

PROJECT NUMBER
101080161

The Impact of COVID-19 Crisis on Diverse Democratic Perspectives through a Gender Perspective

Scientific monograph

Co-funded by the European Union

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Published by: Faculty of Organisation Studies in Novo mesto
Year: 2024

Available at: https://heard-project.eu/
DOI: https://doi.org/10.37886/heard

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Kataložni zapis o publikaciji (CIP) pripravili v Narodni in univerzitetni knjižnici v Ljubljani

COBISS.SI-ID 209436419
ISBN 978-961-7233-00-1 (PDF)

Reviews of the Scientific Monograph: "The Impact of COVID-19 Crisis on Diverse Democratic Perspectives through a Gender Perspective"

Monograph with the title: »The Impact of COVID-19 Crisis on Diverse Democratic Perspectives through a Gender Perspective« was a result of the EU CERV HEARD project, financed by the European Commission from 2021 to 2024 and prepared by the Faculty of organisation studies together with Institute of Entrepreneurship Development (iED) from Greece, CBE Sud Luberon Val de Durance (CBE SL) from France, Municipality of Vimercate from Italy, Centre For Advancement Of Research And Development In Educational Technology Ltd (Cardet) from Cyprus, Foundation for Entrepreneurship, Culture and Education (FECE) from Bulgaria, Federação Das Associações Juvenis De Braga (Fajub) from Portugal, Municipality of Mislata from Spain, Nordic Diaspora Forum (NDF) from Sweden and Associazione InCo-Molfetta from Italy. This collaborative effort was undertaken to develop a comprehensive understanding of how to manage future pandemics more effectively. Authors used a wide mix of methodological approaches such as desk research, surveys, international conferences, roundtables, thematic group discussions, workshops, virtual symposiums, thematic analyses and comparative case studies were used to provide a comprehensive understanding of the multifaced impacts of the pandemic on democratic dialogue, respect for fundamental rights and the exacerbation of gender inequalities, particularly in areas such as healthcare and employment, and underlines the significant role of family dynamics during the pandemic.

This research's added value shows through analysing the legal framework and government responses by looking in depth at laws such as the Cypriot Quarantine Law, tracing its colonial origins and assessing its impact on modern public health efforts to limit democratic freedoms and human rights in different situation, as such knowledge is important for understanding how to balance health needs and democratic integrity in times of crisis.

Furthermore, this research strives to fill an important identified gap in academic discourse when researching the specific impact of the pandemic on democratic debates worldwide. It employs different stakeholders' views, like citizens, politicians and others directly affected by the pandemic with the goal to provide a comprehensive perspective on the impact of the pandemic on democracy and human rights. The main focus of the monograph is to highlight how gender roles have shaped the experience of the pandemic and worsened pre-existing vulnerabilities. Mentioned gap is filled also with the identification of effective and weak practises, which allows us to more effectively combat and mitigate future pandemics by learning from our past mistakes and successes. Such strategic understanding could help us by guiding the implementation of different forms of measures that protect public health while upholding democratic principles and human rights.

The key value of this study lies in its thoroughness and its comprehensive scope. The monograph not only critically examines the immediate impact of the pandemic, but also paves the way for long-term change in terms of cultural norms, democratic values and gender equality. This work makes a significant contribution to the field and argues for a more thoughtful approach by governments to future pandemics. This will ensure that we are better prepared for subsequent health crises, with strategies that are both inclusive and effective.

Dr (PhD, ZDA) Annmarie Gorenc Zoran, Full professor

The monograph entitled "The Impact of COVID-19 Crisis on Diverse Democratic Perspectives through a Gender Perspective" presents a careful analysis of the multi-layered impact of the COVID-19 pandemic in different democratic contexts. As part of the EU CERV HEARD project, this academic text provides a crucial insight into the interplay of pandemic response and gender dynamics in democratic contexts. The authors skilfully employ mixed methods to examine the impact of the pandemic on democratic debates, fundamental rights and, in particular, work-life balance for women.

The methodological approach includes a descriptive and comparative theoretical overview of nine project partner countries — Bulgaria, Cyprus, France, Greece, Italy, Portugal, Slovenia, Spain and Sweden. This comparative analysis not only sheds light on the different impacts in these countries, but also identifies effective and weak practises in dealing with the pandemic. These findings are invaluable for shaping future pandemic preparedness and highlight practises that should either be adopted or avoided.

A key strength of the monograph is the use of Reflexive Thematic Analysis with an inductive perspective, analysing qualitative data from panel discussions. These discussions, rich in participants' experiences, enrich the text with practical insights and amplify the voices that are often marginalised in the pandemic response. This aspect of the research targets a critical gap, as many countries have been criticised for not providing enough opportunities for public participation during the pandemic.

In addition, the authors conducted a comprehensive quantitative study with surveys to collect data from all project partner countries, allowing for a solid comparison of results. The results clearly reflect common challenges identified across Europe, such as the erosion of democratic processes, reduced political transparency and an increase in misinformation and mistrust in government action. In particular, the pandemic exacerbated pre-existing gender inequalities and disproportionately affected women, especially in undervalued areas such as health and education.

The analysis emphasises the need for fundamental systemic change to promote gender equality in work and care. The monograph highlights the increase in domestic violence and the significant mental health issues for women during the lockdown and points to critical gaps in support systems and access to healthcare for women.

This work is crucial for both policy makers and researchers as it provides fundamental insights for a more gender-sensitive and democratic approach to future pandemic responses. It emphasises the need for preventive policies that take gender and democratic integrity into account in order to better prepare for and manage future crises. This monograph is not only a significant academic contribution, but also an important resource for informed policymaking in the post-pandemic period and for preparedness.

Dr. Jože Ruparčič

ABSTRACT

The COVID-19 pandemic has had a deep impact on global society, affecting lives through high mortality rates, economic downturn and restrictions on social rights such as healthcare, housing, education and protection from poverty. These negative consequences have exacerbated inequalities and undermined fundamental rights and democratic values. As the world grapples with the consequences of the pandemic, it is crucial to focus on minimising further harmful effects and promoting the recovery of society. The pandemic has also led to mistrust of science, polarised political protest movements and a crisis of democracy, as highlighted by widespread restrictions on protests in many countries. Women have been disproportionately affected by these issues, particularly in areas such as healthcare, where they have been over-represented, and in managing domestic and work responsibilities, leading to an increase in domestic violence and poorer work-life balance.

This study explores the intersection of the COVID-19 pandemic with the democratic debate, fundamental rights and gender equality, focussing on women's experiences. The study, which was conducted as part of the EU CERV HEARD project in collaboration with partners from several European countries, uses surveys, panel discussions and conferences to assess the social impact of the pandemic. The study addresses three critical questions: how the pandemic has affected democratic debate, fundamental rights and work-life balance for women. Using a mixed methods approach that combines qualitative and quantitative analyses, this study provides a comprehensive overview of the long-term social impact of the pandemic.

The findings are intended to contribute to the development of stronger, more equitable post-pandemic societies by promoting inclusive policies that uphold human rights, democratic values and gender equality. The study emphasises the need to include a gender perspective in future pandemic response measures and highlights the importance of preserving democratic participation and protecting fundamental rights in times of crisis.

Keywords: COVID-19 pandemic, Democratic debate, Fundamental rights, Gender equality, Work-life balance, Social rights.

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1 INTRODUCTION

The COVID-19 coronavirus pandemic has affected our lives in many ways and manifested itself in many undesirable forms, such as negative consequences of coronavirus on individual lives, it caused many deaths, the negative impact has also been seen on the global economy and employment, and on the quality of life in society in terms of restrictions on social rights, such as the right to protection from poverty and social exclusion, the right to housing and education, and restrictions on medical care. It is necessary that we focus on recognizing these negative consequences and limiting them in such a way that we limit the possible further adverse effects on our quality of life. Marija Pejanović Burić, Secretary-General of the Council of Europe, pointed out, "While the virus is resulting in the tragic loss of life, we must nonetheless prevent it from destroying our way of life – our understanding of who we are, what we value, and the rights to which every European is entitled. There is an urgent need to co-ordinate states' responses, to exchange good practices, and to help each other in the quest for a quicker recovery" (Council of Europe, 2020). The search for an adequate response to overcome the crisis that occurred during the pandemic of COVID-19, should be a result of the participation of involvement of various social partners, civil society and decision making bodies of a given state—involving the aforementioned partners in the phase of planning, implementation and also in the evaluation of all the measures to overcome the given situation, with the main objective of ensuring and measuring the impact in terms of respect for the rule of law, democratic values and the enjoyment of fundamental human rights, with special attention to the social rights of citizens and residents of the given state. The COVID-19 pandemic raised several social issues, such as distrust of science and medicine, where we witnessed suspicion of official scientific research due to its alleged connection to pharmaceutical lobbies. This given distrust was also reflected in increased attention to various conspiracy theories or the words of non-experts on various social networks. People began to polarize in different subgroups – such as the vaccinated and the unvaccinated, on those who believe in the existence of COVID-19 and those who do not. However, they focused mainly on the common agenda of political protest, which also manifested itself in different restrictions on those who physically went on political protest in a given country:" According to the Carnegie Endowment's Global Protest Tracker, more than 100 countries have experienced significant protests, including 78 % of authoritarian or authoritarian-leaning countries. While popular protests in Chile and Sudan led to democratic improvements, Freedom House identified 158 countries where new restrictions have been imposed on protests" (USGLC, 2021). Since, as Michael J. Abramowitz, president of Freedom House, said, "What began as a worldwide health crisis has become part of the global crisis for democracy," (USGLC, 2021), the world is in a global crisis of democracy, which has a particular impact on the democratic debate, the enjoyment of fundamental rights and women rights, which will be the primary focus of our research.

On the other hand, if we take a closer look at the public sphere, we can see that the exchange of opinions through conferences, public debates within a country or even between different countries was very limited. As the coronavirus increased gender disparities in the EU (European Parliament, 2021), we also missed a focused debate on the issue of women in the coronavirus situation, who were more affected by the situation as they were overrepresented in the main sectors, starting from the healthcare workforce, and had to take care of the household and family in addition to the professional challenges. We could see that the pandemic had a negative impact on women in the areas of work, money, knowledge, time, power, health, and an increase in domestic violence. As the

United Nations (2020) noted, "from health to the economy, security to social protection, the impacts of COVID-19 are exacerbated for women and girls simply by virtue of their sex".

To examine how the COVID-19 crisis has affected the democratic debate, the enjoyment of fundamental rights and the work-life balance of women from a gender perspective, the Faculty of organisation studies together with Institute of Entrepreneurship Development (iED) from Greece, CBE Sud Luberon Val de Durance (CBE SL) from France, Municipality of Vimercate from Italy, Centre For Advancement Of Research And Development In Educational Technology Ltd (Cardet) from Cyprus, Foundation for Entrepreneurship, Culture and Education (FECE) from Bulgaria, Federação Das Associações Juvenis De Braga (Fajub) from Portugal, Municipality of Mislata from Spain, Nordic Diaspora Forum (NDF) from Sweden and Associazione InCo-Molfetta from Italy, engaged from 2021 to 2024 in the EU CERV HEARD project titled “The impact of COVID-19 crisis on diverse democratic perspectives through gender perspective”. As we wanted to steer the discussion, how to react in future pandemic challenges, we executed 3 different surveys of citizens and residents in all partner countries with a bottom-up approach to identify critical societal issues about the project topics, 3 different debate panels to promote social engagement through debates, a Topic-Based Group Discussion between partner countries and professionals from the field of democratic debate, human rights generally and women rights specifically, an international conference, panel discussion with political representatives, workshop and publications and prepared a final event, where we presented our final results.

As we begin our research on the challenges of the COVID-19 pandemic and its complex impact on society, particularly in terms of gender dynamics, it is crucial to emphasize the fundamental concepts that have guided our research. This monograph aims to analyse the links between the impact of the pandemic and the areas of democratic discussion, fundamental rights, and the delicate balance between work and private life for women. It places this research within the overall picture of social structures and the different responses that different countries have developed to this unusual challenge. The research is informed by the realization that COVID-19 has exacerbated pre-existing inequalities in terms of democracy and gender. It shows the unequal impact on different vulnerable groups, particularly women in areas such as healthcare, employment, and the importance of family life. This research is based on an in-depth examination of the legal framework, government activities and societal response to the pandemic, which serves as the basis for our methodological approach. An in-depth assessment of regulations such as the quarantine law in Cyprus, despite its historical connection to colonialism, demonstrates the significant impact this legislation has had on the country's response to the pandemic. From this perspective, we offer an analysis of the delicate balance between protecting public health and upholding democratic principles and human rights, examining in particular how executive power was exercised within this legal framework.

Furthermore, this research aims to address the lack of academic debate on the specific impact of the epidemic on democratic debates at the global level. Our aim is to gain a comprehensive understanding of how the pandemic has impacted democratic participation and the upholding of fundamental rights. We will achieve this by considering the perspectives of different stakeholders such as government agencies, civil society and those directly affected. We will also focus on the role of gender in shaping the experience of the pandemic, particularly in situations where existing vulnerabilities in society and the economy have been exacerbated.

This study uses a mixed methods approach to thoroughly explore the impact of the COVID-19 pandemic on the discussion of democracy, fundamental rights, and women's work-life balance. A mix of qualitative and quantitative research approaches enables a comprehensive understanding of the many impacts of the pandemic. The combination of surveys, thematic analysis, desk research and comparative case studies allows for a clear understanding of the complex impact of the pandemic on democratic discussions, the protection of fundamental rights and the escalation of gender inequalities, particularly in relation to women's work-life balance.

Based on a comprehensive theoretical framework that integrates concepts from public health, gender studies and political science, this approach provides a broad perspective for examining the far-reaching effects of the pandemic. This research aims to enrich the academic discussion by focusing on the intersections of gender with the political and social facets of the COVID-19 situation, which have not yet been thoroughly explored. Our aim is not only to gather information on the immediate impact of the pandemic, but also to provide a detailed understanding of its long-term effects on cultural norms, democratic principles, and gender equality.

The research focuses on three important research questions: “How has the COVID-19 pandemic affected the democratic debate?”, “How has the COVID-19 pandemic affected fundamental rights?”, “How has the COVID-19 pandemic affected women's work-life balance?”. "We are leading the research process with the aim of providing practical insights for policy design. We want to ensure that the recovery from the pandemic leads to the development of stronger, fairer, and more inclusive societies. We want readers to actively engage with our discoveries and work with us to chart a path to a post-pandemic future where the rights and dignity of every individual are at the centre of our collective recovery and rejuvenation efforts.

Before moving to the theoretical part of the monograph, we would like to acknowledge that results of this monograph were partly published in the SCOPUS journal Relações Internacionais no Mundo Atual.

2 THEORETICAL OVERVIEW

2.1 Theoretical overview of the COVID-19 pandemic impact

As we have seen, “the coronavirus has had an impact on many aspects of democracy in countries around the world — from postponing elections to crackdowns, arrests and torture of citizen protesters to using military force to resolve long-standing conflicts and consolidate power” (USGLC, 2021). Equality and Human Rights Commission pointed out different irregularities during the COVID-19 pandemic: “/…/ Older people, ethnic minorities and some disabled people, particularly those in care homes, have been disproportionately impacted by the pandemic. The increased demand for social care has threatened the financial resilience of the sector, potentially impacting its users and workers. This has led to an increased reliance on unpaid carers, who are more likely to be women. There has been a rise in reported domestic abuse and we have concerns about the ability of survivors to access justice. COVID-19 control measures in the criminal justice system potentially undermine the effective

participation of some disabled defendants / accused and victims." (Equality and Human rights commission, 2020). We have also seen raise of distrust of science and medicine and in connection with that various conspiracy theories or the words of non-experts on various social networks, combined with fake news rise, polarization of people in subgroups, like the vaccinated and the unvaccinated, on those who believe in the existence of COVID-19 and those who do not. (Equality and Human rights commission, 2020, p. 10)

On the other hand, if we take a closer look at the public sphere, we can see that the exchange of opinions through conferences, public debates within a country or even between different countries was very limited. As the coronavirus increased gender disparities in the EU (European parliament, 2021), we also missed a focused debate on the issue of women in the coronavirus situation, who were more affected by the situation as they were overrepresented in the main sectors, starting from the healthcare workforce, and had to take care of the household and family in addition to the professional challenges. We could see that the pandemic had a negative impact on women in the areas of work, money, knowledge, time, power, health, and an increase in domestic violence. As the United Nations noted, "from health to the economy, security to social protection, the impacts of COVID-19 are exacerbated for women and girls simply by virtue of their sex". (United Nations, 2020)

Bearing mentioned in mind, we have to acknowledge that COVID-19 pandemic had put pressure on the countries to take decisive steps to ensure the limitation of the spread of the virus and ensure adequate protection of their citizens and residents by introducing "emergency measures that constrain individual freedoms, social and economic rights and global solidarity" (Sekalala et al., 2020). As such limitations have serious consequences for human rights, many questions arise as: "How can basic human rights standards guide country efforts to respond to the health crisis? How can parliaments exercise their legislative and oversight functions to ensure that government actions are compatible with their human rights obligations? What is the balance between upholding the right to health and mitigating the undesirable effects of confinement measures on social and economic rights?" (Inter-Parlamentary Union, n. d.)

Mentioned and similar questions have risen due to different response from the countries around the world, which reflected in lower or greater infringement into human rights of people around the world. But nevertheless, as Laing stated: "/…/ the level of interference with human rights was, for most people, the greatest they will have experienced in a lifetime. The impact of the pandemic on human rights has been worse for certain people in society." (Laing, 2021) The consequences of pandemic have spanned from financial, democratic, psychological and health challenges, reflecting even more significantly on the vulnerable groups. OHCHR (2022) agreed with mentioned, as they stated that: "The global COVID-19 crisis has been fuelled by deepening poverty, rising inequalities, structural and entrenched discrimination and other gaps in human rights protection." Mentioned is also reflected in the findings of Gostin et al. (2023), which state: "The pandemic exposed deep structural inequities, contravening the core human rights principle of non-discrimination. Impoverished communities have been most affected. Inadequate social protection has pushed tens of millions of people into hunger, homelessness, and poverty, undermining their economic and social rights."

Human rights have been seriously endangered and violated during the pandemic, as the ultimate goal of preservation of overall health of population was misused for attracting political voices, financial gains and consequently power. Mentioned was (at least partly) also acknowledged by Mijatović, which

stated “2020 has been a disastrous year for human rights in Europe. While, increasingly, commitment to upholding human rights standards has been faltering all over the continent for several years, the COVID-19 pandemic has accelerated the erosion of the democratic fabric of our society, on which protection of human rights ultimately depends. /…/ It has also provided many governments with an ideal pretext to exploit fears and crackdown on dissent, restrict people’s rights and pass emergency legislation that risks having long-term consequences, beyond the health crisis.” (Mijatović, 2020) Mentioned thought was acknowledged also by the researchers Gostin et al. (2023), which stated: “From the pandemic's beginning, with Wuhan officials in China concealing early data on the outbreak and information on human-to-human transmission, governments have violated civil and political rights—from suppressing information and silencing truth-tellers to detaining critics and using intrusive surveillance to control them. Authoritarian leaders used the crisis to grab power.”

Mentioned does not reflect the fact that “under international human rights law, the exercise of certain fundamental rights can never be curtailed, even during states of emergency. These “absolute” human rights include the prohibitions on torture, on slavery and on retroactive criminal laws. Most rights, however, are not absolute in character. States can limit the exercise of these rights for valid reasons as long as they respect a number of conditions. This includes the rights to freedom of expression, freedom of association, freedom of assembly and of movement, and the right to privacy.” (Inter-Parlamentary Union, n. d.) Reflecting the mentioned, the following question has been raised: How can the protection of fundamental rights be combined with the strict requirements of controlling the COVID-19 pandemic? It is believed that the answer lies in the delicate balance of ensuring public health without falling into the extreme of a “fascistoid-hysterical hygienic state” (faschistoid-hysterischen Hygienestaat). (Heinig, 2020) Also, the possibility of exercising rights necessarily includes reducing discriminatory practices, overcoming deficits of social inclusion, addressing inequalities, and access to services, markets, and public spaces. As already mentioned, the coronavirus pandemic "exposed" and further reinforced inequalities, discriminatory discourses, fake news, and hearsay narratives that anyway circulate in a highly problematic media space that often stifles reasonable social dialogue and blurs and degrades perceptions and the attitudes of different social groups towards each other.

When focusing on democratic debate, we can note that the COVID-19 pandemic, which broke out at the end of 2019 and spread rapidly around the world, had a significant impact on public health, the economy and political structures. The implementation of measures to contain the transmission of the virus, such as the imposition of lockdowns, the imposition of travel restrictions and the enforcement of social distancing, has also had an impact on democratic processes and institutions worldwide. These measures often limited the ability of individuals to participate in democratic activities and articulate their opinions, which emphasizes the importance of ensuring the inclusion of different perspectives in a democracy. And the word “democracy”, which derives from ancient Greeks words that mean people (demos) and rule (kratos), foresees that the key part of democracy stems from the fact that people have a voice. Which was not the case in the COVID-19 pandemic, where we could see different groups of people, being left without the possibility to raise their voice (like vulnerable people, marginalized communities, and people, lacking access to digital platforms). This lack of representation highlights the need for reliable and accurate information, as Pajnik and Hrženjak (2022) noted: “A public health crisis such as the COVID-19 pandemic brings many uncertainties and requires reliable and accurate information.” Mentioned information can be obtained by examining the broader implications of crises on democratic structures. As mentioned by Merkel (2014) or Sorsa and

Kivikoski (2023) “democracy seems to be inextricably linked to crisis”. Democracies are frequently seen as being in a state of crisis because they lack certain characteristics that we view to be essential to democracy (Sorsa & Kivikoski, 2023; Przeworski, 2019). Crises such as financial, social or political crises tend to expose the weaknesses of democratic institutions and at the same time cast doubt on their ability to withstand and overcome challenges. On the other hand, Sorsa and Kivikoski (2023) and Przeworski (2019) point out that: “While different theories of democracy may focus on the absence of different features, most would agree that exogenous shocks, especially large-scale crises, such as financial crises or pandemics, are the key factors that challenge and test the durability of democratic institutions and practices. Democracy rarely flourishes under large-scale crises and crises tend to have negative impacts on democracy; but democracy may as well recover, revive, and sometimes even strengthen after crises”. This emphasizes the dual nature of crises in democratic systems. Crises can undermine and weaken the core elements of democracy by exacerbating existing weaknesses. On the other hand, these same crises can serve as triggers for revitalization and restructuring, forcing democratic institutions to adapt and evolve if we seize the opportunity to learn and grow from such moments as countries and individuals.

This dynamic becomes particularly clear when analysing specific metrics that capture the state of democracy during crises. An important indicator to evaluate how the COVID 19 crisis has affected the democratic debate is the Democracy Index, a global measurement that is taking place annually in all countries and reveals insight of the citizens perspective about the level of democracy in their country. The indicators of this index include the quality and participation in the elections, the functioning of government, the political participation, the democratic political culture, and the enjoyment of individual liberties. Looking at below Figure 1, we can see that the period of COVID-19 pandemic negatively impacted the democracy index.

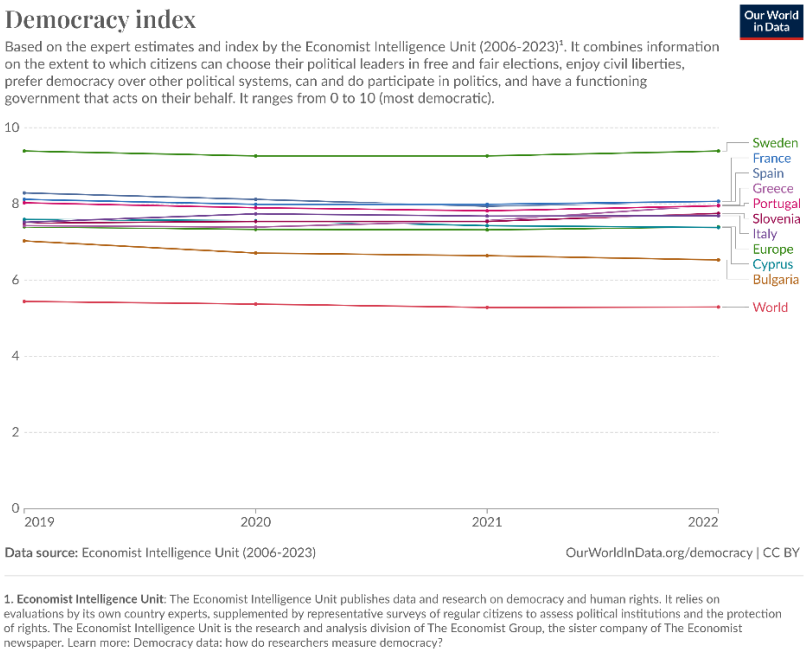


Figure 2.1. Democracy index for researched countries, Europe and the World Source: Herre et al. (2013)

According to the Democracy Index, the average global democracy score fell from 5.44 in 2019 to 5.37 in 2020, marking a significant decline and the worst score from year 2006, when the index was first

produced (EIU, 2021). The significant impact of the COVID-19 pandemic on democracy was confirmed also by U.S. Global Leadership Coalition (2024), which stated that “the coronavirus has directly impacted many aspects of democracy in countries around the world — from postponing elections to crackdowns, arrests and torture of citizen protesters to using military force and coups to resolve long-standing conflicts and consolidate power” and added that elections were postponed or cancelled in at least 79 countries or territories, but pointed out that in many countries due to quarantine restrictions international election Participants were not present. Worsened situation in the democratic perspective was reflected also in the report from Freedom House entitled: “Democracy under Lockdown - The Impact of COVID-19 on Global Freedom”, which stated that since “the coronavirus outbreak began, the condition of democracy and human rights has worsened in 80 countries, with particularly sharp deterioration in struggling democracies and highly repressive states” (Freedom House, 2020).

As noted by Kortum et al. (2020) and Lewkowicz, Woźniak, & Wrzesiński (2022), the public policies, which were prepared in response to the COVID-19 pandemic reflected in complicated social life and democratic processes. For example, according to the Carnegie Endowment’s Global Protest Tracker, “more than 100 countries have experienced significant protests, including 78 % of authoritarian or authoritarian-leaning countries. While popular protests in Chile and Sudan led to democratic improvements, Freedom House identified 158 countries where new restrictions have been imposed on protests” (USGLC, 2021). Since, as Michael J. Abramowitz, president of Freedom House, said, “What began as a worldwide health crisis has become part of the global crisis for democracy,” (USGLC, 2021).

When comparatively researching the experience of Bulgaria, Cyprus, France, Greece, Italy, Portugal, Slovenia, Spain and Sweden, we found out that Portugal and Sweden had comparatively higher levels of public trust, with Portugal managing a combination of measures effectively and Sweden emphasizing individual accountability. On the other hand, there was considerable public dissatisfaction and concern about trust in Bulgaria and Slovenia. The fundamental issues in all countries were transparency and the proportionality of the measures. Greece, Slovenia and Cyprus discussed these issues intensively and expressed concern about the excessive exercise of executive power and the existence of outdated legislation. France, Spain and Italy faced the challenge of finding the right balance between safeguarding civil liberties and protecting public health. The introduction of lockdowns and surveillance measures in France and Spain led to privacy concerns and public protests. Sweden's particular approach of imposing fewer restrictions led to a particular form of democratic discourse centered around the effectiveness of such policies, while other countries imposed stricter measures, leading to discussions about the necessity and proportionality of these measures. The pandemic posed a global challenge to democratic institutions, with varying levels of public confidence and government response. Portugal and Sweden had higher levels of public trust, but Bulgaria and Slovenia faced significant public resentment.

When researching mentioned countries, we can see, that the democratic debate in Bulgaria during the pandemic was marked by significant dissatisfaction among people and their low trust in the government. The handling of the pandemic was perceived as chaotic, which lead to protests and public negative perception against both pandemic measures and government corruption. Similar perception was noted in Slovenia, where the democratic debate in Slovenia was marked by

challenges to public trust in the government's handling of the pandemic, reflecting in public questioning transparency and eligibility of enforcement of the measures.

In Cyprus, debates revolved around the application of colonial-era quarantine laws and concerns about executive overreach, while corruption scandals and the handling of protests further undermined popular trust. In France, the democratic debate focused on balancing public health measures with civil liberties. Lockdowns and the use of digital tracking tools raised significant privacy concerns and sparked public debates. Similar debates about the balance between health measures and democratic freedoms was noted in Spain, where high infection rates led to strict measures, which sparked protests and public dissent.

In Greece, we could see dissatisfaction with the transparency and proportionality of pandemic measures. Debates highlighted the effectiveness and fairness of the government's response. Italy faced strict measures at the beginning due to the severe impact of the pandemic. The democratic debate revolved around the necessity of these measures and their impact on democratic freedoms.

Compared to mentioned experiences, we noted two relatively positive experiences, which arrive from the experience of Poland and Sweden. Portugal managed to maintain a relatively high level of public trust, where debates focused on the proportionality and necessity of the measures but were generally seen as balanced. On the other hand, Sweden's approach was unique, focusing on personal responsibility rather than strict measures. This led to debates about the effectiveness of this approach and its impact on public trust.

As U.S. Global Leadership Coalition (2024) stated, after the COVID-19 pandemic, "building back democratically is central to pandemic recovery and long-term development." That is why we wanted to address the under-researched perspective, which is the perspective of residents and participants on the democratic, human rights and women rights in particular, perspective in European countries, by using a reflexive thematic analysis of qualitative data from panel debates in 9 European countries, namely Bulgaria, Cyprus, France, Italy, Greece, Portugal, Slovenia, Sweden, and Spain.

As we have seen, "the coronavirus has had an impact on many aspects of democracy in countries around the world — from postponing elections to crackdowns, arrests and torture of citizen protesters to using military force to resolve long-standing conflicts and consolidate power" (USGLC, 2021). Equality and Human Rights Commission pointed out different irregularities during the COVID-19 pandemic: "/…/. Older people, ethnic minorities and some disabled people, particularly those in care homes, have been disproportionately impacted by the pandemic. The increased demand for social care has threatened the financial resilience of the sector, potentially impacting its users and workers. This has led to an increased reliance on unpaid carers, who are more likely to be women. There has been a rise in reported domestic abuse and we have concerns about the ability of survivors to access justice. COVID-19 control measures in the criminal justice system potentially undermine the effective participation of some disabled defendants / accused and victims." (Equality and Human rights Commission, 2020) We have also seen raise of distrust of science and medicine and in connection with that various conspiracy theories or the words of non-experts on various social networks, combined with fake news rise, polarization of people in subgroups, like the vaccinated and the unvaccinated, on those who believe in the existence of COVID-19 and those who do not. (Equality and Human rights Commission, 2020, p. 10)

On the other hand, if we take a closer look at the public sphere, we can see that the exchange of opinions through conferences, public debates within a country or even between different countries was very limited. As the coronavirus increased gender disparities in the EU (European Parliament, 2021), we also missed a focused debate on the issue of women in the coronavirus situation, who were more affected by the situation as they were overrepresented in the main sectors, starting from the healthcare workforce, and had to take care of the household and family in addition to the professional challenges. We could see that the pandemic had a negative impact on women in the areas of work, money, knowledge, time, power, health, and an increase in domestic violence. As the United Nations noted, "from health to the economy, security to social protection, the impacts of COVID-19 are exacerbated for women and girls simply by virtue of their sex". (United Nations, 2020)

Bearing mentioned in mind, we have to acknowledge that COVID-19 pandemic had put pressure on the countries to take decisive steps to ensure the limitation of the spread of the virus and ensure adequate protection of their citizens and residents by introducing “emergency measures that constrain individual freedoms, social and economic rights and global solidarity” (Sekalala et al., 2020). As such limitations have serious consequences for human rights, many questions arise as: “How can basic human rights standards guide country efforts to respond to the health crisis? How can parliaments exercise their legislative and oversight functions to ensure that government actions are compatible with their human rights obligations? What is the balance between upholding the right to health and mitigating the undesirable effects of confinement measures on social and economic rights?” (Sekalala et al., 2020)

Mentioned and similar questions have risen due to different response from the countries around the world, which reflected in lower or greater infringement into human rights of people around the world. But nevertheless, as Laing stated: “/…/ the level of interference with human rights was, for most people, the greatest they will have experienced in a lifetime. The impact of the pandemic on human rights has been worse for certain people in society.” (Laing, 2021) The consequences of pandemic have spanned from financial, democratic, psychological and health challenges, reflecting even more significantly on the vulnerable groups. OHCHR (2022) agreed with mentioned, as they stated that: “The global COVID-19 crisis has been fuelled by deepening poverty, rising inequalities, structural and entrenched discrimination and other gaps in human rights protection.” Mentioned is also reflected in the findings of Gostin et al., which state: “The pandemic exposed deep structural inequities, contravening the core human rights principle of non-discrimination. Impoverished communities have been most affected. Inadequate social protection has pushed tens of millions of people into hunger, homelessness, and poverty, undermining their economic and social rights.” (Gostin et al., 2023)

Human rights have been seriously endangered and violated during the pandemic, as the ultimate goal of preservation of overall health of population was misused for attracting political voices, financial gains and consequently power. Mentioned was (at least partly) also acknowledged by Mijatović, which stated “2020 has been a disastrous year for human rights in Europe. While, increasingly, commitment to upholding human rights standards has been faltering all over the continent for several years, the COVID-19 pandemic has accelerated the erosion of the democratic fabric of our society, on which protection of human rights ultimately depends. /…/ It has also provided many governments with an ideal pretext to exploit fears and crackdown on dissent, restrict people’s rights and pass emergency legislation that risks having long-term consequences, beyond the health crisis.” (Mijatovic, 2020) Mentioned thought was acknowledged also by the researchers Gostin et al. (2023), which stated:

“From the pandemic's beginning, with Wuhan officials in China concealing early data on the outbreak and information on human-to-human transmission, governments have violated civil and political rights—from suppressing information and silencing truth-tellers to detaining critics and using intrusive surveillance to control them. Authoritarian leaders used the crisis to grab power.”

Mentioned does not reflect the fact that “under international human rights law, the exercise of certain fundamental rights can never be curtailed, even during states of emergency. These “absolute” human rights include the prohibitions on torture, on slavery and on retroactive criminal laws. Most rights, however, are not absolute in character. States can limit the exercise of these rights for valid reasons as long as they respect a number of conditions. This includes the rights to freedom of expression, freedom of association, freedom of assembly and of movement, and the right to privacy.” (Inter-Parliamentary union, n. d.) Reflecting the mentioned, the following question has been raised: How can the protection of fundamental rights be combined with the strict requirements of controlling the COVID-19 pandemic? It is believed that the answer lies in the delicate balance of ensuring public health without falling into the extreme of a “fascistoid-hysterical hygienic state” (faschistoid-hysterischen Hygienestaat). (Heinig, 2020) Also, the possibility of exercising rights necessarily includes reducing discriminatory practices, overcoming deficits of social inclusion, addressing inequalities, and access to services, markets, and public spaces. As already mentioned, the coronavirus pandemic "exposed" and further reinforced inequalities, discriminatory discourses, fake news, and hearsay narratives that anyway circulate in a highly problematic media space that often stifles reasonable social dialogue and blurs and degrades perceptions and the attitudes of different social groups towards each other.

But when talking about human rights, we need to focus especially on women’s rights, as women’s rights were more affected by the pandemic consequences as men, which was acknowledged by different researchers, like Grantham and Rouhani (2021) and Mwenyango (2023) etc. As noted by Mwenyango (2023) “mandatory lockdowns and movement restrictions created negative implications for women’s attainment of economic, social, cultural, political and civil rights and intensified pre-existing gender inequalities between women and men”, while Grantham and Rouhani (2021) added that “the economic risks and challenges for women during COVID-19 are broad and could lead to longerterm effects for women’s economic empowerment (WEE)”. Wenham (2020) noted: “Whilst indications suggest that more men than women are dying of COVID-19, the impact of the (short and longer term) socio-economic effects of COVID-19 fall disproportionately on women”. Wenham (2020) listed crucial challenges, connected to women during the COVID-19: “Women comprise 76 % of the c. 49 million healthcare workers in the EU. This means it has been predominantly women on the frontlines combatting the COVID-19 pandemic, delivering care to those infected /…/ women have not only provided care formally as healthcare workers, but women have absorbed most of the informal and unpaid care in the COVID-19 pandemic too. As quarantine and selfisolation orders came into place, and schools and childcare providers were closed, social norms and decisions related to pay have meant that women have increased their time spend on domestic tasks. /…/ domestic violence is a significant problem during COVID-19 related lockdown. Most domestic violence occurs within the home, thus, requiring people to stay at home to avoid COVID-19 transmission unsurprisingly led to increased rates of violence. Domestic violence is notoriously hard to measure, and concerns have been raised that lockdown requirements also limits women’s ability to report domestic violence. Calls to domestic violence hotlines have provided a pertinent proxy for rates of inter-personal violence. These calls have increased by 20 – 60 % across the EU, demonstrating a significant problem for

societies and governments. /…/ COVID-19, like outbreaks in the past, have led to a distortion of health systems as health resources get diverted to manage the crisis at hand. This has several downstream effects for women, particularly in their access to safe sexual and reproductive health services (SRH). Firstly, there have been significant changes to maternity provision across EU states. This means that women are likely not accessing routine ante- and post- natal care, or this care has moved to online or phone delivery. /…/ women's economic empowerment will likely continue to be significantly affected in the coming months and years due to the sector wide effects of COVID-19 interventions. The sectors of the economy which have been most significantly affected by lockdown measures are hospitality, recreation, tourism, and education/childcare. These sectors are highly feminised and thus as organisations become insolvent because of changes to daily lives, this risks significant unemployment for women. Unlike usual recessions which tend to affect traditionally male sectors of construction and manufacturing, this COVID-19 related recession has been dubbed a "she-cession".

During the desk research, we identified the gap of retrieving feedback of handling the pandemic directly from the citizens and residents of European countries. Bearing mentioned in mind, we decided to fill mentioned gap and prepare below mentioned research through conduced panel debates in 9 different European countries and 10 different regions in order to fill mentioned gap and process the data with Reflexive Thematic Analysis, presented below in order to answer the following research questions:

1. "How has the COVID-19 pandemic affected democracy?".
2. "How has the COVID-19 pandemic affected fundamental rights?".
3. "How has the COVID-19 pandemic affected women's rights?".

2.2 How the COVID-19 pandemic affected Bulgaria

There are undoubtedly constructive and optimistic perspectives in being able to talk somewhat in the past tense about the COVID-19 pandemic. After the conflicting rationale, based on data and assessments on the one hand, and the purely subjective feelings of individuals and social groups, wandering in a rather chaotic public conversation between the need to deal with anxiety and infection, and the positive effect of raising important public topics we could already approach, based on expert observations and analyses, with work on possible models to document for future crises.

According to the World Health Organization, the first cases of infection with COVID-19 in Bulgaria were confirmed on 08 May 2020 (World Health Organization Bulgaria, 2020). At the time of writing this report, 19 January 2023, the Unified National Portal regarding the information on coronavirus in Bulgaria indicates that the total number of sick persons is 1,294,604; 1,253,005 persons were cured, and 38,154 persons died. For this day (19 January 2023), the new cases registered are 129. The active cases are currently 3,453. For comparison, in the neighbouring countries of Bulgaria, there are currently active: Turkey – 181,298 cases, Greece – 3,148 cases, the Republic of North Macedonia – 4,289 cases, Serbia – 12,426 cases, and Romania – 22,415 (COVID 19 - Единен информационен портал, 2023). These data are published in the unified information portal Coronavirus.bg, created during the first weeks of the declared state of emergency in the country. According to Worldometer, as of 19 January 2023, Bulgaria is in 58th place in the world in terms of the total spread of coronavirus (total number of infected for the entire period of the declared pandemic), in 28th place in terms of the number of deceased persons with established COVID-19 infection and 2nd place in the world in the

number of deaths per 1 million population. At the same time, Bulgaria ranks 78th in tests used per million population, which leads to the hypothesis that the actual number of mentioned cases may be much higher (Worldometer, 2023).

In Bulgaria, a state of emergency was declared on 14 March 2020. After the expiration of its two-month period, an emergency epidemic situation was declared by a decision of the Council of Ministers dated 14 May 2020. This situation, practically equivalent to a state of emergency, was renewed several times, with its last period ending on 31 March 2022. Then the temporary anti-epidemic measures, adopted and cancelled with varying scope and severity for all previous periods between March 2020 and March 2022, were finally dropped: the wearing of a protective mask in indoor public places, observance of physical distance, restrictions on the implementation of face-to-face education in higher schools, a ban on visits to hospitals and social services, the requirement that 50 % of the staff work from home if such an opportunity exists. Green certificates of antibody detection or completed vaccination course, previously required to visit indoor spaces in the country, were dropped in three short stages related to both the percentage of detected cases and milder symptoms of the Omicron variant falling since the end of 2021 and the beginning of 2022: from 24 February 2022, certificates remained at the discretion of the owner of a shop or establishment. From 3 May 2022, they were abolished in all establishments, shops, and closed public spaces, and from 3 October 2022 - they were completely abolished. The history of green certificates in Bulgaria has been accompanied by vague dissatisfaction among some citizens and businesses. An active mobilization for protests in the centre of the capital was led by the nationalist and pro-Russian political party Vazrazhdane, as well as other smaller civil formations with similar orientations (Tsolova, 2021). The case was similar in neighbouring Romania, for example (Mcgrath, 2021). As of 1 May 2022, the certificates of natural immunity response, negative test, or vaccination, required until then to enter the country, have also been permanently abolished (Министерство на здравеопазването, 2022).

At the beginning of the pandemic, one of the first decisions regarding limiting the spread of COVID-19 was the suspension of mass cultural events throughout the country. This suggested that many workers in the cultural sector, artists, and practitioners in non-governmental organizations related to culture and the arts would be among the earliest groups affected by the pandemic. Also, checkpoints were set up at the entrances and exits of many cities. There was a ban on visiting public parks and gardens. Establishments, some shops, and event halls were closed for different periods and under different conditions during the two intense years of the pandemic. In essence, they are like the measures taken across the EU, but we should note that their compliance was thorough during the first and, to some extent, the second wave in the spring and autumn-winter seasons of 2020-2021, respectively. Often the checks were carried out on a campaign basis and in the larger cities, while in the smaller settlements, the responsibility was rather left to the conscience and will of the citizens.

One of the first significant decisions in the direction of providing funds to support various social groups was the agreement dated 14 April 2020 to redistribute contributions from the European Structural and Investment Funds by transferring funds to provide financial support for measures to reduce the consequences of the pandemic. Another decision that can be pointed out as significant is the permission from 5 May 2020 for various state properties to have a reduced or completely cancelled rent for use upon presentation of relevant documents to limit or suspend the activity of the natural or legal persons who use them - according to independent decisions of ministers, regional governors, etc. executives.

Throughout the state of emergency and the extraordinary epidemic situation, several economic and social measures were taken to minimize the effects of the COVID-19 pandemic. The more significant among them are listed below.

- Micro, small, and medium enterprises
  - 60/40 program: this is probably the most popular measure that employers could take advantage of. This is a measure to preserve the employment of employees and is open for application to employers from almost all labor sectors. The conditions of the measure were that the work was stopped during the declared state of emergency and emergency epidemic situation; have worked part-time; retained employment after a mass layoff notice has been filed. The measure includes 50 % of the insurance income if the employer declares a decrease in income by at least 30 %; 60 % of the insurance income in the case of a reduction in income of at least 40 % declared by the employer.
  - "Employment for you": a measure to employ unemployed persons under a program financed by the Operational Program "Human Resources Development"
  - Provision of working capital for enterprises that ceased operations between 22 March 2021 and 30 April 2021
  - Preferential lending measures
- Measures for large enterprises and municipalities and public-private enterprises, similar to those for small and medium-sized enterprises - "Save me+", Employment for you, 60/40
  - Financing for urban development
  - Microcredits and interest-free loans for self-employed individuals on unpaid leave, microcredits for small start-ups
  - State aid for tour operators (COVID 19 - Единен информационен портал, 2023)

The adoption of a National Plan for the vaccination of the population against COVID-19 from the beginning of December 2020 marks the beginning of the vaccination process, which unfolds slowly in the following months and years and meets with a great deal of mistrust and conspiratorial resistance from the population, which is due in the greatest extent of the media environment and the very low levels of trust in institutions among Bulgarians. The chaotic organization of the vaccination process also contributed to the feeling of uncertainty about the decisions of the authorities - with initially defined priority social groups, with the introduction of "green corridors" for citizens over 65 years old at certain times and days, and eventually the introduction of four vaccination 'phases'. At the same time, in parallel, it was possible to carry out "vaccination at will", which practically nullified attempts to bring order. This led to queues in front of the vaccination points in some periods, and the disposal of unused doses of vaccines due to a lack of takers, in other periods. Regarding the vaccination rate, as of January 2023, the total number of people vaccinated with a full course in Bulgaria is 4,606,717 persons, or almost 67 % of the population. There were 941,792 persons with a booster dose and 69,223 with two booster doses. The data are for the period 27 December 2020 to 19 January 2023.

In the Introduction of the "National Plan for Dealing with the SARS-CoV-2 Pandemic", it is said that in the country "the conviction is being strengthened that there is a serious problem in Bulgaria with the crisis caused by COVID-19. In terms of mortality, Bulgaria is in third place after Hungary and the Czech Republic, although, the average incidence of COVID-19 per 100,000 population is lower compared to about 2/3 of the other EU countries" (Национален план за справяне с пандемията от SARS-CoV-2, 2021). This conclusion was drawn based on data from The National Institute of Statistics until June 2021. The conclusion is that this extremely negative result in terms of mortality

from COVID-19 is rooted in several main reasons, among which hypothetically stand out: the age structure of the population and the prevalence of severe chronic diseases among it; the state of the health system; and poor crisis management (Национален план за справяне с пандемията от SARS-CoV-2, 2021).

The purpose of this text is to review some research carried out by different teams in the last almost three years in Bulgaria. They indirectly shed light on the three aspects identified as key for the purposes of the current project. This will be achieved through 1/ a review of secondary data extracted from the Eurostat databases to create a general picture of the issues under consideration; 2/ a review of intermediate or final results of studies conducted in Bulgaria, which deal with specific problematic aspects of the crisis, specifically focusing on certain social groups or phenomena. Thus, a kind of base will be created with already achieved and reflected results, which will be considered in the next stages of the Heard project.

2.2.1 How the COVID-19 crisis had affected the democratic debate?

Before the declaration of a state of emergency in Bulgaria, a decision dated 26 February 2020 established a National Operational Headquarters "in connection with the public health emergency of international importance declared by the World Health Organization concerning the disease COVID-19 (an infectious disease caused by coronavirus 2019 - nCoV)", headed by a major general, head of the Military Medical Academy. In the first weeks, this image was relatively well received; but with the continuation and deepening of the crisis, this image became rather problematic for public opinion. It can be said that as the pandemic progressed, public opinion, regarding the National Headquarters, split into two - on the one hand, people who were either not seriously affected by the infection itself, or due to various factors explained the events with less than rational arguments (religious belief in predestination, Large initial period of time the start of the National Crisis Staff was accompanied, as in most societies, by panic, scarce information and, one might say, shock. At the same time, numerous social actors took political advantage of, by endorsing terms such as the "new normal" and by accusing various media and public figures, both at National Headquarters and in other public spheres, of creating panic or psychosis, contributed as much to the phenomena in question as overexposure of the fatalistic forecasts for the development of the pandemic.

In Bulgaria, the COVID-19 crisis was intertwined and, we can say, gradually spilled over into a political one. The complex socio-political processes were also intervened by the extreme and worrying for a large part of the society foreign political, geopolitical, and other events of 2022, which played a significant role in the enormous difficulties that the public democratic debate faced. The crisis of the COVID-19 pandemic has revealed the real consequences of the fact that Bulgaria ranks 91st in terms of freedom of speech in the world.

In a political aspect, the last two and a half years in the country have been turbulent - after 12 years of rule by the then most strongly represented party in the Parliament, in the summer of 2020, social mobilizations and groups of dissatisfaction against certain policies and power practices took shape. Several elections followed, and, without going into details, mainly five were the axes of the public conversation or, more often, a clash in Bulgarian society. They are as follows: The pandemic, the measures implemented to support social groups and businesses and their effectiveness. The political orientation of the country - a very complex debate provoked by the war in Ukraine; Bulgaria has a

past of close ties with the Soviet Union before 1989, and society still has both sentiments of nostalgia and hence support for Russia's aggression, as well as political and non-political organizations and related media that profit from opposition to the political orientations. In practice, most of the sociopolitical debates that are currently unfolding in the country stem from this basic, fundamental debate. Inflation and general financial difficulties experienced by society and especially its vulnerable groups and the measures applied to them.

Smaller political discussions around specific political subjects and their actions in the last two years actually divert the central issue that should concern political forces and actors in the public sphere. According to the Freedom House reports for both 2020 and 2022 "Nations in transit. Dropping the democratic façade", Bulgaria remains in the group of "semi-consolidated democracies" (Csaky, 2022).

A specific study of its kind, conducted in the first quarter of 2021 in various Bulgarian cities, is the one initiated and conducted by the Bulgarian Community for Liberal Democracy. It consists of a total of 10 focus groups with citizens from different vulnerable social groups or communities. These are persons with mental (developmental) problems; persons of Roma origin in a separate neighbourhood in a regional city; persons deprived of liberty; persons with impaired vision; persons with physical disabilities; employees in closed institutions; youth from a school for the socially weak. "The main problem this project will address is the lack of timely, accurate, and reliable information coming from free and independent media related to the pandemic and its consequences." (BOLD, 2020). Participants are selected as if largely achieve gender balance, as well as include representatives from different age groups and with different levels of education. The questions cover significant problem areas around the perception of the COVID-19 pandemic and the unbalanced relations between reality, coverage, and perception of crisis events and processes. The research disproves the common belief that public opinion is formed mainly through television - respondents show much higher levels of trust in social networks and interpersonal communication as a means of information. This leads to problems, of course, as the verifiability of sources is almost non-existent - people tend to trust what is "shared" rather than what is "verified".

According to a report by the Center for Economic Policy Research, an extremely important factor in overcoming the pandemic when talking about public conversation or debate is trust. As, the authors write, the pandemic demonstrates how dealing with crises will increasingly require cooperation between all actors in the public and private spheres. The authors cite the work of Barrios et al., where it is shown that civic capital leads to higher levels of social distancing, which, in turn, leads to easier acceptance of anti-epidemic measures by citizens. The graphic in the report shows how "Considering government trust in our set of countries as a more general measure of the quality of the political environment - the reciprocal confidence between governments and citizens - this correlation confirms the central role of trust in the outcome of the pandemic (Cohen, Péron, & Algan, 2022) The bottom graph shows the position of Bulgaria in relation to other European countries when comparing the economic and health index and trust in the authorities. As stated above, the political situation in Bulgaria and public attitudes, including the upcoming early elections, do not imply the building of special trust between citizens and institutions.

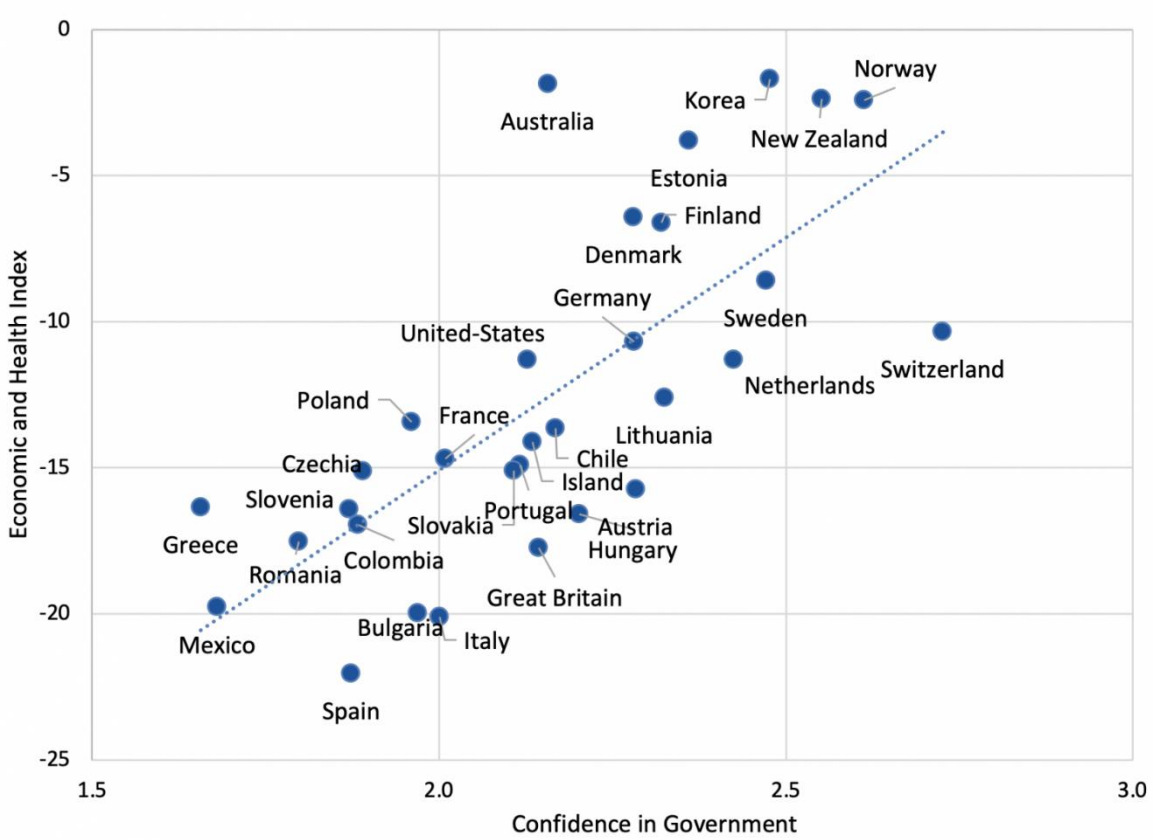


Figure 2.2. Economic and health index in correlation with the confidence in government. Source: CERP

The last elections conducted in early October 2022 provoked more frustration and voter alienation than clear perspectives and solutions. After the unstable coalition of partners often opposed important issues, led to a new period of the caretaker government, and these 3 and a half months until mid-January did not lead to a new coalition and a regular government. As of 19 January 2023, it is already clear that the next elections will be held in the early spring, but in the public space, an increasing feeling of withdrawal of voters due to the production of conflicts, discords, and scandals rather than actual democratic debate is apparent. Thus, the pandemic crisis in Bulgaria, already in its most active period strongly politically tinged, turned into a completely political one. The winds of populism are also reorienting towards any political process or public debate and gradually, in the last 2 years, they have taken over the voices of discontent, thus pushing into society both pro-Russian and anti-EU discourse (Bloom, 2022).

2.2.2 How the COVID-19 crisis had affected the enjoyment of fundamental rights?

The possibility of exercising rights necessarily includes reducing discriminatory practices, overcoming deficits of social inclusion, addressing inequalities, and access to services, markets, and public spaces. As already mentioned, the coronavirus pandemic "exposes" and further reinforces inequalities, discriminatory discourses, fake news, and hearsay narratives that anyway circulate in a highly problematic media space that often stifles reasonable social dialogue and blurs and degrades perceptions and the attitudes of different social groups towards each other. In the extensive report on the so-called "anti-gypsyism" under the initiative "Care for the truth: overcoming anti-gypsyism by

empowering the Roma to counter disinformation and fake news in Bulgaria" under the coordination of the SEGA Foundation and in partnership with other NGOs, various aspects of strengthening the attitude towards the Roma and the prerequisites for the violation of their rights during the development of the Covid crisis (Todorova, 2020). The following manipulative narratives emerged: Roma are spreading contagion, not complying with pandemic measures, leaving their homes when not allowed as part of emergency measures, unable to follow instructions, etc. This led to "restriction of access to and exit from Roma neighborhoods in some cities" (Todorova, 2020: 39). However, a problem also arose among the Roma communities themselves - according to focus group analyzes for the mentioned study, fake news and conspiracy theories were spread among them that "the virus was invented to justify the actions of the state authorities to keep the Roma locked away from the rest of the population (Todorova, 2020: 40). Stricter restrictions are imposed in Roma neighborhoods than for the rest of the population; this sometimes leads to job losses, which indirectly leads to more poverty and further isolation from democratic and informational flows. There are situations where health mediators who work with local Roma communities have to take over part of the duties of medical staff who refuse to care for cases in Roma neighborhoods in a city in Northern Bulgaria. This contributes to alienation and the even more determined spread of conspiracy theories and disbelief in the data disseminated by the authorities. In turn, many media reinforce their narratives of imputing guilt to the Roma population, deepening hostility towards it even more. An atmosphere of "shared disbelief" is created between ethnic communities, authorities, the media, and the ethnic majority in the population, which ultimately reinforces the influence of "alternative facts", delusions and attitudes, further worsening the public conversation.

"Shouldn't the Universal Declaration of Human Rights be renewed?" asks the human rights activist Dimitrina Petrova in an article for the academic journal "Piron" and continues with several considerations that practically summarize concerns articulated in the public sphere far beyond Bulgaria - they touch on a legal, a civil, but even a philosophical level, what constitutes citizenship, rights, democracy in the 21st century, and even more so in the conditions of an unprecedented crisis. For the researcher, it is a worrying phenomenon "...electronic surveillance of people, in which the difficult balance is violated in the use of modern technologies for mass collection and processing of personal data in the interest of society, on the one hand, and the need to protect private life, from another". Further, the author continues with the trend toward power centralization and compromising the separation of powers. There is also a risk that the authorities will use the collected data against the right to assembly (street protests, for example). Petrova's main critical point is the future of human rights after the current crisis (Petrova, 2020). In the context of attacks on liberal democracy over the last 10 years or so and the danger of accelerating processes characteristic of authoritarian and conservative populist movements, the future will be of business models based on universal surveillance rather than the protection of personal freedom and ownership, as in traditional capitalism.

Among the extensive and multi-stage studies on the topic of the effects of the covid pandemic are those conducted by a team of researchers from the Institute for Population and Human Research at the BAS. These are three phases of a study titled "Stress and coping in the setting of a spreading coronavirus infection." The items relevant to this report from the online questionnaire, offered to the general public via social networks during three separate periods of the pandemic, concern citizens' perceptions of threat and their optimistic attitudes as they relate to respondents' economic status. From there, we can relate this data to the general feeling in society about the effectiveness of the measures in maintaining the rights to work, for example, or access to economic and social measures.

Also, these data speak about the right to movement of citizens, reduced during some periods of the pandemic. In March 2020, anxiety about negative consequences in relationships with people was practically not reflected at all, and in May and November 2020, it increased to 6 % and 9 %. For COVID-19 as a danger, we have varying anxiety between 37 % in March, 31 % in May, and rising to 42 % in November 2020. Respondents significantly more strongly assess the economic consequences of the crisis at the beginning of the pandemic with 63 % in March, as well as May, while this percentage decreases to 49 % in November. The explanation for these changes could be that the infection gains strength in the second wave from November 2020 onwards, while the economic measures start to bear fruit and give at least some peace of mind to the citizens. Paradoxically, the respondents' optimism was reported almost unchanged for all three periods of the study - with a constant average of about 3.7 on a scale of 1 to 5 (Hristova, 2020).

Linked to the exercise of basic rights, such as employment and freedom of movement, are inequalities and poverty. According to Eurostat data, in Bulgaria in 2021, it was the most difficult for people to meet their basic needs financially (Fig. 2)

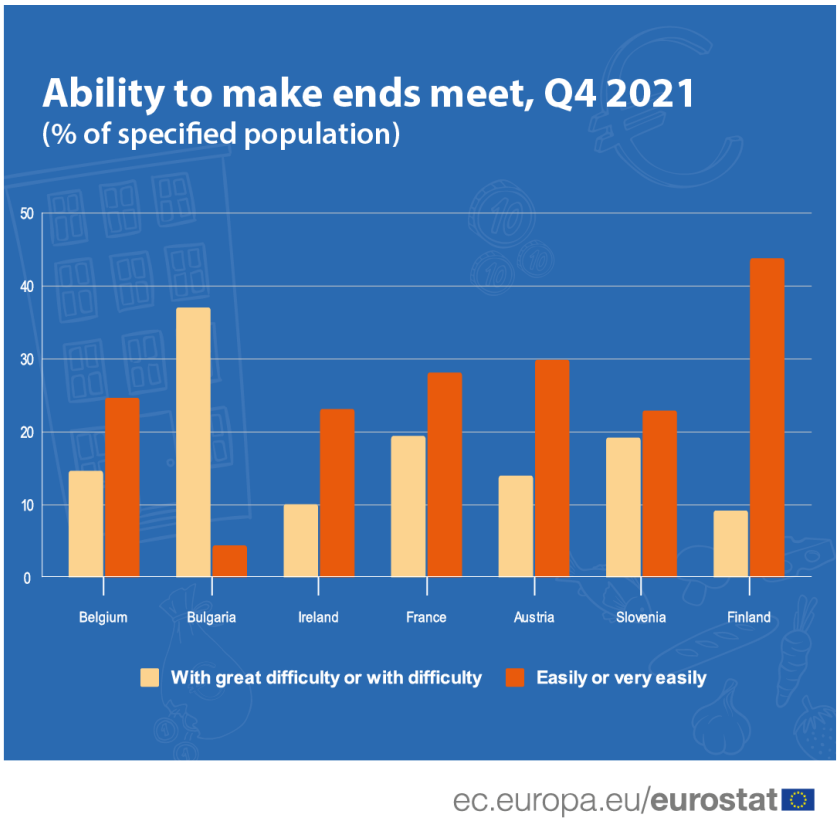


Figure 2.3. Ability to make ends meet, Q4, 2021 (% of specified population). Source: Eurostat

At the same time, other data indicate that Bulgaria is in a relatively good place in terms of average income loss, taking into account the compensation granted under programs to reduce the damage from the COVID-19 pandemic (Fig. 3). Compensation did not help the losses to halve as in other countries but also compared to most other countries, the losses were not crucial.

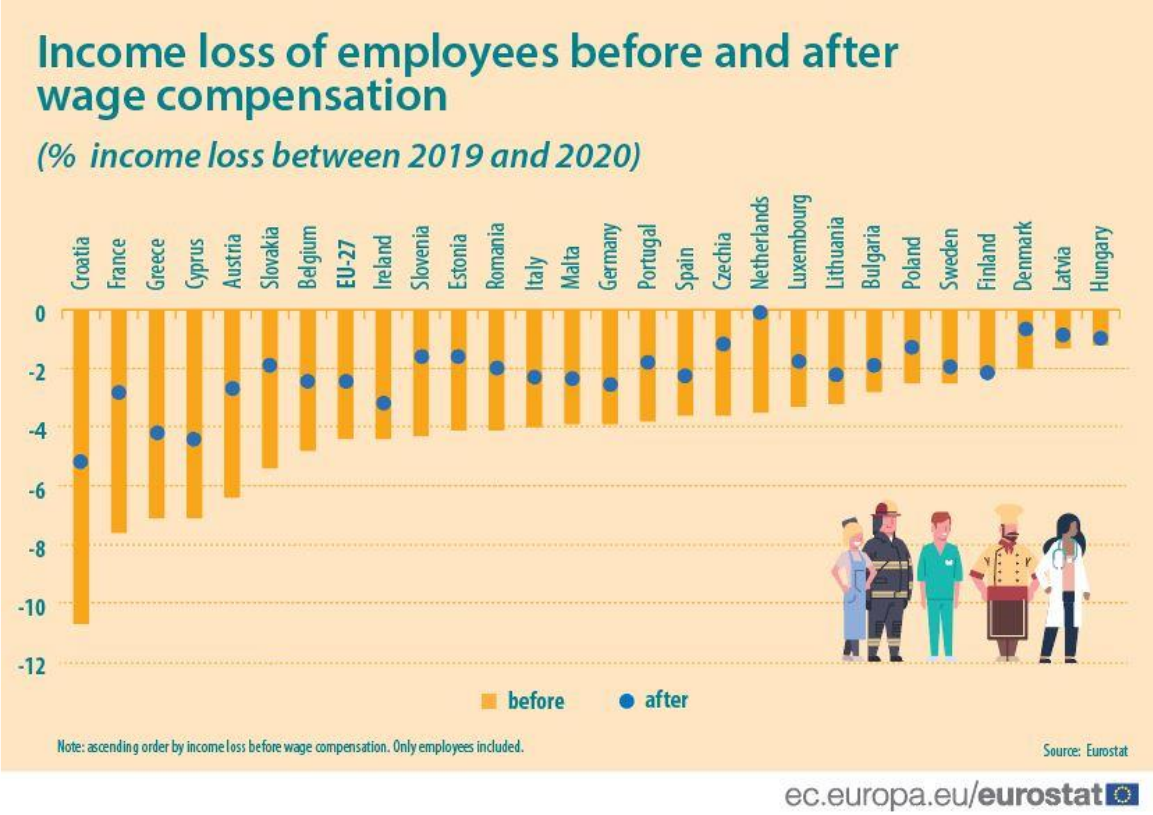


Figure 2.4. Income loss of employees before and after wage compensation (% income loss between 2019 and 2020). Source: Eurostat

2.2.3 How the COVID-19 crisis had affected the work and life balance of women?

Three years after the outbreak of the covid pandemic, it is known that the crisis has affected women and girls in many different ways; some researchers share research results that show that women are more affected than men, regardless of their position in society. According to the UN Women's report "From insight to action" on gender equality in the context of a COVID-19 pandemic, female medical personnel is three times more at risk against the virus - globally, they represent 70 % of healthcare workers (Azcona, 2020). Also, according to the data for Europe and Central Asia, self-employed women are more affected by the crisis - 25 % against 21 % of men. "Feminized" sectors have been hit hard by the pandemic and in line with the fact that a large proportion of those working in them are migrants or women from marginalized ethnic groups. Based on data from 22 countries in Europe and Asia, it states that in terms of time spent on household activities, there is a much more serious increase for women than for men - especially for activities such as cleaning (increase in time by 49 % for women and 33 % for men); childcare (37 % for women and 26 % for men); food preparation (37 % for women and 16 % for men). One of the most serious problems is the increase in various types of domestic violence/violence by a partner or family member. In some countries, there has been an increase in reported cases, while in others there has been a decrease, which is also a worrying trend as it speaks to the possible barriers women face when trying to find help.

Against the background of this context, not enough research has been carried out in Bulgaria on the impact of COVID-19 on women and girls, which reveals a serious deficit of data, but also of interest, which would lead to the preparation of more reports, recommendations and possibly changes in the preparation of policies in principle and critical situations going forward. We can still find data on some

economic indicators from Eurostat, as well as extract a gendered aspect of crisis-related phenomena from other, larger studies when we analyze the data through their demographic indicators, even though they are not specifically focused on the issues of women. There are no official statistics on cases of domestic violence in Bulgaria, but the NGO sector reports that calls to hotlines for victims of domestic violence have increased by 30 to 50 % during the pandemic. Shelter and protection centers for such victims are woefully inadequate and victims often do not have access to them. Unfortunately, the increased attention to this huge problem was only temporary and no serious measures have been undertaken to date.

An important and perhaps the only research of its kind is being conducted by the Ekaterina Karavelova Foundation. The published report is the result of the public event they organized at the end of March 2022 "Health: from women to women", and besides systematizing the symptoms, effects, and complications reported by the participants during the "post-covid" or "long covid" ", also takes into account the impact on the daily life of women experiencing similar symptoms.

"Another issue that is of particular importance is whether the ongoing symptoms have negatively affected various spheres of the respondents' lives. Of the 120 respondents to this question, 35.8 % stated that ongoing symptoms had no negative impact on their lives. Of those who were adversely affected, the largest percentage (44.2 %) reported a negative impact on their work life, followed by 43.3 % who had changed the way they spent their free time." (Spasova, 2023).

As part of the project to cope with stress during the COVID-19 pandemic, which we mentioned above, we find a publication that deals with intimate relationships, social and professional life. Here we find empirical evidence of the general idea that has become established in society - at first, people in close intimate relationships had the opportunity to deepen and improve their communication, to provoke their innovation by looking for alternative ways to spend time with their partner and/or children; but prolonged "closures", social isolation and encapsulation in the relationship led many partners to negative effects.

"Spending too much time with the partner in the context of reduced social activities and isolation may lead to monotonous coexistence, more stress and conflicts and feeling of a lack of personal space and opportunity for privacy. If partners do not live together, forced social isolation and restrictions can cause not only physical distance, but also emotional and psychological alienation" (Dragova-Koleva, Koralov, & Yankov, 2022: 99). Regarding the female-male comparison, the researchers reported an equally clear relationship between love, intimacy, romance, and well-being in both married and unmarried couples. However, in women, this relationship is stronger (Dragova-Koleva, Koralov, & Yankov, 2022: 98). Important are the findings when studying the relationship between the stress caused by COVID-19 and the three main life spheres outlined by scientists - love, social and professional life. While men express more fear of the impact of COVID-19 on their love life, women expect a negative impact on all three mentioned spheres, with an emphasis on social life. In conclusion, the scientists express their concern that stress may persist and the effects on the balance between personal, social and professional life may be more long-term than we expected.

Interesting data is found in the research published on the Eurostat portal regarding the changes in employment levels for the EU in a comparative perspective between 2019 and 2020. It turns out that, in general, men lose their jobs more often than women. In Bulgaria, this is not the case, but the drop

in women and men who lost their jobs around the COVID-19 crisis is almost the same value - about 1 percent.

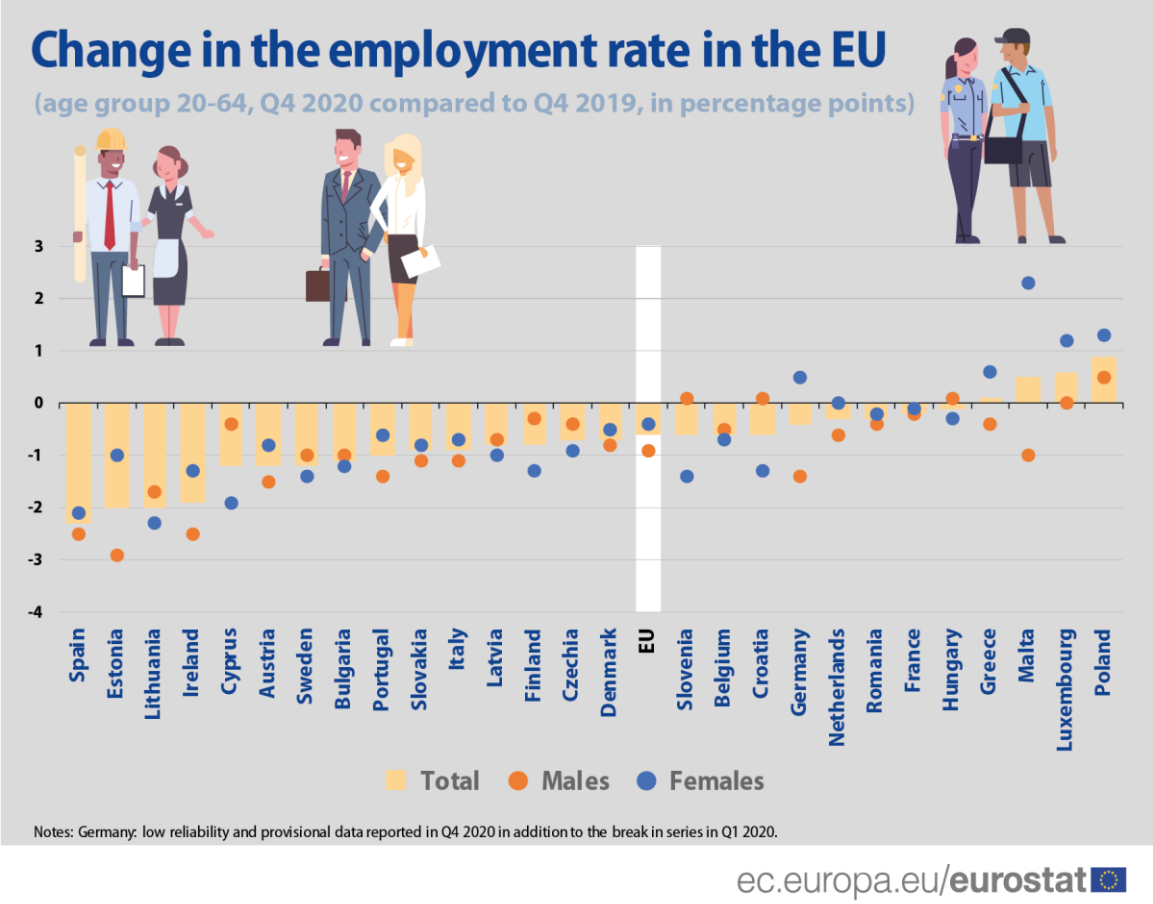


Figure 2.5. Change in the employment rate in the EU (age group 20-64, Q4 2020 compared to Q4 2019, in percentage points). Source: Eurostat

2.3 How has the COVID-19 pandemic affected Cyprus

According to the World Health Organization (WHO), in Cyprus, from 3rd of January 2020 to 5:33 pm CET, 23 January 2023, there have been 640,729 confirmed cases of COVID-19 with 1,280 deaths (Cyprus: WHO Coronavirus Disease (COVID-19) Dashboard with Vaccination Data, n.d.). The first official press release from the Ministry of Health was an "*Action Plan of the Medical Services of the Ministry of Health for dealing with any coronavirus outbreaks that may occur in the Cyprus*" was issued on 25th January 2020. The press release was advised citizens who are traveling to China or other countries "to following the local media for developments regarding the virus, follow the instructions of the authorities of the authorities in these areas and apply personal protection measures" (Πλάνο Δράσης Των Ιατρικών Υπηρεσιών Του Υπουργείου Υγείας Για Αντιμετώπιση Κρουσμάτων Κορονοϊού Που Τυχόν Εμφανιστούν Στην Κύπρο, 2020).

Additionally, two days later the Ministry of Health in the first official press release regarding COVID-19 mentioned "We follow the World Health Organization guidelines such as published so far. Even yesterday we had an update. Basically, protocols have been put in place for such cases, all health

professionals have been informed since yesterday on how to act either in the event of a suspected case or a confirmed case, how the hospitals will proceed, the ambulance service and all other health professionals"((Δηλώσεις Του Υπουργού Υγείας Κ. Κωνσταντίνου Ιωάννου Για Τον Κορονοϊό, 2020). At the same time, they were not any restrictions to people travelling from China through other countries, with the Ministry of Health to mentioned that any citizens arriving from China will follow specific protocols and answer some surveys.

On the 31st of January, the Ministry of Health with a new press release, asked the Media to be aware of any misinformation of suspected covid cases they share in public. At the same time, the Ministry shared with public information regarding COVID-19, such as the symptomatology, which is a respiratory infection, with possible symptoms such as fever, cough and difficulty breathing. Also, refer to the human-to-human transmission as confirmed, individual safety measures (wash hands, avoid physical contact), measures of prevention and advice for travellers in areas in China (avoid buying or contact with animals, avoid contact with patients especially if they have symptoms such as fever, cough or breathlessness, after returning from a trip to China and in particular from the city Wuhan, citizens are advised to monitor their health for the next 14 days)

The first two cases of COVID-19 in Cyprus, were identified on the 9th of March 2020. The case was not confirmed at the same time and hysteria began on the island about any other cases that may have been confirmed. Moreover, a website was created to inform citizens due to COVID-19 ((*Press and Information Office- Coronavirus Section* , n.d.). The first cases were two Cypriots returning from Milan and England. One of the cases failed to report their symptoms. The ministry did not trace any new positive cases related to the above people, while the Nicosia General Hospital closed for 48 hours.

On the 11th of March 2020 the Minister of Health issued his first decree which was forbidding gatherings of over 75 people in theatres, cinemas, restaurants, cafeterias, bars, ice cream parlours, and event halls, until March 31. In the following days, more cases were traced and the first measures by the President of Cyprus were announced. The first measures were a prohibition on the entry of any citizen - irrespective of nationality - who does not fall into the categories below: Cypriot citizens, legal residents of the Republic of Cyprus, European or third-country citizens working in the Republic of Cyprus, citizens of countries who are in a designated diplomatic mission or mission under bilateral or international conventions, individual cases of European nationals or nationals from third countries for unavoidable professional obligations, provided that permission has been obtained from the relevant competent Ministry, European or third-country citizens attending a school or university educational institutions in the Republic of Cyprus.

Moreover, the second measure was “as regards the crossing points between the free and occupied territories areas shall be permitted only for persons who fall within the following categories: Cypriot citizens, Greek Cypriots and Turkish Cypriots, legal residents in the free areas and citizens of countries in a designated diplomatic service or mission, under bilateral or international conventions and the last one was the suspension of attendance at public and private schools extended of the country until 10th of April of 2020 (Διάγγελμα Του Προέδρου Της Δημοκρατίας Κ. Νίκου Αναστασιάδη Σε Σχέση Με Τα Μέτρα Που Λαμβάνονται Για Αντιμετώπιση Του Κορωνοϊού , n.d.). The measures were increased every few days, with flight cancellations and travellers to quarantined for fortnight and avoidance of visiting church.

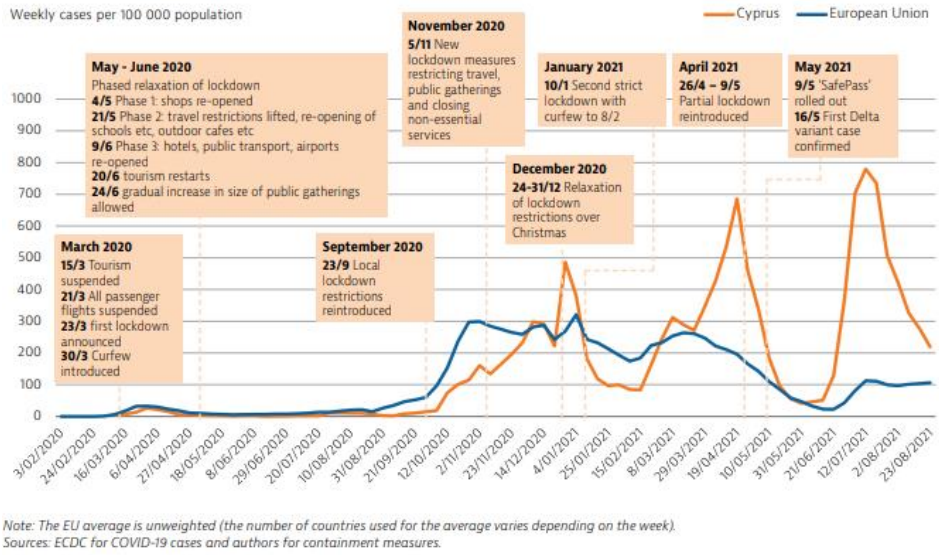
The general lockdown was announced on the 23rd of March, a few days after the first death of a patient. The new measures announced by the President of the Republic of Cyprus include a ban on unnecessary movement from 06.00 p.m. on 24 March 2020 until 13 April 2020, with exceptions, as well as a ban on parks, playgrounds, outdoor sports areas, etc. From May 2020, the restrictions were relaxed, with fewer positive cases reported on the island.

It is essential to refer also to the unique case of Cyprus due to the division of the island into two areas. The above information was related to the recognized Republic of Cyprus. On the other side, in the unrecognized "Turkish Republic of Northern Cyprus" ("TRNC"), the first case of COVID-19 was reported on 12 March, however, because the "TRNC" is not recognized, the latter figures are not reported to the World Health Organization (WHO). Even though many civil society organizations were raised the issue of a common coordination on the island, each side handled the situation without a common coordination, "apart from the Bicommunal Technical Committee on Health, whose work is generally not publicized" (Mullen & Faustmann, 2020).

Moreover, another essential aspect of Cyprus is the universal health coverage, despite the pandemic, which was implemented in June 2019, which came to replace an unfair and problematic system. In the new system of health, some of the responsibilities of the Ministry of Health are shifted to the Health Insurance Organization or to "new State Healthcare Services Organization, which is responsible for the development, management, control and supervision of hospitals and health centres in the public sector. Concerted reform efforts meant that, despite the pandemic, the new health system became fully operational on 1 June 2020" (State of Health in the EU Cyprus Country Health Profile 2021, n.d.).

In June 2022, Cyprus had the highest rates of new infections and deaths worldwide. In the graph below are presented the Cyprus measures during the pandemic and the infections rate during those restrictions.

Figure 15. Cyprus managed to contain the COVID-19 infection rate initially



Note: The EU average is unweighted (the number of countries used for the average varies depending on the week).
Sources: ECDC for COVID-19 cases and authors for containment measures.

Figure 2.6. State of Health in the EU Cyprus Country Health Profile 2021

In addition, according to the Flash Eurobarometer 500 Public opinion in the EU regions. National report: Cyprus, to the question "In general, how satisfied are you with the measures taken by the European Union to combat the coronavirus pandemic?" (%)", 46 % answered quite satisfied and 17 % not at all satisfied (Ipsos European Public Affairs, 2022)

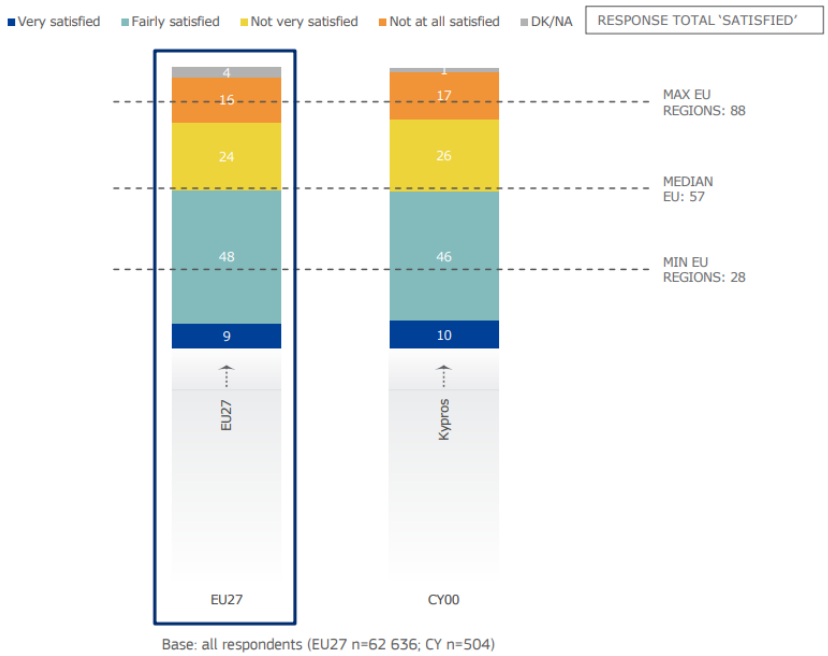


Figure 2.7. In general, how satisfied are you with the measures taken to fight the coronavirus pandemic by the European Union?

2.3.1 How has the COVID-19 pandemic affected the democratic debate?

An important aspect of the Constitution of the Republic of Cyprus is the Chapter 260 of the Laws of Cyprus. The specific chapter is the Quarantine law and is “a short colonial law initially created during British time on the Island in 1932 and amended from time to time, in 2003 and 2020”. According to the constitution of Cyprus any “pre-existing colonial legislation continues to be in force until amended and/or replaced by the legislature” (UCLan Cyprus Law Blog | the Islands of Cyprus and Great Britain in Times of COVID-19 Pandemic: Variations on the Rule of Law ‘In and Out’ of the EU, n.d.). The importance of the above is the strong connection between the Republic of Cyprus with the British colonial time and the fact that terms like Governor were changed to Minister of Health in just 2003.

“The Law offers a wide margin of discretionary powers to the Council of Ministers to declare a dangerous infectious disease within the meaning of the Law. Such measures include the regulation of the movement of goods and persons through decrees, to provide for adequate equipment, facilities and to determine such other measures as to prevent the spread of any disease.” (Quarantine- Chapter 260 of the Laws, 1959).

Other than that, “the law also provides for a Network for Epidemiological Surveillance and Control of Infectious Diseases, implemented early on during the COVID-19 pandemic. All decrees, notices and regulations issued under the Law remain in force until revoked, replaced or amended, potentially inviting the executive to maintain the measures beyond reasonable time.”, which by law and

constitution the COVID-19 pandemic were lawfully. Additionally, “the lack of meaningful social contract in the Republic of Cyprus, partly due to its colonial history, usually translates into the absence of wide and inclusive public consultation” (Quarantine- Chapter 260 of the Laws, 1959).

“The special context of the Quarantine Law can only exacerbate the debate around the preservation of the Rule of Law in times of COVID-19. The anachronistic nature of Cap. 260, offering a wide range of powers to the executive, also means that there is a need to read the Law in conjunction with other emergency laws in order to gain a holistic understanding of the measures taken in the Republic of Cyprus, and a constant need for scrutiny of powers granted. Nevertheless, despite the colonial roots of Cap. 260 and any uneasy relation with other measures, it could appear from initial investigations that the powers conferred upon the executive were exercised with sufficient precaution, diligence, and coordination to render it a relatively effective piece of legislation to fight the COVID-19 pandemic. As measures are gradually lifted, their lawfulness is an ongoing concern” (Kombos, 2020).

Corruption Scandals:

Moreover, many of the events that have taken place on the island are important around democratic debates. One of them was the corruption aspect. According to the Eurobarometer (2022), the general perceptions of corruption was significant high comparing to the 2019. In the question “In the past three years, would you say that the level of corruption in Cyprus has total increased”, 66 participants agree to that statement and 27 choose the “Stayed the same”.

During COVID-19 in Cyprus the corruption scandals of politicians, the president of the parliament and the president of the country were exposed by an Al-Jazeera documentary in 2020. The documentary was about the Cypriot investment program and how foreigners will buy a luxury house in order to obtain a Cypriot passport. In the documentary the above individuals were exposed for corruption regarding the cash-for-passports actions (“Four Charged Over Cyprus ‘Cash-for-passports’ Scheme,” n.d.)

The scandal became public, and the president of the parliament was arrested. In February 2021, a political coordination group was formed by various groups on the island, called "Os Dame", the English translation is "Enough". The aim was to organize a peaceful march against authoritarianism, corruption, and the government's management of the COVID-19 pandemic. The movement organized the first protest on 13 February 2021 at Kolokasi Park in Nicosia, with many groups and collectives. During the protest, the police suppressed the march using extreme, intense, and unprecedented violence.

The peaceful demonstration turned into a war zone with protesters running around the park and trying to protect themselves. In addition, 11 people were arrested during the demonstration and many were injured, one 25-year-old woman underwent emergency eye surgery after being hit in the face by a police water cannon. The demonstration was highly publicized due to the police violence and another march was organized at the same place on 20 February 2021. The second march was one of the largest in Cyprus' recent history with around 10,000 people participating and protesting against police violence. Apart from this, the aim of the protests, according to the organizers, was:

- Investment in public health and education, not in the police & arms programmes,
- End pandemic management in terms of repression, while ensuring the protection of vulnerable groups,

- Immediate measures to support workers and unemployed, local people, migrants and asylum seekers affected by the pandemic,
- End the war on culture and amateur sport,
- End the ban on demonstrations,
- End to police violence and the immediate withdrawal of the deadly water spray with the imaginative name Ajax from our streets.
- Immediate withdrawal of charges against the 11 arrested on 13 February.

The 11 people arrested during the first demonstration are still in courts with many of them facing up to three years in prison with charges of rioting and breaking COVID-19 measures. Related to the arrest of 11 people the "Os Dame" movement said, "we believe that the decision of the Attorney General to prosecute eleven persons who participated at the first Os Dame demonstration on 13/2/21 is an act of political revenge against a big part of the Cypriot society who dared to protest against corruption and authoritarianism, against the migrant concentration camps and against the policy of partition that the government has been following. Immediately after the demonstration and its violent repression, it became clear to the Cypriot society that it was the police and its political superiors who were responsible for the horrific scenes that everyone witnessed on that day [..] Despite the desperate attempts on behalf of the government and many media outlets to blame the protesters for the violence, the 10,000 people who peacefully marched through the streets of Nicosia on 20/2/2021 gave the best answer to those in power." ("'Os Dame' Protesters to Stand Trial on Monday," n.d.)

Moreover, it is important to mention that two police officers are facing charges of using excessive violence during the protest and the criminal responsibilities of the police were decided after the Law Office of the Republic evaluated a report submitted by the Independent Authority for the Investigation of Allegations and Complaints Against the Police." ("'Os Dame' Protesters to Stand Trial on Monday," n.d.).

During the pandemic there were other demonstrations, such as the anti-racism demonstration in Nicosia on 31 May 2020 and in Limassol on 13 June 2020. The demonstrations were against the ongoing detention of migrants in the Pournara concentration camp. During these demonstrations 6 people were arrested. Another demonstration was held on 28 November 2020 for Health and Freedom.

Media:
Media rhetoric in Cyprus is structured around the political ideologies of the channel owners. After the scandal emerged, journalists met with the President of Cyprus for a press release. The president imposed on the journalists in an authoritarian manner to not ask him anything about the Al Jazeera scandal, with the media remaining silent and not questioning the president about the scandal. Moreover, the media attack on the protests was significant and the constant information about the coronavirus outbreaks could be translated in a possible way to divert publicity away from the scandal on the island.

Another important event on the island is a demonstration outside a TV station in Nicosia. The protest was by members of the public, not as part of any organisation or movement. This demonstration was against the Safepass measure, which citizens must have to enter various places and against the

vaccination measures. On 18 July 2021, thousands of people demonstrated outside the presidential palace against the government's new measure (Safepass). After it was over, half of them went to the Sigma TV building and burned cars, vandalized the building while people were working inside. “Sigma is seen as having a hardline stance against anti-vaccination campaigners and has been targeted in previous protests against anti-coronavirus measures” (“Protesters in Cyprus Attack Sigma TV Over Covid Measures and Vaccines,” n.d.)

Elections:
Cyprus did not have elections that were supposed to take place in 2020. The presidential elections took place in 2018 and the next elections to be held were the parliamentary elections in May 2021. The elections were held, and everyone could vote without restrictions. Some of the rules were to wear a mask at polling stations. In the parliamentary elections there was a 34.28 % absenteeism rate.

A good practice that took place on the 27th of January 2021 was an event “Vaccines and COVID-19: Myths and realities” and organized by CARDET and the Yale Center for Analytical Sciences at the Yale School of Public Health were hosted an open discussion on Coronavirus Vaccines. According to the events descriptions “At a time when the issue of public vaccinations is monopolizing the world's attention and qualifying as a crucial step in limiting the spread of the pandemic and returning us to normalcy, experts in the field will examine the facts, developments and myths surrounding vaccines. Through the discussion, the organisers aim to limit misinformation on the topic and provide in-depth answers to better inform the public.” (Facebook- Εμβόλια Και COVID-19: Μύθοι Και Πραγματικότητες , n.d.)

In the debate participated Dr. Tassos K. Kyriakidis - Researcher/Professor Epidemiologist, Professor Yale School of Public Health and the discussion moderated the journalist Andri Daniil.

Other than that, a useful platform that pre-existed the COVID-19 but was extremely useful especially during the pandemic. The electronic legislative observatory Nomoplatform is a politically independent initiative that aims to increase transparency, offering citizens the opportunity to monitor directly and accurately the processes taking place within the Parliament. On Nomoplatform, every citizen, in addition to having access to the procedures for tabling, examining, and voting on draft laws, can receive news updates on the processes taking place within the Parliament and can consult the biographical data of each Member of Parliament.

2.3.2 How has the COVID-19 pandemic affected the enjoyment of fundamental rights?

For many individuals the pandemic could be explained as the panopticon, which is “a disciplinary concept brought to life in the form of a central observation tower placed within a circle of prison cells”, the prisoners are being watched but they cannot watch the tower and they do not know when are being watched and according to Foucault “ultimate goal is to induce in the inmates a state of conscious visibility. This assures the automatic functioning of power”. Moreover, it compares the panopticon with a “to a medieval village under quarantine. In order to stamp out the plague, officials must strictly separate everyone and patrol the streets to ensure villagers don’t leave their homes and become sick. If villagers are caught outside, the punishment is death” (*Panopticon*, n.d.)

Closure of the checkpoints:
One of the restrictions during the pandemic was the closure of four checkpoints along the ceasefire line separating south (the Republic of Cyprus) from north (the Turkish occupied "Turkish Republic of Northern Cyprus"). The checkpoints were opened in 2003 "as a measure to assist collaboration between the Greek and Turkish communities and had remained open for seventeen years until 28 February 2020." Many parties objected to the incidents because of the absence of coronavirus cases in the north and because of the country's external borders which were still open at the time; the next day there was a demonstration at the checkpoint. The police arrested and charged some of the participants in the demonstration. The following week another demonstration took place even though the police announced that will be charging people participating in unlawful assembly (Coronavirus COVID-19 outbreak in the EU Fundamental Rights Implications, 2020).

Border measures:
From 21st March 2020 border control measures were announced, travellers should provide a medical certificated that they were not positive to coronavirus. The specific measure was debatable due to the difficulty to obtain the specific document in many countries. Additionally, the prohibition of Cypriots to enter Cyprus "have sparked public debates about their legality and compliance with fundamental rights. The travel bans in particular have divided lawyers and concerned citizens whether the measures were lawful, proportionate, and constitutional. Media reports suggest that Cypriot students studying abroad have placed a complaint to the EU Commission" (Coronavirus COVID-19 outbreak in the EU Fundamental Rights Implications, 2020).

Afterwards, the Cypriot citizens could return in Cyprus with flights that the Republic of Cyprus paid and stay in a hotel during their quarantine time. Additionally, the measure to allow the entrance to the country only to those present a medical certificate for coronavirus create objections. The Article 14 of the constitution prohibit "to prohibit the application of either deportation/exile or entry into the Republic to make it clear that the treatment reserved for the citizens of the Republic is not permitted, for better or worse, to foreigners in accordance with the law of each State" ("Moulding the Right to Health in the Time of the Pandemic," 2021), other than that dimensions the restrictions to entry to Cyprus is not based on the constitution but from court.

One of the issues raised while implementing the emergency measures in Cyprus was the need to obtain a health certificate prior to the entrance into the Republic. This applied for Cypriots and non-Cypriots alike but affected specific groups of individuals of Cypriot origins and/or permanent residents of Cyprus, temporarily studying or residing abroad, more than others. In general terms, the right of a citizen to enter their country is a human right which can only be subject to proportionate restrictions for overriding interest purposes such as public safety, public order, threat to life, physical integrity, etc. Article 14 of the Constitution (no citizen shall be banished or excluded from the Republic under any circumstances) does not give the right to any government to impose any restrictions and/or arbitrary conditions regarding the entrance of its citizen. But the exercise of that right in the context of the COVID-19 pandemic may not constitute an unlawful prohibition to individual rights.

However, the implementation of the measure ran into some practical considerations that led the government to plan for the gradual repatriation of citizens and other residents for legal reasons. The obligation to obtain a health certificate cannot constitute an absolute prohibition, unlawful restriction and/or direct discrimination in entry in violation of Article 14 and EU principles and values. It remains,

however, that such measures may impose a greater burden on certain categories of Cypriot citizens or residents, those currently abroad, who may be in a vulnerable position and may lead to reverse discrimination. It should be noted that since the accession of the Republic of Cyprus to the EU in 2004 and at present, the territory of the Republic of Cyprus is outside the scope of the Schengen area. Whether state measures are proportionate or not is ultimately a matter of legal control. In the broader context of migration in the Mediterranean and Europe, there is growing concern and urgency regarding the migrant population facing the COVID-19 pandemic in Mediterranean countries that are minimally affected by the migration crisis, including Cyprus.

On 20 March 2020, the coastguard of the Republic deterred a vessel with approximately 175 illegal migrants from approaching the island. On its territory, the Republic has introduced measures in reception facilities, including social distancing/quarantine, which may have affected further access to legal aid and social services. Reception centers remain overcrowded while health issues due to overcrowding had been reported even prior to the pandemic. Such State responses to the pandemic have affected migrants even more than before, endangering their internationally protected status and/or rights. (Shaelou & Manoli, 2020).

Educational barriers:
Schools closed on 10 March 2020 and teachers had to take learning online and contact students' families about connectivity and equipment availability. Teachers were unable to reach some parents, especially immigrant and refugee families who did not speak Greek. In addition, some parents were not digitally literate and could not help their children. According to NGOs assisting migrant communities, the children of migrants/refugees were not able to benefit from the use of the online platform. The government issued a press release about supporting families and that TV channels would broadcast more children's programs; however, the press release did not specify assistance to children facing connectivity or equipment gaps.

Meetings of over 75 persons are banned:
Another restriction was the closed of many businesses and the ban of gatherings of more than 75 persons. The restrictions were only for the concentration and residence in the same single indoor, private, or public use, but not in offices, companies, shopping malls, supermarkets, and other places where visitors will move and will not remain for long periods concentrated in the area. Moreover, that included mass events, gatherings, parades, concerts in public places, football matches and other matches without the presence of spectators. In case of the religion, the Orthodox churches remained open and continues to hold masses, offering Holy Communion.

Impact on the Turkish Cypriot community:
Turkish Cypriots and Greek Cypriots affected by the closure of the checkpoints. People who were staying in the occupied side of the island could not pass the checkpoints and as a result did not have access to schools, universities, jobs, hospitals, or government services.

Impact on asylum seekers and refugees:
Asylum seekers and refugees at the Kofinou Reception Centre were instructed to stay inside their accommodations. Even though those accommodations did not have their own toiler or kitchen. The residents of the camp were allowed to leave and return in the camp if it was a necessity, however no one could enter other than the guards. Food was delivered to the camp; however people were afraid

of the spread of coronavirus through the plastic containers of food and the children could not use any online platforms for their lessons. Additionally, the Kokkinotrimithia camp shut its gates and "resembling a detention centre rather than a reception facility." Other than that, the population in the camps is too high, with six to eight persons sleeping in a single tent.

Additionally, in March 2020, the Greek-Cypriot Sea Patrol pushed back a boat with 175 Syrians, who arrived in the occupied side after the government in Cyprus did not accept them. Additionally, the specific government policy is being criticized by human rights experts and journalists expressed concern over the risk of undermining international protection in the course of implementing emergency measures as a result of COVID-19.

Persons suffering from other conditions:
Other conditions treatment has been suspended during the COVID-19. For instance, many people with thalassemia appointments for blood infusion were postponed.

Impact on privacy and spread of disinformation:
Privacy during the pandemic was an essential issue that government or local authorities were unable to protect. For example, the identity of the first coronavirus case on the island was revealed to the public. This resulted in the harassment of that individual. Furthermore, in the first weeks of the launch of the rapid tests, medical staff at the various centres gave the results to patients by shouting their names outside each medical facility, with many people reacting to this protocol. In general, in Cyprus the stigmatisation of positive cases was high, and many people did not inform the authorities if they were positive to avoid the whole stigma of society and did not receive medical treatment.

Right to safe and healthy working conditions:
The Ministry of Labour, Welfare, and Social Insurance (MLWSI) were working closely with the Ministry of Health to give to the employees and employers in the island all the relevant information for the protection from COVID-19 in the workplace. The document was translated into 5 languages. Other than that, the healthcare professionals in different facilities (either public or private) were trained on basic hygiene rules, related to gloves, masks etc.

Health is a human right:
In Cyprus in 1990 there was one hospital bed per 170s persons. 27 years later, it changed to one bed per 290 persons. According to Gregoris Ioannou (2020), "With an EU average of 541 hospital beds per 100 000 residents, Cyprus has 339. Long-term health care expenditure in many EU countries surpasses 20 % of their total health spending, while in Cyprus the equivalent figure is 3 %. At an EU average of total health spending of 10 % of GDP, in Cyprus this stands at merely 6.8 %." (Ioannou, 2020)

The pandemic found the health system in Cyprus unprepared with lack of intensive care units, lack of equipment etc. Additionally, three of the main public hospitals closed some sections, the first week of the pandemic due to infection of health professionals with COVID-19, and even a month after the lockdown were not any new health professionals' staff. Medical and nursing students were working in the hospitals; however, the government was not had any new funds for public health. Moreover, not many people could test for the virus due to lack of tests in the beginning of the pandemic.

Another essential aspect is the cost of sanitizers, masks and in some time the money that people should pay to do a rapid or PCR test. The high prices of the above resulted to the division in a high level of the public and accessibility of all people to basic equipment to their protection.

Freedom of movement:
During the pandemic, some of the measures to minimize the movement of people were a curfew from 21:00 to 06:00 in the morning. Another measure was SMS, which was a measure for movement other than going to work. The SMS was free of charge. Each person had a certain number of messages (during one period it was one and during other periods it was three) that they had to send in order to be able to move outside their home. Every citizen had to send X (number corresponding to the reason of movement) [space] Identification number [space] Home Postcode. The X standed for a number between 1 and 8 that corresponds to the reason for leaving the house.

These were: 1: Pharmacy or blood donation or doctor visit or Covid test or vaccination, 2: Shopping for supplies/services, including take away, 3: Bank, if an online transaction is not possible, 4: Absolutely necessary visit to government departments or departments of the wider public sector or local administration, 5: To help people who cannot look after themselves or cannot protect themselves or are in isolation at home or designated quarantine premises, 6: Physical exercise or individual training provided access is allowed at the venue, 7: To attend a funeral, wedding, christening, by first and second degree relatives who do not exceed 10 or for individual prayer, 8: Any other reason that can be justified on the basis of the restrictions

Subjects received four different responses, approval, rejection due to the structure of the message, rejection due to exceeding the maximum number of movements allowed and rejection due to non-compliance with the curfew. Also, the approval of moving outside their homes was valid under a specific time period.

One good practice that implemented in Cyprus during the pandemic was the *CRESTART - CReative rESilienT leARning communiTies* meeting COVID challenges project. The material created in the project aimed to help local communities prepare for potential crises, building on the experience of COVID 19 pandemics. It contains theoretical and practical knowledge on active citizenship and community participation, and presents lessons learned from the pandemic. Additionally, it provides thorough knowledge on crisis, its effects and measures leaders can/should do to minimize the effects on their community, the methodology of public involvement and co-creation and share good practices.

2.3.3 How has the COVID-19 pandemic affected the work and life balance of women?

According to the Eurobarometer on Women in the times of COVID-19 (2022), the women in Cyprus in the question “With a view to the role of the European Parliament, which of the following gender-related issues would you like the Members of Parliament to tackle as a priority? You can select up to three issues. (%)”, answered as follow:

- 57 % of women choose “Trafficking and sexual exploitation of women and children”,
- 54 % choose “Mental and physical violence against women”,
- 50 % of women choose “The pay gap between women and men, and its impact on career development”,

- 36 % of the “Protection of women and girls belonging to vulnerable groups”,
- 29 % choose “The stronger difficulties for women in reconciling their private and working lives (work-life balance)”,
- 13 % choose “The persistence of sexist stereotypes” and “Lack of representation of women in positions of responsibility in politics”,
- 10 % choose “Lack of representation of women in positions of responsibility in companies”,
- 9 % choose “Alleviating the financial impact of COVID-19 on women”.

Moreover, in questions related to pandemic and work, women in Cyprus had to answer if the agree or disagree with different statements. In the statement “The pandemic has had a negative impact on my work-life balance”, 30 and 38 women choose Totally agree and Somewhat agree respectively. Also, 6 answered that somewhat disagree with the statement above, 8 that they totally disagree. In the statement “The pandemic had a negative impact on my income” 32 and 25 answered that Totally agree and Somewhat agree respectively.

To summarize the above statements and data, four in ten women say that the pandemic has had a negative impact on their income and work-life balance, while one in five say that the crisis has had a negative impact on the time, they can devote to paid work. Cyprus is in first place across Europe with 68 % of respondents (the EU average is 44 %) saying that the pandemic has had a negative impact on their work-life balance.

As other countries, Cyprus economy affected by the pandemic and decreased in the second quarter of 2020 by 4.7 % and in the third quarter by 1.4 %. The government adopted measures to reduces the impact of the pandemic on workplaces with different income support schemes for employees and businesses. Different surveys took place during the first lockdowns, such as “How do Cypriots experience the COVID-19 pandemic” (April 2020) and the “COVID-19 pandemic in Cyprus in the second containment measures relaxing phase” (May 2020). According to the survey, 89 % of the interviewees reported to have used ICT technologies in the previous week: 24 % for telework, 19 % for tele-education, 86 % for communicating with friends and relatives(Kalosinatos & Antoniou , 2022). Additionally, 19 % reported the fully suspension of their work, 15 % partially suspension and 3 % had dismissed.

Public services:
The Ministry of Finance on the 17th of March announced measures regarding the public service and the wider public sector. The measures included “flexible working schedule under conditions, work from home where possible, a special partly paid leave of absence only one of the two parents who have children aged under 15 years for up to four weeks for the time being, leave for persons belonging to vulnerable categories, such as persons aged over 60 years of age, persons with specific chronic illnesses, pregnant women irrespective of age.” (Coronavirus COVID-19 Outbreak in the EU Fundamental Rights Implications, 2020).

Impact of measures on victims of domestic violence:
During the pandemic, the individuals experience domestic violence were increase by 30 %. The specific number was given by an NGO SPAVO, which supports victims of domestic violence, and the number was regarding the phone calls in their helpline following the outbreak. Specifically, the

increase of 30 % on the phone calls took place from 9 March 2020 (first case of coronavirus) until the 17th of March 2020. NGO states “that the home restriction of women with their abuser under crisis conditions such as these, their isolation from social and working life and their exclusion from social support offer fertile ground for the perpetrator to consolidate control over the victim.” (SPAVO, 2020). By the end of March 2020, SPAVO received 2075 calls, with 921 to be answered and 1154 to remain unanswered due to line fullness.

Additionally, economic insecurity was an essential factor for individuals experience domestic violence, because of the uncertainty of the future in the workplaces, due to reduce of salaries or dismissal. As a result, many individuals experience domestic violence returned to the abusers. Adults and minors who have to stayed at home during the pandemic due to the close of schools and the teleworking were exposed more often into domestic violence situations.

One of the initiatives that took place during the pandemic was from the Media and social media a poster around the country with the message “Violence against women kills... Put. An End. File a complaint”, with SPAVO helpline on it. Also, two videos were created for the violence against women, with SPAVO’s phone number, the European emergency number, a phone number to send texts, the Facebook page of SPAVO and the website with communication through email. Even with this initiative, the SPAVO helpline had difficulties in answering all the calls it might receive.

Moreover, in the annual report of the office of the committee for gender equality (2020) was mentioned the new National Action Plan for Gender Equality (NAP). In the report is mentioned the burdened of women in Cyprus with more responsibilities related to caring for the household, the elderly, people with disabilities, and people with disabilities. disabled persons and/or other dependents. The aim of the NAP is to overthrow patriarchal and male-dominated societies, economic and political structures, and mechanisms.

A good practice that was implemented during the COVID-19 was the Virtual Teams project which aims to help Leaders in Small and medium-sized enterprises (SMEs) to acknowledge the importance of digital skills and wellbeing practices in maintaining healthy and productive virtual teams. Its objectives include the development of appropriate competencies in team leaders to better manage virtual team wellbeing and productivity and at the same time enrich their capacity to use the appropriate technological tools. Virtual Teams also aims to equip HR professionals with tools and skills to be in a position to promote positive organizational cultures by adjusting their policies, practices and procedures and support their staff.

2.4 How has the COVID-19 pandemic affected the France

In France, the disease arrived at the beginning of 2020, with a first case detected on 24th January 2020. Since then, several outbreaks of contamination have appeared throughout the country. The first restriction measures were taken at the end of February 2020, with a ban on events involving more than 5,000 people in closed spaces. On the 19th of December 2022, 37.8 million cases of COVID-19 were registered in France, with a total of 157,000 deaths. Many people have therefore been infected by this virus, despite national measures aiming at curbing the spread of the epidemic.

On the 11th of March 2020, the World Health Organisation (WHO) declared COVID-19 a pandemic. As a result, more restrictive measures have been taken in the European Union, including France. On Thursday 12th March 2020, the current President of the French Republic, Emmanuel MACRON, announced the closure of all nurseries, schools, colleges and universities from Monday 16th March, and strongly encouraged the deployment of remote working for professions that could use it. These measures were initially planned to last 2 weeks. However, they were completed 4 days later, on the 16th of March 2020, by a lockdown of the population and circulation restriction to what was strictly necessary. The only authorized reasons for leaving home were for going to work, for medical purposes, for compelling family reasons or for walking a pet for one hour, within a maximum radius of 1km from the home. This first lockdown, scheduled to begin at noon on the 17th of March and to last for fifteen days, was extended twice, until the 11th of May 2020. This first lockdown lasted a total of 55 days.

A second lockdown took place from the 30th of October to the 15th of December 2020 (46 days) and from the 3rd of April to the 3rd of May 2021 (30 days). Intermediate measures such as curfews, prohibition of gatherings of more than a certain number of people or in certain places, access to certain places submitted to the presentation of a certificate of a test (antigenic or PCR) negative to COVID-19, have been taken as part of a gradual exit from lockdown or in response to situations of epidemic resurgence, at local or national level.

All the measures taken during the epidemic aimed at restricting contact within the population, with the objective of limiting the spread of the epidemic and therefore deaths linked to COVID-19, and of preventing hospitals from being overwhelmed by patients, thus restricting access to care for other patients. The aim was to take measures that were appropriate and proportionate to the situation the country was facing. The unprecedented and exceptional nature of the pandemic required urgent measures, albeit within a precise legal framework. The traffic restriction measures taken on 16th March 2020 took the form of a decree "regulating circulation as part of the fight against the spread of the COVID-19 virus" (decree n°2020-260 of 16th March 2020). It was combined with another decree "creating a fine to punish the violation of measures intended to prevent and limit the consequences of serious health threats on the health of the population" on the 17th of March 2020 (Decree n° 2020-264 of 17th March 2020). All these measures were permitted by Article L. 3131-1 of the Public Health Code (CSP). A so-called "health emergency" state was established by a law of the 23rd of March, which formed the basis of the new legal framework for all measures taken to fight the spread of the COVID-19 epidemic (Law n° 2020-290 of 23 March 2020).

There were two elements that justified government action and the introduction of restrictive measures:

- The inclusion of restrictions in a well-defined legal framework made it possible to legitimize these measures.
- The urgency in view of the potential danger of this unknown virus.

The exponential spread of the disease, the images of lockdowns in China and the seriousness of the disease (even death for the most vulnerable), enabled a consensus within the population, in the general interest. In that sense, Jean-François DELFRAISSY, President of the Scientific Council on the coronavirus, stated that "the objective of lockdown is to limit the number of serious forms of the disease and to allow our healthcare system to remain effective".

Despite an initial acceptance of the general lockdown measures, the French population's weariness has gradually been felt. This can be explained by the successive scandals that happened on our territory concerning the equipment of health care workers, the distribution of masks, and later, vaccines. We can add the existence of numerous controversies, discussed both at the political level and among the population.

Such measures inevitably had economic, professional, social and health consequences. French people's lives have been completely turned upside down by the pandemic and the various lockdowns: French people's mental health has been greatly impacted by these various measures. In addition, there was a considerable increase in domestic violence, both against children and women (La Dépêche, 2020).

The political life of France, often considered as the "land of human rights", suffered deeply from the pandemic. According to a study by the Economist (2022), France went from being a "full democracy" to a "failing democracy" in 2020. This study is based on the democracy index, an indicator defined by the Economist intelligence group, which evaluates sixty criteria divided into five categories (electoral process and pluralism, civil liberties, government functioning, political participation, and political culture). This democracy index fell from 5.37 in 2020 to 5.28 in 2021 in France. This drop, the largest since 2010, can be explained by the pandemic and the measures taken to contain it: these affected both the enjoyment of fundamental rights and the existence of democratic debate as a basis for political decision-making. Furthermore, the Global State of Democracy Initiative noted a decline in the index for the exercise of civil liberties in 2020. In France, it declined from 0.86/1 to 0.81/1.

Finally, the pandemic had an impact on society through the economic consequences it involved. Many studies, both national and international, highlighted this. This decline can be observed at the global and European levels, and even more in France. Indeed, while the GDP of the euro zone fell by 6.6 % in 2020, that of France fell by 7.9 %, i.e., 1.3 points more. The sectors most affected by this phenomenon were inevitably trade, transport, accommodation, and catering. This had an impact on salaried employment, which fell sharply in 2020. Nevertheless, public administrations have endeavored to put in place aids for individuals and companies in order to control the drop-in economic activity, which has allowed the loss of income to be absorbed by the State (INSEE).

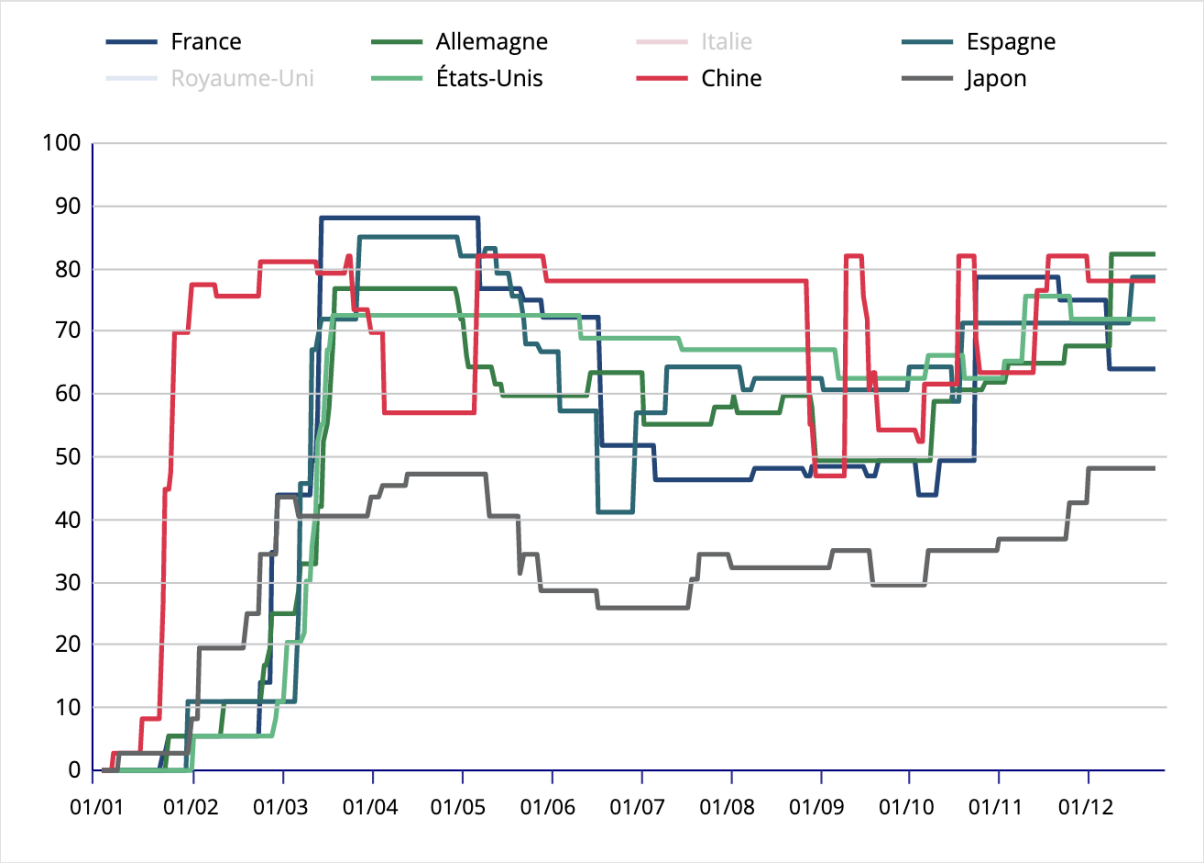


Figure 2.8. Oxford University Restriction Index 2020. Note: the index summarizes all health containment measures, such as restrictions on the movement of people and closures of shops, administrations, and schools. Interpretation: on 31 December 2020, the index of restrictions was 63.9 in France, compared with 71.8 in the United States. Source: Hale et al (2020).

2.4.1 How has the COVID-19 crisis affected the democratic debate in France?

From the beginning of the COVID-19 crisis, throughout the Union, including in France, the democratic debate has been affected, to different degrees and in diverse ways.

In France, the verticality of government decision-making has been widely criticized as anti-democratic and denying the need for debate as a basis for democracy during this crisis.

The democratic debate was relegated to the background since the beginning of the health crisis. At the dawn of the first lockdown, on 16th March 2020, the Head of State, Emannuel MACRON declared "We are at war". This martial speech was significant. On the contrary, the evocation of war against this invisible virus, about which little was known at the time, suggested the need for a certain unity among the French people, leaving little or no room for democratic debate. This 'war' against COVID-19 and limiting its spread was a priority.

In reality, beyond COVID-19 itself, it is the fear of the virus that affected the democratic debate in France. The management of the risks generated by the pandemic took precedence over the democratic debate, considering the opinions of doctors, epidemiologists, and scientific experts as central to the decision-making process. A "government of experts" was set up, with a state that was no longer able to make decisions based on democratic debate and rationality.

Now, a pandemic, because of its unprecedented and unforeseen nature, is an eminently political moment, a moment when democracy and the debate associated with it take on their full meaning. In reality, democracy is the articulation of a permanent debate between political parties and citizens. In this framework, the expert should only have an advisory voice. The opposite happened in France: expert opinions have been the basis for decision-making on the measures to be taken to stop the spread of the COVID-19 epidemic.

Nevertheless, experts themselves have stressed the importance of democratic debate in managing the crisis. The National Consultative Ethics Committee and the Scientific Council issued recommendations to take better account of democratic debate in acting against the virus. This recommendation was justified by the potential inadequacy, or even unproductiveness, of restrictions when they were not adapted to reality.

For example, home lockdown of contaminated people (a measure widely favored in Europe) sometimes have proved useless or even dangerous (psychological consequences, contamination of other members of the family household, etc.). In reality, it is at these moments that democracy takes on its full meaning. When no scientific decision is ideal, it is then a matter of bringing politics into play, at the heart of which lies the democratic debate.

However, the fear emanating from the virus, and the unprecedented situation we faced through the successive lockdowns, led to violent reactions in the democratic debates, between political figures, between citizens, and between these same two groups. The decisions that have been taken have largely divided the population, on different subjects: lockdowns, movement restrictions, masks, vaccines, health and then vaccination passes. This did not allow for an effective democratic debate: we witnessed more of a confrontation within the population, aggressive exchanges between the pro-confinement, pro-mask, pro-vax, pro-sanitary pass/vaccine... and the anti-confinement, anti-mask, anti-vax, anti-sanitary pass/vaccine. Often violent reactions took place, giving more argument to politicians wishing to silence democratic debate. "Fear seems to have overwhelmed the democratic debate”. The unprecedented nature of the lockdowns and the various measures taken to limit the spread of COVID-19 resulted in antinomian reactions among the population when questioned about government policy and its effects on fundamental rights. Reactions were opposite and violent, as the debate left no room for nuance.

From the beginning of the health crisis, the French human rights defender, Ms. Claire HEDON, warned of the consequences of the measures taken on rights and freedoms, and in particular on the democratic debate. On the 24th of October 2020, in an article published in the French newspaper "Le Monde" (HEDON, 2020), she underlined the need to set up an in-depth democratic debate on the appropriateness or otherwise of the health measures taken in the context of the fight against the spread of COVID-19. In the same vein, an article published in Le Figaro by Muriel FABRE-MAGNAN (2021), a law professor, highlights the crisis of the rule of law caused by the pandemic and the measures taken to curb it.

Finally, an essential element to be underlined on this issue is the place of the media. The media play an essential role in a democracy, providing information to citizens so they can debate and decide in an informed manner. During the COVID-19 crisis, the media often did not play their role fully in this respect. In France, the American style "cancel culture" was very noticeable and some media tried to

make any discourse that did not corroborate that of the public authorities illegitimate. Regarding masks in particular, the newspaper Le Monde published an article on 25 August 2020 devoted to anti-masks, which equated those citizens against masks in all circumstances with those against masks outdoors (BRISTIELLE, 2021). The generalization and polarization of the debate has been reinforced by these kinds of articles. Going even further, and by a process of amalgamation, people against the mask, in the same way as anti-vaccines, are placed in the conspiracy box. This article left no room for nuance, simply recounting the government's discourse.

However, the management of the crisis, for some, had a positive effect on democracy in that it allowed the government to regain its place, by putting it in front of its responsibilities. Thus, the government has been put back at the center of decision-making. The COVID-19 crisis highlighted the characteristics of the French system, both its strengths and weaknesses. Pierre-Henri TAVOILLOT stressed that "We are therefore very far from the predicted collapse". Indeed, we had to deal with a virus of which little was known, the management of hospitals, citizens, schools and the whole of public life that was affected by the virus. Both the population and the public authorities were able to adapt in order to maintain the health system, public services, and the activity of the country in general. Problems that existed before the pandemic also surfaced during the health crisis: democratic debate was largely denied in the decision-making process for COVID-19. This is a flaw in French democracy that makes it, according to the Economist study mentioned above, a "failing democracy".

2.4.2 How has the COVID-19 crisis affected the enjoyment of fundamental rights?

The COVID-19 crisis led to exceptional measures taken in France, in Europe and in the world in general. While these measures were essential to preserve the national health system, and to limit the spread of the epidemic and its potential health consequences, they may have seemed liberticide.

In France, the National Consultative Commission on Human Rights (CNCDH) has been concerned, since the first quarantine, about the impact of the measures taken on the enjoyment of fundamental rights. The creation of a state of health emergency as a legal basis for the restrictive measures taken was questioned in a statement of the 28th of April 2020 entitled "State of health emergency and rule of law". If we follow this statement, the taking of these measures was contrary to the pre-existing texts, and therefore without legal basis, the violation of fundamental rights was unjustified. On several occasions, the statements of the CNCDH, the body that guarantees human rights in France, was not followed, particularly regarding the implementation of the "StopCovid" smartphone application.

The CNCDH created, during this crisis, an Observatory on the State of Health Emergency and Containment, in the framework of which various statements and reports were drafted, aiming to inform on fundamental rights in this period of COVID-19, and on the good practices put in place to protect fundamental rights while pursuing the objectives of limiting COVID-19 contaminations and the overwork of hospitals. The establishment of such an Observatory is an interesting practice that allowed to keep a constant eye on the measures taken and their impact on the enjoyment of fundamental rights. It has also formulated recommendations to better respect human rights.

Right to Heath

In a report on the 6th of May 2020, the Observatory focused on the right to health and the urgency of ensuring access to health care for all in the context of the first lockdown (Letter #5 from the

Observatory of the State of Health Emergency). Certain obstacles to the enjoyment of the Right to Health were specific to the COVID-19 crisis: the influx of COVID-19 patients and their need for intensive care for some, imposed the cancellation of so-called “non-urgent” medical interventions to requisition equipment and staff to treat people with the virus. The widespread use of teleconsultation and the encouragement to stay at home also led to delays in care and even diagnosis for some patients. For example, the Unicancer centers recorded 6.8 % fewer patients being treated between March and July 2020: in the coming years, this could result in an excess of 1,000 to 6,000 deaths caused by cancer, as a delay in the treatment of this disease could be devastating given its rapid progression.

Beyond the obstacles to the enjoyment of the right to health inherent in the crisis, it also functioned as a catalyst for the difficulties already encountered. Indeed, the social inequalities affecting the health of populations have been shown to be a factor in excess mortality in the case of COVID-19 infection. The department of Seine-Saint-Denis, for example, faced an excess mortality of 101.8 % (What Consequences of the COVID-19 Pandemic and Lockdown Policies on Undocumented Immigrants in France?, December 2020). This department is one of the poorest in France, so its population is in precarious health and lacks medical facilities. This also underlines the inequalities in terms of access to care on the national territory: the situation of the Overseas Territories has proved critical due to the lack of hospital structures capable of receiving patients.

In general, the inability of the health care system to accommodate all patients has led to the denial of care to some patients, which constitutes a violation of the right to health protection "which must not suffer from any form of discrimination related to age, state of health, disability, nationality, administrative status or social origin". The situation of migrants and persons incarcerated in prisons is highlighted by the CNCDH.

At the end of this letter, the Observatory formulates a series of seven short- and medium-term recommendations to preserve the right to health in the context of the pandemic, and beyond.

Right to education

The pandemic has affected all aspects of French citizens' lives, including education. The right to education is an integral part of fundamental rights, allowing all other fundamental rights to be considered. Nevertheless, the virus has led to drastically limited social contact, and educational facilities were the first to be closed. Teachers had to strengthen their efforts to ensure educational continuity. It was therefore necessary to adapt to set up distance learning. The beginnings of distance learning were difficult for teachers, parents, and students. These new models of education have confirmed existing inequalities and even widened them. Children from low-income families were the first to suffer from distance learning: often living in poor housing, without access to a computer, in overcrowded spaces and with parents who sometimes had a poor knowledge of the French language, they found themselves in situations that were incompatible with effective home schooling. In contrast, children from wealthy families benefited from parents who were able to act a teaching role and help them with distance learning.

In addition to inequalities relating to family circumstances, there were also inequalities at national level due to the management of different teaching processes in schools. Some schools tried to maintain as much contact with families as possible, while others kept contact to a minimum.

The situation of higher education students in terms of their right to education is also worrying before the health crisis, 20 % of students were already living below the poverty line, a figure that increased with the confinement due to the suppression of student jobs (INSEE). These precarious students found themselves in complex situations as they often lacked the necessary equipment to follow distance learning courses: the extended closure of universities and libraries did not help to mitigate this problem.

The right to freedom of movement

The right to freedom of movement was certainly the fundamental right that was most affected during the COVID-19 crisis. And for good reason: while the right to education and the right to health could benefit from measures to compensate for the infringement of the right in question, the limitation of the freedom of movement was at the very heart of the measures taken to contain the epidemic. French people could only travel for specific reasons: work, compelling family reasons, essential shopping, health, or physical activity within a maximum radius of 1km from home and for a maximum duration of 1 hour.

It is not possible in this report to detail exactly how each fundamental right was affected in the measures taken in France to combat the COVID-19 pandemic. Indeed, this report is intended to be brief and effective in targeting the main human rights whose enjoyment was restrained during the health crisis, as well as good practices to limit the impact of restrictions on the rights in question. Nevertheless, in France as elsewhere in the world, other rights have been challenged by the pandemic: the right to work, the right to freedom of assembly, the right to privacy, etc.

With the hindsight we have today on the pandemic, its consequences, and its impact on the enjoyment of fundamental rights, it seems more than necessary to find solutions that allow for a more effective conciliation of human rights and the possible health constraints linked to an epidemic such as the one we experienced with COVID-19.

2.4.3 How has the COVID-19 crisis affected women's work-life balance?

The COVID-19 crisis and successive lockdowns affected the working lives of the entire population. An FRA study, "The Coronavirus Pandemic and Human Rights: A Year in Review 2020", highlighted that the pandemic was particularly difficult for women. The study states that "there is evidence that the pandemic has disproportionately affected women, particularly in the areas of employment, work-life balance, and family responsibilities". In France, women were hardest hit by unemployment caused by the virus. According to a study by France's National Institute for Demographic Studies (INED), only two out of three women employed before the pandemic on the 1st of March 2020 were still in work two months later. Conversely, three out of four men were still employed 2 months after the start of the pandemic and the restrictive measures in France.

Women who were able to maintain a professional activity at the height of the crisis faced many difficulties. The introduction of remote working enabled the population whose jobs allowed them to continue to work, but many professions did not. Service-related professions were forced to cease their activity (shops that are not part of the so-called "basic necessities"), with a majority of women working in this sector of activity.

Another factor that disrupted working life was the closure of schools. Parents needed to find childcare while providing education at home. On this occasion, 21 % of women stopped working, twice as many as men. Whether they continued to work or not - or remotely or not, a large majority of women participated in instructing their children at home, as 70 % of them said they supervised their children's schoolwork on a daily basis, compared with only 32 % of men.

Seventy percent of the women surveyed believe that the COVID-19 crisis had an impact on their professional life during the crisis, but also in the long term.

Before the crisis, the search for a work-life balance was already difficult for women. The pandemic has therefore functioned as a catalyst for gender inequalities and imbalances in the lives of employed women, especially when they are mothers.

For women in complex family situations, the crisis amplified their difficulties, particularly for those suffering from domestic violence. In France, 1 in 10 women is a victim of domestic violence, whether physical, psychological, verbal, or sexual (Enveff). Among the victims, 62 % are active. Successive confinements worsened the situation of these women, who were forced to remain locked up with their persecutor and deprived of the help of associations. At a time when the barrier between personal and professional life has gradually disappeared, this violence inevitably had an impact on the work of women victims of domestic violence. This violence also increased by thirty % during the health crisis: many women therefore found themselves in a situation where they had to manage their professional life, their children, and domestic tasks, while at the same time suffering daily violence (MIPROF, 2020).

From the end of March 2020 and particularly from mid-April, the number of calls received rose sharply, proving that the confinement had an effect on disclosures of violence. In fact, the National Women's Solidarity Federation (FNSF) received 44,235 calls and took 15,610 calls during the entire period of the lockdown, between 16 March and 10 May 2020.

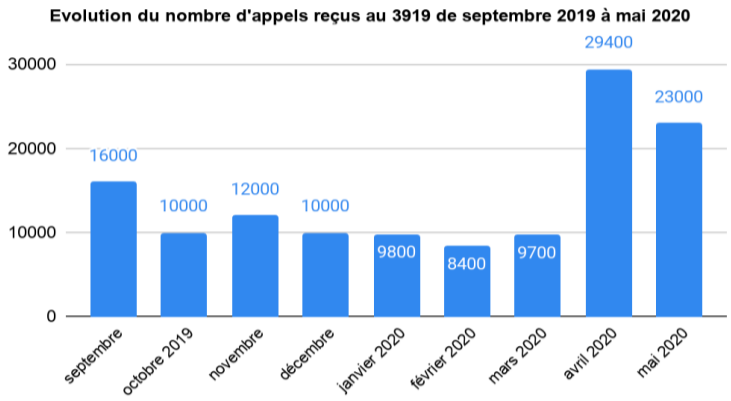


Figure 2.9. Number of calls to 3919 received from September 2019 to May 2020 (3919 is the national helpline and referral number for women victims of violence.) Source: FNSF - Analysis based on 3919 data sheets - Rounded and provisional data. Methodological clarification: the line was accessible from Monday to Saturday from 9am to 7pm. From Sunday 19 April and in order to meet the growing demand, the line was accessible 7 days a week. Note for the reader: in September 2019, the FNSF's counselors received approximately 16,000 calls

In addition, the women who continued to work were, for the most part, part of the staff working in the basic shops or in the care structures (Retirement home, hospitals, clinics, etc.) and were therefore more vulnerable to possible contamination. In fact, in France in 2020, there were three times more women working in the health sector than men: 484,000 carers were men against 1,494 million women.

The pandemic and subsequent measures could have been an opportunity to redefine the roles of people in the home and move towards greater equality. Unfortunately, this was not the case: on the contrary, women who were mothers during the successive lockdowns suffered more from the existing inequalities in the burden of domestic tasks and child-rearing (including home schooling). Their situation also gets worse with remote working.

2.5 How has the COVID-19 pandemic affected Greece

The chronicle of the pandemic in Greece starts with the first registered case in the country, the patient 0 that was a woman who had travelled in North Italy and was diagnosed positive in COVID 19 in a Greek Hospital. After her diagnosis in February 2020 and in parallel with the global concerns about the health crisis, a state of fear and uncertainty followed, as it was the first time that a Greek Hospital had to treat a patient positive in COVID 19. The first global announcement of a new virus infection had preceded already from December 2019 starting from a pneumonia epidemic in the city of Wuhan in China.

The official naming of the virus as COVID-19 was announced by the World Health Organisation on 11th of February 2020. This name was chosen because the virus is genetically related to the coronavirus responsible for the SARS outbreak of 2003, although the two viruses have a different activity. The World Health Organisation has made clear that the virus and disease are new and at the moment the scientific community could not be certain about their characteristics and activity in the human body.

The first death in Greece was registered in 12th of March 2020 and it was a 66-year-old man. The main responsible body for managing the pandemic crisis was the General Secretariat of Civil Protection and after the reporting of the first death their attempts became more organized and intense with the massive sent of emergency notifications to mobile phones, informative television and radio spots and their publication in print and online newspapers and websites as part of an overall informative campaign. The responsibilities and areas of action of the General Secretariat of Civil Protection were enhanced by a new Law that was put into action after 2020 in Greece named “National Crisis Management and Risk Management Mechanism”, that allowed this body to take more decisions for the protection of the population during this unprecedented situation.

The informative campaign that was put into action to spread awareness in the Greek population about this new virus was broadcasted by all means of communication in the country along with all the other COVID-19 related news and updates in a daily basis. A phenomenon that worsened from the outbreak of the virus and afterwards was the spread of fake news. This was more intense during the 2 lockdown periods in Greece, in March- May 2020 and November 2020- February 2021. People were more restricted with limited social interaction, and it was unavoidable that they would be more engaged to media and social media networks. Some of the restrictions that were applied in Greece are presented

below. The following restrictions were mandatory, and their violation meant criminal and financial sanctions from the competent authorities:

- Movement, accessing and staying in public places had to be justified and declared by SMS and police and other responsible Authorities could stop and check citizens at any time and place. In periods of lockdown movement was prohibited from 9pm to 6 am.
- Implementation of the mandatory safe distance measures and mandatory marking placement on all types of places (pharmacies, food shops, health and sanitation services, accessing services for persons with disabilities, accessing emergency services, banks and post offices, public parks, public means of transportation and walking areas).
- Prohibited movement outside the municipality of permanent or temporary residence.
- Closure of educational facilities and distance education was ordered for the entire area of Greece, for all upper-level elementary school students and high school students, and the majority of tertiary educational institutions.
- Ban on visits to healthcare facilities, even for the close relatives of patients.
- From 2020 and onwards the General Secretariat of Civil Protection using the data collected in cooperation with the Ministry of Health created a system that classified the regions according to the level of infection they had. Based on those the region was labelled, and the citizens had to comply with different rules and restrictions according to the risk existing for the public health.
- Mandatory wearing of protective masks indoors and in cases outdoors, Banning of public and private gatherings of people (over ten people).
- Prohibition of religious ceremonies and events or restriction of participants to 20 people.
- Closure of all catering establishments (except for personal pick-up and delivery) and fitness centres in the red regions, and limitation of the operation of hairdressing, cosmetic and other service salons to a maximum of one customer per room.
- With minor exceptions (work, economic/agricultural activity, use of tourist vouchers, etc.), it was forbidden to pass between red zones, and it was mandatory to provide official documentation justifying the reasons.

Detailed directions and guidelines and recommendations were provided by the Civil protection and the Ministry of Health for the following cases:

- Disinfection of working spaces and places of massive gatherings
- Disinfection of places were there was a confirmed case.
- Offering and sale of goods and services. It was recommended to shops and customers to choose delivery without contact.

These measures have been highly criticized in National and EU level as their strictness was not proportional to the severeness of the situation in Greece. This was concluded after the comparison of the data collected per country in each period of the pandemic crisis.

In December 2020 we had the first arrivals of vaccines in Greece and the process started with the health workers being the first group to get vaccinated. On this occasion the Greek government decided to reduce restrictions as the 2 lockdowns had already pressured a lot of people and the economy. When the vaccines became available for the first time in Greece people were so burden from the long-lasting restrictions that were showing great willingness to get vaccinated. It is very characteristic that the Greek government's vaccination operation was dubbed "Eleftheria"- meaning

freedom. The prime minister, Kyriakos Mitsotakis, announced that nursing home staff needed to get vaccinated immediately, while healthcare workers would have to be vaccinated from 1rst of September 2021 (Reuters, 2021). Healthcare workers who were not vaccinated until a certain deadline, if they were working to public Hospitals and organized health structures, went on mandatory work suspension by law. Greece was one the countries that made vaccinations of healthcare workers mandatory, following the example of Italy and France. There has been a strong criticism in domestic and European level regarding this decision. Even scientists that were fully convinced about the efficiency and necessity of the vaccines stated that this compulsion could bring negative behavioral responses. Peter English, former editor of *Vaccines in Practice* and immediate past chair of the BMA's public health committee, told *The BMJ*, *"The problem with making things mandatory is that it often creates a backlash, and you can get more people refusing to have the vaccine because they are being forced to. The general view is that mandatory vaccination should be a last resort"* (Wise, 2021). Indeed, in Greece there was a strong division of public opinion regarding the topic of vaccination. A very decisive factor was the pressure that citizens felt by the stricter rules applied for the non-vaccinated population in comparison with the people that had a vaccination certificate.

Specifically, there were stricter rules applied not only for the healthcare workers, but also for the general population who did not wish to get vaccinated, even if there were specific reasons behind this decision. Non vaccinated people had to comply with a lot of restrictions. They were not accepted in restaurants, cafes, bars, cinemas, gyms or any other public indoor space. In some periods, non-vaccinated people were accepted in such places if they could demonstrate a negative rapid test that was implemented within the last 48 hours. In working places, employees were obliged to do a rapid every 48 hours in a pharmacy, hospital or designated place for COVID testing. Some periods it was even discussed the scenario to not allow non vaccinated people to visit the aforementioned places even if they would have an outdoor space.

In Churches and places of worship there were restrictions such as mandatory use of masks by worshipers, safety distance measures (one person per 15 square meters) and a maximum number of 100 worshipers in the Church. Authorities have been very tolerant regarding the places of worship as it was not easy for them to monitor and more importantly to apply criminal and financial sanctions in those places. There were some restrictions, but they ended up being just recommendations.

Restrictions have been overwhelming for the society and people and the behavioral responses of different groups were very interesting.Women, the younger generations, and university graduates were more likely to accept vaccination, whereas men, those with a basic education level, and the older generation showed a hesitance to the vaccine against COVID-19. About half of the vaccinated participants were influenced in their final decision mainly by being informed from the internet (50.4 %), their work (51.7 %), and social life (53,1 %) while half of the non-vaccinated individuals were mostly influenced by keeping updated from the internet (55.5 %) and by government policies (51.3 %).

In 2021 we had the first mutations of the virus in Greece (Omicron, Delta ect), which were "escorted" by many fake news and scenarios, broadcasted also by media. The General Secretariat of Civil Protection and the Ministry of Health narrowed the public announcements and there were only periodic lockdowns in cities or areas that were focus of infection. In 2021 and 2022 there was more obvious that the crisis had a strong social and economic impact. Until 2013 there are approximately

35.822 registered deaths and a total of 5.723.715 infections in the Country and behind those numbers there are so many stories of people who suffered loss, uncertainty, and fear.

Moving from 2022 to 2023, still Covid 19 is present, with a recent announcement of Emergency precautionary measures for the protection of public health already in the 1rst of January. These measures are of course less strict than the ones of 2020 or 2021, and they are not gaining the publicity and raise anymore discussions like in the past. Greece has been successful in handling the pandemic crisis, as numbers and comparison with other countries reveal, and greatly because the healthcare system has been very much improved by this experience and received more funds by the Government and external resources. The social and economic impact this crisis had for the country is still examined and cannot be easily depicted in numbers and graphics.

2.5.1 How has the COVID-19 pandemic affected the democratic debate?

An important indicator to evaluate how the COVID 19 crisis has affected the democratic debate is the Democracy Index, a global measurement that is taking place annually in all countries and revels an insight of the citizens perspective about the level of democracy in their country. The indicators of this index include the quality and participation in the elections, the functioning of government, the political participation, the democratic political culture, and the enjoyment of individual liberties.

During the period 2020-2022 the Democracy Index in Greece is ranking us to the level of Flawed democracies, which is not very positive since Greece is the country where democracy was developed. At the pandemic period we did not have any election procedure in Greece as the last parliamentary elections were held on 7th of July 2019. There have been several legislative procedures stemming from the state of the emergency that the country has entered after the outburst of the pandemic, which were initiated following faster and less participatory procedures. On the occasion of the emergency and considering the weak public health system, politicians focused on the enhancement of the role of the Civil Protection Authority, and this was officially validated by the new “National Crisis Management and Risk Management Mechanism” that was initiated by law on 2020.

By this new law all the measurements that were taken on the management of the health crisis, that were mostly restrictive measures for the citizens, were easily determined and announced using excessively the media of national scale. There were several public discussions about the strictness of the strategy that has been adopted by the Greek government but despite the general dissatisfaction, Greek citizens have complied to a vast majority to this policy. Some of the indicative restrictions that the Greek government adopted periodically were:

- Curfew based on hours.
- Ban of gatherings at any space (public or private).
- Monitoring of compliance by Authorities (including police) and imposition of fines to citizens.
- Prohibition of interregional movements within the country.
- Strict measures for non-vaccinated citizens (negative rapid test within 48 hours to enter restaurants, cafes, bars, cinemas, gyms or any other public indoor space and private outdoor space of the aforementioned places).
- Suspension of work for unvaccinated health workers (EODY, n.d.)

Regarding the governmental strategy of Greece for handling the pandemic, it is eye opening to examine the comparisons made between the different EU countries by a large portion of the scientific community.

In the following figures it is obvious how Greek government imposed severe social distancing measures and lockdown at a much earlier stage of the epidemic than other southern European countries.

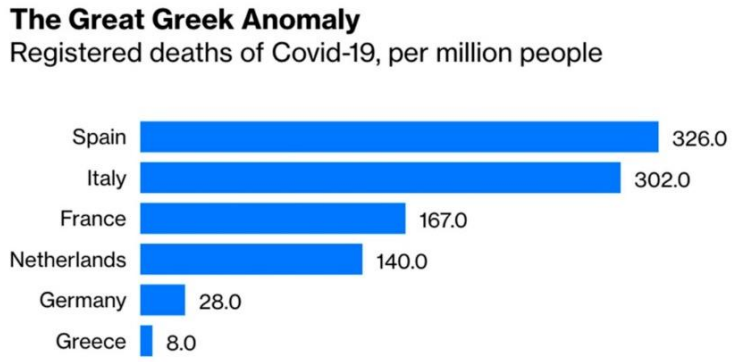


Figure 2.10. Comparison between Greece and other European countries regarding the registered number of deaths (Giugliano, 2020)

Timing of nationwide response measures to Covid-19 in Italy, Spain, and Greece

	All schools closed	Mass events suspended	Nonessential shops closed	Nonessential movement banned
*Numbers of days passed between **first case confirmed** and each measure implementation*				
	33	38	40	50
	43	39	43	43
	13	12	19	23
*Numbers of days passed between **first death confirmed** and each measure implementation*				
	11	16	18	27
	30	26	30	30
	0	0	4	11

Figure 2.11. Comparison between Greece, Italy and Spain on the timing of nationwide response measures (Pappas, 2020)

This strategy has been criticized by many, imposing that it was an indirect way for the government to restrict citizens by the state of fear and avoid a political crisis. On the other hand, there were positive comments published in international media referring to the responsible handling of the situation despite the economic loss, such as the commentary in Bloomberg by Ferdinando Giugliano, *"Greece is the "one noticeable – and perhaps surprising – exception" to a trend of poor leadership exposed by the coronavirus epidemic",* as he stated about the severe social distancing measures. But on the other hand, taking forceful action to deal with a problem or crisis will always provoke different reactions and opinions. Greece has been experiencing a severe economic and political crisis since 2012 that had a great social impact generating from the general austerity that was applied. Lockdowns have interrupted the already fragile economy, while the lack of capacity in the health care system revealed the impact of this long-term austerity for the country. In the book "From austerity to the pandemic and back again? Lockdown politics in Greece" there is a different perspective presented about the strategy

that was adopted by the Greek government *"Rather than being the result of state preparedness, these lockdowns can be interpreted as an acknowledgment of state failure." (Markantonatou, 2021)*

The public opinion in Greece has been very divided during the pandemic and this has been expressed in many ways. The most important things highlighted were not the proactive rationale of the strategy adopted by the government but the way, the means, and the wording of the several decisions made.

There was a monitoring system adopted for classifying the regions according to the level of infection they had, and this was a guiding tool for the general management authority to recommend the suitable restrictive measures. But there were cases where the measures have been stricter than usual and others where the Government has shown great tolerance. For example, although as mentioned before churches and worship places were places where people usually broke the rules set for the protection of public health, the Authorities did not intervene as happened in other places. The fact that during this social and economic occasion some people were burdened with administrative and financial fines but the strictness of the Authorities was not equal in all places and for all groups has created a great dissatisfaction to the public opinion. Despite the general disagreement of people about the way the situation was monitored and about the intolerance the Government showed, there was not any change.

2.5.2 How has the COVID-19 pandemic affected the enjoyment of fundamental rights?

Seven fundamental rights were originally provided by the Constitution – the right to equality, right to freedom, right against exploitation, right to freedom of religion, cultural and educational rights, right to property and right to constitutional remedies. During the pandemic the social and economic situation has resulted in implications in the enjoyment of fundamental rights.

Regarding the right to freedom of religion, there were several discussions about the restrictions that were decided to be also applied in religious places and whether those could be controlled by the Authorities as it happened with all the public and private places. In Greece many incidents of massive infections were identified in places of religious worship and were caused by massive events. Although there were restrictions for the religious events, still these places were not treated as any other by the Authorities and this has caused the division of public opinion and a sequence of behavioural responses by the people who tended to believe that in worship places there were not in danger by the virus and the disease. It was very often that media broadcasted churches that were congested by people who demonstrated that there was a safe place to gather often not even wearing protective masks and not keeping safety distance. In many cases, vaccine hesitancy, apart from concern over safety and side effects, was stemming from the influence of many religious leaders, communities, and fake news. It seems that the Greek Government and Authorities have been more tolerant on the issue of places of religious worship, and this raised a question of equality. It is eye opening that in the main webpage of the National public health agency, in the section about the frequently asked questions, there is a question about the reason why Places of worship are treated differently than other places by the legislation. The answer is provided below: *"Places of worship, where religious faith is manifested, cannot be equated with a common store, but it lends itself to the necessary structures. Restrictions are applied, however, with the mandatory use of masks by worshipers, with one person per 15 square meters and a maximum number of 100 worshipers." (EODY, n.d.)* Therefore, we can

assume that several groups perceived the restrictions as a disrespect to their right to express their religion and to take part to its regular events, but this cannot be considered as an objective opinion.

The culture and educational rights of Greek citizens have been affected and the pandemic crisis is also characterized as an educational crisis. The unhindered access to the educational system is considered, more than ever, an inalienable social right and the abolition of educational exclusion at all levels of education is the beginning of every educational policy (Tsolou, Babalis, & Tsoli, 2021). Policy makers in Greece faced the dilemma of either shutting down educational institutions (schools-both state and private-and universities) or keeping them open, putting at risk the public health and the sustainability of the healthcare system. Considering the decisions made by other countries and due to the weaknesses of the Greek health care system, all educational facilities closed, and the Greek government worked intensively on providing alternative solutions for remote teaching and learning. Educators were obliged to hold all classes exclusively online, from pre-school nurseries to university level. Prior to the pandemic, primary and secondary education did not have any official program and infrastructure that horizontally facilitated remote learning and teaching while digitalization has not been applied, meaning that resources and relevant skills and competences were not available at the moment of the crisis. Greece ranked at or near the bottom of the EU class on digitization, whether this was measured by high-speed Internet connections or ownership of laptops and tablets. This implied a great risk for the smooth learning process and the overall development of students (Babalis, 2011).

There has been a significant time loss for the development of the digital platforms that could facilitate the remote learning in primary and secondary education and also teachers and students needed additional time to become familiar with this learning mode. This situation has raised the issue of lack of digital skills of the educators and the imperative need to develop the upskilling of schoolteachers. Students had to be guided and supported also by parents or caregivers throughout this process and this was not always possible as parents did not necessarily possess relevant skills or did not have the availability to provide support. Apart from the aforementioned an initial problem identified was the lack of equipment and the Greek government provided vouchers to students and teachers to purchase laptops or tablets for that reason. Recent studies on Greek schools and students have identified the main decisive factors for underperformance and premature school leaving of students. Parents' economic and educational status, family structure, their cultural and ecological profile, the relationship and the interaction among its members, their values and beliefs are some of the variables that render family environment as an agent of education and influence on a child's academic performance (Tsolou, 2020). The main issues identified apart from digital divide are concerning the socioeconomic environment of students. There is a large immigrant and refugee population in Greece, the integration of which has been a hot potato for the politicians for more than a decade. As far as the students' nationality is concerned, significant differences were revealed between students that are of Greek origin and those coming from other countries, with foreign students tending to fail in school more than native ones and their dropping out rates being higher (Tsolou, 2020).

Therefore, it is concluded that teachers, who are in direct daily contact with students should detect any issues related to familial, cultural, and cognitive differences among them as well as their special educational needs. Having an overview of the students' status enables the provision of customized support to the students in order to ensure their equal access to education and mitigate school dropout. This responsibility of teachers was also important in physical classroom that it was burden during the

pandemic, where students' need for support increased (Babalis & Tsoli, 2017). The educational exclusion, highly connected to the digital exclusion has had a strong impact in the Greek society during and after the pandemic crisis.

Regarding the access of Greek citizens to health services and care, there are some important issues that arise during the pandemic crisis. As it is logical during a health crisis, citizens want to feel protected by the state and safe with the available healthcare system and services. On the outburst of the pandemic, Greek citizens were already aware, but this was confirmed by politicians, that the healthcare system did not have the capacity to ensure safety and stability. The economic crisis had an obvious impact on the health of the people. The healthcare system was facing important structural challenges related to the financing, organization and delivery of services long before the financial crisis and was ill prepared to handle the problems caused by it. The principal consequences of the economic recession included decreases in public health budgets with declines in the number of the healthcare workforce and their salaries, decreases in pensions, drop in purchase of medical goods, reforms in the pharmaceutical and social insurance sector, merging of healthcare units, rise of access and corruption problems and inadequate primary healthcare services (Macgregor, 2020). Greece had the second highest ranking on unmet needs for healthcare in the European Union. One in ten households reported that they were unable to access healthcare when they needed to (Giugliano, 2020). On 2 April 2020, the Deputy Minister of Health reported a total of 902 functioning critical care units in the country, of which 247 will be used only for the COVID-19 cases. He added that if needed the number of critical care beds used for the outbreak cases will be increased to 400 (European Public Health Alliance, n.d.). There were strong inequalities both in the protection of health and the access to healthcare services after infection. In Greece there is a strong refugee issue as at the moment almost 17,000 refugees live in Greek camps. This number is far more increased than Greek economy can handle and the failure to integrate them successfully to the society, has leaded to them living in very poor conditions in congested camps. This situation existed and created a great issue after the outbreak of the pandemic as there were no measures for the protection of these people who were living in an inappropriate environment with a high risk of infection. In a different level, Roma population in Greece is usually living in semi-closed communities and in many cases the living conditions are very poor. There was no provision for the protection of these populations and the resolution of existing problems that burdened the risks of the pandemic.

Also, there were behavioural risks of the Greek population that existed prior to the pandemic, haven t been addressed effectively and imposed greater risks for the population during this unprecedented crisis. According to the statistical data, 42 % of the total number of deaths in Greece is attributed to behavioural risks, such as smoking, alcohol consumption, nutritional risks, and low physical activity (Giugliano, 2020). Also, according to a European report published in 2016, 17.3 % of the total adult population in Greece is considered obese and obesity has been considered a major risk for serious COVID-19 illness (European Commission, n.d.).

The health status of the Greek population has been affected severely by many factors, social and economic ones, and there is a great mental health vulnerability that has been identified. Moreover, several studies documented that higher percentages of vulnerable populations like older and unemployed people reported poor health status. Furthermore, the economic crisis appears to have influenced infectious diseases as well. Since 2010, Greece has experienced a high burden due to

several epidemics: increased mortality from influenza; emergence and spread of West Nile virus; re-appearance of malaria; and increased number of HIV infections (Wilson, 2020).

It becomes apparent that the COVID-19 outbreak hit the country when its healthcare system was still vulnerable. Although the Greek government appeared to prioritize public health over economy, education or peoples' general satisfaction, the issue was that Greece was far left behind comparing to other EU countries on social welfare and healthcare provision. The risks imposed for the physical and mental health of the citizens and the great inequalities to health protection and care are setting a issue regarding the protection of fundamental rights.

2.5.3 How has the COVID-19 pandemic affected the work and life balance of women?

Women are characterized as a vulnerable group when it comes to COVID-19 related issues, along with seniors, as there are multiple research outputs mentioning that women were more severely affected by the overall situation. The most frequently mentioned issues are related to the work life balance of women and in the case where women are mothers we could also refer to "work-family balance". The increased vulnerability of this group to the circumstances imposed by the pandemic was previewed by many social scientists and researchers and was also highlighted by organisations and Authorities on a global scale. It is characteristic that UN Women had already stated in 2020 that "From health to the economy, security to social protection, the impacts of COVID19 are exacerbated for women and girls simply because of their gender.", while it has also released the General's policy brief: The impact of COVID-19 on women. OECD has stated "The COVID-19 pandemic is harming health, social and economic well-being worldwide, with women at the centre" According to this report there are several impacts to women from the pandemic that were more severe that the ones to men, and the categories we can distribute them are as economic, social, health and work-related impacts.

In the EU level, during the outburst of the pandemic nearly 84 % of women were employed officially and unofficially to sectors and activities that were severely affected by the pandemic, such as babysitting, caregiving, sales and the hotel industry. It is important to be highlighted that in the EU, but also in Greece, pre-school education, nursing, midwifery, secretarial and domestic work are still largely considered "women's work" euparl.eu). In Greece there is a similar structure in the labor market and also women are more often working part time or in unregistered work, mainly because of the other commitments they have taking care of the house, children, elderly and/or disabled or sick members of the family. We can better understand that by the Eurofound research report "Living, working and COVID-19", were women reported more difficulties in combining work and private life than men. Particularly when it came to feeling too tired after work to do household work during the lockdown periods, 24 % of women admitted feeling this way compared to 20 % of men. With the re-opening of businesses in July, these proportions increased to 31 % for women and 26 % for men. Furthermore, even though in general there was a decrease in the proportion of respondents reporting that their family prevents them from giving time for the job, it seems that for women this reduction did not happen.

Work life balance has been threatened for both women and men, since a large part of their personal lives was restricted due to measures related to the protection of public health. The new set of things mainly affected their social life as massive gatherings, entertainment, and cultural events etc., were

primarily restricted to the necessary or at all. In the cases of remote working in parallel with general restrictions people stayed in the house for nearly all day. This was more intense during the two lockdown periods in Greece, in March- May 2020 and November 2020- February 2021.

Research that took place in Greece reveals that greater behavioural responses to the pandemic were identified more in women than in men. Particularly, excessive employment of safety/checking behaviours and greater compliance with guidelines, were shown to amplify fear, potentially due to increased contamination awareness. In addition, female gender, older age, and more severe anxiety symptoms were related with higher COVID-19-related fear. Describing and weighing carefully the psychosocial and behavioural impact of the pandemic will enable the implementation of both supportive and preventive interventions (Parlapani et al., 2020). There are still inequalities in health related to gender and socioeconomic status in Greece that became more prominent during the pandemic.

The general factors that burden the situation of women in Greece during the pandemic and revealed the existing gender gap are described below:

- Women showed higher rates of anxiety, fear, depression, fear related to the virus and disease compared to men.
- Women indicated greater compliance with pandemic prevention and containment measures, they were vaccinated at a greater rate, which is associated with a greater fear of the virus and disease.
- Women were more vulnerable in the labor market and were more threatened with the loss of work and income.
- During the pandemic, there has been an increase in gender-based violence and domestic violence with women as victims.
- The debate on "Femicide" that started in the European Parliament in 2019 was a burning issue for Greek society with 17 victims in the year 2021 and 24 victims in 2022, while the global average is 50 victims.

2.6 How has the COVID-19 pandemic affected Italy

Italy was the first country in Europe to be hit by the COVID-19 pandemic. As of 10 January 2023, in Italy there have been 25,279,682 confirmed cases of COVID-19 with 185,417 deaths. As of 11 December 2022, a total of 149,340,886 vaccine doses have been administered (WHO, 2023). The Italian crisis provoked by COVID-19 is the most serious event in Italian history after World War II. COVID-19 mortality in Italy has been 9 %, higher than that in China.

An epidemic can be divided into “epidemic waves” which do not have an unambiguous definition. However, it can be said that a wave implies a pattern of a growing number of sick individuals, a definite peak, and then a decline. The Italian pandemic has counted several waves of whom just the first one has been pretty much unambiguously defined: the first wave was from February to June 2020. The second wave for some occurred from October 2020 to July 2021 - with two peaks - while others consider it to be two different waves - the second and the third.

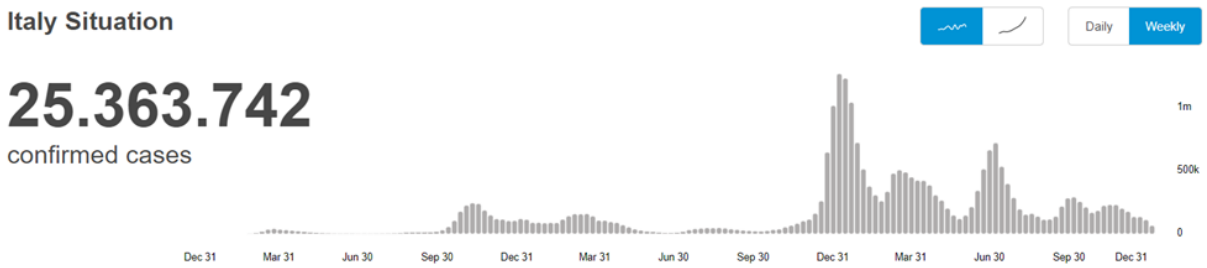


Figure 2.2. COVID-19 positive cases on a weekly basis in Italy from 31 December 2020 to 31 December 2022. Source: World Health Organisation, 2023

The first two cases of infection in Italy were reported on 31 January 2020 and a state of national emergency was immediately declared. The first autochthonous case was reported on 21 February in Codogno, a small town near Milan in Lombardy region in Northern Italy. In order to slow down the transmission of contagions and reduce the pressure on the healthcare system, the Italian government adopted a series of non-medical measures. On 23 February, the government reacted by introducing the first movement and access/exit restrictions around Covid hotspots, known as 'red zones'. Additional restrictive measures for the whole of Lombardy, Veneto, Emilia-Romagna, Friuli-Venezia Giulia, Liguria and Piedmont followed on 25 February. Nationwide closure of schools and universities was declared on 4th March, with additional social distancing measures introduced on 9 March. A national partial lockdown was enforced on 11 March, affecting bars, restaurants and recreational facilities, and culminating in the complete lockdown on 22 March. Further restrictions to people's movements were introduced on 25 March, except for essential reasons (e.g. work, health and getting supplies). Along with the national lockdown, at regional and local level measures of epidemiological surveillance, strengthening and reorganisation of territorial health services and supply of additional sanitary equipment were adopted.

Phase 1 of the Italian response to the emergency ended on 3 May 2020. This was followed by phase 2 (4 May to 2 June 2020) during which most primary and secondary productive sectors, professionals and private health care clinics and most retail shops, businesses and customer services, resumed activities subject to sector-specific COVID-19 safety protocols (DPCM, 2020b). Previous restrictions to the free movement of citizens were lifted, within one's region of residence only. Further regulations, relaxing the existing lockdown measures, were adopted nationwide and locally on 17 May (DPCM, 2020a). At this stage, a key role was played by the Italian regions, which asked and obtained the right to set specific regional guidelines. (de Belvis et al., 2020)

As of 3 June, all businesses reopened subject to aforementioned protocols and social distancing rules. Free inter-regional movement of citizens was also reinstated, albeit with restrictions on foreign travel. The wearing of face masks (for ⩾6 years) outdoors, on public transport, in shop/businesses became mandatory as well as keeping at least 1 m distance. Schools and universities remained closed but provided lessons through distance learning platforms - Didattica A Distanza (DAD) - and reopened only in September 2020 in a staggered way.

Starting from October 2020, a new surge of positive cases was registered. The regions fall into three weekly-updated “zones” - yellow, orange, and red according to the strictness of restriction - to adopt a tailor-made and more flexible approach. Containment measures - such as restrictions on public and private gathering, the mandatory use of facemask, night-time curfews, early shutdowns of business, movement restrictions, schools’ closures and distance learning etc. - were re-implemented and loosened according to the evolution of the pandemic.

From the very end of the year 2020, policy interventions were combined with a nation-wide vaccination campaign coordinated at the European level. The vaccination campaign prioritised risk groups and then age ranges. The rise of positive cases in summer 2021 urged the government to implement the Green Certificate which proved the vaccination or the recovery from the illness and allowed people with it access places, use services, and participate in social activities.

A new dramatic increase in contagions was registered at the end of 2021. More virulent variants of COVID-19 started to rapidly spread all over the world and the Italian government recommended the booster vaccination (i.e. third dose) (Beccia et al., 2022).

The Italian healthcare system is managed at regional level. The decentralisation of the Italian healthcare system was created in 2001 when the central government was entrusted with the responsibility of ensuring universal and free access to healthcare while the regions were charged with the organisation of the delivery of health services and the financing of local health authorities. Therefore, the Italian healthcare system consists of a network of 21 regional health systems. Lombardy has a hospital-based healthcare system while Apulia has a community-based healthcare system. As a consequence, the outbreak of the pandemic implied a regionalisation of the delivery of care.

The regionalisation of the pandemic, especially in the first phases, relied not only on differentiation of healthcare systems, but also on the epidemiological north-south gap. Northern Italy - Lombardy, Emilia-Romagna and Veneto in particular - was primarily and strongly affected by the first wave of pandemic while Central and Southern Italy registered very low percentages of contagions in spring 2020. (Bosa et al., 2021)

As people were asked to shelter-in-place, health care systems had to quickly move to other, innovative, forms of providing continued care to the population. This led to a forced acceleration in the adoption of telemedicine, e-prescribing and similar practices. In Italy, especially for community care services, many regions activated a number of alternative provisions of health care, such as teleconsultations, over a very short period of time (Petracca et al., 2020). During the 2022 many local initiatives took place, such as in September the opening of the Telemedicine Hall of the Molfetta blood-donors. (Avis Molfetta)

Lombardy is a region located in the North of Italy. With its surface area of about 24,000 square kilometres and almost 10 million inhabitants, it is the 1st most populated region in Italy and 3rd most populated region in Europe. From the beginning of the pandemic and as of 12th January 2023, 4,085,002 positive cases were reported, and 45,040 deaths were registered in Lombardy. (Regione Lombardia, 2023)

The Lombardy region was primarily and mostly affected by the pandemic. «Lombardy and, in detail, some of its parts, are characterised by possessing all those elements identified as favouring the contagion, namely: the territorial morphology, the dense presence of industries and their network of commercial exchanges at national and international level, the intense daily school and work commuting, and, finally, the polycentric type of settlement that characterises the Po Valley megalopolis and induces rhizomatic movements». (Consolandi, 2021)

Apulia is a large Southern Italian region with a population of roughly 4 million. The first case of COVID-19 was found in the Province of Taranto on 26 February 2020 and involved a 44-year-old man who had returned from a known epidemic area. During the first wave of the epidemic, between February and May 2020, Apulia was only marginally affected by COVID-19. However, during the second wave, which started roughly in September 2020, the region saw a steady increase in cases, with 5,873 deaths and a total of 234,841 cases, by April 2021.

The prolonged restrictions and lockdown caused what the WHO called “pandemic fatigue” among the Italian population. Pandemic fatigue is a state of «demotivation to follow recommended protective behaviours, emerging gradually over time and affected by a number of emotions, experiences and perceptions» (WHO, 2020). Pandemic fatigue shows as a progressive intolerance in following rules and restrictions by an increasing number of people. The long-term - seemingly never ending - health crisis generates alienation, complacency, and hopelessness. While during the first epidemic waves Italian population strongly suffered from pandemic fatigue, recently this phenomenon was registered less often thanks to the lifting of stricter measures and mass vaccination (Beccia et al., 2022).

Restrictive policies and sanitary effects of the COVID-19 crisis had an inevitable dramatic impact on the Italian economy. According to the World Bank, the global economic growth dramatically dropped from 2.6 % in 2019 to -3.4 % in 2020. In 2021, global economic growth registered a strong rebound (5.9 %) that, however, has been followed by another severe slowdown in 2022 and it is expected to curb even more in 2023 - from 2.9 % to 1.7 % (WB, 2023). In 2020, the Italian government and parliament deployed unprecedented resources to address the COVID-19 emergency and its economic effects. The “Cure Italy”, Liquidity, Relaunch and August Decrees supported Healthcare, Work, Liquidity, Taxation, Families and Businesses. During the second pandemic wave, the “Ristori” package measures, amounting to over 18 billion euros, aimed to sustain the categories most affected by the restrictions. non-refundable grants, suspension of tax payments and social security contributions, new weeks of the “cassa integrazione” wage supplement scheme and a two-month extension for ‘Emergency Income’ support (Ministero dell’Economia e delle Finanze, 2023).

2.6.1 How has the COVID-19 pandemic affected the democratic debate?

The COVID-19 pandemic affected the normal functioning of democracies and restricted the fundamental rights of people. Generally, democracies are allowed to do that in emergency situations which pose severe risks to the life of their population and need to be tackled with extraordinary measures. When the World Health Organisation officially confirmed the outbreak of a Coronavirus epidemic in Wuhan on 21 January 2020, the Italian Ministry of Health set up a specific emergency task force. With the spread of the virus in the country, on 31 January 2020 the Italian government declared a state of emergency. In the Italian jurisdiction, the state of emergency is declared by the Council of Ministers, on the proposal of the President of the Council of Ministers. The Italian

Constitution does not explicitly mention a state of emergency but only allows the government to rule by decree in extraordinary cases of emergency and urgency (art. 77). The conditions under which the state of emergency can be declared are regulated by the Code of Civil Protection: «calamitous events of natural origin or resulting from man's activity which, by reason of their intensity or extent, must, with immediacy of intervention, be faced with extraordinary means and powers to be employed for limited and defined periods of time» (law 24 February 1992 n. 225) (Spuntarelli, 2021).

The state of emergency lasted for more than two years. It was firstly decreed on 31 January 2020, following a Decision of the Council of Ministers (published in O.J. - Official Journal, *Gazzetta Ufficiale* - No. 26 of 1 February 2020), and lasted until 31 March 2022, the last extension provided by Decree Law 221/2021. The measure was taken, as stated, with the aim of keeping active the organisational structure (civil protection, extraordinary commissioner, health structures) created to deal with the COVID-19 pandemic. (Openpolis, 2023)

The state of emergency had two important implications for the governance of the crisis. First, to guarantee a quick response, the government was allowed to bypass the Parliament in the definition of legislative interventions. The government did so by approving so-called “Decrees of the President of the Council of Ministers” (DPCM). Ministerial decrees are administrative acts issued by the Prime Minister, and therefore do not involve Parliament. They are an expression of the will of the political majority only. This approach, although legally grounded in Italian law, blurred the boundaries between the executive and the legislative powers, de facto freezing the Constitutional framework. For this reason, critics have questioned the decision by the government to prolong the state of emergency first until 31 October and then until 31 January 2021.

Second, the state of emergency introduced the possibility of derogation of existing procurement rules. Italy has very strict procurement rules and the national anti-corruption agency is dedicated to checking the legitimacy of procurement bids. The Department of Civil Protection issued new procurement regulations to be valid mainly for the acquisition of PPE, tests, and ventilators, simplifying and accelerating the existing procedures.

The COVID-19 pandemic represented an unprecedented test of crisis-management for the Italian government and democratic institutions. Even if many recognize governmental mistakes and weakness in the management of the very first phases of the crisis, the government’s support was boosted by the pandemic while the political opposition suffered from a progressive irrelevance. In 2021 the Italian coalition government of centre-left led by Giuseppe Conte benefited from a general far-reaching support from the public that positively reacted to the first lockdown and severe measures, seen as necessary and well-suited to the gravity of the situation. The consequence was an increased trust in the government and state institutions as well as a sharp increase in Conte’s personal ratings. (Bull, 2021)

The incredible popularity reached by Conte himself was nurtured by, and at the same time spurred, a personalisation of power and a presidentialisation process. Personalisation and presidentialisation consist in the strengthening of more and more leader-centred executives and the progressive sidelining of parliaments, even in parliamentary systems as the Italian one, thus resembling traditional presidential orders. In Italy, the trend dates back to the 1990s, but the extraordinary crisis management that the pandemic entailed exacerbated this process. The President of the Council

became both the centre of the decision-making process in all its phases and the point of reference for Italian people. The extensive use of presidential rulemaking tools in the form of the DPCMs, the direct and emotional communication through press conferences streamed both on national television and official governmental social media and the creation of President-led “task forces” coping with the different dimensions of the crisis epitomises the presidentialisation dynamic accelerated during the pandemic. (Rullo, 2021)

However, the autumn 2020 round of severe restrictions and eventual lockdown during Christmas time fostered a much more intense pandemic fatigue among Italians and partially eroded the support that Conte had gained during the first wave of the pandemic. This presidentialisation dynamic generated a growing discontent among the coalition parties that in February 2021 prompted Conte’s resignation, the fall of his government and the appointment of Mario Draghi as the new President of the Council of Ministers leading a government of national interest supported by all the parties except for *Fratelli d’Italia* - Brothers of Italy, a far-right party guided by Giorgia Meloni.

During the first year of the pandemic, the decision to enact a national lockdown has exacerbated conflict between regions and the central government: regions such as Sardinia and Calabria have been subjected to the same constraints as Lombardy and Emilia-Romagna, despite very different levels of contagion. In this scheme, the appeal to union and collaboration is not just a matter of rhetoric but a precise strategy of leadership consolidation. The government has highlighted the unity of the state beyond the specific competences of regions on health issues management. In communications, the emphasis is put on the appeal for responsibility and the determination to pursue an equitable environment: no matter the discrepancies in the spread of the virus across the different regions, all Italian citizens are called to stay at home in a move of national solidarity. (Martone, 2020) In addition to governmental restriction, in Apulia region many local acts were taken in order to limit the epidemiological trend. For example, with the “Ordinanza n. 88 del 26 marzo” any transfer or movements to other cities of the region were not allowed and entry in Puglia from other citizens not-resident was forbidden.

Lombardy remained the focus of national and international debate about the initial spread of infection throughout Europe for a long time. Indeed, national, and regional government decision to not create a so-called red zone around Lombardy’s communes of Alzano Lombardo and Nembro when positive cases were reported there at the end of February 2020, is seen to be directly responsible for the spread of the contagion to other towns in the province of Bergamo and eventually throughout all Europe. The management of the first phases of the pandemic in Lombardy region is highly criticised by scholars and the public. The first epidemic wave was so particularly deadly for Lombardy’s population that grassroots initiatives asking for justice and accountability of local and regional authorities started to rapidly spread. (Alfieri et al., 2022) At the beginning of 2021 Giulio Gallera, the Regional Minister for Health and Welfare of Lombardy region since 2016, resigned.

For months the legitimacy of the state of emergency and, most of all, the suspension of constitutional-guaranteed rights and freedom during the acute phases of the crisis has been hugely questioned. In “Democracy Index 2020” the Freedom House warned democracies about the danger of normalising extraordinary policy-making processes and withdrawal of liberties that were adopted in order to cope with the pandemic. In “Democracy Index 2021” the Freedom House acknowledged that governments

even in 2021 introduced a «panoply of intrusive and coercive measures». In 2021 the Italian Democracy Index slightly decreased from 7.74 to 7.68. (Economist Intelligence Unit, 2022)

As far as the impacts of COVID-19 on fundamental rights and on the quality of democracy are concerned, two situations can be identified. In states where restrictions and violations were rampant before the COVID-19, emergency is being used to strengthen the grip and increase repression and antidemocratic features. These are states where exception is the rule. In states where democracy still exists, the COVID-19 emergency risks are paving the way for dangerous restrictions that might persist also when the "emergency" is supposedly over. These are states where the rule might become the exception. Social distancing is in fact hindering the possibility of organising in traditional terms (assembly, demonstrations, meetings, advocacy and solidarity delegations, international civil society monitors).

The use of the military in policing "social distancing" measures is a case in point. The deployment of the military for public security purposes is not a novelty in the country. Troops have been deployed to ensure protection of sensitive targets against hypothetical terror attacks, but their rules of engagement never included the enforcement of public order as the case could be now. Some "regional governors" in fact urged the deployment of troops in the streets to ensure compliance with "social distancing" orders. (Martone, 2020)

Among the Italian population, the severe restrictions and the introduction of the Green Pass spurred diverse waves of protests across the country. While the initial and most severe lockdown in spring 2020 encountered little resistance among the population, immediate defiance followed the October 2020 new round of containment measures' approval. Several cities - the most affected ones were Turin, Milan and Naples - were hit by clashes between protesters and the police. The demonstrations began after the national government issued a Decree closing restaurants, bars, gyms, and cinemas at 18:00 and even imposing a night-time curfew. The protests did not involve an extensive part of the cities' population, but they were a clear signal of the growing pandemic fatigue that was spreading among the population. In addition, the economic shrinking caused by the first long quarantine started to become a real struggle for many families. Part of the protesters asked for more financial support and help for their economic activities affected by the new rules to curb the contagions. Other groups of protesters were involved in more violent actions such as looting of shops and throwing petrol bombs at policemen. (Lowen, 2020)

A year later, in mid-October 2021, a new wave of protests and strikes occurred soon after the requirement for all workers to show the Green Pass to access their workplace. When six thousand workers went on strike for days to oppose the measure, Trieste and its big port facing the Adriatic became the epicentre of the anti-vaccine riots and debate. According to the dockers and vaccine sceptics which joined the strikes, the Green Pass prevented them from accessing their right to work and their freedom of choice regarding their health. Two weeks later, Trieste became a hot spot of COVID-19 contagions considerably pressuring the local health system. (Horowitz, 2021)

Vaccine hesitancy and mistrust in scientific advice and towards healthcare professionals highly affected Italy and the debate over the management of the pandemic. Italian citizens' trust in science and in vaccination appeared to decrease between the first phase of the Italian pandemic and the second one when there was a general "reopening" after the lockdown. The presumption to explain

vaccine hesitancy as a matter of ignorance and misunderstanding of science by the public seems to be misleading. Vaccine hesitancy is caused by a series of factors which vary from person to person. Usually, people who worked as healthcare givers or were involved in the care of positive patients before the vaccines were approved trusted more in the safety and effectiveness of anti-COVID vaccination. Rational and irrational reasons - from concerns on the long-term effects of the vaccine to conspiracy theories - bolstered vaccine scepticism. (Economist Intelligence Unit, 2022) As far as age groups are concerned, younger and healthier people are more willing to vaccinate, while the age group that on average is less willing to vaccinate is the middle-aged. (Palamenghi et al., 2020)

2.6.2 How has the COVID-19 pandemic affected the enjoyment of fundamental rights?

As Del Boca (2022) states, at the beginning of March 2020, the Italian government imposed drastic measures to contain the contagion, including restrictions on public activities and services and a travel ban for people, except for proven work-related reasons, health or other urgent needs. The measures taken to reduce the spread of the virus (restriction of personal contacts, travel restrictions, closure of schools and companies and orders to stay at home) had a significant impact on individual mobility, participation in employment and children's school attendance.

Thus, one can affirm that Italian citizens have seen a detriment during the emergency situation in fundamental rights such as the right to equity and their cultural and educational rights, which will be deepened below. Since millions of students had to stay at home because of the crisis, their right to education was affected, and so did equality, as not everyone was able to have the same access to technologies to continue their school or university education at a distance. It is estimated that, in fact, in Italy 60 % of the students were lacked behind by the so-called “distance learning” - “Didattica a distanza” (Dad), in Italian; and according to more than 50 % of their teachers, it was the uneasiness in the familiar context, being so the lack of spaces and equipped settings, as well as personal difficult situations, what mostly led to this issue (“Indagine GCE con AstraRicerche”, 2020).

The same was true for workers: many were constrained not to go to their workplaces, or had to be laid off, and this impossibility of carrying out their professional tasks led to economic disparities that were not always addressed by the institutions through financial and other support measures.

It must be highlighted, however, that the mobility restrictions affected women and the elderly the most. This is because it is mainly women who take care of their children when schools are closed (Caselli et al., 2021; in Del Boca, 2022). In fact, the right of free movement of women has been severely restricted and damaged, and especially those between the ages of 25 and 44, authors affirm, since they are more likely to have young children.

Furthermore, with the vaccination campaign, an extraordinary restriction was introduced: the obligation to be vaccinated in order to use certain services or even to go to work, which was extremely controversial. Since the possession of the Green Pass was required, either by vaccination (complete cycle) or a negative test result, some legal practitioners and critical citizens argued that this was not only a limitation of their right to exercise a profession, to education or to free movement, but also an infringement of their right to privacy and data protection, (Colombo, 2022), despite protecting health and safety at work.

Until the end of the state of emergency and based on mainly the D.L. E 7/1/2022, n. 1 “Misure urgenti per fronteggiare l'emergenza COVID-19, in particolare nei luoghi di lavoro, nelle scuole e negli istituti della formazione superiore”, which provided for penalties of 100 euro for those who do not vaccinate and fines of 600 to 1,500 euro for workers over 50 who come to work unvaccinated. For them also suspension of salary until they have been vaccinated. The decree also established compulsory vaccination for all university staff without any age limit, starting from the age of 18, as is already the case for health workers and other categories already subject to compulsory vaccination; and the obligation of Green Passes (even with a negative tampon result) to those accessing personal services and public offices, postal, banking and financial services, commercial activities and penal institutions.

Nowadays, although most of the restrictions in this sense have been lifted, the Italian Constitutional Court confirmed in December the compulsory anti-Covid vaccine for healthcare personnel, a decision supported by the Federations of Medical Professionals (“Covid, la Consulta: resta l’obbligo di vaccino per sanitari e over 50”, 2022).

On the other hand, even if in Italy some consider the application of the state of emergency and restrictions based on the notion of "public danger" an unfair and disproportionate limitation – see the protests that happened in big cities like Milan, Bologna, and all over Italy– some authors, like Russo (2020), consider it “pacific” and thus legitimate, since this limitation was already used in the past and adopted by both Article 15 of the European Convention on Human Rights and Article 4 of the Covenant. The Italian government, however, has never referred to other extraordinary derogations to human rights treaties.

During this period, in fact, a series of limiting decrees were approved that merit a specific analysis of those adopted in the different regions. Based on Mandato (2020), and within an analysis of the average number of legislative acts from 22 February to 20 March 2020, the regions of southern Italy (Abruzzo, Basilicata, Calabria, Campania, Molise, and Apulia) those with the highest total number of ordinances (63 in total), holding Apulia 6 of them. Paradoxically, the regions that have adopted the smallest number of ordinances are those where the virus has spread the most, Lombardy (4) and Veneto (6).

For Puglia, in concrete, restrictions affected especially the right to education. According to Troisi (2021), various confusing measures were approved, starting with Ordinance No. 407, entitled 'Urgent measures to deal with the COVID-19 epidemiological emergency' («Misure urgenti per fronteggiare l’emergenza epidemiologica da COVID-19»), by which, as of 30 October 2020, the obligation of distance learning was imposed for 'educational institutions of every order and grade' (primary and secondary school), except for workshops or pupils with 'special educational needs' and pre-school institutions. This prohibition of in-presence lessons went further than the national one (d.p.c.m. 24/10/2020) a difference that became an antonym when the new d.p.c.m on the 3rd of November entered into force, which ensured, despite the serious situation of contagious risk, the didactic in presence.

This did not lead to the revocation of the Apulian law by the President of the region, that maintained the distance learning mode until the end of November, as stated. Notwithstanding the Regional Administrative Court for Apulia, esp. Bari, opposed this legislation, and the region continued on this

path until almost the end of the health emergency, causing harm to the rights of students, their families, and the wider educational community.

Despite the complex balancing act between the right to education and public health (Dell'Atti, 2021), legislation of this kind has a number of limitations related not only to the injury of the psycho-social, cultural and educational development of young people, but also implications for teachers. Moreover, it is a shared responsibility, which can only be realised through close cooperation between school and family (Troisi, 2011), which is not always achievable and monitorable.

Lombardy was the first region, together with Veneto, to be hit by the COVID-19 pandemic. In 2020, the COVID-19 pandemic had strong repercussions on the production system and on the aggregate demand of the Lombard economy. The contagion has spread throughout the region since the end of February, before and with a greater intensity than in the rest of Italy. In this first phase, according to the Bank of Italy, the measures to contain the epidemic, which are uniform at national level, have provided for both restrictions on mobility and the blocking of the production activities considered as not essential for at least one month, which make up more than half the value added of industry and just under 30 % of that of Lombardy services. Since the autumn, following the resurgence of infections, measures restricting mobility and suspending activities have been introduced again, graduated on the basis of the health situation on the territory.

The total or partial suspension of employment has caused considerable economic and social hardship in the region. The impossibility to move for work and the obligation to stay at home have had strong pressures on the budgets of families. Specifically, research at the Department of Social and Political Sciences of the University of Milan, reported that more than 20 % of Lombardy employees fear losing their jobs. The continuing instability and the protracted restrictive measures for the containment of COVID-19 have had a strong impact on families and young people given the continuous increase in inequalities.

Major repercussions have been seen in the increasingly aggressive and transgressive tendencies of young Lombards. Consequences of the lockdown on the emotions and behaviours of adolescents and young people in Lombardy. A change in relations with the outside world not generalised, but that only concerned young males, and that was all the more accentuated the longer the period of «imprisonment» because of anti-Covid norms. The element that has instead had the highest growth in the comparison between the before and after lockdown, is that. Among males, the greater time spent in isolation (from 14 weeks) is associated with an increase in the behaviour of breaking the rules», is reported by Santucci on the Corriere della Sera. Social isolation has had a negative impact on the psyche.

National social assistance within schools and through specialised psychological pathways for young people in difficulty, could be a solution to the problem and the beginning of a collaboration between national institutions, regional and school health towards support for young people.

2.6.3 How has the COVID-19 pandemic affected the work and life balance of women?

We can still count the damages that the Covid has determined and determines. The whole world has had to confront large and complex phenomena that have pushed societies to their structural limits.

It is now a recognized assumption, in any nation, that one of the groups of society that have suffered the most during Covid (and all its consequences such as lockdown, loss of work-family management in crisis scenarios) are women.

It is women who have had to bear the brunt of an exceptional event by facing all the individual problems: whether they were women and managers, women and mothers, wives or all these variables, women have paid dearly for this pandemic.

When it comes to the workforce, it must be noted that, according to the data of Eurostat (2021; in Del Boca, 2022), in sectors such as catering and commerce, women play a key role. In Italy, 49.5 % of restaurants in Italy are owned and managed by women, as are 48.9 % of bars and 0.9 % of canteens and catering activities. About 52 % of all workers employed in the catering sector are women. Both in Italy and worldwide, over 64 % of workers in the retail sector are women. In addition, more than 30 % of women work part-time and are mainly employed in the informal economy sector, where workers' rights and health guarantees are lower. Moreover, women are over-represented in sectors considered essential and in occupations that cannot be performed from home (OECD 2021), such as in the healthcare sector. More specifically, women make up two-thirds of Italy's health workers, 90 % of home care workers, approximately 70 % of nurses, 80 % of cashiers in supermarkets and nearly 82 % of teachers (Privitera, 2020). This horizontal segregation, combined with a lack of personal protection equipment, makes women more vulnerable to COVID-19 contagion, with 70 % of women who contracted the virus being infected at work (Poggio, 2020). Simultaneously, since the beginning of the COVID-19 pandemic, Italy has also seen, at the policy-making level, a lack of women's inclusion in national responses to the pandemic; a higher number of women than men whose jobs could not be converted to telematic work; and a problematic and significant increase of domestic violence and aggression against women by cohabiting partners (Cristoferi and Fonte, 2020).

Along with this, the pandemic has decreased the quality of life for women, who reported an increase on an already high level of housework responsibility, also due to the inability to have external help as a consequence of the lockdown. In Italy, 68 % of working women with partners have dedicated more time to housework during the lockdown than before; interestingly, only 40 % of men did the same (Del Boca *et al.*, 2020). Similar disparities were found in relation to the sharing of home schooling and childcare responsibilities. In the midst of the social, economic, and political contradictions that have been heightened during the pandemic, gender, class and racial inequalities became more evident than ever. (Del Boca et al., 2020, 2022) have analysed this phenomena, and, in this sense, they can affirm that the time dedicated by Italian mothers to tasks inside the household has increased of almost an hour per day in the case of house chores and support to distance learning during the first wave of COVID-19 (from 2,3 to 3 hours per day, and from 1,4 to 2 h/day, respectively) and of around 2 hours more dedicated to family-children care, from 4,2 hours/day in the pre-COVID period to 6, and still almost 5 hours per day in the second wave of COVID.

In the specific case of Apulia region, it is important to note that, according to 2019 data of ISTAT Permanent Census (in ARTI, 2021), only 40 % of the women that work (representing around 51 % of the workforce, vs. men) hold a professional occupation status; the rest hold non-regular activities, and 50 % (of the total of 96 % of non-regulated professions) are housewives. Furthermore, one finds a higher presence of women among illiterate or literate people with no or low levels of education. In this fragile situation, it can be foreseen that women will be particularly hard hit by the pandemic.

For example, many women in Apulia are housewives, as stated, so the constant presence of other members at home has probably increased their home tasks, and they have found themselves with much more responsibility and less privacy. This may also have led to an increase in gender-based violence. In fact, according to data made available by the Anti-Violence Centres of Puglia (April 2020), after the drop in requests for help recorded in March compared to February, April marked a significant change of pace with very high increases (+77 % of requests for help, + 82 % of referrals, + 25 % of emergency removals) compared to March but also to February (+ 12 % of accesses and + 7 % of removals). One can think that the situation stayed the same during the whole pandemic situation, which in Italy included house confinement for months, from March to May-June.

The number of occupational accident reports from COVID-19 in Apulia increased in the period from January 2020 to October 2022, and were 3 % in the region, of which more than 6 % were fatal. What is interesting is that, of these, 54.5 % were women, due to their high presence in the health sector, among others. They were the group most at risk of illness and death in the occupational field. Other health hazards for women concerned those with cancer, whose treatment and even detection and screening were paralysed by the emergency. In Apulia, according to Fiorelli (2021), the reduction in breast cancer screening was higher than the Italian average: 34 % less were carried out (-28 % being the national average).

In the Lombardy region, according to Assolombardia and IRS (2021), a number of factors are responsible for the smaller reduction in women's employment than men. While women are over-represented in some of the sectors most affected by distance measures, such as accommodation and catering and domestic work, they are also over-represented in most of the key areas: such as education and the health and social sector. However, women workers in these sectors have had to cope with extraordinary workloads, with high health risks, few safeguards and difficulties in reconciling work and family particularly pressing during the lockdown and closure of care services and schools. Another factor that may explain the lower drop in female employment compared to male employment was the possibility of using telework, which is more widespread among clerical professions where women are over-represented. Compared to 2019, the employment rate has fallen mainly for women with care responsibilities and domestic work: those who live in couples without children or with a preschool child. During 2020, the employment difficulties and the distancing measures have led in Lombardy, as in Italy and in European countries, to an increase in inactivity rather than unemployment, especially among women and young people.

Even though women were less affected in the loss of work in the region compared to the other Italian Regions, the same cannot be said in the effect of domestic violence. Indeed, the evidence examined in the studies indicates that the COVID-19 pandemic and the resulting measures to limit the spread of the infection have led to an increase in violence against women; In Italy there were 15,280 calls both by phone and via chat in the first phase of the pandemic, between March and June 2020 at the national toll-free number 1522 made available by the Department for Equal Opportunities of the Presidency of the Council of Ministers. The number more than doubled compared to the same period of the previous year (+119.6 %), from 6,956 to 15,280 calls. The increase of requests for help through chat is quintupled from 417 to 2,666 messages. Lombardy appears to be the Italian region with the highest number of calls made to 1522 in the period considered with 13.4 % of total calls; Lazio (12.4 %) and Campania (9.8 %). (PolisLombardia, 2020)

2.7 How has the COVID-19 pandemic affected Portugal

According to the World Health Organization (WHO), in Portugal, from 3rd of January 2020 to 4:53 pm CET, 12 December 2022, there have been 5,536,455 confirmed cases of COVID-19 with 25,345 deaths. The first information for the public from the Directorate-General of Health on the then-novel Coronavirus was issued on 14th January 2020: “preliminary data do not show evidence of person-to-person transmission”. At the same time, the travellers in high-risk regions were advised on hand hygiene, respiratory etiquette and to avoid contact with animals or close contact with people with respiratory symptoms. As the epidemic evolved in China, more updated information to the general public was issued by the Directorate-General of Health, with new data from China and from the European Centre for Disease Control and Prevention (ECDC). No travel restrictions were put in place in the beginning, but people who had recently travelled to affected areas and experienced respiratory symptoms were advised to call the SNS 24 Contact Centre for further information and health advice. Nevertheless, the first suspected case of COVID-19 was identified on the 25th of January, in Portugal. Although the case was not confirmed, on 26th January the Ministry of Foreign Affairs advised against all but essential travel to China. A dedicated website (http://covid19.min-saude.pt) was created to inform the general public on COVID-19 with advice on hand hygiene and respiratory etiquette, main symptoms of COVID-19, posters and leaflets for schools, public services and airports, videos, among others.

As the epidemic evolved, solely the confirmed COVID-19 cases with clinical criteria for hospitalisation were being treated in hospital. Cases with mild symptoms were sent home and regularly contacted by health care workers for monitoring. They were subject to mandatory confinement and the police were informed by the health authorities in order to ensure compliance. The definition of suspected cases had changed with the evolution of the pandemic, but it included symptomatic travellers returning from areas with active community transmission. With the evolution of the outbreak across the globe, those areas were also expanded: initially they included China, South Korea, Japan and Singapore; then, Iran and four regions in Northern Italy (Emilia-Romagna, Lombardia, Piemonte and Veneto) were added, finally three States in Germany (Bavaria, Baden-Württemberg and North Rhine-Westphalia), two regions in France (Regions of Grand Est and Île-de-France) and four autonomous communities in Spain (Catalonia, La Rioja, Madrid and Basque Country) were added. Social distancing, hand hygiene and respiratory etiquette were recommended for travellers returning from those areas. They should monitor their symptoms and, in case of symptom onset, self-isolate and call SNS 24. Contacts of confirmed cases were traced by public health authorities and, according to exposure, they could be ordered to self-isolate at home for 14 days during which they were monitored by health authorities.

Mandatory quarantine for public health emergencies has not been foreseen in the Portuguese Constitution, but after the State of Emergency came into force, restrictions on citizens’ movements were put in place. As mentioned, mandatory quarantine was only applied to confirmed cases who were recovering at home and all those isolated by determination of the public health authorities. The rest of the population was strongly advised to stay at home and only leave under special circumstances, with more limited circumstances for those aged 70 years and older, immunocompromised patients and people with chronic conditions.

As social distancing and confinement measures were implemented, several psychological support lines were created across the country, aiming to provide support for adults or children who are isolated at home as a result of the outbreak. Since 1st of April, SNS 24 Contact Centre, in cooperation with the Portuguese Psychologists Association, has provided specialised counselling for the general population, with 60 psychologists answering the phone calls. Between 1st of April and 6th of October, 40,661 phone calls from the Psychological Support Help Line have been answered, including 3,373 from health care workers. Additionally, a website exclusively devoted to mental health has been launched (https://saudemental.covid19.min-saude.pt), with general information for the public, Q&As and specific information for health care workers. Additionally, a number of locally organised initiatives to provide support for vulnerable populations (that is, older people living alone, homeless people, people with disabilities, etc.) have been implemented across the country. (European Observatory on Health Systems and Policies, 2021)

While Portugal has been less affected by the COVID-19 pandemic than many other European countries during the first wave of the virus, subsequent waves hit the country hard. In January 2021, Portugal had the highest rates of new infections and deaths worldwide. (OECD Economic Surveys: Portugal 2021) Some relaxation during the Christmas' period in 2020 combined with the emergence of a more contagious virus variant led to a fast rise in infections. The partial lockdown and geographically targeted containment measures introduced in response up to mid-January 2021 were insufficient to slow the spread of the virus. The number of infections declined with the introduction of a second lockdown on 15th of January. Still, the pandemic has raised multiple challenges for Portugal and exacerbated existing weaknesses. It triggered a major health crisis, reversed the strong recovery from the last downturn and caused the deepest post-war recession. The disproportionate impact of the crisis on sectors with abundant seasonal, temporary, and low-paid jobs, such as hospitality and tourism, and on people with pre-existing financial difficulties may have reversed the progress made in reducing poverty and inequality levels of previous years.

2.7.1 How has the COVID-19 pandemic affected the democratic debate?

In democracies, the pandemic puts governments in a difficult position. High uncertainty caused by COVID-19 pushes them towards adopting measures that, during normal times, contradict fundamental democratic principles. Decision-makers are confronted with the dilemma of weighing public health goals against democratic norms, rights, and freedoms. This trade-off plays out at two levels:

- the need for quick reaction creates strong incentives to concentrate power on the national executive and thus to weaken other institutions;
- the policies to counter the outbreak of COVID-19 are extraordinary themselves, as they aim at 'social distancing' and thus restrict fundamental rights such as the freedom of movement or assembly.

From a legal perspective, governments are entitled in times of crises to take extraordinary measures to protect public interests, even if those measures restrict fundamental rights, but only if specific conditions are met, and if the measures are proportional, limited in time and non-discriminatory. In reality, however, evaluations of what is proportional can vary over countries, governments, and citizens. Almost all European democracies laid the foundations for such measures by responding with

a national emergency plan that refers to a legal instrument. Since restrictions of democratic principles are seen as a rational response to buy time and space for the authorities to cope with a crisis, most states have the option to react with emergency provisions:

Declaration of state of emergency	Bulgaria, Czech Republic, Finland, Hungary, Italy, North Macedonia, Moldova, Portugal, Romania, Serbia, Spain
Declaration of state of public health emergency	France, Lithuania, Slovakia
Declaration of state of disaster/catastrophe	Albania, Bosnia and Herzegovina
Other legislation	Austria, Belgium, Croatia, Denmark, Greece, Ireland, Norway, Poland, Slovenia, Sweden, Switzerland, Ukraine , United Kingdom
No national-level emergency response	Germany, Netherlands

Figure 2.13. Primary legal instrument used to adopt main national-level emergency measures Source: Edgell et al. (2020a); Pandemic Backsliding (PanDem) project by the V-Dem Institute

While COVID-19 has dominated much political debate since early 2020, it is only one factor among many that are reshaping democracy worldwide. Democracy stands challenged in significant ways well beyond the pandemic's impact – and democratic institutions must be prepared for other kinds of crisis and emergency likely to emerge in the future. Prominent theorists suggest that democracy has shown itself to be an always-evolving set of practices, rather than a static concept in need of preserving from imminent redundancy. COVID-19 factors and other political dynamics have increasingly intertwined with each other in complex ways.

For around two decades, many party memberships and electoral turnouts have suffered serious declines. At the same time, citizens have participated in higher numbers in other forms of democratic engagement. The pandemic reinforced the need for engagement by highlighting the importance of connections and trust in society: whether people are engaged with one another and with their institutions affects their willingness to wear masks, follow safe distancing practices and get vaccines. Many people sought out engagement with one another in order to retain their connections and help each other with day-to-day needs during the crisis. In parallel, mass protests about COVID-9 issues have often morphed into efforts to build community level self-organisation. Not all such mobilizations are about democracy or even necessarily favourable for democratic reform, but a large number of them have been. More structured forms of deliberative participation, like citizen assemblies, have thus gained support. Even as experts were called upon for their advice during the pandemic, COVID-19 has given a further boost to both protest activity and organised participative experiments. In particular, the pandemic has inspired digital democratic innovations, as COVID-19 disrupted existing patterns of engagement and forced public officials, their staff, and citizens to adapt to a world where face-to-face meetings were impossible. This has spurred newer democratic innovations to serve the pandemic's most pressing needs: generating verified information and reliable data; mobilising resources, skills, and knowledge to address the health emergency; connecting volunteers and service organisations with people who needed help; and implementing and monitoring public policies and actions.

The state of emergency in Portugal lasted from March 19 through May 2, 2021. After that, Portugal transitioned to a state of calamity, which is regulated by a different law that allows the government to impose a state of calamity for limited periods of time without an intervention from the President or the

Parliament. This regulation is the same mechanism of response that was used when Portugal struggled with summer wildfires in 2019. Even before the declaration of a state of emergency, the government had used a declaration of a state of calamity to place the small Portuguese city of Ovar, one of the early epicentres of COVID-19, under a cordon sanitaire—a public health measure, recently used in the response to Ebola, that places a designated area under quarantine for a limited period of time. The declaration of a state of calamity ushered in a period of phased reopening in Portugal. The government issued new guidelines that continued to mandate several procedures for disease monitoring, contact tracing, and isolation of infected populations. While public health authorities continued to urge people to avoid unnecessary social interactions, the government eliminated the distinction between the elderly and populations under 70 years old in connection with the duty of home isolation. Instead, they announced what became understood as a general obligation to minimise social contact. Although Portuguese constitutional law scholars agree that a state of calamity carries less severe restrictions to individual freedoms than a state of emergency, there was heated debate about the precise extent of the measures that the government could adopt during this new phase. For instance, some experts argued that church gatherings could not be limited during the state of calamity, as there is no parliamentary check on the government's intervention, and a legislative intervention is required to limit fundamental rights that the Constitution protects. The Portuguese government, however, ended up maintaining restrictions on church gatherings and other forms of religious celebrations through the end of May.

Portugal is a unitary, highly centralised state; however, it conceded autonomy to two island archipelagos in the mid-Atlantic, namely Madeira and Azores. Throughout October 2020, politicians from the continent descended upon the Azores, particularly on the weekends, to help their local colleagues in the election taking place on 25th of October. The campaign took place under quite restricted sanitary conditions due to the COVID-19 pandemic. Therefore, the election was a significant rehearsal for the forthcoming national presidential elections on 24 January 2021. The autonomous region of the Azores was ruled by the Socialist Party/Partido Socialista (PS) under Vasco Cordeiro's presidency, with an absolute majority for two decades. The opposition's main aim was to break the Socialist's absolute majority and eventually replace it with an alternative government. Although regional issues dominated the election, it also represented the first test for the October 2019 re-elected socialist Antonio Costa government at the national level and its crisis management of the pandemic. Despite the difficulty of the Socialist minority government, Costa managed to get the main opposition party, PSD, to approve the budgetary bills, and there was quite considerable cooperation and agreement in this area.

A pretty controversial agreement was to abolish the fortnightly debates with the Prime Minister (similar to question time). However, PSD leader Rui Rio suggested abolishing this rule and reducing it to once a month. The final draft stipulated that the Prime Minister should be in Parliament for question time, at least once a month. In reality, due to other official appearances of the Prime Minister in Parliament, such as reporting on developments in the European Union (EU), the budget debate and the state of the nation speech, question time was reduced to every two months. Many MPs of the Socialist and Social Democratic group dissented from the official position. PSD leader Rui Rio was criticised for proposing and supporting such a move, and gladly accepted by the government party. In the final vote on 24 July 2020, seven PSD and 28 PS MPs voted against the revised version of the Standing Orders. A further five MPs of the PS abstained (overall one-third of PS MPs dissented). Overall, the final vote was 152 for the revision and 78 against. This bipartisan agreement represented a major

blow to democratic accountability of government to Parliament, and an impoverishment of the democratic debate. (European Consortium for Political Research)

In January 2021, less than two weeks before Portugal's presidential election was scheduled, a new wave of the coronavirus threatened to overwhelm hospitals and led the Portuguese government to put the country back under lockdown. But unlike other countries, which postponed elections due to similar events, Portugal's election moved forward as scheduled. While Portugal's elections appeared well administered, Portugal made some missteps in the run up to the election that made it more vulnerable to potential interference, contributed to lower than expected turnout, and increased the risk of making its citizens more distrustful of their democracy. Turnout was approximately 39 percent, the lowest ever recorded for a presidential election in Portugal. Understandably, some voters chose to stay home rather than vote in-person and risk exposure to the coronavirus. Portugal offered both in-person early and election day voting, but it did not offer other ways to vote, such as postal voting, which made it harder for certain groups of voters to successfully cast ballots, including Portuguese emigrants.

Portugal made significant efforts to try to adjust its electoral framework to better accommodate voters during the coronavirus pandemic. For example, it adopted several amendments in November 2020 in response to the pandemic that reduced the maximum number of voters per polling place, increased the number of polling places, allowed for early voting, and expanded home-based voting arrangements to better accommodate those voters who couldn't visit a polling place during the election for a variety of reasons, including the pandemic. Unfortunately, similar access was not afforded to out-of-country (abroad) voters, who often had to travel much farther to cast their ballot.

COVID-19 infections spiked two weeks before the election, with the country going into full lockdown. This was unexpected and extremely severe. Political rights were not curtailed in any way, and were fully respected by all relevant authorities, something that must be highlighted. However, conditions on the ground impacted the campaign, with most activities shifting online. The media played a crucial role and television debates, which gathered large audiences, were seen as fairly organised and an example of good practice. Despite the challenges, some of them very avoidable, the Portuguese electoral system and administration was shown to be resilient, through its multiple entities, and high levels of public trust. Slowing down the street actions at the start of the campaign, the Portuguese glued themselves to the screen to follow the presidential debates: the three most watched head-to-heads in the 2021 elections captivated on average a greater number of viewers than in the 2016 elections. The debates opposing the presidential candidates to André Ventura generated the most audiences. The most watched debate was the one between Marcelo Rebelo de Sousa and André Ventura, candidate for Chega. Broadcast on SIC and SIC Notícias, the debate reached a total of 3 million people, with an average audience of 1.8 million viewers and a share of 32.1 %. In 2016, the most watched debate was the one that put Marcelo Rebelo e Sousa and Sampaio da Nóvoa face to face, generating a total audience of 2.1 million viewers, an average audience of 1.2 million, having generated for SIC a share of 25.3 %. Thus, in times of pandemic, Portuguese appeared to be more interested in Presidenial debates. (European Council on Foreign Relations)

2.7.2 How has the COVID-19 pandemic affected the enjoyment of fundamental rights?

How can the protection of fundamental rights be combined with the strict requirements of controlling the COVID-19 pandemic? It is believed that the answer lies in the delicate balance of ensuring public health without falling into the extreme of a “fascistoid-hysterical hygienic state” (faschistoid-hysterischen Hygienestaat). (Heinig, 2020) Above all, nobody should give in to the naivety of envisaging constitutional/administrative exceptions as merely transitory and magically vanishing with the resumption of constitutional normality. In times of emergency, whether constitutional or administrative, it is a cliché to claim that parliaments should be acutely vigilant. Notwithstanding their significance, one cannot downplay the relevance of the courts in scrutinising violations of fundamental rights. The main dangers that could arise from muscular executives and diminished parliaments are well documented in academia. First, the Government might be tempted to extend its emergency powers beyond the emergency itself. Second, and quite ironically, if de jure constitutional emergency is designed in an extremely strict and foreseeable way, a de facto postponement would be unpredictable and beyond the boundaries of the constitutional framework.

Yet, under the current adverse conditions, courts play a significant role in scrutinising COVID-19 legislation. In Portugal, COVID-19 jurisprudence is still scarce. Still, a recent development is worth mentioning. After the constitutional state of emergency, a Portuguese citizen landed in the Azores archipelago and was compulsory confined (a measure implemented by the regional government of the Azores) for a period of fourteen days, and at his own expense. The citizen then filed a writ of habeas corpus against arbitrary detention. Remarkably, the Court of Ponta Delgada decided that the decision to compulsorily confine violated freedom of movement and was organically unconstitutional, as the confinement took place after the end of the state of emergency. The court held that such restrictions on fundamental rights could only be legislated by Parliament or the Government (with prior authorization from Parliament). Additionally, the court ruled that imposing confinement on a citizen that was not COVID-19 positive disrespected the principle of proportionality. Although this decision had no direct effect for parties who were not in court, the President of the Government of the Azores immediately announced new measures for containing the spread of COVID-19. As a result, and as a good practice, compulsory confinement was replaced by voluntary confinement. As this case was brought to the Portuguese Constitutional Court, on its first COVID-19 decision, it ruled unanimously that regional regulations which imposed mandatory confinement were organically unconstitutional.

The question that follows can be stated thus: Was the declaration of constitutional emergency adequate or was it impulsive and overzealous? Maybe only time will tell the rightness of the constitutional and administrative measures. Still, the declaration of emergency was at that time inevitable and necessary to contain the spread of the virus and to overcome constitutional issues that would derive from implementing a wider range of restrictive measures. More importantly, back then, constitutional law scholars strongly disagreed as to whether the existing emergency legislation allowed the imposition of quarantine and confinement without prior judicial order. Some argued that quarantine could be imposed based on an extensive reading of Article 64 of the Constitution (right to health). Yet, others claimed that part of Article 27 expressly rejected such a possibility, as it restricts the deprivation of freedom to situations in which a judicial authority orders the “committal of a person suffering from a psychic anomaly to an appropriate therapeutic establishment”. Therefore, and

according to this last doctrinal stance, a constitutional amendment would be required to allow the imposition of quarantine due to infectious diseases. (Revista e-Pública, 7(1), 78–117)

Presidential decrees of emergency provide the normative framework under which the Government may intervene. Still, such decrees were too general in this case and did not sufficiently determine the conditions under which the Government could restrict some rights and freedoms. Moreover, they did not specify which articles of the Constitution were suspended, as required in Article 19. Notwithstanding some critiques, it should be remembered that this was the first time since the transition to democracy that a constitutional emergency has been declared. Under these circumstances and given that the President could not take inspiration from past drafts of constitutional emergency decrees, he had to actively engage with the constitution “in action” and explore unknown terrain. (O desassossego dos direitos humanos em tempos de pandemia)

Despite having legislated mostly within the existing legislative framework, in Decree-Law 10-A/2020, of March 12th, the Government approved restrictive measures before the declaration of a constitutional emergency, which raised doctrinal critique. As a result, it endorsed measures not contemplated in the emergency legislation previously passed by Parliament. What is more intriguing is that such restrictions were ratified a posteriori by Parliament, in what “resembles an indemnity bill” and in violation of the prohibition of retroactive restrictions granted by Article 18 of the Portuguese Constitution. As the constitutional emergency legislation was adopted in a haste to address the crisis, there are some constitutional issues worth mentioning. In the Portuguese Constitution, the fundamental rights that are not specifically safeguarded in Article 19 can be suspended during constitutional emergencies. Apart from the emergency scenario, fundamental rights can be restricted as long as the six cumulative requirements of Article 18 are fulfilled (one of the requirements, as well as proportionality, is that the restriction is legislated by Parliament or by the Government with prior authorization by Parliament).

What has been witnessed in Portugal—unlike in neighbouring countries like Spain—is a dutiful and well-intentioned parliamentary approval of most of the measures that the Government deems to be appropriate. However, Portugal still struggles to implement policies based on evidence, and this lack of sufficient scientific expertise raises pertinent questions of political accountability. (Presidential Elections in Portugal)

Having a more specific look on some of the rights, here are some of the good practices taken as measures for the well-being of the Portuguese:

RIGHT TO HEALTH

- Publication of various guidelines and recommendations by the National Directorate-General for Health (DGS), in different formats (leaflets, posters and presentations), aimed at different sectors, considering their specificities and risks: health professionals, schools, civil protection, embassies, hotels, media, social institutions, private social solidarity institutions and tourism industry. It was intended to support the response and the adequacy of preventive measures by adapting the functioning of public services and economic activities;
- Definition of procedures for Residential Structures for the Elderly (ERPI), Long-Term Integrated Care Units (UCCI) of the National Network of Long-Term Integrated Care (RNCCI), as

well as structures dedicated to the elderly, people with disabilities and institutions for the care of children and young people at risk;

- Publication of specific guidelines on COVID-19 for health professionals, regarding prevention, approach and measures to be adopted regarding the exposure to COVID-19 cases (DGS Guideline 13/2020, of 21 March);
- Preparation of the "Family Manual" about isolation in the domestic environment, addressing issues related to family life, emotions, stressful situations, rules, separation, routines, anxiety in young people and online safety. With this manual, it was intended to guarantee assistance in managing the multidimensional impact of COVID-19 in the family context;
- Creation of the Trace COVID-19 tool to support doctors in Public Health and Primary Health Care to monitor COVID-19 patients, in surveillance and self-care, as well as for effective contact tracking;
- Development of performance indicators related to COVID-19, namely regarding its impact on the performance of the National Health Service (SNS). By reporting weekly on this matter, it was possible to ensure that updated information was made available, thus enabling prompter and more assertive action, as well as guaranteeing access to health care.

RIGHT TO INFORMATION

- Permanent and transparent monitoring of the evolution of COVID-19 in Portugal, namely through daily press conferences of the health authorities, since 9th of March, with the dissemination of data, information and updates on the pandemic. It was intended in order to guarantee access to reliable and credible information and data for all citizens;
- Creation of the platform Estamos On (https://covid19estamoson.gov.pt/). This website was intended to be a practical guide to support citizens, families, and businesses in combating the effects of COVID-19. For this purpose, it gathered all information related to good practices and recommendations from health authorities, advice for working from home, access to public services, as well as exceptional measures adopted by the Government and approved legislation;
- Development by the National Institute of Statistics of Portugal (INE), as the main national authority producing official statistics, of a specific microsite, where it could be consulted the most relevant statistical results for monitoring the social and economic impact of the COVID19 pandemic. Its main objective was to enable in-depth knowledge of the situation, seeking to contribute to informed decision-making;
- Regular dissemination, through the Ministry of Foreign Affairs, of updated information to foreign diplomatic missions accredited to Lisbon on the immediate measures adopted by Portugal in the context of the emergence of the COVID-19 pandemic, as well as the organisation of an information session in coordination with the Government, in the areas of Health and Internal Affairs;
- Establishment of a partnership between the DGS and the SIC television channel for the scientific validation of contents presented in the "Polígrafo" program, which addressed news and rumours on social networks, in order to combat disinformation about COVID-19.

RIGHT TO EDUCATION

- Organisation of remote learning and related support resources. In pre-school, basic, secondary and vocational education, schools remained open to ensure basic, social and administrative functions and to support remote learning practices. However, all face-to-face classes were suspended from 16th of March;

- Implementation of various solutions, through different channels, such as websites, special educational platforms for remote learning, TV / radio, e-mails;
- Assessment of needs in all public schools and implementation of a set of partnerships for the appropriate distribution of equipment, considering that remote learning is a learning method to be gradually developed and carried out with the necessary technological means;
    - Collaboration with local authorities and civil society, which has already made it possible to distribute IT equipment to thousands of students who did not have it;
    - Preparation of a plan to ensure computer equipment and Internet access for all students, for the next school year;
- In response to the pandemic crisis, schools define strategies for the non-discrimination of children in disadvantaged situations, migrants, of different ethnicities or from vulnerable communities, motivating them to interact with the community and explore different ways of learning. In this context, school psychologists were also called upon to intervene;
- Regarding the inclusion of children from Roma communities, availability of material dedicated to work with Roma students was made available on the website of the Directorate-General for Education;
- Additionally, and in order to reinforce the identification of risk situations in the context of distance learning, coordination with the Commission for the Protection of Children and Youth (CPCJ).

RIGHT TO ADEQUATE HOUSING

- To ensure that households could remain in their homes during the pandemic and to assist households struggling to cover rent or mortgage payments due to loss of income, the following measures were taken:
    - Suspension of forfeiture, deadlines and opposition to the renewal of rental contract;
    - Suspension of the execution of mortgages on properties that constitute permanent housing
    - Temporary deferments of mortgage payments;
    - Temporary deferments of rent payments for tenants who have a proven loss of income;
    - Financial support, in the form of interest-free loans, for tenants who have a proven loss of income and in a situation of housing cost overburden and for low-income landlords. It was anticipated that part of the loans granted for the payment of rents will be converted into a non-refundable subsidy;
- The reforms and investments undertaken by the government with the aim of mitigating the economic and social impact of the coronavirus pandemic included the promotion of new affordable housing and new responses to urgent housing needs.

RIGHT TO CULTURE

- Safeguarding cultural rights, both in maintaining access, fruition and participation and in supporting artists, creators and technicians, bearing in mind that the arts and culture sector was among the first to stop and see all its activity cancelled as a result of the pandemic;
- Launching the Emergency Support Line for the Arts Sector, with a value of one million euros, reinforced by 700,000 euros, to support creative artistic projects in the areas of performing, visual arts and disciplinary crossings, with a total of 311 projects;
- Launching the Support Line for Publishers and Bookstores, for agents linked to book production, in order to contribute to the safeguarding of the publishing and book market in Portugal,

in return for the delivery of copies of works from the respective catalogues and bibliographical funds;
- Financial support to media, through the allocation of 15 million euros for early purchase of spaces for institutional advertising. 25 % of this sum was allocated to the regional and local press;
- Allowing the cancellation of the implementation of artistic projects and activities included in the contracts under the arts support program, during the pandemic period, maintaining the scheduled payments during the suspension period.

Thus, even a cursory glance at the Portuguese legislation revealed the presence of an ordinary emergency law. The Civil Protection Framework Law permitted some restrictions on fundamental rights, such as limiting the circulation of persons and vehicles, and temporary requisition of products and services, the Health Framework Law allocated powers to health authorities to address public health hazards, including requisition of health facilities and professionals, determination of confinement of individuals, and decisions on closing public and private facilities and the Law on Public Vigilance of Health Risks addressed public health emergencies and allowed the suspension of activities. (National Human Rights Committee, 2020)

2.7.3 How has the COVID-19 pandemic affected the work and life balance of women?

Around 76 % of the 49 million caregivers in the EU who have been exposed to the virus the most are female. Women are also overrepresented in a variety of crucial fields, including sales and childcare facilities, which remained open during the pandemic. Women make up 82 % of all cashiers in the EU, 95 % of domestic cleaners and home helpers, 93 % of teachers' assistants and childcare employees, 86 % of personal care workers in health services, and 93 % of all childcare workers. Finding a suitable balance between work and daily living is a challenge that all workers face, and families are particularly affected by this. The ability to successfully combine work, family commitments and personal life is important for the well-being of all members in a household. Governments can help to address the issue by encouraging supportive and flexible working practices, making it easier for parents to strike a better balance between work and home life.

An important aspect of work-life balance is the amount of time a person spends at work. Evidence suggests that long work hours may impair personal health, jeopardise safety and increase stress. In Portugal, some 6 % of employees work very long hours in paid work, less than the OECD average of 10 %. The more people work, the less time they have to spend on other activities, such as time with others, leisure activities, eating or sleeping. The amount and quality of leisure time is important for people's overall well-being and can bring additional physical and mental health benefits. In Portugal, full-time workers devote a similar amount of their day on average, to personal care (eating, sleeping, etc.) and leisure (socialising with friends and family, hobbies, games, computer, and television use, etc.) to the OECD average of 15 hours. (OECD Better Life Index)

In the context of the COVID-19 crisis, working from home was adopted in Portugal as a general instrument to pursue and combine social distancing, caring for children after the schools' shut down, and the running of the Economy. This development was formally enabled by the legal provisions on telework (as specified in Article 165 of the Portuguese Labour Code), but in practice it has gone

beyond what is formally covered by the legal notion of telework as it was made compulsory for all professional activities that could be performed remotely (Article 29 of Decree-Law No. 10-A/2020). And until today many workers are still working from home and remote work is strongly encouraged whenever possible. Under normal circumstances, teleworking has shown benefits for its users, allowing a better balance between work and family, although some studies have also identified some negative impacts on work–life balance. Researchers within the Portuguese context have consistently found that, under normal circumstances, the management of work and family roles is difficult, with Portuguese workers often reporting high levels of work–family conflict. During the COVID 19 pandemic, the boundaries between work and personal life brought additional challenges, potentially generating conflict between professional and personal life. (Flash Report)

Workers with children under 12 years old that had to stay home due to the closing of the schools have been allowed to stop working to take care of the children and were granted the right to a special social security allowance to take care of their children. However, this allowance was not paid if the worker or his/her partner could work remotely from home. So, the challenges of work-life balance during this period have indeed been enormous. The Government information regarding the payment of this special assistance allowance, indicated that this allowance has been paid mostly to women (82 %). The lack of proportionality may have arisen from the gender pay gap (as women earn less than men, the financial family loss is lower if the member of the couple that stops working is the woman), but it has also demonstrated that even during this crisis women tend to take the lead in the caring of their children. Studies emphasised that satisfaction with teleworking was different between men and women, confirming that the new model of work organisation may have contributed to an increasingly unequal distribution of tasks within a family, with more tasks being performed by women. As during the COVID-19 lockdown, children and perhaps other dependents (for example, elderly people) were at home, teleworkers had to find a balance between work and personal life in that context. It seems likely that women with more dependents had greater difficulties in balancing work and personal life while teleworking because of the conditions of lockdown. In contrast, women without dependents are likely to have had a different lifestyle. So, their experience of work-life balance during the lockdown would probably have been different too. (Work Organisation, Labour & Globalisation)

Researchers from NOVA University Lisbon and the University of Coimbra analysed the impact of the pandemic on Portuguese women academics and the findings showed that in Portugal, academic women seemed to be more exposed to not only the severity of psychological/emotional effects of the COVID-19 crisis but also to the increased burden of domestic and care duties during confinement, as already mentioned. The general impact of confinement measures in the academic performance of professors and researchers has been a subject of interest, mainly because most of the working professors and researchers are also parents, some with young children in their care. It is a matter of public discussion that COVID-19 was and is having an uneven influence with those with child/adult care responsibilities – particularly women. Female professors and researchers have been facing more difficulties to publish their research due to the confinement caused by COVID-19, according to data that show that women's publishing success dropped after schools closed. A recent study indicates a sharp decrease in original research-papers submissions by female researchers in several international journals, during confinement caused by COVID-19. (Where are the women?) As the novel virus revealed an endeavour to researchers in the medical and health sciences disciplines, the proportion of published papers in such fields dramatically increased to promptly allow results dissemination. In this regard, female publication success during this period should have increased,

not decreased, since women have been increasing their representativeness in these fields. This fact illustrates the confinement effect on women's publication records and at the preprint and journal submission stages. Moreover, the pandemic appears to have disproportionately affected the housework and care routines of women (especially younger academic mothers), as well as the personal routines of female academics, who reported more often a reduction of leisure time during the lockdown.

The increased household and emotional burdens arising from COVID restrictions also affected the work-family negotiations and conflicts, posing differentiated challenges to reconcile the competing time demands of paid work and family. Substantial differences are observed between men and women's perceptions of how the pandemic has affected their work. Female academics and academics with young children in the household most frequently emphasise the influence of COVID-19 on the amount of time dedicated to professional work. Moreover, when analysing the changes on time allocation to the various domains of the academic activity, it can be observed that the reinforcement of teaching and administrative tasks during the confinement is specially bound to female dedication. In the case of young mothers, the priority given to teaching occurs at the expense of research activities (e.g., manuscript and grant writing, peer review and serving on funding panels) which are critical to career progression.

When considered in combination, gender and parental status displayed a significant influence in the differences observed between the pre-pandemic and pandemic period, placing female scientists with children up to 12 in a particular disadvantage. Moreover, women without children and men with and without children have increased their output submission during the confinement, whereas younger academic mothers faced an inverse trend. This difference may have further aggravated the gap between men and women, as said institutions have an increasingly research-oriented strategy. This may translate into a significant disproportion of the performance management policies regarding tenure, recognition and promotion since most academic careers evolve directly from strong publication records and academic performance. (The unequal effect of the COVID-19 pandemic on Portuguese women academics)

Another study conducted shows that the COVID-19 pandemic lockdown in Portugal did not equally affect all facets of women’s social lives; in fact, among the considered aspects, the home environment and the financial status were the aspects least negatively affected by the lockdown: more than half of the respondents (56.7 %) stated that the lockdown did not negatively affect their financial status and income at all; almost half of the women (48.4 %) stated that the stay-at-home measures did not have a negative impact on their home environment. However, it should be noted that the study was not conducted representatively of the employment status, since there may have been an overrepresentation of women with more secure jobs, less vulnerable to economic disruptions. Higher job security and higher paying jobs can more easily be migrated to a remote working mode and increases the chance of having better housing conditions and technological equipment, thus reducing the disruption caused by the lockdowns. In fact, a study on mobility under COVID-19 restrictions in Italy has shown that the lockdown had a greater impact on the poorer segments of the population, thus revealing the uneven socioeconomic consequences of the political measures to contain the pandemic. However, the main finding regarding the social consequences of the lockdown was that the different social life facets were homologous: the cluster analysis showed that the women who were more harshly affected in one facet were similarly affected in all others, while those who

experienced a lesser impact likewise avoided severe effects on other aspects of their lives, suggesting that there is an underlying social structure that segments different aspects of social life and behaviour in homologous patterns. (Soc. Sci. 2022)

Although the effects of the lockdown and/or the pandemic have been previously studied in some specific contexts, such as in Germany, Italy and China, this work had not yet been carried out in Portugal; for instance, none of the studies on the effect of the pandemic on violence against women funded by the Fundação para a Ciência e a Tecnologia under the Gender Research for COVID-19 grants were representative of the Portuguese population, focusing only on specific regions, types of violence, or on specific victims. Generally, the COVID-19 pandemic caused an increase in the number of gender-based violence incidents reported in 2020. These cases continued to grow in 2021, and by the end of March, the pre-pandemic average for domestic homicides had been achieved, with 33 % of women experiencing physical and/or sexual abuse and 55 % experiencing sexual harassment. Home is not always a safe place to live; in fact, for adults and children living in situations of domestic and familial violence, home is often the space where physical, psychological, and sexual abuse occurs. This is because home can be a place where dynamics of power can be distorted and subverted by those who abuse, often without scrutiny from anyone “outside” the couple, or the family unit. In the COVID-19 crisis, the exhortation to “stay at home” therefore has major implications for those women already living with someone who is abusive or controlling. Stringent restrictions on movement shut off avenues of escape, help-seeking, and ways of coping for victims–survivors. Restrictive measures are also likely to play into the hands of people who abuse through tactics of control, surveillance, and coercion. This is partly because what goes on within people's homes—and, critically, within their family and intimate relationships—takes place “behind closed doors” and out of the view, in a literal sense, of other people. Unintentionally, lockdown measures may have therefore granted people who abuse greater freedom to act without scrutiny or consequence. (The pandemic paradox)

One of the movements that brought light to this scenario and can be seen as a good practice was the launch of a contest by the Foundation for Science and Technology (FCT), named Gender Research 4 COVID-19. This contest aimed to support new studies on the gender impacts of the pandemic, with a total allocation of 500000 euros, which was opened between 15th of May and 2nd of June 2020. This was an initiative of the Government, bringing together the areas of Citizenship and Equality and Science, Technology and Higher Education, with the aim of stimulating new research on the constraints posed by social gender relations in individual, family, economic and health responses in the context of the pandemic, in order to facilitate informed strategies to combat gender inequality, violence against women and domestic violence. Three lines of investigation were considered: gender and the labour market, everyday life, stereotypes and gender roles and violence against women and domestic violence. (National Human Rights Committee, 2020)

2.8 How has the COVID-19 pandemic affected Slovenia

The first case of infection imported from another country was confirmed in Slovenia on March 4, 2020. On the proposal of the National Institute of Public Health, the Ministry of Health of the Republic of Slovenia declared an epidemic on 12th of March 2020 and activated the Pandemic Plan. In order to limit the spread of the infection, various measures were introduced, like restriction of the gatherings,

movement, closure of educational and care institutions, cancellation of public transport, promotion of work from home, restriction of movement within the municipalities, temporary ban on the provision of all non-essential services, including healthcare, and others. In healthcare, all non-emergency services were temporarily suspended with the exception of services in oncology and in connection with pregnancy, medical personnel were redeployed to workplaces in connection with COVID-19, measures have been introduced to restrict entry into medical institutions (first contact with a doctor by telephone, mandatory ordering, entry to the institution only through the triage point, mandatory questionnaires before entering, etc.) and measures to protect employees and patients/residents against infection (use personal protective equipment). The introduced measures changed depending on the current epidemiological situation. The epidemic of the first wave reached its peak at the end of March 2020, when the number of new cases of infection began to fall. In the second half of April 2020, the country began to relax measures, on 9/05/2020 the restrictions on health services were cancelled, as of 31st of May 2020, the epidemic was cancelled, but still some reasonable measures were left in use. (Slora.si, COVID-19)

At the end of August and in September 2020, the number of cases of new infections started to increase again and due to the rapid spread among the population, an epidemic was again declared on 19th of October 2020. Various measures restricting movement, gathering, and providing services have been re-introduced. In healthcare, all non-emergency services were temporarily suspended again, with the exception of services in oncology. Compared to first declared pandemic, now the cancer screening programs were also mentioned as an exception, which thus functioned smoothly with adjustments, but with only minor deviations in terms of volume (mainly in connection with staff shortages due to illness or redeployment to other workplaces). The number of new cases of infection was much higher in the autumn wave of the epidemic than in the spring wave (7-day average in the autumn wave up to 2,000 new cases; spring wave up to 50 new cases), the virus spread particularly quickly in homes for the elderly, appearing new versions of the virus started to spread faster. (Slora.si, COVID-19)

Due to the large number of infections and limited laboratory capacities, the testing regimen and contact tracing also changed during the course of the epidemic. At the end of 2020, the global development of science and services made it possible to use the rapid antigen tests, which allowed much faster (but slightly less reliable) results about potential infection. On 27th of December 2020, the first residents in Slovenia were vaccinated with the vaccine against COVID-19. In the coming months, vaccination of the population was promoted according to the Vaccination Strategies, which defined the priority groups for vaccination, also in accordance with the availability of the vaccine. The Government of the Republic of Slovenia continuously adjusted its measures during the entire period of the epidemic. The 15th of June 2021 was the last day of the declared epidemic. (Slora.si, COVID-19)

Slovenia was faced with different prohibitions and commandments during the COVID-19 crisis:

- the mandatory disinfection of multi-apartment buildings;
- movement, accessing and staying in public places, subject to maintaining a safe distance to other persons, were only allowed for individuals in specified situations (e.g. going to work, providing care and assistance to persons needing support, accessing pharmacies, food

shops, health and sanitation services, accessing services for persons with disabilities, accessing emergency services, accessing banks and post offices, accessing public parks and other walking areas) (FRA, 2020, 5);

- public passenger bus and railway transport, including transport with cable cars and funiculars, were suspended;
- implementation of the mandatory safe distance measures;
- limitation of purchases for only vulnerable groups (e. g. pensioners, disabled, pregnant women) could make purchases between 8:00 a.m. and 10:00 a.m.;
- prohibited movement outside the municipality of permanent or temporary residence;
- closure of educational facilities and distance education was ordered for the entire area of Slovenia, for all upper-level elementary school students and high school students, and the majority of tertiary educational institutions also switched to this way of working. Exceptions included “education institution set up for work with children with emotional and behavioural issues, and dormitories in the case of secondary school students, including foreign students, who are prevented to return to the place of their permanent residence because of the current security situation, unaccompanied children with international protection or those seeking asylum, university students with permanent residence in student dormitories, student families, and foreign university students and visiting professors who cannot return to places of their permanent residence because of the existing security situation” (FRA, 2020, 5);
- mandatory use of a protective mask or other forms of mouth and nose protection and glove in closed public places;
- the complete ban on visits to retirement homes;
- visits to prisons and a correctional home have been banned;
- the offering and sale of goods and services directly to consumers was also banned, while grocery shops, pharmacies, medical stores, gas stations, post offices, banks, and providers of delivery services were exempt from the ban (FRA, 2020, 9);
- on October 14, 2020, the government adopted a package of stricter measures, which divided Slovenia according to infection by statistical regions. Regions that have recorded more than 140 infections per 100,000 inhabitants in the last fortnight were marked red, and less infected regions were marked orange, while at that time, there was no green area in Slovenia. In the red regions, as of Friday, October 16, 2020 the mandatory wearing of protective masks was ordered even outdoors, the use of sports facilities, private gatherings of people over ten, and all events and religious ceremonies were prohibited;
- closure of all catering establishments (with the exception of personal pick-up and delivery) and fitness centres in the red regions, and also limitation of the operation of hairdressing, cosmetic and other service salons to a maximum of one customer per room;
- with minor exceptions (work, economic/agricultural activity, use of tourist vouchers, etc.), it was forbidden to pass between red zones, while residents of the orange zones could pass freely, …

Government has foreseen that “those working parents who cannot arrange care for their children may in such a situation invoke the provision on force majeure from the Employment Relationships Act, this is not necessarily a straightforward proposition. For example, the president of a major national trade union noted that such an arrangement should be firstly negotiated with employers, namely it should be necessary to answer the question of what happens if a worker asks for an absence and their

request is denied. The trade unionist further noted that workers were only entitled to half of their salaries in such situations, a considerable decline in income which particularly affects households with children as these have more needs compared to households without children" (FRA, 2020, 6-7). The graph below shows that more strict measures than in Slovenia were introduced in Italy and Austria in neighbouring countries, while slightly less strict measures were introduced in Croatia and Hungary in researched period. Zobavnik et al. (2021, 6) also stated that EU member states that are not neighbouring countries, only Denmark has less stringent measures in place than Slovenia, while stricter measures than in Slovenia were in force in Poland, Portugal, Germany and Austria. They have also stated that accordingly to the data for the non-EU countries Switzerland and the United Kingdom have slightly stricter measures, while Norway has less, and Switzerland has stricter measures than Slovenia (Zobavnik et al., 2021, 6).

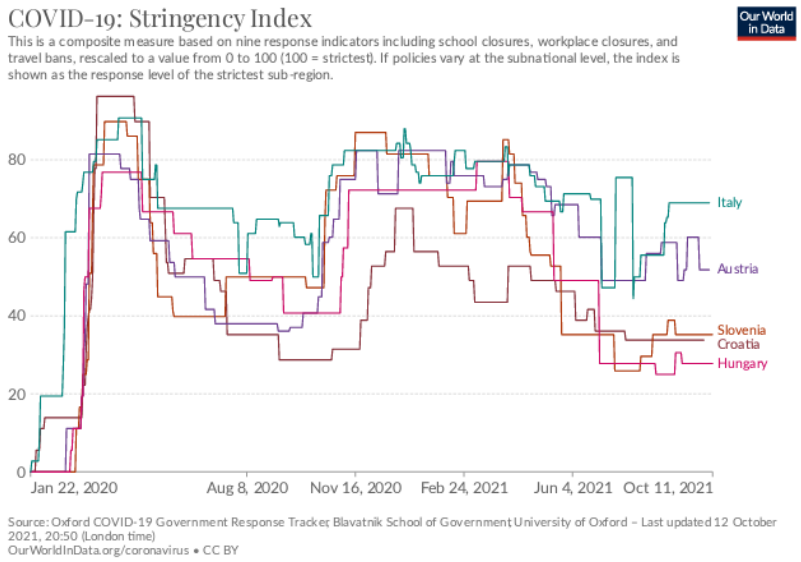


Figure 2.14. Index of stringency of measures - comparison between Slovenia and its neighbouring countries (Italy, Austria, Croatia, Hungary) Source: Zobavnik et al., 2021, 5.

In the EU countries, the highest vaccination coverage was in Portugal and Denmark, and the lowest in Poland and Slovenia.

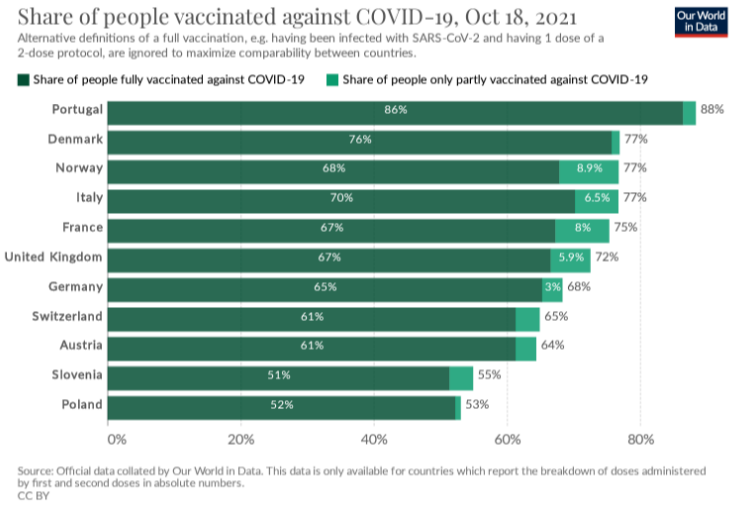


Figure 2.15. Proportion of the population vaccinated against COVID-19 in the countries under considerationSource: Zobavnik et al., 2021, 110.

On March 24, 2020, a consultative group of experts for economic measures proposed to the government to adopt a different emergency corona package of measures (named PKP) to mitigate the consequences of the epidemic for citizens and companies, which had proven in generally to be a good praxis to help the people, tourism, culture, agronomy and economy to overcome the serious implications COVID-19 had on the lives of the people and other segments of their lives. PKP's are legislative packages adopted by the government of the Republic of Slovenia for the purpose of helping citizens and the economy in Slovenia in order to face the challenges and consequences of the epidemic in the country. It envisaged a number of measures in the fields of economy, public finance, agriculture, forestry and nutrition, social welfare, student meal subsidies, higher education, infrastructure and public procurement, etc. Thus, it helped students, recipients of cash social assistance, families, employees by paying contributions for pension and disability insurance, it provided for subsidizing reduced working hours, tax-free crisis allowance for those employees whose last salary did not exceed three times the Slovenian minimum wage, the state fully covered compensation for waiting for work for workers (80 % of the worker's salary), as well as salary compensation for those workers who cannot work due to force majeure, the self-employed, farmers and religious employees, the state paid a monthly basic income under certain conditions, it provided for an easier situation for companies when taking out bank loans, the state also increased the average fees received by the municipalities, compensation for waiting for work for those companies in tourism and hospitality under certain conditions... One of the more successful and visible aid measures was tourist vouchers or vouchers, where the Government allocated €200 vouchers to all adult citizens and €50 vouchers to minors, which can be used at all Slovenian bed and breakfast providers, which enabled the affected tourism industry to survive the challenging times of movement restrictions due to the covid- 19.

All parents who have to be absent from work because of an infected child are entitled to 80 % of their salary compensation. 100 % salary compensation was also available for employees who were ordered to quarantine due to contact with an infected person at work. If quarantine is ordered for the self-employed, they are entitled to €250 compensation. Everyone who was included in the compulsory health insurance was also entitled to the seasonal flu vaccine. In the field of education, funding was provided for protective equipment and means for disinfecting premises in educational institutions, as

well as an exemption from kindergarten fees if the child was ordered to be quarantined. Employees in critical infrastructure received a work allowance.

All students entitled to school meals were provided by the local community with a free hot meal on school days, which was covered by the state budget. The national budget and the funds of the European Union also covered the purchase of protective equipment for those pupils and students who need it when performing their educational or study obligations according to the study programs of public and concessionary higher education institutions. Students were exempted from paying for dormitory services. Virtual meetings and meetings of supervisory bodies were made possible. The state also helped the self-employed in culture and provided access to state funds for film projects that were not paid due to the epidemic. War veterans and the disabled and the unemployed who lost their jobs after March 12, 2020 and were still unemployed at the time of payment also received a one-time financial aid.

The possibility of three-day sick leave without a medical certificate was established, but only once in a calendar year. The state compensated the loss of income from school transport to carriers, providers of passenger transport in rail traffic, bus passenger transport and road transport license holders who carry out occasional transport with combined vehicles, and the state also took over the costs of testing Slovenian athletes.

As Sodja (2020, 1-2) stated, that in Slovenia, the prevalence of mental health problems has increased in recent years and is higher than the average of EU. The increase in mental health problems is characteristic of all developed countries, which is the result of a fast-paced lifestyle, high expectations of the individual, an unhealthy lifestyle, growing inequalities, deprivation, and loneliness of the elderly. Slovenia stands out in particular due to the high proportion of women with mental health problems and, at the same time, very high inequalities in mental health in relation to income. The proportion of people who felt tension, loneliness and depression during the restrictive measures was lower in Slovenia than in the EU average. This was largely influenced by milder forms of movement restrictions than, for example, in some other EU countries (Italy, Spain, France), as well as a significantly lower number of confirmed infections and deaths9. According to Eurofound10 survey data, in April 10.8 % of Slovenians (EU: 18.4 %) estimated that most of the time they feel tension, that they are lonely, 9 % (EU: 16.3 %) said that they are alone most of the time felt sad and depressed, reported by 6.5 % of respondents (EU: 12.8 %). Unlike previous years, the values of all three indicators increased. (Sodja, 2020, 1-2).

In the following points, we will be focusing on how the COVID-19 crisis had affected the democratic debate, the enjoyment of fundamental rights and the work and life balance of women.

2.8.1 How has the COVID-19 pandemic affected the democratic debate in Slovenia?

The COVID-19 pandemic has significantly affected all areas of human life, both in Slovenia and around the world. “In Slovenia and in the EU, during the epidemic, people's well-being was slightly worse, there was more work at home, trust in the European Union and the government was low, the number of reports of domestic violence increased, and people's optimism about their future also decreased.” (Sodja, 2020, 1). While cultural sociologist Ksenija Vidmar Horvat pointed out that "the COVID-19 pandemic has opened many social wounds in addition to health issues. Distrust in science

and medicine deepened, belief in the power of the word on social networks strengthened, public space broke up into many subgroups, which - often ideologically and with diverse interests - are connected by new common agendas of political protest. All of the above represents a great challenge and raises a key question: how to think about democracy and democratic development?" (Vidmar Horvat in: Volk, 2021)

New report from Freedom House entitled: “Democracy under Lockdown - The Impact of COVID-19 on Global Freedom” stated that since “the coronavirus outbreak began, the condition of democracy and human rights has worsened in 80 countries, with particularly sharp deterioration in struggling democracies and highly repressive states” (Freedom House, 2020). We could say that political rights and civil liberties are generally respected in Slovenia, but the right-wing government, which ruled during the COVID-19 crisis “has continued attempts to undermine the rule of law and democratic institutions, including the media and judiciary; this prompted pushback from civil society. Corruption remains an issue, though media are proactive in exposing it. The judiciary has established a record of independent rulings.” (Freedom House, 2022b). The President of the National Assembly of the Republic of Slovenia in 2021 Igor Zorčič pointed out the good praxis of Slovenia on the World Conference of Speakers of Parliaments, where he presented the adaptations of the work of the National Assembly to pandemic conditions, which strengthened the possibilities of democratic decision-making, because "the epidemic cannot be an excuse for weakening democracy, on the contrary, the epidemic is a reason for strengthening democracy". (ORF, 2021)

As we could also see from below Figure, we can note the democracy decline in Slovenia during the COVID-19 epidemy, but also, we can note that the decline in democracy in Slovenia can be noted from the year 2011 on.

NATIONS IN TRANSIT 2021: DEMOCRACY SCORE HISTORY BY REGION

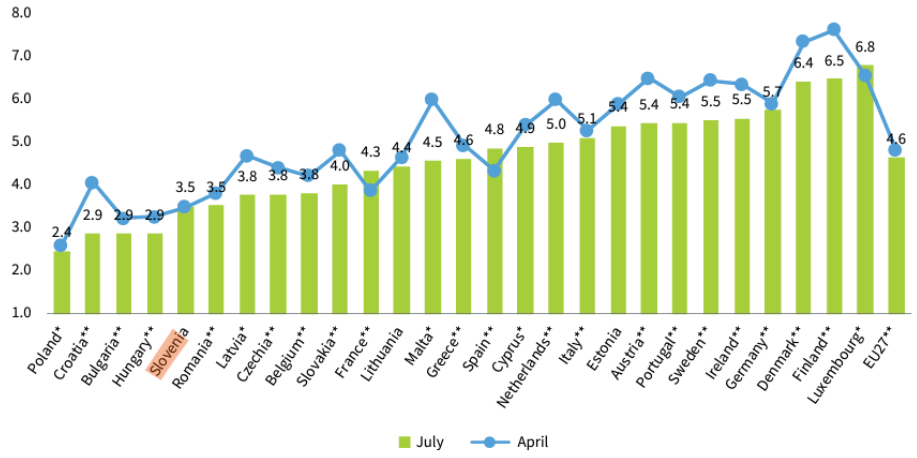
Country	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
Central Europe												
Bulgaria	4.93	4.86	4.82	4.75	4.71	4.75	4.64	4.61	4.61	4.54	**4.50**	▼
Czech Republic	5.82	5.82	5.86	5.75	5.79	5.79	5.75	5.71	5.71	5.64	**5.57**	▼
Estonia	6.07	6.07	6.04	6.04	6.04	6.07	6.07	6.18	6.11	6.07	**6.04**	▼
Hungary	5.39	5.14	5.11	5.04	4.82	4.71	4.46	4.29	4.07	3.96	**3.71**	▼
Latvia	5.86	5.89	5.93	5.93	5.93	5.93	5.96	5.93	5.86	5.79	**5.82**	▲
Lithuania	5.75	5.71	5.68	5.64	5.64	5.68	5.68	5.64	5.61	5.64	**5.68**	▲
Poland	5.79	5.86	5.82	5.82	5.79	5.68	5.43	5.11	5.04	4.93	**4.57**	▼
Romania	4.57	4.57	4.50	4.54	4.54	4.54	4.61	4.54	4.43	4.43	**4.39**	▼
Slovakia	5.46	5.50	5.43	5.39	5.36	5.39	5.39	5.39	5.36	5.29	**5.32**	▲
Slovenia	6.07	6.11	6.11	6.07	6.07	6.00	5.96	5.93	5.93	5.93	**5.86**	▼
Average	5.57	5.55	5.53	5.50	5.47	5.45	5.40	5.33	5.27	5.22	**5.15**	
Median	5.77	5.77	5.75	5.70	5.71	5.68	5.55	5.52	5.48	5.46	**5.45**	

Figure 2.16. Democracy score history for Slovenia. Source: Freedom House, 2022b, 27.

Regardless of mentioned decline, we could not a clear stand of Slovenia against the authoritarianism, as Freedom House stated: “There were also instances of pushback against the authoritarian reach and influence of the Chinese Communist Party (CCP) in the EU. /---/ governments in Romania, Lithuania, Croatia, and Slovenia have banned Chinese companies or suspended public tenders due to concerns about transparency and national security. And in 2021, amid a culmination of concerns over “dividing Europe,” the three Baltic countries, Romania, Bulgaria, and Slovenia conspicuously scaled back their presence at the latest summit of the 17+1 platform on cooperation between China

and Central and Eastern European governments, rejecting the CCP's ongoing attempts to expand its global presence through multilateral institutions." (Freedom House, 2022b, 17)

But one of the crucial problems Slovenia faces in connection to democracy is the lack of trust in institutions: "Even during the epidemic, trust in institutions in Slovenia was lower than the EU average. The results of the Eurofound survey show that in April in Slovenia and on average in the EU, trust in healthcare and the police was higher than trust in the government and the European Union. In Slovenia, trust in healthcare and the police was assessed with an average score of 6.1, which is below the European average. In times of crisis, trust in the government, which is responsible for the measures introduced during the epidemic, is particularly unstable. In Slovenia, the average rating of trust in the government was 3.5, which is lower than the EU average (4.8). Trust in the EU was also low and below the European average. In Slovenia, it was rated with an average score of 4.3 (EU: 4.6 %), which shows that Slovenians still trust the EU more than the government. Data from most European countries, however, showed that trust in the EU was lower than trust in the national government, a departure from past opinion polls and perhaps reflecting a perceived lack of a coordinated European strategy to tackle COVID-19" (Sodja, 2020, 6). From below figure, we can see, that Slovenia has one of the lowest mean scores in the category trust in national government.



Notes: *The survey question was: 'Please answer on a scale of 1-10 how much you personally trust each of the following institutions.' 1 – Do not trust at all; 10 – Trust completely. * Low reliability in July in Cyprus, Latvia, Luxembourg, Malta and Poland. **Statistically significant change (p=0.05).*

Figure 2.17. Trust in national government (mean scores by country). Source: Eurofund, 2020, 54.

At the beginning of 2020, mainly peaceful protests against the new government led by the Slovenian Democratic Party (SDS) and Janez Janša began to take place in several Slovenian cities. The protesters accused the government of breaking the pre-election promises of the coalition parties, the controversial previous actions of the SDS party and governments, and several new controversial moves by the government. "In Slovenia, thousands attended weekly demonstrations on bicycles to circumvent bans on gatherings, after allegations of political interference in the public procurement of medical supplies surfaced." (Freedom House, 2022b, 11). During the coronavirus epidemic in Slovenia, the implementation of protests was made more difficult by decrees aimed at limiting the spread of the epidemic. "In October 2021, police used water cannon and tear gas to disperse thousands of anti-government protesters in Ljubljana. Interior Minister Aleš Hojs criticized police for dispersing a simultaneous far-right demonstration intended to disrupt the anti-government protest; the officers involved received disciplinary actions." (Freedom House, 2022b).

“The relations between the government and the opposition were very tense. The opposition accuses the government of mismanagement of the Covid 19 crisis of authoritarianism and “Orbanisation” of the country by weakening of democracy and the independence of institutions, of threatening the media and journalists, of embarrassing Slovenia at the European and international level for siding with Trump3and Orban and for adopting a critical line on the Rule of Law conditionality regulation.” (European Parliament, 2021a). In connection to that a philosopher Mladen Dolar stated “A few weeks ago, a group of European parliamentarians was here to assess the state of democracy in Slovenia. And the president of this group stated when she left that she had never seen such rough communication - such a level of hatred, incitement, reckoning in a public space." (Volk, 2021).

During the COVID-19 crisis different legal basis were implemented like National Plan on the Protection and Relief in the Event of Epidemic or Pandemic Infectious Diseases in Humans, Act on Intervention Measures to Assist the Economy and Tourism Sector, Intervention Measures in the Field of Wages and Social Contributions Act, Act Determining the Intervention Measures to Contain the COVID-19 Epidemic and Mitigate its Consequences for Citizens and the Economy, Ordinance on the prohibition of the provision of air services in the Republic of Slovenia, amended Communicable Diseases Act, Order on the declaration of the contagious disease SARS-Cov-2 (COVID-19) epidemic in the territory of the Republic of Slovenia, Ordinance on the temporary suspension of the operation of border crossings for local border traffic at the border with the Republic of Croatia, Ordinance determining conditions of entry into the Republic of Slovenia from the Italian Republic to contain and control the spread of communicable disease, Ordinance determining conditions of entry into the Republic of Slovenia from the Republic of Austria to contain and control the spread of communicable disease, Ordinance on a temporary general prohibition of movement and assembly of people in public places and surfaces in the Republic of Slovenia, Ordinance on the temporary prohibition of and restrictions on public transport of passengers in the Republic of Slovenia, Ordinance on the temporary prohibition of the offering and sale of goods and services to consumers in the Republic of Slovenia, Ordinance on temporary measures in implementing compulsory health insurance to contain and control the spread of COVID-19 epidemic, Ordinance on temporary measures in the field of healthcare to contain and control the COVID-19 epidemic etc. But nevertheless, in June 2021, the Constitutional Court declared that key provisions of the Communicable Diseases Act, which prohibited public gatherings and limit the number of protesters were unconstitutional and represented a disproportionate infringement of human rights (Amnesty International, 2022, 329). “The government amended the law in July to pass other coronavirus-related public health restrictions by decree, without public consultation.” (Freedom House, 2022b). The Constitutional Court also ruled that Article 104 of the Act on temporary measures to mitigate and eliminate the consequences of COVID-19, when it refers to primary schools and schools and educational institutions for children with special needs, is inconsistent with the constitution. They stated: "The legislator did not envisage that he would decide when distance education would be implemented by himself, but instead granted the authority to adopt a regulation establishing such a measure to the Minister of Education. With the contested legal provision, the legislator did not leave the Minister of Education to regulate the already accepted limitations of human rights in detail, /…, but only left it to him to decide whether these rights will be encroached upon at all." (Kuralt, 2021)

“The Constitutional Court also warned that the legislator did not consider that there are other measures that do not interfere with human rights, or mean less intensive interference with them, such as live education in small groups or shift education and left everything to the Ministry of Education.

/…/ It should be clear from the law that the Minister of Education may order a distance education measure only if other measures were also introduced at the same time, which prevent mass contact between people and which interfere with human rights and fundamental freedoms in a comparable or even less intense way than the contested measures. However, the legislator did not include such a limitation in the disputed legal regulation, but also left the decision-making in this regard entirely to the Minister of Education /…/ This measure can be ordered for the entire country or only for areas with a worse epidemiological picture or even only for an individual school or a department within that school. The legislator granted the Minister of Education unlimited discretion regarding such a spatial limitation of distance education, even though a limitation in a certain area is not even necessary in view of the epidemiological picture." The constitutional judges had the same opinion regarding the time limit." (Kuralt, 2021)

The Freedom House (2022b) in connection to the rule of law commented that: "Prime Minister Janša continued to criticize and disparage the judiciary throughout 2021. He repeatedly claimed, without evidence, that the Constitutional Court was responsible for deaths caused by the COVID-19 pandemic after the court ruled against the Communicable Diseases Act in July. The government also ignored several judicial rulings, including one that compelled them to fund the STA, and legal obligations throughout the year." (Freedom House, 2022b).

During the COVID-19 epidemy, the good praxis was noted in Slovenia about the informing the public, on how to prevent the infection and about measures adopted to contain the spread of the COVID-19: the government set up a dedicated official webpage (in Slovenian language, together with Hungarian and Italian languages of the national minorities) with up-to-date information about the relevant developments, events, government measures, recommendations for citizens, FAQs, link to the Legal-information system of the Republic of Slovenia - an online database with the national legislation to which a dedicated webpage including all adopted regulation to counter the COVID-19 crisis. Also, the Human Rights Ombudsman in Slovenia set up a webpage dedicated to the virus outbreak, highlighting that the epidemic should be tackled in a manner that respects human rights and freedoms. There were also daily press conferences, streamed live via internet on GOV.SI Portal, national public broadcaster RTV Slovenia's MMC portal and on Channel 3 of TV Slovenia. Government opened a call centre, which operated from 8AM to 8PM, where residents of Slovenia could get all the needed information. An additional major source of information in Slovenian language was the website of the National Institute of Public Health (NIJZ). It includes essential information about the COVID-19 and a series of guidelines and instructions targeting general public as well as different actors (FRA, 2020, 9).

The crucial worrying aspect of the COVID-19 crisis handled by the Slovenian government in connection to democracy aspect, was the absence of the democratic debate and in connection with that also the absence of the possibility of people or representatives of different interest groups to get involved in the democratic debate on how to handle the COVID-19 crisis.

2.8.2 How has the COVID-19 pandemic affected the enjoyment of fundamental rights in Slovenia?

With the intention to protect human rights to life during the COVID-19 crisis different extraordinary measures that intervened for the purpose of protecting people's health and life to other human rights, were taken. But as we could see from the ruling of the Constitutional court, some measures were admissible and proportionate, while others were not. Also, we have to note, that the Constitutional Court of the Republic of Slovenia, the Information Commissioner, and many legal experts warned the Slovenian government, that any encroachment on human rights must be regulated by law, a decree alone is not enough and that governing with the decrees should be allowed only in the state of war. The government has reportedly adopted around 2,700 decrees related to COVID-19.

The most intensive measures to prevent the spread of the infectious disease COVID-19 were the ban or a restriction on the movement and gathering of people in public places. The government introduced these measures through decrees issued on the basis of the second and third points of the first of paragraph 39 of Article Communicable Diseases Act, where there is stated that “When other measures specified by this law are not sufficient or will not be sufficient to ensure sufficient protection against the spread or to prevent the spread and control of an infectious disease and to protect the health and life of people, the Government of the Republic of Slovenia may, at the proposal of the competent minister, also prescribe measures by decree , specified in this article, if such measures are necessary, appropriate and proportionate to prevent the spread and control of infectious diseases and protect people's health and life.” (Communicable Diseases Act, Article 39)

“Nevertheless, that there is no basis for adopting banning measures or restrictions on movement and assembly were in accordance with the Constitution, some measures are before the Constitutional Court of the Republic of Slovenia in terms of content pass the proportionality test. In terms of content, the measures were taken for the purpose of protection health and life of people, their appropriateness and necessity and closer proportionality judged with the arguments of the profession. The ban on public gatherings was disproportionate in content more than ten people, as it would be possible to ensure people's safety with other protective measures, and the ban on gathering people in educational institutions for children with special needs, which the adverse consequences for children do not outweigh the benefits of the measure” (Pohlen, 2021, 90).

If we concentrate on the Associational and Organizational Rights, the Freedom House (2022b) warned: “In 2021, the government used the Communicable Diseases Act, passed in 2020, to limit and at times completely ban mass gatherings, citing the COVID-19 pandemic. Though the Constitutional Court declared parts of the law preventing assembly unconstitutional, the government tightened restrictions by means of parliamentary decrees. Police issued harsh fines for activities that were newly considered offenses by the government’s new policies. Senior government representatives repeatedly accused protesters of spreading COVID-19 without evidence. In March, underage students were prosecuted for violating assembly bans when protesting the closure of schools.” Also “/…/ the Janša government created an increasingly hostile environment for civil society in 2021. Senior officials, including Janša himself, made spurious and unsubstantiated claims about organizations’ activity and funding throughout the year. The Ministry of Culture unsuccessfully attempted to evict several NGOs from an old office building. Similarly, the government attempted but

failed to change public tender rules for NGOs applying for grants from donor countries in the European Economic Area (EEA), including Norway, Iceland, and Liechtenstein." (Freedom House, 2022b). Mentioned was confirmed also by Amnesty International (2022, 329): "Government officials also frequently engaged in smear campaigns against NGOs and other critical voices. The Council of Europe's Human Rights Commissioner warned that the toxic and hostile environment for media and civil society organizations had a chilling effect on freedom of expression and human rights work".

If we closely look at the Freedom of Expression and Belief in the context of the Free and independent media, violations can be noted: "For most of the year, the government withheld public funds from the Slovenian Press Agency (STA), despite two separate laws that provide for its financial support. The Office of the Government of the Republic of Slovenia for Communication (Ukom) initiated a contract dispute intended to compel the agency to submit to greater government control. Critics speculated that Ukom deliberately dragged out the dispute to drain the STA of funds, so as to weaken their negotiating position." (Freedom House, 2022b). "In Slovenia, Prime Minister Janez Janša—who had benefitted from Hungarian investment in the Slovenian media industry— has elevated verbal attacks on journalists to a new level." (Freedom House, 2022b, 2). "The relations of the government with the media are also very tense, with the Prime Minister directly attacking media and individual journalists, notably by Twitter. These attacks have been criticized by international, European and national journalists and editors' associations." (European Parliament, 2021a, 5). "International media advocacy groups have noted an increasingly hostile environment toward the media and a worrying increase in violence against journalists. A retrial of a criminal case against Prime Minister Janša, accused of defamation by two female journalists, began in June 2021. One of the journalists received threatening letters containing unknown substance in June and September. The substance in both cases turned out to be nontoxic. In April, National Security Secretary Žan Mahnič posted threatening messages on Twitter toward Peter Žerjavič, the Brussels correspondent for Delo Daily, which was condemned by the main Slovenian media organization, Delo Journalists' Association (DNS)." (Freedom House, 2022b). "Media freedom continued to deteriorate, with journalists – particularly, female journalists – being the target of frequent online harassment and threats, including by the prime minister Janez Janša and other senior politicians. Government officials took measures to weaken public media services by labeling them as "anti-government" or, in case of the Slovenian Press Agency, by withholding their funding until November. Slovenia's ranking in the World Press Freedom Index dropped from 32nd in 2020 to 36th place." (Amnesty International, 2022, 329)

If we look at Freedom of belief, we can see that: "In June 2021, the government disbanded its Office for Religious Communities. Several religious leaders claimed this left a void of support from the government, especially regarding religious practice during the coronavirus pandemic. The government established a separate council tasked with resolving open questions specific to the Roman Catholic Church, but no other religious community." (Freedom House, 2022)b.

In connection to the political rights, we could also note the inconsistencies: "Supporters of a July 2021 referendum on the Waters Act accused the government of using voter suppression tactics to affect the outcome of the poll. Vote-by-mail request forms were sent to nursing homes only 12 hours before the application deadline; the Commission failed to sufficiently staff voting centres (which were poorly marked and had long lines); and there were unusual changes in voters' polling stations." (Freedom House, 2022b).

In connection to the Freedom of work, we have seen following challenges: “Many people at the beginning of their careers or nearing retirement are employed under precarious conditions. According to labour unions and advocacy groups the situation is getting worse every year and was exacerbated by the COVID-19 pandemic. Labour unions cite extended work hours and workplace quality as pressing issues, while experts say that the main problem is lack of oversight.” (Freedom House, 2022b). “According to a survey by the trade union Mladi Plus, the average length of unemployment for young people increased in 2021, while those who remained employed saw their salaries reduced. Many people at the beginning of their careers or nearing retirement are employed under precarious conditions.” (Freedom House, 2022b). According to Eurofound data, 36.8 % of respondents in Slovenia temporarily lost their jobs due to COVID-19 (EU: 23.2 %), while 5.5 % of respondents remained without work (EU: 5.3 %). On average in the EU, 37 % of respondents started working at home (over 30 % in most EU countries). Uncertainty regarding job loss was lower in Slovenia than in the EU average. The share of all workers who worked during the epidemic in their free time in order to fulfill their work obligations was higher in Slovenia than the EU average. The results of the Eurofound survey show that in April in Slovenia it was 21.4 % (EU: 17.5 %) (Sodja, 2020, 4)

The WHO-5 mental well-being index, which gauges people’s moods, has shown that Slovenia was ranked on the second place on positive feelings during COVID-19, but was ranked in the middle of 27 EU’s countries on the Optimism about one’s future scale (Eurofund, 2020, 25) The share of those who had difficulty concentrating on work due to family responsibilities is slightly higher in Slovenia than the EU average. However, the share of those who worried about work even when they were not working (SLO: 23.5 %, EU: 30 %) and those who reported that they could not devote time to their family due to their work was below the European average. who want it (SLO: 17.8 %, EU: 18.8 %). People with young children and women had greater challenges balancing work and family time and focusing on work, suggesting that even during the epidemic, women did more unpaid work than men. (Sodja, 2020, 4-5)

Prisons and asylums were overcrowded. A significant increase in the number of immigration detainees, combined with a lack of staff to handle detainees, as well as language and cultural training, has exacerbated the overcrowding problem. (United States Department of State, Human Rights Report for The Year 2021 For Slovenia)

2.8.3 How has the COVID-19 pandemic affected the work and life balance of women in Slovenia?

According to below stated Figure, we can see that Slovenia scored one of the lowest indicators on a summary indicator of work-life balance between EU countries.

Country	April	July	Difference July to April	Country	April	July	Difference July to April
Austria	7.4	7.1	-0.2	Italy	6.2	6.2	0.0
Belgium	6.3	6.3	0.0	Latvia*	6.5	6.2	-0.3
Bulgaria	6.6	6.3	-0.3	Lithuania	6.7	6.3	-0.4
Croatia**	6.5	5.9	-0.6	Luxembourg*	6.5	6.1	-0.4
Cyprus*	6.2	5.5	-0.7	Malta*	6.3	5.8	-0.5
Czechia	7.0	7.0	0.0	Netherlands	7.1	7.1	0.1
Denmark	6.9	7.0	0.1	Poland*	6.5	6.2	-0.2
Estonia	6.4	6.6	0.2	Portugal	6.0	5.8	-0.2
Finland**	6.8	6.4	-0.4	Romania**	6.7	6.4	-0.3
France	6.4	6.5	0.1	Slovakia	6.9	6.8	-0.2
Germany**	7.1	7.2	0.1	Slovenia	6.9	6.8	-0.1
Greece	6.1	6.0	-0.1	Spain**	6.3	5.9	-0.3
Hungary	6.9	7.1	0.2	Sweden	6.8	6.9	0.1
Ireland	6.5	6.6	0.0	EU27**	6.6	6.6	-0.1

Notes: **Low reliability in July. **Statistically significant increase (p=0.05). Figures in green denote a statistically significant improvement; figures in red denote a statistically significant deterioration (p=0.05).*

Figure 2.18. Summary indicator of work–life balance. Source: Eurofund, 2020, 66

“The COVID-19 epidemic is placing a tremendous strain on the global economy and public health systems. It seriously threatens the employment and livelihood of women, especially in industries such as personal services, retail, hospitality. It also highlights and exacerbates inequality and the multiple and overlapping forms of discrimination women face. The epidemic practically paralyzed the entire world, as countries began to take measures such as restrictions on non-essential activities, closing schools and kindergartens and educating children from home. The epidemic caused, or is causing, an economic crisis, which is reflected, among other things, in the fact that, among the consequences, even greater differences between men and women began to appear, both during the beginning of the epidemic and during the subsequent recovery after the crisis. Today we live in a time were ever greater and faster changes are needed. There is greater globalization as well as digitization, increasing inequality and deepening of the gap between the rich and the poor, and many other changes, among which the epidemic can also be classified” (Domenih, 2022)

Sodja (2020, 4) pointed out that in Slovenia, women do significantly more unpaid work than men, which makes it difficult for them to balance their professional and family life. “Across Europe, there were wide variations from one country to another: in Belgium, Germany, Slovenia and Spain, the gender difference in caring for children or grandchildren was just 1 or 2 hours, while in the Netherlands (49 hours for women compared to 23 hours for men), the difference was most marked.” (Eurofund, 2020, 23) Also, we have to state, that the largest drop in employment was recorded in Estonia, where it decreased by 3.3, Slovenia (-2.2) and Spain (-2.1), and the smallest in Croatia (-0.3), Latvia and Poland (both -0.4) (EC Europe, 2020).

“The law prohibits women from working in certain industries. Overall, women's earnings were 68 percent of men's earnings, and in comparable positions, women's earnings were 97 percent of men's earnings.” (United States Department of State, Human Rights Report for The Year 2021 For Slovenia, 22) “Discrimination in the workplace on the basis of gender still occurred. Despite equal pay regulations, inequalities still existed.” (United States Department of State, Human Rights Report for The Year 2021 For Slovenia) “The reason that the measures of COVID-19 have disproportionately affected the female labour market are the gender imbalances in various jobs in the economy. At the same time, the conflict between professional and private life is further intensified by working from

home, as mothers with small children often bear the main burden." (EuropeDirect Slovenija, COVID-19 bolj prizadel ženske kot moške). "The unequal division of labour in the private sphere is an obstacle to equal opportunities in the labour market. Although men are increasingly involved in childcare and other family responsibilities (e. g. housework), there is still a large difference between the genders in the number of hours of paid and unpaid work. On average, women in Slovenia do 234 minutes of paid work and 286 minutes of unpaid work per day, while men do 300 minutes of paid work and only 166 minutes compared to women /…/ promoting the employment of women through co-financing of wages, tax relief for the employment of young women in case of maternity leave, and the implementation of positive discrimination, which would guarantee women equal employment opportunities in workplaces where they are less well represented. Companies should also provide men and women with equal opportunities for employment and promotion." (Domenih, 2022, 51-52)

Of the 49 million care workers in the EU, who have been most exposed to the virus, around 76 % are women. In addition, women are over-represented in essential services ranging from sales to childcare places, which remained open during the pandemic. In the EU, women account for 82 % of all cashiers and represent 95 % of workers in domestic cleaning and home help fields.

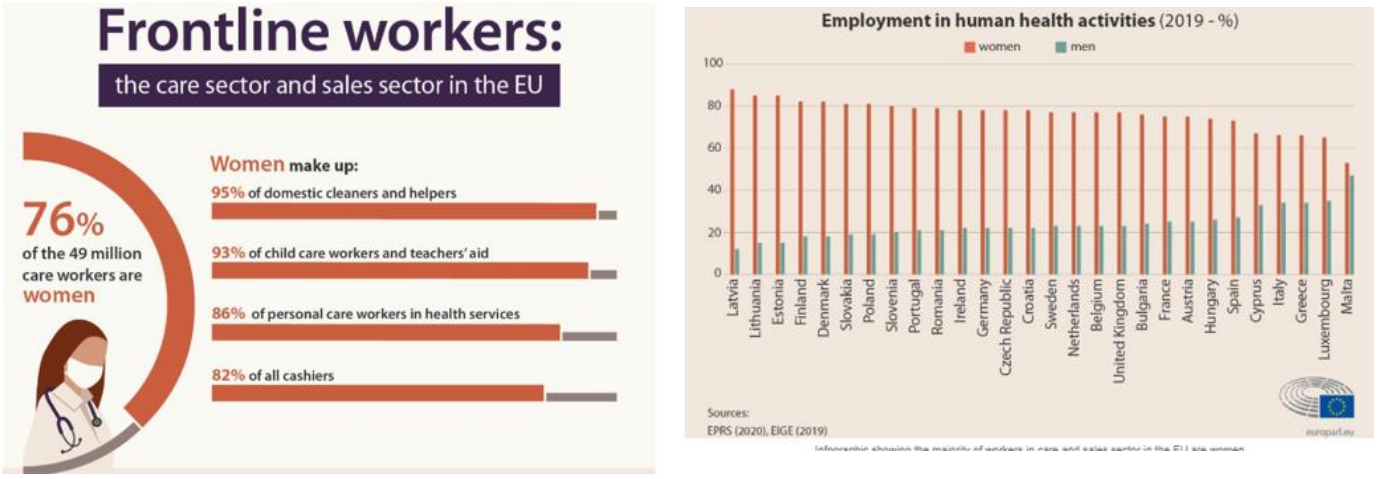


Figure 2.19. Employment of women in the care and sales sector in the EU. Source: European Parliament, 2021b.

»In Slovenia, violence against women in partner relationships is below the EU average, according to data from the Pan-European survey on violence against women. This research also showed that the rate of reporting violence to the police and other institutions is low, and as the main reason for not reporting violence, the respondents stated that they deal with violence and its consequences by themselves or with the help of friends and family (violence is considered a private matter) /…/ During the epidemic, the number of reports of domestic violence increased slightly in Slovenia. The confinement in the home environment and the lack of social contact with others have led in many families to an increase in disagreements, arguments and humiliating acts, and in some cases even to physical, psychological and economic violence. There is probably even more violence in the family, but the victims (most often women and children) do not report it, because in the period of increased cohabitation, control by the perpetrators is more intense and therefore the search for help is more difficult, and at the same time, the victims have an increased sense of hopelessness, as they assume that help is not available at this time. (Sodja, 2020, 6-7)

In the EU 33 % of women were subjected to physical and/or sexual violence, while 55 % were sexually harassed, women in the EU earn on average 16 % less than men and they still experience barriers to access and remain at the labour market and Women remain underrepresented in leading positions, including EU's largest companies where only 8 % of CEOs are women (Gender Equality Strategy: Striving for a Union of equality, 2020). According to the National Institute of Public Health (NIJZ), the number of reported cases of gender-based violence increased in 2020, amid the COVID-19 pandemic." (Freedom House, 2022b), while the cases of gender-based violence continued to rise in 2021; the number of domestic murders reached the pre-pandemic average by the end of March." (Freedom House, 2022b).

"The research shows that many things still need to be changed on the basis of gender equality, because according to the presented legal sources that regulate the field of gender equality, we can conclude that the legislation at the national and international level, which also binds the Republic of Slovenia, satisfactorily defines gender equality, only that in practice the theory is not yet so established. Compared to men, women are still not guaranteed equal access to working conditions and employment, despite the improvements made in the area of economic growth and employment in the EU. Some data suggest that the epidemic has only exacerbated previous imbalances. Based on research, I found that women are more physically and mentally strained by the epidemic than men, which means that the epidemic can cause short-term and long-term career interruptions." (Domenih, 2022, 54)

"In April 2020, Eurofund conducted an EU-wide survey on how Europeans experience the pandemic. The findings show that for parents of young children (up to 11 years old), the conflict between professional and private life burdens women more than men. Almost a third of women (29 %) found it difficult to concentrate on their work because of their family, just under a sixth of men (16 %) felt the same way. Family obligations also prevented more women (24 %) than men (13 %) from devoting time to work. Even in the opposite direction, women were more affected - 32 % of women felt that work prevented them from devoting time to family obligations, compared to 25 % of men. According to initial findings, the pressure caused by these conflicts affects the mental well-being of women more than men, especially when young children are present. In April 2020, women were also more likely than men to feel stressed (23 % compared to 19 %), lonely (14 % compared to 6 %) and depressed (14 % compared to 9 %). The financial impact of the crisis was similar for both genders, with 38 % of both indicating that their financial situation had worsened and expected it to worsen. However, because women are more often not in paid work or in low-paid and temporary jobs, they are more financially vulnerable than men. More women (24 %) than men (22 %) across Europe reported having problems getting through the month. This was particularly evident among women with children (32 %), compared to men with children (29 %). Men are also more likely than women to maintain their standard of living: 23 % of men have no savings, compared to 31 % of women, while 16 % of men, compared to 12 % of women, have enough savings to see them through more than 12 months. The high level of financial insecurity is part of the reason for the decline in optimism among Europeans. Among men, 48 % are optimistic about their future, while among women this feeling is shared by 43 %. In 2016, this optimism was much higher, with the gender gap narrowing, with 65 % of men compared to 62 % of women expressing optimism about their future. While some of the current gender effects of the crisis could be temporary and could be reversed once the blockade is completely avoided, others could have long-lasting consequences. It is therefore essential that the economic and

social inclusion of women is at the heart of economic recovery measures." (EuropeDirect Slovenija, COVID-19 bolj prizadel ženske kot moške).

"Slovenia adopted a comprehensive package of measures with the aim of helping both the country's residents and the economy. In Slovenia, one of the measures was the transition to work from home, which happened overnight, although it was not mandatory. The pandemic has also deepened the cracks that were already present in Slovenia, both in terms of gender equality and the balance between professional and private life, which means that some more work will need to be done in the field of women's equality." (Domenih, 2022, 55)

"In June, the Slovenian Parliament adopted amendments to the Criminal Code that recognized that sex without consent is rape, bringing the legislation in line with international law and standards. Under the new law, coercion, or the use or threat of force, will no longer be required as conditions for the crime to be considered rape" (Amnesty International, 2022, 329).

2.9 How has the COVID-19 pandemic affected Spain

The COVID-19 pandemic has fuelled a crisis for democracy around the world. Since the coronavirus outbreak began, the condition of democracy and human rights has worsened in 80 countries. Governments have responded by committing abuses of power, silencing their critics and weakening or closing important institutions, often undermining the very systems of accountability needed to protect public health. (Freedom House, 2020)

Spain detected the first case of COVID-19 on 31 January 2020 in La Gomera, Canary Islands and on 26 February in Barcelona the first case was detected on the peninsula. Spain was hit hard by the economic and public health challenges of the COVID-19 pandemic.

According to data from the Ministry of Health's National Epidemiological Surveillance Network, from the start of the pandemic until 30 March 2022, 11,532,101 cases of COVID-19 and 102,319 deaths were confirmed.

The national government declared a state of emergency on 14 March 2020 (Royal Decree 463/2020 of 14 March declaring a state of alarm for the management of the health crisis situation caused by COVID-19), with freedom of movement severely restricted during the nationwide confinement between March and June. Children throughout Spain were not allowed to leave their homes at all for a six-week period between 14 March and 26 April. In response to rising infection rates in late October, the national government declared a two-week state of emergency and sought parliamentary approval to impose a six-month state of emergency, enacting night-time curfews and other measures at the discretion of regional authorities (Observatorio de derechos humanos, 2020).

A second state of national alarm, imposed on 25 October 2020 with parliamentary approval, ended on 9 May 2021. In July, the Constitutional Court declared the first state of alarm in 2020 partially illegal, ruling that the strict confinement measures imposed during the state of alarm should only have been imposed during a state of emergency; the court issued a similar ruling on the legality of the second national state of alarm in October (Human Rights Observatory, 2020).

Schools across the country closed for face-to-face learning in mid-March and reopened in September. Child rights advocates expressed concern that distance learning could increase gaps in educational attainment for children from migrant backgrounds and low-income families. (Human Rights Watch, 2020)

The government took steps to ensure social security support as unemployment and poverty increased. Violence against women increased during the national confinement imposed to control the pandemic. Conditions in migrant reception facilities and in informal settlements housing migrant farm workers were unsanitary. Trials of Catalan pro-independence actors continued. Courts limited musicians' freedom of expression by using overly broad criminal charges of glorifying terrorism and insulting the monarchy. In its October rule of law report, the European Commission noted concerns about the efficiency of the justice system and perceived a lack of independence of the attorney general from the executive. (Human Rights Observatory, 2020).

Spain established different bans and restrictions at the beginning of the COVID-19 crisis (RD 463/2020, Boletín Oficial del Estado) (RDL 21/2020, Boletín Oficial del Estado):
Restriction of the freedom of movement of persons, with movement only possible for specific activities such as buying food, travelling to health centres or to the workplace.

Face-to-face educational activity was suspended in all centres and stages, moving to online teaching.

- The opening to the public of retail premises and establishments was suspended, with the exception of shops selling food, beverages, products and basic necessities. In these premises, it was also made compulsory to control the capacity and respect the safety distance.
- Mandatory use of face masks by all persons aged 6 years and over in open and enclosed public spaces. In air, sea, bus or rail transport, as well as in complementary public and private passenger transport in vehicles with up to nine seats, including the driver, if the occupants of the passenger vehicles do not live together in the same home, except for those persons with any illness or respiratory difficulty that may be affected by the use of a mask or when practising individual sport outdoors.
- Adoption of adequate ventilation, cleaning and disinfection measures in workplaces, shops, schools, health centres, transport and any public space, making available water, soap and/or hydroalcoholic or disinfectant gels for hand cleaning.
- Adaptation of working conditions so that the 1.5 metre safety distance is ensured, as well as the provision of adequate protective equipment to employees where this is not possible. Measures were also put in place to avoid mass overlapping.
- A reduction of the total supply of operations by at least 50 % was introduced for public road, rail, air and maritime passenger transport services not subject to public contracts or public service obligations (PSOs).
- Public transport services under the responsibility of the autonomous region maintained their offer, ensuring that citizens could access their jobs and basic services.
- Passenger transport service operators were obliged to carry out daily cleaning of transport vehicles and to ensure the safety distance in accordance with recommendations to be established by the Ministry of Health.
- Hotel and catering activities were suspended and only home delivery services could be provided.

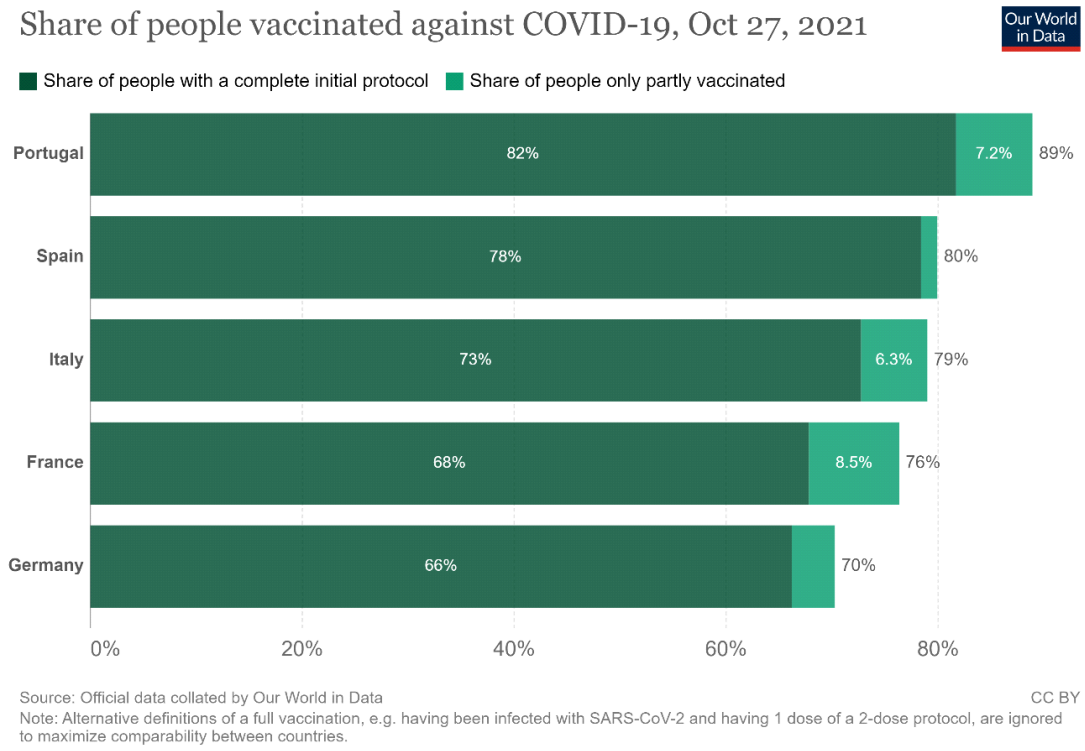
- Limiting attendance at places of worship and civil and religious ceremonies to the adoption of measures aimed at avoiding crowds and respecting the safety distance.

During the second state of alarm decreed on 25 October 2020, the following measures were taken (RD 926/2020, Boletín Oficial del Estado):

- Limitation of the freedom of movement of persons at night between 23:00 and 6:00, with movement possible only in specific circumstances.
- Restrictions on entry and exit in autonomous communities and cities with a Statute of Autonomy, except for journeys duly justified for specific reasons.
- Limitation of the stay of groups of people in public and private spaces to a maximum of 6 people, unless they are cohabitants.
- Limitation, conditioning or prohibition of meetings in places of public transit and demonstrations regulated in Article 21 of the Constitution when the necessary personal distance is not guaranteed, with work and institutional activities being exempted from this restriction.

More than a quarter of people living in Europe report hesitancy about the COVID-19 vaccine, and men are more hesitant (29 %) than women (25 %). Vaccine hesitancy is also strongly associated with low levels of trust and use of social media, and countries with low levels of trust in government report higher levels of vaccine hesitancy.

Table 2.1. Share of people vaccinated against COVID-19 - Spain

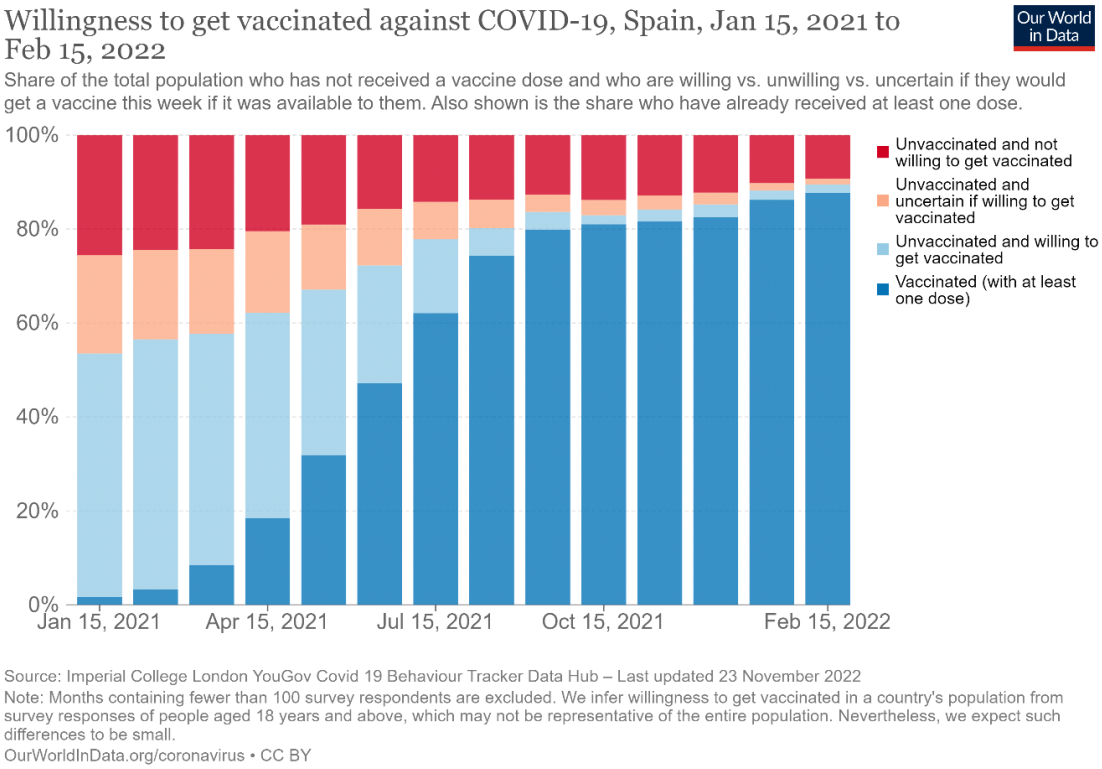


Source: Our World in Data, 2021.

Following the authorisation of the vaccine by the European Commission on 21 December, vaccination of the prioritised groups began simultaneously in all Autonomous Communities on 27 December.

In Spain, approximately 20 % of the population was unwilling to be vaccinated in January 2021, reducing to less than 10 % by February 2022. By 2021, 80 % of the population has received at least one dose of vaccine and 78 % have the full schedule of the initial protocol.

Table 2.2. Willingness to get vaccinated against COVID-19 - Spain



Source: Our World in Data, 2021.

Mental well-being has reached its lowest level in all age groups since the start of the pandemic more than a year ago. This is especially prominent among young people and those who have lost their jobs. Existing inequalities are widening due to the disproportionate impact of the pandemic on vulnerable groups. The results show that difficulties in making ends meet increased significantly among those already in a precarious situation.

Citizens' satisfaction with crisis support measures has fallen sharply: only 12 % consider support measures to be fair, compared to 22 % in summer 2020. Those who felt that getting support was easy and efficient also fell from 16 % in summer 2020 to 10 % in spring 2021. Almost one in ten respondents has been refused a request for financial support (Ahrendt et. al, 2021)

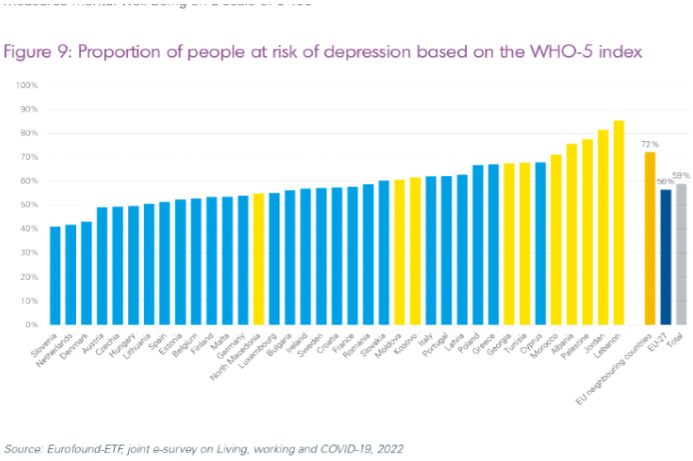


Figure 2.20. Proportion of people at risk of depression based on the WHO-5 index – Spain. Source: Eurofound, 2022

Mental health and well-being are a major concern in all countries, with many respondents reporting a high risk of depression. The results showing that 75 % of people aged 18-44 are at risk of depression in the EU's neighbouring countries are particularly alarming. Concrete policy measures to protect families from homelessness, improve childcare facilities and ensure access to quality health services, including mental health care, will be key to making progress in these areas (Eurofound, 2022).

2.9.1 How has the COVID-19 pandemic affected the democratic debate?

Spain's parliamentary system is characterised by competitive multi-party elections and peaceful transfers of power between rival parties. The rule of law prevails, and civil liberties are generally respected. Although political corruption remains a concern, high-ranking politicians and other powerful figures have been successfully prosecuted. Restrictive legislation adopted in recent years poses a threat to robust freedoms of expression and assembly. A persistent separatist movement in Catalonia represents the main challenge to the country's constitutional system and territorial integrity. (Freedom House, 2022a)

Table 2.3. Freedom scale - Spain

Table 12.
Western Europe 2021

	Overall score	Global Rank	Regional rank	I Electoral process and pluralism	II Functioning of government	III Political participation	IV Political culture	V Civil liberties	Regime type
Norway	9.75	1	1	10.00	9.64	10.00	10.00	9.12	Full democracy
Finland	9.27	3	2	10.00	9.29	8.89	8.75	9.41	Full democracy
Sweden	9.26	4	3	9.58	9.29	8.33	10.00	9.12	Full democracy
Iceland	9.18	5	4	10.00	8.21	8.89	9.38	9.41	Full democracy
Denmark	9.09	6	5	10.00	8.93	8.33	9.38	8.82	Full democracy
Ireland	9.00	7	6	10.00	7.86	8.33	9.38	9.41	Full democracy
Switzerland	8.90	9=	7	9.58	8.93	7.78	9.38	8.82	Full democracy
Netherlands	8.88	11	8	9.58	8.93	8.33	8.75	8.82	Full democracy
Luxembourg	8.68	14	9	10.00	8.57	6.67	8.75	9.41	Full democracy
Germany	8.67	15	10	9.58	8.21	8.33	8.13	9.12	Full democracy
United Kingdom	8.10	18	11	9.58	7.50	8.33	6.25	8.82	Full democracy
Austria	8.07	20=	12	9.58	6.79	8.89	6.88	8.24	Full democracy
France	7.99	22	13	9.58	7.50	7.78	6.88	8.24	Flawed democracy
Spain	7.94	24	14	9.58	7.14	7.22	7.50	8.24	Flawed democracy
Portugal	7.82	28	15	9.58	7.14	6.67	6.88	8.82	Flawed democracy
Italy	7.68	31	16	9.58	6.43	7.22	7.50	7.65	Flawed democracy
Malta	7.57	33	17	9.17	6.79	5.56	8.13	8.24	Flawed democracy
Greece	7.56	34	18	9.58	6.07	6.11	7.50	8.53	Flawed democracy
Belgium	7.51	36	19	9.58	7.86	5.00	6.88	8.24	Flawed democracy
Cyprus	7.43	37	20	9.17	5.36	7.22	6.88	8.53	Flawed democracy
Turkey	4.35	103	21	3.50	5.00	5.56	5.63	2.06	Hybrid regime
Regional score	8.22			9.37	7.69	7.59	8.04	8.43	

Source: EIU.

Spain slips from "full democracy" to "flawed democracy"
The number of "full democracies"" fell from 13 in 2020 to 12 in 2021, with Spain slipping into the ranks of

Source: Eurofound, 2022

Spain has a score of 90 out of 100 on the freedom scale, specifically, a score of 37 out of 40 on political rights and 53 out of 60 on civil liberties, yet according to the EIU's 2021 report, Spain moves from being a 'full democracy' to a 'flawed democracy'. Spain's previous score of 8.12 meant that it was classified as a 'full democracy' only by a narrow margin (Freedom House, 2022a).

A small deterioration in its score this year, to 7.94, has been enough to downgrade it. The deterioration is mainly due to a lower score for judicial independence, as a consequence of ongoing political divisions over the appointment of new judges to the General Council of the Judiciary, the body that oversees the judiciary and is supposed to guarantee its independence.

The constitution provides for an independent judiciary, and the courts function autonomously in practice. However, the Council of Europe has criticised the fact that, under the current law, the 12 judges who make up the 20-member General Council of the Judiciary - which oversees the courts and is responsible for appointing, transferring and promoting judges - are not directly elected by their peers, but appointed by a three-fifths vote of parliament, as are the other eight non-judge members. This arrangement has exposed the body to political upheaval.

The council's membership was due to be renewed at the end of 2018, but the opposition PP denied the governing parties the necessary qualified majority; the incumbent council continued to operate on an interim basis through 2021, raising concerns about the legitimacy of its judicial appointments and other decisions (Freedom House, 2022a).

The council is currently operating on an interim basis, as its mandate expired in 2018, and there has been no agreement on the appointment of new judges (who need a three-fifths majority in parliament). The longer the situation drags on, the greater the risk that the Council will be weakened and vulnerable to politicisation. More broadly, Spain's political landscape has become increasingly unstable in recent years, with parliamentary fragmentation, a litany of political corruption scandals and the rise of regional nationalism in Catalonia as challenges to governance (EIU 2021).

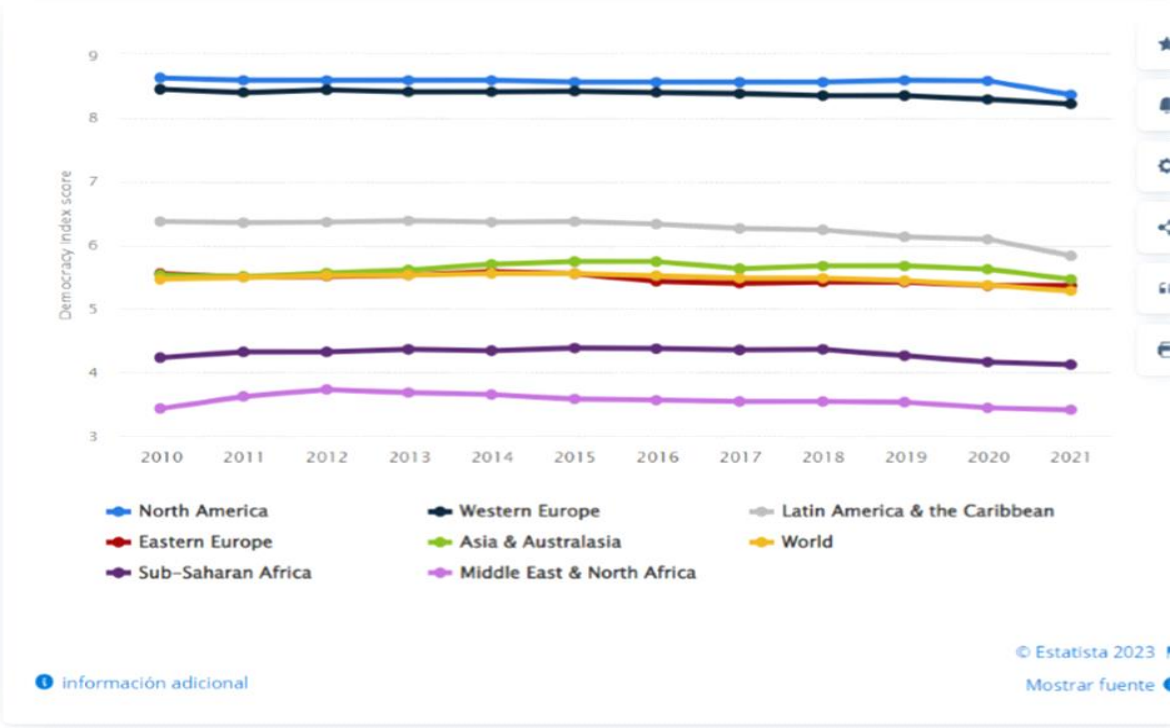


Figure 2.21. Level of democracy in the world according to the Democracy Index from 2010 to 2021, by region. SOURCE: Statista.

Trust in institutions has plummeted, especially trust in national governments, which fell from 4.6 in summer 2020 to 3.9 in spring 2021. Trust in national governments in all Member States plunged below the levels recorded at the start of the pandemic. Trust in the EU also fell but remains higher than trust in national governments (Eurofound, 2021).

According to data from the Centre for Sociological Research (hereafter CIS) support for democracy took a hit after the pandemic, in 2019 85.9 % of respondents thought that democracy is always preferable to any other form of government, this score dropped to 78.6 % in February 2021.

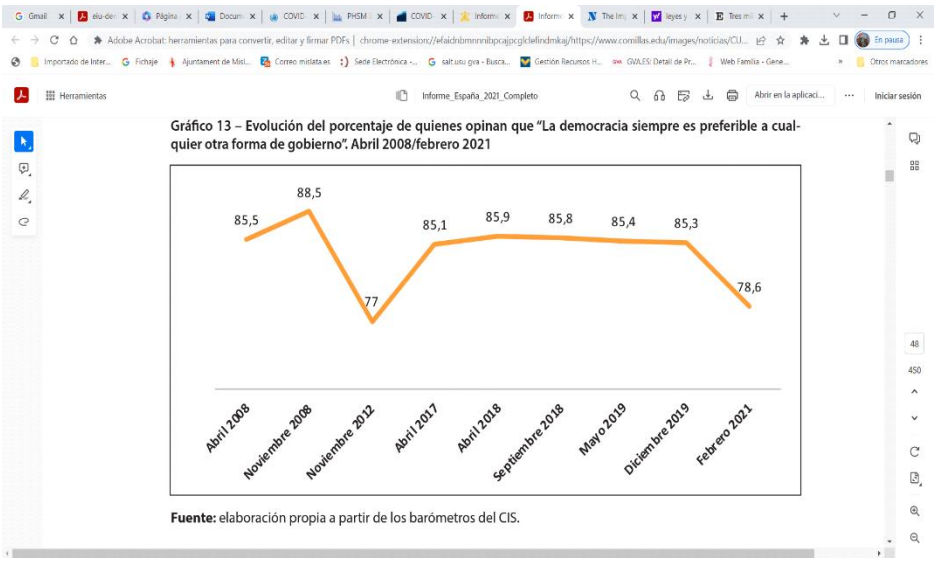


Figure 2.22. Current assessment of democracy – Spain. Source: Marcuello Servós (2021).

According to the CIS data on the current assessment of democracy, in comparison with how it used to function and expectations of how it will function in 10 years' time, 24.7 % of those interviewed consider that it functions badly or very badly (1-3 on the scale), almost double the 13.5 % who have this assessment of how democracy functioned 10 years ago. In the 10-year perspective, this negative assessment falls to 19.8 per cent, still a far cry from the figures for a decade ago. At the other end of the scale, 15.9 % think that democracy in Spain works well or very well (8-10 on the scale), well below the 26.9 % who gave this assessment of the situation a decade ago, a critical trend that does not fully recover when looking 10 years into the future (18.7 %) (Marcuello Servós, 2021).

The level of **trust in politics as well as** public **expectations** also declined during the pandemic, reaching levels similar to those of the 2008 crisis.

The Edelman 2021 report on The Index of Trust in Spain in governments, companies and NGOs (barometer ranging from 1-100, where 100 is the highest level of trust) indicated that the index of trust in government was 34 (reflecting generalised distrust (1-49), the highest level of trust was in companies 52, and the index of trust in the media was 42. With respect to the handling of information, less than 4 out of 10 respondents had good information hygiene, 27 % had poor information hygiene, with information hygiene being understood as following the news, avoiding news chains, verifying information and not expanding on unverified information.

Trust in news sources has plummeted, 72 % do not consider the media to be impartial and 69 % think journalists and reporters try to mislead people with false claims or exaggerations. The trust index for government leaders in 2021 was 22, down 2 points from 2020. Spokespersons generally lack credibility, at historic lows, and 65 % believe that government leaders deliberately try to mislead with false or exaggerated information. Businesses seen as the institution most capable of solving society's problems (Edelman Trust Barometer, 2021).



Figure 2.23. Trust in news sources. Source: Edelman Trust Barometer, 2021.

2.9.2 How has the COVID-19 pandemic affected the enjoyment of fundamental rights?

In Spain, the state of alarm is regulated by Organic Law 4/1981, which also regulates states of exception and siege; the Constitution, in Article 116, stipulates how to declare these three states.

Epidemics are one of the situations which, according to the Law, can give rise to the declaration of a state of alarm, but according to Organic Law 4/1981, which regulates states of alarm, exception and siege, the measures to be adopted must be "those strictly indispensable to ensure the re-establishment of normality" (art. 1). Article 4 of the Law establishes what these measures may be, including "limiting the movement or stay of persons or vehicles at specific times and places, or making them conditional on the fulfilment of certain requirements" (art. 4.a).

A generalised ban on leaving the home, such as that adopted by the Decree on confinement, goes beyond the provisions of the law and impinges on the fundamental right to freedom of movement, according to which citizens cannot be deprived of their liberty except in the cases provided for by law (art. 17 of the Constitution). Added to this is something that can be considered even more worrying, the near disappearance of Parliament and the judiciary, which is the guarantor of citizens' rights and is therefore an essential service at a time when, by decree, the government is giving more power to the police and even mobilising the army. With good judgement, Law 4/1981 has indicated, in its article 1-4, that "the declaration of states of alarm, exception and siege does not interrupt the normal functioning of the constitutional powers of the State" (Tamarit, José María, "The declaration of states of alarm, exception and siege does not interrupt the normal functioning of the constitutional powers of the State". (Tamarit, José María, 2020).

According to Wolters Kluwer's Digital Law database, from 11 March 2020 (the day the World Health Organisation declared a global pandemic) until today, a total of 61 national laws have been passed, an increase of approximately 200 % compared to 2019.

The extensive legal framework derived from COVID-19 is dominated by royal decree laws: a total of 39, a record in democracy. Federico Montalvo, professor of Constitutional Law at Icade, explains that this legal instrument allows the government to adopt decisions immediately and postpone their parliamentary validation for up to 30 days, provided that situations of extreme necessity arise (Romero Diaz, Ivan, 2021).

Royal Decree 463/2020 of 14 March declaring a state of alarm for the management of the health crisis situation caused by COVID-19.

- Extensions: Royal Decree 476/2020, of 27/03/2020, Royal Decree 487/2020, of 14/04/2020, Royal Decree 492/2020, of 24/04/2020, Royal Decree 514/2020, of 9/05/2020, Royal Decree 537/2020, of 23/05/2020 Validity: 07/06/2020. Declaration of the State of Alarm and its extensions. The latest extensions relax circulation measures and educational activities. Art 9: Suspension of all educational activities. Art 10 and Annex I: Suspension of the opening to the public of premises and establishments with the exception of basic necessities shops. D.A.2ª et seq: Suspension of administrative and procedural deadlines in all matters and prescription and expiry periods.
- Royal Decree-Law 10/2020, of 29 March, which regulates recoverable paid leave for employees who do not provide essential services, in order to reduce the mobility of the population in the context of the fight against COVID-19. Art 5: Consideration as a situation assimilated to AT exclusively for economic benefit IT of the SS system for people infected by COVID-19 or in periods of isolation. This protection is extended to workers affected by travel restrictions to carry out their activity, which is considered non-essential. The effective date is that coinciding with the isolation, restriction, or contagion.
- Royal Decree-Law 7/2020 of 12 March adopting urgent measures to respond to the economic impact of COVID-19.
- Royal Decree-Law 8/2020 of 17 March on extraordinary urgent measures to address the economic and social impact of COVID19. Extensions: Royal Decree-Law 11/2020 Validity: will be in force until one month after the State of Alarm. Art 5: Preference of telework over cessation or reduction of activity. It is understood that the obligation of risk assessment by the company has been fulfilled. Art 6: Right to adapt the working day up to 100 % of the working day for workers with duties of care for dependent family members and in exceptional circumstances related to the necessary actions to prevent the community transmission of COVID-19. Worker and employer must make every effort to reach an agreement. D.A.6th: Obligation to maintain employment for 6 months for workers affected by ERTE's. D.A.14 of RD-L 11/2020 specifies on this issue that the characteristics of the sector will be considered, and it will not be understood to be breached with temporary contracts. RD-L 18/2020 completes this article with requirements, conditions of compliance and consequences of non-compliance.
- Royal Decree-Law 9/2020, of 27 March, adopting complementary measures, in the labour field, to alleviate the effects derived from COVID-19. Art 2: Prohibition of dismissals due to the coronavirus, whether or not the company carries out ERTEs. Art 3: Obligations of the company in the presentation of ERTE's. It must present individualised information on the workers in the adoption of measures and transmit it within 5 days to the SEPE by means of a collective request via electronic means.

- Royal Decree-Law 10/2020 of 29 March regulating recoverable paid leave for employees not providing essential services in order to reduce population mobility in the context of the fight against COVID19.
- Royal Decree-Law 11/2020, of 31 March, adopting urgent complementary measures in the social and economic sphere to deal with COVID-19. Art 1 et seq: Housing measures: suspension of evictions, moratorium on rental debt, extension of leases, definition of vulnerability and its accreditation, guarantees for tenants, assistance for permanent housing, etc. Art 30: Extraordinary allowance for domestic workers who have stopped providing services due to COVID-19 or whose contract has been terminated.
- Royal Decree-Law 13/2020, of 7 April, adopting certain urgent measures in the field of agricultural employment. Measures to promote the temporary hiring of personnel in the agricultural sector for unemployed persons or persons who have ceased their activity, migrants and young people.
- Royal Decree-Law 14/2020 of 14 April extending the deadline for the submission and payment of certain tax returns and self-assessments.
- Royal Decree - Law 15/2020 of 21 April on urgent complementary measures to support the economy and employment.
- Royal Decree - Law 16/2020 of 28 April on procedural and organisational measures to deal with COVID-19 in the field of the Administration of Justice.
- Royal Decree-Law 17/2020, of 5 May, approving measures to support the cultural sector and tax measures to address the economic and social impact of COVID2019. Art 2: economic benefits for unemployment, in addition to the benefit for birth and care of a child, retirement, permanent disability and death and survival derived from common contingencies for artists in public performances. The duration of the benefit will range from 120 days to 180 days depending on the number of days paid.
- Royal Decree-Law 18/2020, of 12 May, on social measures in defence of employment. Extension of ERTE's force majeure until 30 June, Exemption from contributions for companies with workers in ERTE's.
- Royal Decree-Law 19/2020 of 26 May adopting complementary agricultural, scientific, economic, employment, social security, and tax measures to alleviate the effects of COVID-19.
- Order SND/257/2020, of 19 March, declaring the suspension of the opening to the public of tourist accommodation establishments, in accordance with Article 10.6 of Royal Decree 463/2020, of 14 March, declaring a state of alarm for the management of the health crisis situation caused by COVID-19.
- Order SND/340/2020, of 12 April, suspending certain activities related to intervention works in existing buildings where there is a risk of contagion by COVID-19 for persons not related to this activity.

Initially, the government decided to create a line of guarantees (ICO credits) and to defer the payment of some taxes to give oxygen to the companies most affected by Covid, but it did not consider injecting them with liquidity, as other European countries did.

During 2020, many citizens protested against COVID-19 movement restrictions by demonstrating from their balconies or in the streets, and the police generally did not intervene. However, the Madrid authorities in September banned a meeting planned by pandemic deniers, citing the risk of contagion,

and wider protests accompanying the declaration of a second state of alarm in October included clashes with police, resulting in several arrests and injuries.

A number of protests took place across Spain in 2021, including demonstrations by human rights activists, Catalan pro-independence groups, workers' rights organisations, and anti-vaccine protesters. A COVID-19-related ban on public gatherings in Madrid prevented marches planned for International Women's Day in March from taking place, prompting criticism from human rights NGOs. The ban was lifted in May, when the state of national alarm ended.

On 31 March, the government announced six months of temporary mortgage and rent relief measures and the suspension of evictions of people it defined as "economically vulnerable". The government also approved temporary measures to provide increased housing support to victims of gender-based violence and homeless people during the state of emergency. Evictions resumed in June, and housing rights activists called for an extension of the eviction ban until 2021. In September, the government ordered an additional four-month extension of rent relief and allowed tenants with documented "economic vulnerability" facing evictions to seek a reprieve until January (Human Rights Watch, 2020).

During the COVID-19 pandemic, civil society groups recorded some instances of discriminatory enforcement of confinement rules that disproportionately affected racial minority groups or migrant workers. The country's Ombudsman's Office launched an investigation into the excessive or arbitrary use of fines to punish alleged violations of movement restrictions (Freedom House, 2021).

Women, racial minorities, and LGBT+ persons enjoy legal protections against discrimination and other mistreatment, though a degree of social bias persists. Some minority groups, including Roma, remain economically marginalised and are reportedly subject to police profiling.

Spain is a major entry point to Europe for irregular migrants and refugees, most of whom cross by sea. Some 37,000 people arrived during 2020, a sharp increase on the previous year. Some of the more than 21,000 who disembarked in the Canary Islands were accommodated in hotels, while others were housed in makeshift camps that allegedly violated human rights standards. Separately, thousands of migrants and refugees regularly congregate at the land border between Morocco and the Spanish enclaves of Ceuta and Melilla.

In February 2020, the grand chamber of the European Court of Human Rights upheld the legality of a practice in which Spanish authorities summarily return people who illegally cross the borders of enclaves, for example by scaling fences. A previous court ruling in 2017 had rejected the practice, but Spain appealed to the grand chamber. Civil society organisations criticised the new ruling (Freedom House, 2021).
During 2021, several unaccompanied minors arrived in Ceuta from Morocco and were summarily returned; the ombudsman and dozens of human rights NGOs condemned the returns, saying the government had failed to comply with the legal rules governing the practice, violating the rights of the minors. (Freedom House, 2022a)

Freedom of movement within Spain was temporarily restricted in both 2020 and 2021 during the country's two COVID-19 related states of alarm. In July 2021, the Constitutional Court ruled that

Spain's first state of alarm in 2020 had been partially unlawful and that such restrictions should have been imposed under a state of emergency. The court ruled in October that the second state of alarm, which ended in May 2021, had also been unconstitutional (Freedom House, 2022a).

2.9.3 How has the COVID-19 pandemic affected the women's work-life balance?

The shutdown of activity to reduce the risk of infection during the pandemic, including the closure of schools, forced families to adapt the lives of many households to the teleworking of adults, combined with the presence of children in need of school care. These changes did not affect men and women equally, as participation in work, household and care activities is unequal between genders. Women were under much more pressure because before COVID-19 they already spent 85 minutes more per day on housework and caring for family members than men (Gómez & Ramos, 2020).

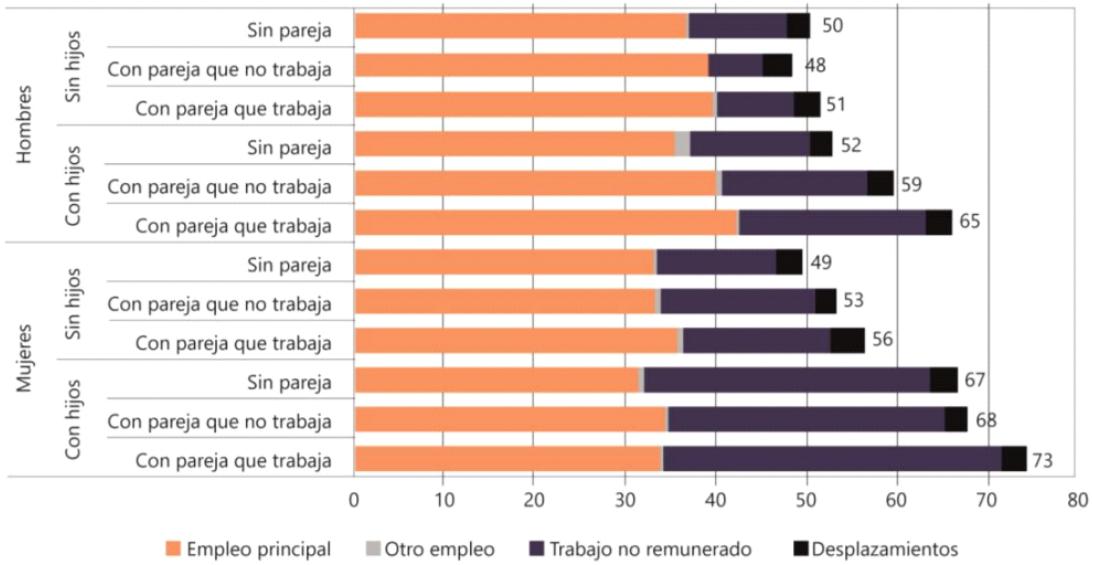


Figure 2.24. Weekly hours of paid and unpaid work by sex, having children and employment status of the partner. Source: Gómez & Ramos (2020).

The report Gender Perspective, essential in the response to COVID-19. Ministry of Equality, carried out by the Women's Institute and for Equal Opportunities of the Ministry of Equality, highlights the different impact that the COVID-19 pandemic has on men and women, as well as the economic, social, and family consequences of the same, and concludes that it is essential to apply a gender perspective in the response to the crisis. It therefore concludes that it is essential to apply a gender perspective in the response to the crisis. The greater impact on women, who are in the first response to the disease, is mainly due to three aspects:

In Spain, according to the EPA, women account for 66 % of health personnel. Specifically, they account for 51 % in medicine, 84 % in nursing, 72 % in pharmacy, 82 % in psychology and 84 % of staff in homes for the elderly and dependent persons, where the most serious cases and the highest number of deaths have occurred. They are also in the majority in the food trade and in hospital and nursing home cleaning services, which are essential for the maintenance of the population. In addition to these professional groups, there are domestic workers and carers, who assume an important part of the care of dependent persons.

In the private sphere, women do most of the domestic work and 70 % of the care tasks. In addition to the usual inequality and difficulty in reconciliation and lack of co-responsibility, the closure of educational centres and teleworking have increased the overload in this area. Many women can no longer work because they have to deal with this complex situation. Single-parent families have been particularly affected, 8 out of 10 of which are headed by women.

This puts them in a worse position to face a new crisis. Some of the most affected sectors, such as commerce, tourism, and hospitality, are highly feminised. This perspective is compounded by the aggravating factors of unemployment in Spain, which also affect women to a greater extent, such as the high rate of temporary employment, dependence on tourism and a gap in the female employment rate of 11.7 % compared to men. Main measures in the field of employment, with gender impact, adopted due to the health crisis (Women's Institute, 2022)

Teleworking**:** preferential nature of remote work, as opposed to temporary cessation or reduction of activity. Adaptation or reduction of working hours: care of spouse, unmarried partner or family members up to 2nd degree of consanguinity when there are exceptional circumstances related to the actions necessary to prevent the community transmission of COVID-19. Exceptional circumstances are:

- The presence of the worker is necessary for the care of any of the indicated persons who, for reasons of age, illness, or disability, require personal and direct care as a direct consequence of the COVID-19.
- Closure of educational establishments or those providing care or attention to the person in need of them.
- The worker who has been providing this care cannot continue to do so for justified reasons related to COVID-19. Special reduction of the working day in the situations provided for in article 37.6 of the Workers' Statute, when the aforementioned exceptional circumstances occur. The company must be notified 24 hours in advance.
- It may reach one hundred percent of the working day if necessary. Royal Decree-Law 8/2020, of 17 March, on extraordinary urgent measures to deal with the economic and social impact of COVID-19. 13 If the work-life balance measures provided for in art. 37 of the Workers' Statute were taken, they may be modified or waived for the time during which the exceptional circumstances related to COVID-19 are present.

Extraordinary allowance for lack of activity for persons integrated in the special system for family household employees.

- Persons registered as domestic workers before the entry into force of the state of emergency, 14 March 2020, shall be entitled.
- Who have ceased to provide services in one or more households, in whole or in part, to reduce the risk of transmission due to the COVID-19 health crisis.
- Who have been dismissed or had their contract terminated during the health crisis. The benefit will be equivalent to 70 % of their regulatory base in the event that the loss of activity is total. If the employee reduces her working hours, she will receive the proportional part corresponding to this reduction in working hours. Royal Decree-Law 11/2020, of 31 March, adopting urgent complementary measures in the social and economic sphere to deal with COVID-19.

During the pandemic, violence against women and girls increased worldwide because the COVID-19 pandemic combined economic and social stresses by restricting contact and movement. Overcrowded households, substance abuse, limited access to services and reduced peer support are elements to consider. Before the pandemic, it was estimated that one in three women would experience some form of violence in her lifetime: During the pandemic, many of these women were trapped with their abuser.

Data collected at the state level (UN, 2020) during the period of confinement by COVID-19 reflect the increase in requests for assistance for gender-based violence.

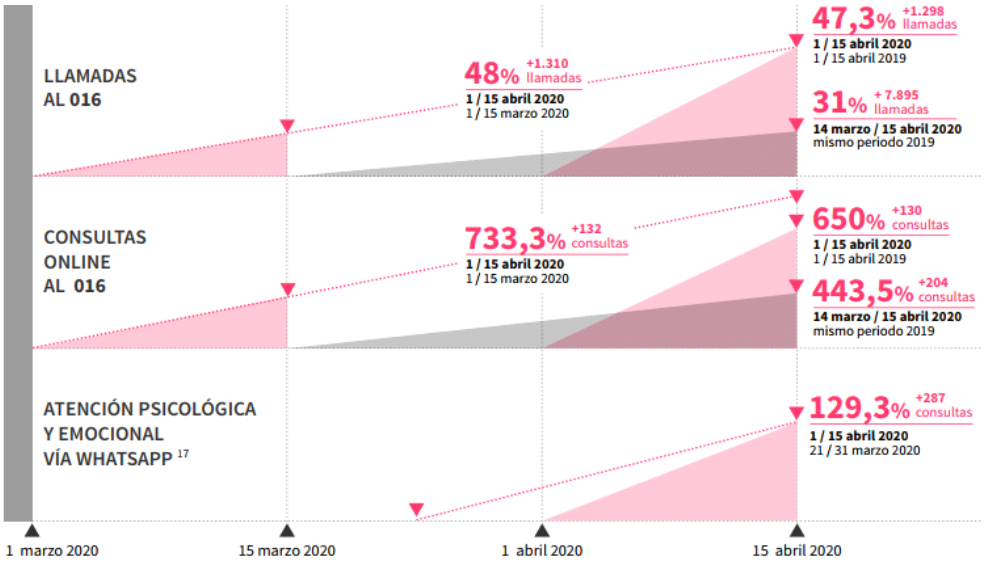


Figure 2.25. Gender-based violence during the COVID-19 in Spain. Source: UN (2020)

The report carried out by the University of Granada (Lorente et al., 2022) yields the following conclusions:

The COVID-19 pandemic has had an impact on GBV through three mechanisms:

- It enhances the factors that aggressors usually use to exercise violence (isolation, justification, control...) in circumstances that make it difficult to identify them.
- It makes it difficult for women to escape from violence due to lack of opportunities.
- It limits women's access to care resources.

The pandemic has created circumstances that have led to a significant decrease in the number of GBV-related homicides, especially in the period of confinement, but homicides of women for causes other than GBV are on the rise.

Women's response to GBV has two broad patterns:

- The first pattern revolves around the reaction to violence and is manifested in behaviours such as calling 016, filing complaints, breaking off the relationship. Calls increased by 48 %, to 733.3 % in the case of online consultations. And comparing the period from 14 March to 15 April 2020 with the same period in 2019, the increases were 31 % in the number of calls and 443.5 % in the number of online enquiries.

- The second pattern involves remaining in the violent relationship, leading to increased psychological consequences and increased stress with the possibility of needing anxiolytic and hypnotic medication, especially if the causes of the psychological disturbances are not diagnosed and the GBV remains invisible, and deeper disturbances that may lead to suicide.

Research on the experience of the pandemic by young people in Spain (FAD, 2022), has revealed that experiences of harassment and violence within the couple have worsened during the pandemic, with an increase in behaviours of control of activity (25.7 %), control of mobile phones (24.2 %) and control of the people with whom the partner relates (16.1 %). In fact, the same study points out that 15.6 % of the women surveyed (aged between 15 and 29) have felt fear in their relationships and that 14.4 % have been forced to have sex without their consent.

During the first wave of the pandemic, faced with the situation of confinement and the possible increase in violence, the central government in Spain implemented the Contingency Plan against gender-based violence in the face of the coronavirus crisis and Royal Decree-Law 12/2020, on urgent measures for the protection and assistance of victims of gender-based violence and another Plan to guarantee the rights of victims of sexual exploitation and in the context of prostitution, with difficulties in accessing the public health system. These measures are insufficient given that, without addressing structural factors of inequality, such as the overload of reproductive tasks, unemployment or job instability, gender-based violence cannot be prevented in a comprehensive manner (Ruiz-Pérez & Pastor Moreno, 2020).

Care measures for victims of gender-based violence:
1.- All comprehensive victim assistance services are maintained with normal operation of the following services:

- 24-hour information mechanisms (telephone 016 and online enquiries via e-mail 016-online@mscbs.es).
- Emergency response and shelter for victims at risk. Emergency centres, shelters, supervised flats and safe accommodation for victims of sexual exploitation and trafficking.
- Psychological, legal and social assistance to victims in a non-face-to-face manner (by telephone or other channels).

Campaigns:

- Campaign "We are with you. We stop gender violence together" campaign. Among the materials developed as part of the campaign are various posters and images to publish and disseminate on social networks with telephone numbers and assistance services in Spanish, in the different co-official languages as well as in English, French, Chinese and Russian, to disseminate in neighbourhood communities, municipalities, public transport, organisations, establishments and pharmacies.
- Action guide for women who are suffering from gender-based violence in a home stay situation by COVID-19.
  This guide contains information on the prevention and response actions that the Ministry of Equality continues to implement in order to attend to women who may be suffering from gender violence, especially in emergency situations.

Resources of the government delegation:
The Government Delegation against Gender Violence has updated the resources available to victims of gender violence from the Autonomous Communities and Cities.

Likewise, various entities and associations, as well as women's institutes in different Autonomous Communities, have launched initiatives and actions aimed at victims of gender violence during the state of alarm caused by COVID-19. ALERTCOPS / S.O.S. BUTTON The Ministry of the Interior has reinforced the protection of victims of gender violence and health personnel with the SOS Button of the AlertCops application (a service provided through a free application on mobile devices, which provides a direct channel with the State Security Forces and Corps to report an event of which one is a victim or witness).

2.10 How has the COVID-19 pandemic affected Sweden

This section of the document highlights the COVID-19 timeline in Sweden and the COVID-19 restrictions and guidelines set by the Swedish Government and health officials between January 2020 to December 2022. This section will enable the readers to better understand the spread of COVID-19 in Sweden and the various measures put in place to counter the spread of the pandemic.

On 31st January 2020, Sweden confirmed the first case of COVID-19. A woman in her 20s, returning from Wuhan on 24th January, tested positive for the SARS-CoV-2 virus and was admitted at Ryhov Region Hospital in Jönköping. Having isolated herself voluntarily at home upon arriving in Sweden she was deemed not to have posed any transmission risk during travel or during her initial days in Sweden. The local university college of Jönköping, stated at the time that it had around 200 Chinese exchange students, responding that the woman may have been a student. The woman was declared asymptomatic, but not fully discharged from healthcare services after over one month of care on 3 March. However, viral fragments continued to be detectable with transmission of live viral particles being deemed unlikely.

By the end February 2020, nine new cases were confirmed across five regions in Sweden. The reported cases were linked to travel-related or travel-related person-to-person spread. By the end of March 2020, there were more than 3,000 COVID-19 cases in Sweden and a total of 385 covid-related deaths. By the end of 2020, the number had skyrocketed to 437,379 reported cases and 8,727 covid-related deaths. The start of the first quarter of 2021 marked the second wave of COVID-19 in Sweden. By March 2021, there were a cumulative total of 804,886 confirmed cases and 13,430 covid-related deaths. The number of confirmed cases hit the 1 million mark before the end of June 2021 and by the end of 2021 there were 1.3 million confirmed cases and more than 15,310 related deaths.

The beginning of 2022 marked the third and biggest COVID-19 wave where 1.17 million new cases were reported before the end of March. Later in the year the number of reported cases significantly declined. This can be attributed to the production and mass distribution of the COVID-19 vaccines, warmer weather, and tighter COVID-19 restrictions. By the end of 2022, the cumulative COVID-19 cases were 2.67 million and the covid-related deaths were 21,827. The charts below highlight the COVID-19 timeline in Sweden.

Swedish COVID-19 Restrictions and Guidelines

As the outbreak reached Sweden, authorities responded with limited measures, in contrast with lockdowns and legal restrictions introduced in other countries. The Swedish public were expected to follow a series of non-voluntary recommendations from the Public Health Agency of Sweden (Folkhälsomyndigheten). These included working from home where possible, limiting travel within the country, social distancing, and for people above 70 and those with potential COVID-19 symptoms to self-isolate. Businesses and organizations were subject to distancing recommendations, regulations (mainly restaurants) and laws (banning public gatherings and events with more than 50 participants, as well as visits to nursing homes). Upper secondary schools and universities were closed until the end of the summer holidays.

From late 2020 amidst a surge in cases, new legislation was passed enacting international travel restrictions and again limiting participation in public events, banning nursing home visits and closing upper secondary schools. Primary schools remained open throughout the pandemic, and face masks were not generally recommended for the public or in healthcare settings. Vaccinations in Sweden began in December 2020. Spring 2021 saw a surge of the Alpha variant of the virus, and further tightening of restrictions and recommendations. In late 2021, vaccine passports and other measures were introduced. On 9 February 2022 almost all regulations and restrictions were abolished, and from 1 April 2022 COVID-19 was no longer classified as dangerous to the general public or society at large.

Sweden's unique response to the COVID-19 pandemic has been the subject of significant controversy in both domestic and international circles. Unlike most countries, which strongly recommended or introduced widespread sector closures, quarantining, and lockdown measures to curb the spread of the coronavirus disease 2019, the government of Sweden took a more lenient approach to the pandemic, prioritizing the economy and only pursuing social distancing measures such as bans on large gatherings and limited travel restrictions.

On 18 December 2020, Stefan Löfven, the prime minister of Sweden, announced new and tougher restrictions and recommendations including the use of face masks in public transportation and closure of all non-essential public services. In January 2021, a new pandemic law was passed that allows for the use of lockdown measures and legally limited some gatherings. Further measures were introduced in July and December 2021, such as vaccine passports.

Despite the benefits of avoiding lockdown, the Swedish response was not flawless. In late 2020, the Corona Commission, an independent committee appointed by the government to evaluate the Swedish pandemic response, found the government and the Public Health Agency had largely failed in their ambition to protect the elderly. At that time, almost 90 % of those who had died with COVID in Sweden were 70 or older. Half of these people were living in a care home, and just under 30 % were receiving home help services. Indeed, numerous problems within elderly care in Sweden became evident during the pandemic. Structural shortcomings such as insufficient staffing levels left nursing homes unprepared and ill-equipped to handle the situation.

In its final report on the pandemic response, the Corona Commission concluded that tougher measures should have been taken early in the pandemic, such as quarantine for those returning from high-risk areas and a temporary ban on entry to Sweden. The focus of Sweden’s strategy was to

reduce the spread of the virus, but also to consider other aspects of public health and protect freedom and fundamental rights. While the Swedish strategy remains controversial, today most countries are taking similar approaches to the continuing pandemic.

2.10.1 How has the COVID-19 pandemic affected the democratic debate?

Sweden's public response to the coronavirus pandemic in 2020 can certainly be classified as a case—arguably an extreme case—of politicians' delegating public authority to expert bureaucrats. It involved an informal but highly significant transfer of power—a peculiar type of science-policy interface, one in which political authority is explicitly delegated to, and even usurped by, an expert agency. This, we argue, was necessary for the outcome of Sweden's policy deviation from the European norm.

Representative democracy enables citizens to delegate power to elected representatives. They then hold these representatives accountable for their actions. The responsibility of politicians in this system lies in deliberation; in making laws and taking political decisions; and in recruiting and supervising the public servants, or bureaucrats, who implement these decisions. In practice, however, there are often great information asymmetries between highly skilled and specialised bureaucrats, which in turn may lead to policy drift or agency loss. This is exacerbated when the remit delegated to administration is very broad or when contentious political decisions are delegated to administration—for example, to avoid blame. Indeed, blame games—to avoid and allocate blame to others—is common and politically consequential during and after major societal crises, particularly when they appear “uncontrollable” and when the loss of lives is considerable.

The most notable divergence between politicians and experts concerned the use of masks, hence ‘’THE MASK CONTROVERSY’’. A significant number of the population was sceptical about facial masks since it was first recommended by the Swedish Public Health Ministry (Folkhälsomyndigheten). Some critics argued that there was little evidence of their efficacy and that they might actually increase the risk of infection, due to the need to apply and adjust them and because they might dissuade people from maintaining social distance. By the summer, the Swedish media began to notice how isolated the agency's view had become internationally. Masks were recommended at the height of the second wave, but only on public transport, only after the new year and only during two daily rush-hour periods.

On occasion, the experts' pronouncements appeared more directly to undermine politicians' decisions. In autumn 2020, regional governments had been authorised to take their own measures against the virus. In late February 2021, Stockholm was one of several that recommended the use of masks on all public transport—partly, it explained, because compliance with national advice had been poor (Region Stockholm, 23 February 2021). Compliance with the regional government's recommendation by users of public transport in the capital remained limited.

The reluctance of politicians to take command left a space and questioned Assertive Bureaucratic Leadership. There were two particular examples of assertive bureaucratic leadership. They indicate how experts did not just advise political decision-makers, or even take delegated decisions. They were also prepared, albeit implicitly, to criticise policy decisions with which they did not agree; and argue actively and publicly for the decisions that they had taken.

Withdrawal of the politicians notably affected the democratic debate in Sweden. The political executive has considerable scope to steer public agencies. Coronavirus arrived with the country's party system in flux and its government commensurately weak. After the election of 2018, government formation had proved extremely difficult. The centre-right party bloc collapsed, which allowed a minority coalition of Social Democrats and Greens to remain in office. In one way, the government's weakness was not directly exposed by the pandemic, because the policy response was—at least initially—hardly politicised.

Perhaps in keeping with a tradition of political ceasefires during national challenges, opposition parties declined to voice anything more than mild criticism of the authorities. For example, even as she was prepared to dispute specific decisions, such as that not to isolate homecoming tourists, one centre-right party leader emphasised that she would “lock arms” with the government in the crisis. In fact, Swedish politics was in flux at another level, too, which may have had more impact on policy. The Social Democrats' electoral fortunes had declined over time.

The Comparativity Controversy issue became increasingly contentious as the pandemic developed. For some Swedish (and many foreign) observers, comparison of Sweden with the other Nordic countries, which shared some common geographical, cultural, socio-economic, and demographic characteristics, was natural. To them, the correlation between Sweden's strategy and its relatively high death toll implied an obvious causal relationship.

Sweden had been hit harder because it was in a different phase of the pandemic than its neighbours or because of particular problems in care homes or because of the virus's relatively early arrival in Sweden, which made its circumstances more like those of Britain or France or because Sweden had experienced a relatively light influenza season the previous year, which had left it with many vulnerable old folk or because of Sweden's high proportion of foreign-born residents or simply because, on the outcome variable, Finland and Norway were the European outliers. In other words, after initially emphasising the difference in Sweden's strategy compared to those elsewhere in Northern Europe, later sights showed that Sweden's higher death toll might have been due to several factors.

The lengths to which Sweden's chief epidemiologist went to assert that the policies promulgated and implemented by the Folkhälsomyndigheten had been correct was unusual that a bureaucratic organisation should take such a prominent role in formulating public policy, it is arguably more unusual that the same organisation should then campaign so energetically to justify that policy and to shape citizens' interpretation of its results. The agency strove to maintain a monopoly of problem definition and policy formulation, even in the face of critique by external experts and, more rarely, politicians.

The Government should have assumed leadership of all aspects of crisis management from the outset. It should have been able to overcome the obstacles to clear national leadership that currently exist: government agencies with a degree of autonomy. The Government had too one-sided a dependence on assessments made by the Public Health Agency of Sweden (Folkhälsomyndigheten). This is not a satisfactory arrangement for decision-making during a serious crisis in society.

Trust in Public Institutions and the Cementation of Strategy. The Swedish tradition of public administration, an unusually passive political leadership and a public agency that was fully prepared

to assume control of policy: these conditions combined to establish Folkhälsomyndigheten's initial analysis of coronavirus as the basis of the Swedish strategy. However, no formal transfer of powers ever took place. There was, then, every chance of a misjudged initial policy then being revised - as in Britain. We suggest, however, that Swedes' deep-seated faith in their public institutions.

Trust in public institutions and their experts, to the extent of generating a certain hostility to dissenting voices in relation to pandemic strategy, was sufficient to consolidate that strategy and, during the first half of 2020, to insulate Swedish policymakers from pressure to change course. Because the policy had strong public support, there was little incentive for the media or the political opposition to attack the government. Only for a brief spell in late spring 2020, and then again with the arrival of the second coronavirus wave in late autumn, did media coverage turn more critical.

1. **Good Practices**

General information

During the COVID-19 pandemic, Sweden's strategy stuck to its pandemic plan, originally developed to be used in the event of an influenza pandemic. Instead of lockdowns, the goal was to achieve social distancing through public health recommendations. The focus of Sweden's strategy was to reduce the spread of the virus, but also to consider other aspects of public health and protect freedom and fundamental rights. While the Swedish strategy remains controversial, today most countries are taking similar approaches to the continuing pandemic.

Good practice on 'The Democratic Debate'	The Swedish parliament and policymakers delegated political authority to experts to establish and enforce the COVID-19 restrictions and recommendations. The non-elected experts were made responsible for shaping and implementing health policies and the pandemic countermeasures.

Conclusion

Looking back at the approach that was followed, it seems a bit unjust that the country that followed its pre-pandemic plan was the country accused of conducting an experiment on its population. Perhaps Sweden instead should be considered the control group, while the rest of the world underwent an experiment.

In the preceding analysis, we have established that Sweden's public response to the coronavirus pandemic in 2020 can certainly be classified as a case—arguably an extreme case—of politicians' delegating public authority to expert bureaucrats. It involved an informal but highly significant transfer of power—a peculiar type of science-policy interface, one in which political authority is explicitly delegated to, and even usurped by, an expert agency. This, we argue, was necessary for the outcome of Sweden's policy deviation from the European norm.

2.10.2 How has the COVID-19 pandemic affected the enjoyment of fundamental rights?

Both domestically and internationally, there has been intense debate over Sweden's unique approach to the COVID-19 pandemic. Sweden's government prioritised the economy and only pursued social distancing measures like bans on large gatherings and restricted travel, in contrast to most nations

that strongly advised or implemented widespread sector closures, quarantining, and lockdown measures to stop the coronavirus disease from spreading in 2019.

Upon the outbreak of the COVID-19 pandemic, the Public Health Agency initiated contact tracing and outlined its strategy to protect the country's most vulnerable citizens and prevent the health care system from being overwhelmed. As the outbreak spread, the agency advised those with respiratory symptoms to avoid social contacts, work from home, if possible, minimise travel, and adhere to social distancing.

The government passed a law:

- Banning large gatherings
- Secondary and higher education institutions were advised to switch to distance education.
- Press conferences and public communications campaigns were also launched.

Unlike most other countries, face masks were not recommended in public or healthcare settings. The agency repeatedly denied pursuing a herd immunity strategy. On 18 December 2020, Stefan Löfven, the prime minister of Sweden, announced new and tougher restrictions and recommendations including the:

- Use of face masks in public transportation and closure of all non-essential public services.
- In January 2021, a new pandemic law was passed that allows for the use of lockdown measures and legally limits some gatherings.
- Further measures were introduced in July and December 2021, such as vaccine passports.

Reception for the government's response has been mixed. An independent commission was launched to evaluate the measures taken by the government, the administrative health authorities, and regional municipalities. The commission criticized the response of the government, citing among other things a failure to protect the elderly population, that the Swedish response was marked by slowness, with initial measures "insufficient to stop or even substantially limit the spread of the virus in the country," and that the Swedish healthcare system would face long-term consequences due to "the price of extreme pressure on staff and of cancelled and postponed care." In their final report, the commission described Sweden not introducing lockdowns as "fundamentally correct" for ***maintaining personal freedoms*** but were critical of the decisions not to introduce "more rigorous and intrusive disease prevention and control measures" in February and March 2020.

On 10 March 2020, responding to indications of community transmission, the Public Health Agency advised everyone with respiratory infections, even mild cases, to refrain from social contacts where there is a risk of spreading the virus, in private as well as working life. They also ask health care staff working with risk groups, including nursing homes, not to work if they have any symptoms of respiratory infection. Relatives of elderly were advised to avoid unnecessary visits at hospitals and in facilities for elderly, and never visit if there are any respiratory symptoms.

Face masks were initially not recommended or were actively discouraged by authorities for the general public and in healthcare settings. On June 25, 2020, masks were recommended in care home and healthcare settings only in cases of treating COVID-19 patients. In December 2020, it was announced that masks would be recommended on Stockholm public transport from January 2021,

the first-time authorities had advised the public to wear them. Some healthcare institutions, care homes and schools implemented rules outside of government guidance.

As COVID-19 progressed so did the measures taken. On 10 January 2021 an Act was passed that provided the Government the right to place rules on curbing public and private gatherings and limit international and domestic travel. The law was a temporary pandemic law and allowed for Sweden to place time limits on when businesses can open and close. On 30 June 2021 a travel ban was introduced on anyone from the United States or EEA. Exceptions were on travellers from Denmark, Finland, Iceland, and Norway. The ban was set to be lifted on 31 October 2021.

Regulations were then created to take place on 1 July 2021. Numbers of people who could be in one place such as a restaurant, or store was limited, as well as social gatherings being limited to no more than 8 people. Remote work was recommended if possible, and on 17 March school was made fully online. Furthermore, a recommendation to be tested after staying abroad was added. Starting from 29 September 2021 more pandemic-related restrictions were lifted. Advice was reintroduced on 8 December 2021 to work from home, wear face masks on public transport and free COVID-19 testing was reintroduced in response to the Omicron variant.

Social Distancing and Ban on Gathering [Limiting Freedom of Assembly]
On 16th March 2020, the agency recommended that people over 70 should limit close contact with other people, and avoid crowded areas such as stores, public transport, and public spaces. At the end of March, 93 % of those older than 70 said that they were following the recommendations from the health service to some extent, with the majority having decreased their contacts with friends and family. In May, the agency looked at easing the recommendations for the 'young elderly' of good health, but ultimately decided against it. They did however encourage those over 70 not to isolate completely in their homes, but to go outside for walks while still following the recommendations. On 16th March 2020, they also recommended that employers should require remote work. One month later, statistics showed that roughly half the Swedish workforce was remote working. The following day, the agency recommended that secondary schools and universities use distance learning, with schools following suit all over the country. The decision to recommend distance education for secondary and tertiary education, but not for elementary schools, was that studies at secondary schools and universities to a higher extent require commuting and travelling, and that students would not depend on parental care while not in schools, and school closings therefore did not risk interrupting society. In May, it was announced that the Health Agency were to lift the recommendations on 15th June, and thereby allowing secondary schools and universities to open up as normal after the summer holidays.

In April, many of the organisations running the public transport systems for the Swedish counties had reported a 50 % drop in public transport usage, including Kalmar Länstrafik in Kalmar County, Skånetrafiken in Skåne County, Stockholm Public Transit in Stockholm County, and Västtrafik in Västra Götaland County. In Stockholm, the streets grew increasingly emptier, with a 30 % drop in the number of cars, and 70 % fewer pedestrians.

In mid-May, and on the request of the Public Health Agency, the Swedish Transport Agency temporarily suspended the regulations that allowed for passenger transport on lorries or trailers pulled by tractors, trucks or engineering vehicles at graduations and carnivals. The new rules were to be in

place between 15th May and 31st December 2021. These social distancing recommendations have been effective in part because Swedes tend to have a "disposition to social distancing". Social distancing rules were tightened in December 2021 in response to an increase in cases driven by the SARS-CoV-2 Omicron variant.

The same day as the first Swedish death from COVID-19, the Swedish government passed a new law at the request of the Public Health Agency, limiting freedom of assembly by banning all public gatherings and events with more than 500 participants, with threat of fines or imprisonment for organisers. Public gatherings and events include arts and entertainment events including theatre, cinema and concerts, religious meetings, demonstrations, lectures, competitive sports, amusement parks, fairs and markets. They do not include gatherings in schools, workplaces, public transport, grocery stores or shopping malls, health clubs or other private events. The ban would apply until further notice. According to the Health Agency, the reasoning behind drawing the line at 500 was to limit long-distance travel within the nation's borders, as bigger events are more likely to attract visitors from all over the country. Freedom of assembly is protected by the Swedish constitution in the Fundamental Law on Freedom of Expression, the constitution allows for a government to restrict the freedom, if needed to limit the spread of an epidemic. On 27th March 2020 the government announced that the ban on public gatherings would be lowered to include all public gatherings of more than 50 people, to further decrease the spread of the infection, again at the request of the Public Health Agency. The agency also recommended that plans for events and gatherings of fewer than 50 people should be preceded by a risk assessment and, if necessary, followed by mitigation measures. Additionally, they recommended that digital meetings should be considered. The ban on large public gatherings had no end-date, and as of late April, the Health Agency was reported as having no plans for when the ban should be lifted.

Starting from 24th November 2020 public events and gatherings were limited to up to eight persons. The participant limits were lifted successively in the summer of 2021, and fully removed on 29th September. With the arrival of the Omicron VOC, indoors public gatherings, and events of over 500 people were required to implement vaccine passports from 23rd December 2021, and the limit was later reduced to 50 participants. On 9th February 2022 all bans on gatherings and events (as well as other distancing regulations) were abolished, and from 1st April 2022 COVID-19 was no longer classified as dangerous to the general public or society at large (although reporting requirements stayed in place).

Travel Restrictions [Limiting Freedom of Movement]
On 18th March 2020, the Health Agency recommended that everyone should avoid travelling within the country. This came after signs of ongoing community transmission in parts of the country, due to concern that a rapid spread over the country would make redistribution of healthcare resources more difficult. They also called for the public to reconsider any planned holidays during the upcoming Easter weekend.

The calls to avoid travelling and social interactions during the Easter weekend were repeated several times by agency and government officials, among them Prime Minister Stefan Löfvén and King, Carl XVI Gustaf. Telia, a Swedish multinational mobile network operator, did an analysis of mobile network data during the week of Easter, and found that most Swedes had followed the agency's recommendations to avoid unnecessary travels during the Easter holidays.

Overall, travel from the Stockholm region had decreased by 80–90 %, and the number of citizens of Stockholm travelling to popular holiday destinations like Gotland and the ski resorts in Åre had fallen by more than 90 %. Travel between other regions in Sweden had fallen as well. Ferry-line operator Destination Gotland, who previously had called on their customers to rethink their planned trips for Easter, reported that 85 % of all bookings had been rescheduled.

The restrictions on domestic travel were somewhat softened on 13th May 2020, allowing for travels equalling one to two hours from home by car would be allowed under some circumstances to which Löfvén referred to as 'common sense', such as not risking to burden healthcare in other regions, keeping contact with others low and not travelling to visit new social contacts, the elderly or those at risk of severe disease. On 4th June, the government announced that the restrictions on domestic travel were to be lifted on 13th June, allowing everyone to freely travel in the country if they were without symptoms and rules on social distancing were followed. However, they cautioned that new restrictions could be introduced if the situation were to worsen, and that the County administrative boards of Sweden were tasked to monitor the situation. In a press conference on 25th January 2021, foreign minister Ann Linde extended the advisory of the government against all non-essential international travel until 15th April 2021.

2.3 Good Practices

General information

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Good practice on 'The Democratic Debate'	The Swedish parliament and policymakers delegated political authority to experts to establish and enforce the COVID-19 restrictions and recommendations. The non-elected experts were made responsible for shaping and implementing health policies and the pandemic countermeasures.
Good practice on 'The Work and Life of Women':	The decision to keep primary schools open also paid off. Despite the fact that the COVID-19 pandemic had an impact on the work-life balance of women, keeping the primary schools open enabled most of the child carers to continue working with little to no disruptions.
Good practice on 'The Freedom of Fundamental Rights'	The appointed Swedish Corona commission stated that the no-lockdown strategy was fundamentally reasonable, and that the state should never interfere with the rights and freedoms of its citizens more than absolutely necessary. The commission also supported the decision to keep primary schools open as it enabled parents to work and pursue their careers.

Conclusion

Looking back at the approach that was followed, it seems a bit unjust that the country that followed its pre-pandemic plan was the country accused of conducting an experiment on its population. Perhaps Sweden instead should be considered the control group, while the rest of the world underwent an experiment.

In the preceding analysis, we have established that Sweden's public response to the coronavirus pandemic in 2020 can certainly be classified as a case—arguably an extreme case—of politicians' delegating public authority to expert bureaucrats. It involved an informal but highly significant transfer of power—a peculiar type of science-policy interface, one in which political authority is explicitly delegated to, and even usurped by, an expert agency (cf. SOU 2022:10, 2022). This, we argue, was necessary for the outcome of Sweden's policy deviation from the European norm.

2.10.3 How has the COVID-19 pandemic affected the women's work-life balance?

Gender is an essential aspect of individuals' possibility to combine work with private life. In gender theory, it is proposed that men and women do gender, and that gender is re-socialized in what men and women do. (This means that men and women are bound to act according to socially shaped ideas about what feminine or masculine is, for example, the notion that women are better at taking care of the housework and that men should provide for their families. A gender theoretical perspective is therefore essential in relation to interference and enrichment. With respect to both gender theory and boundary management, femininity and masculinity are also reflected in how men and women set boundaries between work and private life.

Pre-pandemic studies on differences by gender in work and private life interference and enrichment are somewhat inconsistent. Some studies show that men report higher levels of interference, while others show that women report more interference. Meanwhile, others conclude that there are no gender differences. The mixed evidence can be due to differences in culture and gender expectations, differences in female labour market participation, socioeconomic status, working hours, and level of education.

The COVID-19 pandemic has impacted women's working life to a more considerable degree than men's working life. Studies from Sweden indicate that working women report slightly more interference than working men, especially when considering working hours. Closed preschool activities and distance teaching strategies in many countries inflicted foremost on mothers' possibilities to even remain working. This is indicated by studies showing that women reduced their work hours substantially during the pandemic. Moreover, women working from home had to do home-schooling and take responsibility for the emotional welfare of children and keep children at home with the lightest symptom of illness.

The Swedish labour market is highly gender-segregated, with female workers more often found in industries, such as healthcare and childcare. That is, women work to a more considerable degree in industries where workers during the pandemic had to remain at work and that was marked by unprecedented demands. Hence, most women struggled with combining work and private life during the pandemic due to an increased domestic workload.

Second, although Sweden is considered a gender-equal country, work tasks, especially housework and childcare, are still gendered, and women tend to do the lion's share of housework. Female workers who remained at their worksite experienced more WLI than women with remote work during the pandemic. There was no difference between men who remained at their worksite or worked from home. Thus, the previous studies from Sweden indicate that COVID-19 has disrupted women's possibilities to set boundaries around work and private life to a greater extent than among men. The fact that women have more difficulty achieving boundary management makes us assume that the boundaries between the two domains are more often blurred among women, which causes additive strain.

During the pandemic, many women experienced positive aspects of working from home, allowing them to create a closer relationship with family which would suggest more enrichment thus developing stronger boundaries around family life. The Swedish recommendation for social distancing that endorsed schools and childcare to keep open seems to have positively affected workers' experience of LWI, at least in the initial phase of the pandemic. This could change when more parents had to stay at home to care for children with colds or symptoms throughout the pandemic (schools were closed to a larger degree).

For instance, The Swedish Social Insurance Agency (2021) reports that in parts of 2020 and 2021, parents have used care of children's allowances more than before. Over time, the continued development throughout the pandemic in the experienced level of interference and potential health effect thereof should be further explored in cross-country and longitudinal studies.

In Sweden, schools and childcare facilities were kept open during the pandemic. This meant that parents, especially mothers, could remain working instead of leaving work to care for or home school children, which has been seen in other countries.

2.3 Good Practices

General information

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	enabled most of the child carers to continue working with little to no disruptions.
Good practice on 'The Freedom of Fundamental Rights'	The appointed Swedish Corona commission stated that the no-lockdown strategy was fundamentally reasonable, and that the state should never interfere with the rights and freedoms of its citizens more than absolutely necessary. The commission also supported the decision to keep primary schools open as it enabled parents to work and pursue their careers.

Conclusion

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2.11 Identification of good praxes of handling COVID-19 pandemic among the studied countries

2.11.1 Good praxes of handling COVID-19 pandemic in the context of human rights

Bulgaria

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Unified Information Portal	The unified information portal Coronavirus.bg was created during the first weeks of the declared state of emergency. It contains up to date information on the infection, all restrictions and decisions of the public authorities.
Level system for appropriate actions	In the late period of COVID-19, the authorities created a methodology to link the restrictions to the infection rates in the respective region.

Cyprus

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Proactive Pandemic Response	The general lockdown was announced on the 23rd of March, a few days after the first death of a patient. The new measures announced by the President of the Republic of Cyprus include a ban on unnecessary movement from 06.00 p.m. on 24 March 2020 until 13 April 2020, with exceptions, as well as a ban on parks, playgrounds, outdoor sports areas, etc. From May 2020, the restrictions were relaxed, with fewer positive cases reported on the island.
Right to safe and healthy working conditions	The Ministry of Labour, Welfare, and Social Insurance (MLWSI) were working closely with the Ministry of Health to give to the employees and employers in the island all the relevant information for the protection from COVID-19 in the workplace. The document was translated into 5 languages. Other than that, the healthcare professionals in different facilities (either public or private) were trained on basic hygiene rules, related to gloves, masks etc.
CRESTART project	One good practice that implemented in Cyprus during the pandemic was the CRESTART - CReative rESilienT leARning communiTies meeting COVID challenges project. The material created in the project aimed to help local communities prepare for potential crises, building on the experience of COVID 19 pandemics. It contains theoretical and practical knowledge on active citizenship and community participation, and presents lessons learned from the pandemic. Additionally, it provides thorough knowledge on crisis, its effects and measures leaders can/should do to minimize the effects on their community, the methodology of public involvement and co-creation and share good practices.

France

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Creation of an Observatory on the State of Health Emergency and Containment	The aim was to inform on fundamental rights in this period of COVID-19, while pursuing the objectives of limiting COVID-19 contaminations and the overwork of hospitals. That allowed to keep a constant eye on the measures taken and their impact on the enjoyment of fundamental rights. It has also formulated recommendations in order for a better respect human right.
Protection of Public Health and Safety	The vaccination campaign, including the introduction of the Sanitary Pass and the creation of the Anti-covid phone app, aimed to protect public health and ensure workplace safety, despite being controversial regarding privacy concerns.

Right to education	Despite the closure of schools and universities, teachers and professors managed to give online courses in order for the students and pupils to continue their learning. Even if it highlighted some pre-existing inequalities, teachers really made a huge effort for the continuation of school.

Greece

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Efforts to balance Health and Education	The Greek government made efforts **to balance public health and educational needs by closing schools and transitioning to remote learning.**
Remote learning initiatives	Despite lacking prior infrastructure and digitalization, the government took steps to provide **remote learning by developing digital platforms and offering vouchers to students and teachers to purchase necessary equipment**. This demonstrates a response to ensure continued access to education.
Public health prioritization	Greece prioritized public health over economic considerations, which is crucial during a pandemic. 2 lockdown periods were implemented, from March 2020 until May 2020 and from November 2020 until February 2021. The COVID-19 **"Stay Safe"** campaign was a public health initiative aimed at raising awareness and promoting responsible behaviors to limit the spread of the virus. The main goal was to cultivate a sense of collective responsibility among citizens by emphasizing how one's behavior could either contribute to the spread of the virus or help to curb it.

Italy

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Implementation of Remote Learning	**Despite challenges, the introduction of "Didattica a distanza" (Dad) enabled continuity in education. Measures like allowing in-person attendance for students with special educational needs ensured inclusivity.**
Protection of Public Health and Safety	**The vaccination campaign, including the introduction of the Green Pass, aimed to protect public health and ensure workplace safety, despite being controversial regarding privacy concerns.**

Specific Measures for Vulnerable Groups	**Recognizing the impact on women and the elderly, efforts were made to address their specific needs, such as acknowledging the burden on women caring for children during school closures.**
Legislative Actions	**The Italian Constitutional Court's decision to maintain compulsory vaccination for healthcare personnel highlights a commitment to protecting public health while navigating legal and ethical considerations.**

Portugal

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Protection of Workers' Rights	The Portuguese government introduced several measures to protect workers' rights during the pandemic. This included the "simplified layoff" scheme which provided financial support to companies to retain employees, and ensured that workers received partial salaries during periods of reduced work or temporary closure. These measures helped prevent mass unemployment and provided financial stability to workers, ensuring that their economic and social rights were upheld during the crisis.
Protecting Vulnerable Populations	Special attention was given to protecting vulnerable populations, including the elderly, migrants, and individuals with disabilities. Measures included providing additional support and resources to care homes, ensuring migrants had access to healthcare and financial aid, and enhancing support services for people with disabilities. By focusing on the needs of vulnerable groups, Portugal upheld the principles of equality and non-discrimination, ensuring that these populations were not left behind during the crisis.

Slovenia

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Proactive Pandemic Response	Slovenia was one of the first European countries, which declared an epidemic and implemented early restrictions, like closing the borders and implementing lockdown measures, which were crucial in controlling the initial spread of the virus.

Ensuring Adequate Healthcare Capacity	The government strived to ensure the increase the healthcare system's capacity by postponing non-urgent medical procedures and increasing the number of hospital beds available for COVID-19 patients.
Slovenia's Effective Use of Technology and Infrastructure in Pandemic Testing and Tracing	Slovenia leveraged its existing public health infrastructure to implement testing and contact tracing effectively, established a large-scale testing system and used a mobile application for effective contact tracing ('#Stay Healthy).
Slovenia's High Ranking in Mental Well-Being During Pandemic	The WHO-5 mental well-being index, which gauges people's moods, has shown that Slovenia was ranked on the second place on positive feelings during COVID-19. The share of those who worried about work even when they were not working (SLO: 23.5 %, EU: 30 %) and those who reported that they could not devote time to their family due to their work was below the European average. (SLO: 17.8 %, EU: 18.8 %).

Spain

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF THE IDENTIFIED GOOD PRACTICES
Reorganization of teaching	The Spanish government was to **close classrooms to stop and prevent infections, and the transition to online teaching was quickly organised, making the necessary technological means available to the most vulnerable families**.
Fundamental essential	Fundamental essentials were identified and articulated as **essential services**, while the rest of the professions saw their professional activity temporarily limited. The objective was to **reduce infections as much as possible but without neglecting essential services such as health, access to food, transport of goods, waste management, care for victims of gender violence, care for vulnerable groups, among others**.
Proximity	Authorities have **reorganised their activities to be able to serve citizens in terms of disinfection needs, supplying food and pharmaceutical products to vulnerable groups, offering a local online cultural and sports programme and supporting primary healthcare for the detection of infections and subsequent vaccination.**

Sweden

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Transparency and Communication	Sweden prioritized transparency in its pandemic response, providing regular updates and explanations for its strategy to the public. Clear communication helped maintain public trust and ensures that individuals understand the rationale behind recommendations.
Voluntary Measures	Rather than implementing strict lockdowns or mandatory restrictions, Sweden largely relied on voluntary measures. This approach aimed to empower individuals to make informed decisions while encouraging collective responsibility.
Protection of Vulnerable Groups	Sweden focused on protecting vulnerable groups, such as the elderly and individuals with underlying health conditions. Efforts included targeted recommendations and support services to minimize their risk of exposure.
Education and Awareness	Public education campaigns have been crucial in Sweden, providing information on hygiene practices, social distancing, and other preventive measures.

2.11.2 Good praxes of handling COVID-19 pandemic in the context of mental health

Bulgaria

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Self-improving of social services	Social service providers, charity and volunteering organizations, caregivers and mental health specialists improved their services (adding new ones) to answer the needs of population with the support of local authorities.

Cyprus

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Flexible working	The Ministry of Finance on the 17th of March announced measures regarding the public service and the wider public sector. The measures included “flexible working schedule under conditions, work from home where possible, a special partly paid leave of absence only one of the two parents who have children aged under 15 years for up to four weeks for the time being, leave for persons

	belonging to vulnerable categories, such as persons aged over 60 years of age, persons with specific chronic illnesses, pregnant women irrespective of age." (Coronavirus COVID-19 Outbreak in the EU Fundamental Rights Implications, 2020).
Domestic Violence Awareness campaign	One of the initiatives that took place during the pandemic was from the Media and social media a poster around the country with the message "Violence against women kills... Put. An End. File a complaint", with SPAVO helpline on it. Also, two videos were created for the violence against women, with SPAVO's phone number, the European emergency number, a phone number to send texts, the Facebook page of SPAVO and the website with communication through email. Even with this initiative, the SPAVO helpline had difficulties in answering all the calls it might receive.

France

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Free sessions with a psychologist	After the COVID-19 crisis, the government allowed people with mental health issues to have a specific number of free sessions with a psychologist. Despite some restrictive conditions to follow, it was a good practice that continued after the crisis until today.

Greece

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
24/7 Mental Health Helplines for citizens and for healthcare workers	Greece launched nationwide psychological support helplines (e.g., "10306") that operated around the clock, providing free mental health services during the pandemic.
Psychological support programs in Hospitals for the staff and peer-support groups and networks	Many Greek hospitals set up **in-house psychological support services** during the pandemic. In addition to formal counseling programs, many hospitals and healthcare institutions in Greece established **informal peer-to-peer support networks** to foster emotional resilience and solidarity among healthcare workers.
Online counseling and teletherapy	The government and private organizations promoted telemedicine, including online mental health consultations, to ensure access to psychological support.
Public health campaigns	The Greek government and media platforms implemented awareness campaigns, emphasizing the importance of mental health and sharing tips on coping

	mechanisms. An example was the campaign "We Stay Safe“ focusing on informing citizens about the importance of mental health and safe practices as lockdown measures were gradually lifted.
Expansion of Community Mental Health Units through Law 4662/2020	This law established the legal framework for **national emergency response mechanisms**, including health services related to public health crises such as the pandemic. The law authorized the Ministry of Health to take rapid action in expanding healthcare services, including mental health care, to respond to emerging needs during the pandemic.
Targeted support for families	Family counseling through the 10306 Helpline (Ministry of Health), online counseling programs for families (The Smile of the Child) and initiatives by NGOs
Mental Health Support for refugees and migrants	Mental Health Programs by NGOs and United Nations High Commissioner for Refugees (UNHCR), Cultural mediators for Mental Health Services, National Health System (ESY) Integration for Refugees

Italy

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Acknowledgment of Psychological Impact	The recognition of the psychological effects of social isolation, particularly among young people, led to discussions on the need for better mental health support. This is not properly good practice, but it is the only result on the highlighted topic.

The participants of the project events pointed out that support for nonprofit organizations, such as educational volunteer programs, emerged. For example, Save the Children collaborated with universities to offer credits to students who helped children. Additionally, there was a bonus to seek psychological help, which promoted mental health awareness.

Portugal

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Expansion of Telehealth Services for Mental Health	Portugal rapidly expanded telehealth services to provide mental health support remotely. This included video consultations, phone counselling, and online therapy sessions, ensuring continued access to mental health care despite lockdowns and social distancing measures. This initiative allowed individuals to seek help for anxiety, depression, and other mental health issues without needing to leave their homes. It also alleviated the burden on in-person healthcare facilities.

Slovenia

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
High Ranking in Mental Well-being During Pandemic	The WHO-5 mental well-being index, which gauges people's moods, has shown that Slovenia was ranked on the second place on positive feelings during COVID-19. The share of those who worried about work even when they were not working (SLO: 23.5 %, EU: 30 %) and those who reported that they could not devote time to their family due to their work was below the European average (SLO: 17.8 %, EU: 18.8 %). The proportion of people who felt tension, loneliness and depression during the restrictive measures was lower in Slovenia than in the EU average.

Spain

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF THE IDENTIFIED GOOD PRACTICES
Reorganization of teaching	The Spanish government was to **close classrooms to stop and prevent infections, and the transition to online teaching was quickly organised, making the necessary technological means available to the most vulnerable families**.
Fundamental essential	Fundamental essentials were identified and articulated as **essential services**, while the rest of the professions saw their professional activity temporarily limited. The objective was to **reduce infections as much as possible but without neglecting essential services such as health, access to food, transport of goods, waste management, care for victims of gender violence, care for vulnerable groups, among others**.

Proximity	Authorities have **reorganised their activities to be able to serve citizens in terms of disinfection needs, supplying food and pharmaceutical products to vulnerable groups, offering a local online cultural and sports programme and supporting primary healthcare for the detection of infections and subsequent vaccination.**

Sweden

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Transparent and Clear Communication	Sweden emphasized clear and transparent communication from health authorities and the government regarding COVID-19 updates, guidelines, and safety measures. This helps in reducing uncertainty and anxiety among the population.
Supportive Measures for Vulnerable Groups	There was a focus on providing support to vulnerable groups such as the elderly, individuals with pre-existing mental health conditions, and those facing socio economic challenges exacerbated by the pandemic.
Promotion of Mental Well-being	Efforts were made to promote mental well-being through public health campaigns, online resources, and encouragement of healthy coping mechanisms
Workplace Support	Initiatives were implemented to support mental health in workplaces, including guidance on remote work, stress management, and fostering a supportive work environment.

2.11.3 Good praxes of handling COVID-19 pandemic in the context of work life balance of women

Bulgaria

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
E-Diaries for Monitoring Women's Experiences	Utilization of e-diaries to track the stress and role conflicts experienced by mothers with children under 12 during the pandemic, providing valuable data on gender expectations and psychological impacts.

Economic Support for Working Mothers	Economic support for mothers who decide to stay at home and look after their children instead of working during the pandemic. Enlarging the number of paid leave for looking after their children in case of closed educational institutions or COVID-19 infection.

Cyprus

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Domestic Violence Awareness campaign	One of the initiatives that took place during the pandemic was from the Media and social media a poster around the country with the message “Violence against women kills... Put. An End. File a complaint”, with SPAVO helpline on it. Also, two videos were created for the violence against women, with SPAVO’s phone number, the European emergency number, a phone number to send texts, the Facebook page of SPAVO and the website with communication through email. Even with this initiative, the SPAVO helpline had difficulties in answering all the calls it might receive.

France

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Childcare	The government has set up a number of schemes to help mothers who have to continue working. In fact, some schools took in the children of medical staff or essential personnel so that they could go to work.

Greece

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Recognition of women's vulnerability and support needs	The pandemic indeed highlighted specific vulnerabilities for women, particularly concerning mental health, work-life balance, and economic insecurity, due to factors like increased caregiving responsibilities, gender-based violence, and the nature of their employment sectors. This recognition by international organizations (like UN Women and OECD) creates policy outreach in Greece with new initiatives for the support of women.

Italy

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Specific Measures for Vulnerable Groups	Recognizing the impact of school closures on women, especially those aged 25-44 who often had to care for children, highlighted the need for targeted support.
Healthcare and Reproductive Rights	Maintained access to essential reproductive health services, including contraception and maternity care, despite the strains on the healthcare system. Telemedicine Services: Expanded telemedicine services to provide remote consultations and support for women's health issues.
Educational Support and Digital Inclusion	Provided resources and support to ensure that women and girls could continue their education remotely, addressing the digital divide.

Portugal

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Support for Domestic Violence Victims	Implementation of Safe Spaces: Portugal established safe spaces in pharmacies and supermarkets where victims of domestic violence could report abuse discreetly. Helplines and Online Support: Strengthened and promoted helplines and online support services to ensure continuous support for victims of domestic violence.
Economic Support for Women	Targeted Financial Assistance: Provided financial support to women, particularly those in precarious jobs or single mothers, to help mitigate the economic impact of the pandemic. Job Retention Programs: Ensured job retention programs specifically included provisions to support women, who are often overrepresented in the hardest-hit sectors.
Healthcare and Reproductive Rights	Access to Reproductive Health Services: Maintained access to essential reproductive health services, including contraception and maternity care, despite the strains on the healthcare system. Telemedicine Services: Expanded telemedicine services to provide remote consultations and support for women's health issues.
Educational Support and Digital Inclusion	Support for Remote Learning: Provided resources and support to ensure that women and girls could continue their education remotely, addressing the digital divide.

Slovenia

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Legislative Progress	The adoption of amendments to the Criminal Code to recognize non-consensual sex as rape aligns with international law was a significant step towards strengthening legal protections against sexual violence and improving women‘s rights.
Comprehensive Support Measures	Slovenia implemented a broad package of measures, which aimed at supporting both individuals and the economy during the pandemic, like facilitating work-from-home arrangements to help maintain employment and economic activity despite the public health crisis. But we have to acknowledge that this measures were not directly targeting women.

Spain

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF THE IDENTIFIED GOOD PRACTICES
Identification of gender violence as a serious problem to be	Since the beginning of the pandemic , the focus has been on providing care to women victims of gender violence, both by the administration, professional associations, and associations specializing in the subject. They are offered personalized attention, both in person and by telephone, depending on their needs. Once the restrictions were lifted, complaints filed for gender violence increased.

Sweden

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Gender-Responsive Health Policies	Sweden prioritized gender-responsive health policies during the pandemic. This includes ensuring that health services remain accessible to women, including sexual and reproductive health services.
Economic Support	Recognizing the disproportionate economic impact of the pandemic on women, Sweden implemented economic support measures. These include extended parental leave benefits, financial aid for childcare, and support for businesses owned by women.
Domestic Violence Support	Sweden strengthened support services for victims of domestic violence during the pandemic. This includes maintaining accessible helplines, shelters, and legal aid services for women facing violence at home.
Remote Work Policies	Sweden encouraged flexible working arrangements and remote work options to support women who may face challenges balancing work and caregiving responsibilities during the pandemic.

2.12 Identification of weak praxes of handling COVID-19 among the studied countries

2.12.1 Weak praxes of handling COVID-19 pandemic in the context of human rights

Bulgaria

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Deeping community inequalities	Stricter restrictions were imposed in Roma neighborhoods than for the rest of the population; this sometimes led to job losses, which indirectly lead to more poverty and further isolation from democratic and informational flows. This contributed to alienation and the even more determined spread of conspiracy theories and disbelief in the data disseminated by the authorities/
Rise of conspiracy theories	An atmosphere of "shared disbelief" had been created between ethnic communities, authorities, the media, and the ethnic majority in the population, which ultimately reinforced the influence of "alternative facts", delusions and attitudes, further worsening the public conversation

Cyprus

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Educational barriers	Schools closed on 10 March 2020 and teachers had to take learning online and contact students' families about connectivity and equipment availability. Teachers were unable to reach some parents, especially immigrant and refugee families who did not speak Greek. In addition, some parents were not digitally literate and could not help their children. According to NGOs assisting migrant communities, the children of migrants/refugees were not able to benefit from the use of the online platform. The government issued a press release about supporting families and that TV channels would broadcast more children's programs; however, the press release did not specify assistance to children facing connectivity or equipment gaps.
Boarders: Turkish Cypriot community	Turkish Cypriots and Greek Cypriots affected by the closure of the checkpoints. People who were staying in the occupied side of the island could not pass the checkpoints and as a result did not have access to schools, universities, jobs, hospitals or government services.
Asylum seekers and refugees	Asylum seekers and refugees at the Kofinou Reception Centre shut its gates and “resembling a detention centre rather than a reception facility.” Other than that, the population in the camps is too high, with six to eight persons sleeping in a single tent.

France

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
State of emergency	The taking of the measures of State of emergency was contrary to the pre-existing texts, and therefore without legal basis, the violation of fundamental rights was unjustified. On several occasions, the statements of the CNCDH, the body that guarantees human rights in France, was not followed.
Right to healthcare	The influx of COVID-19 patients and their need for intensive care for some, imposed the cancellation of so-called “non-urgent” medical interventions in order to requisition equipment and staff to treat people with the virus. Moreover, the social inequalities affecting the health of populations have been shown to be a factor in excess mortality in the case of COVID-19 infection.
Freedom of movements	In order to limit the spread of the virus, French people were not allowed to go out and traveled. They had to stay at home during lockdown, except for some situations :work, compelling family reasons, essential shopping, health, or physical activity within a maximum radius of 1km from home and for a maximum duration of 1 hour.

Greece

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Digital divide and educational exclusion	The sudden shift to online education exposed a **significant digital divide**, with many students lacking access to digital tools and internet connectivity. The lack of digital skills among teachers and families further **widened educational inequality**, impacting the right to education for vulnerable groups, including immigrants and refugees.
Healthcare system deficiencies	The pandemic revealed significant **pre-existing deficiencies in Greece’s healthcare system, such as limited critical care capacity, underfunding, and shortages of healthcare personnel**. This lack of preparedness exacerbated the inequalities in access to healthcare and protection of health rights.
Neglect of vulnerable populations	There was **inadequate provision for the protection of vulnerable groups, such as refugees and the Roma**, who were already living in poor conditions. This neglect increased their risk of COVID-19 infection and highlighted broader

	systemic issues of inequality and discrimination in accessing basic health services.
Unequal treatment of religious gatherings	Authorities were **more lenient with religious places of worship compared to other public places.** This inconsistency raised **questions about equality and fairness**, potentially undermining public health efforts and causing division in public opinion.

Italy

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Economic Disparities	Many workers faced economic hardships due to restrictions, with layoffs and the inability to work leading to financial strain. The support measures provided were not always sufficient to address these disparities. Although not always adequate, there were weak efforts to provide financial support and other measures to mitigate economic disparities for workers unable to go to their workplaces or who were laid off.
Confusing and Inconsistent Regulations	In Apulia, the imposition of distance learning through Ordinance No. 407, which exceeded national requirements, caused confusion and inconsistency. This prolonged remote learning beyond the national mandate, negatively impacting students' educational rights and well-being.
Legal and Human Rights Concerns	Some legal practitioners and citizens argued that measures like mandatory vaccinations and the Green Pass infringed on fundamental rights, such as the right to privacy and free movement, raising concerns about the balance between public health and individual freedoms.

Portugal

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Challenges in Long-Term Care Facilities	Long-term care facilities, such as nursing homes, experienced significant challenges during the pandemic, including shortages of personal protective equipment (PPE), insufficient staff, and high infection rates. The elderly, a particularly vulnerable population, faced heightened risks, and many experienced isolation and inadequate care. This revealed weaknesses in the support systems for long-term care facilities and highlighted the need for better preparedness and resources.

Disparities in Access to Healthcare for Migrants	Migrants, especially undocumented migrants, faced significant barriers in accessing healthcare services. Language barriers, fear of deportation, and lack of information about available services contributed to these disparities. Migrants were less likely to seek medical help when needed, leading to untreated health issues and greater spread of COVID-19 within these communities. This highlighted gaps in inclusive healthcare provision and the need for policies ensuring that all residents can access necessary services without fear.

Slovenia

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Legal Challenges and Constitutional Concerns	The Constitutional Court of the Republic of Slovenia, the Information Commissioner and many legal experts warned the Slovenian government, that any encroachment on human rights must be regulated by law, a decree alone is not enough and that governing with the decrees should be allowed only in the state of war.
Inconsistency and Politicization in Slovenia's Crisis Communication	Slovenian government faced criticism about the inconsistency and non-clarity of government communications, due to changing guidelines and the perceived politicization of decisions, which sometimes led to public confusion and reduced trust in the measures being implemented.
Slovenian Government's Hostile Stance Towards Media, Civil Society and NGOs	The government has been accused of creating a hostile environment for media, civil society and NGOs. The failed attempts to evict NGOs and change the rules for public tenders led to international accusations of undermining freedom of expression and human rights. Slovenia also noted rise of fake news and increased threat for media freedom, as international media advocacy groups noted an increasingly hostile environment toward the media and a worrying increase in violence against journalists.
Inadequate Economic Support for Young and Other Vulnerable Groups and Small Businesses	The government did introduce economic support measures, while they were not sufficient to cover all vulnerable groups or sectors, particularly young, small businesses and self-employed individuals who faced significant financial difficulties.
Negative Impact on Human Rights	Measures, like movement restrictions and quarantine measures, raised concerns about their impact on human rights (like the right to privacy and freedom of movement), as their enforcement sometimes led to legal challenges and public debate.
Educational Disparities	The closure of schools and the shift to online learning posed challenges, while students without access to adequate technology or support at home, were exposed to educational equality and had their children‘s rights affected.

Overcrowded Public Facilities	Prisons and asylums were overcrowded

Spain

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF WEAK PRACTICES IDENTIFIED
Neglect of mental health	**No attention was paid to the mental health needs** generated in the population as a result of the pandemic, nor were specific concrete measures taken into account for people with previously diagnosed mental health illnesses.
Deficiencies in the health system	The pandemic **revealed significant deficiencies in the health system** for dealing with exceptional situations caused by the pandemic, such as **limited capacity for intensive care, lack of protective equipment for healthcare personnel, and neglect of illnesses other than COVID-19.**
Inequalities in restrictions depending on the territory	Initially, the restrictions were national in nature, but as the pandemic progressed, the government delegated management to the autonomous communities so that **restrictions on movement, the use of spaces, the management of vaccinations and access to health and educational resources were different depending on the place of residence, taking as a reference the incidence of the disease in each area.**

Sweden

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Protection of Vulnerable Groups	Despite efforts to protect vulnerable groups, such as the elderly and those with underlying health conditions, critics argue that more targeted and stringent measures could have been implemented earlier to prevent higher mortality rates in these populations.
Impact on Minority Communities	The pandemic response affected minority communities in Sweden, including immigrants and refugees. These communities faced barriers to accessing healthcare, information, and support services, exacerbating existing inequalities.
Employment Rights	The pandemic highlighted disparities in employment rights and protections, particularly for low-wage workers and those in precarious employment. Measures to contain the virus, such as restrictions on business operations, have disproportionately impacted these groups, leading to economic insecurity.

Healthcare System Strain	Sweden's healthcare system faced significant strain, raising questions about the adequacy of preparedness and response measures. This strain had implications for the right to access timely and quality healthcare services.

2.12.2 Weak praxes of handling COVID-19 pandemic in the context of mental health

While the topic of mental health has not been considered to its proper extent by politicians, people have a very violent memory of it and this trauma continues. Some of them say they no longer visit other people, others mentioned that their children or teenagers are less curious and cheerful, more pessimistic and anxious.

Bulgaria

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Lack of measures to protect the mental health of children and young people	The long period of online remote learning, which mirrored the in-person curriculum, had led to fatigue, social deficits and isolation for students.
Neglecting mental health	During the first year of COVID-19, no authority considered the mental health issues raised because of the pandemic and no preventive measure had been taken to tackle the problem.

Cyprus

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Lockdown impact	During the pandemic, the individuals experience domestic violence were increase by 30 %. The specific number was given by an NGO SPAVO, which supports victims of domestic violence, and the number was regarding the phone calls in their helpline following the outbreak. Specifically, the increase of 30 % on the phone calls took place from 9 March 2020 (first case of coronavirus) until the 17th of March 2020. NGO states “that the home restriction of women with their abuser under crisis conditions such as these, their isolation from social and working life and their exclusion from social support offer fertile ground for the perpetrator to consolidate control over the victim.” *(SPAVO, 2020).* By the end of March

	2020, SPAVO received 2075 calls, with 921 to be answered and 1154 to remain unanswered due to line fullness.

France

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Lack of mental health support	During the COVID-19, there was a lack of the mental health support in France.

Greece

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Limited access to Mental Health Services in many Rural Areas	While mobile mental health units were introduced, their coverage was often insufficient to meet the needs of all rural areas, leaving some regions underserved while for many areas there were difficulties accessing telehealth services due to poor internet connectivity and lack of digital literacy.(Greek Ministry of Health Reports)
Healthcare workers overwhelmed by insufficient staffing	Many healthcare workers reported high levels of burnout and stress while the demand for mental health services often exceeded the available resources.
Challenges in providing multilingual mental health support for refugees	Despite the presence of multilingual services, some refugees faced language barriers that limited their ability to access appropriate mental health care. There were instances where the mental health services provided did not fully address the cultural context of refugees, potentially reducing their effectiveness.
Delayed Implementation of telehealth services	Although telehealth was introduced, the implementation was sometimes slow, leading to delays in accessing mental health services.

Italy

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Psychological and Social Impact	Prolonged social isolation and restrictive measures had significant negative effects on mental health, particularly among young people. The increase in aggressive and transgressive behaviours highlighted the need for better mental health support and social assistance.
Inadequate Mental Health Support	There was a lack of sufficient national social assistance and specialized psychological pathways within schools to support young people in difficulty, despite the recognized need. There were insufficient supports for women with disabilities, particularly concerning access to hospitals.
Increased Stress from Educational Disruptions	The prolonged remote learning mandate in Apulia, which exceeded national requirements, contributed to stress and anxiety among students and their families, exacerbating mental health issues.
Impact on Women's Mental Health	Increased caregiving responsibilities and restricted mobility due to school closures disproportionately affected women's mental health, leading to higher stress levels and emotional strain.

Portugal

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Delays in Mental Health Support Implementation	There were delays in the implementation of mental health support programs, particularly at the beginning of the pandemic when the need for such services was rapidly increasing. Early in the pandemic, many people experienced heightened stress, anxiety, and uncertainty without sufficient access to mental health resources. This delay hindered the timely provision of critical support during the initial and most stressful phases of the crisis.
Underutilization of Preventive Measures	There was an underutilization of preventive measures aimed at mitigating mental health issues before they became severe. This includes a lack of proactive outreach and early intervention strategies. Without preventive measures, many individuals' mental health deteriorated to the point where more intensive and resource-consuming interventions were needed. Early intervention and preventive care could have reduced the overall burden on mental health services.

Slovenia

Pointing out the key challenges during the pandemic in connection to mental health detoriation can be noted in: income loss, instability of employment, school‘s lockdown, while the ongoing activities on the workplace, which put a lot of pressure on the parent‘s (especially mother‘s) side, poorly accessible mental health services and movement restrictions. The challenge was also connected to present stigmatization of mental health in Slovenia.

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Pandemic's Disproportionate Impact on Women's Mental Health	The pressure caused by pandemic affected the mental well-being of women more than men, especially when young children were present. In April 2020, women were also more likely than men to feel stressed (23 % compared to 19 %), lonely (14 % compared to 6 %) and depressed (14 % compared to 9 %). As women are more physically and mentally strained by the epidemic than men, the epidemic can cause short-term and long-term career interruptions of women. Also, women have a greater mere empathy, the fear of risking the health of family and friends put additional pressure on women. They are also socially inculcated to seek emotional support from others, which was greatly challenged by the power of social distancing.
High Prevalence and Inequality in Mental Health Disparities	In Slovenia, the prevalence of mental health problems has increased in recent years and is higher than the average of EU. Slovenia stands out in particular due to the high proportion of women with mental health problems and, at the same time, very high inequalities in mental health in relation to income.
Insufficient Support for Vulnerable Groups in Slovenia During the Pandemic	Slovenia experienced insufficient targeted interventions to support those most at risk, such as low-income populations, youth and women, who were disproportionately affected by mental health challenges during the pandemic.
Decline in Trust and Optimism	Despite high levels of well-being in Slovenia, people's trust in the European Union and the government was low, and people's optimism about their future also decreased.

Spain

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF WEAK PRACTICES IDENTIFIED
Denialism	In Spain, various public figures championed the denialist movement, which they echoed through social networks, causing confusion among the population, uncertainty and unease among citizens.
Inadequate mental health support	Although the need was identified, no specialized human, material or financial resources were provided to offer the necessary psychiatric, psychological

	and social care in terms of mental health, both for people with previous chronic illnesses and for mental illnesses caused by the pandemic.
Impact on the mental health of women and healthcare personnel	The increase in responsibilities for caring for children, families and dependent persons, Restricted mobility , school closures and teleworking affected women's mental health to a greater extent , generating higher levels of stress and conflicts at the household level. emotional . The health and social situation experienced by healthcare personnel during the most critical moments of the pandemic and prolonged throughout it generated mental health problems in healthcare personnel, a sector in which ¾ of its professionals are women.

Sweden

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Delayed Recognition of Mental Health Impacts	Swedish authorities initially focused more on physical health aspects of the pandemic, with delayed recognition of the significant mental health impacts, such as anxiety, depression, and social isolation.
Lack of Targeted Support for Vulnerable Groups	Adequacy of targeted mental health support for vulnerable groups, including the elderly, individuals with pre-existing mental health conditions, and those in socioeconomically disadvantaged situations. These groups needed more tailored interventions to address their specific needs and challenges during the pandemic.
Limited Access to Mental Health Services	There were reports of limited access to mental health services, particularly during the early stages of the pandemic when healthcare resources were strained. This could have affected individuals' ability to seek timely support for mental health issues exacerbated by the crisis.
Impact of Isolation Measures	While Sweden advocated for a strategy that relied more on voluntary social distancing rather than strict lockdowns, concerns were raised about the mental health impact of prolonged isolation and lack of social interaction, especially for vulnerable groups and individuals living alone.

2.12.3 Weak praxes of handling COVID-19 pandemic in the context of work life balance of women

Bulgaria

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Rise of domestic violence	There are no official statistics on cases of domestic violence in Bulgaria, but the NGO sector reports that calls to hotlines for victims of domestic violence have increased by 30 to 50 % during the pandemic. Shelter and protection centers for such victims are woefully inadequate and victims often do not have access to them.

Cyprus

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Lockdown impact	During the pandemic, the individuals experience domestic violence were increase by 30 %. The specific number was given by an NGO SPAVO, which supports victims of domestic violence, and the number was regarding the phone calls in their helpline following the outbreak. Specifically, the increase of 30 % on the phone calls took place from 9 March 2020 (first case of coronavirus) until the 17th of March 2020. NGO states "that the home restriction of women with their abuser under crisis conditions such as these, their isolation from social and working life and their exclusion from social support offer fertile ground for the perpetrator to consolidate control over the victim." *(SPAVO, 2020).* By the end of March 2020, SPAVO received 2075 calls, with 921 to be answered and 1154 to remain unanswered due to line fullness.

France

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Anxiety and frustration	Some women have had to organise their lives differently by having their children at home all the time. They had to take care of shopping, home schooling and keeping the children occupied, without having any time to rest, which may have caused psychological problems and frustration.

Domestic violences	Nothing specific has been put in place to protect domestic violence. In fact, women have been the victims of more violence as a result of confinement, and few loopholes have been developed to help them.

Greece

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Increased gender-based violence and lack of effective response	There was a notable rise in gender-based violence and domestic violence against women during the pandemic, yet there were insufficient measures or support systems to effectively address this issue. The increase in femicide cases in 2021 and 2022 further highlights the inadequacy of protective measures for women in crisis situations.
Limited support for work-life balance	Women faced more difficulties in balancing work and family life compared to men, with a significant increase in the burden of household responsibilities and caregiving during lockdowns. The lack of policies or support systems to mitigate these challenges exacerbated gender inequality, especially for those with unregistered or part-time jobs.
Economic vulnerability and job insecurity	Women in Greece were disproportionately affected by economic impacts, being more likely to lose jobs or face income insecurity due to their concentration in sectors severely impacted by the pandemic (e.g., caregiving, sales, hospitality). The lack of targeted economic relief or policies to support women in precarious employment conditions exposed their economic vulnerability.

Italy

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Impact on Women's Mobility	Mobility restrictions severely limited the free movement of women, particularly those aged 25-44, who often had to stay home to care for children during school closures.
Economic Disparities	Women faced economic hardships due to layoffs and the inability to work, with many not receiving sufficient support to mitigate these impacts.
Increased Caregiving Burden	School closures disproportionately increased the caregiving burden on women, limiting their ability to balance professional responsibilities and personal freedom.

Confusing and Inconsistent Regulations	Apulia's prolonged remote learning mandate, which exceeded national requirements, created additional stress and responsibilities for women managing their children's education at home.
Lack of Targeted Economic Support	The support measures did not adequately address the specific economic challenges faced by women, particularly those balancing work and increased caregiving duties.

Portugal

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Healthcare and Reproductive Rights	Access to Reproductive Health Services: Maintained access to essential reproductive health services, including contraception and maternity care, despite the strains on the healthcare system. Telemedicine Services: Expanded telemedicine services to provide remote consultations and support for women's health issues.
Educational Support and Digital Inclusion	Support for Remote Learning: Provided resources and support to ensure that women and girls could continue their education remotely, addressing the digital divide.
Lack of Support for Women's Employment	Despite government efforts to provide financial aid, there was insufficient focus on protecting women's employment. This worsened the existing gender pay gap and pushed more women into economic precarity, highlighting the need for better-targeted policies to safeguard women's labor rights during crises.
Economic Disparities	Women in Portugal were overrepresented in sectors hardest hit by the pandemic, such as tourism, retail, and caregiving. Government support measures, however, were insufficiently targeted at these sectors, exacerbating pre-existing economic inequalities and limiting women's financial independence during and after the pandemic.

Slovenia

To more effectively address these inconsistencies, there is an urgent need for a gender-segregated comprehensive approach to tackling the future pandemic situations.

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Surge in Gender-Based Violence and Domestic Murders	According to the National Institute of Public Health (NIJZ), the number of reported cases of gender-based violence increased in 2020, amid the COVID-19 pandemic, while the cases of gender-based violence continued to rise in 2021; the number of domestic murders reached the pre-pandemic average by the end of March.
Exacerbated Gender Disparities	The measures of COVID-19 have disproportionately affected the female labour market due the gender imbalances in various jobs in the economy. Women, particularly those in low-paid and temporary jobs, faced increased economic and social vulnerabilities. Pandemic also affected their employment opportunities and increased their unpaid work burden.
Economic Crisis Impact	The economic downturn affected employment, reflected in job losses in sectors predominantly staffed by women such as personal services and retail. The government's economic support measures were crucial but did not fully address the deeper, structural gender disparities in the labor market.
Inadequate (Mental) Support for Work-Life Balance for Women (especially Mothers)	The shift to remote work and school closures placed a disproportionate burden on women, exacerbating conflicts between professional and private life. This was particularly challenging for parents of young children, with women more likely than men to report difficulties in balancing work and family responsibilities. Mentioned also reflected in poor mental health challenges for women.
Greater Strain on Women's Health and Careers During the Epidemic	Women were more physically and mentally strained by the epidemic than men, which caused short-term and long-term career interruptions of women.

Spain

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF WEAK PRACTICES IDENTIFIED
Limited support for work- life balance	Women have taken on greater responsibilities during the pandemic, showing greater difficulty in terms of realities such as double shifts, mental burden and real problems of work-life balance, work and family, since during confinement the burdens of domestic, academic, work, health and care responsibilities increased

Economic vulnerability and job insecurity	In Spain, women mostly have leave to care for children in their care, reduced working hours for care, part-time jobs, so they were the ones who saw themselves affected by the economic fallout, as they were more likely to lose their jobs or face income insecurity due to their concentration in sectors severely affected by the pandemic (e.g. care, retail and hospitality). The lack of targeted financial assistance or support policies for women in precarious employment conditions exposed their economic vulnerability.

Sweden

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Impact on Women in Essential Services	Many women working in essential services like healthcare and elderly care, had limited access to protective gear and support for their mental health. Balancing work and caregiving responsibilities was tough during this time.
Increased Domestic Burdens	Women were exposed to increased domestic burdens during the pandemic.
Access to Healthcare Services	Women, especially those from marginalized communities or with limited resources, faced barriers to accessing healthcare services, including sexual and reproductive health services.
Domestic Violence	There were reports of increased incidents of domestic violence during lockdowns, highlighting gaps in prevention and support services that need to be addressed.

2.13 Summary of challenges and good practices identification across studied countries

Bulgaria

Challenges:

- Significant political instability and frequent elections, leading to public dissatisfaction and polarization.
- Domestic violence increased but was less publicly addressed.
- Challenges in accessing healthcare due to postponed surgeries and treatment delays.
- The economic impact was less severe compared to political and social challenges, with ineffective use of recovery funds.

Good practices:

- **Government Measures:** Bulgaria declared a state of emergency from March 2020 to March 2022. Measures included special shopping hours for the elderly, economic support for businesses, unlimited sick leave for parents, and financial stimuli for healthcare professionals.
- **Economic Measures:** Financial compensation for businesses and support for the tourism sector. The government also provided financial incentives for front-line workers.

Cyprus

Challenges: Cyprus faced numerous challenges during the pandemic, including mental health issues, domestic violence, misinformation about vaccination, and a disrupted work-life balance for women. A unique challenge for Cyprus was the closure of checkpoints due to the country's division, which hindered movement and aid.

Good practices:

- **Domestic Violence Campaign:** The organization PAVO launched a successful media campaign with social media posters and a website chat function to discreetly support victims of domestic violence.
- **Vaccination Information Events:** Organizations like CARDET held events to debunk myths and provide accurate information about COVID-19 vaccines, helping the public identify misinformation.
- **Active Citizenship Platform:** A pre-existing online platform was heavily utilized during the pandemic, allowing citizens to observe parliamentary procedures and engage in digital democracy.

France

Challenges: France dealt with widespread misinformation, aggressive democratic debates, violation of fundamental rights (such as freedom of movement and education) and increased domestic violence. The healthcare system was also overwhelmed, leading to delayed non-emergency medical interventions. Women, especially those in frontline jobs and those caring for children at home, were disproportionately affected.

Good practices:

- **Expert-Driven Decision Making:** France emphasized decisions based on expert opinions, which, despite leading to heated debates, ensured that public health measures were well-informed.
- **National Consultative Commission of Human Rights:** This body highlighted concerns about the respect of fundamental rights, prompting discussions on legal and ethical considerations during emergency states.
- **Enhanced Healthcare System:** The pandemic led to improvements in the healthcare system, including the creation of new intensive care units and the hiring of additional medical staff.

Greece

Challenges: Greece faced economic contraction, particularly in tourism, healthcare system overload, increased mental health issues, and delays in vaccinations. The pandemic also led to public compliance fatigue and debates over vaccination policies, which some perceived as infringing on personal freedoms.

Good practices:

- **Proactive Strategy:** The government adopted an early and proactive approach, implementing lockdowns before other countries and relying heavily on expert communication to keep the public informed.
- **Clear Communication:** Regular press briefings by doctors and experts helped maintain public trust and provided consistent updates on the pandemic.
- **Technological Utilization:** The government developed a comprehensive website to inform and guide the public, ensuring everyone had access to necessary information and health protection measures.
- **Healthcare Enhancements:** Despite initial overload, Greece enhanced its healthcare system with new intensive care units and recruited additional medical staff, preparing for future crises.

Italy

Challenges: Italy, particularly the Lombardy region, was among the hardest hit in Europe, facing severe impacts from early in the pandemic. Key challenges included significant human rights restrictions, such as limitations on freedom of movement and association, which were enforced during lockdowns. The pandemic caused economic strain, with many losing their jobs and the public health system struggling under the pressure of the crisis. Additionally, Italy experienced issues with misinformation and transparency, complicating the public's ability to navigate the situation effectively.

Good practices:

- **Digitalization and Communication:** Italy improved digital engagement by holding municipal meetings online, allowing greater public participation. The use of digital platforms for pandemic updates also increased.
- **Vaccination Prioritization:** The country implemented a phased vaccination strategy, prioritizing vulnerable populations and managing to vaccinate a significant portion of the population despite initial skepticism.
- **Economic Support Measures:** The government introduced measures to support businesses and workers, including the PNR funds to aid self-employed individuals and entrepreneurs.
- **Remote Education:** The shift to remote learning was a significant change, with increased digitalization in education becoming a lasting impact of the pandemic.

Portugal

Government Measures: Portugal experienced a three-month lockdown in 2020, including school closures, restaurant restrictions, and mandatory teleworking. There were also innovative measures such as suspension of rent payments, delay of evictions, and support for companies to prevent layoffs.

Economic Measures: Financial aid included compensation for businesses, temporary regulations for migrants, and early release of prisoners to reduce population density. Strict measures were implemented in Madeira with mandatory quarantines.

Challenges:

- Balancing regional autonomy and national coherence, especially in Madeira.
- Legal challenges regarding face mask mandates.
- Disproportionate job losses and increased care responsibilities impacting women more than men.
- Mental health issues and domestic violence rose significantly.

Slovenia

Challenges: Slovenia faced similar challenges to other countries, including economic impacts, job losses, and healthcare system strain. The country also grappled with misinformation and delays in vaccine distribution. Specific challenges included difficulties with remote education and the management of self-employment during the pandemic.

Good practices:

- **Economic Recovery Initiatives:** Slovenia implemented measures such as tourism recovery coupons to stimulate the economy post-pandemic.
- **Support for the Self-Employed:** The government provided financial support packages, though some challenges remain, such as the repayment of aid by self-employed individuals who later experienced increased income.

Spain

Challenges: Spain experienced high levels of domestic violence, misinformation, and significant strain on its healthcare system. Economic difficulties and job losses were also notable challenges, with many struggling to cope with the impact of the pandemic.

Good practices:

- **Domestic Violence Support:** Spain enhanced support for domestic violence victims, providing additional resources and services during the pandemic.
- **Healthcare System Adaptation:** The country made efforts to adapt its healthcare system to manage the influx of COVID-19 patients and maintain care for other medical needs.

- **Public Information Campaigns:** Spain conducted extensive public information campaigns to counter misinformation and provide clear guidance on health measures and vaccination.

Sweden

Government Measures: Sweden opted for a decentralized, voluntary strategy, focusing on social distancing, hygiene, and remote work rather than a full lockdown. The approach emphasized personal responsibility and recommended restrictions.

Economic Measures: Government aid programs supported sectors experiencing downturns. Public health measures included free transportation to support mobility and care for the elderly.

Challenges:

- Criticism for higher per capita death rates and perceived shortcomings in protecting vulnerable groups.
- Balancing public health and economic concerns with minimal restrictions led to societal divisions.
- Criticism for the strategy's effectiveness and the impact on vulnerable populations.
- Mental health issues and domestic violence increased, exacerbated by online environments.

We can point different similarities, handling the COVID-19 pandemic in researched countries:

- Many countries, including Bulgaria, France, Greece, Slovenia, Spain, and Italy, experienced **healthcare system overloads**, delays in medical treatments, and increased demand for medical services, especially in intensive care units.
- Bulgaria, Cyprus, France, Portugal, Slovenia, Spain, and Sweden reported a rise in **domestic violence and mental health problems**. This was often exacerbated by lockdowns and social isolation.
- **Misinformation about COVID-19 and vaccines** was a challenge across countries like Cyprus, France, Greece, Italy, Slovenia, and Spain. Many governments tackled this with public information campaigns or expert-led communication strategies.
- Countries like Italy, Greece, Portugal, Slovenia, and Spain experienced **significant economic challenges**, including job losses and business closures. Various support measures, like tourism recovery incentives and financial packages, were implemented.
- Countries such as Bulgaria, Italy, Cyprus, and Sweden implemented **financial aid and healthcare incentives for vulnerable groups** like frontline workers and the elderly.
- Many countries, including Greece, Italy, and Spain, **quickly adapted to remote learning to ensure educational continuity**. This often included distributing resources and technology to students in need.
- Countries **implemented measures like information portals (Bulgaria), vaccination campaigns (France, Italy), and use of technology for contact tracing (Slovenia).** These actions were generally aimed at reducing the spread of the virus while protecting public health.
- Several countries, including Portugal, Sweden, and Spain, focused **specifically on protecting vulnerable populations**, such as the elderly, those with health conditions, and victims of domestic violence.

- Nations like Cyprus and Sweden **adopted measures to ensure safe working conditions**, including guidelines for hygiene, remote working, and information dissemination in multiple languages.

While we found also differences in handling COVID-19 pandemic:

- Sweden had a decentralized, voluntary strategy with minimal restrictions, whereas Bulgaria, Cyprus, Portugal, Spain and Greece enforced strict lockdowns and state-of-emergency measures.
- France created an observatory to monitor the impact of health emergency measures on human rights, a unique approach compared to others. Italy focused on legislative actions to mandate vaccination for healthcare workers.
- Cyprus had the unique challenge of closed checkpoints due to the island's division, while Sweden prioritized personal responsibility over strict mandates.
- Italy and Greece significantly improved their digital infrastructures, including online education and municipal meetings, whereas countries like Bulgaria and Slovenia focused more on economic recovery initiatives like tourism vouchers.
- While Portugal expanded telehealth services to address mental health needs remotely, Slovenia had high rankings in mental well-being, indicating a relatively better psychological state among its citizens. This shows differing outcomes of pandemic management on public mental health.
- Italy implemented a phased vaccination strategy prioritizing vulnerable populations, whereas countries like Cyprus focused on debunking myths about vaccines through information campaigns.
- The economic impact varied, with Bulgaria experiencing a less severe economic downturn compared to its political and social challenges, while countries like Italy, Spain, and Portugal faced deep economic crises with extensive job losses.
- France and Greece took a highly expert-driven approach to crisis management, often relying on expert advice and maintaining clear communication with the public. Meanwhile, Sweden took a more hands-off approach, leading to societal divisions regarding public health versus personal freedom.
- Portugal and Sweden had extensive measures to support women, including domestic violence initiatives and economic support. In contrast, other countries like Bulgaria focused more on specific tools like e-diaries to monitor women's experiences during the pandemic.

One of good praxis in the pandemic times, was also pointed out in one of the events during the project HEARD: Three police officers formulated a WhatsApp group regarding all the pregnant women in their area. They provided them with medical facilities and all the essentials, that they needed during the pregnancy time. They also assisted them, when needed in transportation or medications. They also brought cake and flowers to the women, which gave birth. This praxis was acknowledged national wide as a good praxis.

While many of these countries faced similar challenges such as overburdened healthcare systems, economic hardship and domestic violence, the approaches to managing the pandemic and implementing recovery strategies were very different. Some countries emphasised digital solutions, others focused on strict lockdowns, and some, like Sweden, took a more relaxed, voluntary approach reflecting different national priorities and capacities.

3 COMPARATIVE ANALYSIS OF COVID-19'S IMPACT ON DEMOCRACY, HUMAN RIGHTS, AND WOMEN'S RIGHTS: CASE STUDIES FROM LOMBARDY AND APULIA, ITALY

Regional Context

Lombardy

Lombardy is a region located in the northwestern part of Italy. Lombardy is located between the Alps mountain range and tributaries of the river Po, and includes Milan, its capital, the largest metropolitan area in the country, and among the largest in the EU. It is the second most populous region of the European Union (EU), and the second region of the European Union by nominal GDP. Lombardy is the first region of Italy in terms of economic importance, contributing to approximately a fifth of the national gross domestic product.

Agricultural productivity in Lombardy consists of growing fodder, cereals (rice, wheat, maize), and sugar beet. Higher plains yield cereals, vegetables, and fruits, while upland areas produce fruits and wine. Lombardy is a major animal breeding centre, especially for dairy cows and pigs. Lombardy's wine production consists of sparkling wines like Franciacorta and Oltrepò Pavese. Lombardy also produces still red, white, and rosé wines, including Nebbiolo from Valtellina and Trebbiano di Lugana from Lake Garda. It boasts 15 DOC, 3 DOCG, and 13 IGT wine designations, with an annual production of about 1.4 million hectolitres.

A large production of semiconductor in Europe comes from a company in Lombardy, Milan, a global fashion capital, is a hub for silk and textile production, alongside cities like Pavia, Vigevano, and Cremona. It hosts around 12,000 companies, 800 showrooms, and 6,000 sales outlets, including the renowned Quadrilatero della Moda shopping district.

For tourism, the region boasts a rich cultural heritage, from Roman to Renaissance artefacts, found in museums and churches. Major tourist destinations include Milan, Lake Garda, Lake Como, Bergamo, and Brescia. Pre-Alpine lakes, like Lake Como, are known for their scenic beauty and celebrity-frequented villas. Lombardy also attracts tourists to its Alpine valleys and historic cities.

Apulia

Apulia, known as Puglia in Italian, is a region located in the southeastern part of Italy, forming the heel of the Italian "boot." The region is characterised by a unique blend of economic, social, and political attributes.

Agriculture, particularly olive farming and production of olive oil is a cornerstone of Apulia's economy. The region is Italy's leading producer of olive oil, contributing significantly to the country's overall output. Additionally, Apulia has a growing industrial sector, including aerospace, automotive, and renewable energy industries. Tourism also plays a vital role, driven by the region's rich cultural heritage and beautiful landscapes.

Apulia boasts a rich cultural heritage influenced by Greek, Roman, Byzantine, and Norman civilizations. The region is known for its strong sense of community, hospitality, and vibrant traditions,

including festivals and local cuisine centred around olives and olive oil. Despite economic progress, challenges like youth unemployment and emigration persist.

Politically, Apulia is governed by a regional president and council. The region's political scene is dynamic, focusing on economic development, environmental protection, and social welfare. Apulia is proactive in promoting sustainable development and addressing climate change, crucial for its olive farming and overall environmental health.

Severity of COVID-19 impact (case numbers, healthcare system strain, etc.).

Lombardy

Lombardy was among the regions most severely affected by COVID-19, particularly in the early stages of the pandemic in 2020. The region experienced a sharp rise in cases and overwhelming pressure on its healthcare system.

As the centre of Italy's outbreak, Lombardy saw high infection rates, accounting for over 40 % of Italy's confirmed COVID-19 cases by mid-2020. By early April, Lombardy alone had recorded more than 50,000 cases, out of the country’s total of 130,000. The number of daily cases surged in waves, with a peak in March 2020 and another in late 2020, pushing the total number of cases in the region to around 500,000 by the year’s end.

Hospitals in Lombardy were overwhelmed during the initial outbreak, with intensive care units reaching full capacity. Many hospitals faced critical shortages of ventilators, beds, and protective equipment (PPE). In March 2020, conditions worsened to the point where some patients had to be transferred to other regions or countries, and makeshift hospitals were set up, including one in Fiera Milano, to accommodate the overflow.

Healthcare workers were under extreme strain, dealing with exhaustion and staff shortages as many contracted the virus themselves.

The death toll in Lombardy was also high, with the region accounting for nearly half of Italy’s COVID-19 fatalities by mid-2020. By June, over 13,000 deaths had been reported. Mortality rates were especially high in cities like Bergamo and Brescia, where hospitals were overwhelmed, and the sight of military trucks transporting coffins in Bergamo became a powerful image of the pandemic’s toll on Italy.

Lombardy was one of the first European regions to impose strict lockdowns in March 2020, causing significant social and economic disruptions. While testing and contact tracing improved over time, the early phases of the pandemic revealed gaps in Italy’s preparedness for such a crisis.

Concluding, Lombardy experienced one of the most devastating impacts of COVID-19 in Europe, marked by high case numbers, a strained healthcare system, and a significant loss of life, especially during the pandemic's first wave.

Apulia

Apulia experienced significant challenges during the COVID-19 pandemic, though it was not as severely affected as some northern Italian regions. The region saw a steady rise in cases during the initial waves, with notable peaks in infection rates during the fall of 2020 and early 2021.

As of the latest available data, Apulia reported approximately 800,000 confirmed COVID-19 cases since the start of the pandemic. The region experienced notable peaks during the fall of 2020 and early 2021, significantly increasing the total number of infections.

The death toll in Apulia due to COVID-19 reached around 8,000. This mortality rate, while severe, was lower compared to some of the hardest-hit northern regions of Italy.

The healthcare system in Apulia faced considerable strain during the pandemic. Hospitals and medical facilities were overwhelmed, particularly during peak periods. Intensive Care Units (ICUs) were stretched to their limits, and there was a shortage of medical supplies and personnel. At the height of the crisis, the occupancy rate of ICUs reached over 90 %, prompting emergency measures to expand hospital capacity and secure additional resources.

In response to the pandemic, Apulia's regional government collaborated with national authorities to implement various support measures, including financial aid for businesses and workers, as well as initiatives to strengthen the healthcare infrastructure. Recovery efforts have focused on revitalising the economy, particularly the tourism and agriculture sectors, and continuing to bolster the healthcare system to prepare for future public health challenges. By 2023, the region had seen a gradual recovery, with improvements in both the economic and healthcare sectors.

Impact on Democracy

Lombardy

During the COVID-19 pandemic, Lombardy experienced strict government measures, evolving public responses, and notable policy changes.

Early localised lockdowns in February 2020 expanded to a full regional lockdown by March, followed by curfews and travel restrictions. A colour-coded system introduced in late 2020 continued restrictions based on infection rates. Lombardy's overwhelmed healthcare system led to emergency field hospitals, ICU prioritizations, and later, a criticised slow vaccine rollout.

The public initially compiled due to fear and high mortality rates. Over time, trust in regional authorities eroded due to healthcare system failures, vaccine rollout delays, and perceived mismanagement. Protests arose against extended lockdowns, especially from small business owners.

The pandemic exposed weaknesses in Lombardy’s privatised healthcare system, prompting calls for reforms and stronger regulation, especially in long-term care facilities. Public services embraced digital tools, including remote work, telemedicine, and e-government. Economic relief measures focused on business recovery and digital transformation, alongside national aid packages.

At a political and institutional level, the regional government's handling of the crisis led to political tensions, calls for reform, and debates over the centralization of healthcare management in Italy.

In summary, the COVID-19 pandemic dramatically reshaped Lombardy’s governance, healthcare policies, and public trust in institutions. The region faced an unprecedented public health crisis, leading to strict governmental measures, an evolving public response, and long-term shifts in public policy aimed at addressing systemic weaknesses exposed by the pandemic.

To combat the spread of the virus, Apulia implemented strict lockdowns, social distancing protocols, and mandatory mask-wearing. The region also ramped up its testing and contact tracing efforts to

identify and isolate cases more effectively. By mid-2021, Apulia had administered millions of vaccine doses, with a significant portion of the population receiving full vaccination. Special efforts were made to reach rural and remote areas to ensure widespread vaccine coverage.

The pandemic had profound economic and social impacts on Apulia. The tourism sector, a vital part of the regional economy, suffered greatly due to travel restrictions and lockdowns, resulting in a sharp decline in tourist arrivals and revenues. Olive farmers and other agricultural producers faced disruptions in supply chains and labour shortages, further straining the local economy. Socially, the pandemic led to increased isolation, mental health challenges, and disruptions to education, affecting the quality of life for many residents.

Comparative analysis of the COVID-19 impact in Apulia vs Lombardy

Apulia

Apulia enforced multiple lockdowns, particularly during the peaks of infection. These lockdowns included the closure of non-essential businesses, schools, and public spaces. Initially, there was a high level of compliance with the lockdowns and curfews, as residents understood the severity of the pandemic. However, over time, fatigue set in, and some segments of the population began to resist ongoing restrictions.

Trust in the regional and national government varied. Initially, there was considerable support for the measures, as they were seen as necessary to protect public health. However, prolonged restrictions, economic hardships, and perceived inconsistencies in policy enforcement led to growing scepticism and criticism from some quarters. There were instances of protests against the lockdowns and economic shutdowns, particularly from business owners and workers in sectors hit hardest by the restrictions, such as tourism, hospitality, and retail.

The pandemic prompted several significant changes in public policy and administration in Apulia. Investments were made to strengthen the healthcare system, including increasing ICU capacity, securing more medical supplies, and improving hospital infrastructure. There was also a push to enhance telemedicine services to reduce the strain on physical healthcare facilities. The regional government rolled out various economic support measures, including grants and loans for small businesses, unemployment benefits, and subsidies for affected sectors. These measures aimed to mitigate the economic impact of the pandemic and support recovery. The pandemic accelerated digital transformation within the public administration. Online services and e-governance platforms were expanded to facilitate remote access to government services, reduce bureaucracy, and improve efficiency.

In summary, Apulia's response to the COVID-19 pandemic involved stringent governmental measures such as lockdowns, curfews, and travel restrictions. The public's response was initially supportive but grew more critical over time due to economic and social strains. The pandemic led to significant changes in public policy and administration, with a focus on strengthening health infrastructure, providing economic support, and accelerating digital transformation. Enhanced public health policies were introduced, focusing on improved disease surveillance, testing, and contact tracing. The vaccination campaign was a major focus, with efforts to ensure widespread and equitable distribution of vaccines across the region.

Lombardy

The severity of the COVID-19 pandemic in Lombardy significantly impacted democratic practices. Since emergency decrees and lockdowns were imposed by both national and regional authorities, centralising decision-making and reducing the role of regional autonomy and parliamentary oversight. Liberties such as lockdowns, curfews, and bans on gatherings limited freedoms like movement and assembly, restricting public protests and political participation. Digital contact tracing raised privacy concerns. Elections were delayed, and political campaigning moved online, limiting engagement, especially for those without digital access. The mishandling of healthcare and other services led to public dissatisfaction, protests, and civil disobedience, undermining trust in government institutions. With in-person engagement restricted, digital platforms became central to political communication, though this exposed gaps in access and digital literacy. Populist movements gained momentum, criticising lockdowns and government overreach, which polarised the political landscape. The crisis highlighted the need for reforms in crisis management, healthcare governance, and public accountability to strengthen democratic governance.

Impact on Human Rights

Lombardy

During the height of the COVID-19 pandemic, Lombardy experienced strict lockdowns, curfews, and bans on public gatherings, severely restricting civil liberties like freedom of movement and assembly. Non-essential businesses were closed, and people had to justify their movements with "self-certification forms." Privacy concerns also arose as digital contact tracing via the *Immuni* app and surveillance through telecommunications and drones monitored movement, sparking fears of long-term state surveillance.

Economically, the lockdown disproportionately affected vulnerable populations. Low-income workers, those in the informal economy, migrants, small businesses, and women were hit hardest. Many lost jobs or income, while migrant workers and the homeless faced heightened challenges. Despite government efforts, such as financial aid, grants, and eviction moratoriums, recovery remained uneven, deepening economic inequalities.

The social impacts were severe, with rising mental health issues, especially among vulnerable groups, and increased domestic violence due to lockdowns.

Apulia

During the COVID-19 pandemic, the Apulian government implemented strict measures to curb the spread of the virus. Movement was restricted, with residents required to stay home except for essential activities such as grocery shopping, medical appointments, and exercise. Nightly curfews were imposed, typically from 10 PM to 5 AM, to limit social interactions and reduce the spread of the virus. These curfews were strictly enforced by local authorities. Travel between regions and even within Apulia was heavily restricted, especially during peak infection periods. Entry and exit from the region were controlled, and travel was permitted only for essential reasons.

The economic repercussions of the pandemic were significant, particularly for vulnerable populations. Sectors such as tourism, hospitality, and retail were severely affected, leading to widespread job

losses and reduced incomes. Vulnerable groups, including low-wage workers, temporary employees, and informal sector workers, were hit hardest. In response, the Apulian government introduced various economic support measures, including grants and loans for small businesses, unemployment benefits, and subsidies for affected sectors. Despite these efforts, many individuals and families faced financial hardships.

The strain on the economy also affected social services, with increased demand for food assistance, housing support, and mental health services. The regional government worked to bolster these services but faced challenges due to the scale of need.

COVID-19 Pandemic Response

Lombardy

During the COVID-19 pandemic, Lombardy was one of the hardest-hit regions in Italy and Europe. The region's initial response was widely criticised for prioritising individual freedom and market interests over collective public health measures. For instance, delays in lockdowns and limitations on the movement of people, combined with the strain on its hospital system, led to a humanitarian crisis. There was tension between protecting public health and safeguarding personal freedoms, with some arguing that Lombardy's prioritisation of economic activity compromised its ability to effectively manage the health emergency.

Apulia

Apulia, which had lower infection rates than Lombardy during the pandemic, adopted a more cautious approach with earlier lockdowns and stronger public health measures. The region's governance leaned more toward public health protection over individual economic freedoms during the pandemic, which helped keep its infection rates lower. In Apulia, the emphasis on community solidarity and protecting the vulnerable was seen as part of balancing human rights with public health needs.

Impact on Women's Rights

Lombardy

During the COVID-19 pandemic, Lombardy saw a rise in gender-based violence (GBV) as lockdowns trapped many women with abusers, while access to shelters and support services was limited. Legal protections were also delayed, exacerbating the problem.

Economically, women were disproportionately affected. Many lost jobs, particularly in sectors like retail and hospitality, while caregiving responsibilities increased due to school closures. Women in informal jobs, such as domestic workers and migrants, faced heightened financial insecurity.

Access to healthcare, including reproductive services, was disrupted as the healthcare system was overwhelmed by COVID-19 cases. Women struggled to access prenatal care, contraception, and abortion services, and telemedicine was not widely available to all. The pandemic worsened gender inequalities in safety, employment, and healthcare access in Lombardy.

Apulia

The COVID-19 pandemic led to an alarming increase in gender-based violence (GBV) in Apulia. Reports of domestic violence surged during lockdown periods, with calls to helplines and shelters increasing by approximately 30 %. Factors such as economic stress, confinement at home, and reduced access to support services contributed to the rise in GBV incidents. The regional government and NGOs expanded support services, including hotlines and temporary shelters, to assist victims of domestic violence. However, these measures struggled to keep up with the growing demand.

Economic impact on women in Apulia was also quite strong. Women were more likely to lose their jobs or experience reduced working hours due to their overrepresentation in affected sectors like retail, hospitality, and personal services. Female unemployment rates increased by 15 % during the peak of the pandemic. With schools and childcare facilities closed, women took on greater caregiving responsibilities at home, further limiting their ability to work. This unpaid labour increased significantly, impacting their financial stability and career progression. Many women faced challenges returning to the workforce, leading to a decrease in female labour force participation by around 10 %.

Comparative Analysis

During the COVID-19 pandemic, Lombardy and Apulia took different approaches to protecting women's rights, influenced by their distinct economic, healthcare, and cultural contexts:

- Healthcare Access: Lombardy's privatised system struggled with providing women’s health services during the pandemic, while Apulia, with its more public-focused system, ensured better continuity for maternal and reproductive care.
- Domestic Violence: Lombardy’s response to the rise in domestic violence was slower and less coordinated, while Apulia acted quickly, expanding shelters and support services for women in crisis.
- Economic Support: Lombardy’s economic policies did not specifically address the disproportionate impact on women, whereas Apulia introduced targeted financial support for female workers and entrepreneurs, along with childcare assistance.
- Support for Vulnerable Women: Lombardy provided limited help for migrant and low-income women, while Apulia worked more effectively to ensure healthcare and social services for marginalised women, including migrants and those in rural areas.
- Cultural Attitudes: Lombardy’s focus on economic liberalism meant women’s rights were not a central priority, while Apulia’s emphasis on social solidarity led to a more inclusive, gender-sensitive response.

Overall, we can conclude that Apulia's response was more proactive and inclusive in addressing the specific challenges women faced during the pandemic, while Lombardy's policies were slower to recognize and respond to these needs.

Conclusion

The COVID-19 pandemic had significant implications for Italy and other countries, particularly in the areas of democracy, human rights, and women’s rights.

In terms of democracy, emergency measures such as lockdowns and restrictions on movement strained democratic processes. Elections were postponed, civic participation was limited, and public trust in governments eroded due to inconsistent responses. These restrictions on civil liberties raised

concerns about the long-term impact on freedoms, especially as marginalised groups and minorities were disproportionately affected.

Regarding human rights, vulnerable populations such as migrants, refugees, and low-income communities faced severe challenges, including limited access to healthcare and economic support. Increased policing to enforce lockdowns sometimes led to abuses of power, with minority groups often bearing the brunt of these measures. This highlighted the need for more equitable enforcement of laws and stronger oversight to prevent discrimination and abuse.

Women's rights were particularly affected during the pandemic. Women were more likely to lose jobs due to their overrepresentation in sectors like retail and hospitality, which were hardest hit by the economic fallout. Additionally, the burden of unpaid care work increased as schools and childcare facilities closed. Lockdowns also led to a rise in domestic violence, with victims having limited access to support services. Furthermore, women's access to essential healthcare services, including reproductive health, was disrupted due to overwhelmed healthcare systems.

To improve resilience in times of crisis, governments must prioritise transparent governance, ensuring clear communication and avoiding unnecessary extensions of emergency powers. Digital platforms should be developed to facilitate remote voting and civic engagement, allowing citizens to participate even during lockdowns. Free and fair elections must be safeguarded, with expanded mail-in or absentee voting when in-person elections are not possible.

In protecting human rights, emergency restrictions should be proportional, time-limited, and regularly reviewed. Governments must ensure equal access to healthcare, housing, and economic aid, particularly for vulnerable populations. It is crucial to implement fair and equitable enforcement of laws, with strong oversight to avoid abuses of power.

In terms of women's rights, targeted economic relief for women in the hardest-hit sectors is essential, along with expanded social safety nets and childcare support. Services for victims of domestic violence must remain accessible, even during crises, and healthcare systems should continue providing essential services like reproductive and mental health care.

In conclusion, the pandemic exposed vulnerabilities in democratic governance, human rights protections, and women's rights. By strengthening policies, ensuring equitable access to support, and protecting vulnerable groups—particularly women—Italy and other countries can build resilience and better respond to future crises.

4 QUALITATIVE RESEARCH

4.1 Methodology for Thematic analysis

Our research utilised a mixed-methods approach, specifically employing Reflexive Thematic Analysis (RTA) with an inductive perspective to analyse qualitative data from panel discussions. We also used Atlas.ti to improve the structure and analysis of the data. Simultaneously, we collected quantitative data via surveys to provide a holistic perspective – the results are presented in the next chapter. This approach facilitated an in-depth understanding of the research concepts by merging the in-depth

qualitative insights with the extensive quantitative analysis. The incorporation of these methodologies ensured a strong and comprehensive analysis of the research topic.
“In contrast to other approaches to qualitative data analysis, such as grounded theory (Glaser, 1992; Strauss & Corbin, 1998) or interpretative phenomenological analysis (Smith & Osborn, 2003), reflexive thematic analysis is described as independent of theory and epistemology (Braun & Clarke, 2006). This independence from a specific theoretical framework permits broad, and flexible application of the analytic approach across a range of epistemologies - including essentialist and constructionist paradigms” (Campbell et al., 2021, p. 6-7).

We employed Reflexive Thematic Analysis (RTA) using an inductive, interpretive approach to analyse qualitative data collected from panel discussions, following the principles outlined by Braun & Clarke (2006). This entailed an in-depth process of familiarising with the data, creating preliminary codes, doing a thorough search for patterns, examining the identified patterns, establishing, and labelling the themes, and ultimately preparing an in-depth analysis. Our emphasis has been on reflexive thematic analysis due to its capacity to empower the researcher in determining the final outcome and focus of the study, rather than being confined by a particular theoretical framework. This approach enabled us to extract subtle and profound observations and patterns straight from the data, accurately representing the genuine experiences and viewpoints of the participants. Our methodology, which is based on induction, facilitated the natural formation of themes from the data. This approach resulted in an in-depth and well-founded comprehension of the perspectives of the participants. This technique not only ensured the strength and reliability of our topic development but also improved the credibility of our findings.

In the table below, we can see the phases, which were followed during the Reflexive Thematic Analysis.

Table 4.1. Phases of Reflexive Thematic Analysis

Analytic phase	**Description**	**Actions**
Data familiarization	• Immersing oneself in the data to understand depth and breadth of the content • Searching for patterns and meaning begins	• Transcribing audio data • Reading and re-reading data set • Note taking during the panel debates and also during the transcribing audio data of the panel debate and comparing mentioned data
Initial code generation	• Generating of initial codes to organize the data, with full and equal attention given to each data item	• Labelling and organizing data items into meaningful groups
Generating (initial) themes	• Sorting of codes into initial themes • Identifying meaning of and relationships between initial codes	• Diagramming or mapping • Writing themes and their defining properties
Theme review	• Identifying coherent patterns at the level of the coded data • Reviewing entire data set as a whole	• Ensuring there is enough data to support a theme • Collapsing overlapping themes • Re-working and refining codes and themes

Theme defining and naming	• Identifying the story of each of the identified themes • Fitting the broader story of the data set to respond to the research questions	• Cycling between the data and the identified themes in order to organize the story
Report production	• Presenting of a concise and interesting account of the story told by the data, both within and across themes	• Writing a compelling argument that addresses the research questions • Writing beyond the simple description of the themes

Source: Adapted from Braun & Clarke (2006) in: Campbell et al. (2021).

A dataset was originally acquired from the panel debates during the execution of the European project CERV HEARD "The impact of COVID-19 crisis on diverse democratic perspectives through gender perspective". Mentioned panel debates were physically executed in following partner countries: Bulgaria, Cyprus, France, Greece, Italy (in two different landscapes: Bari and Lombardia), Portugal, Slovenia, Spain, and Sweden. Panel debate participants were project partners, experts from the field and participants from the project partner countries, The research questions, which guided our research, were: "How has the COVID-19 pandemic affected the democratic debate?", "How has the COVID-19 pandemic affected the enjoyment of fundamental rights?", "How has the COVID-19 pandemic affected women's work-life balance?". The dataset consisted of transcripts from three audio-recorded panel debates, conducted from March to October 2023. Panel discussions were executed on three different topics – 1) democracy and COVID-19, 2) human rights and COVID-19 and 3) work and life balance for women in COVID-19.

The total number of the first panel debate, which focused on the impact of the COVID-19 pandemic on democratic debate, consisted of 313 participants, which have taken part in the panel debates in different partner countries, were from: Bulgaria (n=28), Cyprus (n=2), France (n=32), Italy (in two different landscapes: Bari and Lombardia; n=60), Greece (n=42), Portugal (n=30), Slovenia (n=35), Spain (n=33), and Sweden (n=30).

The total number of the second panel debate, which focused on the impact of the COVID-19 pandemic on human rights debate, consisted of 333 participants, which have taken part in the panel debates in different partner countries, were from: Bulgaria (n=30), Cyprus (n=15), France (n=33), Italy (in two different landscapes: Bari and Lombardia; n=83), Greece (n=48), Portugal (n=30), Slovenia (n=34), Spain (n=32), and Sweden (n=30).

The total number of the third panel debate, which focused on the impact of the COVID-19 pandemic on women's rights debate, consisted of 311 participants, which have taken part in the panel debates in different partner countries, were from: Bulgaria (n=27), Cyprus (n=15), France (n=33), Italy (in two different landscapes: Bari and Lombardia; n=57), Greece (n=47), Portugal (n=30), Slovenia (n=39), Spain (n=33), and Sweden (n=30).

Mentioned panel discussions lasted around 60 minutes and were facilitated in native languages of the project partners in all mentioned project partner countries. Written and oral consent was obtained from all participants as part of the project's confidential documentation, securely archived at the Faculty of Organisation Studies, ensuring both ethical compliance and participant confidentiality.

The recruitment process was performed through the virtual and physical invitation to join the panel debates, which was shared through the available channels of the project partners (direct emails, Mailchimp emails, Facebook and LinkedIn posts, personal face-to-face invitations, Microsoft Forms invitation, etc.). The questions used in the panel debate, were formed through conducted review of the theoretical findings, and already executed research on the impact of the COVID-19 on democracy and conducted surveys in all project partner countries, presented above. Project coordinator formed the suggested questions, which were than confirmed or accordingly modified by other project partners. The process of jointly verifying questions by project partners improved the reliability and contextual relevance of the discussion material and demonstrates a shared agreement among experts from the field and project partners.

A snow bowling method of general population representatives was recruited for those who varied in age, gender, profession, and work experience. Inclusion criteria for the participants were: their age greater than 18 years and their voluntary willingness to participate in panel discussion. We did not conduct any theoretical sampling, because the variation in age, gender, profession, and work experience directed our sampling strategy rather than new insights being gained into the developing theory. To overcome the inherent limitations of the snowball sampling method, including its vulnerability to bias during the selection process, we employed several strategies to improve the diversity and inclusion of our sample. These included proactively recruiting participants from diverse networks outside of the initial responders' social circles and conducting targeted efforts to reach out to underrepresented groups to reduce the potential for a lack of diversity. In addition, we conducted a comprehensive examination of the data to identify and eliminate any biases that may have arisen from the sampling methodology. This ensured that our findings reflect a wide range of experiences and viewpoints, increasing the validity and relevance of our research findings. Sampling and data collection continued until no new conceptual insights were generated and the researchers confirmed theoretical saturation (Corbin & Strauss, 2014). The audio of all the interviews was recorded and transcribed.

In the **first** panel debate, participants were questioned on following themes:

- First key thematic area was "Government’s power," where under the sub-subject "The lack of transparency," questions included the impact of the COVID-19 crisis on democratic debate, views on political transparency during COVID-19, and the observation of gender differences in participation within democratic debates. Participants have discussed about their perspectives, including comparisons to Sweden's approach, and handling future pandemics.
- The next sub-subject "The Governments of experts" explored the legitimacy of experts in decision-making, trust in chosen experts, and perceptions of expert efficiency in urgent situations. The second thematic area was "Trust in institutions," focusing on politician scandals and the electoral process. Questions delved into their perception about politicians disrespecting laws, the impact of scandals on accepting restrictions, and the electoral process during the pandemic.
- The third thematic area was "Public debate," encompassing the role of media and social protest. Discussions covered media's role changes during pandemics, strategies for detecting fake news, and ways to better address social discontent, including the potential for participative democracy to consider social protests.

In the **second** panel debate, participants were questioned on the following themes:

- First key thematic was “Limited movement”, where under the sub-subject “Freedom of movement”, questions included the questions about reasonability and durability of the measures taken to limit traveling within their country and to third countries neighbouring the EU, their opinion about the solution for future pandemic situations in partially lifted restrictions to the freedom of movement and the possibility of supplementing freedom of movement with other means in future pandemic situations. The second sub-subject was “Freedom of peaceful assembly”, where we talked about justifications of the lockdowns during the pandemic, their opinion about the public demonstrations during the pandemic and the reason for their occurrence.
- Second key thematic was “Limited rights”, where under the sub-subject “Healthcare” questions included considerations about the justifications of the limitations to access to regular health care services, considerations about the equal access to testing and treatments of people during the pandemic and also inquiry about potential deny of the access to healthcare services during the COVID-19 pandemic. "Second sub-subject was “Education”, where questions included inquiries into the government's success in restructuring the educational system to deliver online education, the potential widening of existing inequalities among minorities, poor families, and disabled individuals due to the shift to online learning, perceptions of whether the quality of education worsened during the pandemic, opinions on the testing of children to limit the spread of COVID-19 and its applicability in future pandemic scenarios, the appropriateness of the duration of restrictions on physical education, and the overall responsiveness of the educational system in adopting digitalization and providing online tools.
- Third key thematic was “Psychological dimension,” where under the sub-subject “Mental health,” questions included considerations about whether the prolonged limitation of fundamental rights led to increased anxiety, fear, and mental health challenges in the general population, the extent to which the government and healthcare institutions addressed the mental health challenges arising from the crisis, including measures taken to prevent negative mental health outcomes, especially for vulnerable groups, and strategies for mitigating the effects of mental health challenges in future pandemic situations. In the second sub-subject “Compulsory vaccine,” questions included whether the government conducted a comprehensive informational campaign about the COVID-19 vaccines and perceptions of this campaign, whether people's rights were infringed upon in cases of compulsory vaccination or mandatory vaccination requirements for work and travel, the necessity of linking vaccination with the freedom of movement, and opinions on whether compulsory vaccination is a suitable approach for addressing future pandemic situations.

In the **third** panel debate, participants were questioned on the following themes:

- First key thematic was “Employment Challenges”, where questions included inquiries into whether the COVID-19 pandemic exacerbated existing employment challenges for women and observations of these worsening situations, considerations on whether women faced higher rates of job losses, layoffs, or reduced working hours compared to men during the COVID-19 crisis, and identification of the main factors contributing to this disparity and implemented examination of any government support provided to women who suffered employment consequences during the pandemic. The questions included also discussion on

the potential long-term effects of the COVID-19 pandemic on women's employment prospects and gender equality in the workforce.

- Second key thematic was “Caregiving Responsibilities”, where questions included inquiries into the resources and government support systems available for women during the pandemic to address childcare needs and access to healthcare services and exploration of how women with caregiving responsibilities managed to balance work and personal life during the pandemic.
- Third key thematic was “Mental Health and Well-being”, where questions included assessments of the effectiveness of social support networks during the COVID-19 pandemic and identification of any shortcomings, analysis of how the lack of social support networks affected women's ability to balance work and family responsibilities during the pandemic and inquiry about the absence of social support networks influencing women's access to healthcare and essential services during the pandemic.
- Fourth key thematic was “Gender Gap in Workplaces” where questions included an examination of how the COVID-19 pandemic specifically impacted traditionally female-dominated employment sectors (e.g., education, caregiving) and the key factors contributing to this impact, considerations on how the closure of schools and childcare facilities affected women’s ability to maintain their employment arrangements during the pandemic and suggestions for future pandemic situations to better address the needs of women, particularly mothers.

The qualitative data consisted of 10 transcript documents of each panel debate and 10 reports from each executed panel discussions from 10 project partners out of 9 above mentioned project partner countries. All files were named to represent the topic in order to ensure a unique identifier for the source.

We have read and familiarized with the data and made an initial production of codes from the data. Initial codes were generated inductively from the data, allowing themes to emerge from the participants' narratives and discussions without preexisting classifications. Codes were generated through a direct analysis of the data, enabling the emergence of themes from the rich, detailed narratives of participants. This technique, which focuses on the process, allowed for a thorough and comprehensive examination of the data. It emphasised the unique and emerging characteristics of the data, which helped to develop an adequate understanding of the perspectives of the participants. We used Atlas.ti 23 for data organization, with researchers collaboratively identifying themes and patterns. Regular team meetings facilitated discussion and reflexive engagement with the data, ensuring a comprehensive and credible analysis.

During all phases (open, axial, and selective coding), new data was evaluated against prior findings utilising the principles of constant comparison. Initially, the results of panel debate discussions were examined, and then, codes and themes were derived from the data. The coding researchers conducted a comparison of current codes and new categories by coding and categorising new data, ensuring that the new categories aligned well with the previous ones. All researchers engaged in a discussion discussing the similarities and differences. The point at which theoretical saturation was considered to be achieved was when the categories were determined to be highly concentrated, and no new open codes could be derived from the data.

Each coding process underwent independent data processing by two separate teams of researchers. The transcripts were analysed by coding each line using open coding. The open codes were subsequently categorised using axial coding. During the process of analysing the transcripts, preliminary themes were developed using selective coding, alongside the open and axial coding. The chosen codes were deliberated upon in four meetings with all the coding authors until a consensus was achieved regarding the essential themes. Through an analysis of the main themes, a comprehensive understanding of the entire subject matter was developed, establishing connections between different categories. Following this, significant issues were introduced to all researchers and deliberated upon in one consensus meeting.

Finally, we conducted a comprehensive analysis for each specific topic, identifying the narrative given by each theme while also evaluating how each theme contributed to the overarching narrative of the entire data set in connection to the research questions. Team meetings were conducted to deliberate on each of the topics and guarantee their consistency across each instance. The project team's individual members engaged in discussions to provide their personal perspectives on the research findings, aiming to comprehensively analyse all elements of the data. The themes were not deemed definitive until the project's team thoroughly examined all the data and analysed the coding to ensure the reliability and validity of the findings. The team systematically organised and rearranged the themes until agreement was reached, ensuring that all team members were satisfied with the representation and display of all the material in a meaningful and practical way, ensuring a consensus-driven approach.

4.2 Results of Thematic analysis of panel debates

4.2.1 Thematic Analysis for Democratic Debate

PRE-EXISTING GOVERNANCE CHALLENGES

In our research, participants indicated that countries with pre-existing governance and infrastructure issues faced greater challenges in managing the pandemic effectively. Notably, countries with higher corruption, weaker financial systems, and lower institutional trust, like Greece, Italy, and Slovenia, struggled more with public perception of pandemic management compared to nations like Sweden and Portugal, known for higher trust in government. Participants particularly contrasted Sweden's reliance on voluntary compliance, effective due to its culture of trust, with Greece's challenges. Additionally, the rigidity of Slovenia's administration was noted as a compounding factor, suggesting a need for more agile responses in future crises.

GOVERNANCE AND EXPERTISE IN PANDEMIC CRISIS MANAGEMENT

The consensus among participants was clear: a comprehensive decision-making process involving both experts and politicians is vital for pandemic management. There was a universal concern over politicians not adhering to their own laws, leading to public discontent. The participants noted a direct correlation between the adherence to laws by those in power and public compliance with pandemic

restrictions. Moreover, instances of perceived power abuse by politicians during the pandemic were reported to have eroded trust and raised questions about the legitimacy of their actions.

Participants observed that the effectiveness of pandemic management varied with population density across countries. They noted, for instance, that Greece's higher density, especially in urban centres like Athens and Thessaloniki, necessitated different strategies compared to the less dense Sweden, highlighting the importance of tailoring responses to demographic factors.

Participants voiced concerns regarding the politicians' failure to acknowledge legitimate trustworthy professionals from diverse disciplines who could provide authentic facts on the development of the COVID-19 pandemic The participants expressed concern about the large turnover of individuals who were seen as representatives during the pandemic. This fluctuation has had a negative impact on the credibility of experts and has also contributed to a growing sense of distrust among the public. Slovenian participants also observed a significant prevalence of corruption throughout the epidemic period. They proposed the implementation of stricter control over the procurement of medicine supplies for such life-threatening situations.

Participants recognised the essential role of experts during the pandemic in providing advice and guidance to the government's response. Data analysis, viral monitoring, and policy suggestions were conducted by epidemiologists, virologists, public health specialists, and other relevant experts. Their contribution played a pivotal role in establishing public health initiatives, exercising impact on decisions regarding lock downs, social distancing measures, testing and contact tracking regulations, as well as the distribution of healthcare resources. These specialists played a crucial role in offering evidence-based knowledge that was important in effectively handling and reducing the effects of the pandemic on the public.

Participants emphasised that the politician's involvement in discussing professional matters related to the epidemic, as witnessed during the COVID-19 pandemic, diminished their credibility. They argued that this responsibility should be entrusted to experts. Participants emphasised that trust is more likely to be established in experts who possess an extensive background in scientific research, relevant expertise, and recognition from reputable institutions or organisations in their respective fields. Additionally, trust can be fostered through transparent selection processes and clear communication of the experts' qualifications. Additionally, they claimed that the pandemic has revealed the necessity for the transformation of the political systems in various European countries, such as Slovenia. Slovenian participants highlighted that the issue in Slovenia stems from delayed decision-making and a lack of proactive preparedness in politics, particularly in response to scandals. They emphasised the need for improvement in this regard.

Participants saw the presence of discomfort and confusion among individuals, as well as a loss of trust and significant anger, upon discovering that politicians were disregarding the rules they themselves had enacted. Although participants acknowledged that many restrictions were perceived as absurd, they agreed that individuals would be more likely to conform to the guidelines if politicians and recognised experts strictly followed them during the pandemic. They observed additional cases (e.g., in Greece and Slovenia) when politicians violated regulations, including breaching lockdown measures, disregarding travel limitations, neglecting to wear masks and maintain social isolation, and participating in unsafe gatherings and events. The participants expressed disagreement with the idea

that the position of politicians or experts could warrant them a disparity in treatment. Participants also saw the disproportionate exercise of authority by national politicians during the COVID-19 pandemic, which did not align with the intended objective of containing the spread of the virus. Participants have emphasised the significance of a transparent and democratic decision-making process, which includes parliamentary examination, in order to guarantee that restrictions are justified, and evidence based. Slovenian participants were expressing doubts about the constitutionality of the measures implemented without undergoing legislative scrutiny.

The majority of participants expressed dissatisfaction with the way things were handled during the pandemic in their own countries and expressed an urge to avoid similar management in future pandemic situations. However, they described Sweden as a model of effective management of the pandemic, emphasising the importance of flexibility, evidence-based decision-making, and the careful weighing of public health and economic considerations. They also suggested that future responses to pandemics should prioritise international collaboration and the establishment of public trust, while incorporating the aforementioned lessons. Sweden adopted a strategy based on voluntary recommendations, prioritising individual responsibility and avoiding strict restrictions on businesses and public activities, in contrast to the majority of other countries that implemented lockdown measures to different extents. Participants highlighted that the Swedish strategy mostly depended on the public's willingness to accept government recommendations and voluntarily comply with measures such as maintaining social distance and wearing masks. Additionally, Sweden's approach was frequently linked to the concept of attaining herd immunity through natural infection. In addition, it was noted that the government argued that allowing the virus to spread within the population, predominantly impacting persons in better health, would ultimately foster immunity and safeguard vulnerable populations. However, participants from Sweden reported that Sweden as well received different responses. Critics asserted that the nation exhibits a higher COVID-19 death rate per person compared to its bordering countries that have implemented more effective measures. Advocates of Sweden's approach highlighted the prospective advantages in the long run, including reduced economic effects and eventual establishment of population immunity. When considering "optimal strategies for future pandemic management," it is crucial to acknowledge the dynamic nature of the pandemic situation. Various countries adopted diverse approaches, considering their unique situations, healthcare systems, and political factors. The efficacy of a strategy is contingent upon several aspects, such as the characteristics of the virus, adherence of the public, and the capacity of the healthcare system. Insights gained from previous pandemics, like as COVID-19, may guide and influence future strategies and actions. Moreover, it is imperative to regularly revise and strengthen pandemic preparedness strategies in light of evolving scientific knowledge and practical experiences. Early detection and swift response, rigorous testing and contact tracing, immunisation initiatives, public health awareness campaigns, and global collaboration are expected to be the most effective strategies for handling future pandemics. The participants emphasised the need for collective and individual introspection as a community, in order to avoid perpetuating the attitudes and behaviours that revealed our inherent self-centred and individualist side. Additionally, they observed a significant lack of coordination at the European level in managing and responding to the measures. Consequently, they believe that a unified and tailored response, aligned with the specific circumstances of each country, is crucial.

ELECTORAL INTEGRITY AND ADAPTABILITY DURING PANDEMICS

The participants reached a consensus that the COVID-19 epidemic/pandemic had an impact on the political process both domestically and internationally. They observed that the politicisation of certain variables influenced decision-making, and there was a noticeable desire for a swift change in the current government. The aforementioned phenomenon was also observed in the need for governments and election authorities worldwide to modify their procedures in order to give priority to the welfare of voters and election staff. This resulted in changes to voting methods, campaign tactics, and strategies for engaging with voters.

Additionally, it was noted that the general public expressed dissatisfaction with the government's handling of the pandemic, claiming corruption, excessive legislative pressure, and the actions of pandemic representatives. Consequently, they resolved to seek a new government. The limitations on mobility imposed during the outbreak had an impact on the election campaign. However, the participants did not endorse the notion of delaying the election, since they believed that the outcomes would not alter considerably. Participants saw that the transparency of elections was diminished as a result of the requisite modifications and alterations in campaigning techniques. Participants were ambivalent over the necessity of conducting elections under the pandemic. While certain individuals argued that the paramount focus during a pandemic should have been the well-being and safety of the general people, expressing concerns that conducting elections under such a crisis exposed voters, poll workers, and candidates to potential risks, others maintained that the functioning of democracy should persist even in the face of difficult circumstances. Elections are a key component of democratic process and delaying them could establish a hazardous precedent.

COLLABORATIVE GOVERNANCE AND PUBLIC TRUST IN PANDEMIC RESPONSE

Participants emphasised the high degree of mistrust during the COVID-19 pandemic and expressed curiosity about the undisclosed aspects of the pandemic. Additionally, they emphasised their desire for access to essential life-sustaining items, such as COVID-19 testing and masks, which were either scarce or subject to constant price increases during the pandemic.

The partnership between the government and experts has been and should continue to be crucial in advancing the comprehension of the new virus, formulating public health strategies, and guaranteeing an integrated approach in addressing the outbreak of the pandemic. The need of seeking guidance from experts in various fields is emphasised by this interdisciplinary approach to addressing a public health crisis of this nature. It emphasises the need for a collaborative and mutually beneficial interaction between policymakers and experts in order to effectively handle the pandemic. Opponents of granting experts a significant role in the pandemic argue that doing so may lead to a scenario where a select few individuals with biases or narrow perspectives hold excessive influence, thereby compromising democratic decision-making principles that depend on input from a wide array of stakeholders. Moreover, they underscored that the presence of experts in these positions might grant them the authority to be placed at the core of the decision-making process. Occasionally, experts might come across conflicts of interest, be influenced by political or economic factors, or just commit errors.

Participants emphasised the importance of involving a broader spectrum of experts from various disciplines (such as health professionals, psychologists, anthropologists, etc.) in planning the government's response to future pandemic outbreaks. They stressed that these experts should be included in the planning process from the present time. Additionally, they emphasised the necessity of fostering collaboration between politicians and experts. Participants observed that the military approach, as exemplified by its implementation in Slovenia, has proven to be ineffective. The participants claim that the most efficacious technique is a collaborative one. Experts can offer insights and suggestions, while politicians should exercise their discernment to integrate this information and make decisions that are in line with the public's best interests. While operational preparedness is crucial, it should not be prioritised over strategic thinking, which is equally vital for long-term planning and policy formulation. Participants emphasised that politicians are accountable for preserving balance in every decision they make, especially when they are swayed by the advice of experts. Additionally, they must guarantee the preservation of citizens' rights and freedoms in conformity with the constitution. Participants reached a consensus that the optimal method entails a harmonious combination of expert opinions and political discernment, prioritising the ability to adjust and respond to both immediate crises and long-term strategic planning with efficacy. The synergy between specialists and policymakers can result in more comprehensive and knowledgeable decision-making processes.

NAVIGATING TRANSPARENCY AND DEMOCRATIC ENGAGEMENT DURING PANDEMIC CHALLENGES

Participants acknowledge that the difficulties presented by the epidemic were unparalleled, and governments were compelled to promptly and diligently make decisions to safeguard public health. Occasionally, certain actions were implemented that could be interpreted as reducing transparency, such as the implementation of emergency powers, constraints on the dissemination of information, or accelerated decision-making procedures. Nevertheless, they emphasised the importance of considering the specific circumstances in which these activities were carried out. Authorities were confronted with swiftly changing circumstances, insufficient data, and the imperative to reconcile public health considerations with socioeconomic implications. On occasion, the absence of transparency could be attributed to the pressing nature and intricacy of the circumstances, rather than a purposeful endeavour to conceal facts.

However, participants unanimously agreed that the COVID-19 pandemic had a visible impact, whether direct or indirect, on the democratic discourse following the conclusion of the officially declared state of emergency. All participants agreed that the COVID-19 outbreak affected the democratic debate during the declared state of emergency. The participants from Cyprus highlighted that the influence of COVID-19 on democratic discourse was not inherently negative. Instead, it has fostered a mindset among citizens to actively seek transparency in politics. This was also evident in the rise of remote voting and virtual participation in legislative processes, leading to significant procedural improvements and increased public consciousness regarding crucial matters like healthcare, social welfare systems, and the government's responsibilities during times of crisis. Although the positive aspect was acknowledged, it emphasised the necessity for continuous attempts to guarantee transparency, accountability, and public involvement in governmental decision-making. This is crucial not only during times of crisis but also in the long term. Furthermore, it underscored the significance of finding a balance between adapting to emergencies and upholding the fundamental

principles of a transparent and participatory democracy. Moreover, the pandemic has highlighted a multitude of political and social concerns, encompassing public health strategies, economic revival strategies, and societal disparities. These matters sparked intense debates and discussions, influencing the political landscape even after the officially stated conclusion of the pandemic. The consequences of COVID-19 on healthcare systems, the economy, and public trust in institutions persisted, shaping the democratic discourse as societies confronted the aftermath and attempted to tackle its lasting implications.

The participants observed a lack of respect for individuals' viewpoints, and an increase in decisions made without thorough discussion. The participants also observed that, while the substantial effects of the pandemic, a considerable number of individuals refrained from discussing it. Following the official conclusion of the pandemic, many attempted to ignore the events that occurred and instead prioritised the development of meaningful connections with their loved ones.

Participants agreed that the COVID-19 pandemic witnessed an absence of political transparency, resulting in an adverse effect on democratic discourse. Several participants believed that the absence of transparency was needed, as excessive transparency was claimed to amplify fear among individuals, however the majority of participants agreed that the absence of transparency was unjustified.

The disparity in participation in democratic discussions was more pronounced for women than for males, particularly in France, Greece, Italy, Portugal, and Sweden (but less obvious in Slovenia). Participants highlighted that the pandemic has worsened pre-existing gender disparities and introduced further obstacles for female participation in democratic debates. As previously noted, women were inadequately represented at the systemic level and in democratic discussion processes, both prior to and following the onset of COVID-19. In addition, they stated that women faced more burdens during the COVID-19 pandemic, enduring more challenging daily lives and assuming larger duties, resulting in a heightened psychological strain. This was particularly pronounced among women who are also mothers, as they experienced a heightened level of responsibility and stress throughout the epidemic, including times of lockdown. Another aspect highlighted by the participants was the predominance of women in essential jobs during the lockdown, such as cashiers, nurses, and schoolteachers. This situation can be interpreted in two ways: firstly, these women were extensively occupied with work, leaving them with limited time to stay informed and participate in democratic debates. However, on the other hand, being on the front line allowed them to have firsthand discussions with people. The panellists also observed that the transition to the web for political conversations and decision-making during the pandemic has introduced a distinct set of difficulties. Women had obstacles in obtaining technology, internet access, and private places for participation. In addition, they faced instances of cyberbullying and prejudice based on gender, which can discourage their active participation in democratic discussions. However, participants mostly emphasised that women have encountered greater challenges in actively participating in democratic processes and engaging in discussion, primarily due to constraints related to time, energy, and willingness. In addition to the preceding facts, this gap is believed to be influenced by pre-existing gender disparities, sexism, social standards, and the unequal distribution of caregiving tasks, which are often shouldered by women.

Participants expressed dissatisfaction with the numerous changes and inadequate communication in relation to the selection of experts who played a pivotal role in the decision-making process during the COVID-19 pandemic. Participants expressed a need for communication that is clear, straightforward, and to the point. Participants from Slovenia emphasised the necessity of implementing legislation at a slower pace.

Participants saw that the distinction between transparency and non-transparency became unclear during the COVID-19 pandemic. The absence of consensus among specialists about the topic of COVID-19, together with the dissemination of information, led to heightened uncertainties and a diminished trust in their knowledge. Participants also express their concerns over the attempts to conceal the errors that occurred, which has further fuelled distrust among the general population.

Participants emphasised the need of transparency in government for upholding public trust, particularly in times of crisis. It enables citizens to comprehend the processes of decision-making, evaluate the acts undertaken by authority, and demand responsibility for their choices. Although acknowledging the potential justifications for implementing certain levels of information regulation during a pandemic, such as avoiding widespread fear or guaranteeing the efficiency of public health interventions, it is crucial to find a middle ground between openness and the need of safeguarding public well-being. Nevertheless, they argue that using the fear of alarming individuals as the primary justification for a lack of transparency might erode democratic norms and undermine faith in institutions. Italian participants highlighted that particularly among the youth, there is a perception of news and information being distorted. Participants warned that when governmental systems fail to accurately disseminate information, it might foster an atmosphere favourable to the spread of misinformation and conspiracy theories, as was observed during the COVID-19 pandemic.

MEDIA INTEGRITY AND INFORMATION MANAGEMENT IN PANDEMIC TIMES

During the pandemic, the media experienced a substantial transformation in response to the distinct difficulties and obligations that emerge during a health crisis. Under normal circumstances, the media disseminates information and news pertaining to various subjects, including politics, economics, culture, and entertainment. Its objective is to disseminate information, provide knowledge, and provide entertainment to the general public, all while ensuring that institutions and individuals are held responsible for their actions. However, amidst the pandemic, the media's main focus turned to distributing crucial and timely information regarding the outbreak. This encompasses information regarding the prevalence of infections, safety protocols, the distribution of vaccines, and any other relevant developments related to the pandemic. Accuracy and dependability become increasingly vital, as false information and panic can rapidly spread during a health emergency. Hence, participants emphasised that the media played a key role in acquiring knowledge regarding ongoing events and legislation within the pandemic. It served as an intermediary connecting specialists, decision-makers, and the general public, enabling the exchange of information and guaranteeing openness. The media also faced criticism during this period due to the emergence of fake news, which seriously affected their reputation. The participants saw that the proliferation of false information was not limited to certain media platforms, but rather, it was equally prevalent across all kinds of media.

Participants noted that numerous segments of society were unable to navigate a wide variety of contentious viewpoints and misleading information. Even among individuals with a high level of education, the presence of conspiracy theories and irrational ideas was observed. However, they employed various methodologies to identify false information amidst pandemic, such as verifying official sources and more credible organisations. Nonetheless, there has been some confusion and disagreement regarding the accuracy of the content. They observed that the media was portrayed as a detrimental factor during the pandemic, mostly because of the proliferation of fake news and similar issues. Participants highlighted that the epidemic has revealed the increased impact of social media as a prompt source of information, especially among the younger population. Participants further emphasised that the swift propagation of information across different digital platforms has facilitated the spread of misleading or inaccurate information. Specific types of media, especially online and social media platforms (such as Twitter, WhatsApp, Facebook, as well as particular forums), have been vulnerable to the widespread dissemination of false information. Fake news dissemination in prominent television media, newspapers, and other platforms was somewhat constrained, although nevertheless detectable.

When discussing the methods for identifying false information during the epidemic, the participants conveyed a sense of scepticism towards all news and a perception of living in a state of partial truth. Additionally, they voiced uncertainty caused by their lack of faith in official media sources. In order to identify false information amidst the pandemic, individuals have reported depending on reliable sources of information such as primary and secondary educational institutions, official documents, employee associations, official government websites, and verified sources of information such as official health organisations and government advisories. These sources provide the most up-to-date and accurate information regarding the pandemic. The majority of participants expressed that they possessed a clear understanding of the situation and were critical in their evaluation of the news they encountered. Additionally, individuals expressed scepticism towards the accuracy of the information they were receiving by seeking guidance from health professionals, cross-checking information from various sources and utilising fact-checking websites and tools. They additionally relied on traditional media platforms such as newspapers, radio, and televised evening news broadcasts. Engaging in discussions with family members to discern truth from falsehood and actively seeking out the original source of information were also mentioned as strategies to verify information. They also relied on online school lectures and interactions with friends and relatives.

Participants from Cyprus reported the findings of a study done by the Cypriot Union of Journalists in 2022, after the end of the pandemic. The survey revealed that 36 percent of respondents expressed distrust in the media, while 46 percent expressed confidence in the media in Cyprus. Participants reported that 31 % of respondents expressed distrust towards journalists, whereas 51 % of respondents expressed trust. The majority of the respondents acquire their knowledge mostly from television. Based to the forthcoming 2023 survey, there has been a decrease in the level of trust placed in the media. The aforementioned panellists also cautioned against the psychological manipulation of media, noting that covering sensitive topics such as the Cypriot Issue Negotiations poses significant challenges for journalists. To preserve Cyprus's overall reputation and public perception, journalists should abstain from reporting on the errors and misconduct that occurred during the negotiation process. This is particularly relevant in the context of the COVID-19 situation, where numerous scandals were deliberately concealed by the media (albeit not all of them). The participants mentioned an exemplary approach that was implemented in their nation during the

COVID-19 pandemic. A Facebook page called "Fact Check Cyprus" was established with the purpose of disseminating several fabricated articles that emerged during the pandemic, thereby facilitating the identification of false information by the general public. Furthermore, they emphasised that the dissemination of false information in Cyprus is already subject to a maximum penalty of two (2) years of imprisonment. They also mentioned an ongoing debate in Cyprus on the potential criminalization of fake news.

DEMOCRATIC ENGAGEMENT AND PUBLIC VOICE IN TIMES OF CRISIS

The participants asserted that the protests arose as a result of professionals and politicians failing to listen to the people, either due to a lack of willingness or an incapacity to do so. The interviewees highlighted that the individuals voiced their discontent but were not listened to - this unhappiness was also seen in more extreme forms such as protests. The imposition of restrictions on protests during the pandemic has generated a variety of responses. Certain individuals endorsed the choice to impose limitations or prohibit demonstrations, citing apprehensions regarding public health and the possibility of viral dissemination. They emphasised the significance of managing the transmission of COVID-19 and safeguarding the populace, perceiving these limitations as crucial in preventing large congregations and mitigating the risk of infections. Conversely, there were others who believed that restricting protests infringed upon their democratic entitlements and ability to express themselves. They contended that nonviolent protests are an essential method for individuals to express their grievances, exercise their democratic entitlements, and demand governmental responsibility, even during periods of turmoil. Some individuals held the belief that although protests should have been permitted, some precautions could have been taken to reduce potential hazards, such as implementing strict adherence to physical separation and mandating the use of masks. In order to tackle societal dissatisfaction more effectively within the pandemic, participants have proposed that governments should proactively heed the worries and grievances of the populace. This can be achieved through a range of methods, including active participation in citizen-led projects, establishing platforms for public input and discussion, and integrating a wide range of viewpoints into decision-making procedures.

Participants said that prohibiting protests would have been a logical measure to ensure public safety. It was said that the demonstration might be permitted on the condition that the participants were informed to adopt alternative measures to mitigate the transmission of the virus. The participants highlighted that discontentment can be articulated via online e-democracy, utilising digital platforms, and engaging in online activism. The internet offers individuals a venue to express their concerns, disseminate information, coordinate campaigns, and promote awareness regarding societal matters. During the conversation, participants expressed their utilisation of social media, live streaming, and online petitions as means to voice their dissatisfaction and advocate for change. However, participants have expressed the feeling that citizens were not actively engaged in decision-making processes. Nevertheless, the disparity in technological availability resulted in the exclusion of the most marginalised voices from participating in certain groups. Ultimately, it is imperative for governments to attentively heed the concerns of the populace and establish platforms for open communication and input.

Participants emphasised the critical importance of initiating urgent preparations for future pandemic circumstances to ensure that both individual countries and the European Union as a whole are better

equipped to handle such crises. Additionally, they asserted that their discovery is corroborated by the theory, which posits that a participative management style is superior due to the collective knowledge and insights of multiple individuals. Implementing participatory democracy as a method to effectively tackle social protests provides the chance for a more direct and inclusive relationship between the government and its constituents. By incorporating methods that promote citizen engagement in decision-making processes, this strategy enables citizens to express their concerns and ambitions, so guaranteeing that policy decisions are influenced by a wider range of viewpoints.

Participants emphasised the significance of inclusion in decision-making during the COVID-19 pandemic. They highlighted that this approach ensures that the perspectives of those who are most impacted by the crisis are acknowledged and considered. Additionally, they stressed the importance of allocating resources to mental health and social support networks. They emphasised that cultivating a culture of resilience and readiness can help alleviate social discontent during times of crises. It is imperative for governments and organisations to allocate resources towards strategic planning, education, and infrastructure development in order to enhance societal resilience against potential future disruptions.

Amidst the COVID-19 outbreak, participants highlighted that internet platforms and online activism provided a potent avenue to express discontent. The internet has emerged as a crucial platform for individuals to express their complaints, share information, organise advocacy campaigns, and bring attention to social issues. Employing platforms such as social media, live streaming, and online petitions demonstrated efficacy in articulating dissatisfaction and promoting essential reforms.

Participants noted that the use of excessive force and suppression by the police during the protest amidst the COVID-19 pandemic caused a significant decline in support for this form of protest. Nevertheless, it appears that alternative methods, which could potentially yield better results, have not been discovered, leaving many individuals unsure of how to articulate their dissatisfaction. However, participants provided suggestions for expressing dissatisfaction in various ways without resorting to a demonstration. They emphasised the need of the government ensuring that these alternative methods get the attention of decision makers like:

- Participate in discussions at debate panels or community forums.
- Engage with elected officials.
- Dispatch correspondence via letters or emails directed to relevant authorities.
- via social media platforms.
- Filing a complaint with the police on an international level.
- Submitting petitions.
- Seeking the assistance of professionals.
- Engaging in transparent communication, including the media, exploring legal avenues, organising the community, and expressing oneself via art. Indeed, employing these tactics with demonstrations can enhance the message's impact and bolster its persuasiveness.
- Utilize official surveys and other instruments to gather public input, hence fostering greater acceptance of decisions due to inclusivity.

Participants emphasised the significance of recognising the intricate equilibrium between ensuring public safety and preserving democratic principles, especially in the context of protests. While

maintaining order and safeguarding residents' well-being are crucial, a complete prohibition on protests should be seen as a measure of last resort.

The majority of participants concurred that incorporating participatory democracy initiatives, such as public consultations, deliberative forums, or participatory budgeting, may improve democratic processes and guarantee a more comprehensive decision-making process. Advocates may contend that implementing such methods would afford residents the chance to voice their concerns and actively participate in the formulation of policies, particularly those pertaining to social demonstrations amid the pandemic. Participatory democracy is regarded by certain individuals as a means to guarantee the inclusion of a wider array of views and opinions. This may have resolved the worries of citizens who believe that their opinions and requirements are not sufficiently represented in conventional decision-making frameworks. Participatory democracy, through facilitating increased citizen engagement, could have contributed to the establishment of a policy framework that is more representative and inclusive. Certain individuals view participatory democracy as a method to achieve a harmonious equilibrium between public health considerations and the freedom to engage in protests. By engaging in participatory procedures, it would have been possible to cooperatively design standards and norms for protests during the epidemic. These measures would have considered the dual objectives of safeguarding public health and upholding democratic expression. Although several participants voiced doubt over the practicality and efficacy of participatory democracy in times of crises. They might highlight difficulties associated with time limitations, logistical factors, and the intricacy of decision-making procedures. Establishing and operationalizing participatory democracy under a rapidly shifting crisis such as a pandemic can be challenging due to the need for resources, infrastructure, and a strong framework.

4.2.2 Thematic Analysis for Enjoyment of Fundamental rights debate

LIMITED MOVEMENT

The participants pointed out different points of view on the measures related to restricted freedom of movement and freedom to assemble peacefully. The majority felt that travel restrictions within their country were too strict or even unjustified. They argued that such strict measures and the fines imposed by the police — often without a clear explanation — should not be repeated in future health crises. They also argued that the travel restrictions, which were seen as overly broad and without regard to individual circumstances, have undermined trust between the government and the public, negatively impacting compliance with what were seen as arbitrary regulations. Mentioned restrictions were perceived as detrimental to the economy and individual freedoms, as extended restrictions on international travel had a negative impact on businesses and families. The irrationality of the arbitrary distribution of travel restrictions according to the size of municipalities in Slovenia was pointed out, as well as the paradoxical closure of educational institutions despite the revival of the economy. Participants expressed great frustration with the contradictory regulations that directly impacted their daily lives and highlighted shortcomings in effectively addressing the problems caused by the epidemic.

Conversely, some participants emphasized the need for early protective measures and consistent monitoring of compliance to protect public health. They also emphasized the importance of properly understanding fundamental rights, recognizing that while rights are protected, they can be limited by laws and societal agreements. They also pointed out that the main aim of these measures was to

prevent overburdening the health system, contain the spread of the virus and ultimately save lives, acknowledging that these restrictions undoubtedly had a significant impact on daily life and the economy, but they served to protect public safety and minimize the loss of life, so they were perceived as necessary and proportionate. The aforementioned participants also agreed that the lifting of restrictions on free movement within the European Union during the COVID-19 pandemic was a delicate balancing act between public health concerns and economic recovery and added that the restrictions were lifted at a reasonable pace.

Participants agreed that a partial lifting of restrictions on free movement in their country could also be the right response in future pandemic situations, especially if restrictions evolve with knowledge about the virus. However, some participants stated that the restrictions were not justified at all and that everyone should be responsible for their own health and its protection. They added that it would be useful to complement free movement within the country with additional means, such as introducing quarantine protocols, border controls, digital health passports or strengthening health infrastructure (such as increasing medical staff and ensuring appropriate medical equipment), in order to find a balance between ensuring public safety and minimizing the economic and social impact of such restrictions. The participants agreed that in the event of a highly contagious disease in future pandemic situations, it would be necessary to close the country and ban movement outside the country (except for employees abroad). Due to the constant mixed closures between countries, it was not possible to achieve certain common effective measures to prevent the spread of disease. A closure should be proposed for the entire EU in the same period in order to better solve the problem. The participants suggested that one of the measures that would be more suitable for a future pandemic would be a 14-day lockdown for the whole of Europe. They also pointed out that complementing free movement within national borders with a comprehensive strategy is crucial to effectively manage public health while minimizing social and economic disruption. Freedom of movement is a fundamental right, but it must be balanced with measures such as efficient testing and contact tracing, timely dissemination of accurate information, targeted quarantine measures and a robust public health system. Implementing a well-coordinated response that incorporates these elements can help strike a balance between enabling the free movement of essential activities and controlling the spread of the virus. In addition, investing in digital technologies for remote working and education, promoting telehealth services and fostering a culture of adherence to public health guidelines can further improve the resilience of society and the economy during a pandemic, ensuring both safety and the ability to adapt to new norms in challenging times. The participants also pointed out that opinions of professional institutions should be considered.

FREEDOM OF PEACEFUL ASSEMBLY

While there was agreement that peaceful gatherings could potentially contribute to the spread of the virus, there was disagreement about the impact of these restrictions on people's freedom of expression, common sense, and their link to cases of state repression. While some participants felt that the measures were not justified during the pandemic, other participants stated that the lockdown measures were justified at the beginning to be able to contain the spread of this virus that we knew nothing about. Participants who spoke out against the restrictions on peaceful assembly explained that many individuals and groups expressed dissatisfaction with these measures, citing concerns about their impact on personal freedoms, economic livelihoods, and overall quality of life. These protests often revolved around issues such as lockdowns, mandatory masks, social distancing, and mandatory vaccination. The aforementioned participants also pointed out that public demonstrations

are the result of public frustration stemming from a variety of reasons, including political discontent, economic hardship, and social injustice, and stated that it would be wrong to deny the connection between government restrictions and popular demonstrations. Throughout history, government measures such as imposing curfews, restricting freedom of expression or suppressing the opposition have repeatedly led to large-scale protests. These restrictions are often seen as encroachments on basic civil liberties and human rights, causing public outrage and discontent. They added that the internet and social media have dramatically improved the ability of citizens to quickly organize and mobilize to respond to unjust government actions. These platforms have been instrumental in connecting like-minded people and facilitating the coordination of protests, making it easier for grievances to escalate into large demonstrations.

While some protesters attempted to voice their concerns peacefully, there were instances where protests grew into larger and sometimes contentious gatherings, sparking debates about the balance between public health measures and civil liberties. The Slovenian and Italian participants discussed their governments' approach to public demonstrations in the context of COVID-19, pointing to the use of law enforcement to control crowds and comply with pandemic regulations. They emphasized that these measures, including tear gas and physical interventions, were aimed at minimizing the transmission of the virus, but their appropriateness remains controversial. The protests, driven by economic strain and demands for government support and a reassessment of restrictions, ranged from peaceful to confrontational, reflecting broader concerns about personal freedom, vaccine mandates and regulatory consistency. This underscores the challenge of finding a balance between public health and the impact of the pandemic on society.

Participants pointed out the need to find a balance between the right to peaceful assembly and public health in future pandemics. They suggested various strategies, such as better planning of protests to ensure social distancing and the wearing of masks, the use of technology for virtual protests and online advocacy, setting clear government guidelines for gatherings, conducting education and awareness campaigns, and designating certain areas for protests with social distancing in mind. These approaches should aim to protect both public health and the ability to exercise the fundamental right to peaceful assembly. They added that an alternative option would be an online portal/forum where people could express their opinions/suggestions related to the epidemic/pandemic, but would have to identify themselves (name, surname, picture). It would also be necessary to ensure that someone (at the authorities) takes such suggestions seriously. Participants also pointed out that an alternative would be to form teams of multidisciplinary experts who could analyse all aspects to be considered in order to determine effective, efficient, and proportionate measures to address public health needs without eliminating the right to peaceful assembly. Participants also pointed out that governments and public health authorities can work together in the future to develop policies and protocols that balance the need for public safety with the right to peaceful assembly. By working together and remaining vigilant, we can ensure that our rights are respected and that we and our communities remain safe and healthy.

LIMITED RIGHTS

Participants highlighted the human rights implications of the pandemic, including challenges in accessing healthcare, such as difficulties in contacting doctors, reliance on digital communication for medical consultations and the problem of rapid, unassessed diagnoses. Concerns were raised about unequal access to COVID-19 testing and treatment, particularly given that free rapid tests are not

available for the unvaccinated in later stages. They pointed to problems with health management and possible delays in diagnosing serious illnesses. In addition, the pandemic has increased reliance on humanitarian aid and stoked fears, highlighting the need for equitable access to healthcare in future crises.

In Italy and Slovenia, coordinated efforts by governments and health authorities ensured broad access to testing, with a focus on symptomatic or exposed individuals and equitable access to public health treatment. Despite initial challenges such as testing shortages and regional differences in healthcare provision, ongoing improvements aim to ensure equitable access to testing and treatment. In contrast, inequalities in treatment and vaccine distribution have been highlighted in Sweden, pointing to systemic issues such as income and racial disparities, with wealthier people receiving better care. This situation highlights global health inequalities, as wealthier countries acquire more vaccine doses and leave lower-income countries vulnerable, exacerbating health inequalities and pandemic risks.

The transition to online learning in Europe has been challenging due to a lack of preparation, resulting in slow adoption of digital tools and inadequate training of teachers and students. This led to slow adoption of digital tools and insufficient training of teachers and students. The impact of the pandemic on the quality of education, student mental health and the effectiveness of online teaching has been significant, highlighting the need for investment in digital infrastructure and training. Despite the challenges, there were also some positive aspects, such as the increased involvement of parents in students' learning. Future actions should focus on bridging digital divides and supporting all stakeholders in the education system.

The use of testing in schools to curb the spread of COVID-19 has been a controversial issue. While some felt this was a sensible safety measure, others raised questions about privacy and accuracy. The applicability of this approach in future pandemics was seen as dependent on the circumstances and risks involved. Regarding restrictions on physical education and extracurricular activities, there were differing views on their duration and appropriateness. A common concern was to strike a balance between public health considerations and students' physical well-being. Participants also pointed out that there was a lack of parental involvement and no parents were willing to support teachers during the process. In future pandemic situations, we should improve the process and involve parents more and also ensure that the lifting of restrictions on physical education, which took too long during the Covid1- 9 pandemic, can be improved in the future. They also argued that sport and physical activity are one of the foundations of good mental and physical health. They help to strengthen immunity and it is therefore counterproductive to deprive children of sports training. The participants also pointed out that the capacity for online teaching needs to be improved.

PSYCHOLOGICAL DIMENSION

Participants pointed out that the restrictions on fundamental rights during COVID-19 have exacerbated anxiety and mental health issues and noted the lack/inadequacy of government measures to support mental health, particularly for vulnerable groups. They emphasized the need for positive mental health strategies in future pandemics, including accessible outdoor meetings and expert support. In addition, long waiting times for professional mental health help exacerbated the situation. The varied responses to the government's COVID-19 vaccine information campaigns showed a divide in public perception. Some felt reassured, while others felt increased mistrust and hesitation due to concerns about the development of the vaccine and an overly invasive approach.

The emphasis on mental health, particularly for vulnerable groups and frontline workers, has increased, with Italy improving telemedicine and counseling services, although the “bonus psicologo” provides limited coverage. Public campaigns raised awareness of mental wellbeing and emphasized self-care and coping strategies. The restrictions imposed by the pandemic disrupted routines and increased anxiety, highlighting the need for comprehensive mental health support. In the aftermath of the pandemic, the negative impact on mental health is evident across multiple sectors, highlighting the increased demand for services and the importance of addressing long-term mental health challenges for the recovery and wellbeing of society.

The participants pointed out that although vaccination is recommended, it is not mandatory. Restrictions apply to unvaccinated people, such as frequent testing and the requirement to present a secure passport. Opinions on the vaccination campaign were divided, reflecting the broader societal divide between vaccination supporters and opponents, leading to conflict and perceived rights violations, particularly in relation to mandatory vaccination for travel, healthcare work and access to public facilities. While some saw these measures as discriminatory, others saw them as necessary for public health. Government efforts to promote the safety and efficacy of vaccines through various media were acknowledged, but the effectiveness and reach of these campaigns were debated, highlighting the need for improved communication strategies to combat vaccine hesitancy.

Participants emphasize the need to include mental health in pandemic plans and advocate for open communication to reduce the stigma associated with seeking mental health support. They call for early intervention, accessible services, and public awareness campaigns to promote a proactive approach to mental health in public health policy. The discourse on mandatory vaccination reveals a divide and emphasizes the need for a balanced consideration between public health benefits and individual rights. A comprehensive strategy that prioritizes mental health, the expansion of telemedicine and tailored programs for vulnerable groups is crucial. In addition, promoting workplace health initiatives and evaluating vaccination policies in terms of personal autonomy are seen as essential for future preparedness in order to protect both public health and individual freedoms.

4.2.3 Thematic Analysis for Work-Life balance of women

EMPLOYMENT CHALLENGES

Participants believed that women, particularly those in low-wage jobs or part-time positions, or those who are in the role of mothers or in the role of guardians of children or elderly people, have been disproportionately affected by the epidemic due to the additional burden of managing various roles as mother, wife and professional. A significant number of women have faced exacerbated employment challenges, including higher rates of job losses, job layoffs and pay cuts reduced working hours compared to men, particularly in industries that are predominantly female, such as healthcare, education, and retail, which are undervalued and inadequately compensated. Participants pointed out the job challenges faced by women, which have been aggravated by the pandemic, are not simply caused by the pandemic but rather stem from underlying socioeconomic and cultural factors. The argument underscored how deeply rooted norms and societal expectations in countries such as Greece and Italy, where conventional gender roles often dictate women's obligations, worsen gender inequalities in the professional sphere. While recognising that these problems existed before COVID-19, it is undeniable that the epidemic has greatly amplified them, emphasising the necessity for fundamental changes in society and culture to achieve true gender equality. Notably, the pandemic

prompted a reassessment of gender roles among males, specifically in Italy, where there was an observed increase in their participation in childcare. This indicates the possibility of favourable shifts in gender dynamics. As for the governmental support, it mostly aimed at helping all categories of population that were severely impacted, from financial support to access to medical services. The goal was not to differentiate among family members, but to help those who suffered most, whether they were men or women. So, flexibility towards remote work, financial aid, these were the typical programs implemented by the government that were aimed at women as well, but not exclusively. There were no special measures for women, just the measures for the general population (waiting at home, etc.), but not directly for women (beside state support (covid supplement) for newborns, which was higher than in non-epidemic times, parents were exempted from kindergarten fees...). In the long term, the pandemic has made teleworking a more common or accepted option for companies. The participants also noticed a marked departure of personnel from crisis sectors to other, less burdensome jobs or to other countries (for example, caregivers from homes for the elderly, who are financially undervalued, nurses, etc., who went into production or trade). Potential challenges were also perceived due to the mobility of women, because they are usually less mobile than men, and as a result, the epidemic and confinement made this segment even worse. At the same time, they also added that a significant increase in the hours worked in the context of overtime work was detected, which was not a practice before the epidemic and this practically became a habit for employers, which was not reflected in additional financial incentives, but only in greater pressures from employers and deteriorated mutual relations. In addition, many companies opted for teleworking with the consequent double workload for women, as in addition to their paid work, they had to attend to the needs of reconciliation, co-responsibility and care for their families and dependents. The pandemic accelerated digitalization, and many women found new opportunities in online businesses and remote work.

Women according to the participants encountered heightened work obstacles, primarily as a result of societal prejudices that compel women to take on part-time positions, hence worsening economic inequalities and job insecurity. Horizontal segregation designates some occupations as "women's work," frequently resulting in their devaluation and inadequate compensation. Participants indicated that such setbacks could exacerbate the gender wage gap, reduce the presence of women in senior positions, and perpetuate misconceptions about women's responsibilities in society. The gender pay gap was exacerbated by the pandemic, as women were more heavily burdened with caring responsibilities. This prevented them from focusing on their professional activities and limited their opportunities for career advancement. In addition, gender gaps in job losses and reduced working hours became increasingly apparent, especially as women are disproportionately represented in certain sectors and take on more care responsibilities. Participants emphasized the importance of having more comprehensive and equitable measures in place to overcome such gaps in future crises. Efforts to encourage young individuals to transition from humanities to STEM fields emphasise the acknowledgement of the untapped potential of women. The unregulated process of digitization and the inappropriate use of social media pose further threats to the education and professional development of young women. This highlights the importance of implementing a thorough media literacy programme and fostering organisational adaptability that benefits all individuals, regardless of gender. From a gender perspective, teleworking has always been seen as an employment measure that facilitates the reconciliation of work, personal and family life. However, the reality in times of the pandemic showed that only women were able to reconcile work and family life, and that they were responsible both for their working hours through teleworking and for the care, attention, leisure and education of their dependents, in many cases not sharing this double burden with their partners. To

achieve gender equality in the workplace, we must face these difficulties head on and explore policies such as cheap childcare, flexible work schedules, and attempts to challenge old gender conventions. Others noted that while the COVID-19 epidemic posed problems to gender equality in the workplace, it also generated chances for good change. More can be achieved by a fair and inclusive workforce in the long run by embracing remote work, rewarding key people, and introducing supportive legislation. Therefore, the pandemic undoubtedly presented obstacles for women in the workplace, it is critical to avoid creating a one-sided image. Long-term consequences on women's work opportunities and gender equality are varied and multifaceted, and we must proceed with caution when making broad forecasts about the future.

Women have faced a significant lack of specific government support during the COVID-19 pandemic, exacerbating their vulnerability and reinforcing existing inequalities in the labor market and societal norms. According to the participants, this fact is strongly related to that ancestral belief that the primary caregivers are women, hence the first ones to stay home and care for the sick and for the family are them. Many women also lost their jobs or had to reduce their hours due to lockdowns and school closures. This not only resulted in immediate economic hardships but also set back their career trajectories The complex nature of this identity, along with the need for remote employment and the responsibility of overseeing children's remote schooling, has greatly increased the stress and strain. Although for example the Italian government has introduced support measures such as the income support program and extended maternity leave, concerns have been raised about the ability of these measures to address long-standing gender inequalities. The need for a revolutionary approach to promoting gender equality and resilience in future crises is underlined by calls for more comprehensive policies such as affordable childcare and the promotion of women's leadership. They also drew attention to the age and gender gap in the context of digitization, as women (especially the elderly) find it more difficult to adapt to the demands of digitization (any support must be requested through digital channels, which is an obstacle for many). In this context, they also drew attention to the burdens on people or on the individual, as digitization has contributed to the requirement that you have to read everything/know everything - for example, when you go to the doctor, it is almost expected that you know what is wrong with you... And this assumption it is even more demanding for women who take care of the household and children...

On the long run, participants assess that employment prospects for women and gender equality will reflect the impact of the COVID-19 pandemic in many areas. For example, the disparities in terms of long-term stable income and career development, especially for women that were working in hospitality, retail or services, as many faced a lot of setbacks. The caregiving burden will still persist and make it difficult for woman to readjust to longer working hours, returning to a full-time office schedule or even finding a new job. The mental health aspect is also another heavy topic, as for many women, the pandemic was a synonym for burnout, increased stress and very often they would not have specialized help to cope with it properly, which of course will impact their ability to perform at their workplace at their best and further on hinge their professional evolution. Career interruptions or reduced working hours come also strongly connected with the gender pay gap, translating as lower wages for the female population working its way to return to the labor market after the pandemic. One positive aspect could be, however, the increased flexibility towards remote work and added attention towards the mental health and general health. In other words, women can now also have more freedom of movement as to when it comes to their working venue and ideally, they will be able to require support at their workplace in order to prioritize their health on all plans.

The consequences of the pandemic were felt not just economically but also in terms of mental health. A participant from Bulgaria shared a personal experience, as her older child was upset because they had to go to work while she stayed home. The situation was made worse by the fact that going to the jobcentre meant interacting with a lot of unemployed people during a very stressful time. Another participant from Bulgaria, a mother of two children, one in 6th grade and the other just a year old, said the pandemic was incredibly stressful. Teachers were sending homework via email, she felt very isolated, and even going to the store was a major event. Fortunately, she could receive help from the state, but it was still difficult. She had applied for nursery ten times; by the time her child was accepted, the nursery was closed again due to lockdown restrictions. This led to even more isolation and stress. Participants also pointed out that while it's true that working from home in front of the computer makes it easier for employers to monitor employees, it can also lead to burnout and other mental health issues. The participants also drew attention to the segment of the increase in violence during the epidemic, which could also have an impact on women's employment opportunities and may continue to do so.

CAREGIVING RESPONSIBILITIES

The results show the unequal impact of the COVID-19 pandemic on women, especially those who are also caregivers, mothers, and professionals. Women's caring responsibilities increased disproportionately during the COVID-19 pandemic, affecting their work-life balance also due to extended work hours. The closure of schools and childcare facilities while open economy has necessitated a greater emphasis on the family, leading to increased psychological stress and a potential decline in professional competitiveness. Women with caregiving responsibilities faced an immense challenge in striking a balance between work and personal life. The increased risk of unemployment and the pervasive prejudices associated with motherhood exert greater pressure on women and make them reluctant to opt for part-time work. Also, although there was an opportunity to strengthen family ties, the simultaneous demands of work and care create a complicated situation that affects women's mental well-being and their ability to effectively maintain work-related skills. Remote working offered a degree of flexibility but did not lessen the burden, as women had to take care of the household, homeschooling, and nursing, leaving little time for self-care or personal activities. The emotional toll and stress were significant, impacting mental health and exacerbating gender inequalities in the workforce as women struggled with the pressure to maintain productivity amidst caregiving responsibilities.

With women spending far more time on childcare and household chores than men, professionals, especially employees, found it increasingly difficult to balance their work and home lives. The epidemic exacerbated women's work difficulties and emphasized pre-existing gender inequalities, as prevailing cultural norms in countries such as Greece reinforce this inequality by placing the primary responsibility for childcare on women. This inequality risks perpetuating gender inequalities in the labor market. The pandemic revealed important it is to distribute care responsibilities equally within families to enable fair employment opportunities and reduce stress and gender gaps.

The disproportionate presence of women in undervalued industries such as healthcare and education has led to employment cuts and salary losses, exacerbated by the lack of government support to address these inequalities. Women's traditional obligation to take primary responsibility for care has exacerbated their burden and impacted on both their careers and their mental health. Although there have been some positive improvements, such as increasing male participation in childcare in Italy, it

is clear that structural changes are still needed to achieve gender equality. The findings underline the importance of addressing the root causes of gender inequality and taking comprehensive action to support women both in the labor market and in society as a whole. The impact of the pandemic on gender roles, particularly in care and employment, underlines the need for systemic change. Measures such as teleworking brought some relief, but also underlined the importance of addressing overall gender inequalities in the labor market and societal norms.

Participants acknowledged the remarkable resilience and adaptability of women during the pandemic, as many of them have found innovative solutions to balance work and home life. However, it is important to recognize the complexity of this issue. During the pandemic, women with caring responsibilities have faced huge challenges, but they have also shown incredible courage and ingenuity in managing work and home life. They stated that we need to learn from these experiences to create an equal and supportive work environment for all.

The government's inability to provide support put the women in a precarious position. Participants could not name resources and government support systems that were available to women during the pandemic to meet the need for childcare and access to health services.

The participants revealed good and weak practices in their country:

- One of the weak practices during the COVID-19 pandemic was revealed by the Greek participants, as they found that employers in Greece often do not comply with the legal provisions on the reduction of working hours, especially in the context of maternity and other criteria justifying such a reduction, often forcing women into part-time employment. These phenomena were exacerbated during the pandemic, especially in cases where women also had caring responsibilities.
- The participants from Bulgaria explained that a study was conducted in their country to investigate the prevailing conservative attitudes and reinforced psychological stereotypes. Gendered role expectations dictate that women are primarily responsible for the household and childcare, although men and women share these tasks. Men are seen as the main providers of the family, while women are expected to look after the children. Fathers who took on childcare responsibilities during the crisis experienced burnout due to the additional stress. Women, who already had many responsibilities, experienced even more stress due to the role reversal caused by the pandemic. These changes in social stereotypes led to increasing tensions, violence and trauma. The process of redefining these stereotypes is slow and impossible to do quickly. The high level of information noise during the pandemic made it difficult to filter information.
- Participants mentioned as a good praxis example Italy, which during the pandemic deployed various resources and government support systems to assist women in managing childcare needs and accessing healthcare services. The government initiated emergency financial aid and grants to support families with children, helping alleviate some of the financial burden associated with childcare. Additionally, efforts were made to provide accessible telehealth services, ensuring that women and families could consult healthcare professionals remotely for non-emergency medical concerns. Temporary measures were introduced to offer flexibility at the workplace, allowing parents to balance their professional commitments with childcare responsibilities. Moreover, community organizations and local non-profits played a crucial role

by organizing virtual support groups and informational webinars, offering guidance on managing childcare and accessing healthcare during these challenging times. These combined efforts aimed to ease the strain on women, especially mothers, and enhance their ability to care for their families while attending to their health needs.

- One of the good praxes was also acknowledged in Portugal, where the government addressed the concern of women in need of childcare support and access to healthcare services by stimulating an increasing flexibility towards working hours, including them on the list of prioritized categories of population when it came to receiving medical assistance and also providing additional financial aids. These measures aimed to support both employers and employees, as to give them the financial means needed to compensate the absence from work and allow them to focus more on caring for their families.
- Participants from Sweden exposed good praxis in their country, as they stated that government introduced financial aid packages that included childcare subsidies, allowing many women to continue working while their children were at home due to school closures. Also, government increased funding for healthcare facilities, expanded telehealth options, and ensured that women could access essential medical services without putting their health at risk. They stated that government support should have included mental health services, counselling, and resources specifically tailored to women dealing with increased stress, anxiety, and isolation, while adding that government needed to consider the diverse needs of women, including those who are single mothers, LGBTQ+ individuals, or women with disabilities. Participants from Sweden added that government introduced legislation, established helplines, and funded shelters and support services. These initiatives are commendable and have undoubtedly helped countless women escape abusive situations. However, the effectiveness of these actions is not uniform. It varies from one region to another and is influenced by a range of factors. Government attempts to increase awareness about domestic abuse have had a significant influence in many cases. School, workplace, and community programs can help to shift social attitudes and encourage victims to seek help. However, if these initiatives lack resources or societal standards remain strongly established, their usefulness may be restricted. A major part of government action is legislation aimed at protecting victims and penalizing abusers. However, the execution of these rules might be inconsistent, resulting in cases when abusers are not effectively prosecuted. Furthermore, vulnerable women frequently have restricted access to legal aid. Victims benefit greatly from shelters, hotlines, and counselling services. However, the availability and quality of these services might vary greatly by region. Shelters that are overcrowded and have large waiting lists can limit their usefulness. Financial independence is critical for women attempting to leave abusive marriages. Government programs such as financial assistance, career training, and childcare assistance can be quite beneficial. These programs, however, require ongoing financing and accessibility. Domestic violence remains strongly rooted in some societies, making it difficult for government interventions alone to achieve major change. Changing deeply entrenched ideas and traditions necessitates a diverse approach that includes religious and community leaders. To summarize, while governments have taken significant steps to assist women victims of domestic violence, the success of these initiatives varies greatly depending on local context, resources, and cultural variables. To establish a more comprehensive and effective response to this serious issue, it is critical to regularly analyse and improve these programs, devote adequate resources, and collaborate with civil society

organizations. Domestic abuse is a complicated and deeply ingrained issue that demands a continuous, multi-pronged effort on the part of governments, communities, and people.

MENTAL HEALTH AND WELL-BEING

The introduction of lockdown measures led to a remarkable reduction in car accidents. However, it also led to a significant increase in cases of domestic gender-based violence and femicide. In certain regions, such as Bulgaria, reports of these incidents increased by 50 %. The crisis exacerbated tensions, causing relationships to deteriorate and violence to escalate. Victims often receive inadequate help as there are hardly any support centres and they are reluctant to seek help. To tackle this problem, a thorough education program needs to be implemented that empowers victims, promotes community vigilance against abusers and dispels harmful customs and myths that normalize domestic violence. The lack of proactive measures by public authorities against domestic violence is a pressing issue that has been exacerbated by the pandemic. The increasing difficulty for victims to find accommodation caused by the overcrowded support facilities, combined with the arduous legal battles over property division and child custody, clearly demonstrates that the system is unable to provide adequate support to those in need. Moreover, finding suitable housing continues to be a major obstacle for single mothers and families in general. This scenario underlines the urgent need for comprehensive and easily accessible support services for people affected by domestic violence and calls for measures that go beyond bureaucratic processes and lead to concrete, efficient help.

The COVID-19 epidemic has significantly exacerbated existing difficulties in social support networks. Participants noted that there was a lack of support and psychosocial care for people providing state social support, which exacerbated the challenges associated with providing assistance. The bureaucratic nature of the pandemic and the lack of government-allocated funds posed a challenge for those affected when it came to accessing and successfully utilizing these funds. Certain restrictions were overly strict, which resulted in recipients either returning the funds or choosing not to apply, casting doubt on the effectiveness of the bureaucratic method of aid delivery.

The epidemic has drawn attention to the deficits in social support systems and exacerbated difficulties for women, particularly with regard to their ability to access health care and essential services. Pregnant women have faced significant inequalities and lacked adequate care and support in particular. The impact of the pandemic on child nutrition as a result of family poverty highlighted the systemic disregard. The effectiveness of virtual resources was limited by the difficulty in accessing them, which disproportionately affected marginalized communities. This situation requires increased support for local efforts and a societal shift towards greater compassion and active community participation to ensure marginalized groups have equitable access to vital services and healthcare.

The crisis highlighted the importance of supporting parents with young children, which had a particular impact on the work-family balance of women in Italy during the epidemic. The closure of schools and childcare facilities placed a disproportionate burden on women as they were responsible for care and home schooling. This situation exacerbated professional difficulties and hindered career progression. The lack of easily accessible support structures such as family help or community initiatives meant that many women had to balance their work commitments with childcare responsibilities, ultimately leading to a reduction in working hours or a complete withdrawal from the workforce, exacerbating gender inequality in employment. This scenario underscores the urgent need for comprehensive

social support and cost-effective childcare options to ensure women's active engagement in work and family life. In addition, it is imperative to prioritize mental health and domestic violence support. The ever-changing nature of the pandemic and the lack of preparation in the school system caused further stress, which led to compensatory behaviours being adopted after the crisis. Possible policy suggestions include adjusted work schedules, paid parental leave and recognition of women's unpaid work to create an atmosphere where women can succeed in both work and care. The focus is on improving women's access to health care and essential services through the implementation of comprehensive strategies that improve community support and the resilience of health systems.

Participants shared some **weak practices**, handling the COVID-19 pandemic:

- A participant from Bulgaria shared that she witnessed a case of domestic violence in her building, and although she called the police, they were unable to intervene effectively. This situation highlights the need for a more holistic approach to tackling domestic violence, which should involve creating a better medical culture and addressing the issue of harassment. Participants from Bulgaria stated that there was a widespread denial of the mental impact caused by COVID-19 and the resulting crisis. The high-stress levels experienced by supporting psychologists and other professionals led to burnout and forced some to suspend their practice temporarily to recover.
- Participants from France shared concerns that some mothers who did not have relatives or family to count on had to think twice before going to the doctor or shopping because they could not take their children with them. For the women who did not speak French, it was also difficult to access healthcare and essential services.
- Participants from Greece pointed out that women had higher rates of anxiety, fear, depression, fear of the virus and illness compared to men in Greece. Also, they showed greater adherence to pandemic prevention and containment measures, were vaccinated at a higher rate, which is associated with greater fear of the virus and disease.
- Participants from Italy stated that during the COVID-19 pandemic in Italy, the effectiveness of social support networks was a mixed experience. On one hand, there were concerted efforts to bolster support systems to help vulnerable populations, such as the elderly, those facing financial hardships, and individuals dealing with mental health issues exacerbated by the pandemic. Community organizations, local authorities, and volunteers played a vital role in delivering essential supplies, providing emotional support, and coordinating aid efforts. However, challenges and gaps were evident. Firstly, the sudden and unprecedented nature of the crisis strained existing support systems, leading to delays and inefficiencies in delivering aid. Coordination and communication between various support providers needed improvement to ensure a more streamlined response. Secondly, the effectiveness of support often varied based on geographical location and resource availability. Urban areas tended to have more access to support networks and resources, leaving rural or isolated communities at a disadvantage. The mental health aspect was a significant concern. While there was an effort to provide telehealth services and online mental health support, the surge in demand overwhelmed the available resources. Access to timely mental health support remained challenging for many, particularly for vulnerable populations dealing with anxiety, depression, and emotional distress. Furthermore, gaps in supporting specific demographics were evident. Women, especially those facing domestic violence, required enhanced support systems. The increase in domestic abuse cases during lockdowns necessitated a more targeted and robust

approach to provide immediate assistance and safe spaces for victims. In summary, while Italy made efforts to reinforce social support networks during the pandemic, there were notable gaps in efficiency, equitable distribution of resources, mental health support, and targeted assistance for vulnerable groups. Future preparedness should focus on a more comprehensive and coordinated approach, ensuring timely and equitable support across regions and demographics, along with a specific emphasis on mental health services and support for victims of domestic violence. Additionally, leveraging technology and innovative solutions can improve access and efficiency in delivering aid during crises.

- Participants from Sweden highlighted the adaptation and resilience of social support networks during the pandemic, emphasizing their crucial role in providing emotional support, resources, and information. These networks' adaptability was key, offering varied services like online groups, grocery deliveries, and remote mental health services. However, criticisms arose regarding their effectiveness, pointing out inconsistencies, coordination issues, and the digital divide that left some, especially the elderly and rural residents, without adequate support. The pandemic underscored the need for systemic improvements in healthcare access and resource distribution, suggesting that while social support networks had beneficial impacts, enhancements in coordination, inclusivity, and preparedness are necessary for future crises.

Participants also shared some **good practices**, handling the COVID-19 pandemic:

- Participants from Bulgaria stated that e-diaries were used to track the mothers' experiences with children under 12 years old when the pandemic started. The data showed a clash of roles and gender expectations, which caused significant stress. Based on retrospective interviews, the researchers evaluate the beginning of the crisis as the most stressful period. Life during the pandemic was described as "life in a laboratory" and the pandemic itself as "creeping".
- Participants from Cyprus reported that during the pandemic organisations such as SPAVO in Cyprus, funded by the government, helped women by providing spots on how to contact them (via chat) and protect themselves. However, during the pandemic the numbers were double, and funding was limited. As a result, it was difficult to help all survivors of domestic violence.
- Participants from Italy presented a good praxis that the government actions to support women victims of domestic violence in Italy demonstrated some effectiveness during the COVID-19 pandemic. There was a notable effort to raise awareness of domestic violence through public campaigns and helplines. Additionally, the government allocated funds to support domestic violence shelters and helplines, enhancing the capacity to provide immediate assistance and refuge to survivors. Remote reporting systems were established to allow victims to seek help discreetly, which was a valuable step. However, challenges persisted, such as ensuring the availability of safe spaces for all victims and improving the response mechanisms to address the surge in cases. The holistic approach required both short-term measures and long-term strategies, including improved coordination among various stakeholders, enhanced legal support, and sustained public awareness campaigns, to comprehensively combat domestic violence and ensure the safety and well-being of women.
- Participants from Spain pointed out that women’s psychological needs were monitored by telephone, and follow-ups were carried out through the specific services for victims of gender violence such as ATENPRO, but in many cases the women lived with their abusers without the possibility of escaping from this difficult situation, even with the added difficulty of being able to report them due to the existing restrictions on movement. For the older adult female

population, access to health care has been made much more difficult during the pandemic because of their inability to be autonomous in accessing it.

GENDER GAP IN WORKPLACES

Participants emphasized the unequal and significant impact of COVID-19 on women, particularly in relation to work and care responsibilities, underscoring the need for systemic and societal changes to address gender inequalities. The epidemic has exacerbated already existing inequalities, such as the gender pay gap and limited prospects for women to advance in their careers. This underscores the need for governments and businesses to make urgent coordinated efforts. The employment landscape during the pandemic showed a notable gender gap, which was primarily due to the type of job opportunities promoted. Occupations that were more masculine in nature, such as engineers and agricultural workers, were more prevalent, resulting in higher employment rates for men. In contrast, there was a conspicuous lack of job prospects specifically tailored to women, which had a significant impact on their ability to find employment. This inequality underscores the need for a more comprehensive job creation strategy that guarantees equal opportunities for all sectors and genders. In addition, the impact of the pandemic on education and care has brought to light persistent issues such as inadequate pay and resources for teachers. Also, the sudden switch to distance learning and the increased need for care resulting from the closure of schools and elderly care facilities placed a significant burden on women and underlined the need for investment, technical improvements, and better working conditions, which resulted in the fact that the pandemic forced many women to make a difficult choice between their professional activity and their care responsibilities, resulting in significant setbacks in their careers. The current scenario has highlighted the need for social change and a shift in attitudes towards gender roles, as well as the importance of eliminating gender inequalities in the labor market. Mention findings underline the importance of promoting innovation and supporting teachers and the importance of making structural changes to ensure gender equality and resilience in future emergencies.

Thematic analysis shows that women faced serious and diverse obstacles in the labor market during the pandemic, which affected both their professional and personal lives. Due to school closures, mothers took on a disproportionate caregiving responsibility, which prevented them from devoting themselves fully to their professional activities. A significant number of women had to reduce their working hours or give up their jobs to take care of family responsibilities, which had a negative impact on their career progression. Juggling distant work and childcare responsibilities led to increased stress levels and lower work productivity. The introduction of pandemic-related restrictions reduced the availability of external childcare and led to a lack of alternative childcare options, further increasing women's childcare responsibilities. Women's mental health is severely affected by the combined demands of work and caring responsibilities, leading to increased levels of worry, stress and burnout. The interruptions to work had a negative impact on family finances, particularly for households headed by single parents or those dependent on women's income. This fact highlights the need for work-life balance measures, such as convenient childcare, extended parental leave and flexible working arrangements, to support working parents, especially mothers.

Future recommendations through thematic analysis show the need for changes in:

- Create inclusive, cost-effective and high-quality childcare facilities by promoting cooperation between the public and private sectors. Also ensure that childcare services are aligned with working hours to effectively support working mothers.
- Encourage flexible working arrangements such as teleworking, adaptable working hours and part-time alternatives to support caring responsibilities, with employers prioritizing productivity over conventional working hours.
- Extend generous paid parental leave for both mothers and fathers to provide career stability and economic security during care leave.
- Improve the provision of mental health services by providing accessible counselling, stress management initiatives and counselling centres, with a focus on addressing the particular difficulties women face as a result of increased caring responsibilities.
- Provide financial and logistical support to women entrepreneurs and small business owners affected by the epidemic through grants, low-interest loans and tailored support programs.
- Implement gender-specific policies aimed at reducing gender pay gaps, combating discrimination in the workplace, overcoming barriers to women's career advancement and ensuring fair treatment and equal opportunities for women.
- Establish community platforms to promote networking and mutual support for women to meet, share and support each other.
- Guarantee equal access to health care, especially maternal and child health, by expanding health infrastructure and providing low-cost services.
- Implement initiatives aimed at educating the public about the importance of sharing caregiving responsibilities and recognizing women's important contribution to the economy and family dynamics.
- Simplify government support systems to improve accessibility and practicality while minimizing the excessive complexity of bureaucratic processes.
- Eliminate cultural biases that impose unequal care responsibilities on women and advocate for a more equitable distribution of domestic tasks.
- Identify and monitor potential cases of domestic violence and ensure that victims have unhindered access to support services and safe environments during the lockdown period.
- Promote awareness of the pay gap and emphasize the importance of paternal involvement in the care of children. Encourage the establishment of more effective support systems tailored to women's needs and better childcare facilities.
- Implement a comprehensive plan that includes various approaches to create a stronger and more inclusive society for women. This strategy should prioritize establishing social safety nets, providing low-cost childcare, expanding telemedicine services, improving access to digital education, and combating gender-based violence.

5 QUANTITATIVE RESEARCH

5.1 Methodology for surveys

As part of the theoretical starting points, we used the descriptive method and studied both domestic and foreign professional and scientific literature in the studied area, whereby the focus of the study was mainly on the findings of the quantitative research carried out by the project partners in the studied countries. The latter is considered to be "systematic and objective in its ways of using numerical data in the study of a selected subset of the population to generalize findings to the entire population" (Walliman, 2021). Leedy and Ormrod (2015, p. 67) believe that quantitative research allows the researcher to answer questions about the relationships between measured variables with the aim of explaining, predicting, and controlling certain phenomena.

Conrad and Serlin (2011) describe quantitative research as deductive in nature, as inference from the testing of established hypotheses leads to general conclusions about the characteristics of the population. Researchers using a deductive approach begin their research by examining an existing theory about a particular social phenomenon or phenomena, and then test its implications based on data obtained using an appropriate method. With this, the researcher moves from the general level to the specific. (p. 149)

In accordance with the above, our quantitative research used deductive approach to the research. This means that we collected data in the form of numbers and, through statistical processing of them, obtained the necessary numerical information intended to verify the established hypotheses. We collected the data in a quantitative way because we wanted to remain completely objective and unbiased when analysing the data.

To collect data, we used the method of questioning and, as part of this, the measuring instrument of the survey questionnaire, which contained 3 substantive sets of questions. In the first part, we examined the impact of COVID-19 on democratic debate, in the second part, we examined the impact of COVID-19 on human rights, and in the third part, we examined the relationship between the professional and private lives of women.

In the demographic set of questions, we collected data on gender, age, completed education, the environment they come from (rural, urban, etc.) and the country they come from. The survey was conducted using the Microsoft Forms online survey service application, ensuring anonymity. The survey took place in the period from November 2022 to February 2023.

Each of the examined countries - Bulgaria, Cyprus, France, Greece, Italy, Portugal, Slovenia, Spain, and Sweden, gathered the data within their own country. Surveys were translated into each of the corresponding countries languages. Survey invitations were sent out to individuals who were sourced from internal databases and shared on project partner’s social media and websites. Data which was gathered using Microsoft Forms application was exported into Microsoft Excel. The data was edited in a manner for them to be suited for further use and analysed using SPSS, version 26.

A pilot study (presented in the following subchapters) was conducted on 54 people in order to test the questionnaires. The reliability was verified using Cronbach's Alpha test, while validity was tested using factor analysis. The Cronbach's Alpha values are 0,801, 0,849 and 0,785, which in turn means the reliability of the questionnaires is good. Use of factor analysis (Principal Axis Factoring method) showed that questionnaires are valid, therefore suitable for use.

Sample sizes varied across participating countries: Bulgaria (n1=33; n2=30; n3=30), Cyprus (n1=37; n2=32; n3=34), France (n1=30; n2=30; n3=30), Greece (n1=34; n2=30; n3=31), Italy – InCo Molfetta (n1=33; n2=46; n3=34), Italy – Lombardy (n1=72; n2=53; n3=45), Portugal (n1=33; n2=31; n3=31), Slovenia (n1=48; n2=36; n3=34), Spain (n1=46; n2=39; n3=45), and Sweden (n1=31; n2=30; n3=31).

The data was analysed using descriptive and bivariate statistics. Descriptive statistics encompassed absolute and relative frequencies, mean values, and standard deviations. Before executing bivariate statistics, we tested data for normal distribution using Kolmogorov-Smirnov and Shapiro-Wilk test. The level of statistical significance used was 5 % (0,05) and two-tailed tests were used. Since none of the variables were distributed normally, nonparametric tests were used. The Mann-Whitney test was used to verify statistically significant average values between two independent samples (gender). The Kruskal-Wallis's test was used to verify statistically significant average values between three or more independent samples (age, education, area of living).

Furthermore, we tested reliability of data using Cronbach's Alpha test and validity using factor analysis. The Cronbach's Alpha values are 0,821, 0,879 and 0,767, which in turn means the reliability of the questionnaires is good. Use of factor analysis (Principal Axis Factoring method) showed that questionnaires are valid, therefore suitable for use.

5.1.1 Pilot Studies for The Survey for Citizens and Residents Through Social Media on The Topic how COVID-19 Crisis had Affected the Democratic Debate

A pilot study was conducted on 54 people in order to test the questionnaire.

Table 5.1. Cronbach's alpha

Cronbach's Alpha	N of Items
0,801	8

The Cronbach's Alpha value is 0,801, which in turn means the reliability of the questionnaire is good.

Table 5.2. KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0,788
Bartlett's Test of Sphericity	Approx. Chi-Square	106,990
	df	28
	Sig.	0,000

The KMO measure (0,788) and the Bartlett Test of Sphericity (sig. < 0,05) confirm the data is appropriate for factor analysis. We used the Principal Axis Factoring method and Varimax rotation with Kaiser Normalization.

Table 5.3. Communalities

	Initial	Extraction
COVID-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country).	0,641	0,688
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,659	0,825
Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,373	0,585
I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,525	0,691
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,437	0,748
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).	0,617	0,773
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in (amend accordingly to the partner country).	0,210	0,724
The limitation of the participation within democratic debates in (amend accordingly to the partner country) was more obvious for women than men.	0,464	0,549

All communalities are higher than 0,2, which means the variables define our phenomenon, there is also no need to exclude any of the variables.

Table *5.4.* Total Variance Explained

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumu-lative %	Total	% of Variance	Cumu-lative %	Total	% of Variance	Cumu-lative %
1	3,417	42,716	42,716	3,417	42,716	42,716	2,524	31,549	31,549
2	1,143	14,286	57,002	1,143	14,286	57,002	2,036	25,453	57,002
3	0,923	12,792	69,794						
4	0,842	10,528	80,322						
5	0,588	7,344	87,666						
6	0,474	5,926	93,592						
7	0,372	4,647	98,239						
8	0,141	1,761	100,000						

SPSS suggests the exclusion of two factors, since their eigenvalue is higher than 1, likewise two of the factors can explain 57,002 % of the common variance.

Table 5.5. Rotated Factor Matrix

	Factor	
	1	2
COVID-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country).	0,596	
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,842	
Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,627	
I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,809	
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,737	
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).		0,795
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in (amend accordingly to the partner country).	0,555	
The limitation of the participation within democratic debates in (amend accordingly to the partner country) was more obvious for women than men.	0,732	

We can observe which variables were sorted within a certain factor inside of the factor matrix. We can conclude that our questionnaire is valid, therefore suitable for use.

5.1.2 Pilot For Survey For Citizens And Residents Through Social Media On How The COVID-19 Crisis Had Affected The Enjoyment Of Fundamental Rights

A pilot study was conducted on 54 people in order to test the questionnaire.

Table 5.6. Cronbach's alpha

Cronbach's Alpha	N of Items
0,849	20

The Cronbach’s Alpha value is 0,849, which in turn means the reliability of the questionnaire is good.

Table 5.7. KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0,767
Bartlett's Test of Sphericity	Approx. Chi-Square	393,801
	df	190
	Sig.	0,000

The KMO measure (0,767) and the Bartlett Test of Sphericity (sig. < 0,05) confirm the data is appropriate for factor analysis. We used the Principal Axis Factoring method and Varimax rotation with Kaiser Normalization.

Table 5.8. Communalities

	Initial	Extraction
COVID-19 restrictions affected my fundamental rights.	0,786	0,659
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,468	0,191
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	0,693	0,453
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,821	0,554
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	0,569	0,398
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0,759	0,793
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	0,766	0,828
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	0,790	0,590
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0,853	0,685
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	0,732	0,717
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0,644	0,442
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	0,566	0,503
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	0,582	0,448
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0,760	0,744
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,704	0,633
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0,478	0,251
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,645	0,345
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0,624	0,379
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	0,583	0,281
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0,729	0,443

All communalities are higher than 0,2, which means the variables define our phenomenon, there is also no need to exclude any of the variables.

Table 5.9. Total Variance Explained

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumu-lative %	Total	% of Variance	Cumu-lative %	Total	% of Variance	Cumu-lative %
1	6,801	34,003	34,003	6,363	31,815	31,815	3,332	16,661	16,661
2	2,070	10,352	44,355	1,621	8,105	39,920	2,455	12,273	28,934
3	1,752	8,762	53,117	1,327	6,634	46,554	2,336	11,682	40,616
4	1,422	7,108	60,225	1,028	5,140	51,694	2,216	11,078	51,694
5	0,965	6,073	66,298						
6	0,924	5,621	71,919						
7	0,855	4,674	76,593						
8	0,843	4,217	80,810						
9	0,795	3,975	84,785						
10	0,521	2,606	87,391						
11	0,428	2,141	89,532						
12	0,419	2,096	91,628						
13	0,393	1,966	93,594						
14	0,333	1,666	95,260						
15	0,291	1,455	96,715						
16	0,226	1,129	97,845						
17	0,168	0,840	98,684						
18	0,105	0,524	99,208						
19	0,101	0,504	99,712						
20	0,058	0,288	100,000						

SPSS suggests the exclusion of four factors, since their eigenvalue is higher than 1, likewise four of the factors can explain 51,694 % of the common variance.

Table 5.10. Rotated Factor Matrix

	Factor			
	1	2	3	4
COVID-19 restrictions affected my fundamental rights.	0,688			
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,578			
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	0,612			
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,526			
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	0,624			
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health			0,479	
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education			0,471	
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly			0,456	

By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation		0,482	
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs		0,769	
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement		0,516	
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	0,612		
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	0,873		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons			0,836
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people			0,761
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth			0,464
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people			0,416
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support			0,587
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women			0,842
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work			0,745

We can observe which variables were sorted within a certain factor inside of the factor matrix. We can conclude that our questionnaire is valid, therefore suitable for use.

5.1.3 Pilot For Survey For Citizens And Residents Through Social Media On The Topic How The COVID-19 Crisis Had Affected The Work And Life Balance Of Women

A pilot study was conducted on 54 people in order to test the questionnaire.

Table 5.11. Cronbach's alpha

Cronbach's Alpha	N of Items
0,785	8

The Cronbach’s Alpha value is 0,785, which in turn means the reliability of the questionnaire is good.

Table 5.12: KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.	0,791

Bartlett's Test of Sphericity	Approx. Chi-Square	139,916
	df	28
	Sig.	0,000

The KMO measure (0,791) and the Bartlett's Test of Sphericity (sig. < 0,05) confirm the data is appropriate for factor analysis. We used the Principal Axis Factoring method and Varimax rotation with Kaiser Normalization.

Table 5.13: Communalities

	Initial	Extraction
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0,707	0,909
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0,610	0,804
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,687	0,786
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	0,474	0,886
COVID-19 crisis limited the career opportunities for women, that are mothers.	0,571	0,772
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0,462	0,598
I acknowledge that COVID-19 crisis widened the Gender Gap.	0,682	0,799
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0,665	0,710

All communalities are higher than 0,2, which means the variables define our phenomenon, there is also no need to exclude any of the variables.

Table 5.14. Total Variance Explained

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumula-tive %	Total	% of Variance	Cumula-tive %	Total	% of Variance	Cumula-tive %
1	3,712	46,402	46,402	3,712	46,402	46,402	3,180	39,748	39,748
2	1,326	16,571	62,973	1,326	16,571	62,973	1,858	23,224	62,973
3	0,827	15,335	78,308						
4	0,574	7,177	85,485						
5	0,511	6,387	91,872						
6	0,320	3,999	95,871						
7	0,179	2,236	98,107						
8	0,151	1,893	100,000						

SPSS suggests the exclusion of two factors, since their eigenvalue is higher than 1, likewise two of the factors can explain 62,973 % of the common variance.

Table 5.15. Rotated Factor Matrix

	Factor	
	1	2
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0,929	
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0,791	
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,574	
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.		0,739
COVID-19 crisis limited the career opportunities for women, that are mothers.	0,813	
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.		0,744
I acknowledge that COVID-19 crisis widened the Gender Gap.	0,879	
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0,703	

We can observe which variables were sorted within a certain factor inside of the factor matrix. We can conclude that our questionnaire is valid, therefore suitable for use.

5.2 Results of survey

5.2.1 Analysis of the Survey For Citizens And Residents Through Social Media On The Topic How COVID-19 Crisis Had Affected The Democratic Debate

BULGARIA

Table 5.16. Gender

	Frequency	Percent
Female	23	69,7 %
Male	9	27,3 %
I do not wish to answer	1	3,0 %
Total	33	100,0 %

The majority of respondents are female (69,7 %), 27,3 % of the respondents are male and 3,0 % did not wish to answer the question.

Table 5.17. Age in years

	Frequency	Percent	Mean	Standard deviation
21-30	12	36,4 %	39,3	12,7
31-40	11	33,3 %		
41-50	1	3,0 %		
51-60	7	21,2 %		
61-70	2	6,1 %		
Total	33	100,0 %		

The mean age of respondents is 39,3 years with a standard deviation of 12,7 years. The highest percentage of respondents is aged between 21 and 30 years (36,4 %), 33,3 % are aged between 31 and 40, while 21,2 % are aged between 51 and 60 years. Only 6,1 % of respondents are aged between 61 and 70 years, while the lowest percentage of respondents (3,0 %) is aged between 41 and 50.

Table 5.18. Highest completed degree or level of school

	Frequency	Percent
Secondary school	7	21,2 %
Bachelor’s degree or professional diploma	5	15,2 %
Master’s Degree	17	51,5 %
PhD or DPhil	4	12,1 %
Total	33	100,0 %

More than half of respondents have acquired their master’s degree, 21,2 % have completed secondary school. Bachelor’s degree or a professional diploma was acquired by 15,2 % of respondents. The lowest percentage of respondents (12,1 %) have acquired a PhD or a DPhil.

Table 5.19. Area of living

	Frequency	Percent
Rural area	0	0,0 %
Suburban area	2	6,1 %
Urban area	31	93,9 %
Total	33	100,0 %

The vast majority of respondents (93,9 %) live in urban areas. Only 6,1 % of them live in suburban areas and none live in rural areas.

Table 5.20. Level of agreement with given statements

	1	2	3	4	5	6	M	SD
COVID-19 crisis negatively impacted the level of the democracy in Bulgaria.	0	0	7	16	10	0	4,1	0,7
	0,0 %	0,0 %	21,2 %	48,5 %	30,3 %	0,0 %		
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0	1	7	14	10	1	4,0	0,8
	0,0 %	3,0 %	21,2 %	42,4 %	30,3 %	3,0 %		
Do you feel that there was a lack of political transparency in Bulgaria at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1	2	3	13	13	1	4,1	1,0
	3,0 %	6,1 %	9,1 %	39,4 %	39,4 %	3,0 %		
I have noticed an abuse of power by national politicians in Bulgaria during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	1	2	3	11	15	1	4,2	1,1
	3,0 %	6,1 %	9,1 %	33,3 %	45,5 %	3,0 %		
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0	0	1	12	19	1	4,6	0,6
	0,0 %	0,0 %	3,0 %	36,4 %	57,6 %	3,0 %		
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Bulgaria.	0	0	0	13	20	0	4,6	0,5
	0,0 %	0,0 %	0,0 %	39,4 %	60,6 %	0,0 %		
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Bulgaria.	0	5	11	7	7	3	3,5	1,0
	0,0 %	15,2 %	33,3 %	21,2 %	21,2 %	9,1 %		
The limitation of participation within democratic debates in Bulgaria was more obvious for women than men.	1	5	16	3	3	5	3,1	0,9
	3,0 %	15,2 %	48,5 %	9,1 %	9,1 %	15,2 %		
During COVID-19 I have noticed that more non-democratic debate and decisions on closed doors were taken.	0	5	3	13	9	3	3,9	1,0
	0,0 %	15,2 %	9,1 %	39,4 %	27,3 %	9,1 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. We have excluded the value "6 – I do not know" from the scale, since it would impact the results of the mean values in an unrealistic way. The value has been excluded throughout the entire document. On average respondents strongly agree with the statements "Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties." (M=4,6; SD=0,6) and "I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Bulgaria." (M=4,6; SD=0,5). Respondents of average agree with the following statements: "I have noticed an abuse of power by national politicians in Bulgaria during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of

COVID-19." (M=4,2; SD=1,1), "Do you feel that there was a lack of political transparency in Bulgaria at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?" (M=4,1; SD=1,0), "COVID-19 crisis negatively impacted the level of the democracy in Bulgaria." (M=4,1; SD=0,7), "COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state." (M=4,0; SD=0,8), "During COVID-19 I have noticed that more non-democratic debate and decisions on closed doors were taken." (M=3,9; SD=1,0) and "COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Bulgaria." (M=3,5; SD=1,0). The respondents were on average neutral with the responses when pertaining to the statement "The limitation of participation within democratic debates in Bulgaria was more obvious for women than men." (M=3,1; SD=0,9).

We asked participants if they had anything to add:

- Different viewpoints on COVID-19 should not be silenced.
- I initially supported the steps taken to address the situation during the first lockdown. I complied with the advice given on television and the Ministry of Health's guidelines. After that, the problem became politicized. We were all locked up at home and unsure of who to call in case of infection.
- Instead of "the crisis caused by COVID-19 the more accurate expression is "the crisis caused by the measures against COVID-19

Table 5.21. Change of perception of free and fair elections during *COVID-19*

	Frequency	Percent
Nothing has changed	11	34 %
Elections are perceived as less fair and free	13	41 %
Political interest was prioritized over the populations interest	5	16 %
I have no opinion or insufficient information on this matter	2	6 %
Measures prevented people from voting	1	3 %
Total	32	100 %

We asked the participants of the survey how the perception of free and fair elections changed during COVID-19 in their country. Almost half of respondents (41,0 %) believe the elections are now perceived as less fair and free, 34,0 % believe nothing has changed, 16,0 % of respondents believe political interest was prioritized over the populations interest during COVID-19. Only 6,0 % of respondents have no opinion or insufficient information on this matter. The lowest percentage of respondents (3,0 %) believe COVID-19 measures prevented people from voting.

Table 5.22. Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Bulgaria.	0,301	0,000	0,791	0,000
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,231	0,001	0,854	0,002
Do you feel that there was a lack of political transparency in Bulgaria at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,293	0,000	0,791	0,000
I have noticed an abuse of power by national politicians in Bulgaria during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,290	0,000	0,745	0,000
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,383	0,000	0,684	0,000
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Bulgaria.	0,356	0,000	0,637	0,000
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Bulgaria.	0,238	0,001	0,870	0,004
The limitation of participation within democratic debates in Bulgaria was more obvious for women than men.	0,325	0,000	0,835	0,001
During COVID-19 I have noticed that more non-democratic debate and decisions on closed doors were taken.	0,309	0,000	0,827	0,001

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.23. Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis H (sig.)
COVID-19 crisis negatively impacted the level of the democracy in Bulgaria.	21-30	12	11,67	12,64 (0,013)
	31-40	11	22,59	
	41-50	1	15,50	
	51-60	7	14,29	
	61-70	2	28,50	
	Total	33		
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	Secondary school	7	9,50	8,015 (0,046)
	Bachelor's degree or professional diploma	5	18,20	
	Master's Degree	16	17,03	
	PhD or DPhil	4	24,50	
	Total	32		
	Secondary school	7	10,86	9,698 (0,021)

Do you feel that there was a lack of political transparency in Bulgaria at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	Bachelor's degree or professional diploma	5	20,80
	Master's Degree	16	19,66
	PhD or DPhil	4	8,38
	Total	32	

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statement, pertaining to the respondents age: "COVID-19 crisis negatively impacted the level of the democracy in Bulgaria". Respondents aged 61 to 70 years agree the most that COVID-19 crisis negatively impacted the level of the democracy in Bulgaria, while respondents aged 21 to 30 agree with the same statement the least.

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statement, pertaining to the respondents acquired level of education "COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state." and "Do you feel that there was a lack of political transparency in Bulgaria at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?". Respondents who have acquired a PhD or DPhil agree that the COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state the most, while respondents with completed secondary school agree with it the least. Respondents who have acquired a bachelor's degree or a professional diploma agree the most, that the lack of political transparency in Bulgaria at the peak of the crisis prevented them from participating in the democratic debate in an informed way, meanwhile respondents with a PhD or DPhil agree with that the least.

Table 5.24. Mann-Whitney test for gender

	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Bulgaria.	0,928
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,853
Do you feel that there was a lack of political transparency in Bulgaria at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1,000
I have noticed an abuse of power by national politicians in Bulgaria during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,961
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,247
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Bulgaria.	0,605
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Bulgaria.	0,936
The limitation of participation within democratic debates in Bulgaria was more obvious for women than men.	0,639
During COVID-19 I have noticed that more non-democratic debate and decisions on closed doors were taken.	0,979

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.25. Kruskal-Wallis test for age groups

	Sig.
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,144
Do you feel that there was a lack of political transparency in Bulgaria at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,401
I have noticed an abuse of power by national politicians in Bulgaria during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,048
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,327
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Bulgaria.	0,164
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Bulgaria.	0,402
The limitation of participation within democratic debates in Bulgaria was more obvious for women than men.	0,819
During COVID-19 I have noticed that more non-democratic debate and decisions on closed doors were taken.	0,385

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.26. Kruskal-Wallis test for education

	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Bulgaria.	0,497
I have noticed an abuse of power by national politicians in Bulgaria during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,684
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,335
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Bulgaria.	0,365
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Bulgaria.	0,286
The limitation of participation within democratic debates in Bulgaria was more obvious for women than men.	0,360
During COVID-19 I have noticed that more non-democratic debate and decisions on closed doors were taken.	0,131

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to education.

Table 5.27. Kruskal-Wallis test for area of living

	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Bulgaria.	0,413
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,406
Do you feel that there was a lack of political transparency in Bulgaria at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,867
I have noticed an abuse of power by national politicians in Bulgaria during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,736
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,239
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Bulgaria.	0,247
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Bulgaria.	0,544
The limitation of participation within democratic debates in Bulgaria was more obvious for women than men.	1,000
During COVID-19 I have noticed that more non-democratic debate and decisions on closed doors were taken.	0,860

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents area of living.

CYPRUS

Table 5.28. Gender

	Frequency	Percent
Female	23	62,2 %
Male	14	37,8 %
Total	37	100,0 %

The majority of respondents (62,2 %) are female, while 37,8 % are male.

Table 5.29. Age in years

	Frequency	Percent	Mean	Standard deviation
21-30	17	45,9 %	33,2	8,8
31-40	16	43,2 %		
41-50	2	5,4 %		
51-60	1	2,7 %		
61-70	1	2,7 %		
Total	37	100,0 %		

The mean age of respondents is 33,2 years with a standard deviation of 8,8 years. Almost half of respondents (45,9 %) are aged from 21 to 30 years, 43,2 % of them are aged from 31 to 40 years, while only 5,4 % of respondents are aged from 41 to 50 years. The same percentages of respondents are aged from 51 to 60 years as well as from 61 to 70 years.

Table 5.30. Highest completed degree or level of school

	Frequency	Percent
Secondary school	2	5,4 %
Bachelor's degree or professional diploma	10	27,0 %
Master's Degree	23	62,2 %
PhD or DPhil	2	5,4 %
Total	37	100,0 %

Over half of respondents (62,2 %) have acquired a master's degree. More than a quarter of respondents (27,0 %) have acquired a bachelor's degree of a professional diploma. The same percentages of respondents (5,4 %) have finished secondary school or acquired a PhD or DPhil.

Table 5.31. Area of living

	Frequency	Percent
Rural area	3	8,1 %
Suburban area	5	13,5 %
Urban area	29	78,4 %
Total	37	100,0 %

The majority of respondents (78,4 %) live in urban areas, 13,5 % of them live in suburban areas, while only 8,1 % live in rural areas.

Table 5.32. Level of agreement with given statements

	1	**2**	**3**	**4**	**5**	**6**	**M**	**SD**
The COVID-19 negatively impacted the level of the democracy in Cyprus.	0	3	9	17	8	0	3,8	0,9
	0,0 %	8,1 %	24,3 %	45,9 %	21,6 %	0,0 %		
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0	2	8	20	7	0	3,9	0,8
	0,0 %	5,4 %	21,6 %	54,1 %	18,9 %	0,0 %		
Do you feel that there was a lack of political transparency in Cyprus at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0	3	8	16	10	0	3,9	0,9
	0,0 %	8,1 %	21,6 %	43,2 %	27,0 %	0,0 %		
I have noticed an abuse of power by national politicians in Cyprus during COVID-19 crisis,	0	5	9	13	10	0	3,8	1,0
	0,0 %	13,5 %	24,3 %	35,1 %	27,0 %	0,0 %		

which was not proportionate to the expected goal of limiting the spread of COVID-19.								
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1	4	2	24	6	0	3,8	0,9
	2,7 %	10,8 %	5,4 %	64,9 %	16,2 %	0,0 %		
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Cyprus.	0	3	4	11	19	0	4,2	1,0
	0,0 %	8,1 %	10,8 %	29,7 %	51,4 %	0,0 %		
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Cyprus.	0	6	11	12	7	1	3,6	1,0
	0,0 %	16,2 %	29,7 %	32,4 %	18,9 %	2,7 %		
The limitation of the participation within democratic debates in Cyprus was more obvious for women than men.	3	3	14	9	4	4	3,2	1,1
	8,1 %	8,1 %	37,8 %	24,3 %	10,8 %	10,8 %		
My voice of critique on how the government was handling COVID-19 crisis was silenced in public.	0	2	6	17	10	2	4,0	1,0
	0,0 %	5,4 %	16,2 %	45,9 %	27,0 %	5,4 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents of average agree with the following statements: "I have noticed a rise in fake news and disinformation related to *COVID-19* across media landscapes in Cyprus." (M=4,2; SD=1,0), "My voice of critique on how the government was handling *COVID-19* crisis was silenced in public." (M=4,0; SD=1,0), "*COVID-19* crisis had an impact on the democratic debate even after the end of the declared pandemic state." (M=3,9; SD=0,8), "Do you feel that there was a lack of political transparency in Cyprus at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?" (M=3,9; SD=0,9), "The *COVID-19* negatively impacted the level of the democracy in Cyprus." (M=3,8; SD=0,9), "Since the outbreak of *COVID-19* crisis, I have observed *COVID-19* topic being politicised to benefit the agenda of different political parties." (M=3,8; SD=0,9), "I have noticed an abuse of power by national politicians in Cyprus during *COVID-19* crisis, which was not proportionate to the expected goal of limiting the spread of *COVID-19*." (M=3,8; SD=1,0) and "*COVID-19* crisis limited my participation in debates on governmental actions and on issues of public interest in Cyprus." (M=3,6; SD=1,0). The only statement with to which the respondent's agreement is neutral is "The limitation of the participation within democratic debates in Cyprus was more obvious for women than men." (M=3,2; SD=1,1).

Table 5.33. Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
The COVID-19 negatively impacted the level of the democracy in Cyprus.	0,252	0,000	0,871	0,001
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,278	0,000	0,859	0,001
Do you feel that there was a lack of political transparency in Cyprus at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,255	0,000	0,864	0,001
I have noticed an abuse of power by national politicians in Cyprus during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,206	0,001	0,856	0,001
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,392	0,000	0,741	0,000
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Cyprus.	0,292	0,000	0,773	0,000
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Cyprus.	0,190	0,005	0,880	0,002
The limitation of the participation within democratic debates in Cyprus was more obvious for women than men.	0,223	0,000	0,899	0,006
My voice of critique on how the government was handling COVID-19 crisis was silenced in public.	0,250	0,000	0,847	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.34. Mann-Whitney test for gender

	Mann-Whitney U	Sig.
The COVID-19 negatively impacted the level of the democracy in Cyprus.	153,500	0,802
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	160,500	0,986
Do you feel that there was a lack of political transparency in Cyprus at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	149,000	0,690
I have noticed an abuse of power by national politicians in Cyprus during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	145,000	0,602
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	155,500	0,839

I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Cyprus.	136,000	0,392
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Cyprus.	127,500	0,451
The limitation of the participation within democratic debates in Cyprus was more obvious for women than men.	78,000	0,127
My voice of critique on how the government was handling COVID-19 crisis was silenced in public.	130,000	0,632

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.35. Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
The COVID-19 negatively impacted the level of the democracy in Cyprus.	8,824	0,066
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	8,852	0,065
Do you feel that there was a lack of political transparency in Cyprus at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1,448	0,836
I have noticed an abuse of power by national politicians in Cyprus during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	4,253	0,373
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	3,119	0,538
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Cyprus.	7,672	0,104
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Cyprus.	6,814	0,146
The limitation of the participation within democratic debates in Cyprus was more obvious for women than men.	1,352	0,853
My voice of critique on how the government was handling COVID-19 crisis was silenced in public.	7,551	0,109

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences between different age groups.

Table 5.36. Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
The COVID-19 negatively impacted the level of the democracy in Cyprus.	4,123	0,249
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	5,351	0,148
Do you feel that there was a lack of political transparency in Cyprus at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	2,892	0,409
I have noticed an abuse of power by national politicians in Cyprus during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	3,988	0,263
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	6,009	0,111
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Cyprus.	7,115	0,068
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Cyprus.	2,503	0,475
The limitation of the participation within democratic debates in Cyprus was more obvious for women than men.	1,017	0,797
My voice of critique on how the government was handling COVID-19 crisis was silenced in public.	1,214	0,750

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to education.

Table 5.37. Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
The COVID-19 negatively impacted the level of the democracy in Cyprus.	1,493	0,474
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,509	0,775
Do you feel that there was a lack of political transparency in Cyprus at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,412	0,814
I have noticed an abuse of power by national politicians in Cyprus during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	1,806	0,405
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	3,458	0,177
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Cyprus.	0,422	0,810
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Cyprus.	1,011	0,603

The limitation of the participation within democratic debates in Cyprus was more obvious for women than men.	2,687	0,261
My voice of critique on how the government was handling COVID-19 crisis was silenced in public.	0,958	0,619

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents area of living.

FRANCE

Table 5.38. Gender

	Frequency	Percent
Female	23	76,7 %
Male	6	20,0 %
I do not wish to answer	1	3,3 %
Total	30	100,0 %

The majority of respondents (76,7 %) are female, while 20,0 % are male, 3,3 % did not wish to provide an answer to this question.

Table 5.39. Age in years

	Frequency	Percent	Mean	Standard deviation
21-30	8	26,7 %	47,2	19,0
31-40	5	16,7 %		
41-50	3	10,0 %		
51-60	4	13,3 %		
61-70	7	23,3 %		
71 years or more	3	10,0 %		
Total	30	100,0 %		

The mean respondent age is 47,2 years with a standard deviation of 19,0 years. More than a quarter of respondents (26,7 %) are aged from 21 to 30 years. Less than a quarter of respondents (23,3 %) are aged from 61 to 70 years, 16,7 % of respondents are aged from 31 to 40 years, 13,3 % from 51 to 60 years. Ten percent of respondents are aged from 41 to 50 years, the same percentage of respondents is aged 71 years or more.

Table 5.40. Highest completed degree or level of school

	Frequency	Percent
Secondary school	3	10,0 %
Bachelor’s degree or professional diploma	8	26,7 %
Master’s Degree	18	60,0 %
PhD or DPhil	1	3,3 %
Total	30	100,0 %

More than half of respondents (60,0 %) have acquired a master's degree, 26,7 % have acquired a bachelor's degree or a professional diploma, 10,0 % of respondents have completed secondary school. The lowest percentage of respondents (3,3 %) have acquired a PhD or DPhil.

Table 5.41. Area of living

	Frequency	Percent
Rural area	13	43,3 %
Suburban area	8	26,7 %
Urban area	8	26,7 %
Other	1	3,3 %
Total	30	100,0 %

Almost half of respondents (43,3 %) live in rural areas. The same percentage of respondents (26,7 %) live in suburban or urban areas, 3,3 % of them live in other areas.

Table 5.42. Level of agreement with given statements

	1	2	3	4	5	6	M	SD
The COVID-19 crisis has had a negative impact on the level of democracy in France.	0	5	3	8	13	1	4,0	1,1
	0,0 %	16,7 %	10,0 %	26,7 %	43,3 %	3,3 %		
The COVID-19 crisis has had an impact on democratic debate even after the pandemic has ended.	0	3	0	12	15	0	4,3	0,9
	0,0 %	10,0 %	0,0 %	40,0 %	50,0 %	0,0 %		
Do you feel that there was a lack of political transparency in France at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	2	4	3	8	12	1	3,8	1,3
	6,7 %	13,3 %	10,0 %	26,7 %	40,0 %	3,3 %		
I have noticed an abuse of power by national politicians in France during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	2	5	3	2	17	1	3,9	1,4
	6,7 %	16,7 %	10,0 %	6,7 %	56,7 %	3,3 %		
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1	1	4	9	13	2	4,1	1,0
	3,3 %	3,3 %	13,3 %	30,0 %	43,3 %	6,7 %		
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in France	0	2	1	8	18	1	4,5	0,9
	0,0 %	6,7 %	3,3 %	26,7 %	60,0 %	3,3 %		
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in France.	1	9	7	3	9	1	3,3	1,3
	3,3 %	30,0 %	23,3 %	10,0 %	30,0 %	3,3 %		
The limitation of the participation within democratic debates in France was more obvious for women than men.	4	7	8	4	1	6	2,6	1,1
	13,3 %	23,3 %	26,7 %	13,3 %	3,3 %	20,0 %		
	3	9	8	4	6	0	3,0	1,3

The postponement of the 2020 municipal elections, during the first lockdown, was a disproportionate attack on the expression of my democratic right.	10,0 %	30,0 %	26,7 %	13,3 %	20,0 %	0,0 %		
Social media has proven to be an essential tool for French democratic debate during the COVID-19 crisis.	5 16,7 %	3 10,0 %	6 20,0 %	7 23,3 %	7 23,3 %	2 6,7 %	3,3	1,4

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents on average strongly agree with the following statement "I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in France COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in France." (M=4,5; SD=0,9). On average respondents agree with the following statements: "The COVID-19 crisis has had an impact on democratic debate even after the pandemic has ended." (M=4,3; SD=0,9), "Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties." (M=4,1; SD=1,0), "The COVID-19 crisis has had a negative impact on the level of democracy in France." (M=4,0; SD=1,1), "I have noticed an abuse of power by national politicians in France during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19." (M=3,9; SD=1,4) and "Do you feel that there was a lack of political transparency in France at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?" (M=3,8; SD=1,3). On average respondents have neutral agreement with the following statements: "Social media has proven to be an essential tool for French democratic debate during the COVID-19 crisis." (M=3,3; SD=1,4), "COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in France." (M=3,3; SD=1,3), "The postponement of the 2020 municipal elections, during the first lockdown, was a disproportionate attack on the expression of my democratic right." (M=3,0; SD=1,3) and "The limitation of the participation within democratic debates in France was more obvious for women than men." (M=2,6; SD=1,1).

We asked participants if they had anything to add:

- In this covid 19 crisis disagreement, the abuse of power has been central on several levels. Above all at the governmental level and consequently at the professional level where some employers have been overzealous (especially in the care sector). But also at the family level where our patriarchal society has contributed to granting more rights to men despite the rights of women and children.
- the COVID crisis has been an unprecedented opportunity to suppress democratic debate, divide society and install a state of emergency that is still unresolved today, imposing an unacceptable attack on freedoms (of movement, medical choice, expression). The scientific debate remains extremely foggy and mass psychosis continues to block any possibility of analysing in transparency the actions and words of each of the professional and political bodies. The Pass, masks, pressure to vaccinate without recoil or real scientific support in the short and long term, the social prohibition to question government action and the pharmaceutical

frenzy, the ostracization of sceptics to the proclaimed data of the epidemic and solutions (confinements, masks, mRNA vaccines and others, fines, police and social violence, job losses, discrimination ...), are to be analysed and translated into judicial and political actions. The question about disinformation, I put "6" because are you talking about government disinformation and international bodies (WHO, UN...)? Unclear, double-edged question

- The fact of being confined has resulted in people refocusing on other, more family and personal concerns.
- The pandemic has made it possible to connect young people, including women, to participate in European youth policies and to find a place in the political dialogue
- We are in a false democracy, the "Covid crisis" with its share of lies, the doctors of TV sets as well as journalists at the boot of the government etc ... are clear proof... The harmful effects of injections, the ban on treating people with drugs advocated by some highly qualified professors, this is a first in France. I'm 66 years old I know what I'm talking about... The deliberate scuttling of hospitals, the lack of doctors, the deterioration of health services, another shame for the crooked politicians who are at the head of the country, these people are still in power despite the indictments and other pots and pans they drag. the crooked people at the head of Europe, I am thinking of those Members who are watered by Qatar, by Pfeizer, etc. I am thinking of Ursula von der Leyer in particular, who has no legitimacy. The Covid crisis wanted and organized by Western heads of state was the pretext to enslave us, muzzle us and we marched! Well, not all...
- Why politicize the pandemic?

Table 5.43. Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
The COVID-19 crisis has had a negative impact on the level of democracy in France.	0,256	0,001	0,789	0,001
The COVID-19 crisis has had an impact on democratic debate even after the pandemic has ended.	0,308	0,000	0,691	0,000
Do you feel that there was a lack of political transparency in France at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,230	0,007	0,871	0,012
I have noticed an abuse of power by national politicians in France during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,326	0,000	0,758	0,000
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,250	0,002	0,790	0,001
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in France	0,377	0,000	0,661	0,000
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in France.	0,222	0,011	0,864	0,009

The limitation of the participation within democratic debates in France was more obvious for women than men.	0,176	0,042	0,926	0,028
The postponement of the 2020 municipal elections, during the first lockdown, was a disproportionate attack on the expression of my democratic right.	0,199	0,037	0,896	0,035
Social media has proven to be an essential tool for French democratic debate during the COVID-19 crisis.	0,194	0,046	0,873	0,013

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.44. Mann-Whitney test for gender

	Mann-Whitney U	Sig.
The COVID-19 crisis has had a negative impact on the level of democracy in France.	58,000	0,633
The COVID-19 crisis has had an impact on democratic debate even after the pandemic has ended.	60,000	0,590
Do you feel that there was a lack of political transparency in France at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	57,500	0,615
I have noticed an abuse of power by national politicians in France during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	65,500	0,975
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	57,000	0,704
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in France	34,000	0,096
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in France.	56,000	0,925
The limitation of the participation within democratic debates in France was more obvious for women than men.	32,500	0,644
The postponement of the 2020 municipal elections, during the first lockdown, was a disproportionate attack on the expression of my democratic right.	64,000	0,782
Social media has proven to be an essential tool for French democratic debate during the COVID-19 crisis.	55,500	0,654

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.45. Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
The COVID-19 crisis has had a negative impact on the level of democracy in France.	3,748	0,586
The COVID-19 crisis has had an impact on democratic debate even after the pandemic has ended.	7,044	0,217
Do you feel that there was a lack of political transparency in France at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	8,263	0,142
I have noticed an abuse of power by national politicians in France during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	6,040	0,302
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	9,572	0,088
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in France	5,006	0,415
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in France.	2,539	0,771
The limitation of the participation within democratic debates in France was more obvious for women than men.	1,212	0,944
The postponement of the 2020 municipal elections, during the first lockdown, was a disproportionate attack on the expression of my democratic right.	6,748	0,240
Social media has proven to be an essential tool for French democratic debate during the COVID-19 crisis.	2,614	0,759

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences between different age groups.

Table 5.46. Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
The COVID-19 crisis has had a negative impact on the level of democracy in France.	2,740	0,433
The COVID-19 crisis has had an impact on democratic debate even after the pandemic has ended.	1,195	0,754
Do you feel that there was a lack of political transparency in France at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1,265	0,738
I have noticed an abuse of power by national politicians in France during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	1,230	0,746
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1,818	0,611

I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in France	4,773	0,189
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in France.	0,343	0,952
The limitation of the participation within democratic debates in France was more obvious for women than men.	0,958	0,619
The postponement of the 2020 municipal elections, during the first lockdown, was a disproportionate attack on the expression of my democratic right.	2,100	0,552
Social media has proven to be an essential tool for French democratic debate during the COVID-19 crisis.	1,787	0,618

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences when it comes to the acquired education of respondents.

Table 5.47. Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
The COVID-19 crisis has had a negative impact on the level of democracy in France.	3,441	0,328
The COVID-19 crisis has had an impact on democratic debate even after the pandemic has ended.	3,636	0,304
Do you feel that there was a lack of political transparency in France at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	4,100	0,251
I have noticed an abuse of power by national politicians in France during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	3,876	0,275
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	3,843	0,279
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in France	7,592	0,055
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in France.	7,082	0,069
The limitation of the participation within democratic debates in France was more obvious for women than men.	2,786	0,426
The postponement of the 2020 municipal elections, during the first lockdown, was a disproportionate attack on the expression of my democratic right.	5,829	0,120
Social media has proven to be an essential tool for French democratic debate during the COVID-19 crisis.	4,096	0,251

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences when it comes to area of living.

GREECE

Table 5.48. Gender

	Frequency	Percent
Female	27	79,4 %
Male	6	17,6 %
I do not wish to answer	1	2,9 %
Total	34	100,0 %

Majority of respondents (79,4 %) are female, 17,6 % are male and 2,9 % of respondents chose to not provide an answer to this question.

Table 5.49. Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	1	2,9 %	32,7	8,6
21-30	14	41,2 %		
31-40	14	41,2 %		
41-50	3	8,8 %		
51-60	2	5,9 %		
Total	34	100,0 %		

The mean age of respondents is 32,7 years with a standard deviation of 8,6 years. Almost half of respondents (41,2 %) are aged from 21 to 30 years old, the same percentage of respondents are aged from 31 to 40 years, 8,8 % of respondents are aged 41 to 50 years. Only 5,9 % of respondents are aged 51 to 60 years. The lowest percentage of respondents (2,9 %) are aged 20 years or less.

Table 5.50. Highest completed degree or level of school

	Frequency	Percent
Secondary school	2	5,9 %
Bachelor’s degree or professional diploma	16	47,1 %
Master’s Degree	14	41,2 %
PhD or DPhil	2	5,9 %
Total	34	100,0 %

Nearly half of respondents (47,1 %) have acquired a bachelor's degree or a professional diploma. Slightly lower percentage of respondents (41,2 %) has acquired a master’s degree, while the same percentage of respondents (5,9 %) acquired either a PhD or DPhil or have completed secondary school.

Table 5.51. Area of living

	Frequency	Percent
Rural area	12	35,3 %
Suburban area	0	0,0 %
Urban area	22	64,7 %
Total	34	100,0 %

Most respondents (64,7 %) live in urban areas, 35,3 % of them live in rural areas, while none live in suburban areas.

Table 5.52. Level of agreement with given statements

	1	2	3	4	5	6	M	SD
COVID-19 crisis negatively impacted the level of the democracy in Greece.	0	2	7	5	19	1	4,2	1,0
	0,0 %	5,9 %	20,6 %	14,7 %	55,9 %	2,9 %		
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	1	2	5	11	14	1	4,1	1,1
	2,9 %	5,9 %	14,7 %	32,4 %	41,2 %	2,9 %		
Do you feel that there was a lack of political transparency in Greece at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1	2	5	11	14	1	4,1	1,1
	2,9 %	5,9 %	14,7 %	32,4 %	41,2 %	2,9 %		
I have noticed an abuse of power by national politicians in Greece during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	1	3	4	8	17	1	4,1	1,1
	2,9 %	8,8 %	11,8 %	23,5 %	50,0 %	2,9 %		
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0	0	7	9	17	1	4,3	0,8
	0,0 %	0,0 %	20,6 %	26,5 %	50,0 %	2,9 %		
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Greece.	0	0	5	12	16	1	4,3	0,7
	0,0 %	0,0 %	14,7 %	35,3 %	47,1 %	2,9 %		
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Greece.	0	5	12	8	8	1	3,6	1,0
	0,0 %	14,7 %	35,3 %	23,5 %	23,5 %	2,9 %		
The limitation of participation within democratic debates in Greece was more obvious for women than men.	1	3	10	9	7	4	3,6	1,1
	2,9 %	8,8 %	29,4 %	26,5 %	20,6 %	11,8 %		
I have noticed that national politicians in Greece did not promote deliberation of the strategies to be applied concerning the protection of public health invoking the state of emergency due to COVID-19 outbreak.	0	0	9	11	12	2	4,1	0,8
	0,0 %	0,0 %	26,5 %	32,4 %	35,3 %	5,9 %		
Some groups and opinions were underrepresented by the politicians and in the media in Greece.	1	1	4	10	15	3	4,2	1,0
	2,9 %	2,9 %	11,8 %	29,4 %	44,1 %	8,8 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. On average respondents agree with all the statements listed above. We asked participants if they had anything to add:

- It was such a pity 2 years from our lives were wasted while politicians did not restrict themselves and lived their lives as before while we were restricted.

- The "pandemic" was the most appropriate way, in order for the government to enact all these "nice things" that we live today. The consequence of the coronavirus is the collapse of the health and education system. Luckily, we have extra priests though. I have no confidence in politics, the politicians and the institutions of the country, as I imagine every person does.
- The pandemic has had an impact on the democratic level in all countries worldwide. It was used at will and always with the good of the people's health in mind, it destroyed basic rights such as the right to move freely. Huge misinformation, since the images of the coffins on the streets of Milan, the people of Milan never saw them.

Table 5.53. Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Greece.	0,349	0,000	0,738	0,000
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,291	0,000	0,773	0,000
Do you feel that there was a lack of political transparency in Greece at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,295	0,000	0,783	0,000
I have noticed an abuse of power by national politicians in Greece during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,339	0,000	0,729	0,000
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,332	0,000	0,739	0,000
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Greece.	0,288	0,000	0,777	0,000
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Greece.	0,213	0,004	0,877	0,005
The limitation of the participation within democratic debates in Greece was more obvious for women than men.	0,229	0,001	0,880	0,006
I have noticed that national politicians in Greece did not promote deliberation of the strategies to be applied concerning the protection of public health invoking the state of emergency due to COVID-19 outbreak.	0,244	0,000	0,800	0,000
Some groups and opinions were underrepresented by the politicians and in the media in Greece.	0,273	0,000	0,791	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.54. Kruskal-Wallis test for statistically significant differences

	What is the highest degree or level of school you have completed? If currently enrolled, highest degree received.	N	Mean Rank	Kruskal-Wallis H (sig.)
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Greece.	Secondary school	2	16,50	8,822 (0,032)
	Bachelor's degree or professional diploma	15	12,47	
	Master's Degree	14	20,14	
	PhD or DPhil	2	29,50	
	Total	33		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) when pertaining to the following statement "COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Greece.". Respondents who have acquired a PhD or a DPhil agree with the statement the most, while those who acquired a bachelor's degree or a professional diploma agree with it the least.

Table 5.55. Mann-Whitney test for gender

	Mann-Whitney U	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Greece.	61,500	0,367
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	65,500	0,521
Do you feel that there was a lack of political transparency in Greece at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	75,000	0,876
I have noticed an abuse of power by national politicians in Greece during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	64,500	0,475
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	76,500	0,936
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Greece.	69,500	0,653
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Greece.	74,500	0,861
The limitation of the participation within democratic debates in Greece was more obvious for women than men.	44,500	0,717
I have noticed that national politicians in Greece did not promote deliberation of the strategies to be applied concerning the protection of public health invoking the state of emergency due to COVID-19 outbreak.	50,000	0,391
Some groups and opinions were underrepresented by the politicians and in the media in Greece.	50,000	0,383

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.56. Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Greece.	4,256	0,372
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	8,624	0,071
Do you feel that there was a lack of political transparency in Greece at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	5,913	0,206
I have noticed an abuse of power by national politicians in Greece during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	5,065	0,281
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,628	0,960
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Greece.	1,364	0,851
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Greece.	6,450	0,168
The limitation of the participation within democratic debates in Greece was more obvious for women than men.	6,926	0,140
I have noticed that national politicians in Greece did not promote deliberation of the strategies to be applied concerning the protection of public health invoking the state of emergency due to COVID-19 outbreak.	2,005	0,735
Some groups and opinions were underrepresented by the politicians and in the media in Greece.	3,134	0,536

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.57. Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Greece.	2,011	0,570
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	1,527	0,676
Do you feel that there was a lack of political transparency in Greece at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1,980	0,577
I have noticed an abuse of power by national politicians in Greece during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	1,885	0,597
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,931	0,818
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Greece.	2,262	0,520

The limitation of the participation within democratic debates in Greece was more obvious for women than men.	2,478	0,479
I have noticed that national politicians in Greece did not promote deliberation of the strategies to be applied concerning the protection of public health invoking the state of emergency due to COVID-19 outbreak.	0,536	0,911
Some groups and opinions were underrepresented by the politicians and in the media in Greece.	3,359	0,339

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the education acquired by the respondents of the survey.

Table 5.58. Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Greece.	0,077	0,781
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,836	0,361
Do you feel that there was a lack of political transparency in Greece at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1,985	0,159
I have noticed an abuse of power by national politicians in Greece during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,097	0,756
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,002	0,967
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Greece.	0,071	0,790
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Greece.	0,356	0,551
The limitation of the participation within democratic debates in Greece was more obvious for women than men.	0,451	0,502
I have noticed that national politicians in Greece did not promote deliberation of the strategies to be applied concerning the protection of public health invoking the state of emergency due to COVID-19 outbreak.	0,292	0,589
Some groups and opinions were underrepresented by the politicians and in the media in Greece.	1,703	0,192

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences when it come to the respondents area of living.

ITALY – 1 (InCo Molfetta)

Table 5.59. Gender

	Frequency	Percent
Female	24	72,7 %
Male	9	27,3 %
Total	33	100,0 %

Almost three quarters (72,7 %) of respondents are female, 27,3 % of them are male.

Table 5.60. Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	10	30,3 %	36,5	15,1
21-30	2	6,1 %		
31-40	4	12,1 %		
41-50	12	36,4 %		
51-60	4	12,1 %		
61-70	1	3,0 %		
Total	33	100,0 %		

More than a third of respondents (36,4 %) are aged 41 to 50 years, while 30,3 % are aged 20 or less. Respondents aged 31 to 40 years represent 12,1 %, the same percentage of respondents is aged 51 to 60 years. Only 6,1 % of respondents are aged 21 to 30 years. The lowest percentage of respondents (3,0 %) is aged from 61 to 70 years.

Table 5.61. Highest completed degree or level of school

	Frequency	Percent
Secondary school	11	33,3 %
Bachelor’s degree or professional diploma	4	12,1 %
Master’s Degree	17	51,5 %
PhD or DPhil	1	3,0 %
Total	33	100,0 %

More than half of respondents have acquired a master’s degree, about a third (33,3 %) have completed secondary school, 12,1 % have acquired a bachelor's degree or a professional diploma. The lowest percentage of respondents (3,0 %) acquired a PhD or DPhil.

Table 5.62. Area of living

	Frequency	Percent
Rural area	0	0,0 %
Suburban area	3	9,1 %
Urban area	30	90,9 %
Total	33	100,0 %

The vast majority of respondents (90,9 %) live in urban areas, 9,1 % of them live in suburban areas and none live in rural areas.

Table 5.63. Level of agreement with given statements

	1	2	3	4	5	6	M	SD
COVID-19 crisis negatively impacted the level of the democracy in Italy.	1	2	6	19	4	1	3,7	0,9
	3,0 %	6,1 %	18,2 %	57,6 %	12,1 %	3,0 %		
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	1	1	9	18	3	1	3,7	0,8
	3,0 %	3,0 %	27,3 %	54,5 %	9,1 %	3,0 %		
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1	3	4	12	8	5	3,8	1,1
	3,0 %	9,1 %	12,1 %	36,4 %	24,2 %	15,2 %		
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	1	10	6	8	6	2	3,3	1,2
	3,0 %	30,3 %	18,2 %	24,2 %	18,2 %	6,1 %		
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1	4	5	15	6	2	3,7	1,1
	3,0 %	12,1 %	15,2 %	45,5 %	18,2 %	6,1 %		
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	0	1	0	12	18	2	4,5	0,7
	0,0 %	3,0 %	0,0 %	36,4 %	54,5 %	6,1 %		
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy	1	1	12	14	2	3	3,5	0,8
	3,0 %	3,0 %	36,4 %	42,4 %	6,1 %	9,1 %		
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	1	4	12	10	2	4	3,3	0,9
	3,0 %	12,1 %	36,4 %	30,3 %	6,1 %	12,1 %		
The criteria chosen to define essential workers at the beginning of the pandemic were clear and fair.	1	10	9	9	1	3	3,0	1,0
	3,0 %	30,3 %	27,3 %	27,3 %	3,0 %	9,1 %		
Electoral campaigns and elections were highly affected by the pandemic.	1	2	5	19	6	0	3,8	0,9
	3,0 %	6,1 %	15,2 %	57,6 %	18,2 %	0,0 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents on average strongly agree that they have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy (M=4,5; SD=0,7). On average respondents agree with the following statements: "Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?" (M=3,8; SD=1,1), "Electoral campaigns and elections were highly affected by the pandemic." (M=3,8; SD=0,9), "Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties." (M=3,7; SD=1,1), "COVID-19 crisis negatively impacted the level of the democracy in Italy." (M=3,7; SD=0,9), "COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state." (M=3,7; SD=0,8), and "COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy." (M=3,5; SD=0,8). Respondents have on average neutral agreement with the following two statements: "The limitation of the participation within democratic debates in Italy was more obvious for women than men." (M=3,3; SO=0,9) and "The criteria chosen to define essential workers at the beginning of the pandemic were clear and fair." (M=3,0; SD=1,0).

We asked participants if they had anything to add:

- At some point online campaigns were born in order to allow a democratic debate coming from the bottom.
- I believe the lesson from this pandemic is for human to learn to accept change. It's important to change the way and direction of human evolution. Let's stay human.
- I think every pandemic would have affected any political scenario, as well as daily life and normal democratic participation.

Table 5.64. Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Italy.	0,312	0,000	0,842	0,002
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,325	0,000	0,829	0,001
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,263	0,000	0,838	0,002
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,235	0,003	0,858	0,005
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,274	0,000	0,860	0,005
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	0,383	0,000	0,628	0,000

COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	0,296	0,000	0,820	0,001
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	0,214	0,010	0,884	0,014
The criteria chosen to define essential workers at the beginning of the pandemic were clear and fair.	0,223	0,006	0,898	0,027
Electoral campaigns and elections were highly affected by the pandemic.	0,273	0,000	0,847	0,003

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.65. Mann-Whitney test for gender

	Mann-Whitney U	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Italy.	103,000	0,981
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	103,500	1,000
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	62,500	0,232
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	78,000	0,345
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	87,000	0,809
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	69,500	0,428
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	78,500	0,626
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	78,500	0,776
The criteria chosen to define essential workers at the beginning of the pandemic were clear and fair.	67,000	0,302
Electoral campaigns and elections were highly affected by the pandemic.	73,000	0,114

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.66. Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Italy.	3,421	0,635
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	5,661	0,341
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	3,734	0,588
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	10,549	0,061
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	3,700	0,593
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	9,507	0,090
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	5,859	0,320
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	5,228	0,265
The criteria chosen to define essential workers at the beginning of the pandemic were clear and fair.	7,124	0,212
Electoral campaigns and elections were highly affected by the pandemic.	9,057	0,107

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.67. Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Italy.	1,926	0,588
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	1,331	0,722
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1,135	0,769
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	2,453	0,484
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	2,695	0,441
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	2,826	0,419
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	6,068	0,108

The limitation of the participation within democratic debates in Italy was more obvious for women than men.	2,936	0,402
The criteria chosen to define essential workers at the beginning of the pandemic were clear and fair.	0,284	0,963
Electoral campaigns and elections were highly affected by the pandemic.	6,004	0,111

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it come to the acquired education of respondents.

Table 5.68. Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Italy.	0,300	0,584
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,012	0,914
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,000	1,000
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	2,005	0,157
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,266	0,606
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	1,463	0,226
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	0,967	0,325
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	0,410	0,522
The criteria chosen to define essential workers at the beginning of the pandemic were clear and fair.	0,579	0,447
Electoral campaigns and elections were highly affected by the pandemic.	0,766	0,382

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it come to the living are of respondents.

ITALY – 2 (LOMBARDY)

Table 5.69. Gender

	Frequency	Percent
Female	40	55,6 %
Male	29	40,3 %
I do not wish to answer	3	4,2 %
Total	72	100,0 %

Slightly more than half of respondents (55,6 %) are female, while 40,3 % are male, 4,2 % of respondents did not answer the question.

Table 5.70. Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	2	2,8 %	50,9	14,5
21-30	6	8,3 %		
31-40	5	6,9 %		
41-50	20	27,8 %		
51-60	21	29,2 %		
61-70	12	16,7 %		
71 years or more	6	8,3 %		
Total	72	100,0 %		

The mean age of respondents is 50,9 years with a standard deviation of 14,5 years. Most of the respondents (29,2 %) fall into the 51 to 60 years age group, similar percentage of respondents (27,8 %) are aged 41 to 50 years, 16,7 % of respondents are aged from 61 to 70 years. The same percentage of respondents (8,3 %) are aged 21 to 30 years or 71 years or more, 6,9 % of respondents are aged 31 to 40 years. The lowest percentage of respondents (2,8 %) is aged 20 years or less.

Table 5.71. Highest completed degree or level of school

	Frequency	Percent
Secondary school	34	47,2 %
Bachelor’s degree or professional diploma	6	8,3 %
Master’s Degree	29	40,3 %
PhD or DPhil	2	2,8 %
Other	1	1,4 %
Total	72	100,0 %

Almost half of respondents (47,2 %) completed secondary school, 40,3 % acquired a master's degree. Only 8,3 % of respondents acquired a bachelor's degree or a professional diploma, 2,8 % of them acquired a PhD or DPhil. The lowest percentage of respondents (1,4 %) chose the answer other.

Table 5.72. Area of living

	Frequency	Percent
Rural area	4	5,6 %
Suburban area	8	11,1 %
Urban area	60	83,3 %
Total	72	100,0 %

The majority of respondents (83,3 %) live in urban areas, 11,1 % in suburban areas and only 5,6 % in rural areas.

Table 5.73. Level of agreement with given statements

	1	2	3	4	5	6	M	SD
COVID-19 crisis negatively impacted the level of the democracy in Italy.	7	19	13	19	12	2	3,1	1,3
	9,7 %	26,4 %	18,1 %	26,4 %	16,7 %	2,8 %		
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	8	15	6	33	9	1	3,3	1,3
	11,1 %	20,8 %	8,3 %	45,8 %	12,5 %	1,4 %		
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	10	26	10	16	8	2	2,8	1,3
	13,9 %	36,1 %	13,9 %	22,2 %	11,1 %	2,8 %		
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	15	23	12	11	11	0	2,7	1,4
	20,8 %	31,9 %	16,7 %	15,3 %	15,3 %	0,0 %		
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1	8	7	39	15	2	3,8	0,9
	1,4 %	11,1 %	9,7 %	54,2 %	20,8 %	2,8 %		
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	1	3	7	22	36	3	4,3	0,9
	1,4 %	4,2 %	9,7 %	30,6 %	50,0 %	4,2 %		
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy	8	15	26	15	6	2	2,9	1,1
	11,1 %	20,8 %	36,1 %	20,8 %	8,3 %	2,8 %		
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	5	18	31	11	4	3	2,9	1,0
	6,9 %	25,0 %	43,1 %	15,3 %	5,6 %	4,2 %		
The rise of a technical government (Draghi Government - February 2021) during the pandemic limited the democratic debate in favor of resolution of the pandemic crisis.	12	34	9	8	8	1	2,5	1,2
	16,7 %	47,2 %	12,5 %	11,1 %	11,1 %	1,4 %		
The choices made by the Lombardy Region's health system during the pandemic crisis have taken account of the views and needs of its citizens and its territory.	22	30	10	6	3	1	2,1	1,1
	30,6 %	41,7 %	13,9 %	8,3 %	4,2 %	1,4 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents on average strongly agree with the statements: "I have noticed

a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy." (M=4,3; SD=0,9) and "Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties." (M=3,8; SD=0,9). Respondents on average have a neutral level of agreement with the following statements: "COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state." (M=3,3; SD=1,3), "COVID-19 crisis negatively impacted the level of the democracy in Italy." (M=3,1; SD=1,3), "COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy" (M=2,9; SD=1,1), "The limitation of the participation within democratic debates in Italy was more obvious for women than men." (M=2,9; SD=1,0), "Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?" (M=2,8; SD=1,3), "I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19." (M=2,7; SD=1,4) and "The rise of a technical government (Draghi Government - February 2021) during the pandemic limited the democratic debate in favor of resolution of the pandemic crisis." (M=2,5; SD=1,2). Respondents on average disagree that the choices made by the Lombardy Region's health system during the pandemic crisis have taken account of the views and needs of its citizens and its territory (M=2,1; SD=1,1).

We asked participants if they had anything to add:

- Due to the policies of the centre-right governments that have succeeded each other over the last 20 years, the SSN [National Health System, Ed.] in the Lombardy region has been severely weakened and the pandemic has brought out all the problems arising from such wicked policies! Even now that the pandemic seems to be under control, there are a slew of problems with missing general practitioners and endless waiting lists that force patients (only those who can afford it!!!) to turn to private facilities that have proliferated like mushrooms over the last 20 years!!!
- During the pandemic there was absolute emphasis on the need to strengthen, and by a great deal, the public health service by prioritizing the relationship with the territory over the myth of excellence.
- I believe that democratic debate and discrimination were there before the pandemic ... they were there during and will be there in the future.
- In times of life-and-death choice for citizens, wise action was taken. If anything, more stringency should have been used against the disobedient. The common good must prevail over individual belief.
- The Lombardy Region has shown some [missing word, Ed.] in health management.
- The Lombardy Region, during the pandemic period, has manifested on several occasions that it is not cooperative with the government.
- The national health care system has often found obstacles in the regions. I am therefore opposed to granting the regions more autonomy. I believe that especially in health care it is necessary to reduce their autonomy.

Table 5.74. Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Italy.	0,204	0,000	0,903	0,000
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,296	0,000	0,853	0,000
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,260	0,000	0,879	0,000
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,234	0,000	0,868	0,000
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,334	0,000	0,820	0,000
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	0,305	0,000	0,743	0,000
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	0,189	0,000	0,915	0,000
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	0,249	0,000	0,889	0,000
The rise of a technical government (Draghi Government - February 2021) during the pandemic limited the democratic debate in favor of resolution of the pandemic crisis.	0,313	0,000	0,836	0,000
The choices made by the Lombardy Region’s health system during the pandemic crisis have taken account of the views and needs of its citizens and its territory.	0,268	0,000	0,842	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.75. Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis H (sig.)
The rise of a technical government (Draghi Government - February 2021) during the pandemic limited the democratic debate in favor of resolution of the pandemic crisis.	20 years or less	2	51,00	13,092 (0,042)
	21-30	6	25,67	
	31-40	4	48,50	
	41-50	20	38,95	
	51-60	21	38,76	
	61-70	12	35,67	
	71 years or more	6	14,17	
	Total	71		
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	Rural area	4	57,50	6,160 (0,046)
	Suburban area	8	28,25	
	Urban area	58	34,98	
	Total	70		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statement pertaining to the respondents age “The rise of a technical government (Draghi Government - February 2021) during the pandemic limited the democratic debate in favor of resolution of the pandemic crisis.”. Respondents aged 20 years or less agree the most that the rise of a technical government during the pandemic limited the democratic debate in favour of resolution of the pandemic crisis, while respondents aged 71 years or more agree with that statement the least.

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statement pertaining to the respondents area of living “Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?”. Respondents living in rural areas feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way the most, while respondents from suburban areas feel that way the least.

Table 5.76. Mann-Whitney test for gender

	Mann-Whitney U	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Italy.	456,500	0,185
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	487,000	0,302
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	481,000	0,433
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	534,000	0,566

Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	549,000	0,978
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	514,500	0,802
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	506,500	0,557
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	477,500	0,452
The rise of a technical government (Draghi Government - February 2021) during the pandemic limited the democratic debate in favor of resolution of the pandemic crisis.	533,000	0,667
The choices made by the Lombardy Region's health system during the pandemic crisis have taken account of the views and needs of its citizens and its territory.	519,000	0,542

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.77. Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Italy.	12,375	0,054
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	11,026	0,088
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	9,423	0,151
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	9,350	0,155
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	6,260	0,395
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	11,910	0,064
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	6,060	0,416
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	3,957	0,683
The choices made by the Lombardy Region's health system during the pandemic crisis have taken account of the views and needs of its citizens and its territory.	8,524	0,202

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.78. Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Italy.	5,378	0,251
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	6,181	0,186
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1,458	0,834
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	1,475	0,831
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	5,557	0,235
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	3,740	0,442
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	0,062	1,000
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	2,136	0,711
The rise of a technical government (Draghi Government - February 2021) during the pandemic limited the democratic debate in favor of resolution of the pandemic crisis.	4,382	0,357
The choices made by the Lombardy Region's health system during the pandemic crisis have taken account of the views and needs of its citizens and its territory.	8,293	0,081

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents acquired education.

Table 5.79. Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Italy.	5,526	0,063
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,046	0,977
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	3,539	0,170
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1,274	0,529
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	1,408	0,495
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	2,522	0,283
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	4,046	0,132

The rise of a technical government (Draghi Government - February 2021) during the pandemic limited the democratic debate in favor of resolution of the pandemic crisis.	2,404	0,301
The choices made by the Lombardy Region's health system during the pandemic crisis have taken account of the views and needs of its citizens and its territory.	1,719	0,423

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it come to the respondents area of living.

ITALY – BOTH

Table 5.80. Gender

	Frequency	Percent
Female	64	61,0 %
Male	38	36,2 %
I do not wish to answer	3	2,9 %
Total	105	100,0 %

Most respondents (61,0 %) are female, while 36,2 % are male, 2,9 % chose not to answer.

Table 5.81. Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	12	11,4 %	46,4	16,2
21-30	8	7,6 %		
31-40	9	8,6 %		
41-50	32	30,5 %		
51-60	25	23,8 %		
61-70	13	12,4 %		
71 years or more	6	5,7 %		
Total	105	100,0 %		

The mean age of respondents is 46,4 years with a standard deviation of 16,2 years. Most respondents (30,5 %) are aged 41 to 50 years. Less than a quarter of respondents (23,8 %) are aged 51 to 60 years, 12,4 % are aged from 61 to 70 years, 11,4 % of respondents are aged 20 or less, 8,6 % of them are aged from 31 to 40 years, while 7,6 % are aged 21 to 30 years. The lowest percentage of respondents (5,7 %) are aged 71 years or more.

Table 5.82. Highest completed degree or level of school

	Frequency	Percent
Secondary school	45	42,9 %
Bachelor's degree or professional diploma	10	9,5 %
Master's Degree	46	43,8 %
PhD or DPhil	3	2,9 %
Other	1	1,0 %
Total	105	100,0 %

Almost half of respondents (43,8 %) acquired a master's degree. Slightly lower percentage of respondents (42,9 %) have completed secondary school, 9,5 % have acquired a bachelor's degree or a professional diploma. Only 2,9 % of respondents acquired a PhD or DPhil, while 1,0 % answered other.

Table 5.83. Area of living

	Frequency	Percent
Rural area	4	3,8 %
Suburban area	11	10,5 %
Urban area	90	85,7 %
Total	105	100,0 %

Most respondents (85,7 %) live in urban areas, 10,5 % live in suburban areas and only 3,8 % live in rural areas.

Table 5.84. Country of residency

	Frequency	Percent
Italy - InCo Molfetta	33	31,4 %
Italy - Lombardy	72	68,6 %
Total	105	100,0 %

The majority of respondents (68,6 %) reside in Lombardy, while 31,4 % of them reside in Molfetta.

Table 5.85. Level of agreement with given statements

	1	**2**	**3**	**4**	**5**	**6**	**M**	**SD**
COVID-19 crisis negatively impacted the level of the democracy in Italy.	8	21	19	38	16	3	3,3	1,2
	7,6 %	20,0 %	18,1 %	36,2 %	15,2 %	2,9 %		
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	9	16	15	51	12	2	3,4	1,1
	8,6 %	15,2 %	14,3 %	48,6 %	11,4 %	1,9 %		
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	11	29	14	28	16	7	3,1	1,3
	10,5 %	27,6 %	13,3 %	26,7 %	15,2 %	6,7 %		
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	16	33	18	19	17	2	2,9	1,3
	15,2 %	31,4 %	17,1 %	18,1 %	16,2 %	1,9 %		
	2	12	12	54	21	4	3,8	1,0

Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1,9 %	11,4 %	11,4 %	51,4 %	20,0 %	3,8 %		
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	1	4	7	34	54	5	4,4	0,9
	1,0 %	3,8 %	6,7 %	32,4 %	51,4 %	4,8 %		
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy	9	16	38	29	8	5	3,1	1,1
	8,6 %	15,2 %	36,2 %	27,6 %	7,6 %	4,8 %		
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	6	22	43	21	6	7	3,0	1,0
	5,7 %	21,0 %	41,0 %	20,0 %	5,7 %	6,7 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents on average agree with two statements: "I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy." (M=4,4; SD=0,9) and "Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties." (M=3,8; SD=1,0). Respondents have on average a neutral stance on all other statements.

Table 5.86. Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Italy.	0,218	0,000	0,901	0,000
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,305	0,000	0,852	0,000
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,220	0,000	0,888	0,000
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,213	0,000	0,891	0,000
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,322	0,000	0,831	0,000

I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	0,312	0,000	0,722	0,000
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	0,209	0,000	0,905	0,000
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	0,231	0,000	0,896	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.87. Mann-Whitney test for statistically significant differences

		N	Mean Rank	Sum of Ranks	Mann-Whitney test (sig.)
COVID-19 crisis negatively impacted the level of the democracy in Italy.	Italy - InCo Molfetta	32	60,53	1937,00	831,00 (0,031)
	Italy - Lombardy	70	47,37	3316,00	
	Total	102			
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	Italy - InCo Molfetta	28	65,00	1820,00	546,00 (0,000)
	Italy - Lombardy	70	43,30	3031,00	
	Total	98			
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	Italy - InCo Molfetta	30	61,38	1841,50	723,50 (0,010)
	Italy - Lombardy	70	45,84	3208,50	
	Total	100			
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	Italy - InCo Molfetta	29	58,09	1684,50	751,50 (0,040)
	Italy - Lombardy	69	45,89	3166,50	
	Total	98			

The Mann-Whitney test is statistically significant (sig. < 0,05) when pertaining to the following statements: “COVID-19 crisis negatively impacted the level of the democracy in Italy.”, “Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?”, “COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.” and “The limitation of the participation within democratic debates in Italy was more obvious for women than men.”. Respondents from Molfetta tend to agree more that the COVID-19 crisis negatively impacted the level of the democracy in Italy than respondents from Lombardy. Respondents from Molfetta tend to feel more

like there was a lack of political transparency in Italy at the peak of the crisis that prevented them from participating in the democratic debate in an informed way, than respondents from Lombardy. Respondent from Molfetta also tend to agree more that the COVID-19 crisis limited their participation in debates on governmental actions and on issues of public interest in Italy, than people from Lombardy. Respondents from Molfetta also tend to agree more that the limitation of the participation within democratic debates in Italy was more obvious for women than men, than respondents from Lombardy.

Table 5.88. Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis test (sig.)
COVID-19 crisis negatively impacted the level of the democracy in Italy.	20 years or less	11	59,73	17,039 (0,009)
	21-30	8	54,31	
	31-40	8	66,94	
	41-50	31	59,39	
	51-60	25	47,12	
	61-70	13	37,92	
	71 years or more	6	19,00	
	Total	102		
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	20 years or less	12	57,75	14,832 (0,022)
	21-30	8	63,88	
	31-40	8	57,63	
	41-50	32	60,83	
	51-60	24	43,92	
	61-70	13	41,31	
	71 years or more	6	25,58	
	Total	103		
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	20 years or less	9	61,67	16,044 (0,014)
	21-30	8	47,25	
	31-40	7	68,86	
	41-50	32	54,91	
	51-60	23	47,52	
	61-70	13	34,62	
	71 years or more	6	22,67	
	Total	98		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) when pertaining to the following three statements: “COVID-19 crisis negatively impacted the level of the democracy in Italy.”, “COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.” and “Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?”. Respondents aged 31 to 40 years tend to agree that the COVID-19 crisis negatively impacted the level of democracy in Italy, while respondents aged 71 years or more agree with the statement the least. Respondents aged 21 to 30 years tend to agree the COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state the most, while respondents aged 71 years or more agree with it the least. Respondents aged 31 to 40 years tend to feel most like there was a lack of political

transparency in Italy at the peak of the crisis that prevented them from participating in the democratic debate in an informed way, while respondents aged 71 years and more feel in that way the least.

Table 5.89. Mann-Whitney test for region

	Mann-Whitney U	Sig.
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	1000,000	0,299
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	852,500	0,052
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	990,500	0,446
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	954,500	0,339

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to the respondent's region of residence.

Table 5.90. Mann-Whitney test for gender

	Mann-Whitney U	Sig.
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	1026,500	0,250
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	1088,000	0,512
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1124,500	0,974
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	1049,000	0,762

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.91. Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	12,439	0,053
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	2,476	0,871
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	11,414	0,076

COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	11,048	0,087
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	7,504	0,277

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences between different age groups.

Table 5.92. Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Italy.	2,745	0,601
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	3,015	0,555
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1,096	0,895
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	2,085	0,720
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	8,231	0,083
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	3,827	0,430
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	1,839	0,765
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	0,615	0,961

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to education.

Table 5.93. Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Italy.	4,833	0,089
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,014	0,993
Do you feel that there was a lack of political transparency in Italy at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	4,670	0,097
I have noticed an abuse of power by national politicians in Italy during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	4,047	0,132

Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1,098	0,577
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Italy.	1,987	0,370
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Italy.	3,293	0,193
The limitation of the participation within democratic debates in Italy was more obvious for women than men.	2,196	0,334

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents area of living.

PORTUGAL

Table 5.94. Gender

	Frequency	Percent
Female	16	48,5 %
Male	13	39,4 %
I do not wish to answer	4	12,1 %
Total	33	100,0 %

Almost half of respondents (48,5 %) are female, 39,4 % are male and 12,4 % did not wish to answer.

Table 5.95. Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	3	9,1 %	31,8	8,9
21-30	13	39,4 %		
31-40	12	36,4 %		
41-50	4	12,1 %		
51-60	1	3,0 %		
Total	33	100,0 %		

The mean age of respondents is 31,8 years with a standard deviation of 8,9 years. Most respondents (39,4 %) are aged 21 to 30 years, 36,4 % 31 to 40 years, while only 12,1 % are aged 41 to 50 years, 9,1 % of respondents are aged 20 years or less. The lowest percentage of respondents (3,0 %) are aged 51 to 60 years.

Table 5.96. Highest completed degree or level of school

	Frequency	Percent
Secondary school	3	9,1 %
Bachelor’s degree or professional diploma	7	21,2 %
Master’s Degree	19	57,6 %
PhD or DPhil	4	12,1 %
Total	33	100,0 %

More than half of respondents (57,6 %) acquired a master's degree, 21,2 % acquired a bachelor's degree or a professional diploma, while only 12,1 % of them acquired a PhD or a DPhil. The lowest percentage of respondents (9,1 %) have completed secondary school.

Table 5.97. Area of living

	Frequency	Percent
Rural area	9	27,3 %
Suburban area	9	27,3 %
Urban area	15	45,5 %
Total	33	100,0 %

Nearly half of respondents (45,5 %) live in urban areas, the same percentage of respondents (27,3%) live in rural or suburban areas.

Table 5.98. Level of agreement with given statements

	1	**2**	**3**	**4**	**5**	**6**	**M**	**SD**
COVID-19 crisis negatively impacted the level of the democracy in Portugal.	2	9	1	9	9	3	3,5	1,4
	6,1 %	27,3 %	3,0 %	27,3 %	27,3 %	9,1 %		
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0	7	4	13	7	2	3,6	1,1
	0,0 %	21,2 %	12,1 %	39,4 %	21,2 %	6,1 %		
Do you feel that there was a lack of political transparency in Portugal at the peak of the crisis prevented you from participating in the democratic debate in an informed way?	0	7	4	11	11	0	3,8	1,1
	0,0 %	21,2 %	12,1 %	33,3 %	33,3 %	0,0 %		
I have noticed an abuse of power by national politicians in Portugal during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0	6	2	17	6	2	3,7	1,0
	0,0 %	18,2 %	6,1 %	51,5 %	18,2 %	6,1 %		
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1	7	2	13	9	1	3,7	1,2
	3,0 %	21,2 %	6,1 %	39,4 %	27,3 %	3,0 %		
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Portugal.	0	9	1	12	9	2	3,7	1,2
	0,0 %	27,3 %	3,0 %	36,4 %	27,3 %	6,1 %		
	0	6	6	16	4	1	3,6	0,9

COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Portugal.	0,0 %	18,2 %	18,2 %	48,5 %	12,1 %	3,0 %		
The limitation of the participation within democratic debates in Portugal was more obvious for women than men.	1	9	4	9	6	4	3,3	1,2
	3,0 %	27,3 %	12,1 %	27,3 %	18,2 %	12,1 %		
The presidential elections on 24th January 2021 were not entirely democratic, as the right to register to vote from the home of the infected people was infringed.	0	4	2	12	9	6	4,0	1,0
	0,0 %	12,1 %	6,1 %	36,4 %	27,3 %	18,2 %		
Women were underrepresented in COVID-19 News in Portugal.	1	11	2	9	6	4	3,3	1,3
	3,0 %	33,3 %	6,1 %	27,3 %	18,2 %	12,1 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents on average agree with the following statements: "The presidential elections on 24th January 2021 were not entirely democratic, as the right to register to vote from the home of the infected people was infringed." (M=4,0; SD=1,0), "Do you feel that there was a lack of political transparency in Portugal at the peak of the crisis prevented you from participating in the democratic debate in an informed way?" (M=3,8; SD=1,1), "Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties." (M=3,7; SD=1,2), "I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Portugal." (M=3,7; SD=1,2), "I have noticed an abuse of power by national politicians in Portugal during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19." (M=3,7; SD=1,0), "COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Portugal." (M=3,6; SD=0,9), "COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state." (M=3,6; SD=1,1) and "COVID-19 crisis negatively impacted the level of the democracy in Portugal." (M=3,5; SD=1,4). Respondents have a neutral level of agreement with the statement "Women were underrepresented in COVID-19 News in Portugal." (M=3,3; SD=1,3) as well as with the statement "The limitation of the participation within democratic debates in Portugal was more obvious for women than men." (M=3,3; SD=1,2).

Table 5.99. Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Portugal.	0,299	0,000	0,826	0,001
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,267	0,000	0,846	0,003
Do you feel that there was a lack of political transparency in Portugal at the peak of the crisis prevented you from participating in the democratic debate in an informed way?	0,273	0,000	0,809	0,001
I have noticed an abuse of power by national politicians in Portugal during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,344	0,000	0,785	0,000
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,277	0,000	0,819	0,001
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Portugal.	0,289	0,000	0,803	0,001
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Portugal.	0,287	0,000	0,842	0,002
The limitation of the participation within democratic debates in Portugal was more obvious for women than men.	0,274	0,000	0,822	0,001
The presidential elections on 24th January 2021 were not entirely democratic, as the right to register to vote from the home of the infected people was infringed.	0,279	0,000	0,805	0,001
Women were underrepresented in COVID-19 News in Portugal.	0,271	0,000	0,792	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.100. Mann-Whitney test for gender

	Mann-Whitney U	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Portugal.	70,500	0,368
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	84,000	0,834
Do you feel that there was a lack of political transparency in Portugal at the peak of the crisis prevented you from participating in the democratic debate in an informed way?	90,000	0,520

I have noticed an abuse of power by national politicians in Portugal during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	82,000	0,747
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	75,000	0,303
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Portugal.	76,000	0,528
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Portugal.	69,500	0,190
The limitation of the participation within democratic debates in Portugal was more obvious for women than men.	82,000	0,915
The presidential elections on 24th January 2021 were not entirely democratic, as the right to register to vote from the home of the infected people was infringed.	53,500	0,434
Women were underrepresented in COVID-19 News in Portugal.	60,500	0,232

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.101. Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Portugal.	2,909	0,573
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,527	0,971
Do you feel that there was a lack of political transparency in Portugal at the peak of the crisis prevented you from participating in the democratic debate in an informed way?	3,368	0,498
I have noticed an abuse of power by national politicians in Portugal during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	3,149	0,533
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,902	0,924
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Portugal.	7,999	0,092
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Portugal.	0,951	0,917
The limitation of the participation within democratic debates in Portugal was more obvious for women than men.	0,663	0,956
The presidential elections on 24th January 2021 were not entirely democratic, as the right to register to vote from the home of the infected people was infringed.	3,918	0,417
Women were underrepresented in COVID-19 News in Portugal.	2,699	0,609

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences between different age groups.

Table 5.102. Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Portugal.	0,566	0,904
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,849	0,838
Do you feel that there was a lack of political transparency in Portugal at the peak of the crisis prevented you from participating in the democratic debate in an informed way?	1,433	0,698
I have noticed an abuse of power by national politicians in Portugal during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,889	0,828
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1,061	0,786
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Portugal.	2,067	0,559
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Portugal.	1,626	0,654
The limitation of the participation within democratic debates in Portugal was more obvious for women than men.	5,728	0,126
The presidential elections on 24th January 2021 were not entirely democratic, as the right to register to vote from the home of the infected people was infringed.	1,916	0,590
Women were underrepresented in COVID-19 News in Portugal.	5,112	0,164

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences when it come to the acquired education of respondents.

Table 5.103. Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Portugal.	0,207	0,902
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,018	0,991
Do you feel that there was a lack of political transparency in Portugal at the peak of the crisis prevented you from participating in the democratic debate in an informed way?	1,129	0,569
I have noticed an abuse of power by national politicians in Portugal during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	2,369	0,306
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1,663	0,435

I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Portugal.	3,855	0,146
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Portugal.	0,194	0,907
The limitation of the participation within democratic debates in Portugal was more obvious for women than men.	1,136	0,567
The presidential elections on 24th January 2021 were not entirely democratic, as the right to register to vote from the home of the infected people was infringed.	0,111	0,946
Women were underrepresented in COVID-19 News in Portugal.	2,049	0,359

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences when it come to the respondents area of living.

SLOVENIA

Table 5.104. Gender

	Frequency	Percent
Female	34	70,8 %
Male	14	29,2 %
Total	48	100,0 %

Majority of respondents (70,8 %) are female, while 29,2 % are male.

Table 5.105. Age in years

	Frequency	Percent	Mean	Standard deviation
21-30	3	6,3 %	45,3	13,8
31-40	16	33,3 %		
41-50	16	33,3 %		
51-60	6	12,5 %		
61-70	3	6,3 %		
71 years or more	4	8,3 %		
Total	48	100,0 %		

The mean age of respondents is 45,3 years with a standard deviation of 13,8 years. About a third of respondents (33,3 %) are aged 31 to 40 years, the same percentage of respondents is aged 41 to 50 years, 12,5 % of respondents are aged 51 to 60 years. There are 8,3 % of respondents aged 71 years or more. The lowest percentage of respondents are aged 61 to 70 years, the same percentage of respondents is also aged 21 to 30 years.

Table 5.106. Highest completed degree or level of school

	Frequency	Percent
Secondary school	10	20,8 %
Bachelor’s degree or professional diploma	21	43,8 %

Master’s Degree	12	25,0 %
PhD or DPhil	5	10,4 %
Total	48	100,0 %

Almost half of respondents (43,8 %) have acquired a bachelor's degree or a professional diploma. Quarter of respondents have acquired a master’s degree, while 20,8 % of them completed secondary school. The lowest percentage of respondents (10,4 %) acquired a PhD or a DPhil.

Table 5.107. Area of living

	Frequency	Percent
Rural area	17	35,4 %
Suburban area	8	16,7 %
Urban area	23	47,9 %
Total	48	100,0 %

Nearly half of respondents (47,9 %) live in urban areas, 35,4 % in rural areas and 16,7 % in suburban areas.

Table 5.108. Level of agreement with given statements

	1	**2**	**3**	**4**	**5**	**6**	**M**	**SD**
COVID-19 crisis negatively impacted the level of the democracy in Slovenia.	2	3	2	17	24	0	4,2	1,1
	4,2 %	6,3 %	4,2 %	35,4 %	50,0 %	0,0 %		
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	1	3	1	22	19	2	4,2	0,9
	2,1 %	6,3 %	2,1 %	45,8 %	39,6 %	4,2 %		
Do you feel that there was a lack of political transparency in Slovenia at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	3	4	5	16	19	1	3,9	1,2
	6,3 %	8,3 %	10,4 %	33,3 %	39,6 %	2,1 %		
I have noticed an abuse of power by national politicians in Slovenia during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	3	3	3	11	27	1	4,2	1,2
	6,3 %	6,3 %	6,3 %	22,9 %	56,3 %	2,1 %		
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1	2	6	12	25	2	4,3	1,0
	2,1 %	4,2 %	12,5 %	25,0 %	52,1 %	4,2 %		
I have noticed a rise in fake news and disinformation related to	0	4	4	12	26	2	4,3	1,0
	0,0 %	8,3 %	8,3 %	25,0 %	54,2 %	4,2 %		

COVID-19 across media landscapes in Slovenia.								
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Slovenia.	1	10	7	13	15	2	3,7	1,2
	2,1 %	20,8 %	14,6 %	27,1 %	31,3 %	4,2 %		
The limitation of the participation within democratic debates in Slovenia was more obvious for women than men.	9	12	10	11	2	4	2,7	1,2
	18,8 %	25,0 %	20,8 %	22,9 %	4,2 %	8,3 %		
During COVID-19 I have noticed that more non-democratic debate and decisions behind closed doors were taken.	1	4	5	16	21	1	4,1	1,0
	2,1 %	8,3 %	10,4 %	33,3 %	43,8 %	2,1 %		
My voice of critique on how the government was handling COVID-19 crisis was silenced in public.	6	10	14	10	7	1	3,0	1,3
	12,5 %	20,8 %	29,2 %	20,8 %	14,6 %	2,1 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents on average agree with the following statements: "I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Slovenia." (M=4,3; SD=1,0), "Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties." (M=4,3; SD=1,0), "I have noticed an abuse of power by national politicians in Slovenia during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19." (M=4,2; SD=1,2), "COVID-19 crisis negatively impacted the level of the democracy in Slovenia." (M=4,2; SD=1,1), "COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state." (M=4,2; SD=0,9), "During COVID-19 I have noticed that more non-democratic debate and decisions behind closed doors were taken." (M=4,1; SD=1,0), "Do you feel that there was a lack of political transparency in Slovenia at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?" (M=3,9; SD=1,2) and "COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Slovenia." (M=3,7; SD=1,2). Respondents have on average a neutral level of agreement with the statements: "My voice of critique on how the government was handling COVID-19 crisis was silenced in public." (M=3,0; SD=1,3) and "The limitation of the participation within democratic debates in Slovenia was more obvious for women than men." (M=2,7; SD=1,2).

We asked participants if they had anything to add:

- "The worst and most stressful period of my life. Incomparable neither with moving, nor giving birth, nor changing jobs. It was hard to watch my children, teenagers, 1st year of high school, 9th grade and 3rd year of high school suffer from withdrawal from contact, both with teachers and peers. I had the feeling that the world was collapsing, that all the principles by which we lived were collapsing, that all respect for everything and everyone was completely defiled. Even under different terms, but not in the sense that now is the time to deepen ties, family and

partnership, because these ties do not "deepen" on command. Not a single matter in the world between people has improved as a result of measures in connection with the pandemic. Our health was long-term impaired. Due to the isolation and wearing of masks, we now get sick and not for a week or two, but for a period of two to three months in cycles. Financially, it seemingly improved due to a little less consumption, but many became even more impoverished (mostly those who worked two jobs to survive and had the second paid "on hand"). Environmentally, "our sky" has seemingly improved, on the other hand, no one talks about the huge amounts of medical waste such as overalls, tests, gloves, masks, head protection, packaging in which all this is packed. Unbelievable amounts of disinfectants were going down our drains... The most irreparable damage was done to people by fear, which was implanted in people's heads. This one is and still causes anxiety and distress..."

- A period when it was clear that it was a planned genocide for the benefit of a handful of people and bribed politicians who did not understand what they were doing.
- First 2 weeks of fear, then anger and helplessness, finally apathy.
- I am warning of the promotion of fear, panic and stigmatization related to covid.
- I strongly resent those fellow citizens of both sexes (even you don't mention additional imaginary genders) who resisted all measures, spread anti-wax propaganda, put the weaker ones in danger with undeclared protests and, precisely with senseless rebellion, showed democracy as an inappropriate form of coexistence in the country. I expected more sense of responsibility, solidarity. They were not allowed to exploit the C19 situation for cultural struggle - if the left half of politics led by Šarec resigned in early 2020, then the next one took the helm. And he navigated perfectly, despite the obstacles from the left side. The left side, which proverbially defends women and the weaker, trampled us this time, putting us in additional danger and thereby contributing to the chaos we are witnessing under Golob's government.
- Subtle pressure to get vaccinated.... Not shameful restriction if you are not vaccinated.... Disaster
- The local health care took good care of us.
- The period of the epidemic itself seemed to me to be an excellent springboard for a calmer and healthier way of spending time (especially during the total closure of society). At the same time, this period was marked by a lot of violence and hardships, which are hidden within the four walls. In particular, there were not pleasant feelings when we faced the epidemic in different ways: most of the (limited) measures applied to the wider society, while the political elite interpreted these same measures in a completely different way (especially various exceptions applied to them , which were never in short supply).

Participants were asked: If you feel that your voice of criticism about the government's handling of the COVID-19 epidemic has been silenced in public, please explain how?

- Disagreement with the opinion of the majority on the appropriateness and expediency of the measures
- Algorithms on social networks deleted/hid information they did not like.
- All measures were based on coercion and intimidation and punishment.
- I couldn't express my opinion anywhere.
- It was a reign of fear, the government had absolute power, anything that anyone opposed was accepted as anti-state. It was an emergency...

- It was silenced because I did not express my opinion and view on the corona virus itself and the laws.
- My comment was removed online.
- No one's voice was suppressed. People still spat too much on the government, which compared to the rest of Europe and others. the country handled the situation very well.
- No proposal has ever been accepted or considered anywhere. The profession was completely overlooked and immediately replaced when the proposal was reasonable and would be called "people's".
- Prohibition of protests, gatherings.
- The country was run in a very authoritarian manner, neither critical individuals nor interest communities had a voice.
- The discussions are taking place in Ljubljana and have not reached other cities and towns. The opinion of the locals was not evident at all.
- There was no possibility of democratic discourse (neither criticism nor dissent or questioning of measures, which often had no contact points with the epidemic itself). The public was deliberately excluded, ignored and even silenced (intimidated) by the government/public.

Table 5.109. Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Slovenia.	0,268	0,000	0,740	0,000
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,327	0,000	0,741	0,000
Do you feel that there was a lack of political transparency in Slovenia at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,265	0,000	0,824	0,000
I have noticed an abuse of power by national politicians in Slovenia during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,299	0,000	0,730	0,000
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,310	0,000	0,750	0,000
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Slovenia.	0,310	0,000	0,733	0,000
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Slovenia.	0,213	0,000	0,869	0,000
The limitation of the participation within democratic debates in Slovenia was more obvious for women than men.	0,191	0,001	0,907	0,003
During COVID-19 I have noticed that more non-democratic debate and decisions behind closed doors were taken.	0,258	0,000	0,787	0,000
My voice of critique on how the government was handling COVID-19 crisis was silenced in public.	0,168	0,005	0,912	0,004

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.110. Mann-Whitney test for statistically significant differences

		N	Mean Rank	Sum of Ranks	Mann-Whitney test (sig.)
COVID-19 crisis negatively impacted the level of the democracy in Slovenia.	Female	34	27,00	918,00	153,00 (0,034)
	Male	14	18,43	258,00	
	Total	48			
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	Female	32	26,19	838,00	138,00 (0,023)
	Male	14	17,36	243,00	
	Total	46			
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Slovenia.	Female	33	26,20	864,50	125,50 (0,015)
	Male	13	16,65	216,50	
	Total	46			

The Mann-Whitney test is statistically significant (sig. < 0,05) when pertaining to the following statements: “COVID-19 crisis negatively impacted the level of the democracy in Slovenia.”, “COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.” and “I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Slovenia.”. Female respondents tend to agree with the statement “COVID-19 crisis negatively impacted the level of the democracy in Slovenia.” than male respondents, the same is also true for the other two statements.

Table 5.111. Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis test (sig.)
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	21-30	3	37,00	15,288 (0,009)
	31-40	16	20,06	
	41-50	14	29,68	
	51-60	6	15,08	
	61-70	3	30,17	
	71 years or more	4	13,13	
	Total	46		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) for the following statements: “COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.”. Respondents aged 21 to 30 years tend to agree with the mentioned statements the most, while respondents aged 51 to 60 tend to agree with it the least.

Table 5.112. Mann-Whitney test for gender

	Mann-Whitney U	Sig.
Do you feel that there was a lack of political transparency in Slovenia at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	161,500	0,087
I have noticed an abuse of power by national politicians in Slovenia during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	198,000	0,390
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	163,000	0,165
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Slovenia.	159,000	0,243
The limitation of the participation within democratic debates in Slovenia was more obvious for women than men.	178,500	0,543
During COVID-19 I have noticed that more non-democratic debate and decisions behind closed doors were taken.	199,000	0,575
My voice of critique on how the government was handling COVID-19 crisis was silenced in public.	178,500	0,300

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.113. Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Slovenia.	7,635	0,178
Do you feel that there was a lack of political transparency in Slovenia at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	7,536	0,184
I have noticed an abuse of power by national politicians in Slovenia during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	4,864	0,433
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	3,032	0,695
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Slovenia.	8,928	0,112
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Slovenia.	3,778	0,582
The limitation of the participation within democratic debates in Slovenia was more obvious for women than men.	4,371	0,497
During COVID-19 I have noticed that more non-democratic debate and decisions behind closed doors were taken.	4,500	0,480
My voice of critique on how the government was handling COVID-19 crisis was silenced in public.	2,427	0,788

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences between different age groups.

Table 5.114. Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Slovenia.	1,277	0,735
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	5,176	0,159
Do you feel that there was a lack of political transparency in Slovenia at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1,022	0,796
I have noticed an abuse of power by national politicians in Slovenia during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	2,002	0,572
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,214	0,975
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Slovenia.	1,505	0,681
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Slovenia.	6,780	0,079
The limitation of the participation within democratic debates in Slovenia was more obvious for women than men.	2,265	0,519
During COVID-19 I have noticed that more non-democratic debate and decisions behind closed doors were taken.	3,436	0,329
My voice of critique on how the government was handeling COVID-19 crisis was silenced in public.	1,325	0,723

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to education.

Table 5.115: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Slovenia.	0,518	0,772
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,602	0,740
Do you feel that there was a lack of political transparency in Slovenia at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1,157	0,561
I have noticed an abuse of power by national politicians in Slovenia during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,154	0,926
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1,522	0,467

I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Slovenia.	3,045	0,218
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Slovenia.	0,810	0,667
The limitation of the participation within democratic debates in Slovenia was more obvious for women than men.	1,382	0,501
During COVID-19 I have noticed that more non-democratic debate and decisions behind closed doors were taken.	2,656	0,265
My voice of critique on how the government was handeling COVID-19 crisis was silenced in public.	1,540	0,463

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it come to the respondents area of living.

SPAIN

Table 5.116: Gender

	Frequency	Percent
Female	41	89,1 %
Male	5	10,9 %
Total	46	100,0 %

The majority of respondents (89,1 %) are female, 10,9 % are male.

Table 5.117: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	1	2,2 %	55,1	16,2
21-30	4	8,7 %		
31-40	5	10,9 %		
41-50	6	13,0 %		
51-60	11	23,9 %		
61-70	11	23,9 %		
71 years or more	8	17,4 %		
Total	46	100,0 %		

The mean age of respondents is 55,1 years with a standard deviation of 16,2 years. The same percentages of respondents are aged 51 to 60 years and 61 to 70 years, 17,4 % of respondents are aged 71 years or more. There are 13,0 % of respondents aged 41 to 50 years, 10,9 % are aged 31 to 40 years and 8,7 % are aged 21 to 30 years. The lowest percentage of respondents (2,2 %) are aged 20 years or less.

Table 5.118: Highest completed degree or level of school

	Frequency	Percent
Secondary school	31	67,4 %
Bachelor’s degree or professional diploma	9	19,6 %
Master’s Degree	4	8,7 %
Other	2	4,3 %
Total	46	100,0 %

More than two thirds of respondents (67,4 %) have completed secondary school, 19,6 % have acquired a bachelor's degree or a professional diploma, 8,7 % have acquired a master's degree. The lowest percentage of respondents (4,3 %) answered with other.

Table 5.119: Area of living

	Frequency	Percent
Rural area	1	2,2 %
Suburban area	1	2,2 %
Urban area	44	95,6 %
Total	46	100,0 %

The vast majority of respondents (95,6 %) live in urban areas, the same percentages (2,2 %) live in either rural or suburban areas.

Table 5.120: Level of agreement with given statements

	1	**2**	**3**	**4**	**5**	**6**	**M**	**SD**
COVID-19 crisis negatively impacted the level of the democracy in Spain.	4	4	5	13	15	5	3,8	1,3
	8,7 %	8,7 %	10,9 %	28,3 %	32,6 %	10,9 %		
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	1	4	5	12	19	5	4,1	1,1
	2,2 %	8,7 %	10,9 %	26,1 %	41,3 %	10,9 %		
Do you feel that there was a lack of political transparency in Spain at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	6	4	3	8	20	5	3,8	1,5
	13,0 %	8,7 %	6,5 %	17,4 %	43,5 %	10,9 %		
I have noticed an abuse of power by national politicians in Spain during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	7	11	6	6	14	2	3,2	1,5
	15,2 %	23,9 %	13,0 %	13,0 %	30,4 %	4,3 %		
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being	2	5	2	6	28	3	4,2	1,3
	4,3 %	10,9 %	4,3 %	13,0 %	60,9 %	6,5 %		

politicised to benefit the agenda of different political parties.								
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Spain.	0	2	1	14	27	2	4,5	0,8
	0,0 %	4,3 %	2,2 %	30,4 %	58,7 %	4,3 %		
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Spain.	7	4	7	7	14	7	3,4	1,5
	15,2 %	8,7 %	15,2 %	15,2 %	30,4 %	15,2 %		
The limitation of the participation within democratic debates in Spain was more obvious for women than men.	5	6	6	11	6	12	3,2	1,3
	10,9 %	13,0 %	13,0 %	23,9 %	13,0 %	26,1 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents on average strongly agree that they have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Spain. On average respondents agree with the following statements: "Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties." (M=4,2; SD=1,3), "COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state." (M=4,1; SD=1,1), "COVID-19 crisis negatively impacted the level of the democracy in Spain." (M=3,8; SD=1,3) and "Do you feel that there was a lack of political transparency in Spain at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?" (M=3,8; SD=1,5). The respondents on average have neutral level of agreement with statements: "COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Spain." (M=3,4; SD=1,5), "The limitation of the participation within democratic debates in Spain was more obvious for women than men." (M=3,2; SD=1,3) and "I have noticed an abuse of power by national politicians in Spain during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19." (M=3,2; SD=1,5).

We asked participants if they had anything to add:

- The government and the public acted very quickly, we were very responsible and very united in these very delicate situations.

Table 5.121: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Spain.	0,284	0,000	0,831	0,000
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,228	0,001	0,820	0,000
Do you feel that there was a lack of political transparency in Spain at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,294	0,000	0,756	0,000
I have noticed an abuse of power by national politicians in Spain during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,225	0,001	0,841	0,001
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,433	0,000	0,544	0,000
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Spain.	0,429	0,000	0,591	0,000
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Spain.	0,204	0,004	0,856	0,001
The limitation of the participation within democratic debates in Spain was more obvious for women than men.	0,249	0,000	0,881	0,004

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.122: Mann-Whitney test for statistically significant differences

		N	Mean Rank	Sum of Ranks	Mann-Whitney test (sig.)
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Spain.	Female	39	23,94	933,50	41,50 (0,035)
	Male	5	11,30	56,50	
	Total	44			

The Mann-Whitney test is statistically significant (sig. < 0,05) when pertaining to the following statement: “I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Spain.”. Females tend to agree with this statement to a greater extent than males.

Table 5.123: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Spain.	47,500	0,224
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	69,500	0,832
Do you feel that there was a lack of political transparency in Spain at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	40,000	0,110
I have noticed an abuse of power by national politicians in Spain during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	82,500	0,568
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	91,000	0,858
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Spain.	55,000	0,473
The limitation of the participation within democratic debates in Spain was more obvious for women than men.	41,500	0,755

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.124: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Spain.	3,081	0,799
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	8,250	0,220
Do you feel that there was a lack of political transparency in Spain at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	5,306	0,505
I have noticed an abuse of power by national politicians in Spain during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	6,977	0,323
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	2,690	0,847
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Spain.	9,403	0,152
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Spain.	4,810	0,568
The limitation of the participation within democratic debates in Spain was more obvious for women than men.	5,096	0,532

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences between different age groups.

Table 5.125: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Spain.	1,995	0,573
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	1,030	0,794
Do you feel that there was a lack of political transparency in Spain at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	2,672	0,445
I have noticed an abuse of power by national politicians in Spain during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	6,851	0,077
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	3,324	0,344
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Spain.	4,955	0,175
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Spain.	3,712	0,294
The limitation of the participation within democratic debates in Spain was more obvious for women than men.	6,260	0,100

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences when it comes to the respondents level of education.

Table 5.126: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
Do you feel that there was a lack of political transparency in Spain at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,663	0,415
I have noticed an abuse of power by national politicians in Spain during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,593	0,441
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,814	0,367
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Spain.	1,212	0,271

The Kruskal-Wallis test is not statistically significant for the four statements listed above (sig. > 0,05) which means that there are no statistically significant differences when it comes to the respondents area of living. We were unable to perform The Kruskal-Wallis test for the resto of the statements, since the groups were empty.

SWEDEN

Table 5.127: Gender

	Frequency	Percent
Female	16	51,6 %
Male	15	48,4 %
Total	31	100,0 %

A little over half of respondents (51,6 %) are female, 48,4 % of them are male.

Table 5.128: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	9	29,0 %	23,0	3,6
21-30	21	67,7 %		
31-40	1	3,3 %		
Total	31	100,0 %		

The mean age of respondents is 23,0 years with a standard deviation of 3,6 years. The majority of respondents (67,7 %) are aged 21 to 30 years, 29,0 % are aged 20 years or less. The lowest percentage of respondents (3,3 %) are aged 31 to 40 years.

Table 5.129: Highest completed degree or level of school

	Frequency	Percent
Secondary school	7	22,6 %
Bachelor’s degree or professional diploma	17	54,8 %
Master’s Degree	5	16,1 %
PhD or DPhil	2	6,5 %
Total	31	100,0 %

More than half of respondents (54,8 %) have acquired a bachelor's degree or a professional diploma, 22,6 % of them have completed secondary school, 16,1 % acquired a master's degree. The lowest percentage (6,5 %) acquired a PhD or DPhil.

Table 5.130: Area of living

	Frequency	Percent
Rural area	10	32,3 %
Suburban area	13	41,9 %
Urban area	8	25,8 %
Total	31	100,0 %

Nearly half of the respondents (41,9 %) live in suburban areas, 32,3 % live in rural areas, while a little over a quarter (25,8 %) live in urban areas.

Table 5.131: Level of agreement with given statements

	1	2	3	4	5	6	M	SD
COVID-19 crisis negatively impacted the level of the democracy in Sweden.	13	2	8	4	4	0	2,5	1,5
	41,9 %	6,5 %	25,8 %	12,9 %	12,9 %	0,0 %		
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	3	9	9	6	4	0	3,0	1,2
	9,7 %	29,0 %	29,0 %	19,4 %	12,9 %	0,0 %		
Do you feel that there was a lack of political transparency in Sweden at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0	11	9	10	1	0	3,0	0,9
	0,0 %	35,5 %	29,0 %	32,3 %	3,2 %	0,0 %		
I have noticed an abuse of power by national politicians in Sweden during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0	14	4	10	3	0	3,1	1,1
	0,0 %	45,2 %	12,9 %	32,3 %	9,7 %	0,0 %		
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0	6	10	9	5	1	3,4	1,0
	0,0 %	19,4 %	32,3 %	29,0 %	16,1 %	3,2 %		
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Sweden.	2	14	5	9	1	0	2,8	1,1
	6,5 %	45,2 %	16,1 %	29,0 %	3,2 %	0,0 %		
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Sweden.	0	12	1	12	5	1	3,3	1,2
	0,0 %	38,7 %	3,2 %	38,7 %	16,1 %	3,2 %		
The limitation of the participation within democratic debates in Sweden was more obvious for women than men.	4	8	7	7	5	0	3,0	1,3
	12,9 %	25,8 %	22,6 %	22,6 %	16,1 %	0,0 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents have on average a neutral level of agreement with all the above listed statements.

Table 5.132: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Sweden.	0,283	0,000	0,812	0,000
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,172	0,028	0,917	0,026
Do you feel that there was a lack of political transparency in Sweden at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,236	0,000	0,834	0,000
I have noticed an abuse of power by national politicians in Sweden during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,286	0,000	0,794	0,000
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,209	0,002	0,880	0,003
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Sweden.	0,305	0,000	0,822	0,000
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Sweden.	0,277	0,000	0,784	0,000
The limitation of the participation within democratic debates in Sweden was more obvious for women than men.	0,164	0,044	0,913	0,021

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.133: Mann-Whitney test for statistically significant differences

		N	Mean Rank	Sum of Ranks	Mann-Whitney test (sig.)
COVID-19 crisis negatively impacted the level of the democracy in Sweden.	Female	16	19,75	316,00	60,00 (0,013)
	Male	15	12,00	180,00	
	Total	31			
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	Female	16	19,09	305,50	70,50 (0,044)
	Male	15	12,70	190,50	
	Total	31			

The Mann-Whitney test is statistically significant (sig. < 0,05) when pertaining to the following statements: “COVID-19 crisis negatively impacted the level of the democracy in Sweden.” and “COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.”. Females tend to agree with both statements more than males.

Table 5.134: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
Do you feel that there was a lack of political transparency in Sweden at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	118,000	0,934
I have noticed an abuse of power by national politicians in Sweden during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	111,500	0,719
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	79,500	0,160
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Sweden.	113,000	0,768
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Sweden.	85,500	0,237
The limitation of the participation within democratic debates in Sweden was more obvious for women than men.	101,000	0,442

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.135: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Sweden.	1,486	0,476
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	1,730	0,421
Do you feel that there was a lack of political transparency in Sweden at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	1,531	0,465
I have noticed an abuse of power by national politicians in Sweden during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	2,323	0,313
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	3,304	0,192
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Sweden.	3,289	0,193
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Sweden.	0,523	0,770
The limitation of the participation within democratic debates in Sweden was more obvious for women than men.	2,339	0,311

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences between different age groups.

Table 5.136: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Sweden.	2,704	0,440
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	2,885	0,410
Do you feel that there was a lack of political transparency in Sweden at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	3,352	0,340
I have noticed an abuse of power by national politicians in Sweden during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	3,974	0,264
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	6,066	0,108
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Sweden.	1,329	0,722
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Sweden.	1,612	0,657
The limitation of the participation within democratic debates in Sweden was more obvious for women than men.	0,819	0,845

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences when it comes to the respondents acquired level of education.

Table 5.137: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
COVID-19 crisis negatively impacted the level of the democracy in Sweden.	1,033	0,597
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	4,605	0,100
Do you feel that there was a lack of political transparency in Sweden at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	2,358	0,308
I have noticed an abuse of power by national politicians in Sweden during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	1,695	0,428
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1,963	0,375
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in Sweden.	0,100	0,951
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in Sweden.	0,533	0,766
The limitation of the participation within democratic debates in Sweden was more obvious for women than men.	0,237	0,888

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences when it comes to the respondents area of living.

ALL COUNTRIES

Table 5.138: Gender

	Frequency	Percent
Female	267	67,3 %
Male	120	30,2 %
I do not wish to answer	10	2,5 %
Total	397	100,0 %

The majority of respondents (67,3 %) were female, while 30,2 % were male, 2,5 % of respondents did not wish to answer.

Table 5.139: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	26	6,5 %	41,3	16,1
21-30	100	25,2 %		
31-40	89	22,4 %		
41-50	67	16,9 %		
51-60	57	14,4 %		
61-70	37	9,3 %		
71 years or more	21	5,3 %		
Total	397	100,0		

The mean age of respondents is 41,3 years with a standard deviation of 16,1 years. Just slightly over a quarter of respondents (25,2 %) are 21 to 30 years old, 22,4 % are 31 to 40 years old, 16,9 % are 41 to 50 years old, while 14,4 % are 51 to 60 years old. Respondents aged 61 to 70 years represent 9,3 %. Respondents aged 20 years or less represent 6,5 %, while the lowest percentage is aged 71 years or more.

Table 5.140: Highest completed degree or level of school

	Frequency	Percent
Secondary school	110	27,7 %
Bachelor’s degree or professional diploma	103	25,9 %
Master’s Degree	158	39,8 %
PhD or DPhil	23	5,8 %
Other	3	0,8 %
Total	397	100,0 %

Most respondents (39,8 %) have acquired a master’s degree. Secondary school was completed by 27,7 % of respondents, while 25,9 % have acquired a bachelor's degree or a professional diploma. Only 5,8 % of respondents have acquired a PhD or a DPhil. The lowest percentage of respondents (0,8 %) answered other.

Table 5.141: Area of living

	Frequency	Percent
Rural area	69	17,4 %
Suburban area	57	14,4 %
Urban area	270	68,0 %
Other	1	0,3 %
Total	397	100,0 %

More than two thirds of respondents (68,0 %) live in urban areas, 17,4 % live in rural areas, while 14,4 % live in suburban areas. The lowest percentage of respondents (0,3 %) answered other.

Table 5.142: Country of current residence

	Frequency	Percent
Bulgaria	33	8,3 %
Cyprus	37	9,3 %
France	30	7,6 %
Greece	34	8,6 %
Italy	105	26,4 %
Portugal	33	8,3 %
Slovenia	48	12,1 %
Spain	46	11,6 %
Sweden	31	7,8 %
Total	397	100,0 %

More than a quarter of respondents (26,4 %) live in Italy, 12,1 % live in Slovenia, 11,6 % in Spain, 9,3 % in Cyprus and 8,6 % in Greece. The same percentage of respondents (8,3 %) live in Bulgaria and Portugal, 7,8 % of respondents live in Sweden. The lowest percentage of respondents (7,6 %) live in France.

Table 5.143: Cronbach's alpha

Cronbach's Alpha	N of Items
0,821	8

The Cronbach’s Alpha value is 0,821, which in turn means the reliability of the questionnaire is good.

Table 5.144: KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0,821
Bartlett's Test of Sphericity	Approx. Chi-Square	844,351
	df	28
	Sig.	0,000

The KMO measure (0,821) and the Bartlett Test of Sphericity (sig. < 0,05) confirm the data is appropriate for factor analysis. We used the Principal Axis Factoring method and Varimax rotation with Kaiser Normalization.

Table 5.145: Communalities

	Initial	Extraction
COVID-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country).	0,604	0,615
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,573	0,577
Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,497	0,554
I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,465	0,510
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,311	0,311
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).	0,247	0,727
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in (amend accordingly to the partner country).	0,330	0,376
The limitation of the participation within democratic debates in (amend accordingly to the partner country) was more obvious for women than men.	0,313	0,313

All communalities are higher than 0,2, which means the variables define our phenomenon, there is also no need to exclude any of the variables.

Table 5.146. Total Variance Explained

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumu-lative %	Total	% of Variance	Cumu-lative %	Total	% of Variance	Cumu-lative %
1	3,635	45,433	45,433	3,151	39,382	39,382	2,575	32,189	32,189
2	1,057	13,217	58,650	0,632	7,904	47,286	1,208	15,096	47,286
3	0,846	10,573	69,222						
4	0,779	9,740	78,962						
5	0,573	7,164	86,126						
6	0,475	5,932	92,058						
7	0,384	4,798	96,857						
8	0,251	3,143	100,000						

SPSS suggests the exclusion of two factors, since their eigenvalue is higher than 1, likewise two of the factors can explain 47,286 % of the common variance.

Table 5.147. Rotated Factor Matrix

	Factor	
	1	2
COVID-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country).	0,679	
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,709	
Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,716	
I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,664	
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,406	
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).		0,848
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in (amend accordingly to the partner country).	0,610	
The limitation of the participation within democratic debates in (amend accordingly to the partner country) was more obvious for women than men.	0,434	

We can observe which variables were sorted within a certain factor inside of the factor matrix. We can conclude that our questionnaire is valid, therefore suitable for use.

Table 5.148. Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
COVID-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country).	0,250	0,000	0,862	0,000
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	0,275	0,000	0,857	0,000
Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	0,232	0,000	0,868	0,000
I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	0,210	0,000	0,861	0,000
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	0,256	0,000	0,823	0,000

I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).	0,275	0,000	0,763	0,000
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in (amend accordingly to the partner country).	0,191	0,000	0,903	0,000
The limitation of the participation within democratic debates in (amend accordingly to the partner country) was more obvious for women than men.	0,178	0,000	0,916	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.149. Mann-Whitney test for statistically significant differences

		N	Mean Rank	Sum of Ranks	Mann-Whitney test (sig.)
COVID-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country).	Female	260	201,21	52314,00	11776,00 (0,000)
	Male	116	160,02	18562,00	
	Total	376			
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	Female	257	199,73	51329,50	11892,50 (0,001)
	Male	117	160,65	18795,50	
	Total	374			
Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	Female	254	195,38	49627,50	12475,50 (0,010)
	Male	117	165,63	19378,50	
	Total	371			
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	Female	256	195,27	49990,00	12602,00 (0,013)
	Male	116	167,14	19388,00	
	Total	372			
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).	Female	261	196,60	51311,50	12372,50 (0,007)
	Male	113	166,49	18813,50	
	Total	374			

The Mann-Whitney test is statistically significant (sig. < 0,05) when pertaining to the following statements: “COVID-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country).” COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.”, “Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?”, “Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.” and “I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).”. Females tend to agree with all of the listed statements more than males.

Table 5.150: Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis test (sig.)
COVID-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country).	Bulgaria	33	220,18	54,069 (0,000)
	Cyprus	37	194,54	
	France	29	222,50	
	Greece	33	244,56	
	Italy	102	159,28	
	Portugal	30	179,38	
	Slovenia	48	243,19	
	Spain	41	203,48	
	Sweden	31	106,10	
	Total	384		
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	Bulgaria	32	210,42	52,009 (0,000)
	Cyprus	37	190,57	
	France	30	248,20	
	Greece	33	222,26	
	Italy	103	155,90	
	Portugal	31	177,71	
	Slovenia	46	235,60	
	Spain	41	225,96	
	Sweden	31	118,92	
	Total	384		
Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	Bulgaria	32	228,77	43,539 (0,000)
	Cyprus	37	205,53	
	France	29	210,53	
	Greece	33	234,08	
	Italy	98	146,15	
	Portugal	33	201,89	
	Slovenia	47	217,88	
	Spain	41	212,91	
	Sweden	31	131,00	
	Total	381		
	Bulgaria	32	243,27	60,803 (0,000)

I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	Cyprus	37	205,89	
	France	29	232,64	
	Greece	33	242,56	
	Italy	103	142,37	
	Portugal	31	202,39	
	Slovenia	47	250,66	
	Spain	44	171,52	
	Sweden	31	150,27	
	Total	387		
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	Bulgaria	32	248,86	45,501 (0,000)
	Cyprus	37	164,53	
	France	28	208,50	
	Greece	33	219,88	
	Italy	101	164,58	
	Portugal	32	165,03	
	Slovenia	46	222,40	
	Spain	43	232,14	
	Sweden	30	129,72	
	Total	382		
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).	Bulgaria	33	227,45	66,386 (0,000)
	Cyprus	37	195,73	
	France	29	219,57	
	Greece	33	196,77	
	Italy	100	206,02	
	Portugal	31	143,47	
	Slovenia	46	204,85	
	Spain	44	221,93	
	Sweden	31	66,90	
	Total	384		
The limitation of the participation within democratic debates in (amend accordingly to the partner country) was more obvious for women than men.	Bulgaria	28	174,16	18,563 (0,017)
	Cyprus	33	193,30	
	France	24	138,81	
	Greece	30	222,15	
	Italy	98	169,21	
	Portugal	29	198,41	
	Slovenia	44	143,95	
	Spain	34	190,71	
	Sweden	31	173,21	
	Total	351		
COVID-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country).	20 years or less	23	144,63	29,308 (0,000)
	21-30	98	182,20	
	31-40	87	237,98	
	41-50	65	201,23	
	51-60	56	180,04	

	61-70	36	176,78	
	71 years or more	19	131,97	
	Total	384		
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	20 years or less	25	149,08	17,552 (0,007)
	21-30	97	191,54	
	31-40	87	222,38	
	41-50	64	195,45	
	51-60	56	177,38	
	61-70	36	199,60	
	71 years or more	19	138,92	
	Total	384		
Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	20 years or less	23	166,65	30,215 (0,000)
	21-30	98	185,96	
	31-40	85	240,47	
	41-50	66	185,94	
	51-60	53	177,19	
	61-70	35	171,06	
	71 years or more	21	124,95	
	Total	381		
I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	20 years or less	26	162,56	32,852 (0,000)
	21-30	97	198,20	
	31-40	85	246,58	
	41-50	66	187,08	
	51-60	55	167,62	
	61-70	37	160,96	
	71 years or more	21	149,79	
	Total	387		
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).	20 years or less	25	153,56	18,373 (0,005)
	21-30	96	168,18	
	31-40	87	215,50	
	41-50	63	214,64	
	51-60	56	178,63	
	61-70	36	205,68	
	71 years or more	21	202,71	
	Total	384		
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in (amend accordingly to the partner country).	20 years or less	23	180,20	13,018 (0,043)
	21-30	94	186,34	
	31-40	83	215,66	
	41-50	65	186,85	
	51-60	56	184,83	
	61-70	36	171,35	
	71 years or more	18	126,42	

	Total	375		
I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	Secondary school	109	167,35	11,926 (0,008)
	Bachelor's degree or professional diploma	101	201,74	
	Master's Degree	151	196,87	
	PhD or DPhil	23	242,39	
	Total	384		
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).	Secondary school	109	202,21	9,046 (0,029)
	Bachelor's degree or professional diploma	100	166,52	
	Master's Degree	149	201,16	
	PhD or DPhil	23	178,50	
	Total	381		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statements, which pertain to the respondents country of origin: "COVID-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country).", "COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.", "Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?", "I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.", "Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.", "I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country)." and "The limitation of the participation within democratic debates in (amend accordingly to the partner country) was more obvious for women than men. ". Respondents from Greece tend to agree the with the statements "COVID-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country)." and "Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?", while respondents from Sweden tend to agree with those same statements the least. Respondents from France agree with the statement "COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state." the most, while those from Sweden agree with it the least. Respondents from Slovenia agree with the statement ""I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19." the most, while those from Italy agree with it the least. Respondents from Bulgaria tend to agree with the statements "Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties." and "I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country)." the most, while those from Sweden agree with the same two statements the least.

Respondents from Greece agree with the statement “The limitation of the participation within democratic debates in (amend accordingly to the partner country) was more obvious for women than men.“ the most, while those from France agree with it the least.

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statements, which pertain to the respondents age: “COVID-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country).”, “COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.”, “Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?”, “I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.”, “I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).” and “COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in (amend accordingly to the partner country).”. Respondents aged 31 to 40 years agree the most with the statement “I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).”, while those aged 20 years or less tend to agree with it the least. Respondents aged 31 to 40 years tend to agree with all the other statements the most, while those aged 71 years or more agree with them the least.

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following two statements, which pertain to the respondents acquired education: “I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.” and “I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).”. Respondents with a PhD or a DPhil agree the most with the statement “I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.”, those with a completed secondary school on the other hand agree with it the least. Respondents who have completed secondary school tend to agree with the statement: “I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).” the most, while those with a bachelor's degree or a professional diploma agree with it the least.

Table 5.151: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	14421,500	0,405
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in (amend accordingly to the partner country).	12924,000	0,220
The limitation of the participation within democratic debates in (amend accordingly to the partner country) was more obvious for women than men.	11485,500	0,274

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.152: Kruskal-Wallis test for countries

	Kruskal-Wallis H	Sig.
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in (amend accordingly to the partner country).	11,189	0,191

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences when it comes to the respondents country of origin.

Table 5.153: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	5,736	0,453
The limitation of the participation within democratic debates in (amend accordingly to the partner country) was more obvious for women than men.	6,693	0,350

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences between the different age groups.

Table 5.154: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
COVID-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country).	5,595	0,232
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	2,460	0,652
Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	4,581	0,333
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	5,704	0,222
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in (amend accordingly to the partner country).	2,204	0,698
The limitation of the participation within democratic debates in (amend accordingly to the partner country) was more obvious for women than men.	3,169	0,530

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences when it comes to the education of respondents.

Table 5.155: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
COVID-19 crisis negatively impacted the level of the democracy in (amend accordingly to the partner country).	3,304	0,192
COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.	1,185	0,553
Do you feel that there was a lack of political transparency in (amend accordingly to the partner country) at the peak of the crisis that prevented you from participating in the democratic debate in an informed way?	5,025	0,081
I have noticed an abuse of power by national politicians in (amend accordingly to the partner country) during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.	4,513	0,105
Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.	1,040	0,594
I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in (amend accordingly to the partner country).	5,047	0,080
COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in (amend accordingly to the partner country).	0,840	0,657
The limitation of the participation within democratic debates in (amend accordingly to the partner country) was more obvious for women than men.	0,639	0,726

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences when it comes to the respondents' area of living.

5.2.2 Analysis of the Survey For Citizens And Residents Through Social Media On How The COVID-19 Crisis Had Affected The Enjoyment Of Fundamental Rights

BULGARIA

Table 5.156: Gender

	Frequency	Percent
Female	18	60,0 %
Male	8	26,7 %
I do not wish to answer	4	13,3 %
Total	30	100,0 %

The majority of respondents (60,0 %) are female, 26,7 % are male, while 13,3 % did not wish to provide an answer.

Table 5.157: Age in years

	Frequency	Percent	Mean	Standard deviation
21-30	10	33,3 %	38,3	11,5
31-40	11	36,7 %		
41-50	3	10,0 %		
51-60	6	20,0 %		
Total	30	100,0 %		

The mean age of respondents is 38,3 years with a standard deviation of 11,5 years. Respondents aged 31 to 40 years represent 36,7 %, those aged 21 to 30 years 33,3 %. A fifth of respondents are aged 51 to 60 years. The lowest percentage of respondents (10,0 %) are aged 41 to 50 years.

Table 5.158: Highest completed degree or level of school

	Frequency	Percent
Secondary school	9	30,0 %
Bachelor’s degree or professional diploma	4	13,3 %
Master’s Degree	14	46,7 %
PhD or DPhil	3	10,0 %
Total	30	100,0 %

Nearly half of respondents (46,7 %) have acquired a master’s degree, 30,0 % of respondents completed secondary school, 13,3 % have acquired a bachelor's degree or a professional diploma. The lowest percentage of respondents (10,0 %) acquired a PhD or DPhil.

Table 5.159: Area of living

	Frequency	Percent
Rural area	0	0,0 %
Suburban area	4	13,3 %
Urban area	26	86,7 %
Total	30	100,0 %

The majority of respondents (86,7 %) live in urban areas, 13,3 % in suburban areas, while none live in rural areas.

Table 5.160: Level of agreement with given statements

	1	**2**	**3**	**4**	**5**	**6**	**M**	**SD**
COVID-19 restrictions affected my fundamental rights.	0	4	1	13	12	0	4,1	1,0
	0,0 %	13,3 %	3,3 %	43,3 %	40,0 %	0,0 %		
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	2	5	8	4	11	0	3,6	1,3
	6,7 %	16,7 %	26,7 %	13,3 %	36,7 %	0,0 %		
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	2	6	6	6	7	3	3,4	1,3
	6,7 %	20,0 %	20,0 %	20,0 %	23,3 %	10,0 %		
	1	1	11	8	8	1	3,7	1,0

COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	3,3 %	3,3 %	36,7 %	26,7 %	26,7 %	3,3 %		
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	4	14	4	7	1	0	2,6	1,1
	13,3 %	46,7 %	13,3 %	23,3 %	3,3 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0	2	4	9	15	0	4,2	0,9
	0,0 %	6,7 %	13,3 %	30,0 %	50,0 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	0	2	8	7	11	2	4,0	1,0
	0,0 %	6,7 %	26,7 %	23,3 %	36,7 %	6,7 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	1	2	4	7	16	0	4,2	1,1
	3,3 %	6,7 %	13,3 %	23,3 %	53,3 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	1	5	8	8	7	1	3,5	1,2
	3,3 %	16,7 %	26,7 %	26,7 %	23,3 %	3,3 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	1	8	12	5	3	1	3,0	1,0
	3,3 %	26,7 %	40,0 %	16,7 %	10,0 %	3,3 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0	0	1	11	18	0	4,6	0,6
	0,0 %	0,0 %	3,3 %	36,7 %	60,0 %	0,0 %		
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	1	4	4	9	11	1	3,9	1,2
	3,3 %	13,3 %	13,3 %	30,0 %	36,7 %	3,3 %		
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	1	0	12	6	4	7	3,5	0,9
	3,3 %	0,0 %	40,0 %	20,0 %	13,3 %	23,3 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0	1	1	10	17	1	4,5	0,7
	0,0 %	3,3 %	3,3 %	33,3 %	56,7 %	3,3 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0	0	4	8	14	4	4,4	0,8
	0,0 %	0,0 %	13,3 %	26,7 %	46,7 %	13,3 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0	4	7	8	10	1	3,8	1,1
	0,0 %	13,3 %	23,3 %	26,7 %	33,3 %	3,3 %		

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	1	1	5	10	13	0	4,1	1,0
	3,3 %	3,3 %	16,7 %	33,3 %	43,3 %	0,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0	2	6	7	13	2	4,1	1,0
	0,0 %	6,7 %	20,0 %	23,3 %	43,3 %	6,7 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	0	3	6	10	10	1	3,9	1,0
	0,0 %	10,0 %	20,0 %	33,3 %	33,3 %	3,3 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work (Precarious work is a form of short-term work when the worker is not employed under an employment contract, but works on the basis of other legal forms).	0	1	2	11	13	3	4,3	0,8
	0,0 %	3,3 %	6,7 %	36,7 %	43,3 %	10,0 %		
The pandemic limited my cultural and educational rights.	0	4	4	5	16	0	4,1	1,1
	0,0 %	13,8 %	13,8 %	17,2 %	55,2 %	0,0 %		
In Bulgaria I could say that some rights were limited and some of my rights were not limited.	0	3	6	15	5	1	3,8	0,9
	0,0 %	10,0 %	20,0 %	50,0 %	16,7 %	3,3 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. We have excluded the value "6 – I do not know" from the scale, since it would impact the results of the mean values in an unrealistic way. The value has been excluded throughout the entire document. On average respondents strongly agree with the statement "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement." (M=4,6; SD=0,6), as well as the statement "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons." (M=4,5; SD=0,7). Respondents on average agree with the following statements: "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people." (M=4,4; SD=0,8), "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work (Precarious work is a form of short-term work when the worker is not employed under an employment contract, but works on the basis of other legal forms)." (M=4,3; SD=0,8), "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health." (M=4,2; SD=0,9), "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly." (M=4,2; SD=1,1), "The pandemic limited my cultural and educational rights." (M=4,1; SD=1,1), "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support." (M=4,1; SD=1,0), "COVID-19 crisis has accordingly to my opinion particularly affected the

rights to life and health of the following social group: Employed people." (M=4,1; SD=1,0), "COVID-19 restrictions affected my fundamental rights." (M=4,1; SD=1,0), "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education." (M=4,0; SD=1,0), "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women." (M=3,9; SD=1,0), "The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long." (M=3,9; SD=1,2), "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth." (M=3,8; SD=1,1), "In Bulgaria I could say that some rights were limited and some of my rights were not limited." (M=3,8; SD=0,9), "COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)." (M=3,7; SD=1,0), "COVID-19 crisis affected my situation on the following areas of life: My income or income of my family." (M=3,6; SD=1,3), "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation." (M=3,5; SD=1,2) and "The limitation of the spread of COVID-19 could be reached with other means than implemented ones." (M=3,5; SD=0,9). On average respondents have a neutral opinion about the following statements: "COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community." (M=3,4; SD=1,3), "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs." (M=3,0; SD=1,0) and "COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality." (M=2,6; SD=1,1).

We asked participants if COVID-19 crisis affected their situation on other conditions of inequality:

- Digitalization
- Discrimination based on green certificate/ vaccination
- Inability to travel
- Limited movement
- The pandemic proved to be an obstacle to my business.

We asked participants if not listed above, please explain which other human rights and freedom were affected the most during COVID-19 crisis by your personal opinion:

- The psychological pressure was enormous! After a period of illness, my employer made it a condition that I take a test before returning to work as required by my colleagues. I have paid for the test myself.

Table 5.161: Obstacle faced the most by participants during the COVID-19 crisis

	Frequency	Percent
Limited movement	25	83,3 %
Limited healthcare	19	63,3 %
Psychological breakdown	19	63,3 %
COVID-19 vaccine compulsoriness	15	50,0 %
Limited freedom of peaceful assembly	12	40,0 %
Limited work possibilities	8	26,7 %
Digital obstacles	6	20,0 %
Discrimination	5	16,7 %
Limited education	4	13,3 %

Lack of democratic participation	3	10,0 %
Gender based violence	0	0,0 %

Majority of respondents (83,3 %) faced limited movement during the COVID-19 crisis. The same percentages of respondents (63,3 %) were faced with limited healthcare and psychological breakdown. Half of respondents faced COVID-19 vaccine compulsoriness, while 40,0 % were faced with a limited freedom of peaceful assembly, 26,7 % had limited work possibilities. One fifth of respondents faced digital obstacles, 16,7 % discrimination and 13,3 % limited education. The lowest percentage of respondents (10,0 %) faced a lack of democratic participation. None of the respondents were faced with gender-based violence during the COVID-19 crisis.

We asked participants if they stated 4 – limited education or 5 – limited healthcare with the previous question to please indicate other different possibilities of restriction, which would not affect your fundamental rights:

- A vaccine awareness campaign and various incentives for vaccination so that life can go on with fewer restrictions and less danger to people's lives. A stronger reaction against the spread of misinformation.
- Awareness and clarity regarding the treatment.
- Measures should have been recommendable instead of mandatory.
- Prevention
- Raising the health awareness of the population to prevent and not spread viral infections, including treating the sick with fever at home rather than allowing them to go to work or school, as has been the practice in recent years due to parents' fear of keeping their jobs if they are absent from work.
- There was no need for television to brainwash people. Information had to be presented in moderation, without tension and unnecessary epithets and comparisons. The measures implemented by the authorities were an absolute failure. There was a lack of basic hygiene measures in the institutions.
- They shouldn't have closed gyms or parks, but rather encouraged physical activity and exposure to sunlight.

We asked participants if COVID-19 crisis has accordingly to their opinion particularly affected the rights to life and health of the other social group (please state, which group do you think was mainly affected):

- All the social groups
- Alongside the infected people, the isolation and being left at home with no right to move freely have deprived many people of the opportunity to receive help, rehabilitation and education. People with professions that cannot be digitized were severely affected. In Bulgaria, digitization was particularly stressful for the education sector, where transformation occurred within weeks rather than 10 years. There was no other option for teachers than to teach online. The training was minimal, so teachers basically taught themselves with the help of their children and colleagues.
- Children and youth
- Disabled people, minorities
- Domestic violence against women with aggressive husbands has increased.

- Freelancers - performers, musicians, artists.
- Older persons
- People in precarious work
- people whose work cannot be digitalized
- pupils, students
- restaurant owners
- teachers
- traveling people

We asked participants if they have anything to add:

- Tons of dissenting information.

Table 5.162: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
COVID-19 restrictions affected my fundamental rights.	0,313	0,000	0,760	0,001
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,224	0,031	0,900	0,038
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	0,224	0,031	0,881	0,040
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,220	0,037	0,855	0,016
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	0,322	0,000	0,810	0,004
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0,329	0,000	0,751	0,001
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	0,264	0,004	0,828	0,006
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	0,342	0,000	0,639	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0,209	0,026	0,877	0,035
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	0,209	0,026	0,921	0,018
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0,431	0,000	0,591	0,000
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	0,291	0,001	0,769	0,001
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	0,252	0,008	0,848	0,013
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0,361	0,000	0,688	0,000

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,378	0,000	0,697	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0,265	0,004	0,822	0,005
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,235	0,018	0,794	0,002
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0,303	0,000	0,794	0,002
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	0,225	0,030	0,853	0,015
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work (Precarious work is a form of short-term work when the worker is not employed under an employment co	0,348	0,000	0,729	0,000
The pandemic limited my cultural and educational rights.	0,392	0,000	0,597	0,000
In Bulgaria I could say that some rights were limited and some of my rights were not limited.	0,314	0,000	0,850	0,014

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.163: Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis H (sig.)
COVID-19 restrictions affected my fundamental rights.	21-30	10	10,65	9,345 (0,025)
	31-40	11	21,09	
	41-50	3	16,17	
	51-60	6	13,00	
	Total	30		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	Secondary school	9	6,39	15,430 (0,001)
	Bachelor's degree or professional diploma	4	22,25	
	Master's Degree	14	18,29	
	PhD or DPhil	2	16,25	
	Total	29		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	Secondary school	9	10,83	13,634 (0,003)
	Bachelor's degree or professional diploma	4	21,13	
	Master's Degree	14	19,36	
	PhD or DPhil	3	4,00	
	Total	30		
	Secondary school	9	10,17	10,253 (0,017)

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	Bachelor's degree or professional diploma	4	22,00	
	Master's Degree	13	17,88	
	PhD or DPhil	3	7,67	
	Total	29		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	Secondary school	8	7,88	8,486 (0,037)
	Bachelor's degree or professional diploma	4	18,00	
	Master's Degree	12	16,00	
	PhD or DPhil	3	17,00	
	Total	27		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) for the following statement, pertaining to the respondents age "COVID-19 restrictions affected my fundamental rights.". Respondents aged 31 to 40 years agree with the statement the most, while those aged 21 to 30 years agree with it the least.

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statements, pertaining to the respondents acquired level of education: "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth", "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people.", "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women.", "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work." Respondents who have acquired a bachelor's degree or a professional diploma agree that the COVID-19 crisis particularly affected the rights to life and health of children and youth the most, while those with a completed secondary school agree the least. Those respondents who acquired a bachelor's degree agree that the COVID-19 crisis particularly affected the rights to life and health of employed people the most, while respondents with a PhD or DPhil agree with the least. Respondents with a bachelor's degree or a professional diploma agree that the COVID-19 crisis particularly affected the rights to life and health of women the most, while those with a PhD or a DPhil agree the least. Respondents with a bachelor's degree or a professional diploma agree that the COVID-19 crisis particularly affected the rights to life and health of people in precarious work the most, while those with a completed secondary school agree the least.

Table 5.164: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
COVID-19 restrictions affected my fundamental rights.	66,500	0,743
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	56,500	0,371
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	52,500	0,470
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	38,500	0,072
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	63,500	0,616

By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	52,500	0,220
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	51,000	0,565
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	46,000	0,104
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	36,500	0,059
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	46,000	0,183
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	70,500	0,920
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	66,000	0,903
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	27,000	0,743
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	62,500	0,972
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	44,500	0,377
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	43,000	0,202
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	60,500	0,489
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	50,500	0,410
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	62,000	0,713
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	42,000	0,129
The pandemic limited my cultural and educational rights.	51,500	0,261
In Bulgaria I could say that some rights were limited and some of my rights were not limited.	54,000	0,263

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.165: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	4,441	0,218
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	2,760	0,430
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	6,035	0,110
COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	4,307	0,230

By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	2,676	0,444
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	3,725	0,293
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	0,971	0,808
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	2,631	0,452
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	2,529	0,470
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	1,644	0,649
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	2,510	0,473
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	1,994	0,574
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	1,534	0,674
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,687	0,876
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	1,287	0,732
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	3,605	0,307
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0,561	0,905
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	2,449	0,485
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0,710	0,871
The pandemic limited my cultural and educational rights.	3,275	0,351
In Bulgaria I could say that some rights were limited and some of my rights were not limited.	6,215	0,102

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.166: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
COVID-19 restrictions affected my fundamental rights.	6,265	0,099
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	6,601	0,086
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	1,252	0,741
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	4,430	0,219
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	2,797	0,424

By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	4,343	0,227
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	6,524	0,089
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	6,457	0,091
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	7,018	0,071
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	3,131	0,372
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	1,803	0,614
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	3,122	0,373
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	5,572	0,134
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	2,627	0,453
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	3,921	0,270
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	7,772	0,051
The pandemic limited my cultural and educational rights.	3,511	0,319
In Bulgaria I could say that some rights were limited and some of my rights were not limited.	6,188	0,103

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to education.

Table 5.167: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
COVID-19 restrictions affected my fundamental rights.	0,070	0,792
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	2,414	0,120
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	3,458	0,063
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	1,204	0,273
COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	0,207	0,649
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0,582	0,446
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	0,005	0,945
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	1,215	0,270
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0,180	0,672

By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	0,749	0,387
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0,062	0,803
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	2,029	0,154
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	0,202	0,653
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0,582	0,446
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	1,051	0,305
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	1,735	0,188
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	2,146	0,143
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	1,970	0,160
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	1,426	0,232
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	1,452	0,228
The pandemic limited my cultural and educational rights.	0,505	0,477
In Bulgaria I could say that some rights were limited and some of my rights were not limited.	0,029	0,864

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents area of living.

CYPRUS

Table 5.168: Gender

	Frequency	Percent
Female	23	71,9 %
Male	9	28,1 %
Total	32	100,0 %

Majority of respondents are female (71,9 %), 28,1 % are male.

Table 5.169: Age in years

	Frequency	Percent	Mean	Standard deviation
21-30	17	53,1 %	32,2	8,6
31-40	12	37,5 %		
41-50	2	6,3 %		
61-70	1	3,1 %		
Total	32	100,0 %		

The mean age of respondents is 32,2 years with a standard deviation of 8,6 years. More than half of respondents (53,1 %) are aged 21 to 30 years, 37,5 % 31 to 40 years, 6,3 % 41 to 50 years. The lowest percentage of respondents (3,1 %) are aged 61 to 70 years.

Table 5.170: Highest completed degree or level of school

	Frequency	Percent
Secondary school	1	3,1 %
Bachelor’s degree or professional diploma	8	25,0 %
Master’s Degree	21	65,6 %
PhD or DPhil	2	6,3 %
Total	32	100,0 %

Over half of respondents (65,6 %) have acquired a master’s degree, a quarter of respondents have acquired a bachelor's degree, 6,3 % a PhD or DPhil. The lowest percentage of respondents (3,1 %) have completed secondary school.

Table 5.171: Area of living

	Frequency	Percent
Rural area	3	9,4 %
Suburban area	5	15,6 %
Urban area	24	75,0 %
Total	32	100,0 %

Three quarters of respondents live in urban areas, 15,6 % in suburban areas and only 9,4 % in rural areas.

Table 5.172: Level of agreement with given statements

	1	**2**	**3**	**4**	**5**	**6**	**M**	**SD**
COVID-19 restrictions affected my fundamental rights.	0	4	5	11	12	0	4,0	1,0
	0,0 %	12,5 %	15,6 %	34,4 %	37,5 %	0,0 %		
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	2	6	6	10	8	0	3,5	1,2
	6,3 %	18,8 %	18,8 %	31,3 %	25,0 %	0,0 %		
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	3	10	7	12	0	0	2,9	1,0
	9,4 %	31,3 %	21,9 %	37,5 %	0,0 %	0,0 %		
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	2	10	6	9	4	1	3,1	1,2
	6,3 %	31,3 %	18,8 %	28,1 %	12,5 %	3,1 %		
	2	6	7	10	5	2	3,3	1,2

COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	6,3 %	18,8 %	21,9 %	31,3 %	15,6 %	6,3 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0	4	5	14	9	0	3,9	1,0
	0,0 %	12,5 %	15,6 %	43,8 %	28,1 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	0	6	5	9	12	0	3,8	1,1
	0,0 %	18,8 %	15,6 %	28,1 %	37,5 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	0	3	5	9	15	0	4,1	1,0
	0,0 %	9,4 %	15,6 %	28,1 %	46,9 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0	5	10	10	7	0	3,6	1,0
	0,0 %	15,6 %	31,3 %	31,3 %	21,9 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	2	4	9	11	5	1	3,5	1,2
	6,3 %	12,5 %	28,1 %	34,4 %	15,6 %	3,1 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0	1	3	11	17	0	4,4	0,8
	0,0 %	3,1 %	9,4 %	34,3 %	53,1 %	0,0 %		
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	0	1	6	13	12	0	4,1	0,8
	0,0 %	3,1 %	18,8 %	40,6 %	37,5 %	0,0 %		
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	0	3	15	6	6	2	3,5	0,9
	0,0 %	9,4 %	46,9 %	18,8 %	18,8 %	6,3 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0	0	1	18	12	1	4,4	0,6
	0,0 %	0,0 %	3,1 %	56,3 %	37,5 %	3,1 %		

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0	1	2	13	13	3	4,3	0,8
	0,0 %	3,1 %	6,3 %	40,6 %	40,6 %	9,4 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	1	0	1	17	13	0	4,3	0,8
	3,1 %	0,0 %	3,1 %	53,1 %	40,6 %	0,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0	2	8	11	11	0	4,0	0,9
	0,0 %	6,3 %	25,0 %	34,4 %	34,4 %	0,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0	1	1	16	10	4	4,3	0,7
	0,0 %	3,1 %	3,1 %	50,0 %	31,3 %	12,5 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	0	4	8	10	8	2	3,7	1,0
	0,0 %	12,5 %	25,0 %	31,3 %	25,0 %	6,3 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0	1	4	12	10	5	4,1	0,8
	0,0 %	3,1 %	12,5 %	37,5 %	31,3 %	15,6 %		
I could notice the rise of social exclusion in the Cypriot society during COVID-19 crisis.	0	2	5	21	4	0	3,8	0,7
	0,0 %	6,3 %	15,6 %	65,6 %	12,5 %	0,0 %		
In Cyprus the restrictions applied for the people that were not vaccinated were serving the scope of protection of public health.	0	6	6	16	4	0	3,6	0,9
	0,0 %	18,8 %	18,8 %	50,0 %	12,5 %	0,0 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. On average respondents agree that the COVID-19 crisis particularly affected the rights to life and health of older persons (M=4,4; SD=0,6), freedom of movement (M=4,4; SD=0,8), the rights to life and health of people on social support (M=4,3; SD=0,7), children and youth (M=4,3;

SD=0,8), disabled people (M=4,3; SD=0,8) and people in precarious work (M=4,1; SD=0,8). Respondents also on average agree that the restrictions on movement of citizens during the COVID-19 crisis lasted for too long (M=4,1; SD=0,8), that the COVID-19 crisis impacted the right to freedom of peaceful assembly most severely (M=4,1; SD=1,0), that the COVID-19 restrictions affected the fundamental rights (M=4,0; SD=1,0), that the COVID-19 crisis affected impacted the right and access to healthcare most severely (M=3,9; SD=1,0) as well as the right to education (M=3,8; SD=1,1), that they could notice a rise of social exclusion the Cypriot society (M=3,8; SD=0,7), that the COVID-19 crisis particularly affected the rights to life and health of women (M=3,7; SD=1,0), that in Cyprus the restrictions applied for the people that were not vaccinated were serving the scope of protection of public health (M=3,6; SD=0,9), that the COVID-19 crisis affected impacted the right to work mostly severely (M=3,6; SD=1,0). On average respondents also agree that the COVID-19 crisis affected their income or income of their family (M=3,5; SD=1,2), that the limitation of the spread of COVID-19 could be reached with other means than implemented ones (M=3,5; SD=0,9) and that the COVID-19 crisis impacted the right to freedom of conscience and worship in accordance with religious beliefs most severely (M=3,5; SD=1,2). Respondents have on average a neutral opinion about the statement "COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality." (M=3,3; SD=1,2), they also have a neutral opinion that the COVID-19 crisis limited their access to resources (M=3,1; SD=1,2), and also about the statement "COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community." (M=2,9; SD=1,0).

We asked participants if COVID-19 crisis affected their situation on other conditions of inequality:

- Deprivation of free movement
- for who could get out more often, vaccines
- freelancers in artistic professions were left out of benefits.
- Unexplained treatment in the decision not to vaccinate.

We asked participants if not listed above, please explain which other human rights and freedom were affected the most during COVID-19 crisis by your personal opinion:

- All rights other than the prohibition of torture are subject to restrictions, especially in matters of public security and health and therefore the public interest and the common good is always weighed against the restriction. This has been raised by the ECHR in many of its cases from various European countries that have appealed on this issue...what must be present is the proportionality and the necessity of the measures taken.
- Freedom of movement
- right to culture

Table 5.173: Obstacle faced the most by participants during the COVID-19 crisis

	Frequency	Percent
Limited movement	25	78,1 %
Psychological breakdown	19	59,4 %
Limited freedom of peaceful assembly	17	53,1 %
Limited education	12	37,5 %
Limited healthcare	12	37,5 %

COVID-19 vaccine compulsoriness	12	37,5 %
Lack of democratic participation	9	28,1 %
Discrimination	7	21,9 %
Limited work possibilities	4	12,5 %
Digital obstacles	4	12,5 %
Gender based violence	2	6,3 %

Most respondents (78,1 %) experienced limited movement during the COVID-19 crisis. Over half of respondents experienced psychological breakdown (59,4 %) as well as limited freedom of peaceful assembly (53,1 %). The same percentages of respondents (37,5 %) faced limited education, limited healthcare or COVID-19 vaccine compulsoriness. Lack of democratic participation was experienced by 28,1 % of respondents, while discrimination was experienced by 21,9 %. The same percentages of respondents (12,5 %) also experienced limited work possibilities or digital obstacles. The lowest percentage of respondents (6,3 %) experienced gender-based violence.

We asked participants if they stated 4 – limited education or 5 – limited healthcare with the previous question to please indicate other different possibilities of restriction, which would not affect your fundamental rights:

- Focus on vulnerable groups both in terms of anti-covid measures and in their immediate care. Recruit medical and nursing staff commensurate with the needs of the pandemic, rather than emphasising covid care, with the result that other areas of medicine were understaffed.
- Give everyone the choice.
- Greater support for Public Health (Hospitals) by creating more ICUs and recruiting staff. Fewer lockdowns and movement bans.
- positive reinforcement for following the rules, transparency in politics
- There could be more help from the state, so that we can go through lockdown more safely and without fear (financial or virus related)
- Voluntary restraint. Providing facilities for vulnerable people who choose to self-restrain. A balanced provision of health care to patients beyond COVID cases.

We asked participants if COVID-19 crisis has accordingly to their opinion particularly affected the rights to life and health of the other social group (please state, which group do you think was mainly affected):

- children and youth
- homeless
- older people, women and children
- people in villages
- people with a migrant background with difficulties in accessing healthcare
- people with mental health issues
- single people.

Table 5.174: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
COVID-19 restrictions affected my fundamental rights.	0,246	0,001	0,853	0,004
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,211	0,012	0,872	0,008
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	0,286	0,000	0,800	0,001
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,235	0,003	0,875	0,010
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	0,271	0,000	0,880	0,012
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0,297	0,000	0,852	0,004
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	0,230	0,004	0,827	0,001
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	0,271	0,000	0,812	0,001
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0,206	0,016	0,868	0,007
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	0,181	0,006	0,941	0,020
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0,312	0,000	0,756	0,000
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	0,240	0,002	0,817	0,001
The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	0,339	0,000	0,777	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0,301	0,000	0,738	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,337	0,000	0,738	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0,294	0,000	0,691	0,000

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,216	0,009	0,851	0,003
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0,270	0,000	0,760	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	0,212	0,012	0,875	0,010
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0,243	0,001	0,829	0,001
I could notice the rise of social exclusion in the Cypriot society during COVID-19 crisis.	0,349	0,000	0,801	0,001
In Cyprus the restrictions applied for the people that were not vaccinated were serving the scope of protection of public health.	0,273	0,000	0,866	0,007

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.175: Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis H (sig.)
The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	21-30	17	14,00	9,329 (0,025)
	31-40	12	20,00	
	41-50	2	6,50	
	61-70	1	2,00	
	Total	32		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statement, pertaining to the respondents age “The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.”. Respondents aged 31 to 40 years tend to agree with the statement the most, while those aged 61 to 70 years tend to agree with it the least.

Table 5.176: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
COVID-19 restrictions affected my fundamental rights.	91,500	0,596
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	78,500	0,280
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	102,500	0,965
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	88,000	0,852

COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	80,000	0,699
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	84,000	0,386
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	79,000	0,283
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	98,000	0,805
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	73,000	0,184
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	86,500	0,460
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	92,000	0,592
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	95,000	0,703
The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	73,500	0,305
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	88,500	0,597
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	75,000	0,435
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	93,000	0,619
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	81,500	0,332
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	74,000	0,728
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	80,000	0,696
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	63,000	0,456
I could notice the rise of social exclusion in the Cypriot society during COVID-19 crisis.	87,500	0,427
In Cyprus the restrictions applied for the people that were not vaccinated were serving the scope of protection of public health.	97,500	0,786

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.177: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
COVID-19 restrictions affected my fundamental rights.	5,264	0,153
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,977	0,807
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	2,004	0,572
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	2,462	0,482
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	4,023	0,259
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	4,154	0,245
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	2,008	0,571
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	6,211	0,102
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	5,424	0,143
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	2,493	0,477
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	7,163	0,067
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	5,499	0,139
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	2,830	0,419
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	1,446	0,695
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	2,526	0,471
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,752	0,861
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	6,351	0,096
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	7,361	0,061
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	3,607	0,307
I could notice the rise of social exclusion in the Cypriot society during COVID-19 crisis.	4,465	0,215

In Cyprus the restrictions applied for the people that were not vaccinated were serving the scope of protection of public health.	3,106	0,376

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.178: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
COVID-19 restrictions affected my fundamental rights.	1,324	0,723
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,624	0,891
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	4,720	0,193
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	1,102	0,777
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	0,616	0,893
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	2,758	0,430
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	2,028	0,567
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	4,306	0,230
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	1,208	0,751
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	1,107	0,775
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	4,670	0,198
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	2,481	0,479
The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	3,756	0,289
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0,736	0,865
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,499	0,919
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	1,164	0,762
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,222	0,974

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	3,621	0,305
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	5,432	0,143
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	3,966	0,265
I could notice the rise of social exclusion in the Cypriot society during COVID-19 crisis.	4,299	0,231
In Cyprus the restrictions applied for the people that were not vaccinated were serving the scope of protection of public health.	3,382	0,336

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences when it comes to the acquired education of respondents.

Table 5.179: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
COVID-19 restrictions affected my fundamental rights.	0,849	0,654
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,484	0,785
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	2,361	0,307
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,270	0,874
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	0,025	0,988
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	5,091	0,078
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	3,708	0,157
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	4,608	0,100
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0,594	0,743
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	0,566	0,753
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	5,394	0,067
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	3,779	0,151
The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	1,250	0,535

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	5,490	0,064
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	4,292	0,117
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	3,192	0,203
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	4,897	0,086
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	1,265	0,531
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	3,695	0,158
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	1,877	0,391
I could notice the rise of social exclusion in the Cypriot society during COVID-19 crisis.	4,844	0,089
In Cyprus the restrictions applied for the people that were not vaccinated were serving the scope of protection of public health.	1,090	0,580

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences when it comes to the respondents area of living.

FRANCE

Table 5.180: Gender

	Frequency	Percent
Female	23	76,7 %
Male	6	20,0 %
I do not wish to answer	1	3,3 %
Total	30	100,0 %

Most of the respondents are female (76,7 %), a fifth (20 %) are male and 3,3 % preferred not to answer.

Table 5.181: Age in years

	Frequency	Percent	Mean	Standard deviation
21-30	8	26,7 %	47,2	19,0
31-40	5	16,7 %		
41-50	3	10,0 %		
51-60	4	13,3 %		
61-70	7	23,3 %		
71 years or more	3	10,0 %		
Total	30	100,0 %		

The mean age of respondents is 47,2 years with a standard deviation of 19,0 years. Over a quarter of respondents (26,7 %) are aged from 21 to 30 years, 23,3 % 61 to 70 years, 16,7 % are aged from 31 to 40 years, 13,3 % 51 to 60 years. The same percentages of respondents (10,0 %) are aged 41 to 50 years or older than 71 years.

Table 5.182: Highest completed degree or level of school

	Frequency	Percent
Secondary school	3	10,0 %
Bachelor’s degree or professional diploma	8	26,7 %
Master’s Degree	18	60,0 %
PhD or DPhil	1	3,3 %
Total	30	100,0 %

Majority of respondents (60,0 %) acquired master’s degree. Over a quarter of respondents (26,7 %) acquired a bachelor's degree or a professional diploma, 10,0 % have completed secondary school. The lowest percentage of respondents (3,3 %) acquired a PhD or DPhil.

Table 5.183: Area of living

	Frequency	Percent
Rural area	13	43,3 %
Suburban area	8	26,7 %
Urban area	9	30,0 %
Total	30	100,0 %

Almost half of respondents (43, 3 %) live in rural areas, 30,0 % in urban areas and just over a quarter of respondents (26,7 %) in suburban areas.

Table 5.184: Level of agreement with given statements

	1	**2**	**3**	**4**	**5**	**6**	**M**	**SD**
COVID-19 restrictions affected my fundamental rights.	1	8	3	6	12	0	3,7	1,3
	3,3 %	26,7 %	10,0 %	20,0 %	40,0 %	0,0 %		
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	3	6	9	8	4	0	3,1	1,2
	10,0 %	20,0 %	30,0 %	26,7 %	13,3 %	0,0 %		
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	3	9	6	6	6	0	3,1	1,3
	10,0 %	30,0 %	20,0 %	20,0 %	20,0 %	0,0 %		
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	3	3	4	9	8	3	3,6	1,3
	10,0 %	10,0 %	13,3 %	30,0 %	26,7 %	10,0 %		

COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	6	9	5	6	4	0	2,8	1,4
	20,0 %	30,0 %	16,7 %	20,0 %	13,3 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	2	0	2	15	11	0	4,1	1,0
	6,7 %	0,0 %	6,7 %	50,0 %	36,7 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	2	0	5	12	11	0	4,0	1,1
	6,7 %	0,0 %	16,7 %	40,0 %	36,7 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	5	0	4	9	11	1	3,7	1,4
	16,7 %	0,0 %	13,3 %	30,0 %	36,7 %	3,3 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	5	0	7	11	6	1	3,4	1,3
	16,7 %	0,0 %	23,3 %	36,7 %	20,0 %	3,3 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	12	0	4	6	8	0	2,9	1,7
	40,0 %	0,0 %	13,3 %	20,0 %	26,7 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	2	0	3	9	16	0	4,2	1,1
	6,7 %	0,0 %	10,0 %	30,0 %	53,3 %	0,0 %		
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	2	5	2	9	12	0	3,8	1,3
	6,7 %	16,7 %	6,7 %	30,0 %	40,0 %	0,0 %		
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	1	4	9	5	11	0	3,7	1,2
	3,3 %	13,3 %	30,0 %	16,7 %	36,7 %	0,0 %		
COVID-19 crisis has accordingly to my opinion	0	0	2	11	17	0	4,5	0,6
	0,0 %	0,0 %	6,7 %	36,7 %	56,7 %	0,0 %		

particularly affected the rights to life and health of the following social group: Older persons								
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	1	0	1	9	18	1	4,5	0,9
	3,3 %	0,0 %	3,3 %	30,0 %	60,0 %	3,3 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0	5	4	5	16	0	4,1	1,2
	0,0 %	16,7 %	13,3 %	16,7 %	53,3 %	0,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0	3	5	13	9	0	3,9	0,9
	0,0 %	10,0 %	16,7 %	43,3 %	30,0 %	0,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0	1	6	10	12	1	4,1	0,9
	0,0 %	3,3 %	20,0 %	33,3 %	40,0 %	3,3 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	1	4	12	7	5	1	3,4	1,0
	3,3 %	13,3 %	40,0 %	23,3 %	16,7 %	3,3 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0	1	3	13	12	1	4,2	0,8
	0,0 %	3,3 %	10,0 %	43,3 %	40,0 %	3,3 %		
The introduction of the health pass in France for access to certain public places was an infringement of fundamental rights.	4	7	3	4	12	0	3,4	1,5
	13,3 %	23,3 %	10,0 %	13,3 %	40,0 %	0,0 %		
	2	4	3	9	10	2	3,8	1,3

The exercise of fundamental rights has been permanently affected by restrictions related to the COVID-19 crisis.	6,7 %	13,3 %	10,0 %	30,0 %	33,3 %	6,7 %

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents on average strongly agree that the COVID-19 crisis particularly affected the rights to life and health of older persons (M=4,5; SD=0,6) and disabled people (M=4,5; SD=0,9). On average respondents agree that the COVID-19 crisis particularly affected the rights to life and health of people in precarious work (M=4,2; SD=0,8), that the COVID-19 crisis impacted the freedom of movement most severely (M=4,2; SD=1,1), that it also affected the rights to life and health of children and youth (M=4,1; SD=1,2), as well as people on social support (M=4,1; SD=0,9). Respondents also tend to agree on average that the COVID-19 crisis most severely impacted the right to healthcare (M=4,1; SD=1,0), as well as the right to education (M=4,0; SD=1,1) and the rights to life and health of employed people (M=3,9; SD=0,9), that the exercise of fundamental rights has been permanently affected by restrictions related to the COVID-19 crisis (M=3,8; SD=1,3), that the restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long (M=3,8; SD=1,3), that the COVID-19 restrictions affected their fundamental rights (M=3,7; SD=1,0), that the limitation of the spread of COVID-19 could have been reached with other means than ones implemented (M=3,7; SD=1,2), that the COVID-19 crisis impacted the freedom of peaceful assembly most severely (M=3,7; SD=1,4) and that the COVID-19 crisis limited their access to resources (M=3,6; SD=1,3). Respondents have on average a neutral opinion about the introduction of the health pass in France for access to certain public places was an infringement of fundamental rights (M=3,4; SD=1,5), the impact of the COVID-19 crisis on the right to work (M=3,4; SD=1,3), the effect of the COVID-19 crisis on the rights to life and health of women (M=3,4; SD=1,0), the effect of the COVID-19 crisis on their income or the income of their families (M=3,1; SD=1,2) and discrimination, compared to other privileged groups in their community (M=3,1; SD=1,3). Respondents also have a neutral opinion on average about the most severe impact of the COVID-19 crisis on the freedom of conscience and worship in accordance with religious beliefs (M=2,9; SD=1,7) and that they didn't face any inequalities during the COVID-19 crisis (M=2,8; SD=1,4).

We asked participants if COVID-19 crisis affected their situation on other conditions of inequality:

- freedom of movement, access to public and private places, equal access to the labour market and services, expression of my opinions and access to contradictory information allowing democratic debate
- harassment by an employer because i refused the injections
- i did not want to telework and no face-to-face activity was offered to me followed by a dismissal the resumption of presential activity was not proposed to me and when the resumption of
- increased precariousness for the unemployed
- internet access: white zone or almost at home, how to telework or take courses for my children
- not me but young people and especially students (accommodation, meals...)
- right to optimal follow-up during my pregnancy
- the right to education, job security

- vaccine pass. access to cultural venues. different sick leaves, medical access refused.

We asked participants if not listed above, please explain which other human rights and freedom were affected the most during COVID-19 crisis by your personal opinion:

- freedom of expression, freedom of medical choice, equality
- not being able to accompany a loved one upon death.
- the freedom to control one's body and to be in control of one's health... in the face of the massive vaccination obligation that has mainly responded to a hospital crisis after years of neoliberal policies applied to health
- the right to listen, the right to citizen participation
- the right to quality information and media literacy.

Table 5.185: Obstacle faced the most by participants during the COVID-19 crisis

	Frequency	Percent
Limited movement	19	63,30 %
COVID-19 vaccine compulsoriness	16	53,30 %
Limited healthcare	14	46,70 %
Limited education	12	40,00 %
Lack of democratic participation	8	26,70 %
Discrimination	8	26,70 %
Psychological breakdown	7	23,30 %
Limited freedom of peaceful assembly	6	20,00 %
Digital obstacles	5	16,70 %
Limited work possibilities	4	13,30 %
Gender based violence	2	6,70 %

The majority of respondents (63,3 %) experienced limited movement during the COVID-19 crisis. More than half of respondents (53,3 %) were faced with COVID-19 vaccine compulsoriness. Nearly half of them (46,7 %) experienced limited healthcare, 40,0 % limited education. The same percentage of respondents (26,7 %) faced discrimination or lack of democratic participation, while 23,3 % experienced psychological breakdown. A fifth of respondents experienced limited freedom of peaceful assembly, 16,7 % encountered digital obstacles and 13,3 % limited work possibilities. The lowest percentage of respondents (6,7 %) encountered gender-based violence.

We asked participants if they stated 4 – limited education or 5 – limited healthcare with the previous question to please indicate other different possibilities of restriction, which would not affect your fundamental rights:

- All restrictions have affected us, confinements, health or vaccination pass, hours of exit with proof etc.
- Anticipation, transparency of information, more intelligence and responsiveness of our governments.
- Establish a relationship of trust with people with covid by offering hu2 follow-up and do not generalize unfair restrictions to the entire population.

- Health prevention other than vaccination, more hospital staff, simplified access to medical services.
- If we had had enough masks, the restrictions would have been more relaxed.
- More obligation to get tested than to get vaccinated.
- More resilient use of tools to limit the spread of the virus, such as masks.
- Natural herd immunity, protection of fragile people as usual with influenza, free choice of vaccination/isolation, hygiene awareness campaign, prohibition of media-political hysteria, appeasement/balancing strategy, dissolution of WHO.
- Policies that are better prepared and that stop infringing on human rights and freedom
- The health pass
- The mask and barrier gestures should have been put in place from the beginning and stop the flows between countries
- The presence of masks and the Mandatory wearing of masks from the beginning of the epidemic could have limited the spread without containment.
- The tests were enough, since the vaccination obligation does not prevent catching and transmitting Covid
- We could have let people go outside because the risk of contamination with a mask was almost zero.

We asked participants if COVID-19 crisis has accordingly to their opinion particularly affected the rights to life and health of the other social group (please state, which group do you think was mainly affected):

- artists
- big problem for precarious workers, the installation of the health pass being the worst thing for precarious workers who had to be vaccinated automatically or lose their jobs. we have come out of democracy.
- caregivers, firefighters, military etc. not reinstated to date
- children in school
- families
- geographically isolated people
- isolated people
- nursing staff
- people who do not wish to be vaccinated against covid-19, who have been denied access to public spaces when they reopen (museums, etc.)
- people with disabilities
- prohibition to see his family, to go to the restaurant while others of the high people made private parties
- single people
- the elderly, people with incurable diseases
- the group of people with low incomes and intermittent workers
- the homeless
- the unemployed.

We asked participants if they have anything to add:

- All rights have been and continue to be violated.
- As a result of this crisis, we have entered even more into a repressive state.
- During a pandemic, it is necessary to be in solidarity and not to contest everything. It's about saving lives. Your questionnaire is very oriented.
- Hoping that this epidemic will allow us to better age, suffer or accept others.
- In this covid 19 crisis management, the abuse of power has been central on several levels. Above all at the governmental level and consequently at the professional level where some employers have been overzealous (especially in the care sector). But also at the family level where our patriarchal society has contributed to granting more rights to men despite the rights of women and children. In the medical community we have reached the greatest absurdities such as the refusal to be at the bedside of a loved one who is not considered a person "at the end of life". Inhumane management of social, professional and medical relations.
- This crisis was managed without any democracy, with the sole interest of the laboratories' finances.
- Your investigation wants to link Covid too much with fundamental rights, I do not follow you.

Table 5.186: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
COVID-19 restrictions affected my fundamental rights.	0,279	0,000	0,797	0,000
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,191	0,020	0,916	0,042
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	0,156	0,118	0,901	0,019
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,239	0,001	0,860	0,003
COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	0,209	0,006	0,889	0,010
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0,309	0,000	0,732	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	0,244	0,001	0,812	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	0,305	0,000	0,745	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0,256	0,000	0,830	0,001

By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	0,245	0,000	0,791	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0,309	0,000	0,687	0,000
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	0,267	0,000	0,779	0,000
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	0,243	0,001	0,845	0,001
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0,369	0,000	0,706	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,396	0,000	0,671	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0,334	0,000	0,749	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,255	0,000	0,859	0,003
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0,253	0,000	0,795	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	0,218	0,004	0,913	0,035
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0,261	0,000	0,815	0,000
The introduction of the health pass in France for access to certain public places was an infringement of fundamental rights.	0,287	0,000	0,792	0,000
The exercise of fundamental rights has been permanently affected by restrictions related to the COVID-19 crisis.	0,285	0,000	0,791	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.187: Mann-Whitney test for statistically significant differences

		N	Mean Rank	Sum of Ranks	Mann-Whitney U (sig.)
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	Female	22	16,36	360,00	25,000 (0,014)
	Male	6	7,67	46,00	
	Total	28			

The Mann-Whitney test is statistically significant (sig. < 0,05) in the following statement, pertaining to the respondent's gender "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support.". Females tend to agree with the statement more than males.

Table 5.188: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
COVID-19 restrictions affected my fundamental rights.	67,000	0,910
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	68,000	0,956
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	66,500	0,890
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	36,500	0,279
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	61,000	0,658
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	67,500	0,930
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	48,500	0,241
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	62,000	0,814
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	65,000	0,953
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	63,500	0,757
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	64,000	0,765
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	68,500	0,977
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	65,000	0,822
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	58,500	0,516

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	52,000	0,696
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	67,500	0,930
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	68,000	0,955
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	51,000	0,681
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	37,000	0,180
The introduction of the health pass in France for access to certain public places was an infringement of fundamental rights.	67,000	0,910
The exercise of fundamental rights has been permanently affected by restrictions related to the COVID-19 crisis.	36,000	0,216

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.189: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
COVID-19 restrictions affected my fundamental rights.	5,908	0,315
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	7,492	0,187
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	4,625	0,463
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	3,122	0,681
COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	4,103	0,535
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	1,149	0,950
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	1,649	0,895
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	4,581	0,469
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	6,226	0,285

By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	1,983	0,851
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	2,892	0,717
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	2,677	0,750
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	7,374	0,194
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	8,973	0,110
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	9,094	0,105
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	3,887	0,566
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	3,747	0,586
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	10,645	0,059
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	5,786	0,328
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	5,140	0,399
The introduction of the health pass in France for access to certain public places was an infringement of fundamental rights.	4,070	0,539
The exercise of fundamental rights has been permanently affected by restrictions related to the COVID-19 crisis.	3,989	0,551

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.190: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
COVID-19 restrictions affected my fundamental rights.	1,190	0,755
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	2,745	0,433
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	0,709	0,871
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	3,674	0,299
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	3,003	0,391
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	1,160	0,763
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	7,750	0,051
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	1,326	0,723
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	3,183	0,364
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	1,969	0,579
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	1,798	0,615
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	1,771	0,621
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	1,878	0,598
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	1,489	0,685
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	2,007	0,571
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	5,761	0,124
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	2,287	0,515
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	6,234	0,101
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	0,264	0,967
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0,446	0,931

The introduction of the health pass in France for access to certain public places was an infringement of fundamental rights.	1,744	0,627
The exercise of fundamental rights has been permanently affected by restrictions related to the COVID-19 crisis.	2,245	0,523

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between respondents with different levels of education.

Table 5.191: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
COVID-19 restrictions affected my fundamental rights.	3,055	0,217
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,844	0,656
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	4,165	0,125
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	4,294	0,117
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	3,379	0,185
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	1,444	0,486
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	1,693	0,429
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	1,418	0,492
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0,797	0,671
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	1,528	0,466
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	1,375	0,503
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	3,611	0,164
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	5,017	0,081
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0,286	0,867
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,882	0,643
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0,284	0,868
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,040	0,980

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0,916	0,633
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	1,234	0,539
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0,749	0,688
The introduction of the health pass in France for access to certain public places was an infringement of fundamental rights.	3,448	0,178
The exercise of fundamental rights has been permanently affected by restrictions related to the COVID-19 crisis.	3,456	0,178

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, based on the respondents area of living.

GREECE

Table 5.192: Gender

	Frequency	Percent
Female	25	83,3 %
Male	5	16,7 %
Total	30	100,0 %

The majority of respondents (83,3 %) are female, 16,7 % are male.

Table 5.193: Age in years

	Frequency	Percent	Mean	Standard deviation
21-30	14	46,7 %	33,6	9,7
31-40	11	36,7 %		
41-50	1	3,3 %		
51-60	4	13,3 %		
Total	30	100,0 %		

The mean age of respondents is 33,6 years with standard deviation of 9,7 years. Nearly half of the respondents (46,7 %) are aged 21 to years, 36,7 % are aged 31 to 40 years, 13,3 % 51 to 60 years. The lowest percentage of respondents (3,3 %) is aged 41 to 50 years.

Table 5.194: Highest completed degree or level of school

	Frequency	Percent
Secondary school	3	10,0 %
Bachelor’s degree or professional diploma	15	50,0 %

Master’s Degree	11	36,7 %
PhD or DPhil	1	3,3 %
Total	30	100,0 %

Half of respondents have acquired a bachelor's degree or a professional diploma, 36,7 % a master’s degree. Secondary school was completed by 10,0 % of respondents and only 3,3 % have acquired a PhD or DPhil.

Table 5.195: Area of living

	Frequency	Percent
Rural area	5	16,7 %
Suburban area	6	20,0 %
Urban area	19	63,3 %
Total	30	100,0 %

Most of the respondents (63,3 %) live in urban areas, a fifth in suburban and 16,7 % in rural areas.

Table 5.196: Level of agreement with given statements

	1	**2**	**3**	**4**	**5**	**6**	**M**	**SD**
In Greece the restrictions that were applied for the people that were not vaccinated were serving the scope of protection of public health.	3	6	8	8	5	0	3,2	1,2
	10,0 %	20,0 %	26,7 %	26,7 %	16,7 %	0,0 %		
The work suspension of health workers who were not vaccinated, which was implemented in Greece, is a violation of their rights.	1	1	10	9	9	0	3,8	1,0
	3,3 %	3,3 %	33,3 %	30,0 %	30,0 %	0,0 %		
COVID-19 restrictions affected my fundamental rights.	0	4	2	11	13	0	4,1	1,0
	0,0 %	13,3 %	6,7 %	36,7 %	43,3 %	0,0 %		
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0	0	5	12	12	1	4,2	0,7
	0,0 %	0,0 %	16,7 %	40,0 %	40,0 %	3,3 %		
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	1	3	7	8	11	0	3,8	1,1
	3,3 %	10,0 %	23,3 %	26,7 %	36,7 %	0,0 %		
COVID-19 crisis affected my situation on the following areas	0	4	6	10	10	0	3,9	1,0
	0,0 %	13,3 %	20,0 %	33,3 %	33,3 %	0,0 %		

of life: Limited access to resources (like compensation from the government)								
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	9	6	7	1	7	0	2,7	1,5
	30,0 %	20,0 %	23,3 %	3,3 %	23,3 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	1	2	3	10	14	0	4,1	1,1
	3,3 %	6,7 %	10,0 %	33,3 %	46,7 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	2	3	1	17	7	0	3,8	1,1
	6,7 %	10,0 %	3,3 %	56,7 %	23,3 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	0	2	2	10	16	0	4,3	0,9
	0,0 %	6,7 %	6,7 %	33,3 %	53,3 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0	3	4	12	11	0	4,0	1,0
	0,0 %	10,0 %	13,3 %	40,0 %	36,7 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	2	5	4	10	9	0	3,6	1,3
	6,7 %	16,7 %	13,3 %	33,3 %	30,0 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0	1	1	11	16	1	4,4	0,7
	0,0 %	3,3 %	3,3 %	36,7 %	53,3 %	3,3 %		
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	1	0	6	11	12	0	4,1	1,0
	3,3 %	0,0 %	20,0 %	36,7 %	40,0 %	0,0 %		
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	0	2	8	8	10	2	3,9	1,0
	0,0 %	6,7 %	26,7 %	26,7 %	33,3 %	6,7 %		
COVID-19 crisis has accordingly to my opinion particularly	0	0	1	11	18	0	4,6	0,6
	0,0 %	0,0 %	3,3 %	36,7 %	60,0 %	0,0 %		

affected the rights to life and health of the following social group: Older persons								
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0	0	2	8	20	0	4,6	0,6
	0,0 %	0,0 %	6,7 %	26,7 %	66,7 %	0,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	1	0	1	12	16	0	4,4	0,9
	3,3 %	0,0 %	3,3 %	40,0 %	53,3 %	0,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	1	1	6	12	9	1	3,9	1,0
	3,3 %	3,3 %	20,0 %	40,0 %	30,0 %	3,3 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	1	1	6	9	12	1	4,0	1,1
	3,3 %	3,3 %	20,0 %	30,0 %	40,0 %	3,3 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	1	0	3	10	16	0	4,3	0,9
	3,3 %	0,0 %	10,0 %	33,3 %	53,3 %	0,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	1	1	1	12	13	2	4,3	1,0
	3,3 %	3,3 %	3,3 %	10,0 %	43,3 %	6,7 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents tend to on average strongly agree that the COVID-19 crisis particularly affected the rights to life and health of older persons (M=4,6; SD=0,6) and disabled people (M=4,6; SD=0,6). On average respondents agree that the COVID-19 crisis has particularly affected children and youth (M=4,4; SD=0,9), that it impacted the freedom of movement severely (M=4,4; SD=0,7), right to peaceful assembly (M=4,3; SD=0,9), that the COVID-19 crisis particularly affected the rights to life and health of people in precarious work (M=4,3; SD=1,0) and women (M=4,3; SD=0,9). Respondents on average also agree that the COVID-19 crisis impacted their income or the income of their family (M=4,2; SD=0,7), as well as right to healthcare (M=4,1; SD=1,1). On average

respondents also agree with the statements “COVID-19 restrictions affected my fundamental rights.” (M=4,1; SD=1,0) and “The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.” (M=4,1; SD=1,0). Respondents on average agree, that the COVID-19 crisis particularly affected the rights to life and health of people on social support (M=4,0; SD=1,1), as well as that it severely impacted the right to work (M=4,0; SD=1,0) and the rights to life and health of employed people (M=3,9; SD=1,0), they also on average agree with the statement “The limitation of the spread of COVID-19 could be reached with other means than implemented ones.” (M=3,9; SD=1,0), that the COVID-19 crisis limited their access to resources (M=3,9; SD=1,0), affected discrimination compared to other privileged groups in their community (M=3,8; SD=1,1), that it impacted their right to education (M=3,8; SD=1,1), also they agree with the statement “The work suspension of health workers who were not vaccinated, which was implemented in Greece, is a violation of their rights.” and that the COVID-19 crisis most severely impacted freedom of conscience and worship in accordance with religious beliefs (M=3,6; SD=1,3). Respondents are on average have a neutral about the statements: “In Greece the restrictions that were applied for the people that were not vaccinated were serving the scope of protection of public health.” (M=3,2; SD=1,2) and “COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality.” (M=2,7; SD=1,5).

We asked participants if COVID-19 crisis affected their situation on other conditions of inequality:

- Access to health for vulnerable groups and patients with chronic diseases, which was greatly reduced as priority was given to coverage of the pandemic, and these patients practically lost access to the health system, neglecting the treatments necessary for their chronic diseases.
- Age
- I could not find any work as I have not been vaccinated and there was strong discrimination
- I did not receive any financial assistance from the state
- I don't think there was equality. Some individuals and groups broke the rules with the state's tolerance.
- Removal of the right to free movement, removal of the right to contact other people. Lack of social life, change in the perception of social interaction.
- Some people and groups were not following the safety rules while I was doing it all the time
- Women were more threatened with job loss.

We asked participants if not listed above, please explain which other human rights and freedom were affected the most during COVID-19 crisis by your personal opinion:

- From the above mentioned, the right to work.
- It was an emergency situation and I do not think that the rights of citizens were violated.

Table 5.197: Obstacle faced the most by participants during the COVID-19 crisis

	Frequency	Percent
Limited movement	26	86,7 %
Psychological breakdown	23	76,7 %
Limited healthcare	18	60,0 %
Limited freedom of peaceful assembly	16	53,3 %
Lack of democratic participation	13	43,3 %

Discrimination	12	40,0 %
Limited education	10	33,3 %
Limited work possibilities	10	33,3 %
COVID-19 vaccine compulsoriness	10	33,3 %
Gender based violence	3	10,0 %
Digital obstacles	2	6,7 %

The majority of respondents (86,7 %) experienced limited movement during the COVID-19 crisis, 76,7 % experienced psychological breakdown, 60,0 % limited healthcare. Just over half of respondents (53,3 %) experienced limited freedom of peaceful assembly, 43,3 % lack of democratic participation, while 40,0 % faced discrimination. The same percentage of respondents (33,3 %) faced limited education, limited work possibilities or COVID-19 vaccine compulsoriness, 10,0 % experienced gender-based violence and only 6,7 % faced digital obstacles.

We asked participants if they stated 4 – limited education or 5 – limited healthcare with the previous question to please indicate other different possibilities of restriction, which would not affect your fundamental rights:

- More budget could be given to health, new Intensive Care Units should be opened, medical staff should be hired, better salaries should be given, a basis should be given to the mental and physical health of the population, and not the pandemic become ANOTHER time to embezzle the politicians and the government, civil public money and resources.
- Better configuration of the spaces so that there is easier protection Prevention, i.e. better provision of health services in general
- I am neither a politician nor an epidemiologist nor a lawyer to have the appropriate knowledge to answer this. But certainly, the measures followed that I experienced were certainly not democratic.
- Measures should have been taken faster to prevent the spread of the virus
- Observance of hygiene rules in all areas.
- Screening travellers from China at the start of the pandemic, banning flights to and from China until the problem is identified. Correct information to citizens.
- Strengthening hospitals - investing in public health
- There are countries that have better management and we can refer to their POLICIES.

We asked participants if COVID-19 crisis has accordingly to their opinion particularly affected the rights to life and health of the other social group (please state, which group do you think was mainly affected):

- The people who worked on the front line
- Vulnerable social groups
- Children were affected the most. Adults know what social life is. Children, especially the younger ones, are not socialized and find it difficult to socialize.
- Disabled people Women People in poverty
- Everyone
- Immigrants and refugees

- low-income groups (inability to purchase technological means, dependence on public health structures) all surgeries were postponed due to the pandemic children had deficient socialization and immune development.
- Patients in need of access to hospitals.
- People with disabilities, single-parent families, the elderly.

We asked participants if they have anything to add:

- Difficulties in general
- Although I do not believe that women experienced a restriction on their right to life or health, I do believe that the restriction of movement and assembly increased their obligations especially in terms of childcare and employment. I believe working mothers were affected the most.

Table 5.198: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
In Greece the restrictions that were applied for the people that were not vaccinated were serving the scope of protection of public health	0,149	0,016	0,911	0,033
The work suspension of health workers who were not vaccinated, which was implemented in Greece, is a violation of their rights.	0,187	0,024	0,840	0,001
COVID-19 restrictions affected my fundamental rights.	0,274	0,000	0,767	0,000
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,276	0,000	0,785	0,000
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	0,234	0,001	0,839	0,001
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,249	0,000	0,812	0,000
COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	0,198	0,013	0,818	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0,307	0,000	0,768	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	0,356	0,000	0,761	0,000

By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	0,376	0,000	0,680	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0,233	0,001	0,826	0,001
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	0,217	0,004	0,857	0,002
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0,373	0,000	0,662	0,000
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	0,268	0,000	0,765	0,000
The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	0,196	0,015	0,863	0,003
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0,396	0,000	0,671	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,412	0,000	0,648	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0,329	0,000	0,633	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,244	0,001	0,812	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0,228	0,002	0,837	0,001
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	0,369	0,000	0,706	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0,280	0,000	0,704	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.199: Mann-Whitney test for statistically significant differences

		N	Mean Rank	Sum of Ranks	Mann-Whitney U (sig.)
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	Female	25	13,68	342,00	17,000 (0,009)
	Male	5	24,60	123,00	
	Total	30			

The Mann-Whitney test is statistically significant (sig. < 0,05) in the following statement, pertaining to the respondent's gender "COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality.". Males tend to agree with the statement more than females.

Table 5.200: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
In Greece the restrictions that were applied for the people that were not vaccinated were serving the scope of protection of public health	42,000	0,242
The work suspension of health workers who were not vaccinated, which was implemented in Greece, is a violation of their rights.	61,500	0,953
COVID-19 restrictions affected my fundamental rights.	53,000	0,570
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	53,500	0,685
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	59,000	0,839
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	43,500	0,269
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	56,000	0,697
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	58,500	0,804
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	31,500	0,056
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	56,000	0,700
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	55,000	0,665
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	35,500	0,299

The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	44,500	0,286
The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	29,000	0,191
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	49,000	0,381
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	54,500	0,591
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	49,000	0,397
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	37,000	0,384
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	46,000	0,392
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	43,500	0,240
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	34,000	0,311

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.201: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
In Greece the restrictions that were applied for the people that were not vaccinated were serving the scope of protection of public health	6,421	0,093
The work suspension of health workers who were not vaccinated, which was implemented in Greece, is a violation of their rights.	0,471	0,925
COVID-19 restrictions affected my fundamental rights.	2,767	0,429
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	1,363	0,714
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	1,181	0,757
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,707	0,872
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	3,048	0,384
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	4,863	0,182
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	3,997	0,262

By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	5,412	0,144
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	3,376	0,337
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	2,109	0,550
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	3,031	0,387
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	0,721	0,868
The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	1,928	0,587
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0,945	0,815
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,915	0,822
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	3,019	0,389
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	3,781	0,286
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	4,889	0,180
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	1,505	0,681
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	4,594	0,204

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.202: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
In Greece the restrictions that were applied for the people that were not vaccinated were serving the scope of protection of public health	1,172	0,760
The work suspension of health workers who were not vaccinated, which was implemented in Greece, is a violation of their rights.	1,857	0,603
COVID-19 restrictions affected my fundamental rights.	1,383	0,710
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	2,794	0,425
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	2,604	0,457

COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	2,291	0,514
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	3,669	0,299
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	1,704	0,636
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	2,776	0,427
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	1,061	0,786
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	1,207	0,751
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	0,199	0,978
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	1,334	0,721
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	1,577	0,665
The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	1,747	0,626
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0,781	0,854
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	2,568	0,463
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0,861	0,835
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	1,815	0,612
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	1,726	0,631
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	1,025	0,795
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	3,026	0,388

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, based on the respondents acquired education.

Table 5.203: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
In Greece the restrictions that were applied for the people that were not vaccinated were serving the scope of protection of public health	2,055	0,358
The work suspension of health workers who were not vaccinated, which was implemented in Greece, is a violation of their rights.	1,244	0,537
COVID-19 restrictions affected my fundamental rights.	0,850	0,654
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,219	0,896
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	5,109	0,078
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	1,366	0,505
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	0,676	0,713
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0,450	0,799
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	0,271	0,873
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	1,951	0,377
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0,564	0,754
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	0,182	0,913
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	1,442	0,486
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	4,354	0,113
The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	0,768	0,681
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0,206	0,902
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,212	0,900
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	1,079	0,583
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,205	0,902
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	1,390	0,499

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	1,055	0,590
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	1,034	0,596

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, based on the respondents area of living.

ITALY – 1 (InCo Molfetta)

Table 5.204: Gender

	Frequency	Percent
Female	35	76,1 %
Male	11	23,9 %
Total	46	100,0 %

Most respondents are female (76,1 %), 23,9 % are male.

Table 5.205: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	27	58,7 %	29,2	15,9
21-30	2	4,3 %		
31-40	2	4,3 %		
41-50	9	19,6 %		
51-60	5	10,9 %		
61-70	1	2,2 %		
Total	46	100,0 %		

The mean age of respondents is 29,2 years with a standard deviation of 15,9 years. Over half of respondents (58,7 %) are aged 20 years or less. 19,6 % are aged 41 to 50 years and 10,9 % 51 to 60 years. The same percentage of respondents (4,3 %) are aged 21 to 30 years or 31 to 40 years. The lowest percentage of respondents (2,2 %) are aged 61 to 70 years.

Table 5.206: Highest completed degree or level of school

	Frequency	Percent
Secondary school	28	60,9 %
Bachelor’s degree or professional diploma	2	4,3 %
Master’s Degree	15	32,6 %
PhD or DPhil	1	2,2 %
Total	46	100,0 %

The majority of respondents (60,9 %) have completed secondary school. Just under a third of respondents (32,6 %) acquired a master's degree, 4,3 % acquired a bachelor's degree or a professional diploma. The lowest percentage of respondents (2,2 %) acquired a PhD or DPhil.

Table 5.207: Area of living

	Frequency	Percent
Rural area	4	8,7 %
Suburban area	6	13,0 %
Urban area	36	78,3 %
Total	46	100,0 %

Majority of respondents (78,3 %) live in urban areas, 13,0 % in suburban areas and 8,7 % in rural areas.

Table 5.208: Level of agreement with given statements

	1	**2**	**3**	**4**	**5**	**6**	**M**	**SD**
COVID-19 restrictions affected my fundamental rights.	1	8	11	19	6	1	3,5	1,0
	2,2 %	17,4 %	23,9 %	41,3 %	13,0 %	2,2 %		
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	1	12	16	15	1	1	3,1	0,9
	2,2 %	26,1 %	34,8 %	32,6 %	2,2 %	2,2 %		
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	4	25	8	7	1	1	2,5	0,9
	8,7 %	54,3 %	17,4 %	15,2 %	2,2 %	2,2 %		
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	1	8	20	13	1	3	3,1	0,8
	2,2 %	17,4 %	43,5 %	28,3 %	2,2 %	6,5 %		
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	1	6	14	21	4	0	3,5	0,9
	2,2 %	13,0 %	30,4 %	45,7 %	8,7 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0	2	6	19	19	0	4,2	0,8
	0,0 %	4,3 %	13,0 %	41,3 %	41,3 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the	1	3	9	20	12	1	3,9	1,0
	2,2 %	6,5 %	19,6 %	43,5 %	26,1 %	2,2 %		

human rights was the most severely on: Right to education								
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	2	5	7	21	10	1	3,7	1,1
	4,3 %	10,9 %	15,2 %	45,7 %	21,7 %	2,2 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	1	6	8	25	5	1	3,6	0,9
	2,2 %	13,0 %	17,4 %	54,3 %	10,9 %	2,2 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	5	7	21	10	2	1	2,9	1,0
	10,9 %	15,2 %	45,7 %	21,7 %	4,3 %	2,2 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	1	1	6	19	19	0	4,2	0,9
	2,2 %	2,2 %	13,0 %	41,3 %	41,3 %	0,0 %		
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	4	11	11	14	6	0	3,2	1,2
	8,7 %	23,9 %	23,9 %	30,4 %	13,0 %	0,0 %		
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	1	17	15	4	1	8	2,7	0,8
	2,2 %	37,0 %	32,6 %	8,7 %	2,2 %	17,4 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0	5	5	20	15	1	4,0	1,0
	0,0 %	10,9 %	10,9 %	43,5 %	32,6 %	2,2 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0	3	7	20	15	1	4,0	0,9
	0,0 %	6,5 %	15,2 %	43,5 %	32,6 %	2,2 %		
	0	2	7	17	20	0	4,2	0,9

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0,0 %	4,3 %	15,2 %	37,0 %	43,5 %	0,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	1	2	7	21	14	1	4,0	0,9
	2,2 %	4,3 %	15,2 %	45,7 %	30,4 %	2,2 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0	1	9	23	13	0	4,0	0,8
	0,0 %	2,2 %	19,6 %	50,0 %	28,3 %	0,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	1	3	17	17	6	2	3,5	0,9
	2,2 %	6,5 %	37,0 %	37,0 %	13,0 %	4,3 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0	1	12	19	11	3	3,9	0,8
	0,0 %	2,2 %	26,1 %	41,3 %	23,9 %	6,5 %		
I believe that the policy makers in my region facilitated the understanding of restrictions during COVID-19 crisis by communicating with people.	2	8	19	12	3	2	3,3	1,1
	4,3 %	17,4 %	41,3 %	26,1 %	6,5 %	4,3 %		
The limitation of fundamental rights had a stronger impact on those already marginalized and fragile before COVID-19 crisis.	0	6	8	26	6	0	3,7	0,9
	0,0 %	13,0 %	17,4 %	56,5 %	13,0 %	0,0 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents on average agree with the following statements: "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth." (M=4,2; SD=0,9), "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement." (M=4,2; SD=0,9), "By my

opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health." (M=4,2; SD=0,8), "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support." (M=4,0; SD=0,8), "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people." (M=4,0; SD=0,9), "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people." (M=4,0; SD=0,9), "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons." (M=4,0; SD=1,0), "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education." (M=3,9; SD=1,0), "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work." (M=3,9; SD=0,8), "The limitation of fundamental rights had a stronger impact on those already marginalized and fragile before COVID-19 crisis." (M=3,7; SD=0,9), "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly." (M=3,7; SD=1,1), "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation." (M=3,6; SD=0,9), "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women." (M=3,5; SD=0,9), "COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality." (M=3,5; SD=0,9) and "COVID-19 restrictions affected my fundamental rights." (M=3,5; SD=1,0). On average respondents have a neutral opinion on the following statements: "I believe that the policy makers in my region facilitated the understanding of restrictions during COVID-19 crisis by communicating with people." (M=3,3; SD=1,1), "The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long." (M=3,2; SD=1,2), "COVID-19 crisis affected my situation on the following areas of life: Limited access to resources." (M=3,1; SD=0,8), "COVID-19 crisis affected my situation on the following areas of life: My income or income of my family." (M=3,1; SD=0,9), "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs." (M=2,9; SD=1,0), "The limitation of the spread of COVID-19 could be reached with other means than implemented ones." (M=2,7; SD=0,8) and "COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community." (M=2,5; SD=0,9).

We asked participants if COVID-19 crisis affected their situation on other conditions of inequality:

- freedom of movement even by a little
- health
- taking care of children and working at the same time.

We asked participants if not listed above, please explain which other human rights and freedom were affected the most during COVID-19 crisis by your personal opinion:

- right to health first.

Table 5.209: Obstacle faced the most by participants during the COVID-19 crisis

	Frequency	Percent
Limited movement	37	80,4 %
Psychological breakdown	19	41,3 %
Limited healthcare	18	39,1 %

Limited freedom of peaceful assembly	11	23,9 %
Limited education	10	21,7 %
COVID-19 vaccine compulsoriness	9	19,6 %
Digital obstacles	9	19,6 %
Lack of democratic participation	4	8,7 %
Limited work possibilities	3	6,5 %
Discrimination	1	2,2 %
Gender based violence	0	0,0 %

Majority of respondents (80,4 %) experienced limited movement during the COVID-19 crisis, nearly half (41,3 %) experienced psychological breakdown, 39,1 % limited healthcare, 23,9 % limited freedom of peaceful assembly and 21,7 % of them experienced limited education. The same percentage of respondents (19,6 %) faced COVID-19 vaccine compulsoriness or digital obstacles, 8,7 % experienced lack of democratic participation and 6,5 % limited work possibilities. Only 2,2 % of respondents experienced discrimination. None of the respondents experienced gender based violence.

We asked participants if they stated 4 – limited education or 5 – limited healthcare with the previous question to please indicate other different possibilities of restriction, which would not affect your fundamental rights:

- Not only restrictions, but a lot of prevention, health education, elementary education, education to walking and cycling circulation; health relations education, etc...

We asked participants if COVID-19 crisis has accordingly to their opinion particularly affected the rights to life and health of the other social group (please state, which group do you think was mainly affected):

- children and elders
- disabled people, women, children
- elders
- extended families
- freelancers
- homeless people
- ill people with immediate assistance
- immigrants
- parents having kids with severe illnesses
- people that receive health assistance at home
- people with peculiar health treatment and severe conditions
- people with precarious jobs
- students.

Table 5.210: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
COVID-19 restrictions affected my fundamental rights.	0,282	0,000	0,878	0,002
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,214	0,001	0,844	0,000
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	0,357	0,000	0,796	0,000
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,268	0,000	0,852	0,000
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	0,316	0,000	0,833	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0,236	0,000	0,824	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	0,325	0,000	0,795	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	0,263	0,000	0,865	0,001
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0,305	0,000	0,844	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	0,255	0,000	0,891	0,004
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0,257	0,000	0,757	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0,263	0,000	0,814	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,245	0,000	0,817	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0,280	0,000	0,777	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,288	0,000	0,795	0,000

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0,244	0,000	0,807	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	0,245	0,000	0,865	0,001
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0,235	0,000	0,847	0,000
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	0,174	0,015	0,917	0,018
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	0,257	0,000	0,857	0,001
I believe that the policy makers in my region facilitated the understanding of restrictions during COVID-19 crisis by communicating with people.	0,246	0,000	0,913	0,014
The limitation of fundamental rights had a stronger impact on those already marginalized and fragile before COVID-19 crisis.	0,326	0,000	0,818	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.211: Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis H (sig.)
COVID-19 restrictions affected my fundamental rights.	20 years or less	26	20,21	12,286 (0,031)
	21-30	2	10,25	
	31-40	2	36,25	
	41-50	9	32,83	
	51-60	5	18,20	
	61-70	1	30,00	
	Total	45		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	20 years or less	27	20,00	11,203 (0,048)
	21-30	2	9,75	
	31-40	2	37,00	
	41-50	9	29,28	
	51-60	5	29,40	
	61-70	1	37,00	
	Total	46		
	20 years or less	25	17,84	15,865 (0,007)

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	21-30	2	13,00	
	31-40	2	41,50	
	41-50	9	31,94	
	51-60	5	23,50	
	61-70	1	30,00	
	Total	44		
COVID-19 restrictions affected my fundamental rights.	Secondary school	27	20,02	9,076 (0,028)
	Bachelor’s degree or professional diploma	2	42,50	
	Master’s Degree	15	24,47	
	PhD or DPhil	1	42,50	
	Total	45		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	Secondary school	26	17,65	10,869 (0,012)
	Bachelor’s degree or professional diploma	2	35,75	
	Master’s Degree	15	28,63	
	PhD or DPhil	1	30,00	
	Total	44		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statements, pertaining to the respondent’s age “COVID-19 restrictions affected my fundamental rights.”, “By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health.” and “COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women.”. Respondents aged 31 to 40 years tend to agree the most that the COVID-19 restrictions affected the fundamental rights, while those aged 21 to 30 years agree the least. Respondents aged 61 to 70 years tend to agree that the COVID-19 crisis affected most severely their right to healthcare, while those aged 21 to 30 years tend to agree the least. Respondents aged 31 to 40 years tend to agree the most that the COVID-19 crisis particularly affected the rights to life and health of women, while respondents aged 21 to 30 agree with that the least.

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statements, pertaining to the respondent’s acquired education “COVID-19 restrictions affected my fundamental rights.” and “COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women.”. Respondents who have acquired a PhD, Dphil, bachelor's degree or a professional diploma tend to agree the most with the statement “COVID-19 restrictions affected my fundamental rights.”, while those with a completed secondary school agree with it the least. Respondents with a bachelor's degree or a professional diploma agree the most that the COVID-19 crisis particularly affected the rights to life and health of women, those with a completed secondary school agree the least.

Table 5.212: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
COVID-19 restrictions affected my fundamental rights.	119,500	0,061
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	130,000	0,195
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	158,500	0,406
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	139,500	0,275
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	136,500	0,123
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	183,000	0,792
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	159,000	0,432
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	174,500	0,725
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	155,000	0,546
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	147,000	0,261
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	143,500	0,173
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	141,500	0,176
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	144,500	0,889
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	134,500	0,138
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	148,000	0,270
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	135,000	0,111
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	165,000	0,532
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	127,000	0,067
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	105,500	0,054
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	139,000	0,655

I believe that the policy makers in my region facilitated the understanding of restrictions during COVID-19 crisis by communicating with people.	149,500	0,245
The limitation of fundamental rights had a stronger impact on those already marginalized and fragile before COVID-19 crisis.	146,500	0,188

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.213: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	7,919	0,161
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	8,469	0,132
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	6,476	0,263
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	3,101	0,684
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	1,133	0,951
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	9,617	0,087
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	6,143	0,293
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	3,200	0,669
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	7,699	0,174
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	3,662	0,599
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	10,653	0,059
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	3,352	0,646
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	4,930	0,424
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	4,247	0,514
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	2,669	0,751
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	8,157	0,148

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	3,037	0,694
I believe that the policy makers in my region facilitated the understanding of restrictions during COVID-19 crisis by communicating with people.	4,100	0,535
The limitation of fundamental rights had a stronger impact on those already marginalized and fragile before COVID-19 crisis.	5,515	0,356

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.214: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	1,488	0,685
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	2,278	0,517
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	3,394	0,335
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	3,231	0,357
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	7,381	0,061
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	0,536	0,911
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	3,682	0,298
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	1,347	0,718
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	1,891	0,595
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	1,463	0,691
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	3,044	0,385
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	4,294	0,231
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	1,738	0,629
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	6,948	0,074
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	3,509	0,320

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,675	0,879
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	4,450	0,217
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	3,373	0,338
I believe that the policy makers in my region facilitated the understanding of restrictions during COVID-19 crisis by communicating with people.	2,804	0,423
The limitation of fundamental rights had a stronger impact on those already marginalized and fragile before COVID-19 crisis.	1,042	0,791

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, based on the respondents acquired education.

Table 5.215: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
COVID-19 restrictions affected my fundamental rights.	3,519	0,172
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	2,820	0,244
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	2,880	0,237
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,515	0,773
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	0,474	0,789
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	1,964	0,374
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	0,626	0,731
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	0,327	0,849
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0,810	0,667
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	2,092	0,351
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0,521	0,771
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	0,393	0,821
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	0,535	0,765

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	2,602	0,272
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,111	0,946
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	1,987	0,370
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,192	0,908
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0,295	0,863
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	2,794	0,247
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0,770	0,680
I believe that the policy makers in my region facilitated the understanding of restrictions during COVID-19 crisis by communicating with people.	1,363	0,506
The limitation of fundamental rights had a stronger impact on those already marginalized and fragile before COVID-19 crisis.	0,225	0,894

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, based on the respondents area of living.

ITALY – 2 (LOMBARDY)

Table 5.216: Gender

	Frequency	Percent
Female	29	54,7 %
Male	23	43,4 %
I do not wish to answer	1	1,9 %
Total	53	100,0 %

Over half of respondents (54,7 %) are female, 43,4 % are male and 1,9 % did not wish to answer.

Table 5.217: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	1	1,9 %	49,0	13,7
21-30	6	11,3 %		
31-40	4	7,5 %		
41-50	16	30,2 %		
51-60	16	30,2 %		
61-70	7	13,2 %		
71 years or more	3	5,7 %		

Total	53	100,0 %

The mean age is 49 years with a standard deviation of 13,7 years. The same percentage of respondents (30,2 %) is aged from 41 to 50 years or 51 to 60 years, 13,2 % are aged 61 to 70 years. Only 11,3 % of respondents are aged 11,3 % and even less (7,5 %) 31 to 40 years, 5,7 % are aged 71 years or more. The lowest percentage of respondents (1,9 %) are aged 20 years or less.

Table 5.218: Highest completed degree or level of school

	Frequency	Percent
Secondary school	24	45,3 %
Bachelor’s degree or professional diploma	3	5,7 %
Master’s Degree	23	43,4 %
PhD or DPhil	2	3,8 %
Other	1	1,9 %
Total	53	100,0 %

Almost half of respondents (45,3 %) completed secondary school, 43,4 % acquired a master's degree. A bachelor's degree or a professional diploma was acquired by 5,7 % of respondents, 3,8 % have acquired a PhD or DPhil. The lowest percentage of respondents (1,9 %) answered with other.

Table 5.219: Area of living

	Frequency	Percent
Rural area	5	9,4 %
Suburban area	6	11,3 %
Urban area	42	79,2 %
Total	53	100,0 %

Majority of respondents (79,2 %) live in urban areas, 11,3 % in suburban areas and 9,4 % in rural areas.

Table 5.220: Level of agreement with given statements

	1	**2**	**3**	**4**	**5**	**6**	**M**	**SD**
COVID-19 restrictions affected my fundamental rights.	9	8	9	15	12	0	3,2	1,4
	17,0 %	15,1 %	17,0 %	28,3 %	22,6 %	0,0 %		
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	3	16	5	24	5	0	3,2	1,2
	5,7 %	30,2 %	9,4 %	45,3 %	9,4 %	0,0 %		
COVID-19 crisis affected my situation on the following areas of life:	4	15	13	13	6	2	3,0	1,2
	7,5 %	28,3 %	24,5 %	24,5 %	11,3 %	3,8 %		

Discrimination compared to other privileged group of my community								
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	3	13	18	15	3	1	3,0	1,0
	5,7 %	24,5 %	34,0 %	28,3 %	5,7 %	1,9 %		
COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	6	7	16	18	6	0	3,2	1,2
	11,3 %	13,2 %	30,2 %	34,0 %	11,3 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	30	5	2	4	4	8	1,8	1,4
	56,6 %	9,4 %	3,8 %	7,5 %	7,5 %	15,1 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	12	12	8	5	5	11	2,5	1,4
	22,6 %	22,6 %	15,1 %	9,4 %	9,4 %	20,8 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	10	5	6	11	10	11	3,1	1,5
	18,9 %	9,4 %	11,3 %	20,8 %	18,9 %	20,8 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	12	8	9	13	8	3	2,9	1,4
	22,6 %	15,1 %	17,0 %	24,5 %	15,1 %	5,7 %		

By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	6	2	7	11	7	20	3,3	1,4
	11,3 %	3,8 %	13,2 %	20,8 %	13,2 %	37,7 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	17	4	5	9	5	13	2,5	1,5
	32,1 %	7,5 %	9,4 %	17,0 %	9,4 %	24,5 %		
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	4	18	12	7	12	0	3,1	1,3
	7,5 %	34,0 %	22,6 %	13,2 %	22,6 %	0,0 %		
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	5	18	16	5	8	1	2,9	1,2
	9,4 %	34,0 %	30,2 %	9,4 %	15,1 %	1,9 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	5	16	1	3	28	0	3,6	1,6
	9,4 %	30,2 %	1,9 %	5,7 %	52,8 %	0,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	5	19	0	5	24	0	3,5	1,6
	9,4 %	35,8 %	0,0 %	9,4 %	45,3 %	0,0 %		
COVID-19 crisis has accordingly to my opinion particularly	5	11	3	2	32	0	3,8	1,5
	9,4 %	20,8 %	5,7 %	3,8 %	60,4 %	0,0 %		

affected the rights to life and health of the following social group: Children and youth								
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	8	28	5	0	11	0	2,6	1,4
	15,4 %	53,8 %	9,6 %	0,0 %	21,2 %	0,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	22	21	3	0	7	0	2,0	1,3
	41,5 %	39,6 %	5,7 %	0,0 %	13,2 %	0,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	9	32	1	2	9	0	2,4	1,3
	17,0 %	60,4 %	1,9 %	3,8 %	17,0 %	0,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	17	26	1	0	9	0	2,2	1,4
	32,1 %	49,1 %	1,9 %	0,0 %	17,0 %	0,0 %		
The increase in cases of discrimination, hate crime and hate speech against minorities, in particular migrants and Rome, is directly related to the implementation of	6	12	19	10	0	6	2,7	1,0
	11,3 %	22,6 %	35,8 %	18,9 %	0,0 %	11,3 %		

restrictions during the COVID								
The choice to limit the arrival of migrants, to safeguard the health of Italians, has been correct measure.	11	15	14	6	7	0	2,7	1,3
	20,8 %	28,3 %	26,4 %	11,3 %	13,2 %	0,0 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. On average respondents agree with the following statements: "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth." (M=3,8; SD=1,5), "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons." (M=3,6; SD=1,6) and "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people." (M=3,5; SD=1,6). Respondents have on average a neutral opinion about the following statements: "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs." (M=3,3; SD=1,4), "COVID-19 restrictions affected my fundamental rights." (M=3,2; SD=1,4), "COVID-19 crisis affected my situation on the following areas of life: My income or income of my family." (M=3,2; SD=1,2), "COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality." (M=3,2; SD=1,2), "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly." (M=3,1; SD=1,5), "The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long." (M=3,1; SD=1,3), "COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community." (M=3,0; SD=1,2), "COVID-19 crisis affected my situation on the following areas of life: Limited access to resources." (M=3,0; SD=1,0), "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation." (M=2,9; SD=1,4), "The limitation of the spread of COVID-19 could be reached with other means than implemented ones." (M=2,9; SD=1,2), "The increase in cases of discrimination, hate crime and hate speech against minorities, in particular migrants and Rome, is directly related to the implementation of restrictions during the COVID." (M=2,7; SD=1,0), "The choice to limit the arrival of migrants, to safeguard the health of Italians, has been correct measure." (M=2,7; SD=1,3), "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people." (M=2,6; SD=1,4), "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement." (M=2,5; SD=1,5) and "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education." (M=2,5; SD=1,4). Respondents on average disagree with the following statements: "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women." (M=2,4; SD=1,3), "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work." (M=2,2; SD=1,4), "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support." (M=2,0; SD=1,3) and "By my opinion, the impact of the

COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health." (M=1,8; SD=1,4).

We asked participants if COVID-19 crisis affected their situation on other conditions of inequality:

- Access to essential services
- Access to sanitary facilities
- Being single has been a de facto condition of inequality
- Certification of vaccination and lack of privacy
- Difficult access to medical care
- Dignity
- Freedom of movement
- Healthcare, work, sport, free time, training
- Mandatory vaccination
- Not being able to work
- Remote access to communication devices
- Right to study
- Work.

We asked participants if not listed above, please explain which other human rights and freedom were affected the most during COVID-19 crisis by your personal opinion:

- Freedom of expression and right to health, access to social gatherings
- Freedom of movement
- Freedom of opinion
- Freedom or not to vaccinate for working categories and over 50
- Participation
- The right to life of the most fragile.

Table 5.221: Obstacle faced the most by participants during the COVID-19 crisis

	Frequency	Percent
Limited healthcare	45	84,9 %
Limited movement	40	75,5 %
Psychological breakdown	25	47,2 %
Limited education	23	43,4 %
Limited freedom of peaceful assembly	17	32,1 %
COVID-19 vaccine compulsoriness	17	32,1 %
Limited work possibilities	14	26,4 %
Lack of democratic participation	9	17,0 %
Discrimination	8	15,1 %
Digital obstacles	8	15,1 %
Gender based violence	2	3,8 %

The majority of respondents (84,9 %) experienced limited healthcare during the COVID-19 crisis, 75,5 % experienced limited movement. Just under half of respondents (47,2 %) experienced psychological

breakdown, 43,4 % limited education. The same percentage of respondents (32,1 %) experienced limited freedom of peaceful assembly or COVID-19 vaccine compulsoriness, 26,4 % experienced limited work possibilities. Lack of democratic participation was experienced by 17,0 % of respondents. The same percentage of respondents (15,1 %) faced discrimination or digital obstacles. The lowest percentage of respondents (3,8 %) experienced gender-based violence.

We asked participants if they stated 4 – limited education or 5 – limited healthcare with the previous question to please indicate other different possibilities of restriction, which would not affect your fundamental rights:

- Being less strict. See Germany and Switzerland
- Caring for the sick and not abandoning them with Tachipirin and watchful waiting
- Early therapies, autopsies on early cases, vaccination only for the frail on a voluntary basis
- Increased freedom to movement, while respecting sanitary rules (spacing, mask, use of disinfectant)
- Increased use of personal respiratory protective equipment. Better sick care strategy (use of anti-inflammatories instead of antipyretics). More limited but more timely closures (close only emergency rooms COVID-19 hotspots but close them immediately).
- More stringent mask-wearing requirement and more correct information that allows people to understand the risks for infection
- Strengthening health facilities. Treatment with antivirals and anti-inflammatory drugs. Hyper immune plasma Use of mask.

We asked participants if COVID-19 crisis has accordingly to their opinion particularly affected the rights to life and health of the other social group (please state, which group do you think was mainly affected):

- All citizens, especially the unvaccinated.
- All people in need of health care assistance
- Elderly hospitalised in a RSA [health care residence, Ed.]
- Everyone were discriminated and especially those who have no family or distant family members
- Frail people in general and all those who cannot access the vaccine due to past (real) illnesses
- Healthcare professionals
- Homeless people
- Low-income people
- Migrants
- People with diseases that need hospital care
- People with other diseases
- People with psychological weaknesses
- Unemployed people.

We asked participants if they have anything to add:

- Apart from the first moments when confusion and caution were legitimate, then the means to accommodate safely the sick were there. Another matter was tourism, which alas was expendable
- Restricting the movement of means of transportation was certainly the right measure. Especially for those who did not adopt our measures.

Table 5.222: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
COVID-19 restrictions affected my fundamental rights.	0,230	0,001	0,834	0,001
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,321	0,000	0,833	0,001
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	0,167	0,040	0,908	0,024
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,208	0,005	0,914	0,032
COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	0,179	0,032	0,918	0,041
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0,403	0,000	0,616	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	0,236	0,001	0,812	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	0,164	0,007	0,869	0,003
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0,204	0,007	0,871	0,004
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	0,166	0,026	0,919	0,042
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0,304	0,000	0,764	0,000
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	0,197	0,011	0,886	0,008
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	0,215	0,003	0,887	0,008

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0,301	0,000	0,761	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,277	0,000	0,769	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0,393	0,000	0,680	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,377	0,000	0,730	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0,320	0,000	0,734	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	0,439	0,000	0,616	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0,371	0,000	0,703	0,000
The increase in cases of discrimination, hate crime and hate speech against minorities, in particular migrants and Rome, is directly related to the implementation of restrictions during the COVID	0,254	0,000	0,873	0,004
The choice to limit the arrival of migrants, to safeguard the health of Italians, has been correct measure.	0,183	0,025	0,904	0,019

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.223: Mann-Whitney test for statistically significant differences

		N	Mean Rank	Mann-Whitney U (sig.)
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	Female	29	31,93	
	Male	23	19,65	
	Total	52		176,00 (0,002)
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	Female	27	21,31	
	Male	23	30,41	
	Total	50		197,50 (0,023)

By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	Female	26	28,40	158,50 (0,005)
	Male	21	18,55	
	Total	47		

The Mann-Whitney test is statistically significant (sig. < 0,05) for the following statement, pertaining to the respondents gender “COVID-19 crisis affected my situation on the following areas of life: My income or income of my family.”, “COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community.” and “By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health.”. Females tend to agree more with the statements “COVID-19 crisis affected my situation on the following areas of life: My income or income of my family.” and “By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health.”, while males tend to agree more with the statement “COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community.”

Table 5.224: Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis H (sig.)
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	Secondary school	21	22,02	10,311 (0,036)
	Bachelor’s degree or professional diploma	3	14,00	
	Master’s Degree	22	29,89	
	PhD or DPhil	2	9,00	
	Other	1	25,00	
	Total	49		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	Rural area	5	11,40	6,839 (0,033)
	Suburban area	6	28,25	
	Urban area	42	28,68	
	Total	53		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) for the following statement, pertaining to the respondents education “By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement.”. Respondents who have acquired a master’s degree tend to agree with the statement the most, while those with a PhD or DPhil agree with it the least.

The Kruskal-Wallis test is statistically significant (sig. < 0,05) for the following statement, pertaining to the respondents living area “COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons.”. Respondents living in urban areas tend to agree with the statement the most, while those in rural areas agree with it the least.

Table 5.225: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
COVID-19 restrictions affected my fundamental rights.	284,500	0,355
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	226,500	0,059
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	242,500	0,081
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	250,500	0,623
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	177,000	0,055
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	275,000	0,393
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	167,000	0,284
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	239,500	0,322
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	289,500	0,403
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	292,500	0,562
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	311,500	0,656
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	324,000	0,850
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	283,000	0,285
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	305,000	0,723
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	284,000	0,327

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	309,000	0,604
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	303,000	0,540
The increase in cases of discrimination, hate crime and hate speech against minorities, in particular migrants and Rome, is directly related to the implementation of restrictions during the COVID	178,500	0,051
The choice to limit the arrival of migrants, to safeguard the health of Italians, has been correct measure.	287,000	0,379

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.226: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
COVID-19 restrictions affected my fundamental rights.	12,359	0,054
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	6,283	0,392
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	4,897	0,557
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	3,791	0,705
COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	6,180	0,403
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	9,100	0,168
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	6,054	0,417
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	4,030	0,673
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	10,612	0,101
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	5,098	0,531
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	1,989	0,921

The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	6,599	0,359
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	5,658	0,463
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	8,881	0,180
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	3,833	0,699
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	3,574	0,734
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	6,441	0,376
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	9,107	0,168
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	4,727	0,579
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	4,327	0,633
The increase in cases of discrimination, hate crime and hate speech against minorities, in particular migrants and Rome, is directly related to the implementation of restrictions during the COVID	11,979	0,062
The choice to limit the arrival of migrants, to safeguard the health of Italians, has been correct measure.	5,578	0,472

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.227: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
COVID-19 restrictions affected my fundamental rights.	0,574	0,966
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,508	0,973
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	1,174	0,882

COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	2,787	0,594
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	1,335	0,855
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	4,418	0,352
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	4,477	0,345
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	2,930	0,570
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	4,871	0,301
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	2,210	0,331
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	3,598	0,463
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	1,970	0,741
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	1,763	0,779
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	2,857	0,582
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	1,774	0,777
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	7,716	0,103
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	4,572	0,334
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	1,821	0,769

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	8,217	0,084
The increase in cases of discrimination, hate crime and hate speech against minorities, in particular migrants and Rome, is directly related to the implementation of restrictions during the COVID	1,414	0,842
The choice to limit the arrival of migrants, to safeguard the health of Italians, has been correct measure.	6,108	0,191

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to education.

Table 5.228: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
COVID-19 restrictions affected my fundamental rights.	0,829	0,661
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,326	0,849
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	1,262	0,532
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	1,223	0,542
COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	0,612	0,736
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0,747	0,688
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	3,828	0,147
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	0,278	0,870
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0,183	0,912
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	0,867	0,648
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	1,554	0,460
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	0,860	0,651

The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	1,644	0,440
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,420	0,811
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	3,135	0,209
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	2,127	0,345
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	4,525	0,104
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	4,329	0,115
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0,726	0,696
The increase in cases of discrimination, hate crime and hate speech against minorities, in particular migrants and Rome, is directly related to the implementation of restrictions during the COVID	1,699	0,428
The choice to limit the arrival of migrants, to safeguard the health of Italians, has been correct measure.	3,384	0,184

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents area of living.

ITALY – BOTH

Table 5.229: Gender

	Frequency	Percent
Female	64	64,6 %
Male	34	34,3 %
I do not wish to answer	1	1,0 %
Total	99	100,0 %

Majority of respondents (64,6 %) are female, 34,3 % are male and 1,0 % did not wish to answer.

Table 5.230: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	28	28,3 %	39,8	17,8
21-30	8	8,1 %		
31-40	6	6,1 %		
41-50	25	25,3 %		
51-60	21	21,2 %		
61-70	8	8,1 %		
71 years or more	3	3,0 %		
Total	99	100,0 %		

The mean age of respondents is 39,8 years with a standard deviation of 17,8 years. The largest percentage of respondents (28,3 %) is aged 20 years or less. Over a quarter of respondents (25,3 %) is aged 41 to 50 years, 21,2 % 51 to 60 years. The same percentage of respondents (8,1 %) are aged 21 to 30 years or 61 to 70 years, 6,1 % are aged 31 to 40 years. The lowest percentage of respondents (3,0 %) is aged 71 years or more.

Table 5.231: Highest completed degree or level of school

	Frequency	Percent
Secondary school	52	52,5 %
Bachelor’s degree or professional diploma	5	5,1 %
Master’s Degree	38	38,4 %
PhD or DPhil	3	3,0 %
Other	1	1,0 %
Total	99	100,0 %

Over half of respondents (52,5 %) have completed secondary school, 38,4 % have acquired a master's degree, 5,1 % a bachelor’s degree, or a professional diploma. Only 3,0 % of respondents acquired a PhD or DPhil, the lowest percentage of respondents (1,0 %) answered other.

Table 5.232: Area of living

	Frequency	Percent
Rural area	9	9,1 %
Suburban area	12	12,1 %
Urban area	78	78,8 %
Total	99	100,0 %

Majority of respondents (78,8 %) live in urban areas, 12,1 % in suburban areas and 9,1 % in rural areas.

Table 5.233: Region of residency

	Frequency	Percent
Italy - InCo Molfetta	46	46,5 %
Italy - Lombardy	53	53,5 %
Total	99	100,0 %

Just over half of respondents (53,5 %) live in Lombardy, 46,5 % live in Molfetta.

Table 5.234: Level of agreement with given statements

	1	2	3	4	5	6	M	SD
COVID-19 restrictions affected my fundamental rights.	10	16	20	34	18	1	3,3	1,2
	10,1 %	16,2 %	20,2 %	34,3 %	18,2 %	1,0 %		
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	4	28	21	39	6	1	3,2	1,0
	4,0 %	28,3 %	21,2 %	39,4 %	6,1 %	1,0 %		
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	8	40	21	20	7	3	2,8	1,1
	8,1 %	40,4 %	21,2 %	20,2 %	7,1 %	3,0 %		
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	4	21	38	28	4	4	3,1	0,9
	4,0 %	21,2 %	38,4 %	28,3 %	4,0 %	4,0 %		
COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	7	13	30	39	10	0	3,3	1,1
	7,1 %	13,1 %	30,3 %	39,4 %	10,1 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	30	7	8	23	23	8	3,0	1,6
	30,3 %	7,1 %	8,1 %	23,2 %	23,2 %	8,1 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	13	15	17	25	17	12	3,2	1,3
	13,1 %	15,2 %	17,2 %	25,3 %	17,2 %	12,1 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	12	10	13	32	20	12	3,4	1,3
	12,1 %	10,1 %	13,1 %	32,3 %	20,2 %	12,1 %		
	13	14	17	38	13	4	3,3	1,3

By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	13,1 %	14,1 %	17,2 %	38,4 %	13,1 %	4,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	11	9	28	21	9	21	3,1	1,2
	11,1 %	9,1 %	28,3 %	21,2 %	9,1 %	21,2 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	18	5	11	28	24	13	3,4	1,5
	18,2 %	5,1 %	11,1 %	28,3 %	24,2 %	13,1 %		
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	8	29	23	21	18	0	3,1	1,2
	8,1 %	29,3 %	23,2 %	21,2 %	18,2 %	0,0 %		
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	6	35	31	9	9	9	2,8	1,1
	6,1 %	35,4 %	31,3 %	9,1 %	9,1 %	9,1 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	5	21	6	23	43	1	3,8	1,3
	5,1 %	21,2 %	6,1 %	23,2 %	43,4 %	1,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	5	22	7	25	39	1	3,7	1,3
	5,1 %	22,2 %	7,1 %	25,3 %	39,4 %	1,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	5	13	10	19	52	0	4,0	1,3
	5,1 %	13,1 %	10,1 %	19,2 %	52,5 %	0,0 %		
COVID-19 crisis has accordingly to my opinion	9	30	12	21	25	1	3,2	1,4
	9,2 %	30,6 %	12,2 %	21,4 %	25,5 %	1,0 %		

particularly affected the rights to life and health of the following social group: Employed people								
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	22	22	12	23	20	0	3,0	1,5
	22,2 %	22,2 %	12,1 %	23,2 %	20,2 %	0,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	10	35	18	19	15	2	2,9	1,3
	10,1 %	35,4 %	18,2 %	19,2 %	15,2 %	2,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	17	27	13	19	20	3	3,0	1,4
	17,2 %	27,3 %	13,1 %	19,2 %	20,2 %	3,0 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents on average agree with the following statements: "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth." (M=4,0; SD=1,3), "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons." (M=3,8; SD=1,3) and "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people." (M=3,7; SD=1,3). On average respondents have a neutral opinion about every other statement listed in the table above.

We asked participants if COVID-19 crisis affected their situation on other conditions of inequality:

- Access to essential services
- Access to sanitary facilities
- Being single has been a de facto condition of inequality
- Certification of vaccination and lack of privacy
- Difficult access to medical care
- Dignity
- Freedom of movement
- Healthcare, work, sport, free time, training
- Mandatory vaccination
- Not being able to work
- Remote access to communication devices

- Right to study
- Taking care of children and working at the same time.

We asked participants if not listed above, please explain which other human rights and freedom were affected the most during COVID-19 crisis by your personal opinion:

- Freedom of expression and right to health, access to social gatherings
- Freedom of movement
- Freedom of opinion
- Freedom or not to vaccinate for working categories and over 50Participation
- Right to health, right to education, right to visit my family
- The right to life of the most fragile.

Table 5.235: Obstacle faced the most by participants during the COVID-19 crisis

	Frequency	Percent
Limited movement	77	77,8 %
Limited healthcare	63	63,6 %
Psychological breakdown	44	44,4 %
Limited education	33	33,3 %
Limited freedom of peaceful assembly	28	28,3 %
COVID-19 vaccine compulsoriness	26	26,3 %
Limited work possibilities	17	17,2 %
Digital obstacles	17	17,2 %
Lack of democratic participation	13	13,1 %
Discrimination	9	9,1 %
Gender based violence	2	2,0 %

Majority of respondents experienced limited movement (77,8 %), 63,6 % limited healthcare. Just under half of respondents (44,4 %) experienced psychological breakdown during the COVID-19 crisis, 33, % limited education and 28,3 % limited freedom of peaceful assembly. Just over quarter of respondents (26,3 %) were faced with COVID-19 vaccine compulsoriness. The same percentage of respondents (17,2 %) faced limited work possibilities or digital obstacles, 13,1 experienced lack of democratic participation and 9,1 % experienced discrimination. The lowest percentage (2,0 %) of respondents experienced gender-based violence.

We asked participants if they stated 4 – limited education or 5 – limited healthcare with the previous question to please indicate other different possibilities of restriction, which would not affect your fundamental rights:

- Being less strict. See Germany and Switzerland
- Caring for the sick and not abandoning them with Tachipirin and watchful waiting
- Early therapies, autopsies on early cases, vaccination only for the frail on a voluntary basis
- Increased freedom to movement, while respecting sanitary rules (spacing, mask, use of dis-infectant)
- Increased use of personal respiratory protective equipment. Better sick care strategy (use of anti-inflammatories instead of antipyretics). More limited but more time

- More stringent mask-wearing requirement and more correct information that allows people to understand the risks for infection
- Not only restrictions, but a lot of prevention, health education, elementary education, education to walking and cycling circulation; health relations education, etc...
- Strengthening health facilities. Treatment with antivirals and anti-inflammatory drugs. Hyper immune plasma Use of mask.

We asked participants if COVID-19 crisis has accordingly to their opinion particularly affected the rights to life and health of the other social group (please state, which group do you think was mainly affected):

- All people in need of health care assistance
- Elderly hospitalised in a RSA [health care residence, Ed.]
- Everyone were discriminated and especially those who have no family or distant family members
- Frail people in general and all those who cannot access the vaccine due to past (real) illnesses
- Healthcare professionals
- Homeless people
- Low-income people
- Migrants
- People with diseases that need hospital care
- People with other diseases
- People with psychological weaknesses
- Unemployed people.

We asked participants if they have anything to add:

- Apart from the first moments when confusion and caution were legitimate, then the means to accommodate safely the sick were there. Another matter was tourism, which alas was expendable
- Restricting the movement of means of transportation was certainly the right measure. Especially for those who did not adopt our measures.

Table 5.236: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
COVID-19 restrictions affected my fundamental rights.	0,279	0,000	0,867	0,000
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,248	0,000	0,857	0,000
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	0,299	0,000	0,833	0,000

COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,250	0,000	0,864	0,000
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	0,236	0,000	0,893	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0,245	0,000	0,818	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	0,259	0,000	0,859	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	0,251	0,000	0,864	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0,236	0,000	0,877	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	0,210	0,000	0,900	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0,277	0,000	0,804	0,000
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	0,191	0,000	0,904	0,000
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	0,238	0,000	0,872	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0,253	0,000	0,825	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,248	0,000	0,807	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0,321	0,000	0,712	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,224	0,000	0,856	0,000

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0,224	0,000	0,857	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	0,191	0,000	0,902	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0,217	0,000	0,866	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.237: Mann-Whitney test for statistically significant differences

Country of residency		N	Mean Rank	Mann-Whitney U (sig.)
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	Italy - InCo Molfetta	45	41,16	817,00 (0,011)
	Italy - Lombardy	51	54,98	
	Total	96		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	Italy - InCo Molfetta	46	63,48	231,00 (0,000)
	Italy - Lombardy	45	28,13	
	Total	91		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	Italy - InCo Molfetta	45	55,80	414,00 (0,000)
	Italy - Lombardy	42	31,36	
	Total	87		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	Italy - InCo Molfetta	45	54,46	834,50 (0,024)
	Italy - Lombardy	50	42,19	
	Total	95		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	Italy - InCo Molfetta	46	55,25	379,50 (0,000)
	Italy - Lombardy	40	29,99	
	Total	86		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life	Italy - InCo Molfetta	45	63,66	510,50 (0,000)

and health of the following social group: Employed people	Italy - Lombardy	52	36,32	
	Total	97		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	Italy - InCo Molfetta	46	69,90	303,50 (0,000)
	Italy - Lombardy	53	32,73	
	Total	99		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	Italy - InCo Molfetta	44	63,57	525,00 (0,000)
	Italy - Lombardy	53	36,91	
	Total	97		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	Italy - InCo Molfetta	43	66,69	357,50 (0,000)
	Italy - Lombardy	53	33,75	
	Total	96		
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	Female	64	55,16	661,50 (0,002)
	Male	33	37,05	
	Total	97		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	Female	58	50,98	610,00 (0,005)
	Male	32	35,56	
	Total	90		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	Female	56	48,13	524,50 (0,006)
	Male	29	33,09	
	Total	85		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	Female	63	53,96	695,50 (0,006)
	Male	33	38,08	
	Total	96		

The Mann-Whitney test is statistically significant (sig. < 0,05) for the following statements, pertaining to the respondents region “COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community.”, “By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health.”, “By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education.”, “By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation.”, “By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement.”, “COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people.”, “COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support.”, “COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group:

Women.” and “COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work.”. Respondents from the Molfetta region tend to agree with all of the statements above more than those from Lombardy, except for the statement “COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community.”, where vice versa is true.

The Mann-Whitney test is statistically significant (sig. < 0,05) for the following statements, pertaining to the respondents’ gender “COVID-19 crisis affected my situation on the following areas of life: My income or income of my family.", “By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health.”, “By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement.” and “COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women.” Females tend to agree with all those statements more than males.

Table 5.238: Kruskal-Wallis test for statistically significant differences

Your age in years:		N	Mean Rank	Kruskal-Wallis H (sig.)
COVID-19 restrictions affected my fundamental rights.	20 years or less	27	45,46	20,49 (0,002)
	21-30	8	43,13	
	31-40	6	76,50	
	41-50	25	62,42	
	51-60	21	46,07	
	61-70	8	28,88	
	71 years or more	3	20,17	
	Total	98		
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	20 years or less	28	38,66	13,58 (0,035)
	21-30	8	38,69	
	31-40	6	61,25	
	41-50	25	55,64	
	51-60	18	45,08	
	61-70	8	69,69	
	71 years or more	3	45,50	
	Total	96		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	20 years or less	27	32,02	15,42 (0,017)
	21-30	6	45,17	
	31-40	6	46,08	
	41-50	19	36,05	
	51-60	13	43,77	
	61-70	6	66,50	
	71 years or more	1	16,00	

	Total	78		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	20 years or less	27	64,37	18,62 (0,005)
	21-30	7	30,79	
	31-40	6	50,58	
	41-50	25	47,58	
	51-60	21	35,86	
	61-70	8	57,38	
	71 years or more	3	31,50	
	Total	97		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	20 years or less	28	65,75	19,77 (0,003)
	21-30	8	25,63	
	31-40	6	54,17	
	41-50	25	52,38	
	51-60	21	39,90	
	61-70	8	42,00	
	71 years or more	3	31,83	
	Total	99		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	20 years or less	25	63,70	16,17 (0,013)
	21-30	8	29,75	
	31-40	6	55,50	
	41-50	25	47,26	
	51-60	21	38,74	
	61-70	8	50,81	
	71 years or more	3	30,33	
	Total	96		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) for the following statements, pertaining to the respondents' age "COVID-19 restrictions affected my fundamental rights.", "COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community.", "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs.", "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people.", "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support." and "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work.". People aged 31 to 40 years tend to agree with the statement "COVID-19 restrictions affected my fundamental rights." the most, while those aged 71 years or more agree with it the least. Respondents aged 61 to 70 years agree the most with the statement "COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other

privileged group of my community.", while those aged 20 years or less agree with it the least, likewise respondents aged 61 to 70 years agree the most with the statement "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs.", those aged 71 and older tend to agree with the statement the least. Respondents aged 20 years or less tend to agree the most that the COVID-19 crisis has particularly affected the rights to health and life of employed people, people on social support and people in precarious work, while respondents aged 71 years or more tend to agree with that the least.

Table 5.239: Mann-Whitney test for region

	Mann-Whitney U	Sig.
COVID-19 restrictions affected my fundamental rights.	1121,500	0,601
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	1068,000	0,350
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	1068,500	0,696
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	1086,000	0,327
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	765,000	0,113
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	569,500	0,069
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	1172,000	0,735
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	919,500	0,555
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	1157,500	0,792
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	1028,500	0,220
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	1214,500	0,973

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to the respondent's region of residency.

Table 5.240: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
COVID-19 restrictions affected my fundamental rights.	1024,000	0,714
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	810,500	0,065
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	920,000	0,407
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	997,500	0,478
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	722,500	0,275
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	652,500	0,063
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	857,000	0,261
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	659,000	0,859
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	1049,500	0,768
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	863,500	0,524
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	1025,500	0,716
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	961,000	0,382
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	886,500	0,101
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	881,500	0,173
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	840,500	0,059
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	840,000	0,175

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.241: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	7,455	0,281
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	6,687	0,351
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	6,847	0,335
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	12,124	0,059
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	7,095	0,312
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	4,378	0,626
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	9,693	0,138
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	9,919	0,128
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	7,596	0,269
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	7,371	0,288
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	7,371	0,288
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	4,229	0,646
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	4,337	0,631
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	9,642	0,141

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.242: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
COVID-19 restrictions affected my fundamental rights.	4,444	0,349
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,415	0,981
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	2,135	0,711
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,750	0,945
COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	2,212	0,697
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0,761	0,944
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	1,435	0,697
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	1,200	0,753
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	1,436	0,697
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	0,886	0,829
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	1,716	0,633
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	5,615	0,230
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	4,412	0,353
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	3,041	0,551
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	4,660	0,324
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	5,080	0,279

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	7,883	0,096
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	2,055	0,726
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	2,220	0,695
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	8,268	0,082

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it come to the respondents' acquired education.

Table 5.243: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
COVID-19 restrictions affected my fundamental rights.	3,445	0,179
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	1,485	0,476
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	0,562	0,755
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,269	0,874
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	1,034	0,596
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	1,415	0,493
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	1,938	0,380
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	1,979	0,372
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0,555	0,758
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	2,303	0,316

By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0,597	0,742
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	1,494	0,474
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	1,393	0,498
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	4,930	0,085
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,186	0,911
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0,775	0,679
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,557	0,757
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	1,407	0,495
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	3,859	0,145
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0,627	0,731

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it come to the respondents' area of living.

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Table 5.244: Gender

	Frequency	Percent
Female	14	45,2 %
Male	14	45,2 %
I do not wish to answer	3	9,7 %
Total	31	100,0 %

The same percentage of respondents (45,2 %) are male as well as female, 9,7 % of respondents did not wish to answer this question.

Table 5.245: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	2	6,5 %	31,1	7,7
21-30	14	45,2 %		
31-40	12	38,7 %		
41-50	3	9,7 %		
Total	31	100,0 %		

The mean age of respondents is 31,1 years with a standard deviation of 7,7 years. Nearly half of respondents (45,2 %) are aged 21 to 30 years, 38,7 % are aged 31 to 40 years, 9,7 % 41 to 50 years. The lowest percentage (6,5 %) was aged 20 years or less.

Table 5.246: Highest completed degree or level of school

	Frequency	Percent
Secondary school	1	3,2 %
Bachelor’s degree or professional diploma	5	16,1 %
Master’s Degree	25	80,6 %
Total	31	100,0 %

Majority of respondents (80,6 %) have acquired a master’s degree, 16,1 % acquired a bachelor's degree or a professional diploma. The lowest percentage of respondents (3,2 %) completed secondary school.

Table 5.247: Area of living

	Frequency	Percent
Rural area	8	25,8 %
Suburban area	8	25,8 %
Urban area	15	48,4 %
Total	31	100,0 %

Nearly half of respondents (48,3 %) live in urban areas, the same percentage of respondents (25,8 %) live in rural and suburban areas.

Table 5.248: Level of agreement with given statements

	1	**2**	**3**	**4**	**5**	**6**	**M**	**SD**
COVID-19 restrictions affected my fundamental rights.	5	7	3	16	0	0	3,0	1,2
	16,1 %	22,6 %	9,7 %	51,6 %	0,0 %	0,0 %		
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	6	15	2	5	3	0	2,5	1,3
	19,4 %	48,4 %	6,5 %	16,1 %	9,7 %	0,0 %		

COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	4	10	4	10	3	0	2,9	1,3
	12,9 %	32,3 %	12,9 %	32,3 %	9,7 %	0,0 %		
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	4	11	4	9	3	0	2,9	1,3
	12,9 %	35,5 %	12,9 %	29,0 %	9,7 %	0,0 %		
COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	2	4	4	12	8	1	3,7	1,2
	6,5 %	12,9 %	12,9 %	38,7 %	25,8 %	3,2 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	7	8	1	10	4	1	2,9	1,5
	22,6 %	25,8 %	3,2 %	32,3 %	12,9 %	3,2 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	2	17	1	7	3	1	2,7	1,2
	6,5 %	54,8 %	3,2 %	22,6 %	9,7 %	3,2 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	1	10	5	14	1	0	3,1	1,0
	3,2 %	32,3 %	16,1 %	45,2 %	3,2 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most	3	6	5	12	4	1	3,3	1,2
	9,7 %	19,4 %	16,1 %	38,7 %	12,9 %	3,2 %		

severely on: Right to work/choose an occupation								
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	2	14	4	8	2	1	2,8	1,1
	6,5 %	45,2 %	12,9 %	25,8 %	6,5 %	3,2 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0	10	2	13	5	1	3,4	1,1
	0,0 %	32,3 %	6,5 %	41,9 %	16,1 %	3,2 %		
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	0	13	2	12	3	1	3,2	1,1
	0,0 %	41,9 %	6,5 %	38,7 %	9,7 %	3,2 %		
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	2	12	8	1	0	8	2,3	0,7
	6,5 %	38,7 %	25,8 %	3,2 %	0,0 %	25,8 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	6	10	3	8	3	1	2,7	1,3
	19,4 %	32,3 %	9,7 %	25,8 %	9,7 %	3,2 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	4	8	4	8	7	0	3,2	1,4
	12,9 %	25,8 %	12,9 %	25,8 %	22,6 %	0,0 %		

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	2	11	3	13	2	0	3,1	1,2
	6,5 %	35,5 %	9,7 %	41,9 %	6,5 %	0,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	3	11	4	10	3	0	3,0	1,2
	9,7 %	35,5 %	12,9 %	10,0 %	9,7 %	0,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	1	7	8	10	3	2	3,2	1,1
	3,2 %	22,6 %	25,8 %	32,3 %	9,7 %	6,5 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	9	9	6	2	3	2	2,3	1,3
	29,0 %	29,0 %	19,4 %	6,5 %	9,7 %	6,5 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	2	11	6	4	6	2	3,0	1,3
	6,5 %	35,5 %	19,4 %	12,9 %	19,4 %	6,5 %		
The decision to provide Temporary Regularization of Migrants was correct, giving them full access	1	7	1	18	4	0	3,5	1,1
	3,2 %	22,6 %	3,2 %	58,1 %	12,9 %	0,0 %		

to social benefits, including healthcare, in the same conditions as nationals.								
Early Release of Inmates, to protect the health and safety of people in detention and other closed facilities, was a correct measure.	4	12	4	9	1	1	2,8	1,3
	12,9 %	38,7 %	12,9 %	29,0 %	3,2 %	3,2 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents on average agree with two statements "COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality." (M=3,7; SD=1,2) and "The decision to provide Temporary Regularization of Migrants was correct, giving them full access to social benefits, including healthcare, in the same conditions as nationals." (M=3,5; SD=1,1). Respondents have a neutral opinion about every other listed statement.

Table 5.249: Obstacle faced the most by participants during the COVID-19 crisis

	Frequency	Percent
Limited movement	11	35,5 %
Limited work possibilities	11	35,5 %
Gender based violence	9	29,0 %
Limited healthcare	7	22,6 %
COVID-19 vaccine compulsoriness	7	22,6 %
Digital obstacles	7	22,6 %
Limited education	6	19,4 %
Psychological breakdown	6	19,4 %
Limited freedom of peaceful assembly	4	12,9 %
Discrimination	2	6,5 %
Lack of democratic participation	1	3,2 %

The same percentage of respondents (35,5 %) faced limited movement and limited work possibilities. Gender based violence was experienced by 29,0 % of respondents. The same percentages of respondents (22,6 %) were faced with limited healthcare, COVID-19 vaccine compulsoriness and digital obstacles. Nearly a fifth of respondents (19,4 %) experienced limited education, the same percentage of respondents faced psychological breakdown, 12,9 % freedom of peaceful assembly and 6,5 % discrimination. The lowest percentage of respondents (3,2 %) experienced lack of democratic participation.

We asked participants if COVID-19 crisis has accordingly to their opinion particularly affected the rights to life and health of the other social group (please state, which group do you think was mainly affected):

- Children and youth
- Disabled people
- Employed people
- People in precarious work
- People on social support
- Women.

Table 5.250: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
COVID-19 restrictions affected my fundamental rights.	0,388	0,000	0,695	0,000
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,332	0,000	0,827	0,003
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	0,246	0,004	0,885	0,027
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,203	0,038	0,908	0,037
COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	0,243	0,004	0,861	0,010
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0,216	0,020	0,831	0,003
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	0,308	0,000	0,819	0,002
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	0,277	0,000	0,782	0,001
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0,270	0,001	0,862	0,010
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on:	0,400	0,000	0,756	0,000

Freedom of conscience and worship in accordance with religious beliefs				
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0,310	0,000	0,785	0,001
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	0,271	0,001	0,805	0,001
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	0,337	0,000	0,810	0,002
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0,265	0,001	0,839	0,004
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,244	0,004	0,867	0,013
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0,333	0,000	0,756	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,246	0,004	0,885	0,027
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0,253	0,002	0,874	0,017
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	0,255	0,002	0,830	0,003
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0,272	0,001	0,833	0,004
The decision to provide Temporary Regularization of Migrants was correct, giving them full access to social benefits, including healthcare, in the same conditions as nationals.	0,408	0,000	0,702	0,000
Early Release of Inmates, to protect the health and safety of people in detention and other closed facilities, was a correct measure.	0,273	0,001	0,849	0,007

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.251: Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis H (sig.)
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	20 years or less	2	4,25	10,418 (0,015)
	21-30	14	20,39	
	31-40	11	12,50	
	41-50	3	11,17	
	Total	30		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	20 years or less	2	15,50	10,505 (0,015)
	21-30	14	20,79	
	31-40	12	10,00	
	41-50	3	18,00	
	Total	31		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	20 years or less	2	9,00	11,715 (0,008)
	21-30	14	20,79	
	31-40	12	10,29	
	41-50	3	21,17	
	Total	31		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statements, pertaining to the respondent's age "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation.", "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth." and "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people.". Respondents aged 21 to 30 years agree that the COVID-19 crisis most severely impacted the right to work, while those aged 20 years or less agree the least. Respondents aged 21 to 30 years also tend to agree the most that the COVID-19 crisis particularly affected the rights to life and health of children and youth, while those aged 31 to 40 years tend to agree the least. Those respondents aged 41 to 50 years agree the most that the COVID-19 crisis particularly affected the rights to life and health of employed people, while respondents aged 20 years or less agree the least.

Table 5.252: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
COVID-19 restrictions affected my fundamental rights.	90,500	0,705
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	90,000	0,692
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	86,000	0,567

COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	96,000	0,923
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	87,500	0,860
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	56,000	0,078
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	76,000	0,410
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	74,500	0,241
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	60,500	0,121
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	85,500	0,775
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	85,500	0,776
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	87,000	0,832
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	48,000	0,641
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	71,500	0,328
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	93,500	0,832
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	83,000	0,464
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	98,000	1,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	82,500	0,936
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	75,500	0,652

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	54,500	0,105
The decision to provide Temporary Regularization of Migrants was correct, giving them full access to social benefits, including healthcare, in the same conditions as nationals.	96,500	0,937
Early Release of Inmates, to protect the health and safety of people in detention and other closed facilities, was a correct measure.	91,000	1,000

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.253: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
COVID-19 restrictions affected my fundamental rights.	0,628	0,890
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	7,185	0,066
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	0,434	0,933
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,740	0,864
COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	2,112	0,550
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	4,145	0,246
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	1,932	0,587
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	5,187	0,159
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	1,013	0,798
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	2,769	0,429
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	1,491	0,684
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	1,165	0,761

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0,917	0,821
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	1,912	0,591
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	4,220	0,239
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	5,800	0,122
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	1,583	0,663
The decision to provide Temporary Regularization of Migrants was correct, giving them full access to social benefits, including healthcare, in the same conditions as nationals.	0,455	0,929
Early Release of Inmates, to protect the health and safety of people in detention and other closed facilities, was a correct measure.	2,231	0,526

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.254: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
COVID-19 restrictions affected my fundamental rights.	0,288	0,866
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	1,409	0,494
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	1,598	0,450
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,328	0,849
COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	0,026	0,987
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	2,112	0,348
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	3,241	0,198

By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	1,591	0,451
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	3,582	0,167
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	0,604	0,740
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	2,498	0,287
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	3,217	0,200
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	0,361	0,835
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	3,939	0,140
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	5,634	0,060
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	1,319	0,517
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	1,271	0,530
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	4,238	0,120
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	0,176	0,916
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	3,951	0,139
The decision to provide Temporary Regularization of Migrants was correct, giving them full access to social benefits, including healthcare, in the same conditions as nationals.	2,980	0,225
Early Release of Inmates, to protect the health and safety of people in detention and other closed facilities, was a correct measure.	2,820	0,244

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences pertaining to the respondents education.

Table 5.255: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
COVID-19 restrictions affected my fundamental rights.	1,027	0,598
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	1,765	0,414
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	0,382	0,826
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,331	0,847
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	0,803	0,669
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0,991	0,609
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	1,003	0,606
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	4,038	0,133
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0,592	0,744
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	0,451	0,798
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0,983	0,612
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	1,574	0,455
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	0,030	0,985
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0,089	0,956
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	4,537	0,103
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0,378	0,828

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	2,084	0,353
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0,837	0,658
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	0,765	0,682
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	2,680	0,262
The decision to provide Temporary Regularization of Migrants was correct, giving them full access to social benefits, including healthcare, in the same conditions as nationals.	2,715	0,257
Early Release of Inmates, to protect the health and safety of people in detention and other closed facilities, was a correct measure.	0,038	0,981

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, pertaining to the respondents area of living.

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Table 5.256: Gender

	Frequency	Percent
Female	26	72,2 %
Male	10	27,8 %
Total	36	100,0 %

Most respondents are female (72,2 %), while 27,8 % are male.

Table 5.257: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	1	2,9 %	39,9	12,5
21-30	4	11,8 %		
31-40	12	35,3 %		
41-50	12	35,3 %		
51-60	2	5,9 %		
61-70	2	5,9 %		
71 years or more	1	5,9 %		
Total	34	100,0 %		

The respondents mean age is 39,9 years with a standard deviation of 12,5 years. The same percentage of respondents (35,3 %) are aged 31 to 40 or 41 to 50 years, 11,8 % are aged 21 to 30 years. The same percentages of respondents (5,9 %) are aged 51 to 60, 61 to 70 and 71 years or more.

Table 5.258: Highest completed degree or level of school

	Frequency	Percent
Secondary school	9	25,0 %
Bachelor’s degree or professional diploma	14	38,9 %
Master’s Degree	9	25,0 %
PhD or DPhil	4	11,1 %
Total	36	100,0 %

The highest percentage of respondents (38,9 %) acquire a bachelor's degree or a professional diploma. A quarter of respondents completed secondary school, a quarter of respondents also acquired a master's degree. The lowest percentage of respondents (11,1 %) acquired a PhD or DPhil.

Table 5.259: Area of living

	Frequency	Percent
Rural area	12	33,3 %
Suburban area	5	13,9 %
Urban area	19	52,8 %
Total	36	100,0 %

Over half of respondents (52,8 %) live in urban areas, 33,3 % in rural and 13,9 % in suburban areas.

Table 5.260: Level of agreement with given statements

	1	**2**	**3**	**4**	**5**	**6**	**M**	**SD**
COVID-19 restrictions affected my fundamental rights.	3	2	2	11	18	0	4,1	1,3
	8,3 %	5,6 %	5,6 %	30,6 %	50,0 %	0,0 %		
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	1	4	5	11	15	0	4,0	1,1
	2,8 %	11,1 %	13,9 %	30,6 %	41,7 %	0,0 %		
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	2	8	6	10	8	2	3,4	1,3
	5,6 %	22,2 %	16,7 %	27,8 %	22,2 %	5,6 %		
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	3	6	4	11	11	1	3,6	1,3
	8,3 %	16,7 %	11,1 %	30,6 %	30,6 %	2,8 %		

COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	8	7	10	4	6	1	2,8	1,4
	22,2 %	19,4 %	27,8 %	11,1 %	16,7 %	2,8 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	1	2	3	8	22	0	4,3	1,0
	2,8 %	5,6 %	8,3 %	22,2 %	61,1 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	1	5	4	13	12	1	3,9	1,1
	2,8 %	13,9 %	11,1 %	36,1 %	33,3 %	2,8 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	1	2	2	9	22	0	4,4	1,0
	2,8 %	5,6 %	5,6 %	25,0 %	61,1 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	3	6	8	11	8	0	3,4	1,3
	8,3 %	16,7 %	22,2 %	30,6 %	22,2 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	4	6	13	6	5	2	3,1	1,2
	11,1 %	16,7 %	36,1 %	16,7 %	13,9 %	5,6 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0	1	0	11	23	1	4,6	0,7
	0,0 %	2,8 %	0,0 %	30,6 %	63,9 %	2,8 %		
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	1	2	4	7	21	1	4,3	1,1
	2,8 %	5,6 %	11,1 %	19,4 %	58,3 %	2,8 %		
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	0	4	8	9	13	2	3,9	1,1
	0,0 %	11,1 %	22,2 %	25,0 %	36,1 %	5,6 %		
COVID-19 crisis has accordingly to my opinion	0	1	1	13	20	1	4,5	0,7
	0,0 %	2,8 %	2,8 %	36,1 %	55,6 %	2,8 %		

particularly affected the rights to life and health of the following social group: Older persons								
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0	0	3	13	13	7	4,3	0,7
	0,0 %	0,0 %	8,3 %	36,1 %	36,1 %	19,4 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0	4	2	9	19	2	4,3	1,0
	0,0 %	11,1 %	5,6 %	25,0 %	52,8 %	5,6 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	1	3	7	12	13	0	3,9	1,1
	2,8 %	8,3 %	19,4 %	33,3 %	36,1 %	0,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	4	4	10	7	6	5	3,2	1,3
	11,1 %	11,1 %	27,8 %	19,4 %	16,7 %	13,9 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	3	4	9	10	6	4	3,4	1,2
	8,3 %	11,1 %	25,0 %	27,8 %	16,7 %	11,1 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0	2	4	15	14	1	4,2	0,9
	0,0 %	5,6 %	11,1 %	41,7 %	38,9 %	2,8 %		
In Slovenia the restrictions applied for the non-vaccinated people were serving the scope of protection of public health.	13	5	3	9	6	0	2,7	1,6
	36,1 %	13,9 %	8,3 %	25,0 %	16,7 %	0,0 %		
	0	2	4	10	18	2	4,3	0,9

I could notice the rise of the social exclusion in Slovenian society during COVID-19 crisis.	0,0 %	5,6 %	11,1 %	27,8 %	50,0 %	5,6 %

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. On average respondents agree with two statements "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement." (M=4,6; SD=0,7) and "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons." (M=4,5; SD=0,7). On average respondents agree with the following statements: "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly." (M=4,4; SD=1,0), "I could notice the rise of the social exclusion in Slovenian society during COVID-19 crisis." (M=4,3; SD=0,9), "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth." (M=4,3; SD=1,0), "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people." (M=4,3; SD=0,7), "The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long." (M=4,3; SD=1,1), "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health." (M=4,3; SD=1,0), "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work." (M=4,2; SD=0,9), "COVID-19 restrictions affected my fundamental rights." (M=4,1; SD=1,3), "COVID-19 crisis affected my situation on the following areas of life: My income or income of my family." (M=4,0; SD=1,1), "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education." (M=3,9; SD=1,1), "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people." (M=3,9; SD=1,1), "The limitation of the spread of COVID-19 could be reached with other means than implemented ones." (M=3,9; SD=1,1) and "COVID-19 crisis affected my situation on the following areas of life: Limited access to resources." (M=3,6; SD=1,3). On average respondents have a neutral opinion about the following statements: "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women." (M=3,4; SD=1,2), "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation." (M=3,4; SD=1,3), "COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community." (M=3,4; SD=1,3), "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support." (M=3,2; SD=1,3), "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs." (M=3,1; SD=1,2), "COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality." (M=2,8; SD=1,4) and "In Slovenia the restrictions applied for the non-vaccinated people were serving the scope of protection of public health." (M=2,7; SD=1,6).

We asked participants if COVID-19 crisis affected their situation on other conditions of inequality:

- Access to health services was difficult.

- discrimination against the unvaccinated, coercion of behaviour and activities contrary to one's own beliefs
- Free movement between vaccinated and unvaccinated
- freedom of movement, for some masks, for others not...
- Home-schooling of a 1st-grade child, and at the same time going to a job that was not remote.
- I had a bad experience with childbirth.
- in Ljubljana, my colleagues were vaccinated 2 months before me
- Limitation of the performance of work (no possibility of remote work).
- People who had a certificate had different rights than those who did not
- Probably yes, but at the moment I don't remember what I could point out.
- Regarding restriction of movement, regarding income, regarding democracy.
- That I was discriminated against vaccinated sheep with a herd instinct, but now that the truth is coming to light, that it was a political disease and only a fraudulent acquisition of funds by the elites, these very sheep have become fools.
- the possibility of free movement
- University.

We asked participants if not listed above, please explain which other human rights and freedom were affected the most during COVID-19 crisis by your personal opinion:

- Also the right to free choice regarding vaccination. This group of residents was privileged, the rest were subjected to constant testing (even when visiting specialized stores).
- crossings through municipal movement restrictions
- culture and sport, tourism
- discrimination against the unvaccinated, coercion of behaviour and activities contrary to one's own beliefs
- Freedom of expression.
- freedom of movement, social contacts, expression of opinions, freedom of access to various information,
- It was necessary to adapt to the situation, which is rightly expected of mature and responsible people. Above all, I respect the quick reaction of the Janša government at the time - at that time, healthcare did not collapse, despite the gravity of the situation, the system played its role. How is it under Golob today? We are diving!
- Schooling, socializing children with other peers. Information.
- the rights of children to the treatment of distance learning and learning. masks in hospitals and visiting.

Table 5.261: Obstacle faced the most by participants during the COVID-19 crisis

	Frequency	Percent
Limited movement	31	86,1 %
Limited healthcare	19	52,8 %
COVID-19 vaccine compulsoriness	18	50,0 %
Limited freedom of peaceful assembly	15	41,7 %
Limited work possibilities	13	36,1 %
Lack of democratic participation	11	30,6 %

Psychological breakdown	8	22,2 %
Discrimination	6	16,7 %
Digital obstacles	5	13,9 %
Limited education	3	8,3 %
Gender based violence	2	5,6 %

Majority of respondents (86,1 %) experienced limited movement during the COVID-19 crisis. More than half of them (52,8 %) experienced limited healthcare, while half were faced with COVID-19 vaccine compulsoriness. Limited freedom of peaceful assembly was experienced by 41,7 % of respondents and limited work possibilities by 36,1 %, 30,6 % of respondents experienced lack of democratic participation. Over a fifth of respondents (22,2 %) experienced psychological breakdown, 16,7 % faced discrimination, 13,9 % digital obstacles and 8,3 % of respondents experienced limited education. The lowest percentage of respondents (5,6 %) experienced gender-based violence.

We asked participants if they stated 4 – limited education or 5 – limited healthcare with the previous question to please indicate other different possibilities of restriction, which would not affect your fundamental rights:

- A different approach, less aggressive, recommendations. If you carry out repression, you get back rebellion.
- Addressing citizens respectfully.
- Choosing less repressive/invasive options, deliberate and slower legislative change,...
- Faster and more logical removal of restrictions based on the current epidemiological situation (such as the opening of schools).
- If we had tested from the beginning, the children, for example, would have been able to go to school (or go to kindergarten) as usual and would have had less psychological consequences today. In nursing homes, among the elderly and probably among other citizens, social isolation prevailed, which deepened anxiety, depression and other mental illnesses
- It shouldn't be all closed for so long. Now there are a lot of sick people, but nothing is closed.
- More awareness about the course of the disease and, above all, its treatment.
- More effective communication
- more suitable masks, expert advice from NIJAS - ventilation, for example,
- Some restrictions would not be needed at all
- No repression and genocide that was clear.
- Restrictions would not be needed anywhere
- So that people would not be harassed with this covid nonsense based on the interests of the genocidal organization WHO, and that the government would not work against the nation and scare it, imprison it and hinder it in everything, and push it into poverty and misery for its own financial interests.
- Voluntary use of masks that are actually effective and distributed free of charge to households. Option to stay at home at your own discretion. Free tests for anyone who wants to test themselves. A certain number per month.
- Wearing masks, hand disinfection, border controls.

We asked participants if COVID-19 crisis has accordingly to their opinion particularly affected the rights to life and health of the other social group (please state, which group do you think was mainly affected):

- All groups
- Athletes and young athletes
- Children
- Disabled
- Elderly and disabled people
- employed in nursing
- Ordinary people of working age - health care worked according to the triage method, they still somehow took care of the elderly and the youngest, and the biggest restrictions were for the group of the working population, which had a harder time getting to a doctor.
- People suffering from cancer or other diseases that were not a priority during the epidemic.
- Perfectly healthy people
- Perhaps chronic patients. 6. Newly ill patients were treated even faster than one would expect.
- Persons who needed medical treatment during the epidemic.
- unvaccinated
- pregnant women
- Young people, pupils, students.

We asked participants if they have anything to add:

- After all the vaccinations, I notice a drastic decrease in my immunity.
- During the epidemic, family members may have died and other members failed to say good-bye.
- The great hardship of parents - their work and simultaneous care for (more than) one child, and household and lack of resources or time... Even now, the consequences of the lack of companionship and socialization in children are visible.
- the reliability of information is essential, during the pandemic it was also contradictory and therefore caused confidence in the measures
- I got sick during the C19. I already had a diagnosis within 1 week, a confirmed diagnosis within 14 days. Tumor, suspected sarcoma. Under emergency surgery in the following weeks. It couldn't even go faster! how is it today You can't even call you doctor. Today, the situation is worse under the current government. Alas, if a war breaks out, will the interviewers also wonder whether our right of movement, etc., was restricted? Anyway, we are limited in emergency situations, and anyone who is not ready to reduce the risk of even greater problems for themselves or others in solidarity, compassionately - such a person is limited in his head and heart and not in his movement.

Table 5.262: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
COVID-19 restrictions affected my fundamental rights.	0,317	0,000	0,709	0,000

COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,250	0,001	0,826	0,001
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	0,183	0,045	0,907	0,035
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,236	0,002	0,868	0,006
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	0,176	0,042	0,881	0,011
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0,388	0,000	0,681	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	0,238	0,002	0,836	0,002
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	0,350	0,000	0,680	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0,282	0,000	0,855	0,003
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	0,179	0,045	0,914	0,049
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0,402	0,000	0,585	0,000
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	0,357	0,000	0,706	0,000
The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	0,239	0,001	0,836	0,002
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0,380	0,000	0,655	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,314	0,000	0,736	0,000

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0,372	0,000	0,619	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,213	0,008	0,851	0,003
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0,154	0,166	0,894	0,019
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	0,228	0,003	0,894	0,019
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0,262	0,000	0,844	0,002
In Slovenia the restrictions applied for the non-vaccinated people were serving the scope of protection of public health.	0,238	0,002	0,819	0,001
I could notice the rise of the social exclusion in Slovenian society during COVID-19 crisis.	0,305	0,000	0,767	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.263: Mann-Whitney test for statistically significant differences

		N	Mean Rank	Sum of Ranks	Mann-Whitney U (sig.)
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	Female	25	19,90	497,50	77,50 (0,049)
	Male	10	13,25	132,50	
	Total	35			
The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	Female	25	19,56	489,00	61,00 (0,035)
	Male	9	11,78	106,00	
	Total	34			

The Mann-Whitney test is statistically significant (sig. < 0,05) in the following statements, pertaining to the respondent's gender "The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long." and "The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.". Females tend to agree with both of those statements more than males.

Table 5.264: Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis H (sig.)
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	20 years or less	1	24,00	12,679 (0,048)
	21-30	4	6,50	
	31-40	12	18,50	
	41-50	12	18,71	
	51-60	2	24,00	
	61-70	2	24,00	
	71 years or more	1	2,50	
	Total	34		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statement, pertaining to the respondent's age "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health.". Respondents in the age groups 61-70 years, 51-60 years and 20 years or less all agree with this statement the most, while those in the 71 years or more age group tend to agree with it the least.

Table 5.265: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
COVID-19 restrictions affected my fundamental rights.	113,500	0,526
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	111,000	0,478
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	100,500	0,630
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	103,500	0,416
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	105,000	0,642
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	83,000	0,057
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	114,500	0,921
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	129,500	0,984
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	100,000	0,276

By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	71,000	0,165
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	94,000	0,172
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	94,000	0,320
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	80,000	0,829
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	93,000	0,396
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	114,000	0,553
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	63,500	0,186
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	73,500	0,823
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	112,000	0,838
In Slovenia the restrictions applied for the non-vaccinated people were serving the scope of protection of public health.	100,000	0,272
I could notice the rise of the social exclusion in Slovenian society during COVID-19 crisis.	73,500	0,094

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.266: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
COVID-19 restrictions affected my fundamental rights.	3,276	0,773
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	3,983	0,679
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	2,289	0,891

COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	2,334	0,887
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	1,443	0,963
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	3,614	0,729
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	5,471	0,485
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	5,196	0,519
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	7,430	0,283
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	3,724	0,714
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	5,643	0,464
The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	3,912	0,689
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	6,576	0,362
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	7,630	0,267
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	4,788	0,571
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	2,139	0,906
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	4,673	0,586
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	4,345	0,630
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	1,307	0,971

In Slovenia the restrictions applied for the non-vaccinated people were serving the scope of protection of public health.	3,935	0,686
I could notice the rise of the social exclusion in Slovenian society during COVID-19 crisis.	5,216	0,516

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.267: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
COVID-19 restrictions affected my fundamental rights.	3,232	0,357
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,960	0,811
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	2,128	0,546
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	1,278	0,734
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	0,540	0,910
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	4,644	0,200
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	1,126	0,771
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	5,891	0,117
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0,347	0,951
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	6,924	0,074
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	1,057	0,787
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	2,222	0,528
The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	2,126	0,547

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	1,233	0,745
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	1,830	0,609
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	3,647	0,302
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	1,574	0,665
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0,670	0,880
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	1,758	0,624
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	1,021	0,796
In Slovenia the restrictions applied for the non-vaccinated people were serving the scope of protection of public health.	0,125	0,989
I could notice the rise of the social exclusion in Slovenian society during COVID-19 crisis.	0,640	0,887

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, based on the acquired education of respondents.

Table 5.268: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
COVID-19 restrictions affected my fundamental rights.	0,520	0,771
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	1,074	0,585
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	0,642	0,725
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,143	0,931
COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	2,819	0,244
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0,099	0,952
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	1,195	0,550
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	0,125	0,940
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	1,783	0,410
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	0,018	0,991
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0,778	0,678
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	2,454	0,293
The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	2,404	0,301
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	4,691	0,096
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,054	0,973
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	1,327	0,515

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,500	0,779
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	2,397	0,302
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	0,891	0,640
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0,231	0,891
In Slovenia the restrictions applied for the non-vaccinated people were serving the scope of protection of public health.	0,613	0,736
I could notice the rise of the social exclusion in Slovenian society during COVID-19 crisis.	0,297	0,862

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, based on the respondents area of living.

SPAIN

Table 5.269: Gender

	Frequency	Percent
Female	34	87,2 %
Male	5	12,8 %
Total	39	100,0 %

The majority of respondents (87,2 %) are female and 12,8 % are male.

Table 5.270: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	1	2,6 %	51,5	16,9
21-30	5	12,8 %		
31-40	6	15,4 %		
41-50	5	12,8 %		
51-60	9	23,1 %		
61-70	8	20,5 %		
71 years or more	5	12,8 %		
Total	39	100,0 %		

The mean age of respondents is 51,5 years with a standard deviation of 16,9 years. Almost a quarter of respondents (23,1 %) are aged 51 to 60 years, 20,5 % are aged 61 to 70 years, 15,4 % 31 to 40

years. The same percentage of respondents (12,8 %) are aged 21 to 30 years, 41 to 50 years or 71 years or more. The lowest percentage of respondents (2,6 %) are aged 20 years or less.

Table 5.271: Highest completed degree or level of school

	Frequency	Percent
Secondary school	22	56,4 %
Bachelor’s degree or professional diploma	10	25,6 %
Master’s Degree	5	12,8 %
Other	2	5,1 %
Total	39	100,0 %

Over half of respondents (56,4 %) have completed secondary school. Over a quarter (25,6 %) have acquired a bachelor's degree or a professional diploma, 12,8 % acquired a master's degree. The lowest percentage of respondents (5,1 %) chose the answer other.

Table 5.272: Area of living

	Frequency	Percent
Suburban area	1	2,6 %
Urban area	38	97,4 %
Total	39	100,0 %

Vast majority of respondents (97,4 %) live in urban areas, only 2,6 % live in suburban areas.

Table 5.273: Level of agreement with given statements

	1	**2**	**3**	**4**	**5**	**6**	**M**	**SD**
COVID-19 restrictions affected my fundamental rights.	6	5	6	12	10	0	3,4	1,4
	15,4 %	12,8 %	15,4 %	30,8 %	25,6 %	0,0 %		
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	20	2	4	1	12	0	2,6	1,8
	51,3 %	5,1 %	10,3 %	2,6 %	30,8 %	0,0 %		
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	12	6	7	8	5	1	2,7	1,5
	30,8 %	15,4 %	17,9 %	20,5 %	12,8 %	2,6 %		
COVID-19 crisis affected my situation on the following areas of life: Limited access to	7	6	6	6	11	3	3,2	1,5
	17,9 %	15,4 %	15,4 %	15,4 %	28,2 %	7,7 %		

resources (like compensation from the government)								
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	8	4	7	6	11	3	3,2	1,6
	20,5 %	10,3 %	17,9 %	15,4 %	28,2 %	7,7 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0	0	2	10	27	0	4,6	0,6
	0,0 %	0,0 %	5,1 %	25,6 %	69,2 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	0	3	6	13	15	2	4,1	1,0
	0,0 %	7,7 %	15,4 %	33,3 %	38,5 %	5,1 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	0	2	4	10	20	3	4,3	0,9
	0,0 %	5,1 %	10,3 %	25,6 %	51,3 %	7,7 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	1	6	1	12	18	1	4,1	1,2
	2,6 %	15,4 %	2,6 %	30,8 %	46,2 %	2,6 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship	3	5	4	10	6	11	3,4	1,3
	7,7 %	12,8 %	10,3 %	25,6 %	15,4 %	28,2 %		

in accordance with religious beliefs								
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0	0	0	10	29	0	4,7	0,4
	0,0 %	0,0 %	0,0 %	25,6 %	74,4 %	0,0 %		
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	6	5	6	11	8	3	3,3	1,4
	15,4 %	12,8 %	15,4 %	28,2 %	20,5 %	7,7 %		
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	2	9	6	6	5	11	3,1	1,3
	5,1 %	23,1 %	15,4 %	15,4 %	12,8 %	28,2 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	2	0	1	4	32	0	4,6	1,0
	5,1 %	0,0 %	2,6 %	10,3 %	82,1 %	0,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	2	1	1	4	31	0	4,6	1,0
	5,1 %	2,6 %	2,6 %	10,3 %	79,5 %	0,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	2	1	5	4	26	1	4,3	1,1
	5,1 %	2,6 %	12,8 %	10,3 %	66,7 %	2,6 %		
COVID-19 crisis has accordingly to my	2	1	7	8	21	0	4,2	1,1
	5,1 %	2,6 %	17,9 %	20,5 %	53,8 %	0,0 %		

opinion particularly affected the rights to life and health of the following social group: Employed people								
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	2 5,1 %	0 0,0 %	1 2,6 %	5 12,8 %	28 71,8 %	3 7,7 %	4,6	1,0
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	2 5,1 %	0 0,0 %	5 12,8 %	11 28,2 %	19 48,7 %	2 5,1 %	4,2	1,1
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	2 5,1 %	0 0,0 %	0 0,0 %	6 15,4 %	27 69,2 %	4 10,3 %	4,6	1,0

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents on average agree that the COVID-19 crisis most severely impacted freedom of movement (M=4,7; SD=0,4) and right to healthcare (M=4,6; SD=0,6), they also strongly agree that the COVID-19 crisis in particular affected the right to life and health of people in precarious work (M=4,6; SD=1,0), people on social support (M=4,6; SD=1,0), disabled people (M=4,6; SD=1,0) and older persons (M=4,6; SD=1,0). Respondents on average agree with the following statements: "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth." (M=4,3; SD=1,1), "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly." (M=4,3; SD=0,9), "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women." (M=4,2; SD=1,1), "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people." (M=4,2; SD=1,1), "By my opinion, the impact of the COVID-19 crisis on the human

rights was the most severely on: Right to work/choose an occupation." (M=4,1; SD=1,2) and "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education." (M=4,1; SD=1,0). Respondents have on average a neutral opinion on the following statements: "COVID-19 restrictions affected my fundamental rights." (M=3,4; SD=1,4), "The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long." (M=3,3; SD=1,4), "COVID-19 crisis affected my situation on the following areas of life: Limited access to resources." (M=3,2; SD=1,5), "COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality." (M=3,2; SD=1,6), "The limitation of the spread of COVID-19 could be reached with other means than implemented ones." (M=3,1; SD=1,3), "COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community." (M=2,7; SD=1,5) and "COVID-19 crisis affected my situation on the following areas of life: My income or income of my family." (M=2,6; SD=1,8).

We asked participants if COVID-19 crisis affected their situation on other conditions of inequality:

- Access to health care, not being able to leave the house and finding everything closed
- education and family economy
- food prices, taxes
- freedom of assembly, freedom of movement, movement, access to health care, access to culture, the increase in gender violence, the loneliness of people living alone and the needs of people with mental illness.
- freedom of movement, enjoyment of equipped spaces, access to digital resources
- Health area, which still endures
- It was difficult to telecommuting
- made it difficult to relate to other people, family, friends, etc.
- Movement and associative environment
- Social and family relations.
- studies, economics.

We asked participants if not listed above, please explain which other human rights and freedom were affected the most during COVID-19 crisis by your personal opinion:

- Interaction with people in your family and friendships.
- protection of victims of gender-based violence, access to administrative procedures, access to digital resources for online procedures, deterioration of mental and physical health.
- the right to assembly, to visit family members.
-

Table 5.274: Obstacle faced the most by participants during the COVID-19 crisis

	Frequency	Percent
Limited movement	36	92,3 %
Limited freedom of peaceful assembly	30	76,9 %
Limited healthcare	26	66,7 %
Psychological breakdown	18	46,2 %
Limited work possibilities	17	43,6 %
Limited education	12	30,8 %
Digital obstacles	10	25,6 %

Lack of democratic participation	9	23,1 %
Gender based violence	9	23,1 %
COVID-19 vaccine compulsoriness	8	20,5 %
Discrimination	3	7,7 %

Vast majority of respondents (92,3 %) have experienced limited movement during the COVID-19 crisis, 76,9 % experienced limited freedom of peaceful assembly and 66,7 % limited healthcare. Nearly half of respondents (46,2 %) experienced psychological breakdown, 43,6 % faced limited work possibilities and 30,8 % limited education. Just over a quarter of respondents (25,6 %) faced digital obstacles. The same percentage of respondents (23,1 %) experienced lack of democratic participation or gender-based violence. About a fifth of respondents (20,5 %) faced COVID-19 vaccine compulsoriness. The lowest percentage of respondents (7,7 %) faced discrimination.

We asked participants if they stated 4 – limited education or 5 – limited healthcare with the previous question to please indicate other different possibilities of restriction, which would not affect your fundamental rights:

- I don't think mass vaccination and street disinfection measures and the like were necessary.
- Improving of tests
- increased public transport services, provision of free face masks,
- lack of antigen testing and screening once people are infected and recovered
- Restrictions should have been made earlier, there should have been enough masks and more information and less panic.
- There was little information and a lack of prevention materials
- This has been done quite consistently
- To have informed about the situation beforehand
- We have been ignorant of what was coming and have been very uninformed.
- With the distribution of free face masks for all people, organising care in health services both for primary care, specialists and emergency services with guarantees of limiting contagion. With unrestricted outdoor access and mobility allowed with guaranteed safety distances.
- You can't control everyone, so confinement was necessary.

We asked participants if COVID-19 crisis has accordingly to their opinion particularly affected the rights to life and health of the other social group (please state, which group do you think was mainly affected):

- Children and youth
- Elderly and disabled people
- women
- employed persons
- migrants, homeless people, people with mental health problems
- people in precarious work
- People at risk of social exclusion, women and the elderly.
- People who were out of the country and could not come back.
- People who were working and had limited travel or had to work in front of the public at risk.

- to people without resources and who do not use the internet or do not have internet at home, because nothing can be done without internet or medical appointments.

We asked participants if they have anything to add:

- Lack of information, and sometimes neglect of families and care home employees.
- The limitation of meetings and visits to families negatively affected the psychological health of the elderly.

Table 5.275: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
COVID-19 restrictions affected my fundamental rights.	0,222	0,044	0,869	0,033
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,269	0,005	0,757	0,001
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	0,176	0,021	0,898	0,039
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,161	0,025	0,864	0,028
COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	0,185	0,018	0,879	0,046
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0,453	0,000	0,561	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	0,263	0,006	0,775	0,002
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	0,338	0,000	0,667	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0,300	0,001	0,759	0,001
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	0,218	0,035	0,870	0,034

By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0,453	0,000	0,561	0,000
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	0,303	0,001	0,838	0,012
The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	0,195	0,013	0,853	0,019
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0,514	0,000	0,413	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,485	0,000	0,499	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0,439	0,000	0,606	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,366	0,000	0,705	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0,473	0,000	0,525	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	0,326	0,000	0,755	0,001
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0,453	0,000	0,561	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.276: Mann-Whitney test for statistically significant differences

Gender:		N	Mean Rank	Mann-Whitney U (sig.)
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	Female	34	21,47	35,00 (0,009)
	Male	5	10,00	
	Total	39		
	Female	32	20,36	36,50 (0,040)

By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	Male	5	10,30	
	Total	37		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	Female	34	21,15	46,00 (0,014)
	Male	5	12,20	
	Total	39		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	Female	34	21,65	29,00 (0,001)
	Male	5	8,80	
	Total	39		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	Female	33	20,77	40,50 (0,027)
	Male	5	11,10	
	Total	38		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	Female	32	19,64	27,50 (0,011)
	Male	4	9,38	
	Total	36		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	Female	31	19,08	28,50 (0,018)
	Male	4	9,63	
	Total	35		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	Suburban area	1	1,50	0,50 (0,042)
	Urban area	38	20,49	
	Total	39		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	Suburban area	1	3,00	2,00 (0,024)
	Urban area	38	20,45	
	Total	39		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	Suburban area	1	4,00	3,00 (0,044)
	Urban area	38	20,42	
	Total	39		

The Mann-whitney test is statistically significant (sig. < 0,05) in the following statements, pertaining to the respondent's gender "By my opinion, the impact of the COVID-19 crisis on the human rights was

the most severely on: Access to health care/the right to health.", "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education." COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons.", "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people.", "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth.", "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support." and "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work.". Females tend to agree with all those statements more than males.

The Mann-Whitney test is statistically significant (sig. < 0,05) in the following statements, pertaining to the respondent's area of living, "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health.", "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons." and "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people.". Respondents who live in urban areas tend to agree with all those statements more than those living in suburban areas.

Table 5.277: Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis H (sig.)
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	Secondary school	22	15,55	6,951 (0,031)
	Bachelor's degree or professional diploma	10	24,80	
	Master's Degree	5	22,60	
	Total	37		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	Secondary school	19	20,71	7,779 (0,020)
	Bachelor's degree or professional diploma	10	10,90	
	Master's Degree	5	18,50	
	Total	34		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statements, pertaining to the respondent's acquired education "COVID-19 crisis affected my situation on the following areas of life: My income or income of my family." and "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly." Respondents with a bachelor's degree or a professional diploma tend to agree the most with the statement: "COVID-19 crisis affected my situation on the following areas of life: My income or income of my family." while those with a completed secondary school tend to agree with it the least. While respondents with completed secondary school tend to agree the most with the statement: "By my opinion, the impact

of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly.”, those with a bachelor's degree or a professional diploma agree with it the least.

Table 5.278: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
COVID-19 restrictions affected my fundamental rights.	65,500	0,399
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	49,500	0,103
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	69,000	0,549
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	61,500	0,453
COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	66,000	0,589
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	65,500	0,541
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	47,500	0,103
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	30,000	0,222
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	71,000	0,437
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	55,000	0,291
The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	41,000	0,308
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	45,500	0,069
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	41,000	0,181

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.279: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
COVID-19 restrictions affected my fundamental rights.	8,795	0,185
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	7,706	0,260
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	6,784	0,341
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	1,791	0,938
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	7,453	0,281
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	6,036	0,419
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	6,135	0,408
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	8,907	0,179
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	6,099	0,412
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	6,558	0,364
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	2,625	0,854
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	6,368	0,383
The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	1,690	0,890
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	6,155	0,406
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	4,603	0,596
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	7,411	0,284

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	5,962	0,428
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	4,714	0,581
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	5,544	0,476
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	5,606	0,347

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.280: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
COVID-19 restrictions affected my fundamental rights.	3,268	0,195
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	3,050	0,218
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,267	0,875
COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	1,096	0,578
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	2,344	0,310
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	0,238	0,888
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	4,275	0,118
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	4,928	0,085
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	2,095	0,351
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	0,873	0,646
The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	4,746	0,093

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	3,192	0,203
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	2,092	0,351
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	1,909	0,385
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	1,498	0,473
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	1,450	0,484
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	0,003	0,999
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	2,354	0,308

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, based on the acquired education of respondents.

Table 5.281: Kruskal-Wallis test for area of living

	Mann-Whitney U	Sig.
COVID-19 restrictions affected my fundamental rights.	15,500	0,749
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	5,500	0,189
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	8,500	0,349
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	13,500	0,693
COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	9,500	0,429
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	5,500	0,214
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	10,500	0,453

By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	13,500	0,623
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	14,000	0,557
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	8,000	0,348
The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	6,000	0,339
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	5,000	0,134
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	13,500	0,592
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	5,000	0,097
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	4,000	0,152

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, based on the respondents area of living.

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Table 5.282: Gender

	Frequency	Percent
Female	16	53,3 %
Male	14	46,7 %
Total	30	100,0 %

Just over half of respondents (53,3 %) are female, 46,7 % are male.

Table 5.283: Age in years

	Frequency	Percent	Mean	Standard deviation
21-30	28	90,3 %	26,3	2,8
31-40	3	9,7 %		
Total	31	100,0 %		

The mean age of respondents is 26,3 years with a standard deviation of 2,8 years. Vast majority of respondents (90,3 %) are aged 21 to 30 years, 9,7 % are aged 31 to 40 years.

Table 5.284: Highest completed degree or level of school

	Frequency	Percent
Secondary school	2	6,5 %
Bachelor’s degree or professional diploma	20	64,5 %
Master’s Degree	9	29,0 %
Total	31	100,0 %

Most respondents (64,5 %) acquired a bachelor's degree or a professional diploma, 29,0 % acquired a master's degree. The lowest percentage of respondents (6,5 %) completed secondary school.

Table 5.285: Area of living

	Frequency	Percent
Rural area	5	16,1 %
Urban area	26	83,9 %
Total	31	100,0 %

Majority of respondents (83,9 %) live in urban areas, while 16,1 % live in rural areas.

Table 5.286: Level of agreement with given statements

	1	**2**	**3**	**4**	**5**	**6**	**M**	**SD**
COVID-19 restrictions affected my fundamental rights.	0	3	1	24	3	0	3,9	0,7
	0,0 %	9,7 %	3,2 %	77,4 %	9,7 %	0,0 %		
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0	3	2	20	6	0	3,9	0,8
	0,0 %	9,7 %	6,5 %	64,5 %	19,4 %	0,0 %		
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	0	5	10	15	1	0	3,4	0,8
	0,0 %	16,1 %	32,3 %	48,4 %	3,2 %	0,0 %		
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0	4	14	7	2	4	3,3	0,8
	0,0 %	12,9 %	45,2 %	22,6 %	6,5 %	12,9 %		
	6	10	0	13	2	0	2,8	1,3

COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	19,4 %	32,3 %	0,0 %	41,9 %	6,5 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	1	6	5	18	1	0	3,4	1,0
	3,2 %	19,4 %	16,1 %	58,1 %	3,2 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	1	10	7	11	2	0	3,1	1,0
	3,2 %	32,3 %	22,6 %	35,5 %	6,5 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	0	2	2	15	12	0	4,2	0,8
	0,0 %	6,5 %	6,5 %	48,4 %	38,7 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0	2	1	22	6	0	4,0	0,7
	0,0 %	6,5 %	3,2 %	71,0 %	19,4 %	0,0 %		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	2	16	4	6	2	1	2,7	1,1
	6,5 %	51,6 %	12,9 %	19,4 %	6,5 %	3,2 %		
By my opinion, the impact of the COVID-19	0	0	0	11	20	0	4,6	0,5
	0,0 %	0,0 %	0,0 %	35,5 %	64,5 %	0,0 %		

crisis on the human rights was the most severely on: Freedom of movement								
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	0	1	3	11	14	2	4,3	0,8
	0,0 %	3,2 %	9,7 %	35,5 %	45,2 %	6,5 %		
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	1	8	8	1	0	13	2,5	0,7
	3,2 %	25,8 %	25,8 %	3,2 %	0,0 %	41,9 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0	0	0	13	18	0	4,6	0,5
	0,0 %	0,0 %	0,0 %	41,9 %	58,1 %	0,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	1	4	7	6	3	10	3,3	1,1
	3,2 %	12,9 %	22,6 %	19,4 %	9,7 %	32,3 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	4	16	7	2	2	0	2,4	1,0
	12,9 %	51,6 %	22,6 %	6,5 %	6,5 %	0,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the	0	2	1	19	9	0	4,1	0,8
	0,0 %	6,5 %	3,2 %	61,3 %	29,0 %	0,0 %		

following social group: Employed people								
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0	7	5	2	1	16	2,8	0,9
	0,0 %	22,6 %	16,1 %	6,5 %	3,2 %	51,6 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	0	2	4	13	12	0	4,1	0,9
	0,0 %	6,5 %	12,9 %	41,9 %	38,7 %	0,0 %		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0	1	0	15	14	1	4,4	0,7
	0,0 %	3,2 %	0,0 %	48,4 %	45,2 %	3,2 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. On average respondents strongly agree with the statements "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons." (M=4,6; SD=0,5) and "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement." (M=4,6; SD=0,5). Respondents on average agree with the following statements: "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work." (M=4,4; SD=0,7), "The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long." (M=4,3; SD=0,8), "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly." (M=4,2; SD=0,8), "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women." (M=4,1; SD=0,9), "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people." (M=4,1; SD=0,8), "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation." (M=4,0; SD=0,7), "COVID-19 crisis affected my situation on the following areas of life: My income or income of my family." (M=3,9; SD=0,8) and

“COVID-19 restrictions affected my fundamental rights.” (M=3,9; SD=0,7). On average respondents have a neutral opinion on the following statements: “By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health.” (M=3,4; SD=1,0), “COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community.” (M=3,4; SD=0,8), “COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people.” (M=3,3; SD=1,1), “COVID-19 crisis affected my situation on the following areas of life: Limited access to resources.” (M=3,3; SD=0,8), “By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education.” (M=3,1; SD=1,0), “COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality.” (M=2,8; SD=1,3), “COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support.” (M=2,8; SD=0,9), “By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs.” (M=2,7; SD=1,1) and “The limitation of the spread of COVID-19 could be reached with other means than implemented ones.” (M=2,5; SD=0,7). On average respondents disagree that the COVID-19 crisis particularly affected the rights to life and health of children and youth (M=2,4; SD=1,0).

We asked participants if COVID-19 crisis affected their situation on other conditions of inequality:

- Ability to obtain employment.
- Due to restrictions on gatherings, Muslims could not observe their congregational prayers.
- I experienced gender discrimination when I lost my job.
- There was inequality in the rule of law. When the restrictions were set, I felt that the politicians did not follow the guidelines of covid 19.

We asked participants if not listed above, please explain which other human rights and freedom were affected the most during COVID-19 crisis by your personal opinion:

- Right to social services.

Table 5.287: Obstacle faced the most by participants during the COVID-19 crisis

	Frequency	Percent
Limited movement	22	71,0 %
Limited freedom of peaceful assembly	20	64,5 %
Limited work possibilities	18	58,1 %
Gender based violence	10	32,3 %
Limited education	10	32,3 %
Digital obstacles	9	29,0 %
Psychological breakdown	8	25,8 %
COVID-19 vaccine compulsoriness	7	22,6 %
Discrimination	6	19,4 %
Lack of democratic participation	3	9,7 %
Limited healthcare	2	6,5 %

Most respondents (71,0 %) faced limited movement during the COVID-19 crisis, 64,5 % experienced limited freedom of peaceful assembly and 58,1 % limited work possibilities. The same percentage of respondents (32,3 %) experienced gender-based violence or limited education, 29,0 % were faced with digital obstacles and 25,8 % experienced psychological breakdown. Over a fifth of respondents (22,6 %) faced COVID-19 compulsoriness and 19,4 % discrimination. Lack of democratic participation was experienced by 9,7 % of respondents. The lowest percentage of respondents (6,5 %) experienced limited healthcare.

We asked participants if they stated 4 – limited education or 5 – limited healthcare with the previous question to please indicate other different possibilities of restriction, which would not affect your fundamental rights:

- Sweden took a different approach than the rest of Europe, but Sweden managed to flatten the curve before other European countries. I think it was not that important to distinguish the approaches.

We asked participants if COVID-19 crisis has accordingly to their opinion particularly affected the rights to life and health of the other social group (please state, which group do you think was mainly affected):

- Death rates were high among the elderly
- Doctors and nurses
- Employed individuals were the most affected demographic
- Older persons
- Part-time workers were really affected
- Students who were allowed to study from home
- Teachers
- Women
- Working parents were greatly affected.

We asked participants if they have anything to add:

- Covid 19 caused several distractions in the livelihoods of employed individuals.
- In my opinion, all social groups were affected by the pandemic.

Table 5.288: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
COVID-19 restrictions affected my fundamental rights.	0,473	0,001	0,552	0,000
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,473	0,001	0,552	0,000
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	0,300	0,016	0,833	0,015

COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,237	0,002	0,961	0,008
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	0,304	0,015	0,817	0,011
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0,241	0,020	0,821	0,012
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	0,241	0,020	0,821	0,012
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	0,473	0,001	0,552	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0,300	0,016	0,883	0,033
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	0,231	0,020	0,881	0,031
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0,367	0,026	0,684	0,006
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	0,367	0,026	0,684	0,006
The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	0,367	0,026	0,684	0,006
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0,367	0,026	0,684	0,006
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,237	0,020	0,961	0,018
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0,473	0,001	0,552	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,372	0,022	0,828	0,014

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0,241	0,020	0,821	0,012
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	0,367	0,026	0,684	0,006
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0,473	0,001	0,552	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.289: Mann-Whitney test for statistically significant differences

		N	Mean Rank	Sum of Ranks	Mann-Whitney U (sig.)
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	21-30	28	17,02	476,50	13,50 (0,025)
	31-40	3	6,50	19,50	
	Total	31			
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	21-30	28	17,05	477,50	12,50 (0,036)
	31-40	3	6,17	18,50	
	Total	31			
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	Rural area	5	6,50	32,50	17,50 (0,008)
	Urban area	26	17,83	463,50	
	Total	31			

The Mann-Whitney test is statistically significant (sig. < 0,05) in the following statements, when pertaining to the respondents' age "COVID-19 crisis affected my situation on the following areas of life: My income or income of my family." and "COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality.". Respondents aged 21 to 30 years tend to agree with both statements more than those aged 31 to 40 years.

The Mann-Whitney test is statistically significant (sig. < 0,05) in the following statement, when pertaining to the respondents' area of living "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education.". Respondents from urban areas tend to agree with the statement more than those from rural areas.

Table 5.290: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
COVID-19 restrictions affected my fundamental rights.	106,000	0,736
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	111,500	0,980
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	101,000	0,621
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	69,000	0,403
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	105,000	0,756
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	100,500	0,587
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	90,000	0,339
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	85,000	0,219
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	93,500	0,340
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	89,000	0,449
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	110,000	0,921
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	94,000	0,919
The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	27,500	0,222
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	73,000	0,056
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	39,500	0,623
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	91,500	0,358

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	96,000	0,445
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	14,000	0,099
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	88,000	0,284
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	90,500	0,502

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.291: Mann-Whitney test for age groups

	Mann-Whitney U	Sig.
COVID-19 restrictions affected my fundamental rights.	40,500	0,891
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	38,000	0,772
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	21,500	0,724
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	24,500	0,189
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	39,500	0,861
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	40,500	0,912
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	32,500	0,426
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	30,500	0,450
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	25,500	0,184
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	38,000	0,937

The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	14,000	0,268
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	22,500	0,128
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	12,000	0,385
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	31,500	0,446
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	21,500	0,113
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	15,500	0,698
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	24,500	0,209
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	21,000	0,126

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, between different age groups.

Table 5.292: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
COVID-19 restrictions affected my fundamental rights.	4,999	0,082
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,168	0,919
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	0,022	0,989
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	1,742	0,419
COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	0,460	0,795
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	1,864	0,394

By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	0,152	0,927
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	2,673	0,263
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	3,290	0,193
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	3,213	0,201
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	3,204	0,202
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	0,890	0,641
The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	2,568	0,109
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	2,179	0,336
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	2,224	0,329
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0,234	0,890
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,319	0,853
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0,151	0,698
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	1,125	0,570
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0,020	0,990

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, based on the acquired education of respondents.

Table 5.293: Mann-Whitney test for area of living

	Mann-Whitney U	Sig.
COVID-19 restrictions affected my fundamental rights.	49,000	0,240
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	64,500	0,975
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	60,000	0,771
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	31,500	0,110
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	64,500	0,977
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	52,500	0,451
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	50,000	0,376
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	58,500	0,661
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	52,000	1,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	61,500	0,821
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	47,500	0,429
The limitation of the spread of the COVID-19 could be reached with other means than implemented ones.	23,500	0,599
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	35,500	0,064
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	30,000	0,711
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	39,000	0,130

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	38,500	0,099
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	9,000	0,464
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	51,000	0,419
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	36,500	0,100

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, based on the respondents are of living.

ALL COUNTRIES

Table 5.294: Gender

	Frequency	Percent
Female	243	68,1 %
Male	105	29,4 %
I do not wish to answer	9	2,5 %
Total	357	100,0 %

Majority of respondents (68,1 %) are female, 29,4 % are male and 2,5 % of them did not provide and answer.

Table 5.295: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	32	9,0 %	38,5	15,6
21-30	108	30,3 %		
31-40	78	21,9 %		
41-50	54	15,2 %		
51-60	46	12,9 %		
61-70	26	7,3 %		
71 years or more	12	3,4 %		
Total	356	100,0 %		

The mean age of respondents is 38,5 years with a standard deviation of 15,6 years. Almost a third of respondents (30,3 %) are aged 21 to 30 years, 21,9 % are aged 31 to 40 years, 15,2 % 41 to 50 years and 12,9 % 51 to 60 years. Only 9,0 % of respondents are aged 20 years or less, 7,3 % are aged 61 to 70 years. The lowest percentage of respondents (3,4 %) is aged 71 years or more.

Table 5.296: Highest completed degree or level of school

	Frequency	Percent
Secondary school	102	28,5 %
Bachelor’s degree or professional diploma	89	24,9 %
Master’s Degree	150	41,9 %
PhD or DPhil	14	3,9 %
Other	3	0,8 %
Total	358	100,0 %

Nearly half of respondents (41,9 %) acquired a master’s degree, 28,5 % have completed secondary school. Just under a quarter of respondents (24,9 %) acquired a bachelor's degree or a professional diploma, 3,9 % acquired a PhD or DPhil. The lowest percentage of respondents (0,8 %) have answered other.

Table 5.297: Area of living

	Frequency	Percent
Rural area	55	15,4 %
Suburban area	49	13,7 %
Urban area	254	70,9 %
Total	358	100,0 %

Majority of respondents (70,9 %) live in urban areas 15,4 % in rural and 13,7 % in suburban areas.

Table 5.298: Country of current residence

	Frequency	Percent
Bulgaria	30	8,4 %
Cyprus	32	8,9 %
France	30	8,4 %
Greece	30	8,4 %
Italy	99	27,7 %
Portugal	31	8,7 %
Slovenia	36	10,1 %
Spain	39	10,9 %
Sweden	31	8,7 %
Total	358	100,0 %

Highest percentage of respondents (27,7 %) reside in Italy, 10,9 % reside in Spain and 10,1 % in Slovenia. Respondents from Cyprus represent 8,9 %. The same percentage of respondents (8,7 %) reside in Sweden and Portugal. Also the same percentage of respondents (8,4 %) reside in France, Greece and Bulgaria.

Table 5.299: Cronbach's alpha

Cronbach's Alpha	N of Items
0,879	20

The Cronbach’s Alpha value is 0,879, which in turn means the reliability of the questionnaire is good.

Table 5.300: KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0,895
Bartlett's Test of Sphericity	Approx. Chi-Square	1800,627
	df	190
	Sig.	0,000

The KMO measure (0,895) and the Bartlett Test of Sphericity (sig. < 0,05) confirm the data is appropriate for factor analysis. We used the Principal Axis Factoring method and Varimax rotation with Kaiser Normalization.

Table 5.301: Communalities

	Initial	Extraction
COVID-19 restrictions affected my fundamental rights.	0,510	0,554
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,425	0,397
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	0,488	0,632
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,433	0,522
COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality	0,331	0,292
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0,492	0,451
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	0,514	0,492
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	0,626	0,690
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0,575	0,656
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	0,321	0,307
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0,557	0,583

The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	0,503	0,618
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	0,462	0,501
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0,498	0,497
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,475	0,460
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0,306	0,243
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,605	0,607
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0,532	0,561
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	0,462	0,482
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0,565	0,550

All communalities are higher than 0,2, which means the variables define our phenomenon, there is also no need to exclude any of the variables.

Table 5.302: Total Variance Explained

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumu-lative %	Total	% of Variance	Cumu-lative %	Total	% of Variance	Cumu-lative %
1	7,194	35,970	35,970	6,726	33,629	33,629	3,749	18,746	18,746
2	2,260	11,298	47,268	1,764	8,822	42,452	2,637	13,184	31,930
3	1,446	7,232	54,500	0,969	4,843	47,295	2,479	12,394	44,323
4	1,069	5,347	59,847	0,636	3,179	50,474	1,230	6,151	50,474
5	0,985	4,924	64,771						
6	0,859	4,294	69,065						
7	0,751	3,753	72,818						
8	0,683	3,416	76,234						
9	0,588	2,938	79,171						

10	0,525	2,624	81,795
11	0,485	2,426	84,221
12	0,471	2,354	86,575
13	0,442	2,212	88,787
14	0,429	2,146	90,933
15	0,373	1,866	92,800
16	0,341	1,703	94,503
17	0,299	1,496	95,999
18	0,285	1,426	97,425
19	0,267	1,333	98,758
20	0,248	1,242	100,000

SPSS suggests the exclusion of four factors, since their eigenvalue is higher than 1, likewise four of the factors can explain 50,474 % of the common variance.

Table 5.303: Rotated Factor Matrix

	Factor			
	1	2	3	4
COVID-19 restrictions affected my fundamental rights.			0,578	
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family			0,588	
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community			0,785	
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)			0,683	
COVID-19 crisis affected my situation on the following areas of life: I didn’t face any inequality			-0,488	
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0,482			
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education		0,497		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly		0,706		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation		0,703		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs		0,498		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement		0,649		

The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.			0,679
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.			0,536
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0,634		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,650		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0,428		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,682		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0,696		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	0,622		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0,676		

We can observe which variables were sorted within a certain factor inside of the factor matrix. We can conclude that our questionnaire is valid, therefore suitable for use.

Table 5.304: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
COVID-19 restrictions affected my fundamental rights.	0,278	0,000	0,840	0,000
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	0,204	0,000	0,898	0,000
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	0,191	0,000	0,898	0,000
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	0,198	0,000	0,904	0,000

COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	0,179	0,000	0,902	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	0,268	0,000	0,803	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	0,265	0,000	0,855	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	0,264	0,000	0,808	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0,255	0,000	0,874	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	0,174	0,000	0,903	0,000
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	0,279	0,000	0,730	0,000
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	0,226	0,000	0,849	0,000
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	0,226	0,000	0,887	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	0,288	0,000	0,730	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,289	0,000	0,746	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0,282	0,000	0,761	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,240	0,000	0,855	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	0,222	0,000	0,849	0,000

COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	0,195	0,000	0,891	0,000
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0,262	0,000	0,815	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.305: Kruskal-Wallis test for statistically significant differences

Country of current residence		N	Mean Rank	Kruskal-Wallis H (sig.)
COVID-19 restrictions affected my fundamental rights.	Bulgaria	30	216,22	36,13 (0,000)
	Cyprus	32	203,30	
	France	30	185,80	
	Greece	30	217,13	
	Italy	98	152,98	
	Portugal	31	121,84	
	Slovenia	36	221,99	
	Spain	39	161,77	
	Sweden	31	185,60	
	Total	357		
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	Bulgaria	30	196,93	56,02 (0,000)
	Cyprus	32	190,53	
	France	30	160,37	
	Greece	29	248,36	
	Italy	98	160,14	
	Portugal	31	115,02	
	Slovenia	36	228,99	
	Spain	39	131,55	
	Sweden	31	222,39	
	Total	356		
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	Bulgaria	27	198,50	28,29 (0,000)
	Cyprus	32	160,27	
	France	30	176,80	
	Greece	30	235,63	
	Italy	96	150,23	
	Portugal	31	164,73	
	Slovenia	34	202,03	
	Spain	38	146,47	
	Sweden	31	201,63	
	Total	349		

COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	Bulgaria	29	204,17	24,77 (0,002)
	Cyprus	31	153,35	
	France	27	197,56	
	Greece	30	216,07	
	Italy	95	149,51	
	Portugal	31	137,15	
	Slovenia	35	197,24	
	Spain	36	168,54	
	Sweden	27	162,74	
	Total	341		
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	Bulgaria	30	135,53	22,70 (0,004)
	Cyprus	30	194,40	
	France	30	152,05	
	Greece	30	147,67	
	Italy	99	193,47	
	Portugal	30	221,23	
	Slovenia	35	154,31	
	Spain	36	187,94	
	Sweden	31	158,98	
	Total	351		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	Bulgaria	30	208,62	71,19 (0,000)
	Cyprus	32	174,08	
	France	30	194,98	
	Greece	30	202,28	
	Italy	91	133,58	
	Portugal	30	116,68	
	Slovenia	36	223,07	
	Spain	39	245,27	
	Sweden	31	131,48	
	Total	349		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	Bulgaria	28	199,46	42,17 (0,000)
	Cyprus	32	192,09	
	France	30	204,73	
	Greece	30	188,18	
	Italy	87	145,35	
	Portugal	30	108,55	
	Slovenia	35	193,44	
	Spain	37	209,76	
	Sweden	31	129,58	
	Total	340		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	Bulgaria	30	195,35	49,23 (0,000)
	Cyprus	32	187,16	
	France	29	163,88	
	Greece	30	205,27	

	Italy	87	136,11	
	Portugal	31	101,76	
	Slovenia	36	213,13	
	Spain	36	205,83	
	Sweden	31	187,55	
	Total	342		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	Bulgaria	29	168,59	26,06 (0,001)
	Cyprus	32	171,52	
	France	29	168,48	
	Greece	30	213,72	
	Italy	95	151,32	
	Portugal	30	151,08	
	Slovenia	36	163,44	
	Spain	38	222,01	
	Sweden	31	210,39	
	Total	350		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	Bulgaria	29	152,14	16,06 (0,042)
	Cyprus	31	182,89	
	France	30	152,60	
	Greece	30	198,63	
	Italy	78	160,27	
	Portugal	30	136,13	
	Slovenia	34	155,75	
	Spain	28	181,82	
	Sweden	30	125,67	
	Total	320		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	Bulgaria	30	199,63	69,96 (0,000)
	Cyprus	32	183,06	
	France	30	178,57	
	Greece	29	189,71	
	Italy	86	120,41	
	Portugal	30	106,88	
	Slovenia	35	207,49	
	Spain	39	222,22	
	Sweden	31	208,29	
	Total	342		
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	Bulgaria	29	192,09	53,68 (0,000)
	Cyprus	32	208,50	
	France	30	190,33	
	Greece	30	208,58	
	Italy	99	133,69	
	Portugal	30	133,12	
	Slovenia	35	229,90	
	Spain	36	149,31	

	Sweden	29	226,36	
	Total	350		
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	Bulgaria	23	180,48	68,14 (0,000)
	Cyprus	30	176,00	
	France	30	187,92	
	Greece	28	206,11	
	Italy	90	119,59	
	Portugal	23	87,09	
	Slovenia	34	203,60	
	Spain	28	144,41	
	Sweden	18	99,33	
	Total	304		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	Bulgaria	29	198,07	64,09 (0,000)
	Cyprus	31	172,27	
	France	30	196,22	
	Greece	30	203,18	
	Italy	98	153,43	
	Portugal	30	74,67	
	Slovenia	35	196,81	
	Spain	39	230,06	
	Sweden	31	202,48	
	Total	353		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	Bulgaria	26	185,73	55,12 (0,000)
	Cyprus	29	176,36	
	France	29	199,40	
	Greece	30	207,33	
	Italy	98	145,48	
	Portugal	31	107,56	
	Slovenia	29	177,52	
	Spain	39	217,41	
	Sweden	21	100,64	
	Total	332		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	Bulgaria	29	165,29	71,95 (0,000)
	Cyprus	32	197,19	
	France	30	192,15	
	Greece	30	212,32	
	Italy	99	189,81	
	Portugal	31	106,68	
	Slovenia	34	205,54	
	Spain	38	218,71	
	Sweden	31	70,95	
	Total	354		
COVID-19 crisis has accordingly to my opinion particularly affected the	Bulgaria	30	209,35	37,72 (0,000)
	Cyprus	32	193,73	

rights to life and health of the following social group: Employed people	France	30	190,60	
	Greece	29	191,47	
	Italy	97	143,85	
	Portugal	31	117,89	
	Slovenia	36	192,68	
	Spain	39	218,22	
	Sweden	31	205,95	
	Total	355		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	Bulgaria	28	195,89	74,25 (0,000)
	Cyprus	28	202,71	
	France	29	196,03	
	Greece	29	190,53	
	Italy	99	123,31	
	Portugal	29	130,22	
	Slovenia	31	134,23	
	Spain	36	239,58	
	Sweden	15	100,53	
	Total	324		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	Bulgaria	29	204,45	78,30 (0,000)
	Cyprus	30	187,90	
	France	29	159,88	
	Greece	30	239,58	
	Italy	97	130,85	
	Portugal	29	92,21	
	Slovenia	32	162,67	
	Spain	37	230,92	
	Sweden	31	220,47	
	Total	344		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	Bulgaria	27	201,59	78,78 (0,000)
	Cyprus	27	183,30	
	France	29	191,83	
	Greece	28	197,30	
	Italy	96	113,21	
	Portugal	29	112,76	
	Slovenia	35	186,97	
	Spain	35	236,89	
	Sweden	30	205,43	
	Total	336		
COVID-19 restrictions affected my fundamental rights.	20 years or less	31	137,58	36,44 (0,000)
	21-30	108	188,04	
	31-40	78	212,12	
	41-50	54	195,81	
	51-60	46	155,97	
	61-70	26	107,79	

	71 years or more	12	126,71	
	Total	355		
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	20 years or less	31	162,42	26,55 (0,000)
	21-30	107	191,68	
	31-40	78	189,77	
	41-50	54	196,55	
	51-60	46	169,66	
	61-70	26	119,21	
	71 years or more	12	80,88	
	Total	354		
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	20 years or less	32	127,88	16,62 (0,011)
	21-30	108	179,78	
	31-40	76	192,53	
	41-50	52	192,35	
	51-60	42	162,36	
	61-70	25	157,14	
	71 years or more	12	124,00	
	Total	347		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	20 years or less	32	167,39	16,72 (0,010)
	21-30	105	158,26	
	31-40	75	204,79	
	41-50	53	157,98	
	51-60	45	159,30	
	61-70	26	206,29	
	71 years or more	11	194,55	
	Total	347		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	20 years or less	31	161,26	19,97 (0,003)
	21-30	108	200,81	
	31-40	76	182,14	
	41-50	54	142,91	
	51-60	46	143,32	
	61-70	23	172,91	
	71 years or more	10	190,95	
	Total	348		
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	20 years or less	31	151,40	29,95 (0,000)
	21-30	105	202,12	
	31-40	78	196,15	
	41-50	54	165,84	
	51-60	44	147,88	

	61-70	26	122,96	
	71 years or more	11	109,14	
	Total	349		
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	20 years or less	26	109,94	20,61 (0,002)
	21-30	85	152,48	
	31-40	72	180,27	
	41-50	49	154,61	
	51-60	35	145,50	
	61-70	23	134,87	
	71 years or more	12	98,67	
	Total	302		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	20 years or less	31	186,08	14,80 (0,022)
	21-30	107	193,61	
	31-40	77	178,25	
	41-50	54	167,69	
	51-60	46	131,84	
	61-70	26	197,58	
	71 years or more	12	167,88	
	Total	353		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	20 years or less	30	142,93	12,83 (0,046)
	21-30	105	197,16	
	31-40	75	170,35	
	41-50	53	161,91	
	51-60	45	150,32	
	61-70	25	166,86	
	71 years or more	10	171,25	
	Total	343		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	20 years or less	28	144,30	12,65 (0,049)
	21-30	99	175,39	
	31-40	72	187,85	
	41-50	53	147,82	
	51-60	46	143,86	
	61-70	25	187,18	
	71 years or more	11	171,27	
	Total	334		
COVID-19 restrictions affected my fundamental rights.	Secondary school	101	155,09	18,27 (0,001)
	Bachelor’s degree or	89	209,62	

	professional diploma			
	Master's Degree	150	172,18	
	PhD or DPhil	14	219,00	
	Other	3	189,83	
	Total	357		
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	Secondary school	101	160,92	11,84 (0,019)
	Bachelor's degree or professional diploma	89	207,46	
	Master's Degree	149	172,23	
	PhD or DPhil	14	177,54	
	Other	3	177,00	
	Total	356		
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	Secondary school	99	153,90	10,82 (0,029)
	Bachelor's degree or professional diploma	87	200,52	
	Master's Degree	147	174,70	
	PhD or DPhil	13	163,04	
	Other	3	197,33	
	Total	349		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	Secondary school	92	153,97	11,20 (0,024)
	Bachelor's degree or professional diploma	89	191,21	
	Master's Degree	146	166,58	
	PhD or DPhil	13	199,73	
	Other	2	176,00	
	Total	342		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	Secondary school	101	174,29	10,60 (0,031)
	Bachelor's degree or professional diploma	86	197,04	
	Master's Degree	150	163,55	
	PhD or DPhil	13	200,77	
	Other	3	170,50	

	Total	353		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	Secondary school	95	151,16	24,17 (0,000)
	Bachelor's degree or professional diploma	83	197,12	
	Master's Degree	141	155,04	
	PhD or DPhil	14	229,86	
	Other	3	202,00	
	Total	336		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	Rural area	55	148,70	7,82 (0,020)
	Suburban area	48	165,57	
	Urban area	250	185,42	
	Total	353		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in all of the statements, when pertaining to the respondents' country of residency. Respondents from Slovenia tend to agree with the following statements the most "COVID-19 restrictions affected my fundamental rights.", "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly." and "The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.", while those from Portugal agree with them the least. Respondents from Greece tend to agree the most with the following statements "COVID-19 crisis affected my situation on the following areas of life: My income or income of my family.", "COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government).", "The limitation of the spread of COVID-19 could be reached with other means than implemented ones." and "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women.", while those from Portugal agree with them the least. Respondents from Spain tend to agree that the COVID-19 crisis most severly impacted the rights to life and health of disabled people, people on social support, children and youth, while those respondents from Sweden tend to agree the least. Respondents from Greece tend to agree the most with the statement "COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community.", respondents from Spain meanwhile agree with it the least. Respondents from Portugal agree the most with the statement "COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality.", respondents from Bulgaria agree with it the least. Respondents from Greece tend to agree the most with the statement "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs.", on the other side those from Sweden agree with it the least. Respondents who reside in Spain tend to agree the most with the following statements: "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health.", "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education.", "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation.", "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement.", "COVID-19 crisis has accordingly to my

opinion particularly affected the rights to life and health of the following social group: Older persons.", "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people." and "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work.", while those from Portugal agree with those statements the least.

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statements, when pertaining to the respondents' age "COVID-19 restrictions affected my fundamental rights.", "COVID-19 crisis affected my situation on the following areas of life: My income or income of my family.", "COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community.", "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health.", "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation.", "The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.", "The limitation of the spread of COVID-19 could be reached with other means than implemented ones.", "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people.", "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women." and "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work.". Respondents aged 31 to 40 years tend to agree with the statements "COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community." and "The limitation of the spread of COVID-19 could be reached with other means than implemented ones." the most, while those aged 71 years or more agree with them the least. Respondents aged 31 to 40 years agree with the statement "COVID-19 restrictions affected my fundamental rights." the most, those aged 61 to 70 years agree with it the least. Respondents in the 41 to 50 years age group tend to agree the most with the statement "COVID-19 crisis affected my situation on the following areas of life: My income or income of my family.", those in the age group 71 years or older. Respondents aged 61 to 70 years tend to agree with the statement "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health." the most, while those aged 41 to 50 years agree the least. Respondents aged 21 to 30 years tend to agree the most with the statement "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation.", while those aged 41 to 50 years tend to agree with it the least. Respondents aged 21 to 30 years agree with the statement "The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.", those aged 71 years or older agree with it the least. Respondents aged 61 to 70 years tend to agree the most with the statement "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people.", while those aged 51 to 60 years agree the least. Respondents in the age group 21 to 30 years agree with the statement "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women." the most, those in the 20 years or less age group agree the least. Respondents aged 31 to 40 years agree with the statement "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work." the most, those aged 51 to 60 years agree with it the least.

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statements, when pertaining to the respondents' acquired education "COVID-19 restrictions affected my fundamental rights.", "COVID-19 crisis affected my situation on the following areas of life: My income or income of my family.", "COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community.", "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly.", "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons." and "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work.". Respondents with a PhD or DPhil agree the most with the following statements "COVID-19 restrictions affected my fundamental rights.", "By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly." and COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work.", those with a completed secondary school agree with them the least. People who have acquired a bachelor's degree or a professional diploma tend to agree the most with the statement ""COVID-19 crisis affected my situation on the following areas of life: My income or income of my family.", as well as the statement "COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community.", those respondents who have completed secondary school agree with those statements the least. Respondents who acquired a PhD of DPhil tend to agree the most with the statement "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons.", those who acquired a master's degree tend to agree with it the least.

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statement, when pertaining to the respondents' area of living "COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons.". Respondents from urban areas tend to agree with the statement the most, while those from rural areas tend to agree with it the least.

Table 5.306: Mann-Whitney test for statistically significant differences

Gender:		N	Mean Rank	Mann-Whitney U (sig.)
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	Female	236	184,06	8836,00 (0,000)
	Male	103	137,79	
	Total	339		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	Female	231	174,41	9375,50 (0,007)
	Male	99	144,70	
	Total	330		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	Female	230	174,85	9809,00 (0,012)
	Male	102	147,67	
	Total	332		

By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	Female	237	181,75	9539,00 (0,001)
	Male	103	144,61	
	Total	340		
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	Female	233	178,17	8814,00 (0,000)
	Male	99	139,03	
	Total	332		
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	Female	208	156,25	7540,00 (0,013)
	Male	88	130,18	
	Total	296		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	Female	240	178,38	10828,00 (0,046)
	Male	103	157,13	
	Total	343		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	Female	229	171,74	8532,00 (0,002)
	Male	94	138,27	
	Total	323		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	Female	241	183,38	9790,50 (0,001)
	Male	103	147,05	
	Total	344		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	Female	241	181,17	10564,00 (0,016)
	Male	104	154,08	
	Total	345		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	Female	223	170,65	7661,00 (0,000)
	Male	93	129,38	
	Total	316		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	Female	239	179,37	8515,50 (0,000)
	Male	95	137,64	
	Total	334		
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	Female	231	172,83	9048,50 (0,006)
	Male	96	142,76	
	Total	327		

The Mann-Whitney test is statistically significant (sig. < 0,05) in the following statements, when pertaining to the respondents' gender "By my opinion, the impact of the *COVID-19* crisis on the human

rights was the most severely on: Access to health care/the right to health.", "By my opinion, the impact of the *COVID-19* crisis on the human rights was the most severely on: Right to education.", "By my opinion, the impact of the *COVID-19* crisis on the human rights was the most severely on: Right to freedom of peaceful assembly.", "By my opinion, the impact of the *COVID-19* crisis on the human rights was the most severely on: Right to work/choose an occupation.", "By my opinion, the impact of the *COVID-19* crisis on the human rights was the most severely on: Freedom of movement.", "The limitation of the spread of *COVID-19* could be reached with other means than implemented ones.", "*COVID-19* crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons.", "*COVID-19* crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people.", "*COVID-19* crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth.", "*COVID-19* crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people.", "*COVID-19* crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support.", "*COVID-19* crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women." and " *COVID-19* crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work.". Females tend to agree with all the listed statements more than males do.

Table 5.307: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
COVID-19 restrictions affected my fundamental rights.	12096,000	0,459
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	11423,000	0,162
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	11838,500	0,593
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	11479,000	0,861
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	11728,000	0,517
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	8826,500	0,051
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	11023,500	0,165

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.308: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	5,318	0,504
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	12,522	0,051
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	4,207	0,649
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	9,114	0,167
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	8,034	0,236
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	9,408	0,152
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Older persons	11,333	0,079
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	10,136	0,119
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	7,862	0,248
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	5,061	0,536

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.309: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	2,077	0,722
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	1,676	0,795
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	3,518	0,475
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	3,317	0,506
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	6,445	0,168
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	1,855	0,762

By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	4,294	0,368
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	7,173	0,127
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	8,411	0,078
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	5,622	0,229
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0,750	0,945
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	9,093	0,059
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	1,294	0,862
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	8,549	0,073

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, based on the respondents acquired education.

Table 5.310: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
COVID-19 restrictions affected my fundamental rights.	2,983	0,225
COVID-19 crisis affected my situation on the following areas of life: My income or income of my family	1,206	0,547
COVID-19 crisis affected my situation on the following areas of life: Discrimination compared to other privileged group of my community	3,744	0,154
COVID-19 crisis affected my situation on the following areas of life: Limited access to resources (like compensation from the government)	5,482	0,065
COVID-19 crisis affected my situation on the following areas of life: I didn't face any inequality	0,940	0,625
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Access to health care/the right to health	2,660	0,264
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to education	0,581	0,748
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to freedom of peaceful assembly	1,436	0,488
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Right to work/choose an occupation	0,360	0,835
By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of conscience and worship in accordance with religious beliefs	0,424	0,809

By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on: Freedom of movement	3,892	0,143
The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.	4,587	0,101
The limitation of the spread of COVID-19 could be reached with other means than implemented ones.	2,362	0,307
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Disabled people	0,129	0,937
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Children and youth	0,397	0,820
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Employed people	0,445	0,801
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People on social support	2,057	0,358
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: Women	4,824	0,090
COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group: People in precarious work	0,963	0,618

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, based on the respondents area of living.

5.2.3 Analysis of the Survey For Citizens And Residents Through Social Media On The Topic How The COVID-19 Crisis Had Affected The Work And Life Balance Of Women

BULGARIA

Table 5.311: Gender

	Frequency	Percent
Female	21	70,0 %
Male	8	26,7 %
I do not wish to answer	1	3,3 %
Total	30	100,0 %

Majority of respondents (70,0 %) are female, 26,7 % are male and 3,3 % did not wish to answer.

Table 5.312: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	1	3,3 %	39,4	12,1
21-30	6	20,0 %		
31-40	14	46,7 %		

41-50	2	6,7 %
51-60	6	20,0 %
61-70	1	3,3 %
Total	30	100,0 %

The mean age of respondents is 39,4 years with a standard deviation of 12,1 years. Nearly half of respondents (46,7 %) are aged 31 to 40 years, a fifth of respondents is aged 51 to 60 years, the same percentage is aged 21 to 30 years, 6,7 % of respondents are aged 41 to 50 years. The lowest percentage of respondents (3,3 %) is aged 61 to 70 years or 20 years or less.

Table 5.313: Highest completed degree or level of school

	Frequency	Percent
Secondary school	4	13,3 %
Bachelor’s degree or professional diploma	9	30,0 %
Master’s Degree	14	46,7 %
PhD or DPhil	3	10,0 %
Total	30	100,0 %

Almost half of respondents (46,7 %) have acquired a master’s degree, 30,0 % acquired a bachelor's degree or a professional diploma, only 13,3 % completed secondary school. The lowest percentage (10,0 %) acquired a PhD or DPhil.

Table 5.314: Area of living

	Frequency	Percent
Suburban area	4	13,3 %
Urban area	26	86,7 %
Total	30	100,0 %

Most respondents (86,7 %) live in urban areas, only 13,3 % live in suburban areas.

Table 5.315: Level of agreement with given statements

	1	**2**	**3**	**4**	**5**	**6**	**M**	**SD**
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	1	2	0	14	12	1	4,2	1,0
	3,3 %	6,7 %	0,0 %	46,7 %	40,0 %	3,3 %		
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0	1	3	10	11	5	4,2	0,8
	0,0 %	3,3 %	10,0 %	33,3 %	36,7 %	16,7 %		
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0	4	6	14	2	4	3,5	0,9
	0,0 %	13,3 %	20,0 %	46,7 %	6,7 %	13,3 %		

The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	4	11	4	6	1	4	2,6	1,1
	13,3 %	36,7 %	13,3 %	20,0 %	3,3 %	13,3 %		
COVID-19 crisis limited the career opportunities for women, that are mothers.	0	4	1	14	9	2	4,0	1,0
	0,0 %	13,3 %	3,3 %	46,7 %	30,0 %	6,7 %		
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	1	5	6	5	5	8	3,4	1,2
	3,3 %	16,7 %	20,0 %	16,7 %	16,7 %	26,7 %		
I acknowledge that COVID-19 crisis widened the Gender Gap.	0	6	5	14	2	3	3,4	0,9
	0,0 %	20,0 %	16,7 %	46,7 %	6,7 %	10,0 %		
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0	0	3	12	4	11	4,1	0,6
	0,0 %	0,0 %	10,0 %	40,0 %	13,3 %	36,7 %		
Please indicate the level of your agreement with the below given statements: The government proposed measures and stimulus tailored to the needs of women during COVID-19.	2	11	8	2	1	6	2,5	0,9
	6,7 %	36,7 %	26,7 %	6,7 %	3,3 %	20,0 %		
During COVID-19 pandemic women could rely on flexible working conditions to ensure their work and life balance.	0	3	2	13	7	5	4,0	0,9
	0,0 %	10,0 %	6,7 %	43,3 %	23,3 %	16,7 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. We have excluded the value "6 – I do not know" from the scale, since it would impact the results of the mean values in an unrealistic way. The value has been excluded throughout the entire document. On average respondents agree with the following statements: "Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19." (M=4,2; SD=1,0), "By my perception, an increase in domestic violence could be noted during COVID-19 crisis." (M=4,2; SD=0,8), "Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis." (M=4,1; SD=0,6), "COVID-19 crisis limited the career opportunities for women, that are mothers." (M=4,0; SD=1,0), "During COVID-19 pandemic women could rely on flexible working conditions to ensure their work and life balance." (M=4,0; SD=0,9) and "Women faced higher risks of job and income loss during COVID-19 crisis than men." (M=3,5; SD=0,9). Respondents are on

average neutral about the following statements: “The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.” (M=3,4; SD=1,2), “I acknowledge that COVID-19 crisis widened the Gender Gap.” (M=3,4; SD=0,9) and “The government proposed measures and stimulus tailored to the needs of women during COVID-19.” (M=2,5; SD=0,9).

We asked participants if they have anything to add:

- I do not think there was any specific differentiation between men and women by employers. The crisis has affected everyone. When it came to who took care of the children, mothers, and fathers took turns, but it depended on the family and the job. Those who could, stayed at home!
- Incidents of domestic violence increased during the pandemic.
- The Pandemic had its positive sides: *more time for and with the family *reduction of commuting and food costs *reduction of time lost in travel and traffic jams *introduction of the option to work remotely, which is more suitable for working mothers with sick children
- Women were more affected than men.
-

Table 5.316: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0,352	0,000	0,646	0,000
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0,226	0,027	0,857	0,035
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,345	0,000	0,821	0,012
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	0,306	0,002	0,753	0,002
COVID-19 crisis limited the career opportunities for women, that are mothers.	0,311	0,001	0,808	0,008
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0,271	0,010	0,883	0,038
I acknowledge that COVID-19 crisis widened the Gender Gap.	0,222	0,028	0,894	0,011
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0,269	0,011	0,820	0,012
Please indicate the level of your agreement with the below given statements: The government proposed	0,314	0,001	0,730	0,001

measures and stimulus tailored to the needs of women during COVID-19.				
During COVID-19 pandemic women could rely on flexible working conditions to ensure their work and life balance.	0,331	0,000	0,815	0,010

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.317: Mann-Whitney test for statistically significant differences

		N	Mean Rank	Mann-Whitney U (sig.)
Please indicate the level of your agreement with the below given statements: The government proposed measures and stimulus tailored to the needs of women during COVID-19.	Female	18	13,39	20,00 (0,043)
	Male	5	7,00	
	Total	23		

The Mann-Whitney test is statistically significant (sig. < 0,05) for the following statement, pertaining to the respondents' gender "The government proposed measures and stimulus tailored to the needs of women during COVID-19.". Females tend to agree with the statement more than males do.

Table 5.318: Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis H (sig.)
During COVID-19 pandemic women could rely on flexible working conditions to ensure their work and life balance.	Secondary school	3	9,50	7,836 (0,050)
	Bachelor's degree or professional diploma	9	8,94	
	Master's Degree	11	16,55	
	PhD or DPhil	2	17,00	
	Total	25		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) for the following statement, pertaining to the respondents acquired education "During COVID-19 pandemic women could rely on flexible working conditions to ensure their work and life balance.". Respondents with a PhD or DPhil tend to agree with this statement the most, while those with a bachelor's degree or a professional diploma agree with it the least.

Table 5.319: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	82,500	0,935
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	55,000	0,600
Women faced higher risks of job and income loss during COVID-19 crisis than men.	52,500	0,374
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	53,000	0,788
COVID-19 crisis limited the career opportunities for women, that are mothers.	76,000	1,000
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	18,500	0,068
I acknowledge that COVID-19 crisis widened the Gender Gap.	69,000	0,855
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	25,000	0,281
During COVID-19 pandemic women could rely on flexible working conditions to ensure their work and life balance.	40,500	0,322

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.320: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	5,430	0,366
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	6,634	0,249
Women faced higher risks of job and income loss during COVID-19 crisis than men.	2,161	0,826
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	2,099	0,718
COVID-19 crisis limited the career opportunities for women, that are mothers.	4,719	0,451
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	5,076	0,280
I acknowledge that COVID-19 crisis widened the Gender Gap.	5,660	0,341
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	3,815	0,432

Please indicate the level of your agreement with the below given statements: The government proposed measures and stimulus tailored to the needs of women during COVID-19.	0,822	0,844
During COVID-19 pandemic women could rely on flexible working conditions to ensure their work and life balance.	4,179	0,382

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.321: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	1,177	0,759
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	2,935	0,402
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,401	0,940
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	1,067	0,785
COVID-19 crisis limited the career opportunities for women, that are mothers.	5,139	0,162
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	5,060	0,167
I acknowledge that COVID-19 crisis widened the Gender Gap.	1,250	0,741
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	4,217	0,239
Please indicate the level of your agreement with the below given statements: The government proposed measures and stimulus tailored to the needs of women during COVID-19.	4,371	0,224

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to education.

Table 5.322: Mann-Whitney test for area of living

	Mann-Whitney U	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	42,000	0,576
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	35,000	0,574
Women faced higher risks of job and income loss during COVID-19 crisis than men.	35,000	0,482

The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	37,500	0,627
COVID-19 crisis limited the career opportunities for women, that are mothers.	33,000	0,283
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	23,000	0,255
I acknowledge that COVID-19 crisis widened the Gender Gap.	29,500	0,220
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	17,500	0,397
Please indicate the level of your agreement with the below given statements: The government proposed measures and stimulus tailored to the needs of women during COVID-19.	31,500	0,479
During COVID-19 pandemic women could rely on flexible working conditions to ensure their work and life balance.	40,500	0,903

The Mann-Whitney test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents area of living.

CYPRUS

Table 5.323: Gender

	Frequency	Percent
Female	27	79,4 %
Male	7	20,6 %
Total	34	100,0 %

Majority of respondents (79,4 %) are female, 20,6 % are male.

Table 5.324: Age in years

	Frequency	Percent	Mean	Standard deviation
21-30	19	55,9 %	30,9	8,1
31-40	13	38,2 %		
41-50	1	2,9 %		
61-70	1	2,9 %		
Total	34	100,0 %		

The mean age of respondents is 30,9 years with a standard deviation of 8,1 years. Over half of respondents are aged 21 to 30 years, 38,2 % 31 to 40 years. The same percentage of respondents (2,9 %) are aged 41 to 50 years or 61 to 70 years.

Table 5.325: Highest completed degree or level of school

	Frequency	Percent
Secondary school	2	5,9 %
Bachelor’s degree or professional diploma	10	29,4 %

Master’s Degree	20	58,8 %
PhD or DPhil	2	5,9 %
Total	34	100,0 %

More than half of respondents (58,8 %) acquired a master’s degree, 29,4 % a bachelor’s degree or a professional diploma. The same percentage of respondents (5,9 %) acquired a PhD or DPhil or have completed secondary school.

Table 5.326: Area of living

	Frequency	Percent
Rural area	3	8,8 %
Suburban area	4	11,8 %
Urban area	27	79,4 %
Total	34	100,0 %

Majority of respondents (79,4 %) live in urban areas, 11,8 % in suburban areas and only 8,8 % in rural areas.

Table 5.327: Level of agreement with given statements

	1	**2**	**3**	**4**	**5**	**6**	**M**	**SD**
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0	0	1	17	14	2	4,4	0,6
	0,0 %	0,0 %	290,0 %	50,0 %	41,2 %	5,9 %		
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0	0	1	11	18	4	4,6	0,6
	0,0 %	0,0 %	2,9 %	32,4 %	52,9 %	11,8 %		
Women faced higher risks of job and income loss during COVID-19 crisis than men.	1	1	6	12	11	3	4,0	1,0
	2,9 %	2,9 %	17,6 %	35,3 %	32,4 %	8,8 %		
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	2	14	9	3	3	3	2,7	1,1
	5,9 %	41,2 %	26,5 %	8,8 %	8,8 %	8,8 %		
COVID-19 crisis limited the career opportunities for women, that are mothers.	0	1	7	16	7	3	3,9	0,8
	0,0 %	2,9 %	20,6 %	47,1 %	20,6 %	8,8 %		
The negative impacts of the crisis on women have during the COVID-19 crisis has been	0	0	10	6	9	9	4,0	0,9
	0,0 %	0,0 %	29,4 %	17,6 %	26,5 %	26,5 %		

strongest outside cities and economic centres.								
I acknowledge that COVID-19 crisis widened the Gender Gap.	0	2	10	14	6	2	3,8	0,8
	0,0 %	5,9 %	29,4 %	41,2 %	17,6 %	5,9 %		
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0	1	5	13	6	9	4,0	0,8
	0,0 %	2,9 %	14,7 %	38,2 %	17,6 %	26,5 %		
Cypriot women managed to balance work and life better due to remote working.	0	4	12	9	4	5	3,4	0,9
	0,0 %	11,8 %	35,3 %	26,5 %	11,8 %	14,7 %		
The government in Cyprus proposed measures and stimulus tailored to the needs of women during COVID-19.	4	16	6	4	3	1	2,6	1,1
	11,8 %	47,1 %	17,6 %	11,8 %	8,8 %	2,9 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. On average respondents strongly agree that they have perceived an increase in domestic violence during the COVID-19 crisis (M=4,6; SD=0,6). Respondents on average agree with the following statements: "Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19." (M=4,4; SD=0,6), "Women faced higher risks of job and income loss during COVID-19 crisis than men." (M=4,0; SD=1,0), "The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres." (M=4,0; SD=0,9), "Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis." (M=4,0; SD=0,8), "COVID-19 crisis limited the career opportunities for women, that are mothers." (M=3,9; SD=0,8) and "I acknowledge that COVID-19 crisis widened the Gender Gap." (M=3,8; SD=0,8). On average respondents have a neutral opinion about the following statements: "Cypriot women managed to balance work and life better due to remote working." (M=3,4; SD=0,9), "The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis." (M=2,7; SD=1,1) and "The government in Cyprus proposed measures and stimulus tailored to the needs of women during COVID-19." (M=2,6; SD=1,1).

We asked participants if they have anything to add:

- It is good to investigate whether these challenges are still valid (were they only valid during the lockdown period or are they still valid?)

Table 5.328: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0,348	0,000	0,641	0,000
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0,332	0,000	0,733	0,000
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,224	0,013	0,850	0,007
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	0,194	0,026	0,910	0,037
COVID-19 crisis limited the career opportunities for women, that are mothers.	0,207	0,031	0,865	0,012
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0,304	0,000	0,729	0,000
I acknowledge that COVID-19 crisis widened the Gender Gap.	0,226	0,012	0,866	0,012
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0,211	0,026	0,815	0,002
Cypriot women managed to balance work and life better due to remote working.	0,258	0,002	0,870	0,014
The government in Cyprus proposed measures and stimulus tailored to the needs of women during COVID-19.	0,222	0,015	0,909	0,037

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.329: Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis H (sig.)
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	Secondary school	2	15,25	10,289 (0,016)
	Bachelor's degree or professional diploma	9	21,78	
	Master's Degree	18	12,14	
	PhD or DPhil	2	25,50	
	Total	31		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statement, pertaining to the respondents' acquired level of education "The government proposed measures and stimulus

successfully addressed the needs of women during COVID-19 crisis.". Respondents with a PhD or DPhil tend to agree with it the most, while those with a master's degree tend to agree with it the least.

Table 5.330: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	76,500	0,934
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	42,500	0,499
Women faced higher risks of job and income loss during COVID-19 crisis than men.	62,500	0,282
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	72,500	0,894
COVID-19 crisis limited the career opportunities for women, that are mothers.	66,500	0,643
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	33,000	0,476
I acknowledge that COVID-19 crisis widened the Gender Gap.	50,500	0,347
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	32,500	0,442
Cypriot women managed to balance work and life better due to remote working.	34,000	0,113
The government in Cyprus proposed measures and stimulus tailored to the needs of women during COVID-19.	67,500	0,269

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.331: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	2,695	0,441
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	2,381	0,497
Women faced higher risks of job and income loss during COVID-19 crisis than men.	1,660	0,646

The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	0,996	0,802
COVID-19 crisis limited the career opportunities for women, that are mothers.	3,626	0,305
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	2,657	0,448
I acknowledge that COVID-19 crisis widened the Gender Gap.	2,403	0,493
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	2,059	0,560
Cypriot women managed to balance work and life better due to remote working.	7,579	0,056
The government in Cyprus proposed measures and stimulus tailored to the needs of women during COVID-19.	0,931	0,818

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.332: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	5,783	0,123
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	4,225	0,238
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,527	0,913
COVID-19 crisis limited the career opportunities for women, that are mothers.	0,109	0,991
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	1,500	0,682
I acknowledge that COVID-19 crisis widened the Gender Gap.	0,444	0,931
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	1,827	0,609
Cypriot women managed to balance work and life better due to remote working.	6,441	0,092
The government in Cyprus proposed measures and stimulus tailored to the needs of women during COVID-19.	4,265	0,234

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to education.

Table 5.333: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	2,099	0,350
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	1,971	0,373
Women faced higher risks of job and income loss during COVID-19 crisis than men.	2,340	0,310
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	4,213	0,122
COVID-19 crisis limited the career opportunities for women, that are mothers.	0,532	0,766
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	3,124	0,210
I acknowledge that COVID-19 crisis widened the Gender Gap.	5,236	0,073
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	2,077	0,354
Cypriot women managed to balance work and life better due to remote working.	2,770	0,250
The government in Cyprus proposed measures and stimulus tailored to the needs of women during COVID-19.	0,240	0,887

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents area of living.

FRANCE

Table 5.334: Gender

	Frequency	Percent
Female	23	76,7 %
Male	6	20,0 %
I do not wish to answer	1	3,3 %
Total	30	100,0 %

Majority of respondents (76,7 %) are female, a fifth are male and 3,3 % did not wish to answer.

Table 5.335: Age in years

	Frequency	Percent	Mean	Standard deviation
21-30	8	26,7 %	47,2	19,0
31-40	5	16,7 %		
41-50	3	10,0 %		
51-60	4	13,3 %		
61-70	7	23,3 %		
71 years or more	3	10,0 %		
Total	30	100,0 %		

The mean age of respondents is 47,2 years with a standard deviation of 19,0 years. Over a quarter of respondents (26,7 %) are aged 21 to 30 years, 23,3 % are aged 61 to 70 years, 16,7 % 31 to 40 years and 13,3 % 51 to 60 years. The same percentage of respondents (10,0 %) are aged 41 to 50 years or 71 years or more.

Table 5.336: Highest completed degree or level of school

	Frequency	Percent
Secondary school	3	10,0 %
Bachelor’s degree or professional diploma	8	26,7 %
Master’s Degree	18	60,0 %
PhD or DPhil	1	3,3 %
Total	30	100,0 %

More than half of respondents (60,0 %) have acquired a master’s degree. Over a quarter of respondents (26,7 %) have acquired a bachelor's degree or a professional diploma, 10,0 % have completed secondary school. The lowest percentage of respondents (3,3 %) acquired a PhD or DPhil.

Table 5.337: Area of living

	Frequency	Percent
Rural area	13	43,3 %
Suburban area	8	26,7 %
Urban area	9	30,0 %
Total	30	100,0 %

Nearly half of respondents (43,3 %) live in rural areas, 30,0 % live in urban and 26,7 % in suburban areas.

Table 5.338: Level of agreement with given statements

	1	**2**	**3**	**4**	**5**	**6**	**M**	**SD**
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare	0	4	6	11	9	0	3,8	1,0
	0,0 %	13,3 %	20,0 %	36,7 %	30,0 %	0,0 %		

facilities being closed during COVID-19.								
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0	0	1	12	15	2	4,5	0,6
	0,0 %	0,0 %	3,3 %	40,0 %	50,0 %	6,7 %		
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0	5	9	7	4	5	3,4	1,0
	0,0 %	16,7 %	30,0 %	23,3 %	13,3 %	16,7 %		
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	3	12	9	2	2	2	2,6	1,0
	10,0 %	40,0 %	30,0 %	6,7 %	6,7 %	6,7 %		
COVID-19 crisis limited the career opportunities for women, that are mothers.	1	3	5	13	5	3	3,7	1,0
	3,3 %	10,0 %	16,7 %	43,3 %	16,7 %	10,0 %		
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	1	3	12	5	4	5	3,3	1,0
	3,3 %	10,0 %	40,0 %	16,7 %	13,3 %	16,7 %		
I acknowledge that COVID-19 crisis widened the Gender Gap.	1	7	9	6	3	4	3,1	1,1
	3,3 %	23,3 %	30,0 %	20,0 %	10,0 %	13,3 %		
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	1	4	6	9	3	7	3,4	1,1
	3,3 %	13,3 %	20,0 %	30,0 %	10,0 %	23,3 %		
In my opinion, the COVID-19 crisis has highlighted gender inequalities, without deepening them.	1	5	7	9	6	2	3,5	1,1
	3,3 %	16,7 %	23,3 %	30,0 %	20,0 %	6,7 %		
I believe that the COVID-19 crisis has, unbeknownst to her, led to a better awareness leading to a change in mentalities towards the role of women in society.	3	4	9	9	4	1	3,2	1,2
	10,0 %	13,3 %	30,0 %	30,0 %	13,3 %	3,3 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. On average respondents strongly agree that they have perceived an increase in domestic violence during the COVID-19 crisis (M=4,6; SD=0,6). Respondents on average agree with the following statements: "Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19." (M=3,8; SD=1,0), "COVID-19 crisis limited the career opportunities for women, that are mothers." (M=3,7; SD=1,0) and "In my opinion, the COVID-19 crisis has highlighted gender inequalities, without deepening them." (M=3,5; SD=1,1). Respondents on average have a neutral opinion on the following statements: "Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis." (M=3,4; SD=1,1), "Women faced higher risks of job and income loss during COVID-19 crisis than men." (M=3,4; SD=1,0), "The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres." (M=3,3; SD=1,0), "I believe that the COVID-19 crisis has, unbeknownst to her, led to a better awareness leading to a change in mentalities towards the role of women in society." (M=3,2; SD=1,2), "I acknowledge that COVID-19 crisis widened the Gender Gap." (M=3,1; SD=1,1) and "The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis." (M=2,6; SD=1,0).

We asked participants if they have anything to add:

- I am not in a position to give a relevant opinion on the above issues
- I think during the pandemic men and women have been impacted pretty much equally.
- I think that solidarity and mutual aid have played a greater role in rural areas.

Table 5.339: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0,235	0,005	0,837	0,003
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0,372	0,000	0,701	0,000
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,263	0,001	0,875	0,014
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	0,213	0,018	0,886	0,023
COVID-19 crisis limited the career opportunities for women, that are mothers.	0,242	0,003	0,874	0,014
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0,315	0,000	0,797	0,001

I acknowledge that COVID-19 crisis widened the Gender Gap.	0,229	0,007	0,915	0,028
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0,234	0,005	0,907	0,036
In my opinion, the COVID-19 crisis has highlighted gender inequalities, without deepening them.	0,209	0,022	0,906	0,025
I believe that the COVID-19 crisis has, unbeknownst to her, led to a better awareness leading to a change in mentalities towards the role of women in society.	0,231	0,007	0,883	0,020

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.340: Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis H (sig.)
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	Secondary school	3	28,00	10,547 (0,014)
	Bachelor's degree or professional diploma	8	18,63	
	Master's Degree	18	12,31	
	PhD or DPhil	1	10,50	
	Total	30		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statement, pertaining to the respondents' acquired level of education "The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.". Respondents who have completed secondary school tend to agree with this statement the most, while those with a PhD or DPhil agree with it the least.

Table 5.341: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	39,000	0,090
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	40,000	0,283
Women faced higher risks of job and income loss during COVID-19 crisis than men.	42,500	0,711

The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	58,500	0,780
COVID-19 crisis limited the career opportunities for women, that are mothers.	48,000	0,756
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	47,000	0,970
I acknowledge that COVID-19 crisis widened the Gender Gap.	30,000	0,157
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	23,500	0,118
In my opinion, the COVID-19 crisis has highlighted gender inequalities, without deepening them.	42,500	0,217
I believe that the COVID-19 crisis has, unbeknownst to her, led to a better awareness leading to a change in mentalities towards the role of women in society.	58,000	0,644

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.342: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0,972	0,965
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	8,853	0,115
Women faced higher risks of job and income loss during COVID-19 crisis than men.	6,914	0,227
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	3,834	0,574
COVID-19 crisis limited the career opportunities for women, that are mothers.	3,928	0,560
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	2,110	0,834
I acknowledge that COVID-19 crisis widened the Gender Gap.	3,463	0,629
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	1,709	0,888

In my opinion, the COVID-19 crisis has highlighted gender inequalities, without deepening them.	1,819	0,874
I believe that the COVID-19 crisis has, unbeknownst to her, led to a better awareness leading to a change in mentalities towards the role of women in society.	4,001	0,549

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.343: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	2,070	0,558
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	2,409	0,492
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,952	0,813
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	0,618	0,892
COVID-19 crisis limited the career opportunities for women, that are mothers.	5,943	0,114
I acknowledge that COVID-19 crisis widened the Gender Gap.	1,381	0,710
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	6,291	0,098
In my opinion, the COVID-19 crisis has highlighted gender inequalities, without deepening them.	0,329	0,954
I believe that the COVID-19 crisis has, unbeknownst to her, led to a better awareness leading to a change in mentalities towards the role of women in society.	3,679	0,298

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to education.

Table 5.344: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0,698	0,706

By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	1,635	0,442
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,326	0,850
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	2,719	0,257
COVID-19 crisis limited the career opportunities for women, that are mothers.	2,615	0,270
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0,345	0,842
I acknowledge that COVID-19 crisis widened the Gender Gap.	0,649	0,723
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0,337	0,845
In my opinion, the COVID-19 crisis has highlighted gender inequalities, without deepening them.	1,332	0,514
I believe that the COVID-19 crisis has, unbeknownst to her, led to a better awareness leading to a change in mentalities towards the role of women in society.	1,642	0,440

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents area of living.

GREECE

Table 5.345: Gender

	Frequency	Percent
Female	28	90,3 %
Male	3	9,7 %
Total	31	100,0 %

Vast majority of respondents (90,3 %) are female, only 9,7 % are male.

Table 5.346: Age in years

	Frequency	Percent	Mean	Standard deviation
21-30	12	38,7 %	35,1	10,1
31-40	11	35,5 %		
41-50	3	9,7 %		
51-60	5	16,1 %		
Total	31	100,0 %		

The mean age of respondents is 35,1 years, with a standard deviation of 10,1 years. Most respondents (38,7 %) are aged 21 to 30 years, 35,5 % are aged 31 to 40 years, 16,1 % 51 to 60 years. The lowest percentage of respondents (9,7 %) are aged 51 to 60 years.

Table 5.347: Highest completed degree or level of school

	Frequency	Percent
Secondary school	1	3,2 %
Bachelor’s degree or professional diploma	14	45,2 %
Master’s Degree	11	35,5 %
PhD or DPhil	5	16,1 %
Total	31	100,0 %

Nearly half of respondents (45,2 %) acquired a bachelor's degree or a professional diploma, 35,5 % acquired a master's degree, 16,1 % a PhD or DPhil. The lowest percentage of respondents (3,2 %) completed secondary school.

Table 5.348: Area of living

	Frequency	Percent
Rural area	4	12,9 %
Suburban area	7	22,6 %
Urban area	20	64,5 %
Total	31	100,0 %

Majority of respondents (64,5 %) live in urban areas, 22,6 % in suburban and 12,9 % in rural areas.

Table 5.349: Level of agreement with given statements

	1	**2**	**3**	**4**	**5**	**6**	**M**	**SD**
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0	0	5	6	20	0	4,5	0,8
	0,0 %	0,0 %	16,1 %	19,4 %	64,5 %	0,0 %		
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0	0	4	5	21	1	4,6	0,7
	0,0 %	0,0 %	12,9 %	16,1 %	67,7 %	3,2 %		
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0	1	5	12	11	2	4,1	0,8
	0,0 %	3,2 %	16,1 %	38,7 %	35,5 %	6,5 %		
The government proposed measures and stimulus successfully addressed the	8	9	8	0	4	2	2,4	1,3
	25,8 %	29,0 %	25,8 %	0,0 %	12,9 %	6,5 %		

needs of women during COVID-19 crisis.								
COVID-19 crisis limited the career opportunities for women, that are mothers.	0	5	6	7	13	0	3,9	1,1
	0,0 %	16,1 %	19,4 %	22,6 %	41,9 %	0,0 %		
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0	1	12	11	6	1	3,7	0,8
	0,0 %	3,2 %	38,7 %	35,5 %	19,4 %	3,2 %		
I acknowledge that COVID-19 crisis widened the Gender Gap.	0	2	4	16	8	1	4,0	0,8
	0,0 %	6,5 %	12,9 %	51,6 %	25,8 %	3,2 %		
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0	1	5	8	10	7	4,1	0,9
	0,0 %	3,2 %	16,1 %	25,8 %	32,3 %	22,6 %		
The concept of remote work continues to disrupt work-life balance for women that have the role of mothers in Greece.	0	4	6	12	9	0	3,8	1,0
	0,0 %	12,9 %	19,4 %	38,7 %	29,0 %	0,0 %		
Incidents of discrimination and/or violation of their rights and/or domestic violence against women were more in Greece from the pandemic and after.	0	0	3	14	12	2	4,3	0,7
	0,0 %	0,0 %	9,7 %	45,2 %	38,7 %	6,5 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. On average strongly agree with the statements "By my perception, an increase in domestic violence could be noted during COVID-19 crisis." (M=4,6; SD=0,7) and "Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19." (M=4,5; SD=0,8). Respondents on average agree with the following statements: "Incidents of discrimination and/or violation of their rights and/or domestic violence against women were more in Greece from the pandemic and after." (M=4,3; SD=0,7), "Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis." (M=4,1; SD=0,9), "Women faced higher risks of job and income loss during COVID-19 crisis than men." (M=4,1; SD=0,8), "I acknowledge that COVID-19 crisis widened the Gender Gap." (M=4,0; SD=0,8), "COVID-19 crisis limited the career opportunities

for women, that are mothers." (M=3,9; SD=1,1), "The concept of remote work continues to disrupt work-life balance for women that have the role of mothers in Greece." (M=3,8; SD=1,0) and "The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres." (M=3,7; SD=0,8). On average respondents disagree that the government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis (M=2,4; SD=1,3).

We asked participants if they have anything to add:

- Creation of new social support services for women and disabled women.
- I would prefer to have stricter measures in order to mitigate the problem.
- The gap between the genders existed and I believe that perhaps the phenomena of discrimination and/or domestic violence began to be declared more in the beginning than in the past. I'm not sure if they've increased numerically or if they're just being reported more.
-

Table 5.350: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0,435	0,000	0,599	0,000
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0,379	0,000	0,687	0,000
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,314	0,000	0,778	0,000
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	0,182	0,068	0,837	0,003
COVID-19 crisis limited the career opportunities for women, that are mothers.	0,259	0,001	0,809	0,001
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0,291	0,000	0,831	0,002
I acknowledge that COVID-19 crisis widened the Gender Gap.	0,254	0,001	0,860	0,006
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0,227	0,006	0,839	0,003
The concept of remote work continues to disrupt work-life balance for women that have the role of mothers in Greece.	0,223	0,008	0,838	0,003

Incidents of discrimination and/or violation of their rights and/or domestic violence against women were more in Greece from the pandemic and after.	0,269	0,000	0,788	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.351: Mann-Whitney test for statistically significant differences

		N	Mean Rank	Mann-Whitney U (sig.)
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	Female	28	17,20	8,500 (0,008)
	Male	3	4,83	
	Total	31		
Women faced higher risks of job and income loss during COVID-19 crisis than men.	Female	26	16,38	3,000 (0,006)
	Male	3	3,00	
	Total	29		
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	Female	22	13,41	2,000 (0,026)
	Male	2	2,50	
	Total	24		

The Mann-Whitney test is statistically significant (sig. < 0,05) in the following statements, pertaining to the respondents' gender "Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.", "Women faced higher risks of job and income loss during COVID-19 crisis than men." and "Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.". Females tend to agree with those statements more than males.

Table 5.352: Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis H (sig.)
COVID-19 crisis limited the career opportunities for women, that are mothers.	21-30	12	16,92	10,899 (0,012)
	31-40	11	20,77	
	41-50	3	4,83	
	51-60	5	10,00	
	Total	31		
I acknowledge that COVID-19 crisis widened the Gender Gap.	21-30	11	13,50	7,914 (0,048)
	31-40	11	20,14	
	41-50	3	6,83	
	51-60	5	14,90	
	Total	30		

By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	Secondary school	1	20,00	8,237 (0,041)
	Bachelor's degree or professional diploma	14	18,14	
	Master's Degree	10	15,20	
	PhD or DPhil	5	7,80	
	Total	30		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statements, pertaining to the respondents' age "COVID-19 crisis limited the career opportunities for women, that are mothers." and "By my perception, an increase in domestic violence could be noted during COVID-19 crisis.". Respondents aged 31 to 40 years tend to agree with both statements the most, while those aged 41 to 50 years tend to agree with them the least.

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statement, pertaining to the respondents' education "By my perception, an increase in domestic violence could be noted during COVID-19 crisis.". Respondents who have completed secondary school tend to agree with this statement the most, those with a PhD or DPhil tend to agree with it the least.

Table 5.353: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	36,500	0,732
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	13,500	0,058
COVID-19 crisis limited the career opportunities for women, that are mothers.	30,500	0,419
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	39,500	0,941
I acknowledge that COVID-19 crisis widened the Gender Gap.	26,500	0,287
The concept of remote work continues to disrupt work-life balance for women that have the role of mothers in Greece.	20,500	0,132
Incidents of discrimination and/or violation of their rights and/or domestic violence against women were more in Greece from the pandemic and after.	30,000	0,476

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.354: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	1,120	0,772
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	6,764	0,080
Women faced higher risks of job and income loss during COVID-19 crisis than men.	2,696	0,441
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	1,134	0,769
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	5,402	0,145
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0,493	0,920
The concept of remote work continues to disrupt work-life balance for women that have the role of mothers in Greece.	0,733	0,865
Incidents of discrimination and/or violation of their rights and/or domestic violence against women were more in Greece from the pandemic and after.	2,514	0,473

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.355: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	5,483	0,140
Women faced higher risks of job and income loss during COVID-19 crisis than men.	1,931	0,381
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	4,583	0,205
COVID-19 crisis limited the career opportunities for women, that are mothers.	4,704	0,195
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	3,016	0,389

I acknowledge that COVID-19 crisis widened the Gender Gap.	0,185	0,980
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0,202	0,904
The concept of remote work continues to disrupt work-life balance for women that have the role of mothers in Greece.	2,994	0,392
Incidents of discrimination and/or violation of their rights and/or domestic violence against women were more in Greece from the pandemic and after.	2,219	0,528

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents acquired education.

Table 5.356: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	2,153	0,341
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0,125	0,940
Women faced higher risks of job and income loss during COVID-19 crisis than men.	1,893	0,388
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	1,885	0,390
COVID-19 crisis limited the career opportunities for women, that are mothers.	1,484	0,476
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0,387	0,824
I acknowledge that COVID-19 crisis widened the Gender Gap.	0,586	0,746
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0,715	0,700
The concept of remote work continues to disrupt work-life balance for women that have the role of mothers in Greece.	0,062	0,970
Incidents of discrimination and/or violation of their rights and/or domestic violence against women were more in Greece from the pandemic and after.	0,183	0,913

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents area of living.

ITALY – 1 (InCo Molfetta)

Table 5.357: Gender

	Frequency	Percent
Female	21	61,8 %
Male	13	38,2 %
Total	34	100,0 %

Majority of respondents (61,8 %) are female, 38,2 % are male.

Table 5.358: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	20	58,8 %	29,3	15,4
21-30	1	2,9 %		
31-40	2	5,9 %		
41-50	6	17,6 %		
51-60	5	14,7 %		
Total	34	100,0 %		

The average age of respondents is 29,3 years with a standard deviation of 15,4 years. More than half of respondents (58,8 %) are aged 20 years or less, 17,6 % 41 to 50 years and 14,7 % are aged 51 to 60 years. Only 5,9 % of respondents are aged 31 to 40 years. The lowest percentage of respondents (2,9 %) are aged 21 to 30 years.

Table 5.359: Highest completed degree or level of school

	Frequency	Percent
Secondary school	20	58,8 %
Master’s Degree	14	41,2 %
Total	34	100,0 %

Over half of respondents (58,8 %) completed secondary school, 41,2 % acquired a master's degree.

Table 5.360: Area of living

	Frequency	Percent
Rural area	2	5,9 %
Suburban area	4	11,8 %
Urban area	28	82,4 %
Total	34	100,0 %

Majority of respondents (82,4 %) live in urban areas, 11,8 in suburban areas and only 5,9 % in rural areas.

Table 5.361: Level of agreement with given statements

	1	2	3	4	5	6	M	SD
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0	4	2	12	14	2	4,1	1,0
	0,0 %	11,8 %	5,9 %	35,3 %	41,2 %	5,9 %		
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0	1	3	19	10	1	4,2	0,7
	0,0 %	2,9 %	8,8 %	55,9 %	29,4 %	2,9 %		
Women faced higher risks of job and income loss during COVID-19 crisis than men.	2	1	5	16	9	1	3,9	1,1
	5,9 %	2,9 %	14,7 %	47,1 %	26,5 %	2,9 %		
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	1	11	14	5	1	2	2,8	0,9
	2,9 %	32,4 %	41,2 %	14,7 %	2,9 %	5,9 %		
COVID-19 crisis limited the career opportunities for women, that are mothers.	0	2	6	14	7	5	3,9	0,9
	0,0 %	5,9 %	17,6 %	41,2 %	20,6 %	14,7 %		
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0	3	8	8	6	9	3,7	1,0
	0,0 %	8,8 %	23,5 %	23,5 %	17,6 %	26,5 %		
I acknowledge that COVID-19 crisis widened the Gender Gap.	0	5	10	8	6	5	3,5	1,0
	0,0 %	14,7 %	29,4 %	23,5 %	17,6 %	14,7 %		
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0	1	3	11	11	8	4,2	0,8
	0,0 %	2,9 %	8,8 %	32,4 %	32,4 %	23,5 %		
I believe that the number of women looking for help to shelters for women in situation of danger, decreased during the pandemic.	4	14	5	5	2	4	2,6	1,1
	11,8 %	41,2 %	14,7 %	14,7 %	5,9 %	11,8 %		
In my region public institutions adopted specific policies in order to raise working opportunities for women at the end of the pandemic.	2	14	5	4	0	9	2,4	0,9
	5,9 %	41,2 %	14,7 %	11,8 %	0,0 %	26,5 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. On average respondents agree with the following statements: "By my perception, an increase in domestic violence could be noted during COVID-19 crisis." (M=4,2; SD=0,7), "Women decreased the number of working hours and applied for part-time jobs more often

compared to men during the COVID-19 crisis." (M=4,2; SD=0,8), "Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19." (M=4,1; SD=1,0), "COVID-19 crisis limited the career opportunities for women, that are mothers." (M=3,9; SD=0,9), "Women faced higher risks of job and income loss during COVID-19 crisis than men." (M=3,9; SD=1,1), "The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres." (M=3,7; SD=1,0) and "I acknowledge that COVID-19 crisis widened the Gender Gap." (M=3,5; SD=1,0). On average respondents are neutral about the statements "The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis." (M=2,8; SD=0,9) and "I believe that the number of women looking for help to shelters for women in situation of danger, decreased during the pandemic." (M=2,6; SD=1,1). Respondents on average disagree with the statement "In my region public institutions adopted specific policies in order to raise working opportunities for women at the end of the pandemic." (M=2,4; SD=0,9).

Table 5.362: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0,415	0,000	0,648	0,000
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0,273	0,002	0,788	0,002
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,290	0,001	0,760	0,001
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	0,188	0,014	0,932	0,026
COVID-19 crisis limited the career opportunities for women, that are mothers.	0,254	0,007	0,884	0,046
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0,214	0,048	0,871	0,028
I acknowledge that COVID-19 crisis widened the Gender Gap.	0,196	0,010	0,872	0,029
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0,314	0,000	0,750	0,001
I believe that the number of women looking for help to shelters for women in situation of danger, decreased during the pandemic.	0,212	0,035	0,908	0,011
In my region public institutions adopted specific policies in order to raise working opportunities for women at the end of the pandemic.	0,298	0,000	0,846	0,012

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.363: Mann-Whitney test for statistically significant differences

		N	Mean Rank	Mann-Whitney U (sig.)
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	Female	20	20,10	48,00 (0,003)
	Male	12	10,50	
	Total	32		
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	Female	20	19,98	70,50 (0,013)
	Male	13	12,42	
	Total	33		
Women faced higher risks of job and income loss during COVID-19 crisis than men.	Female	20	20,45	61,00 (0,006)
	Male	13	11,69	
	Total	33		
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	Female	16	15,28	35,50 (0,031)
	Male	9	8,94	
	Total	25		
I acknowledge that COVID-19 crisis widened the Gender Gap.	Female	17	18,79	37,50 (0,003)
	Male	12	9,63	
	Total	29		
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	Female	18	15,72	32,00 (0,016)
	Male	8	8,50	
	Total	26		
In my region public institutions adopted specific policies in order to raise working opportunities for women at the end of the pandemic.	Female	16	10,88	38,00 (0,033)
	Male	9	16,78	
	Total	25		
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	Secondary school	18	12,39	52,00 (0,002)
	Master’s Degree	14	21,79	
	Total	32		
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	Secondary school	20	14,43	78,50 (0,032)
	Master’s Degree	13	20,96	
	Total	33		

Women faced higher risks of job and income loss during COVID-19 crisis than men.	Secondary school	19	13,42	65,00 (0,008)
	Master's Degree	14	21,86	
	Total	33		

The Mann-Whitney test is statistically significant (sig. < 0,05) in the following statements, pertaining to the respondents' gender "Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.", "By my perception, an increase in domestic violence could be noted during COVID-19 crisis.", "Women faced higher risks of job and income loss during COVID-19 crisis than men.", "The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.", "I acknowledge that COVID-19 crisis widened the Gender Gap.", "Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis." and "In my region public institutions adopted specific policies in order to raise working opportunities for women at the end of the pandemic.". Females tend to agree with all statements more than males do, expect for the statement "In my region public institutions adopted specific policies in order to raise working opportunities for women at the end of the pandemic.", where the inverse is true.

The Mann-Whitney test is statistically significant (sig. < 0,05) in the following statements, pertaining to the respondents' acquired education "By my perception, an increase in domestic violence could be noted during COVID-19 crisis.", "Women faced higher risks of job and income loss during COVID-19 crisis than men." and "Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19." Respondents with a master's degree tend to agree with all statements, than those who completed secondary school.

Table 5.364: Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis H (sig.)
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	20 years or less	18	12,39	11,00 (0,027)
	21-30	1	25,50	
	31-40	2	25,50	
	41-50	6	23,33	
	51-60	5	17,70	
	Total	32		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statement, pertaining to the respondents' age "Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.". Respondents aged 21 to 30 years and 31 to 40 years tend to agree with this statement the most, while those aged 20 years or less tend to agree with it the least.

Table 5.365: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	77,500	0,077
COVID-19 crisis limited the career opportunities for women, that are mothers.	66,500	0,160
I believe that the number of women looking for help to shelters for women in situation of danger, decreased during the pandemic.	87,500	0,437

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.366: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	6,309	0,177
Women faced higher risks of job and income loss during COVID-19 crisis than men.	8,845	0,065
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	7,466	0,113
COVID-19 crisis limited the career opportunities for women, that are mothers.	6,680	0,154
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	2,318	0,677
I acknowledge that COVID-19 crisis widened the Gender Gap.	2,883	0,578
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	3,084	0,544
I believe that the number of women looking for help to shelters for women in situation of danger, decreased during the pandemic.	4,886	0,299
In my region public institutions adopted specific policies in order to raise working opportunities for women at the end of the pandemic.	2,299	0,681

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.367: Mann-Whitney test for education

	Mann-Whitney U	Sig.
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	93,500	0,186
COVID-19 crisis limited the career opportunities for women, that are mothers.	74,000	0,157
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	65,500	0,479
I acknowledge that COVID-19 crisis widened the Gender Gap.	83,000	0,318
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	67,000	0,342
I believe that the number of women looking for help to shelters for women in situation of danger, decreased during the pandemic.	100,500	0,657
In my region public institutions adopted specific policies in order to raise working opportunities for women at the end of the pandemic.	75,000	0,856

The Mann-Whitney test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents education.

Table 5.368: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0,507	0,776
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0,724	0,696
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,880	0,644
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	1,287	0,525
COVID-19 crisis limited the career opportunities for women, that are mothers.	4,512	0,105
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0,554	0,758
I acknowledge that COVID-19 crisis widened the Gender Gap.	3,035	0,219

Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	2,456	0,293
I believe that the number of women looking for help to shelters for women in situation of danger, decreased during the pandemic.	3,614	0,164
In my region public institutions adopted specific policies in order to raise working opportunities for women at the end of the pandemic.	4,361	0,113

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents area of living.

ITALY – 2 (LOMBARDY)

Table 5.369: Gender

	Frequency	Percent
Female	32	71,1 %
Male	13	28,9 %
Total	45	100,0 %

Majority of respondents (71,1 %) are female, only 28,9 % are male.

Table 5.370: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	1	2,2 %	47,6	14,2
21-30	7	15,6 %		
31-40	3	6,7 %		
41-50	12	26,7 %		
51-60	14	31,1 %		
61-70	6	13,3 %		
71 years or more	2	4,4 %		
Total	45	100,0 %		

The mean age of respondents is 47,6 years with a standard deviation of 14,2 years. Respondents aged 51 to 60 years represent 31,1 %. Over a quarter of respondents (26,7 %) are aged 41 to 50 years, 15,6 % are aged 21 to 30 years, 13,3 % 61 to 70 years. Only 6,7 % of respondents are aged 31 to 40 years, 4,4 % are aged 71 years or more. The lowest percentage of respondents (2,2 %) are aged 20 years or less.

Table 5.371: Highest completed degree or level of school

	Frequency	Percent
Secondary school	19	42,2 %
Bachelor’s degree or professional diploma	3	6,7 %
Master’s Degree	22	48,9 %

PhD or DPhil	1	2,2 %
Total	45	100,0 %

Nearly half of respondents (48,9 %) acquired a master's degree, 42,2 % completed secondary school and 6,7 % acquired a bachelor's degree or a professional diploma. The lowest percentage of respondents (2,2 %) acquired a PhD or DPhil.

Table 5.372: Area of living

	Frequency	Percent
Rural area	4	8,9 %
Suburban area	8	17,8 %
Urban area	33	73,3 %
Total	45	100,0 %

Majority of respondents (73,3 %) live in urban areas, 17,8 % in suburban areas and only 8,9 % in rural areas.

Table 5.373: Level of agreement with given statements

	1	**2**	**3**	**4**	**5**	**6**	**M**	**SD**
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0	2	5	8	29	1	4,5	0,9
	0,0 %	4,4 %	11,1 %	17,8 %	64,4 %	2,2 %		
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0	4	5	16	17	3	4,1	1,0
	0,0 %	8,9 %	11,1 %	35,6 %	37,8 %	6,7 %		
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0	3	6	14	21	1	4,2	0,9
	0,0 %	6,7 %	13,3 %	31,1 %	46,7 %	2,2 %		
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	4	24	12	3	1	1	2,4	0,8
	8,9 %	53,3 %	26,7 %	6,7 %	2,2 %	2,2 %		
COVID-19 crisis limited the career opportunities for women, that are mothers.	2	2	9	21	8	3	3,7	1,0
	4,4 %	4,4 %	20,0 %	46,7 %	17,8 %	6,7 %		

The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	2	2	13	12	7	9	3,6	1,1
	4,4 %	4,4 %	28,9 %	26,7 %	15,6 %	20,0 %		
I acknowledge that COVID-19 crisis widened the Gender Gap.	1	6	9	16	11	2	3,7	1,1
	2,2 %	13,3 %	20,0 %	35,6 %	24,4 %	4,4 %		
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	2	2	7	15	8	11	3,7	1,1
	4,4 %	4,4 %	15,6 %	33,3 %	17,8 %	24,4 %		
The forced return to work in the presence of many Italian bodies, companies and institutions has helped women to rebalance working and family life.	3	14	9	11	3	5	2,9	1,1
	6,7 %	31,1 %	20,0 %	24,4 %	6,7 %	11,1 %		
The lack of childcare services (after school, crèches, etc.) has had a greater impact on women's working lives than men's.	0	0	5	12	27	1	4,5	0,7
	0,0 %	0,0 %	11,1 %	26,7 %	60,0 %	2,2 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents on average strongly agree with the statements "The lack of childcare services (after school, crèches, etc.) has had a greater impact on women's working lives than men's." (M=4,5; SD=0,7) and "Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19." (M=4,5; SD=0,9). On average respondents agree with the following statements: "Women faced higher risks of job and income loss during COVID-19 crisis than men." (M=4,2; SD=0,9), "By my perception, an increase in domestic violence could be noted during COVID-19 crisis." (M=4,1; SD=1,0), "COVID-19 crisis limited the career opportunities for women, that are mothers." (M=3,7; SD=1,0), "I acknowledge that COVID-19 crisis widened the Gender Gap." (M=3,7; SD=1,1), "Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis." (M=3,7; SD=1,1) and "The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres." (M=3,6; SD=1,1). Respondents on average have a neutral opinion about the statement "The forced return to work in

the presence of many Italian bodies, companies and institutions has helped women to rebalance working and family life." (M=2,9; SD=1,1). Respondents on average disagree with the statement "The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis." (M=2,4; SD=0,8).

We asked participants if they have anything to add:

- If work and family life is shared, there is no difference between men and women. I think we need more structures... Kindergartens and family supports. In fact, I don't believe in female quotas... I believe in information and education to make young people understand that gender does not matter. It matters jobs for all and equal opportunities. I am married and we help each other....
- In any kind of crisis, women are always called to greater resilience.
- The pandemic only expanded an existing problem and highlighted it. The pandemic was not the cause of the social gap between men and women. It simply acted as an amplifier of the phenomenon.

Table 5.374: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0,344	0,000	0,683	0,000
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0,249	0,000	0,782	0,000
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,243	0,001	0,836	0,001
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	0,276	0,000	0,870	0,004
COVID-19 crisis limited the career opportunities for women that are mothers.	0,250	0,000	0,858	0,002
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0,209	0,006	0,878	0,006
I acknowledge that COVID-19 crisis widened the Gender Gap.	0,172	0,025	0,892	0,012
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0,294	0,000	0,835	0,001

The forced return to work in the presence of many Italian bodies, companies and institutions has helped women to rebalance working and family life.	0,270	0,000	0,881	0,007
The lack of childcare services (after school, crèches, etc.) has had a greater impact on women's working lives than men's.	0,391	0,000	0,679	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.375: Mann-Whitney test for statistically significant differences

		N	Mean Rank	Mann-Whitney U (sig.)
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	Female	31	23,69	102,50 (0,038)
	Male	11	15,32	
	Total	42		
Women faced higher risks of job and income loss during COVID-19 crisis than men.	Female	32	25,50	96,00 (0,006)
	Male	12	14,50	
	Total	44		
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	Female	32	20,25	120,00 (0,036)
	Male	12	28,50	
	Total	44		
COVID-19 crisis limited the career opportunities for women that are mothers.	Female	30	23,68	114,50 (0,049)
	Male	12	16,04	
	Total	42		
I acknowledge that COVID-19 crisis widened the Gender Gap.	Female	31	24,58	106,00 (0,024)
	Male	12	15,33	
	Total	43		
The lack of childcare services (after school, crèches, etc.) has had a greater impact on women's working lives than men's.	Female	32	24,98	112,50 (0,015)
	Male	12	15,88	
	Total	44		

The Mann-Whitney test is statistically significant (sig. < 0,05) in the following statements, pertaining to the respondents' gender "By my perception, an increase in domestic violence could be noted during COVID-19 crisis.", "Women faced higher risks of job and income loss during COVID-19 crisis than men.", "The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.", "COVID-19 crisis limited the career opportunities for women that are mothers.", "I acknowledge that COVID-19 crisis widened the Gender Gap." and "The lack of childcare services (after school, crèches, etc.) has had a greater impact on women's working lives than men's.". Females tend to agree with all of those statements more than males do, except for the

statement: “The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.” where the inverse is true.

Table 5.376: Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis H (sig.)
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	21-30	7	34,00	12,152 (0,033)
	31-40	3	12,50	
	41-50	11	19,82	
	51-60	13	19,35	
	61-70	6	22,25	
	71 years or more	2	12,25	
	Total	42		
The lack of childcare services (after school, crèches, etc.) has had a greater impact on women’s working lives than men’s.	20 years or less	1	3,00	12,957 (0,044)
	21-30	7	31,00	
	31-40	3	31,00	
	41-50	11	24,91	
	51-60	14	17,25	
	61-70	6	19,83	
	71 years or more	2	21,25	
	Total	44		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statements, pertaining to the respondents’ age “By my perception, an increase in domestic violence could be noted during COVID-19 crisis.” and “The lack of childcare services (after school, crèches, etc.) has had a greater impact on women’s working lives than men’s.”. Respondents aged 21 to 30 years tend to agree the most with the statement “By my perception, an increase in domestic violence could be noted during COVID-19 crisis.”, while those aged 71 year or more agree with it the least. Respondents aged 21 to 30 years and 31 to 40 years tend to agree the most with the statement “The lack of childcare services (after school, crèches, etc.) has had a greater impact on women’s working lives than men’s.”, those aged 20 years or less agree with it the least.

Table 5.377: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	143,500	0,076
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	114,500	0,407
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	77,500	0,148
The forced return to work in the presence of many Italian bodies, companies and institutions has helped women to rebalance working and family life.	139,000	0,373

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.378: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	9,069	0,170
Women faced higher risks of job and income loss during COVID-19 crisis than men.	3,078	0,799
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	6,787	0,341
COVID-19 crisis limited the career opportunities for women that are mothers.	3,830	0,700
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	3,135	0,792
I acknowledge that COVID-19 crisis widened the Gender Gap.	4,925	0,553
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	5,209	0,517
The forced return to work in the presence of many Italian bodies, companies and institutions has helped women to rebalance working and family life.	7,698	0,261

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.379: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	2,175	0,537
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	4,238	0,237
Women faced higher risks of job and income loss during COVID-19 crisis than men.	1,480	0,687
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	4,162	0,244
COVID-19 crisis limited the career opportunities for women that are mothers.	1,511	0,680
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0,093	0,955
I acknowledge that COVID-19 crisis widened the Gender Gap.	2,101	0,552

Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	2,745	0,433
The forced return to work in the presence of many Italian bodies, companies and institutions has helped women to rebalance working and family life.	5,430	0,143
The lack of childcare services (after school, crèches, etc.) has had a greater impact on women's working lives than men's.	3,536	0,316

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents acquired education.

Table 5.380: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	1,796	0,407
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	3,672	0,159
Women faced higher risks of job and income loss during COVID-19 crisis than men.	1,845	0,398
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	3,878	0,144
COVID-19 crisis limited the career opportunities for women that are mothers.	0,196	0,907
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	1,244	0,537
I acknowledge that COVID-19 crisis widened the Gender Gap.	0,217	0,897
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	1,979	0,372
The forced return to work in the presence of many Italian bodies, companies and institutions has helped women to rebalance working and family life.	1,845	0,398
The lack of childcare services (after school, crèches, etc.) has had a greater impact on women's working lives than men's.	0,677	0,713

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents area of living.

ITALY – BOTH

Table 5.381: Gender

	Frequency	Percent
Female	53	67,1 %
Male	26	32,9 %
Total	79	100,0 %

Majority of respondents (67,1 %) are female, 32,9 % are male.

Table 5.382: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	21	26,6 %	39,7	17,3
21-30	8	10,1 %		
31-40	5	6,3 %		
41-50	18	22,8 %		
51-60	19	24,1 %		
61-70	6	7,6 %		
71 years or more	2	2,5 %		
Total	79	100,0 %		

The mean age of respondents is 39,7 years with a standard deviation of 17,3 years. Over a quarter of respondents (26,6 %) are aged 20 years or less, 24,1 % 51 to 60 years, 22,8 % 41 to 50 years. Respondents aged 21 to 30 years represent 10,1 %, those aged 61 to 70 years 7,6 % and 31 to 40 years represent 6,3 %. The lowest percentage of respondents (2,5 %) is aged 71 years or more.

Table 5.383: Highest completed degree or level of school

	Frequency	Percent
Secondary school	39	49,4 %
Bachelor’s degree or professional diploma	3	3,8 %
Master’s Degree	36	45,6 %
PhD or DPhil	1	1,3 %
Total	79	100,0 %

Almost half of respondents (49,4 %) completed secondary school, 45,6 % acquired a master's degree and only 3,8 % a bachelor’s degree or a professional diploma. The lowest percentage of respondents (1,3 %) acquired a PhD or DPhil.

Table 5.384: Area of living

	Frequency	Percent
Rural area	6	7,6 %
Suburban area	12	15,2 %
Urban area	61	77,2 %

Total	79	100,0 %

Most respondents (77,2 %) live in urban areas, 15,2 % in suburban areas and only 7,6 % in rural areas.

Table 5.385: Region of residency

	Frequency	Percent
Italy - InCo Molfetta	34	43,0 %
Italy - Lombardy	45	57,0 %
Total	79	100,0 %

More than half of respondents (57,0 %) reside in Lombardy, while 43,0 % reside in Molfetta.

Table 5.386: Level of agreement with given statements

	1	2	3	4	5	6	M	SD
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0	6	7	20	43	3	4,3	0,9
	0,0 %	7,6 %	8,9 %	25,3 %	54,4 %	3,8 %		
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0	5	8	35	27	4	4,1	0,9
	0,0 %	6,3 %	10,1 %	44,3 %	34,2 %	5,1 %		
Women faced higher risks of job and income loss during COVID-19 crisis than men.	2	4	11	30	30	2	4,1	1,0
	2,5 %	5,1 %	13,9 %	38,0 %	38,0 %	2,5 %		
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	5	35	26	8	2	3	2,6	0,9
	6,3 %	44,3 %	32,9 %	10,1 %	2,5 %	3,8 %		
COVID-19 crisis limited the career opportunities for women, that are mothers.	2	4	15	35	15	8	3,8	0,9
	2,5 %	5,1 %	19,0 %	44,3 %	19,0 %	10,1 %		
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	2	5	21	20	13	18	3,6	1,0
	2,5 %	6,3 %	26,6 %	25,3 %	16,5 %	22,8 %		
I acknowledge that COVID-19 crisis widened the Gender Gap.	1	11	19	24	17	7	3,6	1,1
	1,3 %	13,9 %	24,1 %	30,4 %	21,5 %	8,9 %		
	2	3	10	26	19	19	4,0	1,0

Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	2,5 %	3,8 %	12,7 %	32,9 %	24,1 %	24,1 %	

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents on average agree with all the listed statements, except "The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis." (M=2,6; SD=0,9) of which they have a neutral opinion on average.

We asked participants if they have anything to add:

- If work and family life is shared, there is no difference between men and women. I think we need more structures... Kindergartens and family supports. In fact, I don't believe in female quotas... I believe in information and education to make young people understand that gender does not matter. It matters jobs for all and equal opportunities. I am married and we help each other....
- In any kind of crisis, women are always called to greater resilience.
- The pandemic only expanded an existing problem and highlighted it. The pandemic was not the cause of the social gap between men and women. It simply acted as an amplifier of the phenomenon.

Table 5.387: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0,347	0,000	0,680	0,000
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0,256	0,000	0,786	0,000
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,237	0,000	0,823	0,000
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	0,233	0,000	0,892	0,001
COVID-19 crisis limited the career opportunities for women, that are mothers.	0,254	0,000	0,870	0,000
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0,211	0,000	0,893	0,001

I acknowledge that COVID-19 crisis widened the Gender Gap.	0,176	0,001	0,883	0,000
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0,273	0,000	0,820	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.388: Mann-Whitney test for statistically significant differences

		N	Mean Rank	Mann-Whitney U (sig.)
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	Italy - InCo Molfetta	32	44,78	503,00 (0,023)
	Italy - Lombardy	44	33,93	
	Total	76		
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	Female	51	44,03	355,50 (0,000)
	Male	25	27,22	
	Total	76		
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	Female	51	43,10	352,00 (0,001)
	Male	24	27,17	
	Total	75		
Women faced higher risks of job and income loss during COVID-19 crisis than men.	Female	52	45,57	308,50 (0,000)
	Male	25	25,34	
	Total	77		
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	Female	52	33,86	382,50 (0,004)
	Male	24	48,56	
	Total	76		
COVID-19 crisis limited the career opportunities for women, that are mothers.	Female	49	39,63	361,00 (0,017)
	Male	22	27,91	
	Total	71		
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	Female	41	34,07	284,00 (0,043)
	Male	20	24,70	
	Total	61		
I acknowledge that COVID-19 crisis widened the Gender Gap.	Female	48	42,67	280,00 (0,000)
	Male	24	24,17	

	Total	72		
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	Female	43	34,00	215,00 (0,009)
	Male	17	21,65	
	Total	60		

The Mann-Whitney test is statistically significant (sig. < 0,05) in the following statement, pertaining to the respondents' region of residency "The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.". Respondents from Molfetta tend to agree with this statement more than those from Lombardy.

The Mann-Whitney test is statistically significant (sig. < 0,05) in the following statements, pertaining to the respondents' gender "Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.", "By my perception, an increase in domestic violence could be noted during COVID-19 crisis.", "Women faced higher risks of job and income loss during COVID-19 crisis than men.", "The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.", "COVID-19 crisis limited the career opportunities for women, that are mothers.", "The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.", "I acknowledge that COVID-19 crisis widened the Gender Gap." and "Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.". Females tend to agree with these statements more than males, except for the statement "Women faced higher risks of job and income loss during COVID-19 crisis than men." where the inverse is true.

Table 5.389: Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis H (sig.)
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	20 years or less	19	23,79	21,131 (0,002)
	21-30	8	51,06	
	31-40	5	48,70	
	41-50	18	43,64	
	51-60	18	34,89	
	61-70	6	55,00	
	71 years or more	2	39,25	
	Total	76		
Women faced higher risks of job and income loss during COVID-19 crisis than men.	20 years or less	20	26,35	12,591 (0,050)
	21-30	8	37,44	
	31-40	5	56,50	
	41-50	18	43,67	
	51-60	18	42,00	
	61-70	6	42,83	
	71 years or more	2	47,50	
	Total	77		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) in the following statements, pertaining to the respondents' age "Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19." and "Women faced higher risks of job and income loss during COVID-19 crisis than men.". Respondents aged 61 to 70 years tend to agree the most with the statement "Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.", those aged 20 years or less agree with it the least. Respondents aged 31 to 40 years agree the most with the statement "Women faced higher risks of job and income loss during COVID-19 crisis than men.", those aged 20 years or less tend to agree with it the least.

Table 5.390: Mann-Whitney test for region of residency

	Mann-Whitney U	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	558,000	0,086
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	679,500	0,876
Women faced higher risks of job and income loss during COVID-19 crisis than men.	589,000	0,133
COVID-19 crisis limited the career opportunities for women, that are mothers.	566,000	0,588
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	428,000	0,736
I acknowledge that COVID-19 crisis widened the Gender Gap.	552,000	0,394
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	325,000	0,063

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it to the respondents region of residency.

Table 5.391: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	11,884	0,065
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	9,685	0,139
COVID-19 crisis limited the career opportunities for women, that are mothers.	3,979	0,680
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	1,839	0,934
I acknowledge that COVID-19 crisis widened the Gender Gap.	6,722	0,347
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	4,950	0,550

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.392: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	6,811	0,078
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	5,167	0,160
Women faced higher risks of job and income loss during COVID-19 crisis than men.	3,368	0,338
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	6,598	0,086
COVID-19 crisis limited the career opportunities for women, that are mothers.	3,011	0,390
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0,063	0,969
I acknowledge that COVID-19 crisis widened the Gender Gap.	2,726	0,436
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	3,382	0,336

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents education.

Table 5.393: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0,851	0,654
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	4,434	0,109
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,284	0,868
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	2,169	0,338
COVID-19 crisis limited the career opportunities for women, that are mothers.	1,774	0,412
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0,296	0,863
I acknowledge that COVID-19 crisis widened the Gender Gap.	1,141	0,565
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	1,192	0,551

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents area of living.

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Table 5.394: Gender

	Frequency	Percent
Female	16	51,6 %
Male	12	38,7 %
I do not wish to answer	3	9,7 %
Total	31	100,0 %

Just over half of respondents (51,6 %) are female, 38,7 % are male, 9,7 % did not wish to provide an answer.

Table 5.395: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	1	3,2 %	31,8	6,8
21-30	13	41,9 %		
31-40	13	41,9 %		
41-50	4	12,9 %		
Total	31	100,0 %		

The mean age of respondents is 31,8 years with a standard deviation of 6,8 years. The same percentages of respondents (41,9 %) are aged 21 to 30 years or 31 to 40 years, 12,9 % of respondents are aged 41 to 50 years. The lowest percentage of respondents (3,2 %) is aged 20 years or less.

Table 5.396: Highest completed degree or level of school

	Frequency	Percent
Secondary school	1	3,2 %
Bachelor’s degree or professional diploma	3	9,7 %
Master’s Degree	24	77,4 %
PhD or DPhil	3	9,7 %
Total	31	100,0 %

Majority of respondents (77,4 %) acquired a master’s degree. The same percentages of respondents (9,7 %) acquired either a bachelor's degree or a PhD or DPhil. Only 3,2, % of respondents finished secondary school.

Table 5.397: Area of living

	Frequency	Percent
Rural area	11	35,5 %
Suburban area	8	25,8 %
Urban area	12	38,7 %
Total	31	100,0 %

Majority of respondents (38,7 %) live in urban areas, 35,5 % live in suburban and 25,8 in rural areas.

Table 5.398: Level of agreement with given statements

	1	2	3	4	5	6	M	SD
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	1	2	1	20	6	1	3,9	0,9
	3,2 %	6,5 %	3,2 %	64,5 %	19,4 %	3,2 %		
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0	4	2	16	9	0	4,0	0,9
	0,0 %	12,9 %	6,5 %	51,6 %	29,0 %	0,0 %		
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0	6	3	18	4	0	3,6	1,0
	0,0 %	19,4 %	9,7 %	58,1 %	12,9 %	0,0 %		
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	0	8	3	15	3	2	3,4	1,0
	0,0 %	25,8 %	9,7 %	48,4 %	9,7 %	6,5 %		
COVID-19 crisis limited the career opportunities for women, that are mothers.	0	3	1	19	5	3	3,9	0,8
	0,0 %	9,7 %	3,2 %	61,3 %	16,1 %	9,7 %		
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0	5	1	18	5	2	3,8	0,9
	0,0 %	16,1 %	3,2 %	58,1 %	16,1 %	6,5 %		
I acknowledge that COVID-19 crisis widened the Gender Gap.	0	5	4	16	6	0	3,7	1,0
	0,0 %	16,1 %	12,9 %	51,6 %	19,4 %	0,0 %		
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0	7	0	16	8	0	3,8	1,1
	0,0 %	22,6 %	0,0 %	51,6 %	25,8 %	0,0 %		
Portuguese women managed to balance better work and life, due to remote working.	0	6	2	18	3	2	3,6	0,9
	0,0 %	19,4 %	6,5 %	58,1 %	9,7 %	6,5 %		
	1	5	0	22	2	1	3,6	1,0

The measure of not paying social assistance for childcare to Portuguese mothers who were working remotely was correct.	3,2 %	16,1 %	0,0 %	71,0 %	6,5 %	3,2 %

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents on average agree with all of the statements, except the statement "The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis." (M=3,4; SD=1,0) on which they have on average a neutral opinion.

Table 5.399: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0,390	0,000	0,746	0,000
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0,307	0,000	0,792	0,000
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,342	0,000	0,786	0,000
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	0,288	0,000	0,835	0,002
COVID-19 crisis limited the career opportunities for women, that are mothers.	0,428	0,000	0,673	0,000
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0,347	0,000	0,786	0,000
I acknowledge that COVID-19 crisis widened the Gender Gap.	0,278	0,000	0,859	0,005
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0,317	0,000	0,779	0,000
Portuguese women managed to balance better work and life, due to remote working.	0,440	0,000	0,652	0,000
The measure of not paying social assistance for childcare to Portuguese mothers who were working remotely was correct.	0,482	0,000	0,538	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.400: Mann-Whitney test for statistically significant differences

		N	Mean Rank	Mann-Whitney U (sig.)
COVID-19 crisis limited the career opportunities for women, that are mothers.	Female	13	15,38	47,00 (0,041)
	Male	12	10,42	
	Total	25		
I acknowledge that COVID-19 crisis widened the Gender Gap.	Female	16	16,94	57,00 (0,047)
	Male	12	11,25	
	Total	28		

The Mann-Whitney test is statistically significant (sig. < 0,05) for the following statements, pertaining to the respondents' gender "COVID-19 crisis limited the career opportunities for women, that are mothers." and "I acknowledge that COVID-19 crisis widened the Gender Gap.". Females tend to agree with both of those statements more than males do.

Table 5.401: Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis H (sig.)
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	20 years or less	1	15,50	8,088 (0,044)
	21-30	11	14,55	
	31-40	13	18,08	
	41-50	4	6,13	
	Total	29		
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	Rural area	10	15,90	6,987 (0,030)
	Suburban area	8	10,00	
	Urban area	12	18,83	
	Total	30		
I acknowledge that COVID-19 crisis widened the Gender Gap.	Rural area	11	11,41	5,993 (0,050)
	Suburban area	8	16,38	
	Urban area	12	19,96	
	Total	31		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) for the following statement, pertaining to the respondents' age "The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.". Respondents aged 31 to 40 years tend to agree with the statement the most, while those aged 41 to 50 years tend to agree with it the least.

The Kruskal-Wallis test is statistically significant (sig. < 0,05) for the following statements, pertaining to the respondents' area of living "Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19." and "I acknowledge that COVID-19 crisis widened the Gender Gap.". Respondents from urban areas tend to agree with both statements the most, while respondents from suburban areas agree with the statement "Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19." The least and those from rural area agree the least with the statement "I acknowledge that COVID-19 crisis widened the Gender Gap."

Table 5.402: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	62,500	0,131
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	71,000	0,198
Women faced higher risks of job and income loss during COVID-19 crisis than men.	74,500	0,254
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	53,500	0,095
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	53,000	0,067
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	75,000	0,289
Portuguese women managed to balance better work and life, due to remote working.	73,000	0,580
The measure of not paying social assistance for childcare to Portuguese mothers who were working remotely was correct.	76,500	0,412

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.403: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	3,875	0,275
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	2,904	0,407
Women faced higher risks of job and income loss during COVID-19 crisis than men.	7,420	0,060

The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	3,787	0,285
COVID-19 crisis limited the career opportunities for women, that are mothers.	1,267	0,737
I acknowledge that COVID-19 crisis widened the Gender Gap.	4,835	0,184
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	6,327	0,097
Portuguese women managed to balance better work and life, due to remote working.	0,998	0,802
The measure of not paying social assistance for childcare to Portuguese mothers who were working remotely was correct.	0,323	0,956

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.404: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	2,550	0,466
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	7,670	0,053
Women faced higher risks of job and income loss during COVID-19 crisis than men.	3,001	0,391
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	1,052	0,789
COVID-19 crisis limited the career opportunities for women, that are mothers.	0,041	0,998
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	3,783	0,286
I acknowledge that COVID-19 crisis widened the Gender Gap.	7,067	0,070
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0,648	0,885
Portuguese women managed to balance better work and life, due to remote working.	0,196	0,978
The measure of not paying social assistance for childcare to Portuguese mothers who were working remotely was correct.	0,746	0,862

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents education.

Table 5.405: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	4,061	0,131
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,386	0,825
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	3,096	0,213
COVID-19 crisis limited the career opportunities for women, that are mothers.	1,850	0,397
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	2,168	0,338
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	1,816	0,403
Portuguese women managed to balance better work and life, due to remote working.	0,389	0,823
The measure of not paying social assistance for childcare to Portuguese mothers who were working remotely was correct.	0,771	0,680

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents area of living.

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Table 5.406: Gender

	Frequency	Percent
Female	30	88,2 %
Male	4	11,8 %
Total	34	100,0 %

Majority of respondents (88,2 %) are female, 11,8 % are male.

Table 5.407: Age in years

	Frequency	Percent	Mean	Standard deviation
21-30	5	14,7 %	41,0	13,5
31-40	13	38,2 %		
41-50	10	29,4 %		
51-60	2	5,9 %		
61-70	2	5,9 %		
71 years or more	2	5,9 %		
Total	34	100,0 %		

The mean age of respondents is 41,0 years with a standard deviation of 13,5 years. Most respondents (38,2 %) are aged 31 to 40 years, 29,4 % are aged 41 to 50 years and 14,7 % 21 to 30 years. The same percentages (5,9 %) are aged 51 to 60, 61 to 70 and 71 years or more.

Table 5.408: Highest completed degree or level of school

	Frequency	Percent
Secondary school	8	23,5 %
Bachelor’s degree or professional diploma	16	47,1 %
Master’s Degree	7	20,6 %
PhD or DPhil	3	8,8 %
Total	34	100,0 %

Nearly half of respondents (47,1 %) acquired a bachelor's degree or a professional diploma, 23,5 % of respondents completed secondary school. Over a fifth of respondents (20,6 %) acquired a master’s degree. The lowest percentage of respondents (8,8 %) acquired a PhD or DPhil.

Table 5.409: Area of living

	Frequency	Percent
Rural area	13	38,2 %
Suburban area	7	20,6 %
Urban area	14	41,2 %
Total	34	100,0 %

Majority of respondents (41,2 %) live in urban areas, 38,2 % live in rural and 20,6 % in suburban areas.

Table 5.410: Level of agreement with given statements

	1	**2**	**3**	**4**	**5**	**6**	**M**	**SD**
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	1 2,9 %	1 2,9 %	1 2,9 %	9 26,5 %	22 64,7 %	0 0,0 %	4,5	0,9
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0 0,0 %	2 5,9 %	5 14,7 %	11 32,4 %	13 38,2 %	3 8,8 %	4,1	0,9
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0 0,0 %	4 11,8 %	7 20,6 %	8 23,5 %	12 35,3 %	3 8,8 %	3,9	1,1
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	9 26,5 %	13 38,2 %	7 20,6 %	4 11,8 %	1 2,9 %	0 0,0 %	2,3	1,1

COVID-19 crisis limited the career opportunities for women, that are mothers.	0	4	8	16	5	1	3,7	0,9
	0,0 %	11,8 %	23,5 %	47,1 %	14,7 %	2,9 %		
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	1	11	9	5	4	4	3,0	1,1
	2,9 %	32,4 %	26,5 %	14,7 %	11,8 %	11,8 %		
I acknowledge that COVID-19 crisis widened the Gender Gap.	1	7	6	15	4	1	3,4	1,1
	2,9 %	20,6 %	17,6 %	44,1 %	11,8 %	2,9 %		
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0	4	8	10	6	6	3,6	1,0
	0,0 %	11,8 %	23,5 %	29,4 %	17,6 %	17,6 %		
Incidents of violation of women rights in Slovenia were more obvious during COVID-19 crisis and after.	0	2	7	14	11	0	4,0	0,9
	0,0 %	5,9 %	20,6 %	41,2 %	32,4 %	0,0 %		
The concept of remote work disrupted work-life balance for women in Slovenia.	1	4	5	15	6	3	4,0	0,9
	2,9 %	11,8 %	14,7 %	44,1 %	17,6 %	8,8 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. On average respondents strongly agree with the statement "Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19." (M=4,5; SD=0,9). Respondents on average agree with the following statements: "By my perception, an increase in domestic violence could be noted during COVID-19 crisis." (M=4,1; SD=0,9), "The concept of remote work disrupted work-life balance for women in Slovenia." (M=4,0; SD=0,9), "Incidents of violation of women rights in Slovenia were more obvious during COVID-19 crisis and after." (M=4,0; SD=0,9), "Women faced higher risks of job and income loss during COVID-19 crisis than men." (M=3,9; SD=1,1), "COVID-19 crisis limited the career opportunities for women, that are mothers." and "Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.". Respondents have a neutral opinion on average about the statements "I acknowledge that COVID-19 crisis widened the Gender Gap." (M=3,4; SD=1,1) and "The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres." (M=3,0; SD=1,1). On average respondents disagree that the government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis (M=2,3; SD=1,1).

We asked participants if they have anything to add:

- During the epidemic, I lost my job, closed my business. My husband also lost his job.
- The C19 situation touched us all. In the SE of the country, a large number of women work in production, where work went on without interruption. Working with schoolchildren at home was

easier where the employed 1 had the support of her husband or other relatives. This time too, the family played a key role in the positive sense of the word. On the part of the government, we women entrepreneurs received financial assistance and a postponement of tax payments, Janšev's government reduced the rent tax, etc. What do we have today with Golob? Just chaos.

Table 5.411: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0,364	0,000	0,673	0,000
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0,265	0,000	0,795	0,000
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,258	0,000	0,825	0,001
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	0,269	0,000	0,855	0,003
COVID-19 crisis limited the career opportunities for women, that are mothers.	0,283	0,000	0,864	0,004
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0,210	0,008	0,900	0,021
I acknowledge that COVID-19 crisis widened the Gender Gap.	0,324	0,000	0,828	0,001
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0,198	0,016	0,879	0,008
Incidents of violation of women rights in Slovenia were more obvious during COVID-19 crisis and after.	0,225	0,003	0,866	0,004
The concept of remote work disrupted work-life balance for women in Slovenia.	0,299	0,000	0,860	0,001

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.412: Mann-Whitney test for statistically significant differences

		N	Mean Rank	Mann-Whitney U (sig.)
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	Female	30	16,07	17,00 (0,016)
	Male	4	28,25	
	Total	34		

The Mann-Whitney test is statistically significant (sig. < 0,05) for the following statement, pertaining to the respondents' gender "The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.". Males tend to agree with this statement more than females do.

Table 5.413: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	51,500	0,590
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	34,500	0,220
Women faced higher risks of job and income loss during COVID-19 crisis than men.	49,000	0,758
COVID-19 crisis limited the career opportunities for women, that are mothers.	52,500	0,745
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	49,500	0,873
I acknowledge that COVID-19 crisis widened the Gender Gap.	43,000	0,380
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	35,500	0,877
Incidents of violation of women rights in Slovenia were more obvious during COVID-19 crisis and after.	56,000	0,821
The concept of remote work disrupted work-life balance for women in Slovenia.	47,500	0,682

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.414: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	6,276	0,280
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	1,686	0,891

Women faced higher risks of job and income loss during COVID-19 crisis than men.	1,646	0,896
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	3,803	0,578
COVID-19 crisis limited the career opportunities for women, that are mothers.	2,060	0,841
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	3,558	0,615
I acknowledge that COVID-19 crisis widened the Gender Gap.	9,772	0,082
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	2,371	0,668
Incidents of violation of women rights in Slovenia were more obvious during COVID-19 crisis and after.	3,955	0,556
The concept of remote work disrupted work-life balance for women in Slovenia.	0,885	0,971

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.415: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	2,212	0,530
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	2,475	0,480
Women faced higher risks of job and income loss during COVID-19 crisis than men.	1,957	0,581
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	0,788	0,852
COVID-19 crisis limited the career opportunities for women, that are mothers.	2,610	0,456
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0,947	0,814
I acknowledge that COVID-19 crisis widened the Gender Gap.	1,124	0,771
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	1,492	0,684
Incidents of violation of women rights in Slovenia were more obvious during COVID-19 crisis and after.	2,267	0,519
The concept of remote work disrupted work-life balance for women in Slovenia.	5,216	0,157

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the education of respondents.

Table 5.416: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	2,280	0,320
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	1,051	0,591
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,474	0,789
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	1,576	0,455
COVID-19 crisis limited the career opportunities for women, that are mothers.	4,451	0,108
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	1,326	0,515
I acknowledge that COVID-19 crisis widened the Gender Gap.	3,840	0,147
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	1,089	0,580
Incidents of violation of women rights in Slovenia were more obvious during COVID-19 crisis and after.	1,283	0,527
The concept of remote work disrupted work-life balance for women in Slovenia.	1.145	0.564

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents' area of living.

SPAIN

Table 5.417: Gender

	Frequency	Percent
Female	39	86,7 %
Male	6	13,3 %
Total	45	100,0 %

Majority of respondents (86,7 %) are female, only 13,3 % are male.

Table 5.418: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	1	2,2 %	54,5	16,6
21-30	5	11,1 %		
31-40	5	11,1 %		
41-50	6	13,3 %		
51-60	10	22,2 %		

61-70	10	22,2 %
71 years or more	8	17,8 %
Total	45	100,0 %

The mean age of respondents is 54,5 years with a standard deviation of 16,6 years. Same percentage of respondents (22,2 %) is aged 51 to 60 years or 61 to 70 years, 17,8 % are aged 71 years or more and 13,3 % are aged 41 to 50 years. Again, the same percentage of respondents (11,1 %) is aged 21 to 30 or 31 to 40 years. The lowest percentage of respondents (2,2 %) is aged 20 years or less.

Table 5.419: Highest completed degree or level of school

	Frequency	Percent
Secondary school	27	60,0 %
Bachelor’s degree or professional diploma	11	24,4 %
Master’s Degree	5	11,1 %
Other	2	4,4 %
Total	45	100,0 %

Majority of respondents (60,0 %) completed secondary school. Almost a quarter (24,4 %) acquired a bachelor's degree or a professional diploma, 11,1 % a master’s degree and 4,4 % answered other.

Table 5.420: Area of living

	Frequency	Percent
Suburban area	1	2,2 %
Urban area	44	97,8 %
Total	45	100,0 %

Vast majority of respondents (97,8 %) live in urban areas and only 2,2 % in suburban areas.

Table 5.421: Level of agreement with given statements

	1	**2**	**3**	**4**	**5**	**6**	**M**	**SD**
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0	1	1	8	33	2	4,7	0,6
	0,0 %	2,2 %	2,2 %	17,8 %	73,3 %	4,4 %		
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0	0	1	11	31	2	4,7	0,5
	0,0 %	0,0 %	2,2 %	24,4 %	68,9 %	4,4 %		
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0	2	2	7	30	4	4,6	0,8
	0,0 %	4,4 %	4,4 %	15,6 %	66,7 %	8,9 %		
	9	6	6	4	7	13	2,8	1,5

The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	20,0 %	13,3 %	13,3 %	8,9 %	15,6 %	28,9 %		
COVID-19 crisis limited the career opportunities for women, that are mothers.	0	3	5	8	23	6	4,3	1,0
	0,0 %	6,7 %	11,1 %	17,8 %	51,1 %	13,3 %		
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	4	4	4	7	15	11	3,7	1,4
	8,9 %	8,9 %	8,9 %	15,6 %	33,3 %	24,4 %		
I acknowledge that COVID-19 crisis widened the Gender Gap.	3	6	5	10	18	3	3,8	1,3
	6,7 %	13,3 %	11,1 %	22,2 %	40,0 %	6,7 %		
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	1	1	3	8	27	5	4,5	0,9
	2,2 %	2,2 %	6,7 %	17,8 %	60,0 %	11,1 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. On average respondents strongly agree with the following statements: "By my perception, an increase in domestic violence could be noted during COVID-19 crisis." (M=4,7; SD=0,5), "Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19." (M=4,7; SD=0,6), "Women faced higher risks of job and income loss during COVID-19 crisis than men." (M=4,6; SD=0,8) and "Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis." (M=4,5; SD=0,9). Respondents on average agree with the following statements: "COVID-19 crisis limited the career opportunities for women, that are mothers." (M=4,3; SD=1,0), "I acknowledge that COVID-19 crisis widened the Gender Gap." (M=3,8; SD=1,3) and "The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres." (M=3,7; SD=1,4). Respondents have on average a neutral opinion about the statement "The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis." (M=2,8; SD=1,5).

We asked participants if they have anything to add:

- Teleworking was introduced in many companies, but at the time it was necessary to rely on each person's own resources, without being enabled by the companies and without a proper organisation of the use of time, so that in many cases it was understood that the complete availability for teleworking was not understood, which made it difficult to reconcile work, personal and professional life.

Table 5.422: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0,440	0,000	0,605	0,000
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0,463	0,000	0,556	0,000
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,437	0,000	0,603	0,000
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	0,165	0,012	0,869	0,007
COVID-19 crisis limited the career opportunities for women, that are mothers.	0,389	0,000	0,674	0,000
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0,224	0,005	0,814	0,001
I acknowledge that COVID-19 crisis widened the Gender Gap.	0,229	0,004	0,838	0,002
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0,374	0,000	0,687	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.423: Mann-Whitney test for statistically significant differences

		N	Mean Rank	Mann-Whitney U (sig.)
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	Female	38	23,42	41,00 (0,009)
	Male	5	11,20	
	Total	43		
COVID-19 crisis limited the career opportunities for women, that are mothers.	Female	34	21,49	34,50 (0,017)
	Male	5	9,90	
	Total	39		

The Mann-Whitney test is statistically significant (sig. < 0,05) for the following statements, pertaining to the respondents' gender "By my perception, an increase in domestic violence could be noted during

COVID-19 crisis." and "COVID-19 crisis limited the career opportunities for women, that are mothers.". Females tend to agree with both statements more than males do.

Table 5.424: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	100,000	0,600
Women faced higher risks of job and income loss during COVID-19 crisis than men.	73,000	0,955
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	54,000	0,907
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	32,500	0,371
I acknowledge that COVID-19 crisis widened the Gender Gap.	63,500	0,573
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	40,000	0,081

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.425: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	2,891	0,822
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	1,544	0,957
Women faced higher risks of job and income loss during COVID-19 crisis than men.	2,929	0,818
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	5,851	0,321
COVID-19 crisis limited the career opportunities for women, that are mothers.	2,276	0,893
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	9,345	0,096
I acknowledge that COVID-19 crisis widened the Gender Gap.	5,109	0,530
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	1,605	0,952

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.426: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0,819	0,664
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	3,918	0,141
Women faced higher risks of job and income loss during COVID-19 crisis than men.	3,997	0,136
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	1,249	0,535
COVID-19 crisis limited the career opportunities for women, that are mothers.	1,506	0,471
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0,106	0,948
I acknowledge that COVID-19 crisis widened the Gender Gap.	0,082	0,960
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	4,072	0,131

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it come to the education of respondents.

Table 5.427: Mann-Whitney test for area of living

	Mann-Whitney U	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	16,000	0,584
Women faced higher risks of job and income loss during COVID-19 crisis than men.	14,500	0,550
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	11,500	0,657
COVID-19 crisis limited the career opportunities for women, that are mothers.	5,000	0,160
I acknowledge that COVID-19 crisis widened the Gender Gap.	8,500	0,298

The Mann-Whitney test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents' area of living.

We were unable to perform The Mann-Whitney test for the rest of the statements, since the groups were empty.

SWEDEN

Table 5.428: Gender

	Frequency	Percent
Female	15	48,4 %
Male	14	45,2 %
I do not wish to answer	2	6,5 %
Total	31	100,0 %

Just under half of respondents (48,4 %) are female, 45,2 % are male and 6,5 % did not wish to provide an answer.

Table 5.429: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	1	3,2 %	25,9	3,5
21-30	26	83,9 %		
31-40	4	12,9 %		
Total	31	100,0 %		

The mean age is 25,9 years with standard deviation of 3,5 years. Majority of respondents (83,9 %) are aged 21 to 30 years, 12,9 % are aged 12,9 % and 3,2 % are aged 20 years or less.

Table 5.430: Highest completed degree or level of school

	Frequency	Percent
Secondary school	3	9,7 %
Bachelor’s degree or professional diploma	17	54,8 %
Master’s Degree	9	29,0 %
PhD or DPhil	2	6,5 %
Total	31	100,0 %

More than half of respondents (54,8 %) acquired a bachelor's degree or a professional diploma, 29,0 % acquired a master's degree and only 9,7 % completed secondary school. The lowest percentage of respondents (6,5 %) acquired a PhD or DPhil.

Table 5.431: Area of living

	Frequency	Percent
Rural area	5	16,1 %
Suburban area	4	12,9 %
Urban area	22	71,0 %
Total	31	100,0 %

Majority of respondents (71,0 %) live in urban areas, 16,1 % in rural and 12,9 % in suburban areas.

Table 5.432: Level of agreement with given statements

	1	2	3	4	5	6	M	SD
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0	0	1	21	9	0	4,3	0,5
	0,0 %	0,0 %	3,2 %	67,7 %	29,0 %	0,0 %		
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0	0	1	13	17	0	4,5	0,6
	0,0 %	0,0 %	3,2 %	41,9 %	54,8 %	0,0 %		
Women faced higher risks of job and income loss during COVID-19 crisis than men.	1	1	5	12	12	0	4,1	1,0
	3,2 %	3,2 %	16,1 %	38,7 %	38,7 %	0,0 %		
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	7	11	5	3	5	0	2,2	1,0
	22,6 %	35,5 %	16,1 %	9,7 %	16,1 %	0,0 %		
COVID-19 crisis limited the career opportunities for women, that are mothers.	0	0	1	19	11	0	4,3	0,5
	0,0 %	0,0 %	3,2 %	61,3 %	35,5 %	0,0 %		
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0	1	7	11	7	5	3,9	0,8
	0,0 %	3,2 %	22,6 %	35,5 %	22,6 %	16,1 %		
I acknowledge that COVID-19 crisis widened the Gender Gap.	0	1	2	14	10	4	4,2	0,8
	0,0 %	3,2 %	6,5 %	45,2 %	32,3 %	12,9 %		
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0	0	0	17	14	0	4,5	0,5
	0,0 %	0,0 %	0,0 %	54,8 %	45,2 %	0,0 %		

Legend: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree; 6 – I do not know; M – mean; SD – standard deviation

The respondent's answers were measured on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Respondents on average agree with the statements "Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis." (M=4,5; SD=0,5) and "By my perception, an increase in domestic violence could be noted during COVID-19 crisis." (M=4,5; SD=0,6). On average respondents agree with the following statements: "COVID-19 crisis limited the career opportunities for women, that are mothers." (M=4,3; SD=0,5), "I acknowledge that COVID-19 crisis widened the Gender Gap." (M=4,2; SD=0,8), "Women faced higher risks of job and income loss during COVID-19 crisis than men." (M=4,1; SD=1,0) and "The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres." (M=3,9; SD=0,8). Respondents on average disagree that the

government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis (M=2,2; SD=1,0).

We asked participants if they have anything to add:

- Covid affected both men and women equally.
- In my opinion covid affected everyone except women faced a more serious reality.
- The effect of covid 19 on gender dynamics was not widespread in Sweden.
- There are conflicting reports about the effects of Covid 19.
- Women were hit hard by Covid 19.
- Women were marginalized by the pandemic.

Table 5.433: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0,406	0,000	0,613	0,000
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0,368	0,000	0,702	0,000
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,253	0,001	0,795	0,000
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	0,239	0,002	0,869	0,008
COVID-19 crisis limited the career opportunities for women, that are mothers.	0,383	0,000	0,628	0,000
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0,224	0,006	0,867	0,007
I acknowledge that COVID-19 crisis widened the Gender Gap.	0,290	0,000	0,760	0,000
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0,406	0,000	0,613	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.434: Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis H (sig.)
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	Rural area	5	11,00	6,002 (0,050)
	Suburban area	4	10,00	
	Urban area	22	18,23	
	Total	31		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) for the following statements, pertaining to the respondents' area of living "By my perception, an increase in domestic violence could be noted during COVID-19 crisis.". Respondents from urban areas tend to agree with this statement the most, while those from suburban areas tend to agree with it the least.

Table 5.435: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	91,000	0,462
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	91,000	0,487
Women faced higher risks of job and income loss during COVID-19 crisis than men.	92,500	0,562
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	58,000	0,413
COVID-19 crisis limited the career opportunities for women, that are mothers.	91,000	0,479
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	53,500	0,257
I acknowledge that COVID-19 crisis widened the Gender Gap.	49,500	0,098
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	94,500	0,595

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.436: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	1,734	0,420
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	1,693	0,429
Women faced higher risks of job and income loss during COVID-19 crisis than men.	1,421	0,492
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	2,676	0,262
COVID-19 crisis limited the career opportunities for women, that are mothers.	2,340	0,310
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	1,823	0,402
I acknowledge that COVID-19 crisis widened the Gender Gap.	1,907	0,385
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	1,820	0,402

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.437: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	1,848	0,604
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	2,609	0,456
Women faced higher risks of job and income loss during COVID-19 crisis than men.	3,798	0,284
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	5,484	0,140
COVID-19 crisis limited the career opportunities for women, that are mothers.	5,784	0,123
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	3,887	0,274

I acknowledge that COVID-19 crisis widened the Gender Gap.	5,242	0,155
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0,208	0,976

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents' education.

Table 5.438: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0,435	0,804
Women faced higher risks of job and income loss during COVID-19 crisis than men.	2,518	0,284
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	3,785	0,151
COVID-19 crisis limited the career opportunities for women, that are mothers.	0,456	0,796
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	1,737	0,420
I acknowledge that COVID-19 crisis widened the Gender Gap.	3,008	0,222
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0,622	0,733

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents' area of living.

ALL COUNTRIES

Table 5.439: Gender

	Frequency	Percent
Female	252	73,0 %
Male	86	24,9 %
I do not wish to answer	7	2,0 %
Total	345	100,0 %

Majority of respondents (73,0 %) is female and just under a quarter (24,9 %) are male, 2,0 % did not wish to answer.

Table 5.440: Age in years

	Frequency	Percent	Mean	Standard deviation
20 years or less	25	7,2 %	39,2	15,8
21-30	102	29,6 %		
31-40	83	24,1 %		
41-50	47	13,6 %		
51-60	46	13,3 %		
61-70	27	7,8 %		
71 years or more	15	4,3 %		
Total	345	100,0 %		

The average age of respondents is 39,2 years with a standard deviation of 15,8 years. Most respondents (29,6 %) are aged 21 to 30 years, 24,1 % 31 to 40 years, 13,6 % 41 to 50 years and 13,3 % 51 to 60 years. Respondents aged 61 to 70 years represent 7,8 % and those 20 years or less represent 7,2 %. The lowest percentage of respondents (4,3 %) are aged 71 years or more.

Table 5.441: Highest completed degree or level of school

	Frequency	Percent
Secondary school	88	25,5 %
Bachelor’s degree or professional diploma	91	26,4 %
Master’s Degree	144	41,7 %
PhD or DPhil	20	5,8 %
Other	2	0,6 %
Total	345	100,0 %

Less than half of respondents (41,7 %) acquired a master’s degree, 26,4 % a bachelor’s degree or a professional diploma. Just over a quarter of respondents (25,5 %) have completed secondary school, 5,8 % acquired a PhD or DPhil. The lowest percentage of respondents (0,6 %) answered other.

Table 5.442: Area of living

	Frequency	Percent
Rural area	55	15,9 %
Suburban area	55	15,9 %
Urban area	235	68,1 %
Total	345	100,0 %

Majority of respondents (68,1 %) live in urban areas, the same percentage (15,9 %) live in rural and suburban areas.

Table 5.443: Country of current residency

	Frequency	Percent
Bulgaria	30	8,7 %
Cyprus	34	9,9 %

France	30	8,7 %
Greece	31	9,0 %
Italy	79	22,9 %
Portugal	31	9,0 %
Slovenia	34	9,9 %
Spain	45	13,0 %
Sweden	31	9,0 %
Total	345	100,0 %

Most respondents reside in Italy (22,9 %), 13,0 % reside in Spain. The same percentage of respondents (9,9 %) reside in Cyprus and Slovenia. The same percentages (9,0 %) also reside in Sweden, Portugal and Greece. The lowest percentage of respondents (8,7 %) reside in Bulgaria and France.

Table 5.444: Cronbach's alpha

Cronbach's Alpha	N of Items
0,767	8

The Cronbach’s Alpha value is 0,767, which in turn means the reliability of the questionnaire is good.

Table 5.445: KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0,827
Bartlett's Test of Sphericity	Approx. Chi-Square	522,761
	df	28
	Sig.	0,000

The KMO measure (0,827) and the Bartlett’s Test of Sphericity (sig. < 0,05) confirm the data is appropriate for factor analysis. We used the Principal Axis Factoring method and Varimax rotation with Kaiser Normalization.

Table 5.446: Communalities

	Initial	Extraction
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0,356	0,437
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0,278	0,324
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,487	0,600
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	0,129	0,253
COVID-19 crisis limited the career opportunities for women, that are mothers.	0,420	0,426

The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0,399	0,722
I acknowledge that COVID-19 crisis widened the Gender Gap.	0,491	0,554
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0,472	0,516

All communalities are higher than 0,2, which means the variables define our phenomenon, there is also no need to exclude any of the variables.

Table 5.447: Total Variance Explained

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumula-tive %	Total	% of Variance	Cumula-tive %	Total	% of Variance	Cumula-tive %
1	3,530	44,121	44,121	3,053	38,164	38,164	2,927	36,586	36,586
2	1,255	15,685	59,806	0,680	8,501	46,665	0,806	10,079	46,665
3	0,834	10,424	70,230						
4	0,648	8,097	78,327						
5	0,511	6,393	84,719						
6	0,458	5,720	90,439						
7	0,432	5,398	95,838						
8	0,333	4,162	100,000						

SPSS suggests the exclusion of two factors, since their eigenvalue is higher than 1, likewise two of the factors can explain 46,665 % of the common variance.

Table 5.448: Rotated Factor Matrix

	Factor	
	1	2
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0,638	
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0,556	
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,775	
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.		0,481
COVID-19 crisis limited the career opportunities for women, that are mothers.	0,620	
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.		0,697
I acknowledge that COVID-19 crisis widened the Gender Gap.	0,720	
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0,680	

We can observe which variables were sorted within a certain factor inside of the factor matrix. We can conclude that our questionnaire is valid, therefore suitable for use.

Table 5.449: Tests of normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	Sig.	Statistic	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	0,303	0,000	0,732	0,000
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	0,304	0,000	0,750	0,000
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,223	0,000	0,837	0,000
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	0,215	0,000	0,899	0,000
COVID-19 crisis limited the career opportunities for women, that are mothers.	0,262	0,000	0,845	0,000
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0,182	0,000	0,891	0,000
I acknowledge that COVID-19 crisis widened the Gender Gap.	0,233	0,000	0,880	0,000
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	0,251	0,000	0,837	0,000

The Kolmogorov-Smirnov and the Shapiro-Wilk tests are statistically significant (sig. < 0,05) when pertaining to all the statements listed above, which in turn means values are not distributed normally, therefore we will be using nonparametric tests.

Table 5.450: Mann-Whitney test for statistically significant differences

		N	Mean Rank	Mann-Whitney U (sig.)
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	Female	247	177,03	7402,00 (0,000)
	Male	83	131,18	
	Total	330		
	Female	240	171,45	6493,00 (0,000)

By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	Male	78	122,74	
	Total	318		
Women faced higher risks of job and income loss during COVID-19 crisis than men.	Female	235	170,41	6717,50 (0,000)
	Male	81	123,93	
	Total	316		
COVID-19 crisis limited the career opportunities for women, that are mothers.	Female	233	163,24	7633,00 (0,015)
	Male	79	136,62	
	Total	312		
I acknowledge that COVID-19 crisis widened the Gender Gap.	Female	234	166,66	6982,00 (0,001)
	Male	79	128,38	
	Total	313		
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	Female	209	145,15	5403,50 (0,005)
	Male	66	115,37	
	Total	275		

The Mann-Whitney test is statistically significant (sig. < 0,05) for the following statements, pertaining to the respondents' gender "Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.", "By my perception, an increase in domestic violence could be noted during COVID-19 crisis.", "Women faced higher risks of job and income loss during COVID-19 crisis than men.", "COVID-19 crisis limited the career opportunities for women, that are mothers.", "I acknowledge that COVID-19 crisis widened the Gender Gap." and "Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.". Females tend to agree with all of these statements more than males do.

Table 5.451: Kruskal-Wallis test for statistically significant differences

		N	Mean Rank	Kruskal-Wallis H (sig.)
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	Bulgaria	29	156,28	35,188 (0,000)
	Cyprus	32	167,48	
	France	30	122,17	
	Greece	31	188,32	
	Italy	76	174,39	
	Portugal	30	122,70	
	Slovenia	34	192,62	
	Spain	43	214,40	
	Sweden	31	145,77	
	Total	336		
By my perception, an increase in domestic	Bulgaria	25	150,66	30,585 (0,000)
	Cyprus	30	183,80	
	France	28	174,43	

violence could be noted during COVID-19 crisis.	Greece	30	190,60	
	Italy	75	137,71	
	Portugal	31	125,05	
	Slovenia	31	142,31	
	Spain	43	201,85	
	Sweden	31	176,50	
	Total	324		
Women faced higher risks of job and income loss during COVID-19 crisis than men.	Bulgaria	26	115,81	41,363 (0,000)
	Cyprus	31	162,76	
	France	25	108,46	
	Greece	29	171,84	
	Italy	77	169,66	
	Portugal	31	128,53	
	Slovenia	31	156,02	
	Spain	41	222,35	
	Sweden	31	169,37	
	Total	322		
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	Bulgaria	26	153,42	24,751 (0,002)
	Cyprus	31	164,16	
	France	28	154,75	
	Greece	29	137,76	
	Italy	76	156,88	
	Portugal	29	219,34	
	Slovenia	34	129,59	
	Spain	32	164,13	
	Sweden	26	121,85	
	Total	311		
COVID-19 crisis limited the career opportunities for women, that are mothers.	Bulgaria	28	168,64	21,359 (0,006)
	Cyprus	31	153,58	
	France	27	136,37	
	Greece	31	162,42	
	Italy	71	145,73	
	Portugal	28	156,36	
	Slovenia	33	130,94	
	Spain	39	200,74	
	Sweden	31	192,42	
	Total	319		
The negative impacts of the crisis on women have during the COVID-19 crisis	Bulgaria	22	124,91	19,565 (0,012)
	Cyprus	25	164,58	
	France	25	118,34	

has been strongest outside cities and economic centres.	Greece	30	147,32	
	Italy	61	140,67	
	Portugal	29	156,28	
	Slovenia	30	97,27	
	Spain	34	158,56	
	Sweden	26	163,10	
	Total	282		
I acknowledge that COVID-19 crisis widened the Gender Gap.	Bulgaria	27	137,87	23,655 (0,003)
	Cyprus	32	161,38	
	France	26	112,52	
	Greece	30	186,07	
	Italy	72	154,80	
	Portugal	31	164,68	
	Slovenia	33	139,11	
	Spain	42	179,55	
	Sweden	27	206,81	
	Total	320		
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	Bulgaria	19	135,18	35,209 (0,000)
	Cyprus	25	130,62	
	France	23	93,89	
	Greece	24	148,85	
	Italy	60	136,37	
	Portugal	31	128,03	
	Slovenia	28	109,71	
	Spain	40	186,13	
	Sweden	31	173,77	
	Total	281		
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	20 years or less	23	113,28	18,032 (0,006)
	21-30	100	157,64	
	31-40	81	165,73	
	41-50	47	189,09	
	51-60	43	184,81	
	61-70	27	199,22	
	71 years or more	15	173,97	
	Total	336		
The negative impacts of the crisis on women have during the COVID-19 crisis	20 years or less	16	140,63	14,712 (0,023)
	21-30	83	151,19	

has been strongest outside cities and economic centres.	31-40	72	154,90	
	41-50	36	111,10	
	51-60	39	151,50	
	61-70	23	106,26	
	71 years or more	13	123,04	
	Total	282		
Women faced higher risks of job and income loss during COVID-19 crisis than men.	Rural area	51	145,68	6,793 (0,033)
	Suburban area	54	140,87	
	Urban area	217	170,35	
	Total	322		
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	Rural area	46	129,83	7,381 (0,025)
	Suburban area	44	117,40	
	Urban area	191	149,13	
	Total	281		

The Kruskal-Wallis test is statistically significant (sig. < 0,05) for the following statements, pertaining to the respondents' country of residence "Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.", "By my perception, an increase in domestic violence could be noted during COVID-19 crisis.", "Women faced higher risks of job and income loss during COVID-19 crisis than men.", "The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.", "COVID-19 crisis limited the career opportunities for women, that are mothers.", "The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.", "I acknowledge that COVID-19 crisis widened the Gender Gap." and "Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.". Respondents from Spain tend to agree with the following statements the most "Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.", "Women faced higher risks of job and income loss during COVID-19 crisis than men." and "Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.", while respondents from France agree with them the least. Respondents from Spain agree with the statement "By my perception, an increase in domestic violence could be noted during COVID-19 crisis." the most, those from Portugal agree the least. Respondents from Portugal agree the most with the statement "The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.", those respondents who reside in Sweden agree with it the least. Respondents residing in Spain agree with the statement "COVID-19 crisis limited the career opportunities for women, that are mothers." the most, those residing in Slovenia agree the least. Respondents from Cyprus agree with the statement "The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres." the most, those from Slovenia the least. Respondents residing in Sweden agree the most

with the statement “I acknowledge that COVID-19 crisis widened the Gender Gap.”, those respondents residing in France agree with it the least.

The Kruskal-Wallis test is statistically significant (sig. < 0,05) for the following statements, pertaining to the respondents’ age “Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.” and “ The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.”. Respondents aged 61 to 70 years tend to agree the most with the statement “Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.”, while those aged 20 years or less agree with it the least. Respondents aged 31 to 40 years tend to agree the most with the statement “The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.”, those respondents aged 61 to 70 years tend to agree with it the least.

The Kruskal-Wallis test is statistically significant (sig. < 0,05) for the following statements, pertaining to the respondents’ area of living “Women faced higher risks of job and income loss during COVID-19 crisis than men.” and “Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.”. Respondents from urban areas tend to agree with both statements the most, while those from suburban areas tend to agree with both the least.

Table 5.452: Mann-Whitney test for gender

	Mann-Whitney U	Sig.
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	7.551,500	0,063
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	5.984,500	0,055

The Mann-Whitney test is not statistically significant (sig. > 0,05) which in turn means that there are no statistically significant differences, when it comes to gender.

Table 5.453: Kruskal-Wallis test for age groups

	Kruskal-Wallis H	Sig.
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	12,508	0,052
Women faced higher risks of job and income loss during COVID-19 crisis than men.	7,689	0,262
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	4,992	0,545

COVID-19 crisis limited the career opportunities for women, that are mothers.	8,627	0,196
I acknowledge that COVID-19 crisis widened the Gender Gap.	11,032	0,087
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	3,433	0,753

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, between age groups.

Table 5.454: Kruskal-Wallis test for education

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	2,815	0,421
By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	7,699	0,053
Women faced higher risks of job and income loss during COVID-19 crisis than men.	0,799	0,850
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	0,290	0,962
COVID-19 crisis limited the career opportunities for women, that are mothers.	6,944	0,074
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	7,002	0,072
I acknowledge that COVID-19 crisis widened the Gender Gap.	2,422	0,489
Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.	3,473	0,324

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the acquired education of respondents.

Table 5.455: Kruskal-Wallis test for area of living

	Kruskal-Wallis H	Sig.
Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.	2,867	0,238

By my perception, an increase in domestic violence could be noted during COVID-19 crisis.	1,759	0,415
The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.	1,499	0,473
COVID-19 crisis limited the career opportunities for women, that are mothers.	2,870	0,238
The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.	0,132	0,936
I acknowledge that COVID-19 crisis widened the Gender Gap.	2,075	0,354

The Kruskal-Wallis test is not statistically significant (sig. > 0,05) which means that there are no statistically significant differences, when it comes to the respondents' area of living.

6 FUTURE POLICY RECOMMENDATIONS

The consensus among participants is that effectively managing future pandemics necessitates drawing lessons from prior experiences, conducting extensive research, and fostering interdisciplinary collaboration among experts across different domains, both nationally and internationally. Additionally, it is crucial to establish transparent channels of communication and coordination among experts, policymakers, and the general public. They stressed the significance of individuals engaging in critical evaluation of information sources and relying on trustworthy and confirmed knowledge.

In connection with mentioned, participants pointed out different recommendations for future pandemic preparedness, which are listed below in the table.

Table 6.1. Future pandemic recommendations

PANDEMIC SUGGESTION'S	NEEDED ACTION IN THE PANDEMIC SUGGESTION'S
Fostering Interdisciplinary, Cross-Sector, and Global Collaboration for Strategic Pandemic Preparedness	Effective pandemic preparedness requires strong partnerships between governments and experts across sectors like health, transportation, finance, and public services. This interdisciplinary approach ensures coordinated public health strategies, minimizes disruptions, and enhances resilience. Strengthening global supply chain coordination is also crucial for maintaining essential goods flow during crises. Best practices in pandemic management should be documented and integrated into a dynamic guidance framework, drawing from diverse experiences and historical pandemics. This framework will provide strategic insights for long-term planning and informed policymaking, improving global preparedness and response.
Enhancing Adaptive Governance and Promoting Ethical	Governance systems must be flexible and responsive to emerging challenges. Governments should use real-time monitoring to inform policy adjustments, fostering a culture of learning and continuous improvement.

Communication to Safeguard Human Rights and Prevent Discrimination in Crisis Management	This approach better equips societies to handle uncertainties and mitigate future crises. Independent bodies should oversee decision-making, manage risk assessments, and uphold democratic values and human rights during crises. These entities promote ethical governance and protect against conflicts of interest. Governments must develop ethical guidelines that prioritize justice, equality, and human rights, with special attention to vulnerable groups. Recognizing the unequal impact of crises on marginalized populations, targeted interventions should be implemented to support their well-being and safeguard their rights. Governments should implement measures that promote ethical communication practices by encouraging the use of inclusive language. These practices should be integrated across public institutions, media, and educational platforms to foster a culture of respect, inclusivity, and equal representation. By prioritizing communication that is free from bias and actively promotes diversity, governments can contribute to building a more equitable and inclusive society. Pandemic response policies should be designed to prevent any form of discrimination or bias, ensuring that all individuals receive equal treatment regardless of health status, race, gender, or other factors. These policies must actively promote inclusivity, fairness, and equity, addressing the unique needs of marginalized and vulnerable groups. By prioritizing non-discriminatory practices, governments can foster a more just and effective response that protects the rights and dignity of all citizens.
Building Resilient Structures Against Domestic Violence	Identify and monitor potential cases of domestic violence and ensure that victims have unhindered access to support services and safe environments during the lockdown period. Support should also be given to non-direct victims of domestic violence (such as children, etc.). Governments should implement a comprehensive strategy to combat domestic violence by reinforcing legal frameworks and expanding social support systems to provide holistic assistance to victims. This approach should include strengthening law enforcement measures, increasing the accessibility and availability of support centres, and addressing harmful social norms that contribute to the acceptance of domestic violence. Additionally, governments should introduce integrated social and health initiatives across housing, employment, and education sectors to empower and support victims in rebuilding their lives. It is recommended that additional support centres be set up to provide temporary shelter for victims of domestic violence, with a particular focus on creating a specific code of conduct for pandemic or crisis situations. This protocol would address scenarios where potential victims are forced to stay at home with their abuser, as has been the case during the COVID-19 pandemic. The directive should ensure rapid access to safe

	accommodation, emergency services and alternative reporting mechanisms to protect vulnerable people during lockdowns or similar crisis situations.
Balancing Public Safety, Human Rights, and Economic Safeguarding for Vulnerable Populations in Crisis Response Strategies	Future crisis responses should prioritize both public health and human rights. This includes effective quarantine protocols, border controls, and health infrastructure, alongside coordinated national and international measures like short-term lockdowns for highly contagious diseases. Adopt a holistic approach with efficient testing, contact tracing, and digital infrastructure for remote work and telemedicine. Policies should ensure freedom of movement while respecting basic rights, with guidelines for safe assemblies and promoting digital platforms for civic engagement. Establish early economic relief packages for affected sectors and provide resilience training for businesses to adapt during crises. An integrated approach balancing public health, human rights, and economic stability is essential for navigating future emergencies. Governments should establish clear guidelines and robust oversight mechanisms to protect human rights during crises. Any restrictions on rights must be carefully evaluated to ensure they are necessary, proportionate, and time-limited, avoiding excessive or unjustified limitations. Regular assessments should be conducted to balance public safety with the preservation of fundamental rights, ensuring that human rights remain at the forefront of crisis response and recovery strategies. In addition, special attention should be paid to homeless people, as they need increased protection in times of crisis, such as pandemics. Restricted freedom of movement and limited access to healthcare make homeless people particularly vulnerable. Crisis response strategies must ensure that they have access to safe shelter, healthcare and basic services to prevent their further marginalisation and ensure that their rights are respected. This includes customised measures to provide medical care, food and hygiene supplies, as well as clear guidance on how to apply lockdowns and quarantines to people without stable accommodation.
Strengthening Inclusive and Resilient Health Systems to Ensure Equitable Access and Safeguard Human Rights During Crises	Governments should prioritise inclusive healthcare by addressing the inequalities revealed during the pandemic and ensuring equal access to medical services, testing and treatment for all, especially for vulnerable populations. Universal access should be guaranteed regardless of socio-economic background or immunisation status. Expanding online consultations and services is important to reach those facing barriers while protecting privacy in shared living spaces. In addition, governments must reduce stigmatisation, provide psychological support and ensure the safety and dignity of medical staff. Strengthening healthcare systems requires clear communication between experts, policy makers and the public.

	To strengthen resilience, governments should diversify medical supply chains, improve hygiene and immunisation efforts and strengthen social distancing measures. Healthcare reform should address poverty and inequalities and focus on improving diagnosis and treatment. Frameworks for free or affordable testing and timely care should be created to avoid delays caused by overburdened systems. Digital tools must be used judiciously to prevent inequalities from widening and to ensure accessible alternatives for marginalised groups. Finally, the development of healthcare infrastructure is crucial to ensure equal access to basic services, especially maternal and child health, while providing cost-effective healthcare options.
Strengthening Social Security and Essential Services to Build Resilience During Crises	Governments should enhance social security systems to provide robust support during crises by simplifying eligibility criteria, ensuring seamless access to unemployment benefits, and offering direct financial aid to workers impacted by economic disruptions. In addition, comprehensive financial assistance programs should be established for individuals who lose their jobs or face financial hardship due to pandemic-related measures. These programs should offer tailored support, such as rental assistance or food and utility vouchers, addressing the specific needs of those most affected by the crisis. Governments should establish robust policies to ensure uninterrupted access to essential services, including food, water, electricity, and healthcare, for all individuals during lockdowns. These policies must prioritize the needs of vulnerable populations and those who have lost their livelihoods, ensuring that no one is deprived of basic necessities. Targeted support programs streamlined access to services, and resilient supply chain management are crucial to maintaining equitable access. By implementing these measures, governments can safeguard the well-being of all citizens and build resilience in times of crisis.
Implementing Proportionate and Time-Limited Movement Restrictions for Effective Pandemic Management	Governments should implement clear, time-limited, and proportionate movement restrictions, such as lockdowns or travel bans, only when necessary to protect public health. These measures should be supported by efficient testing, contact tracing, and quarantine protocols. Governments should invest in digital solutions for remote work, education, and telehealth to reduce the need for extended restrictions. Strengthen international coordination for synchronized pandemic responses, balancing public safety and economic stability. Decisions for movement limitations should be based on previously executed research.
Strengthening Support and Innovation for Artists and Cultural Institutions	Governments should address the funding gaps and programmatic shortfalls that have adversely impacted artists and cultural institutions, particularly during times of crisis. In addition to providing sustained financial support, governments should develop innovative strategies that enable artists to explore new forms of audience engagement and creative expression. Emphasis should be placed on the role of culture in

	community-building and collective action, promoting an inclusive approach that bridges societal divides and celebrates diverse cultural expressions. By fostering creativity and resilience within the cultural sector, these measures can ensure long-term sustainability and enrich the social fabric.
Implementing Proactive Mental Health Support and Crisis Preparedness in Education Systems	Educational institutions should be equipped to provide comprehensive mental health support and crisis preparedness training for both students and staff. This includes integrating mental health education into curricula, providing accessible counselling services, and training faculty to recognise and treat signs of stress or trauma. In addition, institutions should ensure clear and effective communication with students and staff to prepare them for potential disruptions, including guidance on mental health resources, safety protocols and crisis response plans. By fostering a culture of openness and preparedness, education systems can improve academic continuity while protecting the mental well-being of their communities in times of crisis.
Enhancing Mental Health Systems and Promoting Fair, Stigma-Free Support Through Equitable Resource Allocation and Integrated Crisis Management Strategies	Mental health must be a core element of crisis plans, ensuring universal access through well-funded services, digital platforms, and helplines. Special attention should be given to vulnerable groups, such as frontline workers and the elderly, with tailored support initiatives. Create safe meeting places for older people where they can socialise with their loved ones without putting their health at risk. The isolation that many older people have faced during the pandemic, which in some cases has led to severe loneliness or death, emphasises the need to maintain social contact in a safe environment even in times of crisis. Improve the provision of mental health services by providing accessible counselling, stress management initiatives, and counselling centres, with a focus on addressing the particular difficulties women face as a result of increased caring responsibilities. A crisis unit should be set up to provide targeted psychological support, especially for young people who have suffered social disruption as a result of the COVID-19 pandemic. This unit would focus on the treatment of trauma, anxiety and mental health issues, including the increasing use of anxiolytics and the increased suicide rate among young people. The trauma that many young people have experienced during the pandemic is comparable to that of war or attack. The initiative should also include a public campaign to raise awareness of the dangers of substance abuse. Fostering community spirit, promoting physical activity, and advocating for healthy coping mechanisms should serve as an essential tools to combat mental health challenges during pandemic. Promote early intervention, public awareness, and healthy coping mechanisms to address mental health challenges. Governments should ensure fair resource allocation, prioritizing high-risk groups like refugees.

	International exchange of best practices should be facilitated to create a unified mental health response during crises, integrating mental health into public health plans for comprehensive care. Introduce workshops and resources aimed at reducing mental health stigma and improving societal understanding, particularly in response to increased mental health challenges during the pandemic. These initiatives should be integrated into public health policy to ensure broad access and support, address the psychological impact of the pandemic, and promote a more informed, empathetic approach to mental health issues in all communities. To prevent the lingering effects of isolation and social mistrust after the pandemic, proactive efforts must be made to manage the post-Covid period. Policies should aim to restore social cohesion and trust within communities to prevent the persistence of isolation-related mental health problems. Ensure access to cultural facilities such as libraries, cinemas and theatres as these places play a crucial role in maintaining mental health and social wellbeing. Whilst there have been digital alternatives such as streaming at home during lockdown, experiencing culture together in physical spaces is just as important for community building and emotional health as physical exercise. Future public health communication should be designed to inform the population without fuelling unnecessary fear or promoting guilt and mistrust. Public messaging during the COVID-19 pandemic has often caused fear and social division. A more balanced approach should be taken in future crises, focussing on clear information and mutual trust to avoid further mental health impacts.
Enhancing Workforce Resilience by Supporting Remote Work, Promoting Work-Life Balance, and Strengthening Workers' Rights and Advocacy	Governments should support remote work by providing companies with tools and resources, such as equipment and digital software, to enhance productivity and communication. Introduce policies that promote work-life balance, prevent job losses, and ensure fair compensation, particularly during economic downturns. Safeguard employees from unfair dismissals and protect their rights. Foster inclusive workspaces with flexible arrangements and support for childcare. Invest in digital infrastructure and training to ensure equal access to teleworking tools and close the digital divide. Governments should offer educational programs to foster financial independence, especially for vulnerable workers. Strategies must formalize informal workers, granting access to social protection and labor rights.

	Governments should support workers' rights to organize and advocate for their interests, ensuring stronger enforcement of labor laws. Empowering workers through formalization and collective action builds more equitable labor markets.
Strengthen Childcare Systems and Support for Working Parents	Create inclusive, cost-effective, and high-quality childcare facilities by promoting cooperation between the public and private sectors. Ensure that childcare services are aligned with working hours to effectively support working mothers. Encourage flexible working arrangements such as teleworking, adaptable working hours, and part-time alternatives to support caring responsibilities, with employers prioritizing productivity over conventional working hours. Extend generous paid parental leave for both mothers and fathers to provide career stability and economic security during care leave.
Foster Community Support Networks for Women	Establish community platforms to promote networking and mutual support for women to meet, share, and support each other.
Simplify Government Support Systems	Simplify government support systems to improve accessibility and practicality while minimizing the excessive complexity of bureaucratic processes.
Promote Awareness and Advocate for Equitable Distribution of Caregiving and Domestic Responsibilities	Implement initiatives aimed at educating the public about the importance of sharing caregiving responsibilities and recognizing women's important contribution to the economy and family dynamics. Eliminate cultural biases that impose unequal care responsibilities on women and advocate for a more equitable distribution of domestic tasks.
Implement a Comprehensive Gender-Inclusive Recovery Plan	Government should establish robust social safety nets that provide economic support and health care services tailored to women's needs, including low-cost childcare and expanded telemedicine services. Improve access to digital education to ensure that women and girls can continue to learn and work remotely if necessary. Governments should provide financial and logistical support to women entrepreneurs and small business owners who have been disproportionately affected by the pandemic. Offer grants, low-interest loans, and tailored support programs to help women rebuild and sustain their businesses. Governments should implement gender-specific policies to reduce the gender pay gap, combat discrimination, and remove barriers to women's career advancement. Ensure fair treatment and equal opportunities in all professional environments. Flexible working arrangements that consider the caregiving responsibilities often shouldered by women should be encouraged and support should be given to initiatives that allow for teleworking, adaptable working hours, and part-time opportunities without penalizing career progression.

	Awareness of the gender pay gap should be promoted and the critical role of paternal involvement in caregiving should be highlighted. Advocate for equitable sharing of domestic responsibilities and encourage the establishment of effective support systems that cater specifically to the needs of women. Measures to combat gender-based violence, which has increased during the pandemic, should be implemented. This includes improving legal protections, access to justice for victims, and supporting services such as shelters and counselling. Childcare facilities should be enhanced to better support working parents, particularly mothers. Ensure that these facilities are affordable, accessible, and aligned with working hours to facilitate greater participation of women in the workforce. Governments and institutions should address the digital divide that disproportionately affects women, especially in low-income households. This includes ensuring access to digital infrastructure, such as affordable internet, devices, and digital literacy programs, to empower women in remote work and education. By investing in these areas, women will be better equipped to navigate future pandemics and crises, minimizing educational and professional disparities.
Enhance Support for Single Parents, Especially Women	Single-parent households, particularly those headed by women, faced significant challenges during the pandemic. Governments should create support programs tailored to the needs of single parents, including financial assistance, accessible and affordable childcare services, mental health support, and job security measures. These initiatives should be prioritized during crisis planning and recovery to ensure that single parents are not left behind.
Ensuring Compassionate Care and Visitation Rights During Pandemics to Protect Mental Well-being	In future pandemic situations, it is crucial to implement compassionate care protocols that prioritise people's mental and emotional well-being, especially in end-of-life situations and long-term care facilities. Governments and healthcare organisations should ensure that people have the opportunity to say goodbye to dying loved ones by using safe, health-compliant measures such as personal protective equipment (PPE) and supervised visitation to provide comfort during these critical moments. They should establish and maintain visiting rights in nursing homes and long-term care facilities, balancing the need for infection control with the need to alleviate social isolation and prevent mental health issues. They should also develop clear guidelines that enable safe visiting protocols in coordination with public health measures to ensure both the protection of public health and the maintenance of emotional support for vulnerable individuals. These measures should be designed with sensitivity and flexibility to mitigate the negative psychological impact of isolation and separation during health crises.

7 DISCUSSION AND CONCLUSION

COVID-19 has severely affected our lives, as the pandemic has led to a sharp decline in civil liberties and fuelled the current trend of intolerance and censorship of opinion, with personal rights being restricted in almost 70 countries (Democracy Index 2020), which correlates with findings of our quantitative research, as the participants agreed to the statement that COVID-19 crisis negatively impacted the level of the democracy in their country. They have also noted that COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state, that there was a lack of political transparency in their country at the peak of the crisis that prevented them from participating in the democratic debate in an informed way, which correlates with the findings of the Braillon (2020), they also noted that since the outbreak of COVID-19 crisis, they observed COVID-19 topic being politicised to benefit the agenda of different political parties and stated that they have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in their countries, which was acknowledged also by the Nyilasy (2020), Nelson et al. (2020), Mores (2021) and Ferreira Caceres et al. (2022) etc. According to our research, all countries face challenges related to inadequate crisis preparedness and response, a disproportionate burden on women due to gender inequality, societal expectations around gender roles and an increase in domestic violence, overburdened healthcare systems, economic disruption, mental health and educational inequality, mental health and educational inequality, information mismanagement and misinformation, vaccine hesitancy and injustice, disproportionate impact on marginalised and vulnerable groups, supply chain disruptions and political and social polarisation with a lack of democratic debate in the COVID-19 situation due to the "verticality" of the decision-making process in dealing with the health crisis.

We have noted that the pandemic response of the countries varied, accordingly to the pre-pandemic state of the country, political orientation and the level of public trust organisations, media etc. The coronavirus pandemic exposed and further reinforced inequalities, discriminatory discourses, fake news, and hearsay narratives that anyway circulate in a highly problematic media space that often stifles reasonable social dialogue and blurs and degrades perceptions and the attitudes of different social groups towards each other. The absence of wide and inclusive public consultation was noted (like in Cyprus). We could also see escalations of peaceful demonstrations (Cyprus, Slovenia). The reasons for demonstrations could be found in rejection of the imposed restrictions, problematising increased levels of corruption, weak pandemic management, and inappropriate police violence etc. Challenges in connection to gender roles were noted. Women showed higher rates of anxiety, fear, depression, fear related to the virus and disease compared to men. Women were more vulnerable in the labor market and were more threatened with the loss of work and income. The challenge for women reflected in increase in various types of domestic violence/violence by a partner or family member, as noted also by Piquero, Jennings, Jemison, Kaukinen, & Knaul (2021). "Feminized" sectors have been hit hard by the pandemic and in line with the fact that a large proportion of those working in them are migrants or women from marginalized ethnic groups. The crisis has affected women and girls in many different ways; some researchers share research results that show that women are more affected than men, regardless of their position in society as noted by research, conducted by Wu and Qian (2022), while it is interesting to see that the direct health effects of the COVID-19 pandemic have affected men more than women as noted by the research, conducted by Flor et al. (2022). The pandemic and subsequent measures could have been an opportunity to redefine the roles of women and men in the home and move towards greater equality. Unfortunately,

this was not the case: on the contrary, women who were mothers during the successive lockdowns suffered more from the existing inequalities in the burden of domestic tasks and child-rearing (including home schooling). Their situation also gets worse with remote working. People's mental health has been greatly impacted by various measures during the COVID-19 pandemic.

We have to acknowledge that the complex relationship between public health measures and individual rights was present already before the COVID-19 pandemic, as acknowledged by Bayer (2007) as he stated that “the first tensions over the scope of public health and the acceptability of its measures arose during the fight against infectious disease in the nineteenth and early twentieth centuries”. And during COVID-19 pandemic “an emerging awareness that governments must strike a fair balance between protecting and promoting public health” (Hostmaelingen & Bentzen, 2020) was acknowledged also by our participants.

Crisis management for health and economy during COVID-19 varied from country to country. Various countries (such as Bulgaria, Slovenia, etc.) had to deal with great mistrust and conspiratorial resistance from the population, which is mainly due to the media environment and the very low level of trust of the citizens and residents of the countries mentioned in the institutions. In particular, countries with a poor healthcare system and poor crisis management are under greater strain than they would be with an optimal healthcare system and crisis management. We found that the consequences and restrictions of COVID-19 in the countries mainly affected groups that were already vulnerable before the COVID-19 pandemic - such as older people, workers in precarious employment, women, etc. In general, participants in the discussion rounds in our project expressed concern about the poor management of the pandemic and the anxious state of the (public) health system (e.g. Bulgaria, Slovenia, etc.), although they also pointed to various means (as good practise) to help their residents and citizens cope with the economic burden of the COVID-19 pandemic (state aid, microcredits, etc.).

Participants also expressed great frustration with the contradictory regulations that directly impacted their daily lives and highlighted shortcomings in effectively addressing the problems caused by the epidemic. Mentioned findings of challenges of communication and management during the pandemic was also reflected in the research of Setiawan, Pawito, and Hastjarjo (2021) and Abrams and Greenhawt (2020) one of the potential ways to ensure appropriate risk communication is to use social media channels and establish a consistent and sustainable media presence.

The right to freedom of movement was certainly the fundamental right most affected during the COVID-19 crisis. Many countries around the world have introduced travel limitations and limitations on gatherings, as noted also by International Organization for Migration (n. d.), while World Tourism Organization (2020) in its report COVID-19 Related Travel Restrictions: A Global Review for Tourism stated that mentioned percent reached 100 % of all destinations worldwide, as they all had some form of COVID-19-related travel restrictions in place. The restrictions mentioned were seen by some as crucial for public health, especially in the early stages of the pandemic, while others perceived these measures as too strict or arbitrary, which had a negative impact on trust and compliance. While researchers like Grepin et al. (2021) noted that “cross-border travel measures may limit the spread of disease across national borders, specifically in terms of reducing the number of imported cases and delaying or reducing epidemic development”, they noted that the certainty of the reviewed evidence was low to very low. Mentioned is also confirmed by the Errett, Sauer, and Rutkow (2020) that “there

is very little evidence to suggest that a travel ban eliminates the risk of the disease crossing borders in the long term".

During the COVID-19 epidemic, various measures were taken in the research countries to restrict people's freedom of movement and reduce the transmission of the virus, such as curfews, SMS movement permits, restricted movement in public places, closure of educational institutions, ban on visiting health facilities, regional risk classification, mandatory safety measures (such as the mandatory wearing of protective masks, mandatory social and a ban on public and private gatherings of more than ten people, etc.), restricted freedom of movement outside of the country (such as the mandatory wearing of protective masks, mandatory social distancing and a ban on public and private gatherings of more than ten people, etc.).the above-mentioned measures have been introduced by governments, including restrictions on movement outside the community of permanent or temporary residence, restrictions on events and religious ceremonies, stricter rules for unvaccinated people and restrictions in the workplace for unvaccinated healthcare workers. All of the above measures taken by governments during the pandemic posed a real threat to the stability of democracy in each country, so it was necessary to protect democracies and rights while preserving public health. Partner countries identified a failure of their countries to manage the pandemic, which exacerbated social insecurity and economic precarity and served as an alibi for a regime of limited democracy based on the intimidation of people and the politics of fear. The economic impacts of prolonged travel prohibitions were also noted by the participants. Mentioned reflects in the findings of Bazak et al. (2024), which noted the "/…/ evidence of the negative impacts of COVID-19 on socioeconomic outcomes such as labour markets, production supply chains, financial markets and gross domestic product (GDP) levels". To address the challenges, our participants suggest that in future pandemics, a partial lifting of movement restrictions could be effective based on evolving virus knowledge. They suggest a 14-day Europe-wide lockdown as an appropriate measure. Complementing this, a strategic approach to public health management— that balances the fundamental right to free movement with robust testing, contact tracing and timely information— could mitigate the social and economic impact while ensuring public safety. In addition, improving digital infrastructure for remote work and education, promoting telemedicine and supporting compliance with health guidelines can strengthen social and economic resilience during pandemics.

Although participants noted that the restrictions on peaceful assembly were originally intended to prevent the spread of the virus, they sometimes clashed with public expressions of discontent. This reflects broader societal tensions in the ongoing challenge of balancing health security and civil liberties, which was exacerbated when enforcement methods such as tear gas and physical interventions were used during protests. Mentioned is reflected in Human Rights Watch (2021) findings, as they stated that at least 83 governments worldwide have used the COVID-19 pandemic to justify violating the exercise of free speech and peaceful assembly, while adding that authorities have "attacked, detained, prosecuted, and in some cases killed critics, broken up peaceful protests, closed media outlets, and enacted vague laws criminalizing speech that they claim threatens public health". The participants emphasised the need to balance the right to peaceful assembly with public health during a pandemic. They suggested strategies such as planning protests that allow for social distancing and the wearing of masks, utilising technology for virtual participation and setting specific guidelines for physical gatherings. In addition, they suggested setting up an online portal for public feedback on pandemic-related measures, which would require identity verification. They also recommended forming multidisciplinary teams to develop a balanced public health policy that

respects the right of assembly and ensuring cooperation between governments and health authorities, which is crucial to protect public health while preserving civil liberties. Participants also highlighted the disproportionate impact of the pandemic on different vulnerable groups in our society, like those in informal employment, who often faced greater difficulties in accessing healthcare and economic support, which was acknowledged also by Food and Agriculture Organization of the United Nations (2020).

Educational disruption challenges were another critical issue, with the shift to online learning revealing significant inequalities in access to technology and support and a significant impact of the pandemic on the quality of education, the mental health of students and the effectiveness of online teaching. Mentioned was also acknowledged by the findings of Kuhfeld et al. (2022), which pointed out that "schools have faced severe staff shortages, high rates of absenteeism and quarantines, and rolling school closures /…/ students and educators continue to struggle with mental health challenges, higher rates of violence and misbehaviour, and concerns about lost instructional time". Equality and Human Rights Commission (2020) has tried to show the enormous impact of the pandemic on educational system by stating: "Young people have experienced significant interruption to their education, which threatens previous gains in attainment levels. Differences in support for remote learning during the pandemic threaten to widen inequalities for those who already perform less well than their peers, particularly boys, Black pupils, some Gypsy, Roma and Traveller pupils, pupils who need support in education, and those who are socio-economically disadvantaged." Bertoletti and Karpiński (2024) agreed with mentioned by noticing, that the students have exhibited a learning loss during the pandemic times, which was acknowledged also by the Gambi and De Witte (2021), or their well-being, leading to feelings of isolation from their peers and a lack of emotional support (Bertoletti & Karpiński, 2024; Copeland et al., 2021; Hoofman & Secord, 2021). Teachers had to strengthen their efforts to ensure educational continuity. It was therefore necessary to adapt in order to set up distance learning. The beginnings of distance learning were difficult for teachers, parents and students. These new models of education have confirmed existing inequalities and even widened them. Children from low-income families were the first to suffer from distance learning: often living in poor housing, without access to a computer, in overcrowded spaces and with parents who sometimes had a poor knowledge of the French language, they found themselves in situations that were incompatible with effective home schooling. In contrast, children from wealthy families benefited from parents who were able to act a teaching role and help them with distance learning. Teachers were unable to reach some parents, especially immigrant and refugee families who did not speak Greek. In addition, some parents were not digitally literate and could not help their children. According to NGOs assisting migrant communities, the children of migrants/refugees were not able to benefit from the use of the online platform. Participants stated that future efforts should aim to increase involvement of the parents, at lifting of restrictions on physical education and to improve the capacity for online teaching needs.

The impact of the pandemic on mental health was evident and profound, exacerbated by social isolation and constant concern about health. Mentioned impact was acknowledged also by Semo and Frissa, 2020; Al Dhaheri et al., 2021; Wang et al., 2022; World Health Organization, 2022; Kupcova, Danisovic and Klein, 2023, and others. Participants emphasised the importance of integrating mental health support into future pandemic plans. They suggested strategies such as improving access to outdoor settings, expanding telehealth options and support services, and promoting community support mechanisms. They also emphasised the importance of addressing long-term mental health

challenges for the recovery and wellbeing of society and pointed out that open communication to reduce the stigma associated with seeking mental health support.

During the COVID-19 epidemic, we could note different challenges among research countries. The vaccination process encountered various challenges that increased public mistrust towards the vaccine itself. Mentioned resulted in a societal divide between those who were vaccinated and trusted the vaccine, and those who were not vaccinated and sceptical of it. It is important to recognize that the context of the COVID-19 vaccine differed from non-epidemic situations, as doubts about the vaccine's efficacy and safety were not entirely resolved. These concerns also troubled many individuals who generally trust vaccines, leading them to question the rationale behind mandatory vaccination and restrictions on the unvaccinated. Additionally, opinions varied significantly regarding the severity of COVID-19—while many acknowledged its serious consequences, others perceived it as merely a minor cold or even doubted its existence. Mentioned reflected also in the opinion of the participants, which pointed out that the debate on vaccination policy revealed a strong division in public opinion and illustrated the challenge of implementing health measures that require broad public co-operation and trust. The tension between individual freedom and collective health security was highlighted, with differing views on requirements and restrictions based on vaccination status. Mentioned division and tension was reflected also in a report, prepared by The Lancet Regional Health – Europe (The Lancet Regional Health – Europe, 2022), where they add that: “people unwilling to get vaccinated are perceived as a threat to society by many and angst and frustration is often demonstrated against them, dividing society in two groups: vaccinated and unvaccinated individuals.”

The question of the consequences of electronic surveillance of people, in which the difficult balance is violated in the use of modern technologies for mass collection and processing of personal data in the interest of society, on the one hand, and the need to protect private life -worrying trend: from another on universal surveillance rather than the protection of personal freedom and ownership, as in traditional capitalism. Imposed strict lockdowns, like in Italy and Spain, which were among the first and hardest-hit European countries, while also France enforced severe restrictions multiple times to stop the spread of the virus. On the other hand, Sweden took a notably less strict approach, avoiding hard lockdowns and largely relying on voluntary measures and recommendations, which was significantly different from the rest of Europe. The crisis management across these countries shows a wide range of approaches and effectiveness. Countries like Italy and Portugal, despite severe initial impacts, managed to learn and adapt quickly, showcasing effective crisis management in later stages. Others like Sweden opted for a less conventional path, the long-term effects of which are still being evaluated. The varying degrees of effectiveness reflect differing national capacities, public health strategies, and political will to enforce stringent measures. Moreover, each country’s unique socio-political context played a crucial role in shaping its response and the public’s compliance with preventive measures. The limit of the freedom of speech was noted in different countries – Bulgaria for example noted a fall on the ranks to 91st place in terms of freedom of speech in the world.

The presence of corruption during the pandemic times reflected in lower trust levels into the government during the pandemic times. The inability of the health care system to accommodate all patients has led to the denial of care to some patients (also for the situation of migrants and persons incarcerated in prisons), which constitutes a violation of the right to health protection which should not suffer from any form of discrimination related to age, state of health, disability, nationality, administrative status, or social origin. The experiences of researched countries showed the

importance of maintaining transparency, fostering public trust, and ensuring that any limitations on rights and freedoms are proportionate, necessary, and temporary. The preservation of democratic integrity during emergencies requires robust legal frameworks, vigilant civil societies, and responsive governance structures that adapt to both the immediate needs and the long-term values of democratic societies. The pandemic showed the vulnerability of economies heavily reliant on international tourism and highlighted the challenges of implementing adequate economic support measures. The varied responses to these challenges reflect different national priorities and capacities, with all the discussed countries striving to balance health concerns with economic necessities. This situation has highlighted the importance of resilient economic systems and the need for adaptable and responsive economic policies that can address both immediate crises and longer-term economic recovery. The experiences of researched countries during the pandemic provide critical lessons on the need for economic diversification, robust support systems for the most vulnerable sectors, and the crucial role of government intervention in times of global economic distress.

By focusing on both direct financial aids and employment preservation, these nations were able to mitigate some of the immediate economic damages and set the stage for a more stable recovery. The effectiveness of these measures generally correlated with the speed of their implementation and the extent to which they were tailored to the needs of the most impacted sectors and populations. Furthermore, the experiences of these countries underline the importance of having flexible and responsive economic support mechanisms that can be quickly adapted to changing circumstances. Lessons learned from the implementation of these policies can provide valuable insights for future economic policy planning, particularly in how to better prepare and respond to global economic disruptions. Overall, the strategic deployment of financial aid and employment preservation measures has proven essential in stabilizing economies during the unprecedented challenges posed by the COVID-19 pandemic.

The vaccination campaigns across these countries highlight the critical importance of preparedness, adaptability, and public trust in managing public health initiatives. The experiences of Portugal, Spain, and France demonstrate that even after initial setbacks, effective management and ramping up of resources can lead to successful vaccination efforts, which are essential in controlling the pandemic and facilitating a return to normalcy. Conversely, the challenges faced by Sweden and Bulgaria underscore the consequences of slower rollouts and the complex interplay of public health strategy, government policy, and public perception. These challenges emphasize the need for comprehensive planning, robust infrastructure, and clear communication to ensure the public's confidence and participation in vaccination programs. In summary, while there were notable differences in the approach and execution of vaccination campaigns across these countries, the overarching lesson is that timely, well-coordinated vaccination efforts, backed by strong public engagement and trust, are vital for overcoming public health crises. The success of these campaigns is crucial not only for controlling the spread of the virus but also for paving the way for economic recovery and the restoration of normal societal functions.

When talking about women's rights, we have noted that the COVID-19 pandemic has disproportionately affected women, especially those in low-wage jobs, part-time positions, or caregiving roles, which correlates with the research from Petts et al. (2020). Participants noted that the additional burden of managing roles as mother, wife, and professional led to exacerbated employment challenges, including higher rates of job losses and pay cuts, particularly in female-

dominated industries like healthcare, education, and retail, which correlates with research of Petts et al. (2020), Fisher and Ryan (2021) etc.

The pandemic's impact on women stems not only from immediate economic and healthcare challenges but also from deeply rooted societal norms and expectations, particularly in countries like Greece and Italy, where traditional gender roles often dictate women's obligations. This situation has worsened gender inequalities in the professional sphere. However, the pandemic also prompted some positive shifts, such as increased male involvement in childcare in Italy, indicating potential favourable changes in gender dynamics. Governmental measures primarily aimed to support all severely impacted population segments, including women, through flexible work arrangements and financial aid. While these measures were not exclusively for women, they included increased state support for families with newborns and exemptions from kindergarten fees.

The shift to teleworking has become a more accepted option, potentially offering women new opportunities in remote work and digital entrepreneurship. However, challenges persist due to the mobility constraints on women and the additional unpaid labor at home, which was often not shared equally with partners. To achieve true gender equality, fundamental changes in societal and cultural norms are necessary. The participants highlighted the need for comprehensive policies such as affordable childcare, flexible work schedules, and efforts to challenge outdated gender norms. Mentioned correlates with the findings of the International Labour Organization (2020), Elhinnawy, Kennedy and Gomes (2023) etc.

As we have seen, the COVID-19 pandemic has posed unprecedented challenges globally, drastically impacting public health, economic stability, and civil liberties. Across various nations, the pandemic has exacerbated existing social inequalities, heightened economic vulnerabilities, and strained healthcare systems, often revealing the strengths and weaknesses of different governance models and crisis responses. Despite these challenges, numerous good practices have emerged, demonstrating resilience, innovation, and compassion. Pandemic also underscored the importance of robust and adaptive political structures capable of responding to unprecedented crises. It also highlights the critical role of public trust and engagement in maintaining political stability during such periods. Governments must prioritize transparency, effective communication, and inclusive decision-making to foster public cooperation and mitigate the risk of political instability during crises.

Countries like Sweden, Italy, Portugal, Bulgaria, Cyprus, and Spain have implemented diverse strategies, from Sweden’s reliance on expert-led responses and maintaining open schools, to Portugal’s comprehensive public health and social measures, and Italy’s robust support systems for domestic violence survivors. These examples not only highlight the necessity of tailored responses to unique national contexts but also underscore the importance of safeguarding fundamental rights and fostering inclusive community support during crises.

During the research, we have managed to answer our first research question: “How has the COVID-19 pandemic affected the democratic debate?” We noted that the pandemic has influenced the democratic debate primarily by pushing decision-making towards more centralised, often opaque government action. Public dialogue was significantly curtailed by emergency measures that prioritised public health over democratic processes. This shift often led to a reduction in civic engagement and

a reliance on experts over public debate, fundamentally changing the dynamics of democracy under crisis conditions.

We also managed to answer our second research question: “How has the COVID-19 pandemic affected fundamental rights?” We noted that the protection of fundamental rights was significantly challenged during the pandemic. While the emergency measures were necessary from a public health perspective, they often impinged on privacy, freedom of movement and freedom of assembly. This created a complex scenario in which the need for public health safety collided with the principles of individual freedoms and rights, revealing weaknesses in the balance between governance and civil liberties during emergencies.

We managed to answer our last research question: “How has the COVID-19 pandemic impacted women's work-life balance?” We noted that women's work-life balance has been severely disrupted, with the pandemic exacerbating existing inequalities. Women, particularly those working in care and healthcare, have faced disproportionate challenges due to increased demands at work and at home. The closure of schools and childcare centres further shifted the burden on women, increasing stress and reducing their ability to effectively balance work and personal responsibilities.

We can conclude that the pandemic has necessitated a revaluation of how societies handle public health emergencies, emphasizing the need for prepared strategies that prioritize both health and human rights. The experiences documented provide valuable lessons on the importance of flexibility, rapid response capabilities, and the critical role of public trust and transparent communication.

As the world continues to navigate the aftermath of the pandemic and prepare for future crises, the documented good practices offer insightful guidance for developing more resilient health systems, inclusive policies, and supportive community networks. These efforts are vital for building societies that can withstand and adapt to the challenges of tomorrow, ensuring that no one is left behind in times of global distress. That is why we prepared future policy recommendations, which should be addressed in order to ensure that we are better prepared for future pandemic situations as we were for COVID-19 pandemic.

At the end, we have to emphasize that the study, while comprehensive, encountered several limitations that could impact the generalizability and depth of its findings. First, the number of participants in the survey was not representative, limiting the ability to generalize results across broader populations. The participation was also confined to those available and willing to engage in panel debates, which may not provide a complete spectrum of perspectives. Additionally, the availability of relevant literature was constrained due to the relatively recent emergence of COVID-19 as a global phenomenon, which meant that long-term studies and historical data were not available.

For future research, it is suggested that efforts be made to collect more detailed data. Expanding the participant pool to include a more diverse and larger sample would help enhance the representativeness of the findings. Further, incorporating longitudinal studies could provide insights into the evolving impacts of the pandemic and the long-term effectiveness of different response strategies.

Moreover, it would be beneficial for future studies to explore the socio-economic impacts of the pandemic in more depth, examining how different demographic groups have been affected over time. Investigating the psychological impacts in greater detail could also provide crucial insights into the mental health repercussions of the pandemic and the efficacy of various support mechanisms.

Lastly, enhancing collaboration between international researchers and institutions could lead to more comprehensive data collection and sharing, fostering a more coordinated global response to not only this pandemic but also future public health crises. This approach would help mitigate the challenges posed by limited literature and facilitate a more robust understanding of pandemic impacts and responses worldwide.

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Appendix

Appendix 1.

SURVEY FOR CITIZENS AND RESIDENTS THROUGH SOCIAL MEDIA ON THE TOPIC HOW COVID-19 CRISIS HAD AFFECTED THE DEMOCRATIC DEBATE

Dear all.
As part of the research on the topic how the COVID-19 crisis affected the democratic debate, which is carried out as part of the EU CERV Project – HEARD: The impact of COVID-19 crisis on diverse democratic perspectives through gender perspective, we ask you to fill in the questionnaire in front of you. Answers will be for research purposes only. Participation in the research is voluntary and anonymous. We thank you in advance for your cooperation and help.
Please take a few minutes and click on "Next page" to start filling out the survey.

SURVEY FOR CITIZENS AND RESIDENTS THROUGH SOCIAL MEDIA ON THE TOPIC HOW COVID-19 CRISIS HAD AFFECTED THE DEMOCRATIC DEBATE
Please indicate the level of your agreement with the below given statements:

1. **COVID-19 crisis negatively impacted the level of the democracy in** *(amend accordingly to the partner country).*

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

2. **COVID-19 crisis had an impact on the democratic debate even after the end of the declared pandemic state.**

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

3. **Do you feel that there was a lack of political transparency in** (amend accordingly to the partner country) **at the peak of the crisis prevented you from participating in the democratic debate in an informed way?**

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

4. **I have noticed an abuse of power by national politicians in** *(amend accordingly to the partner country)* **during COVID-19 crisis, which was not proportionate to the expected goal of limiting the spread of COVID-19.**

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

5. Since the outbreak of COVID-19 crisis, I have observed COVID-19 topic being politicised to benefit the agenda of different political parties.

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

6. I have noticed a rise in fake news and disinformation related to COVID-19 across media landscapes in *(amend accordingly to the partner country)*.

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

7. COVID-19 crisis limited my participation in debates on governmental actions and on issues of public interest in *(amend accordingly to the partner country)*.

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

8. **The limitation of the participation within democratic debates in** *(amend accordingly to the partner country)* **was more obvious for women than men.**

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

+ 2 specific/ additional questions (Elections?)

11. Do you have anything to add?

_____

Appendix 2.

SURVEY FOR CITIZENS AND RESIDENTS THROUGH SOCIAL MEDIA ON HOW THE COVID-19 CRISIS HAD AFFECTED THE ENJOYMENT OF FUNDAMENTAL RIGHTS

1. COVID-19 restrictions affected my fundamental rights.

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

2. COVID-19 crisis affected my situation on the following areas of life

- My income or income of my family

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

- Discrimination compared to other privileged group of my community

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

- Limited access to resources (like compensation from the government)

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

- Other conditions of inequality (please list which): _____

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

- I didn’t face any inequality.

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

3. By my opinion, the impact of the COVID-19 crisis on the human rights was the most severely on:

Access to health care/the right to health

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

Right to education

1	2	3	4	5	6

Not affected	Slightly affected	Neutral	Affected	Deeply affected	I do not know

Right to freedom of peaceful assembly

1	2	3	4	5	6
Not affected	Slightly affected	Neutral	Affected	Deeply affected	I do not know

Right to work/choose an occupation

1	2	3	4	5	6
Not affected	Slightly affected	Neutral	Affected	Deeply affected	I do not know

Freedom of conscience and worship in accordance with religious beliefs

1	2	3	4	5	6
Not affected	Slightly affected	Neutral	Affected	Deeply affected	I do not know

Freedom of movement

1	2	3	4	5	6
Not affected	Slightly affected	Neutral	Affected	Deeply affected	I do not know

If not listed above, please explain which other human rights and freedom were affected the most during COVID-19 crisis by your personal opinion: _____

4. What obstacle did you face the most during COVID-19 crisis?

- lack of democratic participation
- discrimination
- gender based violence
- limited education
- limited healthcare
- limited movement
- limited freedom of peaceful assembly
- limited work possibilities
- COVID-19 vaccine compulsoriness
- digital obstacles
- psychological breakdown
- Others _____

5. The restrictions on free movement of citizens in Europe during the COVID-19 crisis lasted too long.

1	2	3	4	5	6

Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

6. The limitation of the spread of COVID-19 could be reached with other means than implemented ones.

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

7. If you stated "Agree" or "Strongly agree" with the previous question, please indicate other different possibilities of restriction, which would not affect your fundamental rights:

_____

8. COVID-19 crisis has accordingly to my opinion particularly affected the rights to life and health of the following social group:

- **Older persons**

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

- **Disabled people**

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

- **Children and youth**

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

- **Employed people**

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

- **People on social support**

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

- **Women**

1	2	3	4	5	6

Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

- **People in precarious work[1] ž**

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

- **Other (please state, which group do you think was mainly affected):**
  _____

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

+ 2 specific/ additional questions

11. Do you have anything to add?

_____

[1] Precarious work is a form of short-term work when the worker is not employed under an employment contract, but works on the basis of other legal forms.

Appendix 3.

SURVEY FOR CITIZENS AND RESIDENTS THROUGH SOCIAL MEDIA ON THE TOPIC HOW THE COVID-19 CRISIS HAD AFFECTED THE WORK AND LIFE BALANCE OF WOMEN

1. Women, who were in the role of mothers/legal guardians, carried most of the burden at home, due to school and childcare facilities being closed during COVID-19.

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

2. By my perception, an increase in domestic violence could be noted during COVID-19 crisis.

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

3. Women faced higher risks of job and income loss during COVID-19 crisis than men.

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

4. The government proposed measures and stimulus successfully addressed the needs of women during COVID-19 crisis.

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

5. COVID-19 crisis limited the career opportunities for women, that are mothers.

1	2	3	4	5	6
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

6. The negative impacts of the crisis on women have during the COVID-19 crisis has been strongest outside cities and economic centres.

1	2	3	4	5	6

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

7. I acknowledge that COVID-19 crisis widened the Gender Gap.

1	2	3	4	5	6
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

8. Women decreased the number of working hours and applied for part-time jobs more often compared to men during the COVID-19 crisis.

1	2	3	4	5	6
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know

+ 2 specific/ additional questions

11. Do you have anything to add?

_____

DEMOGRAPHIC QUESTIONS (for all three surveys):

1. Gender:

Female
Male
I do not wish to answer.

2. Your age in years: _____

3. What is the highest degree or level of school you have completed? If currently enrolled, highest degree received.

Secondary school
Bachelor's degree or professional diploma
Master's Degree
PhD or DPhil
Other (please indicate): _____

4. I come from:

- Rural area
- Suburban area
- Urban area
- Other (please indicate): _____

5. Country of residence:

- Bulgaria
- Cyprus
- France

- Greece
- Italy
- Portugal
- Slovenia
- Spain
- Sweden
- Other (please indicate): _____

Co-funded by
the European Union

This project is realized with the support of the Erasmus+ Programme of the European Union.
The European Commission's support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.