



Status of Sexual and Reproductive Health and Rights in Central and Eastern Europe

The year 2014 marks the 20th anniversary of the Cairo International Conference on Population and Development (ICPD) which adopted a 20-year Programme of Action (PoA). It is, therefore, necessary to reflect on the progress made, the challenges encountered and, based on these, to formulate strategic goals for ICPD's agenda beyond 2014. Additionally, the deadline for reaching the Millennium Development Goals approaches and the Post-2015 process is a unique chance to influence the future development agenda and ensure the visibility of Sexual and Reproductive Health and Rights.

Regional context

The political and economic transformation in Central and Eastern Europe took place over 20 years ago, yet the reality remains complex as the region still struggles with growing inequalities, the consequences of the financial crisis and redirection of major donor funds towards other regions in the last decade. With some European Union Member States (i.e. Bulgaria, Croatia, Lithuania, Hungary, Poland and Romania), Caucasus, Balkan and other countries that are none of the above, the region remains stuck somewhere between the Global North and Global South. Throughout the region we continue to experience a lack of political will and commitment on the part of governments in developing and implementing policies addressing the priorities underlined in the ICPD PoA. Countries of the region are suffering from a resurgence of patriarchal discourses and religious fundamentalism which are reflected in setbacks in population and reproductive and sexual rights policies. Additionally, the HIV prevalence has shown a significant increase, especially in the last 20 years¹ and is becoming a growing yet underestimated issue.

Abortion

Women and girls in the CEE region experience multiple barriers in exercising their reproductive rights and accessing reproductive health services, especially those related to safe abortion. Even if abortion is legal it does not mean that it is accessible for all women. Apart from social barriers such as experiencing social stigma and discrimination, there are also numerous other barriers such as the law itself and determinants which allow for a lawful abortion, the price of the procedure, mandatory waiting periods and the conscience clause, mostly present in Catholic countries and very often misused. Moreover, the lack of abortion providers (especially in rural areas) can often force women to travel long distances to obtain an abortion.

Liberal abortion laws remain in place in almost all countries of the region and these recognize a woman's right to abortion without restrictions up to 12 weeks of pregnancy. The striking exception is Poland which has one of the most restrictive abortion regulations in Europe, and access to it even within the legal framework is difficult. As a result, many women are forced to rely on underground abortion services or travel abroad for the procedure. Similarly, in early 2013 Macedonia introduced restrictions in its new law. Numerous, however not yet successful, attempts to limit women's right to a free choice are taking place in most countries of Central and Eastern Europe. The general climate around the demographic crisis tends to feed the anti-choice agenda of many governments. In recent months the initiatives to restrict access to abortion have appeared in Armenia, Azerbaijan, Bulgaria, Hungary, Lithuania, Poland, Russian Federation and Ukraine.

The exact data concerning abortion, including medical abortion, is unavailable and difficult to track as many of the procedures are clandestine. Moreover, the diversity of methodological approaches to data collection and the inability of governments to monitor the scale of abortion services (both legal and illegal) contribute to this phenomenon. According to the initial findings from the ICPD Beyond 2014 Global Review², the highest sub-regional abortion rate in the world is to be found in Eastern Europe (43 abortions per 1000 women). The lowest sub-regional rate is in Western Europe (12). As abortion rates remain much higher in Eastern Europe compared to Western Europe, the highest ratio of abortions to live births is found in the Russian Federation, Hungary, Estonia and Romania.³

The deeply rooted "son preference" in some cultures of the region (mainly Armenia, Azerbaijan, Georgia and Albania) is a part of longstanding traditions and exhibits gender inequality, persisting discrimination and stereotypes against girls. This often results in high numbers of abortions based on sex, leading to gender imbalance and numerous social and economical impacts⁴. Eradicating sex-selective practices is a complex process which requires a range of interconnected approaches and methods. There is however a tendency to restrict women's access to reproductive health services instead.

¹ Population trends and Policies in the UNECE region. Outcomes, Policies and Possibilities, UNFPA, July 2013

² Messages and Preliminary Findings From the ICPD Beyond 2014 Global Review, June 24, 2013

³ Population trends and Policies in the UNECE region. Outcomes, Policies and Possibilities, UNFPA, July 2013

⁴ Committee on Women's Rights and Gender Equality Report on Gender-cide: the missing women?, Rapporteur: Antigoni Papadopoulou, European Parliament, 2013

Medical abortion has been proved to be safe, effective and relatively inexpensive (compared to surgical methods)⁵ yet it is vastly inaccessible in the CEE region. This forces women to turn to other resources, such as the Internet and the black market. In Hungary, the abortion pill was available until attacks from the anti-choice groups forced the last clinic that provided it to suspend its services. The pill, even though registered, is currently unavailable, as is the case of Slovakia, where it is registered since 2012, however the distribution of it cannot start due to pressure of the Catholic Church and anti-choice politicians. Hence, the most commonly used method of terminating pregnancy is the surgical method which is not always safe as the medical equipment tends to be far from modern.

ASTRA Network believes in the principles of women's right to a free choice, bodily integrity and respect for diversity and gender equality. We are advocates for the right to safe and legal abortion as a human right and believe it should be ensured by the national governments and all other stakeholders. Current human rights standards require countries to expand the aspects of guaranteed sexual and reproductive rights, not to restrict them even further. The negative effects on women's rights caused by such decisions have been observed, among others, by the European Court of Human Rights (*P&S v. Poland*, *Tysiac v. Poland*), the UN Special Rapporteur on the right of everyone to the enjoyment of highest attainable standard of physical and mental health, UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, the UN Committee on Eliminating All forms of Discrimination Against Women (Communications 4 and 22), the UN Human Rights Committee (Communication 1153) and a number of UN States during the Universal Periodic Review.

Contraception

Despite visible improvement, the use of modern contraception remains generally low in the region with heavy reliance on withdrawal. The most popular contraceptive methods are oral contraceptives and intrauterine devices. Voluntary sterilization is very uncommon in CEE. There is no reliable and updated data available on the use of modern contraception in the region. In general women's access to informed choice on their reproductive and sexual health is uneven throughout the countries and depends mainly on their income, accessibility and education. Efforts to improve women's health through safe and effective modern family planning methods are further complicated by governments expressing concerns that this would negatively affect the declining fertility rate instead of reframing the thinking about contraception and presenting it as a means of reducing the need for abortion. Lack of knowledge and misperceptions about modern contraceptive methods are cited as the primary reasons for heavy reliance on abortions in CEE.

According to a recent UNFPA study⁶, many countries of Eastern Europe and Central Asia have a contraceptive usage rate below 50% (some even below 20% such as Armenia and Azerbaijan) which combined with a high abortion rate contributes to poor SRHR status of women. There are several reasons for this scenario, among them are: lack of political will and commitment to reproductive health, a limited range of available modern forms of contraceptives and information about them, costs which make contraception difficult to access and traditional social norms that impact women and men. Moreover, WHO recommended European countries to strengthen the capacity of women but also doctors and pharmacists to make informed decisions, especially in relation to contraception (including emergency contraception) and improving knowledge and attitudes towards contraception.⁷

Sexuality education

Sexuality education is still a controversial issue in Central and Eastern Europe. While today's adolescents and young people face increasing pressure regarding sex with conflicting messages and norms, sexuality remains a taboo and official institutions tend to expect families to educate their children on matters of sexuality. Inadequate programs and inability of parents to provide necessary information leave the burden of filling this gap on scarce voluntary groups/initiatives whose capacity and outreach is limited. Existing sexuality education programs present a one-sided, biased view of sexuality which supports myths, misconceptions, fears, discrimination, gender stereotypes and a harmful lack of information which can lead to HIV, sexually transmitted infections, unwanted teen pregnancies as well as misinformed perceptions of gender and sexuality. Moreover all countries experience a big shortage in skilled and professional staff. Despite the wide availability of WHO standards on comprehensive sexuality education they have not been implemented in any of the countries⁸. Armenia and Ukraine are among the countries which have a strongly incorporated sexuality education component in their school curriculum, these programs however focus mostly on HIV

⁵ Safe Abortion: Technical and Policy Guidance for Health Systems, 2nd edition, World Health Organization, 2012

⁶ Key Factors Influencing Contraceptive Use in Eastern Europe and Central Asia, UNFPA, IPPF, 2012

⁷ Update on Priority Medicines for Europe and the World, WHO, 2013

⁸ Standards for Sexuality Education in Europe. A framework for policy makers, educational and health authorities and specialists, WHO Regional Office for Europe and BZgA, 2010

prevention agenda. The sexuality component in Poland and Croatia is strongly influenced by the Catholic Church, while Bulgaria and Russian Federation have failed to implement the already developed educational programs into the school curricula. There is no regional common framework that could be addressed. The lack of comprehensive sexuality education is the most burning issue concerning youth in the region and is reflected in teen pregnancy rates and high HIV/AIDS prevalence among them. Additionally youth sexual aggression and victimization is a growing challenge.

Gender based violence

Gender based violence (GBV) constitutes a breach of fundamental rights to life, liberty, security, dignity, equality between women and men, non-discrimination and physical and mental integrity. It remains one of the most pervasive human rights violations in the region. It is rooted in gender inequalities and reinforces them. GBV harms women, families, communities and society. Women and girls are the main victims of gender based violence. It is estimated that in Europe, 20% to 25 % of women have suffered physical violence at least once during their lives, 1 in 10 women have suffered sexual violence involving use of force, 12% to 15% of women and girls have been in a relationship of domestic violence after the age of 16, between 19% and 42% of women and girls have suffered psychological violence. Women and girls continue to suffer physical and sexual violence from former partners even after the end of relationships.⁹

The health system is essential to identify and respond to gender based violence but a systematic approach is still often missing. The negative effects on women's rights caused by gender based violence have been observed, among others, by the European Court of Human Rights (*M.C. v. Bulgaria*, *Opuz v. Turkey*, *Rantsev v. Cyprus and Russia*), the UN Special Rapporteur on Violence against Women, the UN Committee on Eliminating all Forms of Discrimination Against Women (Communications 2, 5, 6, 18, 20, 23, 31 and 32) and a number of UN States during the Universal Periodic Review. Moreover, the Convention on the Preventing and Combating Violence against Women and Domestic Violence adopted by the Council of Europe in May 2011 is the first legally binding instrument in the region requiring governments to prevent, stop and sanction the crime of violence against women.

Recommendations

ASTRA calls on Governments, international organizations, including the United Nations agencies, Council of Europe and European Union, and other stakeholders to take the following actions:

1. Guarantee, implement and reinforce the commitments accepted in 1994 and 1999 and reaffirmed in 2004 and 2009, in particular the promise to promote and achieve sustainable development through sexual and reproductive health and rights (SRHR) agenda and recognising its critical role in improving women's status and eliminating gender inequality; to mainstream SRHR policies into already existing national machineries, national policies and national plans in a cohesive manner.

2. Recognize that sexual and reproductive health and rights of all people, including those of adolescents, marginalised groups of women and those with diverse sexual orientation and gender identities are a fundamental part of universal human rights package.
3. Realize the highest attainable standard of sexual and reproductive health and ensure continued, committed and sustained investments in women's and adolescent's sexual and reproductive health and rights by governments and donors.
4. Remove all legal, social and cultural barriers and ensure access to safe, comprehensive and high quality abortion services. Provide accurate and scientifically based information on abortion and take steps to remove stigmatisation and misinformation related to it.
5. Guarantee access to affordable methods of modern contraception, including emergency contraception especially for the most vulnerable groups, adolescents and gender based violence survivors.
6. Guarantee and provide comprehensive sexuality education in formal and informal education systems and develop and support youth-friendly services that are confidential and non-discriminatory.
7. Guarantee women's safety from gender based violence by taking the necessary legislative and other measures to exercise the due diligence principle to prevent, protect, investigate, punish and provide adequate reparation for acts of gender based violence.
8. Collect disaggregated gender and age sensitive data on Sexual and Reproductive Health and Rights.
9. Develop international and national mechanisms for accountability and state responsibility for financing.
10. Ensure that the principles of the ICPD Programme of Action, including its emphasis on the right of all individuals to sexual and reproductive health, remain at the core of the post-2015 development agenda, and the results of the ICPD+20 Review Process are interlinked with the post-2015 review.

About ASTRA Network and its mission

ASTRA – Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights is an informal regional network created in December 1999 by women's rights organizations and activists from the region. Currently ASTRA consists of 37 non-governmental organizations from 20 countries. ASTRA advocates for the recognition of sexual and reproductive health and rights as a fundamental part of universal human rights package and for their full implementation with special focus on specific reality of SRHR of women in Central and Eastern Europe.

⁹ <http://ec.europa.eu/justice/gender-equality/gender-violence/>; <http://www.health-genderviolence.org/training-programme-for-health-care-providers/facts-on-gbv/gbv-in-numbers/23>;

MEMBERS

Albania

Albanian Center for Population and Development

Armenia

Society Without Violence
Women's Resource Center
Women's Rights Center

Azerbaijan

Center Women and Modern World

Bulgaria

Bulgarian Family Planning and Sexual Health Association
Bulgarian Gender Research Foundation
Demetra Association
Gender Alternatives Foundation
Gender Education, Research and Technologies

Belarus

Women's Independent Democratic Movement of Belarus

Croatia

B.a.B.e.
CESI - Center for Education, Counselling and Research
Women's Room

Georgia

Women's Center
Real People Real Vision

Hungary

PATENT Association of People Challenging Patriarchy

Kazakhstan

Legal Center for Women's Initiatives Sana Sezim

Latvia

Family Planning and Sexual Health Association

Lithuania

Family Planning and Sexual Health Association

Macedonia

Association for emancipation, solidarity and equality of women (ESE)
Health, Education and Research Association (H.E.R.A.)
Macedonian Women's Rights Center - Shelter Centre

Moldova

Family Planning Association
Reproductive Health Training Center

Poland

Federation for Women and Family Planning

Romania

A.L.E.G.
AnA Society for Feminist Analysis
East European Institute for Reproductive Health
Euroregional Center for Public Initiatives

Russian Federation

Novgorod Gender Center
Russian Association for Population and Development

Slovakia

Freedom of Choice

Tajikistan

Gender and Development

Ukraine

Salus Charitable Foundation
Women's Health and Family Planning

Uzbekistan

Future Generation

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