

Republic of Kosovo

and

Roma, Ashkali and Egyptian Communities in the Republic of Kosovo 2019–2020

Fertility & Family Planning



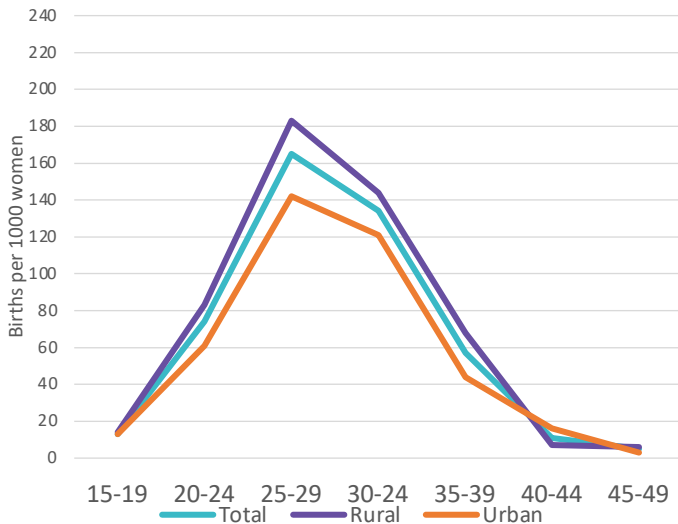
Multiple Indicator
Cluster Surveys



Fertility

Age Specific Fertility Rates

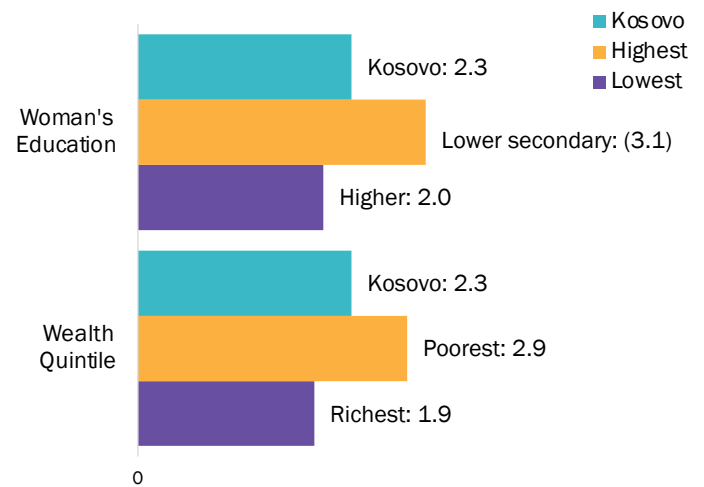
Kosovo



Age-specific fertility rates (ASFR) are the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

Total Fertility Rate

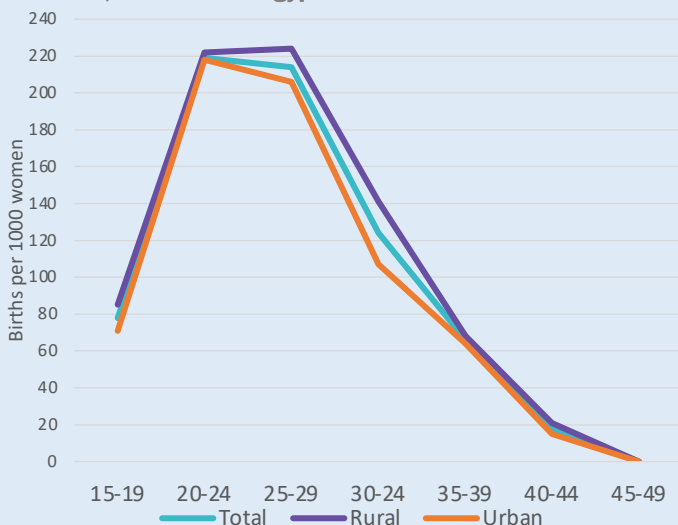
Kosovo



The total fertility rate (TFR) is calculated by summing the age-specific fertility rates (ASFRs) calculated for each of the five-year age groups of women, from age 15 through to age 49
() Figures that are based on 125–249 unweighted person-years of exposure

Age Specific Fertility Rates

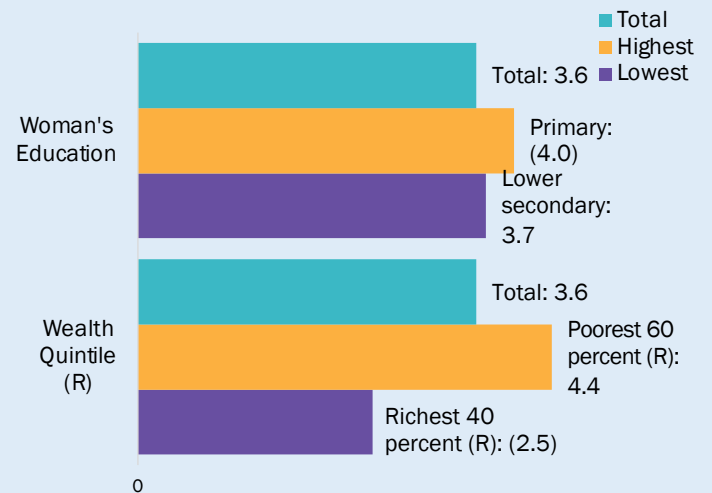
Roma, Ashkali and Egyptian Communities in Kosovo



Age-specific fertility rates (ASFR) are the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women
Data for women age 40–44 years and 45–49 years in rural areas and women age 45–49 years in urban areas, are based on 125–249 unweighted person-years of exposure

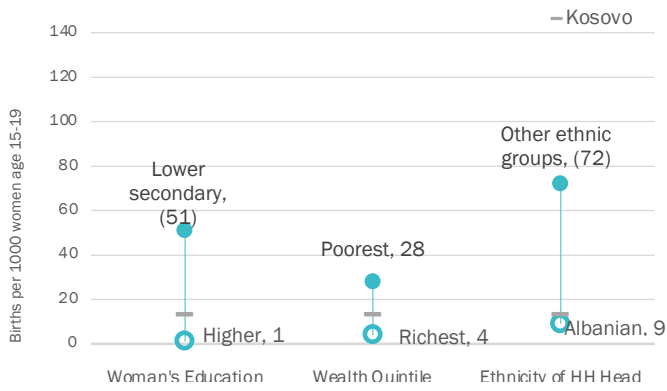
Total Fertility Rate

Roma, Ashkali and Egyptian Communities in Kosovo

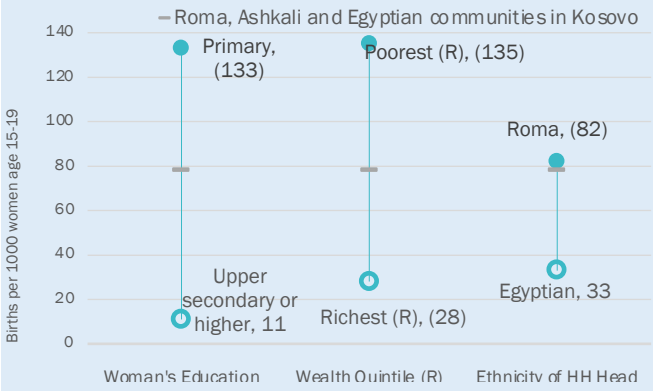


The total fertility rate (TFR) is calculated by summing the age-specific fertility rates (ASFRs) calculated for each of the five-year age groups of women, from age 15 through to age 49
() Figures that are based on 125–249 unweighted person-years of exposure

Adolescent Birth Rate: SDG indicator 3.7.2



Age-specific fertility rate for girls age 15–19 years for the three-year period preceding the survey
 () Figures that are based on 125–249 unweighted person-years of exposure

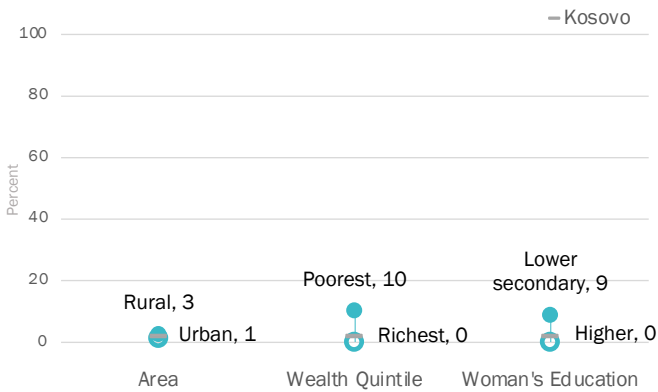


Age-specific fertility rate for girls age 15–19 years for the three-year period preceding the survey
 () Figures that are based on 125–249 unweighted person-years of exposure

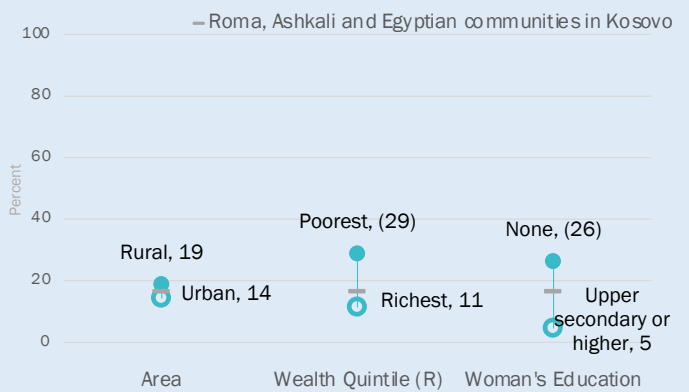
(R) The wealth index has been constructed using information on household assets and is assumed to capture underlying long-term wealth, ranking households by wealth, from poorest to richest. The calculations have been conducted separately on the sample for the Kosovo MICS and the sample for the Roma, Ashkali and Egyptian Communities in Kosovo MICS, using characteristics for each respective sample. The wealth scores calculated are therefore applicable for only the particular dataset they are based on and differ for the two surveys. Findings by wealth scores calculated for the Roma, Ashkali and Egyptian Communities in Kosovo MICS are indicated with an '(R)' in the charts.
Note: In the 2019–2020 Roma, Ashkali and Egyptian Communities in Kosovo MICS tables, denominators for wealth index quintiles are in some cases merged into two groups—the poorest 60 percent (bottom three wealth quintiles) and the richest 40 percent (top two wealth quintiles)—in order to allow for presentation of findings by wealth status.

Adolescent Birth rate SDG 3.7.2 indicator is under target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
 Reducing adolescent fertility and addressing the multiple factors underlying it are essential for improving sexual and reproductive health and the social and economic well-being of adolescents. Preventing births very early in a woman's life is an important measure to improve maternal health and reduce infant mortality.

Early Child Bearing – by Age 18

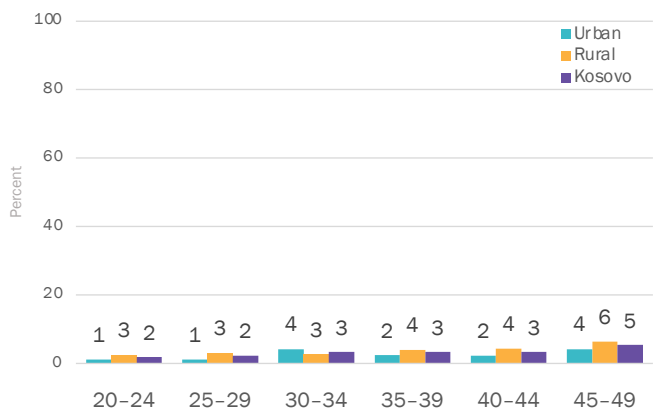


Percentage of women age 20–24 years who have had a live birth before age 18, by background characteristics

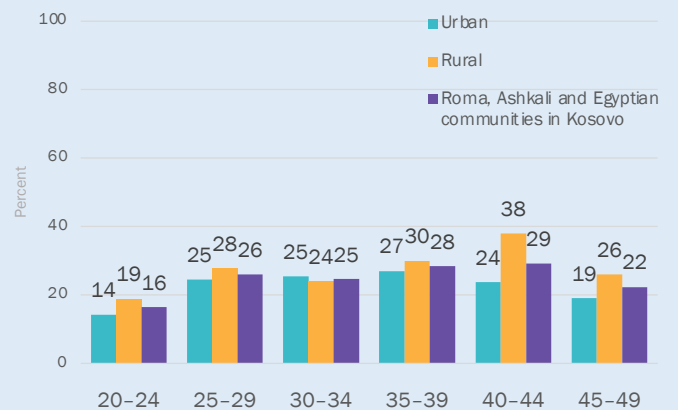


Percentage of women age 20–24 years who have had a live birth before age 18, by background characteristics
 () Figures that are based on 25–49 unweighted cases

Trends in Early Child Bearing – by Age 18



Percentage of women age 20–49 years who have had a live birth before age 18



Percentage of women age 20–49 years who have had a live birth before age 18

Family Planning

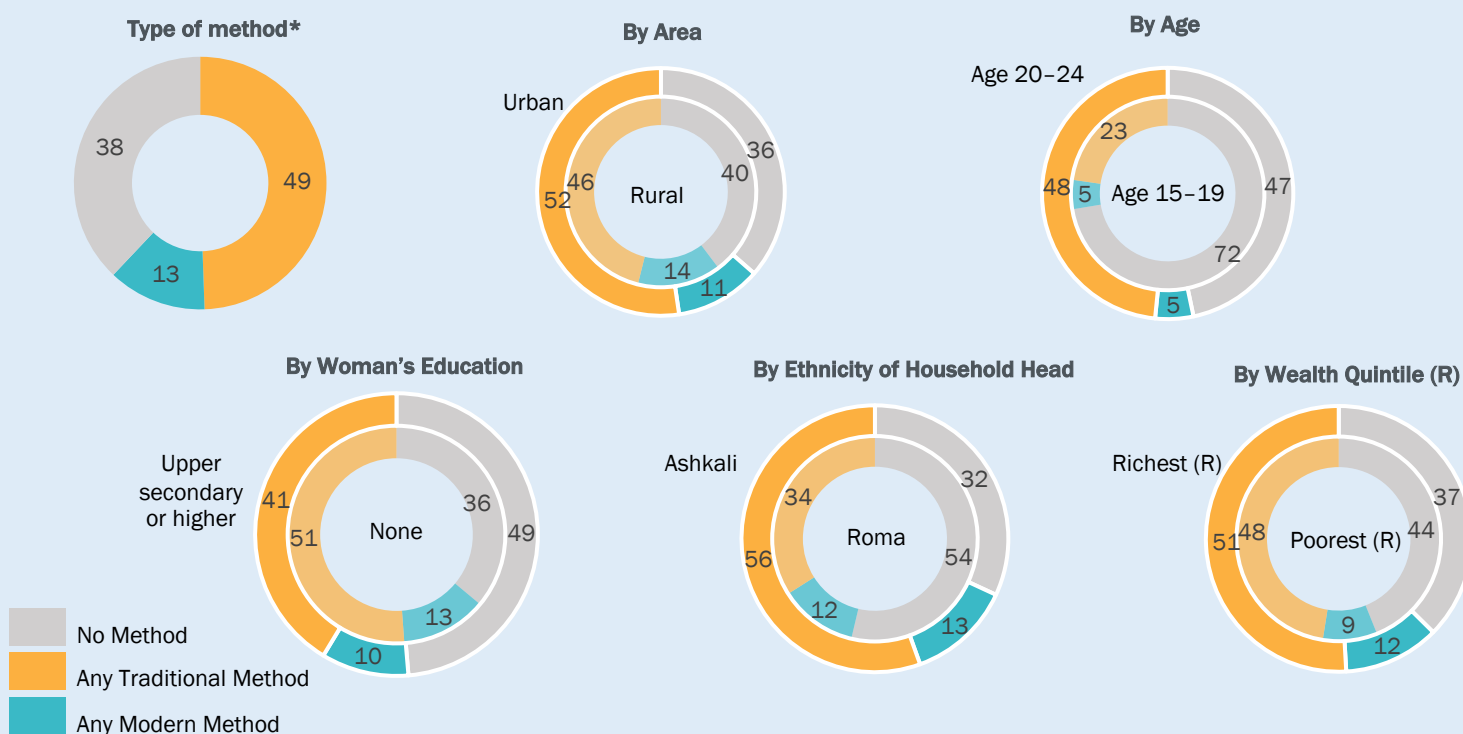
Method of Family Planning by Various Characteristics: Kosovo



Percentage of women age 15–49 years currently married or in union who are using (or whose partner is using) a contraceptive method
 *Modern Methods include female sterilization, male sterilization, IUD, injectables, implants, pills, male condom and contraceptive patch (no cases of female condom and diaphragm/foam/jelly were found). Traditional methods refer to periodic abstinence and withdrawal.

Data for women age 15–19 years are based on 25–49 unweighted cases

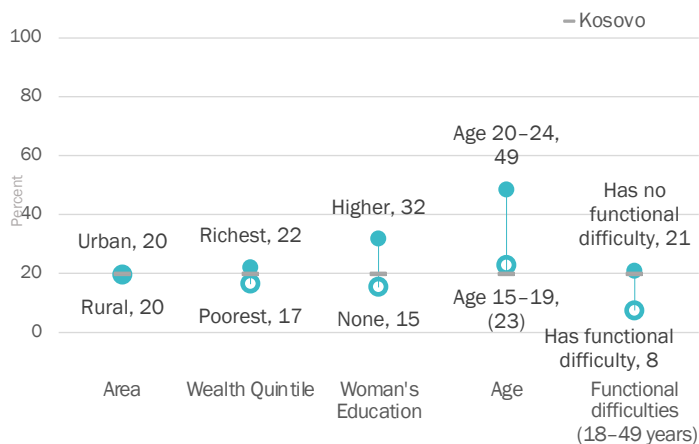
Method of Family Planning by Various Characteristics: Roma, Ashkali and Egyptian Communities in Kosovo



Percentage of women age 15–49 years currently married or in union who are using (or whose partner is using) a contraceptive method
 *Modern Methods include female sterilization, male sterilization, IUD, injectables, pills, male condom and female condom (no cases of implants, diaphragm/foam/jelly and patch were found). Traditional methods refer to withdrawal (no cases of periodic abstinence were found).

Met Need for Family Planning

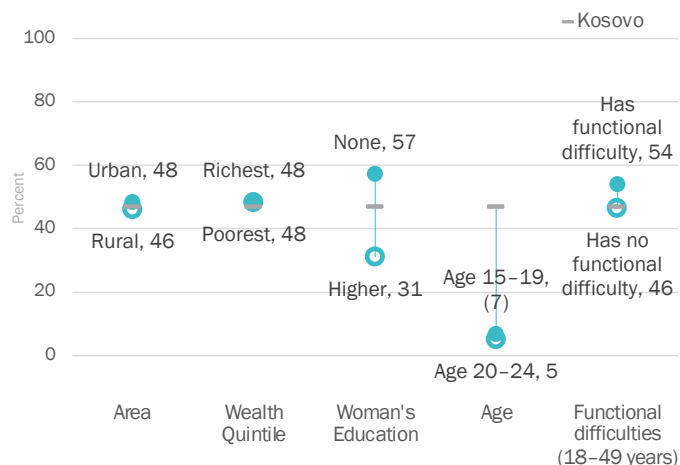
Met Need for Family Planning – Spacing



Percentage of women age 15–49 years currently married or in union with a met need for family planning for spacing, by background characteristics

() Figures that are based on 25–49 unweighted cases

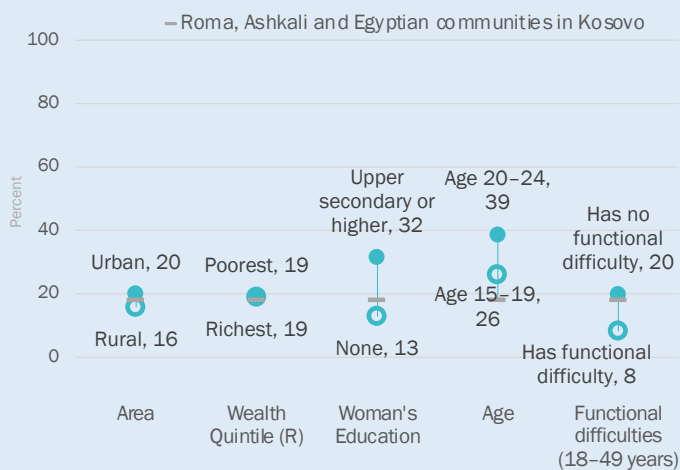
Met Need for Family Planning – Limiting



Percentage of women age 15–49 years currently married or in union with a met need for family planning for limiting, by background characteristics

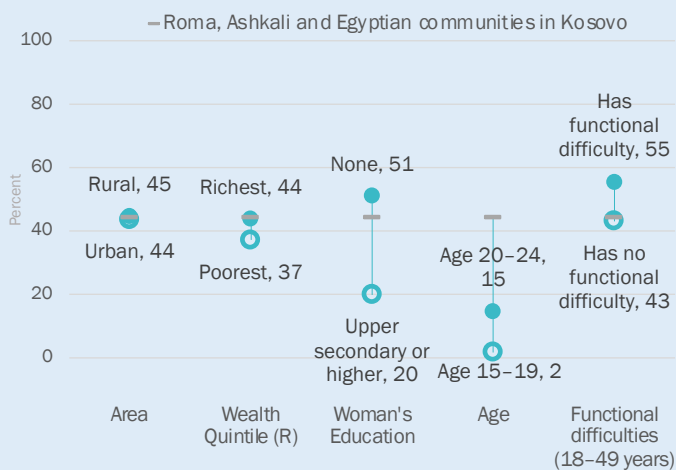
() Figures that are based on 25–49 unweighted cases

Met Need for Family Planning – Spacing



Percentage of women age 15–49 years currently married or in union with a met need for family planning for spacing, by background characteristics

Met Need for Family Planning – Limiting

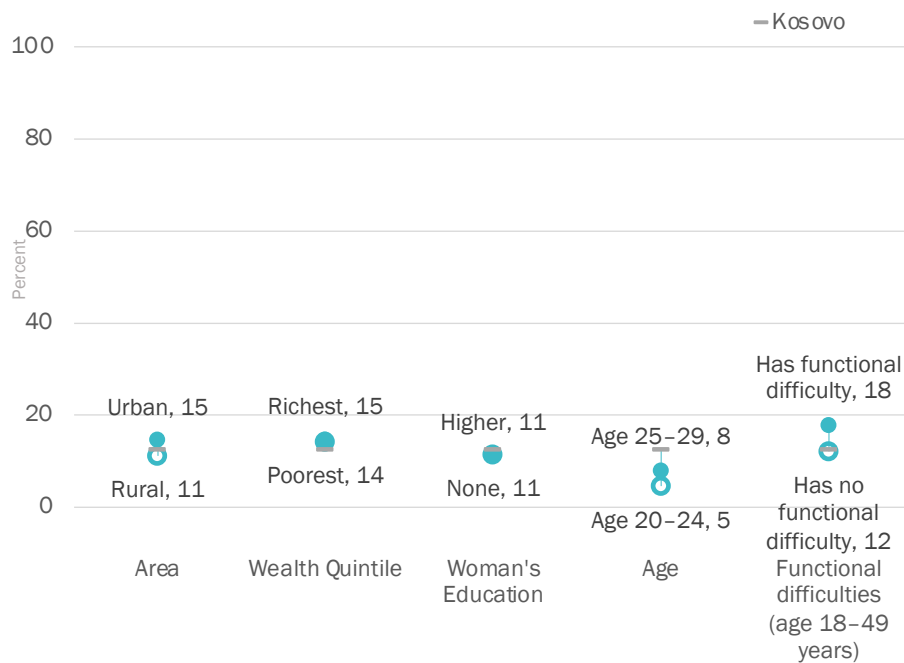


Percentage of women age 15–49 years currently married or in union with a met need for family planning for limiting, by background characteristics

Key Messages

- The total fertility rate in Kosovo is 2.3 live births per woman age 15–49 years. This increases to 3.6 live births among women living in Roma, Ashkali and Egyptian communities in Kosovo.
- It is noted that the birth rate for women age 15–49 years from the poorest wealth index quintile is higher compared to women living in the richest quintile (2.9 and 1.9 births during their lifetime respectively).
- The fertility rate peaks among women age 25–29 years in Kosovo. In Roma, Ashkali and Egyptian communities, women age 20–24 years and 25–29 years have the highest fertility.
- The adolescent birth rate is 7 times higher among women age 15–19 years living in households in the poorest wealth index quintile than those in the richest quintile.
- 1 in 50 women age 20–24 years have had a live birth before age 18 in Kosovo, however, the likelihood of women this age having a live birth before age 18 increases to 1 in 10 if they live in households in the poorest wealth index quintile. In Roma, Ashkali and Egyptian communities in Kosovo, 1 in 6 have had a live birth before age 18.
- Use of modern methods of contraception among women age 15–49 years currently married or in union is very low: 9 percent for Kosovo overall and 13 percent for women living in Roma, Ashkali and Egyptian communities in Kosovo.
- In Roma, Ashkali and Egyptian communities in Kosovo, among married/in union women with need for family planning, those age 20–24 years are least likely to have their demand for family planning satisfied using modern methods (7 percent).

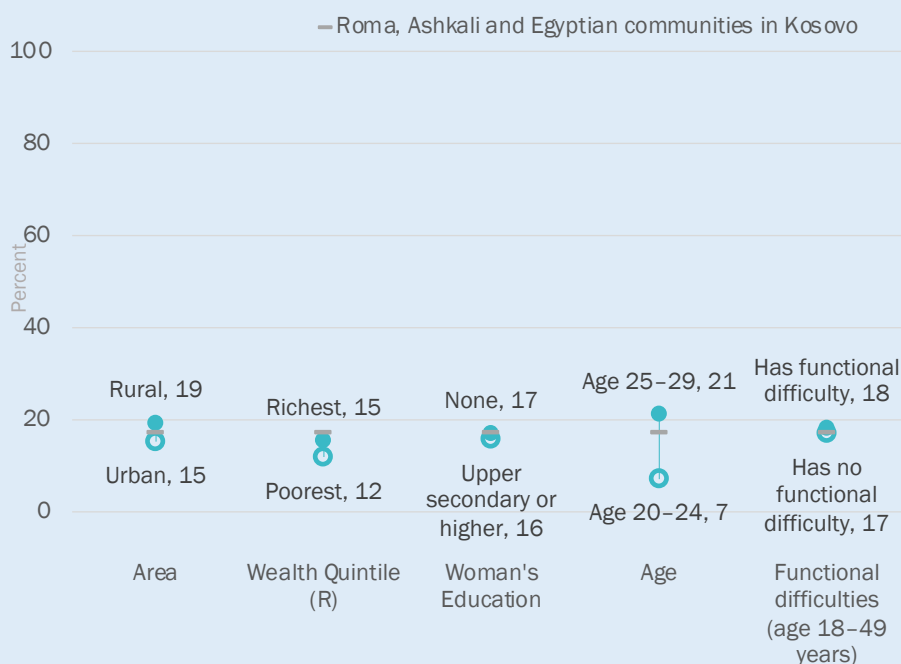
Percentage of Demand for Family Planning Satisfied with Modern Methods – SDG indicator 3.7.1



The proportion of demand for family planning satisfied with modern methods (SDG indicator 3.7.1) is useful in assessing overall levels of coverage for family planning programmes and services.

Access to and use of an effective means to prevent pregnancy helps enable women and their partners to exercise their rights to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so.

Meeting demand for family planning with modern methods also contributes to maternal and child health by preventing unintended pregnancies and closely spaced pregnancies, which are at higher risk for poor obstetrical outcomes.



The Kosovo Multiple Indicator Cluster Survey (MICS) and the Roma, Ashkali and Egyptian Communities in Kosovo MICS were carried out in 2019–2020 by the Kosovo Agency of Statistics (KAS) as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF), with funding provided by the Ministry of Finance (MoF), the Government of Luxembourg, the Millennium Foundation Kosovo (MFK), UNICEF, the United Nations Kosovo Team (UNKT), United Nations Population Fund (UNFPA) and UN Women.

The objective of this snapshot is to disseminate selected findings from the 2019–2020 Kosovo MICS and the 2019–2020 Roma, Ashkali and Egyptian Communities in Kosovo MICS related to Fertility and Family Planning. Data from this snapshot can be found in tables TM.1.1, TM.2.1, TM.2.2W, TM.2.3W, TM.3.1 and TM.3.3 (indicated with the letter 'R' for the Roma, Ashkali and Egyptian Communities in Kosovo MICS) in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on mics.unicef.org/surveys.