

**PUBLIC OPINION SURVEY
ON ABORTION SERVICES IN
THE HEALTHCARE SYSTEM IN
BOSNIA AND HERZEGOVINA**

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HEALTHCARE SYSTEM IN BOSNIA AND HERZEGOVINA

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PUBLIC OPINION SURVEY ON ABORTION SERVICES IN THE HEALTHCARE SYSTEM IN BOSNIA AND HERZEGOVINA

Sarajevo, 2026

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SUMMARY

The Sarajevo Open Centre (SOC), as a Bosnian and Herzegovinian civil society organisation dedicated to advancing human rights with a special emphasis on gender equality, launched a comprehensive public opinion survey on abortion/pregnancy termination. Pregnancy termination is a complex topic in Bosnia and Herzegovina, which is often in the focus of intense social, political, legal, medical and ethical discussions.

Recognising the need for empirically based data, this survey was designed with the intention of creating a clear and full picture of the availability of this medical service and the public attitude towards it. The lack of data on public views and awareness level poses an obstacle to effective advocacy, public policymaking and work on destigmatisation of this issue. Therefore, the findings of this survey will serve as a foundation for future strategic interventions by both SOC and other relevant stakeholders in the field of women's rights and reproductive health protection.

The goal of the survey was to gain an in-depth and comprehensive understanding of attitudes, beliefs, perceptions and awareness level of citizens of Bosnia and Herzegovina with regard to pregnancy termination, and to use the collected data to work on destigmatising this topic in the public space. A combined, three-step methodological approach to the survey was applied. The first step included desk research of available literature, the second was a quantitative survey on general population sample in Bosnia and Herzegovina, and the third step included a qualitative survey through online focus groups.

Public opinion survey using a questionnaire provided a number of important data. The largest number of citizens (27.7%) first associate the term abortion with “murder/infanticide”. Despite negative associations, a total of 69% of the population supports the legal accessibility of abortion, with the largest portion (48%) believing that it should be legal with some restrictions. 25% of respondents are in favour of an absolute ban. The public is divided over key moral issues. While 40% believe that abortion is an “immoral and selfish act”, 35% support the legal protection of life from conception, but 35% of respondents are against it at the same time.

Support for abortion is almost absolute in cases where the woman’s health is at risk (92%) or in the case of rape (75%). However, the support plummets to below 20% when reasons for the abortion are personal or economic, for example when “the mother does not want a child”. Although many consider it immoral, almost half of the population (46%) disagree with the idea that abortion should be treated as a serious crime. The issue of a woman’s autonomy is arguable when a partner is involved. The public is completely divided over women’s right to decide on an abortion if their partner is against it (37% agree, 36% disagree).

The majority of 54% of citizens self-assess as “poorly” or “not at all informed” about the topic. Only 8% feel that they are well informed. The main sources of information include the media (53%), social media (36%) and family/friends (31%), while professional sources such as healthcare professionals (27%) are less represented. The majority of 61% respondents believe that abortion is rarely or not at all discussed in public, which confirms that this topic is a taboo in society.

The vast majority (71%) recognise that women who decide to have an abortion are faced with stigma and judgment “at least sometimes”, while 40% believe that this is “often” or “almost always” the case. Although it is not publicly discussed, the majority of 58% of respondents personally know at least one person who experienced an abortion. As many as 71% of religious respondents say that religion influences their position on abortion.

It is riskier for political parties to take a restrictive stance – 30% of voters would withhold support for them because they advocated for a ban, compared to 23% who would do so because they promoted greater access.

Qualitative analysis reveals that the debate on abortion in Bosnia and Herzegovina is deeply gendered, and that complex and often opposing worldviews are behind the statistical data. Discussions indicate that men and women approach the topic from fundamentally different starting points. The men’s group engaged in a primarily abstract discourse around moral and ideological issues, focusing on the principle of responsibility and father’s role. In contrast, the discourse in the women’s group was concrete, personal, and pragmatic, grounded in lived experiences, with a focus on systemic barriers (such as discrimination and lack of support) and the principle of bodily autonomy.

Two dominant and largely irreconcilable narratives are at the core of the debate. Anti-abortion (so-called pro-life¹) narrative insists on the terms “murder” and “child” from the moment of conception, and views abortion as moral decline and an act of social irresponsibility. On the other hand, the pro-choice narrative defends abortion as a woman’s fundamental right to bodily autonomy (“my body, my choice”), and as a necessary solution in difficult life circumstances. Between these two poles, there is a significant portion of the population represented by a

1 The term “pro-life” is often used in discussions that are overly simplistic and exclusionary, and do not rely on the language and reality of human rights. The use of the terms “pro-life” and “pro-choice” suits those who oppose abortion as a human right to privacy and choice, but does not correspond to the reality that is nuanced and must take into account the reasons behind the need for pregnancy termination, as well as the context of the system in which individuals live.

neutral group that simultaneously recognises the foetus's right to life, but also defends a woman's right to choose, refusing to condemn.

Despite deep divisions, there is a clear consensus that abortion is justified in "tragic" circumstances such as rape, incest and risk to a woman's life. However, the dividing line is sharp when it comes to personal and socio-economic reasons (e.g. financial difficulties, not ready to be a parent), which are almost entirely dismissed by abortion opponents as unjustified excuses.

The most important conclusion drawn from all three groups, and the only point of a full consensus, is that the solution to the problem does not lie in prohibitions, but in prevention. Participants from all ideological backgrounds unanimously called for the introduction of comprehensive sexual education in schools and for stronger systemic support by the government – both financial and psychological – for pregnant women, mothers and families. This indicates that, regardless of personal views, citizens understand that lack of information and support is the key factor leading to unwanted pregnancies and abortions.



INTRODUCTION

From its beginnings, through its work on the rights of women, LGBTI persons and gender equality, the Sarajevo Open Centre strives to contribute to the improvement of sexual and reproductive health. Three years ago, we got the opportunity to focus in more detail to the specific area of abortion or pregnancy termination services in the healthcare system.

In Bosnia and Herzegovina, abortion-on-demand is possible during the first ten weeks of pregnancy, according to entity legislation on the conditions and procedure for pregnancy termination. After this time window, the procedure requires approval of a committee of the healthcare institution. However, the Sarajevo Open Centre's 2023 research on abortion legislation, accessibility and practice shows that access to abortion services is limited in a number of ways.²

² Hasanbegović Vukas, Delila. *Istraživanje o regulaciji, dostupnosti i praksi abortusa u Bosni i Hercegovini (Research on abortion regulation, accessibility and practice in*

Research shows that abortion-related healthcare is inconsistent, which is particularly reflected in several key challenges. First, regulations in the entities are unharmonized, and public health statistics on the number and types of performed abortions are incomplete and unreliable. Furthermore, the capacity of health institutions is limited, both in terms of professional staff performing abortion procedures, and because in some cantons and parts of BiH there are no registered health institutions offering these services at all. Health professionals widely refrain to the so-called conscientious objection, refusing to provide this health service against the applicable legislation. At the same time, the procedure in case of refusal to provide abortion services is not regulated. Abortion-on-demand prices are high, and drugs required for medication abortion are not registered. Moreover, the availability of general anaesthesia is uneven.

Some of the experiences of women who had an abortion were traumatic, followed by prevailing dissatisfaction with many segments of service provision: from questioning the reasons for abortion, health workers imposing personal and “religious”/“moral” reasons on women, to judging, insulting, humiliating, verbal attacks, unprofessionalism and unkindness. In addition to the inhumane treatment, the patients also pointed out that they were not sufficiently informed about key aspects of the procedure. For some women, performing an abortion without anaesthesia caused severe pain, fear and a sense of insecurity.

The next step in researching the abortion availability and practice was to analyse the actions, communications, and sources of funding of actors who oppose abortion and/or advocate for its prohibition or restrictions. Although initially we assumed that there were no such organisations, individuals or groups in Bosnia and Herzegovina, the research showed otherwise. The Balkan Investigative Reporting Network’s research identified³ more than ten such actors, some of whom collaborate with similar

Bosnia and Herzegovina). Sarajevo: Sarajevo Open Centre, 2023 Available at: <https://soc.ba/istrazivanje-o-regulaciji-dostupnosti-i-praksi-abortusa-u-bosni-i-hercegovini/>

- 3 Husarić Omerović, Azra. *Zagovaranje zabrane i protivljenje abortusu u Bosni i Hercegovini – organizacije, inicijative i pojedinci* (*Advocacy for the ban and opposition to abortion in Bosnia and Herzegovina – organisations, initiatives and individuals*). Sarajevo: Sarajevo Open Centre, 2024 Available at: <https://soc.ba/zagovaranje-zabrane-i-protivljenje-abortusu-u-bosni-i-hercegovini-organizacije-inicijative-i-pojedinci/>

organisations in the Western Balkans region and the USA, seeking to influence women's decisions, shape the attitudes of decision-makers, and reach the general public through public events, campaigns, protests, and communication on social media. Their content often contains inaccurate and baseless information, and their manipulative strategies can discourage women from deciding to terminate an unwanted pregnancy.

Groups posing as women's counselling centres for unplanned pregnancies claim to provide refuge for women considering abortion, but their social media content often guilt-trips those who need an abortion.

These groups mainly spread misinformation and claims designed to scare pregnant women or the general public, portraying the most extreme, negative consequences of abortion – such as sterility, increased risk of breast or cervical cancer, and mental issues – creating an impression that they occur in far greater numbers than they actually do. For this purpose, a manipulative interpretation of the results of existing research and scientific studies is used, e.g. [that women mostly regret having an abortion](#) or that most women who continue pregnancy are eventually happy that they did so.

Some of these groups are part of wider so-called anti-gender movements, which question the human rights of LGBTIQ persons, relativise or deny gender-based violence, discuss the “dangers of gender ideology” and try to limit the choices and bodily autonomy.⁴

The main conclusions and recommendations based on the analysis of data obtained from quantitative and qualitative research are first presented below. They are followed by findings and results, under three subheadings: quantitative public opinion survey, qualitative survey – results from group discussions and population segments with regard to

4 For more information on anti-gender movements in the Balkans, see: Zaharijević, Adriana. *Rod i region – otpori, strategije i uticaji. (Gender and region – resistances, strategies and influences)*. Belgrade: BeFem, 2025 Available at: <https://www.befem.org/wp-content/uploads/2025/03/Adriana-Zaharijevic-Rod-i-region.pdf>; Collection *Antirodni narativi – Studije slučaja: Hrvatska, Srbija i Crna Gora (Anti-Gender Narratives - Case Studies: Croatia, Serbia and Montenegro)*. Heinrich Böll Stiftung. Available at: <https://www.transbalkan.org/wp-content/uploads/2023/12/Antirodni-narativi.pdf>

their attitudes towards abortion. The survey questionnaire and group discussion guide that served as the basis for the survey are included in the appendices.

This survey of the opinions and attitudes of BiH citizens is a logical continuation of the work done so far in this area and an attempt to complete the picture of the situation in Bosnia and Herzegovina, inform the public and empower advocacy for full access to healthcare related to pregnancy termination.⁵ Public discourse often manipulates data and highlights statistics supposedly showing that the majority of citizens do not support the right to abortion, which does not reflect the real situation.

We hope that the survey results will be of use to the health sector, civil society organisations that advocate for the improvement of sexual and reproductive health and access to rights such as family planning, the media, other institutions in BiH, as well as the general public, in getting a clear and realistic picture of the availability and practice of abortion in the country.

5 Also see Hasanbegović, Delila. *Prijedlozi javnih politika za unaprjeđenje regulacije, dostupnosti i praksi zdravstvene usluge abortusa u Bosni i Hercegovini (Public policy proposals for improving the regulation, accessibility and practice of abortion services in the healthcare system in Bosnia and Herzegovina)*. Sarajevo: Sarajevo Open Centre, 2024. Available at: https://soc.ba/site/wp-content/uploads/2024/02/Paper-69_Layout-1.pdf



MAIN CONCLUSIONS AND RECOMMENDATIONS

Main conclusions

The abortion survey in Bosnia and Herzegovina reveals a society deeply divided between moral beliefs and a pragmatic understanding of reality. Although the public discourse is mostly negative and stigmatising, beneath the surface lies a complex network of attitudes – the public is not monolithic, but fragmented along gender, regional and socio-economic lines.

The paradox of BiH society is in the simultaneous moral condemnation and support for the legal availability of abortion. Namely, although more than a quarter of people first associate abortion with “murder”, and 40% consider it an “immoral act”, the vast majority (69%) still support its legalisation. Group discussions confirm this internal conflict: many

people condemn abortion personally, but at the same time defend other women's right to choose. One's conscience is often separated from what is considered lawful.

Support for the right to abortion is broad, but conditional. Public support is almost unanimous (over 90% in some cases) for abortion in "tragic" situations, e.g. when a woman's life is at risk or in case of rape, while the support drops drastically to below 20% when it involves personal or socio-economic reasons, such as not feeling ready to be a parent or financial difficulties. Focus groups show that abortion is often seen as a "tragic necessity", and rarely as a woman's unquestionable right to bodily autonomy. The limits of this autonomy are particularly visible with regard to the partner's role – the public is completely divided over a woman's right to make such a decision if her partner is against it.

The abortion debate in Bosnia and Herzegovina is clearly gendered. The survey consistently indicates that men and women approach the topic from fundamentally different starting points. Women tend to have more liberal views, think pragmatically, they are aware of stigma, and base their arguments on personal experiences, empathy, and awareness of systemic obstacles such as discrimination and lack of support. Men, on the other hand, often take an abstract, moral and ideological position, focused on the principles of responsibility, sanctity of life and "father's rights".

The public space is dominated by silence and lack of information, which strongly influences the formation of positions. More than 60% of citizens believe that abortion is not discussed in public, and more than half (54%) openly admit that they know little or almost nothing about this topic. This information vacuum, confirmed in focus groups where participants demonstrated ignorance of the law, was directly caused by social stigma and taboo. Such an environment is conducive to the spread of misinformation and the creation of contradictory and confusing views, which is particularly evident around issues such as health insurance coverage of abortion.

One of the most important insights drawn from the qualitative analysis is the existence of strong female solidarity, which often transcends

personal moral or religious views on abortion. In the women's focus group, even participants who spoke out against abortion and considered it a sin or murder ultimately defended another woman's right to choose. It turned out that empathy and understanding of another woman's difficult life circumstances often overrides the urge to impose one's own beliefs. This is clearly different from the male anti-abortion group, whose stance was principled, abstract, and uncompromising, leaving no room for departure from the moral principle. For women, the issue of abortion is not only ideological, but also a deeply personal issue of women's experience and togetherness, where women's support and solidarity are fundamental values.

An analysis of communication and argumentation style revealed a significant asymmetry between groups opposing and those supporting abortion rights. Groups with anti-abortion views, especially among men, were louder, more assertive, and offered a wider range of arguments – from moral and religious, to social and demographic ones. Their attitude was uncompromising, leaving no room for questioning the premise that abortion is murder. On the other hand, although open to dialogue, participants with pro-choice views engaged in shorter discussions and offered a narrower set of arguments, mainly focused on defending bodily autonomy.

This dynamic also suggests a pattern in the broader public sphere: louder and more assertive anti-abortion streams may give the impression that their position is dominant, even though quantitative data suggests otherwise. It is not necessarily about dominance in numbers, but about dominance in public discourse, as the silence of the pro-choice movement often results from a less confrontational and more peaceful approach.

The most important conclusion and the only point of a full consensus is that the solution to the problem does not lie in prohibitions, but in prevention. Regardless of ideological and moral divisions, participants in all focus groups – from the most conservative to the most liberal ones – agree on two key steps for the future: first, introducing comprehensive sexual education in schools; and second, providing stronger and more concrete systemic support to women, mothers, and families, both financial and psychological. Instead of further restrictions, the public

in BiH intuitively understands that the abortion rate can be reduced through empowerment, education, and creating a society that offers real alternatives.

Recommendations

The survey findings provide clear guidelines for future campaigns, advocacy activities, and public appearances by civil society organisations dealing with abortion rights and sexual and reproductive health issues. The recommendations are based on observed attitudes, dilemmas and, most importantly, points of consensus in the public.

1 Prioritize destigmatisation and providing information through campaigns based on facts and personal stories

- Create and distribute easy-to-understand, fact-based materials (infographics, short videos, brochures) that explain the legal framework, medical procedures (including medication abortion) and break down common prejudice
- Launch a campaign that humanises the experience of abortion through anonymous real-life stories of women, thereby shifting the focus from abstract moral condemnation to complex life circumstances
- Share the stories of health workers and doctors who witnessed fatal outcomes in practice due to lack of access to professional and timely abortion
- Actively collaborate with the media to ensure objective reporting based on public health, as opposed to sensationalism and disinformation

2 Launch an advocacy initiative for the systematic introduction of comprehensive sexual education

- Form a broad coalition of parent councils, teachers, medical experts and civil society organisations and put unified pressure on educational authorities
- Use the survey data as a key argument for citizens to recognise education as a primary and efficient solution, regardless of their ideological views

3 Develop gender-specific communication strategies

- For male audience: create messages that emphasise partner responsibility, support, and the positive role of men in family planning. Highlight how restrictive policies and lack of support directly threaten the health and wellbeing of their partners, sisters and daughters
- For female audience: messages should focus on empowerment and informing about rights, sharing experiences to reduce isolation and stigma, and providing information about available support resources. It is also important to strengthen arguments that challenge the claims of those opposing abortion and the right to choose

4 Focus advocacy on strengthening the support system as a key prevention measure

- Publicly advocate for concrete family support policies: certain and regular maternity allowances, accessible and quality childcare, and free psychological support for pregnant women and mothers
- Understand the issue of abortion in public discourse not only as a matter of rights, but also as a matter of public health and social justice; emphasise that the abortion rate is most effectively reduced by improving living conditions and providing systemic support, not by restrictive legislation

- Initiate a public debate on “conscientious objection” and advocate for clear legal mechanisms ensuring that doctors’ personal beliefs do not jeopardise patients’ legal rights.

5 Taking the initiative in public discourse through the narrative of solidarity

- **Changing the narrative – from an abstract “right” to concrete “support”:** Instead of concentrating on the abstract “right to choose” only, focus communication on empathy and women’s solidarity. Campaigns should emphasise support for women in difficult life situations and humanise the topic through real-life stories, thereby showing the complexity of the decision, not ideological correctness. This approach can also include a neutral majority that refuses to judge.
- **Proactive and assertive communication** to fix imbalances in public space: Abandon a passive, reactive position in public debate and develop a broader set of arguments that not only relates to the principle of bodily autonomy, but also includes public health, social justice, and negative consequences of prohibitions. Train spokespersons to confidently articulate pro-choice positions in the media and correct the perception that the anti-abortion position is dominant, clearly and with arguments presenting the perspective held by the currently quieter majority, according to the quantitative survey.

4

SURVEY GOALS AND METHODOLOGY

Survey goals

Goals and objectives of the survey were defined in accordance with its purpose.

The goal of the survey is to gain an in-depth and comprehensive understanding of attitudes, beliefs, perceptions and awareness level of citizens of Bosnia and Herzegovina with regard to pregnancy termination, and to use the collected data to work on destigmatising this topic in the public space.

Survey objectives:

- examine attitudes of citizens on pregnancy termination, including the perception of whether abortion is considered health care and a basic human right

- assess the level of familiarity of citizens with legal, medical and social aspects of pregnancy termination in Bosnia and Herzegovina
- identify key factors (demographic, social, cultural) that influence the formation of views on this topic
- create an empirical basis for future advocacy activities and public campaigns aimed at protecting and promoting sexual and reproductive health and rights

Survey methodology

In order to achieve the survey goals and obtain as complete and in-depth picture of public views as possible, we used a combined methodological approach. The survey included three key steps, each of which had a specific role in understanding the views, perceptions and experiences of citizens.

Research of available literature

The first, preparatory phase of the process included research of available literature. The goal of this phase was to familiarize the research team with the complexity of abortion/pregnancy termination topics in local and regional contexts, rather than to collect secondary data for analysis in the report.

This step provided a deeper insight into existing narratives, legal frameworks, and public discourse, which was crucial for the development of primary research instruments – a survey questionnaire for quantitative survey and a discussion guide for focus groups. The research findings from available literature are not presented in the report because they did not constitute a separate objective, but rather served as support for the quality preparation and implementation of the main survey methods.

Quantitative survey

The quantitative part of the survey played a key role in measuring the prevalence of views and ensuring the statistical representativeness of results on the general population sample in Bosnia and Herzegovina.

Data were collected using the CAPI (Computer-Assisted Personal Interviewing) method – a face-to-face field survey in which the interviewer uses a tablet to record answers directly. This method ensures a high level of data accuracy and reliability, and enables direct contact with respondents.

The average time required to complete the survey questionnaire was up to 10 minutes.

In addition to its primary function – collecting representative quantitative data – this part of the survey also had an important preparatory role for the second, qualitative phase. The analysis of the collected quantitative data enabled the identification of key patterns in citizens' attitudes, as well as the segmentation of target groups according to their beliefs and level of awareness.

Based on these findings, a discussion guide was developed, ensuring that the qualitative part of the survey focused on the most relevant topics and views among the population.

The survey was conducted on a representative sample of 18+ general population of Bosnia and Herzegovina. In order to ensure that the results reliably reflect the views of the population as a whole, a two-stage stratified random sample was applied. A total of N = 550 successful surveys were conducted.

The sample structure is aligned with the data from the 2013 census of population, households and dwellings in Bosnia and Herzegovina, which continues to be the most reliable reference framework for the country's demographic structure.

The respondent selection process was carried out in two main stages:

1 First stage (primary stratification): The territory of Bosnia and Herzegovina is stratified based on two key criteria:

- Region – according to the official statistical division of the country
- Type of settlement – differentiation to urban, suburban and rural settlements. In this way, it is ensured that the number of surveys in each part of BiH is proportional to its share in the total population

2 Second stage (selection of starting points and respondents):

Within each previously defined stratum, a systematic random selection of starting points (addresses) for the interviewers' fieldwork was carried out. Interviewers applied a standardized random-route procedure, strictly following predefined rules regarding the direction of movement and household selection interval (e.g., every third household to the right).

Table 1. Sample structure

TOTAL		%	n
		100%	550
Sex	Male	48%	264
	Female	52%	286
Age	18-29	20%	110
	30-44	27%	148
	45-60	32%	176
	61+	21%	116
Education	Low	5%	28
	Medium	80%	440
	High	13%	71
	No response	2%	11
Employment status	Employed	55%	304
	Unemployed	16%	89
	Retired	18%	99
	Students	7%	41
	Other	3%	17

	TOTAL	%	n
		100%	550
Personal income	No income	9%	50
	Up to BAM 1400	42%	231
	BAM 1401 – 2200	22%	121
	Over BAM 2201	13%	71
	No response	14%	77
Marital status	Single	19%	104
	Married / In a relationship	65%	358
	Divorced / Widow/er	12%	66
	No response	4%	22
Ethnic background	Bosniaks	51%	279
	Croats	15%	84
	Serbs	31%	169
	Others	3%	18
Type of settlement	Urban	47%	259
	Rural	53%	291
Region	Una-Sana Canton	8%	42
	Posavina Canton	1%	7
	Tuzla Canton	13%	70
	Zenica-Doboj Canton	10%	57
	Bosnian-Podrinje Canton	1%	4
	Central Bosnia Canton	7%	41
	Herzegovina-Neretva Canton	6%	34
	West Herzegovina Canton	3%	14
	Sarajevo Canton	12%	64
	Canton 10	2%	13
	Banja Luka region	16%	88
	Doboj region	6%	34
	Bijeljina region	4%	21
	Zvornik region	4%	20
	Pale region	2%	10
	Foča region	2%	9
	Trebinje region	2%	10
	Brčko District	2%	13
	Entity	FBiH	63%
RS		35%	193
Brčko District		2%	12

In order to ensure fully random selection within a household and avoid any bias in the selection of respondents, the “last birthday method” was used. According to this rule, an adult household member who celebrated their birthday last took part in the survey.

After the data collection was completed, the final weighting of the sample was performed by key demographic variables (gender, age, level of education and region), in order to fully harmonise the final sample structure with the population structure according to the 2013 Census. For the realized sample of N=550 respondents, the maximum statistical error is $\pm 4.3\%$ with a confidence interval of 95%.

Qualitative survey

The qualitative component of the survey was conducted through online focus groups with the general population in Bosnia and Herzegovina. The purpose of this part of the survey was to gain in-depth insight into arguments, emotions, beliefs, and life experiences behind views on pregnancy termination, which cannot be captured by a standardized survey instrument.

A total of three focus groups were held, strategically structured as follows:

- **First focus group (FG1):** male participants with strongly opposing views: four participants support the right to abortion and four oppose it
- **Second focus group (FG2):** participants with neutral views or undecided when it comes to abortion
- **Third focus group (FG3):** female participants also with highly polarised views: four pro-choice and four anti-abortion participants

Each group discussion lasted up to two hours.

Recruitment process and challenges: Recruitment of participants for focus groups was conducted using a combination of multiple approaches to ensure sample diversity and inclusion of people with

different views and experiences. The process used: an online panel of the Valicon company, the snowball method through the network of Valicon interviewers, and targeted recruitment using personal contacts.

Due to the sensitivity of the topic, the recruitment process was challenging and required additional efforts. A high rate of refusal to participate was recorded after potential participants learned about the topic. Data collected during recruitment show that out of a total of 1,579 contacted individuals, who were fully informed about the survey topic, **57.2% refused to participate** or said that they did not have time, while **42.8% agreed** to participate.

Before holding each focus group, short individual interviews were conducted with all selected participants. The purpose of the interview was twofold: to confirm their precise position on abortion and, more importantly, to assess their readiness for a constructive and tolerant discussion with people with opposite opinions.

Questionnaires and guides

For the purposes of this survey, the Sarajevo Open Centre (SOC) provided key guidelines for the development of survey instruments, including defining the content of the questionnaire and specific questions. Valicon provided initial versions of the instruments – a survey questionnaire for the quantitative phase and a discussion guide for the qualitative phase. The final versions of both instruments were agreed upon and confirmed after detailed consultations and consideration of comments and suggestions of the client, the Sarajevo Open Centre.

The survey questionnaire, used in the quantitative CAPI survey on the general population, took up to 10 minutes on average. This included introductory screening questions, the main thematic part of the questionnaire, and a final set of demographic questions.

The discussion guide used in the online focus groups was structured to allow for a comprehensive and in-depth discussion lasting up to 120 minutes (2 hours).

The questionnaire and discussion guide are attached to this report.

Data analysis and structure of the report

The collected data were analysed in accordance with the applied methodology, which included quantitative and qualitative analysis.

To ensure greater clarity and easier monitoring of results, the findings of each phase of the survey are presented separately in this report. The first part of the report focuses on the results of a quantitative public opinion survey, while the second part presents in detail the findings of a qualitative survey conducted through focus groups. This approach enables obtaining of a broader, statistical picture of views (quantitative findings) first, and then further deepening of the views through understanding the arguments, emotions, and personal perspectives of the participants (qualitative findings).

Quantitative data analysis included a number of standard statistical procedures, including frequency analysis (proportions, percentages), descriptive statistics, and cross-tab analyses to examine relationships between different variables. For deeper analysis and segmentation of respondents according to their positions, an advanced statistical method was applied - the k-means cluster analysis.

To test the statistical significance of differences between subgroups, the Chi-square test (χ^2 -test) was used, which checks whether there is a statistically significant association between two variables (e.g. position and gender). The association is considered statistically significant when the p-value (sig.) is less than 0.05. All statistically significant differences are clearly highlighted and explained in the text and tables.

The analysis of qualitative data began with a detailed preparation of transcripts of all discussions held within the three focus groups. The thematic analysis method was applied, which included a systematic review of the entire material. The process included open coding of transcripts, whereby all segments relevant to the survey questions were identified and marked.

After that, related codes were grouped into broader categories and subcategories. Through this process, key thematic units, patterns and narratives observed in the discussions, as well as the main points of agreement and disagreement among the participants, were identified. In order to illustrate the findings as authentically as possible, the report includes representative quotes from participants. Selected quotes give voice to different perspectives and provide direct insight into the thought process and arguments behind individual positions.



MAIN SURVEY RESULTS

Quantitative public opinion survey

The first association and perceived stigma

An analysis of spontaneous first associations with the word ‘abortion’ provides fundamental insight into the dominant frameworks through which the public in Bosnia and Herzegovina perceives this topic. The results clearly show that the first reactions are markedly coloured by negative emotions and moral judgments.

Over one fourth of citizens (27.7%) cite “murder/infanticide” as their initial thought, placing this association in a dominant position as the primary framework for understanding the topic. The negative sentiment was

additionally reinforced by a number of other frequent reactions, such as: “something awful/terrible” (10.2%), “forced/deliberate termination of pregnancy” (8.0%) and “sadness/sad” (7.9%). Overall, responses with a negative connotation make up the majority of spontaneous reactions.

On the other hand, despite the overwhelming negative views, a significant share of the population have a more pragmatic approach to the issue. The second most common individual association is “justified/health reasons” (10.8%), which indicates that abortion is recognised as a medical necessity in some circumstances. In addition, the perception of abortion as a “women’s right/freedom of choice” (6.9%) represents an important, albeit less prevalent, positive narrative. Neutral associations, which describe the situation or the procedure itself – such as “unwanted pregnancy” (9.5%) and “surgery/medical procedure” (3.3%) – are also present, but to a lesser extent.

Table 2. First associations with the word “abortion”

(Question: “What comes to your mind first when you hear the word abortion?”
(Open-ended question))

	%
Murder / Infanticide	27.7%
Justified / Health reasons	10.8%
Something awful / Terrible	10.2%
Unwanted pregnancy / Unwanted pregnancy termination	9.5%
Forced / Deliberate pregnancy termination	8.0%
Sadness / Sad	7.9%
Women’s right / Freedom of choice / Right to a decision	6.9%
Against / Disapproves	6.5%
Lost chance / Denied right to life	6.0%
Sin / Haram (forbidden) / Against religion	5.3%
Complex topic / Complicated decision	4.0%
Immoral / Irresponsible	3.5%
Surgery / Medical procedure	3.3%
Death	3.0%
Pain / Painful experience	2.7%
Baby / Child / New life	2.7%
Unprotected sex	2.2%

	%
Abortion / Pregnancy termination / Miscarriage	1.5%
Other	3.4%
Does not know / Does not want to answer	.8%

A deeper analysis reveals statistically significant differences in the perception of abortion among different population segments.

Gender turns out to be a key factor: statistically, men perceive abortion as “murder” more often than women. Women, on the other hand, are more likely to approach the issue through practical and personal frameworks – they cite “justified/health reasons” or “women’s rights/freedom of choice” as their first associations statistically significantly more often. Interestingly, although more inclined to positive associations, women also mention the word “death” more often statistically, which indicates a complex perception that recognises the difficulty and risks of the decision itself at the same time.

Differences in attitudes are also visible between generations and socio-economic groups. Younger population (18–29 age group) shows a more liberal approach and statistically significantly more often emphasises “women’s rights/freedom of choice” than older people. On the other hand, the association with “murder” is most present among people aged between 30 and 44. A similar pattern is related to the level of personal income: as income rises, the frequency of positive associations increases, while people with average and below-average income generally express more negative first associations.

Overall, the first impression about abortion in BiH remains predominantly negative, but a closer look at different segments of society – by gender, age, and income – reveals significant differences in understanding and acceptance of this complex topic.

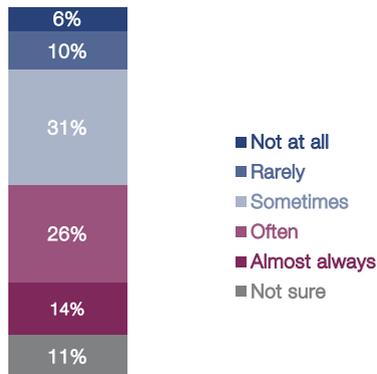
A total of 40% of respondents believe that women face condemnation from the environment “often” (26%) or “almost always” (14%) when they decide to have an abortion. If we add to that number the 31% who believe that this happens “sometimes”, we come to the conclusion that more than 70% of the population recognises the existence of stigma in

some form. Only a small part, 16%, believes that condemnation occurs “rarely” or “not at all”.

This finding directly confirms the initial image of the survey, where the first associations with abortion were extremely negative (“murder”, “sin”), which logically creates an environment of social pressure and condemnation.

The perception of stigma is particularly strong in groups that may be most exposed to social condemnation:

- Women realise that they face stigma statistically significantly more often than men.
- Young people aged from 18 to 29 are also more aware of this social pressure.
- According to marital status, married people are more likely to think that stigma is a rare phenomenon, while singles notice its existence more clearly.



Graph 1. Perception of abortion-related stigma

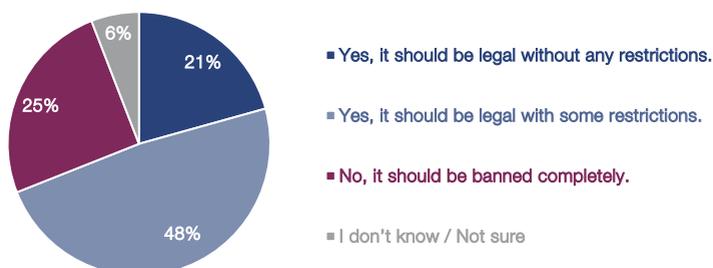
(Question: “Do you think that women in Bosnia and Herzegovina generally face stigma or condemnation if they decide to have an abortion?”)

The issue of legality and morality

The issue of abortion regulation clearly shows that the majority of the population in BiH (69%) supports some form of legality. Within that support, however, there is a significant divide. The largest group of respondents (48%) believes that abortion should be legal, but with some restrictions. This moderate position is more common among people who are married or in a relationship.

In contrast, 25% of citizens support an absolute ban on abortion, while 21% of the population is in favour of a completely legal abortion without any restrictions. A more liberal stance is statistically significantly more often held by women, people with higher education and higher personal income. Also, this view is more common among people who are not in a relationship, while married people are more inclined to the option with restrictions or an absolute ban.

In general, citizens of the Federation of BiH are more open to the view that abortion should be legal without restrictions, while the support for the ban is stronger in the Republika Srpska. Unlike in other questions, the age of the respondents does not play a significant role in forming the attitude here.



Graph 2. Views on the legal status of abortion in BiH

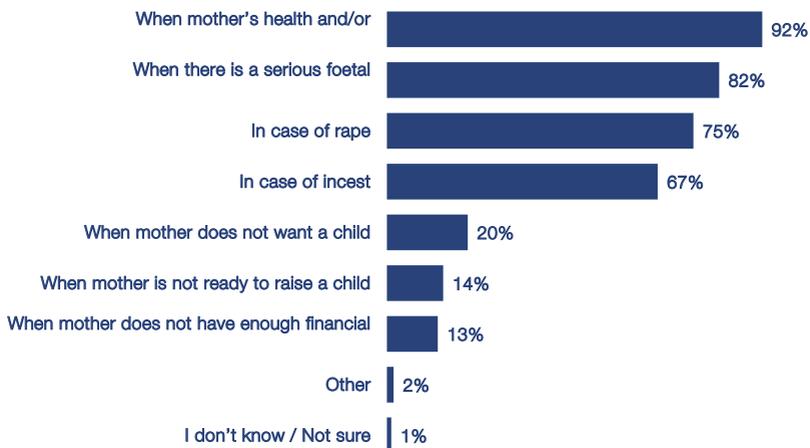
(Question: "Generally, do you think that abortion should be legal in Bosnia and Herzegovina?")

Differences by region are the sharpest with regard to the views on the legality of abortion in the whole survey:

- in Sarajevo Canton and Tuzla Canton, the most dominant view is that abortion should be legal without any restrictions.
- in Zenica-Doboj Canton, a more moderate view prevails that it should be legal with some restrictions.
- Herzegovina and Doboj (RS) regions strongly oppose legalisation and believe to a significant extent that abortion should be absolutely prohibited
- in Una-Sana Canton, an above-average share of respondents who do not have a clear opinion on this issue was recorded
- the share of those who have no opinion is relatively low at the level of the whole of BiH (6%), which shows most people have an opinion on this issue.

Analysis of views of the largest group of respondents – the 48% who believe that abortion should be legal with some restrictions – reveals what the “restrictions” specifically imply. It turns out that there is a clear line that separates the reasons that this group considers justified from those that it generally does not accept.

There is an almost full consensus within this group that abortion is acceptable in difficult, medically or criminally imposed circumstances. Thus, as many as 92% justify abortion when a woman’s health or life is at risk, 82% when there is a serious disease or deformity of the fetus, and the vast majority supports abortion in cases of rape (75%) and incest (67%).



Graph 3. Under what conditions should abortion be allowed?

(Question: "Under what circumstances do you think abortion should be allowed?" (n=273 – who believe abortion should be legal with some restrictions))

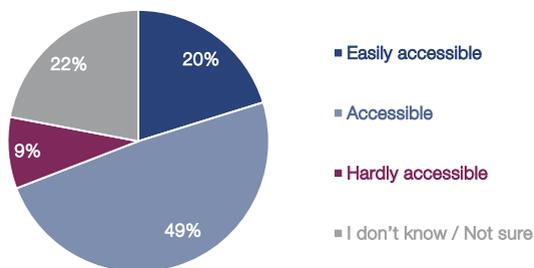
However, the situation changes drastically when the focus shifts from health to socio-economic or personal reasons. The argument that a woman simply "doesn't want a child" is acceptable to only 20% of this otherwise moderate group. Even less support is given to reasons such as 'a woman is not ready to raise a child' (14%) or 'lack of financial resources' (13%).

This division is crucial: it shows that the "moderate" position in BiH society supports the right to abortion primarily as a necessity or medical intervention, while it is much less accepted as a matter of personal choice or a woman's social right.

It is important to note that, due to a small number of respondents in this segment (n=273), no statistically significant differences were observed in responses by gender, age or other characteristics. This points to a fairly strong consensus within the group on these issues.

When asked about the practical availability of abortion services, the majority of citizens of Bosnia and Herzegovina (69% in total) believe that

these services are available to women. However, this opinion is not equally represented in all parts of the country. The analysis shows that citizens in the Republika Srpska are much more confident in the availability of services, while in the Federation of BiH a slightly higher share of respondents believe that access to these services is impeded.



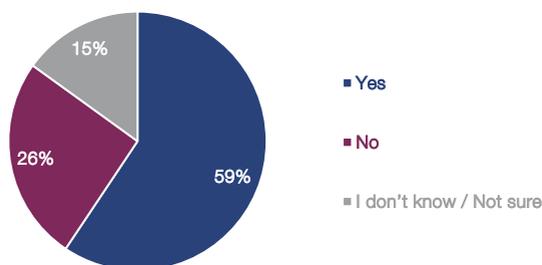
Graph 4. Perception of availability of abortion services in BiH

(Question: “Do you think that abortion services in Bosnia and Herzegovina are available to women who need them?”)

One of the key findings is that as many as 22%, i.e., more than one fifth of respondents, do not have an opinion on the practical availability of abortion services at all. This uncertainty and lack of information is particularly present in some regions, such as the Central Bosnian Canton and Herzegovina, where the share of “I don’t know” answers is above average.

The difference between rural and urban areas of BiH is also interesting. Residents of rural areas are more likely to believe that services are “easily accessible”, although one might expect the opposite. People living in cities, although they also believe that services are available, more often recognise possible obstacles and say that services are “difficult to access”.

When asked whether abortion-on-demand should be covered by compulsory health insurance, almost six out of ten respondents (59%) answered affirmatively. On the other hand, 26% are explicitly opposed, while 15% do not have a clear position.



Graph 5. Opinions about coverage of abortion-on-demand by compulsory health insurance

(Question: “If a woman wants to terminate pregnancy for personal reasons (during the legally permitted period of up to 10 weeks), should she be able to do so through compulsory health insurance (public health institutions, health centres, women’s clinics, public hospitals?)”)

This result seems surprisingly positive at first glance. However, when placed in the context of previous findings that indicate high moral condemnation and extremely low support for abortion as a personal choice (e.g. “when the mother does not want a child”) – high support for funding of such abortion points to an obvious contradiction.

This contradiction suggests that a significant share of respondents likely did not fully understand the complexity of the issue, especially the connection between “abortion on demand” (which they had previously largely dismissed as a reason) and its financing through the public system. It is quite likely that the respondents reacted to the concept of “compulsory health insurance” as something that should generally cover all health services, without making a clear distinction by type and reason for pregnancy termination.

This finding should be interpreted with great caution. Possibly, it does not indicate real, methodical support for public funding of abortion on demand, but general ignorance among citizens when it comes to this topic, its implications, and legislation.

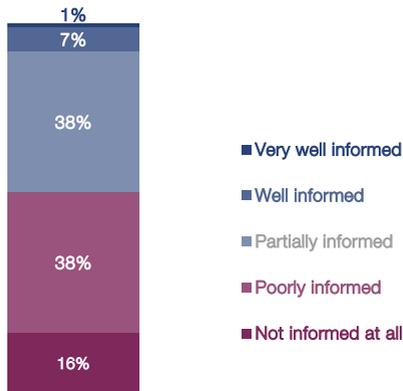
Regional differences are clearly visible even in this question, following the established patterns. The Sarajevo Canton stands out as extremely

liberal, with strong support for health insurance coverage of abortion. On the other hand, the regions of Herzegovina and Dobož are again the most conservative, showing the greatest resistance to this idea. The Una-Sana Canton again stands out for the large number of those who are unsure or do not have a clearly defined opinion.

Awareness and public discourse

The finding from the previous analysis, which indicated a possible misunderstanding of the topic of abortion coverage by compulsory health insurance, is also confirmed in the direct question about awareness. The data clearly show that the majority of the public in BiH openly admits that they do not know enough about legal and medical aspects of abortion.

As many as 54% of respondents self-assess as “poorly informed” (38%) or “not at all informed” (16%). Conversely, only 8% consider that they are “well” (7%) or “very well” (1%) informed. The remaining 38% fall into the “partially informed” category, which confirms the general impression of superficial knowledge of the topic.



Graph 6. Self-assessment of awareness of legal and medical aspects of abortion

(Question: “How informed are you, in general, about legal and medical aspects of abortion in Bosnia and Herzegovina?”)

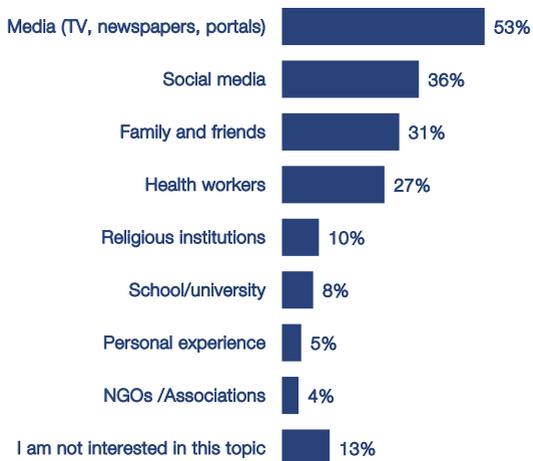
The level of awareness varies significantly among different population groups:

- Expectedly, women are more likely to say they are well informed, while men are statistically significantly more likely to admit that they know nothing about the topic.
- In addition to gender, awareness is closely related to socio-economic status. Citizens with higher income and those living in urban areas are generally better informed than those from rural areas with lower income.
- The Sarajevo Canton stands out as an area with the most knowledgeable people when it comes to this topic. On the other hand, in most other regions, such as the Una-Sana and Zenica-Doboj Cantons, Herzegovina, Central Bosnia Canton, but also the wider region of Banja Luka and Republika Srpska, low awareness levels prevail.

Traditional media (TV, newspapers, portals) are still the most dominant source of information for more than half of the population (53%), followed by social media with 36%. In addition, personal conversations within a family and with friends (31%) also constitute one of the three main channels of information. Expert sources come after these, mostly unstructured sources.

Healthcare professionals represent a direct source of information for 27% of citizens, where women and residents of urban areas are statistically significantly more likely to use this channel. On the other hand, 10% of respondents mentioned religious institutions as a source of information, and this channel is more commonly used among men, and in the Republika Srpska in general.

The formal education system (schools/faculties, 8%) and the civil sector (NGOs/associations, 4%) have very little influence, which is worrying and indicates a missed opportunity for structured, fact-based provision of information. Although their influence is generally low, NGOs are still somewhat more visible in the Federation of BiH than in the RS.



Graph 7. Main sources of information about abortion.

(Question: “Where do you most commonly obtain information about abortion?”)

Expectedly, young people rely most on social media and the education system, although its influence is generally low. In the Republika Srpska, in addition to religious institutions, citizens mostly rely on social media, and family and friends. In rural areas, on the other hand, more respondents say that they have no interest in this topic (13% in total), which is in line with previous findings about their lower awareness levels.



Graph 8. Perception of public discourse on abortion in BiH

(Question: "In your opinion, to what extent is abortion publicly discussed in Bosnia and Herzegovina nowadays?")

Citizens of Bosnia and Herzegovina believe that the topic of abortion is almost never discussed in public. More than 60% of respondents say that this topic is "mostly not discussed" (54%) or "not discussed at all" (7%), which creates a feeling of social taboo and silence around this important health and social issue.

When the topic does appear in public, the dominant tone is negative. Almost one fourth of citizens (23%) say that abortion is discussed in an unsupportive context, while only 7% notice the existence of positive, supportive discourse.

The perception of the tone of public discourse on abortion differs between the entities:

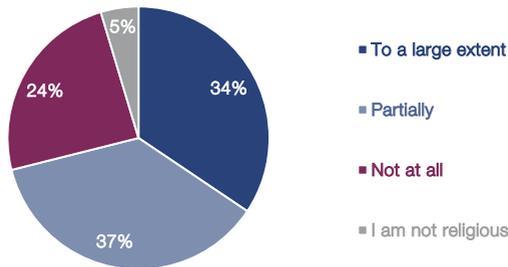
- In the Republika Srpska, citizens notice more often that the topic is being discussed, but mostly in a negative light.
- In the Federation of BiH, on the other hand, there is a stronger impression that the topic is almost completely absent from public space, and respondents more often note that it is "mostly" not discussed, or "not discussed at all"

This perception of public speech, or its absence, directly relates to the previous finding about low public awareness levels. It is logical and expected that in an environment where the topic is not discussed, or is only discussed in a negative light, citizens do not have the opportunity to acquire objective and complete knowledge.

The role of institutions: the influence of religion and politics on opinions

Religion strongly shapes abortion views in Bosnia and Herzegovina. As many as 71% of respondents admit that their religion, at least partially, influences their view on this topic. Of this number, 34% say religion has a “large” influence, while 37% cite a “partial” influence.

Interestingly, almost one fourth of respondents (24%) claim that religion does not influence their views on abortion, which shows that a significant number of people manage to separate their personal spirituality from their opinions on this social and medical issue.

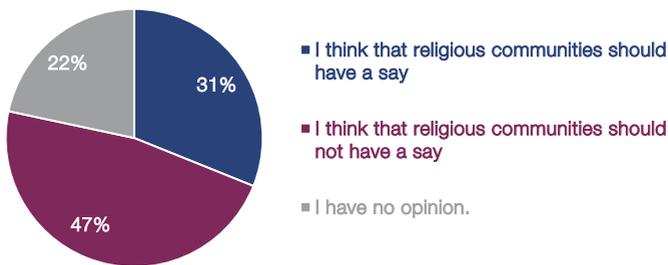


Graph 9. The influence of religion on the formation of views about abortion
(Question: “To what extent does religion influence your opinion on abortion?”)

The influence of religion is not the same everywhere and clearly reflects cultural differences between regions:

- The strongest influence of religion is observed in the Central Bosnia Canton and Herzegovina, where respondents most often say that religion shapes their views “to a large extent”.
- The impact is somewhat more moderate in the Banja Luka and Dobož regions, and is most often described as “partial”.
- The Sarajevo Canton and Tuzla Canton are completely opposite. In these areas, not only is the influence of religion the smallest, but a statistically significantly higher number of people declaring themselves as non-religious has also been recorded (a total of 5% at the level of BiH).

Unlike regional differences, variations by gender and age are not statistically significant. This means that religion equally influences opinions about abortion both among men and women, as well as across different generations.



Graph 10. Views on the role of religious communities in abortion legislation

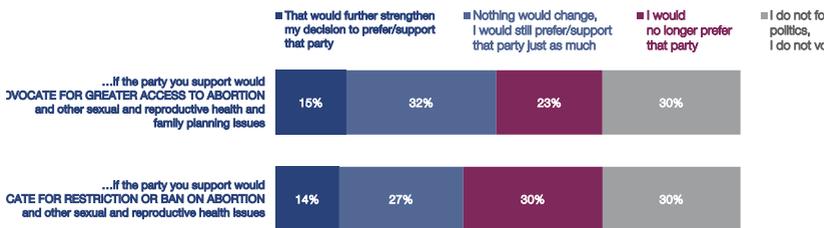
(Question: “Do you think that the position of religious communities on the right to abortion should be taken into account when drafting and adopting abortion-related laws and policies?”)

Almost half of citizens (47%) have a clearly secular position, believing that religious communities should have no influence in abortion-related law and policy making. This opinion is particularly prevalent among women and it gets stronger with higher education levels – the more

educated a person is, the more inclined they are to the idea that abortion should remain free of the influence of religious institutions.

Conversely, almost one third of the population (31%) believes that the role of religious communities is crucial and that their position must be respected. This view is more often held by men, and geographically it is most present in the Herzegovina region, where the majority believes that religious institutions must have influence on legislation. Opinions are more divided in other regions.

In addition to these two opposing groups, a significant share of the population (22%) does not have a formed position, which further testifies to the uncertainty about abstract religious beliefs and when should they be applied to concrete legal solutions.



Graph 11. The impact of a political party's position on abortion on voter support

(Question: "If the political party you prefer, support, or are close to... how would this impact you?")

An analysis of the potential impact of political party positions on voter support provides insight into how politically relevant the issue of abortion is. The first conclusion is that this issue is irrelevant for a significant part of the population (30%), because they do not follow politics or vote.

However, among those who vote, data show a clear asymmetry: political parties risk a greater loss of support if they advocate for restrictions or bans on abortion than if they support a more liberal approach.

- If the party they support started advocating a restrictive approach, as many as 30% of its current sympathisers would stop supporting it.

- On the other hand, if the party promoted a more liberal approach, slightly fewer, 23% of sympathisers would withdraw their support.

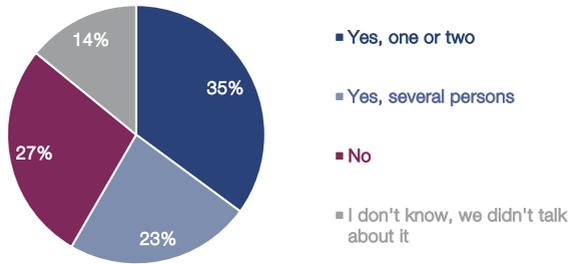
Interestingly, the potential for solidifying the base is almost equal in both cases. Both a liberal (15%) and a restrictive (14%) positions would equally strengthen support from voters who already agree with that position.

In addition, there is a significant cluster of voters whose party loyalty transcends this one issue. 32% would not change their opinion if the party became more liberal, and 27% would not do it if the party's views became more restrictive.

Activism and personal experience

Although abortion is not publicly discussed in public often, and citizens are not sufficiently informed, the experience of abortion is still present among the citizens of Bosnia and Herzegovina. Most respondents (58%) know at least one person who had an abortion - 35% know one or two, while 23% know several.

On the other hand, 27% say they don't know anyone with such an experience. The answer "I don't know, we didn't talk about it", which was chosen by 14% of respondents, is particularly interesting. This data further confirms the existence of a taboo – abortion is often not discussed openly, not even among friends and family.

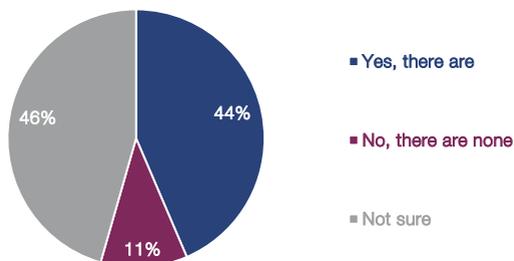


Graph 12. Known persons with abortion experience

(Question: “Do you know a person in your immediate environment (family, school, university, work, friends) who had an abortion - terminated a pregnancy?”)

Access to information about abortion is clearly linked to life experience and societal roles:

- Due to prevailing gender norms, it is no surprise that women are statistically significantly more likely to know other women with this experience. On the other hand, men are more likely to say that they don't know anyone or that they haven't talked about it, which indicates that the topic is mostly shared within women's circles.
- The experience comes with age and life status. Younger population (18–29) and singles mostly do not know anyone with an abortion experience, while older respondents, as well as those who are married or divorced, are much more likely to know one or more people who have had an abortion.
- Place of residence is also a significant factor. In urban areas, the awareness of this experience in the immediate environment is greater, while in rural areas, people do not know as much or they less talk about this.



Graph 13. Perception of the existence of anti-abortion movements in BiH

(Question: “Do you believe that there are groups / individuals / organisations in Bosnia and Herzegovina that oppose abortion and/or advocate for its ban?”)

The question about the existence of organised opposition to abortion in Bosnia and Herzegovina reveals deep insecurity and lack of public awareness. Almost half of the respondents (46%) are not sure if such groups even exist, which makes them the largest individual group. Slightly less people (44%) believe that they do exist, while only 11% are confident that there are no such organisations.

Such a high share of the undecided directly stems from the previously observed trend of not discussing this topic in public. In an environment where abortion is mostly kept quiet, the work of organisations dealing with this topic is naturally not visible to the general public.

Awareness of the existence of these organisations rises with education and personal income levels. In other words, better educated and financially stable citizens are more likely to notice the existence of anti-abortion movements. The difference between the sexes is also interesting: men are somewhat more inclined to claim that such organisations do not exist, while women are more often unsure about this issue.

The regional picture is also very clear and confirms the previously observed patterns:

- In Herzegovina, where resistance to abortion is the strongest, awareness of the existence of anti-abortion groups is extremely high.

- On the contrary, in the Banja Luka region, the prevailing opinion is that there are no such groups
- A high level of indecisiveness is observed in the Una-Sana, Zenica-Doboj and Tuzla Cantons.

Specific forms of anti-abortion activism, such as prayer gatherings, generally go unnoticed by the public in Bosnia and Herzegovina. As much as one third of respondents (32%) say that this is the first time they hear about such activists, while 6% are not sure what to think of it. This indicates that these events are largely invisible to the general public.

Opinions are divided among those familiar with this activism. A total of 21% of respondents express some form of opposition (13% “do not support at all”, 8% “mostly do not support”), while 18% provide some form of support (10% “completely”, 8% “mostly”). Between these two poles, there is a significant group of 23% of neutral respondents.



Graph 14. Public support for anti-abortion activism (“Prayers for life”)

(Question: “In the last five years, activists have been gathering in some cities in Bosnia and Herzegovina who, among other things, “pray for the life of an unborn child”. To what extent do you personally support such gatherings?”)

The profile of support for such gatherings is clear and consistent with previous findings:

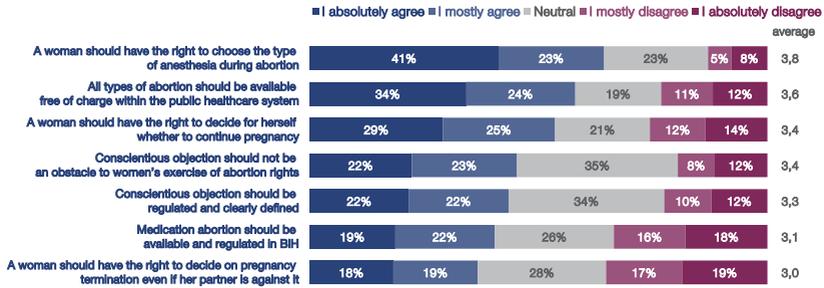
- They are more often supported by residents of rural areas, as well as respondents from Herzegovina and the Dobož regions, who previously turned out to be the most conservative.
- On the other hand, residents of urban areas explicitly oppose these activities more commonly, especially in the Sarajevo Canton. The support also declines as education and personal income levels go up.
- Younger population is more inclined to oppose, while the middle generation (30-44 years old) is somewhat more inclined to support such activities

Public views on abortion in BiH

An analysis of views on a range of specific abortion-related claims provides deeper insight into the nuances of public opinion. Although there is general support for the right to abortion under certain conditions, it varies and weakens when moving from general principles to specific issues of women's autonomy and systemic regulation.

The highest percentage (64% in total) of respondents agreed with the statement that a woman should have the right to choose the type of anesthesia during an abortion. This demonstrates a high awareness of the importance of patient dignity and comfort in medical procedures.

Similarly, the overwhelming majority (54%) support a woman's fundamental right to decide for herself whether to continue pregnancy. However, support for women's autonomy drops significantly when the partner's opinion is taken into account. As for a woman's right to decide on pregnancy termination even if her partner is against it, the public is completely divided: 37% support this right, while an almost identical number, 36%, oppose it. This clearly shows that a woman's autonomy in deciding about her own body is not seen as absolute, but as a decision that her partner can also influence.



Graph 15. Positions on specific aspects of the right to abortion (part one)

(Question: "Several statements related to abortion are provided below. Please indicate for each one the extent to which you personally agree or disagree, using a scale from 1 to 5, where 1 means that you do not agree at all, and 5 means that you completely agree.")

A significant majority of respondents (58%) believe that all types of abortion should be available free of charge within the framework of public health insurance. This finding is consistent with previously noted support for compulsory insurance coverage of abortion on demand and suggests that the public generally believes that finances should not be an obstacle.

When it comes to modern methods, support for the legalisation and availability of medication abortion is somewhat lower, but still 41% of respondents support this option, compared to 34% of those who oppose it.

The issue of doctor's conscientious objection is met with divided and undecided opinions. Nevertheless, 45% of the respondents believe that the conscientious objection should not be an obstacle for exercising the right to abortion, while 20% disagree, and 35% take a neutral position, which indicates great uncertainty on this issue.

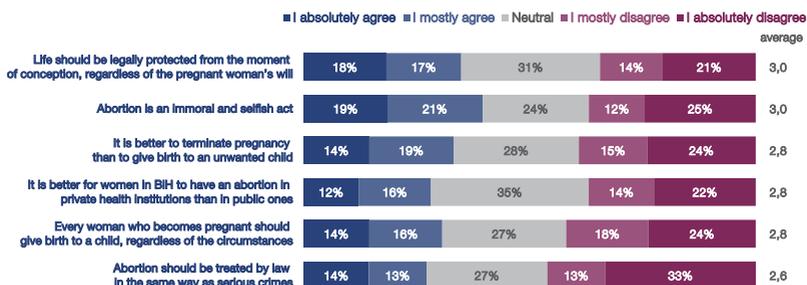
Citizens' indecisiveness is also reflected in the position concerning the regulation of conscientious objection. Almost an equal number of respondents (44%) believe that conscientious objection should be clearly defined by law. This suggests that the public, regardless of personal views, recognises the need for clear rules that would protect the system from abuse and ensure the rights of both patients and doctors.

A clear ideological division is also visible when it comes to the issue of protecting life from the conception. The public is divided around this issue: 35% agree with the statement that life should be protected from conception regardless of the woman's will, 35% disagree, while 31% are neutral.

This moral dilemma is also reflected in the perception of the act itself: 40% of respondents believe that abortion is an immoral and selfish act, while 37% disagree.

However, when the moral stance is applied to an absolute obligation, the support level declines. The majority of respondents (42%) do not agree with the statement that every woman who becomes pregnant should give birth regardless of the circumstances, indicating that the public still recognises the need for exceptions.

Yet the public is equally unwilling to fully accept the opposing, pragmatic argument. 39% of respondents disagree, while 33% agree with the statement that it is better to terminate a pregnancy than to give birth to an unwanted child, which indicates a deep discomfort when weighing between the two difficult outcomes.



Graph 16. Positions on specific aspects of the right to abortion (part two)

(Question: "Several statements related to abortion are provided below. Please indicate for each one the extent to which you personally agree or disagree, using a scale from 1 to 5, where 1 means that you do not agree at all, and 5 means that you completely agree.")

The biggest rejection was recorded for the most radical claim. Almost half of the population (46%) explicitly disagree with the idea that abortion should be treated as a serious crime, while 27% support it after all. This is a key finding that shows that, even among those who consider abortion immoral, most of them do not support its criminalisation.

Finally, when asked if it is better to have an abortion performed in private or public institutions, respondents are very indecisive (35% neutral), with a slight tendency to think that it should not necessarily be performed in the private sector (36% against).

Qualitative survey – results from group discussions

Values and social frameworks

The introductory group discussions on values and society served as a clear indicator of ideological frameworks that gave rise to abortion views. Although fundamental (traditional) values such as family and health were common to all three groups, their interpretation in the context of contemporary society revealed certain differences.

The discussion in a male only group was marked by strong resistance to “progressive” Western values, which were perceived as a direct threat to Bosnian society. The most vocal were men who are generally against abortion and believe that it should be banned, especially the “abortion-on-demand”. Using examples such as education about gender identity in German schools or the right of individuals to declare themselves as they wish, they expressed fear of “deformed” - as they described them - ideologies that contradict religious and traditional norms. Their view of tradition was defensive and aimed at preserving the existing order.

On the other hand, the men in the group who were more open to the abortion topic expressed slightly more liberal views, although traditional values such as family, health and religion still prevail.

“The problem is that when we embrace a progressive value, we have to ignore tradition because it will be forbidden by law, the traditional values.”

Quote from group discussion

“Some agendas they push for in Europe nowadays, imposing them on children in schools, what nonsense; it’s terrible, it has nothing to do with our tradition or anything. We will ignore it all, we will just go back to being bigoted. Let’s just accept our tradition, all the 3, 4, 5 peoples, we have a fine tradition.” Let’s rely on our fine traditions and stick to them because one day they will come and convince your child that he can choose his gender and the like, that’s awful.”

Quote from group discussion

The discussion with women’s group, unlike the male one, revealed a significantly more complex attitude towards tradition based on personal experience. While men mostly portrayed tradition as something unique and positive that should be defended, women showed a dual, somewhat ambivalent view.

On the one hand, tradition is a positive support for the participants. They spoke of consciously accepting and respecting family and religious customs that give them a sense of identity, belonging, and continuity.

Tradition is viewed as both a burden and a source of social discipline at the same time. The discussion showed that traditional environments often judge and criticise women who depart from expected gender roles

and make decisions that are considered “modern” or too unrestrained, thus imposing a sense of guilt or non-belonging on them.

The key difference compared to the male group was that the women clearly distinguished “religious teachings” from “patriarchal tradition”. For them, the problem often does not lie in religious teachings themselves, which can be a source of strength and rights, but in social customs and norms that have developed over time to limit women’s freedom and autonomy.

“I think we [BiH society] are more traditional, although some may not admit it, but I think we are, and this is dictated by the small environments in which we live. There are a couple of bigger ones, but in general they are all small environments where such values are cherished. A lot of people look at it positively from the outside. I’m not saying it’s negative or positive, but I think it’s more traditional.”

Quote from group discussion

The mixed group is somewhere between these two poles. They recognised that the society was predominantly traditional, but they viewed Western trends with less fear and more scepticism, describing them as “going to extremes.” Their discourse was more moderate and focused on finding a balance between preserving values and accepting inevitable changes.

“I respected everything that had to do with tradition, even for me, the baptismal service, celebrating Christmas, Easter, baptism, that’s very important in my life, and the first thing I wanted when my son was born was to have him baptised.” I love those ceremonies, it’s very important to me and it has to be done in line with the customs; I was a child who knew nothing about customs, and in four years I became a person who fully respects customs as the tradition dictates...”

Quote from group discussion

Parenting and gender roles

The biggest differences surfaced around the issue of gender roles and parenting, where men discussed using abstract principles, and women focused on concrete experiences and life situations.

The group discussion with male participants was largely ideologically oriented, and focused on defending the idealised image of a traditional family. Men harbouring negative views of abortion were the loudest. They emphasise the “God-given” differences between men and women, believing that they have their respective natural roles. According to them, women’s inclusion in the labour market is considered a negative historical trend, because children are left to the “system” too early, while women are seen as the natural “pillar of upbringing” in the family, partly due to their supposedly greater emotional intelligence. Their discussion was more focused on defending the principles and social order they considered right and natural, rather than on everyday parenting challenges.

Men with slightly more liberal views, however, viewed parenting and gender roles more openly, and supported women’s freedom. However, as with previous topics on social values, traditionalists are significantly more vocal in their contributions, presenting more arguments and strongly defending their positions, leaving little room for discussion or questioning. More open participants, on the other hand, did not feel the need to defend their positions so much or to enter into conflicts with opposing opinions. This indicates that the “traditionalists” will be more visible and intrusive in the public and media space, while the “progressives” will remain more reserved.

“Women and men are different, it is God-given, whichever God you believe in, and they are special as they are. I recently read - which really struck me - why women are convinced that they have no rights, that women want to work like men. At the time when they didn’t work, 50% of the households were tax-free and the sooner women were pushed into labour market, your child enter the system sooner, to be raised by the system. It’s that simple, and ridiculous. To convince a woman that she is

not modern if she has given birth to a child... Giving birth to a child is the greatest power in the world, giving life..."

Quote from group discussion

Contrary to this approach, the conversation in the women's group was strongly rooted in concrete life experiences and everyday challenges. Participants pointed out various forms of discrimination they face in their professional and family lives – from inappropriate questions about family planning in job interviews to insufficient maternity allowances that deepen the economic gap. The existence of dual expectations was especially emphasised: men in the public often prefer modern, educated partners, but in the context of marriage they still expect a traditional “woman of the house”, who will take care of the children and the household. Such a model, which is rarely questioned in practice, creates a permanent feeling of “double burden” - even when a woman works, she still bears the main responsibility for parenting and housework, thereby maintaining the position of “primary parent”.

The mixed group emerged as a bridge between these two perspectives, and the focus shifted from ideological discussions about gender roles to concrete parenting challenges. The conversation was marked by strong personal testimonies that undermined the idealised image of a family:

- The experience of one participant with severe postpartum depression showed that partner support is crucial and that the romantic idea of motherhood can collapse under the pressure of real psychological challenges.
- The testimony of one participant about the long-term struggle for offspring opened a perspective according to which parenthood is above all a privilege, not only an obligation

In this group, the emphasis was not on who should do what, but on challenges (mental, financial, biological) people face on their path to parenthood and beyond.

“One doesn’t feel capable of being a parent, and maybe it’s better not to have children at all, instead of creating a problem for themselves, not raising the child properly, not devoting themselves to the child, and not making a decent human being out of them. I think that everyone has the right to do what they want as long as it doesn’t affect me, but also, it’s not my job to tell others what to do. We all have equal rights, it’s just a matter of who is asking for what rights and for what purposes.”

Quote from group discussion

The question of the “right time” for parenthood has proven to be a key point where ideals, expectations, and real-life circumstances intersect. All three groups recognised the existence of strong social pressure to start a family at certain age, and intrusive questions about marriage and children, described as “tasteless”, were highlighted as part of the usual social routine “during holidays, Christmas, Eid” etc.

However, the reasons for delaying parenthood and opinions on that issue turned out to be very different:

- In the men’s group, delaying parenthood has been criticised in part as a hedonistic choice of a generation that has decided to “drink alcohol and party in their twenties” instead of starting a family when they are so full of energy. Traditionally oriented participants particularly emphasised the “feminist trend” as problematic, where women postpone motherhood until their thirties in favour of their careers, which was described as a period of “deformity” that may lead to problems with conception later.
- In contrast, discussions in the female and mixed groups revealed that postponing parenthood is usually not a matter of hedonism, but of existential necessity. Financial and housing insecurity were highlighted as key obstacles. This is illustrated through personal experiences of female participants who waited years for a permanent job before deciding to have a child. To them, parenthood not

only requires emotional “maturity”, but also “sufficient means of subsistence secured.”

All three discussions give rise to a conclusion that the “ideal time” for parenthood is out of step with the modern lifestyle, and that such decision represents a complex balancing between societal expectations, the biological clock, and, above all, existential security.

“If a woman doesn’t give birth by the age of thirty, she is condemned for being late, for not having given birth earlier, as if she doesn’t have the right to give birth when she wants, which is a regular right.”

Quote from group discussion

Central debate on abortion

Qualitative analysis shows that the discussion about abortion in Bosnia and Herzegovina is shaped by at least three clearly distinct narratives: the “pro-life” narrative, the “pro-choice” narrative, and the “neutral environment” narrative that attempts to reconcile deep moral conflicts. Each of these narratives relies on different assumptions, uses different language, and advocates for different approaches, and differences between them are particularly evident when comparing the views of male, female, and mixed focus groups.

“Pro-life” narrative: Abortion as murder, moral decline and social irresponsibility

The pro-life attitude, most clearly expressed in the male group and part of the female focus group, is based on the belief that abortion is primarily a moral, not a medical or social issue.

Abortion is murder: This is the central point of the anti-abortion narrative. Participants who hold this view consistently use words “murder” instead of “abortion” and “child” instead of “foetus”. The argument relies on the belief that life begins at conception, which is supported in

three ways: *by reference to science, personal experience, and religious teachings, primarily in Catholicism and Orthodoxy, where the act is directly linked to the fifth commandment, "Thou shalt not kill."*

Abortion as an act of social and personal irresponsibility: The second pillar of this narrative is the thesis that abortion is a consequence and indicator of general moral and social decline. It is believed that the legalisation and acceptance of abortion lead to avoidance of responsibility for sexual behaviour. In the male group, among participants who oppose abortion, this was presented as a direct contribution to the "support for deviant behaviour in society," including prostitution and promiscuity. Abortion for personal or economic reasons is interpreted as selfishness and as a violation of the traditional "lifestyle".

Denial of father's rights and killing of fatherhood: A particularly prominent argument in the male group, especially among participants who oppose abortion, was that abortion directly threatens the role and rights of men. They believe that a women cannot decide to terminate a pregnancy on her own, because the child is "the fruit of two people". Excluding men from the decision-making process has been described as "total absurdity," an act that "kills fatherhood" and denies a man's basic right to be a father.

"Honestly, I don't find it [abortion if the mother is not ready for motherhood] to be a good reason for abortion; just as raising a child requires certain resources, every child attracts its own amount of luck. Abortion requires certain financial resources. As far as I know, it is not covered by health insurance. A generous amount of money is needed for the procedure. I think it is better to direct these funds to the preparations for the child's arrival and their future upbringing than to the abortion itself."

"Now most people say that they would allow abortion when a woman's health is at risk. It is easy to go online and find a doctor who performed over 5000 abortions. He said that every pregnancy that endangered the

woman's health ended in childbirth because the children already reached the viability point, and in all of these cases, the woman and the child were alive and well after delivery. It's just plain propaganda. You should surf the Internet, see what is being done there. Stop calling it a foetus, it's a child, stop calling it an abortion, it's a murder. Listen to doctors, women who had abortions, who regret it 30 years later."

"I don't support abortion for fun, as previously explained, or for poverty reasons. Let's face it, one can't be so poor not to be able to support one child. I generally waited four years for a permanent job, in order to start a family, to have a child. I gave birth to my first child at the age of 32, which is a disaster. Did I get the job? No, I am still on a fixed-term contract."

Quote from group discussion

The “pro-choice” narrative: Abortion as a woman's right, bodily autonomy and necessity

The narrative advocating for the right to abortion, most clearly articulated in the female group and part of the mixed group, but also present among individuals in the male group who support abortion, is based on the principle of individual rights and a pragmatic perception of life circumstances.

Women's bodily autonomy: The basis of this narrative is the “my body, my choice” principle. Participants strongly emphasised that, since a woman endures nine months of pregnancy, childbirth, and the post-partum period, the final decision must be hers. The partner's role is seen primarily as support, and not as an equal voice in deciding about her body. This attitude is summed up in the statement: “she carries the child, the man doesn't... the woman decides what she will do and how she will do it, whether someone likes it or not.”

Foetus as a fertilised egg, not as a formed person: In response to the “murder” thesis, this narrative makes a clear distinction between an embryo and a born child. The women’s group also had a theological discussion, with one participant citing the teaching from the Holy Book that “a foetus does not have a soul until the 120th day,” meaning that Islam does not consider early abortion to be murder. In the male group, the pro-choice approach relied on the legal argument that an unborn child is “not in the system” and cannot be treated as a person with rights until they get a birth certificate.

Abortion as a necessary solution and harm reduction: This narrative does not see abortion as a desirable option, but as a necessary way out of difficult life situations, emphasising that abortion is a lesser evil than giving birth to a child who would suffer due to poverty, a dysfunctional family, or a lack of parental attention and love. It also points out that banning abortion would not eliminate this practice, but would only make it illegal, encouraging unsafe procedures that endanger women’s health and life – which is an argument based on the harm reduction principle.

“I think that, as most have said, it all depends on the segment in which it happened, a relationship, marriage, planned or unwanted pregnancy, whatever... What is extremely important for all of us here is to understand that it is her organ, her business, what she wants to do with it, and secondly, absolutely no one but her has the right to decide what to do with her body.”

“It is her private business, but it is immoral to use an abortion as means of contraception, it is very irresponsible towards one’s body. I had an early miscarriage and I know what it means, even in those first 4-5 weeks, the body starts to change... How can someone go through such a thing over and over again? It was too hard for me.”

“Abortion can be immoral, but it is justified after a rape, if the baby is sick, if the foetus will not be able to develop or if the mother’s life is at risk, but on the other hand, I believe that if a woman does not want to give birth, she has the right to feel so, and I think that it is not pregnancy prevention. I can condemn it privately, but my objective opinion is that a woman can decide on her body because it belongs to her..”

“Yes, it’s better than to torture the child later, because there are all kinds of people. I am a mother of three and all three were planned. I have never had an abortion; I think that the mother should decide ultimately. Not all of us are meant to be parents...”

Quote from group discussion

The perspective of the “neutral” group: Empathy as a bridge between two opposing views

The mixed group, made up of people with no strong views on abortion, revealed an internal conflict that probably reflects the feelings of a significant part of the population.

- **Torn between two principles:** During the discussion in this group, participants were accepting arguments of both sides at the same time. On the one hand, they recognised that foetus is “a living thing” and that abortion is “a decision about others”, thus showing an understanding of the moral weight of the pro-life position. On the other hand, they firmly defended the principle that “everyone has the right to do what they want with their body”.
- **Refusal of condemnation as a central position:** Due to their inner dilemma, this group’s crucial position was refusing to judge. The statement “I can’t say I support, but I certainly don’t condemn it” is the best summary of this position. To them, this decision is too personal and difficult to be judged from the outside.

- **Focus on systemic solutions:** Since they could not fully resolve the moral dilemma, this group turned their attention to the system. They strongly stressed that the government should provide real support to women – financial, psychological, and institutional – in order to offer them real alternatives and to reduce the abortion rate through prevention, not prohibition.

Where is the line between necessity and personal choice?

Although views on abortion in Bosnia and Herzegovina are deeply polarised, qualitative analysis shows an almost universal consensus when it comes to terminating a pregnancy in extremely difficult, so-called “tragic” or “forced” circumstances. In all three group discussions, regardless of initial views of the participants, there was a high level of agreement that abortion is justified in the following cases:

- when a woman’s life or health is at risk,
- when foetus suffers from severe deformity, incompatible with life,
- the pregnancy is a consequence of rape or incest.

This shows that even the staunchest opponents of abortion make exceptions when the decision arises from circumstances beyond the woman’s control.

However, the consensus disappears completely when the discussion shifts from “tragic” to so-called “life” or “choice” reasons – such as financial difficulties, psychological unpreparedness, or a simple decision not to have a child. There is a clear dividing line between different worldviews.

The male group expressed almost unanimous and uncompromising views on this issue, even among participants who were pro-abortion in principle. Socio-economic and personal reasons, described as “ridiculous” or “sad”, are not accepted as justified or recognised as real life difficulties,

but are viewed as an excuse to avoid personal and social responsibility arising from consensual sexual relations. According to this view, the line is clear: abortion is acceptable only as a tragic medical intervention, while it is morally unacceptable to use it as a solution to life's problems.

"I don't think it's murder until the third month, and after the third month it's risky for the mother; doctors wouldn't perform an abortion after the third month. Doctors perform abortions until the third month. This is a democratic society and if we have chosen to live in a democratic society, we have no right to decide on another person's body and lifestyle. Since we all have equal rights, if we chose to live in such a society, then we must grant people the right over their own bodies. If the government were to start deciding about our bodies now, what would become of us in the end. I can believe that something is immoral; it's murder, but it's not mine. I can think that I would never do it, but it's not up to me to decide what someone else will do with their body."

Quote from group discussion

In contrast, the female and mixed groups expressed much more empathy and understanding for the complexity of life circumstances, which added more layers to their discussion. There was no consensus in the women's group: while some participants repeated the views of the men's group, others strongly emphasised that factors such as lack of support from a partner and family, poverty, or psychological unpreparedness are valid reasons that can make a woman decide to have an abortion. Their arguments were based on practical reality, not ideals. Even a seemingly clear reason like rape sparked heated debate within the group, and participants condemned the stance of one respondent who resorted to victim blaming, which shows how personal and complex these topics are for women.

The mixed group further deepened this complexity, shifting the focus from moral condemnation of individual causes to criticism of the system.

They recognised that financial and personal reasons often stem from a lack of adequate support. Instead of condemning a woman who decides to have an abortion due to poverty, they asked why the government fails to provide economic, psychological and social support that would enable a real alternative. Their position was pragmatic: instead of debating the morality of reasons, the focus should be on removing the circumstances causing them.

In conclusion, when it comes to justifying abortion, the line is drawn in different places depending on the dominant frame of mind. For one group, that line is strict and exclusively medical; for others, it is flexible and deeply conditioned by a woman's social, economic, and psychological realities.

"[The government] should provide support to women so that they can decide eventually, because a woman may often choose an abortion because she panics, she doesn't know where to go, her partner is not supportive, he chickens out, but if she gets adequate support and psychological help from the government, because in that case we are not... The woman is in a different mental state when pregnant... Sometimes she can decide to have an abortion out of fear, and maybe she would keep the baby if someone gave her options for a better life. In any case, I believe that the government should provide a woman with options, so that she can make up her mind. Some women think that they are not fit to be mothers, I respect that tremendously. We witness nowadays that some women treat their children very badly. Maybe it would be better if she didn't keep the child, sometimes it is better for the children. Children really experience terrible things, but once they're born, I would never say that it would be better if they were never born. When I see that a woman wants to have an abortion because she thinks she is unfit, I would give her an option and offer psychological counselling before the final decision..."

Quote from group discussion

Government's responsibility, the influence of religion and the vacuum in education

Regardless of their initial views on abortion, the participants clearly pointed out systemic failures and presented solutions they consider necessary. Their arguments reflect the tension between expectations of a secular state and the influence of religious authorities.

Education as a universal solution

Among a myriad of divided opinions and emotions, all participants from all three groups were united about one thing: reducing the number of unwanted pregnancies and abortions is possible through comprehensive and mandatory sex education in schools. This is an encouraging finding considering the divided views on sexual education in Bosnia and Herzegovina and frequent conservative resistance from part of the public. The idea of introducing comprehensive sexual education has been around for more than ten years, but it is still a taboo and there are no systemically integrated curricula in educational institutions.

This demand was strong among both the most conservative opponents of abortion and the most liberal pro-choice advocates. Participants criticised the current situation as a complete vacuum, where young people get information from unreliable sources such as the Internet and pornography, developing a “distorted picture” of sexuality. In the male group, the participant who strongly opposed abortion simultaneously advocated for the introduction of sexual education instead of religious education, considering it “much more useful.” The mixed group noticed that such education used to exist in schools, but they are almost non-existent nowadays, except through short-term, project-based activities.

This unanimous conclusion shows that - when it comes to prevention - ideological differences are fading, and that citizens recognise education as a fundamental societal obligation towards youth.

The role of the government

Participants expressed deep distrust and disappointment in the state, which they see more as a passive observer than as a proactive support system that can reduce the abortion rate. Their expectations follow two key directions:

- **The state as a system of prevention and support:** The female and mixed groups particularly emphasised the “hypocrisy” of society and the state, which condemns abortion, but does not provide any concrete support to women in giving birth and raising a child. Participants emphasised that adequate and secure financial support (such as timely and sufficient maternity allowances) and psychological assistance during and after pregnancy would provide many women with a real alternative to abortion. The message was clear: the government’s inaction and lack of support create circumstances in which abortion becomes the only way out for women in crisis situations.
- **The state as a regulator of rights:** The discussion revealed a lot of confusion about the existing laws, but also sharp criticisms of the way they are implemented. The issue of “conscientious objection”, especially in the mixed group, was not seen as an individual right of doctors, but as a systemic failure that creates inequality and forces women to seek services in other cantons, states, or the poorly regulated private sector. The participants’ position was clear: if abortion is permitted by law, the state must ensure that this right can be exercised in practice, without obstacles.

Religion as authority

During the debate on the role of a secular state, the influence of religion as a key moral authority was constantly emphasised. Opinions on whether this moral authority should be translated into law were divided:

The men’s group was more open to the idea that religious institutions should be involved in decision-making and that their position should be respected, which is consistent with their view of abortion as primarily a moral issue.

A significantly more secular approach prevailed in women's and mixed groups. Participants emphasised that religion is a personal matter and should not affect laws that apply to all citizens, regardless of religion.

This division reflects a deep schism in society: while one side sees religious institutions as guardians of moral values that the state should follow, the other sees them as a private sphere that must not encroach on public policies and rights guaranteed by the constitution.

Population segments with regard to attitudes towards abortion

In order to gain deeper insight into the structure of public opinion and overcome the limitations of standard analysis of average, a segmentation analysis was conducted with the aim of identifying key population groups that differ mutually by their positions on abortion. The results showed the existence of three statistically significant and relatively homogeneous groups, which approach the issue of abortion, its morality and regulation in fundamentally different ways.

Methodological approach

For segmentation purposes, k-means cluster analysis was used, an advanced statistical method that groups respondents into clusters (segments) based on the similarity of their answers to key questions. The goal is for respondents within the same segment to be as similar to each other as possible, and as different from respondents in other segments as possible. The analysis was conducted through several iterations with 2, 3, 4 and 5 segments, with the three-segment solution proving to be the most stable and clearest for interpretation.

A set of 12 key statements directly reflecting views on abortion was used as the basis for segment creation. The analysis included the following statements:

1. A woman should have the right to decide for herself whether to continue pregnancy.
2. Every woman who becomes pregnant should give birth to a child, regardless of the circumstances.
3. Abortion is an immoral and selfish act.
4. A woman should have the right to decide on pregnancy termination even if her partner is against it.
5. It is better to terminate pregnancy than to give birth to an unwanted child.
6. A woman should have the right to choose the type of anaesthesia during abortion (general, local or without anaesthesia).
7. Medication abortion (pregnancy termination using medications) should be available and regulated in Bosnia and Herzegovina.
8. Life should be legally protected from the moment of conception, regardless of the pregnant woman's will.
9. Abortion should be treated by law in the same way as serious crimes.
10. All types of abortion (on demand, medically indicated, spontaneous) should be available free of charge within the framework of public health insurance.
11. The doctor's "conscientious objection" (refusal to provide health care for personal, moral, religious and similar reasons) should not be an obstacle to exercising a woman's right to an abortion.
12. The "conscientious objection" (refusal to provide health care for personal, moral, religious and similar reasons) should be regulated and clearly defined by law.

The statement “It is better for women in Bosnia and Herzegovina to have an abortion in private health institutions than in public ones” was deliberately excluded from the analysis, since it does not reflect the view of the act of abortion itself, and the answers were not diverse enough to help distinguish the segments more clearly.

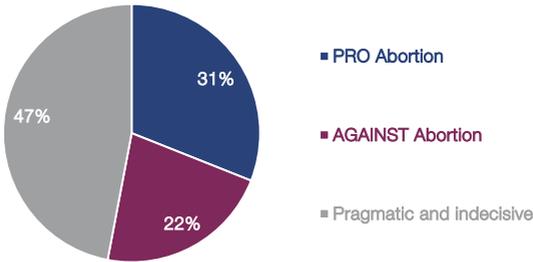
Final segments

The final analysis identified three clearly defined segments, as follows:

Segment 1: PRO abortion (31%)

Segment 2: Pragmatic and indecisive (47%)

Segment 3: AGAINST abortion (22%)



Graph 17. Population segments based on views and attitude towards abortion

A detailed overview of demographic characteristics, views and beliefs of each of the three segments is provided below.

Table 3. Description of population segments based on views and attitude towards abortion

PRO abortion (31%)	Pragmatic and indecisive (47%)	AGAINST abortion (22%)
<p>DEMOGRAPHY</p> <p>The segment that supports the right to abortion is most often made up of women of all ages.</p> <p>Most of them live in large cities in the Federation of BiH, such as Sarajevo and Tuzla. They are mostly better educated and have above-average personal or household incomes, often over BAM 2,000 per month.</p> <p>When it comes to private life, this group includes more people who are single, divorced, or in a relationship other than marriage. What unites them the most is their attitude towards religion - this group includes the largest share of agnostics and those who do not declare themselves religious. As for their ethnic background, the mostly declare themselves “Others”.</p> <p>VIEWS AND BELIEFS</p> <p>The views of this segment are extremely clear,</p>	<p>DEMOGRAPHY</p> <p>This segment, which makes up the largest part of the population (47%), represents a demographic breakdown of an average inhabitant of Bosnia and Herzegovina, with moderate and often indistinct characteristics.</p> <p>There is a slightly higher proportion of men in this group, but there are no significant age and education differences, which shows that this position is widespread across different generations and education levels. They are distinguished by their family status – most are married and have children.</p> <p>Their economic status is average or below-average. This segment includes a relatively high number of the unemployed, personal income is low or non-existent, while household income is mostly average.</p> <p>Viewed by the Entity, they are somewhat more numerous in the Republika</p>	<p>DEMOGRAPHY</p> <p>The anti-abortion segment is demographically the most homogeneous and ideologically most clearly defined in the population. Their primary stronghold is in Herzegovina, and in terms of ethnic background, the majority tend to declare themselves as Croats. Accordingly, it is a highly religious segment, predominantly Catholic.</p> <p>The share of men is somewhat higher in this group. Interestingly, unlike other segments, there are no significant differences in terms of age, education, work or marital status. What further sets them apart is household size – a significant majority lives in families with five or more members, which is in line with their traditional and pro-life values.</p> <p>VIEWS AND BELIEFS</p> <p>The worldview of this segment is strongly linked to religion and traditional</p>

consistent and based on the right to choose and bodily autonomy principles. Members of this group believe that abortion should be **legal without any restrictions**. Their first associations with this topic are neutral, such as “unwanted pregnancy” or “medical procedure”, but also rights-based, such as **“a woman’s right to choose”**.

Because they consider abortion an important health right, they often point out that services in BiH are currently **difficult to access**. They advocate that termination of pregnancy on demand be financially accessible, i.e., covered by compulsory **health insurance**.

They consider themselves **well informed** on the topic, and their knowledge is mostly drawn from **professional sources**, such as non-governmental organisations and health experts. At the same time, they are aware that abortion is **hardly ever discussed** in public.

Their views are distinctly secular – religion has almost no influence on their opinions, and they firmly believe that the **views of religious communities**

Srpska, and regionally in the Zenica-Doboj Canton, Doboj region, and the Brčko District. As for their ethnic background, the mostly declare themselves **Bosniaks** or **Serbs**. The key feature of this segment is high **religiousness** - they are mostly **Islam and Orthodox believers**.

VIEWES AND BELIEFS

The views and beliefs of this largest segment reflect their demographic position - they represent the moderate, undecided and often passive “middle part” of Bosnian society.

Their indecisiveness is best manifested in spontaneous reactions to abortion, which are mostly unexpressed, with a slight tendency towards negative concepts such as **“sin”** or **“something terrible”**. Accordingly, their position is that **abortion should be legal, but with certain restrictions**, and a high degree of uncertainty has been noted concerning this issue. The line of support is clearly defined: **they support abortion in cases of rape, incest, serious fetal diseases or threats to the woman’s health**.

morality, which shapes all of their views on abortion. To them, this is not a matter of personal choice, but a fundamentally moral principle. Consequently, the first association with abortion is **“murder,”** and the act itself is considered **deeply immoral**.

This uncompromising view directly shapes their attitude towards legislation. They advocate for a **complete ban on abortion** and believe that it should be treated as a **serious crime**. They strongly oppose the idea of abortion-on-demand being covered by health insurance and do not recognise personal or socio-economic reasons as an excuse for terminating a pregnancy.

Their information circle is narrow; they are generally **not well-versed** in the broader medical and legal aspects of this topic, and the information they do have comes mainly from religious institutions. Accordingly, they firmly believe that the **position of religious communities must be taken into account when passing laws**. They actively follow and fully **support anti-abortion activities**, such as prayer gatherings.

should not be considered in law making. They are aware of societal pressure and predominantly believe that women who have an abortion are often, or almost always, **stigmatised**. They acknowledge the existence of anti-abortion organisations, but they **absolutely do not support** their activism, including prayer gatherings.

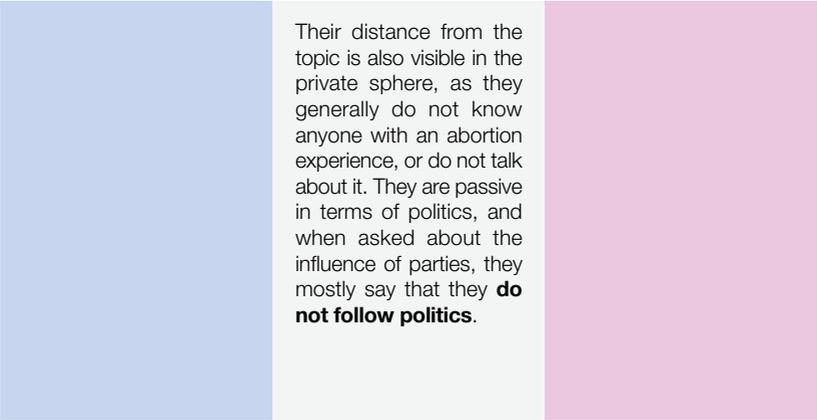
Their views are also confirmed by personal experience, as they **know one or more women** who have had an abortion. Finally, their position is also politically defined: they would strongly **support a party** that advocates for greater reproductive rights, while they would **stop supporting** one advocating for restrictions.

On the other hand, **they do not support it when the reasons are personal**, such as financial status or not being ready for parenthood. They are mostly **unsure** about whether abortion-on-demand should be covered by health insurance.

This segment is **the least engaged** in abortion issues. They say that they are **poorly informed**, and when asked about sources of information, they mostly say that they are **“not interested in the topic.”** Consequently, they are not even sure whether there are organisations that oppose abortion, and they remain completely **neutral** towards their activism – neither supporting nor rejecting them.

Their view of society is moderate: they believe that abortion is mostly discussed in a negative context in public and that women who have had an abortion are **occasionally stigmatised**. Regarding the question of whether the state should respect the position of religious communities, they generally do not have a clear position, although they admit that **religion partially influences their personal opinion**.

This worldview is also reflected in their private sphere, where most **do not know anyone who has had an abortion experience**, and they are generally unsure about stigmatisation of women who decide to have an abortion. Their beliefs are also politically strong: loyalty to a party largely depends on its stance on abortion, and support would be further strengthened if the party advocated for a complete ban.



Their distance from the topic is also visible in the private sphere, as they generally do not know anyone with an abortion experience, or do not talk about it. They are passive in terms of politics, and when asked about the influence of parties, they mostly say that they **do not follow politics**.

Attachment

Public opinion survey questionnaire

Topic 1. Familiarity with abortion

Q1. What comes to your mind first when you hear the word abortion?

open-ended answer

Q2. Do you think that abortion services in Bosnia and Herzegovina are available to women who need them?

select one answer

1. Easily accessible
2. Accessible
3. Hardly accessible
4. I don't know / Not sure

Q3. Generally, do you think that abortion should be legal in Bosnia and Herzegovina?

select one answer

1. Yes, it should be legal without any restrictions.
2. Yes, it should be legal with some restrictions.
3. No, it should be banned completely.
4. I don't know / Not sure

(if at Q3=2)

Q4. Under what circumstances do you think abortion should be allowed?

several answers can be selected

1. When mother's health and/or life is at risk
2. In case of rape
3. In case of incest
4. When there is a serious foetal disease or deformity
5. When mother is not ready to raise a child
6. When mother does not have enough financial resources for child care and upbringing
7. When mother does not want a child
8. Other, please specify:
9. I don't know / Not sure

Q5. If a woman wants to terminate pregnancy for personal reasons (during the legally permitted period of up to 10 weeks), should she be able to do so through compulsory health insurance (public health institutions, health centres, women's clinics, public hospitals)?

select one answer

1. Yes
2. No
3. Not sure

Q6. How informed are you, in general, about legal and medical aspects of abortion in Bosnia and Herzegovina?

select one answer

1. Not informed at all
2. Poorly informed
3. Partially informed
4. Well informed
5. Very well informed

Q7. Where do you most commonly obtain information about abortion?

several answers can be selected

1. Media (TV, newspapers, portals)
2. Social media
3. Family and friends
4. Religious institutions
5. Health workers
6. NGOs /Associations
7. School/university
8. Personal experience
9. I am not interested in this topic

Q8. To what extent does religion influence your opinion on abortion?

select one answer

1. To a large extent
2. Partially
3. Not at all
4. I am not religious

Q9. In your opinion, to what extent is abortion publicly discussed in Bosnia and Herzegovina nowadays?

select one answer

1. It is discussed in a positive (supportive) context
2. It is discussed in a negative (non-supportive) context
3. Mostly not discussed
4. Not discussed at all
5. I don't know / I have no opinion

Q10. Do you believe that there are groups / individuals / organisations in Bosnia and Herzegovina that oppose abortion and/or advocate for its ban?

select one answer

1. Yes, there are
2. No, there are none
3. Not sure

Q11. In the last five years, activists have been gathering in some cities in Bosnia and Herzegovina who, among other things, “pray for the life of an unborn child”. To what extent do you personally support such gatherings?

select one answer

1. I do not support them at all
2. I mostly do not support them
3. Neutral
4. I mostly support them
5. I fully support them
6. This is the first time for me to hear about such activists
7. I don't know / I cannot tell

Q12. Do you know a person in your immediate environment (family, school, university, work, friends) who had an abortion - terminated a pregnancy?

select one answer

1. Yes, one or two
2. Yes, several persons
3. No
4. I don't know, we didn't talk about it

Q13. Do you think that women in Bosnia and Herzegovina generally face stigma or condemnation if they decide to have an abortion?

select one answer

1. Not at all
2. Rarely
3. Sometimes
4. Often
5. Almost always
6. Not sure

Q14. Do you think that the position of religious communities on the right to abortion should be taken into account when drafting and adopting abortion-related laws and policies?

select one answer

1. I think that religious communities should have a say
2. I think that religious communities should not have a say
3. I have no opinion.

Q15. If the political party you prefer, support, or are close to... how would this impact you?

select one answer for each item

- a. ...affirmatively included in its programme advocacy for improving access to abortion and similar issues of sexual and reproductive health and family planning
- b. ...included the topics of abortion and sexual and reproductive health in its programme in a negative way, advocating for abortion restriction and/or ban

answering options

1. That would further strengthen my decision to prefer/support that party
2. Nothing would change, I would still prefer / support that party just as much
3. I would no longer prefer that party
4. I do not follow politics, I do not vote

Topic 2. Views of abortion

Q16. Several statements related to abortion are provided below. Please indicate for each one the extent to which you personally agree or disagree, using a scale from 1 to 5, where 1 means that you do not agree at all, and 5 means that you completely agree.

answering options:

1. *I absolutely disagree*
2. *I mostly disagree*
3. *I neither agree nor disagree*
4. *I mostly agree*
5. *I absolutely agree*

statements:

1. *A woman should have the right to decide for herself whether to continue pregnancy.*
2. *Every woman who becomes pregnant should give birth to a child, regardless of the circumstances.*
3. *Abortion is an immoral and selfish act.*
4. *A woman should have the right to decide on pregnancy termination even if her partner is against it.*
5. *It is better to terminate pregnancy than to give birth to an unwanted child.*
6. *A woman should have the right to choose the type of anaesthesia during abortion (general, local or without anaesthesia).*
7. *Medication abortion (pregnancy termination using medications) should be available and regulated in Bosnia and Herzegovina.*

8. *Life should be legally protected from the moment of conception, regardless of the pregnant woman's will.*
9. *Abortion should be treated by law in the same way as serious crimes.*
10. *All types of abortion (on demand, medically indicated, spontaneous) should be available free of charge within the framework of public health insurance.*
11. *The doctor's "conscientious objection" (refusal to provide health care for personal, moral, religious and similar reasons) should not be an obstacle to exercising a woman's right to an abortion.*
12. *The "conscientious objection" (refusal to provide health care for personal, moral, religious and similar reasons) should be regulated and clearly defined by law.*
13. *It is better for women in Bosnia and Herzegovina to have an abortion in private health institutions than in public ones".*

Guide for group discussions

TOPIC 1. VALUES AND VIEWS OF LIFE AND SOCIETY

OBJECTIVE: Learn about participants' value system, their view of contemporary society, personal freedoms, the limits of individual decision-making and responsibility.

For a start, tell me more about...

- What is the most important thing in your life?
- What values do you appreciate most in other people?
- What would be your description of a "good life"?

Additional question (if needed, to stimulate discussion):

- Would you say that you strive more for personal freedom, security, justice, family values, equality, success...? Why?

Modern society and changes

- When you think about modern society – what appears to be a positive development?
- And what concerns you, or seems like a wrong direction?

Additional questions:

- Do you feel that social norms and values change too quickly?
- Is there anything that you think is "lost" in today's society?

Individual right to decide on own body and life

(This question is a key link to the abortion topic, but it is still broad enough to open up space for all views.)

- In your opinion, what is the scope of one's right to make decisions about own body and life?

Additional questions:

- Are there situations when the society has the right to limit one's decisions?
- Where is the line between personal freedom and social responsibility?
- Should any bodies or institutions (state, religious communities, family) influence these decisions?
- Do men and women have equal right to decide when it comes to reproductive health?
- Is the right to decide the same at all stages of life (e.g. for minors, the elderly, pregnant women)?
- When it comes to freedom of decision - do you think that it must be accompanied by responsibility? In what sense?
- Is there anything you find "absolutely personal", where no one else should interfere?

TOPIC 2. UNDERSTANDING SEX, GENDER AND PARENTING

OBJECTIVE: Explore views closely related to the abortion topic - how participants perceive sex, gender roles, responsibility for parenthood and readiness to be a parent.

- What are the main differences between men's and women's roles nowadays?
- Do you think that these differences are narrowing or widening?
- In which life spheres are the differences still the biggest (family, work, child raising, decision-making, health and health services...)?
- Do you think that today's society treats men and women equally when it comes to responsibility for children?

What does it mean to become a parent? When is one "ready" for it?

- Is parenting more of an emotional, biological or social role?
- How can you tell that one is "mature" enough to become a parent?
- Is readiness more about emotional, financial, partner or some other aspect?

- Do you think that one can be a “good parent” even if they didn’t plan to have a child?
- Do you think that there is the “right time” for pregnancy/parenting? Who determines that?
- Is it different for women and men?
- Is there a social “norm” prescribing when you should have children?
- How does the environment (family, partner, religion, law, career) influence that decision?
- Have you ever felt pressured about it?

Do men and women have equal right to decide on parenting?

- In case of an unwanted pregnancy – whose opinion should prevail?
- Do you think that men often have a role in deciding on giving birth, or is it decided without them?
- If a man wants a child and a woman doesn’t - what do you think should be done? And vice versa?
- How realistic is joint decision making in practice?

TOPIC 3. DECISIONS ABOUT PREGNANCY AND THE RIGHT TO CHOOSE

OBJECTIVE: Introduce abortion topic through questions about decision-making and responsibility – who has the right to decide, what circumstances are taken into account, where are the limits of rights and social regulation.

When an unwanted pregnancy occurs – who do you think should decide on what to do next?

- Should it be solely the woman’s decision?
- What should be the partner’s role?
- Should the family (e.g. parents of a minor girl) participate in the decision-making?
- Is it important to have an agreement, or is autonomy more important?

- What if the partner wants a child and the woman does not? Or vice versa?
- Should laws determine when abortion is allowed and when it is not?
- Where is the line between personal freedom and social responsibility?
- Do you believe that women would make the right decisions even without legal restrictions?
- Is the role of the state to protect the foetus, the woman, the family – or all three?

In what cases (if any) do you justify abortion?

- What do you think about abortion if:
 - pregnancy is a consequence of rape?
 - there is a serious medical risk to the mother's health or life?
 - the foetus is severely deformed or not viable?
 - a minor girl is pregnant?
 - a couple does not want a child for economic reasons?
 - the woman is simply "not ready to be a mother"?
 - the child will have serious health problems in further development and life?
- Does the number of previous abortions influence your perception (e.g., one or more)?
- To what extent are your arguments justifying abortion rational, and to what extent emotional?

And in what cases do you not justify it?

- Is there a situation where you think abortion is wrong regardless of the circumstances?
- Do you find abortion unacceptable in later pregnancy stages? Why?
- Do you think some use abortion as a "means of contraception"? What is your opinion about it?
- Should there be a "time limit" for abortion? Who should decide on it and how?

- How much does religion, tradition, or culture influence your opinion that abortion is unacceptable?
- And what is your view of contraception? Why?
- Do you think contraception is available to people in BiH?

Exercise: Debate on abortion – arguments “for” and “against”

Objective: Encourage participants to articulate and structure their own positions through teamwork, exchange of opinions and confronting arguments. This exercise enables deeper understanding of different perspectives and enhances argumentation, listening and critical thinking skills. The goal is to see what the main messages for/against abortion are, and most common arguments used by the population...

MODERATOR: *We have mentioned some valid reasons for and against abortion and now we will have a debate within this group. I will now divide you into two groups: **Group 1, which is more inclined to approve of abortion and Group 2, which is somewhat sceptical of abortion and does not approve of it.***

Each group is to specify the main arguments in support of their views. Please keep in mind that later, in the plenary, you will have to defend your arguments, so try to make them clear and direct.

Each group will have about 10 minutes to prepare their arguments, and 5-7 minutes to present their main arguments and reasons to the other side. Please make sure that you listen carefully to the arguments of the other side and write down your counterarguments. You will have up to 10 minutes to present them.

Let's first break into two groups and then present the main arguments to each other, after which we will have a short debate.

...

MODERATOR: *We are back in the plenary, and now each group will present its main arguments, while the other group will listen carefully and note down everything it can use as a counterargument...*

TOPIC 4. SOCIAL AND LEGAL DIMENSIONS

OBJECTIVE: Explore the general social framework within which abortion decisions are made – including norms, laws, religious and family influences, and the role of the state.

- What do you think are the views of most people around you about abortion?
- Do you think people talk openly about this topic or is it taboo?
- Do people honestly say what they think or adjust their opinions to the society?
- In what environments (city/village, religious community, family, the educated/uneducated) are attitudes more rigid, and where are they more liberal?
- Have you ever disagreed with someone over this topic? What did that look like?

- Do you think abortion should be legal, restricted or prohibited? In what cases?
- If you believe it should be legal – should it be without restrictions or with some conditions?
- If you think it should be restricted – what would those criteria or limits be? (e.g., number of weeks pregnant, reasons, previous pregnancies, psychological assessment, etc.)
- If you think it should be prohibited - are there any exceptions? (e.g., rape, medical reasons)
- Do you think women should undergo some kind of counselling or authorisation before having an abortion?

- Do you think there are pressures in society that influence pregnancy decisions (e.g. family, religious, political, economic)?
- Did you witness or personally experience such pressures?
- How much influence does the family have on the decision to keep or terminate pregnancy?
- What is the role of religious communities and their messages about “sinfulness” or “duty” of giving birth?
- Do economic reasons often prevail, regardless of individual opinions?

- Does politics (e.g. election campaigns, messages from politicians) further polarise this topic?
- How do you see the role of the state in such matters - should it interfere or leave it to individual choice?
- Should the state protect a woman's right to choose, or an unborn child's right to life?
- Where is the line between protecting public interest and intruding in one's private life?
- Do you think that the current laws in our country (or in other countries you know) sufficiently protect women - or limit them?
- What is your view of using abortion for political purposes (e.g., to attract certain voters)?
- What would be the consequences if abortion laws were made stricter? And if they were liberalised?

TOPIC 5. FINAL PART

- Did you change your opinion about anything during this discussion?
- If yes - what made you change your mind?
- Did someone else's opinion catch you by surprise?
- During the discussion, did you perhaps become aware of something that you hadn't thought about before?
- What would you say to someone who is currently deciding whether to terminate a pregnancy or not?
- What kind of support should be provided to that person?
- Would you give them specific advice or just listen?

About the Sarajevo Open Centre

Sarajevo Open Centre (SOC) works on advancing human rights in Bosnia and Herzegovina. We initiate and create systemic social changes, emphasising gender equality and position of LGBTI persons.

We will highlight only some of the achievements related to the equality of LGBTI persons and women. In addition to psychosocial and legal counselling, we have continued running the only LGBTI media outlet in the country - the www.lgbi.ba portal. We organised trainings: for the police, prosecutor's offices and courts, focusing on hate crime, hate speech and implementation of anti-discrimination law; for medical experts and health workers, focusing on trans-specific and trans-inclusive gender reassignment; for the LGBTIQ community.

We have worked intensively on creating a local institutional support network for LGBTI people in the Sarajevo Canton, improving the regulation of biomedically assisted reproduction in the Federation of BiH, the rights of women workers regarding gender discrimination and maternity leave, introducing gender-sensitive language in parliaments and universities, adopting and implementing cantonal gender action plans, and raising awareness about gender-based violence in BiH. Over the past years, several of our legislative and policy initiatives have entered the government or parliamentary procedure. We have focused our advocacy on issues of policies for equality of women and LGBTI persons in BiH, reproductive rights of women and men, parenthood in the context of balancing private and professional life, freedom of assembly of LGBTI persons and improving the institutional framework for 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 status of LGBTI persons in education, healthcare, work and employment. During recent years, we also carried out media campaigns, reaching over one million BiH citizens, and we also organised the Merlinka LGBTI film festival, which has become the local Kvirhana festival since 2021, in cooperation with the Tuzla Open Centre.

More information on our work is available at www.soc.ba.

About Valicon d.o.o.

Valicon is a marketing consulting and research company that helps companies in Southeast Europe make better data-driven business decisions, thereby driving their growth. It has been in business for more than 20 years, they have worked with over 1250 clients and currently have offices in five countries: Slovenia, Croatia, Serbia, Bosnia and Herzegovina, and Kosovo.

They specialise in small markets and offer clients customised solutions that best suit their needs – clearly and precisely designed market research, brand building solutions, and human expertise that helps business growth.

Advanced methodologies and deep insights into client industries make their services unique. Success is based on good relations with clients, regional partners, employees and local communities.

In accordance with ESOMAR and AAPOR codes, Valicon is obliged to protect the personal data of respondents. Valicon protects data that could identify a person, company or institution that participated in the survey in every way. All identifying data has been removed from the report and database. Any unauthorised attempt to deliberately identify respondents or reveal their identity, either by the VALICON company or the organisation commissioning the survey, is a violation of the aforementioned codes.

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