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5. Lithuania



Statistics

GENERAL

Population

- The total population of Lithuania is 3.7 million.¹
- In 1995, the proportion of the population residing in urban areas was estimated to be 72%.²
- Between 1995 and 2000, the annual population growth rate is estimated to be -0.3%.³
- In 1999, the gender ratio was estimated to be 112 women to 100 men.⁴

Territory

- The territory of Lithuania is 25,213 square miles.⁵

Economy

- In 1997, the gross national product (GNP) was USD \$8.3 billion.⁶
- In 1997, the gross domestic product (GDP) was USD \$9,265 million.⁷
- Between 1990 and 1997, the average annual growth was -7.1%.⁸
- From 1990 to 1995, public expenditure on health was 5.1% of GDP.⁹

Employment

- Women comprised 50% of the labor force in 1997, compared to 48% in 1990.¹⁰

WOMEN'S STATUS

- In 1999, the life expectancy for women was 75.6 years, compared with 64.3 years for men.¹¹
- In 1997, the illiteracy rate among youth between the age of 15–24 was 0% for females and 0% for males.¹²
- In 1999, gross primary school enrollment was 96% for girls and 100% for boys; gross secondary school enrollment was 85% for boys and 88% for girls.¹³

ADOLESCENTS

- 20% of the population is under 15 years of age.¹⁴

MATERNAL HEALTH

- Between 1995 and 2000, the total fertility rate is estimated at 1.43.¹⁵
- In 1999, there were 37 births per 1,000 women aged 15–19.¹⁶
- In 1998, the maternal mortality ratio was 36:100,000.¹⁷
- Infant mortality was at 13 per 1,000 live births.¹⁸
- 95% of births were attended by trained attendants.¹⁹

CONTRACEPTION AND ABORTION

- The contraceptive prevalence for any method (traditional, medical, barrier, natural) is estimated at 59%, and that for modern methods at 20%.²⁰

HIV/AIDS AND STIs

- In 1999, the estimated number of people living with HIV/AIDS was <500.²¹
- In 1999, the estimated number of women aged 15–49 living with HIV/AIDS was <100.²²
- In 1999, the estimated number of children aged 0–14 living with HIV/AIDS was <100.²³
- In 1999, the estimated cumulative number of AIDS deaths among adults and children was <100.²⁴

ENDNOTES

1. UNITED NATIONS POPULATION FUND (UNFPA), THE STATE OF WORLD POPULATION 1999 (visited July 11, 2000) <<http://www.unfpa.org>>.
2. *Id.*
3. *Id.*
4. THE WORLD'S WOMEN 2000. TRENDS AND STATISTICS, at 21.
5. UNITED NATIONS POPULATION FUND (UNFPA), THE STATE OF WORLD POPULATION 1998, at 794.
6. THE WORLD BANK, WORLD DEVELOPMENT REPORT 1998/9, at 190.
7. *Id.* at 212.
8. *Id.* at 210.
9. *Id.* at 202.
10. *Id.* at 194.
11. THE STATE OF WORLD POPULATION, *supra* note 1.
12. THE WORLD BANK, WORLD DEVELOPMENT INDICATORS 1999, at 83.
13. *Id.*
14. CIA, LITHUANIA, WORLD FACTBOOK (visited Sept. 23, 1999) <<http://www.odci.gov/cia/publications/factbook/lh.html>>.
15. THE STATE OF WORLD POPULATION, *supra* note 1.
16. *Id.*
17. *Id.*
18. *Id.*
19. *Id.*
20. *Id.*
21. UNAIDS & WHO, EPIDEMIOLOGICAL FACT SHEET ON HIV/AIDS AND SEXUALLY TRANSMITTED DISEASES – LITHUANIA 3 (2000) (visited July 11, 2000) <<http://www.unaids.org>>.
22. *Id.*
23. *Id.*
24. *Id.*

Lithuania borders the Baltic Sea, Latvia, Belarus, Poland and Russia.¹ With an ethnic composition of 80.6% Lithuanians, 8.7% Russians, 7% Poles, 1.6% Byelorussians and 2.1% other ethnic groups, Lithuania is primarily Roman Catholic. Residents practice a smattering of other religions as well: Lutheran, Russian Orthodox, Protestant, Evangelical Christian, Baptist, Islam and Judaism. The official language is Lithuanian, with Polish and Russian also spoken. According to July 1999 estimates, there are 3.58 million people living in Lithuania, including approximately 1.9 million women.² Lithuania gained independence from the former Soviet Union on March 11, 1990 when the Supreme Council of the Republic of Lithuania passed the Declaration of the Re-establishment of Lithuania's Independence.³ A new Constitution was adopted by referendum on October 25, 1992,⁴ with the first elections to Parliament ("*Seimas*") held the same month, followed by the first presidential election in January 1993.⁵ Recently, the nation has taken a disciplined approach to market reform.

As of 1998, Lithuania has membership in 38 international organizations,⁶ including the Organization for Security and Cooperation in Europe (OSCE), the United Nations,⁷ the Council of Baltic Sea States,⁸ and the Council of Europe.⁹ Lithuania signed an Association Agreement with the European Union (EU) in 1995, which went into effect in February 1998.¹⁰ It formally applied for EU membership in December 1995 and is currently awaiting admission.¹¹

I. Setting the Stage: the Legal and Political Framework

The sovereignty of Lithuania rests in its people, who exercise this power through democratically elected representatives.¹² Referenda are another way Lithuanians express their views regarding significant issues of government. Referenda may be initiated either by the Parliament or by at least 300,000 eligible voters.¹³

A. THE STRUCTURE OF NATIONAL GOVERNMENT

The Constitution divides state power among the legislative, executive and judicial branches.¹⁴

Executive branch

The president of the republic is the head of state.¹⁵ The president is elected by universal, equal, direct suffrage by secret ballot for a term of five years and for no more than two consecutive terms.¹⁶ The duties of the president are numerous: determining basic foreign policy issues and, with the government, implementing foreign policy; signing international treaties and submitting them to Parliament for ratification; appointing and removing, upon approval of the Parliament,

the prime minister; appointing or dismissing individual ministers upon recommendation of the prime minister; proposing Supreme Court judicial candidates to the Parliament; naming Court of Appeals judges with the approval of the Parliament; appointing judges and chairpersons of district and local district courts; proposing candidates for three Constitutional Court judges to Parliament; imposing martial law and declaring states of emergency; presenting annual reports to the Parliament about domestic and foreign policies; and signing and promulgating laws enacted by the Parliament or referring them back to Parliament.¹⁷ The president must sign and officially promulgate laws and acts adopted by referendum.¹⁸ To implement his or her power, the president of the republic issues decrees that are valid only when signed by the prime minister or an appropriate minister.¹⁹

The government consists of the prime minister and ministers.²⁰ The prime minister is appointed or dismissed by the president with the approval of Parliament.²¹ Ministers are appointed by the president on the nomination of the prime minister.²² The government submits its program of activities to Parliament and is empowered to act after Parliament approves the program by a majority vote of sitting members.²³

The duties of the executive branch of government include administering the affairs of the country; ensuring state security and public order;²⁴ implementing laws and resolutions of Parliament and decrees of the president;²⁵ coordinating the activities of the ministries;²⁶ preparing the national budget and submitting it to Parliament, as well as executing the budget and reporting on its implementation to Parliament;²⁷ drafting bills for submission to Parliament;²⁸ and establishing and maintaining diplomatic relations with foreign countries and international organizations.²⁹

The Ministry of Health Care and Protection has a staff of 96³⁰ and is in charge of supervising the state health care system and managing the government's patients fund, with a total allocated expenditure of approximately 634 million Lithuanian litas (USD \$158.5 million).³¹

Legislative branch

The legislative branch consists of a unicameral Parliament or *Seimas*, which is composed of 141 representatives elected by universal, equal, and direct suffrage³² who serve four-year terms. Seventy-one members are elected directly by popular vote while 70 are elected by proportional representation.³³ The duties of Parliament are to consider and pass amendments to the Constitution; enact laws; adopt resolutions for the organization of referenda; announce presidential elections; form state institutions provided by law; approve or reject the candidacy of the prime minister; approve or reject the program of the

government submitted by the prime minister; establish or abolish ministries upon the recommendation of the government; supervise the activities of the government and exercise the option to vote no-confidence in the prime minister or individual ministers; appoint judges; approve the state budget and supervise its implementation; levy taxes; ratify or denounce international treaties and consider other issues of foreign policy; impose martial law; declare states of emergency; and adopt decisions to use the armed forces.³⁴

Bills can be proposed by members of Parliament, the president, the executive branch of government, or by a petition signed by 50,000 eligible voters.³⁵ Laws are enacted by a majority vote of the sitting members of Parliament. Laws related to constitutional matters are adopted by a majority vote of all members of Parliament and are amended by a three-fifths majority vote of all members of Parliament.³⁶ If the president returns a law for reconsideration, the law becomes enacted if either the amendments of the president are adopted or if more than half of all Parliament members vote in its favor. Returned laws that relate to constitutional guarantees require at least a three-fifths parliamentary vote. The president must sign and officially promulgate all laws re-passed by Parliament.³⁷

Judicial branch

Courts are independent and subject only to the law.³⁸ The Constitutional Court decides whether international agreements, laws adopted by the Parliament, and legal acts adopted by the president or the ministers are in conformity with the Constitution.³⁹ It consists of nine judges appointed for one, non-renewable, nine-year term. One-third of this Court is replaced every three years. Parliament appoints these judges from candidates nominated by the president, by the Chairperson of the Parliament, and by the Chairperson of the Supreme Court.⁴⁰ Decisions of the Constitutional Court are final and may not be appealed.⁴¹ Besides the Constitutional Court, the court system of Lithuania consists of the Supreme Court, the Court of Appeals, district courts, and local courts.⁴²

B. THE STRUCTURE OF TERRITORIAL DIVISIONS

Regional and local governments

The 1994 Law on Territorial-Administrative Units (No. I-558)⁴³ divided Lithuania into 10 counties, each managed by a governor appointed by the executive branch upon the recommendation of the prime minister.⁴⁴ The county governor is in charge of implementing state policy in the areas of social security, education, culture, health care, territorial planning, monument protection, land, agriculture, and environmental protection. He or she coordinates the activities of subdivisions of county ministries and develops plans for the county. The

governor works together with a county council that includes a deputy governor and the heads of local governments.⁴⁵

Local self-government in Lithuania⁴⁶ includes 44 administrative divisions and 56 municipalities. Local government councils are elected by universal, equal, secret ballots for terms of three years.⁴⁷ Local government councils form bodies to implement laws and decisions of the government and the local government council.⁴⁸

Each municipal council elects a mayor for a three-year term by majority vote on a secret ballot. The mayor is responsible for the implementation of tasks assigned to the local government by the state, but local government institutions are not subordinate to state government institutions and enjoy some autonomy; for instance, they can approve their own annual budgets.⁴⁹

C. SOURCES OF LAW

Domestic sources of law

Lithuania's law is based on the following hierarchy of sources, starting with the most authoritative: the Constitution; international agreements ratified by the *Seimas*; laws (constitutional and ordinary) and other acts adopted by the *Seimas*; decrees of the president; government resolutions; orders of the prime minister; orders and acts of other ministers; decisions of the representative bodies of local government; and orders of the governing bodies of the local government.⁵⁰ An order lower in the hierarchy cannot contradict a law higher in the hierarchy. The Constitution is a directly applicable statute and all citizens may directly defend their constitutional rights.⁵¹

The Constitution guarantees a number of fundamental human rights. Any person whose constitutional rights or freedoms are violated has the right to appeal to a court and be compensated for actual damages.⁵² The Constitution includes a non-discrimination clause which states that all people are equal before the law and prohibits restriction of rights or granting of privileges on the basis of sex, race, nationality, language, origin, social status, religion, convictions, or opinions.⁵³ The Constitution recognizes that rights and freedoms inhere in individuals.⁵⁴ It establishes the right to life,⁵⁵ human dignity,⁵⁶ private life (including protection from arbitrary or unlawful interference in private or family life),⁵⁷ as well as the right for ethnic communities to foster their language, customs and culture.⁵⁸ Freedom of thought, conscience and religion,⁵⁹ expression,⁶⁰ association and assembly are also protected.⁶¹ In addition, the Constitution places "family, motherhood, fatherhood and childhood" under the "care and protection" of the state.⁶² It requires that marriage be entered into with the free consent of the man and woman and states that both spouses have equal rights in the family.⁶³ The Constitution also requires paid maternity leave before and after childbirth, as well as

“favorable working conditions and other privileges” to be provided by law.⁶⁴

International sources of law

The Constitution requires that the *Seimas* ratify international treaties, after which they become “the constituent part of the legal system of the Republic of Lithuania.”⁶⁵ Lithuania is also party to various international human rights instruments, including the 1966 International Covenant on Civil and Political Rights, the 1979 Convention on the Elimination of All Forms of Discrimination Against Women, the 1989 Convention on the Rights of the Child, and the 1984 Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. At the European level, it has ratified the European Convention for the Protection of Human Rights and Fundamental Freedoms and the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment.⁶⁶

II. Examining Health and Reproductive Rights

A. HEALTH LAWS AND POLICIES

The Lithuanian Constitution obliges the state to take care of people’s health and to guarantee medical aid and services in the event of illness.⁶⁷ The organization of the Lithuanian National Health Care System is governed by the Law on the Health Care System and the Law on National Health Policy and Health Program adopted by the Parliament in 1998.⁶⁸ The Law on the Health Care System defines and regulates the following types of health care activities: individual health care, public health care, pharmaceutical provision, traditional medicine, folk medicine, and non-medical methods of healing.⁶⁹ The Law on National Health Policy and Health Program establishes national goals and standards for the health care system.

Since independence, the health care system has been reformed from a centralized one into a more varied system financed through health insurance set by law. The national health care system is organized into three sectors:

- Primary health care offering ambulatory care services and long-term/nursing home care;
- Secondary health care offering general hospital services; and
- Tertiary health care offering advanced diagnostic and treatment services delivered at university hospitals.

All primary and secondary public health care providers are employed by the municipalities and county councils. The Ministry of Health, in partnership with either the Vilnius

University Faculty of Medicine or the Kaunas Medical University, ensures that tertiary health care is provided.⁷⁰

During the early 1990s, the number of hospital beds in Lithuania declined slightly but the number of physicians remained constant. Both the number of hospital beds and physicians are close to levels in EU nations.⁷¹ In 1998, there were 949 hospital beds and 395 physicians per 100,000 people. In 1997, there were 897 nurses and 58 pharmacists per 100,000 people.⁷² Nationally, 60% of health care personnel are based in hospitals, 28% of personnel work in outpatient care, and 12% of health care personnel find work in other health services. The number of people admitted to hospital is 220.4 adults/1,000 and 179.1 children/1,000. The average length of stay in hospital is 14.1 days for adults and 9.3 days for children, on par with the highest average among EU countries.⁷³

Objectives of the health policies

The total expenditure on health is a relatively low percentage of the GDP — approximately 5.1% in 1998.⁷⁴ The health goals of the government are outlined in the Lithuanian Health Program (Health Program); they are to reduce mortality and increase life expectancy, to ensure equity in health care, and to increase the quality of life.⁷⁵ Differences in health among all social groups are to be reduced by 25% by the year 2005.⁷⁶ The Health Program establishes priorities, including improving the population’s health, preventing disease, developing primary health care, restructuring of medical education to conform to European standards, and concentrating highly specialized care in university hospitals. Lithuania’s health care reform plan is one of the most ambitious; the World Health Organization has viewed Lithuania’s reform as exemplary for health care policy reformulation in other post-Socialist countries.⁷⁷

The Health Program and its reform efforts respond to two main problems characterizing Lithuanian health care: the lack of resources and the orientation toward hospital care. There are no specific sections of the Health Program that comprehensively address reproductive health, although it does include sections on maternal health and sexually transmissible infections (STIs).

The Maternal and Child Health Program, which predates the national Health Program, has been underway since 1992 and has several active subprograms that operate in close cooperation with the Ministry of Social Security and Labor, Ministry of Education, child rights agencies, family support and social care organizations, and non-governmental organizations.⁷⁸

Sexually transmissible infections, meanwhile, are a priority in the Health Program. The goal is to reduce the incidence of syphilis to 25 cases per 100,000 inhabitants, gonorrhea to 80 per

100,000 inhabitants and to stop the spread of HIV/AIDS.⁷⁹ To realize these goals, the Health Program increases the availability and accessibility of treatment, particularly for adolescents, and aims to provide sex education to the general public.⁸⁰

Implementing agencies

The Ministry of Health is the main implementing agency for health policies and programs. It also accredits healthcare and pharmaceutical developments and activities and issues licenses for medical and pharmacy practice.⁸¹

The Health Care Reform Management Bureau was established in 1993 and has played an important role in the development of the Health Program. In 1997, a new institution, the Center of Health Economics and Legislation, was created to further develop the Health Program.⁸² Other institutions involved in health reform are the newly-established National Board of Health (an advisory institution formed of experts, NGOs and politicians),⁸³ the Health Council, the State Center of Public Health, and Regional Public Health Institutions.⁸⁴ On April 26, 1999 the report "Equity in Health and Health Care in Lithuania" (a situation analysis) was presented at the third Health Policy Conference in Kaunas.⁸⁵

Health care system reform and decentralization

Since 1990, the health sector has been undergoing an extensive period of reform both to renovate an outdated health care system and to create an economically sustainable health care system that can provide high-quality services. Public health institutions are also being reorganized from a hygiene-based service to a Western-style public health service that acts to protect, promote and monitor health, educate the public and strategize about health care services.⁸⁶ The development and expansion of the primary health care network is crucial to the health care system reform.⁸⁷

The restructuring is still ongoing and intends to refocus the provision of health care in the following ways: a new medical specialist — the general practitioner (GP)— will serve up to 80% of the consumers of health care services and act as "gatekeepers" to additional specialized care. Hospitals will be reorganized to concentrate advanced medical services at the university hospitals while county and community hospitals provide general medical services and some specialized services. The financing mechanisms will be readjusted to compensate primary health care providers on a per patient basis and to pay specialized health care providers based on the profile of services they provide to patients.

Quality of health care in health services provision is also an important goal. Toward that end, the State Medical Auditing Agency,⁸⁸ the State Service of Accreditation for Health Care Activities,⁸⁹ and internal quality assurance services will oversee

the health care facilities.⁹⁰ A quality control infrastructure has not yet been established, and medical practice standards still need to be refined in accordance with EU's best practices.

Additionally, the health care system is being decentralized. Ownership of and responsibility for health care institutions has passed from the Ministry of Health to the municipalities, since 1990. By 1998, 63 health care institutions had been transferred from the Ministry to the jurisdiction of the counties. The Ministry of Health now operates only 13 out of 1990 health care institutions; eventually these 13 will be transferred to the Ministry and Medical Academies and provide advanced medical care services.⁹¹

Infrastructure of health services

The Law on the Health System defines the structure of the Lithuanian National Health Care System.⁹² The health care system is managed at various government levels, in descending order by the following authorities: the Ministry of Health, County Governors, Municipal Councils and specialized supervisory institutions.⁹³ Specific laws and appropriate oversight agencies govern each provision of health care services in terms of kind of care and place of delivery.⁹⁴ Municipalities are responsible for all primary health care facilities, and most secondary health care facilities, although some are owned by county councils. Tertiary health care services are jointly operated by the Ministry of Health and by university medical schools.⁹⁵

The Law on the Health System, the Law on Health Care Institutions and subsidiary legal instruments describe different types of primary health care centers.⁹⁶ Currently, there are 49 nursing and long-term care hospitals⁹⁷ with a total of 2,635 hospital beds,⁹⁸ 100 polyclinics, 66 primary health care centers, 226 outpatient clinics, and 1,015 first aid stations.⁹⁹ In 1997, there were 57 Emergency Medical Services (EMS) departments, 7 EMS stations,¹⁰⁰ and 2,153 dental care providers.¹⁰¹ In 1998, one-third of all 4,667 physicians worked in the primary health care system, which provided 297 million physician's visits (7.2 visits per person, including 1.4 per person for dental care).¹⁰² Approximately 29% of the population receive regular health care.¹⁰³

Eventually the Ministry of Health would have GPs provide all of the primary health care services that are now provided by a variety of medical specialists.¹⁰⁴

The Statutory Health Insurance (SHI) finances primary health care services on a per person basis (capitation), that is, a flat rate of compensation for each patient on the provider's list of registered patients. Nursing and long-term care hospitals are financed on a flat rate for each day of hospital bed occupancy.¹⁰⁵

There are no specific provisions for reproductive health services in the primary health sector. These services are integrated into the GP's services and are provided at polyclinics. In urban areas, special "Women's Consultation Clinics" also provide obstetrical and gynecological services.¹⁰⁶ In rural areas, there is often no OB/GYN available, and a midwife provides care.¹⁰⁷ Specialized reproductive health services are provided only in the State Family Planning Center, located in the capital, Vilnius. The level of reproductive health care services provided in the primary health care system is inadequate to meet the population's needs.¹⁰⁸

Cost of health services

Essential health care services are provided for all residents by the state.¹⁰⁹ Insured persons, as defined by the Law on Health Insurance, pay no fee for services considered essential.¹¹⁰ Uninsured persons pay fees as defined in the services price list.¹¹¹

With the introduction of health insurance-based financing in 1997, the cost of health care is covered by statutory insurance, managed by the State Patient Fund. Insurance premiums are collected in the form of personal income tax, combined with employer contributions and voluntary payments of self-employed workers. Unemployed people and those belonging to certain social groups — such as retirees, the disabled, and children — are insured by the state.¹¹² There is also the possibility of purchasing private health insurance.¹¹³ Insurance companies have been selling voluntary health insurance since 1993, but have made few inroads.¹¹⁴

Reproductive health services, when provided as part of the "basic package" of general primary health care providers, are free to insured persons.¹¹⁵ The State Family Planning Center provides services on a fee-for-service basis and are not covered by the basic package.¹¹⁶ Certain specific reproductive health services are provided only on a fee-for-service basis as well, including abortions, supplementary obstetrical and/or gynecological care, and supplementary venereal treatment.¹¹⁷

Regulation of health care providers

Health providers fall into three major groups: medical doctors (including dentists), nursing professionals, and pharmacists. Each of these categories is regulated by law.

Medical practice is regulated by the Law on the Medical Practice of Physicians¹¹⁸ and its subsidiary acts.¹¹⁹ The Ministry of Health is responsible for all aspects of physician licensing.¹²⁰ The government approves all licensing regulations.¹²¹ For licensing physicians, the Ministry of Health has set up a permanent commission composed of specialists from the Ministry of Health, the Union of Lithuanian Physicians, physician specialty associations, representatives of medical worker professional unions and experts from the Kaunas Medical Academy

and the Faculty of Medicine of Vilnius University. Only those doctors with a valid license, issued in accordance with the procedures established by law, may engage in the practice of medicine (general and specialized) in the Republic of Lithuania.¹²²

Illegal practice of medicine is defined as practicing without a valid license, without a certificate in cases where it is required, outside the licensed specialty, and practicing under an assumed name (posing as a physician).¹²³ Traditional medical practitioners also may not practice medicine in Lithuania.¹²⁴

A person applying to the Ministry of Health for the purpose of obtaining a license for the general practice of medicine must be a citizen or a permanent resident of Lithuania. He or she must have a medical university diploma and a certificate of completion of a general medical practice residency. He or she must also have a health certificate.¹²⁵ There are some additional requirements, such as fluency in Lithuanian, and never having had a medical license revoked by court.¹²⁶ Non-citizens or resident aliens with the right to permanent residence in the Republic of Lithuania may obtain a license to practice, but are obliged to fulfill additional requirements specified by the Ministry of Health.¹²⁷ A license must be renewed every five years.¹²⁸ If the Ministry of Health refuses to issue a license, it must, within 15 days, present a written explanation of the reasons for the refusal. The person may appeal in court.¹²⁹

To obtain a license in a medical specialty, procedures are similar to the general medical licensing procedures, with some additional requirements, including taking into consideration the opinion of the physicians' specialty association.¹³⁰ A refusal by the Ministry of Health to issue a license for the specialized practice of medicine may be appealed in court.¹³¹ A license can be revoked if it is determined the application submitted was based on falsified or unsuitable documents, that a person's qualifications do not correspond with the requirements of the indicated specialty, or if that doctor has committed serious medical malpractice. The Ministry of Health, upon its own initiative or upon request, can revoke medical licenses based on a recognition of serious or frequently repeated malpractice, serious violation of the rights of patients, or an inability to perform professional duties, such as for health reasons.¹³² Disputes concerning the revocation of a license can be resolved in court,¹³³ and a person whose license has been revoked may reapply for a license after one year.¹³⁴ Licenses may also be suspended during a revocation-of-license investigation,¹³⁵ and that suspension may also be appealed in court.¹³⁶

Medical standards currently regulate nursing practice,¹³⁷ but a Law on Nursing Practice is under development. Currently, Lithuania has neither a central registry nor a licensing process for nursing professionals. All nurses must, however, obtain a diploma in nursing to practice.¹³⁸

The Law on Pharmaceutical Activities covers the education, licensing, certification requirements and the regulation of pharmacists.¹³⁹ The minimum requirements for the issuance of a pharmacist permit are an appropriate diploma in pharmaceutical science, internship, work in the pharmaceutical sector, and possession of a qualification category (through examinations and meeting of specific requirements).¹⁴⁰

Patients' rights

Lithuania has an extensive set of laws and regulations that promote patients' rights. One of the key laws in this area is the Law on the Rights of Patients and Compensation for Damage to their Health, which establishes the rights of patients in cases of medical malpractice.¹⁴¹ It also guarantees the right to accessible health care services; the right to select a physician, nurse and health care institution; the right to information; the right to refuse treatment; the right to file complaints; and the right to personal privacy.¹⁴² The rights of patients may not be restricted on the basis of gender, age, race, nationality, language, social status, or religion.¹⁴³ All treatment, diagnostic procedures and nursing care must be undertaken on behalf of a patient,¹⁴⁴ but access may be limited because of an institution's insufficient capacity to provide services. In this case, the institution must provide services on a medically sound and non-discriminatory basis.¹⁴⁵ Patients are guaranteed the right to pain relief and the right to die with dignity.¹⁴⁶

The right to receive free care is guaranteed in Article 53(1) of the Constitution of the Republic of Lithuania, which holds that "the state shall take care of people's health and shall guarantee medical aid and services in the event of sickness. The procedure for providing medical aid to citizens free of charge at state medical facilities shall be established by law."

As defined in the Law on Health Insurance,¹⁴⁷ patients must receive medical assistance without delay and, if services are unavailable near the patient's place of residence, the treating physician must inform the patient about alternatives. In cases of medical need, health care providers must transport the patient to another institution where the patient can receive appropriate medical assistance.¹⁴⁸ Patients may choose their providers and whether to receive treatment at public or private health care institutions. SHI compensates health care services in public institutions and in those private institutions that have signed financing contracts with SHI.¹⁴⁹

Patients have the right to receive specific information about the services available at health care institutions and how to make use of them; the full name, position and qualifications of doctors and nurses providing care; internal regulations and procedures of the health care institution; descriptions and information about their diagnosis and treatment; condition of

their health, medical exam results, treatment methods and treatment prognosis.¹⁵⁰ This information must be presented to a patient in an understandable form. Patients must receive sufficient information to make an informed choice over whether to accept treatment, or to refuse it.¹⁵¹ Patients also have the right to request copies of their case histories and other documents. The patient may dispute information contained in his or her medical records. If the dispute is justified, the records must be changed.¹⁵²

Patients may not be treated without their consent. If they refuse a proposed treatment, they should be offered alternative forms of care.¹⁵³ Minors may not be treated against their will, with certain limitations defined in Lithuanian law,¹⁵⁴ and parental consent is required for most treatments of minors. Mentally ill patients' rights for refusing treatment are defined by the Law on Mental Health Care.¹⁵⁵

Patients who are dissatisfied with their health care may complain to the administration staff member responsible for the quality of care services at the treatment institution. Complaints must be answered in five business days. Patients can then file complaints with the Ministry of Health, other supervising agencies and the courts.¹⁵⁶ Information about a patient's medical history and diagnosis may only be released with the patient's written consent or when stipulated by law.¹⁵⁷

Medical malpractice per se is not defined as a crime by the Criminal Code, although it is regulated by the Law on the Rights of Patients and Compensation of the Damage to their Health. Patients may claim compensation under this law when they were injured in the course of treatment or of medical research.¹⁵⁸ Treatment executed according to standards of medical practice and science, the injurious consequences of which could not have been avoided by any other effective method of treatment, are not covered by this law. Injuries must be the result of culpable actions of a physician or nursing staff member. Health care institutions are required by law to have insurance to indemnify them for civil malpractice claims.

The Ministry of Health convenes a commission to evaluate the validity of patients' requests for damage compensation and establish the amount of such compensation. This committee is composed of representatives from the State Patients' Fund, the Compulsory Health Insurance Council, physician organizations, nursing staff members, and patient organizations.¹⁵⁹ They serve four-year terms. The decisions of the commission are obligatory and compensation is paid out of the State Patients' Fund.¹⁶⁰ Decisions of this commission may be appealed.¹⁶¹

The Medical Ethics Commission of the Ministry of Health handles questions of medical ethics.¹⁶² This commission uses existing standards of medical ethics recognized by EU, Council of Europe and other international organizations, in making its

decisions and recommendations. Professional associations of doctors, health care providing institutions and nursing personnel also make recommendations to their members on ethical issues.

Conclusions

The organization, financing, and structure of the Lithuanian health care system has undergone considerable change since 1990. Nonetheless, the system needs further reform to meet the health needs of the population. The Lithuanian health system suffers from a lack of financing and a shortage of professionals trained in modern public health. The lack of specific reproductive health services raises serious concerns about the health care available to women of childbearing age and adolescents.

B. POPULATION POLICY

The total population of Lithuania has been in decline since 1992¹⁶³ as the socio-economic transition has led to a net emigration of the population, an increase in mortality, and a significantly diminished fertility rate.¹⁶⁴ Before 1991, Lithuania received immigrants from Belarus, Russia and other states of the Soviet Union. After 1991, ethnic Russians and others returned to Russia, Belarus, and other states of the Commonwealth.¹⁶⁵ Since the beginning of 1994, death rates have exceeded birth rates in Lithuania.¹⁶⁶ Although much public discussion has been devoted to the decreasing birth rate and overall demographics of Lithuania, no coherent population policy exists in Lithuania. In 1996, the Ministry of Health and the Ministry of Social Security and Labor proposed a draft Family Health Care Law, which would have established a reproductive health and population policy, but it was never submitted to Parliament.

Despite the lack of an explicit population policy, the health of pregnant women, birthing mothers and newborns is a declared priority in Lithuania.¹⁶⁷ Health care institutions guarantee every pregnant woman care during pregnancy and delivery, as well as treatment and prevention activities for mothers and newborns.¹⁶⁸ As of November 1997, families with three or more children receive benefits beyond the regular family allocation.¹⁶⁹ The allowances for foster children also have been substantially increased.¹⁷⁰ Families undergoing particularly difficult financial conditions can receive a grant from their municipality. Families receive housing subsidies, allocations for utilities and public transportation, tax rebates, various work guarantees for parents, and aid for preschool and school-age children.¹⁷¹

C. FAMILY PLANNING

In 1996, the government of Lithuania adopted the Family Policy Proposal and Action Plan.¹⁷² In accordance with one of the plan's provisions, the Ministry of Health prepared a Draft Law

on Family Health Care that sets forth a liberal definition of family planning and contraception, regulations covering abortion, sex education of children and youth, public sex education, artificial insemination and sterilization. The draft has not yet been submitted to Parliament.¹⁷³

Government delivery of family planning services

Lithuanian legislation does not specifically regulate family planning services, although family planning consultations are listed in the Law on the Health System as part of public health promotion.¹⁷⁴ Family planning services are provided in public and private, primary and specialized health care institutions such as women's clinics, the State Family Planning Center, and private OB/GYN offices. The State Family Planning Center, founded in 1993, provides consultations to patients on family planning methods and infertility treatment. It also trains providers in the fields of reproductive health and family planning.¹⁷⁵

Care for pregnant women, birthing mothers and newborns is regulated in accordance with the principles of the Perinatal Care Program.¹⁷⁶ A 1990 Decree of the Ministry of Health put into effect the World Health Organization's recommendations for the registration of premature newborns,¹⁷⁷ and a Newborn Health Registry was started in 1992, along with a Perinatology, Neonatology, Inherited Diseases and Birth Defects Prevention Program.¹⁷⁸ The Ministry of Health adopted a new Perinatology Program for 1997-2000 which extends the program's work toward reducing morbidity and mortality among newborns and mothers.¹⁷⁹

Care for pregnant women, birthing mothers and newborns is provided at all levels of health care in Lithuania.¹⁸⁰ Primary health care providers, including OB/GYNS and qualified midwives, deliver ambulatory care to pregnant women and postpartum care through Women's Consultation Clinics. High-risk pregnancies can only be seen by an OB/GYN; care can occur at both public and private clinics.¹⁸¹ If complications are detected, the woman is sent to a more specialized physician or an in-hospital obstetrics and neonatal service.¹⁸² Highly specialized obstetrics and neonatal services are provided in university hospitals.¹⁸³ In 1994, a National Family Planning Program was developed and adopted by the Ministry of Health; however, no money was allocated to implement the program.¹⁸⁴

Services provided by NGOs/private sector

Private family planning service providers exist (private OB/GYN offices), and must follow laws and decrees of the Ministry of Health. They provide mostly gynecological rather than obstetric services. The Family Planning and Sexual Health Association (hereinafter referred as "Association"), an International Family Planning Federation affiliate, was founded in

1995.¹⁸⁵ To date, it is the only NGO working in the field of sexual-reproductive rights. The Lithuanian Obstetric-Gynecological Society is a non-governmental organization working in the fields of obstetrics and gynecology. Additionally, every diocese of the Catholic Church has a "Family Center," which promotes natural family planning. These centers are invariably anti-choice.

D. CONTRACEPTION

Prevalence of contraceptives

The "Family and Fertility Survey"¹⁸⁶ revealed that 48% of urban and 44% of rural women — and 51% of urban males compared to 43% of rural males — use contraceptives.¹⁸⁷ The most popular contraceptive methods are condoms, abstinence, *coitus interruptus* and intrauterine devices. Young people predominantly use condoms, oral contraceptive pills, and *coitus interruptus*.¹⁸⁸ Contraceptives, including condoms, spermicides, oral contraceptive pills, injectable contraceptives and intrauterine devices, are available for purchase at public and private pharmacies. Family planning services providers and the Association provide contraceptive information and services. Modern forms of contraception are not widely used in Lithuania; oral and injectable contraceptives are disfavored.¹⁸⁹ Contraceptive implants and voluntary sterilization are not available.

Legal status of contraceptives

There are no laws restricting or regulating contraception. Prescriptions are needed for contraceptives, although in practice, oral birth control pills are available without one. Religious beliefs do not greatly influence the choice of contraception methods. Education and geographic location are better indicators for correlating contraceptive use.¹⁹⁰

Regulation of medical technology

The State Drug Control Agency of the Ministry of Health¹⁹¹ regulates the pharmaceutical industry in Lithuania. Drugs and pharmaceutical products intended for use must be registered¹⁹² and the Ministry of Health regulates the sale of drugs and pharmaceutical products to residents.¹⁹³ Condoms, which must have been tested, are sold in public and private pharmacies, shops and kiosks.¹⁹⁴ Contraceptives, especially birth control pills, are costly, costing between USD \$2.50 and USD \$5.¹⁹⁵ One condom costs between USD \$0.25 and USD \$1.25.¹⁹⁶ As of November 1999, the average monthly Lithuanian salary was USD \$270.¹⁹⁷

Regulation of information on contraception

There are no special laws regulating the advertisement of contraception in Lithuania. In general, the Law on Pharmaceutical Activities allows prescription drugs to be advertised in specialized media meant for physicians and pharmacists.¹⁹⁸

Non-prescription drugs may be advertised to the general public, provided a disclaimer is printed in the advertisement.

Conclusions

The use of contraceptives is increasing due to better information. Oral contraceptive pills have increased in popularity and the use of condoms is increasing because of awareness regarding the spread of AIDS in Lithuania.¹⁹⁹ In general, more women than men use contraceptives. Family planning services are accessible to many women. Notwithstanding the improvements, the lack of an effective national policy makes these services ineffective and does not address numerous existing problems. As a result, much of the population does not receive accurate and competent information about the modern methods of contraception. Myths regarding the harm caused by hormonal contraceptives persist. Primary health care providers, however, do not provide quality family planning counseling services, if they provide such services at all. Therefore, even when minor problems occur, many women stop the use of hormonal contraceptives.²⁰⁰ Family planning was not a priority area for the Ministry of Health in the preparation of the health program for 1999-2000.

E. ABORTION

Abortion is defined as the termination of a pregnancy, upon the request of the woman, up to the 12th week of gestation.²⁰¹ However, Lithuanian abortion statistics also include miscarriages, pregnancy terminations for medical reasons, and ectopic pregnancies. The abortion rate in Lithuania is therefore one of the highest in Europe. On average, 76 abortions are performed for every 100 births.²⁰² More abortions take place in urban areas than in rural ones (the rates are 85.59 and 64.20 per 100 infants born, respectively), and in some cities and regions, there are more abortions than births. The total number of abortions has been decreasing from 40,765 in 1991 to 22,680 in 1997.²⁰³ Most abortions (73.5%) are performed upon the request of women; only 0.4% are performed for medical reasons, 19.2% are the result of spontaneous miscarriages, and 3.4% are for ectopic pregnancies.²⁰⁴ Mini-abortions (uterine evacuations done up to eight weeks from the last menstrual period) constitute roughly half of all abortion procedures. The number of abortions performed for women younger than 19 is increasing. In 1995, 5.9% of abortions were performed for women under 19, while in 1996, the figure was 6.7%, and in 1997, 7.1%.²⁰⁵

Legal status of abortion

Until 1990, abortions in Lithuania were regulated by the 1955/11/23 Decree of the Presidium of the Supreme Council of the USSR, entitled "On the abolition of the prohibition on abortions."²⁰⁶ This decree stated that abortions may be performed in hospitals upon the woman's request up to the 12th

week of gestation. They were permitted after the 12th week only under strict medical conditions. Abortions were performed in accordance with the implementing decree of the Soviet Ministry of Health,²⁰⁷ which was valid in Lithuania until January 28, 1994. Thereafter, a Lithuanian national decree was promulgated on abortion.

Abortion is now regulated by a Decree of the Minister of Health (the "Abortion Decree"),²⁰⁸ which is applicable to both public and private health care providers. In accordance with this decree, abortions may be performed upon the woman's request up to the 12th week of pregnancy. Abortion after the 12th week may only be performed if the woman's life and health are at risk.²⁰⁹ In such cases, abortions may be performed regardless of the length of pregnancy.²¹⁰

Requirements for obtaining legal abortion

Abortions must always be performed in the gynecology department of a hospital.²¹¹ Prior to admission to the gynecology department, the woman must have an ambulatory OB/GYN consultation.²¹² In this outpatient consultation, and before a referral is issued, the woman (and her husband, if applicable) are counseled as to the potential health, physical and psychological risks of abortion and pregnancy. This information is provided by the consulting physician; in cases of a first pregnancy, it is done by both the patient's OB/GYN and the chief of the consultative clinic. The Abortion Decree mentions that it is desirable to have a psychologist participate in this counseling.²¹³ The woman must inform the hospital in writing of her decision to terminate the pregnancy prior to the abortion.²¹⁴ Under all circumstances, the woman's consent is required. Consent of the husband is desirable, although not mandatory.²¹⁵ Parental consent of at least one parent is required when performing abortions on minors up to 16 years of age. Such consent is desirable, but not required for girls between the ages of 16 and 18.²¹⁶

Policies regarding abortion

There is no official policy discouraging abortion, but an anti-choice movement has recently been working to severely limit or outlaw abortion. To counter this anti-abortion sentiment, the general public and medical professionals have become more outspoken. Groups such as Women's Issues Information Center (WIIC) promote the idea that the best way to reduce the number of abortions is to promote modern family planning methods.²¹⁷

Government funding/subsidizing of abortion services

Termination of pregnancy for health reasons is performed free of charge. All other terminations are on a fee-for-service basis in accordance with prices set by the Ministry of Health.²¹⁸ At public health care institutions abortions cost between USD

\$15 and USD \$25. Prices are higher in private clinics—USD \$100 and more.²¹⁹ All abortions must be performed by OB/GYNs. OB/GYNs working in Women's Consultation Clinics and doctors in private practice may perform mini-abortions on an ambulatory basis.²²⁰ There is no available data about illegal abortions in Lithuania, but the actual number of abortions is believed to be higher than the number officially reported.²²¹ There is no systematic, organized, post-abortion counseling.

Penalties for abortion

The Criminal Code specifies punishments for illegal abortion in the following cases: if an abortion is performed by a general physician, if an abortion is performed in unsanitary conditions, or if an abortion is performed by a person without university medical education. An illegal abortion performed by a physician is punishable by a fine or up to two years of community service.²²² Abortions performed in unsanitary conditions or by a non-doctor are punishable by up to three years imprisonment.²²³ Repeat offenders or illegal abortions that result in serious health consequences or death can be punished more harshly — two to seven years imprisonment.²²⁴

Restrictions on abortion information and advertisement

There are no specific restrictions on the advertisement of abortions or other family planning methods.

Religious definition/restrictions

The Catholic Church has sought to severely restrict abortion, and has launched a campaign concentrating on the presumed negative physical, social and psychological consequences of abortion. Its influence, nonetheless, seems to be declining.²²⁵

F. STERILIZATION

Legal status and requirements

Although the Law on the Health Care System mandates that the procedures for sterilization be established by law,²²⁶ there are no Lithuanian laws that either forbid or regulate sterilization. Most often, sterilization is performed for women only on medical grounds, such as after the second or third cesarean birth. Sterilization without any medical basis might be considered "infliction of serious bodily harm" and might, therefore, be punishable under the Criminal Code.²²⁷ The 1996 first Draft Law on Family Health Care included a section legalizing and regulating voluntary surgical sterilization as a method of family planning, but in later drafts this section was deleted after pressure from anti-choice groups. Currently the Association is lobbying for this draft law to be reviewed and submitted to the Parliament, with the provision on voluntary sterilization.

G. HIV/AIDS AND SEXUALLY TRANSMISSIBLE INFECTIONS (STIs)

Prevalence of HIV/AIDS and STIs

Syphilis is one of the most common STIs in Lithuania.²²⁸ In 1997 there were 84.9 cases of syphilis per 100,000 inhabitants, a 1.47% increase from 1994 figures, and 17.7 times the 1991 rate.²²⁹ After 1997, the incidence of syphilis began to drop, and in 1998, there were 62.8 cases per 100,000 inhabitants. The disease nevertheless persists and is more prevalent in the cities than in rural areas (68.0 and 52.9 cases per 100,000 inhabitants, respectively). Gonorrhea also occurs, but has decreased considerably since 1994.²³⁰ In 1997, 2,021 new cases of gonorrhea were registered, 421 of which were women. The official number of gonorrhea cases for 1997 was 49.2 per 100,000 inhabitants, down from 70.7 in 1996.²³¹ In 1998, these diseases accounted for 36.3 and 3.8 per 100,000 inhabitants, respectively.²³² Because the private clinics do not report their STI figures, and many people are using private facilities, it is difficult to obtain accurate statistics. As a result, the morbidity figures may not reflect the actual infection rates.²³³

From 1988 to 1998, there were 128 cases reported of HIV infection and 20 AIDS cases.²³⁴ The majority of HIV positive cases are men, and there are no registered HIV infections among children. The youngest registered case involves a 17 year old.²³⁵

High HIV infection rates in countries which neighbor Lithuania are of concern. In Lithuania, HIV infection typically originates through sexual relations and the sharing of needles by IV drug users.²³⁶ Heterosexual transmission of HIV is most prevalent among Lithuanian sailors.²³⁷

Laws affecting HIV/AIDS

A number of laws in Lithuania deal with HIV/AIDS. The Criminal Code specifies that the intentional infection of another person with HIV is punishable by two to seven years imprisonment.²³⁸ In addition, Lithuanian law requires HIV testing of those sentenced to prison and those prisoners about to be released.²³⁹ A 1992 decree of the Ministry of Health also forbade HIV-positive persons from working as sailors, and the rules for health examinations of sailors specify an HIV blood test.²⁴⁰ This decree was amended in 1994 to allow HIV-positive "A1" category seamen to work at sea.²⁴¹ There are no specific laws in Lithuania regarding discrimination against people who are HIV-positive.²⁴²

Laws affecting STIs

Although there are no specific laws regulating sexually transmissible infections, the Law on the Prevention and Control of Human Infectious Diseases regulates STIs as part of the general control of the spread of infectious diseases.²⁴³ The Criminal Code specifies punishments for "causing intentional bodily

injury, infection with a disease or causing other illness, dangerous to life or causing long-term organ dysfunction or other long-term health dysfunction."²⁴⁴ This article also covers intentional infection with a sexually transmissible disease. "Legal and natural persons, who through their illegal activities" cause infection with gonorrhea, syphilis or HIV (and other specified infectious diseases) must compensate the "costs of diagnosis, treatment of infected persons, control measures, and the liquidation of the consequences of these diseases to health and the economy."²⁴⁵

Policies on prevention and treatment for HIV/AIDS and STIs

The 1990 Decision of the government "On the prevention of AIDS in the Republic of Lithuania" recognizes AIDS as a major problem and specifies methods for reducing the spread of HIV infection,²⁴⁶ including testing all blood, semen and organ donors and guaranteeing privacy protection. In 1992, Lithuania created the position of National AIDS Coordinator responsible for national policy formation on AIDS. In 1996, the government adopted the AIDS Prevention Program and the Sexually Transmitted Disease Prevention Program. The government's 1998 National Lithuanian Health Program made AIDS and STI prevention one of its priorities. Syphilis infection rates are to be reduced to 25 cases per 100,000 people by 2010, and gonorrhea infection rates to 40 cases per 100,000 by 2010. The Health Program seeks to stop the spread of AIDS by 2010.²⁴⁷ These goals are being achieved through National STI and AIDS prevention programs, which provide free diagnosis, testing, treatment, and public education.²⁴⁸ A 1999 Decree of the Ministry of Health again made AIDS and STI prevention a priority area in its health programs for 1999-2000.²⁴⁹

The principal institution responsible for the control of HIV/AIDS is the Lithuanian AIDS Center. It was established in 1989 by a Decree of the Ministry of Health. The center educates the public, provides anonymous testing and counseling, undertakes epidemiological surveillance and data evaluation, and rehabilitates drug abusers.²⁵⁰ All HIV-positive persons receive free care in appropriate state and municipal health care facility hospitals, in accordance with a Decree of the Ministry of Health.²⁵¹

III. Understanding the Exercise of Reproductive Rights: Women's Legal Status

A. LEGAL GUARANTEES OF GENDER EQUALITY/NON-DISCRIMINATION

Article 29 of the Lithuanian Constitution provides that all people shall be equal before the law, the courts, state institu-

tions, and officers. A person may not have his rights restricted in any way, or be granted any privileges, on the basis of his or her sex, race, nationality, language, origin, social status, religion, convictions, or opinions. The Law on Equal Opportunities, which went into effect on March 1, 1999,²⁵² defines and prohibits sexual discrimination, regulates relationships in labor and education, and prohibits sexual harassment. To oversee this law, the Equal Opportunities Office of the Ombudsman was established.²⁵³

Over the last several years, women's NGOs have greatly increased their activities, with the goals of abolishing all forms of discrimination, improving the social standing of women, and protecting their reproductive rights. In 1992, based on the initiatives of the women's movement, Lithuania signed the 1979 United Nations Convention on the Elimination of All Forms of Discrimination against Women. This Convention was ratified by Parliament on September 10, 1995.²⁵⁴

B. CIVIL RIGHTS WITHIN MARRIAGE

The family is considered to be the foundation of Lithuanian society; the state protects and cares for the family, which is defined as parents and children. Marriage is entered into by women and men of their own free will.²⁵⁵ Marriages are performed in civil registration agencies.²⁵⁶ The fourth part of article 38 of the Constitution provides for the state's recognition of church registration of marriages, but a system for church registration of marriages has yet to be implemented.

Currently, the minimum age for men and women to marry is 18.²⁵⁷ If pregnancy is involved, a court may allow a person under 15 to get married.²⁵⁸ Marriage partners may retain their last names, change them to the partner's or use both names (hyphenated).²⁵⁹ Persons who are already married cannot enter into a new marriage. Close kinship or mental incapacity are also bars to marriage.²⁶⁰

The Matrimonial and Family Code, adopted in 1969, gives spouses equal rights to decide about educating children and about other matters of family life.²⁶¹ It creates a guardianship institution to settle disputes among spouses on issues related to the rearing of children.²⁶² Under the Matrimonial and Family Code and the Civil Code, spouses have equal rights to own, use or dispose of common property. All property acquired during the marriage is considered to belong to both spouses even if the property is registered in the name of only one of the spouses.²⁶³ Spouses must mutually and materially support each other. During pregnancy and three years after the birth of a child, a wife has the right to receive maintenance (alimony) from the other spouse, provided the spouse can afford it. This right remains even after the termination of marriage.²⁶⁴

Marriage laws

Since the Matrimonial and Family Code is quite out of date, the *Seimas* is considering a new draft "family law." As part of a unified Civil Code, it is expected to be adopted in July 2000 and would cover the following areas of family law: the termination and dissolution of marriage, disposition and regulation of property of spouses, and the parent-child relationship.²⁶⁵

The draft includes innovative legal instruments such as prenuptial agreements, extra-judicial dissolution of marriage and reproductive technology, and men and women having equal rights and duties in the family.²⁶⁶ The draft Civil Code states that a court may reduce minimum age for marriage by three years on the basis of a person's request. In the draft Civil Code it is also stipulated that the parents must ensure the rights of their child.²⁶⁷

Divorce and custody law

A divorce may be concluded either at the civil registration agency or in court. Out-of-court divorces require the mutual agreement of both parties to the divorce and to the property settlement. Divorce by mutual consent is allowed only if the couple has no children.²⁶⁸ If one partner does not agree to the divorce and there are unresolved questions regarding division of property, alimony, or there are minor children, a divorce action must be filed with a court. Divorces are granted by the court only when it determines that continuation of the marriage is no longer possible.²⁶⁹ The death of one partner, or the declaration of his or her death in accordance with court proceedings, also terminates a marriage.²⁷⁰ A husband has no right to institute divorce proceedings against his wife if she is pregnant or within one year after the birth of a child.²⁷¹

Divorce proceedings settle property-related matters such as alimony and division of community property, which is property acquired during the marriage.²⁷² It is usually divided equally, although it often is registered only in one partner's name. Under certain circumstances the courts may divide the property "unequally," so that the particular needs of a partner or of minor children are adequately met, should such a person be ill or disabled.²⁷³

Marriage partners have the same property rights even if one was unemployed or worked at home raising children.²⁷⁴ If a dependent wife is in need of financial assistance, she may request alimony. Both parents have an obligation to financially support a child; upon divorce, child support is set by the court.²⁷⁵ If the father does not pay child support, the mother has recourse to the courts to enforce the award.

Custody

The Code specifies that both parents have equal rights and responsibilities to their children, even after divorce.²⁷⁶

In practice, however, after a divorce, children most often live with their mother, and the father has visitation rights and child support obligations.²⁷⁷ The Law on Child Guardianship establishes guardianship for a child deprived of parental care. Child guardians are supposed to ensure the child's upbringing and care in an environment that would facilitate his development and progress.²⁷⁸ The law defines the procedure to establish, organize, and terminate guardianship, its types and forms, the rights, duties and responsibilities of the guardians. The Law also determines the personal property rights and interests of the child under guardianship.²⁷⁹

C. ECONOMIC AND SOCIAL RIGHTS

Property rights

There are no Lithuanian laws that discriminate against women with regard to property rights.

Labor rights

Until 1996, women comprised more than half of the workforce in Lithuania. By 1998, their participation in the labor market declined to somewhat less than half at 47.5%. In no economic sector do women earn more than men; in 1998, women earned an average of 77.2% of the amount earned by men.²⁸⁰ Since 1994, the number of unemployed women has exceeded that of unemployed men; in 1998 51.2% of women were unemployed.²⁸¹ Women living in rural areas face difficult conditions as well. They have depressed incomes even though officially unemployment is less prevalent than in the cities. The majority of agricultural workers do not contribute to the social insurance schemes and cannot afford to pay voluntary social insurance. As a consequence, many elderly rural women will not be eligible for retirement pensions and do not receive appropriate health care.²⁸²

Lithuania's labor law specifies that employers must provide equal opportunities to men and women, set the same employment standards, provide equal opportunities for training, and allow them to fill the same positions at the same salary levels. Newspaper advertisements, however, still discriminate against women: they often express a preference for gender and age, sometimes stating that men will be given priority.²⁸³ The 1999 Law on Equal Opportunities should help put an end to this practice as it prohibits employers from specifying gender-based preferences or for requesting information regarding an applicant's civil status, private life or family plans.²⁸⁴

There are additional laws regulating women's employment. The Law on Safety of People at Work states that employers must grant a shortened work day or work week if requested by a pregnant woman; a woman with children under 14 years of age or disabled children under 16 years of age; a father caring for a child by himself under 14, or a guardian caring for a child

under 14; a disabled person; or a person caring for a sick family member.²⁸⁵ Women have the right to choose to work on a full- or part-time basis, and to work under conditions that would not harm their health or that of their children.²⁸⁶

Special working conditions are also set for pregnant women and those caring for small children. Pregnant women who present a medical note have the right to reduced work and to be transferred to less hazardous work without prejudice to their pay.²⁸⁷

In practice, however, employers are reticent to employ pregnant women or women who have small children in the fear that they will miss too much work due to the illness of a child. In addition to all usual work breaks, additional breaks of no less than 30 minutes must be provided every three hours for nursing mothers.²⁸⁸

Pregnant women and women with children under three years of age cannot be assigned to work overtime or at night.²⁸⁹ Women with children under 14 cannot be forced to work overtime or be sent on business trips without their agreement.²⁹⁰ Women with children under 14, if possible, must be given priority in choosing their work shift.²⁹¹

Maternity leave

Women are granted pregnancy and childbirth leave amounting to 70 calendar days prior to birth and 56 after birth. A woman experiencing a complicated or multiple birth is given 70 additional calendar days' leave after the birth. This leave is paid for in accordance with the rate set by the Law on State Social Insurance.²⁹² A mother can request child care leave until her child reaches the age of three.²⁹³ Upon the family's decision, any family member — the mother, father, grandparent or other relative — may take the leave to care for the child,²⁹⁴ and a child care allowance established by the state is paid to them; their future employment is guaranteed with no loss of seniority.²⁹⁵ Usually women stay at home to take care of children until the age of 12 to 18 months, after which the amount of leave compensation decreases. Family benefits are paid in cash for each child under the age of three, in the amount of 75% of the minimum wage.²⁹⁶

Access to credit

There are no Lithuanian laws that discriminate against women in terms of their access to credit.

Access to education

Article 41 (1) of the Constitution mandates education up to the age of 16. Education is free of charge at public secondary, vocational and higher schools and education is equally open to men and women.²⁹⁷

During the 1998-99 school year, 50.7% of all enrolled students were women. At the higher education levels, 65.2% of all

college students and 57.8% of all university students are women. In vocational schools women constitute a minority, amounting to only 39.2% of all enrolled students. Most women in colleges studied health care (91.9%), teaching (91.8%) and business (78.4%). In universities, most female students chose teaching (79.6%).²⁹⁸ In 1999, 51.8% of all doctoral students were women. In spite of the non-discriminatory provisions established in the Law on Education, men are sometimes given priority in admission to university studies.²⁹⁹ The 1999 Law on Equal Opportunities should change this practice. Any limitation on the choices of study on the basis of sex is prohibited.³⁰⁰

National machinery for the promotion of women's equality

In 1994, Lithuania was one of the first East Central European countries to set up a governmental office on women's issues — the office of State Counselor on Women's Issues. Currently, the State Counselor on Foreign Relations and Relations with NGOs oversees women's issues. The Ministry of Social Security and Labor and the Department of Statistics have set up offices devoted to gender analysis. The Ministry of Social Security and Labor formed an inter-ministerial commission for the monitoring of the implementation of the Action Plan for the Advancement of Women.³⁰¹

In November 1996, the government adopted the Program for the Progress of Women and agreed to its implementation.³⁰² This program covers the most important aspects of a woman's life, both public and private, in accordance with the fundamental principles embodied in the Constitution, Civil Code and other legal acts. No financial allocation was made for implementation; nevertheless, parts of the program are being implemented through the mutual effort of governmental and non-governmental organizations.³⁰³

D. RIGHT TO PHYSICAL INTEGRITY

Rape

The Constitution of the Republic of Lithuania guarantees the security of the person. Article 21 states that it shall be prohibited to torture, injure, degrade, or maltreat a person. Rape is legally defined as sexual intercourse through physical violence or threat of imminent violence or by exploiting the state of the victim. It is punished by three to seven years imprisonment.³⁰⁴ Repeat offenders are subject to five to ten years imprisonment.³⁰⁵ Gang rape or the rape of a minor (14 - 18 years old) is punished by five to fifteen years imprisonment.³⁰⁶ Rape by a particularly dangerous recidivist, which causes grave consequences, or of a child³⁰⁷ is punishable by eight to fifteen years.³⁰⁸ The Criminal Code makes no special provisions for rape by a spouse, and these offenses are punished under the general article covering rape. However, experience shows that it is very

difficult to prove rape by a marital partner. Only in cases of severe physical violence do prosecutions result. Rape by a sibling might be considered incest, but the Matrimonial and Family Code only mentions it as a bar to marriage.³⁰⁹ Neither the civil nor the criminal codes specify punishments for incest.

The existing classification of sexual crimes is soon to be revised. The draft Criminal Code prepared by the Ministry of Justice of the Republic of Lithuania (expected to be adopted by July 2000) redefines sex crimes as crimes and misdemeanors against freedom of sexual self-determination and sexual inviolability. The proposed categories are: rape,³¹⁰ sexual coercion,³¹¹ sexual exploitation,³¹² sexual harassment³¹³ and corrupting of minor.³¹⁴

Domestic violence

Although there is no criminal provision specific to domestic violence, the Criminal Code would classify these acts as assault, battery, and torture. The length of criminal sentencing for domestic violence depends on the degree of harm caused to the injured person. For example, intentional bodily injury or infection with a disease, or any other way of causing illness that does not have long lasting health effects is punished by up to six months imprisonment, community service up to one year, or a fine.³¹⁵ A deliberate minor bodily injury is punished by up to three years imprisonment.³¹⁶ If a person is assaulted in a public place, the complaint of the survivor is not necessary to begin criminal proceedings. Only if the violence takes place within the home must the survivor make out a complaint to initiate the process.³¹⁷ As a result, few domestic violence complaints are filed. To make domestic violence proceedings more accessible, the Ministry of Health issued a decree in 1995³¹⁸ ordering health care facilities to report immediately all incidents of violence to the police. According to police data, the few complaints that are filed most often are for minor bodily injuries, battery or torture. Courts are reluctant to review domestic violence cases.

Women who reported domestic violence can now receive assistance from law enforcement authorities and from the active women's movement. NGOs and a handful of police stations have opened consultative offices that offer psychological, medical and legal assistance to domestic violence survivors. These consultative offices are often referred to as women's "Crisis Centers." Currently, there are a few (five) domestic violence refuges. Two shelters have been established by municipalities, one by the Church and two by municipal police departments.

Sexual harassment

Before 1999, sexual harassment was not generally prohibited by law. However, the new Law on Equal Opportunities

specifically protects people from sexual harassment, which it defines as offensive conduct of a verbal, physical or sexual nature, towards a person with whom there are work, business, or other relations of subordination.³¹⁹ Under the law, employers must ensure a working environment free from sexual harassment and take appropriate means to prevent retaliation against an employee who has lodged a complaint on grounds of discrimination.³²⁰

The law also prohibits sex-specific requirements in job advertisements or advertisements of educational opportunities (except in the cases where, for objective reasons, these posts may be filled by members of only one sex). Information from job seekers about their civil status, private life, or family plans cannot be requested.³²¹ Employers must also provide equal working conditions, equal opportunities for professional development training, and pay equal wages based on equal work quality evaluation criteria. A victim of sexual harassment has the right to submit a complaint to the responsible authorities. These complaints are to be filed in writing within three months of the offense. If sexual harassment is proven, the offender is punished by an administrative fine paid to the state, not to the victim.

Trafficking in women

Prostitution is illegal in Lithuania, and monetary fines of USD \$75-125 can be levied against the person engaged in prostitution.³²² Repeat offenses incur higher fines or administrative arrest for up to 30 days.³²³ Only the use of children in prostitution is a criminal offense. "Trafficking of persons" is defined by the Criminal Code as a crime. Trafficking is defined as "sale of a person or transfer or acquisition for the purpose of sexual exploitation, forced prostitution, or for material and other kinds of personal gain," as well as bringing of an individual in or out of Lithuania with the goal of using him or her for prostitution. Trafficking in persons is punishable by four to eight years imprisonment.³²⁴ If the same offense is committed repeatedly, against minors, or through conspiracy, or by an especially dangerous recidivist, it is punishable by six to twelve years imprisonment.³²⁵

Lithuanian law does not primarily target punishment against the trafficker. More often, criminal charges are filed against the women who attempted to enter the country with forged travel documents. The Ministry of the Interior through the Department of Police has created a special division for combating trafficking in the Organized Crime Task Force.³²⁶ According to the German Federal Crime Bureau, 125 women who have been trafficked from Lithuania into Germany for prostitution appealed to German authorities in 1997. The number of trafficked women from Lithuania into Germany surpasses that of

its close neighbors with 32 per 100,000 population, compared to the Czech Republic with 15 and Poland with four.³²⁷

IV. Focusing on the Rights of a Special Group: Adolescents

As of 1999, 20% of Lithuania's population, or 715, 219 people, were younger than 14 years. Almost half of this number were girls.³²⁸ Under Lithuanian law, all persons under the age of 18 are classified as minors and those between 16-29 as young adults. The number of young adults has remained fairly stable, but the percentage of young adults in the society as a whole has decreased from 22.3% in 1989 to 20.5% in 1997.

Childbearing among adolescent mothers under 18 years of age is low.³²⁹

Within the Ministry of Social Security and Labor there is a service for the Protection of the Rights of the Child which organizes, controls and supervises the enforcement of laws and policies regulating children's rights. In 1996, the Children's Affairs Consultative Council was set up in the Office of the President, and a Commission of Family and Child Affairs was established under Parliament in 1997. Similar services function in the various cities and regions of Lithuania.³³⁰

A. REPRODUCTIVE HEALTH AND ADOLESCENTS

Health policy and the health care system

The Lithuanian Health Program contains no specific section that deals with the health of adolescents.³³¹ Generally little attention has been paid to the reproductive health of young people; only recently have the issues of teenage pregnancy, abortion, and STIs been taken up by the government. Reproductive health policy for adolescents is largely the domain of NGOs, such as the Association. The Healthy Lifestyles Promotion Program, which was started in Lithuanian schools in 1993, is the only program addressing the reproductive health issues of teenagers. No other kind of sex education program exists.

Access to services

There are no Lithuanian laws or legal acts that limit adolescents' access to health care services. Young adults go to the same general clinics as adults. Services are provided free of charge in general polyclinics, but services at specialized centers (i.e., the State Family Planning Center) are provided on a fee-for-service basis, which are accessible only to the few young adults who have financial means.

Contraception

Accurate data about the use of contraceptives among Lithuanian youth is non-existent, but it is known that modern

methods of contraception are not widely used.

Various surveys and studies show that the most popular means of birth control among young adults is the condom: 26% of students regularly use condoms.³³² In studies of young couples between the ages of 18 and 19, 43.2% use contraceptives. Of these, 18.9% use condoms, 10.8% use *coitus interruptus*, and 5.4% hormonal oral contraceptives.³³³ Oral birth control pills are generally unpopular with young adults but are increasing in use. The medical community encourages the use of condoms for the added benefit of prevention of STIs.

Access to doctor's consultations

Teenagers have access to doctor's consultations and information about sexually transmissible infections, family planning methods and contraceptives, although they are hesitant to do so. On the initiative of the Association, five youth health centers were opened in 1998. These centers, in Lithuania's five largest cities, provide a forum for young people to provide reproductive health consultations to their peers.

Abortion

Approximately 7.2% of all abortions in 1998 were performed on women under the age of 19, and 0.02% for women under 14 years of age.³³⁴ Adolescents, like adults, must go to a primary health care provider for pregnancy tests and a referral to a hospital for an abortion. Abortions for women less than 16 years of age require parental consent. Consent is requested, but is not mandatory, for women between the ages of 16 and 18. The consenting adult must personally come to sign the consent, or the signature must be countersigned by a notary public.³³⁵

B. MARRIAGE AND ADOLESCENTS

Although the minimum age of consent for men and women to marry is 18,³³⁶ the draft Civil Code would allow a court to reduce the minimum age by three years on the basis of a person's request. Also, in cases of pregnancy, courts may allow a person younger than 15 to get married.³³⁷ In 1996, 4% of all marriages had a bride aged 17 or younger.³³⁸ In recent years, more people have started living together without being married. There is a trend toward "living together" (domestic partnership) among 17 to 20 year olds.³³⁹

C. SEXUAL OFFENSES AGAINST ADOLESCENTS AND MINORS

The Criminal Code specifies a punishment of up to three years imprisonment for the molestation of persons less than 16 years of age.³⁴⁰ Sexual intercourse with a sexually immature person is punished by up to five years imprisonment.³⁴¹ Rape of a minor (14 - 18 years old) is punished by five to fifteen years in prison.³⁴²

There are some pending amendments to the Criminal Code. These amendments will increase the penalties for sex offenses with minors, including forced sex and abuse, rape, sexual abuse of children, molestation, forcing individuals to provide sexual satisfaction, organizing prostitution, child pornography and the running of brothels.

D. EDUCATION AND ADOLESCENTS

Legal principles covering the education of children meet the requirements of the 1995 Vienna Declaration to ensure primary education of children. Between 1993 and 1997 there was a noticeable increase in the number of young people seeking education at all levels. Boys more often attend basic and vocational schools, while significantly more girls than boys seek a specialized secondary and higher education.³⁴³

E. SEX EDUCATION

Although sex education is part of the mandatory school curriculum, it is not a separate subject. Rather it is integrated into physical education, biology, and literature courses. Moreover, only a few schools offer organized sex education programs. Lithuanian universities have not trained teachers to teach sex education, although in 1998, the Lithuanian Pedagogical University created an elective program for health teachers that will qualify them to teach sex health classes. The Catholic Church and certain influential educators oppose the teaching of sex education in schools.

F. TRAFFICKING IN ADOLESCENTS

In recent years, the number of missing persons registered by the Lithuanian Ministry of the Interior has increased from 796 in 1995 to 402 registered cases in the first quarter of 1998 alone. Most of the missing persons are minor girls. It is believed that many have been forced to work abroad as prostitutes and have had their travel documents confiscated by their traffickers.³⁴⁴ Trafficking in minors is punishable by six to twelve years imprisonment.³⁴⁵

NOTE ON SOURCES

The information in this chapter is drawn from primary sources of law in Lithuanian and secondary sources in English and Lithuanian. All primary sources of national law are in Lithuanian. Unless otherwise noted, they are available in LITLEX at <www.litlex.lt> (Teisinės informacijos centras [Legal Information Center] of the Lithuanian Ministry of Justice). Unofficial English translations of some laws and regulations are on file with The Center for Reproductive Law & Policy. The chapter conforms to THE BLUEBOOK (16th ed. 1996). Blue book footnote style may show variations due to production incompatibilities with certain character fonts.

GLOSSARY OF ABBREVIATED TERMS

KONST.: Constitution of the Republic of Lithuania

VZ: State News

BAUDŽIAMASIS KODEKSAS: Criminal Code

SANTUOKOS IR ŠEIMOS KODEKSAS: Matrimonial and Family Code

ENDNOTES

1. CIA, LITHUANIA, 1998 WORLD FACTBOOK (visited Feb. 7, 2000) <<http://www.odci.gov/cia/publications/factbook/lh.html>> [hereinafter WORLD FACTBOOK].

2. *Id.*

3. *History of the Seimas, Supreme Council - Reconstituent Seimas 1990 - 1992* (visited Feb. 7, 2000) <<http://www.lrs.lt>>.

4. Lietuvos Respublikos Konstitucija [Constitution of the Republic of Lithuania] [KONST], Valstybės žinios [State News] [VZ] No. 33/1992, Pub. No. 1014 (visited Feb. 7, 2000)

<<http://www.lrs.lt>>. The official English translation can also be found at <<http://www.lrs.lt>>. The Constitution was twice amended in 1996, Law No. I-1390 of June 20, 1996, VZ No. 64/1996, Pub. No. 1501, and Law No. VIII-32 of Dec. 12, 1996, VZ No. 122/1996, Pub. No. 2863. See ADMINISTRATIVE LAW IN CENTRAL AND EASTERN EUROPE 1996-1998, at 196 (Denis J. Galligan & Daniel M. Smilow eds., 1999).

5. SIGMA, PUBLIC MANAGEMENT PROFILES, LITHUANIA: POLITICAL BACKGROUND (visited Feb. 7, 2000) <<http://www.oecd.org/puma/sigmaweb>>.

6. *Id.*

7. OSCE Participating States (visited Feb. 7, 2000) <<http://www.osce.org>>; United Nations Member States (visited Feb. 7, 2000) <<http://www.un.org/Overview/unmember.html>>.

8. Council of the Baltic Sea States (visited Feb. 7, 2000) <<http://www.baltinfo.org/Default.htm>>.

9. The 41 Member States of the Council of Europe (visited Feb. 7, 2000) <<http://www.coe.fr/eng/std/states.htm>>.

10. MINISTRY OF FOREIGN AFFAIRS OF LITHUANIA, INTEGRATION OF LITHUANIA INTO THE EUROPEAN UNION, LITHUANIA - EU RELATIONS: AN OVERVIEW (visited Feb. 7, 2000) <<http://www.urm.lt/eu/over.htm>>.

11. *Id.*

12. KONST. art. 4.

13. *Id.* art. 9.

14. *Id.* art. 5.

15. *Id.* art. 77(1).

16. *Id.* art. 78(2), (3).

17. *Id.* art. 84.

18. *Id.* art. 71(3).

19. *Id.* art. 85.

20. *Id.* art. 91.

21. *Id.* art. 92(1).

22. *Id.* art. 92(2).

23. *Id.* art. 92(3)-(5).

24. *Id.* art. 94(1).

25. *Id.* art. 94(2).

26. *Id.* art. 94(3).

27. *Id.* art. 94(4).

28. *Id.* art. 94(5).

29. *Id.* art. 94(6).

30. SIGMA, PUBLIC MANAGEMENT PROFILES, LITHUANIA: KEY STATISTICS 10.2 (visited Feb. 7, 2000) <<http://www.oecd.org/puma/sigmaweb>>.

31. *Id.* ¶101.

32. KONST. art. 55.

33. WORLD FACTBOOK, *supra* note 1.

34. KONST. art. 67.

35. *Id.* art. 68.

36. *Id.* art. 69(2), (3).

37. *Id.* art. 72.

38. *Id.* art. 109.

39. *Id.* arts. 102, 105.

40. *Id.* art. 103(1).

41. *Id.* art. 107(2).

42. *Id.* art. 111(1).

43. Teritorijos administracinių vienetų ir jų ribų įstatymas [Law on Territorial Administrative Units] No. I-558 (July 19, 1994), art. 5, VZ No. 60/1994, Pub. No. 1183.

44. Apskričių valdymo įstatymas [Law on the Governing of Districts] No. I-707 (Dec. 15, 1994), VZ No. 101/1994, Pub. No. 2015.

45. SIGMA, PUBLIC MANAGEMENT PROFILES, LITHUANIA: SUBNATIONAL GOVERNMENT ¶5.1 (visited Feb. 7, 2000) <<http://www.oecd.org/puma/sigmaweb>>.

46. ADMINISTRATIVE LAW IN CENTRAL AND EASTERN EUROPE 1996-1998, *supra* note 4, at 181.

47. Lietuvos Respublikos konstitucijos 119 straipsnio pakeitimo įstatymas [Constitutional Law Amending Art. 119 of the Constitution] No. VIII-32 (Dec. 12, 1996), VZ No. 12/1996, Pub. No. 2863.

48. SIGMA, PUBLIC MANAGEMENT PROFILES, LITHUANIA: SUBNATIONAL GOVERNMENT, *supra* note 45, ¶5.3.

49. *Id.*; KONST. arts. 119-124.

50. SIGMA, PUBLIC MANAGEMENT PROFILES, LITHUANIA: LEGISLATIVE AUTHORITY ¶2.4 (visited Feb. 8, 2000) <<http://www.oecd.org/puma/sigmaweb>>.

51. KONST. art. 6.

52. *Id.* art. 30.

53. *Id.* art. 29.

54. *Id.* art. 18.

55. *Id.* art. 19.

56. *Id.* art. 21(2).

57. *Id.* art. 22.

58. *Id.* art. 37.

59. *Id.* art. 26.

60. *Id.* art. 25.

61. *Id.* arts. 35, 36.

62. *Id.* art. 38(2).

63. *Id.* art. 38(3), (5).

64. *Id.* art. 39(2).

65. *Id.* arts. 67(1)¶16, 138.

66. *Consideration of Reports Submitted by States Parties under Article 40 of the Covenant, Initial Reports of States Parties Due in 1993: Lithuania CCPR/C/81/Add.10*, ¶ 6, (Sept. 10, 1997), HUMAN RIGHTS COMMITTEE (visited Feb. 7, 2000) <<http://www.hri.ca>> [hereinafter HUMAN RIGHTS REPORT].

67. KONST. art. 53(1).

68. Sveikatos sistemos įstatymas [Law on the Health Care System] No. I-552 (July 19, 1994), VZ No. 63/1994, Pub. No. 1231, amended by Sveikatos sistemos įstatymo pakeitimo įstatymas [Law Amending the Law on the Health Care System] No. VIII-946 (Dec. 1, 1998), VZ No. 112/1998, Pub. No. 3099. The National Health Program, initiated by the Lithuanian Physicians Association in 1990-1991, was adopted as law: Dėl Lietuvos sveikatos programos patvirtinimo [Lithuanian Health Program] No. VIII-833 (July 2, 1998), VZ No. 64/1998, Pub. No. 1842. The English translation can be found at <<http://www.undp.lt/WHO/lhpen.html>> (visited Feb. 8, 2000) [hereinafter LITHUANIAN HEALTH PROGRAM].

69. Law on the Health Care System, art. 4.

70. WORLD HEALTH ORGANIZATION, COUNTRY HEALTH REPORT FOR LITHUANIA 9 (1999) (visited Feb. 8, 2000) <www.undp.lt/WHO>.

71. *Id.* at 11.

72. *Id.* at 12 tbl.7.

73. *Id.* at 11.

74. *Id.* at 12.

75. LITHUANIAN HEALTH PROGRAM, *supra* note 68, at 3.

76. *Id.*

77. *Id.* at 1.

78. *Id.* at 8.

79. *Id.* at 23.

80. *Id.* at 23, 24.

81. *Ministry of Health* (visited Feb. 8, 2000) <<http://www.randburg.com/li/minihealth.html>>.

82. COUNTRY HEALTH REPORT FOR LITHUANIA, *supra* note 70, at 8.

83. *1999 Health Indicators and Main Public Health Issues* (visited Feb. 8, 2000) <<http://www.undp.lt/WHO/wholitind.html>>.

84. COUNTRY HEALTH REPORT FOR LITHUANIA, *supra* note 70, at 8, 9.

85. *1999 Health Indicators and Main Public Health Issues*, *supra* note 83.

86. P. BINDOKAS, LITHUANIAN HEALTH CARE: CURRENT AND FUTURE

PERSPECTIVES (1999).

87. LITHUANIAN HEALTH PROGRAM, *supra* note 68, at 1.

88. Sveikatos sistemos įstatymas [Law on the Health Care System] No. I-552 (July 19, 1994), art. 126, VZ No. 63/1994, Pub. No. 1231.

89. *Id.* art. 122.

90. Sveikatos priežiūros įstaigų įstatymas [Law on Health Care Institutions] No. I-1367 (June 6, 1996), arts. 52–60, VZ No. 66/1996, Pub. No. 1572, as amended by Law No. VIII-940 (Nov. 24, 1998), VZ No. 109/1998, Pub. No. 2995.

91. BINDOKAS, *supra* note 86, at 36.

92. Sveikatos sistemos įstatymas [Law on the Health Care System] No. I-552 (July 19, 1994), VZ No. 63/1994, Pub. No. 1231, as amended by Sveikatos sistemos įstatymo pakeitimo įstatymas [Law Amending the Law on the Health Care System] No. VIII-946 (Dec. 1, 1998), VZ No. 112/1998, Pub. No. 3099.

93. *Id.* art. 9.

94. *Id.* art. 11. Gydytojo medicinos praktikos įstatymas [Law on Medical Practice of Physicians] No. I-1555 (Sept. 25, 1996), VZ No. 102/1996, Pub. No. 2313, amended by Law No. VIII-748 (May 19, 1998), VZ No. 52/1998, Pub. No. 1423; Farmacinės veiklos įstatymas [Law on Pharmaceutical Activities] No. I-1025 (Jan. 31, 1991), VZ No. 6/1991, Pub. No. 161, amended by Law No. I-1442 (July 4, 1996), VZ No. 69/1996, Pub. No. 1667. The Law on Public Health is currently only in draft form.

95. Law on the Health Care System, art. 12.

96. Sveikatos sistemos įstatymas [Law on the Health Care System] No. I-552 (July 19, 1994), VZ No. 63/1994, Pub. No. 1231, amended by Sveikatos sistemos įstatymo pakeitimo įstatymas [Law Amending the Law on the Health Care System] No. VIII-946 (Dec. 1, 1998), VZ No. 112/1998, Pub. No. 3099; Sveikatos priežiūros įstaigų įstatymo pakeitimo įstatymas [Law on the Amendment of the Law on Health Care Institutions] No. VIII-288 (June 24, 1997), VZ No. 62/1997, Pub. No. 1462, amended by Law No. VIII-940 (Nov. 24, 1998), VZ No. 109/1998, Pub. No. 2995.

97. Jonas Kairys, *Demography, Health and Health Care - Health Care: the Role of the State and Private Initiative*, in LITHUANIAN HUMAN DEVELOPMENT REPORT 1998, at 84 (visited Feb. 10, 2000) <www.undp.lt/HDR/1998/default/htm>.

98. MINISTRY OF HEALTH OF LITHUANIA, PRIMARY HEALTH CARE IMPLEMENTATION PROGRAMME (draft in Lithuanian) (1999).

99. *Id.*

100. In accordance with the organizational structure defined in the Law of the Republic of Lithuania on the Health System, ambulance services are provided mostly out of specialized departments in polyclinics. However, large cities have separate EMS stations providing specialized ambulance services. Ambulances are staffed by nurse practitioners in rural areas, urban ambulances are staffed by physicians. *Id.*

101. Kairys, *supra* note 97, at 84. Dental services, for the most part, have been privatized. Public dental care is available in polyclinics and level II and III hospitals. It is very difficult to estimate how many private dentists there are.

102. Data provided by LIETUVOS SVEIKATOS INFORMACIJOS CENTRAS [HEALTH INFORMATION CENTRE] (1999).

103. *Id.*

104. LITHUANIAN HEALTH PROGRAM, *supra* note 68, at 49–52; Kairys, *supra* note 97, at 83.

105. Art. 77 of the Law on the Health Care System states that individual health care and services are provided free of charge to Lithuanian citizens and permanent residents, according to basic prices fixed for necessary diagnostic measures and medicines and other articles of medical purposes. The difference is covered by health insurance funds. Art. 8 of the Law on Health Insurance provides that the list and fees of individual health care services covered by the compulsory health insurance fund are proposed by the Compulsory Health Insurance Board and approved by the Ministry of Health. For 1997, fees at the primary health level, first and second level inpatient facilities and nursing hospitals were relatively low. At the primary health care level therapists were allocated 22 LTL per patient, paediatricians 33 LTL, dentists 13.2 LTL, obstetricians and gynecologists 11 LTL, surgeons 11 LTL and psychiatrists 2.75 LTL per registered patient per year. Kairys, *supra* note 97, at 85.

106. Lietuvos Respublikos sveikatos apsaugos ministerija / įsakymas [Decree of the Ministry of Health of the Republic of Lithuania], Dėl Lietuvos medicinos normos MN 11-2:1997 “Sveikatos priežiūros įstaigų akreditavimo specialieji reikalavimai. 2 Dalis. Moterų konsultacija” [Lithuanian Medical Norm on Women’s Consultations] No. 167 (Apr. 14, 1997), VZ No. 38/1997, Pub. No. 947.

107. Lietuvos Respublikos sveikatos apsaugos ministerija / įsakymas [Decree of the Ministry of Health of the Republic of Lithuania], Dėl Lietuvos medicinos normos MN 40:1997 “Akušerė (aku_eri). Funkcijos, kompetencija, pareigos, teisės ir atsakomybė” [Lithuanian Medical Norm on Midwives] No. 401 (July 15, 1997), VZ No.

72/1997, Pub. No. 1868.

108. See Arūnas Liubšys, *Health and Health Care*, in LITHUANIAN HUMAN DEVELOPMENT REPORT 1999, at 101, 111; Kairys, *supra* note 97, at 80–88.

109. KONST. art. 53(1).

110. Art. 5(3), (4) of the Law on Health Insurance indicates persons covered by compulsory health insurance. The list of essential services is defined by the Ministry of Health. Although a draft of this list was due to be ratified in September 1999, it is still pending.

111. Lietuvos Respublikos sveikatos apsaugos ministerija / įsakymas [Decree of the Ministry of Health], Dėl mokamų asmens sveikatos priežiūros paslaugų sąrašo, kainų nustatymo ir jų indeksavimo tvarkos bei šių paslaugų teikimo ir apmokėjimo tvarkos No. 357 (July 30, 1999), VZ No. 67/1999, Pub. No. 2175.

112. Sveikatos draudimo įstatymas [Law on Health Insurance] No. I-1343 (May 21, 1996), arts. 5, 16, VZ No. 55/1996, Pub. No. 1287, last amended by Law No. VIII-1287 (July 1, 1999), VZ No. 62/1999, Pub. No. 2035.

113. Law on Health Insurance, art. 2.

114. For a detailed analysis see Kairys, *supra* note 97, at 87–88.

115. Compulsory health insurance covers restorative treatment on the primary, secondary and tertiary levels of health activities. Law on Health Insurance, art. 8.

116. INTERNATIONAL PLANNED PARENTHOOD FEDERATION, COUNTRY PROFILE: LITHUANIA (visited Feb. 14, 2000) <<http://www.ippf.org/regions/countries/ltu/index.htm>>.

117. Lietuvos Respublikos sveikatos apsaugos ministerija / įsakymas [Decree of the Ministry of Health], Dėl mokamų asmens sveikatos priežiūros paslaugų sąrašo, kainų nustatymo ir jų indeksavimo tvarkos bei šių paslaugų teikimo ir apmokėjimo tvarkos No. 357 (July 30, 1999), VZ No. 67/1999, Pub. No. 2175.

118. Gydytojo medicinos praktikos įstatymas [Law on Medical Practice of Physicians] No. I-1555 (Sept. 25, 1996), VZ No. 102/1996, Pub. No. 2313, amended by Law No. VIII-748 (May 19, 1998), VZ No. 52/1998, Pub. No. 1423.

119. Lietuvos Respublikos sveikatos apsaugos ministerija / įsakymas [Decree of the Ministry of Health], Dėl Lietuvos Respublikos gydytojo medicinos praktikos įstatymas [On the Implementation of the Law on Medical Practice of Physicians] No. 361 (June 26, 1998), VZ No. 59/1998, Pub. No. 1688.

120. Law on Medical Practice of Physicians, art. 3(1).

121. Lietuvos Respublikos sveikatos apsaugos ministerija / įsakymas [Decree of the Ministry of Health], Dėl gydytojų medicinos praktikos licencijavimo nuostatų patvirtinimo [Licensing Regulations for Medical Practice] No. 351 (June 19, 1998), VZ No. 59/1998, Pub. No. 1687; Lietuvos Respublikos sveikatos apsaugos ministerija / įsakymas [Decree of the Ministry of Health], Dėl sertifikatų atlikti tam tikras asmens sveikatos priežiūros paslaugas išdavimo, perregistravimo, jų galiojimo sustabdymo, panaikinimo ir atnaujinimo tvarkos [Certification for Delivering Certain Kinds of Personal Health Care Services, the Issuance, Re-registration, Annulment and Renewal of Certificates] No. 91 (Feb. 27, 1999), VZ No. 21/1999, Pub. No. 609; Lietuvos Respublikos sveikatos apsaugos ministerija / įsakymas [Decree of the Ministry of Health], Dėl asmens sveikatos priežiūros specialybių ir subspecialybių sąrašo [List of Medical Specialties and Subspecialties] No. 61 (Feb. 5, 1999), VZ No. 15/1999, Pub. No. 404.

122. Law on Medical Practice of Physicians, art. 4.

123. *Id.* art. 16(1). Art. 237 of the Criminal Code provides for imprisonment of up to one year, community service of up to two years, or a fine. If the activity caused long lasting health effects or death, the punishment is one to five years in prison. Lietuvos Respublikos Seimas / kodeksas [Code of the Seimas of the Republic of Lithuania], Lietuvos Respublikos Baudžiamasis Kodeksas [Criminal Code of the Republic of Lithuania] [BAUDŽIAMASIS KODEKSAS] (Jan. 1, 1970), last amended by Law No. VIII-1439 (Nov. 25, 1999), VZ No. 106/1999, Pub. No. 3059.

124. Art. 1 of the Law on the Medical Practice of Physicians does not include traditional medical practitioners in the definition of physician.

125. *Id.* art. 5(1).

126. *Id.* art. 5(2).

127. *Id.* art. 5(3).

128. *Id.* art. 10(1).

129. *Id.* art. 5(5).

130. *Id.* art. 6(3).

131. *Id.* art. 6(5).

132. *Id.* art. 12.

133. *Id.* art. 13(3).

134. *Id.* art. 13(4).

135. *Id.* art. 14(1).

136. *Id.* art. 14(6).

137. Lietuvos Respublikos sveikatos apsaugos ministerija /įsakymas [Decree of the Ministry of Health], Dėl Lietuvos medicinos normos MN 28:1996 "Bendrosios praktikos slaugytoja (slaugytojas)" [Lithuanian Medical Norm on General Practice Nurses] No. 634 (Dec. 4, 1996), VZ No. 123/1996, Pub. No. 2879; Lietuvos Respublikos sveikatos apsaugos ministerija /įsakymas [Decree of the Ministry of Health], Dėl Lietuvos medicinos normos MN 57:1998 "Bendruomenės slaugytoja (slaugytojas). Funkcijos, pareigos, teisės, kompetencija ir atsakomybė" patvirtinimo [Lithuanian Medical Norm on Community Nurses] No. 691 (Nov. 27, 1998), VZ No. 107/1998, Pub. No. 2939; Lietuvos Respublikos sveikatos apsaugos ministerija /įsakymas [Decree of the Ministry of Health], Dėl Lietuvos medicinos normos MN 60:1998 "Anestezijos ir intensyvosios slaugos slaugytoja (slaugytojas). Funkcijos, kompetencija, pareigos, teisės ir atsakomybė" patvirtinimo [Lithuanian Medical Norm on Anesthesia and Intensive Care Nurses] No. 692 (Nov. 27, 1998), VZ No. 107/1998, Pub. No. 2940; Lietuvos Respublikos sveikatos apsaugos ministerija /įsakymas [Decree of the Ministry of Health], Dėl Lietuvos medicinos normos MN 22:1997 "Psichikos sveikatos slaugytoja (slaugytojas). Funkcijos, teisės, pareigos, atsakomybė" [Lithuanian Medical Norm on Mental Health Nurses] No. 667 (Dec. 10, 1997), VZ No. 116/1997, Pub. No. 2972.
138. Lietuvos Respublikos sveikatos apsaugos ministerija /įsakymas [Decree of the Ministry of Health], Dėl Lietuvos medicinos normos MN 28:1996 "Bendrosios praktikos slaugytoja (slaugytojas)" [Lithuanian Medical Norm on General Practice Nurses] No. 634 (Dec. 4, 1996), VZ No. 123/1996, Pub. No. 2879.
139. Farmacinės veiklos įstatymas [Law on Pharmacies] No. I-1025 (Jan. 31, 1991), VZ No. 6/1991, Pub. No. 161, last amended by Law No. VIII-258 (June 12, 1997), VZ No. 58/1997, Pub. No. 1332.
140. Lietuvos Respublikos sveikatos apsaugos ministerija /įsakymas [Decree of the Ministry of Health], Dėl leidimų (licencijų) verstiti farmacine veikla (praktika) išdavimo tvarkos patvirtinimo [On the Licensing and Practice of Pharmacies] No. 535 (Oct. 9, 1997), § 5, VZ No. 93/1997, Pub. No. 2349.
141. Pacientų teisių ir žalos sveikatai atlyginimo įstatymas [Law on the Rights of Patients and Compensation for Damage to Their Health] No. I-1562 (Oct. 3, 1996), art. 2(1), VZ No. 102/1996, Pub. No. 2317, amended by Law No. VIII-755 (May 21, 1998), VZ No. 52/1998, Pub. No. 1425.
142. *Id.* arts. 3 (10).
143. *Id.* art. 3(1).
144. *Id.* art. 3(2).
145. *Id.* art. 3(3).
146. *Id.* art. 3(5), (6).
147. Sveikatos draudimo įstatymas [Law on Health Insurance] No. I-1343 (May 21, 1996), VZ No. 55/1996, Pub. No. 1287, last amended by Law No. VIII-1287 (July 1, 1999), VZ No. 62/1999, Pub. No. 2035.
148. Law on the Rights of Patients and Compensation for Damage to Their Health, art. 4(2).
149. *Id.* art. 5; Law on Health Insurance, art. 25.
150. Law on the Rights of Patients and Compensation for Damage to Their Health, art. 6(1) - (4).
151. *Id.* art. 6(4).
152. *Id.* art. 6(6).
153. *Id.* art. 8(1).
154. *Id.* art. 8(2).
155. Psichikos sveikatos priežiūros įstatymas [Law on Mental Health] No. I-924 (June 6, 1995), VZ No. 53/1995, Pub. No. 1290, amended by Law No. VIII-1461 (Dec. 2, 1999), VZ No. 108/1999, Pub. No. 3127.
156. Law on the Rights of Patients and Compensation for Damage to Their Health, art. 9.
157. *Id.* art. 10(1), (3).
158. *Id.* art. 14(1).
159. *Id.* art. 20(1).
160. *Id.* art. 20(2).
161. *Id.* art. 23.
162. Sveikatos sistemos įstatymas [Law on the Health Care System] No. I-552 (July 19, 1994), art. 127, VZ No. 63/1994, Pub. No. 1231.
163. Virginija Eidukienė, *Demography, Health and Health Care - Overview of demographic situation, in LITHUANIAN HUMAN DEVELOPMENT REPORT 1998*, at 69 (visited Feb. 15, 2000) <<http://www.undp.lt/HDR/1998/default.htm>>.
164. This is the predominant explanation for the marked demographic decline all throughout the region.
165. See *The Principal Human Development Indicators, in LITHUANIAN HUMAN DEVELOPMENT REPORT 166* (1999) (visited Feb. 15, 2000) <<http://www.undp.lt/HDR/1999/default.htm>>; *National Implementation of Agenda 21: Review of Progress Made Since the United Nations Conference on Environment and Development 1992, Lithuania Country Profile* (visited Feb. 15, 2000) <<http://www.un.org/esa/earthsummit/>>; Liub_ys, *supra* note 108; Eidukien_, *supra* note 163, at 69-73; CHILDREN AND FAMILY: LITHUANIA 1998 (V.Stankūnienė, G.Dap_ienė eds.) 19-21 (1998).
166. CHILDREN AND FAMILY: LITHUANIA 1998, *supra* note 165, at 19-20.
167. Eidukien_, *supra* note 163, at 61; Liub_ys, *supra* note 108, at 103.
168. Sveikatos sistemos įstatymo pakeitimo įstatymas [Law Amending the Law on the Health Care System] No. VIII-946 (Dec. 1, 1998), art. 61, VZ No. 112/1998, Pub. No. 3099.
169. Teodoras Medaiskis, *Social Security: Aspects and Trends, in LITHUANIAN HUMAN DEVELOPMENT REPORT 1999*, at 93 (visited Feb. 17, 2000) <<http://www.undp.lt/HDR/1999/default.htm>>.
170. *Id.*
171. *Id.* at 94.
172. CHILDREN AND FAMILY: LITHUANIA 1998, *supra* note 165, at 33.
173. Lietuvos Respublikos Šeimos sveikatos priežiūros įstatymas. Projektas [Family Health Care Law, Draft], LIETUVOS RYTAS, July 22, 1996, at 10.
174. Sveikatos sistemos įstatymo pakeitimo įstatymas [Law Amending the Law on the Health Care System] No. VIII-946 (Dec. 1, 1998), art. 32(1), VZ No. 112/1998, Pub. No. 3099.
175. Interview with Dr. V. Klimas, Director, State Family Planning Centre (May 1, 1999).
176. Lietuvos Respublikos sveikatos apsaugos ministerija /įsakymas [Decree of the Ministry of Health of the Republic of Lithuania] No. 137 (Mar. 26, 1997).
177. Lietuvos Respublikos sveikatos apsaugos ministerija /įsakymas [Decree of the Ministry of Health of the Republic of Lithuania], Dėl naujagimio (vaisiaus) gyvybingumo vertinimo kriterijų ir registravimo tvarkos pakeitimų, No. 413 (Dec. 19, 1990).
178. Lietuvos Respublikos sveikatos apsaugos ministerija /įsakymas [Decree of the Ministry of Health of the Republic of Lithuania], Dėl perinatalinės, neonatalinės paveldimų ligų ir įgimtų vystymosi defektų profilaktikos programos vykdymo [Perinatology, Neonatology, Inherited Diseases and Birth Defects Prevention Program] No. 74 (Feb. 26, 1992).
179. Decree of the Ministry of Health of the Republic of Lithuania No. 137 (Mar. 26, 1997).
180. Lietuvos Respublikos sveikatos apsaugos ministerija /įsakymas [Decree of the Ministry of Health of the Republic of Lithuania], Dėl nėščiųjų, gimdyvių ir naujagimių sveikatos priežiūros tvarkos patvirtinimo [Regulation on Health Care for Pregnant Women, Birthing Mothers and Newborns] No. 117 (Mar. 15, 1999), VZ No. 28/1999, Pub. No. 811.
181. *Id.* § 2.1.
182. *Id.* §§ 1, 2.
183. *Id.*
184. CHILDREN AND FAMILY: LITHUANIA 1998, *supra* note 165, at 70.
185. The Association is an IPPF affiliate. See INTERNATIONAL PLANNED PARENTHOOD FEDERATION, COUNTRY PROFILE: LITHUANIA (visited Feb. 14, 2000) <<http://www.ippf.org/regions/countries/ltu/index.htm>>.
186. The survey *Family and Fertility in Lithuania* is an integral part of the international project *Fertility and Family Surveys in the ECE Countries* co-ordinated by the United Nations Population Activities Unit of the Economic Commission for Europe. In Lithuania the fieldwork was conducted in 1994-1995, during which 5000 people aged 18-49 were surveyed. CHILDREN AND FAMILY: LITHUANIA 1998, *supra* note 165, at 21n.1.
187. *Id.* at 70.
188. *Id.*; ŠEIMA IR GIMSTAMUMAS LIETUVOJE [FAMILY AND FERTILITY IN LITHUANIA] 154-155 (V. Stankūnienė & A. Mitrikas eds., 1997).
189. CHILDREN AND FAMILY: LITHUANIA 1998, *supra* note 165, at 70.
190. FAMILY AND FERTILITY IN LITHUANIA, *supra* note 188, at 155.
191. Farmacinės veiklos įstatymas [Law on Pharmacies] No. I-1025 (Jan. 31, 1991), art. 19, VZ No. 6/1991, Pub. No. 161.
192. *Id.* art. 5.
193. *Id.* art. 14.
194. SAULIUS ČAPLINSKAS, AIDS PROFILAKTIKA LIETUVOJE 1989 - 1994 METAI [AIDS PREVENTION IN LITHUANIA 1989-1994] 29 (1995).
195. CHILDREN AND FAMILY: LITHUANIA 1998, *supra* note 165, at 70.
196. ČAPLINSKAS, *supra* note 194, at 29.
197. LITHUANIAN DEVELOPMENT AGENCY, POPULATION, LABOUR FORCE, EDUCATION AND HEALTH CARE (visited Feb. 16, 2000) <<http://www.lda.lt/invest.bic.labourforce.html>>.
198. Farmacin_ s veiklos _statymas [Law on Pharmacies] No. I-1025 (Jan. 31, 1991), art. 17, VZ No. 6/1991, Pub. No. 161.
199. Vytas Klimas & Esmeralda Kuliešytė, *Šeimos planavimas Lietuvoje: problemos, tikslai ir keliai* [Family Planning in Lithuania: Problems, Goals and Methods], in LIETUVOS ŠEIMA [LITHUANIAN FAMILY] 221 (Lietuvos Filosofijos ir Sociologijos Institutas ed., 1995).

200. CHILDREN AND FAMILY: LITHUANIA 1998, *supra* note 165, at 70.
201. Lietuvos Respublikos sveikatos apsaugos ministerija / įsakymas [Decree of the Ministry of Health of the Republic of Lithuania], Dėl nėštumo nutraukimo operacijos atlikimo tvarkos [Regulation on the Performance of Abortions] No. 50 (Jan. 28, 1994), §1.1, VZ No. 18/1994, Pub. No. 299.
202. Lyubšys, *supra* note 108, at 102.
203. CHILDREN AND FAMILY: LITHUANIA 1998, *supra* note 165, at 69-70.
204. Liubšys, *supra* note 108, at 102.
205. NACIONALINĖS SVEIKATOS TARYBOS [NATIONAL HEALTH BOARD], METINIS PRANEŠIMAS [ANNUAL REPORT] 11 (1998).
206. USSR. Prezidium Vėrkhovnogo Sovieta SSSR [Presidium of the Supreme Council of the USSR], Decree on the Elimination of Abortion Prohibition (Nov. 23, 1955), in ORDERS OF THE CPSU AND THE SOVIET GOVERNMENT ON PUBLIC HEALTH PROTECTION 333 (1958). See Andrej A. Popov, *Family Planning and Induced Abortion in Post-Soviet Russia of the Early 1990s: Unmet Needs in Information Supply*, in RUSSIA'S DEMOGRAPHIC "CRISIS" (Julie DaVanzo & Gwendolyn Farnsworth eds., RAND, 1996) (visited Jan. 4, 2000) <<http://www.rand.org/publications>>.
207. USSR. Ministerstvo Zdravookhraneniya SSSR [Ministry of Health of the USSR], Order On Confirmation of the Instruction on Providing Surgical Artificial Interruption of Pregnancy No. 234 (Mar. 16, 1982), MZ SSSR (1982).
208. Lietuvos Respublikos sveikatos apsaugos ministerija / įsakymas [Decree of the Ministry of Health of the Republic of Lithuania], Dėl nėštumo nutraukimo operacijos atlikimo tvarkos [Regulation on the Performance of Abortions] No. 50 (Jan. 28, 1994), VZ No. 18/1994, Pub. No. 299.
209. *Id.* § 1.1.
210. *Id.*
211. *Id.* § 1.3.
212. *Id.* § 1.4.
213. *Id.* § 1.5.
214. *Id.* § 1.
215. *Id.*
216. *Id.* § 1.6.
217. Women's Issues Information Centre (visited Apr. 17, 2000) <http://www.undp.lt/wiic/apie_e.htm>.
218. Lietuvos Respublikos sveikatos apsaugos ministerija / įsakymas [Decree of the Ministry of Health of the Republic of Lithuania], Dėl nėštumo nutraukimo operacijos atlikimo tvarkos [Regulation on the Performance of Abortions] No. 50 (Jan. 28, 1994), VZ No. 18/1994, Pub. No. 299.
219. CHILDREN AND FAMILY: LITHUANIA 1998, *supra* note 165, at 70.
220. Lietuvos Respublikos sveikatos apsaugos ministerija / įsakymas [Decree of the Ministry of Health of the Republic of Lithuania], Dėl nėštumo nutraukimo operacijos atlikimo tvarkos [Regulation on the Performance of Abortions] No. 50 (Jan. 28, 1994), § 1.10, VZ No. 18/1994, Pub. No. 299.
221. CHILDREN AND FAMILY: LITHUANIA 1998, *supra* note 165, at 69.
222. BAUDŽIAMASIS KODEKSAS art. 124(1).
223. *Id.* art. 124(2).
224. *Id.* art. 124(3).
225. Interview with Esmeralda Kuliesyte, Executive Director, Family Planning and Sexual Health Association of Lithuania, in Vilnius, Lithuania (May 10, 1999).
226. Sveikatos sistemos įstatymas [Law on the Health Care System] No. I-552 (July 19, 1994), art. 3(1) ¶23, VZ No. 63/1994, Pub. No. 1231.
227. BAUDŽIAMASIS KODEKSAS art. 111(1).
228. Liubšys, *supra* note 108, at 109.
229. Jonas Kairys, *Demography, Health and Health Care - General Health Indicators*, in LITHUANIAN HUMAN DEVELOPMENT REPORT 1998, at 75 (visited Feb. 16, 2000) <<http://www.undp.lt/HDR/1998/default.htm>> [hereinafter Kairys, *General Health Indicators*].
230. *Id.*
231. *Id.*
232. Liubšys, *supra* note 108, at 109.
233. *Id.*; Kairys, *General Health Indicators*, *supra* note 229, at 75.
234. Liubšys, *supra* note 108, at 111.
235. CHILDREN AND FAMILY: LITHUANIA 1998, *supra* note 165, at 67.
236. *Id.*; Kairys, *General Health Indicators*, *supra* note 229, at 75.
237. CHILDREN AND FAMILY: LITHUANIA 1998, *supra* note 165, at 67.
238. BAUDŽIAMASIS KODEKSAS art. 111(1).
239. ČAPLINSKAS, *supra* note 194, at 50, 64.
240. *Id.* at 50.
241. *Id.*
242. *Id.* at 64.
243. Lietuvos Respublikos žmonių užkrečiamųjų ligų profilaktikos ir kontrolės įstatymas [Law on the Prevention and Control of Human Diseases] No. I-1553 (Sept. 25, 1996), VZ No. 104/1996, Pub. No. 2363, as amended by Law No. VIII-332 (June 26, 1997), VZ No. 66/1997, Pub. No. 1603.
244. BAUDŽIAMASIS KODEKSAS arts. 111, 112.
245. Lietuvos Respublikos sveikatos apsaugos ministerija / įsakymas [Decree of the Ministry of Health of the Republic of Lithuania], Dėl užkrečiamųjų ligų, kurių išlaidas kitiems asmenims privalo atlyginti juridiniai ir fiziniai asmenys, savo neteisėta veika jas sukėle, sąrašo patvirtinimo, No. 580 (Nov. 15, 1996), VZ No. 113/1996, Pub. No. 2592.
246. ČAPLINSKAS, *supra* note 194, at 63.
247. LITHUANIAN HEALTH PROGRAM, *supra* note 68.
248. *Id.*; CHILDREN AND FAMILY: LITHUANIA 1998, *supra* note 165, at 68.
249. Lietuvos Respublikos sveikatos apsaugos ministerija / įsakymas [Decree of the Ministry of Health of the Republic of Lithuania], Dėl sveikatos programų rengimo ir įgyvendinimo 1999-2000 metais prioritetų [Health Program Priorities for 1999-2000] No. 55 (Feb. 3, 1999), VZ No. 18/1999, Pub. No. 479.
250. CHILDREN AND FAMILY: LITHUANIA 1998, *supra* note 165, at 67-68.
251. Lietuvos Respublikos sveikatos apsaugos ministerija / įsakymas [Decree of the Ministry of Health of the Republic of Lithuania], Dėl ligų sąrašo tvirtinimo, No. 565 (Nov. 23, 1995), VZ No. 96/1995, Pub. No. 2165.
252. Lietuvos Respublikos Moterų ir vyrų lygių galimybių įstatymas [Law on Equal Opportunities of the Republic of Lithuania] No. VIII-947 (Dec. 1, 1998), VZ No. 112, Pub. No. 3100.
253. *Id.* arts. 2, 6-8; Giedrė Purvaneckienė, *Women in Lithuanian Society*, in LITHUANIAN HUMAN DEVELOPMENT REPORT 1999, at 123 (visited Feb. 17, 2000) <<http://www.undp.lt/HDR/1999/default.htm>>.
254. NETWORK OF EAST-WEST WOMEN, REPORT ON THE LEGAL STATUS OF WOMEN IN LITHUANIA (draft) (on file with The Center for Reproductive Law & Policy).
255. KONST. art. 38(1)-(4).
256. Lietuvos Respublikos santuokos ir šeimos kodeksas [Matrimonial and Family Code of the Republic of Lithuania] [SANTUOKOS IR ŠEIMOS KODEKSAS] No. VII-327 (Jan. 1, 1970), art. 11, last amended by Law No. VIII-1482 (Dec. 16, 1999), VZ No. 1/2000, Pub. No. 1. 257. *Id.* art. 16(1).
258. Lietuvos Respublikos civilinis kodeksas (projektas) [Draft Civil Code of the Republic of Lithuania], art. 3.14, 2 TEISES PROBLEMOS (1998).
259. SANTUOKOS IR ŠEIMOS KODEKSAS art. 18.
260. *Id.* art. 17.
261. HUMAN RIGHTS REPORT, *supra* note 66, ¶163; SANTUOKOS IR ŠEIMOS KODEKSAS art. 19.
262. HUMAN RIGHTS REPORT, *supra* note 66, ¶163.
263. *Id.* ¶166.
264. *Id.* ¶171.
265. Lietuvos Respublikos santuokos ir šeimos kodeksas (projektas) [Matrimonial and Family Code of the Republic of Lithuania (draft)] (on file with The Center for Reproductive Law & Policy).
266. *Id.* art. 3.26.
267. Lietuvos Respublikos civilinis kodeksas (projektas) [Draft Civil Code of the Republic of Lithuania], art. 3.165(2), 2 TEISES PROBLEMOS (1998).
268. SANTUOKOS IR ŠEIMOS KODEKSAS art. 37.
269. *Id.* art. 36.
270. *Id.* art. 33.
271. HUMAN RIGHTS REPORT, *supra* note 66, ¶172.
272. SANTUOKOS IR ŠEIMOS KODEKSAS art. 21(1).
273. *Id.* art. 23(2).
274. *Id.* art. 21(2).
275. HUMAN RIGHTS REPORT, *supra* note 66, ¶¶ 175, 176.
276. *Id.* ¶ 169.
277. *Id.* ¶ 176.
278. Lietuvos Respublikos vaiko globos įstatymas [Law on Child Guardianship] No. VIII-674 (Mar. 24, 1998), art. 3(1), VZ No. 35/1998, Pub. No. 933. Guardians may be temporary or permanent (art. 5(1)). Usually guardianships continue for the duration of the child's minority. The law mentions the following forms of guardianship: 1) family guardianship, 2) foster guardianship, 3) institutional guardianship (art. 5(2)). The family guardianship is established when no more than 5 children (the total number of children in the family together with the

parents' own children may not exceed 5) are placed under guardianship in a "natural" family environment (art. 12(1)). In the event of non-separation of siblings, the total number of children may exceed the aforementioned number (art. 12(2)). When appointing a guardian of the child priority is given to his close relatives provided they possess adequate living conditions and do not belong to the persons or the group of persons who may not be appointed as the child's guardian as stipulated in the article 23 of the aforementioned law (art. 12(3)). Foster guardianship as a form of guardianship can be established when a legal person (foster family) has under its guardianship six or more children (the total number of children in a foster family together with the parents' own children may not exceed 12) in a family environment, except the events of non-separation of siblings. (arts. 13(1), (2)). Foster guardianship of the child shall be established by laws of the Republic of Lithuania, the Foster Family Regulations approved by the government or its authorized institution, other legal acts (art. 13(3)). The wage and other conditions of remuneration for work of the child's guardian who has set up a foster family is based on laws of the Republic of Lithuania, government Decrees and other legal acts (art. 13(4)). The Law on Child Guardianship also provides for opportunity to place a child deprived of parental care in a public or non-governmental child guardianship institution when there is no possibility of taking the child into care in the family (art. 14(1)). Guardianship of the child is organized by the Agency for the Protection of the Rights of the Child of the district or city municipality in its territory, in cooperation with other local authorities and non-government organizations connected with the protection of the rights of the child (art. 19(1), (2)).

279. *Id.* art. 1(1).

280. Purvaneckienė, *supra* note 253, at 117-118.

281. *Id.* at 119.

282. *Id.* at 120.

283. Vida Kanopiene, *Labor Market and Social Security*, in WOMEN IN LITHUANIA (Women's Issues Information Centre ed., 1999) (visited Apr. 17, 2000) <http://www.undp.lt/wiic/women_in_lithuania/kanopiene2.html>.

284. Lietuvos Respublikos Moterų ir vyrų lygių galimybių įstatymas [Law on Equal Opportunities of the Republic of Lithuania] No. VIII-947 (Dec. 1, 1998), art. 8, VZ No. 112, Pub. No. 3100.

285. Lietuvos Respublikos žmonių saugos darbe įstatymas [Law on Labor Protection] No. I-266 (Oct. 7, 1993), art. 46(2), VZ No. 55/1993, Pub. No. 1064, last amended by Law No. VIII-561 (Dec. 9, 1997), VZ No. 117/1997, Pub. No. 3001.

286. *Id.* art. 62(1).

287. *Id.* art. 63(1).

288. *Id.* art. 63(3).

289. *Id.* art. 63(2).

290. *Id.* art. 63(4).

291. *Id.* art. 63(5).

292. Lietuvos Respublikos atostogų įstatymas [Law on Holidays] No. I-2113 (Dec. 17, 1991), art. 18, VZ No. 2/1992, Pub. No. 18, last amended by Law No. VIII-365 (July 1, 1997), VZ No. 67/1997, Pub. No. 1655.

293. *Id.* art. 19(1).

294. *Id.* art. 19(2).

295. *Id.* art. 19(3).

296. Medaškis, *supra* note 169, at 92.

297. KONST. art. 41(2).

298. Purvaneckienė, *supra* note 253, at 116.

299. See THE WOMEN'S ISSUES INFORMATION CENTRE, ANNUAL REPORT (FEBRUARY 1999-DECEMBER 1999) (visited Apr. 17, 2000) <<http://www.undp.lt/wiic/annualreport/index.html>>.

300. Lietuvos Respublikos Moterų ir vyrų lygių galimybių įstatymas [Law on Equal Opportunities of the Republic of Lithuania] No. VIII-947 (Dec. 1, 1998), art. 7, VZ No. 112, Pub. No. 3100, official translation reprinted in Purvaneckienė, *supra* note 253, at 124.

301. Purvaneckienė, *supra* note 253, at 125.

302. *Id.* at 123.

303. *Id.* at 123-124.

304. BAUDŽIAMASIS KODEKSAS art. 118(1).

305. *Id.*

306. *Id.* art. 118(2).

307. The Code uses the term of "underage person" which means under the age of 14 years.

308. *Id.* art. 118(3).

309. SANTUOKOS IR ŠEIMOS KODEKSAS art. 17(1) § 2.

310. The draft defines rape along lines similar to the existing definition.

311. Defined as the act of a person, who against the will of victim, satisfies his or her sexual desires through anal, oral or inter-femoral intercourse using physical violence or threats of imminent violence or exploiting the helpless state of victim.

312. Defined as the act of a person who, by using threats or blackmail or by taking advan-

tage of a person's dependency, compels a person to have sexual relations with him/her or in some other fashion to satisfy the sexual desires of the perpetrator or a third person.

313. Defined as the act of a person who, in seeking sexual cooperation harasses a human being with vulgar or obscene acts, hints or suggestions.

314. Defined as the act of a person who performs sexual acts in the presence of a minor or encourages a minor to engage in sexual activity or demonstrates pornography to a minor or in other ways intellectually debauches him or her.

315. BAUDŽIAMASIS KODEKSAS art. 116(1).

316. *Id.* art. 116(3).

317. Giedre Purvaneckienė, *Violence against Women*, in WOMEN IN LITHUANIA (Women's Issues Information Centre ed., 1999) (visited Apr. 17, 2000) <http://www.undp.lt/wiic/women_in_lithuania/violence.html>.

318. Bendras kelių žinybų / įsakymas [Joint Decree of the Ministry of Health, Ministry of Interior and General Prosecutor's Office], Dėl informacijos apie sužalotus pateikimo tvarkos, No. 286/443/24 (May 28, 1996), VZ No. 55/1996, Pub. No. 1307.

319. Lietuvos Respublikos Moterų ir vyrų lygių galimybių įstatymas [Law on Equal Opportunities of the Republic of Lithuania] No. VIII-947 (Dec. 1, 1998), art. 2(3), VZ No. 112, Pub. No. 3100, official translation reprinted in Purvaneckienė, *supra* note 253, at 124.

320. Law on Equal Opportunities, art. 5.

321. *Id.* art. 8.

322. Lietuvos Respublikos administracinių teisės pažeidimų kodeksas [Administrative Law Offences Code] No. X-4449 (Dec. 13, 1984), art. 1821(1), last amended by Law No. VIII-1486 (Dec. 21, 1999), VZ No. 113/1999, Pub. No. 3286 (the Code has been amended 113 times since its adoption).

323. *Id.* art. 1821(2).

324. BAUDŽIAMASIS KODEKSAS art. 1313(1).

325. *Id.* art. 1313(2).

326. BUREAU OF DEMOCRACY, HUMAN RIGHTS, AND LABOUR, U.S. DEPARTMENT OF STATE, LITHUANIA COUNTRY REPORT ON HUMAN RIGHTS PRACTICES FOR 1998 § 5 (released Feb. 26, 1999)

<http://www.state.gov/www/global/human_rights/1998_hrp_report/lithuani.html>.

327. Gintautas Sakalauskas, *Crime: Patterns and Trends*, in LITHUANIAN HUMAN DEVELOPMENT REPORT 1999, at 147 (visited Feb. 18, 2000) <<http://www.undp.lt/HDR/1999/default.htm>>.

328. WORLD FACTBOOK, *supra* note 1.

329. LITHUANIAN HUMAN DEVELOPMENT REPORT 1997, §1.1 (visited Feb. 17, 2000) <http://www.undp.lt/HDR/1997/chapter1/ch11_.htm>.

330. Irena Zaleskienė, *The Individual, Society and the State. Social Exclusion*, in LITHUANIAN HUMAN DEVELOPMENT REPORT 1998, at 21 (visited Feb. 18, 2000) <<http://www.undp.lt/HDR/1999/default.htm>>.

331. LITHUANIAN HEALTH PROGRAM, *supra* note 68.

332. ŠEIMOS POLITIKOS KONCEPCIJA [FAMILY POLICY CONCEPT] 38 (V.Stankūnienė ed., 1995).

333. CHILDREN AND FAMILY: LITHUANIA 1998, *supra* note 165, at 69.

334. LIETUVOS SVEIKATOS INFORMACIJOS CENTRAS [HEALTH INFORMATION CENTRE], ATASKAITA APIE ABORTUS [REPORT ON ABORTIONS] (1998).

335. Lietuvos Respublikos sveikatos apsaugos ministerija / įsakymas [Decree of the Ministry of Health of the Republic of Lithuania], Dėl nėštumo nutraukimo operacijos atlikimo tvarkos [Regulation on the Performance of Abortions] No. 50 (Jan. 28, 1994), §1.6, VZ No. 18/1994, Pub. No. 299.

336. SANTUOKOS IR ŠEIMOS KODEKSAS art. 16.

337. Lietuvos Respublikos civilinis kodeksas (projektas) [Draft Civil Code of the Republic of Lithuania], art. 3.14(3), 2 TEISES PROBLEMOS (1998).

338. STATISTIKOS DEPARTAMENTAS [DEPARTMENT OF STATISTICS], SANTUOKOS, ĮREGISTRUOTOS 1996 M., PAGAL JAUNAVEDŽIŲ AMŽIŲ [MARRIAGES CONTRACTED BY GROOM'S AND BRIDE'S AGE IN 1996] 9 (1997).

339. See LITHUANIAN HUMAN DEVELOPMENT REPORT 1997, *supra* note 329, §1.1.

340. BAUDŽIAMASIS KODEKSAS art. 121.

341. *Id.* art. 120.

342. *Id.* art. 118.

343. Violeta Rimkevičienė, Education, in LITHUANIAN HUMAN DEVELOPMENT REPORT 1998, at 89 (visited Feb. 18, 2000) <<http://www.undp.lt/HDR/1999/default.htm>>.

344. LITHUANIA COUNTRY REPORT ON HUMAN RIGHTS PRACTICES FOR 1998, *supra* note 326, §§ 1, 5; INTERNATIONAL HELSINKI FEDERATION FOR HUMAN RIGHTS, LITHUANIA ANNUAL REPORT 1999 (visited Feb. 18, 2000) <<http://www.ihf-hr.org/reports/ar99/ar99lit.htm>>.

345. BAUDŽIAMASIS KODEKSAS art. 1313.