

The impact of COVID-19 on sexual and reproductive health in Eastern Europe and Central Asia



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¹ References to Kosovo should be understood in the context of UN Security Council Resolution (UNSCR) 1244 (1999).



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1 Introduction

Since the World Health Organization first reported the emergence of the novel coronavirus SARS-CoV-2, countries around the globe have been debating, developing and implementing measures to interrupt the transmission of COVID-19. These include measures such as testing, tracing, self-isolating, issuing shelter-in-place orders, and reorganizing health-care services. These measures could potentially have a profound impact not only in social and economic terms but also on sexual and reproductive health (SRH). For example, the reorientation of health systems to deal with COVID-19 is likely to have consequences for other health services. Evidence from other public health emergencies (e.g. infectious disease epidemics, wars and humanitarian disasters) suggests that many women are unable to obtain family planning services to avoid unwanted pregnancies during periods of crisis². The Guttmacher Institute noted that several countries reduced or stopped the provision of SRH services due to COVID-19, interrupting supply chains for condoms and other contraceptives³. Findings from 30 countries in the first year of the pandemic found that the COVID-19 measures impeded access to condoms (for 8.7% of respondents), contraceptives (for 7.5% of women wanting to use contraceptives), and HIV and other sexually transmitted infection (STI) testing (for 30.7% of respondents who needed a test). Furthermore, estimates from the study indicate that, while COVID-19 measures were in place, 6.98% experienced intimate partner violence (of whom 49% were assigned male at birth), and 5.8% reduced condom use with casual partners⁴.

While there is a growing body of literature examining the impact of COVID-19 on SRH, there is currently a dearth of data from the Eastern Europe and Central Asia region. This study was therefore commissioned by the UNFPA Regional Office for Eastern Europe and Central Asia (EECARO) to fill this research gap. The continuity of SRH services is one of the priorities of the COVID-19 Pandemic UNFPA Global Response Plan⁵.

²UNFPA (2015). *State of the World Population 2015. Shelter from the Storm – A Transformative Agenda for Women and Girls in a Crisis-prone World*. New York: UNFPA.

³Riley, T., Sully, E., Ahmed, Z. & Biddlecom, A. (2020). Estimates of the potential impact of the COVID-19 pandemic on sexual and reproductive health in low- and middle-income countries. *International Perspectives on Sexual and Reproductive Health*, vol. 46, pp. 73-76.

⁴Erausquin, J.T., Tan, R.K.J., Uhlich, M., Francis, J.M., Kumar, N., Campbell, L., Zhang, W.H., Hlatshwako, T.G., Kosana, P., Shah, S., Brenner, E.M., Remmerie, L., Mussa, A., Klupilova, K., Mark, K., Perotta, G., Gabster, A., Wouters, E., Burns, S., Hendriks, J., Hensel, D.J., Shamu, S., Strizzi, J.M., Esho, T., Morroni, C., Eleuteri, S., Sahril, N., Low, W.Y., Plasilova, L., Lazdane, G., Marks, M., Olumide, A., Abdelhamed, A., López Gómez, A., Michielsen, K., Moreau, C., Tucker, J.D.; I-SHARE Research Consortium (2022). The International Sexual Health and Reproductive Health Survey (I-SHARE-1): a multi-country analysis of adults from 30 countries prior to and during the initial COVID-19 wave. *Clinical Infectious Diseases*, Feb 7:ciac102.

⁵UNFPA (2015). *Coronavirus Disease (COVID-19) Pandemic UNFPA Global Response Plan*. New York: UNFPA.



Objectives

This report is part of the larger study “International Sexual and Reproductive Health Survey in times of COVID-19” (I-SHARE) study. The first wave of the I-SHARE study was undertaken between July 2020 and February 2021 in 30 countries. The second wave of the study was initiated by the UNFPA Eastern Europe and Central Asia Regional Office (EECARO) SRH team and undertaken between September and December 2021 in eight countries and territories of the EECA region: Albania, Armenia, Bosnia and Herzegovina, Kyrgyzstan, Republic of Moldova, Serbia and Ukraine, as well as Kosovo. The study has two main objectives.

Objective 1

The overall goal of this study is to better understand the impact of COVID-19 on the SRH of adults in Eastern Europe and Central Asia.

Objective 2

An additional aim is to compare the impact of COVID-19 measures on the SRH of adults between the general population and vulnerable groups.

Therefore, the results of the I-SHARE study are linked to those of the “Leaving No One Behind” (LNOB) study, which assessed the impact of COVID-19 on contraceptive access and use among vulnerable women (women living with a disability, women living with HIV infection and women survivors of partner violence). LNOB was initiated by EECARO and implemented by the East European Institute for Reproductive Health⁶.

⁶ East European Institute for Reproductive Health (2022). Assessment of Access Barriers of People from Marginalized Communities to Comprehensive Family Planning Services and Commodities in the UNFPA Eastern Europe and Central Asia region - Report of the Quantitative Phase. Bucharest: EEIRH.

3 Methods

3.1. I-SHARE study

A cross-sectional study design was used. Survey development was a collaborative effort between I-SHARE members, the UNFPA EECARO and UNFPA offices. The survey was partly based on existing questions and scales and partly on newly developed questions. The methodology of the I-SHARE study has been described in detail in various publications that can be accessed online⁷.

Table 1 presents the topics included in the I-SHARE survey. Four sections were mandatory. The remaining sections were recommended or optional modules that could be excluded from the survey if deemed not relevant or not of interest to the country or territory. The full survey is presented in Annex 2.

Table 1: Overview of I-SHARE survey topics

Mandatory
Sociodemographics
Having a partner before and during the measures
Use of and access to contraceptives
Antenatal care
Recommended
Abortion
Sexual behaviour
Sex and COVID-19
Access to condoms and HIV/STI testing
Violence: partner violence
Household functioning
Mental health
Optional
Dating/friendship apps
Menstruation
Cybervictimization and -bullying
Early marriage and female genital mutilation

⁷<https://ishare.web.unc.edu/>

- COVID-19 knowledge and information
- Access to health care
- Substance use and treatment
- Telemedicine
- Accessing other health services

The online survey was centrally programmed using Open Data Kit software (ODK V.1.16). One country (Serbia) used its own system for data collection. One online survey link per country or territory was generated and used to recruit participants. The UNFPA offices recruited participants with the support of the EECARO SRH team. Convenience sampling was used to recruit respondents by distributing the survey link via email, social media and via partner organizations. Serbia targeted a representative panel for data collection; the data from that country is broadly representative of its population.

3.2. LNOB study

The LNOB study also used a cross-sectional study design and an online survey. Table 2 gives an overview of the topics included in the LNOB survey. The sections of the I-SHARE and LNOB surveys on sociodemographics and the use of and access to contraceptives were aligned so that the responses could be compared.

Table 2: Overview of LNOB survey topics

- Sociodemographics
- Having a partner before and during the measures
- Use of and access to contraceptives
- Substance use
- Sexual behaviour
- Cognitive accessibility of family planning services
- Psychosocial accessibility of family planning services
- Geographical accessibility of family planning services
- Service quality
- Administrative accommodation
- Affordability of family planning services
- Non-discrimination of family planning services
- Informed decision-making about family planning
- Privacy and confidentiality regarding family planning services

The LNOB survey was also centrally programmed in ODK. The study targeted people identifying as belonging to the following vulnerable groups: women living with HIV infection, women living

with disabilities and women survivors of intimate partner violence. The respondents were recruited by the implementing country and territory-level organizations and the UNFPA offices in the participating countries and territories. The implementing country and territory-level organizations are:

- The Eurasian Women’s Network on AIDS (EWNA), as the regional umbrella organization responsible for targeting women living with HIV infection
- The European Network on Independent Living (ENIL), as the regional umbrella organization responsible for targeting women and girls with disabilities
- The East European Institute for Reproductive Health.

More information on the LNOB study can be found in the full LNOB study report⁸.

3.3. Analyses

Descriptive analyses included calculating percentages and frequencies. To compare responses to questions between the I-SHARE respondents and the LNOB respondents, Stata’s cluster-adjusted chi-squared or t-tests were used. In further analysis, a number of techniques were used to account for the low number of clusters in the data set (15 for I-SHARE, 8 for LNOB), as well as the low number of responses for certain questions. Conditional fixed-effects regression analysis was used, which adjusted for clustering within countries and territories. Although recent studies have indicated that fixed-effects analysis can be robust even when there are small numbers of clusters in a model, each model was also checked in sensitivity analysis using Bayesian analysis, which is suitable analysing data with a small number of clusters⁹. Model convergence was verified using diagnostic plots: two chains were used with a burn-in of 10,000 iterations.

3.4. Ethics

An information letter was provided at the start of the survey and respondents had to consent to participate. Inclusion criteria for the survey included being aged 18 years or older, currently residing in one of the participating countries and territories and being able to provide online informed consent. Standard fraud protection methods were utilized, including CAPTCHA and measures to prevent more than one response from a single IP (internet provider) address (in countries where this information is available). The surveys included a link to more detailed information on privacy regulations and data management as well as information about country or territory-specific organizations where participants could obtain further help if required. The studies were implemented under the ethical guidelines of UNFPA. Ethical approval for secondary data analysis was provided by the Ethical Committee of the Ghent University Hospital.

⁸ East European Institute for Reproductive Health (2022). *Assessment of Access Barriers of People from Marginalized Communities to Comprehensive Family Planning Services and Commodities in the UNFPA Eastern Europe and Central Asia region - Report of the Quantitative Phase*. Bucharest: EEIRH.

⁹ Hox and McNeish, “Small sample sizes in multilevel modelling”, in van de Schoot, R., & Miočević, M. (Eds.). (2020). *Small Sample Size Solutions: A Guide for Applied Researchers and Practitioners* (1st ed.). Routledge. <https://doi.org/10.4324/9780429273872>

4 Results

This chapter presents the main findings of the study. First, a description of the participants in the I-SHARE and LNOB studies is presented (section 4.1.). This is followed by a detailed analysis of access to and use of contraception, including a comparison between the general population (I-SHARE) and vulnerable groups (LNOB) (section 4.2.). Subsequently, descriptive results of the other SRH topics included in the I-SHARE study are presented (sections 4.3.–4.8). Finally, the findings on a number of further topics are presented, including mental health and COVID-19 knowledge; while these are not specifically SRH topics, they are related to SRH via a number of diverse pathways (sections 4.9.–4.10.).

4.1. Description of the participants

4.1.1. I-SHARE study

In total, 3960 people responded to the I-SHARE survey. Serbia, Bosnia and Herzegovina and Kyrgyzstan had the most respondents, and Ukraine had the least (Figure 1).

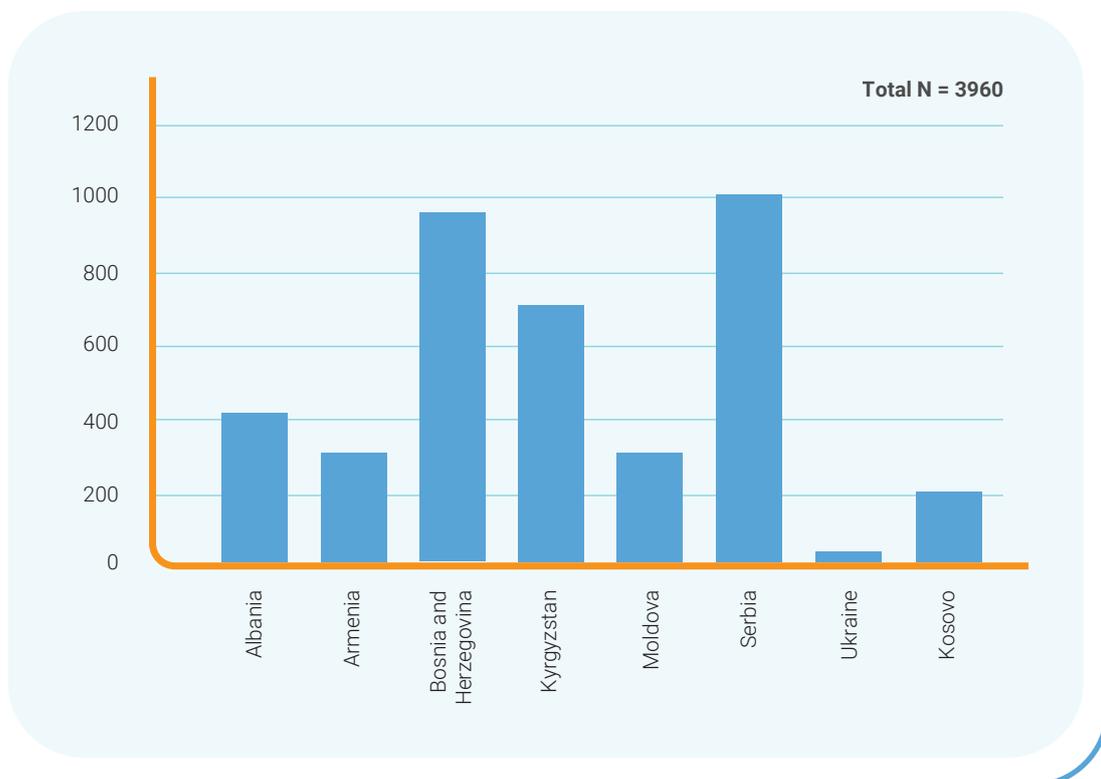


Figure 1: I-SHARE study – number of participants per country or territory

The mean age of the respondents was 35 years, and the majority stated that their assigned sex at birth was female (70.2%) (Table 3). The majority of respondents lived in urban areas (66.5%) and had (some) higher education (72.0%).

There is a difference between the characteristics of the Serbian respondents – who were recruited using a representative panel – and respondents from the other countries and territories which used convenience sampling. While the Serbian data are largely balanced in terms of participants’ sex assigned at birth, living area and schooling, and the participants mean age is higher, the data from the other countries and territories are skewed towards younger, female respondents and urban populations.

Table 3: I-SHARE study – sociodemographic characteristics of I-SHARE participants, by country or territory

Country or territory	Population		Age	Sex assigned at birth (woman)		City or suburb		Town or remote area		No or (some) primary school		(Some) secondary education		(Some) college or university education	
	N	%	Mean	N	%	N	%	N	%	N	%	N	%	N	%
Albania	414	10.5	28	337	81.4	382	92.9	29	7.1	1	0.2	37	9.0	352	86.1
Armenia	296	7.5	32	196	66.2	223	79.9	53	19.0	7	2.6	18	6.7	228	85.1
Bosnia and Herzegovina	964	24.3	35	764	79.3	553	57.5	393	40.9	5	0.5	322	33.5	609	63.4
Kyrgyzstan	712	18.0	36	542	76.1	566	80.1	140	19.8	8	1.1	45	6.4	586	83.2
Moldova	311	7.9	27	249	80.1	172	55.7	137	44.3	2	0.7	37	12.2	243	79.9
Serbia	1006	25.4	41	528	46.7	530	52.7	476	47.3	15	1.5	400	39.8	584	58.1
Ukraine	45	1.1	36	21	46.7	40	88.9	5	11.1	0	0.0	1	2.2	41	91.1
Kosovo	212	5.4	36	142	67.0	148	69.8	63	29.7	1	0.5	27	12.9	169	80.9
Total	3960	100	35	2779	70.2	2614	66.5	1296	33.0	39	1.0	887	19.1	2812	72.0

On average, respondents lived with four people (including themselves) in the same house (Table 4). Slightly over 60% had a steady partner at the introduction of the COVID-19 measures, ranging from 39.9% in Albania to 78.2% in Serbia. The majority were still in this relationship at the time of the survey (90.2%). Among those who ended the relationship, only 40% said the break-up was not precipitated by the COVID-19 situation. Just over one in four respondents (28.3%) reported having had a new partner in the three months preceding the survey.

Table 4: I-SHARE study – relationship and family situation, by country or territory

Country or territory	How many people live in the same house as you (including yourself)?	Did you have a boyfriend, girlfriend or steady partner at the time of the initial introduction of the COVID-19 measures in your country or territory [date]? (Yes)		Are you currently still in this relationship? (Yes)		Would you say the end of your relationship was precipitated by the initial introduction of the COVID-19 measures in your country or territory [date]? (No)		Have you had a new boyfriend or girlfriend or steady partner in the last three months? (Yes)	
		Mean	N	%	N	%	N	%	N
Albania	4	165	39.9	134	81.2	3	9.4	9	27.3
Armenia	4	170	57.4	142	83.5	13	52.0	7	29.2
Bosnia and Herzegovina	4	688	71.4	637	92.6	7	13.5	18	34.6
Kyrgyzstan	4	318	44.7	283	89.0	23	62.2	6	16.2
Moldova	3	175	56.3	138	78.9	22	59.5	17	44.7
Serbia	3	787	78.2	741	94.2	24	52.2	67	25.3
Ukraine	3	30	66.7	26	86.7	1	25.0	3	75.0
Kosovo	5	97	45.8	90	92.8	4	57.1	3	42.9
Total	4	2430	61.4	2191	90.2	97	40.4	130	28.3

A small majority of the respondents stated that they were employed and were receiving a salary (55.9%) (Table 5). While the economic situation of participants' households did not change for 54% of respondents, it worsened for 41.1% of respondents. Respondents were asked if they considered themselves well-off compared with others living in the same country or territory: less than half reported being well-off (42.9%). However, a substantial proportion reported having sufficient resources to cover their daily needs (81.2%). About one in three respondents owned or co-owned the house or apartment they were living in.

Table 5: I-SHARE study – economic situation, by country or territory

Country or territory	Change in economic situation since COVID-19						Employed		Sufficient economic resources		Self-assessed economic situation		Home ownership	
	Became worse		Improved		Stayed the same		Employed and receiving salary		Sufficient		Well-off		Owns or co-owns	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Albania	147	36.2	10	2.5	249	61.3	149	36.3	358	87.5	118	28.9	82	20.1
Armenia	93	35.4	18	6.8	152	57.8	141	54.0	227	86.3	227	86.6	75	28.4
Bosnia and Herzegovina	446	46.7	42	4.4	467	48.9	568	59.2	748	78.1	418	43.7	316	33.0

Kyrgyzstan	308	44.1	39	5.6	352	50.4	435	62.0	552	78.7	439	63.1	250	35.5
Moldova	170	55.2	15	4.9	123	39.9	109	35.5	263	85.7	150	48.7	93	30.2
Serbia	316	31.4	57	5.7	633	62.9	618	61.4	807	80.2	660	65.6	396	39.4
Ukraine	24	53.3	2	4.4	19	42.2	31	68.9	28	63.6	28	62.2	19	42.2
Kosovo	97	46.0	5	2.4	109	51.7	131	61.8	184	86.8	102	48.1	66	31.1
Total	1601	41.1	188	4.8	2104	54.0	2182	55.9	3167	81.2	1671	42.9	1297	33.2

4.1.2. LNOB study

A total of 1184 respondents from 15 countries and territories participated in the LNOB study. Of those, 666 reside in one of the countries and territories included in the I-SHARE study and are in the age group 18–49. Of these respondents, 255 identified as women living with HIV infection, 386 as women living with a disability and 65 as women who had experienced intimate partner violence (meaning that 40 respondents indicated that they belonged to more than one of these groups) (Table 6).

Table 6: LNOB study – composition of the sample in terms of vulnerabilities, by country or territory (multiple responses possible)

Country or territory	Women living with HIV		Women living with disability		Women victims of partner violence	
	N	%	N	%	N	%
Albania	2	3.6	44	78.6	10	17.9
Armenia	50	42.7	69	59.0	1	0.9
Bosnia and Herzegovina	0	0.0	70	100.0	0	0.0
Kyrgyzstan	28	96.6	2	6.9	3	10.3
Moldova	62	62.6	37	37.4	4	4.0
Serbia	0	0.0	43	89.6	6	12.5
Ukraine	113	69.3	46	28.2	21	12.9
Kosovo	0	0.0	75	89.3	20	23.8
Total	255	38.3	386	58.0	65	9.8

The mean age of respondents was 34 years. Just under half (45.7%) reported living in a city or the suburbs of a city and 39% reported having had some education or having finished college or university education (Table 7).

Table 7: LNOB study – sociodemographic characteristics, by country or territory

Country or territory	Population		Age	City or suburb		Town or remote/rural area		No education or (some) primary education		(Some) secondary education		(Some) college or university education	
	N	%	Mean	N	%	N	%	N	%	N	%	N	%
Albania	56	8.4	33	42	75.0	13	23.3	16	28.6	21	37.5	19	33.9
Armenia	117	17.6	34	47	40.1	69	59.0	25	21.4	38	32.5	49	41.9
Bosnia and Herzegovina	70	10.5	31	40	57.1	30	42.8	2	2.9	32	45.7	35	50.0
Kyrgyzstan	29	4.4	35	8	27.6	21	72.4	4	13.8	16	55.1	7	24.1
Moldova	99	14.9	34	41	42.4	56	56.5	5	5.0	49	49.5	44	44.5
Serbia	48	7.2	37	25	52.1	22	45.8	28	58.3	11	22.9	8	16.7
Ukraine	163	24.5	36	46	28.2	100	61.3	13	7.9	43	26.4	91	55.8
Kosovo	84	12.6	33	54	64.2	30	35.7	28	33.4	49	58.3	7	8.4
Total	666	100	34	304	45.7	341	51.2	121	18.2	259	38.9	260	39.0

Around one in three respondents reported being employed and receiving a salary at the time of the study (Table 8). The economic situation of half of the respondents worsened as a result of the COVID-19 pandemic. Only 42.7% reported having sufficient economic resources to cover daily needs and 24.9% reported that they owned or co-owned the place they live in.

Table 8: LNOB study – economic situation, by country or territory

Country or territory	Change in economic situation since COVID-19						Employed and receiving salary (yes)		Sufficient economic resources (yes)		Home ownership (respondent owns or owns)	
	Became worse		Improved		Stayed the same		N	%	N	%	N	%
Albania	187	30.4	1	1.8	38	67.9	24	42.9	40	71.4	14	25.4
Armenia	49	41.9	1	0.9	67	57.3	28	23.9	47	40.2	17	16.9
Bosnia and Herzegovina	22	31.4	8	11.4	40	57.1	25	35.7	57	81.4	19	27.5
Kyrgyzstan	22	75.9	0	0.0	7	24.1	12	41.4	7	24.1	6	24.0
Moldova	57	57.6	1	1.0	41	41.4	40	40.4	33	33.3	26	27.3
Serbia	12	25.0	0	0.0	36	75.0	10	20.8	19	39.7	5	31.3
Ukraine	87	53.4	8	4.9	68	41.7	75	46.0	74	45.4	50	31.9
Kosovo	68	81.0	4	4.8	12	14.3	8	9.5	7	8.4	7	11.6
Total	334	50.2	23	3.5	309	46.4	222	33.3	284	42.7	144	24.9

4.1.3. Difference between I-SHARE and LNOB respondents

The respondents in both studies had a similar mean age. However, the proportion of respondents living in urban areas was higher in the I-SHARE study than in the LNOB study (66.5% vs 45.7%). Furthermore, the respondents from the LNOB study had a lower educational level: while 72% of the I-SHARE respondents reported having some or having completed college or university education, only 39% of the LNOB respondents had a similar educational level.

In terms of socioeconomic status, LNOB study respondents scored lower than those in the I-SHARE study: while a majority of the I-SHARE respondents stated that they were employed and receiving a salary (55.9%), this was only the case for one in three LNOB respondents. Just over half of the I-SHARE population mentioned that their economic situation was fairly or rather well-off, while for LNOB respondents this was 42.7%.

Around one in three I-SHARE respondents and one in four LNOB respondents owned or co-owned the house or apartment they were living in. Finally, more LNOB respondents than I-SHARE respondents reported a worsening economic situation due to COVID-19 (50.2% vs 41.1%).

The odds of one's economic situation becoming worse during the pandemic were higher for women living with HIV infection than for the rest of the respondents (adjusted odds ratio (aOR) 1.55, $p = 0.003$, 95% confidence interval (CI) 1.16–2.07), even after adjusting for age, gender, education level and sexual orientation. The odds of one's economic situation becoming worse were also higher for those women experiencing violence (aOR 1.67, $p < 0.001$, 95% CI 1.36–2.04). Those who stated that they had a disability had lower odds of experiencing a worsened economic situation (aOR 0.54, $p = 0.001$, 95% CI 0.38–0.78).

Respondents who stated that their sexual orientation was queer, asexual, pansexual, questioning or another sexuality also had higher odds of their economic situation becoming worse during COVID-19 (aOR 1.51, $p < 0.001$, 95% CI 1.23–1.86) than those who stated they were heterosexual, after adjusting for age, gender, education level and belonging to the I-SHARE or LNOB populations. Similarly, those who defined their sexuality as gay, lesbian or bisexual had higher odds of their economic situation becoming worse during the pandemic (aOR 1.44, $p = 0.009$, 95% CI 1.10–1.90) after adjusting for the same sociodemographic variables. Furthermore, those who stated that their education level had finished (sometime before) the end of secondary school had higher odds of experiencing a worsened economic situation during COVID-19 than those who had completed tertiary education (aOR 1.63, $p < 0.001$, 95% CI 1.33–1.99).

4.2. Contraceptive use

For this section of the report, a sub-sample of the I-SHARE population is being analysed, i.e. women of reproductive age (18-49 years).

4.2.1. Reproductive health status

The majority of the female respondents in the I-SHARE population (71.8%) reported not being pregnant and not wanting to be so in the near future (Table 9). In the same population, 4.0% of female respondents were (probably) pregnant and 7.3% had recently had a baby. Only 6.4% reported not being able to have children, compared with the LNOB population in which 19.8% reported that they cannot have children. If respondents already had children, they had lower odds of stating that they were “not currently pregnant and don’t wish to be in the future” (aOR 0.57, $p < 0.001$, 95% CI 0.43–0.75) after adjusting for age, gender, sexual orientation and whether they were in the I-SHARE or LNOB populations.

Table 9: I-SHARE and LNOB studies – reproductive health status, by country or territory

Country or territory	Study	Currently pregnant or probably pregnant		Currently trying to become pregnant		Recently had a baby during the COVID-19 social distancing measures		Not currently pregnant and don't wish to be in the near future		Cannot have children because of fertility issue, medical issue or menopause	
		N	%	N	%	N	%	N	%	N	%
Albania	I-SHARE	1	0.7	12	9.0	2	1.5	114	85.1	5	3.7
	LNOB	0	0.0	4	7.1	0	0.0	40	71.4	12	21.4
Armenia	I-SHARE	8	6.9	12	10.3	9	7.8	79	68.1	8	6.9
	LNOB	10	8.5	8	6.8	6	5.1	83	70.9	10	8.5
Bosnia and Herzegovina	I-SHARE	18	2.9	72	11.5	45	7.2	455	72.6	37	5.9
	LNOB	3	4.3	5	7.1	6	8.6	48	68.6	8	11.4
Kyrgyzstan	I-SHARE	16	6.9	34	14.7	26	11.3	130	56.3	25	10.8
	LNOB	0	0.0	7	24.1	7	24.1	10	34.5	5	17.2
Moldova	I-SHARE	5	3.0	12	7.3	8	4.9	134	81.7	5	3.0
	LNOB	3	3.0	8	8.1	3	3.0	68	68.7	17	17.2
Serbia	I-SHARE	17	5.1	31	9.2	31	9.2	234	69.6	23	6.8
	LNOB	0	0.0	3	6.3	0	0.0	37	77.1	8	16.7
Ukraine	I-SHARE	0	0.0	1	5.3	0	0.0	18	94.7	0	0.0
	LNOB	6	3.7	23	14.1	6	3.7	109	66.9	19	11.7
Kosovo	I-SHARE	3	5.2	3	5.2	2	3.4	46	79.3	4	6.9
	LNOB	0	0.0	0	0.0	4	4.8	27	32.1	53	63.1
Total	I-SHARE	68	4.0	177	10.5	123	7.3	1210	71.8	107	6.4
	LNOB	22	3.3	58	8.7	32	4.8	422	63.4	132	19.8

4.2.2. Fertility intentions

The majority of respondents did not change their fertility plans as a result of the pandemic: 83.0% of the I-SHARE female respondents and 82.0% of the LNOB respondents replied that they had not changed their plans either to have children or not to have children (Table 10). For those who had changed their plans as a result of COVID-19, the majority had decided to postpone having a child: 9.8% of I-SHARE respondents and 7.1% of LNOB respondents had decided to postpone having a child. In addition, 2.7% of I-SHARE respondents and 4.9% of LNOB respondents decided not to have children, compared with 4.4% of I-SHARE respondents and 6.0% of LNOB respondents who had decided to have children (while before they did not want to) or to have them sooner than planned before COVID-19.

Table 10: I-SHARE and LNOB studies – fertility intentions, by country or territory

Country or territory	Study	I have decided to postpone my decision to have a child		I have decided I do want children or I want a child sooner		I have decided I don't want children		I have not changed my plans	
		N	%	N	%	N	%	N	%
Albania	I-SHARE	12	9.6	3	2.4	0	0.0	110	88.0
	LNOB	3	6.8	1	2.3	4	9.1	36	81.8
Armenia	I-SHARE	9	10.5	3	3.5	1	1.2	73	84.9
	LNOB	10	9.3	7	6.5	1	0.9	89	83.2
Bosnia and Herzegovina	I-SHARE	42	8.0	26	4.9	12	2.3	444	84.7
	LNOB	1	1.6	6	9.7	0	0.0	55	88.7
Kyrgyzstan	I-SHARE	25	15.6	12	7.6	10	6.3	113	70.6
	LNOB	5	20.0	5	20.0	1	4.0	14	56.0
Moldova	I-SHARE	13	9.0	5	3.5	8	5.5	119	82.1
	LNOB	7	8.5	7	8.5	7	8.5	61	74.4
Serbia	I-SHARE	32	10.2	12	3.8	4	1.3	265	84.7
	LNOB	2	5.0	1	2.5	0	0.0	37	92.5
Ukraine	I-SHARE	0	0.0	1	5.3	3	15.8	15	78.9
	LNOB	8	5.6	4	2.8	11	7.6	121	84.0
Kosovo	I-SHARE	6	12.5	1	2.1	1	2.1	40	83.3
	LNOB	2	6.5	1	3.2	2	6.5	26	83.9
Total	I-SHARE	139	9.8	63	4.4	39	2.7	1179	83.0
	LNOB	38	7.1	32	6.0	26	4.9	438	82.0

Examining the factors associated with changes in fertility intentions, the odds of not wanting a child or delaying having a child because of the pandemic were higher for those whose economic situation worsened as a result of the pandemic (aOR 2.03, $p < 0.001$, 95% CI 1.55–2.67). Women living with violence had higher odds of not wanting children or delaying having children as a result of the pandemic (aOR 1.72, $p = 0.001$, 95% CI 1.23–2.40). Those living with HIV infection had almost three times the odds of wanting a child (sooner) as a result of the pandemic (aOR 2.83, $p = 0.007$, 95% CI 1.33–6.01).

Fertility decisions are, of course, rooted in complex connections between relationship status, access to health care, perceived health risks, personal decision-making power, cultural norms and institutions, and financial resources. The COVID-19 pandemic affected many of these factors; the association between fertility intentions and the pandemic in vulnerable groups therefore warrants further qualitative research to clarify the pathways between these factors.

4.2.3. Contraceptive use

Slightly more than one third of I-SHARE respondents were using contraceptive methods “all the time” at the time of the survey (36.3%), compared with 26.3% of LNOB respondents (Table 11). The proportion of respondents not using contraceptive methods was substantially higher among LNOB respondents (56.6%) than among I-SHARE respondents (41.4%).

Table 11: I-SHARE and LNOB studies – contraceptive use, by country or territory

Country or territory	Study	Are you or your partner currently doing something to avoid or delay a pregnancy or avoid contracting STIs, including using condoms, contraceptive methods or traditional methods?							
		No		Yes, sometimes		Yes, most of the time		Yes, all the time	
		N	%	N	%	N	%	N	%
Albania	I-SHARE	46	42.6	15	13.9	21	19.4	26	24.1
	LNOB	24	60.0	0	0.0	3	7.5	13	32.5
Armenia	I-SHARE	32	48.5	3	4.5	12	18.2	19	28.8
	LNOB	57	68.7	2	2.4	8	9.6	16	19.3
Bosnia and Herzegovina	I-SHARE	217	48.4	30	6.7	78	17.4	123	27.5
	LNOB	33	68.8	5	10.4	2	4.2	8	16.7
Kyrgyzstan	I-SHARE	47	37.6	5	4.0	9	7.2	64	51.2
	LNOB	9	90.0	0	0.0	0	0.0	1	10.0
Moldova	I-SHARE	21	16.3	17	13.2	15	11.6	76	58.9
	LNOB	28	41.2	8	11.8	9	13.2	23	33.8
Serbia	I-SHARE	119	41.3	21	7.3	35	12.2	113	39.2
	LNOB	21	56.8	2	5.4	2	5.4	12	32.4
Ukraine	I-SHARE	4	22.2	1	5.6	5	27.8	8	44.4
	LNOB	55	50.5	10	9.2	9	8.3	35	32.1
Kosovo	I-SHARE	22	50.0	4	9.1	2	4.5	16	36.4
	LNOB	12	44.4	6	22.2	6	22.2	3	11.1
Total	I-SHARE	508	41.4	96	7.8	177	14.4	445	36.3
	LNOB	239	56.6	33	7.8	39	9.2	111	26.3

Among those using contraceptive methods, the majority of I-SHARE and LNOB respondents were using modern methods, at 61.4% and 69.4%, respectively (Table 12). Just over one third of the I-SHARE population stated they were using traditional methods, including natural methods (rhythm method), withdrawal and birth control apps; in the LNOB survey, this proportion was slightly lower (28.9%).

Table 12: I-SHARE and LNOB studies – type of contraceptive method used, by country or territory

Country or territory	Study	Modern method		Traditional method		Others	
		N	%	N	%	N	%
Albania	I-SHARE	55	9.1	22	6.3	1	3.1
	LNOB	13	7.7	7	10.0	0	0.0
Armenia	I-SHARE	30	5.0	22	6.3	4	12.5
	LNOB	24	14.3	8	11.4	1	25.0
Bosnia and Herzegovina	I-SHARE	176	29.1	120	34.5	11	34.4
	LNOB	13	7.7	4	5.7	1	25.0
Kyrgyzstan	I-SHARE	66	10.9	25	7.2	10	31.3
	LNOB	1	0.6	0	0.0	0	0.0
Moldova	I-SHARE	99	16.4	64	18.4	5	15.6
	LNOB	37	22.0	18	25.7	0	0.0
Serbia	I-SHARE	145	24.0	80	23.0	1	3.1
	LNOB	13	7.7	2	2.9	1	25.0
Ukraine	I-SHARE	16	2.6	4	1.1	0	0.0
	LNOB	47	28.0	19	27.1	1	25.0
Kosovo	I-SHARE	20	3.3	11	3.2	0	0.0
	LNOB	20	11.9	12	17.1	0	0.0
Total	I-SHARE	605	61.4	348	35.3	32	3.2
	LNOB	168	69.4	70	28.9	4	1.7

Reasons given for not using contraception include not being sexually active (the main reason for both I-SHARE and LNOB respondents at 38.5% and 60.7%, respectively), being unsure of the best method to use (5.4% and 4.6%), being scared of the side effects (10.3% and 3.8%), and going through menopause (6.1% and 3.3%) (Table 13). A small proportion stated that their partner objected to using contraception (5.2% and 6.3%), indicating the importance of the association between fertility decisions, contraceptive use and personal decision-making power within a relationship for some individuals.

Table 13: I-SHARE and LNOB studies – reasons for not using contraception, by country or territory

Country or territory	Study	What is the main reason you are not regularly using contraception?													
		I am not regularly sexually active		I don't know what is the best method to use		I am scared of the side effects		My partner objects		I have not yet started menstruating*		I am in or through the menopause		Other	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%
Albania	I-SHARE	12	26.1	1	2.2	8	17.4	6	13.0			1	2.2	18	39.1
	LNOB	20	83.3	0	0.0	0	0.0	1	4.2	0	0.0	2	8.3	1	4.2
Armenia	I-SHARE	16	61.5	2	7.7	1	3.8	1	3.8			0	0.0	6	23.1
	LNOB	37	64.9	6	10.5	3	5.3	1	1.8	3	5.3	0	0.0	7	12.3
Bosnia and Herzegovina	I-SHARE	90	41.9	3	1.4	13	6.0	9	4.2			15	7.0	85	39.5
	LNOB	15	45.5	1	3.0	0	0.0	3	9.1	0	0.0	0	0.0	14	42.4
Kyrgyzstan	I-SHARE	20	45.5	2	4.5	4	9.1	1	2.3			4	9.1	13	29.5
	LNOB	2	22.2	0	0.0	3	33.3	2	22.2	0	0.0	1	11.1	1	11.1
Moldova	I-SHARE	12	57.1	0	0.0	1	4.8	0	0.0			0	0.0	8	38.1
	LNOB	19	67.9	1	3.6	0	0.0	3	10.7	0	0.0	2	7.1	3	10.7
Serbia	I-SHARE	55	31.4	19	10.9	26	14.9	12	6.9			13	7.4	50	28.6
	LNOB	11	52.4	2	9.5	0	0.0	0	0.0	0	0.0	0	0.0	8	38.1
Ukraine	I-SHARE	1	25.0	1	25.0	0	0.0	0	0.0			0	0.0	2	50.0
	LNOB	36	65.5	1	1.8	2	3.6	5	9.1	2	3.6	1	1.8	8	14.5
Kosovo	I-SHARE	7	31.8	2	9.1	4	18.2	0	0.0			1	4.5	8	36.4
	LNOB	5	41.7	0	0.0	1	8.3	0	0.0	1	8.3	2	16.7	3	25.0
Total	I-SHARE	213	38.5	30	5.4	57	10.3	29	5.2			34	6.1	190	34.4
	LNOB	145	60.7	11	4.6	9	3.8	15	6.3	6	2.5	8	3.3	45	18.8

*This category was used only in the LNOB survey.

Of the total number of women who reported not being pregnant and not wishing to be pregnant in the near future, the majority reported not being sexually active on a regular basis (Table 14). However, 20.4% of the I-SHARE and 14.7% of the LNOB respondents indicated an unmet need because of misinformation, a fear of side effects and factors relating to personal decision-making power.

Table 14: -SHARE and LNOB studies – reasons for not using contraception given by those who indicated that they were not pregnant and don't wish to be, overall

		What is the main reason you are not regularly using contraception?													
	Study	I am not regularly sexually active		I don't know what is the best method to use		I am scared of the side effects		My partner objects		I have not yet started menstruating*		I am in or through the menopause		Other	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%
Not currently pregnant and don't wish to be in the near future	I-SHARE	204	39.9	23	4.5	53	10.4	28	5.5			27	5.3	176	34.4
	LNOB	145	60.7	11	4.6	9	3.8	15	6.3	6	2.5	8	3.3	45	18.8

*This category was used only in the LNOB survey.

4.2.4. Barriers to contraceptive use

The data indicated that the COVID-19 pandemic had a larger impact on access to contraception in the vulnerable LNOB population than in the I-SHARE population: 16.9% of LNOB respondents reported that the COVID-19 measures stopped or hindered them from seeking or obtaining contraceptives in the three months before the survey, compared with 4.3% of I-SHARE respondents (Table 15).

Table 15: I-SHARE and LNOB studies – barriers to contraceptives due to COVID-19, by country or territory

Country or territory	Study	Have the COVID-19 measures stopped or hindered you from seeking or obtaining contraception in the last three months?			
		No		Yes	
		N	%	N	%
Albania	I-SHARE	61	96.8	2	3.2
	LNOB	12	75.0	4	25.0
Armenia	I-SHARE	36	100.0	0	0.0
	LNOB	26	100.0	0	0.0
Bosnia and Herzegovina	I-SHARE	218	94.0	14	6.0
	LNOB	13	86.7	2	13.3

Kyrgyzstan	I-SHARE	75	96.2	3	3.8
	LNOB	1	100.0	0	0.0
Moldova	I-SHARE	108	98.2	2	1.8
	LNOB	31	77.5	9	22.5
Serbia	I-SHARE	162	95.9	7	4.1
	LNOB	16	100.0	0	0.0
Ukraine	I-SHARE	12	85.7	2	14.3
	LNOB	47	87.0	7	13.0
Kosovo	I-SHARE	21	95.5	1	4.5
	LNOB	6	40.0	9	60.0
Total	I-SHARE	693	95.7	31	4.3
	LNOB	152	83.1	31	16.9

A cluster-adjusted chi-squared test indicated evidence of an association between participants reporting difficulty in obtaining contraception during the COVID-19 pandemic and whether they had experienced violence or were living with HIV infection or a disability ($\chi^2 = 6.31$, $p = 0.012$); the odds of experiencing difficulty obtaining contraception during the pandemic were 4.28 times higher for those from a vulnerable group than for the I-SHARE respondents (aOR 4.28, $p < 0.001$, 95% CI 2.00–9.167) after adjusting for age, education level, economic situation during the pandemic and sexual orientation. An important correlate of having difficulty obtaining contraception during the COVID-19 pandemic was whether a participant's economic situation worsened during the pandemic (aOR 3.56, $p < 0.001$, 95% CI 1.99–6.38) after adjusting for age, sexual orientation, belonging to a vulnerable group and education level. A participant's economic situation affects their contraception use in a number of ways, for example via transport use and cost, as well as other costs associated with attending clinics, such as time spent away from children or work, and the actual cost of health care itself.

Furthermore, respondents reported a wide variety of reasons for experiencing barriers to accessing or using contraceptives. For I-SHARE respondents, being afraid to leave the house because of COVID-19, insufficient economic resources and difficulties accessing health-care centres (long queues or not open) were most often reported as reasons for difficulties accessing contraceptives (Table 16). A greater proportion of LNOB respondents reported a lack of transport, being afraid to leave the house, and not being able or allowed to leave the house as barriers to accessing contraceptives. Furthermore, financial barriers and inaccessible health centres were reported.

Table 16: I-SHARE and LNOB studies – barriers to accessing contraceptives, overall

Barrier	I-SHARE		LNOB*	
	N	C%	N	%
No transport available	5	16.1	14	45.2
I am too afraid I will get COVID-19 if I would go to the doctor or health centre	8	25.8	11	35.5
I am not able or allowed to leave the house	2	6.5	6	19.4
Method not in stock	5	16.1	1	3.2
Doctor or health professional not available	3	9.7	3	9.7
Pharmacy or dispensary closed	8	25.8		
I can no longer afford it	8	25.8	7	22.6
Health centre clinic has long queues or is not accessible at the time	7	22.6	5	16.1
Other	3	9.7	1	3.2

*Kyrgyzstan and Serbia did not have data for this variable in the LNOB survey and Armenia in neither of the two surveys.

4.2.5. Changes in contraceptive service use

Most in-person contraceptive services saw a decrease in use during the pandemic compared with before the pandemic for both I-SHARE and LNOB respondents (Table 17). The use of community services by LNOB respondents did not significantly decrease due to the pandemic, which may be an indication of how essential these services are for those communities. There was a large increase in the proportion of respondents who stated that they simply “didn’t use/ didn’t need” the services during the pandemic.

Table 17: I-SHARE and LNOB studies – contraceptive service use, overall

Service	Study	Services you were using to seek or obtain contraceptive services before the introduction of the COVID-19 measures		Services you used to seek or obtain contraceptive services in the last three months	
		N	%	N	%
Family physician	I-SHARE	79	11.0	57	8.1
	LNOB	30	16.4	20	10.9
Hospital doctor or nurse	I-SHARE	37	5.2	20	2.8
	LNOB	22	12.0	11	6.0
Community health centre	I-SHARE	32	4.5	16	2.3
	LNOB	41	22.4	40	21.9

Online services	I-SHARE	43	6.0	48	6.8
	LNOB	2	1.1	3	1.6
Telephone services	I-SHARE	6	0.8	3	0.4
	LNOB	0	0.0	4	2.2
Over-the-counter pharmacy services	I-SHARE	380	52.9	349	49.4
	LNOB	62	33.9	65	35.5
Other	I-SHARE	75	10.4	45	6.4
	LNOB	9	4.9	7	3.8
Didn't use/ didn't need	I-SHARE	145	20.2	232	32.8
	LNOB	20	10.9	57	31.1

The most frequently cited reason for choice of health service was “It’s where I usually go” (Table 18), indicating the importance of having an established location and knowing the health service professionals. Another frequently cited reason for choice of service was that the service had the contraceptive method that the respondent wanted (cited by 30.2% of I-SHARE respondents and 9.3% LNOB respondents). Other reasons cited included geographical proximity (17.9% I-SHARE and 12.8% LNOB, respectively) and the discretion of service staff and the service itself (16% and 5.9%). Recommendation and reputation were important for a minority of respondents: the reputation of the service accounted for 3.7% of I-SHARE respondents and 6.9% of LNOB respondents, and recommendation of the service accounted for 2.8% of I-SHARE respondents and 3.7% of LNOB respondents. Affordability was also cited as a reason for choice of method by 10.6% of I-SHARE respondents and 6.4% of LNOB respondents.

Table 18: I-SHARE and LNOB studies – reasons for contraceptive service use, overall

What are the reasons why you chose this service?	Study	N	%
Where I usually go	I-SHARE	285	47.3
	LNOB	95	51.9
Close	I-SHARE	110	18.3
	LNOB	23	12.6
Discreet	I-SHARE	96	15.9
	LNOB	11	6.0
Good reputation	I-SHARE	22	3.7
	LNOB	12	6.6
Recommended	I-SHARE	16	2.7
	I-SHARE	7	3.8

Method I want	I-SHARE	182	30.2
	LNOB	17	9.3
Method is cheap	I-SHARE	64	10.6
	LNOB	11	6.0
Other	I-SHARE	64	10.6
	LNOB	29	15.8

4.3. Pregnancy care

The remaining sections focus on the I-SHARE respondents, as these sections were not included in the LNOB survey. Of the pregnant respondents to the I-SHARE survey, about 10% reported not having planned their pregnancy (Table 19). The vast majority were somewhat or very happy with their pregnancy (84.1%). In terms of health care during pregnancy, 32.3% of pregnant respondents reported not being satisfied with or feeling neutral about their pregnancy health care.

Table 19: I-SHARE study – unintended pregnancy and satisfaction with pregnancy health care, by country or territory

Country or territory	When you found out you were pregnant, what was your reaction?				Had you planned to become pregnant?		How satisfied are/were you with your pregnancy health care?					
	Unhappy		Happy		No		Unsatisfied		Neutral		Satisfied	
	N	%	N	%	N	%	N	%	N	%	N	%
Albania	0	0.0	1	100	0	0.0	0	0.0	1	33.3	2	66.7
Armenia	4	50.0	4	50.0	1	12.5	1	14.3	2	28.6	4	57.1
Bosnia and Herzegovina	1	5.3	18	94.7	3	16.7	2	10.5	3	15.8	14	73.7
Kyrgyzstan	1	6.3	15	93.8	0	0.0	12	28.6	7	16.7	23	54.8
Moldova	1	20.0	4	80.0	1	20.0	1	7.1	3	21.4	10	71.4
Serbia	4	23.5	13	76.5	0	0.0	8	16.7	4	8.3	36	75.0
Kosovo	0	0.0	3	100	0	0.0	0	0.0	0	0.0	3	100.0
Total	11	15.9	58	84.1	5	9.8	24	17.7	20	14.6	92	67.7

There was a substantial proportion of pregnant women who felt somewhat (41.6%) or very anxious (19.1%) due to COVID-19 (Table 20). Only a minority of these women received information about COVID-19 and pregnancy from a doctor or midwife (28.7%).

Table 20: I-SHARE study – anxiety during pregnancy and information on COVID-19 and pregnancy, by country or territory

Country or territory	Because of COVID-19, did you feel anxious or depressed during your pregnancy?						Did you receive information about COVID-19 and pregnancy from a doctor or midwife?	
	No		Yes, a bit		Yes, a lot		Yes	
	N	%	N	%	N	%	N	%
Albania	3	100.0	0	0.0	0	0.0	2	66.7
Armenia	1	12.5	4	50.0	3	37.5	3	42.9
Bosnia and Herzegovina	10	52.6	7	36.8	2	10.5	3	15.8
Kyrgyzstan	13	31.0	18	42.9	11	26.2	11	26.2
Moldova	7	50.0	6	42.9	1	7.1	9	65.3
Serbia	32	66.7	15	31.3	1	2	10	20.8
Ukraine	0	0.0	0	0.0	0	0.0	0	0.0
Kosovo	1	33.3	2	66.7	0	0.0	1	33.3
Total	35	39.3	37	41.6	17	19.1	39	28.7

4.4. Abortion

The questions on abortion were not included in the survey for every country or territory. This is due to legal and cultural sensitivities in some countries and territories. The countries and territories that did ask these questions asked only whether or not respondents had been in need of an abortion during the COVID-19 pandemic. Of those who responded to the question (i.e. women who were not currently pregnant and did not wish to be in the near future, women who had recently had a baby during the COVID-19 social distancing measures, or women who were currently pregnant or probably pregnant), overall, 2.3% reported having been in need of an abortion since the start of COVID-19 (Table 21). This was highest in the Republic of Moldova (5.6%).

Table 21: I-SHARE study – number of respondents in need of an abortion during the COVID-19 pandemic, by country or territory

Country or territory	No		Yes	
	N	%	N	%
Albania	119	100.0	0	0.0
Bosnia and Herzegovina	490	98.2	9	1.8
Moldova	135	94.4	8	5.6
Ukraine	18	94.7	1	5.3
Kosovo	48	98.0	1	2.0
Total	810	97.7	19	2.3

4.5. Menstruation

Of the participants who answered questions related to menstruation, 15.5% rarely or sometimes experienced difficulties accessing menstrual hygiene products because of the COVID-19 measures, and 1.8% often or always experienced difficulties (Table 22). Armenia had the highest proportion of women reporting difficulties accessing menstrual hygiene products, with 4.1% stating that they often or always experienced difficulty. The difficulties reported were mostly linked to shops being closed (55.6%), not being able to afford to buy the products (19.0%), and health-care facilities being closed (12.4%). The majority of women who reported sometimes or always experiencing difficulties accessing menstrual hygiene products also reported that their economic situation had worsened during the COVID-19 pandemic (107/175, 61%).

Table 22: I-SHARE study – access to menstrual hygiene products during COVID-19, by country or territory

Country or territory	Since the introduction of COVID-19 measures, have you had difficulties accessing menstrual hygiene products (tampons/pads/cups, etc)?						Reason for difficult access to menstrual hygiene product									
	Never		Rarely/sometimes		Often/always		Shops closed		Schools closed		Health-care facilities closed		Can't afford it		Other	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Albania	272	86.1	42	13.3	2	0.6	32	78.0	2	4.9	5	12.2	1	2.4	1	2.4
Armenia	144	83.7	21	12.2	7	4.1	9	33.3	1	3.7	7	25.9	6	22.2	4	14.8
Bosnia and Herzegovina	657	88.4	82	11.0	4	0.5	61	72.6	2	2.4	6	7.1	12	14.3	3	3.6
Kyrgyzstan	367	74.0	116	23.4	13	2.6	50	40.3	5	4.0	16	12.9	34	27.4	33	26.6
Moldova	197	83.1	32	13.5	8	3.4	19	52.8	2	5.6	6	16.7	6	16.7	3	8.3
Ukraine	19	90.5	2	9.5	0	0.0										
Kosovo	92	71.9	32	25.0	4	3.1	22	62.9	1	2.9	3	8.6	7	20.0	2	5.7
Total	1748	82.7	327	15.5	38	1.8	193	55.6	13	3.7	43	12.4	66	19.0	46	13.3

No data for Serbia; Ukraine was dropped for the second question in the table, as only two respondents answered this question.

4.6. Violence and harassment

This section presents the results on violence and harassment reported during the COVID-19 pandemic. First, partner relations and intimate partner violence are discussed, followed by cyberbullying and harassment.

4.6.1. Partner violence

Participants who stated that they had a partner were asked to answer questions on tension in their relationship. Between 60.3% and 75.7% of respondents reported having experienced tension in their relationship in the three months before the survey. For a substantial proportion (27.9% - 45.9%) this was an increase compared with the period before the introduction of the COVID-19 measures. Examining individual countries, most relationship tension is reported by respondents from Albania (75.7%) (Table 23). The countries with the highest proportion of respondents reporting an increase in tension are the Republic of Moldova and Serbia.

Table 23: I-SHARE study – tension with partner in the three months preceding the survey (during COVID-19 measures) compared with before, by country or territory

Country	How often have you experienced tension in your relationship with your boyfriend or girlfriend or steady partner in the last three months?	N		Is this more or less than you experienced before the initial introduction of the COVID-19 measures?		
		N	%	N	%	
Albania	Never	35	24.3	(Much) less	18	16.2
	4 times a month or less	95	66.0	Same	62	55.9
	2 times a week or more	14	9.7	(Much) more	31	27.9
Kyrgyzstan	Never	114	39.7	(Much) less	52	24.9
	4 times a month or less	154	53.7	Same	98	46.9
	2 times a week or more	19	6.6	(Much) more	59	28.2
Moldova	Never	46	30.3	(Much) less	15	13.8
	4 times a month or less	86	56.6	Same	44	40.4
	2 times a week or more	20	13.2	(Much) more	50	45.9
Serbia	Never	261	32.3	(Much) less	46	9.0
	4 times a month or less	448	55.4	Same	239	46.6
	2 times a week or more	99	12.3	(Much) more	228	44.4

No data reported from Armenia, Bosnia and Herzegovina, Ukraine and Kosovo because of limited sample sizes.

In the three months before the survey, a substantial number of respondents experienced partner violence (Table 24). The most common type of violence was emotional, financial and psychological, including insults (20.9%), followed by economic deprivation (14.7%) and restricting contact with family (9.5%). Having to have sexual intercourse against their will because the partner used physical force (7.0%) or threats (4.6%) was also reported. While substantial proportions of respondents reported an increase in violence (ranging from 6.4% to 13%), for all types of violence, a larger proportion of respondents reported a reduction in violence.

Overall, 31.9% of respondents reported have experienced at least one type of violence in the three months before the survey, and 2% reported having experienced all types of violence.

Table 24: I-SHARE – partner violence in the three months before the survey (during COVID-19) compared to before, overall

Question	Answer	N	%
In the last three months, has a partner tried to restrict contact with your family?	Yes	120	9.5
Do you experience this more or less frequently now than before the introduction of the COVID-19 measures?	More	81	8.9
	About the same	671	73.3
	Less	163	17.8
In the last three months, has a partner insulted you or made you feel bad about yourself?	Yes	430	20.9
Do you experience this more or less frequently now than before the introduction of the COVID-19 measures?	More	165	13.0
	About the same	902	71.2
	Less	200	15.8
In the last three months, has a partner ever not provided money to run the house or look after the children but has money for other things?	Yes	164	14.7
Do you experience this more or less frequently now than before the introduction of the COVID-19 measures?	More	84	9.6
	About the same	641	73.5
	Less	147	16.9
In the last three months, has a partner slapped, pushed, hit, kicked or choked you or thrown something at you that could hurt you?	Yes	128	6.4
Do you experience this more or less frequently now than before the introduction of the COVID-19 measures?	More	66	6.3
	About the same	838	80.1
	Less	142	13.6
In the last three months, has a partner physically forced you to have sexual intercourse when you did not want to?	Yes	140	7.0
Do you experience this more or less frequently now than before the introduction of the COVID-19 measures?	More	66	6.4
	About the same	831	80.5
	Less	135	13.1
In the last three months, has a partner made you have sexual intercourse when you did not want to because you were afraid of what your partner might do?	Yes	90	4.6
Do you experience this more or less frequently now than before the introduction of the COVID-19 measures?	More	67	6.7
	About the same	818	81.5
	Less	119	11.9
Any type of violence*	Yes	299	31.9
All types of violence*	Yes	19	2

*Bosnia and Herzegovina and Serbia did not ask about all types of partner violence. Therefore, an overall scale could not be developed for them.

There is variation between countries and territories, however (Table 25) Ukraine reported the highest proportion of all types of violence (1.14 on a scale of 6), although the small number of respondents from Ukraine necessitates careful interpretation of these data. Second in line is Armenia (0.91), which also has the highest proportion of respondents reporting an increase in any type of partner violence compared with pre-COVID-19 levels (30.2%). Next to Ukraine, Armenia is also the country with the highest proportion of respondents reporting experiencing more than three types of violence in the three months preceding the study (11.2%). A detailed table showing the different types of partner violence by country or territory is provided in the annex.

Table 25: I-SHARE study – any type of partner violence (scale and category) in the three months preceding the survey (during COVID-19) and respondents reporting an increase in any type of violence compared with pre-COVID-19 levels, by country or territory

Country or territory	All types of violence (scale 0–6)		Increase in any type of violence				All types of violence (category)					
	Mean	SD	Decrease/same		Increase		No violence		1–2 types of violence		3–6 types of violence	
			N	R%	N	R%	N	R%	N	R%	N	R%
Albania	0.56	1.13	144	86.7	22	13.3	98	70.0	35	25.0	7	5.0
Armenia	0.91	1.64	139	69.8	60	30.2	99	61.5	44	27.3	18	11.2
Moldova	0.58	1.05	133	82.1	29	17.9	83	64.3	40	31.0	6	4.7
Ukraine	1.14	1.63	21	72.4	8	27.6	15	53.6	7	25.0	6	21.4
Kosovo	0.48	1.15	151	87.3	22	12.7	98	74.2	27	20.5	7	5.3
Total	0.67	1.31	588	80.7	141	19.3	393	66.6	153	25.9	44	7.5

*Bosnia and Herzegovina, Kyrgyzstan and Serbia did not ask about all types of partner violence. Therefore, the overall scale could not be developed for them.

4.6.2. Cyberharassment and bullying

Cyberviolence happens regularly in the region. Approximately one in three respondents reported having received unsolicited sexual advances online, and a similar number reported having received an unsolicited obscene image or video since the introduction of the COVID-19 measures (Table 26). More than half of the respondents (58.4%) think that such occurrences have become more frequent since the COVID-19 measures were introduced.

Cyberviolence also happens within relationships: 30.4% of respondents with a steady partner reported that their partner accused them of online flirting and 17.4% reported that their partner insulted them or put them down via SMS, mail or Facebook, in the three months preceding the survey.

Table 26: I-SHARE study – cyberbullying since COVID-19 and cyber-partner violence in the three months preceding the survey (during COVID-19), by country or territory

Question		Total		Albania		Armenia		Bosnia and Herzegovina		Moldova		Serbia		Ukraine		Kosovo	
		N	C%	N	C%	N	C%	N	C%	N	C%	N	C%	N	C%	N	C%
Since the introduction of the COVID-19 measures, has the following happened to you online?																	
I received unsolicited sexual advances	Yes	1098	35.1	139	37.6	72	29.0	403	42.2	101	33.4	322	32.0	21	46.7	40	19.5
I received an unsolicited obscene image or video	Yes	691	32.5	101	27.2	75	30.4	374	39.2	87	28.8			19	43.2	35	17.1
Someone has shared a photograph/video of me doing something humiliating or embarrassing without permission	Yes	74	6.3	14	3.8	35	14.2			17	5.7			2	4.4	6	2.9
Do you think cyberbullying is happening more or less frequently than before the COVID-19 measures were introduced?	More	1177	58.4	287	80.8	105	52.8	452	47.4	177	63.2			38	86.4	118	64.5
	Unsure	473	23.5	0	0.0	0	0.0	473	49.6	0	0.0			0	0.0	0	0.0
	Less	364	18.1	68	19.2	94	47.2	28	2.9	103	36.8			6	13.6	65	35.5
In the last three months, has your current partner done any of the following?																	
He or she accused me of flirting with someone else via SMS, mail or Facebook	Yes	42	30.4	7	21.9	5	16.7			27	41.5					2	20.0
He or she insulted me or put downs via SMS, mail or Facebook	Yes	24	17.4	2	6.3	7	23.3			11	16.9					3	30.0

No data from Kyrgyzstan.

4.7. Sexuality

4.7.1. Sexual satisfaction

The COVID-19 pandemic also affected the sexual health and well-being of the respondents. About one in five (19.3%) reported being less sexually satisfied, compared with only 5.8% of respondents saying they were more satisfied with their sex life since the introduction of COVID-19 measures (Table 27). At the same time, 11.7% reported a reduction in sexual problems.

The majority of respondents (68.9%) found sexual intercourse in the three months before the survey quite or very pleasurable, which also means that almost one in three reported finding sexual intercourse not pleasurable or only a bit pleasurable. Just under one in five respondents reported that they found sexual intercourse less pleasurable than before COVID-19, while 12.1% of respondents found sexual intercourse more pleasurable.

Table 27: I-SHARE study – sexual satisfaction in the three months preceding the survey (during COVID-19), by country or territory

Country or territory	Has the introduction of the COVID-19 measures affected how satisfied you are with your sex life?						Has the introduction of the COVID-19 measures affected how often you or your partner have experienced sexual problems (problems getting an erection or loss of sexual interest, arousal, orgasm, sexual satisfaction)?					
	Less satisfied		More satisfied		No, it hasn't affected me		Decreased		Stayed the same		Increased	
	N	%	N	%	N	%	N	%	N	%	N	%
Albania	26	12.8	11	5.4	166	81.8	16	14.4	84	75.7	11	9.9
Armenia	35	19.9	8	4.5	133	75.6	22	19.3	84	73.7	8	7.0
Bosnia and Herzegovina	171	20.0	54	6.3	632	73.7	72	15.1	356	74.6	49	10.3
Kyrgyzstan	83	20.0	32	7.7	301	72.4	41	17.1	186	77.5	13	5.4
Moldova	43	18.9	17	7.5	167	73.6	15	10.9	115	83.3	8	5.8
Serbia	180	18.6	45	4.6	744	76.8	50	6.4	651	82.7	187	9.5
Ukraine	17	40.5	3	7.1	22	52.4	1	3.7	21	77.8	5	18.5
Kosovo	21	21.2	3	3.0	75	75.8	13	19.1	48	70.6	7	10.3
Total	576	19.3	173	5.8	2240	74.9	230	11.7	1545	78.7	101	8.6

Country or territory	In the past three months, I find sexual intercourse...				How does this compare with before the introduction of the COVID-19 measures?					
	Not/a bit pleasurable		Quite/very pleasurable		Less pleasurable		Just as pleasurable as before		More pleasurable	
	N	%	N	%	N	%	N	%	N	%
Albania	65	34.6	123	65.4	26	14.1	127	69.0	31	16.8
Armenia	45	28.3	114	71.7	34	22.1	91	59.1	29	18.8
Kyrgyzstan	100	27.4	265	72.6	59	16.5	272	76.0	27	7.5
Moldova	47	22.4	163	77.6	34	16.3	146	69.9	29	13.9
Kosovo	55	68.8	25	31.1	26	31.0	54	64.3	4	4.8
Total	312	31.1	690	68.9	179	18.1	690	69.8	120	12.1

Table 28 presents the levels of distress, frustration and worry and feelings of inadequacy that respondents experience because of their sex lives. The proportion of respondents that never experience these feelings ranges from 32.1% (distress) to 64.6% (worry). Armenia has the highest proportion of respondents who reported that they experience these feelings frequently or always.

For all of these questions, the proportion of respondents reporting an increase in frustration, worry, distress and inadequacy compared with before the introduction of COVID-19 measures (11.4-19.8%) is higher than the proportion of respondents reporting a decrease (8.0-9.6%). The country with the largest proportion of respondents reporting an increase is again Armenia.

4.7.2. Condom use

Among sexually active respondents, about 20% reported having had a casual sexual encounter in the previous three months (Table 29). For 17.7% of respondents this represented an overall decrease in the number of casual sexual encounters, and for 4.6% this represented an increase. Condoms are not frequently used during casual sex. Two out of three respondents who reported having casual sex said that they never, rarely or only occasionally use a condom (61.27%). COVID-19 slightly affected the accessibility of condoms: 3.2% of respondents reported that access to condoms became more difficult.

Table 28: I-SHARE study – levels of distress, frustration and worry or feelings of inadequacy related to sex life in the three months preceding the survey (during COVID-19) and changes compared with pre-COVID-19 levels, by country or territory

Country or territory	Over the past three months, how often did you feel distressed about your sex life?						Over the past three months, how often did you feel frustrated by your sexual problems?					
	Never		Rarely/ occasionally		Frequently/ always		Never		Rarely/ occasionally		Frequently/ always	
	N	%	N	%	N	%	N	%	N	%	N	%
Albania	220	56.0	152	38.7	21	5.3	243	63.1	122	31.7	20	5.2
Armenia	82	47.1	66	37.9	26	14.9	81	47.1	67	39.0	24	14.0
Kyrgyzstan	134	33.9	226	57.2	35	8.9	185	47.4	183	46.9	22	5.6
Moldova	71	32.1	124	56.1	26	11.8	102	46.2	103	46.6	16	7.2
Kosovo	53	57.6	31	33.7	8	8.7	56	60.2	31	33.3	6	6.5
Total	560	43.9	599	47.0	116	9.1	667	52.9	506	40.1	88	7.0
Country or territory	How does this compare with before the introduction of the COVID-19 measures?						How does this compare with before the introduction of the COVID-19 measures?					
	Less		Same		More		Less		Same		More	
	N	%	N	%	N	%	N	%	N	%	N	%
Albania	52	13.8	254	67.4	71	18.8	48	12.6	273	71.5	61	16.0
Armenia	9	5.5	105	64.4	49	30.1	16	9.8	112	68.7	35	21.5
Kyrgyzstan	18	4.9	299	81.0	52	14.1	29	7.6	307	80.4	46	12.0
Moldova	13	5.9	158	72.1	48	21.9	19	8.8	167	77.0	31	14.3
Kosovo	5	5.4	65	70.7	22	23.9	7	7.7	73	80.2	11	12.1
Total	97	8.0	881	72.2	242	19.8	119	9.6	932	75.5	184	14.9

Country or territory	Over the past three months, how often did you feel worried about sex?						Over the past three months, how often did you feel sexually inadequate?					
	Never		Rarely/ occasionally		Frequently/ always		Never		Rarely/ occasionally		Frequently/ always	
	N	%	N	%	N	%	N	%	N	%	N	%
Albania	237	64.6	117	31.9	13	3.5	212	60.2	121	34.4	19	5.4
Armenia	68	39.8	78	45.6	25	14.6	100	59.2	51	30.2	18	10.7
Kyrgyzstan	169	43.4	197	50.6	23	5.9	212	54.9	132	34.2	42	10.9
Moldova	101	45.9	104	47.3	15	6.8	134	61.2	75	34.2	10	4.6
Kosovo	51	55.4	34	37.0	7	7.6	53	57.6	33	35.9	6	6.5
Total	626	50.5	530	42.8	83	6.7	711	58.4	412	33.8	95	7.8

	How does this compare with before the introduction of the COVID-19 measures?						How does this compare with before the introduction of the COVID-19 measures?					
	Less		Same		More		Less		Same		More	
	N	%	N	%	N	%	N	%	N	%	N	%
Albania	38	10.5	283	78.0	42	11.6	38	11.0	270	78.0	38	11.0
Armenia	13	8.1	106	66.3	41	25.6	11	6.9	123	77.4	25	15.7
Kyrgyzstan	28	7.5	306	82.0	39	10.5	27	7.3	306	82.9	36	9.8
Moldova	13	6.0	168	77.8	35	16.2	9	4.2	185	85.6	22	10.2
Kosovo	9	10.0	67	74.4	14	15.6	10	11.1	66	73.3	14	15.6
Total	101	8.4	930	77.4	171	14.2	95	8.1	950	80.5	135	11.4

Table 29: I-SHARE study – casual sex and condom use during casual sex during COVID-19, by country

Country	In the last three months, how often have you had sex with someone you are not in a long-term relationship with (a casual partner)?						How does this compare with before the introduction of the COVID-19 measures?					
	Never		Up to 4 times per month		2 or more times per week		Decreased		Same		Increased	
	N	%	N	%	N	%	N	%	N	%	N	%
Albania	165	82.1	32	15.9	4	2.0	17	8.8	167	86.5	9	4.7
Kyrgyzstan	336	80.6	69	16.5	12	2.9	44	11.6	321	84.5	15	3.9
Moldova	192	85.3	26	11.6	7	3.1	20	9.5	180	85.3	11	5.2
Serbia	677	69.9	200	20.6	92	9.5	156	29.4	346	65.2	29	5.5
Ukraine	31	72.1	12	27.9	0	0.0	15	35.7	27	64.3	0	0.0
Total	2379	79.7	471	15.8	134	4.5	381	17.7	1669	77.7	99	4.6

Country	In the last three months, how often have you used a condom when you had sex with a casual partner?				How does this compare with before the introduction of the COVID-19 measures?						In the last three months, has it been more difficult to access condoms?	
	Never/rarely/occasionally		Frequently/always		Decreased		Same		Increased		No	
	N	%	N	%	N	%	N	%	N	%	N	%
Albania	18	48.6	19	51.4	4	11.8	27	79.4	3	8.8	114	98.3
Kyrgyzstan	49	59.0	34	41.0	7	8.8	69	86.3	4	5.0	246	95.0
Moldova	14	42.4	19	57.6	1	3.0	28	84.8	4	12.1	161	98.2
Serbia	195	66.8	97	33.2	24	9.8	205	83.3	17	6.9	0	0.0
Ukraine	4	33.3	8	66.7	2	18.2	8	72.7	1	9.1	29	85.3
Total	1158	86.7	177	13.3	119	10.7	943	84.8	50	4.5	1026	96.8

4.7.3. Access to condoms and HIV/STI tests

A small proportion of respondents (slightly less than 5%) reported being in need of an HIV/STI test during the COVID-19 restriction measures (Table 30). Of them, a substantial number (28.3%) reported having difficulties accessing such a test.

Table 30: I-SHARE study – need for HIV/STI testing during COVID-19 and barriers experienced accessing such tests, by country or territory

Country or territory	Since the introduction of the COVID-19 social distancing measures have you wanted or needed a test for HIV or another STI?				Have the COVID-19 measures stopped or hindered you from accessing a test for HIV or another STI?			
	No		Yes		No		Yes	
	N	%	N	%	N	%	N	%
Albania	184	88.5	24	11.5	20	83.3	4	16.7
Bosnia and Herzegovina	839	97.7	20	2.3	15	75.0	5	25.0
Kyrgyzstan	404	95.5	19	4.5	13	68.4	6	31.6
Moldova	212	93.0	16	7.0	14	87.5	2	12.5
Serbia	926	95.6	43	4.4	25	58.1	18	41.9
Ukraine	36	83.7	7	16.3	5	71.4	2	28.6
Kosovo	97	97.0	3	3.0	2	66.7	1	33.3
Total	2294	95.3	113	4.7	81	71.7	32	28.3

Of those experiencing barriers to accessing HIV/STI testing services, only a small number detailed which barriers they encountered. The most commonly reported barriers were that the health centre was not easily accessible (51.4%), followed by a lack of transport (24.3%) and interruptions in the availability of HIV/STI testing services (21.6%) (Table 31).

Table 31: I-SHARE – partner violence in the three months before the survey (during COVID-19) compared to before, overall

Barrier	N	%
No transport available	9	24.3
Postal services not functioning	2	5.4
Pharmacy closed	1	2.7
I can no longer afford it	5	13.5
Health centre clinic had long queues or is not accessible at this time	19	51.4
Not able or allowed to leave the house	6	16.2
Health workers not offering or providing HIV/STI testing services any more	8	21.6
Other	2	5.4

Twenty-seven respondents (1.8%) reported living with HIV infection. The impact of the COVID-19 pandemic on this small group was substantial: for 38.1%, HIV treatment or care appointments were cancelled by the provider, and 28.6% missed or delayed appointments themselves (Table 32). For 45.5%, COVID-19 made adherence to antiretroviral therapy (ART) more difficult, and 58.3% were worried about access to HIV medication. Five of the 22 respondents living with HIV infection had had to disclose their status because of COVID-19 social distancing measures.

Table 32: I-SHARE study – impact of COVID-19 on people living with HIV infection in Albania, Moldova and Kosovo

Question	N	%
During the COVID-19 social distancing measures, were any appointments at your clinic or health centre for HIV treatment or care cancelled? (Yes)	8	38.1
During the COVID-19 social distancing measures, have you missed or delayed an appointment at your clinic or health centre for HIV treatment or care? (Yes)	4	28.6
How did the COVID-19 social distancing measures affect your adherence to medication for HIV? (Made adherence more difficult)	5	45.5
During the COVID-19 social distancing measures, have you been worried that you will run out of ART tablets or your HIV medication because of the lockdown? (Yes)	7	58.3
Have the COVID-19 social distancing measures prompted you to disclose your HIV status? (Yes)	5	45.5

4.7.4. Openness about COVID-19 during sexual encounters

Table 33 presents data on respondents' dating behaviour in the context of COVID-19. It is clear that COVID-19 safety measures were not consistently followed by all respondents who were dating during COVID-19. For example, 44.4% of the relevant respondents indicated that they did not ask the person they were meeting for sex about COVID-19 symptoms. About one in five (24.8%) of relevant respondents said they had not been honest about their COVID-19 test results with the person they were meeting for sex.

Table 33: I-SHARE study – openness about COVID-19 during sexual encounters, overall

Question	Total responding		
	N	%	
Before having sex/sexual activity with someone outside my household/contact group, I have always...			
asked if they have had any COVID-19 symptoms in the last 14 days, such as fever, cough, sore throat or shortness of breath	Disagree	179	44.4
	Agree	224	55.6
asked if they have recently tested positive for COVID-19	Disagree	163	40.8
	Agree	237	59.3
asked if in the last 14 days they have been in contact with anyone who has tested positive for COVID-19	Disagree	182	45.5
	Agree	218	54.5
said no to meeting up for sex with someone who has had symptoms within the last 14 days	Disagree	153	38.5
	Agree	244	61.5
said no to meeting up for sex with someone who has tested positive for COVID-19 less than 14 days ago	Disagree	152	38.1
	Agree	247	61.9
said no to meeting up for sex with someone who has been in contact in the last 14 days with someone who has tested positive for COVID-19	Disagree	157	39.6
	Agree	239	60.4
If the person I am meeting for sex asked about symptoms, COVID tests or contacts, I have always...			
been honest about any symptoms I have experienced in the last 14 days, such as fever, cough, sore throat or shortness of breath	Disagree	99	24.8
	Agree	301	75.3
been honest about whether or not I had tested positive for COVID-19 in the last 14 days	Disagree	88	22.2
	Agree	308	77.8
been honest about whether or not I had been in contact in the last 14 days with someone who has tested positive for COVID-19	Disagree	91	23.2
	Agree	301	76.8
said no to meeting up with someone for sex if I have had symptoms within the last 14 days	Disagree	106	27.3
	Agree	282	72.7
said no to meeting up with someone for sex if I have tested positive for COVID-19 less than 14 days ago	Disagree	109	27.9
	Agree	282	72.1
said no to meeting up with someone for sex if I have been in contact in the last 14 days with someone who has tested positive for COVID-19	Disagree	127	32.6
	Agree	263	67.4

4.8. Harmful cultural practices

Child marriage refers to any formal marriage or informal union between a child under the age of 18 with an adult or another child. One in four respondents indicated that early marriage happens in their community (Table 34). Opinions on whether or not early marriage is happening more frequently since COVID-19 are divided: about 4 out of 10 (40.7%) respondents said that early marriage is less likely to happen since COVID-19, 22.5% said that it is more likely to happen and 36.8% said that they do not know. The Republic of Moldova has the highest percentage of respondents who said early marriage is less likely to happen since COVID-19 (54.5%), while Bosnia and Herzegovina has the highest proportion of respondents saying that it is more likely to happen (38.0%).

Table 34: I-SHARE study – early marriage since COVID-19, by country or territory

Country or territory	Does early marriage (marriage before the age of 18 years) happen in your community?		In general, do you feel that because of COVID-19, girls and boys are more likely to be married early?					
	Yes		Less likely		More likely		I don't know	
	N	%	N	%	N	%	N	%
Albania	62	36.0	62	38.0	8	4.9	93	57.1
Bosnia and Herzegovina	164	17.0	56	34.4	62	38.0	45	27.6
Kyrgyzstan	198	35.7	92	48.7	44	23.3	53	28.0
Moldova	33	26.2	18	54.5	9	27.3	6	18.2
Ukraine	13	34.2	7	53.8	0	0.0	6	46.2
Kosovo	58	27.4	16	28.6	16	28.6	24	42.9
Total	528	25.6	251	40.7	139	22.5	227	36.8

Regarding female genital mutilation, only 41 respondents indicated that this practice happens in their community. Because of this small sample size, no further analysis could be undertaken on this topic.

4.9. Access to health care

4.9.1. General

Respondents were asked whether they had needed to access care that was not COVID-19 related but were unable to. This was the case for about one third of respondents (35.1% on average, ranging from 25.4% in Albania to 53.3% in Ukraine). The health service most reported by respondents to be inaccessible was the general practitioner (19%; ranging from 9.8% in Armenia to 28.7% in Ukraine), followed by dental care (13.1%, ranging from 8.4% in Armenia to 40% in Ukraine), and gynaecological care (8%, ranging from 2.4% in Albania to 15.6% in Ukraine) (Figure 2).

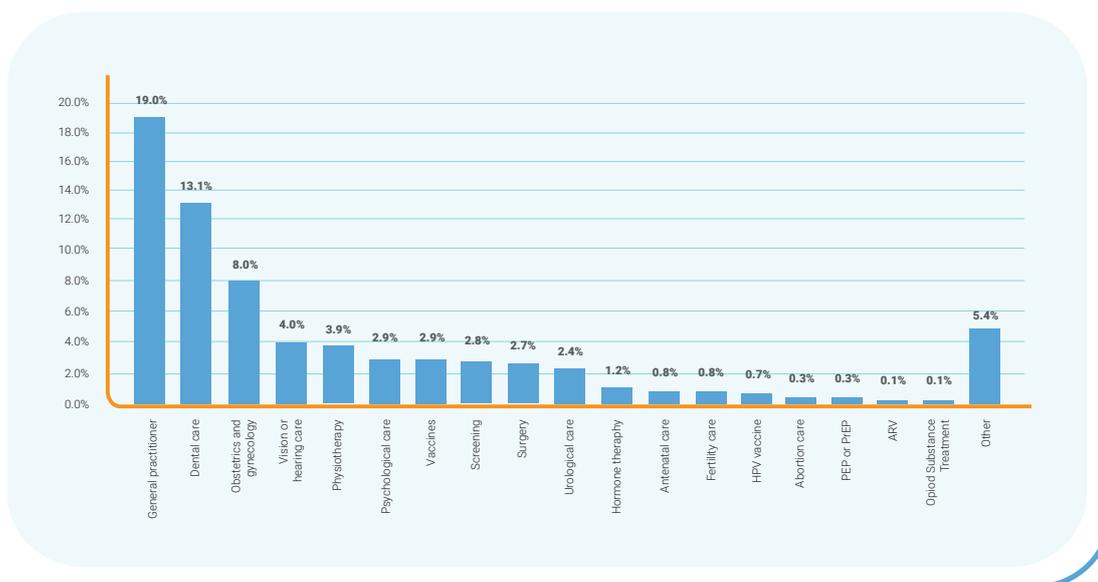


Figure 2: I-SHARE study – inability to access health-care services because of COVID-19, overall

Other SRH-related services reported as being inaccessible are urology care (2.4%), antenatal care (0.8%), fertility care (0.8%) and abortion care (0.3%).

4.9.2. Telemedicine

Because physical access to health services might be compromised in pandemic times, respondents were asked about their use of telemedicine. Overall, little change was noticed (from 49.7% before COVID-19 to 48% after). Only in the Republic of Moldova and Ukraine was an increase noted (Table 35), although the latter figure in particular should be treated with caution due to the small sample size. The other countries and territories reported small decreases.

Table 35: I-SHARE study – use of telemedicine before and during the COVID-19 pandemic, by country or territory

Country or territory	Before the initial introduction of COVID-19 measures, had you ever consulted a health-care provider by phone, chat or email?				Following the introduction of the COVID-19 measures, have you consulted a health care provider by phone, chat or email?			
	No		Yes		No		Yes	
	N	%	N	%	N	%	N	%
Albania	202	48.8	212	51.2	197	53.5	171	46.5
Armenia	128	43.2	168	56.8	118	47.0	133	53.0
Kyrgyzstan	355	49.9	357	50.1	348	51.0	335	49.0
Moldova	175	56.3	136	43.7	153	54.6	127	45.4
Ukraine	26	57.8	19	42.2	18	46.2	21	53.8
Kosovo	115	54.2	97	45.8	101	57.4	75	42.6
Total	1001	50.3	989	49.7	935	52.0	862	48.0

*No data for Bosnia and Herzegovina or Serbia.

Those respondents reporting accessing telemedicine were asked about the type of telemedicine used. SMS and phone consultations were most commonly reported, both before and during the COVID-19 pandemic (Table 36). For phone consultations, this increase was significant ($\chi^2 = 346,217, p < 0.01$).

Table 36: I-SHARE study – type of telemedicine used before and during the COVID-19 pandemic, by country or territory

Country or territory	Phone				Video call				SMS				Chat			
	Before		During		Before		During		Before		During		Before		During	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Albania	116	59.8	115	73.7	28	14.4	22	14.1	100	51.5	76	48.7	16	8.2	26	16.7
Armenia	59	42.4	59	50.0	21	15.1	17	14.4	60	43.2	50	42.4	29	20.9	47	39.8
Kyrgyzstan	221	64.8	220	67.5	20	5.9	20	6.1	136	39.9	146	44.8	69	20.2	102	31.3
Moldova	87	69.0	87	75.7	13	10.3	14	12.2	66	52.4	63	54.8	24	19.0	46	40.0
Ukraine	14	73.7	15	71.4	1	5.3	2	9.5	8	42.1	9	42.9	5	26.3	8	38.1
Kosovo	31	33.7	31	43.7	4	4.3	4	5.6	40	43.5	31	43.7	23	25.0	16	22.5
Total	528	58.0	527	65.3	87	9.5	79	9.8	410	45.0	375	46.5	166	18.2	245	30.4

*No data for Bosnia and Herzegovina or Serbia.

Overall, respondents were satisfied with the telemedicine they accessed: 23.1% evaluated it as excellent and 44.5% as good (Figure 3). There appeared to be no important differences between countries and territories.

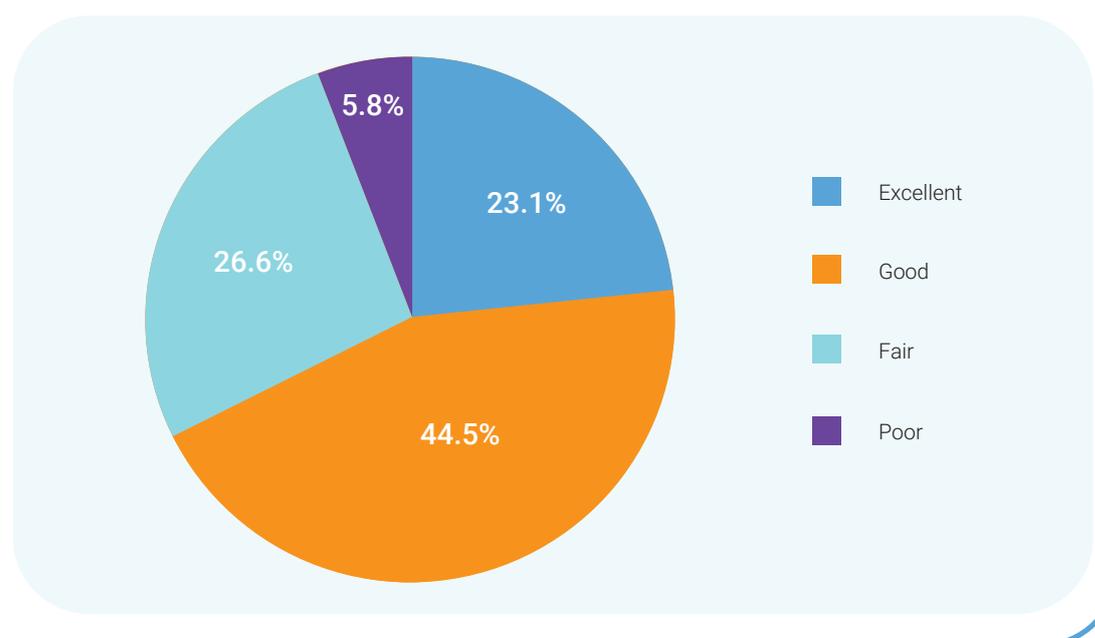


Figure 3: I-SHARE study – satisfaction with telemedicine since COVID-19, overall

4.10. Other topics

4.10.1. Mental health

In the EECA region, approximately one in four respondents reported that their mental health was poor or fair at the time of the survey. Just under one third indicated that their mental health was good; the remaining 45% had very good or excellent mental health. Respondents from Serbia and Kosovo reported the highest proportions of very good and excellent mental health (Figure 4).

This is confirmed by the responses to more detailed questioning about mental health, in which Albanian and Armenian respondents tend to report poorer mental health, while respondents from Serbia and Kosovo tend to report better mental health (Table 37).

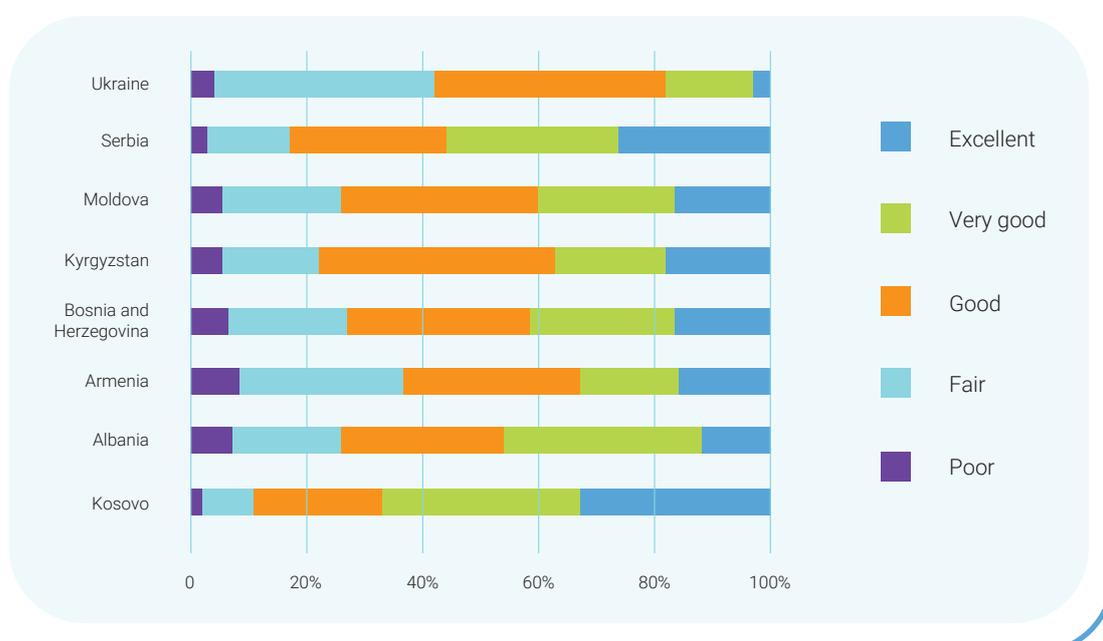


Figure 4: I-SHARE study – overall mental health at the time over the survey, by country or territory

Table 37: I-SHARE study – mental health in the past two weeks (during COVID-19), compared with before the introduction of COVID-19 measures, by country or territory

Question		Albania		Armenia		Bosnia and Herzegovina		Kyrgyzstan		Moldova		Serbia		Ukraine		Kosovo		Total	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
In the last two weeks, have you been feeling down, depressed or hopeless?	Agree	142	37.7	120	51.5	352	37.1	234	36.6	80	27.8	235	23.4	9	20.0	56	28.0	1228	32.9
	Neutral	135	35.8	48	20.6	245	25.8	134	20.9	83	28.8	242	24.1	16	35.6	27	13.5	930	24.9
	Disagree	100	26.5	65	27.9	352	37.1	272	42.5	125	43.4	529	52.6	20	44.4	117	58.5	1580	42.3

Does this happen more or less since the introduction of the COVID-19 measures?	More	135	37.9	90	40.7	282	30.4	180	30.5	86	32.0	221	22.0	19	42.2	54	29.7	1067	29.7
	Same	176	49.4	109	49.3	578	62.4	351	59.4	157	58.4	713	70.9	23	51.1	112	61.5	2219	61.7
	Less	45	12.6	22	10.0	67	7.2	60	10.2	26	9.7	72	7.2	3	6.7	16	8.8	311	8.6
In the last two weeks, been feeling anxious?	Agree	201	54.2	146	64.3	443	46.8	304	48.3	128	46.0	316	31.4	16	36.4	74	38.7	1628	44.1
	Neutral	102	27.5	39	17.2	225	23.8	133	21.1	64	23.0	220	21.9	13	29.5	30	15.7	826	22.4
	Disagree	68	18.3	42	18.5	279	29.5	193	30.6	86	30.9	470	46.7	15	34.1	87	45.5	1240	33.6
Does this happen more or less since the introduction of the COVID-19 measures?	More	161	45.0	99	45.8	303	32.7	224	37.6	91	34.6	226	22.5	17	38.6	53	29.6	1174	32.7
	Same	159	44.4	92	42.6	563	60.7	310	52.0	149	56.7	701	69.7	23	52.3	108	60.3	2105	58.6
	Less	38	10.6	25	11.6	62	6.7	62	10.4	23	8.7	79	7.9	4	9.1	18	10.1	311	8.7

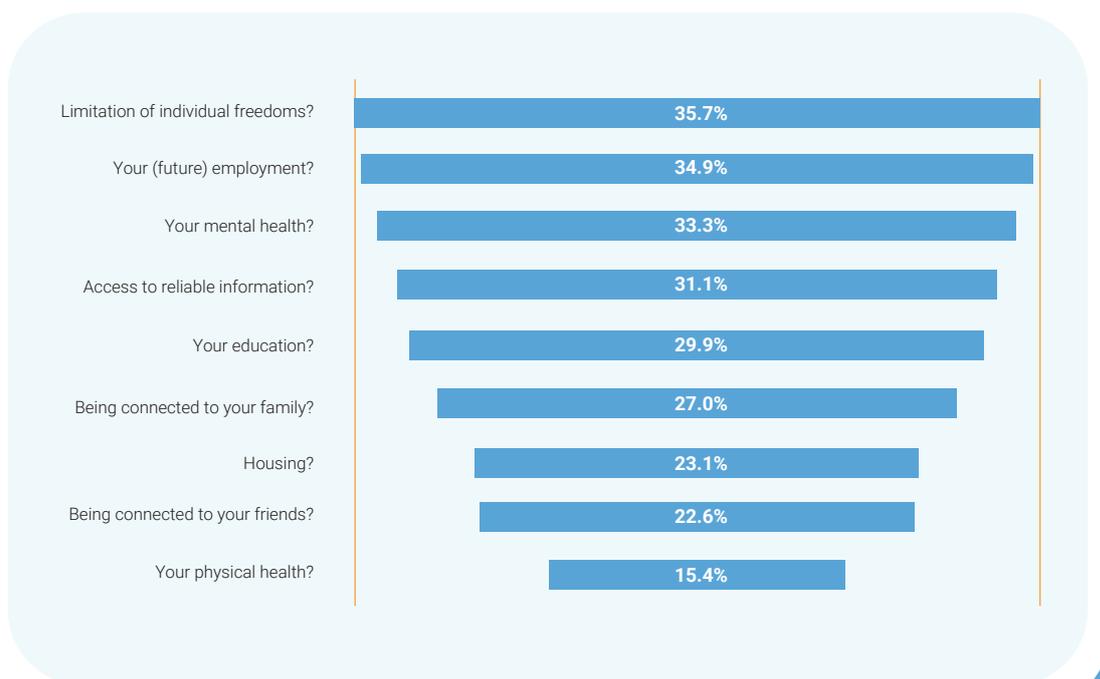


Figure 5: I-SHARE study – concerns about the lasting impact of COVID-19 on various aspects of life, by country or territory

Respondents were asked to what extent they were worried about the lasting impact of the COVID-19 measures on various aspects of their lives. Overall, the topics of most concern were limitation of individual freedoms, (future) employment, mental health and access to reliable information. Respondents from Albania and Armenia also stated their greatest worries were centred on these topics.

4.10.2. Household functioning

The data in Table 38 indicate that a substantial proportion of women are doing most of the household work (41.8%) and most of the childcare (55.9%) alone, compared with only 11.6% and 11.5% of men, respectively. The COVID-19 pandemic did not bring about many changes in these household responsibilities. At the same time, more men (30.5%) than women (22.4%) reported having most control over household spending. This too did not change much in the three months preceding the study compared with before the COVID-19 pandemic.

About two thirds (65.1%) of women and 59% of men reported that COVID-19 has brought their household closer together. About 1 in 10 men and women completely disagreed with that statement.

Table 38: I-SHARE study – household and child-care responsibilities, overall

Question	Answer	Woman		Man	
		N	%	N	%
Before the introduction of the COVID-19 measures, who was doing most of the household work in your household?	I was doing most of the household work	242	41.8	25	11.6
	My partner did most of the household work	8	1.4	52	24.1
	My partner and I contributed equally to the household work	84	14.5	42	19.4
	My partner, myself and other members of the household contributed equally	77	13.3	34	15.7
	Other household members, not including my partner or me, did most of the household work	168	29.0	63	29.2
Who is doing most of the household work in your household in the last three months?	I am doing most of the household work	253	43.7	25	11.5
	My partner is doing most of the household work	14	2.4	50	22.9
	My partner and I contribute equally to the household work	82	14.2	51	23.4
	My partner, myself and other members of the household contribute equally	64	11.1	28	12.8
	Other household members, not including my partner or me, does most of the household work	166	28.7	64	29.4
Before the introduction of the COVID-19 measures, who was doing most of the childcare in your household?	I was doing most of the childcare	118	55.9	6	6.3
	My partner did most of the childcare	10	4.7	40	42.1
	My partner and I contributed equally to childcare	55	26.1	30	31.6
	My partner, myself and other members of the household contributed equally	16	7.6	14	14.7
	Other household members, not including my partner or me, did most of the childcare	12	5.7	5	5.3
Who is doing most of the childcare in your household in the last three months?	I am doing most of the childcare	111	53.4	5	5.2
	My partner is doing most of the childcare	11	5.3	43	44.3
	My partner and I contribute equally to childcare	56	26.9	30	30.9
	My partner, myself and other members of the household contribute equally	17	8.2	15	15.5
	Other household members, not including my partner or me, do most of the childcare	13	6.3	4	4.1

Before the COVID-19 measures were initially introduced, who had most control over household spending?	I had most control over household spending	127	22.4	67	30.5
	My partner had most control over household spending	69	12.2	24	10.9
	My partner and I had equal control over household spending	148	26.1	61	27.7
	Someone else other than my partner and I had most control over household spending	222	39.2	68	30.9
Who has most control over household spending in the last three months?	I have most control over household spending	135	24.1	66	30.3
	My partner has most control over household spending	62	11.1	23	10.6
	My partner and I have equal control over household spending	152	27.1	63	28.9
	Someone else other than my partner and I have most control over household spending	212	37.8	66	30.3
Before the introduction of the COVID-19 measures, how often did you experience tension in your relationship with your children?	Never	111	51.6	66	64.1
	Monthly or less	54	25.1	23	22.3
	2-4 times a month	39	18.1	7	6.8
	2-3 times a week	7	3.3	4	3.9
	4 or more times a week	4	1.9	3	2.9
In the last three months, how often have you experienced tension in your relationship with your children?	Never	114	52.3	61	58.7
	Monthly or less	45	20.6	21	20.2
	2-4 times a month	38	17.4	13	12.5
	2-3 times a week	15	6.9	7	6.7
	4 or more times a week	6	2.8	2	1.9
The lockdowns brought our household closer together	Completely disagree	58	9.7	21	9.5
	Disagree	150	25.1	70	31.5
	Agree	292	48.9	99	44.6
	Completely agree	97	16.2	32	14.4
The lockdowns caused more tension in the household	Completely disagree	155	26.0	51	23.1
	Disagree	271	45.4	99	44.8
	Agree	147	24.6	61	27.6
	Completely agree	24	4.0	10	4.5

4.10.3. COVID-19 knowledge and information

Responses to questions on COVID-19 knowledge and information indicated that respondents still held misconceptions about COVID-19, even more than a year into the pandemic. Only half of the respondents (50.8%) answered all four knowledge questions correctly (Table 39). Knowledge was lowest in Kyrgyzstan and Armenia and highest in Albania and the Republic of Moldova.

Table 39: I-SHARE study – knowledge on COVID-19, by country or territory

	Albania		Armenia		Kyrgyzstan		Moldova		Ukraine		Kosovo		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
People with the new coronavirus infection (COVID-19) cannot spread the virus to others when a fever is not present														
Correct	307	80.2	174	69.3	427	63.5	240	81.4	31	68.9	160	77.7	1339	72.3
Isolation of people who are infected with the new coronavirus (COVID-19) is an effective way to reduce the spread of the virus														
Correct	344	90.5	177	71.4	513	76.5	248	84.6	39	86.7	183	88.4	1504	81.6
Those with other health problems are more likely to die from an infection with the new coronavirus (COVID-19) than those without any other health problems														
Correct	318	83.9	170	69.4	335	50.2	249	84.7	39	86.7	167	81.1	1278	69.6
Only older adults can become infected with the new coronavirus (COVID-19)														
Correct	352	92.4	188	76.4	591	88.3	261	89.4	36	80.0	188	90.4	1616	87.8
All correct														
Yes	253	65.9	118	47.0	221	32.7	197	66.6	28	62.2	127	61.1	944	50.8

4.10.4. Substance use and treatment

Table 40 presents changes in substance use since the COVID-19 pandemic. Most respondents did not change their substance use compared with that before COVID-19 (68.7-78.6%). Overall, the proportion of respondents reporting a decrease in alcohol and other substance use since COVID-19 is higher than the proportion of respondents reporting an increase.

Table 40: I-SHARE study – substance use and treatment during COVID-19, overall

Question		Total	
		N	%
Having a drink containing alcohol – is this more or less frequent than before the introduction of the COVID-19 measures?	Less	756	20.9
	Same	2557	70.9
	More	296	8.2
Number of drinks on a typical day when you are drinking – is this more or less than before the introduction of the COVID-19 measures?	Less	361	22.6
	Same	1095	68.7
	More	138	8.7

Having six or more drinks on one occasion – is this more or less frequent than before the introduction of the COVID-19 measures?	Less	345	21.6
	Same	1152	72.1
	More	100	6.3
Use of use cannabis (such as hash or marijuana) – is this more or less frequent than before the introduction of the COVID-19 measures?	Less	306	20.9
	Same	1090	74.4
	More	70	4.8
Use of ecstasy and other party pills, inhalants (glue) and hallucinogens (mushrooms) – is this more or less frequent than before the introduction of the COVID-19 measures?	Less	299	20.6
	Same	1107	76.5
	More	42	2.9
Use of amphetamines or sedatives – is this more or less frequent than before the introduction of the COVID-19 measures?	Less	516	15.6
	Same	2603	78.6
	More	194	5.9
Use of opiates (e.g. heroin, morphine, methadone, codeine) or cocaine (e.g. coke, crack, blow) – is this more or less frequent than before the introduction of the COVID-19 measures?	Less	289	20.2
	Same	1088	76.0
	More	54	3.8
Use of tobacco (e.g. cigarettes, cigars) – is this more or less frequent than before the introduction of the COVID-19 measures?	Less	320	21.6
	Same	1025	69.1
	More	138	9.3

Examining differences between countries and territories, Armenia stands out in terms of the number of respondents reporting an increase in different types of substance use (Figure 6).

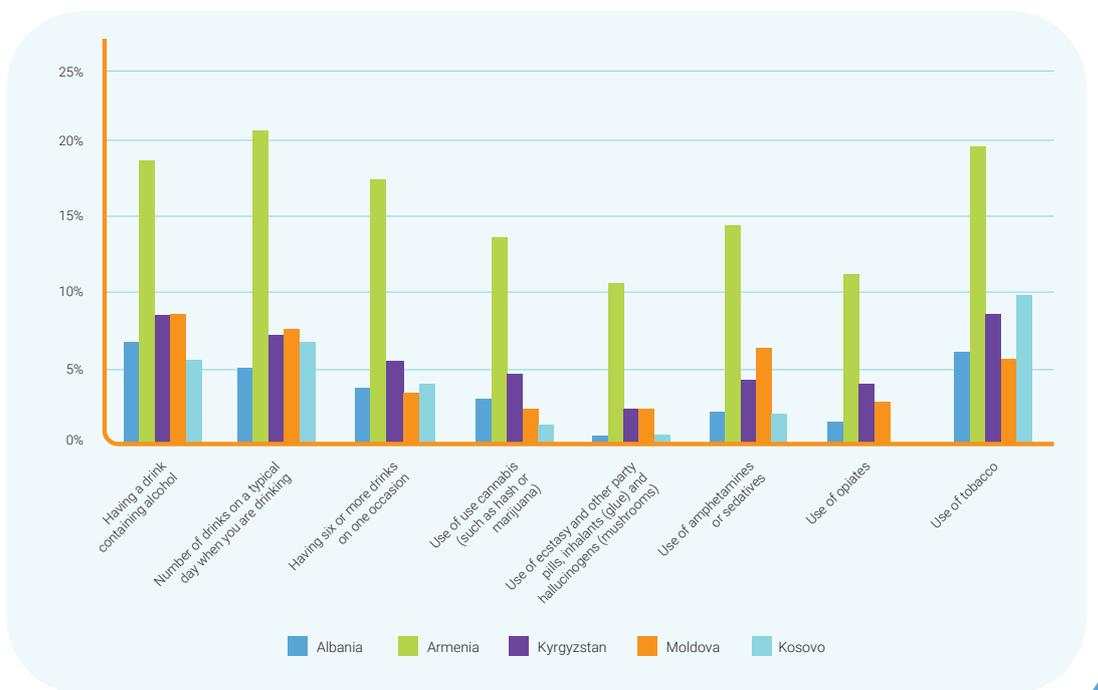


Figure 6: I-SHARE study – percentage of respondents reporting an increase in various types of substance use, by country or territory



Conclusions and recommendations

5.1. Limitations

It is important to emphasize that this study has a number of limitations. First, convenience sampling was used to recruit participants in seven of the eight countries and territories included in the I-SHARE study and in all countries and territories in the LNOB study. This means that participants were not recruited at random and are therefore not representative of the general populations of those countries and territories. The sociodemographic variables indicate that the I-SHARE sample is skewed towards younger, female respondents and urban populations with high education levels. Furthermore, there are substantial differences in the numbers of participants across the eight countries and territories included in this study. The results must therefore be understood in this context. The sample size for certain groups (e.g. pregnant respondents) was very small. It is nevertheless possible to analyse the impact of the COVID-19 pandemic on this particular sample.

Second, in a number of questions we asked respondents to make a comparison between the situation before the COVID-19 pandemic (roughly one and a half years before the survey) and the situation in the last three months before they filled out the survey. There may therefore be recall bias in their responses. Furthermore, as the topic of the survey – sexual and reproductive health – is sensitive, social desirability bias may also have occurred.

Third, the study took place in the autumn of 2021. For many countries and territories this was during or around a third wave of COVID-19 infections, before the emergence of the Omicron variant. There was variation in the status of the epidemic in the participating countries and territories and in the measures in place at the time of the survey.

5.2. Key take-away messages

5.2.1. COVID-19 made already vulnerable groups even more vulnerable

There were substantial differences in the sociodemographic profile of respondents from the I-SHARE study (general population) and from the LNOB study (vulnerable groups). The I-SHARE respondents were more likely to live in urban areas and to be highly educated. In terms of socioeconomic status, the LNOB respondents scored

lower: they were less likely to be employed with a salary, more likely to categorize their economic status as not well-off, and had a higher chance of reporting a worsening economic situation because of COVID-19.

Furthermore, the data indicated that those who were already vulnerable became even more so as a result of the pandemic; those identifying with a sexual minority (asexual, queer, pansexual, questioning or another sexuality), women living with HIV infection and those who stated that their education level was “finished secondary school” had higher odds of their economic situation becoming worse during the COVID-19 pandemic.

5.2.2. COVID-19 had a substantial influence on SRH services and commodities

Contraceptive use

The data indicated that the COVID-19 pandemic had a larger impact on access to contraceptives in the vulnerable population of the LNOB study than in the general population of the I-SHARE study: 17.6% of LNOB respondents reported that the COVID-19 measures stopped or hindered them from seeking or obtaining contraceptives in the three months before the survey, compared with 4.2% of I-SHARE respondents. Even after adjusting for age, education level, economic situation during the pandemic, gender and sexual orientation, those from a vulnerable group were more likely to experience difficulty in obtaining contraception during the pandemic.

While remote contraceptive services (phone, online) were hardly used during the COVID-19 pandemic, about half of the respondents did use telemedicine for other health issues. Furthermore, appreciation of these telemedicine services was high.

Recommendations: Ensure a person’s human right to decide if and when they will have children and how many by:

- Actively targeting vulnerable groups to ensure their access to and use of contraceptive methods (for a detailed recommendation on this, see the EEIRH report¹⁰).
- Setting up and promoting telemedicine for contraceptive services, which will also help to overcome the commonly reported transport barriers to contraceptive service use.
- Removing the financial barriers to contraceptive service use for the most vulnerable.
- Providing good-quality, comprehensive information about contraceptives in formats accessible for different groups (e.g. for those with sight or hearing impairments, for those with different literacy levels, and for those of different ages such as young-people

¹⁰ UNFPA Eastern Europe and Central Asia Regional Office (2022). *Assessment of Access Barriers of People from Marginalized Communities to Comprehensive Family Planning Services and Commodities in the UNFPA Eastern Europe and Central Asia region - Report of the Quantitative Phase*. Istanbul: UNFPA.

friendly materials). This would be best achieved by involving these groups in the design, development and creation of these materials.

- Promoting personal contact with health service professionals (such as a personal primary care physician) for all – whilst allowing the flexibility to change if needed.
- Supporting community health services.

According to the European Contraception Atlas, produced by the European Parliamentary Forum for Sexual and Reproductive Rights,¹¹ access to contraceptives is difficult in many countries and territories in the region, even in crisis-free times. Therefore, continuous advocacy and lobbying to put equal and easy access to contraception on the political agenda is critically important.

Other SRH services

While only a small proportion of respondents reported being in need of an HIV/STI test while the COVID-19 measures were in place, more than one in four (28.3%) of these respondents reported having difficulties in accessing such a test. The most common barriers were that the health centre was not easily accessed, a lack of transport and interruptions in the provision of HIV/STI testing services. Moreover, the impact of COVID-19 on this group of people living with HIV infection in the I-SHARE study was substantial and serious, with more than one in three reporting that HIV treatment or care appointments were cancelled by the provider and just under half reporting that COVID-19 made adherence to ART more difficult. If people living with HIV are negatively impacted by COVID-19 measures in terms of accessing care and ART adherence, this has implications for viral suppression and onward transmission.

Of the responding participants who required menstrual hygiene products, about one in six rarely or only sometimes experienced difficulties in accessing menstrual hygiene products because of the COVID-19 measures; 1.8% often or always experienced such difficulties. The difficulties reported were mostly linked to shops being closed and not being able to afford to buy the products.

Overall, 8% of respondents reported barriers to accessing gynaecological care. Barriers to other SRH-related health care were also reported: urology care (2.4%), antenatal care (0.8%), fertility care (0.8%) and abortion care (0.3%). COVID-19 measures slightly affected the accessibility of condoms: 3.2% of respondents that needed condoms reported that access to them became more difficult.

Recommendations: Continuous investment in robust health systems that can cope with disruptions is critically important to ensure the population's reproductive health. Such health systems should be flexible in reorganizing their delivery of health services by offering remote

¹¹ European Parliamentary Forum on Sexual and Reproductive Rights (2022). *The 2022 European Contraceptive Atlas*. Accessible from: <https://www.epfweb.org/node/89>

services in the event of emergency. Furthermore, improving access to health information and advocating the inclusion of SRH services and commodities as essential health services and medicines will facilitate delivery of these services and access to the commodities in times of crisis. Removing financial barriers for vulnerable groups is imperative, and, lastly, improving the health literacy of the population is essential.

5.2.3. COVID-19 caused changes in fertility intentions

Fertility intentions changed as a result of the pandemic, demonstrating the dynamic nature of such intentions. One and a half years into the pandemic, 9.2% of I-SHARE respondents and 7.4% of LNOB respondents reported postponing the decision to have a child, and 2.6% of I-SHARE respondents and 5% of LNOB respondents had decided not to have children.

Those whose economic situation worsened as a result of the pandemic, and women living with violence, had higher odds of postponing the decision to have a child or report not wanting to have children because of COVID-19. On the other hand, those living with HIV infection had almost three times the odds of wanting a child (sooner) as a result of experiencing the COVID-19 measures compared to all other respondents.

Recommendations: While everybody has the right to freely decide if and when they will have children, the data indicate that structural inequalities and vulnerabilities impede the exercise of this right. Fertility decisions are rooted in complex connections between relationship status, access to health care, personal decision-making power, cultural norms and institutions, and financial resources. The introduction of COVID-19 restrictions presented challenges for those deciding whether to have children or not; changes to movement and health-care access as well as economic stress may affect decision-making. Further qualitative work to analyse the impact of the measures on fertility decisions, especially for vulnerable groups, would help to understand decision-making in this context.

5.2.4. COVID-19 caused substantial anxiety during pregnancy

The majority of those who were pregnant during the COVID-19 pandemic reported being anxious about the disease during pregnancy. Only about one in four received information about COVID-19 and pregnancy.

Recommendations: Provide evidence-based information about COVID-19 during pregnancy through different channels to both health professionals and the general public, and update it regularly. Furthermore, health professionals should be aware of the potential for increased anxiety during pregnancy, proactively ask about this during consultations and refer pregnant women to appropriate care if necessary.

5.2.5. Sexual well-being reduced since COVID-19

The COVID-19 pandemic affected respondents' sexual well-being. Even one and a half years into the pandemic, about one in five respondents reported being less sexually satisfied (compared with approximately 6% of respondents saying they were more satisfied with their sex life since the pandemic).

Asked about the levels of distress, frustration and worry and feelings of inadequacy that respondents experienced because of their sex lives, the proportion of respondents that reported an increase in these sentiments compared with before the COVID-19 pandemic is higher than the proportion that reported a decrease.

Recommendations: Sexual well-being contributes greatly to general well-being. Health professionals should therefore ask about sexual well-being, particularly during crisis situations, and refer clients to appropriate support services if necessary.

5.2.6. Partner violence seemed to decrease but remained at high levels

A substantial number of respondents experienced partner violence in the three months before the survey: insults (20.9%), economic deprivation (14.7%), restricting contact with family (9.5%), and having sexual intercourse against their will because their partner used physical force (7.0%) or threats (4.6%). While substantial proportions of respondents reported an increase in violence since the COVID-19 pandemic, for all types of violence the proportion of respondents that reported a reduction in violence was larger. A decrease in the proportion of people reporting violence may be due to survivors and perpetrators being separated by COVID-19 restrictions, or that violence is more difficult to hide when everyone is at home together. These numbers may furthermore hide increases in specific sub-populations. It is important to note that the survey sampling strategy may mean that only those people who were able to access the survey without worrying about discovery by a partner may have been able to respond to the survey: we may therefore have not been able to reach those experiencing severe levels of violence. Further research on violence during COVID-19 in the EECA region is therefore warranted.

Recommendations: Victims of intimate partner violence need to be able to access necessary support services during crisis situations. Therefore, keeping support services open and adapting them to the situation (e.g. by providing support online or over the phone) is essential. Communities also have an important role in preventing or addressing violence by supporting victims.

5.2.7. COVID-19 did not change responsibilities related to household tasks and childcare

A substantial proportion of women reported doing most of the household work (41.8%) and most of the childcare (55.9%) alone, compared with 11.6% and 11.5% of men, respectively. The COVID-19 pandemic did not bring about many changes in the division of household responsibilities. Similarly, more men (30.5%) than women (22.4%) reported having most control over household spending. This did not change to any large extent in the three months preceding the study compared with the period before the pandemic. At the same time, some positive effects on household cohesion were observed: around 6 out of 10 respondents reported that COVID-19 had brought their household closer together.

Recommendations: The COVID-19 pandemic did not worsen but neither did it improve the division of household responsibilities and control over household spending between men and women. Paying continuous attention to gender equality within households is necessary. Organizations that work on gender equality in communities should include division of labour within the home in their programming. Further research on household cohesion is warranted to examine the long-term impact of the restrictions on household cohesion.

5.2.8. The impact of COVID-19 on SRH is diverse

The impact of the COVID-19 pandemic on SRH is diverse and uneven; in each area, certain participants report a worsening of their situation while others simultaneously report an improvement in their situation.

Recommendations: This discrepancy warrants further investigation to identify the reasons for these changes in both directions, whether they are similar or different across topics and what we can learn from the sub-populations of respondents who report improvements. Further qualitative research with both vulnerable and general population groups may help to illuminate causal pathways and areas for further qualitative and quantitative research.

6 Annexes

Annex 1 – Detailed country and territory-level tables

A1.1. Current contraceptive use

Table 41: I-SHARE study – main contraceptive methods used, by country or territory

Country or territory	What contraceptive method are you currently using?															
	Male/female condom		Pills		Copper IUD		Hormonal IUD		Birth control apps		Withdrawal		Natural methods (e.g. rhythm method)		Other	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Albania	50	80.0	3	5.0	0	0.0	2	3.3	1	1.7	17	28.3	4	6.7	1	1.7
Armenia	24	70.6	4	11.8	0	0.0	0	0.0	2	5.9	11	32.4	9	26.5	4	11.8
Bosnia and Herzegovina	137	59.6	24	10.4	9	3.9	5	2.2	9	3.9	70	30.4	41	17.8	11	4.8
Kyrgyzstan	37	45.1	11	13.4	11	13.4	4	4.9	3	3.7	14	17.1	8	9.8	10	12.2
Moldova	77	70.6	18	16.5	3	2.8	0	0.0	9	8.3	50	45.9	5	4.6	5	4.6
Serbia	121	71.6	20	11.8	0	0.0	0	0.0	6	3.6	62	36.7	12	7.1	1	0.6
Ukraine	12	85.7	4	28.6	0	0.0	0	0.0	0	0.0	2	14.3	2	14.3	0	0.0
Kosovo	13	59.1	2	9.1	1	4.5	0	0.0	0	0.0	9	40.9	2	9.1	0	0.0
Total	469	65.1	86	11.9	24	3.3	11	1.5	30	4.2	235	32.6	83	11.5	32	4.4

Note: Other methods given by a minority of respondents in the I-SHARE population included diaphragm (1, 0.1%), patch or vaginal ring (2, 0.3%), implant (1, 0.1%) and self- or partner sterilization (11, 1.5%), and no one reported using injectable contraceptives. IUD, intrauterine device.

Table 42: LNOB study – main contraceptive methods used, by country or territory

Country or territory	What contraceptive method are you currently using?																	
	Male/female condom		Pills		Copper IUD		Hormonal IUD		Birth control apps		Withdrawal		Natural methods (e.g. rhythm method)		Diaphragm		Other	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Albania	4	25.0	4	25.0	0	0.0	0	0.0	2	12.5	5	31.3	0	0.0	3	18.8	0	0.0
Armenia	20	76.9	2	7.7	0	0.0	0	0.0	1	3.8	6	23.1	1	3.8	1	3.8	1	3.8
Bosnia and Herzegovina	11	73.3	1	6.7	1	6.7	0	0.0	0	0.0	1	6.7	3	20.0	0	0.0	1	6.7
Kyrgyzstan	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Moldova	29	72.5	3	7.5	4	10.0	1	2.5	0	0.0	11	27.5	7	17.5	0	0.0	0	0.0
Serbia	5	31.3	6	37.5	0	0.0	1	6.3	0	0.0	2	12.5	0	0.0	1	6.3	1	6.3
Ukraine	39	72.2	2	3.7	0	0.0	4	7.4	1	1.9	13	24.1	5	9.3	1	1.9	1	1.9
Kosovo	8	53.3	5	33.3	2	13.3	3	20.0	1	6.7	7	46.7	4	26.7	1	6.7	0	0.0
Total	117	63.9	23	12.6	7	3.8	9	4.9	5	2.7	45	24.6	20	10.9	7	3.8	4	2.2

Note: In the LNOB study, the methods given by a minority of respondents were similar: self- or partner sterilization (3, 1.6%) and injectable contraceptives (2, 1.1%), and no one reporting using a patch or vaginal ring or having an implant.

A1.2. Access to health care and telemedicine

Table 43: I-SHARE study – proportion of respondents not able to access health services because of COVID-19, by country or territory

Health service	Since the initial introduction of the COVID-19 measures, have you ever needed to access care that was NOT COVID-19 related, but couldn't?																		
	Albania		Armenia		Bosnia and Herzegovina		Kyrgyzstan		Moldova		Serbia		Ukraine		Kosovo		Total		
	N	C%	N	C%	N	C%	N	C%	N	C%	N	C%	N	C%	N	C%	N	C%	
None	309	74.6	218	73.6	568	58.9	479	67.3	214	68.8	574	57.1	21	46.7	147	69.3	2530	63.9	
General practitioner care	51	12.3	29	9.8	228	23.7	132	18.5	54	17.4	213	21.2	13	28.9	32	15.1	752	19.0	
Dental care	44	10.6	25	8.4	146	15.1	73	10.3	32	10.3	160	15.9	18	40.0	19	9.0	517	13.1	
Obstetrics or gynaecological care	10	2.4	14	4.7	122	12.7	41	5.8	22	7.1	91	9.0	7	15.6	11	5.2	318	8.0	
Vision or hearing care	6	1.4	8	2.7	52	5.4	20	2.8	6	1.9	62	6.2	4	8.9	2	0.9	160	4.0	
Physiotherapy	5	1.2	5	1.7	40	4.1	19	2.7	7	2.3	70	7.0	3	6.7	7	3.3	156	3.9	
Psychological care	9	2.2	8	2.7	33	3.4	25	3.5	13	4.2	20	2.0	3	6.7	4	1.9	115	2.9	
Vaccines	8	1.9	7	2.4	33	3.4	20	2.8	9	2.9	23	2.3	3	6.7	10	4.7	113	2.9	
Screening	8	1.9	26	8.8	12	1.2	20	2.8	13	4.2	23	2.3	0	0.0	10	4.7	112	2.8	
Surgery	10	2.4	8	2.7	28	2.9	12	1.7	13	4.2	31	3.1	2	4.4	2	0.9	106	2.7	
Urological care	5	1.2	11	3.7	24	2.5	16	2.2	5	1.6	29	2.9	1	2.2	3	1.4	94	2.4	

Hormonal care	0	0.0	3	1.0	15	1.6	13	1.8	2	0.6	12	1.2	0	0.0	1	0.5	46	1.2
Antenatal care	1	0.2	2	0.7	0	0.0	7	1.0	5	1.6	13	1.3	1	2.2	1	0.5	30	0.8
Fertility care	1	0.2	2	0.7	4	0.4	6	0.8	3	1.0	11	1.1	1	2.2	2	0.9	30	0.8
HPV vaccine	0	0.0	6	2.0	2	0.2	10	1.4	5	1.6	2	0.2	0	0.0	3	1.4	28	0.7
Abortion care	0	0.0	2	0.7	2	0.2	4	0.6	0	0.0	2	0.2	0	0.0	2	0.9	12	0.3
Pep or Prep	0	0.0	2	0.7	0	0.0	2	0.3	5	1.6	3	0.3	0	0.0	0	0.0	12	0.3
ARV care	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	0.2	0	0.0	0	0.0	2	0.1
Opioid substitution treatment	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	0.2	0	0.0	0	0.0	2	0.1
Other	10	2.4	8	2.7	53	5.5	43	6.0	23	7.4	61	6.1	4	8.9	10	4.7	212	5.4

Table 44: I-SHARE study – satisfaction with telemedicine during COVID-19, by country or territory

Country or territory	How would you rate your satisfaction with the health care received when communicating with health-care providers via phone or chat or email since COVID-19?									
	Excellent		Good		Fair		Poor		Total	
	N	%	N	%	N	%	N	%	N	%
Albania	50	24.8	111	55.0	34	16.8	7	3.5	202	100.0
Armenia	31	19.6	61	38.6	59	37.3	7	4.4	158	100.0
Bosnia and Herzegovina										
Kyrgyzstan	89	22.2	164	40.9	117	29.2	31	7.7	401	100.0
Moldova	29	19.3	68	45.3	45	30.0	8	5.3	150	100.0
Serbia										
Ukraine	6	26.1	10	43.5	6	26.1	1	4.3	23	100.0
Kosovo	33	34.0	45	46.4	13	13.4	6	6.2	97	100.0
Total	238	23.1	459	44.5	274	26.6	60	5.8	1031	100.0

A1.3. Substance use

Table 45: I-SHARE study – substance use in the three months preceding the survey (during COVID-19), compared with before COVID-19, by country or territory

Question		Albania		Armenia		Bosnia and Herzegovina		Kyrgyzstan		Moldova		Serbia		Ukraine		Kosovo		Total	
		N	C%	N	C%	N	C%	N	C%	N	C%	N	C%	N	C%	N	C%	N	C%
Having a drink containing alcohol – is this more or less frequent than before the introduction of the COVID-19 measures?	Less	94	26.3	52	23.2	197	21.5	168	28.6	53	19.0	142	14.1	5	11.4	45	23.2	754	20.9
	Same	239	66.9	130	58.0	665	72.5	370	62.9	202	72.4	783	77.8	30	68.2	138	71.1	2557	70.9
	More	24	6.7	42	18.8	55	6.0	50	8.5	24	8.6	81	8.1	9	20.5	11	5.7	296	8.2
Number of drinks on a typical day when you are drinking – is this more or less than before the introduction of the COVID-19 measures?	Less	82	23.2	29	15.1	0	0.0	161	28.1	45	16.5	0	0.0	2	4.7	42	26.1	361	22.6
	Same	254	71.8	123	64.1	0	0.0	370	64.7	206	75.7	0	0.0	34	79.1	108	67.1	1095	68.7
	More	18	5.1	40	20.8	0	0.0	41	7.2	21	7.7	0	0.0	7	16.3	11	6.8	138	8.7
Having six or more drinks on one occasion – is this more or less frequent than before the introduction of the COVID-19 measures?	Less	80	23.6	30	14.9	0	0.0	154	27.1	41	15.1	0	0.0	2	5.0	38	21.6	345	21.6
	Same	246	72.6	136	67.7	0	0.0	383	67.3	222	81.6	0	0.0	34	85.0	131	74.4	1152	72.1
	More	13	3.8	35	17.4	0	0.0	32	5.6	9	3.3	0	0.0	4	10.0	7	4.0	100	6.3
Use of use cannabis (such as hash or marijuana) – is this more or less frequent than before the introduction of the COVID-19 measures?	Less	79	24.1	33	17.5	0	0.0	118	23.4	34	13.4	0	0.0	2	5.9	40	25.5	306	20.9
	Same	239	72.9	130	68.8	0	0.0	362	71.8	214	84.3	0	0.0	30	88.2	115	73.2	1090	74.4
	More	10	3.0	26	13.8	0	0.0	24	4.8	6	2.4	0	0.0	2	5.9	2	1.3	70	4.8

Use of ecstasy and other party pills, inhalants (glue), hallucinogens (mushrooms) – is this more or less frequent than before the introduction of the COVID-19 measures?	Less	72	22.3	27	14.3	0	0.0	119	23.8	39	15.7	0	0.0	2	5.9	40	25.8	299	20.6
	Same	249	77.1	142	75.1	0	0.0	368	73.7	203	81.9	0	0.0	31	91.2	114	73.5	1107	76.5
	More	2	0.6	20	10.6	0	0.0	12	2.4	6	2.4	0	0.0	1	2.9	1	0.6	42	2.9
Use of amphetamines or sedatives – is this more or less frequent than before the introduction of the COVID-19 measures?	Less	71	21.8	26	13.9	130	15.1	111	22.5	36	14.3	108	10.7	2	5.9	32	20.9	516	15.6
	Same	247	76.0	134	71.7	685	79.4	362	73.3	199	79.3	828	82.3	30	88.2	118	77.1	2603	78.6
	More	7	2.2	27	14.4	48	5.6	21	4.3	16	6.4	70	7.0	2	5.9	3	2.0	194	5.9
Use of opiates (e.g. heroin, morphine, methadone, codeine) or cocaine (e.g. coke, crack, blow) – is this more or less frequent than before the introduction of the COVID-19 measures?	Less	71	22.2	29	15.5	0	0.0	116	23.5	35	14.2	0	0.0	2	6.3	36	23.7	289	20.2
	Same	244	76.3	137	73.3	0	0.0	358	72.5	204	82.9	0	0.0	29	90.6	116	76.3	1088	76.0
	More	5	1.6	21	11.2	0	0.0	20	4.0	7	2.8	0	0.0	1	3.1	0	0.0	54	3.8
Use of tobacco (e.g. cigarettes, cigars) – is this more or less frequent than before the introduction of the COVID-19 measures?	Less	76	23.1	36	18.6	0	0.0	129	25.2	42	16.9	0	0.0	2	5.4	35	21.3	320	21.6
	Same	233	70.8	120	61.9	0	0.0	338	66.1	192	77.4	0	0.0	29	78.4	113	68.9	1025	69.1
	More	20	6.1	38	19.6	0	0.0	44	8.6	14	5.6	0	0.0	6	16.2	16	9.8	138	9.3

A1.4. Partner violence

Table 46: I-SHARE study - proportion of respondents reporting having experienced partner violence in the three months preceding the survey (during COVID-19), compared with before COVID-19, by country or territory

Question	Albania		Armenia		Bosnia and Herzegovina		Kyrgyzstan		Moldova		Serbia		Kosovo	
	N	C%	N	C%	N	C%	N	C%	N	C%	N	C%	N	C%
In the last three months, has a partner tried to restrict contact with your family (online, phone or in everyday life)?	13	6.5	38	19.5			39	8.5	12	5.3			10	6.8
Do you experience this more or less frequently now than before the introduction of the COVID-19 measures?	10	7.9	19	10.1			29	10.2	10	7.7			10	6.0
In the last three months, has a partner insulted you or made you feel bad about yourself?	56	27.1	63	33.2	119	15.5	95	19.6	51	23.0	345	37.8	27	17.9
Do you experience this more or less frequently now than before the introduction of the COVID-19 measures?	10	7.1	26	13.7	53	16.0	41	14.5	14	10.9	99	18.6	14	8.3
In the last three months, has a partner ever not provided money to run the house or look after the children but has money for other things?	16	10.0	38	20.7			57	13.3	35	21.1			10	7.0
Do you experience this more or less frequently now than before the introduction of the COVID-19 measures?	4	3.3	26	14.4			37	13.4	8	7.2			8	4.9

In the last three months, has a partner slapped, pushed, hit, kicked or choked you or thrown something at you that could hurt you?	9	4.8	31	16.2	22	2.9	43	9.1	14	6.7	24	2.7	6	4.1
Do you experience this more or less frequently now than before the introduction of the COVID-19 measures?	1	1.0	19	10.7	11	4.5	24	9.4	6	6.5	17	7.8	3	1.9
In the last three months, has a partner physically forced you to have sexual intercourse when you did not want to?	9	4.8	29	14.9	18	2.4	49	10.7	17	8.2	22	2.4	7	4.9
Do you experience this more or less frequently now than before the introduction of the COVID-19 measures?	1	1.0	20	11.2	10	4.3	23	9.5	4	4.3	5	2.7	5	3.2
In the last three months, has a partner made you have sexual intercourse when you did not want to because you were afraid of what your partner might do?	4	2.0	26	13.8	16	2.1	29	6.5	8	3.9	23	2.6	4	2.8
Do you experience this more or less frequently now than before the introduction of the COVID-19 measures?	3	2.9	23	13.0	7	3.1	25	10.5	3	3.4	7	3.7	4	2.6

Annex 2 – Full survey

Questions	Answers
1.1. Choose your language	
1.2. Do you live in [COUNTRY] or [TERRITORY]?	1. Yes
	2. No
1.2.a. Do you live in any of the following countries or territories?	1. No, I don't live in any of the countries listed below [LIST of participating countries and territories]
1.3. How old are you?	
Informed consent and information letter – MANDATORY	
2.Sociodemographics – MANDATORY	
2.1. What sex were you assigned at birth?	1. Woman
	2. Man
	3. Other
2.1.a. Which of the following do you identify as?	1. Woman
	2. Man
	3. Both
	4. Neither
	5. Other
2.2. What best describes the area where you live?	1. City
	2. Suburb of city
	3. Town
	4. Remote/rural area
	5. Other (specify)
2.2.a. COUNTRY or TERRITORY-SPECIFIC: In which province/ state do you live?	
2.3. What best describes your relationship status? (multiple responses possible)	1. Single
	2. Currently in a relationship but not living together
	3. Currently in a relationship and living together
	4. Widowed
	5. Divorced or separated
	6. Other
2.4. Do you have children?	1. No
	2. Yes
2.5.a. How many children do you have under age 5?	
2.5.b. How many children do you have aged 5–11 years?	

2.5.c. How many children do you have aged 12–18 years?	
2.5.d. How many children do you have over 18 years?	
2.6. What is your highest degree of education?	1. No formal education
	2. Some primary school
	3. Complete primary school
	4. Some secondary school
	5. Complete secondary school
	6. Some college or university
	7. Complete college or university
	8. Other
2.6.a. If other, please specify	
2.7. What is your religion?	1; Roman Catholic
	2; Protestant
	3; Orthodox (Russian, Greek, etc.)
	4; Jew
	5; Muslim
	6; Hindu
	7; Buddhist
	8; No religion
	9; Other
2.7.a. If other, please specify	
2.8. COUNTRY or TERRITORY-SPECIFIC: What is your race, ethnicity, origin group or caste?	
2.9. Since the introduction of the COVID-19 measures, the economic situation of many households has changed. Has this been the case for you?	1. Yes, the economic situation of my household became worse
	2. No, the economic situation of my household stayed the same
	3. Yes, the economic situation of my household improved
2.10. What was your employment status the month before the introduction of the COVID-19 measures on [MEASURES DATE]? (multiple answers possible)	1. Employed and received a salary
	2. Self-employed/business owner
	3. Unemployed
	4. Informal/piecemeal work
	5. Retired/pensioner
	6. Student
	7. Other

<p>2.10.a. Is your employment status different now when compared to before the introduction of the COVID-19 measures on [MEASURES DATE]?</p>	<ol style="list-style-type: none"> 1. No change: I continue doing the same work and going to the usual place of work 2. I am doing the same work, but fully from home 3. I am doing the same work, but partly work from home 4. I am employed and paid but unable to attend or do work 5. I work on reduced time 6. I lost my job/work/business 7. I am temporarily unemployed 8. I have changed work/jobs 9. Other
<p>2.10.b. If other, please specify</p>	
<p>2.11. ADD COUNTRY or TERRITORY-SPECIFIC socioeconomic status question</p>	
<p>2.12. Does your household have enough money to cover your daily needs (like food, clothing, housing, education, health)?</p>	<ol style="list-style-type: none"> 1. Absolutely enough to cover my daily needs 2. Mostly enough 3. Enough on average 4. Not quite enough 5. Not enough at all
<p>2.13. How would you categorize yourself in terms of economic status?</p>	<ol style="list-style-type: none"> 1. Not at all well-off 2. Not particularly well-off 3. Fairly well-off 4. Rather well-off 5. Very well-off
<p>2.14.a. How many people live in the same house as you (including yourself)?</p>	
<p>2.14.b. How many of them are over age 65?</p>	
<p>2.14.c. How many of them require caregiving because of health problems or a disability?</p>	
<p>2.15. How many separate rooms in your household are used for sleeping?</p>	
<p>2.16. Who owns the house/apartment you live in?</p>	<ol style="list-style-type: none"> 1. Me alone 2. Me and my partner 3. My partner alone 4. Other members of my family 5. Other members of my partner's family 6. The landlord 7. Other (specify)
<p>2.17. Has anyone in your home had a positive test result for COVID-19? (multiple responses possible)</p>	<ol style="list-style-type: none"> 1. No 2. Yes, me 3. Yes, someone else

2.18. Has a friend or anyone in your family (in or outside of your home) passed away from COVID-19 or related complications?	1. No
	2. Yes
2.19. During the COVID-19 crisis are/were you or anyone in the home working in health care with direct patient contact?	1. No
	2. Yes
3. Relationships	
<i>Dating/friendship apps – OPTIONAL</i>	
3.1. Do you use dating apps or friendship (to meet new friends) apps? For example, dating apps like Tinder or Grindr, or friendship apps like Hey!Vina or Huggle.	1. I don't use dating or friendship apps
	2. Yes, dating apps only
	3. Yes, friendship apps only
	4. Yes, both
3.2. How often did you log into dating apps in the last three months?	1. About once a month or less
	2. Once per week
	3. 2–3 times per week
	4. Almost daily
	5. I am almost constantly logged on to them
3.3. Is this more or less than before the introduction of the COVID-19 measures?	1. Much less than before
	2. A bit less than before
	3. About the same as before
	4. A bit more than before
	5. A lot more than before
3.4. How often did you log into friendship apps in the last three months? (By friendship apps we mean apps used for connecting with other people in order to socialize, e.g. Huggle).	1. About once a month or less
	2. Once per week
	3. 2–3 times per week
	4. Almost daily
	5. I am almost constantly logged on to them
3.5. Is this more or less than before the introduction of the COVID-19 measures?	1. Much less than before
	2. A bit less than before
	3. About the same as before
	4. A bit more than before
	5. A lot more than before
<i>Partner – MANDATORY</i>	
3.6. Did you have a boyfriend/girlfriend/steady partner at the time of the initial introduction of the COVID-19 measures in your country or territory [DATE]?	1. No
	2. Yes
3.7. Are you currently still in this relationship?	1. No
	2. Yes
3.8. Would you say the end of your relationship was precipitated by the initial introduction of the COVID-19 measures?	1. No
	2. Yes
	3. Not sure
3.9. Have you had a new boyfriend/girlfriend/steady partner in the last three months?	1. No
	2. Yes

3.10. In the last three months, has your boyfriend/girlfriend/ steady partner lived with you at the same place (even if for some of the time, e.g. for a short period or on the weekends)?	<ul style="list-style-type: none"> 1. No, they live elsewhere 2. Yes, the whole time 3. Yes, some of the time
3.11. How often have you experienced tension in your relationship with your boyfriend/girlfriend/ steady partner in the last three months?	<ul style="list-style-type: none"> 1. Never 2. Monthly or less 3. 2–4 times a month 4. 2–3 times a week 5. 4 or more times a week
3.12. Is this more or less than you experienced before the initial introduction of the COVID-19 measures?	<ul style="list-style-type: none"> 1. Much less tension than before 2. A bit less tension than before 3. About the same amount of tension 4. A bit more tension than before 5. A lot more tension than before
3.13. How much emotional support would you say your boyfriend/girlfriend/ steady partner has provided you in the last three months?	<ul style="list-style-type: none"> 1. A lot of support 2. Some support 3. Little support 4. No support
3.14. Is this more or less now than before the COVID-19 measures?	<ul style="list-style-type: none"> 1. Much less support than before 2. A bit less support than before 3. About the same amount of support as before 4. A bit more support than before 5. A lot more support than before
3.15. How happy are you currently in your relationship?	<ul style="list-style-type: none"> 1. Very unhappy 2. Fairly unhappy 3. Happy 4. Very happy
3.16. Are you more or less happy in your relationship now than before the COVID-19 measures started?	<ul style="list-style-type: none"> 1. Much less than before 2. A bit less than before 3. About the same as before 4. A bit more than before 5. A lot more than before
3.17. Is there an ex-partner or ex-spouse in your life that you must currently maintain contact with (e.g. because of children/ dividing assets during a separation procedure/ some other reason)?	<ul style="list-style-type: none"> 1. No 2. Yes
3.18. How often have you experienced tension in your relationship with your ex-partner/ ex-spouse in the last three months?	<ul style="list-style-type: none"> 1. Never 2. Monthly or less 3. 2–4 times a month 4. 2–3 times a week 5. 4 or more times a week

3.19. Is this more or less than before the introduction of COVID-19 measures?	<ul style="list-style-type: none"> 1. Much less tension than before 2. A bit less tension than before 3. About the same amount of tension 4. A bit more tension than before 5. A lot more tension than before 6. NA/They were not my ex at that moment
3.20. Have you ever had a sexual experience? By "sexual experience" we mean any kind of experience that you felt was sexually arousing. It could be kissing, touching, intercourse, masturbation, watching sexually explicit images or any other form of sex.	<ul style="list-style-type: none"> 1. No 2. Yes
4. Menstruation – OPTIONAL	
4.1. Since the introduction of COVID-19 measures, have you had difficulties accessing menstrual hygiene products (tampons, pads, vaginal cups, etc.)?	<ul style="list-style-type: none"> 1. Never 2. Rarely 3. Sometimes 4. Often 5. Always 6. Not applicable (don't need menstrual hygiene products)
4.2. What made it difficult to access menstrual hygiene products? (Tick all that apply)	<ul style="list-style-type: none"> 1. Unable to access because shops closed 2. Unable to access because schools closed 3. Unable to access because health-care clinics/hospitals/doctors were closed 4. Couldn't afford the products 5. Other
4.2.a. If other, please specify	
5. Access to contraceptives – MANDATORY	
5.1. Have you ever been pregnant?	<ul style="list-style-type: none"> 1. No 2. Yes
5.2. How many times have you been pregnant in your life? (number)	
5.3. What best describes your current situation?	<ul style="list-style-type: none"> 1. Currently pregnant or probably pregnant 2. Currently trying to become pregnant 3. Recently had a baby (since the introduction of the COVID-19 measures) 4. Not currently pregnant and don't wish to be in the near future 5. Cannot have children (fertility issue/medical issue/menopause)
5.4. Have you recently changed your mind about having a child because of COVID-19?	<ul style="list-style-type: none"> 1. Yes, I have decided to postpone my decision to have a child 2. Yes, I have decided I want a child sooner 3. Yes, I have decided I don't want children (while before COVID-19 I did want children) 4. Yes, I have decided I do want children (while before COVID-19 I did not want children) 5. No, I have not changed my plans

<p>5.5. Are you or your partner currently doing something to avoid or delay a pregnancy or avoid contracting STIs, including condoms, contraceptive methods, traditional methods, etc?</p>	<ol style="list-style-type: none"> 1. No 2. Yes, all the time 3. Yes, most of the time 4. Yes, sometimes
<p>5.6. What is the main reason you are not regularly using contraception?</p>	<ol style="list-style-type: none"> 1. I am not regularly sexually active and don't need contraceptives 2. I don't know what is the best method to use 3. I am scared of the side effects 4. My partner objects 5. I have not yet started menstruating (having periods) 6. I am in/through the menopause 7. Other
<p>5.7. What contraceptive method are you currently using?</p>	<ol style="list-style-type: none"> 1. Male/female condom 2. Diaphragm 3. Pills 4. Patch/ring 5. Copper IUD 6. Hormonal IUD 7. Implant 8. Injection 9. Self- or partner sterilization 10. Withdrawal 11. Natural methods (rhythm method) 12. Birth control apps 13. Other
<p>5.8. Have the COVID-19 measures stopped or hindered you from seeking or obtaining contraception in the last three months?</p>	<ol style="list-style-type: none"> 1. No 2. Yes
<p>5.9. What stopped or hindered you from seeking or obtaining contraception?</p>	<ol style="list-style-type: none"> 1. No transport available 2. I am too afraid I will get COVID-19 if I would go to the doctor/health centre to get contraceptives 3. I am not able/allowed to leave the house 4. Method not in stock 5. Doctor/health professional not available 6. Pharmacy/dispensary closed 7. I can no longer afford it 8. Health centre/clinic has long queues or is not accessible at this time 9. Other
<p>5.9.a. If other, please specify</p>	

5.10. What services were you using to seek or obtain contraceptive services before the introduction of the COVID-19 measures?	<ul style="list-style-type: none"> 1. Family physician/general practitioner 2. Hospital doctor/nurse 3. Community health centre 4. Online services 5. Telephone services 6. Over-the-counter services (pharmacy) 7. None: wasn't using contraception 8. Other
5.10.a. If other, please specify	
5.11. What services did you use to seek or obtain contraceptive services in the last three months?	<ul style="list-style-type: none"> 1. Family physician/general practitioner 2. Hospital doctor/nurse 3. Community health centre 4. Online services 5. Telephone services 6. Over-the-counter services (pharmacy) 7. Other 8. I did not need to seek or obtain contraceptive services during the last three months
5.11.a. If other, please specify	
5.12. What are the reasons why you chose this service?	<ul style="list-style-type: none"> 1. It is where I usually go 2. It is close to home 3. It is discreet 4. Providers have a good reputation 5. It was recommended by friend/relative 6. It has the method that I want 7. Methods are available for low cost/free 8. Other
5.12.a. If other, please specify	
6. Antenatal care – MANDATORY	
6.1. How many months pregnant are you?	
6.2. When you found out you were pregnant, what was your reaction?	<ul style="list-style-type: none"> 1. Very unhappy 2. Somewhat unhappy 3. Quite happy 4. Very happy
6.3. Had you planned to become pregnant?	<ul style="list-style-type: none"> 1. Yes 2. Yes, but it was sooner than we planned 3. Yes, but it was later than we planned 4. No

6.4. Did you getting pregnant, in your opinion, have anything to do with the introduction of the COVID-19 measures?	1. No
	2. Yes, I could not access contraceptives because of COVID-19
	3. Yes, I could not access emergency contraceptives because of COVID-19
	4. Yes, I needed the money/gifts from a sexual relationship
	5. Yes, there is more idling about in the community because schools and companies are closed
	6. Yes, there is more violence and rape in the community
	7. Other
6.4.a. If other, please specify	
6.5. Have you decided to keep the pregnancy?	1. Yes
	2. No, I decided to terminate my pregnancy
	3. I don't know
	4. Not relevant – already delivered
6.6. Have you missed or delayed pregnancy health-care appointments since the introduction of the COVID-19 measures? (Some providers have been seeing their patients by phone or by video conferencing. We are NOT counting those types of visits as missed.)	1. No
	2. Yes, because I am afraid I may catch COVID-19 in the hospital/health-care centre
	3. Yes, because the doctor/nurse cancelled or rescheduled the appointment because of COVID-19
	4. Yes, other reason
6.7. How satisfied are/were you with your pregnancy health care?	1. Not at all satisfied
	2. Not satisfied
	3. Neutral
	4. A bit satisfied
	5. Very satisfied
6.8. Because of COVID-19, did you feel anxious or depressed during your pregnancy?	1. No
	2. Yes, a bit
	3. Yes, a lot
6.9. Did you receive information on acquiring COVID-19 during pregnancy?	1. No
	2. Yes, from my doctor/midwife
	3. Yes, from the media
	4. Yes, from other sources
6.10. Do you have any concerns regarding your delivery in the following weeks/months?	1. No
	2. Yes, I am afraid I may acquire COVID-19 in the hospital/health-care centre
	3. Yes, I am afraid I might not know how to get to the hospital
	4. Yes, other reason
6.11. Where do you plan to deliver your baby?	1. In the health-care centre or hospital
	2. At home with a health-care worker
	3. At home with a traditional birth attendant
	4. At home alone
	5. Other

6.11.a. If other, please specify	
6.12. Why do you plan to give birth at home?	1. I am concerned about the risk of COVID-19 in health facilities
	2. The facility is closed or cannot provide
	3. I have no access to a facility
	4. I prefer to deliver at home
6.13. Where did you give birth?	1. At a hospital or health centre
	2. At home with a skilled birth attendant
	3. At home alone
	4. At home with a traditional birth attendant
	5. Other
6.13.a. If other, please specify	
6.14. Why did you give birth at home?	1. I was concerned about the risk of COVID-19 in health facilities
	2. The facility was closed or could not provide
	3. I had no access to a facility
	4. I planned to deliver at home
6.15. Have you missed or delayed postnatal care appointments as a result of the COVID-measures? (Some providers have been seeing their patients by phone or by video conferencing. We are NOT counting those types of visits as missed.)	1. No
	2. Yes, because I was afraid to go to the health services
	3. Yes, because the doctor/nurse cancelled or rescheduled the appointment
	4. Yes, other reason
7.Abortion – RECOMMENDED	
7.1. Since the introduction of the COVID-19 measures, have you needed an abortion (termination of pregnancy)?	1. No
	2. Yes
7.2. Have you had an abortion since the introduction of the COVID-19 measures?	1. No
	2. Yes, a medical abortion (taking pills, e.g. misoprostol)
	3. Yes, a surgical abortion
	4. Yes, with other methods
7.3. Has the COVID-19 situation stopped or hindered you from seeking or obtaining an abortion?	1. No
	2. Yes
7.4. How did the COVID-19 situation stop or hinder you from seeking or obtaining an abortion?	1. No transport available
	2. I am too afraid I will get COVID-19 if I would go to the doctor/health centre
	3. I am not able allowed to leave the house
	4. Method not in stock (abortion service not available)
	5. Doctor/health professional not available
	6. Pharmacy/dispensary closed
	7. I can no longer afford an abortion
	8. Health centre/clinic has long queues or was not accessible at the time
	9. Other
7.4.a. If other, please specify	

7.5. Did you experience any delays in obtaining abortion care?	<ul style="list-style-type: none"> 1. No 2. Yes, a few days 3. Yes, 1–2 weeks 4. Yes, 3–4 weeks 5. Yes, more than 4 weeks
7.6. Since the introduction of the COVID-19 measures, did you use telemedicine abortion services? (e.g. consultations by telephone, chat, messenger)	<ul style="list-style-type: none"> 1. No 2. Yes, just once 3. Yes, more than once 4. Not applicable
8. Sexual behaviour	
<i>Sexual behaviour – RECOMMENDED</i>	
8.1. What is your sexual orientation?	<ul style="list-style-type: none"> 1. Asexual 2. Bisexual 3. Gay 4. Heterosexual (straight) 5. Lesbian 6. Pansexual 7. Queer 8. I don't know (questioning or unsure) 9. Other (specify)
8.1.a. If other, please specify	
8.3. Have the introduction of the COVID-19 measures affected how satisfied you are with your sex life?	<ul style="list-style-type: none"> 1. Yes, I am much less satisfied 2. Yes, I am less satisfied 3. No, it hasn't affected me 4. Yes, I am more satisfied 5. Yes, I am much more satisfied
8.4. Have the introduction of the COVID-19 measures affected how often have you or your partner experienced sexual problems (problems getting an erection, or loss of sexual interest, arousal, orgasm, sexual satisfaction)?	<ul style="list-style-type: none"> 1. Decreased a lot 2. Decreased a bit 3. Stayed the same 4. Increased a bit 5. Increased a lot
8.5.a. In the last three months, how often have you hugged, kissed, held hands with or cuddled with your steady partner?	<ul style="list-style-type: none"> 1. Never 2. Monthly or less 3. 2–4 times a month 4. 2–3 times a week 5. 4 or more times a week

8.5.b. How does this compare to before the introduction of the COVID-19 measures?	1. Decreased a lot
	2. Decreased a bit
	3. Stayed the same
	4. Increased a bit
	5. Increased a lot
	6. Not applicable
8.6.a. In the last three months, how often have you engaged in sexual activities with your steady partner?	1. Never
	2. Monthly or less
	3. 2–4 times a month
	4. 2–3 times a week
	5. 4 or more times a week
8.6.b. How does this compare to before the introduction of the COVID-19 measures?	1. Decreased a lot
	2. Decreased a bit
	3. Stayed the same
	4. Increased a bit
	5. Increased a lot
	6. Not applicable
8.7.a. In the last three months, how often have you used a condom when you had sex with your steady partner?	1. Never
	2. Rarely
	3. Sometimes
	4. Most of the time
	5. Always
8.7.b. How does this compare to before the introduction of the COVID-19 measures?	1. Decreased a lot
	2. Decreased a bit
	3. Stayed the same
	4. Increased a bit
	5. Increased a lot
	6. Not applicable
8.8.a. In the last three months, how often have you masturbated?	1. Never
	2. Monthly or less
	3. 2–4 times a month
	4. 2–3 times a week
	5. 4 or more times a week

<p>8.8.b. How does this compare to before the introduction of the COVID-19 measures?</p>	<ol style="list-style-type: none"> 1. Decreased a lot 2. Decreased a bit 3. Stayed the same 4. Increased a bit 5. Increased a lot 6. Not applicable
<p>8.9.a. In the last three months, how often have you had sex with someone who you are not in a long-term relationship with (a casual partner)?</p>	<ol style="list-style-type: none"> 1. Never 2. Monthly or less 3. 2–4 times a month 4. 2–3 times a week 5. 4 or more times a week
<p>8.9.b. How does this compare to before the introduction of the COVID-19 measures?</p>	<ol style="list-style-type: none"> 1. Decreased a lot 2. Decreased a bit 3. Stayed the same 4. Increased a bit 5. Increased a lot 6. Not applicable
<p>8.10.a. In the last three months, how often have you used a condom when you had sex with a casual partner?</p>	<ol style="list-style-type: none"> 1. Never 2. Rarely 3. Sometimes 4. Most of the time 5. Always
<p>8.10.b. How does this compare to before the introduction of the COVID-19 measures?</p>	<ol style="list-style-type: none"> 1. Decreased a lot 2. Decreased a bit 3. Stayed the same 4. Increased a bit 5. Increased a lot 6. Not applicable
<p>8.11.a. In the last three months, how often have you sent or received naked/semi-naked pictures, audio or videos?</p>	<ol style="list-style-type: none"> 1. Never 2. Monthly or less 3. 2–4 times a month 4. 2–3 times a week 5. 4 or more times a week

8.11.b. How does this compare to before the introduction of the COVID-19 measures?	1. Decreased a lot
	2. Decreased a bit
	3. Stayed the same
	4. Increased a bit
	5. Increased a lot
	6. Not applicable
8.12.a. In the last three months, how often have you had sex in exchange for money, material goods, favours, drugs or shelter?	1. Never
	2. Monthly or less
	3. 2–4 times a month
	4. 2–3 times a week
	5. 4 or more times a week
8.12.b. How does this compare to before the introduction of the COVID-19 measures?	1. Decreased a lot
	2. Decreased a bit
	3. Stayed the same
	4. Increased a bit
	5. Increased a lot
	6. Not applicable
8.13.a. In the last three months, how often have you watched sexually explicit videos (pornography)?	1. Never
	2. Monthly or less
	3. 2–4 times a month
	4. 2–3 times a week
	5. 4 or more times a week
8.13.b. How does this compare to before the introduction of the COVID-19 measures?	1. Decreased a lot
	2. Decreased a bit
	3. Stayed the same
	4. Increased a bit
	5. Increased a lot
	6. Not applicable
8.14.a. In the last three months, how often have you performed/ watched sexual acts in front of a webcam?	1. Never
	2. Monthly or less
	3. 2–4 times a month
	4. 2–3 times a week
	5. 4 or more times a week

8.14.b. How does this compare to before the introduction of the COVID-19 measures?

1. Decreased a lot
2. Decreased a bit
3. Stayed the same
4. Increased a bit
5. Increased a lot
6. Not applicable

8.15. If some of your sexual behaviours have changed due to COVID-19 social distancing measures. why do you think this happened?

Scale 1 Portugal – OPTIONAL

8.16.a. Overall, during the past three months, how strong was your sex drive?

1. Extremely strong
2. Very strong
3. Somewhat strong
4. Somewhat weak
5. Very weak
6. No sex drive

8.16.b. How does this compare to before the introduction of COVID-19 measures?

1. Increased a lot
2. Increased a bit
3. Stayed the same
4. Decreased a bit
5. Decreased a lot

8.17.a. Overall, during the past three months, how easily were you sexually aroused (turned on)?

1. Extremely easily
2. Very easily
3. Somewhat easily
4. Somewhat difficult
5. Very difficult
6. Never aroused

8.17.b. How does this compare to before the introduction of COVID-19 measures?

1. A lot easier now
2. Easier now
3. Stayed the same
4. More difficult now
5. Much more difficult now

8.18.a. Overall, during the past three months, could you easily get and keep an erection? (MEN)	1. Extremely easily
	2. Very easily
	3. Somewhat easily
	4. Somewhat difficult
	5. Very difficult
	6. Never aroused
	7. Not applicable
8.18.b. How does this compare to before the introduction of COVID-19 measures?	1. A lot easier now
	2. Easier now
	3. Stayed the same
	4. More difficult now
	5. Much more difficult now
	6. Not applicable
8.19.a. Overall, during the past three months, how easily did your vagina become moist or wet during sex? (WOMEN)	1. Extremely easily
	2. Very easily
	3. Somewhat easily
	4. Somewhat difficult
	5. Very difficult
	6. Not applicable
	7. Never aroused
8.19.b. How does this compare to before the introduction of COVID-19 measures?	1. A lot easier now
	2. Easier now
	3. Stayed the same
	4. More difficult now
	5. Much more difficult now
	6. Not applicable
8.20.a. Overall, during the past three months, how easily could you reach an orgasm?	1. Extremely easily
	2. Very easily
	3. Somewhat easily
	4. Somewhat difficult
	5. Very difficult
	6. Never reached orgasm
8.20.b. How does this compare to before the introduction of COVID-19 measures?	1. A lot easier now
	2. Easier now
	3. Stayed the same
	4. More difficult now
	5. Much more difficult now

<p>8.21.a. Overall, during the past three months, were your orgasms satisfying?</p>	<ol style="list-style-type: none"> 1. Extremely satisfying 2. Very satisfying 3. Somewhat satisfying 4. Somewhat unsatisfying 5. Very unsatisfying 6. Can't reach orgasm
<p>8.21.b. How does this compare to before the introduction of COVID-19 measures?</p>	<ol style="list-style-type: none"> 1. A lot more satisfying now 2. More satisfying now 3. Stayed the same 4. Less satisfying now 5. A lot less satisfying now 6. Can't reach orgasm
<p>8.22.a. Overall, during the past three months, how easily could you control your orgasm if you wish? (at least one minute after penetration) (MEN)</p>	<ol style="list-style-type: none"> 1. Extremely easily 2. Very easily 3. Somewhat easily 4. Somewhat difficult 5. Very difficult 6. Not applicable 7. Never aroused
<p>8.22.b. How does this compare to before the introduction of COVID-19 measures?</p>	<ol style="list-style-type: none"> 1. A lot easier now 2. Easier now 3. Stayed the same 4. More difficult now 5. Much more difficult now 6. Not applicable
<p>8.23.a. Overall, during the past three months, how easily could you control your orgasm if you wish? (including any type of sexual activity) (WOMEN)</p>	<ol style="list-style-type: none"> 1. Extremely easily 2. Very easily 3. Somewhat easily 4. Somewhat difficult 5. Very difficult 6. Not applicable 7. Never aroused
<p>8.23.b. How does this compare to before the introduction of COVID-19 measures?</p>	<ol style="list-style-type: none"> 1. A lot easier now 2. Easier now 3. Stayed the same 4. More difficult now 5. Much more difficult now 6. Not applicable

8.24.a. Overall, during the past three months, how easily could you have sex or any sexual activity without pain or fearing pain?	1. Extremely easily
	2. Very easily
	3. Somewhat easily
	4. Somewhat difficult
	5. Very difficult
	6. Not applicable
8.24.b. How does this compare to before the introduction of COVID-19 measures?	1. A lot easier now
	2. Easier now
	3. Stayed the same
	4. More difficult now
	5. Much more difficult now
<i>Scale 2 Portugal – OPTIONAL</i>	
8.25.a. Over the past three months, how often did you feel distressed about your sex life?	1. Never
	2. Rarely
	3. Occasionally
	4. Frequently
	5. Always
8.25.b. How does this compare to before the introduction of COVID-19 measures?	1. Much less distressed now
	2. Less distressed now
	3. Stayed the same
	4. More distressed now
	5. Much more distressed now
8.26.a. Over the past three months, how often did you feel frustrated by your sexual problems?	1. Never
	2. Rarely
	3. Occasionally
	4. Frequently
	5. Always
8.26.b. How does this compare to before the introduction of COVID-19 measures?	1. Much less frustrated now
	2. Less frustrated now
	3. Stayed the same
	4. More frustrated now
	5. Much more frustrated now
8.27.a. Over the past three months, how often did you feel stressed about sex?	1. Never
	2. Rarely
	3. Occasionally
	4. Frequently
	5. Always

<p>8.27.b. How does this compare to before the introduction of COVID-19 measures?</p>	<ol style="list-style-type: none"> 1. Much less stressed now 2. Less stressed now 3. Stayed the same 4. More stressed now 5. Much more stressed now
<p>8.28.a. Over the past three months, how often did you feel worried about sex?</p>	<ol style="list-style-type: none"> 1. Never 2. Rarely 3. Occasionally 4. Frequently 5. Always
<p>8.28.b. How does this compare to before the introduction of COVID-19 measures?</p>	<ol style="list-style-type: none"> 1. Much less worried now 2. Less worried now 3. Stayed the same 4. More worried now 5. Much more worried now
<p>8.29.a. Over the past three months, how often did you feel sexually inadequate?</p>	<ol style="list-style-type: none"> 1. Never 2. Rarely 3. Occasionally 4. Frequently 5. Always
<p>8.29.b. How does this compare to before the introduction of COVID-19 measures?</p>	<ol style="list-style-type: none"> 1. Feel much less inadequate now 2. Feel less inadequate now 3. Feel the same 4. Feel more inadequate now 5. Feel much more inadequate now
<p>Scale 3 Portugal – RECOMMENDED</p>	
<p>8.30.a In the past three months, I find sexual intercourse...</p>	<ol style="list-style-type: none"> 1. Not pleasurable 2. A bit pleasurable 3. Quite pleasurable 4. Very pleasurable
<p>8.30.b. How does this compare to before the introduction of COVID-19 measures?</p>	<ol style="list-style-type: none"> 1. Much less pleasurable 2. Less pleasurable 3. Just as pleasurable as before 4. More pleasurable 5. Much more pleasurable

8.31.a In the past three months, I find sexual activities...	<ol style="list-style-type: none"> 1. Not pleasurable 2. A bit pleasurable 3. Quite pleasurable 4. Very pleasurable
8.31.b. How does this compare to before the introduction of COVID-19 measures?	<ol style="list-style-type: none"> 1. Much less pleasurable 2. Less pleasurable 3. Just as pleasurable as before 4. More pleasurable 5. Much more pleasurable
8.32.a In the past three months, I find sexual intimacy...	<ol style="list-style-type: none"> 1. Not pleasurable 2. A bit pleasurable 3. Quite pleasurable 4. Very pleasurable
8.32.b. How does this compare to before the introduction of COVID-19 measures?	<ol style="list-style-type: none"> 1. Much less pleasurable 2. Less pleasurable 3. Just as pleasurable as before 4. More pleasurable 5. Much more pleasurable
<i>Sex and COVID-19 – RECOMMENDED</i>	
8.33 Since the initial introduction of COVID-19 measures, have you had sexual activity with someone who is not in your household/contact bubble?	<ol style="list-style-type: none"> 1. No 2. Yes, once 3. Yes, more than once
8.34. Before having sex with someone outside my household/contact bubble, I can easily discuss risk of COVID-19 with them.	<ol style="list-style-type: none"> 1. Completely disagree 2. Disagree 3. Slightly disagree 4. Slightly agree 5. Agree 6. Completely agree
8.35. It's a good idea to wear a mask during sex with someone who is not from my household/contact bubble.	<ol style="list-style-type: none"> 1. Completely disagree 2. Disagree 3. Slightly disagree 4. Slightly agree 5. Agree 6. Completely agree
Before having sex/sexual activity with someone outside of my household/contact bubble, I have always...	

<p>8.36. ...asked if they have had any COVID-19 symptoms in the last 14 days, such as fever, cough, sore throat or shortness of breath.</p>	<p>1. Completely disagree</p> <p>2. Disagree</p> <p>3. Agree</p> <p>4. Completely agree</p>
<p>8.37. ...asked if they have recently tested positive for COVID-19.</p>	<p>1. Completely disagree</p> <p>2. Disagree</p> <p>3. Agree</p> <p>4. Completely agree</p>
<p>8.38. ...asked if in the last 14 days they have been in contact with anyone who has tested positive for COVID-19.</p>	<p>1. Completely disagree</p> <p>2. Disagree</p> <p>3. Agree</p> <p>4. Completely agree</p>
<p>8.39. ...said no to meeting up for sex with someone who has had symptoms within the last 14 days.</p>	<p>1. Completely disagree</p> <p>2. Disagree</p> <p>3. Agree</p> <p>4. Completely agree</p>
<p>8.40. ... said no to meeting up for sex with someone who has tested positive for COVID-19 less than 14 days ago.</p>	<p>1. Completely disagree</p> <p>2. Disagree</p> <p>3. Agree</p> <p>4. Completely agree</p>
<p>8.41. ...said no to meeting up for sex with someone who has been in contact in the last 14 days with someone who has tested positive for COVID-19.</p>	<p>1. Completely disagree</p> <p>2. Disagree</p> <p>3. Agree</p> <p>4. Completely agree</p>
<p>If the person I am meeting for sex asked about symptoms, COVID tests or contacts, I have always...</p>	
<p>8.42. ... been honest about any symptoms I have experienced in the last 14 days, such as fever, cough, sore throat or shortness of breath.</p>	<p>1. Completely disagree</p> <p>2. Disagree</p> <p>3. Agree</p> <p>4. Completely agree</p>
<p>8.43. ... been honest about whether or not I had tested positive for COVID-19 in the last 14 days.</p>	<p>1. Completely disagree</p> <p>2. Disagree</p> <p>3. Agree</p> <p>4. Completely agree</p>
<p>8.44. ... been honest about whether or not I had been in contact in the last 14 days with someone who has tested positive for COVID-19.</p>	<p>1. Completely disagree</p> <p>2. Disagree</p> <p>3. Agree</p> <p>4. Completely agree</p>

8.45. ...said no to meeting up with someone for sex if I have had symptoms within the last 14 days	<ul style="list-style-type: none"> 1. Completely disagree 2. Disagree 3. Agree 4. Completely agree
8.46. ...said no to meeting up with someone for sex if I have tested positive for COVID-19 less than 14 days ago.	<ul style="list-style-type: none"> 1. Completely disagree 2. Disagree 3. Agree 4. Completely agree
8.47. ...said no to meeting up with someone for sex if I have been in contact in the last 14 days with someone who has tested positive for COVID-19.	<ul style="list-style-type: none"> 1. Completely disagree 2. Disagree 3. Agree 4. Completely agree
9. Access to condoms and HIV/STI testing – RECOMMENDED	
9.1. In the last three months, has it been more difficult to access condoms?	<ul style="list-style-type: none"> 1. No 2. Yes, sometimes 3. Yes, most of the time 4. Yes, all of the time 5. Not applicable (I don't usually use condoms)
9.2. If yes, what made it difficult to access condoms?	<ul style="list-style-type: none"> 1. No transport available 2. I am afraid I might acquire COVID-19 and therefore do not want to go to the doctor/health centre/shop 3. Shops were closed 4. Condoms were not in stock in my store 5. I am not able/allowed to leave the house 6. Pharmacy/dispensary closed 7. Health centre/clinic has long queues or are not accessible at this time 8. I can no longer afford it 9. I can no longer access free condoms 10. Other
9.2.a. If other, please specify	
9.3. Since the introduction of the COVID-19 social distancing measures have you wanted/needed a test for HIV or another STI?	<ul style="list-style-type: none"> 1. No 2. Yes
9.4. Have the COVID-19 measures stopped or hindered you from accessing a test for HIV or another STI?	<ul style="list-style-type: none"> 1. No 2. Yes

9.5. How did the COVID-19 measures stop or hinder you from accessing a test for HIV or another STI?	1. No transport available
	2. Postal services not functioning
	3. Pharmacy closed
	4. I can no longer afford it
	5. Health centre/clinic had long queues or is not accessible at this time
	6. Not able/allowed to leave the house
	7. Health workers not offering providing HIV/STI testing services any more
	8. Other
9.5.a. If other, please specify	
#Before the introduction of the COVID-19 measures	
9.6. What services would/did you use to obtain a test for HIV or another STI?	1. Never needed a test before COVID-19
	2. Family physician /general practitioner
	3. General hospital/clinic
	4. HIV/STI clinic
	5. Online services
	6. Telephone services
	7. Over-the-counter services (pharmacy)
	8. Traditional healer
	9. Self-medication
	10. Other
#Since the introduction of the COVID-19 measures	
9.7. What services would/did you use to obtain a test for HIV or another STI?	1. Never needed a test before COVID-19
	2. Family physician /general practitioner
	3. General hospital/clinic
	4. HIV/STI clinic
	5. Online services
	6. Telephone services
	7. Over-the-counter services (pharmacy)
	8. Traditional healer
	9. Self-medication
	10. Other
9.8. In your life, have you ever tested positive for HIV?	1. No
	2. Yes
	3. Prefer not to answer
9.9. During the COVID-19 social distancing measures, were any appointments at your clinic/health centre for HIV treatment or care cancelled?	1. Yes
	2. No

9.10. During the COVID-19 social distancing measures, have you missed or delayed an appointment at your clinic/health centre for HIV treatment or care?	<ul style="list-style-type: none"> 1. Yes 2. No
9.11. What was the main reason for missing or delaying an appointment at your clinic/health centre for HIV treatment or care?	<ul style="list-style-type: none"> 1. No transport available 2. I was too afraid I would acquire COVID-19 if I would go to the doctor/health centre to get HIV treatment or care 3. I am not able/allowed to leave the house 4. Doctor/health professional not available 5. Pharmacy/dispensary closed 6. I can no longer afford it 7. Health centre/clinic has long queues or is not accessible at this time 8. Other
9.12. How did the COVID-19 social distancing measures affect your adherence to medication for HIV?	<ul style="list-style-type: none"> 1. Made adherence to ART impossible 2. Made adherence more difficult 3. Didn't affect my adherence to ART 4. Made adherence somewhat easier 5. Made adherence to ART much easier
9.13. During the COVID-19 social distancing measures, have you been worried that you will run out of ART tablets/your HIV medication because of the lockdown?	<ul style="list-style-type: none"> 1. Very worried 2. A bit worried 3. Not worried
9.14 Have the COVID-19 measures prompted you to disclose your HIV status?	<ul style="list-style-type: none"> 1. No, I continued to keep my status private 2. No, I had already disclosed my status 3. Yes, it forced me to disclose my status 4. Yes, although I was planning on disclosing anyway
10: Violence: cybervictimization and -bullying – OPTIONAL	
Since the introduction of the COVID-19 measures, how often has the following happened to you online?	
10.1 I received unsolicited sexual advances	<ul style="list-style-type: none"> 1. Almost every day 2. Very frequently 3. Occasionally 4. Rarely 5. Very rarely 6. Never
10.2. I received an unsolicited obscene image or video	<ul style="list-style-type: none"> 1. Almost every day 2. Very frequently 3. Occasionally 4. Rarely 5. Very rarely 6. Never

10.3. Someone has shared a photograph or video of me doing something humiliating or embarrassing without permission

1. Almost every day
2. Very frequently
3. Occasionally
4. Rarely
5. Very rarely
6. Never

10.4. Do you think cyberbullying is happening more or less frequently than before the COVID-19 measures were introduced?

1. Much more frequently
2. More frequently
3. Less frequently
4. Much less frequently

Young people's section – OPTIONAL

In the last three months has your current girlfriend/boyfriend/ steady partner done any of the following?

y.3.1. He/she accused me of flirting with someone else via SMS/mail/Facebook

0. Never
1. Once or twice
2. Between 2 and 5 times
3. 6 times or more

y.3.2. He/she insulted me with put-downs via SMS/mail/ Facebook

0. Never
1. Once or twice
2. Between 2 and 5 times
3. 6 times or more

y.3.3. He/she spread rumours about me via SMS/mail/Facebook

0. Never
1. Once or twice
2. Between 2 and 5 times
3. 6 times or more

y.3.4. He/she publicly ridiculed me on Facebook or via SMS/mail

0. Never
1. Once or twice
2. Between 2 and 5 times
3. 6 times or more

10. Violence: violence – RECOMMENDED

10.5. In your everyday life, in the last three months, how vulnerable did you feel to sexual harassment or sexual, physical or emotional assault by someone who does not live in your house?

1. Not vulnerable at all
2. A little vulnerable
3. Neutral
4. Quite vulnerable
5. Very vulnerable

10.6. Is this more or less than prior to the initial introduction of the COVID-19 measures?	1. Much more
	2. A little more
	3. About the same
	4. A little less
	5. Much less
10.7.a. In the last three months, has a partner tried to restrict contact with your family (online, phone or in everyday life)?	1. No
	2. Yes, once
	3. Yes, multiple times
	4. I didn't have a partner at this point
10.7.b. Do you experience this more or less frequently now compared to before the introduction of the COVID-19 measures?	1. Much more
	2. A little more
	3. About the same
	4. A little less
	5. Much less
10.8.a. In the last three months, has a partner insulted you or made you feel bad about yourself?	1. No
	2. Yes, once
	3. Yes, multiple times
	4. I didn't have a partner at this point
10.8.b. Do you experience this more or less frequently now compared to before the introduction of the COVID-19 measures?	1. Much more
	2. A little more
	3. About the same
	4. A little less
	5. Much less
10.9.a. In the last three months, has a partner ever not provided money to run the house or look after the children but has money for other things?	1. No
	2. Yes, once
	3. Yes, multiple times
	4. I didn't have a partner at this point
10.9.b. Do you experience this more or less frequently now compared to before the introduction of the COVID-19 measures?	1. Much more
	2. A little more
	3. About the same
	4. A little less
	5. Much less
10.10.a. In the last three months, has a partner slapped, pushed, hit, kicked or choked you or thrown something at you that could hurt you?	1. No
	2. Yes, once
	3. Yes, multiple times
	4. I didn't have a partner at this point

10.10.b. Do you experience this more or less frequently now compared to before the introduction of the COVID-19 measures?	<ul style="list-style-type: none"> 1. Much more 2. A little more 3. About the same 4. A little less 5. Much less
10.11.a. In the last three months, has a partner physically forced you to have sexual intercourse when you did not want to?	<ul style="list-style-type: none"> 1. No 2. Yes, once 3. Yes, multiple times 4. I didn't have a partner at this point
10.11.b. Do you experience this more or less frequently now compared to before the introduction of the COVID-19 measures?	<ul style="list-style-type: none"> 1. Much more 2. A little more 3. About the same 4. A little less 5. Much less
10.12.a. In the last three months, has a partner made you have sexual intercourse when you did not want to because you were afraid of what your partner might do?	<ul style="list-style-type: none"> 1. No 2. Yes, once 3. Yes, multiple times 4. I didn't have a partner at this point
10.12.b. Do you experience this more or less frequently now compared to before the introduction of the COVID-19 measures?	<ul style="list-style-type: none"> 1. Much more 2. A little more 3. About the same 4. A little less 5. Much less
10.13. Before the COVID-19 measures were introduced, did you ever talk to someone about the violence you experienced? (multiple responses possible)	<ul style="list-style-type: none"> 1. No 2. Yes, to a relative 3. Yes, to a friend 4. Yes, to a phone or online helpline 5. Yes, to the social services 6. Yes, to the police 7. Yes, to an association 8. Yes, other
10.14. Before the COVID-19 measures were introduced, did you ever officially report (i.e. file a complaint) any instances of violence you had experienced?	<ul style="list-style-type: none"> 1. No 2. Yes
10.15. Where did you officially report the violence you had experienced? (multiple options possible)	<ul style="list-style-type: none"> 1. Police 2. Health institution (pharmacy, general practitioner/ family doctor, hospital, family planning clinic) 3. Shelter for survivors of violence 4. Sexual assault organization 5. Other

<p>10.16. Did you stay in a refuge/shelter for survivors of violence?</p>	<ol style="list-style-type: none"> 1. Yes 2. No, I didn't want 3. No, I didn't need to 4. No, It was closed 5. No, it was full
<p>10.17. In the last three months, did you ever talk to someone about the instances of violence you had experienced? (multiple responses possible)</p>	<ol style="list-style-type: none"> 1. No 2. Yes, to a relative 3. Yes, to a friend 4. Yes, to a phone or online helpline 5. Yes, to the social services 6. Yes, to the police 7. Yes, to an association 8. Yes, health professional 9. Yes, other
<p>10.18. In the last three months, did you ever officially report (i.e. file a complaint) any instances of violence you had experienced?</p>	<ol style="list-style-type: none"> 1. No 2. Yes
<p>10.19. Where did you officially report the violence you had experienced? (multiple options possible)</p>	<ol style="list-style-type: none"> 1. Police 2. Health institution (pharmacy, general practitioner/ family doctor, hospital, family planning clinic) 3. Shelter for survivors of violence 4. Sexual assault organization 5. Other
<p>10.20. Did you stay in a refuge/ shelter for survivors of violence?</p>	<ol style="list-style-type: none"> 1. Yes 2. No, I didn't want 3. No, I didn't need to 4. No, It was closed 5. No, it was full
<p>11. Household functioning – RECOMMENDED</p>	
<p>11.1.a. Before the introduction of the COVID-19 measures, who was doing most of the household work in your household? By "household work", we mean the household cleaning, household maintenance, management of the household (purchasing food, ensuring household tasks are undertaken, management of the family's needs and daily lives), caring for relatives other than children.</p>	<ol style="list-style-type: none"> 1. I was doing most of the household work 2. My partner did most of the household work 3. My partner and I equally contributed to the household work 4. My partner, myself and other members of the household contributed equally 5. Other household members, not including my partner or I, did most of the household work

11.1.b. Who is doing most of the household work in your household in the last three months?	<ol style="list-style-type: none"> 1. I am doing most of the household work 2. My partner is doing most of the household work 3. My partner and I equally contribute to the household work 4. My partner, myself and other members of the household contributed equally 5. Other household members, not including my partner or I, did most of the household work
11.2.a. Before the introduction of the COVID-19 measures, who was doing most of the childcare in your household? By childcare, we mean playing with the children, cooking meals, dressing them, bathing them, helping with homework, enforcing rules, monitoring their whereabouts and behaviour.	<ol style="list-style-type: none"> 1. I was doing most of the childcare 2. My partner did most of the childcare 3. My partner and I equally contributed to childcare 4. My partner, myself and other members of the household contributed equally 5. Other household members, not including my partner or I, did most of the childcare
11.2.b. Who is doing most of the childcare in your household in the last three months?	<ol style="list-style-type: none"> 1. I am doing most of the childcare 2. My partner is doing most of the childcare 3. My partner and I equally contribute to childcare 4. My partner, myself and other members of the household contributed equally 5. Other household members, not including my partner or I, did most of the childcare
11.3.a. Before the COVID-19 measures were initially introduced, who had most control over household spending?	<ol style="list-style-type: none"> 1. I had most control over household spending 2. My partner had most control over household spending 3. My partner and I had equal control of household spending 4. Someone else other than my partner and I had most control over household spending
11.3.b. Who had most control over household spending in the last three months?	<ol style="list-style-type: none"> 1. I have most control over household spending 2. My partner has most control over household spending 3. My partner and I have equal control of household spending 4. Someone else other than my partner and I has most control over household spending
11.4.a. Before the introduction of the COVID-19 measures, how often did you experience tension in your relationship with your children?	<ol style="list-style-type: none"> 1. Never 2. Monthly or less 3. 2–4 times a month 4. 2–3 times a week 5. 4 or more times a week
11.4.b. In the last three months, how often did you experience tension in your relationship with your children?	<ol style="list-style-type: none"> 1. Never 2. Monthly or less 3. 2–4 times a month 4. 2–3 times a week 5. 4 or more times a week

11.5. The lockdowns brought our household closer together.	1. Completely disagree 2. Disagree 3. Agree 4. Completely agree
11.6. The lockdowns caused more tension in the household.	1. Completely disagree 2. Disagree 3. Agree 4. Completely agree
Compared to BEFORE the initial introduction of the COVID-19 measures, are there currently more CONFLICTS in your household about...	
11.7. How to spend leisure time (e.g. watching TV, hobbies, games, exercise)	1. Much less than before 2. A little less than before 3. The same as before 4. A little more than before 5. Much more than before 6. Does not apply to my household
11.8. Decisions about how people should take care of their health (e.g. taking medicines, going to the doctor, getting enough to eat)	1. Much less than before 2. A little less than before 3. The same as before 4. A little more than before 5. Much more than before 6. Does not apply to my household
11.9. Decisions about going out (e.g. on errands, to appointments, for visits)	1. Much less than before 2. A little less than before 3. The same as before 4. A little more than before 5. Much more than before 6. Does not apply to my household
11.10. Decisions about visitors to the home	1. Much less than before 2. A little less than before 3. The same as before 4. A little more than before 5. Much more than before 6. Does not apply to my household

11.11. Privacy or personal space	<ul style="list-style-type: none"> 1. Much less than before 2. A little less than before 3. The same as before 4. A little more than before 5. Much more than before 6. Does not apply to my household
11.12. News or social media (e.g. watching too much news, what people believe from social media, what people share on social media)	<ul style="list-style-type: none"> 1. Much less than before 2. A little less than before 3. The same as before 4. A little more than before 5. Much more than before 6. Does not apply to my household
11.13. Alcohol, tobacco or drug use	<ul style="list-style-type: none"> 1. Much less than before 2. A little less than before 3. The same as before 4. A little more than before 5. Much more than before 6. Does not apply to my household
11.14. How often was there conflict around complying with the COVID-19 measures?	<ul style="list-style-type: none"> 1. Always 2. Very frequently 3. Occasionally 4. Rarely 5. Very rarely 6. Never
11. Young people's household functioning – RECOMMENDED	
Compared to BEFORE the introduction of the initial COVID-19 measures, in the last three months, were/are there more CONFLICTS between you and your household member(s) ABOUT...	
y.11.1. How you spend your free time (e.g. watching TV, video games, hobbies, music or art activities, social media)	<ul style="list-style-type: none"> 1. Much less conflict than before 2. A little less conflict than before 3. The same amount of conflict as before 4. A little more conflict than before 5. Much more conflict than before 6. Does not apply to my household

y.11.2. School, college or university work (e.g. completing assignments, grades, needing a quiet place to do schoolwork, having access to a computer or tablet for schoolwork)	<ul style="list-style-type: none"> 1. Much less conflict than before 2. A little less conflict than before 3. The same amount of conflict as before 4. A little more conflict than before 5. Much more conflict than before 6. Does not apply to my household
y.11.3. Complying with the COVID-19 measures	<ul style="list-style-type: none"> 1. Much less conflict than before 2. A little less conflict than before 3. The same amount of conflict as before 4. A little more conflict than before 5. Much more conflict than before 6. Does not apply to my household
y.11.4. Having your friends come over (e.g. who can visit, when they can visit)	<ul style="list-style-type: none"> 1. Much less conflict than before 2. A little less conflict than before 3. The same amount of conflict as before 4. A little more conflict than before 5. Much more conflict than before 6. Does not apply to my household
y.11.5. Doing your chores or sharing housework (e.g. cleaning your room/place where you live, cleaning up after yourself, setting the table, laundry, yardwork)	<ul style="list-style-type: none"> 1. Much less conflict than before 2. A little less conflict than before 3. The same amount of conflict as before 4. A little more conflict than before 5. Much more conflict than before 6. Does not apply to my household
y.11.6. Money (e.g. how much you spend, what you buy, your allowance)	<ul style="list-style-type: none"> 1. Much less conflict than before 2. A little less conflict than before 3. The same amount of conflict as before 4. A little more conflict than before 5. Much more conflict than before 6. Does not apply to my household
y.11.7. Privacy or personal space	<ul style="list-style-type: none"> 1. Much less conflict than before 2. A little less conflict than before 3. The same amount of conflict as before 4. A little more conflict than before 5. Much more conflict than before 6. Does not apply to my household

y.11.8. Your use of alcohol, tobacco or other substances		<p>1. Much less conflict than before</p> <p>2. A little less conflict than before</p> <p>3. The same amount of conflict as before</p> <p>4. A little more conflict than before</p> <p>5. Much more conflict than before</p> <p>6. Does not apply to my household</p>
y.11.9. Your sexuality		<p>1. Much less conflict than before</p> <p>2. A little less conflict than before</p> <p>3. The same amount of conflict as before</p> <p>4. A little more conflict than before</p> <p>5. Much more conflict than before</p> <p>6. Does not apply to my household</p>
y.11.10. Your technology use (e.g. "hogging"/not sharing gadgets or Wi-Fi services)		<p>1. Much less conflict than before</p> <p>2. A little less conflict than before</p> <p>3. The same amount of conflict as before</p> <p>4. A little more conflict than before</p> <p>5. Much more conflict than before</p> <p>6. Does not apply to my household</p>
11. Household functioning continued – OPTIONAL		
<p>Compared to BEFORE the initial introduction of COVID-19 measures, was/is there is more TOGETHERNESS between you and your household member(s) BECAUSE OF...</p>		
11.16. Spending free time together (e.g. watching TV, doing exercise together, video games, hobbies, music or art activities, social media)		<p>1. Much less togetherness than before</p> <p>2. A little less togetherness than before</p> <p>3. The same togetherness as before</p> <p>4. A little more togetherness than before</p> <p>5. Much more togetherness than before</p> <p>6. Does not apply to my household</p>
11.17. Parent(s) getting involved in your education (e.g. helping with homework, sharing what you are learning, talking about plans for college)		<p>1. Much less togetherness than before</p> <p>2. A little less togetherness than before</p> <p>3. The same togetherness as before</p> <p>4. A little more togetherness than before</p> <p>5. Much more togetherness than before</p> <p>6. Does not apply to my household</p>

11.18. Helping each other (e.g. with use of technology, health needs, explaining how to do something, hair or make-up)	<ul style="list-style-type: none"> 1. Much less togetherness than before 2. A little less togetherness than before 3. The same togetherness as before 4. A little more togetherness than before 5. Much more togetherness than before 6. Does not apply to my household
11.19. Doing household tasks together (e.g. cooking, laundry, cleaning)	<ul style="list-style-type: none"> 1. Much less togetherness than before 2. A little less togetherness than before 3. The same togetherness as before 4. A little more togetherness than before 5. Much more togetherness than before 6. Does not apply to my household
11.20. Eating together (e.g. having dinner, sharing a snack)	<ul style="list-style-type: none"> 1. Much less togetherness than before 2. A little less togetherness than before 3. The same togetherness as before 4. A little more togetherness than before 5. Much more togetherness than before 6. Does not apply to my household
11.21. Showing affection (hugs, kisses)	<ul style="list-style-type: none"> 1. Much less togetherness than before 2. A little less togetherness than before 3. The same togetherness as before 4. A little more togetherness than before 5. Much more togetherness than before 6. Does not apply to my household
11.22. Sharing religious or spiritual activities (e.g. praying, meditating, religious lessons)	<ul style="list-style-type: none"> 1. Much less togetherness than before 2. A little less togetherness than before 3. The same togetherness as before 4. A little more togetherness than before 5. Much more togetherness than before 6. Does not apply to my household
12. Marriage – OPTIONAL	
12.1. Does early marriage (marriage before the age of 18 years) happen in your community?	<ul style="list-style-type: none"> 1. No 2. Yes 3. I don't know
12.2. Do you have a child between the age of 10 and 18 years old?	<ul style="list-style-type: none"> 1. No 2. Yes, one 3. Yes, more than one

12.3. Before the introduction of the COVID-19 measures, did you intend to arrange a marriage for your child(ren) that are between 10 and 18 years old?	1. No
	2. Yes
12.4. Did the COVID-19 situation change your plans to arrange a marriage for your adolescent child(ren)? (multiple responses possible)	1. No
	2. Yes, I will arrange the marriage(s) sooner than planned
	3. Yes, I will arrange the marriage(s) later than planned
	4. Yes, I have cancelled the marriage plans
12.5. In general, do you feel that because of COVID-19, girls and boys are more likely to be married early?	1. No
	2. Yes, somewhat more likely
	3. Yes, much more likely
	4. I don't know
12.6. Is female circumcision practiced in your community?	1. No
	2. Yes
	3. I don't know
12.7. Do you have a daughter who is at the age that circumcision is generally done?	1. No
	2. Yes
12.8. Before the COVID-19 social distancing measures, did you intend to circumcise your daughter?	1. No
	2. Yes
12.9. Did the COVID-19 situation change your plans to circumcise your daughter?	1. No
	2. Yes, I decide to do the circumcision sooner than planned
	3. Yes, I decide to do the circumcision later than planned
	4. Yes, I have cancelled the circumcision plans
12.10. In general, do you feel that because of COVID-19, girls are more likely to undergo circumcision?	1. No
	2. Yes, somewhat more likely
	3. Yes, much more likely
	4. I don't know
12. Young people's section on marriage – OPTIONAL	
y.12.1. Does early marriage (marriage before the age of 18 years) happen in your community?	1. No
	2. Yes
	3. I don't know
y.12.2. Before the introduction of the COVID-19 measures, were there plans to arrange a marriage for you?	1. No
	2. Yes
	3. Not to me, another relative under 18
y.12.3. Did the COVID-19 situation change any plans to arrange a marriage for you? (multiple responses possible)	1. No
	2. Yes, the marriage will be arranged sooner than planned
	3. Yes, the marriage will be arranged later than planned
	4. Yes, the marriage will be/has been cancelled

y.12.4. In general, do you feel that, because of COVID-19, girls have a higher or lower chance of getting married early?	1. Much lower risk
	2. Somewhat lower risk
	3. Somewhat higher risk
	4. Much higher risk
	5. I don't know
y.12.5. In general, do you feel that, because of COVID-19, boys have a higher chance of getting married early?	1. Much lower risk
	2. Somewhat lower risk
	3. Somewhat higher risk
	4. Much higher risk
	5. I don't know
y.12.6. Is female circumcision practised in your community?	1. No
	2. Yes
	3. I don't know
y.12.7. Do you have a friend or relative who is at the age when circumcision is generally done?	1. No
	2. Yes
y.12.8. Before the COVID-19 social distancing measures, were there plans to circumcise this friend or relative?	1. No
	2. Yes
y.12.9. Did the COVID-19 situation change these plans?	1. No
	2. Yes, the circumcision was done earlier than planned
	3. Yes, the circumcision was postponed
	4. Yes, the circumcision plans were cancelled
	5. I don't know
y.12.10. In general, do you feel that, because of COVID-19, girls are at a higher risk of circumcision?	1. No
	2. Yes, somewhat higher risk
	3. Yes, much higher risk
	4. I don't know

13. COVID-19 knowledge and information – OPTIONAL

To the best of your knowledge, which of the following statements about the new coronavirus are true (select any or all that are TRUE)?

13.1. People with the new coronavirus infection (COVID-19) cannot spread the virus to others when a fever is not present.	1. True
	2. Not true
	3. Don't know
13.2. Isolation of people who are infected with the new coronavirus (COVID-19) is an effective way to reduce the spread of the virus.	1. True
	2. Not true
	3. Don't know

13.3. There is currently no effective cure for COVID-19.	<input type="radio"/> 1. True <input type="radio"/> 2. Not true <input type="radio"/> 3. Don't know
13.4. Those with other health problems are more likely to die from an infection with the new coronavirus (COVID-19) than those without any other health problems.	<input type="radio"/> 1. True <input type="radio"/> 2. Not true <input type="radio"/> 3. Don't know
13.5. Only older adults can become infected with the new coronavirus (COVID-19).	<input type="radio"/> 1. True <input type="radio"/> 2. Not true <input type="radio"/> 3. Don't know
In the last month, where did you get information about COVID-19?	
13.6. TV	<input type="radio"/> 1. Never <input type="radio"/> 2. Rarely <input type="radio"/> 3. Sometimes <input type="radio"/> 4. Often <input type="radio"/> 5. Always
13.7. Newspapers	<input type="radio"/> 1. Never <input type="radio"/> 2. Rarely <input type="radio"/> 3. Sometimes <input type="radio"/> 4. Often <input type="radio"/> 5. Always
13.8. Health workers	<input type="radio"/> 1. Never <input type="radio"/> 2. Rarely <input type="radio"/> 3. Sometimes <input type="radio"/> 4. Often <input type="radio"/> 5. Always
13.9. Social media	<input type="radio"/> 1. Never <input type="radio"/> 2. Rarely <input type="radio"/> 3. Sometimes <input type="radio"/> 4. Often <input type="radio"/> 5. Always
13.10. Radio	<input type="radio"/> 1. Never <input type="radio"/> 2. Rarely <input type="radio"/> 3. Sometimes <input type="radio"/> 4. Often <input type="radio"/> 5. Always

13.11. Ministry of Health or Institute of Public Health/Centre for Disease Control [NATIONAL NAME]	1. Never
	2. Rarely
	3. Sometimes
	4. Often
	5. Always
13.12. Websites, press releases, podcasts from international health organizations (WHO, CDC, Johns Hopkins, etc.)	1. Never
	2. Rarely
	3. Sometimes
	4. Often
	5. Always
13.13. COVID-19 hotlines	1. Never
	2. Rarely
	3. Sometimes
	4. Often
	5. Always
13.14. Your place of worship/religious leader	1. Never
	2. Rarely
	3. Sometimes
	4. Often
	5. Always
How much do you trust information about COVID-19 from the following sources?	
13.15. TV	1. Not at all
	2. To some extent
	3. To a moderate extent
	4. To a great extent
	5. To a very great extent
13.16. Newspapers	1. Not at all
	2. To some extent
	3. To a moderate extent
	4. To a great extent
	5. To a very great extent
13.17. Health workers	1. Not at all
	2. To some extent
	3. To a moderate extent
	4. To a great extent
	5. To a very great extent

13.18. Social media	1. Not at all
	2. To some extent
	3. To a moderate extent
	4. To a great extent
	5. To a very great extent
13.19. Radio	1. Not at all
	2. To some extent
	3. To a moderate extent
	4. To a great extent
	5. To a very great extent
13.20. Ministry of Health or Institute of Public Health/Centre for Disease Control [NATIONAL NAME]	1. Not at all
	2. To some extent
	3. To a moderate extent
	4. To a great extent
	5. To a very great extent
13.21. International health organization (WHO, CDC, Johns Hopkins, etc.)	1. Not at all
	2. To some extent
	3. To a moderate extent
	4. To a great extent
	5. To a very great extent
13.22. COVID-19 hotlines	1. Not at all
	2. To some extent
	3. To a moderate extent
	4. To a great extent
	5. To a very great extent
13.23. Your place of worship/religious leader	1. Not at all
	2. To some extent
	3. To a moderate extent
	4. To a great extent
	5. To a very great extent
How responsible do you think the following groups of people are for the spread of COVID-19 to and within [country or territory]?	
13.24. Migrants	1. Not at all
	2. To some extent
	3. To a moderate extent
	4. To a great extent
	5. To a very great extent

13.25. Young people (18–25 years)	1. Not at all
	2. To some extent
	3. To a moderate extent
	4. To a great extent
	5. To a very great extent
13.26. The elderly (age 65+)	1. Not at all
	2. To some extent
	3. To a moderate extent
	4. To a great extent
	5. To a very great extent
13.27. Children (up to age 18)	1. Not at all
	2. To some extent
	3. To a moderate extent
	4. To a great extent
	5. To a very great extent
13.28. People of Chinese descent in [country or territory]	1. Not at all
	2. To some extent
	3. To a moderate extent
	4. To a great extent
	5. To a very great extent
13.29. Travellers and Roma	1. Not at all
	2. To some extent
	3. To a moderate extent
	4. To a great extent
	5. To a very great extent
13.30. I am likely to be vaccinated when a vaccine for COVID-19 becomes available	1. Yes
	2. No
	3. Unsure/don't know
13.30.a. If no or unsure/don't know, what is the reason for this? (multiple responses possible)	1. I have already had COVID-19
	2. I am afraid that the vaccine will cause COVID-19
	3. I am afraid of side-effects
	4. The vaccine is new and I am not sure of its effectiveness
	5. Want to wait until more research is available
	6. Not worried about getting COVID-19
	7. Not worried that my children will get COVID-19
	8. Sceptical of vaccines in general
	9. The risks of COVID-19 are exaggerated and a vaccine is not therefore necessary
	10. Other reason, please specify

13.30.b. Other (specify)	Open answer
13.31. I am likely to have my child/children (>12 years) vaccinated when a vaccine for COVID-19 is approved for children and becomes available	1. Yes
	2. No
	3. Unsure/don't know
	4. I don't have children
13.31.a. If no or unsure/don't know, what is the reason for this? (multiple responses possible)	1. My child has/children have already had COVID-19
	2. I am afraid that the vaccine will cause COVID-19
	3. I am afraid of side effects
	4. The vaccine is new and I am not sure of its effectiveness
	5. Want to wait until more research is available
	6. Not worried about getting COVID-19
	7. Not worried that my children will get COVID-19
	8. Sceptical of vaccines in general
	9. The risks of COVID-19 are exaggerated and a vaccine is not therefore necessary
	10. Other reason, please specify
13.31.b. If other, please specify	Open answer
14 Access to health care – OPTIONAL	
14.1. Since the initial introduction of the COVID-19 measures in [country or territory], have you ever needed to access care that was NOT COVID-19 related, but couldn't? (multiple responses possible)	1. No
	2. General practitioner's consultation
	3. Routine vaccines for myself or my child
	4. HPV vaccine
	5. Screening
	6. Gynaecological care
	7. Urological care
	8. Surgery
	9. Dental care
	10. Vision or hearing care
	11. Psychological care
	12. Physiotherapy
	13. Antenatal care
	14. Fertility treatment
	15. Hormone Therapy
	16. Termination of pregnancy and/or post-termination care
	17. ARV medication
	18. PEP/PrEP
	19. Opioid substitution therapy/clean needles
	20. Other

14.1.a. If other, please specify:	
14.2. You indicated that you could not access XX care. What was the main reason?	<ol style="list-style-type: none"> 1. My appointment was cancelled or postponed by the health-care provider 2. I cancelled the appointment because I was afraid of being infected with the coronavirus if I went to the health services 3. I cancelled the appointment because I did not want to bother the health-care workers 4. Other, specify
14.3. Did the cancellation/postponement of this care affect your health?	<ol style="list-style-type: none"> 1. Yes, my health problem(s) became worse 2. No, my health problem(s) stayed the same 3. No, my health problem(s) resolved itself
14.4. Since the introduction of the COVID-19 measures, have you missed a screening (cervical smear/Pap smear) for cervical cancer?	<ol style="list-style-type: none"> 1. No, I had not scheduled a screening 2. Yes, I decided to postpone a screening 3. Yes, my screening appointment was cancelled or postponed by the health-care provider 4. Not applicable
14.5. Since the introduction of the COVID-19 measures, did you miss a screening for breast cancer (mammogram)?	<ol style="list-style-type: none"> 1. No, I had not scheduled a screening 2. Yes, I decided to postpone a screening 3. Yes, my screening appointment was cancelled or postponed by the health-care provider 4. Not applicable (e.g. I am not old enough to have a mammogram)

Young people's section: access to health care (additional section for young people) – OPTIONAL

y.14.1. Where do you usually go for medical care for sexual health (e.g. contraception, STI testing, information about sexual health)? (multiple responses possible)	<ol style="list-style-type: none"> 1. Not applicable (have not been in need to medical care for sexual health) 2. Doctor's office or clinic 3. School nurse 4. Community clinic/health centre 5. Hospital clinic 6. Reproductive health service: family planning clinic, STI clinic, etc. 7. Young people's organization 8. No particular place 9. Other _____
y.14.2. What is important for you when you seek sexual health care? (multiple responses possible)	<ol style="list-style-type: none"> 1. Privacy and confidentiality (e.g. you can see them without your parents or anyone else there) 2. Convenient opening times 3. Convenient location 4. Respectful staff 5. Youth or peer workers 6. Necessary referrals are available 7. Affordable services 8. Materials (like leaflets) are easy to understand

<p>y.14.3. We want to understand your experience of sexual and reproductive health care before the introduction of the COVID-19 measures: Before the introduction of the COVID-19 measures, did you received the sexual health care you needed (e.g. access to contraception, STI testing and treatment, information on sexual health, young-people friendly services)</p>	<ol style="list-style-type: none"> 1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree 6. N/a
<p>y.14.4. Following the introduction of the COVID-19 measures did you receive the sexual health care you needed (access to contraception, STI testing and treatment, information on sexual health, young-people friendly services)?</p>	<ol style="list-style-type: none"> 1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree 6. N/a
<p>15. Substance use and treatment – PARTLY OPTIONAL</p>	
<p>15.1.a. In the last month, how often do you have a meal (including snacks)?</p>	<ol style="list-style-type: none"> 1. Less than 3 a day 2. Less than 5 a day 3. 5–8 a day 4. More than 8 a day
<p>15.1.b. Is this more or less frequent than before the introduction of the COVID-19 measures?</p>	<ol style="list-style-type: none"> 1. Much less frequent 2. Less frequent 3. About the same 4. More frequent 5. Much more frequent
<p>15.2.a. In the last month, how often did you have a drink containing alcohol?</p>	<ol style="list-style-type: none"> 1. Never 2. Monthly or less 3. 2–4 times a month 4. 2–3 times a week 5. 4 or more times a week
<p>15.2.b. Is this more or less frequent than before the introduction of the COVID-19 measures?</p>	<ol style="list-style-type: none"> 1. Much less frequent 2. Less frequent 3. About the same 4. More frequent 5. Much more frequent
<p>15.3.a. In the last month, how many standard drinks containing alcohol do you have on a typical day when you are drinking?</p>	<ol style="list-style-type: none"> 1. 1–2 2. 3–4 3. 5–6 4. 7–9 5. 10+

<p>15.3.b. Is this more or less frequent than before the introduction of the COVID-19 measures?</p>	<p>1. Much less frequent</p> <p>2. Less frequent</p> <p>3. About the same</p> <p>4. More frequent</p> <p>5. Much more frequent</p>
<p>15.4.a. In the last month, how often do you have six or more drinks on one occasion?</p>	<p>1. Never</p> <p>2. Monthly or less</p> <p>3. 2–4 times a month</p> <p>4. 2–3 times a week</p> <p>5. 4 or more times a week</p>
<p>15.4.b. Is this more or less frequent than before the introduction of the COVID-19 measures?</p>	<p>1. Much less frequent</p> <p>2. Less frequent</p> <p>3. About the same</p> <p>4. More frequent</p> <p>5. Much more frequent</p>
<p>15.5.a. In the last month, how often do you use cannabis (such as hash or marijuana)?</p>	<p>1. Never</p> <p>2. Monthly or less</p> <p>3. 2–4 times a month</p> <p>4. 2–3 times a week</p> <p>5. 4 or more times a week</p>
<p>15.5.b. Is this more or less frequent than before the introduction of the COVID-19 measures?</p>	<p>1. Much less frequent</p> <p>2. Less frequent</p> <p>3. About the same</p> <p>4. More frequent</p> <p>5. Much more frequent</p>
<p>15.6.a. In the last month, how often do you use ecstasy and other party pills, inhalants (glue), hallucinogens (mushrooms)?</p>	<p>1. Never</p> <p>2. Monthly or less</p> <p>3. 2–4 times a month</p> <p>4. 2–3 times a week</p> <p>5. 4 or more times a week</p>
<p>15.6.b. Is this more or less frequent than before the introduction of the COVID-19 measures?</p>	<p>1. Much less frequent</p> <p>2. Less frequent</p> <p>3. About the same</p> <p>4. More frequent</p> <p>5. Much more frequent</p>

15.7.a. In the last month, how often do you use amphetamines (e.g. speed, "P", ice, whiz) or sedatives (e.g. sleeping pills, benzos, downers, Valium)?	1. Never
	2. Monthly or less
	3. 2–4 times a month
	4. 2–3 times a week
	5. 4 or more times a week
15.7.b. Is this more or less frequent than before the introduction of the COVID-19 measures?	1. Much less frequent
	2. Less frequent
	3. About the same
	4. More frequent
	5. Much more frequent
15.8.a. In the last month, how often do you use opiates (e.g. heroin, morphine, methadone, codeine) or cocaine (e.g. coke, crack, blow)?	1. Never
	2. Monthly or less
	3. 2–4 times a month
	4. 2–3 times a week
	5. 4 or more times a week
15.8.b. Is this more or less frequent than before the introduction of the COVID-19 measures?	1. Much less frequent
	2. Less frequent
	3. About the same
	4. More frequent
	5. Much more frequent
15.9.a. In the last month, how often did you smoke tobacco (e.g. cigarettes, cigars) on average?	1. Never
	2. Monthly or less
	3. 2–4 times a month
	4. 2–3 times a week
	5. 4 or more times a week
15.9.b. Is this more or less frequent than before the introduction of the COVID-19 measures?	1. Much less frequent
	2. Less frequent
	3. About the same
	4. More frequent
	5. Much more frequent

16. Telemedicine – OPTIONAL

Since the introduction of the COVID-19 measures, many people have had to discuss health issues with their health-care provider by phone, chat or email. We would like to know more about whether you have had to do this and how often.

16.1. Before the initial introduction of COVID-19 measures, had you ever consulted a health-care provider by phone, chat or email?	<input type="checkbox"/> 1. Never <input type="checkbox"/> 2. Rarely <input type="checkbox"/> 3. Sometimes <input type="checkbox"/> 4. Often <input type="checkbox"/> 5. Always
16.2. Tick the options that you used (multiple responses possible).	<input type="checkbox"/> 1. Audio service such as telephone <input type="checkbox"/> 2. Visual service such as video chat <input type="checkbox"/> 3. Text messages <input type="checkbox"/> 4. Internet chat messages <input type="checkbox"/> 5. Other
16.3. Following the introduction of the COVID-19 measures, have you consulted a health-care provider by phone, chat or email?	<input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Not applicable (did not need health care)
16.4. Tick the options that you used (multiple responses possible).	<input type="checkbox"/> 1. Audio service such as telephone <input type="checkbox"/> 2. Visual service such as video chat <input type="checkbox"/> 3. Text messages <input type="checkbox"/> 4. Internet chat messages <input type="checkbox"/> 5. Other
16.5. How would you rate your satisfaction with the health care received when communicating with healthcare providers via phone/chat/email since COVID-19?	<input type="checkbox"/> 1. Excellent <input type="checkbox"/> 2. Good <input type="checkbox"/> 3. Fair <input type="checkbox"/> 4. Poor
16.a. Accessing treatment services – OPTIONAL	
16.10. Following the initial introduction of COVID-19 measures, did you need to access treatment services for substance use (alcohol support services, quitting smoking, drug support services)?	<input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes
16.11 Following the initial introduction of COVID-19 measures, were you able to access treatment services for substance use?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No, could not access because of restrictions <input type="checkbox"/> 3. No, could not access because of other reasons
17. Mental health – RECOMMENDED	
17.1. How would you rate your overall mental health?	<input type="checkbox"/> 1. Poor <input type="checkbox"/> 2. Fair <input type="checkbox"/> 3. Good <input type="checkbox"/> 4. Very good <input type="checkbox"/> 5. Excellent
In the last two weeks, have you...	

17.2. ...been feeling down, depressed or hopeless?	1. Totally agree
	2. Agree
	3. Neither agree nor disagree
	4. Disagree
	5. Totally disagree
17.3. Does this happen more or less since the introduction of the COVID-19 measures?	1. A lot more
	2. More
	3. About the same
	4. Less
	5. A lot less
17.4. ...been feeling anxious? By anxious, we mean a feeling of unease, for example worry or fear, that can be mild or severe.	1. Totally agree
	2. Agree
	3. Neither agree nor disagree
	4. Disagree
	5. Totally disagree
17.5. Does this happen more or less since the introduction of the COVID-19 measures?	1. A lot more
	2. More
	3. About the same
	4. Less
	5. A lot less
To what extent are you worried that the global public health crisis due to COVID-19 will have a lasting impact on...	
17.6. ...being connected to your family?	1. Not at all
	2. Somewhat worried
	3. Quite worried
	4. Very worried
17.7. ...bring connected to your friends?	1. Not at all
	2. Somewhat worried
	3. Quite worried
	4. Very worried
17.8. ...your education?	1. Not at all
	2. Somewhat worried
	3. Quite worried
	4. Very worried
17.9. ...your (future) employment?	1. Not at all
	2. Somewhat worried
	3. Quite worried
	4. Very worried

17.10. ...housing?	1. Not at all 2. Somewhat worried 3. Quite worried 4. Very worried
17.11. ...your physical health?	1. Not at all 2. Somewhat worried 3. Quite worried 4. Very worried
17.12. ...your mental health?	1. Not at all 2. Somewhat worried 3. Quite worried 4. Very worried
17.13....access to reliable information?	1. Not at all 2. Somewhat worried 3. Quite worried 4. Very worried
17.14....limitation of individual freedoms?	1. Not at all 2. Somewhat worried 3. Quite worried 4. Very worried
17.15. ...being bullied/trolled online?	1. Not at all 2. Somewhat worried 3. Quite worried 4. Very worried
18. Mental health – add-on – OPTIONAL	
18.1. In the past three months, how much time on average do you spend a day on activities with family?	1. None 2. 30 mins or less 3. 1–2 hours 4. 2–6 hours 5. 6+ hours
18.2. Is this more or less compared to before the introduction of COVID-19 measures?	1. A lot more 2. A little more 3. About the same 4. A little less 5. Much less

18.3. In the past three months, how much time on average do you spend a day on activities with friends?	1. None
	2. 30 mins or less
	3. 1–2 hours
	4. 2–6 hours
	5. 6+ hours
18.4. Is this more or less compared to before the introduction of COVID-19 measures?	1. A lot more
	2. A little more
	3. About the same
	4. A little less
	5. Much less
18.5. In the past three months, how much time on average do you spend a day on video/phone call/texting to family?	1. None
	2. 30 mins or less
	3. 1–2 hours
	4. 2–6 hours
	5. 6+ hours
18.6. Is this more or less compared to before the introduction of COVID-19 measures?	1. A lot more
	2. A little more
	3. About the same
	4. A little less
	5. Much less
18.7. In the past three months, how much time on average do you spend a day on video/phone call/texting to friends?	1. None
	2. 30 mins or less
	3. 1–2 hours
	4. 2–6 hours
	5. 6+ hours
18.8. Is this more or less compared to before the introduction of COVID-19 measures?	1. A lot more
	2. A little more
	3. About the same
	4. A little less
	5. Much less
18.9. In the past three months, how much time on average do you spend a day on social media?	1. None
	2. 30 mins or less
	3. 1–2 hours
	4. 2–6 hours
	5. 6+ hours

<p>18.10. Is this more or less compared to before the introduction of COVID-19 measures?</p>	<p>1. A lot more</p> <p>2. A little more</p> <p>3. About the same</p> <p>4. A little less</p> <p>5. Much less</p>
<p>18.11. In the past three months, how much time on average do you spend a day on the internet?</p>	<p>1. None</p> <p>2. 30 mins or less</p> <p>3. 1–2 hours</p> <p>4. 2–6 hours</p> <p>5. 6+ hours</p>
<p>18.12. Is this more or less compared to before the introduction of COVID-19 measures?</p>	<p>1. A lot more</p> <p>2. A little more</p> <p>3. About the same</p> <p>4. A little less</p> <p>5. Much less</p>
<p>18.13. In the past three months, how much time on average do you spend a day on school/college/university work?</p>	<p>1. None</p> <p>2. 30 mins or less</p> <p>3. 1–2 hours</p> <p>4. 2–6 hours</p> <p>5. 6+ hours</p> <p>6. Not applicable</p>
<p>18.14. Is this more or less compared to before the introduction of COVID-19 measures?</p>	<p>1. A lot more</p> <p>2. A little more</p> <p>3. About the same</p> <p>4. A little less</p> <p>5. Much less</p>



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