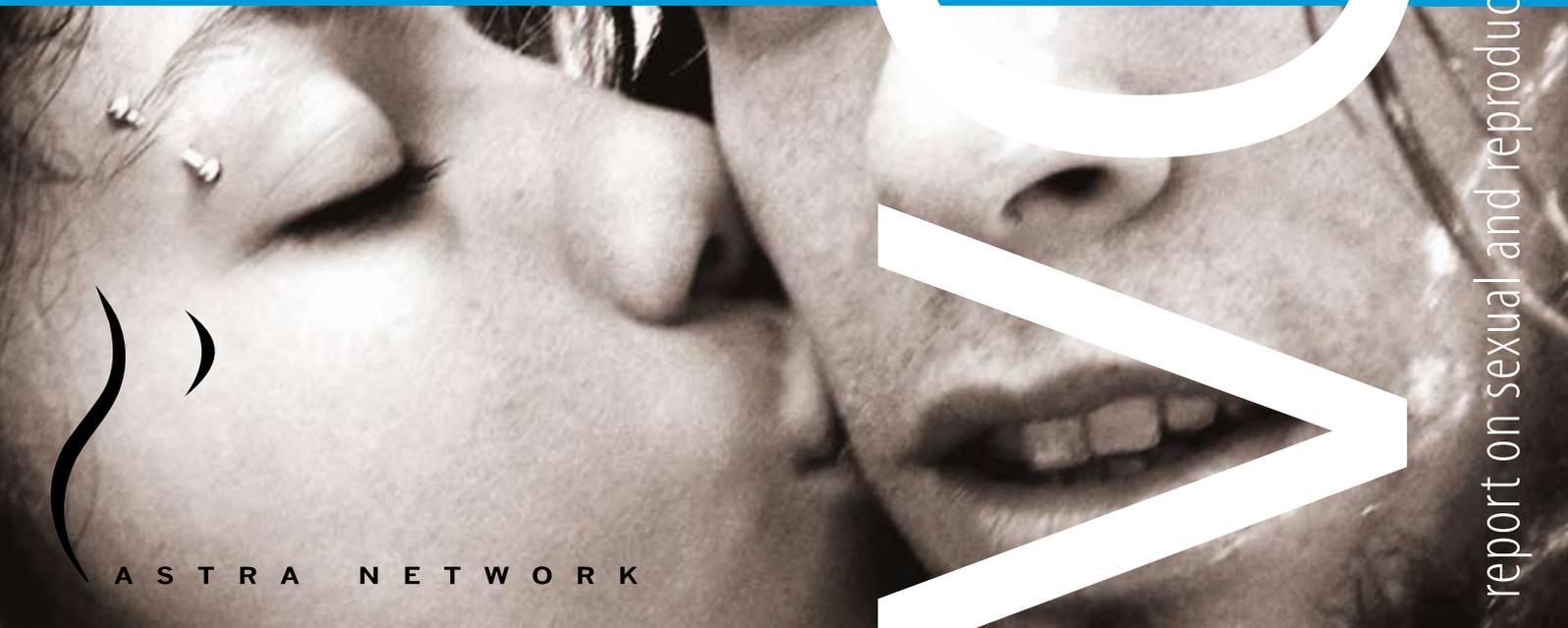


youth's

VOICE

report on sexual and reproductive health and rights in the central and eastern europe and balkan countries



ASTRA NETWORK

SOME FACTS ABOUT CENTRAL AND EASTERN EUROPE

THE REGION OF CENTRAL AND EASTERN EUROPE (CEE) CONSISTS OF 27 COUNTRIES WITH ECONOMIES IN TRANSITION, AND A POPULATION OF 627 MILLION INHABITANTS FROM MANY DIVERSE CULTURAL BACKGROUNDS. HOWEVER, THE EFFECTS OF POLITICAL AND ECONOMIC TRANSITION CONFER A SIMILAR PROFILE TO THESE FORMER COMMUNIST COUNTRIES IN TERMS OF GENERAL TRENDS AND REPRODUCTIVE HEALTH, WHICH HAVE NOT IMPROVED IN SPITE OF EU ENLARGEMENT AND MULTIPLE GOVERNMENTAL INTERNATIONAL COMMITMENTS. YOUNG PEOPLE FACE MANY BARRIERS IN ACCESSING SATISFACTORY REPRODUCTIVE HEALTH SERVICES AND IN EXERCISING THEIR REPRODUCTIVE RIGHTS, I.E. THE RIGHT TO FREE AND INFORMED DECISIONS CONCERNING REPRODUCTION AND SEXUALITY.

THE USE OF MODERN CONTRACEPTION IS LOW AND ABORTION IS WIDELY USED AS A METHOD OF FERTILITY REGULATION. IN SOME COUNTRIES RESTRICTIONS ON LEGAL ABORTION HAVE BEEN INTRODUCED OR ARE BEING CONSIDERED ON THE BASIS OF IDEOLOGY OR RELIGION. SEXUALLY TRANSMITTED DISEASES (INCLUDING HIV/AIDS) HAVE INCREASED DRAMATICALLY. THE SEXUAL HEALTH OF YOUNG PEOPLE IS IN GREAT RISK DUE TO LIMITED ACCESS TO SEXUAL EDUCATION AND SERVICES.

THE REPORT WAS EDITED BY ELWIRA CHRUSCIEL
ASTRA SECRETARIAT

ASTRA YOUTH GROUP WOULD LIKE TO THANK
SARAH PACKER AND MARIA DE BRUYN
(POLICY COORDINATOR AND SENIOR POLICY ADVISOR, IPAS, RESPECTIVELY)
FOR SUGGESTIONS REGARDING THE ORGANIZATION AND CONTENT
OF COUNTRY REPORTS.

REPORT PUBLISHED THANKS TO THE SUPPORT OF:
OPEN SOCIETY INSTITUTE - NETWORK WOMEN'S PROGRAM
BUDAPEST, HUNGARY

ASTRA – Central and Eastern European Women’s Network for Sexual and Reproductive Health and Rights.

ASTRA is a regional network of NGOs and individuals advocating in a collective voice for women’s sexual and reproductive health and rights in Central and Eastern Europe (CEE).

ASTRA works for the advancement of sexual and reproductive health and rights as fundamental human rights and advocates for their observance, prioritization and implementation on the international, regional and national agendas.

As a vital aspect of women’s empowerment and gender equality, ASTRA supports women’s right to free and informed choice on and access to: abortion, full range of modern contraceptives, information, education and services on sexual and reproductive health and rights. Special attention is given to youth and other underserved groups.

ASTRA was established in December 1999 by 10 NGOs from Central and Eastern Europe. Presently ASTRA consists of 27 member organizations from 17 countries.

ASTRA Youth

Who are we?

ASTRA Youth is a group of young activists from the CEE region and Balkan countries. The group consists of young activists (women and men, 18-30 years old) – some of them affiliated with ASTRA members’ organizations, others working with various NGOs working in the Central and Eastern European (CEE) region and some individuals. The group was launched in July 2004, when most of us met on the occasion of the Workshop for young people in the area of Sexual and Reproductive Health and Rights (SRHR) organized by ASTRA Network – Central and Eastern European Women’s Network for Sexual and Reproductive Health and Rights. As a result of the workshop, participants have decided that there is a need to create a youth wing of the ASTRA Network. We found common problems and wanted to deal with together, so that our activities could be empowered by cooperation in ASTRA Youth group, which should serve as a place of sharing skills, ideas, making campaigns, etc. As a group of youth coming from different European countries of the region (CEE countries and Balkan states) we see the opportunity to be involved in activities of the ASTRA Network and work actively to improve the lives of youth in the region.

We had a chance to participate in international events like Beijing+10 (Fourth World Conference on Women), 10th International Women and Health Meeting and 10th International AWID Forum and

as the young delegation we represented the youth voice of the CEE region on the SRHR problems discussed on the world agenda.

As the young generation we have a right to improve the world we live in, to provide us with better life options. Sexual and Reproductive Health and Rights are the basic human rights.

We have the right to decide about our lives, how we want to spend them.

We have the right to decide if, when and how many children we want to have.

We have the right to make decisions about beginning our sexual lives and the right to acquire information about how to make it safe.

Facing the growing HIV/AIDS pandemic, we have the right to information more reliable than pointing out abstinence as the best protection method against HIV/AIDS.

For finding the documents concerning the young people rights, please look at Appendix 2.

What are the concerns of the young people who created this report?

We hope that this publication will present the basic needs of the young people from the region, the faults of the informative systems which lead to many health problems, and that it will show that the situation has to be changed in order to enable young people to be as healthy and happy part of the community as possible.

There still remain a lot of gaps to be closed. We hope that this publication will help adult policy makers, politicians in making good decisions in the field of Sexual and Reproductive Health and Rights in the region we live in and that all adults will become much more conscious of our situation. We also hope, that the publication will be a useful information packet for all youth of the world, who are interested in the situation of youth in different parts of the world or in their neighboring countries of the region.

Universal access to sexual and reproductive health services and education, and protection of sexual and reproductive rights, are essential to ending it.

We cannot miss such an important fact that universal access to SRHR services and information is essential to preventing the further spread of the HIV/AIDS pandemic. Policy-makers should strengthen preventive policies esp. among young people. We have to do everything possible to protect people against this disease. It means that people should be aware of how to avoid HIV/AIDS infection, that there are ways to protect ourselves. Young people are in danger because they are the risk group, in which the majority of new HIV infections are diagnosed.



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ASTRA Youth research on

Knowledge and Attitudes of Youth on Sexual and Reproductive Health

Participating countries:

Armenia, Bulgaria, Croatia, Cyprus, Georgia, Lithuania, Macedonia, Serbia and Montenegro, Slovakia, Poland.

Sample:

about 50 young people from each country aged 16-24. The research was carried out among pupils, who were found in the school area. Slightly more than half of the respondents are female and slightly less than half are male. Most of the respondents are living in the city or suburbs. The majority of the group assesses the intensity of its' religious convictions as moderate or weak.

Material/Method:

ASTRA Youth has used a Questionnaire, which is adapted from one created by **Ms. Christiana Kouta, Cyprus Family Planning Association**. The survey was quantitative and only closed questions were used. All respondents filled out questionnaires translated into their native language.

The respondents filled the questionnaire individually. A summary and goals of the research project had been given to each subject by interviewer, however each subject filled out the questionnaire alone, with no assistance or further explanation of the questionnaire content, in order to avoid interviewer bias.

Goals:

To gain an understanding of the knowledge and attitudes of young people in different countries in order to ascertain their needs and ultimately provide for those. In addition, a cross cultural analysis of the data will provide a clear picture of the commonalities and differences in attitudes and needs, providing the opportunity to share best practices and materials amongst participating countries, which will lead to strengthened ties in the field of SRHR as a secondary output.

General information:

When respondents want to know more about sexuality or get information on sexual intercourse they mostly look for it by asking friends (more than half of the respondents), doctor/nurse/specialist and sexual partner (slightly less than half of the respondents) parents and media (a third of the respondents). But parallel, in their opinion the best way of getting information on sexuality issues are: doctor/nurse/specialist (more than half of the respondents) and an organization/clinic (almost one-half of the respondents) Only youth from Slovakia and Poland find friends as a sufficient source of information. Only a few percent of young people from Georgia, Poland and Lithuania respect an

organization/clinic as good source of information. It is probably the result of the lack of youth friendly services.

Sexuality education lessons:

Most of the respondents declare that they do not participate in the sexuality education lessons at school, a similar amount of researched youth didn't have contact with books related to this issue. The majority of them think that school should have an active role in the matter of sexuality education. There is a big need for the region to provide reliable sexuality education lessons. The majority of researched youth declare that they do not have possibility to participate in that kind of lessons, except Polish people – most of them declare their participation in this kind of lessons but the problem is, as you can find out in the report on Poland, that lessons are not reliable and influenced by Catholic Church ideology.

About half of respondents think that sexuality education should begin in preschool. The same percent of them think that sexuality education lessons should start in primary school.

According to the results, young people predominantly need more information on: sexually transmitted infections, contraceptives methods, breast cancer and genital cancer, infertility, sexual abuse, fertilization and anatomy.

Awareness in the sexuality life area:

As we can see in the results part, a lot of young people still do not have the basic information on sexuality. Over half of respondents do not know where fertilization takes place – but in details: most of Georgian, more than half of Bulgarian and Lithuanian respondents think that the fertilization takes place in fallopian tubes. This way of thinking can lead to controversy around emergency contraception leading to calling it an abortive method, i.e. in Poland emergency contraception is regularly mistaken for pharmacological abortion. A third of Armenian and of Lithuanian respondents do not know where fertilization of the ovum takes place.

About one-third of Georgian and Macedonian respondents think that the contraceptive pill protects against sexually transmitted diseases. Additionally about a quarter of Georgian respondents do not know if it is protective or not.

A big number of respondents are aware that there is a possibility of becoming pregnant during the first sexual intercourse. But in details very limited number of Bulgarian and Georgian respondents do not know if it is true.

Quite a big number of ASTRA Youth respondents think that it is impossible to become pregnant during the menstrual period or have no idea whether is the true. When we compare detailed results country by country we can see that over half of respondents from Georgia, about half from Armenia and Bulgaria, less than half of respondents from Serbia and Montenegro and about a third of respondents from Poland, Cyprus and Slovakia thinks that sexual intercourse which takes place during the menstrual period doesn't result in pregnancy. That means that a big part of the respondents do not have basic information about the conditions of fertilization.

Only a small number of respondents believe that withdrawal will prevent STIs and pregnancy. But about a third of Macedonian respondents think that this kind of behavior can protect them against STI's and pregnancy. The situation turns out to be similar if we are asking about the hormonal pills- a considerable number of respondents feel that this kind of contraceptive will protect them against both (STI's and pregnancy) unwanted consequences of sexual life (about half of Lithuanian, a third of Slovak and a fifth of Armenian respondents). The surprising outcome was that there a number (although small) of respondents from Lithuania, Armenia, Georgia and Poland think that masturbation is a risky behavior. It can be caused by the taboo surrounding the topic. Most youngsters can hear that masturbation can be harmful for their future sexual life, may i.e. lead to infertility. Some informa-

tion sources (like catholic ideologists in Poland) find masturbation a sin and look for more effective ways to push people to stop practicing such kind of sexual satisfaction.

A significant number of respondents: more than a half of Macedonian, and about a third of respondents from Serbia and Montenegro and Bulgaria are not aware that three pints of beer may alternate a person's behavior. They probably recognize beer consuming as unvalued and treat it as not real alcohol, which has no big influence on somebody's behavior.

HIV/AIDS pandemic:

A small number of respondents think that mosquitoes may cause transmission of HIV/AIDS but the situation looks worse in detailed analyses of the results for single countries: about a third of researched youth from Armenia, a quarter of the respondents from Cyprus, a fifth of Lithuanian and Bulgarian respondents. A similar situation can be observed with the answer to the question connected with STI transmission by kissing (a quarter of Armenian, almost a quarter of Bulgarian and almost a quarter of Lithuania respondents).

About a third of the respondents think that the transmission of HIV/AIDS through the usage of intravenous drugs and intravenous injection is not possible. Almost a third of respondents believe that a person afflicted with one of the STI's can be recognized by her/his look. But when we look at the detailed results we can see that only a very small number of Slovak, Bulgarian, Serbian and Cyprus respondents think that recognizing such kind of illness is possible only by exterior appearance. More than a third of the respondents from Armenia, Lithuania and a quarter of Georgian respondents think that this is possible to recognize person who has STI from his/her appearance. It shows that young people still do not have basic information connected with the STI's information, including prevention. It can result in risky behaviors, when youth estimate the risk behaviors by the partner's appearance.

Over a third of respondents feel disturbed with the idea of being a friend to someone who has AIDS. The greatest number of disturbed respondents are in Serbia and Montenegro, Armenia, and Georgia – over one-half of respondents. The lowest number of all respondents feeling that way were among youth from Poland, Bulgaria, Slovakia and Macedonia (about a fifth of respondents). There are still quite big numbers of people who are potentially intolerant for HIV Positive people. What we can do, is put more and more attention on society information. The situation looks like that most probably because of a lack of awareness of what the ways of spreading HIV infection are. There is still a need for more information/tolerance campaigns.

Most of the respondents are aware that frequent changing of partners is a risky behavior, only quite big percent of Lithuanian respondents, Georgian and Macedonian (about a third of respondents from these countries) do not think this way.

Only about half of them think that medical work without protection can be risky. Quite big number of respondents from Armenia, Lithuania, Slovakia, Georgia and Cyprus think that facilitating assistance and support to HIV positive people or those who suffer from AIDS is a risky behavior. Definitely, too many youngsters from Georgia, Armenia, Lithuania think that it is not risky to have unprotected sex while under the influence of alcohol or drugs.

Marriage:

About half of respondents think that marriage is the ultimate goal of a relationship between a man and a woman. But in details, most of the Georgian and Serbian people agree with this statement (the percent can be so big because of cultural conditions – there is a big pressure for girls to be a virgin before marriage) and about a third of Slovak respondents agree too.

About half of respondents declare, that sexual intercourse with a person they do not love is not right, and most of them do not agree that the most important reason for sexual intercourse is to have children but in details, a third of them disagree with this opinion and about half of Bulgarian

and Lithuanian respondents. Most of the respondents from Cyprus, Poland, Slovakia and Macedonia almost totally disagree.

Almost half of the respondents do not agree to see a man or a woman as the most important person in the family (about a half do not agree that this is a woman and do not agree that this is a man). But when we concentrate on the results for each country, we can see that only small number of respondents from Cyprus, Slovakia and Poland consider the woman as the head of family. But respondents from these countries do not find men as the head of families as well. It can mean that most people from these countries see the family as a partnership. Such results were quite surprising because in tradition of the region, the head of the family is the man. It can mean that the new generation brings some changes in the issue.

Church:

Half of the respondents are of the opinion that the church shouldn't be involved in matters of sexuality education. Almost a third of them think that it should, and a fifth of them do not have an opinion about that. There are countries in the region, where there is a strong church influence and as a result there are no sexuality lessons at schools or this kind of lessons do not provide youth with reliable information on sexuality, STI's, contraceptives, or family life in general but are ideologically biased (like in the case of Poland).

Parents:

Almost half of respondents declare that they've not received the reliable information related to sexual issues from their parents and most of them consider that their parents should talk with their children about sexuality, relationships, contraceptives. It indicates, that there is a need for such kind of contact among children and their parents, who most probably do not feel prepared to be experts in sexuality life for their children – partly because of lack of the information and partly because of the shame they feel talking with children about taboo issues. But the reason for this situation may be much more deep-seated. More than a third of young respondents think that parents would not approve if they knew she/he has sexual intercourse and a quarter of them do not know if they would have something against or not. It is quite hard to find the field for honest talk if most of them think that their parents would not accept their choice connected with sexual initiation.

Responsibility for using contraception:

More than half of the respondents think that the use of a condom is not the responsibility of the man only and declare that contraception, in general, is the responsibility of both partners. It shows the specific tendency connected with this matter.

As we know, most men do not pay attention to contraceptives, especially because of the consequences, which are more strict in case of a woman.

Gay people:

Under one-half of the respondents think that the sexual relation between two persons of the same sex are wrong, a small number of them do not know if it's wrong or not. But there are quite different detailed results when we analyze them country by country. Lithuanian youth are the most tolerant – most of them disagree with the statement that a sexual relation between two persons of the same sex is wrong. Slovakia has quite a large group of homosexuals' supporters – above half of respondents. More than half of respondents from Armenia, Serbia, Georgia and Polish do not accept different orientation activity.

Media:

More than a third of the respondents declare that the contents of what they see/hear on the radio,

television, newspaper influences their beliefs and their behaviors in general. Quite a big number of them are not sure if media have any effects on their life. As we can see there is a large number of young people who undervalue the role of media in their lives. There is also a considerable number of youths who are recognizing media as a source of getting correct information on sexuality issues – about a third of Lithuanian, Macedonian and Slovakian respondents agree on that.

Gender differences in responding to survey's items:

The study revealed gender differences in the area of knowledge on sexuality, needs and resources, as well as attitudes and beliefs. It turned out that boys and girls differ considerably in some aspects. Congruently with the anticipation that young women would fear more unwanted pregnancy than their boyfriends, they scored better in the items related to the knowledge on sexual behaviors and contraception. Girls were more convinced than boys, that there is likelihood of becoming pregnant during the first sexual intercourse. Moreover, almost half of young women were aware of the possibility of fertilization during menstrual period, whereas a smaller number of boys believed that such a risk exists. Girls also know more about contraceptive pills; for instance, they didn't recognize it as protection against STI's, while more than one fifth of young men did. In spite of the girls' enhanced understanding of issues related to sexuality in general, they presented greater eagerness than young men to learn even more. However, boys were the ones who knew better where the fertilization of the ovum actually takes place. Astonishingly, half of the girls indicated fallopian tubes as a correct answer. What is even more surprising, only a relatively small percent of those women claim they need more information on conception.

As far as pinpointing risky behaviours is concerned, young women and men made different mistakes. Contrary to boys, girls were accurate when they were asked to decide whether frequent change of partners or medical work without protection can lead to transmission of STI's. Nevertheless, less young women than men indicated sex without protection as a risky behaviour.

One of the question in the survey revealed an especially significant gender difference. Subjects were asked to decide on whether three pints of beer alternate a person's behaviour. Almost three quarters of girls marked the answer 'yes', in comparison with half of boys who agree with this statement. Another item – also related to condiments – revealed reverse pattern. About one tenth of young women consented that the use of narcotic drugs has no effect on someone's health.

Basically, the study proves that both groups – boys and girls – lack reliable sexuality education. However, girls are the ones who pronounce the problem more definitely. They claim they need to be provided with more elaborated information on STI's, contraception, infertility and sexual abuse. There are only two topics, in which boys presented greater interest than young women, namely alcohol and narcotics, and smoking. A large gender difference appeared when subjects where asked about their interest in information on breast cancer. The issue gained boys' smaller attention probably because it doesn't concern them directly.

As far as sources of knowledge on sexuality are concerned, both sexes present different patterns of preferences. Girls are more likely to get information from friends, Doctor/Nurse/Specialist and sexual partner. In comparison, about two thirds of young men would ask a friend and less preferably medical professionals. Contrary to girls, some boys also look for advice among school mates and priests. Moreover, there is a considerable number of young men who wouldn't ask anyone at all. However, this doesn't seem to be the case with girls.

The sources that youths relate to, don't actually match their idea of the best way of getting this kind of information. Girls and boys admit to be advised by friends. However, girls more strongly disagree that this is an appropriate source of knowledge on sexuality. They also argue with one tenth of boys who find school mates proper educators. A great majority of young women consider consulting medical professionals to be the best option. Only half of boys agree. Nevertheless, the results indicate

that common practice of gaining knowledge on sexuality doesn't reflect actual preferences.

Conclusions:

Most young people do not know the places they can trust, are afraid that they have no right to confidentially as juveniles. Moreover, this situation can be caused by the climate of taboo around SRHR issues and we can notice not only the lack of information in this area but also the lack of information connected with institutions, that provide this kind of information.

Respondents respect mostly information obtained from specialists – nurses and doctors or NGOs, but probably they are not recognized as the easiest way to get information for them in daily life and that's why they are looking for it among friends. The data shows that information is predominantly gained from friends, who are not identified as the best source of this kind of information. Peers are mostly available and young people are looking for information using this way because they are not ashamed of talking about their common problems. That's why it is so important to strengthen peer education groups and training system of the young sexuality educators and sexuality information providers at schools. We also should make the family planning services friendlier for young people, if they find specialists the best source of information, they should simply have access to this source of information. Moreover, medical providers should be trained on the specific contact with youth. Family planning organizations should have more possibilities to provide youth with information about health issues like cooperation with schools, better system of the promotion of the offered trainings and seminars - governments should support NGO's activities in this area.

There are still too many young people who cannot exercise their right to reliable sexuality education, to information, which would allow them to have a safe sexual life free of wide-spread dangerous diseases so easy to avoid. The governments should introduce policies and programs which address more effectively the needs of young people.

Recommendations to governments and international institutions:

- Provide sexual education at schools that should be scientifically based, non-biased and free of any ideology. Young people have the right to comprehensive education, which consists of reliable information about sexual life, intimacy, reproduction, sexual and reproductive rights, and sexual and reproductive health problems.
- Enable youth to have full access to information on HIV/STI prevention (which focuses on how to avoid infection - not only on checking if someone is infected or based mostly on abstinence)
- Enable all young people to benefit from the development of new technologies
- Provide access to youth-friendly sexual and reproductive health services, which respect the rights of privacy and confidentiality, and the principle of evolving capacity for all young people
- Support and enlargement of the existing peer education and training of trainers system in the field of SRHR

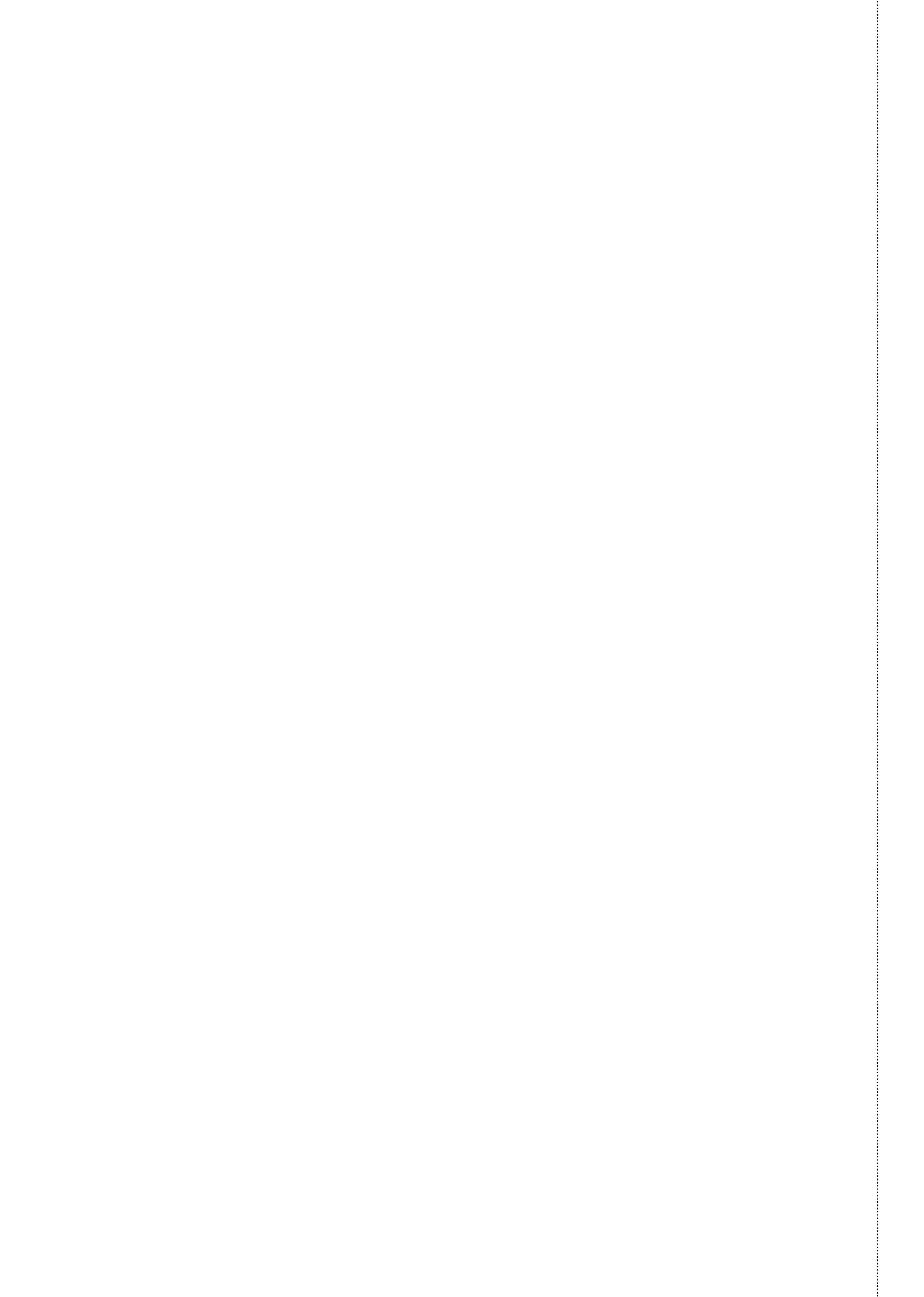
For finding the research results, please look at Appendix 1.

Taking advantage of the possibility of presenting the published results of the surveys, we have decided it would be a good idea to add to the publication several reports concerning the situation in countries, which took part in the ASTRA Youth surveys - the reports have been prepared by the persons who conducted the research in each country.

Due to technical problems, we did not receive the surveys from Croatia, therefore this country is only represented through a report. Because of some other problems Slovakia is represented only via data collected during the ASTRA Youth survey - we would like to thank Zuzana Vasaryova/SPR for help in conducting the survey.



Country Reports



Armenia

Introduction

Protection and strengthening of reproductive health of the youth¹ is one of the most important and urgent goals of the 21st century.

Having scrupulously analyzed the present situation, the WHO experts concluded that reproductive health of teenagers and the youth has deteriorated in the last decade due to the change of sexual behaviour, the too early start of sexual life and break-up in the balance of "man-environment" system.

The number of young mothers is great enough; every year young mothers give birth to 12 million children around the world.

In the recent years there has been a growing tendency of STIs and malignant growth of reproductive organs among the youth. Suffice it to say that 50% of people infected with HIV in the world are under 25.

The youth make up about 25% of the world population; 20% of them are teenagers. Teenagers make up 19.9% of the population of Armenia, and the youth make up 28.6% (see table 1).

Table 1: The population by age groups

The population by January 1, 2003 Source: RA National Statistical Agency	Age groups:			
	10-24	10-14	15-19	20-24
Total number (in thousands)	915.4	320.1	318.0	277.3
Girls	460.9	163.2	159.8	137.9
Boys	454.5	156.9	158.2	139.4
City residents	574.8	190.0	199.6	185.2
Village residents	368.4	157.9	118.4	92.1

In recent years there has been a qualitative and quantitative decrease in reproductive potential in Armenia, proven by decrease of birth rate in absolute numbers, increase of disease rate among teenagers/the youth, freedom of behaviour, increase of social dependency, increase of cases of pregnancy among teenagers.

Statistical data on the youth is collected among people under and above 19, which makes it impossible to compare the data with the mentioned category of other countries.

Nowadays in Armenia, girls and young men, when forming a family, want to have 1-2 children, which will have its impact on the reproductive level of the population in the nearest future². This has de-

mographic importance for Armenia, as the population of the country is small enough – less than five millions and this tendency will not provide simple reproduction.

If we add to the above high rates of primary and secondary infertility in Armenia (around 30%), which is sometimes explained by pathologies in the teenage period, then the situation is becoming extremely dangerous for the future development of society as regards depopulation.

Protection of the youth's, particularly girl's reproductive health is realized through obstetric-gynecological medical institutions.

The obstetric-gynecological medical services for teenagers are provided by 4 specialized centres (Yerevan) and 3 children's gynecological out-patient services (regions). The Government is planning to create youth-friendly counselling services in 4 major regions of Armenia.

The number of medical services for teenagers/the youth as regards to reproductive health is rather small, and they are not very accessible. ASTRA Youth research was conducted by Women's Rights Center Youth Group, consisting of 11 youth members in the age from 22 to 26. Two of them are males and nine are females. Education level is higher. As you can see by the results of the research, only 31.4% of respondents are looking for information on sexuality and reproductive health in organizations/clinics. Most of them – 56.9%, are asking friends when have appropriate questions.

Teenagers/the youth visit general medical institutions, the medical staff of which does not have proper education and skills. This fact affects the number of applications and the efficiency of pathology diagnosis and medical treatment. ASTRA research shows that 54.9% are looking for information about sexuality-related issues, when visiting institutions, where they have an opportunity to talk with doctor/nurse/specialist.

Gynecological issues

The analysis of the main indices of the reproductive health of teenagers and the youth in the republic showed that gynecological diseases (inflammations of genitals, menstrual dysfunctions, cyst ovary) among different teenager age groups in Armenia make up 10-38% and there has been a growth tendency in the recent years.

The most frequent among the diseases are inflammations of genitals (54.6%). Inflammation processes of inner genitals of teenagers and young girls are often long-term and hidden.

Gynecological pathology of teenagers and the youth can certainly lead to disturbances in reproductive health and then to reduction of demographic indices.

The main reasons for the increase of diseases of reproductive system among teenagers are:³

- deterioration of parents', especially mothers', health (Parent's illness affects child's health, who is born with low weight and already having problems, including those connected with reproductive health i.e. congenital infection, etc.).
- unawareness of the parents and teenagers/the youth about STIs and reproductive tract infections

- risk (in terms of reproductive health) behaviour of teenagers/the youth
- high rate of STIs' spread among the population
- bad socio-economic conditions
- inaccessibility of medical services
- low quality, unbalanced food
- unfavourable influence of ecology and environment
- inaccessibility of reproductive health services for teenagers/the youth and low level of medical services, insufficient medicament supply, etc.

The number of pregnant girls under 19 has grown twice in the recent several years, compared to 1980.⁴ According to statistical data, in the recent 10 years the birth factor among teenagers has grown up from 30/1000 to 50/1000, while in European countries it is 5-10/1000.

The average marriage age of women, living in the cities of Armenia, is 23.8, and those of living in the villages – 21.8; as for men, the age is 27.4 and 26.7 correspondingly.⁵ The study of fertility age factors by age groups is also extremely interesting (see table 2).

Table 2: Fertility age factors by age groups

Age groups	Fertility indices (thousand people)
under 20	27,6
20-24	113
25-29	61,4
30-34	27,6
above 35	6,1

As it can be seen, the highest fertility is among the 20-24, 25-29 age groups. The fertility factor in the under 20 age group is also not small.

According to the 2000 Demographic and Health Survey, 14% of the questioned women aged 15-24 have undergone abortion at least once.

The mentioned data show that the most active reproductive age is 20-24.

According to the data of 2000 Demographic and Health Survey, 6% of the 1160 questioned women aged 15-19 have already started their childbirth process. Over 4% of them have already had children and 2% were going to have their first child.

Fertility of the teenagers noticeably varies depending on their place of residence. The number of teenagers-residents of villages who had children is twice as big as those of city residents (9% and 4% correspondingly).

Sexuality education

The knowledge on sexual and reproductive health of youth is limited in Armenia. In the ASTRA Youth research only 11.8 % noted that in their school there are sexuality education lessons. Only 3.9% noted that books on sexuality education are available in their school. Most of the questioned – 82.4% think that school should have an active role in sexuality education.

In 1996 Armenian Association for Family and Health with the financial support of UNFPA carried out a study among 1425 boys and girls aged 10-19.

According to the results of the study, teenagers mainly obtained their knowledge on sexual and reproductive health from books, magazines and home back yard.

The study also showed that teenagers were not well-aware of pubescence and childbirth.

Many of 10-13 year-old girls (48% of the questioned) knew little about menstrual function, despite the fact that the first menstruation in average begins in the age of 13. Boys were less aware of menstrual function (4%).

Awareness among 13-19 year old teenagers on family planning methods, particularly on modern contraceptives and their existence in general, was not sufficient (22% were unaware). The most popular method was condom, known to 48% of boys and 44% of girls.

The most interesting were the results regarding teenagers' sexual behaviour: 38% of boys and 3% of girls had sexual intercourse before they were 19 years old (because of the

cultural impact girls are reluctant to admit that they have sexual intercourses). According to the WHO data, in Europe and the US 40-50% of girls aged 17 already have sexual intercourses.

According to another study⁶, held among 1500 students of 7 Yerevan Universities, 55% of the questioned knew nothing about STIs and the danger of such infection. 28% of male students had irregular sexual life without using condoms.

In 2001-2002 Armenian Association for Family and Health with the support of UNFPA conducted a survey in Yerevan and the marz (province) of Ararat on the knowledge, attitude and experience on sexual and reproductive health. 900 teenagers (13-24 years old) and 900 young people (above 24) participated in the survey. According to the results of the survey, the word "sex" is associated with prostitution, extramarital relations, pornography, striptease, etc, among around 10% of the questioned. Around 22% of the teenagers and 10% of the adults did not know that a teenager girl can become pregnant. About 25% of the girls have their first sexual intercourse in a teenager period (13-19), 23% get married in the same period, and only 7% of boys get married in that period.

The contraceptive method mentioned most frequently by the questioned people above 24 was the condom (88%), then withdrawal (25%), hormonal contraceptives (12%), intra-vaginal means (4%). The results in the above 24 age group were 93%, 72%, 67%, and 38% correspondingly. The awareness on STIs was lower. But 95% of the questioned knew that HIV/AIDS is a STI, 85% of them considered condom as an effective means of protection against it.

As for the sources of information about sexual and reproductive health, 82% of the questioned did not get such information in the family, 71% - did not get it at school.

The average age of the first sexual intercourse and the marriage are the same for Armenian women – 20.5+-1.2, years and for men – 18 and 25 correspondingly, i.e. the period before marriage for men is 7 years.⁷

Conclusion

The necessity for creation of medical services that would organize lessons on sexuality education and sexual health of teenagers in the schools is obvious.

The main goal nowadays is protection of teenagers' and young people's health and rights. It requires realization of urgent complex measures by medical institutions and society. The other goal is realization of the plan on improving children's and teenagers' health and creation of youth-friendly centres for reproductive health and rights.

So, the analysis shows that present demographic indices, reducing birth rates, high rates of primary fertility, spread of STIs are also predetermined by young people's, as well as their parents' insufficient knowledge and awareness, absence of friendly services for them in the cities and villages of the Republic.

Tackling the mentioned problems will contribute to improvement of the reproductive health and demographic

indices.

So, the key problems of teenagers/young people in the Republic on reproductive health and rights are:

- Absence of the National plan and strategy on young people's reproductive health and rights.
- Deterioration of the reproductive health of the young people, increase in the disease rate.
- Inaccessibility of youth-friendly services and low quality of proper medical aid concerning reproductive health for young people.
- Absence of pre-educational counselling and medical-genetic services.
- Difficulties in evaluation of the situation on young people's reproductive health, connected with insufficient collection and analysis of statistical data.
- Unawareness on and insufficient utilization of modern methods of contraception among young people.
- Spread and dynamics of STIs, especially among young people.
- Fertility, especially primary fertility, predetermined by diseases in the teenager period.

That is why the creation of a plan aimed at improvement of reproductive health of teenagers and young people is extremely important now. It has not only health, but also demographic, social, state and strategic importance for the country.

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1 According to the WHO definition, 10-19 year-old people are considered teenagers, 10-24 – the youth.

2 Survey of Association of Obstetrics-gynecologists of Armenia, 2004 (held among 700 18-25 year-old young people)

3 National Strategy of Reproductive Health (1995-2005)

4 RA Ministry of Health

5 RA National Statistical Service, 2002

6 Armenian Scientific Association of Doctors, 1996

7 2000 Demographic and Health Survey

Bulgaria

Introduction

Bulgaria is situated in Southeastern Europe and much like its neighbouring countries, Bulgaria is undergoing significant reforms. Reproductive health amongst Bulgaria's young people is becoming more of a concern in the shifting social and cultural environment, and is rightfully gaining more attention from the scientific community and non-governmental organizations.

Bulgaria is a country with the lowest birth rate of the Balkan region combined with relatively high child mortality, aging population and low maternal mortality. The high rate of teenage births and abortions is alarming as well as the decreasing age of first sexual intercourse, when the sexually active behaviour goes ahead of the intellectual development of adolescents. There are interesting state policy and legal procedures designed to address this situation but there are still problems with their practical implementation. At the same time in the last 10 years the non-governmental organizations are becoming stronger and very active in the area of sexual and reproductive health and family planning.

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 left the country, the majority of which are well educated people in reproductive age. The model of two-child family, most popular in the last few decades, is changing. The desired number of children remains the same, but reality is different - 1,2 children per family, mainly due to economical reasons. 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 an old-fashioned manner – the foster families are still a concept and innovation - children remain in institutions, such as boarding schools. The procedures are slow, but in the last three years the State Agency for Child Protection was established and is making efforts to synchronize the legislation with European standards.

Bulgaria's population is among the fastest shrinking in Europe and has gone down by 908.000 from 1990 till 2004, according to data from the national strategy for Bulgaria's demographic development 2006-2020. By the end of 2004, 7.761.049 were permanently residing in Bulgaria, every fourth Bulgarian aged over 60. The population went down by 337.000 in the period between the two latest censuses, which were conducted in 1992 and 2001. Demographic trends suggest low birth rates and some of Europe's highest death rates. Recently in the country the demographic crisis is one of the top three topics largely discussed in society and covered by media. The fear is that this can lead to spread of some ideas about restrictions towards SRHR issues and to messages that are explaining the demographic situation with liberal laws, not with economic trends.

The last census in Bulgaria showed that there are now 1.139.300 young people aged between 15 and

24. The Statistical Yearbook for 2004 shows that the number of youth aged 10-14 is 418.460, the age group 15-19 accounts for 519.740 and 20-24 for 542.364. As percentage of the total population by the end of 2004 the age group 0-14 accounted for 14,2% of the population and the age group 15-24 accounted for 13,8% of the total population. According to the National Strategy for Youth Development the reproductive health and sexual culture including education, prevention and health care are the highest priorities for the years 2001–2007.

Governmental institutions and non-governmental organizations work with young people and vulnerable groups in the field of SRH. They undertake actions for positive change of the public attitude towards HIV/AIDS. The lack of cooperation between these organizations makes the implementing of SRH programmes difficult, not coordinated and fractured. There are some attempts to have youth NGOs led by young people – starting with the classical example with Youth Red Cross and ending with local youth clubs and organizations like the ones in Sevlievo and Dobrich. Main problem is continuity and assuring successors.

In the field of education, teenagers think they do not receive sufficient information about sexually transmitted infections, sexual relations, pregnancy and drugs. As part of pan-European initiative, a research was held in Bulgaria regarding young people attitude towards sexuality education and attitude towards SRH. 50 questionnaires were filled by young people from different locations, covering the country - In ASTRA Research Bulgarian respondents indicate that among the subjects they feel they need more information on are: STIs – 51,9%, infertility – 40,7%, conception and methods of contraception – 37%, also on breast cancer - 48,1% and genital cancer - 44,4%. The reason why this information is inadequate is that until recently these were taboo topics in Bulgaria. In recent years, however, society is opening up to this kind of information. For this reason, a peer training method for sexual health education is meeting with growing support from governmental and non-governmental institutions. It is important especially that the respondents in ASTRA Research, when they have questions related to sexuality issues usually get information from friends (70,4%), even though friends are not recognized as the best way of getting correct information on this kind of issues (only 7,4% of them think they are).

There is a huge number of children and young people who permanently live in social institutions as mentioned above. Boarding schools are decreasing by number, but still the foster families system is not well developed to replace the "old" system or in extremely hard social and economical conditions, which forms a big vulnerable group exposed to very high risk related to their sexual and reproductive health and rights.

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 on sexual education are not regularly held – they are part of the elective disciplines and are not compulsory. 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. Only 35, 8% of ASTRA respondents declare that they have participated in the sexuality education lessons at school. It is worth mentioning that 66, 7% of them think that the school should have an active role in sexuality education.

In the last years due to the joint efforts of relevant governmental institutions such as the Ministry of Education, the Ministry of Health and the Ministry of Youth and Sports, and non-governmental agencies (National Anti-AIDS Coalition, the Bulgarian Family Planning Association or BFPA) the process of elaboration of comprehensive educational package for students aged 12-18 has been initiated. Recently the package is under testing in 15 selected municipalities. It includes manual for teachers, student notebook and special edition for parents. The main topic is combined health and sexuality education and life-skills.

Despite this according to the results from the Interna-

tional ASTRA Research, around 70% of the Bulgarian young people believe that sexuality education should begin in the preschool and only 22% believe that it should begin in the high school.

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 provided. One can receive sexuality counselling only in a limited number of private centres, based in the biggest cities in the country. For the last two decades there have been attempts to introduce sex therapists to Bulgarian schools but the project has not been implemented yet.

Young people in Bulgaria prefer to discuss the questions or problems related to sexuality issues mostly with their friends (70,4%), then with their parents (53,7%) and also their sexual partners (40,7%). Most of them (66,7%) believe that the active role in sexuality education should be taken by the Bulgarian school, 92,6% are convinced that parents should talk to their children about sexuality, sexual relationship and contraceptives. Unfortunately, most of the Bulgarian parents are still too shy and not very well prepared to initiate and follow-up an adequate dialogue with their children on these issues.

The influence of mass media is very important and shows that there is a certain level of critical attitude towards the messages coming from the media, however the significance of the mass media is very high and it has a serious and increasing role in modelling the attitudes and behaviour concerning the sexual issues.

ACHIEVEMENTS

Y-PEER Bulgaria

The Bulgarian sexual and reproductive health peer network Peer Net Bulgaria was set up in 2000 as part of the "Strengthening the National Reproductive Health Programme" project, funded by UN-FPA.

Now the Peer Network includes more than 600 trained young people from all parts of the country. The young educators meet the challenge to talk to their peers about sex and sexuality, unwanted pregnancy prevention, prevention of HIV/AIDS and STIs. Peer educators are supported by and work in team with teachers, school counsellors, doctors, psychologists and other professionals. The Bulgarian peer educators keep in touch through Y-PEER web site and through an active communication by their mailing list.

Contraception

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 – pills, IUDs, condoms, foams, and spermicides - are available in the pharmacies on prescription (officially) and actually can be purchased over the counter in the majority of points of sale. At the same time the use of modern methods of contraception

remains low in Bulgaria. Contraceptives are not included in the health insurance package, they are still very expensive. The concern for anonymity and confidentiality is relevant especially for young people looking for counselling in smaller towns. This is the reason why the majority of them prefer to travel to the nearest bigger town.

ACHIEVEMENTS

BFPA in its outlets and national family planning programme in university hospitals provide free of charge or subsidized oral contraceptives, IUDs and male condoms. Condoms are distributed as well through a network of health and youth-oriented NGOs and regional units of hygiene inspectorate. BFPA introduced the concept for youth-friendly services in mid nineties in its 7 branches in the country. Actually under the GFATM project such YFS mini-teams are introduced in 111 pilot schools from 15 municipalities.

Pregnancy and Abortion

The country is one of those with the highest teenage pregnancy rates. The statistics are based on official data that hardly includes pregnancies out of wedlock. Therefore it is not complete. Abortion is legal in the country (in officially registered hospitals and outlets) up to the 12th week of gestation and under medical conditions till the 20th week of gestation. It is paid, with some social exceptions. Young women up to the age of 18 can undergo an abortion with the written consent of one of their parents. In 2004 the number of registered abortions in medical establishments (divided by age groups) was as follows: under 15: 156; 15-19: 4124; 20-24: 11759; 25-29: 13434; etc. Out of 70431 live births there were 34,377 births out of wedlock, which is more than 48% of the babies. Mifepri-tone is still an unregistered and unavailable option, even if some attempts for its introduction recently are made.

ACHIEVEMENTS

Bulgarian Family Planning Association (BFPA) offered services for young people in the field of sexual and reproductive health. While working with young people from disadvantaged and marginalized groups the Association was led by the principle that the building of self-esteem is an integral part of the health services. During the year 2004 BFPA provided services to 19 800 persons, out of them 65% under 25 years old and more than 80% - women.

HIV/AIDS

At present HIV prevalence rate in Bulgaria is considered low, but the number of newly infected cases is constantly increasing. So far, there are 545 people (May 2005) living with HIV/AIDS. From the beginning of 2005 up to May 2005 the Ministry of Health registered 30 new cases. It means that one person is infected with HIV each week. The newly identified cases have increased 5 to 10 times in recent years. About 71% of all cases are between the ages

of 20 and 29.

Though the rates of HIV infection are low, there is a moderate to high risk that Bulgaria's HIV epidemic will grow. Low usage rates of and limited access to modern methods of contraception—especially dual methods such as condoms that protect against pregnancy and sexually transmitted infections—as well as lack of sexuality education raise concerns about prevention and transmission.

There is a National Strategy and a National Program for Treatment and Control of HIV/AIDS and sexually transmitted infections. It is aimed especially at young people and women and focuses on care and prevention.

ACHIEVEMENTS

In 2004 the Bulgarian Ministry of Health and the Ministry of Education started implementing the project of improving sexual and reproductive health of young people, funded by UNFPA. The implementation of this project extended vastly Y-PEER network in Bulgaria.

The Global Fund for Tuberculosis, AIDS and Malaria and the Ministry of Health implement a programme for SRH in 13 municipalities including 111 new schools in the Bulgarian Y-PEER network. This programme also addresses risk groups (prostitutes, prisoners, injection drug users), social attitude to HIV/AIDS issues, HIV testing, counselling, people living with HIV.

Attitudes and Beliefs

Here are some facts coming out of the questionnaires analysis. The analysis is difficult, because some of the answers show controversy, which makes the drafting of the portrait of the average Bulgarian youngsters a difficult task to be held.

About 43.3% of the examined Bulgarian youth believe that sexual relations between two persons of the same sex are wrong; Prejudices are apparently still part of the beliefs of the young generation. Even if the percentage of young people that believe in the opposite is still high (56.7%), the judgmental approach most probably based on lack of appropriate information or social experience is strong.

Prejudices towards PLWA (people living with AIDS) are not that strong – comments on the question: “It disturbs me to be a friend with someone who has AIDS” are the following: disagree – 41.5%, agree – 18.8%, do not know – 39.6%. The situation is more promising, but in the majority of cases this is still hypothetical – very few young people had real contact with PLWA to be able to make the choice and the statement based on real experience and feelings – there are a bit more than 580 HIV-positive people in the country and they do not disclose themselves.

And finally, let's end with an optimistic fact: Parent-children relations are scored as an important issue – 86.8% agree with the statement: “I believe that parents should talk to their children about sexuality and relationships with the other sex.” 48.1% disagree with the statement: “My parents would not approve if they knew I had sexual intercourse.” It can be considered as good attempts to the trust building process and the dialogue between generations.

Conclusion

In conclusion, based on the reported results on sexual and reproductive health and condition concerning the healthy and sustainable development of the youth generation in Bulgaria, we would like to recommend to our governmental agencies, ministries and social institutions, as well as the civil organizations, local and nationwide media and even the local communities, families and individuals to make efforts on:

- Increasing the information, knowledge and life skills of youth regarding responsive reproductive and sexual health behaviour
- Mapping, strengthening and capacity building of youth-friendly services nationwide
- Including health, sexuality and life skills education in the official curriculum of the Ministry of Education - 1-12 grade
- Support and enlargement of the existing peer education and training of trainers system in the field of SRHR

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Croatia

Introduction

Croatian society is undergoing a process of transition and the move to the free market economy has not strengthened plurality and individual freedom, but reinforced traditional gender roles. The raising influences of Catholic Church as well as the state promotion of a traditional patriarchal society model have both had an impact on the public perception of sexual and reproductive health and rights. A backlash is evident in the change of the Constitutional provision of 1974 on a persons right "to free choice in having children, which can only be limited in order to protect her/his health", and the passing of a very general provision which stated that "every human being has the right to life" which made room for the legal defining of when human life begins.

The content of the education system is gender biased, reinforces traditional views of family and sexuality. The research showed that men and women are shown in traditional roles: women are often shown in the roles of mothers and homemakers who cook and clean, and professionally shown as teachers, female 'farmers' or as nurses; men are shown as creative persons who are led by logic in decision-making, and if they do appear in a parental role, they are most often shown with cars or how they are playing football. Women are often shown with the marked characteristics of rural surroundings, from the clothing they wear to their hairstyles, and as pleasant and not entirely capable of making their own decisions.

There is not sustained effort within the medical profession or in the school system to address actual concerns of Croatian adolescents and existing prejudices. The research data show that adolescents' attitudes reflect traditional and stereotypical beliefs based on gender inequality.

According to the data provided by the Government Bureau of Statistics, based upon the 2001 population census, 4 437 460 people live in the Republic of Croatia. The last census showed that there are approximately 600 000 young people aged between 15 and 24, who comprise 13,5 % of the total population. Croatia is keeping negative growth of population in the last decades like the majority of European countries. From 1953 until the present, the percentage of young persons in the total population has declined constantly, which means that the Croatian population on the average is becoming increasingly older.

The young as a whole are in an unfavourable socioeconomic position in comparison to other age groups. This means that young persons do not own property (real estate, savings and stocks), they have difficulty finding employment and obtaining housing, and are dependent on assistance from their parents. The transitional processes increase the degree of uncertainty for the young who, completing their education, do not have clear perspectives on the opportunities for employment, professional development and leading independent and productive lives.

Sexuality Education

Croatia has never had a systematic and comprehensive school-based national program for sexuality education. The lack of sexuality education has resulted in an incomplete understanding of sexual behaviour, under-developed communication skills and fragmented knowledge of sexuality and SRHR issues. For young people, this means a greater exposure to risky sexual behaviour, unrealistic expectations and distorted view of one's own sexuality.

In the compulsory school education contents related with sexuality are fragmentarily included in the Nature curriculum for the first six grades and in the biology curriculum for the 8th grade. The actual implementation usually means one to three lessons throughout compulsory schooling, primarily focused on the transmission of basic factual knowledge about human bodies and the reproductive dimension of human sexuality (Hodžić, 2003). On the other hand, according to the international agreements signed by the Republic of Croatia and the Holy See, Croatia is obliged to ensure the teaching of Catechism in pre-schools, primary and secondary schools. A program for Catholic religious education in primary school designates seventeen hours during the last three grades for education on the issues of sexuality. The sexuality education during the religious lessons is in accordance with Catholic doctrine, meaning that sexuality is placed only within the context of marriage with exclusion of the correct information on condoms, oral contraceptives, STIs, abortion, sexual orientation, the right to choice ("right to abortion") is rendered as "child-murder". It is clear that this type of approach has more far-reaching effects on the understanding of sexuality, love and love relationships within the younger generation.

Due to the lack of scientifically based sexuality education in Croatian schools, NGOs dealing with sexual and reproductive rights, as well as some institutions of public health started to develop and implement programs for youth. The Global Fund to Fight AIDS, TBC and Malaria financially supported preventive program entitled MEMOAIDS, developed by Department of Reproductive Health - Children's Hospital Zagreb, based on the peer education with the aim to promote safe sex and increase the usage of condoms. It was foreseen that program would include 95% of youth in the age 14 – 18. At the beginning of 2004 after the negative reaction of Catholic Church and lack of support from relevant governmental institutions, the number of schools included in the program is decreasing significantly. The schools' interest in the professional teacher training programmes of MEMOAIDS dropped from a stable 80% to about 50%.

But, Teen Star, catholic program based on and promoting sexual abstinence has been introduced in the school system eight years ago and is going on in more than 70 schools with the support of the Ministry of Science, Education and Sports (MSES). The content of the program shows that it is based on gender inequality, as well as inequality on the base of marital status and sexual orientation. An example of discriminatory practice is the reference to homosexuality found in the textbook of

Catechism for the 8th grade of primary schools, where it is described as a "wrong" and, later on, "sinful form of sexuality", without any additional explanation of the importance of avoiding discrimination against homosexual people. And in spite of the fact that the Ombudsperson for Children stated that the program Teen Star is not in accordance with the Croatian Constitution and with certain stipulations of the Convention on the Rights of Children this program still has the support from MSES. The Office found the existence of discrimination regarding family and marital status, gender and sexual orientation, a lack of accurate and scientific information on birth control, and a violation of a number of provisions of the Convention on the Rights of Children. These violations were related to the obligation of ensuring education on gender equality and human rights as a crucial element of educational programmes, and education for promoting the respect of parents.

In 1999, nongovernmental organization CESI – Center for Education Counseling and Research developed the "Building Gender Awareness program" the unique program in the Western Balkan region which emphasize that sexual experience is closely related to gender power relations. Within this program CESI targets young people in order to promote and encourage values of gender equality and non-violence, increase professional knowledge and abilities of professionals working with youth on gender and SRHR issues and to empower young women and girls. CESI carry out the program in schools and youth clubs and 15 000 high school students have participated in workshops and lectures. CESI also publish educational materials for educators and youth and provide on – line counselling.

As a result of a pressure coming from NGOs and media, the Ministry of Science, Education and Sport established a Commission to estimate the validity of sexuality education programs - Teen Star, MEMOAIDS and a program proposed by the group of experts, NGOs and the Institute for Education of the Republic of Croatia entitled Human Sexuality and Quality of Life. The third program, developed recently by the group of experts, offers systematic scientifically based sexuality education in elementary and high schools and has not actually been implemented in schools. The final decision wasn't reached, but the Commission suggested that health education program should be developed and introduced into schools. The Commission's final recommendations given to the Ministry, without the formal document issued, were to establish yet another Commission, this time with the task of preparing the Call for applications for Health Education program. This actually happened after 7 months and according to the propositions of the Call any program proposal should consist of 5 educational modules (Preserving health and the quality of life; Human sexuality; The prevention of addiction; The culture of social communication; The prevention of violent behaviour) and should not exceed more than 12 school-hours per one school year. The problem is that the actual implementation of Health Education should take place during a student community class that usually functions as a time and place to discuss specific

students or class issues and problems.

During the 1990s, the number of counselling services for family planning has decreased significantly, and together with lack of sexuality education in schools contributes to the vulnerability of young people.

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 young persons have inadequate knowledge concerning sexuality and reproduction. Most of the wrong answers were given to the questions related to STDs and contraceptive methods. As far as their self-estimation was concerned, young men estimated they knew more than they actually showed, whilst young women underestimated their knowledge. The majority of information on sexuality, according to respondents, was acquired through media (TV, press). The education about sexuality included in religious education is very conservative and subjective, but one quarter of students interviewed in a study claimed that the religious education class offered in primary schools had significantly influenced their sex lives. Another observation resulting from this study was that young people (90%) would like to have sexuality education in schools and wished to participate in the design of such a program.

According to Hiršl-Hečej, Šikanic-Dugic, and Dobravc-Poljak (1998), 67 percent of the surveyed secondary-school students received basic information about family planning and contraceptives in schools. Only 46 percent of them have talked with their parents about those issues.

Strong prejudices against oral contraceptives still exist in general population, as well as among teenagers. More than 40% of young people believe that oral contraceptives have negative effects on the health and appearance of young women.

Legal ages for sex, marriage and abortion

The legal age of consent for sexual activity is 14 years, irrespective of sexual orientation.

Concerning the legal age of consent for marriage, the Law on Marriage and Family Relations says that the person who has not attained the age of 18 cannot enter marriage. But, if the reasons are justified (before reaching the decision, the court will hear the underage applicant and his parents or guardians) the court can allow the person who has attained the age of 16 to contract marriage, if that person is mentally and physically mature for marriage.

Abortion is legal up to 10 weeks from the presumed date of conception. A 16-year-old woman can seek an induced abortion by a simple request. For younger persons, the consent of the parents or another legal representative is required.

On average, young people in Croatia have their first sexual intercourse at 17, but more than a third of sexually active adolescents have their sexual debut at the age of 15 or earlier (Štulhofer, Jureša, & Mamula 1999). Adolescent girls in Croatia report fewer sexual partners than their

male peers; almost 40 percent of girls and 65 percent of boys between 15 and 19 years of age have had two or more lifetime sexual partners.

The results of CESI research, "Urgently claiming the future: Focus on gender for safer sexual relationships" conducted on high school student showed that 27% of women and 51 % of young men in the sample had the experience of sexual intercourse. Among those who are sexually active, 35% of women and 48% of men had sex for the first time below the age of 16. Young men are more likely to have their first sexual experience under drug and/or alcohol influence. A marked sex difference is apparent, with young men much more likely to describe their first and last sexual experience as happening in a casual relationship than were women.

Abortion

In 2004 total of 40.211 childbirths were registered in Croatian maternity hospitals. According to the age of the mother most often are childbirths in age group 25 - 29 (89,5 childbirths on 1, 000 women of that age) and the birth rate in age group 15 - 19 was 12.3 per 1.000 women.

Abortion rights are regulated by the Family Planning Law, which was passed on April 21, 1978. Since 1978, abortion can be induced on the request of a pregnant woman until the tenth week after conception.

Despite the fact that abortion is legal, abortion rights in Croatia have been limited over the past fifteen years due mainly to influence of the Catholic Church. According to official data, the number of legal abortions performed in Croatia has been decreasing over the years (from 1990 to 2004 the number of induced termination decreased by 7,4 times). According to official data, share of young girls up to 19 years of age who undergo abortion has increased from 6% in 2000 to 8.3% in 2003. Since there was no expansion of preventive programs and many hospitals fail to report performed abortions in accordance with regulations the low official abortion rates are misleading. In addition, increase in the share of "other" abortions from 8,6% in 1990 to 31,6% in 2004 is indicative. Hospitals have become more hesitant about performing and documenting abortions and gynaecologists in many hospitals refuse to perform abortions, justifying it by conscientious objection. Thus, it is impossible to obtain abortion even in hospitals that are legally obliged to provide such services. On the other hand, illegal abortions are accessible and medically safe. All of these factors have led to increasing amounts of illegal abortions that are not registered.

Mifepristone/RU-486 is still unregistered and unavailable in Croatia.

According to the latest research 65% of the population support women's right to abortion and 73% support women's right to birth control.

Contraception

The results of the research on adolescents carried out by the Klaićeva 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. When it comes to contraception 22% do not use it at all, 22% used unreliable methods and 48% used condoms. The following attitudes expressed by respondents can be used to describe low levels of knowledge: 22% of girls and 30% of boys agree that the responsibility for contraception rests with girls; 40% of girls and 43% of boys contend that the hormonal contraceptive pill ruins the health and looks of young women. This leads to a conclusion that low levels of knowledge and negative attitudes are compounded with low use of contraceptive methods.

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 the use of contraceptives during first intercourse was more often initiated by young women, whilst regular use of contraceptives was practiced by a relatively low number of interviewees (young men use condoms more often than young women do). 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 STIs, 9% girls and 8% boys experienced health problems due to sexual activity. Condom use is influenced by peer group attitudes.

Although condom use has increased substantially, contraceptive use is far from consistent. Less than half (43 percent) of urban adolescents in Croatia use some form of protection regularly. We can only speculate about the rates of contraceptive use in rural areas, but they are most probably significantly lower.

Generally speaking the prevalence of modern contraception in general population is still low, for example just 6% of women of fertile age use oral contraceptives and only 9% of women visit gynaecologists with the purpose of consultation on family planning. According to the UNFPA, 25,6% of women uses modern contraceptive methods.

Hormonal oral contraceptives are available only on prescription, which women can obtain from a gynaecologist, but the low dose pills appropriate for teenage age are not covered by medical insurance. Their high price makes them unaffordable for a large number of young women. The majority of contraceptives are not included in the national health-insurance system, and some contraceptive methods such as female condom are not available in Croatia.

STIs including HIV/AIDS

Through the systematic application of measures of prevention HIV/AIDS infection in the Republic of Croatia remains at a low level. The first case of AIDS in Croatia was reported in 1986. Until the November 2005, the prevalence rate of state reported HIV/AIDS-related cases were fairly low: 537 HIV infections; 234 AIDS cases; and 118 AIDS-related deaths. The majority of cases are at-

tributed to male homosexual sex (40%), with 80% of the total cases being male. Regarding young people affected by AIDS, two cases have been reported in the 15-to-19 age group and seven in the 20-to-24 age group. Relatively high levels of stigma against PLWHA complicate the approach to HIV/AIDS.

Besides activities and institutions that participate in the monitoring of HIV/AIDS it is necessary to point out that the law regulates reporting of this disease. Since 1986 an AIDS Registry has been kept at the Croatian Bureau of Public Health and it proposes measures for eradicating HIV/AIDS in cooperation with all other health institutions. The Referral Center for Aids was established to meet the need for expert monitoring, study, providing assistance and establishing a doctrine and measures for diagnostics and treatment. Since the year 1990, the Commission for Eradicating HIV/AIDS has been in continuous operation.

The Ministry of Health and Social Welfare is implementing program called "Scaling Up National HIV/AIDS Response." The main objectives of the program are identical to the goals of the National Program for the Eradication and Prevention of HIV/AIDS and include: increasing responsible sexual behaviour among young people; decreasing HIV/AIDS infection among high-risk groups; and improving the HIV/AIDS surveillance system.

The clinical experience and STI research reveal a growing incidence and prevalence of sexually transmitted diseases, including chlamydia trachomatis, HPV infections, genital herpes, non-specific urethritis, particularly among adolescents. According to data from the Andrija Štampar School of Public Health, among the student population of the girls at the University of Zagreb, the prevalence of chlamydia infections is 15-18%. Within various samples of sexually active adolescent women in Croatia, the prevalence of HPV infections is 9 to 2 percent, candida infections 28 percent, and abnormal cervical cytological findings of PAP smears 22 percent. The last investigation among the college and secondary school students showed that approximately 90% of the students had a sexual experience that was connected with some risky sexual activity such as sexual intercourse without protection, one-night stands, sexual contact under the influence of some psychoactive substance, including alcohol and drugs.

The health statistics in Croatia are incomplete and it should be noted that the accurate number of sexually transmitted diseases is currently unknown.

Sexual minorities

According to the Law of Same-Sex Unions that was adopted in 2003 partners in a same-sex relationship have the right to maintenance and inheritance. Homosexual couples are not allowed to register their partnership, nor are they allowed to marry. The past two years of implementation have shown that the Law exists on purely declarative level and can't secure the rights for which it was prepared.

During the 1990s, homosexuality was invisible and rarely mentioned in the Croatian media. One of the reasons was

the lack of activism and self-organizing of homosexual people. In recent years homosexuals have become more visible in the media and public life, but strong prejudices, homophobic attitudes and even violent reactions towards different sexual preferences constitute a part of the social milieu in Croatia.

There are organizations working for LGBT rights in Croatia: Iskorak [Coming Out] - gathers people of all sexual orientations, Kontra - lesbian organization in Zagreb and LORI, lesbian organization situated in Rijeka city.

According to the results of two large national surveys (Štulhofer 1999b; Crpic & Rimac 2000), around 50 percent of respondents are extremely homophobic. In 1995, 53 percent of respondents stated that they would not like to have a homosexual person as a neighbor. Four years later, 46 percent of respondents were of the same opinion.

Recommendations

The lack of reproductive health policy, strong influence of Catholic Church on government and parliament, lack of sexuality education and family planning services, discrimination and stigma suffered by sexual minorities and people with HIV/AIDS calls for an urgent action to protect and promote SRHR in Croatia.

The Croatian government should:

- Develop a high quality national policy on sexual and reproductive health, in co-operation with all social partners.
- Provide appropriate, specific, user-friendly and accessible services without any discrimination based on the grounds of sexual orientation, gender identity or marital status, to address effectively their reproductive and sexual health needs, including education, information, counselling and health promotion strategies.
- Ensure provision of scientifically-based comprehensive gender-sensitive sexuality education throughout all levels of school based on objective information in order to enable adolescents to make responsible and informed choices regarding their sexual and reproductive health.

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Cyprus

Introduction

Cyprus is an island situated in the Eastern Mediterranean, with a population of 873 3001. However, the sample in the Astra study should only be considered representative of the 749,200 people who reside in the government controlled area. From this, it is estimated that 56,600 (27 600 women and 29 000 men) are young people between 15 and 19 years, and 62,400 (30,400 women and 32,000 men) are young people between 20-24 years¹. The Astra Research in Cyprus was conducted in 2005 with the assistance of the youth group of the Cyprus Family Planning Association. Research subjects were 50 young people (ages between 18 and 23) from Nicosia, the capital of Cyprus.

Although some attempts have been made to address issues relating to Sexual and Reproductive Health and Rights (SRHR) in Cyprus, in general, SRHR issues are not openly discussed. Sociocultural determinants such as religion/church, do have a significant impact on Greek-Cypriot adolescents' attitudes and beliefs. In the Astra sample, 32% of participants agree with the statement that "The church should be involved in matters of sexuality education". Although young people do have some knowledge about sexuality, limited resources and services exist to reinforce that. Most young people learn about SRHR from friends (88% in the Astra sample) and a significant percentage (30%) from the media. In contemporary Cypriot society some conservatism and taboos still exist, and gender differences are apparent, with different expectations, roles and even a 'code of ethics' among males and females². This report describes the situation concerning some key issues in relation to Sexual and Reproductive Health and youth.

Sexuality Education

A pilot comprehensive sexuality education programme has been implemented in six of a total of 59³ junior high schools since 2002. This programme runs in parallel with the health education programme, and often has no specific teaching hours assigned to it, but are rather circumstantial. The main instructors of this pilot Sexuality Education are biologists.

In the remaining schools, SRHR issues are sporadically addressed throughout various courses in the school curriculum, such as biology, home economics, religious instruction, and optional courses such as family education and health education. From the 1st and 2nd grades of Junior High School children are taught the male and female reproductive system and the principles of reproduction, contraception and AIDS in a biological and an-

thropological framework. In the 3rd grade of Junior High School students are taught "Social Education", which includes family and personal relationships. Other than this, no systematic scheme is at place, and much of what will be taught and how depends on the attitude of the teacher. In the Astra sample, 94% of the examined Cypriot youngsters think that school should have an active role in sexuality education and 38% of them declare that the sexuality education should start in primary school. Sexual education is a popular subject on which students themselves choose to conduct research and projects.

The Cyprus Family Planning Association (CFPA) also serves the role of an educator in schools as a guest lecturer in various classes or events. CFPA's officers and volunteers present lectures and conduct workshops in several schools on various issues related to SRHR, such as HIV/AIDS, STIs, contraception, gender and interpersonal re-

relationships, attitudes and values, etc. In 2005, the CFPA conducted a total of 58 such workshops and presentations for a total of 5 gymnasiums (junior high schools), 28 lyceums and 4 colleges/universities. The CFPA conducts such presentations and workshops for various other groups of people as well, such as organized youth groups, groups of parents, educators, etc. These range for workshops for small groups (10-20 people), to lectures and seminars for larger numbers. In 2005, 2 workshops were conducted for country women, 4 lectures during antenatal classes for expecting parents, 2 lectures for young people at the School for the Blind, 2 workshops for home economics teachers, a seminar for social workers, and a seminar for women on "The Role of the parents in Children's sexual Education". Moreover, in October 2005 the CFPA organized the first Regional Conference, with guest lecturers from Cyprus as well as other countries. This was attended by around 300 people.

In addition the FPA of Cyprus serves marginalized groups by traveling to rural areas, visiting imprisoned populations, providing information in the native language of the 'foreign artistes' (a common euphemism used for sex workers) who enter Cyprus on working visas from Eastern European countries (68 such training sessions were held in 2005). The CFPA also provides training at the Pedagogical Institute for teachers; this program is specifically geared to adolescents and young peoples health. The training of primary and secondary school teachers as trainers in interpersonal relationships in 2005 included a total of 50 teachers. Moreover, every nursing student passes through our FPA for a two day training on SRHR, during which clinical and non-clinical material is covered.

People can obtain information and counselling services from most private clinics and physicians. Some services, such as antenatal classes for expecting parents, and maternal and child care are also offered in public hospitals. Most of the ASTRA research respondents (88%) state that when they have a question/problem related to sexuality issues they usually get information from friends, 30% of them receive it from doctor/nurse/specialist and only 14% receive it from an organization/clinic. Most important is that the doctor/nurse/specialist is recognized by them as the best way of getting correct information. However, it is difficult to evaluate the extent to which private clinics and physicians are youth-friendly. There is no evidence of a unified code of practice, and from our experience as CFPA, we can assume that whether a service would be youth-friendly is subject to the sensitivity of the individual medical practitioner. In general. The CFPA does not consider private services as geared to be particularly youth-friendly. To give just one example, affordability of the services to youth is rarely, if at all taken into account, as clinics tend to have fixed prices. This can be especially thwarting for youth, since prices in private medical clinics are generally considered high.

Contraceptives

The government does not offer contraceptive services in

public hospitals apart from sterilization, and even that with many restrictions - the most notable being that the husband's signature is required in cases of female sterilization.

However, the Cyprus government does support the Cyprus Family Planning Association's services, which include contraception. Contraceptive methods such as the pill, condoms, IUDs, and emergency contraception are provided at very low costs at the CFPA clinic, where services are offered by volunteer gynecologists. These services are confidential and available to all women. Prices are kept especially low for young women under 25 and women with large families (4 children or more). Contraception is also available at private clinics and private hospitals, but at higher costs. Emergency contraception is now available over the counter.

Some contraceptive methods such as the diaphragm, female condom, injective contraceptives and progestin-only pills (POPs) are not available in Cyprus. The primary reason for this is that since the consumer market for such products is small, due to the small population of the island, it is not profitable for pharmaceutical companies to launch contraceptive options other than the ones on high demand. Also, some doctors do not usually recommend the methods mentioned above, mostly because they themselves lack familiarity with these options. The kind of contraception they promote tends to vary according to the country of their studies. A recent change in legislation which requires all pharmaceutical products to contain user's information in the Greek language is expected to disinhibit the provision of a wide methods of contraception even further, as it is not profitable for companies to produce special labels and information for such small consumer markets.

Youth friendly counselling, prices

The Cyprus FPA provides family planning services in the form of consultations with gynecologists, advice on contraception, family planning and sexuality, and access to contraception. The CFPA also runs a free helpline for youth that provides information and support on sexual health and rights matters.

Helplines on issues that may interest youth, like drugs or domestic violence, are also run by other organizations/agencies. Youth centres exist throughout the country, both in urban and rural areas. However, information for the services that are available through the government and NGOs is usually made available through the urban centres. Counselling services are not offered through these centres. Counselling and career guidance centres in schools offer counselling on personal, educational, professional, and social issues, as well as referral services, free of charge to students. However, most counsellors are not specifically trained with respect to SRHR issues. Health issues are the responsibility of the school health service, provided by school health doctors and visitors shared between schools. All schools have regular hours for school health practitioners. In colleges and universities counselling services are offered through student af-

fairs. In addition, there are counselling centers and open and closed therapeutic communities for drugs users.

STIs including HIV/AIDS

The epidemiological surveillance of HIV/AIDS in Cyprus began in 1986, when the first AIDS case was identified concerning a person who previously resided in the United States of America. Since that first case and up to the end of February 2005, 449 people have been diagnosed with HIV/AIDS in Cyprus. Among those, 266 concern people who permanently resided in Cyprus and 183 people who resided abroad. The average annual number of new cases reported is 26 per year (14 permanent residents and 9 non residents). Among the 266 people who permanently reside in Cyprus 239 are Cypriots and 27 are foreigners. The current number of people living with HIV/AIDS in Cyprus is estimated somewhere between 400-600. Of these cases, about 180 are being monitored.

Among the people currently living with HIV/AIDS, who permanently reside in Cyprus, 70% are between 20 and 40 years of age, thus making young adults the most vulnerable group. Of 266 (215 males, 51 females) recorded cases, there are 10 cases that concern people under 20 years of age, and 33 between 20-24³.

The average age of infection is 35 years for men and 34.5 years for women. Sexual intercourse is the most common means of transmission and accounts for 92% of the total cases. Of these cases 47.4% concern heterosexual contacts and 44.8% homosexual contact among men. It is notable that, contrary to most countries, current cases of HIV in people under 20 are only 3.9% of the total. The percentage of young people (under 20) who have ever been diagnosed with HIV is on average 3%, and none of the diagnosed cases was a result of sexual intercourse⁴.

Ministry of Health statistics on other STIs from 2001 report 88 cases of HPV, of which 56% concerned people aged 17-30, and 141 cases of genital herpes, 11% of which concern people aged 15-30² These statistics suggest that STIs in general, as well as HIV/AIDS in particular, are issues of particular relevance to young adults.

Free treatment and counselling for people living with HIV/AIDS is available at public clinics. Public hospitals also offer secondary healthcare (treatment) for STIs and sexual health conditions.

Pregnancy and Abortion

The Cyprus government's policy is generally anti-abortion, but it isn't rigid. The CFPA's position is pro-choice, supporting the right to abortion on demand. The church is anti-abortion, but there is no real ongoing debate on this issue. The issue is general not addressed in public circles/debates.

It is worth to note that even though the Greek Orthodox church has no official anti-abortion campaign, priests and clerics infiltrate schools and church-goers with unofficial, yet existent anti-abortion propaganda.

The abortion law in Cyprus is permissive and restrictive at the same time, stating that abortion is prohibited ex-

cept for cases where at least two medical doctors consent that continuation of the pregnancy would constitute a serious physiological or emotional hazard for the mother or child. The law also permits abortion in cases of rape, provided that a certificate from the appropriate police authority accompanied by a medical report is presented, stating that the pregnancy was a result of rape and its continuance would seriously harm the social status of the pregnant woman and/or her family.

It is generally the case that the issue of abortion-law reform in Cyprus does not gather strong and visible advocates on either side of the argument. It seems that the law as it is satisfies the needs of the population without necessarily being ideal. Although there are restrictions there are also windows that ultimately give the right to abortion to everyone.

It should be noted, however, that abortion is only practiced in public hospitals for medical reasons or in cases of rape. Statistics on the total numbers of pregnancies and abortions in Cyprus are not available for any age group. The only available figure is from public hospitals: 27 abortions on medical grounds were performed in 2004⁵ but this figure is not representative of the population, as most abortions are sought and performed at private clinics, without being officially reported.

There is an immediate need to perform research and gather data on the prevalence of teenage pregnancies and abortions among all age groups in Cyprus. Hospital statistics do not show any cases of unsafe abortions, or patients seeking treatment for unsafe abortions.

Legal ages for sex, marriage, and abortion

Since 2002 the legal age at which one can have sex is 17. It is worth to note that this was changed from the previous legal age of 16 for heterosexual sex and 18 for homosexual sex, after homosexual activists' demands. The legal age for marriage is 18 years, or 16 with parent or guardian's consent. The legal age for abortion is not clearly specified in the law. The obvious discrepancies in these rulings have been brought to the attention of the Law Commissioner, who is currently looking into the matter.

Sexual minorities

Cyprus was the last European country to decriminalize male homosexual acts between consenting adults - as late as in 1998, and after great pressure from the Council of Europe. That was after a long legal battle, which started in 1989 with homosexual activist and head of the Cypriot Homosexuals Liberation Movement (AKOK) Mr. Alecos Modinos. The change in the law triggered great debate at the time, and was met with considerable resistance from the Greek Orthodox church. Clerics and supporters of the church held demonstrations outside the Parliament for several days, opposing the decriminalization of the male homosexual act. The new law was still considered discriminatory, as homosexual intercourse was defined as "carnal knowledge against the order of nature", and this was amended after demands made by homosexual activists, in 2000. In 2002, the age of consent for homo-

sexual relationships was lowered from 18 to 17, to match the age of consent for heterosexual relationships (which was raised from the previous 16) ⁶.

The pre-1998 law made no reference to lesbian relationships. As opposed to male homosexuality, lesbian relationships have never been condemned, or even referred to in the Cypriot legislation.

Despite the changes made in the laws, not much has changed in terms of the everyday lives of homosexuals in Cyprus even today. Few homosexual individuals are actively demanding their rights, while the statement made by Alecos Modinos in 2001, that “[h]omosexuals, here, are so terrified of “coming out” that they are forced to lead unhealthy double lives, usually with lots of different partners,”⁷ still applies today to a great extent. Since Cyprus is a small country there is familiarity between many people, making it difficult for homosexuals to remain secret and maintain one stable partner. Being seen to spend time with one specific person will not go unnoticed, and can be easily misunderstood or taken as revealing one’s homosexual orientation.

Homosexuals may not be afraid of legal consequences (after all, these existed on paper but were not actively applied in the previous couple of decades), but public disapproval of homosexuality and pressure from the family to lead a (heterosexual) family-centered life remain strong forces. Although more young people today than in the past would agree that sexual orientation and lifestyle are a matter of personal choice of the individual and should not be subject to condemnation, few will choose to lead an open homosexual lifestyle. A significant percentage of young people who responded to the Astra survey (42%) agree with the statement that “A sexual relation between two persons of the same sex is wrong”, while in questionnaires given to students by the CFPA, 77% of people asked said that it’s “not ok” to “have sex with someone

of the same gender as myself”. A comprehensive survey examining attitudes of the general population towards homosexuals was recently conducted after requests by the ombudsman. Results were reflective of a very conservative stance, as an overwhelming majority of people interviewed claimed that sexual relations among people of the same gender are always wrong (54%) or mostly wrong (26%), with a mere 3% of respondents claiming that homosexuality is never wrong. Older age groups appeared particularly intolerant of homosexuality. Also the majority of parents (85%) claim they would not approve of their child being friends with a homosexual person⁸.

Other information

The Cyprus problem (as a divided island) affects many of our activities in the field of SRHR. This means that we have little access to Turkish Cypriot (T/C) youth and few grounds for collaboration with T/C organizations. The division of the island has created a large population of displaced persons and an atmosphere of conflict between the ethnic groups in Cyprus (namely the majority Greek Cypriots and the minority Turkish Cypriot population). In addition, the continued presence of Turkish occupying forces reinforces, the need for military presence on the island, and many foreign powers still exist on the island (either in peacemaking capacity or through control of their own sovereign bases). Young Cypriot males complete mandatory military service (both T/C and G/C), which means that gender differences and exclusionism are reinforced.

It should be specified that the positions and statistics in this report represent only the Cypriot population in the area controlled by the official, recognized Cypriot government, and may not be considered representative of the people residing in the occupied north.

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Georgia

Introduction

Sexual and Reproductive Health situations are particularly dire in Georgia. Young women face many barriers in accessing satisfactory reproductive health services and exercising their reproductive rights, including the right to free and informed decisions concerning reproduction and sexuality. Gender stereotypes – seeing women primarily as mothers and wives, and patriarchal attitudes are the barrier to efforts to improve the state of reproductive and sexual health and rights.

Adolescent should be a particular target of reproductive and sexual health programmes. This is due to their vulnerability to health risks associated with unsafe sexual activity, such as early pregnancies, sexually transmitted infections, as well as their encountering numerous obstacles in exercising their reproductive rights; for example, regarding access to services and information of family planning.

With this report we want you to pay attention to the main problems in the field of sexual and reproductive health and rights which includes: family planning, abortion, contraception, sexually transmitted diseases including HIV/AIDS, sexuality education.

Family Planning

Inadequate accesses to family planning information and services causes high rate of abortion. It is important to say that family planning services have no financial support from government. The health care providers had not enough education about family planning methods. The number of family planning clinics, which are open in Georgia, are insufficient for the whole country.

There are no legislative or regulatory barriers to the provision of family planning services to youth.

In Georgia induced abortion is used more often than contraception.

Reproductive Health Survey conducted in Georgia in 1999 revealed one of the lowest fertility rates in the world – a TFR (*Total Fertility Rate*) of 1.7 births per woman in 1997-99 (falling to 1.1 by 2003) with the rate of natural increase below zero. The ratio of induced abortions to live births was two abortions for each live birth, according to the survey estimates, for the past three-year period.

It should be noted that extremely low fertility in Georgia has been reached without the use of significant levels of modern contraceptives or marriage postponement.

In 1999, only 20 percent of currently married women 15-44 were using a modern method with an additional 21 per cent relying on traditional methods (withdrawal or rhythm). A major factor in the decline of fertility has been a very high rate of induced abortion – TIAR (*Total Induced Abortion Rate*) of 3.7 abortions per woman (5.5 for married women) is probably the highest rate in the whole region. Unlike fertility, the age pattern of abortions in Georgia is concentrated at 25-29 years of age (192 induced abortions per 1 000 women) and 30-34 years of age (180 per 1 000), accounting for 50% of the TIAR. The third highest age-specific abortion rate occurred among women 20-30 years of age.

For the purpose of clearing out the conditions of the Women's Human Rights in Georgia, we have carried out the investigation of 1251 women in 9 region and 4 largest cities of Georgia. For the investigation, we have used the questionnaire that included 98 questions.

20.5% of the respondents are within the age group of 36-40, and only 0.7% of them are between 71 and 75. 90.2% of respondents are Georgians, 6.2% - Armenians, 1.8% - Russians and 1% - Azerbaijanians. 61.1% of the respondents are employed women, 75% of them are married.

It has been revealed that only a small part of respondents consider the age under 18 proper for marriage, while significant number of women (19.6%) got married before the age of 18. The study revealed also that 56% of women had performed abortions and 74% of women of reproductive age or their partners had never used contraceptives; 87.6% of respondents pointed out the necessity of family planning services. According to the survey major sources of information on family planning appear to be friends and relatives; 45.2% of women indicate that decisions on child bearing are taken either by husband or mother-in-law; 80.7% of females consider that issues related to family planning should be decided jointly by partners.¹

Abortion and Contraception

In 1997 Georgian Parliament adopted the law about health protection. According to Article 140 advertising abortion is prohibited. Abortion after 12 weeks pregnancy is allowed only according to medical and social indications:²

- disability of husband
- death of husband
- imprisonment of woman or her husband
- unemployment of woman or her husband
- injunction about ceasing parents right
- unmarried woman
- divorce during pregnancy
- pregnancy after rape
- homelessness or living in a hostel
- woman with a status of refugee
- having three or more children
- child with disabilities in the family
- income of one member of the family is less than established minimum
- woman's age below 15 or above 45

In 2000, the Ministry of Health of Georgia elaborated draft law (2000, 13 march N30/0 Order) about changes and additions in this article including the above social and medical indications. This draft law did not pass and it is still in Parliament.

One of the main objectives of the 99GERHS (1999 *Georgian Reproductive Health Survey*) was to explore the level of knowledge of family-planning methods and their source of supply among women of reproductive age.

In reference to 10 modern and traditional contraceptive methods respondents were asked, if they had ever heard about each, from whom, if they new to use them and if they new where they could be obtained. The majority of Georgian women (95%) have heard of at least one modern method of contraception and over two-thirds (69%) a traditional method. Awareness of intrauterine devices (IUD) and condoms was very high (93% and 88%, respectively), followed by awareness of pills (67%), periodic abstinence (65%) and withdrawal (50%). Contraceptive Female sterilization (tubal ligation) was known to only

43% of women. The least - known methods were spermicides (12%), vasectomy (11%), and injectables. Awareness of injectable and emergency contraception was the lowest (4%). The health insurance does not cover the cost of contraception.³

Due to poor accessibility of contraceptive information and services, abortion remains the main method of fertility control. Only 16 per cent of abortions in the country are legal because in hospitals women have to pay USD 50 and as they cannot afford it, they have to chose an illegal abortion for USD 20.

More than three-quarters of all abortions fall at women aged 20 to 34. Abortion is again a leading cause of maternal mortality. The rate of post abortion complications is very high – 32% (even after legally performed procedures). The main reasons are: untreated STIs, the lack of post abortion care and postponing a visit to hospital after a complication has already occurred (illegal abortions, which are not induced in the hospitals often cause complications).

The usual method of abortion in Georgia is instrumental - curettage. Medical abortion is not performed. Woman's Center is the first to begin speaking about medical abortion and the necessity of its implementation.

The low level of awareness of reproductive health issues and poor availability of family planning services continues to be a barrier to move from abortion to contraceptive culture. There is also another problem: modern contraception is expensive. That's why women prefer abortion.

Sexuality Education

The harsh social and economic conditions of the country during past years are reflected in deteriorating health and education of children and adolescents. The role of the family in education has declined, the role of school in formation of future generation psychology has been attenuated, and the system of extra-school activities of alternative education and leisure time organization has been disrupted.

The lack of comprehensive and widely available sexuality education for young people is a serious problem. Sex education is not provided at schools on a systematic basis. No attention is given to topics of birth control, contraception and protection from STIs, nor do they promote safer sex practices and equitable gender relations. Teachers of biology frequently do not have adequate training in this field. Manuals present stereotypical attitudes to human sexuality and gender roles.

Only 12.2% of ASTRA Research respondents from Georgia declare that there are sexuality education lessons in their school. Only 16.7% of them know about books related to sexuality issues at school (but 31.7% have read this kind of literature). At the same time only 33.3% of the respondents think that school should have an active role in sexuality education.

Most of them – 55.3% claim, that the best source of information is a doctor/nurse/specialist and when they have a

question/problem related to sexuality issue they usually get information from them (64.6%).

In Georgia there is no sufficient attention given to adolescents' reproductive health needs. There are no specialized services for young people.

The consequence of the lack of proper sex education and access to family planning methods is a high rate of adolescent pregnancies in the country and noted increase in the percentage of adolescent mothers (2004-14,06) which in 2001 was 10,65.⁴

Another alarming consequence of the lack of attention paid to informing young people of safer sex practices is the high prevalence of STIs, including HIV/AIDS, among adolescents. Vulnerability of young people to contracting STIs is heightened due to the increasing number of young people who do not complete secondary education and cannot find employment, and are thus prone to joining special risk groups, such as drug addicts or sex workers. ASTRA Youth Research shows those young respondents from Georgia feel that they need more information on STIs (24.5%), infertility (22.4%) and methods of contraception (18.4%).

The incidence of pregnancy among women under the age of 20 in Georgia has increased over the last 30 years from 28.4% to 47.8%. In 1995 it was reported that 1500 children were born to girls under 15 years, 10 000 to those under 16 years and more than 30 000 to those under 17 years.

Our project "Advocacy of Youth in the Area of Sexual and Reproductive Health and Rights and Creation of Youth Friendly Service", gave us possibility of creation youth-friendly service in "Woman's Center". We are providing hot line and e-mail consultations. We have held a training about SRHR in 4 Universities of Tbilisi. During this training we have chosen 20 students who were continuing work in this issues in their universities. These students are the members of Youth Group, which we created.

According to the information obtained during the training it can be said that nearly 90% of the students have no idea about reproductive Health and Rights, STIs, including HIV/AIDS, contraception and abortion. The work we have done showed that it is necessary to give information to young people.

STIs including HIV/AIDS

It is well documented that STIs significantly increase the risk of HIV/AIDS infection transmission. In Georgia a substantial increase of STIs has been noted. Unfortunately official statistical data in STIs does not provide an actual situation of the disease distribution. Elaboration of the state programme on STIs prevention and treatment greatly contributed to renovation and regulation of the registry system and has significantly decreased the illegal treatment case and drop of the disease curve.⁵ Another explanation is that since 2000, the state programme covers a single injection of medication for syphilis treatment. STIs patients are mainly young people and sex distribution of STIs shows male predominance, except for trichomoniasis, which is more common in women. Distribution of STIs cases by gender shows the following on every 100 patients:

moniasis, which is more common in women. Distribution of STIs cases by gender shows the following on every 100 patients:

- trichomoniasis is in 75% of females and in 25% of males;
- Gonorrhoea is in 78% of males and in 22% of females;
- Syphilis is in 58% males and in 42% of females.

In 2003 in Georgia 912 cases of syphilis, 832 cases of gonorrhoea, 2596 cases of trichomoniasis, 584 cases of chlamydiosis, 3212 cases of candidiasis were registered.⁶

Transition period was very hard for the country. The armed conflict and severe economic conditions caused increased migration. Considerable part of the population left Georgia for education and/or employment. Substantial part of immigrants lives in Ukraine and Russia, the countries, which have, a severe outbreak of HIV/AIDS epidemic. Contributing role of migration on HIV/AIDS spread is evident from epidemiological data: 45% of HIV positive cases registered in Georgia have been infected in Ukraine and Russia.⁷

For today, 541 cases of HIV virus infection were registered at the Georgian Infectious Pathology, AIDS and Clinical Immunology Center, out of which 454 – men, and 87 – women. Majority of patients is 21-40 years old. Of them, 170 patients developed AIDS, and 89 died. Registered 541 cases do not represent the real level of HIV/AIDS distribution in Georgia. By assumption of World Health Organization and local experts, today in Georgia approximately 2500 persons are infected with HIV and have AIDS.⁸

Georgia was one of the countries that immediately after detection of first cases of HIV infection on March 21, 1995 drafted and adopted law on HIV/AIDS prevention.

The government of Georgia and the President recognize the critical epidemiological situation on HIV/AIDS and based on the Presidential Decree No. 587 (article 5, Oct. 8, 1998) on "Enforcement of the process of fight against AIDS and preventive activities". The new draft of the law was revised and adopted by the parliament and was enforced in January 2001.

If we consider the existing economic situation of the country, the current law on HIV/AIDS prevention ensures maximal possible financial assistance to HIV infected individuals.

Law on drug abuse, as well as the absence of the law of prostitution impedes implementation of effective preventive programmes among the high-risk groups. For this reason it is necessary to strengthen the existing legislative base and bring the legislative acts in compliance to each other.¹⁰

Funding for HIV/AIDS prevention and educational programmes come from government, NGOs and international donors. Unfortunately there are no programmes covering treatment of HIV/AIDS patient.

Recommendations

- Develop and enforce legislation to ensure all girls' and women's reproductive rights and access to safe motherhood, sexual and reproductive health information, good quality services, and sexuality education, remove restrictions on access to safe abortion, safe contraception measures.
- Ensure protection of reproductive rights of women in labour laws and standards
- Make laws about protection of reproductive rights visible and easy to use by taking them out from different Georgian Code and uniting in one.

GOVERNMENT:

- Develop policy aimed at increased awareness, skills and resources amongst professionals
- Government must ensure that accurate data on the incidence of violating women's reproductive rights are collected and published yearly.

EDUCATION SECTOR:

- Create special curriculum, such as reproductive health education and communication training,

WOMEN'S NGOS:

- Advocate the government on the development of supportive legislative framework by rising awareness of politicians on the issues violence against women, its economic and health consequences.

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Lithuania

Introduction

There are about 3,5 million people in Lithuania and 8% of the population are 15-19 years old young people¹.

Current legislation of the Republic of Lithuania does not ensure the sufficient realization of sexual and reproductive health and rights of the Lithuanian population, especially of women and young people. There are no Reproductive Health Law, policy and programme in Lithuania, reproductive health is not among health priorities.

Lithuanian legislation makes no provisions with regard to the age of sexual relationship. Legal age for marriage age is 18 years. For the people under 18 years of age the parent's consent or judgment of the court is needed. Abortion: under 16 years of age – performance of abortion needs consent of the parents, foster-parents, guardian or person who actually nurture. Girls aged 16-18 - the consent is desirable, 18 and over – young people decide by themselves.

Sexual and reproductive health and rights issues are very controversially accepted and raise a lot of discussions, as Lithuania is a Catholic country and anti-abortion groups have big influence on decision-makers and society.

In 2005, the United Nations Children's Rights Committee, in its review of Lithuania's compliance with the Children's Rights Convention, highlighted adolescents' lack of access to reproductive health services and information in Lithuania.

Family Planning and Sexual Health Association (FPSHA) and the Center for Reproductive Rights drew the Committee's attention to this issue in a shadow letter that highlighted several concerns, including adolescents' limited access to family planning and affordable modern contraception. The Committee recommended that the Lithuanian government take steps to make reproductive health and sexuality education and counselling available for adolescents.²

The United Nations Human Rights Committee, which monitors state compliance with the International Covenant on Civil and Political Rights (ICCPR), in its concluding observations to Lithuania expressed its "...concern at the high rate of unwanted pregnancies and abortions among young women between the ages of 15 and 19, and the high number of these women contracting HIV/AIDS, with consequent risks to their life and health."³ The Human Rights Committee recommended that Lithuania "...take further measures to help young women avoid unwanted pregnancies and HIV/AIDS, including strengthening its family planning and sex education programmes."⁴ The Human Rights Committee recognized the state obligations in preventing unwanted pregnancies and transmission of HIV/AIDS by placing an obligation on Lithuania to strengthen its sex education programmes.

Since 1998, in order to respond to the needs of SRHR of young people, FPSH have been running 5 youth centres in the five largest Lithuanian cities - Vilnius, Kaunas, Siauliai, Klaipeda, and Panevezys.

In 2002 the sixth youth centre was established in Moletai town. The purpose of youth centres is to promote reproductive and sexual health among adolescents. The services provided by the youth centres include: peer education in local schools and in youth centres, dissemination of information at special promotional events such as AIDS awareness day.

In 2005 the Association in collaboration with Federation for Women and Family Planning implemented the survey on knowledge of SRHR of young people in Lithuania. The results of the survey showed that knowledge of SRHR of young people is very poor. 22,6% of young people responded that HIV/AIDS could be transmitted through kissing; 17% said that the a contraceptive pill protects from a sexually transmitted disease (e.g. Syphilis, HIV/AIDS). 13,2%, stated that- male/female condom is not one of the safest preventive measures against STIs and 73,6% said that chlamydia is not sexually transmitted. 58,5% of respondents told that when they have a question/problem related to sexuality issues they usually get information from friends. The young people also have stereotypical attitude to gender issues. 21,2% of respondents said that the use of contraceptives is only the responsibility of the woman.

Pregnancy and Abortion

Annually about 20 000 abortions are made in Lithuania. The number of abortions on request slightly increased recently in the group of 15 to 19-year-olds. 7% of abortions (about 1400) are performed to women under 19 years of age.⁵ The cost of abortion is about EUR 33 in Lithuania. Birth rate among girls aged 15 to 19 is 22 out of 1000 women in Lithuania. The birth rate among women in the age group under 20 years old was 2628 in 2004.⁶

Lithuania is a Catholic country, and abortion issue is very painful for majority of the society. Anti-abortion groups very often present demographic situation (low birth rate) as a result of induced abortions. There is a fear that contraception and abortion, including medical abortion, would make negative influence on the birth rate.

Women's right to choose abortion is not always understood and well protected by the Government. There is no law, but only the decree of the Minister of Health on procedure of abortion.

An abortion may be performed on request up to 12 weeks of pregnancy or up to 22 weeks of pregnancy on the following grounds: a) risk to the life; b) risk to physical health; c) risk to mental health and d) risk of fetal deformation. An abortion must be performed by a physician in a medical institution. Parental consent is required for minors under the age of 16.⁷

According to ministerial decree abortion is legal, upon request, for all those seeking it aged 16 and older.⁸ However, doctors usually require parental or a guardian's permission before providing abortions for adolescents between the ages of 16 and 18.

Medical abortion is not legal in Lithuania. Therefore women do not have the right to choose it. The most important factor influencing this situation is an active work of the oppositional anti-abortion groups. The main organization of the opposition is anti-abortion organization, but there is an institutional opposition with conserva-

tive officials from the Ministry of Health, the Ministry of Education and Science and the Ministry of Justice. The opposition has strong moral and financial support from the Catholic Church, which has a big influence on the politicians of Lithuania.

Contraception

Current legislation of the Republic of Lithuania makes no provisions with regard to offering contraceptives to young people. Emergency contraception is sold on prescription, but there are no legal restrictions regarding the age.

The use of contraceptives of young people is very low in Lithuania. The survey (RAIT 2005) shows that only about 50 % of 16-24 years old use contraceptives.⁹ Contraceptives, including condoms and contraceptive pills are very expensive for majority of young people.¹⁰ The modern contraceptives cost about EUR 10. Average salary is EUR 319 in Lithuania. There is no compensation for young people for contraception.

Moreover, the lack of knowledge of issues associated with sexual behaviour and contraception also contributes to low use of contraceptives among young people. Young people mostly receive information about contraception from friends, Internet, journals, parents. Only a few schools provide information about contraceptive devices.

STIs including HIV/AIDS

Young people's knowledge about STIs is quite patchy and shallow. The prevalence of STIs (syphilis, gonorrhoea, chlamydeous) among 15-19 years old is 66 cases (0.2 per 1,000 15-19 years old) in 2004.¹¹ In latter years STIs prevalence increased especially among young women. In 2003 it was 0.1 per 1,000 15-19 year old women and in 2004 0.3 per 1,000 15-19 year old women.¹²

The rate of HIV among young people aged 15-25 is increasing from 32 cases in 2003 to 47 cases in 2004.¹³

Sexuality education

Although scientific authorities have already proved the reliable link between better knowledge and safer sexual behavior, the necessity of comprehensive sexuality education is still an issue of discussions in Lithuania. The provision of comprehensive sexuality education has not yet reached the sufficient level. The programme on sexuality education is established in Lithuania. However, the content of sexuality education is still an issue of controversial disagreements. Conservative groups insist on abstinence-only promotion in schools and as Lithuania is a Catholic country abstinence programmes are usually provided in schools.

Issues related to sexual and reproductive health are included in the different subjects mainly in biology, where the focus is on human anatomy. Sexually transmitted infections sometimes are briefly addressed, but usually in a descriptive fashion, not always making clear links between the infections and how they are acquired or prevented. The prevention of unplanned pregnancy with contraception is not discussed.

The teachers lack sufficient knowledge and skills to carry out sexuality education. There is a common opinion of schools that the parents have to provide information on sexual and reproductive health to young people, but they also lack the knowledge and skills to do this.

Sexual and reproductive health care services for young people

The health care system in Lithuania is not susceptible enough to respond to adolescent's sexual and reproductive health care need, thus most of young people do not use these health care services. Young people concerned about their sexual health avoid contacting the physician as they either do not know where to address, do not trust the doctor, do not expect any specific help from him, or they are afraid of doctors.¹⁴ Another reasons why the accessible health care services are frequently unacceptable for the young people are as follows: the lack of privacy and confidentiality, insufficient communicational skills of physician, bureaucratic attitude in the health care institutions and finally the lack of information about the services, offered by the health care institutions.¹⁵ Special

youth-friendly services do not exist in Lithuania.

Sexual minorities

The rights of sexual minorities are not realized and ensured sufficiently. Negative attitudes to sexual minorities are very widespread in society, especially high intolerance exists in semi-urban and rural areas. The survey shows (2005) that 66% of Lithuanian populations do not want homosexual people to live in their neighborhood with. Sexual minorities are very stigmatized and discriminated. The marriage of same-sex persons is not legal in Lithuania. Homosexual persons are often attacked in the public. Untenable fare is grounded by widespread stereotypes, myths and fears. Lithuanian Gay League, a NGO, openly fights for the rights of homosexual people in Lithuania.

Conclusion

Sexual and reproductive health and rights of Lithuanian population, especially of women and young people are not realized sufficiently.

There is a high number of abortions performed to women under 19 years of age. They amount to 7% of abortions (about 1400).

The use of contraceptive devices of young people is very low in Lithuania, only about 50 % of people aged 16-24 use contraceptive means.

Young people's knowledge about STIs is quite patchy and shallow. The prevalence of STIs (syphilis, gonorrhoea, chlamydeous) among 15-19 years old is 66 cases (0.2 per 1,000 15-19 years old) in 2004. The rate of HIV among young people aged 15-25 increased from 32 cases in 2003 to 47 cases in 2004.

The provision of comprehensive sexuality education has not yet reached the sufficient level.

Special youth-friendly services do not exist in Lithuania.

The rights of sexual minorities are not realized and ensured sufficiently either.

FPSHA urge the Lithuanian Government to take measures to improve the sexual reproductive health and rights of young people and better ensure their access to SRH services.

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Macedonia

Introduction

In Macedonia the impact of conflict, poverty, unemployment and the breakdown of societal and cultural norms have resulted in an increase in risk behaviour among young people. Over the past decade traditional structures around sex and marriage have been breaking down, increasing sexual activity outside of marriage. However, in many cases, taboos surrounding the discussion of sexual matters persist.

A recent UNFPA-sponsored situation analysis found that Macedonia's youth often possess incomplete knowledge about STIs and HIV/AIDS and lack the life skills necessary to avoid infection. While young people are, for the most part, aware of condoms as a prevention measure for STI/HIV, they fail to use them on a regular basis. Young people need to be educated about healthy behaviour and attitudes and encouraged to use prevention measures. Existing health and social services are not youth-friendly and young people report that they do not talk to their parents or teachers about sexual health and related issues. As a result, young people obtain information about STI/HIV and pregnancy prevention largely from their peer group and/or older siblings. The response analysis found that media information campaigns have targeted youth with HIV/AIDS information, as has the education system. However, these campaigns are not reaching all young people and in particular may not reach vulnerable youth outside the education system.

The national strategy for HIV/AIDS in Macedonia (2003-2006) therefore contains elements that move beyond providing youth with basic knowledge and strives to strengthen the skills of young people in life skills and negotiation of safe health behaviour. It further recognizes the need for young people to contribute through their active involvement in future STI/HIV prevention programs. These programs will be more effective if they move beyond information dissemination and encourage group norms for safe healthy behaviour.

Good innovative programmes involving young people do exist, although their implementation is often uncoordinated and unsustainable. Youth-friendly services are sporadic, particularly in the area of sexual and reproductive health. Likewise, peer education and life skills education programmes do exist but are not implemented in a systematic manner. Some work has been done by the Ministry of Education (MoE) and other organizations on the development of formal curricula in schools to include education on substance abuse, sex education and condom promotion.

In 2006 there are 0,5 million young people aged 10-24 in Macedonia (23% of the whole population). 15% females and 19% males aged 15-19 were economically active in 2005. 11% of girls and 2% of boys aged 15-19 were ever married. 3% of girls aged 15-19 are giving birth in one year.

Sexuality education

Officially there is no sex education in Macedonian schools and universities. Some sex education programmes for teenagers, adolescents, students and other target groups of the society are usually conducted by non-governmental organizations. The main sources of information about HIV or other STIs are: media, school, family. Only 8% of Astra Youth Research respondents from Macedonia declare that in their school are sexuality education lessons. 14% of them know that they can find books related to sexuality issues in the school library. The most important is that 96% (!) of respondents think that the school should have an active role in sexuality education. All information related to sexuality issues they are getting mostly from friends (60%) or parents/parents in law (56%) but as the best way of getting correct information they are recognizing doctor/nurse/specialist (74%) or organization clinics (54%). Macedonian respondents feel the need to get more information on infertility and genital cancer (48%), breast cancer (40%) and STIs (36%).

Results through Rapid Assessment and Response on HIV/AIDS among Especially Vulnerable Young people, UNICEF, 2002 for target group young people who do not use drugs showed that mean age for first sexual intercourse was 15.3 years, of those who had sex 59.9% "always" used condoms during sex; 49.2% "sometimes" or "never" used condoms during sex. Reasons for not "always" using condoms during sex were: do not like sex with condoms; unaware of the benefits of using condoms; trust in partners.

Young people were well informed about HIV/AIDS, but not as well as about other STIs. Young people did not discuss subjects related to sex, contraception, HIV/AIDS and drugs with their parents. Many would ask their older siblings' or their best friends' advice. Half-truths and misinformation were often created during discussions with peers.

In the preschools and primary schools in the Republic of Macedonia, there is not a subject in syllabus that will treat this problem as a Health Education. Therefore, health knowledge and health information of the youth is poor and inadequate. PEER education is a widely used method for education of young people, not only for HIV/AIDS/STIs prevention but also for every health problem concerning their SRH.

So far H.E.R.A. has trained 48 trainers, 429 peer educators, has conducted 2 trainings of trainers, 28 trainings of peer educators, 4 trainings and educated over 10,000 young people.

H.E.R.A. together with other NGO, and Bureau of Development on Education, the Ministry of Education, through The Global Fund (2005) made interventions in the already existing school curriculum by incorporating SRH into the school program in secondary schools.

481 teachers from preschools and secondary schools coming from each town and villages of Macedonia were trained in order to incorporate SRH into the already existing school programme.

Contraceptives

As the number of factors that place an adolescent at risk increase, they have a negative effect on young people's health and social outcomes, requiring comprehensive strategies to foster resilience. Vulnerable adolescents and young people, who are provided with a supportive and flexible environment, can better access the resources they need to develop their abilities to face life challenges successfully, than the adolescents and young people who are growing up in adverse conditions, such as poverty, with inadequate parental support, and/or social environment that promote alcohol/drug use, unprotected sex and violence.

Although the level of information grows, the results are diverse. The Public health institute gave some results that show 0.8% of the young people aged 15-19 died in 1999 from diseases and health related problems connected with pregnancy and postpartum period. This percentage increased in 2003 to 7.2%.

Teenage pregnancy is a part of the reproductive behaviour among adolescents in Macedonia and in 2004, 7.9 % of all newborns were born from mothers aged below 19 years.

58% of the young people below the age of 18 are sexually active. (16 years)

In the field mapping of services utilized by adolescents and young people carried out to complement the overall. Assessment of the Youth Friendly Service environment in Macedonia, according to female respondents participating in the school survey almost 68,6% of their peers have had sexual intercourse with increasing tendency by age. Contraceptive use is legal, and there is no age limit. On the market and in health/youth clinics the most used and the most available contraceptives are Logest, Diane 35 and Yasmin.

The school-based survey made in 2005 among the high-school students in Macedonia gave very diverse results. The young people valued the access to condoms in Macedonia as very good. Young person can buy a male condom everywhere on the market (female condoms are not available in Macedonia). The problem is that they think they are too expensive for them. As most used contraceptives, the prices are various (various trademarks, various prices) and those prices according to the Macedonian standards and for good quality condoms are EUR 1,25 per 3 condom package. Especially in the past year, the condoms are very accessible for the youth due to the numerous condom promotions where they get condoms for free. It is a pity that the youth has a negative attitude regarding free condoms and have the opinion that those are low quality condoms.

The young people are very well informed about the condoms but lack information on the other contraceptives and "double protection".

As many as 39% of the boys thought that using two condoms would make the sexual intercourse safer. Here are some of the most interesting statements:

- 75% have at least once bought a condom and 63%

bought it on a market and only 31% bought it from a pharmacist; 45% at least once got condoms free; 68% are carrying a condom with them.

- 76% young people tried to use a condom
- Are the condoms expensive? 25% yes; 52% no; 23% don't know.
- 91% think there are enough places where you can buy a condom
- 69% don't think there are enough places where you can get a free condom
- 50% think there are enough places where you can buy a condom at night.
- Only 40% think that the school is an appropriate place for condom slot machine
- Free condoms are of good quality: 69% - no; 9% yes; 22% don't know
- It's embarrassing to buy a condom: 79% no; 16% yes; 5% don't know

The second group of contraceptives used are oral contraceptives (most popular Diane 35, Logest, Yasmin). They can be bought in almost every pharmacy in Macedonia. Prescription is not required for any of the oral contraceptives although it is suggested that the person first visit and be examined by a gynaecologist.

The other contraceptives like IUD and other mechanical, chemical or barrier contraceptives are not much popular because of the unpractical use even though they are accessible. For example, IUD is not recommendable for young girls due to the possible infections.

All the students involved in this study showed very low level of knowledge, regarding contraceptives. Only 5% of both girls and boys used any contraception during their first sexual intercourse and only 11% are using contraception with their last or present partner. Less than 5% ever consulted a doctor about using contraceptives. Here are the results from the study regarding the high-school students:

- Are you well informed about contraceptives: Girls: yes- 49%; I need more information - 41%; not informed - 10%; boys: yes- 41%; I need more information- 50%; not informed at all - 9%;
- Where do you find the most information about contraceptives: parents, friends, school, (TV-radio at most), brochures, NGOs
- Young people have access to oral contraceptives: Agree-47%; don't agree-26%; 27% don't know.
- There are enough places where the young people can get counselling about contraceptives: 40% agree; 30% don't agree; 30% don't know
- When using condom one should use also other contraceptives: 50% Agree; 26% don't agree; 24% don't know
- 50% think that the oral contraception and IUD are very effective, but 90% agreed that the condoms are most effective of all the methods
- 44% boys and 49% girls haven't heard about a day-

after (morning after) pill.

- Where can you find emergency contraception: 55% didn't know where they could find it. 8% think that in Macedonia one can not find a day-after pill; 16% in private clinics; 20% pharmacist; 19% medical clinic
- After six months relationship you don't have to use condoms: Don't agree: boys 62%; girls 65%;
- You have to consult if your condom was damaged during sex: Agree: girls 71%; boys 76%;
- During the first sexual intercourse have you used any contraceptives: 77% condoms; 20% coitus interruptus
- Do you use any contraceptives with your present partner: Girls: yes-65%; 25% sometimes; 10% never; Boys: yes-73%; 20% sometimes; 7% never;
- What kind of contraceptives do you use with your partner: 62% condoms, coitus interrupts 26%; none 17%;
- Have you and your partner ever used day-after (morning-after) pill? Boys - 42% yes; Girls - 9% yes.
- Where did you get it: pharmacist - 57%; medical institution - 28%; other - 21%
- Would you agree to have sex without a condom? Girls - 95% no; boys - 85% no.
- Would you use oral contraceptives for your first sexual intercourse? Girls: No - 43%; yes - 5%; yes with combination with condom - 52%; Boys: No - 27%; yes 10-%; yes with combination with condom - 63%;
- 68% girls and 82% boys don't have intend to visit gynaecologist before their first sexual intercourse,
- 48% Girls prefer to visit private gynaecologist, 26% state medical institutions, 20% youth friendly centre, 4% other, 2% family planning centre

STIs including HIV/AIDS

According to the Macedonian law only reporting of syphilis and gonorrhoea is obligatory. According to the nonofficial information, in this last period Chlamydia, herpes, and HPV were increased especially among young people. The official STI data show a decline in STIs. It is possible, however, that STI prevalence is actually 3 to 4 times higher than the official data. Weak surveillance activities may contribute to this discrepancy (RAR, UNICEF, 2002).

The first reported AIDS case in Macedonia was in 1989, while the first reported HIV case was in 1987. Total number of registered HIV/AIDS cases since December 2005, is 81 (63 AIDS cases, and 18 HIV positive cases), while in January 2006, 2 new HIV/AIDS cases are registered. The age of HIV/AIDS cases ranges from 20 to 39 years. Heterosexual intercourse remains the main mode of HIV transition among adult population in Macedonia.

In Macedonia there are free of charge HIV tests in Health Public Institutions.

Development of VCCT in Macedonia started in 2003 supported by WHO and UNICEF through pilot project

for Development VCCT centres and training for counsellors as well as providing free HIV tests. Counsellors from H.E.R.A. were trained, and from November 2004 till October 2005, 162 pre test counselling were conducted i.e. 147 HIV tests and post test counselling. Stigmatization of PLWHA in Macedonia regarding their social life is enormous.

Epidemiological data show that the dominant way of transmission is heterosexual way among young people as well as young families; which indicates that the young people are the main target. The Republic of Macedonia is a country with low number of reported HIV/AIDS cases. This condition is our big privilege, but on the other way it could lead us to pandemic, therefore we should respond on time.

Abortion

In Macedonia according the law every person aged 18 can have an abortion in either public or private medical institution. Therefore there is no statistic of abortions for youth under 18 years of age. The official data for national abortion rates are not reliable as they refer to the overall population and are not broken down into age groups. Teenage abortion rate is an important indicator of adolescent sexual and reproductive health and lack of this indicator in Macedonia has made reproductive health statistic insufficient. Abortion for pregnant minors is only allowed by parental consent.

In some researches, though we found statistics for youth under the age of 18. They show that: none (0%) of the girls write that they have never had an abortion and 2% of the boys write that their girlfriend have had an abortion. 5% of the girls write that they got pregnant and 4% of the boys write that they got their girls pregnant. Also they think that there are enough places where you can have an abortion: 37% agree; 28% don't agree; 35% don't know and that in case of abortion the medical institutions are discrete: 35% agree; 20% don't agree; 45% don't know.

In target group young people, there were reported stories of unwanted pregnancies and abortions, although the RAR Project was unable to confirm these stories. One possible reason why pregnancies and abortion are kept secret is that according to the law, pregnant students must withdraw from regular schooling. Girls did not visit gynaecologist in order to avoid the embarrassment of "everybody would know that I have had sex".

Legal ages for sex, marriage and abortion

In Macedonia there isn't a law that determines the legal age of having a sex relationship, however a sex relationship between an underage and an adult (over 18) is a crime act. Sex relationship between two under aged persons isn't a crime if they both agree to a sex relationship.

Legal age of marriage is 18 years. In some cases it can be 16 years, if the partners have agreement from their parents or the legal guardian.

56% of Macedonian respondents to ASTRA Youth Research think that the marriage is the ultimate goal of a

relationship between a man and a woman. 34% disagree with this statement. For the most Macedonian respondents it is acceptable for man (86%) and woman (72%) to have sexual relations before marriage.

Sexual minorities

The same-sex orientation in Macedonia is still not regarded as it should be – a natural dimension of human sexuality According to the research that was made for ASTRA, 40% young people think that the sexual relations between same sex is wrong, 40% think that it is right and 20% don't know. Gays and lesbians in Macedonia represent one of the invisible minorities. The current situation makes the support and cooperation between the EU, Council of Europe and the international NGOs on one hand, and the Macedonian Government and home NGOs on the other hand, very important and necessary. They are responsible to make a positive atmosphere of mutual understanding and awareness that people of different sexual orientation exist and live as such "even" in Macedonia.

Until 1996, Macedonia still had a very rigorous Criminal Law regarding male homosexuality. In 1995, the Government of Macedonia was obliged to change the Criminal Law in order to be allowed full membership in Council of Europe. With the new Criminal Law sex between men became legal and in case any person takes away or limits the rights of humans and citizens in this respect he/she shall be punished with imprisonment of three months to three years. The freedom of sexual intercourse between people of the same sex, however, has not been explicitly regulated, neither constitutionally nor by any law specifically. According to the Criminal Law only an adult who commits sexual act upon a child and in a public place can be punished. The legislator does not define explicitly the age of consent between people of same and different sex. The law experts in Macedonia hold the opinion that the legal framework does give an answer, making the age of consent 16 legal for sexual acts between heterosexuals and homosexuals.

Macedonian legislature does not give people of same sex the right to either marriage or to life in legally recognized and registered community. The Family Law explicitly defines marriage as community of life between a man and a woman. The fact that all these changes in the laws came into force because of the pressure imposed by the Council of Europe, the NATO and by the EU, clearly speaks of the will of Macedonian legislators to make efforts to change the laws and attitudes towards people of different sexual orientation. Despite the new Criminal Law, in the reality, the life of homosexuals is the same. Homosexuals in Macedonia live in constant and everyday fear of humiliation, public insult and physical attacks. They live according to the unwritten rule: "Don't ask, don't tell!". The huge influence of stereotypes and homophobia in everyday life is the reason that people of different sexual orientation hide and live "ordinary life." The educational system and the media are doing very little in building up the awareness of people that there also exist people of dif-

ferent sexual orientation – an orientation different from the one of the majority, people with needs and qualities. The difficult economic situation of the past 11 years of democratic life has been the main reason that almost all homosexuals economically depend on their families and life in community. The strong family ties and the economic crises are the two main reasons that homosexuals in Macedonia are scared to start to talk. Fortunately, in Macedonia there is neither any strong antigay movement nor any organization of skinheads or others, so that there has been no registered case of public abuse of and physical attack on homosexuals. Macedonian institutions are also correct in that way that in Macedonia the life of homosexuals is left quiet and “normal.”

The right of sexual orientation is an integral part of the fundamental human rights. However, not talking about sex and sexuality gives no opportunity to the members of marginal groups to expose their sexual orientation. The main reason for this kind of marginalization is the fear from the awareness of the status in the society and the relation among people. Now our legal regulations give freedom to every individual to declare his/her own sexual orientation, but at the same time, they do not offer protection against possible discrimination. We have absence of criminal sanctions of what is known as gay or lesbian behaviour. However, there is no positive legal regulation, which can be used in case of direct protection of these people against insinuations of open or hidden discrimination.

Since 1996, when the criminal act “unnatural debauchery” ceased to exist, there have been no changes in the family-related legislation. People of different sexual orientation, whenever it pleases them, at every age, openly and freely can declare their own sexual preferences. For this kind of statement, they cannot be punished. In addition, same-sex sexual practices are not subject to punishment, except for the case when a person is having sexual intercourse with a child.

In the past few years on independence discussions regarding sexual orientation have become more open and free. Nonetheless, the general population still perceives young MSM or bisexuals as “freaks” or “immoral persons”. These groups of individuals remain heavily stigmatized and discriminated against.

One of the biggest problems that MSM in Macedonia are facing is lack of lubricants.

Recommendations:

- Introduce sex education into the preschool and school curricula
- Promote the concept of responsible parenthood that includes more open communication with children
- Encourage parents to actively participate on school boards and develop sexual health education for their children
- Establish working networks between the Ministry of Education and Science, the various institutions and local NGOs to develop and implement a peer education programs to enhance young people’s self esteem, rise their sexual and reproductive health and rights awareness and decision making skills
- Develop and implement frequent educational campaigns about HIV/AIDS, drugs and contraception
- Develop and implement a condom awareness campaign and monitor the quality and price of condoms

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Poland

Introduction

The Republic of Poland, a country with an area of 312.685 sq km, is situated in the Central Europe. Poland joined NATO in 1999 and the European Union in 2004. With its transformation to a democratic, market-oriented country largely completed, Poland is an increasingly active member of European organizations.

The total population amounts to 38.635 millions with 8,5 millions of youth aged 10-24 that makes 22 percent of the overall number¹. The median age of the population is 36,5². As far as education is concerned, girls secondary school enrollment as percent of boys' one is 95. Girls' participation in secondary education is 102 percent, while boys' accounts for 107³. In year 2005, around 25 percent of young people aged 15-19 were economically active.

Sexuality Education

Sexuality education continues to be a controversial topic. State authorities' policy reflects this sustaining confusion. As far as sexuality education in public schools is concerned, legal regulations remain ambiguous and indefinite. The subject was set up as a part of the school curriculum in 1996 to be withdrawn from it three years later. It has been substituted with 'Preparation for family life'. Not only the educational programme does not conform to a present knowledge on sexuality, but it additionally promotes a traditional model of family. The content of textbooks for a 'Preparation for family life' is full of ideology. They cannot serve as educative tools but as a certain promotion of traditional (that is: catholic) values. Secondary school pupils, for whom the subject is not obligatory but facultative, get misinformed. Furthermore, they are exposed to a gist that conveys stereotypical perception of gender and gender roles.

As far as young people are concerned, a survey indicates certain lacks of ability and data, as well as inexperience. Teenagers aren't well sexually educated. It turns out that almost half of respondents do not know where the fertilization of the ovum actually takes place. Moreover, around 40% state that it is impossible for a girl to become pregnant during menstrual period. Half-truths can have vast consequences. What is more, all pupils didn't recognize syphilis as a STI. More than a half affirmed that chlamydia couldn't be transmitted during sexual intercourse.

Since sexuality education isn't obligatory, many schools simply do not have this subject in offer. A survey confirms that only 60% of the pupils participated in 'Preparation for family life'. School authorities face some problems when searching for innovations in sexuality education's programme. The major difficulties are: deficiency in trained personnel, parents' disapproval and finances.

'Preparation for family life' elaborates on the following issues:⁴

1) Sex

As far as textbooks for 'Preparation for family life' are concerned, sex actually equals procreation and is admissible only in marriage. Pre-marital intercourses are strongly criticized. That is an example of rather wishful thinking, that by no means sticks to the reality. Equalizing the moment of sexual initiation with the moment of getting married is a pure abuse of competence and does not coincide with the statistics about the age of sexual initiation, that permanently decrease (mean for girls-18,39; mean for boys- 17,53⁵). Moreover, statistics recorded a major drop in plans to legalize intimate relations among young people. A mean age of getting married for women is 24,2; for men 26,5. Thus the statistics confirm, that in most cases, sexual initiation takes place before marriage. That makes a requirement for sexual education absolutely crucial. A majority of young people (68%) aged 15-19 declares that

they wish they had a comprehensive knowledge on sexuality that preferably would be gained at school. Moreover, 80% of respondents claimed that sexual education should be realized on the elementary school level ⁶.

2) Contraception and abortion

Textbooks provide pupils with distinction between natural methods of family planning and modern contraception. Unfortunately, presented dichotomy isn't free of valuation in terms of morality and ethics. Teenagers are encouraged to comply with methods, that from scientific point of view aren't really considered to be effective way of preventing pregnancy, namely calendar based method and withdrawal. Modern methods are described as harmful, unwholesome and promiscuous, which is consistent with the Catholic Church standpoint. Pupils learn that using condoms or hormonal pills is actually a 'denial of true love'. Furthermore, restraining from sexual intercourse guarantees moral superiority and self-mastery. Besides, contraception results in decrease in sexual satisfaction and appears to be corrosive for a relationship as a whole.

Elaborations on abortion resemble anti-choice discourse of presenting the issue. Students are provided with suggestions that abortion equals killing babies, which is definitely morally wrong.

3) Masturbation

Masturbation is regarded as something abnormal and anomalous, a problem of adolescence that has to be resolved as soon as possible. The most emphasized issue is to how to get rid of this shameful habit.

'There is still a shadow of a doubt, on whether masturbation causes barrenness, handicap and other impairments' (from textbook for 'Preparation for family life' recommended by the Ministry of Education and Sport)

This kind of training affects teenagers' perception of masturbation. In the survey, 8% of the respondents assumed that masturbation is an example of risky behaviour.

4) Homosexuality

In the same way, homosexual orientation is described as a deviation that sometimes emerges during adolescence. Young people are persuaded to suppress this abnormal urges and inclinations.

All in all, the instances of sexuality educational programme in Poland prove to be unprofessional, unreliable and biased. 'Preparation for family life' by no means matches young people's expectations. Not only are adolescents repeatedly misinformed, but also potentially indoctrinated. There is a deal of evidence that 'Preparation for family life' changes teenagers' attitudes towards contraceptives. Research recorded that after these classes, there is a decrease in an inclination to use condom as a method of preventing both, STI's and pregnancy ⁷.

Contraceptives

Recently, no complex research on the usage of contraception has been conducted. In case of not having up-to-date data available, we can only refer to the survey

that has been carried out in 2001⁸. Research indicates that about 30% of respondents aged 15-49 didn't use any means of preventing pregnancy. Twenty percent declared they used methods, that aren't actually acknowledged as contraception itself, namely calendar based method and withdrawal. As far as modern contraception is concerned, condom appeared to be most commonly used (20%). The hormonal oral method is practiced only by 10 percent of the respondents. Nevertheless, education and age seem to be factors that differentiated the subjects. The higher level of education and the younger the person is, the more frequently and commonly she or he makes use of contraception.

A fear of becoming pregnant is common among young women (75,6% admit they felt anxious ⁹). In addition, a poll carried out by Durex (respondents aged 16-24) suggests that fear of becoming pregnant has a negative impact on Polish girls' well being in general ¹⁰. Anxiety impinges on the quality of their lives and intimate relations remarkably.

Obstacles in access to contraceptives

The rate of usage of modern contraception is relatively low. What does restrain young people from using methods of preventing pregnancy? Apparently, neither sexual abstinence, nor a wish to have a child. A survey ¹¹ indicates that 36% of respondents are simply ashamed when asking for contraceptives in drugstores. Another 28% pinpointed anxiety of experiencing any kinds of side effects of hormonal treatment as a discouraging factor. Furthermore, many of respondents (22,3%) claimed they had no proper knowledge on how to use contraceptives and what kinds of methods are available on market and most appropriate for them. The prices of contraceptives seem also to play a significant role (hindrance for 9% of respondents). Thus there are certain obstacles in access to contraception in Poland. The usage of modern methods of contraception is limited due to various factors, as follows:

1) Prices

The Poles strongly associate the prices of contraceptives with their accessibility ¹². Thus it suggests that even part-refund plays a key role in improving the ease of usage. Contraceptives, above all hormonal pills, are relatively expensive, especially for young people, who very often simply cannot afford them. Taking unemployment, which is a vast problem in Poland (around 18,3% of the society in 2005, that is the highest rate of joblessness in Europe) into consideration, it appears obvious, that hormonal contraception remains out of reach for a vast majority of people. A problem of poverty is vivid in rural areas, where the rates of usage of modern contraception are particularly low.

The prices of hormonal contraceptives are high due to the matters of law. A blister costs around 26-39 zloty (approximately EUR 10). Hormonal pills aren't considered to be essential medicines that are listed in medical register. Thus there is no legal basis to make them refunded. Only four types of hormonal pills, that besides prevent-

ing pregnancy are considered to have curative features, which constitutes them being regarded as essential medicines are subsidized by the state budget. Yet they do not conform to modern medical standards.

The cost of condoms is about EUR 3. This is very expensive, especially for youths - if we take the pocket money they get into consideration. Indeed, it is thrilling, that young people very often simply can't afford condoms.

During sexual initiation, 22,3 percent of young people didn't use any method of contraception. Another 22,3 percent chose withdrawal.¹³

2) *National Health Service*

Hormonal oral contraceptives are available only on prescription. Nonetheless, medical professionals often do refuse to subscribe them, especially if young women ask for them. Unfortunately, their common practice is discouraging youth from using contraceptives. Instead of sticking to a neutral, professional attitude towards reproductive health, they have a tendency to moralize and by these means, doctors exceed their powers. Thereby they express their incompetence as medical care representatives. This phenomenon is strongly connected with the role Catholic Church plays in shaping society's ethics and standpoints. The usage of contraception is explicitly condemned. Furthermore, Catholic doctrine strongly influences state authorities' official standpoint and reinforces their pro-family policy. Many physicians promote this perspective by calling youths for restraining from sexual intercourse, instead of preventing pregnancies. A peculiar element of pro-catholic propaganda is highlighting a possibility of side effects of hormonal oral contraceptives. Repeatedly, some physicians express their reluctance to prescribe pills by referring to a conscience clause and young women have to seek for a professional treatment in private clinics, that makes their expenses even higher.

3) *The lack of youth friendly contraception and family planning counseling services*

The lack of counseling services remains a significant problem in Poland, which is in stark contrast with youths' requirements. In survey, 40% of respondents declared they felt they needed more information on methods of contraception. State authorities permanently ignore their right for comprehensive and professional counseling service. It goes without saying, that adolescents engage in pre-marital sexual intercourses. The survey indicates that a vast majority of respondents (90%) do not associate sex with reproduction. Moreover, young people agree that it is acceptable for both sexes to have sexual relations before marriage. Additionally, the respondents believe that contraception isn't only a responsibility of the women. These declarations shed some light on the life style young people prefer. Contraception appears to be a very important issue. The lack of access to professional counseling results in pregnancies among young girls. In 2001, 7% out of all childbirths were parturitions of adolescent females- 349 of girls under 15 years old gave a birth to a child while in the age group of 15-19, the number of born babies was 25.777.¹⁴

As far as emergency contraception is concerned, there is only one kind of after-pill available, namely Postinor Duo. However, doctors are rarely familiar with this method of preventing unwanted pregnancy and demonstrate reluctance to prescribe it. In order to get Postinor Duo, young women have to see gynecologist in a private clinic. Unfortunately, those visits are relatively expensive (around EUR 20). As a consequence, for most girls access to emergency contraception is limited.

Sterilization remains illegal for both women and men. This method of preventing pregnancy is not recognized as a prospective way of family planning. The letter of law remains unambiguous in this matter. Breaking the law is sanctioned with custodial sentence: from one to ten years of imprisonment. Social attitudes towards sterilization are miscellaneous. A survey indicates that about 44% of the respondents found present legal regulations most appropriate and righteous (33% declared that sterilization shall be accessible)¹⁵. It seems peculiar that the negative standpoint concerning sterilization predominated among older people. Teenagers presented more positive and moderate attitudes towards this method of contraception.

Abortion

The current legal status of abortion in Poland is attached to the issue of 'The Act of family planning, protection of human fetus and conditions of admissibility of termination of pregnancy' in 1993. Basically, abortion is legal under three circumstances. Firstly, when there is a serious threat to women's health or life; secondly, when there is an evidence of the damage of the fetus and finally when the pregnancy is a result of criminal act (rape or incest). In 1998 Parliament withdraw the possibility of termination of pregnancy on social grounds. Thus abortion law has to be recognized as a restrictive one. In case of breaking the statute, women do not experience legal liability, contrary to an abortionist, whose transgression of the law is punishable. Law bans usage of RU-486.

In case of abortion, law requires written and express consent of the women. When a girl is less than thirteen years old, statutory representative has to sign permission. If she is older than that, her signature is also essential. However, the under-age females face extreme problems in gaining access to abortion. Illegal abortion is accessible in so-called 'abortion underground' (advertisements of doctors performing illegal abortion can be found in any larger newspaper) but costs more than an average wage and much more than a minimum wage earned by many women. However, even in the underground, doctors present reluctance to perform abortion to under-age girls.

Medical professionals have a right to refuse a termination of pregnancy in every case on the grounds of conscience, what they actually commonly do.

Statistics

There has been no complex research conducted on the issue. Only those abortions that were made in public hospitals are registered. There is no record of terminations of pregnancies in private clinics. However women have

a right to a free of charge procedure (under three legal circumstances), their common practice is to seek medical care in private surgeries. In public hospitals women are especially vulnerable to humiliation and ignorance.

Statistics that are available indicate a permanent decrease in rates of abortion per year. In 2004, there have been 193 terminations of pregnancy. Three of them were made because of women being raped. In 128 cases, the foetus was impaired. The remaining 62 abortions were made due to a serious peril of challenging women's health or life. In comparison, in 1997 (a year when the act was liberalized allowing for abortion on social grounds) the number of terminations amounted to 3047.

At the same time, we observe a significant decline of birth rate and the increasing number of miscarriages. Taking aforementioned characteristics into consideration, all it proves the development of abortion underground. Moreover, decreasing rate of abortions on account of women's health confirms that women face a great deal of difficulties when enforcing their rights. The major obstacle is doctors' reluctance, demonstrated explicitly by references to conscience clause.

The correlation between birth rates and numbers of legal abortions shed some light on how many terminations actually took place. NGO's evaluate, that in Poland a number of illegal abortions ranges from 80,000 to 190,000¹⁶.

A majority of population reveals pro-choice attitudes and calls for the liberalization of the current, restrictive law. For 10% of respondents, termination of pregnancy is unacceptable at all. 42% percent find abortion admissible but with certain limitations, while 13% find it tolerable with no restrictions.¹⁷

STIs including HIV/AIDS

Statistics

There is a lack of reliable statistics concerning STIs. Though, as far as HIV/AIDS is concerned, Poland is not recognized as being at the forefront of the epidemic, contrary to its eastern neighbours, particularly the Russian Federation and Ukraine. Nevertheless, there is a peril that the rate of new infections would eventually increase. The first HIV infection was registered in 1985 and the first AIDS case was diagnosed one year later. At the moment, a number of people officially registered with HIV/AIDS resembles Western European trends. The rate of infected individuals amounts to 10.034, with 1,757 patients diagnosed with AIDS. As by now, 812 people died due to AIDS. However, the estimated number is at the level of 20.000. 5,318 instances of transmission were results of usage of intravenous drugs. The age of HIV-positive persons ranges from 13 to 59 years. Statistics indicate that 10% of infected people are below the age of 20¹⁸. Homosexuals aren't recognized as a risky group any more. In the first half of 2003, transmissions through heterosexual contacts made up 73% of all infections.

Prevention

Currently, there is an informative campaign in Poland that deals with prevention of HIV/AIDS. It is called

'ABC of prevention' and consists of billboards and spots on TV. As the slogan suggests, three methods of avoidance of infection are proclaimed: sexual abstinence, fidelity and condom protection. At the top of this hierarchy we have sexual abstinence that seems a bit ludicrous, if we take into consideration that indeed restraining from sexual intercourse is not acknowledged as a method of prevention. Nevertheless, as far as knowledge on sexuality among young people is concerned, the awareness and comprehension of HIV/AIDS problem seem to be on satisfactory level. In the survey, the respondents (around 95%) indicated risky behaviours correctly. They also recognized accurately the methods of prevention. However, theory does not necessarily correspond with the way young people behave in real-life situations. Apparently, teenagers do not take into account that the HIV/AIDS problem can eventually concern their selves directly. In other words, they assume that others are more vulnerable to infections. A study conducted in 1998 confirms this phenomenon¹⁹. Almost all subjects (90%) aged 15-19 pronounced that their friends should care more about HIV/AIDS prevention. At the same time, only 7,5% of the respondents ever considered doing diagnostic test themselves.

Legal age for sex, marriage and abortion

The suffrage is acquired the moment the lawful age is reached, which is set out to be 18 years. Engaging in sexual intercourse with a person under 15 years old is a punishable act in the letter of law. The lawful age for getting married differs for both sexes- it is 16 for girls and 18 for boys. The legal age of abortion without parental consent is 18.

Sexual minorities

Statistically, it is estimated that around 10 percent of the society exhibit a homosexual orientation. However, according to NGO's assessments only 3 to 5 percent might do the coming out. It indicates that in Poland lives at least two millions of gays and lesbians²⁰.

The Polish law appears to not take this fact into account. The common practice in Poland is ignorance of homosexuality in the contents of legal acts. The most burning issue is the fact, that same-sex partnerships (concubinages) aren't still registered. Present ultra right wing government presents extreme reluctance to take up this problem. The official homophobic standpoint of the mayor of the country, as well as homophobia clearly represented by the leading political party are becoming more and more alarming. There are cases in Poland of banning gay demonstrations, which is not only a pure violation of the freedom of assembly but also a denial of human rights. The speech of hatred combined with homophobic discourse is noticeable in Catholic Church statements, but also some prominent politicians' remarks.

Social attitudes towards sexual minorities are also alarming. More than a half of the society is against the legalization of the same-sex marriages.²¹ However, the age of the respondents plays a key role here. Young people

(aged 18-24) present more tolerant and positive attitudes towards homosexuality. Every other representative of this age group accepts same-sex partnerships. In contrast, elder people exhibit more prejudices - only twelve percent stands for the legalization. As far as a right to adoption for same-sex partners is concerned, 84% of Poles says no. Contrary opinion is expressed by 8% of the society.²²

Above presented data indicates that the degree of persecution of sexual minorities is high in Poland. In 2001, about 14 percent of LGBT people experienced physical violence. What is even more upsetting is that 74,5 percent of those cases of physical aggression wasn't recorded by the police²³. It illustrates that homosexuals do not trust the organs of security and raises questions over the efficiency of the work of the police. The number of people experiencing psychological violence (verbal attack, threats, blackmail) is even bigger - 35%.

No significant discrimination has been noticed at the labour market, nor in the workplace. However, most of the LGBT people simply conceal their sexual orientation from employers and coworkers. They are more likely to come out to their friends (85%) and families (61,45%).²⁴

Conclusion

As far as SRHR in Poland are concerned, we can conclude that neither state authorities, nor medical professionals pay enough attention to the issue. The negligence combined with ignorance of sexuality as a part of humans' life may be partly assigned to the role Catholic Church plays in the Republic of Poland. One of the most burning problems is the lack of sexuality education in school curriculum, which has vast consequences. Young people present rather poor comprehension of knowledge related to the sexual life and risky behaviours. Youth are also not really aware of how to protect themselves against unwanted pregnancy and especially STI's. Thus they experi-

ence such negative emotions as lack of control of their sexuality, helplessness, fear and incompetence.

Moreover, adolescents face inadequate and limited access to information, counselling and services. Usually, parental consent is required for access to health services, including prescription of hormonal contraceptives. Further, the high price of pills is definitely more prohibitive for younger members of population, who may be without financial resources of their own.

The most harmful problem in Poland is a denial of women's right to choice. Since abortion is prohibited, many girls and women are forced to perform it in the 'abortion underground' and very often they risk their health and lives.

Recommendations:

- To promote youth participation and youth-adult partnership on every level of policy-making
- To create comprehensive sexuality educational programme, implement it in school curriculum and make compulsory for the pupils aged 12 years and above
- To ensure that young people have access to youth-friendly information, counselling and health services with the respect of their right to privacy and equality
- To refund modern methods of contraception to increase their accessibility to the younger members of population
- To legalize sterilization as a method of family planning
- To guarantee the right to legal and safe abortion
- To eliminate any forms of discrimination on the basis of age, gender and sexual orientation

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Serbia and Montenegro

Introduction

Serbia and Montenegro is a transition country that has around 10 million inhabitants. In 2006 there are 2,2 million young people aged 10-24 in Serbia and Montenegro (21% of the whole population). 18% females and 23% males aged 15-19 were economically active in 2005. 3% of girls aged 15-19 are giving birth in one year (information from The World Youth 2006 Data Sheet, <http://www.prb.org/pdf06/WorldsYouth2006DataSheet.pdf>). For women average age of first marriage is 24 and of bearing first child - 26.

Marriage rates for young women decreased during the 1990s, falling from 62 marriages per 1000 women aged 16-24 in 1990 to 32 in 1998, and divorce rates increased with the highest rates among women aged 20-30 and men aged 20-35. The legal age of consent for marriage is 18, or 16 (but the consent of parents is required).

In last ten years due to very hard political situation young people didn't have proper education in the field of sexual and reproductive health and rights. There were no youth friendly services, sexual education in school curriculum, information about new contraceptives, contraceptives were not

Awareness

Research by the Institutes of Public Health (IPH) in Serbia and Montenegro shows that two thirds of boys and almost one third of girls have had sexual relations before the age of 16. The average age for first sexual experience is 15 for boys and 16 for girls. Fear of pregnancy and HIV/AIDS are the most common reasons for delaying sexual initiation. The legal marriage age is 18, or 16 with parental consent. The average age of first marriage for women is 26 and for bearing first child - 28 (Cucic et al, 2000).

Most secondary school students in Serbia believe they have a "good" level of knowledge about safe sex and contraception, yet of sexually active teens, one-third fail to use protection and among sexually active University students half do not use condom regularly. Condoms are expensive, often of poor quality. The main source of information for young people is television, followed by newspapers and friends. School doctors and medical experts rate poorly as a source of information. Friends are the main source of information on reproductive health for female university students and the University Students' Polyclinic is increasing peer education to improve access to information.

Respondents of the ASTRA Youth Research feel that they need more information on: sexually transmitted infections (51%), infertility (51%), genital cancer - 49% and methods of contraception (43,1%). Most of them - 90,2% think that school should play an active role in sexuality education but only 9,8% declare that there are sexuality education lessons in their school - 15,7% of them know that there are books related to sexuality issues in the school library. 36,6% have read such kind of books. When they have a question/problem related to sexuality issues they usually get information from friends (78,4%) or sexual partner (58,8%), but only 17,6% think that this is a good way to get reliable information. As the most respected source of information on the sexuality issue respondents from Serbia and Montenegro recognize medical staff (84,3%) or organizations/clinics (70,6%). Only 30% of the respondents think that the media have influences on their beliefs and behaviour, 28% do not have opinion about the issue.

Gynaecologists who worked in Students' Polyclinic made their intern research in 2004 and they noted that young girls: engage in sexual relations at an earlier age; have low

levels of knowledge of sexuality and reproduction; and do not use reliable methods of contraception – more than half use coitus interruptus. Of those who become pregnant, about two thirds have an abortion and one third becomes adolescent mothers.

Data show that 40 % of young girls aged 15-25 have never visited a gynaecologist, and of those who have, only 4 % requested contraception (UNICEF, 2000). This indicates a large number of girls and young women with unplanned and unwanted pregnancies who need earlier access to sexual and reproductive health education and care. Condoms are the most popular method of contraception (excluding natural methods), but as it has already been mentioned, they are not used regularly.

Sexuality education

Although the above data show that the situation has not been very good for the last few years it can be remarked that some positive changes have been made. There are some governmental programmes targeted at young generation. Currently there is a pilot programme (sexuality education classes) going on in primary schools. Also, they support different NGOs that deal with youth problems. One of them, Yugoslav Youth Information Centre, opened last year youth friendly service within public health institution. Young people can come there for the gynaecological examinations, advice, and different workshops... They can do that totally anonymously even without any document.

It is a situation where young people have a chance to express their opinions, improve their knowledge and be enabled to take care of their own sexual and reproductive health as they are expected to take on increasing amounts of responsibilities as they mature.

With the purpose of raising the levels of knowledge and consequentially awareness of SRHR among youth in Serbia there is a need for cooperation between governments, NGOs young people, the elders...

One of NGOs, Youth of JAZAS (Youth Yugoslav Association against AIDS) is the best example of successful cooperation on different levels. They have been existing for twelve years and they have big influence on youth awareness. They succeed to reach schools, medias and different politicians with the purpose of systematically dealing with youth issues.

They have made big steps to healthier society, but it is not enough. Because of that, last year the organization that consists of several NGOs was formed (among them Youth of JAZAS and YYIC) that work on introducing sexuality education into school curriculum. It should also be noted that in 2004 the Ministry for Sport and Youth ceased to exist.

Because of all that we all have to work, to organize different actions, such as: trainings for young population, vulnerable and marginalized groups, different social and mass youth events, advocacy and prevention campaign, publishing material about SRHR and discrimination... Only in that way we can hope that we will be closer to

reaching our aim.

Contraceptives

Certain kinds of contraceptives, which are on the positive list can be purchased at public pharmacies free of charge on prescription provided e.g. at the gynaecology departments of the newly established Reproductive Health Counselling Centers for young people at the Student Polyclinic. Although all the Public Health Centres are obliged by law to have their own counselling centre, only two of them (Student Polyclinic and Public Health Centre - Vozdovac) are well organized and young people can get advice or free contraceptives. Without prescription or in private pharmacies, hormonal contraceptives can be purchased for EUR 5-6 for Logest. Emergency contraception (EC) is available at the Reproductive Health Counselling Centres for young people and the Institute for Mother and Child Health free of charge. Outside Belgrade, EC is not generally available.

Among university students in Serbia, 60 % are reported to be sexually active and more than a half of them do not use a condom regularly, although they are considered to know a lot about safe sex. It is interesting to note that young teenagers are more likely than older youths to use condoms. However, it has been reported that regular condom use is increasing. Recent data from the University Students' Polyclinic show an increase in condom use from 29% to 62% over the past few years. A venereologist (Dr Bjekic) also noted that young people were more likely to use condoms than before.

Among school children in Serbia aged 11, 13 and 15, 13% are sexually active and one third of them do not use condoms regularly. For the age group 15-19 year-olds, 11% of girls and 27% of boys are sexually active; and 43% of girls and 20% of boys never use protection. There is a notable gender gap in reported use of condoms and it may be that young girls, for a variety of reasons, feel unable to request or require protected sex. About 42% of the ASTRA Youth Research respondents from Serbia and Montenegro think that there is no possibility to become pregnant if a girl has a sexual intercourse during her menstruation.

Legal age for sex, abortion and marriage

Marriage rates for young women decreased during the 1990's, falling from 62 marriages per 1000 women aged 16-24 in 1990 to 32 in 1998, and divorce rates increased with the highest rates among women aged 20-30 and men aged 20-35. The legal age of consent for marriages is 18 or 16 (but the consent of parents is required).

Pregnancy and Abortion

In 1996 women aged 15-45 had 66 abortions for every 100 live births, (UNICEF, 2001) and there were 21 abortions for every 100 live births in adolescent girls. Other data estimate the figure at 150-200 terminations of pregnancy per 100 live births (Institute for Mother and Child Health Care, 2001). A study in 2001 showed that 5% of adolescent girls in Serbia had been pregnant at least once, and of these, 3.9% had an abortion. 11% of adolescents inter-

viewed by the Institute for Mother and Child Health Care said that abortion was accompanied by emotional stress and depression (UNFPA, n.d.). Abortions are available on request up to 10 weeks after conception, with parental consent required for girls under the age of 16 (Government of Serbia, 2006). It is likely that these numbers are underreported due to an increase in private abortion services which do not register the procedure with the MoH. Of young women aged 15-24, 40% report they have been pregnant at least once: one in five of them have terminated a pregnancy one or more times (UNICEF, BNG, 2002). The University Students' Polyclinic has noted a recent trend in the number of young women deciding to proceed with the pregnancy and continue their studies.

STIs including HIV/AIDS

The epidemiological data reveals a low registered incidence of gonorrhoea and syphilis in Serbia, but an increase in other STIs over the last three years.

Far more common than HIV among youth is other STI. One in every 20 adolescents contracts a STI every year. The increase in chlamydia infection is noticed, although this was often not reported due to the lack of diagnostic equipment in some centres. (Institute for Mother and Child Health Care, 2000).

All gynaecologists and the venereologist interviewed noted an increase in chlamydia infection, although this was often not reported due to the lack of diagnostic equipment in some centres. No facilities for testing are available at PHCs – suspected cases need to be referred to an institution centre where testing is available – the cost is high (30 Euro). Very few specialised public institutions are providing this test. Gonorrhoea rates in women are highest in the age group of 20-29, then in the age group of 15-19. The rates are highest amongst students and “supported” groups such as housewives (data from the City Institute for Dermatology and Venereology, July 2002). STIs are treated free of charge at PHCs.

The main mode of transmission of STIs in FRY/Serbia appears to be heterosexual, however reporting is not consistent. There are reports of male-to-male and bisexual transmission. Homosexuality is severely stigmatised and this mode of transmission appears to be under-reported. The reported increase in STIs appears to indicate an increase in risky sexual behaviour, which increases susceptibility to HIV infection. There is little information regarding the sexual networking patterns of high-risk groups, especially IDUs, and bridges of infection into the general population (UNICEF/CIDA, 2002).

According to the data of 31.01.2006, Serbia reported 2.029 cases of HIV but it is estimated to be around 20.000 HIV positive people and from that number, 80% are from Belgrade, the capital city (PHC 2006). In the past the highest rate of prevalence was between IDUs and homosexual people, but we can notice that the percentage of heterosexual is raising. Discrimination of people living with HIV/AIDS is very high and it causes that people don't get tested and it is getting worse.

Over the past seven years, HIV/AIDS awareness and

prevention campaigns have been run in Serbia. Despite these efforts, knowledge of HIV infection is low, especially among young people. One in four young people aged 9 to 18 says they have no real information about HIV/AIDS.

Sexual minorities

Serbia during transition is faced with the problem of stigma and discrimination. It especially affects homosexual people. Although homosexuality has not been a crime since 1994, there are still very strong prejudices within the society. New Criminal Law of Serbia, brought in January 2006, doesn't make differences between homosexual and heterosexual individuals. It provides for the same legal age for sexual intercourse. It is fourteen. Until the enforcement of the New Law raping of man hasn't been ever mentioned. Although our legal system is now completely on the level of other developed European countries, there is a need for some time to pass for changing discriminative thoughts, because we can't solve it only on legal basis but also by the whole public involvement.

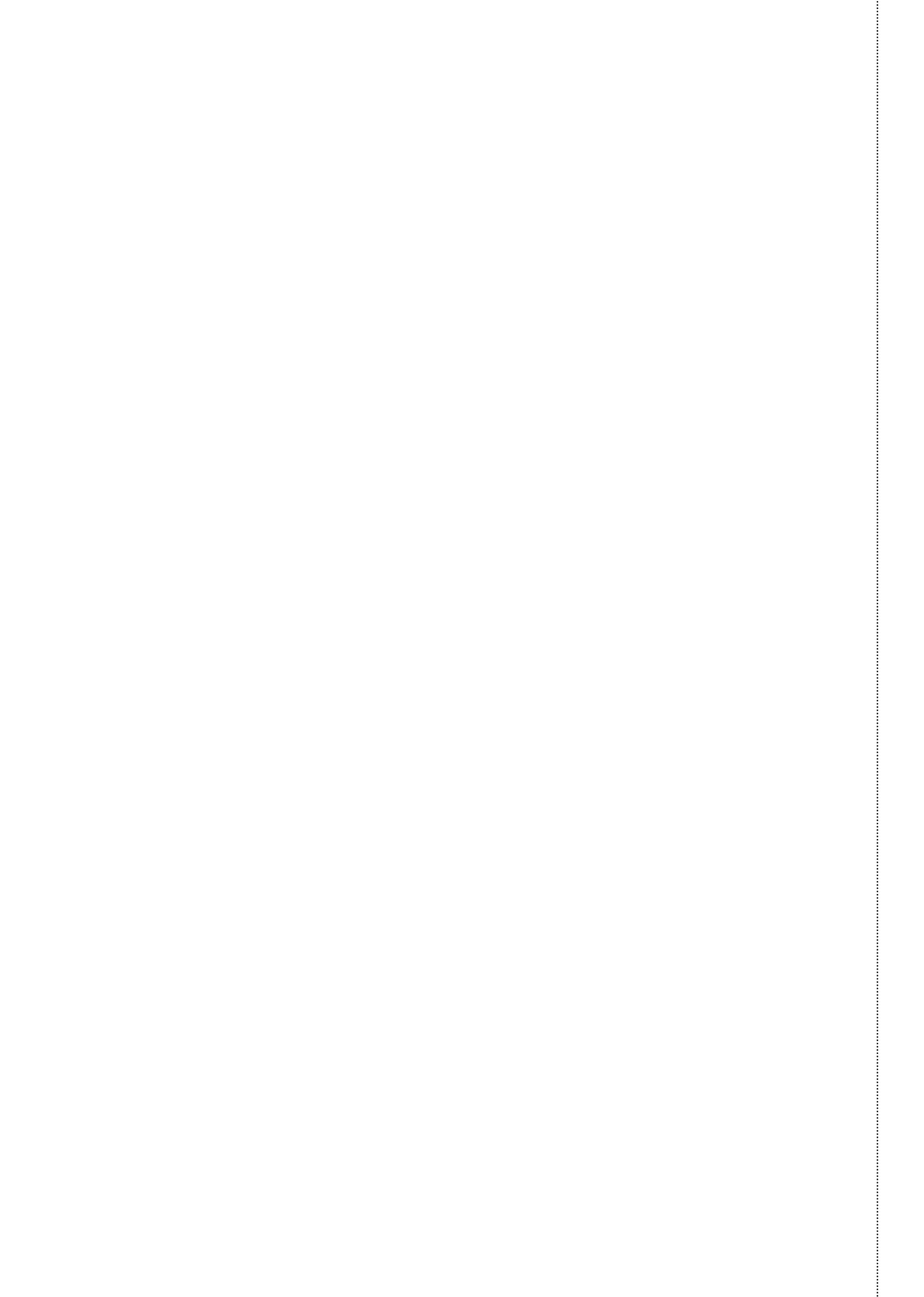
Conclusion

We wish to make young people aware of their sexual and reproductive rights, to make them know about their sexual and reproductive health and to empower them to make informed choices regarding it and be able to act on them; this will help their social cohesion and active participation in their communities. They will be able to claim their rights, not only reproductive but more widely, as members of this society.

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Youth of JAZAS





Appendix 1: Research results

Knowledge on sexual and reproductive health

The fertilization of the ovum takes place in the:

	%	Uterus	Fallopian tubes	Do not know
Armenia:		39,2	27,5	33,3
Bulgaria:		42,6	55,6	1,9
Cyprus:		46	38	16
Georgia:		4,1	89,8	6,1
Lithuania:		15,7	54,9	29,4
Macedonia:		89,6	4,2	6,3
Poland:		46,8	48,9	4,3
Serbia and Montenegro:		56,9	35,3	7,8
Slovakia:		70	28	2
General:		45,5	42,6	12

Circle the ways of transmission of HIV/AIDS

	%	Hugging or shaking hands	Male-female sexual contact	Mosquitoes	Kissing	Tears	Using intravenous injection	Using intravenous drugs
Armenia:		7,8	96,1	27,5	25,5	3,9	84,3	64,7
Bulgaria:		0	96,3	20,4	24,1	0	90,7	11,1
Cyprus:		0	100	24	4	4	93,8	81,3
Georgia:		2	95,9	2	2	4,1	51	53,1
Lithuania:		1,9	100	20,8	22,6	3,8	47,2	71,7
Macedonia:		0	98	10	0	2	50	60
Poland:		0	94	4	14	8	88	98
Serbia and Montenegro:		0	100	0	7,8	2	78,4	98
Slovakia:		0	94	6	8	2	74	56
General:		1,3	97,2	12,9	12,2	3,3	72,3	65

You can not know if a person if he/she has a sexually transmitted disease, from his/her appearance.

	%	right	wrong	do not know
Armenia:		45,1	35,3	19,6
Bulgaria:		64,2	5,7	30,2
Cyprus:		90	8	2
Georgia:		42,6	25,5	31,9
Lithuania:		60,4	34	5,7
Macedonia:		71,7	21,7	6,5
Poland:		74	18	8
Serbia and Montenegro:		92,2	5,9	2
Slovakia:		92	6	2
General:		70,3	17,7	12

The contraceptive pill does not protect you from a sexually transmitted disease (e.g. Syphilis, HIV/AIDS).

	%	Right	Wrong	Do not know
Armenia:		66,7	19,6	13,7
Bulgaria:		67,9	18,9	13,2
Cyprus:		86	8	6
Georgia:		57,1	34,7	8,2
Lithuania:		71,7	17	11,3
Macedonia:		58,7	28,3	13
Poland:		90	6	4
Serbia and Montenegro:		94,1	3,9	2
Slovakia:		90	8	2
General:		75,9	15,9	8,2

The male/female condom is one of the safest preventitive measures against STIs.

	%	Right	Wrong	Do not know
Armenia:		78,4	5,9	15,7
Bulgaria:		90,7	1,9	7,4
Cyprus:		90	2	8
Georgia:		59,6	17	23,4
Lithuania:		77,4	13,2	9,4
Macedonia:		98	0	2
Poland:		84	12	4
Serbia and Montenegro:		94,1	5,9	0
Slovakia:		78	12	10
General:		83,6	7,7	8,8

It is possible to become pregnant during the first sexual intercourse.

	%	Right	Wrong	Do not know
Armenia:		92,2	5,9	2
Bulgaria:		72,2	5,6	22,2
Cyprus:		94	4	2
Georgia:		85,7	4,1	10,2
Lithuania:		86,8	9,4	3,8
Macedonia:		88	4	8
Poland:		94	4	2
Serbia and Montenegro:		92,2	3,9	3,9
Slovakia:		94	0	6
General:		88,6	4,6	6,8

It is possible to become pregnant if the sexual intercourse take place during menstrual period.

	%	Yes	No	Do not know
Armenia:		35,3	54,9	9,8
Bulgaria:		24,5	49,1	26,4
Cyprus:		52	34	14
Georgia:		20,4	61,2	18,4
Lithuania:		52,8	24,5	22,6
Macedonia:		58	18	24
Poland:		52	36	12
Serbia and Montenegro:		48	42	10
Slovakia:		60	30	10
General:		44,7	38,8	16,4

Which of the following diseases are sexually transmitted?

%	AIDS	Diarrhea	Syphilis	Flu	Tripper	Allergy	Chlamydia
Armenia:	100	11,8	94,1	9,8	33,3	7,8	33,3
Bulgaria:	100	100	85,2	1,9	77,8	3,7	40,7
Cyprus:	98	2	74	10	6	4	42
Georgia:	93,9	0	63,3	0	42,9	2	51
Lithuania:	98,1	1,9	81,1	0	73,6	5,7	26,4
Macedonia:	100	2	72	6	32	4	48
Poland:	98	0	0	0	48	0	48
Serbia and Montenegro	100	3,9	98	2	86,3	2	58,8
Slovakia:	96	0	96	2	92	0	38
General:	98,3	2,4	84,3	3,5	49,8	3,3	42,8

What means of protection will prevent the transmission of STIs and pregnancy?

%	Withdraw	Contraceptive pills	Condom	Vaginal cream	Diaphragm
Armenia:	15,7	21,6	92,2	7,8	9,8
Bulgaria:	5,7	9,4	96,2	3,8	5,7
Cyprus:	16	12	94	0	24
Georgia:	6,3	4,2	85,7	2	12,2
Lithuania:	5,7	43,4	88,7	13,2	17
Macedonia:	26	18	92	6	16
Poland:	2	6	98	6	26
Serbia and Montenegro:	7,8	3,9	92,2	7,8	9,8
Slovakia:	2	30	98	8	62
General:	9,6	16,7	93	6,1	20,1

Which of the following situations, according to you, present risky behavior?

<i>%</i>	<i>Frequent change of partners</i>	<i>Medical work without protection</i>	<i>Facilitating assistant and support to HIV positive individuals and those who have AIDS</i>	<i>Unprotected sexual intercourse while under the influence of alcohol or drugs</i>	<i>Masturbation</i>
<i>Armenia:</i>	90,2	56,9	33,3	56,9	7,8
<i>Bulgaria:</i>	96,2	58,5	7,5	88,7	1,9
<i>Cyprus:</i>	86	50	18	84	0
<i>Georgia:</i>	69,4	36,7	20,4	53,1	8,2
<i>Lithuania:</i>	67,9	45,3	32,1	73,6	13,2
<i>Macedonia:</i>	74	56	4	90	2
<i>Poland:</i>	92	74	no data	92	8
<i>Serbia and Montenegro:</i>	84,3	72,5	0	100	0
<i>Slovakia:</i>	82	52	28	88	0
<i>General:</i>	82,5	55,8	18,1	80,7	4,6

Three pints of beer may alternate a person's behavior.

<i>%</i>	<i>Yes</i>	<i>No</i>	<i>Do not know</i>
<i>Armenia:</i>	80,4	7,8	11,8
<i>Bulgaria:</i>	72,2	27,8	0
<i>Cyprus:</i>	78	18	4
<i>Georgia:</i>	69,4	10,2	20,4
<i>Lithuania:</i>	84,9	13,2	1,9
<i>Macedonia:</i>	12	60	28
<i>Poland:</i>	76	20	4
<i>Serbia and Montenegro:</i>	42,9	38,8	18,4
<i>Slovakia:</i>	77,6	12,2	10,2
<i>General:</i>	66,2	22,4	11,4

The use of narcotic drugs have no effect on someone's health.

<i>%</i>	<i>Yes</i>	<i>No</i>	<i>Do not know</i>
<i>Armenia:</i>	23,5	76,5	0
<i>Bulgaria:</i>	1,9	94,4	3,7
<i>Cyprus:</i>	4	96	0
<i>Georgia:</i>	18,8	81,3	0
<i>Lithuania:</i>	20,8	75,5	3,8
<i>Macedonia:</i>	8	92	0
<i>Poland:</i>	4,1	91,8	4,1
<i>Serbia and Montenegro:</i>	2	94	4
<i>Slovakia:</i>	6	90	4
<i>General:</i>	9,9	87,9	2,2

Attitudes and beliefs

The use of a condom is the responsibility of the man only.

	%	<i>disagree</i>	<i>agree</i>	<i>do not know</i>
<i>Armenia</i>		43,1	51	5,9
<i>Bulgaria</i>		51,9	35,2	13
<i>Cyprus</i>		92	4	4
<i>Georgia</i>		31,1	57,8	11,1
<i>Lithuania</i>		54,9	27,4	17,6
<i>Macedonia</i>		76	22	2
<i>Poland</i>		79,6	20,4	0
<i>Serbia and Montenegro</i>		90,2	7,9	2
<i>Slovakia</i>		60	36	4
<i>General</i>		64,6	28,9	6,7

Contraception, in general, is the responsibility of the woman.

	%	<i>disagree</i>	<i>agree</i>	<i>do not know</i>
<i>Armenia</i>		62,7	29,4	7,8
<i>Bulgaria</i>		40,8	38,9	20,4
<i>Cyprus</i>		86	10	4
<i>Georgia</i>		41,3	50	8,7
<i>Lithuania</i>		58,9	19,6	21,6
<i>Macedonia</i>		56	22	22
<i>Poland</i>		100	0	0
<i>Serbia and Montenegro</i>		70,6	23,5	5,9
<i>Slovakia</i>		58	32	10
<i>General</i>		63,8	25	11,3

The church should be involved in matters of sexuality education.

	%	<i>disagree</i>	<i>agree</i>	<i>do not know</i>
<i>Armenia</i>		53	31,4	15,7
<i>Bulgaria</i>		57,4	11,2	31,5
<i>Cyprus</i>		48	32	20
<i>Georgia</i>		73,9	15,2	10,9
<i>Lithuania</i>		48	20	32
<i>Macedonia</i>		57,2	22,4	20,4
<i>Poland</i>		72	10	18
<i>Serbia and Montenegro</i>		43,1	33,4	23,5
<i>Slovakia</i>		26,6	47	26,5
<i>General</i>		53,1	24,6	22,2

What I see/hear on radio, television, newspaper influences my beliefs and generally my behaviour.

	%	<i>disagree</i>	<i>agree</i>	<i>do not know</i>
<i>Armenia</i>		39,2	31,4	29,4
<i>Bulgaria</i>		35,8	41,5	22,6
<i>Cyprus</i>		58	30	12
<i>Georgia</i>		60,9	34,8	4,3
<i>Lithuania</i>		45,1	27,4	27,5
<i>Macedonia</i>		40,8	42,8	16,3
<i>Poland</i>		38	52	10
<i>Serbia and Montenegro</i>		42	30	28
<i>Slovakia</i>		36	40	24
<i>General</i>		43,8	36,7	19,6

A sexual relation between two persons of the same sex is wrong.

	%	<i>disagree</i>	<i>agree</i>	<i>do not know</i>
<i>Armenia</i>		19,6	62,7	15,7
<i>Bulgaria</i>		35,8	43,3	20,8
<i>Cyprus</i>		36	42	22
<i>Georgia</i>		37,8	57,8	4,4
<i>Lithuania</i>		72,6	17,7	9,8
<i>Macedonia</i>		40	40	20
<i>Poland</i>		34	56	10
<i>Serbia and Montenegro</i>		23,5	62,7	13,7
<i>Slovakia</i>		59,2	16,3	24,5
<i>General</i>		39,8	44,4	15,8

It is acceptable for a man to have sexual relations before marriage.

	%	<i>disagree</i>	<i>agree</i>	<i>do not know</i>
<i>Armenia</i>		11,8	80,4	7,8
<i>Bulgaria</i>		3,8	84,9	11,3
<i>Cyprus</i>		8	90	2
<i>Georgia</i>		19,5	78,3	2,2
<i>Lithuania</i>		15,6	68,7	15,7
<i>Macedonia</i>		12	86	2
<i>Poland</i>		10	80	10
<i>Serbia and Montenegro</i>		7,8	88,2	3,9
<i>Slovakia</i>		10	76	14
<i>General</i>		10,8	81,5	7,7

It is acceptable for a woman to have sexual relations before marriage.

	%	<i>disagree</i>	<i>agree</i>	<i>do not know</i>
<i>Armenia</i>		43,1	37,3	19,6
<i>Bulgaria</i>		9,5	75,5	15,1
<i>Cyprus</i>		16	82	2
<i>Georgia</i>		64,6	29,2	6,3
<i>Lithuania</i>		22	64	14
<i>Macedonia</i>		16	72	12
<i>Poland</i>		14	78	8
<i>Serbia and Montenegro</i>		9,8	86,2	3,9
<i>Slovakia</i>		8	78	14
<i>General</i>		22,3	67,1	10,6

It disturbs me to be a friend with someone who has AIDS.

	%	<i>disagree</i>	<i>agree</i>	<i>do not know</i>
<i>Armenia</i>		19,6	54,9	25,5
<i>Bulgaria</i>		41,5	18,8	39,6
<i>Cyprus</i>		55,1	28,6	16,3
<i>Georgia</i>		33,4	53,4	13,3
<i>Lithuania</i>		20,9	43,8	35,4
<i>Macedonia</i>		57,2	20,4	22,4
<i>Poland</i>		46	14	40
<i>Serbia and Montenegro</i>		28	56	16
<i>Slovakia</i>		74	20	6
<i>General</i>		41,8	34,2	24

A sexual intercourse with a person I do not love is not right.

	%	<i>disagree</i>	<i>agree</i>	<i>do not know</i>
<i>Armenia</i>		28	62	10
<i>Bulgaria</i>		30,2	58,5	11,3
<i>Cyprus</i>		44	46	10
<i>Georgia</i>		31,1	66,6	2,2
<i>Lithuania</i>		23,5	62,8	13,7
<i>Macedonia</i>		44,6	48,9	6,4
<i>Poland</i>		33,4	52,1	14,6
<i>Serbia and Montenegro</i>		41,2	47,1	11,8
<i>Slovakia</i>		46	34	20
<i>General</i>		35,7	53	11,2

The most important reason for a sexual intercourse is to have children.

	<i>%</i>	<i>disagree</i>	<i>agree</i>	<i>do not know</i>
<i>Armenia</i>		62,8	21,6	15,7
<i>Bulgaria</i>		50	21,1	28,8
<i>Cyprus</i>		90	10	0
<i>Georgia</i>		34,8	58,7	6,5
<i>Lithuania</i>		54,9	21,5	23,5
<i>Macedonia</i>		82	8	10
<i>Poland</i>		90	6	4
<i>Serbia and Montenegro</i>		82,4	7,8	9,8
<i>Slovakia</i>		85,7	6,1	8,2
<i>General</i>		70,4	17,5	12

I believe that parents should talk to their children about sexuality and relationships with the other sex.

	<i>%</i>	<i>disagree</i>	<i>agree</i>	<i>do not know</i>
<i>Armenia</i>		15,7	66,7	17,6
<i>Bulgaria</i>		5,7	86,8	7,5
<i>Cyprus</i>		6	86	8
<i>Georgia</i>		34,8	43,4	21,7
<i>Lithuania</i>		11,7	74,6	13,7
<i>Macedonia</i>		4,1	85,7	10,2
<i>Poland</i>		10,2	83,7	6,1
<i>Serbia and Montenegro</i>		13,7	74,5	11,8
<i>Slovakia</i>		10	78	12
<i>General</i>		12,2	75,7	12

The most important person in a family is the woman.

	<i>%</i>	<i>disagree</i>	<i>agree</i>	<i>do not know</i>
<i>Armenia</i>		35,3	45,1	19,6
<i>Bulgaria</i>		41,5	28,3	30,2
<i>Cyprus</i>		78	12	10
<i>Georgia</i>		45,6	39,1	15,2
<i>Lithuania</i>		23,6	45,1	31,4
<i>Macedonia</i>		50	26	24
<i>Poland</i>		60	18	22
<i>Serbia and Montenegro</i>		53	21,6	25,5
<i>Slovakia</i>		52	10	38
<i>General</i>		48,7	27,2	24,1

The most important person in a family is the man

	%	<i>disagree</i>	<i>agree</i>	<i>do not know</i>
<i>Armenia</i>		25,5	50,9	23,5
<i>Bulgaria</i>		39,7	24,5	35,8
<i>Cyprus</i>		70	18	12
<i>Georgia</i>		22,5	60	17,5
<i>Lithuania</i>		26	26	48
<i>Macedonia</i>		47	26,5	26,5
<i>Poland</i>		58	22	20
<i>Serbia and Montenegro</i>		51	23,5	25,5
<i>Slovakia</i>		54	4	42
<i>General</i>		44,1	27,7	28,2

My parents would not approve if they knew I had sexual intercourse.

	%	<i>disagree</i>	<i>agree</i>	<i>do not know</i>
<i>Armenia</i>		39,2	35,3	25,5
<i>Bulgaria</i>		48,1	23,1	28,8
<i>Cyprus</i>		62	12	26
<i>Georgia</i>		15,9	77,3	6,8
<i>Lithuania</i>		15,7	41,2	43,1
<i>Macedonia</i>		42	34	24
<i>Poland</i>		54	10	36
<i>Serbia and Montenegro</i>		64,7	15,7	19,6
<i>Slovakia</i>		10	84	6
<i>General</i>		39,4	36,3	24,3

Marriage is the ultimate goal of a relationship between a man and a woman.

	%	<i>disagree</i>	<i>agree</i>	<i>do not know</i>
<i>Armenia</i>		47,1	39,2	13,7
<i>Bulgaria</i>		40,4	32,7	26,9
<i>Cyprus</i>		52	32	16
<i>Georgia</i>		23,4	72,3	4,3
<i>Lithuania</i>		29,4	41,2	29,4
<i>Macedonia</i>		34	56	10
<i>Poland</i>		42	42	16
<i>Serbia and Montenegro</i>		18	74	8
<i>Slovakia</i>		58	26	16
<i>General</i>		38,4	45,9	15,7

Needs and resources

When you do have a question/ problem related to sexuality issues you usually get information from:

%	Armenia	Bulgaria	Cyprus	Georgia	Lithuania	Macedonia	Poland	Serbia and Montenegro:	Slovakia	General
friends	56,9	70,4	86	47,9	58,5	60	52	78,4	74	65
parents/parents in law	23,5	53,7	26	14,6	18,9	56	34	25,5	20	30,4
brother/sister	31,4	33,3	30	8,3	15,1	30	16	31,4	20	24,1
relatives	7,8	9,3	12	0	3,8	20	2	11,8	2	7,7
sexual partner	33,3	40,7	50	12,5	39,6	24	44	58,8	46	38,9
school mates	9,8	37	12	0	11,3	28	16	35,3	14	18,4
teacher	5,9	20,4	6	2,1	13,2	12	6	5,9	2	8,3
doctor/nurse/specialist	54,9	70,4	30	64,6	24,5	42	28	25,5	32	41,4
priest	2	1,9	2	0	1,9	10	4	2	2	2,8
no one	7,8	1,9	6	2,1	5,7	6	10	3,9	10	5,9
mass media	47,1	20,4	18	6,3	39,6	34	28	31,4	24	27,8
organization/clinic	31,4	22,2	14	10,4	17	34	4	23,5	16	19,3

Which is the better way of getting correct information for sexuality issues for you:

%	Armenia	Bulgaria	Cyprus:	Georgia	Lithuania	Macedonia	Poland	Serbia and Montenegro	Slovakia	General
friends	11,8	7,4	14	25,5	58,5	22	40	17,6	44	21,9
parents/parents in law	23,5	35,2	16	10,6	18,9	30	42	23,5	28	27,2
brother/sister	11,8	9,3	8	0	15,1	12	10	7,8	18	9,4
relatives	2	7,4	2	0	3,8	6	4	5,9	6	4,2
sexual partner	13,7	9,3	10	23,4	39,6	12	32	17,6	26	16,4
school mates	3,9	3,7	0	2,1	11,3	10	10	5,9	14	5,9
teacher	11,8	13	4	4,3	13,2	24	4	5,9	22	11,4
doctor/nurse/specialist	74,5	83,3	74	55,3	24,5	74	46	84,3	44	66,2
priest	0	0	2	2,1	1,9	8	0	2	2	2,2
no one	2	0	0	2,1	5,7	6	0	0	2	1,3
mass media	21,6	14,8	10	8,5	39,6	28	18	17,6	34	18,6
organization/clinic	45,1	40,7	34	10,6	17	54	12	70,6	30	37,9

In your school there are sexuality education lessons?

	%	Yes	No	Do not know
Armenia:		11,8	88,2	0
Bulgaria:		35,8	60,4	3,8
Cyprus:		12,2	79,6	8,2
Georgia:		12,2	83,7	4,1
Lithuania:		28,3	67,9	3,8
Macedonia:		8	86	6
Poland:		76	16	8
Serbia and Montenegro:		9,8	88,2	2
Slovakia:		22,4	71,4	6,1
General:		24,2	71,2	4,6

In your school there are books related to sexuality issues? (e.g. conception, contraception, period, sexual feelings...)

	%	Yes	No	Do not know
Armenia:		3,9	88,2	7,8
Bulgaria:		25,9	31,5	42,6
Cyprus:		38,8	36,7	24,5
Georgia:		16,7	72,9	10,4
Lithuania:		30,2	34	35,8
Macedonia:		14	68	18
Poland:		24	4	72
Serbia and Montenegro:		15,7	39,2	45,1
Slovakia:		20	44	36
General:		21,1	46,3	32,7

If yes, have you ever read any of these?

	%	Yes
Armenia:		3,9
Bulgaria:		21,1
Cyprus:		32,4
Georgia:		31,7
Lithuania:		26,4
Macedonia:		24,3
Poland:		12
Serbia and Montenegro:		36,6
Slovakia:		14,3
General:		29,7

Do you think that the church should be involved in matters of sexuality education?

	%	Yes	No	Do not know
Armenia:		33,3	49	17,6
Bulgaria:		7,4	53,7	38,9
Cyprus:		34,7	49	16,3
Georgia:		16,3	63,3	20,4
Lithuania:		32,1	50,9	17
Macedonia:		18,4	49	32,7
Poland:		18,4	73,5	8,2
Serbia and Montenegro:		34	46	20
Slovakia:		50	28	22
General:		27,1	51,3	21,6

Do you think that the school should have an active role in sexuality education?

	%	Yes	No	Do not know
Armenia:		82,4	15,7	2
Bulgaria:		66,7	13	20,4
Cyprus:		94	4	2
Georgia:		33,3	60,4	6,3
Lithuania:		74,5	17,6	0
Macedonia:		96	4	0
Poland:		85,7	8,2	6,1
Serbia and Montenegro:		90,2	9,8	0
Slovakia:		66	22	12
General:		76,7	16,5	6,8

Have your parents given you the reliable information on sexual related issue?

	%	Yes	No	Do not know
Armenia:		31,4	64,7	3,9
Bulgaria:		67,9	22,6	9,4
Cyprus:		46	50	4
Georgia:		35,4	60,4	4,2
Lithuania:		40,4	55,8	3,8
Macedonia:		62	30	8
Poland:		60	34	6
Serbia and Montenegro:		47,1	25,5	27,5
Slovakia:		49	38,8	12,2
General:		48,9	42,3	8,8

Do you believe that parents should talk to their children about sexuality and relationship about sexuality, contraceptives?

	%	Yes	No	Do not know
Armenia:		72,5	15,7	11,8
Bulgaria:		92,6	7,4	0
Cyprus:		96	4	0
Georgia:		40,8	42,9	16,3
Lithuania:		80,8	13,5	5,8
Macedonia:		94	2	4
Poland:		81,6	10,2	8,2
Serbia and Montenegro:		76,5	15,7	7,8
Slovakia:		84	10	6
General:		80	12,5	7,5

Do you believe that the use of contraceptives is the responsibility of the woman only?

	%	Yes	No	Do not know
Armenia:		13,7	84,3	2
Bulgaria:		7,4	79,6	13
Cyprus:		6	92	2
Georgia:		35,4	54,2	10,4
Lithuania:		21,2	76,9	1,9
Macedonia:		4	88	8
Poland:		0	98	2
Serbia and Montenegro:		7,8	92,2	0
Slovakia:		14	78	8
General:		12,1	82,7	5,3

Sexuality education should begin in:

	%	Preschool	Primary school	High school
Armenia:		12	52	36
Bulgaria:		9,4	67,9	22,6
Cyprus:		10	38	52
Georgia:		0	6,8	93,2
Lithuania:		9,6	57,7	32,7
Macedonia:		0	55,3	44,7
Poland:		10	68	22
Serbia and Montenegro:		14	66	20
Slovakia:		14,6	75	10,4
General:		9	54,7	36,3

Put in the circle one of the following subject that you feel you need more information on.

%	Armenia	Bulgaria	Cyprus	Georgia	Lithuania	Macedonia	Poland	Serbia and Montenegro	Slovakia	General
Anatomy and Physiology of the reproductive system	47,1	29,6	16	16,3	37,7	22	6	27,5	10	23,8
Conception	29,4	37	42	8,2	18,9	34	12	29,4	8	24,5
Infertility	29,4	40,7	28	22,4	26,4	48	20	51	18	31,7
Methods of Contraception	66,7	37	32	18,4	32,1	18	40	43,1	20	34,3
Sexually Transmitted Diseases (e.g. Syphilis, HIV/AIDS)	72,5	51,9	58	24,5	20,8	36	26	51	28	41
Basic principles on constructive communication	21,6	18,5	24	2	13,2	18	4	17,6	20	15,5
Alcohol, narcotics	39,2	27,8	30	12,2	7,5	26	14	19,6	4	20,1
Smoking	19,6	13	14	6,1	11,3	20	8	11,8	2	11,8
Breast cancer	31,4	48,1	38	8,2	39,6	40	34	31,4	32	33,8
Genital cancer	41,2	44,4	40	4,1	39,6	48	26	49	52	38,4
Domestic violence	39,2	25,9	26	8,2	7,5	22	4	23,5	14	19
Sexual abuse	58,8	25,9	26	6,1	26,4	26	16	31,4	18	26,2
None	5,9	11,1	14	20,4	17	2	18	13,7	16	13,1

Boys and girls differences

The fertilization of the ovum takes place in the:

%	Boys	Girls
Uterus	52,5	39,8
Fallopian tubes	36,1	47,8
Do not know	11,4	12,4

It is possible to become pregnant during the first sexual intercourse.

%	Boys	Girls
Yes	84,9	91,7
No	4,9	4,3
Do not know	10,2	4

It is possible to become pregnant if the sexual intercourse take place during menstrual period.

%	Boys	Girls
Yes	42,2	46,8
No	37,3	40,1
Do not know	20,6	13,1

What means of protection will prevent the transmission of STI's and pregnancy?

	%	Boys	Girls
Withdrawal		9,3	9,9
Contraceptive pills		18,1	15,5
Condom		92,7	93,3
Vaginal cream		6,3	6
Diaphragm		20,5	19,8

Which of the following situations, according to you, present risky behaviour?

	%	Boys	Girls
Frequent change of partners		78,5	85,7
Medical work without protection		49,3	61,1
Facilitating assistance and support to HIV positive individuals and those who have AIDS		13,3	22
Unprotected sexual intercourse while under the influence of alcohol or drugs		82	79,8

Three pints of beer may alternate a persons behaviour.

	%	Boys	Girls
Yes		58,3	72,5
No		32,8	13,5
Do not know		8,3	13,9

The use of narcotic drugs has no effect on someone's health.

	%	Boys	Girls
Right		7,8	11,6
Wrong		88,8	87,2
Do not know		3,4	1,2

When you do have a question/ problem related to sexuality issues you usually get information from:

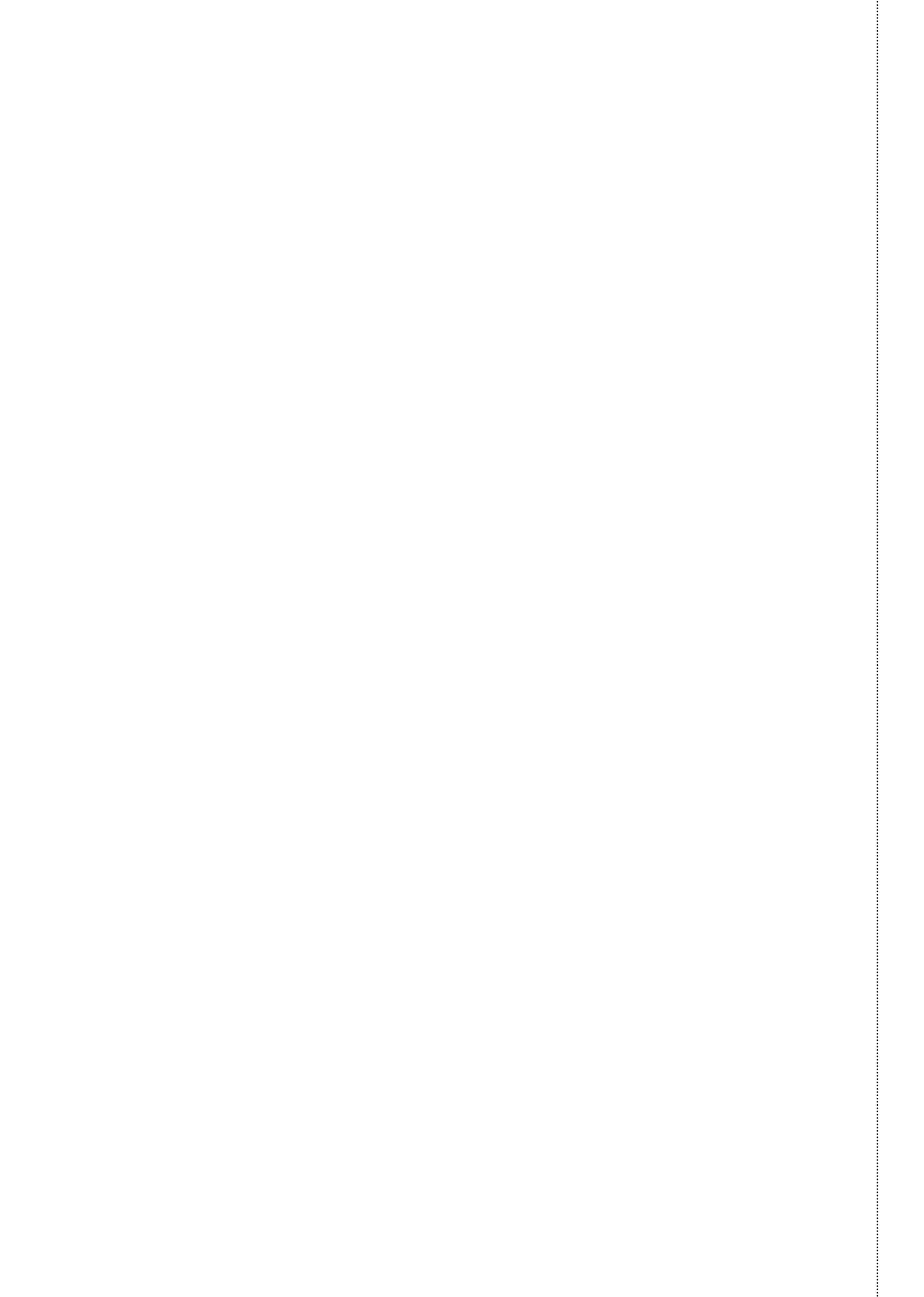
	%	Boys	Girls
Friends		58,8	70
Parents parents in law		21,1	37,9
Brother sister		23	24,9
Relatives		8,8	6,7
Sexual partner		37,3	40,3
School mates		20,1	17
Teacher		9,3	7,5
Doctor, Nurse, Specialist		31,9	49
Priest		4,9	1,2
No one		8,8	3,6
Mass Media		27,9	27,7
Organization, Clinic		15,7	22,1

Which is the better way of getting correct information on sexuality issues for you?

	%	Boys	Girls
<i>Friends</i>		24,6	19,8
<i>Parents parents in law</i>		26,6	27,7
<i>Brother sister</i>		9,9	9,1
<i>Relatives</i>		7,4	1,6
<i>Sexual partner</i>		19,7	13,8
<i>School mates</i>		10,3	2,4
<i>Teacher</i>		10,8	11,9
<i>Doctor, Nurse, Specialist</i>		56,2	74,3
<i>Priest</i>		3	1,6
<i>No one</i>		2,5	0,4
<i>Mass Media</i>		21,7	16,2
<i>Organization, Clinic</i>		32,5	42,3

Put in the circle one of the following subject that you feel you need more information on:

	%	Boys	Girls
<i>Anatomy and Physiology of the reproductive system</i>		24,4	23,3
<i>Conception</i>		23,4	25,3
<i>Infertility</i>		29,8	33,2
<i>Methods of Contraception</i>		30,2	37,5
<i>Sexually transmitted diseases (e.g. Syphilis, HIV/AIDS)</i>		38,5	43,1
<i>Basic principles on constructive communication</i>		13,2	17,4
<i>Alcohol, narcotics</i>		23,4	17,4
<i>Smoking</i>		14,6	9,5
<i>Breast cancer</i>		22,4	43,1
<i>Genital cancer</i>		32,7	43,1
<i>Domestic violence</i>		15,1	22,1
<i>Sexual abuse</i>		19,5	31,6
<i>None</i>		17	9,5



*Appendix 2: Excerpts of
the international documents*

CEDAW General Recommendation 24, paragraph 18:

- “States parties should ensure the rights of female and male adolescents to sexual and reproductive health education by properly trained personnel in specially designed programmes that respect their rights to privacy and confidentiality”

General Comment 14 (paragraph 23) on right to health from Committee on Economic, Social and Cultural Rights:

- “The realization of the right to health of adolescents is dependent on the development of youth-friendly health care, with respect to confidentiality and privacy and includes appropriate sexual and reproductive health services.”

The Convention on the Rights of the Child

- Article 5: “States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention.”
- Article 12.1: “States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.”

The Committee on the Rights of the Child, General Comment 4, 2003:

- Paragraph 4. “The Committee understands the concepts of “health and development” more broadly than being strictly limited to the provisions defined in articles 6 (right to life, survival and development) and 24 (right to health) of the Convention. One of the aims of this general comment is precisely to identify the main human rights that need to be promoted and protected in order to ensure that adolescents do enjoy the highest attainable standard of health, develop in a well-balanced manner, and are adequately prepared to enter adulthood and assume a constructive role in their communities and in society at large. This general comment should be read in conjunction with the Convention and its two Optional Protocols on the sale of children, child prostitution and child pornography, and on the involvement of children in armed conflict, as well as other relevant international human rights norms and standards.”
- Paragraph 10: “The Convention defines the civil rights and freedoms of children and adolescents in its articles 13 to 17. These are fundamental in guaranteeing the right to health and development of adolescents. Article 17 states that the child has the right to “access information and material from a diversity of national and international sources, especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health”. The right of adolescents to access appropriate information is crucial if States parties are to promote cost-effective measures, including through laws, policies and programmes, with regard to numerous health-related situations, including those covered in articles 24 and 33 such as family planning, prevention of accidents, protection from harmful traditional practices, including early marriages and female genital mutilation, and the abuse of alcohol, tobacco and other harmful substances.”
- Paragraph 11. “In order to promote the health and development of adolescents, States parties are also encouraged to respect strictly their right to privacy and confidentiality, including with respect to advice and counselling on health matters (art. 16). Health-care providers have an obligation to keep confidential medical information concerning adolescents, bearing in mind the basic principles of the Convention. Such information may only be disclosed with the consent of

the adolescent, or in the same situations applying to the violation of an adult's confidentiality. Adolescents deemed mature enough to receive counselling without the presence of a parent or other person are entitled to privacy and may request confidential services, including treatment."

- Paragraph 28: "In light of articles 3, 17 and 24 of the Convention, States parties should provide adolescents with access to sexual and reproductive information, including on family planning and contraceptives, the dangers of early pregnancy, the prevention of HIV/AIDS and the prevention and treatment of sexually transmitted diseases (STDs). In addition, States parties should ensure that they have access to appropriate information, regardless of their marital status and whether their parents or guardians consent. It is essential to find proper means and methods of providing information that is adequate and sensitive to the particularities and specific rights of adolescent girls and boys. To this end, States parties are encouraged to ensure that adolescents are actively involved in the design and dissemination of information through a variety of channels beyond the school, including youth organizations, religious, community and other groups and the media."

- Paragraph 30. "Adolescents, both girls and boys, are at risk of being infected with and affected by STDs, including HIV/AIDS⁷. States should ensure that appropriate goods, services and information for the prevention and treatment of STDs, including HIV/AIDS, are available and accessible. To this end, States parties are urged (a) to develop effective prevention programmes, including measures aimed at changing cultural views about adolescents' need for contraception and STD prevention and addressing cultural and other taboos surrounding adolescent sexuality; (b) to adopt legislation to combat practices that either increase adolescents' risk of infection or contribute to the marginalization of adolescents who are already infected with STDs, including HIV; (c) to take measures to remove all barriers hindering the access of adolescents to information, preventive measures such as condoms, and care."

- Paragraph 31. "Adolescent girls should have access to information on the harm that early marriage and early pregnancy can cause, and those who become pregnant should have access to health services that are sensitive to their rights and particular needs. States parties should take measures to reduce maternal morbidity and mortality in adolescent girls, particularly caused by early pregnancy and unsafe abortion practices, and to support adolescent parents. Young mothers, especially where support is lacking, may be prone to depression and anxiety, compromising their ability to care for their child. The Committee urges States parties (a) to develop and implement programmes that provide access to sexual and reproductive health services, including family planning, contraception and safe abortion services where abortion is not against the law, adequate and comprehensive obstetric care and counselling; (b) to foster positive and supportive attitudes towards adolescent parenthood for their mothers and fathers; and (c) to develop policies that will allow adolescent mothers to continue their education."

- Paragraph 37. "Adolescents who are sexually exploited, including in prostitution and pornography, are exposed to significant health risks, including STDs, HIV/AIDS, unwanted pregnancies, unsafe abortions, violence and psychological distress. They have the right to physical and psychological recovery and social reintegration in an environment that fosters health, self-respect and dignity (art. 39). It is the obligation of States parties to enact and enforce laws to prohibit all forms of sexual exploitation and related trafficking; to collaborate with other States parties to eliminate intercountry trafficking; and to provide appropriate health and counselling services to adolescents who have been sexually exploited, making sure that they are treated as victims and not as offenders."

ICPD Platform for Action, 1994:

- “Countries must ensure that the programmes and attitudes of health-care providers do not restrict the access of adolescents to appropriate services and the information they need, including on sexually-transmitted diseases and sexual abuse...These services must safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent.” (paragraph 7.45)
- “Governments, in collaboration with nongovernmental organizations, are urged to meet the special needs of adolescents and to establish appropriate programmes to respond to those needs. Such programmes should include support mechanisms for the education and counseling of adolescents in the area of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family planning practice, family life, reproductive health, sexually-transmitted diseases, HIV infection and AIDS prevention. Sexually active adolescents will require special family planning information, counseling and services.” (paragraph 7.47)
- “Youth should be actively involved in the planning, implementation and evaluation of development activities that have a direct impact on their daily lives. This is especially important with respect to information, education and communication activities and services concerning reproductive and sexual health.” (paragraph 6.15)



CONTRIBUTIONS TO THE **ASTRA** YOUTH RESEARCH
AND COUNTRY REPORTS FROM:

- **ARMENIA**
- **BULGARIA**
- **CROATIA (REPORT ONLY)**
- **CYPRUS**
- **GEORGIA**
- **LITHUANIA**
- **MACEDONIA**
- **POLAND**
- **SERBIA AND MONTENEGRO**
- **SLOVAKIA (RESEARCH DATA ONLY)**

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May 2006

ISBN 83-88568-21-3