

## **REPRODUCTIVE HEALTH SERVICES IN CROATIA**

### **country report**

Croatian society is undergoing a process of transition that is heavily marked by post-war characteristics. This process, with its ideological breakdowns, war devastation and suffering, as well as the post-war rebuilding of the country, has resulted in less concern for the status of women in society. The status of women has deteriorated in the economic, social and political spheres. After 1990, the process of post-communist transition, especially the economic transformation, significantly affected certain privileges and social services, such as long maternity leaves, preventative health services and free kindergarten. Croatia still doesn't have reproductive health policy. The rising influence of the Catholic Church, and the state promotion of a traditional patriarchal society model, have both had an impact on the public perception of reproductive rights and freedoms.

#### **Births and abortions**

In 2000, the natality, mortality, and general fertility rates were 10.0/1,000, 11.5/1,000, and 41.4, respectively. As in 1999, in 2000 Croatia's natural population increase was negative (-1.5). In 2000, Croatian maternity hospitals registered 43,758 childbirth with 43,352 liveborn. This is a 3.3% decline in comparison with 1999. Reflecting maternity wards, these figures differ from those of the Central Institute of Statistics. According to this source, in 2000 there were 43,746 livebirths and in 2001 there were 40 993 livebirths in Croatia. By age of mother, child deliveries were most common at 25-29 years. Deliveries at the age of 20-24 years were next, with those at 30-34 years following. In 2001, among girls up to 19 years old number of childbirth were 2246. According to the Central Institute of Statistics, there were 324 infant deaths (7.4/1,000) in Croatia in 2000. Maternal mortality in Croatia was purely sporadic. Three women died (6.85/100,000 liveborn) in 2000 due to complications of pregnancy, childbirth or puerperium.

Each pregnancy that does not end in childbirth is considered an abortion and, as required by law, a notification on a duly completed form is to be sent to the Croatian National Institute of Public Health. Counted as pregnancies terminated by abortion are extrauterine pregnancies, hydatidic mole, other abnormal products of conception, spontaneous and medically induced abortions. During 2000, notifications came in of 13,870 abortions, continued drop compared to the previous years (5.7% less than in 1999). with 7,534 (54.3%) medically induced abortions represent the largest part of the structure. The proportion of spontaneous abortions was almost identical as in 1999: 2,666 (19.2%). Most of the women having had an abortion were 35-39 years old. The proportion of girls up to 19 years old and having an abortion on demand is relatively stable. In 2000, 426 adolescents (5.7%) had medically induced abortions. Among the women who demanded abortion most had already had two children (2,668 or 35.4%). This confirms the fact of the continued use of abortion as a contraceptive agent.

Abortion rights are regulated by the Family Planning Law (full name is the Law on Health Care Measures for the Purpose of Effectuating the Right to Free Decision on Child Bearing) which was passed on April 21, 1978. The Article 2 of this Law defines that: "The right of a person to decide freely about having children can be limited in order to protect their health, under conditions set by this law". Abortion is defined as a medical procedure which can be performed up to 10 weeks from the presumed date of conception (Article 15). After the expiry of that period, the termination of pregnancy is allowed only with the approval of a special commission. Pregnancy can be terminated in hospitals which have a ward for gynaecology and obstetrics.

The Republic of Croatia is facing the collapse of the health care system; expensive abortions and increasing cost for contraceptives (including those that serve as protection from sexually transmitted diseases) are left to those affected. Abortion was the first health service that was removed from the hitherto "free of charge" services and that started to be charged to the patient. The cost of abortion in Croatia usually varies from 120 EURO to 200 EURO. Despite a liberal legislature with regards to abortion rights, in the past ten years abortion rights in Croatia have been limited due to the change in cultural values and Church lobbying with the help of the conservative party politics. In the past decade, gynaecologists in many hospitals have refused to terminate pregnancies justifying it by "conscientious objection". Fortunately, abortion has not been made illegal, partly thanks to women's NGOs which organised several signings of petition with the demand that abortion remains legal and the law regulating it, unchanged.

Statistics published in "Discrimination of Women in Croatia" and "Women of Croatia in Numbers"

report a significant decrease of legal abortions and the number is around the EU average. Statistics do not confirm that the decreased number of abortions is due to the more efficient use of contraceptives. Ten years ago there were more prescriptions of contraceptives, but the number of abortions was significantly higher than today, too. The analysis of absolute abortion figures from 1987-2000 shows that there is a large number of miscarriages and other kinds of abortions. It raises speculation, that there might be many illegal abortions performed which increasing probability of complications. Considering these conditions, urgent development of new and more appropriate consciousness raising methods is of utmost importance for the whole society.

### **Young people and sex education**

The move to the market economy in the Republic of Croatia has not strengthened plurality and individual freedom, but reinforced traditional sex roles. Schools have a great role in reproducing traditional gender system embedded in gender inequality. Lack of sexual education has resulted in an incomplete understanding of one's sexual behaviour and a poor understanding of different sexuality issues. What this means for young people is exposure to risks of sexual behaviour such as sexually transmitted diseases and unwanted pregnancies, unrealistic expectations and distorted views of their own sexuality and in particular, the high risk of succumbing to sexual exploitation. The number of counselling centres dealing with family planning has been reduced and institutionalized education greatly neglects health education and in particular, sexual education. Currently available educational programs are inadequate. The results of the research on adolescents carried out by the Klaiæeva hospital team showed that 24% of girls and 46% of boys had entered into sexual relationships. Most of them entered sexual relationships at the age of 16 and 17. However 34% of girls and 37% of boys entered sexual relationships very early, at the age of 15 (this age is a risk factor connected with sexually transmitted diseases and uterine cancer). 22% of girls and 44% of boys had had three or more sexual partners. When it comes to contraception 22% do not use it at all, 22% used unreliable methods such as natural methods and coitus interruptus and 48% used condoms. 80% of respondents reported that the media (press and TV) were their main source of information. This is then, the main reason for very low levels of knowledge.

The results from the Survey on Longitudinal Monitoring of Sexual Knowledge, Behaviour and Relevant Attitudes of Adolescents (A. Stulhofer, M. Mamula, V. Juresa, Zagreb, 1999) show that 25% of young women and 41% of young men (34% total) did not pass the test of knowledge (they could not answer questions such as: what is ovulation?, which are the sexually transmitted diseases?, in a questionnaire which offered answers). Most of the wrong answers were given to the questions related to STDs and contraceptive methods. The average age of the first sexual intercourse is 16.7 for boys and 17.1 for girls. The use of contraceptives during first intercourse was more often initiated by young women, whilst regular use of contraceptives was practised by a relatively low number of interviewees. During the first sexual intercourse 42% did not use any contraceptives, 90% have at least one experience of risk sexual activity, 34% regularly use condoms, 27% have a perception of significant personal risk of STD (AIDS/HIV included) infection, 9% girls and 8% boys experienced health problems due to sexual activity. Another observation resulting from this study was that young people (90%) would like to have sexual education in schools and wished to participate in the design of such a programme.

Recent research and analysis in feminist and gender studies indicates that sexual experience is intimately connected to gendered power relations. The need to give serious attention to gender is supported by a lot of recent qualitative research on sexual risk, and is endorsed by reviews and position papers prepared by the WHO, UNDP and UNAIDS.

CESI's research, "Urgently claiming the future: Focus on gender for safer sexual relationships" aims to explore the ways young people's attitudes and beliefs about gender and gendered sexuality inform and shape risk sexual behaviours.

The majority of young people in the survey rejected the idea that men and women are equal in Croatia today. The illustrations of gender inequality stressed that men are more powerful, both in the public spheres of politics and the world of work, as well as in more private spheres of the domestic setting and their relationships in the family with women and children. Women, in contrast, were described as lacking power, as more often discriminated against and as being less valued than men.

### **Legal provisions concerning equality between women and men**

The guarantee of the equal treatment of women is only as strong as the legislation and institutional mechanisms designed to enforce women's right to equality. The profession in the Croatian constitution that all people are equal is not enough to ensure equal treatment of women. Separate legislation

guaranteeing gender equality, complete with institutional measures to uphold these claims is needed for real equality between men and women in Croatia.

In May 1996 the Government established the Commission for gender equality with the aim of developing a national policy for the promotion of equality between sexes.

In December 1997, the Government accepted the National Policy for the Promotion of Gender Equality. The national policy is drafted in order to close the gap between the legislature and the actual situation in society regarding the participation of women at all levels of activity. As basic guidelines the following topics from the Beijing platform have been taken into account: women's human rights, institutional mechanisms for the improvement of women's position, women with high positions and decision-making power, women and health, education and professional training of women, violence against women, women and the economy, and women and the armed conflicts. In the implementation of the National Policy for Advancement of the Status of Women no significant results have been accomplished because very little of what have been planned was actually implemented in practice.

## **CESI**

CESI is a women's non-governmental, not-for-profit organization, founded on International Women's Day, March 8<sup>th</sup> 1997, in response to problems of violations of human rights, and in particular women's and minority rights, nationalism, militarism and the deterioration of economic standards in the post-war period.

CESI was founded by activists and members of women's and peace initiatives who had years of professional experience working with women who survived war trauma.

CESI is a member of the Women's Network of Croatia, the Union of AntiWar Campaign Croatia, as well as several international networks: ASTRA – CEE / CIS European Women's Network for Sexual and Reproductive Health and Rights, the Global Reproductive Rights Network, and the South East European Educational Co-operation Network. We are members of the Balkan Women's Network, and the focal point for Croatia for the UN International Research and Training Institute for the Advancement of Women (INSTRAW-GAINS).

## **CESI's Mission**

Mission: The advancement of the status of women and the building of a civil society through counselling, education and media campaigns.

## **CESI's Goals**

Our main goal is to empower women to gain control over their lives and to improve their psychological, economic, and physical well being, and to promote values of gender equality. CESI achieves this goal through targeted projects, which reach out to women and young people of all ethnic and social backgrounds, as well as to the general public and the government through the media and other educational fora.

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