows that 90 percent of the women who had heard of AIDS also believed there was way to avoid it. Once again, women over thirty, women in rural areas, and women with no schooling were less likely to believe there is way to avoid becoming infected with HIV/AIDS.

Table 7.3 Knowledge of HIV

Percent distribution of women who have heard of HIV/AIDS and whether they believe there is away to avoid HIV/AIDS by background characteristics, Kosovo 2003

Background characteristic	Has heard of HIV/AIDS	Believes there is a way to avoid HIV/AIDS	Number of women
All Women	89.5	90.2	4505
Married Women	88.1	89.5	2807

Table 7.3 Knowledge of HIV

Percent distribution of women who have heard of HIV/AIDS and whether they believe there is away to avoid HIV/AIDS by background characteristics, Kosovo 2003

Age			
15-19	91.4	91.5	725
20-24	93.8	90.8	808
25-29	91.4	91.9	764
30-34	86.1	92.4	681
35-39	88.1	90.3	590
40-44	86.2	82.9	549
45-49	86.1	88.0	388
Residence			
Urban	96.8	94.4	2605
Rural	86.6	88.3	1900
Ethnicity			
Albanian	88.9	90.1	3934
Serbian	98.1	97.2	427
Other	97.7	80.4	144
Education			
No schooling	54.9	65.3	139
Primary schooling	87.5	88.4	2425
Secondary and high school	98.0	95.0	1798
University or higher	100.0	98.3	141

If respondents reported that HIV infection could be prevented, they were asked to indicate the methods of prevention. This was an open-ended question and women were allowed to indicate any means that they knew without prompting. Table 7.4 shows the percentage of women who spontaneously mentioned specific ways to avoid contracting HIV. The most frequently reported means to prevent HIV/AIDS is condom use, mentioned by 61 percent of women. The second most common answer was to stay faithful to one partner. There were striking differences in responses between women of different educational levels, with each increase in educational level a greater proportion of women in each educational group reported specific avoidance strategies for HIV (with the exception of avoiding blood transfusions, injections and kissing). The small proportion of women mentioning other avoidance strategies suggests that information, education and communication (IEC) programmes are required to extend knowledge to all women.

Table 7.4 Knowledge of ways to avoid HIV
Percentage distribution of specific methods known to avoid HIV infection Among women who have heard of AIDS, Kosovo 2003

Background characteristics	Abstain from sex	Use condoms	Stay faithful to one partner	Avoid sex with persons who have many partners	Avoid sex with persons who inject drugs intravenously	Avoid blood transfusion	Avoid injections	Avoid kissing	Number of women
All Women	10.9	61.2	54.7	32.1	26.3	5.6	6.7	3.1	4419
Married Women	11.2	63.3	53.0	34.3	27.3	5.9	6.8	3.7	2668
Age									
15-19	19.8	64.1	50.7	34.6	28.3	6.9	6.7	6.0	637
20-24	18.0	68.1	53.9	40.8	31.9	7.2	7.2	2.6	723
25-29	13.9	63.6	52.6	32.5	23.6	5.8	6.3	4.7	692
30-34	17.4	65.3	54.6	33.5	27.7	4.4	6.2	3.0	598
35-39	21.9	64.8	54.5	32.1	28.2	6.9	10.2	4.2	509
40-44	22.4	56.8	52.5	31.6	25.6	2.7	5.0	2.0	463
45-49	16.4	52.2	49.8	30.9	22.5	6.5	5.3	1.9	324
Residence									
Urban	16.7	69.7	55.8	37.7	30.9	6.6	7.6	3.8	2402
Rural	19.2	60.5	51.7	32.8	25.7	5.6	6.5	3.7	1544
Ethnicity									
Albanian	17.4	63.8	52.9	34.5	27.3	5.7	7.3	3.9	3417
Serbian	31.3	70.6	69.6	38.2	38.7	6.3	0.6	1.8	410
Other	28.6	38.2	30.6	21.4	10.3	12.5	2.7	0.7	119
Education									
No schooling	11.2	46.8	37.8	17.6	9.6	4.5	8.5	9.2	80
Primary schooling	16.5	50.7	44.4	27.3	21.8	5.1	5.9	3.3	2013
Secondary and high school	17.4	72.4	55.2	39.5	31.6	6.2	6.5	3.1	1714
University or higher	17.7	76.6	74.8	50.4	40.2	2.2	9.5	4.0	139

Chapter 8: Migration

This chapter presents the information collected from the survey concerning aspects of population migration. Migration is a phenomenon unlike other demographic characteristics. The concepts of births or deaths are readily understood and their measurement conforms to internationally accepted criteria. Migration however has to be specifically defined in each context it is used. People are mobile by nature and movement for many reasons is part of everyday life. Migration must therefore be defined in the context of a particular time and a particular place. Migration, especially internal migration, once it has been uniquely defined for a particular country may not be well suited to international comparison.

There is much interest and speculation surrounding the subject of international migration in Kosovo yet numbers of people leaving the country and then returning after the 1999 war are unknown. Usually information on migration comes from either a census or a country's vital statistics system. The last census in Kosovo was in held 1991 (but was boycotted by parts of the population) and the VSS of Kosovo currently only records information about births, deaths, marriages and divorce. Therefore other than survey data such at that provided here there is currently little reliable data concerning migration in Kosovo.

8.1 Internal Migration

The survey takes two slightly different approaches to the measure of internal migration. The first considers people who lived in a different place at the time of their birth to the place of usual residence at the survey date. This is often referred to as lifetime migration. For people to be considered lifetime migrants, they must now live in a different region to their region of birth. Note that people who moved away from their region of birth at sometime in the past but have now returned are not considered as lifetime migrants. Additionally, apart from the most recent move, multiple moves within Kosovo are not taken into account and persons born overseas who now live in Kosovo are excluded from a strict analysis of internal migration, but sometimes appear with the tables for added information.

The second approach is based on a question about place of usual residence exactly five years before the survey. Each person who now lives in a different region to the one he or she lived in exactly five years ago is considered as a migrant during this period. Note that as with birthplace, multiple movers and those who have returned from overseas are excluded. Moreover, the question only covers persons who are now aged 5 years and above.

8.1.1 Lifetime migrants

Lifetime migration based on place of birth is very useful for a number of purposes. Its principal merit lies in the definition it ascribes to a migrant as having migrated from place of birth at any time during his or her lifetime. This provides a very useful sociological definition of a migrant regarding all people who originate outside the area of destination as a migrant regardless of the timing of their move.

One of the drawbacks of using data on lifetime migration is that the timing of migration is very imprecise. Only the net effects of migration can be observed. Table 8.1 shows the number of persons who moved into or out of each region during their lifetimes. In the final column, the table shows the derived estimate of net migration, making it possible to see which regions gain and which lose from the process of lifetime migration.

Altogether about 5 percent of survey respondents are lifetime internal migrants, having moved to their current region of usual residence. Additionally, almost 28 thousand respondents claimed that they were born abroad.

Table 8.1 Lifetime migrants by region			
Kosovo 2003			
Region of birth	**In-migrants**	**Out-migrants**	**Net-migrants**
Gjakova	4900	14,300	-9400
Gjilan	4700	14,100	-9400
Mitrovica	9600	16,300	-6700
Peja	16,000	8200	+7800
Prizren	6400	11,800	-5400
Pristina	36,600	14,100	+22,500
Ferizaj	10,600	10,000	+600
Abroad	27,800	…	…

The most striking feature of table 8.1 is the heavy lifetime net migration into the Pristina region. More than 36 thousand respondents now living in the Pristina region claimed that they were born in other regions of Kosovo. If account is taken of those who were born overseas and now reside in Pristina, more than 10 percent of the sampled population of Pristina region were born outside the Pristina region, either born overseas or elsewhere in Kosovo. The regions of Gjakova, Gjilan, Mitrovica and Prizren have all suffered relatively large losses of lifetime migrants over the years. The region of Peja has experienced relatively heavy gains in lifetime migrants.

8.1.2 Internal migration 1998-2003

Table 8.1 presents the regional distribution of internal migration over the five-year period from 1998-2003. Given the heavy streams of in-migrants and out-migrants during the

five year period, it is not surprising that the figures are difficult to interpret and may not be very useful as predictors of the levels or directions of future movements.   But certain features are clearly of interest. The region experiencing the highest levels of in-migration is, unsurprisingly, the Pristina region, with more than eight thousand migrants from other regions of Kosovo entering during the 5-year period. Peja also receives a relatively high number of in-migrants, at 3.7 thousand. Out-migrants, on the other hand, originate from Mitrovica and to a lesser extent from Ferizaj. Net-migration, the difference between in- and out-migration, reflects these movements. The largest net gains are in Pristina region, amounting to about seven thousand net-migrants. Mitrovica, in contrast, experiences the greatest net-losses, amounting to more than 6 thousand during the period.

Table 8.2 Internal migration in past five years for persons aged five years and above Kosovo 2003			
Region	In-Migration	Out-Migration	Net Migration[13]
Gjakova	500	2600	-2100
Gjilan	1000	700	+300
Mitrovica	900	7100	-6200
Peja	3700	400	+3300
Prizren	2000	1500	+500
Pristina	8100	1100	+7000
Ferizaj	1000	3800	-2800

The difficulties in defining a migrant have been discussed earlier. Had the municipality rather than region boundaries been used in this analysis (essentially the sample size was too small to permit it), the results would have been different. Kosovo is divided into 30 municiplaities. The additional boundaries demarcated by the municipalities would have increased the number of movers who cross a boundary and are thus classified as internal migrants.

As a useful exercise, the numbers of migrants crossing region and municipal boundaries were compared, this information is presented in table 8.3. While some care should be taken in using these municipality data, the results are clearly very significant. On the basis of regional migration levels, it is estimated that Pristina region had gained about 1.7 percent of its population as a direct result of internal migration in the past five years. Had municipality data been used for this calculation the percentage for central Pristina would be far higher. Broadly speaking, from table 8.3 it is clear that the number of in-migrants calculated from the municipality data is more than twice the number derived from the

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[13] From these figures, it is possible to calculate a 5-year internal migration rate (r). Assuming those who remained plus those who migrated out form a theoretical population not experiencing internal migration (P_2), and those who remained plus those who migrated in form the survey population, (P_1), then r=($\log_e P_1/P_2$)/n*100. Using this approach, Pristina region, for example, will have gained about 1.7% of its survey population in the past five years, as a direct result of internal migration

more restrictive regional data. Considerable redistribution of population has occurred in the Pristina region and, though to a lesser extent, in the Mitrovica region.

Table 8.3 Number of in-migrants crossing from another region and municipality Kosovo 2003		
Regions	In-Migrants crossing regional boundaries	In-Migrants crossing municipality[14] boundaries
Gjakova	500	600
Gjilan	1000	1600
Mitrovica	900	4700
Peja	3700	4900
Prizren	2000	4400
Pristina	8100	17,000
Ferizaj	1000	4400
Total	17,200	37,600

8.2 Migrants returning from abroad

As previously indicated, only limited information is available about international migration. The question on place of usual residence five years ago did, however, collect some information about persons, aged five years and above, who claimed they were residing abroad in1998. As table 3.9 shows, a little over 8 percent of current residents, who were abroad in 1998, returned to Kosovo from Serbia and Montenegro. A smaller number, accounting for about 4 percent, returned from Macedonia. For countries outside the former Republic of Yugoslavia, the largest group of returned migrants resided in Germany at the end of 1998, accounting for 47 percent of returnees, followed by Switzerland with 18 percent. Add to these the number of entire families who migrated and others who are not represented by current households and the estimated number is seen as very high compared with the resident population

An interesting feature of migration during the hostilities in the late nineteen nineties is that the total number of residents who were abroad in 1998, 39 thousand, exceeded the number in the population who claimed to be born abroad (almost 28 thousand, refer back to table 8.1) a sure indication that the level of migration rose steeply during this period.

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[14] The municipalities within regions are: **Gjakova:** Decani, Dacovica and Rahovec; **Gjilan:** Gnjilane, Kamenica and Vitina; **Mitrovica:** Mitrovica, Leposavic, Srbica, Vucitrn, Zubin Potok, and Zvecan; **Peja:** Istok, Klina and Peja; **Prizren:** Dragas, Prizren, Suva Reke, Malisevo; **Pristina:** Glogovac, Kosovo polje, Lipljan, Novo Brdo, Obilic, Podujevo and Pristina; **Ferizaj:** Kacanik, Stimlje, Strpce and Urosevac

Table 8.4 Country of residence five years ago for returning residents Kosovo 2003		
Country	Total Number	Percent
Serbia and Montenegro	3300	8.3
Germany	18,200	46.7
Switzerland	7,200	18.3
Sweden	3,200	8.2
Macedonia	1,600	4.0
Holland	1,100	2.8
Turkey	1000	2.7
France	800	2.0
Other Europe	800	2.3
Other countries	600	1.5
Not stated	1200	3.2
Total	**39,000**	**100**

8.3 Absent family members

The 1999 survey reported that there were approximately 225,000 absent persons, from the 2003 survey this number has decreased to 168, 900. Table 8.5 provides the distribution of absent family members by age group and sex. A number of features are revealed which are typical of migrant populations. First, there is a predominance of absentee persons who are of working age, although of course, not all will be in the labour force. Some, for example will be attending full time education, while others, especially women, will be engaged in domestic duties. Nonetheless, it is worth noting that 56 percent of the absent population lies between ages 20 and 40. Associated with this feature is the very low proportion (5 percent) of absentees aged over 50 years, this may be due in part to the problem of household heads conceptualizing these people as absent from the household.

A second noticeable feature is the large number of males among the absentees. For the total absent population, the number of males is almost double that of females. Among the 0-19 age group, this sex differential is not so marked, however for all age groups above the age of 20 the sex differential rises to above two males for every female.

Table 8.5 Reported absent family members Kosovo 2003						
	Males		Females		Total	
Age group	Total Number	Percent	Total Number	Percent	Total Number	Percent
0-9	16,900	15.1	14,000	24.5	30,900	18.3
10-19	13,400	12.0	9,300	16.2	22,700	13.4
20-29	36,500	32.7	15,00	26.3	51,500	30.5
30-39	30,600	27.4	13,200	23.2	43,900	25.9
40-49	8,700	7.7	3.100	5.5	11,800	7.0
50-59	2,600	2.3	1,600	2.8	4,200	2.5
60 +	3,100	2.8	900	1.5	4000	2.4
Total	111,800	100	57,100	100	168,900	100

Chapter 9: The Need for Further Research

This short final section has been included so as to highlight some of the findings from the 2003 Kosovo Demographic, Social and Reproductive Health Survey that should prompt the need for further research. This section will also emphasise some of the remaining gaps in our knowledge relating to sexual and reproductive health in Kosovo that unfortunately were out of the remit of this study.

The results from the survey regarding fertility presented in chapter 4 produced some surprising results, namely that the total fertility rate has increased since the 1999 survey and that sex preferences for boys are particularly high among women aged 25 and 35 years old. Whilst there may be problems with the quality of data obtained from one, or even both surveys, these findings still reflect an unusual picture of current fertility in Kosovo that requires further understanding.

In Kosovo, the vital statistics system seriously underreports cases of deaths, thus little is known from official sources about the picture of mortality. Unfortunately the data collected on mortality in the survey was less than satisfactory and the real levels of mortality, particularly infant mortality, remain only as estimates. If such a high infant mortality rate as that stated in chapter 5 exists, then a full investigation into the causes of infant mortality must be spurred.

It has long been acknowledged that men play an important role in the realisation of reproductive goals. Currently a major gap in knowledge exists concerning men's use, attitude towards and knowledge of contraception in Kosovo. In chapter 6, 15.4 percent of all women reported that using contraception was solely their husbands or partners decision and in chapter 7, 81.1 percent of married women reported that they discussed family planning with their partner or husbands. These results suggest that men play a major role in contraceptive decision-making, however a better understanding of this role and men's reproductive and sexual health generally is firmly required.

In chapter 2 attention was drawn towards the high sex ratio at birth and the possibility of sex selection occurring before birth. Information from the vital statistics system in Kosovo also confirms an unnaturally high sex ratio. The 2003 survey did not address the issue of abortion but the 1999 survey reported an induced abortion rate of 4.8 per 100 live births, however the 1999 report emphasised that abortions had certainly been underreported. Induced abortion in Kosovo is legal up to 14 weeks; however, there is much speculation that many abortions are carried out illegally, after 14 weeks, and that many women may be having multiple abortions. Since there has been no further research carried out on the issue of induced abortion since 1999 there is no evidence to either support or dismiss these speculations. It is widely known however that the practice of induced abortion can adversely affect a woman's health, reduce her chances of further childbearing and contribute to maternal and perinatal mortality, thus it seems imperative that research on induced abortion is conducted to investigate the above speculations.

References

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[vii] Statistical Office of Kosovo 2004, *Vital Statistic Bulletin 2002-2003*, Pristina, Kosovo: SOK

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Appendix A: Data Quality Table

Table A1 Household age distribution
Single year age distribution of the household de facto population by sex, Kosovo 2003

	Male		Female			Male		Female	
Age	Number	Percentage	Number	Percentage	Age	Number	Percentage	Number	Percentage
0	175	1.9	152	1.6	41	131	1.4	123	1.3
1	184	2.0	161	1.7	42	120	1.3	105	1.1
2	217	2.3	185	2.0	43	108	1.2	128	1.4
3	180	1.9	181	1.9	44	120	1.3	93	1.0
4	191	2.1	165	1.8	45	105	1.1	92	1.0
5	185	2.0	167	1.8	46	71	0.8	101	1.1
6	179	1.9	170	1.8	47	93	1.0	83	0.9
7	211	2.3	174	1.9	48	101	1.1	79	0.8
8	212	2.3	180	1.9	49	96	1.0	70	0.8
9	193	2.1	200	2.1	50	93	1.0	119	1.3
10	222	2.4	189	2.0	51	76	0.8	96	1.0
11	203	2.2	191	2.1	52	92	1.0	75	0.8
12	206	2.2	168	1.8	53	77	0.8	80	0.9
13	208	2.2	196	2.1	54	63	0.7	80	0.9
14	184	2.0	178	1.9	55	66	0.7	86	0.9
15	193	2.1	174	1.9	56	76	0.8	83	0.9
16	203	2.2	205	2.2	57	58	0.6	69	0.7
17	169	1.8	184	2.0	58	74	0.8	72	0.8
18	204	2.2	161	1.7	59	69	0.7	69	0.7
19	175	1.9	171	1.8	60	58	0.6	66	0.7
20	187	2.0	194	2.1	61	53	0.6	50	0.5
21	176	1.9	181	1.9	62	63	0.7	53	0.6
22	165	1.8	193	2.1	63	59	0.6	55	0.6
23	179	1.9	157	1.7	64	55	0.6	36	0.4
24	154	1.7	159	1.7	65	54	0.6	67	0.7
25	148	1.6	171	1.8	66	66	0.7	52	0.6
26	152	1.6	176	1.9	67	45	0.5	66	0.7
27	148	1.6	155	1.7	68	48	0.5	49	0.5
28	136	1.5	159	1.7	69	38	0.4	54	0.6
29	122	1.3	145	1.6	70	39	0.4	53	0.6
30	118	1.3	134	1.4	71	32	0.3	38	0.4
31	132	1.4	141	1.5	72	32	0.3	40	0.4
32	114	1.2	155	1.7	73	35	0.4	37	0.4
33	127	1.4	154	1.7	74	33	0.4	31	0.3
34	126	1.4	127	1.4	75	23	0.2	28	0.3
35	114	1.2	118	1.3	76	19	0.2	19	0.2
36	103	1.1	128	1.4	77	16	0.2	21	0.2
37	115	1.2	128	1.4	78	13	0.1	24	0.3
38	124	1.3	110	1.2	79	17	0.2	17	0.2
39	99	1.1	118	1.3	80+	68	0.8	80	0.9
40	107	1.2	114	1.2	Total	9295	100.0	9308	100.0

Appendix B: Questionnaire

Institucionet e Përkohshme Vetëqeverisëse/Privremena Institucija Samouprave/ Provisional Institutions of Self Government

Ministria e Shërbimeve Publike/Ministarstvo javnih službi/Ministry of Public Services

Enti i Statistikës së Kosovës/ Zavod za Statistiku Kosova/ Statistical Office of Kosovo

DEMOGRAPHIC AND HEALTH SURVEY In July 2003

HOUSEHOLD IDENTIFICATION

C1. MUNICIPALITY_____ ☐☐

SETTLEMENT_____

C2. STATISTICAL AREA_____ ☐☐☐

C3. ENUMERATION AREA_____ ☐☐

C4. HOUSEHOLD NUMBER AND NAME THE HOUSEHOLDER_____☐☐☐

C5. Number of visits by the interviewer (enter the number of visits) ....☐

Visits	1	2	3
Date of visit	☐☐☐☐☐☐	☐☐☐☐☐☐	☐☐☐☐☐☐
Time of visit	☐☐	☐☐	☐☐

DATA ON THE HOUSEHOLD

INTERVIEW STATUS:

C6. Is the household questionnaire completed?

1--☐ – Yes ➔ *Go* to C8

2--☐ - No

C7. What is the reason for not completing the interview?

1--☐ - The household is absent (Non-contact, no one at home)

2--☐ - Unable to respond (sickness, too old, etc.)

3--☐- Refusal

4--☐ – No time

5--☐ – Bad experience with interviews

6--☐– Do not want to take part in any survey

C8. DURATION OF THE INTERVIEW:

Enumerator: Name_____   Signature_____

Enumerator: Name_____   Signature_____

Supervisor: Name_____   Signature_____

Household Questionaire
List of household members

Table 1.

B 1. Line Number	B 2. First name and family name Only present persons	B 3. Relationship to the reference person		B 4. Number of the family	B 5. Location at survey		
		Relation	code		Present	Temporarily absent	Municip/Country At time of Survey
0 1			⬜⬜	◯	1 ☐	2 ☐	
0 2			⬜⬜	◯	1 ☐	2 ☐	
0 3			⬜⬜	◯	1 ☐	2 ☐	
0 4			⬜⬜	◯	1 ☐	2 ☐	
0 5			⬜⬜	◯	1 ☐	2 ☐	
0 6			⬜⬜	◯	1 ☐	2 ☐	
0 7			⬜⬜	◯	1 ☐	2 ☐	
0 8			⬜⬜	◯	1 ☐	2 ☐	
0 9			⬜⬜	◯	1 ☐	2 ☐	
1 0			⬜⬜	◯	1 ☐	2 ☐	
1 1			⬜⬜	◯	1 ☐	2 ☐	
1 2			⬜⬜	◯	1 ☐	2 ☐	
1 3			⬜⬜	◯	1 ☐	2 ☐	
1 4			⬜⬜	◯	1 ☐	2 ☐	
1 5			⬜⬜	◯	1 ☐	2 ☐	
1 6			⬜⬜	◯	1 ☐	2 ☐	
1 7			⬜⬜	◯	1 ☐	2 ☐	
1 8			⬜⬜	◯	1 ☐	2 ☐	
1 9			⬜⬜	◯	1 ☐	2 ☐	
Total				⬜⬜	⬜⬜	⬜⬜	

If more than 19persons, take another form

The data will be used only for statistical purposes

Deaths in the household during the last 12 months (since June 2002)

Table 2.

B 6. Line numb.	B 7. Name	B 8. Deaths			B 9. Month of death	B 10. Date of birth of the deceased person	
		M	F			month	year
			Pregnancy/ delivery	Other			
0 1		1 ☐	2 ☐	3 ☐	⬭⬭	⬭⬭	⬭⬭
0 2		1 ☐	2 ☐	3 ☐	⬭⬭	⬭⬭	⬭⬭
0 3		1 ☐	2 ☐	3 ☐	⬭⬭	⬭⬭	⬭⬭
0 4		1 ☐	2 ☐	3 ☐	⬭⬭	⬭⬭	⬭⬭

List of other absent family members (other than usual residents)

Table 3.

B 11. No.	B 12. Name	B 13. Sex		B 14. Year of birth	B 15. How long has he (she) been away?		B 16. Where is he/she? Muni/state
		M	F		Viti	Months	
0 1		1 ☐	2 ☐	⬭⬭	⬭⬭	⬭⬭	⬭⬭
0 2		1 ☐	2 ☐	⬭⬭	⬭⬭	⬭⬭	⬭⬭
0 3		1 ☐	2 ☐	⬭⬭	⬭⬭	⬭⬭	⬭⬭
0 4		1 ☐	2 ☐	⬭⬭	⬭⬭	⬭⬭	⬭⬭
0 5		1 ☐	2 ☐	⬭⬭	⬭⬭	⬭⬭	⬭⬭
0 6		1 ☐	2 ☐	⬭⬭	⬭⬭	⬭⬭	⬭⬭
0 7		1 ☐	2 ☐	⬭⬭	⬭⬭	⬭⬭	⬭⬭
0 8		1 ☐	2 ☐	⬭⬭	⬭⬭	⬭⬭	⬭⬭
0 9		1 ☐	2 ☐	⬭⬭	⬭⬭	⬭⬭	⬭⬭

If more than 9 persons, take another form

The data will be used only for statistical purposes

DWELLING AND HOUSEHOLD

B 17. Type of building

1. ☐ One dwelling house
2. ☐ Two dwelling house
3. ☐ Three and more dwelling house

B 18. Type of living quarters

1. ☐ House or apartment (conventional)
2. ☐ Non conventional
3. ☐ Collective living quarters

B 19. Tenure status

1. ☐ Owner
2. ☐ Tenant
3. ☐ Other

B 20. Type of ownership

1. ☐ Private
2. ☐ Other

B 21. Number of rooms: ☐☐

B 22. Does the dwelling have?

	Yes 1	No 2
Kitchen	☐	☐
Toilet inside	☐	☐
Shower or bath inside	☐	☐
Electricity	☐	☐
Central heating	☐	☐
Wasted water disposal	☐	☐

B 23. Main source of drinking water

1. ☐ Piped water inside dwelling
2. ☐ Piped water into garden/plot
3. ☐ Public tap
4. ☐ Water from open well
5. ☐ Water from covered well or barehole
6. ☐ Surface water from spring/river/pond
7. ☐ Rain water
8. ☐ Tanker/truck
9. ☐ Other_____(specify)

B 24. Does any member of your household own?

1. ☐ Motorcycle
2. ☐ Car, van, truck
3. ☐ Tractor
4. ☐ Radio
5. ☐ TV
6. ☐ Computer
7. ☐ Telephone (line)
8. ☐ Telephone (mobile)
9. ☐ Refrigerator
10. ☐ None of the above

B 25. Can you estimate your monthly household income in EURO from all sources?

1. ☐ 0-100
2. ☐ 101-200
3. ☐ 201-300
4. ☐ 301-400
5. ☐ 401-800
6. ☐ 800-1600
7. ☐ 1601 and above

DEMOGRAPHIC AND HEALTH SURVEY In July 2003
Individual Questionaiere

Municipality _____

Municipality code

Statistical are_____

Statistical area code

Enumeration area

No. of Household

No. Of the person

C 1. Name_____

C 2. Sex   Male 1 ☐   Female 2 ☐

C 3. Date of birth

day   month   year

C 4. Marital status

Single 1 ☐   Married 2 ☐   Divorced 3 ☐   Widowed 4 ☐

Year when
First married

C 5. Ethnicity

Albanian........................... 1 ☐

Serbian........................... 2 ☐

Montenegro................. 3 ☐

Croat............................ 4 ☐

Turkish........................... 5 ☐

Bosniak........................... 6 ☐

Roma............................ 7 ☐

Goran........................... 8 ☐

(Other)_____
Specify

Unknown........................ 9 ☐

C 6. Place of birth
Where were you born?

Same municipality   Yes ☐
Go to C 8.

Other municipality (specify)_____

Other state/country (specify)_____

C 7. Duration of residence

How long have you lived (continuously) in this municipality?

Years   Month

FOR BABIES AGED 0 YEAR ENDS INTERVIEW

C 8. Where did you live 1 years ago?

That is in July 2002

Same municipality   Yes ☐
Go to C 10.

Other municipality (specify)_____

Other state/country (specify)_____

C 9. Reasons for moving

What was your main reason for moving

1 ☐ Economy

2 ☐ Education

3 ☐ Society

4 ☐ Returning home

5 ☐ Health

6 ☐ Other:(specify)_____

FOR CHILDREN AGED 1-4 ENDS INTERVIEW

C 10. Where did you live 5 year ago?

That is in July 1998

Same municipality   Yes ☐

Other municipality (specify)_____

Other state/country (specify)_____

The data will be used only for statistical purposes

C 11. Are you attending school now

Primary   1 ☐

Secondary   2 ☐

Higher   3 ☐

Do not attend   4 ☐   Go to C 13.

C 12. Where do you go to school

In place of family residence   1 ☐

Other place in Kosovo   2 ☐

Outside Kosov   3 ☐

C 13. Highest level of schooling completed

No schooling   1 ☐
Less then primary 1 - 4   2 ☐
Less then primary 5 - 7   3 ☐
Primary   4 ☐
Secondary 1-3   5 ☐
Secondary 4 and more   6 ☐
Gymnasium   7 ☐
High school   8 ☐
University or higher   9 ☐

C 14.   How many years (have) did you attend(ed) school?

Years attended school   ☐☐

FOR CHILDREN AGED 5 - 14 END INTERVIEW

C 15. Literacy
   Can you read and write
   (In any language)?   Yes 1 ☐   No 2 ☐

C 16. Economic activity status
   Did you work last week in a job or own enterprise/
   activity from which you or your household/family
   got earnings in cash or in kind
                          Yes 1 ☐   No 2 ☐
                          Go to C 19.

**C 17. Last week, did you do any paid or unpaid work
   (excluding housework) for at least one hour
   (even if you are student, unemployed, housewife
   or retired person and work only part-time or
   occasionally)?**
                          Yes 1 ☐   No 2 ☐
                          Go to C 19.

**C 18. Even though you did not work last week, did you
   Have a job or business/activity you can return to?**
                          Yes 1 ☐   No 2 ☐
                          Go to C 20.

C 19. Occupation
   What was your main job last week?
   _____
   _____
   _____

C 20. Reason for not working
   What was the reason for not working last week?

Housewife   1 ☐
Pupil/student   2 ☐
Looking for work   3 ☐
Available but not actively
looking for work   4 ☐
Retired   5 ☐
Other   6 ☐

FOR ALL MALES AND FEMALES AGED 50 YEARS AND ABOVE END INTERVIEW

CONTRACEPTION
Questions for females 15 - 49
Table 2.   CONTRACEPTIVE KNOWLEDGE AND USE

C 21. Meth. Code	Methods for avoiding pregnancies	C 22. Have you ever heard of the method?		C 23. Have you ever used a method?	
		Yes	No	Yes	No
1	PILL Woman takes a pill every day.	1 ☐	2 ☐	1 ☐	2 ☐
2	IUD Woman has a loop or coil placed inside her by a doctor or a nurse.	1 ☐	2 ☐	1 ☐	2 ☐
3	INJECTIONS Woman has an injection by a doctor or nurse which stops her from becoming pregnant for several months.	1 ☐	2 ☐	1 ☐	2 ☐
4	DIAPHRAGM Woman places inside her before intercourse.	1 ☐	2 ☐	1 ☐	2 ☐
5	FOAM, JELLY Woman places inside her before intercourse.	1 ☐	2 ☐	1 ☐	2 ☐
6	CONDOM Man uses a rubber sheath during sexual intercourse.	1 ☐	2 ☐	1 ☐	2 ☐
7	RHYTHM/ABSTINENCE Couple can avoid sexual intercourse during the period of the month when woman is fecund	1 ☐	2 ☐	1 ☐	2 ☐
8	WITHDRAWAL Men pulls out before climax.	1 ☐	2 ☐	1 ☐	2 ☐
9	FEMALE STERILIZATION Woman has an operation to avoid any more pregnancies	1 ☐	2 ☐	1 ☐	2 ☐
10	MALE STERILIZATION Man has an operation to avoid having any more children.	1 ☐	2 ☐	1 ☐	2 ☐
11	OTHER METHOD (specify)	1 ☐	2 ☐	1 ☐	2 ☐

C 24. Are you currently using any method?

Yes 1 ☐   No 2 ☐   Go to C 27.

C 25. If Yes, Which one?   ☐☐

Method code

C 27. If No are you in one of these situations?

C 26. Where did you obtain the method the last time?

Public sector
  1 ☐ Government hospital
  2 ☐ Government health centre
  3 ☐ Family planing clinic
  4 ☐ Mobile clinic
  5 ☐ Field worker
  Other: _____

Private medical sector
  6 ☐ Private hospital clinic
  7 ☐ Pharmacy
  8 ☐ Private doctor
  Other: _____

Other source
  9 ☐ Shop
  10 ☐ Religious institution
  11 ☐ Friend/ relative
  Other: _____

      Go to C 28.

1 ☐ No sexual intercourse
2 ☐ Sterile
3 ☐ Pregnant
4 ☐ Want a child
5 ☐ In a medical institution
   Go to C 32.

C 28. Have you ever experienced problems or side-effects with METHOD?   Yes 1 ☐   No 2 ☐

C 29. Were you ever told by a health or family planning worker about problems or Side-effects you might have with METHOD?   Yes 1 ☐   No 2 ☐

    Go to C 31.

C 30. Were you told what to do if you experienced problems or side-effects?   Yes 1 ☐   No 2 ☐

The data will be used only for statistical purposes

C 31. Would you say that using contraception is mainly your

- 1 ☐ Owen decisoin
- 2 ☐ Husband/partner decision
- 3 ☐ Joint decision

Other: _____

(specify)

C 32. In the last 12 months were you visited by a field worker who talked to you about family planning?

Yes 1 ☐   No 2 ☐

C 33. In the last 12 months have you visited a health facility for care for yourself or your children?

Yes 1 ☐   No 2 ☐

C 34. In the last year months, have you discussed family planning with your friends, neighbours or relatives?

Yes 1 ☐   No 2 ☐

Go to C 36.

C 35. With whom?

- 1 ☐ Husband/Partner
- 2 ☐ Mother
- 3 ☐ Father
- 4 ☐ Sister (s)
- 5 ☐ Brother (s)
- 6 ☐ Daughter (s)
- 7 ☐ Son (s)
- 8 ☐ Mother in law
- 9 ☐ Friends/neighbors

Other: _____

(specify)

C 36. Do you think a woman's chances to became pregnant are:

- 1 ☐ Increased by breastfeeding
- 2 ☐ Decreased by breastfeeding
- 3 ☐ Don't know

C 37. Now I would like to talk about something else. Have you ever heard of an illness called AIDS?

1 ☐ Yes   2 ☐ No

Go to C 40.

C 38. Is there anything a person can do to avoid getting AIDS?

1 ☐ Yes   2 ☐ No

Go to C 40.

HIV AIDS

C 39. What can a person do to avoid AIDS?

- 1 ☐ Abstain from sex
- 2 ☐ Use condoms
- 3 ☐ Stay faithful to one partner
- 4 ☐ Avoid sex with persons who have many partners
- 5 ☐ Avoid sex with pers. who Inject drugs intravenously
- 6 ☐ Avoid blood transfusion
- 7 ☐ Avoid injections
- 8 ☐ Avoid kissing

Other: _____

(specify)

The data will be used only for statistical purposes

LIVE BIRTHS

C 40. Did you give birth to any baby in your life time , even if the baby died?

Yes ☐   No ☐

Go to C 49.

If yes record names all births, whether still alive or not, starting with the first born.

Record names of all births in 38.. Record twins and triplets on separate lines

C 41. No.	C 42. Name of firs/ next baby	C 43. Sex		C 44. Date of Birth		C 45. Is NAME still alive		C 46. How old was NAME When he/she died?			C 47. Check: were there any live birth between NAME of previ. birth&NAME	
		Boy	Girl	Month	Year	Yes	No	day	Month	Year	Yes	No
01		1 ☐	2 ☐	☐☐	☐☐☐☐	1 ☐	2 ☐	☐☐	☐☐	☐☐	1 ☐	2 ☐
02		1 ☐	2 ☐	☐☐	☐☐☐☐	1 ☐	2 ☐	☐☐	☐☐	☐☐	1 ☐	2 ☐
03		1 ☐	2 ☐	☐☐	☐☐☐☐	1 ☐	2 ☐	☐☐	☐☐	☐☐	1 ☐	2 ☐
04		1 ☐	2 ☐	☐☐	☐☐☐☐	1 ☐	2 ☐	☐☐	☐☐	☐☐	1 ☐	2 ☐
05		1 ☐	2 ☐	☐☐	☐☐☐☐	1 ☐	2 ☐	☐☐	☐☐	☐☐	1 ☐	2 ☐
06		1 ☐	2 ☐	☐☐	☐☐☐☐	1 ☐	2 ☐	☐☐	☐☐	☐☐	1 ☐	2 ☐
07		1 ☐	2 ☐	☐☐	☐☐☐☐	1 ☐	2 ☐	☐☐	☐☐	☐☐	1 ☐	2 ☐
08		1 ☐	2 ☐	☐☐	☐☐☐☐	1 ☐	2 ☐	☐☐	☐☐	☐☐	1 ☐	2 ☐
09		1 ☐	2 ☐	☐☐	☐☐☐☐	1 ☐	2 ☐	☐☐	☐☐	☐☐	1 ☐	2 ☐
10		1 ☐	2 ☐	☐☐	☐☐☐☐	1 ☐	2 ☐	☐☐	☐☐	☐☐	1 ☐	2 ☐

C 48. If you could go back to the time you did not have any children and could chose exactly the number of children to have in your whole life, how many would that be? ☐☐

Go to Q 46

C 50. How many of these children would you like to be boys, how many would you like to be girls and for how many would sex not matter?

Boys ☐☐   Girls ☐☐   Either ☐☐

C 49. If you could choose exactly the number of children To have in whole your life, how many would that be? ☐☐

C 51. Do you think your husband /partner want the same number of children you want or does he want more than you want?

1 ☐ Same number

2 ☐ Fewer

3 ☐ More

4 ☐ Don't know

The data will be used only for statistical purposes