

Research on Regulation, Availability and Practice of Abortion in Bosnia and Herzegovina

Delila Hasanbegović Vukas

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RESEARCH ON REGULATION, AVAILABILITY AND PRACTICE
OF ABORTION IN BOSNIA AND HERZEGOVINA

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Delila Hasanbegović Vukas

Sarajevo, 2023

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Executive Summary

This publication outlines and analyses the regulation, availability, and practices of and access to abortion in Bosnia and Herzegovina.

The first part outlines and analyses international and national legal framework pertaining to abortion and sexual and reproductive rights in a broader sense, with the aim of mapping the positive (existing) regulations in this area, and identifying gaps and room for improvement. Therefore, the first part of the report covers:

- analysis of international documents that address sexual and reproductive rights and health, and
- analysis of BiH legislation (Federation of BiH, the Republika Srpska, Brčko District of BiH) pertaining to healthcare, reproductive health, specifically abortion, statistical indicators and financing of services under health insurance.

The second part outlines and analyses the practices of healthcare institutions and facilities in terms of recognition, enjoyment and exercise of the right to abortion from the perspective of availability of and access to abortion services. Furthermore, we present and analyse the experiences of women from BiH who have had the experience of abortion.

In the end, the report presents the findings/conclusions of the research on the availability of abortion, and develops recommendations for improving access to abortion in BiH based on the findings of the research.

Introduction

As Sarajevo Open Centre, working on women's rights and gender equality, strives to create a robust basis for an evidence-based approach and **full availability and accessibility of abortion services in all parts of BiH**, with this research we continue the annual monitoring of the state of women's rights, including sexual and reproductive health.¹ The research was conducted among competent health institutions in BiH, public and private healthcare facilities (clinical centres/clinics, hospitals, medical offices), i.e., among health and medical experts who develop and implement relevant policies and regulations, and who perform abortions – termination of pregnancy, to obtain a clear overview of the existing regulation and medical practices.

The practice reveals that despite the legal basis that guarantees the provision of free and safe health service of abortion, it is still not available under equal conditions throughout the territory of BiH. The reasons for this are multiple: failing to perform termination of pregnancy at the request of a pregnant woman or conditioning it with high prices; non-harmonised prices among the cantons; lack of necessary equipment and medical devices in public healthcare facilities; absence of facilities or an insufficient number of facilities that would perform these procedures in smaller towns/cities; inadequate procedure of informing patients about the course of abortion; lack of psychological support, etc.

At the BiH level, there are no reliable statistics or a systematic and consolidated data collection on pregnancy terminations, despite the fact that, according to entity laws on health records, all public and private healthcare facilities that register activities in the field of women's and maternity health care and provide pregnancy termination must keep records and collect statistical data on the number of terminated pregnancies.²

The goal of the research is to establish an informed cooperation with leading health institutions and facilities – clinical centres, hospitals and their specialists, to share information and raise awareness and sensitivity to the problems of limited availability of abortion health services, as well as to contribute to the understanding of abortion as a woman's human right and basic health care. Furthermore, the research can and should serve those who make decisions, laws and policies pertaining to access to health care and sexual and reproductive rights. The ultimate goal is to influence a broader understanding of abortion as a human right of women and basic health care for it to be made available to all persons who need it.

1 Orange Report 5, 6, 7 (2019, 2021, 2022): Report on the State of Human Rights of Women in Bosnia and Herzegovina 2016–2019 / 2020 / 2021. Available at: <https://soc.ba/publikacije/edicija-ljudska-prava/>

2 FBiH Law on Healthcare Records, FBiH Official Gazette no. 37/2012, art. 8, 20, 54; RS Law on Health Documentation and Health Records, RS Official Gazette no. 57/2022, art. 26, 32.

Remark:

We use the terms “woman” and “patient” in the feminine gender throughout the research and this report, however, we by no means limit our work to cis women and do include TIGV (trans, intersex and gender variant) persons who have the reproductive capacity of becoming pregnant, who need and/or have had an abortion.

In the data collected for this research, no woman identified differently than cis. Regardless, we may not disregard that this issue also concerns trans and gender variant persons, with additional specificities, social or possibly legal restrictions.

List of Acronyms

ACOG	American College of Obstetricians and Gynecologists	RS	Republika Srpska
AKAZ	Agency for Quality and Accreditation in Healthcare	SC	Sarajevo Canton
BDBiH	Brčko District of Bosnia and Herzegovina	UCH	University Clinical Hospital
BiH	Bosnia and Herzegovina	SOC	Sarajevo Open Centre
BPC	Bosnian Podrinje Canton	TC	Tuzla Canton
C10	Canton 10	UCC RS	Republika Srpska University Clinical Centre
CBC	Central Bosnia Canton	UCCS	Sarajevo University Clinical Centre
FBiH	Federation of Bosnia and Herzegovina	UCCT	Tuzla University Clinical Centre
FIGO	International Federation of Gynecology and Obstetrics	UN	United Nations
FMH	FBiH Ministry of Health	UNFPA	United Nations Population Fund
FZO RS	RS Health Insurance Fund Fond	USC	Una-Sana Canton
FZZS	FBiH Statistics Institute	WHC	West Herzegovina Canton
HI	health institution	WHO	World Health Organization
HNC	Herzegovina-Neretva Canton	ZDC	Zenica-Doboj Canton
MZSZ RS	RS Ministry of Health and Social Welfare	ZZJZ FBiH	FBiH Public Health Institute
		ZZO	Health Insurance Institute
		ZZOR FBiH	FBiH Health Insurance and Reinsurance Institute

Research Methodology

For the purpose of collecting the data necessary for this publication, we consulted various sources and applied a number of research methods. We thus gained an understanding of the availability of the right to abortion in Bosnia and Herzegovina, as well as of regulations and health/medical practices of the competent health institutions and facilities.

The publication was developed in the following phases.

1. Desk research (analysis) which included:

- analysis of international documents relevant to abortion
- analysis of international documents addressing sexual and reproductive rights and health
- analysis of BiH legislation (Federation of BiH, the Republika Srpska, Brčko District of BiH) in the field of healthcare, reproductive health, specifically abortion, keeping statistical indicators and financing of services under health insurance.

It is noteworthy that this research phase was the starting point for field research, i.e., developing a list of questions for healthcare facilities, as well as a questionnaire for bodies responsible for healthcare in BiH.

2. Field research³ that included:

- interviews with health institutions – ministries of health of cantons, entities and the District; health insurance institutes/funds of cantons, entities and the District; public health institutes of cantons, entities the District, and
- interviews with public and private healthcare facilities – clinical centres (gynaecology and obstetrics clinics, etc.), hospitals and private gynaecology offices throughout BiH.

Six researchers who were assigned to administrative-territorial units of BiH worked on the field research – data collection from competent institutions/facilities. The researchers were selected by Sarajevo Open Centre through a public call. Interviews were conducted in person with some of the institutions, with others online and by phone, whereas certain institutions were not able to meet with the researchers in person and the data were submitted in writing, electronically or by post.

3 The appendices to the report contain questionnaires for interviewees or for persons who received them in writing, as well as a list of health institutions and facilities that were interviewed or that received the questionnaires in writing.

3. Survey of experiences of persons who have had an abortion in BiH⁴ through an online questionnaire

Sarajevo Open Centre developed a questionnaire for persons who have had an abortion to obtain authentic and immediate information about availability and quality of services provided in healthcare facilities in Bosnia and Herzegovina: from the reasons that led to termination of pregnancy, through satisfaction with services, to all the details about the course of the abortion procedure.

4 A sample questionnaire that was distributed online, through the website and social media of Sarajevo Open Centre can be found in the appendices.

Chapter

01



Legal Framework Regulating the Right to Abortion

1. International Documents Addressing Sexual and Reproductive Rights and Health

In general, the **right to health** is the basic right of every human being to the highest standard of physical and mental health and as such includes health services of prevention and treatment of certain conditions. The **right to sexual and reproductive health** is perceived as a state of full physical, mental and social well-being, and not only as the absence of disease or physical deficiency.

Reproductive rights under the framework of international human rights include:

- the basic right of couples and individuals to freely and responsibly decide on the number, space and time for having/not having children
- the right to have relevant information and opportunities
- the right to the highest standard of sexual and reproductive health
- the right to make decisions regarding reproduction without discrimination, coercion or violence.

The right to sexual and reproductive health is guaranteed by the following international documents: International Conference on Population and Development (1994), Beijing Declaration and Platform for Action (1995), Maternity Protection Convention (2000), European Charter of Patients' Rights (2002), 2030 Agenda for Sustainable Development.

The 1995 Platform for Action lays down the foundations for women to have control and freedom to decide on sexuality, health and reproduction, and in this context have equal rights as men.

The UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) obliges signatory states to take all appropriate measures to eliminate discrimination against women in health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning (information, counselling). Furthermore, a standard has been set for ensuring to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

According to international bodies for the protection of human rights and the United Nations, laws that criminalise abortion are discriminatory and constitute an obstacle to the enjoyment of women's right to health; therefore, states should decriminalise abortion in all circumstances. It is explicitly stated that denying access to abortion in certain circumstances violates women's right to health, right to privacy, right to freedom from inhuman and degrading treatment and right to non-discrimination. The CEDAW Committee made it clear that the states must take actions to ensure that women's life and health is a priority over protection of the foetus.⁵

The states have a duty to eliminate and restrain from adopting medically unnecessary obstacles to abortion, including compulsory waiting times, biased requests for counselling and requirements for approval by third parties, and to regulate the medical staff's conscientious objection of abortion.⁶

The Committee on the Rights of the Child called "healthcare personnel to provide medically accurate and non-stigmatising information on abortion." They also called for the removal of requirements for judicial authorisation and other law enforcement reports when a pregnancy is the result of rape.⁷

Council of Europe Parliamentary Assembly Resolution 1607 (2008) emphasises the importance of access to safe and legal abortion.⁸ The European Parliament, in Resolution 2022/2665(RSP) of June 2022, emphasised the importance of the availability of this health service to women, in light of threats to the exercise of the right to abortion worldwide.⁹

Regarding abortion, the discourse on reproductive justice in literature and the feminist movement emphasises that the right to abortion is insignificant and unattainable for persons who do not have **access** to it because of the price, distance from nearest healthcare facility or other obstacles. The scope of the postulate of reproductive justice thus implies more than the pro-choice movement and it is emphasised that a woman **cannot freely choose** what to do with her pregnancy if her **options are limited** in

5 Institution of Human Rights Ombudsman of Bosnia and Herzegovina (2021), Inquiry on Sexual and Reproductive Health and Reproductive Rights in Bosnia and Herzegovina (Final Report). Sarajevo: Institution of Human Rights Ombudsman of Bosnia and Herzegovina, United Nations Population Fund BiH (UNFPA), proMENTE Social Research. Available at: https://ba.unfpa.org/sites/default/files/pub-pdf/inquiry_on_sexual_and_reproductive_health_and_reproductive_rights_in_bih.pdf, p. 14.

6 Ibid.

7 Ibid.

8 See more at: <https://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=17638>

9 See more at: https://www.europarl.europa.eu/doceo/document/TA-9-2022-0243_EN.html

oppressive circumstances and due to lack of access to services. With respect to the scope of reproductive justice, several segments are at play, implying access to:

- contraception
- comprehensive sexual education
- abortion
- prevention and care – sexually transmitted infections
- alternative birth options
- appropriate prenatal care, care during pregnancy and postnatal care
- protection from domestic violence, gender-based violence
- adequate allowances for protection of families with children.

In its Reproductive Health Strategy,¹⁰ the World Health Organization, analysing the global situation, identifies obstacles to progress in the field of reproductive health, and also addresses safe abortion.

Abortion, as a medical procedure or a health service, is regulated by professional regulations of the World Health Organization, such as Medical Management of Abortion (2018), Abortion Care Guideline (2022) etc.¹¹

10 The Strategy is available at: <https://www.who.int/publications/i/item/WHO-RHR-04.8>

11 For more publications visit: https://www.who.int/publications/i?healthtopics=f45dbecf-7d67-4333-a7ce-f09061c934e7_918257d2-55b2-4a24-82c7-cfdce7544bc8

2. BiH Legislation relevant to Health Care and Reproductive Health

There is no single law, programme or strategy in Bosnia and Herzegovina covering the area of sexual and reproductive health. Sexual and reproductive rights at the entity, cantonal and Brčko District level are not regulated separately, i.e., they are covered by laws pertaining to **health, social protection, family relations, and by criminal and misdemeanour legislation**.¹² When the Strategy to Improve Sexual and Reproductive Health and Rights of the Federation of BiH expired in 2019, no further strategy was adopted. The Strategy for Improving Sexual and Reproductive Health (2019-2029) is in force in the Republika Srpska, with the following goals:

- Family planning is available to everyone and all women of reproductive age, who desire offspring, have a healthy pregnancy, a normal birth and a preserved post-partum health
- Reduced burden of reproductive diseases: malignancies, sexually transmitted diseases, developmental abnormalities of the reproductive tract
- Equality and awareness of citizens regarding sexual and reproductive health and protection in all circumstances.

Bosnia and Herzegovina ratified the most important international and regional agreements on human rights, which include rights related to sexual and reproductive health. These documents guarantee non-discrimination, equal rights of men and women, right to life, prohibition of torture, cruel treatment or punishment, prohibition of interference in privacy, family and home, prohibition of forced marriages, freedom of expression, right to seek, receive and communicate information, and the right to access justice in case of human rights violations. In accordance with the international obligations of Bosnia and Herzegovina, which derive from ratified international standards, and in accordance with the constitutional structure of Bosnia and Herzegovina, the Federation of Bosnia and Herzegovina, the Republika Srpska and Brčko District have adopted laws pertaining to sexual and reproductive rights.¹³

According to the laws in Bosnia and Herzegovina – the Law on Requirements and Procedures for Termination of Pregnancy of the Federation of BiH (taken over from the former SFRY¹⁴) and the Law on Requirements and Procedures for Termination of Pregnancy of the Republika Srpska¹⁵ – every woman has the right to freely decide on termination of pregnancy up to the tenth week. The laws clearly stipulate the procedures, obligations, rights and responsibilities of patients and healthcare facilities. However, there are problems in practice with respect to availability, prices, lack of

12 Institution of Human Rights Ombudsman of Bosnia and Herzegovina, *ibid.*, p. 6.

13 Institution of Human Rights Ombudsman of Bosnia and Herzegovina, *ibid.*, pgs. 5-6.

14 Official Gazette of SR BiH, 29/77.

15 Published in the Official Gazette of the Republika Srpska, 34 of 11 April 2008.

comprehensive statistics on abortions, conditions in healthcare facilities, etc., which will be discussed in more detail in the research findings section.

According to the law, a pregnant woman's request for termination of pregnancy will be granted:

- if the pregnancy has not exceeded 10 weeks, and
- if termination of pregnancy will not directly threaten the life or health of the pregnant woman.

A medical doctor specialising in gynaecology and obstetrics determines whether the requirements have been met on the basis of an examination and prepares a report on pregnancy termination stating that the requirements have been met, signed both by the medical doctor and the pregnant woman. The law stipulates that a request for termination of pregnancy can be submitted by a pregnant woman, except in the case of minors or pregnant women deprived of legal capacity, in which case a parent/guardian/custodial body submits the request.

In cases where the pregnant woman is a minor or is deprived of her legal capacity, and when the pregnancy has exceeded 10 weeks, a committee comprising two medical doctors and one social worker will decide on the request if keeping the pregnancy could directly threaten the life or health of the pregnant woman; if, based on the knowledge of the medical profession, it can be expected that the child will be born with severe physical or psychological defects; if the pregnancy is a result of the criminal offence of sexual violence (rape, etc.); or if the medical doctor refuses to terminate the pregnancy. In the Federation of BiH, termination of pregnancy that exceeds 20 weeks may not be approved, while in the Republika Srpska, the ethics committee of a healthcare facility makes an assessment of the requirements for termination of pregnancy that exceeds 20 weeks.

According to the law, **patients who cannot have an abortion in their city/municipality should receive this service in the nearest municipality/city if they have health insurance.** This applies to all health services and abortion should not be an exception. Hospitals or health centres (or, more precisely, health insurance institutes that regulate this service) not providing this service are obliged to ensure that the woman receives it in the nearest healthcare facility that does. Therefore, the most vulnerable are women who live in remote places, women of poor economic means, women with disabilities (given the restrictions on access to gynaecological services for different types of disabilities), unemployed women who do not have mandatory health insurance, Roma women, minors, etc.

As for information, the laws oblige healthcare facilities, i.e., their professional staff, to provide medical assistance and appropriate advice in the exercise of the right to free decision on childbirth within the framework of their work and professional obligations, and to inform them of the procedure, course and consequences of the application of modern methods of regulating intentional termination of an unwanted pregnancy. Healthcare facilities that provide pregnancy termination are obliged to make **accurate and unbiased information** about pregnancy termination available to women by organising mandatory counselling before and after pregnancy termination.

Article 10 of the Law of the Republika Srpska stipulates the procedure for determining that the **requirements for termination of pregnancy have been met**:

- a) up to week ten of gestation – the decision is made by the gynaecology and obstetrics specialist of the healthcare facility
- b) from week ten to end of week twenty of gestation – the decision is made by first- and second-instance committee for pregnancy termination of the healthcare facility, and
- c) after week twenty of gestation – the decision is made by the ethics committee of the healthcare facility.

The laws also impose obligations on public and private healthcare facilities registered to perform pregnancy terminations to keep **records and medical documentation on pregnancy terminations** and to submit the reports to public health institutions. In accordance with the Law on Records in Healthcare of FBiH,¹⁶ records on termination of pregnancy must contain the following information:

- age of the pregnant woman
- week of pregnancy
- number of children (live births and stillbirths)
- number of prior terminations
- method of pregnancy termination
- complications during pregnancy termination
- fatal outcome during pregnancy termination
- means used to prevent unwanted pregnancy.

The Federation of BiH has a special by-law regulating this matter – the Rulebook on the Form, Content and Manner of Keeping Reporting Forms and other Auxiliary Forms for Records¹⁷ regulating the layout of the record forms. The so-called “**Request for termination of pregnancy**” form contains all the necessary information for the service of pregnancy termination.

In accordance with the current laws, the healthcare facility is also obliged to provide the pregnant woman with health status examination and counselling services after pregnancy termination.

Furthermore, the RS Law guarantees **the right of a doctor specialising in gynaecology and obstetrics to refuse to perform a permitted pregnancy termination, if**

¹⁶ Official Gazette of FBiH, 37/12.

¹⁷ Official Gazette of FBiH, 61/18, 72/22.

it is against his/her beliefs; however, this right is limited by the obligation to provide emergency medical assistance in case of acute danger to life or severe damage of health. The FBiH Law does not stipulate the right to refuse to terminate a pregnancy (due to personal beliefs) in this way, but a medical doctor may refuse to provide this service if the requirements are not met in terms of the pregnancy not exceeding 10 weeks or if the termination of pregnancy will directly endanger life or health of the pregnant woman. The question remains whether and in what way it is ensured that a woman receives an abortion service in cases where medical doctors do not want to perform it due to personal beliefs (conscientious objection). This is one of the questions posed to healthcare facilities in this research.

Chapter

02

Research Findings

This chapter will present the findings of the field research conducted by six researchers in the entire territory of Bosnia and Herzegovina. The research encompassed health institutions and healthcare facilities at the level of cantons/ Federation of BiH, the Republika Srpska and Brčko District.

The applied data collection techniques included requests for access to information, to which certain institutions/ facilities responded in writing (e-mail, post), by telephone, through online video conferencing (such as Zoom), while (where possible) in person interviews were conducted with others in the premises of institutions/facilities. Interviewees – representatives of institutions/facilities signed an informed consent before the interview and were informed of the goal and course of the project/research.

1. Health Institutions

Out of 36 contacted institutions, 27 institutions provided answers (either in writing or through interviews).¹⁸

1.1. Federation of BiH

Data from an interview with the **FBiH Ministry of Health** indicate that the facilities that provide pregnancy termination services in the Federation of BiH, as prescribed by law, are:

- health centres in FBiH
- hospitals (general, cantonal)
- clinical centres (3 clinical centres and about 20 hospitals¹⁹)
- private healthcare facilities, i.e., offices.

Cantonal ministries of health, through relevant commissions, perform verification and issue decisions to private gynaecological offices that provide, among other things, termination of pregnancy, in accordance with the rulebook defining their premises, staff and equipment.

To the question about health guidelines and clear medically established procedures that healthcare facilities apply and are guided by when performing medically indicated abortions and abortions at the request of patients (intentional termination of pregnancy), the Ministry answered that in FBiH, in accordance with the [Law on the System for Improvement of Quality, Safety and Accreditation in Healthcare](#), there is the Agency for Quality and Accreditation in Healthcare, which has developed accreditation standards for primary and hospital level health care, as well as safety standards that are, according to the Law on Healthcare, mandatory for every healthcare facility, both public and private.

Therefore, despite the certification standard – a written procedure concerning pregnancy termination, it is a fact that the legally prescribed obligation to introduce safety standards is not implemented evenly in the territory of the Federation, which means that the law is not respected.

As FMZ claims, full re-accreditation in the Federation was carried out by University Clinical Centre Tuzla and Plava Medical Group – which constitutes a higher, voluntary level that incorporates safety standards, including, among other things, procedures related to termination of pregnancy. The re-accreditation of the General Hospital in

18 The list of institutions that responded to the questions is included in the appendices to this report at.

19 The list of clinical centres and hospitals that provide these health services has not been submitted.

Sarajevo and the Clinical Centre of the University of Sarajevo will follow, which means that it will not be possible to circumvent procedures related to pregnancy termination. Namely, the accreditation process requires healthcare facilities to prove that such procedures exist in writing and are being applied, otherwise they lose the accreditation “brand” after a certain period of time.

As for the prices of pregnancy termination, the **Health Insurance and Reinsurance Institute Federation of BiH** has a prescribed health services price list stipulating prices for the following health services: artificial termination of pregnancy up to week 10 with anaesthesia, re-curettage after legal pregnancy termination, vacuum aspiration to terminate pregnancy, abortus artificialis (up to week 12), second termination of pregnancy, termination of advanced pregnancy (over week 12 by intra-amniotic instillation).²⁰

The Public Health Institute of the Federation of BiH takes part in the implementation of the Programme of Statistical Research in Health by producing summary annual reports (collection, control, entry and processing of data according to the established methodology) and analysing the results of reports (on health capacities and services, on diseases, conditions and injuries), as well as in the establishment of registers at the level of the Federation of BiH.

Women in the Federation of BiH are protected by primary healthcare through organised services for the protection of women’s reproductive health and through hospital healthcare.

Pregnancy terminations have been registered in the RegiZ²¹ software of the FBiH Public Health Institute since 2019. Unfortunately, as the Institute says, not all cantons continuously enter data and the ZZJZ FBiH invest daily efforts to achieve better coverage and is in daily contact with colleagues in the cantons, providing them with professional and technical assistance.

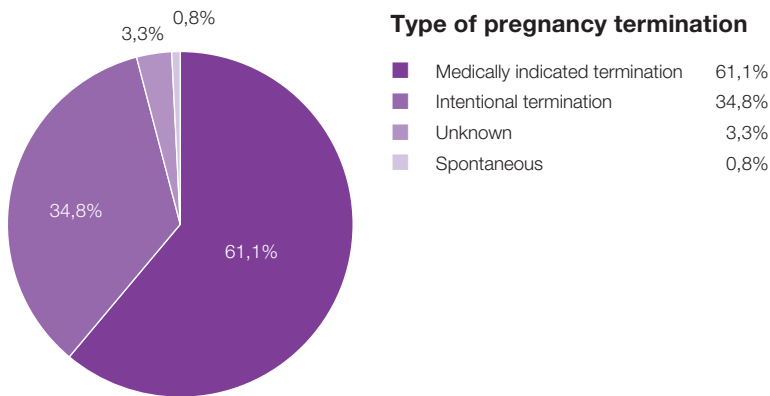
Below are the answers to the question *How many abortions/terminations of pregnancy were performed in the FBiH in the period from January 2019 to December 2022.*

20 The price list is available at: <https://zzofbih.ba/wp-content/uploads/bsk-pdf-manager/2022/06/04-Prepravljene-kompletan-tarifnik-za-objavljivanje-ok-2.4.09.korekcije.pdf>

21 All public healthcare facilities are directly linked with the competent cantonal public health institutes, and all ten cantonal public health institutes are directly linked with the Public Health Institute of the Federation of BiH. The software solution includes all individual reports for the purpose of developing registers and all summary reporting forms. The duty of this body is to monitor health indicators according to the international WHO and EUROSTAT recommendations, to take over data and indicators from other institutions necessary for assessment of the health status of the population, with the aim of developing proposals for prevention and health promotion programs, as well as to cooperate with the relevant ministries, sanitary inspection, the FBiH Statistics Institute, and other relevant institutions in the healthcare system.

Cantons	No.	%	No. of female residents (acc. to FZZS data, mid 2020, 15–65) ¹	% of female residents of the total number of female residents in FBiH (15–65)	No. of abortions per number of women of reproductive age (%)
Bosnian Podrinje Canton	28	1.2	7424	1.1	3.77
Herzegovina-Neretva Canton	194	8.1	72,587	10.6	2.67
Sarajevo Canton	521	21.7	146,694	21.4	3.55
Central Bosnia Canton	29	1.2	86,225	12.6	0.34
Tuzla Canton	877	36.5	152,970	22.4	5.73
Una-Sana Canton	12	0.5	95,512	14.0	0.13
Zenica-Doboj Canton	754	31.0	122,875	18.0	6.14
TOTAL	2406	100.0	684,287	100.0	

* Data on the number of female residents taken from: <https://fzs.ba/wp-content/uploads/2020/08/14.2.1.pdf>

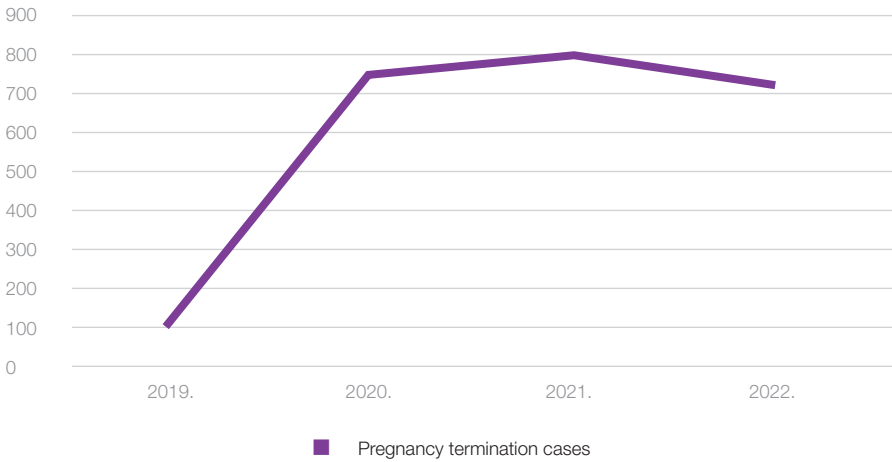


Type of pregnancy termination	Number	%
Medically indicated termination	1470	61.1
Intentional termination	838	34.8
Unknown	79	3.3
Spontaneous	19	0.8
TOTAL	2406	100.0

Year	Number	%
2019	107	4.4
2020	752	31.3
2021	801	33.3
2022	730	30.3
2023*	16	0.7
TOTAL	2406	100.0

* The data are partial, they cover just a part of 2023 when the research was conducted (January and February) and are not representative for the entire year.

Pregnancy termination cases



Pregnancy termination – spontaneous

	Number
2019	470
2020	340
2021	416

Source: Report on Diseases and Conditions in the Service for the Protection of Women's Reproductive Health

Sarajevo Canton

The **Ministry of Health of Sarajevo Canton** forwarded the research questions to the Institute for Health Protection of Women and Maternity of Sarajevo Canton; when asked about health guidelines and clear medically established procedures that health-care facilities in SC use and are guided by when performing medically indicated abortions and abortions on request of the patient they answered: "There are global clinical guidelines, while in BiH, a clinical guideline was developed in 2007 by UNFPA and the

Agency for Quality and Accreditation in Healthcare in FBiH based on evidence and good practice entitled: Counselling and procedures before and after intentional early termination of pregnancy.”²²

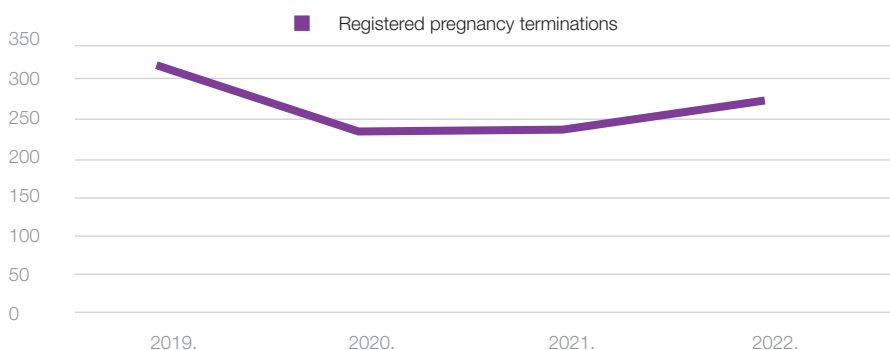
When asked whether the **Health Insurance Institute of Sarajevo Canton** covers the costs of abortions, i.e., whether the costs of abortions are financed from mandatory health insurance funds, the Institute answered that it does cover the costs of abortions performed in one of the contractual healthcare facilities only if the pregnancy is terminated for medical reasons. Intentional pregnancy termination services are not covered by mandatory health insurance, and the price depends on the healthcare facility that has registered for activity in Sarajevo Canton in the field of women’s health care and maternity and carries out the procedure of pregnancy termination.

If pregnancy termination is performed for medical reasons in one of the private healthcare facilities registered in Sarajevo Canton for women’s and maternity health care, the insured person can submit a request for reimbursement of expenses to the Institute, accompanied by: referral letter, medical documentation showing medical reasons for termination of pregnancy with the opinion of a doctor or a first-instance medical committee, and an original invoice from a private healthcare facility for the service.

Below are the data of the **Public Health Institute of Sarajevo Canton** on registered pregnancy terminations in the period 2019-2022 referring to the public sector in Sarajevo Canton – overview by years:

Year	Number of registered pregnancy terminations
2019	323
2020	241
2021	243
2022	282

Number of registered pregnancy terminations – Sarajevo Canton



22 The publication is available at: http://www.akaz.ba/udoc/Vodilja_abortus_A4_site.pdf

Overview by years and type of pregnancy termination:

Year	Number of registered pregnancy terminations	By type of pregnancy termination	
		Intentional termination	Medically indicated termination
2019	323	45	278
2020	241	38	203
2021	243	29	214
2022	282	21	261

The Cantonal Institute cites the following as reasons for incompleteness of the records: insufficient training, insufficient knowledge of regulations, non-compliance with regulations, cultural stigma, etc. The Institute points out that the public sector complies with laws and regulations related to records and reporting of pregnancy terminations, while reporting from the private sector is problematic for the above reasons.

Tuzla Canton

Ministry of Health of Tuzla Canton lists the following healthcare facilities registered to provide pregnancy termination services:

- health centres
- General Hospital “Dr. Mustafa Beganović” Gračanica
- UCC Tuzla
- Blue Polyclinic Tuzla
- Balić Institute for Human Reproduction
- Gynaecological Polyclinic Korak do života
- Gynaecological Office Dr. Šuvalić and
- Gynaecology and Obstetrics Office Feđa Omeragić.

The Ministry does not have information about additional guidelines in healthcare facilities for this type of health service. If healthcare facilities adopt such acts internally, they must be in accordance with the law and ensure respect for all professional and ethical standards.

The **Health Insurance Institute of Tuzla Canton** finances health care stipulated by the Health Care Programme and provided in cooperation with contractual healthcare facilities.

The Order on Standards and Norms of Health Care under Mandatory Health Insurance of FBiH²³ prescribes the standards and norms of health care under mandatory health insurance – an overview of the services provided in healthcare facilities at the primary, secondary and tertiary level. *Abortion* service/treatment does not fall under the group of health services defined by the Nomenclature of Health Care Services.

For the purposes of its statistical report, the **Public Health Institute of Tuzla Canton** processed the data by calculating the average rate of pregnancy termination per 1,000 women aged 15 and over. Below are the data on pregnancy terminations performed in Tuzla Canton.

YEAR	CATEGORY OF PREGNANCY TERMINATION		TYPE OF PREGNANCY TERMINATION	
2019	Surgical	717	Intentional	394
	Medication	8	Medically indicated	331
2020	Surgical	576	Intentional	251
	Medication	1	Medically indicated	326
2021	Surgical	405	Intentional	204
	Medication	22	Medically indicated	223
2022	Surgical	269	Intentional	194
	Medication	136	Medically indicated	211

Therefore, according to their data, the average rate of pregnancy terminations per 1,000 women aged 15 and over in **2019** was 3.74. Pregnancy terminations were performed in public (92%) and private healthcare facilities (8%). Of that, 44.66% were intentional pregnancy terminations and 44.34% medically indicated pregnancy terminations. Healthcare facilities that performed pregnancy terminations in 2019 are: UCC Tuzla 83.31%, Hospital in Gračanica 8.41%, Polyclinic Korak do života 5.52%, Gynaecological Office Feđa Omeragić 1.10%, Gynaecological Office Dr. Švalić 0.83%, Balić Institute for Human Reproduction 0.55% and Health Centre Gračanica 0.28%.

The average rate of pregnancy termination per 1,000 women aged 15 and over in **2020** was 2.98/1,000. Pregnancy terminations were performed in public (92.03%) and private healthcare facilities (7.97%). Of that, 56.50% were medically indicated pregnancy terminations and 43.50% were intentional pregnancy terminations. Healthcare facilities that performed pregnancy terminations are: UCC Tuzla 82.67%, Hospital in Gračanica 8.84%, Polyclinic Korak do života 7.80%, Health Centre Gračanica 0.52% and Gynaecological Office Dr. Švalić 0.17 %.

When asked about the methodology by which healthcare facilities registered to provide this service collect, classify and submit the aforementioned statistical data to the Public Health Institute, the Institute replied that there is a form that is uniform for FBiH and is used to report every abortion performed. All healthcare facilities, regardless of whether public or private, are obliged to keep these records. During the entire process, facilities

23 Official Gazette of FBiH, 82/14, 107/14, 58/18.

must comply with the applicable regulations and rulebooks, the Law on Records in Healthcare and the Rulebook on Keeping Records in Health Care. All data collected in this way are protected.

Among the reasons for the non-existence/incompleteness of these records are the delay of healthcare facilities in submitting data and the COVID-19 pandemic, which has greatly slowed down and made this whole process more difficult.

The institute emphasises that the data they have are the data that have been reported to the institution. However, the Institute's assumption is that more abortions are performed in both private and public healthcare facilities than reported. This especially applies to minor pregnancies. The Institute can process only the data that reach them. They point out that the problem in BiH society is the great stigma about abortion, which additionally contributes to this trend; therefore, abortions are probably performed in healthcare facilities but are registered as other health services.

Zenica-Doboj Canton

The **Ministry of Health of Zenica-Doboj Canton** lists the following healthcare facilities registered to provide pregnancy termination services:

- Cantonal Hospital Zenica
- General Hospital in Tešnju
- health centres.

They note that they cannot confirm with certainty that all health centres provide this service due to potential capacity limitations. According to the information they have, there are no private healthcare facilities in the Canton that provide this service.

The **Health Insurance Institute of Zenica-Doboj Canton** stated that it concludes contracts on the provision of health care services with healthcare facilities in primary, specialist-consultative, secondary and tertiary health care and with private healthcare professionals. The scope and structure of health services in the specified levels of health care provided to insured persons is determined in accordance with the Decision on the Bases, Criteria and Standards for Contracts between the Health Insurance Institute of Zenica-Doboj Canton and Healthcare Facilities and the Order on Standards and Norms.

The cost of abortion procedures in public healthcare facilities that provide abortion services is fully borne by the ZDC Health Insurance Institute only when the pregnancy is terminated for medical reasons. According to the Decision on the Direct Contribution of Insured Persons in the Costs of Health Care, 100% of the price of artificial termination of pregnancy for non-medical reasons must be paid in line with the price list established by the ZZOR FBiH.

Every health centre in the canton, as well as the General Hospital in Tešanj and the Cantonal Hospital in Zenica, have departments that provide services and care for and protect women's reproductive health. This does not necessarily mean that every health centre in the canton provides abortion services; only the more capacitated health centres do. According to information from ZZO ZDC, there is currently no private healthcare facility in the canton that provides this service.

At the time of the research, the **Public Health Institute of Zenica-Doboj Canton** had data for 2019 and 2020. In **2019**, 550 abortions were reported to the Institute, of which 321 were spontaneous, 94 were medical and 135 were intentional. The share of spontaneous abortions, as one of the signs of women's health disorders, amounts to 58%. The ratio of intentional abortions to the number of births in 2019 was 1:24 and is lower than in 2018. In **2020**, 490 abortions were reported to the Institute, of which 274 were spontaneous, 110 were medical, and 106 were intentional. The share of spontaneous abortions, as one of the signs of women's health disorders, amounts to 56%. The ratio of intentional abortions to the number of births in 2020 was 1:29.

Termination of pregnancy was most often performed surgically (95%), while a very small percentage were medication abortions. In 94% of cases, pregnancy was terminated by week 12, while in only 6% of cases it was terminated in weeks 13-20. Complications during or after termination of pregnancy occurred in 4% of cases.

Una-Sana Canton

The **Ministry of Health, Labour and Social Policy of Una-Sana Canton** lists the following healthcare facilities registered to provide pregnancy termination services:

- Cantonal Hospital "Dr. Irfan Ljubijankić" Bihać
- General Hospital in Sanski Most
- PHF Plyclinic Muminović.

The **Health Insurance Institute of Una-Sana Canton** failed to provide the requested data and to respond to SOC researcher's repeated inquiries.

The **Public Health Institute of Una-Sana Canton** does not have statistical data on abortions performed in the Canton. Although according to the regulations on records in healthcare, healthcare facilities are obliged to submit such data, the Institute stated that in the period 2019-2022, there were only 12 relevant reports, leading to a conclusion that the data are incomplete and that healthcare facilities do not submit the required data in USC.

Central Bosnia Canton

The **Public Health Institute of Central Bosnia Canton** has databases related to pregnancy terminations, but, according to the Institute, these databases are incomplete

because private medical offices do not submit reports. The Institute can only inform the competent Ministry and the inspectorate about such negligence of private offices. There is no mechanism by which the Institute could force private offices to submit reports.

Below are the answers to the question *How many abortions/terminations of pregnancy were performed in the Central Bosnian Canton in the period from January 2019 to December 2022.*

	Intentional	Medical	Surgical	Medication abortions
2019	55	89	142	3
2020	50	108	151	6
2021	40	163	198	5
2022	34	172	200	6
TOTAL	179	532	691	20

The **Health Insurance Institute** and **Ministry of Health and Social Policy of CBC** failed to submit the data requested by Sarajevo Open Centre.

Bosnian Podrinje Canton Goražde

The **Public Health Institute BPK Goražde** does not have data on abortions for 2019 because new software has been put into circulation. In 2020, a total of 28 pregnancy terminations were performed and all were medically indicated. In 2021, 27 abortions were performed, one of which was intentional, i.e., at the request of the patient. In 2022, 28 abortions were recorded.

The **Ministry of Social Policy, Health, Displaced Persons and Refugees BPC Goražde** stated that there is no private healthcare facility registered for this activity in BPC Goražde. Of the public healthcare facilities, Cantonal Hospital Goražde treats spontaneous abortions.

The **Health Insurance Institute BPC Goražde** replied that they do not have the requested information.

Herzegovina-Neretva Canton

The **Ministry of Health, Labour and Social Welfare of Herzegovina-Neretva Canton** provided answers to SOC's questionnaire stating that abortion cannot be performed in health centres as primary health care units. Since abortion is not considered a primary activity, the doctor may refuse to provide this health services to the patient.

The Ministry lists the following healthcare facilities registered in the canton for women's and maternity health care, which provide, among other things, abortion/termination of pregnancy services:

- University Clinical Hospital Mostar
- Cantonal Hospital “Dr Safet Mujić” and
- General Hospital Konjic.

When asked about health guidelines that healthcare facilities use and are guided by when performing medically indicated abortions and abortions on request, the Ministry stated that hospitals pass their own internal documents – a process that does not involve the Ministry.

The **Public Health Institute of Herzegovina-Neretva Canton** does not have data on the number of pregnancy terminations for the period January 2019 – December 2022, because hospitals are often late in providing data or the data are inadequately kept. A report form²⁴ of the FBiH Public Health Institute must be filled out, universal for all cantons. Such data are confidential and only the person who processes them has access. Both public and private facilities are obliged to submit such data, but the Institute points out that practice is not as simple as envisaged by the regulations.

WEST HERZEGOVINA CANTON

The **Ministry of Health, Labour and Social Welfare of West Herzegovina Canton** stated that health care is organised at the level of health centres (Grude, Ljubuški, Posušje, Široki Brijeg) and none of these institutions provide pregnancy termination services. There are two specialist offices that provide gynaecological services – Polyclinic Futura Široki Brijeg and Specialist Office Nada Grude, but neither is registered to provide pregnancy termination services.

According to information available to the Ministry, there are no guidelines for abortions, nor, as stated by the Ministry, can this be expected in relation to a service that cannot be performed in this canton under current circumstances.

The **Health Insurance Institute of West Herzegovina Canton** replied that the costs of abortion are not covered by mandatory health insurance. According to the information available to the Institute, pregnancy termination can be performed at the University Clinical Hospital Mostar. In case of other procedures, UCH Mostar is again the competent healthcare facility. If the patient obtains a confirmation from the University Clinical Hospital in Mostar that a certain procedure cannot be performed at that institution, the Health Insurance Institute can reimburse the costs of such procedure.

West Herzegovina Canton is a co-founder of the University Clinical Hospital Mostar, and as a result, UCH Mostar, as Institute’s central contractual institution, provides secondary and tertiary health services for the Institute’s insured. There is no registered hospital in the canton and health services are organised through health centres.

The **Public Health Institute of West Herzegovina Canton** submitted the following data based on annual statistical reports of public healthcare facilities:

²⁴ The form is available at: https://www.zzjzfbih.ba/wp-content/uploads/2019/12/12.Zene_.zip

Year	Number of registered pregnancy terminations	Spontaneous	Medical
2019	67	65	2
2020	27	26	1
2021	53	51	2
2022	Data not yet consolidated		

On the basis of the Law on Records in Healthcare, the Rulebook on the Form and Content of Medical Documentation and the Rulebook on the Method and Deadlines for Submission and the Form of Summary Reporting Templates, healthcare facilities should collect, process and submit statistical data to the competent Public Health Institute.

Canton 10

After repeated requests for interviews with the institutions of this canton, the researcher was unable to arrange meetings or get answers to the questionnaires. The only answer arrived from the Ministry of Labour, Health, Social Welfare and Refugees stating: *Abortion is a murder of a living unborn child* – without the signature of the person who answered the question. Therefore, it is not clear whether this is the position of the ministry as an institution or the opinion of an individual. If this is the position of the institution, it means that the right to abortion is violated in this canton, because such restrictive beliefs violate human rights and medical ethics.

1.2. Republika Srpska

In their response, the **RS Ministry of Health and Social Welfare** provided information on the regulations governing the abortion procedure. These include the Law on Requirements and Procedures for Termination of Pregnancy (presented in the section *BiH Legislation relevant to Health Care and Reproductive Health*) and the Rulebook on the Ethics Committee for Pregnancy Termination.²⁵ The Ministry stated that the healthcare system entails the obligation of health and other workers with appropriate professional profiles in healthcare facilities to “as part of their work and under professional obligations, provide women and men with medical assistance and appropriate advice in using the right to freely decide on childbirth and familiarise them with the procedure, the course and the consequences of modern methods for regulating intentional termination of an unwanted pregnancy”.

The Ministry’s answer about the procedure was: “A woman who wants to terminate a pregnancy submits a written request to a specialist in gynaecology and obstetrics of the relevant healthcare facility. The specialist in gynaecology and obstetrics is obliged to:

- confirm pregnancy in clinical, gynaecological-obstetrical and ultrasound examinations and determine the gestational phase of the pregnancy,

25 Official Gazette of the Republika Srpska, 41/19

- become familiar with the medical history of possible diseases, blood group and RhD factor,
- identify possible dangers that would threaten the health of the woman by pregnancy termination,
- if necessary, depending on the indications, consult specialists in other branches of medicine.”

Termination of pregnancy is performed at the secondary and tertiary level of health care in the following healthcare facilities in the Republika Srpska:

- Public Healthcare Facility University Clinical Centre of the Republika Srpska
- Public Healthcare Facility University Hospital Foča
- Public Healthcare Facility Hospital “Sveti vračevi” Bijeljina
- Public Healthcare Facility Hospital “Sveti apostol Luka” Doboј
- Public Healthcare Facility Hospital Trebinje
- Public Healthcare Facility Hospital Zvornik
- Public Healthcare Facility Hospital “Srbija” Istočno Sarajevo
- Public Healthcare Facility Hospital Gradiška
- Public Healthcare Facility Hospital Prijedor
- Public Healthcare Facility Hospital Nevesinje
- Healthcare Facility Surgical Hospital “Neo-Vita” Pale and
- Healthcare Facility Surgical Hospital “Jelena” Banja Luka.

The **RS Health Insurance Fund** confirmed that the listed private healthcare facilities are registered to perform pregnancy termination and that the Fund concluded a contract with them so that patients can receive the services they provide, which are supported by health insurance, under the same conditions as in public facilities.

The Fund refused an interview, but did submit incomplete and brief answers. In their response, the Fund stated that mandatory health insurance fully covers pregnancy termination, if it is medically justified and in accordance with the RS Law on Mandatory Health Insurance. Therefore, termination of pregnancy for medical reasons is performed at the expense of FZO RS in contractual healthcare facilities and in hospitals in the Republika Srpska. FZO RS stated that last year, 1,187 medically justified pregnancy terminations were performed in hospitals in the Republika Srpska.

To our request to supplement the answer with data on the prices of abortions not covered by the FZO RS, they replied that they do not have information on whether the prices are uniform and what the amounts are.

The **Public Health Institute RS** submitted the most comprehensive statistical data, tabulated by codes, but without further explanations. In addition, the data provided cannot be compared with the data received from the RS healthcare facilities. The Institute's data are classified into four categories and the field researcher concludes that in all cases the reason for termination of pregnancy is medical.

The first two categories require or do not require medical intervention – they refer to irregular pregnancy due to placenta damage, ectopic pregnancy, incomplete miscarriage or ovum damage – where spontaneous abortion must have occurred.

1. Codes that provide diagnoses: *hydatidiform mole, incomplete and partial hydatidiform mole, hydatidiform mole, unspecified, other abnormal products of conception, blighted ovum and nonhydatidiform mole, missed abortion, other specified abnormal products of conception, abnormal product of conception, unspecified;*
2. Spontaneous abortion: *Spontaneous abortion, incomplete, complicated by genital tract and pelvic infection, Spontaneous abortion, incomplete, complicated by delayed or excessive haemorrhage, Spontaneous abortion, incomplete, complicated by embolism, Spontaneous abortion, incomplete, with other and unspecified complications, Spontaneous abortion, incomplete, without complication, Spontaneous abortion, complete or unspecified, complicated by genital tract and pelvic infection, Spontaneous abortion, complete or unspecified, complicated by delayed or excessive haemorrhage, Spontaneous abortion, complete or unspecified, complicated by embolism, Spontaneous abortion, complete or unspecified, with other and unspecified complications, Spontaneous abortion, complete or unspecified, without complication.*

The other two categories include pregnancy termination for the reason of foetal anomaly and requiring medical intervention.

3. Medical abortion: *Medical abortion, incomplete, complicated by genital tract and pelvic infection, Medical abortion, incomplete, complicated by delayed or excessive haemorrhage, Medical abortion, incomplete, complicated by embolism, Medical abortion, incomplete, with other and unspecified complications, Medical abortion, incomplete, without complication, Medical abortion, complete or unspecified, complicated by genital tract and pelvic infection, Medical abortion, complete or unspecified, complicated by delayed or excessive haemorrhage, Medical abortion, complete or unspecified, complicated by embolism, Medical abortion, complete or unspecified, with other and unspecified complications, Medical abortion, complete or unspecified, without complication.*
4. Medical abortion with infection: *Failed attempted abortion, Failed medical abortion, complicated by genital tract and pelvic infection, Failed medical abortion, complicated by delayed or excessive haemorrhage, Failed medical abortion, complicated by embolism, Failed medical abortion, with other and unspecified complications,*

Failed medical abortion, without complication, Other (unspecified) failed attempted abortion, complicated by genital tract and pelvic infection, Other failed attempted abortion, complicated by delayed or excessive haemorrhage, Other and unspecified failed attempted abortion, complicated by embolism, Other and unspecified failed attempted abortion, with other and unspecified complications, Other and unspecified failed attempted abortion, without complication.

Republika Srpska	2019		2020		2021	
Category of pregnancy termination according to ICD 10	Public Healthcare Facilities	Private Healthcare Facilities	Public Healthcare Facilities	Private Healthcare Facilities	Public Healthcare Facilities	Private Healthcare Facilities
001.0-001.9, 006, 002.0-002.9 (unspecified)	928	30	629	31	627	9
003 (spontaneous)	135	8	128	16	137	5
004 (medical)	452	16	580	26	566	9
007.0-007.9 (medical with infection)	2	/	/	/	/	/
TOTAL	1517	54	1337	73	1330	23

Source: Public Health Institute of the Republika Srpska

1.3. Brčko District of BiH

The **Health Insurance Fund of Brčko District** failed to submit the requested information.

The **Sub-department for Public Health** of the **Department for Health of the Government of Brčko District** failed to provide complete data and they referred us to Public Healthcare Facility (PHF) Health Centre Brčko.

The **Department for Health of the Government of BD** stated that in Brčko District artificial abortions are performed at the PHF Health Centre Brčko, in accordance with the prescribed procedure. They do not have data on private healthcare facilities registered for this type of service. Procedures for performing medically indicated abortions and abortions at the patient's request have been adopted at the level of healthcare facilities, and they are in accordance with AKAZ guidelines from 2005.

2. Healthcare Facilities

Out of 39 contacted healthcare facilities (28 public, 11 private), 28 facilities (26 public, 2 private) provided answers (either in writing or through interviews).

2.1. Federation of BiH

Public Healthcare Facilities

After several attempts by the field researcher, **University Clinical Centre Sarajevo**, failed to provide the requested information or respond to the invitation for an interview.

At the time of providing information for the research, **University Clinical Centre Tuzla** did not have data available on the number of abortions performed in the period January 2019 - December 2022.

Prices are based on the price list of health services. The price differs depending on whether abortion is performed under general anaesthesia – about BAM 200 – or local anaesthesia – about BAM 120.

Medication (non-surgical) abortions are performed at UCC Tuzla. Medication pregnancy termination is carried out with a combination of medicines and, according to available protocols, can be used up to week 28 of gestation. The procedure is performed for all patients up to week 10 at the request of the patient, and at a later stage upon approval of the first-instance committee or upon a medical indication for termination of pregnancy, such as in case of foetal death. Termination of pregnancy in the first trimester can be performed by the patient at home, and the success of the procedure must be confirmed by a gynaecological examination.

Psychological counselling falls under primary health care, but the advisory role of specialist doctors in the procedure is very important. As stated by the UCC, there are cases when patients find it difficult to accept the circumstances and are not outright ready for the procedure.

When asked about practices of refusal to provide services, the UCC replied that patients may not be denied the right to health services even if there is a case of a doctor refusing to perform an abortion.

University Clinical Hospital Mostar did not share information on the number of abortions performed. They state that the hospital performs medical termination of pregnancy, while not a single doctor performs abortion on request. Informed consent is not used at UCH Mostar for this service, and it is not specified which type of anaesthesia is used for which type of procedure. They do not provide psychological support at this level of health care, but advise patients to seek psychological help.

At UCH Mostar, there are doctors who make conscientious objection and the practice of abortion is not something that is supported in this facility, as is stated in the hospital's response.

General Hospital “Prim. dr. Abdulah Nakaš” Sarajevo, as stated in the answers to SOC's questionnaire, performs the so-called artificial (on request) and medically indicated abortions. In the period from January 2019 to December 2022, there were up to 300-350 medically indicated abortions annually and up to 200 artificial pregnancy terminations. The hospital states that artificial abortions are paid for, although the exact amount (about BAM 150) is not specified, while medically indicated abortions are covered by mandatory health insurance funds.

There are protocols and procedures for abortions, as for all other interventions and diseases. General Hospital is a certified AKAZ hospital and procedures are regularly reviewed and revised in line with professional guidelines. The procedure is as follows: an interview with the patient, informed consent with a detailed explanation of the complications of the procedure, a previous gynaecological and ultrasound examination – if the pregnancy is up to week 9 of gestation and all the above are satisfied, an intervention can be performed. Medically indicated abortions and higher stage pregnancies are referred to the tertiary level of health care and the committee for medically indicated pregnancy termination. They do not perform medication abortions, given that medicines for this type of abortion are still not registered in Bosnia and Herzegovina.

There is no psychological counselling at the General Hospital, but the doctors try to take the time to talk with the patient before and after the intervention, and assess the possible need to refer her to some form of psychological counselling. There were no instances of doctors refusing to perform an abortion in this hospital.

General Hospital “Dr. Mustafa Beganović” Gračanica does not have accurate data available on the number of abortions performed in the period January 2019 – December 2022. The hospital has clearly established procedures and practices in cases of pregnancy termination.

Abortion can be performed under general or local anaesthesia, and medication abortion is not performed. Doctors must inform each patient of possible risks and about methods of pregnancy termination.

Psychological counselling is not part of the protocol, but doctors can recommend it after the intervention if they deem it necessary. The hospital points out that it is very important to talk with the doctors who perform the medical procedure, because their role is to assure the patient that she is safe.

The hospital states that there were instances of doctors refusing to perform an abortion, but that there is always a doctor who can provide this service, and such behaviour is not desirable in the hospital. The most important thing is that patients receive the treatment and service to which they are entitled by law.

At the time of providing information for the research, **Cantonal Hospital Zenica** did not have data available on the number of abortions performed in the period from January 2019 to December 2022.

In cases of medically indicated abortion, the costs are covered by health insurance, while termination of pregnancy on request is not covered by health insurance and it costs BAM 246.60. General anaesthesia is charged additionally.

Patients sign an informed consent, and sometimes it accompanies the patient's written request to the specialist doctor to perform an abortion. The hospital has trained staff. However, there is always a need for more staff, which is a general problem in almost all departments and is not specific to this institution.

Termination of pregnancy can be performed in this hospital under local or general anaesthesia; however, it is more often performed under local anaesthesia. General anaesthesia is used most often at the patient's request or if health circumstances indicate that it is better to perform the procedure under general anaesthesia - which happens in specific situations.

They rarely perform medication abortions, although patients increasingly come with this request. The medication cannot be bought in pharmacies and is not covered by health insurance.

The hospital stated that patients are always informed about the methods of pregnancy termination and that, in specific cases, this type of informing is more comprehensive. The doctor is obliged to inform the patient about all possible risks and consequences of the procedure. The interview with the patient is carried out before, but also after the procedure if additional instructions are needed.

Psychological support and counselling is sometimes provided if the specialist deems it necessary, but it is not part of the standard procedure, because psychological counselling falls under primary health care and is provided by health centres. The hospital pointed out that this issue is very sensitive because pregnancy termination certainly has consequences not only on the physical but also on mental health of the patient, which is why a conversation and consultations with a doctor are important.

The hospital stated that it rarely happens that a doctor refuses to perform an abortion and that there is always another doctor who can do it. The principle by which the Department of Gynaecology and Obstetrics operates is that patients should never suffer for this reason and that they should not be denied services guaranteed by law.

At the time of providing information for the research, **General Hospital Tešanj** did not have data available on the number of abortions performed in the period January 2019 – December 2022, except for the fact that more procedures are performed for medical reasons than on request.

The price of pregnancy termination on request depends on whether it is done under local or general anaesthesia and varies starting from about BAM 250.

Depending on the patient's wishes or the specifics of her health condition, abortion can be performed under local or general anaesthesia.

Every patient talks to a specialist before and after the procedure and receives clear information about all possible risks of pregnancy termination. This information is

sometimes more specific, depending on the patient's state of health and the stage of the pregnancy, as well as the way in which the pregnancy is terminated.

Psychological counselling falls under primary health care. It is free in the entire canton and available in mental health centres operating in health centres, but a doctor specialising in gynaecology certainly plays an important role in this process.

Hospital Tešanj replied that they are not aware of doctors refusing to provide abortion services and pointed out that such behaviour is not encouraged, because doctors consciously choose their profession and specialisation and know that termination of pregnancy is also part of their job description.

Cantonal Hospital "Dr. Safet Mujić" Mostar performed 47 abortions in the period from January 2019 to December 2022, which, as stated in the answer, is a much lower number compared to previous years, given that the pandemic lasted for most of that time and the scope of surgeries was reduced to only urgent, i.e., necessary cases. A total of 19 abortions were carried out at the request of the pregnant woman, and 28 were medically indicated pregnancy terminations. This figure does not include spontaneous and incomplete abortions. The price of an abortion on request is between BAM 200 and 500, depending on the method and type of anaesthesia.

Cantonal Hospital Mostar offers combined medication and instrumental termination of pregnancy. The decision to approve an abortion is made by a committee formed by the Department of Gynaecology and Obstetrics. The patient can choose general or local anaesthesia. Cantonal Hospital Mostar also performs medication abortions, provided that the patient is hospitalised. These medicines are not covered by health insurance. Psychological counselling is not available at the healthcare facility, but patients are advised to seek it.

According to the hospital, they do have doctors who make conscientious objections, but, regardless, no patient has been denied the requested or needed service.

General Hospital Konjic stated that from January 2019 to December 2022, 12 pregnancy terminations at the request of the pregnant woman and 19 medically indicated terminations of pregnancy were performed (this number does not include spontaneous abortions). The price of an abortion under local anaesthesia in this healthcare facility is BAM 100.

When asked about health guidelines and medically established procedures for performing medically indicated abortions, the hospital stated that the Agency for Quality and Accreditation in Healthcare in the Federation of Bosnia and Herzegovina is preparing procedures, which should be adopted by the end of 2023. The hospital has specialised staff for this type of intervention, but they are generally understaffed, in terms of the number of both number gynaecologists and anaesthesiologists.

When asked about medication abortion, the hospital stated that misoprostol is a drug that can induce abortion, but it is not registered in BiH and its use is not legal. Many patients come with information about this drug that they heard on the Internet.

Psychological counselling before and after an abortion is provided at the Konjic Mental Health Centre, and patients must have an interview with a gynaecologist where they

receive comprehensive information about the methods, course and consequences of abortion.

In the Konjic Hospital, there have been no cases of doctors refusing to perform an abortion, except in cases of requests that are not in accordance with the law, which has not happened in this hospital so far.

Cantonal Hospital “Dr. fra Muhovil Sučić” Livno submitted a response to SOC’s questionnaire, stating that the hospital does not provide abortion health services.

Hospital Travnik submitted answers to only a few research questions. The hospital’s obstetrics and gynaecology department responded that they perform intentional terminations of pregnancy up to week 10 under local anaesthesia. The price of this service is laid down in Hospital Regulations, but the field researcher did not receive the exact amounts. The patient does not sign an informed consent; she signs the record book and the examination report, and is informed about the risks of the procedure. Medically indicated abortions are performed under intravenous anaesthesia.

Croatian Hospital “Dr. fra Mato Nikolić” Nova Bila performs artificial, spontaneous and medically indicated abortions. SOC did not receive any statistics on abortions.

Not all doctors in the hospital want to perform intentional abortions, referring, as they say, to the legally defined right of doctors to make a conscientious objection. Below is a part of their answer:

For me personally, life begins with conception, not birth. Therefore, according to the Hippocratic Oath, one cannot be a hired killer on request, no one can force me to do that. I don’t know if my colleagues in this hospital do that. I don’t think they do, but maybe they do. I don’t keep records of what my colleagues are doing. This is legal by law and there’s no need to check anything further. If someone does do that, that’s their business.

At this point, it is noteworthy that the Law on Requirements and Procedures for Termination of Pregnancy of the Federation of BiH does not stipulate (regulate) conscientious objection, i.e., the right of a doctor to refuse to provide an abortion health service.

If no doctor wants to perform an abortion on request, the patient is referred to another hospital in CBC. Below is the attitude of one of the employed doctors:

I have been doing this job for 25-30 years and I have never performed an abortion on request. I think it is not moral. This is not about religious beliefs, but the Hippocratic Oath which does not say that you’re a hired killer. No one can force me to do it just because someone wants it.

Curettage is performed under local anaesthesia or under general anaesthesia when there is an indication for it or at the patient’s request.

The drug that can cause an abortion is misoprostol, but, according to the hospital, it is not registered in BiH and its use is not legal, so the hospital does not use it.

Some clinics/hospitals approve its use, but it has not been approved by the Medicines Agency.

Psychological support is not available at the Nova Bila hospital, but should be organised at the level of primary health care.

General Hospital Bugojno failed to provide the requested answers or schedule an interview with the researcher.

General Hospital Jajce performs abortions based on medical or social indications, and all other indications are referred further because they do not work under general anaesthesia, only under local. “Social indication exists, for example, when a woman already has four or five children and is in a difficult social situation and in that case, of course, we will meet her need. We further refer them to hospitals in Bugojno or Travnik; when they opt for a private arrangement, we refer them to Banja Luka”, the respondent said. The hospital has one anaesthesiologist, but, as they say, due to all the obligations, they try to burden him as little as possible. They have two gynaecologists in the hospital, and only one performs abortions.

In the period from January 2019 to December 2022, eight abortions were performed at the request of the patient (there are no data for 2019) and about 50 for medical reasons. The price of an abortion at the patient’s request is around BAM 200 and is performed under local anaesthesia; additional BAM 100 is charged for general anaesthesia.

Abortions up to week 12 are done instrumentally. Hospital Jajce does not perform medication abortions, because the drugs misoprostol and mifepristone cannot be procured. For abortions over week 12, patients are referred to Travnik and Nova Bila.

They do not have a protocol for psychological support, nor has anyone requested this type of service.

In Hospital Jajce, there had doctors refusing to perform abortions on request, mostly making conscientious objections.

Cantonal Hospital Goražde employs only one gynaecologist and stated that abortion on request is not a popular service, as the price is the same as in private facilities, which is probably why women opt for them. Other types of abortion are also performed at the Cantonal Hospital Goražde, covered by mandatory health insurance funds in the regular procedure.

The problem is that there is no private gynaecological office in Goražde, so patients mostly go to Foča, which is the closest, and to other places in the RS. In 2020, 28 abortions were performed, a year later (2021) 27 and in 2022, 28 abortions. During that time, only one abortion was performed at the patient’s request. Below is one of the answers from the hospital:

In any case, we get no requests for intentional abortion, primarily because it has to be paid for; also, you don't know why women want it. We are a small place and for discretion they probably go somewhere else.

The price of an abortion at the Goražde Hospital under local anaesthesia is BAM 150, and BAM 250 under general anaesthesia. The main problem they point out in the hospital is the staff, because they have one anaesthesiologist, who cannot attend to everything due to the volume of work, since he also performs regular surgical interventions.

Abortions are performed under local anaesthesia – everything carried out in the gynaecological office is “under local”. There must be indications for general anaesthesia. They state that they had no cases of the patient asking to be put to sleep for an abortion. In situations of advanced pregnancies, where the foetus’s heart has stopped beating, for example in week 20, patients sometimes have to be referred to Sarajevo. In the case that the baby is “alive”, but has some anomaly, which is discovered late, the patient is referred to Sarajevo for a committee, which determines whether pregnancy termination is justified, especially in advanced pregnancies. In early stages, the body mostly initiates the abortion, i.e., rejects the foetus.

The hospital’s answer to the question about psychological support was:

First, I ask them if the primary care doctor informed them about what we need to do. Sometimes they say yes, sometimes no, but we talk about the entire procedure in detail. Sometimes during the procedure, I talk to the woman to relax her. You have to be a psychologist, a psychiatrist and a gynaecologist. It’s different when you talk nicely to women. It doesn’t take long.

Women have the right to contact the mental health centre operating in the health centre for psychological counselling.

At the time of providing information for the research, **Cantonal Hospital “Dr. Irfan Ljubijankić” Bihać** did not have data available on the number of abortions performed in the period January 2019 – December 2022, except for the fact that they do not perform many abortions.

The price of an abortion in this hospital is BAM 307 if it is performed under general anaesthesia, while the price of an abortion at the request of a patient under local anaesthesia is BAM 201. Medication abortions are not performed in this hospital.

Psychological counselling falls under primary health care, but the hospital believes that there is a need in some cases to introduce it as a mandatory part of the procedure.

Conscientious objection happens in the hospital when it comes to abortion services, but it is not common.

General Hospital Sanski Most failed to respond to SOC’s inquiries to provide the necessary information for the purpose of conducting this research.

Private Healthcare Facilities

During the research, one of the identified private healthcare facilities was **Polyclinic Dr. Kozarić, Sarajevo**. The request for an interview about abortion was rejected over the phone, and the researcher did not receive a refusal in writing.

The polyclinic's official website does not state whether they perform abortions.

We also contacted **Polyclinic Bosanes, Sarajevo** and they initially replied that they did not know if they were allowed to share such information. After several calls and requests to participate in the interview, they said that they “did not want to talk about this topic” and did not want to send a written refusal. There is a price list of services on the Polyclinic Bosanes website, clearly highlighting abortion under local and general anaesthesia. According to the price list on the website, abortion under local anaesthesia costs BAM 250, and under general anaesthesia BAM 500.

Institute for Gynaecology, Perinatology, Prevention and Treatment of Infertility “Mehmedbašić”, Sarajevo performed 205 terminations of pregnancy in the period January 2019 - December 2022, of which 80% were medically indicated, and 20% at the request of the patient. In the Institute, abortions are most often performed with medication due to the patient's comfort, but in cases where the patient does not respond to medication therapy, instrumental procedure is applied.

The price of pregnancy termination is BAM 300; where the instrumental procedure is performed, there is a possibility of sedation where the patient sleeps during the intervention and the price of sedation is BAM 230.

Before the pregnancy termination intervention, the patient must read and sign the informed consent, and the Institute submits a pregnancy termination report to the Public Health Institute. Anaesthesia is optional and depends on the patient's wishes. The Institute points out that psychological counselling is not mandatory and is not part of the pregnancy termination protocol, but that doctors usually perform this role.

The “Mehmedbašić” Institute also performs medication abortions. Medicines used for pregnancy termination cannot be obtained from a pharmacy and are available in this medical facility. The price of medicines is included in the price of the procedure.

The Institute stated that there have been no cases of conscientious objection and that pregnancy termination is treated like all other interventions in this facility. Doctors, in accordance with the Hippocratic Oath, provide each patient with the best possible treatment.

Polyclinic for Gynaecology, Perinatology and General Surgery “Sara Vita”, Sarajevo, performs abortions, according to the information on the website, but they did not want to participate in the research.

Below is the information available on the polyclinic's website:

- Polyclinic Sara-Vita is the leading institution in BiH in the provision of pregnancy termination services using modern methods

- Surgical abortion – manual vacuum aspiration
- Medication abortion – abortion pill (non-surgical abortion)
- Abortion (manual aspiration) BAM 250
- Medication abortion (abortion pills) BAM 300
- General anaesthesia BAM 200

Blue Polyclinic Tuzla and **Institute for Human Reproduction Balić** were contacted, but did not provide complete information relevant to the research.

Polyclinic Arbor Vitae Dr. Sarić, Mostar was also contacted and mapped during the research, but they answered that they do not perform abortions.

Polyclinic Muminović Bihać provides abortion services. They provide artificial abortions under local anaesthesia, which cost BAM 300, and artificial abortions under general anaesthesia, which cost BAM 400. This information was taken from the polyclinic's website because they did not submit their official answer.

2.2. Republika Srpska

Public Healthcare Facilities

University Clinical Centre of the Republika Srpska submitted the following data:

No.	Year	Total no. of pregnancy terminations	Number of pregnancy terminations on request	Number of pregnancy terminations for medical reasons
1	2022	653	155	478
2	2021	599	159	362
3	2020	640	168	426
4	2019	674	184	411

The general observation is that the number of pregnancy terminations is constantly falling and, for the sake of comparison, the respondent from UCC presented data from ten years ago – in 2012, there were 418 intentional abortions, in 2013, there were 373, followed by a falling trend in the period covered by the research. The UCC states that the number of intentional abortions is decreasing, probably because abortions are also performed in certain private clinics.

Abortions on request (artificial abortions) are performed surgically, but UCC's aspiration and plan in the coming period is to establish the conditions for intentional abortions to be performed by medication. The UCC points out that this is not simple because

the surgical method lasts two hours and the patient goes home, while the medication method lasts three to four days and is performed in a day hospital. Currently, protocols are being developed and efforts are invested to organise the day hospital.

It is quite common for medication abortions to be performed with medical indications up to the tenth week of pregnancy (in 2022, there were slightly less than 10%, or 39 of the total number of medically induced abortions). The procedure is as follows: gynaecological and laboratory examinations assess whether both are possible, and if yes, the patient is given a choice, but both procedures are explained to her. If she decides to take medication, she signs the consent. The patient is given medication (sublingual tablets that dissolve within two hours), and after 48 hours she is allowed to go home. The procedure is repeated two or three times. This method is supported by FZO RS.

UCC RS does not have specific health guidelines for performing abortions, and in its work with patients, they comply with laws and by-laws of the RS. Abortion up to the tenth week of pregnancy is decided by the attending gynaecologist. The UCC has an organised first instance committee that, according to legal guidelines, decides on abortion at the request of a patient whose pregnancy is between 10 and 20 weeks. The committee consists of two gynaecologists (one is the head of the committee), a social worker, a lawyer, a psychiatrist, and a minute-taker. The reasons for approving the termination of pregnancy are medical, i.e., that the pregnancy harms the patient's health or the foetus has significant medical defects, but they can also be social and economic. The Ministry organises an ethics committee as a second-instance committee that decides on termination of pregnancy of 20 to 24 weeks. After week 24, there can no longer be termination of pregnancy, but childbirth, and in such situations, if medically indicated reasons exist, UCC RS refers patients to Belgrade.

The UCC also clarified the procedure for pregnancy termination: abortions are performed once a week (on Thursdays) to facilitate the organisation of work.²⁶ With a nurse and doctor team, at the request or instruction of the gynaecologist, the patient undergoes preparatory examinations, mainly for the purpose of confirming pregnancy and obtaining general laboratory results. She is then informed about the date of the procedure and how to prepare (diet, what documents to bring, the length of the procedure lasts and the stay in the hospital, etc.). After the procedure, she remains in the day hospital for observation, and then goes home with instructions on which indications to focus and how to behave. After seven days, a check-up is scheduled, and the patient is required to bring a beta-hCG test to determine that the pregnancy has gone. If complications occur and the procedure continues, patients pay nothing.

Although UCC RS generally faces challenges due to the lack of medical staff of all professions, women who terminate pregnancies are not affected and the abortion procedure is only postponed when it is assessed that it is in the interest of the patient's health (sometimes terminating an early pregnancy due to bleeding is riskier). Gynaecologists can declare in writing that they do not want to perform pregnancy terminations, but there have been almost no such cases – all 20 specialists currently employed with UCC RS perform these procedures.

26 The measure was introduced with the COVID-19 pandemic.

There is no organised psychological support for intentional abortion. It is provided to patients who terminate their pregnancy for medical reasons and spend a long period of time in clinical conditions. Special attention is paid to pregnant women in advanced pregnancy because their psychological state is considered to be of higher risk. This also applies to minor patients.

It was pointed out during the interview that the goal of the hospital is to perform medication abortions, but that such a transition, due to the complete reorganisation of the day hospital, requires time. It was also pointed out that the medication method can cause complications and end up with surgery, so it is easier for the staff to perform the surgery, and often for the patient as well, given the shortness of the procedure.

The price of an abortion on request is borne by the patient – BAM 300 for an abortion with general anaesthesia, and BAM 160 without anaesthesia. It is important to note that a special protocol is kept on requested terminations of pregnancy and that these data are part of specially protected records.

The interview with the **University Hospital Foča** revealed that from January 2019 to December 2022, they performed 271 terminations of pregnancy, of which 41 were intentional and 230 were medical. The hospital stated that they used to perform medication abortions, but currently they do not. According to the regulations of the Republika Srpska, abortions at the request of the patient are not financed by mandatory health insurance, while medical abortions are. The board of directors decided on the price for intentional pregnancy termination – BAM 150 for both local and general anaesthesia. Medical abortions are based on referrals as they are covered by the FZO.

When asked which medical guidelines are applied to abortions, the hospital replied that they follow the guidelines of the International Federation of Gynecology and Obstetrics (FIGO), the American College of Obstetricians and Gynecologists (ACOG) and the World Health Organization (WHO), and the hospital does have clear medical procedures established.

The answer to the question *What does the abortion procedure look like, what are the medical steps before, during and after an abortion? Who in the healthcare facility makes the decision to perform an abortion and how* is as follows:

“Everything starts with a conversation with the patient, we present all the potential risks of the intervention, we give her all information in writing, we have this form which explains everything and it applies both to intentional and medical termination of pregnancy. From this questionnaire, we find out the patient’s general state of health, whether there is any comorbidity that would affect the course of the procedure, we present the immediate consequences of early and late termination of pregnancy; if she has not given birth previously, we present the risk of limiting fertility later, and the procedure is regularly performed. It is always instrumental; we do not perform medication abortions. Termination of the pregnancy is treated like day surgery – if there are no complications, they leave the hospital the same day, and if the abortion is followed by a complication, they remain in the hospital, depending on their condition.

The intervention is done at the woman’s request in case of intentional termination of pregnancy, and the decision is made by the gynaecologist.

There must be an indication for medical termination of pregnancy, and thus the decision is made by a team. A woman can have, for example, varicella during pregnancy, so conflicting opinions arise on whether to continue the pregnancy or not. Such decisions are made by a team and additional diagnostics are required, depending on the stage of pregnancy, etc. and a reasonable decision is made.”

Hospital Foča states that there are doctors who use the so-called conscientious objection in situations of intentional termination of pregnancy, for religious reasons and beliefs; however, the patient always gets the service – they refer her to other doctors. They point out that they have a problem with anaesthesiologists, because out of seven employed anaesthesiologists, only two agree to be present. The others make a “conscientious objection”. They will put a person to sleep, but they don’t want to be present, so their options are limited to two colleagues.

When asked how they ensure control of patient’s health before and after an abortion, they responded:

“Before the abortion, we ask for basic laboratory tests, a detailed medical history; they also fill out a questionnaire that helps us, we find out if they use any therapy and the like. If they opt for general anaesthesia, the anaesthesiologist also takes their history (most often it is general anaesthesia); very rarely are abortions performed under local anaesthesia; the prerequisite is that the person has not eaten or drunk anything, and after the abortion, we give appropriate antibiotic therapy. If everything goes well, we schedule the first check-up in about 10 days and we insist that the first check-up be here at the hospital where the termination was performed, and not in a private clinic.”

The hospital claims that 90% of abortions are performed under general, short acting intravenous anaesthesia, and about 10% under local anaesthesia, although the price is the same. Certain medical conditions such as hyperthyroidism or hypothyroidism are decisive for local or general anaesthesia.

When asked about ways to comprehensively inform patients about the methods, course and consequences of the abortion procedure, they answer that they did not receive guidelines at the hospital, but translated such documents from some websites (Declaration of Consent, Procedure for Preparing a Patient for Intentional Termination of Pregnancy). They do not have psychological counselling before or after the abortion, but the patients talk to the gynaecologist about the procedure. According to the hospital, psychological counselling is part of the health protocol, but it is not implemented in practice.

In the **Hospital “Srbija” Istočno Sarajevo** 153 abortions were performed in the period from January 2019 to December 2022, of which 146 were medically indicated, 95 so-called residual abortions – when the foetus dies in the womb – and seven artificial ones. Surgical abortions are performed up to week 9 of pregnancy, and medical abortions can be performed after week 10. Women have to pay for abortions on request and the prices are set by the hospital’s Board of Directors – BAM 200 if performed under local anaesthesia, BAM 400 if performed under short acting intravenous anaesthesia.

Artificial abortions can be performed up to week 10 of pregnancy. A pregnancy of more than 10 weeks, from week 10 to 20, can be terminated, but must be approved by a

committee. In Hospital Istočno Sarajevo, there are first- and second-instance committees (the patient submits a request for pregnancy termination to the first-instance committee). The committee usually includes two gynaecologists, a psychiatrist or a psychologist, depending on the staff employed by the hospital. In Hospital “Svija” they have a psychiatrist, a social worker and a lawyer. If the committee does not approve pregnancy termination, the patient addresses the second-instance committee (if their decision is positive, the abortion must be performed). Spontaneous abortions are performed up to week 20.

The patient chooses the type of anaesthesia – local or short acting intravenous. If the patient wants local anaesthesia, she does not need medical processing before week 10 of pregnancy. If she wants a general procedure, she must be fully processed – internal medicine report, examination by an anaesthesiologist and other relevant procedures before the operating room.

As a rule, the Hospital Istočno Sarajevo does not perform medication abortions, except in cases of pregnancy over 10 weeks, and with combination with drugs – prostaglandins – they use only those on the positive list, where the costs of treatment are covered by the FZO. The drugs are used to soften the cervix, to start pains for the woman to expel the foetus, which is usually followed by a surgical abortion.

When asked whether they provide patients with comprehensive information about the methods, course and consequences of the abortion before and after providing the service, the hospital replied that they familiarise patients with the procedure through the document Procedure for Preparing a Patient for Intentional Termination of Pregnancy. The doctor interviewed by the field researcher shared that she always tries to convince the woman to keep the pregnancy, to “go home and think for a few more days and then come back”:

We let her think for a few more days, to make sure whether she wants it or not, and then I inform her of everything, how the intervention is performed, ask her what she wants, whether local or intravenous anaesthesia, I let her know of the consequences, of what can happen. We usually give her a written form to read about what the intervention entails and what can happen during and after the intervention. She is also warned in her declaration of voluntary termination of pregnancy that complications may arise, that there are risks.

When asked whether patients are provided with psychological counselling before and after abortion, and whether psychological counselling and support is part of the health protocol for abortion, the hospital answered that in the case of abortion on request, doctors do not recommend psychological counselling, because women have a strong desire to have an abortion. However, women are required to have an interview with a psychologist or psychiatrist. For every pregnancy over 10 weeks, in case of intentional termination, doctors must call a psychologist or psychiatrist. The hospital states that most often women who have a spontaneous abortion need this, because they have a hard time facing that situation.

In the Hospital Istočno Sarajevo, there are doctors who refuse to perform abortions on request, mostly for ethical and religious reasons. However, in that situation, a replacement must be found that will provide this health service.

The **Hospital “Sveti vračevi” Bijeljina** shared information that in the period from January 2021 to December 2022, they performed 275 pregnancy terminations. These were terminations of pregnancy at the request of the patient, while data on terminations for medical reasons are kept in records of the entire institution, and were not available to the person who answered the questionnaire; other employees or superiors in this institution did not supplement the answer.

The hospital offers surgical and medication methods of pregnancy termination. Medication terminations are performed with: prepidil gel, prostin tablets, both financed by the FZO RS. The answer states that anaesthesia is used, but without specifying the type. In addition to the RS regulations that apply, the hospital has an Instruction for pregnancy termination, although they failed to specify what it prescribes.

When asked whether psychological support is provided to women who are going through pregnancy termination, the answer stated that psychological support is provided by primary healthcare. We conclude that, given that pregnancy terminations are performed by secondary and tertiary healthcare, this kind of support is not provided directly during the procedure.

There are instances of doctors refusing to perform pregnancy terminations for religious reasons, and in these situations the patient is referred to another doctor.

Prices for pregnancy termination depend on its stage: up to week 8 – BAM 150; up to week 10 – BAM 200.

Hospital “Sv. Apostol Luka” Dobož provided the following information:

- in 2019, 259 pregnancy terminations were performed
- in 2020, 205 pregnancy terminations were performed
- in 2021, 181 pregnancy terminations were performed
- in 2022, 205 pregnancy terminations were performed.²⁷

Medication pregnancy terminations are also performed at the Dobož Hospital. Various forms of prostaglandins are used. The doctor evaluates the medication method as uncertain and time-consuming, so it is mainly used when the pregnancy is more advanced. It can last two or three days. Instrumental methods are considered more efficient, however, neither process is simple.

The answers do not specify whether there are specific guidelines and prescribed internal procedures for any type of abortion, but refer to provisions and legal procedures (only the decisions on the appointment of committees are mentioned as a specific legal act) and the rules of the profession. The procedure regarding the approval of an abortion does not differ from the legal one, including which abortions are considered permissible

²⁷ These records do not reveal whether these are total numbers or only data on requested terminations of pregnancy, but they emphasised that such records are kept separately, by methods of abortion.

(when it harms the health of the pregnant woman, in case of ectopic pregnancy, when the pregnancy resulted from a criminal offence, and for socio-economic reasons).

The procedure is described as follows: “First, the pregnant woman is examined, then counselling is provided, and then comes the termination procedure. The staff employed in the gynaecology and obstetrics department, as well as anaesthesia and resuscitation, are involved in the procedure.”

When performing an abortion, all available types of anaesthesia are used, and the anaesthesiologist decides on a case-by-case basis which one will be applied. General anaesthesia is mostly used due to the discomfort of the procedure for the woman. In the hospital in Doboij, it is not common for psychological help to be provided, regardless of the method or reasons for terminating the pregnancy or the patient’s age.

There are instances of doctors refusing to perform abortions (as many as more than half of them), but every patient receives pregnancy termination on request or for medically indicated reasons without difficulties.

Hospital Zvornik confirmed that they perform intentional terminations of pregnancy, and they provide the following information in writing: in the period from January 2019 to December 2022, a total of 207 pregnancy terminations were performed at the request of the pregnant woman; 2019 – 53, 2020 – 43, 2021 – 46, 2022 – 65. In the relevant period, there were no terminations of pregnancy for medical reasons in Hospital Zvornik, considering that cases requiring further clinical examinations are sent to facilities/clinics that offer such examinations as part of their medical services and where a decision on intentional termination of pregnancy is made in consultations.

In the Zvornik hospital, medication termination of pregnancy is not carried out at the patient’s request, but it is carried out along with cervix dilatation and instrumental revision. A woman who wants to terminate a pregnancy turns to a specialist in gynaecology and obstetrics who conducts an interview in which the patient is provided with advice and introduced to the procedure, course and consequences of applying methods to regulate the intentional termination of an unwanted pregnancy, as well as informed about potential risks of pregnancy termination. If the patient voluntarily decides to perform this procedure, she has to submit a written request for pregnancy termination after which the specialist in gynaecology and obstetrics begins the preparation procedure.²⁸

The entire procedure is performed in sterile conditions, under local or general anaesthesia, depending on the patient’s wishes. When asked about the provision of psychological support, they stated that the patients have a conversation with the gynaecologist before and after intentional termination of pregnancy. At the patient’s request, the doctor provides comprehensive information about the procedure, possible consequences and recovery.

According to the Law, every specialist in gynaecology and obstetrics has the right to refuse to perform pregnancy termination, if it is against his/her beliefs, except in cases of compromised health of the pregnant woman.

²⁸ It is not necessary to describe the further procedure at this point, because it has already been described in reports from other institutions.

The price of pregnancy termination at the patient's request is BAM 100 KM.

The interview conducted at the **Hospital Gradiška** revealed that the number of abortions has decreased in the last 10-15 years. Data were reported only for terminations at the request of the patient: 2019 – 77, 2020 – 79, 2021 – 75, 2022 – 89. They stated that they do not have summary data for other abortions performed for medical reasons.

Hospital Gradiška does not perform medication pregnancy terminations. Of all the interviews conducted and data collected, this institution was the only one to share information that, in addition to the Law, pregnancy termination of procedure is carried out in accordance with the Rulebook on Counselling before and after Pregnancy Termination.²⁹

The abortion procedure is mainly described by legal provisions; terminations of pregnancy after week 10 are approved by the first- and second-instance committees. Hospital Gradiška performs pregnancy terminations up to week 10, whereas women with pregnancies over 10 weeks are referred to the first- and second-instance committees of the UCC RS. This implies that the patient herself addresses the committees in Banja Luka and goes through the entire process at UCC RS. First, consultations are held with the woman and all aspects of pregnancy termination are presented. The hospital points out that gynaecologists are always on the side of giving birth and try to give women as much information as possible to keep the pregnancy. They explain all the facts, information and complications that a woman can experience with pregnancy termination, as well as other relevant aspects.

The curettage lasts ten minutes, depending on the experience of the gynaecologist, the stage of pregnancy, whether the patient has given birth and other factors. After that, the patient stays for another two and a half hours receiving therapy, after which she is allowed to go home and is advised to rest while taking the usual therapy and possibly antibiotics for three or four days. An examination is scheduled in eight days to check whether the ovular tissue has been removed and that there is no infection.

Termination of pregnancy is performed under local and general anaesthesia, with the latter being more common because the entire procedure is easier for both the gynaecologist and the patient. The choice of anaesthesia is also influenced by the previous medical history, where they examine whether the patient is taking any therapy, whether she has any previous illnesses – a full picture of the state of health is formed also taking into account laboratory results. Patients who are scheduled for pregnancy termination are placed in a special room where they receive the full attention of the gynaecologist, taking into account the sensitivity of the situation and their psychological state. Hospital Gradiška has five gynaecologists, and the respondents see termination of pregnancy as an integral part of their work and points to the fact that there were no instances of doctors refusing to perform this type of intervention. According to available data, terminations of pregnancy after week 10 of gestation are particularly rare (two or three cases in the last few years).

The respondent underlined that during the check-up after pregnancy termination, special attention is paid to safe protection against pregnancy and the consequences that another termination of pregnancy could have on the woman's health.

²⁹ Official Gazette of the Republika Srpska, 24/10.

The only information we received from the written response of the **General Hospital “Dr Mladen Stojanović” Prijedor** is the total number of pregnancy terminations in the period from January 2019 to December 2022 – 354. From their response, we cannot make any conclusions as to the type of termination – for medical reasons or on request – or about the method of pregnancy termination – by medication or surgical intervention.

Artificial abortions are performed surgically (dilation, evacuation and curettage) or by vacuum aspiration. Medically indicated terminations of unsuccessful pregnancies are performed according to the protocol for termination of unsuccessful pregnancies: dilation and evacuation of the uterus up to week 10; after week 10 of gestation, prostaglandin induction is performed followed by instrumental revision after the abortion.

The hospital is guided by the Protocol for Termination of Pregnancy as a guideline, but it is not specified whether this is an internal act of the institution or a bylaw. In relation to the decision on pregnancy termination, the following is also stated: “Medically indicated termination, in the case of a live foetus, if there are foetal anomalies or chromosomal aberrations that are an indication for termination, is referred to the First Instance Committee formed according to the RS Law (two gynaecologists, psychiatrist, psychologist and lawyer); the pregnant woman comes to the interview with the members of the committee, where she submits documentation. Termination of such pregnancies can be performed up to week 20 gestation, and pregnant women with pregnancies over 20 weeks are referred to the Second Instance Committee at UCC Banja Luka.”

The hospital's response regarding the procedure for pregnancy termination:

If the pregnant woman opts for intentional termination of the pregnancy, the gynaecologist will conduct an interview with her, introducing the risks of the intervention and taking her personal history, so that she can be adequately prepared if she has comorbidities. On the day of the intervention, she fills out a written request for pregnancy termination by which she is informed about possible early and late complications of the intervention. Before the intervention, she is examined by a gynaecologist who will terminate the pregnancy and an anaesthesiologist who puts her under anaesthesia. After the intervention, she stays for two to three hours, the bleeding and general condition are monitored, and if everything is fine, she goes home with a support person. Antibiotics and uterotonics are prescribed and check-up is scheduled in 7 to 10 days, or earlier, if necessary.

Gynaecologists who refuse to perform intentional termination of pregnancy introduce the patient to a colleague who performs such interventions. Medically indicated terminations are performed by all gynaecologists with a written consent of the patient who is made aware of possible risks of the intervention and possible early and late complications.

Information about the type of anaesthesia and the prices of the procedure was not provided in the answer.

General Hospital Nevesinje provided the following data:

Year	Number of registered pregnancy terminations	Spontaneous	Medical
2019	9	2	7
2020	6	0	6
2021	4	0	4
2022	Data not provided		

The costs of intentional termination of pregnancy at the patient's request are not covered by the Republika Srpska Health Insurance Fund, as is the case with medically indicated abortion. The price of intentional pregnancy termination at the request of a pregnant woman is BAM 100.

The hospital states that, although there is staff in the gynaecology department who do not participate in such procedures for personal reasons, there is a sufficient number of staff to perform the procedure. They provided the following answer:

There are cases when doctors do not perform pregnancy terminations for personal reasons, but the health institution has the option of designating another doctor perform the service. It has never happened that pregnancy termination is refused (or that it was not possible to perform it in our hospital) just because there is no staff willing to perform the surgery. It did happen that pregnancy termination was refused for legal reasons.

The doctor decides on the type of anaesthesia.

Hospital Trebinje does not yet have data on the number of abortions performed for 2022. According to them, the annual number of abortions performed during the past few years ranges from 25 to 35 medical abortions, and about 10 spontaneous abortions.

The price of an abortion is BAM 200. At the level of the Republika Srpska, there is a price list for health services that also includes pregnancy termination.³⁰

Up to week 10 of pregnancy, the decision to terminate the pregnancy is made by a specialist in gynaecology. Up to week 20, it is necessary for the decision to be made by a committee, which is formed in the hospital on the basis of the Law. After that stage, it is not possible to perform an abortion in this facility, and pregnant women are referred to the Clinical Centre of the Republika Srpska in Banja Luka.

General or local anaesthesia is used, depending on the patient's needs, and informed consent is signed. Medication pregnancy terminations are performed, with various forms of prostaglandins. Women must be informed of the possible teratogenic effects that may occur if the drugs do not induce abortion and if the pregnancy is carried to term. Such medication (gels, tablets) is financed by the Health Insurance Fund.

30 The price list is available at: <https://www.zdravstvo-srpske.org/files/cjenovnici/usluge.pdf>

Private Healthcare Facilities

Four private healthcare facilities were contacted in the RS: three in Banja Luka, one in Pale. **Gynaecology and Maternity Hospital “Jelena”, Healthcare Facility “Medico-S” and Surgical Hospital “Prof. Dr. N. Laganin”, Banja Luka** did not respond to the questionnaire. It is clear from the data provided by the RS institutions that only healthcare facility “Jelena” is registered to perform pregnancy terminations; they answered to SOC’s inquiry that they only perform pregnancy terminations for medical reasons.

Although the researcher received initial information from the **Surgical Hospital “Laganin”** via social media that they do perform pregnancy terminations, they did not want to continue the cooperation and they failed to provide any further information once we contacted the clinic’s management and the employed gynaecologist.

The response of **HF “Medico S”** is illustrative, as it states that this healthcare facility is primarily focused on treatment of infertility and that it would be inappropriate and contrary to their primary activity if they performed pregnancy terminations as well.

Special Surgical Hospital “Neo Vita”, Pale only performs abortions for medical indications (by curettage). They do not perform intentional abortions. In the period January 2019 - December 2022, 73 curettages were performed. The answers to other parts of the questionnaire were very brief.

2.3. Brčko District BiH

The **Health Centre Brčko** performs abortions, but very rarely. Most patients go to private medical offices. Brčko has three private medical offices that perform abortions. In 2019, six abortions were performed at the patient’s request, one in 2020, and none in 2021 and 2022. A total of seven in four years.

Medically indicated abortions are free. The costs of an abortion at the patient’s request are not fully covered by the mandatory health insurance; patients pay a certain contribution. According to the Health Centre, the price of an abortion is around BAM 80 under local anaesthesia. At the request of the patient, there is an option of general anaesthesia that incurs additional costs. In Brčko, they also offer medication abortion – the requirements are pregnancy up to eight weeks and the use of misoprostol and mifepristone medicines. The patient must procure the medicines herself.

The answers indicate that there were refusals to perform abortion at the Brčko Health Centre due to conscientious objection. It is noteworthy that this is not in accordance with the Law on Requirements and Procedures for Termination of Pregnancy (taken over from the former SFRY), which is applied in Brčko District, and which does not allow a medical doctor to refuse to provide an abortion service.

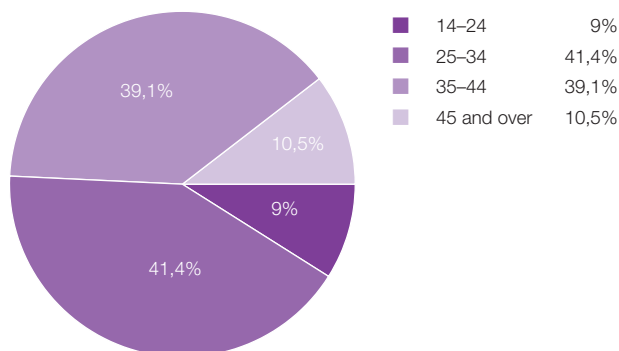
3. Analysis of Responses of Persons from BiH who Had the Experience of Abortion

On 20 February 2023, Sarajevo Open Centre published a questionnaire for persons from BiH who had the experience of an abortion via the website and social media. The questionnaire was one of the important steps of the research and it provided information about the experiences of persons who had an abortion in one of the healthcare facilities in BiH: from the reasons that led to pregnancy termination, through satisfaction with the services, to all the details about the course of the procedure. The questionnaire was anonymous; it contained 26 questions and was open until 19 March 2023.³¹

During the design of the questionnaire, we had certain limitations in mind: demographic and similar data that could disclose persons were not asked – the emphasis was placed on the anonymity and experience of the respondents at the expense of data that could be obtained for a clear assessment of the situation in individual institutions/ healthcare facilities.

The answers, attitudes and experiences of persons who had an abortion are presented below. The answers are valuable sources of information that strive to improve existing abortion practices in healthcare facilities in BiH. The questionnaire was filled out by 163 respondents.

Overview of respondents' **age groups**:



31 The questionnaire can be found in the Appendices to this report.

The respondents listed the following **healthcare facilities** as places where they performed abortions:

- UCC Tuzla
- UCC Sarajevo
- UCC Republika Srpska
- Cantonal Hospital Zenica
- General Hospital Gračanica
- Hospital Brčko
- Health Centre Kumrovec (Novi Grad, Sarajevo)
- Cantonal Hospital Bihać
- Hospital Tešanj
- Hospital Nova Bila
- Hospital Prijedor
- Hospital Konjic
- General Hospital Sarajevo
- Hospital Doboј
- Hospital Zvornik
- Cantonal Hospital Mostar
- Polyclinic Bosanes, Sarajevo
- Polyclinic Sara Vita, Sarajevo
- Blue Polyclinic Tuzla
- Polyclinic Sanasa, Sarajevo
- Institute for Gynaecology, Perinatology, Prevention and Treatment of Infertility “Mehmedbašić”, Sarajevo
- Gynaecological Office Prim. dr. Nejra Pašić, Sarajevo
- other private clinics/polyclinics – no names stated

The answers to the question **How many times have you had an abortion** are:

- once – 81 persons
- twice – 24 persons
- three times – four persons
- five times – two persons
- eight times – one person
- nine times – one person

The answers to the question **What type of abortion did you have** are:

- Abortion for medical reasons (medically indicated) – 40 persons
- Intentional termination of pregnancy (at the patient's request) – 82 persons
- Medication abortion (abortion pill) – 10
- I don't want to answer – 1
- Other
spontaneous – 9

The **period range during which the respondents had abortions** is from 1978 to 2022.

The answers to the question **Whose decision was it to have an abortion** are:

- Exclusively mine – 42.3%
- I consulted with my partner/family/friends/acquaintances – 33.1%
- It wasn't my decision – 11.5%

The answers stating that other persons influenced the decision (11.5%) include the following: medical doctor – the baby's heart stopped beating; due to health threats; mother; medical staff; partner.

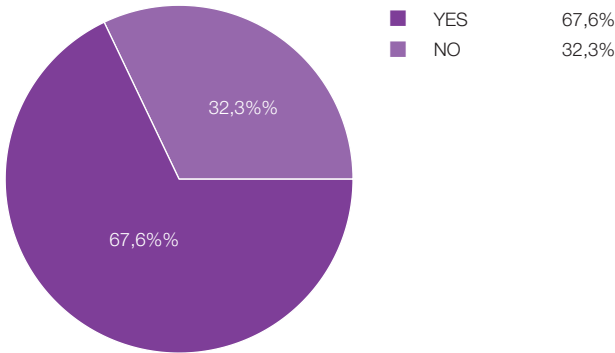
The stated **reasons** for abortion:

- Economic – 17.3%
- I'm not ready for pregnancy – 37.6%

- I don't want children – 6%
- I wanted a child, but my partner didn't – 6.8%
- Minor – 3.8%
- Rape – 1.5%
- I didn't have support from my family and/or environment – 5.3%
- I don't want to answer – 1.5%
- Other reasons – 23.3%

medical; violent relationship (unwanted pregnancy); spontaneous abortion; unhealthy relationship with a partner; work obligations; fear due to previous difficult pregnancy; too young - I'm not ready; I couldn't keep the pregnancy; I already have two children

To the question ***In general, are you satisfied with the service provided***, 67.7% persons answered yes and 32.3% no.



The reasons for dissatisfaction with aspects of the service stated in the answers are:

- They had students attending a practical class during the procedure without consulting me
- I was not satisfied with the part in which a psychologist talked to me about my “subjective” and “objective” reasons for abortion

I wasn't sure that the procedure was between me and those doctors. Also, I think that I was not well informed about the process by the doctor – how painful it is, whether anaesthesia is recommended or not, etc.- or about the recovery process. I wasn't sure when I could have

sex again or how to behave in the period before the procedure (what is recommended, what is not, etc.).

- The medical staff treated me like I was a dog
- Because private offices charge a lot of money and you are not sure how the procedure will end
- Because I arrived at 9:00 a.m. and was bleeding in the waiting room, waiting for my turn at 11:00 a.m.

The doctor was unkind, she tried to talk me into pregnancy. She kept showing me the heart. Hands. Legs. Foetus. Even though I said it was an abusive relationship. Payment must be made before the procedure. No bill. Nothing. A medical doctor from the state hospital came to perform the procedure. I think he is doing it illegally in this private clinic.

- After the abortion, they placed two of us in one bed.
- Because of the brutality of the medical staff, not giving any anaesthesia.
- I experienced horror and trauma for life. I thought I wouldn't survive.

Termination of pregnancy was performed without any anaesthesia. The procedure lasted ten minutes. Before the procedure, they only gave me Apaurin and Ketonal as medicines. My pregnancy termination was a trauma. Is it possible in modern medicine that they terminated my pregnancy without any anaesthesia?

- The doctor's cold-bloodedness.
- Inhumane and primitive attitude of the medical staff.
- The doctor tried to affect the woman's emotional state in order to extract more money, she talked about other patients in the worst possible way, about famous persons who have had abortions.
- No after-care from the clinic, no advice for the future. I came alone, I left alone. They acted like I had a tooth pulled out.

I was generally satisfied with the service, but the doctor evidently had a problem with my decision, she performed the procedure without saying a word to me.

I was very satisfied with the Bosanes Polyclinic, whereas Jezero Hospital - no anaesthesia, the doctor was rude, the nurses were rude, unprofessional, they treat the patient with disrespect, they don't inform the patient about the recovery, in general, there is a lack of communication and professionalism.

To the question **Did the medical doctor at the healthcare facility, or the healthcare facility where you requested an abortion service, refuse to perform an abortion**, 5.3% said yes and 94.7% said no.

Some of the answers to the question **If the answer to the previous question is yes, was the decision explained to you, i.e., what reasons were given for such a decision? Have you been referred to another medical doctor or to another healthcare facility for the procedure:**

- The medical doctor did not want to perform the abortion during fasting, she referred me to another doctor.
- A medical doctor in a public healthcare facility refused to perform an abortion and made a conscientious objection, despite the fact that abortion is free in my canton and covered by my insurance.

My first gynaecologist, after my period being a month late, failed to see the foetus during the examination and also prescribed me pills that, if I had decided to keep the child, would very likely cause problems during pregnancy. After the pregnancy test was positive, I called the nurse in shock to schedule an examination and request an abortion, to which the gynaecologist office was horrified; under all that shock, I also listened to their attacks and criticisms and attitudes about abortion, which is why I had to go to another doctor's office.

Some of the described experiences with **the procedure of requesting a service, performing an abortion, as well as treatment after the service provided in a healthcare facility** are:

- Pleasant
- I had a connection, everything was tolerable
- Criticism by medical staff, humiliation, psychological insult
- Everything went well, without stress or consequences
- Frustrating, discriminatory and unprofessional
- Creepy, unpleasant, as if the situation is not difficult enough by itself, but the “professionals” have to make it even more difficult

In 2012, general anaesthesia was not included in abortion everywhere, so I looked for a private clinic that provided this service. I went for an examination, my pregnancy was confirmed, I scheduled an abortion, before that I underwent all the necessary tests and a conversation with a psychologist (the conversation was offensive and insensitive to me at the time). I showed up as scheduled, I received general anaesthesia. The intervention lasted about 20 minutes. When I woke up, everything

was as they said it would be – mild pain and discomfort, like when you get your period. I spent a few hours there and then they let me go home.

- Before the abortion, I had three examinations by a gynaecologist, and an appointment was made. The procedure was quite stressful, but I was lucky enough to be assisted by a wonderful nurse who held my hand and reassured me the whole time. The doctor was also wonderful and understanding
- The staff was very friendly, the process, as well as the recovery was short
- I came because my period was late, the doctor examined me, he said I was pregnant. Shock! I asked about abortion and he said to talk to the nurses. I did, they made an appointment, I came and had an abortion. Without anaesthesia. I screamed, the nurses held me, the doctor laughed, asked if I would ever have sex again.
- First, I contacted the doctor at the student polyclinic, who was very unpleasant and when I said that I didn't want it, she said that I shouldn't have had sex. She then referred me to a gynaecologist at the same clinic, who referred me further after the examination.

To the question ***When making the decision on abortion, did you have a clear picture of the entire course of the pregnancy termination procedure – what it looks like, who you turn to, the position and rights of the patient, etc.***, 52.6% respondents said yes and 47.4% said no.

According to the answers to the questionnaire, ***the professional staff involved in the abortion procedure*** were a gynaecologist, a nurse/technician, an anaesthesiologist, and in some cases a psychologist.

To the question ***If you performed an abortion on request, did you have to pay for it,***

- 69.4% persons said yes
- 23.4% said no
- 5.4% do not remember
- while 1.8% do not want to answer.

The prices stated by the respondents range from BAM 50 to 500, depending on whether anaesthesia is included (which was not specified in the answers).

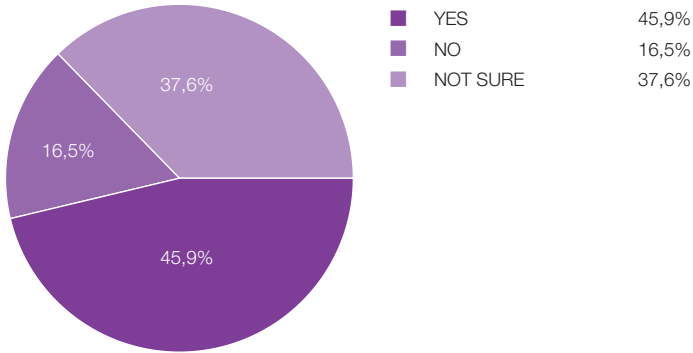
If you terminated the pregnancy for medical reasons, did you have to pay for it:

- 29.7% persons said yes
- 57.8% said no

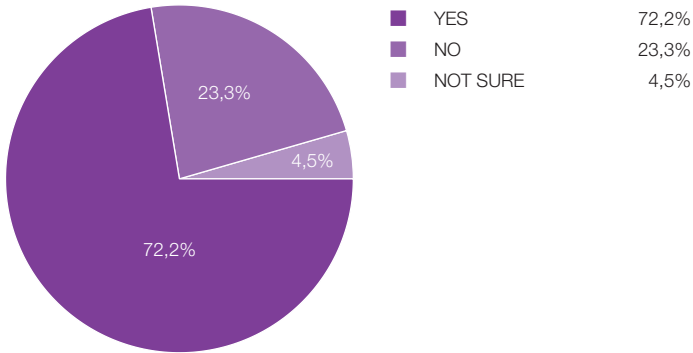
- 6.3% do not remember
- while 6.2% do not want to answer.

The prices stated by the respondents range from BAM 50 to 600, depending on whether anaesthesia is included (which was not specified in the answers).

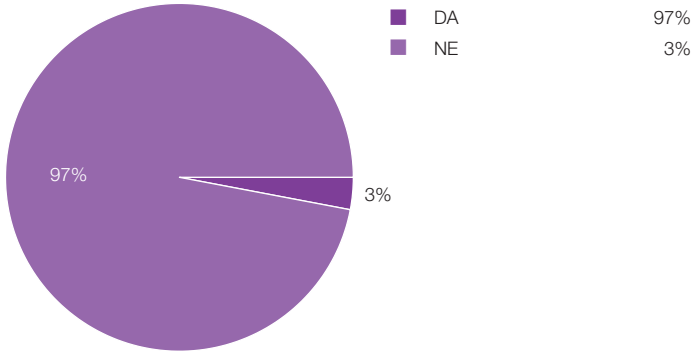
Before the abortion, 45.9% of persons signed **the informed consent**, 16.5% did not, while 37.6% of them were not sure.



72.2% of people received anaesthesia during abortion, 23.3% did not, while 4.5% were not sure.



Psychological counselling and support before and after the abortion was received by only 3% of the respondents, while 97% of them did not get this type of preparation and support.



Below is one of the experiences of psychological support:

It would have been better if they didn't have it at all, because the psychologist kept calling on Allah, had questions about my reasons, and in general the tone of the conversation was inappropriate, and it really bothered me that he was a man. It doesn't mean that a woman would have been more skilled or better, but it certainly would have been a little easier for me if that part of the procedure was done by a woman.

The respondents filling out the questionnaire had the option at the end to add anything that they consider important for the abortion experience and was not covered by the questions. Some of the contributions are:

- Termination of pregnancy must be legal, safe, accessible and free.
- I think it is important to have more formal, official and expert information available on this topic. It seems to me that right now everything is based on personal experiences, which of course is not OK.

It annoys me that in public discourse opponents of abortion treat abortion as if it were some banal woman's whim, some simple procedure (simpler than going to the dentist), that they fantasize that women quickly and simply decide to have an abortion. Even when a woman simply does not want another child, which was my case, the procedure is stressful and painful and the decision is never easy.

- I would like to say that I was lucky to have an option of getting the procedure in a private institution, because of all the stories I heard about abortions in public facilities. I had it done in a private institution because of fear, but also because of the bureaucratic complications I would probably encounter.

- It is very problematic that women who have had abortions have a very hard time talking about it in public, even in their immediate environment. One of the reasons is the fact that society still views abortion as a taboo, and the second reason is the absence of psychological support and therapy, and it seems easier to try to suppress the experience.

I think that girls must be educated in schools about the procedure and its consequences.

General anaesthesia should also be available in public healthcare facilities without additional waiting.

- It was during the war, my gynaecologist performed it, she had been treating me for years. I didn't want a child then. She informed me about everything and I went home. I was OK. It was primarily my decision. Health services were at a much higher level than today.

It would be good if there was psychological counselling after abortion. It helped that the whole procedure was normalised, that there was not a single moment of any criticism, guilt or any unnecessary emotions. Everything was human, professional, fast, normal.

- It is a very traumatic experience for a woman. I felt lonely, even though my partner and family were with me. Professional, psychiatric/therapeutic help, I think, would be of great help, and I think it should be made mandatory in some way, to at least be offered to women after abortion.

It is necessary to inform the public more comprehensively about the possibilities they have in case of abortion, to have some sort of a public service that would provide access to all information in one place.

Some limitations should be introduced to conscientious objection because abortion is the right of every woman and no one should be denied bodily autonomy, especially when these services are covered by insurance – because not everyone is able to pay for an abortion. If we are not able to pay for an abortion of BAM 300-500, how do they think we are able to support the child? Abortion should be normalised and should not be a taboo, it should be legal, safe and accompanied with full support for possible psychological consequences. If it were acceptable and not at all demonised, people who decide to have an abortion would have much less remorse because they would not feel that their decision was unacceptable by society.

- Judgmental attitude and unkindness towards young women who want to terminate an unwanted pregnancy.

The right to abortion is a basic women's human right, as is the right to make choices, right to a dignified and free life. The national normative framework must be based on international legislation on abortion.

Medical staff must continuously have gender-sensitive trainings in order to overcome personal frustrations and dominant patriarchal patterns of behaviour. It is incomprehensible that misogynistic language is used daily in health care facilities to communicate with female patients, especially in the gynaecology department, clinics, and that such procedures become an established discriminatory practice without any sanctions, restrictions or reports. It is disturbing that the sentences “your f...ing mother, she didn’t teach you to be careful” or “what are you moaning about, when you f...ed all was well” are spoken freely, while the perpetrators remain unpunished.

Chapter

03

**Research
Conclusions**

The legal framework in Bosnia and Herzegovina guarantees every woman the right to decide on termination of pregnancy up to the tenth week – as is stipulated by entity laws regulating the requirements and procedure of pregnancy termination and other relevant laws related to health insurance, health care, rights, obligations and responsibilities of patients. The laws clearly prescribe the procedures, obligations, rights and responsibilities of patients and healthcare facilities. However, the analysis of the data collected in this research from health institutions, healthcare facilities and persons who had the experience of abortion in BiH indicate many problems in practice relating to availability, prices, lack of comprehensive statistics on abortions, conditions in healthcare facilities, etc.

The conclusions that are based on research findings are presented below.

- The laws on the requirements and procedures for termination of pregnancy of the Federation of BiH, Brčko District and the Republika Srpska are not harmonised in **the possibility of a medical doctor refusing to provide an abortion if the procedure is against his/her personal beliefs** – in the Federation of BiH and the Brčko District, medical doctors do not have this option, while in the Republika Srpska they do. Enabling the refusal to provide services in one entity creates a situation of insecurity and threatens this right for all women in that territory. Non-harmonised regulations in the entities allow medical doctors in the Federation of BiH and Brčko District to apply conscientious objection that is not legally stipulated/allowed.
- Relevant **accreditation standards** have been developed in the Federation of BiH for primary and hospital level healthcare, as well as **safety standards** which, according to the FBiH Law on Healthcare, are binding for every healthcare facility, both public and private. Despite the existence of a certification standard, i.e., **a written procedure concerning the termination of pregnancy**, the legally prescribed

obligation to introduce safety standards is not uniformly implemented in the territory of the Federation, thereby non complying with the Law on the System for Improvement of Quality, Safety and Accreditation in Healthcare.

- Not all healthcare facilities in the Federation of BiH have completed the full **re-accreditation process for providing termination of pregnancy services**.
- In relation to **health guidelines** and clear **medically established procedures** that healthcare facilities apply and are guided by when performing medically indicated abortions and abortions at the request of patients, healthcare facilities in BiH rely on international clinical guides (especially those issued by the World Health Organization). In BiH, a clinical guideline based on evidence and good practice was developed, entitled “Savjetovanje i procedure prije i nakon namjernog ranog prekida trudnoće” (Counseling and procedures before and after intentional early termination of pregnancy) (2007).
- There are no reliable **statistics** at the BiH level – a systematic and consolidated **data collection on pregnancy terminations** despite the fact that, according to entity laws on records in health and plans/programmes for conducting statistical research of interest to FBiH/RS/BD, all public and private healthcare facilities registered for activities in the field of *women’s and maternity health care* and performing pregnancy termination procedures are required to keep records – collect statistical data on the number of terminated pregnancies. Due to these gaps, it is not possible to analyse trends in statistics or to compare trends in the administrative-territorial units of BiH (cantons, districts, entities).
- In the Federation of BiH, **entry of pregnancy termination into the software system** is done continuously in all cantons. Hospitals are often late in submitting data or the data are inadequately kept.
- Private healthcare facilities do not regularly **submit reports of pregnancy termination** or the data are incomplete.
- Health insurance institutes/funds in BiH **bear the costs of an abortion** performed in one of the contractual healthcare facilities only if the pregnancy is terminated for medical reasons. Intentional termination of pregnancy services (on request) are not covered by mandatory health insurance, and the costs depend on the healthcare facility registered for activity of women’s health care and maternity in the canton/entity and performing pregnancy termination.
- The entities have set prices for specific types of pregnancy terminations in *health service price lists*.
- The prices of abortion on request with the accompanying types of anaesthesia applied differ among cantons (healthcare facilities), creating a situation of uneven availability of this health service. Prices vary from BAM 100 to 300/500, depending on the abortion method and the type of anaesthesia.

- Termination of pregnancy at the request of a pregnant woman is not available in healthcare facilities in all parts of BiH. For example, there is no private healthcare facility registered for this activity in BPC Goražde, while the public hospital only treats spontaneous abortions. In the West Herzegovina Canton, there is no secondary health care facility, so abortions are not performed and patients are referred to the UCH Mostar (HNC).
- Women do not have access to comprehensive information about pregnancy termination in healthcare facilities.
- In a certain number of cases, pregnancy terminations are performed without anaesthesia or with inadequate anaesthesia. In certain areas of BiH, patients pay additionally for the application of general anaesthesia.
- As a rule, medication abortion (abortion pills) is not performed in BiH because the medicine is not registered on the BiH market, although some healthcare facilities state that they also perform this type of abortion.
- Certain healthcare facilities do not have a sufficient number of gynaecological staff.
- Psychological support is not systematically provided in healthcare facilities; in some hospitals/clinics this type of support is not always provided to women who have had an abortion on request (under the assumption that they do not need such support if they wish to have an abortion).
- In cases of minor pregnancies, the consent of parents/guardians/custodial bodies is required for an abortion, and the social welfare centre and a psychologist must be included in the procedures – the approach should be multidisciplinary.

Chapter

04

Recommendations

With the hope that the findings of this research will serve as inspiration and a basis for taking the next steps, especially for the establishment of informed cooperation with leading health institutions and facilities – clinical centres, hospitals and their professionals, and with the aim of raising awareness and sensitivity to the problems of limited availability of abortion, as well as contributing to the improvement of the understanding of abortion as a human right of women and basic healthcare service, we present the following recommendations.

- Enable the services of intentional termination of pregnancy (abortion on request) to be covered by mandatory health insurance.
- Harmonise prices/tariffs in the entities and cantons, so that it is available to women in all areas of BiH under equal conditions.
- Provide pregnancy termination services in all healthcare facilities registered to provide these health services, with the mandatory use of appropriate anaesthesia.
- Impose additional measures on health workers to ensure that the service is provided by another medical doctor or another healthcare facility in case of refusal of a medical doctor to provide the service in the given facility.
- Provide counselling and psychological support to all patients in accordance with their needs, before and after pregnancy termination, regardless of the type and method of abortion.
- Ensure regular, systematic, comprehensive collection, processing, analysis and publication of statistical data on abortions in BiH, classified according to key indicators (type of abortion, etc.).

- When collecting, processing, analysing and publishing statistical data on abortions in BiH, ensure protection of personal data and privacy of persons who performed an abortion in all aspects of the procedure.
- In all parts of Bosnia and Herzegovina, equally ensure the availability of medication (non-surgical) abortion, which entails the registration and import of adequate medicines (so-called abortion pills).
- Ensure that each healthcare facility has enough medical staff to perform and monitor abortion procedures, especially in cases of the so-called conscientious objection – refusal to terminate a pregnancy based on the personal beliefs of medical doctors or other health professionals.

Appendices

Questionnaire for the Ministries of Health

1. How is the abortion health service regulated in (specify the level of government – F BiH, RS, BDBiH)? Which regulations – laws, by-laws, internal acts of healthcare facilities – regulate this right?
2. Which public and private healthcare facilities registered for activities of women's and maternity health care (clinical centres – clinics, hospitals, polyclinics, medical offices) in the area (specify which - F BiH, RS, BDBiH, cantons) are registered to provide abortion/termination of pregnancy services? Please indicate the number of such facilities and their names.
3. Are there any health guidelines that healthcare facilities use and are guided by when performing medically indicated abortions and abortions at the request of patients (intentional termination of pregnancy)? Are there any clear medically established procedures for this service?

Questionnaire for Health Insurance Funds/Institutes

1. Does the Health Insurance Institute (specify which one – F BiH, RS, BDBiH) cover the costs of abortion, i.e., are the costs of abortion financed from compulsory health insurance funds? Please sort the data according to the methods of pregnancy termination.
2. If the answer to the previous question is *no*, what are the prices for this health service at the F BiH/RS/BDBiH level?
3. If the answer to the first question is *yes*, in what proportion are the costs of different abortion methods financed and how?
4. If the answer to the first question is *yes*, which services related to abortion are included in the package of compulsory health insurance – health services?
5. Which public and private healthcare facilities registered for activities of women's and maternity health care (clinical centres – clinics, hospitals, polyclinics, medical offices) in the area (specify which - F BiH, RS, BDBiH, cantons) are registered to provide abortion/termination of pregnancy services? Please indicate the number of such facilities and their names.

Questionnaire for Public Health Institutes

1. How many abortions/terminations of pregnancy were performed from January 2019 to December 2022 in FBiH, RS, BDBiH? Please sort the data according to the methods of pregnancy termination.
2. How many abortions were performed for medical reasons, and how many abortions were performed at the request of the pregnant woman?
3. How or according to what methodology do healthcare facilities registered to provide this service collect, classify and submit the aforementioned statistical data to the Public Health Institute?
4. If you do not have comprehensive data on the number and types of abortions performed, can you elaborate on the reasons for the non-existence/incompleteness of records?

Questionnaire for Healthcare Facilities (clinical centres – clinics, hospitals, polyclinics, medical offices)

1. Does your healthcare facility carry out pregnancy termination/abortion procedures?
2. If the answer to the previous question is *yes*, how many abortions were performed from January 2019 to December 2022? Please sort the data according to the methods of pregnancy termination.
3. How many abortions were performed for medical reasons, and how many abortions were performed at the request of the pregnant woman?
4. Are the costs of abortion covered by the mandatory health insurance funds?
5. If the answer to the third question is *no*, what is the price for this health service?
6. What health guidelines do you follow for performing medically indicated abortions? Are there clear medically established procedures for this procedure?
7. Which health guidelines are you guided by when performing an abortion at the patient's request (intentional termination of pregnancy)? Are there any clear medically established procedures for this service?
8. If there are no clearly established medical procedures, please explain the basis for the procedure in such cases?
9. Until what time of pregnancy is it possible to have an abortion (depending on the type of abortion)?

10. What does the abortion procedure look like, what are the medical steps before, during and after an abortion? Who in the healthcare facility makes the decision to perform an abortion and how?
11. Does the patient sign an informed consent? If yes, can we have a blank copy of the form?
12. Which professional staff is involved in the abortion procedure?
13. Do you have staff specialised in this type of intervention? If *not*, how do you provide abortions in your healthcare facility?
14. How do you ensure control of the health of patients before and after an abortion?
15. Do you use anaesthesia? Please explain the use of anaesthesia for certain types and methods of abortion.
16. Do you perform medication (non-surgical) abortions? If yes, what are the requirements and procedure? What medications are used and are they financed by compulsory health insurance? If *not*, what are the prices of such medication?
17. Before and after providing the service, do you provide patients with comprehensive information about the methods, course and consequences of the abortion? If yes, in what way?
18. Are patients provided with psychological counselling before and after an abortion in your healthcare facility or outside it, and how is it conducted? Is psychological counselling and support part of the health protocol for abortion?
19. Have there been cases where medical doctors refused to perform an abortion? If yes, what were the reasons for such decisions and were the patients referred to another medical doctor, i.e., did they receive the abortion service?
20. What is the abortion procedure in cases of minor pregnancies? How is informed consent obtained, is parental consent required?
21. Are other experts, such as psychologists, social workers, etc., involved in abortion procedures of minors, and at what stages?

List of Health Institutions Covered by the Research

Federation of BiH

- FBiH Ministry of Health
- Health Insurance and Reinsurance Institute of the Federation of BiH
- Public Health Institute of the Federation of BiH

Cantons in FBiH³²

- Ministry of Health of Sarajevo Canton
- Ministry of Health of Tuzla Canton
- Ministry of Health of Zenica-Doboj Canton
- Ministry of Health and Social Policy of Central Bosnia Canton
- Ministry of Social Policy, Health, Displaced Persons and Refugees of Bosnian Podrinje Canton Goražde
- Ministry of Health, Labour and Social Policy of Una-Sana Canton
- Ministry of Health, Labour and Social Welfare of Herzegovina-Neretva Canton
- Ministry of Health, Labour and Social Welfare of West Herzegovina Canton
- Ministry of Health, Labour, Social Welfare and Refugees of Canton 10
- Health Insurance Institute of Sarajevo Canton
- Health Insurance Institute of Tuzla Canton
- Health Insurance Institute of Zenica-Doboj Canton
- Health Insurance Institute of Central Bosnia Canton
- Health Insurance Institute of Bosnian Podrinje Canton
- Health Insurance Institute of Una-Sana Canton
- Health Insurance Institute of Herzegovina-Neretva Canton

32 Data were not submitted by the Ministry of Health and Social Policy of Central Bosnia Canton, the Ministry of Health, Labour, Social Welfare and Refugees of Canton 10, the Health Insurance Institute of Central Bosnia Canton, Una-Sana Canton, Herzegovina-Neretva Canton and Canton 10, and the Public Health Institute of Canton 10.

- Health Insurance Institute of West Herzegovina Canton
- Health Insurance Institute of Canton 10
- Public Health Institute of Sarajevo Canton
- Public Health Institute of Tuzla Canton
- Public Health Institute of Zenica-Doboj Canton
- Public Health Institute of Central Bosnia Canton
- Public Health Institute of Bosnian Podrinje Canton
- Public Health Institute of Una-Sana Canton
- Public Health Institute of Herzegovina-Neretva Canton
- Public Health Institute of West Herzegovina Canton
- Public Health Institute of Canton 10

The Republika Srpska

- Ministry of Health and Social Welfare of the Republika Srpska
- Health Insurance Fund of the Republika Srpska
- Public Health Institute of the Republika Srpska

Brčko District BiH³³

- Department for Health and Other Services of the Government of Brčko District of BiH
- Health Insurance Fund of Brčko District of BiH
- Public Health Institute of Brčko District of BiH

³³ Data were not submitted by the Health Insurance Fund and the Public Health Institute of the Brčko District of BiH.

List of Healthcare Facilities Covered by the Research

Clinical Centres³⁴

- University Clinical Centre Sarajevo
- University Clinical Centre Tuzla
- University Clinical Centre Mostar
- University Clinical Centre of the Republika Srpska

Hospital³⁵

- General Hospital “Prim. dr. Abdulah Nakaš” Sarajevo
- University Hospital Foča
- Health Centre Brčko
- Cantonal Hospital Zenica
- Cantonal Hospital “Dr. Safet Mujić” Mostar
- Hospital Travnik
- Croatian Hospital “Dr. fra Mato Nikolić” Nova Bila
- General Hospital Bugojno
- General Hospital “Dr. Mustafa Beganović” Gračanica
- General Hospital Konjic
- General Hospital Tešanj
- Cantonal Hospital Goražde
- Cantonal Hospital “Dr. fra Muhovil Sučić” Livno
- Cantonal Hospital “Dr. Irfan Ljubijankić” Bihać
- General Hospital u Sanskom Mostu
- General Hospital Jajce

34 Data were not submitted by UCC Sarajevo.

35 Data were not submitted by the General Hospital in Sanski Most.

- Hospital "Sveti vračevi" Bijeljina
- Hospital "Sveti apostol Luka" Doboj
- Hospital Gradiška
- Hospital "Srbija" Istočno Sarajevo
- Hospital Trebinje
- General Hospital "Dr Mladen Stojanović" Prijedor
- Hospital Zvornik
- General Hospital Nevesinje

Private gynaecological clinics/offices³⁶

- Blue Polyclinic, Tuzla
- Institute for Human Reproduction Balić
- Polyclinic Dr. Kozarić, Sarajevo
- Polyclinic for Gynaecology, Perinatology and General Surgery "Sara Vita", Sarajevo
- Institute for Gynaecology, Perinatology, Prevention and Treatment of Infertility "Mehmedbašić", Sarajevo
- Polyclinic Bosanes, Sarajevo
- Healthcare facility "Medico-S", Banja Luka
- Surgical Hospital "Prof. dr N. Laganin", Banja Luka
- Hospital Jelena, Banja Luka
- Polyclinic Arbor Vitae Dr. Sarić, Mostar
- Polyclinic Muminović, Bihać

³⁶ Some of the facilities on the list provide abortion services, according to the information available on their websites, but they did not respond to SOC's inquiries, i.e., they did not provide the requested information. In the course of the research, many private healthcare facilities were contacted, but some answered that they do not perform abortions.

Questionnaire for Persons from Bosnia and Herzegovina who Had the Experience of Abortion

1. Did you have an abortion in any of the healthcare facilities in Bosnia and Herzegovina (clinical centres – clinics, hospitals, private clinics/polyclinics, medical offices)?

YES

NO

2. What age group are you in?

14–24

25–34

35–44

45 and over

3. Please indicate in which healthcare facility in Bosnia and Herzegovina you performed the abortion. (optional)

4. Please state how many times you have had an abortion.

5. What type of abortion did you have?

Abortion for medical reasons – medically indicated

Intentional termination of pregnancy – at the patient's request

Medication abortion – abortion pill

I don't want to answer

Other

6. Please state what year(s) you had an abortion(s).

7. Whose decision was it to have an abortion? (optional)

Exclusively mine

I consulted with my partner/family/friends/acquaintances

It wasn't my decision (please specify whose decision it was)

8. For what reason did you decide to have an abortion (in case of termination of pregnancy at your own request)?

Economic reasons

I'm not ready for pregnancy

I don't want children

I wanted a child, but my partner didn't

Minor

Rape

I didn't have support from my family and/or environment

I don't want to answer

Other reasons

9. In general, are you satisfied with the service provided?

YES

NO

10. If the answer to the previous question is *no*, why not, which aspect of services are you not satisfied with? (please describe)

11. Did the medical doctor at the healthcare facility, or the healthcare facility where you requested an abortion service, refuse to perform an abortion?

YES

NO

12. If the answer to the previous question is *yes*, was the decision explained to you, i.e., what reasons were given for such a decision? Have you been referred to another medical doctor or to another healthcare facility for the procedure? (please describe)

13. What was the procedure like of requesting a service, performing an abortion, as well as treatment after the service provided in a healthcare facility? (please describe)

14. When making the decision on abortion, did you have a clear picture of the entire course of the pregnancy termination procedure – what it looks like, who you turn to, the position and rights of the patient, etc.?

YES

NO

15. Which professional personnel of the healthcare facility were involved in the abortion procedure? (please describe)

16. If you performed an abortion on request, did you have to pay for it?

YES

NO

I DON'T REMEMBER

I DON'T WANT TO ANSWER

17. If the answer to the previous question is yes, please specify the cost of pregnancy termination on request.

18. If you terminated the pregnancy for medical reasons, did you have to pay for it?

YES

NO

I DON'T REMEMBER

I DON'T WANT TO ANSWER

19. If the answer to the previous question is yes, indicate the cost of pregnancy termination for medical reasons.

20. Did you sign an informed consent before the abortion?

YES

NO

I'M NOT SURE

21. Did you receive comprehensive information about the methods, course and consequences of the abortion procedure before and after the service at the healthcare facility?

YES

NO

22. If the answer to the previous question is yes, how were you informed? (please describe)

23. Did you receive anaesthesia during the abortion?

YES

NO

24. If the answer to the previous question is yes, what type of anaesthesia did you receive and were you satisfied with that part of the procedure – local/intravenous sedation/general? (please describe)

25. Were you provided with psychological counselling and support before and after the abortion in the healthcare facility or outside it?

YES

NO

26. If the answer to the previous question is yes, what did psychological counselling and support look like? (please describe)

27. Please specify/add anything you consider important in relation to the abortion experience that was not covered by the above questions.

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About the Author

Delila Hasanbegović Vukas has been in Sarajevo Open Centre team since September 2015. She advocates for adequate access for trans and intersex persons to healthcare (medical gender reassignment) and legal gender change in Bosnia and Herzegovina. She coordinates the regionalisation of inclusive psychosocial support and mental health protection services for LGBTI persons in BiH. She also advocates for gender equality in labour relations and labour market, balancing of private and professional life, as well as for sexual and reproductive rights of women. She is the author of several papers on human rights of women and LGBTI people, gender equality, feminism, reproductive justice, political participation and representation of women. She graduated from the Faculty of Law of the University of Sarajevo.

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About Sarajevo Open Centre

Sarajevo Open Centre (SOC) works on promoting human rights, particularly the position and human rights of LGBTI people and women in Bosnia and Herzegovina, by interpreting, presenting and representing the authentic experiences of persons suffering from human rights violations and inequalities, and by advocating for legal, political, economic, social and cultural changes in all areas of life. We will mention only some of the achievements related to the equality of LGBTI people and women.

In addition to psychosocial and legal counselling, we continued running the only LGBTI medium in the country – www.lgbti.ba portal. We organised training for the police, prosecutor's offices and courts, with a focus on hate crime, hate speech and the application of anti-discrimination law; for medical professionals and health workers, with a focus on trans-specific and trans-inclusive gender reassignment; for LGBTIQ community. We have worked intensively on creating a local institutional support network for LGBTI people in Sarajevo, Tuzla, Zenica, Mostar, Prijedor, Bijeljina, improving sexual and reproductive health and rights, the rights of workers in relation to maternity/parental leave, introducing gender-sensitive language in parliaments and universities, adopting and implementing cantonal gender action plans, but also raising awareness of gender-based violence in BiH.

Over the past years, several of our legislative and policy initiatives have entered government or parliamentary procedure. We focused our advocacy activities on policies for equality of women and LGBTI people in BiH, reproductive rights of women and men, parenting in the context of reconciling private and business life, freedom of assembly of LGBTI people, improvement of the institutional framework for the protection from violence and discrimination, and we intend to continue working on issues concerning transgender persons, intersex persons, same-sex partnerships, their social inclusion, but also the position of LGBTI people in education, health, work and employment. We have carried out media campaigns that have reached over one million citizens of BiH, and we also organised LGBTI film festival Merlinka, which, in cooperation with Tuzla Open Centre, became the local festival Kvirhana in 2021.

For more information about our work, see www.soc.ba. This publication is part of the Human Rights edition, published by Sarajevo Open Centre.