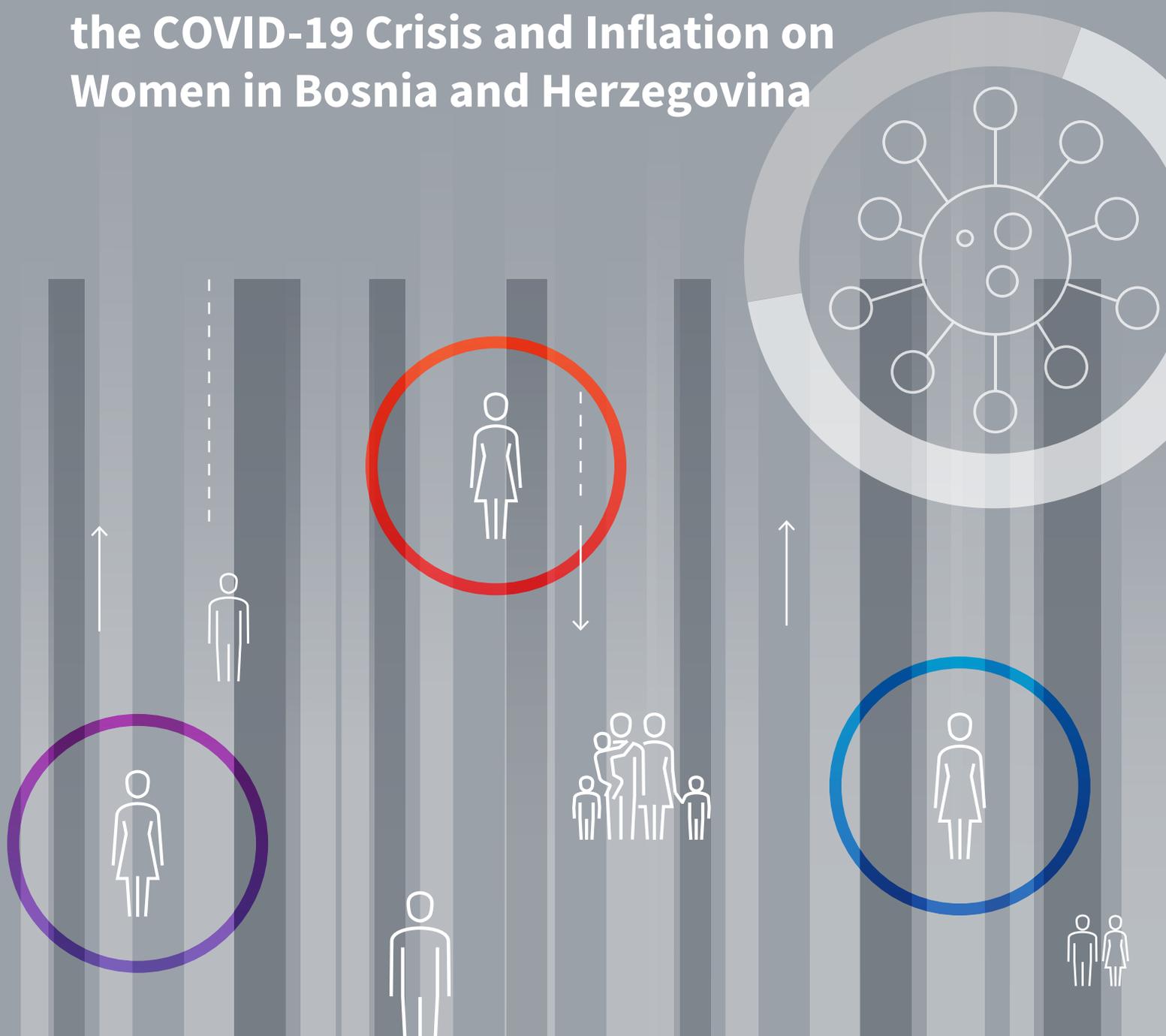


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An Intersectional Analysis of the Differential Impact of the COVID-19 Crisis and Inflation on Women in Bosnia and Herzegovina





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Foreword

The social and economic effects of the COVID-19 pandemic are still evident across Bosnia and Herzegovina yet these effects are not experienced equally by all. The data confirms the continued gendered and differential secondary effects of the pandemic, including lost income, increased unpaid care work, unmet health needs and reduced access to public services. The pandemic highlighted and exacerbated pre-existing inequities, particularly along gender lines, and the dual gendered impact it had on paid and unpaid work that is of particular concern.

Not only did the crisis affect women more strongly than men but women with vulnerable characteristics were placed in an even worse position. This study brings to the forefront the nuanced experiences of invisible or ignored marginalisation and inequality experienced by women and demonstrates that this is partly due to the fact that such repercussions are often not measured. Through the data it tells the story of how gender interacts dynamically with other factors such as age, level of income, ability, ethnicity and parenthood to create patterns of inequality specific to the context of Bosnia and Herzegovina.

The challenge to be taken up is therefore clear and will not disappear with the recess or end of the pandemic. The loss of the gender dividend is a serious threat and one not to be taken lightly. A daunting task lies ahead of us all and that is to boost resilience to further shocks. Ensuring effective and gender responsive social protection requires attention to the needs and realities of women facing longstanding exclusion and suffering caused by and resulting from inequality. Comprehending the burden of mental health issues and strengthening the health system in order to address them is a high priority, while learning losses incurred by girls during the COVID-19 pandemic will be difficult to recover and therefore the education system requires an immediate and resilient overhaul in order for it to be better prepared for future shocks.

This analysis is made in view of the need to shape the discussion aimed at expanding our programmatic offer in the area of gender equality and to inform gender mainstreaming action across the UNDP portfolio. In order to do so effectively it is of utmost importance for UNDP to build its programmes on strong evidence derived from the local context.

The data presented in this report will be critically reflected on and used by UNDP to improve gender equality outcomes in the country and implement its commitments within the 'Country Office Gender Equality Strategy' and more broadly the United Nations Bosnia and Herzegovina 'Sustainable Development Cooperation Framework 2021-2025'.

Steliana Nedera

UNDP Resident Representative

Introduction

This study explores the gendered and differential effects of the COVID-19 crisis and the corresponding inflationary effect on the lives of women and families. Using an intersectionality framework, we analysed how social factors interacted to shape the experiences of women during the pandemic and through the subsequent inflation. It is based on secondary data analysis of the primary research conducted for the purpose of carrying out the third edition of the Social Impact Assessment Study of COVID-19 in Bosnia and Herzegovina (SIA), implemented by UNDP and UNICEF.

The quantitative data collection was undertaken from mid-February to mid-March 2022 using a representative sample of 1,802 households across the country. The sampling frame was precisely aligned to ensure balanced entity, regional, rural versus urban distribution as well as gender and age representation. Over 40 per cent of all surveyed households were families with children. The survey recorded the experiences of those who identified themselves as vulnerable due to being poor, a single parent, a person with disability, a member of an ethnic minority or a returnee. This capturing of the intersectional issues enabled us to carry out a deeper level analysis on how social and political attributes such as gender, age, parenting, ethnicity, poverty, disability, displacement and sexual orientation have interacted with and influenced the impact of the COVID-19 pandemic in Bosnia and Herzegovina.

This study looks at the gendered impact of the crisis across eight key dimensions: 1) the impact on the physical and mental health of people, 2) access to services, 3) the economic situation, 4) household coping strategies to meet basic needs in crises, 5) education and the transition to online learning, 6) relationships and well-being, 7) the public perception of the response to the crisis and 8) internet usage, e-commerce and digital services. It detects the emerging vulnerabilities, strengths and coping mechanisms of women in response to the crisis. It also captures the consequences of the COVID-19 pandemic in terms of social interactions and records the changes in gender relations resulting from the shifting power dynamics within households.

The research findings inform us about the extent to which the social and economic impact of the COVID-19 pandemic are still felt and are being compounded by the rise in food and energy prices. These combined and cumulative effects are sending strong shockwaves throughout Bosnia and Herzegovina and causing increased poverty and food deprivation and worsening inequalities. The data shows that a higher percentage of women (55.5%) have experienced a worsened financial situation compared with men (44.9%). A significantly higher percentage of women (13.5%) also reported reduced remittances compared with those of men (8%). Regarding the care economy, 70 per cent of women stated that they have had to devote more time to their children than usual as a result of the pandemic; 63.3 per cent spent significantly more time doing household chores compared with men at 55.1 per cent.

The data also shows the continued and drastic impact of the crisis on women who were either already disadvantaged or at risk of becoming more vulnerable, such as women living below the poverty line, single mothers, Roma women, internally displaced women, minority returnees and LGBTI women. The crisis also negatively and disproportionately affected women with disabilities and elderly women who as a result now face an increasing struggle to conduct their routine activities. The severity of the impact of the pandemic and the resulting aftereffects has led to feelings of inequality, discrimination and isolation. The data shows that the pandemic also triggered major shifts in the way women think, socialise, communicate and live. Of particular concern for women are the effects of the crisis on basic social services such as health, including mental health, and access to quality education.

EXECUTIVE SUMMARY

The COVID-19 crisis has had a noticeable impact on the physical and mental health of women. This ranges from unmet health needs for reasons other than COVID-19 to an increased sense of fear and anxiety, each of which has a strong impact on the physical and mental health of women. Women with vulnerable characteristics, such as poor women (25%) or women living in collective accommodation (32%), have been most adversely affected by reduced access to healthcare. There is a considerable gendered impact when it comes to the deterioration of their mental health as exemplified by the fact that 42 per cent of women compared to 29 per cent of men reporting these issues. Most impacted were poor women, 64 per cent of whom reported psychological problems because of the crisis. A lack of access to mental health services was reported by 44 per cent of women living in collective accommodation, which is striking when compared to 6 per cent for the general population of women experiencing this issue.

The COVID-19 crisis has compromised every public service delivery in this country. This has had a particularly harsh effect on women, who because of their disproportionate participation in the care economy depend on social services more so than men. Women have reported difficulties in accessing a wide range of relevant facilities such as municipal offices, social protection services and kindergartens. Regarding the differential impact among women, those belonging to vulnerable groups and of poorer socioeconomic status have been affected in particular. A quarter of poor women, for example, experienced a lack of access to food and medicine. This data places them significantly above the overall impact on women (12%) and of women with a monthly household income above BAM 900 (9%).

The COVID-19 crisis has had a devastating economic impact on women. Women have not only reported lower average income than men but also a worsened financial situation since the start of the pandemic compared to their male counterparts. When it came to the differences between the different groups of women, rural, poor and older women were hardest hit by the COVID-19 crisis and the resulting inflation. A total of 44 per cent of all female respondents, compared to 29.4 per cent of men, reported having an income below BAM 900. Moreover, a considerably higher percentage of women (55.5%) have experienced a worsened financial situation, compared to 44.9 per cent of men, as a result of the crisis caused by COVID-19. In terms of the differential impact among women, 79 per cent of women from rural areas reported a *worse* or *much worse* financial situation compared to women living in cities (67%). The older the female respondent the more acute was the negative financial impact of COVID-19. A quarter of all women with an income below BAM 900 had to borrow money to cover basic needs, compared to 14 per cent of women with an income above BAM 900, 19 per cent of the average female respondents and 15 per cent of men, while 39 per cent of poor women and 35 per cent of single mothers also experienced this issue.

The COVID-19 pandemic has urged many households to develop a wide range of resilience strategies in order to cope with the multifaceted and long-lasting impact of the crisis. The most frequently applied household coping strategy among women to meet other basic needs was food reduction: 24 per cent of all women resorted to reduced food intake compared to 15 per cent of men, while 28 per cent of women from rural areas had to reduce food intake compared to 19 per cent of women living in cities. The older the female respondent the more acute was the impact that the crisis had in terms of food security. There was an acute difference in terms of the impact between those women living in households with an income above BAM 900 (13%) and women living in households with an income below BAM 900 (34%), while 40 per cent of women with disabilities, 38 per cent of single mothers, 38 per cent of internally displaced women and up to 55 per cent of relatively poor women reported having to reduce food consumption.

The COVID-19 pandemic and the corresponding mitigation measures introduced by the governments had a significant effect on the ways people have been able to access education in Bosnia and Herzegovina. Women living in urban areas had better access to online education, with 38 per cent reporting attendance compared to 31 per cent of women living in rural settings. Women have also been more affected by the difficulties associated with online learning and were also disproportionately affected by the digital divide.

The crisis has had a significant impact on women's relationships, well-being and the care economy. Quarantine provisions increased the time spent at home by all family member, while home schooling and other related COVID-19 measures also placed an additional caretaking burden on women: 63.3 per cent of women claimed to have spent significantly more time doing household chores compared to 55.1 per cent of men.

The data shows that spending more time at home also had a positive effect on some families, with improvement in family relationships and dynamics and an increased sense of empowerment among some women. The profile of the households in which women felt more empowered is that of a household with an above average monthly net household income (above BAM 900) earned by persons in the age range 18 to 30 years.

Women belonging to vulnerable categories and those with more precarious socioeconomic conditions were particularly affected by the additional caretaking tasks. Women reporting a total household income below BAM 900 were significantly less able to share household chores (66%) with members of the household than both the average woman (72.6%) and women reporting a household income above BAM 900 (79%), while 14 per cent of women whose household income was below BAM 900 claimed the same in comparison with a lower percentage (5%) of women whose household income went beyond BAM 900 and 9 per cent of the average woman. In fact, 23 per cent of relatively poor women claimed to be in a worse position in their household in terms of the dynamics and balance of power since the onset of the pandemic.

Interestingly, 35.3 per cent of male respondents said that there had been an improvement in their relationship with their partner. Yet this view was put forward by just 26.1 per cent of female respondents. In the same vein, 42.2 per cent of men said that their female partner had shown more engaged parenting during the pandemic whereas only 29.9 per cent of female respondents said the same of their male partner.

The institutional response to the crisis received a low approval rating from both men and women. Less than half of the respondents (48.9%) were satisfied with the way the authorities had managed the response to the pandemic and the corresponding control measures. This level of satisfaction demonstrates a slight gendered difference with 51 per cent of women compared to 48 per cent of men expressing the view that they were *completely* or *somewhat* satisfied with the way the crisis had been managed by the government. The most noticeable differences among women appeared across the urban rural nexus with 55 per cent of rural women reporting being *completely* or *somewhat* satisfied with the institutional management of the pandemic compared to 47 per cent of women coming from urban areas.

Regarding Internet usage, e-commerce and digital services, poor internet connection or a lack of adequate technological devices was more often a problem for women in rural areas where 15 per cent of women reported this issue compared to 11 per cent of women living in cities; 61 per cent of women (and 44% of men) living in rural areas reported not using the Internet in their daily life, while 30 per cent of women living in urban areas said the same. The topmost useful e-services for women were considered to be obtaining certificates and permits from the municipality online, online consultations with a doctor and online voting. Vulnerable groups of women were somewhat more likely to prioritise applying for social assistance, social benefits, etc. online, especially women with disabilities or chronic illness and the relatively poor.

The impact on the physical and mental health of women

When it came to unmet health needs, 11.7 per cent of the respondents stated that they were not able to receive medical treatment or therapy for causes other than COVID-19 during the crisis. A further analysis revealed that there was a gendered difference between the responses of male (10.2%) and female (13%) respondents with 18 per cent of relatively poor women compared to 12 per cent of men in the same group and 24 per cent of women living in collective accommodation reporting a lack of access to medical treatment or therapy for causes other than COVID-19. In terms of age, women in the age group 51 to 65 years (15%) were affected the most. This data point is closely followed by the 14 per cent of women in the age group 31 to 50 years and the 13 per cent of women in the age group 18 to 30 years. The least affected age group was women above 65 years of age with 9 per cent of women in this age group reporting reduced access to healthcare, which places them below both the general impact on the population and the specific toll sustained by female respondents. With regard to the place of residence, women most affected by reduced access to healthcare for reasons other than COVID-19 lived primarily in the Federation of Bosnia and Herzegovina (15%) followed by those living in Republika Srpska (10%). However, there was no noticeable difference between women from rural and urban areas or between women living in high and low income households.¹

Overall, the data show that the profile of women that reported reduced access to medical treatment or therapy for causes other than COVID-19 tended to be a woman that belonged to a vulnerable group (especially those who self-reported being relatively poor or women living in collective accommodation) in the age group 51 to 65 years.

A total of 15.6 per cent of all respondents reported high levels of stress and fear of infection in households due to living in overcrowded or cramped living spaces. There seems to be a considerable differential gendered impact with 18 per cent of women reporting increased stress and fear levels *to a great extent* compared to 12 per cent of men. Women that belonged to vulnerable groups were affected even more adversely with 24 per cent of women living in collective accommodation and the same percentage of relatively poor women reporting increased stress and fear of infection due to living in an overcrowded or cramped living space. The same problem was confirmed by 20 per cent of women with disabilities or chronic illnesses, 21 per cent of internally displaced women and 26 per cent of women belonging to an ethnic minority in their place of return after the war.

However, despite the above-mentioned groups of women being more affected than the rest of the surveyed vulnerable groups and the average of women respondents, it is important to note that there were no gendered differences within vulnerable groups and that women and men among those variables of vulnerability were affected uniformly by this phenomenon. Moreover, both urban and rural women were affected almost equally (18% and 19% respectively), while 32 per cent of women from Brčko District reported increased stress and fear of infection due to overcrowded household spaces, followed by 20 per cent of women living in the Federation of Bosnia and Herzegovina and 15 per cent of women living in Republika Srpska.

Overall, the profile of a woman particularly affected by increased stress and fear of infection due to living in overcrowded or cramped living spaces tended to belong to vulnerable groups such as women living in collective accommodation, relatively poor women, women with disabilities or chronic illnesses, internally displaced women or women belonging to an ethnic minority after returning to their place of residence after the war.

¹ The income ranges considered were below BAM 900 and above BAM 900. Below BAM 900 the following income ranges were aggregated 201-300, 301-400, 401-500 and 501-700 BAM, 701-900 BAM. Above BAM 900 the following ranges were aggregated 901-1,500, 1,501-2,500, 2,500- 3,500 BAM and over 3,500 BAM.

In terms of assessing the psychological toll of the pandemic, 36 per cent of respondents claimed to have experienced psychological problems (sleeping problems, fear, nervousness, etc.) as a consequence of the COVID-19 pandemic. This data is considerably gendered with 42 per cent of female respondents reporting this issue compared to 29 per cent of male respondents claiming the same. In this regard it was not possible to determine whether this gendered gap was due to the objective differential impact on mental health during the crisis or a consequence of men underreporting it because of gendered and stereotyped constructions around masculinity that stigmatise men who recognise and share their emotions, including those on mental health issues.

Mental health issues as a consequence of the pandemic were experienced by 45 per cent of women from rural areas compared to 42 per cent of women from cities. The data implies that women coming from the Federation of Bosnia and Herzegovina reported a slightly higher negative mental health toll (45% of them reported affirmatively to the question) in comparison to the general data of female respondents (42%) and the data on women coming from Brčko District (37%) and from Republika Srpska (41%).

The biggest differential impact among women was seen when analysing the levels of household income. As many as 64 per cent of women who considered themselves relatively poor reported psychological problems because of the crisis, while 37 per cent of women in households with income over BAM 900 reported negative mental health impacts compared to 50 per cent of women with income below BAM 900. Other vulnerable groups of women were also highly affected by this issue with 54 per cent of single mothers, 55 per cent of women with disabilities or chronic diseases, 49 per cent of internally displaced women and 52 per cent of women belonging to an ethnic minority in their place of residence after return after the war reporting experiencing a decline in their mental health as a consequence of COVID-19.

The profile of a woman particularly affected by a decline in mental health as a consequence of COVID-19 is a woman from a rural area, living in a poor household with an income below BAM 900.

A total of 40.2 per cent of respondents felt that COVID-19 had triggered the same feelings experienced during the war in the 1990s and that it was reminiscent of that experience. The data again points to this being a gendered issue, given the fact that women (44.1%) reported experiencing it more often than men (36.5%).

A higher percentage of women (48%) from urban areas reported the reoccurrence of feelings from the war in the 1990's compared to a slightly lower percentage of women from rural areas(46%), while 53 per cent of women from Brčko District claimed experiencing a return of feelings from the war compared to 51 per cent of women from the Federation of Bosnia and Herzegovina and 42 per cent of women from Republika Srpska. It was possible to look deeper into the differentiated impact among women in terms of the level of household income. In this sense, a higher percentage (52%) of women coming from households with an income below BAM 900 reexperienced feelings from the war in comparison to 44 per cent of women from households of income above BAM 900. Age was another relevant statistical dimension when it came to assessing the differential impact among women, with 54 per cent of women in the age range of 31 to 66 years reporting this issue. Furthermore, women from specific vulnerable groups were particularly affected by this phenomenon with 53 per cent of internally displaced women and 56 per cent of women belonging to an ethnic minority in their place of residence after returning after the war reporting the reoccurrence of feelings from the war more frequently than other groups of women.

Overall, the profile of a woman who was particularly affected by this issue tended to be a woman from an urban area, living in a household with income below BAM 900, in the age range 31 to 65 years belonging to a vulnerable group, especially internally displaced women and women belonging to an ethnic minority in their place of return after the war.

Women's access to services

In relation of restricted access to services and relevant facilities caused by the COVID-19 pandemic, 17 per cent of all respondents reported limited access to general primary healthcare. This data has a slight gendered implication as 18 per cent of women claimed this issue compared to 16 per cent of male respondents.

In terms of further data disaggregation among female respondents, rural women were particularly affected by this issue with 19 per cent of them claiming a lack of access to primary healthcare in comparison to 16 per cent of women residing in urban areas. Furthermore, women belonging to vulnerable groups were particularly impacted by insufficient access to primary healthcare with 32 per cent of women living in collective accommodation and 25 per cent of relatively poor women responding affirmatively to this question.

Moreover, 6 per cent of respondents claimed difficulty in accessing psychological primary healthcare; this affected 6 per cent of both female and male respondents and 7 per cent of rural women. A lack of access to psychological care was reported in particular by women living in collective accommodation (44%) and relatively poor women (11%).

Furthermore, 13 per cent of respondents reported reduced access to hospitals; this affected 13 per cent of both sexes and also affected women living in urban and rural areas equally. Again, the data points to vulnerable women being particularly affected with 32 per cent of women living in collective accommodation and 16 per cent of relatively poor women reporting reduced access to hospital facilities for reasons other than COVID-19.

In addition, 10 per cent of respondents had difficulty accessing municipal offices and services; this affected the male population (11%) slightly more than the female population (9%). The rural-urban divide among women did not show any striking differences with 10 per cent of rural women reporting a lack of access to these facilities compared to 8 per cent of women coming from urban areas. In terms of vulnerable groups, relatively poor women (11%) reported this impact slightly more than the overall women's toll as well as women living in collective accommodation (20%).

Reduced access to social protection services was reported by 5 per cent of all respondents. This data holds a slightly gendered impact, as 6 per cent of women reported this issue compared to 5 per cent of men. Relatively poor women (9%) and women living in collective accommodation (8%) experienced greater restrictions on access to social protection services compared to the general population and the average female respondents.

A lack of access to kindergarten facilities was reported by 4 per cent of respondents. The data shows that the greatest divide was between urban and rural women. Indeed, double the number of women living in urban areas (6%) reported a lack of access to these services in comparison to women residing in rural areas (3%). One of the reasons for this could be the fact that many rural areas in Bosnia and Herzegovina are known for a persistent lack of kindergartens, even prior to the pandemic, with rural women continuously being saddled by unpaid household work and childcare or having to rely on kinship ties and transgenerational support in order to cope.

In total, 12 per cent of the respondents reported not being able to access food or medicine during the pandemic. In this case, there were no gendered implications as 12 per cent of both women and men responded affirmatively to the question.

There were also no noticeable differences among rural and urban women or among women coming from Brčko District, the Federation of Bosnia and Herzegovina or Republika Srpska. However, socioeconomic position played an important role whereby 14 per cent of women with a household income of less than BAM 900 claimed enduring hardships in this regard. This data places them two points above the overall impact and significantly above the 9 per cent of women with a household income above BAM 900 reporting the same issue. The economic factors seemed to play a determining role as 25 per cent of women who self-declared as being poor reported reduced access to food and medicine. The other important variable is age with 16 per cent of women aged 65 or above, while 13 per cent of women in the age group 51 to 65 years reporting difficulty in accessing food and medicine. The same was reported by 10 per cent of women in the age range 18 to 30 years and 8 per cent of women in the age range 31 to 50 years. Overall, the profile of a woman that had difficulty accessing food and medicine belonged to a women with a disadvantaged socioeconomic background or to older age groups (especially 65+).

The impact on the economic situation of women

The difference between the male and female respondents regarding levels of income was noticeable wherein men were found to have much higher income. In each income group below 900 BAM female respondents reported lower income more often than men who more often reported income in the ranges above 900 BAM. A total of 44.1 per cent of all female respondents and 29.4 per cent of all male respondents reported income below BAM 900. At the same time, fewer female respondents reported a higher total household income and 34.9 per cent of female respondents and 47.8 per cent of male respondents reported income over BAM 1,500. The data also points to a gradual increase in financial deterioration experienced by women over time. While there were no significant gender differences in financial deterioration among the genders in the first and second research wave of the social impact assessment the third research wave showed that a considerably higher percentage of women (55.5%) experiencing a worsened financial situation compared with that of men (44.9%) as a result of the crisis caused by COVID-19.

In terms of further disaggregation of data among female respondents, 74 per cent of women in Brčko District and the same percentage of women living in Republika Srpska reported a *worse* or *much worse* financial situation since the beginning of the crisis; this percentage was slightly above that of women living in the Federation of Bosnia and Herzegovina (72%). One of the most accentuated differences among women was linked to their place of residence. Indeed, 79 per cent of women residing in rural areas reported a *worse* or *much worse* financial situation in comparison to a noticeably lesser percentage of women from cities (67%).

Another dimension that stood out when it came to analysing the differential impact among women has to do with age. In this regard, there was a direct proportional relationship between age and financial deterioration since the onset of the crisis. Indeed, the older the female respondent the more acute was the negative financial impact of COVID-19: 53 per cent of women aged 18 to 30, 71 per cent of women aged 31 to 50, 78 per cent of women 51 to 65 and 81 per cent of women aged 65+ confirmed a *worse* or *much worse* financial situation since the start of the pandemic, which points to the proportionality of the economic toll and the age variable. A differential financial impact of the crisis was also recorded with regard to vulnerable women. Namely, 72 per cent of relatively poor women reported a *worse* or *much worse* financial situation 20 percentage points higher than the impact on women in general. In addition, 66 per cent of women with disabilities or chronic diseases, 60 per cent of women living in collective accommodation, 67 per cent of women

belonging to an ethnic minority in their place of return after the war and as much as 81 per cent of single mothers and 81 per cent of internally displaced women also reported a *worse* or *much worse* financial situation after the onset of COVID-19.

Overall, the profile of a woman who suffered from a disproportionate financial toll caused by the COVID-19 crisis tended to be a woman who lived in a rural area who belonged to an older age group and was a part of a vulnerable group such as being poor, belonging to an ethnic minority in their place of return after the war or a single mother.

Continuing on the financial dimension of the impact of COVID-19, as many as 16.8 per cent of respondents reported having to borrow some money to cover the basic needs of their household. This situation has a gendered impact, with 19 per cent of women and 15 per cent of men reporting that they had to borrow money to cover basic needs.

Rural women were affected slightly more by this issue (20%) than women coming from urban areas (18%), while 32 per cent of women living in Brčko District had the same struggle. This data is considerably higher than the overall impact on women and also in comparison with the 18 per cent of women living in the Federation of Bosnia and Herzegovina and the 20 per cent of women living in Republika Srpska.

Further differences among women were visible when looking at the levels of household income, with women with generally higher income levels being noticeably less affected by having to borrow money to cover basic needs than women who were financially worse off to start with. Indeed, 14 per cent of women with income below BAM 900 had to borrow money to cover basic needs and this placed them substantially below the average scores for women overall and also significantly below the score of 25 per cent for women with an income above BAM 900 reporting the same issue. Particularly hard hit were poor women and single mothers. Indeed, 39 per cent of relatively poor women confirmed that they had to borrow money versus 24 per cent of men in the same group. The same situation applied to single mothers with 35 per cent of them reporting the same issue compared to 17 per cent of single fathers, while 29 per cent of women with disabilities, 28 per cent of women living in collective accommodation, 29 per cent of internally displaced women and 33 per cent of women belonging to an ethnic minority in their place of return after the war reported having to borrow money to cover basic needs.

Overall, the profile of a woman affected by having to borrow money to cover basic needs tended to be a woman with a level of income below BAM 900 who belonged to a vulnerable group, such as being a single mother.

A total of 5 per cent of respondents said that they had applied for loan rescheduling or a moratorium on a credit due to the crisis caused by COVID-19. This data is only slightly gendered, as 5 per cent of women reported this issue compared to 4 per cent of male respondents.

In terms of data disaggregation among women, there was no differentiated impact in terms of location (rural versus urban or entity of residence) as women across these different categories uniformly responded affirmatively to this issue and in line with the average scores for women. However, it was possible to identify an increased impact on women that belonged to specific vulnerable groups with 8 per cent of relatively poor women, 9 per cent of single mothers and 9 per cent of women who belonged to ethnic minorities in their place of return after the war having applied for a rescheduling or a moratorium on a credit due to the crisis caused by COVID-19. This data placed them considerably above the percentage of total respondents (both sexes), female respondents and other vulnerable groups of women.

Overall, the profile of woman more affected by a rescheduling or a moratorium of credit tended to be a woman who belonged to a specific vulnerable group, such as relatively poor women, single mothers or women who belonged to ethnic minorities in their place of return after the war. They came from every geographic location in Bosnia and Herzegovina.

Women's household coping strategies to meet basic needs

Households had to develop a wide range of coping strategies to deal with the multidimensional impact of the crisis. The number of households that had to, for example, reduce food consumption as a result of the health crisis was significant with nearly one in five households (18.2%) in both entities having to reduce food intake, which is sizably more than the 12.8 per cent of respondents who said so in the previous survey. This result gendered a differential impact with 24 per cent of all women being affected by reduced food intake. This data was significantly higher than the average (18.2%) and the percentage of the male population (15%) reporting reduced food consumption in order to cover other needs.

In terms of further data disaggregation among women, rural women were especially affected given that 28 per cent of them reported reduced food consumption. This is noticeably higher than the 19 per cent of urban women reporting the same, while 26 per cent of women living in Brčko District reported reduced food consumption compared to 23 per cent of women living in the Federation of Bosnia and Herzegovina and 24 per cent in Republika Srpska. There was a directly proportional relationship between age and decreased food intake. Indeed, the older the female respondent the more acute was the impact of the crisis in terms of food security: 13 per cent of women aged 18 to 30, 18 per cent of women aged 31 to 50, 29 per cent of women aged 51 to 65 and 30 per cent of women aged 65+ confirming having to reduce their food intake in order to cover other needs.

Household income was also an important variable to consider when analysing the differential impact of reduced food intake among different groups of women. There was an acute difference in terms of the impact on women living in households with an income above BAM 900 (13%) and women living in households with income below BAM 900 (34%) reporting this issue. Women belonging to certain vulnerable groups were also particularly affected by limited food security within their households. Indeed, 40 per cent of women with disabilities, 38 per cent of single mothers, 38 per cent of internally displaced women and up to 55 per cent of relatively poor women reported having to reduce food consumption as a result of the financial crisis caused by COVID-19. However, other groups also appear to have been more impacted than the average female respondent albeit to a lesser degree than the rest of the vulnerable groups. In this regard, 24 per cent of women living in collective accommodation and 30 per cent of women belonging to ethnic minorities in their place of return after the war reported the same issue. Overall, the profile of a woman particularly affected by reduced food consumption was that of a woman from a rural area, belonging to an older age group and living in a household with income below BAM 900.

In terms of financial coping strategies, 9 per cent of respondents reported that their households had to rely on financial support in the form of remittances from family or friends living abroad even before the onset of the pandemic. This data has a clear gendered aspect to it with 8 per cent of men claiming reliance on remittances versus a higher percentage of female respondents (11%).

When further disaggregated the data for women and rural women (11%) was one point more dependent on remittances than women coming from urban areas (10%). In a similar fashion, women from Brčko District and from the Federation of Bosnia and Herzegovina were slightly

more dependent (11%) on remittances than women from Republika Srpska (10%). Relatively poor women and single mothers were the most affected with 16 per cent of relatively poor women and 17 per cent of single mothers having to rely significantly and regularly on remittances from family members and other relatives or friends living abroad.

When analysing whether these remittances had increased or decreased because of the crisis, 12 per cent of respondents reported a decrease and 13 per cent confirmed an increase in this form of financial support. In terms of the gender impact, a significantly higher percentage of female respondents (13.5%) reported reduced remittances compared to male respondents (8%) and 6.7 per cent of single fathers and 13.1 per cent of single mothers had experienced reduced remittances since the onset of the crisis. In terms of the differentiated impact among different groups of women when it came to the variation in remittances, 15 per cent of rural women reported a decrease in remittances and 13 per cent of them reported an increase in remittances. Among the women coming from urban areas 11 per cent confirmed a decrease in remittances and the same percentage affirmed an increase, while 21 per cent of women from Republika Srpska and 9 per cent of women from the Federation of Bosnia and Herzegovina reported a decrease in remittances and 8 per cent of women from Republika Srpska and 14 per cent of women from the Federation of Bosnia and Herzegovina claimed an increase in received remittances. When it came to particularly vulnerable women, 12 per cent of relatively poor women confirmed decreased remittances and the same percentage of them affirmed an increase.

When it came to food security, 15.4 per cent of the respondents said that they had to resort to growing fruits and vegetables or keeping poultry or livestock in order to help meet the food needs of their households. They also said that they had not done so prior to the pandemic. There was a slightly higher prevalence of this issue among men (17%) than among women (15%).

In terms of the differences among the different groups of women, the urban versus rural variable offered the clearest differential impact with 17 per cent of rural women having relied on the aforementioned ways of supporting food needs; the difference being attributed primarily to the availability of land for farming or barns and stables where animals could be kept, which was hardly possible in cities. This data placed them above both the overall female respondent data and the 12 per cent of women from urban settings claiming the same. Furthermore, 16 per cent of women from Brčko District claimed to have engaged in their own food production in comparison to 14 per cent and 15 per cent of women describing the same situation in the Federation of Bosnia and Herzegovina and Republika Srpska respectively. Vulnerable women were affected slightly more by this issue than the average women, namely 17 per cent of single mothers, 16 per cent of relatively poor women and 17 per cent of women belonging to ethnic minorities in their place of return after the war.

Overall, the profile of a woman helping to meet food needs through the production of fruits, vegetables, etc. in her own household tended to be a woman from a rural area belonging to a vulnerable group, especially single mothers and women belonging to ethnic minorities in their place of return after the war.

Women's education and the transition to online learning

More than one third of respondents (35.6%) stated that they themselves or their family member(s) had attended some form of education or training online. In this case there was no gendered differential impact between men and women, as 34 per cent of both genders stated that they had accessed some form of education or training online.

In regard to data disaggregation among the different groups of women, the percentage was higher among women from Brčko District (42%) comparing to the average female respondent but also to the percentage of women living in the Federation of Bosnia and Herzegovina (39%) and those living in Republika Srpska (27%). Furthermore, women living in urban areas had more access to online education with 38 per cent of them reporting having attended online education compared to a lower percentage of women living in rural areas (31%). In this respect, no pattern of additional impact could be detected among women belonging to vulnerable groups. Overall, the profile of a woman claiming that she or a family member had attended some form of education or training online tended to be a woman living in an urban area.

When discussing the challenges in the transition to online learning, 39.5 per cent of respondents stated that the greatest issue resulted from technical problems relating to poor internet connection and the lack of adequate devices. In this regard, women were slightly more impacted by these technical problems (13%) than men (12%). The second most pressing reported challenge in the transition to online learning was the poorer quality of interaction with a teacher/professor in online classes (27.8%), equal numbers of women and men (7%) reported this issue. The third most frequent response was the lack of interaction with other pupils during online education, which was reported by 4 per cent of male and 5 per cent of female respondents.

In terms of data disaggregation among women, technical problems such as poor internet connection or a lack of adequate devices was more often a problem for women in rural areas with 15 per cent of them reporting this issue versus 11 per cent of women living in cities.

Women's relationships and well-being and the care economy

Increased childcare needs during preschool and school closures placed an even greater burden on working mothers, with 58.2 per cent of women reporting a significant increase in household chores, home care work and emotional labour since the onset of the pandemic.

A total of 73 per cent of participants (based only on those participants with children) spent more time caring for their children during the pandemic. This affected women in particular and (only taking into account those respondents with children) therefore a slightly higher number of female respondents (69.8% compared with 66.6% in the previous wave of research) stated that they had to devote more time to their children than usual as a result of the pandemic. This situation affected rural women more in comparison to the urban female population. Indeed, (only considering rural women with children) 77 per cent of them reported having to spend more time than usual caring for their children. This data point contrasts with the lower general average (73%) and the lower percentage of urban women with children reporting the same issue (68%).

Moreover, slightly more than one third of respondents (35.9%) stated that the situation caused by the pandemic had led to the increased involvement of their partners in caring for their children. Yet while 42.2 per cent of male respondents said that their female partners showed more engaged parenting during the pandemic only 29.9 per cent of female respondents said the same of their male partners. In terms of data disaggregation among the women, 47 per cent of all rural women with children reported the increased involvement of their partners with their children compared to 45 per cent of urban women with children claiming the same. Considering all women with children in this area, 67 per cent of women from Brčko District confirmed the increased involvement of their partners in caring for their children compared to 48 per cent in the Federation of Bosnia and Herzegovina and 44 per cent in Republika Srpska. In terms of age, women in the age range 31 to 50 years were the group that reported the most involvement of their partners in childcare due to COVID-19. Indeed, 54 per cent of all women with children in that age group (31 to 50) answered affirmatively on this issue, followed by a 38 per cent of women aged 51 to 65 and 28 per cent of women aged 18 to 30 years.

Overall, the profile of a woman that spent more time caring for her children and that stated that the situation caused by the pandemic had led to the increased involvement of her partner with their children tended to be a woman aged 31 to 50 living in a rural area.

In addition, 51 per cent of respondents said that they cared for the elderly or persons with disabilities more than usual. Despite no significant gendered differences in this regard it was possible to identify differential impact among different groups of women, especially among women living in collective accommodation. Indeed, 64 per cent of women living in collective accommodation reported spending more time than usual caring for the elderly or people with disabilities. This was higher than the percentage for women reporting on this issue (49%). Furthermore, 50 per cent of women coming from urban areas responded affirmatively on this issue. This was one point above the overall impact on women and three points above the percentage of rural women confirming an increased level of care work (47%).

A variable of high relevance when looking at the differential toll among women was age. In this sense, there was an inversely proportional relationship between age groups and those caring for the elderly or persons with disability more than usual. Indeed, the younger the female respondent the more affected she was by this extra care work: 60 per cent of women aged 18 to 30, 56 per cent of women aged 31 to 50, 50 per cent of women aged 51 to 65 and 29 per cent of women aged 65+ reported affirmatively in this regard.

Overall, the profile of woman particularly affected by enhanced care work for the elderly and persons with disabilities tended to be a woman of a younger age group who came slightly more frequently from an urban area and who belonged to a vulnerable category, especially women living in collective accommodation.

Most respondents (58%) said that they had spent more time doing household chores. This data holds gendered differences because 63.3 per cent of women (61% in the second research wave) claimed to have spent significantly more time doing household chores compared with 55.1 per cent of men (57.1% in the second research wave).

In terms of data disaggregated among different groups of women, vulnerable groups such as relatively poor women (68%) and women living in collective accommodation (68%) were particularly affected by the burden of additional household chores. The data places them above the overall percentage of women affected by this issue (63.3%). Furthermore, rural women also carried a disproportionate burden in terms of household chores with 69 per cent claiming to have spent more time than usual doing housework. Yet this percentage was also particularly high among urban women (58%). There were also differences in terms of location because women from Brčko

District were more impacted by this issue (68%) than women from the Federation of Bosnia and Herzegovina (63%). There were also slight differences in terms of age with 65 per cent of women aged 65+ responding affirmatively to this question versus 61 per cent of women aged 18 to 30 years.

Overall, the profile of a woman that had spent more time doing household chores tended to be a woman from a rural area, belonging to a vulnerable group (especially women living in collective accommodation and relatively poor women) from an older age group.

However, the majority of respondents (74.8%) felt that they were able to share the household chores, care work and emotional labour with their partner in a just manner and male respondents said somewhat more often (77%) than the female respondents (72.6%) that they agreed with this statement.

In terms of data disaggregation among women, rural women felt that they were more able to share household chores than those from urban areas: 74 per cent of them agreed with this statement versus 69 per cent of urban women. Household income was another variable that showed differences among women in this regard, given that women reporting a total household income below BAM 900 were significantly less able to share household chores (66%) with members of the household than both the average women (72.6%) and women reporting a household income above BAM 900 (79%). In terms of age, younger women were more able to share household chores than those in the older age ranges, 79 per cent of women in the age range 18 to 30 and 77 per cent of women in the age range 31 to 51 reported fair sharing of household chores. This contrasted with older segments of the female population where 73 per cent of women in the age range 51 to 65 years and 58 per cent of women aged 65+ reported the same.

Overall, the profile of a woman who could share the burden of household chores tended to be a woman from a rural area, enjoying a household income above BAM 900 and/or belonging to a younger age range.

There were also some noticeably positive outcomes associated with COVID-19, such as respondents experiencing feelings of empowerment during this period. In total, 40.8 per cent of respondents stated that they felt empowered during the COVID-19 pandemic. A similar number of respondents (41.7%) stated that they did not feel empowered, both men (40.0%) and women (40.7%). In terms of the proportion of women that felt empowered and that their voice was heard, the third wave of research brought a significantly better result in comparison to 33 per cent of women reporting the same in the second wave of research.

In terms of further disaggregation of data among women, rural women (44.4%) felt more empowered during the crisis in comparison to the average women and significantly more than urban women among which only 36.6 per cent confirmed feeling empowered during COVID-19. In the Federation of Bosnia and Herzegovina 43 per cent of women stated that they felt empowered and 32 per cent of women from Brčko District felt the same. There were also relevant differences in terms of empowerment regarding age groups, with the youngest age range of 18 to 30 feeling the least empowered (only 26.9% reported positively on the statement) and older groups reporting feelings of empowerment noticeably more often (45.1% of women aged 31 to 65 and 41.4% of women aged 65+). Relatively poor women reported feelings of empowerment on average to the rest of the women (43%).

Overall, the profile of a woman that felt empowered and that their voice had been heard during the crisis tended to be a woman who came from a rural area who was middle-aged (51 to 65). Of the women sharing this profile 59 per cent answered positively to the question about feelings of empowerment during the crisis.

Regarding the impact of the situation on the relationship with a partner, the respondents shared a similar view: 30.7 per cent of respondents reported an improvement in their relationship with their partner, while a somewhat higher percentage (34.9%) said there had been no improvement. Yet a significant difference was noticeable when the responses to this question were analysed from a gender perspective. While 35.3 per cent of male respondents said that there was an improvement in their relationship with their partner this view was put forward by only 26.1 per cent of female respondents.

In terms of data disaggregation among women, there was a slight difference between rural and urban women. In this sense, 24 per cent of rural women reported an improved relationship with their partner; this placed them two points below the data point for all women respondents and three points below the 27 per cent of urban women that answered positively to the question. Women from the Federation of Bosnia and Herzegovina experienced improved relationships with their partners to a higher percentage (28%) than women from Brčko District (26%). In terms of age, there were two groups of women that stood out quite noticeably from the average. Indeed, while the age groups of 18 to 30 and 51 to 65 reported similar percentages of improved relationships with partners and somewhat in line with the average (27% and 24% respectively), women in the age range 31 to 50 experienced the improved relationships the most (34% of them) and women aged 65+ was the group that experienced it the least (15%). In terms of level of income, 30 per cent of women with income above BAM 900 claimed improved relationships compared with 22 per cent of women with income below BAM 900.

Overall, it is possible to conclude that the profile of a woman that experienced an improvement in her relationship with her partner tended to be a woman from an urban area aged 31 to 50 and with income above 900 BAM.

Regarding the effect of the pandemic on the relationship with children, a significantly higher percentage of respondents (40%) reported an improved relationship whereas 29 per cent reported that there had been no improvement. The percentage of men (42.1%) who reported an improvement in their relationship with their children was somewhat higher than the percentage for women (38.6%). This percentage was higher (49%) among women that had children under 18 years of age.

In terms of additional data disaggregation among different groups of women, most differences across the relevant variables remained relatively insignificant. However, it was possible to identify differences in the experiences of urban and rural women and women from different age ranges. Improved relationships with their children were reported by 43 per cent of rural women. This data was both higher than the average as well as when compared to the 39 per cent of women coming from cities claiming the same. In addition, women in the age range 18 to 30 reported the least improved relationships with their children (16%). This data point places them significantly below the average and also below other age groups that reported improved relationships with their children. In this sense, 49 per cent of women aged 31 to 50, 45 per cent of women aged 51 to 65 and 34 per cent of women aged 65+ answered positively to the question.

Overall, the profile of a woman reporting an improved relationship with her children tended to be a middle aged woman from a rural area.

In regard to the question of whether family relationships had generally deteriorated, 9 per cent of all participants responded affirmatively to this question. The gendered differentiated impact was not very acute, with 9 per cent of female respondents versus 10 per cent of male respondents reporting on this issue.

In terms of differentiated impact among different groups of women, more rural women (11%) responded affirmatively to this question than urban women (6%). In addition, 21 per cent of women in Brčko District reported a deterioration in their family relationships versus 13 per cent of women in Federation of Bosnia and Herzegovina and 8 per cent in Republika Srpska. When attention was paid to age, 11 per cent of women aged 51 to 65 and 10 per cent of women aged 18 to 30 confirmed a deterioration in their family relationships versus lower percentages of 7 per cent and 9 per cent respectively in the age groups 31 to 50 and 65+. Differences were also found in terms of income range, given that more women with a lower level of income were impacted by a deterioration in their family relationships than women with higher income. Indeed, 7 per cent of women with income over BAM 900 claimed a worsened relationship with their family members compared to 11 per cent of women with income under BAM 900. Women that belonged to vulnerable groups were affected in particular by this issue, especially single mothers (19%) and women living in collective accommodation (24%). Women belonging to the rest of the vulnerable groups were also more affected than women in general. Indeed, 15 per cent of women with disabilities, 16 per cent of relatively poor women, 14 per cent of internally displaced women and 17 per cent of female members of an ethnic minority in their place of return after the war responded affirmatively to this question.

Overall, it is possible to claim that the profile of a woman particularly affected by a deterioration in her family relationship due to COVID-19 tended to be a woman from a rural area aged 51 to 65 with a household income below BAM 900 who belonged to a vulnerable group, especially single mothers and women living in collective accommodation.

Regarding the general power dynamics within households, the majority of respondents (78.4%) believed that there was no major change in family roles, 11.2 per cent of respondents stated that there had been a change resulting in their improved position within the household and 9 per cent affirmed that the change had been for the worse. In terms of gendered differentiations, 10 per cent of women reported a deterioration in the dynamics and balance of power, one point above average and two points above the 8 per cent of male respondents stating the same. Conversely, 10 per cent of women claimed that the dynamics had changed for the better, one point below the 11 per cent of male respondents who confirmed the same.

There are some dynamics worth mentioning in terms of the differential impact among women. Of the rural women 12 per cent stated that their position in the household had changed for the worse, which placed them 3 points above average and four points above urban women (8%). Moreover, the data suggests a disproportionate negative impact against women from disadvantaged economic backgrounds. Indeed, 23 per cent of relatively poor women claimed to be in a worse position in their household in terms of the dynamics and balance of power. Accordingly, 14 per cent of women whose household income was below BAM 900 claimed the same compared to a lower percentage (5%) of women whose household income went beyond BAM 900. In the same fashion, 11 per cent of women with higher household income (above BAM 900) stated that their situation had changed for the better in comparison with 8 per cent of women with household income below BAM 900. In terms of age, more younger women reported improved dynamics within the household and a higher percentage of older women claimed worsened dynamics. In this sense, 14 per cent of women aged 18 to 30 stated that their position and role within their household had changed for the better compared to 6 per cent of women aged 65+. Accordingly, 14 per cent of women aged 65+ confirmed that their situation had changed for the worse compared to 5 per cent of women in the age range 18 to 30 claiming the same. It is striking that when it came to experiencing worsened dynamics within households that a higher percentage of older women reported a deterioration.

It can be concluded that the profile of a woman who has seen her role deteriorate within the household dynamics tended to be a woman living in a rural area who belonged to an older age group (especially the range 65+) and came from a disadvantaged economic context, including relatively poor women.

When asked about discrimination, 6.2 per cent of the respondents stated that during the pandemic they had felt *more* or *significantly more* discrimination than before the crisis. There were no relevant gender differences in the responses to this question among men and women and the proportion of women affected by this issue also remained close to general average. In terms of differences in responses among different groups of women, more women from urban areas experienced *more* or *significantly more* discrimination (11%) than women from rural areas (7%). Furthermore, more women residing in the Federation of Bosnia and Herzegovina reported *more* or *significantly more* discrimination (11%) than women living in Republika Srpska (5%). In terms of age, women aged 31 to 50 was the age cluster most affected by increased experiences of discrimination. Indeed, 13 per cent of women aged 31 to 50 affirmed having experienced *more* or *significantly more* discrimination comparing to the period before the crisis versus 8 per cent, 5 per cent and 8 per cent of women aged 18 to 30, 51 to 65 and 65+ respectively. However, the most noticeable differential impact among women was among vulnerable groups. In this regard, 13 per cent of single mothers, 14 per cent of women suffering from disabilities or chronic illnesses and 14 per cent of relatively poor women stated that they felt *more* or *significantly more* discrimination of any kind.

Overall, the profile of a woman affected in particular by an increase in discrimination (compared to the period before the COVID-19 crisis) tended to be a woman aged 31 to 50 who lived in an urban area and belonged to a vulnerable group, especially single mothers, women suffering from disabilities or chronic illnesses and relatively poor women.

Women's perception of the crisis

Close to half of the respondents (48.9%) were satisfied with the way the authorities had managed the pandemic response and the pandemic control measures. This level of satisfaction showed a slight gender difference, as 51 per cent of women versus 48 per cent of men felt *completely* or *somewhat satisfied* with the way the crisis had been managed by the government.

In terms of data disaggregation among women, rural women seemed to be more satisfied than women coming from urban areas. Indeed, 55 per cent of rural women reported to be *completely* or *somewhat satisfied* with the institutional management of the pandemic versus 47 per cent of women coming from urban areas. In addition, women living in Brčko District appeared to be more satisfied (68%) in this regard than women living in the Federation of Bosnia and Herzegovina (48%) and those from Republika Srpska (55%). In terms of vulnerable groups of women, the percentage of women who were *satisfied* or *very satisfied* with the institutional management of the pandemic was quite similar among them and in line with the overall percentage of women in general. Indeed, 50 per cent of single mothers, 51 per cent of women with disabilities, 46 per cent of relatively poor women and 52 per cent of women living in collective accommodation expressed their approval in relation to the institutional management of the pandemic. The percentage was slightly higher across the vulnerable group of internally displaced women (54%) and women belonging to an ethnic minority in their place of return after the war (56%). With regard to the differences across the age ranges, the highest percentage of women who reported feelings of satisfaction with the crisis management by the authorities belonged to women in the age range 51 to 65 (57%) followed by the 51 per cent of women aged 18 to 30, 44 per cent of women aged 31 to 50 and 53 per cent of women aged 65+ reporting the same thing. In terms of income, more women with income over BAM 900 (19%) reported high levels of satisfaction with the way the authorities had managed the pandemic response and the pandemic control measures compared with 11 per cent of women with income below BAM 900 reporting the same.

Internet usage, e-commerce and digital services

Regarding internet usage, e-commerce and digital services, 30 per cent of the total number of respondents stated that they had used the Internet and digital services (such as paying bills via internet banking, registrations, submitting applications to public administration bodies, shopping via the Internet etc.), equally as before the pandemic, while 17 per cent of respondents reported increased use of technology and 48 per cent claimed not to use the Internet at all in their daily life.

In terms of the gender differentiated impact, 26 per cent of women reported using the Internet and digital services as much as they did before the pandemic compared to 34 per cent of male respondents who said the same. In addition, 19 per cent of women reported increased use compared to 16 per cent of male respondents. Lastly, 51 per cent of women affirmed not using the Internet compared to 44 per cent of men who reported the same.

The data also points to a gender digital divide in terms of internet access and usage with 7 per cent more women than men stating that they do not use internet or digital services. The digital divide was also detected among different groups of women. This was especially so for women living in rural areas of which 61 per cent reported not using the Internet compared to 30 per cent of women living in urban areas.

The topmost useful e-services for women were considered to be obtaining certificates and permits from the municipality online, online consultations with a doctor and online voting. Men (19%) significantly more than women (11%) prioritised registering a company online whereas women (58%) significantly more than men (46%) prioritised online consultations with a doctor. Obtaining certificates and permits from the municipality via the Internet was most important for younger women aged 18 to 50, those in urban areas and in households with a net monthly income above BAM 900. Vulnerable women were somewhat more likely to prioritise applying for social assistance and social benefits, etc. online, especially women with disabilities or chronic illness and the relatively poor.