



YOUTH

VOICES |||| CHOICES

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

Research Report

Youth Voices, Youth Choices is a 30-month project dedicated to ensuring sexual and reproductive health care in the Western Balkans becomes more accessible and youth-friendly in the long term, learning from the Covid-19 experience. The work focuses particularly on the experiences and needs of youth from groups that face systemic barriers to accessing care. Young people are at the heart of the project, working in multistakeholder partnerships as researchers, advocates and campaigners.

Youth Voices, Youth Choices project partners :

Coordination: IPPF European Network

Implementation:

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

The design and methodology of the research, the guidance of the local research teams, the data analysis and writing of the report were carried out by Noverna Analytics and Research. Local teams in the five countries were centred around young people trained to conduct the research together with our implementing partners.

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



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Foreword

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

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

As a basis for this work, we conducted this study to provide us with a clearer picture of the impact of the pandemic on young people's sexual and reproductive health and rights (SRHR). This **report** presents the findings of the study, carried out by and among youth in five Balkan countries. It documents **young people's sexual and reproductive health (SRH) needs and experiences and the perspectives of health care providers and other relevant stakeholders on these needs**. It also captures the latter's **needs as they deliver services, information and education to young people**, building on their experience of Covid-19.

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

The findings presented here show clearly that sexual and reproductive health and rights are essential to a young person's mental and physical well-being. They confirm our firm belief that the provision of quality and accessible sexuality education, information and youth-friendly SRH care must be ensured for all young people on a continuous basis – before, during and after a crisis. We invite the readers of this report to join us in our fight for resilient health and education systems in the Balkans that integrate SRH services and education and are inclusive of all young people and their needs.

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A. Introduction and background

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 North Macedonia in the course of 2021.

B. Research and Objectives

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

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

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

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

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

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

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

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

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

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

C. Research design and approach

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

Phase 1

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

Phase 2

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

Phase 3

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

Phase 4

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

D. Primary research methodology and sample parameters

Target audience and definitions

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

- Young people in the age range 14–30 years were covered in Phases 2 and 3, including men/boys and women/girls alike, though women/girls represented a larger proportion of participants. These young people were recruited for participation on the basis of their potential vulnerability. At the initial level, two broad categories were identified, namely:

- **Young people in vulnerable situations, defined as those who are exposed to conditions of vulnerability in relation to SRH matters due to one or more of the following characteristics:**

- their geographic location, especially residing in remote areas far from the main urban centres which host most of the large public health care facilities;
- their ethnicity, especially those people belonging to minority or marginalized ethnic groups;
- belonging to the lesbian, gay, bisexual and transsexual (LGBT) community, based on their own self-identification;
- having been pregnant or given birth during the Covid-19 pandemic; and
- having a lower socio-economic status and residing in urban areas; and

- **Young people belonging to the general youth population, defined as young people who reside in the main urban areas of the country (in close proximity to the main health centres) and who are not considered vulnerable based on the conditions listed above.**

Adopting these two broad categories of youth participants allowed us to identify differences in patterns across the two groups in the subsequent

analysis, thus yielding insights into how (and which) situations of vulnerability are differentiating factors in determining the impact of the Covid-19 pandemic on access to SRH information, education and services.

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

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

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

Qualitative research among young people and stakeholders: Methodological parameters

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

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

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

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

- Was moderated by an experienced research moderator with the active assistance and involvement of one or more young people from

the local partner team, all of whom were trained and briefed on the objectives of the study and the correct techniques for carrying out the moderation;

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

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

The specific sample structure and sizes achieved in the qualitative research were as follows, for each of the five countries covered:

Focus group discussions with young people Total number of groups: 5

By type	
1	General youth population aged 18–30 years in Skopje
2	Roma youth aged 18 – 30 years in Crnik
3	Young people aged 18–30 years in the remote area of Krivogashtani
4	Young females who were pregnant or gave birth during the Covid-19 pandemic in Skopje
5	LGBT youth aged 18 – 30 years in Skopje

In-depth Interviews with stakeholders/ experts Total number of interviews: 6

By type		N°
	Ministry of Health	1
	Shelter for victims of sexual and gender-based violence	1
	Mental health expert	1
	Expert in the education field	1
	NGO working in SRHR & HIV education and counselling	1
	NGO working with the Roma community	1

Quantitative youth study among young people: Methodological parameters

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

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

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

- **Recruitment and questionnaire completion:**

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

- **Online:** Respondents belonging to the categories of the general youth population, pregnant women/new mothers, LGBT people and, partially, those in remote areas were invited to participate by email invitation. These invitations were disseminated through a variety of recruitment channels (both broad and via other partner organizations), to ensure widespread recruitment and minimize biases in the selection of respondents. Respondents received a link to the questionnaire, which they accessed and used to complete the questionnaire themselves. Their feedback was submitted automatically to a central server for further processing and analysis of the data.
- **Face to face:** Respondents residing in remote areas and belonging to the Roma ethnic community were recruited purposely with the cooperation of gatekeepers to these communities. Interviewers visited these respondents either at a central location or at home and provided the technological means (a tablet device) to enable the respondents to either complete the questionnaire themselves in the presence of the interviewer or respond to the questions administered by the interviewer. Again, responses were submitted automatically to a central server for further processing and analysis of the data.

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

Total number of questionnaires : 240

By type:

General youth population	80
Youth in vulnerable situations:	160
In remote areas	67
Roma youth	26
LGBT youth	58
New mothers (<i>pregnant and/or giving birth during the Covid-19 pandemic</i>)	43
Youth with low socio-economic status in large urban centres	25

By gender:

Total males	68
Total women/girls	170
Undefined	2

E. Analytical and research limitations

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

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

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

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

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

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

F. Key Findings

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

1.1 General constraints and patterns of seeking and sourcing information on SRHR

Information-seeking on SRHR issues by young people in North Macedonia is constrained by a number of factors.

Both the general youth population and those in vulnerable situations clearly perceive that the main focus of the government has been the pandemic, **and information on other issues, such as SRHR, could not be accessed or was inexistent.** At the same time, young people believe that too much information on Covid-19 has been circulating, leading to uncertainty as to which sources to trust and creating a high level of insecurity.

During the Covid-19 pandemic, key information needs have arisen with respect to **how the Covid-19 virus affects contraception and pregnancy, its impact on young people's mental health, and the availability of gynaecological examinations and pregnancy tests.** However, information on these issues could not be found easily, so those young people with internet access have sought such information from international online sources.

The pandemic has made it difficult to find out **how to schedule an appointment** with a gynaecologist or how to contact health centres for examination and counselling.

Among **new mothers**, the lack of information has created strong feelings of fear and anxiety in particular, related to a number of issues:

- The inability to find information as to which health centre was available for them, and where and when to report to the health centre;
- The lack of availability of doctors and, more specifically, gynaecologists, even by telephone;
- The lack of clear information or source to turn to, to understand whether Covid-19 was harmful for the foetus or the mother; and
- Insufficient official information on how vaccination against Covid-19 might affect the foetus, or very young children who are breastfeeding.

Among the Roma community, the majority of women faced issues in terms of **not having health insurance and facing discrimination as a result;** hence, the community turned to NGOs for support, including for any information on SRHR matters. Moreover, a lack of access to computers and the internet, and low levels of digital illiteracy rule out the option of searching for information online most of the time.

"Doctors do not want to listen to Roma, even if they have documents for necessary medical care."

- Young Roma female

In terms of the ways in which young people have informed themselves about Comprehensive Sexuality Education (CSE), formal education fell from being the **third most common information source before the pandemic to the sixth most common during the pandemic**. The internet was the most frequently used source of information on CSE before and during the pandemic (research conducted by the Coalition 'Sexual and Health Rights of Marginalized Communities' on the human rights of marginal communities during Covid-19).

There is an **implicit understanding** among youth that it is up to schools/universities to offer training/classes akin to CSE (research conducted by the Coalition 'Sexual and Health Rights of Marginalized Communities' on the human rights of marginal communities during Covid-19).

Experts/officials in the health and education fields strongly believe that because of the measures taken by the government to prevent the spread of Covid-19, all sources of SRH information usually available to young people (i.e. school, society, youth centres, health centres etc.)—apart from the internet—were not available during the pandemic. As a result, young people have needed to make up for this shortcoming by searching online.

"That is why we believe that this type of education (i.e. sexuality education) should be connected to institutions and school, so that students can know the necessary information when it comes to their SRHR."

- Bureau for Educational Development, Ministry of Education

1.2 Underlying pre-pandemic obstacles to accessing information on SRHR

1.2.1. Cultural and systemic obstacles

A number of obstacles related to the need for information on SRHR pre-date the Covid-19 pandemic, as highlighted by the youth and stakeholders alike during qualitative focus group discussions and in-depth interviews.

There is a **basic lack of awareness**, misunderstanding and confusion as to **what SRHR is about** in general. This appears to be sustained by the **lack of SRHR issues included in the formal school curriculum**, which indirectly contributes to sustain cultural stereotypes and taboos about SRHR and services.

Expert stakeholders stated that the lack of focus in addressing SRHR issues within the educational environment is in contrast to the real needs of young people:

"General information about SRHR is always important, regardless of the Covid-19 pandemic, as young people need proper information and guidance when growing and discovering their bodies and sexual needs and preferences."

- Education expert

"If we have healthy youth, with a high degree of knowledge about their reproductive health, we can talk about a healthy nation."

- Representative of the Ministry of Health

Asking professionals for information about SRHR is viewed as **taboo** and entails considerable stigma, resulting in young people seeking information outside the professional sphere (e.g. turning to close friends, family and/or the internet). This largely leads to reliance on information in the form of private knowledge that is **acquired by experience** rather than scientifically.

"We would tell our mothers, because they have already gone through it."

- Young Roma person, Crnik

"If you go to a 60-year-old to tell him your child will learn about sexual health, his world will fall apart."

- Young person, Skopje

Information relating to sexual and gender-based violence has always been limited in availability and incomplete, and there has been a lack of timely support and protection from institutions and the police. In addition, a very small proportion of young people know where to ask for protection from sexual and gender-based violence and domestic violence. Moreover, the authorities and key institutions are not considered committed to tackling the issue.

Regarding SRH in general, the **lack of health insurance coverage for Roma women and girls** in combination with the absence of sufficient gynaecological services has historically presented a significant challenge for their overall health and well-being.

There is clear **stigma** faced by young people asking for **psychological support in particular**.

"More education and de-stigmatization of SRH is needed, as well as more openness to mental health, counselling and normalizing working with psychologists."

- Expert psychologist

Among the Roma community in particular, young people are not willing to discuss SRHR issues with their parents or partners on account of the prevailing patriarchy. Indeed, in the course of focus group discussions, Roma participants were even hesitant to discuss such matters in the presence of peers from the same community. In light of this, young Roma women and girls prefer to seek information on such issues by discussing them with very close friends or family members (females), and it is largely confined to aspects relating to contraception, family planning and menstruation. In this context, Roma women and girls seem to accept that SRHR issues should not be a public matter.

Among the LGBT community, there is a strong feeling of mistrust in the system and, more specifically, in the police. The way they have been treated by the general population has made them lose faith in the police, government, politicians, and the general public alike. In this context, they consider that their specific needs have always been neglected completely, while there is a strong feeling that they have been used as political bargaining chips.

Ultimately, there are strong feelings that:

- They feel invisible and, in some cases, even being used for political goals, or that they are not viewed as human beings, which impacts their basic rights;

"It is necessary for heterosexual people to fight for LGBT rights because they already have rights. They can walk the streets freely with their partners and enjoy their sexuality, and I believe they should aid us. When we don't have freedom, no one has freedom; we should all be able to enjoy it."

- LGBT person

- They have been at a complete loss as to where to turn for basic protection of their rights; and

"I do not know a person in the community who would turn to the police." - LGBT person

- There has been considerable discrimination by medical professionals against the LGBT community. A strong belief is held that medical professionals are not treating them as equals because the medical professionals justify everything happening (including sexual health issues) to LGBT people 'as a result of their being gay'. Moreover, it appears that LGBT people have become accustomed to not receiving appropriate care and necessary medicines and, ultimately, also attribute this to a general systemic problem.

"It's clear that the system is collapsing."

- LGBT person

1.2.2. Misconceptions pre-dating the Covid-19 pandemic

Over and above the cultural and structural obstacles highlighted above, strong misconceptions relating to SRHR issues also pre-date the pandemic, in relation to:

- A belief among young people that SRHR issues and problems are a 'disease' of some kind (once more perpetuated by the lack of any formal sex education); and

- A strong belief among Roma community members that interfering with 'natural processes' through medical intervention is an indication of a lack of 'love': as such, the use of any contraception is considered 'bad' and an indication of not wanting or loving one's children, thus suggesting that anyone doing so is a 'bad person':

"I do not think that I need to take such pills, because I will love my children."

- Young Roma female

This may also affect their motivation to visit gynaecologists for general gynaecological examinations (Pap tests, mammograms etc.). In this context, officials and representatives of NGOs claimed that such perceptions will inevitably lead to a lack of confidence in seeking support within their close circles (including family doctors), resulting in the risk of being exposed to false information online.

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

1.3.1 Information-seeking and needs for SRHR during the pandemic

Changes in overall information needs

The over-riding feeling expressed by all youth groups during focus group discussions was that **general information needs relating to SRHR have not changed substantially** due to the pandemic—a view that stakeholders shared in expert interviews.

In addition, overall SRH issues and needs appear to have become an even lower priority during the Covid-19 pandemic, resulting for some in a further lack of motivation to seek information due to the absence of social contact and being isolated at home. Thus, there has been a clear tendency among both the general youth population and those in vulnerable situations of being preoccupied with other, more important issues than seeking SRHR information or services, with 44% and 43%, respectively, expressing this view. The highest proportion of young people sharing this opinion was among Roma youth (50%), who mentioned in the focus group discussions that their primary concern during the pandemic has been how to protect themselves from the virus.

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



Source: Quantitative youth survey (2021)

Despite the above finding, it appears that the greater availability of personal time has allowed youth people to reflect on their pre-existing perception that SRH issues are related to disease, and to readjust this view in terms of understanding

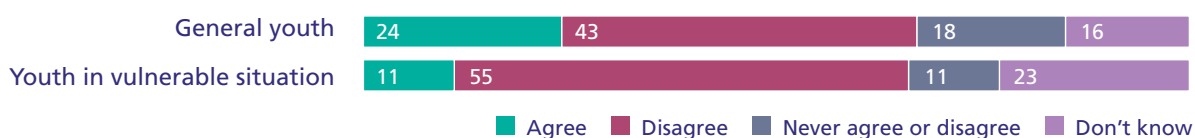
the benefits they may be able to receive in terms of their own personal sex lives. As such, researching social and intimate interactions in times of Covid-19 appears to have presented an opportunity for some young people to make discoveries related to SRH.

Knowledge on information sources

There is little evidence to suggest that young people needing SRHR information have lacked knowledge as to where to obtain it during the Covid-19

pandemic. Roma youth are the only group tending to lack this knowledge, with 38% of respondents from this community reporting facing this issue during the pandemic.

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



Source: Quantitative youth survey (2021)

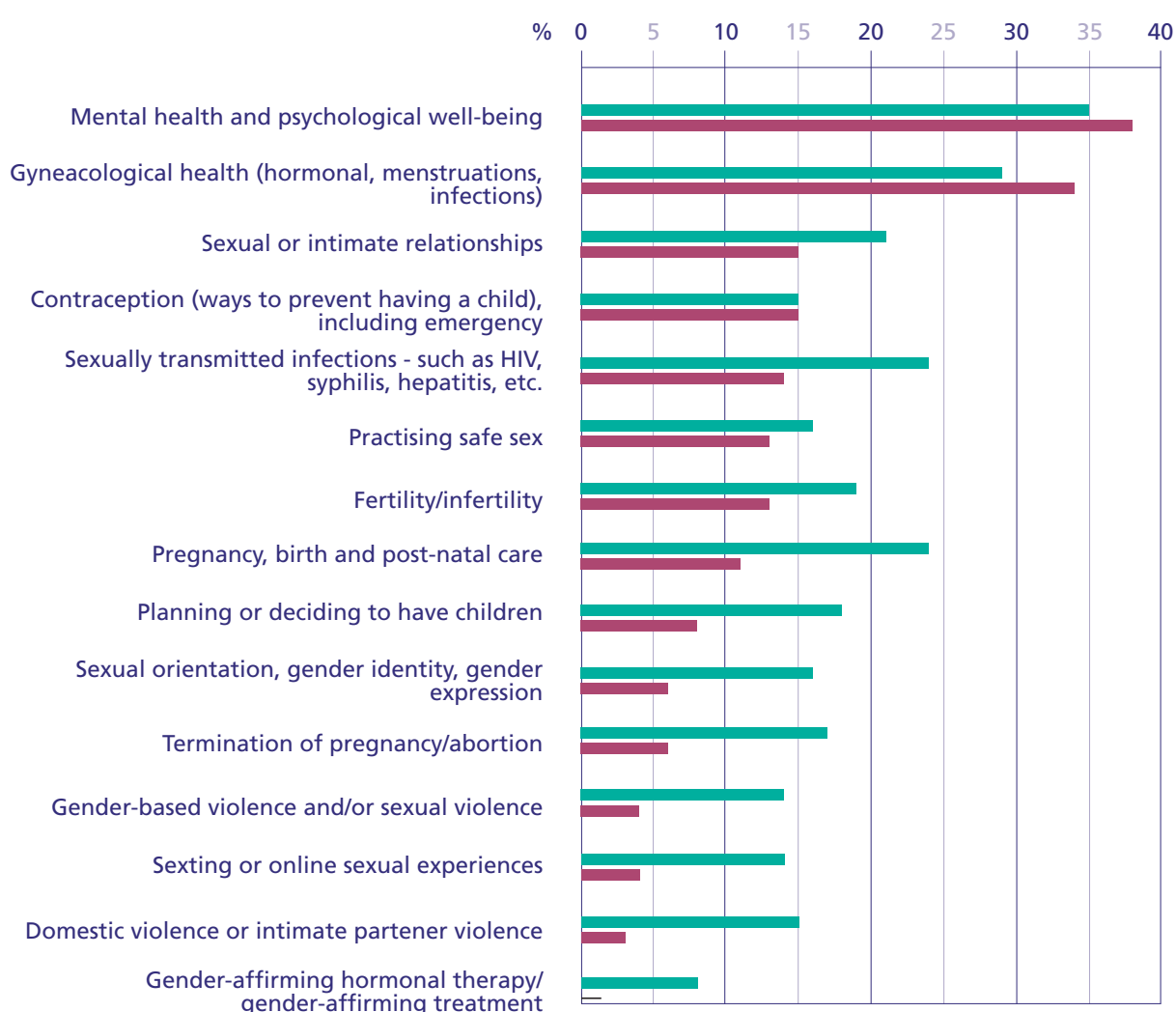
Information-seeking by topic

Information-seeking on SRHR issues during the Covid-19 pandemic has been more prevalent among youth in vulnerable situations than among the general youth population, due to a very large proportion of new mothers (80%) and LGBT people (77%) seeking information on at least one topic.

Clearly, mental health and psychological well-being and general gynaecological information have been the two areas of primary importance in terms of information-seeking across all categories of youth. Youth in vulnerable situations have sought information on relationships (sexual or intimate), STIs and pregnancy in particular.

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

■ Youth in vulnerable situations ■ General population



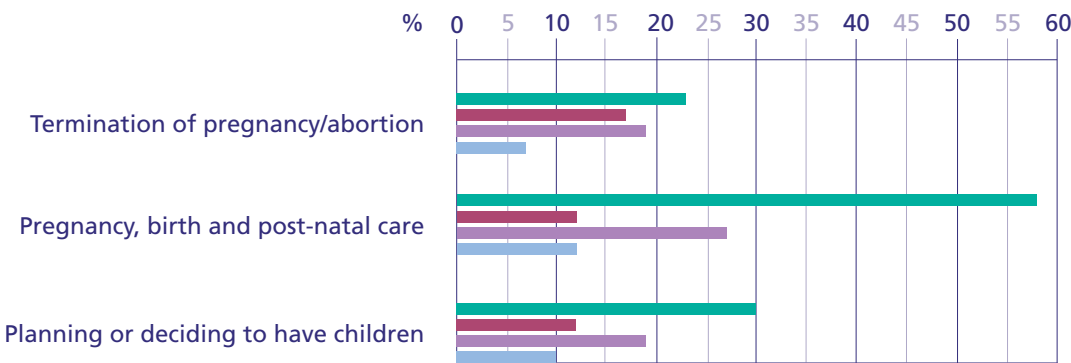
Source: Quantitative youth survey (2021)

In particular, **new mothers** have commonly been seeking information on pregnancy (including also

termination of pregnancy) and planning to have children.

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

New mothers LGTB youth Roma youth Youth in remote areas

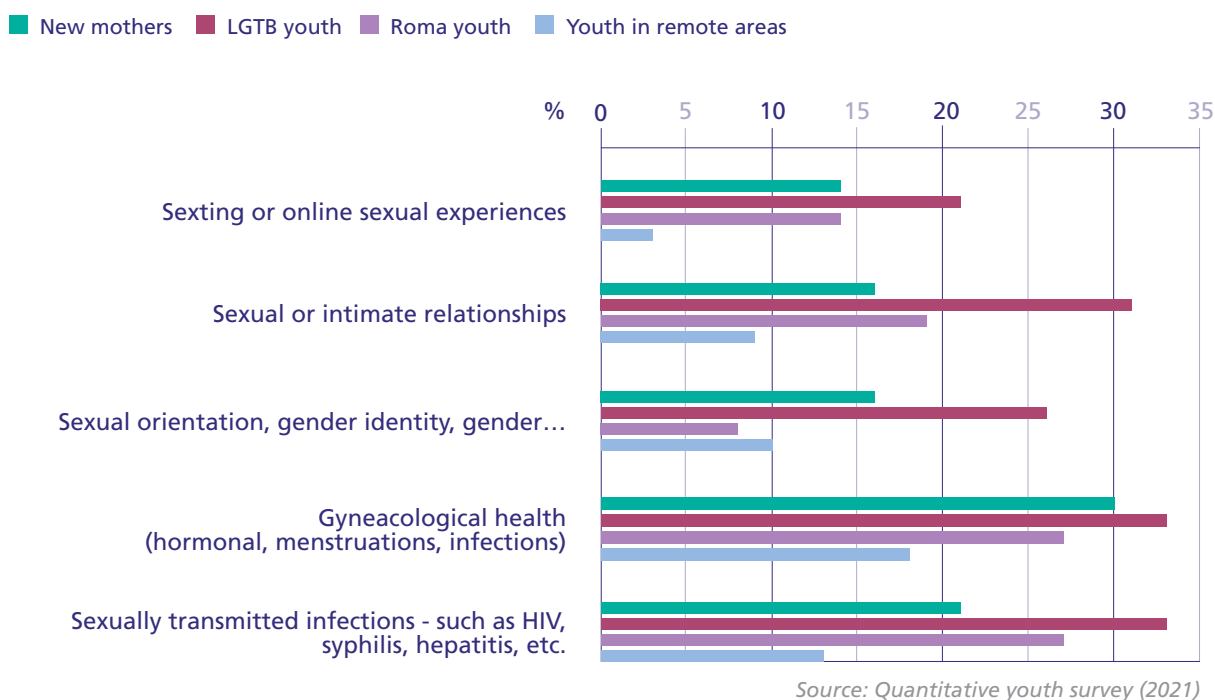


Source: Quantitative youth survey (2021)

Moreover, **LGBT people** have been particularly inclined during the Covid-19 pandemic to seek information on sexting, online sexual experiences,

sexual and intimate relationships and STIs, reflecting the high level of interest of the LGBT community in such topics.

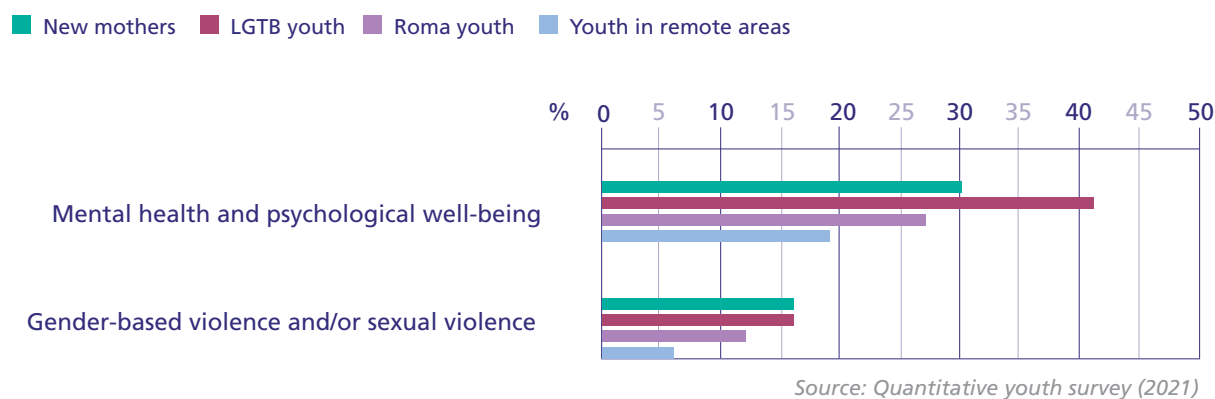
Information-seeking on SRH during the Covid-19 pandemic (% seeking information)



LGBT people are also the vulnerable group with the highest tendency to seek information on mental

health and psychological well-being during the Covid-19 pandemic.

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



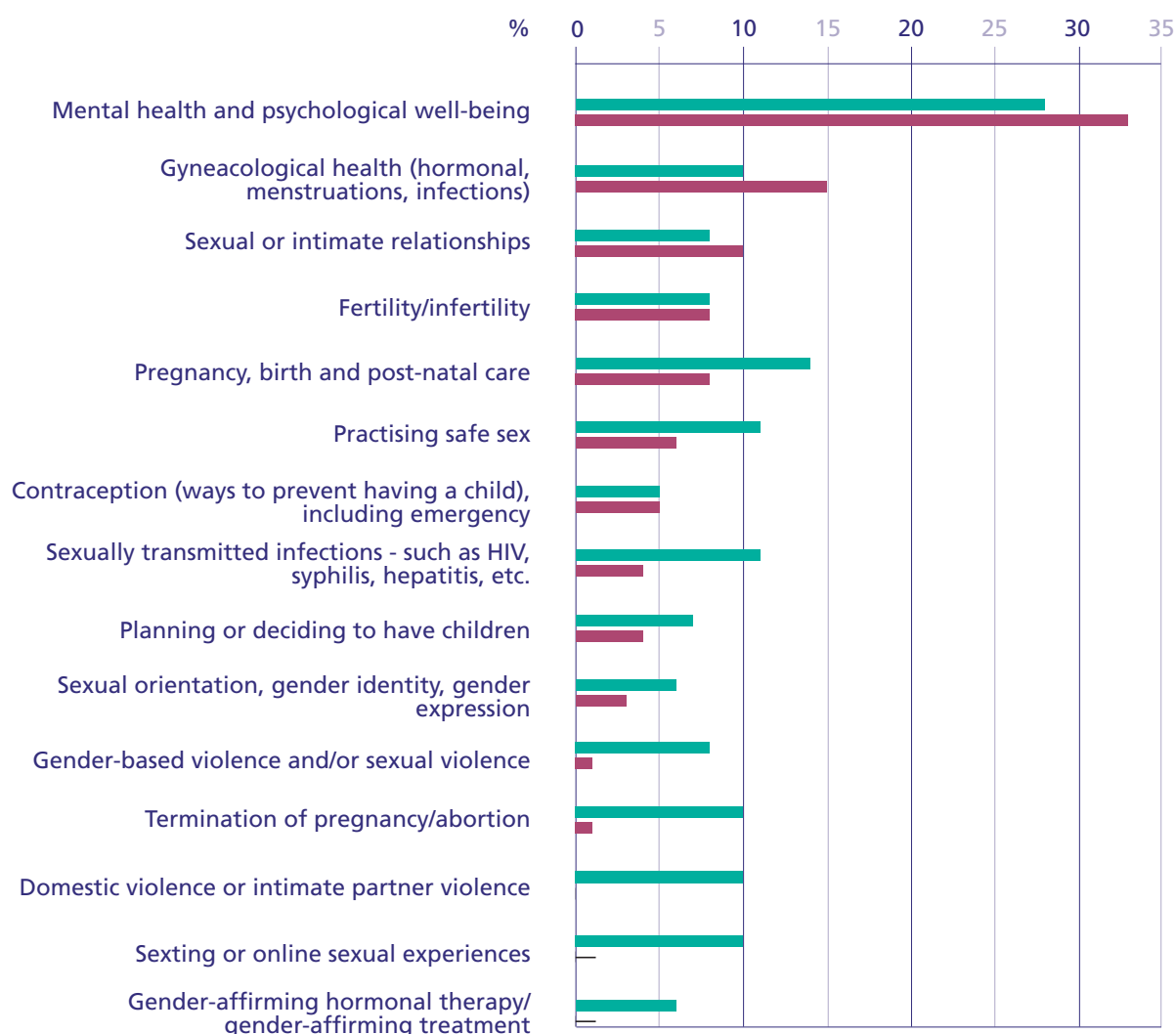
Increased urgency of information needs among youth in vulnerable situations

As mentioned above, the Covid-19 pandemic appears to have offered young people an opportunity for greater reflection on SRH-related issues, as expressed by some youth audiences in the focus

group discussions. The findings from the quantitative youth survey suggest that the information needs of youth in vulnerable situations are more likely to have increased during the Covid-19 pandemic than those of the general youth population—likely fuelled by greater realization of the difficulties they have faced in acquiring information in the past.

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

■ Youth in vulnerable situations ■ General population

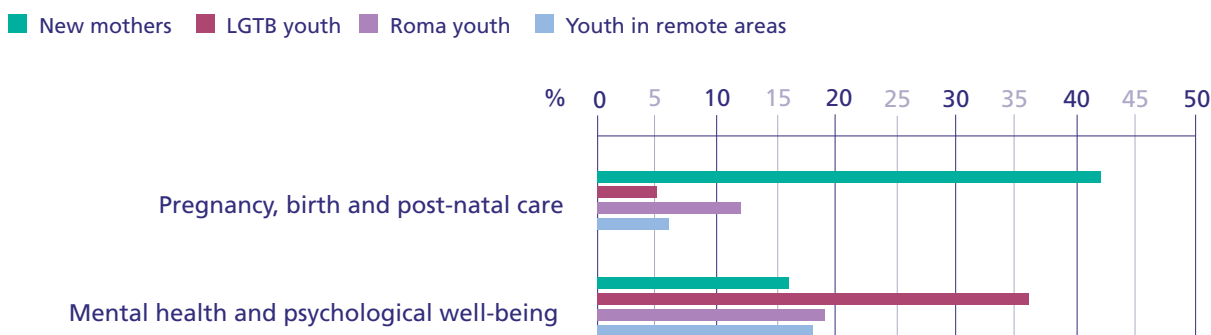


Source: Quantitative youth survey (2021)

In particular, an increased need for SRHR information has been most clearly observed among **new mothers**, with a greater urgency of need with respect to pregnancy-related issues, and **LGBT**

people, with a particularly greater urgency of need relating to mental health and psychological well-being.

Information seeking which became more urgent during the Covid-19 pandemic (% seeking information)



Source: Quantitative youth survey (2021)

1.3.2 New information needs during the Covid-19 pandemic

Focus group discussions did not reveal the need for information on new topics as a result of the Covid-19 pandemic. However, the need to understand **how Covid-19 affects SRH issues** (especially in relation to reproductive issues and the health of pregnant women and their foetus) stands out as an emerging information need and, indeed, appears to have expanded young people's openness to consider the importance of SRH-related information in general.

The qualitative focus group discussions also revealed a new information need in terms of **where young people can access safe health care** and SRHR services (i.e. gynaecological examinations, giving birth, psychological counselling, open pharmacies, as well as psychological consultations). Hence, restrictions on physical visits to health centres have essentially raised awareness of the need to have readily accessible information on any SRH topic of interest.

Indeed, this finding was echoed by a representative of the Ministry of Health, who stated that the pandemic has actually **raised the profile of health-related issues** and helped to increase awareness of personal health issues among young people, and of

acquiring new good habits relating to their health. In this context, **the motivation to explore** (e.g. on the internet), debate and discuss SRH-related topics may be considered a positive side-effect of Covid-19. In light of this, the key basic questions of whether one should engage in sexual activity and how/with what protection have come to the forefront due to the context of the pandemic and the 'threats' posed by the Covid-19 virus.

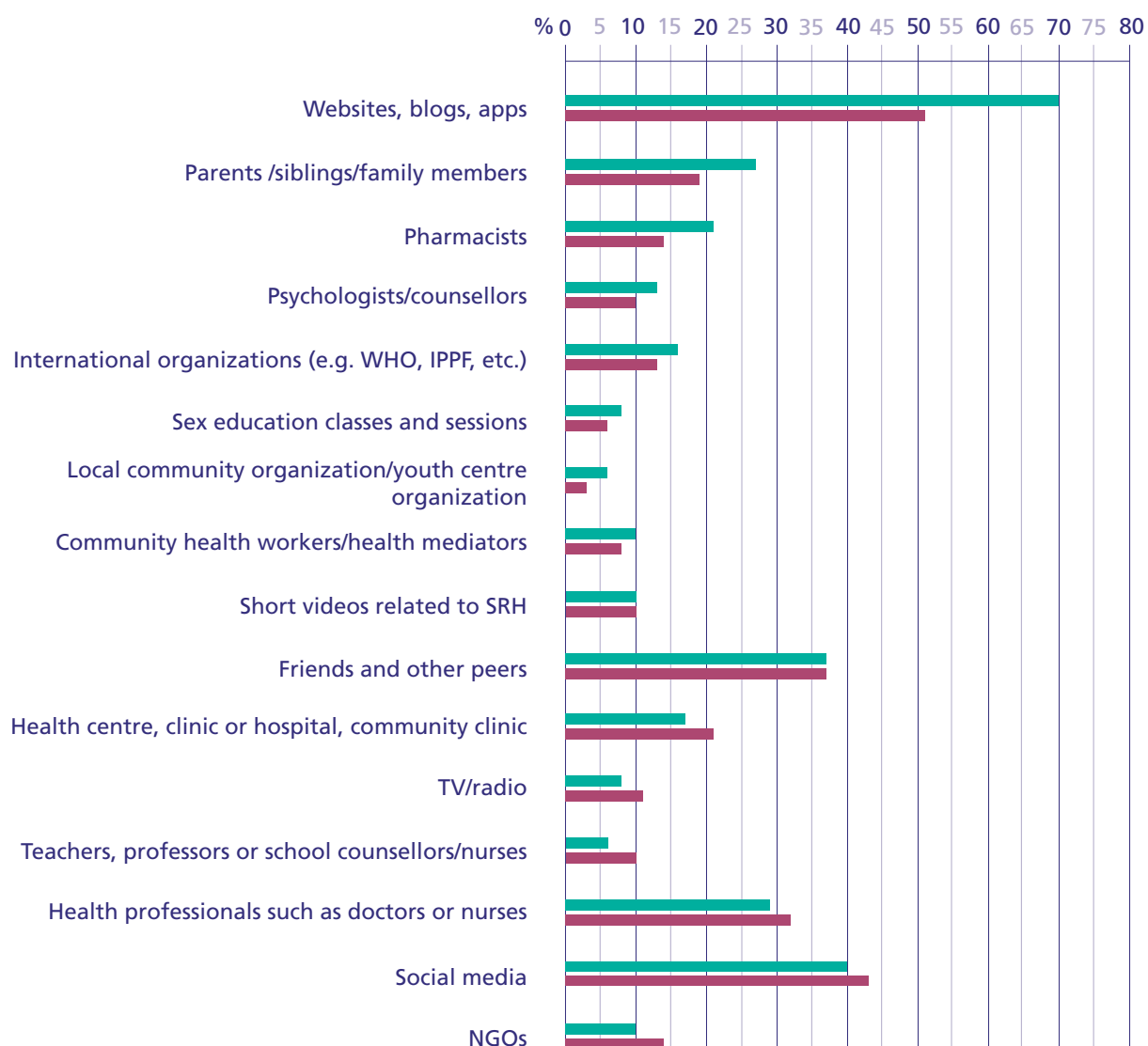
1.3.3 Information channels on SRH during the Covid-19 pandemic

Pattern shifts in the use of information channels

In terms of the channels being used by the general youth population to source information on SRH-related issues, there has been a fundamental increase in their reliance on websites, blogs and apps, as well as in terms of a greater reliance on family members. Feedback from these young people in focus group discussions further suggested that internet searching is very much focused on reliable international sources such as the World Health Organization website, due to the lack of relevant information on official government websites and the confusing information available on social media.

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

■ During the pandemic ■ Before the pandemic



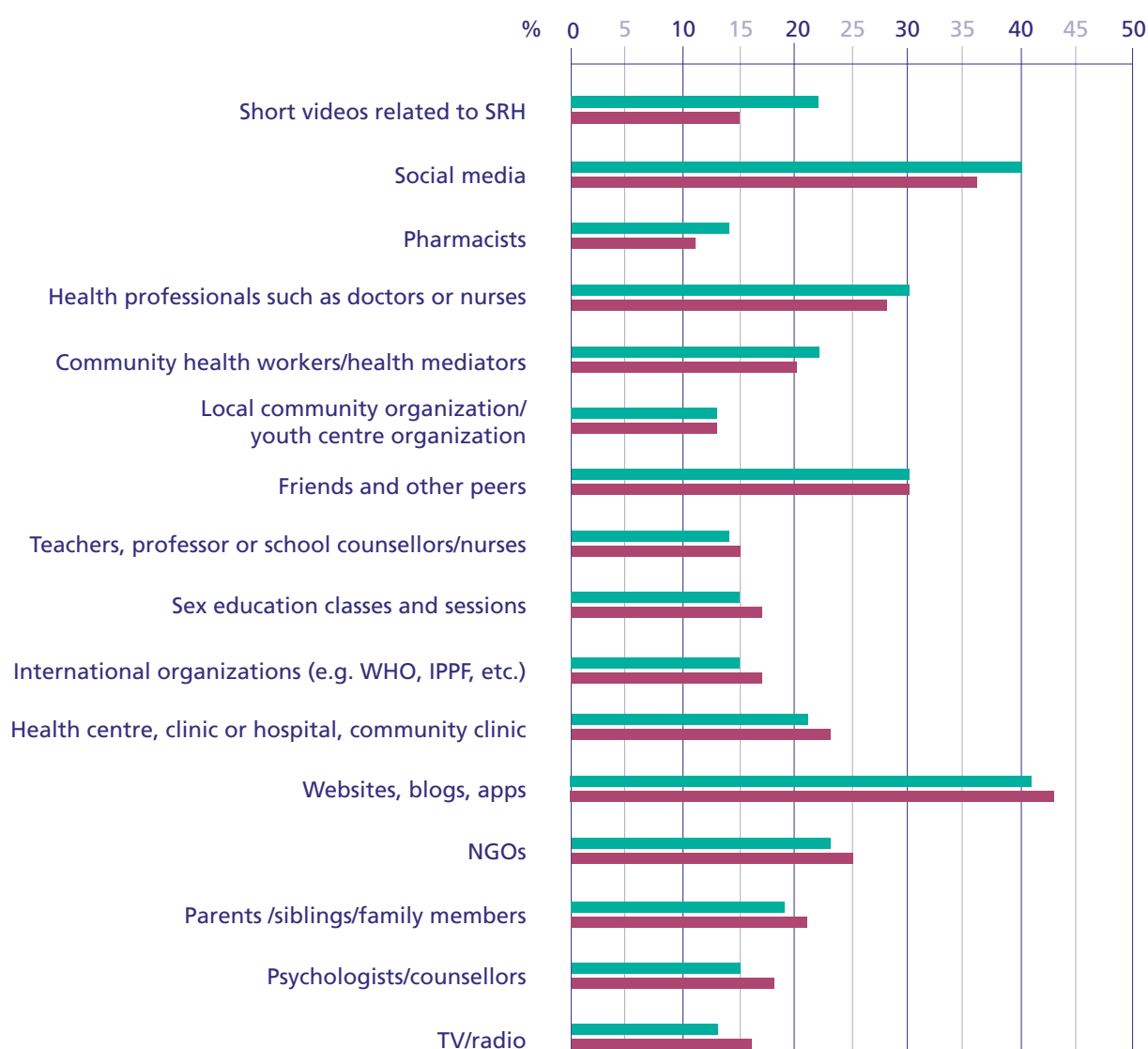
Source: Quantitative youth survey (2021)

In contrast, the greatest shift among youth in vulnerable situations has been with respect to relying more on short videos on SRH issues specifically, further reflecting the greater interest in SRH issues that the pandemic appears to have created for these young people. In conjunction with

the high level of use of social media and websites both before and during the Covid-19 pandemic, this further suggests the potential of technology for disseminating SRH-related information across the board.

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

■ During the pandemic ■ Before the pandemic

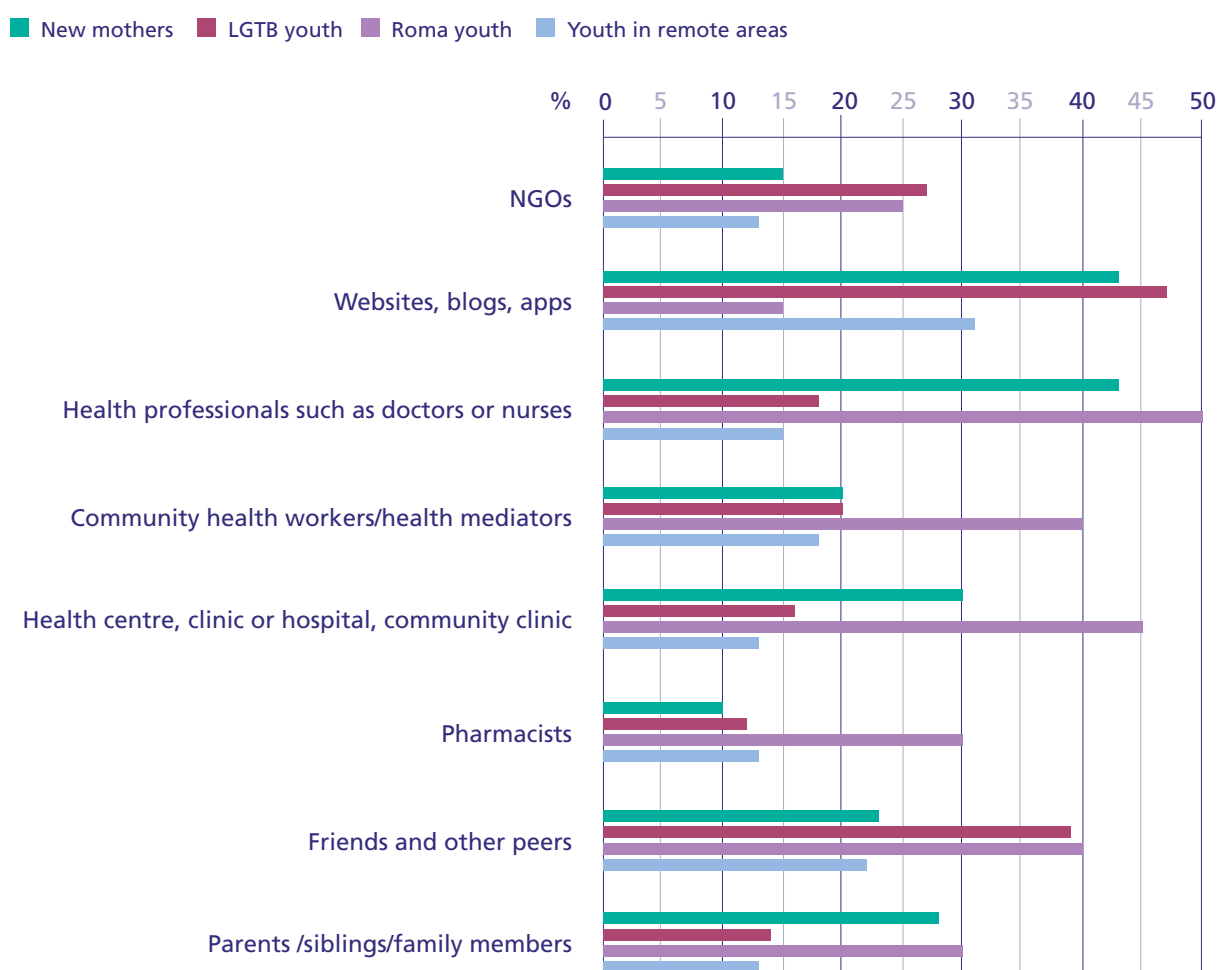


Source: Quantitative youth survey (2021)

Analysis of the information channels used during the Covid-19 pandemic based on the quantitative youth survey further suggests differences in importance of the various channels across youth groups. In particular, a large proportion of LGBT people reported significant reliance on websites and NGOs (also reported by a high proportion of Roma youth). Roma youth have been particularly

inclined to use supportive community channels (health workers/mediators and community clinics), as well as pharmacies and the family and peers. This strongly suggests that—although not expressed explicitly during focus group discussions—there is indeed a need for SRH information from a variety of channels for Roma youth.

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



Source: Quantitative youth survey (2021)

Feedback from focus group discussions further highlighted and confirmed the relevance of the various channels across the different groups of youth in vulnerable situations. **LGBT people** have been heavily reliant on NGOs, particularly during the pandemic, which offer services and information (training programmes, safe houses for survivors of sexual and gender-based violence etc.). Respondents highlighted in this respect that the NGOs have not only remained open during the pandemic but also converted their services to online platforms, thus rendering them easily accessible to young people.

Pregnant women and new mothers who needed information on gynaecological issues or newborn babies have increased their use of the **internet and online platforms or applications** (e-gynaecologist) because they have been unable to visit health centres, and the telephone lines have been busy. It was noted that this also applied to Roma women with internet access, suggesting that extending online access to such an audience is likely to make

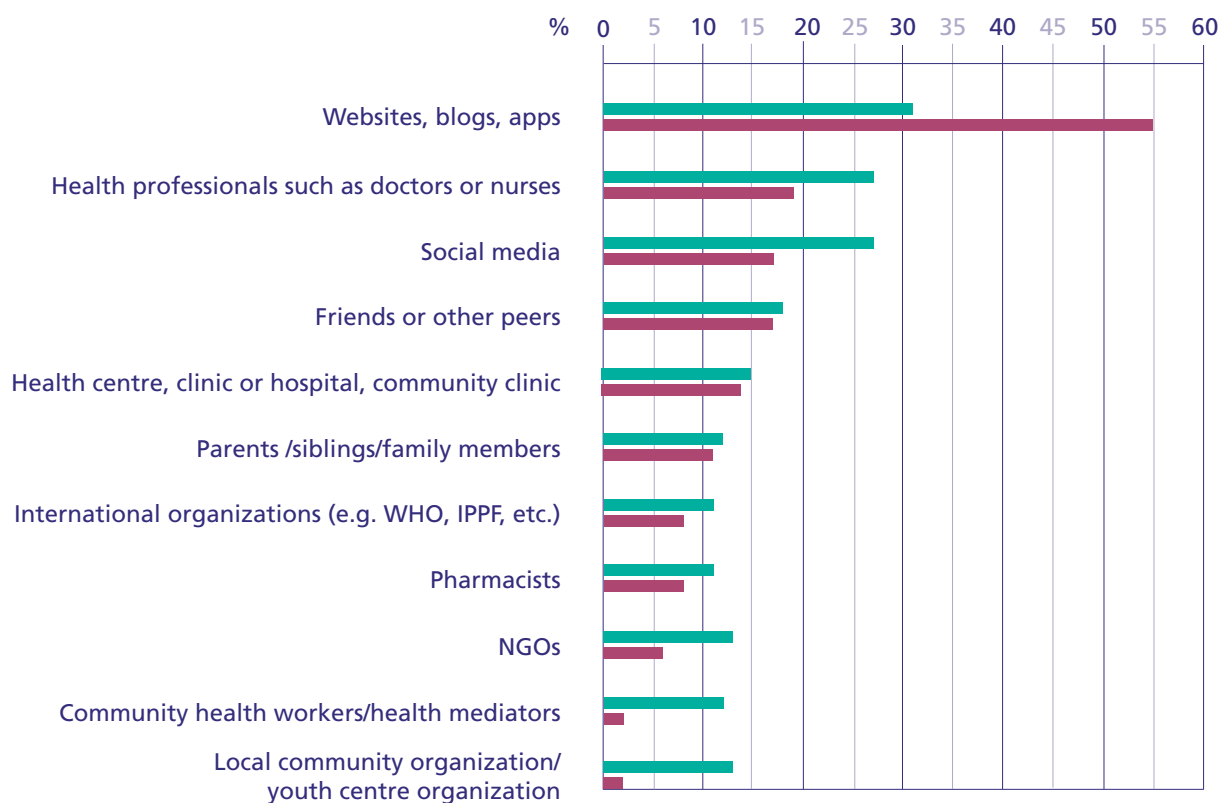
it easier for them to source information. On the other hand, Roma women in rural areas searching for information online expressed difficulties due to a lack of internet access and have, therefore, relied more on family friends, peers and elderly members of their community.

Channels with increased importance during the Covid-19 pandemic

Feedback from respondents to the quantitative youth survey further confirmed that young people in vulnerable situations have displayed a greater reliance on a wider range of channels than before the pandemic. Once more, this alludes to an increasing awareness of the importance of SRH information among such young people. Most notably, compared to the general youth population, there is a clearly greater reliance on trusted health professionals, social media, NGOs, community health workers and local community organizations.

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

■ Youth in vulnerable situations ■ General population



Source: Quantitative youth survey (2021)

Feedback provided in focus group discussions further indicated that, although a variety of channels have not necessarily been used for the first time, their importance has increased, as follows:

- The general youth population has relied more on verified internet sources, such as the World Health Organization and specialists or experts in their respective fields;
- Pregnant women and new mothers have attached greater importance to their personal gynaecologist and Facebook groups and pages that bring together mothers and pregnant women, as well as to online portals that connect pregnant women with health professionals (eg e-gynaecologists); and

- The LGBT community has attached greater importance to social media channels (reflecting a desperate need for information) and NGOs, in an effort to distance themselves further from the official institutions responsible for providing support and information on SRHR.

Channel limitations and difficulties in accessing the required information

The increased need for information on SRH issues observed among youth in vulnerable situations has been met with difficulties in sourcing the required information from all channels (in contrast to the general youth population), experienced in particular by Roma youth.

Channels from which it is impossible or difficult to obtain the required information - those previously using each channels (% mentioning)

■ Youth in vulnerable situations ■ General population



Source: Quantitative youth survey (2021)

Moreover, qualitative focus group discussions revealed specific problems encountered by the various youth audiences pertaining to the channels offering SRHR information.

LGBT people referred in particular to difficulties in finding information **on psychological counselling**, expressing strongly the feeling that their increased need for psychological support and counselling during the lockdown was not met.

"I didn't feel the difference because I had no access to those services before."

- LGBT person

While such issues pre-dated the pandemic, there is a strong belief within the **LGBT community** that the Covid-19 pandemic has led to further restrictions, making already scarce channels and services even less accessible, further amplifying their mental health concerns and putting them at risk of making bad personal decisions (e.g. practising unsafe sex). In this respect, the loss of access to institutions and medical professionals offering SRH services was mentioned as another negative aspect of the pandemic.

Moreover, focus group discussion participants belonging to vulnerable groups voiced the following specific limitations regarding their ability to access information channels related to SRH, especially in the early phases of the pandemic:

- Local community health centres were overcrowded with Covid-19 patients and had no space for other patients;
- Teleconsultations with health care professionals were overwhelmed and not easily accessible on account of health professionals' focus on Covid-19 patients;
- There was a lack of information on the existence of mobile teams of health care providers in the vicinity of the Roma community; and
- There was a lack of knowledge on services being offered during the Covid-19 pandemic for women, pregnant women and young mothers.

According to expert stakeholders, the Roma and LGBT communities are the two groups that have faced the most barriers—both before and during the pandemic—with regards to the provision of quality information, attributed also to their marginalization

(expert psychologist). Further, health officials pointed to a shortage of gynaecologists in the country, with the limited information and service provision becoming more pronounced during the pandemic. In this respect, a systemic problem was also reported: since some of the gynaecologists are paid by the State, while others are private practitioners (self-employed), it is up to the private practitioners to decide when their practice will open and indeed whether they will sign an agreement with the Health Fund.

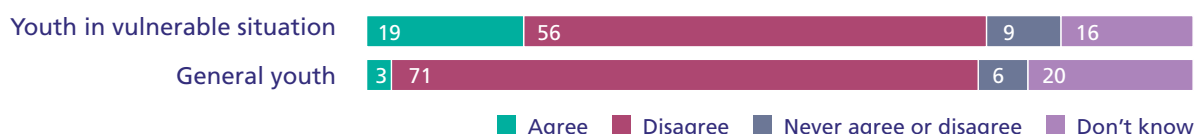
Positive channel responses

To the degree that the various channels have been successful in responding to the needs of groups of vulnerable youth in particular, desk research and in-depth interviews revealed that **NGOs working with the Roma community** continued their work even during the Covid-19 pandemic (depending always on the restrictions in place). The implementation of house-to-house and online field visits (Women's Initiative from Suto Orizari) was highlighted as a particular positive example. Moreover, NGOs and gynaecologists have cooperated during the pandemic to manage the process and lobby municipal authorities to acquire equipment. This has extended beyond the provision of information into the distribution of hygiene kits (dignity kits) both in Shutka and other locations. Further, experts referred positively to other NGOs working in the field that have provided services and information, including HERA, Hope, HOPS and Coalition Margins.

1.3.4 Technological limitations for information-seeking

A very small proportion (3%) of the general youth population have faced problems in terms of not being able to use the internet for sourcing information on SRH on account of a lack of internet access during the Covid-19 pandemic. In contrast, 19% of all youth in vulnerable situations (and 42% of Roma youth) referred to having had such problems. Feedback from experts further suggested that the problem of access to technology among the Roma community is exacerbated by problems of interrupted electricity supply during times of economic hardship. Similar problems were identified through desk research with respect to young people in remote areas, who have been unable to participate in online schooling.

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



Source: Quantitative youth survey (2021)

On an overall level, focus group discussion participants from all youth audiences have found the use of the **internet and technology to their benefit** when seeking information on SRHR. They expressed a strong belief, in this respect, that the internet has given them the opportunity to search for information from sources they consider more reliable (not from local or national channels, but international ones), as well as to verify the information. In particular, LGBT persons considered that webinars and web training offered during the pandemic have been of high quality.

1.3.5 Misinformation during the Covid-19 pandemic

A number of areas of misinformation during the Covid-19 pandemic are very clear. **Young mothers** are uncertainly about how harmful the virus or vaccination could be to the foetus or the mother herself; in this respect, they could not find adequate answers as to whether pregnant women should be vaccinated or not. In particular, young mothers are very concerned that they could not trust the information available. The lack of concrete, unbiased and truthful information about SRH, especially information regarding pregnancy, created added fear and confusion:

"In that moment I needed additional information about where I can turn to get the service I required, in a situation where I have the right to use gynaecological services, to which for some reason access was more difficult, having in mind that the doctors did not know what to do in that situation [referring to the Covid-19 pandemic. I did not know any more which information I should listen to, what to believe and what not to believe."

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

Young mothers also referred to greater apprehension in using online means for their specific information needs on account of the confusing information available:

"I do not think that technology is always the right way."

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

Experts also reported the negative impacts of turning to online information. For example, the use of unverified internet websites and social media (Facebook groups, forums) as information sources results in widespread misinformation. As the representative of an NGO working with the Roma community in a rural area mentioned, "young people are heading in the wrong direction to get the information. False news about sex education has led to misguidance" on aspects related to contraception, menstruation and other aspects related to SRH. A representative of an NGO working with the LGBT community also noted, in particular, the misconceptions which have arisen online in relation to gender identity and hysteria against transgender persons.

1.4 Overall impact of the Covid-19 pandemic on SRHR-related information

The general environment created by the pandemic and the restrictive measures aimed at reducing the spread of the virus, combined with the fact that, especially during the early stages, there was no information, created gaps in appropriate and accurate information regarding SRHR, **especially for groups of young vulnerable people**. They did not know which channel and/or information to trust; health clinics/centres and doctors did not always have the appropriate answers for the questions asked; and information on SRHR was buried under the large amount of information on Covid-19.

Moreover, as indicated below, it is clear that among the general youth population and those truly needing information on SRHR topics, the

inability to source the required information has been significantly greater among young people in vulnerable situations.

Proportion of all young people who could not obtain information during the Covid-19 pandemic (% mentioning)

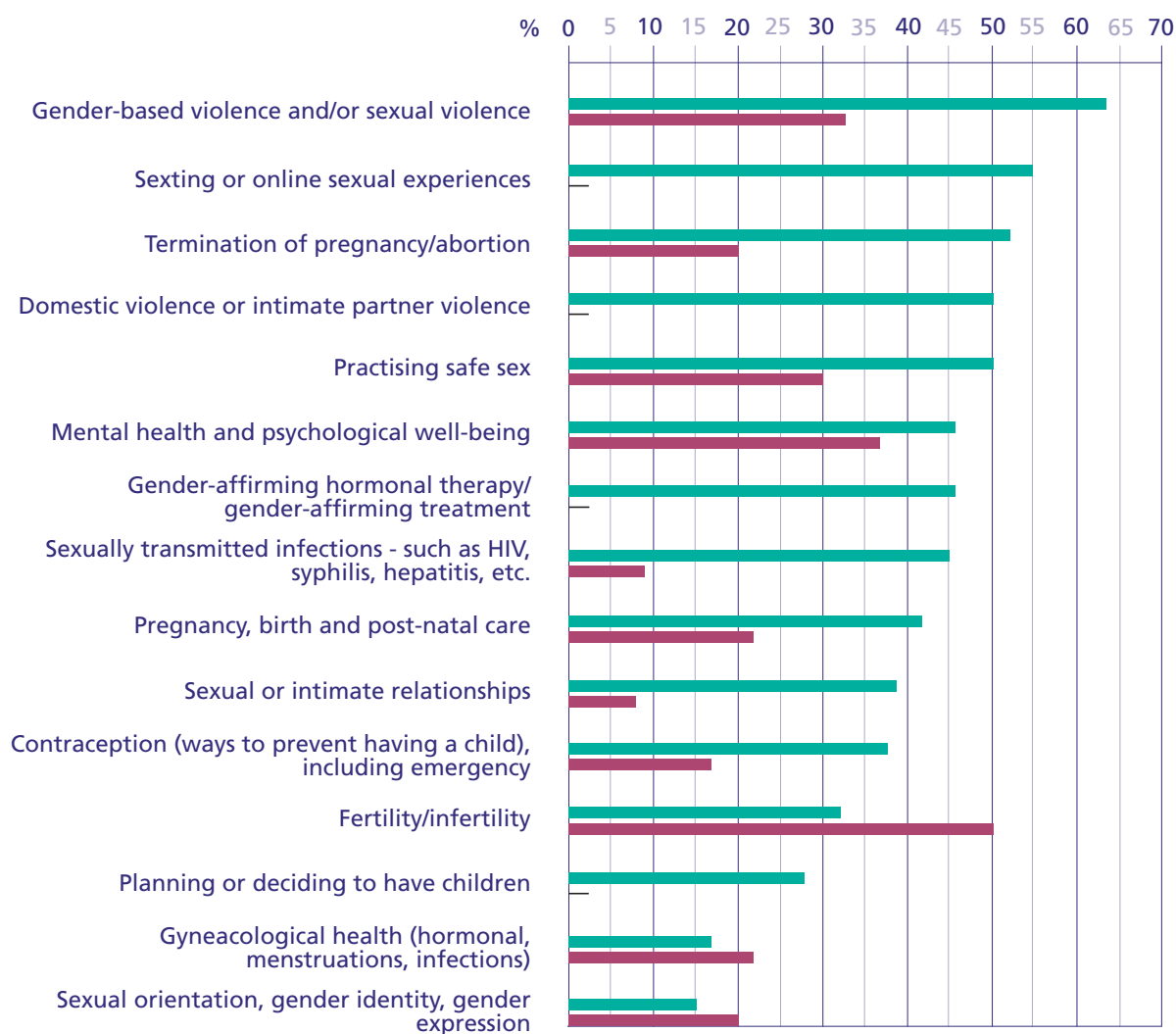
■ Youth in vulnerable situations ■ General population



Source: Quantitative youth survey (2021)

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

■ Youth in vulnerable situations ■ General population



Source: Quantitative youth survey (2021)

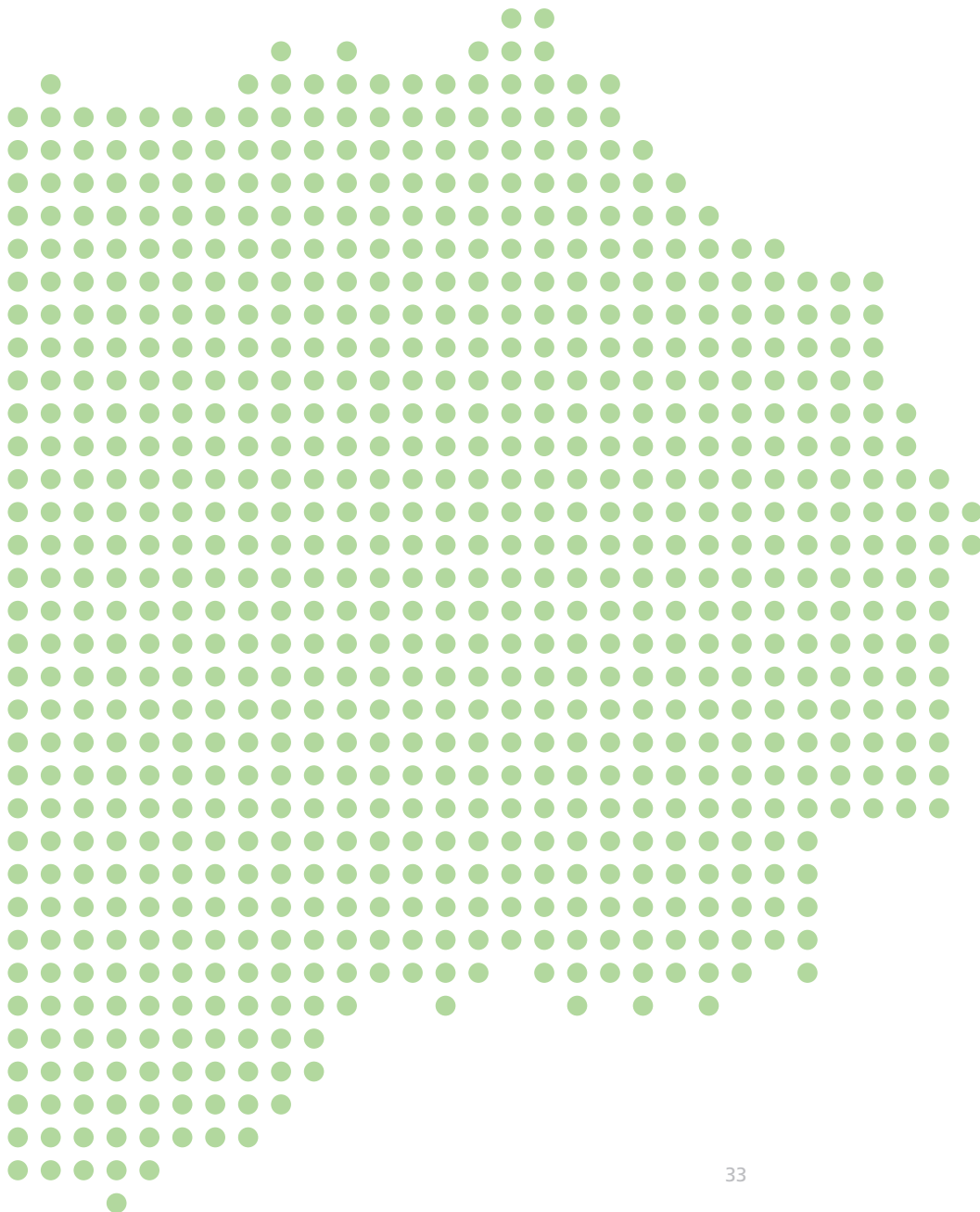
II. Access to SRH services

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

Youth in vulnerable situations generally reported needing a wider range of services and products during the Covid-19 pandemic than youth in general. This is most likely a reflection both of specific needs arising from their vulnerable status and also the realization of the lack of accessibility to such services in general.

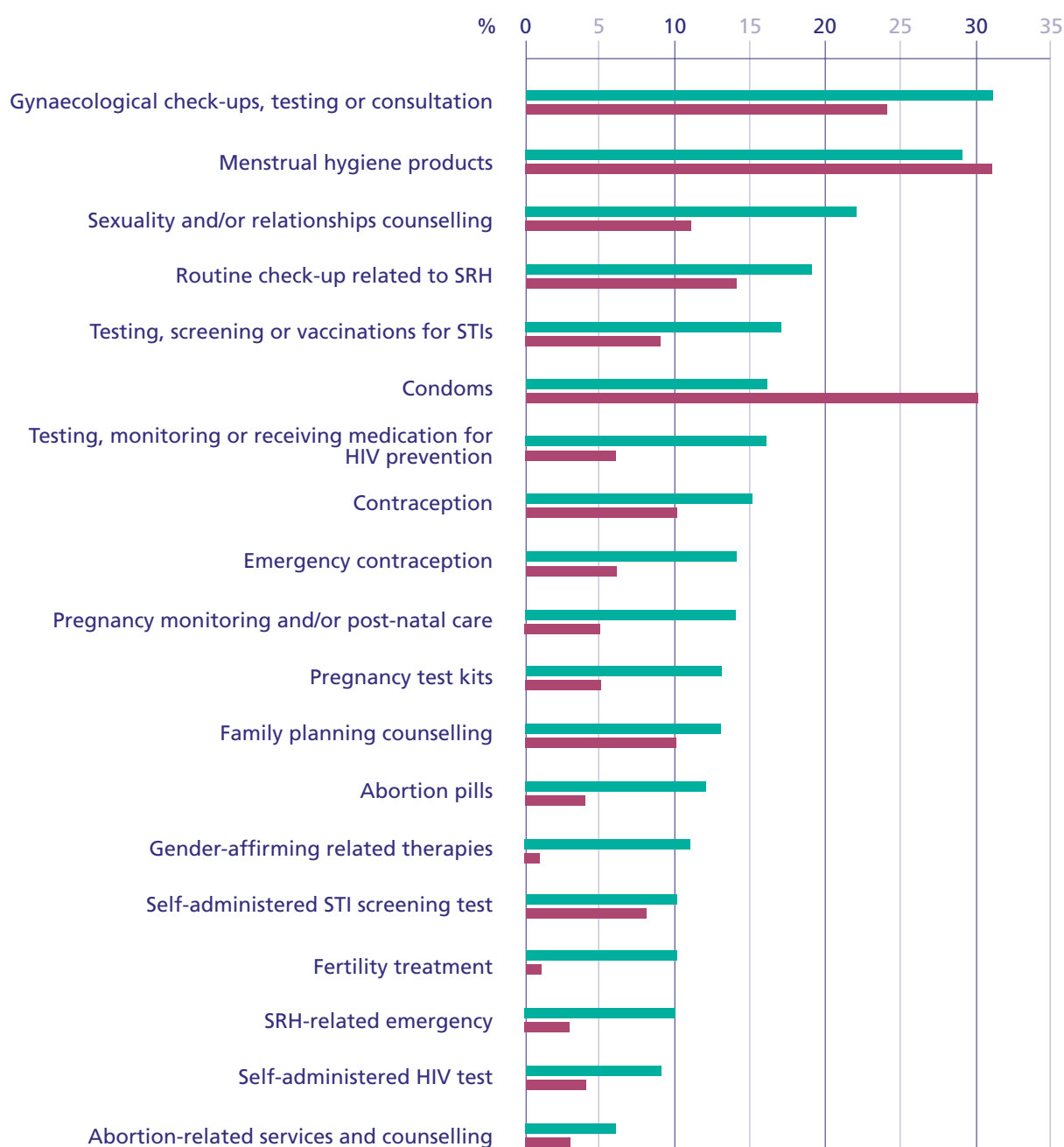
Menstrual hygiene products and general gynaecological services have been the most sought-after services among both the general youth population and those in vulnerable situations. In contrast, more youth in general have been seeking to obtain condoms, reflecting a lower uptake of contraception among certain groups in vulnerable situations, especially Roma youth.

Notably, there has been a strong need for sexuality and/or relationships counselling among youth in vulnerable situations, and also for testing for STIs, testing for or receiving medication in relation to HIV (driven by LGBT persons), and emergency contraception.



Services needed during Covid-19 pandemic (% mentioning)

■ Youth in vulnerable situations ■ General youth population



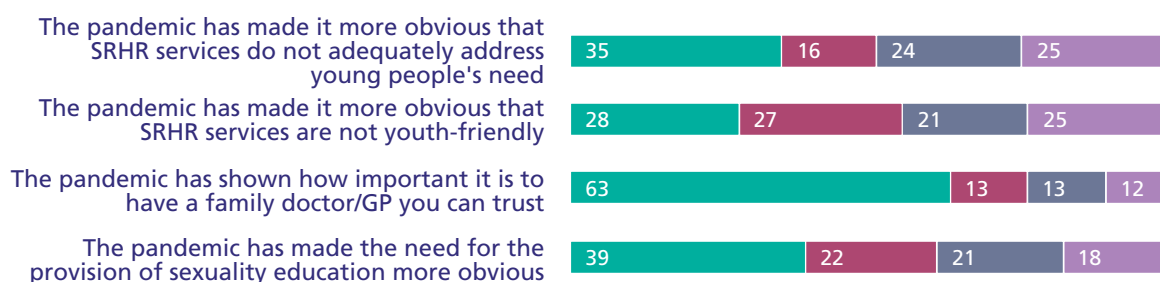
Source: Quantitative youth survey (2021)

2.2 General perceptions of access to and provision of SRHR services

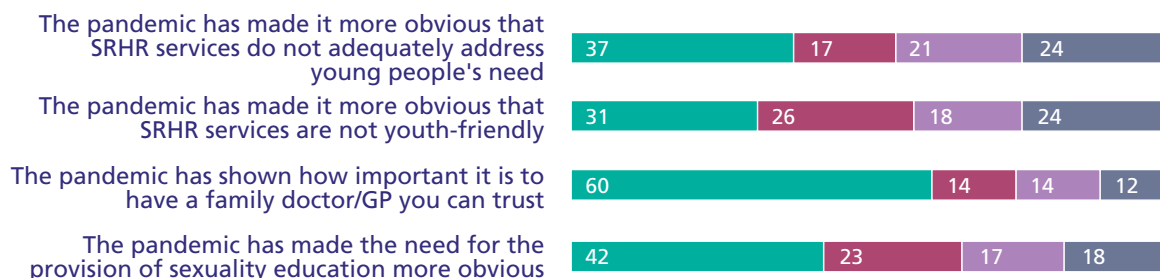
The strongest perception held by all youth audiences is that the Covid-19 pandemic has shown the importance of having a trusted family doctor, with 63% of the general youth population and 60% of youth in vulnerable situations expressing this belief. All youth audiences also strongly believe that

the pandemic has made the need for the provision of sexuality education more obvious, with 39% of youth in general and 42% of youth in vulnerable situations holding this belief. Moreover, a large proportion of the general youth population believe that the pandemic has shown that SRHR services do not adequately address young people's needs, although on this account there does not appear to be as strong a feeling of discrimination, in particular in terms of the services not being youth-friendly.

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



- Youth in vulnerable situations (% mentioning)



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

Source: Quantitative youth survey (2021)

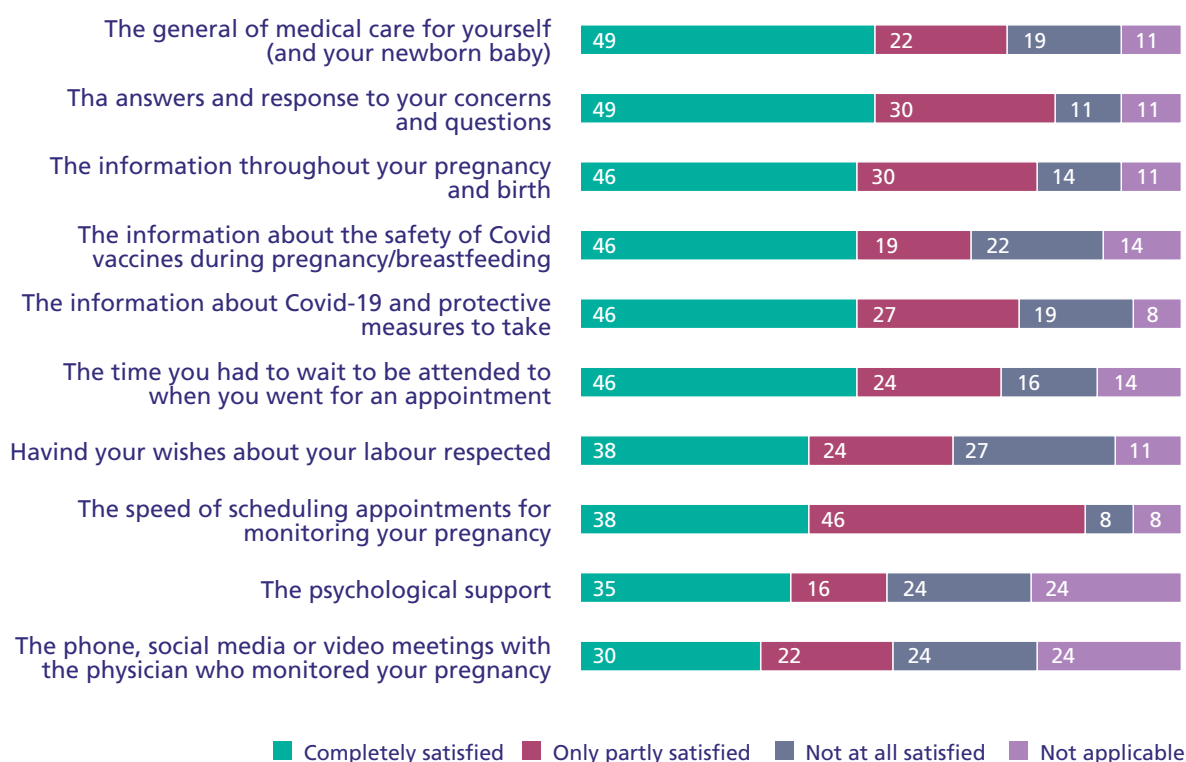
2.3 Positive experiences in accessing SRH services during the Covid-19 pandemic

Positive experiences reported by young people

Very few positive experiences of accessing SRH services during the Covid-19 pandemic were mentioned by young people in focus group discussions. They were confined to the positive measure introduced by the government to allow

pregnant women to work from home without any financial 'penalty', and the general use of the internet as a tool to access information and services. To the extent that any positive experiences were acknowledged by young people, they were primarily mentioned by new mothers, who, in the course of the quantitative youth survey, reported relatively high levels of satisfaction, in particular with their medical care overall, responsiveness to questions, the availability of information, and even waiting times to be attended to.

Level of satisfaction level with services to new mothers during Covid-19 pandemic (% mentioning)



Source: Quantitative youth survey (2021)

Positive actions reported by stakeholders

In contrast to the limited positive experiences reported by young people, desk research and feedback from stakeholders in the course of in-depth interviews identified a number of positive practices introduced that ensured continued access

to SRH services. For the first time in the country, PrEP was made available between February and December 2021 to prevent HIV transmission as part of a collaborative project between Together Stronger and the University Clinic for Infectious Diseases (ПрЕП во Македонија: пилот-програма во текот на 2021 г. – Заедно посилни (zr.mk). Also,

stakeholders referred to government financial support, though young people did not recognize this as being particularly helpful to them.

Moreover, the following positive practices were reported in relation to ensuring accessibility to SRH information and services:

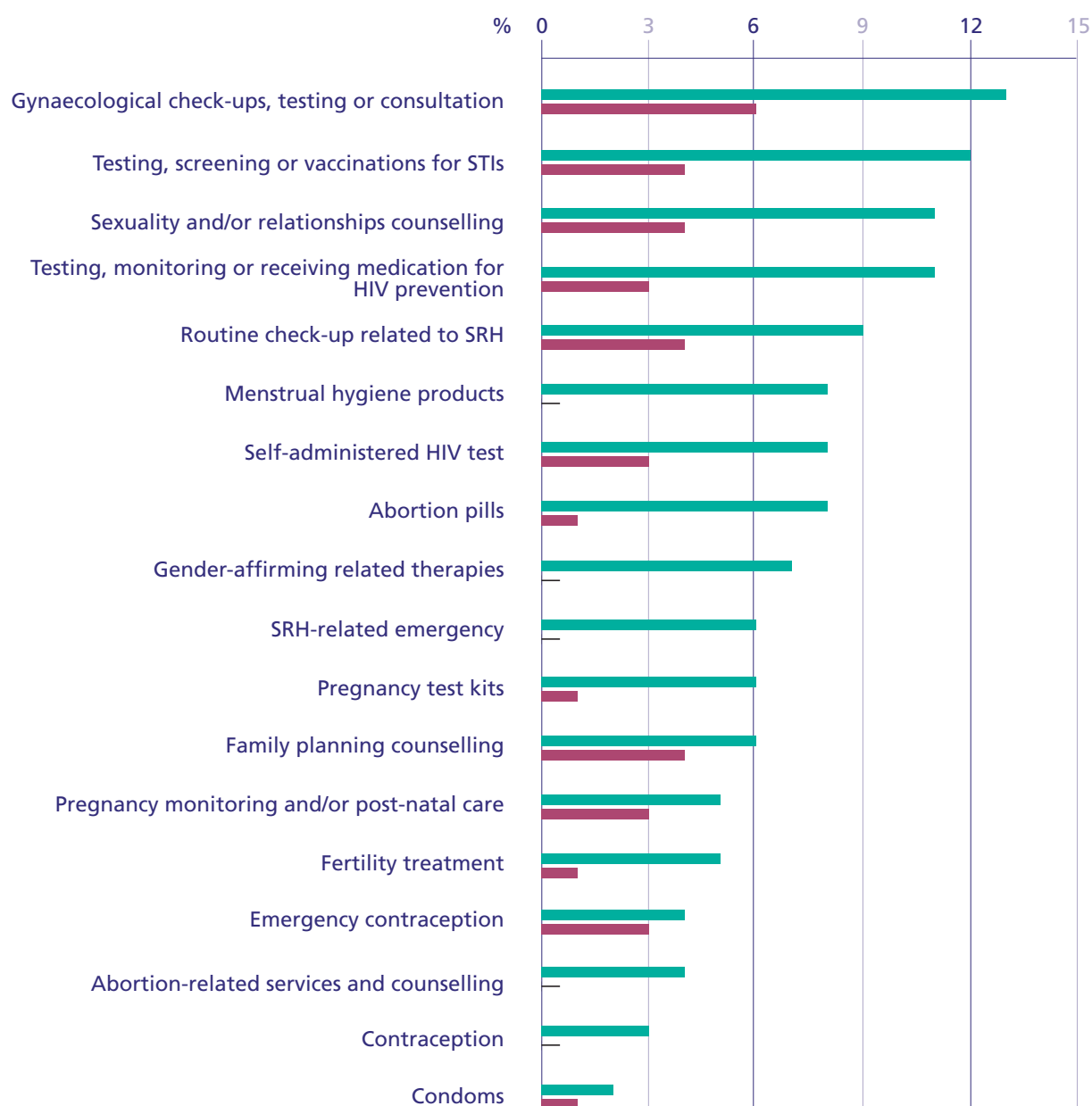
- gender equality was recognized as one of the core principles of the new concept for reforms in elementary schools approved by the government in March 2021 (<https://mon.gov.mk/stored/document/Koncepcija%20MK.pdf>);
- under the new Ministry of Education and Social Policy launched in December 2020, training for teachers was launched that will implement a pilot project on sex education in four elementary schools in Skopje and Tetovo. The National Bureau for Educational Development planned to train the first group of teachers to deliver CSE as part of the new concept of reforms in elementary schools, with CSE to be taught as an optional subject for students aged 13–15 years; and
- in May 2020, the Ministry of Health—in collaboration with UNFPA and HERA—released a brochure and recommendations for antenatal and intra-partum care for pregnant women in the time of Covid-19. The brochure was promoted on the Ministry of Health’s official Facebook page. It included recommendations on how pregnant women can maintain their health, what to do if they become infected with the virus, whether they are at greater risk than others, whether they can transfer it to their baby, and other information (Министерство за здравство / Ministria e Shëndetësisë - Posts | Facebook Korona_Bremena ([zdravstvo.gov.mk](https://www.facebook.com/zdravstvo.gov.mk))).

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

Youth in vulnerable situations have clearly faced a wider range of difficulties in accessing SRH services during the Covid-19 pandemic, especially with respect to gynaecological check-ups, testing, screening and vaccinations for STIs, sexuality and relationships counselling, and with regards to HIV-related issues (driven by LGBT people).

Services needed during Covid-19 pandemic (% mentioning)

■ Youth in vulnerable situations ■ General youth population



Source: Quantitative youth survey (2021)

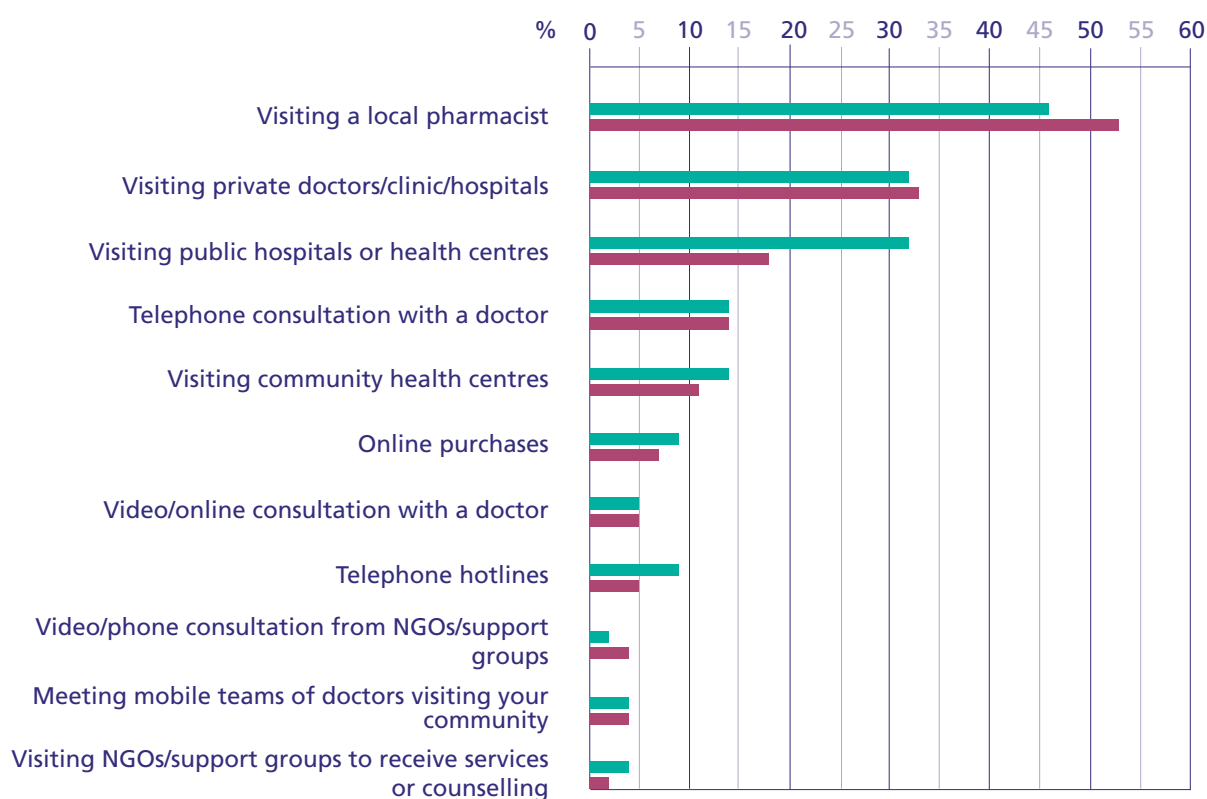
2.5 Channels used to access SRHR services during the Covid-19 pandemic

Pattern shifts in channel use among youth

Among the general youth population, the primary shift in channel use has clearly been in terms of replacing visits to public hospitals with further visits to local pharmacists, which had already been the most commonly used resource even before the pandemic.

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

■ Before the pandemic ■ During the pandemic



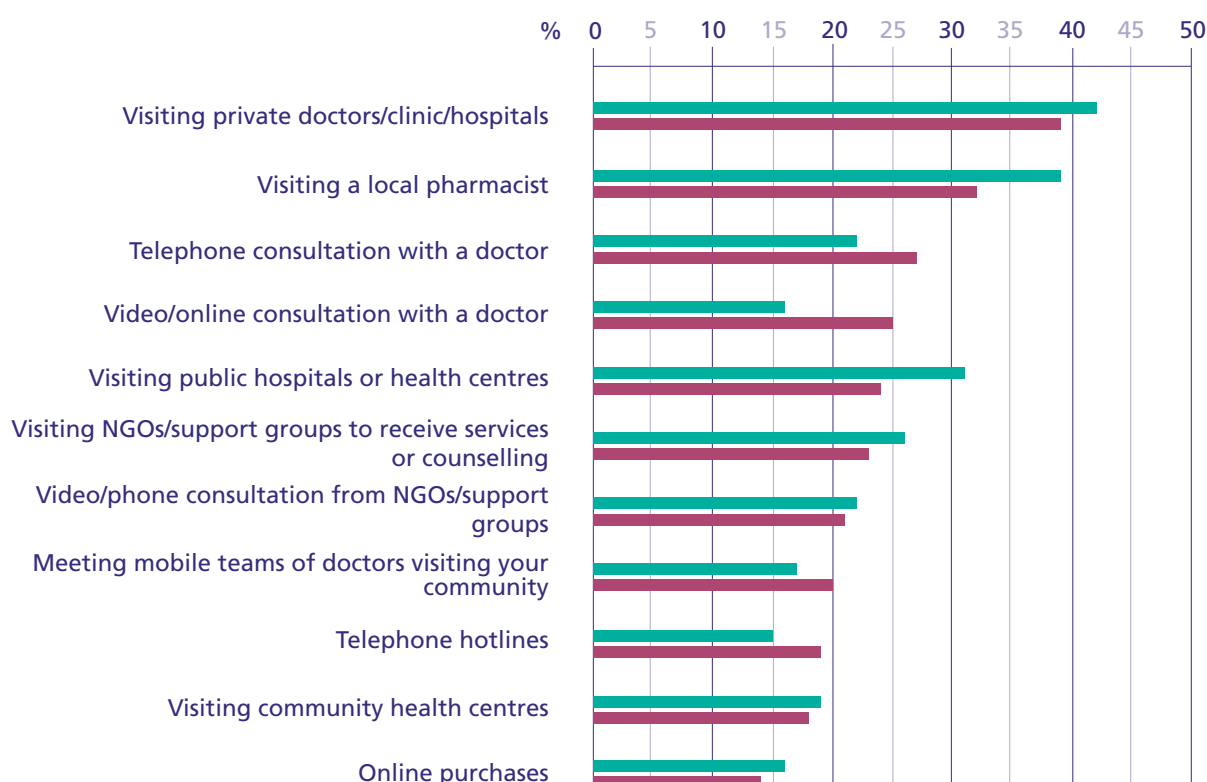
Source: Quantitative youth survey (2021)

In contrast, youth in vulnerable situations appear to have made fewer visits to local pharmacists, most probably for accessibility reasons, and to both public and private hospitals. During the pandemic,

it is clear that telephone and online consultations, in addition to telephone hotlines in general, have assumed greater importance, and their use has increased.

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

■ Before the pandemic ■ During the pandemic



Source: Quantitative youth survey (2021)

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

In addition to the above-mentioned shifts in channel use, focus group discussions and in-depth interviews with experts also revealed a set of services which assumed greater importance for young people during the Covid-19 pandemic.

There was overall agreement among all groups that the pandemic has had an impact on both information and services related to pregnancy testing, gynaecological examinations, HIV test kits, and psychological support, and these appear to have become more important for young people.

Access to mental health services and counselling has also gained in importance, with widespread realization of the importance of mental health care in times of crisis. Although stigmatization has prevented young people from translating this need into actively seeking support services, such services are considered as having been more important than ever during the pandemic.

Communities such as the Roma and the LGBT communities widely accept NGOs as a trusted source of information and key service providers to marginalized populations, especially in the times of crisis (even though accessibility issues have been faced).

Regarding abortion, termination and pregnancy prevention services, the expert stakeholders referred to a number of aspects, such as:

- Allowing women to buy contraceptives without renewing their prescription;
- Allowing for early medical abortion at home, performed by nurses and midwives;
- Raising the gestational age limits at which abortions can be performed; and
- Allowing easier access to emergency contraception.

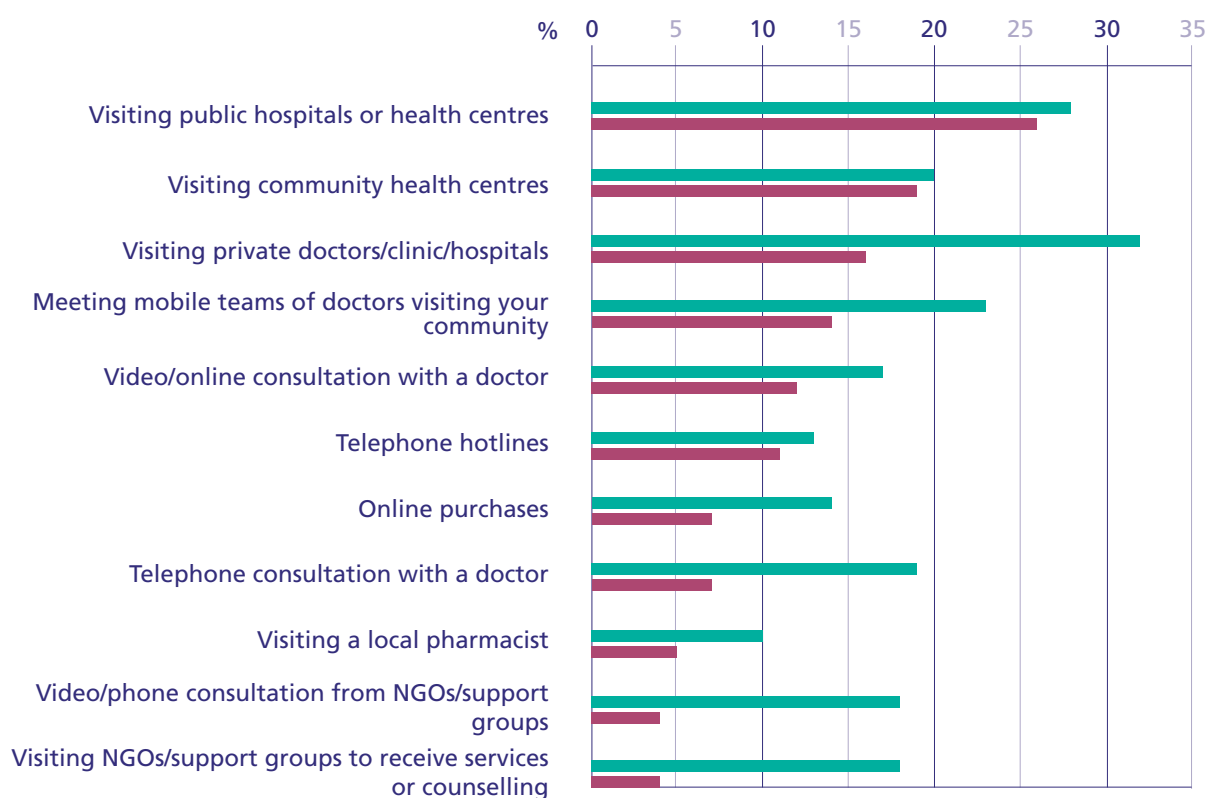
2.7 Specific difficulties faced in accessing channels for SRH services during the Covid-19 pandemic

Significantly, a very high proportion of young people in vulnerable situations have faced difficulties in accessing SRH services during the

Covid-19 pandemic across the full range of available channels, and, indeed, to a much greater degree than the general youth population. A significant proportion of vulnerable youth reported difficulties in accessing private doctors (and those in the public sector), mobile teams of doctors, online and phone consultations with doctors, and even trusted NGOs.

Channels that are impossible or difficult to access during the Covid-19 pandemic - Youth in vulnerable situations accessing any type of SRHR services (% mentioning)

■ Youth in vulnerable situations ■ General youth population



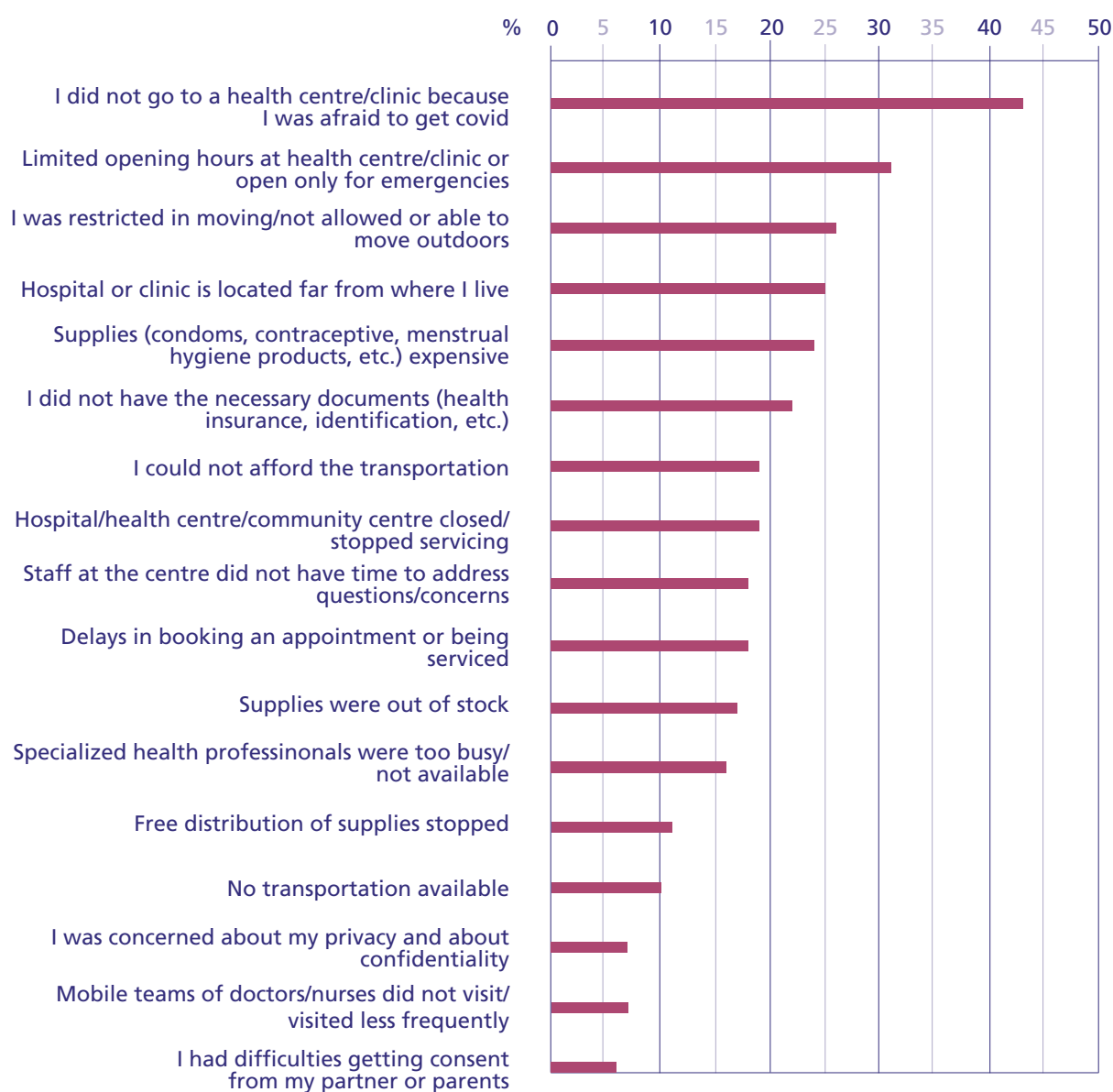
Source: Quantitative youth survey (2021)

The fear of contracting Covid-19 and the limited opening hours of health centres, coupled with travel restrictions making it difficult to visit health centres further away, have been the main issues that have particularly intensified during the pandemic. Critically, a substantial proportion of young

people (particularly among those in vulnerable situations) also cited the lack of necessary health documentation/insurance, the lack of affordability of transport, and stock-outs of supplies as problems that have intensified significantly during the pandemic.

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

■ All youth facing a problem



Source: Quantitative youth survey (2021)

In addition to accessibility issues, young people have also faced some quality issues regarding the most often sought services during the Covid-19 pandemic, pertaining primarily to testing, monitoring and

receiving medication for HIV prevention and treatment, testing for STIs, and gynaecological check-ups.

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

	Worse	Better	The same	Cannot say
Sexuality and/or relationships counselling	7%	61%	25%	7%
Routine check-up related to SRH	19%	31%	38%	12%
Testing, screening or vaccination for STIs	30%	35%	17%	17%
Testing, monitoring or receiving medication for HIV prevention and treatment	33%	24%	10%	33%
Gynaecological check-ups, testing or consultation	22%	16%	47%	15%
Condoms	2%	5%	79%	14%
Menstrual hygiene products	8%	9%	75%	8%

Source: Quantitative youth survey (2021)

In addition, a number of additional issues in terms of accessing SRH services during the Covid-19 pandemic were identified through qualitative research and desk research.

For all groups of young people, it is clear that:

- The lack of information on appointments for gynaecological examinations limited access to such services;
- Small local clinics were closed, which meant that young people needed to travel to larger health centres for care and/or medical examinations;
- The quality of services and the speed in addressing specific medical cases were compromised because medical and/or counselling professionals were shifted to other responsibilities to manage the Covid-19 situation. This was common irrespective of whether young people were seeking a face-to-face or a remote (telephone/online) consultation;

- At the beginning of the pandemic, gynaecologists declined check-up visits from pregnant women or pregnant women themselves avoided visits due to concerns about the safety of the visit;

- Mental health services specifically were very limited in terms of being offered face to face and—to the degree that they were available—were delivered online; and

- Health professionals on occasions did not show respect to young people asking for SRHR information or services, making young people feel judged. While this phenomenon pre-dated the pandemic, the focus on prioritizing the virus appears to have enhanced it.

“I was teased by my family doctor. I asked him something about sexual health, and he told me I was too young for that.”

"She was already being judged as having HIV just because she wanted to be tested for it."

- Young people, Skopje

Notably, many young people's perceptions of limited access to services also appear to have been due to a lack of awareness of the availability of free services provided by the health system, such as:

- Counselling services on SRH issues;
- Counselling services on sexual and romantic relationships;
- Mobile teams of doctors, nurses or other health professionals;
- Online or telemedicine consultations with SRH professionals;
- Telephone hotlines or phone communication;
- Annual free Pap smear and condoms (available at some health clinics); and
- Youth centres in local communities.

"I was not even aware we had a free Pap smear."

- Young person, Skopje

For Roma women without health insurance, the exposure to additional health spending in times of a major economic crisis has been particularly negative, compounding pre-existing problems of a lack of access to legal and safe abortion. Indeed, the health service that Roma women have accessed least during the pandemic has been visits to specialist gynaecologists. Overall, 31% of Roma women who did not receive the health services they wanted noted a worsening of their health (Vlijaniето od krizata od covid zeni.pdf (esem.org.mk)).

"Doctors do not want to listen to Roma, even if they have documents for necessary medical care."

- Roma female, Crnik

For young people in remote areas, the closure or overwhelming use of local health centres by Covid-19 patients has resulted in the need to travel long distances to large cities. Given their fear of using public transport due to the risk of becoming infected with the virus, this has prevented many of them from accessing SRH services.

"I know many women who needed to visit a gynaecologist, but because of the pandemic and the prevailing fear, they postponed the visit to the gynaecologist." - Young person in a remote area

Young mothers also referred to cases of a lack of accessibility, including:

- An increase in waiting times for gynaecological examinations;
- The inability to maintain contact with the physician monitoring their pregnancy, due to local health centres closing down or the doctor being transferred to another medical centre;
- A lack of specific protocols to minimize the risk of exposure to the Covid-19 virus when examining pregnant women;
- A lack of sufficient prioritization of pregnant women;

"The possibility of going to a clinic decreased; only people who were positive for Covid-19 could go."

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

- Some birthing centres were closed or unavailable to women in the worst-affected regions, which increased the risks for pregnant women (Финална-Родов-аспект-на-социјалните-и-економските-ефекти-од-кризата-предизвикана-од-пандемската-криза-со-коронавирусот-COVID19-1.pdf (reactor.org.mk)); and

- Social media research conducted by HERA further indicates that:

- **Young mothers expressed a lack of trust and confidence** in the competence of doctors to deliver their baby, due to the possibility of their being transferred to a hospital in another city if there were any complications;
- **There has been a preference for private hospitals over public hospitals:** young mothers expressed the opinion that private hospitals are a safer option than public hospitals because they offer better hygiene conditions and more reliable Covid-19 testing. The only exception is the national gynaecology and obstetrics clinic, where there was a separate department for Covid-positive patients; and
- **Young mothers have a general lack of confidence in COVID-19 safety measures:** they are worried because nurses in public hospitals do not provide regular testing but, rather, opt for anamnesis if the person is eligible for testing, in contrast to private hospitals. **LGBT people** highlighted a range of specific issues, including:

- Delays to and cancellations of appointments for medical examinations due to the Covid-19 pandemic; the special needs of the members of the community made this situation harder, compounded by the fear of being judged when buying contraceptives or HIV testing kits;

- A lack of HIV testing kits in smaller cities necessitated visits to Skopje specifically to source free services and health products, such as gynaecological treatment, HIV testing, psychological counselling, peer education, condoms, and counselling for the prevention of drug use; and

- A lack of affordability of services offered by the private sector.

In addition to the issues mentioned by young people in vulnerable situations themselves, **expert stakeholders** described additional accessibility issues in the in-depth interviews conducted. Such issues included:

- An **NGO representative** from a rural area working **with the Roma community** reported that the situation with regards to SRHR-related information and services has deteriorated during the pandemic. The young women from Shutka were left without access to a gynaecologist, contraceptives and abortion services;

- Another **NGO representative** from a rural area working **with the Roma community** suggested that the lack of adequate access to SRHR services in the Roma community is a systemic problem, with a lack of contraception, HIV testing, abortion services, pregnancy follow-ups, Pap tests etc. Reduced access to local clinics, family doctors and mobile doctors during the Covid-19 pandemic have exacerbated these long-standing problems; and

- A representative of an **NGO working with the LGBT community** reported that issues related to HIV and STIs are not popular topics for discussion or to learn about in the general population; thus there is limited awareness. Members of the general public falsely think that LGBT people spread HIV, and this prejudicial attitude is transferred to the spread of Covid-19.

2.8 Affordability as a key determinant of people's ability to access services

Lack of affordability has been a particularly important factor in the heightened problems faced by the **LGBT and Roma communities** in particular in terms of accessing SRH services during the Covid-19 pandemic.

The underlying poverty among **Roma youth**, coupled with the fact that many members of the Roma community are excluded from health insurance, strongly compromises their ability to access services, with no realistic option of resorting to private services during the pandemic when public health care has been severely affected. Moreover, this lack of affordability and their overall exclusion from the public health system appears to be lowering their involvement with and awareness of those services that are actually offered for free to all citizens (such as mammograms and Pap tests).

Members of the **LGBT community** were particularly vocal about the negative economic impact of losing their jobs due to Covid-19. The need to be in a big city (with the undesired effect of having to move back into their parents' home) to access free services available only in large hospitals was cited as a particular concern.

2.9 Usefulness of technology and online consultations

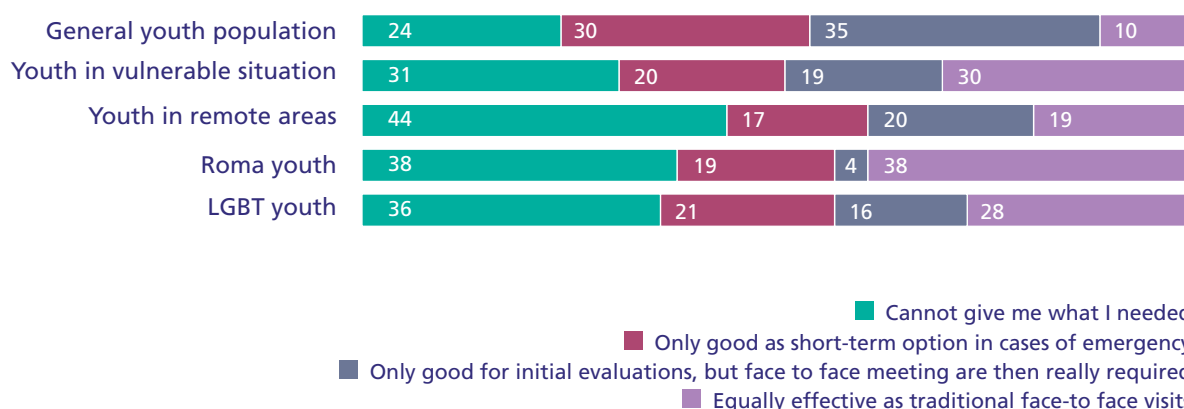
As previously indicated, the use of technology and the internet to access information and services related to SRH has been widely accepted by young people during the Covid-19 pandemic in principle, and they have used various online applications and search engines. At the same time, health professionals, peer groups and NGOs have heavily adopted the internet and technology to provide information, consultations, medical examinations and training.

However, evidence from the quantitative youth survey suggests that young people do not widely consider such tools as being as effective as traditional face-to-face encounters with physicians.

In this respect, interestingly, young people in vulnerable situations were more likely to accept that remote consultations can be equally effective, suggesting that online teleconsultations may have a long-term potential across all youth audiences in the future, provided that internet accessibility issues are resolved. To make such tools truly effective in the long run, it would be necessary to:

- Extend internet access, high consistent internet speeds and device ownership to less privileged neighbourhoods or remote areas;
- Improve knowledge on how to use technology and devices—an issue currently among less privileged young people and Roma women; and
- Further improve the quality of internet and telephone consultation services across the board.

The pandemic has made the need for the provision of sexuality education more obvious - General youth population (% mentioning)



Source: Quantitative youth survey (2021)

III. Emotional and personal impacts of covid-19

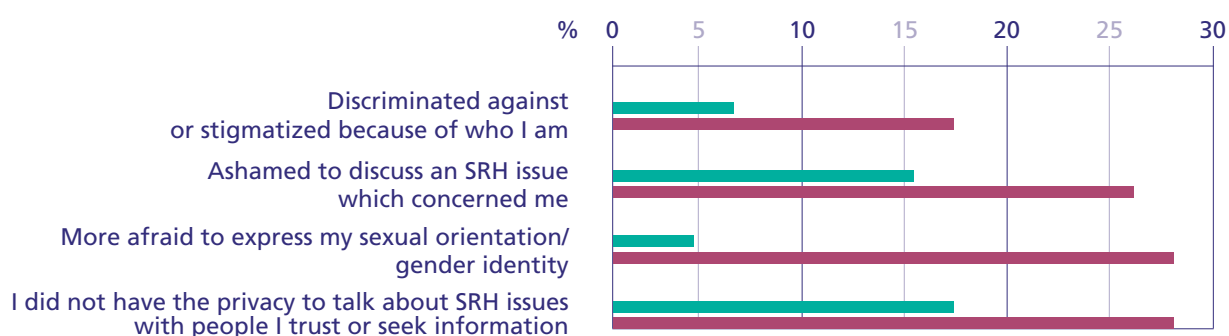
3.1 Negative feelings and discrimination experienced during the Covid-19 pandemic

Youth in vulnerable situations have clearly experienced a wider range of emotions and discrimination than youth in general, relating to stigma, being ashamed to discuss SRH issues, fear of expressing their sexual orientation, and privacy.

A notable proportion (15% or more) of the general youth population reported shame or privacy obstacles—a pattern which also became clear in focus group discussions with both those living alone and those living with their parents. In this context, the shame and privacy concerns were also linked to a higher level of stress and mental health issues being faced.

Feelings of discrimination experienced by youth (% mentioning)

■ General youth population ■ Youth in vulnerable situations



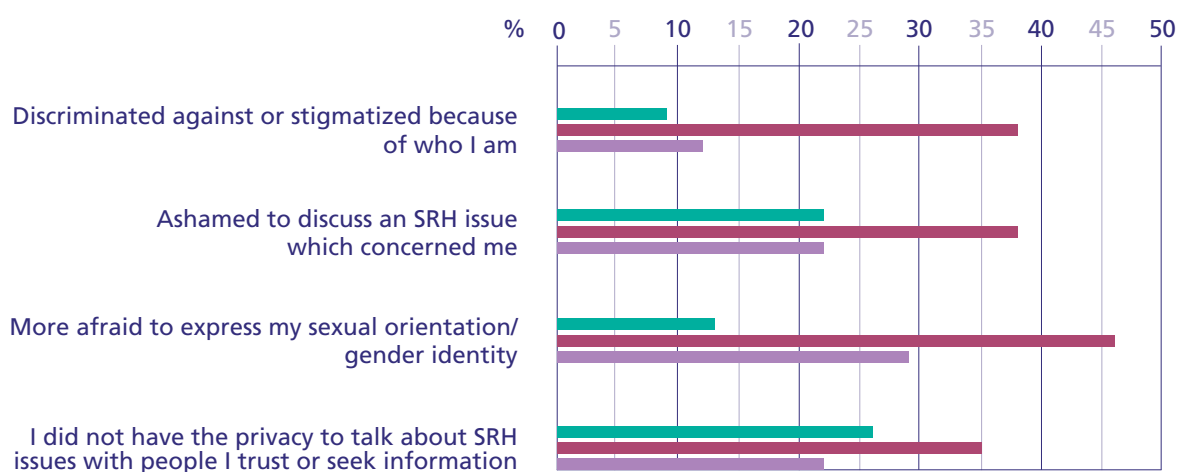
Source: Quantitative youth survey (2021)

Furthermore, the incidence of having had such negative feelings or situations is particularly high among Roma youth on a range of issues, and among LGBT people in terms of expressing their sexual orientation in particular (as well as feeling ashamed

and lacking the required privacy). Among youth residing in remote areas, privacy and shame have been the most common issues, following a similar pattern to that of youth in general.

Feelings of discrimination experienced by youth - youth in vulnerable situation (% mentioning)

■ Youth in remote areas ■ Roma youth ■ LGBT youth



Source: Quantitative youth survey (2021)

3.2 Negative emotional impacts on youth in vulnerable situations during the Covid-19 pandemic

Qualitative focus group discussions with youth in vulnerable situations shed more light on the nature of the negative experiences reported, such as an over-riding feeling of mental health being negatively affected, driven by restrictions on social life and movement, leading to high stress levels.

"In general it was a feeling of suffocation: you cannot move freely, go out or hang out."

- Young person in a remote area

Young mothers and pregnant women discussed having a strong perception of a dismantled health care system that could not meet their expected needs and those of the foetus or newborn baby. Pregnant women in particular reported experiencing discomfort and frustration at the inability of the health care system to meet their needs. The fear of the unknown during the Covid-19 pandemic, especially for individuals going through their first pregnancy and unaware of potential risks the virus might pose to their health and their baby's health, has led to considerable feelings of insecurity.

"Now it has already become a way of life, and we have all accepted what it is, but at the beginning it was confusing, especially for someone like me, who had her first pregnancy in times of a pandemic."

- Mother giving birth for the first time during the pandemic

Among the marginalized Roma community, the emotions and impacts have been somewhat different in nature, building on the long-standing disadvantageous position they were already in, even before the Covid-19 pandemic: the nature of how the community deals with various health issues, especially on matters of SRHR (largely due to the patriarchal structure of the family), has played an important role in this situation, impacting their confidence to openly share their problems. This has been further compounded by a lack of internet access among many Roma women as an outlet for them to defuse their emotional strain. Ultimately, the strong feelings of discrimination are expressed widely, extending to the attitudes of physicians:

"Doctors do not want to listen to Roma, even if they have documents for necessary medical care."

- Young Roma female

The highest intensity of negative feelings was clearly expressed by LGBT people, who discussed various concrete examples and aspects of negative emotional impacts of the pandemic. The fear of being judged and the discrimination the community faces have made it harder to ask for certain products from pharmacies: the constant fear of being judged while buying specific products (contraceptives, pregnancy and HIV testing kits, hormonal therapy) has intensified during the Covid-19 pandemic, to the extent that some LGBT people have turned to NGOs and online shops for the first time.

There has also been a strong fear of being open towards health professionals, to avoid stigmatization, acting as a double-edged sword: fear of telling a medical professional that they are LGBT because of stigma, on the one hand, but also fear that if they were not truthful they would not get the care they require. Ultimately, this has led to their further withdrawing from contacting physicians during the pandemic (hence not only on account of restrictions on physical movement), reducing their motivation to access such services:

"I can't ever say that I have protected sex because the gynaecologist will assume I'm having heterosexual relations, and I am afraid to say it's not so because of the interaction that will follow, even though I would like to feel free to say what I mean and what I need."

"The physicians' whole reaction changes; his face and movements shift when you utter some things, and then you have to have an uncomfortable talk about your life history, how many relationships you've had and things the doctor doesn't need to know. But, because you have the LGBT label, you have to say those things because you won't get the proper care if you don't. I don't have a problem having the same talk; what I do have a problem with are the consequences that arise from the same talks." - LGBT people

Ultimately, this fear has resulted in LGBT people receiving inadequate treatment; moreover, they are so bound up in fear that they believe that they would also be scared of reporting any medical malpractice they might notice, as it might result in further stigmatization and the withdrawal of even the little help that they currently receive. Once more, this feeling was described as having intensified during the Covid-19 pandemic.

"My first thought if I reported was: 'This is the best that you'll have, so don't protest.'"

- LGBT person

The uncertainty faced in light of the above also appears to be leading to self-victimization in some cases, with a perception that LGBT people are not adequately educated on the existence of truly supportive services and centres specifically for them. Specific instances were reported of:

- Having been bullied in the past at school on account of their sexual orientation;
- Having witnessed medical professionals bragging in front of colleagues that they "insult and bully LGBT individuals in sessions, take their money and kick them out";
- Doctors relating weight gain to a thyroid gland "being caused by the person being gay"; and
- Medical professionals reporting sensitive medical and personal data, suggesting a very strong privacy concern among LGBT people in this respect.

While the early lockdown period of the pandemic allowed some respite from such negative encounters, when the moment restrictions were lifted, this perceived (and real) form of violence against the community returned in greater intensity and with a considerable backlash. As a result, LGBT people mentioned that online consultations may have been a good alternative for them, feeling less ashamed or judged in the eyes of a professional, yet they still fall short of trusting public health institutions or the physicians within them.

"I would report it [discrimination], but I know that nothing will come of it. They're all colleagues, friends; they drink coffee together."

"Their approach to us shouldn't change just because of some information in relation to our sexuality." - LGBT people

These behaviors were also identified through desk research (Месечен-извештај-за-јануари-и-февруари. pdf (lgbti.mk)). Moreover, the research also found that many trans people and especially trans sex workers lost their jobs during the pandemic, leading to homelessness and insufficient food supply, due to the absence of government support. Local trans groups such as TransFormA and Coalition Margins have provided necessary food and sanitary supplies each month as emergency aid.

LGBT people who lost their jobs and had to return to their parents' home have faced increased discrimination and violence within the family. Indeed, society in general is much more tolerant of violence and discrimination against sexual minorities than against religious, political and other racial and ethnic minorities: 36% of people in North Macedonia still believe that LGBT people want 'special' (i.e. privileged) rights.

3.3 Economic impact of the Covid-19 pandemic and response limitations

Desk research indicated that young people in general have faced particular financial difficulties during the Covid-19 pandemic. Nevertheless, as many as 47% of young people claimed that they did not meet the requirements to benefit from government financial measures or were unsure if they did (MKD_COVID_CIP_WEB_kor.pdf (coalition.org.mk)).

In May 2020, the government issued a new policy for all citizens and employees with low wages, health workers and young people (aged 16–29) to receive a payment card intended for purchasing Macedonian products and services during the pandemic, as a way to boost the domestic economy (finansiska-pomosh-platezhna-kartica.pdf (myla.org.mk)), and young people aged 16–29 who were active participants in the formal education system in the country were able to receive a one-off transfer of 3,000 denars (approximately EUR50),.

These financial measures introduced by the government may be considered positive responses; however, they would need to be extended further to make them truly relevant for large numbers of young people. Considering the limited importance attached to SRH issues by young people themselves during the pandemic, such measures are necessary but not sufficient to have a positive impact on them in relation to seeking and accessing SRH information and services.

The government's response has fallen short of addressing any SRH service/supply needs of young people, with the new payment card valid for just a limited amount of time and restricted to purchases of leisure activities such as hotels, campsites, restaurants, food and drink delivery services, and other personal services. Thus, these measures

should be extended to cover more areas, such as SRH support, and offer higher monetary amounts.

Despite the limitations of the scheme, a high proportion of youth from vulnerable groups were aware of it: indeed, according to research investigating the influence of Covid-19 measures on the human rights of **marginal groups**, 86% of participants (drug users, Roma, LGBT people, survivors of domestic violence, people living with HIV, sex workers, people with disabilities) were aware of the financial measures, (MKD_COVID_CIP_WEB_kor.pdf (coalition.org.mk)). This would suggest that the implementation of such measures—if they were also to cover SRH services and supplies—would likely be highly beneficial.

3.4. Positive personal emotional impacts of the Covid-19 pandemic

Participants in focus group discussions with all categories of youth stated that they did not experience any positive personal emotional impacts. However, two points were observed as striking a positive emotional chord, essentially as positive side-effects of the overall negative situation of the pandemic.

First, **some young people became more motivated to search for information** on issues regarding SRHR and, thus, to clarify any misconceptions and misunderstandings they had. In this context, the greater availability of personal time during the pandemic appears to have offered an opportunity for reflection. Second, the government's decision to allow all **pregnant women to work from home** during their pregnancy during the pandemic was recognized as a positive reaction, partly easing the emotional burden of pregnant women:

"I do not agree that it [SRHR] was not encompassed in any way. It was a positive thing that pregnant women were given the option to work from home. That was one of the aspects that concern us pregnant women, and the government understood and quickly recognized the need for those women to remain at home."

- New mother who was pregnant during the Covid-19 pandemic

IV. Mental health

4.1. Impact of Covid-19 on mental health

As previously highlighted, the area of mental health is very high on the agenda of young people, who sought a lot of information on the topic both before and during the pandemic. The subject is well defined in their mind, making references to it clear. Indeed, during focus group discussions, the area of mental health was an issue that sparked the strongest and most emotionally fuelled discussion across all youth groups, and in particular groups in vulnerable situations.

In discussing the impact of Covid-19 on their own mental health, young people expressed a clear belief that, particularly during this period, mental health has become equally important as physical health, if not more so. This elevated importance was attributed by young people to the isolation felt during the lockdown, being cut off from their peers and the fact that many young people during this time lived with their parents (highlighted as a particularly negative development by LGBT people), making it even more necessary to reach out for specialist support. Although they were able to communicate online, they clearly missed the vital aspect of human contact.

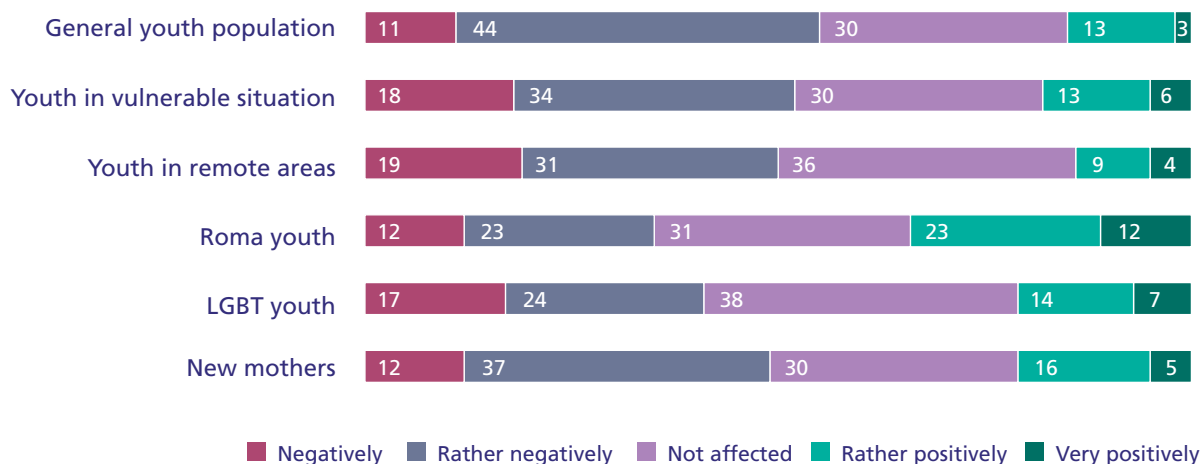
The Covid-19 pandemic has further shown how the needs of LGBT people in general cannot be met in the current structural context, thus intensifying their need for psychological support: the most important issue in this respect is that they do not trust health professionals, since health professionals do not respect their personal needs and situation purely because of their sexual orientation. In the eyes of LGBT people, such stigmatization, bullying

and lack of professionalism on the part of health professionals has also become particularly clear during the pandemic in the attitudes of mental health professionals. These attitudes, coupled with the belief that the majority of professional psychologists do not have appropriate knowledge and expertise in dealing with the specific problems facing the LGBT community, were reported to have placed them in a worse psychological position, perpetuating and accentuating their mental health issues.

Moreover, the mental health issues faced by LGBT people in particular are strongly linked to experiences of violence during the pandemic. Research conducted in the very early phase of the pandemic (April–May 2020) among the LGBT community (Првични податоци од истражување – КОВИД-19 криза: Влијанија врз ЛГБТИ заедницата – Либертас (libertas.mk)) found that 60% of participants who identify as LGBT mentioned that their mental health has worsened over the course of the pandemic, while 12% mentioned having experienced some kind of violence in the early phase of the pandemic (mainly in the form of hate speech or internet violence). Furthermore, as many as 46% of LGBT people mentioned being afraid of having their sexual orientation or gender identity discovered by government employees and others in their environment.

The quantitative youth survey in the last three months of 2021 revealed a persistent negative effect on mental health as a result of the pandemic across both youth in general (55% mentioning that their mental health has been negatively affected) and youth in vulnerable situations (52%).

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



Source: Quantitative youth survey (2021)

Moreover, as reported by experts in the education field in the course of in-depth interviews, the negative impact on the mental health of children specifically has been a huge problem: this is largely attributed to the fact that parents were unprepared to support their children with problems such as

difficulties in socializing with others, the taboos associated with discussing such issues even within the family circle, and the overbooking of mental health institutions, which limited opportunities to access professional help.

4.2 Seeking support for mental health during the Covid-19 pandemic

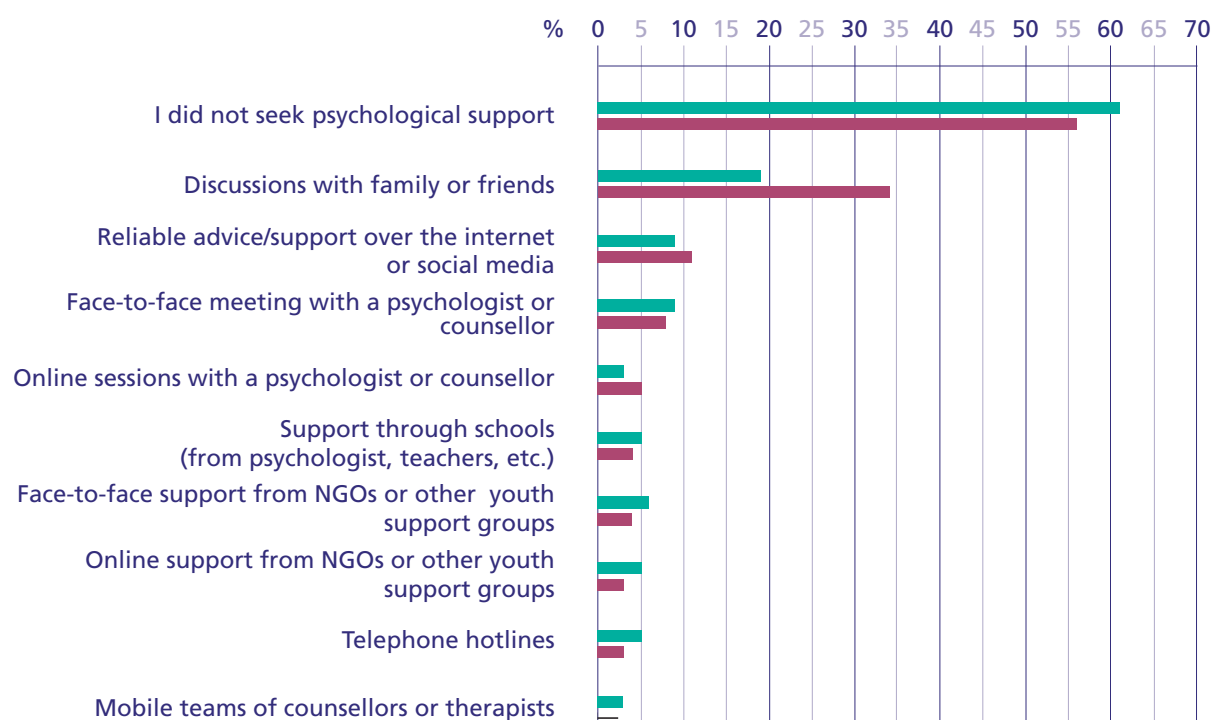
General youth population

The proportion of the general youth population seeking any type of psychological support increased

fairly slightly, from 39% before the pandemic to 44% during the pandemic (despite the importance attached to improving mental health). Moreover, despite the general belief that seeking professional support should not be viewed as negative (also including online), the most significant increase in seeking psychological support has been in the form of reaching out to family or friends.

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

■ Before the pandemic ■ During the pandemic



Source: Quantitative youth survey (2021)

Nevertheless, the general youth population did acknowledged the potential usefulness of discussions with mental health professionals:

"Everyone who has the need [for a therapist/ psychiatrist] should seek assistance, instead of keeping it all inside."

"It is good to have a conversation with a [mental health] professional who is able to help you."

- Young people, Skopje

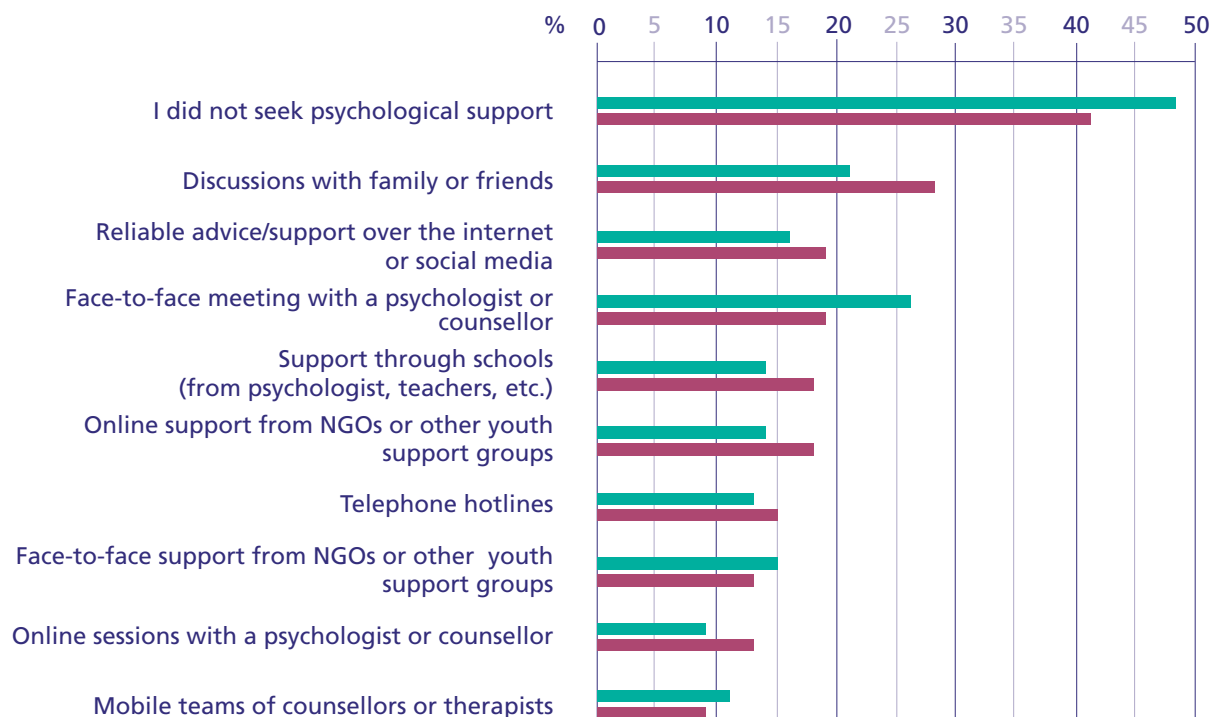
Youth in vulnerable situations

The increase in the proportion of youth in vulnerable situations seeking mental health support during the Covid-19 pandemic (compared to before the pandemic) was marginally higher, with 59% of them seeking such help, representing an increase

of 7 percentage points. This increase took the form of a greater variety of support or services accessed (in addition to more discussions with family or friends), including online support from NGOs or youth groups, online sessions with psychologists and advice over the internet or social media.

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

■ Before the pandemic ■ During the pandemic



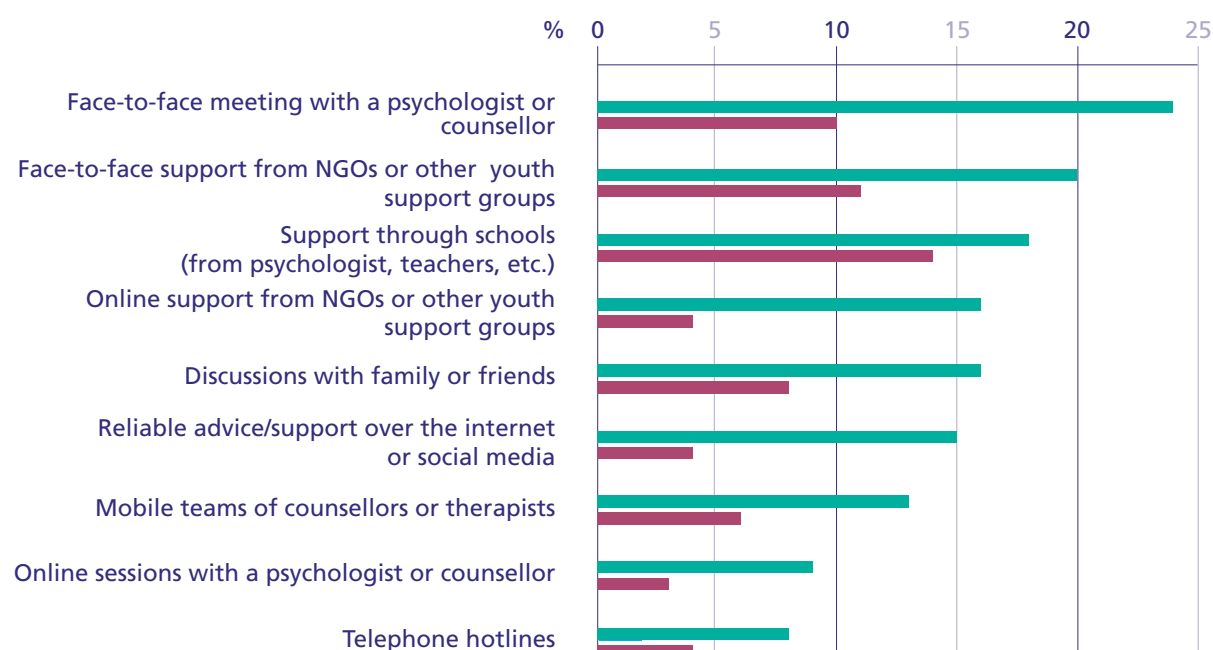
Source: Quantitative youth survey (2021)

4.3 Barriers to seeking and accessing psychological and mental health support

It is clear that vulnerable young people have faced a wide range of problems in obtaining such support, as reflected in the quantitative youth survey.

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)

In this context, a series of significant barriers were uncovered during focus group discussions with young people in vulnerable situations.

First, mental health services were perceived to have **operated at a reduced capacity** during the pandemic on account of the overall emphasis of the health system on Covid-19 patients. In this light, **online consultations were said to have been overloaded**, thus not a valid solution for people needing immediate mental health support.

Second, all focus group participants shared a very commonly held understanding and strongly stated belief that **the stigmatization and taboos** associated

with using professional support and counselling are so strong that they severely discourage young people from actually asking for support. In this context, the anonymity of using the internet provides them with a comfort zone. Once more, although young people do recognize the need for professional mental health support, the concern is that they will be considered 'crazy'; ultimately, their over-riding concern is how to protect their reputation within their community circle. Against this background, and in a small, closed society, if someone visits a therapist, they expect it to become known in the wider community (further suggesting that issues of professionalism and data privacy are clear obstacles).

"Going to a psychologist in our community means you are crazy. It is still a taboo topic."

- Young Roma person, Crnik

Consequent to the above, in many cases young people only start to seek mental health support when the situation becomes serious (e.g. the need for anti-depressants). This pattern has been observed across all vulnerable youth groups, although new mothers are somewhat more open to overcoming the taboos and seeking professional support:

"I believe that seeing a psychologist or psychiatrist here is still largely a taboo topic, and many people do not even think to ask for help, but Covid-19 will only positively encourage people to start looking for help, because all of those who to some degree suffer from anxiety, different fears and panic attacks saw their symptoms increase during the pandemic."

- Mother who gave birth during the Covid-19 pandemic

Members of the LGBT community are reluctant to seek professional support, due to the discriminatory behaviour of mental health professionals. Indeed, the widest range of problems seeking and accessing mental health support have been experienced by LGBT people:

- Covid-related service closures and restrictions created an even more difficult situation, since people who lived outside the capital, Skopje, had to travel from rural areas, risking contracting the virus, to visit the 'Sakam da znam' youth centre for support;

- Youth were strongly motivated to 'keep under the radar' on account of the discrimination faced by the community from health professionals (including mental health professionals);

"The more visible you are, the more problems you have here."

- LGBT person

- Desk research further revealed evidence that there are **very few psychologists** trained to offer support to LGBT people (izvestaj-mk_compressed.pdf (mhc.org.mk)).

- Funding problems for those NGOs offering mental health support to the LGBT community: Subversive Front, an association for sexual and gender minorities, documented a doubling in the number of requests for mental health support from LGBT people during the COVID-19 pandemic. However,

in the absence of government financial support, it had to find alternative ways to sustainably finance more employees to handle the demand (izvestaj-mk_compressed.pdf (mhc.org.mk)).

- During the Covid-19 pandemic, all routine checks, controls and surgical interventions were cancelled, leading to **unprecedented health risks for transitioning people**: some trans men were left without the necessary therapy, due to increased difficulties with imports as a result of the closure of the country's borders. Faced with no other options, they resorted to online purchasing (more expensive and without the same quality guarantee) or paused the transition, leading to negative health consequences at both the physical and the emotional level;

- LGBT people have only partly been informed about the services available in support of mental health during Covid-19. Many of those who faced mental health problems did not ask for support to address their issues (opting instead for support from friends), due to a lack of confidence that their problems could be solved, financial instability, and a lack of trust in counselling staff due to previous negative experiences dealing with homophobia (Првични податоци од истражување – КОВИД-19 криза: Влијанија врз ЛГБТИ заедницата – Либертас (libertas.mk)); and

- Limited availability of safe houses for LGBT people: the LGBT support centre opened the **first safe house**, a shelter for LGBT people facing the risk of homelessness, in 2017. It offers accommodation, support services in times of crisis and acute violence, long-term protection, re-integration and re-socialization programmes and others. While this is clearly a positive practice, it is severely limited, as it can only offer permanent shelter to seven people and remains the only shelter for LGBT people in the country. Moreover, while in 2019, the Ministry of Labor and Social Policy made a financial contribution that covered 33% of the centre's expenses, this **funding was discontinued** in 2020 due to Covid-19 and government elections, leading to greater uncertainty for the shelter and safety of LGBT people. Needless to say, this has had a major impact on the mental health comfort zone which LGBT persons can feel in terms of having adequate support and protection (izvestaj-mk_compressed.pdf (mhc.org.mk)).

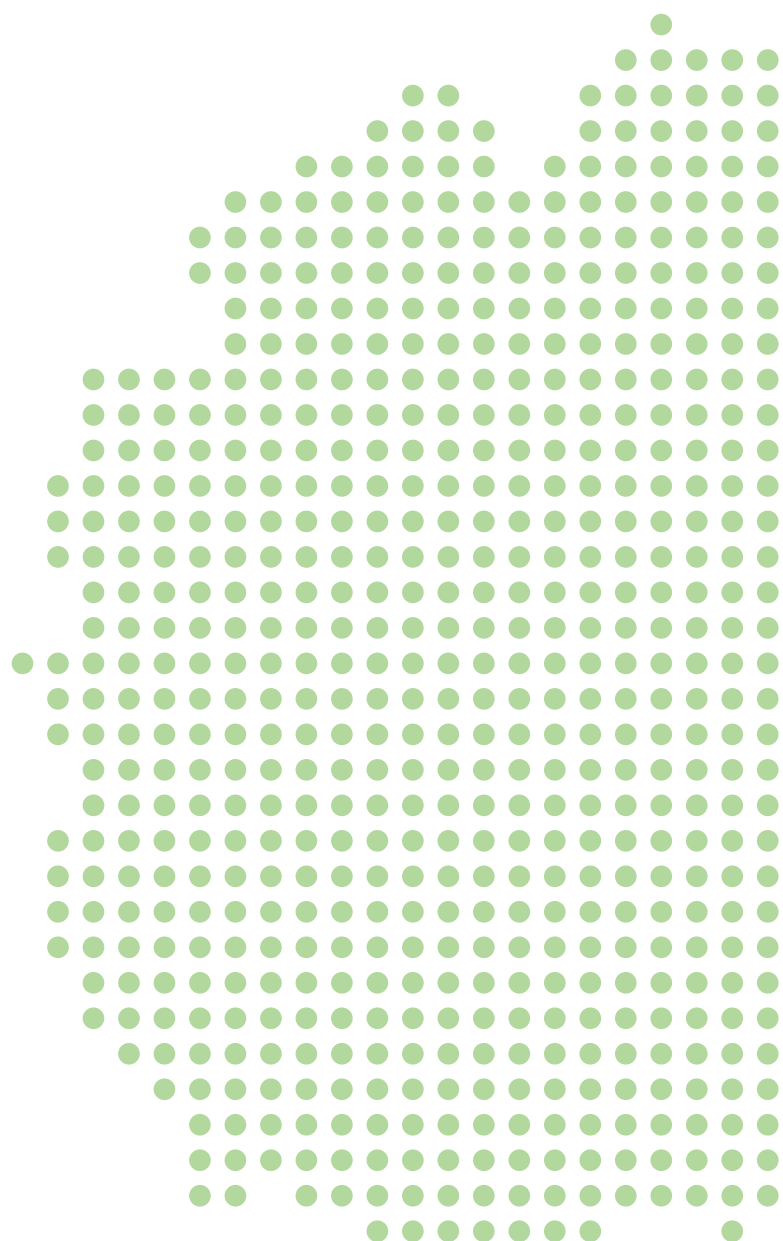
Young people also **claimed a lack of awareness** about where/how they could find/contact a therapist or organization offering psychological support. In this respect, awareness of the free telephone hotline for psychological support during the pandemic

stands out as the single positive development they are aware of, with the number and information available on all government documents and websites. **Roma community members** claimed a lack of awareness of support available over the internet in particular.

There are clear **systemic problems** pertaining to mental health support in the public sector:

- **Psychological counselling** offered by the public sector is limited and closely tied to health insurance for those in employment; and

- **Counselling is offered only after an initial assessment by a GP.** In this respect, GPs were reported as avoiding sending people for mental health consultations, due to the excessive demand for such services, relying instead on the easy solution of providing medication/pills to help people relax.



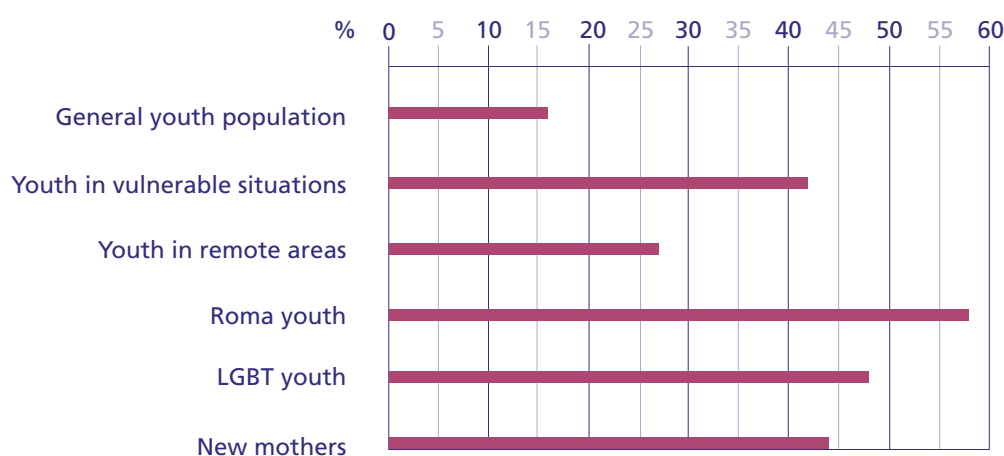
V. Sexual and gender-based violence

4.1. Incidence of sexual and gender-based violence

The proportion of youth in vulnerable situations who reported having personally experienced or

witnessed incidents of sexual and gender-based violence among is exceptionally high (at 42%), and even higher among Roma youth (58%) and LGBT youth (48%).

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



Source: Quantitative youth survey (2021)

The high incidence of sexual and gender-based violence during the Covid-19 pandemic and indeed the high level of awareness of these incidents were reflected in both qualitative focus group discussions with young people and in-depth interviews with experts.

Members of the **general youth population** admitted that they witnessed cases of harassment on social media, by older people towards young girls in particular.

Roma youth reported facing added problems of young girls being sent abroad to be married to unknown men, while the incidence of juvenile marriages has increased; in this context, cases of rape and abuse were claimed to be on the increase. In addition, they are afraid of being

publicly harassed and shamed on social media, and having personal photos published. In this respect, many respondents referred to the Public Room, a well-known scandal in Macedonia, where people formed a Facebook group and shared illicit photos of girls, some of them underage, as well as private information on some of the girls, to harass and shame them. This was also mentioned by a number of **NGO representatives** ('Inicijativa na zeni'), who highlighted how young people and mostly young Roma women are experiencing sexual and gender-based violence in the Public Room, and sexual harassment and violence, which have spread to social networks. The vulnerability of young Roma girls was emphasized, due to their need to cope with the difficulties of unemployment and limited financial resources.

The Covid-19 pandemic and lockdowns have created an unbearable situation for members of the LGBT community. Being forced in lockdown to live with family members who do not accept their choice of sexual orientation has created a 'prison' and a very specific form of 'violence' towards them, leading to a complete loss of confidence:

"Sitting at home was life-threatening for some of us."

"One such bad comment gives me enough incentive to cut myself off from them [my parents]."

- LGBT people

Moreover, the higher incidence of sexual and gender-based violence was further reflected in information sourced through desk research and based on the feedback from expert stakeholders in the field. **Representatives of NGOs** that provide services to survivors of sexual and gender-based violence highlighted the increased incidence of sexual and gender-based violence as the main problem created by the pandemic, citing obstacles to cooperating with the institutions with which they need to cooperate to handle their services: as a result of the early Covid-19 restrictions, with the start of curfew, the number of calls related to domestic violence increased by about 30%, including a high proportion in relation to cyber-bullying. An increase in the number of online messages through social networks from women asking for help, support and conversations was also reported.

UNICEF also reported that domestic violence increased during the pandemic, with children representing nearly 10% of the victims. Children reported to suffer neglect and abuse are mostly between 0 and 5 years old, while child victims of sexual assault are mainly aged 13–15 years (<https://www.unicef.org/northmacedonia/media/6816/file/Study:%20Social%20and%20Economic%20Effects%20of%20COVID-19.pdf>).

During the course of 2020, the Ministry of Internal Affairs documented 34% more reports of domestic violence in comparison to 2019, and 50% more compared to 2018 ([MKD COVID CIP WEB kor.pdf \(coalition.org.mk\)](#)).

Domestic violence is much more prevalent among Roma women under 28 years old than among women in general. Psychological violence was reported as being more common than physical domestic violence (Vlijaniето od krizata od covid zeni.pdf (esem.org.mk)).

The National Network against Violence towards Women and Domestic Violence, an NGO, expressed particular concern with regards to the initial 30-day national lockdown, when all citizens were required to stay at home as a way to prevent spreading Covid-19. It claimed that for many women who are victims of domestic violence, the home does not represent a safe space, placing women and their children in a very difficult and often life-threatening situation (Зголемен ризик од семејно и интимно партнерско насилство во периодот на вонредна состојба | Сител Телевизија (sitel.com.mk); Sitel, 'Heightened risk of domestic and intimate partner violence in lockdown period', 19 March 2020).

In response, the National Network against Violence towards Women and Domestic Violence asked for an advertisement publicizing a free helpline for child victims of violence to be broadcast, and developed protocols to protect its shelter against Covid-19, to safeguard the health of women and child survivors of violence, reduce the contact between the children and the perpetrator of abuse, and prevent any kind of violence that might happen because of the pandemic.

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

In light of the increased incidence of sexual and gender-based violence, both youth in vulnerable situations and youth in general considered the overall response of the State to tackling such issues during the Covid-19 pandemic very inadequate.

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



Source: Quantitative youth survey (2021)

5.3 Seeking and acquiring effective protection in cases of sexual and gender-based violence

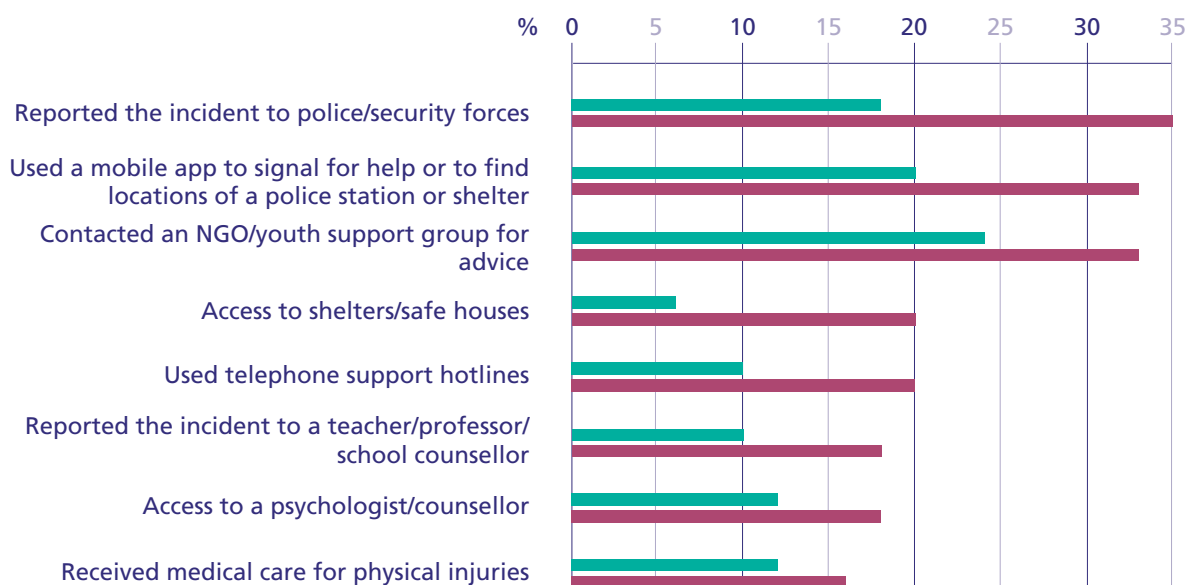
The lack of trust in institutions is partially undermining faith in the ability of young girls and women to seek and obtain meaningful protection in cases of sexual and gender-based violence. However, in North Macedonia, a high proportion of those who have personally experienced or witnessed incidents have taken some kind of action in terms of reporting or seeking support: approximately 80% among youth in general and 82% among youth in vulnerable situations. This would suggest that youth audiences have become highly sensitized to this issue during the pandemic. Indeed, being able to report incidents to the police or appropriate NGOs via both traditional and electronic means has been key.

In this context, the NGO Hope reported that it has received an increasing number of online messages during the Covid-19 pandemic, rather than telephone calls. This is attributed to use of the 'Be Safe' application from the Ministry of Labor and Social Policy, which stands out as a strong positive practice in relation to sexual and gender-based violence, allowing women to contact relevant institutions through an application as an alternative to telephone calls, making it easier for victims to establish contact with relevant stakeholders.

Nevertheless, overall, it is evident that across all channels and means used to report such incidents, their effectiveness in terms of providing the required support has fallen short, with a significant proportion of those reporting incidents not obtaining the required support or resolution.

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

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



Source: Quantitative youth survey (2021)

Moreover, the qualitative research through focus group discussions and in-depth interviews with experts revealed a number of substantial barriers both to further seeking support/reporting an incident of sexual and gender-based violence and in terms of such reports being adequately addressed.

Representatives of the Ministry of Health reported that—despite the operation of three centres for the protection and care of survivors of sexual violence—a **very small proportion of victims actually report such incidents**, as they are not being actively encouraged to do so. This suggests that although a notable increase in sexual and gender-based violence has been recorded, a large proportion share of incidents remain unreported and ‘hidden’.

All youth groups agreed that the **effectiveness** of the institutions that handle sexual and gender-based violence was **questionable even before the pandemic**, and that the pandemic has highlighted the failings of the institutions to properly protect the victims. Institutions were reported as being ‘practically useless’ in handling any situation concerning violence of this kind. As such, **faith in the police** in this respect is said to be low—if not non-existent—and in some cases there is the common belief that even police officers are some of the more frequent abusers (referring to incidents that came to light where the perpetrators were a member of the police force). Moreover, this faith is constantly diminishing, since more and more cases of sexual and gender-based violence are reaching the news, without any follow-up reporting that the police has done something with regards to protecting and helping the victims, minimizing the problem or bringing the perpetrators to justice. In this context, a key example was cited by focus group discussion participants from the general youth population, who referred to an incident that took place in Demir Kapija, where the police simply told the female victim that the perpetrator/abuser “got a little drunk” and promised her that it would pass, taking no further action. Such diminishing faith in the authorities further suggests that their ineffectiveness may

discourage people from reporting incidents of sexual and gender-based violence:

“The victims of violence do not trust the institutions enough to report incidents, and they are afraid of the abuser.”

- Young person, Skopje

Among **Roma women**, a similar lack of trust exists, with respondents stating that if any action is taken, it is too slow and too late to prevent further abuse. Indeed, young women are generally reluctant to contact the police, due to the ineffectiveness of the police in supporting friends who have suffered physical violence in the past. Moreover, in the case of Roma women, their lack of financial independence vis-à-vis their male partner appears to be driving their mistrust in the authorities further:

“We do not trust institutions. They are on the side of whoever pays more.”

- Young Roma female

Among **LGBT people**, the lack of faith in the authorities is also particularly high:

“I do not know a single person in the community who would turn to the police.”

- LGBT person

LGBT people are most likely to turn to friends or NGOs as traditional sources of comfort. Moreover, in the context of the Covid-19 pandemic, access to online support services has been particularly important, in the form of seminars, workshops, meetings and counselling. Despite their availability, such online activities are mentioned as falling short of providing the required support, as they remain largely at the theoretical level. Ultimately, LGBT people tended to agree that there is a clear absence of prevention programmes in relation to sexual and gender-based violence.

5.4 Institutional shortfalls in addressing sexual and gender-based violence

The limitations in addressing incidents of sexual and gender-based violence are further compounded by certain institutional and historical shortfalls in this respect.

Education experts strongly alluded to a general **lack of awareness among young people** as to how to proactively identify incidents of sexual and gender-based violence and be empowered in reporting them, emanating from the lack of inclusion of such subjects in school curricula. The stated goal of the Ministry of Education in this respect is to develop these competencies in students through transferable and subject goals, to encourage them to seek help when their safety is endangered etc.

There is also a lack of institutional and inter-sectoral communication and cooperation, which leads to victims remaining unprotected, and often having to continue living with their abuser.

The **lack of government financial support** for the safe house for the LGBT community, especially during the pandemic, created many problems in the shelter's ability and capacity to accept new victims of sexual and gender-based violence.

The Center for Social Work, which is the institution in the country tasked with solving cases of violence, **was mainly closed and could not be accessed** for long periods of the Covid-19 pandemic. Cases were reported of the victim needing to report an incident of sexual and gender-based violence outside the Center's premises in a very loose, informal conversational manner, as opposed to providing a full and proper record of the case.

VI. Assessment of the institutional response to covid-19

6.1 Inadequate response from the health system and the government

Youth participants in all focus group discussions agreed overwhelmingly that the overall response of the authorities to address issues related to SRH in general has been wholly inadequate. Indeed, the quantitative youth survey revealed that a

particularly high proportion of both the general youth population and youth in vulnerable situations believed that the Covid-19 pandemic has shown how little attention the authorities pay to SRHR. This view is echoed by NGO representatives (e.g. Hope), who strongly expressed the belief that institutions do not properly reach or are unavailable for young people in relation to SRH matters.

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)

6.2 Systemic policy and legislative limitations

Similar to other countries in the region, the laws, decrees and actions taken in response to the pandemic did not take the needs of women, minorities and vulnerable people in particular into account. This was largely attributed by stakeholders to an insufficient understanding among decision makers of human rights-based responses and the impact of such measures on minorities, women and the disadvantaged. As such, the measures have been blind to the needs of young people in vulnerable situations and those who were already disadvantaged, disproportionately affecting some groups.

The following limitations were identified through desk research and in the course of qualitative research (focus group discussions and in-depth interviews with experts).

- The government neglected to put in place measures aimed at protecting the most vulnerable—particularly women—such as survivors of gender-based violence, victims or potential victims of trafficking in human beings and women working in the grey economy, with little, if any, consultation with those providing support services to some of those groups, such as civil society organizations operating safe houses, or institutions providing social protection to those in greatest need.
- All measures failed in particular to use gender-sensitive language, making it difficult to avoid gender bias and to avoid being gender-blind to their potential consequences.

- Reports of violence against children were usually associated with violence against mothers with minor children, who under the law are also considered direct victims. In this respect, cases of peer violence among fostered children possibly have been neglected (<https://www.unicef.org/northmacedonia/media/6816/file/Study:%20Social%20and%20Economic%20Effects%20of%20COVID-19.pdf>).

- Measures announced by the government in response to Covid-19 involving isolation, social distancing and hygiene were a challenge for marginal groups such as some marginalized ethnic minorities (Roma people), who do not have equal opportunities to protect themselves or meet their basic needs for shelter, food, hygiene and medicine (MKD_COVID_CIP_WEB_kor.pdf (coalition.org.mk)).

- Young members of the Roma community claim considerable discrimination at the institutional level, with the lack of access to health insurance cited, once more, as a key problem. They do not have the option of paying for private health care, because they cannot afford it.

- Members of the LGBT community strongly believe that even though there are legislative measures in place (e.g. the Law on Discrimination), the relevant implementing authorities do not apply or respect them.

- Regarding sexual and gender-based violence specifically, although North Macedonia has signed and ratified the Istanbul Convention, there are no plans for its actual implementation into legislation. Furthermore, the existence of contradictory legislation regarding protection from sexual and gender-based violence is not helping the victims or the authorities to protect victims: in particular, the Law on Social Protection and the Law on Prevention and Protection from Violence against Women and Domestic Violence contradict each other regarding perpetrators of violence. While the Law on Prevention of Violence states that the perpetrator should be removed from the home, and the victim should remain safe at home, the Law on Social Protection states that the victim should be removed from the home, leading to confusion and implementation issues.

- Access to contraception and SRHR services has been particularly negatively affected for women and girls in rural areas.

- Girls and women who did not have access to regular services provided as a part of their health insurance had to use private-sector services, but the prices limited access to and use of those services.

In contrast, **young people stated their preference for a range of actions which should have taken place** at the systemic level, including:

- On sexual and gender-based violence:

- Increased availability of shelters for women; and

- Training the police with adequate skills to deal with incidents of sexual and gender-based violence;

- Improved access to information for pregnant women on Covid-19 measures during the pandemic;

- Greater access to and information on psychosocial support hotlines for LGBT people: specific requests were made by LGBT people during focus group discussions for information regarding the availability of hotlines, contact information for therapists and information on how their peers are dealing with the Covid-19 situation at home; and

- Access to SRHR supplies and tests (such as STI and HIV test kits etc.) to be made easier and extended to all cities rather than just the large cities.

VI. Positive practices

Despite the inadequate response to the Covid-19 pandemic, a series of positive practices were identified as having been implemented, either as a continuation of previously established activities or as a direct response to the crisis. While many of the practices may not have had a strong impact in terms of achieving their goals, their further

implementation or expansion could yield promising results. Moreover, they also include a series of more general responses that may have the potential to be transferred into the realm of SRHR information dissemination and service provision. The main practices and their implications in terms of further actions/goals to be pursued are highlighted below.

7.1 Sex education and information

Practice	Further actions/goals
<p>Providing sex education online, including both synchronous and asynchronous learning, implemented by HERA</p> <p>Synchronous learning: In-person Comprehensive Sexuality Education (CSE) sessions were adapted as online Zoom workshops for young people. They involved Zoom break-out rooms, screen-sharing of Google slides and the sticker feature on Zoom as a way to promote interaction between participants.</p> <p>Asynchronous learning and story creation/sharing: Using Instagram stories, HERA youth peer educators posted video answers to the questions posed by followers on SRH topics. Through the creation of an Instagram story template with the statement “CSE taught me...” and sharing it with followers, young people who followed the CSE programme could each continue the sentence describing something meaningful that they learned during the sessions, share it on their story and nominate friends to share it with.</p> <p>Reported by the NGO HERA</p>	<p>An excellent way to not only maintain but also enhance sex education through informal channels</p> <p>Such activities should be further supported and conducted/ disseminated in cooperation with government institutions and ministries.</p>
<p>Creation and sharing of short videos by peer educators covering topics of pleasure, SRH and violence were posted on social media as a way to educate and offer young people a glimpse of what CSE is about.</p> <p>Reported by NGOs</p>	<p>Attractive to all young people with internet access, and can act as an effective way to raise awareness and introduce sex education and SRH topics, even for those young people with limited knowledge.</p>
<p>A series of video animations of the most frequently asked questions and concise answers regarding the CSE pilot programme was initiated in September 2021 to inform young people and the general public, and to prevent the spread of misinformation regarding the Covid-19 virus and its implications for people’s health.</p> <p>Reported by NGOs</p>	<p>Adoption of the questions and answers schematic could be applicable and relevant beyond the Covid-19 pandemic in the future.</p> <p>The use of video animations is a highly attractive hook to use such sites.</p>

7.1 Sex education and information

Practice

12 NGOs worked together to analyse the effects of Covid-19 on youth and prepared a set of recommendations for improving the policies and measures that the government should introduce to minimize negative consequences.

Conducted by the Youth Educational Forum

Further actions/goals

It is vital to maintain such cooperation between institutions in the future after the pandemic; it can also focus specifically on SRH matters.

Providing a single online entry point/portal for dissemination of such findings should be considered not only in terms of general policy measures but also in terms of providing feedback for future sex education programmes both inside and outside schools.

7.2 Sexual and gender-based violence

Practice

The BE SAFE online app was launched by Ministry of Social Policy in cooperation with UNDP. This mobile application aimed to ensure survivors of violence could obtain all the help they need and protection from domestic violence during the Covid-19 pandemic. It has been made available in the Macedonian, Albanian and Roma languages.

The mobile app includes a red button through which victims can instantly send their telephone number and geolocation to the national SOS helpline for victims of domestic violence.

It also includes a list of contact numbers (police, social work centres, specialist services for survivors of domestic and sexual violence), a list of rights of survivors of domestic violence, practical advice for those at risk of attack, legal protocols on protection from domestic violence, and anonymous personal success stories from victims of violence.

Identified through desk research and reported by stakeholders

Further actions/goals

This government initiative should be a beacon for other similar initiatives on SRH matters touching on human rights violations, discrimination, filling of complaints etc.

Such an initiative should be further promoted through advertising and a variety of communication channels.

Long-term funding for the smooth operation of the app should be secured.

An additional feature of monitoring and logging the resolution of cases/action taken can be implemented in the background for use by the authorities, hence also making the app an effective monitoring tool.

7.2 Sexual and gender-based violence

Practice

Further actions/goals

<p>In response to the growing need for legal support for women victims of violence during the Covid-19 pandemic, the Association for Emancipation, Solidarity and Equality of women set up the online platform 'Ask for advice', which offers registered users free legal advice related to protection from domestic violence, divorce processes, child support etc.</p> <p>Identified through desk research (MKD_COVID_CIP_WEB_kor.pdf (coalition.org.mk))</p>	<p>Such NGOs need to be further supported, and cooperation between NGOs and government institutions should be created and further developed.</p>
<p>The NGO Hope participated in the preparation of a document submitted to the government that was prepared by the National Network against Violence. The document aimed to ensure that if a victim had to leave their home during curfew, they would not be penalized. This was accepted, as well as other measures that were proposed.</p> <p>Reported by stakeholders</p>	<p>A positive rapid response by the government to initiatives taken by the NGO sector</p> <p>In times of crisis and travel restrictions, 'exemptions' secured in this manner can provide short-term protection. In the long term, such exemptions should be pursued even outside pandemic times, to ensure that the State always considers victim protection an essential service.</p>
<p>The National Network for the Protection of Women asked for free helpline commercials to be broadcast:</p> <ul style="list-style-type: none"> • For child victims of violence; • To preserve the health of women and child survivors of violence; and • To reduce the contact between the children and the perpetrator of abuse, to prevent any kind of violence that might occur because of Covid-19. <p>Reported by stakeholders</p>	<p>Raising awareness of free helpline numbers targeting specific audiences such as children and their parents is a positive practice to be further enhanced.</p> <p>Ongoing or periodic communication of such numbers is vital to ensure that all those in need of such assistance can readily access it whenever needed.</p>

7.3. NGOs supporting particular groups of vulnerable youth online and in person

Practice

Further actions/goals

<p>Online groups for support and helpful resources such as 'Together in Isolation' were set up to curb the effects of isolation on LGBT people in particular.</p> <p>LGBTI Macedonia, but also wider acknowledgement by LGBT people themselves of positive practices introduced by NGOs such as transferring training programmes online, and providing safe houses for survivors of sexual and gender-based violence</p>	<p>Online channels are particularly relevant to allow ongoing connection between members of the LGBT community.</p> <p>Such internet channels offer an 'escape route' for LGBT people who are confined within the family home in times of travel restrictions and lockdowns</p> <p>Online channels should be further explored and extended beyond pandemic times, with a specific focus on the needs of the LGBT community.</p>
<p>Skopje Pride organized online events and discussions during Pride Month to enable alternative ways of connection, thereby overcoming isolation.</p> <p>LGBTI Macedonia</p>	<p>Awareness-raising and community support through such events is critical in times of physical restrictions, to maintain feelings of bonding and allegiance.</p> <p>Such online events should complement major events such as Pride even after the pandemic.</p>
<p>Adoption/use of online platforms for pregnant women and young mothers such as e-gynaecologists</p> <p>Pregnant women or new mothers who needed information on gynaecological issues or newborn babies have increasingly turned to such platforms for information</p>	<p>Further raise awareness of such platforms.</p>
<p>Field visits and online support offered to Roma women specifically by NGOs working with the community such as the Women's Initiative from Suto Orizari</p> <p>Moreover, reference was made to cooperation between NGOs and gynaecologists during the Covid-19 pandemic, to manage the process and lobby municipal authorities to acquire equipment. This effort extended beyond information provision, to the distribution of hygiene kits (dignity kits) both in Shutka and other locations.</p> <p>Targeted support identified through desk research</p>	<p>It is crucial to maintain targeted support for the Roma community in times of crisis.</p> <p>NGOs able to offer such services across the country should be identified and supported to conduct similar activities.</p>

7.3. NGOs supporting particular groups of vulnerable youth online and in person

Practice

Further actions/goals

<p>The government decided to allow all pregnant women to work from home during their pregnancy during the pandemic</p> <p>Very positively recognized by pregnant women and young mothers as a positive response with a significant effect on their emotional situation</p>	<p>Such facilitation can be lobbied for and applied to other groups in vulnerable situations, essentially acknowledging the special circumstances they are in.</p>
<p>Free telephone hotline for psychological support heavily promoted, with the number and information being available on all government documents and websites</p> <p>Most positively acknowledged by LGBT people</p>	<p>Enhanced communication of such helpline numbers relating to mental health is vital during times of crisis, and should be supported through further funding.</p>
<p>The LGBT support centre opened its first safe house, a shelter for LGBT people facing the risk of homelessness, in 2017. It offers accommodation, support services in times of crisis and acute violence, long-term protection, re-integration and re-socialization programmes and others.</p> <p>Reported by stakeholders, but severely limited by its housing capacity of only seven people and the discontinuation of government funding in 2020</p>	<p>Such a shelter is critical for the LGBT community in terms of offering a physical safe haven.</p> <p>Funding needs to be in place to enable it to continue to operate in times of crisis and for further expansion beyond the Covid-19 pandemic and into the future.</p>

7.4 Distribution of supplies to vulnerable groups

Practice

Further actions/goals

<p>NGOs working in Skopje and other cities offered supplies, medicines and other SRHR products to vulnerable groups.</p> <p>Reported by stakeholders</p>	<p>The NGOs need to be supported further, and cooperation between NGOs and government institutions should be created and further developed. Such practices should also be extended to rural areas.</p>
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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 times of crisis such as the Covid-19 pandemic.

Practices recommended by youth in the quantitative youth survey

Having a trusted GP/family doctor who can also provide consultations or prescriptions online was considered the most important requirement by the general youth population and youth in vulnerable situations. Youth in general also recommended implementation of a mobile app with maps and

opening hours of the nearest hospitals or NGOs, suggesting that the positive reception of the BE SAFE app for reporting and dealing with sexual and gender-based violence could be extended conceptually to a broader range of SRH services. Indeed, among the general youth population, the use of online channels extends to the ability to order and purchase items online from pharmacies, as well as with respect to acquiring sex education through videos.

In contrast, youth in vulnerable situations consider more traditional options as being of greater importance, including 24/7 hotlines dedicated to specific aspects of SRH, and the regular delivery of free supplies to their area, such as condoms, test kits and menstrual hygiene products.

Most preferred practices for the future (%mentioning)

General youth population

Youth in vulnerable situations

	%		%
My GP/family doctor/physician provides consultations or prescriptions online	51	My GP/family doctor/physician provides consultations or prescriptions online	43
A mobile app/website with maps and opening hours of the nearest hospitals or NGO support centres	47	24/7 hotlines dedicated to specific aspects of SRH	39
An online pharmacy to order self-administered supplies/tests/medicines without a prescription	44	Regular delivery of free condoms, tests, menstrual hygiene products etc. to my area	36
An online platform providing sex education, including useful videos	41	An online pharmacy to order self-administered supplies/tests/medicines without a prescription	31
Regular delivery of free condoms, tests, menstrual hygiene products etc. to my area	35	A community centre in the area where I live	30
Self-service vending machines for supplies (e.g. condoms, contraceptives, menstrual hygiene products)	33	A mobile app/website with maps and opening hours of the nearest hospitals or NGO support centres	30

Most preferred practices for the future (%mentioning)

General youth population

Youth in vulnerable situations

	%		%
Sex education classes in school	32	Self-service vending machines for supplies (e.g. condoms, contraceptives, menstrual hygiene products)	30
Self-administered screening tests for HIV or STIs	28	An online platform providing sex education, including useful videos	29
A portal of accredited sites or physicians	27	Mobile teams of doctors, nurses or therapists visiting my area	27
24/7 hotlines dedicated to specific aspects of SRH	25	Self-administered screening tests for HIV or STIs	26

Source: Quantitative youth survey (2021)

Moreover, specific youth groups in vulnerable situations have further specific needs and preferences. For example, Roma youth and youth in remote areas in particular emphasized the importance of having a community centre in their area, and the possibility of mobile teams of doctors/nurses visiting their areas. LGBT people

were particularly interested in regular delivery of free supplies, as well as the ability to access self-service vending machines for supplies, both of which are clearly important in helping them access SRH supplies anonymously and privately, given the discrimination they often face.

Most preferred practices for the future (%mentioning)

Youth in remote areas

Roma youth

LGBT youth

	%		%		%
My GP/family doctor/physician provides consultations or prescriptions online	51	My GP/family doctor/physician provides consultations or prescriptions online	43	Regular delivery of free condoms, tests, menstrual hygiene products etc. to my area	
24/7 hotlines dedicated to specific aspects of SRH	47	A community centre in the area where I live	39	24/7 hotlines dedicated to specific aspects of SRH	
An online pharmacy to order self-administered supplies/tests/medicine without a prescription	44	A mobile app/website with maps and opening hours of the nearest hospitals or NGO support centres	36	My GP/family doctor/physician provides consultation or prescriptions online	
A community centre in the area where I live	41	24/7 hotlines dedicated to specific aspects of SRH	31	A mobile app/website with maps and opening hours of the nearest hospitals or NGO support centres	
Mobile teams of doctors, nurses or therapists visiting my area	35	Mobile teams of doctors, nurses or therapists visiting my area	30	Self-service vending machines for supplies (e.g. condoms, contraceptives, menstrual hygiene products)	

Source: Quantitative youth survey (2021)

G.Key considerations

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

Specifically, the following should be considered and addressed.

Seeking and accessing information on SRHR issues

There is a basic lack of awareness, misunderstanding and confusion among young people as to what SRHR is about, which pre-dates the pandemic, while cultural stereotypes and taboos about SRHR are factors which limit the involvement and motivation of young people to seek information on SRHR issues. This is further sustained by the absence of SRHR in the formal school curriculum.

The Covid-19 pandemic has resulted in a preoccupation with other issues (surrounding the pandemic in general) and has led to a further lack of motivation to seek information on SRHR due to the absence of social contact and being isolated at home. Moreover, especially during the early stages of the pandemic, there was little appropriate and accurate information available regarding SRHR, especially for young people in vulnerable situations; they did not know which channel and/or information to trust; health clinics/centres and doctors did not always have the appropriate answers to their questions; and information on SRHR was buried under the large amount of information on Covid-19.

In this context, the focus in terms of improving young people's access to information during times of crisis should be on those high-level topics and channels that were important for young people during the Covid-19 pandemic, namely:

- Facilitate access to information on how young people can access safe health care and SRHR services such as scheduling gynaecological examinations, pregnancy tests, giving birth, psychological counselling, open pharmacies and psychological consultations.

- Disseminate information on mental health and psychological well-being and on the impact of the Covid-19 virus on contraception, both in general terms and in terms of how relevant support services can be accessed.

- Use technological, internet and social media channels as key means to disseminate information to both the general youth population and youth in vulnerable situations. Indeed, during the Covid-19 pandemic there has been a fundamental increase in the reliance on websites, blogs and apps of the general youth population but also among those young persons in vulnerable situations with internet access. In this context, the use of digital means to deliver sexuality education may also be considered.

- Involve trusted international organizations and websites (such as the World Health Organization) in these efforts, and at the same time seek ways to improve the availability and trustworthiness of information on local and national websites.

- Use NGOs as a key trusted source of information for vulnerable LGBT young people, given their inability to speak openly to family, friends or peers. NGOs were reported by LGBT young people as organizations that show true sensitivity to their needs.

Access to SRH services and supplies

Youth in vulnerable situations generally reported needing a wider range of services and products during the Covid-19 pandemic than youth in general. This is most likely a reflection both of specific needs arising from their vulnerable status

and also the realization of the lack of accessibility of such services in general. Specific considerations for improving access to SRH services and supplies should focus on the dual goals of addressing their key needs and overcoming accessibility barriers observed during the Covid-19 pandemic:

- Ensure accessibility to gynaecological health and consultations, especially for those young people in remote communities without easy physical access to health centres.
- Ensure the availability of menstrual hygiene products and condoms, supplies that were in high demand during the pandemic (as well as before the pandemic) and occasionally out of stock.
- Involve pharmacies as a key channel for delivering SRH supplies (and possibly services). While pharmacies were more widely used by the general youth population during the Covid-19 pandemic (suggesting its positive role in times of crisis), young people in vulnerable situations have made less use of this channel on account of accessibility issues such as the absence of open pharmacies in their close vicinity. This problem emanated primarily from limited opening hours of pharmacies in their vicinity.
- Ensure access to sexuality and/or relationships counselling for youth in vulnerable situations, and also for testing for STIs, testing for or receiving medication in relation to HIV (driven by the LGBT community), and emergency contraception. There was strong demand for all these services during the Covid-19 pandemic, and young people in vulnerable situations faced particular difficulties accessing them.
- Ensure that consultations offered by physicians can be effectively provided over the telephone and online. In this context, the GP or family doctor needs to play a pivotal role, given that young people, regardless of their situation, referred to Covid-19 as having shown how important it is to have a family doctor that they can trust to protect their health and well-being.
- Further increase the capacities of hotlines, the use of which has increased during the Covid-19 pandemic.
- Target the services that young people in vulnerable situations have reported having difficulties accessing: private doctors (and those in the public sector), mobile teams of doctors, online and phone consultations with doctors, and even trusted NGOs.
- Increase the institutional support to the Roma community in particular during times of crisis. The

research has shown that the problems of Roma women in accessing SRH services have deepened due to even greater discrimination, their lack of health insurance, which has made it especially difficult to access services during the Covid-19 pandemic, and their inability to afford transportation to more distant health centres or pharmacies.

Considerations for young pregnant women and new mothers

Feelings of fear, anxiety and stress have been evident among pregnant women and new mothers, emanating from poor awareness, insufficient knowledge and conflicting information on how the Covid-19 virus affects their own health and that of the foetus or newborn baby, and the implications for breastfeeding. Moreover, they have been confused as to how to schedule a consultation or monitoring check-up visit with a doctor. In light of this, the following should be considered:

- Further support the development of internet and online platforms, which have been effective solutions to the problems of new mothers in the face of difficulties in both physically going to health centres and reaching physicians over busy telephone lines. Such online platforms enable asynchronous communication, allowing physicians to respond at their earliest convenience or availability and reducing the risk of missing a telephone call altogether.
- Extend the capacities of telephone lines themselves at health centres by increasing the number of lines and staff available to answer calls.
- Disseminate information on pregnancy management, post-natal care and childbirth as a high priority. These topics were very important for new mothers during the Covid-19 pandemic.
- Better facilitate the process of scheduling and delivering/attending appointments. While the quality of the services has not been an issue in this respect, accessing the services and informing physicians about the needs of pregnant women and new mothers have been particular challenges during the Covid-19 pandemic.
- Consolidate and continue the positive practice acknowledged by young mothers of the government allowing them to work from home without any impact on their income.

Mental health and psychological support

The area of mental health is very high on the agenda (and in an emotionally charged way) of young people, who sought a lot of information on the topic both before and during the Covid-19 pandemic. There is a clear belief among young people that mental health has become equally important as physical health during the pandemic, if not more so. This is reflected in a persistent negative effect on mental health as a result of the pandemic reported by both the general youth population (55% mentioning that their mental health has been negatively affected) and youth in vulnerable situations (52%).

Despite this need for support, the proportion of the general youth population seeking any type of professional psychological support has increased only slightly. A series of measures should be considered in this context:

- Maintain the capacity of mental health services during times of crisis; mental health services were perceived by young people to have operated at a reduced capacity, while online consultations were said to have been overloaded.
- Carry out communication activities to help destigmatize the use of professional support and counselling, especially at times of crisis when there is greater need for such services.
- Improve awareness about where/how young people can find/contact a therapist or organization offering psychological support. In this respect, awareness of the free telephone hotline for psychological support during the pandemic stands out as a positive development that can be further enhanced and maintained. Roma community members claimed a lack of awareness of support available over the internet in particular.
- Develop inclusive solutions that would also allow those without health insurance and employment to benefit from psychological counselling services offered by the public health sector.

- Address the increased needs and specific problems of the LGBT community. LGBT youth are the youth segment most in need of psychological counselling and mental health care; the pre-existing social stigma they face, their distrust in the institutions of the health system, and discrimination against them by health professionals have been further compounded by the Covid-19 pandemic, and have led to greater self-isolation and anxiety. In this context, the role of NGOs sensitive to their needs—the only institutional source they trust—is very important.

Sexual and gender-based violence

The incidence of sexual and gender-based violence during the Covid-19 pandemic has been very high. In particular, the proportion of youth in vulnerable situations who reported having personally experienced or witnessed incidents of sexual and gender-based violence is exceptionally high among the Roma (58%) and LGBT (48%) communities. However, nearly two in three young people did not know how and where to seek support. Moreover, there is widespread belief that the State has not responded adequately in tackling the issue of sexual and gender-based violence during the Covid-19 pandemic. In this context, the following measures should be considered:

- Increase awareness through public and targeted communication of all sources of protection for victims and survivors of sexual and gender-based violence, and also on how they can be accessed. Such sources should include NGOs, shelters and other support groups, over and above the police.
- Address the issues of sexual harassment on social media, a dimension of sexual and gender-based violence that has become more prominent during the Covid-19 pandemic. Raising awareness of this particular form of violence could be beneficial.
- Explore operational mechanisms and policies that can improve both the reporting and the resolution of 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.

Email info@ippfen.org -  @ippfeurope  @ippfen  IPPF European Network

<https://europe.ippf.org>