



# RECLAIMING & REDEFINING RIGHTS

ICPD + 20: Status of Sexual and  
Reproductive Health and Rights  
in Central and Eastern Europe

ASTRA

Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights

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## **IV**

List of Boxes

List of Tables

List of Tables in Annex

## **VI**

Glossary

## **VIII**

Acknowledgements

## **1**

CHAPTER 1:  
INTRODUCTION

## **11**

CHAPTER 2:  
SETTING THE CONTEXT  
– Factors affecting the realisation  
of sexual and reproductive health

## **43**

CHAPTER 3:  
REPRODUCTIVE HEALTH  
& REPRODUCTIVE  
RIGHTS

## **71**

CHAPTER 4:  
SEXUAL HEALTH &  
SEXUAL RIGHTS

## **103**

CHAPTER 5:  
RECOMMENDATIONS

## **115**

ANNEX of Tables

## LIST OF BOXES

Box 1: Key Definitions **6**

Box 2: Questionnaire synthesis file **13**

## LIST OF TABLES

Table 1: Status Of Major International Human Rights Instruments **23**

Table 2: Comparison of HDI and GDI, GDI/HDI ratio and GEM values and ranks **29**

Table 3: Girls' share of primary, secondary and tertiary enrolment (2005) **30**

Table 4: Labour Force Participation Rate (2009) – Female/Male (%) **30**

Table 5: Percentage of parliamentary seats occupied by women **31**

Table 6: Consolidated National Health Accounts for CEE Countries **34**

Table 7: Total Fertility Rates **48**

Table 8 : Wanted Fertility Rates compared to TFR **48**

Table 9: Contraceptives Prevalence Rate by method **49**

Table 10: Male contraception as % of total contraception **50**

Table 11: Unmet Need for Contraception **51**

Table 12: Adolescent Fertility Rate **52**

Table 13: Grounds on which abortion is permitted in CEE countries **54**

Table 14: Maternal Mortality Ratio per 100,000 live births **61**

Table 15: Antenatal care coverage (number of visits) **63**

Table 16: Skilled Health Attendants at Birth **64**

Table 17: Adolescent Pregnancies – Adolescent Birth Rates **74**

Table 18: Estimated young people living with HIV (2009) **74**

Table 19: Estimated People Living with HIV **79**

Table 20: Estimated number of women living with HIV **80**

Table 21: Reported number of people receiving antiretroviral therapy (including children) **84**

Table 22: HIV testing **86**

Table 23: Legal age of marriage and prevalence of early marriages among girls **88**

Table 24: Number of first marriages by sex and age **88**

Table 25: Violence Against Women Laws **90**

Table 26: Domestic Violence Laws **91**

Table 27: LGBT situation in the region **95**

## LIST OF TABLES IN THE ANNEX

- Table 1: Total Population and by Sex **117**
- Table 2: Life Expectancy at Birth **117**
- Table 3: Gross Domestic Product Per Capita **118**
- Table 4: Percentage of population below \$1.25 **118**
- Table 5: Multi-dimensional Poverty Index **118**
- Table 6: Human Development Index (HDI) **118**
- Table 7: Gender Inequality Index **118**
- Table 8: International Human Rights Instruments and Conferences **119**
- Table 9: Consolidated National Health Accounts for 7 East European Countries **119**
- Table 10: Percentage of parliamentary seats occupied by women **121**
- Table 11: Labour Force Participation Rate – Female/Male (%) **121**
- Table 12: Total Fertility Rates **121**
- Table 13: Reasons for the discontinuation of contraceptive methods **122**
- Table 14: Contraceptive use **124**
- Table 15: Contraceptive Prevalence Rates **125**
- Table 16: Wanted Fertility Rates **125**
- Table 17: Unmet Need for Contraception **125**
- Table 18: Unmet need for family planning **126**
- Table 19: Male contraception as % of total contraception **126**
- Table 20: Informed Choice **126**
- Table 21: Antenatal care coverage **127**
- Table 22: Maternal Mortality Ratio per 100000 live births **127**
- Table 23: Skilled Health Attendants at Birth **127**
- Table 24: Postnatal Care **128**
- Table 25: Timing of first postnatal checkup for mothers who delivered outside a health facility **129**
- Table 26: Adolescent Fertility Rate **129**
- Table 27: Regional estimates of annual number, rates, and ratios of unsafe abortion, 2008 **129**
- Table 28: Grounds on which abortion is permitted **130**
- Table 29: Reproductive Cancers Estimated Incidence, Mortality and 5-year Prevalence in Women **130**
- Table 30: Estimated People Living With HIV (adults + children) **131**
- Table 31: Estimated number of women living with HIV **131**
- Table 32: HIV Prevalence in Young People **131**
- Table 33: Reported number of people receiving antiretroviral therapy by sex and by age, and estimated number of children receiving and needing antiretroviral therapy and coverage percentages, 2010 **132**
- Table 34: Reported number of facilities with HIV testing and counselling and number of people older than 15 years who received HIV testing and counselling **133**
- Table 35: Reported proportion of women attending antenatal care tested for syphilis at the first visit, women attending antenatal care seropositive for syphilis, syphilis-seropositive women attending antenatal care treated, sex workers seropositive for syphilis and men who have sex with men seropositive for syphilis, as reported by low- and middle-income countries in 2010 **134**
- Table 36: Legal Age of Marriage **134**
- Table 37: Violence Against Women in General Laws **135**
- Table 38: Domestic Violence Laws **136**
- Table 39: Sexual Violence Laws **137**

# GLOSSARY

<b>ANC</b>	Antenatal Care	<b>ICESCR</b>	International Covenant on Economic, Social and Cultural Rights
<b>ARH</b>	Adolescent Reproductive Health	<b>ICPD</b>	International Conference on Population and Development
<b>ART</b>	Anti-Retroviral Treatment	<b>IDP</b>	Internally Displaced Persons
<b>ARV</b>	Anti-Retrovirus	<b>IDU</b>	Injecting Drug User
<b>BEmONC</b>	Basic Emergency Obstetric and Neo-natal Care	<b>ILO</b>	International Labour Organisation
<b>BBC</b>	Beyond Beijing Committee	<b>IUD</b>	Intra-uterine device
<b>CEmONC</b>	Comprehensive Emergency Obstetric and Neo-natal Care	<b>LGB</b>	Lesbian, Gay, and Bisexual
<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination against Women	<b>LGBTI</b>	Lesbian, Gay, Bisexual, Transgender and Intersex people
<b>CEE</b>	Central and Eastern Europe	<b>MARP</b>	Most at Risk Population
<b>CIS</b>	Commonwealth of the Independent States	<b>MDGs</b>	Millennium Development Goals
<b>CoE</b>	Council of Europe	<b>MMR</b>	Maternal Mortality Ratio
<b>CPR</b>	Contraception Prevalence Rate	<b>MOH</b>	Ministry of Health
<b>CRC</b>	Convention on the Rights of the Child	<b>MR</b>	Menstrual Regulation
<b>CSOs</b>	Civil Society Organisations	<b>MSM</b>	Men Who Have Sex with Men
<b>D&amp;C</b>	Dilation and Curettage	<b>MSW</b>	Male Sex Worker
<b>DHS</b>	Demographic Health Survey(s)	<b>MVA</b>	Manual Vacuum Aspiration Method
<b>ECHR</b>	European Convention on Human Rights	<b>NASP</b>	National AIDS/STD Programme
<b>ECtHR</b>	European Court of Human Rights	<b>NDHS</b>	National Demographic Health Survey
<b>EmOC</b>	Emergency Obstetric Care	<b>NGO</b>	Non-Governmental Organisation
<b>EU</b>	European Union	<b>NHA</b>	National Health Account
<b>FP</b>	Family Planning	<b>ODA</b>	Overseas Development Assistance
<b>FPAs</b>	Family Planning Associations	<b>OOP</b>	Out of Pocket
<b>FSW</b>	Female Sex Worker	<b>PHE</b>	Private Health Expenditure
<b>GDI</b>	Gender-related Development Index	<b>PITC</b>	Provider Initiated Testing and Counselling
<b>GDP</b>	Gross Domestic Product	<b>PLHA</b>	People Living with HIV/AIDS
<b>GEM</b>	Gender Empowerment Measure	<b>PLHIV</b>	People Living with HIV
<b>GHE</b>	Government Health Expenditure	<b>PMTCT</b>	Prevention of mother-to-child transmission
<b>GNP</b>	Gross National Product	<b>PoA</b>	Programme of Action
<b>HDI</b>	Human Development Index	<b>PPH</b>	Postpartum haemorrhage
<b>HDR</b>	Human Development Report	<b>PPP</b>	Purchasing Power Parity
<b>HIV/AIDS</b>	Human Immunodeficiency Syndrome/ Acquired Immunodeficiency Syndrome	<b>PPTCT</b>	Prevention of parent-to-child transmission
<b>HPV</b>	Human Pappilomavirus	<b>PRSP</b>	Poverty Reduction Strategy Papers
<b>ICCPR</b>	International Covenant on Civil and Political Rights	<b>RH</b>	Reproductive Health
		<b>RHM</b>	Reproductive Health Matters
		<b>RR</b>	Reproductive Rights

<b>RTI</b>	Reproductive Tract Infection
<b>SHI</b>	Social Health Insurance
<b>SIECUS</b>	Sexuality Information and Education Council of the United States
<b>SRH</b>	Sexual and Reproductive Health
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>SRVAW</b>	Special Rapporteur on Violence against Women
<b>STD</b>	Sexually Transmitted Disease
<b>STI</b>	Sexually Transmitted Infection
<b>TBA</b>	Traditional Birth Attendants
<b>TFR</b>	Total Fertility Rates
<b>THE</b>	Total Health Expenditure
<b>UNAIDS</b>	United Nations Joint Programme on HIV/AIDS
<b>UNData</b>	United Nations Data
<b>UNDESA</b>	United Nations Department of Economic and Social Affairs
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Population Fund
<b>UNGASS</b>	United Nations General Assembly Special Session on HIV/AIDS
<b>UNICEF</b>	United Nations Children's Fund
<b>UP</b>	Uterine Prolapse
<b>VAW</b>	Violence Against Women
<b>VCT</b>	Voluntary Counselling and Testing
<b>WHA</b>	World Health Assembly
<b>WHO</b>	World Health Organisation

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# EXECUTIVE SUMMARY

The 1994 Cairo International Conference on Population and Development (ICPD) adopted a 20-year Programme of Action (PoA) with a broad mandate on interrelationships between population, sustained economic growth and sustainable development, and advances in the education, economic status and empowerment of women. The year 2014 marks the 20th anniversary of the Cairo Conference. 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.

Central and Eastern European (CEE) countries failed to use ICPD as a framework to build a sustainable architecture to protect and promote women's rights. The social and economic upheaval that took place in the CEE region in the 1990s has brought declining socio-economic conditions and increasing inequity throughout the region, and in all CEE countries there is a huge gender gap in the economic activity rate. Decision-making and political power is firmly held by men and not one of the seven countries surveyed for this report is even close to reaching the 30% quota of women's political participation. This reflects the prevalence of deep-seated gender stereotypes that define women primarily as mothers and wives, assigning their role to the private sphere. Countries of the region are suffering a resurgence of patriarchal discourses and religious fundamentalisms which is reflected in setbacks with population and reproductive rights policies. In Hungary, Poland, Ukraine, and Russian Federation, there is a swing back towards pre-Cairo right-wing positions which limit people's rights to make their own sexual and reproductive choices.

As a result, twenty years after Cairo, women still die unnecessarily due to unsafe abortion, pregnancy, or childbirth. Women and teen girls are suffering from the consequences of unsafe abortion and childbirth, and lack of access to respectful, caring, quality health services to which they have a right as citizens. A similar scenario of continued ill health and suffering exists for women with HIV/AIDS, reproductive cancers and infections, and unwanted pregnancies, in spite of the fact that the necessary technology and medical interventions are known. Neoliberal health policy transforms patients with

rights to sexual and reproductive health into consumers who can (or cannot) pay for sexual and reproductive health. Another common denominator for the region is rampant homophobia and transphobia.

ICPD implementation has been slow in all countries, despite the acknowledged need to accelerate commitment and the effort to meet women's needs and rights, known as the spirit of Cairo. While many new population and reproductive health policies have been introduced in the countries that form part of this study, they still do not clearly incorporate a human rights and women's rights framework, either at a conceptual or programme level. There is also a large gap between what is stated and the actual implementation.

Barely two years to the end of the ICPD, the prognosis for achieving the objectives of the ICPD is generally not reassuring. Time is limited and population issues are generally difficult to turn around quickly. However, strategic or targeted planning, coupled with commitment, could still achieve much within a short time. While national conditions vary, the outcome of this monitoring project suggests that renewed focus by all countries – regarding the accessibility of sexuality education, affordable contraception and abortion services, as well as addressing the spreading HIV/AIDS pandemic – could galvanise Central and Eastern Europe's lackluster move towards 2014 and beyond.