

# ABORT

AN ANALYSIS OF INDUCED ABORTIONS AND WOMEN'S REPRODUCTIVE HEALTH FROM 1999 TO 2019

# IONS

BY ILIRIANA BANJSKA

# IN

# KOS

PRISHTINA, KOSOVO 2019

# OVO

artpolis<sup>o</sup>  
art and community center



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O V O



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# ACRONYMS

<b>BIRN</b>	Balkan Investigative Reporting Network
<b>IUD</b>	Intrauterine Device
<b>KWN</b>	Kosovo Women's Network
<b>MoH</b>	Ministry of Health
<b>UCCK</b>	University Clinical Center of Kosovo
<b>UN</b>	United Nations
<b>UNFPA</b>	United Nations Population Fund
<b>UNMIK</b>	United Nations Interim Administration In Kosovo

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# EXECUTIVE SUMMARY

This report looks into different matters related to induced abortions performed in Kosovo from 1999 to 2019. Generally speaking, very little factual information exists in Kosovo related to this subject, even though induced abortion has been legal and not contested politically since at least Yugoslav times. Numbers reported from the UCKK may show that there has been a drop in induced abortion rates, but this is not a realistic picture. For, women go to private clinics and at times are engaged in self-induced abortions by purchasing abortion pills at pharmacies. This report shows that throughout the years, private clinics perform illegal practices, such as working without a license and performing induced abortions after the tenth week of pregnancy. Outside of the realm of the health sector, women have been practicing self-induced abortions in different forms, from using traditional methods to buying so called abortion pills at pharmacies. Women did not have induced abortions solely due to unwanted pregnancies, gender-biased sex selection exists in Kosovo. Lastly, throughout the years in Kosovo, there has not been a correlation between the existing high knowledge of modern contraceptive methods and its relative low usage.

# INTRODUCTION

Every once in a while, the world gets to talking about induced abortion. It is usually when in certain parts of the world the right to induced abortion gets restricted, or in some cases even taken away. Recently, the state of Alabama passed legislature that makes it impossible for a woman to legally have an induced abortion. This bill includes victims of rape and/or incest. The only exception is when the life of the pregnant woman is endangered. In addition, doctors that perform induced abortions in Alabama can get up to ninety-nine years in prison.<sup>1</sup> These types of laws reflect the ideas these senators have on induced abortion. It seems to be a moral matter that a collective can form decisions about, instead of a personal decision and an individual right. The senators that have fought to bring this law to life have expressed that they regard the fetus as a person at conception, thus making abortion murder.<sup>2</sup> In Poland, similar laws are upheld since its break from communism. The only difference with Alabama is that their laws do allow induced abortion in cases of rape and incest. Doctors are allowed to perform this procedure under specific circumstances, but most of the time choose not to.<sup>3</sup> The thing that these two very different countries have in common is that the laws on induced abortion changed when the political climate changed. In Poland it was right after the fall of communism, and in the United States it passed after the liberal democratic president was succeeded by a conservative republican president. It seems that political climate influences whether or not women have the right to decide about and have control over their reproductive organs and health.

For a long time, induced abortion did not enter the realm of public debate in Kosovo. It has been legal in Kosovo since at least since it was part of Yugoslavia. It took a young girl in Drenas in early 2019 to be taken to a clinic by the police officer who raped her to have an induced abortion after he impregnated her against her will, for it to become a focal point of public discussion again. Even though this story took the audience's attention much more because of the multiple violations committed by public officials, an MP in her speech in the assembly did call upon the government to make an effort into shutting down unlicensed clinics in which induced abortions are performed.<sup>4</sup> Initially this was met with public support for the public was in shocked and outraged. Unfortunately, not a lot of people spoke about how this would decrease the number of places where women can go to terminate their pregnancies. And how this, might lead to an increase in unsafe self-induced abortions. Neither did it lead to

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1 The Washington Post, *Restrictive abortion bill weighs on Alabama Republicans, who struggle with lack of exceptions for rape, incest*, Accessed at: [https://www.washingtonpost.com/national/restrictive-abortion-law-weighs-on-alabama-republicans-who-struggle-with-lack-of-exceptions-for-rape-incest/2019/05/13/bec7b736-759e-11e9-b3f5-5673edf2d127\\_story.html?noredirect=on&utm\\_term=.e96f8798a5e7](https://www.washingtonpost.com/national/restrictive-abortion-law-weighs-on-alabama-republicans-who-struggle-with-lack-of-exceptions-for-rape-incest/2019/05/13/bec7b736-759e-11e9-b3f5-5673edf2d127_story.html?noredirect=on&utm_term=.e96f8798a5e7)

2 Ibid.

3 Foreign policy, *Poland Is Trying to Make Abortion Dangerous, Illegal, and Impossible*, Accessed at: <https://foreignpolicy.com/2019/01/08/poland-is-trying-to-make-abortion-dangerous-illegal-and-impossible/>

4 See: <https://kallxo.com/kusari-lila-te-kufizohet-numri-i-klinikave-ku-kryhen-abortet/> or the full speech at: <https://www.youtube.com/watch?v=qyCunJfDpo>

a public demand for the health inspectorate to better perform their legal obligations, not for the government to ensure that more clinics that do meet the standards, to be licensed. Fortunately, the question whether or not induced abortions should be legal was not raised. However, this is not to say that induced abortion as a right, is safe from being politicized in the future in Kosovo. And this is the reason why continuous qualitative research which maps out women's needs and how these are met by public institutions needs to be conducted continuously in Kosovo.

This report looks into induced abortions performed in Kosovo from the year 1999 to 2019. It sets out the legal framework regulating this issue in this time-period, analyses available data on its prevalence and the different forms which were and are used to terminate pregnancy. Moreover, it delves into matters of knowledge on contraceptive methods and its use and how this procedure is socially perceived. Lastly, it provides concrete recommendations with regards to improving this specific field of women's health care.



# METHODOLOGY

Throughout the analysis, the term induced abortion/s instead of elective abortion/s, as is used in Kosovo's relevant laws, is used intentionally. The reasoning behind this is, is that the term "elective" in itself gives space for moral judgment regarding a woman's decision to have an abortion. Elective is used for other medical interventions as well, but with abortions it is usually described as "the interruption of pregnancy before viability at the request of the woman, but not for medical reasons".<sup>5</sup> However, other types of elective interventions such as hip replacement are hardly considered morally wrong nor has this intervention ever become part of political debate and people's rights to a hip replacement have not been restricted due to political ideology or religion. However, abortion has. As Katie Watson, JD, an associate professor of medical social sciences, medical education, and obstetrics and gynecology at the Feinberg School of Medicine at Northwestern University in Chicago, Illinois, argues: "*Every abortion is elective. No pregnant woman with health problems is required to terminate her pregnancy—she can choose to deliver a baby with a disability or a terminal condition, risk her own health to deliver a baby, or decide the risks outweigh the benefits and choose abortion. But like women considering non-medical risks and benefits of pregnancy and parenthood, every woman analyzing medical indications for abortion also has a choice. Alternatively, perhaps no abortion is elective. Pregnancy is a radical bodily change, and the risk of death from childbirth is 14 times higher than from abortion. Deciding whether to bring a new child into the world is a serious moral commitment, and doing so can cause some women economic or interpersonal harm that could result in deeper or more sustained suffering than many medical conditions*".<sup>6</sup> And this is the reason why throughout this report, the more neutral term induced abortion is used.

The main question this research tries to answer is; *how has abortion in Kosovo been regulated and performed during the period of 1999 – 2019?* In order to answer this question, the research deployed mixed methods, including: 1) a review of the legal framework and policies dating from 1999 to 2019 which regulate induced abortion, sexual and reproductive health in Kosovo, 2) Data collection and desk research, 3) Semi-structured interviews with two gynecologists, seven pharmacists, one public officials from the Ministry of Health and one official from the National Public Health Institute of Kosovo, 4) One qualitative in-depth interview with a woman who had an induced abortion and one elderly women describing how induced abortions are performed using traditional methods.

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5 Cunningham F, Leveno KJ, Bloom SL, et al. *Abortion*, in: Cunningham F, Leveno KJ, Bloom SL, et al, eds. *Williams Obstetrics*. 25th ed. New York, NY: McGraw-Hill; 2018:346-370

6 Watson, K. JD., *Why We Should Stop Using the Term "Elective Abortion*, in: *Medicine and Society* 2018, accessed at: <https://journalofethics.ama-assn.org/article/why-we-should-stop-using-term-elective-abortion/2018-12>

### **Research Limitations**

Certain challenges were faced during the research period. First and foremost, as will be shown in the analysis, Kosovo faces issues when it comes to collecting data on induced abortions. In order to be able to present more reliable and correct findings, more time, a bigger research team and more funds are needed to conduct research. Besides the issue of collecting the scattered data from different sources, not having this at hand made it difficult to set interviews with a) medical staff who have busy schedules, b) public officials from relevant institutions who have busy schedules and c) women who have had induced abortions willing to talk about their personal experiences. Throughout the analysis, the limitations are made clear where relevant and explains its impact on the analysis.

# SETTING THE CONTEXT: PATRIARCHY, RELIGION AND MORALITY

Deniz Kandiyoti describes a certain ‘classic patriarchy’, in this form of society girls and women are always under the patronage of a male figure. They grow up under the authority of their father and at a very young age they are married into households that are under authority of their husband’s father. The women usually are also subordinate to their husband and the elder women that live in the house. This authority can stretch as far as also having authority over the decisions made around the reproductive health of women. Among the Romani women in the Balkans there have been a number of women that indicated they didn’t have an induced abortion because an external authoritative figure did not allow them to. These figures vary from husband to mother-in-law.<sup>8</sup> Other researches have shown that this practice is observed among other groups of women as well; women of other ethnic communities also have stated that they felt pressured to either have or not have an induced abortion.<sup>9</sup> This might indicate that whether or not women have a say in matters of reproduction is closely related to the cultural rules in which patriarchy manifests itself.

Moral matters are almost always mentioned in any discussion on induced abortions. In a lot of societies, including in Kosovo, it is still perceived as immoral and is frowned upon by different institutions (e.g. religious institutions).<sup>10</sup> However, in a survey conducted by the United Nation Population Fund (UNFPA) in 2015 respondents made a distinction between reasons to have an induced abortion.<sup>11</sup> The distinction was made based on whether or not it was justified for a woman to undergo this procedure. Marriage was the decisive factor, if a woman became pregnant and was unable to marry the father of her unborn child, induced abortion was more likely to be considered justified. However, if a woman was already married and there were no health issues, induced abortion was considered to be a sin or unjustified.<sup>12</sup> The underlying notion is that a pregnancy outside of marriage could hinder any future marriage. This means that women’s sexual and reproductive health are socially tied to her marital status and measured up against her potential to fulfill the role of a wife, one whose reproductive health is solely for procreation within the framework of the family. In this this framework, induced

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7 Kandiyoti, D., *Bargaining with Patriarchy*, Gender and Society, 1988, Vol. 2, No. 3, 278-281.

8 Janevic et al., “There’s no kind of respect here” A qualitative study of racism and access to maternal health care among Romani women in the Balkans, *International Journal for Equity in Health* 2011, p.6. at: <https://equity-health.biomedcentral.com/track/pdf/10.1186/1475-9276-10-53>

9 KWN, *Access Healthcare in Kosovo*, Prishtina 2016, p. 42, at: <https://womensnetwork.org/wp-content/uploads/2018/10/20170206150329798.pdf>

10 UNFPA, *Gender Bias in Kosovo*, 2016, p. 27, at: <https://eeca.unfpa.org/sites/default/files/pub-pdf/Gender-bias-in-Kosovo-2.pdf>

11 *Ibid.*, p. 27-29.

12 *Ibid.*, p. 27.

abortions become moralised and the woman undergoing this medical procedure morally judged, positively and negatively on the reasons she made this decision. One could argue, that this is a similar mechanism as the one described above, because this societal issue makes it difficult from women to independently decide on matters of sexual and reproductive health.

When it comes to how religion plays into this, research has shown that there is a direct causal relationship between attitudes towards induced abortions and religious commitment.<sup>13</sup> In Kosovo about 95.6% of citizens identify as Muslim.<sup>14</sup> On the website of the community of Islam of the Republic of Kosovo, Idriz Xhigoli has written a piece on how Islam stands towards induced abortion. In it he makes three distinctions: spontaneous abortion (which is another term for miscarriage), intentional abortion, and intentional abortion due to health implications<sup>15</sup>. Only intentional abortion is sinful, if the reasons to have it for a woman are made based on social needs/considerations, it is still viewed as a crime in Islam.<sup>16</sup> Examples of such reasons are number of kids, gender, teen pregnancies or when a woman is too old. Since the vast majority of the inhabitants of Kosovo identify as Muslim, choosing to not have an induced abortion may be influenced by it.

The effect of these factors, surely among others, were noticeable in the field. After a long search, asking people if they knew women who have had induced abortion, in total only four women were identified as women who have had induced abortions. All of these women were approached to be part of the research by sharing their stories. However, even though they were guaranteed full anonymity, only one accepted and she requested to remain anonymous. The other three women refused because in most cases, their induced abortions were performed in secrecy and they were afraid that people close to them would find out. This might indicate that induced abortions nowadays are a taboo and women tend to be afraid to be stigmatized by society for having one. Moreover, the fact that only four were identified means that the number of induced abortions that remain a secret is large. This might indicate that women do not feel free to discuss this matter due to different factors related to the ones described above.

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13 Renzi, M., *Ideal Family Size as an Intervening Variable between Religion and Attitudes Towards Abortion*, Journal for the Scientific Study of Religion, 1975, Vol. 14, No. 1., p. 23.

14 Index Mundi, Kosovo Demographics Profile 2018, at: [https://www.indexmundi.com/kosovo/demographics\\_profile.html](https://www.indexmundi.com/kosovo/demographics_profile.html).

15 Islamic Council of Prishtina, at: <http://www.kbislame-pr.org/page29.html>

16 Carol, S. & N. Milewski, *Attitudes toward Abortion among the Muslim Minority and Non-Muslim Majority in Cross-National Perspective: Can Religiosity Explain the Differences?*, Sociology of Religion, 2017, Volume 78, Issue 4, p. 462.

# LEGAL FRAMEWORK

In this section, Kosovo's legal framework related to induced abortions during three different timeframes will be outlined; pre-autonomy, the United Nations Interim Administration Mission in Kosovo (UNMIK) and post-independence.

## PRE-AUTONOMY

Prior to Kosovo becoming an autonomous region, Serbian laws were in force. According to the Serbian then Law on Termination of Pregnancy, induced abortion could be performed at the request of the woman and if the woman was pregnant for less than ten weeks. Neither a signed approval nor waiting for a few days after the need was expressed was required. Parental approval was required for minors under the age of 16.<sup>17</sup>

## UNMIK ADMINISTRATION

During the time in which the United Nations (UN) deployed an international civil presence in Kosovo (from 1999), also known as UNMIK, a lot of regulations and laws were drafted and put in force in order to give shape to Kosovo's provisional institutions of self-governance. One of those laws was Law No. 02/L-76 On Reproductive Health, adopted by the Assembly in 2001.<sup>18</sup> This law was put in force in order to “regulate organization, functioning and the supervision of all activities in the field of reproductive health, in the health institutions, and [to] protect reproductive rights of individuals and couples, including also the right to be informed and to have the access to necessary services”.<sup>19</sup> Induced abortion as one of the sexual and reproductive health fields set out in this law, is mentioned only once in Article 3. Here, the responsibility of the Ministry of Health (MoH) to organize and coordinate activities are stated which includes the field of ‘safe pregnancy interruption-stoppage’, which is a term used for abortion. The law itself does not specify anything further related to how the MoH should “organize and coordinate” this. This law does not mention up until which week induced abortion is allowed either. However, a study done by UNFPA in 2003 (UNMIK period), states that induced abortions in

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17 UNFPA, *Pregnancy and Family Planning in Kosovo*, 2006, p.31, at: <https://kosovo.unfpa.org/sites/default/files/pub-pdf/PregnancyandFPinKosovo-Eng1.pdf>

18 Republic of Kosovo, Law No. 02/L-76 On Reproductive Health, at: [http://www.gazetazyrtare.com/e-gov/index.php?option=com\\_content&task=view&id=128&Itemid=28&lang=en](http://www.gazetazyrtare.com/e-gov/index.php?option=com_content&task=view&id=128&Itemid=28&lang=en)

19 Ibid. Article 1

Kosovo were allowed up until the 14th week of pregnancy.<sup>20</sup> This means that compared to prior times, women had the right to abort after a longer period of time of pregnancy.

Chapter IV of this law enlists the rights and obligations related to family planning. Article 12 more or less summarizes the rest of the articles in this chapter by stating; “All individuals and couples have right to be informed about the risks, education and communication based on the evidence, free choice and benefit from use of safe means and methods, resistible and acceptable for family planning”.<sup>21</sup> However, induced abortion is nowhere to be found. Article 14 states that; “Acceptable family planning methods and means will be determined by a sub-legal act” but these are nowhere to be found online. The MoH’s official webpage enlists only administrative instructions and no other sub-legal acts. These include administrative instructions that came into force during the UNMIK administrations, but also here there is no trace of one related to family planning. Furthermore, UNMIK’s ‘Official Gazette’, enlists a range of regulations that were in force during its mandate, but none of them include any on reproductive rights, family planning, induced abortion or anything else related.

During this period, another important law was in force, namely the Law on Private Practices in Health<sup>22</sup> which outlines the conditions that needed to be met in order for private clinics where healthcare is provided and individual health care workers to operate legally in Kosovo. No specific reference is made to obstetrics and gynecology clinics or health care workers providing these services which include the termination of pregnancy. It should be assumed however, that these did fall under this law as well.

## POST-INDEPENDENCE

In 2008, the Provisional Institutions of Self-Government Assembly of Kosovo declared Kosovo as an independent state. This made way for UNMIK laws, regulations and administrative instructions to be replaced by new sets of legal frameworks. This section outlines the legal framework relevant to induced abortion, family planning and reproductive health.

### Criminal Code

Kosovo’s Criminal Code recognizes unlawful termination of pregnancy as a crime in Article 184. Paragraph 1 of this Article says; “Whoever, with the consent of the pregnant woman, but in violation of the Law for Termination of Pregnancy terminates a pregnancy, commences to terminate a pregnancy, or assists in terminating a pregnancy shall be punished by imprison-

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20 UNFPA, *Demographic, Social and Reproductive Health Situation in Kosovo Results of a Household Survey*, 2005, p. 67, at: [https://kosovo.unfpa.org/sites/default/files/pub-pdf/Demographics-2003-Eng\\_0.pdf](https://kosovo.unfpa.org/sites/default/files/pub-pdf/Demographics-2003-Eng_0.pdf).

21 Republic of Kosovo, Law No. 02/L-76 On Reproductive Health, Article 12, at: [http://www.gazetazyrtare.com/e-gov/index.php?option=com\\_content&task=view&id=128&Itemid=28&lang=en](http://www.gazetazyrtare.com/e-gov/index.php?option=com_content&task=view&id=128&Itemid=28&lang=en)

22 UNMIK, Assembly of Kosovo, Law No.2004/50 On Private Practices in Health, at: [https://www.kuvend-ikosoves.org/common/docs/ligjet/2004\\_50\\_en.pdf](https://www.kuvend-ikosoves.org/common/docs/ligjet/2004_50_en.pdf)

ment of six (6) months to three (3) years”.<sup>23</sup> This means that only the persons who execute the induced abortion can be prosecuted on this account, not the women who have decided to terminate their pregnancies. Moreover, Paragraph 2 criminalizes the act of persons “terminating or commencing to terminate a pregnancy without the consent of the pregnant woman”, this criminal act is punishable by imprisonment of one to eight years.

## Law for Termination of Pregnancy

### Basic Concepts & Rights

A year after Kosovo’s independence, Law No. 03/L-110 For Termination of Pregnancy was adopted by Kosovo’s Assembly and came into force. In line with the way in which laws in Kosovo are set up, Article 1 of this law sets out the purpose of it, which is; “This Law establishes the legal basis for regulation of the termination of pregnancy. According to this law, the purpose of its existence is for informing reasons, health and elimination of life risks. Another purpose is “undertaking all protection measures to remove the woman from the risk of morbidity and mortality growth as consequence of illegal induced abortions and “protection of woman life [sic] using institutional ways by removing her from the harshest forms and non-medical ones outside institutions that has brought her to a death”.<sup>24</sup> Noticeably, the rationale behind brining this law into force is related to the woman’s health, eliminating risks involved with pregnancy and its termination and fighting illegal practices.

Even though this may read as if the idea of respecting a woman’s autonomy and freedom of choice in relation to her body and life seems to be missing here, Article 4 states that “Each female has the right to decide freely on the termination of pregnancy according to the criteria defined by this law”.<sup>25</sup> A couple of those criteria are enlisted in Article 5; “Any pregnant female who is over eighteen (18) years old has the right to request for an elective termination of pregnancy”.<sup>26</sup> In case of women of the age of 16 to 18, the consent of her parents is required.<sup>27</sup> Compared to prior times, under Yugoslavia more specifically, this means that more restrictions are currently put on abortions when it comes to age requirement. Not only is the parental consent required up until the age of 18 (compared to 16), but this law implies moreover that induced abortions are not allowed to be performed on women under the age of 16.

This law defines an elective termination of a pregnancy as when a woman decides to have an abortion without any medical reason. And this type of abortion is allowed to be performed according to this law up to the tenth week of the pregnancy, counting from the first

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23 Republic of Kosovo, Code No. 04/L-082 Criminal Code of the Republic of Kosovo, Article 184, at: <http://www.assembly-kosova.org/common/docs/ligjet/Criminal%20Code.pdf>

24 Republic of Kosovo, Law No. 03/L-110 For Termination of Pregnancy, Article 1, at: [http://www.gazetazyrtare.com/e-gov/index.php?option=com\\_content&task=view&id=321&Itemid=28&lang=en](http://www.gazetazyrtare.com/e-gov/index.php?option=com_content&task=view&id=321&Itemid=28&lang=en)

25 Ibid., Article 4

26 Ibid., Article 5, paragraph 1

27 Ibid., Paragraph 2

day of the last menstrual cycle.<sup>28</sup> This means four weeks less than during the UNMIK period. Interestingly, this law in Article 13 foresees doctors to have the right to decide to not want to perform induced abortions, in this case however, the “public health institutions and those mixed institutions are obliged to provide an appropriate solution for female within the same institution”.<sup>29</sup>

Any termination of a pregnancy that is requested to be performed after the tenth week period mentioned above, is according to this law in contradiction with Kosovo’s Law on Health. It should thereby be performed in consultation with a professional health committee.<sup>30</sup>

### **The Right to Information and Services**

According to this law, a woman who requests or requires a termination of pregnancy of all sorts, has to firstly be informed by the health specialist with regards to; possible medical and emotional risks that might be caused by such an intervention, her rights according to the law, the existing institutions and organizations available to support a woman in this case and last but not least, on health institutions that perform termination of pregnancy in safe medical conditions.<sup>31</sup> In the period after the induced abortion has been performed, the health profession or medical team providing this service is according to this law obliged to inform “the female about the services for family planning and to direct her for contraception methods and devices he [sic] or other health institutions offer”.<sup>32</sup> Interestingly, the male and the doctor’s obligation to inform him on this is not mentioned.

When it comes to services, the same as in the past before this law came into force, abortions are only allowed to be performed by licensed and specialized gynecologist –obstetricians.<sup>33</sup> Some attention should be paid to the wording used and conditions put forward in Article 10 of this law. In its exact wording, Article 10 says; “In case if the female, even after being advised and doctor’s visit, repeats her will for an elective termination of pregnancy, her request confirmation is required according to article to 10.5 of the Law on the rights and responsibilities of the citizens in the health care”.<sup>34</sup> The word *even* here is interesting as it leaves room for interpretation when it comes to the role of the health specialist/doctor in charge of conducting the initial informative conversation with a woman who expressed the will to have an induced abortion. In both the Albanian and English version of this law, the word *even* insinuates that the role of the doctor goes beyond objective information sharing as explained above, meaning that it could involve some form of persuasion, with the aim of changing a woman’s mind when it comes to deciding upon having an induced abortion or not. Moreover,

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28 Ibid., Article 16

29 Ibid., Article 13

30 Ibid., Article 7

31 Ibid., Article 8

32 Ibid., Article 18

33 Ibid., Article 9

34 Ibid., Article 10

The second part of this Article says that a woman's request confirmation should follow the rules as laid out in another law, namely a law that stems from the UNMIK Administration in 2004, the Law on the Rights and Responsibilities of the Citizens in the Health Care [sic]<sup>35</sup>, more specifically Article 10.5. After the written request is handed in, the gynecologist – obstetrician involved is supposed to set up the term for the abortion to take place, which should be at least two days after the first visit of the woman.<sup>36</sup> As was outlined above, under Yugoslav law, this type of written request was not required. Lastly, this law specifies that these types of interventions can only be performed under safe medical conditions and that the health institution where a pregnancy was terminated is obliged to offer a woman services to treat possible complications that might occur during the procedure.<sup>37</sup>

### **Special Conditions**

The Law for Termination of Pregnancy very clearly states that “termination of pregnancy by the motive of selecting the gender of the embryo is prohibited”.<sup>38</sup> Even though this is factually incorrect, for one's gender cannot be selected whereas one's sex can, it does prohibit women, men and couples from deciding to abort if the sex of the baby is not the one that was desired. Besides this very important limitation, the law provides exceptions to some rule when it comes to when an induced abortion may be performed. One of the reasons which allows a pregnancy to be terminated after ten weeks is if there are medical reasons to do so. This means that if pregnancy or childbirth endangers the woman's life or if the fetus has “incompatible malformations to life, disease or serious status which cause serious invalidity and have insecure treatment” [sic].<sup>39</sup> Moreover, a pregnancy may be legally terminated if it is a result of “rape, undesirable sexual relationship of females who are victims of trafficking and forced sexual exploitation or sexual relationship with a juveniles or incest”.<sup>40</sup>

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35 UNMIK, Assembly of Kosovo, Law No.2004/38 On the Rights and Responsibilities of the Citizens in the Health Care, at: [http://www.kuvendikosoves.org/common/docs/ligjet/2004\\_38\\_en.pdf](http://www.kuvendikosoves.org/common/docs/ligjet/2004_38_en.pdf)

36 Republic of Kosovo, Law No. 03/L-110 For Termination of Pregnancy, Article 11, at: [http://www.gazetazyrtare.com/e-gov/index.php?option=com\\_content&task=view&id=321&Itemid=28&lang=en](http://www.gazetazyrtare.com/e-gov/index.php?option=com_content&task=view&id=321&Itemid=28&lang=en)

37 Ibid., Article 12

38 Ibid., Article 14

39 Ibid., Article 15

40 Ibid., Article 16

# PREVALENCE: A SKEWED REALITY<sup>41</sup>

Even though according to Article 21 of the Law for Termination of Pregnancy “Each health institution is obliged to report on the statistic data [sic] related to the termination of pregnancy”, exact data on induced abortions in Kosovo seems to not exist. Several requests for statistics were sent to responsible institutions without success. Hence research relies mostly on data collected through surveys. This is problematic when it comes to trying to identify trends over the years, as most surveys conducted by international and local organizations deploy different methodologies which make it impossible to draw comparisons. Moreover, all available statistics collected in this way, report on percentages of women having had an induced abortion in their lifetime, not in the year it was performed. This is problematic because it makes it impossible to do analysis on growth or drops in prevalence and thus detect trends. Nevertheless, in the absence of other reliable data, it is worthwhile to mention them here.

In 1999, UNFPA together with the International Organization for Migration and the then Statistical Office of Kosovo (now called the Kosovo Agency of Statistics), conducted Kosovo’s first nationwide household-based Demographic, Socioeconomic and Reproductive Health Survey from November 1999 to February 2000. According to this survey, the abortion rate was 4.8 abortions per 1,000 live births, and acknowledged that this issue had probably been underreported in the survey.<sup>42</sup> Later on, in 2003, another report of this kind was published, however it did not address induced abortion as an issue. The latest, Kosovo wide research conducted by state institutions with the aim of mapping issues related to reproductive rights was conducted in 2009 and published in 2011. According to the findings in this report, the percentage of women who have ever been pregnant who have ever had an induced abortion, recorded in that year was 7.9%.<sup>43</sup>

This survey revealed that this percentage usually increases with age, which is logically related to the fact that older women have had more pregnancies which increases the probability to have had an induced abortion.<sup>44</sup> Of the women who were part of this survey who were ages 45-49, 10.3% reported to have had an induced abortion.<sup>45</sup> Another important difference was noticed, namely more women living in urban areas reported having had induced abortions compared to women living in rural areas. According to the analysis presented in this report, this is probably due to “their desires for smaller families, because of the higher cost of raising children in urban areas”.<sup>46</sup> However, this analysis fails to take into account that women

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41 Age category is 15-49 unless indicated differently

42 Kosovo Agency of Statistics, *Demographic, Social and Reproductive Health Survey November 2009, 2011*, p. 2, at: <http://ask.rks-gov.net/media/1832/demographic-social-and-reproductive-health-survey-in-kosovo-2009.pdf>

43 Ibid., p. 36

44 Ibid., p. 36 & 37

45 Ibid., p. 37

46 Ibid., p. 37

from rural areas perhaps reported less to have had an induced abortion due to a difference between the extent to which induced abortions are stigmatized in rural vs. urban areas.

In 2016, Kosovo Women’s Network (KWN) conducted a household survey to measure women’s and men’s access to healthcare in Kosovo. This included questions on induced abortion. The results show that, 11% of women stated that they have had an induced abortion in their lifetime of which 7.4% of women ages 16-49. Which are more or less the same statistics as reported in 2009 and in 2003.<sup>47</sup>

## INDUCED ABORTIONS AT PUBLIC INSTITUTIONS

The Gynecological Obstetrics Clinic of the University Clinical Center of Kosovo (UCCK) offers “primary-ambulatory level health services including family planning (artificial legal abortions)”<sup>48</sup> and is Kosovo’s primary public gynecological health service. This clinic contains 13 departments that each have a head of the department and head nurse. In total, there are 46 specialist doctors, 204 nurses and 36 specialist doctors dedicated to the specialist education center.<sup>49</sup>

An investigation done by Preportr in 2016, showed that an average of 100 induced abortions are performed yearly at the University Clinical Center of Kosovo (UCCK).<sup>50</sup> However, according to a paper published by the UCCK, these numbers were much higher for the years 2005-2007 (see Table 1).

Year	Number of women who had induced abortions at UCCK <sup>51</sup>
2005	486
2006	300
2007	293
Total	1079

Table 1

47 KWN, *Access Healthcare in Kosovo*, Prishtina, 2016, p. 33, at: <https://womensnetwork.org/wp-content/uploads/2018/10/20170206150329798.pdf>

48 UCCK Official Webpage, at: <http://shskuk.org/klinika-gjinekologjike-obstetrike/>

49 Ibid.

50 Preportr, *Turpi mbi trupin*, 2016, at: <http://preportr.cohu.org/sq/hulumtime/Turpi-mbi-trupin-108>

51 Paçarada, M. et. al., *Artificial abortions performed at the University Clinical Centre of Kosovo from January 2005 to Decembar 2007, 2009*, str. 88, at: <https://www.ncbi.nlm.nih.gov/pubmed/19537663>

The majority of these women were aged 20-35 (51.5% of the total). Of the total of these women who had undergone an induced abortion in the period 2005-2007, 43% of the patients had more than four previous births and 7.7% of the patients were pregnant for the first time.<sup>52</sup> This might indicate that perhaps in those years women mostly had induced abortions due to the high costs of having a big family or a lack of time and energy for one. For most women, namely 50.1%, it was their first induced abortion.<sup>53</sup>

According to this study done by UCCK, induced abortion rates dropped in this period compared to the period 2000-2004. Even though these numbers are not presented in the paper, the speculation made in the paper is that this might be because of “an increased awareness of more suitable contraceptive methods via health education programs and other means of communication”.<sup>54</sup> However, as stated in the paper as well, the numbers of how many induced abortions were performed in private clinics is not included. Therefore, another speculation could be that more women went to private clinics to get induced abortions in this period. Which is not strange, for over the years, more and more private health care clinics were established in Kosovo.

According to the Head of the Division of the Health of the Mother and Child and Reproductive Health within the MoH, Kosovo finds itself in a dire situation when it comes to data collection of cases of induced abortions. She confirmed that, even though all clinics are obliged to report this number, most do not. “There is no exact numbers and most are performed in private clinics”.<sup>55</sup> Nevertheless, the numbers she could obtain from the UCCK, can be found below in Table 2. These are just the numbers of induced abortions performed at the gynecology department of the UCCK, meaning in Prishtina, these do not include the once performed at regional departments of the UCCK. According to the representative, these departments hardly ever report these numbers.

Year	Number of women who had induced abortions at UCCK <sup>56</sup>
2012	67
2013	124
2014	130
2015	106
2016	111
2017	121
2018 (up until 25-05-2018)	67
Total	726

Table 2

52 Ibid.

53 Ibid.

54 Ibid.

55 Interview conducted in May 2019

56 Data provided by the Division of the Health of the Mother and Child and Reproductive Health within the MoH

An interview conducted for this research with a representative from the National Public Health Institute of Kosovo<sup>57</sup> revealed where the problem lies when it comes to statistics on induced abortions in Kosovo. A part of this public institute's mandate is to inform governmental policies and strategies in the field of health by the way of doing research. When it comes to gathering data on induced abortions, until the year 1999 in Kosovo, gynecologists filed individual reports for each case of abortion performed at health care institutions. However, the way statistics on this issue are gathered has changed since then. For the purpose of this research, the representative in question looked up the statistics on abortions as reported to the institute in the year 2017. This number was 1919, which seems like a large number. However, the way in which these statistics are gathered makes it impossible to understand how many of these were single cases of induced abortions. For, these 1919 "cases of abortions", include spontaneous abortions/miscarriages and all procedures involved when it comes to abortions. In simple terms, when a woman goes in for a medical consultation in order to discuss having an induced abortion, this is noted by the gynecologist as a case of abortion. When that same woman comes in to actually undergo the procedure, it gets noted down as another abortion. The record now shows two cases of abortions. When the same woman goes in for a medical check-up after the procedure has been done, the gynecologist yet again notes this down as a case of abortion. When these are the official numbers reported to state institutions, it makes it impossible to get a clear picture of how many induced abortions are being performed in Kosovo. Interestingly, the data the MoH could obtain for this research are completely different. It is clear that the system of data gathering and processing is completely skewed and therefore it is impossible to detect any trends or changes over the years.

When it comes to the treatment women coming in for induced abortions get at public institution, two worrying investigative media productions were published in 2016 and 2018. The investigation done by Preportr revealed practices of poor confidentiality practices and moral judgment expressed towards induced abortion. During this investigation, medical staff working at the gynecology department of the UCCK were observed to call out patients to come in by loudly saying "who is next in line to remove her baby? Come in!" in a waiting room full of other patients.<sup>58</sup> Moreover, the room in which induced abortions are performed is decorated with a poster of a woman holding a baby accompanied with the text "The world's biggest destroyer is failure - abortion. A crime committed with the hands of a mother".<sup>59</sup> An interview conducted with the Director of the Gynecologic-Obstetric Clinic at UCCK by the Balkan Investigative Reporting Network (BIRN), revealed the motive behind hanging up this poster here. She herself described induced abortion as murder and stated that "murdering a child is not allowed by religion nor science".<sup>60</sup> The head nurse of the Family Planning Department at this public institution explained that she "put it (the poster) there so that women and girls who abort will see that they're committing a crime". Moreover, for an interview with Preportr, this same public health professional

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57 Interview conducted in May 2019

58 Preportr, *Turpi mbi trupin*, 2016, at: <http://preportr.cohu.org/sq/hulumtime/Turpi-mbi-trupin-108>

59 Ibid.

60 Ibid.

stated that when women seek induced abortion, she tries to convince them to keep the child at all costs, stating that induced abortion is the same as murdering a child you have at home.<sup>61</sup>

Inappropriate and unprofessional behavior of public health care professionals was also detected by a young woman interviewed for this research. She has requested to remain anonymous<sup>62</sup>;

*We were in love, I got pregnant by accident, we always used condoms but one night we did not and I got pregnant. We were too young to become parents, especially him. I thought it might change our relationship and I did not want that. After talking about it for a long time, we decided that it might be best to have an abortion. We were young, we did not have enough money. So both he and I borrowed money from friends. We needed 200 Euros. We went to a public health institution. The gynecologist was being very cold with me. He saw how stressed out I was but he didn't care. He told me I was three weeks pregnant. My boyfriend and I freaked out and I was super confused, I didn't know what to do. The day of the checkup we expressed to the doctor that we didn't know what to do. The doctor did not care, he just said; just decide. He did not give me any explanation on what I could do. I was very depressed for a while because of this, I just didn't know what to do. Even though we were super in love, I believed I was too young and so was he. He eventually started to cry when I told him we should abort. He told me we could keep the baby if I want to. I asked him what he wanted. But I saw the panic in his eyes and thought that maybe he is not ready for this, even though he was very much of a family man. We were in love, it was just an accident. Still I thought that having a kid might ruin the relationship so I decided to have an abortion. I am not sure how much time went by between the initial checkup and the abortion, but it was more than two days. He [the boyfriend] made the appointment. While I was in the doctor's room, he waited for me outside, he cried and was stressed. He was catholic and it was difficult for him because his religion taught him that abortion is not ok. During the procedure I had so much pain, I endured it for quite a while but at some point I just couldn't and cried and screamed out loud. You know what the doctor did? He yelled at me saying 'Shut your mouth! Aren't you ashamed of the people hearing you in the hallway?'. The whole procedure felt very fishy to me. It was late at night. I am not sure if it was legal, but it felt illegal. Afterwards the doctor did not give me any advice on family planning. I did not want to go back to him because of how he treated me. I went for checkups to another gynecologist.*

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61 Ibid.

62 Interview conducted in May 2019

The way in which health professionals treat patients is extremely important in each field related to health care. However, as can be concluded from this woman's story, not only did the doctor not act completely according to the Law for Termination of Pregnancy, his approach was humiliating and judgmental. Firstly, it was not in accordance with the law because he did not provide her information with regards to "possible medical and emotional risks that might be caused by such an intervention, her rights according to the law, the existing institutions and organizations available to support a woman in this case and last but not least, on health institutions that perform termination of pregnancy in safe medical conditions" as foreseen in Article 8 of this Law. Neither did he talk to her about with the aim of informing her about family planning and contraceptive methods. However, maybe more importantly, he was not careful in his approach, did not take into account that this might be a sensitive procedure for a young woman in distress. Moreover, he imposed some form of shame onto her and the reason she was at the clinic.

## INDUCED ABORTIONS AT PRIVATE CLINICS

The most spoken about issue when discussing induced abortions in Kosovo, is the private sector. There are no reliable overall statistics on induced abortions in Kosovo because these represent in most of the cases only those performed at public institutions and this number is very low. The reason for this is that there are plenty of private institutions that perform induced abortions that do not report these numbers regularly even though it is a legal obligation.<sup>63</sup> According to the UNFPA's 2006 research, "it is believed that a large number of undocumented induced abortions are performed in private clinics".<sup>64</sup>

This is more so an issue when it comes to private clinics that provide induced abortions as a health service without having the necessary license for it, an issue also confirmed by the Head of the Kosovo Obstetrics and Gynecology Association. According to him, in the past, when induced abortions were only performed at public institutions, the exact numbers of these medical procedures performed within a month or a year were known.<sup>65</sup> In the absence of official statistics, several journalistic investigations have delved into this matter, trying to shed some light onto practices, illegality and other issues that are interlinked with induced abortions that are performed in private clinics. Based on research conducted by Preportr, out of 122 private gynecology clinics located in Kosovo, only five have a license to perform induced abortions as per 2016.<sup>66</sup> Geographically speaking, this means that most probably, not all women have easy access to these. Nor is it public knowledge which clinics have these licenses and which do. This means that the probability of a woman going to an unlicensed clinic to have an induced abortion might be relatively high.

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63 Interview with the Head of the Kosovo Obstetrics and Gynecology Association, conducted in May 2019

64 UNFPA, *Pregnancy and Family Planning in Kosovo*, p. 31, 2006, at: <https://kosovo.unfpa.org/sites/default/files/pub-pdf/PregnancyandFPinKosovo-Eng1.pdf>

65 Interview conducted in May 2019

66 Preportr, *Turpi mbi trupin*, 2016, at: <http://preportr.cohu.org/sq/hulumtime/Turpi-mbi-trupin-108>

In 2006, reportedly, women preferred to go to private clinics rather than public institutions to have an induced abortion performed.<sup>67</sup> For married women, this was mostly because according to them, private clinics offer better and faster treatment.<sup>68</sup> However, unmarried women preferred to go to private clinics because of privacy reasons. According to gynecologists who participated in the 2006 UNFPA study, confidentiality cannot be ensured in public facilities. Moreover, the chances for a woman to see someone they know are very high. Thus, back then, unmarried women preferred to have an induced abortion in a private clinic or outside of Kosovo.<sup>69</sup> An investigation done for the magazine 'Prishtina Insight' in 2018, confirms that this is still happening, moreover, it shows that women under the age of 18 (the legal age for induced abortions in Kosovo) and women of whose pregnancy has exceeded the ten week limit, seek medical services in Macedonia to perform induced abortions.<sup>70</sup> An issue also confirmed by the head of the Division of the Health of the Mother and Child and Reproductive Health within the MoH.<sup>71</sup>

However, this happens in Kosovo as well. The MoH's 'Health and Healthcare in Kosovo' 2004 report, states that (in that period) private clinics perform induced abortions even later than ten weeks of pregnancy.<sup>72</sup> The 2006 UNFPA report mentions that women participating in focus groups told stories of private facilities conducting induced abortions "even in the fifth month or later, especially if the doctor is a relative or if one pays a large amount of money".<sup>73</sup> Illegal induced abortions are reported to still happen though. In 2016, the Director of the Gynecologic-Obstetric Clinic in QKUK, told BIRN investigators that she knows that doctors on her staff carry out induced abortions illegally in private clinics.<sup>74</sup> The Ombudsperson Institution published a report in 2016, confirming this as well by stating that "most cases of abortions are performed illegally in private clinics which are not authorized to carry out the procedure, where safe abortion standards are not guaranteed, where care after abortion, including counseling for family planning, is not necessarily provided".<sup>75</sup>

The head of the Kosovo Obstetrics and Gynecology Association stated that in the private hospital he works at, a woman comes in each week to request an induced abortion.<sup>76</sup> This includes

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67 UNFPA, *Pregnancy and Family Planning in Kosovo*, 2006, p. 42, at: <https://kosovo.unfpa.org/sites/default/files/pub-pdf/PregnancyandFPinKosovo-Eng1.pdf>

68 Ibid., p. 42 & 43

69 Ibid., p. 43

70 Prishtina Insight, *Skopje, a solution for Kosovo women seeking abortion*, 2018, at: <https://prishtinainsight.com/skopje-solution-for-kosovo-women-seeking-abortion-2-mag/>

71 Interview conducted in May 2019

72 UNFPA, *Pregnancy and Family Planning in Kosovo*, 2006, p. 31, at: <https://kosovo.unfpa.org/sites/default/files/pub-pdf/PregnancyandFPinKosovo-Eng1.pdf>

73 Ibid., p. 42

74 Prishtina Insight, *In Kosovo, a Thriving Market in Illegal Abortion*, 2016, at: <https://prishtinainsight.com/kosovo-thriving-market-illegal-abortion/>

75 Ombudsperson Institution, *The Rights to Sexual and Reproductive Health in Kosovo a Reality Beyond the Law?*, 2016, p.44.

76 Interview conducted in May 2019

women who request it after the legally allowed period of ten weeks even though these requests, according to him, are refused at his hospital. Women are told to take their case to the medical commission in charge of deciding if these type of induced abortions are allowed to be performed. According to him, the most common reason for women to request an induced abortion is poor family planning or using poor protection/contraceptive methods. A gynecologist working at a private clinic interviewed for this research, mentioned poor family planning as a reason why women decide to have induced abortions but also added that women more and more are deciding to have children at an older age and thus abort when pregnancy happens too early on in life.<sup>77</sup> She expressed to fully support women's decision to have an induced abortion, for she believes it is also partly a sign of women being more and more in control over their lives. However, she also expressed that at the clinic she works at, they do not prefer to perform induced abortions and that patients usually know so not many request for induced abortions are done at her clinic. She continued to explain that there are instances in which she tries to talk to women who come in for an induced abortion in order for them to maybe rethink the procedure, to "improve" their circumstances in order to make it more suitable to have a baby. She furthermore expressed that it is especially sad if a young woman aborts her first child and that it's perfectly fine for a married couple that already have a few children.<sup>78</sup> Even though this is legally allowed, as was explained in the legal framework chapter doctors may refuse a request for an induced abortion, the fact that doctors try to convey their own personal beliefs regarding this, might be harmful to the process of freedom of choice and might contribute to the stigmatization of induced abortion.

In contrast to the experience of the young woman in a public institution outlined above, the Head of the Kosovo Obstetrics and Gynecology Association stated that in his private hospital, gynecologists advise women on contraceptive method after an induced abortion is performed.

**“We tell them that abortion is not the best thing and that it is not advisable as a family planning tool because it is associated with risks and problems that are sometimes also long-term.”<sup>79</sup>**

Similarly, the gynecologist who works at a private clinic stated that she puts a lot of emphasis on informing her patients on contraceptive methods and family planning in order to try to avoid induced abortions.<sup>80</sup> She stated to prefer to have the male partners (in case there are male partners involved) to be part of these conversations, however in cases in which women prefer to have this conversation in private, she respects their will.<sup>81</sup> The fact that this is requested and happens, might indicate that using contraceptives, reproductive and sexual health

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77 Interview conducted in May 2019

78 Interview conducted in May 2019

79 Interview conducted in May 2019

80 Interview conducted in May 2019

81 Interview conducted in May 2019

and family planning are not considered by certain women as issues that should be discussed with a partner but rather that the responsibility is an individual burden.

## INDUCED ABORTIONS AT HOME

### Abortion Pills

Induced abortions may be performed via pharmaceutical, sometimes also referred to as medical, or surgical means. As the above sections discussed the surgical methods more in depth, this sections will take a closer look at the other form. Induced abortion, when performed medically, it is usually not after the 49th day of pregnancy because the pills used are less effective after that period.<sup>82</sup> The most widely used drugs are antiprogestin mifepristone, antimetabolite methotrexate, and prostaglandin analog misoprostol.<sup>83</sup> Misoprostol are usually tablets that can be used vaginally, orally, or both. A 2010 paper published by UCCK shows that in the period of 2006-2008 in Kosovo, this pill was administered orally, intravaginally, or both, to 250 patients.<sup>84</sup> According to this same report, women who had previously undergone surgical abortions stated that they preferred the medical method.<sup>85</sup>

However, besides the availability of this method at UCCK and other clinics, it has been reported that women have been buying these types of abortion pills at pharmacies for a very low price as well and administering them by themselves without any medical oversight. According to research conducted by KWN in 2016, interviewed pharmacists have stated that there is a lot of misuse of certain drugs without a doctor's prescription. Part of the mentioned drugs were misoprostol, the abortion pill which should not be available without prescription.<sup>86</sup> According to KWN's survey findings, only 4% of respondents said they had an induced abortion using pills.<sup>87</sup>

Nevertheless, this drug has at least been used since 2006 as data from above on its usage by doctors at the UCCK shows. The fact that it can be bought without a doctor's prescription was confirmed by the investigation done by Preportr in 2016 in which the research team tried to obtain the drug without the needed prescription and succeeded in doing this in two out of the three pharmacies in which this was tried.<sup>88</sup> An interview conducted with a gynecologist working at a private clinic confirmed that this still happens today, stating that abortion pills are sold a lot without a doctor's prescription at pharmacies, "they do anything to

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82 Paçarada, M. et. al., *Misoprostol-induced abortions in Kosovo*, International Journal of Gynecology and Obstetrics 112 (2011) 116-118, p. 116, at: <https://www.ncbi.nlm.nih.gov/pubmed/21130444>

83 Ibid.

84 Ibid., p. 117

85 Ibid., p. 118

86 KWN, Access Healthcare in Kosovo, Prishtina, 2016, p. 35, at: <https://womensnetwork.org/wp-content/uploads/2018/10/20170206150329798.pdf>

87 Ibid., p. 33

88 Preportr, *Turpi mbi trupin*, 2016, at: <http://preportr.cohu.org/sq/hulumtime/Turpi-mbi-trupin-108>

sell”.<sup>89</sup> Doctors have been stating that the use of these pills without a doctor’s prescription and medical supervision could be very dangerous to a woman’s health, with the latter gynecologist noting that she does not prefer to administer them because of its side-effects.<sup>90</sup>

To the contrary, the seven pharmacists working at different pharmacies in different neighborhoods of Prishtina interviewed for this research<sup>91</sup>, all stated that they do not sell these pills without a doctor’s prescription. The most common reason mentioned by these pharmacists for not selling this drug without prescription was that this is illegal/not allowed. Two said that they do not sell it because it causes a lot of blood loss and they do not want to be responsible for these side effects. Two had a bit of a moral undertone in their explanation of why they do not sell these pills, noting that “there are girls who are pregnant and want to abort willingly” and “because without a prescription to sell, it can be misused and aborting of the child can be done with pleasure”.

When asked which sort of so called abortion pills they sell, all pharmacists stated that they have the drug Cytotec. Cytotec is a brand of Misoprostol and is usually used to treat stomach ulcers. However they are used as pills to evoke abortions as well. In line with what pharmacists stated, this type of abortion could be harmful for a woman’s health as it might lead to heavy blood loss. Interestingly, none of the pharmacist mentioned mifepristone, a drug mentioned in medical research<sup>92</sup> as a preferred drug to take in combination with misoprostol when trying to evoke an abortion. According to most, there is no big request for these pills. Only one stated that there are a lot of women that request Cytotec without a doctor’s prescription. One other said that it occurs once or twice a month.

## Traditional Methods

Like in any other society in different stages of transition, health care services were not be always available in quantity and quality in Kosovo. This means that people at times had to resort to different and so called traditional methods to deal with health issues. This includes induced abortions. As no study has been conducted to map out these methods and how these have been used in the past and which are still being used, one has to rely on oral histories of elderly women. A woman who was in her childbearing years in Kosovo during the Yugoslavia period recalled that in that time women used to go to elderly women who were known to provide a massage therapy that would supposedly abort a fetus. According to her recollection, women used to jump off of stairs as well with the same aim.<sup>93</sup> She stated that in those times, there was no shame involved, induced abortions were not moralized, at least not for married women. The idea was that the husbands of women that had multiple induced abortions loved them so much that they kept impregnating them. For unmarried women there was still a stigma, those induced abortions happened in secrecy.<sup>94</sup> Other

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89 Interview conducted in May 2019

90 Interview conducted in May 2019

91 Interviews conducted in May 2019

92 Paçarada, M. et. al., *Misoprostol-induced abortions in Kosovo*, International Journal of Gynecology and Obstetrics 112 (2011) 116-118, p. 116, at: <https://www.ncbi.nlm.nih.gov/pubmed/21130444>

93 Interview conducted in May 2019

94 Interview conducted in May 2019

accounts mention other methods such as drinking teas with special ingredients, orally and vaginally inserting bicarbonate, jogging, lifting heavy weights and kicking the abdomen.

As stated by the head of the Kosovo Obstetrics and Gynecology Association, since 2000, traditional methods are not used so much anymore. According to him, this was a common practice in the 80s in Kosovo, a period in which women visited non-medical persons to evoke an abortion but would visit a gynecologist because of the complications these methods would cause. Today, according to him, there are enough professional gynecologists, it is more accessible and accepted.<sup>95</sup> Similarly, the gynecologist working at a private clinic was aware of these types of methods being used, but has stated that this is not so much of an issue. She herself has not encountered any patient coming to her clinic for complications that came up because of induced abortions performed in this way.<sup>96</sup>

## GENDER-BIASED SEX SELECTION

Women do not have induced abortions solely due to unwanted pregnancies. Other reasons for undergoing this procedure have been spoken about in Kosovo, such as because of the sex of the fetus. The latest research conducted on gender-based sex selection was in 2016 by UNFPA. This research found that Kosovo displayed certain preconditions that are necessary for gender-biased sex selection to become a reality. The availability of sex-selective abortions and a strong preference for male children “due to the patriarchal kinship systems, linked to the primary role of sons in old-age support and in the perpetuation of the family line” has led up to the sex ratio at birth in Kosovo being biased for a long time.<sup>97</sup> In 2016, the sex ratio at birth was close to 110 male births per 100 female births.<sup>98</sup> Moreover, it was observed that the sex ratio at birth increased after three births, and would be even higher after three female births.<sup>99</sup> KWN’s research, also published in 2016, provided further evidence that sex-selective abortion exists in Kosovo. On average, Kosovars tended to want more boys (1.8) than girls (1.5). On average, women expressed to want 1.6 boys and men 2.0 boys.<sup>100</sup> The sex ratio at birth increased in 2017, there were 111.2 male births per 100 female births.<sup>101</sup> This is much higher than the average natural sex ratio at birth, which according to the World Health Organization is often considered to be around 105 (105 males for every 100 females).<sup>102</sup>

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95 Interview conducted in May 2019

96 Interview conducted in May 2019

97 UNFPA, *Gender Bias in Kosovo*, 2016, p.7-8, at: <https://eeca.unfpa.org/sites/default/files/pub-pdf/Gender-bias-in-Kosovo-2.pdf>

98 *Ibid.*, p. 8

99 *Ibid.*

100 KWN, *Access Healthcare in Kosovo*, Prishtina 2016, p. 33, at: <https://womensnetwork.org/wp-content/uploads/2018/10/20170206150329798.pdf>

101 Kosovo Agency of Statistics, *Birth Statistics of 2017*, p. 7, at: <http://ask.rks-gov.net/media/4105/lindjet-2017-shqip.pdf>

102 See: [http://www.searo.who.int/entity/health\\_situation\\_trends/data/chi/sex-ratio/en/](http://www.searo.who.int/entity/health_situation_trends/data/chi/sex-ratio/en/)

# CONTRACEPTIVE USE

In order to understand how and why induced abortions take place, especially when these occur because of unplanned pregnancies, it is important to look at people's knowledge on contraceptive methods and how much the different available methods are used.

The early 2000s marked a period in Kosovo during which contraceptive use was very low. According to research and estimations done by UNFPA in 2003, only 35% of women of reproductive age used contraceptives of which 14.5% used modern methods such as the intra-uterine device (IUD) (7%) and condoms (3%).<sup>103</sup> A bigger percentage of women, namely 21%, was estimated to have used the so called traditional methods, of which nearly 20% used the withdrawal method.<sup>104</sup>

Focus groups with diverse women organized in 2003 for the UNFPA study showed that women are very informed about contraceptives, especially about IUDs.<sup>105</sup> Although most of them did not use it personally, they had learned about IUDs mostly from friends, neighbors or relatives. This method was also perceived by participants as the most safe contraceptive method.<sup>106</sup> This knowledge was mostly obtained through peers and not so much through information they received directly from healthcare staff or other professionals.<sup>107</sup> Even though women seemed to be knowledgeable about the existence of some of the contraceptive methods available, in each focus group there were women who stated to prefer to use the "natural" methods because the others have negative side-effect.<sup>108</sup> However, for married and young women, the condom was the best middle-ground; it does not include putting "artificial matter" in your body and it protects you from unwanted pregnancies.<sup>109</sup>

Reportedly, in 2009 there was an increase of knowledge about contraceptive methods, especially related to the modern methods.<sup>110</sup> However, when looking at the usage numbers, it seems as though not much changed in 2009, this means that there was no correlation between knowledge of modern contraceptive methods and its usage. For, of the same age group of women (women of reproductive age, 15-49 years), 42% used some method of contraception in their life.<sup>111</sup> Of these women, only 17% had used a modern method of contraception (condoms

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103 UNFPA, *Demographic, Social and Reproductive Health Situation in Kosovo Results of a Household Survey, 2005*, p. 32, at: [https://kosovo.unfpa.org/sites/default/files/pub-pdf/Demographics-2003-Eng\\_0.pdf](https://kosovo.unfpa.org/sites/default/files/pub-pdf/Demographics-2003-Eng_0.pdf).

104 Ibid.

105 Ibid., p. 47

106 Ibid., p. 51

107 Ibid., p. 47

108 Ibid., p. 48

109 Ibid., p. 53-54

110 Kosovo Agency of Statistics, *Demographic, Social and Reproductive Health Survey November 2009*, 2011, p. xiv, at: <http://ask.rks-gov.net/media/1832/demographic-social-and-reproductive-health-survey-in-kosovo-2009.pdf>

111 Ibid., p. 41

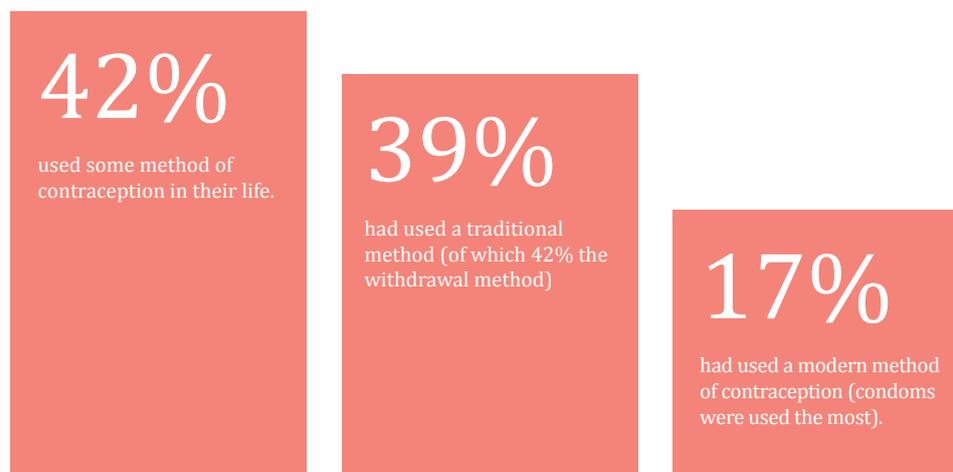


Figure 1: Knowledge about contraceptive methods (women of reproductive age, 15-49 years) for 2009

were used the most). Interestingly, a bigger percentage, namely 39%, had used a traditional method (of which 42% the withdrawal method).<sup>112</sup> The biggest difference between different categories of women in that time was between women who were married and not married. 69% of women who were married in 2009, had used a method of contraception compared to only 3% of women who were not married.<sup>113</sup> Maybe this had to do with the fact that 48% of the women who indicated to be single were women of the ages 15-19 who may have not been sexually active or were not willing to give truthful answers to this question.

Data available for the period 2013-2014, measured contraceptive use among women aged 15-49 who at the time were married or in cohabitation. As can be seen in figure 2, this data shows that a majority of these women used traditional methods. Of those who indicated to use modern methods, again most of them used male condoms (5.3%), IUDs (4.6%) and contraceptive pills (2.7%).<sup>114</sup>

Lastly, in 2016, KWN's research showed that among respondents who were in their reproductive years that were sexually active, 64% declared that they do not use any contraception.<sup>115</sup> Only 20.5% (of which 10.9% women) said they use a modern method.<sup>116</sup> Interestingly, in this research, it appears that the most used method was a modern one, namely condoms (82.5% men and 32.2% women), followed by withdrawal (12%), the pill (6%) and female

<sup>112</sup> Ibid.

<sup>113</sup> Ibid., p. 43

<sup>114</sup> Kosovo Agency of Statistics, *Multiple Indicator Cluster Survey in the Republic of Kosovo 2013-2014*, 2014, p. 8, at: <http://ask.rks-gov.net/media/1876/multiple-indicator-cluster-survey-in-the-republic-of-kosovo-2013-2014-key-findings.pdf>

<sup>115</sup> KWN, *Access Healthcare in Kosovo*, Prishtina, 2016, p. 94, at: <https://womensnetwork.org/wp-content/uploads/2018/10/20170206150329798.pdf>

<sup>116</sup> Ibid.

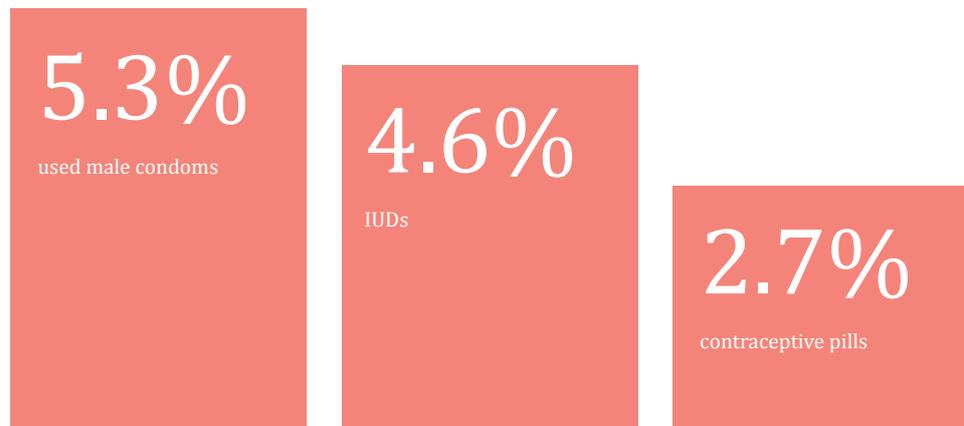


Figure 2: Contraceptive use among women aged 15-49 (of those who indicated to use modern methods) for 2013-2014

condoms (4%).<sup>117</sup> This would mean that withdrawal has been declining in its usage as a contraception method in recent years. Shockingly, 30% of sexually active men and 16% of women who stated that they do not use contraceptives explained that this is because they are opposed to using contraceptives.<sup>118</sup> According to KWN's analysis, this is due to people "fearing health effects, lack knowledge, do not know where to purchase contraceptives or face financial barriers to buying contraceptives".<sup>119</sup> This means that in 2016, there was still a need for improving knowledge on and awareness of contraceptive use and its access.

In this research, respondents were asked also who usually made the decision to use contraceptives. The majority of both women (79.8%) and men (70.7%) said that it was a joint decision.<sup>120</sup> A much higher percentage of men, namely 20%, than women (7%) stated it was theirs.<sup>121</sup> This suggests that in that period, relatively, women did not have much control over their reproductive rights.

Qualitative data obtained from interviewed gynecologists and pharmacists suggest that citizens are increasingly more informed about contraceptive methods. According to the head of the Kosovo Obstetrics and Gynecology Association, this is because some agencies that supply the market in Kosovo have consistently provided free contraceptives and women have had the opportunity to use them, such as the IUD and oral contraceptives and they have had access to it constantly. But, he stated, "that is a private issue, one that a woman and the family should make, regarding whether they want to use them or not. We cannot force the usage of contraceptive methods without the person's desire".<sup>122</sup> When asked about if women or men

<sup>117</sup> Ibid., p. 95

<sup>118</sup> Ibid.

<sup>119</sup> Ibid., p. 96

<sup>120</sup> Ibid., p. 42

<sup>121</sup> Ibid.

<sup>122</sup> Interview conducted in May 2019.

are more informed about contraceptive use, this doctor stated that women are because “it is directly related to their organism and they are more or less interested and informed”.<sup>123</sup> This statement in itself is a bit problematic for it enforces the idea that reproduction and its planning is solely the responsibility of a woman which in fact it should not because a sexual partner plays their own role in this process.

A completely different picture was painted by a gynecologist working at a private clinic. According to her, there is still a lot of work to do when it comes to increasing citizen’s awareness, not only about healthy contraceptive methods, but also family planning and sexual and reproductive health, especially among young people.<sup>124</sup> The pharmacists interviewed for this research were divided almost equally on each side of the spectrum - well informed to not so informed - when asked how informed citizens are about contraceptives. The majority stated that there is no difference between women and men when it comes to this, however one said men are very little informed and another said women are best informed. This may be due because of the fact that most contraceptives sold in pharmacies in Kosovo are for female use or that women usually bare the physical and mental consequences of unwanted pregnancies. When asked what type of contraception is bought most frequently, most pharmacists mentioned the male condom, the morning after pill and the pill.<sup>125</sup> One pharmacist expressed her concerns with regards to the frequency at which women use the morning after pill, stating that women are very little informed about its negative impact on a woman’s health.

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123 Interview conducted in May 2019.

124 Interview conducted in May 2019

125 Note: from the answers that were given, in some of the instances it was not clear if the pharmacists referred to the morning after pill or the pill.

# CONCLUSIONS

Induced abortion has been legal in Kosovo at least since Yugoslav times. Some details in the legal framework regulating this changed over time such as up until which week of pregnancy this is allowed to be performed and the age limit; whereas under UNMIK induced abortions were allowed to be performed up until the 14<sup>th</sup> week of pregnancy, currently this is up until the tenth week. When it comes to age, currently, parental consent is required up until the age of 18, compared to 16 during Yugoslav times. Moreover, Kosovo's current legislation implies that induced abortions are not allowed to be performed on women under the age of 16.

Even though Kosovo law obligates all health institutions to report statistics, exact data on induced abortions in Kosovo seems to not exist. Hence research relies mostly on data collected through surveys. Survey result from 1999 to 2000 show that the abortion rate was 4.8 abortions per 1,000 live births, and acknowledged that this issue had probably been underreported in the survey. Results from 2009 show that this number increased, according to the findings, the percentage of women who have ever been pregnant who have ever had an induced abortion, recorded in that year was 7.9%. Lastly, the latest available survey results show that in 2016, 7.4% of women reported to have had an induced abortion in their lifetime. However, no objective conclusions can be drawn from these figures because each survey involves underreporting and all available statistics collected in this way, report on percentages of women having had an induced abortion in their lifetime, not in the year it was performed. This is problematic because it makes it impossible to do analysis on growth or drops in prevalence.

An analysis of available statistics showed that currently only those induced abortions performed at the UCCK are available as officially reported numbers on induced abortions. According to a paper published by the UCCK, a total of 1079 induced abortions were performed in the period 2005-2007. For the period 2012 – May 2018, this number was 726. However, this research has shown that different people possess different statistics for the same periods, which means that there are no reliable statistics available in Kosovo. This was confirmed by public officials interviewed for this research as well, adding that not all public health institutions report numbers systematically. When it comes to treatment, this research has shown that there remains room for improvement related to how public health professionals treat women who come in for an induced abortion.

When issues of induced abortions are discussed, more often than not, private clinics and illegal practices tend to dominate the discourse. This research has shown that there are valuable reasons to do so. Throughout the years women have indicated to tend to prefer to go to private clinics for induced abortions for different reasons, ranging from better service to privacy. Even though multiple sources have confirmed throughout the years that private clinics perform illegal practices, such as working without a license and performing induced abortions after the tenth week of pregnancy, very little is known in relation to how many induced abortions are performed at licensed clinics let alone unlicensed ones.

Induced abortions have been performed without the oversight of medical staff since 1999. Different sources interviewed for this research tended to agree that traditional methods such as jumping off of stairs, lifting heavy weights and kicking the abdomen, where methods of the past and that those are not used so much anymore. However, nowadays, with the availability of Misoprostol at pharmacies it has been reported that women have been administering these so called abortion pills by themselves without any medical oversight and for a very low price.

Worryingly, the availability of sex-selective abortions and a strong preference for male children in Kosovo has led up to the sex ratio at birth in Kosovo being biased for a long time. The last available figures show that the sex ratio at birth in 2017 was 111.2 male births per 100 female births. This is high, especially compared to worldwide figures (105 males for every 100 females).

Lastly, this report looked into contraceptive usage throughout the years in Kosovo and outlined how there has not been a correlation between the existing high knowledge of modern contraceptive methods and its relative low usage. As real numbers on induced abortions performed in Kosovo do not exist, this is hard to be noted down as a potential explaining factor of the prevalence of termination of pregnancies. This requires further research.

# RECOMMENDATIONS

## **For Donors**

- Fund initiatives towards in-depth research on induced abortion that provides researchers with at minimum one year time to conduct research, do data analysis and write a report with quality findings.

## **For the Ministry of Education, Science and Technology**

- Make sex education obligatory in all high schools. Ensure contraceptive methods and family planning are a vital part of it. The curricula should ensure that induced abortions are discussed in an objective manner, treating the medical aspect of it and refrain from moral judgment.

## **For Women's Rights Organizations**

- Organize awareness raising initiatives to work towards making induced abortion less of a taboo.
- Collaborate with the MoH in initiating more awareness raising initiatives to inform women and men about family planning and contraceptive methods and their usage.

## **For the Ministry of Health**

- Change the way in which statistics on induced abortions are collected in order to have real numbers on how many induced abortions are performed per year in public and private clinics. Make it obligatory for all licensed gynecologists obstetricians to report on individual cases of induced abortions performed. This reporting should be precise; it should be clear in the statistics a) how many women come in for a consultation, b) how many undergo the actual procedure, c) in which week of the pregnancy the woman was, d) which methods were used and e) the number of them coming back for post-abortion checkups and what was discussed during these.
- Certify more clinics with certified gynecologists that meet the needed standards to increase women's access to safe induced abortions and decrease unsafe illegal practices.
- Increase inspections at pharmacies and take legal measures against those that sell misoprostol without a doctor's prescription.
- Collaborate with women rights organizations in initiating more awareness raising initiatives to inform women and men about family planning and contraceptive methods and their usage.

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