

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

Research Report

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

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

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

#### 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)



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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 healthcare services. In almost all European countries, Covid-19 had a negative impact on the delivery of vital sexual and reproductive healthcare, including maternal health and family planning, for women and groups with vulnerabilities, including young people. The pandemic also uncovered weaknesses within our systems and exposed the fact that countries are not adequately prepared to deal with health emergencies.

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

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

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

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

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

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

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# A. Introduction and background

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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 Kosovo in the course of 2021.



# B. Research and Objectives

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**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;
- Lasted approximately 1–1.5 hours.

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

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

#### Focus group discussions with young people Total number of groups: 7

By type	
1	General youth population aged 18 to 30 years in Prishtina
2	Young people aged 18 to 30 years residing in the remote areas of Podujeve and Gjilan
3	LGBT people aged 18 to 30 years in Prishtina
4	Young females who were pregnant or gave birth during the Covid-19 pandemic in Kachanek
5	Teenagers aged 14 to 17 years in rural areas around Prishtina
6	Young females belonging to ethnic minorities (Roma, Ashkali, Egyptian) aged 18 to 30 Yrs in remote communities around Prishtina
7	Young people belonging to the Serbian community residing in Gjakova, Fushe Kosova and Obiliq

#### In-depth Interviews with stakeholders/ experts Total number of interviews: 4

By type		N°
Expert in SRH, Ministry of health		1
Physician in health center		1
NGO in the field of sexual and gender-based violence		1
Mental health expert in psychiatric clinic		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

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301

### By type:

General youth population	100
Youth in vulnerable situations:	201
In remote areas	62
Marginalized ethnic community youth	70
LGBT youth	64
New mothers ( <i>pregnant and/or giving birth during the Covid-19 pandemic</i> )	21
Youth with low socio-economic status in large urban centres	30

### By gender:

Total males	73
Total women/girls	225
Undefined	3

### By age:

Young people (18–30 years)	242
Teenagers (14–17 years)	59

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# E. Analytical approach 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 have been confirmed by both the qualitative and quantitative phases of the research.

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

# F. Key Findings

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

### 1.1 General aspects impacting youth involvement with SRHR issues

A series of historical and current issues appear to underpin both youth involvement with SRHR issues and also the nature of activities undertaken in response to the Covid-19 pandemic. For example, **a historical lack of any meaningful sex education** undermines the capacity of young people to develop a strong knowledge base on aspects related to SRHR.

**International organizations play a very strong role in Kosovo:** during the pandemic they reacted and cooperated with local NGOs to deliver services and support to the most vulnerable groups. In essence, it appears that local activities are largely dependent on international organizations in terms of financial support and resource assistance. While this is positive in practical terms, it does appear to absolve local institutions from the responsibility of taking SRHR matters into their own hands in a more localized manner. This situation is also reflected in a **significant reliance on 'external' information sources, which are seen as being more credible than local sources**, such as the World Health Organization website, and—among the Serbian community—information sources from Serbia.

Society, including young people, remains highly patriarchal, meaning that **issues pertaining to SRH remain taboo**. As such, while SRH information needs clearly exist, they are not translated into significant information-seeking behaviour among significant parts of the youth population.

In the most extreme cases, members of the **marginalized Roma community** consider that SRH issues **can be resolved individually** and prefer to do so, to avoid problems related to patriarchal control within the family and the judgemental attitudes of health professionals.

**There is a clear difference in the ability to afford SRH services and in the risk of exposure to incidents of violence** between the general youth population and those in vulnerable situations (especially those belonging to the marginalized ethnic communities of Roma, Ashkali and Egyptians).

## 1.2 General impact of the Covid-19 pandemic on information-seeking and access on SRHR topics

Both youth in general and those in vulnerable situations report a tendency of having been

preoccupied with other, more important issues than seeking SRHR information or services (40% and 41%, respectively). At the same time, it is noted that just over one in five youth respondents reported not knowing where to look for information on SRHR, suggesting that this has not represented a major obstacle to any information-seeking efforts.

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

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



During the pandemic, I was preoccupied with other more important issues than seeking SRHR information or services



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

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



During the pandemic, I was preoccupied with other more important issues than seeking SRHR information or services



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

Source: Quantitative youth survey (2021)

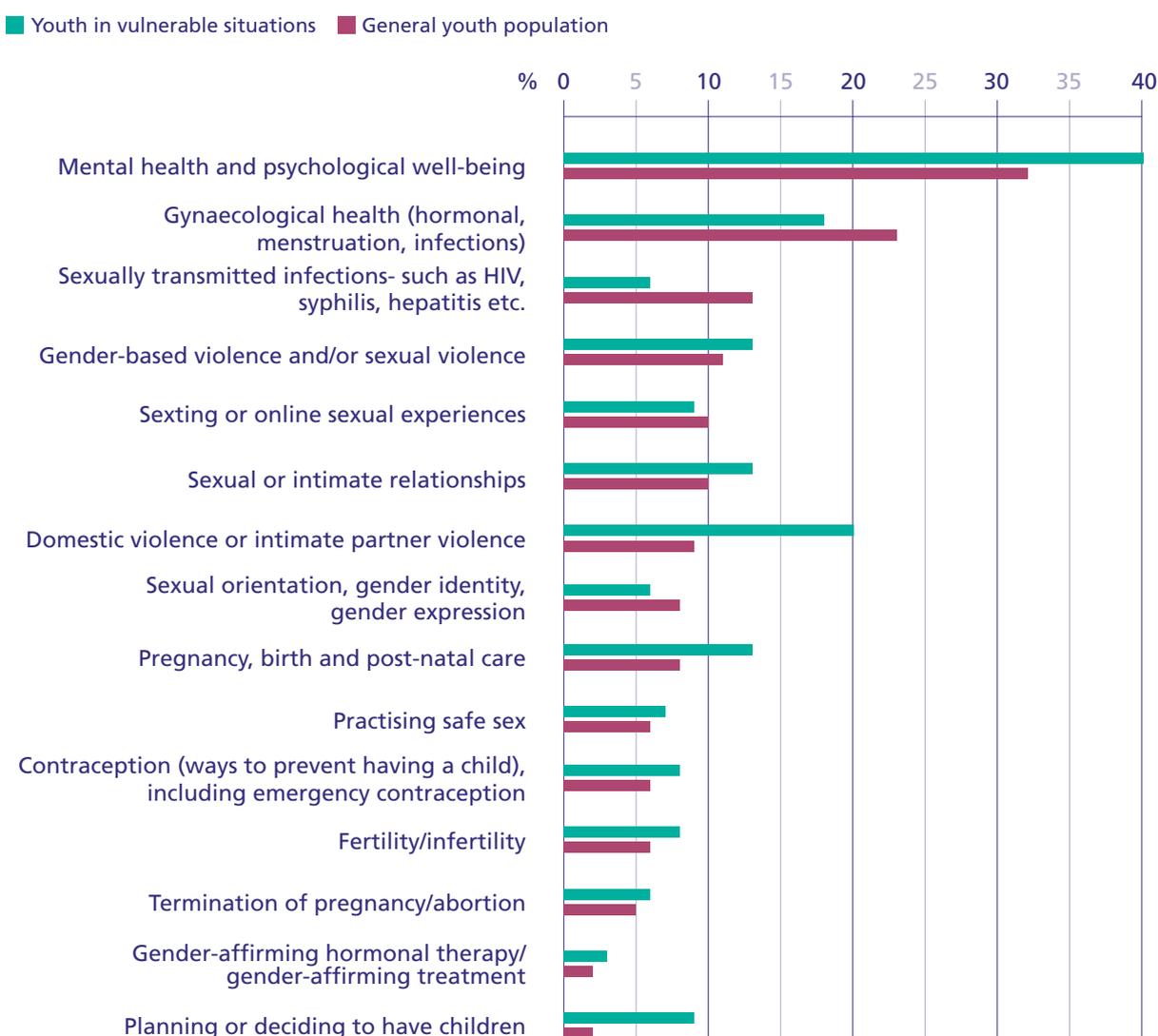
### 1.3 General impact of the Covid-19 pandemic on information-seeking and access on SRHR topics

Similar proportions of the general youth population (50%) and those in vulnerable situations (51%) have sought at least one type of SRHR information during the Covid-19 pandemic. For both these broad categories of youth, mental health and psychological well-being has been the primary search topic (32% and 40%, respectively), while

a substantial proportion of the young people have also been interested in finding out about gynaecological issues.

A significantly larger proportion of youth in vulnerable situations referred to searching for information on issues related to domestic or intimate partner violence, while there has also been interest in family planning issues such as pregnancy, birth and post-natal care, and in planning or deciding to have children in general.

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



Source: Quantitative youth survey (2021)

Information on **mental health and psychological well-being** has been particularly important for youth with lower socio-economic status residing in urban areas, marginalized ethnic youth (Roma, Ashkali and Egyptians) and LGBT people.

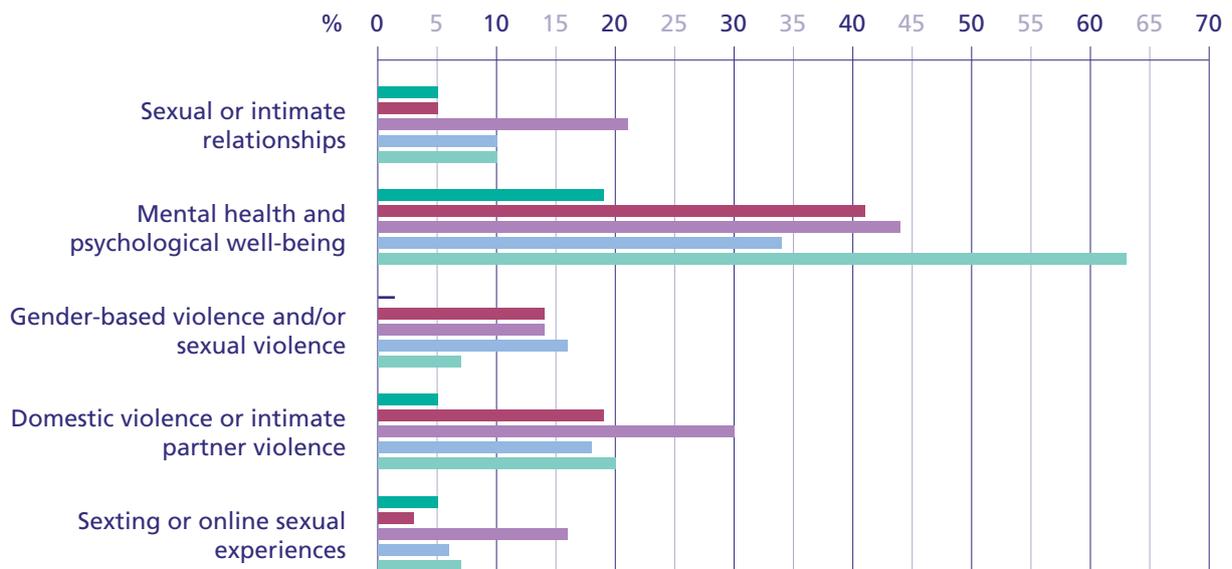
With regard to the **LGBT community** in particular, qualitative feedback provided during focus group discussions indicated that the search for mental health support is strongly related to widespread confusion (particularly during the first months of the Covid-19 pandemic) relating to the false belief that the virus could impact the physical health of LGBT people more than others. The lack of clinical

institutions available (open) or willing to focus on their specific needs and questions has evidently perpetuated their confusion.

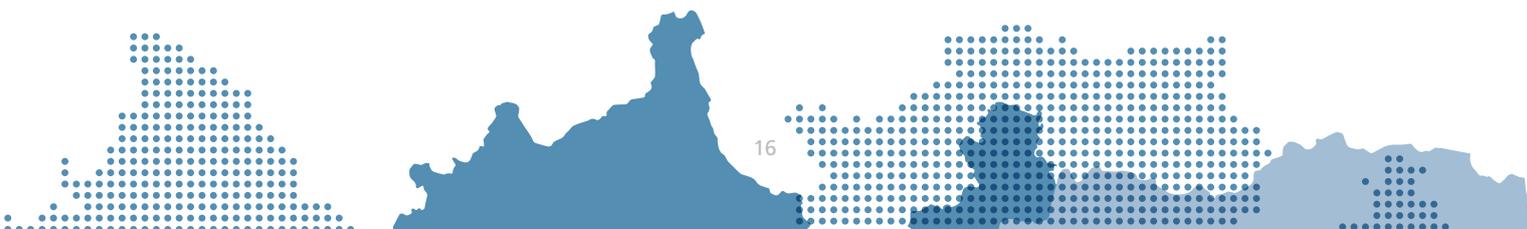
Information relating to **gender-based violence** in general but also with regards to sexting or online sexual experiences has been of notably greater importance among marginalized ethnic youth, possibly reflecting a higher incidence of witnessing or experiencing violence both before and during the Covid-19 period. In this context, marginalized ethnic groups have also been more inclined to seek general information on sexual or intimate relationships during the pandemic.

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

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



Source: Quantitative youth survey (2021)

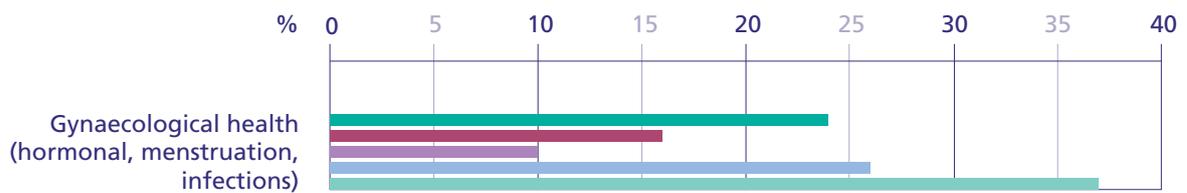


Searching for information on gynaecological health issues has been most common among urban youth with lower socio-economic status. Although fewer LGBT people have searched for information on gynaecological health, the qualitative focus group

discussion with LGBT people revealed particular concern about how the Covid-19 vaccination might affect trans men and women who are undergoing hormone therapy in particular, leading to a high level of anxiety and insecurity.

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

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



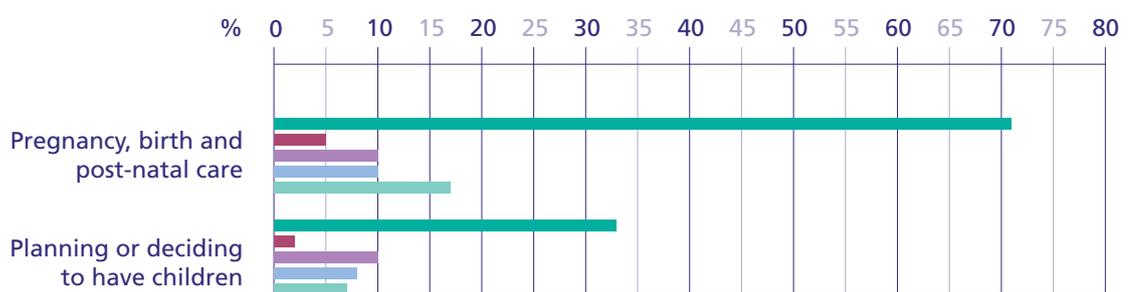
Source: Quantitative youth survey (2021)

Pregnancy-related issues have — expectedly — been the leading area of information-seeking among new mothers, but also among youth with lower socio-economic status in urban areas. Evidence from qualitative focus group discussions further

confirmed that women, pregnant women and young mothers have been particularly seeking information on how the Covid-19 virus might impact their pregnancy, fertility and menstrual cycle.

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

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



Source: Quantitative youth survey (2021)

In addition to the above-mentioned information-seeking, it is noted that **many teenagers in particular** referred during focus group discussions to the importance of **having information about STIs** and how Covid-19 might affect their protection. However, this underlying need appears not to have been translated into an active search for information on the subject, due to a lack of direction on where to look for it, fuelled by the complete absence of sex education in the emergent online/home-schooling environment and the historical feeling of shame to touch on such issues on the part of educators themselves:

*“The teacher is ashamed to talk about sex in school.”*

- Young person in Pristina

## 1.4 Generic obstacles to information-seeking

In the search for information on SRHR issues a number of underlying obstacles became apparent during qualitative focus group discussions with young people and in-depth interviews with experts, which appear to both present obstacles and discourage young persons from actively seeking information. These obstacles pertain to:

- **A lack of information available in all languages:** members of ethnic minority groups such as the Serbian community report an obstacle in that the information is mostly available only in the Albanian language;
- **A lack of information widespread available through traditional media channels such as TV or radio:** hence young people need to rely on online sources, creating an accessibility issue for those in remote rural areas without access to the internet; and
- **A lack of awareness-raising on SRHR issues that may arise during and because of isolation:** as highlighted by a professional psychiatrist, in particular there has been a lack of appreciation and consideration of how **sexual behaviours may be changing** in general, which are likely to be underpinning changing information needs across the entire range of SRHR topics.

## 1.5 New information needs and urgency during the Covid-19 pandemic

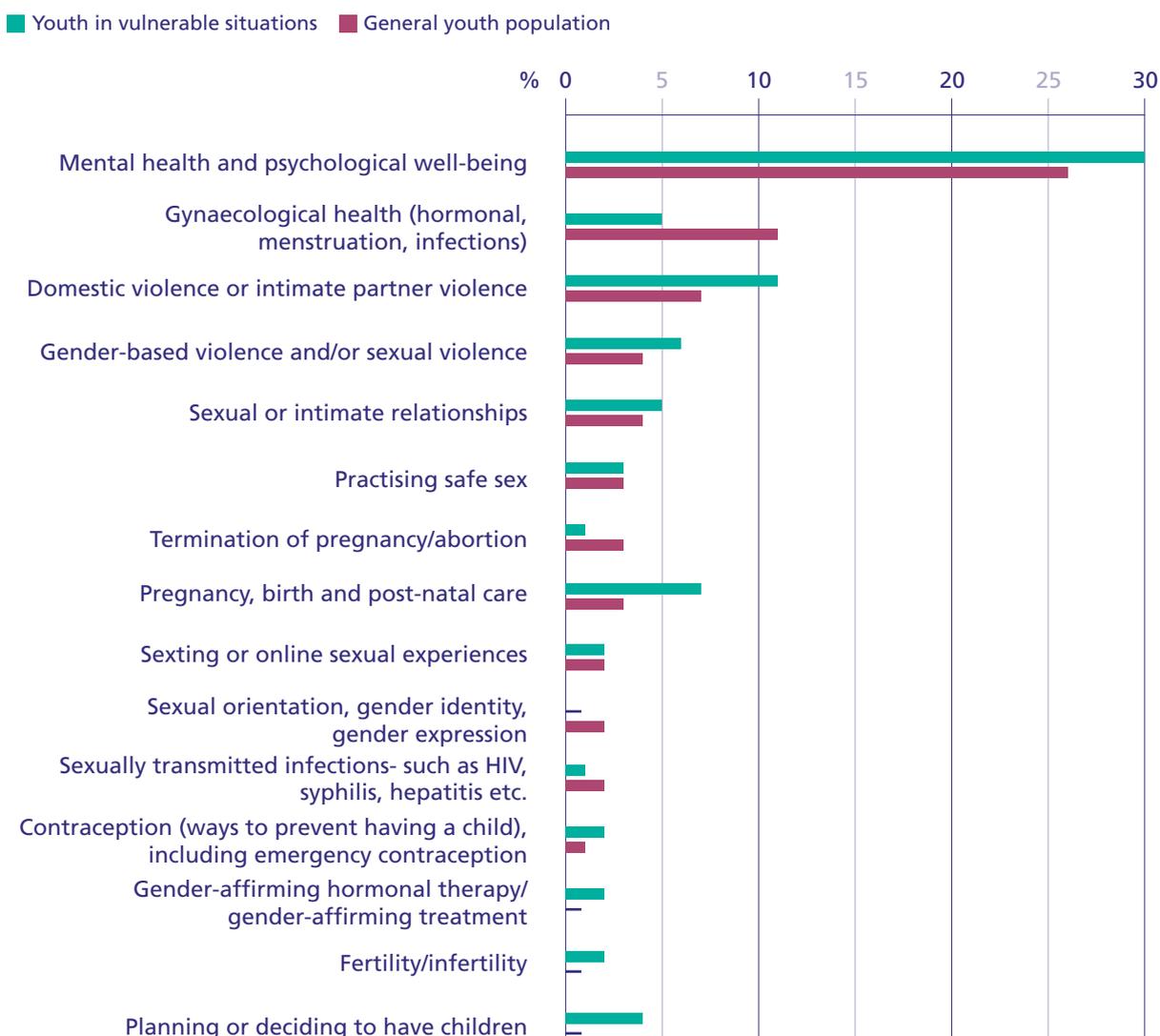
### 1.5.1 Overall urgency of SRHR information

The underlying obstacles to seeking SRHR information highlighted above are reflected in a **relatively low proportion of the total youth population mentioning that specific information topics have become more urgent during Covid-19**. It thus appears that for a significant proportion of youth audiences, exclusion from the information-seeking sphere has been perpetuated during the Covid-19 pandemic.

However, overall, **mental health and psychological well-being** clearly stands out as the main topic that has gained in importance for a significant proportion of young people (26% of youth in general and 30% of those in vulnerable situations). Information on mental health has become more important in particular for urban youth with lower socio-economic status (53%) and LGBT people (34%).

**Pregnancy, birth and post-natal care** have (expectedly) assumed greater importance for 52% of new mothers.

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



Source: Quantitative youth survey (2021)

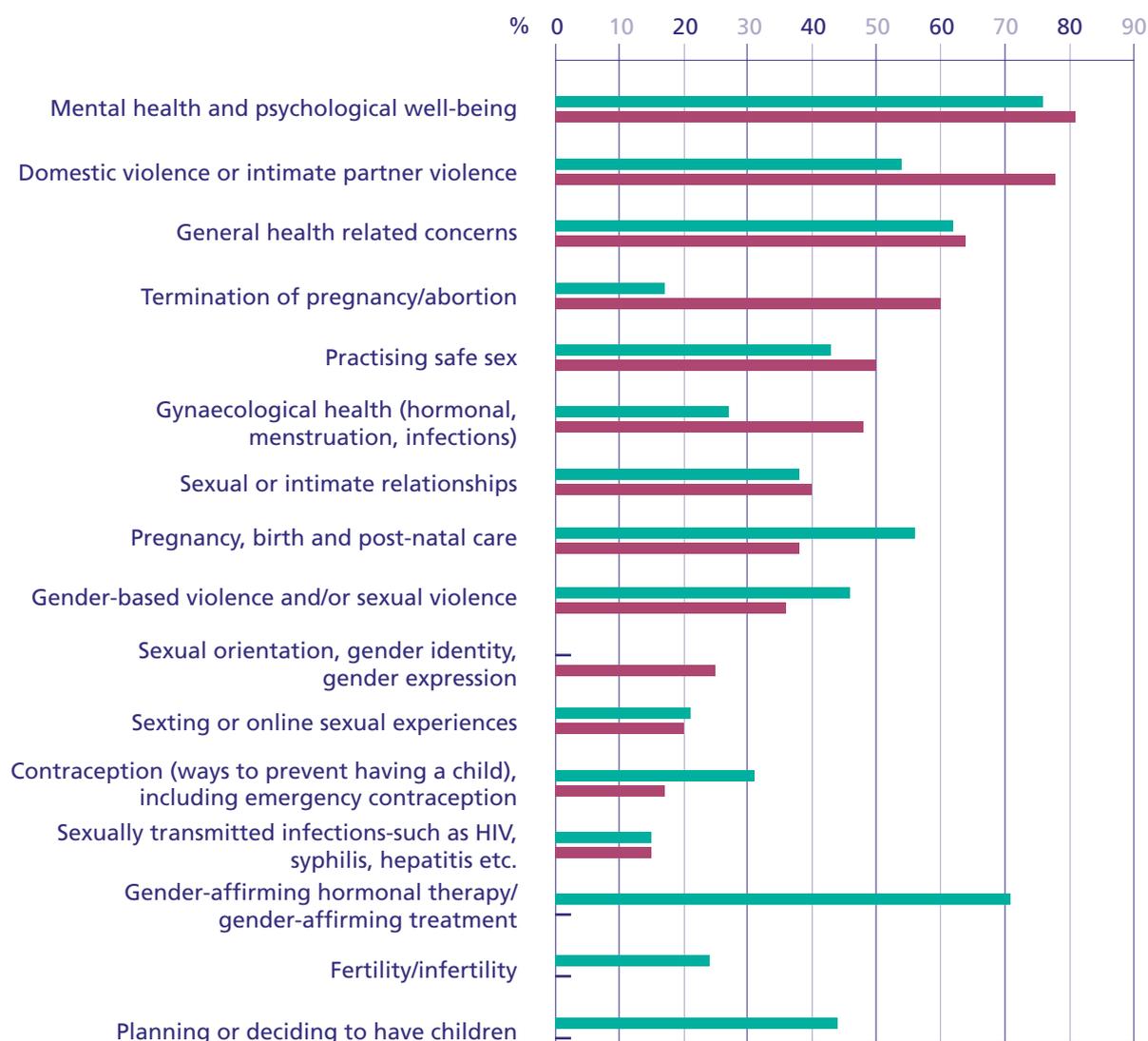
### 1.5.2 Urgency of SRHR information for youth seeking information

suggests that across virtually all SRHR topics, the urgency of information has increased, as indicated below:

Nevertheless, comparative analysis among those who actually sought information on specific topics

### Information on SRH which became MORE URGENT during the Covid-19 pandemic - Those seeking information (% mentioning)

■ Youth in vulnerable situations ■ General youth population



Source: Quantitative youth survey (2021)

Hence, it appears that **among those who are actively involved in information-seeking on SRHR, a greater urgency is indeed evident**, particularly with respect to:

- **Mental health, domestic violence and general health** across all audiences;
- **Termination of pregnancy** issues for youth in general; and

- **Practising safe sex** across all youth audiences. Teenagers in particular focused in focus group discussions on how the Covid-19 virus affects the possibility of having 'protected or safe relations' vis-à-vis STIs. This is again linked to the extra stress they have been feeling regarding the closeness of contact that it is safe to have.



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

### 1.6.1 General youth population

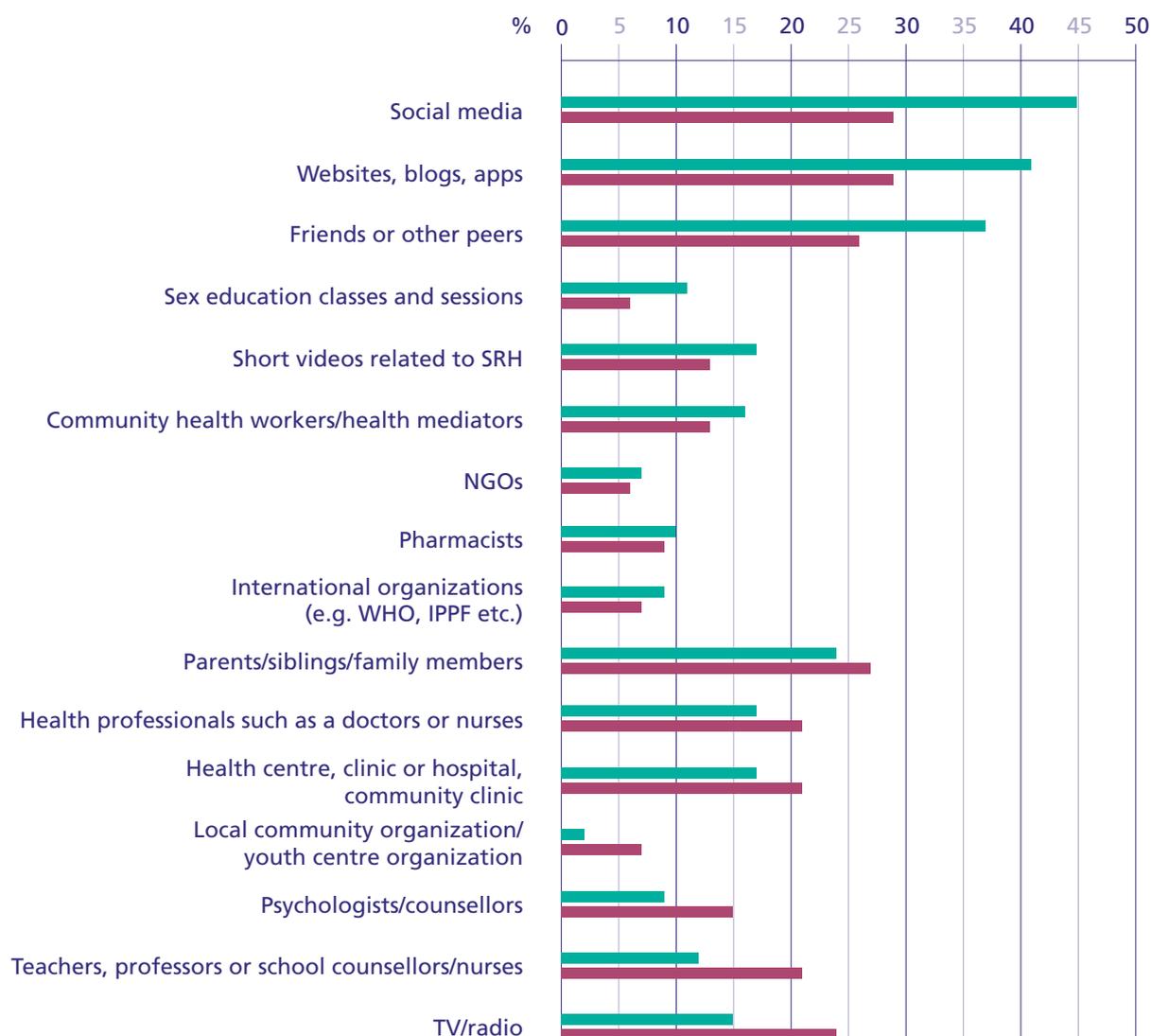
Information channels used by the general youth population indicate a notable collective shift to using online channels (social media, website, blogs or apps), as well as a stronger reliance on friends or peers. Focus group discussions revealed that youth in urban environments who have not searched for SRH information online either have no interest in seeking such information or distrust the credibility of online sources.

Interestingly, there is less reliance (compared to before the pandemic) on traditional TV and radio programmes and the school environment, but also on psychologists, very likely reflecting the pre-eminence of Covid-19 in media reporting and limited information on or accessibility to such sources during the pandemic.

The expert stakeholders interviewed agreed that young people have turned away from traditional TV media, highlighting that despite the widespread accessibility of TV as a medium, the reporting on TV has been unprofessional, unscientific and of low quality in terms of educational usefulness for adolescents.

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

■ During the pandemic ■ Before the pandemic



Source: Quantitative youth survey (2021)

### 1.6.2 Youth in vulnerable situations

Among youth in vulnerable situations, the greatest increase in use is observed in terms of **turning to family members or trusted pharmacists for information**.

At the same time, a high level of reliance on **social media** sources is apparent, at similar levels as before the pandemic. Feedback during focus group discussions suggested that reliance on online sources among those in more vulnerable situations has been particularly common among **young mothers and/or pregnant women**, as well as women with Serbian origins, for whom online information-seeking has been carried out in conjunction with telephone conversations and email exchanges with their physicians; in this context, Serbian women reported using online sources emanating from Serbia, on account of both their familiarity with the language and a greater level of trust in the source.

In contrast, those women from marginalized ethnic groups such as Roma, Egyptian or Ashkali, though also partly using online means, commonly referred to their distrust in such information, considering it a source of last resort in the absence of access to other meaningful information sources.

With respect to the use of **NGOs** for information, the increase is fairly significant but at a low level (from 7% before the pandemic to 10% during the pandemic). The focus group discussions revealed a notable lack of knowledge of NGOs as a potential source of information, even though NGOs have been active in this respect, as revealed through desk research:

- Among Serbian women with respect to supporting victims of sexual and gender-based violence; and
- Among teenagers and LGBT people in terms of providing informal training on sex education and services.

## 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)

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

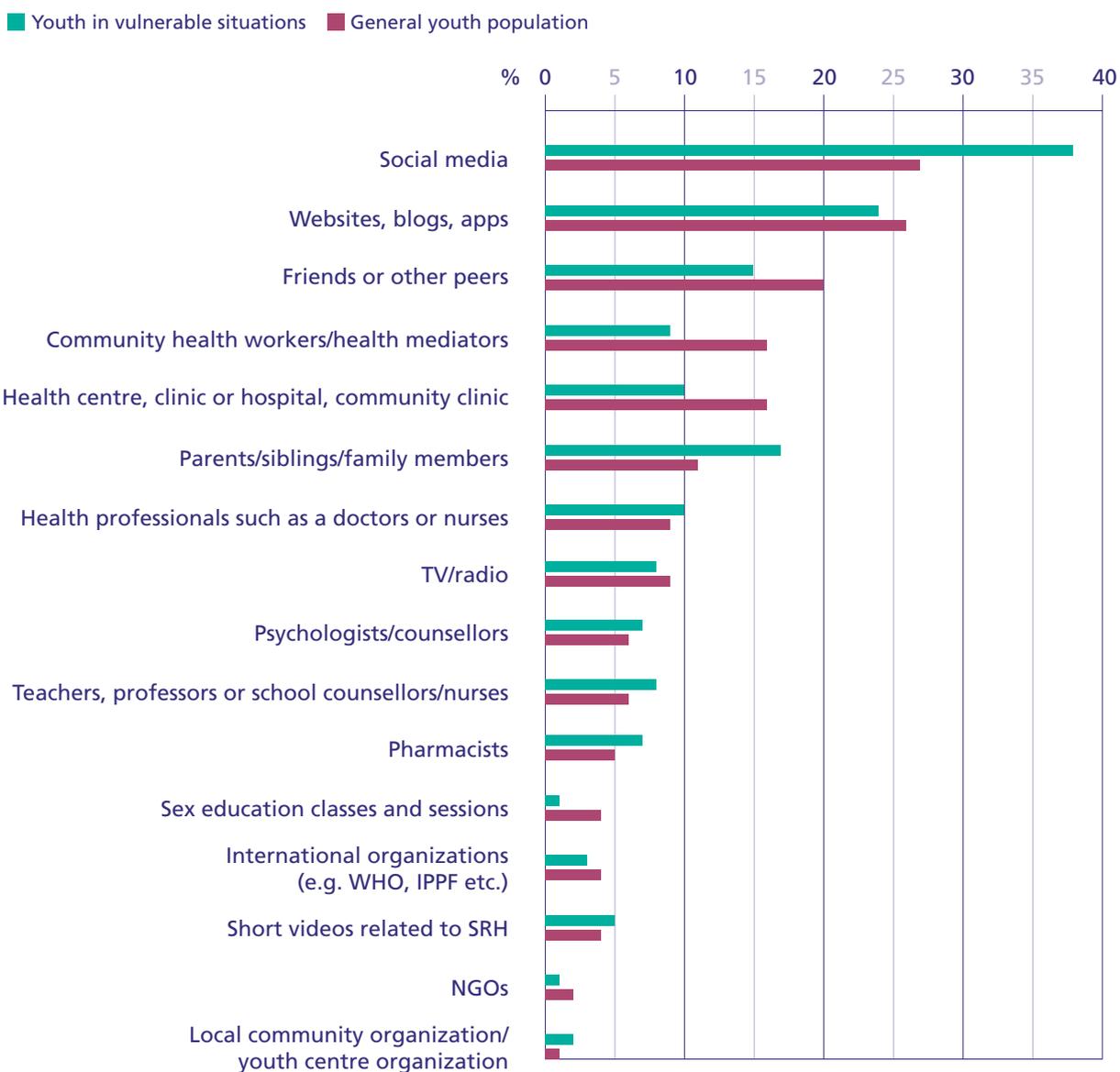
It is clear that those young people who had been using various channels to source SRH information even before the Covid-19 pandemic relied more on **social media channels and websites** during the pandemic. Online searching was reported in focus group discussions as being linked to searching for reliable information on specific topics such as public health care centres, psychologists and gynaecologists.

In this context, websites of **institutions, organizations and NGOs** were mentioned as having

become more important, though focus group discussion participants had difficulty in recognizing or highlighting any specific websites. However, young people reported that when searching for reliable online information, they have relied most on sources outside Kosovo, specifically from Albania, Serbia and the World Health Organization (the only international source specifically mentioned positively).

**Friends and peers** but also **community health workers** have also assumed greater importance for those previously using such sources to seek information on SRH.

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

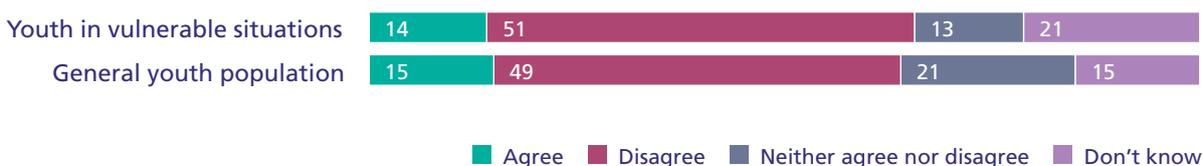


Source: Quantitative youth survey (2021)

## 1.8 Use of technology for information-seeking during the Covid-19 pandemic

Limitations on access to technology or the internet do not appear to have limited information-seeking activities for youth in general.

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



Source: Quantitative youth survey (2021)

## 1.8 Use of technology for information-seeking during the Covid-19 pandemic

Nevertheless, focus group discussion participants mentioned a number of limitations with respect to using technology and online channels to seek SRH information during the Covid-19 pandemic.

For example, **LGBT people** referred to a **high level of digital literacy** required to properly use search engines and source accurate information from websites, particularly given the large volume of confusing and untrustworthy information available.

**Young people from rural areas** reported having experienced **cyber-bullying** when using social media. They perceived and reported this as a **form of violence**, which included sexual harassment online through social media, where people would send inappropriate pictures or engage in other forms of cyber-bullying such as harassment when simply raising issues related to SRH.

**Teenagers** also reported having experienced cyber-bullying when searching for SRHR information online: they clearly stated that whenever they tried to look up information or ask people online about sexual health during the pandemic, it resulted in cyber-bullying and violation of their privacy.

Moreover, during in-depth interviews, health professionals referred to the pitfalls of using technology/online resources, such as young people

finding information on sexuality in the harshest way possible through pornography, due to curiosity and peer pressure, which could lead to sexual and general frustrations.

## 1.9 Misinformation during the Covid-19 pandemic

Participants in focus group discussions said that because of the quantity of the information available on Covid-19 in general and on SRHR more specifically, they could not distinguish between trustworthy and untrustworthy information. This created a general lack of trust in the information they found. Furthermore, both through social media and on account of the patriarchal nature of society, norms, stereotypes, various myths and misinformation have been circulating, such as with regard to the impact of Covid-19 on:

- LGBT people (same as HIV);
- Male fertility; and
- Foetal health; and

*“There was some news that gay people could not be infected, and Covid was compared so much to HIV. HIV was known as the virus of gay people, so there was a panic that Covid would be considered gay people’s fault. These were posts on Facebook.”*

- LGBT person

- Perceived misinformation on the extent of the pandemic itself.

*“The institutions are lying about the numbers of infected cases.”*

- Female who was pregnant and gave birth during the Covid-19 pandemic

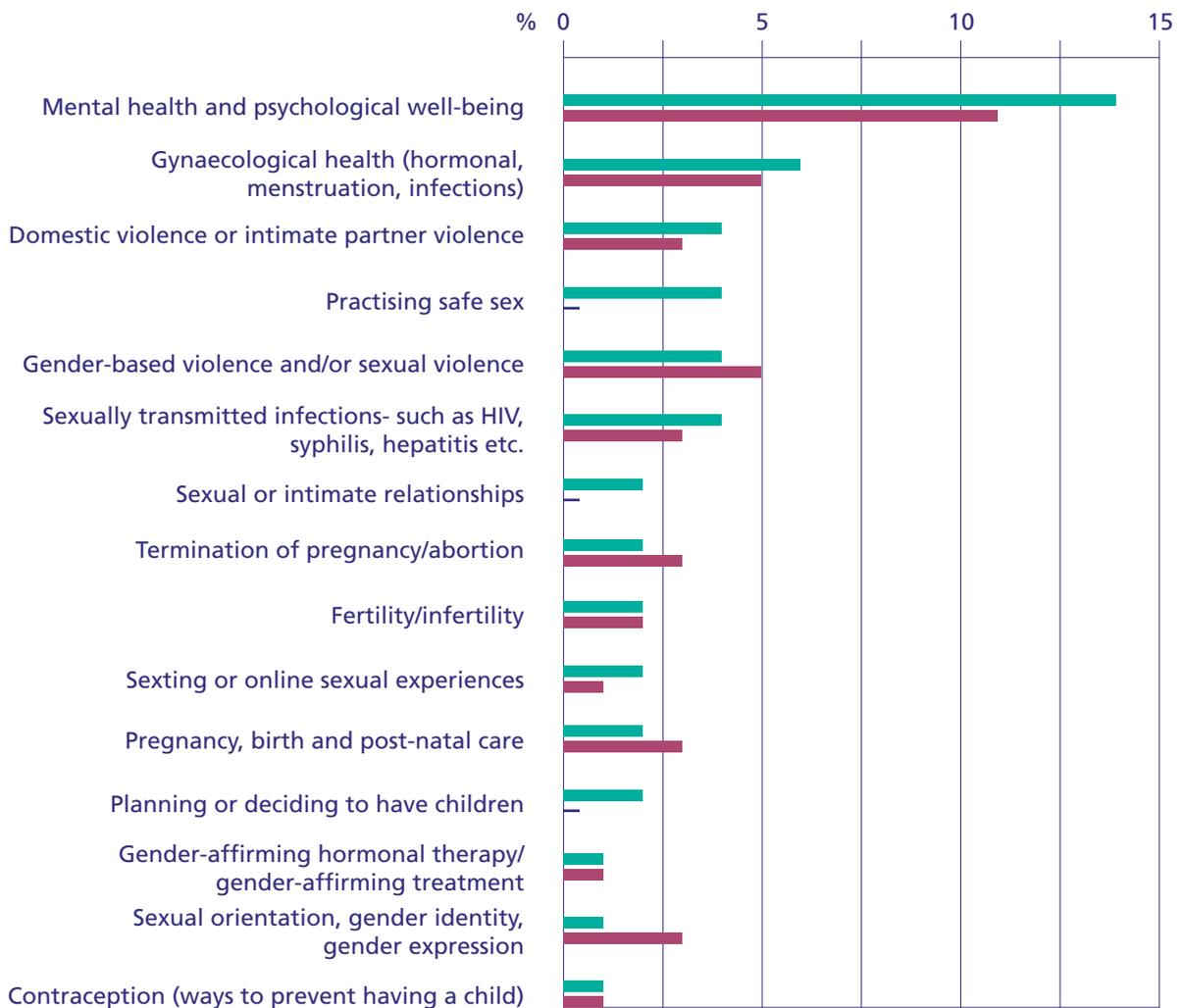
## 1.10 Information needed on SRHR that could not be accessed during the Covid-19 pandemic

### 1.10.1 Overall limitations on sourcing the required SRHR information

Among all youth audiences, information on mental health is the main topic that has been needed but could not adequately be sourced, in particular among youth with lower socio-economic status (37% unable to access information about mental health).

## Information on SRH that could NOT BE OBTAINED during the Covid-19 pandemic (% mentioning)

■ Youth in vulnerable situations ■ General youth population



Source: Quantitative youth survey (2021)

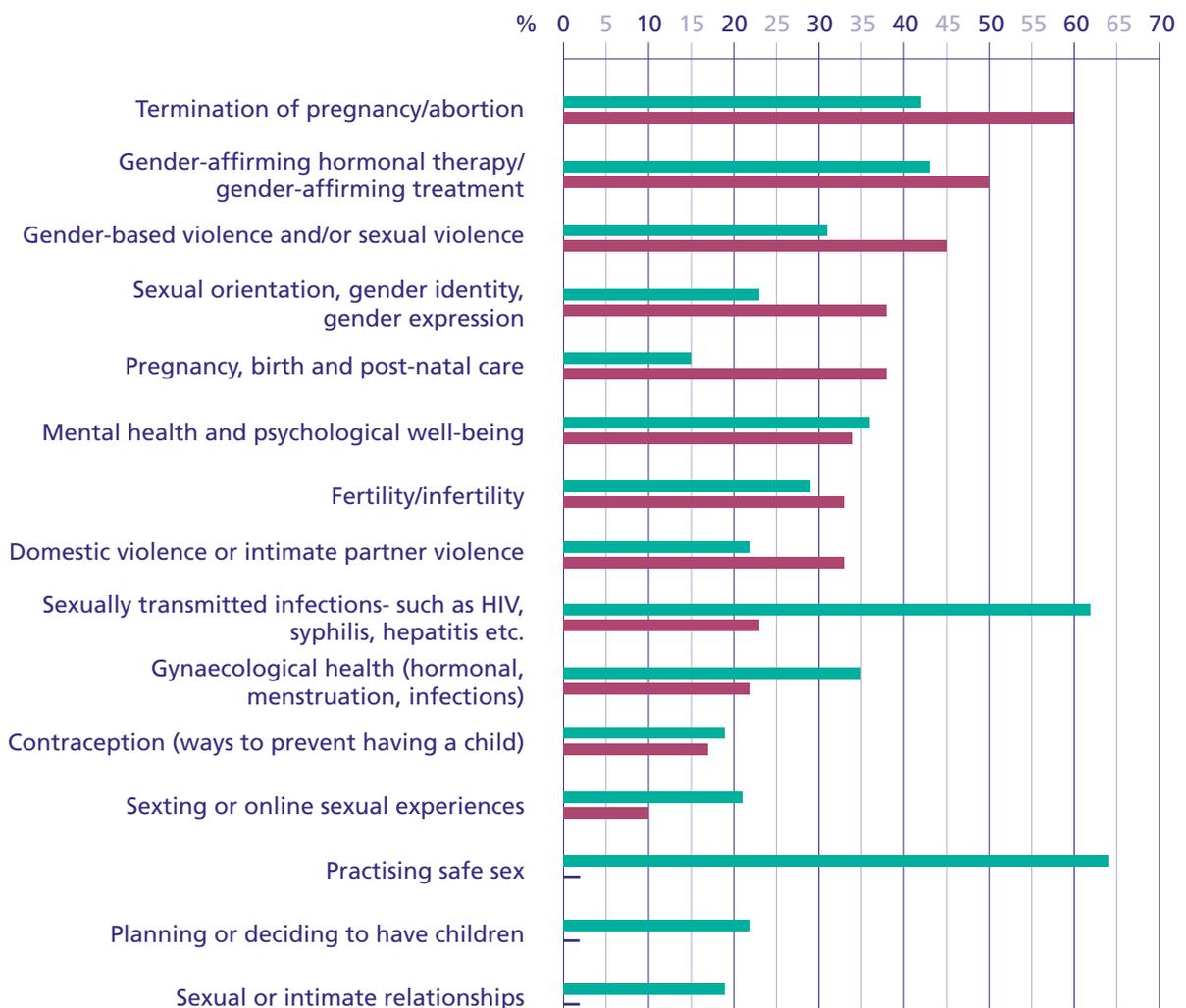
However, among those actively searching for specific information, a substantially proportion of young people (both youth in general and those in vulnerable situations) have been unable to obtain the information on various topics. During focus group discussions, participants reported that this was underpinned by a general lack of trust in the available information provided by the government and/or local health institutions, while there also appears to have been an evident language barrier for some.

In this context, the main specific shortfalls—as shown below—pertain to:

- Termination of pregnancy/abortion and pregnancy (among youth in general);
- Gender-based violence;
- Gender-affirming therapies and sexual orientation (LGBT people);
- STIs and practising safe sex (youth in vulnerable situations); and
- Family planning (youth in vulnerable situations).

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

■ Youth in vulnerable situations ■ General youth population



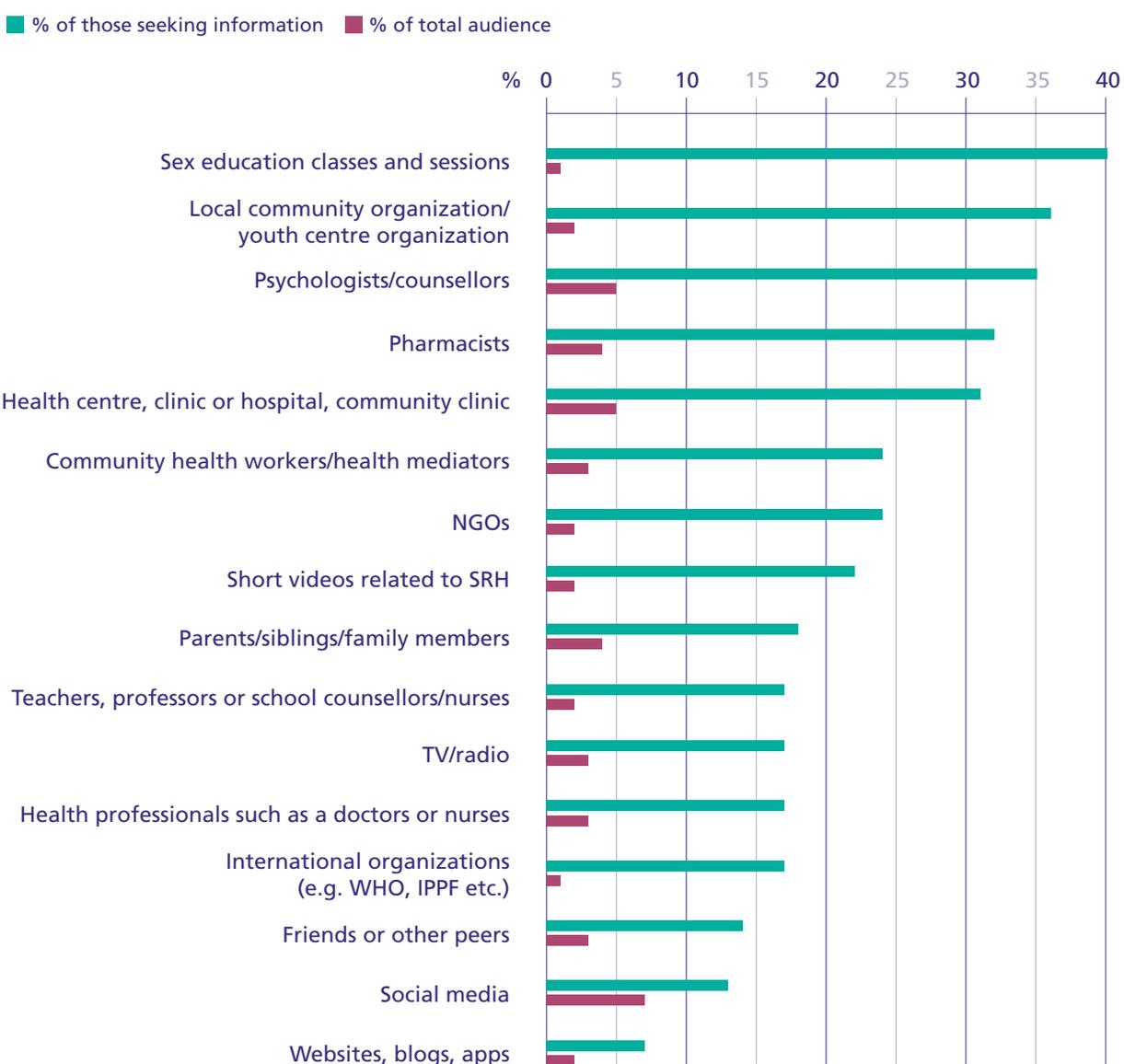
Source: Quantitative youth survey (2021)

### 1.10.2 Channel limitations on sourcing the required SRHR information

Youth in vulnerable situations referred to a wide range of channels as being problematic in delivering

the required information, pertaining especially to sex education, local community organizations, psychologists and pharmacists in particular.

### Channels from which it was IMPOSSIBLE or DIFFICULT to obtain required information - Youth in vulnerable situations (% mentioning)

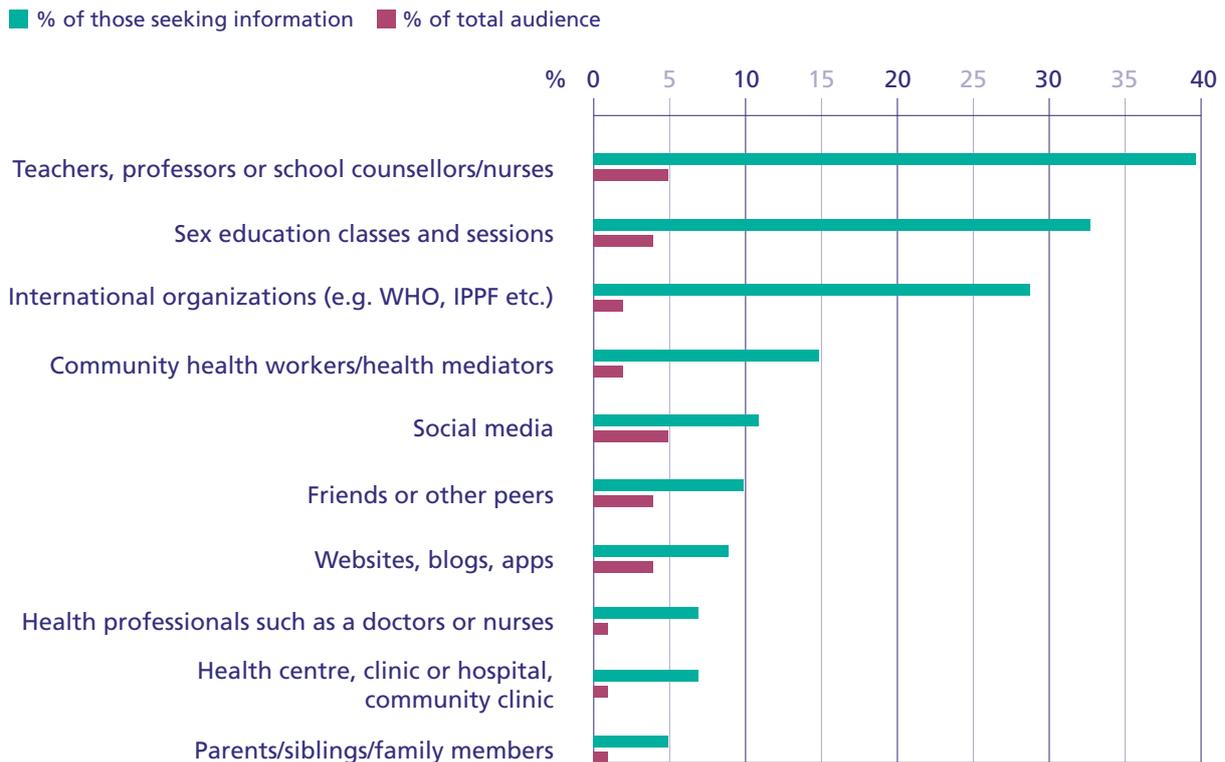


Source: Quantitative youth survey (2021)

Among the general youth population, channel limitations in terms of delivering the required information are less pronounced, though once

more teachers, sex education and the educational environment were referred to as the primary problematic channels in this respect.

**Channels from which it was IMPOSSIBLE or DIFFICULT to obtain required information - General youth population (% mentioning)**



Source: Quantitative youth survey (2021)

Indeed, feedback from teenagers during focus group discussions highlighted the **depth and nature of the issues pertaining to inadequate sex education both before and during the pandemic**. Teenagers from rural areas believe that the following topics should be included in a formal sexuality education curriculum in schools:

- All diseases related to SRH;
- Complications during sexual intercourse;
- Protection during sexual intercourse and possible consequences;
- Symptoms of STIs;
- Issues of consent and being aware that you can sue your partner if he/she forces you into having sexual intercourse with them; and
- Raising awareness that you do not have to end up in a relationship or marry a person simply because you had sexual intercourse with them.

At the same time, teenagers recognized and seemed to accept that teachers never really want to speak about SRHR and that most of the time these subjects would be ignored or, in the worst cases, that the

teachers would directly shame class members who are unaware of fundamental information pertaining, for example, to pregnancy. This implies a **wider issue extending to the attitudes of educators.** In this context, informal education is currently seen as being more beneficial to teenagers, and preferred to school-based sex education because it is more comfortable for them to hold these classes outside school and in a designated environment. Professionals themselves echoed these sentiments about the attitude of educators:

*“Teachers find these topics hard to talk about; therefore, they just pass this lesson.”*

- Psychiatrist, psychiatric clinic at the University Clinical Center

The above-mentioned problems regarding educators are perceived by teenagers as emanating from the lack of a serious focus on sex education by the wider State:

*“Teachers get hired, but we still remain without the necessary information.”*

*“Kosovo does not have a programme for sexual and mental health education. The government does not care about sexual and mental health education.”*

- Teenagers



## II. Access to SRH services

### 2.1 General perceptions of access to and provision of SRH services

Both the general youth population and those in vulnerable situations expressed very strong beliefs that the pandemic:

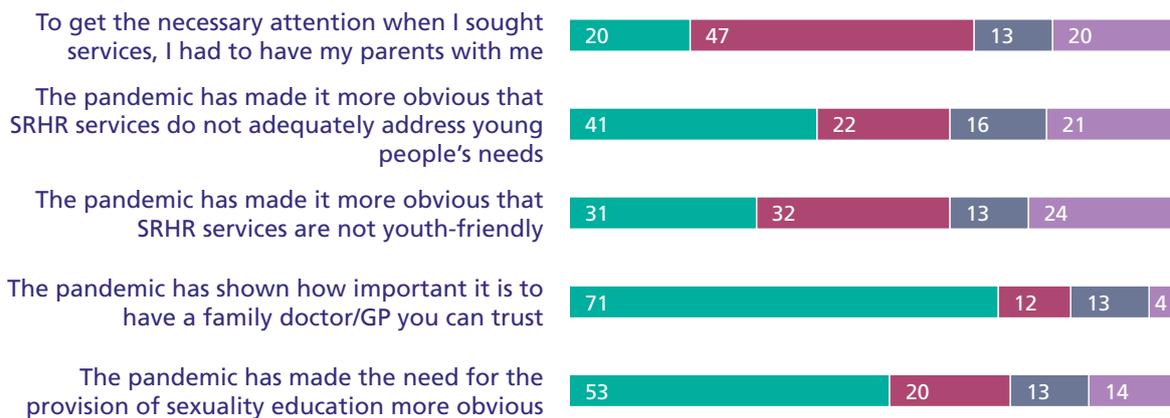
- Has shown how important it is to have a **trusted family doctor** (mentioned by 71% of the general youth population and 63% of youth in vulnerable situations);
- Has made **the need for the provision of sexuality education more obvious** (53% of the general

youth population and 42% of youth in vulnerable situations); and

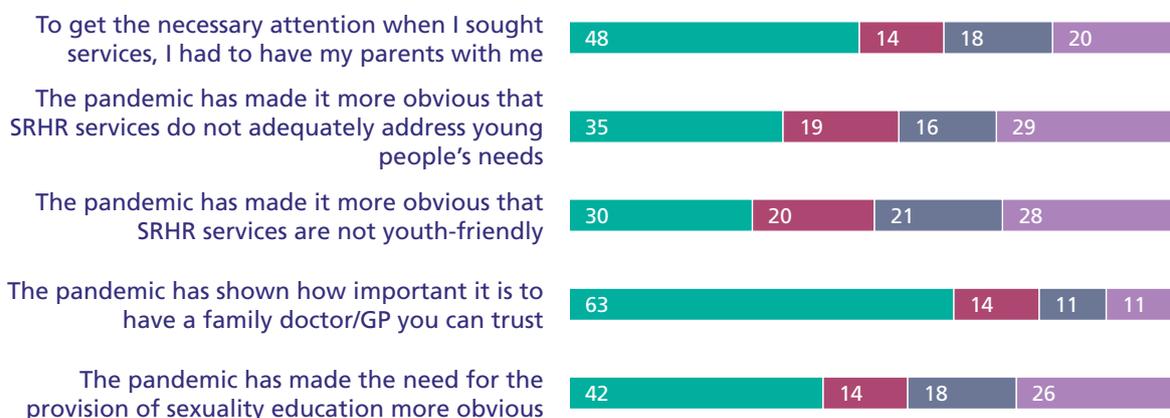
- Has made it **more obvious that SRHR services do not adequately address young people's needs** (41% of the general youth population and 35% of youth in vulnerable situations).

Moreover, a large proportion (48%) of teenagers in vulnerable situations believe that to receive the necessary attention when seeking SRHR services, they need to have their parents with them.

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



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



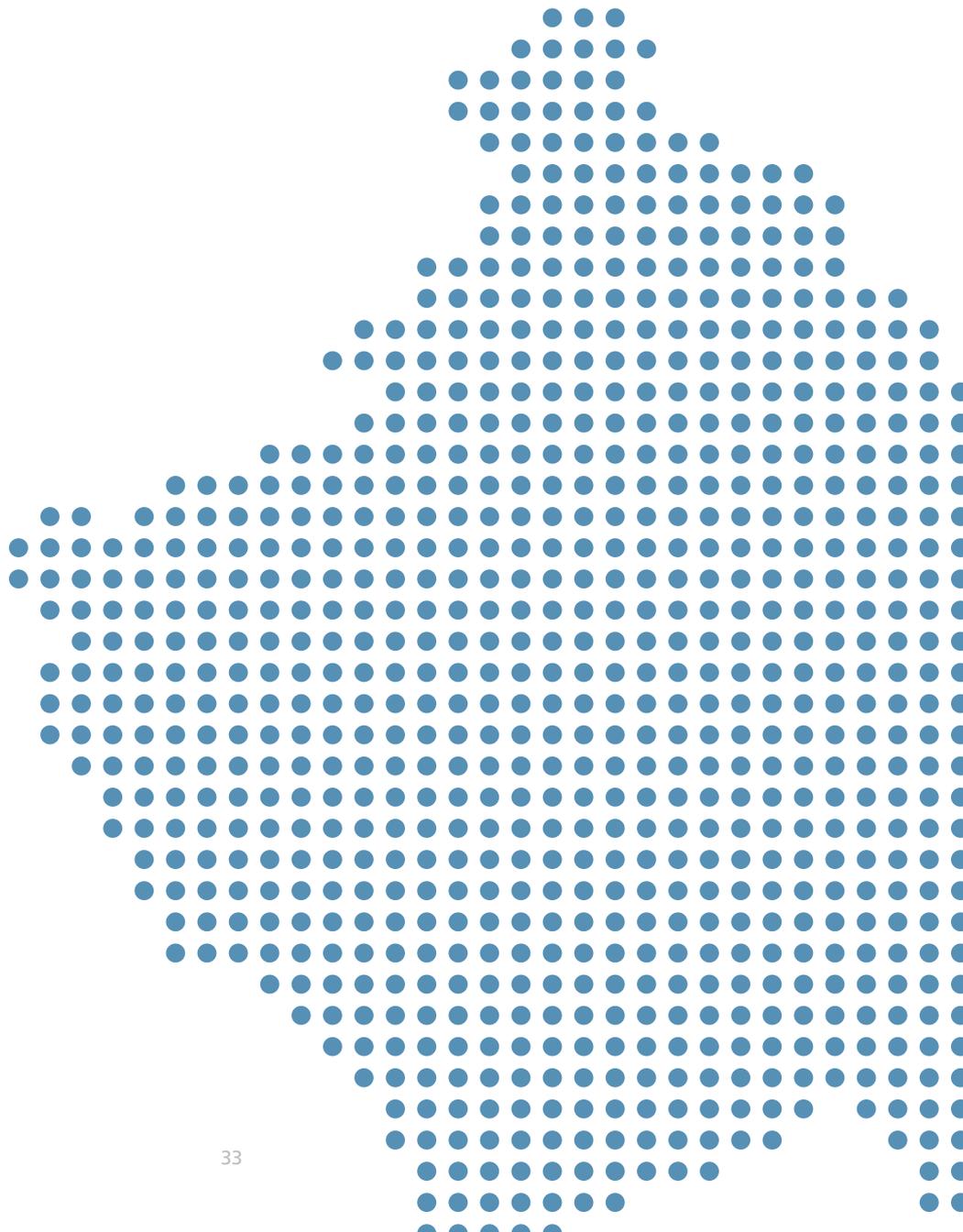
■ Agree ■ Disagree ■ Neither agree nor disagree ■ Don't know

Source: Quantitative youth survey (2021)

## 2.2 SRHR services and supplies needed during the Covid-19 pandemic

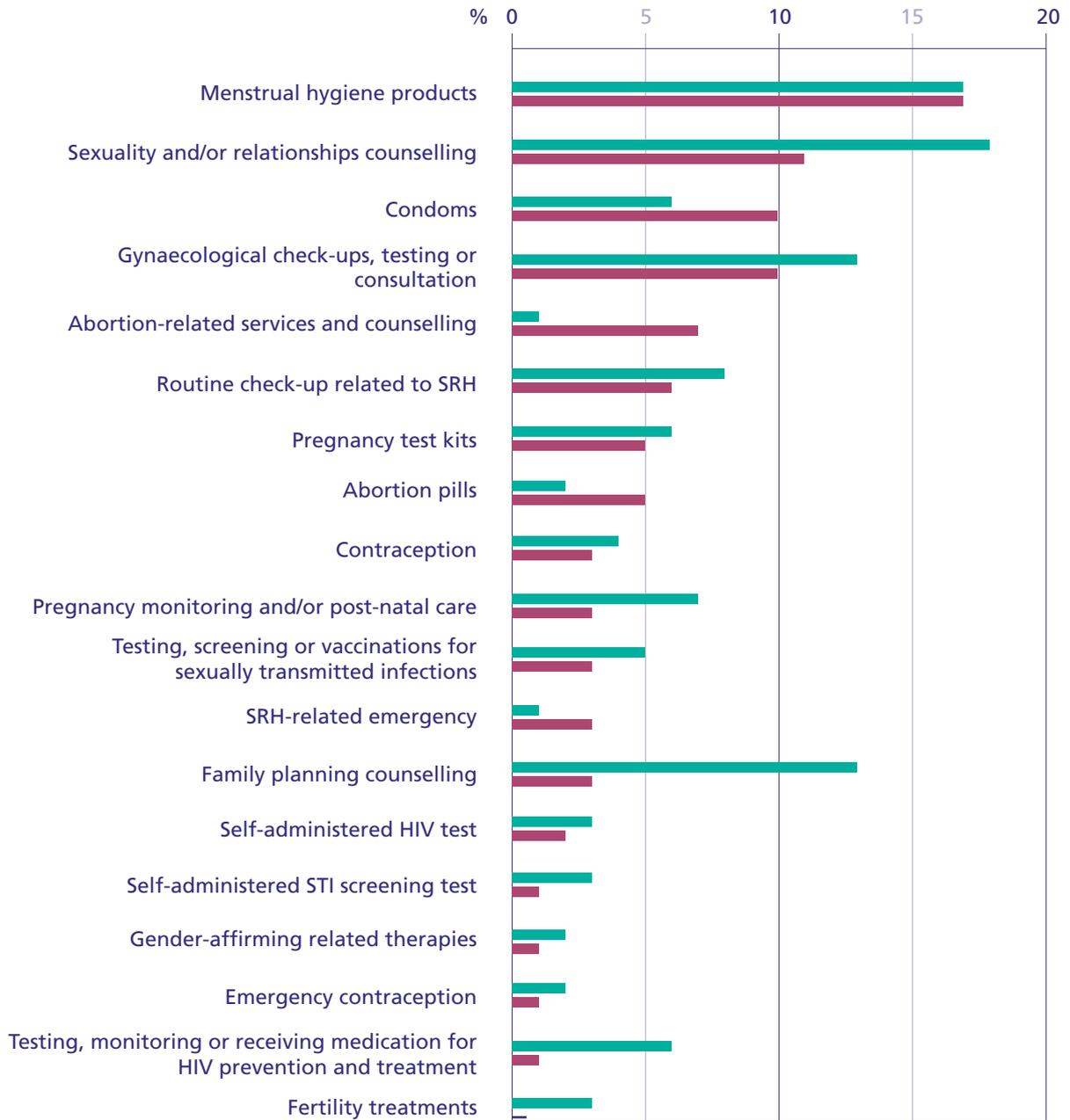
Qualitative focus group discussions indicated a widely held perception that efforts to address Covid-19 have dominated all other health issues in general, and that the situation has not affected young people's overall SRH needs. Consequently, there does not appear to have been a major shift in the need to access services during the pandemic. It is, however, evident that the following categories of young people have developed specific requirements in terms of access to SRHR services/products:

- Menstrual hygiene products for all female audiences;
- Sexuality and/or relationships counselling for youth in vulnerable situations, and especially for marginalized ethnic groups (24%) and new mothers (19%);
- Family planning counselling for youth in vulnerable situations, and especially for LGBT people (20%) and new mothers (38%); and
- Gynaecological check-ups, testing or consultations, especially for new mothers (48%).



## SRH services needed during the Covid-19 pandemic (% mentioning)

■ Youth in vulnerable situations ■ General youth population



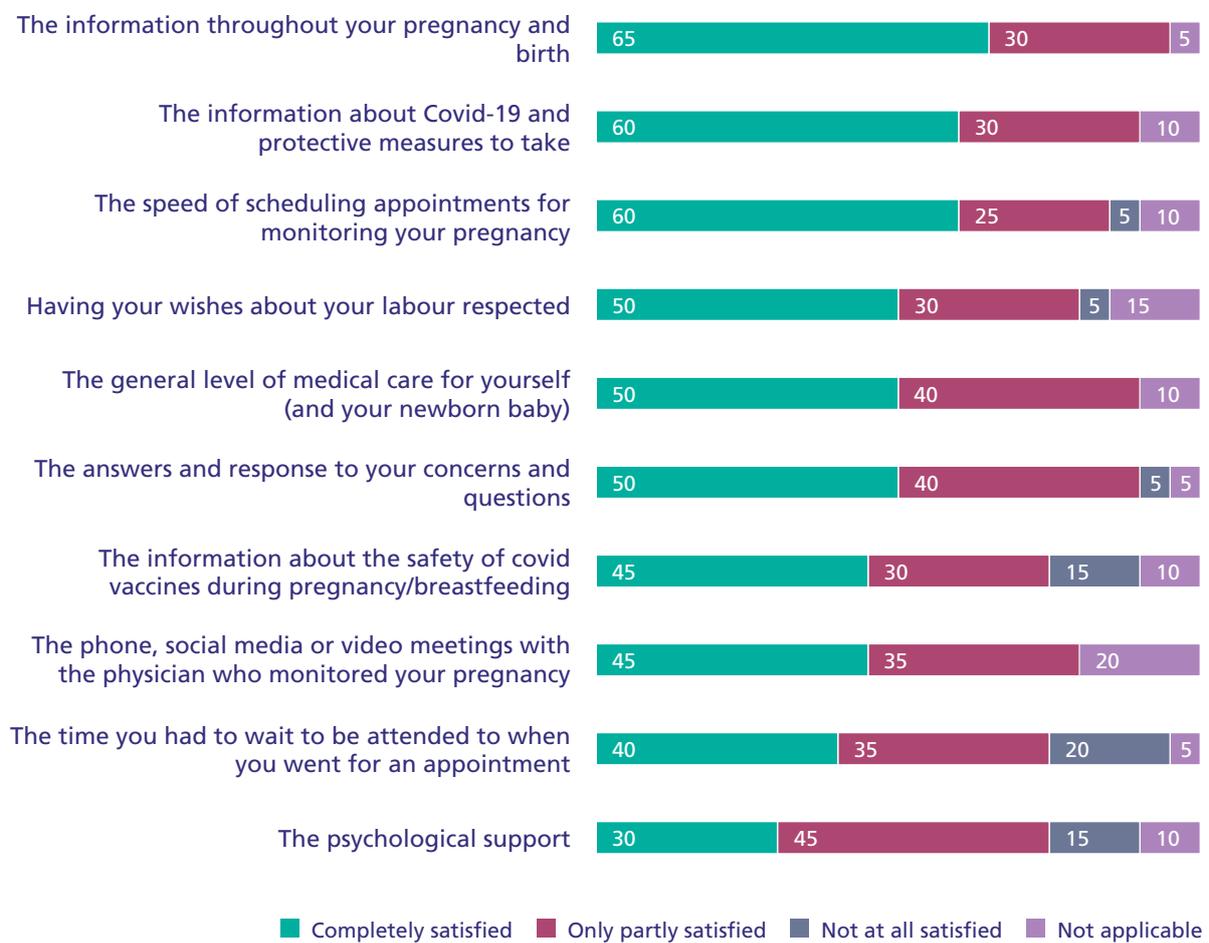
Source: Quantitative youth survey (2021)

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

There were virtually no spontaneous positive mentions in any of the focus group discussions with young people in relation to accessing SRH services during the Covid-19 pandemic. However, new

mothers acknowledged that **pregnant women have been prioritized** at health care centres, hospitals and clinics. Indeed, this is largely confirmed by new mothers through quantitative measurement, as depicted below, with both information and services being highly appreciated. Among all the parameters assessed, new mothers expressed the lowest level of satisfaction with the psychological support they received.

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



Source: Quantitative youth survey (2021)

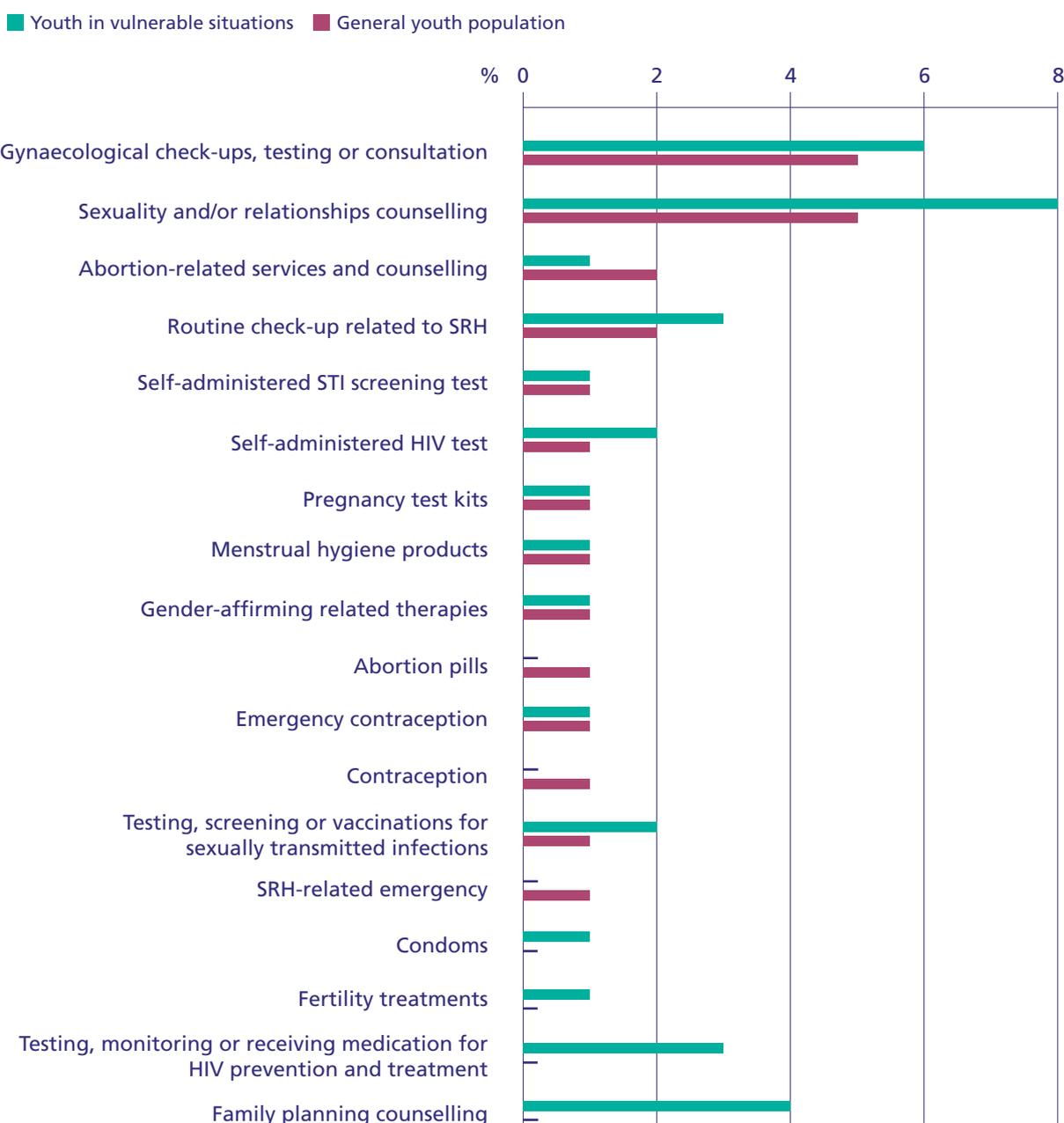
## 2.4 Difficulties in accessing SRHR services and supplies during the Covid-19 pandemic

### 2.4.1 Overall limitations on sourcing the required SRHR information

Overall, the proportion of young people reporting difficulties in accessing **any** SRHR services/supplies appears limited, as indicated both through quantitative measurement and in the course of focus group discussions.

### Difficulty in accessing services during the Covid-19 pandemic

- All youth audiences (% mentioning)



Source: Quantitative youth survey (2021)

Moreover, it is clear that the proportion of young people who have faced difficulties in accessing services for the first time during the Covid-19 pandemic (i.e. did not face these difficulties before the pandemic) is very small, as follows:

- 2% of all youth audiences in terms of accessing sexuality and relationships counselling;
- 3% of youth in vulnerable situations in receiving any type of gynaecological check-ups;
- 2% of youth in vulnerable situations in accessing family counselling services; and
- 2% of youth in vulnerable situations in receiving routine check-ups related to SRH.

#### 2.4.2 Difficulties in accessing SRHR services during the Covid-19 pandemic among youth in specific need of services

Nevertheless, among those young people who have specifically sought to access SRH services, a substantial proportion have been unable to do so without difficulty, namely:

- 50% of the general youth population and 50% of youth in vulnerable situations seeking gynaecological check-ups;
- 45% of youth in general and 38% of youth in vulnerable situations seeking sexuality and/or relationship counselling;
- 33% of youth seeking condoms; and
- 6% of youth in general and 6% of youth in vulnerable situations seeking menstrual hygiene products.

#### 2.4.3 Quality issues faced in accessing SRH services

Despite the apparently limited impact on access to SRH services, a series of further specific problems and obstacles in accessing SRH services are evident, identified in particular through further probing during focus group discussions with young people and during in-depth interview with experts. Hence, the issues highlighted below are effectively hidden barriers to accessing SRH services, which implies that

access to services is often restricted at a very early stage in terms of discouraging young people from attempting to use them (conversely, young people would only seek such services if they knew they could easily access them).

**The general youth population** mentioned relatively little need to seek SRH services, although with the connotation that they **do not feel comfortable seeking SRHR services from physicians**, and feel discouraged from seeking services:

*"I don't know why, but I have the idea that if I went to a doctor to talk about SRHR when I was 16 years old, he would tell me: 'You are too young for these things.'"*

- Young person, Pristina

**Youth in rural areas**, in contrast, reported significant problems in accessing SRH services, such as:

- They were more conscious that **health care workers were mainly busy with cases of Covid-19** and had limited time for consultations on SRH or even for gynaecological appointments and check-ups;
- They are strongly aware that **medical or counselling professionals were being shifted to other responsibilities** to manage the Covid-19 situation, creating a problem in terms of staff availability;
- They referred to some clinics and health centres having closed down for an extended period of time due to Covid-19 prevention measures, making it difficult to access the services needed. Effectively, this **has put a stop at a very early stage to any effort to seek such services**; and
- They referred specifically to problems in **obtaining contraceptive products** because pharmacies in their area closed down or they were physically restricted from visiting them.

**LGBT people** mentioned that, despite having continued access to general SRH services (except hormonal therapy), the main issue is the attitude and approach of health staff who are still not used to providing services to members of the LGBT community. Once more, this represents a hidden qualitative problem pertaining to discrimination against the LGBT community specifically.

Despite expressing a high level of satisfaction across a number of parameters, **new mothers** did also mention specific problems that they have either experienced themselves or have heard about, namely:

- Missing gynaecological check-ups due to fear of contracting Covid-19 if they visited a health centre/ clinic;
- Staff overwhelmed with Covid-19 cases not being very respectful to pregnant women who already had two or three children;
- Incidents of health care providers (doctors and nurses) being unprofessional and rather negligent, and not taking the necessary care; and

*“Nurses at the University Clinical Center of Kosovo, which is located in Prishtina, are careless.”*

- New mother, Prishtina

- Reports that fertility treatments and pregnancy testing were not being offered by physicians and or could not be accessed due to the restrictive travel measures in place.

Females from the marginalized Roma, Ashkali and Egyptian communities made particular references to:

- The continuing **discrimination they face in accessing SRHR services and, most importantly, gynaecological consultations**. In many cases they referred to doctors advising them to see a specialist in the private sector, and/or making comments based on the sex and the ethnic origin of the patient. This invariably leads them to avoid visiting public health care services. While this pre-dated the pandemic, it does appear to have firmly discouraged their efforts to access services altogether;

- The **underlying taboos attached to seeking SRH services in the community**. Again, while this situation pre-dated Covid-19, it has essentially meant that in many cases during the pandemic, they would only seek medical support in cases of emergency; and

*“We did not look up information because we take care of ourselves on our own. Sexual and reproductive health is a taboo topic in our community.”*

*“The doctor asked me if I am married, because I am a young girl from the Roma community.”*

- Young Roma females

- An evident feeling that their specific problems are disregarded by physicians:

*“...your menstrual cycle will get better once you get married.”*

- Young Roma female

Moreover, the historical lack of involvement of the Roma, Ashkali and Egyptian communities in SRHR issues and seeking related services is evident from data reported in 2020 from a study conducted by the NGO Balkan Sunflowers:

- Over 60% of women in the community reported that they do not have regular check-ups with a gynaecologist;
- Over 60% of women claimed that they do not have any knowledge about reproductive health; and
- 75% of women reported not using any contraception.

For **girls who become sexually active for the first time**, access to **counselling services** was mentioned as an important issue that has been highlighted during the Covid-19 pandemic, leading to suggestions that the authorities should consider these services an essential service.

*“A marginalized group in our environment is the group of young girls who start being sexually active very early on and have an unwanted pregnancy, due to living in a highly patriarchal society.”*

- Doctor/psychiatrist, psychiatric clinic at the University Clinical Center of Kosovo

A physician and a representative of the Ministry of Health confirmed the above-mentioned obstacles to accessing SRH services that prevent people from trying to access them, on account of the **expected difficulties or outright lack of accessibility**, reporting that during the Covid-19 pandemic:

- **Pregnancy services** were not available for young women because they were mostly closed;
- **Gynaecological clinics** were not accessible during the pandemic and were mostly turned into hospitals that mostly treated patients with Covid-19;
- **Contraception was not readily available**, resulting in emergency contraceptive pills being used more often than they should be; and
- **Mental health services** not being readily available.

## 2.5 SRH services assuming greater importance during the Covid-19 pandemic

Qualitative focus group discussions revealed that a number of services have assumed greater psychological importance across a range of youth audiences, specifically:

- Uninterrupted access to family doctors;
- Support and access to pregnancy tests and pregnancy issues in general;
- Access to SRH consultancy services relating to protection from HIV and other STIs, family planning and fertility; and
- Psychological support and mental health services in relation to SRHR issues.

### 2.5.1 Potential positive responses

Potential **positive responses** to address the issues assuming greater importance during the Covid-19 pandemic include the following suggestions, mentioned by youth audiences in the context of linking different channels and information provision to the benefits of seeking SRH services:

- **Strengthening and supporting the activities of NGOs**—recognized by the LGBT community and teenagers in particular with respect to supporting closed communities, especially the LGBT community, and becoming established as key providers of informal sex education through increased funding and ensuring the timely and consistent operation of SRHR services offered to the LGBT community; and
- **Addressing the issue of the provision of SRHR information through public television:** during the pandemic, and with the reduced access to SRHR information, the lack of internet access and limited knowledge of many people in Kosovo, the fact that reliable and trustworthy information is needed that is not in the Albanian language makes the proposal of using public TV for transmitting reliable and trustworthy information very interesting.

Moreover, regarding specifically the aspects of abortion and the termination or prevention of pregnancy, doctors proposed the following changes in the course of in-depth interviews:

- Allowing women to buy contraceptives without renewing their prescription;
- Allowing nurses and midwives to perform early medical abortions at women's homes;
- Raising the gestational age limits at which abortions may be performed; and
- Removing the need for repeated face-to-face counselling sessions before being allowed access to abortion.

## Channel limitations: problems in accessing SRH channels due to the Covid-19 pandemic

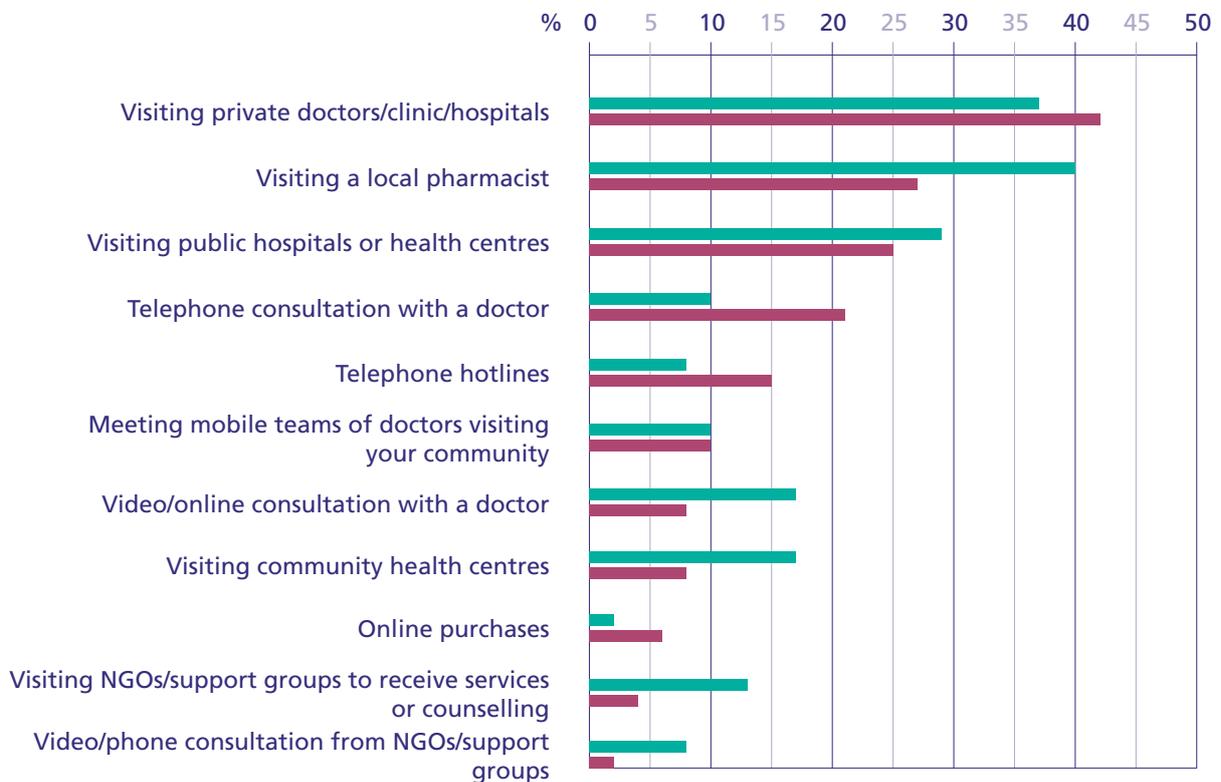
### 2.6.1 Pattern shifts in channel use among young people

Among youth in general who have sought SRH services, a notable shift is observed in terms of a greater reliance on:

- **Telephone consultations with doctors** (21% using during the Covid-19 pandemic, compared to just 10% before);
- **Telephone hotlines** (15% using during the pandemic, compared to just 8% before); and
- **Visits to private rather than public-sector doctors** (42% using during the pandemic, compared to 37% before).

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

■ Before the pandemic ■ During the pandemic



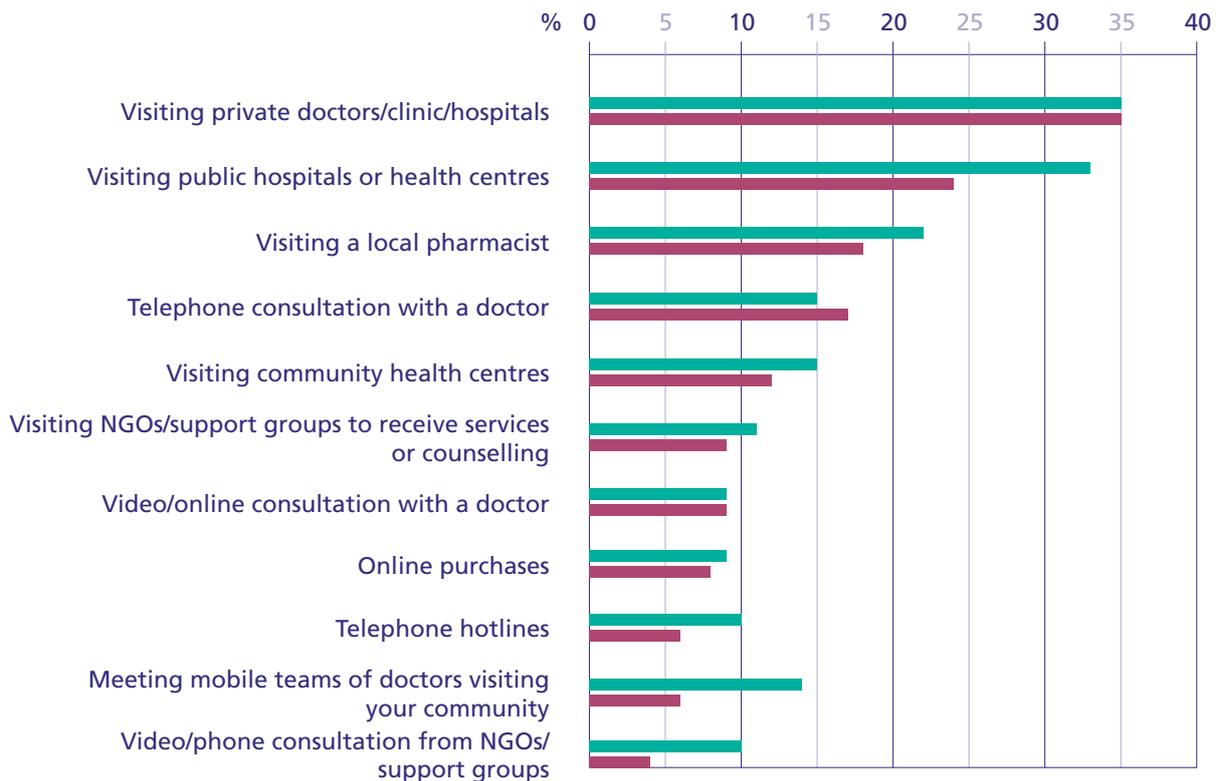
Source: Quantitative youth survey (2021)

Youth in vulnerable situations appear to have reduced their use of SRH services across the board during the pandemic, with only access to

private doctors, and telephone and video/online consultations with doctors retaining a similar level of use compared to before the pandemic.

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

■ Before the pandemic ■ During the pandemic



Source: Quantitative youth survey (2021)

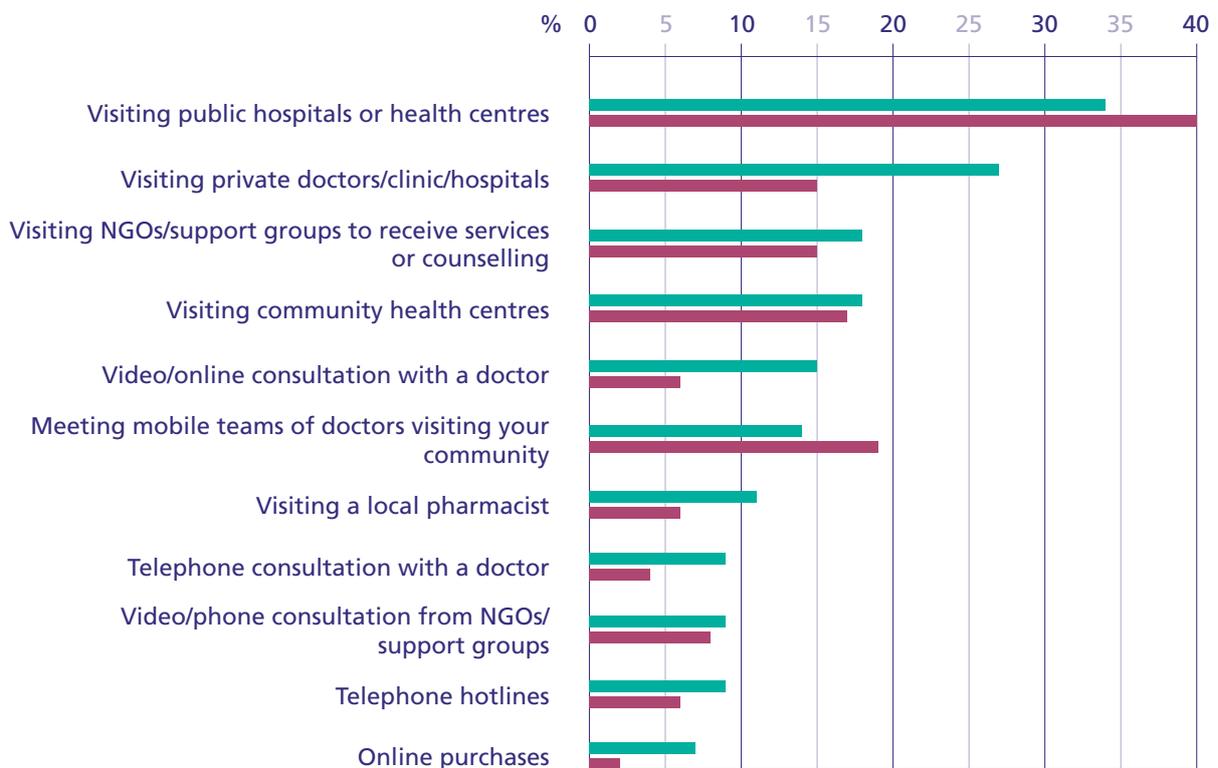
## 2.6.2 Difficulties in access channels for SRH services during the Covid-19 pandemic

Quantitative measurement indicates that youth in vulnerable situations have faced comparatively greater problems in accessing private doctors, and

video/online and telephone consultations with a doctor, as well as with respect to being able to purchase SRH supplies online. These difficulties are likely linked to affordability, strongly suggesting that the financial disadvantage of vulnerable youth is a key factor limiting their access to these services.

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

■ Youth in vulnerable situations ■ General youth population



Source: Quantitative youth survey (2021)

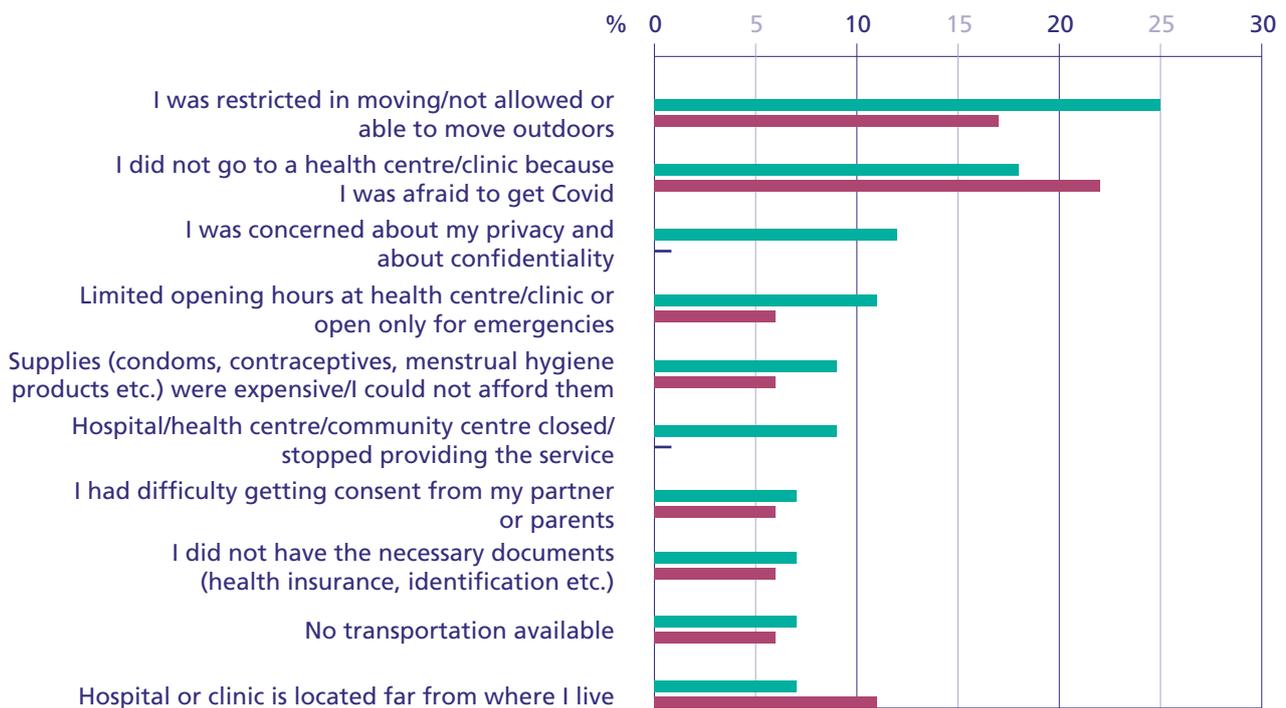
### 2.6.3 Barriers that have increased due to the Covid-19 pandemic

Moreover, among those facing specific problems in accessing SRH services, it is evident that **youth in vulnerable situations** have been more inclined

(compared to youth in general) to feel that problems have intensified due to **travel restrictions, concerns about privacy and confidentiality, the closure of local community centres, and the limited opening hours of health centres.**

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

■ Youth in vulnerable situations ■ General youth population



Source: Quantitative youth survey (2021)

### 2.6.4 Quality of services/products compared to before the Covid-19 pandemic

Irrespective of the channel being used, quantitative evidence suggests that among those receiving key services both before and during the pandemic, the quality of a check-ups and menstrual hygiene

products has not differed substantially; there is a stronger tendency of reporting routine check-ups as being of a lower quality during the Covid-19 pandemic than before; and those able to receive sexuality counselling reported an improvement in the quality of the services.

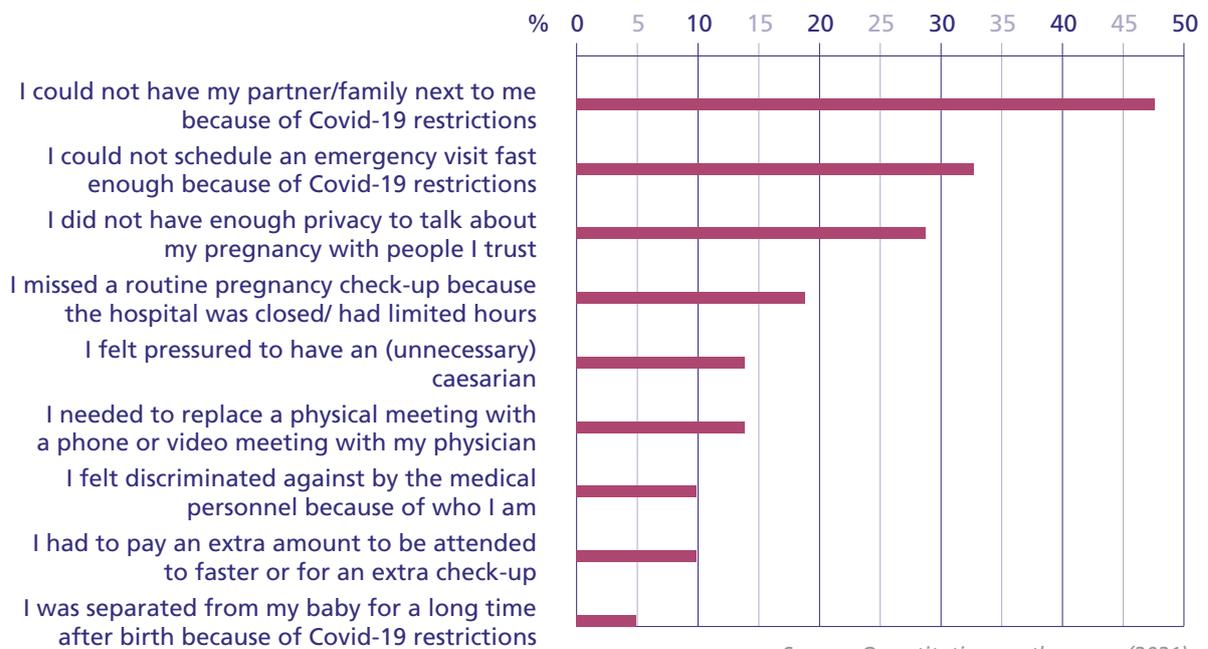
### Evaluation of quality of services during the Covid-19 pandemic compared to before (% mentioning)

	Worse	Better	The same	Cannot say
Sexuality and/or relationships counselling	17	36	25	22
Routine check-ups related to SRH	31	8	38	23
Gynaecological check-ups, testing or consultation	26	30	33	11
Menstrual hygiene products	2	7	81	10

Moreover, **new mothers** reported having faced issues of not being able to have their partner with

them, and not being able to schedule emergency visits fast enough, both due to Covid-19 restrictions.

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



Source: Quantitative youth survey (2021)

### 2.7 SRH services assuming greater importance during the Covid-19 pandemic

There are differences in young people’s ability to access SRHR services during the Covid-19 pandemic, based on their **social and economic background**.

On the one hand, **the general youth population, as well as females from the Serbian community**, are confident (and privileged) in reporting that they can access private health care clinics and doctors in the private sector, thus are not dependent on the public health care system, with all its faults. On the other hand, people in **rural areas, some less affluent young mothers, and Roma, Ashkali and Egyptian girls and women** indicated that access to private-sector health care is not an option due to the high price and lack of affordability of those services. This presents a particular problem for

Roma, Ashkali and Egyptian girls and women, who reported being ‘forced’ to ask for services from the private sector, either directly or indirectly due to the inadequate and unprofessional behaviour and direct discrimination they encounter in the public sector.

*“In Kosovo the only thing that has value is money.”*  
- New mother

In this context, it is noted that—in addition to physicians’ discrimination and lack of professionalism—a certain level of **corruption** exists, with focus group discussion participants referring to some cases of doctors refusing to provide an examination at a public health centre but being willing to do so when paid in private.

Moreover, a study by KITU and ADMOVERE (‘The Challenges of the Roma, Ashkali, Egyptian community in Kosovo during the Covid-19 pandemic’) indicates that **for people from the**

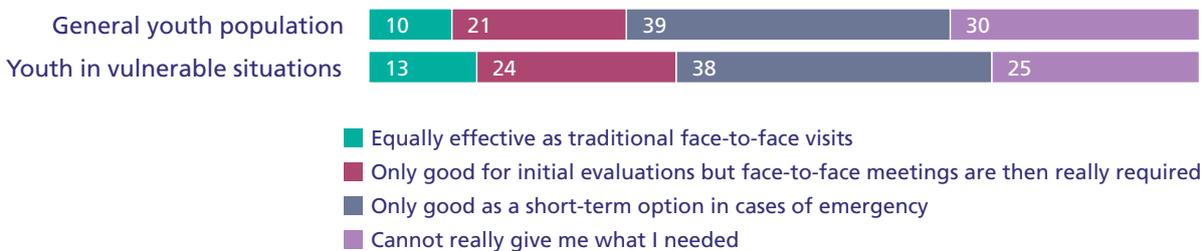
**marginalized ethnic groups**, problems have become particularly acute due to the **financial situation**. Needs and costs have increased during the pandemic, making social assistance barely adequate to meet basic needs. Moreover, historically, while men comprise the majority of people registered to receive social assistance (60%) on behalf of their families, **more family members reliant on social assistance are women** (60–65%). Women’s inability to directly access social assistance may limit their access to basic sanitary and hygiene needs, depending on how such expenditures are divided up within the family.

Such communities appear to have **not been adequately informed** about Measure No.15 of the Emergency Fiscal Package, which provided social assistance of EUR130 per month between April and June 2020 to citizens in severe economic deprivation, as evidenced by **the extremely limited number of members of these communities registered as unemployed at employment centres**—no more than 100 by April 2020.

## 2.8 Potential of technology and online resources to deliver SRH information and services

The potential of online and technological means to deliver information related to SRHR appears to be welcomed by those young people with easy and habitual access to and use of the internet. In this context, urban youth with internet access reported being open to using such means, while health professionals and NGOs also reported having adopted technological channels to provide information, consultations, medical examinations and training. Nevertheless, it is evident that the current perceived relevance of such resources is largely confined to the realm of **emergency situations or initial evaluations**.

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



Source: Quantitative youth survey (2021)

The long-term usefulness of such resources is primarily relevant with respect to the **provision of information**, rather than for delivering the services per se, on account of:

- A perceived lower quality of care and services pertaining both to online and telephone consultations (compared to face-to-face medical examinations and counselling), even among those young people with internet access and a high level of digital literacy;
- A lack of good-quality internet connections and devices in less privileged neighbourhoods or remote

areas, making the provision of teleconsultations risky, especially when rapid attention to a medical issue is required;

- A lack of knowledge on how to use technology (among less privileged young people and other ethnic minorities), resulting in a lack of motivation to consider such means for medical care; and
- The fear of **cyber-bullying**—an issue that was mentioned by the focus group discussion participants as a result of the use of the internet to access information on SRHR.

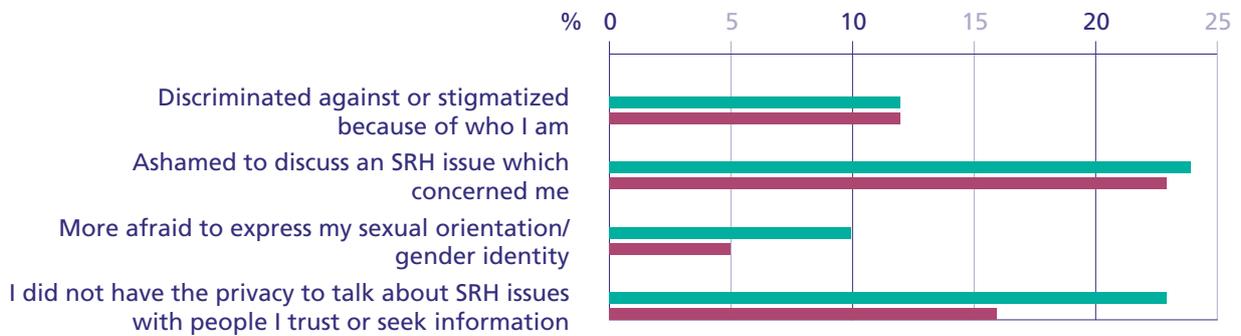
# III. Emotional and personal impacts of Covid-19

## 3.1 General feelings of discrimination and negative emotions experienced during the Covid-19 pandemic

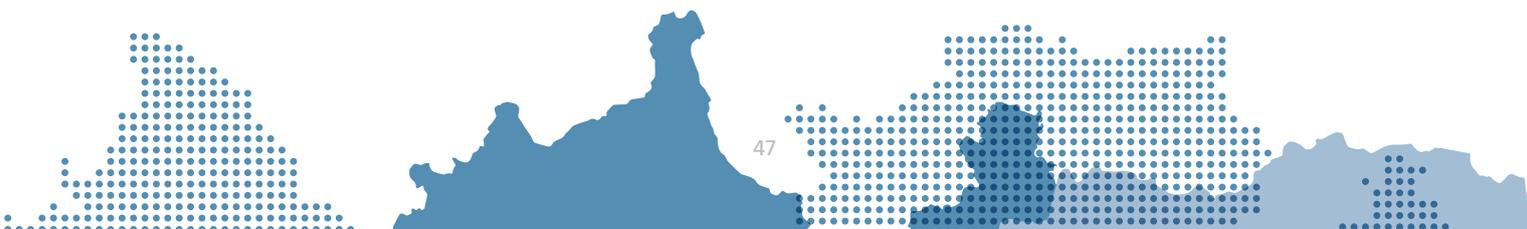
Feelings of discrimination experienced during the Covid-19 pandemic relating to SRH issues at any level are largely similar across youth in general and those in vulnerable situations, with feelings of shame and violation of their privacy (especially among the general youth population) being most common.

### Feelings of discrimination experienced (% mentioning)

■ General youth population ■ Youth in vulnerable situations



Source: Quantitative youth survey (2021)

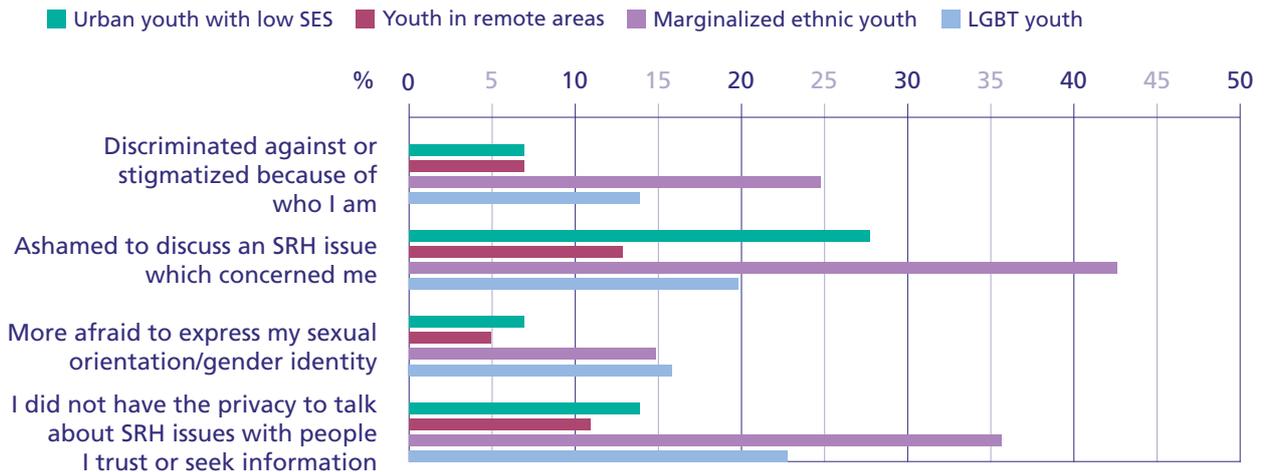


## Youth in vulnerable situations

Marginalized ethnic youth are the group that has most strongly felt discrimination on account of their

specific profile, and in terms of feeling shame and violation of their privacy.

## Feelings of discrimination experienced - Youth in vulnerable situations (% mentioning)



Source: Quantitative youth survey (2021)

Although the claimed incidence of experiencing negative feelings does not vary dramatically between vulnerable youth and the general youth population, the focus group discussions revealed a greater intensity of emotion among those in disadvantaged positions. Hence, while the youth in general did not report the situation as having an emotional impact on them personally, **young people from rural areas** declared that they felt very emotional about their negative experiences, and **vulnerable young people from ethnic minorities** (except Serbians) reported significant discrimination and prejudice against them from health professionals.

*“The doctor asked me if I am married, because I am a young girl from the Roma community. It is none of his business how I look [referring to the colour of her skin revealing her ethnic background].”*

- Young Roma female

**LGBT people** have also felt intensely negative emotions due to Covid-19 and the restrictive measures such as the lockdown. In a society with strong patriarchal characteristics, stereotypes and taboos, being a member of the LGBT community is said to be particularly difficult; especially having to live in a lockdown with family members who sometimes do not know and/or accept the person, their individuality and gender identity leads to **exacerbated stress and anxiety**. Indeed, some study participants mentioned that people needed to move out of their parents’ house because the situation was unbearable. Indeed, in this respect they experienced a **complete lack of privacy and inability to express themselves freely**.

Moreover, most of the members of the community feel that they carry the ‘stigma’ of their family, further accentuated by rumours on social media that gay people were spreading Covid-19. Ultimately, this appears to have unsettled LGBT persons in terms of the environment in which they were forced to live or in terms of needing to change their physical environment.

*“During the lockdown LGBTIQ+ members had to live in environments where it was uncomfortable for them to express their gender and sexual identity, sometimes even dangerous.”*

*“Not being to express myself was the ‘normal’ reality for me.”*

*“Most of us moved out because of the pressure we were facing at home.”*

*“A major problem for the community during the pandemic was that they had to move back to their family homes.”*

- LGBT people

These issues relating to the emotional state of young people in difficult situations were acknowledged by health professionals. Indeed, they represent a key reason why there is a strong belief that family doctors should be further trained on SRHR matters, not only from a medical viewpoint but also in terms of being able to show the right empathy and understanding towards patients.

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

As previously indicated, affordability has been an important factor in terms of accessibility to SRH services during the pandemic for young people in vulnerable situations. This has largely been driven by pre-existing economic disparities that have further intensified during the Covid-19 pandemic. Indeed, the emergency has highlighted the structural problems in society and the failure of the State to integrate **ethnic minorities** and improve their standard of living.

Education, employment, social welfare, health and shelter have historically all been areas in which marginalized ethnic communities have been significantly disadvantaged, placing them at greater risk of infection from the Covid-19 virus itself (KITU and ADMOVERE, ‘The Challenges of the Roma, Ashkali, Egyptian community in Kosovo during the Covid-19 pandemic’).

In 2018, approximately 29% more Roma families than non-Roma families had one member who went to bed hungry, while Roma families were 17% less likely to have a bathroom in their homes, 10% of Roma people were less likely to access preventive health services, and Roma youth were 23% less likely to be in employment, education or training. Feedback from experts in the SRH field indicated that NGOs, humanitarian associations and volunteer activists have been more likely than central institutions to address these complexities in the management of Covid-19. With the exception of the municipalities of Lipjan, Fushë Kosovë and Ferizaj, it is acknowledged that the municipalities, in general, failed to address the needs of ethnic communities. Thus, they have not received the necessary institutional support, and have sometimes been excluded from the provision of food and hygiene packages that were distributed locally during the pandemic. At the same time, information on the various government support schemes was inadequate or not explained well enough, and/or the schemes did not take into consideration the specific needs of these communities.

**A lack of participation in education** during the Covid-19 pandemic has also been an expression of the economic disparity affecting ethnic communities. Due to poverty and a lack of technological equipment, members of such communities have generally found it impossible to attend school remotely, further increasing the number of those who drop out of school. Estimates from experts suggest that 20–40% of students from the Roma community have not been involved in online learning at all. In the municipality of Ferizaj, 51% of the 828 students from ethnic communities did not attend classes remotely. In the municipality of Lipjan, 26% of the 441 students at primary and secondary level from ethnic communities did not attend classes, as was the case for 63% of the 30 students at upper secondary level.

### 3.3. Negative impact on the situation of children

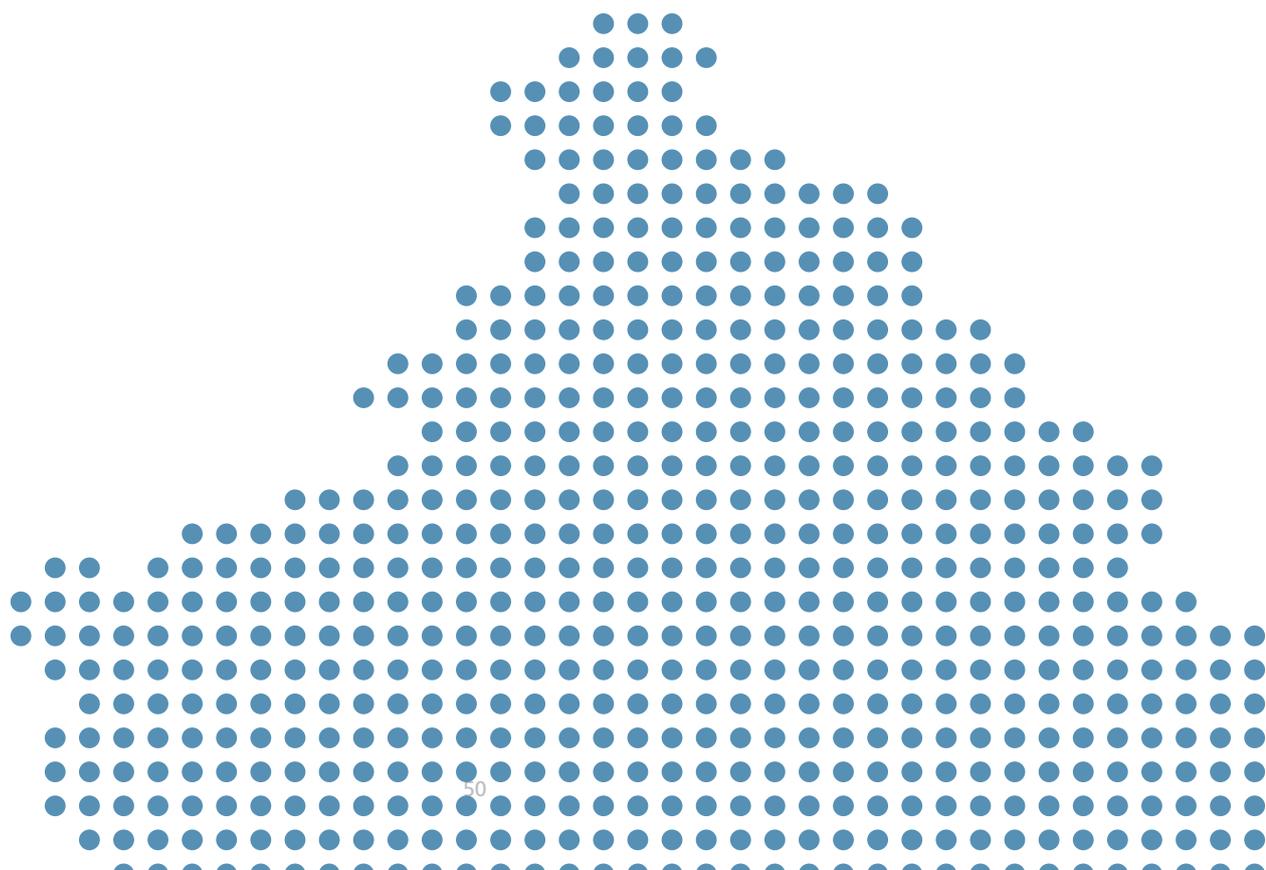
The findings of a mixed-methods study from 2020 by World Vision on Covid-19 and children further indicate the strong impact of the pandemic on matters related to SRHR and the general well-being of children, as follows:

- **Impact of Covid-19 on early child marriage:** Both girls and boys reported that a pandemic like this presents unique challenges that can increase the number of child marriages. With greater poverty, families are more likely to marry off daughters in times of economic stress to alleviate the perceived burden of caring for them.

- **Impact of Covid-19 on child labour:** According to the girls and boys interviewed, the pandemic has increased financial insecurity for families and resulted in losses in household income, which have intensified the expectations that girls and boys can contribute financially to support the family. School closures have exacerbated these tendencies. Indeed, 13.3% of the surveyed children said that they contribute to the family's income.

- **Violence against children during the Covid-19 pandemic** (physical and emotional violence in the community and online risks): Both girls and boys reported that added family stresses related to the Covid-19 crisis—including job losses, isolation, excessive confinement, and anxieties over health and finances—have heightened the risk of physical and emotional violence in the home. Indeed, 26.1% of children mentioned that they have experienced physical or emotional violence.

- Girls and boys reported that spending more time on **virtual platforms** exposed them to potentially harmful and violent content, as well as **more cyber-bullying**. Online harm was reported as having been experienced by 24% of children in Kosovo during the Covid-19 pandemic.



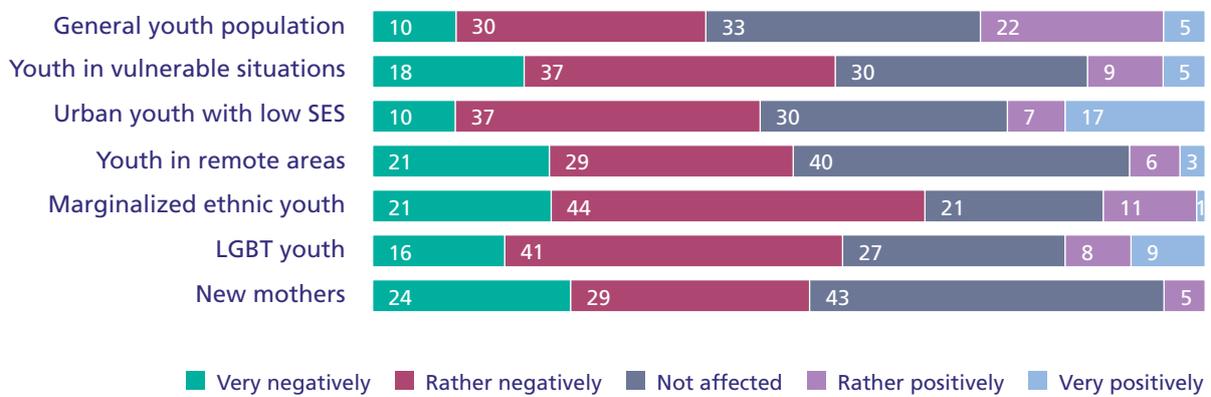
# IV. Mental health

## 4.1 Effect of Covid-19 on psychological and mental health

As previously highlighted, psychological and mental health has been an area of particular need in terms of seeking information. This appears to be strongly

linked to the Covid-19 pandemic’s significant negative impact on the psychological health of youth across the board. In particular, the **greatest negative impact** was observed and reported by youth in vulnerable situations, especially those from **ethnic communities, LGBT people and new mothers.**

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

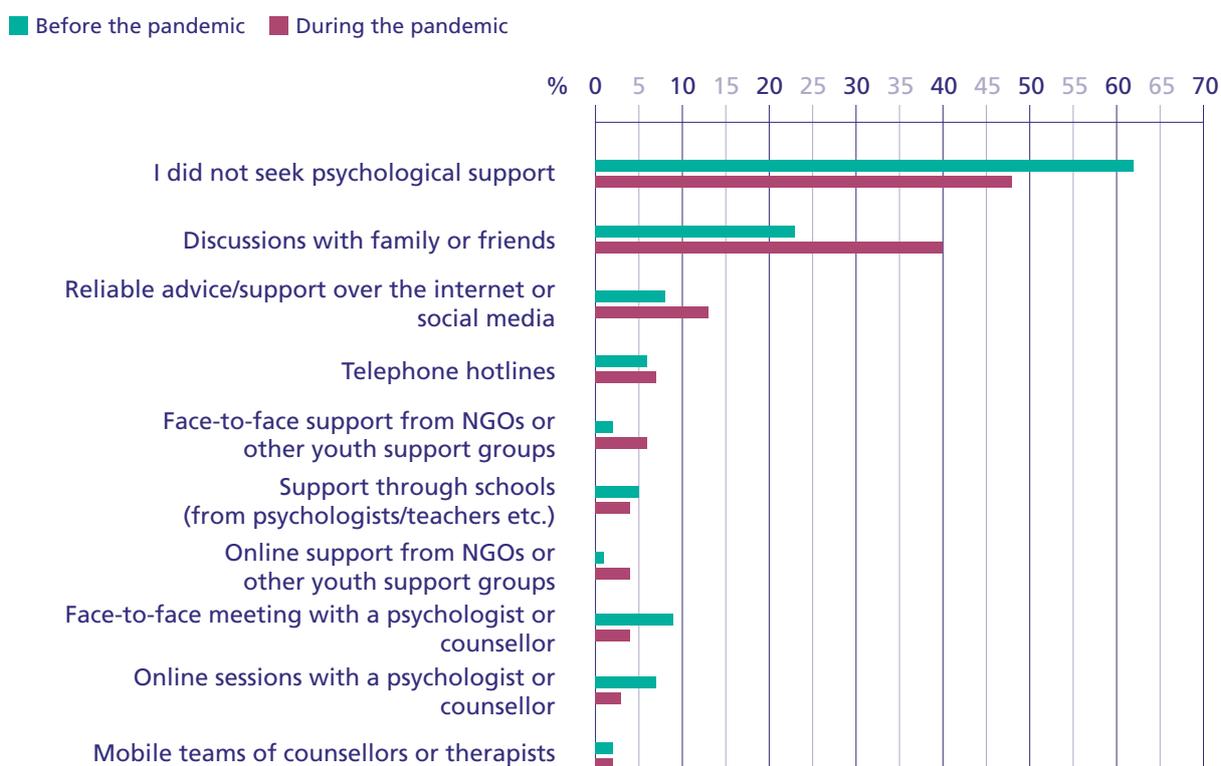


Source: Quantitative youth survey (2021)

## 4.2 Seeking psychological and mental health support during the Covid-19 pandemic: general youth population

The proportion of the general youth population seeking psychological support during the pandemic increased by 14 percentage points (from 38% to 52%) compared to before the pandemic, although there has been an evident shift to discussions with family and friends and to general online support for this purpose, rather than to professional services.

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



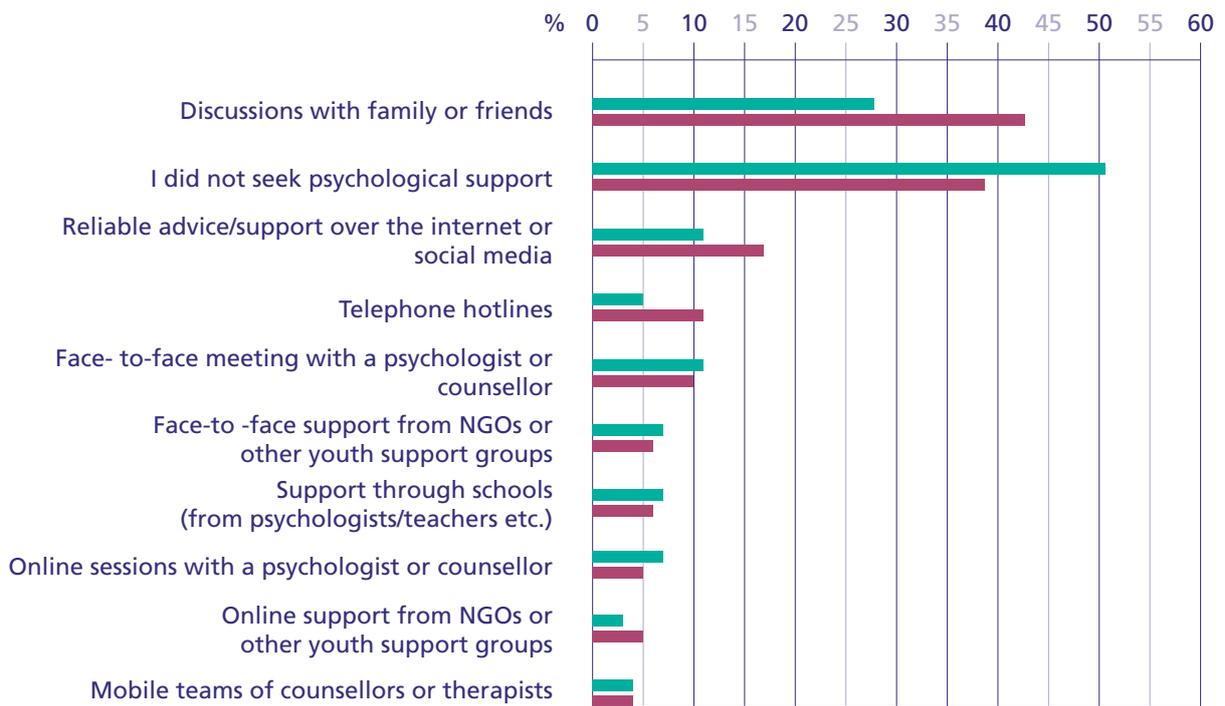
Source: Quantitative youth survey (2021)

Similarly, among youth in vulnerable situations, the proportion seeking psychological support during the pandemic increased by 12 percentage points (from 49% to 61%) compared to before the pandemic times. Again, there has been an evident

shift to discussions with family and friends and to general online support for this purpose, rather than to professional services. Nevertheless, in this case, there has also been a greater reliance on telephone hotlines compared to before the pandemic.

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

■ Before the pandemic ■ During the pandemic

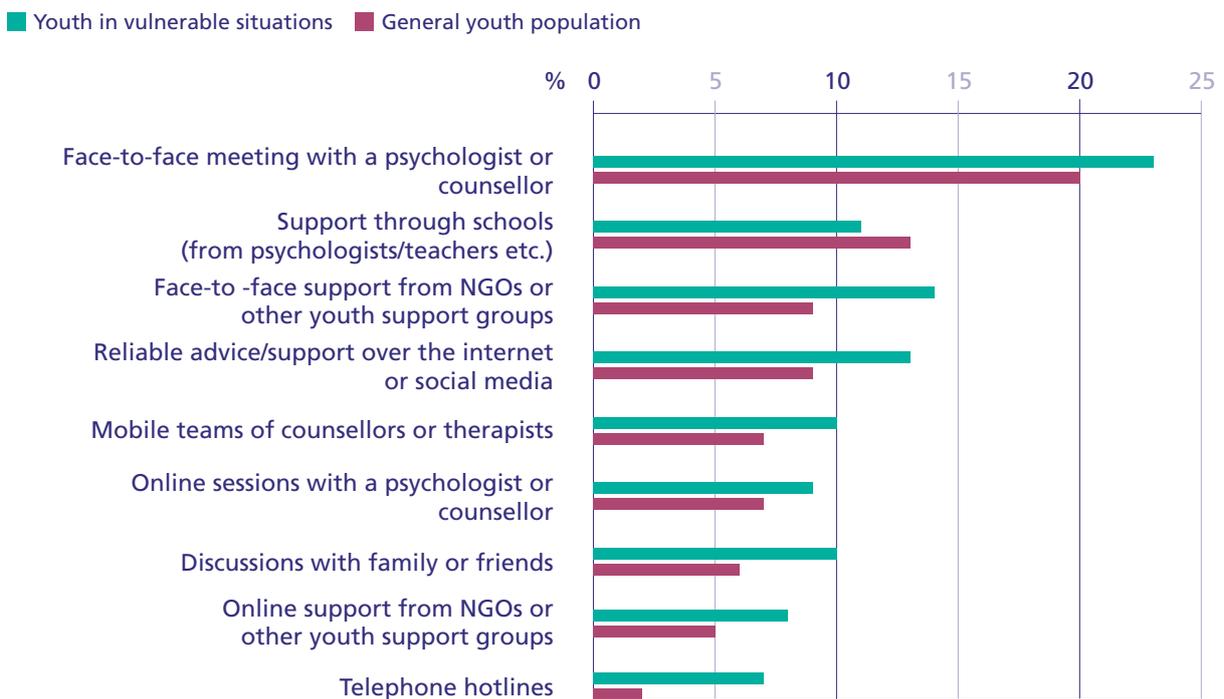


Source: Quantitative youth survey (2021)

### 4.3 Barriers to accessing psychological and mental health support

Youth of all types referred to problems faced in accessing mental health support through face-to-face meetings and at school. It is also evident that young people in vulnerable situations have faced a notably wider range of problems in terms of the various channels, especially with respect to receiving support from NGOs or other youth support groups.

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



Source: Quantitative youth survey (2021)

### 4.4. Institutional shortcomings in providing mental health support during the Covid-19 pandemic

Mental health services in Kosovo are provided at two levels by eight community mental health centres and psychiatric wards within general hospitals. Other mental health services are delivered by psychiatrists and psychologists who work in private practices. At the tertiary level, mental health services are provided by the Psychiatry Clinic, Institute of Forensic Psychiatry at the Child and Adolescent Mental Health Center.

However, a number of shortcomings—existing both before and during the Covid-19 pandemic—were identified through desk research. Except in the capital city of Prishtina, services for child and adolescent mental health are **underdeveloped**. Challenges in the Kosovar context in terms of mental health services observed by Sousa and colleagues (2020) during the Covid-19 pandemic include:

- A paucity of resources;
- Addressing the needs of special populations such as children;

- Addressing various psychosocial problems such as financial problems as a result of the pandemic;
- Issues with the stigmatization of mental health in general and mental health problems;
- The lack of a telepsychiatry service; and
- The lack of an emergency preparedness plan for mental health services.

#### 4.5. Perceptual and structural barriers for young people seeking and accessing effective mental health support

Qualitative focus group discussions with young people and in-depth interviews with experts further revealed a series of issues that effectively impact both the motivation and ability to access effective mental health support from professionals.

Above all, the matter of psychological support in Kosovo is taboo; people who receive psychological support or counselling are stigmatized:

*“If you see a psychologist, you are crazy.”*  
- Young person, Prishtina

Confusion regarding the difference between a psychologist and a psychiatrist leads to insecurity in seeking consultations with professionals. More specifically, **youth in urban environments** are realizing the need for psychological support; however, due to cultural constraints, further reaching out for psychological counselling from public hospitals or even asking others is problematic, due to the stigmatization. In contrast, it is easier to ask for online consultations, because of the anonymity of the service. **Youth from rural areas** also referred to online channels as a key way to remain anonymous

**Roma, Ashkali and Egyptian girls and women** reported a lack of knowledge about how to seek professional support, although there was an anecdotal positive mention of an NGO offering psychological consultations.

**People from the LGBT community** are the most familiar with mental health issues and the need for professional psychological support, due to their elevated need to avoid discussion within their family circle. In this context, members of the

LGBT community also stated a strong preference for assistance from an NGO that was specifically offering psychological support to LGBT people.

#### 4.6. Suggested positive responses for mental health service provision

Given this context, professionals confirmed the existence of **increased overall demand for mental health services**, but at the same time an **inability to provide an adequate collective response**. The main solution suggested by professionals was to ensure the ability to **provide information fast and with accuracy**. Given the confusion and state of panic among the population during the Covid-19 pandemic, the importance of having one main source of information and services from mental health experts was highlighted:

*“Two main elements facing a situation are the urgency and accuracy of information: a ‘psychiatry of adolescents’ where one can find psychologists, psychiatrists and social workers.”*  
- Doctor/psychiatrist, psychiatric clinic

Moreover, as stated by professionals in the literature (*‘Building Online and Telephone Psychological First Aid Services in a Low-Resource Setting During COVID-19: The Case of Kosovo’*, Psychiatria Danubina, December 2020), suggestions have been discussed locally in terms of:

- Establishing **online and telephone psychological first aid services** (established at an initial level);
- Developing **psycho-educational videos and webinars** (introduced but apparently not having reached a substantial proportion of the youth audience);
- **Promotion of these services as the central focus of activity**; and
- **Academic curricula** for training mental health professionals to include courses related to digital mental health and guidance on how to establish these kinds of services in the midst of a crisis.

# V. Sexual and gender-based violence

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

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

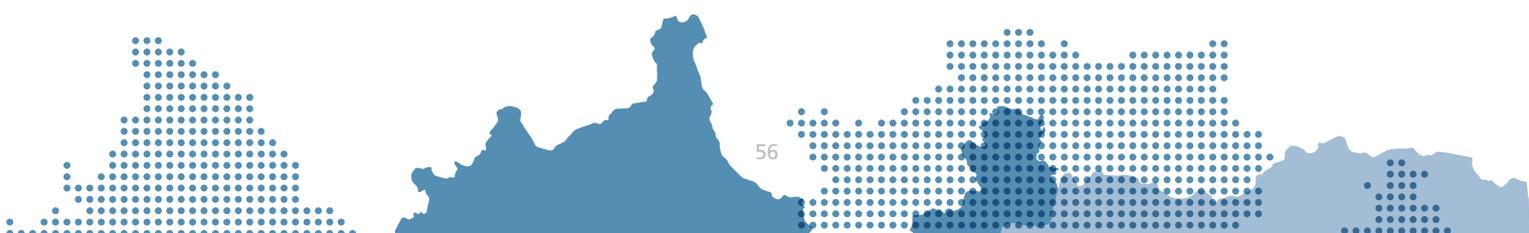
## 5.1 Incidence of sexual and gender-based violence

More than one in five young people in Kosovo claimed to have either experienced or witnessed an incident of sexual and gender-based violence during the Covid-19 pandemic. This incidence is particularly high among those from marginalized ethnic communities such as Roma, Ashkali or Egyptian.

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



Source: Quantitative youth survey (2021)



The study conducted by the NGOs KITU and ADMOVEERE (2020) on the challenges of the Roma, Ashkali and Egyptian communities in Kosovo during the Covid-19 pandemic further indicates a

substantial increase in year-on-year reporting of cases of domestic violence in the communities, as follows:

Month	Number of reported cases of sexual and gender-based violence
March 2019	124
March 2020	169
April 2019	138
April 2020	167
May 2019	141
May 2020	174

### 5.1.1 Assessment of the State's response to sexual and gender-based violence during the Covid-19 pandemic

In this context of rising incidence of sexual and gender-based violence during the Covid-19 pandemic, a significant proportion of young people considered that the State has not adequately tackled the issue (59% of the general youth population and 48% of young people in vulnerable situations).

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



Source: Quantitative youth survey (2021)

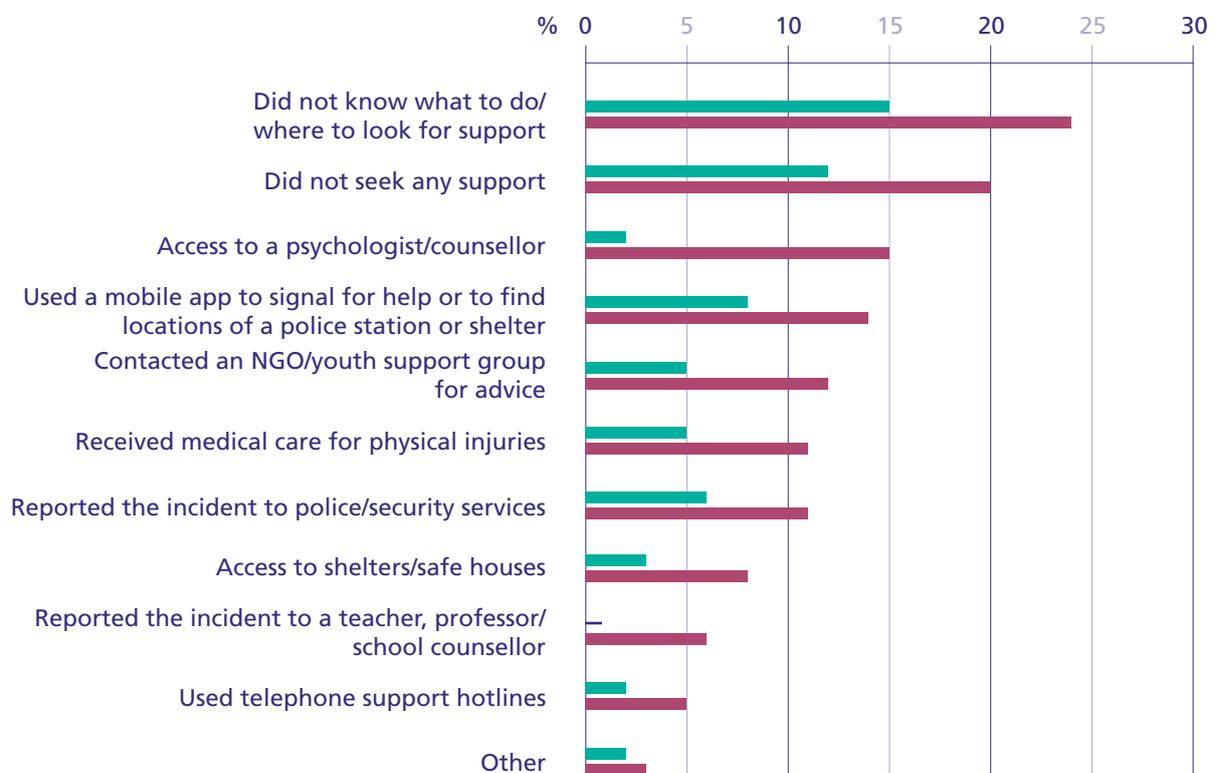
## 5.2 Seeking effective protection in cases of sexual and gender-based violence

Despite the rising incidence of sexual and gender-based violence during the pandemic, 44% of those encountering such incidents either did not know how to seek support or did not take any action,

suggesting a series of underlying barriers in this respect. Notably, **seeking support from counsellors, searching for helpful contact points via mobile apps, and turning to NGOs** have been important sources that have been sought, overshadowing the willingness to turn to protective institutions such as the police or shelters. It is clear that—across the variety of resources sought—meaningful support has evidently been lacking.

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

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



Source: Quantitative youth survey (2021)

### 5.3 Barriers to seeking and receiving effective protection in cases of sexual and gender-based violence

A wide range of research conducted in relation to sexual and gender-based violence strongly indicates a range of obstacles towards seeking and accessing effective support.

According to the study 'Addressing COVID-19 from a Gender Perspective: Recommendations to the Government of Kosovo' ([https://womensnetwork.org/wp-content/uploads/2020/04/Addressing-COVID-19-from-a-Gender-Perspective\\_04\\_04\\_2020.pdf](https://womensnetwork.org/wp-content/uploads/2020/04/Addressing-COVID-19-from-a-Gender-Perspective_04_04_2020.pdf)), the circumstances of the pandemic have made it even harder for victims to report incidents of sexual and gender-based violence, as they have been locked down with their abusers. This has intensified the pre-pandemic pattern of the stigma surrounding domestic violence contributing to the under-reporting of cases.

Although shelters in Kosovo (run by NGOs) that provide support to people suffering violence reported that they are managing the extra workload well, **the lack of provision of adequate psychological treatment for victims of domestic violence due to isolation measures, coupled with the fear of social workers due to the risk of infection, may be impacting their ability to provide effective services. As such, awareness of such patterns may be instrumental in the relatively low proportion of people seeking support from shelters.**

In the context of a patriarchal society, women continue to be viewed as **culprits rather than victims**, particularly in reporting cases of rape or violence. The belief that **authorities are perpetuating this pattern** inevitably leads to discouragement from seeking support from official authorities or reporting incidents.

There is a general agreement that the failure of government institutions to protect and support survivors of sexual and gender-based violence is **even greater for marginalized people**, such as members of the LGBT community, young vulnerable women, and women from ethnic minorities. This phenomenon leads to a loss of trust in institutions—as highlighted during the pandemic—which reduces the motivation to report incidents. Strong perceptions exist, especially in rural areas, among LGBT people and young women in the Serbian community that public protective resources are wholly inadequate, undermining the ability of young girls and women to seek and obtain meaningful protection:

*“In the police department there is a lot of negligence.”*

- Young person in a remote area

*“Prosecution is the biggest neglect. The public support services do not truly offer support and safety to the LGBTIQ+ community.”*

- LGBT person

*“But what happens next [after you report it]?”*

- Young woman from the Serbian community

Government institutions also either neglect cases involving members of the LGBT community or harass NGOs supporting LGBT rights, resulting in a lack of **motivation to report incidents of violence against LGBT people:**

*“Public institutions neglect LGBTIQ+ cases. Starting from the police, the prosecutor makes an immediate decision, which makes people from the community hesitate to report their cases. However, when you have a legal representative when reporting threats, they take you more seriously. The representative from the NGO faced approximately 500 threats in 6 years of going through a person’s transition.”*

- LGBT person

The above-mentioned issues were confirmed by experts in the course of in-depth interviews. They also concluded that sexual and gender-based violence is under-reported and that most of the time it is accepted by the victims—a pattern pre-dating the pandemic:

*“68% of women have suffered sexual and gender-based violence, but only 2% have reported it.”*

- NGO expert

They recognize that young persons do not have the **self-confidence to come forward and report incidents of violence**, preferring to keep it within themselves without knowing the consequences. However, young men and women **do not really even know where** to report problems related to sexual and gender-based violence. The experts referred to a lack of any focus in terms of teaching the importance of sexual and gender-based violence (and indeed how to recognize this as such) in schools. They believe that only violence in the family has been given any kind of attention, neglecting cases of cyber-bullying particularly relevant to young people. The experts also acknowledged the heightened risk to young people from minority ethnic communities and children.

## 5.4 Positive responses and suggestions in relation to sexual and gender-based violence

Despite the shortfalls of public institutions, a series of positive responses were noted in relation to sexual and gender-based violence during the Covid-19 pandemic. For example, NGOs reported a variety of actions taken on their own initiative to both support women victims physically and intervene in their cases by providing legal and financial support.

*“The organization was mainly focused on helping the shelters in which women who were victims of sexual abuse were sheltered, securing food and clothes and preparing for a strict lockdown...”*

*...The organization cooperated with the Ministry of Justice so that the women who were sheltered could have the ability of employment...*

*...The organization offered legal counselling in courts for women who were victims of violence online.”*

- NGO expert

A study by UN Women Europe and Central Asia (with NGOs that are providing services) found that there are at least five NGOs in Kosovo that work specifically on sexual and gender-based violence and offer psychological support, as well as safe houses for the victims. The study identified these five NGOs as being moderately resilient to crisis, as they have the financial means to maintain the current level of operations for up to 6 months on average. Further funding of such NGOs would appear to be called for in this respect.

In addition to providing services to women victims of violence, NGOs have conducted campaigning, awareness-raising and advocacy activities during the Covid-19 pandemic. The focus has been on

- The establishment of functional coordination mechanisms;
- Media and reporting on violence against women;
- Early marriages among Roma, Ashkali and Egyptian communities in Kosovo;
- Alignment of services in support of victims of violence against women with the Istanbul Convention; and
- More effective institutional response to gender-based violence.

*“During the pandemic, via two awareness campaigns on early marriages and gender discrimination, we reached out to 270 Roma, Ashkali and Egyptian families, mainly those with young girls at risk of dropping out of school and potentially entering into early marriages. We also worked with police, survivors’ advocates, social workers, shelters and the ombudsperson on their duties and responsibilities regarding cases of violence against women.”*

- Executive director of network focusing on ethnic communities

# VI. Assessment of the institutional response to Covid-19 in relation to sexual and reproductive health and rights

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

The evidence is overwhelming that young people strongly believe that the Covid-19 pandemic has further shown the limited importance assigned to

SRHR issues by the authorities in Kosovo. Among the general youth population, 55% hold this perception, as do 40% of those in vulnerable situations. Among the latter, the belief is particularly common among youth with low socio-economic status in urban environments (50%) and those from marginalized ethnic communities (46%).

### 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)

Focus group discussions also revealed a similar perception, with virtually unanimous agreement that the response of the government and the authorities to the Covid-19 pandemic has been wholly inadequate in relation to SRHR services, and no reference to any positive actions taken in this respect. In contrast, the only actions at institutional level considered positive were from NGOs:

*“Every piece of information on SRHR during Covid came from NGOs.”*  
- LGBT person

They included organized provision of classes for mothers, providing them with reliable advice during their pregnancy and taking care of the newborn baby, including advice on breastfeeding and feeding the baby. NGOs also distributed free pads, free condoms, HIV tests, and tests for hepatitis B and C, and offered legal and psychological services.

Feedback from experts further confirmed that there is a collective acceptance that the pandemic has acted as a wake-up call in terms of dealing with young people’s health issues but has caught the institutions by surprise. It is also evident that health professionals expect the Ministry of Health to lead the provision of information on SRHR.

## 6.2 Systemic, legislative and political limitations

Over and above the complete lack of trust in public-sector institutions, it is evident that **(i) the political situation in Kosovo; (ii) the fact that the country is heavily dependent on external support, both financially and in terms of organizational support; and (iii) the lack of cohesion within a multicultural society** all present particular challenges to meaningfully tackling SRHR issues both in general and during times of crisis.

In this context, experts stakeholders referred to the **lack of collective political will** from all organized society, politicians, organized groups of various stakeholders (the private sector, commerce, enterprises, trade unions, NGOs) in terms of pursuing fundamental changes to the SRHR field. The Ministry of Health reported that **reviewing laws on SRHR and abortion should be a priority of the State, as well as providing children with sexual education in schools from an early age**. The opinion was strongly expressed that there is lack

of attention paid to SRHR issues by educators in schools, and that there is a lack of data related to SRHR altogether:

*“We do not have concrete data on SRHR... We are limited by the legislation.”*

- Ministry of Health official

Moreover, as stated by an expert on reproductive health, the distribution of information on SRHR appears to be largely based on **general international information and guides, rather than tailored to Kosovan youth**:

*“We are not dealing specifically [i.e. with anything in relation to SRHR in detail], except to create some [general] guides. We have distributed a lot of information that we received from the World Health Organization to people, with the aim of not causing confusion in offering information from different stakeholders or institutions. We have not created anything because we have all been focused on creating safeguards for Covid-19.”*

- Expert on reproductive health



## VII. Positive practices

Despite the shortcomings in terms of positive responses 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.

### 7.1 Sex education and training

#### Practice

Educational support for the Roma, Ashkali and Egyptian communities' SRH during the Covid-19 pandemic, provided by Balkan Sunflowers (volunteer-based NGO) in a project supported by UNFPA:

- establishment of five youth clubs with learning centres, allowing youth to raise and address issues related to SRH, as well as overall health issues caused by the pandemic;
- survey driven by five learning centre coordinators, focusing on health issues (number of pregnant women, antenatal care, STIs, cervical cancer, breast cancer, Covid-19, family planning, HIV, people with diabetes, people with disabilities, people with respiratory health issues, hypertension, cardiovascular problems);
- engagement and empowerment of at least 20 youth from Roma, Ashkali and Egyptian communities in health-related activities, through a three-day training course related to SRH and information on health policies and health mechanisms;
- home visits to approximately 1,500 families, to raise awareness of STIs and Covid-19; and
- personal visits to pregnant women, to raise their awareness related to healthy pregnancy, family planning, STIs, protection from Covid-19, and the baby's well-being.

**Strongly reported by NGOs, but limited awareness among the youth audience interviewed**

#### Further actions/goals

Raise awareness of the existence of such youth clubs with a learning and exchange focus on SRHR matters.

Extend the number of such learning youth clubs into a greater number of communities.

Extend such initiatives to marginalized ethnic groups and LGBT communities.

Kosovo Population Foundation (KOPF), supported by UNFPA, has carried out virtual training on SRHR with youth from the remote municipality of Dragash.

It included a module on the Covid-19 pandemic based on World Health Organization materials, and 22 young people had the opportunity to attend these training sessions from the safety of their own homes, thus enhancing their knowledge on SRHR and protecting themselves and their families from possible infection with Covid-19.

**Identified through desk research**

Raise awareness of the existence of such youth clubs with a learning and exchange focus on SRHR matters.

Extend the number of such learning youth clubs into a greater number of communities.

Extend such initiatives to marginalized ethnic groups and LGBT communities.

## 7.2 Ensuring a credible flow of information and service provision

### Practice

### Further actions/goals

<p>The municipality of Fushë Kosovë has established an emergency sub-headquarters for communities, led the Deputy Mayor for Communities, to deal with issues related to SRHR.</p> <p><b>Identified through desk research</b></p>	<p>This was referred to as a very good practice and should be looked at and maybe implemented by other communities as well.</p> <p>Involve municipality authorities in the wider sense as the public authority with greatest access to local communities for providing practical information.</p>
<p>The Network of Roma, Ashkali and Egyptian Women's Organizations of Kosovo (RROGRAEK) has organized two awareness-raising campaigns on early marriages and gender discrimination, reaching out to 270 Roma, Ashkali and Egyptian families, mainly those with young girls at risk of dropping out of school and potentially entering into early marriages.</p> <p><b>Reported by RROGRAEK and targeting issues acknowledged by these communities as being highly important to them</b></p>	<p>Excellent example of targeted communication. Such activities need to be maintained beyond the Covid-19 pandemic.</p> <p>Similar targeted localized face-to-face approaches may be beneficial for other youth audiences on other areas such as contraception, practising safe sex and family counselling.</p>
<p>Pregnant women are recognized as a priority target audience in public health facilities.</p> <p><b>Acknowledged by both new mothers and expert stakeholders</b></p>	<p>Prioritization of SRHR issues is likely to be well received by interested youth audiences.</p> <p>Making a wider range of SRH services 'essential' in practice and (if possible) in legislation is also likely to protect against a lack of focus on them in future crisis situations.</p>
<p>Continuing support offered by NGOs to the LGBT community</p> <p><b>Singled out by LGBT people as the only reliable source of support during the Covid-19 pandemic</b></p>	<p>NGOs have proven their worth during the crisis and should be further supported financially and given a greater say in policymaking.</p>

## 7.3 Mental health

### Practice

The Ministry of Health established a free hotline providing psychosocial support during the pandemic.

**Reported by the Ministry of Health; there was some increase in the uptake of telephone and hotline services by youth during the pandemic, though not greatly singled out as specializing in mental health matters**

The QIPS organization created a hotline for suicide prevention.

**Identified through desk research**

### Further actions/goals

Greater communication about such a hotline is needed, including clear communication in a manner that destigmatizes the search for psychological support.

Ensure a long-term phone channel is dedicated to suicide prevention.

## 7.4 Sexual and gender-based violence

### Practice

### Further actions/goals

NGOs extended acceptance of women survivors of domestic violence (more than 500) with support from UN Women within the regional programme on ending violence against women in the western Balkans.

Identified through desk research

Further raise awareness of the scheme.

Provide financial support to NGOs to extend their 'survival' period beyond 6 months in times of greater need.

UNFPA is addressing gender-based violence in the Eastern Europe and Central Asia region, including in Kosovo, by:

- **Supporting national strategies** to ensure the prevention of gender-based violence and raising awareness through the development of social media products and activities based on the needs of refugee/migrant populations;
- **Ensuring the continuity and accessibility of multisectoral services** for gender-based violence against women and adolescent girls. This includes medical support, psychosocial counselling, support hotlines, availability of safe spaces for survivors of violence, case management and referrals;
- **Improving the capacity and skills of front-line service providers**, particularly health and psychosocial workers and the police, aimed at strengthening a coordinated multisectoral response to gender-based violence in the context of Covid-19; and
- **Adapting a guideline for the development of remote essential services** for gender-based violence, considering social distancing measures and limited mobility. The guideline incorporates the specific needs of women and girls with disabilities and survivors of gender-based violence, specifically focusing on psychosocial support services and their referral in the context of the Covid-19 crisis.

Identified through desk research and reported by experts

Comprehensive support scheme for victims of gender-based violence

Referral mechanisms for victims can be prioritized beyond the pandemic, turning the guideline into practice.

UN Women in Kosovo has recently supported the establishment of a **national database for domestic violence**. It documents cases of domestic violence and allows the police, social services and legal firms to access the information to bring perpetrators to justice. It has implemented a tracking system to trace cases of abuse.

Identified through secondary research

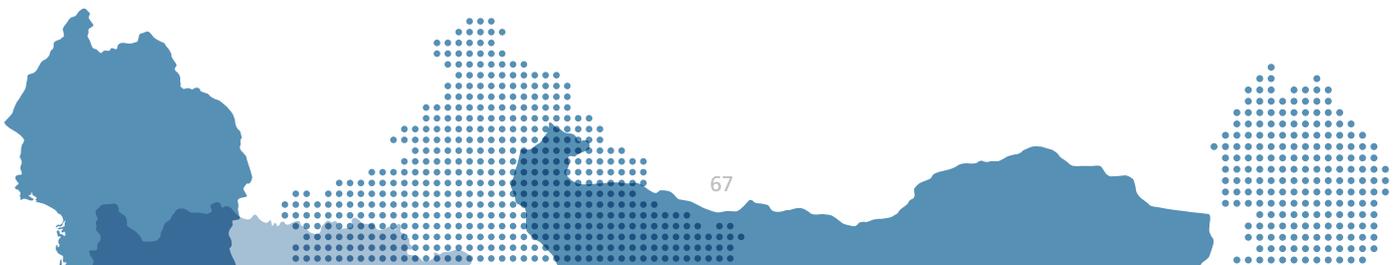
Ensure constant updating of the database.

Possibly add a monitoring dimension to observe how protective agencies and the police resolve reported cases of sexual and gender-based violence.

**Practice**

**Further actions/goals**

<p>A public campaign with <b>short videos from influential leaders</b> in Kosovo has joined UN Women's 'Report Violence, Save Lives!' campaign against domestic violence.</p> <p>The Prime Minister and the first woman Assembly Speaker joined the campaign, as did other ministers, politicians and survivors of domestic violence.</p> <p><b>The campaign reached 200,000 people on social media within 2 days, and over a million individuals within a few weeks (UN Women Kosovo Facebook account)</b></p>	<p>Social media campaigns can be particularly useful in reaching youth audiences and can be extended to other areas of SRH.</p> <p>Involvement of political and public figures on a consistent basis and across the range of SRH issues may go some way towards overcoming public distrust in institutions.</p>
<p>Efforts made by NGOs to seek emergency funds for shelters to buy hygiene equipment</p> <p><b>Reported by an NGO</b></p>	<p>Emergency financial support is greatly needed in times of crisis.</p> <p>Need to ensure a more permanent flow of financial resources, to avoid the need for 'last minute' emergency funds</p>
<p>Direct cooperation of NGOs with UN Women for the provision of technological equipment such as telephones to continue counselling support for women survivors of sexual and gender-based violence</p> <p><b>Reported by an NGO</b></p>	<p>Need to recognize that women who are victims often fall into the most financially disadvantaged groups of the population</p> <p>Investment in technology and literacy among vulnerable groups needs to be set out as a longer-term policy goal.</p>
<p>NGO cooperation with the Ministry of Justice to make the employment of women in shelters legally and practically possible</p> <p><b>Reported by an NGO</b></p>	<p>A strong empowerment and inclusion tool that has the potential to make the option of seeking protection in a shelter more attractive to women</p>



## 7.5 Provision of supplies

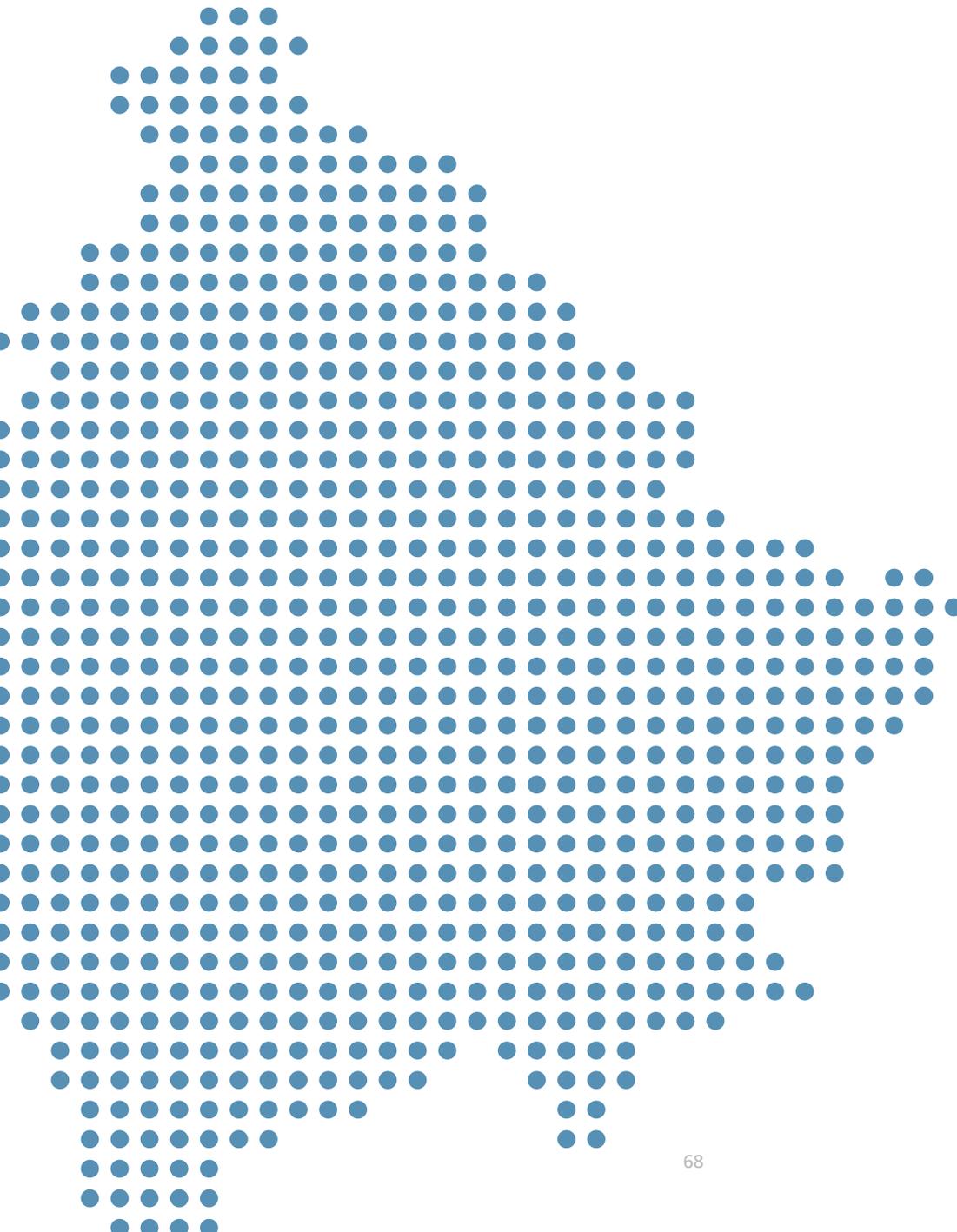
### Practice

NGOs provided free tests for HIV and other STIs to the LGBT community.

**Appreciated by LGBT people both per se and by showing a genuine practical interest in their needs**

### Further actions/goals

Extend such practices of supply provision to wider youth audiences, particularly contraceptive products to those most likely to be having sexual intercourse for the first time.



## 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

Across all categories of youth, **online contact, consultations and prescriptions are considered to be of primary importance.** Youth in general have a strong preference for a wide variety of additional online resources, such as having an online pharmacy to order self-administered products, and an online platform providing sex education, including useful sexuality education videos. Youth in vulnerable situations are also particularly interested in the latter, suggesting its widespread relevance.

**Ongoing sex education classes in schools, delivered via traditional means,** are also considered a high priority.

Reflecting higher uptake during the pandemic, **24/7 hotlines on specific aspects of SRH** are considered very important by **youth in vulnerable situations**, especially those from marginalized ethnic communities such as the Roma, and LGBT people (most likely as a reflection of their strong privacy concerns).

In addition, a **mobile app/website with maps and opening hours of the nearest hospitals or NGO support centres** also ranks highly in terms of importance among vulnerable youth (most likely as a reflection on the high importance they attach to the activities of NGOs). This recommendation is driven mainly by people in remote areas and youth with low socio-economic status in urban areas. Also, **regular delivery of free condoms, test kits and menstrual hygiene products** to their area is also considered of quite high importance, driven especially by youth with low socio-economic status in urban areas.

## Most preferred practices for the future

### General youth population

### Youth in vulnerable situations

	%		%
My GP/family doctor/physician provides consultations or prescriptions online	47	My GP/family doctor/physician provides consultations or prescriptions online	42
Sex education classes in school	36	An online platform providing sex education, including useful videos	31
A community centre in the area where I live	33	Sex education classes in school	30
An online pharmacy to order self-administered supplies/tests/medicines without prescription	27	24/7 hotlines dedicated to specific aspects of SRH	29
An online platform providing sex education, including useful videos	25	A community centre in the area where I live	28
Dedicated contact points at my school/ university	23	A mobile app/website with maps and opening hours of the nearest hospitals or NGO support centres	24
Mobile teams of doctors, nurses or therapists visiting my area	23	An online pharmacy to order self-administered supplies/tests/medicines without prescription	24
24/7 hotlines dedicated to specific aspects of SRH	21	Regular delivery of <b>free</b> condoms, tests, menstrual hygiene products etc. to my area	22
Regular online sessions or seminars (e.g. Zoom, Teams etc.)	21	Regular online sessions or seminars (e.g. Zoom, Teams etc.)	19

# G.KEY CONSIDERATIONS

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

Specifically, the following should be considered and addressed.

## Seeking and accessing information on SRH issues

A lack of knowledge on SRHR issues pre-dated the Covid-19 pandemic, especially among teenagers and young people in vulnerable situations. To some degree, this lack of knowledge (and hence information-seeking also) results from a perception that young people can handle their SRHR issues and queries alone (especially among young people from marginalized ethnic communities and those in remote areas), while the subject of SRHR remains taboo both in society and in the education sphere.

Approximately two in five young people across all youth audiences reported having been preoccupied by other issues than seeking SRHR information or services during the Covid-19 pandemic. Nevertheless, despite the lack of prioritization of SRH issues, the pandemic does appear to have created a greater need for information on a number of topics such as pregnancy, practising safe sex, STIs, and sexual and intimate relationships which has not adequately been met. Specifically, the following measures should be considered:

- Disseminate more information on aspects related to mental health and psychological well-being. This was reported by young people as the topic with the greatest urgency for information during the Covid-19 pandemic.
- Carry out targeted communication to young people in vulnerable situations such as those from marginalized ethnic communities and those in remote areas in particular. The main topics to consider that were not adequately addressed during the Covid-19 pandemic include the termination of pregnancy/abortion and pregnancy, practising safe sex, STIs, sexual and intimate relationships, and general aspects of family planning.
- Inform young people from all audiences on issues related to sexual and gender-based violence. This should include general information on how to report incidents and how and where to seek protection, but also how to recognize and address cases of violence online such as cyber-bullying when seeking to discuss SRH matters on social media, which has become more prevalent during the Covid-19 pandemic.
- Carry out increased information-sharing via online means on the rights of LGBT youth to express their gender identity and sexual orientation freely.
- Provide tailored, age-appropriate information for young people on how Covid-19 affects specific aspects of SRH.
- Increase the availability of information related to SRHR in all languages. In particular, young people belonging to the Serbian community reported an obstacle to access because the information is mostly available only in the Albanian language.
- Address the lack of knowledge about SRHR matters at its roots, by focusing on specific topics in sexuality education. This should be conducted concurrently in out-of-school formal education (currently perceived by teenagers as being more effective) and within the school curriculum. Topics which were referred to as being of particular interest by teenagers include diseases related to SRH, protection and complications during sexual intercourse and possible consequences, recognizing the symptoms of STIs, issues of consent, and raising awareness that a person does not have to end up

in a relationship or marrying someone just because they had sexual intercourse.

In addressing the above-mentioned needs, use of the following channels may be considered:

- Increase the involvement of international organizations and NGOs in Kosovo, the activities of which were very positively received by young people during the Covid-19 pandemic. In this context, it would be beneficial to involve local NGOs to a greater degree so that they can become more involved in information dissemination, both during times of crisis and beyond into the future. This role could also be integrated into formal sexuality education by providing NGOs with access and links to the school environment.
- Use a mix of online channels and traditional media channels: on the one hand, during the Covid-19 pandemic there has been a notable collective shift to using online channels (social media, websites, blogs or apps), suggesting wide acceptance of these as information channels. At the same time, young people in vulnerable situations felt left out of the information circle on account of not having access to the internet, suggesting that TV and radio should also be used to disseminate information.
- Explore how pharmacies can play a more active role in sharing information with young people in vulnerable situations. This was a resource that these young people turned to more during the Covid-19 pandemic.

### Access to SRH services and supplies

The Covid-19 pandemic has created further barriers to seeking SRH services for young people, resulting in young people being further demotivated to seek them in the first place. Specifically the following should be addressed:

- Address the overall availability of services to young people in vulnerable situations. The closure of local community centres and the limited opening hours of health centres, coupled with movement restrictions, have prevented young people from accessing SRH services.
- Improve the attitudes of physicians in offering their services to young people. In a context where young people have always been uncomfortable seeking SRH services, the overall approach of physicians to young people specifically has been unfriendly, without the due attention and with even greater discrimination during Covid-19 against

marginalized ethnic youth and LGBT youth in particular. The privacy and confidentiality concerns of young people should be considered in this context.

Moreover, accessibility issues faced by young people during the Covid-19 pandemic should be addressed, including the following:

- Ensure adequate availability of health personnel in health centres and hospitals. Particular problems were reported by young people in terms of delays faced or outright inability to be served on account of medical and counselling professionals being shifted to other responsibilities to manage the Covid-19 situation.
- Ensure the availability of counselling services for girls in particular. Girls who became sexually active for the first time during the Covid-19 pandemic referred to such availability and access being problematic.
- Ensure the uninterrupted distribution and availability of supplies to young people and communities in vulnerable situations, especially contraceptive supplies and condoms. In this context it would be important to ensure the operation of pharmacies with extended working hours in all communities, a service that was missing for young people in remote areas more often during the Covid-19 pandemic than before.
- Arrange for consultation services with physicians to be carried out effectively over the telephone, given the difficulties faced in having face-to-face consultations. Young people have turned to the telephone to a much greater degree than before the pandemic, creating a short-term solution to their problem. The role of the family doctor/GP should be central in this effort, given that young people strongly believe that the Covid-19 pandemic has shown that it is very important to have a physician who can be trusted. This applies both to the general youth population but also to young people in vulnerable situations, for whom there may be a need in some cases to establish and allocate a personal doctor in the first place.

Young people reported a strong tendency of public-sector physicians actively encouraging them to seek support from private doctors during the Covid-19 pandemic. In this context, while it is obviously important to address the severe shortcomings of the capacities of the public health system, the structured involvement of private-sector physicians in the overall effort to provide SRH services to

young people during times of crisis could be considered. Given the limitations faced in terms of accessing public-sector health services, it is also important to ensure systemic investments in the public health care system to ensure that access to quality services is possible for those who are less privileged financially, especially young people from rural areas, some less affluent young mothers, and Roma, Ashkali and Egyptian girls and women. Considerations for young pregnant women and new mothers

In an effort to address their increased information needs in relation to SRH, new mothers and pregnant women have widely used online means in conjunction with telephone conversations and email exchanges with their physicians to obtain the information required on general family planning issues, deciding to have children and understanding how the Covid-19 virus and vaccination affect their pregnancy and health, and that of the foetus or newborn baby. In this context, an effort should be made to inform new mothers about online resources or websites that provide trustworthy and accurate information and to enrich the information available on them.

In terms of the availability of information and access to services, a number of measures should be considered for further improvement, especially during times of crisis, given problems that have been faced in this respect:

- Ensure that regular gynaecological and pregnancy monitoring check-ups are not missed. Procedures should be set in place at health centres, and Covid-19 safety precautions should be communicated to pregnant women to encourage them to be proactive in scheduling their visits and overcome their fears.
- Ensure adequate availability of medical staff, in addition to doctors. The Covid-19 pandemic has led to increased pressures on staff, contributing to a lack of respect shown to pregnant women.
- Ensure that health care providers offer the medical care needed—for example, through training and support. Incidents of a lack of professionalism and negligence have been reported by pregnant women.
- Ensure the continued provision of fertility treatment and pregnancy testing by physicians. These services were either not offered or could not be accessed due to the movement restrictions in place during the pandemic.

- Provide a clear fast-track channel for scheduling emergency visits. Pregnant women and new mothers were not assured of this level of service.
- Provide specialized psychological counselling for pregnant women, given their increased emotional needs arising from their situation and the pressure of the Covid-19 pandemic.

### Mental health and psychological support

The area of psychological and mental health has been one of particular need in terms of information-seeking, strongly linked to a strong negative impact of the Covid-19 pandemic on the personal psychological health of all youth segments, and especially those from ethnic communities, LGBT youth and new mothers. In this context, there has been a notable increase in the proportion of young people seeking support. Nevertheless, this has largely been in terms of turning to family and friends and general online sources, rather than seeking professional support. To increase access to professional support services in an effective way, the following measures should be considered:

- Implement an emergency preparedness plan specifically for mental health services, and ensure the availability of resources so that increased demand in times of crisis can be met.
- Ensure that information is readily available on where or how to obtain psychological support. Online and digital means are worth considering in this respect, given the high level of acceptance of these channels among those young people with access to the internet.
- Increase the capacity of hotlines during times of crisis and increased demand. This was a channel to which young people in vulnerable situations turned more during the Covid-19 pandemic.
- Acknowledge that mental health issues faced by young people in vulnerable situations in particular are also accentuated by the greater financial pressures they face during times of crisis, and arrive at solutions that can make professional mental health services more affordable to them.
- Ensure the provision of specialized psychological support services for survivors of sexual and gender-based violence, given that exposure to violence contributes to higher stress levels and increased mental health problems, especially for young women living in patriarchal households, such as Roma women.

- Address psychological problems in a holistic manner, considering the increased financial pressure and exposure to sexual and gender-based violence that young people in vulnerable situations in particular have faced.
- Carry out awareness-raising activities to dispel confusion regarding the difference between a psychologist and a psychiatrist, in an effort to destigmatize psychological support services. Feedback from young people indicated that sourcing support from a psychologist rather than a psychiatrist would be an initial small step towards reducing stigmatization.

### Sexual and gender-based violence

More than one in five young people in Kosovo claimed to have either experienced or witnessed an incident of sexual and gender-based violence during the Covid-19 pandemic. This incidence is particularly high among young people from marginalized ethnic communities such as Roma, Ashkali or Egyptian. Young people strongly believe that the State has not adequately tackled such issues (59% of the general youth population and 48% of young people in vulnerable situations expressed this opinion).

Despite the rising incidence of sexual and gender-based violence during the Covid-19 pandemic, more than two in five of those encountering such incidents either did not know how to seek support or did not take any action, suggesting a significant need for communication activities to raise awareness of the importance of seeking support and specific contact points to which victims or witnesses can turn. Moreover, young people claim that the

support they need has often not been delivered. In this context, the following measures should be considered:

- Further communicate the existence of mobile apps for seeking helpful contact locations that have been positively received by those aware of them.
- Increase the number and availability of counsellors on matters related to sexual and gender-based violence, since young people expressed a significant need for them.
- Enhance the capacities of NGOs to offer or guide on meaningful protection. Currently there are at least five NGOs that work specifically on sexual and gender-based violence issues and offer psychological support. Young people have turned to them much more than to protective institutions such as the police or shelters, yet the support received has often been lacking in terms of being able to offer them or guide them to effective physical shelter or protection. It is necessary to ensure the viability and capacities of NGOs, especially during times of crisis.
- Revisit the guidelines on the way that official protective authorities such as the police address incidents of sexual and gender-based violence, and provide training support. This would allow the authorities to play a meaningful role for young people in a wider coordinated effort to tackle the challenges of increasing sexual and gender-based violence, and at the same time would clarify standards and procedures expected from such authorities in reacting to incidents of sexual and gender-based 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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