CENTER
FOR
REPRODUCTIVE
RIGHTS

May 25, 2005

The Committee on the Rights of the Child (CRC)
8-14 Avenue de la Paix
CH 1211 Geneva 10
Switzerland

Re: Supplementary information on the Russian Federation scheduled for review by the Committee on the Rights of the Child during its 40th Session

Dear Committee Members:

This letter is intended to supplement the periodic report submitted by the Russian Federation, which is scheduled to be reviewed by the Committee on the Rights of the Child (the Committee) during its 40th Session. The Center for Reproductive Rights, an independent non-governmental organization, hopes to further the work of the Committee by providing independent information concerning the rights protected in the Convention on the Rights of the Child (Children's Rights Convention). This letter highlights several areas of concern related to the status of the reproductive health and rights of girls and adolescents in the Russian Federation. Specifically it focuses on discriminatory or inadequate laws and policies related to the reproductive rights of girls and adolescents in the Russian Federation.

Reproductive rights are fundamental to adolescents' health and equality, thus, states parties' commitment to ensuring them should receive serious attention. Furthermore, adolescent reproductive health and rights receive broad protection under the Children's Rights Convention. Article 24 of the Children's Rights Convention recognizes girls' and adolescents' right "to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health." It also requires states parties to take appropriate measures to develop "family planning and education services." Yet, despite these protections, the reproductive rights of girls and adolescents in the Russian Federation continue to be neglected and, at times, violated.

We hope to bring to the Committee's attention the following issues of concern, which directly affect the reproductive health and rights of girls and adolescents in the Russian Federation:

120 WALL STREET
NEW YORK, NEW YORK 10005
TEL 917 637 3600 FAX 917 637 3666
WWW REPRODUCTIVERIGHTS ORG

I. The Right to Reproductive Health Services (Article 24 of the Children's Rights Convention)

The Committee has regularly expressed concern in its Concluding Observations where adolescents have limited access to reproductive health services and has asked states parties to increase women's and adolescents' access to such services.[1] It has frequently highlighted the need to address unsafe or illegal abortion[2] and teenagers' lack of access to reproductive health services.[3] In its General Comment on Adolescent Health and Development, the Committee urges governments "to develop and implement programmes that provide access to sexual and reproductive health services, including family planning, contraception and safe abortion services where abortion is not against the law, [and] adequate and comprehensive obstetric care and counselling."[4]

A. Access to Affordable Modern Contraception

Adolescents must have access to contraceptives and dual protection methods to prevent unwanted pregnancies and sexually transmissible infections (STIs). The Committee has regularly expressed concern in its Concluding Observations where adolescents have limited access to family planning services and contraceptive use is low, and it has recommended that states parties work toward making family planning services more widely available.[5] In their 2003 Concluding Observations, the Committee on Economic, Social and Cultural Rights (CESCR) called upon the Russian Federation government (the Government) to ensure that methods of protection are available at affordable prices.[6]

Economic barriers often prevent women and girls from obtaining contraception. Despite some recent governmental initiatives, contraceptive availability remains limited due to the Government's failure to ensure affordable contraceptives of reliable quality, particularly for low-income women and adolescents. The cost of contraceptives, which are primarily imported, is prohibitive for most Russians. Furthermore, the cost of using contraceptive pills and condoms is much more than the cost of an abortion, reinforcing the trend of abortions being the primary family planning method in the Russian Federation. While the average cost of just one year supply of contraceptive pills is $25 and condoms is $33, the cost of an abortion is about $16.[7]

In addition, existing family planning centers are inadequate to meet demand, and no systematic efforts are being made to ensure universal access to contraceptives, the price of which fluctuates with the local currency.[8] An estimated 4.6 million women in the Russian Federation have unmet need for contraception.[9] Lack of access to contraception leads to high numbers of unwanted pregnancies and abortions. The Russian Federation ranks second in the world behind Romania in the number of abortions per capita.[10] According to the Russian Scientific Center for Obstetrics and Gynecology, with 60% of pregnancies ending in abortion, the Russian Federation has one of the highest abortion rates in the world (47 per 1,000) and a very high adolescent abortion rate in comparison to other developed countries (30.6 per 1,000).[11]

Unaffordable or unavailable barrier contraceptives also contribute to the alarming rate of STIs including HIV/AIDS.[12] The Russian Federation has the fastest-growing rate of HIV infection in the world.[13] The Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) both indicted that the Russian Federation is home to the largest HIV epidemic in Europe[14] and has the largest number of people living with HIV in the region, accounting for about 70% of all HIV infections officially registered in Eastern Europe and Central Asia.[15] Of the estimated 860,000 people living with HIV at the end of 2003, 80% were aged 15–29 years.[16] This makes adolescents the fastest growing segment of the population contracting HIV in the Russian Federation. Despite the alarming rate of infections, there has been no concerted effort by the Government to provide dual method to adolescents. Past efforts to introduce sex education programs specifically geared towards adolescents have been stopped, and very few adolescents receive formal sex education in schools that is necessary to make them aware of HIV prevention.[17]

B. Access to Safe Abortion Services

The Committee has found that punitive abortion measures have a particularly negative impact on maternal mortality rates among adolescent girls.[18] CESCR has found that unsafe abortion is the main cause of maternal mortality and urged the Russian Federation to ensure that abortions are being performed under adequate medical and sanitary conditions.[19] In the Russian Federation, abortion is legal without restriction as to reason through the 12th week of pregnancy and at later stages to save a woman's life, preserve her physical or mental health, on social indications, and in cases of fetal disorder. Adolescents over 15 years of age have the right to give their informed consent, including consent for abortion,[20] whereas adolescents under 15 years of age must obtain the consent of their parents before obtaining abortions.[21]

Access to safe abortion services in the Russian Federation is currently under threat. On August 11, 2003, the Russian Federation issued Decree No. 485 on the List of Social Indications for Induced Termination of Pregnancy, restricting the circumstances under which women may obtain abortions on social grounds after the 12th week of pregnancy and before the 22nd. The decree reduces from twelve to four the list of "social indications" for legal abortion within this gestational period: 1) a court ruling depriving or restricting one's parental rights; 2) pregnancy resulting from rape; 3) incarceration in a detention center; and 4) severe disability or death of the woman's husband at the time of pregnancy.[22] This narrowing of circumstances for legal abortion on social grounds will affect the Russian Federation's most vulnerable women, including adolescents, many of whom may be forced to seek abortions clandestinely under unsafe conditions. In considering the impact of this law on adolescent girls who seek late-term abortions, it is important to note that adolescent girls delay obtaining medical attention when they become unintentionally pregnant.[23] Adolescent abortion rates in the Russian Federation are one of the highest among developed countries (30.6 per 1,000),[24] and according to one study, young women and adolescent girls under the age of 20 obtain the highest proportion of abortions performed after the 12th week of pregnancy.[25] The maternal mortality rate in the Russian Federation is about six times more than Western Europe

standards (31 per 100,000 in contrast to 5 per 100,000) and almost twenty percent of all maternal morality is due to abortions.[26] The highest growth of gynecological morbidity occurs among adolescent girls.[27]

II. The Right to Education on Sexuality and Family Planning (Article 24 of the Children's Rights Convention)

The Committee, in evaluating state party compliance with the Children's Rights Convention, has recognized states' duty to ensure access to sexual and reproductive health education. In its General Comment on Adolescent Health and Development, the Committee has stated:

> States parties should provide adolescents with access to sexual and reproductive information, including on family planning and contraceptives, the dangers of early pregnancy, the prevention of HIV/AIDS and the prevention and treatment of sexually transmitted diseases (STDs). In addition, States parties should ensure that they have access to appropriate information, regardless of their marital status and whether their parents or guardians consent.[28]

In numerous Concluding Observations, the Committee has recommended that states parties strengthen their reproductive health education programs for adolescents in order to combat adolescent pregnancy and the spread of HIV/AIDS and other STIs.[29] CESCR has also urged the Government to ensure that the public knows about HIV/AIDS and methods of protection through sex education in schools.[30]

A. Adolescent pregnancy

Although the experience in Europe has been that sex education contributes to reduction of teen pregnancy rates, in the Russian Federation, sex education is currently not a required part of school curricula, and courses on biology and hygiene do not cover sex education and socialization of young people.[31] In 1995, a very strong and vocal conservative alliance in the lower house of parliament has resulted in attacks on an experimental sex education program that was launched in seven regions,[32] and in 1997, the introduction of comprehensive sex education programs in schools was halted.[33]

The state-sponsored family planning programs known as "Children of Russia," adopted in the 1990s, were intended to introduce modern contraceptives and train providers in family planning services.[34] According to the Government, "the measures carried out under these programs have produced a welcome downturn in the number of abortions and stabilized the maternal and infant mortality rates."[35] However, despite the documented success of these programs, in 1998, they were cut from the state budget.[36] Consequently, several regions have no federal funding for family planning and reproductive health programs.[37]

Even though sexual activity is generally initiated at a young age—the mean age of first sexual intercourse is 17.5 years for girls and 16.5 for boys in the Russian Federation[38]—reproductive health information and services remain inadequate. One study found that only 34% of boys and 27% of girls in the ninth grade felt that they knew enough about sex. The study also found that the primary sources of knowledge on sexuality for adolescents were unreliable and inadequate sources, such as magazines and their peers.[39] In this study, only 10% of boys and 26% of girls went to their parents for information about sexuality, and 7% of boys and 11% of girls went to teachers, while only 11% of teachers and one third of parents felt that they had adequate knowledge on sexuality.[40] Another study found that lacking education about contraceptives, 36.6% of adolescents have had to resort to abortions at later stages of pregnancy.[41] Young women aged 15–19 have 102 pregnancies for every 1,000 in the Russian Federation, which is much higher than in the countries of Western Europe—in the Netherlands, the number is only 12 pregnancies out of 1,000.[42]

B. Prevention of HIV/AIDS

Adolescents are particularly in danger due to lack of awareness about HIV/AIDS. The national healthcare system is based on curative rather than preventative care,[43] and cutbacks in spending on health and social programs have slowed down the development and implementation of government-funded HIV/AIDS prevention and treatment services throughout the region.[44] In 2003, less than 20% of the AIDS budget was spent on public awareness programs on HIV/AIDS.[45]

The pattern of unsafe sexual behavior among Russian adolescents can be traced to lack of information about sexuality and STIs among the youth. Although the vast majority of the surveyed sexually experienced high school students in St. Petersburg reported that they had learned about AIDS before having sex, 12% of all surveyed students believed that having sex with well-known partners protects against HIV; 17% believed that condoms are not important if someone trusts his or her partner; 30% believed that HIV risk is limited to prostitutes; and 51% believed that HIV risk is limited to persons with multiple partners.[46] Among sexually experienced students, 29% reported that information about AIDS influenced their sexual life; however, only 17% of all students said that they perceived any personal vulnerability to the disease.[47]

Given the prevalence of unprotected sexual intercourse and lack of information about STIs among adolescents, it is not surprising that STIs disproportionately affect Russian adolescents.[48] A recent study found that Russian Federation's HIV/AIDS epidemic is significantly different from the epidemic in North America and Western Europe, in that a majority of HIV infections in the Russian Federation is among people under 30 years of age.[49] The majority of HIV/AIDS cases in North America and Western Europe, however, are among people over 30 years of age.[50]

Two critical overlapping modes of transmission of HIV among adolescents are sharing needles for intravenous (IV) drug use and unprotected sex.[51] IV drug use often begins during adolescence.[52] Majority of drug injectors are young males under 25 years of age

living in urban areas.[53] More than 80% of all reported HIV cases have been among drug injectors, and according to studies, about 70% of drug injectors are sexually active and the majority of male drug injectors do not use condoms consistently.[54] The epidemic is shifting dramatically so that heterosexual sex is increasingly the cause of HIV infection—from 5.3% in 2001 to just over 20% in 2003.[55] According to the Russian Federation's Federal AIDS Centre, more than 40% of the HIV cases reported in 2005 as of March are among young women infected through sexual contact.[56] Also, while mother-to-child transmission (MTCT) of HIV is generally prevented in developed countries with proper antiretroviral treatment and care, there are signs of increase in MTCT in the Russian Federation—from 390 in 2000 to 2999 in 2003.[57] The total number of children born with HIV at the end of 2004 was about 10,000.[58]

We hope the Committee will consider addressing the following questions to the Russian Federation government:

1. What legislation and policies have been adopted to address the barriers that adolescents face in accessing comprehensive reproductive health and family planning services, as well as information about these services? What is the unmet need for contraception among adolescents and what governmental efforts are being made to increase public awareness about and access to contraceptive methods?

2. Sex education is still not systematically offered in the schools. Given this reality, what specific measures have been taken to institute government-sponsored programs such as public awareness campaigns and sexual education in schools, and to distribute contraception to adolescents?

3. According to the UNAIDS and the WHO, the Russian Federation, exhibits one of the fastest-growing HIV infection rates in the world.[59] What specific measures have been taken to increase public awareness to prevent, contain and manage the HIV/AIDS epidemic among adolescents and how effective are these programs? What efforts are being made to increase federal funding for such programs?

4. Given the increased risk of HIV infection that young women face in the Russian Federation, have any measures been aimed specifically at women and girls? For example, in 1999, the Ministry of Health established special health monitoring centers for children and women living with HIV/AIDS.[60] Do these centers continue to operate and receive federal funding? What programs and services are being offered through these centers and are they accessible and user friendly?

5. Given the reality of the dire economic and social circumstances many adolescents in the Russian Federation face, what specific measures are being taken to ensure that adolescents seeking abortion services on social grounds after the 12th week of pregnancy may do so in safety?

There remains a significant gap between the provisions of the Children's Rights Convention and the reality of adolescents' reproductive health and lives. We appreciate the active interest that the Committee has taken in the reproductive health and rights of adolescents and the strong Concluding Observations and recommendations the Committee has issued to governments in the past, stressing the need to take steps to ensure the realization of these rights.

We hope that this information is useful during the Committee's review of the Government's compliance with the provisions of the Children's Rights Convention. If you have any questions, or would like further information, please do not hesitate to contact the undersigned.

Sincerely,

Christina Zampas
Legal Advisor for Europe
International Legal Program

Nile Park
Legal Assistant
International Legal Program

[1] *See e.g., Concluding Observations of the Committee on the Rights of the Child: Central African Republic,* U.N. Committee on the Rights of the Child (CRC), 25th Sess., 669th mtg., paras. 60–61, U.N. Doc. CRC/C/15/Add.138 (2000); *Concluding Observations of the Committee on the Rights of the Child: Benin,* CRC, 21st Sess., 557th mtg., para. 25, U.N. Doc. CRC/C/15/Add.106 (1999); *Concluding Observations of the Committee on the Rights of the Child: Cambodia,* CRC, 24th Sess., 641st mtg., para. 53, U.N. Doc. CRC/C/15/Add.128 (2000); *Concluding Observations of the Committee on the Rights of the Child: Mexico,* CRC, 22nd Sess., 586th mtg., para. 27, U.N. Doc. CRC/C/15/Add.112 (1999); *Concluding Observations of the Committee on the Rights of the Child: Kyrgyzstan,* CRC, 24th Sess., 641st mtg., paras. 45–46, U.N. Doc. CRC/C/15/Add.127 (2000); *Concluding Observations of the Committee on the Rights of the Child: Lithuania,* CRC, 26th Sess., 697th mtg., para. 40, U.N. Doc. CRC/C/15/Add.146 (2001); *Concluding Observations of the Committee on the Rights of the Child: Spain,* CRC, 30th Sess., 798–799th mtgs., para. 39, U.N. Doc. CRC/C/15/Add.185 (2002).

[2] *See e.g., Concluding Observations of the Committee on the Rights of the Child: Chad,* CRC, 21st Sess., 557th mtg., para. 30, U.N. Doc. CRC/C/15/Add.107 (1999); *Concluding Observations of the Committee on the Rights of the Child: Colombia,* CRC, 25th Sess., 669th mtg., para. 48, U.N. Doc. CRC/C/15/Add.137 (2000); *Concluding Observations of the Committee on the Rights of the Child: Guatemala,* CRC, 27th Sess., 721st mtg., para. 40, U.N. Doc. CRC/C/15/Add.154 (2001).

[3] *See e.g., Concluding Observations of the Committee on the Rights of the Child: Cambodia, supra* note 1, para. 52; *Concluding Observations of the Committee on the Rights of the Child: Dominican Republic,* CRC, 26th Sess., 697th mtg., para. 37, U.N. Doc. CRC/C/15/Add.150 (2001); *Concluding Observations of the Committee on the Rights of the Child: Guinea,* CRC, 20th Sess., 531st mtg., para. 27, U.N. Doc. CRC/C/15/Add.100 (1999).

[4] CRC, *General Comment No. 4: Adolescent health and development in the context of the Convention on the Rights of the Child,* 33rd Sess., para. 31, U.N. Doc. CRC/GC/2003/4 (2003).

[5] *See Concluding Observations of the Committee on the Rights of the Child: Central African Republic, supra* note 1, paras. 60–61; *Concluding Observations of the Committee on the Rights of the Child: Cambodia, supra* note 1, paras. 52–53; *Concluding Observations of the Committee on the Rights of the Child: Kyrgyzstan, supra* note 1, paras. 45–46; *Concluding Observations of the Committee on the Rights of the Child: Lithuania, supra* note 1, para. 40; *Concluding Observations of the Committee on the Rights of the Child: Spain, supra* note 1, para. 39.

[6] *Concluding Observations of the Committee on Economic, Social and Cultural Rights: Russian Federation,* U.N. Committee on Economic, Social and Cultural Rights (CESCR), 31st Sess., 56th mtg., para. 62, U.N. Doc. E/C.12/1/Add.94 (2003).

[7] POPULATION COUNCIL, FRONTIERS, RUSSIA: POSTABORTION FAMILY PLANNING COUNSELING AND SERVICES LEAD TO INCREASED CONTRACEPTIVE USE (2004), http://www.popcouncil.org/frontiers/orsummaries/ors44.html (May 2004), *citing* IRINA SAVELIEVA, POSTABORTION FAMILY PLANNING OPERATIONS RESEARCH STUDY IN PERM, RUSSIA (2003). It is no surprise that abortions, rather than modern contraceptive methods remain the basic method of family planning Russia. RUSSIAN U.N. COUNTRY TEAM, MDG+ AGENDA IN RUSSIA: TRANSLATING ECONOMIC GROWTH INTO SUSTAINABLE HUMAN DEVELOPMENT WITH HUMAN RIGHTS 4 (2004), www.undp.ru/download.phtml?$352 (Dec. 2004).

[8] *See* CENTER FOR REPRODUCTIVE RIGHTS & OPEN DIALOGUE FOR REPRODUCTIVE RIGHTS (ODRR), WOMEN'S REPRODUCTIVE RIGHTS OF YOUNG GIRLS AND ADOLESCENTS IN RUSSIA: A SHADOW REPORT 7 (1999), *citing* Facsimile from Elena Dmitrieva, Executive Director, ODRR, to the Center for Reproductive Rights (Sept. 3, 1999) (on file with the Center for Reproductive Rights).

[9] John A. Ross & William L. Winfrey, *Unmet need for contraception in the Developing World and the Former Soviet Union: An Updated Estimate,* 28 INT'L FAM. PLAN. PERSP. 139 (2002). These estimates would be higher under the assumption that traditional method users have an unmet need for modern methods. *Id.* at 141.

[10] *In Russia, six out of every 10 pregnancies end in abortion,* ASSOCIATED PRESS WORLDSTREAM, Oct. 18, 2002.

[11] Email from the Russian Family Planning Association (May 14, 2005), *citing* GOSKOMSTAT (RUSSIAN FEDERATION), RUSSIAN STATISTICAL ANNUAL (2004). *See also In Russia, six out of every 10 pregnancies end in abortion,* ASSOCIATED PRESS WORLDSTREAM, Oct. 18, 2002; THE ALAN GUTTMACHER INSTITUTE, FACTS IN BRIEF, TEENAGER'S SEXUAL AND REPRODUCTIVE HEALTH, DEVELOPED COUNTRIES 2 (2002).

The adolescent abortion rate is a minimum estimate as the abortion reporting is incomplete in the Russian Federation. *Id.* at 17.

[12] For example, female condoms are not sold in Russia. *See* CENTER FOR REPRODUCTIVE RIGHTS, WOMEN OF THE WORLD: LAWS AND POLICIES AFFECTING THEIR REPRODUCTIVE LIVES–EAST CENTRAL EUROPE 159 (2000).

[13] *Russia's Registered HIV Cases Have Tripled Over Last Year*, KAISER DAILY HIV/AIDS REPORT, Apr. 15, 2002.

[14] THE JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS) & WORLD HEALTH ORGANIZATION (WHO), AIDS EPIDEMIC UPDATE, DECEMBER 2004, at 47 (2004).

[15] *Id.* at 48.

[16] *Id.* at 48. In 2001–2002, majority of the 5,000–10,000 people who registered as HIV infected were between 15 and 20. Sergei Blagov, *Health–Russia: "Disastrous" Rise in HIV Among Youth*, INTER PRESS SERVICE, June 20, 2003. In mid-2003, 6,645 children below 14 years of age were registered, but health experts feared that the number is far higher. *Id.* According to the UNAIDS, the actual number of HIV/AIDS patients is about four times the number registered. SARAH GRISIN & CELESTE WALLANDER, RUSSIA'S HIV/AIDS CRISIS: CONFRONTING THE PRESENT AND FACING THE FUTURE 4 (2002), *citing* UNAIDS, REPORT ON THE GLOBAL HIV/AIDS EPIDEMIC (2002).

[17] GRISIN & WALLANDER, *supra* note 16, at 5; CENTER FOR REPRODUCTIVE RIGHTS, *supra* note 12, at 168.

[18] *Concluding Observations of the Committee on the Rights of the Child: Chad, supra* note 2, para. 30.

[19] CESCR, *supra* note 6, paras. 35, 63. The Russian Federation government states that the primary cause of maternal mortality is abortion, accounting for 21% of maternal mortality. *Third periodic reports of States parties due in 2001: Russian Federation,* CRC, para. 214, U.N. Doc. CRC/C/125/Add.5 (2004).

[20] Fundamentals of the Legislation on Public Health Care, N 5487-1,Ved.V.S., 1993, No. 33, Item 1318, art. 24(2).

[21] *Id.* art. 32(3).

[22] Russian Federation, Decree of the Government of the Russian Federation #485 on the List of Social Indications for Induced Termination of Pregnancy, Aug. 11, 2003.

[23] S.V. ZAKHAROV ET AL., ADOLESCENT REPRODUCTIVE BEHAVIOR AND HEALTH IN RUSSIA: AN ANALYTIC REVIEW 4 (2000). The delay in getting medical attention or abortion is most likely due to panic. *Id.* at 24. In one study, among the reasons given for waiting were "feeling uncomfortable in front of the doctor" and "fear of publicity, especially that their mothers would be informed." *Id.*

[24] *Id.*; Email from the Russian Family Planning Association (May 14, 2005), *citing* GOSKOMSTAT (RUSSIAN FEDERATION), RUSSIAN STATISTICAL ANNUAL (2004).

[25] S.V. ZAKHAROV ET AL., *supra* note 23, at 24.

[26] V.I. Kulakov & O.G. Frolova, *Reproductive Health in the Russian Federation*, POP. MAG., Nov. 3, 2004 (on file with the Russian Family Planning Association). *See also* RUSSIAN U.N. COUNTRY TEAM, *supra* note 7, at 4 (notes that three quarters of all maternal deaths are due to unsafe abortion).

[27] RUSSIAN U.N. COUNTRY TEAM, *supra* note 7, at 4.

[28] *General Comment No. 4, supra* note 4, para. 28.

[29] *See Concluding Observations of the Committee on the Rights of the Child: Argentina*, CRC, 8th Sess., 177–179th mtgs., para. 19, U.N. Doc. CRC/C/15/Add.35 (1995); *Concluding Observations of the Committee on the Rights of the Child: Egypt*, CRC, 26th Sess., 697th mtg., para. 44, U.N. Doc. CRC/C/15/Add.145 (2001); *Concluding Observations of the Committee on the Rights of the Child: Georgia*, CRC, 24th Sess., 641st mtg., para. 47, U.N. Doc. CRC/C/15/Add.124 (2000); *Concluding Observations of the Committee on the Rights of the Child: Latvia*, CRC, 26th Sess., 697th mtg., paras. 39–40, U.N. Doc. CRC/C/15/Add.142 (2001); *Concluding Observations of the Committee on the Rights of the Child: Russian Federation*, CRC, 22nd Sess., 586th mtg., para. 48, U.N. Doc. CRC/C/15/Add.110 (1999); *see also*, CRC, *General Comment No. 3: HIV/AIDS and the rights of the child*, 32nd Sess., para. 16, U.N. Doc. CRC/GC/2003/3 (2003).

[30] CESCR, *supra* note 6, para. 62.

[31] *See* CENTER FOR REPRODUCTIVE RIGHTS & ODRR, *supra* note 8, at 11, *citing* Russian Federation, Ministry of Health, Ordinance No. 154 of May 5, 1999, on the Improvement of Medical Care for Adolescents.

[32] *See id.*

[33] *See id*., *citing* Information Center of the Independent Women's Forum *cited in* WOMEN'S ENVIRONMENT AND DEVELOPMENT ORGANIZATION'S, RISKS, RIGHTS AND REFORMS 170 (1999).
[34] *Fifth periodic report of the States parties: Russian Federation,* U.N. Committee on the Elimination of Discrimination Against Women, at 28, U.N. Doc. CEDAW/C/USR/5 (1999).
[35] *Id.* at 29.
[36] *See* Obraschenie v. Sovet bezopasnosti Rossiiskoi Federatsii obshchestvennost I spetsialistov v oblastiokhrany reproduktivnogo zdorov'is [An address to the Securiy Council of Russian Federation of Public Specialists in Reproductive Health], 1 PLANIROVANIE SEM'I [FAMILY PLANNING] 5 (1999).
[37] *See id.*
[38] S.V. ZAKHAROV ET AL., *supra* note 23, at 3, 9. The median age of sexual initiation is 18 for men and 19 for women. *Id.* at 9.
[39] Sexuality Education and Information Council of the United States (SEICUS), *Russia: Study looks at youth sexuality knowledge and sexuality education,* 1 MAKING THE CONNECTION–NEWS AND VIEWS ON SEXUALITY: EDUCATION, HEALTH AND RIGHTS (2000).
[40] *Id.*
[41] *See* CENTER FOR REPRODUCTIVE RIGHTS & ODRR, *supra* note 8, at 7, *citing* V. Kulakov, *Health of Youth is a Future of the Nation,* REPRODUCTIVE HEALTH AND SEXUAL EDUCATION OF YOUTH 21 (1995) (in Russian).
[42] THE ALAN GUTTMACHER INSTITUTE, *supra* note 11, at 1.
[43] Stephen Massey, *Russia's Maternal & Child Health Crisis: Socio-Economic Implications and the Path Forward,* EASTWEST INSTITUTE POLICY BRIEF, Dec. 2002, at 1.
[44] CENTER FOR REPRODUCTIVE RIGHTS, TRENDS IN REPRODUCTIVE RIGHTS: EAST CENTRAL EUROPE 7 (2001).
[45] Sergei Blagov, *supra* note 16.
[46] Yuri A. Amirkhanian et al., *Risk Factors for HIV and Other Sexually Transmitted Diseases Among Adolescents in St. Petersburg, Russia,* 33 FAM. PLAN. PERSP. 106, 106 (2001).
[47] *Id.*
[48] *Id*., *citing* L. Tichonova et al., *Epidemics of syphilis in the Russian Federation: Trends, origins, and priorities for control,* 350 LANCET 210–213 (1997). The greatest increase in STIs–a 90-fold rise since the mid-1980s–has occurred among teenagers. *Id.* The rise is most dramatic among adolescents younger than 17, whose syphilis rate increased 99-fold during the 1990s. *Id.*
[49] Peter Finn, *HIV/AIDS in Russia May Be Triple Official Rate, Report Warns,* WASHINGTON POST, Jan. 12, 2005.
[50] *Id.*
[51] UNAIDS & WHO, *supra* note 14, at 49; GRISIN & WALLANDER, *supra* note 16, at 1.
[52] GRISIN & WALLANDER, *supra* note 16, at 1.
[53] UNAIDS & WHO, *supra* note 14, at 49.
[54] *Id.* Centre for Preventing and Combating AIDS in Moscow stated that due to under-reporting of cases and since many patients are unaware of the HIV status, there could be more than a million HIV positive young people in Russia. Sergei Blagov, *supra* note 16.
[55] UNAIDS & WHO, *supra* note 14, at 49; MOSCOW OFFICE, UNESCO & CENTER OF INTERNATIONAL EDUCATION "ETHNOSPHERA," REVIEW OF EDUCATIONAL PROGRAMS ON HIV PREVENTION IN RUSSIA (2004), http://www.unesco.ru/files/docs/educ/publ/review_of_educational_programs.pdf (last visited May 24, 2005).
[56] *HIV Spreading Rapidly in Russia; Epidemic Moving Beyond Injection Drug Users Into General Population,* KAISER DAILY HIV/AIDS REPORT, Mar. 16, 2005.
[57] Stephen Massey, *supra* note 43, at 2; UNAIDS & WHO, *supra* note 14, at 49; AIDS FOUNDATION EAST-WEST, CHILDREN (0–14 YRS) AND HIV/AIDS IN RUSSIA IN 1987–2004 (AS OF 22 MARCH 2004) (2004), http://www.afew.org/english/statistics/new/HIVAIDSchilds-RF2004_22Mar_ENG.htm (last visited May 24, 2005). Mother-to-child transmission is generally prevented in developed countries with proper antiretroviral treatment and regular care. Stephen Massey, *supra* note 43, at 2.
[58] RUSSIAN U.N. COUNTRY TEAM, *supra* note 7, at 5.
[59] UNAIDS & WHO, AIDS EPIDEMIC UPDATE 2 (2001).
[60] Russian Federation, Ministry of Health, Ordinance No. 133 of 19 Apr. 1999, on the Prevention and Treatment of HIV Infected Pregnant Women and Children.