

# REPRODUCTIVE HEALTH SERVICES IN BULGARIA

## country report

### Statistical data and country general overview:

Bulgaria is keeping negative growth of population in the last decades (-5,5), like the majority of European countries. The population, according to the last census (2001) is 7 929 483, which is showing a tendency of decreasing, mainly due to the fact that over 500 000 people lived the country, the majority of which highly educated people in reproductive age. The most popular in the last few decades model of "two children family" is changing. The desired number of children remains the same, but reality is different – 1,2 children per family. More than 300 000 couples are sterile, the majority of which with secondary sterility. The legal system is treating adoptions and institutionalization of children in old-fashioned manner. The procedures are slow, but in the last three years a State Agency for Child Protection was established and is going its best to synchronize the legislation with European standards.

### Family planning policy

In 2001 National Health Strategy "Better health, better future for Bulgaria" for the period 2001 – 2010 was adopted by the Council of Ministers. The reproductive health is included in three of the five key areas of this strategy. The plan of action under the National Programme on reproductive health has 8 chapters, and adolescents are the main focus of Chapter 1. There are several goals in this chapter and the first one is: "Improving the informational level, knowledge and attitudes of the adolescents in order to create life-skills for responsible sexual and reproductive behavior." The main concrete step towards achieving this goal is to introduce as obligatory sexual and reproductive health education in the school curriculum by the end of 2004. In the realization of the plan are involved all relevant governmental institutions, as well as NGOs working in the field, such as Bulgarian Family Planning and Sexual Health Association (BFPA). In these terms the need of information and education is very clearly set in all governmental documents dealing with reproductive health.

### Family planning programmes

The first concepts for family planning programmes were designed at the end of 70-ties. The family planning section of the scientific Ob./Gyn. society became member of IPPF in early 80-ties. BFPA inherited this membership, and was registered as an NGO at the end of 1992. Actually the organization has 11 branches (three of them in Roma districts), and is running national wide family planning and sexuality education programmes and various initiatives. First attempts of the government in this field took place in 1996 with the start of the two years programme, funded by EU-PHARE "National Family Planning Programme". One of main results of this programme was the introduction of family planning in the curriculum of medical universities and colleges. The already mentioned above WHO/UNFPA project is continuing these efforts on governmental and nongovernmental level. The training programme now is extended to GPs, who are foreseen as main family planning service providers. Recently in medical colleges master programmes in family planning and reproductive health are in a process of elaboration.

### Contraception

Contraceptives are not included in the health insurance package, but BFPA in its outlets and national family planning programme in university hospitals provide free of charge or subsidized contraceptives – oral, IUDs and condoms. Condoms are distributed as well through a network of health and youth oriented NGOs an regional unit of hygiene inspectorate. BFPA introduced the concept for youth friendly services in mid 90-ties. The concern for anonymity and confidentiality is relevant especially for young people looking for counseling in smaller towns. This is the reason why the majority of them prefer to travel to the nearest bigger living place. Exactly this is the major point of distrust to the governmental health care system. The attempts to provide the information needed in a proper way cannot replace the value of counseling.

In Bulgaria there are no legal limitations of the access to contraception. There is no need for parental consent for provision of any contraception for persons under 18. All types of contraception are available in the pharmacies under prescription (officially) and can be purchased without such in the majority of points of sale (the reality).

## **Abortion**

Abortion is legal in the country (in officially registered adequate to the service hospitals and outlets) up to the 12<sup>th</sup> week of gestation and under medical conditions till 20<sup>th</sup> week of gestation. It is paid, with some social exceptions. Young women up to the age of 18 can perform an abortion with the written consent of one of their parents. Mifepristone is still an unregistered and unavailable option, even if some attempts for its introduction recently are on place. Main contraceptives are also available in pharmacies and can be obtained with prescription form a gynecologist (GPs are still starting to serve family planning clients and are in the educational phase of it).

## **Legislation - February 1990**

Grounds/gestational limits: up to 12 weeks: on request; up to 20 weeks: medical grounds; in the case of malformations of the foetus – till the end of pregnancy.

Regulations/conditions: doctors are obliged to ensure anaesthesia is provided; in the majority of cases – bigger cities – doctors are obliged to give information about contraception; abortions are permitted in both state and private clinics, but not in private cabinets; minimum number of lab test: blood counts, blood group (RH incl.), urine; parental consent required for minors (under 18)

Cost: free of charge for minors under 18, for all women on medical grounds and for women over 35; leva 40 / US\$ 25 for women with the lowest salary (leva 110 / US\$ 66); leva 40 to 150 / US\$ 25 to 91 for the others; private clinics: up to US\$ 150

Comments: a new government project for health insurance system does not include either abortion or contraception

## **Sexuality education**

Till now sexuality education is not part of the school curriculum in Bulgaria. Partially it is included in the health education lectures in the secondary schools. The health education classes per se are not regularly held. The class tutors are responsible for conducting them, but usually they either do not have the experience needed, or do not put on the topic the priority needed.

In the last years due to the joint efforts of relevant governmental institutions such as Ministry of Education, Ministry of Health and Ministry of Youth and Sports, and nongovernmental agencies (National Anti-AIDS Coalition, BFPA) started the process of elaboration of comprehensive educational package for 12 – 18 aged students. Recently the package is under testing. It includes manual for teachers, student's notebook and special edition for parents. The main topic is combined – health and sexuality education and life-skills.

Sexuality counselling de facto is not available in the majority of state health units. De iure it should be available in all units where Ob./Gyn. examinations and different types of testing are provided, but unfortunately due to the lack of experience in the majority of cases it is not on place. In the last few years with the ongoing of the health reform it became GP's responsibility, but because of the same mentioned above reason, it is still not available. One can receive sexuality counseling only in limited number of private centers, based in the biggest cities in the country. In the last two decades a new for Bulgaria specialty was formed – the one of the sex therapist. Even if not institutionalized, this figure in the majority of cases is a psychiatrist dealing with counseling and following the holistic approach to problems. It is still a sporadic phenomenon.

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

### **Women's empowerment**

Society started talking openly on women empowerment in the beginning of the transition period. First reactions were connected with "we are equal in front of the law, so there is no need to empower women". Slowly this general feeling is changing, however in many locations women are suffering more the transition. Women are generally less paid and continue to hold the double challenge of carrier and

family. The most wanted age for women to be employed is 25 to 30, and the position mostly available in private companies is secretary. The situation is object to programs initiated by women NGOs and Ministry of Social Welfare. One of the most visualized aspects of women empowerment is the enlightenment of the problems of domestic violence and trafficking of women as socially relevant factors.

### **Gender equality**

The gender equality is the focus in work mainly of the nongovernmental organizations. Such NGOs as Women Alliance for Development and Bulgarian Gender Project are very active since more than 5 years in this field. Their efforts are in the area of lobbying, advocacy and informational campaigns. As a result more and more women are presented in different state decision-making bodies. For instance, there is a National Network for Equal Opportunities with more than 70 NGOs membership national-wide. The majority of them is working for gender equality and/or provides services for women, either locally or on national basis. The number of women MPs is approximately 20% of the total number of MPs, which looks better than it really is – the majority of top positioned women are not committed enough to gender issues. Moreover, there are cases in which it is trendy to declare, “I am not feminist”. These are the main reasons there is still no law for equal opportunities passed and the term “gender” is not known form general auditorium or in the best scenario is perceived as a synonym of “feminism”. Information in this direction like the info in health education is of significant importance.

### **The Bulgarian Family Planning and Sexual Health Association (BFPA)**

The Bulgarian Family Planning and Sexual Health Association (BFPA) is a non-governmental organization, founded in 1992. BFPA is a member of the International Planned Parenthood Federation (IPPF), ASTRA Network, of the Union of Bulgarian Foundations and Associations and the National Network for Equal Opportunities.

In the statues of the Association it is clearly and unequivocally stated that “BFPA is non-politically-affiliated organization, which works for improvement of sexual and reproductive health of everyone – regardless of gender, ethnicity, creed or age.” The main goal of the organization is to create conditions for realization of the right of family planning and sexual health of Bulgarian citizens, as well as for promotion and popularising of reproductive health ideas in Bulgaria. BFPA efforts are focused in two main directions – health and education.

In BFPA Family Planning Centres free examinations and counselling in the following areas: family planning and contraception, gynaecology, venerology, sexology, psychiatry and psychotherapy are available in the 11 centres of the Association. Modern oral, intrauterine and barrier contraceptives, pregnancy tests, chlamydia tests and substitutive therapy for pre-menopausal and menopausal women are available. About 20 000 clients visit our centres annually. The main goal in the work of those centres is not only to offer highly qualified and competent services but also to respect rights of the client, underlining the right of confidentiality at every counselling session, as well as provision of maximum comfort.

### **Recommendations and conclusions:**

- Increasing the information, knowledge and life skills regarding responsive reproductive and sexual health behavior
- Mapping, strengthening and capacity building of women friendly and youth friendly services national wide
- Including health, sexuality and life skills education in the official curriculum of Ministry of Education (MoE) - 1-12 grade
- Support and enlargement of the existing peer education and training of trainers system in the field of SRHR
- The health insurance system to include abortion and contraception in the package to be covered

- Donors interest to CEE SRHR to persist and to serve as bridge towards the long-lasting transitional period

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