

# Consequences of COVID-19 on women's and men's economic empowerment

July, 2020



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## 1. INTRODUCTION

COVID-19 pandemic profoundly changed lives of women and men in spring 2020. The UNFPA and UN Women regional offices for Europe and Central Asia have initiated regional research aiming at assessing the impact of pandemic on women's and men's livelihoods and experiences. The report presents findings based on Rapid Gender Assessment, conducted by SeConS – Development Initiative Group.

**The main objective** of the survey was to provide insights in how COVID-19 pandemic impacted livelihoods of women and men, and if and how it (re)shaped gender inequalities. The outbreak of pandemic raised some crucial questions: have the changed reality and governmental measures in response to pandemic only revealed more clearly existing and persisting structural gender inequalities, or even deepened them? Or maybe challenges created new opportunities to dismantle discriminatory practices and structures reproducing inequalities, creating new space for change towards more human centred development, more inclusive and gender equitable societies? This survey attempted to provide some evidence for answers to these questions.

**The specific objectives** of research were to assess the impact of COVID-19 on:

- Employment and livelihood situation of women and men;
- Changes in everyday lives in regard to the household maintenance and family caring activities;
- The access to basic services, including health and sexual and reproductive health services;
- The situation related to personal safety, including gender based violence.

The report is structured in 10 chapters. After the presentation of research methodology, the specific socio-economic, policy and pandemic situation in Serbia is described in order to provide contextual insights in survey results. Furthermore, report includes several chapters along with the main aspects covered by the survey: chapter on how women and men are informed about pandemic, followed by the chapters on impact of COVID-19 pandemics on employment and livelihoods of women and men, on welfare rights and social protection, on unpaid household work and family care, on access to basic services and safety, including gender based violence, and it closes with concluding summary.



## 2. SURVEY METHODOLOGY

Research was conducted as rapid gender assessment (RGA), meaning that it had to be done in short period and with limitations posed by the measures disabling door-to-door data collection through face-to-face interviews. RGA data was collected between 13<sup>th</sup> June and 25<sup>th</sup> June on representative sample of 1925 adult respondents using Computer Assisted Telephone Interviewing (CATI). The CATI method was completely automated: starting from the choice of telephone number to data entry as well as validity control of entered answers. The administration of the questionnaire was conducted by interviewer via software-programmed questionnaire that guarantees high level of data entry control and direct data entry into centralized database.

The sample was stratified by region, type of living area and representative quotas defined by sex and age of respondents within each region. There were two phases that facilitated randomness of the sample: first phase was random choice of household; second phase was selection of respondents from chosen household. Random choice of household was done by the generator that randomly chooses phone numbers to be dialled from the database of all landline phones on the territory of Serbia. On the last level of selection, within a household, if more than one person was matching quotas (based on the criteria of region, gender and age), interview was conducted with only one person who would have the birthday first in the household). These criteria enabled randomness within the second phase i.e. random selection of respondents within each household. Having in mind that at the end the profile of the respondents in the sample corresponded with population characteristics in the official statistics, in terms of regional distribution, distribution by type of settlement, age and gender, it was not needed to weight the sample.

**Table 1: Survey sample by sex and age**

		Total		Gender			
				Female		Male	
		Count	Table N %	Count	Table N %	Count	Table N %
Age of respondents	18-34	457	23.7%	255	13.2%	202	10.5%
	35-44	325	16.9%	170	8.8%	155	8.1%
	45-54	331	17.2%	169	8.8%	162	8.4%
	55-64	352	18.3%	172	8.9%	180	9.4%
	65+ years old	460	23.9%	234	12.2%	226	11.7%
Total		1925	100%	1000	51.9%	925	48.1%

Source: SeConS, *Consequences of COVID-19 on women's and men's economic empowerment*, 2020.

More detailed description of survey methodology can be found in the Annex.

### 3. THE CONTEXT IN SERBIA: GENDER EQUALITY AND PANDEMIC

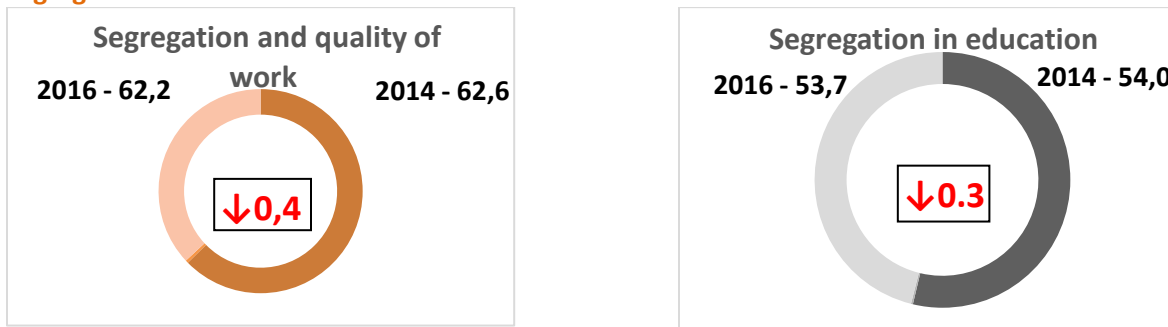
The survey findings need to be viewed in the context of long-term, structural gender inequalities that were influenced by the pandemic and the Government's measures in response to it. Everyday life of women and men is marked by practices which show gender-specific patterns of risk-sharing, division of responsibilities, distribution of burdens, and consequently, the changes in the personal well-being.

#### 3.1 Structural Gender Inequalities

Gender inequalities are pronounced in Serbia. They have been evidenced and described by numerous social researches and have recently been monitored by the Gender Equality Index. This is a tool used in the EU Member States and EU candidate countries, which measures the level of achievement and gender gap in six main policy domains: work, money, time, knowledge, power, health, as well as in two satellite domains - intersectional inequalities and violence against women. According to the latest Gender Equality Index 2018, Serbia was still a country of pronounced gender inequalities in all domains. These inequalities were significantly more pronounced than the EU average (55.8 vs. 66.2)<sup>1</sup>, and progress that has been made (compared to 2016), was very small (3.4).<sup>2</sup> One of the main axes of inequality noted by the Index refers to gender segregation, which is established during education and continues later in the labour market. This aspect of inequality is important for understanding the results of this research. Namely, women are concentrated in the labour market sectors of the economy of care: health, education, social protection, which were sectors particularly affected by the pandemic.

As it is revealed in the Figure 1, in both domains – of work and knowledge, the value of Gender Equality Index is below gender equality threshold (62.2/100 for work and 53.7/100 for education). Also, the value has decreased between 2014 and 2016, meaning that segregation becomes more prominent.

**Figure 1: Gender Equality Index for Serbia 2018, domains of work and knowledge, subdomains of segregation**



Source: SIPRU, Gender Equality Index in the Republic of Serbia 2018

<sup>1</sup> The Gender Equality Index ranges on the scale 1-100 with 1 indicating the lowest achievements and biggest gender gap and 100 the highest achievements and closed gender gap.

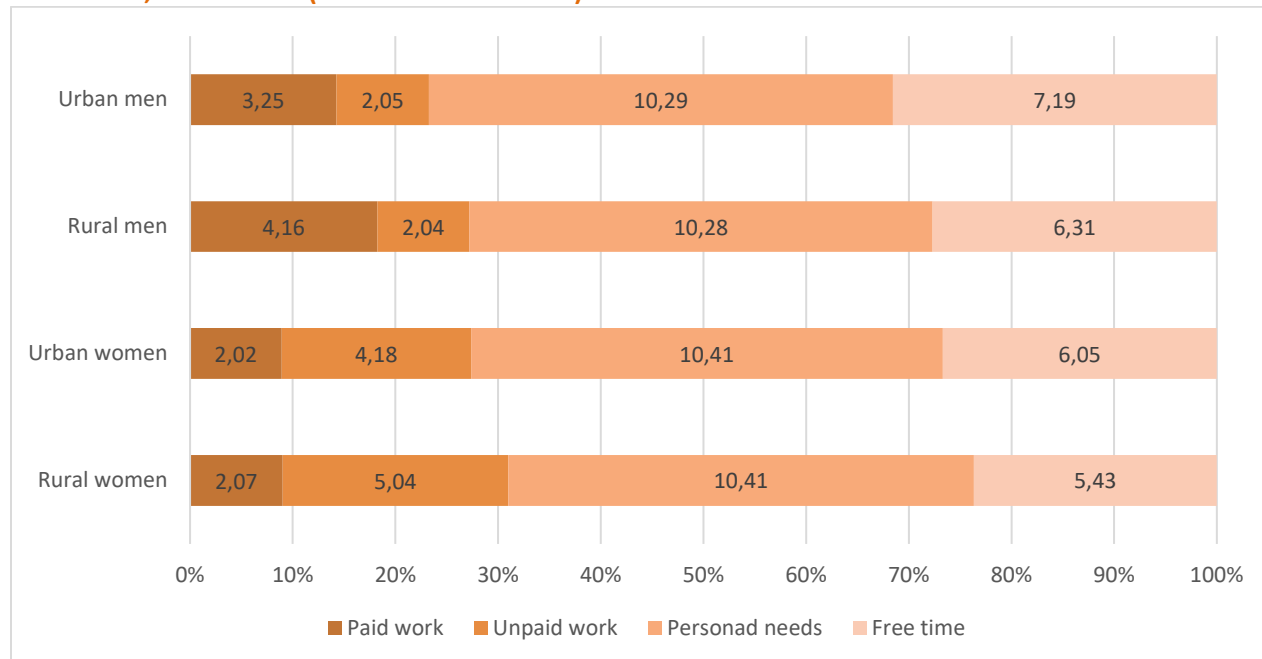
<sup>2</sup> SIPRU, 2018.

The labour market gender gap is also manifested as significantly and continuously lower participation of women and persistent pay gap, although it is not very high like in some other EU countries (more details in the chapter 5.1).

In addition, inequalities are present in the domain of power, in which, despite progress in the representation of women in the sphere of political participation (mainly in the legislative power), there has been little or no progress in the domain of distribution of economic and social power. Inequalities are also visible in the domain of money, because women have lower incomes than men, and certain groups of women are exposed to higher risks of poverty (particularly single mothers and older women living alone).

Inequalities in the domain of time show how much time and work more women than men spend in caring for the household and family, i.e. doing unpaid housework, which is the time most often taken away from their free activities (very important for well-being and personal development). Data from the 2015 Time Use Survey reveal that women spend less time daily on paid work than men (on average 42 minutes less) but much more time on unpaid household work (on average 2 hours and 18 minutes more). Their total work hours are longer (12 hours and 27 minutes compared to 10 hours and 51 minutes for men) and the time dedicated to leisure activities shorter (women on average spend six hours on leisure activities, while men spend seven). There are differences between urban and rural areas, with rural women spending more time on unpaid household work than any other category.<sup>3</sup>

**Figure 2: The average hours spent in activities, population 15 years and older, by sex and type of settlement, Serbia 2015 (in hours and minutes)**



Source: SORS, Time Use Survey, 2017

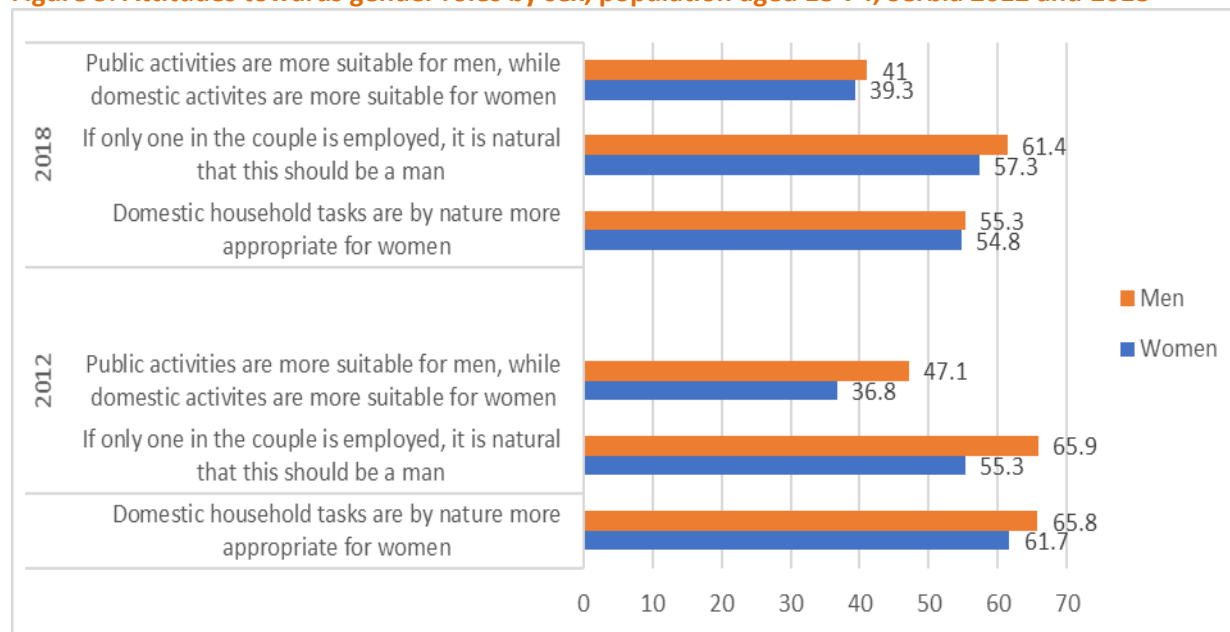
<sup>3</sup> SORS, 2017.





Patriarchal values still prevail in Serbian society. Social surveys indicate a slow change of norms and values related to gender roles, but the patriarchal orientation still prevails. According to a survey *Challenges of New Social Integration in Serbia: Concepts and Actors*,<sup>4</sup> 57% of women and 61% of men in Serbia agreed with the statement 'If only one in the couple is employed, it is natural that this should be a man'. Additionally, 55% of women and men agree with the statement 'Domestic household tasks are by nature more appropriate for women.'

**Figure 3: Attitudes towards gender roles by sex, population aged 18-74, Serbia 2012 and 2018**



Source: Institute for Sociological Research of the Faculty of Philosophy of University of Belgrade, 2012 and 2018

Media also plays an important role in reproducing gender stereotypes. According to a survey on discrimination conducted between journalists, every tenth journalist thinks that women do not experience discrimination at all.<sup>5</sup> Research on media content indicates a significant presence of misogyny and sexism, particularly of women in public positions in politics, economy, or in presentation of violence against women and domestic violence.<sup>6</sup>

<sup>4</sup> Data are calculated from database produced by the survey implemented by Institute for Sociological Research of the Faculty of Philosophy, University of Belgrade through project 'Challenges of New Social Integration in Serbia: Concepts and Actors', Financed by the Ministry of Education, Science and Technological Development of the Republic of Serbia (reg. no. 179035).

<sup>5</sup> Poverenik za Zaštitu Ravnopravnosti, 2018.

<sup>6</sup> Mršević, Z. Mediji u Srbiji o Rodno Zasnovanom Nasilju u 2015. i 2016. godini, UNDP, Beograd, 2017; Lukic, M, Jovanovic, D, Slavkovic, B, Petrovic, B. Nijedna žena manje, AŽC, 2018.

### 3.2 Policies for gender equality

The national framework for gender equality is guided by international conventions that Serbia has ratified. This includes but is not limited to the Convention on the Political Rights of Women (1953), Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) (1979) and Optional Protocol to the CEDAW (2000), Declaration on the Elimination of Violence Against Women (1993), Beijing Declaration and Platform for Action (1995), United Nations (UN) Security Council Resolution 1325 Women, Peace and Security (2000), and the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (2011).

In the national legislative framework, gender equality is included in the Constitution (Article 15), and it is further addressed in the Law on Gender Equality (2009) and the Law on the Prohibition of Discrimination (2009). In addition to these overarching legal frameworks, gender equality is regulated in different spheres by sectoral laws on employment, work, social protection, education, health care, access to justice, and other areas. Of particular importance for prevention and elimination of violence against women is the Law on Prevention of Domestic Violence (2017). National gender equality policies are guided by the overarching National Strategy for Gender Equality 2016-2020.

Governance mechanisms for gender equality are established at the central, provincial, and local levels. At the central level, the main mechanism is the Coordination Body for Gender Equality, established under the responsibility of the Deputy Prime Minister. Within the Ministry of Labour, Employment, Veterans and Social Affairs, there is an anti-discrimination and gender equality section. There are also two independent oversight institutions significant for protection and promotion of gender equality: the Commissioner for the Protection of Equality and the Protector of Citizens, with one Deputy Protector responsible for gender equality. At the level of Autonomous Province (AP) Vojvodina, gender equality is under the responsibility of the Secretariat for the Social Policy, Demography and Gender Equality. According to the Law on Gender Equality, local self-governments are obliged to establish local gender equality mechanisms. Although almost all local self-governments have established gender equality mechanisms in some form, many of them are not very active and those that are active have minimal budgets for the implementation of activities.



### 3.3 COVID-19 pandemic and government's response

The pandemic and the measures that have been in place and in response by the government had profound impact on the everyday lives of women and men, as well as on gender equality.

#### Brief history of pandemics and Government response to it

First registered case in the world: China, 31 December 2019<sup>7</sup>

First registered case in Europe: France, 24 January 2020<sup>8</sup>

WHO proclaims pandemic: 11 March 2020<sup>9</sup>

First registered case in Serbia: Subotica, 6 March 2020<sup>10</sup>

Proclamation of emergency state: 15 March 2020<sup>11</sup>

Number of COVID cases and deaths as of 7 May 2020 (the date of cancelling emergency state): total number of sick 9848, total number of deaths 206.<sup>12</sup>

Number of COVID cases and deaths as of 13 July 2020 (the date prior to survey): total number of sick 12251, total number of deaths 253.<sup>13</sup>

Number of COVID cases and deaths 25 July 2020 (the date of end of the survey): total number of sick 13372, total number of deaths 264.<sup>14</sup>

The response to the pandemic in Serbia followed a 'restrictive model', particularly during the second half of March and April 2020, when the emergency state was proclaimed, which included a set of measures such as closing borders, abolishing public transport in order to reduce mobility, relatively high restrictions on movement during curfews and several days of lockdown. In the April measures included the closure of all stores, except grocery stores, relocation of work from offices to the homes of employees except in cases when it was not possible to do so, or necessary to provide basic duty, closure of educational institutions at all levels, limitation of direct contact with citizens of public and social services providers, etc. Even after the cancellation of emergency state, a number of restrictive measures remained – schools were not reopened, travel was limited, work of restaurants restricted to fewer hours, many people continued to work from home, etc.

<sup>7</sup> WHO, Coronavirus disease (COVID-19) pandemic, available at: <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov>

<sup>8</sup> WHO, 2019-nCoV outbreak: first cases confirmed in Europe, available at: <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/01/2019-ncov-outbreak-first-cases-confirmed-in-europe>

<sup>9</sup> WHO, Health emergencies, available at: <http://www.euro.who.int/en/health-topics/health-emergencies>

<sup>10</sup> Ministarstvo zdravlja Republike Srbije, Institut za javno zdravlje, Potvrdjen prvi slučaj korona virusa u Srbiji, available at: <https://covid19.rs/%d0%bf%d0%be%d1%82%d0%b2%d1%80%d1%92%d0%b5%d0%bd-%d0%bf%d1%80%d0%b2%d0%b8-%d1%81%d0%bb%d1%83%d1%87%d0%b0%d1%98-%d0%ba%d0%be%d1%80%d0%be%d0%bd%d0%b0%d0%b2%d0%b8%d1%80%d1%83%d1%81%d0%b0-%d1%83-%d1%81/>

<sup>11</sup> Propisi, Odluka o proglašenju vanrednog stanja, available at: <https://www.propisi.net/odluka-o-proglašenju-vanrednog-stanja/>

<sup>12</sup> Propisi, Skupština izglasala ukidanje vanrednog stanja, available at: <https://www.propisi.net/skupstina-srbije-izglasala-ukidanje-vanrednog-stanja-u-republici-srbiji/>

<sup>13</sup> <https://mondo.rs/Magazin/Zdravlje/a1335988/Korona-virus-Srbija-zarazeni-13.-jun.html>

<sup>14</sup> <http://www.moinovisad.com/vesti/korona-virus-registrovano-137-novozarazenih-preminuo-ios-jedan-pacijent-id34131.html>



This has led to a significant reduction in business volume for most companies, while fewer have come under pressure from increased work commitments and increased demand, such as medical facilities, protective equipment and medical device factories and pharmaceutical distribution, but also delivery companies, platforms for online communication, etc. These changes have affected the level of activity and employment, but also the quality of employment and working conditions.

After two months of restrictive measures in the period from 15 March to 7 May, the measures were abruptly eased: restrictions on movement were lifted, borders were opened from the direction of Serbia, but most countries closed their borders to Serbian citizens at the end of June, due to the increased number of infected people in Serbia, public and social services that communicate directly with citizens have been opened, all shops have been opened as well as catering facilities, while most cultural institutions have remained closed. Reopening does not mean the return to the situation before the pandemic, because there are still restrictions on the number of people who can stay indoors and the obligatory wearing of masks in closed public spaces. Preventive measures for safe and healthy work have been introduced, which includes work in shifts, so that as few people as possible stay in the same space, and mandatory implementation of hygienic and disinfection measures at the workplace.<sup>15</sup> Since the epidemic flared up in Serbia in the second half of June, most companies that had the opportunity to transfer their employees to work from home during the state of emergency, returned to this model. Companies that cannot organize work from home have divided their employees into shifts, but most companies, especially manufacturing ones, which have divided the work into a larger number of shifts, are still not working at full capacity. Catering facilities are covered by special measures of the Government - their work in the evening is limited and the number of people who can stay indoors in catering facilities is limited. Although the restrictive model has been abandoned, the pandemic situation and the current measures continue to affect the level of activity of the companies, the level of employment and the working conditions of employees.

The COVID-19 pandemic has caused turbulent economic and social consequences worldwide. The labour market around the world is shaken and the changes that occurred do not affect all countries equally, nor all sectors and occupations, as well as women and men. Trends in the labour market are conditioned on the one hand by the uncertainty of the pandemic course, and on the other hand, it will depend on state interventions in this field.<sup>16</sup> According to rapid assessment on impact of COVID-19 pandemic on employment in Serbia, in mid-April 2020, there were 8.2% of employed persons who lost their jobs.<sup>17</sup> The most vulnerable sectors were accommodation and food, wholesale and retail trade and manufacturing industry, real estate business. These sectors employ 44% of labour force in Serbia.<sup>18</sup> Industries that have successfully switched to work from home are those in which employees mostly have higher wages, while the most vulnerable sectors are those in which employees have low wages and poor working conditions, so it is likely that poverty will increase among those who have already done low-paid jobs.

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<sup>15</sup> "Službeni glasnik RS" br. 94/2020.

<sup>16</sup> ILO, 2020a.

<sup>17</sup> SeConS, 2020.

<sup>18</sup> MONS, The impact of the pandemic crisis on the Serbian labour market. Available at: <http://mons.rs/uticaj-pandemijske-krize-na-trziste-rada-srbije>



## 4. GETTING INFORMATION ON COVID-19 PANDEMIC

### Key findings

- Television was most frequently used as key source of information on pandemic, much more often than Internet and social networks, official government web sites or other channels.
- Differences between women and men in using different channels of information are significant. Men more often than women rely on television and internet and social networks as the main source of information, while women, more often than men rely on official government websites, official announcements, spokespersons or doctors.
- There is a clear difference between social groups in using channels of information and evaluating the quality of information. Older, less educated people, living in rural areas are more inclined towards television as the main source of information. On the contrary, younger, urban, highly educated population is more inclined to rely on other sources of information, particularly Internet and social networks, and to be less positive in assessing the quality of information.

The pandemic was in the focus of attention of people since the early stages. The survey has intended to identify what the main channels of getting information on pandemic were. According to survey data, the majority of population was relying on television as the main source of information, with significant gender, age, educational differences as well as differences based on the living area of respondents. Women were relying slightly less on TV and internet sources than men, but more directly on officially published information, such as government websites, official announcements, and government spokespersons (Table 2).

**Table 2: The main source of information about COVID-19 pandemic by sex, in %**

Source of information	Total	Men	Women
Television	61.5	63.8	59.3
Internet and social networks (Facebook, Instagram, etc.)	18.4	21.0	16.1
Official government websites	7.3	4.2	10.2
Radio, newspapers	1.8	2.4	1.3
Official announcements, spokesperson	2.8	1.6	3.9
Phone (Viber, WhatsApp, calls)	2.1	2.0	2.1
Community, including family and friends	2.6	2.4	2.9
Healthcare centres, family doctors	2.3	1.5	3.0
NGOs	0.4	0.2	0.5
No information on COVID-19	0.8	0.9	0.7
Total	100	100	100

P=0.000, Cramer's V= 0.161

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

Significant differences in using the main source of information were found between urban and rural areas<sup>19</sup>, with rural population relying slightly less on internet (18.0% vs. 18.7%) and official government sources as the main source of information (5.2% vs. 8.7%) and more frequently on television (67.1% vs. 57.9%).

Age differences are even more pronounced indicating clearly that television is much less important as the main source of information to young generations. The share of respondents relying on TV as the main source of information on pandemic increases with age, and in the oldest cohorts, more than 90% of respondents use TV as the main source. The opposite tendency was found in regard to the use of internet as the main source, with the highest share of those who rely on internet (including social networks) among young people and the lowest share among the oldest category (Table 3).

**Table 3: The main source of information about COVID-19 pandemic by age, in %**

Source of information	18-34	35-44	45-54	55-64	65+
TV	39.4	43.1	54.7	75.6	90.4
Internet and social networks (Facebook, Instagram, etc.)	32.1	27.5	20.6	10.2	3.3
Official government websites	11.2	12.9	7.9	4.0	1.7
Radio, newspapers	2.4	1.5	1.8	1.1	2.0
Official announcements, spokesperson	1.7	5.8	4.8	2.3	0.7
Phone (Viber, WhatsApp, calls)	4.2	1.5	2.4	1.6	0.4
Community, including family and friends	4.2	3.4	3.0	2.0	0.9
Healthcare centres, family doctors	3.1	2.5	3.9	2.0	0.4
NGOs	0.4	0.9	0.3	0.3	0
No information on COVID-19	1.3	0.9	0.6	0.9	0.2
Total	100	100	100	100	100

P=0.000, Cramer's V= 0.224

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

The differences were found also between respondents with different levels of education. Persons with no school or primary school rely much more on TV as the main source, and significantly less on internet and other sources than persons with secondary and particularly persons with tertiary education (Table 4).

**Table 4: The main source of information about COVID-19 pandemic by education level, in %**

Source of information	No education or primary <sup>20</sup>	Secondary	Tertiary
TV	84.8	67.0	47.5
Internet and social networks (Facebook, Instagram, etc.)	10.4	17.6	21.7
Official government websites	1.8	5.3	11.8

<sup>19</sup> p=0.003

<sup>20</sup> Persons without any education are merged in the same category with persons with completed primary school, due to the small number in the sample (6 cases).

Radio, newspapers	0	1.5	2.7
Official announcements, spokespersons	0.6	1.8	4.9
Phone (Viber, WhatsApp, calls)	0.6	1.9	2.7
Community, including family and friends	1.2	2.3	3.4
Healthcare centres, family doctors	0.6	1.2	4.3
NGOs	0	0.3	0.6
No information on COVID-19	0	1.1	0.4
Total	100	100	100

P=0.000, Cramer's V= 0.191

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

Respondents also answered questions about the quality of information obtained on COVID-19. Over 2/3 of respondents rated the information they received as 'Clear and helped me to prepare', but not such a small number of them - over 1/4 - rated the information as confusing and contradictory. Significant differences in the assessment of information appeared depending on the main source of information, age and education.

Among respondents who mostly relied on information from television there is the highest share of persons (72.8%) who evaluate information they received about the pandemic as clear and helpful to be prepared. In contrast, those whose main source of information were the internet and social networks, or community, including family and friends and public service announcement are much less likely to have this opinion (43.1%, 45.9%, 46.3% respectively). They evaluate the information more often as confusing and contradictory than previous group of respondents. However, this does not necessarily mean that their channels of information are less trusted, but it can mean that groups of people who use more of one or the other channel of information are more or less critical towards the information sources. It appears that older people with lower education have tendency to rely more on television and trust more the sources of information. This is evidenced by the survey finding according to which the share of respondents who assess the information as 'clear and helped me to prepare' increases with age (83.7% of respondents over 65 vs 56.2% of respondents aged 18-34 assess the information they receive in this way). On the other hand, the opposite trend was observed in the assessment of information as confusing/contradictory – the share of persons assessing the information in this way decreases with older age (share among respondents aged 18 to 29 was 33.3% while it was 11.5% among respondents over 65 years of age)<sup>21</sup>.

As with age groups, the higher the education, the lower the share of respondents who rate information as 'clear and helped me to prepare' (no education or primary - 79.9%; secondary - 68.8%; tertiary - 54.8%) and the reverse trend when it comes to assessing information as confusing/contradictory (no education or primary - 11.0%; secondary - 23.5%; tertiary - 34.9%).<sup>22</sup>

<sup>21</sup> P=0.000, Cramer's V= 0.145

<sup>22</sup> P=0.000, Cramer's V= 0.124



**Table 5: Rate the information about COVID-19 pandemic by the main source of information about COVID-19 pandemic, in %**

	Total	Internet & social media (Facebook, Instagram, etc.)	Official Government websites	Radio/Newspaper	Television	Public service announcement/speak	Phone (telegram, Viber, whatsapp or	Community, including family and friends	Health centre/Family doctor	NGOs
Clear and helped me prepare	64.7	45.9	67.4	65.7	72.8	46.3	60	43.1	65.9	57.1
Clear, but it came too late for me to prepare	5.4	6.2	12.1	0	4.2	7.4	0	9.8	4.5	14.3
Confusing/contradictory	26.5	45.1	17.7	31.4	20	42.6	40	45.1	25.1	14.3
I do not know	3.4	2.8	2.8	2.9	3	3.7	0	2	4.5	14.3
Total	100	100	100	100	100	100	100	100	100	100

P=0.000, Cramer's V= 0.219

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020



## 5. IMPACT OF PANDEMIC ON EMPLOYMENT AND LIVELIHOODS

### 5.1 Activity and employment status

#### Key Findings

- Gender gap in employment is continuously very pronounced in Serbia as indicated by the Labour Force Survey. The activity and employment rates of women are much lower than of men. The small gender difference in unemployment rates is the consequence of higher inactivity of women. Faced by obstacles on the labour market they are more easily discouraged and became inactive.
- The impact of COVID-19 pandemic and emergency state on activity and employment was more profound on male than female labour force. The loss in the contingent of active population was bigger for men than women (-3.3 vs. -0.3 percentage points), as well as the loss in the contingent of employed persons (-3.6 p.p. for men and -0.2 p.p. for women). Consequently, there was an increase among inactive male population (5.4 p.p.), while the group of inactive women (traditionally larger than inactive men) remained the same. However, LFS data do not reflect fully the impact of COVID-19 pandemic in the first quarter of 2020, as they take into account both pre-pandemic period as well as the first month and half of pandemic time (15 March – 30 April).
- According to RGA data, the impact of pandemic on employment in terms of job loss was stronger in relation to the female than male labour force – 7% of employed women and 4% of employed men lost their jobs.
- For employed women working hours increased more often than for employed men, while the number of working hours decreased for the employed men more often than for employed women. This is probably at least partly related to the higher workload in healthcare sector which employs majority of women.
- Women were forced more often than men to take forced leave, but also they were more often at least partly paid than unpaid in comparison to men.
- Large portion of workforce transferred work to homes, and more among women than men, which can be again assumed as a consequence of sectoral segregation in employment, with women working more in education (which was fully transferred to digital forms), social protection, public administration or other administrative jobs that are easier to be transferred to homes.
- Almost half of the self-employed (with or without employees) reported that COVID had negative impact on their businesses, but they managed to maintain their businesses. Almost 6% of self-employed had to close their businesses due to the COVID impact, while for 2.4% the pandemic has even positive impact on business.

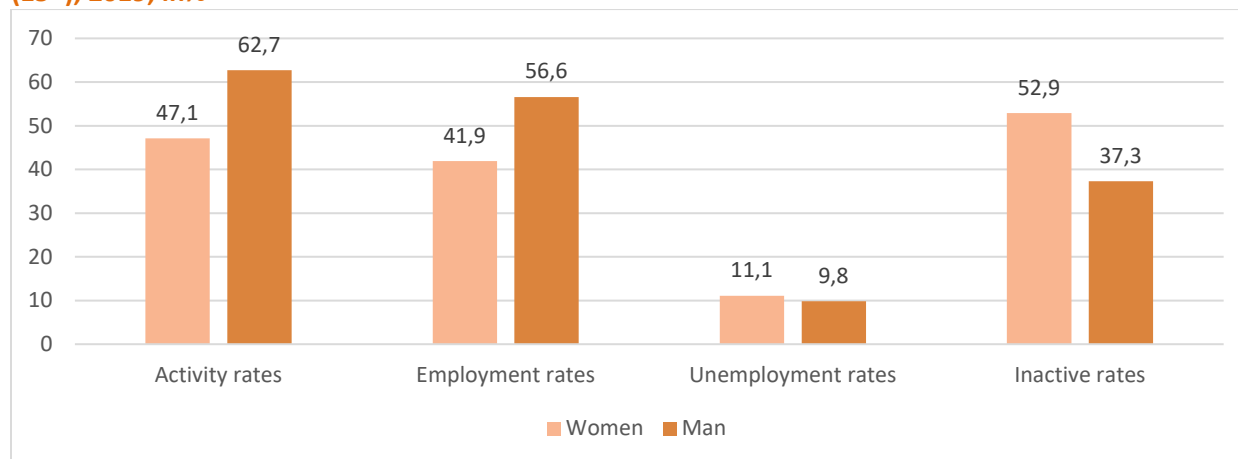
#### GENDER GAP IN EMPLOYMENT AND FIRST IMPACT OF COVID-19 ON EMPLOYMENT BY LABOUR FORCE SURVEY

The gender employment gap is very pronounced in Serbia. According to the data from the Labour Force Survey (LFS), which is regularly conducted by the Statistical Office of the Republic of Serbia (SORS), in 2019 the gender gap at the level of activity and employment was very pronounced. The activity and



employment rates of men were significantly higher than the same rates of women, the differences in unemployment rates were not big, but this is because women are more easily deactivated, the result of which their inactivity rate is significantly higher (Figure 4).

**Figure 4: Activity, employment, unemployment and inactivity rates by sex, working age population (15+), 2019, in%**



Source: SORS, LFS, 2019

The data presented in the previous graph refer to the annual level, which means that they are levelling the seasonal variations that may occur in different quarters, especially under the influence of those economic sectors whose employment dynamics depend on the season, such as agricultural production, tourism, catering and the like.

Therefore, it is important to compare the data of the two successive quarters, i.e. the fourth quarter of 2019 (October-December 2019) and the first quarter of 2020 (January-April 2020), in which changes under the influence of the pandemic and the state of emergency were also manifested. According to the LFS data from the first quarter of 2020 (January-April), there was greater decline in the level of activity and employment among men in comparison to women. The contingent of active men decreased by 60,400 persons (-3.3 percentage points), and the contingent of active women decreased by 4,100 persons (-0.3 percentage points). This means that these persons were excluded from the group of employed and unemployed and became inactive.<sup>23</sup> The contingent of employed men decreased between the two quarters by 58,400 persons (-3.6 percentage points) and women by 2,500 persons (-0.2 percentage points). At the same time, the number of unemployed persons decreased both among women (by 1,700 persons or -1.1 percentage points) and men (by 2,100 persons or -1.3 percentage points). The biggest change and gender difference were recorded in the category of inactive people - since in the case of women there are more inactive persons, there was no change (increase of 200 inactive persons is negligible), while in the case of men there was an increase in the contingent of inactive persons for 56,900 persons, or 5.4 percentage points.

<sup>23</sup> Inactive persons are those who are neither employed in any form (formally, informally, for employers, self-employed) nor look for employment.

It should be noted once again that LFS is conducted continuously and records the situation in the week before the survey, which means that the data shown refer to the entire period January-April 2020 and therefore do not reflect the situation that occurred during the pandemic in the late March and April, nor they fully reflect the consequences that the pandemic and the state of emergency had on employment and the labour market.

**Table 6: Basic labour force contingents aged 15 and over by sex and basic labour market indicators for the population aged 15 and over, IV quarter of 2019 and I quarter of 2020**

Labour market status	IV quarter of 2019				I quarter of 2020				Change in rates compared to the previous quarter in p.p.	
	Women		Men		Women		Men		W	M
	N	Rate (%)	N	Rate (%)	N	Rate (%)	N	Rate (%)		
Active	1,446,600	47.3	1,805,700	63.3	1,442,500	47.2	1,745,300	61.3	-0.3	-3.3
Employed	1,297,600	42.4	1,640,700	57.5	1,295,100	42.4	1,582,300	55.5	-0.2	-3.6
Unemployed	149,000	10.3	165,000	9.1	147,400	10.2	163,000	9.3	-1.1	-1.3
Inactive	1,613,500	52.7	1,047,200	36.7	1,613,700	52.8	1,104,100	38.7	0.0	5.4

Source: SORS, LFS IV quarter 2019<sup>24</sup>, and LFS I quarter 2020<sup>25</sup>

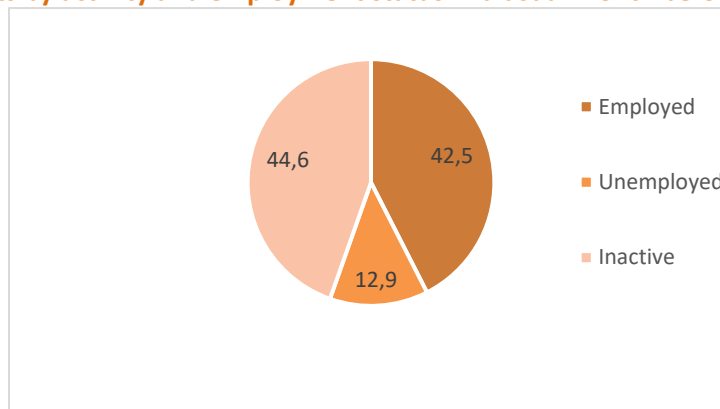
#### **GENDER GAP IN EMPLOYMENT AND IMPACT OF COVID-19 ON EMPLOYMENT BY RGA**

It is important to note that definition of employment used by the LFS is not the same as the definition used in the RGA survey, so it is not possible to compare the data. According to RGA data, the pandemic and governmental measures brought in response to it had remarkable impact on employment status and working conditions of women and men. Prior to the pandemic, in a usual month, according to this data 44.5% of respondents were employed, 12.9% were looking for employment, while 44.6% were inactive, not participating in the labour market due to the various reasons (retired, students, disability or choice) (Figure 5).

<sup>24</sup> Retrieved on August 12, 2020 from the address: <https://publikacije.stat.gov.rs/G2020/Xls/G20201051.xlsx>

<sup>25</sup> Retrieved on August 12, 2020 from the address: <https://publikacije.stat.gov.rs/G2020/Xls/G20201135.xlsx>

**Figure 5: Respondents by activity and employment status in a usual month before pandemic, in %**



Source: SeConS, Consequences of COVID-19 on women’s and men’s economic empowerment, 2020.

RGA data also indicate significant gender differences in activity and employment, with lower share of active and employed respondents among women than men (51.5% vs. 59.6% of active, and 39.8% vs. 45.4% of employed<sup>26</sup>), and higher share of inactive persons among women than men (48.5% vs. 40.3%) (Table 7).

**Table 7: Respondents by activity and employment in a usual month before pandemic by sex, in %**

Employment and activity status	Total	Women	Men
Salaried workers	38	37.2	38.9
Self-employed (with and without employees)	4.5	2.6	6.5
Unemployed	12.9	11.7	14.2
Inactive	44.6	48.5	40.4
Total	100	100	100

P=0.001, Cramer’s V= 0.083

Source: SeConS, Consequences of COVID-19 on women’s and men’s economic empowerment, 2020

After the outbreak of pandemics and introduction of government measures in response to it, the impact on employment of women and men was pronounced. Women more often than men experienced job loss and faced increased working hours (Table 8). Respondents aged 18-34 found it easier to lose their jobs than other age cohorts (9.5% vs. 5.7%), and their position in the labour market was more vulnerable because they were often employed on fixed-term contracts or were part of the informal workforce.

The number of working hours has decreased more often among employed men than women, and a particularly affected group of employees with this change were informally employed compared to formally employed with long-term contract (25.4% vs. 18.5%).

<sup>26</sup> Active persons include persons who are employed in any form (formal or informal, for other employers or self-employed), plus unemployed persons, who are not currently employed but have been looking for job.

**Table 8: Changes in employment status and working hours after the outbreak of COVID-19 pandemic by sex, in %**

Changes	Total	Men	Women
No changes in status or working hours	62.2	61.6	62.8
Job was lost	5.7	4.3	7.3
Number of working hours has increased	6.4	5.7	7.0
Number of working hours has decreased, but no job loss	25.1	27.9	22.1
NA/DK	0.6	0.5	0.8
Total	100	100	100

P=0.149, Cramer's V= 0.091

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

In addition to the higher percentage of women than men who lost their job due to the pandemic, another indicator reveals more fragile position of women on the labour market during the pandemic. They were more frequently sent on leaves by the employer than men (24.7% vs. 18.4%). Although slightly higher share of women was sent on fully paid leave in comparison to men, there is 5 percentage points difference in share of women and men who were forced to take partially paid leave, in favour of women (Table 9). There were no significant differences in this regard between respondents living in urban and those living in rural areas, nor by the level of education.

**Table 9: Forced leave after the outbreak of COVID-19 pandemic by sex, in %**

Since the spread of COVID19, have you been imposed to take a leave?	Total	Men	Women
Yes, fully paid leave	11.8	10.2	13.4
Yes, partially paid leave	5.7	3.2	8.1
Yes, unpaid leave	4.1	5.0	3.2
No, I did not take leave	71.6	76.4	66.9
Not entitled for a leave/not applicable	6.8	5.2	8.4
Total	100	100	100

P=0.005, Cramer's V= 0.147

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

The impact of the pandemic on labour market position and working conditions was experienced by both women and men. The job loss, forced leaves, reflected on the livelihoods of both women and men, but women reported more frequently than men reduction of incomes (more in the Chapter 5.3). It seems that previously more fragile employment situation of women was further weakened by the pandemic, while increased workload was probably related to women who were employed in the health care sector. Both changes had more profound impact on wellbeing of women.

Pandemic and government measures had also impact on the working place and working practices for high proportion of employees. Around 45% of all employees worked from home after the outbreak of pandemics. Women more often than men worked from home (56.4% vs. 34.1%), which is probably the consequence of their concentration in the sectors that were closed (education, social protection, part of the public administration services), or include work that was transferred to the homes (administrative or

other types of work). However, significant part of the workforce continued to perform work at usual workplace (almost two thirds of male and over 40% of female employees) (Table 10).

**Table 10: Changes in working place after the outbreak of COVID-19 pandemic by sex, in %**

Since the spread of Covid-19, are there any changes in your typical place of work?	Total	Men	Women
I used to work out of home and now I am working at my own home	39.0	30.0	48.0
I used to go out to work, and I am still going out to work	54.6	65.9	43.3
Prior to pandemic I used to work from home, and I still work from home	6.3	4.1	8.4
Other	0.1	0	0.3
Total	100	100	100

P=0.000, Cramer's V= 0.230

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

There are significant differences in this regard between employees living in urban and rural areas. Among the first ones, there is a higher percentage of persons who transferred work from office to home after the outbreak of the pandemic (43.2% vs. 31.3%). In rural areas, significantly more respondents performed their work in the usual workplace than that was the case with residents of urban settlements (64.2% vs. 43.2%). The differences are mostly due to the type of work done by the inhabitants of urban and rural settlements. While over 1/3<sup>27</sup> of employees in rural settlements are employed in the agricultural sector, in urban areas this share is much smaller - 3.7%. Although at the beginning of the state of emergency, the movement restrictions also applied to farmers, this measure was after a few days removed and enabled workforce in agriculture to work in the fields (Table 11).

**Table 11: Changes in working place after the outbreak of COVID-19 pandemic by area of residence, in %**

Since the spread of Covid-19, are there any changes in your typical place of work?	Urban	Rural
Yes, I used to work out of home and now I am working at my own home	43.2	31.2
No, I used to work out of home and now I am still going out to work	49.4	64.2
No, prior to pandemic I used to work from home, and I still work from home	7.2	4.6
Total	100	100

P=0.000, Cramer's V= 0.143

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

The differences are also prominent between employees with different levels of education. Among persons with tertiary education there is the highest share of employees who transferred their work from office to home (Table 12). These differences are probably the consequence of the type of work (in terms of sector

<sup>27</sup> SORS, Database, LFS, 2018



and occupation) performed by the respondents with different level of education. As indicated by data in Table 12, among women and men with tertiary education there is a higher proportion of those who transferred work from office to home, but also much more among women than men. The difference is probably related to the higher concentration of women in the sectors that almost fully transferred work to homes, such as education, social protection, and administrative services. The highest share of those still performing work in usual workplace among persons with no education or low qualifications, both women and men, is probably due to the concentration in simple service occupations, such as cleaning, maintenance, hygiene, communal services, which could not be transferred to homes.

**Table 12: Changes in working place after the outbreak of COVID-19 pandemic by education level and by sex, in %**

Changes in working place	No education or primary <sup>28</sup>			Secondary			Tertiary		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
Yes, I used to work out of home and now I am working at my own home	20.0	20.0	20.0	25.0	29.6	22.2	53.2	59.3	43.1
No, I used to work out of home and now I am still going out to work	80.0	80.0	80.0	69.2	60.0	74.9	39.5	32.7	50.8
No, prior to pandemic I used to work from home, and I still work from home	0.0	0.0	0.0	5.8	10.4	3.0	7.0	7.5	6.2
Other	0.0	0.0	0.0	0.0	0.0	0.0	.3	.5	0.0
Total	100	100	100	100	100	100	100	100	100

P=0.000, Cramer's V= 0.221

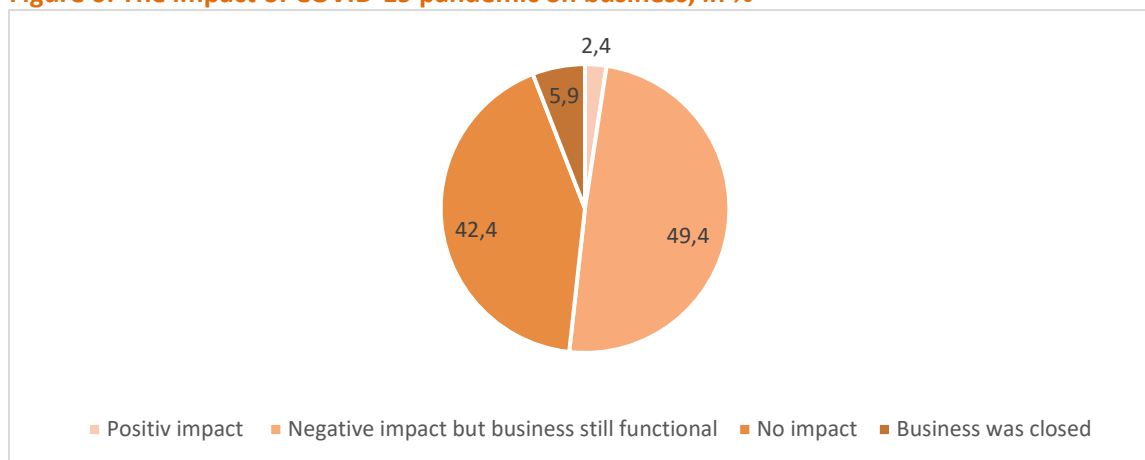
Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

### THE IMPACT ON BUSINESSES

The survey sample included 18 entrepreneurs with employed workers and 61 self-employed persons without employees. In 89.4% of cases their businesses are registered, and there is no difference in the share of formalized businesses among male and female self-employed persons. In 42.4% of cases, respondents reported that COVID had no impact on their businesses. For almost half of self-employed respondents, COVID had negative impact on business, but they managed to maintain businesses running so far (49.4%). For small portion of self-employed (2.4%) COVID had even positive impact on business, while 5.9% had to close their businesses (Figure 6).

<sup>28</sup> Persons without any education are merged in the same category with persons with completed primary school, due to the small number in the sample (6 cases).

Figure 6: The impact of COVID-19 pandemic on business, in %



Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

## 5.2 Impact on livelihoods

### Key Findings

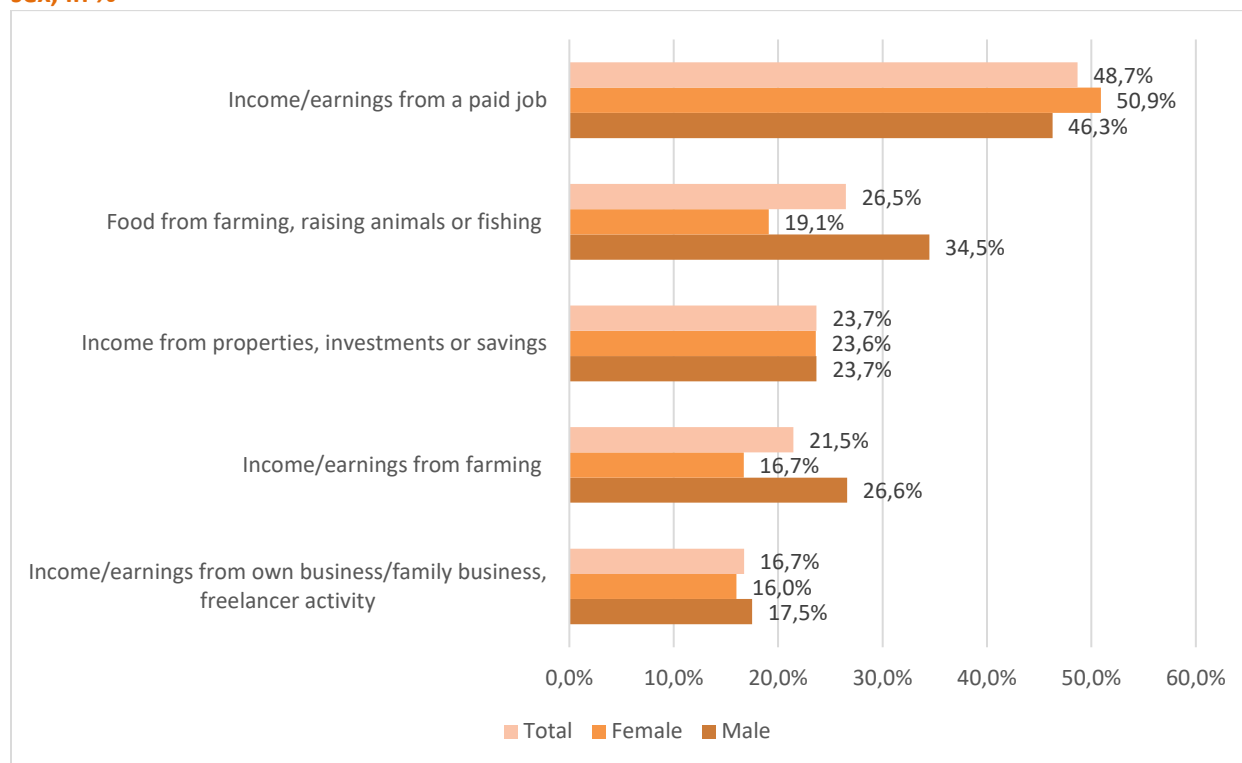
- The impact of COVID-19 pandemic on incomes is pronounced: more than one third of respondents reported the decrease of the income from personal or family business, more than one quarter of respondents reported on decrease of incomes from salary, agricultural activity or investments and savings, and even more than 16% of respondents reported the decline of in-kind incomes.
- The gender differences are significant, with women systematically reporting, in higher proportion than men, that their incomes from productive activities have decreased.
- On the other hand and in regard to the social transfers, majority of respondents (60%) reported increase of government support. However, it should be noted that this includes one-time support of 100 EUR to all adult citizens with valid ID and residence, and one-time increase of pensions amounting approximately to 30 EUR.
- Other social transfers (from relatives abroad or in this country, support from CSOs, etc.) have declined for smaller proportion of respondents, and again systematically more often for women than men.
- Citizens are concerned for their salaries and livelihoods in case pandemic lasts for longer period. One third thinks that their salary will be reduced, while 17% assumes they will remain without salary in that case. There is a fear that financial situation will worsen and one third of respondents estimated they will have difficulties paying utility bills, one third estimated they would have difficulties covering basic living costs.
- Women consistently in higher proportion than men expect they will face financial difficulties, which is in accordance with their weaker labour market position and higher impact on incomes.
- Younger population will need to rely more often than other age groups on different forms of financial supports from relatives.
- Unemployed persons raise concerns for financial difficulties more often than employed or inactive persons, informally employed more often than formally employed and respondents with children more often than those without children.



**IMPACT ON INCOMES AND SOCIAL TRANSFERS**

The survey has explored the impact of pandemics on respondents' livelihoods. In Figure 7 different sources of income<sup>29</sup> are presented with the share of respondents who were receiving income from corresponding sources. As it can be noticed, almost half of the respondents reported salary from employment, 21.5% income from agriculture, 16.7% income from own business, 23.7% income from property, investments or savings, 26.5% reported in-kind resources, which is mainly food provided from their own farming or fishing. Gender differences in income sources are pronounced and in line with their labour market position. Women less frequently than men reported income from the paid job, from farming or fishing, since they are mainly engaged as unpaid family helping members on family farms, but also lower in-kind incomes. They have also reported in slightly lower proportion on incomes from business or freelancer activities, while there are no gender differences in incomes from property, investments or savings (Figure 7).

**Figure 7: Respondents by the type of personal income from productive activities during COVID-19, by sex, in %**



Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

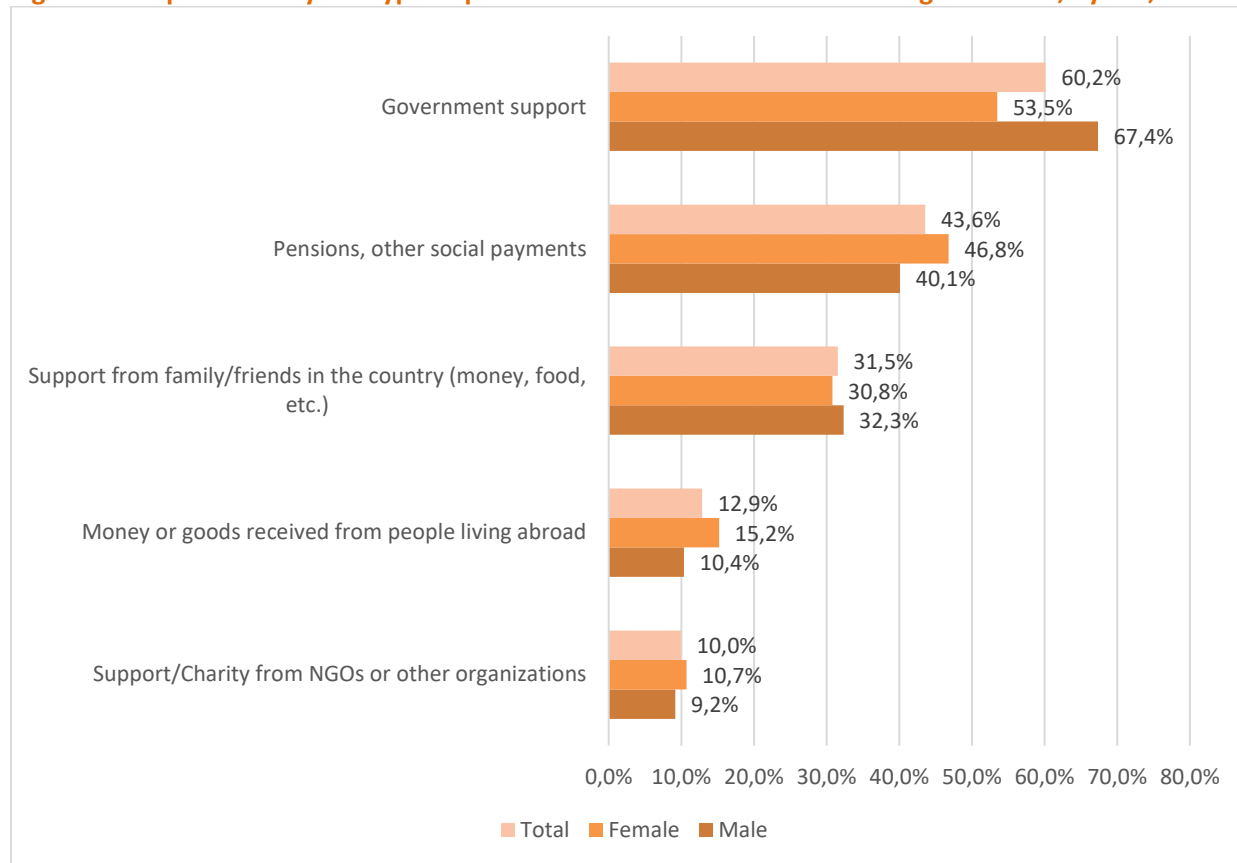
When it comes to the social transfers, formal or informal, 43.6% of respondents reported the income from pension or other social benefits, 31.5% income from financial support by relatives or friends within the country, 12.9% money from people living abroad. Over 60% of respondents reported they received

<sup>29</sup> Data are related to personal incomes, not total household incomes.



income from government support and 10% income from support provided by NGOs. Such a high percentage of respondents receiving government support was the consequence of COVID-19 measure of universal one-time social benefit of 100 EUR, for which all adult citizens of Serbia with valid ID card and permanent residence were entitled. Gender differences are manifested as higher proportion of men than women reporting the income from government support, and from family networks in the country, while women in higher proportion than men reported the income from pensions or other social benefits, money from relatives living abroad and support from charity organizations (Figure 8).

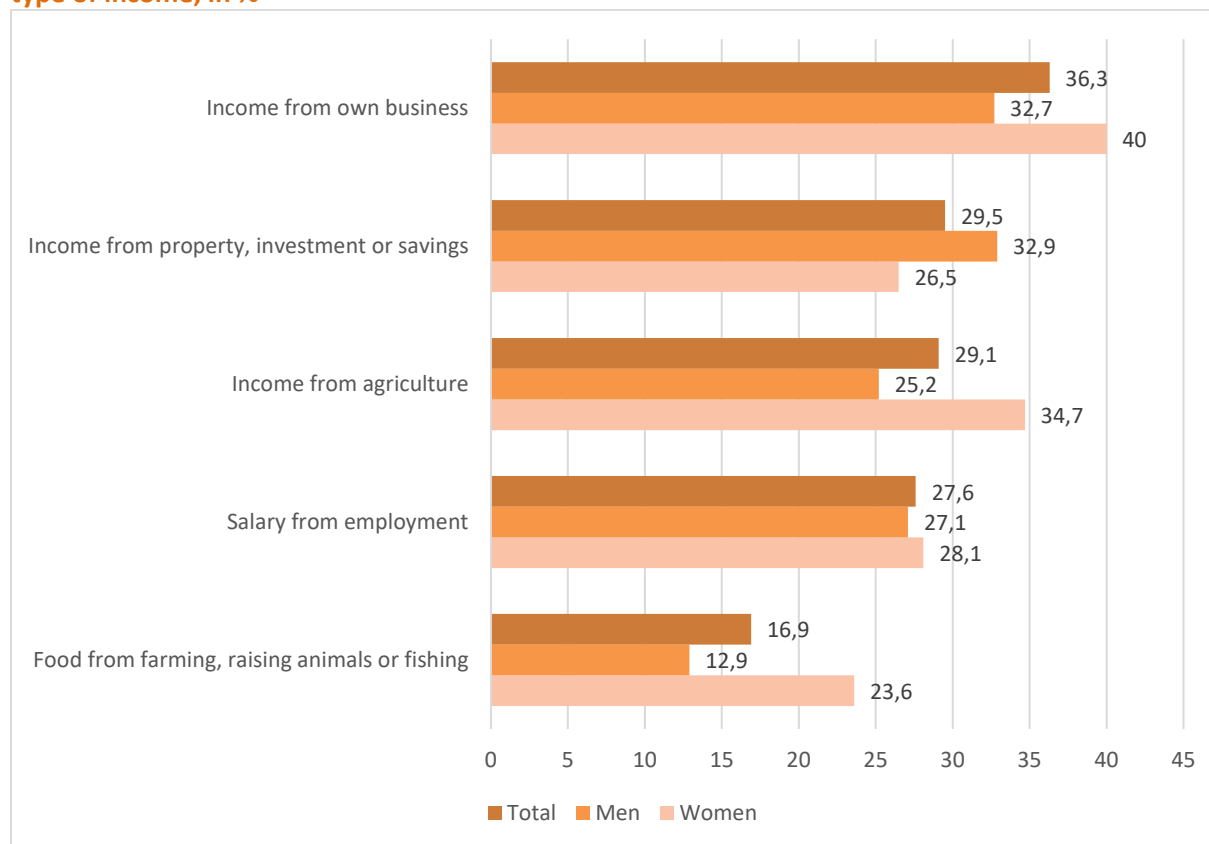
**Figure 8: Respondents by the type of personal income from transfers during COVID-19, by sex, in %**



Source: SeConS, Consequences of COVID-19 on women’s and men’s economic empowerment, 2020

COVID pandemic had pronounced impact on personal incomes, particularly on salaries from employment, incomes from agriculture, business, property, but also on remittances. Although for majority of respondents incomes were not affected, still 36.3% of respondents reported reduced income from their own business, 29.5% reduced income from property, investment or savings, 29.1% reported reduced income from agriculture, and 27.6% reduced salary from employment. In 16.9% of cases, the in-kind resources obtained by farming or fishing were reduced as well (Figure 9). The differences between women and men are systematic, with women reporting more frequently than men decrease of all kinds of incomes from productive activities (Figure 9).

**Figure 9: Share of respondents whose incomes decreased since outbreak of COVID-19, by gender and type of income, in %**



Source: SeConS, Consequences of COVID-19 on women’s and men’s economic empowerment, 2020

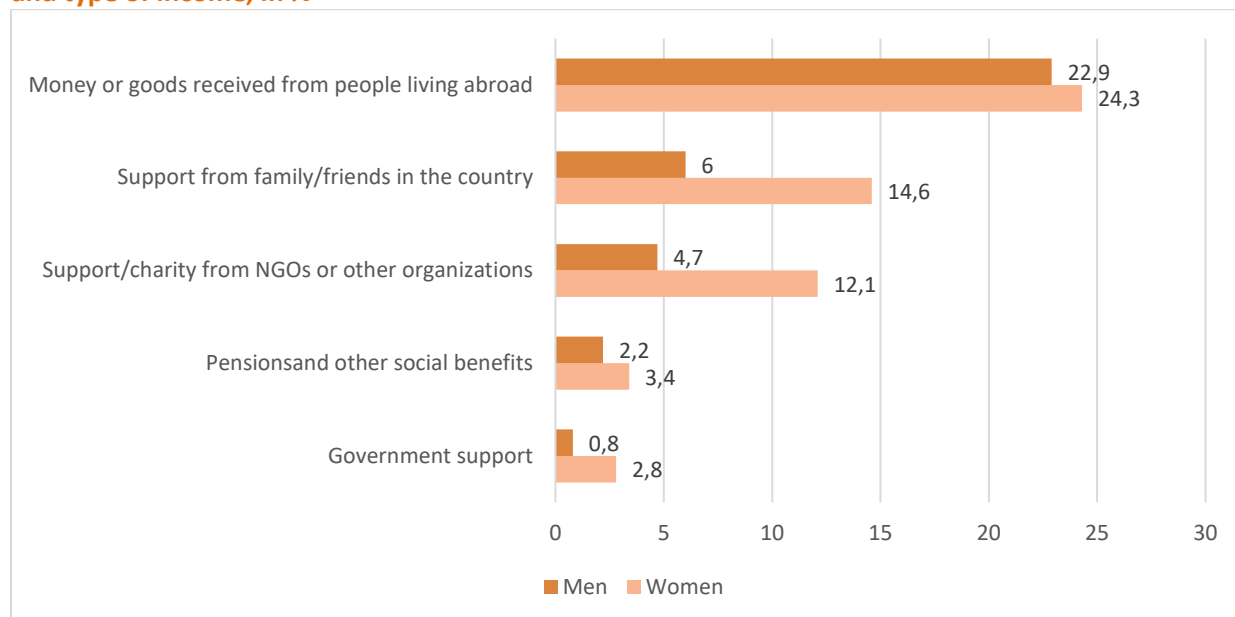
The only resource that has increased for majority of respondents due to the COVID was government financial support. However, it should be kept in mind that this was one-off financial support amounting to 100 EUR<sup>30</sup>. Still, small proportion of respondents indicated that their transfers from government were reduced during pandemics. Data do not explain to which benefits these respondents refer, but this could be linked to other forms of regular social benefits, such as minimum incomes, unemployment benefits, children’s allowances or similar.

The increase in pensions and social benefits is a consequence of a one-time aid in the amount of 34 euros, which was one of the measures implemented by the Government to combat the economic consequences caused by the COVID-19 pandemic. The incomes that have increased for a larger portion of respondents include pensions and social benefits (increased for 37.7% of respondents), and support from NGOs.

<sup>30</sup> All adult citizens of the Republic of Serbia have the right to a one-time financial assistance in the amount of 100 euros in dinars. All recipients of pensions and recipients of financial social assistance are automatically registered to receive financial assistance, and other adult citizens of the Republic of Serbia, who have a permanent residence in the territory of the Republic of Serbia and a valid ID card, applied themselves. Registration and payment of financial assistance lasted from May 15 to June 8.

Decrease in incomes from transfers are again systematically reported more frequently by women than men (Figure 10).

**Figure 10: Share of respondents whose social benefits decreased since outbreak of COVID-19, by gender and type of income, in %**

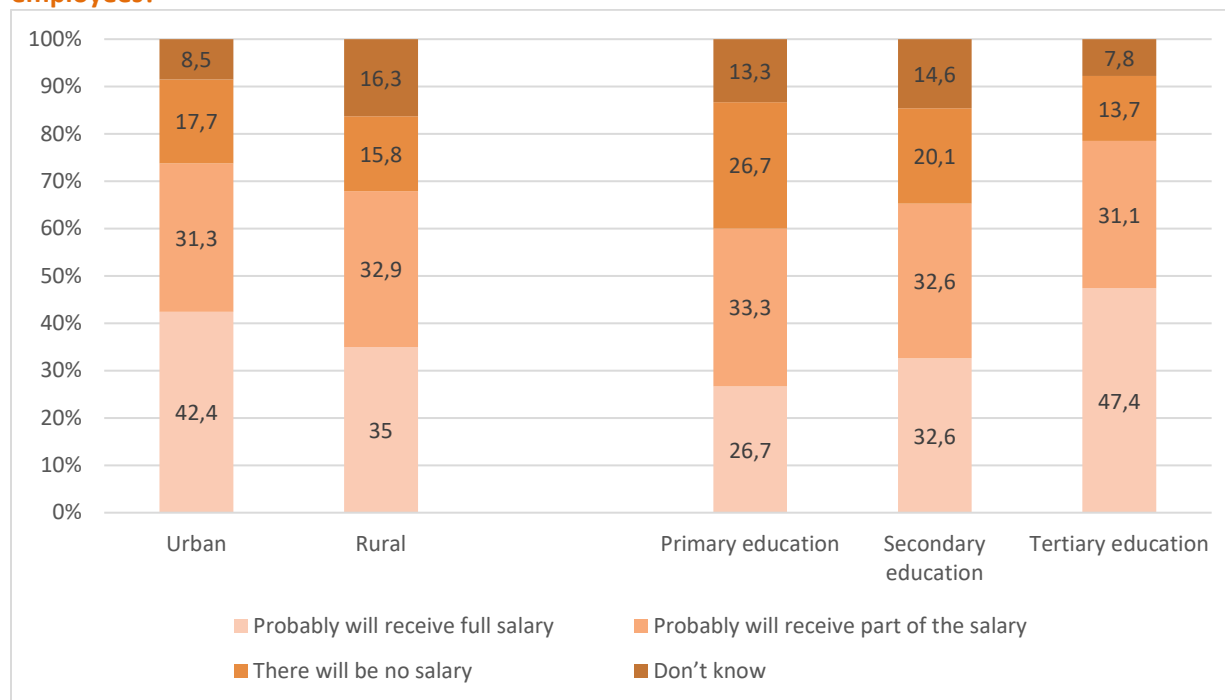


Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

### EXPECTATIONS ON FURTHER IMPACT ON INCOMES

The survey also explored the concerns of respondents related to their incomes in case that pandemic and restrictive measures last longer. Six in ten respondents believed that their salaries will either be reduced, would not be allocated, or they could not estimate. In case they would not be able to work for two weeks due to the COVID, 40% of employed respondents reported that they would probably continue to receive full salary, 32% thinks that their salary would be reduced, while 17% assumes that they will not get any salary, whereas 11% could not estimate. The differences in the assessment of salary reduction in case of COVID are not significant between women and men but are significant based on the living area and education level. Respondents living in urban areas and with higher education more frequently than those living in rural areas and with lower level of education estimate their salaries will remain the same (Figure 11).

**Figure 11: In case of two week leave due to the COVID, what would happen with the salary of employees?**



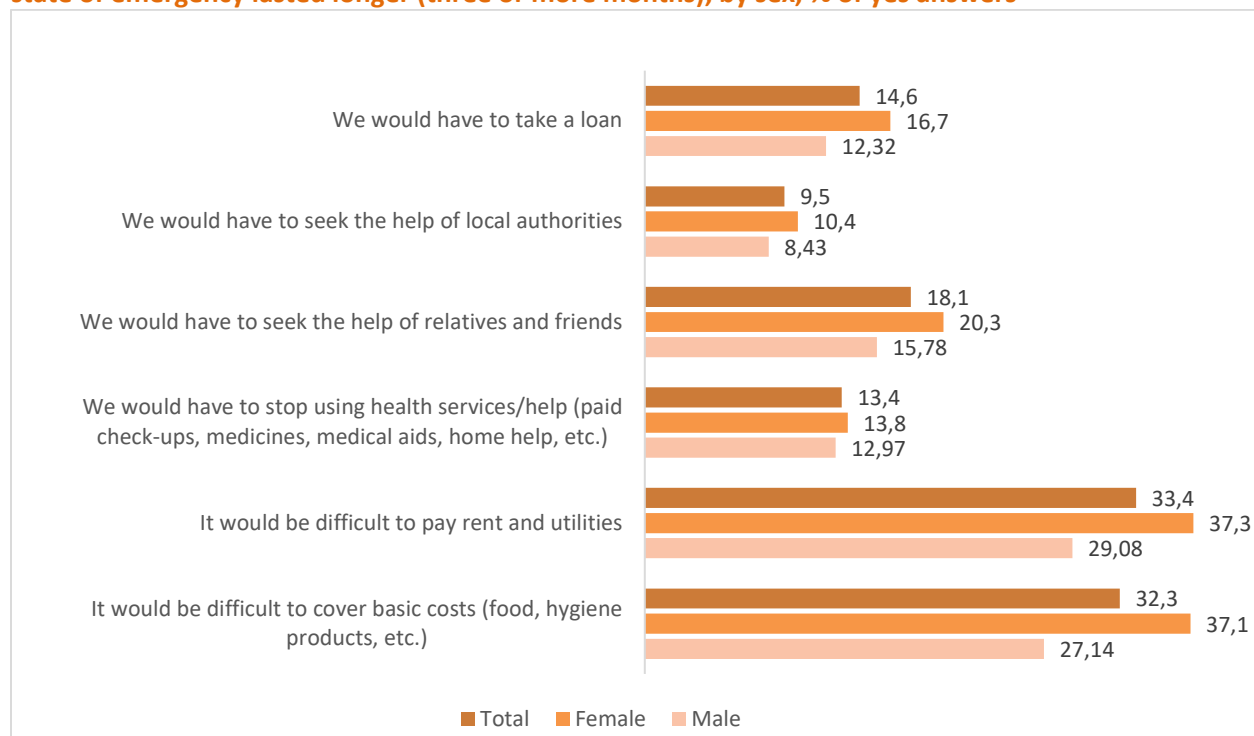
By type of settlement: P=0.012, Cramer's V= 0.127

By level of education: P=0.001, Cramer's V= 0.126

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

Respondents were also asked what would happen with their financial situation if the state of emergency lasted longer (three or more months), and it appeared that one third of them would have difficulties paying utility bills, one third would have difficulties covering basic living costs, 18% would have to ask for help from relatives or friends, almost 15% would have to take a loan and almost 10% would ask for assistance from authorities (Figure 12).

**Figure 12: The assessment of the impact of COVID-19 pandemic on household financial situation if the state of emergency lasted longer (three or more months), by sex, % of yes answers**



Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

Women were more likely than men to report that their households would have difficulty covering basic expenses (37.1% women vs. 27.1% men) and paying utilities and rent (37.1 women vs. 27.1 men). Age has also proven to be a significant factor influencing financial difficulties, so the oldest ones report them less often than the average, while those aged 45-54 report them much more often when it comes to basic expenses (23.7% - 65 years of age and older vs. 39.3% - 45-54 years of age), and the same trend is for difficulties in paying utilities and rent (23.5% - 65 years of age and older vs. 41.4% - 45-54 years of age). The youngest respondents would more likely than other age groups seek help from relatives or friends (23.2%) and take a loan (21.4%), while the oldest were much less likely than others to report these problems (12.8% - help from friends and relatives and 5.0% borrowing). Households with children show greater concerns in comparison to the households without children, due to inability to pay rent and utilities (38.2% vs. 31.3%) and more of them expect that they will be forced to seek a loan (20.1% vs. 12.3%). Unemployed people, more than all other groups, fear that they will have all the listed financial problems. The same situation is in the group of informally employed in relation to those who are formally employed.

## 6. WELFARE RIGHTS AND SOCIAL PROTECTION DURING COVID

### Key Findings

- Coverage of employed men by compulsory social insurance (including pension, disability and unemployment insurance) is higher than coverage of employed women.
- With higher education, proportion of employees covered by compulsory social insurance increases.
- Young people are less covered by compulsory social insurance.

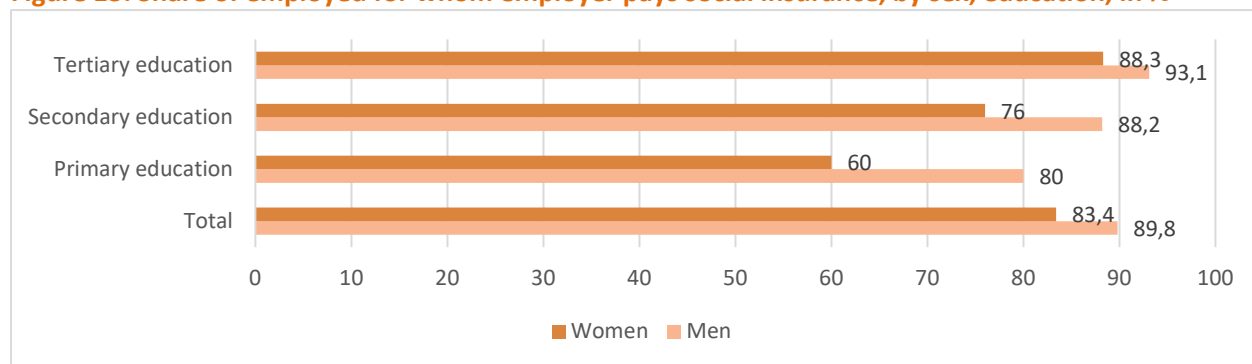
### 6.1 Compulsory social insurance coverage

According to Serbian legal framework, all employers are obliged to pay compulsory social insurance to employees, which includes: pension and disability insurance, health care insurance and unemployment insurance. The subjects of mandatory pension and disability insurance are employees, the self-employed and farmers. The right to an old-age pension is exercised in two ways: after reaching the age of 65 for men and 62 for women and at least 15 years of working experience covered by the insurance; or after the maximum of 45 years of working experience during which a person was insured.

Entitlement to unemployment benefit is based on previous unemployment insurance contributions. The condition is that the person was insured for 12 months continuously or 18 months with interruptions. The benefit lasts between 4 months (in the case of insurance from 1 to 5 years) and 12 months (25 years +). It can be extended to 24 months if the insured person is 2 years away from retirement.

Survey data show significant differences in the coverage by social insurance based on employment between women and men<sup>31</sup> and even more between persons with different education level<sup>32</sup>. Generally, higher share of employed men than women is covered by the social insurance paid by the employer (89.8 vs. 83.4%).

**Figure 13: Share of employed for whom employer pays social insurance, by sex, education, in %**



Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

<sup>31</sup> P=0.049, Cramer's V= 0.094

<sup>32</sup> P=0.036, Cramer's V= 0.087

Coverage by social insurance increases with the level of education (73.3% of employees with primary education, 83.5% with secondary and 90.1% with tertiary education are covered), indicating that employees with low education are more often engaged in the precarious jobs and informal work than persons with secondary and tertiary education. Also, gender gap in social insurance decreases with higher level of education but remains pronounced (Figure 13). In addition to gender and education, young people in the labour market represent a group that is more than other age groups employed in the informal sector, 18.3% of employers do not pay pension and social insurance to young people. Differences between employees by the area of living are not significant.

## 6.2 Government and NGO support during COVID

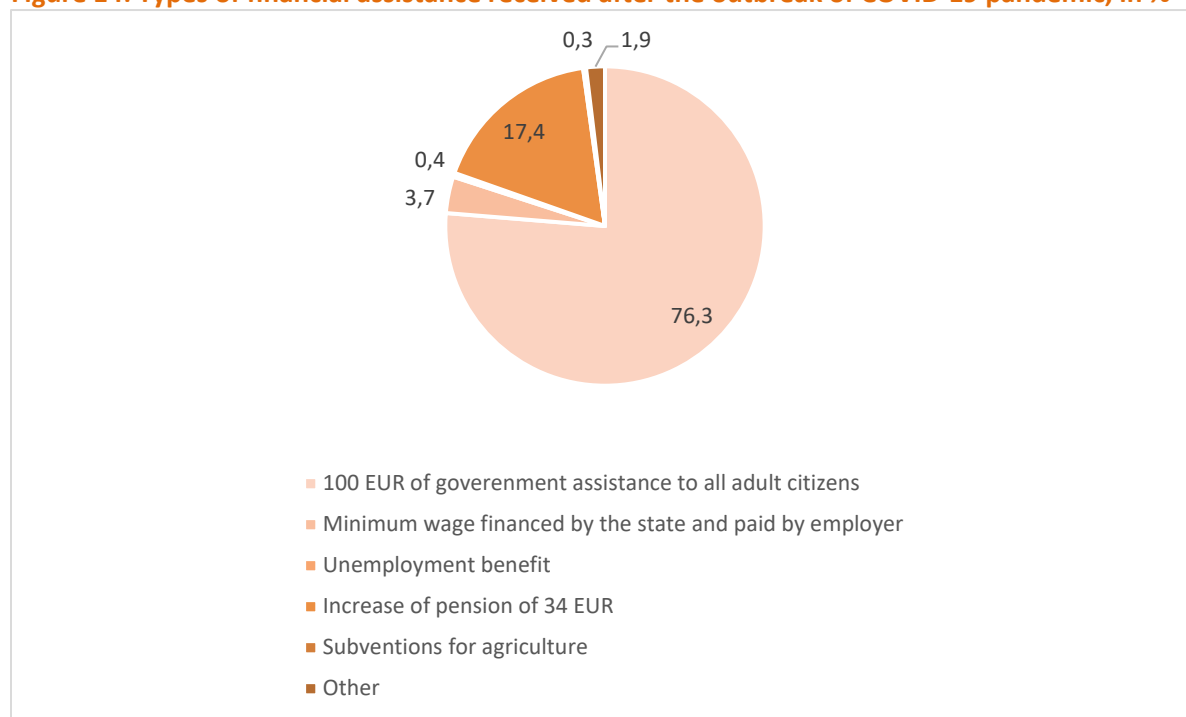
### Key Findings

- Majority of citizens received the one-time financial assistance of 100 EUR provided by the government in order to cope with COVID-19 consequences, and one-time increase of pensions.
- In-kind support, including food and medical supplies (masks, gloves, sanitizers) was received more by older and inactive population than younger and active, also more by low educated population than by persons with secondary or tertiary education.
- Share of respondents receiving in-kind support from charitable or other non-governmental organizations was very small.

Financial assistance for addressing the COVID-19 related difficulties was received by 59.5% of respondents. As it was described within the chapter on livelihoods, this most often includes one-time governmental assistance of 100 EUR and one-time increase of pension of 34 EUR. In addition to that, a part of employees received minimum salary for 3 months, which was financed by the state and paid by employers (Figure 14).



**Figure 14: Types of financial assistance received after the outbreak of COVID-19 pandemic, in %**



Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

When it comes to in-kind support from the Government or local self-government, 10.6% of respondents stated that they received assistance in the form of food, 5.8% assistance in the form of medical protective equipment, such as gloves, masks, disinfectants and 7.3% received assistance in the form of personal hygiene products. Statistically significant differences are noticeable in relation to the age of the respondents - as the age of the respondents increases, so does the share of those who receive this assistance. The opposite trend occurs when it comes to education, the higher the education, the smaller the share of respondents who received in kind support from the Government or local self-government. This assistance is also conditioned by the status on the labour market, so those who belong to the group of inactive persons more often received assistance in comparison to both employed and unemployed persons. This can be attributed to the government in-kind support that was distributed to all people older than 65. In other groups of respondents there are no significant differences in receiving this assistance.

**Table 13: Assistance in-kind from the Government / local self-government to eliminate the effects of coronavirus, in%**

	Total	Age of respondents				Level of education			Labour status		
		18-34	35-44	45-54	55-64	No education or primary <sup>33</sup>	Secondary	Tertiary	Employed	Unemployed	Inactive
Yes, food	10.6	1.3	2.8	5.1	15.1	24.7	12.1	4.9	1.5	5.2	20.8
Yes, supplies for Covid prevention (gloves, masks, sanitizers, etc.)	5.8	2.6	3.1	4.2	8.8	8.9	7.7	4.0	3.1	4.4	10.4
Yes, personal hygiene supplies (menstrual supplies, baby diapers, etc.)	7.3	1.1	1.2	3.9	10.2	14.6	8.7	3.3	1.2	3.2	14.2
No	87.0	95.4	95.4	91.8	82.1	73.0	83.3	74.1	95.5	91.6	77.6

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

NGOs rarely provided individual in-kind support to citizens. Only 1.1% of respondents stated that they received food assistance, 1.3% protective equipment and 1.2% personal hygiene goods. Differences between socio-demographic groups of respondents such as sex, marital status, household type, level of education etc., did not prove statistically significant. Age cohorts show some difference in receiving in kind support. Namely, the oldest group of respondents more often stated that they received this type of assistance, but due to the small number of respondents, we cannot claim that this finding is completely reliable.

<sup>33</sup> Persons without any education are merged in the same category with persons with completed primary school, due to the small number in the sample (6 cases).

**Table 14: Assistance in kind from the NGOs to eliminate the effects of coronavirus, in%**

	Total	Sex		Age of respondents					Household type	
		Female	Male	18-34	35-44	45-54	55-64	65+	Household with children	Household without children
Yes, food	1.1	1.5	0.4	0.4	0.0	0.6	2.0	2.4	0.4	1.5
Yes, supplies for Covid prevention (gloves, masks, sanitizers, etc.)	1.3	1.5	1.1	1.1	0.0	1.8	1.7	1.7	0.5	1.6
Yes, personal hygiene supplies (menstrual supplies, baby diapers, etc.)	1.2	1.3	0.2	0.2	0.3	1.5	1.4	2.4	0.5	1.5
No	97.5	97.4	97.6	97.6	99.4	97.3	97.2	96.3	98.6	97.0

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

## 7. UNPAID HOUSEHOLD WORK AND FAMILY CARE

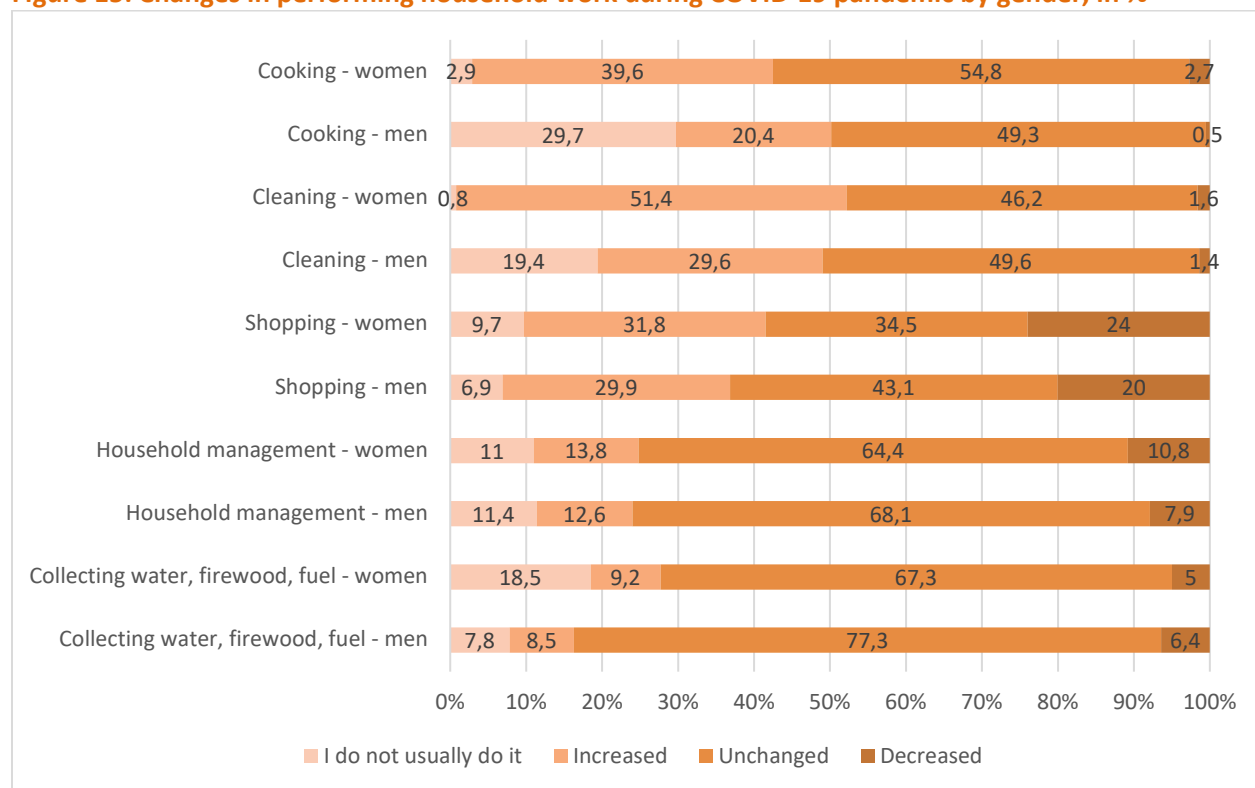
### Key Findings

- Women in Serbia predominantly perform unpaid household maintenance work, such as cooking, cleaning, ironing, laundry. The pandemic increased workload in the households and women in much higher proportion than men report their household work has increased.
- Women between the ages of 18-44 were far more burdened with all household activities than women of other ages. Highly educated women are particularly affected by the increase in the volume of work related to household management and shopping.
- Women in higher proportion than men reported increased time spent on caring for children, emotional support to family members and pet caring, while men reported in higher proportion that their time spent in care for older or sick family members and playing with children has increased. Instructing/teaching children is the activity in which both women and men equally increased their time.
- The level of education and the type of settlement of the respondents did not prove to be significant in almost all care and nursing activities, except for emotional care for the elderly, of which increase was more often reported by residents of urban settlements and the highly educated. Highly educated women experienced the largest increase in the volume of work in all care activities, while women in the age group 35-44 experienced an increase in activities related to child care, and women aged 45-54 in activities related to care for elderly people.
- While women spent most of their time dedicated to household work and care in cleaning, followed by cooking, shopping, caring for children and instructing/teaching children, men spent most of their time on cleaning, shopping, pet caring and household management (paying bills).
- Proportion of respondents who spent most of their household time in leisure activities is higher among men than women.
- There is a higher proportion of those among men than women reporting that other members of households helped them more in performing household work. At the same time, there is a higher proportion of persons among women reporting that nobody helps them, they have to deal with workload by themselves.

Unpaid household work and family care are one of the domains of pronounced gender inequalities in Serbia. Various studies have pointed to these inequalities and shown that changes in this aspect of gender roles are extremely slow, and that women carry most of the responsibilities related to household work, but also caring for children, older persons, for sick family members or those with disabilities. Measures brought in response to the pandemic changed daily routines of population. Families spent far more time together, child care and school obligations were largely shifted from educational institutions to the family, the need to provide care to the older family members in situation when they could not leave their homes and when they needed to be supplied had also increased. However, bearing in mind that every crisis opens up possibilities for change, the question arises whether the change of such everyday life created the opportunities for redistribution of responsibilities and burden related to the household work and family care.

As it was mentioned, many surveys in Serbia show that still women predominantly perform tasks related to the household maintenance, such as cooking, ironing, laundry, and cleaning.<sup>34</sup> So when data presented in Figure 15 indicate that for many women and men the workload with these household tasks have not changed during COVID pandemic, this actually means that still women predominantly perform these tasks. In addition to that, there is a higher share of women than men who reported that their time devoted to the mentioned activities increased with pandemics. For example, 39.6% of women reported their time spent in cooking increased, while the same was reported by 20.4% of men. The biggest change was recorded in regard to cleaning, as over half of women (51.4%) reported the increased time spent on this activity. The time for shopping increased for 31.8% of women and 29.9% of men, while household management (paying bills and similar) was the activity with the least reported changes (64.4% of women and 68.1% men report no changes in performing these activities) as well as activities of collecting water, firewood or fuel (Figure 15).

**Figure 15: Changes in performing household work during COVID-19 pandemic by gender, in %<sup>35</sup>**



Statistically significant difference is found for cooking (P=0.000, Cramer's V=0.390); cleaning (P=0.000, Cramer's V=0.344); shopping (P=0.000, Cramer's V=0.096); collecting water, firewood, fuel (P=0.000, Cramer's V=0.161);

<sup>34</sup> For example see: UN Women (2020) *Economic value of the unpaid care work in the Republic of Serbia*, <https://eca.unwomen.org/en/digital-library/publications/2020/07/economic-value-of-the-unpaid-care-work-in-the-republic-of-serbia>; Babović, M. (2010) *Rodne ekonomske nejednakosti u komparativnoj perspektivi*, [Gender Economic Inequalities in Comparative Perspective: EU and Serbia], ISIFF, SeConS, Beograd; Blagojevic Hughson, M. (2013) *Rodni barometer u Srbiji: razvoj i svakodnevni život* [Gender barometer in Serbia: gender and everyday life], UN Women, Belgrade, [http://images.edu.rs/wp-content/uploads/2018/05/RODNI\\_BAROMETAR\\_U\\_SRBII\\_RAZVOJ\\_I\\_SVAKOD.pdf](http://images.edu.rs/wp-content/uploads/2018/05/RODNI_BAROMETAR_U_SRBII_RAZVOJ_I_SVAKOD.pdf)

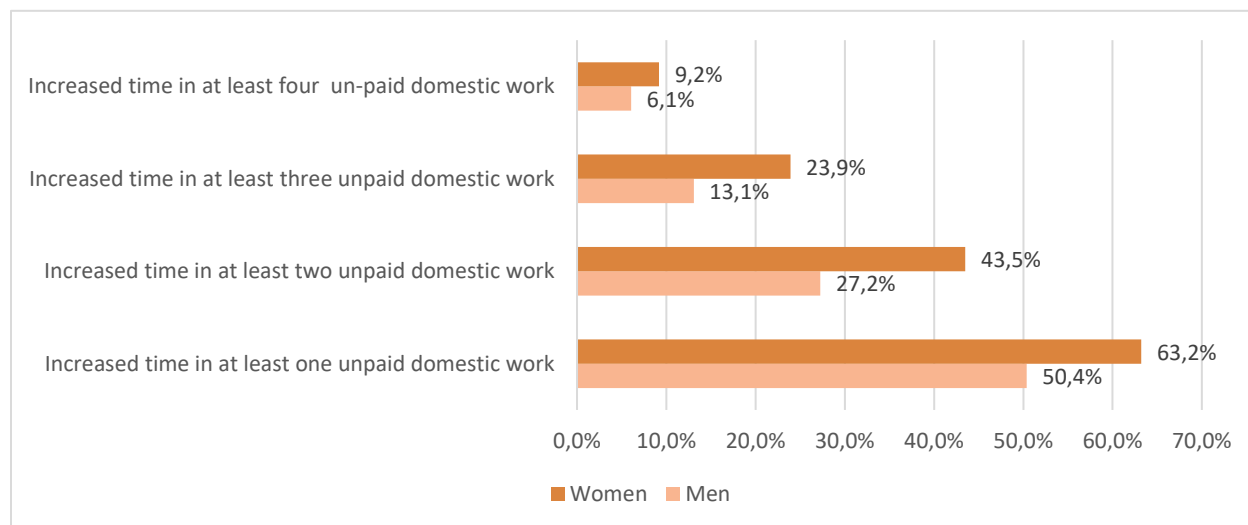
<sup>35</sup> Cases for which the activities were not applicable (i.e. do not have children or pets) are excluded.

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

The increased volume of activities such as cooking and cleaning affected more the residents of urban than rural areas, as well as those with higher education compared to respondents with primary education, while for other activities related to unpaid housework these differences are not significant. The COVID-19 pandemic has greatly impacted activities such as household management and shopping among highly educated women. It is important to point out that women between ages of 18-44 were far more burdened with all household activities than women of other ages.

RGA data also show that for two thirds of women time spent in at least one household maintenance activity has increased, for 43.5% of women time increased in at least two activities, for almost one quarter of women time has increased in three activities and for every tenth woman time spent in four activities has increased (Figure 16).

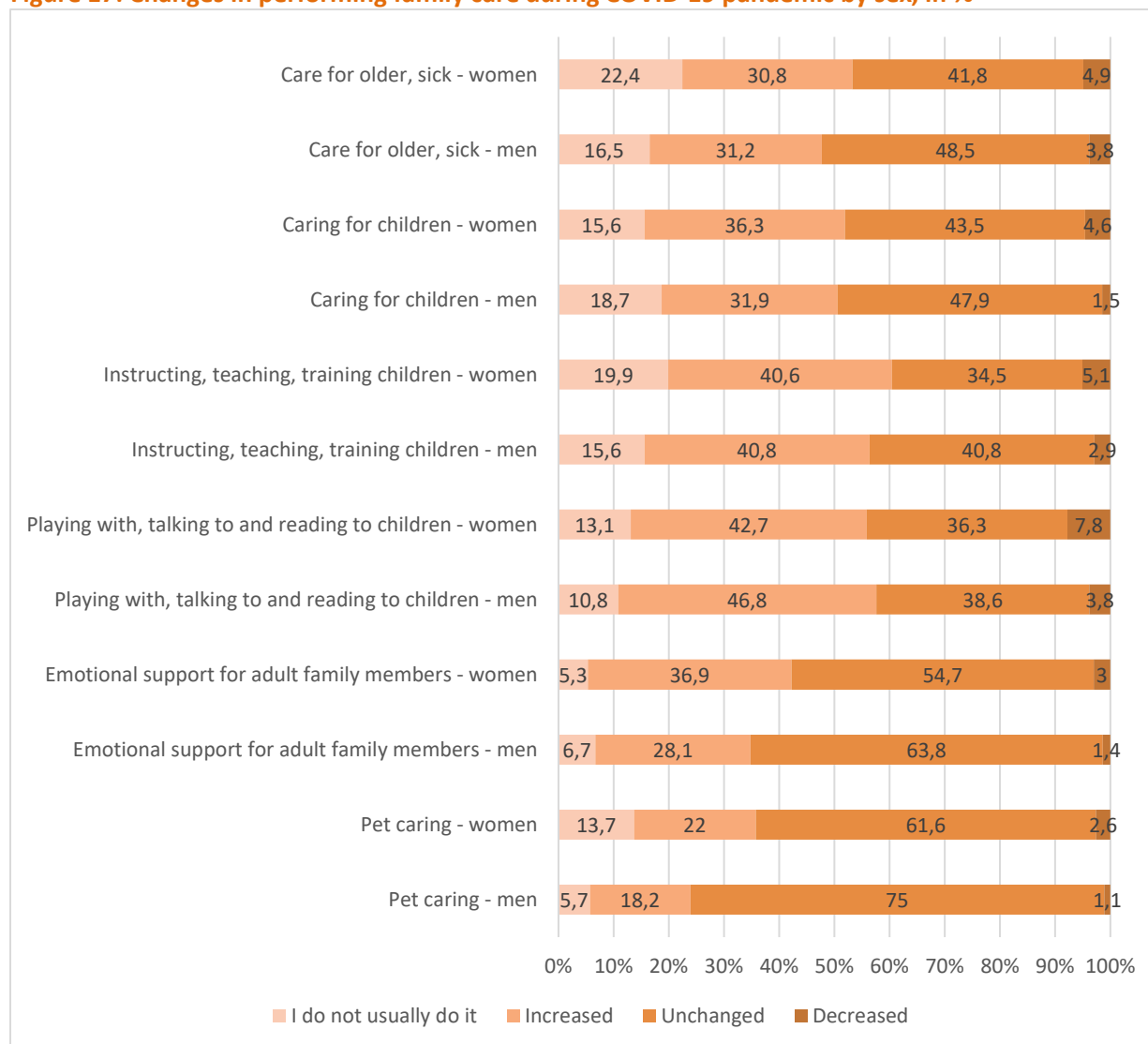
**Figure 16: Women and men whose time spent on activities has increased by the number of activities, in %**



Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

Tendencies are slightly different when caring activities are in the focus. While more women than men reported increased time spent on caring for children, emotional support to family members and pet caring, the opposite refers to the care for older or sick family members and playing with children, the activities for which men more frequently reported the increased time spent. Instructing/teaching children is the activity in which both women and men equally increased their time (Figure 17).

Figure 17: Changes in performing family care during COVID-19 pandemic by sex, in %<sup>36</sup>



Statistically significant difference is found for caring for children (P=0.029. Cramer's V=0.102); emotional support (P=0.000. Cramer's V=0.115); pet caring (P=0.000. Cramer's V=0.166).

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

If we look at the differences in care activities among the inhabitants of different types of settlements and levels of education, we do not find differences except when it comes to emotional care for the elderly, which was significantly more often reported by residents in urban areas and highly educated respondents. When we look only at women, it is noticeable that highly educated women have experienced the largest increase in the volume of work in all care activities. Women in the age group of 35-44 felt the greatest

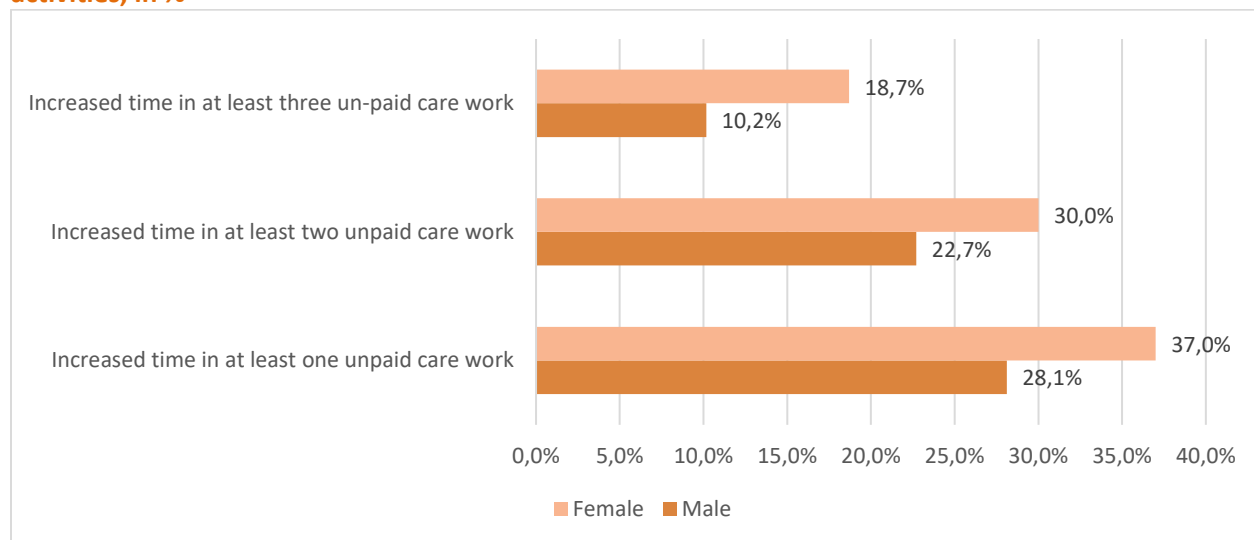
<sup>36</sup> Cases for which the activities were not applicable (i.e. do not have children or pets) are excluded.



load in activities related to childcare, while women aged 45-54 experienced more than other women an increased volume of activities related to care for the elderly.

Again, as in the case with household maintenance activities, there is more women than men whose time spent on at least one caring activity, two or three caring activities, has increased (Figure 18).

**Figure 18: Women and men whose time spent on caring activities has increased by the number of activities, in %**



Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

When asked to point to single activity in which they spent the most of their time since outbreak of COVID-19 pandemic, for both men and women that was cleaning with much higher share of women pointing to this activity. Among women this is followed by cooking, shopping, caring for children and instructing/teaching children, while for men cleaning is followed by shopping, pet caring and household management. At the same time, men spent more time in leisure activities such as watching TV, reading, spending time with friends, hobbies and alike than it was the case with women.

**Table 15: Household activities in which respondents spent most of their time since outbreak of COVID-19 pandemic by gender, in %**

	Men	Women
<b>Activities in performing household</b>		
Cleaning	20.0	37.2
Cooking	6.4	20.7
Shopping	19.9	7.8
Household management	8.3	1.8
Renovating home	1.5	0.9
Collecting water, firewood, fuel	0.9	0.3
<b>Total - Activities in performing household</b>	<b>57.0</b>	<b>68.7</b>
<b>Family care activities</b>		



Pet caring	8.4	2.3
Instructing, teaching, training children	6.1	6.6
Playing with, talking to and reading to children	4.3	4.6
Caring for children	4.1	6.4
Emotional support for adult family members	3.9	3
Care for older, sick	2.9	2.7
<b>Total - Family care activities</b>	<b>29.7</b>	<b>25.6</b>
<b>Free time activities</b>		
Free time activities (reading, watching TV, sport, walks, socializing with friends and family, etc.)	13.3	5.7
<b>Total - Free time activities</b>	<b>13.3</b>	<b>5.7</b>
<b>Total</b>	<b>100</b>	<b>100</b>

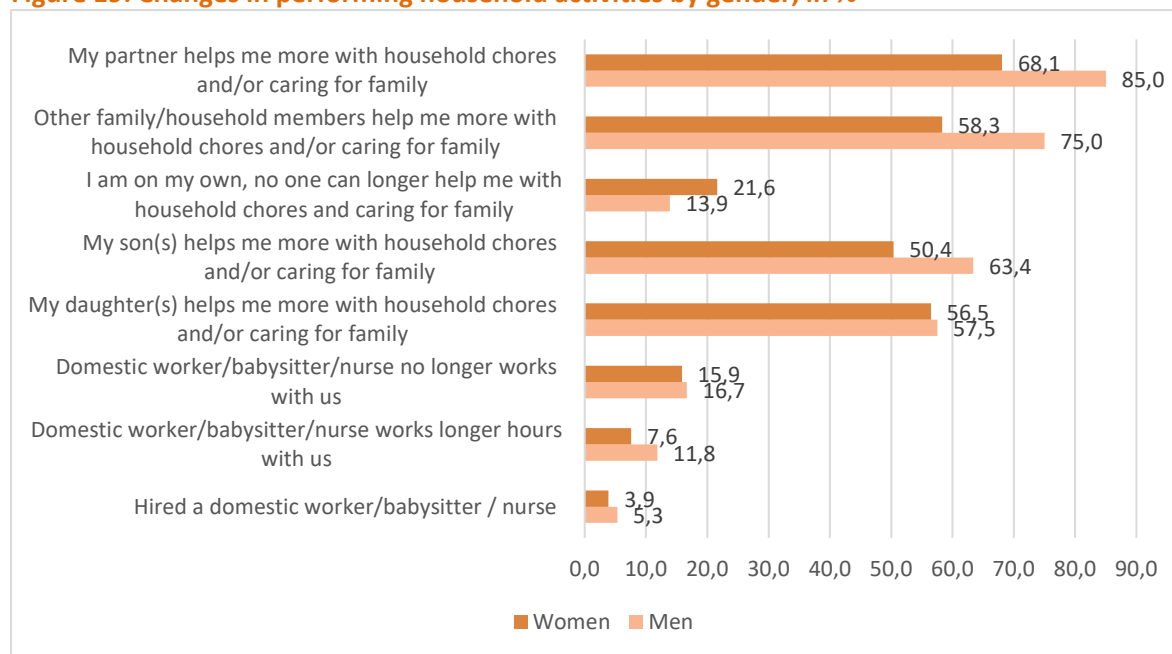
P=0.000, Cramer's V=0.399

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

Changes in performing household activities are not the same for men and women. While men more frequently than women indicated that their partners or other family members helped them more with household work or caring for family, women more frequently than men indicate that they are on their own and no one can help them with household work and caring for family. In comparison to women, men more frequently reported that their partners assisted them (85.1% vs. 68.1%). Even though it is expected that in accordance with traditional gender roles daughters will spend more time than sons doing household work, the differences were not prominent – 56.1% respondents reported that they were helped by their daughters and almost the same percentage of respondents reported that there were helped by their sons (56.2%). However, it is interesting that significantly higher percentage of men reported that sons helped them with household work and/or care for the family members than it was the case with women (63.4% vs. 50.4%). The question what the reason for this might be, remains unanswered. It can be assumed that men more easily include sons in their 'more masculine' tasks than the women are ready or able to include them in their 'more feminine' tasks.

When it comes to assistance of other household members, men report it more frequently than women (75.0% vs. 58.3%). Increased assistance provided by persons outside of the household was reported by 11.8% men and 7.6% of women, while 16% of respondents reported that they had to cancel external assistance due to the COVID (Figure 19).

**Figure 19: Changes in performing household activities by gender, in %**



Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

One more important question needs clarification and that is how bringing work to home affected distribution of responsibilities in the household, even though the differences are not so big. Women who brought their work to home in comparison to women who continued to go to their usual workplace somewhat less frequently received assistance in household chores from their partners (67.2% vs. 71.4%)<sup>37</sup>. On the other hand, they more frequently received assistance from their daughters (67.6% vs. 56.3%)<sup>38</sup>, even though in both cases the differences were not statistically significant. When it comes to assistance of other individuals from the household and individuals from outside of the household, differences are negligible.

<sup>37</sup> P=0.491. Cramer's V=0.045

<sup>38</sup> P=0.174. Cramer's V=0.117

## 8. ACCESS TO BASIC SERVICES AND SAFETY

### 8.1 Access to basic services and resources: food, water and public transport

#### Key Findings

- Although all respondents with children faced the difficulties in education due to the closure of kindergartens and schools, this was reported as difficulty by every third respondent, probably due to the challenges faced with digital education.
- The difficulties in accessing food was reported by every fifth respondent and more often by women than men. This is probably related to the restricted movement, closure of markets reduced working hours of groceries, queues, and interruption in supply chains during the emergency state. However, data indicate that perception of access was significantly shaped by the framework of responsibilities which are more often placed on women, and particularly those in the early middle age, having children, who reported increased time in household work and family care activities.
- The same tendency is recorded in regard to the access to hygiene and sanitary products, with women reporting more often than men the difficulties in access.
- The difficulties in accessing public transport were reported by one third of respondents and more often by women than men. This is not surprising having in mind that public transport was cancelled and then slowly restored, and women rely more on public transport in everyday mobility than men.

#### THE DIFFICULTIES IN ACCESSING EDUCATION

The access to basic services and resources was also under the impact of COVID pandemic, as indicated by RGA findings. The kindergartens and schools were closed during the emergency state (15 March – 7 May), and after that only kindergartens were reopened. This was indicated as one of the challenges by 36.7% of respondents.

Difficulties related to the closure of educational institutions have equally affected almost all social groups: those who live in different types of settlements, of different educational status, of different genders. However, the status on the labour market has proven to be an important factor influencing the burden of this problem - namely, employed respondents are much more affected by the closure of schools and kindergartens than the unemployed or inactive. Also, those who are concerned about the state of their economic situation in terms of covering basic costs are more affected by the difficulties with the closure of schools. We assume that for this group of respondents it is a great challenge to provide the necessary conditions for the work of children who need to listen to classes at a distance, such as the appropriate computer, internet, television, etc.



**THE DIFFICULTIES IN ACCESSING FOOD AND WATER**

The difficulties in accessing food were experienced by 18.9% of men and 28.7% of women (Table 16). This might be due to the restricted movement or working hours of groceries, queues, lack of certain supplies (during emergency state it was particularly difficult to find fruit and vegetables), and higher burden of responsibility to provide food for family. This assumption is supported by data disaggregated by different characteristics of respondents. As it can be noticed from Table 16, the difficulties in food provision are reported more often by young-middle age persons (35-44), living in urban areas, in households with three or more persons, having children, being employed, and with increased workload of household maintenance and care activities (Table 16). Therefore, the food provision is not only the matter of having just access to food, but should be observed in the context in which responsibilities of food provision are placed upon women and men. Obviously, this was more challenging for women than for men, not because food was differentially available, but because their framework of responsibilities was more demanding.

**Table 16: Experience of difficulties in accessing food products/supply by different socio-demographic groups, in %**

Socio-demographic groups	Category	%
<b>Sex</b>	Male	18.9
	Female	28.7
<b>Age of respondents</b>	18-34	29.8
	35-44	35.4
	45-54	27.2
	55-64	15.9
	65+ years old	14.1
<b>Residence area</b>	Urban	27.7
	Rural	18.3
<b>Household size</b>	One person	23.0
	Two persons	21.2
	Three and more persons	27.5
<b>Household type</b>	Household with children	30.5
	Household without children	21.2
<b>Labour status</b>	Employed	30.6
	Unemployed	24.5
	Inactive	17.6
<b>Unpaid domestic work</b>	Increased time in at least three unpaid domestic work	48.7
	Other situations	22.0
<b>Unpaid care work</b>	Increased time in at least three unpaid care work	34.5
	Other situations	22.2
<b>Total</b>		24.0

Statistically significant differences are found for sex (P=0.000. Cramer's V=0.114); age of respondents (P=0.000. Cramer's V=0.191); residence area (P=0.000. Cramer's V=0.108); household type (P=0.000. Cramer's V=0.100); labour status (P=0.000. Cramer's V=0.142); unpaid domestic work (P=0.000. Cramer's V=0.177); unpaid care work (P=0.000. Cramer's V=0.102).

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

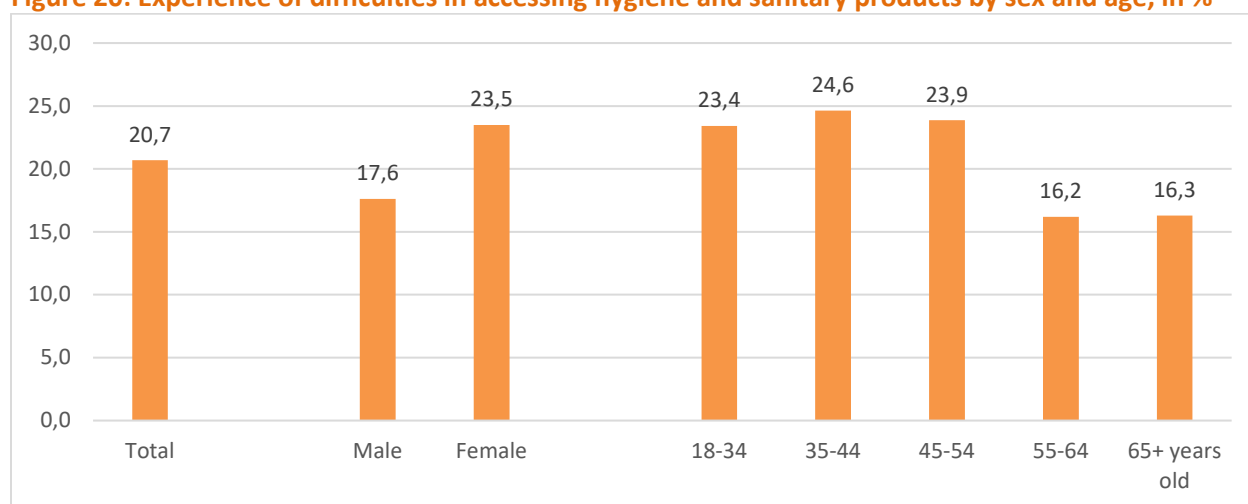


The difficulties in accessing water supplies were reported by relatively small proportion of respondents, but again more frequently by women than men (5.1% vs. 4%). This remains the issue in the substandard settlements in urban areas, mainly populated by Roma minority and in some rural areas.

### THE DIFFICULTIES IN ACCESSING HYGIENE AND SANITARY PRODUCTS

Similarly, to the access to food, the access to hygiene and sanitary products was more often challenging for women than for men (Figure 20). Prominent gender differences are recorded in rural areas, where 22.9% of women reported challenges in accessing hygiene and sanitary products in comparison to 14.7% men. Observed by the age, younger and middle-age persons reported more frequently this challenge than older groups.

**Figure 20: Experience of difficulties in accessing hygiene and sanitary products by sex and age, in %**



Statistically significant differences are found for sex ( $P=0.002$ , Cramer's  $V=0.079$ ); age of respondents ( $P=0.002$ , Cramer's  $V=0.194$ ).

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

### DIFFICULTIES IN ACCESSING PUBLIC TRANSPORT

Challenges in accessing public transport are again reported more frequently by women than men, and more by younger respondents, employed and not married. This is not surprising having in mind that during the emergency situation public transport was cancelled, and later on slowly restored, and women rely more on public transport than men, as it was found by the study on gender in transport in Serbia.<sup>39</sup>

<sup>39</sup> DCI, SeConS, 2020.

**Table 17: Experience of difficulties in accessing public transport by sex and age, in %**

Socio-demographic groups	Category	%
<b>Sex</b>	Male	29.0
	Female	35.7
<b>Age of respondents</b>	18-34	43.1
	35-44	40.6
	45-54	37.5
	55-64	29.8
	65+ years old	14.6
<b>Marital status</b>	Single	45.1
	Married/Cohabiting	29.1
	Married but separated	29.2
	Widowed/Divorced	25.7
<b>Labour status</b>	Employed	40.2
	Unemployed	35.7
	Inactive	24.1
<b>Total</b>		32.5

Statistically significant differences are found for sex ( $P=0.001$ . Cramer's  $V=0.083$ ); age of respondents ( $P=0.002$ . Cramer's  $V=0.175$ ); marital status ( $P=0.000$ . Cramer's  $V=0.109$ ); labour status ( $P=0.000$ . Cramer's  $V=0.117$ ).

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

## 8.2 Access to health services

### Key Findings

- The coverage with healthcare insurance is broad in Serbia (93.7%), but still there are groups without this insurance.
- Almost every fourth person reported difficulties in accessing healthcare during COVID-19 pandemic and significantly more often women than men. The gender gap is even larger in rural areas, and young middle-age population reported this challenge more often than other age groups.
- The difficulties in accessing medical supplies (masks, gloves, sanitizers) were reported by more than half of respondents and slightly more women than men. It was more often reported by younger persons living in urban areas and by persons having children.
- The sexual and reproductive health services were not needed during pandemic by vast majority of women as reported to the survey. However, every tenth young woman (18-34) and 7% of young middle-age women (35-44) have reported difficulties in accessing these services.
- Low use of modern contraception among women in Serbia remains important issue as it was once more confirmed by this survey. Majority of women said they did not need contraception, and only small proportion reported difficulties in accessing it during pandemics (less than 1%).

### THE ACCESS TO HEALTHCARE AND MEDICAL SUPPLIES

Access to healthcare was crucial during the pandemic. The health system was overloaded and fully focused on coping with pandemics, so not only that access to COVID related care during the pandemic peaked, but also access to non-COVID related healthcare was faced with many challenges. In general, the healthcare insurance coverage is broad in Serbia. Citizens are covered by insurance based on employment status, but universal coverage is granted to children, older population and unemployed; vulnerable groups are also covered by free healthcare. However, there are still some groups that are not covered by health insurance, because of lack of documents, information or other reasons.<sup>40</sup> Moreover, the access to healthcare is not granted only by the insurance status, but also by the capacity of the healthcare system to address the needs of population.

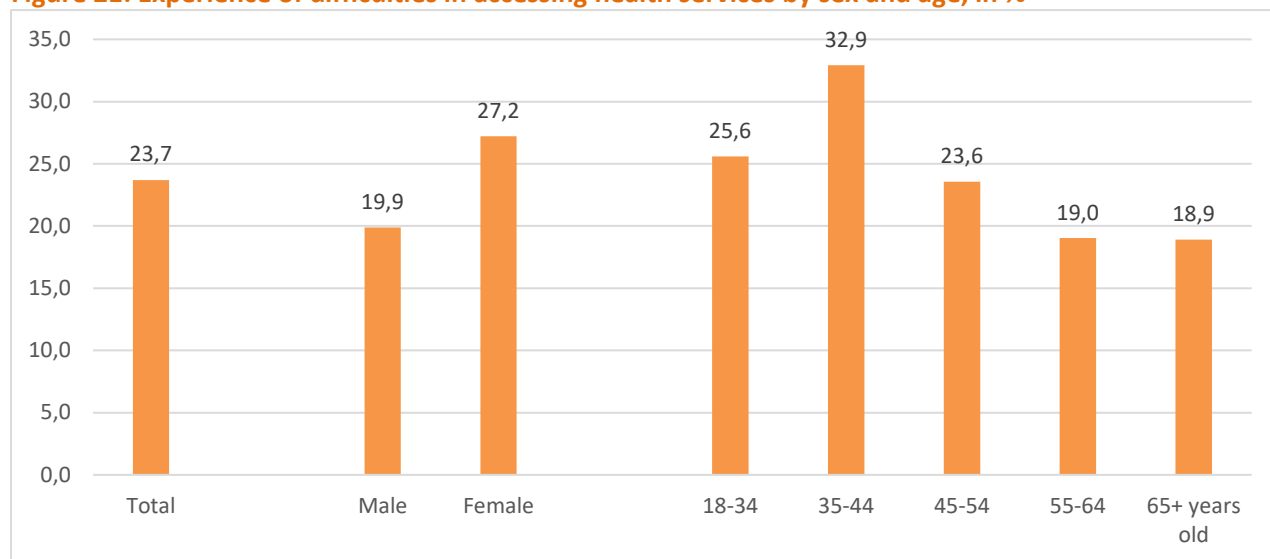
RGA data indicate that majority of employed respondents were covered by the compulsory healthcare insurance (93.3%). Still, 4.5% did not have healthcare insurance and 2.2% were not sure if they have it. There are no significant differences neither by gender nor by type of settlement and education level in this regard. When all respondents are taken into account, including those who are not employed, the coverage rate of healthcare insurance is 93.7%, without significant differences by gender.

As in the case of basic services, women reported more frequently difficulties in accessing healthcare services than men (Figure 21). Gender gap in accessing healthcare is particularly large in the rural areas, where 30.6% of women reported the difficulties in accessing healthcare compared to 15.8% of men. The age group that has the highest share of persons experiencing difficulties in accessing healthcare is the group of persons aged between 35 and 44.

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<sup>40</sup> The rights arising from health insurance in the Republic of Serbia include the right to healthcare, the right to compensation of wages during the temporary incapacity for work of the insured and the right to compensation of transportation costs related to the use of healthcare. All employees have the right to health insurance on the basis of contracts for an indefinite period of time, fixed-term contracts, employees on the basis of work contracts, copyright contracts, persons performing agricultural activities, and are registered as heads or members of farms, entrepreneurs and unemployed persons and socially vulnerable persons, all citizens under the age of 18, young persons up to 26 if they are in education and all persons older than 65.

**Figure 21: Experience of difficulties in accessing health services by sex and age, in %**



Statistically significant differences are found for sex ( $P=0.000$ . Cramer's  $V=0.111$ ); age of respondents ( $P=0.000$ . Cramer's  $V=0.137$ ).

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

The difficulties in accessing medical supplies, such as masks, gloves, sanitizers, were reported more often by men than women (Table 18), and more often by younger persons living in urban areas, and persons living in households with children.

**Table 18: Experience of difficulties in accessing medical supplies by different socio-demographic groups, in %**

Socio-demographic groups	Category	%
<b>Sex</b>	Male	52.3
	Female	56.5
<b>Age of respondents</b>	18-34	62.4
	35-44	65.9
	45-54	61.3
	55-64	50.9
	65+ years old	36.5
<b>Residence area</b>	Urban	56.1
	Rural	52.2
<b>Household type</b>	Household with children	60.7
	Household without children	51.9
<b>Total</b>		54.5

Statistically significant differences are found for age of respondents ( $P=0.000$ . Cramer's  $V=0.179$ ); residence area ( $P=0.003$ . Cramer's  $V=0.059$ ); household type ( $P=0.000$ . Cramer's  $V=0.092$ ).

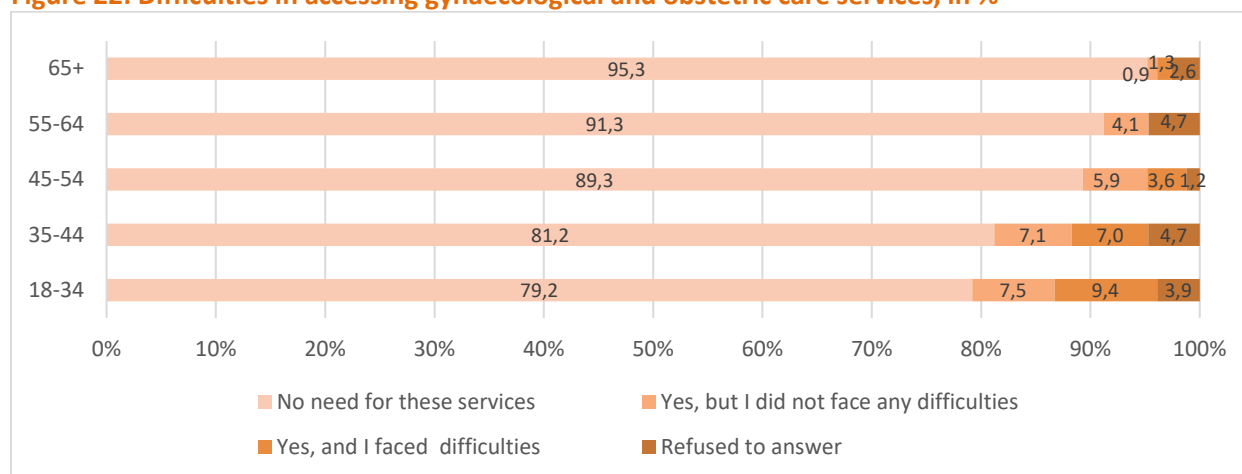
Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020



### THE ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES

The access to sexual and reproductive health services was problematic for 4.5% of women. There are significant differences between women of different age, with young women reporting the problems in accessing these services most frequently and older women reporting least frequently (Figure 22). Differences between rural and urban women did not appear as statistically significant.

**Figure 22: Difficulties in accessing gynaecological and obstetric care services, in %**



P=0.000, Cramer's V=0.115

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

The difficulties in accessing contraception are reported by very small proportion of women. Around 85% of women in the ages between 18 and 44, and over 90% of women aged 45-54 indicated no need for contraceptives and among those who needed it, a very small proportion reported difficulties (below 1% in all age groups). This finding corresponds to the low use of modern contraceptive methods among Serbian women (combined oral contraceptives are used by 3% and intrauterine devices by 2% of women of reproductive age), 12% of women rely on condom<sup>41</sup>. There are no significant differences between women living in urban and rural areas.

## 8.3 Personal safety and gender-based violence

### Key Findings

- Pandemic undermined not only physical wellbeing of population, but also their psychological wellbeing and personal safety.
- Almost third of women and fifth of men experienced the impact of pandemic on their psychological wellbeing, due to the feelings of stress and anxiety. Women reported this problem in higher proportion than men, which is not surprising having in mind the burden they carried in the health

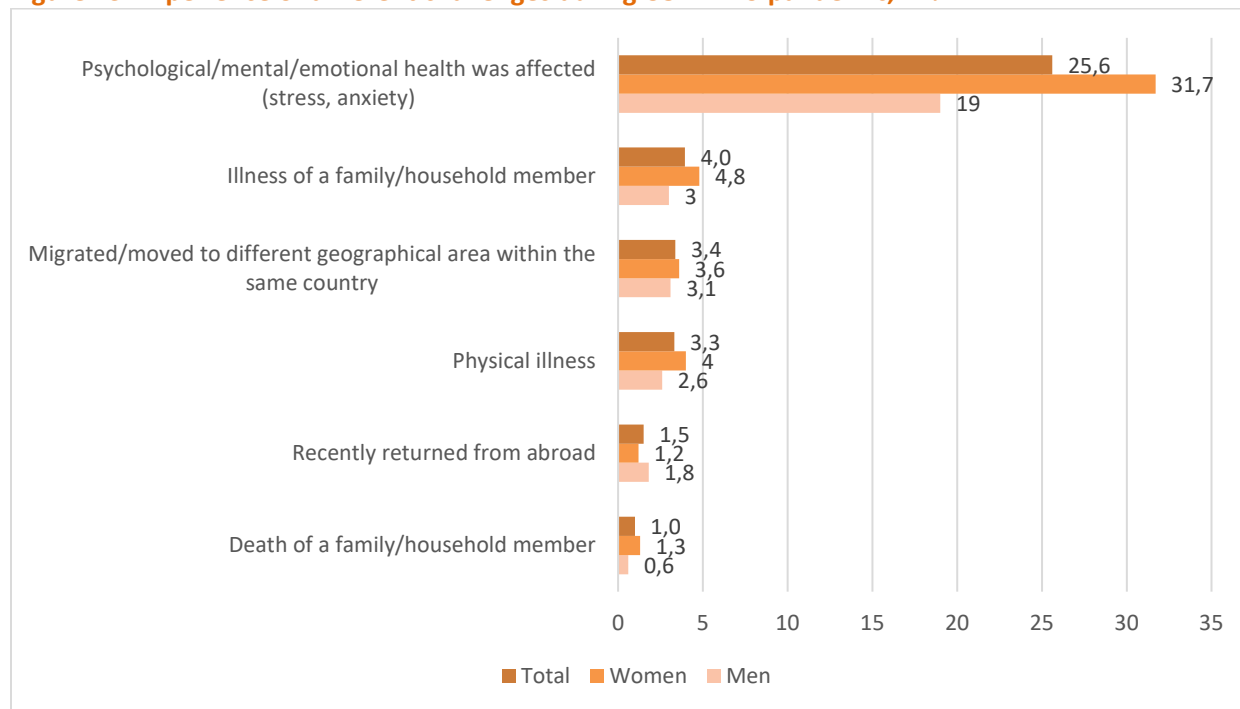
<sup>41</sup> UNICEF, 2014.

sector and in care of the family. Also, the lower reporting of psychological problems by men could be attributed partly to the pressure of patriarchal norms, according to which men should 'stay strong' and psychological problems could be interpreted as 'weaknesses'. Psychological problems also went 'hand in hand' with financial problems.

- Almost every tenth person was faced by the personal illness or illness of family member, some of them with fatal outcomes.
- Difficulties in accessing social protection services were reported by 8.2% of women and 6.9% of men, and more frequently by persons aged 35-44 than from other age groups, and unemployed in comparison to employed or inactive.
- Women more often than men shared the conviction that discrimination and domestic violence have increased during pandemic. At the same time, they showed being better informed where to look for assistance in case of domestic violence than men.

During pandemic respondents faced various challenges related to the different aspects of wellbeing. The pandemic situation and measures in response to it, such as lockdowns, health risks, fear from losing employment or from economic crisis, affected psychological wellbeing of many respondents. Almost one quarter of respondents reported their psychological/mental or emotional health was affected. The proportion of people experiencing other difficulties related to physical illness, illness of family member, death of family member or migration is much lower (Figure 23).

**Figure 23: Experience of different challenges during COVID-19 pandemic, in %**



Statistically significant differences are found for physical illness (P=0.026, Cramer's V=0.069); illness of a family member (P=0.001, Cramer's V=0.095); death of a family member (P=0.036, Cramer's V=0.067); psychological health (P=0.000, Cramer's V=0.156); and cancellation of schools (P=0.000, Cramer's V=0.131).

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

Women reported in higher proportion than men (by 13 percentage points) on being affected by psychological, mental, and emotional health issues, such as stress and anxiety. People between the ages of 18 and 44 most often reported psychological problems, and both men and women in these age groups complained more about these problems than other age groups. Also, at the psychological impact was more frequent among persons who had to take care of children or older persons. The gender differences in reporting psychological problems could be attributed partly to the higher burden women carried during pandemic due to the exposure to the stress in health sector where they are majority among employees. Another part of explanation could go in the direction of influence of still prevailing patriarchal norms which demand from men 'to be strong' and psychological problems could be interpreted as weakness, so men in the sample did not want to report it.

**Table 19: Experience of psychological/mental/emotional health was affected, in %**

Name of group	Category	%
<b>Sex</b>	Men	19.0
	Women	31.7
<b>Age of respondents</b>	18-34	30.6
	35-44	31.7
	45-54	25.4
	55-64	22.2
	65+ years old	19.1
<b>Marital status</b>	Single	32.8
	Married/Cohabiting	23.4
	Married but separated	18.8
	Widowed/Divorced	25.3
<b>Residence area</b>	Urban	26.7
	Rural	23.9
<b>Household size</b>	One person	22.6
	Two persons	23.5
	Three and more persons	29.4
<b>Household type</b>	Household with children	27.6
	Household without children	24.8
<b>Household composition</b>	Single person	25.0
	Single with presence of children and/or elderly	34.6
	Married/Cohabiting with presence of children and/or elderly	25.3
	Married/Cohabiting without presence of children and/or elder	19.2
	Widowed/Divorced with presence of children and/or elderly	28.1
	Widowed/Divorced without presence of children and/or elderly	23.3
<b>Total</b>		25.6

Statistically significant differences are found for physical illness (P=0.026, Cramer's V=0.069); illness of a family member (P=0.001, Cramer's V=0.095); death of a family member (P=0.036, Cramer's V=0.067); psychological health (P=0.000, Cramer's V=0.156); and cancellation of schools (P=0.000, Cramer's V=0.131).

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

The psychological problems were experienced more often by people who were affected by financial insecurity. While in the whole sample one quarter of respondents reported psychological problem, among



persons who reported that it would be difficult for them to cover basic living costs, the proportion of persons with psychological difficulties is 39.5%.

Difficulties in accessing social protection services were reported by 8.2% of women and 6.9% of men, and more frequently by persons aged 35-44 than from other age groups, and unemployed in comparison to employed or inactive (Table 20).

**Table 20: Experience of difficulties in accessing social protection services by different socio-demographic groups, in %**

Socio-demographic groups	Category	%
<b>Sex</b>	Male	6.9
	Female	8.2
<b>Age of respondents</b>	18-34	8.3
	35-44	12.0
	45-54	9.7
	55-64	5.4
	65+ years old	3.9
<b>Labour status</b>	Employed	8.7
	Unemployed	11.7
	Inactive	5.4
<b>Total</b>		7.6

Statistically significant differences are found for sex (P=0.000. Cramer's V=0.108); age of respondents (P=0.000. Cramer's V=0.088); labour status (P=0.002. Cramer's V=0.066).

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

### Discrimination and violence

Women from the sample reported in significantly higher percentage than men that they felt increase of discrimination and prejudice in the area they live after the outbreak of COVID-19 pandemic (15.1% vs. 9.9%).<sup>42</sup> Perception of discrimination increase is higher among urban than rural respondents (14.8% vs. 9.2%), which might indicate higher awareness of the discrimination and not necessarily the higher prevalence of discrimination. The perception is also higher among persons with tertiary education, as well as among younger population (Table 21).

**Table 21: Increase of the discrimination rate during COVID-19, in%**

Socio-demographic groups	Category	%
<b>Sex</b>	Men	10.0
	Women	15.1
<b>Residence area</b>	Urban	14.8
	Rural	9.2
<b>Education</b>	No education or primary	8.2
	Secondary	10.2

<sup>42</sup> P=0.000, Cramer's V=0.131

	Tertiary	17.4
<b>Women by age of respondents</b>	18-34	20.0
	35-44	18.8
	45-54	16.0
	55-64	12.2
	65+ years old	8.6
	<b>Total</b>	

Statistically significant differences are found for sex (P=0.001. Cramer's V=0.078); residence area (P=0.003. Cramer's V=0.059); education (P=0.000. Cramer's V=0.075); women by age of respondents (P=0.000. Cramer's V=0.111).

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

Women have reported in significantly higher percentage than men they felt or heard about increase of domestic violence since the spread of COVID-19 (29.6% vs. 17.9%).<sup>43</sup> There is higher proportion of those who felt or heard about the increase of domestic violence among urban, more educated and young population (Table 22).

**Table 22: Heard of/experienced domestic violence during COVID-19, in %**

Socio-demographic groups		Category	%
<b>Sex</b>	Men		18.0
	Women		29.6
<b>Residence area</b>	Urban		26.6
	Rural		20.0
<b>Education</b>	No education or primary		17.7
	Secondary		22.6
	Tertiary		27.7
<b>Women by age of respondents</b>	18-34		34.5
	35-44		32.4
	45-54		29.6
	55-64		26.2
	65+ years old		24.8
<b>Total</b>			24.0

Statistically significant differences are found for sex (P=0.000. Cramer's V=0.145); residence area (P=0.003. Cramer's V=0.059); education (P=0.000. Cramer's V=0.076); women by age of respondents (P=0.001. Cramer's V=0.112).

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

Women are more informed than men where to look for the assistance in case of domestic violence (66.0% vs. 55.7%). In this respect, there is no difference between rural and urban women, but there is weak relation between age and being informed, with women aged 35-44 are being more informed than women aged 18-34 (74.7% vs. 67.5%), as well as women aged 45-54 (67.5%), women aged 55-64 (65.1%) or women aged 65+ (57.7%)<sup>44</sup> (Table 23). The share of those who are informed is also higher among women with secondary and tertiary education than among women with low education (Table 23).

<sup>43</sup> P=0.000, Cramer's V=0.164

<sup>44</sup> P=0.22, Cramer's V=0.089

**Table 23: Do you know whom to contact for help in cases of domestic violence, in %**

Socio-demographic groups	Category	%
<b>Sex</b>	Men	55.7
	Women	66.0
<b>Residence area</b>	Urban	64.0
	Rural	56.4
<b>Education by women</b>	No education or primary	47.1
	Secondary	66.1
	Tertiary	70
<b>Total</b>		61.0

Statistically significant differences are found for sex ( $P=0.000$ . Cramer's  $V=0.131$ ); residence area ( $P=0.003$ . Cramer's  $V=0.059$ ); women by education ( $P=0.001$ . Cramer's  $V=0.096$ ).

Source: SeConS, Consequences of COVID-19 on women's and men's economic empowerment, 2020

## 9. CONCLUSIONS

**COVID-19 pandemic had profound impact on livelihoods of women and men as well as on gender equality.** The survey provided clear indications that **pandemic undermined wellbeing of women and men** in various life aspects, such as employment, economic situation and livelihoods, access to basic services. The survey provided more evidence on **pandemic increasing gender inequality** than opening room for changes in direction of more gender equitable societies.

In the new situation, when many aspects of life depend on the pandemic situation and measures government brought in response to it, the **information on pandemic** was in the centre of attention of citizens. According to survey, **citizens in Serbia relied mostly on television as the main channel of information** followed by the internet and social networks. Men relied on internet more than women, as well as respondents living in urban areas compared to those living in rural areas. Differences in use of channels for information are pronounced based on age of respondents with young people using much less television and much more internet than older population. Another important factor influencing choice of the main source for information is the level of education, as persons with tertiary education pointed much less often to television and much more often to internet than persons with secondary and primary education. Persons relying mainly on television as source of information better evaluate the quality of information than those relying more on other sources of information. This does not mean necessarily that television is better and more reliable source of information, but it can indicate that groups relying more on other sources of information than television are more critical towards information sources in general.

**The pandemic had remarkable impact on employment status and working conditions of women and men.** It revealed the depth of structural gender gaps and damaged more those whose position on the labour market was more fragile. **Among employed women more persons lost their job than among employed men. Higher share of working women reported increased working hours during pandemic,** which can be attributed to their concentration in healthcare sector, though survey did not explore situation in relation to the economic sectors and occupational structure. **Women were more frequently sent on forced leaves,** though more on partly paid leaves and less on unpaid leaves than men. **More than half of women and about one third of men were working from homes,** as well as urban population in comparison to rural population and employees with tertiary education compared to those with secondary or primary education. Almost half of self-employed persons faced negative impact of COVID on their businesses, though they managed to keep them running. However, every twentieth self-employed had to close his/her business.

**Pandemic had pronounced impact on people's livelihoods.** Respondents reported the **decrease of salaries from employment, incomes from agriculture, business, property, investment or savings, but also decrease of remittances.** Women consistently in higher proportion than men indicated decrease of incomes from productive activities. On the other hand, respondents indicated the **increase in government support and support by civil society organizations.** However, the governmental support was one-time universal assistance of 100 EUR, and one-time increase of pensions of 34 EUR. There is widespread concern that salaries will be further reduced or lost in case of inability to work for two weeks. Many respondents assessed great difficulties in providing their livelihoods in case of prolonged emergency situation.



Survey data show **significant differences in coverage by social insurance based on employment between men and women, as well as between employed persons with different level of education.** For majority of employees social insurance, which includes pension and disability insurance, and insurance against unemployment, was continuously paid during pandemic, but coverage of men was better than coverage of women, as well as coverage of highly educated persons compared to persons with secondary school and the least covered employees with primary education. Vast majority of respondents is covered by healthcare insurance, while only small number of respondents got the unemployment benefit.

**The COVID pandemic revealed and apparently increased gender gaps in household responsibilities. Women reported systematically the increased time that is spent on household activities and care for family.** Household activities in which women spent most of their time since the outbreak of pandemic are cleaning, cooking, followed by shopping, instructing and caring for children. Also, for men cleaning was the most frequently named activity, followed by shopping, household management and pat caring. This confirms clear differences in household responsibilities that were reaffirmed by the changed living conditions and everyday practices in families and households.

**Pandemic brought difficulties in accessing basic services and wellbeing of citizens.** Respondents indicated their experience with **psychological problems**, such as stress and anxiety, and **women much more often than men**, which is probably the consequence of their higher engagement in frontline sectors in response to pandemic as well as increased burden of the care for household and family. Respondents also pointed to **difficulties related to the closure of schools**, and smaller number had to face problems such as **personal or family member illness, death of family member or movement within the country or from abroad**. As most frequently indicated **difficulties in accessing basic services** were **medical supplies**, followed by **public transport, food, health services, hygiene and sanitary product**, and less access to social protection and water supplies. **Younger women faced the problems in access to sexual and reproductive health services and contraception more often than older women.**

**Women reported more often than men the impression that discrimination and domestic violence have increased during pandemic.** At the same time, they are more informed about available help in case of domestic violence than men. There are also differences between women of different age, with women aged 35-44 as best informed in comparison to women from other age groups.



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## 10. ANNEX A: QUESTIONNAIRE

### Demographic characteristics

Q1. Sex (MANDATORY)

[Please select one, then NEXT]

1. Male
2. Female
3. Other - (OPTIONAL)

Q2. How old are you? (MANDATORY)

[Please inset your age in years]

\_\_ [YEARS]

Q3. What is your marital status? (MANDATORY)

[Please select one, then NEXT]

1. Single
2. Married
3. Living with partner/Cohabiting
4. Married but separated
5. Widowed
6. Divorced

998. Refuse to answer

Q4. What is the highest level of education that you have completed? (MANDATORY)

[Please select one, then NEXT]

1. No education
2. Primary
3. Secondary
4. University or equivalent

Q5. Current nationality or ethnic group (OPTIONAL)

[Roll down menu] NEXT

Q6. Where are you living/residence area? (MANDATORY)

[Roll down menu] NEXT

Q7. How many people live with you? (MANDATORY)

[Please select one, then NEXT]

0. I live alone
1. Number of children 0-6 \_\_\_\_
2. Number of children 7-17 \_\_\_\_
3. Number of adults 18-64 \_\_\_\_
4. Number of elderly 65+ \_\_\_\_

7a. Did children under the age of 6 go to kindergarten or attend compulsory pre-school education before the pandemic?

1. YES



2. NOT

**7b. How did you organize the child care during the pandemic when kindergartens were closed?**

*(The interviewer should not read the answers, but he/she should encode the respondent's answer and ask additional sub-questions to get the answer that is suggested on the list)*

- 1) We took care of the child/children in the family, but mostly the mother took care of the child/children
- 2) We took care of the child/children in the family, but mostly the father took care of the child/children
- 3) We took care of the child / children in the family, but mostly the father and mother took care of the child/children equally
- 4) We took care of the child / children in the family, but mostly the grandmother or other woman from the household took care of the child/children
- 5) We took care of the child / children in the family, but mostly the grandfather or other men in the household took care of the child/children
- 6) We took care of the child/children in the family, with different members, both women and men, taking care of the child/children together
- 7) We took the child/children to a grandparent or other relatives in the village, in another place or in the same city
- 8) Something else, what?

7.c Does the household need any of the following forms of support (you can choose more if this is the case)?		If there is such a need, how did you meet that need?	
		Before pandemic	During a state of emergency
Caring for an elderly person with limited mobility or illness who is dependent on someone else's care	YES NO	Answer modalities are given below	Answer modalities are given below
Caring for an adult with a severe chronic illness that requires someone else's care	YES NO		
Caring for a child with developmental or disability problems	YES NO		
Caring for an adult with a disability	YES NO		

7c. Answer modalities in the table:



- 1) Support was provided by an institution/organization that deals with this within the public services sector (eg home help, day centers, personal assistants, etc.)
- 2) Support was provided by a person outside the household, engaged for compensation
- 3) Support was provided by a person outside the household, free of charge
- 4) Support was provided exclusively by household members, mostly one or more women
- 5) Support was provided exclusively by members of the household, mostly one or more men
- 6) Support was provided exclusively by members of the household, both females and males together
- 7) Combined support from outside the household with care in the household, with one or more women being engaged around it
- 8) Combined support from outside the household with care in the household, with one or more men engaged around it
- 9) Combined support from outside the household with care in the household, with the woman and the man being engaged in it together
- 10) Something else, what? \_\_\_\_\_

Opens only for those categories in the table (Care for an elderly person with limited mobility or illness who is dependent on someone else's care, Care for an adult with a severe chronic illness that requires someone else's care, etc.) where the codes entered in the fields before and during the pandemic pandemics are not identical:

**7d. Are the changes in support in any of these needs mainly due to:**

- 1) Institutions / organizations did not provide services during the state of emergency
- 2) Persons who provided the service outside the household were no longer able to do so due to limited movement or lack of public transport during the state of emergency
- 3) We no longer wanted to hire people who provided the service outside the household due to health risks per family member to whom the service was provided
- 4) The persons who provided the service no longer wanted to do so, since he/she was in fear of health risks
- 5) Something else, what?

Opens only for those categories in the table (Care for an elderly person with limited mobility or illness who is dependent on someone else's care, Care for an adult with a severe chronic illness that requires someone else's care, etc.) where the codes entered in the fields before and during the pandemic pandemics are not identical:

**7f. Did the changes in providing support burden someone in the household and whom?**

- 1) They especially burdened the woman/women in the household
- 2) They especially burdened the man/men in the household
- 3) Women and men in the household were equally burdened
- 4) Something else, what?

Opens only for those categories in the table (Care for an elderly person with limited mobility or illness who is dependent on someone else's care, Care for an adult with a severe chronic illness that requires someone else's care, etc.):

**7e. How do you now provide support for household members who need it?**



Caring for an elderly person with limited mobility or illness who is dependent on someone else's care	1) In the same way as before the pandemic 2) In the same way as during the pandemic Other way, which one? _____
Caring for an adult with a severe chronic illness that requires someone else's care	1) In the same way as before the pandemic 2) In the same way as during the pandemic Other way, which one? _____
Caring for a child with developmental or disability problems	1) In the same way as before the pandemic 2) In the same way as during the pandemic Other way, which one? _____
Caring for an adult with a disability	1) In the same way as before the pandemic 2) In the same way as during the pandemic Other way, which one? _____

### Main source of information

**Q8. What is your main source of information regarding COVID19 (risks, recommended preventive action, coping strategies)? (MANDATORY)**

**[Correspond. One answer]**

1. Internet & social media (facebook, Instagram, etc.)
2. Official Government websites
3. Radio/Newspaper
4. Television
5. Public service announcement/speaker
6. Phone (telegram, viber, whatsapp, or call)
7. Community, including family and friends
8. Health center/Family doctor
9. NGO/Civil Society organization
10. Other
11. Do not know about COVID19 **GO TO Q 9**

**Q8.1 How would you rate the information you received? (MANDATORY)**

**[Please select one, then NEXT]**

1. Clear and helped me prepare
2. Clear, but it came too late for me to prepare
3. Confusing/contradictory
999. I do not know

**Q9. How would you best describe your employment status during a typical week prior to the spread of Covid-19? (MANDATORY)**

**[Read out, one answer]**

1. I worked for a person/company/institutions **GO TO Q 9.1**
2. I had my own business/Freelancer and I employed other people **GO TO Q 9.1**
3. I had my own business/Freelancer, but I did not employ other people **GO TO Q 9.1**
4. I helped (without pay) in a family business **GO TO Q9.1**
5. I did not work and I was not looking for a job and I was not available to work **GO TO Q10**



6. I did not work, but I am looking for a job and I am available to start working **GO TO Q10**
7. I am retired, pensioner **GO TO Q10**
8. I did not work because I am studying full time **GO TO Q10**
9. I have a long-term health condition, injury, disability **GO TO Q10**
10. Other, specify \_\_\_\_\_ **GO TO Q10**

**Q 9.1 Since the spread of COVID19, has the number of hours devoted to paid work changed?**

**[Correspond, one answer] (MANDATORY)**

1. Increased
2. No change/It is the same
3. Decreased, but I didn't lose my job
4. I lost my job **GO TO Q10**
999. I do not know

[NEXT QUESTIONS 9.2-9.4 ONLY ASKED FOR Q9 == 1]

**Q 9.2 Since the spread of COVID19, have you been imposed to take a leave?**

**[Read out, one answer] (MANDATORY)**

1. Yes, full paid leave
2. Yes, partially paid leave
3. Yes, un-paid leave
4. No, I did not take a leave
5. Not entitled for a leave/not applicable
999. I do not know

**Q 9.3. Does your employer pay contributions toward pension/social insurance on your behalf?**

**[Please select one, then NEXT] (MANDATORY)**

1. Yes
2. No
999. I do not know.

**Q 9.4 Since the spread of Covid-19, are there any changes in your typical place of work?**

**[Read out, one answer] (OPTIONAL)**

1. Yes, I used to work out of home and now I am working at my own home
2. No, I used to work out of home and now I am still going out for work
- No, I still work from my own home as previously4. Something else, what?

**Q9.5 If you could not work for at least two weeks because of the coronavirus what would most likely happen to your earnings? (OPTIONAL)**

**[Read out, one answer]**

1. I would likely continue to get paid full salary
2. I would likely continue to get paid partially salary
3. I would likely expect not to get paid
999. I do not know



[NEXT QUESTION ONLY ASKED FOR Q9 == 2 OR 3 OR 4]

Q 9.6 Is your business formally registered? (OPTIONAL)

[Please select one, then NEXT]

1. Yes

2.

999. I don't know

No

Q 9.7 How is your business affected after the spread of COVID-19? (MANDATORY)

[Read out, one answer]

1. It had positive impact on our business

2. It had negative impact on our business

3. Our business was not affected at all

4. Our business stopped operating as the result of Coronavirus

[NEXT QUESTIONS ASKED FOR ALL RESPONDENTS]

Q10 Are you currently covered by any form of health insurance or health plan? (MANDATORY)

[Please select one, then NEXT]

1. Covered by health insurance

2. Not covered by health insurance

999. I don't know

Q 11 Do you receive any unemployment benefits and/or any financial support from the Government, local municipalities **related to the elimination of effects of Coronavirus?** (MANDATORY)

[Please select one, then NEXT]

1. Yes, which type of support do you receive? \_\_\_\_\_

2. No

999. I don't know

Q 12 Do you receive any in-kind support from the Government and /or local municipalities **related to the elimination of effects of Coronavirus?** [Read out, Multiple options] (MANDATORY)

1. Yes, food

2. Yes, supplies for prevention (gloves, masks, sanitizer, etc.)

3. Yes, personal hygiene supplies (menstrual supplies, baby diapers, etc.)

4. No

999. I don't know

Q 12.1 Do you receive any in-kind support from Non-Governmental/civil society organization or other non-profit organizations **related to the elimination of effects of Coronavirus?** [Read out, Multiple options] (OPTIONAL)

1. Yes, food

2. Yes, supplies for prevention (gloves, masks, sanitizer, etc.)

3. Yes, personal hygiene supplies (menstrual supplies, baby diapers, etc.)

4. No

999. I don't know

Q13. As a result of COVID19, how each of the following PERSONAL resources have been affected? [Read out items and answer options]

	Please mark <input type="checkbox"/> appropriate box
--	--





	Increased	No change	Decreased	Not an income source
1. Income/earnings from farming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Income/earnings from own business/family business, freelancer activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Income/earnings from a paid job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Income from properties, investments or savings - (OPTIONAL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Pensions, other social payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Food from farming, raising animals or fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Money or goods received from people living abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Support from family/friends in the country (money, food, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Government support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Support/Charity from NGOs or other organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P14. If the state of emergency, with all the restrictions, lasted longer (three more months), how would this probably affect the financial situation of your household? (MANDATORY) [Read out all items and possible answers]

	Please mark <input checked="" type="checkbox"/> appropriate box		
	Yes	No	I don't know
1. It would be difficult to cover basic costs (food, hygiene products, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. It would be difficult to pay rent and utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. We would have to stop using health services/help (paid check-ups, medicines, medical aids, home help, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. We would have to seek the help of relatives and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. We would have to seek the help of local authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. We would have to take a loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Distribution of Household Chores



**Q15. As a result of COVID19, has the number of hours/time devoted to the following activities changed? (MANDATORY) [Read out items and answer options]**

	Please mark <b>√</b> appropriate box				
	I do not usually do it	Increased	Unchanged	Decreased	Not applicable
1. Cooking and serving meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Cleaning and maintaining own dwelling and surroundings (e.g. clothes, household)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Household management (e.g. paying bills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Shopping for my family/household member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Collecting water/firewood/fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Playing with, talking to and reading to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Instructing, teaching, training children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Caring for children, including feeding, cleaning, physical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Assisting older/sick/disabled adults with medical care, feeding, cleaning, physical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Affective/emotional support for adult family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Pet care, domestic animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q16. Since the spread of COVID19, in which of the following activities do you spend the most time? (MANDATORY)**

**[Correspond, one answer]**

1. Cooking and serving meals
2. Cleaning and maintaining own dwelling and surroundings (e.g. clothes, household)
3. Household management (e.g. paying bills)
4. Shopping for my family/household member
5. Collecting water/firewood/fuel
6. Playing with, talking to and reading to children
7. Instructing, teaching, training children
8. Caring for children, including feeding, cleaning, physical care
9. Assisting older/sick/disabled adults with medical care, feeding, cleaning, physical care
10. Affective/emotional support for adult family members
11. Pet care
12. Something else, what? \_\_\_\_\_

**Q17. Since the spread of COVID19 have roles and responsibilities within the household been affected? (MANDATORY) [Read out items and answer options]**

	Please mark <b>√</b> appropriate box		
	Agree	Disagree	Not applicable
1. My partner helps me more with household chores and/or caring for family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. My daughter(s) helps me more with household chores and/or caring for family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My son(s) helps me more with household chores and/or caring for family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Other family/household members help me more with household chores and/or caring for family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hired a domestic worker/babysitter / nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Domestic worker/babysitter/nurse works longer hours with us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Domestic worker/babysitter/nurse no longer works with us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am on my own, no one can longer help me with household chores and caring for family	<input type="checkbox"/>		

### Access to basic services and safety

**Q18. As a result of COVID19, did you (personally) experience any of the following: (MANDATORY)**  
**[Read out items and answer options]**

	Please mark <input checked="" type="checkbox"/> appropriate box			
	Yes	No	Not applicable	Refuse to answer
1. Physical illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Illness of a family/household member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Death of a family/household member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Psychological/Mental/Emotional health was affected (e.g. stress, anxiety, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Migrated/moved to different geographical area within the same country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recently returned from abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Children's school was cancelled or reduced (OPTIONAL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q19. As a result of COVID19, did you (personally) experience difficulties in accessing basic services: (MANDATORY) [Read out items and answer options]**

	Please mark <input checked="" type="checkbox"/> appropriate box			
	Major difficulties	Some difficulties	No difficulties	No need
1. Food products/supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
2. Medical supplies for personal protection (masks, gloves, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
1. Health services/assistance for myself and/or my family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hygiene and sanitary products (soap, water treatment tabs, menstrual products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
4. Public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
6. Social services/assistance for myself and/or family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q20. Have you felt increase of any form of discrimination, prejudice in the country/area you live after the spread of COVID-19? (OPTIONAL)**

- 1. Yes
- 2. No
- 999. I do not know
- 998. Refuse to answer

**Q21. Have you felt/heard about increase of domestic violence since the spread of COVID-19? (MANDATORY)**

- 1. Yes
- 2. No
- 999. I do not know
- 998. Refuse to answer

**Q21.1 Do you know where to seek help and support in case of someone experiencing domestic violence such as hotlines, psychological and police support? [Please select one, then NEXT] (MANDATORY)**

- 1. Yes
- 2. No
- 999. I do not know
- 998. Refuse to answer

[NEXT QUESTIONS ASKED ONLY FOR WOMEN]

**Q22. Since the spread of COVID19, did you personally experience difficulties in accessing the following sexual and reproductive health services and contraceptives:**

**[Read out items and answer options] (MANDATORY)**

- a) Gynecological and obstetric care services for myself
  - 1. No need for these services
  - 2. Yes, but I did not face any difficulties
  - 3. Yes, and I faced some difficulties
  - 4. Yes, and I faced major difficulties
  - 998. Refuse to answer
- b) Contraceptives
  - 1. No need for these products
  - 2. Yes, but I did not face any difficulties
  - 3. Yes, and I faced some difficulties
  - 4. Yes, and I faced major difficulties
  - 998. Refuse to answer

**Q23. Are you...- ONLY FOR ON-LINE MOBILE PHONE - SURVEY**



[Please select one, then END]

1. The registered owner of this mobile phone END
2. One of the users of the phone which is registered in someone else's name END

END: THANK YOU! If you would like to know the results of the survey in a few weeks, please check: <https://data.unwomen.org/>

STAY SAFE!

## 11. ANNEX B: DESCRIPTION OF SURVEY METHODOLOGY AND DATA COLLECTION PROCESS

### 11.1 Mode of data collection:

Software for CATI surveys, which randomly chooses phone numbers, was used for data collection. If no one answers, interviewers note that in the software, as well as the information if the person is not willing to participate. If we have a person who would like to talk, the conversation resumes. The next question refers to date of birth, since interview is conducted with only one person who will have birthday first in the household, if more than one person matches quotas (based on the criteria of region, gender and age). The process started on 13 July and finished on 25 July. The calls were made every day, starting at 9:30 (10:00 at weekends), until 21:00. In case there is no eligible person in the household or the person that took call cannot answer the survey at that moment, software allows scheduling another call. When this time comes, software makes a call to this number.

The interviews lasted on average 12 minutes. All interviews that are significantly longer or shorter are checked – interviewer is briefed again (to read all questions, to stop respondent if he/she is not focused on the topic but wants to speak and so on). Interviewer gets daily feedback on quality and duration and at the beginning of the project even more frequently. They should be active listeners, ensuring consistency and asking the respondent for detailed explanation, if they are not consistent in their answers.

#### *Data protection and confidentiality rules/protocols applied*

Data gathering is conducted as explained above. Participation in the survey is voluntary, meaning the respondent is not obliged to give all the answers, once agreed to participate. Data is stored electronically on our server. Client may receive database with the answers, but no personal data (e.g. number dialled) is given to third parties. Data analyses are made at group level (total, male/female, young male/young female, etc.).



## 11.2 Training of interviewers:

On this project we engaged 17 interviewers, 2 coordinators, and 1 supervisor, all with at least 2 years of experience in CATI projects.

Having in mind the current situation with the COVID-19 virus, the training with the interviewers has been made online with all stakeholders present – interviewers, coordinators, a supervisor, and a project manager. Beside project explanation (goals, idea, structure of the questionnaire, and the explanation of each question), PM goes through details of a couple of scenarios and different respondents and their habits, explaining the reasoning behind and why certain answers should be selected. After this phase, interviewers can once more ask questions and then start with their own testing/simulation, using already prepared tasks/scenarios.

During the fieldwork, interviewers are supervised and receive feedback about their quality of work, in order to be as effective as others. Also, interviewers are trained to recruit enthusiastically, read questions in the way asked in the questionnaire, read scales in details, follow instructions in the questions, not suggest any answers, write open answers as detailed as respondent answered, and in case they are uncertain how to deal with certain answers they should contact supervisor.

## 11.3 Data quality management:

In programming phase, the logic of questionnaire is checked and changed. After programming, all parties – supervisor, coordinators, and PM - test the questionnaire, simulating different situations/types of respondents, checking the logic and flow, and additionally measure duration. In this phase not many issues arise, as they are already addressed in previous phases. If and when something occurs, it is changed and put into testing once more. The aim is to get into training phase with the questionnaire that is ready for use, so in this phase interviewers might give some new perspectives and some amendments may be made. Ideally, when going live, there are no changes in the questionnaire.

*Quality monitoring system during and after completion of interview: primary data editing, outliers checking, percentage of recontacted respondents, etc.*

The software enables tracking of data, of all details, and control of parameters needed to be controlled, i.e. quotas. During the fieldwork, DP team checks the quality of answers and in some cases rejects certain interviews as they are not satisfactory. When this situation happens, those interviews should be made with a respondent of the same profile. In this project, 22 interviews were rejected and subsequently conducted.

## 11.4 Sampling design

The sampling frame is publicly available landline phone register. It covers the whole territory of the country, while penetration of landlines is 79%. White pages are the source and we do an update from the



same source on two-year basis. However, all non-existing numbers we encounter during surveys are deleted and not used for future projects.

The survey has been made among 1925 adult respondents (older than 18). This is nationally representative sample by age, gender and region, based on the latest available data of the Statistical Office of the RS (year 2018). The sample size guarantees maximum statistical error of  $\pm 4.99\%$  in confidence interval 95% for the smallest unit (in this case - Belgrade urban).

<b>Sex</b>		
	Male	48%
	Female	59%
<b>Age</b>		
	18-24	8.4%
	25-34	15.3%
	35-44	16.9%
	45-54	17.2%
	55-64	18.3%
	Over 65	23.9%
<b>Type of settlement</b>		
	Belgrade-urban	20%
	Other urban	41%
	Other	39%

## 11.5 Contact and response rate:

Table: Contact and Response Rate.

Nr.	Call status	Number of cases	%
1.	<i>Non-contacts (2+3+4+5+6):</i>	15364	60%
2.	- Number does not exit	409	2%
3.	- No signal	203	1%
4.	- Interrupted	359	1%
5.	- No answer	14393	56%
6.	- Etc.	0	0%
7.	<i>Non-responses (8+9+10+11+12):</i>	8290	32%
8.	- Refusal	0	0%
9.	- Not available	0	0%
10.	- Not interested in participating	8035	31%
11.	- Turned off	255	1%
12.	- Etc.	0	0%
13.	<i>Number of completed interview</i>	1925	8%
14.	<b>TOTAL ATTEMPTS</b>	25579	100.0

