

## **IMPROVEMENT OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES OF WOMEN**

in COVID-19 public health crisis  
in the territory of FBIH

*Research*

# IMPROVEMENT OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES OF WOMEN IN COVID-19 PUBLIC HEALTH CRISIS IN THE TERRITORY OF FBiH

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Sarajevo, 2021.

„Improvement of sexual and reproductive health services of women in COVID-19 public health crisis in the territory of FBiH”

## RESEARCH

**Publisher:**

Institute for Population and Development (IPD), Sarajevo

**For publisher:**

Prim.mr.ph Emina Osmanagić

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**Design:**

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**Print:**

50 copies

Research was implemented within the project “Improvement of sexual and reproductive health services of women in COVID-19 public health crisis in the territory of FBiH” supported by Gender center of the Federation of BiH. Complete drafting of this publication is also financially supported by Gender center of FBiH through FIGAP II program”. All rights reserved. The content of this publication can be freely used or copied with mandatory citation of the source.

CIP - Katalogizacija u publikaciji  
Nacionalna i univerzitetska biblioteka  
Bosne i Hercegovine, Sarajevo

614.2:613.88(497.6 FBiH)

IMPROVEMENT of sexual and reproductive health services of women in COVID-19 public health crisis in the territory of FBiH : research / researchers and authors Aida Pilav ... [et al.]. - Sarajevo: Institute for Population and Development, IPD, 2021. - 73 str. : graf. prikazi, tabele ; 30 cm

Izv. stv. nasl.: Unapređenje usluga seksualnog i reproduktivnog zdravlja žena u kriznim javnozdravstvenim situacijama COVID-19 na području FBiH. - Bibliografija: str. 60.

ISBN 978-9926-8406-3-1

I. Pilav, Aida

COBISS.BH-ID 45886982

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## Research

### „Improvement of sexual and reproductive health services of women in COVID-19 public health crisis in the territory of FBiH“

#### Review

The significance of the project “Improvement of sexual and reproductive health services of women in COVID-19 public health crisis in the territory of FBiH” was conducted research in real-time, while the pandemic COVID-19 is still going on, and analysis of current data that gives an opportunity to make recommendations which can be adopted immediately and their application can significantly improve health care related to the sexual and reproductive health of women of childbearing age.

Apart from survey that was conducted online and which involved 1516 participants, a qualitative research (focus group) was conducted, whereby the recommendations were complemented. Data analysis was done by domains - (a) socio-demographic data, (b) health gynecological services and their use before and during a pandemic, (c) satisfaction with sexual and reproductive health during the pandemic, (d) pregnancies and abortions during pandemic, (e) the methods used and contraception means before and during a pandemic, (f) use of testing for HIV and other sexually transmitted diseases, (g) partner relationships and experiences of partner violence during pandemic, and (d) mental health. The research, for the first time in the COVID-19 pandemic, provides realistic data on this health issue by using a respectable number of participants. In addition to sexual and reproductive health care, a part of questions was related to partner relationships and domestic violence, and particularly important part of the questionnaire was the state of mental health. By this, it was provided a set of information that resulted in recommendations that need to be incorporated into everyday practice, especially since the pandemic is still ongoing. If we add the fact that this is the period when the FBiH needs to update the Strategy for Sexual and Reproductive Health of Women, this research is of great importance as a basis for the preparation of a strategic aim of sexual and reproductive health protection during public health crises.

With this research, the research team has given a great contribution to the improvement of public health, in general, in the conditions of pandemic, and it should be considered, even, as an unavoidable reference in this pandemic challenge.

*In Sarajevu, 12.8.2021.*

*Prof. dr. sci. Suada Branković*

#### 1. Data of reviewer

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#### 2. Data of reviewed work

- Authors: Dr. Aida Pilav, Adisa Mehić
- Title: “Improvement of sexual and reproductive health services of women in COVID-19 public health crisis in the territory of FBiH “
- Type of work: Monograph
- The manuscript is intended for those who deal with reproduction, infectious diseases, epidemiology, social medicine, and all others who show interest in reproductive health in crisis period.
- Scope of work: 8 chapters (Introduction, Research Methodology, Results, Discussion, Conclusion, Literature and Appendix.

#### 3. Opinion of work

The monograph was written according to the structure and methodology as a scientific work, which according to its topic, content and results, it is, and I would categorize it as a scientific biography.

General information about the pandemic, sexual and reproductive health, and a legal framework that is important for defining of the necessary health services during public health crises is provided in the introductory part. Excerpts from the laws that define the issue of protection and rescue of people and property in the event of natural and other disasters, including mass occurrences of human diseases, are also stated. Furthermore, there are singled out separate Articles of the law that precisely define the legal entities that lead and carry out those activities, as well as the hierarchy of decision-making that most of health workers know very little or nothing.

In the second part, Research Methodology and Participants, the authors presented their goal and the answer to the question: “What impact did the COVID-19 pandemic have on sexual and reproductive health and rights of women of childbearing age in the Federation of Bosnia and Herzegovina?”. A total of 1500 women of childbearing age took part in a survey from Sarajevo and Goražde, with 54 questions divided into 9 domains.

The results are presented on 34 pages, described in detail and explained using 32 tables and 15 color charts.

In the discussion part, the authors commented and gave their opinion about the obtained results, by comparing them with the data from the available and current literature concerning reproductive health.

The conclusion is clear and specific and ends with the author’s recommendations.

The manuscript is scientifically well set up, the results are clear and impressive, the discussion is logical and moral and the conclusions drawn are well formulated as well as the recommendations that follow.

The authors used relevant literature related to the field they deal with.

#### 4. Conclusion and assessment

By its topic, this monograph draws attention to the position and place of women of reproductive age, at a time of mass infectious disease caused by the Corona virus, which is still ongoing. The authors have made an extensive, original and current research, whose results should be of assistance to the competent authorities, but also to everyone else in order to change their attitude towards this unusually important category of society. When decisions were made concerning which category of the population should be given a priority concerning vaccination, I did not hear that this group, that is, women of childbearing age, was mentioned in any country in the world. They should be firstly protected, because they are the basis for further survival and expansion of a population. Health of women of that age, not only so that they can get pregnant and carry a pregnancy, but also feed the children, not to mention their role in their jobs. The fact is that women of childbearing age are more represented in health and educational institutions of all levels, which raises their role and importance in society, in times of natural disasters, to even higher level. Their importance for the survival of one population in these situations is incomparable in relation to other categories of society.

The manuscript meets all the necessary conditions for publication.

*Tuzla, 15.9.2021.*

*Prof. dr. sci. Adem Balić*

#### Summary

During all public health threats, in general, and especially during epidemic and pandemic of infectious diseases, sexual and reproductive health (SRH) and rights are important health topics. During the coronavirus pandemic (SARS-CoV-2), which is new to human civilization, only limited scientific evidence is still available to determine the impact of COVID-19 on SRH.

The effects of COVID-19 disease on humans, both clinically and psychologically, will be studied for a long time. Likewise, outside the clinical scope of SRH, there is a large impact on the level of health system on disorders and / or interruptions in the regular provision of SRH services related to abortions, contraception, HIV / AIDS and other sexually transmitted infections. Furthermore, other aspects of the impact of the COVID-19 pandemic deserve attention such as the potential increase in gender-based and domestic violence and disorders in partner relationships. Special attention should be paid to the socio-economic status, more precisely, the impact of the COVID-19 pandemic on the labor status of women of childbearing age, and, finally, how it affected their rights. All that was mentioned above served as a foundation to start this research in order to obtain real-time data on the impact of the COVID-19 pandemic on sexual and reproductive health and rights of women of childbearing age in the Federation of Bosnia and Herzegovina.

An online survey was conducted on 1516 participants aged between 18 and 49 (women of childbearing age) from the Sarajevo Canton and Bosnia-Podrinje Canton - Gorazde.

The research was conducted at actual time, while the COVID-19 pandemic is still ongoing, which gives the possibility of making recommendations, in order to improve health care related to sexual and reproductive health of women of childbearing age.

The results show that during the first and second waves of the 2020 pandemic, there was a reduction in the number of SRH protection services and smaller level of availability of these services for women of childbearing age. The pandemic has had a negative impact on mental health. At the same time, the economic status of women has deteriorated.

Therefore, this research aims to provide guidance to public and private health care institutions as well as health NGOs on how to ensure the continued provision of sexual and reproductive health services in the context of the COVID-19 pandemic. These services should form an integral part of any crisis response and should be provided whenever possible, through innovative approaches, including digital health, self-care and community-based services.

## Introduction

### General information on outbreak of SARS-Cov2 at the global level

On 31 December 2019, a group of people suffering from pneumonia of an unknown cause was reported to the World Health Organization (WHO) in the city of Wuhan, in the province of Hubei in China. Patients showed symptoms of fever, difficulty in breathing, and the disease was diagnosed as viral pneumonia. A new coronavirus, that has not previously caused the disease in humans, has been identified.

On 30 January 2020, a meeting of the Emergency Committee was held at WHO, when it was decided to declare this new viral disease a Public Health Emergency of International Concern – PHEIC).

Since 11 March 2020, new disease COVID-19 has been defined as pandemic.

During all public health threats in general, and in particular during epidemics and pandemics of infectious diseases, sexual and reproductive health (SRH) and rights are important health topics. During the corona virus pandemic (SARS-CoV-2), which is new to human civilization, only limited scientific evidence is still available to determine the impact of COVID-19 on SRH.

### Sexual and reproductive health

According to definition by WHO dated 2006 sexual health is defined as: “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity” while reproductive health is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes”.

An approach to sexual and reproductive health that is based on human rights involves the promotion of the protection and equality of all people in all aspects of their sex lives. This approach recognizes people as sexual beings who have the right to information, education, health services adjusted to their needs, protection and participation in decision-making.

Reproductive rights include the human rights of all couples and individuals to decide freely and responsibly on the number and time of their children's births and the right to access information and methods that enable them to do so, as well as the right to make their own reproduction decisions without discrimination, coercion and violence. Promotion of responsible use of these rights for all must be the basis of social policy and programs related to reproductive rights.

All this is contained in the Strategy for the Promotion of Sexual and Reproductive Health and Rights in the Federation of Bosnia and Herzegovina for the period from 2010 to 2019, which, unfortunately, has not been updated due to the pandemic in the world. Undoubtedly, many lessons have been learned, and all new knowledge and findings related to public health crises (COVID-19 pandemic, for example) will be an integral part of updated numerous health strategic documents, especially the Strategy for the Promotion of Sexual and Reproductive Health and Rights.

The impacts of COVID-19 disease on humans, both clinically and psychologically, will be studied for a long time. Also, outside the clinical scope of SRH, there is a great impact at the level of the health system and on disorders or interruptions in the regular provision of SRH, abortion, contraception, HIV / AIDS and sexually transmitted infections. Furthermore, other aspects deserve attention, such as the potential increase in gender-based violence and domestic violence and disorders in partner relations. Special attention must be dedicated to the socio-economic status, more precisely, how COVID-19 has affected the employment status of women of reproductive age, and finally, what impact this has had on their rights.

All this was the basis for starting this research with the aim of obtaining data on the impact of the COVID-19 pandemic on sexual and reproductive health and rights of women of childbearing age in the Federation of Bosnia and Herzegovina in real time. There is a clear research tendency and the need to create a basic database on clinical, epidemiological, psychosocial connections between COVID-19 disease and health outcomes, as well as on the organization of health services during the previous pandemic period (2020-2021).

## Legal framework

In case of defining the necessary health services during public health crises, it is important to know the legal framework of a country. What follows is an overview of health regulations in the Federation of Bosnia and Herzegovina, related to the protection and rescue of people and property in the event of natural and other disasters.

### Regulations on the protection and rescue of people and property in the event of natural and other disasters

**The Framework Law on Protection and rescue of People and Property in the event of Natural or Other Disasters in BiH<sup>1</sup>** regulates the protection and rescue of people and property in the event of natural or other disasters in Bosnia and Herzegovina (Article 1).

**Natural disaster** is an event caused by a sudden activity of forces of nature, with or without human influence, which poses a threat to human/animal life and health and/or causes damage to property and/or the environment (Article 2, paragraph 3).

The system of protection and rescue of people and property in the event of natural or other disasters in the entities and the Brčko District of BiH is regulated by entity laws and the law of the Brčko District of BiH (Article 1, paragraph 2). Accordingly, a FBiH law has been rendered for the mentioned area.

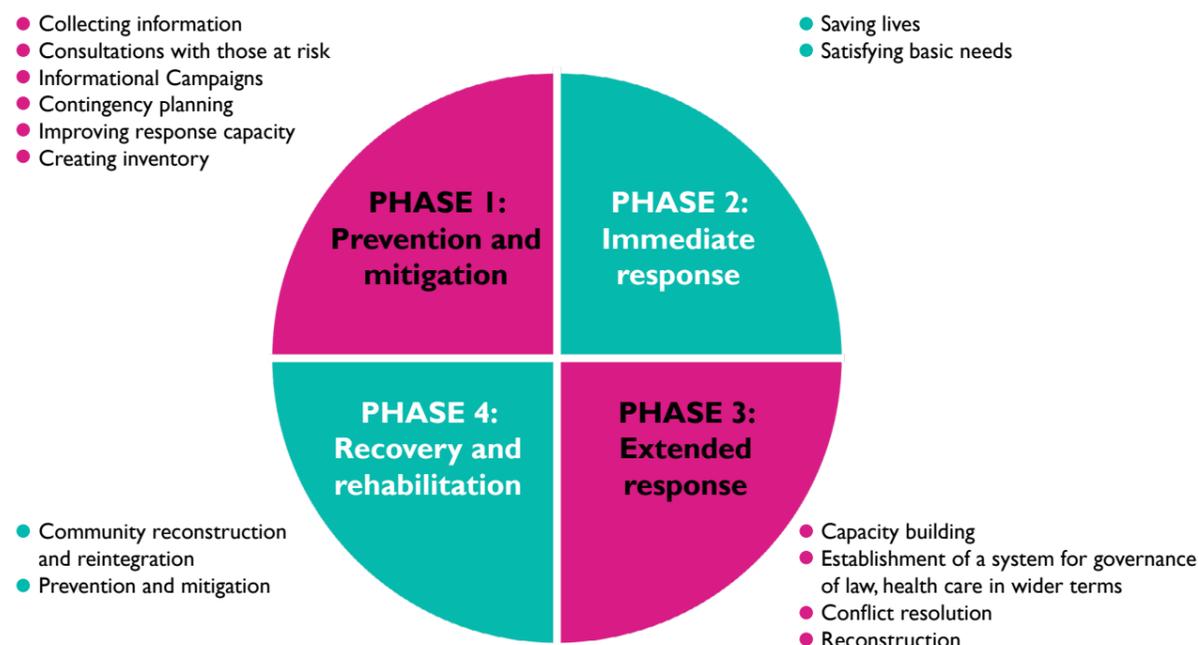
**The Law on Protection and rescue of people and Property in the event of Natural and Other Disasters<sup>2</sup>** at the federal level regulates the system of protection and rescue of people, flora and fauna, material, cultural, historical and other goods and the environment (hereinafter: people and property) from natural disasters, technical-technological, ecological and other disasters or war dangers (hereinafter: natural and other disasters), rights and duties of citizens and bodies of the Federation of Bosnia and Herzegovina (hereinafter: the Federation of BiH), cantons and municipalities, companies and other legal entities, and other issues of importance for the field of protection and rescue in the event of natural and other disasters in the Federation of BiH.

<sup>1</sup> “Official newsletter of BiH”, No. 50/08.

<sup>2</sup> “Official newspaper of the Federation of BiH”, no. 39/03, 22/06 and 43/10.

The term natural disaster, within the meaning of this Law, means events caused by the activity of forces of nature that cannot be affected by human factors such as: earthquakes, floods, high snow and snow drifts, stormy or hurricane winds, hail, cloudbursts, landslides, droughts, cold, and mass outbreaks of human diseases, animal and plant diseases.

All types of protection against natural and other disasters are organized and implemented in accordance with the principles of international humanitarian law and international law on the protection of people and property in the event of natural and other disasters, and undertaken international obligations (Article 4, paragraph 2). The protection and saving of human life and health takes precedence over all other protection and rescue activities (Article 7, paragraph 2). The authorities of the Federation of BiH, cantons and municipalities, that is cities in relation to handling of cases of rescuing people and property in the event of natural and other disasters, are stipulated by this Law (Articles 23-31). The humanitarian response always implies the implementation of several phases, through necessary intersectoral cooperation (Picture 1).



Adapted and taken from UNFPA [2012], *Managing Gender-based Violence Programmes in Emergencies. E-learning Companion Guide*

With regard to the **obligations of the health system**, it should be noted that Article 32, paragraph 1 of the Law stipulates that legal entities that, inter alia, perform activities in the field of health that are important for protection and rescue of people and property in the event of natural and other disasters and they are obliged to organize and carry out protection and rescue operations in accordance with this and other laws, other regulations and general acts of the competent authorities. When performing the tasks referred to in paragraph 1 of Article 32, legal entities carry out appropriate preparations, issue and **develop protection and rescue plans for their activities in relation to the protection and rescue**, plan and provide material and technical resources for the implementation of protection and rescue measures and organize civil defense units and commissioners, protect, equip these units and commissioners with the

necessary equipment and resources and train them for their participation in protection and rescue. It is important to emphasize that **during the protection and rescue operations of people and property from natural and other disasters, legal entities (including health care institutions) referred to in this Article are obliged to implement the decisions of the competent civil protection headquarters, which manages the protection and rescue activities in the area where these legal entities are located.** When legal entities, in the course of their regular activities, determine the existence of a certain danger of natural disaster, technological, environmental or other accident, they are obliged to immediately submit information about such danger to the nearest civil protection operational center or civil protection service or the nearest police administration (Article 32).

Providing of first aid is defined by Articles 90 and 91 of the Law.

**Measures and procedures for mitigation and elimination of consequences arising from natural and other disasters include, inter alia, the engagement of expert health care teams, that is, the implementation of health protection measures that mitigate or eliminate the immediate consequences caused by natural or other disasters (Article 45).**

If a state of natural and other disaster is declared, all measures and activities stipulated by this Law are implemented through civil protection, which represents an organized form of protection and rescue of people and property in the event of natural and other disasters, in accordance with this Law and other regulations (Article 6, paragraph 1), which also refers to measures related to health care.<sup>3</sup>

### Regulations in the area of healthcare

In accordance with the constitutional division of competences in the field of health, it is necessary to mention the applicable regulations of the Federation of BiH regarding the protection of the health of citizens.

**The right to health care is guaranteed by the Constitution of the Federation of Bosnia and Herzegovina [Constitution of the Federation of BiH, Article II.2. (1) o].**

**The basic principles on which health care in the Federation of BiH is based** are stipulated in Articles 18 through 25 of the Law on Health Care<sup>4</sup>, as the following principles: access to health care, equity of health care, solidarity in health care, comprehensiveness, continuity, specialized approach, continuous improvement of the quality of health care, as well as the efficiency of health care.

The Federation of BiH bases its laws in the area of health on international conventions, declarations and agreements. Regarding the system of providing services in the area of health care, the Law on Health Care stipulates that health care is provided at the level of primary, secondary and tertiary health care.

<sup>3</sup> Health Response to Natural Disasters in the Field of Sexual and Reproductive Health and Gender-Based Violence - Generic Framework for the Local Community, Federal Ministry of Health and UNFPA, Sarajevo, 2020.

<sup>4</sup> "Official newspaper of the Federation of BiH", no. 46/10 and 75/13.

<b>LAW ON HEALTH CARE OF THE FEDERATION OF BiH</b>	Article 3. paragraph 1.	Every person has the right to health care and the opportunity to exercise the highest level of health in accordance with this law and the Law on Health Insurance, as well as regulations issued in accordance with these laws.
	Article 186.	In the case of natural and other disasters, when the state of natural and other disasters is declared by the competent authority, municipality, canton, Federation of BiH, health care institutions and private health workers shall carry out orders of the competent civil protection headquarters. In the civil protection headquarters is appointed a member of the headquarters from the relevant health institution, the Ministry of Health or the institute.
	Article 187. paragraph 2.	Major incident situation - any event that poses a serious threat to health of people in a particular community, and causes or might cause such a number or type of victims that cannot be taken care of by regular organization of work of health institutions and private health workers.
	Article 188.	In the event of natural and other disasters, as well as large-scale epidemics, the FBIH or cantonal minister shall undertake those measures and activities that are not determined by this law and bylaws issued based on of this law, including measures of mobilization and engagement, organization and work schedule and working hours, change of place and work conditions of individual health care institutions and private health care workers, while those circumstances continue.
	Article 189.	Legal entities in the field of health - health care institutions, in accordance with the regulation on protection and rescue of people and property in the event of natural and other disasters, shall organize protection and rescue of people and property in their environment through the issuance of appropriate protection and rescue plans, in case of natural and other disaster.

The provisions of the Law that define health care in extraordinary circumstances are harmonized with the Law on Protection and Rescue of People and Property in the Event of Natural and Other Disasters<sup>5</sup>, and/or with the actions of civil protection headquarters in the above mentioned situations. In addition, authorization was given for the formation of the Crisis Headquarters of the Federal or Cantonal Ministry of Health in major incidental situations when the state of natural and other disasters has not been declared yet. It has been determined and clear the limitation of the responsibility and activities of the mentioned crisis staff in health care before declaring a state of natural and other disaster from the responsibility and action of federal or cantonal civil protection headquarters after declaring a state of natural and other disaster.

<sup>5</sup> "Official newspaper of the Federation of BiH", br. 39/03, 22/06 i 43/10.

In response to crisis situations, the system relies in particular on **primary health care services**, specifically: emergency medical services, family medicine services, gynecology and obstetrics services and community mental health centers. Furthermore, at the secondary and tertiary levels of health care, hospitals and university-clinical centers, as well as institutes for specialized health care, are important for dealing with crisis situations. Clinics and departments for gynecology and obstetrics, infectology, traumatology, etc., as well as institutes for the protection of women and motherhood are especially important for the response in the area of sexual and reproductive health (SRH). These health care institutions are organized in accordance with the provisions of the Health Care Law, and provide complex health services of diagnostics, treatment, medical rehabilitation and health care of patients, and ensure the stay and nutrition of patients.

In addition to the systemic law, it is important to point out certain provisions of the **Law on the Rights, Obligations and Responsibilities of Patients**.

<b>LAW ON THE RIGHTS, OBLIGATIONS AND RESPONSIBILITIES OF PATIENTS</b>	Article 2.	Every patient in the Federation of BiH is provided with equal, appropriate, continuous, quality and safe health care that is based on the partner relationship between the patient, as a recipient of health services and a health institution, private practice, and/or or health worker or health associate, as a health care provider. This relationship implies a relationship of mutual trust and respect, and it is based on rights, obligations and responsibilities of the partners in this relationship.
	Article 3.	It is prohibited every kind of discrimination during the performance of activities based on this law, as well as regulations adopted on the basis of the law.
	Article 7.	Every patient is entitled to affordable health care in accordance with the health condition and personal needs, the law and within the material possibilities of the health care system. This includes the patient's right to emergency medical care, which cannot be conditioned by the status of health insurance.
	Article 40. Paragraph 1.	A patient is entitled to preventive measures and information necessary for maintaining health and acquiring healthy living habits, as well as information on risky behaviors and harmful factors of the living and working environment, which can have negative consequences on health.
	Article 40. Paragraph 3.	A patient is entitled to be informed about the protection of his/her health in case of outbreak of epidemics and natural and other disasters when the state of natural and other disasters is declared by the competent authority. The information referred to in this Article shall be provided to the patient by health professionals, health care institutions, competent authorities of all levels of government responsible for healthcare and taking action in case of natural and other disasters when a state of natural or other disaster is declared by the competent authority. The provision of information referred to in this Article is not conditioned by the patient's prior request to this information.

Adequate information must be available to citizens before the crisis event in terms of enlightenment, etc. so that the community is ready to react in suddenly changed life circumstances.

**The right to preventive measures and information on maintaining the patient's health** is exercised in accordance with the Law on Health Care at all three levels of health care, because prevention should be viewed as primary, secondary and tertiary health care.

**Public health is based on health promotion and primary prevention, and is carried out through interdisciplinary work, multisectoral cooperation of all relevant ministries, as well as all forms of partner.** Public health problems are solved at all levels of government and at all levels of health care.

In a coordinated response to natural disasters, there must be more participants, but their roles must be clear, and regardless of different responsibilities, the goal must be the same, which then means timely preparation for emergency response, and which health regulations support through the obligation to develop a preparedness plan, then a plan for rescuing of people and property, by concluding protocols on cooperation, and based on compliance with regulations on rescuing people and property in the event of natural and other disasters.

The health system is a part of society's overall response to natural disasters, as well as to other disasters and catastrophes, whereby emergency medical services, family medicine, gynecology and mental health services play a special role in providing adequate care, support and protection.

These norms create a framework for the operation of health care institutions and all necessary services to act in situations of natural disaster. Cooperation between individual services within the health system, as well as cooperation with other sectors and entities represents a key element of an efficient response to the needs and rights of citizens in a the event of natural disasters.

### ***Institutional responses and community resources***

**At the level of primary health care**, health institutions such as health care centers are established, and within the health care center can be established a community mental health center, a center for physical rehabilitation, as well as a family medicine outpatient clinic. At the primary level of health care, an institution for emergency medical care can also be established, and an institution for home health care and pharmacies.

**At the secondary and tertiary levels of health care** are established hospitals (general, special, cantonal) and university-clinical centers / hospitals.

Pursuant to Article 32 of the Law on Protection and Rescue of People and property in the event of Natural and Other Disasters, health care institutions shall organize and conduct protection and rescue operations in accordance with this and other laws, other regulations and general acts of competent authorities. The law stipulates that legal entities, including **health care institutions, carry out appropriate preparations, issue and develop protection and rescue plans for their protection and rescue activities.**

The same law stipulates in Article 90 first medical aid as a measure of protection and rescue, which includes: preventive protection consisting of anti-epidemic and hygienic measures to protect the population, operational protection, which consists of providing first aid with standard and handy

means on the spot, medical triage of wounded, injured and sick people, medical evacuation and transport to the nearest medical institution to provide general medical care or to an appropriate specialist health institution for complete health care.

### **The protection and rescue plan is adopted by all public health institutions.**

The plan determines the responsibility of individuals, heads of clinics and/or institutes, heads of departments and services in case of natural disasters, and a specific standard operating procedure (SOP) for work in natural disaster situations. The purpose of this plan is to:

- ensure effective integration with other services for emergency situations,
- limit confusion within health facilities (during major accidents / disasters)
- provide clear information and SOP to staff and other employees during a natural disaster,
- prevent transfer of the disaster from the area of the incident to the action area of transport and hospital care.

**Local community plays a key role in managing natural disasters as it represents the first line of protection.** A well-prepared, active and well-organized local community can reduce the risks and impact of natural disasters for the following reasons:

- ✓ a good knowledge of the local context and the risk ensures a quick and adequate response to the needs of the community,
- ✓ activities of local community can prevent risks at the "source" (cause) by avoiding exposure to local hazards,
- ✓ Many lives might be saved in the first hours after the danger, and before the arrival of an outside help with a timely and appropriate response.

Health workers and health associates are the first line of response during natural disasters when the health of the population is threatened, including the needs of vulnerable groups in the field of SRH protection and they have a central place in identification, taking care of health protection and general protection of victims, as well as coordination and providing of recommendations to other services or sectors. Therefore, apart from providing support to the functioning of the integrated health system, it is necessary that the local community with partners ensures the functioning of the referral system in order to facilitate access to patients (and victims).

Health services should be confidential, non-discriminatory in all respects (age, gender, sex, religion, nation, sexual orientation...). so that the healthcare staff is prepared to provide an effective response in the event of a crisis, that is education of staff needs to begin before a crisis occurs.

### **Research methodology and participants**

With the aim of improving services of sexual and reproductive health of women in crisis public health situations such as pandemic, it was necessary to conduct a cross-sectional study of women of childbearing age in order to obtain answers to the research question: "What impact did the COVID-19 pandemic have on sexual and reproductive health and rights of women of childbearing age in the Federation of Bosnia and Herzegovina?"

After assessing the impact of the COVID-19 pandemic on sexual and reproductive health with women of childbearing age, through data analysis and results of focus group, conclusions and courses of action will be defined, which through lessons learned would define what needs to be done to stop negative impact in the upcoming period, because pandemic is still ongoing, all in accordance with legal regulations and organizational capabilities and based on professional knowledge and doctrinal views.

Due to the current pandemic situation and partial lockdowns and the implementation of extensive hygienic-epidemiological measures, it was decided at the level of the research team to conduct an online research, more precisely, to prepare the developed MCQ (Multiple choice quest) as a Google Forms questionnaire, and to distribute it on Facebook platforms through “boosting” actions to target groups.

The collection of responses in research was conducted in the period from 31.05.2021 to 13.06.2021, and participants were from the Sarajevo Canton and the Bosnian-Podrinje Canton - Goražde.

The total preferred sample included 1500 participants aged between 18 and 49 years (women of child-bearing age).

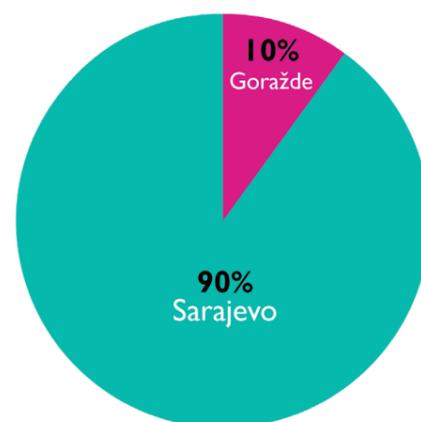
## Questionnaire

The questionnaire consisted of 54 questions and was divided into several domains: (a) socio-demographic data (age, level of education, status of partner relationship, employment status before and during the pandemic, health insurance status, employment status of the partner before and during the pandemic, average monthly income in households before and during the pandemic, number and age of their own children), (b) health gynecological services and their use before and during the pandemic, (c) satisfaction with sexual and reproductive health during the pandemic, (d) pregnancies and abortions during the pandemic, (e) the methods and means of contraception used before and during the pandemic, (f) the use of testing for HIV and other sexually transmitted diseases, (g) partner relationships and experiences of violence in partner relationships during pandemic, and (d) mental health (in Annex 1).

## Results

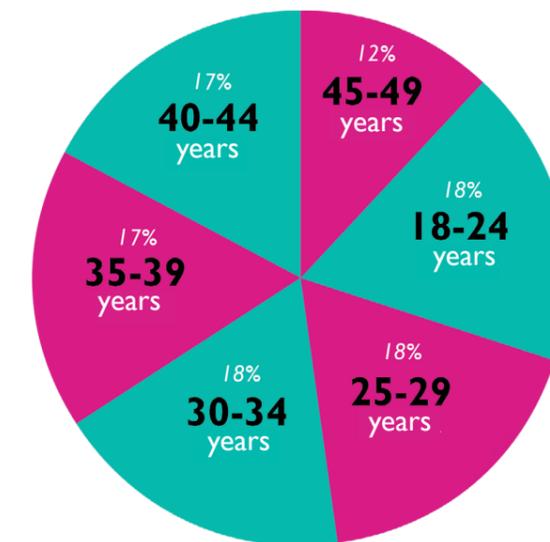
### Participants

After conducting a survey aimed at gaining knowledge about women’s health in the context of the COVID-19 pandemic, it was determined that 1,516 participants took part in the survey, out of which 1,363 (89.9%) were from Sarajevo and 153 (10.1%) from Goražde. A graphic representation of the distribution of participants based on place of residence is presented in Graph 1.



Graph 1. Distribution of participants based on place of residence

Distribution of participants based on age groups is shown in Graph 2.



Graph 2. Distribution of participants based on age groups in total sample

By distribution of participants based on age groups, it was found that out of 1516 participants, 274 (18.1%) were aged 18 to 24, 276 (18.2%) aged from 25 to 29, 267 (17.6%) were from 30 to 34 years.

Furthermore, it was found that 253 (16.7%) were 35 to 39 years, 260 (17.2%) female participants were 40 to 44 years and 186 female participants (12.3%) in the age group 45 to 49 years.

Age distribution based on place of residence is represented in Table 1.

Table 1. Age distribution of participants based on place of residence

Age group	Place of residence				X <sup>2</sup>	p
	Sarajevo		Goražde			
	N	%	N	%		
18-24 years	246	18,0%	28	18,3%	4.604	0.466
25-29 years	246	18,0%	30	19,6%		
30-34 years	237	17,4%	30	19,6%		
35-39 years	223	16,4%	30	19,6%		
40-44 years	237	17,4%	23	15,0%		
45-49 years	174	12,8%	12	7,8%		

Values represent the frequency of participants expressed in absolute value and percentage representation; X<sup>2</sup> - chi-square test; p - probability with a significance level p < 0.05

Based on gender distribution, it was found that there is no significant difference in age groups between the two groups of participants based on place of residence (X<sup>2</sup> = 4.604; p = 0.466).

The distribution of participants based on their level of education is presented in Table 2.

**Tabel 2. Distribution of respondents based on level of education**

Degree of education	Place of residence					
	Sarajevo		Goražde		Total	
	N	%	N	%	N	%
No education	0	0,0%	0	0,0%	0	0,0%
Completed elementary school	13	1,0%	5	3,3%	18	1,2%
Completed high school	570	41,9%	78	51,0%	648	42,8%
Completed higher school	77	5,7%	6	3,9%	83	5,5%
Completed faculty	508	37,3%	52	34,0%	560	37,0%
Post-graduate studies and more	194	14,2%	12	7,8%	206	13,6%

The values represent the frequency of respondents expressed in absolute numbers and the percentage.

Based on the level of education, it was noticed that there were no participants who did not finish elementary school. Out of the total number of participants, 18 (1.2%) had completed only elementary education, 15 from Sarajevo and 3 from Goražde. A total of 42.8% of participants had completed high school in the total sample, and based on the place of residence, it was determined that 41.9% of participants from Sarajevo had secondary education and 51% of participants from Goražde. A total of 77 (5.7%) participants from Sarajevo, that is 6 (3.9%) participants from Goražde completed higher education, and looking in total 5.5% of participants had completed higher education.

A total of 508 (37.3%) participants from Sarajevo had a university degree and 52 (34%) from Goražde, while 194 (14.2%) participants from Sarajevo completed postgraduate studies and 12 (7.8%) participants from Goražde.

The distribution of participants based on status of partner relationship is presented in Table 3.

**Table 3. Distribution of participants based on status of partner relationship**

Pitanje	Response	Place of residence					
		Sarajevo		Goražde		Total	
		N	%	N	%	N	%
4. What is the status of your partner relationship?	I am married	772	56,6%	103	67,3%	875	57,7%
	I live in extramarital community	96	7,0%	9	5,9%	105	6,9%
	I have a partner, but we don't live together	250	18,3%	27	17,6%	277	18,3%
	I am not married and I don't have a partner	173	12,7%	11	7,2%	184	12,1%
	I am divorced and I don't have a partner	59	4,3%	3	2,0%	62	4,1%
	I am a widow and I don't have a partner	13	1,0%	0	0,0%	13	0,9%

The values represent the frequency of participants expressed in absolute value and the percentage representation

Out of the total number of participants (N = 1516), 875 (57.7%) are married, while 105 (6.9%) live in an extramarital community. Based on the place of residence, it was determined that 56.6% of participants from Sarajevo and 67.3% of participants from Goražde are married. Also, 7% of participants live in an extramarital community in Sarajevo, while 5.9% in Goražde. Almost a fifth, and/or 277 (18.3%) participants have a partner, but do not live together. 184 participants are not married and do not have partners, 62 (4.1%) are divorced do not have partners and 13 of them (0.9%) are widows and do not have partners.

The distribution of participants based on employment status is presented in Table 4.

**Table 4. Employment status of participants**

Question	Response	Sarajevo		Goražde		Total	
		N	%	N	%	N	%
5. What was your employment status before the COVID-19 pandemic?	Employed full-time	880	64,6%	94	61,4%	974	64,2%
	Pensioner	3	0,2%	0	0,0%	3	0,2%
	Housewife	88	6,5%	15	9,8%	103	6,8%
	Student	187	13,7%	15	9,8%	202	13,3%
	Unemployed	204	15,0%	28	18,3%	232	15,3%
	Incapable for work	1	0,1%	1	0,7%	2	0,1%

The values represent the frequency of participants expressed in absolute value and the percentual representation.

Observed in the total sample, 974 (64.2%) participants were employed full time before the COVID-19 pandemic, 3 (0.2%) participants were retired. 103 (6.8%) participants declared themselves as housewives, and 202 (13.3%) participants were students. 232 (15.3%) participants were unemployed, and 2 (0.1%) participants were incapable of work.

Based on the place of residence, it was determined that in Sarajevo 880 (64.6%) participants were employed full time before the COVID-19 pandemic, 3 (0.2%) participants were pensioners. 88 (6.5%) participants declared they were housewives, 187 (13.7%) as female students. 204 (15.3%) female participants were unemployed, and 1 (0.1%) female participant was incapable for work. Out of 153 participants from Goražde, it was determined that 94 (61.4%) were employed full-time, 15 (9.8%) participants declared they were housewives, and 15 (9.8%) were students. 28 (18.3%) participants were unemployed, and 1 (0.7%) participant was incapable for work. Based on the local distribution, no significant difference was found based on any employment status ( $p > 0.05$ ).

### Health insurance

Possession of health insurance was analyzed based on place of residence and in the total sample.

**Table 5. Health insurance**

Variable	Place of residence					
	Sarajevo		Goražde		Total	
	N	%	N	%	N	%
Yes, public compulsory health insurance.	1190	87,5%	142	92,8%	1332	88,0%
Yes, private health insurance.	43	3,2%	3	2,0%	46	3,0%
Yes, public and private health insurance.	72	5,3%	4	2,6%	76	5,0%
No, I don't have health insurance.	55	4,0%	4	2,6%	59	3,9%
$\chi^2=3.780; p=0.286$						

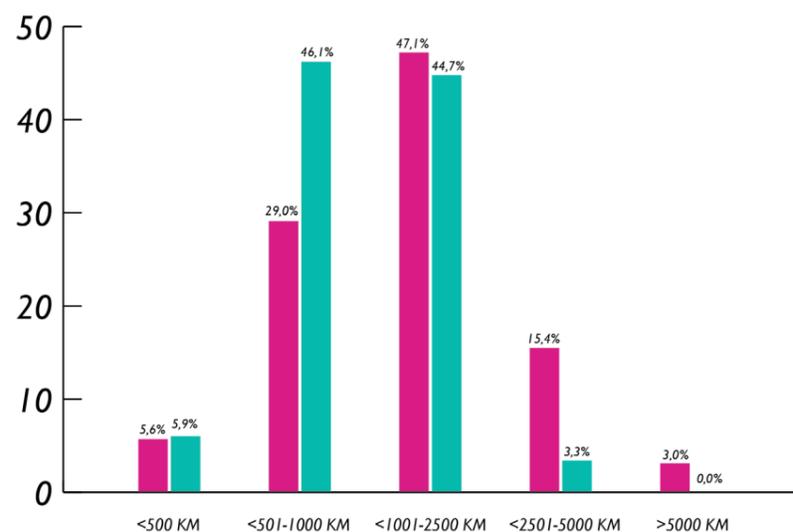
Values represent the frequency of participants expressed in absolute value and percentage representation, X2-Chi-square test, p - probability with a significance level of p <0.05.

Out of the total number of participants, 1332 (88%) had public compulsory health insurance, whereby in Sarajevo 87.5% of participants had compulsory health insurance, while in Goražde 92.8% of participants had compulsory health insurance. A total of 46 (3%) participants had private health insurance, in Sarajevo 3.2% of participants had private insurance, while in Goražde that share is somewhat lower - 2% of participants.

Both public and private health insurance have 76 (5%) participants in the total sample, whereby 5.3% of participants from Sarajevo and 2.6% from Goražde have a combination of the two insurances. A total of 59 (3.9%) participants do not have health insurance, whereby that share in Sarajevo is 4%, while in Goražde it is 2.6%.

**Economic status and employment status of participants**

Average monthly income in household before the COVID-19 pandemic are presented in Graph 3.



**Graph 3. Average monthly income in household before the COVID-19 pandemic**  
The values in the columns represent the share of participants with the stated income in relation to the place of residence.

Overall, 5.6% (n = 84) of participants had an income of less than 500 BAM; 30.7% (n = 461) of income is between 501 and 1000 BAM; 46.8% (n = 703) of income is between 1001 and 2500 BAM; 14.2% (n = 213) of income is between 2501 and 5000 BAM; 2.7% (n = 40) of participants have incomes over 5000 KM.

Based on place of residence, it was determined that before the COVID-19 pandemic, 5.6% (n = 75) of participants from Sarajevo had an income of less than 500 BAM in their household, and 5.9% (n = 9) of participants from Goražde. Income in households between 501 and 1000 BAM (n = 391) had 29% participants from Sarajevo and 46.1% (n = 70) of participants from Goražde. Incomes between 1001 and 2500 BAM in the household had 47.1% (n = 635) of participants from Sarajevo and 44.7% (n = 68) of participants from Goražde.

15.4% (n = 208) of participants from Sarajevo had incomes over 2501 BAM to 5000 BAM before the COVID-19 pandemic and 3.3% (n = 5) from Goražde. Furthermore, 3% (n = 40) of participants from Sarajevo before the COVID-19 pandemic had an income in household over 5,000 BAM. The answer to this question was not given by 14 participants from Sarajevo and 1 respondent from Goražde. It was found that there was a significant statistical difference before the COVID-19 pandemic in relation to household income, with participants from Sarajevo having higher incomes ( $\chi^2 = 32,110; p = 0.001$ ).

During the COVID-19 pandemic, a total of 134 (8.8%) participants have lost their jobs, and based on their place of residence, it was determined that 9% of participants from Sarajevo lost their jobs and 7.2% of participants from Goražde. Overall, 50% of participants continued to work in the same job, and 9.6% of them changed jobs. Furthermore, 30% of participants were still unemployed. It was also found that according to the place of residence there is no significant difference in the change of employment status due to the COVID-19 pandemic ( $\chi^2=3.947; p=0.413$ ).

During the COVID-19 pandemic, 40 (2.6%) partners lost their jobs, and with 5.9% employment did not occur. A total of 24.9% of participants did not live with a partner, whereby in Sarajevo that share was 25.9%, while in Goražde 16.3%. Overall, it was found that there was a significant difference in the distribution of responses based on place of residence ( $\chi^2=13.495; p=0.019$ ).

The impact of the COVID-19 pandemic on total income in household indicated that with 18.3% (n = 277) of participants the average monthly income decreased significantly, that share in Sarajevo was 19.1% (n = 261), and 10.5% (n = 16) in Goražde. 35 (2.3%) participants were left without income. Insignificant increase in income was found in 7.4% (n = 112) of participants, and an insignificant decrease in income in 16.8% (n = 254) of participants. The same income remained in case of 51.1% (n = 775) of participants.

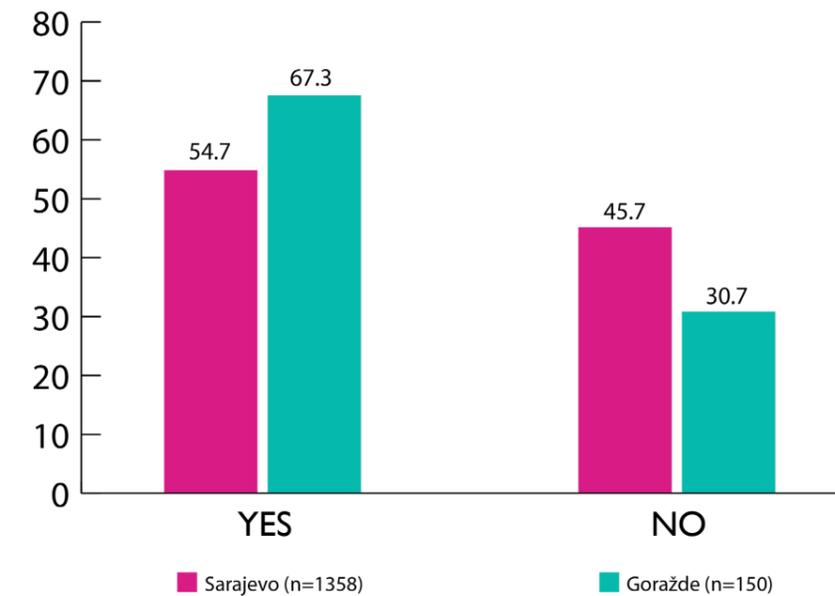
A total of 52 participants (3.4%) had a significant increase in income in household, in Sarajevo there was an increase of 3.7% of participants compared to 1.3% of participants in Goražde. By distribution of participants based on place of residence, it was found that there was a significant difference in the distribution of responses ( $\chi^2 = 15.111; p = 0.018$ ), whereby a decrease in income is more frequent among participants from Sarajevo (38.1% vs. 30% in Goražde).

The impact of the COVID-19 pandemic on the employment status of participants, their partners and total earnings is presented in Table 6.

**Table 6. Impact of the COVID-19 pandemic on employment status and household income**

Variable	Place of residence					
	Sarajevo (n=1363)		Goražde (n=153)		Total (n=1516)	
Has your employment status changed during COVID-19 pandemic?	N	%	N	%	N	%
No response	22	1,6%	1	0,7%	23	1,5%
I lost a job.	123	9,0%	11	7,2%	134	8,8%
No changes, I continued working in the same job.	679	49,8%	79	51,6%	758	50,0%
No changes, I am still unemployed.	404	29,6%	52	34,0%	456	30,1%
I have changed my job.	135	9,9%	10	6,5%	145	9,6%
$\chi^2=3.947; p=0.413$						
If you live with your spouse / partner, did his employment status change during the COVID-19 pandemic??	Sarajevo (n=1363)		Goražde (n=153)		Total	
	N	%	N	%	N	%
No response.	71	5,2%	7	4,6%	78	5,1%
He lost his job, I maintain him.	37	2,7%	3	2,0%	40	2,6%
No changes, he continued working in the same job	717	52,6%	97	63,4%	814	53,7%
No changes, he is still unemployed.	76	5,6%	14	9,2%	90	5,9%
Not applicable, I don't live with my husband/ partner.	353	25,9%	25	16,3%	378	24,9%
He changed his job.	109	8,0%	7	4,6%	116	7,7%
$\chi^2=13.495; p=0.019$						
Did the average monthly income in your household change during the pandemic COVID-19?	Sarajevo (n=1363)		Goražde (n=153)		Total	
	N	%	N	%	N	%
No response	9	0,7%	2	1,3%	11	0,7%
No change, it remained the same.	679	49,8%	96	62,7%	775	51,1%
Incomes increased insignificantly	105	7,7%	7	4,6%	112	7,4%
Incomes decreased insignificantly	228	16,7%	26	17,0%	254	16,8%
We were left without incomes.	31	2,3%	4	2,6%	35	2,3%
Incomes have increased significantly.	50	3,7%	2	1,3%	52	3,4%
Incomes have decreased significantly.	261	19,1%	16	10,5%	277	18,3%
$\chi^2=15.111; p=0.018$						

The distribution of answers by place of residence to the question “Do you have children of your own?” is shown in Graph 4.



**Graph 4. Do you have children of your own?**

This question was answered by 1358 participants from Sarajevo and it was found that 54.7% (n = 745) had children. The answer to the question was given by 150 participants from Goražde, and it was determined that 67.6% of them (n = 103) had children. It was determined that there was a significant difference in the status of the participants based on the whether they have children ( $\chi^2=9.909; p=0.0016$ ).

**Table 7. Distribution of respondents based on the number of children**

Number of children	Sarajevo (n=745)		Goražde (n=103)	
	N	%	N	%
1 child	306	41,1%	33	32,0%
2 children	346	46,4%	59	57,3%
3 children	80	10,7%	8	7,8%
4 children	12	1,6%	3	2,9%
5 children	1	0,1%	0	0,0%

The values represent the frequency expressed in absolute value and the percentage representation.

Out of 745 participants from Sarajevo who have children, 41.1%, had 1 child, then 41,1 %, had 2 children and 10.7% had 3 children, 1.6% of participants had 4 children and 0.1% had 5 or more children. Out of 103 participants from Goražde who had children, 32% had 1 child, 57.3% had 2 children, 7.8% had 3 children, 2.9% had 4 children.

Values represent frequency expressed in absolute number and percentage representation, X2-Chi-square test, p - probability with a significance level p <0.05.

**Table 8. Average age of children**

	Sarajevo	Goražde
Average age of children Median (Iq range)	11 (4-20)	10 (4,37-15,25)

Age is expressed in the form of median and interquartile range.

The average age of participants' children from Sarajevo had a median of 11 years (4-20), while the age of the children of participants from Goražde had a median of 10 (4.37 to 15.25) years.

**Medical gynecological examinations**

To the question "Do you have a gynecologist of your choice?" the answer that they have a permanent gynecologist was given by 764 (50.4%) participants, and in relation to the place of residence there was no significant difference in the distribution of answers ( $p = 0.5502$ ).

**Table 9. Do you have your chosen gynecologist?**

Do you have a gynecologist of your choice?	Place of residence					
	Sarajevo (n=1356)		Goražde (n=152)		Total (n=1508)	
	N	%	N	%	N	%
Yes	683	50,4%	81	53,3%	764	50,4%
No	673	49,6%	71	46,7%	744	49,1%
<b>p</b>	$X^2=0.357; p=0.5502$					
No response	7		1		8	

Values represent frequency expressed in absolute number and percentage representation, X2-Chi-square test, p- probability with a significance level of  $p < 0,05$ .

Before the COVID-19 pandemic, at least one gynecological examination per year was performed by 61.4% of participants, without a significant difference in relation to the place of residence ( $p = 0.268$ ). In relation to the type of institution - private or public, it was found that participants from Sarajevo in 33.7% of cases go only to the private health sector compared to 15.9% of participants from Goražde. 26.5% of participants from Goražde go exclusively to the public health sector, as opposed to 16.9% of participants from Sarajevo. In general, a significant difference was observed in the type of institution where gynecological examinations were performed in relation to the place of residence ( $X^2=22.378; p=0.0001$ ).

A pap test was performed at least once a year by 52.8% of participants. In relation to the place of residence, it was determined that 53.8% ( $n = 729$ ) of participants from Sarajevo did the Pap test at least once a year, as opposed to 44.1% ( $n = 67$ ) of participants from Goražde. A significant difference was found in the regularity of the pap test in relation to the place of residence ( $X^2=4.760; p=0.0291$ ).

Breast ultrasound examination was performed at least once a year by 28.6% of participants. In relation to the place of residence, it was determined that 30.3% ( $n = 411$ ) of participants from Sarajevo performed an ultrasound examination at least once a year, as opposed to 13.8% ( $n = 21$ )

of participants from Goražde. A significant difference was found in the regularity of ultrasound examination in relation to the place of residence ( $X^2=17.353; p < 0.001$ ).

**Table 10. Regular health habits before the COVID-19 pandemic**

Question	Response	Place of residence					
		Sarajevo		Goražde		Total	
		N	%	N	%	N	%
Before the COVID-19 pandemic, did you have regular gynecological examinations (at least once a year)?	Yes	840	61,9%	86	57,0%	926	61,4%
	No	516	38,1%	65	43,0%	581	38,6%
	<b>p</b>	$X^2=1.227; p=0.268$					
	No response	7		2		9	
Do you go to the gynecologic examinations:	I don't go to the gynecologist regularly.	278	20,5%	37	24,5%	315	20,9%
	Sometimes in the public and sometimes in the private health sector.	392	28,9%	50	33,1%	442	29,3%
	In the public health sector exclusively.	229	16,9%	40	26,5%	269	17,9%
	In the private health sector exclusively.	457	33,7%	24	15,9%	481	31,9%
	<b>p</b>	$X^2=22.378; p=0.0001$					
	No response	7		2		9	
Before the COVID-19 pandemic, did you have a regular Pap test (at least once a year)?	Yes	729	53,8%	67	44,1%	796	52,8%
	No	627	46,2%	85	55,9%	712	47,2%
	<b>p</b>	$X^2=4.760; p=0.0291$					
	No response	7		1		8	
Before the COVID-19 pandemic, did you have regular breast ultrasounds (once a year)?	Yes	411	30,3%	21	13,8%	432	28,6%
	No	946	69,7%	131	86,2%	1077	71,4%
	<b>p</b>	$X^2=17.353; p < 0.001$					
	No response	6		1		7	

Values represent the frequency expressed in absolute number and percentage representation, X2-Chi-square test, p - probability with a significance level of  $p < 0.05$

In relation to the age group, the analysis of the frequency of mammography examination was performed. In the age group of 40 to 44 years before COVID, mammography was regularly performed by 17.6% of participants from Sarajevo compared to 4.3% of participants from Goražde. In the age group of 45 to 49 years, mammography was regularly performed by 36% of participants from Sarajevo, and 8.3% of participants from Goražde. In total, 25.1% of participants over the age of 40 from Sarajevo regularly performed mammography, and 5.7% were from Goražde. A significant difference was found in the distribution of answers on the frequency of regular mammographies, with participants from Sarajevo performing the procedure significantly more often (**Fishers exact test  $p=0,003$** ).

**Table 11. Frequency of mammography before COVID-19 in the age groups above 40**

Age	Have you had regular breast mammograms before the COVID-19 pandemic?	Place of residence					
		Sarajevo		Goražde		Total	
		N	%	N	%	N	%
40-44 years	Yes	41	17,6%	1	4,3%	42	16,2%
	No	157	67,4%	20	87,0%	177	68,1%
	<b>Fishers exact test</b>	<b>p=0,086</b>					
	No response	4	1,7%	0	0,0%	4	1,5%
	Not applicable	35	14,8%	2	8,7%	37	14,2%
45-49 years	Yes	62	36,0%	1	8,3%	63	33,9%
	No	105	61,0%	11	91,7%	116	62,4%
	<b>Fishers exact test</b>	<b>p=0,058</b>					
	No response	2	1,1%	0	0,0%	2	1,1%
	Not applicable	5	2,9%	0	0,0%	5	2,7%
Total	Yes	103	25,1%	2	5,7%	105	23,5%
	No	262	63,7%	31	88,6%	293	65,7%
	<b>Fishers exact test</b>	<b>p=0,003</b>					
	No response	6	1,5%	0	0%	6	1,3%
	Not applicable	40	9,7%	2	5,7%	42	9,4%

The values represent the frequency expressed in absolute value and the percentage representation, p - probability with a degree of significance of  $p < 0.05$  in Fisher's exact test.

During the COVID-19 pandemic, a total of 831 (56.1%) participants requested a gynecological examination. In relation to the place of residence, it was determined that 57.2% (n = 762) of participants from Sarajevo requested a gynecological examination during the COVID-19 pandemic, as opposed to 46.6% (n = 69) of participants from Goražde. Based on the place of residence, a significant statistical difference was found, that is participants from Sarajevo requested a gynecological examination significantly more often at the time of COVID ( $X^2=5.640$ ;  $p=0.0176$ ).

**Table 12. Did you request a gynecological examination during the COVID-19 pandemic?**

Question	Response	Place of residence					
		Sarajevo (n=1332)		Goražde (n=148)		Total (n=1480)	
		N	%	N	%	N	%
Did you request a gynecological examination during the COVID-19 pandemic?	Yes	762	57,2%	69	46,6%	831	56,1%
	No	570	42,8%	79	53,4%	649	43,9%
	<b>p</b>	<b><math>X^2=5.640</math>; <math>p=0.0176</math></b>					
	No response	31		5		36	

Values represent the frequency expressed in absolute number and percentage representation, X2-Chi-square test, p - probability with a degree of significance of  $p < 0,05$

Out of a total of 831 participants who requested a gynecological examination, 824 participants answered the question. From the stated number, it was noticed that 28.2% of participants were from Sarajevo and 22.1% of participants from Goražde waited for two to three days. It was noticed that 13.8% of participants from Sarajevo and 16.2% from Goražde waited between 4 and 5 days for an examination. 21.3% of participants in Sarajevo and 14.7% of participants from Goražde waited for a gynecological examination for more than 5 days. During the COVID-19 pandemic, 30.9% of the participants who requested a gynecological examination in Goražde were completely denied examination, as opposed to 19.2% in Sarajevo. No significant difference was noticed in relation to the length of waiting for the examination between the two places ( $X^2=6.437$ ;  $p=0.1688$ ).

**Table 13. How long did you wait to be admitted for examination?**

Variable	Place of residence					
	Sarajevo (n=664)		Goražde (n=61)		Total (n=725)	
	N	%	N	%	N	%
I waited for an examination for 2-3 days.	213	28,2%	15	22,1%	228	27,7%
I waited for an examination 4-5 days.	104	13,8%	11	16,2%	115	14,0%
I waited for an examination for more than 5 days.	161	21,3%	10	14,7%	171	20,8%
My examination was completely denied due to the worsening of epidemiological situation.	145	19,2%	21	30,9%	166	20,1%
I was admitted the same day.	133	17,6%	11	16,2%	144	17,5%
<b>p</b>	<b><math>X^2=6.724</math>; <math>p=0.1512</math></b>					
No response	6		1		7	

Values represent frequency expressed in absolute number and percentage representation, X2-Chi-square test, p - probability with a significance level of  $p < 0,05$ .

The level of satisfaction with the gynecological service provided during the COVID-19 pandemic is presented in Table 14.

**Table 14. Satisfaction with the service provided by the gynecological department during the COVID-19 pandemic**

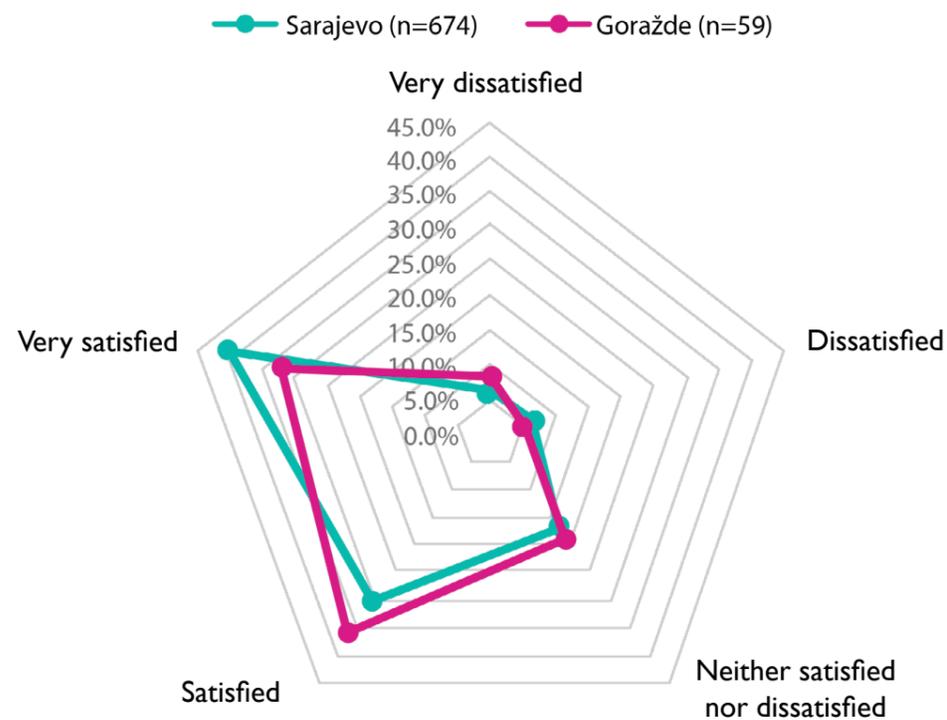
How satisfied were you with the health service of the gynecological department during the COVID-19 pandemic?	Place of residence					
	Sarajevo (n=674)		Goražde (n=59)		Total (n=733)	
	N	%	N	%	N	%
Very dissatisfied	47	7,0%	5	8,5%	52	7,1%
Dissatisfied	42	6,2%	3	5,1%	45	6,1%
Neither satisfied nor dissatisfied	113	16,8%	11	18,6%	124	16,9%
Satisfied	199	29,5%	21	35,6%	220	30,0%
Very satisfied	273	40,5%	19	32,2%	292	39,8%
<b>p</b>	<b><math>X^2=2.006</math>; <math>p=0.7347</math></b>					
No response	88		10		98	

Values represent frequency expressed in absolute number and percentage representation, X2-Chi-square test, p - probability with a significance level of  $p < 0,05$ .

In the examined sample of 831 participants who requested gynecological services, 733 answered the question. Based on the answers, it was determined that 7.1% (n = 51) of the participants were very dissatisfied with the service by the gynecological department, and 6.1% of them (n = 45) were dissatisfied with that service.

16.9% (n = 124) of participants were neither satisfied nor dissatisfied with service. 30% (n = 35.6%) of participants were satisfied with the gynecological service, and 39.8% (n = 292) of participants were very satisfied.

Analysis of satisfaction with the service of gynecological departments at the time of the COVID-19 pandemic based on place of residence is shown in Graph 5.



**Graph 5. Satisfaction with the service provided by gynecological departments during the COVID-19 pandemic based on place of residence**

Based on 674 responses by participants from Sarajevo, it was determined that 70% (n = 472) of them were satisfied or very satisfied with the service of the gynecologic department during the COVID-19 pandemic. 67.8% (n = 40) of participants from Goražde had the same attitude. Based on the distribution of responses by place of residence, no significant difference in patient satisfaction was found ( $X^2 = 2,006; p = 0.7347$ ).

Out of 1371 participants who provided an answer to this question, 745 (54.3%) stated that there were no opportunities for telephone consultations with the gynecologic department during the COVID-19 pandemic. Regular consultations with the gynecological department were held by 19.3% (n = 238) of participants from Sarajevo versus 29.9% (n = 41) of them from Goražde.

A significant difference was noticed in the availability of telephone consultations with the gynecologic department, with participants from Goražde having significantly easier access to telephone consultations ( $X^2=9.825; p=0.0201$ ).

The distribution of participants by place of residence and the possibility of telephone consultations with the gynecologic department during the COVID-19 pandemic is shown in Table 15.

**Table 15. Possibility of telephone consultations with the gynecologic department during the COVID-19 pandemic**

Did you have the possibility of telephone consultations with the gynecologic department during the COVID-19 pandemic?	Place of residence					
	Sarajevo (n=1234)		Goražde (n=137)		Total (n=1371)	
	N	%	N	%	N	%
Yes, occasionally.	197	16,0%	19	13,9%	216	15,8%
Yes, regularly.	238	19,3%	41	29,9%	279	20,4%
Yes, rarely.	116	9,4%	15	10,9%	131	9,6%
No, not at all	683	55,3%	62	45,3%	745	54,3%
<b>p</b>	$X^2=9.825; p=0.0201$					
No response	129		16		145	

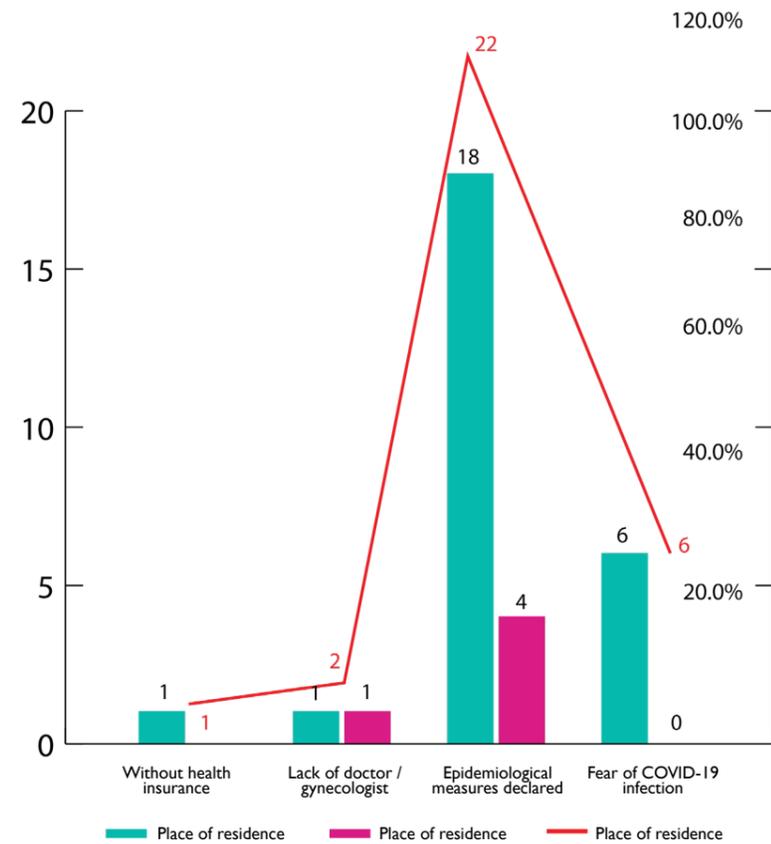
Values represent the frequency expressed in absolute number and percentage representation, X2-Chi-square test, p - probability with a significance level of  $p < 0.05$ .

To the question "Was gynecologic surgery denied during the measures of the COVID-19 pandemic?" a total of 31 (2.3%) participants confirmed it, out of which the surgery was denied to 26 participants from Sarajevo and 5 participants from Goražde. Observed by place of residence, no significant difference was found in the share of participants who were denied surgery. The cause of denial of gynecologic surgery is presented in Graph 6.

**Table 16. Frequency of denial of gynecologic surgery based on place of residence during the COVID-19 pandemic**

Variable	Place of residence					
	Sarajevo (n=1233)		Goražde (n=126)		Total (n=1359)	
	N	%	N	%	N	%
Gynecologic surgery was denied during the measures of the COVID-19 pandemic.	26	2,1%	5	4,0%	31	2,3%
<b>p</b>	$X^2=1.099; p=0.2944$					

Values represent the frequency expressed in absolute number and percentage representation, X2-Chi-square test, p - probability with a degree of significance of  $p < 0.05$ .



**Graph 6. Cause of denial of gynecologic surgeries**

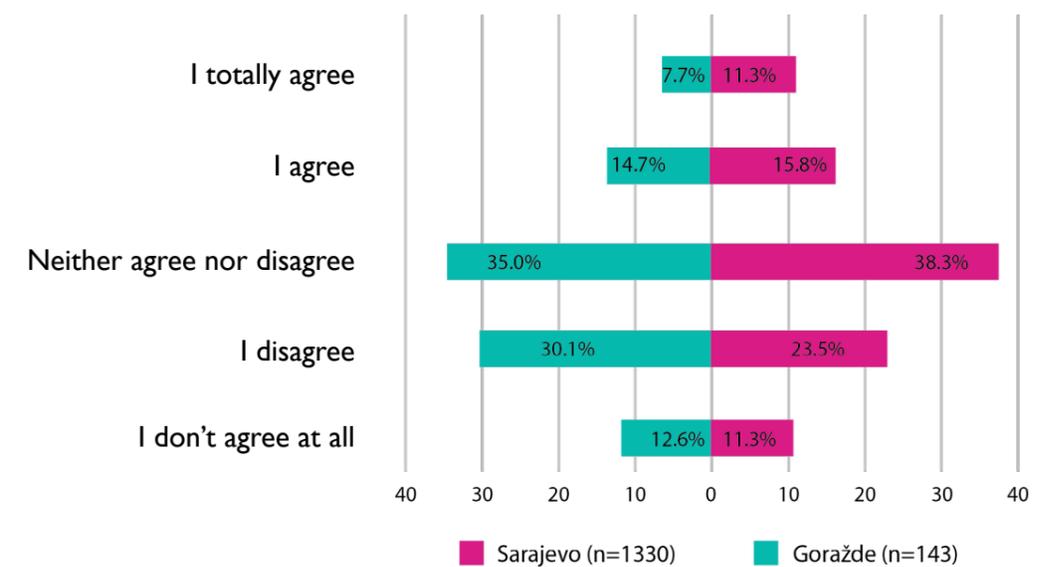
The values represent the frequency of participants who were denied surgery.

Out of 26 participants from Sarajevo, 1 (3.8%) was denied surgery because she did not have health insurance. The lack of doctors / gynecologists was the cause of denial of surgery in case of 1 (3.8%) participant from Sarajevo, and 1 (20%) participant from Goražde also was denied surgery due to lack of doctors.

The declared epidemiological measures, non-urgent surgery postponement are the reason for the denial of surgery for 22 (71%) participants. This share in Sarajevo is 69.2%, while in Goražde it is 80%. Fear of COVID-19 infection was the cause of the cancellation of 6 (19.4%) surgeries in Sarajevo.

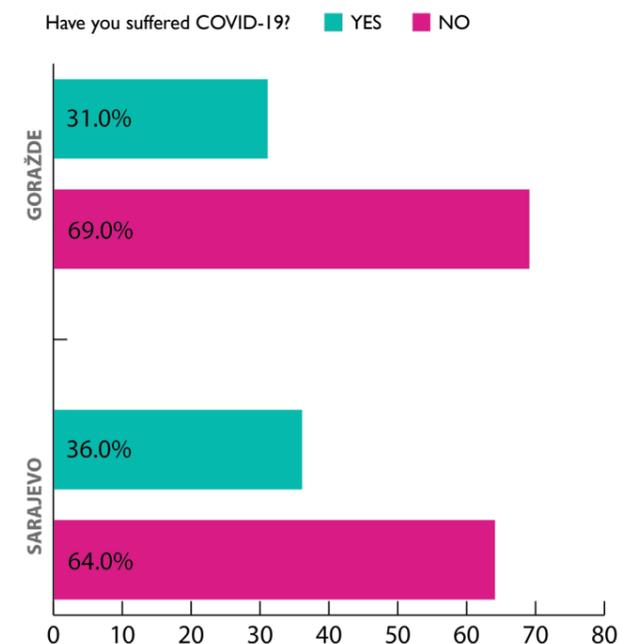
### Sexual and reproductive health

A total of 7.7% (n = 11) of participants from Goražde and 11.3% (n = 150) of participants from Sarajevo fully agree with the statement that sexual and reproductive health is endangered in the COVID-19 pandemic. Furthermore, 14.7% (n = 21) of participants from Goražde and 15.8% (n = 210) of participants from Sarajevo agree with this statement. More than a third of participants from both Sarajevo and Goražde neither agree nor disagree and /or they do not have a specific opinion. In relation to the number of participants from Goražde who responded to this question, it was found that 42.7% (n = 61) of them either do not agree or do not agree at all with this statement. In relation to the number of participants from Sarajevo who offered an answer to this question, 34.6% of them (n = 460) do not agree or do not agree at all with the stated statement. Based on the place of residence, no significant difference was found in the attitude towards the mentioned statement ( $\chi^2=4.593$ ;  $p=0.3316$ ).



**Graph 7: Do you agree with the claim that Your sexual and reproductive health was endangered in the COVID-19 pandemic?**

Out of 1363 participants from Sarajevo, 489 (35.9%) suffered COVID-19 in the previous period. At the same time, it was determined that 48 (31.4%) participants from Goražde had COVID-19. No significant difference was found in the prevalence of suffered COVID-19 based on place of residence ( $\chi^2=1.031$ ;  $p=0.3099$ ). Graph 8 shows the incidence of COVID-19 in the recent period.



**Graph 8: Did you suffer COVID-19?**

Out of 489 participants from Sarajevo who recovered from COVID-19, menstrual cycle disturbance were detected in 178 (36.4 cases) 18 participants from Goražde (37.5%) stated that they had cycle disturbances after COVID-19 disease.

After COVID-19, do you feel the effects on your reproductive health - menstrual disorders



Graph 9. Did you notice menstrual cycle disturbances after recovering from COVID-19?

Partner relationships in the pandemic COVID-19

During the COVID-19 pandemic, it was found that 21% of participants had more quarrels and disagreements (somewhat or significantly more) than before the COVID-19 pandemic. The situation remained the same as before the COVID-19 pandemic with 60.8% of participants. Fewer quarrels and disagreements than before the pandemic were found in 4.5% of participants, and 13.7% of participants answered that they never quarreled and had no disagreements. No significant statistical difference was found in relation to the place of residence of the participants ( $X^2=4.944; p=0.2931$ ).

The impact of the COVID-19 pandemic on the frequency of quarrels and disagreements with a partner is presented in Table 17.

Table 17. Impact of the COVID-19 pandemic on the frequency of conflicts with your partner

During the COVID-19 pandemic, were there any quarrels / disagreements in your relationship with your partner?	Place of residence					
	Sarajevo (n=1140)		Goražde (n=137)		Total (n=1277)	
	N	%	N	%	N	%
There are fewer quarrels and disagreement than before the COVID-19 pandemic.	55	4,8%	3	2,2%	58	4,5%
We never have quarrels and disagreements.	154	13,5%	21	15,3%	175	13,7%
The situation remained the same as before the COVID-19 pandemic.	688	60,4%	88	64,2%	776	60,8%
There are slightly more quarrels and disagreements than before the COVID-19 pandemic.	170	14,9%	21	15,3%	191	15,0%
There are significantly more quarrels and disagreements than before the COVID-19 pandemic.	73	6,4%	4	2,9%	77	6,0%
<b>p</b>	$X^2=4.944; p=0.2931$					
No response	16 / 1363		5 / 153		21 / 1516	
I don't have a partner.	207 / 1363		11 / 153		218 / 1516	

Values represent the frequency expressed in absolute number and percentage representation, X2-Chi-square test, p - probability with a degree of significance of  $p < 0.05$ .

Satisfaction with sex life

One year before the COVID-19 pandemic, 47 (3.1%) participants were very dissatisfied with their sex lives, that share in Sarajevo was 3.3% and in Goražde 1.4%. During the pandemic, 89 participants (6.0%) were very dissatisfied with their sex lives, that share in Sarajevo was 6.3% and in Goražde 2.7%.

4.1% of participants were partially dissatisfied before the pandemic, and 7.6% were partially dissatisfied during the COVID-19 pandemic. One year before the pandemic, 217 (14.5%) participants did not have a partner, and during the pandemic 191 (12.8%) did not have a partner. One year before the pandemic, 411 (27.5%) participants were partially satisfied with their sex lives, and during the pandemic that number was 470 (31.5%).

Before the COVID-19 pandemic, 759 (50.8%) participants stated that they were very satisfied with their sex life, and during the pandemic, 629 (42.2%) participants were very satisfied. Overall, there was a significant difference in satisfaction with sex life one year before and during the COVID-19 pandemic ( $X^2=46.292; p<0.001$ ).

Based on the place of residence, it was determined that the participants from Sarajevo were significantly less satisfied with their sex life ( $X^2=41.564; p<0.001$ ). No significant difference in satisfaction with sex life was observed among the participants from Goražde ( $X^2=5.524; p=0.237$ ).

The distribution of participants based on the level of satisfaction with sex life before and during the COVID-19 pandemic is presented in Graph 11.

**Table 18. Attitude of participants about the current view of pregnancy**

What best describes your current situation?	Place of residence					
	Sarajevo (n=1363)		Goražde (n=153)		Total (n=1516)	
	N	%	N	%	N	%
No response	57	4,2%	9	5,9%	66	4,4%
I can't have children (infertility / medical reasons / menopause).	110	8,1%	7	4,6%	117	7,7%
I don't want more children.	351	25,8%	45	29,4%	396	26,1%
I'm not pregnant and I don't want to be in the near future.	557	40,9%	56	36,6%	613	40,4%
Recently gave birth (during the COVID-19 pandemic).	95	7,0%	12	7,8%	107	7,1%
I'm trying to get pregnant.	136	10,0%	22	14,4%	158	10,4%
I am currently pregnant	57	4,2%	2	1,3%	59	3,9%

Values represent the frequency presented by absolute number and percentual representation.

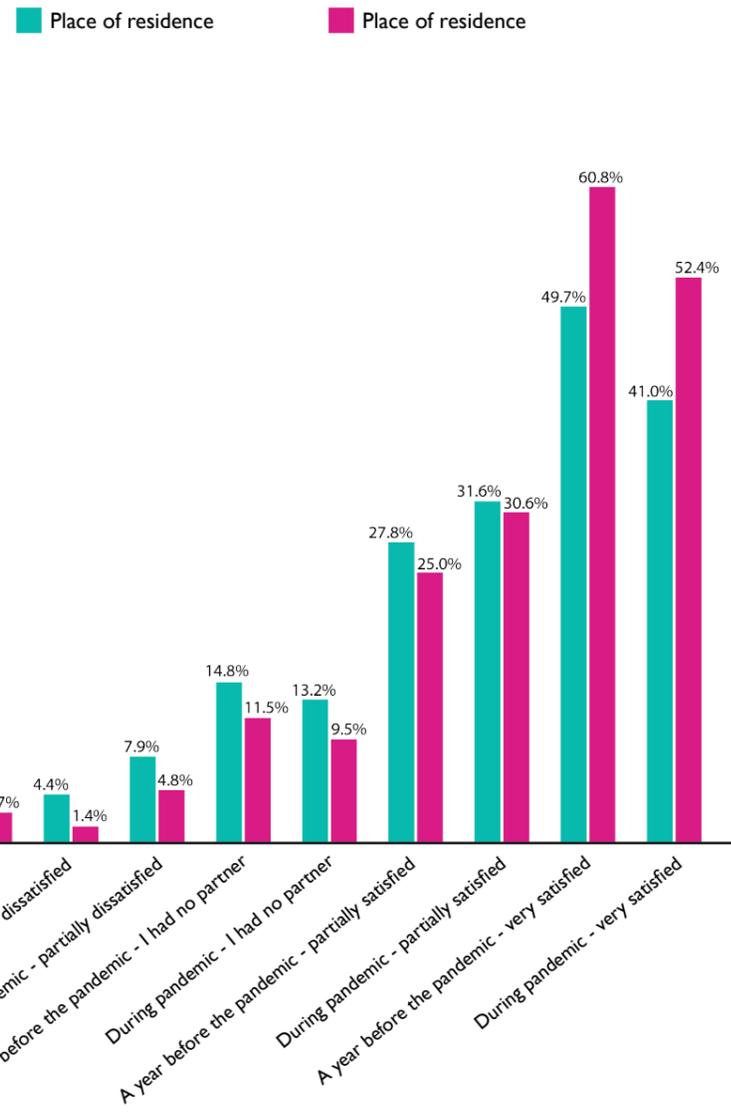
**Contraceptive methods used a year before and during the COVID-19 pandemic**

Withdrawal and/or pull out method as a method of contraception in the period before the COVID-19 pandemic was practiced by 540 (35.6%) participants, while during the pandemic the same method was practiced by 527 (34.8%) participants. The diaphragm is used as a method by only 0.1% of participants. Emergency contraception after sexual intercourse both before and during the pandemic was practiced by 1.1%.

The lactational amenorrhea method before the pandemic was practiced by 0.6% participants, and 0.7% during the pandemic. Out of the total number of participants before the COVID-19 pandemic, 656 (43.3%) did not use contraception, while that number during the pandemic was 620 (40.9%).

Keeping track of fertile days and periodic abstinence were used in 9.6% of participants before the COVID-19 pandemic, and in 7.1% during the pandemic.

A male condom was used in about 23% of cases before and during the pandemic.



**Graph 11. How satisfied were you with your sex life before and during the pandemic?**

Values represent the percentage representation of participants.

**Attitude of participants about pregnancy**

Based on the answers of participants, it was determined that 396 (26.1%) participants did not want more children, and that currently 613 (40.4%) were not pregnant and did not want to be in the near future.

A total of 107 participants (7.1%) recently gave birth, and currently 59 (3.9%) were pregnant. Furthermore, 158 (10.4%) participants were trying to get pregnant.

Based on the place of residence, no significant difference was found in the distribution of responses ( $\chi^2=10.041$   $p=0.1229$ ).

**Table 19. Contraceptive methods used a year before and during pandemic COVID-19**

What methods of contraception have you used?	Place of residence					
	Sarajevo (n=1363)		Goražde (n=153)		Total (n=1516)	
	N	%	N	%	N	%
Withdrawal	491	36,0	49	32,0	540	35,6
Withdrawal II	480	35,2	47	30,7	527	34,8
Diaphragm I	1	0,1	0	0,0	1	0,1
Diaphragm II	0	0,0	0	0,0	0	0,0
Emergency contraception / contraception after sexual intercourse I	14	1,0	3	2,0	17	1,1
Emergency contraception / contraception after sexual intercourse II	15	1,1	1	0,7	16	1,1
Method of lactation amenorrhea (LAM) I	7	0,5	2	1,3	9	0,6
Method of lactation amenorrhea (LAM) II	9	0,7	1	0,7	10	0,7
I did not use contraception I	600	44,0	56	36,6	656	43,3
I did not use contraception II	557	40,9	63	41,2	620	40,9
Periodic abstinence / keeping track of fertile and infertile days I	134	9,8	12	7,8	146	9,6
Periodic abstinence / keeping track of fertile and infertile days II	99	7,3	9	5,9	108	7,1
Male condom I	321	23,6	30	19,6	351	23,2
Male condom II	289	21,2	30	19,6	319	21,0
Foam / gel I	2	0,1	1	0,7	3	0,2
Foam / gel II	2	0,1	1	0,7	3	0,2
Female condom I	1	0,1	0	0,0	1	0,1
Female condom II	3	0,2	0	0,0	3	0,2
Pills I	46	3,4	6	3,9	52	3,4
Pills II	32	2,3	3	2,0	35	2,3
Spiral I	49	3,6	1	0,7	50	3,3
Spiral II	43	3,2	0	0,0	43	2,8

\*Period one year before COVID 19

I

\*Period COVID- 19 of social isolation

II

The values represent the frequency expressed in absolute value and the percentage representation.

During the COVID-19 pandemic, 117 (19.9%) out of 890 participants who answered this question and who have a partner used contraceptives much less than usual. Slightly less than usual contraceptives were used by 58 (6.5%) participants. The usual use of contraceptives remained with 616 (69.2%) participants. Slightly more than usual contraceptives were used in 24 (2.7%) participants, and much more often than usual contraceptives were used by 15 (1.7%) participants. Based on the place of residence, no significant difference in the frequency of contraceptive use was observed ( $X^2=3.546; p=0.471$ ).

**Table 20. Frequency use of contraceptive during a pandemic**

How often did you use contraceptives during the COVID-19 pandemic?	Place of residence					
	Sarajevo (n=808)		Goražde (n=82)		Total (n=890)	
	N	%	N	%	N	%
Much less than usual.	159	19,7%	18	22,0%	177	19,9%
Slightly less than usual.	52	6,4%	6	7,3%	58	6,5%
Usually the same.	562	69,6%	54	65,9%	616	69,2%
Something more than usual.	20	2,5%	4	4,9%	24	2,7%
Much more often than usual.	15	1,9%	0	0,0%	15	1,7%
<b>p</b>	$X^2=3.546; p=0.471$					
No response	359 / 1363		55 / 153		414 / 1516	
I don't have a partner.	196 / 1363		16 / 153		212 / 1516	

Values represent the frequency expressed in absolute number and percentage representation, X2-Chi-square test, p - probability with a significance level of  $p < 0.05$ .

A total of 4.4% of participants got pregnant unplanned.

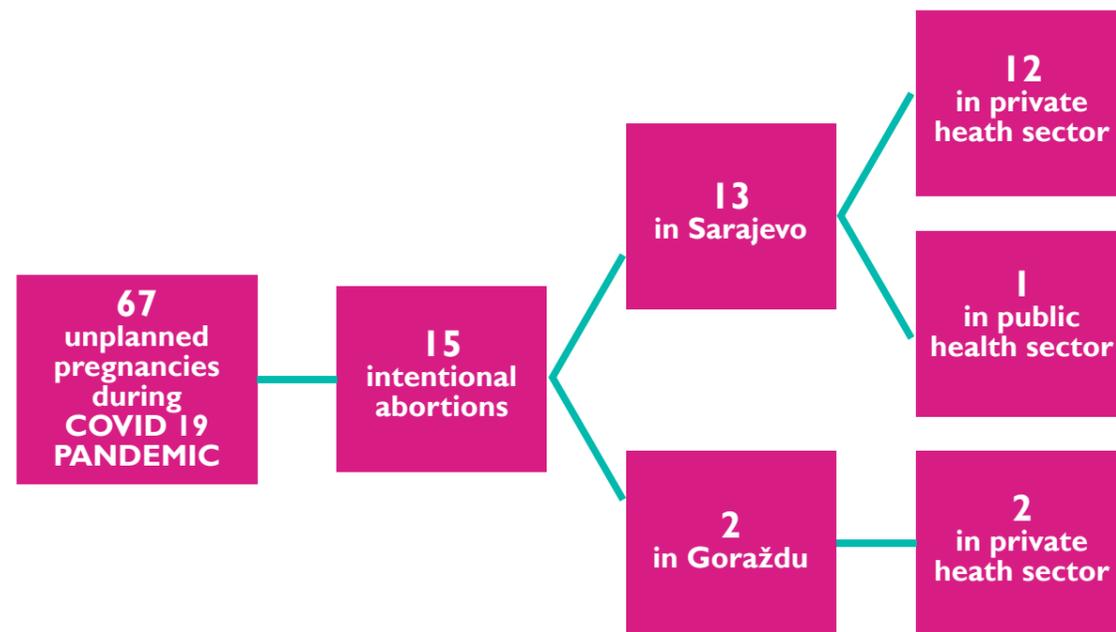
**Table 21. Did you get pregnant during the pandemic unplanned?**

Did you get pregnant during the COVID-19 pandemic unplanned?	Place of residence					
	Sarajevo (n=1363)		Goražde (n=153)		Total (n=1516)	
	N	%	N	%	N	%
Yes	58	4,3%	9	5,9%	67	4,4%
No	934	68,5%	106	69,3%	1040	68,6%
Not applicable	331	24,3%	28	18,3%	359	23,7%
No response	40	2,9%	10	6,5%	50	3,3%

The values represent the frequency expressed in absolute value and the percentage representation.

Out of this number, intentional abortion was performed with 15 participants, out of which 13 were from Sarajevo and 2 from Goražde. In relation to the number of unplanned pregnancies in the sample from Sarajevo (n = 58), abortion was recorded in 13/58 (22.4%) participants, while in Goražde with 2/9 (22.2%) participants.

Out of these 15 abortions, 2 (13.4%) were performed due to complications with fetal development, while in the other case the baby did not survive intrauterine (6.7%). Analysis of unplanned pregnancies, intentional abortions and institutions where they have been performed is shown in Graph 12. Abortions in 14/15 (93.3%) cases were performed in private health care institutions.



**Graph 12. Analysis of abortion of unplanned pregnancies**

The economic situation is the cause of abortion in 33.3% of cases, the mother’s decision and her mental state were the cause in 6.7% of cases. The partner’s decision to perform an abortion was present in 20% of cases, family relationships in 6.7% of cases, as well as the pandemic situation.

**Use of tests for some of sexually transmitted diseases, including HIV**

A test for a sexually transmitted disease during the COVID-19 pandemic was requested by 43 (3.0%) participants in the total sample, out of which 42 were from Sarajevo (3.2%) and 1 (0.7%) from Goražde.

Based on the place of residence, no significant difference was found in the frequency of requests for testing for sexually transmitted diseases ( $p = 0.167$ ).

Out of that, the test could have been done in 36/43 (83.72%) cases, that is 7 requests were not carried out. All 7 unrealized requests were from Sarajevo.

The reasons for not taking the test are: lack of test in 1/7 cases, declared epidemiological measures and unavailability of the test in 5/7 cases and appointment of a gynecologic examination only in 2 months in 1/7 cases.

**Table 22. Have you asked to be tested for a sexually transmitted infection in the COVID-19 pandemic?**

Question	Response	Place of residence					
		Sarajevo		Goražde		Total	
		N	%	N	%	N	%
During the COVID-19 pandemic, have you asked to be tested for a sexually transmitted infection (STI), including HIV?	Da	42	3,2%	1	0,7%	43	3,0%
	Ne	1257	96,8%	137	99,3%	1394	97,0%
	<b>p</b>	$X^2=1.909; p=0.167$					
	No response	64		15		79	

Values represent the frequency expressed in absolute number and percentage representation, X2-Chi-square test,  $p$  - probability with a significance level of  $p < 0.05$ .

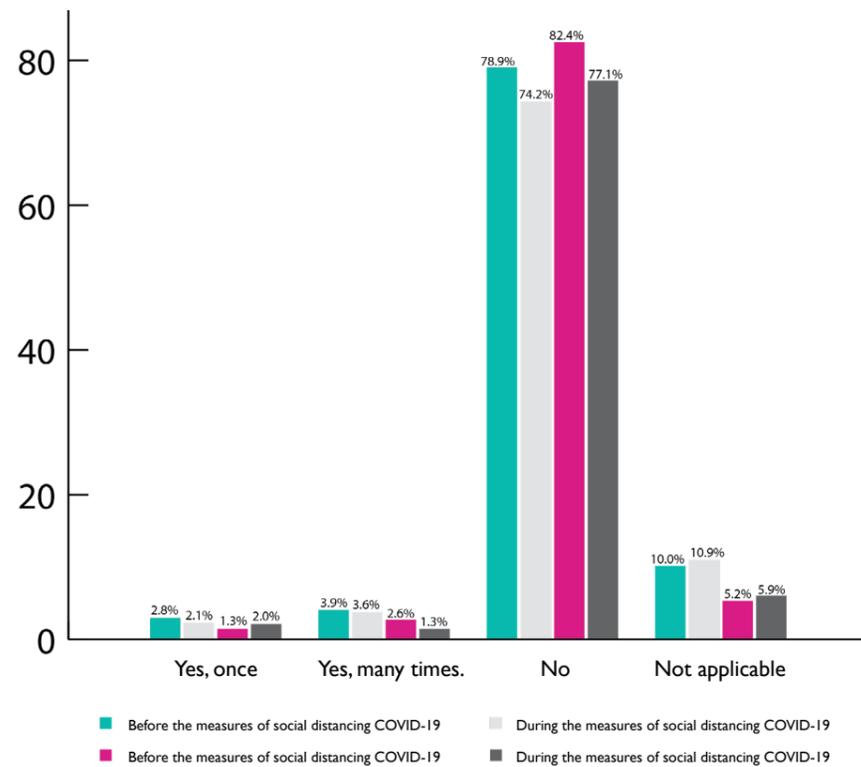
**The presence of violence in partner relationships**

Before the measures of social distancing, a total of 91 (6.7%) participants from Sarajevo stated that they had experienced violence in partner relationships, and during the measures of social distancing, 78 (5.7%) participants had experienced violence in partner relationships. Prior to the social measures, a total of 6 participants (3.9%) from Goražde were victims of partner violence, with 4/6 had experience of multiple violence. During social distancing measures due to the COVID-19 pandemic 5 (3.3%) participants had experience of violence in a relationship.

**Tabela 23. The presence of violence in partnerships**

Question	Response	Place of residence					
		Sarajevo		Goražde		Total	
		N	%	N	%	N	%
In your partner relationships, before the COVID-19 measures of social distancing did you experience violence in partner relationships?	No reply.	60	4,4%	13	8,5%	73	4,8%
	Yes, once.	38	2,8%	2	1,3%	40	2,6%
	Yes, many times.	53	3,9%	4	2,6%	57	3,8%
	Not.	1076	78,9%	126	82,4%	1202	79,3%
	Not applicable.	136	10,0%	8	5,2%	144	9,5%
In your partner relationships, during the COVID-19 measures of social distancing have you experienced violence in partner relationships?	No reply.	125	9,2%	21	13,7%	146	9,6%
	Yes, once.	29	2,1%	3	2,0%	32	2,1%
	Yes, many times.	49	3,6%	2	1,3%	51	3,4%
	No, never.	1011	74,2%	118	77,1%	1129	74,5%
	Not applicable.	149	10,9%	9	5,9%	158	10,4%

Values represent the frequency expressed in absolute number and percentage, X2-Chi-square test,  $p$  - probability with a significance level of  $p < 0.05$ .



**Graph 13. Presence of violence in partner relationships**

42 Prior to the COVID-19 pandemic, 106 participants answered that they had been exposed to one of the 4 listed types of violence - economic, physical, psychological and sexual violence. Out of these, 11 (10.4%) participants were victims of economic violence. During the COVID-19 pandemic, this share was reduced to 8 (8.9%) participants. Physical violence in relationship with a long-term partner was experienced by 29 (27.4%) participants from Sarajevo before the pandemic. During the pandemic, 17 (18.9%) participants experienced physical violence. The most common form of violence was psychological violence, which intensified in the COVID-19 pandemic. A significant difference was found in the form of violence before and during measures of social distancing among participants from Sarajevo, with intensified psychological violence ( $X^2 = 13,426; p = 0.0038$ ).

Both before and during the COVID-19 pandemic, 6 participants each reported experiencing partner violence ( $X^2 = 1.20; p = 0.753$ ).

**Table 24. Distribution of responses in relation to the place of residence and the type of violence to which the participants are exposed**

What kind of violence was it?	Sarajevo				Gorazde			
	Before pandemic		During pandemic		Before pandemic		During pandemic	
	N	%	N	%	N	%	N	%
Economic violence	11	10,4%	8	8,9%	2	33,3%	3	50,0%
Physical violence	29	27,4%	17	18,9%	1	16,7%	1	16,7%
Psychological violence	63	59,4%	64	71,1%	2	33,3%	2	33,3%
Sexual violence	3	2,8%	1	1,1%	1	16,7%	0	0,0%

Values represent the frequency expressed in absolute number and percentage representation, X2-Chi-square test, p - probability with a degree of significance of p <0.05.

The answer to the question “Have you ever talked to anyone about the experiences of violence you had during the measures of social distancing COVID-19?” was given by 86 participants from Sarajevo who had experienced violence during social distancing measures and only 3 participants from Gorazde.

The analysis of the answers established that 50% of participants from Sarajevo talked about violence with friends, along with 23.3% of the participants who talked about violence with their family.

On the SOS telephone, 2.3% of participants asked for advice and help, as well as with non-governmental organizations, while 4.7% of participants with experience of domestic violence contacted the police. The analysis of the answers of the participants from Gorazde indicates that there is greater openness towards friends and family than towards institutions.

**Table 25. Have you ever talked to anyone about the experience of violence you had during the COVID-19 measures of social distancing**

Have you ever talked to anyone about the experiences of violence you had during the COVID-19 social distancing measures?	Sarajevo		Gorazde	
	N	%	N	%
Yes, on SOS telephone.	2	2,3%	0	0,0%
Yes, with other people.	10	11,6%	1	33,3%
Yes, with NGOs.	2	2,3%	0	0,0%
Yes, with the police.	4	4,7%	0	0,0%
Yes, with family.	20	23,3%	1	33,3%
Yes, with friends.	43	50,0%	1	33,3%
Yes, with social services.	5	5,8%	0	0,0%

Values represent the frequency expressed in absolute value and the percentage, X2-Chi-square test, p - probability with a degree of significance of p <0.05.

**Table 26. Frequency of reporting violence in partner relationships during the pandemic**

Have you ever officially reported (that is filed a complaint) about any experience of violence you had during the COVID-19 measures of social distancing?	Sarajevo (n=78)		Gorazde (n=5)	
	N	%	N	%
Yes	17	21,8%	0	0,0%

The answer to this question was given by 78 participants from Sarajevo who had experience of violence during the COVID-19 pandemic. Out of this number, 17 (21.8%) participants officially complained about the experience of violence. None of the participants from Gorazde filed an official report due to violence.

### Satisfaction with everyday life during the COVID-19 pandemic

Out of the total number of participants (n = 1516), 1480 participants answered the question. 86 (5.8%) participants were very dissatisfied with their lives since the beginning of the pandemic; dissatisfied 219 (14.8%) participants; 628 (42.4%) participants were neither satisfied nor dissatisfied. Since the beginning of the pandemic, 425 (28.7%) participants have been satisfied with their daily lives, while 122 (8.2%) participants were very satisfied.

In relation to the place of residence, no significant difference in satisfaction with everyday life has been found since the beginning of the pandemic ( $X^2=5.753$ ;  $p=0.218$ ).

**Table 27. Distribution of participants in relation to the place of residence and level of satisfaction with everyday life since the beginning of the COVID-19 pandemic**

How satisfied are you with your daily life since the beginning of the COVID-19 pandemic?	Place of residence					
	Sarajevo (n=1334)		Goražde (n=146)		Total (n=1480)	
	N	%	N	%	N	%
Very dissatisfied.	77	5,8%	9	6,2%	86	5,8%
Dissatisfied.	200	15,0%	19	13,0%	219	14,8%
Neither satisfied nor dissatisfied.	576	43,2%	52	35,6%	628	42,4%
Satisfied.	376	28,2%	49	33,6%	425	28,7%
Very satisfied.	105	7,9%	17	11,6%	122	8,2%
<b>p</b>	$X^2=5.753$ ; $p=0.218$					
No response	29 / 1363		7 / 1363		36 / 1363	

Values represent the frequency expressed in absolute number and percentage. X2-Chi-square test, p - probability with a degree of significance of  $p < 0.05$ .

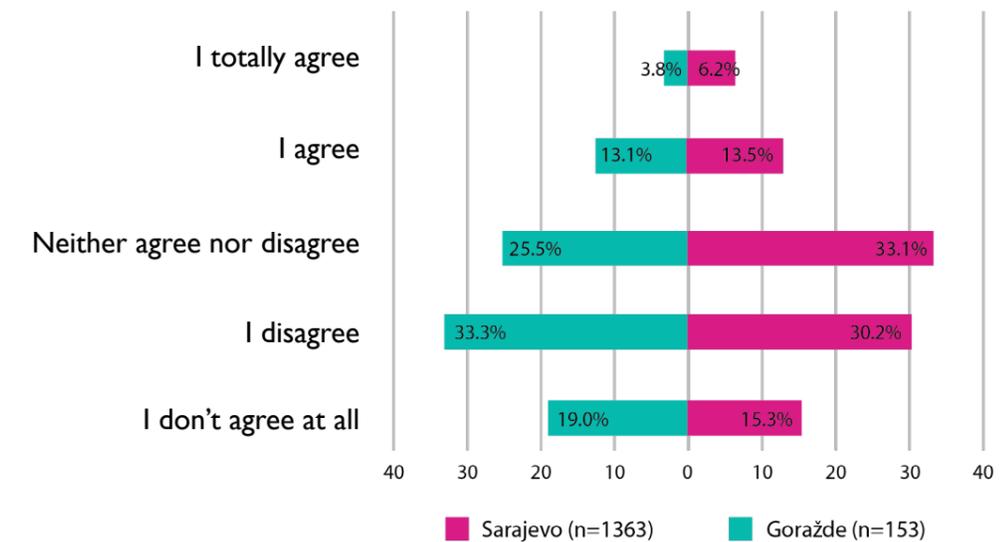
### Thinking about the COVID-19 pandemic

A total of 6.2% (n = 84) of participants from Sarajevo completely agree with the statement “I can’t stop thinking about the COVID-19 pandemic”, and 13.5% (n = 184) agree with the mentioned statement. 3.9% (n = 6) of participants from Goražde fully agree with the same statement, and 13.1% (n = 20) agree with the statement. 25.5% (n = 402) of participants from Sarajevo and 33.1% (n = 51) of participants from Goražde neither agree nor disagree with the statement.

A total of 30.2% (n = 412) of participants from Sarajevo disagree with the statement, and 15.3% (n = 208) completely disagree. To the contrary, 33.3% (n = 51) of participants from Goražde disagree with the statement and 19% (n = 29) completely disagree.

No significant difference was found in the attitude about the mentioned statement ( $X^2=5.255$ ;  $p=0.261$ ).

Thinking about the COVID-19 pandemic is presented in Graph 14.



**Graph 14. I can't stop thinking about the COVID-19 pandemic**

Values represent the share of participants who offered the above answer in relation to the place of residence.

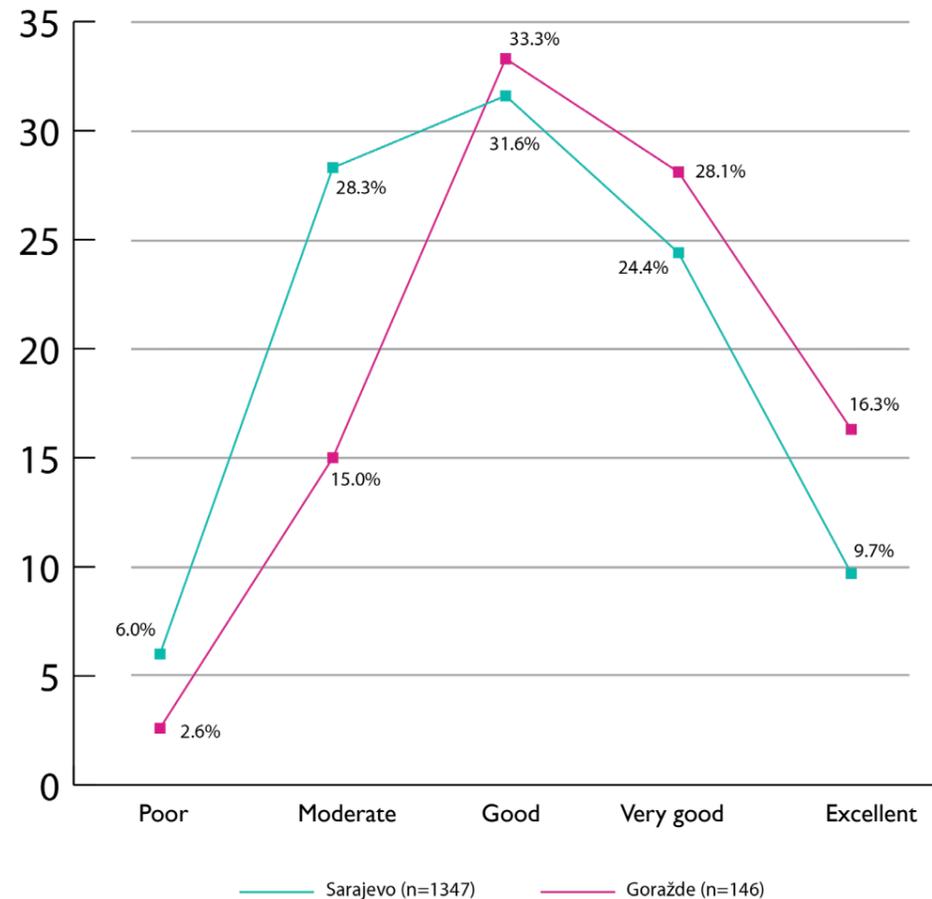
### Mental health assessment

To the question “How would you assess your mental health?” a total of 1493 participants responded. Out of these, it was found that 85 (5.6%) participants assessed their mental health as poor. A total of 404 (26.6%) participants characterized their mental health as moderate. 477 (31.5%) participants characterized it as good, 372 (24.5%) participants as very good, and 155 (10.2%) participants as excellent. In relation to the place of residence, it was found that there was a significant difference in the assessment of their own mental health, whereby participants from Goražde assessed their mental health with more positive assessment ( $X^2=18.995$ ;  $p=0.0008$ ).

**Table 28. How would you assess your mental health?**

How would you assess your mental health during pandemic COVID-19?	Place of residence					
	Sarajevo (n=1347)		Goražde (n=146)		Total (n=1493)	
	N	%	N	%	N	%
Poor	81	6,0%	4	2,6%	85	5,6%
Moderate	381	28,3%	23	15,0%	404	26,6%
Good	426	31,6%	51	33,3%	477	31,5%
Very good	329	24,4%	43	28,1%	372	24,5%
Excellent	130	9,7%	25	16,3%	155	10,2%
<b>p</b>	$X^2=18.995$ ; $p=0.0008$					
No response	16		7		23	

Values represent the frequency expressed in absolute number and percentage, X2-Chi-square test, p - probability with a significance level of  $p < 0.05$ .



**Graph 15. Distribution of participants in relation to their attitude about their own mental health**

**Table 29. Did you seek an expert support for mental health during the pandemic?**

During the COVID-19 pandemic, did you seek an expert support for mental health?	Place of residence					
	Sarajevo		Goražde		Total	
	N	%	N	%	N	%
No response	32	2,3%	8	5,2%	40	2,6%
Yes, because I needed it.	132	9,7%	6	3,9%	138	9,1%
No, even though I needed it.	353	25,9%	27	17,6%	380	25,1%
No, because I didn't need it.	846	62,1%	112	73,2%	958	63,2%

The values represent the frequency expressed in absolute value and the percentage representation.

A total of 132 (9.7%) participants from Sarajevo and 6 (3.9%) participants from Goražde asked for professional support for mental health. Despite the fact that they thought that they needed professional support for mental health, 353 (25.9%) participants from Sarajevo did not contact experts, nor did 27 (17.6%) participants from Goražde. It was found that there is a significant difference in the answers of the participants, whereby the participants from Goražde decide to ask for support very rarely ( $X^2=15.781$ ;  $p=0.0013$ ).

**Table 30. Distribution of participants based on who provided them with professional support**

Who provided you with the professional support you needed	Place of residence					
	Sarajevo		Goražde		Total	
	N	%	N	%	N	%
"Conversation" with myself	3	2,3%	0	0,0%	3	1,2%
Doctor of family medicine	60	27,5%	14	58,3%	74	30,6%
Friend	7	3,2%	0	0,0%	7	2,9%
Internet	1	0,5%	0	0,0%	1	0,4%
Family	11	5,0%	1	4,2%	12	5,0%
Prayer - a religious community	2	0,9%	0	0,0%	2	0,8%
Partner	8	3,7%	1	4,2%	9	3,7%
Psychologist - privately	76	34,9%	2	8,3%	78	32,2%
Psychologist - Center for Mental Health	24	11,0%	2	8,3%	26	10,7%
Psychiatrist	25	11,5%	4	16,7%	29	12,0%
Psychotherapist	1	0,5%	0	0,0%	1	0,4%

The values represent the frequency expressed in absolute value and the percentage representation.

**Table 31. Do you feel that you took on more responsibilities during the COVID-19 pandemic?**

During the COVID-19 pandemic, did you take on more obligations (housework / work / work from home, obligations for children / care and care for the household) compared to the period before the pandemic?	Place of residence					
	Sarajevo		Goražde		Total	
	N	%	N	%	N	%
No response	31	2,3%	13	8,5%	44	2,9%
I performed the same number of duties as before pandemic.	741	54,4%	80	52,3%	821	54,2%
I performed fewer obligations than before the pandemic.	51	3,7%	3	2,0%	54	3,6%
I performed far fewer obligations than before pandemic.	25	1,8%	3	2,0%	28	1,8%
I was doing a lot more duties than before pandemic.	171	12,5%	18	11,8%	189	12,5%
I was doing more responsibilities than before the pandemic.	344	25,2%	36	23,5%	380	25,1%

Values represent the frequency expressed in absolute number and percentage. X2-Chi-square test. p- probability with a degree of significance of  $p < 0.05$ .

A total of 344 (25.2%) participants from Sarajevo and 36 (23.5%) participants from Goražde had more obligations than before the pandemic. 171 (12.5%) participants from Sarajevo and 18 (11.8%) participants from Goražde had a lot of more obligations than before the pandemic. A total of 569 participants (37.6%) considered that they had more obligations than before. Participants who considered they had more responsibilities than before also provided clarification for their partners.

**Table 32. Distribution of participants based on attitude on the role of partner**

Question	Answer	Sarajevo		Goražde	
		N	%	N	%
<i>I carried out a lot more obligations than the pandemic.</i>	No answer or no partner.	6	3,5%	0	0,0%
	I don't have a partner.	29	17,0%	2	11,1%
	Partner and I participated equally in additional obligations and we did them together.	45	26,3%	8	44,4%
	The partner carried out fewer obligations than I did.	45	26,3%	4	22,2%
	The partner took on much fewer additional obligations from me.	40	23,4%	3	16,7%
	The partner took on a lot more obligations than me.	2	1,2%	0	0,0%
	The partner took on more obligations than me.	4	2,3%	1	5,6%
<i>I carried out more obligations than before the pandemic</i>	No response	17	4,9%	2	5,6%
	I don't have a partner.	64	18,6%	8	22,2%
	Partner and I participated equally in additional obligations and we did them together.	135	39,2%	12	33,3%
	The partner undertook fewer obligations than I did.	62	18,0%	6	16,7%
	The partner took on much fewer additional obligations than me.	59	17,2%	4	11,1%
	The partner took on a lot more responsibilities than me.	1	0,3%	1	2,8%
	The partner took on more responsibilities than me.	6	1,7%	3	8,3%

Of the 189 participants who stated that they performed a lot more obligations than before the pandemic, 45 (26.3%) from Sarajevo considered that their partner had taken on fewer responsibilities. 4 (22.2%) participants from Goražde had the same attitude.

Out of 380 participants who stated that they carried out more obligations than their partner, 59 (17.2%) from Sarajevo believe that their partner undertook a lot less obligations, and 4 (11.1%) participants from Goražde had the same attitude.

13 (2.2%) participants from Sarajevo, that is 5 out of 56 (8.9%) participants from Goražde considered that the partner took on more or much more obligations than the respondent.

## Focus groups

With the aim of completing the collection of information about the state of sexual and reproductive health and the organization of this service during the pandemic, the focus group method was used as a qualitative methodology.

Therefore, it is necessary to obtain the opinion of health professionals, members of health councils, representatives of administrative authorities who are directly involved in the process of organizing and providing health care for sexual and reproductive health, especially in the pandemic.

An online focus group was conducted for Sarajevo on 23 July 2021 (Zoom meeting).

Focus groups are structured around a set of specific issues as follows:

1. Plans for the protection of SRH in a pandemic - strengthening of management structures in health in order to understand better the specificities of this problem and improve health services
2. Access to services for women, pregnant women, adolescents
3. Possibility of gynecologic examinations during lockdown / pandemic - Was SRH endangered during the 2020 pandemic?
4. Telephone contacts with services for the protection of SRH during lockdown / pandemic
5. Gynecologic surgeries - the meaning of non-urgent cases "postponement"
6. Tension in partner relationships?
7. Use of contraceptives, unplanned pregnancies and abortions
8. Staff education for pandemic conditions
9. The role of the local community in ensuring the functioning of the referral system to facilitate access to patients in the protection of women's SRH
10. Effective planning to ensure comprehensive access to reproductive health services - minimum initial package of services (MISP) for sexual and reproductive health (SRH)

## Results

When asked in the discussion what were and what should be the plans for the protection of SRH in a pandemic - strengthening of management structures in health care for better understanding of the specificities of this problem and improving of health services, the response of one of the participants in the focus group was:

*„We are witnesses that in the management system we have dealt more with the organization of the course and pathway of the patient regarding COVID-19 disease than we have dealt with these issues of vital interest, especially for these groups, which are groups related to sexual and reproductive health, for which it is important to have appropriate services and services that we, it seems to me, have heavily denied in this period.“*

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*„It is necessary to do research among experts concerning the issue of efficient planning and ensuring a comprehensive access to reproductive health services for various emergency situations“*

*Participant, a longtime health expert, member of the Municipal Health Council*

The availability of gynecological services to women, pregnant women and adolescents during the COVID-19 pandemic was significantly lower and access was selected.

*„We immediately created the procedures for pregnant women. What we have reduced are regular control examinations. We had a Covid clinic for pregnant women. At the beginning, everything was conducted via telephone contact. Urgent cases were admitted.“*

*Participant, a doctor of medicine, specialist in gynecology and obstetrics*

*„We had to cancel all regular gynecologic examinations. Pregnant women were admitted for regular pregnancy check-ups, oncology patients, emergency cases.*

*Dissatisfaction is certain with patients, which is being shown only now.“*

*Interview with a nurse from the Gynecological Department of the Goražde Health Center*

Cancellation of examinations and scheduled control examination, the so-called stoppage of non-urgent cases, has now led to an increase in the number of visits to gynecological practices, which was expected. The largest serious consequence is that some pathological conditions have “advanced”, so that certain consequences can be very severe and long-lasting..

*„Now there are many more examinations, phone calls, patients want to make up for everything that was missed in the past period.“*

*Interview with a nurse from the Gynecological Service of the Goražde Health Center*

*„I think we missed the opportunity to ensure a smooth non-urgent cases regime for all other diseases. We certainly need to renew the non-urgent regime because of the possible consequences.“*

*Participant, a longtime health expert, a member of the Municipal Health Council*

The issue of contraceptive use is a very serious issue, since over 40% of participants do not use any contraceptive.

*„Very expensive contraception. Condoms are expensive for young people. And the lack of education for young people.“*

*Participant, a graduate nurse, Gynecological Service*

Being informed is very important. There has been less information, especially among younger people in general, and it is related to the pandemic.

*„Until the information reaches the end user we have nothing. Young people need to be educated. Everything should be brought down to the local level.“*

*Participant, a representative of the administrative department*

*„It is necessary to involve the media and form sets of necessary information regarding sexual and reproductive health for both women and men.“*

*Participant, a long-term health expert, a member of the Municipal Health Council*

The research also included issues related to mental health during the pandemic, including domestic violence.

*„When we link sexual and reproductive health and mental health, we have connected two areas of our lives where level of understanding of importance of both is very low, especially in this part of the management structure, to try to link the two.“*

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*„There is very little cooperation or no cooperation between the CMH and the gynecologic department. CMH has always been recognized only as a resource for psychopathology, and it is not recognized at all as a resource in this part of health psychology and health education. CMHs are very much unavailable for anything outside of psychopathology. And we need to work on that. That is the most important thing for us to do – to establish intersectoral cooperation, so that CMH become available.“*

*Participant, a psychologist, Mental Health Center*

In order to make a functional system, it is necessary to conduct continuous education of all stakeholders, but based on their real needs. Also, the issue of “burn-out” syndrome is very important, which means continuous education of health professionals on how to deal with business, and finally family problems, all during the pandemic.

Education seminars must be conducted where we will look at all the sources of stress during an epidemic. It is necessary to continuously work on education that will individually recognize with persons their capacities of protective factors of personality and risk factors. These are extremely important education seminars.

The role of the local community in ensuring of the functioning of the referral system in order to facilitate access to patients with regard to the protection of women’s SRH is very important. Finally, health centers are at the local / municipal level.

*„The local community can certainly significantly impact on drafting of certain standards and services necessary for sexual and reproductive health.“*

*Participant, a long-term health expert, member of the Municipal Health Council*

However, the local community did not play a significant role in the protection of sexual and reproductive health during the COVID-19 pandemic.

*„The role of the local community was completely neglected during that period.“*

*Interview with a nurse from the Gynecology Service of the Goražde Health Center*

## Summary with discussion

### Demographic and socioeconomic indicators

- ✓ The total number of participants is 1516, of which 1363 (89.9%) are from Sarajevo and 153 (10.1%) are from Goražde. Out of the 1516 participants, 18.1% are aged 18 to 24, 18.2% aged 25 to 29, 17.6% aged 30 to 34, and 16.7% aged from 35 to 39 years, 17.2% were 40 to 44 years and 12.3% in the age group of 45 to 49 years. Based on gender distribution, it was found that there was no significant difference in age groups between the two groups of participants based on place of residence.
- ✓ Out of the total number of participants, 1.2% had completed only elementary education. 42.8% of participants had a secondary education in the total sample, 5.5% of participants had completed higher school, while 37% had completed university education. 13.6% of participants had completed postgraduate studies.
- ✓ A total of 57.7% of participants are married and 6.9% live in an extramarital community. Almost a fifth of participants - 18.3% have a partner but do not live together, while 12.1% are unmarried and do not have a partner, and 4.1% are divorced and do not have a partner, and 0.9% of them are widows and do not have a partner.
- ✓ In the total sample, 64.2% of participants were employed full-time before the COVID-19 pandemic, while 15.3% were unemployed.
- ✓ Out of the total number of participants, 88% have public compulsory health insurance, while both public and private health insurance have 5% of participants. A total of 3.9% of participants do not have health insurance.

### The impact of the COVID-19 pandemic on the economic status of women

The results show that women were frequently left without a job (8.8%), compared to their partners (2.6%), which also refers to a change of job, where women were more likely to have a change of job (9.6%), unlike male partners, who in 7.7% of cases changed jobs during the COVID-19 pandemic.

The impact of the COVID-19 pandemic on total income in household indicated that in 37.4% the monthly income in household decreased, out of which with 18.3% of participants the average monthly income decreased significantly, and 2.3% of them was left without income. A significant increase of income in household was also recorded in 3.4% of participants.

### Gynecologic examinations and preventive examinations in women

- ✓ Before the COVID-19 pandemic, at least one gynecologic examination per year was performed by 61.4% of participants.
- ✓ In relation to the type of institution - private or public, it was found that participants from Sarajevo in 33.7% of cases go only to the private health sector, compared to 15.9% of participants from Goražde.
- ✓ Pap test was performed at least once a year by 52.8% of participants.
- ✓ Breast ultrasound examination was performed at least once a year by 28.6% of participants.
- ✓ Breast mammography before the COVID-19 pandemic (once in two years if they are in the age group 40+ years) was performed by 7.7% of participants in the total sample, out of which in the age group from 40 to 44 years, mammography was regularly performed by 17.6% of participants from Sarajevo,

compared to 4.3% of participants from Goražde. In the age group of 45 to 49, mammography was regularly performed by 36% of participants from Sarajevo, compared to 8.3% of participants from Goražde.

The results show that before the COVID-19 pandemic there were insufficient gynecologic examinations and preventive examinations of women, which is a significant health problem that leads to long-term deterioration of women's sexual and reproductive health, and, unfortunately, is most often measured by premature deaths caused by carcinoma of reproductive organs and breasts.

### The impact of the COVID-19 pandemic on frequency of gynecologic examinations

- ✓ A total of 56.1% of participants during the COVID-19 pandemic requested a gynecologic examination, which is slightly less than the requests before the pandemic, and only 17.5% of them were admitted on the same day, while for 20.1% the examination was completely denied due to the worsening of epidemiological situation. The largest number of participants waited 2-3 days - 27.7%, which is a total of 45% of participants who received a gynecologic examination in a shorter period of time. A total of 21% of them waited for more than 5 days for an examination.

During the pandemic lockdown, it was noticeable that the provision of gynecologic services was slowed down, and at the time of the request, one-fifth of the participants were left without an examination. All this can leave long-term consequences on women's reproductive health, and in the upcoming period it will be necessary to find opportunities for more regular provision of gynecologic health services.

- ✓ Almost 70% of participants were satisfied with the services provided, while 13% of them were dissatisfied with it. A high percentage of satisfied participants is a good indicator of the quality of the service, but when it is provided. It should not be disregarded that the percentage of 13% dissatisfied is also high, as well as the fact that 17% of the undecided is also a high percentage, which can always more incline to the patient dissatisfaction.

Therefore, it is necessary to program a way of faster flow of providing services, and to work continuously on improvement of the quality and increase of patient satisfaction. It is necessary to continue research about all aspects of service quality in order to continuously improve it.

- ✓ A total of 54.3% of participants stated that there were no opportunities for telephone consultations with the gynecologic department at all during the COVID-19 pandemic.
- ✓ Regular consultations with the gynecologic service were maintained by 20.4% of participants.

This is the type of services / consultation that needs to be introduced more during a pandemic and it should be an integral part of preparedness plans within these health services.

- ✓ To the question "During the measures of the COVID-19 pandemic, were you denied gynecologic surgery?" a total of 2.3% of participants confirmed that.
- ✓ The most frequent causes of denial of surgical procedures were declared epidemiological measures, more precisely, non-urgent surgery postponement, then fear of COVID-19 infection. The lack of a gynecologist was also pointed out, but still it was not a significant reason as mentioned for discontinuing non-urgent surgery.

The COVID-19 pandemic generally led to the stoppage of the non-urgent surgeries, which undoubtedly largely impacted the health of the population. Acute surgeries have been performed, while the other surgeries have been canceled, and prolonged health problems need to be further investigated and women should be encouraged to come for missed check-ups.

### Attitudes about the impact of the COVID-19 pandemic on sexual and reproductive health

- ✓ A total of 27.1% of participants from Sarajevo and 22.4% of participants from Goražde agree with the statement that sexual and reproductive health is endangered in the COVID-19 pandemic.

These results suggest that women have noticed a significant percentage of threats to their sexual and reproductive health, which opens space for further review and strengthening of sexual and reproductive health care in the upcoming period, for the preparation of women's health programs, with more frequent research on health needs of women.

- ✓ A very important data obtained by the research refers to the share of participants who recovered from COVID-19. In the previous period, a total of 35.9% of participants from Sarajevo recovered, while 31.4% were from Goražde. The data indicate a significant percentage of created immunity to COVID-19 as of June 2021.
- ✓ Out of the participants who recovered from COVID-19, 37% of the participants reported menstrual cycle disorders.

Results of a retrospective cross-sectional study, in which clinical and laboratory data from 237 women of child-bearing age diagnosed with COVID-19 were retrospectively reviewed, showed that 28% of the participants detected changes in the menstrual cycle. Most of them experienced a longer cycle than usual during the illness, although some had a shorter cycle. It was concluded that average sex hormones levels and ovarian reserve did not change significantly during COVID-19 in women of child-bearing age. (Kezhen Li, Ge Chen, Hongyan Hou, Qiuyue Liao, Jing Chen, Hualin Bai, Shiyeow Lee, Cheng Wang, Huijun Li, Liming Cheng, Jihui Ai. Analysis of sex hormones and menstruation in COVID-19 women of child-bearing age. RBMOVOLUME 42 ISSUE | 2021.) Most women returned to their normal menstrual patterns 1 to 2 months after recovering from COVID-19. The references of participants in this research show a slightly higher percentage, but they correspond to the results of the cited study.

This is a question that should be asked to women who have recovered from COVID-19 and should be included in the regular set of information for women of child-bearing age, and related to the symptoms in the case of COVID-19 disease.

### Attitudes about the impact of the COVID-19 pandemic on sex life satisfaction

- ✓ Before the COVID-19 pandemic, 50.8% of participants stated that they were very satisfied with their sex life, and during the pandemic, 42.2% of the participants were very satisfied, which makes a significant statistical difference.

The results indicate a significant impact of living conditions during the COVID-19 pandemic on sex life related to lockdown conditions, stress, anxiety, economic instability, and social isolation. This is a topic that needs to be discussed more and it is necessary to take actions in the form of counselling within the health care services.

### Contraceptive methods used a year before and during the COVID-19 pandemic

- ✓ The most common method of contraception is withdrawal, which was reported by 35.6% of participants before the COVID-19 pandemic and it remained at almost the same percentage during the pandemic (34.8%). Of the total number of participants before the COVID-19 pandemic, 43.3% did not use contraception at all, while this number was 40.9% during the pandemic. A male condom was used in about 23% of cases before and during the pandemic.

The results show that the use of modern methods of contraception is not practiced in a high percentage in the Federation of BiH, which is somewhat consistent with the results of the UNICEF MICS study - Multiple Indicator Cluster Survey Bosnia and Herzegovina 2011-2012, according to which 56.9% of women of child-bearing age in the Federation of BiH did not use contraception, and the most common method of contraception was withdrawal and was

referred by 29.2% of participants. This research also shows that a stronger IEC campaign (Information, education and communication) is necessary for the population with regard to the introducing methods of contraception, especially modern methods, all with the aim of protecting and improving sexual and reproductive health, reducing unwanted pregnancies, reducing the number of intentional abortions among young women, which may ultimately lead to an increase in the inability to conceive. It is important to note that these habits of using contraceptive methods before and during the COVID-19 pandemic remained almost the same, which supports the already known attitudes and practices of the population in the Federation of BiH.

### Attitudes about pregnancy and the impacts of the COVID-19 pandemic

- ✓ A total of 7.1% of participants have recently given birth, and currently 3.9% of them are pregnant. Furthermore, 10.4% of participants are trying to get pregnant. A total of 4.4% (N = 67) of participants got pregnant unplanned, out of which intentional abortion was performed in 15 participants, out of which 2 abortions were due to complications with fetal development and 1 abortion because the baby did not survive intrauterine. One of the reasons for terminating the pregnancy was the pandemic situation.
- ✓ Abortions have taken place mainly in the private health sector.

The pandemic situation, therefore, led to a higher rate of intentional abortions in the total number of unplanned pregnancies (22.4% or every 4.5 unplanned pregnancies ended in abortion). Increasing health literacy should be continued to reduce the percentage of unwanted pregnancies and accordingly intentional abortions.

### Use of testing for some of sexually transmitted diseases including HIV

- ✓ During the COVID-19 pandemic, there were fewer requests for testing for a sexually transmitted disease, only 3%. A total of 16% could not be carried out, and the declared epidemiological measures are stated as reasons, because the participants refer to the period of lockdown and the stoppage of non-urgent cases in that period.

The COVID-19 pandemic has unequivocally reduced the number of conservative health services, which can be seen through the presented results. All this speaks in favor of the fact that it is expected significant "burden of diseases" or the remaining burden of diseases and unrecognized or unexpressed health services, about which special projections and plans should be prepared.

### Partner relationships in the COVID-19 pandemic

- ✓ During the COVID-19 pandemic, it was found that 21% of participants had more quarrels and disagreements (slightly or significantly more) than before the pandemic, out of which in 6% of cases there were significantly more quarrels and disagreements than before the COVID-19 pandemic.

Some research has shown that during the pandemic in partner relationships, there were small moderation effects of relationship coping and conflict during the pandemic, and that satisfaction increased and maladaptive attributions decreased in couples with more positive functioning, and satisfaction decreased and maladaptive attributions increased in couples with lower functioning (Hannah C. Williams on Early Effects of the COVID-19 Pandemic on Relationship Satisfaction and Attributions. Psychological Science 2020, Vol. 31 (12) 1479-1487).

These results are significant indicators of disorders in partner relationships and need to be closely monitored over time. The pandemic situation continues, which, on one hand, gives us time to get used to it, and, on the other hand, there is a lot of space for disagreements to deepen and become more frequent. Therefore, it is necessary to include these issues in regular procedures of taking anamnesis, as well as to discuss about this topic more in the media and to create prevention programs, more precisely, to adapt to the newly emerged situation, and finally to prepare for adaptation for the post-COVID period. All this indicates that the pandemic situation has revealed all the previous disagreements in the partner relationship, and this is a topic that certainly needs to be dealt with more.

### **Presence of violence in partner relationships and the impact of the COVID-19 pandemic**

- ✓ Before measures of social distancing in the total sample, 6.4% of participants stated that they had experienced violence in partner relationships, and during measures of social distancing, 5.7% of participants had experience of violence in partner relationships.
- ✓ Before measures of social distancing, a total of 6 participants (3.9%) from Gorazde were victims of violence in relationships, and 4/6 of participants had multiple experiences of violence. During measures of social distancing due to the COVID-19 pandemic, 5 (3.3%) participants had experience of violence in a relationship, but in response to the fact that the experience was multiple times the percentage was almost the same - 3.8% versus 3.4%.

The collected data show that there was no increase in violence in relationships, and it can be indicative that 9% of participants did not give an answer for the history of violence in partner relationships during social distancing measures.

- ✓ The most frequent form of violence was psychological violence, which intensified in the COVID-19 pandemic. In case of experiencing violence, one usually talks to family and friends. They called the police in 5% of cases, and contacted the social assistance service somewhat more often (6%). Only 18% officially reported (that is filed a complaint) the experience of violence they had during social distancing measures.

Nevertheless, numerous previous studies have shown that there is an increase in violence against intimate partners during a crisis (e.g. financial, environmental or socio-political situations). The COVID-19 pandemic has triggered an unprecedented global health and financial tragedy, but research has yet to showcase how the situation may affect partner violence. However, more research is needed to fully assess the scale of the new challenges, but also to prepare new strategies for the prevention of gender-based violence and crisis preparedness.

### **Everyday life and the impact of the COVID-19 pandemic**

- ✓ A total of 20.6% of participants were dissatisfied with life during the COVID-19 pandemic, of which 6% were very dissatisfied. It is indicative that 42.4% of them are neither satisfied nor dissatisfied with everyday life. Almost 37% of participants are satisfied with everyday life.
- ✓ A fifth of participants are dissatisfied with everyday life, which undoubtedly indicates that there have been changes in the daily lives of participants and that may have long-term consequences.

### **Mental health assessment**

- ✓ Participants mentioned a significant preoccupation with the COVID-19 pandemic thoughts, about 18% of them.
- ✓ A total of 10.2% of participants assess their mental health as excellent, and 5.6% as poor. More participants assess their mental health as mediocre - 26.6%, and 24.5% as very good.
- ✓ Also, 43.3% of participants stated that they needed professional support for mental health, which is a significant percentage and is a call for clinical and public health action in this area.
- ✓ Most of the participants conducted interviews with doctors of family medicine, then privately with a psychologist, then with a psychiatrist, and only then with mental health centers.

All this speaks in favor of the impact of the pandemic on everyday life and the impact on mental health, and it is necessary to innovate programs of mental health protection.

### **Division of housework during the COVID-19 pandemic**

- ✓ A total of 37.6% of participants reported performing more housework than before the pandemic.
- ✓ A total of 38.9% of participants who performed multiple jobs during the COVID-19 pandemic stated that their partner took on fewer and far fewer responsibilities, while 13.9% of them stated that their partner took on more or much more responsibilities.

Some of the research conducted during the COVID-19 pandemic showed that women did more of the parenting and housework, whereas men engaged in more paid work and personal time, during the lockdown. Couple members agreed that women's share of parenting, housework and personal time was unfair, but this did not protect women from the detrimental relationship outcomes associated with an inequitable share of domestic labor. A greater, and more unfair, share of parenting, housework and personal time predicted residual increases in relationship problems and decreases in relationship satisfaction for women. Exploratory analyses indicated that men who were the primary caregiver or were not working fulltime also experienced negative relationship outcomes when they did more housework and parenting. These results substantiate concerns that the COVID-19 pandemic may undermine advances toward gender equality by reinforcing inequitable divisions of labor, thereby damaging women's relationship wellbeing. (Nina Waddell |, Nickola C. Overall |, Valerie T. Chang |, and Matthew D. Hammond. Gendered division of labor during a nationwide COVID-19 lockdown: Implications for relationship problems and satisfaction. *Journal of Social and Personal Relationships* 2021, Vol. 38 ( 6) 1759–1781)

This research also showed that women did more jobs and responsibilities during the COVID-19 pandemic, and it is necessary to act in that direction in the upcoming period in order to improve gender equality.

## RECOMMENDATIONS

This research aims to provide guidance to public and private health institutions as well as health NGOs on how to ensure the continued provision of sexual and reproductive health services in the context of the COVID-19 pandemic.

These services should be an integral part of any crisis response and should be provided whenever possible, through innovative approaches, including digital health, self-care and community services.

- It is necessary to develop a Strategy for Sexual and Reproductive Health in the FBiH as soon as possible, which will inevitably include goals that refer to the treatment of protection of sexual and reproductive health in emergency situations, more precisely public health threats;
- Comprehensive services for the protection of sexual and reproductive health in the FBiH need to be integrated into primary health care as the situation allows;
- Plan, program and conduct regular education and training for staff on the conditions of emergency situations, more precisely public health threats, which includes professional education, as well as training on how to deal with stress in the workplace in these circumstances;
- Strengthen intersectoral cooperation, especially cooperation between gynecological services and mental health centers at the municipal level / health centers
- Ensure the availability of contraceptives, especially for young people
- Define and adopt a minimum package of sexual and reproductive health services adjusted to MISP objectives
- Strengthen the importance and role of the local community about this topic
- For the upcoming pandemic period, recommend the preparation of a situational analysis and the assessment of the real health needs of women in terms of sexual and reproductive health so that services can be planned and programmed.
- Work on more significant connections between the public and private health sectors
- Start with the development of plans for the smooth continuation of all examinations and services under all necessary hygienic-epidemiological measures.

### Recommendations for non-governmental organizations in BiH:

As the COVID-19 pandemic spreads globally, we are learning more and more about its social and economic impact, including health systems and services, especially services that are related to healthcare. Health services are under intense pressure to deal with large numbers of critically ill patients. This extends the health system as health personnel and basic medicines and supplies are diverted to respond to a pandemic in a better and faster way. Although sexual and reproductive health services are not considered a priority by the public and government sectors, civil society organizations have a key role to play in promoting and advocating for the continued provision of basic sexual and reproductive health services during a pandemic.

### Area of activity for the non-governmental sector:

1. Strengthen education of the community and raise awareness of COVID-19 which includes providing clear and consistent messages communicated via current and up-to-date information on COVID -19, the risks of infection and recommended public health procedures to protect and prevent the spread of the virus, by washing hands, respiratory etiquette and social distancing. Whenever possible, use mobile technology, social media platforms and other innovative approaches to inform patients, young people and the community about the benefits of sexual and reproductive health services and the need to continue using them.
2. Promote and adopt innovative approaches such as: digital health (telemedicine, mobile applications, information via SMS, etc.) for counselling, providing information about sexual health and education about sexuality, and for monitoring; self-care; providing counseling and selected SRH services outside the health system during pandemics and other public health threats.
3. Advocate that clients should be provided at all times with an adequate supply of essential sexual and reproductive health products, such as contraceptives, condoms for the prevention of sexually transmitted diseases / HIV and emergency contraceptives, to meet their needs during a pandemic.
4. Support the provision of safe abortion services, including medical abortion for up to 10 weeks, post-abortion care, and menstrual regulation. Whenever possible, digital health can be used to support the critical tasks of medical abortion, including consultation.
5. Prevention of sexual and gender-based violence and provision of support services to women and girls who have experienced gender-based violence are crucial and should be ensured during the COVID-19 pandemic through a flexible and adaptable approach that protects the safety of service providers and survivors of gender-based violence.
6. Advocate for the provision of resources and support to government institutions and donors to continue to provide basic sexual and reproductive health services during COVID-19 and other public health threats.

The health sector in cooperation with non-governmental organizations should promote the following key messages:

1. Sexual and reproductive health and rights are essential for gender equality and the well-being of women, and for the health of mothers, newborns, children and young people.
2. The providing of services of sexual and reproductive health is essential and must be ensured to women and girls, as well as to the poorest and most vulnerable populations, even more in the context of the pandemic.
3. Access to basic sexual and reproductive health services is a human right.

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## Attachment

Attachment I. Survey questionnaire

### SURVEY QUESTIONNAIRE

COD I\_I\_I

Dear Madam,

We will kindly ask you to take some time to complete this completely anonymous questionnaire.

The purpose and goal of the questionnaire is to gain knowledge about women's health in the conditions of the COVID-19 pandemic.

The data obtained from this questionnaire will be used for scientific analysis of women's health, especially sexual and reproductive health, as well as the impact of the COVID-19 pandemic on violence in relationships, mental health and gender equality in partner relationships.

Thank you, kind regards

4. What is the status of your partner relationship?

- a. I am married.
- b. I live in an extramarital community.
- c. I have a partner, but we don't live together.
- d. I am not married and don't have a partner.
- e. I am divorced and don't have a partner.
- f. I am a widow and don't have a partner.

4. What was your employment status before the start of the COVID-19 pandemic?

- a. Employed, full time.
- b. Retired.
- c. Housewife.
- d. Student.
- e. Unemployed.
- f. Incapable for work.

5. Do you have health insurance?

- a. Yes, public compulsory health insurance.
- b. Yes, private health insurance.
- c. Yes, both public and private health insurance.
- d. No, I don't have health insurance.

6. If you are employed, please indicate your occupation or field of work:

- a. Civil service.
- b. Private sector.
- c. Non-governmental sector.
- d. International organization / institution.
- e. I am not employed.
- f. Other (specify).

7. During the COVID-19 pandemic, did your employment status change?

- a. No changes, I am still unemployed.
- b. No changes, I continued to work on the same job.
- c. I changed jobs.
- d. I lost my job.

## COVID-19 AND WOMEN'S HEALTH

### Sociodemographic data

1. Age

- a. 18–24
- b. 25–29
- c. 30–34
- d. 35–39
- e. 40–44
- f. 45–49

2. Level of education (highest completed degree):

- a. No completed education.
- b. Elementary school.
- c. High school (3 or 4 years).
- d. High school.
- e. Faculty.
- f. Post-diplomatic study.

8. If you live with your spouse / partner, did his or her employment status change during the COVID-19 pandemic?

- a. No changes, still unemployed.
- b. No changes, he continued to work on the same job.
- c. He changed jobs.
- d. He lost his job, I support him.
- e. Not applicable, I do not live with my spouse / partner.

9. What was the average monthly income in your household before the COVID-19 pandemic?

- a. less than 500 BAM
- b. 501–1000 BAM
- c. 1001–2500 BAM
- d. 2501–5000 BAM
- e. more than 5000 BAM

10. Did the average monthly income in your household change during the COVID-19 pandemic?

- a. No changes, it remained the same.
- b. Income decreased insignificantly.
- c. Incomes decreased significantly.
- d. We were left without income.
- e. Incomes increased insignificantly.
- f. Incomes have increased significantly.

11. Do you have children of your own?

- a. Yes
- b) No (go to question 13)

12. If yes, how many children do you have:    |\_|\_| (enter number)

12 a. Age of children    |\_|\_|

13. Do you have your chosen / permanent gynecologist?

- a. Yes
- b. No

14. Before the COVID-19 pandemic, did you go for regular gynecologic examinations (at least once a year)?

- a. Yes
- b. No

15. Do you go for gynecologic examinations:

- a. In the public health sector exclusively.
- b. In the private health sector exclusively.
- c. Sometimes in the public and sometimes in the private health sector.
- d. I don't go to the gynecologist regularly.

16. Before the COVID-19 pandemic, did you have regular Pap tests (at least once a year)?

- a. Yes
- b. No

17. Before the COVID-19 pandemic, did you have regular breast ultrasounds (once a year)?

- a. Yes
- b. No

18. Before the COVID-19 pandemic, did you have regular breast mammograms (once every two years if you are in the 40+ age group)?

- a. Yes
- b. No
- c. Not applicable

19. During the COVID-19 pandemic, did you request a gynecologic examination?

- a. Yes
- b. No (if the answer is No, go to question 22)

20. How long did you wait to be admitted?

- a. I was admitted the same day.
- b. I waited for 2-3 days for an examination.
- c. I waited 4-5 days for an examination.
- d. I waited for more than 5 days for an examination.
- e. I was completely denied examination due to the worsening of epidemiological condition.

21. How satisfied were you with the health service of the gynecological department provided to you during the COVID-19 pandemic?

- a. I was admitted the same day.
- b. I waited for an examination for 2-3 days.
- c. I waited 4-5 days for an examination.
- d. I waited for the examination for more than 5 days.
- e. I was completely denied examination due to the worsening of epidemiological condition.
- f. Not applicable.

22. Did you have the possibility of telephone consultations with the gynecological department during the COVID-19 pandemic?

- a. Yes, regularly.
- b. Yes, occasionally.
- c. Yes, rarely.
- d. No, not at all.

23. Were you denied gynecological surgery during the COVID-19 social distancing measure?

- a. Yes.
- b. No.
- c. Not applicable

24. What was the reason for denying the surgery?

- a. Declared epidemiological measures.
- b. Fear of COVID-19 infection.
- c. Lack of a doctor / gynecologist.
- d. Other \_\_\_\_\_

25. How much do you agree with the statement that your sexual and reproductive health is endangered during the COVID-19 pandemic?

- a. I completely agree.
- b. I agree.
- c. I neither agree nor disagree.
- d. I disagree.
- e. I do not agree at all.

26. Have you suffered from COVID-19?

- a. Yes
- b. No (if the answer is No, go to question 28)

27. If you have suffered COVID-19, do you feel the effects on your reproductive health - (menstrual disorders)?

- b. Yes
- b. No.

28. During the COVID-19 pandemic, were there any quarrels / disagreements in your relationship with your partner?

- a. We never have quarrels and disagreements.
- b. The situation remained the same as before the COVID-19 pandemic.
- c. There are slightly more quarrels and disagreements than before the COVID-19 pandemic.

d. There are significantly more quarrels and disagreements than before the COVID-19 pandemic.

e. There are fewer quarrels and disagreements than before the COVID-19 pandemic.

f. I don't have a partner.

29. How satisfied were you with your sex life a year before the COVID-19 pandemic?

- a. Very satisfied.
- b. Partially satisfied.
- c. Partially dissatisfied.
- d. Very dissatisfied.
- e. I had no partner.

30. How satisfied were you with your sex life during the COVID-19 pandemic?

- a. Very satisfied.
- b. Partially satisfied.
- c. Partially dissatisfied.
- d. Very dissatisfied.
- e. I have no partner.

31. What best describes your current situation?

- a. I am currently pregnant.
- b. I am trying to get pregnant.
- c. Recently gave birth (during the COVID-19 pandemic).
- d. I am not pregnant and do not want to be in the near future.
- e. I don't want more children.
- f. I can't have children (infertility / medical reasons / menopause).

32. What methods of contraception did you use a year before social isolation due to COVID-19? (several answers possible)

- a. Spiral.
- b. Pills.
- c. Male condom.
- d. Female condom.
- e. Diaphragm.
- f. Foam / gel.
- g. Lactational Amenorrhea Method (LAM) - Absence of menstruation during breastfeeding.

- h. Periodic abstinence / tracking of fertile and infertile days.
- i. Withdrawal
- j. Emergency contraception / contraception after sexual intercourse.
- k. I do not use contraception.

33. What methods of contraception did you use during the period of social isolation due to COVID-19? (several answers possible)

- a. Spiral.
- b. Pills.
- c. Male condom.
- d. Female condom.
- e. Diaphragm.
- f. Foam / gel.
- g. Method of lactational amenorrhea (LAM) - Absence of menstruation during breastfeeding.
- h. Periodic abstinence / tracking of fertile and infertile days.
- i. Withdrawal
- j. Emergency contraception / contraception after sexual intercourse.
- k. I do not use contraception.

34. How often did you use contraceptives during the COVID-19 pandemic?

- a. Much less than usual.
- a. Slightly less than usual.
- b. Usually the same.
- c. Somewhat more than usual.
- d. Much more often than usual.
- e. I don't have a partner.

35. During the COVID-19 pandemic, did you experience unintended pregnancy?

- a. Yes
- b. No
- c. Not applicable.

36. Did you have an intentional abortion during the COVID-19 pandemic?

- a. Yes
- b. No (if the question is No, go to question 39)

37. If yes, what influenced the decision:

- a. Pandemic situation.
- b. Economic situation.
- c. Fear of losing a job.
- d. Family relationships.
- e. Partner's decision.
- f. Other (specify).

38. If yes, where did carry out do the intentional abortion?

- b. In the public health sector.
- c. In the private health sector.

39. During the COVID-19 pandemic, did you ask to be tested for a sexually transmitted infection (STI), including HIV?

- a. Yes
- b. No.

40. If you asked for testing for a sexually transmitted infection (STI), including HIV, could you do that?

- a. Yes
- b. No

41. What was the reason for denial of that test?

- a. Declared epidemiological measures.
- b. Fear of COVID-19 infection.
- c. Lack of tests / reagents.
- d. Other, state what.

42. Have you had any experience of partner violence in your relationship with a permanent partner before the COVID-19 social distancing measure?

- a. No.
- b. Yes, once.
- c. Yes, many times.
- d. Not applicable.

43. If yes, what kind of violence was it?

- a. Physical violence.
- b. Sexual violence.
- c. Psychological violence.
- d. Economic violence.

44. Have you had any experiences of partner violence in your relationship with a permanent partner during the COVID-19 social distancing measures?

- a. No.
- b. Yes, once.
- c. Yes, many times.
- d. Not applicable.

45. If yes, what kind of violence was it?

- a. Physical violence.
- b. Sexual violence.
- c. Psychological violence.
- d. Economic violence.

46. Have you ever talked to anyone about the experiences of violence you had during the COVID-19 social distancing measures?

- a. No.
- b. Yes, with family.
- c. Yes, with friends.
- d. Yes, on SOS telephones.
- e. Yes, with social welfare services.
- f. Yes, with the police.
- g. Yes, with NGOs.
- h. Yes, with others.
- i. Not applicable.

47. Have you ever officially reported (that is, filed a complaint) any experience of violence you had during the COVID-19 social distancing measures?

- a. Yes                      b. No                      c. Not applicable

48. How satisfied are you with your daily life since the beginning of the COVID-19 pandemic?

- a. Very satisfied.
- b. Satisfied.
- c. Neither satisfied nor dissatisfied.
- d. Dissatisfied.
- e. Very dissatisfied.

49. I can't stop thinking about the COVID-19 pandemic.

- a. I completely agree.
- b. I agree.
- c. I neither agree nor disagree.
- d. I disagree.
- e. I do not agree at all.

50. How would you assess your mental health?

- a. Poor
- b. Mediocre.
- c. Good.
- d. Very good.
- e. Excellent.

51. During the COVID-19 pandemic, did you seek professional support for your mental health?

- a. No, because I didn't need it.
- b. Yes, because I needed it.
- c. No, even though I needed it.

52. Who provided you with the professional support you needed?

- a. Doctor of Family Medicine.
- b. Psychologist at the Center for Mental Health.
- c. Psychiatrist at the Center for Mental Health.
- d. Professional telephone support from health centers.
- e. Non-governmental sector.
- f. Private psychologist.
- g. Other, please specify what...

53. During the COVID-19 pandemic, did you take on more responsibilities (housework / work / work from home / child responsibilities / school responsibilities / care and family care) compared to the period before the COVID-19 pandemic?

- a. I performed the same number of duties as before the pandemic.
- b. I performed more duties than before the pandemic.
- c. I was doing a lot more duties than before the pandemic.
- d. I performed fewer obligations than before the pandemic.
- e. I performed far fewer duties than before the pandemic.

54. If you feel that during the COVID-19 pandemic you had several obligations that needed to be harmonized, circle a statement describing the role of your partner:

- a. The partner and I participated equally in the additional obligations and fulfilled them together.
- b. The partner has carried out far fewer additional obligations than I have.
- c. The partner has carried out fewer obligations than me.
- d. The partner has carried out more obligations than me.
- e. The partner has carried out a lot more obligations than me.
- f. I don't have a partner

### **The project is financially supported from FIGAP II funds**

The Program for Implementation of the Gender Action Plan of BiH (FIGAP II program 2018-2020) is the result of the cooperation between the Agency for Gender Equality of BiH - Ministry of Human Rights and Refugees of BiH, Gender Center of the Federation of BiH and Gender Center of Republika Srpska, and its goal is to ensure sustainable implementation of the Gender Action Plan of Bosnia and Herzegovina. The program is supported by the Kingdom of Sweden, represented by the Embassy of the Kingdom of Sweden in Bosnia and Herzegovina, through the development agency SIDA."



*Government of the  
Federation of  
Bosnia and Herzegovine  
Gender center*



*Government of  
Republike Srpska  
Gender center -  
Center for gender equality*