



YOUTH

VOICES |||| CHOICES

Young people's access to sexual and reproductive health information, education and care in Bosnia and Herzegovina during Covid times

Research Report

Youth Voices, Youth Choices is a three-year project dedicated to ensuring sexual and reproductive health care in the Western Balkans becomes more accessible and youth-friendly in the long term, learning from the Covid-19 experience. The work focuses particularly on the experiences and needs of youth from groups that face systemic barriers to accessing care. Young people are at the heart of the project, working in multistakeholder partnerships as researchers, advocates and campaigners.

Youth Voices, Youth Choices project partners

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The research methodology, guidance and writing for this report were carried out by Noverna Analytics and Research. Local teams in the five countries were centred around young people trained to conduct the research.

The project partners would like to thank all the young people, partners and other stakeholders who have contributed to this research and the publication of its findings.



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Foreword

Covid-19 created the largest health and socio-economic crisis of our generation. Many health systems were pushed to the brink by restrictive measures rushed in to respond to the pandemic, resulting in the deprioritisation of some existing healthcare services. In almost all European countries, Covid-19 had a negative impact on the delivery of vital sexual and reproductive healthcare, including maternal health and family planning, for women and groups with vulnerabilities, including young people. The pandemic also uncovered weaknesses within our systems and exposed the fact that countries are not adequately prepared to deal with health emergencies.

To help bring about positive change for young people, IPPF European Network is working to strengthen healthcare systems through the project Youth Voices, Youth Choices, and to remove all kinds of barriers preventing youth from accessing essential care in five Balkan countries: Albania; Bosnia & Herzegovina; Bulgaria, Kosovo and North Macedonia. We are focusing particularly on the needs of those living in remote areas, as well as those from communities that face challenging social conditions, such as the Roma.

As a basis for this work, we commissioned a study to provide us with a clear picture of the impact of the pandemic on young people's SRHR. This report presents the findings of that study, carried out by and among youth in five Balkan countries. It documents young people's SRH needs and experiences and the perspectives of healthcare providers and other relevant stakeholders on these

needs. It also captures the latter's needs as they deliver services, information and education to young people, building on their experience of Covid-19.

Young people are at the heart of this project: they were part of the research teams and as a next step, will join expert groups who will build on this report to develop recommendations for policy change at national and regional level.

We invite the readers of this report to join these expert groups and support our fight for resilient health and education systems in the Balkans that integrate SRH services and education and do not leave young people behind, during and beyond crisis situations. The findings presented here show clearly that family planning, maternal health and SGBV care are essential to a young person's mental and physical well-being.

The finalisation of this report, in February and March 2022, has coincided with another crisis hitting Europe: the humanitarian emergency unfolding in Ukraine, driving millions of refugees to seek safety and protection in surrounding countries. As Europe grapples with its response to the situation, the findings in this report confirm our belief that the provision of quality and accessible sexuality education, information and youth-friendly SRH care must be ensured for all young people on a continuous basis – before, during and after a crisis.

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A. Introduction and background

Stigma and discrimination, socio-economic factors and geographic distance are barriers that make it difficult for vulnerable groups within society to access health services and seek help. Across the world there are clear indications that the Covid-19 pandemic has impacted access to information on a wide range of topics related to sexual and reproductive health and rights (SRHR), and delivery of sexual and reproductive health (SRH) services. The pandemic has also widely demonstrated the fragility of systems and the lack of preparedness of countries to deal with health emergencies.

The position of youth in this new environment presents specific challenges. In particular, the impact on young people of the circulation of an abundance of misinformation on matters related to SRH, barriers to receiving sexuality education, and obstacles in relation to sourcing information and accessing SRH services have all been underestimated or overlooked during the Covid-19 pandemic. In light of this, there is a clear, crucial and increasing need and, indeed, an opportunity to identify gaps and lessons learned and share good practices to strengthen health systems, continue sexuality education in an appropriate manner and prepare more inclusive short-term and long-term plans for young people. Hence, in-depth analysis and better understanding are required of the impact that crisis situations such as the Covid-19 pandemic have on young people's SRH.

In this context, IPPF-EN has conducted this research as the initial stage of a two-year project (2021–2023) funded by the Merck for Mothers programme, which aims to contribute to more accessible and youth-friendly SRH services and information in and beyond emergency situations in five countries in the western Balkans, namely Albania, Bosnia & Herzegovina, Bulgaria, Kosovo and North Macedonia.

This document forms the detailed country report for the research conducted in Bosnia & Herzegovina in the course of 2021.

B. Research and Objectives

The goal of the research was to better understand the impact of the Covid-19 pandemic on young people's access to SRH services, education and information, and to identify ways to address the SRH needs of young people aged 14–30 years. This included research and analysis regarding:

- The needs of young people in relation to SRH during (and because of) the Covid-19 pandemic with regards to access to and use of information related to SRHR and relevant SRH services, connected to physical, psychological and psychosocial aspects of their lives. To understand the impact of the Covid-19 pandemic fully, the needs of young people during the pandemic were compared to the situation pre-dating the pandemic. In this context, a comprehensive and extensive range of topic areas was investigated, including:

- Gynaecological health (hormonal, menstruation, infections and others);
- Contraception;
- Engaging in safe sexual practices;
- Pregnancy, birth and post-natal care;
- Termination of (unplanned) pregnancy;
- Sexually transmitted infections (STIs);
- Family planning and deciding on having children;
- Fertility/infertility;
- Exercising sexual agency and consent;
- Building healthy relationships;
- Sexting or online sexual experiences;
- Sexual orientation, gender identity and gender expression;
- Gender-affirming hormonal therapy/gender-affirming treatment;
- Gender-based and sexual violence; and
- Supplies (menstrual hygiene products, pregnancy testing kits, self-administered HIV and STI screening tests and others);

- The specific channels and resources needed and used by young people to access SRH information, education and services, looking at how they have changed compared to before the pandemic, what barriers they encountered and what opportunities were offered;

- The impact of external factors influencing access to SRH services, information and education during the Covid-19 pandemic, compared to before. These

include institutional, social, cultural, economic and legislative factors, and an assessment of the institutional response from authorities in the country;

- The consequences of the Covid-19 pandemic for young people on a personal, emotional, economic, demographic, community and systemic level;

- The coping and help-seeking mechanisms, behaviour and solutions that young people have adopted in addressing their SRH needs during the Covid-19 pandemic; and

- The identification and mapping of the most promising and positive practices in responding to the SRH needs of young people during the Covid-19 pandemic. These include, *inter alia*, practices and responses carried out by the State, other public authorities related to health, ministries, health entities, non-governmental organizations (NGOs), private initiatives, international organizations, physicians, communities and the education sector. The focus was on identifying and mapping those practices that have the potential to address the specific needs of young people and could be carried out both during the Covid-19 pandemic and beyond, into the future. They include short-term actions and measures, as well as practices that could potentially be transferred, generalized or replicated in future through legislation, policies and practice changes.

Ultimately, the investigation and analysis of the above-mentioned areas intended to provide relevant insights to the project partners and relevant experts to propose specific recommendations on suggested actions to be taken and possible steps that policy- and decision makers, and key players in the areas of health and SRH can and need to take to improve young people's access to SRHR services, information and education during and beyond the Covid-19 crisis. These insights and recommendations will be used as the basis for the development of advocacy plans (at national level and also at the wider regional Balkans level), in combination with powerful narratives and youth-led campaigning, to ultimately raise public awareness, strengthen health systems and increase access to (youth-friendly) SRH services and information for all those in need.

C. Research design and approach

To achieve the objectives highlighted above, a series of sequential research phases were conducted as follows.

Phase 1

An initial desk research and review of information available in the public domain, sourced from official published statistics, reports of other research conducted, media reports and social media postings. This exercise provided valuable information in relation to the research objectives and further identified the dimensions and issues to be investigated under Phases 2 and 3.

Phase 2

Primary qualitative research conducted among young people and expert stakeholders in the area of SRH. This phase was conducted through focus group discussions and one-to-one in-depth interviews, respectively. The findings from this phase provided valuable insights in relation to the research objectives. They also helped identify the issues and dimensions for subsequent measurement in the quantitative study of Phase 3.

Phase 3

Primary research conducted among young people for quantitative measurement of the objective areas and issues, carried out via a structured questionnaire, completed either by young people themselves online or by an interviewer in face-to-face interviews. This phase served to quantify the research findings among young people.

Phase 4

An in-depth review of desk research findings (from Phase 1), re-examining the information in light of the findings of the primary research (Phases 2 and 3). This served to prioritize promising practices by identifying those practices which are best positioned to address the unmet SRHR-related needs of young people.

D.Primary research methodology and sample parameters

Target audience and definitions

The primary research (Phases 2 and 3) addressed the following target audiences:

- Young people in the age range 14–30 years were covered in Phases 2 and 3, including men/boys and women/girls alike, though women/girls represented a larger proportion of participants. These young people were recruited for participation on the basis of their potential vulnerability. At the initial level, two broad categories were identified, namely:
 - **Young people in vulnerable situations, defined as those who are exposed to conditions of vulnerability in relation to SRH matters due to one or more of the following characteristics:**
 - their geographic location, especially residing in remote areas far from the main urban centres which host most of the large public health care facilities;
 - their ethnicity, especially those people belonging to minority or marginalized ethnic groups;
 - belonging to the lesbian, gay, bisexual and transsexual (LGBT) community, based on their own self-identification;
 - having been pregnant or given birth during the Covid-19 pandemic; and
 - having a lower socio-economic status and residing in urban areas; and
 - **Young people belonging to the general youth population, defined as young people who reside in the main urban areas of the country (in close proximity to the main health centres) and who are not considered vulnerable based on the conditions listed above.**

Adopting these two broad categories of youth participants allowed us to identify differences in patterns across the two groups in the subsequent analysis, thus yielding insights into how (and which) situations of vulnerability are differentiating factors in determining the impact of the Covid-19 pandemic on access to SRH information, education and services.

The recruitment and participation of young people across all research phases was carried out in full accordance with all ethical, research and legal considerations, in line with the ESOMAR code of conduct and local legislation in general and pertaining to the rights of young people.

- Expert stakeholders and actors in the field of SRH, including from the public, NGO and private sectors, as per the details highlighted in the next sub-section.

The specific design and methodological details used for Phase 2 (qualitative research) and Phase 3 (quantitative research) are highlighted below.

Qualitative research among young people and stakeholders: Methodological parameters

Focus group discussions were held with young people on the basis of a flexible discussion guide designed to address the research objectives. Each focus group discussion:

- Was moderated by an experienced research moderator with the active assistance and involvement of one or more young people from the local partner team, all of whom were trained and briefed on the objectives of the study and the correct techniques for carrying out the moderation;

- Was administered in the local language following translation of a discussion guide that was initially designed in English;
- Was based on a discussion guide peer-reviewed for relevance to the youth audiences prior to starting the fieldwork;
- Included the participation of 6–8 young people; and
- Lasted approximately 2–2.5 hours.

In addition, **one-to-one in-depth interviews with stakeholders and experts in the field of SRH** were conducted, on the basis of a flexible discussion guide. Each in-depth interview:

- Was moderated by an experienced research moderator with the active assistance and involvement of one or more young people from the local partner team, all of whom were trained

and briefed on the objectives of the study and the correct techniques for carrying out the moderation;

- Was administered in the local language following translation of a discussion guide that was initially designed in English;
- Lasted approximately 1–1.5 hours.

Depending on the specific characteristics of the participants in each focus group or in-depth interview, the discussion guide was tailored slightly to fully address the relevant objectives. Hence, while the discussion guides used had a high degree of commonality, different variants were used.

The specific sample structure and sizes achieved in the qualitative research were as follows.

Focus group discussions with young people Total number of groups: 8

By type	
1	General youth population aged 18 to 30 years in Sarajevo
2	Young people with low socio-economic status aged 18 to 30 years in Bijeljina
3	Young people with low socio-economic status aged 18 to 30 years in Gorazde
4	Young people with low socio-economic status aged 18 to 30 years in Sarajevo
5	Young females who were pregnant or gave birth during the Covid-19 pandemic in Sarajevo
6	Teenagers aged 14 to 17 years in Sarajevo
7	Rome females aged 18 to 30 Yrs in Sarajevo
8	Rome females aged 18 to 30 Yrs in Bijeljina

In-depth Interviews with stakeholders/ experts Total number of interviews: 9

By type	N°
Expert in maternal health services	1
Public health experts	2
Education officials/ experts in NGO in education	2
Mental health expert	1
International organization official	1
NGO in sexual and gender-based violence	1
NGO supporting the right of ethnic minority groups	1
Expert in maternal health services	1

Quantitative youth study among young people: Methodological parameters

The quantitative youth study was conducted through a structured questionnaire, completed by young people.

Research tool: Structured questionnaire of 10–15 minutes. The questionnaire was administered in the local language, following translation from the initial design in English. The questionnaire was peer-reviewed and piloted at the local level to ensure its functionality, clarity, and relevance to the target youth audiences.

Methodology: Quotas for completion were assigned for specific sub-cells of the young people of interest, as highlighted in the sample structure below.

Recruitment and questionnaire completion: A combination of two approaches was used for recruiting respondents and for completing the questionnaire, as follows:

Online: Respondents belonging to the categories of the general youth population, pregnant women/new mothers, LGBT people and, partially, those in remote areas were invited to participate by email invitation. These invitations were disseminated through a variety of recruitment channels (both broad and via other partner organizations), to ensure widespread recruitment and minimize biases in the selection of respondents. Respondents received a link to the questionnaire, which they accessed and used to complete the questionnaire themselves. Their feedback was submitted automatically to a central server for further processing and analysis of the data.

Face to face: Respondents residing in remote areas and belonging to the Roma ethnic community were recruited purposely with the cooperation of gatekeepers to these communities. Interviewers visited these respondents either at a central location or at home and provided the technological means (a tablet device) to enable the respondents to either complete the questionnaire themselves in the presence of the interviewer or respond to the questions administered by the interviewer. Again, responses were submitted automatically to a central server for further processing and analysis of the data.

The specific sample structure and sizes achieved in the quantitative research were as follows.

Total number of questionnaires

300

By type:

General youth population	132
Youth in vulnerable situations:	168
In remote areas	50
Roma youth	36
LGBT youth	56
New mothers (<i>pregnant and/or giving birth during the Covid-19 pandemic</i>)	47
Youth with low socio-economic status in large urban centres	37

By gender:

Total males	92
Total women/girls	208

By age:

Young people (18–30 years)	237
Teenagers (14–17 years)	63

E. Analytical approach and research limitations

The following analytical approach was used for each of the primary research phases to ensure integrity of the data and the most accurate interpretation of the research findings.

Qualitative study: The data were analysed on the basis of the discussion recordings, notes taken by the moderators and research assistants, and a review of mappings created by participants on interactive card exercises that were carried out. Preliminary analysis was conducted for each focus group discussion and in-depth interview separately, leading to an individual feedback report for each one. The findings from all focus group discussions and in-depth interviews were subsequently cross-analysed to identify prevailing themes and patterns in relation to the research objectives, identifying key commonalities and differences.

Quantitative youth study: The data from the quantitative phase were initially validated in terms of consistency of responses and time stamp checks for completion of each section of the questionnaire, at an individual respondent level. After validation, the data were analysed using two-dimensional statistical analysis and filtering exercises on the basis of respondent profiles. Hence, results were analysed using the totals for the general youth population and youth in vulnerable situations separately, and for each of the vulnerable youth groups.

Integrated analysis: The findings from the two phases were subsequently analysed using an integrated 360- degree approach, leading to the key findings included in the present document. All research findings and interpretations were peer-reviewed by the researchers and young people at the local level, to ensure alignment with the local interpretation of the output received and the findings in general.

Research limitations: While the research implemented constitutes a very comprehensive approach and level of coverage, it is noted that the findings are subject to statistical margins of error associated with the final sample sizes. In light of this, the key findings reported in this document include only those that have been confirmed by both the qualitative and quantitative phases of the research.

Future research: Ultimately, while the research provides valuable insights and recommendations, the findings themselves indicate the need for further large-scale nationwide research among young people, which would best be carried out once the residual effects of the pandemic can be observed, hence once the pandemic enters more permanently into an endemic long-term stage.

F. Key Findings

I. Information-seeking and accessibility of information on sexual and reproductive health and rights

1.1 Underlying pre-pandemic obstacles to information-seeking on SRHR

Information-seeking on SRHR issues has historically been constrained by a number of factors and across a number of dimensions.

A strong feeling of discrimination among the Roma community has created a long-standing complete lack of trust in the authorities and the information they provide on any subject, including health and SRHR issues. In relation to SRHR information (and indeed access to SRHR services), this discrimination is largely attributed by Roma focus group participants to the general issues of not having health insurance, and ethnic discrimination.

"Wherever I go, people behave strangely towards me."

"The doctor wouldn't examine my child who had a fever of 39.5 because I don't have health insurance."
- Young Roma females

While these perceptions have been driven by negative experiences in accessing SRHR services, they have prevented the Roma community from seeking even basic information related to SRHR, due to:

- A feeling of uncertainty, disappointment and lack of motivation to seek information on SRHR issues from any level of health authority or professional, except if a specific medical need arises;
- A lack of information and motivation to understand their community and SRHR rights; and

- A feeling of loss in terms of where they can access SRHR-related information or care if the need arises, hence a lack of information as to which would be the most appropriate channels.

In this context, the options for the Roma community are limited to turning to NGOs that support Roma rights for any type of SRHR information. While considered useful, there is a strong perception among Roma focus group participants and from organizations supporting the rights of the Roma community that the resources of such NGOs are insufficient to cover all their needs. Moreover, there is a reported absence of such NGOs in some major cities and in Roma community areas in particular.

"We can only turn to an NGO that supports the Roma."

- Young Roma female

Nevertheless, it is noted that most NGOs focusing on the Roma community do not have the capacities to provide the required support or SRH services, and are instead referring patients to clinics.

SRHR issues have long been and remain strictly taboo, with young people preferring to keep them outside the public realm. Among the most vulnerable groups with lower economic status in big cities and among the Roma community in particular, seeking information outside the partner, family or community has not been considered an option. Consequently, the search for any SRHR-related information has not been sought from 'professionals' or 'experts', although there is some openness in terms of seeking information from local-level health mediators who visit communities.

At the same time, the strict taboos related to SRHR issues have, in the past, limited the ability of young people to seek information even from their immediate environment, most evident in the cases of:

- Teenagers and very young adults living with their parents: there is general consensus that young people will not ask for information on SRHR from their parents, on account of both feeling embarrassed and a belief that parents are unable to provide accurate or useful relevant information. Indeed, it is in this context that the need to provide information on SRH in schools is considered so important; and
- Among the Roma community, for young women in particular: the patriarchal family structure is clearly limiting, and they are not allowed to raise SRHR issues with either parents or partners, with references made of being only allowed to talk to a female member of an NGO that supports the Roma community. At the same time, young men refrain altogether from discussing SRHR issues so as not to appear weak or insecure.

Ineffective formal sex education in schools has historically resulted in the absence of a strong knowledge base on SRHR issues among teenagers and young adults who have completed their education, leaving them unprepared for the challenges posed by the Covid-19 pandemic. This perception was commonly voiced by teenagers and young people living in vulnerable socio-economic conditions across Sarajevo, Bjelina and Gorazde and by the Roma community, and it was strongly supported by experts in the education field (Ministry of Education and NGOs delivering sex education) and public health officials. In contrast, youth in general in Sarajevo appear to be less concerned about it.

Research conducted just prior to and during the early stages of the Covid-19 pandemic found that a very large proportion of students do not receive reliable information on reproductive rights (64%), sexuality (60%), the impact of society on sexual behavior (59%), psychological and physical consequences of risky sexual behaviours (58%), and psychological and biological aspects of sexuality and reproduction (56%) in general formal or informal education (BiH Institution of Ombudsmen for Human Rights, 'Inquiry on Sexual and Reproductive Health and Reproductive Rights in Bosnia and Herzegovina', report produced with technical assistance from the United Nations Population Fund (UNFPA) in Bosnia and Herzegovina and proMENTE Social Research in 2019–2020).

1.2 Impact of the Covid-19 pandemic on information-seeking on SRHR topics

The Covid-19 pandemic is perceived by the various youth audiences as having eclipsed all other health issues and information requirements, including SRHR issues.

This perception is particularly strong among the general youth population, with **51% of them agreeing with the statement that they have been preoccupied with other issues than seeking SRHR information or services**. The proportion of youth in vulnerable situations is somewhat lower, at 35%. Nevertheless, it appears that the majority of youth of all types have not faced any issues in terms of knowing where to look for information on SRHR issues when needed.

1.2.1 Misinformation during the Covid-19 pandemic

The impact of the Covid-19 pandemic on SRHR-related information needs is most strongly driven by a high level of misinformation and confusion regarding the impact of the virus itself, reported by participants in focus group discussions across all youth audiences and largely attributed to the early stages of the pandemic, when—as also claimed by officials—the use of unverified internet resources (Facebook groups, forums) led to confusing, erroneous and contradictory information on topics such as:

- Doubts as to the existence of Covid-19;
- A perceived negative effect of vaccines on both female and male fertility;
- A possibility that newborn babies born to mothers infected with Covid-19 would be born with deformities;
- Fear among pregnant women that the virus would affect them and the foetus;
- Fear among young people that the virus affects blood clotting, leading to difficulty to conceive;
- Covid-19 affecting emergency contraception (the morning-after pill);
- Fear that the virus causes sterility;
- A belief that Covid-19 can be transmitted sexually;

- Possibility that Covid-19 symptoms affect the menstrual cycle;
- A belief that the Covid-19 vaccines cause sterility; and
- A perception that pregnancy tests are not accurate in people who are Covid-19 positive.

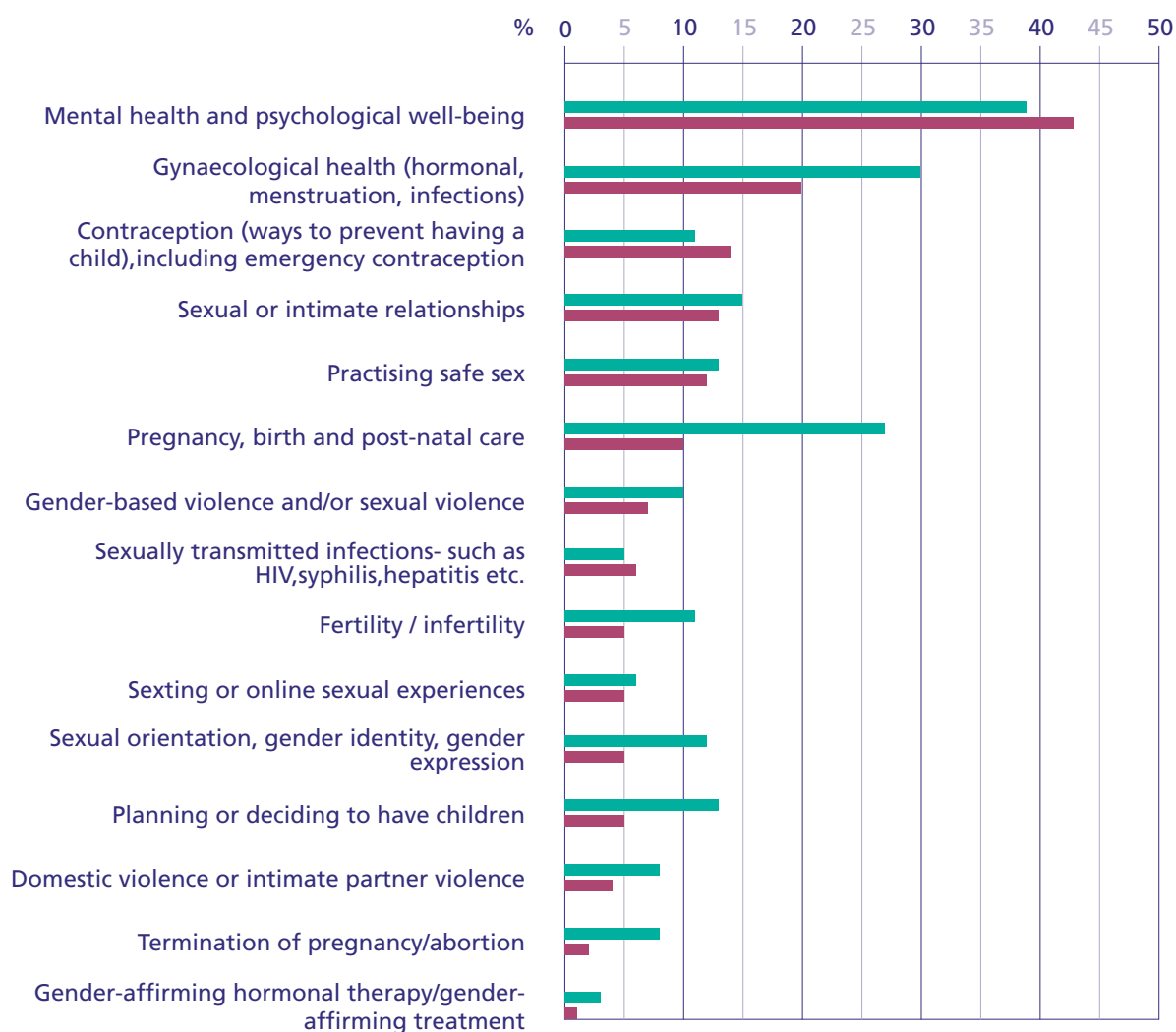
1.2.2 Information-seeking needs on SRHR during the pandemic

Topics for information-seeking during the Covid-19 pandemic

Overall, there is a strong perception among young people in general (especially Roma women) that the information area needs relating to SRHR have not changed substantially during the pandemic. Indeed, this appears to be the general consensus across all youth groups (the general youth population and youth in vulnerable situations) and all key stakeholders interviewed, including public health officials, physicians and NGO representatives alike. In this context, mental health and gynaecological health have been the main topics on which young people have sought information during the Covid-19 pandemic.

Information-seeking on SRH during the Covid-19 pandemic (% seeking information)

■ Youth in vulnerable situations ■ General youth population



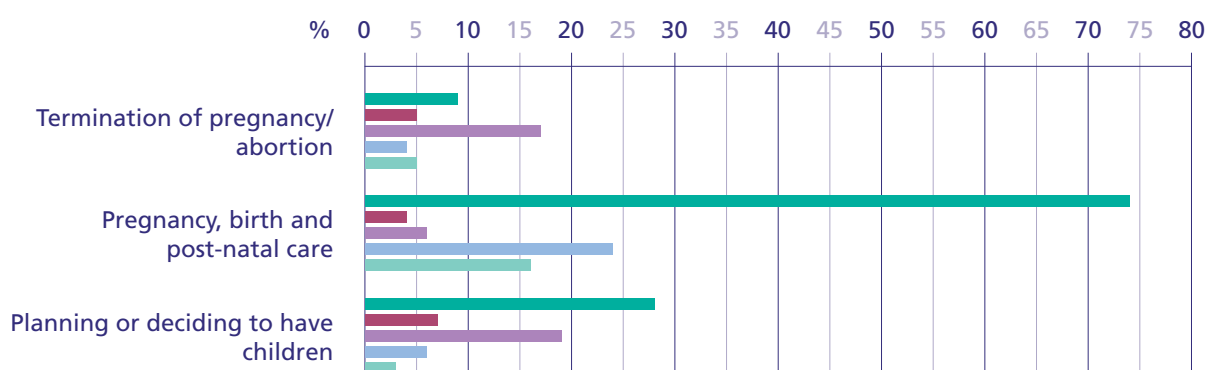
Source: Quantitative youth survey (2021)

Topics on which young people have sought information during the Covid-19 pandemic vary in some respects across different groups in vulnerable situations. **New mothers** have commonly looked for

information on pregnancy, birth and post-natal care, while **Roma women** have also notably searched for information related to termination of pregnancy and planning or deciding to have children.

Information-seeking on SRH during the Covid-19 pandemic (% seeking information)

■ New mothers ■ LGBT youth ■ Roma youth
■ Youth in remote areas ■ Urban youth with low SES



Source: Quantitative youth survey (2021)

LGBT people and youth residing in remote areas have been comparatively more active in seeking information on practising safe sex, while **young people with low socio-economic status** have been

more inclined to search for information related to fertility and infertility (most probably on account of misinformation circulating regarding the virus and vaccination).

Information-seeking on SRH during the Covid-19 pandemic (% seeking information)

■ New mothers ■ LGBT youth ■ Roma youth
■ Youth in remote areas ■ Urban youth with low SES

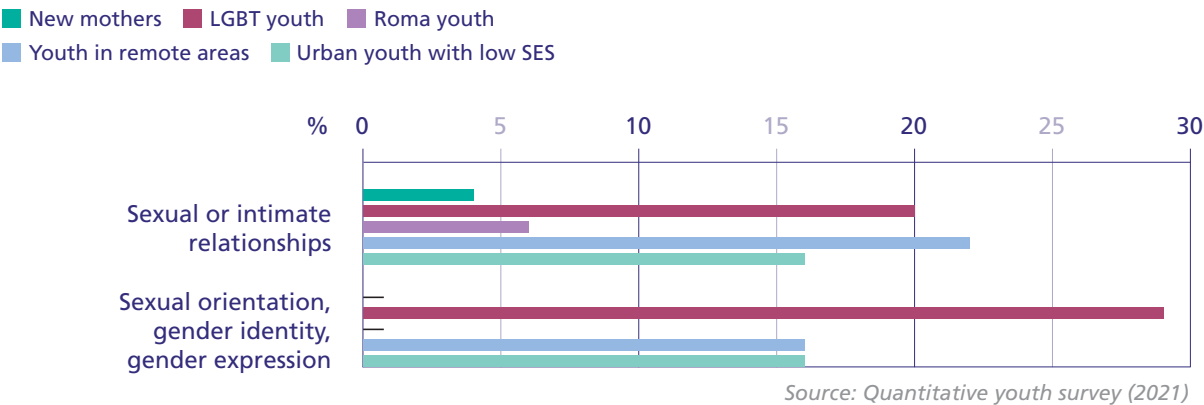


Source: Quantitative youth survey (2021)

LGBT people have sought information on issues related to sexual orientation and gender identity in particular, while both LGBT people and

young people in remote areas have also sought information on sexual or intimate relationships more than other youth audiences.

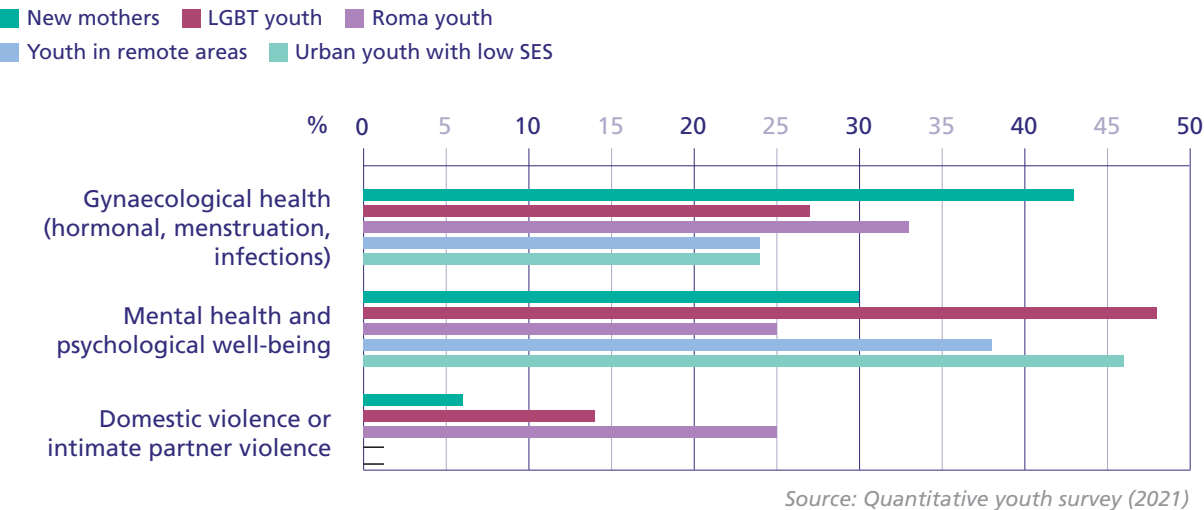
Information-seeking on SRH during the Covid-19 pandemic (% seeking information)



Notably, information on mental health has been particularly important for **LGBT people and those**

with lower socio-economic status.

Information-seeking on SRH during the Covid-19 pandemic (% seeking information)



Greater urgency of information

Despite the overall perception that information needs have not changed substantially in terms of subject areas, feedback from a deeper investigation into information needs during focus group discussions suggested that the need for specific information has increased, due to a very large amount of misinformation and confusion, and the need to understand how the Covid-19 virus affects SRH.

As a result, several topics have grown in importance in the minds of young people:

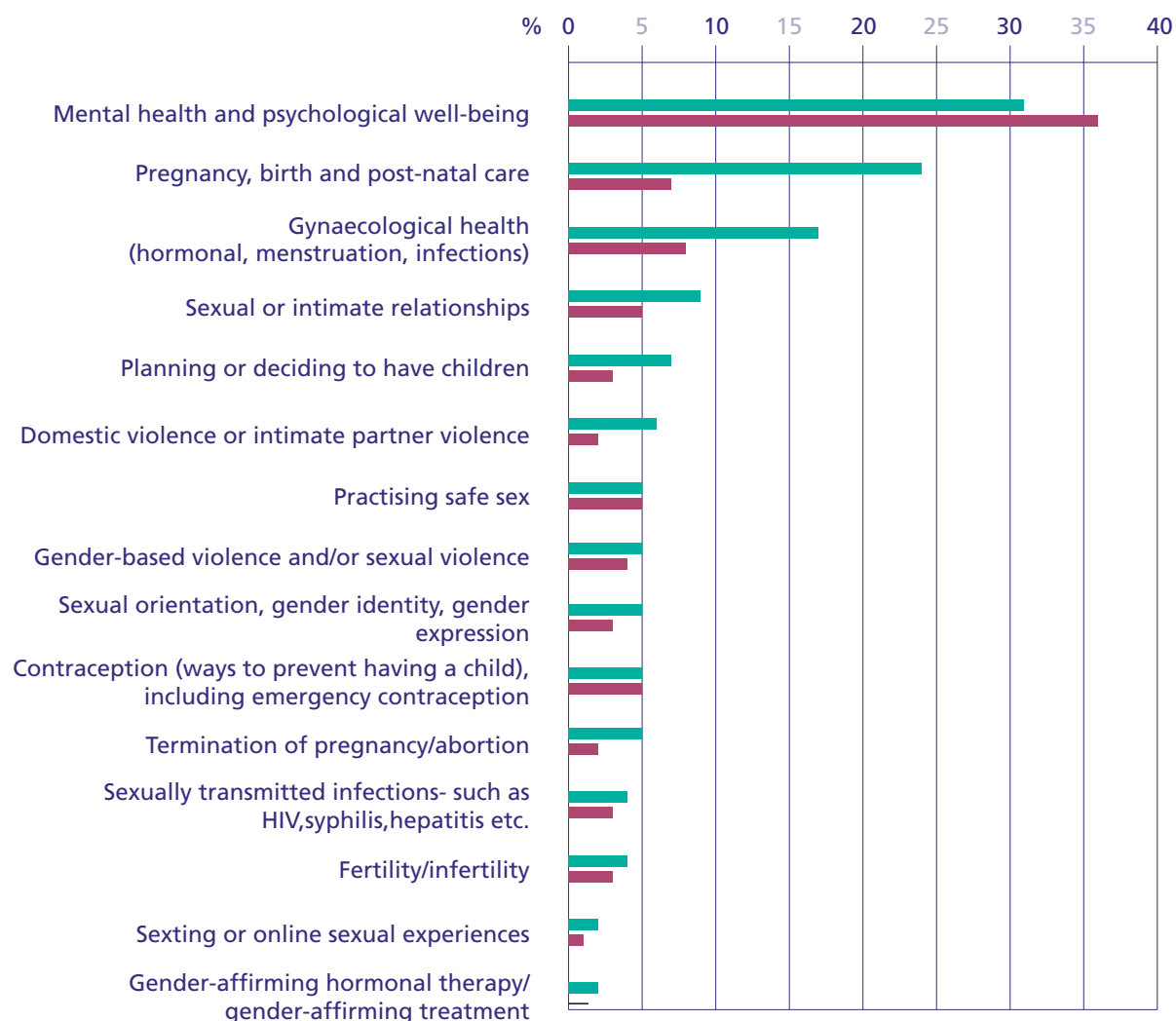
- Reproductive and sexual health issues, especially regarding whether the virus is in any way related to or could influence STIs and, thus, whether this affects the contraceptive methods that should be used, and whether the virus and vaccines cause sterility or not;
- The health of the pregnant woman and the foetus (as reported by young mothers), related especially to whether the Covid-19 vaccines can cause harm and whether they should be used by pregnant women; and

- A greater need for information from experts/professionals, even for groups that previously preferred to keep SRHR matters outside the public realm. In this context, and because health centres have been overwhelmed during the pandemic, information has been needed regarding where they could access safe health care and SRHR services (i.e. gynaecological examinations, childbirth, open pharmacies), as well as psychological consultations, and the availability of gynaecological examinations, the impact of Covid-19 on young people's mental health, and the availability of pregnancy tests.

Furthermore, in terms of information that became more urgent during the Covid-19 pandemic, analysis of the quantitative youth study indicates a higher proportion of young people reporting greater importance of information on mental health and psychological well-being (among all youth audiences), and on pregnancy, gynaecological health, family planning and sexual and intimate relationships among young people in vulnerable situations in particular.

Information on SRH which became MORE URGENT during the Covid-19 pandemic - All youth audiences (% mentioning)

■ Youth in vulnerable situations ■ General youth population



Source: Quantitative youth survey (2021)

It is also noted that a particularly high proportion of Roma youth reported a greater importance of information on gynaecological health (28%) and termination of pregnancy (17%), while a sizeable proportion of LGBT people reported a greater

urgency for information on sexual orientation (14%) and sexual and intimate relationships (11%).

Lack of motivation to seek SRH information

Despite the above-mentioned greater urgency for information related to some topics, it appears that **involvement and motivation** in terms of actively seeking SRH information have been quite heavily compromised, even though the pandemic has created a greater urge for verified professional

information. Indeed, a very large majority of young people across all audiences reported being preoccupied with other, more important issues during the Covid-19 pandemic. This lack of involvement also appears to be driven by the large amount of misinformation regarding SRH in circulation during the early period of the pandemic.

'During the Covid-19 pandemic, I was preoccupied with other, more important issues than seeking SRHR information or services' (% mentioning)

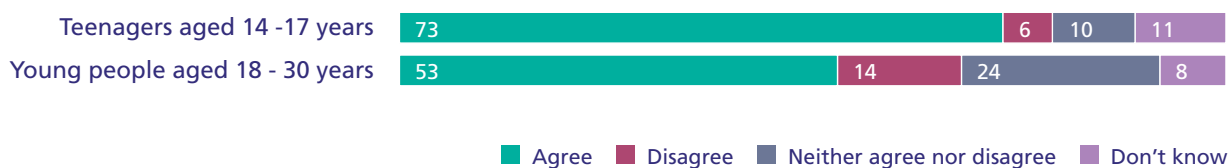


Source: Quantitative youth survey (2021)

Teenagers in particular reported a very strong tendency of having been preoccupied by other,

more important issues rather than seeking information on SRH.

'During the Covid-19 pandemic, I was preoccupied with other, more important issues than seeking SRHR information or services' (% mentioning)



Source: Quantitative youth survey (2021)

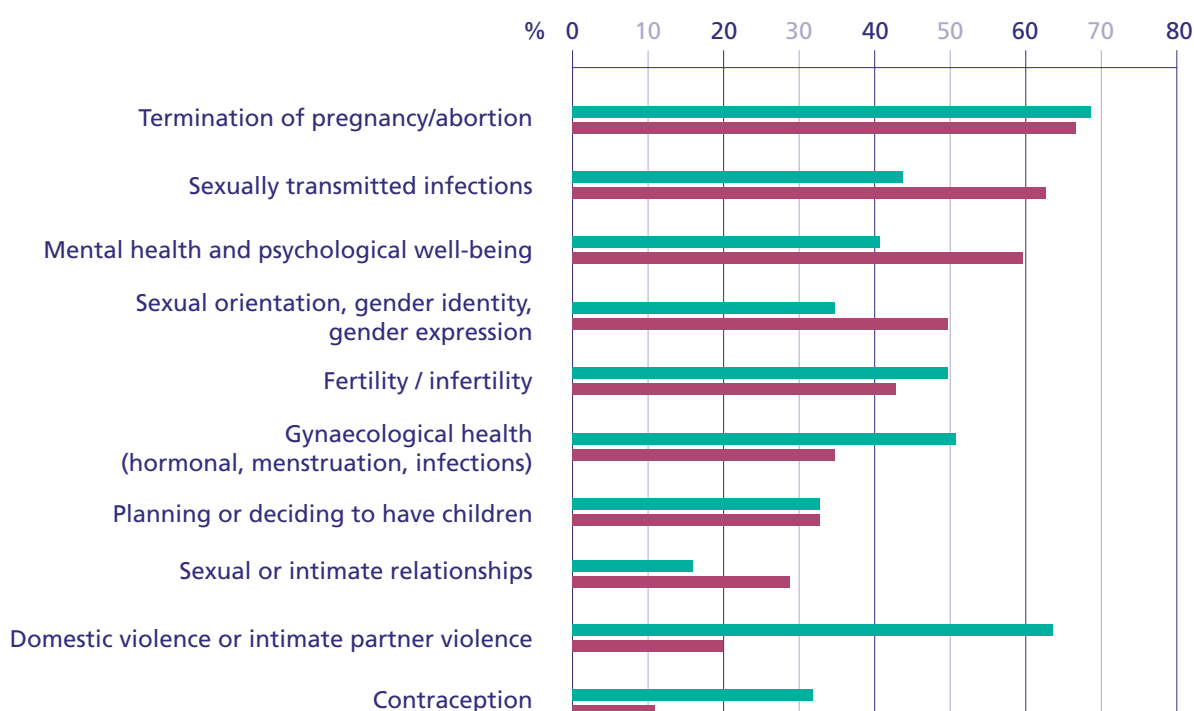
Difficulties in accessing information

The conditions and restrictions created by the Covid-19 pandemic, coupled with the lack of motivation to actively pursue and follow up on their information-seeking needs, appear to have created substantial difficulties for young people in

terms of acquiring the necessary information across a wide range of important topics, relating especially to termination of pregnancy, STIs, mental health, sexual orientation, fertility and gynaecological health, as well as domestic violence/intimate partner violence among youth in vulnerable situations.

Proportion of those **NEEDING** information who could **NOT OBTAIN** it during the Covid-19 pandemic (% mentioning)

■ Youth in vulnerable situations ■ General youth population



Source: Quantitative youth survey (2021)

Moreover, it appears that a vicious cycle has been created in this context: despite the increase in importance of reliable and accurate information, young people reported that it was hard to find, thereby leading to a greater urgency for such information.

Ultimately, the general environment created by the pandemic and the restrictive measures aimed at reducing the spread of the virus, combined with the fact that, especially during the early stages of the pandemic, there was no information, created gaps in the provision of accurate information regarding SRHR, especially for various groups of young vulnerable people but also for pregnant

women and young mothers. A number of general shortcomings have further contributed to these limitations, namely:

- The exclusive focus of the government and health authorities on addressing the pandemic, thus rendering any focus on SRHR matters non-existent (an opinion shared by all youth groups and expert stakeholders alike). In this context, public health officials reported that all other sources where young people could find information about SRH (i.e. school, society, youth centres, health centres etc.) have been neglected and excluded from the lives of young people during the Covid-19 pandemic;

- Young vulnerable people did not know which source and/or information to trust (even though they were aware of the different options they could use);
- Health care clinics/centres and doctors did not have the answers;
- The information on SRH was buried under the large amount of information on Covid-19; and
- When introducing the various measures, the government did not consider vulnerable people, people with disabilities or young people.



1.2.3 Channel use during the Covid-19 pandemic

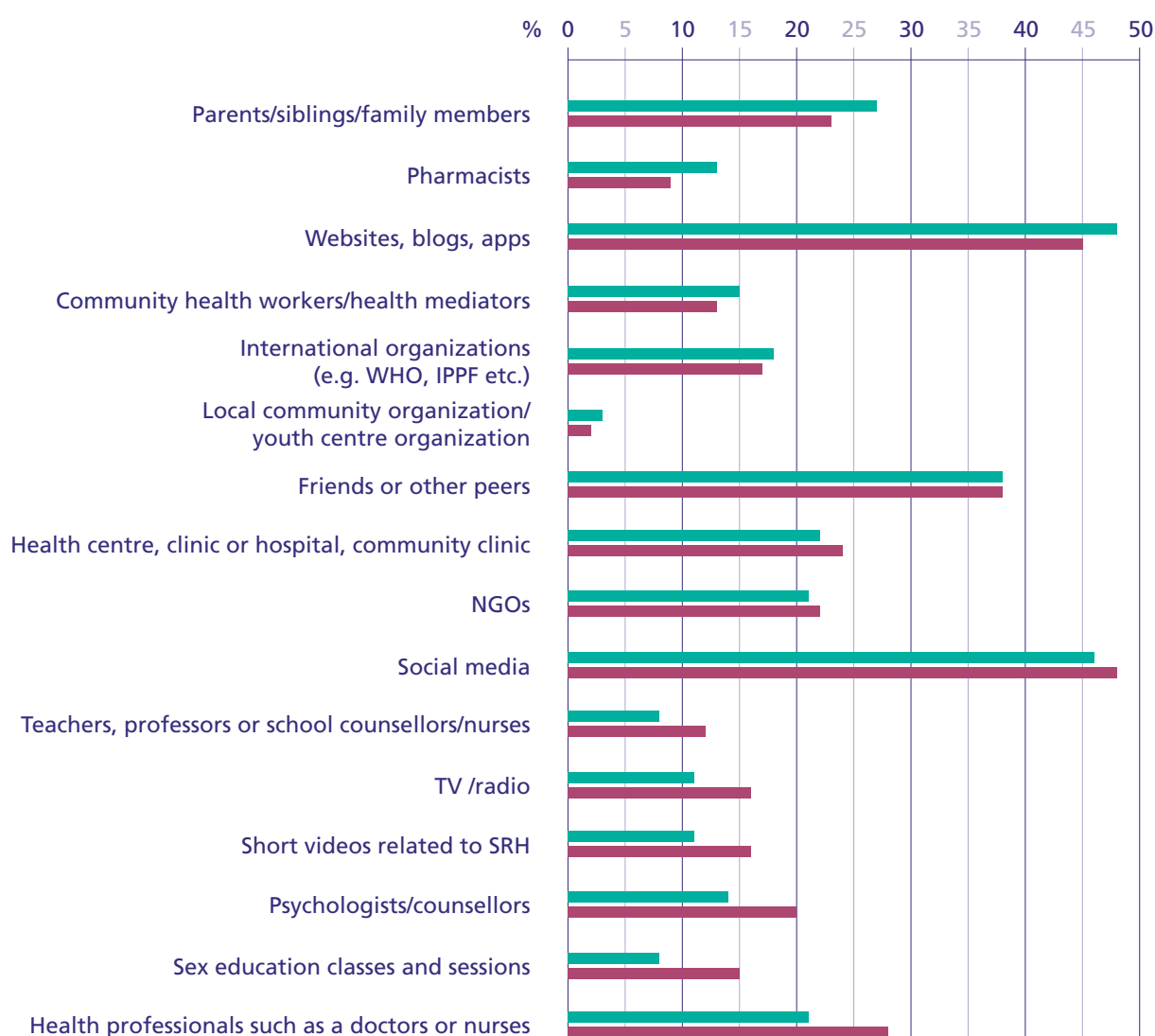
Pattern shifts in the use of information channels

Overall, the quantitative youth survey did not find substantial changes in the proportion of young people using various channels or resources to access information on SRH during the pandemic. For youth

in general, the internet has remained the primary tool for seeking information. In practical terms, despite a greater emotional need expressed during focus group discussions for verified information from health professionals, the proportion of young people obtaining information from health professionals has declined somewhat due to Covid-19 restrictions.

Information channels for SRH BEFORE and DURING the Covid-19 pandemic - General youth population (% mentioning)

■ During the pandemic ■ Before the pandemic



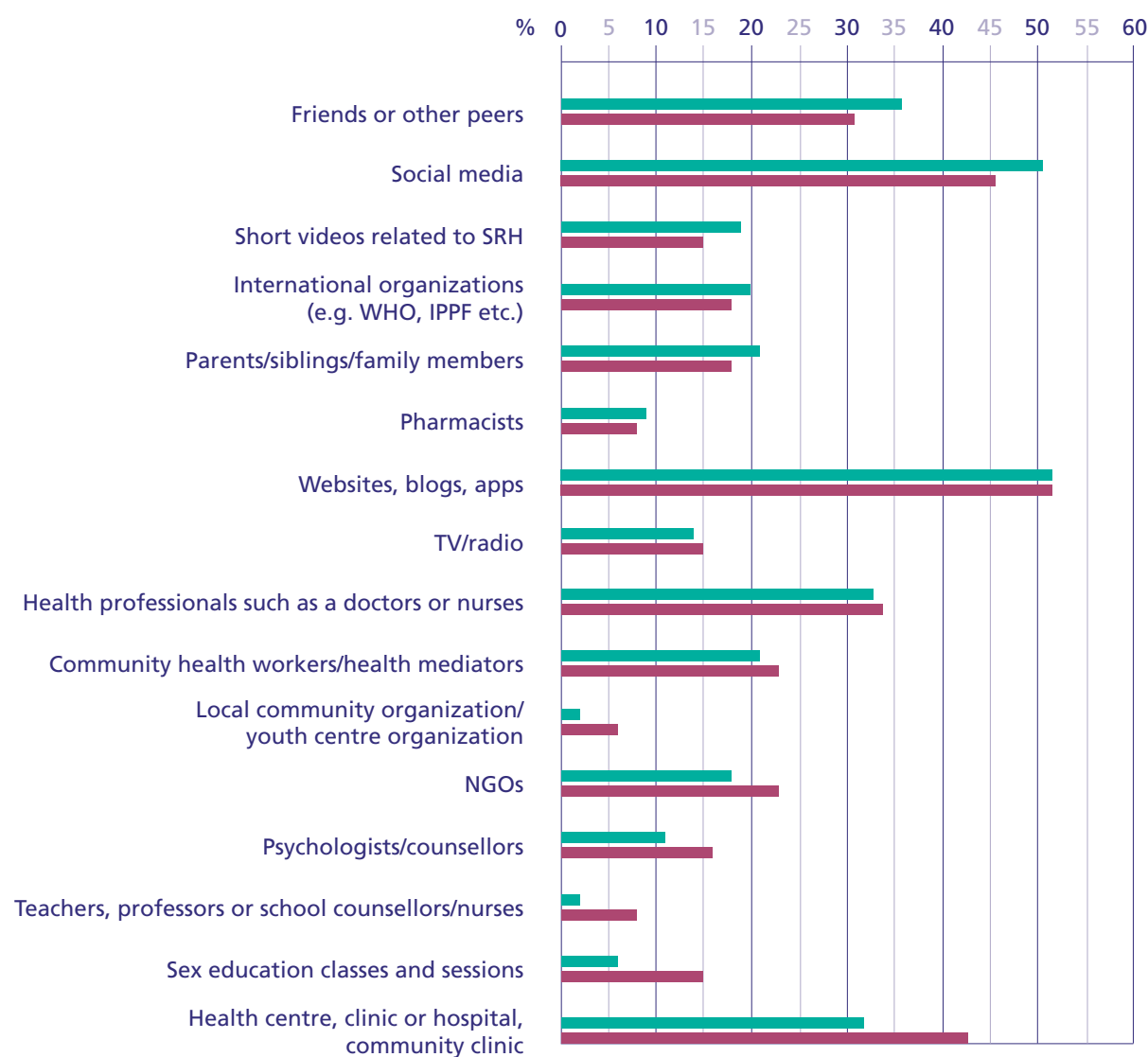
Source: Quantitative youth survey (2021)

Similarly, for youth in vulnerable situations, the internet has remained the most commonly used source of information, while Covid-19 restrictions have reduced the use of NGOs and health

professionals alike, despite the greater importance attached to these resources during the pandemic (as expressed during focus group discussions).

Information channels for SRH BEFORE and DURING the Covid-19 pandemic - Youth in vulnerable situations (% mentioning)

■ During the pandemic ■ Before the pandemic

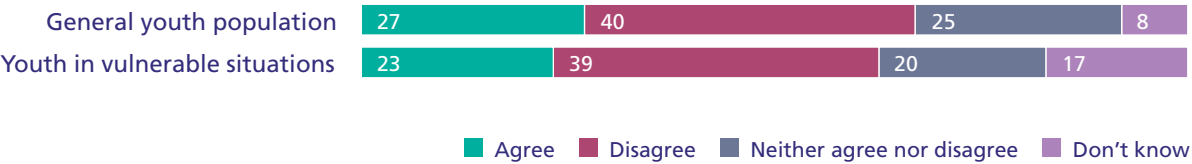


Source: Quantitative youth survey (2021)

In light of the very small shifts in use of the various channels during the Covid-19 pandemic (compared to previously), a minority of young people reported

problems of not knowing where to look for information.

'During the Covid-19 pandemic, I didn't know where to look for information on sexual health, sexuality or relationships' (% mentioning)



Source: Quantitative youth survey (2021)

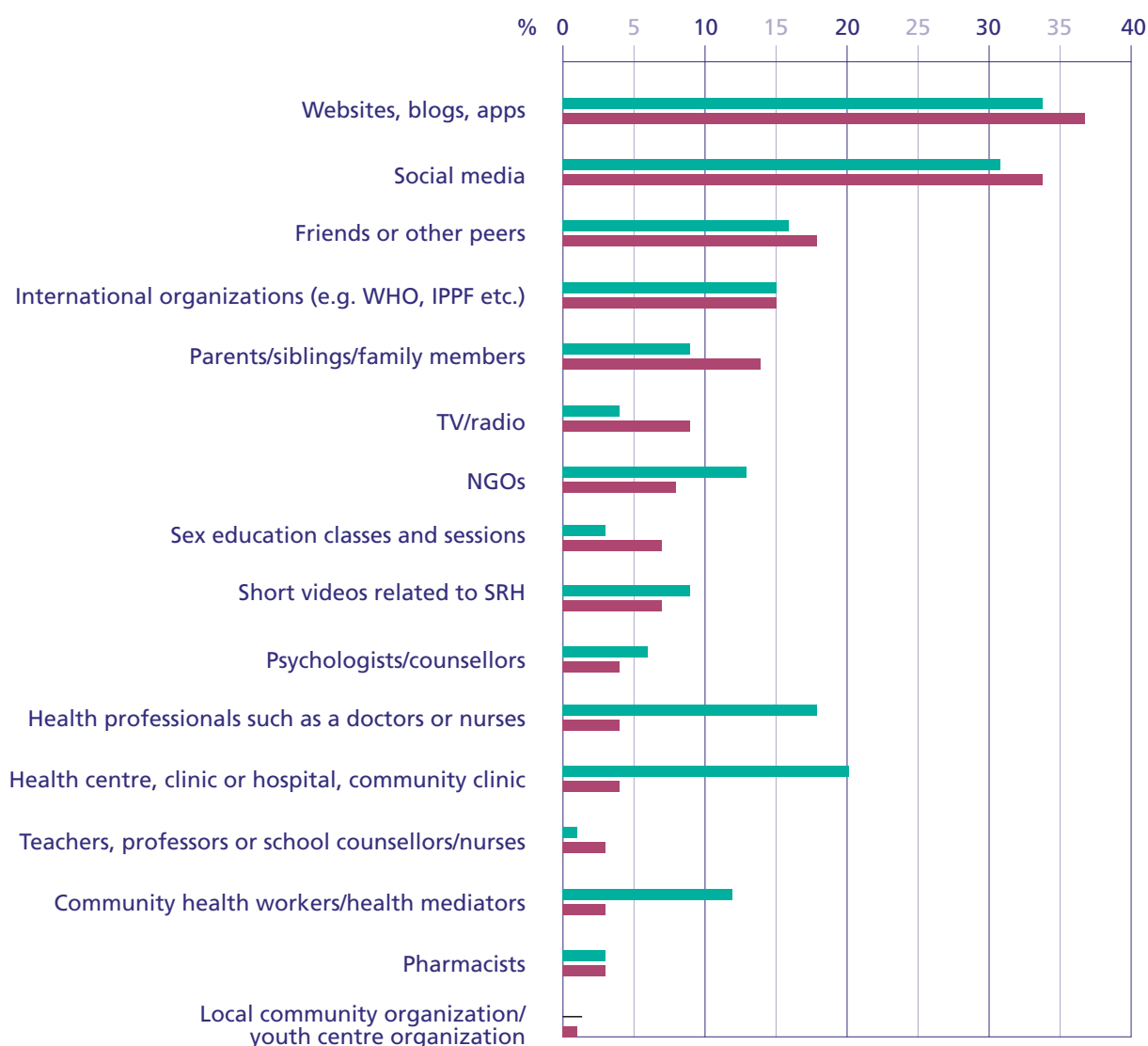
Channels with elevated importance during the Covid-19 pandemic

Despite the accessibility issues highlighted above, it appears that those young people who were already seeking SRH information before the pandemic have been more likely to rely on a number of specific channels, namely the internet (all youth audiences) and NGOs, health professionals, community

clinics and health mediators (youth in vulnerable situations). The greater reliance on health professionals by youth in vulnerable situations is likely to be linked to the increased emotional importance attached to having a trusted family doctor. Overall, there would also appear to be an opportunity to create new NGOs or strengthen the capacity of existing NGOs to provide information on SRHR.

Channels on which young people relied MORE during the Covid-19 pandemic - Those previously using each channel (% mentioning)

■ Youth in vulnerable situations ■ General youth population



Source: Quantitative youth survey (2021)

In particular, Roma youth reported greater reliance on NGOs (28%) and health professionals (38%), while young people with low socio-economic status and LGBT people reported greater reliance on international organizations (26% and 27%, respectively), and people in remote areas reported greater reliance on their close circle of friends or peers (27%).

Internet access and use as a determining factor

Moreover, feedback during the qualitative focus group discussions strongly indicated that two different trends have emerged in terms of how to satisfy SRH information needs, differentiated largely by the ability to access and absorb information over the internet, as follows.

Pattern A: Reliance on the internet

Those target audiences both having easy and uninterrupted access to the internet and also being comfortable using it have increased their use of the internet to access all relevant information. While this is not a new channel, its potential is being embraced by various young groups.

For the general youth population, including teenagers, and young mothers, the internet has been the main channel of information, and its use has increased compared to before the pandemic. Young people reported that mistrust of official government information and the lack of such information on official government websites have led to searching for information on reliable internet sources such as the World Health Organization, international websites and resources, and the internet presence of specialists or experts in their respective fields.

Pregnant women and young mothers (also including those Roma women with access to the internet) reported turning to:

- **Internet and online platforms or applications** (e-gynaecologist) that connect pregnant women with health professionals;
- **Personal gynaecologists' Facebook groups;**
- **Facebook groups and pages** that bring together new young mothers and pregnant women; and
- **Apps about counselling and sex education in general.**

These women have largely been driven or forced to rely on the internet due to physical restrictions on visiting health centres and their inability to get through busy telephone lines, coupled with urgent needs to obtain information on gynaecological issues or newborn babies. **Notably**, for the majority of **young women (new mothers and pregnant women) and Roma women** in Sarajevo, this use of the internet has had a positive psychological effect of enabling them to avoid crowded health centres and access information from the comfort of their own home.

Teenagers positively reported the opportunity of using the internet as a way to learn about SRH and mental health issues outside the school environment, through NGOs' webinars, workshops, and online consultations. At a general level, their experiences were reported as being positive and responding to their needs; as such, the implementation of webinars and web training courses can be considered a positive practice implemented by NGOs in particular as a response to Covid-19.

Overall, despite limitations, almost all participants in focus group discussions with internet users as well as professionals considered that the use of the **internet and technology has worked to their advantage during the pandemic**. Moreover, exploring the internet further was said to have provided the **impetus and opportunity to search for information from international sources** and, hence, avoid the limitations or confusion of local information sources.

In this context, the proportion of young people reporting having faced limitations in terms of their inability to access information over the internet due to technological/accessibility issues was extremely low among youth in general (just 2%), according to responses to the quantitative youth survey.

Pattern B: Reliance on community and personal channels: NGOs and close family support

In contrast, a second pattern has emerged in terms of information channels accessed and reliance on community or personal resources, including:

- **Young people increasingly turning to NGOs** for general SRH information and to shelters for victims and survivors of sexual and gender-based violence, given that they are largely reported to have remained open during the pandemic. Those with internet access have also been able to use online services provided by such organizations;

- Greater reliance of Roma women on the NGOs supporting their community;
- Considerable reliance of Roma women in rural areas outside Sarajevo on close friends and family, although patriarchal family structures continue to present obstacles in this respect; and
- Increased openness of teenagers to raise issues within their family circle.

1.2.4 Channel and information limitations during the Covid-19 pandemic

Despite the welcome potential of and interest in using internet resources and NGOs, young audiences reported a range of limitations of the various resources on offer during the pandemic and their ability to satisfy their information needs.

Young people in disadvantaged groups (rural areas, vulnerable young people, young pregnant women and mothers) mentioned specific limitations regarding their ability to access information related to SRH, especially in the early phases of the pandemic, in terms of:

- The closure of local community youth centres;
- Local community health centres being overcrowded with Covid-19 patients, leaving no space for other services;
- A lack of information on the existence of mobile teams of health care providers, and/or no access to them in the vicinity of the Roma community;
- An inability to get through to health centres to obtain information or book appointments for gynaecological examinations, due to busy telephone lines; and
- A specific lack of knowledge or information on services pertaining to the specific needs of pregnant women and young mothers. This relates

to obtaining specific answers to important questions such as whether the virus can be harmful to the foetus, but also to having information on next steps such as which health centres were available, and where, when and how to report to health centres.

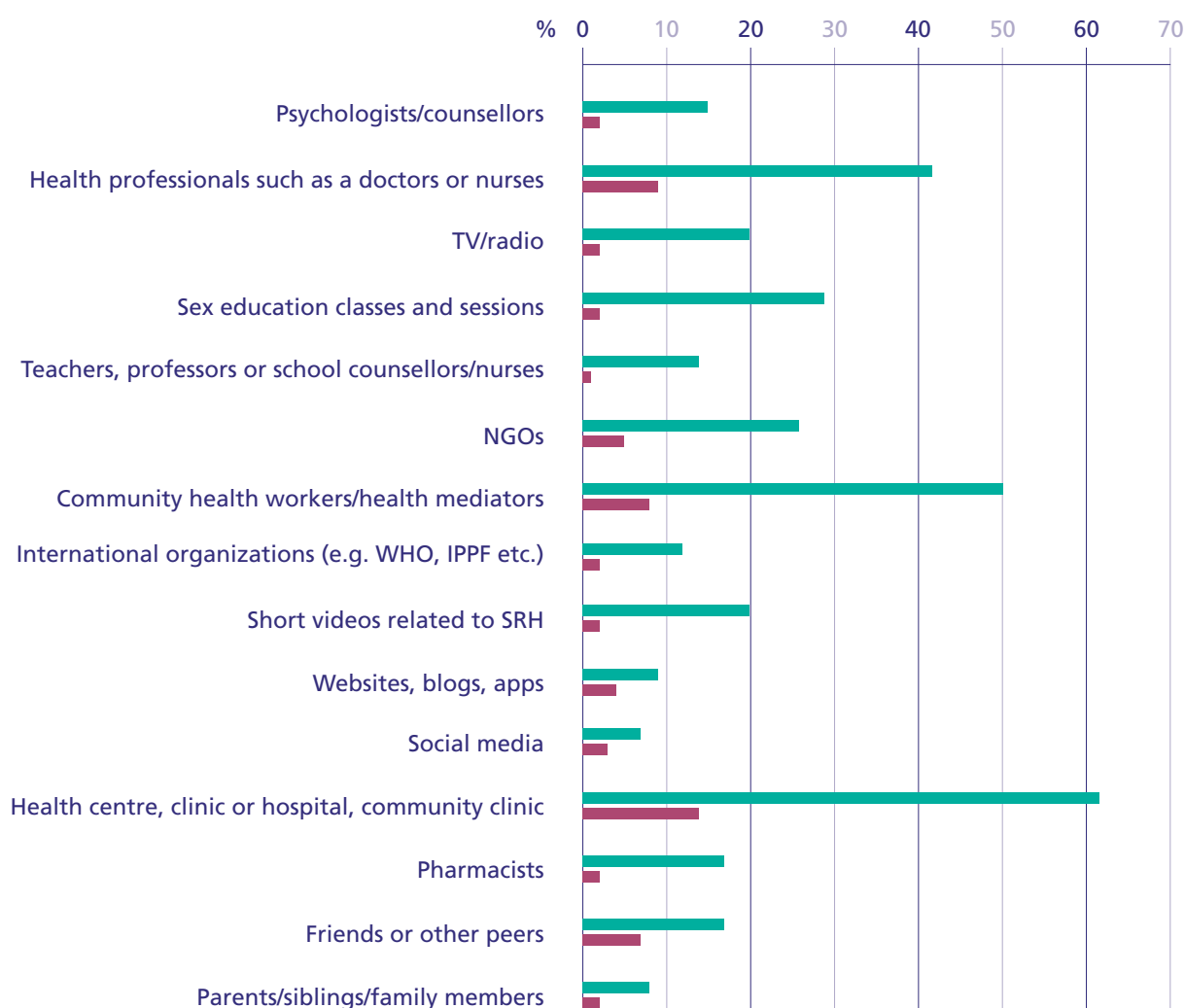
Young people seeking to use the internet or technology referred to their inability to book teleconsultations with health care professionals, even to obtain general information, since they were overwhelmed by Covid-19 patients. They also expressed persistent confusion because of too much information, resulting in not knowing which sources to trust, and feelings of insecurity. They also considered that online sex education seminars fell short of the benefits previously achieved through informal education in face-to-face meetings or workshops. In this sense, the historical shortcomings of sex education in schools have left an anxiety gap that informal online resources accessed during the pandemic have been unable to fulfil completely.

The study participants also considered that all channels were unable to provide answers or adequate information on their key concerns relating to STIs and contraceptive methods, on whether the Covid-19 virus causes sterility or not, the availability of gynaecological examinations, the impact of Covid-19 on young people's mental health, and the availability of pregnancy tests.

The issues faced in terms of difficulties in sourcing the required information from health professionals, community clinics, health mediators and NGOs in particular were recorded in the quantitative youth survey, with answers from both the general youth population and young people in vulnerable situations, as shown below.

Channels from which it was IMPOSSIBLE OR DIFFICULT TO OBTAIN REQUIRED INFORMATION - General youth population (% mentioning)

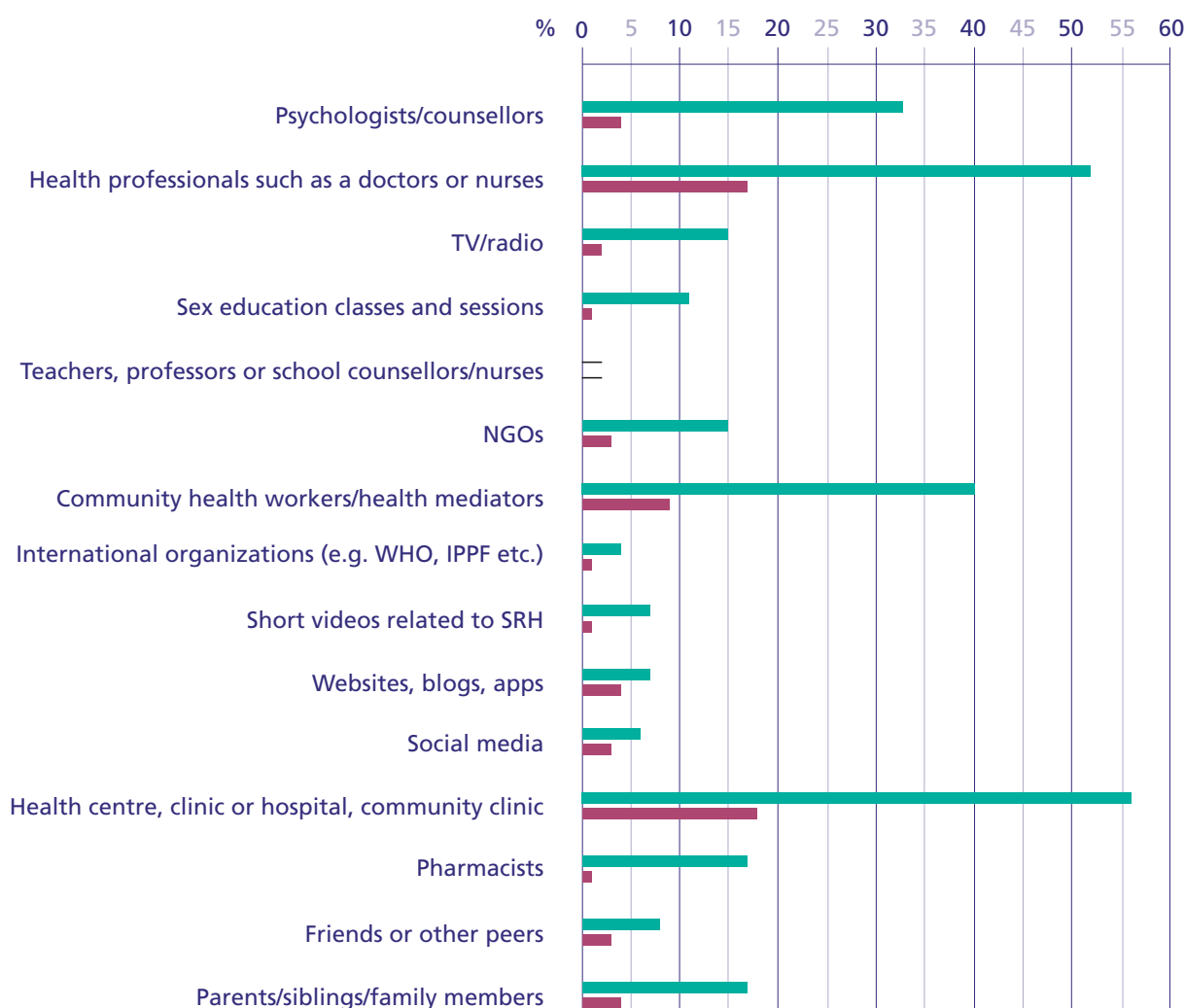
■ % of those seeking information ■ % of total audience



Source: Quantitative youth survey (2021)

Channels from which it was IMPOSSIBLE OR DIFFICULT TO OBTAIN REQUIRED INFORMATION - Youth in vulnerable situations (% mentioning)

■ % of those seeking information ■ % of total audience



Source: Quantitative youth survey (2021)

II. Access to SRH services

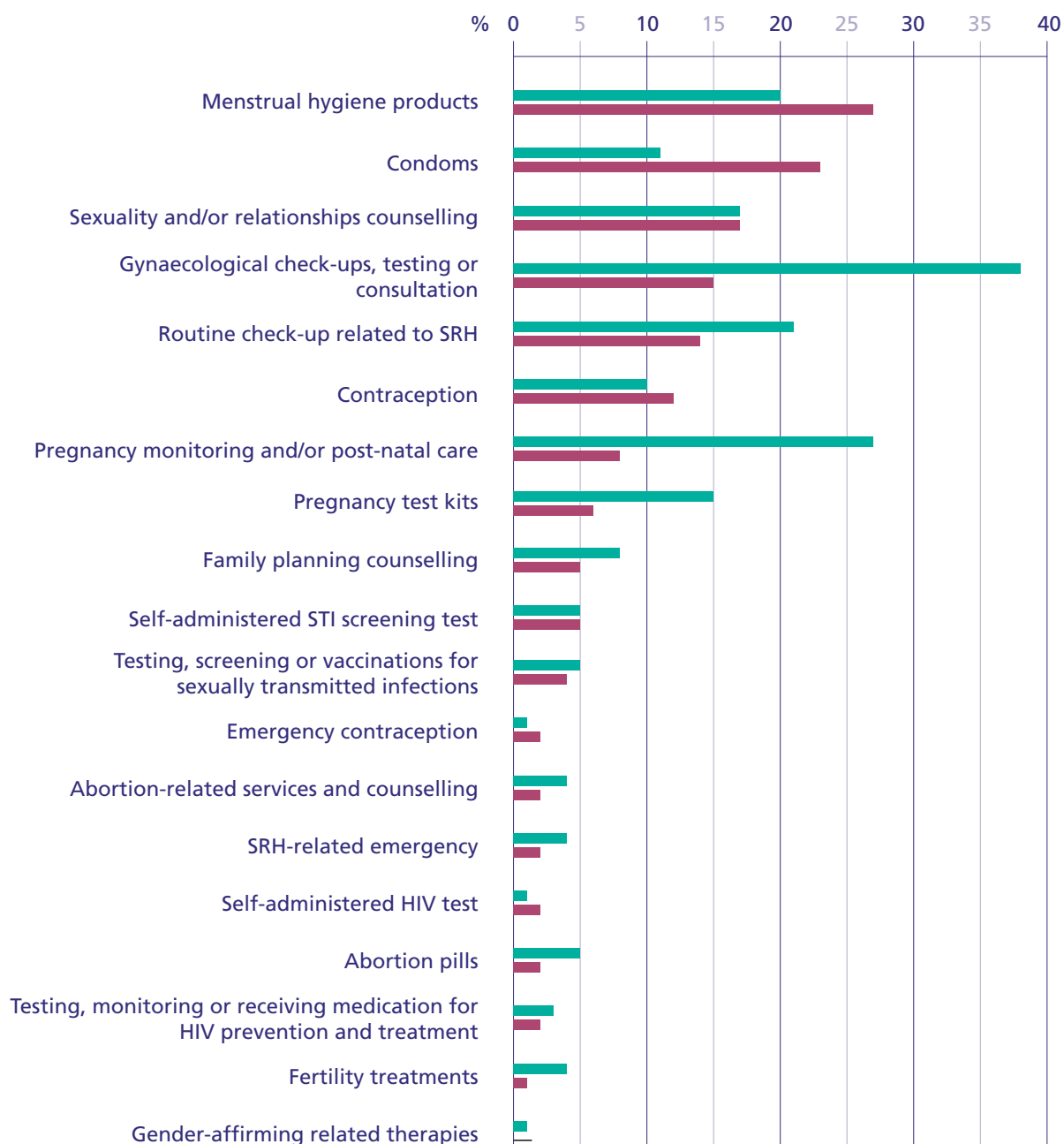
2.1 General need for SRHR services and supplies during the Covid-19 pandemic

Young people have needed supplies (menstrual hygiene products), SRH medical services (gynaecological check-ups, routine check-ups and pregnancy care) and non-medical counselling services (sexuality and relationships counselling) alike during the Covid-19 pandemic, as shown below.



Services needed during the Covid-19 pandemic (% mentioning)

■ Youth in vulnerable situations ■ General youth population



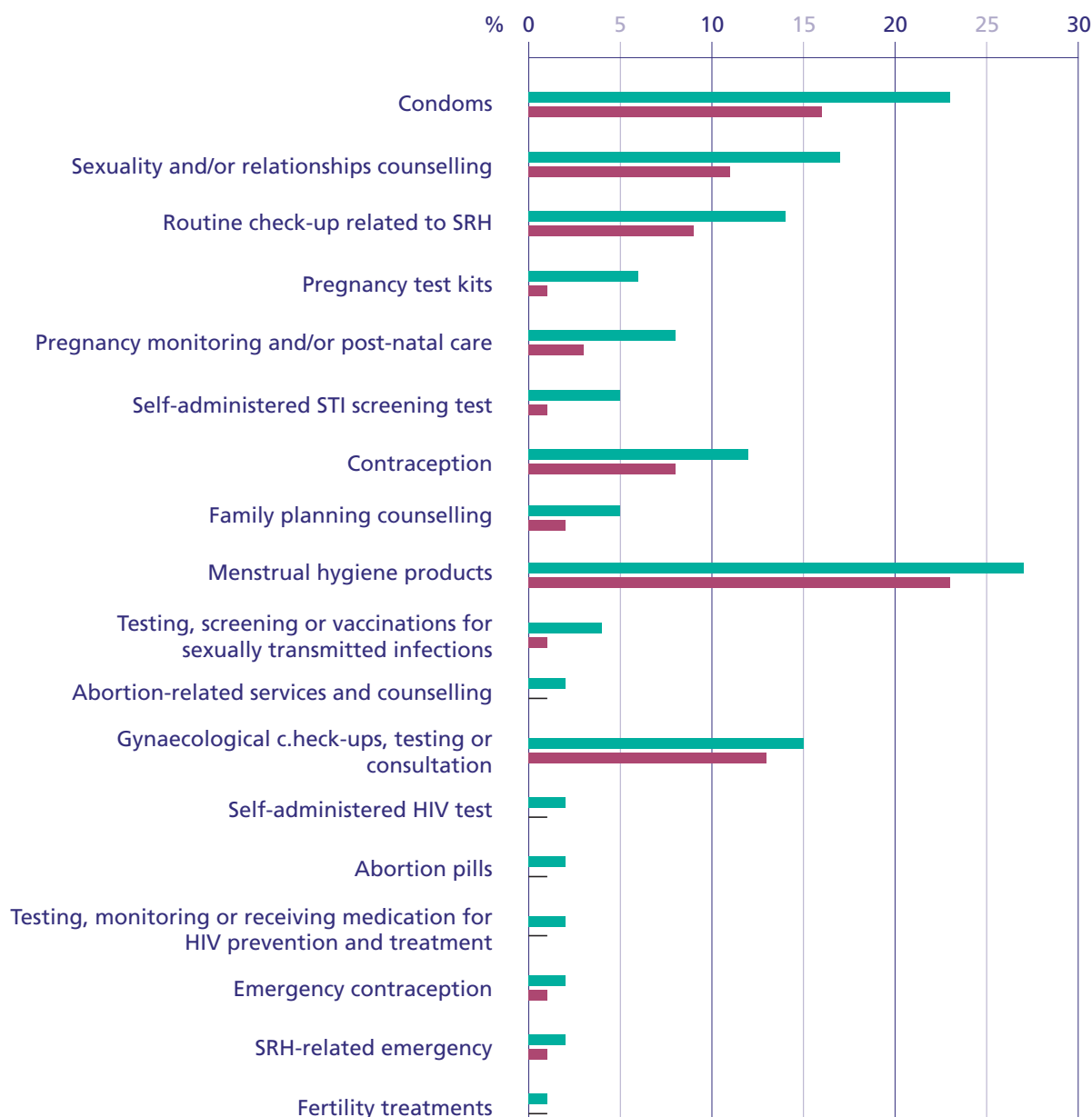
Source: Quantitative youth survey (2021)

For the general youth population, a substantial increase in the need for condoms and sexuality and

relationships counselling in particular was recorded.

SRH services needed BEFORE and DURING the Covid-19 pandemic - General youth population (% mentioning)

■ During the pandemic ■ Before the pandemic



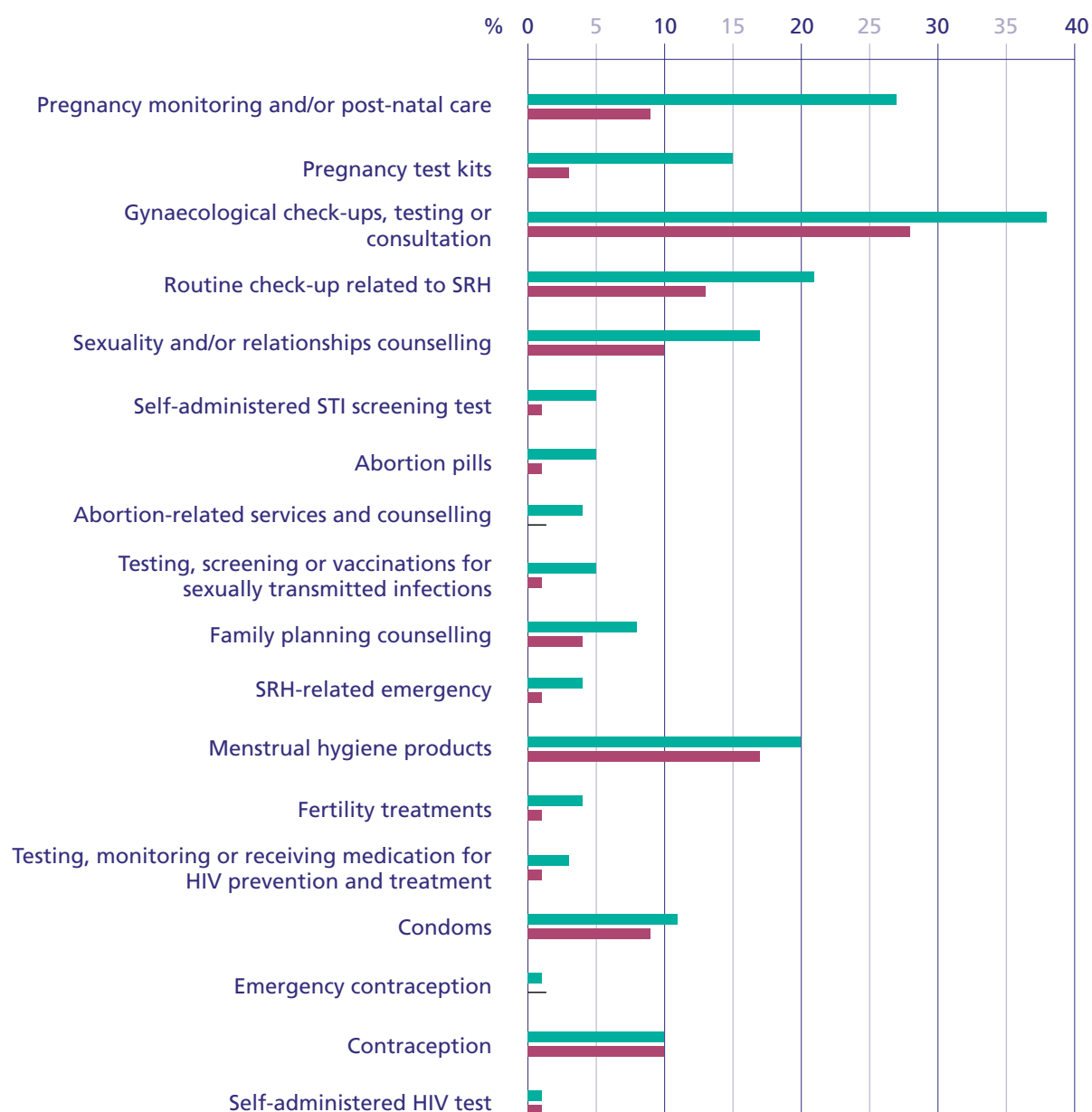
Source: Quantitative youth survey (2021)

For young people in vulnerable situations, the greatest increase in needs has been with respect to pregnancy (monitoring, care and test kits),

gynaecological check-ups, and sexuality and relationships counselling.

SRH services needed BEFORE and DURING the Covid-19 pandemic - Youth in vulnerable situations (% mentioning)

■ During the pandemic ■ Before the pandemic



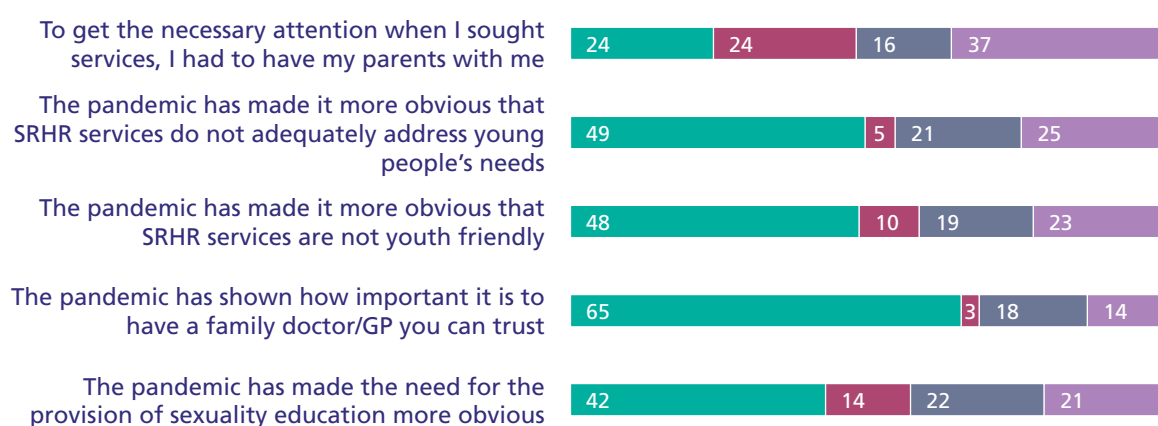
Source: Quantitative youth survey (2021)

2.2 General perceptions of access to and provision of SRHR services during the Covid-19 pandemic

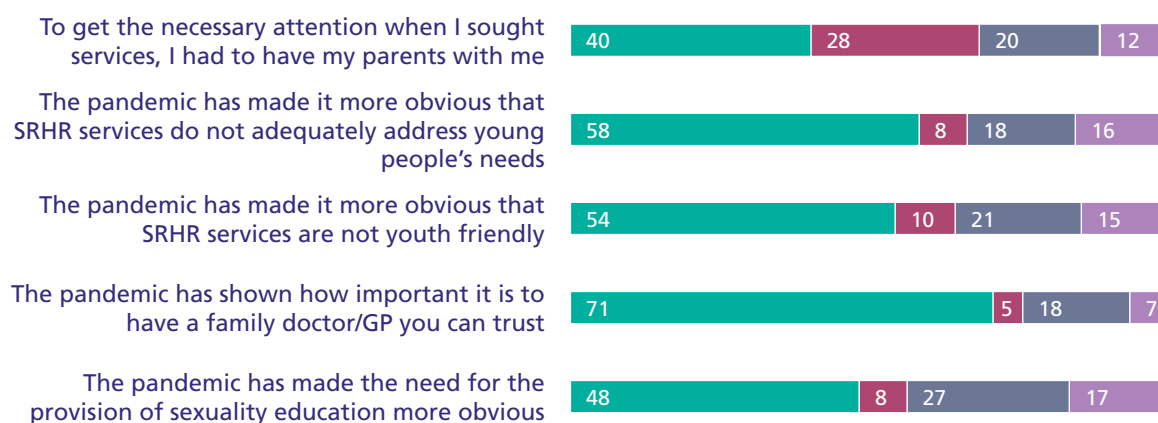
A large proportion of both the general youth population (65%) and young people in vulnerable situations (71%) reported that the Covid-19 pandemic has shown how important it is to have

a trusted family doctor. This may be further explored in terms of involving practitioners who can adequately deliver online support. Moreover, a majority of all youth audiences, especially those in vulnerable situations, believe that the pandemic has made it more obvious that SRH services are not youth-friendly and do not adequately address young people's needs, and that there is a need for sexuality education.

Perceptions of SRH services - General youth population (% mentioning)



- Youth in vulnerable situations (% mentioning)



■ Agree
 ■ Disagree
 ■ Neither agree nor disagree
 ■ Don't know

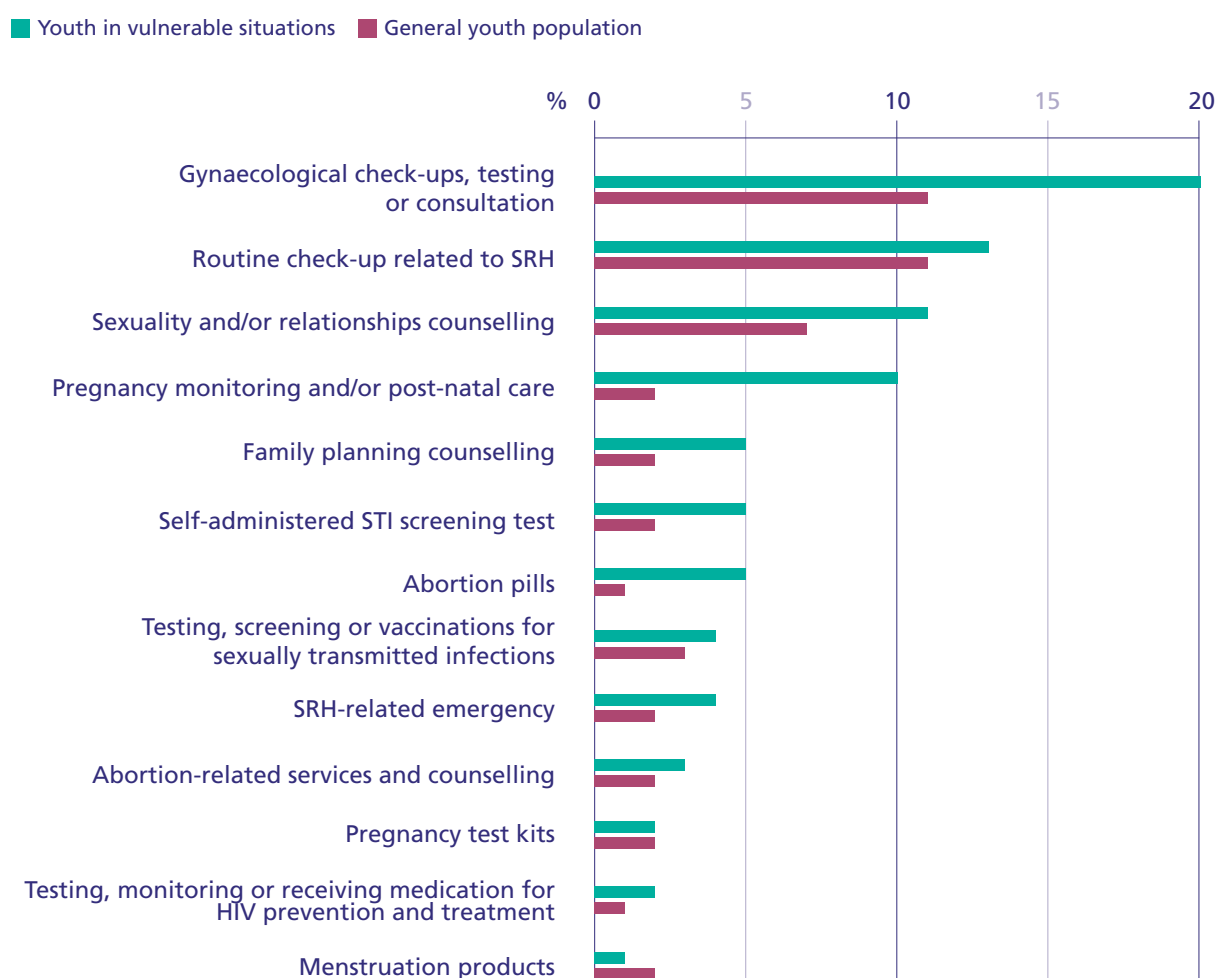
Source: Quantitative youth survey (2021)

2.3 Difficulties in accessing services during the Covid-19 pandemic

The above-mentioned negative perceptions are also reflected in a substantial proportion of those young people seeking services or supplies having

difficulty accessing them during the Covid-19 pandemic, as indicated below. In particular, young people in vulnerable situations have faced obstacles with respect to accessing gynaecological check-ups, testing or consultations, routine check-ups, sexuality and relationships counselling, pregnancy monitoring and post-natal care.

Difficulty in accessing SRH services during the Covid-19 pandemic (% mentioning)



Source: Quantitative youth survey (2021)

2.4 Limited positive experiences of accessing SRH services during the Covid-19 pandemic

In light of the above-mentioned negative perceptions, very few positive references were made by young people in the course of focus group discussions in relation to accessing SRH services during the Covid-19 pandemic.

The only positive perception mentioned by young people themselves related to mobile teams of doctors, nurses or other professionals visiting their community. Nevertheless, knowledge of this service was very limited, and the service itself has been riddled with difficulties in reaching Roma settlements. Key problems highlighted in this respect included:

- Failure of the teams to show up on scheduled dates;
- Examinations performed quickly, inefficiently and without adequate care; and
- A lack of human resources and understaffing, with most doctors transferred to other departments.

In addition, public health officials referred to some successful collaborations between health centres (public institutions) and NGOs, although these references were general and emphasized the future potential of these relationships.

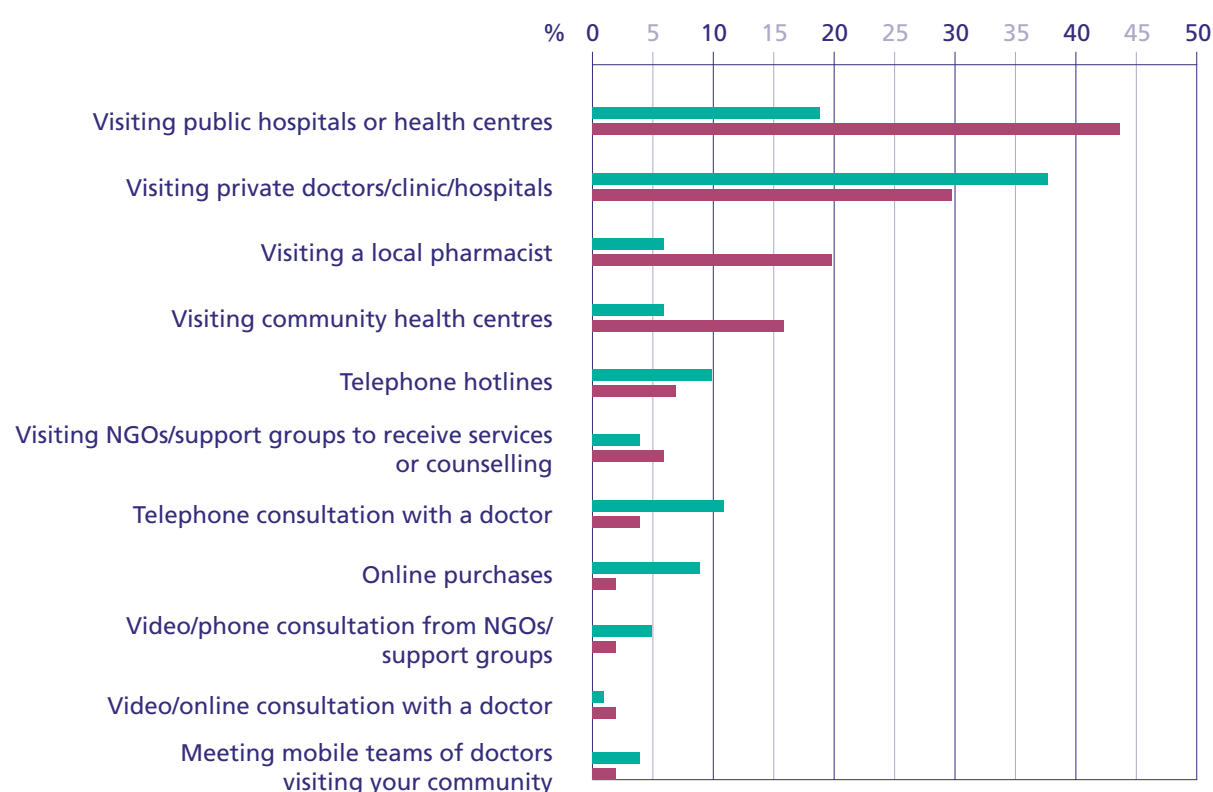
2.5 Channel use for SRHR services during the Covid-19 pandemic

A much larger proportion of the general youth population have used public hospitals (and also

local pharmacies) during the Covid-19 pandemic compared to previously. This reflects the greater need highlighted earlier in this document for professional health support, especially in terms of having direct access to the family doctor.

Channels used to access SRH services BEFORE and DURING the Covid-19 pandemic - General youth population accessing any type of service (% mentioning)

■ Before the pandemic ■ During the pandemic



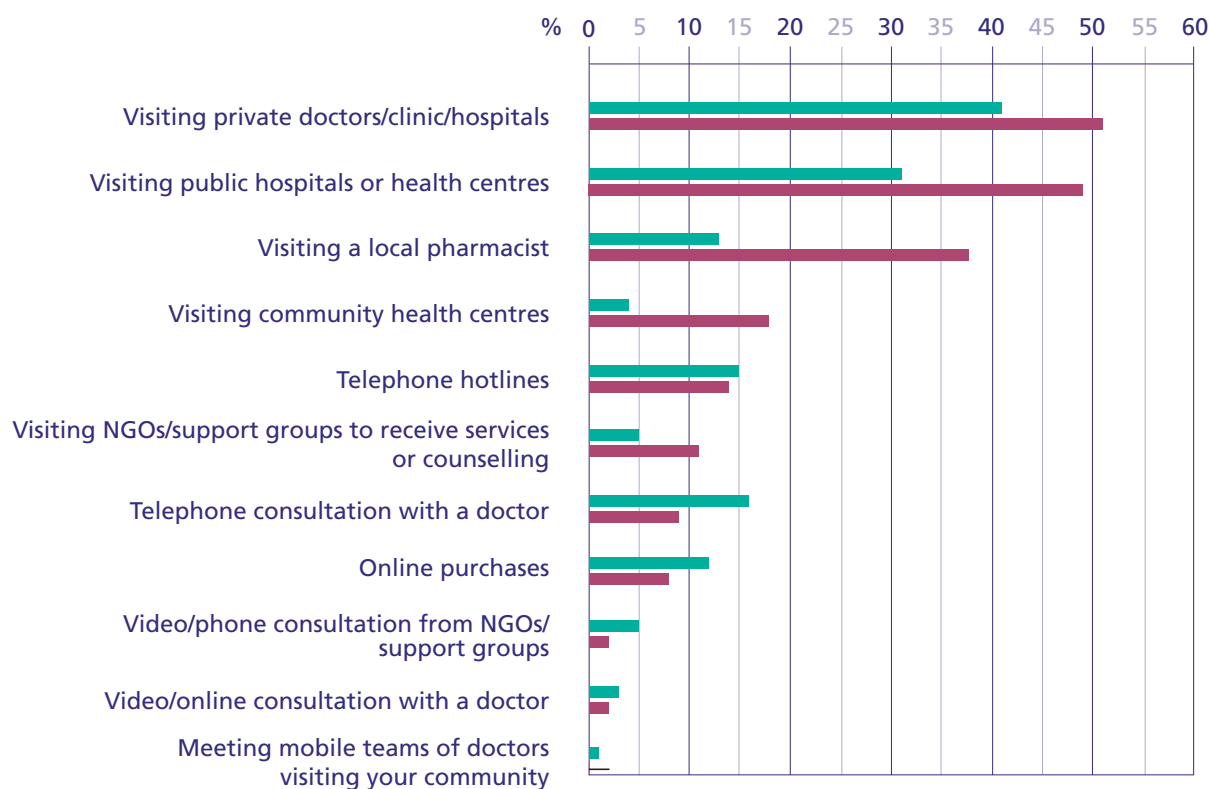
Source: Quantitative youth survey (2021)

In addition to the greater reliance on public hospitals, young people in vulnerable situations

have relied to a much greater extent on local pharmacies and community health centres.

Channels used to access SRH services BEFORE and DURING the Covid-19 pandemic - Youth in vulnerable situations accessing any type of SRH service (% mentioning)

■ Before the pandemic ■ During the pandemic



Source: Quantitative youth survey (2021)

2.6 Problems in accessing channels for SRH services during the Covid-19 pandemic

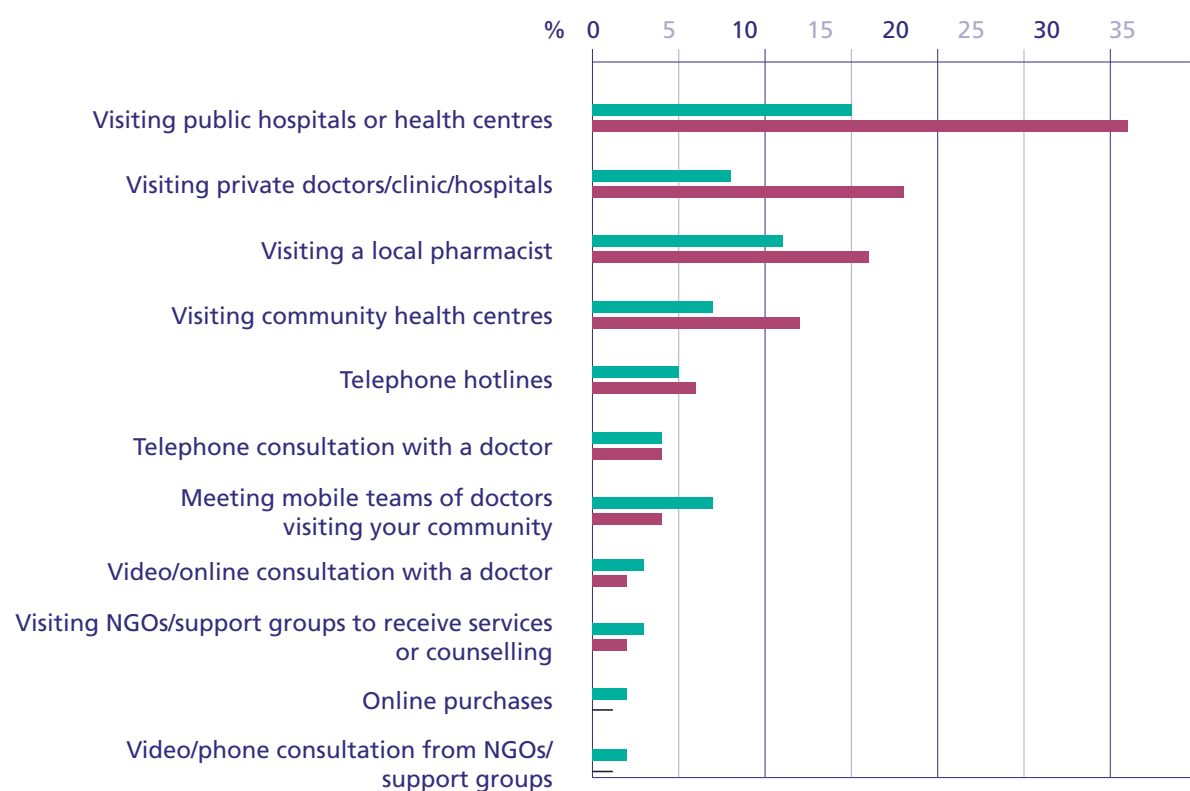
2.6.1 Specific difficulties faced in accessing channels for SRH services during the Covid-19 pandemic

Channels that have been difficult or impossible to access during the Covid-19 pandemic

Despite the increased reliance on public hospitals, it is clear that young people have faced difficulties in accessing them during the Covid-19 pandemic. Similarly, there have been difficulties in accessing other importance resources, namely community health centres and local pharmacists.

Channels that are difficult to accessing during the Covid-19 pandemic (% mentioning)

■ Youth in vulnerable situations ■ General youth population



Source: Quantitative youth survey (2021)

General problems of accessing channels in relation to SRH services

At a wider level, the Covid-19 pandemic has put considerable strain on the health system of BiH, resulting in a series of **general problems with respect to accessing SRH services**. A large majority of focus group discussion participants mentioned this situation, with common mentions of even routine gynaecological examinations and counselling services in particular being unavailable.

Moreover, research with service providers themselves found that health care services provided in hospitals have been discontinued or reduced, and the provision of surgical services has been reduced to the minimum. Indeed, there is a general belief that the pandemic has had a negative impact on both the availability and quality of SRH services, while the greatest attention has been paid to Covid-19 patients (https://ba.unfpa.org/sites/default/files/pub-pdf/inquiry_on_sexual_and_reproductive_health_and_reproductive_rights_in_bih.pdf). Specifically, the measures introduced to prevent the spread of the virus have reduced accessibility to health care services, including SRH services in BiH with respect to:

- Health care services being available only in emergency cases, for pregnant women and female oncology patients;
- A reduction in the scope of services in hospitals, including much longer waiting times;
- A delay in introducing delivery rooms and ambulatory care services specifically for pregnant women infected with Covid-19;
- According to an assessment by the beneficiaries of five SRH services, the pandemic has had the most impact in terms of reduced accessibility of family planning services (mentioned by 52% of respondents), SRH education (43%), breast and cervical cancer prevention and treatment services (39%), contraception (32%) and pregnancy termination services (29%); and
- A large number of health centres or clinics actually closed down due to the impact of Covid-19, leaving young people with nowhere to go for consultations or examinations.

2.6.2 Dimensions and nature of problems faced in accessing SRH services

The nature and dimensions of the problems faced in accessing SRH services are multifaceted.

Outright lack of accessibility experienced across all youth audiences

Basic problems of outright inaccessibility of SRHR services and support were mentioned by focus group discussion participants across all youth audiences, pertaining to:

- Service access in general, including:
 - A lack of information about appointments for gynaecological examinations;
 - Closure of small local clinics, necessitating visits to larger health centres for care and/or medical check-ups;
 - The urgency with which medical incidents have been dealt with has been compromised due to **medical and/or counselling professionals being shifted to other responsibilities to manage the Covid-19 crisis**. This was commonly referred to in the context of young people trying to physically visit health centres, have telephone consultations or access contraception (information and consultations) and routine gynaecological health checks; and
 - Closure of private gynaecological practices during the pandemic, removing the possibility of the private sector substituting for the shortcomings of the public sector;

"The health centre in my area catered exclusively to Covid-19 patients, and the only two gynaecological practices were closed. I live in the suburbs of Sarajevo, and during Covid-19 the services were really hard for me to access."

- Young person, Sarajevo suburbs

"I could not get a regular gynaecological examination anywhere. I was afraid to wait so long."

"I needed an urgent check-up at the gynaecologist, but I couldn't get this service anywhere during the lockdown. I had to wait at the health centre."

- Young Roma females

- Lack of access to supplies, including contraceptives and pregnancy tests, on account of pharmacy closures; and

"I wanted to buy a pregnancy test, but the pharmacies near me weren't open."

- Young person

"When I need to buy contraceptives from the pharmacy, I go to the other end of town. This is a small community, and everyone knows each other."

- Young Roma female

- Closure of local community centres or youth centres during lockdowns, where young people could normally engage with peers.

"I think that there should be at least one youth centre in each part of the city."

- Young person, Bjelina

Problems of quality of care

During focus group discussions, youth in Sarajevo, marginalized groups in Bjelina and Gorazde, and teenagers all also raised quality issues related to:

- A lack of attention received during visits to health centres or clinics, due to the focus being exclusively on Covid-19 patients;
- Superficial routine gynaecological check-ups; and
- A lack of attention from medical counsellors because they were overloaded with patients.

Moreover, those accessing services and supplies both before and during the Covid-19 pandemic reported overwhelmingly that the quality of services (though not supplies) has worsened considerably during the pandemic, especially in terms of sexuality and/or relationships counselling, and routine and gynaecological check-ups.

Evaluation of quality of services during the Covid-19 pandemic compared to before (% mentioning)

	Worse	Better	The same	Cannot say
	%	%	%	%
Sexuality and/or relationships counselling	53	9	22	16
Routine check-ups related to SRH	56	-	38	6
Gynaecological check-ups, testing or consultation	63	3	25	9
Condoms	11	8	67	14
Contraception	19	4	63	15
Menstrual hygiene products	3	2	90	5

Problems of quality of care

Young mothers and pregnant women who participated in focus group discussions highlighted a number of common problems, including:

- A substantial increase in the waiting times for gynaecological examinations;
- The inability to communicate with the doctors monitoring their pregnancy, due to the closure of local health centres;
- The inability to access their normal doctor, since they had been transferred to another medical centre;
- A lack of confidence in or awareness of any specific protocols for examining pregnant women without risking exposing them to Covid-19;

- Among those without sufficient financial means, an inability to afford alternative support from those private clinics that remained open; and

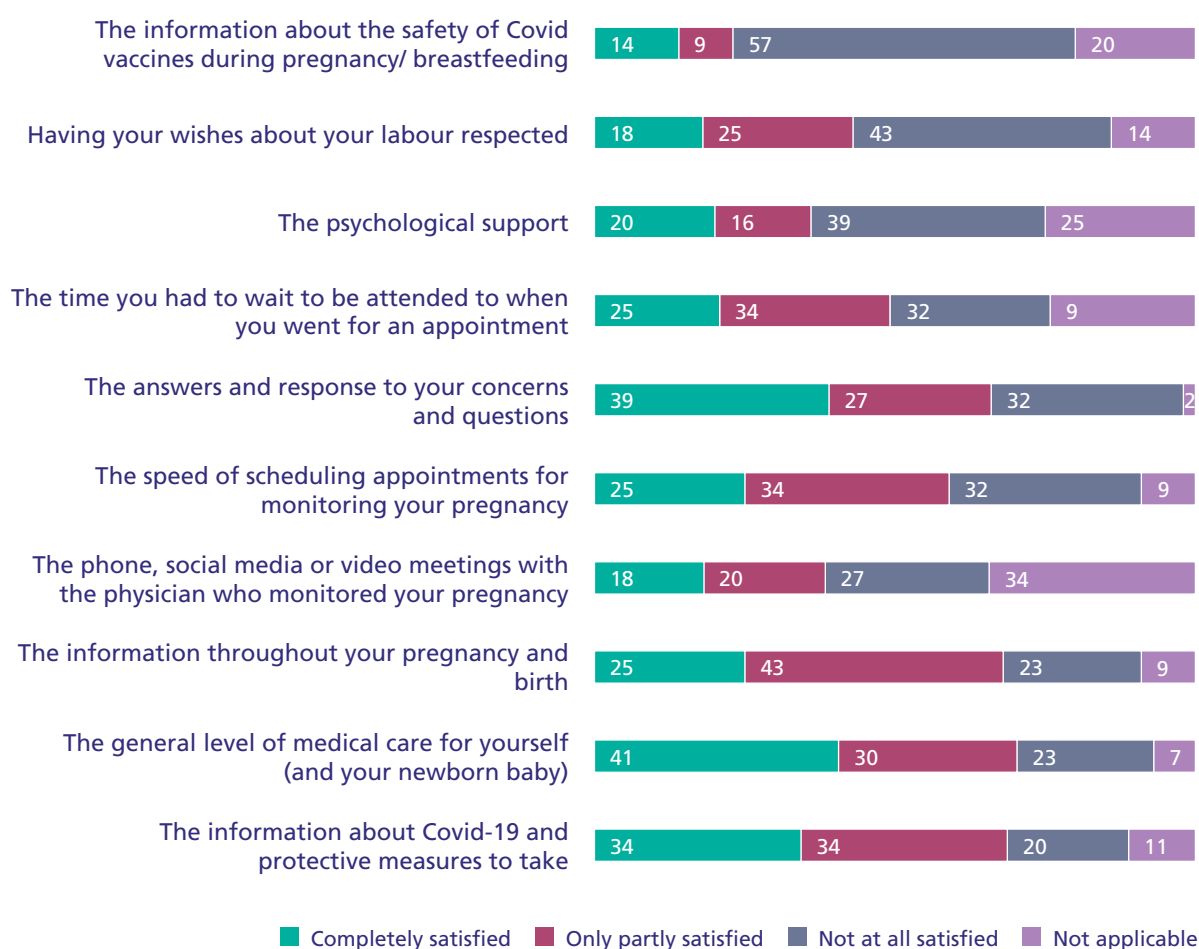
- A conviction that the authorities ignored all non-Covid-19 patients, including pregnant women, in terms of both medical and psychological support services.

"I am sorry that the authorities have not done anything regarding pregnant women. I had no one to turn to for advice when I felt bad."

- Young mother who gave birth during the Covid-19 pandemic

The range of issues faced by pregnant women and new mothers was also recorded in the quantitative youth survey, indicating that—at best—their experiences during the Covid-19 pandemic have been mixed, as shown below.

Level of satisfaction with services for new mothers during Covid-19 (% mentioning)



Source: Quantitative youth survey (2021)

Accessibility issues for Roma women

Problems of accessibility to SRH services have continued to persist for Roma women. Although these problems pre-dated the pandemic, their personal impact has been more intensely felt, while additional practical problems have emerged:

- Not having health insurance underpins a large proportion of the problems faced;

"I think we should start by solving the problem of health insurance."

- Young Roma female

- Access to contraceptives and other medicines has become less affordable for them, given the financial predicament that Covid-19 has created, coupled with the fact that they do not have health insurance, which would allow them to obtain them at low cost;

- The further discrimination they have experienced from health professionals in those cases where they have needed and managed to come into contact with them;

"Why does the fact that I am a Roma woman matter? As soon as they see me, they immediately think that I am not in a financial situation to pay for a certain service."

- Young Roma female

- Access to contraceptives and other medicines has become considerably more difficult on account of the closure of pharmacies in their vicinity; and

- It is difficult for those living in settlements outside the cities to easily or quickly access quality health care.

For Roma females, these problems are further intensified within the framework of a patriarchal family structure, ultimately consigning them to dealing with issues alone and without the option of accessing professional SRH services:

"We deal with our problems by ourselves."

"My husband is very jealous if I talk to someone about certain issues about SRHR."

- Young Roma females

In this context, it is important to respond to the information and counselling needs of Roma women, given also the widespread discrimination they face at various levels.

Accessibility of mental health and psychological support services

All youth audiences tend to agree that the Covid-19 pandemic has increased the importance of access to mental health and psychological services. Especially during lockdowns, the isolation felt by young people, and the fact that they lived with (and were 'tied' to) their parents, meant that the need to reach out to a specialist for support was referred to as having become even greater, with young people realizing more than ever before that a person's mental health is as important as their physical health. Indeed, because cultural factors make discussion of mental health issues taboo even within the close community or family, the need for professional support has intensified:

"I was ashamed to say that I needed to consult someone."

- Young person, Sarajevo

Nevertheless, mental health services were commonly referred to by focus group participants as having been particularly difficult to access during this time of greater need, for a number of reasons:

- Mental health services were perceived to have operated at a reduced capacity due to hospitals and health care centres being overwhelmed by Covid-19 patients;

"I needed counselling, but it was hard for me to seek it out."

- Young person, Sarajevo

- Among those seeking online consultations, these were said to have been overloaded, making it impossible to book an appointment within 7 days and thus failing to offer a solution to urgent problems and the need for immediate support; and

- Though **young people and other vulnerable groups** are aware of the existence of an online counselling service, it is not free, and thus inaccessible to the majority of those who are financially disadvantaged.

Set against these barriers, the **activities of NGOs** appear to have been an effective positive response helping to mitigate some of the problems. Urban youth referred to an NGO (without naming it specifically) offering online counseling to young people; those who took advantage of the service reported that it helped them greatly. For Roma women, NGOs dedicated to supporting the Roma community have been instrumental in providing

a safe haven and a source of support within the trusted confines of their community, effectively bypassing the wider issues of discrimination, mistrust in authorities and the lack of health insurance.

"I discuss every problem with the association."

"I only trust people from Roma support associations."

- Young Roma female living in a settlement

2.7 Affordability as a key distinction between 'privileged' and 'non-privileged'

The ability of focus group discussion participants to access SRHR services during the Covid-19 pandemic has depended heavily on their **social and economic background**. In particular, **young people from lower-income families and Roma women** claimed that they could not afford to pay for private health clinics, purchase medicines from pharmacies or use 'paid' counselling or mental health services. Although this problem pre-dates the pandemic, the loss of employment and disappearance of monthly income has effectively consigned them to seeking any type of support through public hospitals only (hence facing the concomitant challenges outlined above).

These views of focus group discussion participants are strongly supported by other research. In particular, UNICEF found that those most affected by the crisis are children, women and vulnerable groups, such as single parents, people with disabilities or chronic diseases, people in relative poverty, internally displaced persons, members of ethnic minorities returning to 'the war after the war', Roma and members of the LGBT community (<https://www.unicef.org/bih/pri%C4%8De/procjena-socijalnog-utjecaja-pandemije-bolesti-covid-19-u-bosni-i-hercegovini>). This shows that the institutional capacity to provide basic services to the population is weak. Around 12% of respondents stated that they have unmet basic needs for health care that are not related to Covid-19. Among health issues, mental health was identified as one of the key areas in which the population faces challenges, with 36% of respondents saying that the situation caused by the pandemic forced them to focus only on their immediate family and its members.

2.8 Limitations to access to SRHR services in the wider context

The above-mentioned limitations and problems in accessing SRHR services during the pandemic are largely framed by institutional shortfalls which became evident in light of the stringent measures introduced to prevent the spread of Covid-19. Indeed, in the course of in-depth interviews, experts identified a series of obstacles and resulting problems at a broad level, effectively indicating a systemic inability of the health system to respond quickly and adequately to the range of challenges posed by the pandemic:

- SRHR services were virtually or completely inaccessible during the first 3 months of the pandemic (during the lock down);

- Access to SRHR services remained problematic even outside lockdown periods, as only priority patients had access to some medical centres. Essentially, the authorities did not consider SRHR services a priority; therefore, they were only available for emergency cases;

"Family planning and contraception counselling services are put in the background as 'non-emergency' services that will have to wait."

- Public health official

- A systemic lack of supplies or provision of contraceptives and pregnancy tests;

- Substantial delays in booking appointments, due to the lack of availability of staff;

- An overall reduction in the quality of the services pertaining to both waiting times and the level of medical care and examinations: according to one health professional, "When a young person visits a health centre in need of an SRH service, they will be greeted by a long queue, poor organization of admission of patients within the health centre, as well as fast and inefficient examinations by doctors";

- Financial constraints and very difficult access to services and supplies alike for young people with lower socio-economic status and those living in rural areas.

2.9 SRH services and channels assuming greater importance during the Covid-19 pandemic

Over and above the increased need to visit medical health professionals highlighted previously, the importance of specific SRH services has also increased on account of young people's feelings of anxiety at being cut off from their peers. These key areas relate to:

- Access to both **routine and emergency gynaecological examinations**, both in general and for pregnant women and young mothers in particular (in terms of general information, support and access to pregnancy tests);
- **Psychological support and mental health services** in relation to the ability of young people to access health professionals both for routine visits and in cases of emergencies. There is a clear realization of the importance of mental health care in a climate of fear, lockdown restrictions, loss of employment and not being able to connect with peers. The serious impact at both a personal level and on relationships has led to added stress, pressure and uncertainty; and
- For young people living in **rural areas** and/or in neighbourhoods far from the city centre (the Roma community, vulnerable young people), the **mobile teams of doctors and nurses visiting communities, and health mediators have become essential services**.

Potential **positive responses** to relieve the problems created by the shortfall in SRHR service provision including the following:

- **Strengthening and supporting the activities of NGOs:** recognized by young people as having alleviated some of the problems and acting as the main (if not only) type of organization that has responded positively during the pandemic, NGOs play multiple roles:
- **Supporting closed communities, especially the Roma:** the existence of an NGO focused on the community which has been active since before the pandemic and has remained active during the pandemic has further earned the trust of the community and, indeed, created even higher expectations. Thus, extending this blueprint to more areas of the country is likely to be extremely beneficial;

- Offering **mental health services** as a vital add-on to their general services providing information on SRHR;
- **Becoming established as key providers of informal sexuality education:** the creation and enhancement of online webinars and seminars in this respect during the pandemic has been well received, despite limitations, and has shown strong long-term potential; and
- Acting as an effective link with government institutions and taking on a large part of the burden of rigid and slow-responding health authorities in all aspects of SRHR information and services, mental health and sexual and gender-based violence;
- **Increasing funding and ensuring the timely and consistent operation of mobile teams of doctors** to provide gynaecological examinations, cater to the needs of pregnant women and deliver hard-to-find or unaffordable contraceptive supplies; and
- **Ensuring continuous telephone communication** with trusted health professionals and personal doctors: given the reduced accessibility of SRHR services during the pandemic, the difficulty in contacting health professionals by telephone has discouraged many young people from trying to access SRH services and information. Ensuring effective telephone communication with GPs, gynaecologists, and also health professionals for populations in more remote areas is an important missing dimension in the current Covid-19 situation.

2.10 Potential for online or telemedicine services

As previously highlighted, the potential of using online and technological means to access information related to SRHR appears to be welcomed by those young people with easy and habitual access to and use of the internet. In this context, urban youth with internet access reported being open to using such resources, while health professionals and NGOs also reported having adopted technological means to provide information, consultations, medical examinations and training.

Nevertheless, it is evident that the long-term usefulness of such means may largely be confined to information provision rather than offering services, on account of:

- A perceived lower quality of care and services offered by online and telephone consultations (compared to face-to-face medical examinations and counselling), even among those young people with internet access and a high level of digital literacy;
- A lack of reliable internet connections and appropriate devices in less privileged neighbourhoods or remote areas, making the provision of teleconsultations risky, especially when a rapid response to a medical issue is required; and
- A lack of knowledge on how to use technology (among less privileged young people and Roma women), resulting in a lack of motivation to consider such means for accessing health care services.

This perception is reflected in the very small proportion of youth considering video or phone conversations with their physicians equally effective as face- to-face encounters, as shown below.

Effectiveness of video or phone conversations with physicians/counsellors - General youth population (% mentioning)



Source: Quantitative youth survey (2021)

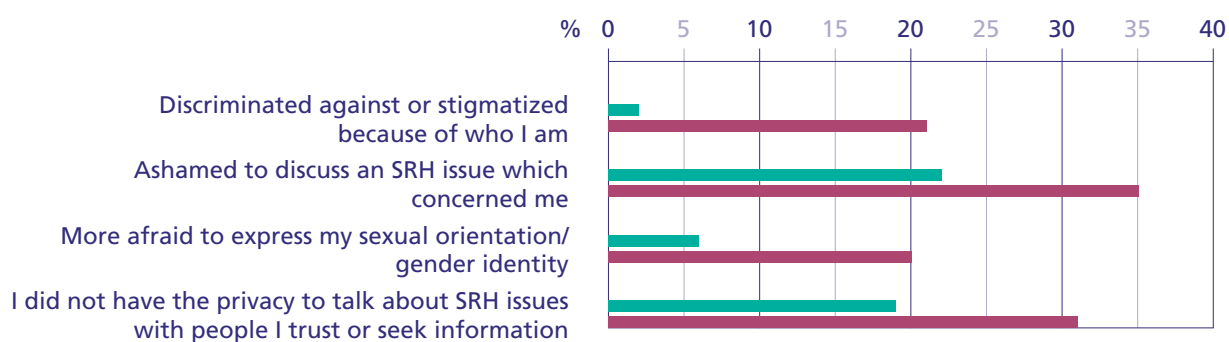
III. Emotional and personal impacts of Covid-19

3.1 Negative feelings and discrimination experienced during the Covid-19 pandemic

A substantial proportion of young people in vulnerable situations have experienced discrimination, felt ashamed to discuss SRH issues, been scared of expressing their sexual orientation and had concerns about privacy issues during the Covid-19 pandemic, as shown below.

Feelings of discrimination experienced (% mentioning)

■ General youth population ■ Youth in vulnerable situations



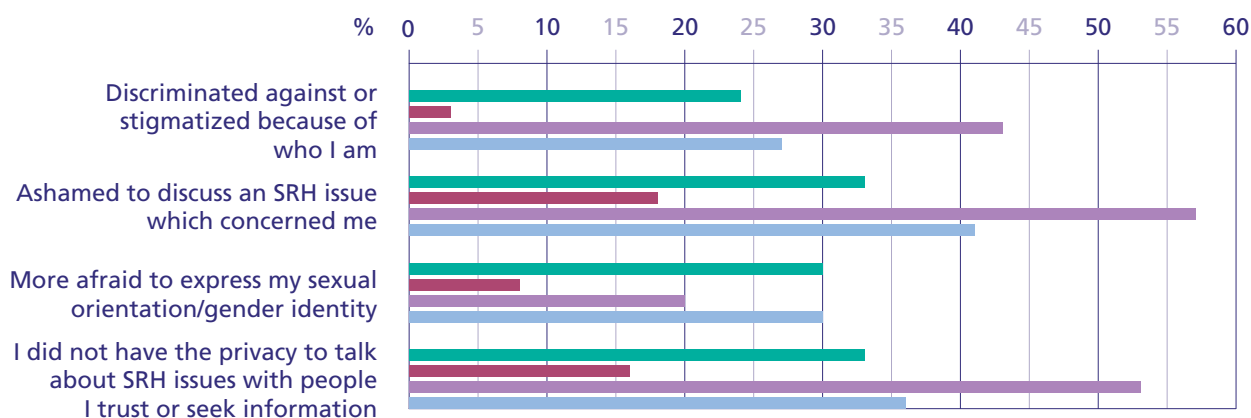
Source: Quantitative youth survey (2021)

The feelings of discrimination, shame and a lack of privacy have been particularly common among

Roma youth and LGBT people, as shown below.

Feelings of discrimination experienced (% mentioning)

■ Urban youth with low SES ■ Youth in remote areas ■ Roma youth ■ LGBT youth



Source: Quantitative youth survey (2021)

3.2 Negative personal and emotional impacts of the Covid-19 pandemic

At the personal and emotional level, Covid-19 has impacted different groups of young people in different ways, and to a different degree, resulting in differing implications.

General youth population

The impact on the **general youth population** has largely been one of feeling neglected and disempowered, driven by a combination of aspects related to: (i) the lack of **personal privacy, being confined with their parents** during the lockdown; (ii) the lack of **independence** to pursue their social contacts and activities; and (iii) the inability to acquire much-needed professional psychological support.

"I don't think anyone around me in my community cared about SRHR."

- Young person, Sarajevo

Specifically, youth in urban centres are particularly concerned about:

- Not having access to SRHR services in general, and especially not being able to use the internet to access mental health and counselling services;
- Staying with parents and/or partners, and not being able to meet their peers; and
- Significant violations of their privacy.

"I couldn't ask for counselling online during the lockdown because my parents in the next room would hear it."

- Young person, Sarajevo

Young people in vulnerable situations

In contrast, the impact of Covid-19 on young people in vulnerable situations has been different. Participants in focus group discussions mentioned overriding feelings of **fear and uncertainty** driven by:

- Conflicting information on the pandemic;
- A lack of sufficient information on where to find SRHR services;
- Stigmatization for even asking for information on contraception;
- Economic and financial difficulties on account of loss of employment, limited job opportunities and reduced incomes;
- A perception of exclusion and complete neglect of young people and their SRHR needs by the authorities; and
- A realization of the inadequacy of the health care system in general.

Young mothers and pregnant women reported strong feelings of **discomfort and frustration** during focus group discussions, as a result of experiencing the effects of an **ineffective health care system** that could not meet their specific needs or those of the foetus or newborn baby.

Among **Roma women**, the emotions expressed included fear, uncertainty, stigmatization and having no idea of **what to do or who to turn to for any matter related to SRHR**. Crucial to the intensification of this emotional and practical predicament during the Covid-19 pandemic has been the loss of employment and physical restrictions experienced by their male spouses or partners. Thus, they have been forced to spend considerably more time at home with the male perpetrators of the patriarchal and restrictive family structure. Ultimately this has led to greater feelings of stress, being unable in many cases to talk freely to friends or neighbours about issues of concern or their general psychological well-being, and being unable to contact local NGOs for support (wherever available in close vicinity), particularly because SRHR issues are considered inappropriate for public discussion within their community.

"Everyone thinks that the SRHR problem is a private matter and that it should not be shared with everyone."

- Young Roma female

3.3 Negative economic impacts of the Covid-19 pandemic in the structural context

The above-mentioned negative emotional impact of the pandemic on vulnerable groups, minorities, and people living in remote and rural areas is strongly associated with the neglect of their specific needs in the context of economic disparities.

Indeed, research by UNICEF (<https://www.unicef.org/bih/pri%C4%8De/procjena-socijalnog-utjecaja-pandemije-bolesti-covid-19-u-bosni-i-hercegovini>) found that the Covid-19 pandemic has been a major cause of trauma, with 45% of respondents expressing concerns about their deteriorating mental health manifesting as burnout, fear, anxiety and a lack of sleep.

A worsening financial situation was reported by 43.6% of all households, of which 12% faced significant difficulties. Among these, the most severely affected categories of the population have been those that were previously economically vulnerable, with almost 50% of such groups citing a deterioration in their financial situation compared to the period before the pandemic, and 13% pointing to a significant deterioration. The financial situation has led to a decrease in food consumption in 28.6% of families with children.

Women in particular have endured a disproportionately greater negative impact of strict confinement measures, experiencing more job

losses on account of the increased need to care for children (60% of women emphasizing a significant increase in the volume of housework and childcare). The emotional strain on young mothers in particular has been particularly great.

With the transition to online education, access to education has been particularly difficult for children from less affluent, economically vulnerable families who cannot afford the technological means required.

3.4. Virtual absence of positive personal emotional impacts of the Covid-19 pandemic

Across all focus group discussions conducted with all youth target audiences, there has been virtually no mention of or reference to any positive personal emotional impact of the pandemic. Nevertheless, it does appear in a minority of cases that active engagement in civil affairs (such as becoming involved or volunteering in local NGO activities) has served positively to shift people's attention away from fear and uncertainty. Thus, the positive engagement of youth in such times of crisis can deliver a greater feeling of certainty and control of the situation, and is an aspect that would be well worth considering for enhancement at the local policy, community or NGO level.

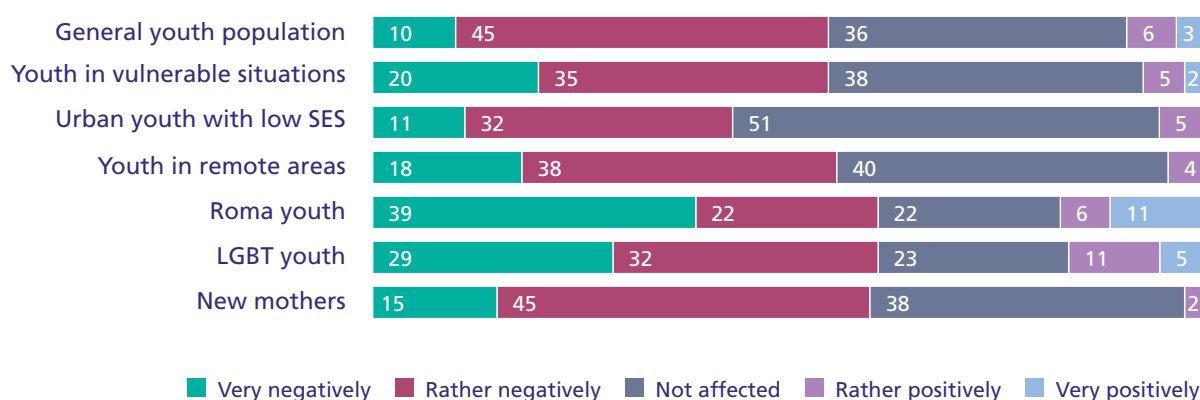
IV. Mental health impact, services and support

4.1 Impact of the Covid-19 pandemic on mental health

As previously indicated, mental health has been a key area of concern for young people during the Covid-19 pandemic, standing out from other topics as one with a very high (and increased)

need for information. This is further reflected in a substantial proportion of all youth audiences who reported being negatively affected in terms of their psychological well-being and mental health due to Covid-19, as recorded in the quantitative youth study. The negative impact has been greatest among Roma youth and LGBT people.

Effect of Covid-19 on personal psychological and mental health (% mentioning)



Source: Quantitative youth survey (2021)

Moreover, the initial impact of the pandemic on mental health was recorded by a UNICEF study on the social impact of the pandemic on households, conducted in three waves in July, November and December 2020 ([https://www.unicef.org/bih/pri%C4%8De/procjena-socijalnog-utjecaja-](https://www.unicef.org/bih/pri%C4%8De/procjena-socijalnog-utjecaja-pandemije-bolesti-covid-19-u-bosni-i-hercegovini)

[pandemije-bolesti-covid-19-u-bosni-i-hercegovini](https://www.unicef.org/bih/pri%C4%8De/procjena-socijalnog-utjecaja-pandemije-bolesti-covid-19-u-bosni-i-hercegovini)). The study found that the situation in the country has deteriorated in several respects, particularly due to increased exposure to various forms of violence, most evident among people already living in sub-standard conditions.

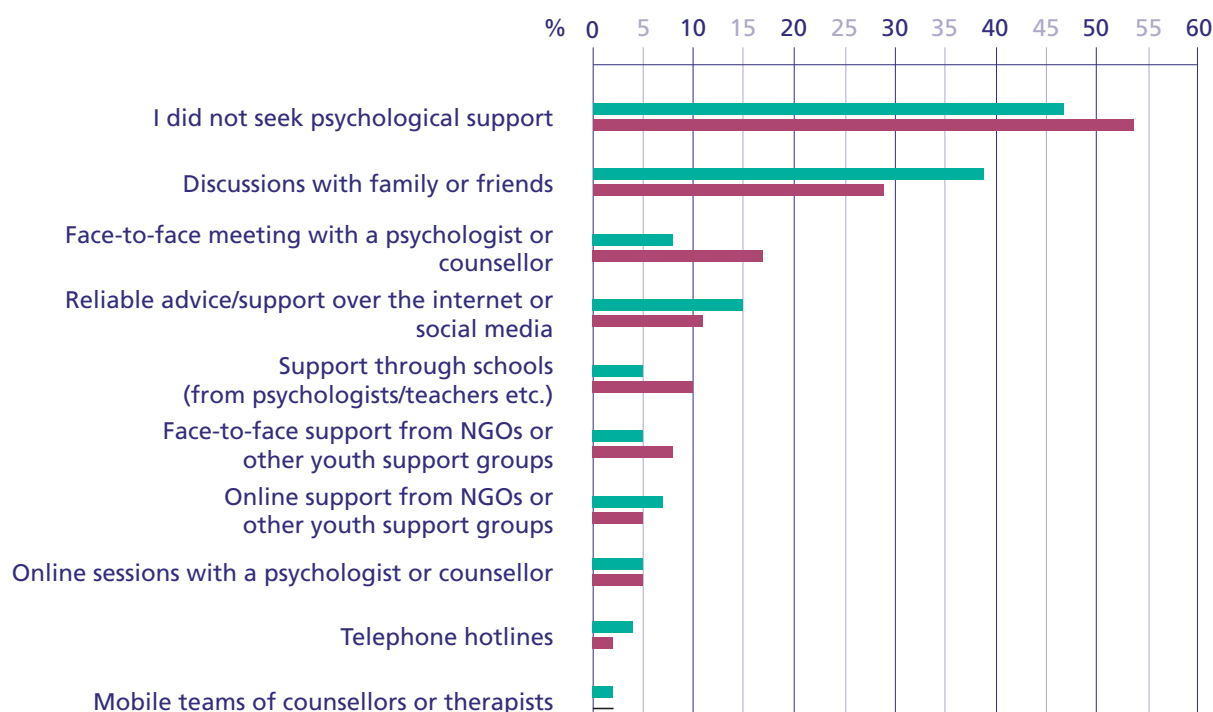
4.2 Seeking mental health and psychological support

In this context, the need for professional mental health support appears to have intensified, given the historical taboo of discussing such issues in the community and the privacy issues created by

the pandemic. This is reflected in an increased proportion of young people seeking mental health support during the pandemic, in particular through face-to-face sessions with mental health professionals (from 8% to 17% of youth in general and from 7% to 23% of those in vulnerable situations), despite the Covid-related restrictions.

Channels used to access psychological support/services BEFORE and DURING the Covid-19 pandemic - General youth population (% mentioning)

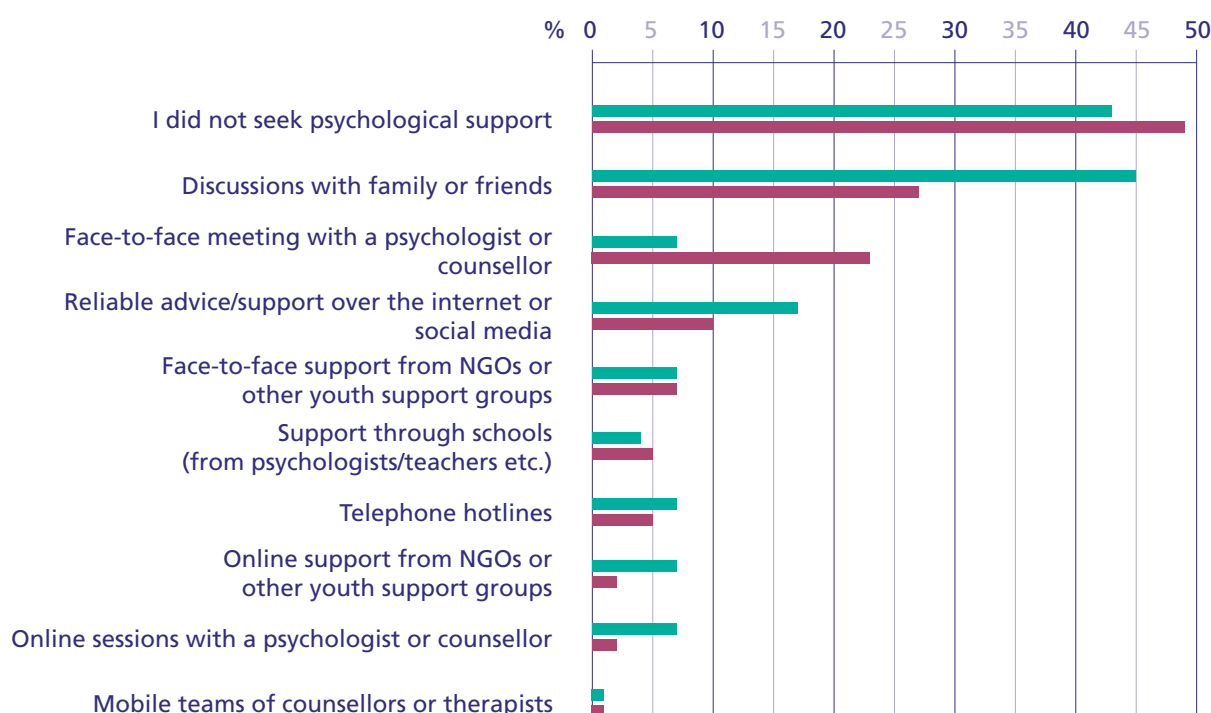
■ Before the pandemic ■ During the pandemic



Source: Quantitative youth survey (2021)

Channels used to access SRH services BEFORE and DURING the Covid-19 pandemic - Youth in vulnerable situations (% mentioning)

■ Before the pandemic ■ During the pandemic



Source: Quantitative youth survey (2021)

Nevertheless, a series of specific limiting factors on seeking and accessing mental health and psychological support services was also identified in focus group discussions across the various youth audiences, suggesting that there is an even greater hidden need for mental health support.

Among all youth audiences, the discussions revealed a general belief that there is no real distinction between the services offered by a psychologist and a psychiatrist, since they are both placed in the 'medical sphere' in the minds of young people. The stigma associated with being 'sick' in this respect leads to some avoidance of seeking support. Despite their evident need for professional services, there is a strong feeling of a **lack of motivation** to actually act to address this need, overshadowed by the glut of information on and media coverage of physical health.

Among young people living with their parents, obstacles are posed from within the family, with parents unable to understand or accept why their own children may need support and counselling from psychologists. This has been very widely voiced during focus group discussions, with references made to parents not actually allowing their children

to use any psychological support services, as a means of 'protecting' their children from being labelled or carrying the stigma of needing psychological support. In this respect, young people themselves suggested the introduction of educational activities for parents, to help them understand how these services can be beneficial for children, and teach them that psychological support and psychiatric services are not the same.

Among already disadvantaged groups in general (financially or marginalized Roma), there are also additional limitations relating to:

- **Limited awareness of psychological support services** to turn to during the Covid-19 pandemic outside those offered in public hospitals. Coupled with a clear perception that mental health services have been operating at a reduced capacity during the pandemic, this has created a further obstacle to such youth audiences;
- **A lack of awareness in particular of any free counselling**, with young people aware only of private, paid services, which the majority are unable to afford; and

● **Digital illiteracy and a lack of internet access:** in particular, members of the Roma community outside Sarajevo in settlements without NGO support in their near vicinity have thus been unable to access support offered online.

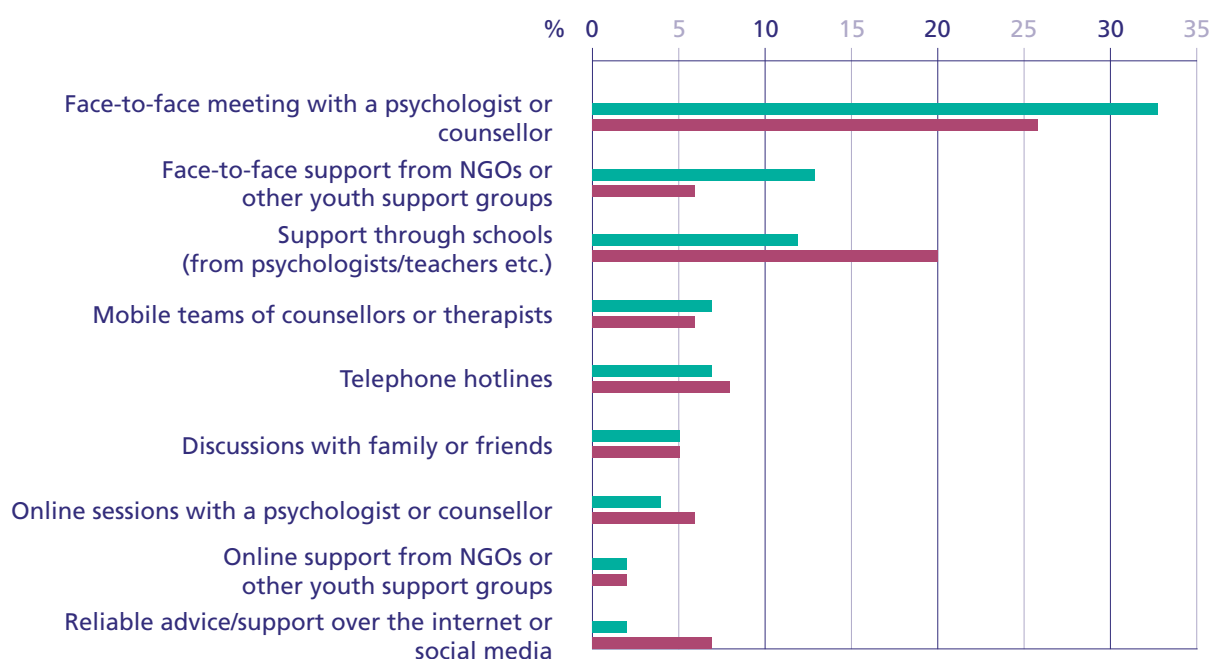
Among more affluent urban youth, although the financial situation has not presented an obstacle in terms of seeking private online consultations for psychological support, clear problems were reported in terms of operational problems of platforms, and bookings being overloaded, leading to no appointments being available within 7 days and thus failing to offer a solution to urgent problems and the need for immediate support.

4.3 Barriers to accessing psychological and mental health support

For young people in vulnerable situations in particular, it is clear that accessing psychological support through face-to-face meetings with counsellors has involved substantial difficulties, suggesting an even greater hidden need to be able to access such services seamlessly. Similar issues, though to a lesser extent, were reported in terms of face-to-face support from NGOs or youth support groups.

Channels that are difficult or impossible to access during the Covid-19 pandemic (% mentioning)

■ Youth in vulnerable situations ■ General youth population



Source: Quantitative youth survey (2021)

V. Sexual and gender-based violence

5.1 Historical context and systemic problems affecting the response to sexual and gender-based violence during the Covid-19 pandemic

Sexual and gender-based violence appears to have been one of the areas of SRHR most critically affected by the Covid-19 pandemic. Violence against women and girls is officially legally prohibited in BiH by numerous national and international legal documents. Specifically, the Gender Equality Law of BiH prohibits gender-based violence and regulates the obligation of authorities to take action to eliminate it. However, even before the onset of the Covid-19 pandemic, a very high incidence of sexual and gender-based violence was recorded, with 48% of women over 15 years of age having experienced some form of gender-based violence, in most cases the perpetrator being an intimate partner or family member (OSCE survey on the well-being and safety of women in BiH, 2019).

In this context, the measures adopted to contain the spread of the pandemic in BiH, including social isolation, curfews, travel restrictions for people, the suspension of public transport, and reduced opening hours of social welfare centres, have increased the propensity for violence. Measures promoted by simple slogans such as ‘Stay at Home, Stay Safe’, while being valid for the population at large, ignored the reality that home is not a safe place for everyone, especially not for survivors of domestic violence, who were obliged to stay in isolation with their abuser, placing them at unreasonable risk.

In the context of previous research, representatives of safe shelters (from both the Federation of BiH and Republika Srpska) confirmed a systemic flaw in the response to Covid-19—specifically, that they were not consulted before measures were adopted, and that in some cases social isolation led to

re-traumatization for survivors of domestic violence. In particular, these circumstances are said to have increased the risk of abuse for women exposed to multiple marginalizations such as women with disabilities, Roma women, LGBT people, and women living in rural areas.

Thus, there is a common understanding that gender-based violence has increased during the Covid-19 pandemic, while access to protective services has been affected by government measures and the historical lack of support for shelters and services. Evidence from as early as March 2020 suggests a spike in the number of identified cases of gender-based violence linked to the closure of reception centres during the early phases of the pandemic, the high turnover of beneficiaries and an increase in returns from failed onward movement (<https://ba.unfpa.org/en/publications/humanitarian-response-bosnia-and-herzegovina-supporting-women-and-youth>).

In addition, interviews with experts in the field of sexual and gender-based violence indicated their strong professional opinion that young people in particular **do not have enough resources to learn to recognize unhealthy relationships, or enough material on how to protect themselves from sexual and gender-based violence**. Thus, many young people believe that a possessive relationship—a controlling one, often riddled with jealousy—is proof of love. In the view of experts, this pattern is said to have been further intensified by the restrictive Covid-19 environment and has further created confusion and less awareness of **patterns of violence**.

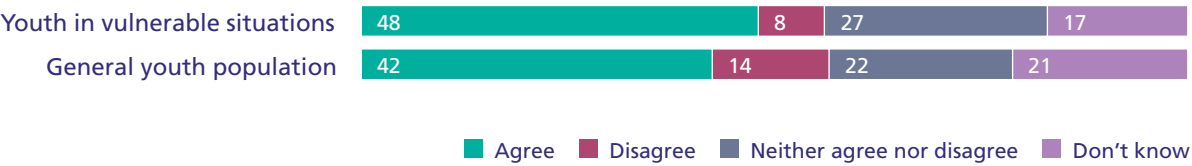
“Young people do not know how to recognize violence and believe that jealousy in relationships is an expression of love.”

- Manager of safe shelter

Moreover, as recorded in the quantitative youth survey, a very high proportion of young persons believe that the systemic reaction to sexual

and gender-based violence during the Covid-19 pandemic has been inadequate.

The State has not adequately tackled sexual and gender-based violence during the Covid-19 pandemic (% mentioning)



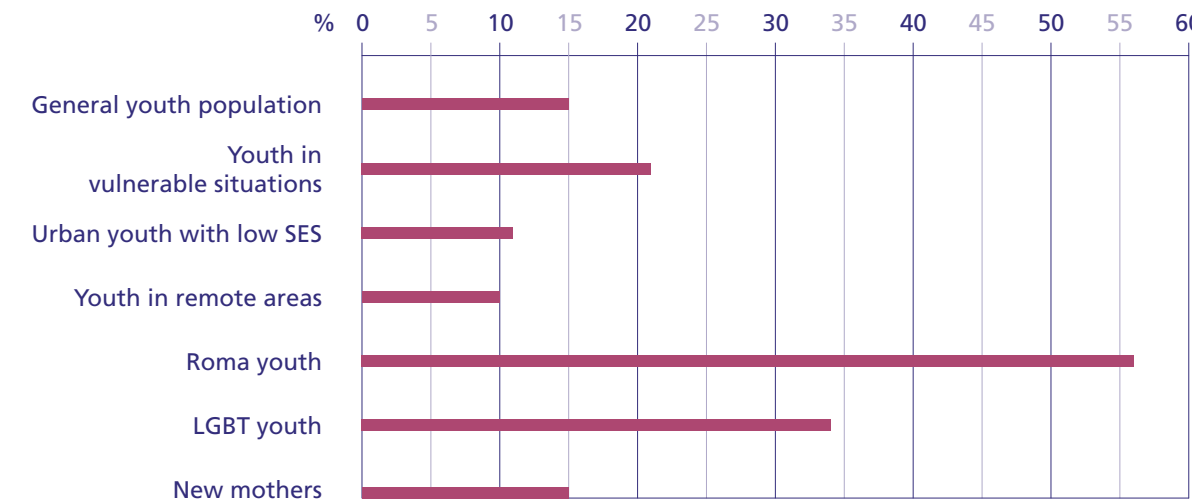
Source: Quantitative youth survey (2021)

5.2 Incidence of sexual and gender-based violence

As recorded in the quantitative youth survey, more than one in five young people in vulnerable

situations reported having either personally experienced or witnessed at least one incident of sexual and gender-based violence. The incidence is exceptionally high among the Roma youth (at 56%) and members of the LGBT community (at 34%).

Proportion of young people personally experiencing or witnessing incidents of sexual and gender-based violence during the Covid-19 pandemic (% mentioning)



Source: Quantitative youth survey (2021)

5.3 Problems in identifying and reporting incidents of sexual and gender-based violence

Systemic problems in terms of the reaction to incidents of sexual and gender-based violence were identified by participants in focus group discussions across all youth audiences.

Among **young adults residing in urban areas**, although there was virtually no reference to any personal experience of violence during the Covid-19 pandemic and a general claim of knowing what such violence comprises, it is clear that there is a **widespread lack of knowledge, understanding and recognition of all forms of gender-based violence**.

"I don't think young people in intimate relationships recognize violence."

- Young person, Sarajevo

In contrast, **vulnerable young people in financially disadvantaged situations** indicated that they have personally experienced or witnessed sexual and gender-based violence. Key problems in addressing such cases which are highlighted in this respect include:

- **An inability or difficulty to request help or support**, on account of being locked down in the same house as the abuser due to the restrictions introduced during the pandemic; and
- **The stigma of cultural and gender stereotypes**, with the fear of rejection and embarrassment not allowing young vulnerable people to discuss the problem with their friends.

Teenagers also expressed difficulties in recognizing forms of violence. It is clear that forms of violence such as extreme jealousy are considered normal expressions of love and attention, and it appears that the complete absence of education related to sexual and gender-based violence in the school curriculum leads to misinformation and wider embarrassment and disbelief that they would personally experience any form of violence. Moreover, there were also calls for a wider educational exposure to such matters and an expressed fear to report any incidents that they become aware of:

"We should learn more about sexual and gender-based violence."

"I think young people are afraid to report violence."

- Young teenagers

In contrast, **women from the Roma community** are evidently more aware of behaviour that constitutes sexual and gender-based violence, due to first-hand personal experience. Indeed, several Roma women participating in focus group discussions voiced their own personal experience of habitually suffering not only physical but also mental and verbal abuse by their husbands. The main problem for Roma women lies in the absence of meaningful ways to report incidents or seek justice in cases of personal experience or those of others in their community, dictated by:

- Their financial (and psychological) dependence on their husband/perpetrator, and the fear of removal of their children and loss of housing;

"I depend on my husband. I have nowhere to go."

"Even if sexual and gender-based violence happened to me, I don't know if I could report it because I would be without my children and without a place to live."

- Roma females

- The failure of their family circle to accept reports of such issues; and

"My family would be angry with me if I reported violence."

- Roma female

- The fear of being harassed or punished by perpetrators in their close community.

Ultimately, it appears that a vicious cycle of silence and perpetuation of violence within the community has further been enhanced during the Covid-19 pandemic, underpinned by a clear lack of any reference to women's rights and a complete lack of trust in the police and public authorities to pursue and convict perpetrators.

"I wanted to report a case of violence that happened in the neighbourhood, but I was not allowed to do so because I was afraid he would find out that I was the one that did it."

- Roma female

5.4 Institutional barriers to seeking effective protection in cases of sexual and gender-based violence

Ultimately, access to effective protection in cases of sexual and gender-based violence has been further restricted by the systemic problems in related institutions and response mechanisms. Hence the Covid-19 pandemic has both highlighted the systemic problems and created further problems in this respect.

A clear **lack of trust in public institutions** is evidently discouraging young girls and women from seeking and obtaining meaningful protection in cases of sexual and gender-based violence across all target audiences. Police forces do not respond to or intervene in requests to deal with issues of sexual and gender-based violence, especially in rural areas, the Roma communities and smaller cities. In this context, further empowerment of police forces to be allowed to respond or intervene may be beneficial.

There is also an evident lack of conviction as to whether calls made to **emergency numbers** have been effective in protecting victims. In this respect, public health officials noted the introduction by the Ministry of Health of a new telephone hotline for reporting incidents of sexual and gender-based violence as a positive response/practice; nevertheless, young people questioned its effectiveness.

Interaction with institutions such as judicial, health, municipality and other authorities on aspects relating to sexual and gender-based violence has been particularly difficult during the Covid-19 pandemic. Assistance has been provided—poorly—by telephone only.

Young people belonging to both affluent segments of society and more disadvantaged groups recognize the considerable potential of **NGOs or shelters/safe houses** in terms of raising awareness and seeking protection, and this is a positive response that can work to alleviate these issues:

“I believe that working with an NGO can increase the ability of young people to recognize violence and to report that violence.”

- Young person, Sarajevo

However, the Covid-19 pandemic has revealed a series of drawbacks in this respect. Young participants in focus group discussions expressed a belief that there is an **inadequacy of prevention programmes related to sexual and gender-based**

violence. Research conducted by OSCE (‘Covid-19 Crisis Response: A Gender and Diversity Analysis’) suggests that:

- While the eight shelters/safe houses operating in BiH remained open during the state of emergency, **some lacked adequate space for isolation**, resulting in an inability to accept new admissions;
- There was no obligation for women and children entering a shelter/safe house to get tested for Covid-19, creating fear of becoming infected with the virus;
- Shelters/safe houses themselves reported limited funding as a key problem in acquiring extra medical equipment (disinfectant, gloves and masks) necessary for implementing emergency health measures;
- Shelters/safe houses have experienced the **inadequate cooperation and communication among all institutions in the chain of support, which has a negatively effect on the assistance** provided to survivors of sexual and gender-based violence; and
- Social welfare centres providing support operated with reduced capacity and redirected their activities to humanitarian help and support. Feedback from the Association of Social Workers suggested that gender-based violence assumed different characteristics during the Covid-19 pandemic and led to an increased workload, but social workers came up against strong operational barriers on account of the reduced working hours of social welfare centres.

In-depth discussions with experts in the field of sexual and gender-based violence indicated the strongly held view that, ultimately, there is a lack of any **political will**—which has become clearer during the pandemic—to develop and implement a comprehensive approach to violence prevention that includes cooperation with all stakeholders, government institutions, NGOs and the communities.

Preoccupied with the promotion of protection measures against the virus, authorities are clearly said to have prioritized sexual and gender-based violence even less than before, with historical problems and omissions in policy and legislation underpinned by a **fragmented legal and regulatory approach** to the matter, with each district (canton) applying its own rules. As stated by representatives of safe houses during in-depth interviews, young people are very disappointed in the country’s judicial system.

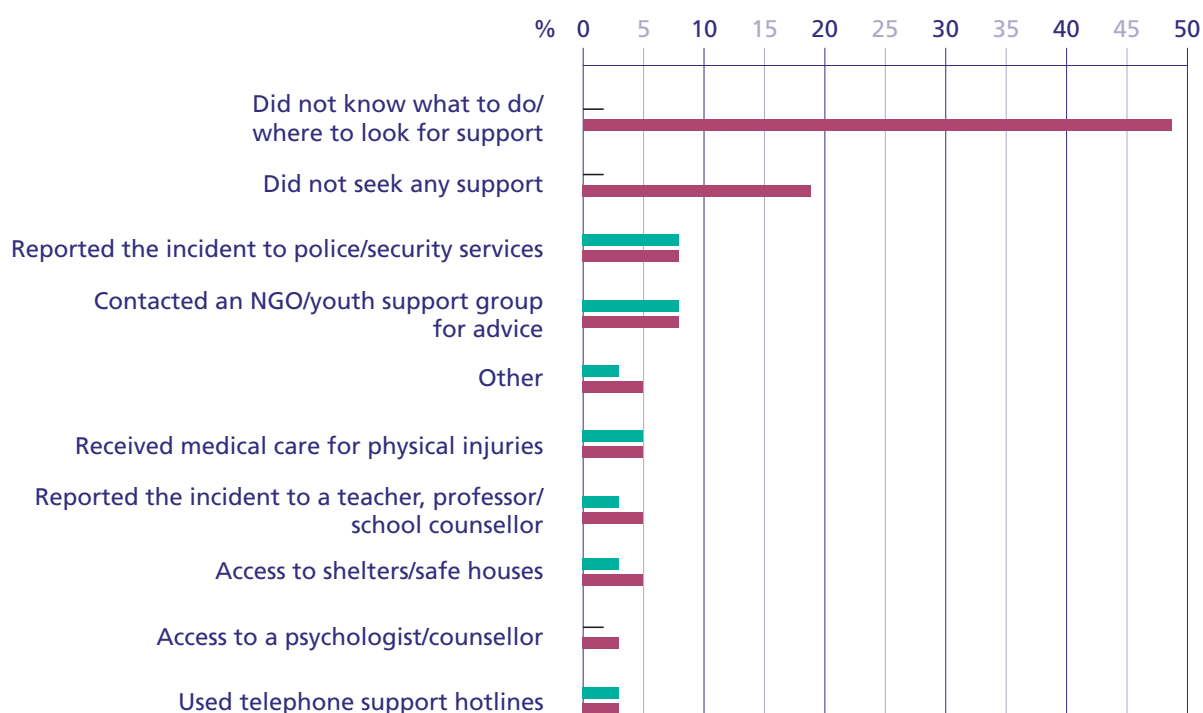
5.5 Evidence of protection-seeking during the Covid-19 pandemic

The systemic, institutional and real-life barriers to seeking protection from sexual and gender-based violence for young people are exemplified by the mixed indications of their search for support. Notably, experts reported that the number of calls to the emergency phone hotline 50 decreased in the first few weeks of the state of emergency, while after the initial restrictive measures were relaxed, the number of calls increased substantially—suggesting that a large proportion of survivors of domestic violence were afraid to report it during the lockdown “because of the constant control of the perpetrator”.

In cases where the number of women using emergency hotlines to report sexual and gender-based violence increased, such as in Zenica-Doboj canton, the police response was described by experts as inadequate, with cases allegedly not being taken seriously, and in some cases action being taken only after the police were called by the safe house. In contrast, support-seeking or reporting through alternative platforms such as Facebook, Viber, WhatsApp and email has received little response. Ultimately, the quantitative youth study recorded extremely low levels of support-seeking in cases of sexual and gender-based violence. Indeed, 49% of those encountering incidents of sexual and gender-based violence reported that they did not know what to do or where to seek support.

Support sought and received in cases of sexual and gender-based violence during the Covid-19 pandemic (% mentioning)

- Support received after witnessing or experiencing incident
- Action taken after witnessing or experiencing incident



Source: Quantitative youth survey (2021)

VI. Assessment of the institutional response to Covid-19

6.1 Inadequate response from the health system and the government

An extremely high proportion of young people, especially those in vulnerable situations (74%) believe that the pandemic has shown how little attention is paid to SRHR by the authorities in Bosnia and Herzegovina.

The Covid-19 pandemic has shown how little attention is paid to SRHR by the authorities in this country (% mentioning)



Source: Quantitative youth survey (2021)

This belief was strongly echoed in focus groups discussions: virtually all youth audiences unanimously agreed that the response of the government and the public authorities to the Covid-19 pandemic has been wholly inadequate in relation to SRHR services, with no reference to any positive action taken in this respect.

In this context, young people identified a series of actions/responses at the systemic level that would partly begin to address their SRHR needs in times of crisis, such as during the pandemic:

- NGOs should be attributed a larger role in the local communities, and financially supported by the government in this respect;
- Large-scale online information campaigns to raise awareness of the importance of SRHR (also including mental health and sexual and gender-based violence) among young people at a time when they are overwhelmed and somewhat demotivated to proactively seek information or access SRHR services;

- An online portal or educational tool dedicated specifically to the information needs of pregnant women and young mothers; and

- Using the Covid-19 pandemic to address the long-standing issue of the Roma community's lack of access to health insurance, the implications of which have become manifested further during the Covid-19 pandemic.

Feedback from experts confirmed the systemic shortcomings and measures that have resulted in the collective inadequate response to the Covid-19 pandemic, as follows:

- The laws, decrees and actions taken in response to the pandemic did not take the needs of women, minorities and vulnerable people into account. This was also attributed to **insufficient understanding among decision makers of human rights-based responses**. The rushed emergency measures implemented by the government in this respect have particularly negatively and disproportionately impacted the rights of young women, thus widening the gender gap;

- **A lack of consultation (before adopting restrictive measures) or consideration** of the needs and opinions of those organizations such as civil society organizations operating safe houses, or institutions providing social protection to those most at risk, relating in particular to victims or potential victims of domestic and gender-based violence, victims or potential victims of trafficking in human beings, and women working in the grey economy;

- A very narrow adoption of measures, **lacking intersectionality** and failing to address overlapping categories of identity, such as gender and level of income, contributing to magnified negative effects of the emergency measures introduced; and

- An overall lack of a **comprehensive approach to health care**, which has made SRHR issues a low priority.

Such systemic shortcomings have evidently had a disproportionate impact on young people in a number of areas, as indicated by other research undertaken (OSCE, 'Covid-19 Crisis Response: A Gender and Diversity Analysis'), relating in particular to:

- Lack of access for NGOs previously promoting informal sex education (and acting to counterbalance the systemic shortcomings of formal Comprehensive Sexuality Education in schools) to the school or educational environment;

- Lack of access to shelters/safe houses for victims of sexual and gender-based violence, on account of the institutions being unable to apply all protective measures introduced by the government, hence being unable to operate at full capacity;

- Lack of emergency financial support for such shelters/safe houses during the Covid-19 pandemic;

- Lack of access to contraception, particularly for women and girls in rural areas;

- Lack of access to clinics in general due to restrictive Covid-19 prevention measures; and

- For those young girls, women and Roma community members without health insurance, a lack of financial support for their normal or emergency SRHR service needs.

VII. Positive practices

Despite the inadequate response to the Covid-19 pandemic, a series of positive practices were identified as having been implemented during the pandemic, either as a continuation of previously established activities or as a direct response to the crisis.

While many of these practices may not have had a strong impact in terms of achieving their goals, their further implementation or expansion could yield promising results. Moreover, they also include a series of more general responses that may potentially to be transferred into the realm of SRHR

information dissemination and service provision. The main such areas identified relate to:

- Sex education and information;
- Maintaining a credible flow of information and services in relation to SRHR matters;
- Mental health; and
- Sexual and gender-based violence.

7.1 Sex education and training

Practice	Further actions/goals
<p>NGOs provide informal Comprehensive Sexuality Education (CSE). Peer education conducted by NGOs is a very good practice.</p> <p>Recognized and valued by young people and stakeholders alike</p>	<p>CSE should become part of the official school curriculum. Support NGOs and other associations to create peer education in schools in general. Educate teachers about CSE.</p>
<p>Create channels and ways for NGOs to continue their informal sex education activities during times of school closures.</p> <p>To meet young people's needs, agreed to by stakeholders</p>	<p>Establish a mechanism whereby NGOs are linked with and have access to school activities as part of a standard framework.</p>
<p>Local community and youth centres offer information on SRHR.</p> <p>Valued wherever applied by young people outside urban areas in particular</p>	<p>Local community and youth centres should be prioritized and remain open and functioning during crises such as the Covid-19 pandemic.</p>

7.2 Maintaining a credible flow of information and services

Practice

Further actions/goals

<p>Internet/online platforms in general</p> <p>Acknowledged and well received by young people in urban centres with reliable and frequent internet access</p>	<p>Make a strong link to information on 'next steps' and 'portals' in terms of how to access related services.</p> <p>Stronger promotion of sources of information on SRHR that provide truthful and adequate information through virtual events, online resources and training</p>
<p>NGOs continued their work and extended activities by adopting online offerings and applications.</p> <p>Well received by young people in urban areas with internet access, but also by marginalized Roma with NGO centres operating in their close vicinity</p>	<p>Provide financial support to the NGOs so that they can increase their activities in the local communities without interruption during times of crisis.</p>
<p>Mobile teams of doctors, nurses or other professionals visit communities.</p> <p>Although such activities continued, young people were either unaware of them or perceived a significant downsizing during the Covid-19 pandemic.</p> <p>Not adequately implemented during the pandemic, but valued highly by young people in remote areas</p>	<p>Authorities should make it a priority to have such programmes operating throughout the country, as opposed to in just a small number of communities or areas.</p>
<p>Support the activities of health mediators and GPs during times of crisis.</p> <p>Not adequately implemented during the pandemic, but seen as very necessary by young people and stakeholders</p>	<p>Financial and operational support should be increased and sustained during times of crisis.</p> <p>The Ministry of Health should adopt a permanent dialogue with health mediators, accepting and supporting that health mediators play a key role in understanding the needs of vulnerable groups and in determining the existing capacities and needs of the health care system.</p>

7.3 Mental health and counselling support

Practice

Further actions/goals

<p>NGOs' work and activities in relation to mental health</p> <p>Generally appreciated by young people</p>	<p>NGOs should be supported in their efforts to reach out to young people by all possible means.</p>
<p>Online campaign by an NGO related to mental health in the promotion of SRHR but also included aspects on the preservation of mental health during the Covid-19 pandemic</p> <p>Noted by an expert from a mental health organization</p>	<p>Distinguish mental health online campaigns (and via other channels) as a stand-alone campaign separate from other SRHR and health issues.</p>
<p>Youth centre funded by the European Union and Council of Europe organized free counselling for LGBT people throughout Bosnia & Herzegovina. Through the counselling, the personal capacities of LGBT people in this period of the crisis were reinforced, allowing for greater equality in treatment and mental health care for all young people irrespective of sexual orientation.</p> <p>Reported by stakeholders, though not mentioned by young people</p>	<p>Expand this successful programme to other marginalized or disadvantaged groups, in the area of mental health, providing support on mental health and psychological needs during Covid-19 or other similar times of crisis in the future.</p>
<p>Telephone hotline or telephone communication</p> <p>Not adequately implemented during the pandemic, but valued highly by young people in terms of its potential</p>	<p>Reduce overloading of telephone lines on mental health (public health) and provide distinct numbers specialized on mental health.</p> <p>Involve teams of well-trained young people to offer peer support at the local level.</p>
<p>Mobile teams of doctors, nurses or other professionals visit communities. Although there is some awareness of mobile teams operating, it was not referred to in the context of mental health or psychological support services.</p> <p>Not adequately implemented during the pandemic, but rated highly by young people in general</p>	<p>Extend services of mobile teams to the realm of mental health.</p>

7.4 Sexual and gender-based violence

Practice

Further actions/goals

Free information online that victims of violence can use to report incidents

In principle, well received by young people, though effectiveness in terms of having a positive protective result is questioned

Address structural issues of how the police respond to reports of incidents of sexual and gender-based violence by individuals.

Telephone hotline introduced by the Ministry of Health allows victims of sexual and gender-based violence to report incidents.

Highlighted by stakeholders, though awareness among young people is low or doubted in terms of protective measures or means offered

Address structural issues of how the authorities in general respond to reports of incidents of sexual and gender-based violence by individuals.

Possibly introduce hotlines to NGOs supporting victims of sexual and gender-based violence, since there is a collective perception that the police respond better when incidents are reported by shelters/safe houses.

Education and information campaigning on what constitutes violence

Not well implemented either before or during the Covid-19 pandemic, according to young people, but considered very important

Adopt widespread information campaigning back to the roots of what constitutes violence, to address historical shortcomings in terms of knowledge and awareness of exposure to incidents.

Use the Covid-19 pandemic as an opportunity to introduce such a campaign, since youth audiences are very open to hearing and receiving related messages or information due to the pressures they are currently experiencing.

VIII. Practices recommended for the future

As highlighted in Section 7 of this document, although some measures have been undertaken by NGOs in particular, they have generally not had the desired impact on the youth audiences targeted. In this context, and considering their own experiences, youth audiences have identified a series of practices that could potentially be particularly beneficial to them in crisis situations such as the Covid-19 pandemic.

Practices recommended by youth in the quantitative youth survey

Both youth in general and those in vulnerable situations considered the ability of the personal family doctor to provide consultations or prescriptions online the most important practice.

Sex education classes in school and online platforms providing sex education (including video content) are also highly relevant for all youth audiences, especially the general youth population.

Interestingly, both youth in general and those in vulnerable situations place regular delivery of free products (condoms, test kits and menstrual hygiene products) high on their list of preferences.

Moreover, young people in vulnerable situations would particularly benefit from an online pharmacy to order self-administered products without prescription, as well as from hotlines dedicated to specific aspects of SRH.

Most preferred practices for the future

General youth population

	%
My GP/family doctor/physician provides consultations or prescriptions online	51
Sex education classes in school	50
An online platform providing sex education, including useful videos	39
Regular delivery of free condoms, tests, menstrual hygiene products etc. to my area	33
Self-service vending machines for supplies (e.g. condoms, contraceptives, menstrual hygiene products)	32
24/7 hotlines dedicated to specific aspects of SRH	31
An online pharmacy to order self-administered supplies/tests/medicines without prescription	31

Youth in vulnerable situations

	%
My GP/family doctor/physician provides consultations or prescriptions online	52
An online pharmacy to order self-administered supplies/tests/medicines without prescription	45
24/7 hotlines dedicated to specific aspects of SRH	40
Regular delivery of free condoms, tests, menstrual hygiene products etc. to my area	37
An online platform providing sex education, including useful videos	35
Sex education classes in school	35
A mobile app/website with maps and opening hours of the nearest hospitals or NGO support centres	32

General youth population

Youth in vulnerable situations

	%		%
A community centre in the area where I live	26	Self-service vending machines for supplies (e.g. condoms, contraceptives, menstrual hygiene products)	31
A mobile app/website with maps and opening hours of the nearest hospitals or NGO support centres	26	A community centre in the area where I live	27
Self-administered screening tests for HIV or STIs	26	Mobile teams of doctors, nurses or therapists visit my area	26



Moreover, different youth groups in vulnerable situations have further specific needs and preferences, namely:

- Mobile teams of doctors, nurses or therapists for Roma youth (reflecting the fact that they are often in closed-off communities);

- A community centre close to their area for young people residing in remote areas (clearly due to the distance from such facilities); and

- Self-service vending machines for LGBT people (most likely due to privacy concerns).

Most preferred practices for the future

Youth in remote areas		Roma youth		LGBT youth	
	%		%		%
My GP/family doctor/physician provides consultations or prescriptions online	45	My GP/family doctor/physician provides consultations or prescriptions online	77	My GP/family doctor/physician provides consultations or prescriptions online	52
A community centre in the area where I live	34	An online pharmacy to order self-administered supplies/tests/medicines without prescription	67	24/7 hotlines dedicated to specific aspects of SRH	50
Regular online sessions or seminars (e.g. Zoom, Teams etc.)	34	24/7 hotlines dedicated to specific aspects of SRH	57	An online pharmacy to order self-administered supplies/tests/medicines without prescription	50
Sex education classes in school	32	Regular delivery of free condoms, tests, menstrual hygiene products etc. to my area	43	Regular delivery of free condoms, tests, menstrual hygiene products etc. to my area	45
Regular delivery of free condoms, tests, menstrual hygiene products etc. to my area	32	Mobile teams of doctors, nurses or therapists visit my area	43	Self-service vending machines for supplies (e.g. condoms, contraceptives, menstrual hygiene products)	36

G. KEY CONSIDERATIONS

Based on the findings of the study among young people in Bosnia & Herzegovina outlined in this report, a number of aspects need to be considered in devising and implementing policies and programmes that will address the needs of young people in relation to SRHR, in general and in times of crisis such as the Covid-19 pandemic.

Specifically, the following should be considered and addressed.

Seeking and accessing information on SRH issues

Ineffective formal sex education in schools has resulted in the absence of a strong knowledge base on SRHR among teenagers and young adults who have completed their education, leaving them unprepared for the SRHR-related challenges posed by the Covid-19 pandemic. Among young people in vulnerable situations, especially Roma youth, there is a lack of trust in the public health system pre-dating the pandemic due to the discrimination they experience and their exclusion due to not having health insurance. This limited their motivation to seek information related to SRHR (except when they faced an SRH-related emergency), and has contributed to a lack of awareness of their community rights and of the options for seeking information.

In this context, general information needs relating to SRHR have not changed substantially during the pandemic. Indeed, a substantial majority of young people across all audiences reported being preoccupied with other, more important issues during the Covid-19 pandemic. At the same time, widespread misinformation (especially on matters related to the risks for pregnant women and babies, fertility and menstruation) arising from the use of unverified online information sources (Facebook groups, forums) has led to confusing, erroneous and contradictory information and a high level of stress. In turn, this confusion appears to have created a greater awareness of and urgency of need

regarding SRH issues which need to be addressed during times of crisis, as follows:

- Ensure effective dissemination of information regarding mental health issues: all youth audiences reported significant demand for such information during the pandemic.
- Target young people in vulnerable situations with more readily available information on the topics of pregnancy, gynaecological health, family planning, and sexual and intimate relationships. Information on these topics grew in importance during the pandemic, especially among pregnant women and Roma youth.
- Make information on sexual orientation and sexual and intimate relationships more easily available and accessible to LGBT youth. LGBT people expressed a greater urgency of need for information on these topics during the pandemic.
- Provide specific, accurate and trustworthy information on whether the Covid-19 virus is related to STIs and whether this affects the methods of contraception that should be used.

The following channels need to be considered for providing this information to young people:

- Ensure that a wider range of organizations offer reliable information on SRH issues specifically over the internet. During the pandemic, young people have considered the websites of the World Health Organization and other international organizations reliable sources of information. Both before and during the pandemic, online resources in general have been a key source of information on SRHR.
- Use family doctors/GPs as a key source of reliable information. According to young people, the Covid-19 pandemic has shown the particular importance of having a trusted family doctor, due to the increased demand for verified professional

information. Young people, particularly those in vulnerable situations, reported confusion as to which information they could trust, and health clinics and centres were reported as not having answers to many of their questions.

- Improve the capacities of NGOs and community centres to disseminate information to young people in vulnerable situations. For those young people who had access to such organizations before the pandemic and who were able to use them during the pandemic, these channels assumed greater importance; at the same time, accessibility to such organizations has also been restricted for many young people in vulnerable situations.

- Use NGOs and local community or youth organizations to provide sexuality education, and via the internet where possible. In this context, it is important to create channels and resources for NGOs to continue their informal sex education activities during times of school closures. Teenagers were positive about the opportunities offered by the internet to learn about SRH and mental health issues outside school, through NGO webinars, workshops and online consultations.

- Provide clear and concise practical information about where young people can access safe health care and SRHR services (e.g. have gynaecological examinations, give birth, find open pharmacies, obtain pregnancy tests). Identification of those centres or resources that are particularly youth-friendly would be beneficial in this respect. The use of digital tools and mapping is likely to be well received by young people in this respect.

- Raise awareness of the option to source information from mobile teams of doctors, nurses or other professionals visiting communities, and extend this practice to more communities. Many young people were either unaware of this option or perceived a significant downsizing of such activities during the Covid-19 pandemic.

Access to SRH services and supplies

Supplies (menstrual hygiene products and condoms), SRH medical services (gynaecological check-ups, routine check-ups and pregnancy care) and counselling services (sexuality and relationships counselling) alike have been needed by young persons during the Covid-19 pandemic. However, the provision of such services and supplies in a youth-friendly manner has fallen short of young people's expectations. The following measures should be considered to ensure young people's

required access and the quality of services during times of crisis:

- Improve the access of young people in vulnerable situations to gynaecological check-ups, testing or consultations, routine check-ups, sexuality and relationship counselling, and pregnancy monitoring and/or post-natal care. These were all services that those in vulnerable situations mentioned having a greater need for but faced obstacles in accessing during the pandemic.

- Ensure that health care services provided in public hospitals continue to be offered in times of crisis. Youth in general have tried to use public health hospitals to a much greater degree than before the pandemic, reflecting the need to turn to professional health services, and the closure of many private practices. However, specific obstacles were faced in terms of health care services often being available only in emergency cases (e.g. for pregnant women and female oncology patients), a reduction in the scope of services in hospitals, including much longer waiting times, and delays in introducing Covid-safe delivery rooms and ambulatory care services for pregnant women infected with Covid-19.

- Ensure continued provision of telephone consultations as an alternative option when physical access is not possible. The shifting of medical and/or counselling professionals to other responsibilities to manage the Covid-19 situation was reported by young people as also affecting the availability of telephone consultations.

- Address the closure of small local clinics, which has created the need for travel and visits to larger health centres. It would be beneficial to ensure that services are clearly mapped geographically to ensure that all communities have access to a nearby clinic.

- Explore how the continued operation of private practices can be ensured to relieve the burden on public health care facilities. The closure of many such clinics or practices during the Covid-19 pandemic was a particular problem in this respect.

- Address the problems faced with respect to the activities of mobile teams of doctors visiting communities during the pandemic, in particular the failure of the teams to show up on scheduled dates, delays in examinations meaning they were performed quickly, and a general lack of human resources and understaffing, with most doctors transferred to other departments.

- Consider pharmacies as a key channel for the provision of supplies. Young people in vulnerable situations have relied to an extremely high degree on local pharmacies and community health centres during the Covid-19 pandemic. There has been a lack of access to supplies, including contraceptives and pregnancy tests, on account of pharmacy closures.

- Explore how NGOs and community centres can become further involved in the provision of services and—especially—supplies for Roma and LGBT youth, who are very apprehensive of public health authorities and require greater confidentiality in seeking supplies.

- Explore the option of introducing self-service vending machines for SRH supplies, to overcome the privacy and confidentiality concerns of LGBT youth in particular.

Considerations for young pregnant women and new mothers

Pregnant women have been particularly concerned and confused by misinformation regarding their own health and that of the foetus, especially as to whether the Covid-19 vaccines can cause harm and whether they should be used by pregnant women. Ensuring that accurate information is made available to young mothers during times of crisis is, therefore, critical. Moreover, the following measures should be considered to address problems that pregnant women and new mothers reported facing during the Covid-19 pandemic:

- Prioritize services for pregnant women and new mothers, and ensure that waiting times are reduced. Pregnant women reported substantially longer waiting times for gynaecological examinations.

- Ensure an uninterrupted communication path with the doctors monitoring women's pregnancy. Pregnant women reported an inability to communicate with their normal doctor due to the closure of local health centres or their normal doctor being transferred to another medical centre.

- Ensure and communicate the existence of specific protocols for examining pregnant women that minimize their risk of being exposed to the Covid-19 virus. Pregnant women have often not been confident or convinced in this respect.

- Ensure that services are also affordable for pregnant women in vulnerable situations.

- Examine how those pregnant women without health insurance can access pregnancy-related and maternal services, especially among the Roma community. While this is an issue that pre-dates the pandemic, the problem appears to have been amplified during the pandemic, when health care resources have been reduced, leading to even less attention being paid to pregnant Roma women.

Mental health

Mental health has been a key priority topic for young people during the Covid-19 pandemic, standing out among other SRH topics as one with a very high (and increased) need for information. This is further reflected in a substantially larger proportion of all youth audiences having been negatively affected in terms of their psychological well-being and mental health due to Covid-19. The negative impact has been most significant among Roma youth and LGBT youth. In light of this, the following measures should be considered:

- Address the greater need for professional mental health or psychological support. This is reflected by a larger proportion of young people from all youth audiences seeking face-to-face sessions with mental health professionals, despite Covid-related restrictions. However, young people in vulnerable situations in particular have faced substantial difficulties in accessing such sessions, due to movement restrictions and the lack of availability of professionals.

- Expand and use online counselling options for the general youth population with internet access. Both individual professionals and NGOs could offer online counselling to young people. Those young people who have accessed such services during the Covid-19 pandemic reported a high level of satisfaction with and benefit from them.

- Carry out online campaigning on mental health issues and information in general. The high level of receptiveness of young people to online resources suggests that general awareness-raising through such means can be highly effective.

- Consider a central role for NGOs in terms of providing psychological support services to Roma women in particular. During the Covid-19 pandemic, where available, NGOs working with the Roma community have been instrumental in providing a safe haven and a source of support within the trusted confines of their community, effectively bypassing the wider issues of discrimination, mistrust in authorities and lack of health insurance.

- Increase the availability and capacity of telephone hotlines and communication, and enable mobile teams to also offer psychological support services. These are channels that are highly valued by youth in vulnerable situations in particular but have not been widely accessible to them during the Covid-19 pandemic.

Sexual and gender-based violence

More than one in five young people in vulnerable situations reported having either personally experienced or witnessed at least one incident of sexual and gender-based violence during the Covid-19 pandemic. The incidence was exceptionally high among Roma youth (56%) and LGBT youth (34%). However, an extremely large proportion (almost 70%) of those encountering incidents of sexual and gender-based violence reported that they did not seek support, with the majority of them mentioning that they did not know what to do or where to seek support. Considering this, the following measures should be considered to tackle issues of sexual and gender-based violence both during times of crisis and beyond:

- Ensure that police forces are committed to addressing and taking action on incidents of sexual and gender-based violence that are reported. This would also require changing their behaviour to avoid stigmatization and discrimination against victims and would contribute to increasing the faith of young girls and women in public institutions in general, thereby encouraging them to report incidents that they experience or witness.
- Ensure that effective action is taken in response to calls to emergency numbers. There was a clear perception among young people that such calls do not result in any meaningful action being taken.

- Deal with underlying issues of discrimination against Roma women and those on the periphery of cities or in remote areas. The study participants felt strongly that any reporting made by these groups of young people is met with particular disregard by the police.

- Raise awareness of the options available to young people in terms of seeking support in cases of sexual and gender-based violence, including both shelters and NGOs that can provide support.

- Carry out campaigning both for youth in general (possibly via the internet) and targeting communities of young people in vulnerable situations, to educate and inform them about which patterns of behaviour or interaction constitute violence. This is necessary to encourage young people to take action to seek protection and support.

- Ensure better interaction and cooperation between the police, NGOs and judicial, health, municipality and other authorities on aspects related to sexual and gender-based violence. Young people expressed the perception that assistance was only provided over the telephone, and often done poorly.

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