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Joint stakeholder Submission

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Sarajevo Open Centre

Sarajevo Open Centre (hereinafter: SOC) is a civil society organisation that works on advancing human rights in Bosnia and Herzegovina. We initiate and create systemic social changes, emphasising gender equality and position of LGBTIQ+ persons. SOC believes in a fair, democratic and inclusive society, based on equal rights and opportunities for all.

Contacts:

Delila Hasanbegović Vukas, Programme Coordinator, e-mail: delila@soc.ba
Darko Pandurević, Programme and Advocacy Manager, e-mail: darko@soc.ba

Tel: +38733551000, Website: www.soc.ba

Address: Podgaj 14, 71000 Sarajevo, Bosnia and Herzegovina

and the Sexual Rights Initiative

The Sexual Rights Initiative is a coalition of national and regional organisations based in Canada, India, Egypt, and Argentina that work together to advance human rights related to gender and sexuality at the United Nations.

Contact:

Anthea Taderera, Advocacy Advisor – UPR, e-mail: anthea@srigeneva.org
Tel: +41767656477, Website: www.sexualrightsinitiative.org

Address: Rue de Monthoux 25, Geneva, 1201 Switzerland



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Introduction

1. This report outlines and analyses the main issues, challenges, achievements and recommendations regarding sexual and reproductive rights in Bosnia and Herzegovina (hereinafter: BiH). The data presented in the report is derived mainly from previously published research largely by Sarajevo Open Centre, and by mapping the steps and developments that BiH has made in ensuring full exercise of SR rights. This report analyses the existing gaps between the legislation and the situation in practice regarding the identified issues.
2. The report includes the following issues/topics: access to comprehensive sexuality education, access to contraception, access to safe abortion services, freedom from discrimination based on sexual orientation, gender identity and sex characteristics and the need to address gender based discrimination and violence. Each section highlights important aspects of the interconnectedness of sexual rights and economic justice in respect of advocacy efforts for equal enjoyment of sexual and reproductive rights.
3. Sexual and reproductive rights in Bosnia and Herzegovina are enshrined in parts of different legislative documents – laws, bylaws, procedures, guidelines and public policies, as will be engaged with in greater detail in each of the thematic sections. However, even though the legislative framework for the guarantee, enjoyment, exercise and protection of sexual and reproductive rights is widely set, the realities of access remain complex. The realisation of sexual and reproductive rights remains a challenge in several areas, such as healthcare, education, public service, employment, access to justice, labour, family and private life etc.
4. BiH is a complex state, politically set as a consociational democracy. It consists of three main administrative-territorial units: the entities Federation BiH (FBiH) and Republika Srpska (RS), and one district – Brčko District (BD). The Federation BiH and RS have different organisations: FBiH is decentralised with 10 cantons (each of the cantons has its own government), municipalities and cities, and RS is a unitary/centralised entity with one (entity) government and municipal/city administrations. The political organisation itself is confusing and creates many instances of government with different, divided jurisdictions/authority. Healthcare (including SRHR) is constitutionally set as entities, district and cantons' authority, so the documents are from those respective levels of government.

Comprehensive sexuality education

5. In the last review, Bosnia and Herzegovina received and accepted a recommendation on ensuring access to comprehensive sexuality education namely:
 - 120.138 Introduce education on human rights and gender equality, as well as comprehensive sexuality education for children and young persons in the formal and non-formal education system (Iceland);
6. Unfortunately, this recommendation has not been implemented. Currently, there is no mandatory comprehensive sexuality education in the public school system, instead the sexuality education proffered is limited in nature. Research was conducted by the

UNFPA in BiH in 2017 entitled “Youth views on comprehensive sexuality education as a part of formal education”.ⁱ It showed that the most current source of information on these topics is the internet, and almost all the respondents of the online questionnaire said that sexuality education should be taught in schools. The least amount of knowledge was shown on questions about sexually transmitted diseases/infections and methods to prevent pregnancy (women scored higher in overall knowledge).

7. An example of the limitations of the current sexuality education is the way in which LGBTIQ+ identities are not adequately or appropriately discussed or included in textbooks. Textbooks usually contain stereotypical, stigmatising representations of genders and gender roles, and LGBTIQ+ identities are usually mapped negatively against a backdrop of traditional representations of female and male gender roles.
8. A positive example of a step to providing comprehensive sexuality education can be seen in the Canton Sarajevo (FBiH entity), where primary school curricula include an optional subject for pupils from grade five to nine (aged 10–14 years old) – “Healthy Lifestyles”, created by the Association XY (currently Institute for Population and Development) and supported by the cantonal Ministry of Education, Science and Youth (currently Ministry of Education).ⁱⁱ Among other chapters/modules, it covers the topic of protection of reproductive health and gender issues – developing positive attitudes and values. The programme is very good, as it covers all relevant topics for youth to develop skills and knowledge on SRHR, among other topics such as their body, emotions, relationships and accepting diversity, children's human rights and safety, values, gender and social norms. Sadly, it is not widely used across the whole country, nor is it obligatory as a primary school subject and there is no such subject in high schools.

Access to contraception

9. We regret that BiH did not receive any recommendations on ensuring access to contraception during its last review, as access to contraception remains a pressing issue. Data from the Multiple Indicator Cluster Survey for 2011–2012 indicates a low level of modern contraception use in BiH. Unfortunately this is the most recent available data, and is part of the reason why the SOC is currently developing a project that will research contraception use, among other contraception-related issues.
10. According to the latest available data in the Multiple Indicator Cluster Survey for 2011–2012, modern contraception methods are used by 12% of women aged 15–49 in the general population. The percentage of Roma women who use one of the modern contraception methods is lower at 8%. Data shows that modern contraception is used most by women aged 30–39 (14%), and the prevalence of the use of modern methods of contraception increases proportionally with the increase in household financial situation.ⁱⁱⁱ
11. Prejudice, misconceptions and insufficient knowledge about the importance of contraception, in addition to the high prices of contraceptives, are the key factors for such a low rate of contraceptive use.^{iv} The misconceptions usually relate to the effectiveness of contraception methods, primarily hormonal pills, and that everyone who uses them will necessarily experience adverse and unwanted side-effects, or that IUDs interfere with the possibility of becoming a parent in the future. People may be discouraged from exploring their contraception option with a qualified medical practitioner to learn about available options based on medical sounding hearsay. This risk is compounded by the lack of systematic education on contraceptive methods in BiH. But there are certain partial and ad hoc solutions; adolescents most often use information readily available in the public domain such as the internet, social networks, press, television as a source of information

about contraception. To a lesser extent and sporadically, they may receive this information in healthcare facilities, or within the framework of education through the syllabi of biology and physical education classes, where the content and quality of the information depends entirely on the sensitization of the teaching staff.^v

12. The low percentage of modern methods use is also influenced by the price of certain contraceptives, which are so high that many women in our country cannot afford them. Hormonal pills that need to be bought every month reach a price of up to 26 BAM, while an intrauterine device costs about 315 BAM. Cost continues to be a barrier to access to contraceptives In BiH, where contraceptives can only be found on the lists of essential medicines in Republika Srpska and in Canton 10 (hormonal contraceptives), while in other parts of the country users must pay the full price of all contraceptives. In Republika Srpska, Health Insurance Fund may fully or partially cover the costs of contraceptives from the essential medicines list, while in Canton 10, Health Insurance Fund covers 50% of the full price of the aforementioned contraceptive.
13. To make this clearer, it is important to explain in short the organisation and functioning of the healthcare system in BiH. Ministries of health (at entities/district/cantonal levels) define healthcare policies and legislation, healthcare funds (also at entities/district/cantonal levels) establish lists of essential medicines that will be covered by the mandatory health insurance, and cover the costs of health services provided by healthcare facilities, whereas the public health institutes (also at entities/district/cantonal levels) keep records on certain healthcare issues, conduct activities to preserve and improve health and quality of life of the population. In regards to contraception, the lists of essential medicines should have as many contraceptives available and covered by the health insurance, so they can be accessible for the population.
14. In addition to the cost barrier, there is insufficient supply of contraceptives, meaning that even where persons have the means and the desire to pay the full price for a contraceptive they may not be able to access a product of their choice. In total, 15 contraceptives are registered at the BiH market – 11 belonging to the hormonal group of contraceptives for systematic use, one intrauterine device, two medicines for emergency contraception, and one intravaginal contraceptive. Whilst emergency contraception is technically available for purchase, it isn't accessible as it is prohibitively expensive and costs around 23 euros a package.
15. Lack of information on all the options that are offered, but also the stigma that still reigns in our society when it comes to sexual and reproductive health, contribute to the fact that the use of condoms and coitus interruptus are still the most dominant methods of contraception in BiH.
16. It is not clear whether the so-called “conscientious objection” is an obstacle in obtaining contraception. There is no substantial and relevant research on this in BiH. In terms of (emergency) contraception, conscientious objection means that the healthcare provider (doctor of medicine, nurse or pharmacist) could refuse to prescribe or sell the patient contraception based on their personal beliefs that they may claim to be in opposition to the human rights to control one's reproductive decisions including through accessing family planning and contraceptives. In BiH, such refusal is not legally permitted for contraception-related healthcare services, nor is there research that reveals the use of conscientious objection in these cases.

Access to safe abortion services

17. We regret that BiH received no recommendations on ensuring access to safe abortion during the last review. In BiH, abortion is legally regulated at the entities' level. In FBiH - Law on conditions and procedure for abortion (1977)^{vi}, taken from the former state – Socialist Federative Republic of Yugoslavia, that almost in the same way as the Law in Republika Srpska entity (2008)^{vii} regulates the procedure and duties of health care institutions. It states that each woman has the right to, according to her own choice, decide to terminate a pregnancy up to the tenth week of pregnancy. In cases of medical necessity (compromised health of the foetus or the pregnant person), abortion is allowed above the 10th week of pregnancy. The law is one of the most liberal laws on this matter in Europe. Abortion is not criminalised in BiH, instead there are criminal sanctions for providers if abortions are performed in ways that are against the law provisions, such as the regulated week up to which it is possible to perform an abortion on request, or if the procedure is not met etc.^{viii}
18. The laws of FBiH, BD and RS are not harmonised in the possibility of a healthcare practitioner to refuse to provide an abortion if the procedure is against his/her personal beliefs – in FBiH and BD, medical doctors do not have this option, while in RS they do. Enabling the refusal to provide services in one entity creates a situation of insecurity and threatens this right for all persons on that territory. Unharmonized regulations in the entities allow medical practitioners in FBiH and BD to use conscientious objection that is not legally stipulated/ allowed.
19. Abortion is still a taboo in certain parts of the country, and there is not enough coverage in the media or public narrative and the educational system. One of the reasons for that is a traditional understanding of the reproductive sphere within public discourse, it is not uncommon to hear opinions such as "The only purpose of sex is reproduction." However the provision of abortion services as a health service should not be limited by the regressive personal beliefs of the persons who provide these services, MPs or even government officials.
20. Health insurance institutes/funds in BiH bear the costs of abortions performed if the pregnancy is terminated for medical reasons. On the other hand, intentional termination of pregnancy (that is, termination on request) is not covered by mandatory health insurance, and the costs depend on the healthcare facility registered for women's health care and maternity in the canton/ entity and performing pregnancy termination.
21. There are no reliable statistics – a systematic and consolidated data collection on pregnancy terminations despite the fact that, according to entity laws on records in health and plans/programmes for conducting statistical research of interest to FBiH/RS/BD, all public and private healthcare facilities registered for activities in the field of women's and maternity health care, and performing pregnancy termination procedures are required to keep records. Due to these gaps, it is not possible to analyse trends in statistics or to compare trends in the administrative-territorial units of BiH.
22. The reasons health institutes state for the incompleteness of the records are: insufficient training, insufficient knowledge of regulations, non-compliance with regulations, cultural stigma, etc. They point out that the public sector complies with laws and regulations related to records and reporting of pregnancy terminations, while reporting from the private sector is problematic for the above reasons.

Freedom from discrimination based on sexual orientation, gender identity and sex characteristics

23. BiH received 6 recommendations on sexual orientation and gender identity broadly in its last review including:

- 120.43 Elaborate a countrywide anti-discrimination strategy, covering discrimination against lesbian, gay, bisexual, transgender and intersex persons, in cooperation with civil society (Belgium); (Accepted)
- 120.48 Continue to implement and strengthen initiatives aimed at the elimination of discrimination against all persons, including women, persons with disabilities, ethnic minorities and the lesbian, gay, bisexual, transgender and intersex community (Fiji); (Accepted)
- 120.54 Pass and implement laws that would recognize same-sex partnerships and define the rights and obligations of cohabiting couples in same-sex unions (Iceland); (Accepted)

24. Sexual orientation is protected in the BiH Law on Prohibition of Discrimination, among other characteristics, which also applies to any service provision or access to rights within the sexual and reproductive sphere. However, in BiH, where LGBTIQ+ people are forced to hide their same-sex relationships to avoid condemnation and violence, legalising same-sex marriage is critical to combating stigma and promoting equality and inclusivity. Existing legislation does not recognise or protect same-sex unions in any way, which means that people who have long-term and stable emotional relationships with same-sex partners do not have the same rights as heterosexual couples. This legal void creates significant uncertainty for same-sex couples and represents a legal and social injustice.

25. In terms of understanding LGBTIQ+ identities, the 2023 public opinions survey shows that 35,3% of respondents think that LGBTIQ+ people are sick, and 53,4% do not support the legalisation of the right to same-sex partnership. When asking the citizens about specific human rights that same-sex couples would have access to if they were permitted to marry, the percentage of support goes up, such as health insurance, hospital visits, inheritance, tax benefits etc.

26. In the period from June to September 2020, Sarajevo Open Centre conducted a survey with 1300 respondents, including 300 LGBTIQ+ respondents and 1002 from the general population. The survey results showed the following:

- o 44% of LGBTIQ+ people are unemployed;
- o 23% had work experience in scope of their profession;
- o 16% work in the "grey economy", while 56% have experience with legal and illegal work;
- o 44% were asked personal questions when applying for a job;
- o 17% of the general population do not want to work with LGBTIQ+ people;
- o 73% of the general population have never worked with LGBTIQ+ people;
- o 42% of LGBTIQ+ people did not talk about their sexuality or gender identity at the workplace, and 40% of them did not do so due to fear for personal safety;
- o 52% who talked about their sexuality or gender identity at the workplace experienced mean comments from their peers regarding their sexual orientation and gender identity;
- o 4% of LGBTIQ+ people are members of trade unions.^{ix}

27. According to research conducted among the LGBTIQ+ community in BiH in 2023 by Sarajevo Open Centre, increased visibility and a higher level of coming out has led to an increase in the number of respondents – 48.13% of them, experiencing discrimination based on their LGBTIQ+ identity.^x According to the findings of this research, the largest number of respondents encountered discrimination at school (29.33%), while many experienced discrimination at the workplace (8.21%), in police stations (4.69%), health

institutions (4.99%), at universities (12.02%) and in hospitality establishments (13.20%). As many as 12.61% of respondents reported discrimination within the LGBTIQ+ community. In addition, some mentioned other situations, including discrimination in society, online, within the family and in the local community.^{xi} Others experienced discrimination while seeking employment.

28. In BiH, one of the growing issues LGBTIQ+ persons face is gender-based discrimination in employment and in working arrangements. This means difficulties in accessing employment, discrimination at the workplace, getting fired based on their sexual orientation and/or gender identity, different forms of harassment, mobbing etc. at the workplace. It appears as a consequence of stereotypes, prejudice and social stigmatisation. According to the online survey done by Helsinki Citizens' Assembly Banja Luka^{xii}, discrimination based on sexual orientation and/or gender identity at work is still present, and 7% of respondents stated that in job interviews, they were asked questions regarding their sexual orientation and/or gender identity.
29. The report "Socio-economic position of lesbian, gay, bisexual, transgender and intersex persons in Bosnia and Herzegovina" shows that LGBTI persons face openly homophobic questions and comments in hiring processes, and think they should remain silent and not respond if they want to be employed. This practice continues once employed as well, where, compared to the average person, they are more likely to be exposed to sexual harassment, to receive hostile comments like they are "sick", are more likely to be verbally or physically abused, or sexually blackmailed and often live in fear that they will be seen as different from their peers (in the workplace and outside)^{xiii} thus negatively impacting the enjoyment of their labour rights.
30. LGBTIQ+ persons lack confidence in the judiciary and its efficiency in decision-making and so rarely report instances of discrimination. At the same time, respondents believe that trade unions, work inspection and the police in general should show more sensitivity towards members of this community, in order to reduce their inclusion in the grey economy and increase access to justice in the courts.^{xiv}

Rights of transgender and gender diverse people

31. With regards to issues of gender identity and expression, the key issues transgender and gender diverse persons face in accessing human rights include:
 - Scarce and unregulated trans-specific healthcare
 - Lack of trained staff and specialised centres or teams
 - Noncoverage of gender affirming care
 - Unregulated legal gender recognition (LGR) procedure
32. The 2021-2024 Action Plan to Improve the State of Human Rights and Fundamental Freedoms of LGBTIQ+ People in BiH^{xv}, adopted in 2022, recognises that social inclusion of particularly marginalised trans people should be improved. The competent institutions should be the ones initiating and implementing the following measures/activities:
 - Analyse and promote existing modalities of gender affirming care and appropriate documentation for BiH nationals;
 - Training of professionals in healthcare, education, social welfare, labour and employment on the rights and freedoms of LGBTIQ+ people.
33. The procedure to register change in legal gender in the public registers and personal documents in the BiH administrative-territorial units (entities, cantons, district) is inefficient, vague, potentially degrading for trans people and does not respect the rights

to self-determination, privacy and bodily integrity.

34. One of the rare examples of the provision of gender affirming health services is the University Clinic Centre of Republika Srpska, where psychological counselling services for the transition process, as well as psychological preparation for legal gender recognition (LGR) procedures, have been provided at the Psychiatry Clinic for the last six years. They also issue endocrinologists' recommendations for changing the gender marker, as well as expert opinions for the continuation of the transition process in Serbia.
35. Transgender people bear fully the costs of hormonal therapy, given that the necessary therapy is not on the essential list(s) of medicines. Healthcare institutions in BiH do not have staff trained to support people in the process of transition, through all its stages, that is, there is no reference medical centre or medical team that would lead and monitor the process of trans-specific transition through an interdisciplinary approach. While recognising the desirability of training and capacity building of health practitioners in BiH as a long-term solution, LGBTIQ+ rights advocates hold that covering the costs of gender affirming care accessed in neighbouring countries where expert provision already exists, is a much simpler and faster interim solution.
36. It is not clear in the existing regulations in BiH whether LGR is conditioned by "complete" or "partial" (medical) gender reassignment. "Complete" meaning that the trans person has undergone full medical transition, including surgeries, whilst "partial" means that the person has started the transition process (hormone-replacement therapy). Currently, no law or bylaw in the entities or the District defines what gender reassignment is as performed by a health institution, what constitutes medical documentation proving trans-specific healthcare, and which is the competent health institution to interpret it. Furthermore, it is necessary to recognise life in a different gender identity and self-identification as grounds for LGR procedures.
37. The LGR procedure is led by the cantonal ministries of interior, to whom the persons files a request to change personal documents, and they should change ID card and other personal documents, while the municipalities registries change the citizens' unique identity number (in BCS: JMBG). The current practice and the lack of regulation of LGR leads to a conclusion by state authorities that gender change in personal documents can only be carried out after "complete" medical gender reassignment (as a rule), which implies reassignment surgeries of primary and secondary sex characteristics, often including sterilisation of trans persons, i.e., deprivation of reproductive functions. This means that the right to private and family life is not respected.
38. SOC advocated for the adoption of legal solutions that would systematically and comprehensively regulate the procedure for LGR in personal documents and the Unique Identification Number. These legal changes would allow trans persons to change gender marker, without the need for prior medical intervention(s). The FBiH authorities are currently considering CSO proposed solutions based on the principle of self-determination, bodily integrity and privacy.
39. In terms of access to healthcare, the following data arise from the BiH 2023 survey of public attitudes and opinions:
 - 27,5% of respondents consider that transgender persons do not have the right to LGR in line with their gender identity;
 - 43% consider it not acceptable for a trans person to get gender affirming care;
 - 20,7% support the right to self-determination without the mandatory surgical transition;
 - 61,3% do not think the costs of gender affirming healthcare should be financed by mandatory health insurance.^{xvi}

40. Gender sensitive/neutral/non-binary language is not widely used, not in public institutions, schools, the media, nor in everyday communication, which is a big obstacle for women and non-binary persons in different communication settings. SOC recently published a collection of articles on how to change linguistic practices towards a gender-neutral language in BiH.^{xvii}

Rights of intersex people

41. BiH explicitly protects intersex persons in its anti-discrimination legislation by prohibiting discrimination on the grounds of sex characteristics. However, there is still a lack of clear medical guidelines and procedures on practice regarding the management of intersex variations in all healthcare facilities in BiH. This lack includes the absence of guidelines and protocols intended to prevent gender "normalisation", "gender assignment" or sex altering surgery or other interventions on the external characteristics of an infant/child solely for the purpose of conforming their appearance to normative definitions of male or female, even when the child's health is not at risk.

42. SOC released Research on the Rights of Intersex Children in the Healthcare System of BiH in 2020 in response to a lack of research and analysis of the human rights situation of intersex persons in the BiH healthcare and legal systems.^{xviii} Analysis of responses from health institutions and facilities (ministries of health, health insurance institutes, clinical centres) reveal that the concept of intersex variations is not easily understood by health professionals in BiH, and that there are no records on the number of children born with intersex characteristics or clear, medically established procedures/guidelines for addressing cases of intersex conditions, and that it is also unclear to what extent are parents/guardians of intersex children aware of the risks of certain medical treatments.

43. The research, and particularly the low engagement of the competent authorities in the study, means that the knowledge gap on treatment protocols for intersex variations remains unaddressed, which opens the question on how well the principle of the child's best interests is being upheld, i.e., the child's right to bodily integrity in relation to medical treatment. There are also gaps with regards to policies and procedures, for example It is unclear and debatable what happens when intersex characteristics are discovered later in a child's development (adolescence), and when and to what degree adolescents are involved in making decisions about their bodily autonomy and integrity. Other methods of providing psychological support to intersex children and their parents remain unknown. Another conclusion of this research is that medical staff are not adequately educated on all aspects of treating intersex children/persons.

Gender based violence

44. BiH received and accepted 7 recommendations on addressing gender based violence, including:

- 120.159 Ensure that domestic legislation is aligned with the standards set by the Istanbul Convention, on preventing and combating violence against women and domestic violence (Ireland);
- 120.157 Strengthen the capacity of social welfare centres, police and health centres to respond to cases of sexual and gender-based violence, including cases of domestic violence (Honduras);

45. Victims of domestic and sexual abuse are protected by domestic and international legal instruments, by BiH's entities and District Brčko criminal codes that regulate sanctions for perpetrators of domestic violence/abuse. There are also laws on protection from

domestic violence and family laws in force, that protect the victims. BiH also signed and ratified the Council of Europe Istanbul Convention, and the FBiH entity still awaits its harmonisation with the Convention.

46. According to criminal codes, sanctions for this crime include fines and imprisonment. There are also measures to prohibit approaching and communicating with a specific person, as well as the possibility of the court to impose a measure of compulsory psychosocial treatment and removal from a shared household, if it considers this necessary.
47. Unfortunately, the crisis centres for victims of rape and sexual violence, even though established in a couple of hospitals/clinical centres, still do not function and don't provide the necessary services and assistance.^{xx} It is unclear why this is the case, the competent institution - Gender Equality Agency, has not provided information on the matter.
48. Safe houses provide shelter, legal and psychosocial support to victims of domestic violence. They act as non-governmental organisations. According to the FBiH Law on protection from domestic violence, safe houses should be financed from the entity (70%) and cantonal budgets (30%). However, the provisions of the Law are rarely respected, so some safe houses get only a fifth of the amount they need to work. Safe houses record most cases of psychological, physical, sexual and economic violence.
49. Violence against teenage girls within the family or community is growing. According to OSCE BiH report^{xxi}, around 48% of women have suffered some kind of violence starting at the age of 15 (four in ten women) from their partners or some other person. Two thirds of women consider violence against women to be common in society, and more than a quarter of the respondents consider violence to happen very often. Misogynistic speech and violence in the media and public space is also quite common, especially towards female politicians.^{xxii}
50. Recently conducted research on the protection systems for LGBTIQ+ victims of domestic violence showed that 72% of people experienced some form of domestic violence, of which all the people who experienced it answered that, in addition to some other forms, they experienced psychological violence. In over 60% of cases, the perpetrators of violence are parents.^{xxiii}
51. So-called conversion practices - "therapies" are not researched in BiH, but based on personal accounts of LGBTIQ+ persons in a few documentaries and through psychological counselling provided by SOC and other CSOs, there are indications that a significant part of the LGBTIQ+ community have experienced such "reparative" interventions, both from mental health, medical professionals, and religious officials, even in the quackery practice. The majority of respondents in the 2023 SOC survey - 95.58% - reported that they were not subjected to any procedures or treatments to change their sexual orientation/gender identity/sex characteristics against their will. However, 17 of them, which is 4.42%, reported that they had undergone such treatments. Of the persons subjected to conversion treatments, 77.78% did not agree to the treatment, and were subjected to it against their will.^{xxiv}
52. Conversion practices are not explicitly banned in BiH, but certain practices with those elements could be defined and sanctioned through criminal codes' legislation, such as medical malpractice, arbitrary treatment without the consent of the person being treated, or quackery.

Recommendations for action

We call on Bosnia and Herzegovina to:

1. Introduce mandatory sex education subjects into primary and secondary schools' curricula.
2. Entities and cantons should include all developed contraceptives in the lists of medicines that will be financed through mandatory health insurance funds; expand the offer of contraceptives on BiH market.
3. Ensure that each healthcare facility has enough medical personnel to perform and monitor abortion procedures (anesthesiologists, gynaecologists, nurses/technicians), especially in cases where the so-called conscientious objection is permissible
4. Harmonise prices/tariffs in entities and cantons, so that the intentional termination of pregnancy is available under equal conditions in all areas of BiH.
5. Ensure that each administrative-territorial unit of BiH (cantons, entities, District) has a sufficient number of healthcare facilities that perform all types and methods of abortion. Healthcare facilities should ensure that every woman has the right, in accordance with the law and with informed consent, to choose the method of abortion.
6. Adequately monitor, sanction and prevent gender-based discrimination situations, especially in the field of work and employment.
7. Provide funding for safe houses in BiH and harmonise the criminal codes in BiH with the Istanbul Convention, in order to adequately define cases of sexual violence, sexual harassment, psychological violence, femicide and other criminal offenses motivated by gender and sex of the victim.
8. Legally regulate violence in same-sex partnerships and gather more information on this form of violence, and make it easier for LGBTIQ+ people to access existing safe houses in case of domestic violence.
9. Avoid misogynistic and sexist speech when creating media content, and properly sanction the media that are using it.
10. Criminalise sexist and misogynistic hate speech, and incitement to gender-based violence or its incitement.
11. Ensure the functioning and financing of safe houses intended for protecting LGBTIQ+ persons who have experienced violence from entity, cantonal and local authorities' budgets.
12. Criminalise so-called "conversion therapy" as a form of violence against LGBTIQ+ people that is trying to change a person's sexual orientation and/or gender identity.
13. Regulate legal gender recognition by enacting laws and other regulations that will systematically and comprehensively regulate the procedure, based on a trans person's request and self-determination, without any need for prior medical intervention, hormones, surgery, sterilisation and psychiatric diagnosis, in line with established human rights standards.
14. Adopt and implement laws and/or bylaws that would define the duties of medical facilities to form teams, equip and train professionals who could monitor the process and perform gender affirming care and procedures in BiH, as well as the obligation of the health insurance to cover the costs of these procedures.
15. Apply the latest ICD-11 revision in the BiH healthcare system and remove the mental health diagnosis (pathologizing) and requirements of psychiatric evaluation in order to start hormone treatment, according to the *gender incongruence* definition of all trans-related conditions (ICD Chapter – Conditions related to sexual health).
16. Provide transparent and accessible information on procedures and medical treatment in cases of intersex birth

17. Prohibit unnecessary surgical procedures and medical sex-'normalising' treatments in health facilities without the intersex person's full and informed consent, until they can understand their significance and consequences, except in situations where objective circumstances require urgent medical intervention, which should be clearly defined in the procedures.
18. Adopt the law on same-sex unions, that would enable LGBTIQ+ persons access to human rights equal to those of heterosexual couples.

ⁱ UNFPA BiH, Research report "Youth views on comprehensive sexuality education as a part of formal education" (Sarajevo: UNFPA, 2017), source: <https://ba.unfpa.org/bs/publications/mi%C5%A1jenje-mladih-ov-sveobuhvatnom-obrazovanju-o-seksualnosti-kao-dijelu-formalnog>, in BCS language

ⁱⁱ More information on the subject available at: <https://ipdbih.org/zdravo-odrastanje-i-zdravi-stilovi-zivota/>

ⁱⁱⁱ The Institution of Human Rights Ombudsman of Bosnia and Herzegovina, Human Rights in the Field of Sexual and Reproductive Health in Bosnia and Herzegovina Final Report (The Institution of Human Rights Ombudsman of Bosnia and Herzegovina, United Nations Population Fund of Bosnia and Herzegovina, proMENTE social research, 2021), p. 11. source:

https://ba.unfpa.org/sites/default/files/pubpdf/ljudska_prava_u_oblasci_seksualnog_i_reprodukтивног_zdravlja_u_bih.pdf

^{iv} Delila Hasanbegović, Amina Dizdar et al, Orange Report 5: Report on the State of Human Rights of Women in Bosnia and Herzegovina for the period 2016-2019 (Sarajevo: Sarajevo Open Centre), p. 58-60. source: https://soc.ba/site/wp-content/uploads/2019/12/Narandz%C8%8C-Castiizvjes%C8%8C-taj2016.2019_BHS_web.pdf

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