

## Gender inequity in Kosovo and its relationship to prenatal care

Kristefer Stojanovski

*K Stojanovski<sup>1</sup>, T Janevic<sup>2</sup>, I Hoxha<sup>3</sup>, A Holla<sup>4</sup>*

<sup>1</sup>Center for Regional Policy Research and Cooperation, Studiorum, Skopje, Macedonia

<sup>2</sup>Department of Epidemiology, Rutgers University School of Public Health, Piscataway, NJ, USA

<sup>3</sup>Institute for Social and Preventive Medicine, University of Bern, Bern, Switzerland

<sup>4</sup>Human Development Network, The World Bank Group, Washington, DC USA

Contact: kristefers@gmail.com

### Introduction

Gender inequity is an issue in the Balkans and may contribute to poor maternal health outcomes. Our objective was to examine differences in gender empowerment and prenatal care among Romani, Ashkali, Egyptian (RAE), Serbian, and Albanian women in Kosovo.

### Methods

We surveyed n = 603 Romani, Serbian, and Albanian women in Kosovo aged 16 to 45 who had given birth in the past two years, between November 2012 and February 2013 using purposeful snowball sampling. Log-binomial and multinomial regression models were computed to examine associations between ethnicity, and empowerment; as well as to examine the relationship between empowerment and adequate prenatal

care (4 or more visits) and the potential modifying effect of ethnicity on this relationship.

#### **Results**

In preliminary analyses, 87% of all women were not involved in the labour workforce. Sixty-six percent of all women were jointly involved in household resource decision making, 30% were excluded, and only 3% were sole decision-makers. Forty-two percent of women responded being sole healthcare decision makers, 43% were jointly involved, and 15% were excluded. Only 18% of RAE women were sole healthcare decision-makers, as compared to 44% in Albanian women, and 64% in Serbian women; and 33% of RAE women were fully excluded from healthcare decisions (p-value = 0.000). RAE and Albanian women had similar rates of exclusion from household resource decisions, 39% and 44%, as compared to 10% in Serbian women (p-value = 0.000). Additionally, 19% of RAE women had less than four prenatal care visits, as compared to only 5% in Albanian and 1% in Serbian women (p-value = 0.000).

#### **Conclusion**

Preliminary findings show that women of various ethnic groups in Kosovo experience different levels of empowerment and prenatal care, with RAE women having worse outcomes. Additional analyses will further examine differences by ethnicity and empowerment, and also assess how ethnicity might modify the effect of empowerment on prenatal care.

#### **Key messages**

- Disparities in prenatal care services exist among women in Kosovo, with Roma, Ashkali and Egyptian (RAE) women having poorer outcomes
- Disparities in gender equity also exist and may exacerbate poor reproductive health, particularly poorer prenatal care service