



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

Research Report

Youth Voices, Youth Choices is a 30-month 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 :

**Coordination:** IPPF European Network

#### **Implementation:**

- Albanian Center for Population and Development
- Institute for Population and Development (Bosnia & Herzegovina)
- The Bulgarian Family Planning and Sexual Health Association
- Center for Counseling, Social Services and Research (Kosovo)
- Health Education and Research Association (North Macedonia)

The design and methodology of the research, the guidance of the local research teams, the data analysis and writing of the 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 together with our implementing partners.

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

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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 health care services. In almost all European countries, Covid-19 had a negative impact on the delivery of vital sexual and reproductive health care, 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 health care 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 conducted this study to provide us with a clearer picture of the impact of the pandemic on young people's sexual and reproductive health and rights (SRHR). This **report** presents the findings of the study, carried out by and among youth in five Balkan countries. It documents **young people's sexual and reproductive health (SRH) needs and experiences and the perspectives of health care 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.

The findings presented here show clearly that sexual and reproductive health and rights are essential to a young person's mental and physical well-being. They confirm our firm 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. We invite the readers of this report to join us in our fight for resilient health and education systems in the Balkans that integrate SRH services and education and are inclusive of all young people and their needs.

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# A. Introduction and background

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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 Bulgaria 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

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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; and
- 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, for each of the five countries covered:

#### Focus group discussions with young people Total number of groups: 6

By type	
1	General youth population aged 18–30 years in Sofia
2	Roma youth in the urban area of Fakulteta
3	Young people aged 18–30 years in the remote city of Radomir
4	Young people aged 18–30 years in the remote small town of Kyustendil
5	Young women/girls who were pregnant or gave birth during the Covid-19 pandemic in Pernik
6	Teenagers aged 14–17 years in the remote small town of Kyustendil

#### In-depth Interviews with stakeholders/ experts Total number of interviews: 8

By type		N°
Public health authorities		2
Physicians		1
Hospital director		1
NGO in the education field		2
International NGO		1
NGO working with the Roma community		1
Health mediator		1
Mental health expert in an international organization		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.

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## Total number of questionnaires : 291

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### By type:

General youth population	89
Youth in vulnerable situations:	202
In remote areas	39
Roma youth	97
LGBT youth	33
New mothers ( <i>pregnant and/or giving birth during the Covid-19 pandemic</i> )	44
Youth with low socio-economic status in large urban centres	14

### By gender:

Total males	102
Total women/girls	184
Undefined	5

### By age:

Young people (18–30 years)	222
Teenagers (14–17 years)	69

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# E. Analytical and research limitations

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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 were 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

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

### 1.1 General constraints to seeking and sourcing information on sexual and reproductive health and rights

Information-seeking on SRHR issues by young people in Bulgaria is constrained by a number of over-riding factors, as follows.

- Across all youth audiences, both the general youth population and those in vulnerable situations, there is an evident **complete lack of trust in and fear of the authorities and institutions**, reflected in a number of focus groups participants asking for the recording to be stopped when touching on any matter related to the government or the authorities, in particular in relation to corruption and police violence. This lack of trust is widespread, pre-dates the pandemic and results in a complete lack of faith in the government and health authorities. **As a result, any information which emanates from official sources is treated with complete mistrust, extending to any communication in relation to SRHR.** Indeed, there is a strong belief that the severity of the pandemic has deliberately been exaggerated by the government and health authorities, with lockdowns being used as a tool to divert public attention away from political problems and issues of corruption.

- In this context, the issue is further magnified, as there appears to be a **negative spillover effect onto non-governmental agencies or institutions**, which are perceived as being part of a unified corrupt system.

- Among groups in vulnerable situations, in particular the Roma community, **a general historical lack of interest in SRHR issues and a presumption that all they need to know about SRHR can be learned 'by nature'** relegates active information-seeking to minimal importance. To the degree that active information-seeking takes place, important issues of concern relate to pregnancy, marriages, menstruation, health education in schools and sex education.

- **In terms of the reaction to Covid-19**, there is an evident subconscious tendency to avoid the existence of the virus altogether. This is strongly linked to **early confusion about the virus** and its impact, and is reflected in an effort to **consciously avoid seeking information on the virus and also to avoid contact or communication with people** who are talking or seeking information about the virus, as they are considered to be a 'mental burden'.

- Some people, notably, **have completely rejected the existence of the virus**, considering it either artificially created or part of a global conspiracy.

- **SRHR remains a taboo topic for teenagers in particular.** Just a small proportion of young people actively talk to their parents about SRHR issues and rely on incidental information and sex education at school, which falls short of meeting needs in this respect.

## 1.2 Underlying pre-pandemic obstacles to information-seeking on SRHR

### 1.2.1 Lack of interest in information-seeking pre-dating the Covid-19 pandemic among the Roma community and residents of remote areas

Historically, information-seeking on SRHR issues and topics appears to be limited on account of certain background factors—a pattern most evident among groups in the most vulnerable situations, in particular, and especially the Roma and residents of remote areas in Kyustendil.

Indeed, the starkest evidence relates to feedback from **Roma residents in the Fakulteta** urban area of Sofia: despite their central location (and relative ease of access to information and health centres/major hospitals), these Roma youth claimed a lack of interest in information-seeking on both health issues in general and especially with regards to SRHR issues even prior to the pandemic.

Clear references were made to not being interested in the subject matter, extending to some claims also that SRHR is not necessary in schools on account of preferring the learning process to take its ‘natural course’, and a conviction that the dangers of Covid-19—if any—will be overcome without any health repercussions.

Focus group discussions among the Roma community revealed a set of underlying long-term perceptions resulting in **a general lack of motivation or interest to seek information on SRHR matters**, related to:

- A self-perception of being ‘ignorant as a community’—in this context, being victims of social stigma leads them to being ‘consigned’ to their fate as neither intelligent enough nor ‘worthy’ of seeking to improve their own health;
- A clear consensus that topics related to SRHR are taboo, and not acceptable to being discussed with either parents or friends;
- Restrictive patterns within their community such as ‘not having sex before marriage’, being sold by parents as virgin brides, early marriage and strict parental control on the use of technology or communication devices (such as mobile phones). While the predominant feeling is that these

behaviours are not acceptable to them (with a clearly stated preference to marry after the age of 21 years at least), it is clear that there is some tacit acceptance that these patterns—being entrenched in their community—are non-negotiable at best. Consequently, the motivation or interest in seeking any information related to relevant SRHR matters is cut down in its infancy.

### 1.2.2 Structural and cultural restrictions on channels for seeking information on SRHR

Restrictive structural and cultural parameters for young audiences in vulnerable situations are also evident in terms of a limited range of channels as viable options or being used for information-seeking on SRHR issues, as revealed during qualitative focus groups discussions.

#### ● Among the Roma community (Fakulteta)

- Information on SRH matters in the form of formal **sex education is not delivered through schools**, or, at best, very sporadically, even though it may form part of the school curriculum in one form or another. Importantly, there is a perception that **teachers themselves lack the interest to deliver education on SRH matters in any form.**
- **Survey respondents referred to a notable aversion to technology among the community, and ‘anything digital’ being considered evil.** Examples are cited by Roma girls of being forbidden to use social media networks (especially Facebook) on account of their access to ‘boys’ and of associating any ‘SRH-related sites’ with pornographic sites, leading to confident claims that they do not watch ‘such’ sites. Such an aversion to technology suggests obstacles to the possibility of internet sources being a viable option for sourcing information on SRH and, importantly, is a primary barrier to the potential implementation of distance learning through digital means during Covid-19.
- Limitations are noted with respect to engaging with trusted family members as a means of obtaining information on any SRH matter, as a result of the subject remaining highly taboo. While there is some indication of **tentative efforts to speak to mothers to seek some guidance, both parents and daughters are evidently uncomfortable engaging in a meaningful discussion:**

*“Mom told me something about menstruation, but I didn’t listen to her. I played games on the phone when she was blah-blah-ing. Grandma may*

*have prepared me for these issues, but I haven't heard anything because I was ashamed."*

- Young Roma girl

In the above context, information channels for young Roma girls have evidently been limited historically, with the main sources of any relevant information being restricted to:

- **Female pharmacists** as a trusted source of practical advice on basic aspects such as how to buy and use sanitary napkins; and
- **Female parents** as a potential trusted channel, albeit with the limitations of taboo subjects.

● **Young persons in vulnerable situations in Kyustendil and Radomir** also referred to long-standing issues which indicate a limited range of options having been considered or used. In the remote area of Kyustendil, both before and during the pandemic, there has been a strong perception that information-seeking on SRHR is exclusively based on habitual contact with family doctors (general practitioners—GPs) and gynaecologists. In the larger town of Radomir there is a further challenge regarding the 'correctness' of SRHR information delivered through schools, with the home environment (parents or grandparents) being partly considered more relevant to information needs.

● Given this environment, it is evident that, among groups in vulnerable situations, there is **lack of a single long-term reliable source of information on SRHR matters**, which becomes highly constraining in the "absence of a strong collective trust in physicians, scientific experts or research centres" (Ministry of Health official). Indeed, as reported by Ministry of Health officials, even young people are highly suspicious of conspiracy theories all around, and there appears to be a lack of trustworthy independent local media channels to overcome this barrier.

● Moreover, a **systemic collapse in terms of delivering relevant information on SRHR** is evident, with Ministry of Health officials effectively claiming that they are left powerless to drive communication on SRHR matters. They attribute a large portion of responsibility for misinformation to the media, both before and during the pandemic (exemplified by famous anti-vaxxers being given airtime). The Ministry of Health itself has become reluctant to use social media channels for information dissemination, based on a perception that it would not be endorsed by politicians:

*"We [the Ministry of Health] are not present on social networks and will not be present until [politicians] realize that this is a channel of influence."* - Ministry of Health official

## 1.2.2 Structural and cultural restrictions on channels for seeking information on SRHR

The above-mentioned historical constraints to seeking reliable SRH information are reflected in numerous historical shortfalls with respect to SRHR-related information and knowledge among young people, which the pandemic has clearly highlighted, such as:

● Girls lacking even the most basic information related to the menstrual cycle—in particular being unable to identify or address their first period—leading to confusion and fear;

*"She thought she had committed some sin and now she had to suffer. Finally, her grandmother noticed first, and they realized that in fact the girl had just her first menstruation. I cannot imagine what she went through."* - Young person, Radomir

● Young teenagers in particular lacking information on how to have protection during sex (references were made by teenagers of young people starting to have sex at the age of 13 or 14 years who have been particularly hard hit during Covid-10 by the lack of opportunity to listen to lectures by Regional Health Inspectorates, NGO activists and others;

● General information on relationships; and

● Mental pressure from parents creating further confusion.

Furthermore, a lack of information on even the basic SRH topics mentioned above was acknowledged by Ministry of Health officials themselves, with information activities being limited to outdated leaflets or brochures:

*"Our answers to the fears of the people who follow social media are some brochures from the 60s, which we hand out in the offices of GPs. This definitely does not work. The effect of our [Ministry of Health] actions is 0.5%. We are not present on social media, and our voice is not heard there."* - Ministry of Health official

## 1.3 Impact of the Covid-19 pandemic on information-seeking and access on SRHR topics

### 1.3.1 Information-seeking and needs on SRHR during the pandemic

#### Limited interest in information-seeking

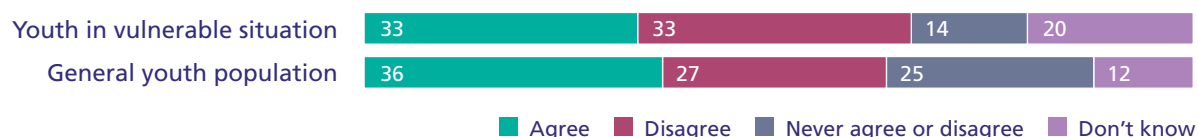
There is a strong perception among young people that information needs relating to SRHR have not changed substantially due to the pandemic. Indeed, there is general consensus on this account across all youth groups (the general youth population and those in vulnerable situations) and all key stakeholders interviewed, including public health officials, physicians and NGO agents alike. Moreover, there is some evidence that involvement in SRHR and motivation to seek SRHR information has also been compromised to some degree.

#### Constraints to information-seeking

Specifically, the lack of new emergent information needs but also a reduced interest in seeking information is attributed to:

- The general historical backdrop of a lack of interest in SRHR topics and the mistrust in anything political;
- The degree to which the pandemic has overwhelmed everything, leading to an even lower motivation for information-seeking on SRHR issues;
- Among both the general youth population and those in vulnerable situations, approximately one third of the youth participating in the quantitative youth survey (2021) reported that during the pandemic they were preoccupied with other, more important issues than seeking SRHR information or services. While this proportion is not particularly high, significant additional proportions of both categories of youth positioned themselves neutrally or had no opinion on this issue, reflecting a general lack of engagement with the subject matter which was also observed during focus group discussions.
- A Ministry of Health official acknowledged that *“the entire resource of the Regional Health Inspectors was aimed at limiting the pandemic, carrying out controls, quarantining the people who were returning to the country”*.

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



Source: Quantitative youth survey (2021)

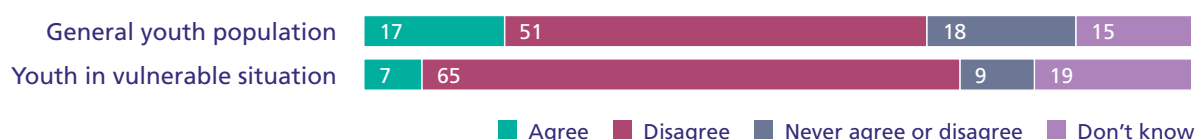


- Demotivation: a conscious effort to stop looking for information on anything related to health on account of the controversy, potential exposure to inaccurate information and fake news (expressed by focus group participants in Radomir, Kyustendil and even the general youth population) during the pandemic. Consequently, young persons have tended to place greater trust in their personal GPs or gynaecologists, finding comfort in general contact with GPs or gynaecologists (Radomir, Kyustendil), thus relegating information-seeking to a passive type of activity; and

- A clear lack of proactivity in seeking information even in cases where there is a greater need for information—expressed particularly by teenagers, who refer to a lack of initiative among their peers and an expectation that others such as teachers or parents will inform them if necessary.

Within the above context, quantitative evidence further suggests that limitations in the search for information on SRHR matters have not been driven by a lack of knowledge on where to seek information, (with just a small minority of youth audiences holding this view), but rather by a general lack of involvement with the subject matter.

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



Source: Quantitative youth survey (2021)

### Lower information-seeking among youth in vulnerable situations

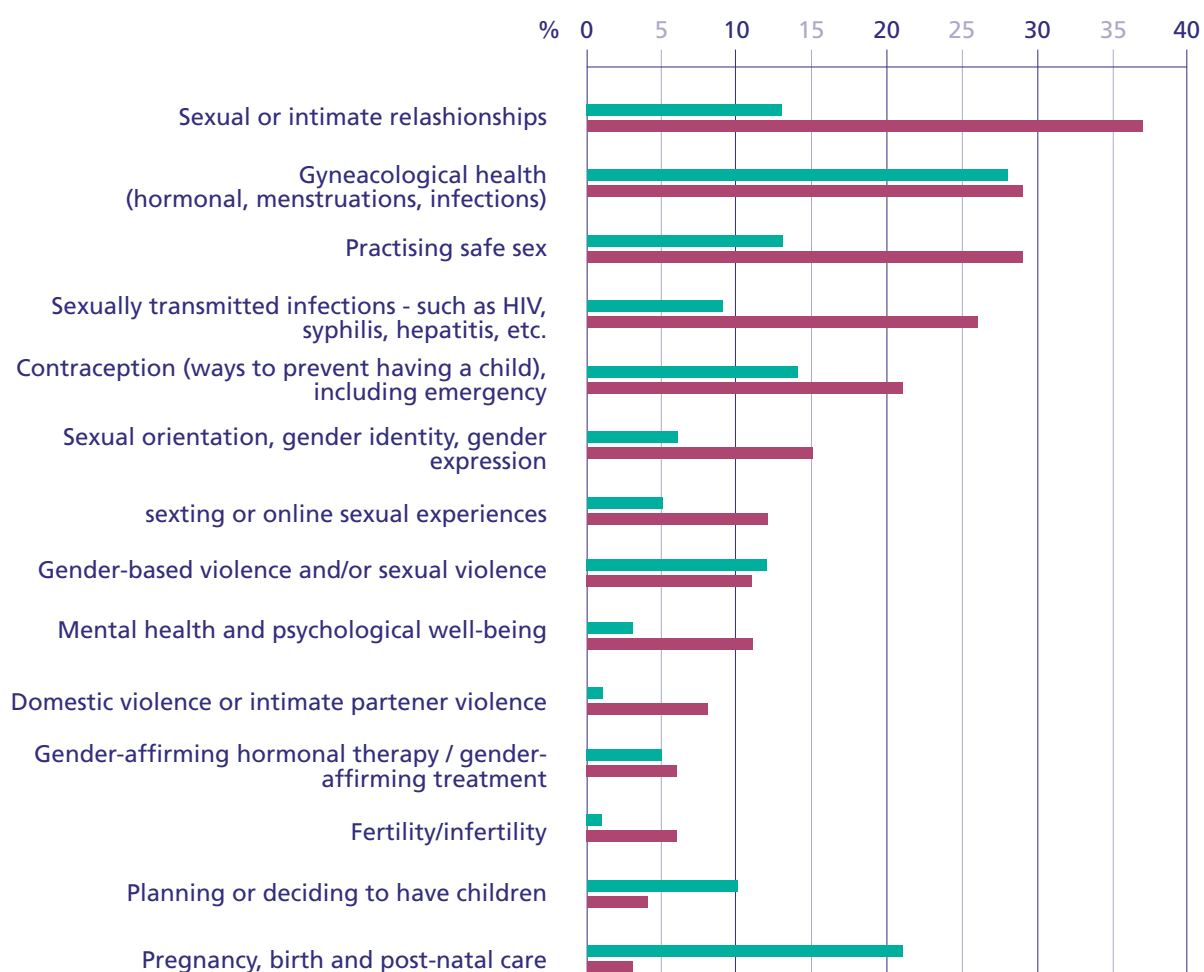
The lack of motivation to search for information on SRHR matters is reflected in **relatively low proportions of the various youth audiences seeking information during the Covid-19 pandemic**. In particular, **the proportion of young people in vulnerable situations** who have not sought information on even one area related to SRHR via any means stands at 46% and is exceptionally high among the Roma community (60%) and teenagers in general (58%).

In contrast, information-seeking among the general youth population has been more prevalent, with 73% of such youth reporting having sought information on at least one SRHR information topic.

The different behaviors across youth types are starkly evident in the range of topics on which they have sought information. Indeed, significantly lower proportions of youth in vulnerable situations (compared to the general youth population) and at very low levels have sought information on virtually all topics, with general gynaecological health and pregnancy-related information (driven by new mothers) being the only exceptions to this pattern.

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

■ Youth in vulnerable situations ■ General population

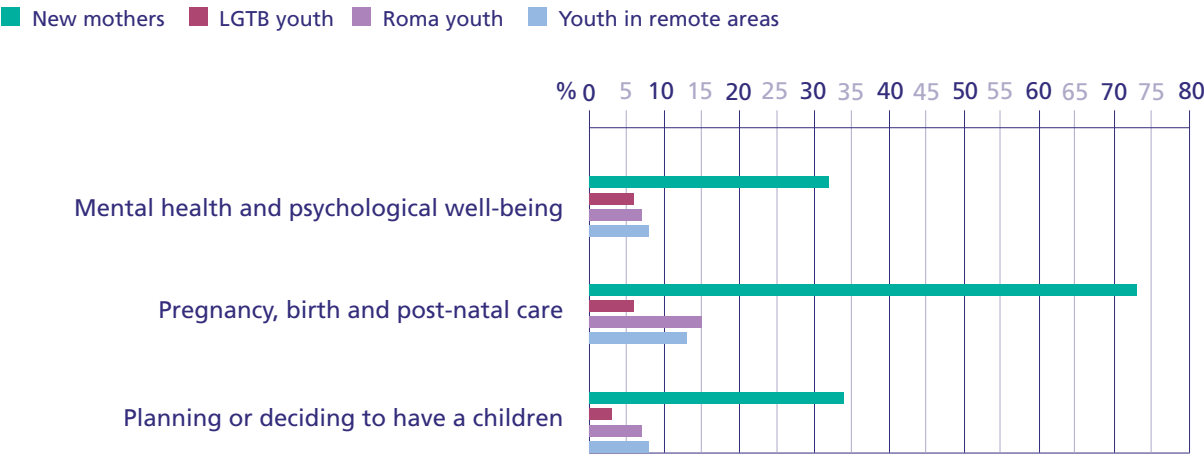


Source: Quantitative youth survey (2021)

Among youth in vulnerable situations, three specific groups stand out as outliers in terms of having made some significant effort to look for information, namely:

● New mothers, with respect to planning to have children and on pregnancy-related matters, as well as their related mental health concerns due to their situation;

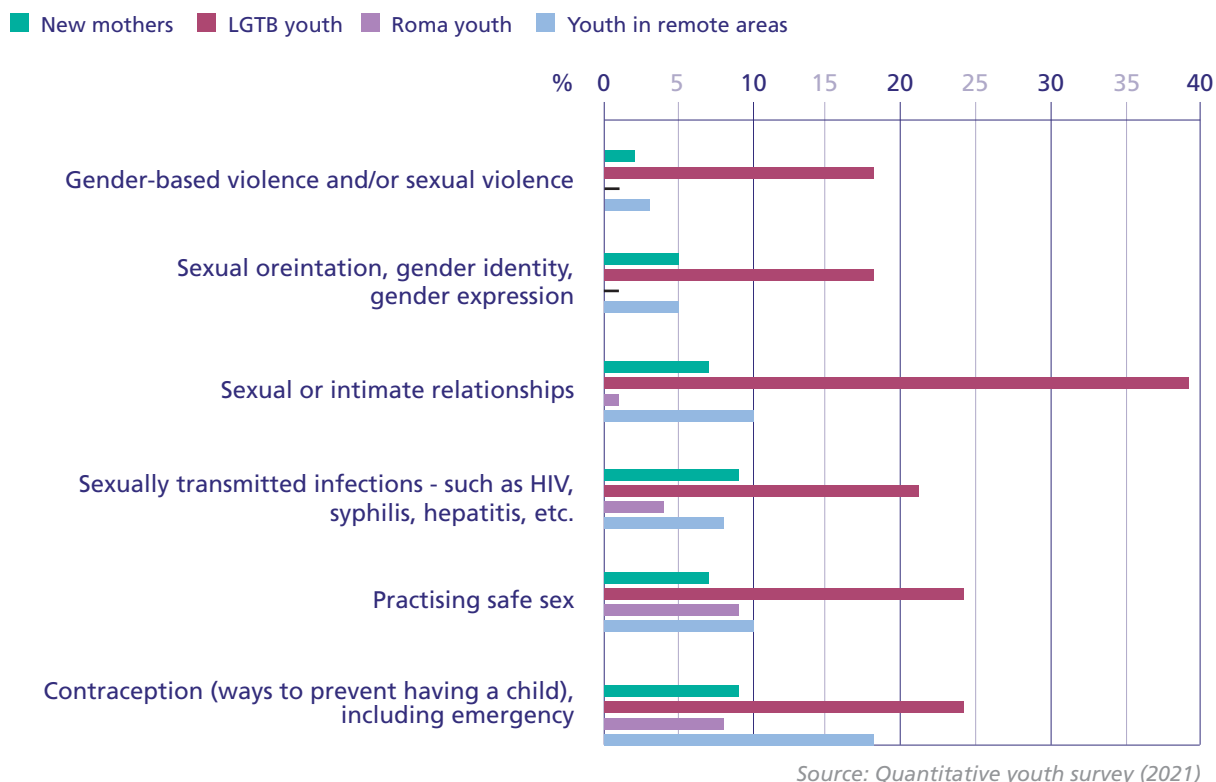
Information-seeking on SRH during the Covid-19 pandemic (% seeking information)



Source: Quantitative youth survey (2021)

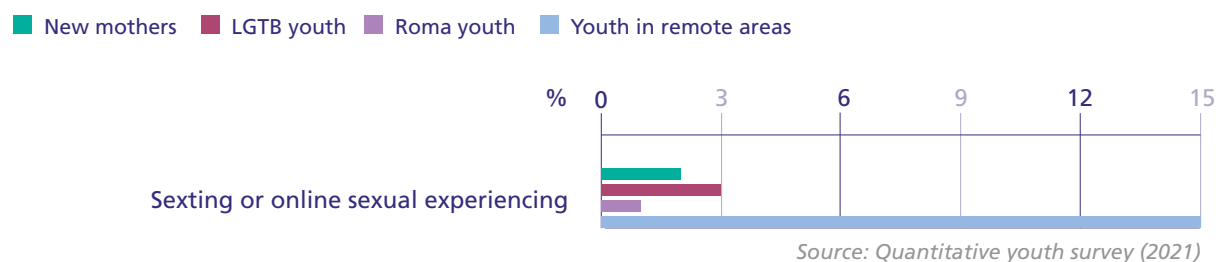
● LGBT youth, on the aspects of STIs, practising safe sex, contraception, sexual orientation, sexual and intimate relationships, and gender-based violence; and

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



● Youth residing in remote areas, with respect to sexting or online sexual experiences.

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



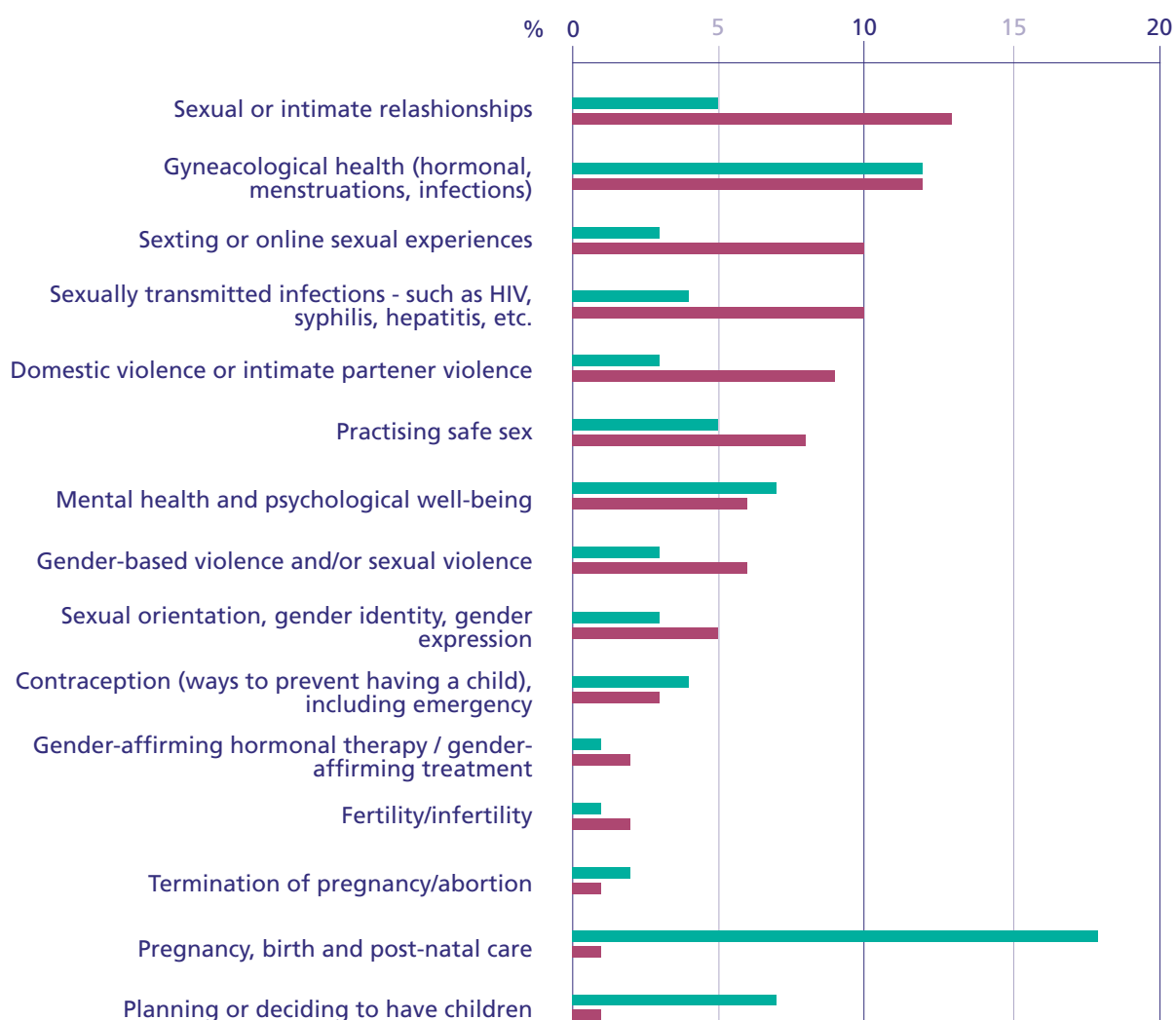
### Limited increase in the urgency of information needs

The general lack of involvement in terms of information-seeking on SRHR topics is further reflected in low proportions of the total youth population reporting that the information has

become more urgent during the Covid-19 pandemic, as recorded in the quantitative youth survey. In this context, pregnancy-related information (driven by new mothers) and general gynaecological information, gender-based violence, sexting and STIs stand out as the few outlier topics in which there has been greater interest.

### Information seeking which became MORE URGENT during the Covid-19 pandemic - all youth audience (% mentioning)

■ Youth in vulnerable situations ■ General population



Source: Quantitative youth survey (2021)

### 1.3.2 New information needs during the Covid-19 pandemic

Despite the above, there are some notable exceptions, with increased information needs on new related topics. Though these are yet to be reflected in high numbers of youth actively seeking such information, it does appear that the Covid-19 pandemic has at least put such items on the agenda for some youth depending on their situation. Such areas include:

- Information seeking on **mental health** (especially among the general youth population). This aspect is strongly acknowledged also by Ministry of Health officials, who tend to agree on the greater need for information about the mental health of young people and, indeed, that the importance of this issue has been underestimated by the health authorities;

- **Protection against cyber bullying and pornography** (most vividly highlighted by Radomir focus group discussion participants), as a result of increased exposure to manipulation and abuse online;

- Teenagers perceiving a greater need for more information on SRHR-related topics. Although there is a clear acknowledgement that sex education in schools is by no means sufficient, the school environment appears more generally to be an area where they can pick up random pieces of information relevant to their own specific situation. In this context, there was reference to those teenagers having just started having sexual intercourse who lack the awareness or knowledge of how to have protective sex and who have been missing out on even basic pieces of information previously (before the pandemic) delivered to them via lectures from Regional Health Inspectorates or NGO activists;

- In the eyes of stakeholders (Ministry of Health officials), a need for information about **the impact of the new virus on SRH, pregnant women, newborn babies and the development of the fetus** depending on the gestational week if the mother is infected; and

- **Increasing information needs in relation to teenagers and children:** feedback from parent NGOs suggests an intensification of needs during the Covid-19 pandemic pertaining to:

- An increase in the demand for information about sexual relations, about the relationship between

those in a sexual or stable relationship online and about the problems related to the exchange of nude photos ("95% of young people are in the chat and do not call on the phone because they do not want their parents to hear them. Half of the children say their real names; the other half want to be anonymous");

- An increase in the number of calls to the emergency 116 number by teenagers (in an effort to avoid being heard by parents) on topics such as flirting, personal boundaries, types of sexual activity and sexual hygiene. This is in contrast to the declining number of calls received by teachers;
- A 40% increase in hotline alerts of sexual and gender-based violence; and
- Hotline calls relating to online sexual exploitation increasing from 9,000 per year before the pandemic to 21,000 in the first year of the pandemic.

### 1.3.3 Information channels on SRH during the Covid-19 pandemic

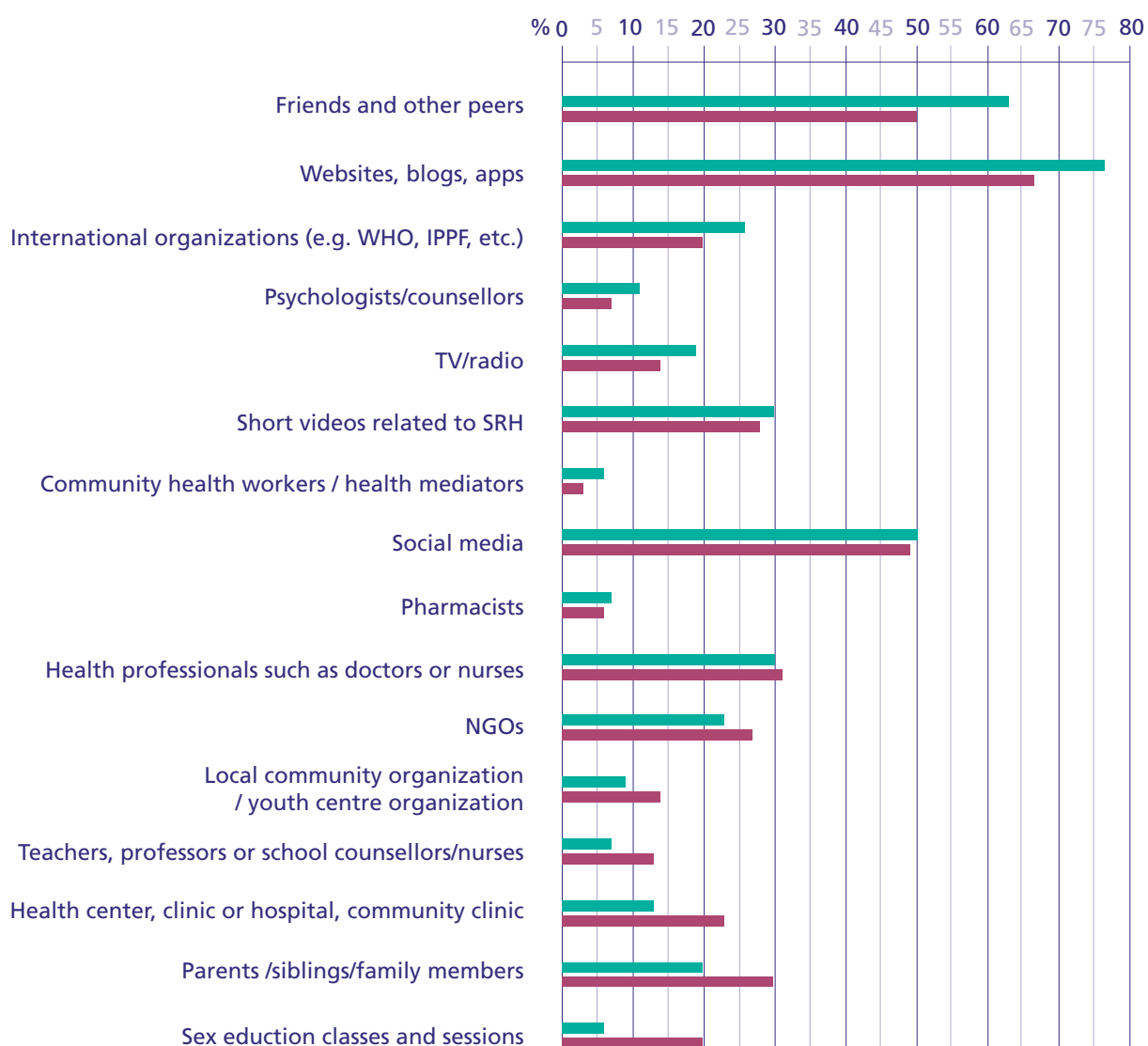
#### Limited increase in the urgency of information needs

Among the general youth population who have sought information online, websites, blogs and apps, and friends or peers have been the primary channels for information-seeking, both before and during the pandemic. Indeed, both these channels have been used by a greater proportion of youth during the pandemic. Similarly, international organizations (e.g. the World Health Organization and IPPF) have enjoyed more widespread use, as have the more traditional TV media, although with regards to the latter there are clear quality concerns, as mentioned later in this section.

In contrast, a marginally reduced use of formal sex education and teachers, health centres and NGOs/ local community organization has been evident during the Covid-19 pandemic, most probably because of the accessibility issues related to many of these resources.

## Information channels for SRH before and during the Covid-19 pandemic - General youth population (% mentioning)

■ During the pandemic ■ Before the pandemic



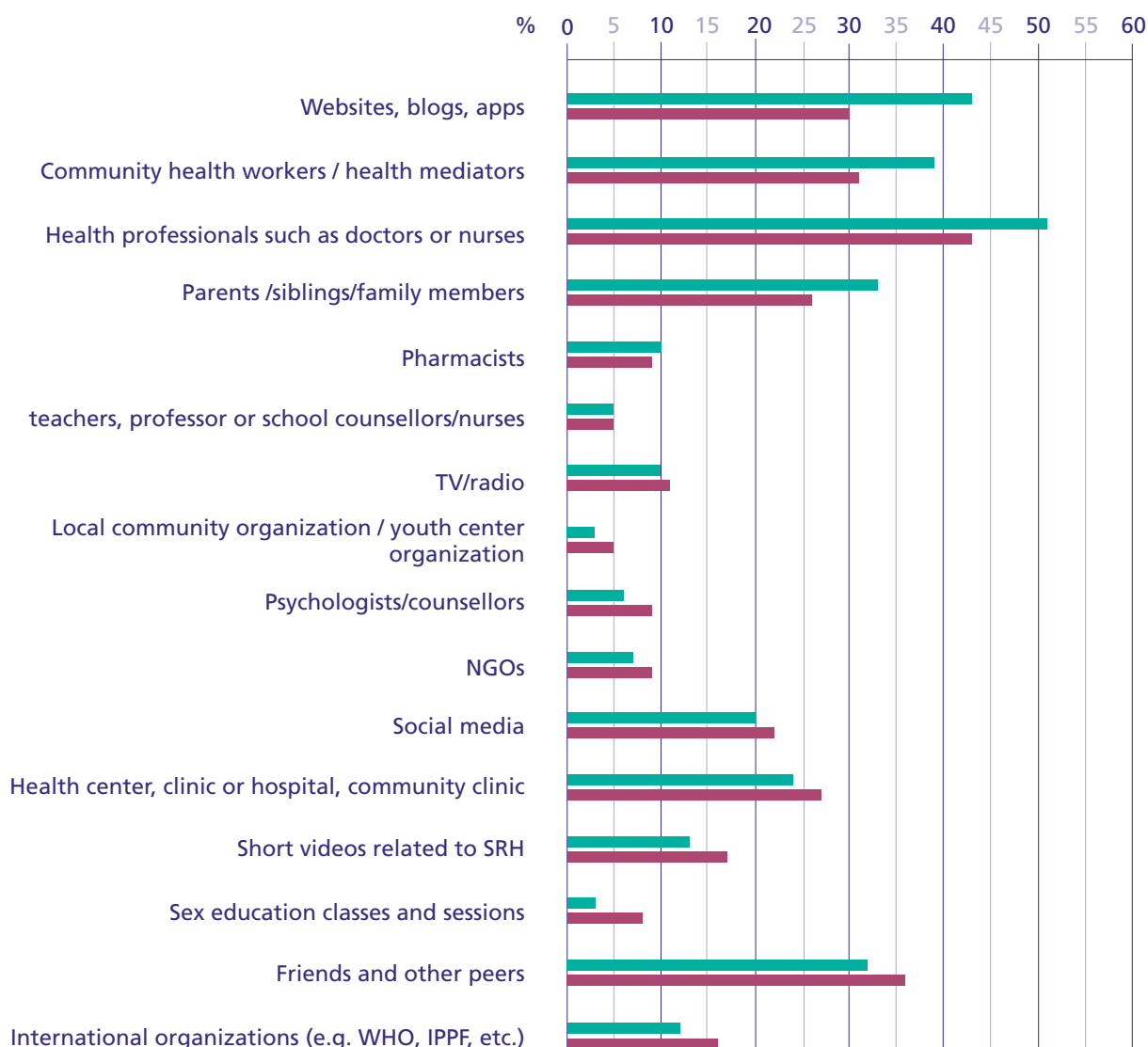
Source: Quantitative youth survey (2021)

There has also been an increased proportion of youth in vulnerable situations using websites, blogs or apps. Moreover, there appears to have been a

greater reliance on community health workers, the family circle and individual health professionals.

## 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)

Further, among those in vulnerable situations, particularly high use of the following resources has been noted:

● Among LGBT persons, 88% have relied on websites and 73% on friends or peers;

● Among Roma youth, 64% have relied on community health workers or mediators; and

● Among those residing in remote areas, 48% have relied on trusted health professionals.

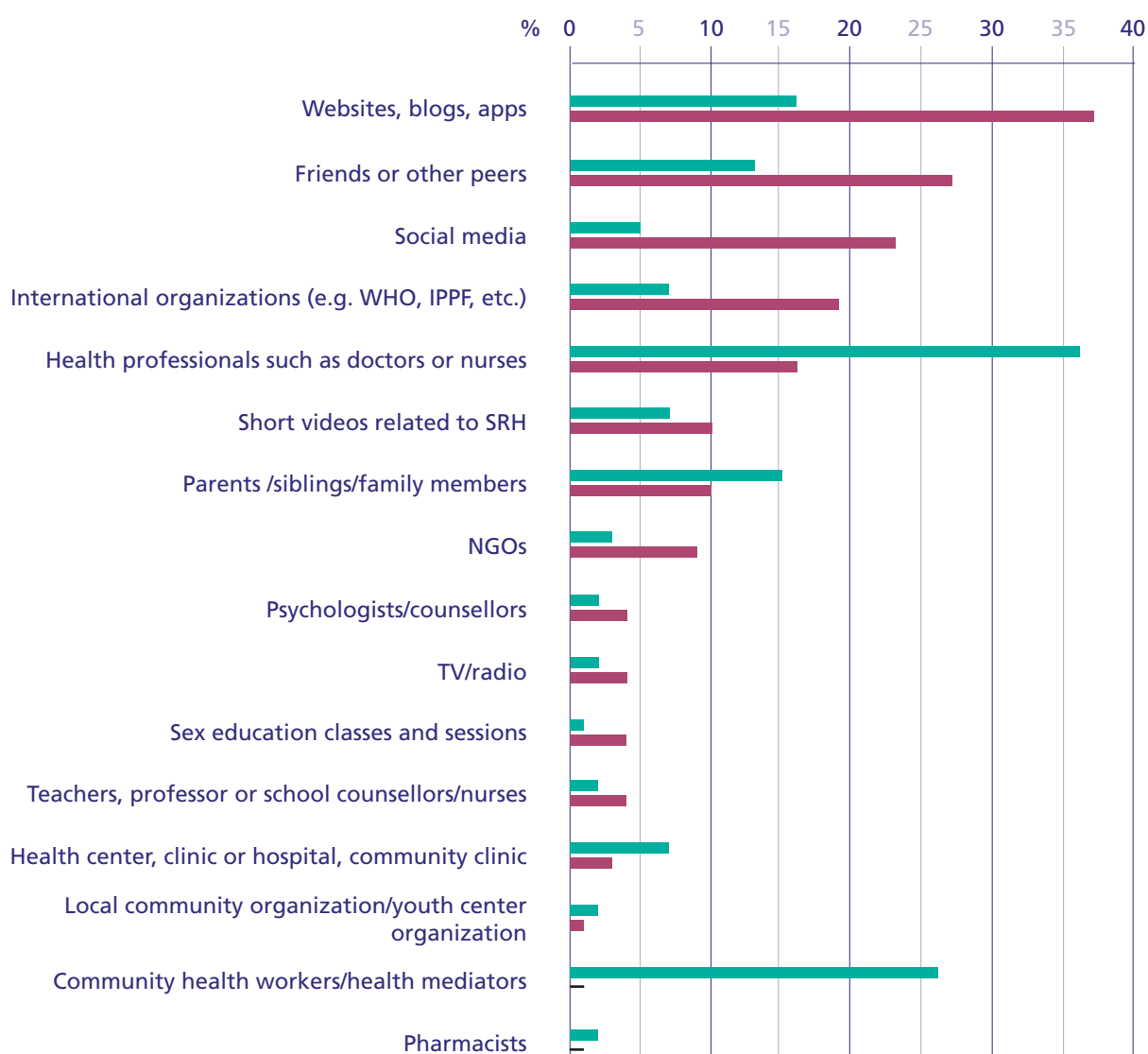


## Channels with increased importance during the Covid-19 pandemic

Given the above, information-seeking during the Covid-19 pandemic has been based on channels which, though not new, have assumed increased importance for each individual target audience.

## Channels on which youth relied MORE during the Covid-19 pandemic - among those previously using each channels (% mentioning)

■ Youth in vulnerable situations ■ General population



Source: Quantitative youth survey (2021)

**Among the general youth population**, the greater reliability on online sources of information (acknowledged as particularly useful when emanating from international sources) and friends/peers is particularly clear, as well as some greater reliance on international organizations and health professionals. With regards to health professionals, qualitative discussions indicated that the greatest reliance is on GPs, specialists or experts in their respective fields from the family or close environment.

**Among those in vulnerable situations**, health professionals clearly gained in importance, while among teenagers—in the context of school closures—some greater reliance on parents and the internet was noted. Specifically regarding health professionals, this was consistently reflected in qualitative discussions as follows.

- For residents of remote areas (Kyustendil and Radomir), telephone contact with GPs (who have always answered their phone calls and advised them on all important issues, including SRHR topics) remained the only trusted source, with no new alternative channels cited.
- For new mothers, their personal gynaecologist is the primary trusted source of information, along with a high level of reliance on families (all participants said that they communicated only with their closest relatives and friends, to maintain their positive thinking and optimism).

*“Whatever I needed, I called Dr. Lozev. He had followed my previous pregnancies. He always picked up the phone and told me everything I needed. If he didn't pick up, he called me back later. So I felt calm...”*

- Mother who gave birth during the Covid-19 pandemic

Further to the above quantitative evidence, clear qualitative differences emerged between various youth groups during focus group discussions relating to the use of the various channels.

### Use of online resources by the general youth population

**The general youth population** are the key target audience that have relied on the internet for information on SRH-related matters, with 77% of such youth using websites during the Covid-19 pandemic, compared to just 43% of those in vulnerable situations. They claimed to have checked the trustworthiness of the sources at least twice.

However, they reported that this also applied before the pandemic, hence no material difference is noted in this respect. Examples of use of the internet in this context include mentions of the BTA (Bulgarian News Agency) and the Bulgarian Red Cross, while teenagers mentioned the official websites of the Ministry of Health, the World Health Organization, the Red Cross and the BTA. There were also some references to websites in the English language being more credible sources.

Participants in focus group discussions from the general youth population shared the opinion that due to the pandemic the **quality of the internet-based information channels** they have used in the past has actually improved (examples of the BTA and the Bulgarian Red Cross are cited), insisting that information is published much more often and that up-to-date data are provided by reliable international medical libraries, which are expensive for non-specialists. Moreover, the sites referred to include a section for ‘checking for fake news’, chat rooms and further improvements.

### Declining trust in TV

Although actual use of television channels has not dropped during the Covid-19 pandemic, the main differential qualitative impact (compared to pre-pandemic times) in terms of channels used by all youth audiences is evident in the case of TV, with a complete loss of trust being reported across the majority of categories of youth in the traditional medium of TV. Distrust has been fuelled by a combination of misinformation, and political and psychological factors, namely:

- Contradictory and confusing information related to the Covid-19 virus itself, further reflected in the provision of airtime to virus-sceptics and ‘popular’ anti-vaxxers; and
- A deeply held conviction that the three main national TV networks (Bulgarian National TV, Nova TV and bTV) are influenced or controlled by the government for its political purposes.

Although the above influences are not directly related to SRH issues, the high level of distrust in the networks appears to have eliminated the potential of mainstream media with extensive reach to act as a source of credible information on any health-related matter, including SRH issues, when most needed during the Covid-19 crisis.

*"I stopped watching TV. I talked to experts: colleagues of my mother, who is a doctor."*

- Young person, Sofia

*"If you don't follow the official media, you can find information about everything."*

- Young person, Kyestendil

The extreme stress and mental health pressures created by the repeated and ongoing TV reporting of apocalyptic mortality rates was expressed most strongly by new mothers. In this respect, while they have not used any new information sources, they referred to having tried to disconnect from using TV as a credible information channel, relying instead on telephone calls with their GP or gynaecologist.

*"I realized that it was my responsibility to take care of my pregnancy, so I just stopped watching*

*the news, disconnected from the world."*

- Mother who gave birth during the Covid-19 pandemic

### Other channel limitations

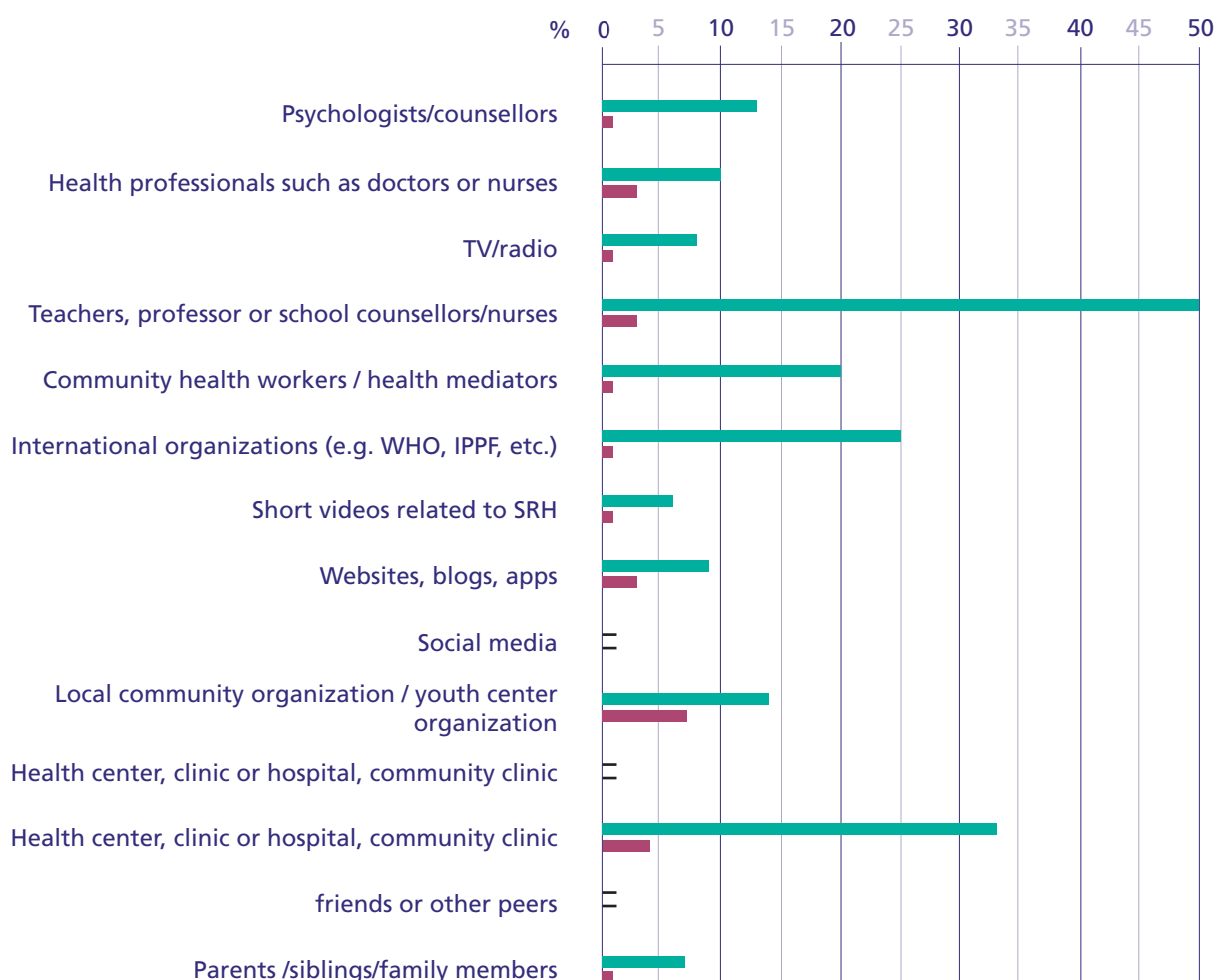
In addition, quantitative evidence strongly indicating difficulties in terms of obtaining the required information was recorded with regards to a range of channels.

**Among the general youth population,** key difficulties recorded include restricted access to sex education sessions and teachers, health centres and community health workers, while there was also a notable proportion of those seeking information from social media and psychologists who also reported difficulties.

## Channels from which it was impossible or difficult to obtain required information

- General youth (% mentioning)

■ % of those seeking information ■ % of audiences



Source: Quantitative youth survey (2021)

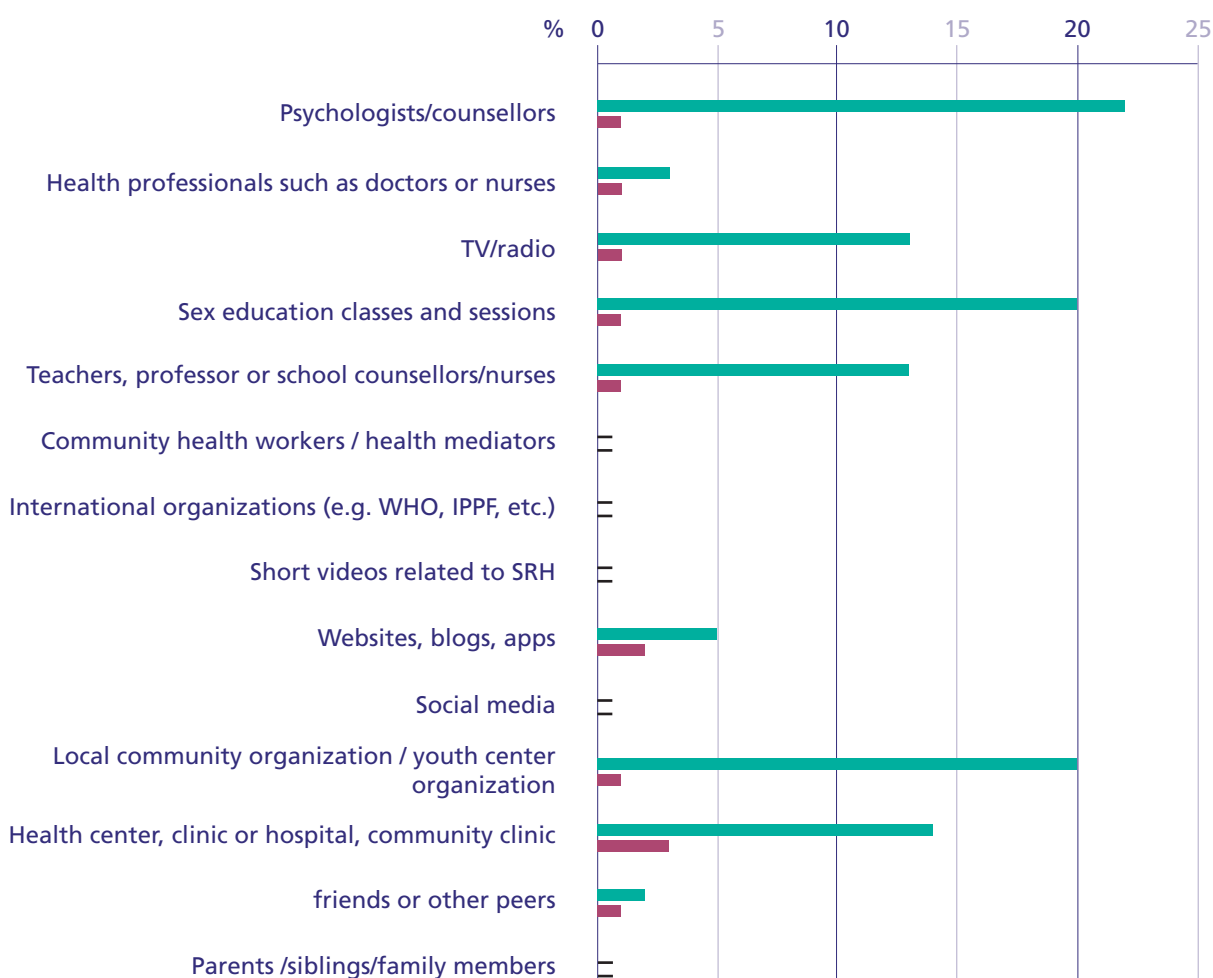
Among youth in vulnerable situations, difficulties in sourcing the required information were reported

with respect to sex education sessions, psychologists/ counsellors and local community organizations.

## Chanel from which it was impossible or difficult to obtain required information

- Youth in vulnerable situations (% mentioning)

■ % of those seeking information ■ % of audiences



Source: Quantitative youth survey (2021)

Furthermore, participants in focus group discussions outside the capital city (especially in Radomir) identified more specific limitations regarding their ability to access information related to SRH, especially in the early phases of the pandemic, in terms of:

- Mobile doctors/GPs stopping visits to their neighbourhood;
- Closure of clinics;

- Cancellation of local visits by all health mediators and consultants from the Bulgarian Red Cross;

- Withdrawal of all institutions from the neighbourhood, including the closure of the community centre; and

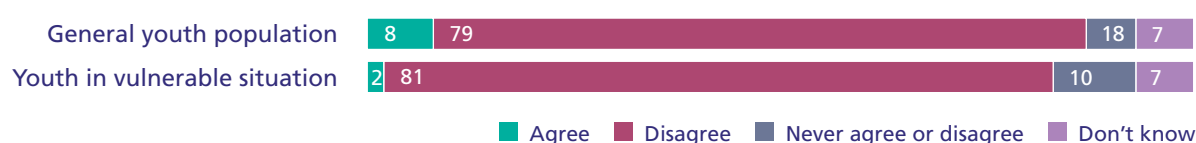
- Disappointment and confusion when seeking credible information online.

### 1.3.4 Technology limitations for information-seeking

The pattern shift towards greater use of online information sources during the Covid-19 pandemic suggests that youth audiences with reliable access to the internet are indeed very open to using this technology to access information on SRHR.

In this context, just a small proportion of audiences claimed to have wanted to use the internet but faced problems on account of not having the necessary devices, as indicated below. However, it is noted that Roma youth in particular have limited access to technology; thus, any need or desire to use the internet is irrelevant.

### Availability of technology - wanted to use the internet but did not have access or the necessary devices (% mentioning)



Source: Quantitative youth survey (2021)

Moreover, notably, the use of new technology and the internet for information-seeking entails a series of substantial barriers, both before and during the Covid-19 pandemic, thereby minimizing its potential to act as a significant source of information in the time of crisis, particularly for groups in vulnerable situations:

- Much lower internet penetration among the rural population of Bulgaria at just over 40%, compared to more than 70% in urban locations (source: Eurostat),
- A lack of trust in technology, devices and the internet, and the view that they brainwash people (observed in the remote area of Kystendil);
- Roma youth refer to social media in particular as a digital threat, with parents applying strict controls on their use and the sharing of educational videos considered a dangerous practice;
- Disappointment in seeking information over the internet at the beginning of the pandemic and a feeling of confusion and manipulation among those who attempted to use the internet as an information source for the first time (Radomir focus group discussion participants);
- Some new mothers made a conscious attempt to 'unplug' themselves from the internet during the

pandemic on account of the space being filled only by negative news;

- Teenagers from conservative families experience strict parental control to avoid malicious communication and pornographic images; and
- A renewed preference for face-to-face contact and communication was reported by expert stakeholders.

*"Since the pandemic broke out, young people have been telling us: 'We don't want everything to be online anymore; we want to see each other live!' So it turned out that we are looking for young people on the internet, and they are looking for live contact, direct communication."*  
- Red Cross official

### 1.3.5 Misinformation during the Covid-19 pandemic

Perceptions of misinformation related to Covid-19 appear to have been critical in determining the use of new or enhanced internet channels as credible information sources among young vulnerable groups (though not the general youth population). The following perceptions were mentioned by focus group discussion participants and associated with the lack of an information campaign from the

Ministry of Health during the pandemic:

- Doubts as to the existence of Covid-19;
- Perceived negative effect of vaccines on both women's and men's reproductive abilities;
- The 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 their babies; and
- Fear that vaccinated teenagers would become infertile.

Feedback from Ministry of Health officials during in-depth interviews further suggests that while the Ministry does not endorse the above views, it has fallen short of a public discussion to calm these fears:

*"There is no basis for conversation; this is complete nonsense... The previous government accused me of not participating in such discussions. But by participating, you are simply giving a platform to those who express nonsense. There is no room for sensible dialogue here."*

- Ministry of Health official

Moreover, in this context, there appears to be a discrepancy and a lack of coordination between the Ministry of Health, on the one hand, and politicians on the other, with Ministry of Health officials referring to shortcomings of a historical lack of staff and information campaigning on behalf of the State which place an overwhelming burden on the Ministry. Ultimately, the existing problems in shifting conservative societal perceptions on SRH are attributed to a lack of coordinated policy:

*"There were not enough people. Regional Health Inspectors [RHIs] have a very wide range of functions. SRH training is only a small part of the RHIs' tasks. But 30 years after the democratic changes, the society still expects RHIs to do all the work on SRH training of young people. Society itself has not yet opened up; there is no free discussion of SRH issues."*

*"The issue is complex: there is no single long-term national policy for SRH information and training of young people."* - Ministry of Health officials

Confusion among young people is evidently further accentuated by contradictory messages, which result in even less trust in experts and institutions:

*"The problem is the contradictory messages sent by health authorities, experts and politicians. This confuses many young people and leads them to withdraw from the public debate, disinterest and distrust of science, government and institutions in general. As a result, many young people are losing interest in vaccinations, but also in important SRHR topics."* - Red Cross official

In this climate, private initiatives by physicians are reported as a moderating factor, with private GPs claiming to be very active in allaying fears of disinformation and providing relevant information by:

- Actively posting their own personal experiences related to Covid-19
- Responding to hundreds of people directly over Facebook
- Working with health mediators in remote or vulnerable communities

#### 1.4 Overall Impact of Covid-19 Pandemic on SRHR Related Information

Ultimately, the prevalent political environment, perceptions and information limitations have resulted in a series of shortcomings on information related to SRHR, attributed directly to the pandemic, especially among young persons in vulnerable situations, as follows.

- Teenagers outside the capital city and Roma have fallen into an informational darkness due to a combination of a lack of access to the internet, health mediators and their teachers. They are missing information on the topics of menstruation, bandages, protective equipment, sexual hygiene etc.
- Teenagers lack information about safe sex.

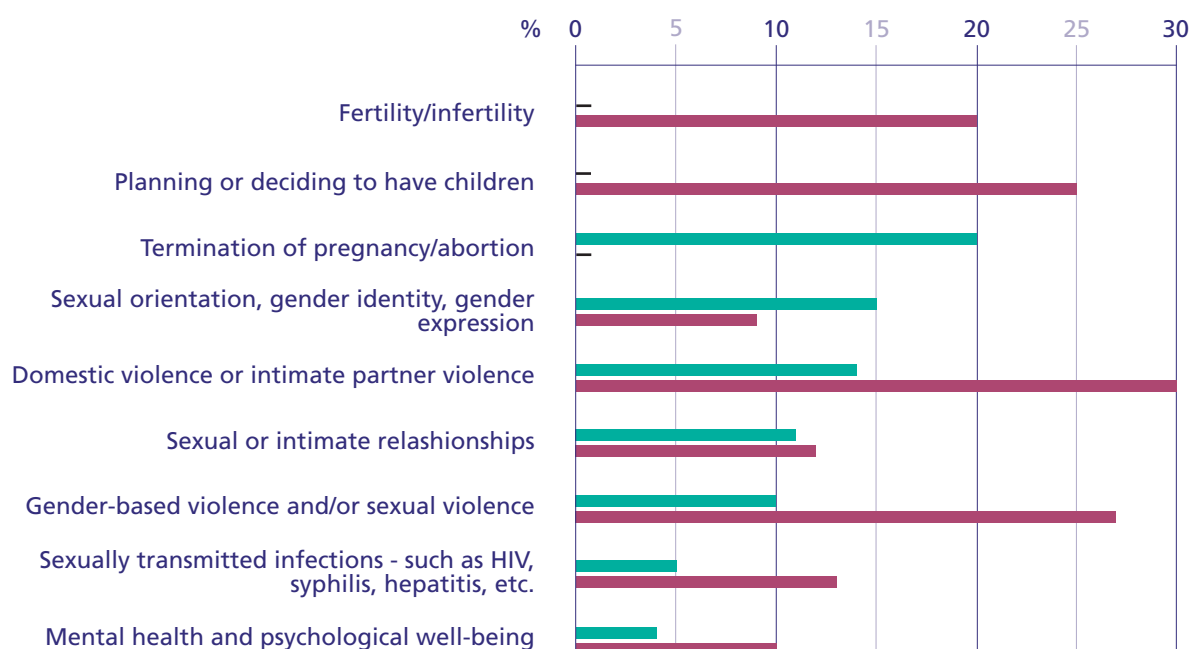
*"They start having sex at the age of 12–13, but they haven't figured out between themselves how to protect each other, whether to use a condom, pills or something else. And they don't ask anyone. They go to consult with their parents when it's too late: the girl is pregnant, and an abortion would be dangerous1 ... It's just damn stupid because they're ruining their lives."* - Expert stakeholder

- Respondents mentioned informational shortages on contraception and STIs.
- Girls having their first period during the Covid-19 pandemic did not know what they should do.
- Reports of women having an abortion out of fear that the virus would hurt their baby.

As recorded in the quantitative youth survey, there are other topics about which the general youth population have also had difficulties obtaining information, particularly related to gender-based violence, family planning and fertility.

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

■ Youth in vulnerable situations ■ General population



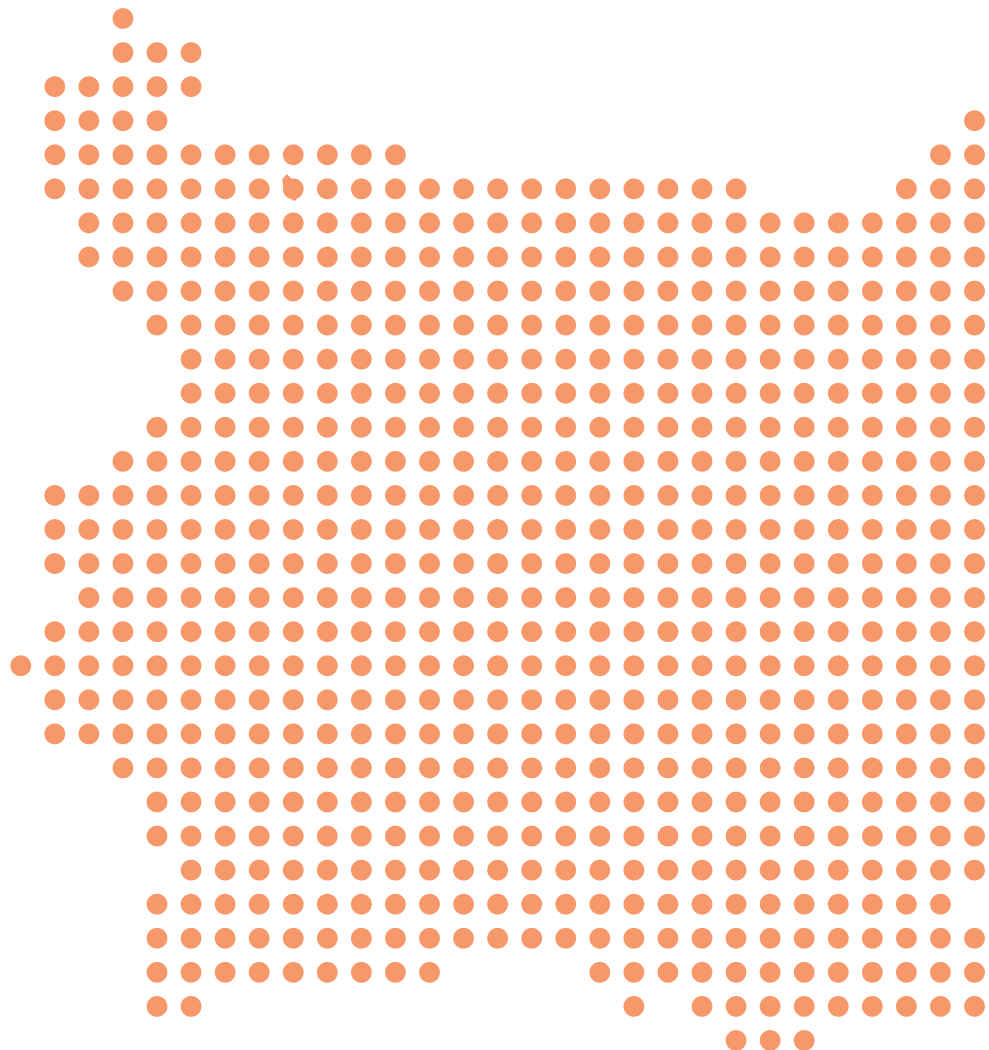
Source: Quantitative youth survey (2021)

## II. Access to SRH services

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

The general need for SRHR services or supplies during the pandemic has been relatively low, reflecting the historical lack of involvement with the subject matter, which is indeed much lower than in other countries in the region.

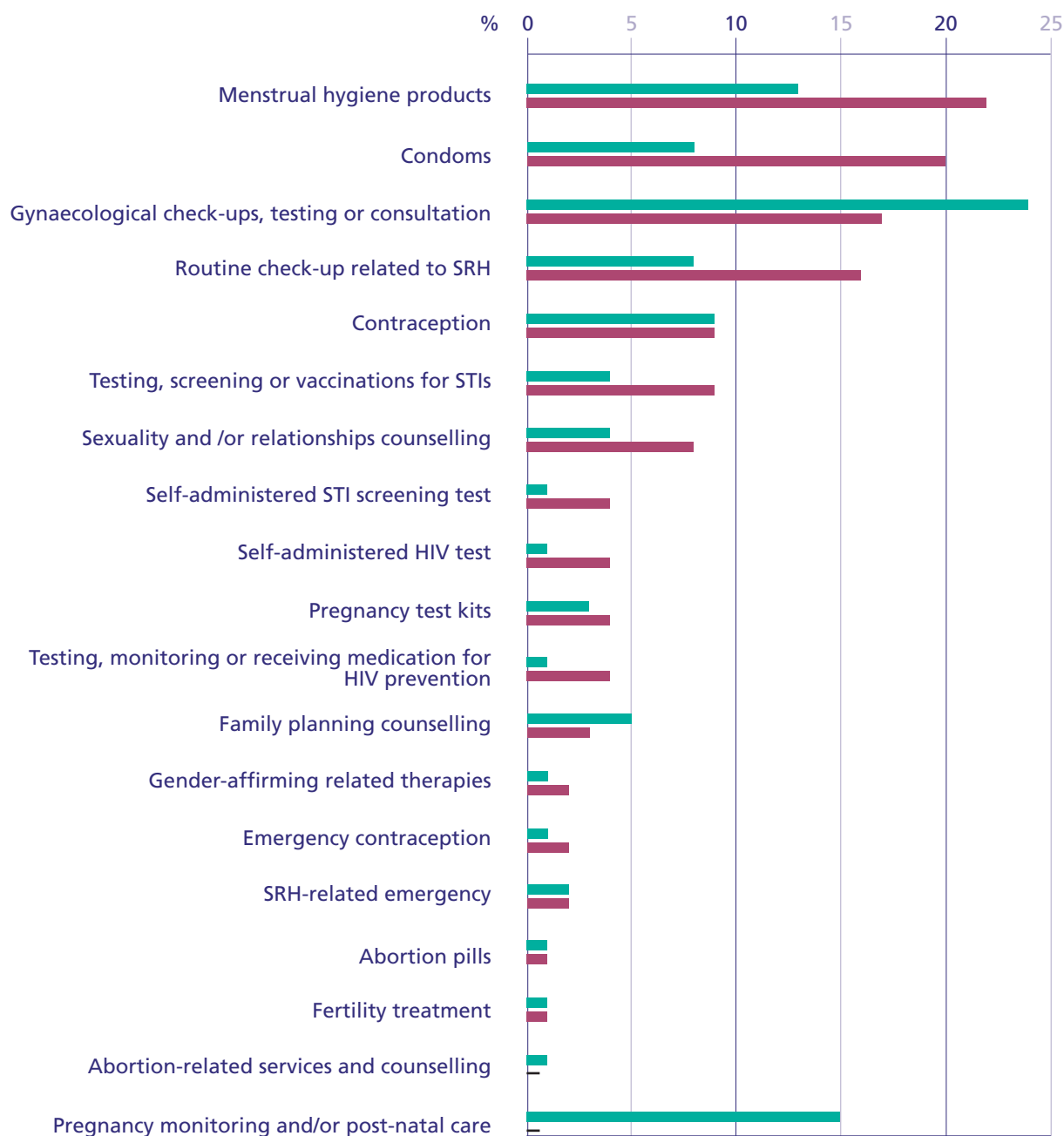
In particular, expressed the need for services or supplies has been particularly low among youth in vulnerable situations, for whom gynaecological check-ups (24%), pregnancy-related services (15%) and menstrual hygiene products (13%) are outlier areas of interest. In addition, 21% of LGBT people reported the need for condoms. Needs expressed by Roma youth have been exceptionally low—in the range of just 5% to 10% at most.





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

■ Youth in vulnerable situations ■ General youth population



Source: Quantitative youth survey (2021)

## 2.2 General perceptions of access to and provision of SRHR services

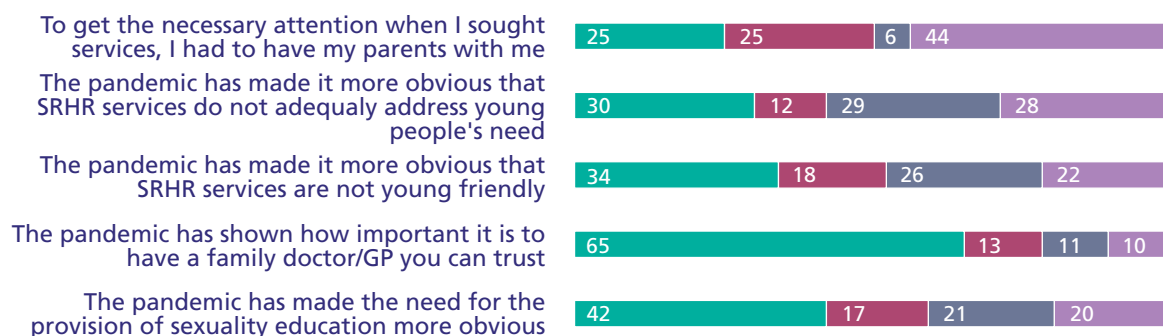
The strongest perception held by all youth audiences is that the Covid-19 pandemic has shown the importance of having a trusted family doctor—a belief held by 65% of the general youth population and 71% of youth in vulnerable situations.

All youth audiences also strongly believe that the pandemic has made the need for the provision of sexuality education more obvious—an opinion

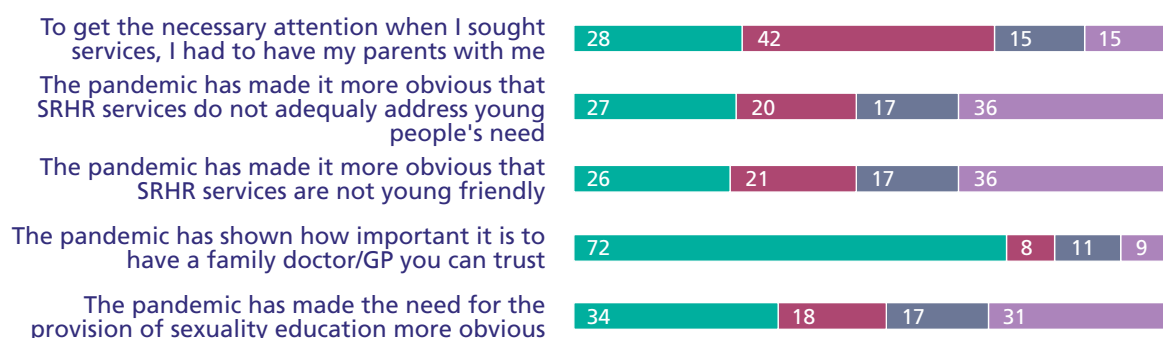
expressed by 42% of the general youth population and 34% of youth in vulnerable situations.

Moreover, a significant proportion of the general youth population believes that the pandemic has shown that SRHR services do not adequately address young people's needs and that they are not youth-friendly. Although this does not appear to have been driven by a large proportion of respondents having had negative experiences, it does indicate the overriding feeling of a lack of specific care for youth.

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



### - Youth in vulnerable situations (% mentioning)



■ Agree ■ Disagree ■ Never agree or disagree ■ Don't know

Source: Quantitative youth survey (2021)

## 2.3 Positive experiences of accessing SRH services during the Covid-19 pandemic

The majority of focus group discussion participants did not spontaneously mention a wide range of problems faced in trying to access SRH services during the pandemic, with the area of mental health being an exception. Indeed, a range of factors appears to be contributing to references to 'life continuing as normal'.

Many youth have **not sought services** for a variety of reasons, except in an emergency. Among those seeking services, some claim that many **SRHR offices continued working illegally**, because both citizens and doctors/consultants did not believe that the government's restrictions were based on real scientific analysis.

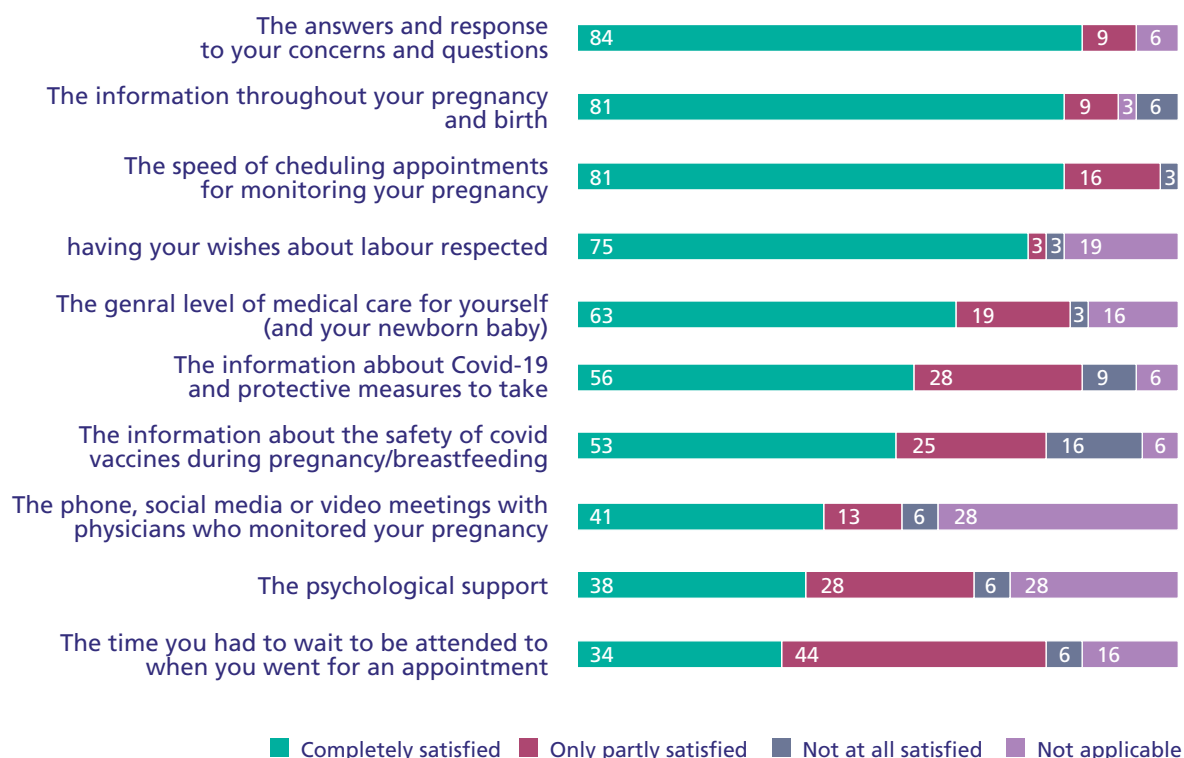
In particular, there were strong references to **paying private-sector physicians** as a way to overcome any difficulties during the Covid-19 pandemic. Indeed, accessibility to private doctors was said to have increased because many of them wanted to compensate for income lost as a result of patients cancelling appointments. Notably, this was mentioned not only by more affluent women but also by less privileged pregnant Roma women,

who, despite not having health insurance, were able to have a paid examination by gynaecologists, bypassing any accessibility obstacles.

A prevalent perception expressed by all groups of youth was that the pandemic had actually made SRHR doctors more accessible, responsive and caring due to a reduced overall workload resulting from the suspensions of routine planned operations and preventive examinations, extending to pregnancy and childbirth.

New mothers referred specifically to a lack of overcrowding in all hospitals, allowing greater accessibility to hospital **psychologists** with whom they connected via their GPs during pregnancy and for consultations after giving birth in hospitals. **This represents a positive development or good practice, which new mothers strongly agree should remain in place even after the pandemic.** Further, new mothers in particular noted that the actual quality of services offered improved. This was attributed to there being fewer pregnant women; therefore, doctors were less busy, and mothers felt better cared for. As also recorded quantitatively, it appears that new mothers are the group among whom satisfaction with services (and information regarding their specific circumstances) has been particularly high.

## Satisfaction level with services to new mothers during Covid-19 pandemic (% mentioning)



Source: Quantitative youth survey (2021)

Among the general youth population with access to the internet, there was a perception that the speed of accessing counselling services related to mental

health, personal relationships, family relationships, loneliness and isolation has actually improved.

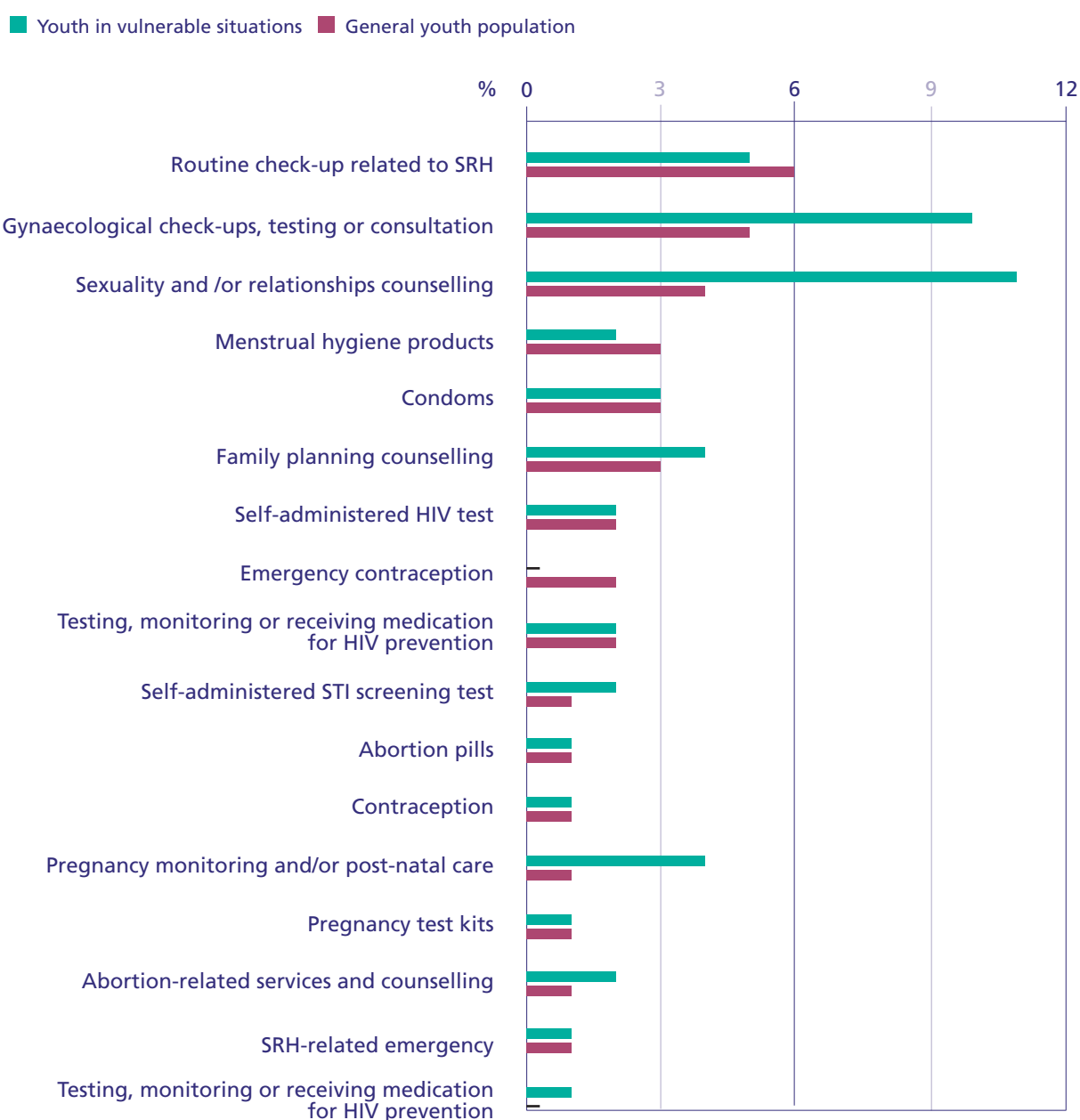
## 2.4 Difficulties in accessing SRHR services and supplies during the Covid-19 pandemic

Given the limited interest in seeking SRHR services, the proportion of the total youth population seeking services who mentioned having faced difficulties during the Covid-19 pandemic was relatively low, **when considering all available channels**. In this respect, issues in relation to gynaecological check-ups and sexuality or relationship counselling among youth in vulnerable situations in particular were the

main issues recorded.

However, it is noted that the increased difficulties experienced (due to Covid-19) are very limited, with problems very largely pre-dating the pandemic. Indeed, in terms of an increase in the proportion of respondents facing difficulty accessing SRHR services or supplies, the main service area where this was recorded is in relation to routine check-ups related to SRH, with 6% of the general youth population mentioning having experienced such problems for the first time during the Covid-19 pandemic.

### Difficulty in accessing services needed during Covid-19 pandemic (% mentioning)



Source: Quantitative youth survey (2021)

## 2.5 Channels used to access SRHR services during the Covid-19 pandemic

### Pattern shifts in channel use among youth

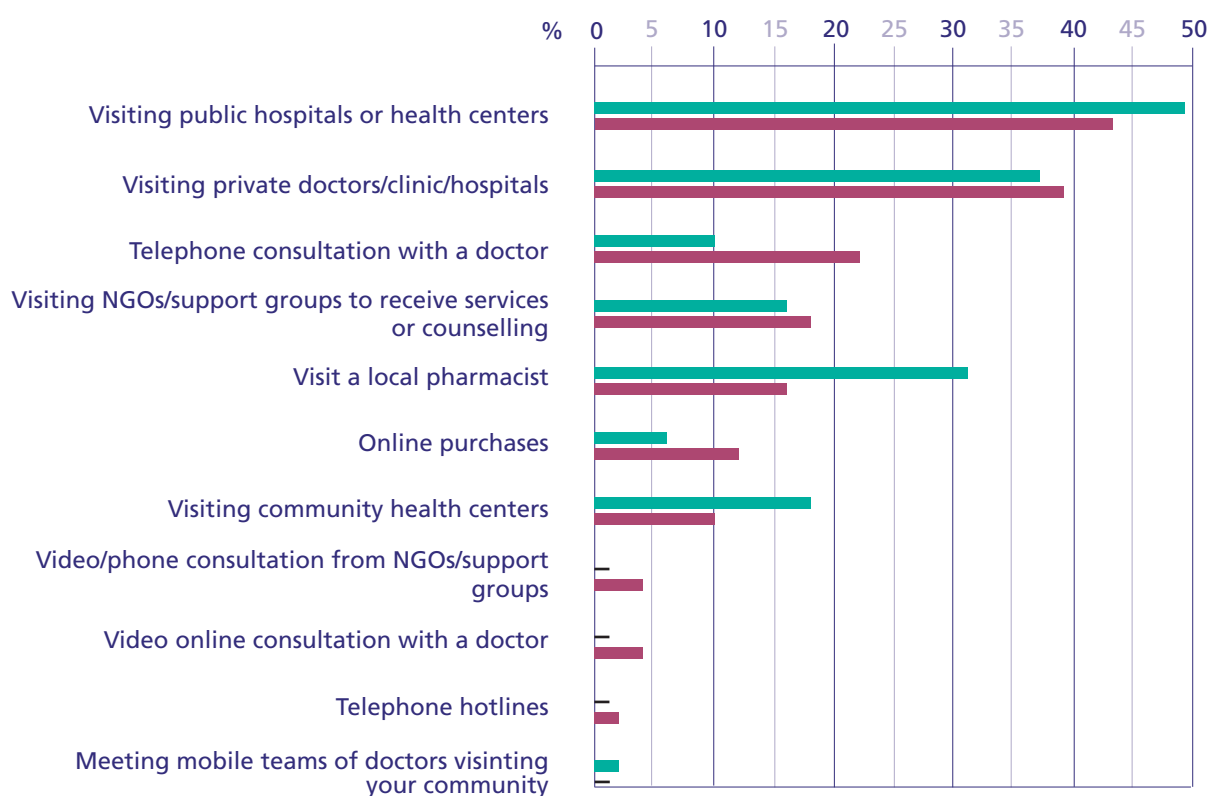
The limited increase in problems in accessing the services needed during the Covid-19 pandemic is partly explained by pattern shifts among those needing to access services. Moreover, such pattern shifts in themselves suggest that some channels

may have become more problematic during the pandemic.

Among the general youth population, there has been a marginal but evident shift from public health centres to those in the **private sector**, while the most notable shift in use has been the **large uptake of telephone consultations with physicians**. This appears to have largely replaced community health centres and visits to local pharmacists and, importantly, appears to have enabled people to access the services needed.

### Channels used to access SRHR services before and during the Covid-19 pandemic - General youth population accessing any type of SRHR services (% mentioning)

■ Before the pandemic ■ During the pandemic



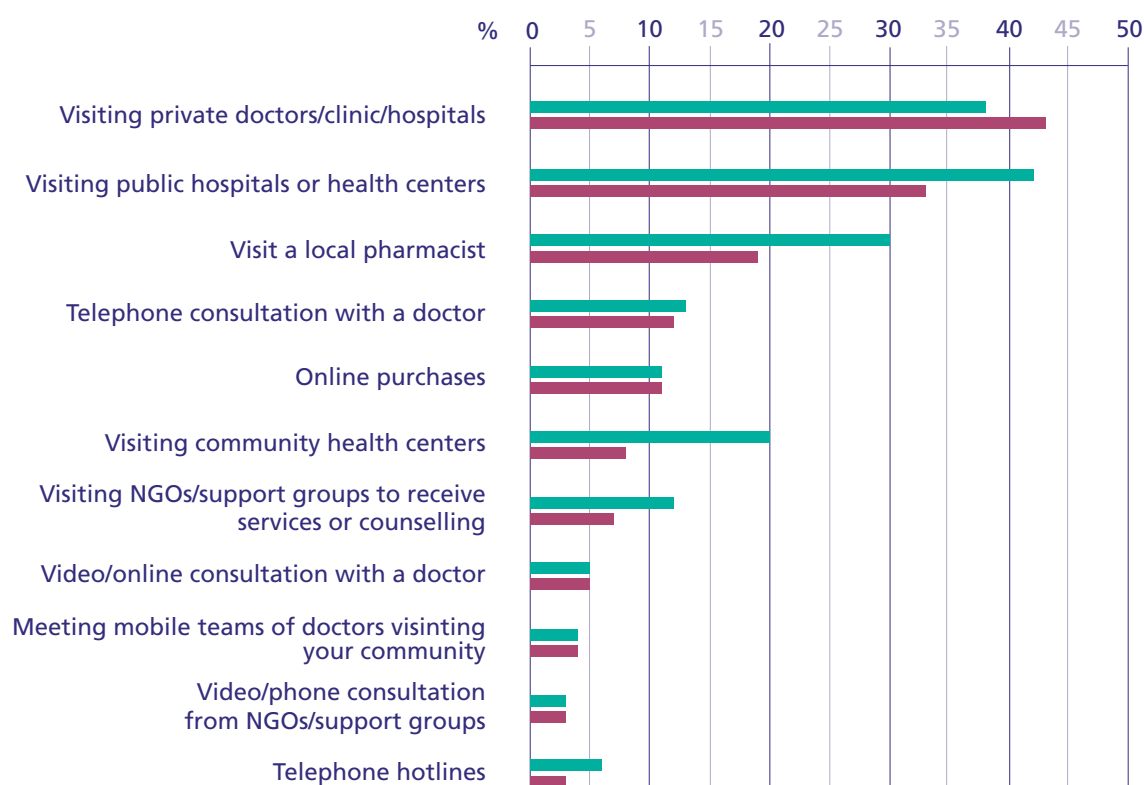
Source: Quantitative youth survey (2021)

Similarly, among **youth in vulnerable situations**, a clear shift has been observed in terms of moving away from public health centres towards physicians **in the private sector**, while visits to community health centres have also clearly declined. The evident shift towards the private sector appears to have been driven by the need to keep normal life

going by any means, and by those young people who are in a position to financially afford this shift. Among such youth, the reliance on private physicians appears to have been critical in limiting problems in accessing the health care services needed.

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

■ Before the pandemic ■ During the pandemic



Source: Quantitative youth survey (2021)

## 2.6 Channels and services assuming greater importance during the Covid-19 pandemic

Despite the limited need to access SRHR services and in addition to the above-mentioned pattern shifts recorded, it is evident that Covid-19 has elevated the perceived importance of certain services and channels. According to focus group discussion participants, this has created some anxiety that they might not be able to access them if needed. As such, the areas highlighted below would require greater focus of attention during times of crisis and represent areas where participants feel that historical shortcomings have become exacerbated or shown their impact in this respects.

In particular, this trend is primarily evident with respect to **psychological support or peace of mind in relation to SRH issues**, with support for young persons in this respect crucial during the ongoing pandemic.

### Important services and channels

There was universal agreement among all focus group discussion participants from the general youth population that the pandemic has had a very serious impact on personal relationships, leading to an inability to cope with stress, isolation and an uncertain future, and to divorce/the collapse of relationships, thus leading to a greater need for **psychological support and counselling related to personal and family relationships**.

For Roma youth and those in remote areas, the need for **mobile teams of doctors or nurses to visit communities** has become even greater, given that such areas have been closed completely by the police, leaving no other option to access services.

In Radomir, while mobile teams stopped visiting the city long before the onset of the pandemic, the need for such teams has been exposed and increased, given people's inability to travel outside the city due to lockdowns and financial difficulties. In Kyustendil, the external mobile teams—part of the programmes of the Ministry of Health and the Regional Health Inspectorates—have ceased to operate during the pandemic.

In this respect, a clear perception exists among youth in remote areas that there has been a further shift of resources and services away from the regions to

the 'centre' during the pandemic, further widening pre-existing patterns of inequality.

**Potential positive responses** to the above as a way to alleviate the problems created by the shortfall in mobile teams include:

- Mobile teams also catering to the needs of pregnant women;
- Increasing funding for mobile teams to deliver contraceptives, estimated by one GP to have the ability to prevent up to 4,000 unwanted pregnancies per year;
- Ensuring enhanced telephone communication with GPs, gynaecologists and also health professionals for populations in more remote areas, as a way to allow continuity and psychological peace of mind. Again the issue of psychological comfort is critically important, with some participants mentioning that they had abused this channel by calling even about very minor SRH issues; and

*"When I heard my doctor's voice, I calmed down. I know that everything will be fine one day."*

- Young person, Radomir

- Ensuring the operation of a **local community, youth or distribution centre**: once more, while such centres—as in the city of Radomir—were closed down long before the onset of the pandemic because the State withdrew funding, their absence has amplified the problems related to access to SRH services.

*"If the polyclinic and the community centre had not been closed, if the health mediators had not been frightened and hidden, if there were mobile SRH services, we would have coped with the pandemic much more easily."* - Young person, Radomir

As mentioned by representatives from the Largo NGO for Roma, a number of **issues pertaining to the Roma community in particular** have increased in importance as a result of substantial increased needs over the past 5 years and have become even more critical during the Covid-19 pandemic. They include:

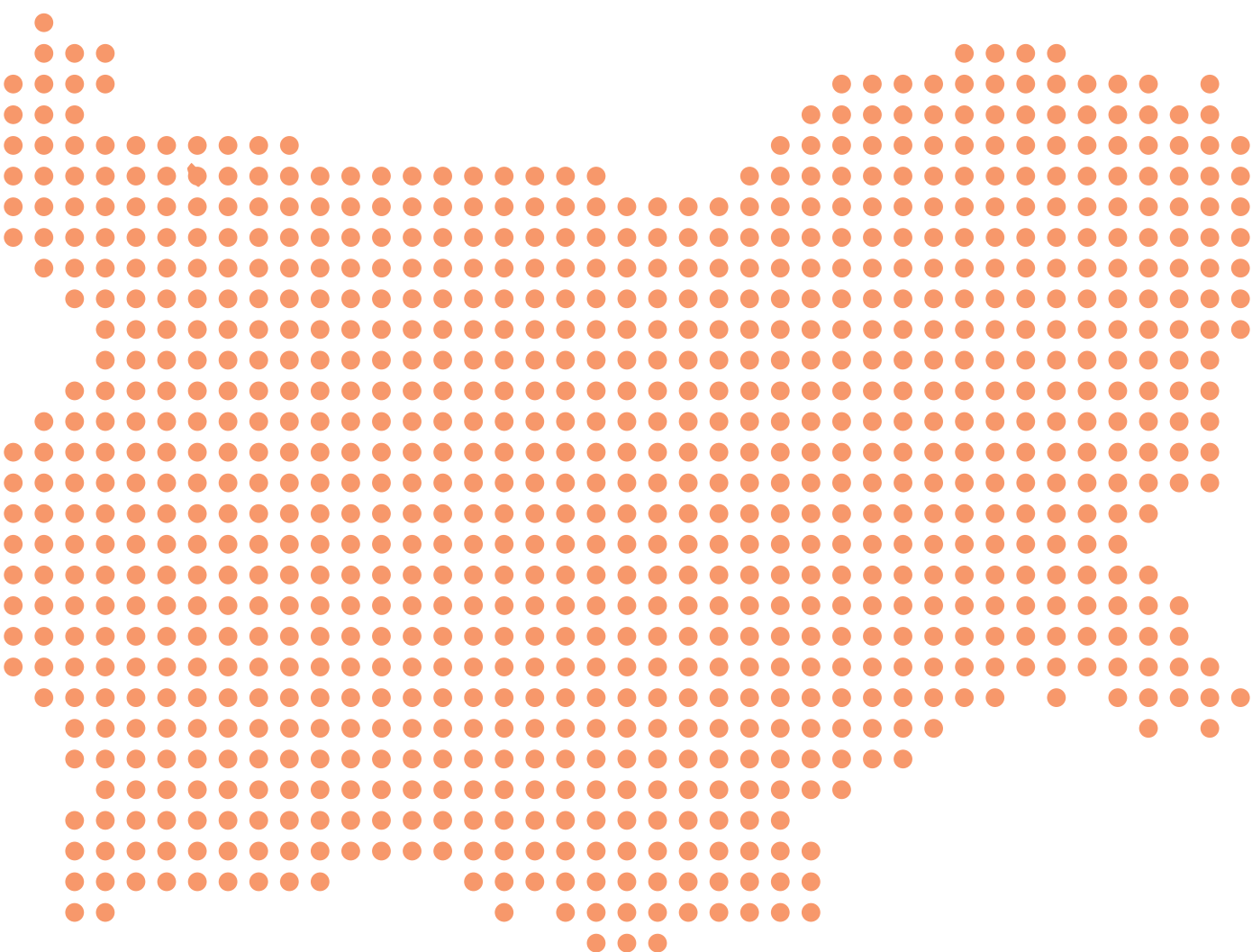
- High maternal and infant mortality;
- High proportion of premature babies;
- High proportion of babies born with disabilities;
- High levels of abandoned babies/children;



● Increasing numbers of miscarriages, premature pregnancies and early marriages;

● The continuing trend of large families of up to 8–10 children; and

● The increasing spread of STIs and HIV among the community.



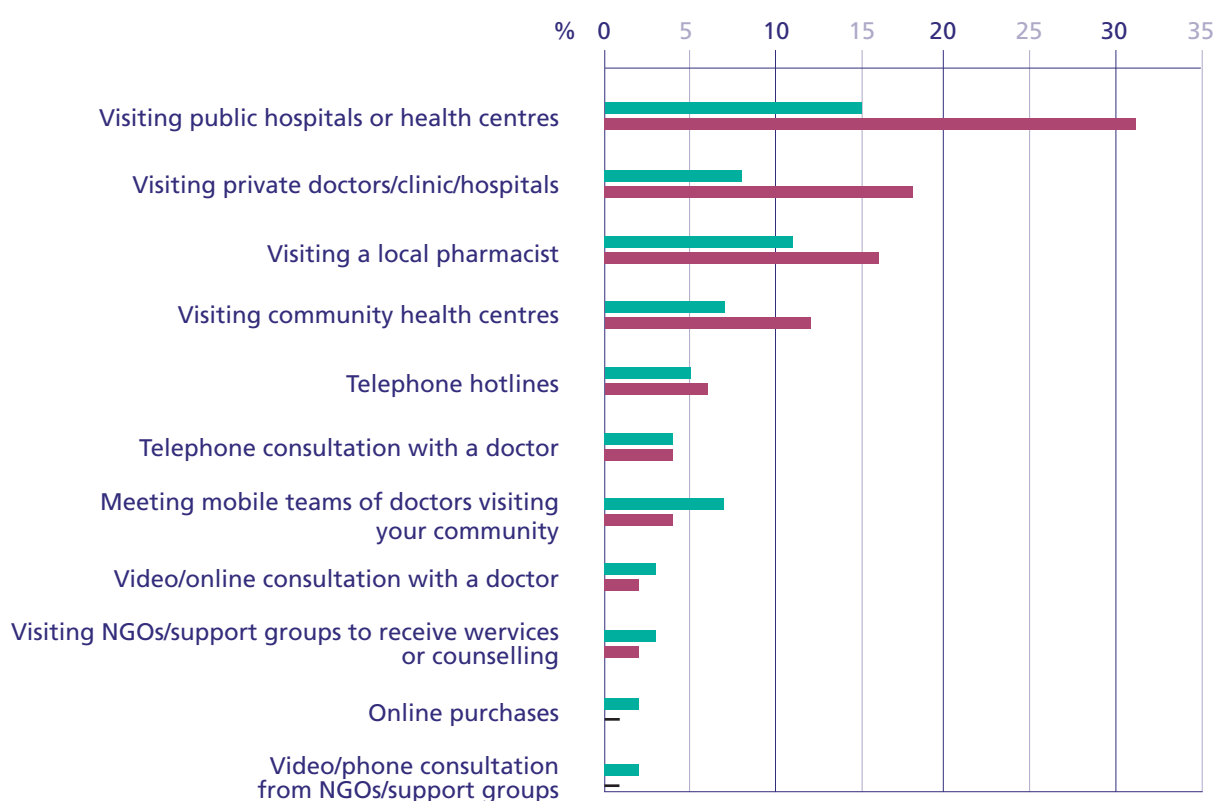
## 2.7 Specific difficulties faced in accessing SRH services during the Covid-19 pandemic

### 2.7.1 General trend of difficulties in accessing services among youth actively seeking to use them

Among youth accessing any type of SRH services, accessibility issues have been encountered most for visits to public hospitals, by both the general youth population and those in vulnerable situations. Notably, visits to local pharmacists and community health centres have also been problematic.

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

■ Youth in vulnerable situations ■ General population



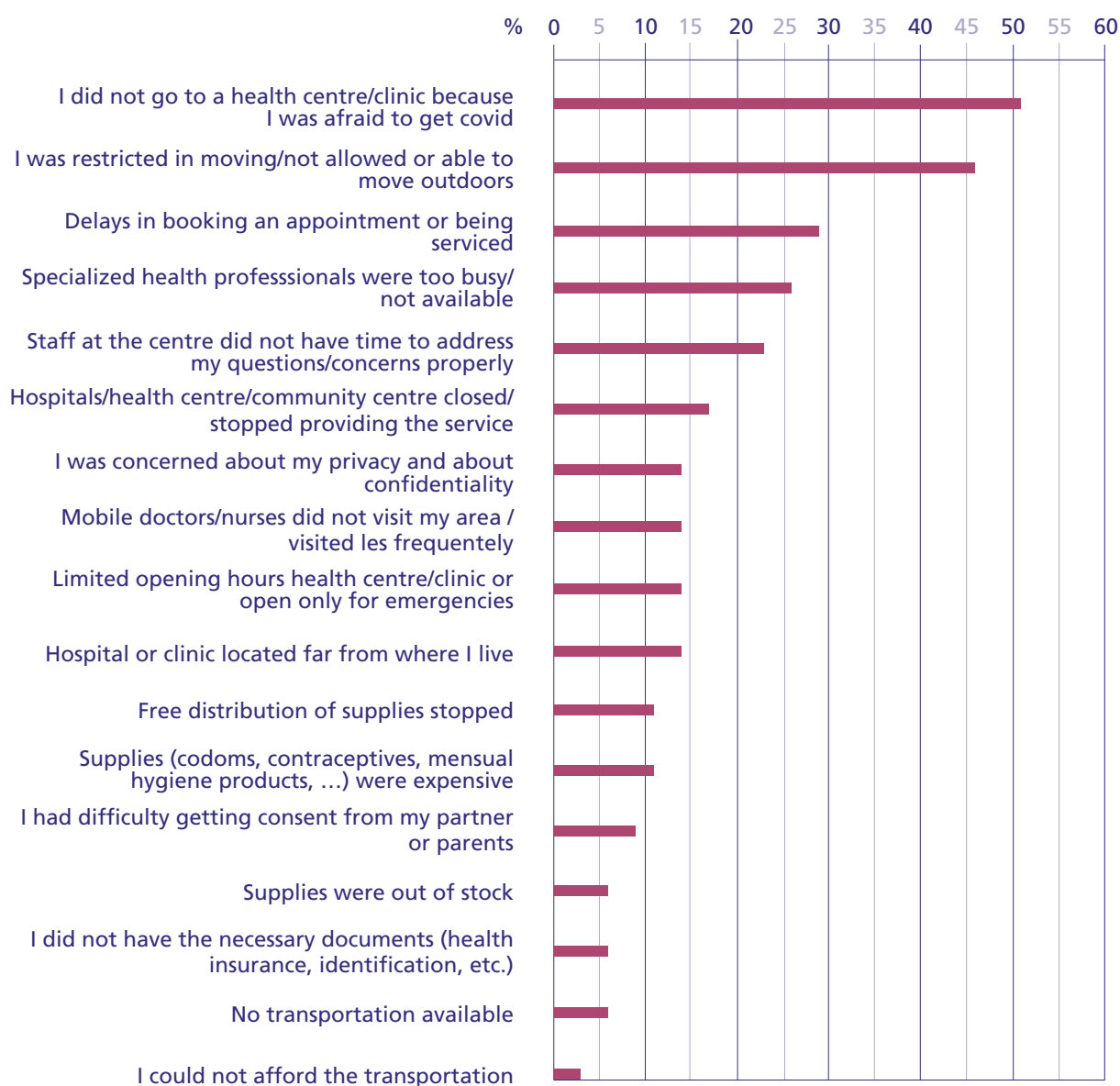
Source: Quantitative youth survey (2021)

More specifically, for all young people facing problems in accessing services, **fear of contracting the virus and restrictions on physical movement** were the key barriers intensifying the problems

faced during the Covid-19 pandemic (compared to before). Further, delays in booking appointments and the lack of availability of physicians were also reported by many as having been key barriers

### Specific barriers that intensified during the Covid-19 pandemic (% mentioning)

■ All youth facing a problem



Source: Quantitative youth survey (2021)

In contrast, once accessing the services/products, their actual quality does not appear to have been

problematic compared to before the Covid-19 pandemic, as the following table shows.

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

	Worse	Better	The same	Cannot say
Routine check-up related to SRH	27	-	64	9
Gynaecological check-ups, testing or consultations	18	5	66	11
Condoms	14	4	71	11
Contraception	29	-	67	5
Menstrual hygiene products	2	2	93	2

Source: Quantitative youth survey (2021)

#### 2.7.2 Problems in accessing SRH services due to the Covid-19 pandemic among those in greater need

Although the incidence of having faced problems with the range of channels does not appear to have been particularly high (as highlighted above), those young people who were either in the greatest need of SRH services themselves or had close acquaintances needing services revealed a series of further specific problems in accessing SRH services, identified in particular through further probing during the focus group discussions.

##### General youth population

Even **young people in urban areas** who are not considered vulnerable mentioned problems, such as the following:

- Accessing counselling services, due to the closure of clinics and GP practices. Participants were aware that many services appeared online and via phone, but carried the disadvantage of being overly expensive; and

- Clinic/hospital closures, resulting in shortfalls with respect to:

- Counselling services on SRH medical issues;
- Treating people with symptoms of STIs;
- Gynaecological health checks;
- Pregnancy or abortion; and
- Preventive examinations, gynaecological examinations and women's consultations were suspended and postponed for an unknown period of time

It was, however, noted that problems related to these issues mentioned by the general youth population were largely perceptions based on hearsay, and as such would need to be verified.

##### Youth in vulnerable situations

In contrast, young people belonging to specific groups in vulnerable situations have encountered specific barriers and problems or heard about them from their very close circle of friends/family.

**New mothers** were the main group who spontaneously cited problems in terms of accessing SRH services, most likely due to their particular circumstances. Specific issues cited include the

following, although there was general agreement that they were not attributed to the impact of the pandemic, but rather to the pre-existing health system as a whole, which is unanimously viewed as ignoring the issues of pregnant women and young babies (once more, largely attributed to corruption running through the system):

- High cost and affordability barriers: even among those with health insurance, new mothers claimed that they needed to pay for all services related to pregnancy, giving birth and newborn care, with the total cost for giving birth cited at between EUR500 and EUR1,500. Indeed, new mothers feel coerced into having to pay to receive the required level of attention and service:

*"if you do not pay, no one pays any attention to you, even if you have health insurance."*

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

- A need to **travel long distances** for examinations, giving birth and newborn care for those residing in more remote areas (at least 1–1.5 hours each way);

- **Separation from newborn baby** for longer than normal (compared to what would be the case in pre-pandemic times) and inability to have visitors after giving birth;

- **Degrading treatment and insults from medical staff**, though not from physicians;

- **Lack of breastfeeding support** in hospitals, which has not been available during the pandemic; and

- **Lack of easily available emergency support for pregnant women**, although this is referred to as a long-term structural issue rather than arising due to the pandemic. In particular there is a strong conviction that no reliable ambulance service is available, meaning having to rely on a private vehicle or taxi. Among Roma women the problem is accentuated, with a perception that services are delayed even further when a call for emergency attendance is made from a Roma neighbourhood, essentially amounting to perceived discrimination against the community in terms of delivering emergency care.

Key stakeholders also mentioned that the State has generally neglected to address the accessibility needs of new mothers:

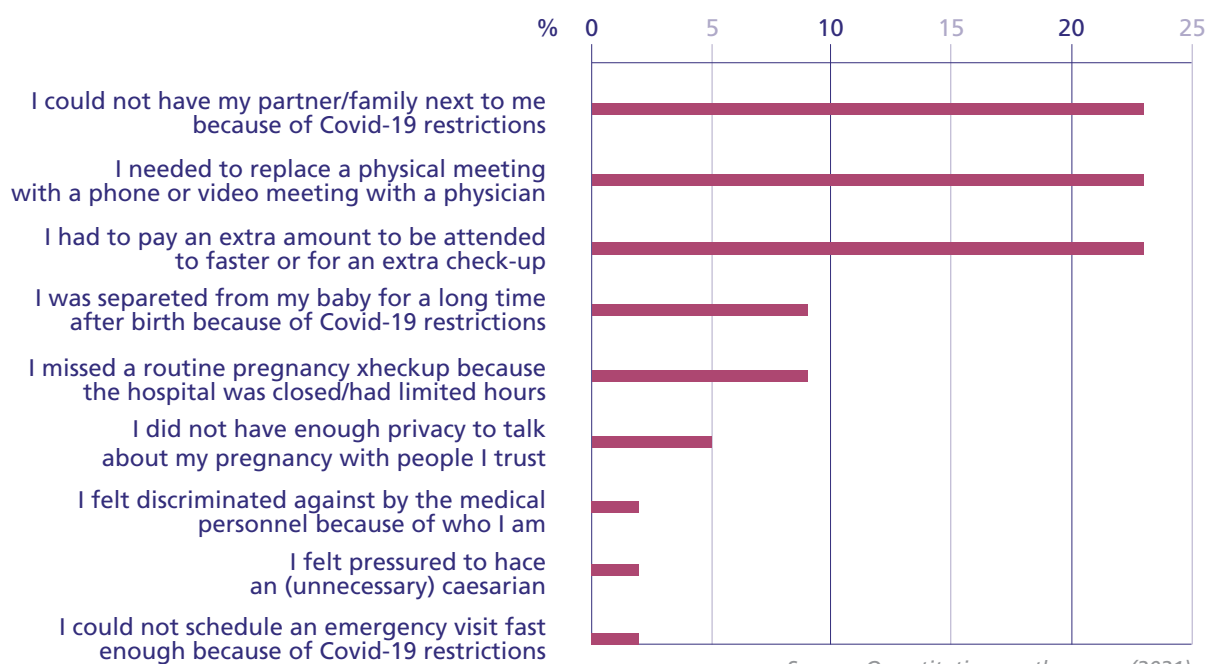
*"Regulation 26 exists on paper, but not in practice. The State refuses to take care of pregnant women and children. This is against the constitution."*

- Representative of the National Network of Health Mediators

In terms of the experience of the new mothers themselves, the inability to have a partner with them and the need to replace a physical meeting with a telephone or video meeting with the physician were also recorded as negative experiences in the quantitative youth survey.

Importantly, 21% of new mothers reported having had to pay extra to be attended to faster, which was more commonly reported by Roma new mothers.

## Negative experiences reported by new mothers during the Covid-19 pandemic (% mentioning)



Young people in locations outside the capital, Sofia (especially Radomir), referred to a series of channels not being available as a result of the pandemic, including the local polyclinic and **the local youth home (community centre) ceasing to operate**. Thus, they missed out on previously organized lectures and meetings with doctors and representatives of the Regional Health Inspectorates.

People needing to access services related to **support for sexual and gender-based violence or mental health** also reported barriers:

● **Support for sexual and gender-based violence:** the insufficiency of telephones or hotlines was expressed in a variety of ways, namely an insufficiency of available specialists, and the irrelevance of hotlines if a person cannot use them because they live with the abuser. Hence measures taken during the Covid-19 pandemic were perceived as being ill-considered and inadequate.

*“Even if there are more hotlines, when you're locked in an apartment with a rapist, you can't call.”*  
- Young person, Sofia

● **Mental health support:** the lack of ability to have physical contact is not offset by the option of an online or telephone appointment, resulting in a **lack of motivation to seek support among those needing it, and postponement of online meetings**. This pattern was mentioned both by young people and by representatives of the World Health Organization in Bulgaria.

*“My acquaintance went to a psychologist before the pandemic, but then she stopped. The closures gave her a good reason to give up, but there is a need.”* - Young person

There has also been a **lack of access to medications or supplies** for those needing them. Examples of shortages of even ‘basic pills’ in **pharmacies** were cited, with references made to hoarding of medicines and consumables by the population in the early stages of the pandemic. Nevertheless, this issue is acknowledged as having been moderated by good practice responses such as longer opening hours of pharmacies and home deliveries of supplies, though these practices were initiated by private-sector and NGO entities rather than government entities.

Those in remote areas have been unable to access the ultimate **'fall-back' channel of pharmacies**:

*"There is no pharmacy in my own town. We are 30 km away from the city of Burgas. We were forbidden to enter the regional city of Burgas."*

*"There is no pharmacy in the [Roma] Nadezhda district in Sliven, although 25,000–30,000 people live there. And the neighbourhood was closed by the police, and people were completely isolated from the world. The nearest pharmacy is outside the neighbourhood."*

- Representatives of the National Network of Health Mediators

### 2.7.3 Feedback from experts

Over and above the issues mentioned by young people in vulnerable situations themselves, additional accessibility issues were more vividly described by expert stakeholders during the in-depth interviews conducted. As such, the issues listed below are likely to have been instrumental in dissuading young people from seeking such services in the first place, representing a 'hidden' accessibility problem:

- Slower delivery of SRH services on account of Regional Health Inspectorates being fully committed to battling the pandemic;
- Some difficulties relating to a lack of provision of contraceptives and certain tests, as well as considerable delays in booking appointments, a lack of availability of staff and financial constraints;
- Lower demand from the population being reported by GPs, attributed to panic among the population even for issues such as contraception and STIs;
- A lack of confidence among GPs themselves to vaccinate pregnant women against Covid-19; and
- Women's inability to have an abortion on account of the cost: the total estimated cost of having an abortion (approximately EUR350) is said to be prohibitive for many, especially Roma women.

## 2.8 Affordability as a key distinction between 'privileged' and 'non-privileged'

It is evident that two different directional trends have developed or become accentuated during the pandemic: (i) on the whole, populations have 'adapted' by circumventing barriers created by physical movement restrictions or closures; but (ii) crucially, this has left behind a number of very vulnerable groups on **affordability grounds**. Evidence of this situation became clear in the course of focus group discussions.

### General youth population

While the general youth population has encountered difficulties in accessing services which are free, if they are from affluent families, this has not ultimately presented strong accessibility issues.

### Vulnerable and marginalized young people

In contrast, vulnerable or marginalized groups consider the problems real but—in essence—**founded on problems of affordability**, rather than outright availability or speed of access.

Participants in the remote area of Kyustendil claimed that in their own area **doctors ask to be 'paid'** even if the patient has health insurance.

Residents of Radomir were clear in their belief that to receive a service and in a reasonable amount of time, one needs to be able to afford it, including **the payment to the physician but also transport costs**. A clear dichotomy was mentioned in this respect, with more affluent people able to travel to regional health centres in Sofia and Blagoevgrad, the middle-class people to Dupnitsa and Pernik, while the poorer people need to rely on scarce visits from mobile doctors. Importantly, there is also a perception that **wealthier people are favoured in terms of bypassing physical movement restrictions** during the Covid-19 pandemic:

*"For the rich people, everything is allowed; no matter what the prohibitions and laws are, they travel everywhere and do whatever they want."*

- Young person, Radomir

New mothers reported that—even if formally covered by the national health insurance fund—to receive meaningful attention:

- The cost of giving birth ranges from EUR500 to EUR1,500, with strong references that if one opts not to pay (or is unable to pay), the **service they receive is rude, does not meet medical standards (no anaesthetic) and could even result in physical abuse**; and

- For **post-natal monitoring of newborn babies**: a total cost of EUR1,000 was referred to (including doctors' fees and travel costs for needing to travel up to 300 km).

*"If a mother can afford private examinations, there is no problem with access to doctors and the quality of care... Here the healthy system is very corrupt; there is a lot of extra payment from the pockets of patients. The treatment of patients is terrible."*

- Mother who gave birth during the Covid-19 pandemic

Ultimately, although the above-mentioned affordability-driven issues are systemic and existed before the pandemic, it is clear that the pandemic has accentuated them and highlighted them further in the minds of young people. Although such practices were not endorsed by physicians during the in-depth interviews conducted, there was implicit acceptance that such practices are widespread.

*"Medicine should come first. If not, you become a merchant. The one who pays shouldn't order the music."* - Gynaecologist

## 2.9 Other limitations to access to SRHR services in the wider context

Moreover, a series of external factors are also likely to have impacted access to SRHR services and information:

- The institutional character of the socio-economic measures and the preventive lockdown measures taken by the central government, using a horizontal or a vertical approach, to minimize the spread of the Covid-19 virus in the community and to protect the general population;

- The underlying crisis in terms of the number of doctors and nurses pre-dating the pandemic, which in 2019 alone saw approximately 460 doctors

and 270 nurses applying for certificates to allow them to work abroad. Currently, Bulgaria has the second-lowest number of practising nurses, at 435 per 100,000 people (Boryana Dzhambazova, 'Bulgaria's health system on brink of collapse from coronavirus crisis', Politico, 3 December 2020, <https://www.politico.eu/article/bulgaria-health-crisis-coronavirus-hospitals-deaths/>; Eurostat, *Practicing nurses and caring professionals, 2018*, [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=File:Practising\\_nurses\\_and\\_caring\\_professionals\\_2018\\_Health20.png](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=File:Practising_nurses_and_caring_professionals_2018_Health20.png));

- As early as May 2020, 15% of the Bulgarian population faced problems in accessing health care, and 28% in sourcing medicines and consumables (Poverty Watch Report, EAPN Bulgaria, 2021, based on Gallup International study);

- Delayed or postponed direct communication in the social work of health and labour mediators, as well as of social workers; and

*"The pandemic limited our communication with the people. It definitely left us without real contact with the people... The pandemic restricted our talks that we delivered about early marriages. We used to have local active groups, carried out different health education talks; all these activities were simply prohibited."*

- Health mediator, Blagoevgrad (Open Society Institute, 'COVID-19 in Roma neighbourhoods in Bulgaria' study, March–December 2020, Sofia, the Roma Health Scholarship Program, with the financial support of the Public Health Program of Open Society Foundations)

- A lack of policy prioritization during the pandemic reported by specialist gynaecologists specifically in the areas of STIs and the needs of pregnant women.

*"Pregnant women were not prioritized at the beginning of the pandemic... This changed only after three mothers died."* - Gynaecologist

## 2.10 Debatable usefulness of technology, online services or telemedicine

As previously highlighted, young people have adapted in terms of accessibility to SRH services via informal, 'illegal' or 'alternative' means to the degree that their financial situation has allowed them to do so during the pandemic.



In this context, it appears that while the local population generally accepts the potential usefulness of **online or telemedicine consultations** with health professionals as a way to circumvent barriers to accessing services, this remains largely at the academic level given a series of apprehensions and concerns, as follows:

- Interviews with physicians/experts themselves revealed a perception of significant limitations and that they would not run the risk of online check-ups (especially gynaecologists);

*"This is funny. It's impossible, as you need to hear the tone of the baby, touch the cervix etc."*

- Physician treating pregnant women

- Poor quality of the internet connection and the lack of devices in less privileged neighbourhoods or remote areas;
- The lack of internet access or devices, coupled with technology being considered a digital evil among Roma communities: it is estimated that more than 55% of the children in Roma communities/neighbourhoods do not have a personal computer/tablet, making it very difficult to use digital technology to access SRH services or indeed to undertake any distance learning (Open Society Institute, 'COVID-19 in Roma neighbourhoods in Bulgaria' study, March–December 2020, Sofia, the Roma Health Scholarship Program, with the financial support of the Public Health Program of Open Society Foundations); and

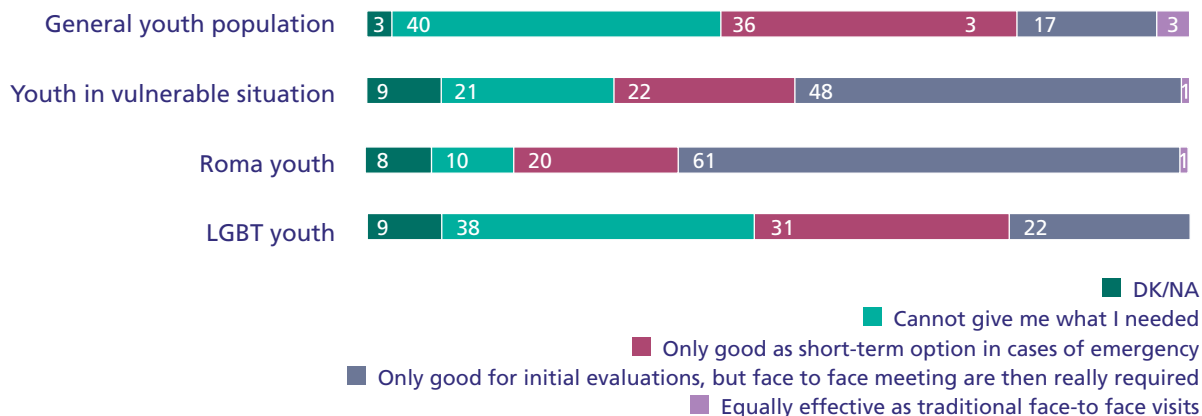
- A widespread perception, even among mainstream youth who have been active in using online services during the pandemic, that the internet and telephone consultations provide a lower quality of service than face-to-face meetings in terms of training, consultations and examinations.

Considering the above, it appears that in terms of accessing SRH services, the role of technology in delivering them during the pandemic may have limited potential and may be best reserved for distributing information and providing counselling to the more affluent members of the mainstream youth population.

The limitations of telemedicine consultations in particular were also recorded in the quantitative youth study:

- More than three in every four young people in the general youth population considered such consultations relevant only for initial evaluations or as a short-term emergency option;
- 70% of young people in vulnerable situations felt that such teleconsultations cannot give them what they need or should be used only as an emergency option; and
- Nearly two thirds of Roma youth considered that teleconsultation cannot satisfy their needs.

## Effectiveness of video or phone with physicians/councillors (% mentioning)



Source: Quantitative youth survey (2021)

## 2.11 Impact of systemic problems on the ability of NGOs to offer SRHR services

Worryingly, the systemic limitations and the complete loss of trust in all authorities and experts at the institutional level, coupled with the societal tensions created during the Covid-19 pandemic, appear to have impacted the ability of NGOs to continue or enhance their activities in terms of delivering SRHR information and services.

In at least two cases, a strong reaction has been observed from the Roma communities in particular, as follows.

- In the city of Yambol, spraying of Roma neighbourhoods with chemicals as a sanitary

measure provoked the belief of a conspiracy against the community, leading to a strong reaction against representatives of the National Network of Health Mediators.

- The long-established Largo organization, extremely active since the beginning of the pandemic, now faces operational issues in particular areas such as Kyustendil, where the organization is no longer welcome and has encountered acts of aggression. This was attributed by a representative of the organization to the spread of fake news and to the false perception that the organization is embezzling public funds. Consequently, the local NGO team has been dissolved, leading to the cancellation of approved projects in the field of SRH relating to maternal and child health care in particular.

# III. Emotional and personal impacts of covid-19

## 3.1 Negative personal and emotional impacts of the Covid-19 pandemic

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

### General youth population

The impact on the **general youth population** has mostly been in the form of impacting their personal privacy and independence to pursue their social contacts and activities, **resulting primarily in concerns with respect to mental health and psychological support services**. Such impacts are evident both on single people and on people living in overcrowded homes.

Specifically, these young people are particularly concerned about:

- Being confined in small spaces with their parents and relatives ('feeling grounded'), leading to interfamily tension and hence mental health issues;
- The inability to have social contacts/interactions during the 'emancipation' period of their life; and
- The cancellation of live lectures and the transition to distance/hybrid learning from home, which does not allow in-person communication or social contact.

*"These people [parents and sister] strain me further with their problems. I have enough of my own. I'm surrounded by people for such a long time during the day, so I'm pissed off when back at home."*

*"It's good that I have my own room, because I wouldn't survive with my parents and sister in the same house."*

- Young people, Sofia

### Young people in vulnerable situations

In contrast, the impact of Covid-19 on vulnerable or marginalized groups has taken on a different nature:

**Among the Roma community**, although a wide range of problems were acknowledged, they were attributed to pre-existing perceptions and discrimination at all levels which they encounter on account of their ethnicity. Feedback from physicians suggested that a vicious circle is created in this respect, with references to Roma female patients feeling too scared or trapped by their male partners to be attended to properly by physicians.

**In remote or less privileged geographical areas such as Kyustendil**, the key personal and community impacts reported were clearly with respect to economic hardship brought about by the pandemic, rather than concerns about privacy or independence, and were perceived to be the key source of the problems they face, with respect to accessing both general SRH services and support for mental health issues. Specifically, Covid-19 has led to:

- Limited job opportunities, unemployment and reduced incomes;
- Needing to resort to borrowing from acquaintances who managed to save money during the pandemic;
- Living with up to five or six friends in the same house (akin to small communes), with concerns about loneliness, isolation and mental health, rather than privacy concerns or the ability to socialize; and
- Paying too much attention to negative stories in the mass media, thus impacting their mental health:

*"I stopped watching the press conferences. They just said how many were infected, how many died, how we would die. Instead of calming people down, they scared them..."* - Young person, Kyustendil

Among **new mothers**, although the potential threat of the pandemic to their mental health was acknowledged, they were confident that they have avoided negative emotional effects by isolating themselves and seeking support from their trusted physicians:

*"We hadn't planned a pregnancy, but it happened, and we were actually very happy. Yes, there may have been some slight anxiety at first, but I talked to my doctor, he calmed me down a lot, and everything went great."*

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

Nevertheless, a strong perception exists that the Covid-19 pandemic has served to 'normalize'

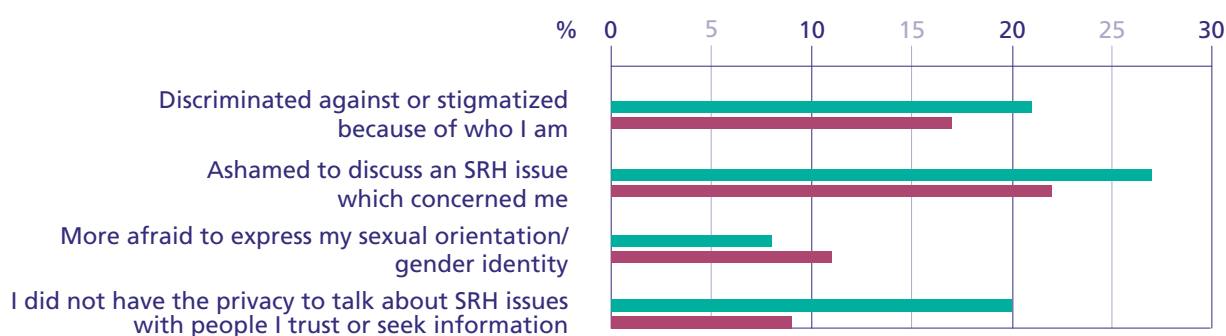
discrimination against less privileged new mothers from the Roma community or who are less well-off and unable to pay doctors extra fees.

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

Quantitative measurement further indicated a series of negative feelings and situations experienced by the general youth population during the Covid-19 pandemic, in particular the feeling of being ashamed to discuss SRHR issues and a lack of privacy, but also a general feeling of discrimination, suggesting that their age in itself may be a factor in being less prioritized.

### Feelings of discrimination experienced by young people (% mentioning)

■ General population ■ Youth in vulnerable situations

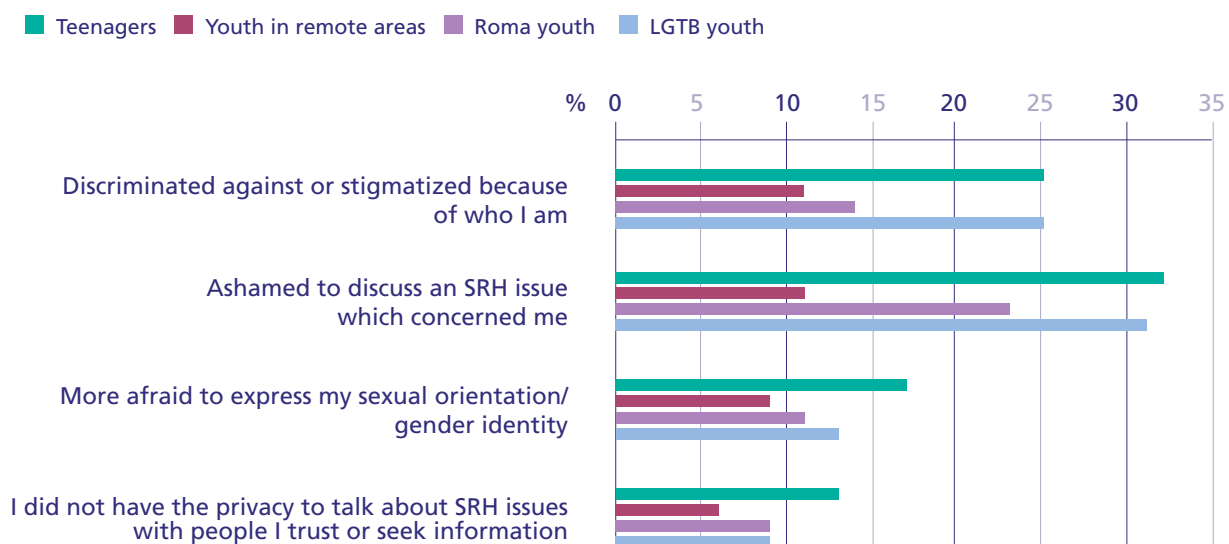


Source: Quantitative youth survey (2021)

Among groups in vulnerable situations, a high proportion of teenagers and LGBT people in particular reported situations of discrimination

and feeling ashamed to discuss SRHR issues, while among Roma youth, the prevalent negative feelings were related to feeling ashamed.

### Feelings of discrimination experienced by young people (% mentioning)



Source: Quantitative youth survey (2021)

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

The above-mentioned negative impacts on vulnerable groups, minorities and people living in remote and rural areas have largely been driven by sweeping horizontal or vertical measures which have neglected the specific characteristics of such groups in the context of economic disparities.

The extreme impact on affordability in remote regions has led to survival mechanisms, displacing any interest in SRH matters:

*"I worked in the region of Strandzha Mountain. I had a lot of meetings with young girls aged 12–15. In the second month after the pandemic in their homes, they had to decide which one to stop: internet access or electricity. And they have stopped the internet because they cannot afford to pay for it. Soon after, the electricity went out. What SRH information are you talking about?"*

- Representative of the National Network of Health Mediators

Socio-economic measures are also likely to have impacted young people in particular. There is a clear correlation between age and impoverishment and vulnerability: an estimated 33.9% of young people aged under 18 years are thought to be at risk of poverty and social exclusion (Eurostat).

Households with single parents with children, and households with three or more children represent a disproportionately high proportion of poor households (National Statistical Institute on Indicators of Poverty and Social Inclusion, 2019).

With regards specifically to the Roma community, early lockdowns in Roma neighbourhoods, in some cases as a vertical measure, have prevented all those living there from accessing work, food, medicine and health services, since there are no supermarkets, pharmacies, or hospitals in those neighbourhoods. [Jonah Goldman Kay, 'Coronavirus pushes Bulgaria's Roma further into the shadows', Politico, 23 November 2020, <https://www.politico.eu/article/coronavirus-pushes-bulgaria-roma-further-into-the-shadows/>; Open Society Institute, 'COVID-19 in Roma neighbourhoods in Bulgaria' study, March–December 2020, Sofia, the Roma Health Scholarship Program, with the financial support of the Public Health Program of Open Society Foundations).

Indeed, the long-established ethnic selectivity of the main socio-economic processes in the country has further accentuated pre-existing imbalances. In 2019, the highest relative proportion of poor people in Bulgaria was among persons self-identifying as Roma, at 64.8% (National Statistical Institute on Indicators of Poverty and Social Inclusion, 2019).

## 3.3. Positive personal emotional impacts of the Covid-19 pandemic

Conversely, there is also some evidence that the pandemic has been conducive to a better personal psychological situation, leading to a search for self-improvement and intra-family encounters. While this is not directly linked to access to SRH services, it does suggest that **family relationships and personal SRH care have ample room to be enhanced through communication during such times of crisis:**

*"I started doing yoga, online classes, then I decided to leave and be able to explore myself. When I returned, I started looking for ways to travel for a longer period. The closure depressed me, but it also challenged me because I was vaccinated and could travel."*

- Young person, Sofia

*"Many people took advantage of the lockdown to enjoy their families and children. We played a lot of board games, read books with the children, and spent time together. I realized how much I missed and how much I could actually do without. The pandemic has taught us what is important."*

- Young person, Radomir

## IV. Mental health

### 4.1. Impact of Covid-19 on mental health and related services

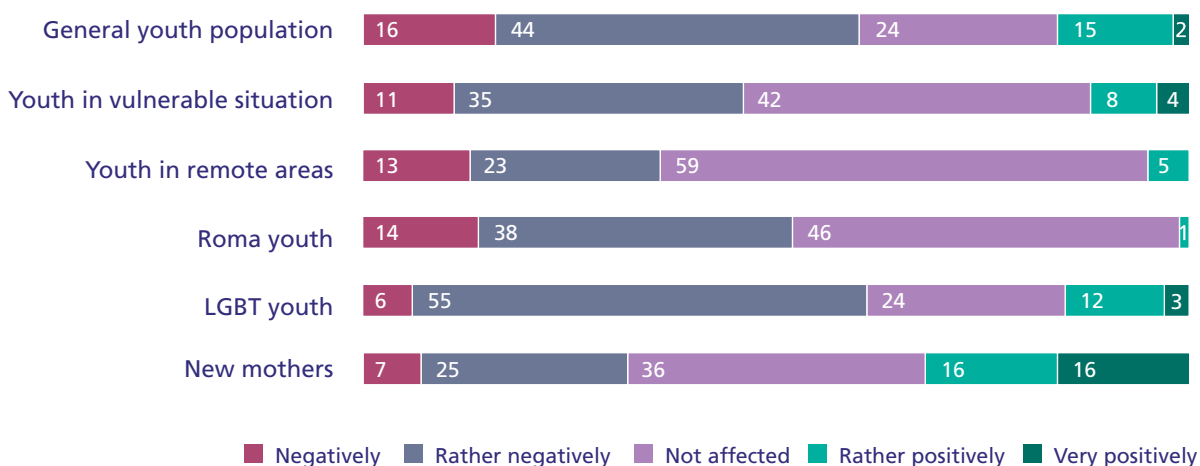
#### 4.1.1 Effect of Covid-19 on mental health

As previously highlighted, the area of mental health is a key concern for many young people. As evidenced by the quantitative youth study, three in every five of all young people providing feedback reported that their psychological well-being and mental health have been negatively affected.

In particular, the general youth population and LGBT people have suffered most in this respect. In contrast, the negative impact on young people in remote areas has been much more limited (confirmed in qualitative focus group discussions in Radomir and Kyustendil).

New mothers are the only group of young people who reported any notable positive impact in terms of their psychological well-being.

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



Source: Quantitative youth survey (2021)

4.1.2 Seeking support on mental health during the Covid-19 pandemic

Despite the evident negative effect on mental health, the implications of the pandemic with respect to seeking and the provision of psychological support or mental health services vary.

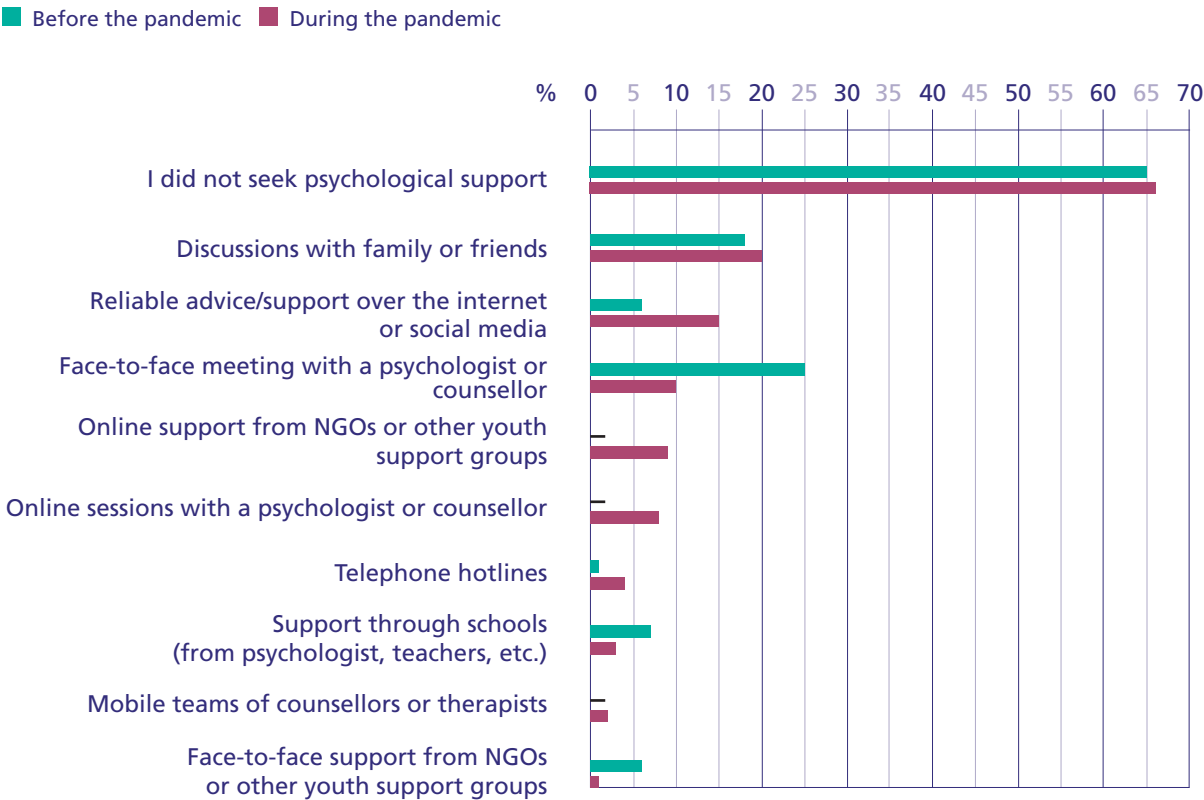
As recorded in the quantitative youth study, the increase in the proportion of young people who sought mental health support for the first time (i.e.

who had not already sought support before the Covid-19 pandemic) is minimal, and at most in the range of 5 percentage points (increasing from 17% to 22%) among youth in vulnerable situations.

General youth population

In this context, the general youth population effectively reported a shift from face-to-face counselling sessions to a more general search for advice on the internet or social media.

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



Source: Quantitative youth survey (2021)



Despite the limited shift to seeking psychological support among the general youth population, among those who were already using such support before the pandemic, strong indications were provided during focus group discussions that they have sought such services much more and with a greater intensity during the pandemic. Indeed, for these young people, their mental health appears to have dominated any other SRH concerns they may have. In this context:

- They have been able to access specific individual consultants and experts offering services, though they are unaware of public organizations offering psychological support (both paid for or for free);
- Their own access to psychological support, and that of their close acquaintances, was claimed to have increased during the pandemic, via online counselling and telephone communications (specific positive references were made to Zoom, Viber, Skype and MS Teams), though not dedicated hotlines; and

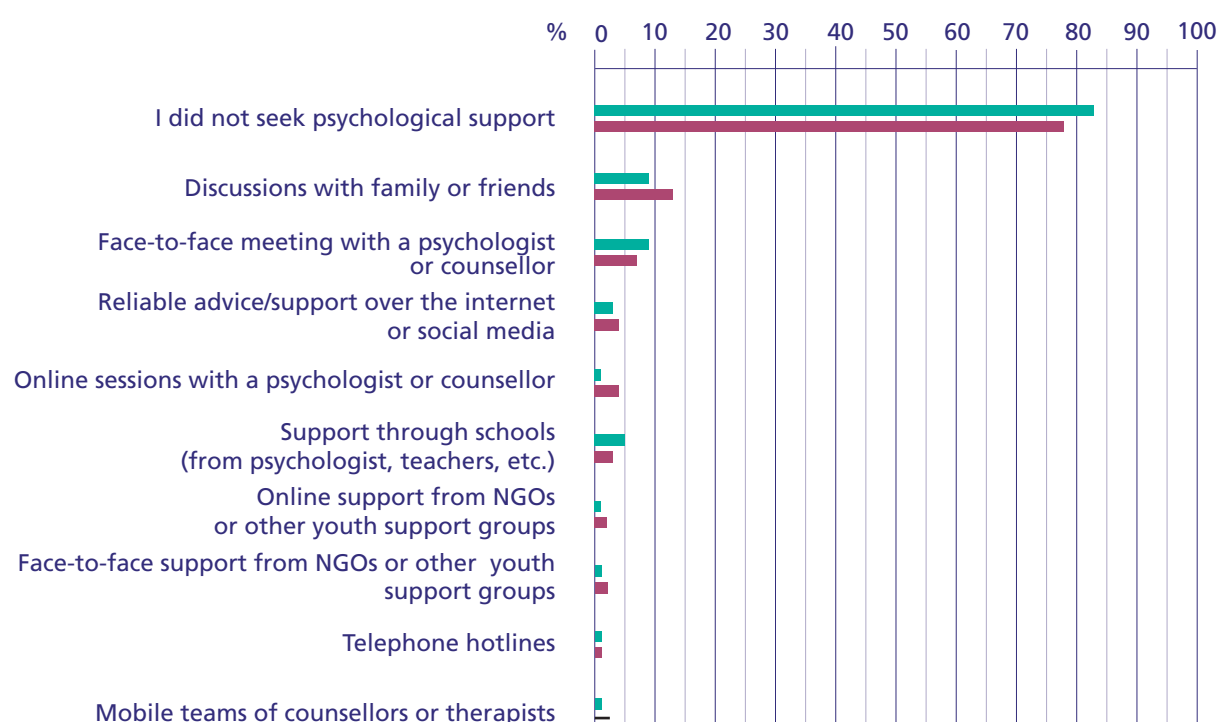
● Key benefits of online service provision were mostly considered to be the ability to easily make an appointment and arrange a meeting from anywhere, with references to popular platforms that allow scheduling of consultations and paying online (a positive practice). At the same time, there remains some concern that in the case of psychological support services (as with SRH services in general), the quality of the services is slightly lower than a face-to-face meeting.

### Youth in vulnerable situations

To the degree that mental health has been of concern to young people in vulnerable situations, support-seeking has remained relatively limited, despite the overall increase of 5 percentage points in the proportion of those seeking such support (from 17% to 22%). This limited level of support-seeking appears to be driven by the taboos and cultural obstacles associated with the need to ask for such support.

## Channels used for psychological support/services BEFORE and DURING during the Covid-19 pandemic - Youth in vulnerable situations (% mentioning)

■ Before the pandemic ■ During the pandemic



Source: Quantitative youth survey (2021)

Indeed, qualitative discussions further indicated that the impact on mental health among the Roma community, the very remote area of Kyustendil and the town of Radomir was considered much less significant than among the general youth population, with limited expressed need for psychological support.

In the urban Roma district of Faculteta, despite some initial concerns following the closure of the neighbourhood, the impact has been minimal, with no one seeking psychological support, and even a feeling of liberation in missing school and obligations. Considering the existence of the virus a 'conspiracy' was conducive to this feeling of relaxation.

In Kyustendil, the view of self-isolation as a protective measure has largely diminished the need to search for psychological support. Indeed, in such small communities, discussing psychological support remains a taboo subject, and engaging socially with friends would in all cases be the preferred way to tackle any psychological issues. At the same time, there remains disbelief over the wider negative psychological impact of the pandemic:

*"We have yet to learn that many more people have suffered from fear, from insecurity, from intimidation, than from the new virus."*

- Young person, Kyustendil

In the larger town of Radomir, despite fears about Covid-19, they were positioned as of secondary importance to economic concerns, with any psychological support needed to overcome the crisis being sought from relatives, friends and their trusted personal doctors, as opposed to specialized counselling or psychological support services.

## Children

Other research suggests, in contrast, that children in particular have carried a very heavy emotional and mental burden as a result of the pandemic. According to the Ida Study Foundation for Child Palliative Care:

- More than half of the children in the survey were more irritable than ever before, and 40% of them had higher levels of anxiety;
- 25% of children felt apathy, while 25% felt aggression, and 14% of all children were afraid to leave their home;
- 30% of children had difficulties studying, while 30% had communication problems; and
- 27% of children had sleeping problems, and 24% had eating problems due to the pandemic-related isolation.

Such feelings are reflective of the impact on children at the regional Balkans level. Evidence from the World Vision Study, 2020 'Children's voices in times of COVID-19: Continued child activism in the face of personal challenges' indicates that:

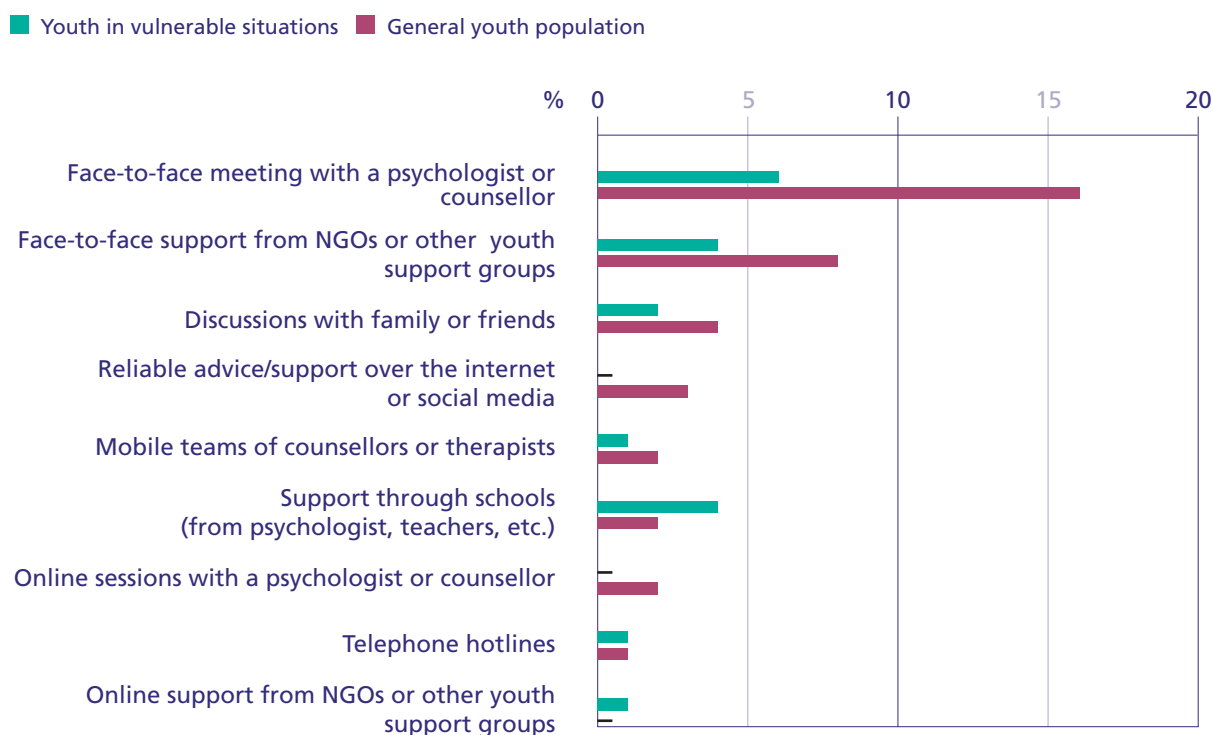
- 71% of children and young people reported feeling isolated and lonely due to school closures; and
- 91% acknowledged that they were facing emotional distress and troubling feelings, including anxiety, anger and worry due to the uncertainty of how long the crisis would last and dealing with isolation.

It is further suggested that isolation and confinement put children at increased risk of domestic violence and other forms of abuse, including child trafficking, child labour and online child abuse (World Vision, 'Children's voices in times of COVID-19: Continued child activism in the face of personal challenges').

## 4.2 Channel barriers to accessing psychological and mental health support

As previously noted, the limited effect of Covid-19 in terms of actually seeking support among youth in vulnerable situations is likely driven by cultural constraints. This is further highlighted by the limited range of actual problems reported by such young persons in accessing support or services.

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



Source: Quantitative youth survey (2021)

### 4.3. Overall impact of the Covid-19 pandemic on mental health and related services

At an overall level, there is clear feedback from professionals of an **increased demand on mental health services and an inability to provide an adequate collective response**.

General feedback from Ministry of Health officials confirms that both hospitals and schools have introduced psychological counselling as a response to increased demand. GPs agreed that this was the case, reporting that both psychologists and social workers in local hospitals now have a heavier workload. GPs also claimed that patients suffering from psychosis and hypochondria have been particularly affected by the pandemic. Physicians reported cases of pregnant women having abortions due to fears or giving birth to a deformed baby.

According to mental health experts, a series of factors and structural limitations create reasonable concerns as to whether the existing mental health system could fulfil its purpose and offer access to services to all the young and vulnerable groups who need them most during the Covid-19 pandemic. These factors include the following.

- The pandemic has highlighted the need for mental health care and dealing with problems such as burnout and depression, especially in pregnant women, medical specialists and teachers.
- There is a clear lack of inter-sectoral work with the Ministry of Social Policies and the Ministry of Education to inform about and prevent mental health and sexual health issues. Indeed, there is no evidence of ongoing collaboration in the area of mental health between the institutions offering such services and family or caregiver advocacy groups.
- There are just 23 specialist psychiatrists in Bulgaria, located in just two clinics in Varna and Sofia which are 'chronically' underfunded.
- The overall size of the mental health workforce (per 100,000 population) already stood at low levels before the pandemic: 7.20 psychiatrists, 0.31 child psychiatrists and 0.78 social workers (World Health Organization, 'Mental Health Atlas 2017', Member State Profile for Bulgaria).

- There is a lack of mental health facilities (also pre-dating the pandemic): just seven outpatient facilities specifically for children and adolescents (including services for developmental disorders), no other outpatient services for children and adolescents (e.g. day care) and just two inpatient facilities specifically for children and adolescents (World Health Organization, 'Mental Health Atlas 2017', Member State Profile for Bulgaria).

- Mental health issues continue to suffer considerable stigmatization among non-mainstream communities.

- Despite the increased provision of mental health services in hospitals during the pandemic, it has not yet been formalized in the context of a national programme.

- There is a lack of public campaigning to prevent depression and detect early signs of sadness, heartbreak, and psychotic disorders such as schizophrenia.

- Mental health issues pre-dated the pandemic (World Health Organization, 'Mental Health Atlas 2017', Member State Profile for Bulgaria), with anecdotal claims that the pandemic has found ample room to feed increased levels of attempted and actual suicide, feelings of guilt among children believing that they spread the virus and infect their loved ones, and men in military uniforms in the middle of the night reporting the number of new infections and deaths etc.).

Moreover, at the policy and legislative levels:

- The Mental Health Policy 2006–2021 does not specify any indicators or targets against which its implementation can be monitored, and there are no specific plans or strategy for child or adolescent mental health;
- There is no stand-alone legislation specifically for mental health;
- There is no dedicated authority or independent body to assess the compliance of mental health legislation with international human rights; and
- There is no single centralized government-run national programme for suicide prevention.

## V. Sexual and gender-based violence

In addition to the area of mental health—and, indeed, in many cases related to it—sexual and gender-based violence constitutes a key area of concern relating to SRHR, extending across various young audiences.

### 5.1 Incidence of sexual and gender-based violence

#### 5.1.1 Increased incidence of sexual and gender-based violence

Among the general youth population, there is widespread belief that cases of sexual and gender-based violence have increased substantially during the Covid-19 pandemic, with examples cited of hearing noises from nearby houses, and media reports reflecting specific cases of sexual violence, beatings of women and children, and psychological harassment. In this context, the pandemic is said to have led to an increase in sexual and gender-based violence, the existence of which is largely attributed to neo-nationalist attitudes in society based on the drive to 'preserve the traditional Christian family' presented by political forces.

*"For me we have had this topic for a long time before Covid-19. At the moment, the government is worried that the children will become gays... They [the government] have strange priorities. The reason why the Istanbul Convention is not adopted is because 'the children were too young for sex education'... There is panic; the issues are mixed..."* - Young person, Sofia

Similarly, there is a strong perception among the Roma urban Faculteta community that the pandemic has led to an increase in drug and alcohol abuse in the Roma neighbourhood, leading to more fights and sexual violence. Examples from the community are cited of attempts to 'steal young girls as brides', attempted rape and attempts from outsiders to offer young girls money for 'sexual services'.

Although formal statistics on the increased incidence of sexual and gender-based violence are scarce, according to the World Health Organization office in Bulgaria:

- Seven women have lost their lives at the hands of a partner or family member since the initial introduction of confinement measures at the onset of the COVID-19 pandemic; and

- The national helpline for children which offers information, counselling and help to children over the telephone received 80 reports of a parent abusing another parent in March 2020 alone (Minister of Internal Affairs), suggesting that violence against women and children had doubled compared to the months before the pandemic.

#### Exceptions: Cases of lower incidence of sexual and gender-based violence

In contrast, severe lockdowns in Kyustendil are claimed to have reduced sexual and gender-based violence by reducing opportunities for traffickers of women sex workers and men.

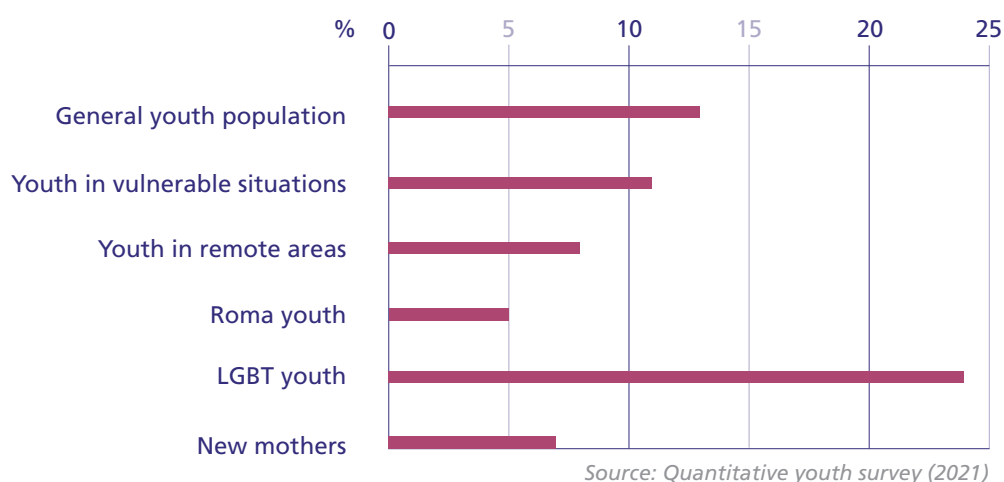
*"All crime has decreased due to the pandemic. Criminals are not crazy, and they stay at home and do not go out to do nonsense."*

- Young person, Kyustendil

On a personal level, the number of people claiming to have witnessed incidents of sexual and gender-based violence during the Covid-19 pandemic is somewhat lower than those sharing the widely held belief that they have increased during the pandemic. Interestingly, the highest proportion of respondents mentioning having personally experienced or witnessed an incident is among LGBT people (24%) and the general youth population.

In contrast, the proportion of youth in remote areas and Roma youth is substantially lower (at 8% and 5%, respectively), confirming the beliefs highlighted in the qualitative focus group discussions. With regards to the latter, given the cultural perceptions of Roma youth, it is highly likely that Roma females are either unaware of the full scope of what constitutes sexual and gender-based violence (over and above physical assault) and/or sceptical about reporting a personal case.

## Proportion of youth personally experiencing or witnessing incidents of sexual and gender-based violence during the covid-19 pandemic (% mentioning)



An extremely high proportion (76%) of the general youth population believe that the State has not adequately tackled issues of gender-based violence during the Covid-19 pandemic, suggesting that they

are interested in the matter and have a certain level of knowledge and confidence in expressing their opinions on the subject.

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



Source: Quantitative youth survey (2021)

## 5.2 Seeking effective protection in cases of sexual and gender-based violence

The lack of trust in institutions is clearly undermining faith in the ability of young girls and women to seek and obtain meaningful protection in cases of sexual and gender-based violence across all target audiences:

- Police forces have long since been distrusted and are also partly claimed to be involved in illegal drug trafficking and prostitution;
- Police forces do not respond to requests to deal with issues of sexual and gender-based violence;
- There is an evident lack of conviction regarding whether calls made to the emergency number (112) have been effective in protecting victims; and
- Interactions with institutions and judicial, health, municipality and other authorities on aspects relating to sexual and gender-based violence have been particularly difficult during the Covid-19 pandemic. Assistance has been provided by telephone only, and at the same time the number of telephone calls for consultations has increased by 30% (Bulgarian Fund for Women).

Consequent to the above, people universally seek protection from friends or members of the wider family, or—in the case of small rural communities such as Kyustendil—through the self-organization of the community.

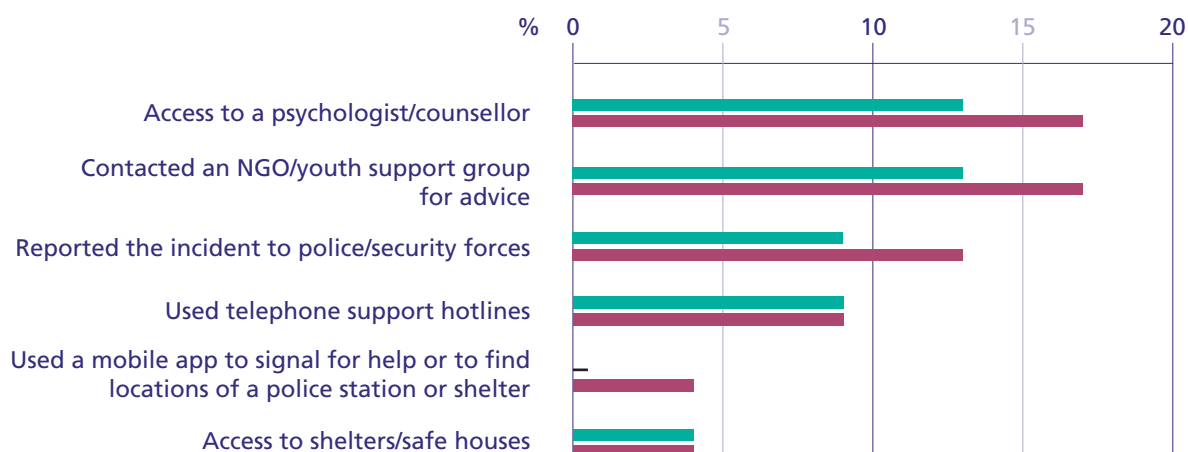
In addition, among the general youth population there is some awareness of NGOs as potentially effective support service providers, with specific references being made to the Animus Association (hotlines for domestic violence), the Bulgarian Red Cross (youth consultations) and Safenet (both chatrooms and hotlines for internet violence).

Indeed, the quantitative youth survey has largely confirmed the above-mentioned patterns: 57% of all those witnessing or experiencing an incident of sexual and gender-based violence during the Covid-19 pandemic reported that they did not seek any support or did not know where/how to seek support.

In terms of seeking effective support, attempts to access psychologists and counsellors were reported, confirming the link between sexual and gender-based violence and mental health issues, while a further 17% have attempted to contact an NGO or youth support group. In contrast, just a small minority have sought to actually contact the police or a protective shelter.

### Support sought 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)

### 5.3 Institutional shortfalls in addressing sexual and gender-based violence

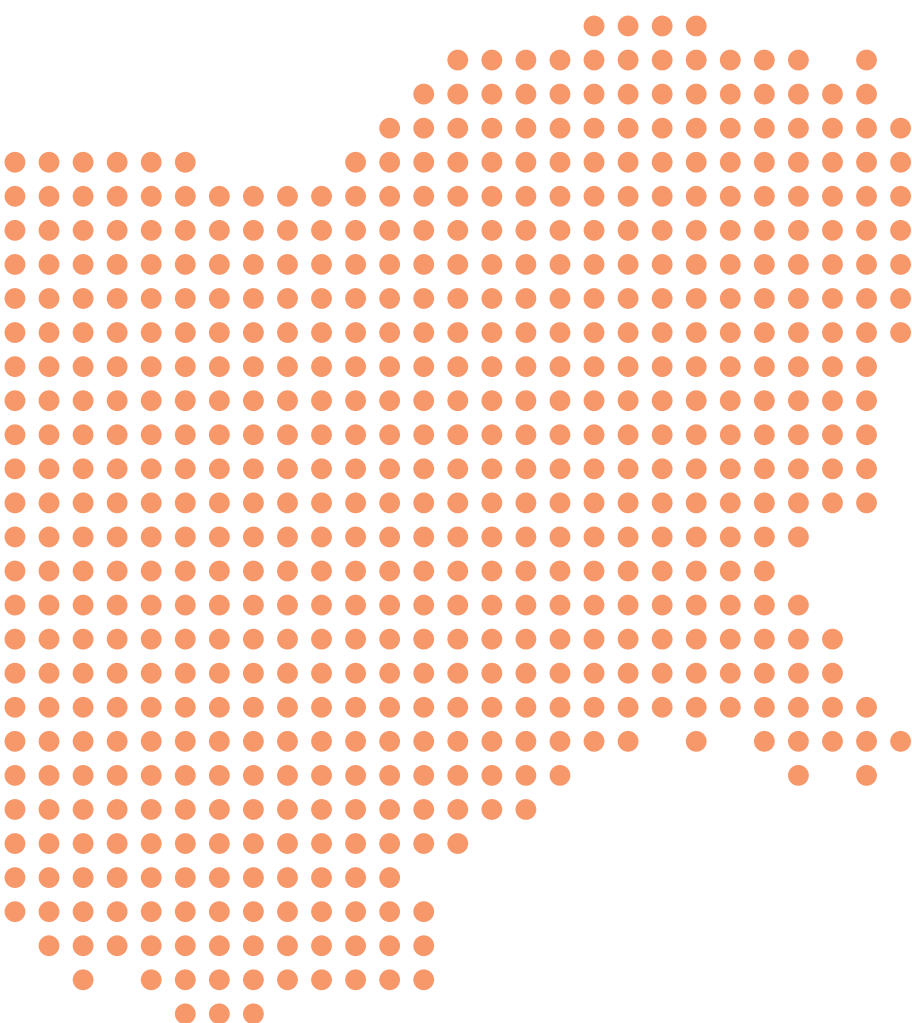
The lack of trust in institutions is clearly Over and above the lack of trust in the authorities, a series of further institutional drawbacks apply in Bulgaria which limit the effective combating of sexual and gender-based violence, especially in times of heightened need during the pandemic:

- Bulgaria is the only European Union Member State that has not yet signed the Istanbul Convention on preventing and combating violence against women and domestic violence. This alone suggests the lack of political will for laws and policies on preventing and combating violence against women and domestic violence.

- For women who are subjected to domestic violence and psychological harassment, the measures imposed by the authorities and the forced closure of homes due to the spread of the coronavirus are effectively locking up victims indefinitely with their abusers, isolated from other people and the resources that can help them cope (Bulgarian Fund for Women, March 2020).

- There is no coordinating body that brings together both government and civil society on matters relating to sexual and gender-based violence (Bulgarian Women's Lobby).

- Due to the pandemic, applications for protection from domestic violence have effectively only been able to be submitted by mail, thus delaying court decisions (Bulgarian Women's Lobby).





## VI. Assessment of the institutional response to covid-19

### 6.1 Inadequate response from the health system and the government

A large net majority of youth of all types expressed the belief that the Covid-19 pandemic has shown how little attention is paid to SRHR by the authorities in Bulgaria.

#### 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)

Moreover, the focus group discussions revealed the intensity of this belief: there was universal agreement among virtually all groups of young people that the response of the authorities to the Covid-19 pandemic in general and also in relation to SRHR services has been completely inadequate, with no positive measures whatsoever being recalled. Hence, there is an extremely strong belief that the authorities' only priority was:

- To remain in power, using the pandemic to this end; and

*"They locked down the whole country without a single proven case of the new virus, because they wanted to cover up corruption scandals."*

- Young person, Sofia

- To take advantage of the situation to spend and embezzle as much money as possible. Indeed, distrust of the government has turned into distrust of the measures taken to tackle the pandemic. In this respect a series of examples were cited, relating to:

- Circumvention of the law for the purchase of low-quality materials, equipment, machinery and consumables, which were not needed at all; and
- Lawsuits filed against former members of staff of the Ministry of Health for misuse of public funds.

*"If you stop the recorder, I will tell you by name who stole how much money during the pandemic: the mayor, the pastors, the NGOs, the Regional Health Inspectorates, the hospital principals. Some people became very rich, while others suffered ..."*

- Young person, Kyustendil

In contrast, young people identified certain actions which they strongly felt should have taken place at the systemic level, including:

- Large-scale information campaigns;
- Funding and support for health mediators and GPs; and
- Increased investment in community health centres and mobile teams of doctors and nurses.

## 6.2 Systemic policy and legislative limitations

Over and above the complete lack of trust in public institutions, a series of specific institutional hindrances were confirmed in discussions with relevant stakeholders:

- The lack of prioritization of health services in general (including all SRHR services), and the failure to legally classify or indeed practically address them as 'essential services';

*"In our country the patient is not at the centre of the health care system. The system works for itself, and the patient comes to bother it. I am not saying that the patient is disenfranchised. But it is very difficult for the patient to seek and assert his rights. The process is very lengthy and expensive for many patients."* - Ministry of Health official

- A lack of prioritization of the needs of and support for health mediators in multidimensional forms:

- Only a very recent and limited adoption of the Ordinance on Health Mediators: Ministry of Health officials expressly mentioned that historically health mediators have been disregarded by the State, and perceived as shepherds or plumbers;

- A lack of e-support tools for health mediators to report electronically;

- A lack of trust from the authorities and the Ministry of Health in health mediators, with some claiming that health mediators did not accept taking on an extra workload during the pandemic (in stark contrast to the claims of the mediators themselves); and

- A lack of meaningful contact between the Ministry of Health and health experts in municipalities, currently confined to useless formal reports;

- A lack of connection between health authorities (the Ministry of Health) and the political establishment/government in pursuing the common goal of addressing SRHR issues with respect to needs

and the provision of funding for specific goals such as contraception and targeting unwanted pregnancy;

- The absence of a targeted needs analysis for specific groups of the population, with standardized blueprints thoughtlessly transferred from one target audience or region to another;

- A complete lack of appropriate sex education in schools, despite the efforts of the Ministry of Health, on account of political and conservative resistance. Currently, only 10% of schools currently teach sexual education in even the most limited form [Jodi Hilton, 'Vagina Matters: how a Bulgarian sex ed book triggered national outrage', The Calvert Journal, <https://www.calvertjournal.com/features/show/12340/v-like-vagina-fine-arts-bulgaria-sex-education-book-ban>];

*"We have been fighting for sex and health education at school for a very long time, but there is still no result. There are some achievements, but they are not enough. This is extremely insufficient."*

*"We simply will not be allowed to talk at school on such a topic. Patriotic parties support this [conservative] view, but it is also widely popular in the society."*

- Ministry of Health officials

- A risk-averse approach to aspects related to abortion, with respect to:

- Allowing early medical abortion at home by nurses and midwives; and
- Raising the gestational age limit at which abortions can legally be performed, with fears that the debate will degenerate into a political dispute (Ministry of Health) or that there will be greater medical risks in raising this to above 12 weeks (physicians); and

- A lack of institutional health care facilities for children: currently, Bulgaria remains the only European country without a national paediatric hospital.

## VI. Positive practices

Despite the shortcomings in terms of positive reactions 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 have the potential 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 information flow;
- Mental health and sexual and gender-based violence; and
- Maintaining the distribution of supplies to remote and marginalized groups.

The main positive practices and their implications in terms of further actions/goals to be pursued are highlighted below.

### 7.1 Sex education and information

Practice	Further actions/goals
<p>Online academy for young people organized by the Red Cross in Bulgaria</p> <p><b>Reported by a Red Cross official and also referred to by other expert stakeholders, though no reference to or awareness of this among the youth respondents</b></p>	<p>Further implement and raise awareness of such schemes through online and social media communication</p> <p><b>Maintain a flow of information on SRHR matters during times of crisis for teenagers and young people with access to technological means through similar activities</b></p>
<p>The Loveguide educational site for teenagers (<a href="https://loveguide.bg/">https://loveguide.bg/</a>) operating since before the pandemic, with 60,000 subscribers and over 10 million views, has continued operating during the pandemic, offering:</p> <ul style="list-style-type: none"> <li>• A new video uploaded each week;</li> <li>• Online programme lessons on four main SRHR topics; and</li> <li>• A special mobile app for SRHR for teenagers.</li> </ul> <p><b>Reported by Loveguide, though no reference to or awareness of this among the youth respondents</b></p>	<p>Despite continuing to operate, use of Loveguide has not shown any increase during the pandemic</p> <p><b>A need to further raise awareness of this and other similar activities to improve the dissemination of knowledge on SRHR matters among young people</b></p>

## 7.1 Sex education and information

### Practice

### Further actions/goals

The U-Report global platform was launched by UNICEF and partner organizations in Bulgaria in 2020:

- Enabling children and young people aged 14–29 to express their opinions on issues important to them and in an accessible way;
- Using VIBER chat to research the opinions of young people on issues that concern them; and
- Providing useful information and referral to various services: the content of each proposed consultation and any information, as well as any public U-Report event, are discussed by a wide range of organizations, experts and children and young people, to be as useful as possible.

**Reported by Ministry of Health officials and other stakeholders**

**Giving voice to children and young people and involving them in discussions on SRHR-related issues as a way to increase their involvement in the subject matter**

Extend features to provide useful information on the issues and matters that are of importance to users, such as mental health, ethnic discrimination etc.

The LARGO (Roma support group) long-term programme for shooting and distributing short educational videos continued operating during the early period of the pandemic but has halted its activities due to negative attitudes and reactions to its programme and wrongly being linked to corruption scandals.

**Reported by the LARGO organization; references to such organizations have also been made by Roma community members, though with no specific reference to LARGO**

**Safeguard the operation of NGOs during pandemics to maintain a flow of credible educational information to marginalized communities**

Efforts need to be made to disassociate perceptions of such groups from the political establishment

## 7.2 Maintaining a credible information flow

### Practice

### Further actions/goals

<p>HealthBuddy+ digital tool launched online and as a mobile app in May 2020 by the World Health Organization/Europe and UNICEF ECARO to help debunk false claims about the virus while supporting the dissemination of truthful information on Covid-19 in the European region.</p> <p>Implemented in Bulgaria by UNICEF Bulgaria and also available in the Bulgarian language (in addition to 20 other languages)</p> <p><b>Reported by expert stakeholders; an apparent need for addressing misinformation was strongly reported by youth in general</b></p>	<p>Need to further elevate awareness of the tool</p> <p>Ensure its funding to render it and maintain it as a credible sustainable hub for health literacy and mental health beyond the COVID-19 crisis</p> <p>Maintain and update its local language information</p>
<p>Rapid response reaction to Covid-19 by well-known organizations such as the Red Cross, the World Health Organization, BFPA and Animus in both online and traditional media</p> <ul style="list-style-type: none"> <li>• Online seminars, consultations and training</li> <li>• Presence in mass media (TV and radio) discussions</li> <li>• Disseminated very high-quality and verified information through various information channels: websites, YouTube, Facebook and others</li> </ul> <p><b>Very strong references from expert stakeholders; despite such activities taking place, impact is restricted to a small 'elite' of urban young persons with access to technology</b></p>	<p>Need for fast and verified information from trusted sources</p> <p>Use organizations that are not associated with the political establishment to publicize such information</p> <p>Raise awareness of such organizations further as the primary expert sources of information</p> <p>Identify channels for such organizations to reach those without access to technology, those in remote areas and marginalized groups</p>
<p>GPs and doctors report heavy activity on Facebook, disseminating information to patients:</p> <ul style="list-style-type: none"> <li>• Report having profiles of up to 5,000 patients each</li> <li>• Direct communication and questions asked by patients are answered directly</li> <li>• Feedback and support provided to health mediators directly</li> </ul> <p><b>Discussed by physicians and also partly mentioned by youth audiences</b></p>	<p>Establishing and maintaining contact and flow of advice for patients with their most trusted source of information (personal doctors)</p> <p>Further use of social media by physicians to disseminate information</p>

## 7.3 Mental health and sexual and gender-based violence

### Practice

### Further actions/goals

<p>Psychological and mental health support provided in hospitals for pregnant women during the pandemic has been significantly better than before the pandemic</p> <ul style="list-style-type: none"> <li>• Higher number of specialized psychologists available in public hospitals and offering their services</li> </ul> <p><b>Acknowledged as a vast improvement by new mothers and stakeholders alike</b></p>	<p>Lock in this good practice as a default good practice for the long term, rather than just a short-term measure.</p>
<p>Norwegian programme in collaboration with the World Health Organization to create textbooks for teaching mental health in schools for different ages</p> <p>Not currently recognized, supported or implemented in Bulgaria</p> <p><b>Identified through secondary research</b></p>	<p>Advocate for the implementation of this programme in Bulgaria</p> <p>Introduce mental health dimensions into any plans or programmes for SRH education</p>
<p>Translation and video interpretation in Bulgarian language of the book My Hero is You for children and parents:</p> <p><a href="https://www.unhcr.org/bg/wp-content/uploads/sites/18/2020/04/My-Hero-is-You-Storybook-for-Children-on-COVID-19-1.pdf">https://www.unhcr.org/bg/wp-content/uploads/sites/18/2020/04/My-Hero-is-You-Storybook-for-Children-on-COVID-19-1.pdf</a></p> <ul style="list-style-type: none"> <li>• An initiative for mental health support and how to cope with the Covid-19 pandemic for children and parents</li> </ul> <p><b>Identified through secondary research</b></p>	<p>Raise awareness and dissemination</p> <p>Adopt similar visual storytelling tools</p>
<p>Rapid reaction by the Bulgarian Fund for Women, as early as March 2020:</p> <ul style="list-style-type: none"> <li>• Informing women survivors of sexual and gender-based violence where they can seek support</li> <li>• Early communication about the long-established helpline supported by Animus Foundation, which continues to work around the clock during the pandemic</li> </ul> <p><b>Identified through secondary research; reported by stakeholders and some youth also</b></p>	<p>Use all relevant NGOs and organizations that have access to women, to disseminate information related to support-seeking</p>

## 7.4 Distribution of supplies to vulnerable groups

Practice	Further actions/goals
<p>Early response during the pandemic by the Red Cross in Bulgaria:</p> <ul style="list-style-type: none"> <li>• Distribution of consumables, condoms and kits for personal use</li> <li>• Fundraising campaigns for medicines and consumables</li> <li>• Distribution of duty-free masks, gloves, visors and disinfectants to the most vulnerable groups</li> <li>• Examinations for pregnant women and new mothers at the beginning of the pandemic, when all other health facilities were closed</li> </ul> <p><b>Reported by the Red Cross and acknowledged by the Ministry of Health</b></p>	<p>Providing the minimum supplies required to ensure sexual health can be maintained</p>
<p>Adoption of longer opening hours for pharmacies</p> <p><b>Discussed as an aspect of preference by young people, and peripherally also by stakeholders</b></p>	<p>Expanding access opportunities for supplies, kits and medication</p>
<p>Home delivery of supplies by pharmacies</p> <p><b>Discussed as a preference among young people when prompted; also peripherally discussed by stakeholders</b></p>	<p>Ensuring access to supplies, kits and medication</p> <p>Need to extend/establish this across geographical locations, to remove the need/obstacle of remote community residents needing to travel outside their neighbourhoods</p>
<p>UNICEF in Bulgaria has provided a multidimensional response to support the government, municipalities, NGOs, business and the media to provide better results for children, especially the most vulnerable ones, through:</p> <ul style="list-style-type: none"> <li>• Distribution of food, medicine, information, clothes and any other support</li> <li>• Creation of a localized information hub (in Silven) running a local helpline</li> </ul> <p><b>Reported by stakeholders</b></p>	<p>Overcoming the barrier of a lack of trust in local institutions</p> <p>Using international humanitarian organizations as a means to—at least—not increase underlying economic disparities for vulnerable population groups</p> <p>Extend such activities to the realm of SRHR information and supplies</p>

## VIII. Practices recommended for the future

As highlighted in Section 7 of this document, although a wide range of 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

Sex education classes in school were mentioned as being wanted by and suitable for all young people. This preference for a meaningful introduction to

SRHR in the traditional school environment clearly indicates that young people are very aware of its absence being a root cause of a current lack of knowledge about SRHR. Moreover, among both youth in vulnerable situations and the general youth population, there is a strong acceptance of and wish for online platforms providing sex education, including useful videos; thus, technology is widely accepted in terms of delivering sex education.

Interestingly, the 'self-administration' and 'self-sourcing' of supplies and screening tests for STIs also score very highly in terms of preference among youth audiences across the board. This is likely driven by the need to overcome feelings of taboo and cultural restraints, and indirectly suggests that a high level of demand for such products is not currently being met due to these barriers.

### Most preferred practices for the future (%mentioning)

#### General youth population

#### Youth in vulnerable situations

	%		%
Sex education classes in school	69	Self-service vending machines for supplies (e.g. condoms, contraceptives, menstrual hygiene products)	43
An online platform providing sex education, including useful videos	66	Sex education classes in school	38
Self-service vending machines for supplies (e.g. condoms, contraceptives, menstrual hygiene products)	62	Self-administered screening tests for HIV or STIs	33
Self-administered screening tests for HIV or STIs	54	An online platform providing sex education, including useful videos	32
Regular delivery of free condoms, tests, menstrual hygiene products etc. to my area	53	Mobile teams of doctors, nurses or therapists visiting my area	30
Regular online sessions or seminars (e.g. Zoom, Teams etc.)	48	Dedicated contact points at my school/ university	29



### Most preferred practices for the future (%mentioning)

#### General youth population

#### Youth in vulnerable situations

	%		%
Dedicated contact points at my school/university	46	Regular delivery of free condoms, tests, menstrual hygiene products etc. to my area	28
24/7 hotlines dedicated to specific aspects of SRH	45	24/7 hotlines dedicated to specific aspects of SRH	27
A mobile app/website with maps and opening hours of the nearest hospitals or NGO support centres	45	A community centre in the area where I live	26
An online pharmacy to order self-administered supplies/tests/medication without prescription	43	My GP/family doctor/physician provides consultations or prescriptions online	25

Source: Quantitative youth survey (2021)

Moreover, within specific groups of youth in vulnerable situations, there are further specific needs and preferences—namely:

- Mobile teams of doctors or nurses visiting their communities, among youth residing in remote areas and, especially, the Roma community;

- Dedicated contact points in schools, among Roma youth and LGBT youth, likely to be an effective way to avoid privacy and confidentiality concerns; and

- The family doctor being able to provide consultations or prescriptions online, among young people in remote areas, likely to be an effective way to both maintain contact with their trusted doctor and avoid the need to travel long distances to visit their preferred physician.

## Most preferred practices for the future (%mentioning)

### Youth in remote areas

### Roma youth

### LGBT youth

	%		%		%
Sex education classes in school	40	Mobile teams of doctors, nurses or therapists visiting my area	37	Sex education classes in school	75
Self-service vending machines for supplies	34	Self-service vending machines for supplies	37	An online platform providing sex education, including useful videos	66
Mobile teams of doctors, nurses or therapists visiting my area	29	A community centre in the area where I live	29	Self-service vending machines for supplies	66
My GP/family doctor/physician provides consultations or prescriptions online	26	Self-administered screening tests for HIV or STIs	29	Regular delivery of free condoms, tests, menstrual hygiene products etc. to my area	56
Self-administered screening tests for HIV or STIs	26	Dedicated contact points at my school/university	23	Dedicated contact points at my school/university	47

Source: Quantitative youth survey (2021)

# G.Key considerations

Based on the findings of the study among young people in Bulgaria 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 SRHR issues

Young people lacked interest in SRHR matters both before and during the Covid-19 pandemic. Their lack of interest pre-dating the pandemic results from a presumption—especially among youth in vulnerable situations—that all they need to know can be learned ‘by nature’, the virtually complete absence of meaningful sexuality education in schools, and taboos associated with SRHR issues.

The Covid-19 pandemic further demotivated young people from proactively seeking information on SRHR matters due to the climate of fear, confusion resulting from conflicting online misinformation regarding the impact of the virus, the restrictive patriarchal culture (among the Roma community and young people in remote areas in particular) and abstention from sexual activity during the early period of the pandemic.

In addition, the fear of and complete lack of trust in the authorities and institutions were transferred into the realm of health during the Covid-19 pandemic, coupled with a high degree of apprehension as to the actual existence of the virus. This has also had a negative spillover effect on the perception that young people—especially those in vulnerable situations—have of NGOs, which have been connected to and perceived to be part of a unified corrupt system. In this environment, the openness to listen to any messages delivered by any type of authority or organization have been further restricted.

In light of the above, policies and programmes for improving the dissemination of information need to address the following issues:

- The need to carry out widespread awareness-raising activities targeting young people so that they become involved and interested in SRHR. This is necessary at all times and especially during times of crisis, when their level of involvement diminishes further, and is a necessary first step to achieve the ultimate aim of addressing their real needs.

- The long-standing lack of knowledge on SRH matters among young people needs to be addressed at the roots. As such, it is vital for meaningful health and sexuality education to be implemented in schools, in a manner that destigmatizes the subject matter.

- Information dissemination during times of crisis should focus on topics that were more urgent for information-seeking during the Covid-19 pandemic. These topic areas include gynaecological issues and menstruation (among young girls having their first period during the pandemic), practising safe sex and using contraception, gender-based violence, sexting and cyber-bullying, STIs, and information on sexual orientation and intimate relationships (among LGBT people).

- The operation of NGOs needs to be safeguarded.

- Trusted family doctors need to play a major role in providing information. Young people have reported that the Covid-19 pandemic has shown how important it is to have a family doctor/GP they can trust as a primary source of reliable information.

Two parallel channel strategies are necessary for disseminating information related to SRH, both during the ongoing pandemic and thereafter in the future:

- A highly technological approach based on accurate and trusted online sources (disassociated from the political establishment) for the general youth population, who have reported a greater reliance on and acceptability of online means (in particular, websites of international organizations such as the

World Health Organization and IPPF) as credible sources for SRH-related information; and

- A 'below-the line' approach to reach young people in vulnerable situations, to address accessibility issues that were reported either as being particularly problematic during the Covid-19 pandemic or as having a greater personal impact on them during the pandemic. Hence it is important to ensure that mobile doctors/GPs and health mediators visit remote neighbourhoods, that local community centres continue to operate, and also that young people are informed about where to source supplies such as contraceptives.

## Access to SRH services

Similarly, the general needs of young people for SRHR services during the Covid-19 pandemic have been relatively low, especially among youth in vulnerable situations. When young people needed specific services related to SRH during the pandemic, they encountered a range of problems, which will need to be addressed, namely:

- Specific access problems reported by young people in relation to routine gynaecological check-ups and sexuality or relationship counselling for young people in vulnerable situations. At the same time, fear of physical contact and movement restrictions in place during the pandemic intensified problems in accessing services which pre-dated the pandemic;
- Delays in booking appointments, and the lack of availability of physicians;
- The closure and inaccessibility of local community youth centres; while this issue pre-dated the pandemic, its impact has been more intensely felt during the pandemic; and
- The overall need to ensure access to consultations with trusted family doctors/GPs, who would also provide a psychological safe haven over and above the family or peer environment. In this context, the trusted family doctor should be placed at the heart of the health care system for services pertaining to SRH issues also. Telephone and online services can serve as short-term emergency options.

In the face of the obstacles faced by young people in accessing SRH services and the wider mistrust in the public health care system, young people have found alternative ways to satisfy their service needs

during the Covid-19 pandemic and keep 'normal' life going. Specifically, they have used the services of clinicians offered privately and not in line with the restrictions imposed on operation. For those young people who could afford the extra cost, this has been a convenient way to receive the required services, including general gynaecological check-ups, monitoring of pregnancy and giving birth. Nevertheless, this has not been feasible for all young people, with the less affluent among those in vulnerable situations unable to afford the extra related costs. Indeed, the Covid-19 pandemic has had a disproportionately negative economic impact on young people in vulnerable situations (especially the Roma community and those in remote areas). In light of this situation, it is important to consider:

- Financial support targeting communities and young people in vulnerable situations in relation to the services and supplies they need; and
- The legal classification of at least some SRH services as 'essential'. This would also convey the message that there is a genuine desire and commitment on the part of public health authorities to improve access to SRH services.

## Considerations for pregnant women and new mothers

During the Covid-19 pandemic, pregnant women and new mothers have been particularly negatively affected by confusing and untrustworthy information circulating online. In their efforts to avoid stress caused by misinformation related to pregnancy and the health of the foetus in relation to the virus and vaccination, they have disconnected from all open sources such as the internet and relied primarily on their trusted personal physician or gynaecologist.

A fair proportion of pregnant woman and new mothers have also faced affordability barriers in their efforts to obtain services from the private sector, given their mistrust in the public health system; hence, even among those with health insurance, new mothers have claimed that they needed to pay for all services related to pregnancy, giving birth and newborn care, with the total cost for giving birth cited at between EUR500 and EUR1,500. New mothers, therefore, felt coerced into having to pay (being driven to use services offered privately), to receive the required level of attention and service, presenting particular challenges for

those unable to afford it. It is, therefore, important to ensure affordable access to high-quality health care for all pregnant women at all times, and especially during emotionally charged times of crisis.

Among those who did use the public health care system during their pregnancy, a very positive practice was reported in terms of specialized psychologists for pregnant women having been introduced for the first time in public hospitals during the Covid-19 pandemic. This practice was very positively evaluated by pregnant women and should be considered to be maintained permanently beyond the pandemic.

## Access to SRH supplies

Access to medication or supplies (as opposed to consultation services) has presented a greater challenge to young people needing them during the Covid-19 pandemic. Ultimately, young people considered the lack of access to supplies the main problem in relation to SRH during the pandemic. In this context, the distribution and availability of supplies needs to be prioritized during times of crisis, to maintain ongoing access and a minimum level of SRH for young people. It is, therefore, important to:

- Ensure that menstrual hygiene products, birth control pills and condoms are both available and affordable for all segments of the youth population. These were the supplies most needed during the pandemic and which young people—especially those in vulnerable situations—had problems accessing. A variety of alternative options such as targeted distribution to communities, home delivery options, the introduction of self-service vending machines and others may be considered when devising targeted plans at the community level;
- Address shortages of even ‘basic pills’ in pharmacies; hoarding of medicines and consumables by the population in the early stages of the pandemic also led to price hikes; and
- Provide practical or financial assistance to young people in remote areas or those who require specialized medication (such as LGBT people), as they need to travel longer distances to obtain it.

## Mental health and psychological support

Mental health and psychological support is the topic reported as the most important for young people across the board. A considerable proportion (approximately 60%) of all young people reported that their psychological well-being and mental health have been negatively affected during the Covid-19 pandemic. Moreover, the urgency with which they sought psychological support has increased during the pandemic. In this context, the area of mental health needs to be fully prioritized as a stand-alone essential service in legislation, as it relates to concerns and needs across the full spectrum of SRH topics and issues.

The following measures need to be considered:

- Adopt public and more targeted communication activities to destigmatize the area of mental health among the more traditional and patriarchal communities such as the Roma and in remote areas.
- Disseminate the contact information of mental health professionals and psychologists who offer affordable support during times of crisis.
- Ensure the availability of a sufficient number of mental health counsellors at affordable cost during times of crisis when demand increases.
- Continue to offer telephone or online platforms, the use of which has increased during the Covid-19 pandemic, to make appointments and deliver online counselling and telephone consultations.

## Sexual and gender-based violence

During the Covid-19 pandemic there has been a substantial increase—in the range of 40%—in the number of incidents of sexual and gender-based violence reported to telephone hotlines. There is a widespread belief among young people that the number of incidents of sexual and gender-based violence has increased during the pandemic, suggesting their high level of awareness of and interest in the matter. In this context, a large majority of young people believe that the State has not adequately tackled issues of gender-based violence during the pandemic. The following measures should be considered:

- Adopt actions that will help improve the confidence of young girls and women across all youth audiences that they will indeed obtain meaningful protection if they seek it in cases of sexual and gender-based violence.

- Ensure that calls to emergency numbers (112) or the police result in effective protection of victims or survivors, and that justice is served.

- Ensure the sufficient capacity of telephone or hotline services at times of great demand.

- Explore alternative means for victims to report incidents, given the inability of many victims to report over the telephone when they are living with the abuser, a situation dictated by the Covid-related restrictions on movement.

- Raise awareness of the existence of NGOs dealing with issues of sexual and gender-based violence (e.g. Animus), and support them to offer protection, mental health counselling, shelter and legal advice.

- Address the current lack of commitment by the State, given the fact that Bulgaria has yet to sign the Istanbul Convention on preventing and combating violence against women and domestic violence.

IPPF European Network is one of the International Planned Parenthood Federation's six regional networks. IPPF EN works in over 40 countries across Europe and Central Asia to empower everyone, especially the most socially excluded, to lead safe and dignified sexual and reproductive lives, free from harm and discrimination.

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