

REPRODUCTIVE HEALTH SERVICES IN ROMANIA

country report

Reproductive Health services

In the early 1990s, Romania was faced with the reproductive health consequences of a rigorously enforced pronatalist policy — in place for more than two decades — that restricted women's access to contraception and abortion. In the 1960s, the Ceausescu government tried to reverse the country's fertility decline by outlawing abortion, restricting all means of contraception, launching a propaganda campaign against hormonal contraception, and introducing incentives to encourage women to have more children. To avoid unplanned births, many women resorted to illegal abortions (most of them self-induced or performed by an untrained individual under unsafe conditions), which contributed to Romania having the highest maternal death rate in Europe. Because a significant number of births were unplanned, state institutions had to house many children whose families could not afford to raise them.

After the fall of Ceausescu's government in 1989, health policymakers responded quickly to lift restrictions on contraception and abortion and to develop the first national family planning program. They also introduced new technologies in newborn and maternal health services, as infant mortality rates were also among the highest in Europe. Throughout the next decade, the government also took measures to prevent the spread of sexually transmitted infections (STIs), including HIV/AIDS, and to address violence against women.

Family planning and abortion: policies, legal framework, availability and use of services

In March 2003, the Ministry of Health and Family launched its strategy aimed at improving the health status of the Romanian population in the field of sexual and reproductive health. The document sets out the long-term vision of the Ministry of Health and Family on sexual and reproductive health policies and programs in Romania. The elements pertaining to the implementation of the strategy cover a five-year period, between 2002 and 2006. The strategy is the first reproductive health policy document of its kind in Romania.

The document was drafted through a coherent strategic planning process, including consultations with and involvement of Romanian SRH experts, as well as international experts. The World Health Organization Regional Office for Europe, which developed the "World Health Organization Regional Strategy for Sexual and Reproductive Health", provided technical assistance in putting together the Romanian sexual and reproductive health strategy.

The document contains the basic principles, the purpose, goals and objectives for:

- family planning (reproductive options)
- safe abortion and pregnancy termination services
- safe motherhood (prenatal care, safe care to the mother and newborn at birth, postnatal care and breastfeeding)
- prevention and management of STIs, including HIV/AIDS
- teenager and youth sexual and reproductive health
- sexual health of the elderly
- early diagnosis and management of genital and breast cancer

- infertility prevention and management
- prevention and management of domestic violence and sexual abuse
- prevention of woman and child trafficking

The document also contains the implementation strategies and actions for all the above-mentioned SRH areas, as well as the responsibilities, resource needs and sources and the monitoring and assessment mechanisms.

Abortion is legal and available on request since 1989. Abortions on request are available in Romania and are provided, in public and private healthcare units, exclusively by obstetrics and gynecology specialists. Public abortion services are organized as outpatient services or one-day hospitalization within the obstetrics/gynaecology departments of different hospital types. In addition, a large number of private gynaecology clinics perform abortions on request as outpatient services.

Obstetrics/gynaecology departments and private abortion clinics are almost all located in urban areas. The evolution of abortion during the last ten years has taken a downward path, from 2.34 abortions per birth in 1993, to 1.16 abortions per birth in 2001. The abortion rate has declined (to less than half), in parallel with an increase in the use of modern contraceptive methods (which more than doubled). Most abortions occur between the ages of 20 and 34. Adolescents can have an abortion on request provided they have parental consent. Abortion services provide safe procedures and post-abortion complication rates (both immediate and late) are low. Still, the quality of abortion care is sometimes low because of a big caseload under limited time. Abortion counseling and post-abortion family planning counseling are not routinely offered in all abortion clinics.

A post abortion contraceptive pilot model is being developed by the East European Institute for Reproductive Health with the support of the Romanian Family Health Initiative developed by John Snow Research and Training Institute.

The draft reproductive health law is currently under debate at the Chamber of Deputies in the Romanian Parliament.

Sex education

To increase the strategic focus on adolescent reproductive health in Romania, UNFPA with the agreement of the Ministry of Health, approved in 1997 the "Reproductive Health and Sexuality Education for Adolescents" executed by the national NGO "Youth for Youth Foundation". The Foundation has developed a "Life skills education program" for high school students including baseline research on target groups, development of a sex education manual for trainers of life-skills education and trained volunteers, and has developed leaflets and brochures to support the program. It educates high school students in the following major areas: Interpersonal Communication Skills, Basic Anatomy and Physiology, Family Planning and Contraception, Prevention of STDs, including HIV/AIDS, Adolescent Sexuality. This project has two major components - training of young volunteers (peer education) to teach sexual education in schools and continuation of IEC activities for adolescents, including development of a series of video and print materials for STD and HIV/AIDS prevention. The objectives of the project are to develop, produce, and broadcast video and support printed materials on the prevention of unwanted pregnancies among adolescents and on the prevention of STDs and HIV/AIDS and printed material as a support for the videos.

Domestic violence

In Romania, domestic violence was initially placed on the political agenda as a social problem, due to existing international pressures. The incidence of gender-based violence and domestic violence, in particular, has increased during the past years in Romania, though it is extremely difficult to document. The chapter on domestic violence of the 1999 Romanian Reproductive Health Survey shows that one in every three women is aggressed.

National and local NGOs, organized in a coalition, as well as government bodies and international

donor organizations have recently taken action to address the problem of violence against women in Romania. In January 2003, thirty Romanian NGOs formed the National Coalition for Preventing and Combating Violence against Women, initiated by the Partnership for Equality Center and supported in partnership with the Center for Legal Resources and the Mediation and Community Safety Center. Funding has been secured by USAID through John Snow Research and Training Institute. The Coalition includes five specialized working groups (minimum service standards for survivors; lobbying and advocacy; media code of ethics in reflecting violence against women's issues; legislative strategies; and institutional development).

Law 217 on violence in the family came into force on August 25, 2003 and the Ministry of Labor, Social Solidarity and Family has drafted its implementation norms, which are being finalized with the involvement of the NGO coalition. A national agency is expected to begin operating in early 2004 to implement the law.

Advocacy efforts in support of sexual and reproductive health and rights

The NGO Coalition for Reproductive Health is an advocacy body active in the field of reproductive health and rights. Under the POLICY Project, three regional networks have been strengthened to advocate for policy change. The networks have embarked onto new community outreach activities, such as rural caravans advocating for universal access to reproductive health information and services. Since 1998, the Coalition has been involved in advocacy for reproductive health information, education, and services, and since 2000 more specifically in human rights and their implication in reproductive health and advocacy for policy change.

Legal provisions concerning equality between women and men

In December 2003, the Delegation of the European Commission and the Ministry of Labor, Social Solidarity and Family launched the project for establishing the National Agency for Gender Equality. The project aims to fashion the agency according to similar EU agencies and train specialized personnel in gender-specific community and national policies.

Two parliamentary commissions have been set up at both the Senate and Chamber of Deputies. So far, the Senate commission has requested the right to designate women members in the joint commission for the revision of the election law, so that political parties observe the parity principle in nominating candidates in the election campaign.

Conclusions and recommendations

While many progresses have been achieved during the last 14 years, after the Romanian revolution in the field of SRHR (the liberalization of abortion, the establishment of the family planning network, the provision of free contraceptives through the family doctors' system, the SRH strategy, the STI strategy, the law on violence against women) there are still much to be done. During the past decade, two major donors have provided both funds and technical assistance to round off the efforts made by the MoH and the NGOs active in the SRHR field: UNFPA and USAID. Still, continuous donor support is needed to further protect and promote sexual and reproductive health and rights and gender equality.

Recommendations include:

- The full implementation of the sexual and reproductive health strategy
- The reproductive health law

- The expansion of the family planning program at national level, training of all family doctors in contraceptive provision
- The routine provision of post-abortion contraception and the link with family planning services
- The inclusion of routine sex education in the school curriculum of the Ministry of Education and Research
- The establishment of a national network of youth-friendly services
- Raising societal awareness on domestic violence
- Behavior change communication campaigns addressing sexual and reproductive health

Statistical data

The main demographic and reproductive and sexual health indicators in Romania are presented in the table below.

| Indicator | Value | Year |
|--|------------|------|
| Population (millions) | 21,698,181 | 2002 |
| Women of reproductive age (15 to 49 years old) | 5,550,000 | 2002 |
| Birth rate (1,000 inhabitants) | 9.8 | 2001 |
| Overall death rate (per 1,000 inhabitants) | 11.6 | 2001 |
| Natural population increase (per 1,000 inhabitants) | - 1.8 | 2001 |
| Overall fertility rate * (index per woman) | 1.2 | 2001 |
| Female fertility (live births per 1,000 women aged between 15 and 49) | 37.8 | 2001 |
| Percentage of wanted pregnancies in women between 15 and 44 (latest pregnancy, 1996-1999) | 46.5 | 1999 |
| Percentage of unwanted pregnancies in teenagers between 15 and 19 (latest pregnancy, 1996-1999) | 23.7 | 1999 |
| Percentage of pregnant women registered while pregnant, out of the total number of births (%) | 84 | 2001 |
| Percentage of pregnant women registered while in the first trimester of pregnancy, out of the total number of births (%) | 45 | 2001 |
| Percentage of births assisted in maternities (%) | 98 | 2001 |
| Maternal mortality (per 100,000 live births) | 34.0 | 2001 |
| Abortion-related maternal mortality (per 100,000 live births) | 16.8 | 2001 |
| Maternal mortality by obstetrical causes (per 100,000 live births) | 17.2 | 2001 |

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| Perinatal mortality (per 1000 live and still born babies) | 11.9 | 2001 |
| Early neonatal mortality (per 1000 live births) | 6.1 | 2001 |
| Infant mortality (per 1000 live births) | 18.4 | 2001 |
| Percentage of breast-fed babies upon release from maternity (%) | 80 | 1999 |
| Percentage of breast-fed babies up to 4 months (%) | 40 | 1999 |
| Prevalence of contraceptive use in women aged between 15 and 44, modern methods (%) | 23.3 | 1999 |
| Prevalence of contraceptive use in women aged between 15 and 44, traditional methods (%) | | |
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