EUROPEAN CENTRE FOR MINORITY ISSUES KOSOVO

Socioeconomic Conditions in Northern Kosovo
Factsheet on Healthcare

This thematic factsheet seeks to provide a specific overview of the findings reported in the recent survey on the "*Socioeconomic Conditions in Northern Kosovo*". The full comprehensive narrative of the report, issued by ECMI Kosovo in collaboration with the Ministry of Foreign Affairs of Finland and the British Embassy in Prishtinë/Priština, is available in pdf on ECMI Kosovo official webpage, under our "Publication" section: https://ecmikosova.org/publications/.

The objective of this report, based on the perceptions and subjective opinions of the respondents, is to spotlight issues encountered by northern Kosovo residents in their daily lives, to voice their needs, concerns and aspirations. The report shows a quantitative and qualitative analysis of answers from a questionnaire administered to a sample of 721 respondents living in the four municipalities of Mitrovica/Mitrovicë North, Leposavić/Leposaviq, Zubin Potok and Zvečan/Zveqan. When analysing and comparing responses between municipalities, it is very important to remember that the questionnaire addresses perceptions and not necessarily the objective reality of the current situation.

For the sake of clarity, all the data and figures published in the following factsheet refer to the abovementioned report – where not otherwise specified.

Introduction

All communities have access to healthcare and health facilities in each of the municipalities; in Mitrovica/Mitrovicë North, the sector is also one of the primary providers of employment [1]. In practice, healthcare in northern Kosovo is sponsored and remains under Serbian regulation. This creates fear over a decrease of quality should parallel structures cease to exist, despite current CSP[2] guarantees of Serbian supervision of the sector. Amidst general discussions are also concerns about the effects of substance abuse and lack of reproductive health awareness among young people. Indeed, problems with the healthcare system have immediate and tangible impacts on communities. Problems with healthcare provision could be a strong incentive to leave the region, or else suffer a significant decrease in the quality of life.

Key Findings

- Perceptions about the quality of healthcare are generally positive, but negative with regard to the quality of medical equipment.
- Level of awareness about reproductive healthcare is low.
- Levels of addiction and substance abuse are underreported.

I. General Perceptions

Perceptions about the quality of healthcare in northern Kosovo are generally positive. The majority of respondents reported above average satisfaction; 40% are somewhat satisfied and 23% are satisfied. These responses roughly correspond to the aggregated results concerning highly related questions: 60% reported that the number of hospitals in their areas is good or very good, 87% considered access to healthcare easy or very easy, and 74% were satisfied or somewhat satisfied by the services provided in their hospitals. Respondents were significantly less satisfied with the quality of medical equipment. Seeing that the general quality of healthcare is considered to be good, other factors might be compensating for or balancing out the perceived lack of proper medical equipment.

[1] OSCE, *Municipal Profiles: Mitrovicë/Mitrovica*, Nov. 2011 *available at* http://www.osce.org/kosovo/38678.

[2] The Comprehensive proposal for Kosovo Status Settlement, 'Ahtisaari Plan', http://www.unosek.org/.

One such factor can be the relatively good quality of medical personnel, which is also considered to be average (between 27% and 59%) or above average(between 20% and 65%) in all four municipalities.

II. Reproducive Healthcare

Regarding this section, the majority of responses fall under neither satisfied nor dissatisfied, without any significant distinction between male and female respondents[3]. The aggregated responses are still generally neutral. Such results could point to neutrality, but it could also reflect a low level of awareness about reproductive healthcare among respondents. Particularly in rural areas, young women are unfamiliar with reproductive health services because they are unlikely to undergo checkups for fear of being regarded as pregnant.

III. Substance Abuse

Respondents were also asked to self-report substance abuse, which is another distinct aspect of public healthcare. Typically, substance abuse is used synonymously with harmful or hazardous use and addiction is defined simply as "repeated use" when frequency is concerned. For the purposes of this survey, addiction was considered use of a substance more than once a week and questions were designed to be less judgmental towards participants. Across the whole region, 35% of below and 46% of above 25-year-olds admitted to substance abuse. While the addiction to nicotine is visibly high, addiction to alcohol remains underreported, and respondents are extremely reluctant to confess using drugs. This low rate could be attributed to far worse social perceptions relative to those for nicotine. Participants do, however, point out a lack of addiction rehabilitation facilities as a weakness in current healthcare. The findings suggest a serious marginalisation of drug addicts, most likely stemming from the highly negative social perceptions about this type of substance abuse.

Recommendations

- Invest in better medical equipment and deliver appropriate training to personnel.
- Raise awareness about reproductive health and substance abuse (in particular the dangers related to nicotine) by intensifying public campaigns.
- Improve treatment of people affected by substance addictions through educating the public, training medical personnel, and providing treatment facilities and/or programmes.

[3] As no relevant difference between municipalities emerged in this particular session, data was disaggregated by gender.