

# **Health in Kosovo's Roma, Ashkali and Egyptian Communities**



**Report on the health situation of  
the Kosovo Roma, Ashkali and  
Egyptian communities in  
municipalities of Fushë  
Kosovë/Kosovo Polje,  
Shtime/Shtimlje, Obiliq/Obilic,  
and Gracanica/Gracanicë.**







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# 1. Introduction

Balkan Sunflowers Kosova (hereinafter BSFK) is implementing the project “Supporting Roma, Ashkali and Egyptian communities sexual and reproductive health during COVID-19” in Fushë Kosovë/Kosovo Polje, Shtime/Shtimlje, Obiliq/O-bilic (Plemetina village), Gracanica/Gracanice, the four municipalities of Kosovo where the BSFK Learning Centers are located.

The desk research helped us to establish a good picture of the overall health situation of the Roma, Ashkali and Egyptian communities. However, what we were still lacking was *numerical* information about the health situation of the three communities. We argued that without such information, we were unable to provide specific estimates about the amount of funds and other resources required for addressing the health needs of the three minority groups. Our research aimed to address this knowledge gap by gathering detailed information about the health situation of the Roma, Ashkali and Egyptian communities. As our main research method, we conducted a health survey of 3125 family members in 574 Roma, Ashkali and Egyptian households. The survey was designed to gather information on ten topic areas related to and affecting health situation and health care needs. During the research phase, BSFK aimed to develop data and analysis on questions

- *What are the numbers of the early marriages?*
- *What is the overall pregnancy rate, and the numbers of pregnant of women under age 18?*
- *Do pregnant women have regular visits at gynecologists?*
- *Do communities have knowledge about sexual and reproductive health?*
- *Do communities use contraceptives?*
- *Is there violence in the family?*
- *How many people are infected with Covid-19?*
- *What are the most urgent health needs of the beneficiary group?*
- *Are there any obstacles in accessing health care analysis, medication and treatment?*
- *How many people are with special needs?*

In this report, BSFK will present overall findings for the four municipalities, as well as segregated findings for each municipality. Findings will be presented through graphics, tables and numbers (textually).

BSFK is not presenting a hypothesis in this report. The report can be used by different stakeholders (institutions, NGOs, donors) to plan their actions in order to improve the



## 2. Methodology

Balkan Sunflowers Kosova conducted health research in the past in order to investigate and design activities to improve health situation in Roma, Ashkali and Egyptian communities. Due to the sensitivity of the topic, BSFK used similar practice in order to ensure that communities feel comfortable with questions as well as people who implement survey, in order to ensure qualitative and quantitative data.

First of all SFK, in coordination with UNFPA, designed the questions and the questionnaire. BSFK consulted with the health institutions as well related to the questions they think are relevant and needed to be obtained. BSFK finalized questionnaire in Google Forms. Research had to be implemented in four municipalities and therefore BSFK designed same questionnaire for each location.

BSFK has five youth clubs within its existing Learning Centers where coordinators are engaged to implement activities from this UNFPA project, including the survey. Learning Centers coordinators assisted in finding possible researchers who are mainly young people from the Roma, Ashkali and Egyptian communities, living in the area where research had to be implemented. Since BSFK implemented research home-to-home, it was very important to have people who know well the area and the communities (or are themselves from the communities). Due to the sensitivity of the questions, a majority of the researchers were female.

BSFK organized a one day training for researchers where the goal and objectives of the research were presented. BSFK presented the questionnaire and the techniques to be used during the interview. Researchers also played a role in the training in order to learn from each other and make sure they understand each question correctly. Researchers engaged with Learning Centers coordinators and volunteers in the field in order to gather information from different areas.

BSFK staff was monitoring daily the information gathered in Google Forms, and were communicating with researchers if they needed any assistance. After finalization of the research, BSFK rechecked all information from the research. Information was converted into CVS and Excel in order to be used for analysis and for the report preparation.

## 3. Findings

Findings from the research will be presented individually for each municipality and as overall findings for all municipalities. BSFK gave special attention to the gender balance and in majority of cases (when applicable) numbers are segregated for gender, different age groups, ethnicity. It is difficult to present numbers and percentage in the graphics, and therefore percentages will be presented textually.

### 3.1 Household information

The survey was implemented in four municipalities of Kosovo - Fushë Kosovë/Kosovo Polje, Shtime/Shtimlje, Gracanica/Gracanicë and Obiliq/Obilic (Plemetina village). The main target population were Roma, Ashkali and Egyptian communities. BSFK did not aim to interview all families living in these target municipalities, however, more than 40% of the Roma, Ashkali and Egyptian families in each municipality were interviewed.

Ethnicity	Fushë-Kosovë/ Kosovo-Polje	Obiliq/Obilic (Plemetina village)	Gracanica/ Gracanicë	Shtime/ Shtimlje	TOTAL
Ashkali	315	34	9	47	405
Roma	23	50	46	3	122
Egyptian	46	0	0	0	46
Didn't declare			1		1
Totals	384	84	56	50	574
Percentage	66.90%	14.63%	9.76%	8.71%	

**Table 1. Household information divided by municipality and ethnicity.**

As elaborated in table 1, BSFK finalized questionnaire in 574 households. 384 (66.90%) households were interviewed in Fushë Kosovë/Kosovo Polje, 84 (14.63%) in Obiliq/Obilic (Plemetina village), 56 (9.76%) in Gracanica/Gracanicë, and 50 (8.71%) in Shtime/Shtimlje. In total 405 respondents are from Ashkali community, 122 Roma, 46 Egyptians and 1 household preferred not to declare ethnicity.



## 3.2 Age of the family members

There are 3125 individuals living in the 574 surveyed households in the four municipalities. Of those, 1594 (51.01%) male and 1531 (48.99%) are female. As elaborated in the table below, 1605 people (51.36%) are under the age of 18. Based on these numbers, it is clearly visible that majority of the population in these three communities is under age of 18.

There are 487 (15.58%) children ages 0-5. Of those, 274 (8.77%) are male and 213 (6.82%) are female. Based on this finding, and as well discussions in the families, a majority of the families are keen to give birth in order to receive social assistance from the institutions. This trend of having high natality in the communities will contribute to bad socio-economic conditions of the child and the family in the future.

Out of 3125 people surveyed, there are only 80 (2.56%) people over 65 years of age. This finding is elaborated in previous BSFK reports related to the shorter life expectancy in Roma, Ashkali and Egyptian communities which is still a phenomenon in these three communities.

Numbers divided by age groups segregated by gender in 4 municipalities			% of age groups segregated by gender in 4 municipalities		
Age groups	Male	Female	Male	Female	Total
0-5 years	274	213	8.77%	6.82%	15.58%
6-14 years	411	367	13.15%	11.74%	24.90%
15-17 years	207	133	6.62%	4.26%	10.88%
18-39 years	395	510	12.64%	16.32%	28.96%
40-64 years	276	259	8.83%	8.29%	17.12%
Over 65 years	31	49	0.99%	1.57%	2.56%
Totals by gender	1594	1531	51.01%	48.99%	100.00%
Totals by gender	3125		100%		

**Table 2. Numbers of the family members divided by age groups and segregated by gender**

Below are numbers segregated for each municipality. Tables are not described since the situation is similar as above.

Fushë-Kosovë/Kosovo Polje		
Age groups	Male	Female
0-5 years	202	148
6-14 years	286	220
15-17 years	125	84
18-39 years	246	342
40-64 years	182	183
Over 65 years	23	39
<b>Totals</b>	<b>1067</b>	<b>1016</b>

Obiliq/Obilic (Plemetina village)		
Age groups	Male	Female
0-5 years	31	20
6-14 years	70	83
15-17 years	58	27
18-39 years	68	73
40-64 years	45	44
Over 65 years	1	3
<b>Totals</b>	<b>273</b>	<b>250</b>

Gračanica/Graçanicë		
Age groups	Male	Female
0-5 years	27	15
6-14 years	28	25
15-17 years	12	10
18-39 years	37	50
40-64 years	23	9
Over 65 years	0	1
<b>Totals</b>	<b>127</b>	<b>110</b>

Shtime/Shtimlje		
Age groups	Male	Female
0-5 years	14	30
6-14 years	27	39
15-17 years	12	12
18-39 years	41	45
40-64 years	23	23
Over 65 years	7	6
<b>Totals</b>	<b>127</b>	<b>155</b>

**Tables 3, 4, 5 and 6. Numbers of the family members divided by age groups and segregated**



### 3.3 Early marriage

Early marriage remains serious problem in Ashkali, Egyptian and Roma communities. Out of 574 households, there are 53 cases of early marriage (under age 18) in the last five years.

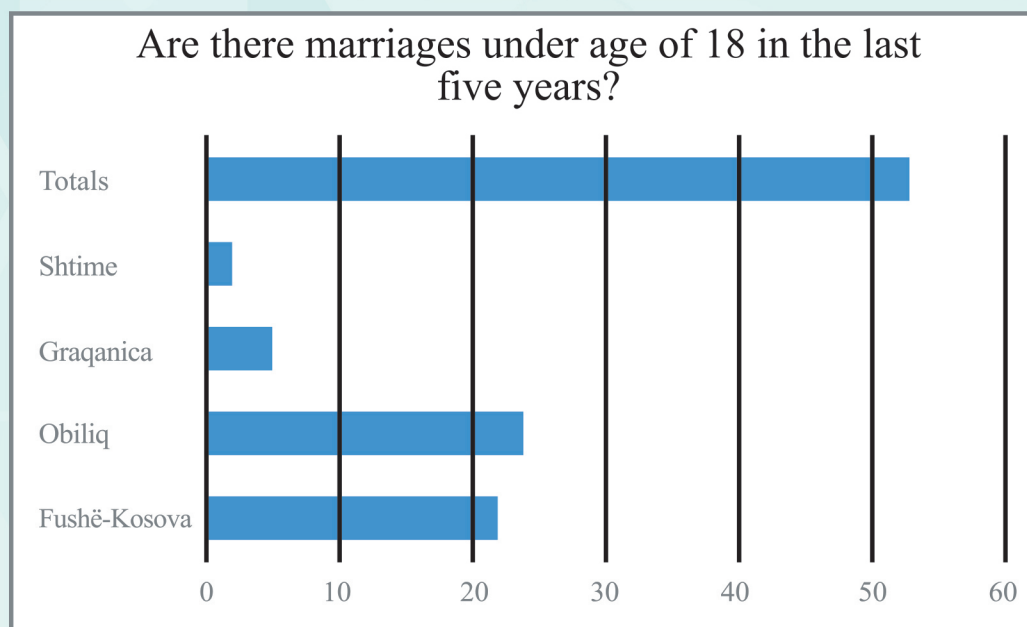


Figure 1. Number of the marriages under age 18 in the last 5 years.

### 3.4 Pregnancy

As elaborated in the table 2, the natality rates in Roma, Ashkali and Egyptian communities remain high from year to year. There are 43 (7.5%) women pregnant out of the 574 families surveyed. Unfortunately, 15 of these women are under age of 18. See table below for statistics for each location.

Early marriage and pregnancy at a young age among Roma, Ashkali and Egyptians constitutes a significant physiological and psychological risk for the adolescent women whose bodies are not yet ready for such processes. The problem becomes even more acute if we consider that, with or before the early marriage or pregnancy, the young women usually drop out of school. Those who leave school early are most likely to have low awareness of how to take care of their own and their children's health.

Pregnant women	
Location	Cases
Fushë-Kosovë/Kosovo Polje	22
Obiliq/Obilic (Plemetina village)	10
Gracanica/Gracanicë	10
Shtime/Shtimlje	1
<b>Totals</b>	<b>43</b>

Pregnancy under age 18	
Location	Cases
Fushë-Kosovë/Kosovo Polje	3
Obiliq/Obilic (Plemetina village)	6
Gracanica/Gracanicë	6
Shtime/Shtimlje	0
<b>Totals</b>	<b>15</b>

Table 7. Numbers of the pregnant women, and numbers of the pregnant women under age 18

### 3.5 Gynecologist visits

Roma, Ashkali, and Egyptian communities are not using health care services as much as they should. According to statistics from the survey, related to the antenatal services, an alarmingly high number of Roma, Ashkali and Egyptian women are not visiting a gynecologist during their pregnancy.

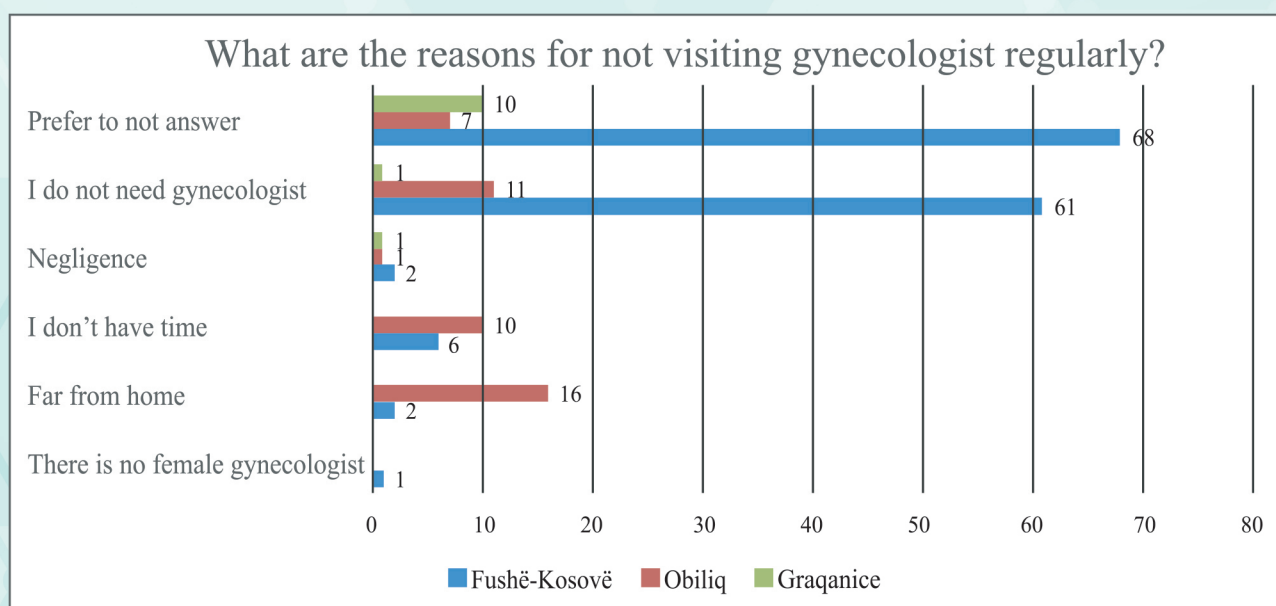
As elaborated in table 8, 60.94% of the women in Fushë Kosovë/Kosovo Polje didn't visit the gynecologist regularly. In Obiliq/Obilic (Plemetina village), 71.15% didn't visit the gynecologist regularly. In Gračanica/Graçanicë, 7 out of 15 women (46.67%) didn't visit the gynecologist regularly. In Shtime/Shtimlje, only 2 women responded and both of them confirmed that they had regular visits at the gynecologist.

All women who had pregnancy were asked about gynecologist visits.

Gynecologist visit			
Location	Yes	No	% not visiting
Fushë-Kosovë/Kosovo Polje	75	117	60.94%
Obiliq/Obilic (Plemetina village)	15	37	71.15%
Gračanica/Graçanicë	8	7	46.67%
Shtime/Shtimlje	2	0	0.00%
<b>Totals</b>	<b>100</b>	<b>15</b>	<b>15</b>

**Table 8. Numbers of the women who visited regularly gynecologist**

When asked about the reasons for not visiting gynecologist regularly, respondents had multiple options to choose from. A majority of respondents selected: "I do not need a gynecologist"; "I prefer to not answer"; "I don't have time"; and "far from home".



**Figure 2. What are the reasons for not visiting gynecologist regularly?**



### 3.6 Reproductive health education

Low reproductive health education and access to antenatal care may contribute to home births in unhygienic conditions still being a common practice among Roma, Ashkali, and Egyptians in Kosovo. This practice is not only dangerous to the child but risky for the mother's health as well. Further dangers to the health of Roma women include frequent births (specific to young mothers), poor nutrition, and lack of effective services about family planning. Furthermore, Roma, Ashkali, and Egyptian women are "most susceptible to health risks arising from substandard living conditions" because they spend more time in the house than their male counterparts. Roma, Ashkali, and Egyptian women find themselves in this position of vulnerability from a young age in part because of the cultural tradition of early marriage.

Of those surveyed, 179 women confirmed that they have knowledge about reproductive health, 344 women said they don't, and 50 women prefer to not answer. Unfortunately, 60% of the women declared that they do not have information about sexual and reproductive health. This is very high and contributes to high pregnancy and birth rates. Another reason for high birth rates is that in order to receive social assistance, a family must have a child younger than 5 years. Due to very bad socio-economic situation, majority of the families decide to have babies and be eligible for social assistance.

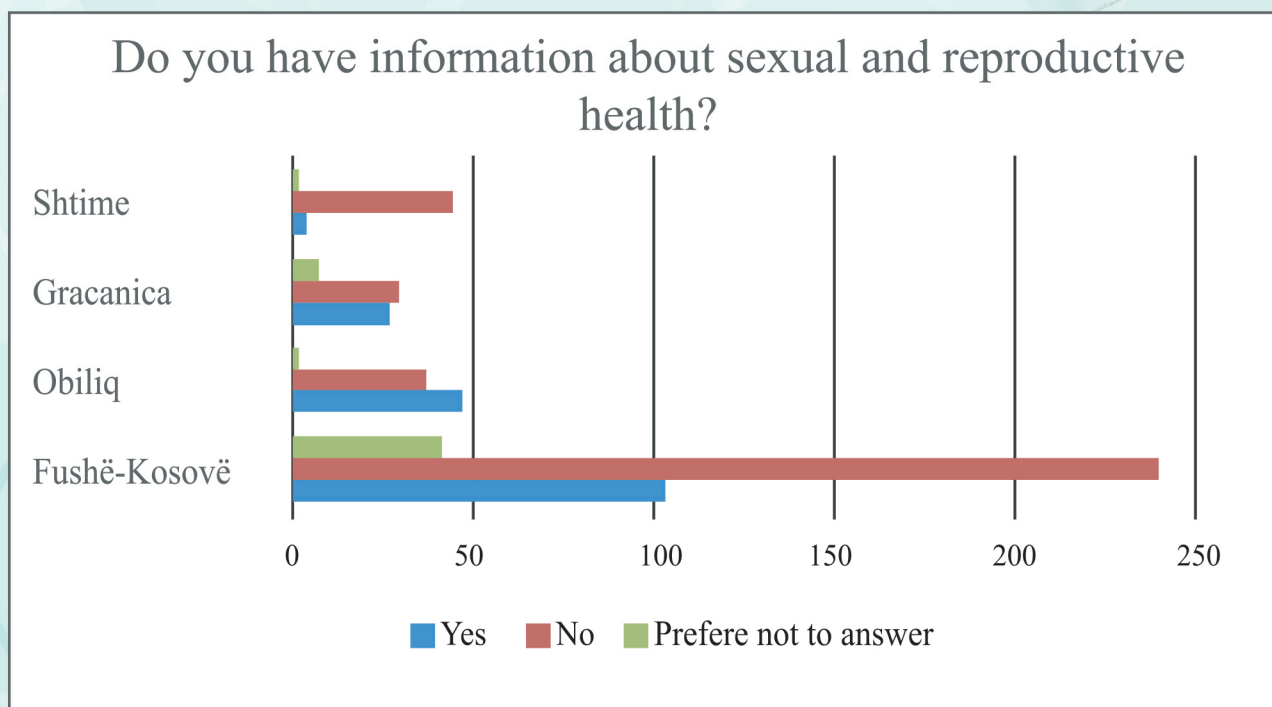


Figure 3. Do you have information about the sexual and reproductive health?

## 3.7 Family planning

Another vital component of health education is family planning because it contributes to reducing poverty and mortality, empowering women, and improving environmental sustainability. These are issues that the Roma, Ashkali, and Egyptian communities of Kosovo face, and thus family planning should be a key consideration in any strategy to empower these communities and reduce health and economic disparities from which these communities disproportionately suffer.

The cost of modern contraceptives and lack of awareness and knowledge are some of the reasons for not using them, but a lack of knowledge about and use of contraceptives reflects gender discrimination, stereotyping, and limited bargaining power on the part of women. The lack of education among women in the Roma, Ashkali, and Egyptian communities leads to disempowerment in decision-making regarding family planning. Unfortunately, more than 75% of the women (435 women) reported that they didn't use contraceptives.

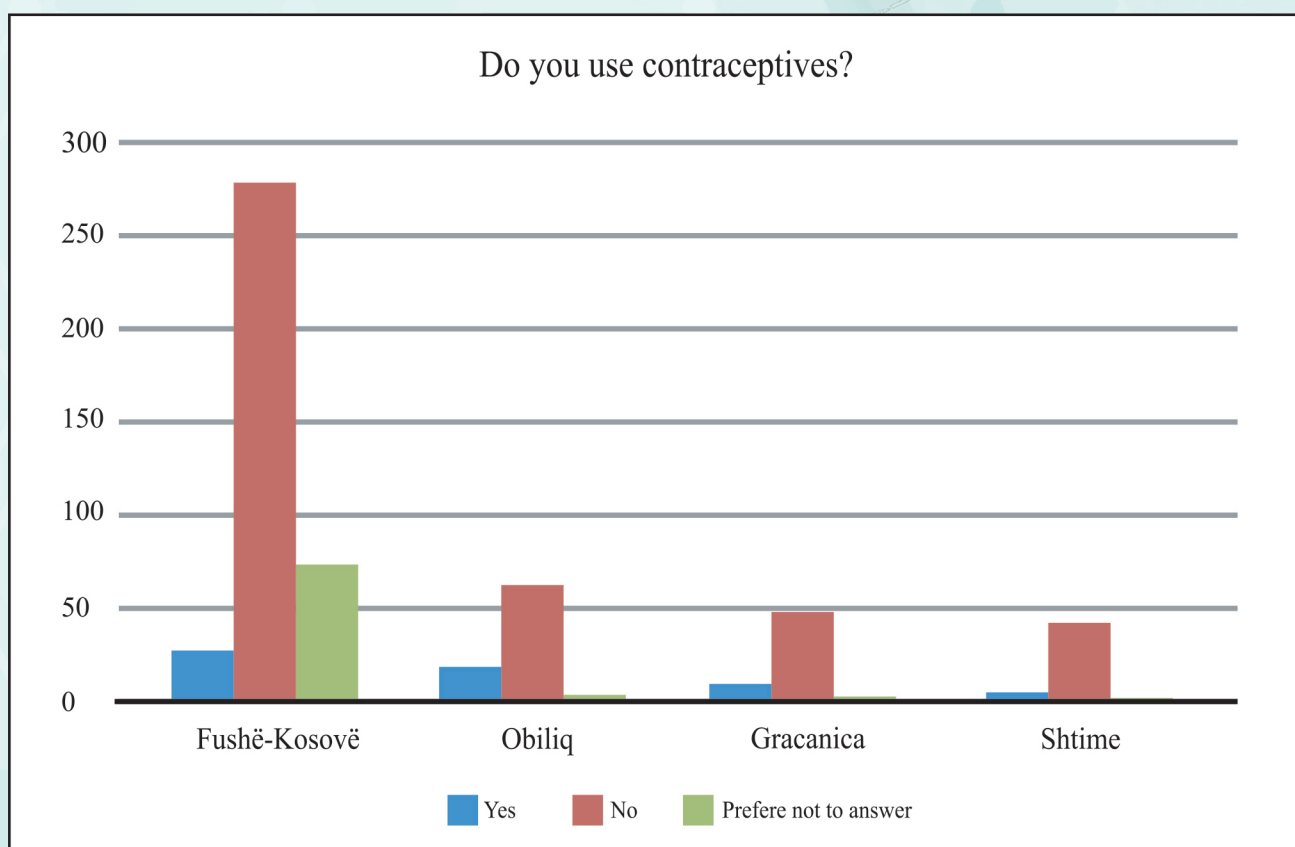
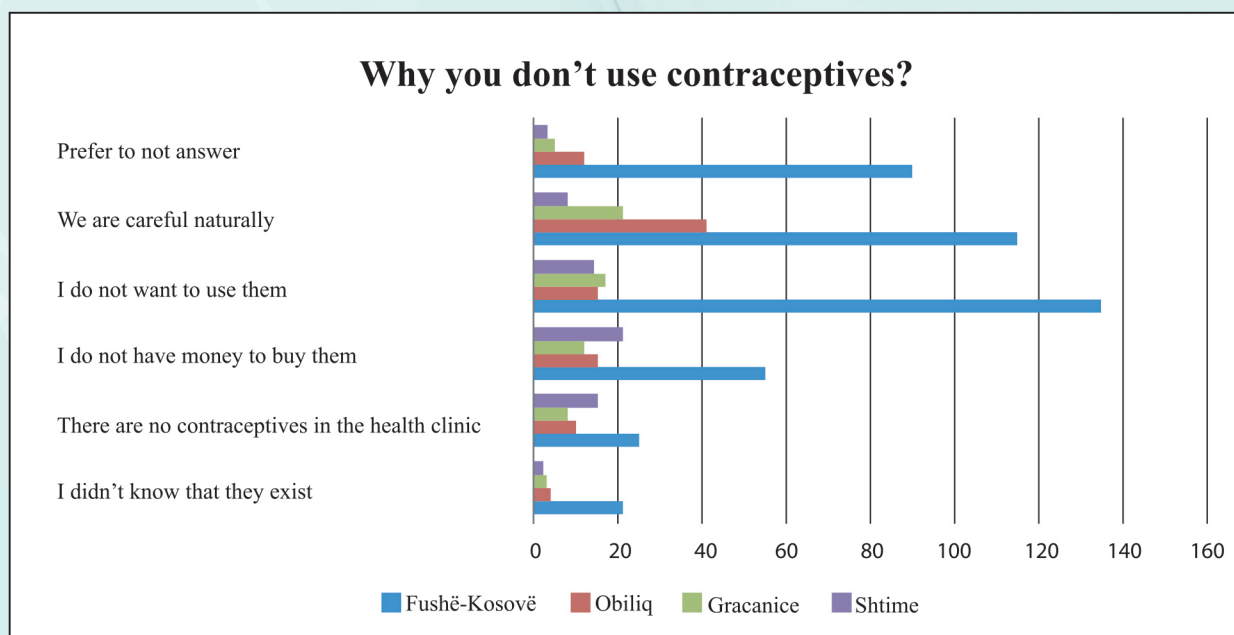


Figure 4. Do you use contraceptives?

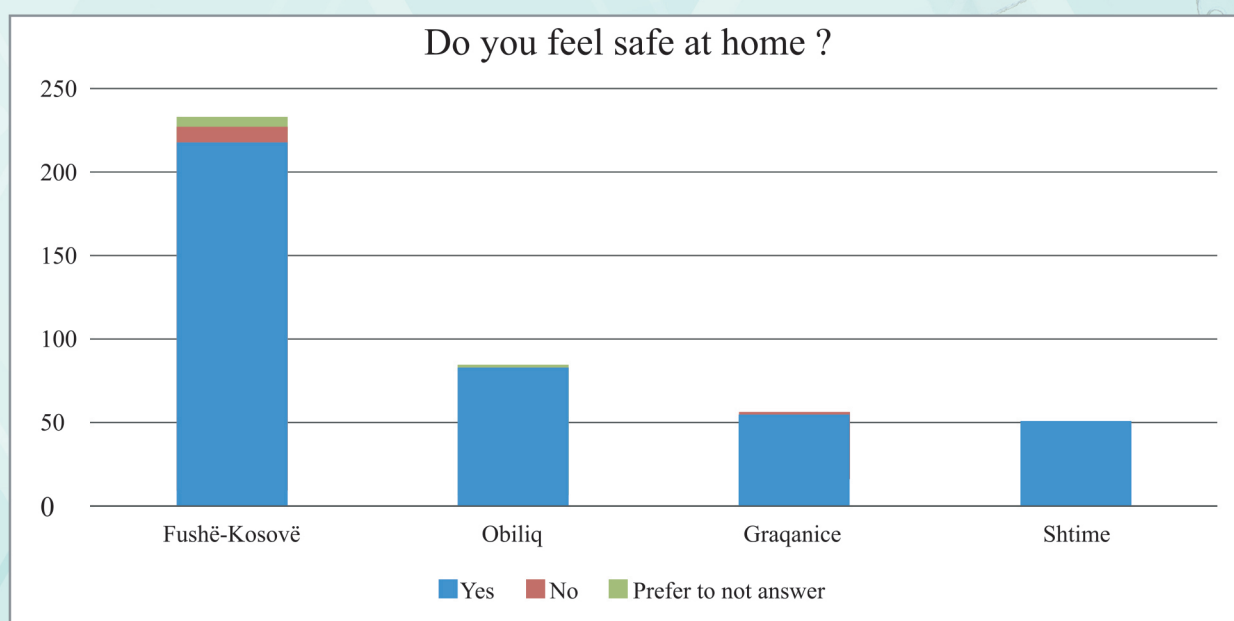
When we asked why do you not use contraceptives, women had possibility to choose from multiple answers. The answers are presented in figure 5. A majority of respondents (185) said that they are taking care naturally, 181 respondents said that they do not want to use them, 110 prefer to not answer, and 30 said that they do not know they exist.



**Figure 5. Why you don't use contraceptives?**

### 3.8 Domestic violence

One of the questions in the survey was “Do you feel safe at home?”. BSFK is aware that a majority of the women do not report domestic violence for various reasons. Therefore, we believe that the results from the survey are not realistic. Out of 423 respondents, 11 confirmed that they do not feel safe at home, and 7 prefer to not answer.

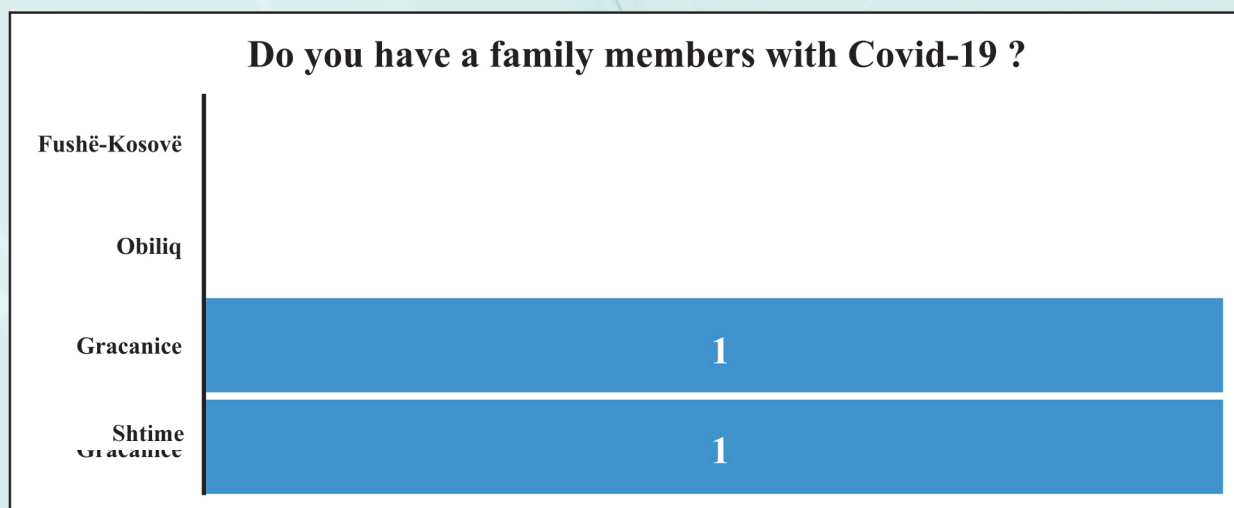


**Figure 6. Do you feel safe at home?**

### 3.9 Members of the families with Covid-19

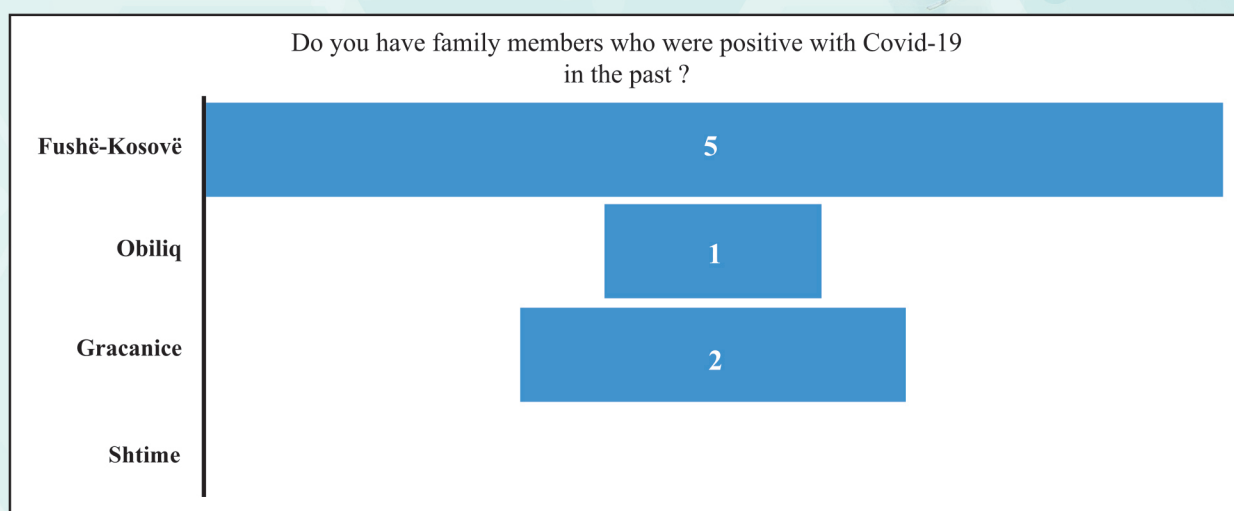
Out of 574 families, only two households stated that they have family members with Covid-19. Of those surveyed, 11 families preferred not to answer. BSFK is not sure if the families who prefer not to answer have family members infected with Covid-19, but based on the researchers' feedback it is possible that those families hesitate to confirm that they have people in the family infected with Covid-19.





**Figure 7. Do you have a family members who are positive with Covid-19?**

Families were asked if in the past they had family members infected with Corona virus. 8 families in total confirmed that they had family members with COVID-19 in the past. 8 families preferred to not answer. Similarly, BSFK believes that these families as well had family members with Covid-19.

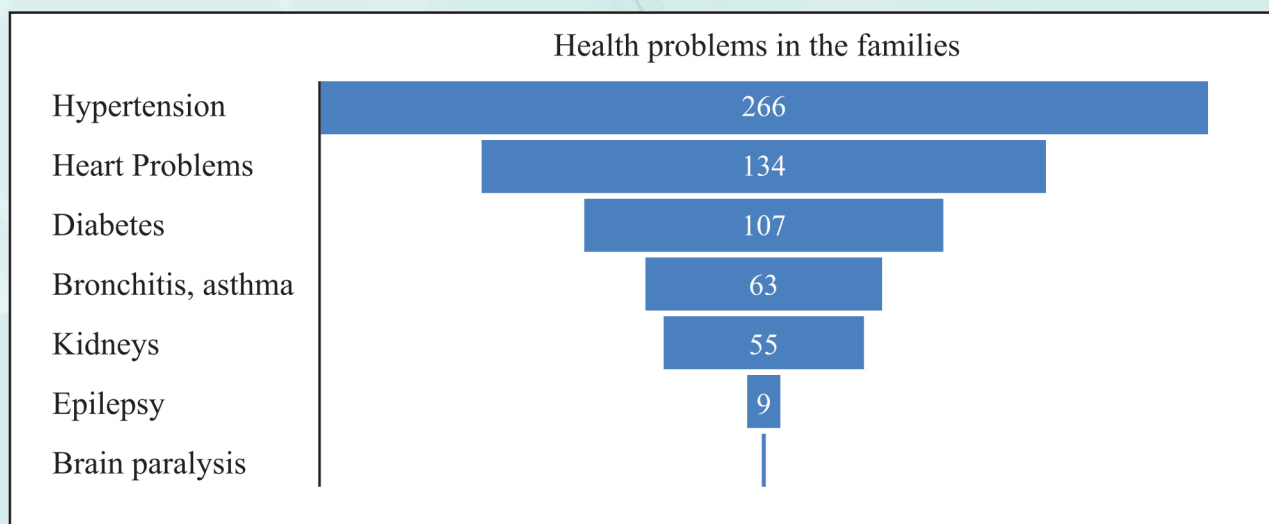


**Figure 8. Did you have family members who were positive with Covid-19 in the past?**

### 3.10 Health problems in the families

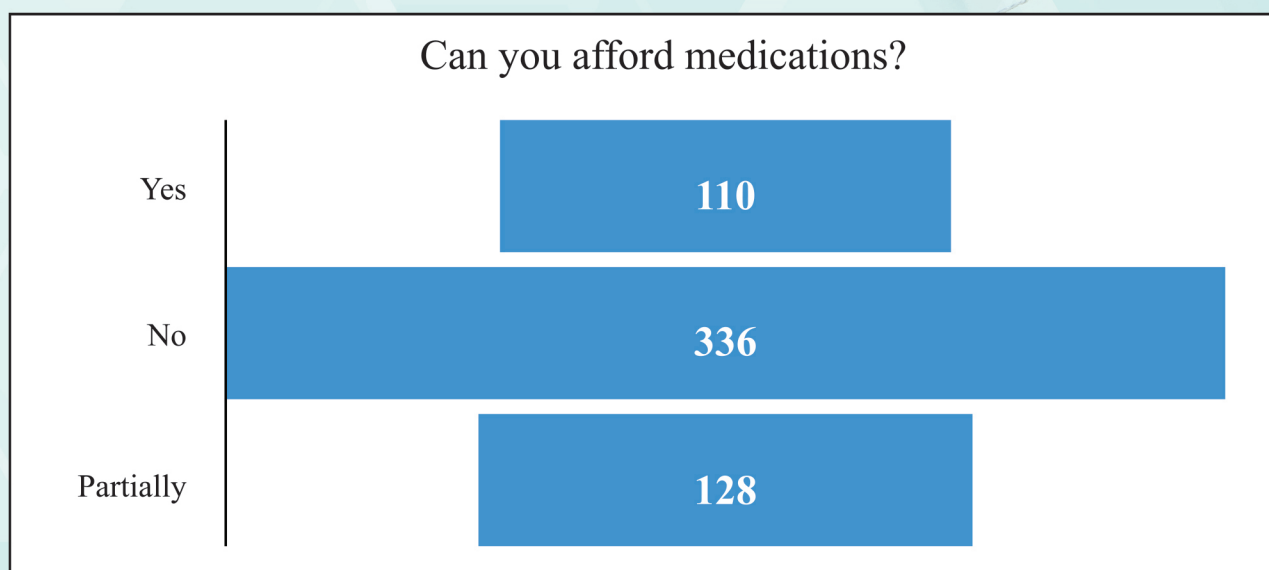
The most prevalent diseases are presented in figure 9. As we can see, 266 families stated that they have problem with hypertension which is the most common problem in the communities; 134 families said that they have members of their families with heart problems; 107 families stated that members of their family have diabetes; 63 families have problems with bronchitis and asthma; 55 families have problems with kidneys.





**Figure 9. Health problems in the families**

Families were asked if they can afford medications. Of those surveyed, 336 families said no; 110 families said yes; and 128 families said they can partially afford. We would like to mention that not all families have serious health problems, and those stated that they can afford medications.



**Figure 10. Can you afford medications?**

### 3.10 Health problems in the families

Related to the people with disabilities, there are 33 cases with different disabilities issues. Of these, there are 8 people who are handicapped, 8 people who are blind, 8 people are deaf, and 9 people with mental psychosis. The figure below, displays the data for each municipality.

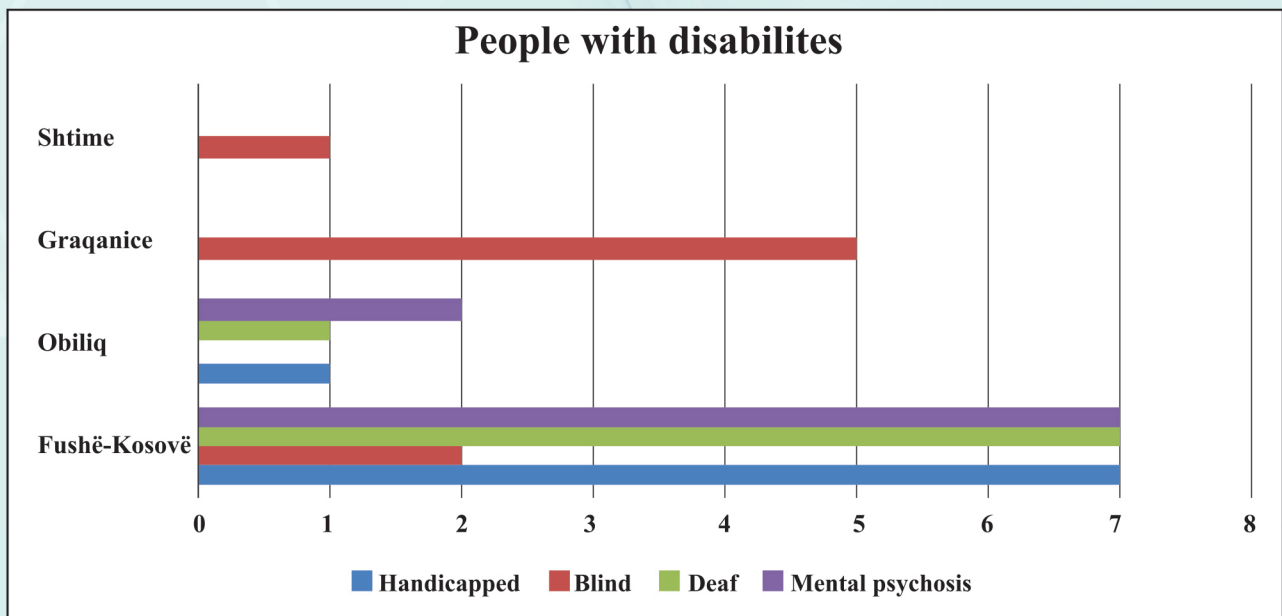


Figure 11. People with disabilities

## 4. Conclusions

This report presents some of the main findings related to the health situation in Roma, Ashkali and Egyptian communities in four municipalities of Kosovo. Based on BSFK's years of experience in these communities, we believe the situation of the Roma, Ashkali and Egyptian communities in other municipalities will likely be similar.

Even though Kosovo institutions have endorsed the *Strategy for Inclusion of Roma and Ashkali in Kosovo Society 2017-2021*, and one of the components therein is health, a majority of the activities foreseen in the strategy are not implemented. Many municipalities with considerable numbers of the Roma, Ashkali and Egyptian communities endorsed Local Action Plans (LAP) for inclusion of Roma, Ashkali and Egyptian communities, but unfortunately implementation of those LAPs remain poor.

Information from this research presents the realistic situation in which Roma, Ashkali and Egyptian communities find themselves:

1. More than 50% of the population in the four municipalities surveyed is under age of 18.
2. Only 2.56% of people are older than 65 years.
3. There are 53 cases of the early marriage (under 18) in the last five years.
4. There are 43 women who are pregnant, from whom 15 (35%) are under age of 18.
5. More than 60% of the women (161 out of 261) don't have regular visits at the gynecologist.
6. Almost 60% of the respondents (344 out of 574) don't have information about sexual and reproductive health.



7. Approximately 75% of the respondents (435 out of 574) don't use contraceptives.
8. There are low numbers of the positive cases with Covid-19 in the communities.
9. The main health problems in communities are: hypertension (266), heart problems (134), diabetes (107), bronchitis and asthma (63), kidneys problems (55).
10. Almost 60% of the respondents said they cannot afford medications.
11. There are 33 people with special needs in the four municipalities.

## 5. Recommendations

Kosovo institutions failed to implement policies aiming improvement of the health in Roma, Ashkali and Egyptian communities. While some activities have to be implemented by different stakeholders, we recommend the following:

1. Multisectoral approach is needed in order to tackle problems from different perspectives.
2. Municipal Health Departments have to ensure that health institutions increase the numbers of the home visits of the doctors in the Roma, Ashkali and Egyptian communities.
3. Municipalities have to create and regularly update database for immunization of the children.
4. Municipal health centers should intensify their activities in providing primary care to mothers and children from the Roma, Ashkali and Egyptian communities before, during and after birth.
5. Health institutions should take in consideration allocation of specific budget to deal with specific health issues in Roma, Ashkali and Egyptian communities.
6. Municipal Health Directorates and health institutions should organize health awareness activities in Roma, Ashkali and Egyptian communities.
7. Roma, Ashkali and Egyptian communities should be informed about awareness campaigns and as well services offered by health institutions.
8. Health institutions should organize periodical mammography for Roma, Ashkali and Egyptian women in local level.
9. Municipalities should engage health mediators in the areas where Roma, Ashkali and Egyptian communities live.
10. Municipalities should support medicaments for the most vulnerable Roma, Ashkali and Egyptian communities.
11. Long-term commitment and financial resources must be allocated by Kosovo institutions.

14. Kosovo institutions should improve monitoring, evaluation and reporting systems related to the health issues in the three communities.
15. Increase awareness of the health institutions related to the health problems that Roma, Ashkali and Egyptian communities face.
16. Donor support and coordination is needed to realize health projects for Roma, Ashkali and Egyptian communities.
17. International mechanisms and media should pressure Kosovo institutions and insist for the implementation of the health activities in the Roma, Ashkali and Egyptian communities.
18. Political parties representing needs of the three communities should make political pressure toward Kosovo institutions at the central and local level in order to ensure implementation of the legal framework and policies.
19. Learning Centers and youth from the communities can have important role in the implementation of the health activities in the communities.







# Health in Kosovo's Roma, Ashkali and Egyptian Communities

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